

NEXT GENERATION ACO
Beneficiary Notification Letter
Frequently Asked Questions

Q: Why is the beneficiary receiving this letter?

A: The letter is a notice required by the Centers for Medicare and Medicaid Services (CMS) for all beneficiaries who are aligned to the ACO (NW Momentum Health Partners) and received the majority of their care from the last year was provided by an ACO Participating Provider. It's intended to provide an introduction to the ACO and the benefits.

Q: What is an ACO?

A: An ACO, otherwise known as an Accountable Care Organization, is a group of doctors, hospitals, and other healthcare providers/facilities who agree to work together to keep beneficiaries (patients) healthy.

Next Generation ACOs can offer a variety of complimentary programs to help beneficiaries better manage their health, including care coordination and chronic disease education/management.

Q: What is the benefit of being in an ACO?

A: It **does not** change the beneficiary's Medicare coverage or affect their ability to see any Medicare participating provider.

It does provide access to complimentary care coordination and disease management for eligible beneficiaries.

It does provide the potential to utilize benefit enhancements, such as:

- a. Skilled Nursing 3-Day Rule Waiver – Medicare typically only covers skilled nursing stays if the beneficiary had a previous inpatient hospital stay of 3 days or greater. This benefit enhancement waives that requirement.
- b. Home Visits After Hospital Stays – For beneficiaries that do not qualify for home health services, Medicare allows the ACO to dispatch nurses and other ancillary staff to their home – up to nine times – after discharge from the hospital.
- c. Home Visits to Prevent Hospital Stays – For beneficiaries that do not qualify for home health services, Medicare allows the ACO to send doctors or nurses to a beneficiary's home to help manage healthcare needs.

- d. Reduction of Cost Shares – Medicare allows the ACO to work with some providers to reduce or eliminate cost shares associated with certain Part B services.
- e. Rewards – Eligible beneficiaries may qualify for gift cards up to \$75 based on their participation in complex care management programs offered through the ACO.

Q: Why did my physician choose to participate in NW Momentum Health Partners ACO?

A: Physicians or health care providers voluntarily agree to participate as they believe it will help provide better quality care for their Medicare beneficiaries while reducing the financial burden on the health care system.

Q: How does the ACO get beneficiary information?

A: The Centers for Medicare and Medicaid Services (CMS) provides the ACO with beneficiary information to support the provider's ability to offer the best care possible for their patients/beneficiaries.

Note - The ACO takes data security very seriously. Federal regulation requires that appropriate safeguards are in place to secure beneficiary protected health information.

Q: Can a beneficiary opt out of the ACO?

A: No. Beneficiaries are aligned through their provider and cannot opt completely out of the ACO. A beneficiary can opt out of sharing their claims data with the ACO and should contact Medicare directly at 1-800-MEDICARE (1-800-633-4227; TTY users can call 1-877-486-2048) to do so.

If the beneficiary plans to opt out of sharing their claims data, we should also ask if they would like to be added to the Do-Not-Contact registry.

Q: Can a beneficiary request that the ACO no longer contact them?

A: Yes. Please have the beneficiary contact NW Momentum Health Partners at 1-877-943-4337 option 6 to be added to the Do-Not-Contact registry.

Q: How is NWMHP paid?

A: NWMHP assists Beneficiaries with:

- Care coordination
- Education for disease management
- Connection to community resources and programs to reduce barriers to receiving care; and more

NWMHP assists providers with:

- Quality reporting
- Accuracy in coding Beneficiary conditions
- Education on Beneficiary satisfaction
- Access to programs that reduce unnecessary Beneficiary hospitalizations: and more

The services NWMHP provides for Beneficiaries, in coordination with their providers, help to increase the Beneficiary satisfaction, quality of care and reduce care related expenses. The ACO and its providers have an opportunity to share in the savings this creates for the Medicare program.

Q: What if the beneficiary's address was not correct on the letter?

A: Beneficiaries need to contact Medicare directly at 1-800-MEDICARE (1-800-633-4227; TTY users can call 1-877-486-2048) to update their address.

Q: The Provider/Practice listed on the form is incorrect. Why?

A: Beneficiaries are aligned to NWMHP because they have been seen by a provider who is participating in the ACO. CMS uses a 2-year historical time-period to look for this aligning visit (for 2021 – July 2018 through June 2020). This means that the Beneficiary was seen at some point in that period by the provider/clinic listed in the template letter.

A Beneficiary may select a different primary care provider at any time through **MyMedicare.gov**.

Q: The Provider/Practice listed on the form is incorrect. How can the beneficiary update this information?

A: If the beneficiary believes that the Provider/Practice on the form is incorrect, they can elect to update this information via **MyMedicare.gov** by selecting their provider at any time.

Q: The beneficiary's spouse/friend did not receive a beneficiary notification letter. Why?

A: The beneficiary is associated to the ACO because the majority of their care from the last year was provided by an ACO Participating Provider. Likely, the beneficiary's spouse/friend did not have any, or had the majority of their care from a provider not participating in the ACO.

Q: Where can the beneficiary get more information?

A: For a list of Participating Providers, Quality Measures and other information specific to the ACO:

- NW Momentum Health Partners: www.nwmomentumhealthaco.com
- Medicare: www.innovation.cms.gov/initiatives/Next-Generation-ACO-Model/