

# Direct Contracting (Professional and Global)

## Frequently Asked Questions on Voluntary Alignment

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## Background on Voluntary Alignment

In the Direct Contracting Model Professional and Global options, CMS aligns a beneficiary to a Direct Contracting Entity (DCE) based on either claims-based alignment or voluntary alignment. CMS will automatically run claims-based alignment before each performance year for every DCE based on the final DC Participant Provider list submitted for that performance year. Claims-based alignment aligns beneficiaries to DCEs based on the plurality of primary care services furnished by DC Participant Providers, as evidenced in claims utilization data. Voluntary alignment consists of electronic voluntary alignment (EVA) and paper-based voluntary alignment (PVA). CMS will also automatically run EVA for all DCEs for the purposes of beneficiary alignment before each performance year. PVA is optional, and a DCE must choose to participate in PVA.

The annual process in which CMS prospectively runs alignment for a given performance year prior to that performance year is called prospective alignment and applies to all DCEs automatically. DCEs have the option to elect Prospective Plus Alignment, in which voluntary alignment is also performed prospectively before the start of the second through fourth calendar quarters of a performance period.

Alignment Option	Prospective Alignment	Prospective Plus – Q2	Prospective Plus – Q3	Prospective Plus – Q4
Claims-Based Alignment	Mandatory	N/A	N/A	N/A
Electronic Voluntary Alignment (EVA)	Mandatory	Optional	Optional	Optional
Paper-based Voluntary Alignment (PVA)	Optional	Optional	Optional	Optional

Through voluntary alignment, a DCE can increase its beneficiary population. In the Pioneer and Next Generation Accountable Care Organization model (NGACO) models, both EVA and PVA were part of a prospective, annual process. In the Direct Contracting model, voluntary alignment includes quarterly Prospective Plus alignment. Therefore, some policies and operational processes for the DCE voluntary alignment mechanism differ from those of other shared savings models.

## Policy

### 1. Q: What is Voluntary Alignment?

Voluntary Alignment is a process that allows beneficiaries to choose the health care providers with whom they want to have a care relationship. Beneficiaries may choose to align to a DCE voluntarily by designating a DC Participant Provider affiliated with the DCE as their primary clinician or main source of care through voluntary alignment.

### 2. Q: How may a beneficiary align to a DC Participant Provider?

A beneficiary may align to a DCE through electronic voluntary alignment (EVA) or paper-based voluntary alignment (PVA). EVA is the Direct Contracting Model name for a beneficiary designating a “primary clinician” on MyMedicare.gov. If the DCE has elected to participate in paper-based

voluntary alignment, a beneficiary may complete a template PVA form developed by CMS titled, “Voluntary Alignment Form.” Although this alignment mechanism is historically referred to as “paper-based” voluntary alignment, electronic forms and signatures (e.g., DocuSign or a patient portal) are also acceptable.

**3. Q: Is Voluntary Alignment exclusive to the Direct Contracting model?**

The process of selecting a primary clinician is available to all Medicare beneficiaries through MyMedicare.gov. In certain CMS programs and models, we call this EVA. The Medicare Shared Savings Program (SSP) uses EVA and NGACO uses both EVA and PVA. Other Innovation Center models may adopt Voluntary Alignment in the future.

**4. Q: What type of VA takes precedence?**

There are two types of VA precedence: (1) across shared savings models and (2) within the Direct Contracting model.

CMS uses an Agency-wide policy to prevent alignment to multiple shared savings models, as applicable, and to resolve conflicts when they occur. In all cases of cross-model alignment, EVA will take precedence over PVA, which takes precedence over claims-based alignment. No beneficiaries who are already prospectively aligned to another shared savings model for a given performance year will be aligned to a DCE.

Within Direct Contracting (i.e., among DCEs), the most recent valid voluntary alignment attestation (either EVA or PVA) will take precedence. Within Direct Contracting, an EVA or PVA designation is considered valid if it was made no earlier than 2 years before the start of that performance year, or if the DC Participant Provider designated by the beneficiary has submitted a claim for a Primary Care Qualified Evaluation and Management (PQEM) service furnished to the beneficiary in the 24 months before the start of the performance year.

**5. Q: If a beneficiary signs a PVA form with two different DCEs, to which DCE is the beneficiary aligned?**

If there are multiple forms, regardless of the number of DCEs involved, CMMI will use the most recent valid form determined by beneficiary signature date.

**6. Q: How long does an EVA or PVA designation of a “primary clinician” last?**

It can last indefinitely. However, for any designation that is over 24 months old, we will perform a supplemental check in the Direct Contracting Model to be sure that the DC Participant Provider has submitted a PQEM claim for the beneficiary within the 24-month look-back period for model alignment purposes. Note that other models (MSSP, NGACO) do not use the same rules. EVA lasts indefinitely without expiration in those models as of now (the Direct Contracting Model is testing these rules to limit the lifespan of EVA) whereas PVA, used only in NGACO, lasts for one performance year and must be renewed each year.

