



MEDICARE
SHARED SAVINGS
PROGRAM

Voluntary Alignment

For Medicare Shared Savings Program ACOs

August 23, 2017

Centers for Medicare
& Medicaid Services

Medicare Shared Savings Program

DISCLAIMER

- This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within this document for your reference.
- This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



MEDICARE
SHARED SAVINGS
PROGRAM

Agenda

- What is Voluntary Alignment?
- Beneficiary Selection of a Primary Clinician
- Voluntary Alignment and Medicare Shared Savings Program (Shared Savings Program) Operations
- Beneficiary Education, Outreach, and Communication
- Questions



MEDICARE
SHARED SAVINGS
PROGRAM

What is Voluntary Alignment?

- What is Voluntary Alignment?
- When Does Voluntary Alignment Become Effective?



MEDICARE
SHARED SAVINGS
PROGRAM

What is Voluntary Alignment?

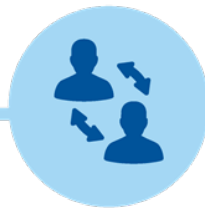
- Through new MyMedicare.gov functionality, Medicare fee-for-service (FFS) beneficiaries are now able to select the practitioner they believe to be responsible for their overall care and health care coordination.
- By making this selection, the practitioner may be better able to engage their beneficiaries in health care decisions, ultimately improving the beneficiaries' overall care management and health outcomes.
- Voluntary Alignment, or the selection of a primary clinician, is a new process (beginning January 1, 2018) that intersects with the claims-based assignment methodology in the Shared Savings Program.

Goals of Voluntary Alignment

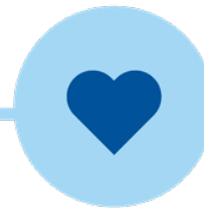
- The goal of incorporating beneficiary preference into claims-based assignment is to help Shared Savings Program Accountable Care Organizations (ACOs):



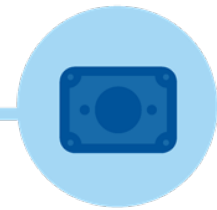
Increase Patient Engagement



Improve Care Management



Achieve Better Health Outcomes



Lower Growth in Costs

- Incorporating beneficiary preference will increase the patient-centeredness of the assignment methodology and may improve the stability of ACO assignment lists.
- Voluntary alignment does not affect a Medicare FFS beneficiary's benefits or restrict their ability to choose a doctor in any way.

When Does Voluntary Alignment Become Effective?

- The new MyMedicare.gov functionality was launched June 2017.
- Voluntary alignment was codified in 42 CFR § 425.402(e) and will be used for ACO beneficiary assignment beginning in Performance Year 2018 and onward.
- For beneficiary selections made between June 2017 and October 31, 2017, CMS will incorporate the beneficiaries' selections into 2018 initial assignment list reports. CMS will only pull voluntary alignment data once a year to incorporate it into the ACO's beneficiary assignment count.

Beneficiary Selection of a Primary Clinician

- MyMedicare.gov Demonstration: Beneficiary Selection of a Primary Clinician



MEDICARE
SHARED SAVINGS
PROGRAM

MyMedicare.gov: Beneficiary Selection of a Primary Clinician

- Presenter: CMS Demonstration

Voluntary Alignment and Shared Savings Program Operations

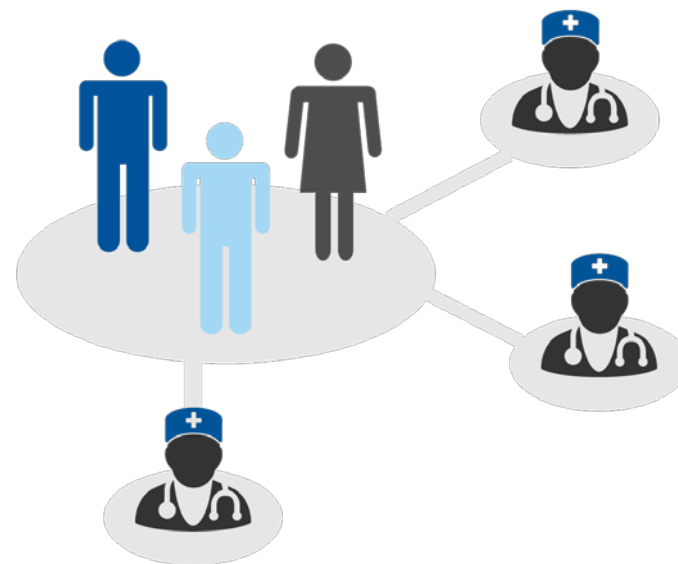
- Shared Savings Program Beneficiary Assignment Refresher
- Voluntary Alignment and Beneficiary Assignment
- Eligibility Requirements for Voluntary Assignment
- Examples of Voluntary Alignment and Claims-Based Assignment Interactions



