



ACO Realizing Equity, Access, and Community Health (REACH) Model

Do's and Don'ts: Educating Beneficiaries on Voluntary Alignment

If you choose to educate beneficiaries:

DO Make the official CMS Voluntary Alignment Beneficiary Fact Sheet accessible to all beneficiaries in your ACO.

DON'T Coerce, withhold medical services, limit (or threaten to limit) access to care, or provide any incentive to beneficiaries to influence their attestation decision.

DON'T Enter a beneficiary's choice of primary practitioner on Medicare.gov on behalf of the beneficiary. You may offer technical support, as needed.

How VA Works

- A beneficiary may be voluntarily aligned to the ACO if the practitioner is on the ACO's Participant Provider List.
- Voluntary alignment takes precedence and has priority over the claims-based alignment.
- The most recent valid voluntary alignment attestation (either MVA or SVA) will take precedence.

ACO REACH Voluntary Alignment Fact Sheet

Medicare beneficiaries can voluntarily align with their primary practitioner on Medicare.gov or by submitting a Voluntary Alignment Form. Voluntary alignment increases patient-centeredness by prioritizing patient choice when assigning responsibility for coordinating a patient's care to a health care provider. CMS uses beneficiaries' attestations as the prioritized method of attribution in the ACO Realizing Equity, Access, and Community Health (REACH) Model.

What Is Voluntary Alignment?

Voluntary Alignment (VA) is a process that allows beneficiaries to choose the health care providers with whom they want to have a care relationship. Beneficiaries may choose to align to an Accountable Care Organization (ACO) voluntarily by designating a Participant Provider affiliated with the ACO as their primary clinician or main source of care.

How Does a Beneficiary Voluntary Align to an ACO?

- Medicare beneficiaries can register on Medicare.gov and log in to attest to their primary practitioner, referred to as Medicare.gov voluntary alignment (MVA), or submit a Voluntary Alignment Form to their primary practitioner, referred to as Signed- Attestation Based Voluntary Alignment (SVA). Their primary practitioner is the health care provider they choose to be responsible for providing and coordinating their overall care.
- When a beneficiary chooses a primary practitioner, it allows the ACO to gain better insight into the beneficiary's health and conditions via additional information contained in risk scores and practice feedback reports. This can lead to improved patient-centered care for the beneficiary.
- Attesting to a primary practitioner doesn't affect beneficiaries' Medicare benefits or restrict their ability to seek care from any practitioner. Beneficiaries can change their primary practitioner at any time.

Eligibility Criteria for Beneficiary Attribution

- Enrolled in Medicare Parts A and B
- Medicare as the primary payer
- Not covered under Medicare Advantage or other Medicare managed care plan
- Resident of the United States
- Reside in a county that is included in the ACO's service area

For High Needs Population ACO

- Have one or more conditions that impair the beneficiary's mobility
- Have at least one significant chronic or other serious illness. More information can be found in The Financial Overview: <https://innovation.cms.gov/media/document/dc-financial-op-guide-overview>