

PRIMARY MEDICAL

Your doctor is participating in a new CMS Medicare Program (Direct Contracting) designed to help better coordinate your care and keep you healthy.

Through this program, we will be able to better coordinate your care according to your individual medical needs and treatment choices. We will work to reduce duplicate tests and duplicate paperwork that cost you time and money.

Access to your primary care physicians is the best way to coordinate your care and keep you healthy.

We encourage you to complete and return the Voluntary Alignment Form to confirm that your doctor is the main physician group you see for routine care – this will help us to confirm our role in working to better coordinate your care and work to keep you healthy.

There will be no change in your Medicare benefits. This is not an insurance product and is a program provided at no cost to you. This program is entirely designed to help your primary care physician better coordinate your care. You may still go to any doctor, hospital or other healthcare provider that accepts Medicare.

Medicare has started an initiative where health care providers who share a common set of goals aimed at improving patient care can work together more effectively. This initiative brings together health care professionals in a Direct Contracting Entity (DCE), to work together with Medicare to give you more coordinated care and services.

Your doctor is voluntarily taking part in this new initiative by joining RHM Medicare Partners because we think it will help us provide better quality care for our patients.

This is not an insurance product and is being provided at no cost to you.

You can use this form to confirm that your doctor is the main doctor or other health care professional you see or the main place you go for routine care, to help determine if RHM Medicare Partners should help coordinate your care. Routine care can include regular care and check-ups you get from a doctor or other health care professional and care for other chronic health problems, such as asthma, diabetes, and hypertension. **Please complete and return the Voluntary Alignment form on the last page and return it to your doctor's staff.**

Alternatively, instead of returning this form, you can also log into Medicare.gov and select your main doctor or other health care professional in order to determine whether RHM Medicare Partners should help with coordinating your care. If you make a selection on this form and make a different selection through Medicare.gov, Medicare will prioritize the most recently submitted selection.

Your benefits will NOT change, and you can visit any doctor, other health care professional, or hospital.

Whether or not you complete this form or select a doctor or other health care professional through Medicare.gov, you remain eligible to receive the same Medicare benefits and you still have the right to use any doctor, other health care professional, or hospital that accepts Medicare, at any time. If you have questions, feel free to ask your doctor or other health care professional, call RHM Medicare Partners at 833-371-2573 or call Medicare at 1-800-MEDICARE (1-800-633-4227) to ask about DCEs. TTY users should call 1-877-486-2048.

Completing this form or selecting a doctor or other health care professional through Medicare.gov is your choice AND you can change your mind.

If you choose to complete this form or select a doctor or other health care professional through Medicare.gov you should do so yourself. No one else should complete this for you.

No one is allowed to attempt to influence your choice to complete this form or select a doctor or other health care professional through Medicare.gov by offering or withholding anything in exchange for you to complete or not complete the form or to make a selection online. If you feel pressured to sign or not sign this form or to make a selection online, please call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Please call 833-371-2573 or update your online selection if you change your mind later about whether you consider your doctor to be the main doctor or other health care professional you see or the main place you go for routine care.

Get more information about DCEs.

CMS Website: <https://www.medicare.gov/manage-your-health/coordinating-your-care/gpdc-model>

DCE Website: www.MedicareDCE.com

CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM

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1. CONFIRM



By signing below, I am confirming that my main doctor or other healthcare professional – or the main place I go to for routine medical care – is _____.

Patient Signature

__/__/____

Date

Patient- Print Name

Medicare Beneficiary Identifier (MBI)

Note: If the names listed above and in the attached letter are incorrect do not sign this form. If you would like to receive a new form with a different doctor, other healthcare professional, or practice listed, please call RHM Medicare Partners at 833-371-2573 to request a new form.

2. RETURN

Return this form to your provider or provider's staff.

Note: Completing and returning this form is voluntary. It won't affect your Medicare benefits.

[Below To be Completed by Physician Staff]

Voluntary Alignment Form – Required Information	
Field	Response
DC ID	D015
Medicare Beneficiary Identifier	
Beneficiary First Name	
Beneficiary Last Name	
Beneficiary Street Address	
Beneficiary City	
Beneficiary State	
Beneficiary Zip Code	
Provider Group <i>(must match form if a Provider Group named on Form)</i>	
Individual Physician NPI <i>(must match form if individual Provider named on Form)</i>	
Signature date	