**7. Q: If a beneficiary makes an EVA selection of a DC Participant Provider and that provider leaves the DCE, does the beneficiary’s alignment follow the provider or remain with the DCE?**

The designation of a primary clinician on MyMedicare.gov is an Agency-wide program that the Direct Contracting model has adopted for alignment purposes and called EVA. Therefore, if a DC Participant Provider leaves a DCE, all EVA aligned beneficiaries follow the DC Participant Provider.

**8. Q: If a beneficiary makes a PVA selection of a DC Participant Provider and that provider leaves the DCE, does the beneficiary's alignment follow the provider or remain with the DCE?**

PVA is a process available to a specific DCE (and practice, if indicated on the template) identified in the heading and text of the PVA template. The beneficiary, in designating a DC Participant Provider within the DCE, is aligned to the DCE through that designation. That PVA election does not follow a provider that is no longer a DC Participant Provider within the DCE. The beneficiary alignment remains with the DCE if the DC Participant Provider leaves the DCE. However, when the attestation becomes greater than 2 years old, in order to still be considered valid there must be evidence of an ongoing relationship with an active DC Participant Provider (the 'PQEM check' mentioned above), so if the provider leaves the DCE, the attestation would only count until it becomes 2 years old.

**9. Q: If a beneficiary makes a PVA attestation to DCE #1 for PY1 but the beneficiary is claims-based aligned to DCE #2 in PY2, does the beneficiary remain with DCE #1 or move to DCE #2?**

In this case, the beneficiary will remain aligned to DCE #1 because PVA takes precedence over claims-based alignment, assuming the PVA attestation is the most recent valid VA attestation the beneficiary has made.

**10. Q: Is it acceptable for a PY1 DC Participant Provider (who is not an Implementation Period (IP) DC Participant Provider) to start PVA before April 1, 2021 or does that DC Participant Provider have to wait until the start of PY1?**

The PVA feature is available only to providers covered by an active Participation Agreement for the Direct Contracting Model. As such, in this case, the PY1 DC Participant Provider needs to wait until April 1, 2021 to begin PVA activities. IP DC Participant Providers are able to begin those activities during the IP, which will contribute alignment to PY1. As noted above, the process of selecting a primary clinician is available to all Medicare beneficiaries through MyMedicare.gov independent of the Direct Contracting Model. As such, all Medicare enrolled providers and Medicare beneficiaries are free to use that tool subject to its rules and guidance.

**11. Q: If a beneficiary is voluntarily aligned to a DCE, can the DCE void the decision? Can the beneficiary?**

A DCE may not "de-align" beneficiaries. The beneficiary may not "de-align" from the DCE. If the beneficiary makes a subsequent valid EVA or PVA selection, CMS will follow that beneficiary decision since it will be the most recent valid Voluntary Alignment attestation.

**12. Q: Where may I find more information on Voluntary Alignment?**

For more information about the Voluntary Alignment feature, you may refer to the Request for Applications (RFA) released in November 2019, section 5.02 and Appendix C of the IP Participation Agreement, and section 4.2 and Appendix B of the Financial Overview paper released in September 2020.

## Operations

**13. Q: How do beneficiaries select a primary clinician on MyMedicare.gov?**

CMS has prepared a video and a flyer to help beneficiaries make a primary clinician selection. The video may be found [here](#). The flyer may be found [here](#). You may share these with all Medicare beneficiaries whether they are aligned to your DCE or not. The process of selecting a primary clinician is available to all Medicare beneficiaries.

**14. Q: Do we need to inform CMMI that we are participating in Voluntary Alignment?**

Yes. The DCE must update the voluntary alignment marketing plan and outreach strategy submitted with its application before they can begin participating in voluntary alignment. Updates may be made at any time in 4i.

**15. Q: Our DCE wants to update our PVA outreach plan. How may we do that?**

The plan submitted with your application can be found in 4i on the “My Entities” page in a text box titled “Voluntary Alignment Marketing Plan.” You may update the plan using the ‘pencil’ editing icon. Once it is updated and ready for review, please send an email to the help desk stating that your Voluntary Alignment Marketing Plan is ready for review in 4i. CMS will review your outreach strategy and changes to the PVA template form within two weeks of submission.

**16. Q: How may I change our DCE’s choice between Prospective and Prospective Plus Alignment?**

Before the beginning of a Performance Year, a DCE may change its selection. To do so, please submit a request to the help desk ([DPC@cms.hhs.gov](mailto:DPC@cms.hhs.gov)).

