



Dear _____:

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 an Accountable Care Organization (ACO), to work together with Medicare to give you more coordinated care and services.

_____ is voluntarily taking part in this new initiative by joining NW Momentum Health Partners ACO (NWMHP) 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 NWMHP.

NWMHP works with various health care providers across the Pacific Northwest who voluntarily participate in the ACO Realizing Equity, Access, and Community Health (REACH) Model. All of the health care providers participating have joined us in committing to the needs and preferences of their Medicare beneficiaries and to emphasize the coordination of care. While beneficiaries may feel as though their care is already coordinated, NWMHP will act as a safeguard to ensure care is always coordinated moving forward.

You can use this form to confirm that _____ is the main doctor or other health care professional you see or the main place you go for routine care, to help determine if NWMHP 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 or by sending via fax to (360) 999-5677.**

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 NWMHP 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 NWMHP at (360) 943-4337 option 6, or toll free at 1-877-943-4337, option 6 or call Medicare at 1-800-MEDICARE (1-800-633-4227) to ask about ACOs. 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 (360) 943-4337 option 6, or toll free at 1-877-943-4337, option 6, or update your online selection if you change your mind later about whether you consider _____ to be the main doctor or other health care professional you see or the main place you go for routine care.

Sincerely,

NW Momentum Health Partners ACO

Get more information about ACOs.

CMS Website: <https://innovation.cms.gov/innovation-models/aco-reach>

ACO Website: <https://www.nwmomentumhealthaco.com/>

CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM

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

_____.

Signature

Print Name

___/___/_____
Date

-
(Optional Identifiers – ACOs may choose to include any/all on their SVA form)

Date of Birth _____ Address _____

Medicare Number _____ Social Security Number _____

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 NWMHP at 1-877-943-4337 option 6 to request a new form.

2. RETURN



Return this form in the envelope provided or fax the completed form to (360) 999-5677.

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