

MEDICARE SHARED SAVINGS PROGRAM

Accountable Care Organizations (ACOs)

ACO BENEFICIARY NOTIFICATION REQUIREMENTS



This summary of the ACO Beneficiary Notification Requirements is a guidance tool to assist ACOs and their ACO Participants and ACO Providers/Suppliers with understanding the requirements for notifying beneficiaries about their participation in the Shared Savings Program. For your convenience, we have included a brief description of the notice requirements and a reference chart below to help you understand what type of notification is required when an ACO doesn't request beneficiary claims data and what type of notification is required when an ACO requests beneficiary claims data and what type of notification is optional.

ACO *is not* REQUESTING BENEFICIARY CLAIMS DATA

For ACOs not requesting beneficiary claims data, you must do the following:

1. All ACO Participants must display a poster at each of their facilities.
2. All ACO Participants must make available the Notice to Patients letter in all settings in which Medicare Fee-for-Service beneficiaries receive primary care services.

ACO BENEFICIARY NOTICE REQUIREMENTS: ACO <i>is not</i> REQUESTING BENEFICIARY CLAIMS DATA				
Beneficiary Notification Template Material	Always Required?	Who Requirement Applies To	Timing	Regulatory Reference
Poster Template	Yes	All ACO Participants at each of their facilities	Must display beginning January 1st	42 CFR § 425.312(a)(2)
Notice to Patients Template Letter	Yes – must be made available in all settings in which Fee-for-Service Medicare beneficiaries receive primary care services	All ACO Participant facilities that bill Medicare for primary care services (as defined at 42 CFR § 425.20) for Fee-For-Service Medicare beneficiaries	Must make available beginning January 1st	42 CFR § 425.312(a)(3)

ACO *is* REQUESTING BENEFICIARY CLAIMS DATA

For ACOs requesting beneficiary claims data, you must do the following:

1. All ACO Participants must display a poster at each of their facilities.
2. All ACO Participants must make available the Notice to Patients letter in all settings in which Medicare Fee-for-Service beneficiaries receive primary care services.
3. For those ACOs that intend to request data in the office setting, you must make the Decline to Share Personal Health Information Template letter available for all beneficiaries for whom you intend to request data including those beneficiaries that do not appear on your preliminarily prospective beneficiary assignment list **and** as a follow up to those beneficiaries to whom you previously mailed the Notice to Patients letter and Decline to Share Personal Health Information Template letter.
4. **Mailing** the Notice to Patients letter and Decline to Share Personal Health Information Template letter is **optional**; however, if you decide to mail these letters you **can only mail to those beneficiaries that appear on your preliminarily prospective beneficiary assignment list**. It is important to note that while mailing the Notice to Patients letter and Decline to Share Personal Health Information template letter is optional, it is required that these letters be presented at the point of care during an in-office primary care visit for any Medicare Fee-For-Service beneficiary for whom the ACO would like to request data.

ACO BENEFICIARY NOTICE REQUIREMENTS: ACO <i>is</i> REQUESTING BENEFICIARY CLAIMS DATA						
Beneficiary Notification Template Material	Always Required?	Who Requirement Applies To	Timing	Helpful Hints	When You Can Request Beneficiary Data?	Regulatory Reference
Poster Template	Yes	All ACO Participants at each of their facilities	Must display beginning January 1st	N/A	N/A	42 CFR § 425.312(a)(2)
Notice to Patients Template Letter– <i>Notice in Office</i>	Yes – must be made available in all settings in which Fee-for-Service Medicare beneficiaries receive primary care services	All ACO Participant facilities that bill Medicare for primary care services (as defined at 42 CFR § 425.20) for Fee-For-Service Medicare beneficiaries	Must make available beginning January 1st	N/A	N/A	42 CFR § 425.312(a)(3)

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ACO BENEFICIARY NOTICE REQUIREMENTS: ACO *is* REQUESTING BENEFICIARY CLAIMS DATA

Beneficiary Notification Template Material	Always Required?	Who Requirement Applies To	Timing	Helpful Hints	When You Can Request Beneficiary Data?	Regulatory Reference
<p>Declining to Share Personal Health Information Template Letter – Notice in Office</p> <p><i>Reminder: MUST be accompanied by the Notice to Patients Template Letter</i></p>	Yes – required if an ACO wants to request a Medicare Fee-For-Service beneficiary’s claims data <i>and</i> as follow up to ACO mailing.	All ACO Participants that provide a primary care service to any Medicare Fee-For-Service beneficiary for whom the ACO would like to request data.	May begin January 1st	Notify CMS immediately of changes to beneficiary claims data sharing preferences	Immediately after notification if beneficiary doesn’t decline	42 CFR § 425.312.(a)(3) and 42 CFR § 425.708(c)
<p>Declining to Share Personal Health Information AND Notice to Patients Template Letters – Notice by Mail</p>	Optional – required if the ACO wants to request claims data for the beneficiaries on its preliminary prospective beneficiary assignment list.	ACO that wants to request claims data for beneficiaries on its preliminary prospective beneficiary assignment list.	May begin after ACO has received preliminary prospective beneficiary assignment list.	Notify CMS immediately of changes to beneficiary data sharing preferences. All ACO Participants that provide a primary care service to any Medicare Fee-For-Service beneficiary for whom the ACO would like to request data must still also provide notice in office.	Within 30 days after mailing if beneficiary doesn’t decline data sharing	42 CFR § 425.312(b) and 42 CFR § 425.708(b)
<p>Consent to Change Personal Health Information Preference Template Letter</p>	Only required if the beneficiary reverses his/her decision about sharing claims data, then it must be made available upon request.	All ACO Participants that provide a primary care service to any Medicare Fee-For-Service beneficiary for whom the ACO would like to request data.	Must make available beginning January 1st	Notify CMS immediately of changes to beneficiary data sharing preferences	Immediately after notification if beneficiary doesn’t decline data sharing	42 CFR § 425.704(d) and 42 CFR § 425.708