

BENEFICIARY NOTIFICATIONS AND MARKETING MATERIALS POLICY

PURPOSE: To outline the ACO's policies for ensuring compliance with the Medicare Shared Savings Program's requirements for marketing materials and beneficiary notifications as set forth in 42 CFR §425.310 and 42 CFR §425.312.

SCOPE: CMG ACO, LLC ("ACO"), its ACO participants, and ACO providers/suppliers.

DEFINITIONS:

"ACO participant", "ACO provider/supplier", and "Medicare Shared Savings Program" shall have the meanings set forth in 42 CFR §425.20.

POLICY: It is the ACO's policy to observe all relevant statutory and regulatory provisions regarding notifications to Medicare fee-for-service beneficiaries and marketing requirements under the Medicare Shared Savings Program.

PROCEDURE:

1. Beneficiary notifications.

a. *Notifications to fee-for-service beneficiaries.*

- i.** ACO shall ensure that Medicare fee-for-service beneficiaries are notified about the following in the manner set forth in paragraph (a)(2) of 42 CFR §425.312:
 - 1.** That each ACO participant and its ACO providers/suppliers are participating in the Medicare Shared Savings Program.
 - 2.** The beneficiary's opportunity to decline claims data sharing under 42 CFR §425.708.
 - 3.** The beneficiary's ability, and the process by which, he or she may identify or change identification of the individual he or she designated for purposes of voluntary alignment.

b. Notification of the information specified in (1)(a)(i) above must be carried out through the following methods:

- i.** By an ACO participant posting signs in all its facilities.
- ii.** By an ACO participant making standardized written notices available upon request in all settings in which beneficiaries receive primary care services.
- iii.** If ACO has selected preliminary prospective assignment with retrospective reconciliation, by the ACO or ACO participant providing 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.

- iv. If ACO has selected prospective assignment, by the ACO or ACO participant providing each prospectively assigned 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 during the performance year for which the beneficiary is prospectively assigned to the ACO.
- v. Following the provision of the standardized written notice to a beneficiary, as specified in paragraphs (1)(b)(ii) and (iv) above, the ACO or ACO participant must provide a verbal or written follow-up communication to the beneficiary.
 - 1. The follow-up communication must occur no later than the earlier of the beneficiary's next primary care service visit or 180 days from the date the standardized written notice was provided.
 - 2. The ACO must retain a record of all beneficiaries receiving the follow-up communication, and the form and way the communication was made available to the beneficiary. The ACO must make these records available to CMS upon request.

2. Marketing requirements

- a. Marketing materials and activities must:
 - i. Use template language developed by CMS, if available.
 - ii. Not be used in a discriminatory manner or for discriminatory purposes.
 - iii. Comply with 42 CFR §425.304 regarding beneficiary incentives.
 - iv. Not be materially inaccurate or misleading.
- b. Monitoring. ACO shall discontinue, and require its ACO participants, ACO providers/suppliers, and other individuals or entities performing functions or services related to ACO activities to discontinue, use of any marketing materials or activities disapproved by CMS.

APPROVAL BODY: ACO governing body.

EFFECTIVE DATE:

APPROVAL SIGNATURE: 
[Joseph Quaranta \(Dec 12, 2024 17:58 EST\)](#)

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