

# Beneficiary Notification

## Purpose

The purpose of this policy is to ensure compliance with MSSP beneficiary notification requirements.

## Policy

The Accountable Care Organization (ACO) will ensure that Medicare fee-for-service beneficiaries are notified of the following:

- A. Notifications to fee-for-service beneficiaries
  - a. ACO and its ACO providers/suppliers are participating in the Shared Savings Program.
  - b. The beneficiary's opportunity to decline claims data sharing.
  - c. The beneficiary's ability to, 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.

## Procedure

- I. TACO provides the above notification to Medicare fee-for-service beneficiary as follows:
  - A. By an ACO participant posting signs in all of its facilities.
  - B. By an ACO participant making standardized written notices available upon request in all settings in which beneficiaries receive primary care services.
  - C. In the case of an ACO that 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.

- D. In the case of an ACO that 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.
- E. Following the provision of the standardized written notice to a beneficiary, as specified in paragraphs (c) or (d) of this section, the ACO or ACO participant must provide a verbal or written follow-up communication to the beneficiary.
  - a. 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.
  - b. 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.
- II. If an ACO operates a beneficiary incentive program it must ensure the ACO or ACO participants notify assigned beneficiaries of the availability of the beneficiary incentive program, including a description of the qualifying services for which an assigned beneficiary is eligible to receive an incentive payment. Notification must be carried out by an ACO or ACO participant each relevant performance year by providing each assigned beneficiary with a standardized written notice prior to or at the first primary care visit of the performance year in the form and manner specified by CMS.