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| <b>Policy Title:</b> Voluntary Alignment                                    |  |   |   |
| <b>Department Responsible:</b><br>THN ACO Operations                        | <b>Policy Number:</b><br>OP-005                          | <b>THN's Effective Date:</b><br>January 1, 2022 | <b>Next Review/Revision Date:</b><br>September 30, 2024 |
| <b>Title of Person Responsible:</b><br>Assistant Director of ACO Operations | <b>THN Approval Council:</b><br>THN Operations Committee | <b>Date Approved:</b><br>June 8, 2023           |   |

**I. Purpose:**

- A. The purpose of OP-005 is to detail the process by which someone can voluntarily align with Triad HealthCare Network (THN).

**II. Policy:**

- A. Voluntary Alignment activities should be conducted in accordance with Article V of the Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) Model Participation Agreement (PA) signed between CMS and THN.

**III. Procedure:**

- A. Beneficiaries may be aligned to THN through claims-based alignment processes, as determined by CMS, Signed Attestation-Based Voluntary Alignment (SVA) or Medicare.gov Voluntary Alignment (MVA)
  - 1. MVA is the process by which a Beneficiary may voluntarily align with THN by designating a Participant Provider as the Beneficiary's primary clinician on Medicare.gov, or any successor site.
  - 2. SVA is the process by which a Beneficiary may voluntarily align with THN by designating a Participant as the Beneficiary's primary clinician via a Voluntary Alignment (VA) Form provided and maintained by THN.
  - 3. Providers joining THN may not begin Voluntary Alignment activities until the start date of the relevant contract period (the Performance Year). Providers who are added and approved through the ad hoc additions process may begin to participate in approved Voluntary Alignment activities on their effective date.
- B. THN Shall submit a Marketing Plan to CMS for approval prior to the distribution of any Voluntary Alignment A activities or materials: The plan will include:
  - 1. A description of how THN will conduct its VA activities, including the process for determining which Beneficiaries will receive a VA Form and Letter.
  - 2. Whether or not THN will provide VA Forms and Letters at the point of care.
  - 3. A Process for submitting all marketing materials and marketing activities to CMS for approval before distribution or use.
  - 4. Steps that Beneficiaries can take to request a VA Form.
  - 5. THN will revise and resubmit the Marketing Plan to CMS prior to implementation of any process changes.
  - 6. The revised Marketing Plan is deemed approved 10 business days after

submission. CMS may disapprove the Marketing Plan at any time, even after the 10-day approval period. THN is required to immediately cease any disapproved activities and make required changes as requested by CMS.

- C. THN may elect, each Performance Year, to participate in SVA. This election must be completed prior to the start of each Performance Year in the form and manner established by CMS. The Marketing Plan, however, may be submitted for approval at any point during the year.
1. SVA outreach must include the template VA Form and Letter provided by CMS.
    - a. THN may not make material changes to the template documents, unless otherwise indicated by CMS. All VA materials are approved in accordance with OP-002.
    - b. The VA Form is only provided in the offices of Participants if THN has notified CMS of its intention to do so in the Marketing Plan. The VA Form will not be provided in the offices of Preferred Providers.
    - c. The VA Form is available upon request either in-person or by phone to any Beneficiary who receives care from a Participant Provider.
      - i. Beneficiaries may update their designation, even if the Beneficiary identifies a physician or other individual or entity that is not a Participant.
      - ii. Beneficiaries who have received a VA Form may request another form at any time. Beneficiaries may also request a form that allows signature by an appointed representative.
    - d. For completed VA Forms to be valid, the form must include:
      - i. Beneficiary name;
      - ii. Beneficiary signature and date; and
      - iii. Designated practice or clinician.
    - e. If a Beneficiary is unable to sign the VA Form due to physical or mental limitations, the VA Form may be completed by an appointed legal representative.
      - i. If a Beneficiary has no appointed legal representative, the Beneficiary may sign using a mark on the page (such as a thumb print or written symbol). However, a witness must be present to sign their own name and address next to the mark, attesting to the Beneficiary's intention to sign.
    - f. THN will attempt to ensure the Medicare Beneficiary Identifier (MBI), and any other identifying information included on the VA Form is obtained as well. These elements are not required for the form to be valid under the ACO REACH Model PA.
    - g. THN prohibits all THN Related Individuals from distributing or sending the VA Form outside the ACO Service Area, as defined by the ACO REACH Model PA.
  2. THN shall compete and submit an SVA Template to CMS through the 4i File Exchange by the deadline and with the file name specified by CMS.
    - a. THN will submit one SVA submission file per quarter.
    - b. The file must include the Beneficiary name, the MBI, and any other

