

Voluntary Alignment ACO Fact Sheet

When people with Medicare choose a primary clinician, they're encouraged to be more involved with their own health care so their ACO providers can then better coordinate their care with other providers. We use beneficiaries' choices to hold ACOs responsible for their quality of care and for overall medical costs.



? What is voluntary alignment?

Voluntary alignment is the process that lets Medicare fee-for-service (FFS) beneficiaries select, or “voluntarily align” with, a primary clinician.

Do's and Don'ts

ENGAGING BENEFICIARIES ABOUT VOLUNTARY ALIGNMENT

- DO** Ask ACO providers to educate their beneficiaries about voluntary alignment.
- DO** Let beneficiaries know about voluntary alignment as described in 42 CFR § 425.312.
- DON'T** Give beneficiaries anything of value to influence them to choose a certain health care provider (including an ACO participant or ACO provider/supplier) to be responsible for coordinating their overall care.
- DON'T** Pressure or otherwise sway beneficiaries to choose a certain health care provider (including an ACO participant or ACO provider/supplier) to be responsible for coordinating their overall care by refusing, limiting, or threatening to stop or limit medical care.

How does the automated voluntary alignment process work?

Medicare FFS beneficiaries log into MyMedicare.gov and choose their primary clinician, the health care provider they believe is responsible for coordinating their overall care. Choosing a primary clinician doesn't affect beneficiaries' benefits or limit their ability to get care from *any* health care provider they choose. Their selection also doesn't change Medicare Part A or Medicare Part B billing and payment policies.

How does the Medicare Shared Savings Program use voluntary alignment?

The Medicare Shared Savings Program will use the eligible beneficiary's selection of a primary clinician on [MyMedicare.gov](https://www.medicare.gov) to take priority over the claims-based assignment methodology. The beneficiary will be assigned to that primary clinician's ACO. Keep in mind, if beneficiaries designate a health care provider outside the ACO as their primary clinician, they won't be assigned to the ACO even if they get most of their primary care services from clinicians in the ACO. Also, beneficiaries participating in the Comprehensive End-Stage Renal Disease Care (CEC) Model will be assigned to the CEC Model no matter who they choose as a primary clinician.

Beneficiaries can change their primary clinicians at any time and choose another health care provider as a primary clinician. The provider who they choose won't change unless beneficiaries decide to change the designation. Beneficiaries are encouraged to update their primary clinicians regularly, especially when there's a change in care providers or they move to a new area.

Which beneficiaries are eligible for assignment to an ACO?

A beneficiary who chooses a primary clinician doesn't need to have a primary care service visit with the primary care physician they've chosen. We assign beneficiaries to an ACO based on their selection of any ACO professional, regardless of specialty, as their primary clinician. The beneficiary must meet the eligibility requirements in 42 CFR § 425.401 to be assigned to an ACO.

Where can I find marketing materials?

See our resources on voluntary alignment, including:

- ▶ “Register for MyMedicare.gov and Choose Your Primary Clinician,” located in the Shared Savings Program ACO Marketing and Outreach Toolkit, available in the ACO-MS [Knowledge Library](#).
- ▶ [2021 Medicare & You handbook](#)

