



<b>Policy Title:</b> Beneficiary Voluntary Alignment			
<b>Department Responsible:</b> Compliance and Privacy	<b>Policy Number:</b> 10.0	<b>THN's Effective Date:</b> April 10, 2017	<b>Next Review/Revision Date:</b> September 30, 2019
<b>Title of Person Responsible:</b> Chief Compliance Officer	<b>THN Approval Council:</b> Compliance and Privacy Committee	<b>Date Approved:</b> July 10, 2017	<b>Date Approved by THN Board of Managers:</b> August 22, 2017

**PURPOSE:** This policy sets forth guidelines that govern Voluntary Alignment activities during the Performance Year in which Triad HealthCare Network has selected to participate in Voluntary Alignment.

**DEFINITIONS:**

Term	Definition
Beneficiary Inducements	Providing gifts or offering of anything of value to the Beneficiary in an attempt to influence a Beneficiary's decision-making.
Next Generation Beneficiary	A Beneficiary who is aligned to the ACO for a given Performance Year using the methodology set forth in Appendix B and has not subsequently been excluded from the aligned population of the ACO.
Next Generation Participant	an individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Participant List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Preferred Provider; E. Is not a Prohibited Participant; and F. Pursuant to a written agreement with the ACO, has agreed to participate in the Model, to report quality data through the ACO, and to comply with care improvement objectives and Model quality performance standards.
Performance Year	The 12-month period beginning on January 1 of each year during the term of the Agreement.
Preferred Provider	an individual or entity that: A. Is a Medicare-enrolled provider (as defined at 42 CFR § 400.202) or supplier (as defined at 42 CFR § 400.202); B. Is identified on the Preferred Provider List in accordance with Section IV; C. Bills for items and services it furnishes to Beneficiaries under a Medicare billing number assigned to a TIN in accordance with applicable Medicare regulations; D. Is not a Next Generation Participant; E. Is not a Prohibited Participant; and F. Has agreed to participate in the Model pursuant to a written agreement with the ACO.
Qualified Evaluation & Management Service	Medicare covered services provided by a provider or supplier billing under the TIN of a Next Generation Participant that is included on the ACO's Participant List for the Performance Year during which the ACO has selected to participate in Voluntary Alignment.
Targeted Outreach	Sending a form (the " <b>Voluntary Alignment Form</b> ") and a cover letter including instructions on how to complete the Voluntary Alignment Form (the " <b>Letter</b> ") electronically or by mail to a Beneficiary.



Voluntary Alignment	The process by which Beneficiaries may voluntarily align to the ACO as described in Section V.C and Appendix C.
---------------------	---

**POLICY:** Triad Healthcare Network may elect to participate in Voluntary Alignment for a given Performance Year and as such, must comply with requirements that govern Beneficiary inducements, targeted outreach and communications to Beneficiaries and other Voluntary Alignment activities as outline in the procedures herein.

**PROCEDURE:**

**1. Influencing or Attempting to Influence the Beneficiary**

- A. The ACO, Next Generation Participants, Preferred Providers, and other individuals or entities performing functions or services related to ACO Activities are prohibited from providing gifts or other remuneration to Beneficiaries as inducements for influencing a Beneficiary’s decision to complete or not complete a Voluntary Alignment Form.
- B. The ACO, Next Generation Participants, Preferred Providers, and other individuals or entities performing functions or services related to ACO Activities shall not, directly or indirectly, commit any act or omission, nor adopt any policy, that coerces or otherwise influences a Beneficiary’s decision to complete or not complete a Voluntary Alignment Form, including but not limited to the following:
  - 1. Offering of anything of value to the Beneficiary;
  - 2. Including the Voluntary Alignment Form and instructions with any other materials or forms, including but not limited to materials requiring the signature of the Beneficiary; and
  - 3. Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.
- C. Any items or services provided in violation of this policy will not be considered to have a reasonable connection to the medical care of the Beneficiary.

