

Signed-Attestation Based Voluntary Alignment (SVA)

Dear Provider,

Thank you for being a part of our ACO REACH network. We are excited to partner with you to bring exceptional care to your patients.

As you know, all Original Medicare/Medicare Fee-for-Service patients who are not already claim-based aligned will need to voluntarily align to your practice. CMS requests that patients sign a voluntary alignment form (SVA) indicating that your practice is the main place he or she goes for routine care.

Please give the voluntary alignment packet to Original Medicare patients who visit your office and ask the patient to sign the electronic (preferred) or paper form. All SVAs must be signed AND dated by the beneficiary. An incomplete form should be returned to the beneficiary to ensure the form has been properly dated and signed.

To submit signed voluntary alignment (SVA) forms:



Please bookmark the online form on your office tablet or ask the patient to scan the QR code or type the URL using their smartphone.

- » Reduce submission errors
- » Minimize staff burden
- » Alignments are processed quickly



Alternatively, patients can sign a paper form. Scan and upload completed forms to getmabel.com/uploadSVA each week for processing.

Notes:

- Packets include a letter and form; patients should retain the letter for their records
- Voluntary Alignment activities are prohibited in restricted areas of a healthcare setting, such as exam rooms, hospital patient rooms, treatment areas, and pharmacy counters
- Patients with questions can be directed to their healthcare provider, call Medicare at 1-800-MEDICARE (TTY 1-877-486-2048), or call the ACO REACH. The Frequently Asked Questions are for staff use only (do not distribute to patients)
- Both a signature AND date are required for the form to be valid

Please see the attached FAQs and feel free to reach out to your ACO representative if you have any questions. Thank you again for your partnership.

Frequently Asked Questions

1. What is ACO REACH?

ACO REACH is a Medicare program where a network of doctors and other healthcare providers work together to give high-quality care to the Medicare patients that they serve. The goal of ACO REACH is to provide care and benefits that help keep patients healthy—and out of the hospital. If an ACO REACH succeeds, it shares the healthcare savings with the doctors who are part of the program.

2. Does signing this form change a patient's Medicare benefits?

No. Patients can continue to see any doctor or hospital they choose. Patients are also entitled to change their primary care to another practice.

3. Is ACO REACH like a health maintenance organization (HMO) or a managed care organization?

No. Patients will continue to have access to any doctor who accepts Medicare, just as patients have now.

4. What is the purpose of the voluntary alignment form?

The Centers for Medicare and Medicaid Services (CMS) would like to confirm which practice or medical group is responsible for caring for each Original Medicare patient.

5. Will the ACO REACH provide additional services?

Yes. The ACO REACH will provide additional services and benefits as needed with the intent of helping keep patients healthy.

6. Who is processing the submitted voluntary alignment forms?

We are partnering with Mabel (getmabel.com). Mabel processes the forms signed by patients in the clinic. If agreed upon, Mabel may also mail and/or email the voluntary alignment letter and form on behalf of your practice, and process the responses. Mabel prepares the submission file that is submitted to CMS each quarter.

7. What can patients expect after the voluntary alignment form is submitted?

The alignment will be submitted to CMS each quarter. Assuming the beneficiary is aligned to the ACO REACH, the beneficiary will receive a "beneficiary notification letter" in the coming months explaining some of the additional benefits they may be eligible for.

Frequently Asked Questions (continued)

8. Can patients be called prior to the mailing to explain the voluntary alignment form?

No. CMS has provided strict guidelines prohibiting outbound phone calls, including text messages and voicemails, related to voluntary alignment. Providers may only discuss voluntary alignment by phone if a patient proactively initiates the discussion.

9. Can the patient portal be used to explain the voluntary alignment form?

It can be used, however, please note that CMS requires that all communications related to voluntary alignment match the letter and form verbatim.

10. Can a patient be aligned to another ACO REACH?

CMS will assign a patient to a single ACO using the most recent valid form as determined by the beneficiary signature date.

11. If a patient's primary insurance is commercial and secondary is Medicare, should the patient sign a voluntary alignment form?

Yes—there is no harm in submitting a voluntary alignment form. Please note that for a beneficiary to be attributable, he or she must have both Medicare Parts A and B. If the patient has Medicare Part A only, he or she will not be attributed.

12. How do we know which patients are aligned and which patients are unaligned?

The ACO REACH works with Mabel to track the number of aligned and unaligned lives and will distribute this information to your practice regularly.

13. How often should we submit signed forms collected in the clinic?

We recommend using the QR code with an office tablet or patient's smartphone to submit the online form. The online form is processed instantly, reduces the administrative burden on the clinic, and minimizes errors. If you choose to scan and upload signed forms, please upload them weekly to ensure they are processed in time for each quarterly CMS submission.

14. What should we do if we receive an incomplete SVA (e.g. missing signature or date)?

All SVAs must be signed and dated by the beneficiary. An incomplete form should be returned to the beneficiary to ensure the form has been properly dated and signed.