# Direct Contracting PY2021

# Beneficiary Notification Process

# Background

The Direct Contracting Performance Period Participation Agreement (PA) requires Direct Contracting Entities (DCEs) to distribute a letter notifying beneficiaries of their alignment to your DCE for PY2021.

This requirement is different from the beneficiary notification requirement for Medicare Shared Savings Program ACOs. For example, the Center for Medicare and Medicaid Innovation (The Innovation Center) does not allow DCEs to use office posters for this purpose.

The Innovation Center no longer uses beneficiary notification letters to inform beneficiaries of their right to opt-out of data sharing. The opt-out policy is now included in the Medicare & You Handbook that is mailed to all beneficiaries in the fall. The December Version of the 2020 handbook will cover opting out of data sharing for DCEs.

The Innovation Center allows DCEs to customize their PY2021 beneficiary notice to suit their needs, with some limitations, as described below. The Innovation Center provides the basic template, which DCEs may modify within those limitations. You may use your DCE’s branding provided it does not detract from the template content.

# Letter Review Process

All letters must be reviewed by The Innovation Center before release. Even if you intend to use the template letter without modification, your print-ready version must be sent to the Direct Contracting Mailbox: DPC@cms.hhs.gov.

You will receive a response within 10 business days. Please consider your printing timeline and this 10-day turnaround time when planning your circulation of beneficiary notification letters.

# Distribution and Documentation

DCEs may send the beneficiary letter by regular postal service, email, or a combination of the two. DCEs may also use a patient portal if it triggers an outbound communication or notification. You may not post it to a patient portal if it does not trigger an outbound communication or notification. DCEs must push this information to the beneficiaries, not rely on them to pull the information.

DCEs may prepare multiple letters for review, though this is not a requirement. For example, DCEs may prepare one version with the name and logo of the primary care provider (PCP) that is known to the beneficiary and another version without the PCP’s identity. If a DCE chooses to prepare multiple letters, each one must go through clearance with The Innovation Center.

For compliance purposes, DCEs must retain documentation to show the actual date and means the letters were distributed.

# Deadline

The deadline to send the letters to beneficiaries is August 31, 2021.

Although all letters must be distributed by the deadline, their delivery may be staggered to spread out the volume of beneficiary calls.

**Do not send the letter before you receive your first DCE Beneficiary Alignment Report, which is expected to be received in April.**

# Template Instructions

*Heading*

The heading on the first page of the letter must include the name and logo of the following:

* The DCE (mandatory),
* The beneficiary’s PCP (optional), and/or
* The beneficiary’s PCP practice name (optional).

*Typeface*

The typeface must be equivalent to or larger than Times New Roman, 12 point, although other fonts may be used. This size requirement is based on a legal settlement related to readability. Keep in mind that dif­fer­ent fonts set at the same point size will not nec­es­sar­ily ap­pear the same size on the page. Except in the heading, The Innovation Center will not consider font colors other than black. Black text on white paper is the best choice for readability.

*Completing the Template*

Complete the shaded items inside the brackets (“<” and “>”) with your DCE’s details and follow the directions in the gray shading before submitting the letter for review. If you provide a redline of the template and a clean copy of your letter, it will expedite the review.

**<**DCE NAME**>** **<**MANDATORY: DCE LOGO**>**

**<**ADDRESS**>** **<**OPTIONAL: PCP/PRACTICE NAME**>**

**<**CITY, STATE ZIP**>** **<**OPTIONAL: PCP/PRACTICE LOGO**>**

**<**ACO PHONE NUMBER**>**

**<**BENEFICIARY FULL NAME**>**

**<**ADDRESS1**>**

**<**ADDRESS2**>**

**<**CITY, STATE ZIP**>**

**REQUIRED ANNUAL NOTICE: NO ACTION NEEDED**

Dear **<**BENEFICIARY FULL NAME**>**,

We are writing to let you know that your doctor **<**OPTIONAL: PCP NAME OR PCP PRACTICE NAME,**>** is part of **<**DCE NAME**>,** a Medicare Direct Contracting Entity (DCE) participating in a program within Medicare.

**Your Medicare benefits have not changed. Your doctor asked <**DCE NAME**> to help see that you get the right care at the right time. You still have the freedom of choice to go to any doctor, hospital, or other heathcare provider of your choice that accepts Medicare.**

A DCE is a group of doctors, hospitals, and other healthcare providers who agree to work together to keep you healthy. All members of **<**DCE NAME**>** 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. To see a list of the doctors and other groups that work with us, visit our website at: **<**WEBSITE ADDRESS**>**. **<**OPTIONAL ALTERNATIVE: THE DCE MAY ATTACH A COMPLETE OR PARTIAL LIST OF ITS PROVIDERS. IF A PARTIAL LIST IS PROVIDED, IT MUST BE IDENTIFIED E.G., PRIMARY CARE PROVIDERS. For your convenience, we have attached a list of our doctors and providers.**>**

Doctors who are part of a DCE find that they are able to give their patients better quality care. **Your Medicare benefits have not changed.** You may still go to any doctor, hospital, or other healthcare provider that accepts Medicare. However, because your doctor is now connected with **<**DCE NAME**>**, some special features may be available to you at no extra cost. These special features are listed below. For information about any of these features, please ask your doctor or healthcare provider.

OPTIONAL: More about **<**DCE Name**>**

DCEs may propose a brief paragraph about special services (e.g. care management services) the DCE offers. The entry must use a similar tone and language to the rest of the letter. Ideally, the DCE will write at an 8th grade reading level or lower.

**Questions?**

If you have questions about this letter or the special programs, please call us at **<**DCE PHONE NUMBER**>**. Or, you may call Medicare at 1-800-MEDICARE (1-800-633-4227; TTY users may call 1-877-486-2048). You may learn more about Medicare Direct Contracting Entities at <https://innovation.cms.gov/innovation-models/direct-contracting-model-options>

We look forward to helping your doctor care for you over the coming year!

**<**DCE Name**>**