Beneficiary Benefit Enhancements

Post-Discharge Home Visit

NW MOMENTUM HEALTH PARTNERS

www.nwmomentumhealthaco.com

Eligibility Requirements:

- Beneficiary is aligned with the Next Generation ACO
- Beneficiary has discharged from an inpatient qualifying stay within past 30 days
- Beneficiary does not qualify for home health services
- Services will be provided within the beneficiary's home or place of residence during the period after discharge from an inpatient facility

Beneficiary Criteria for added services:

- Chronic health conditions
- Evidence of social risk factors
- Psychiatric, cognition, or substance abuse concerns
- New diagnosis and/or medication change with need for educational services
- Abrupt change in functional status
- Recovering from major surgery (or minor surgery with complications)
- History of frequent hospital admissions or re-admissions
- Home visits are implemented within 30 days of inpatient discharge

WHO PROVIDES THE HOME VISIT?

Under the supervision of your primary care physician, the following health professionals may engage beneficiaries who qualify for the post-discharge home visits.

MD or DO • NP or PA • Registered nurse (RN) • Therapist • Pharmacist • Care Coordinator • Care Manager
Social Worker • Home Health Aide • Paramedic or EMT • Community Health Worker (CHW)

PURPOSE OF THE HOME VISIT

To assist beneficiaries with one or more of the following health related needs:

Medication Management/Reconciliation • Skin and Wound Care • Medication Administration • Nutrition Care • Maintenance of an Appliance • Respiratory Therapy • Physical or Occupation Therapy • Caregiver Education or Training • Palliative Consultation

Post-discharge home visits support beneficiaries with the following issues:

Barriers to Transportation/Mobility • Home Modification Required • Social Service Support Needs • Insufficient Caregiver Support • Limited Community Engagement • Therapy Need • Home Health Care Need • Behavioral Health • Memory and Cognition

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