



Global and Professional Direct Contracting (GPDC) Model

Do's and Don'ts: Educating Beneficiaries on Voluntary Alignment

If you choose to educate beneficiaries:

- DO** Make the official CMS Voluntary Alignment Beneficiary Fact Sheet accessible to all beneficiaries in your DCE.
- DON'T** Coerce, withhold medical services, limit (or threaten to limit) access to care, or provide any incentive to beneficiaries to influence their attestation decision.
- DON'T** Enter a beneficiary's choice of primary practitioner on Medicare.gov on behalf of the beneficiary. You may offer technical support, as needed.

How VA Works

- A beneficiary may be voluntarily aligned to the DCE if the practitioner is on the DCE's DC Participant Provider List.
- If a beneficiary is both claims aligned and voluntarily aligned, voluntary alignment takes precedence and has priority over the claims-based alignment.
- The most recent valid voluntary alignment attestation (either EVA or PVA) will take precedence.

GPDC Voluntary Alignment Fact Sheet

Medicare beneficiaries can voluntarily align with their primary practitioner on Medicare.gov or by submitting a Voluntary Alignment Form. Voluntary alignment increases patient-centeredness by prioritizing patient choice when assigning responsibility for coordinating a patient's care to a health care provider. CMS uses beneficiaries' attestations as the prioritized method of attribution in the Global and Professional Direct Contracting (GPDC) Model.

What Is Voluntary Alignment?

Voluntary Alignment (VA) 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 Direct Contracting Entity (DCE) voluntarily by designating a DC Participant Provider affiliated with the DCE as their primary clinician or main source of care.

How Does a Beneficiary Voluntarily Align to a DCE?

- Medicare beneficiaries can register for Medicare.gov and log in to attest to their primary practitioner, referred to as electronic voluntary alignment (EVA) or submit a Voluntary Alignment Form to their primary practitioner, referred to as paper-based voluntary alignment (PVA). Their primary practitioner is the health care provider they choose to be responsible for providing and coordinating their overall care.
- When a beneficiary chooses a primary practitioner, it allows the DCE to gain better insight into the beneficiary's health and conditions via additional information contained in risk scores and practice feedback reports. This can lead to improved patient-centered care for the beneficiary.
- Attesting to a primary practitioner doesn't affect beneficiaries' Medicare benefits or restrict their ability to seek care from any practitioner. Beneficiaries can change their primary practitioner at any time.

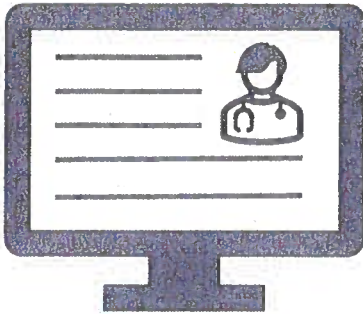
Eligibility Criteria for Beneficiary Attribution

- Enrolled in Medicare Parts A and B
- Medicare as the primary payer
- Not covered under Medicare Advantage or other Medicare managed care plan
- Resident of the United States
- Reside in a county that is included in the DCE's service area

For High Needs Population DCE

- Have one or more conditions that impair the beneficiary's mobility
- Have at least one significant chronic or other serious illness. More information can be found in The Financial Overview: <https://innovation.cms.gov/media/document/dc-financial-op-guide-overview>

Choose Your Primary Clinician on Medicare.gov



Why Choose Your Primary Clinician on Medicare.gov?

Your primary clinician can help you make health care decisions and can improve how you manage your health care.

Your primary clinician is a health care provider—a doctor, physician assistant, nurse practitioner, or certified nurse specialist—who is responsible for coordinating your overall care, no matter where you choose to get health care services.

When you choose a primary clinician that participates in the GPDC Model, a Medicare model that aims to improve the quality and value of the care you receive, they get access to tools and services to better coordinate your care and improve your health.

Things to Think About When Choosing Your Primary Clinician

Choose A Provider



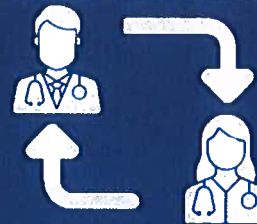
You can choose any health care provider as your primary clinician—for example, your primary care doctor, nurse practitioner, or physician assistant.

Maintain Flexibility



You can still go to any health care provider who accepts Medicare, even after you choose a primary clinician.

Change Anytime






You can choose a different health care provider as your primary clinician at any time. Your primary clinician will remain the same unless you make a change on Medicare.gov.

To Indicate Your Primary Clinician:

Visit the Medicare Find and Compare Health Care Providers webpage (<https://go.cms.gov/3h2KHWI>) and follow the directions under “Add your favorite providers.”

Your Secure Medicare Account

Visit [Medicare.gov](https://www.medicare.gov) to log into (or create) your secure Medicare account. Your Medicare account gives you personalized information about your Medicare benefits and services at any time. You can:

-  Create a list of your favorite health care providers and choose a primary clinician.
-  Find preventive services.
-  Check your health and prescription drug plan enrollment.

Need help choosing your primary clinician on Medicare.gov or have any questions on the GPDC Model? Call 1-800-MEDICARE (TTY users should call 1-877-486-2048) or your Primary Care Practice. If you do not have internet access, we encourage you to work with family or friends, or check in with your local State Health Insurance Assistance Program (SHIP) office, library, place of worship, or community center for help.

