

TOWN HALL

FREQUENTLY ASKED QUESTIONS (FAQ)

FEBRUARY 11, 2021

1. Is there a way to view the utilization of the SNF 3-Day Rule (Direct Admit) waiver throughout the ACO markets each quarter?

The ACO aggregates this information and is required to report to CMS quarterly. Reported information will be available on the Partner Portal quarterly.

2. Does utilization of the In-Kind Benefits require an SDoH screening?

Yes. There is a screening that will need to be completed to identify if a beneficiary qualifies for the In-Kind Benefits (Transportation, Meals, Groceries, Non-Covered Medical Equipment, and Pet Food/Supplies), but it is not related to the beneficiary's status (inpatient, home, etc.). Please contact our Care Management Department at CareTeam@pswipa.com for more information on these screenings.

3. When benefits are “covered” by the ACO, such as Transportation, does that mean the cost is charged to the partner’s budget?

Yes. The ACO has allocated a budget to each market/region that it manages to support the implementation and management of selected beneficiary enhancements. This cost is not passed on to the partner; it has been incorporated into the overall ACO budget.

4. Is beneficiary Voluntary Alignment available? If so, how does that work?

Each innovation model has Voluntary Alignment opportunities – used to retain beneficiary alignment year over year and market to new beneficiaries (model dependent). For the Next Generation ACO Model, Voluntary Alignment customarily occurs during June-September for beneficiary alignment for the following performance year.

There are no planned/allowed Voluntary Alignment activities for 2021 due to the sun setting of the Next Gen program. For any future model participation, marketing guidelines indicate that NWMHP and its Participants would not be able to conduct activities until an agreement with CMS is in place and that performance year has begun. There is a chance that the Next Gen program could be made permanent and this information could be updated. NWMHP will post updated information as soon as we receive it from CMS.

5. Can Critical Access Hospital (CAH) swing beds qualify for the SNF 3 day waiver?

CMS has indicated the CAH Swing beds are eligible for the SNF 3-Day Rule Waiver. NWMHP is working with CMS to define how this will differ from Skilled Nursing Facilities (SNFs) and will share with each partner during the new Partner Check-ins (or earlier, if available).

DECEMBER 2, 2020

1. Can you confirm what PTMPY means?

PTMPY is a normalization metric: Per Thousand Members per Year.

2. Can we see both our organization's measurements and those of other NGACO participants in the dashboards?

Each organization will only be able to see their respective measurements. However, the Regional Executive JOC meetings will receive high-level information regarding performance across all markets.

3. Where will the Town Hall recordings be posted?

Town Hall recordings will be posted on the Partner Portal under the General Resources tab by the following day.

4. Is the 5% Alternative Payment Model (APM) bonus applied to our Fee for Service (FFS) Medicare payments?

Participating Providers may be eligible to be a Qualifying Participant (QP) and receive the 5% APM bonus based on their estimated aggregate payments for covered FFS Medicare Part B services during the calendar year immediately preceding the payment year. The bonus payment will be issued directly to the contracted TIN on file 2 years after the participation year (qualifying year).

Beginning in 2021, for Participating Providers to be a QP they must:

- i. Be a MIPS eligible clinician;
- ii. Receive at least 75% of their Medicare Part B payments; OR
- iii. See at least 50% of Medicare patients through an Advanced APM entity
- iv. Congress has preliminarily approved that the 2020 thresholds be maintained for 2021; however, this has not yet been finalized (50% payments, 35% patients)*

*As of January 2021, the QP Thresholds have been frozen for the 2021 and 2022 performance year. Learn more [here](#).

5. Are CAHs eligible for the 5% APM bonus if they have an RHC?

Participating Providers from Critical Access Hospitals (CAHs) that have elected to be paid for outpatient services under Method 2 (CAH Optional Payment Method) may be eligible to be a QP if they are a part of an APM Entity (see 4b above).

Services provided by Participant Providers in Rural Health Clinics (RHCs) are not based on the Physician Fee Schedule, and are therefore not considered eligible to be a QP or a part of the APM Incentive Payment.

6. What if my hospital/practice is already reporting MIPS?

Participating Providers are excluded from MIPS if they qualify as a QP Participant, making them eligible for the 5% APM bonus. Participating Providers that qualify as a Partial QP have the choice of whether or not to report MIPS. Participating Providers that do not qualify as a QP or Partial QP are required to report MIPS.

Preferred Providers are required to report MIPS and therefore would continue to do so.

7. What quality measures will PSW capture and submit?

The quality measures that will be captured and submitted are:

- i. Patient/Caregiver Experience (captured through the CAHPS survey)
- ii. Care Coordination/Patient Safety, (claims based)

To see the full ACO Quality List for 2021, visit the Partner Portal.

8. Is there a limit to the number of team members that we can register to the Partner Portal?

No. All partners have the ability to register as many team members as desired to the Partner Portal.

Anyone can access the Partner Portal at www.nwmomentumhealthaco.com/partner

WE ARE HERE TO HELP.

NW Momentum Health Partners (NWMHP) ACO

Monday - Friday | 8am-5pm PST

360.943.4337 opt 6 | www.NWMomentumHealthACO.com

about **NW Momentum Health Partners (NWMHP)**

NWMHP is a network of doctors, hospital and other providers who have teamed up to promote integrated healthcare. Our goal is to create a healthcare delivery system that delivers personal care and drive better outcomes at a lower cost.