**17. Q: For auditing purposes, how long do we need to maintain records of physical or scanned copies of the signed PVA forms?**

DC Participant Providers, Preferred Providers, and individuals and entities performing functions or services related to voluntary alignment should maintain such documents, and other evidence for a period of 10 years from the expiration or termination of the Participation Agreement.

**18. Q: If we’re planning to do ‘electronic PVA’ (e.g., through a patient portal), what records do we need for auditing purposes?**

A DCE can use an electronic portal for voluntary alignment in place of the traditional PVA form. The form does not need to look like the paper-based form but does need to contain the same content. The DCE must still maintain all records pertaining to PVA, including but not limited all Voluntary Alignment Forms sent or otherwise furnished to Beneficiaries, written documentation of any oral communications with a Beneficiary or their appointed representative regarding the potential or actual reversal of a Voluntary Alignment Form, and all electronic data and files associated with the distribution and submission of Voluntary Alignment Forms.

**19. Q: How will DCEs report PVA designations to CMMI?**

Prior to the start of each quarter, CMS will compile a list of beneficiaries who have voluntarily aligned through MyMedicare.gov and a list of beneficiaries who have completed a paper-based voluntary alignment form and meet all other beneficiary eligibility criteria. DCEs will be responsible for submitting to CMS, PVA information one month prior to the start of each quarter for Prospective

Plus alignment, and prior to the start of each PY for Prospective alignment, to allow for timely updates to these CMS lists. We will provide the Paper-Based Voluntary Alignment Data Intake Tool (PVADT) reporting template for this purpose. DCEs must complete the spreadsheet, encrypt it, and submit it to [DPC@cms.hhs.gov](mailto:DPC@cms.hhs.gov). For encryption instructions, please see the PVADT.

**20. Q: When will DCEs need to report PVA information to CMS for PY1 alignment?**

For alignment effective 4/1/21, there are two PVA collection deadlines: (1) 12/21/20; and (2) 2/24/21. Beneficiaries included in the first collection deadline will be reflected in the preliminary benchmark shared with DCEs prior to the start of the Performance Year (target date is end of February). Beneficiaries included in the second collection deadline will be aligned for 4/1/21, but will not be reflected in benchmarking until the Quarterly Benchmark Report for the first quarter of PY2021. For Prospective Plus Alignment, CMS will set a deadline prior to each quarter for PVA submission, which we expect to be about 1 month prior to the start of the quarter.

**21. Q: What if we don't know the beneficiary's address when reporting PVA attestations?**

CMS expects that by virtue of becoming the primary source of care for the beneficiary, DCEs and their DC Participant Providers will have access to beneficiaries' addresses.

**22. Q: Will the DCE be penalized in any way if it does not provide the PVA form to all beneficiary targets in its VA outreach plan?**

No. The DCE will not be penalized if it is not able to complete its marketing and outreach plan for VA.

**23. Q: Is it acceptable for the DCE to make a follow up call to those beneficiaries to whom we have mailed a PVA form?**

Yes. The DCE may communicate orally with beneficiaries regarding voluntary alignment, EVA, and the PVA form. The DCE may explain the form and provide information. The DCE may not influence or coerce the beneficiary to make a VA election or complete the form on behalf of any beneficiary.

## PVA Form

**24. Q: If clinicians in a single group practice happen to belong to different DCEs, can the practice use a single PVA form for all PVA designations?**

No. The PVA form must have each specific DCE's branding/name on it. Therefore, DC Participant Providers in two different DCEs must use unique PVA forms, even if they are part of the same practice.

**25. Q: May we mail a PVA form with the required beneficiary notice to reduce postage?**

Yes.

**26. Q: Is the VA form available in other languages such as Spanish? If not, may we translate it?**

CMS does not provide the template in other languages. If a DCE's beneficiary population requires the voluntary alignment form in another language, it is the DCE's responsibility to accurately translate it into another language. CMS does not need to review the translated form.

**27. Q: Are electronic signatures on VA Forms acceptable?**

Yes. Although this alignment mechanism is historically referred to as “paper-based” voluntary alignment, electronic forms and signatures (e.g., DocuSign or a patient portal) are also acceptable.

**28. Q: May a DCE add a 3rd line to the VA form that tells beneficiaries that they may drop off the PVA form at their doctor's office?**

Yes.

**29. Q: May a DCE list only the medical group on the PVA form and not the individual physician?**

Yes. However, when reporting PVA selections to CMMI, DCEs will be required to identify the specific DC Participant Provider associated with the attestation. The recommended practice is that the form include an individual DC Participant Provider’s name if possible.

**30. Q: Is it acceptable to use “Dear Medicare Beneficiary” instead of a personalized address on the PVA form.**

Yes.