

Voluntary Alignment ACO Fact Sheet

Beginning in June 2017, beneficiaries can select their primary clinician on MyMedicare.gov. CMS believes voluntary alignment will strengthen beneficiaries' engagement in their health care and empower ACO professionals to better coordinate their beneficiaries' care with other doctors. CMS will use beneficiaries' selections to hold ACOs responsible for the quality of beneficiaries' care and overall medical costs.



? What is voluntary alignment?

Voluntary Alignment is the process where Medicare fee-for-service beneficiaries select, or “voluntarily align” with, a primary clinician.

Do's and Don'ts

ENGAGING BENEFICIARIES ABOUT VOLUNTARY ALIGNMENT

- DO** Ask ACO professionals to educate their beneficiaries about voluntary alignment.
- DO** Hand out the Beneficiary Fact Sheet and reference material contained in the ACO Marketing Toolkit to all beneficiaries.
- DON'T** Give beneficiaries anything of value to influence them to designate or not designate a certain ACO professional (including an ACO participant or ACO provider/supplier) as responsible for coordinating their overall care.
- DON'T** Coerce or otherwise influence beneficiaries to designate or not designate an ACO professional as responsible for coordinating their overall care by withholding or threatening to withhold medical services or limiting or threatening to limit access to care.

How does the automated voluntary alignment process work?

Medicare fee-for-service beneficiaries now can login to MyMedicare.gov and select their primary clinician. Their primary clinician is the health care provider they believe is responsible for coordinating their overall care. Selecting a primary clinician doesn't affect a beneficiary's benefits or restrict their ability to get care from any doctor or other clinician they choose. Their selection doesn't change Medicare Part A or Medicare Part B billing and payment policies.

How is voluntary alignment used in the Medicare Shared Savings Program?

The Medicare Shared Savings Program will use the beneficiary's selection of a primary clinician on MyMedicare.gov to supersede in certain instances the claims-based assignment methodology. The voluntary alignment process will align beneficiaries with Shared Savings Program ACOs starting with performance year 2018. If an eligible beneficiary designates a clinician with a specialty type used in assignment to an ACO as their primary clinician, the beneficiary's selection will override the claims-based assignment methodology. In other words, if the clinician the beneficiary selected participates in an ACO, the beneficiary will be aligned prospectively to that primary clinician's ACO.

Which beneficiaries are eligible for assignment to an ACO?

A beneficiary must have at least one primary care service with a primary care physician or a physician whose specialty is used in assignment (42 CFR §425.402(c)) to be eligible for assignment to an ACO. The beneficiary still must meet the eligibility requirements set forth in 42 CFR § 425.401 in order to be eligible for assignment to an ACO.

Marketing materials

CMS will release additional resources on voluntary alignment, including:

- ▶ Updated Medicare & You handbook
- ▶ Beneficiary Fact Sheet located in the Shared Savings Program Marketing Toolkit



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