Voluntary Alignment
Frequently Asked Questions

Some Medicare beneficiaries may have recently received a letter and form in the mail asking them to confirm their main doctor or group practice. These letters and forms are associated with a new Medicare initiative involving Accountable Care Organizations (ACOs). Completion of the form is optional and will not affect your Medicare benefits. Even if you don’t complete the form, your Medicare benefits will not change and you can continue to see any doctor or other health care provider that accepts Medicare.

*For more information or for resources available to answer your questions, please refer to the end of this document.*

**What is this letter? What does it mean for me?**

This letter explains that your doctor or the group practice where you receive care is participating in an Accountable Care Organization (ACOs)\(^1\) in which they will work to better coordinate your care even when you are receiving care from other doctors. You are receiving this letter and attached form because your health care provider thinks that you might benefit from care coordination and preventive services offered by the ACO. Whether or not you choose to complete the form, your benefits do not change and you can continue to receive care from any doctor, hospital, or other health care provider that accepts Medicare.

**What is an ACO?**

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Coordinated care may include talking with your different medical providers to manage your medications and may also include providing you with certain preventive care services. ACO services vary, but can include providing transportation for doctor appointments or providing you with a list of resources in your community to where you can get other services you may want or need.

**What is the Pioneer ACO Model?**

The Pioneer ACO Model\(^2\) is a CMS Innovation Center initiative designed to support organizations with experience operating as Accountable Care Organizations (ACOs) or in similar arrangements in providing more coordinated care to beneficiaries at a lower cost to Medicare. The Pioneer ACO Model tests the impact of different payment arrangements in helping these organizations achieve the goals of providing better care to patients and reducing Medicare costs.

**Why does the letter refer to an organization I’ve never heard of?**

The name of the ACO is the name of the legal entity that includes a number of different participating medical providers, such as a primary care practice, a hospital, a specialist, a pharmacy, and other Medicare-enrolled providers that work together to provide care for patients. You may be familiar with the doctor participating in the ACO, but not with the name of the ACO itself. If you have questions about the ACO listed on your letter and form, you may call their number that is provided in the letter.

**Are you trying to sell me something? What does this cost me?**

No, we are not selling something. There is no cost to you as a result of your doctor’s participation in an ACO and no change to your Medicare benefits. Your Medicare benefits will remain the same and you will continue to have access to any Medicare participating provider.

**Is Medicare changing my doctor?**

No. Receiving or signing the form does not affect your Medicare benefits in any way. Medicare is not changing your doctor and you can still see any doctor you choose that accepts Medicare. Completing the form is meant to help your doctor better coordinate your care.

**The doctor listed on the form is incorrect. What should I do?**

If the doctor listed on the form is not the doctor you consider to be your main doctor or is no longer affiliated with the practice where you go for medical care, you may contact the ACO using the phone number on the form and request a new form with the doctor you consider to be your main doctor. You may also do nothing or check the box marked “no” on the form and

return it to the ACO. Checking “no” or not completing the form will not change your existing benefits, and you may still see any doctor you choose.

**Why didn’t my neighbor, friend, spouse, family member, etc. receive the form? Can they get the letter too? How?**

Any Original Medicare beneficiary may request a form by contacting the ACO or at their next doctor’s visit. Please share the ACO’s contact information with your neighbor, friend, spouse, family member, etc. if they are interested in receiving a form.

**What happens if I don’t fill out the form?**

The form is optional. If you choose to complete the form or if you choose not to complete the form, your Medicare benefits will not change in any way and you can still see any doctor of your choosing.

**How can I change my decision after I’ve mailed the form?**

If after mailing the form, you change your mind about whether a doctor listed on the form is your main doctor, you can contact the ACO using the phone number on the letter that accompanied the form to request a new form with a different doctor listed or to reverse your previous decision.

**Staff at 1-800-MEDICARE may be unaware of the form and that Medicare sent the forms to beneficiaries. Are these letters and forms legitimate?**

Yes, both the letter and form you received from your doctor or an ACO are legitimate Medicare documents and part of an ongoing Medicare initiative. Unfortunately, some of the 1-800-MEDICARE staff may not be aware of the initiative. We apologize for any confusion and are in constant contact with our 1-800-MEDICARE staff to inform them of program changes and new initiatives so that they can answer beneficiaries’ questions. If you have any concerns, suggestions, or comments to share, please contact the CMS Pioneer Questions Inbox at: PioneerQuestions@cms.hhs.gov.

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3 “Original Medicare is one of your health coverage choices as part of Medicare. You will have Original Medicare unless you choose a Medicare Advantage Plan (like an HMO or PPO). Original Medicare is coverage managed by the federal government. You generally have to pay a portion of the cost for each service covered by Original Medicare.” Centers for Medicare and Medicaid Services. (2015) Medicare and You, 2015, p. 67-68. Washington, DC: U.S. Government Printing Office.
How is an ACO different from Medicare Advantage (MA)?

A Medicare Advantage plan is another way for a Medicare beneficiary to get Medicare coverage, namely through a private insurer that has been approved by Medicare. ACOs, on the other hand, are groups of providers that serve Original Medicare beneficiaries.

