[NAME]

[ADDRESS]

[CITY, STATE, ZIP]

Dear [NAME]:

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. Our goal is simple – to deliver more care, more comfort, and more communication, while empowering our patients and their families to be actively involved in their healthcare decisions.

[PROVIDER NAME/MEDICAL GROUP] is voluntarily taking part in this new initiative by joining CareConnectMD at Home because we think it will help us provide better quality care for our patients.

You are receiving this letter and form because your doctor or other health care professional thinks that you might benefit from care coordination and preventive services offered by CareConnectMD at Home.

All members of CareConnectMD at Home agree to work together to see that you get the right care at the right time. We will help everyone work together to give you better care. We will coordinate your care according to your individual medical needs and treatment choices. We will protect your medical records and privacy. We will work to reduce duplicate tests and duplicate paperwork that cost you time and money.

You can use this form to confirm that [PROVIDER NAME/MEDICAL GROUP] is the main doctor or other health care professional you see or the main place you go for routine care, to help determine if CareConnectMD at Home 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 enclosed form in the envelope provided by [RETURN DATE].**

Alternatively, instead of returning this form, you can also log into MyMedicare.gov and select your main doctor or other health care professional in order to determine whether CareConnectMD at Home should help with coordinating your care. Instructions for navigating MyMedicare.gov are included with this letter. If you make a selection on this form and make a different selection through MyMedicare.gov, Medicare will prioritize the selection you make through MyMedicare.gov.

**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 MyMedicare.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 CareConnectMD At Home at 888-874-0818 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 MyMedicare.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 MyMedicare.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 MyMedicare.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 888-874-0818 or update your online selection if you change your mind later about whether you consider [PROVIDER NAME/MEDICAL GROUP] to be the main doctor or other health care professional you see or the main place you go for routine care.

Sincerely,

CareConnectMD at Home

**Get more information about DCE’s.**

CMS Website: <https://innovation.cms.gov/initiatives/direct-contracting-model-options>

DCE Website: [www.careconnectmd.com](http://www.careconnectmd.com)

**Confirmation of Main Doctor or Other Healthcare Professional Form**

**C:\Users\Will\Dropbox (ideas42)\Wireframing-Icons\512x512\Checked.png1. 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 [PROVIDER NAME/MEDICAL GROUP]

[BENEFICIARY FULL NAME]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** **Print Name**

\_\_\_ / \_ /2021

**Date**

***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 CareConnectMD at Home at 888-874-0818******to request a new form.***

**C:\Users\Will\Dropbox (ideas42)\Wireframing-Icons\512x512\Mail1.png2. RETURN**

Return this form in the postage paid envelope that we provided. Or you may give this form to a CareConnectMD at Home representative at your facility. The postage paid return envelope should be sent to the following address:

**CareConnectMD at Home**

Attention: Patricia Flood

3090 Bristol Street, Suite 100

Costa Mesa, CA 92626

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