NW MOMENTUM HEALTH PARTNERS

BENEFICIARY BENEFIT ENHANCEMENT
POST-DISCHARGE HOME VISIT

OVERVIEW
Beneficiaries aligned to NW Momentum Health Partners (NWMHP) Accountable Care Organization (ACO) may have access to this benefit enhancement service.

PURPOSE OF THE POST-DISCHARGE 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
- 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 Safety Evaluation
- Social Service Support Needs
- Insufficient Caregiver Support
- Limited Community Engagement
- Therapy Need
- Home Health Care Need
- Behavioral Health
- Memory and Cognition

ELIGIBILITY REQUIREMENTS (must meet all)
- Beneficiary aligned to 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

AND MUST MEET 1 OR MORE OF THE FOLLOWING:
- 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

WHERE CAN I LEARN MORE?
Beneficiaries may contact:
NW Momentum Health Partners (NWMHP) ACO
Monday - Friday | 8am-5pm PST
360.943.4337 opt 6 | www.NWMomentumHealthACO.com

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

- Nurse Practitioner or Physician Assistant
- Registered Nurse
- Physica Therapist, Occupational Therapist, or Speech Therapist
- Pharmacist
- Care Coordinator
- Care Manager
- Social Worker
- Home Health Aide

NW Momentum Health Partners and its network of healthcare providers are voluntarily participating the in the Next Generation ACO Model in an effort to improve health outcomes and lower expenditures. Please contact Centers for Medicare & Medicaid Services (CMS) at CMS.gov or Medicare at 1.800.663.4227 for additional information.

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