MEDICARE
SHARED SAVINGS
PROGRAM

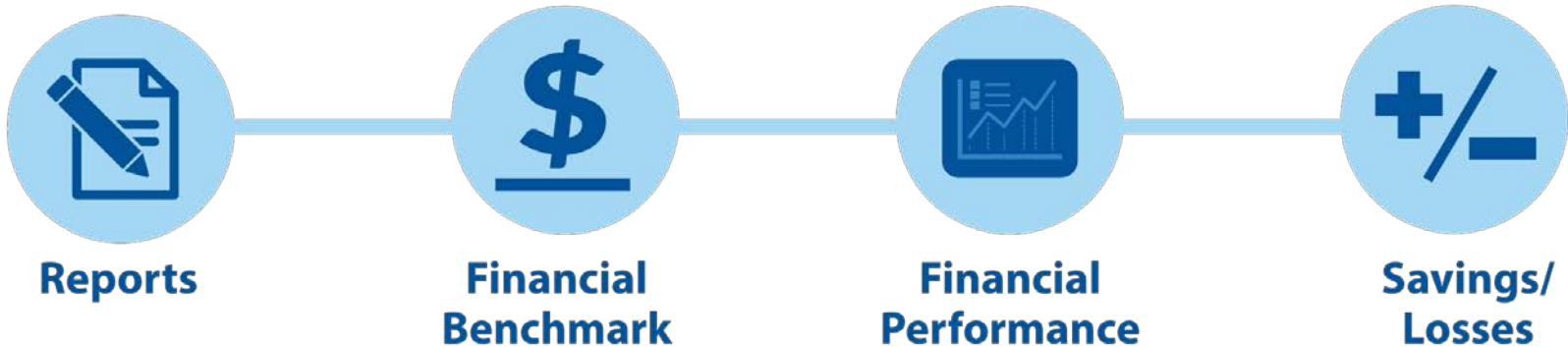
Beneficiary Assignment Refresher

- Under the Shared Savings Program, the purpose of assignment is to determine a unique patient population for which the ACO is held accountable.
- Through rulemaking, the assignment methodology was developed and refined over many years with stakeholder input.
- Assignment to an ACO does not diminish or restrict the rights of FFS beneficiaries to exercise free choice in determining where to receive health care services.



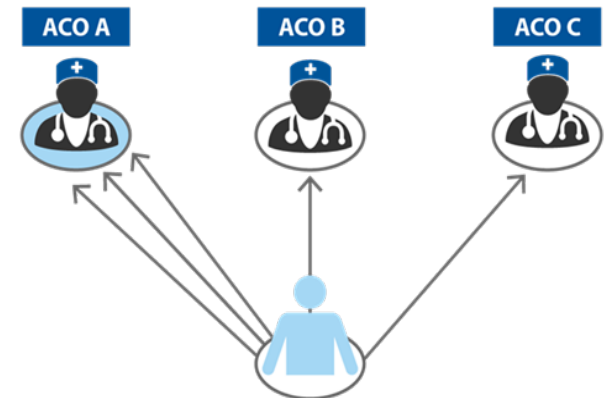
Beneficiary Assignment Refresher (cont.)

- When a beneficiary is assigned to an ACO, the ACO becomes accountable for the beneficiary's overall care for a performance year.
- Beneficiary assignment lists are used for key program operations including, but not limited to, developing quarterly program reports, determining the ACO's financial and quality performance, and ultimately, determining whether an ACO is eligible to share in savings or losses.



Beneficiary Assignment Refresher (cont.)

