



Medicare Shared Savings Program

BENEFICIARY NOTIFICATION AND EDUCATION

Guidance

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1 Executive Summary

The purpose of this document is to provide guidance regarding the use of the CMS-provided templates to notify and educate beneficiaries, as required by the Shared Savings Program pursuant to [42 Code of Federal Regulations \(CFR\) Part 425](#).

The ACO's beneficiary education notices are often the first exposure a beneficiary has to the ACO and to the Shared Savings Program. To ensure that beneficiaries receive accurate and clear information, the Centers for Medicare & Medicaid Services (CMS) has created new templates for ACOs to use in Performance Year (PY) 2023 and in future years. These templates fall into two categories: those which ACOs must share with beneficiaries in accordance with [42 CFR § 425.312\(a\)](#) and those which are provided to ACOs as optional resources for beneficiary education.

Required notices include the *Beneficiary Information Notice* and the *Poster*. Optional templates include the *Skilled Nursing Facility (SNF) 3-Day Rule Waiver Notice* template, *Voluntary Alignment Beneficiary* fact sheet, and *Voluntary Alignment ACO* fact sheet.

2 Background

2.1 2023 Final Rule Changes

Changes to beneficiary notification requirements implemented with the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule include the following:

- CMS reduced the frequency of the required standardized written notices. Beginning January 1, 2023, ACOs or ACO participants are now required to furnish standardized written notices to beneficiaries once per agreement period.
 - Per [42 CFR § 425.312\(a\)\(2\)\(iii\)](#), an ACO that has selected preliminary prospective assignment with retrospective reconciliation must issue this notice, in the form and manner specified by CMS, 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.
 - Per [42 CFR § 425.312\(a\)\(2\)\(iv\)](#), an ACO that has selected prospective assignment must issue this notice, in the form and manner specified by CMS, to each prospectively assigned beneficiary, prior to or at the first primary care visit of the agreement period for which the beneficiary is prospectively assigned to the ACO.
- 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 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 first standardized written notice was provided.
- 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.

2.2 2024 Final Rule Changes

CMS did not update *Beneficiary Information Notification* policies in CY 2024.

2.3 2025 Final Rule Changes

Changes to beneficiary notification requirements implemented with the CY 2025 PFS Final Rule include the following:

- Beginning January 1, 2025, CMS has removed the requirement that ACOs must provide the follow-up communication at the beneficiary's next primary care visit. This policy change is codified at [42 CFR § 425.312\(a\)\(2\)\(v\)\(A\)](#) to read "The follow-up communication must occur no later than 180 days from the date the standardized written notice was provided."
 - This will reduce burden for ACOs and provide more flexibility in when they follow-up with their beneficiaries after they receive the initial beneficiary notification, while still providing the opportunity for a meaningful dialogue between a beneficiary and their provider.
- To reduce burden on ACOs and confusion for beneficiaries, beneficiary notice requirements for ACOs that select preliminary prospective assignment with retrospective reconciliation are limited to beneficiaries that are likely to be assigned to the ACO. These beneficiaries are those who received at least one primary care service during the assignment window or applicable expanded window for assignment (as defined at 42 CFR § 425.20) from a physician who is an ACO professional in the ACO and who is a primary care physician as defined at 42 CFR § 425.20 or who has one of the primary specialty designations included at [42 CFR § 425.402\(c\)](#), a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) that is part of the ACO, or an ACO professional in the ACO whom the beneficiary designated as responsible for coordinating their overall care at [42 CFR § 425.402\(e\)](#).
- CMS modified [42 CFR § 425.312\(a\)\(2\)\(iii\)](#) to express that the *Beneficiary Information Notification* must be provided by the ACO or ACO participant to each beneficiary who received at least one primary care service during the assignment window from a physician, FQHC, or RHC, "in the case of an ACO that has selected preliminary prospective assignment with retrospective reconciliation."

