

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 the quality of care they give 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 professionals 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) as 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 [Medicare.gov](#) and select their primary clinician, the health care provider they believe is responsible for coordinating their overall care. Selecting 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 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:

- ▶ Beneficiary Fact Sheet: [Choose Your Primary Clinician on Medicare.gov](#), available in the Marketing Toolkit, located in the Program Resources section of the Knowledge Library tab of the [ACO-Management System \(ACO-MS\)](#).
- ▶ [Medicare & You](#) handbook