- The Shared Savings Program uses a beneficiary's Medicare Parts A & B claims data to determine whether a beneficiary is assigned to an ACO.
- Using claims data, CMS determines where the beneficiary received the plurality of their primary care services (PCS) during the 12-month assignment window.
- The beneficiary will still need to meet the remaining criteria set forth in 42 CFR § 425.401 (see slide 14), including receiving the plurality of their PCS from an ACO.



Plurality of Primary Care Services



Assigned beneficiaries have
on average
5 visits to an ACO.



ACOs account for
79%
(on average) of all primary care
services received by the patient.

Beneficiary Assignment Refresher (cont.)

In order to be assigned to an ACO via voluntary alignment, the beneficiary must meet the eligibility requirements for Shared Savings Program assignment set forth in 42 CFR § 425.401(a):



Have at least one (1) month of Part A and Part B enrollment (and no months of Part A only or Part B only);

Not have any months of Medicare group (private) health plan enrollment;

Not be assigned to any other Medicare shared savings initiatives; and

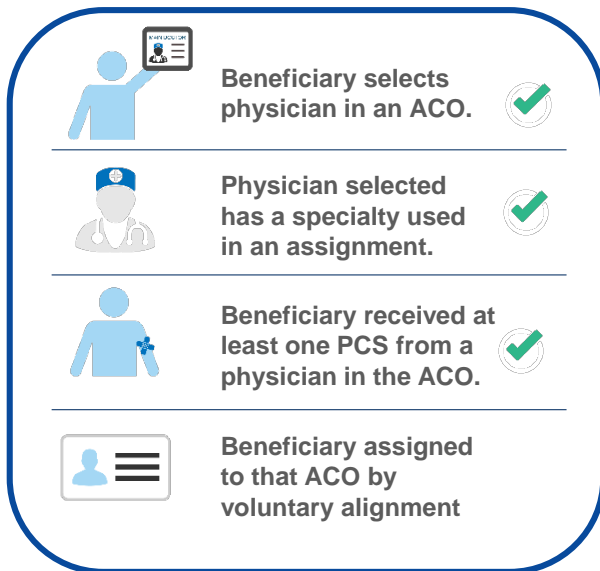
Live in the U.S. or U.S. territories at the end of the assignment window.

Voluntary Alignment and Assignment

- If the eligibility requirements are met, the beneficiary's selection of their primary clinician will override Shared Savings Program claims-based assignment.
- The ACO with whom the clinician (and his or her corresponding practice location) is associated will become responsible for coordinating the beneficiary's care in the coming performance year.
- The beneficiary is able to change their primary clinician selection at any time; however, the Shared Savings Program will run voluntary alignment annually, prior to the start of the next performance year.
- Once a beneficiary aligns to a clinician in an ACO, they will be assigned to that ACO until they remove the clinician as their primary practitioner or they no longer meet the beneficiary eligibility assignment requirements.