2.4 Templates and Education Summary

- Required Beneficiary Notification template: ACOs must use the *Beneficiary Information Notification* template, which is the template for the standardized written notice to beneficiaries that covers the required information described in [42 CFR § 425.312\(a\)](#).
- Follow-up beneficiary communication: ACOs are required to follow up with beneficiaries no later than 180 days from the date the standardized written notice (i.e., Follow-up beneficiary communication: ACOs are required to follow up with beneficiaries no later than 180 days from the date the standardized written notice (i.e., *Beneficiary Information Notification* template) was provided. To provide ACOs the flexibility to communicate with patients, CMS grants flexibility in how the follow-up communication is conducted and does not provide a template for follow-up communication.
- Required *Poster* template: ACOs must use the provided template sign to display in all ACO participant facilities. For more information on the use of these required templates, refer to [Section 3](#).

- Optional templates: CMS provides the following templates that ACOs may use to provide additional beneficiary information:
 - *SNF 3-Day Rule Waiver Notice* template: An optional notice to educate Medicare beneficiaries assigned to the ACO about the *SNF 3-Day Rule Waiver* (only for ACOs approved to use the waiver).
 - *SNF 3-Day Rule Waiver FAQs*: Provides guidance for ACOs and ACO participants about using the *SNF 3-Day Rule Waiver*.
 - *Voluntary Alignment ACO* fact sheet: Provides guidance for ACOs and ACO participants about the voluntary process for beneficiaries to select a primary clinician via MyMedicare.gov.
 - *Voluntary Alignment Beneficiary* fact sheet: Provides beneficiaries with step-by-step instructions to select their primary clinician.

For more information on the use of these optional templates, refer to [Section 4](#) on SNF 3-Day Waivers and [Section 5](#) on Voluntary Alignment.

CMS provides templates with fillable fields to be completed by the ACO. ACOs are permitted to customize the templates only in the areas CMS has indicated (e.g., for the addition of language, logos, or images identifying the ACO or ACO participant furnishing the notice).

CMS provides all templates via [ACO-MS](#). Specifically, CMS provides the required *Beneficiary Information Notification* and *Poster* templates in the Marketing section of the My ACOs section in [ACO-MS](#). The optional templates are located in the Shared Savings Program ACO [Marketing and Beneficiary Education Toolkit](#) in the Program Resources section of the Knowledge Library tab in [ACO-MS](#). ACOs must discard previous template versions and replace them with the version included in the current [Marketing and Beneficiary Education Toolkit](#).

3 Beneficiary Information Notice and Poster Template

3.1 Overview

Per [42 CFR § 425.312](#) of the Shared Savings Program regulations, ACOs must meet the following beneficiary notification requirements:

- Notify beneficiaries that each ACO participant and its ACO providers/suppliers are participating in the Shared Savings Program.
- Notify beneficiaries of the option to decline sharing their health care information (i.e., claims data sharing under [42 CFR § 425.708](#)).
- Notify beneficiaries of the ability to identify or change voluntary alignment designations and the process for doing so.
- If the ACO operates a Beneficiary Incentive Program (BIP), notify or require its ACO participants to notify assigned beneficiaries of the availability of the beneficiary incentives as defined at ([42 CFR 425.304\(c\)](#)), including a description of the qualifying services for which an assigned beneficiary may receive an incentive payment.
- ACOs or ACO participants must furnish a standardized written notice (i.e., *Beneficiary Information Notification*) to beneficiaries once per agreement period. For ACOs that have

selected preliminary prospective assignment with retrospective reconciliation, refer to [Section 2.3](#) for guidance.

- Follow-up communication to the initial outreach to the beneficiary must take place no later than 180 days from the date the notification was provided. Follow-up communication to the initial outreach to the beneficiary must take place no later than 180 days from the date the notification was provided. The follow-up communication may be furnished in a verbal or written format, so long as the form of the follow-up communication includes a meaningful opportunity for beneficiaries to ask questions. For example, the follow-up communication could offer beneficiaries the opportunity to discuss any health or data sharing concerns with an ACO professional.

