

Beneficiary Information Notification FAQs

Version 2 | January 2024

FREQUENTLY ASKED QUESTIONS

Q1. What must an ACO do to satisfy the beneficiary notification requirement?

An ACO must comply with all the requirements outlined in [42 CFR § 425.312](#). This includes appropriately posting signs in all ACO participant facilities, distributing the standardized written notice (*Beneficiary Information Notification*) to their beneficiaries, completing the follow up communication, and making the *Beneficiary Information Notification* available upon request in all settings in which beneficiaries receive primary care services. The *Beneficiary Information Notification* provides beneficiaries with information regarding the benefits of receiving care within an ACO.

Q2. Does CMS define what they would consider evidence that a *Beneficiary Information Notification* was distributed to each beneficiary? For example, if a mailing list is used, would the mailing list count as evidence?

CMS does not define what would be considered evidence that the *Beneficiary Information Notification* was distributed to each beneficiary. ACOs have flexibility to establish their own policies for recording this information. An ACO's list of sent emails or mail communications are appropriate forms of documentation.

Q3. If an ACO has selected preliminary prospective assignment with retrospective reconciliation, which beneficiaries must it distribute the *Beneficiary Information Notification* to during its agreement period?

In the case of an ACO that has selected preliminary prospective assignment with retrospective reconciliation, the ACO or ACO participant will provide each fee-for-service beneficiary with a standardized written notice at least once during an agreement period in the form and manner specified by CMS. The standardized written notice must be furnished to all fee-for-service beneficiaries prior to or at the first primary care service visit during the first performance year in which the beneficiary receives a primary care service from an ACO participant.

Q4. If an ACO has selected prospective assignment, which beneficiaries must it distribute the *Beneficiary Information Notification* to during our agreement period?

ACOs electing prospective assignment need to provide the *Beneficiary Information Notification* only to Medicare beneficiaries identified on the prospective assignment list provided to the ACO at the start of the agreement period, and to new beneficiaries that appear on the prospective list prior to the start of each performance year. The *Beneficiary*

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Information Notification must be furnished during the performance year for which the beneficiary is prospectively assigned to the ACO.

Q5. How often does an ACO need to furnish the Beneficiary Information Notification?

ACOs must provide the *Beneficiary Information Notification* to each beneficiary once per agreement period. ACOs must provide a follow up communication to the beneficiary no later than the earlier of the beneficiary's next primary care service visit or 180 days from the date the *Beneficiary Information Notification* was provided.

Q6. Does an ACO need to follow up with each beneficiary who received the *Beneficiary Information Notification* beginning January 1, 2023, or later?

Yes. CMS added a new program requirement beginning January 1, 2023, at [42 CFR § 425.312\(a\)\(2\)\(v\)](#), requiring ACOs or ACO participants to follow up with each beneficiary to whom it furnished the standardized written notice (*Beneficiary Information Notification*) pursuant to [42 CFR § 425.312\(a\)\(2\)\(iii\)](#) or [\(iv\)](#). The follow-up communication may be verbal or written and must occur no later than the earlier of the beneficiary's next primary care service visit or 180 days from the date the *Beneficiary Information Notification* is provided. CMS is allowing maximum flexibility as to how the follow-up may be conducted.

For example, ACOs have successfully furnished the follow-up communication by providing beneficiaries FAQs about the benefits of receiving care in an ACO, mailings that reiterate the purpose of coordinating care, and text messages or messages sent through patient portals confirming that the ACO can address any questions regarding the ACO.

Q7. Is it appropriate for the *Beneficiary Information Notification* to be on ACO letterhead?

Yes, ACOs may distribute the *Beneficiary Information Notification* on their letterhead.

Q8. Can the ACOs simply put “your doctor” or “this practice” in the first field?

Yes, ACOs may populate the *Beneficiary Information Notification* with generalized “your doctor” or “this practice” in place of the practitioner or practice's name. ACO's cannot make any other changes to the document other than those provided for in the text boxes and to add an ACO logo.

Q9. Is it acceptable for an ACO to provide a link to the *Beneficiary Information Notification* through a patient portal?

Yes, distributing the *Beneficiary Information Notification* through a patient portal is acceptable.

Q10. Will my ACO be subject to compliance actions if I do not provide the required beneficiary notifications?

Yes, ACOs that fail to provide *Beneficiary Information Notification* as outlined at [42 CFR § 425.312](#) will be subject to compliance actions.

Q11. The Medicare Shared Savings Program rule refers to a standardized written notice. Is this the same as the Beneficiary Information Notification template?

Yes, the standardized written notice required by the regulation at [42 CFR § 425.312\(a\)\(2\)\(ii\)](#) is the *Beneficiary Information Notification* template. The *Beneficiary Information Notification* is used to inform beneficiaries of the information described at [42 CFR 425.312\(a\)\(1\)](#) in the manner described at [42 CFR § 425.312\(a\)\(2\) \(iii\)](#) and [\(iv\)](#).