- identifying information required by CMS, and a specific TIN-iNPI combination for each Beneficiary who returned a valid VA Form to THN identifying a Participant, or a non-Participant provider, as the Beneficiary's primary clinician.
- c. THN's Operations Leadership must certify that the information contained on the SVA Submission File is true, accurate, and complete and identifies only those Beneficiaries who have submitted a valid VA Form.
  - d. A VA Form is valid only if it has been signed and dated by the Beneficiary or his or her appointed representative and it was returned to THN on or before the date on which THN Submits its SVA List to CMS.
  - e. If a Beneficiary returns more than one valid VA Form to THN, CMS will use only the information from the latest submitted VA Form.
- D. THN Related Individuals may communicate with Beneficiaries regarding SVA and MVA
1. THN will include a Voluntary Alignment section in the annual compliance training for all THN Related Individuals.
  2. THN Related Individuals are prohibited from providing gifts or other remuneration to Beneficiaries as inducements to influence a Beneficiary's decision to complete or not complete VA Form or MVA designation.
  3. THN Related Individuals may answer questions from Beneficiaries regarding SVA or MVA but may not complete the VA Form or designate a clinician on behalf of any Beneficiary.
    - a. VA may only be discussed on a phone call if the Beneficiary proactively brings up the topic of VA.
  4. THN may not engage in unsolicited communication about SVA or MVA via telephonic outreach or text messaging.
  5. When a Beneficiary has questions about how to make a change to a VA Form or how to complete MVA, they should be directed to call THN for assistance and the communication must be documented
  6. THN may provide the CMS MVA flyer to all Medicare Beneficiaries to assist them with the online designation of a primary clinician. This is considered Voluntary Alignment Activity and must be approved by CMS prior to distribution or contact with a Beneficiary
    - a. The VA Subsection of the Marketing Plan must include the intent to distribute such material and describe the process THN will use to share the information and ensure appropriate record keeping.
- E. THN Related Individuals shall not, directly, or indirectly, omit information or act in a way that coerces or otherwise influences a Beneficiary's decision to complete or not complete a Voluntary Alignment Form or a [MyMedicare.gov](https://www.mymedicare.gov) designation, including but not limited to the following:
1. Completing a Voluntary Alignment Form or [MyMedicare.gov](https://www.mymedicare.gov) designation on behalf of the Beneficiary;
  2. Offering anything of value to the Beneficiary;
  3. 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
4. Withholding or threatening to withhold medical services or limiting or threatening to limit access to care.
- F. THN will maintain, for a period of at least 10 years, documentation of the Voluntary Alignment Process, including:
1. A list of all Beneficiaries to whom THN has sent the Voluntary Alignment Form and Cover Letter;
  2. Copies of all Voluntary Alignment Forms sent or otherwise furnished to Beneficiaries (including copies of any letters sent with such forms);
  3. Any original executed Voluntary Alignment Forms;
  4. Envelopes in which Voluntary Alignment Forms were returned to THN;
  5. Written documentation of any oral communications with a Beneficiary or appointed representative regarding the potential or actual reversal of a Voluntary Alignment Form;
  6. All electronic data and files associated with the distribution and submission of Voluntary Alignment Forms; and
  7. All other documents and records, including Beneficiary communications, regarding Voluntary Alignment.

| <b>Date</b>     | <b>Reviewed</b> | <b>Revised</b> | <b>Notes</b>         |
|-----------------|-----------------|----------------|----------------------|
| January 1, 2022 |                 |                | Original Publication |
| August 2022     | X               |                | No changes           |
| May 2023        |                 | X              | Converted to REACH   |
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