The following sections outline how to use the *Beneficiary Information Notice* and the *Poster* to meet the requirements listed in [42 CFR § 425.312](#).

3.2 Notify Beneficiaries of ACO Participant and Its ACO Providers/Suppliers' Participation in the Shared Savings Program

The regulations at [42 CFR § 425.312\(a\)](#) require ACOs to notify beneficiaries of ACO participants and ACO providers/suppliers participating in a Shared Savings Program ACO. This information highlights two ways beneficiaries are notified of an ACO participant and its ACO providers/suppliers' participation in a Shared Savings Program ACO:

A sign/poster on display at all times in all ACO participant facilities.

CMS has provided the poster template in standard paper size (8.5x11) for this purpose. ACOs should not display the poster in a smaller size. ACOs may enlarge the poster, but no changes to text are allowed.

A written notice: The ACO and its ACO participants must provide a standardized written notice to beneficiaries.

- CMS has provided a *Beneficiary Information Notification* template (with *SNF 3-Day Rule Waiver*, telehealth, and Beneficiary Incentive Program (BIP) information, if applicable) for this purpose.
- The template informs beneficiaries that their practitioner participates in a Shared Savings Program ACO and describes how Medicare beneficiaries benefit when participating health care providers coordinate their care.
- ACOs may distribute the *Beneficiary Information Notification* on their letterhead. Distributing the notice through a patient portal is also acceptable. ACOs may populate the *Beneficiary Information Notification* with generalized “your doctor” or “this practice” in place of the practitioner or practice’s name.
- ACOs may laminate the *Beneficiary Information Notification* to make it available to beneficiaries at their primary care service visit. ACOs should also ensure the office staff has copies to provide beneficiaries to take home, upon request.
- ACOs and ACO participants are encouraged to distribute the notice to beneficiaries at the point of care in order to address any beneficiary questions or concerns; however, they are

permitted to distribute beneficiary notifications through electronic transmission (such as email or secure portal) or mail. Regardless of the method used, the ACO must maintain and make available evidence that a notification was distributed to each beneficiary. ACOs have flexibility to establish their own policies for recording and providing evidence that a notification was distributed to each beneficiary. The beneficiary assignment elections made by an ACO impact beneficiary notification requirements.

- ACOs electing **preliminary prospective assignment with retrospective reconciliation** must provide a standardized written notice to fee-for-service beneficiaries to whom the ACO participant provided a primary care service. A primary care service visit occurs when a beneficiary is provided a primary care service, as defined at [42 CFR § 425.400\(c\)](#), and furnished by a primary care physician or practitioner, as defined at [42 CFR § 425.20](#).
- 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* at the beneficiary's visit.
- ACOs electing **prospective assignment** must provide each prospectively assigned beneficiary with a standardized written notice at least once during an agreement period. The standardized written notice must also be furnished during the performance year in which the beneficiary is prospectively assigned to the ACO, as set forth in 42 CFR 312(a)(2)(iv). For ACOs that selected prospective assignment, the standardized written notice must be furnished during the performance year in which the beneficiary is prospectively assigned to the ACO, [42 CFR 312\(a\)\(2\)\(iv\)](#).

3.3 Follow-up Communication

ACOs are required under [§ 425.312\(a\)\(2\)\(v\)](#) to provide a follow-up communication to each beneficiary after it has furnished the standardized written notice. The follow-up communication must occur no later than 180 days after the *Beneficiary Information Notification* was provided. The goal of this follow-up communication is to ensure that beneficiaries understood the content of the notice. 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. CMS is allowing maximum flexibility as to how the follow-up may be conducted.

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 distributing the follow-up communication and their own policies for recording and providing evidence that a follow-up notification was provided to each beneficiary.

3.4 Notify Beneficiaries of ACO's Beneficiary Incentive Program

In the Medicare Shared Savings Pathway to Success final rule in 2018, CMS finalized policies at [42 CFR § 425.304\(c\)](#) to allow certain ACOs participating in the Shared Savings Program to offer incentive payments to encourage assigned beneficiaries to obtain medically necessary primary

care services. Under these policies, ACOs participating in certain two-sided models may apply to establish and operate a BIP that provides an incentive payment to each assigned beneficiary for each qualifying primary care service received.