**2. Voluntary Alignment Outreach**

- A. During a period starting on or after a date determined by CMS, the ACO shall conduct targeted outreach to all Beneficiaries who are eligible for targeted outreach to all Beneficiaries who are prior approved by CMS for targeted outreach.
- B. CMS shall determine the content of the Voluntary Alignment Form. CMS shall provide templates to the ACO for both the Voluntary Alignment Form and the Letter.
- C. The ACO shall make *no changes* to the template Voluntary Alignment Form provided by CMS, with the exception of changes made solely for the insertion of the following information where indicated:
  - 1. The name of the Next Generation Participant that the ACO believes may be the Beneficiary’s main doctor, main provider, and/or the main place the Beneficiary receives care;
  - 2. The logo of the ACO or Next Generation Participant;
  - 3. Instructions for how the Beneficiary can submit the Voluntary Alignment Form to the ACO.
- D. The ACO shall make no changes to the template Letter where CMS has indicated content that the ACO cannot amend or remove. The ACO may otherwise make changes, subject to the ACO obtaining CMS approval of the final Letter content pursuant to Section V.E. of the Agreement, including:
  - 1. Formatting for electronic distribution;
  - 2. The name of the Next Generation Participant that the ACO believes may be the Beneficiary’s main doctor, main provider, and/or the main place the Beneficiary received care;
  - 3. The logo of the ACO or Next Generation Participant;
  - 4. Instructions for how the Beneficiary can submit the Voluntary Alignment Form to the ACO;
  - 5. The insertion of information about unique care coordination and preventative services offered by the ACO; and
  - 6. The ACO’s contact information for answering Beneficiaries’ questions.



E. The ACO shall submit to CMS, by a time and in a manner specified by CMS, a document describing how the ACO will conduct its Voluntary Alignment activities during the Performance Year in which the ACO has selected to participate in Voluntary Alignment, including targeted outreach as that term is defined under Section II.A of this Appendix C.

F. The ACO shall conduct targeted outreach to all Beneficiaries who satisfy the targeted outreach eligibility criteria and may do so without prior approval from CMS.

G. Before the ACO may conduct targeted outreach to any Beneficiary who does not satisfy the targeted outreach eligibility criteria, the ACO shall submit to CMS, for CMS's approval, a preliminary list identifying all Beneficiaries, other than those who satisfy the eligibility criteria, for whom the ACO intends to conduct targeted outreach ("**Proposed Voluntary Alignment Targeted Outreach List**").

H. CMS will verify that the Beneficiaries on the Proposed Voluntary Alignment Targeted Outreach List satisfy the targeted outreach eligibility criteria for the Performance Year in which the ACO has selected to participate in Voluntary Alignment. CMS will return to the ACO a list identifying the Beneficiaries that CMS has verified are eligible for targeted outreach ("**Approved Voluntary Alignment Targeted Outreach List**").

I. The ACO may provide the Voluntary Alignment Form at the point of care only in the offices of Next Generation Participants. The ACO shall notify CMS by a date specified by CMS if the ACO elects to provide the Voluntary Alignment Form at the point of care.

J. Form Requests:

1. The ACO shall permit any Beneficiary who receives care from a Next Generation Participant to receive a Voluntary Alignment Form, upon request. The ACO shall permit the Beneficiary to request a Voluntary Alignment Form in person at the office of the Next Generation Participant or by calling the ACO.
2. The ACO shall permit any Beneficiary who has received a Voluntary Alignment Form to request another Voluntary Alignment Form that identifies a different Next Generation Participant as the Beneficiary's main doctor, main provider, or main place the Beneficiary receives care; or that identifies a physician or other individual or entity that is not a Next Generation Participant as the Beneficiary's main doctor, main provider, or main place the Beneficiary receives care; or otherwise reverses the Beneficiary's Voluntary Alignment. The ACO shall permit such requests to be made by calling the ACO.
3. The ACO shall permit any Beneficiary who has received a Voluntary Alignment Form to request another Voluntary Alignment Form that allows signature by an appointed representative. Instructions on how to make this request will be included on the Voluntary Alignment Form. The ACO shall permit such requests to be made by calling the ACO.

### **3. Voluntary Alignment Targeted Outreach Eligibility Criteria**

A Beneficiary is eligible for targeted outreach if either:

- A. The Beneficiary is aligned to the ACO in the Performance Year during which the ACO has selected to participate in Voluntary Alignment, or was aligned to the ACO in a previous Performance Year in which the ACO participated in the Next Generation ACO Model; or
- B. The Beneficiary does not satisfy the eligibility criteria but has had at least one paid claim for a Qualified Evaluation and Management service, furnished on or after January 1, 2014, by a provider or supplier billing under the TIN of a Next Generation Participant that is included on the ACO's Participant List for the Performance Year during which the ACO has selected to participate in Voluntary Alignment



