

# Tall Tales of the GPDC Model: Tell the Real Story

The Global and Professional Direct Contracting (GPDC) Model is under attack in Washington. The political turbulence is impacting our beneficiaries - they are confused, scared, and irritated because they are being fed misleading information. Unfortunately, many DC Participants are ill-equipped to respond to GPDC Model beneficiary concerns.

Wilems Resource Group believes in value-based care and stands behind the GPDC Model as the next logical step in continuing the work that has been done over the last decade to transform health care delivery in the United States. We want to help.

We have created the following talking points your DCE can use to educate providers and ensure accurate information reaches your Beneficiaries.

## Tall Tales vs. Short Truths

*TALL TALE #1: Beneficiaries are being enrolled in DCEs without their knowledge or consent*

**SHORT TRUTH:**

- Beneficiaries **DO NOT ENROLL** in a DCE.
- Beneficiaries are **NOT MEMBERS** of a DCE.
- Beneficiaries are **ALIGNED TO A DCE** based on their claims history or through Voluntary Alignment.
- Alignment simply means the Beneficiary is included in calculations to ensure the **PROVIDER IS RESPONSIBLE** for delivering high quality and high value care.

*TALL TALE #2: Voluntary Alignment enrolls the Beneficiary in the DCE*

**SHORT TRUTH:**

- Voluntary Alignment **DOES NOT ENROLL** Beneficiaries in a DCE.
- Voluntary Alignment simply **TELLS CMS WHERE** the Beneficiary receives the majority of their care.
- Voluntary Alignment **EXISTS BEYOND** the GPDC Model and can occur with any Medicare provider.
- Voluntary Alignment **CAN BE CHANGED OR REVERSED** at any time.
- Alignment with a DCE means that CMS can hold providers **ACCOUNTABLE** for the beneficiary's care and health outcomes.

*TALL TALE #3: DCE is removing Beneficiary control over their health care*

**SHORT TRUTH:**

- Being aligned to a DCE **DOES NOT LIMIT** a Beneficiary's choice in provider.
- Beneficiaries **CAN SEE ANY PROVIDER** who accepts Medicare and will receive the same Medicare coverage regardless of provider choice.

- DCEs **INCREASE BENEFICIARY CONTROL** over their health care by creating incentives for providers to engage Beneficiaries in care delivery and encourage proactive and preventative health care.

*TALL TALE #4: Beneficiaries should opt-out of the DCE*

**SHORT TRUTH:**

- Beneficiaries **CANNOT OPT-OUT** of the DCE because they **ARE NOT IN** the DCE.
- Beneficiaries **CAN OPT-OUT** of Data Sharing if they **DO NOT WANT** CMS to share their claims information with the DCE.

*TALL TALE #5: DCEs create incentives for Providers to limit necessary care*

**SHORT TRUTH:**

- Participating Providers **CANNOT WITHOLD** services.
- DCEs are required to implement internal monitoring processes to **ENSURE THIS DOES NOT HAPPEN.**
- Participating Providers **MUST MEET QUALITY STANDARDS.**
- If DCEs do not meet quality standards, they **CANNOT RECEIVE PAYMENTS** and are not allowed to participate in the Model.

*TALL TALE #6: DCEs put the Medically Vulnerable at risk*

**SHORT TRUTH:**

- Beneficiaries and Providers have **ACCESS TO MORE TOOLS** to help the medically vulnerable.
- DCEs can utilize Benefit Enhancements on top of what is available through Original Medicare to ensure Beneficiaries **RECEIVE THE RIGHT CARE AT THE RIGHT TIME AND IN THE RIGHT PLACE.**
- Participating Providers **ARE REWARDED FOR COORDINATING** patient care.
- Participating Providers **ARE ENCOURAGED TO COLLABORATE** with specialists and preferred providers to create efficiencies and improve outcomes.
- DCEs are **REQUIRED TO IMPLEMENT PROACTIVE MONITORING** to prevent providers from limiting necessary care.
- If a Provider is limiting care, they are **IMMEDIATELY REMOVED** from the DCE.

*TALL TALE #7: DCEs are the Privatization of Medicare and just another name for an HMO*

**SHORT TRUTH:**

- Beneficiaries **STILL HAVE ORIGINAL MEDICARE.**
- Beneficiaries **BENEFITS DO NOT CHANGE.**
- A DCE is **NOT AN HMO**; beneficiaries can see **ANY PROVIDER** who accepts Medicare.
- A DCE is an **ACCOUNTABLE CARE ORGANIZATION (ACO) WITH GREATER RISK.**
- DCEs force providers to **INVEST IN REAL CHANGE.**
- Providers have “skin in the game” that encourages them to do the hard work of changing their own behaviors to **ENSURE HIGH VALUE CARE DELIVERY.**