An ACO that establishes and operates a BIP must notify assigned beneficiaries of the availability of the BIP, including a description of the qualifying services for which a beneficiary would be eligible to receive an incentive payment (as described in [42 CFR § 425.304](#)).

3.5 Failure to Provide Required Beneficiary Notification

ACOs that fail to provide beneficiary notice and follow-up communication as outlined above may be subject to a compliance action in accordance with [42 CFR §§ 425.216](#) and [§ 425.218](#).

4 Skilled Nursing Facility 3-Day Rule Waiver

The *SNF 3-Day Rule Waiver* notice template is an optional communication tool for ACOs (including physicians and office staff) to use at the point of care to educate beneficiaries eligible for SNF care on the *SNF 3-Day Rule Waiver*. Only SNF waiver-approved ACOs have the option to use the waiver notice template to educate and inform their assigned beneficiaries who may be eligible to receive covered services under a *SNF 3-Day Rule Waiver*. For example, a physician participating in an ACO approved to use the *SNF 3-Day Rule Waiver* can use the notice to supplement the discharge planning conversation and aid eligible beneficiaries in making an informed decision about whether and where to receive SNF services.

If an ACO chooses to use the *SNF 3-Day Rule Waiver* notice template, it is not permitted to modify template content, except in the spaces that CMS provides for ACO-specific information. The waiver notice is not intended to be mailed to beneficiaries.

All Medicare FFS rules and requirements are applicable to beneficiary admission to a SNF. Please visit the [Beneficiary Notices Initiative webpage](#) for additional information on SNF notices for beneficiaries.

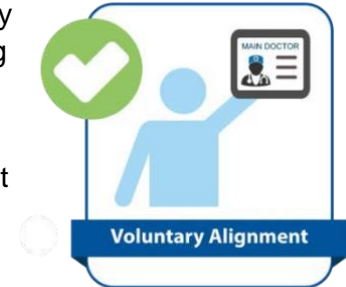
5 Voluntary Alignment

Voluntary alignment is the process by which beneficiaries identify an ACO professional as responsible for coordinating their overall care. Beneficiaries take this action via Medicare.gov. For more information on how voluntary alignment relates to beneficiary assignment methodology, please refer to [42 CFR § 425.402\(e\)](#).

ACOs must notify beneficiaries of their ability to, and the process by which they may, identify or change identification of the individual they designated for purposes of voluntary alignment (as described in [42 CFR § 425.402\(e\)](#)).

This information highlights two ways beneficiaries are notified about selecting a primary clinician and changing their voluntary alignment designations:

- **Beneficiary Information Notification:** The *Beneficiary Information Notification* template is required ([42 CFR 425.312](#)) and includes language informing beneficiaries that they may select a primary clinician on Medicare.gov. ACOS are not permitted to modify template content, except in the spaces that CMS provides for ACO-specific information.
- **Additional notice through CMS materials:** ACO participants may provide a fact sheet to beneficiaries who have questions regarding voluntary alignment processes.



The *Voluntary Alignment Beneficiary* fact sheet provides beneficiaries with step- by-step instructions to select their primary clinician. The fact sheet may be shared with beneficiaries to inform them about the process for voluntary alignment.

The *Voluntary Alignment ACO* fact sheet provides guidance for ACOs and ACO participants about the voluntary process for beneficiaries to select a primary clinician. The fact sheet may be shared with participants to inform them about the process for voluntary alignment.

These fact sheets are available in the Shared Savings Program ACO [Marketing and Beneficiary Education Toolkit](#), which is located in the Program Resources section of the Knowledge Library tab in ACO-MS.

Please note that when educating participants about voluntary alignment, ACOs must provide CMS approved template if available (see [42 CFR § 425.310\(a\)\(1\)](#)).