#### **4. Voluntary Alignment Eligibility Criteria**

CMS shall use Voluntary Alignment to align a Beneficiary to the ACO for the Subsequent Performance Year if the following conditions are satisfied:

- A. The Beneficiary has had at least one paid claim for a Qualified Evaluation and Management service, furnished on or after January 1, 2014 by a provider or supplier billing under the TIN of a Next Generation Participant that is included on the ACO's Participant List for that Subsequent Performance Year;
- B. On or before the date referenced in Section IV.A of this Appendix C, the ACO received a valid Voluntary Alignment Form from the Beneficiary identifying a Next Generation Participant that is included on the ACO's Participant List for that Subsequent Performance Year as the Beneficiary's main doctor, main provider, or main place the Beneficiary receives care;
- C. The Beneficiary has not, on or before the date referenced in Section IV.A, subsequently identified a physician or other individual or entity that is not a Next Generation Participant that is included on the ACO's Participant List for that Subsequent Performance Year as the Beneficiary's main doctor, main provider, or main place the Beneficiary receives care;
- D. At the time CMS conducts the ACO's alignment for the Subsequent Performance Year, the Beneficiary meets the criteria to be considered alignment-eligible; and
- E. At the time CMS conducts the ACO's alignment for the Subsequent Performance Year, CMS has not aligned the Beneficiary to another model, demonstration, or program including, but not limited to, the Independence at Home Demonstration, the Multi-payer Advanced Primary Care Practice Demonstration (MAPCP), the Medicare-Medicaid Financial Alignment Initiative and State Demonstrations to Integrate Care for Dual Eligible Individuals, or the Medicare Shared Savings Program (MSSP).

#### **5. Voluntary Alignment Decisions from Other ACO Initiatives**

If an ACO participates in a voluntary alignment process in another ACO initiative during the year immediately preceding the ACO's first Performance Year in the Next Generation ACO Model, CMS will align Beneficiaries that were included on the ACO's Voluntary Alignment List (or equivalent record of beneficiary submissions used in the other initiative) for the performance year that corresponds with the ACO's first Performance Year in the Next Generation ACO Model to the ACO in accordance with the criteria set forth in Section VI. of this Appendix C (applying the terminology used for that ACO initiative).

#### **6. Maintenance of Records**

The ACO shall maintain copies of all Voluntary Alignment Forms sent to Beneficiaries (including copies of the Instructions sent with such forms), and, as applicable:

- A. Original executed Voluntary Alignment Forms;
- B. envelopes in which Voluntary Alignment Forms were returned to the ACO,
- C. written documentation of any oral communications with a Beneficiary or his or her appointed representative regarding the potential or actual reversal of a Voluntary Alignment Form,
- D. all electronic data and files associated with the distribution and submission of Voluntary Alignment Forms, and
- E. all other documents and records regarding Voluntary Alignment, including documents and records pertaining to Beneficiary communications.



**7. Beneficiary-Next Generation Participant Communications**

- A. The ACO, Next Generation Participants, and other individuals or entities performing functions or services related to ACO Activities may directly communicate orally with Beneficiaries regarding Voluntary Alignment and the Voluntary Alignment Forms.
- B. The ACO may instruct Next Generation Participants to answer questions from Beneficiaries regarding the Voluntary Alignment Form, but must prohibit Next Generation Participants from completing the form on behalf of any Beneficiary.
- C. The ACO shall require Next Generation Participants to instruct Beneficiaries to call the ACO for questions about how to make changes to a Voluntary Alignment Form.

**8. Enforcement**

In addition to CMS induced remedial actions, failure to comply with the provisions of this Policy may result in retroactive reversal by CMS of any alignment of Next Generation Beneficiaries to the ACO that occurred due to a violation of this policy or the procedures herein.

**9. Modification or Elimination of Voluntary Alignment**

CMS may amend the Next Generation Participation Agreement without THN’s consent to revise or remove the provisions of Appendix C.

**REFERENCE DOCUMENTS/LINKS:**

- 1. First Amended and Restated Participation Agreement for 2016 Starters, Section V.C 1-4, pages 24-26.
- 2. First Amended and Restated Participation Agreement for 2016 Starters-Amendment 2, Appendix C, Pages 1-6.
- 3. THN Policy 1.45 Beneficiary Inducements
- 4. THN Policy 1.40 Descriptive Materials and Activities

**PREVIOUS REVISION/REVIEW DATES:**

Date	Reviewed	Revised	Notes
July 10, 2017	N/A	N/A	New Policy