Eligibility Requirements for Voluntary Assignment

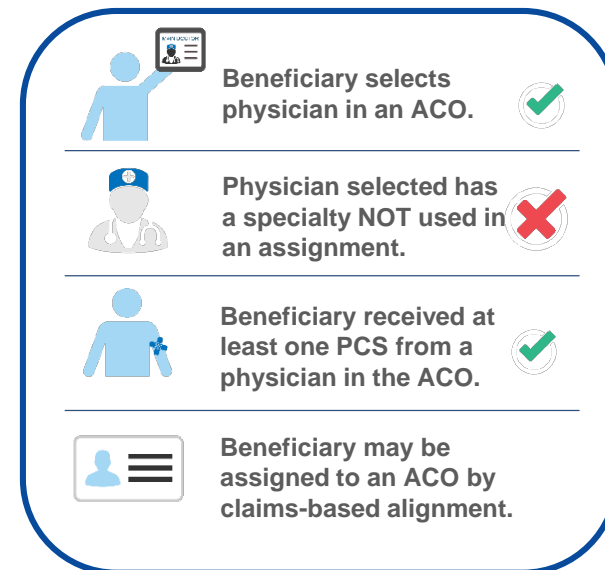
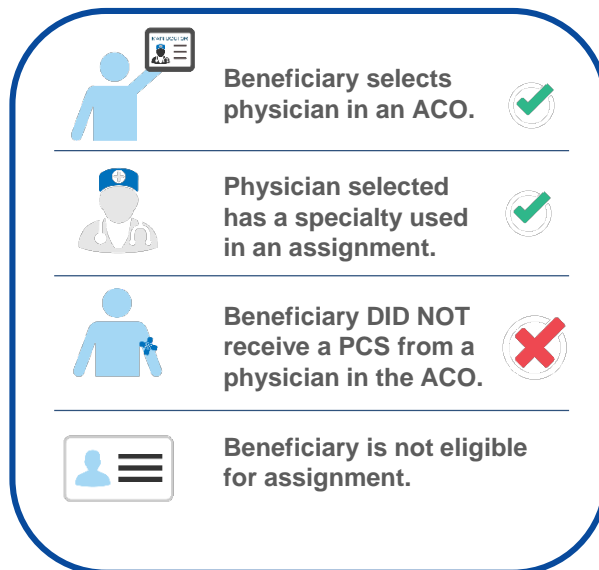
- The beneficiary must meet the assignment eligibility requirements set forth in the previous slides, along with additional requirements set forth in 42 CFR § 425.402(e)(2):



- If a beneficiary designates a physician or practitioner in an ACO as their primary clinician, the beneficiary will be assigned to that clinician's ACO, as long as the physician's/practitioner's specialty is used in assignment and the beneficiary has received at least one PCS from a physician in that ACO.
- If both conditions are met, the beneficiary's selection would take precedence over assignment based on claims.

Voluntary Alignment and Claims-Based Assignment Interactions

- If a beneficiary designated a clinician who has a specialty used in assignment, but the beneficiary did not receive any PCS from a physician at the ACO, the beneficiary is not eligible for assignment.
- If a beneficiary received a PCS from the clinician, but the clinician did not have a specialty used in assignment (e.g. a hand surgeon, dermatologist, a plastic surgeon, etc.), the beneficiary could be assigned to an ACO through claims-based assignment.



Voluntary Alignment and Claims-Based Assignment Interactions (cont.)



- **A beneficiary will not be voluntarily aligned (assigned) to an ACO in the Shared Savings Program, even if the beneficiary would have otherwise been assigned to the ACO through claims-based assignment, if the beneficiary's designated primary practitioner:**
 - Has a specialty designation used in assignment but does not participate as a participant or as a provider/supplier in an ACO, or
 - Has a specialty designation used in assignment but participates in another Alternative Payment Model (APM), such as Comprehensive End-Stage Renal Disease Care Model, Next Generation ACO Model, etc.
 - Note that other APMs cannot align a beneficiary who has voluntarily aligned to an ACO in the Shared Savings Program.

Beneficiary Education, Outreach, and Communication

- Education and Outreach Materials
- Do's and Don'ts of Voluntary Alignment





MEDICARE
SHARED SAVINGS
PROGRAM

Education and Outreach Materials



- The Shared Savings Program developed several Voluntary Alignment focused education and outreach materials, including:
 - Beneficiary Fact Sheet: a one-page fact sheet that ACO providers and suppliers can disseminate to their Medicare patients to inform them about the new MyMedicare.gov functionality and voluntary alignment.
 - ACO Fact Sheet: a one-page fact sheet for ACOs outlining the new process and its implications for program operations. This is not for external distribution.
 - Medicare and You Handbook Updates: Updated language in the 2018 Medicare and You handbook outlining the new MyMedicare.gov functionality and voluntary alignment process.

Do's and Don'ts of Voluntary Alignment

Do's

-  **Do** - Disseminate the Beneficiary Fact Sheet and reference material contained in the ACO Marketing Toolkit to all beneficiaries.
-  **Do** - Ask providers and/or suppliers to educate their beneficiaries about voluntary alignment.

Don'ts

-  **Don't** - Induce beneficiaries through financial incentives, gifts, or other similar measures to align themselves to a certain ACO participant's providers and/or suppliers.
-  **Don't** - Only provide voluntary alignment information to healthy beneficiaries and exclude others.

Questions



MEDICARE
SHARED SAVINGS
PROGRAM