

Beneficiary Information Notification FAQs

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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, and an ACOs 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?

The ACO will need to distribute the *Beneficiary Information Notification* 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?

The ACO will need to distribute the *Beneficiary Information Notification* to each prospectively assigned beneficiary during the first performance year for which the beneficiary is prospectively assigned to the ACO. 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 as updated each quarter.

Q5. How often does an ACO need to notify beneficiaries?

ACOs are required to provide the *Beneficiary Information Notification* to each beneficiary once per agreement period. They also need to follow-up with each beneficiary no later than

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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 receive the *Beneficiary Information Notification*?

Yes. CMS added a new program requirement beginning January 1, 2023, at [§ 425.312\(a\)\(2\)\(v\)](#), to require ACOs or ACO participants to follow-up with each beneficiary to whom it furnished the standardized written notice pursuant to [§ 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

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

Yes, ACOs may distribute the *Beneficiary Information Notice* 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.

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 [§ 425.312](#) will be subject to compliance actions.

Q11. The rule refers to a standardized written notice. Could you clarify what the standardized written notice is? Is this the same as the *Beneficiary Information Notification* template?

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

Q12. Must an ACO participant post a sign in its facility informing beneficiaries of the information specified in [§ 425.312\(a\)\(1\)](#) 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 its 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 [§ 425.400\(c\)](#), by a primary care physician or practitioner as defined under [§ 425.20](#) and [§ 425.402\(c\)](#). However, CMS clarified that an ACO participant must post signs in all of its facilities and make standardized written notices available upon request in all settings in which beneficiaries receive primary care services.

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. My ACO sent the standardized written notification to required beneficiaries in 2022, will the ACO need to send an additional beneficiary information notice in 2023, or just the follow-up beneficiary communication?

No. ACOs who furnished the beneficiary notification to beneficiaries in Performance Year 2022 will not need to furnish a second notification in PY 2023. ACOs should furnish the follow-up beneficiary communication to these beneficiaries no later than the beneficiary's next primary care service visit or 180 days from the date of the beneficiary notification.

Q16. If the 180 days 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, and 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.

Q17. Does CMS have new *Beneficiary Information Notification* templates and Posters for 2023?

Yes. CMS has made new templates and posters available on ACO-MS in the Marketing and Beneficiary Education Toolkit. The new templates are available in both English and Spanish and the content has been reduced to a single page to reduce beneficiary confusion and ACO administrative burden. CMS has also made available a new series of templates for ACOs who do not have a secure patient portal.

Q18. 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 must afford the beneficiary an opportunity to ask any outstanding questions they may have, 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, so long as the form of the follow-up communication includes a meaningful opportunity for beneficiaries to ask questions and engage with a representative of the ACO or ACO participant. Regardless of the method used, the ACO must maintain a record of the communications and make these records available to CMS upon request. ACOs have flexibility to establish their own strategy for the follow-up communication and their own policies for recording and providing evidence that they followed-up with each beneficiary.

Q19. 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.

Q20. 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.