Q12. Must an ACO participant post a sign in its facility informing beneficiaries if the ACO participant or its ACO providers/suppliers furnish emergency medicine or other specialty services?

Yes, every ACO participant must post such signs in all of their facilities.

Q13. Do ACO participants who do not furnish primary care services need to distribute the Beneficiary Information Notification?

No, if an ACO participant and its ACO providers/suppliers do not furnish primary care services, the ACO participant would not need to furnish a *Beneficiary Information Notification*. A primary care visit occurs when a beneficiary is provided a primary care service, defined under [42 CFR § 425.20](#), by a primary care physician or practitioner as identified under [42 CFR § 425.20](#) and [§ 425.402\(c\)](#). However, CMS clarified that an ACO participant must post signs in all of its facilities.

Q14. Can ACOs laminate the Beneficiary Information Notification and provide that for beneficiaries to review at their primary care service office visit?

Yes, ACOs may laminate the *Beneficiary Information Notification* to make it available to beneficiaries at their primary care service office visit but should also ensure that the office staff has copies to provide beneficiaries upon request.

Q15. If the 180-day window for furnishing the follow up communication occurs in 2024 and the beneficiary does not seek primary care services prior to the end of the 180-day window, should the ACO furnish the follow up communication in 2024?

Yes, the 180-day follow-up communication window is a rolling date. Therefore, beneficiaries provided the *Beneficiary Information Notification* in the latter half of 2023 would receive the follow-up communication in the first half of 2024, as long as the ACO is still participating in the Shared Savings Program and the beneficiary has not sought primary care services before the end of the 180-day window.

Q16. Does CMS have Beneficiary Information Notification templates and posters that reflect program requirements for PY 2024?

Yes, CMS has templates and posters available on ACO-MS in the Marketing and Beneficiary Education Toolkit. The templates are available in both English and Spanish. Templates are also available in PDF and HTML formats and include a QR code that references the CMS ACO website providing more information on the Medicare Shared Savings Program and ACOs. The poster template, provided by CMS, must be either 8.5x11 and/or 11x14.

Q17. What are the requirements for the follow-up communication?

The follow-up communication may occur no later than the earlier of the beneficiary's next primary care service visit or 180 days from the date the first *Beneficiary Information Notification* was provided. The follow up communication should afford the beneficiary an opportunity to ask any outstanding questions and have a meaningful dialogue with their provider, thereby reducing any potential beneficiary confusion and improving their understanding of the advantages of value-based care.

The follow up communication may be provided in written or verbal format. ACOs have flexibility to establish their own strategy for the follow up communication and their own policies for recording and providing evidence that they furnished the follow up communication with each beneficiary. Regardless of the method used, the ACO must maintain a record of the communications and make these records available to CMS upon request. Per [42 CFR 425.314\(b\)\(2\)](#), ACOs are required to maintain records and documentation for 10 years from the final date of the agreement period or from the date of completion of any audit, whichever is later.

Q18. Can ACOs satisfy the follow up communication requirement by providing the *Beneficiary Information Notification* templates a second time?

No, providing the template notification would not, by itself, satisfy the follow up communication requirement. If the ACO distributes the template notification as part of its follow up communication, it must do so in a manner that provides the beneficiary with an opportunity to ask questions. For example, some ACOs have shared with CMS that sending a written follow-up communication identifying the ACO's contact information and representative name has resulted in telephone inquiries from beneficiaries, which led to a meaningful discussion.

Q19. What documentation is required for ACOs to demonstrate compliance with the follow up communication requirement in the event of an audit?

Any system or file that documents the type of follow-up communication along with the date on which the follow up occurred meets the requirements. ACOs must make this information available to CMS upon request, and CMS will furnish ACOs with advanced notice of any audit.

Q20. Will CMS continue relaxed enforcement in connection with the deadline for furnishing the *Beneficiary Information Notification*, as the public health emergency (PHE) ended on May 11, 2023?

No. Under the PHE posed by COVID-19, CMS exercised its enforcement discretion to adopt a temporary policy of relaxed enforcement in connection with the deadline for furnishing the *Beneficiary Information Notification* required under [42 CFR § 425.312\(a\)](#) as long as it is completed by the end of the current performance year. The relaxed enforcement for this requirement remained in effect for the duration of the PHE. The [PHE expired May 11, 2023](#). As such, CMS expects the *Beneficiary Information Notification* to be provided as soon as possible, preferably at the next office visit, but no later than by the end of the current performance year. The follow-up communication must be furnished no later than 180 days from when the *Beneficiary Information Notification* was furnished.