All CMS ACO initiatives are part of the Original Medicare program and generally follow Original Medicare rules and processes, and ACO beneficiaries have freedom of choice to go to Medicare doctors and professionals. For example, Medicare allows beneficiaries the freedom to choose from any provider that accepts Medicare, as opposed to the defined provider network of a Medicare Advantage plan. There is no requirement that beneficiaries receive services from an ACO, nor is there an additional premium paid by beneficiaries for being in an ACO. Beneficiaries are annually aligned to ACOs through claims or through optional voluntary alignment, which allows beneficiaries, like you, to confirm a care relationship with an ACO provider.

Does “ACO” mean “HMO”? 

An Accountable Care Organization is different from a Health Maintenance Organization (HMO). An HMO is a type of health plan in which referrals may be required. Unlike an HMO, patients do not enroll in a Medicare ACO. Your benefits have not changed and you have the right to receive care from any doctor or hospital that takes Medicare.

Why is this organization doing this initiative?

The ACO is participating in a Medicare ACO Model because it has a longstanding commitment to providing high quality and coordinated care, and it believes that participating in this initiative will help it to enhance that care. This initiative is a great opportunity to work together with other leading health care organizations to learn about best practices across the country for the care of Medicare patients.

Can I still see my specialist at another group or can I still go to my preferred hospital?

You will still have the right to receive care from any doctor or hospital that accepts Medicare. Your doctors will continue to recommend specialists and hospitals for your specific health needs. One of the goals of this program is to improve coordination of care which we are best able to do when patients receive care within their preferred network of healthcare providers. If you decide
to see a doctor outside of the ACO’s network, please ask them to contact your primary care physician at the ACO so they can work together to improve the coordination of your care.

**What does this mean for my care while I am in a location other than my area of residence?**

You will still have the right to receive care from any doctor or hospital that accepts Medicare. However, the ACO wants to help you with your health even when you are out of town. You can call your primary care doctor’s office at any time, and one of their clinicians will be able to see your medical record, and advise you. You should also call your primary care doctor’s office before you go to or when you are in the hospital so that they can help to make sure that your care is coordinated, including communicating what prescriptions you are currently using.

**Is this ACO the best plan for me?**

A Medicare ACO is not a health plan. You remain in Original Medicare with all of the same benefits. ACOs continue to accept Original Medicare.

**What if I don’t want to be in the ACO?**

It is the providers at the ACO who choose to participate in a Medicare ACO, not the patients. Your doctor’s affiliation with the ACO does not change your rights through Medicare and you can continue to see any physician or seek care at any hospital that accepts Medicare.

**What does the ACO do with my health information? Who will see it?**

The only information that Medicare will send to the ACO is from the bills that it received for your care in the past three years and going forward. This does not include doctors’ notes or images.

Those who are involved in your treatment will see your information to identify risks for hospital admission, to enroll you, if needed, in a care program or to reach out to you for screenings, vaccinations, or health education. The information the ACO receives will also help it to design programs that will support the needs of all our Medicare patients.

**How will Medicare ensure quality of care?**
As a Medicare ACO, the ACO will be required to meet robust quality standards based upon, among other measures, patient outcomes and care coordination among the provider team.

**Which Accountable Care Organizations are participating in the Voluntary Alignment?**

<table>
<thead>
<tr>
<th>ACO Name</th>
<th>Service Area</th>
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<tbody>
<tr>
<td>Atrius Health</td>
<td>Eastern and Central Massachusetts</td>
</tr>
<tr>
<td>Banner Health Network</td>
<td>Phoenix, Arizona Metropolitan Area (Maricopa and Pinal Counties)</td>
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<tr>
<td>Beth Israel Deaconess Physician Organization (BIDCO)</td>
<td>Eastern Massachusetts</td>
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<tr>
<td>Heritage California ACO</td>
<td>Southern, Central, and Costal California</td>
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<tr>
<td>Mount Auburn Cambridge Independent Practice Association (MACIPA)</td>
<td>Eastern Massachusetts</td>
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<tr>
<td>OSF Healthcare System</td>
<td>Central Illinois</td>
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<tr>
<td>Park Nicollet Health Services</td>
<td>Minneapolis, MN Metropolitan Area</td>
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<tr>
<td>Partners HealthCare</td>
<td>Eastern Massachusetts</td>
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<tr>
<td>Steward Health Care System</td>
<td>Eastern Massachusetts</td>
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**Where can I find out more information about ACOs, the Pioneer ACO Model, and the Voluntary Alignment initiative?**

Medicare wants to ensure that your questions are answered before you sign the form. If you have any questions about ACOs, you can ask your doctor, contact the ACO by using the phone number on the letter that accompanied the form, contact your local State Health Insurance Assistance Program (SHIP)⁴, or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also get more information online at the websites below:

- CMS Website: [http://www.medicare.gov/acos.html](http://www.medicare.gov/acos.html)

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Pioneer ACO Model and Voluntary Alignment:
http://innovation.cms.gov/initiatives/Pioneer-ACO-Model

To find contact information for your local State Health Insurance Assistance Program (SHIP) visit: https://shipnpr.shiptalk.org/ or you can find this information at the back of your Medicare and You 2015 Handbook as well.

Who do I contact if I suspect fraud or abuse?

Contact your local Senior Medicare Patrol (SMP) Program to report suspected Medicare fraud and abuse. There is an SMP Program in every state. The SMP Program educates and empowers people with Medicare to take an active role in detecting and preventing health care fraud and abuse. The SMP Program not only protects people with Medicare, it also helps preserve Medicare. You can also contact your local SMP Program to get personalized counseling, find out about community events in your area, or volunteer. For more information or to find your local SMP Program, visit www.smpresource.org.