



Quick Guide to the 2024 Beneficiary Notification Requirement

Accountable Care Organizations (ACO) participating in the Medicare Shared Savings Program are required to send a standardized beneficiary information notice to each attributed Medicare Beneficiary prior to or at the first primary care visit of the performance year and provide a follow up-communication no later than 180 days from the date the initial written notice was provided. CMS allows the ACO to furnish the standardized notice to beneficiaries electronically or by regular mail.

The purpose of the notification is to ease beneficiary confusion by explaining the benefits of receiving care in an ACO and confirming that when beneficiaries receive care within an ACO, their Medicare coverage does not change.

What is an attributed beneficiary?

A Medicare Fee-for service patient who has been attributed to a given ACO by CMS due to the amount of primary care services received from a provider in the ACO.

What is CareMax National Care Network ACO doing?

The ACO has taken the responsibility of notifying all beneficiaries on your behalf and will provide patients with the initial written notice and the required follow-up communication. The ACO has also set up a hotline specific to the beneficiary notice for patients.

What do I need to do as a provider?

It is important providers and office staff are aware of this notice and its content. In addition, providers and their offices must:

- Make the notice available to beneficiaries upon request
- Print and display the 'poster' in your care facility
- Refer patients to the CareMax ACO hotline if they contact your office with questions: **1- 800-701-6311**

Where can I locate the poster?

The poster is attached as **PY 2024 Beneficiary Notification Poster.pdf**

We thank you in advance for your commitment to the patients you serve and to the CNCN ACO. Should you have any questions, please reach out to the Medicare ACO Program Team by emailing **CareMaxACO@caremax.com**