

Policy Title: Voluntary Alignment			
Department Responsible: THN ACO Operations	Policy Number: OP-005	THN's Effective Date: January 1, 2022	Next Review/Revision Date: September 30, 2023
Title of Person Responsible: Assistant Director of ACO Operations	THN Approval Council: THN Compliance Committee	Date Approved: August 25, 2022	Date Approved by THN Board of Managers: August 29, 2022

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 Global Professional Direct Contracting (GPDC) 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 or through Voluntary Alignment in the form of Electronic Voluntary Alignment or Paper-Based Voluntary Alignment.
- B. Beneficiaries may elect to align with THN via the Electronic Voluntary Alignment Form on [MyMedicare.gov](https://www.mymedicare.gov). Voluntary Alignment designations must be renewed, at a minimum, every 2 years.
 1. THN Related Individuals may directly communicate orally with Beneficiaries regarding [MyMedicare.gov](https://www.mymedicare.gov) and Electronic Voluntary Alignment.
 2. CMS provides THN with information on how Beneficiaries may designate a primary clinician on [MyMedicare.gov](https://www.mymedicare.gov). THN may only share this information with Beneficiaries if a Voluntary Alignment Plan describing the process it will use to share the information and ensure appropriate record keeping is submitted to CMS.
- C. THN may elect, each Performance Year, to participate in Paper-Based Voluntary Alignment. THN shall submit to CMS, a Voluntary Alignment Plan describing how THN will conduct its Paper-Based Voluntary Alignment activities during the Performance Year, including the criteria for determining which Beneficiaries will receive a form and cover letter.
 1. THN may only conduct outreach activities using the Cover Letter and Voluntary Alignment Form provided by CMS. THN may not make changes to the template documents except as permitted by CMS. Nonetheless, all materials must be approved in accordance with OP-002.
 - a. Voluntary Alignment Forms are available, upon request, either in person or by phone, to any Beneficiary who receives care from a THN

- Participant.
- b. Beneficiaries may request a new Voluntary Alignment Form, either in person or by calling THN, at any time to update his or her designation, even if the Beneficiary identifies a physician or other individual or entity that is not a Direct Contracting (DC) Participant.
 - c. The Voluntary Alignment Form may be completed on behalf of a Beneficiary by the appointed representative of the Beneficiary.
 - d. THN prohibits all related Individuals from distributing or sending the Voluntary Alignment Form outside the THN Service Area, as defined by the GPDC PA.
2. The Voluntary Alignment Form is only provided in the offices of DC Participants if THN has notified CMS of its intention to do so. The Form is not provided in the offices of DC Preferred Providers.
 3. THN shall submit a Paper-Based Voluntary Alignment List to CMS which includes the name, Medicare Beneficiary Identifier (MBI), and any other identifying information required by CMS for each Beneficiary who returned a valid Form to THN identifying a DC Participant as the Beneficiary's main doctor, main provider, and/or the main place the Beneficiary receives care. An Executive of THN must certify that the information contained on the Paper-Based Voluntary Alignment List is true, accurate, and complete and identifies only those Beneficiaries who have submitted a valid Voluntary Alignment Form.
 - a. A Voluntary Alignment 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 Paper-Based Voluntary Alignment List to CMS.
- D. If a Beneficiary returns more than one valid Voluntary Alignment Form to THN, only the information from the latest submitted Form will be included on the Paper-Based Voluntary Alignment List. THN Related Individuals are prohibited from providing gifts or other remuneration to Beneficiaries as inducements to influence a Beneficiary's decision, as described in CPE-101, to complete or not complete a Voluntary Alignment Form or a [MyMedicare.gov](https://www.medicare.gov) designation.
- 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.medicare.gov) designation, including but not limited to the following:
1. Completing a Voluntary Alignment Form or [MyMedicare.gov](https://www.medicare.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.

G. Voluntary Alignment Communications:

1. THN Related Individuals may directly communicate orally with Beneficiaries regarding Voluntary Alignment and the Voluntary Alignment Forms.
2. THN Related Individuals may answer questions from Beneficiaries regarding Voluntary Alignment and the Voluntary Alignment Form but may not complete the form or designate a clinician on [MyMedicare.gov](https://www.mymedicare.gov) on behalf of any Beneficiary.
3. If a Beneficiary has questions about how to make a change to a Voluntary Alignment Form or how to designate a primary care clinician, they should be directed to call THN for assistance.

Date	Reviewed	Revised	Notes
January 1, 2022			Original Publication
August 2022	X		No changes