The Town Hall will begin shortly…

Thank you for joining us today

Due to the number of attendees, please mute yourself unless you plan to speak.

To ask a question at anytime during the presentation, please use the chat to submit your question.

NW Momentum Health Partners ACO

Next Generation ACO Town Hall

11/11/21

Agenda

CEO Report

Next Generation ACO

Direct Contracting Operations

Innovaccer

Care Management

Open Forum

CEO Report

CMS Innovation Center's Strategic Objectives

Five strategic objectives will guide the CMS Innovation Center's implementation of its vision.

Drive Accountable Care

Aim: *Increase the number of beneficiaries in a care relationship with accountability for quality and total cost of care.*

Accountable care reduces fragmentation in patient care and cost by giving providers the incentives and tools to deliver high-quality, coordinated, team-based care. Models should increase the number of beneficiaries in accountable care relationships with providers, such as advanced primary care providers and ACOs. Quality of care and outcome measures should be measures that matter and include patient values and perspective.

Measuring Progress:

- All Medicare fee-for-service beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.
- The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.

Moving to Implementation

Stakeholder Engagement (next 3-6 months)

- White paper launch (October 2021)
- Listening sessions with beneficiaries, health equity experts, primary care, safety net, specialty providers, states, and payers (2021-22)
- 2021 LAN Summit (December 2021)
- LAN Health Equity Action Taskforce (Ongoing)

Stakeholder Engagement (next 6-24+ months)

- Outreach to communicate and share strategy via conferences, podcasts, and learning events
- Launching a stakeholder engagement strategy across the life cycle of models
- Sharing model test data with external researchers to contribute to learnings
- Leveraging existing and new mechanisms to enhance engagement with patients, providers, and payers and improve transparency in model design/implementation

2021

Model Opportunities that Inform Strategy and Transformation

- Advancing Health Equity: Community Health Access and Rural Transformation Model
- Accountable Care: Initial cohorts for Primary Care First (PCF) and Global/Professional Direct Contracting (GPDC)
- Accountable Care: ESRD Treatment Choices Model
- Addressing Affordability: Part D Senior Savings Model

2022

Examples of Model Opportunities that Advance Strategy and Inform Transformation

- GPDC Second Cohort
- PCF Second Cohort
- Kidney Care Choices model
- Radiation Oncology model

2023-2029

Model Types that Drive Transformation

- ACO model tests that create accountability for total cost of care and outcomes
- Advanced primary care model tests
- Specialty care model tests that support integrated, whole-person care
- State total cost of care model tests

Examples of Efforts to Address Cross-Model Issues

- Health equity data collection
- SDoH screening and referral
- Benchmarking
- Risk adjustment
- Provider performance data platforms
- Engaging providers that care for underserved beneficiaries

Next Generation ACO

Next Generation ACO Performance

2020 NGACO Final Results

NW MOMENTUM HEALTH PARTNERS

FOR IMMEDIATE RELEASE
CONTACT: Michelle Golden, Executive Assistant to the CEO
Phone: (360) 943-4337 x110 | MichelleG@pswipa.com
319 Seventh Ave. SE, Suite 201, Olympia, Washington 98501
8am – 5pm PST

NW Momentum Health Partners Achieves $11M in Gross Savings as Participant in Next Generation Accountable Care Organization Model

OLYMPIA, WA. – October 27, 2021 –NW Momentum Health Partners (NWMHP) Accountable Care Organization (ACO) achieved $11M in gross savings for the 2020 reporting year in the Next Generation Accountable Care Organization Model. NWMHP ACO retained its 94.25% quality rating from 2019, as allowed via the Public Health Emergency waiver.

Shared Savings Distribution Plan:

December 1st – 10th

- Eligible 2020 Providers can expect their Shared Savings in this timeframe

2021 NGACO Performance

1/1/2021 – 6/30/2021

NWMOMENTUM HEALTH PARTNERS

Next Generation ACO Group Scorecard
2021 Q2

	Members		% of Population Receiving AWVs	IP Readmit Percentage	ER Visits PTMPY	IP Admits PTMPY
ACO Performance 2020			37.0%	16.1%	329.7	146.1
DOS: 1/1/2020 - 12/31/2020						
Target Goal			60.0%	14.6%	513	209
	Members					
ACO Performance 2021	28370		15.3%	11.1%	393.5	137.6
Vendor						
Lewiston	4874		28.8%	11.6%	494.3	134.8
		Target	60.0%	14.6%	642.0	216.0
Originals	11363		16.4%	11.5%	287.3	134.4
		Target	60.0%	14.6%	349.0	194.0
Rurals	7242		6.0%	11.2%	572.5	138.4
		Target	60.0%	14.6%	751.0	210.0
TVC	3990		15.5%	10.4%	276.9	159.8
		Target	60.0%	14.6%	404.0	238.0
Unattributed Members	901					

Color Key
Not Meeting Goal
Meeting Goal, Worse Than ACO Avg
Meeting Goal, Better Than ACO Avg

- Based on Paid Claims received on or before 08/23/2021
- DOS: 1/1/2021 - 06/30/2021

Q3 ACO Scorecard will be available by the end of next week.

Next Generation ACO Wrap-Up

NGACO 2021 Quality Measures

In 2021, NGACO will not require extraction of quality measure information from partner EHRs.

2021 Claims-Based Measures

2021 NGACO Claims-Based reporting consists of three measures:

1. Risk-Standardized, All Condition Readmission
2. Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions
3. Days at Home for Patients with Complex, Chronic Conditions

These measures will be gathered by CMS directly from claims data.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

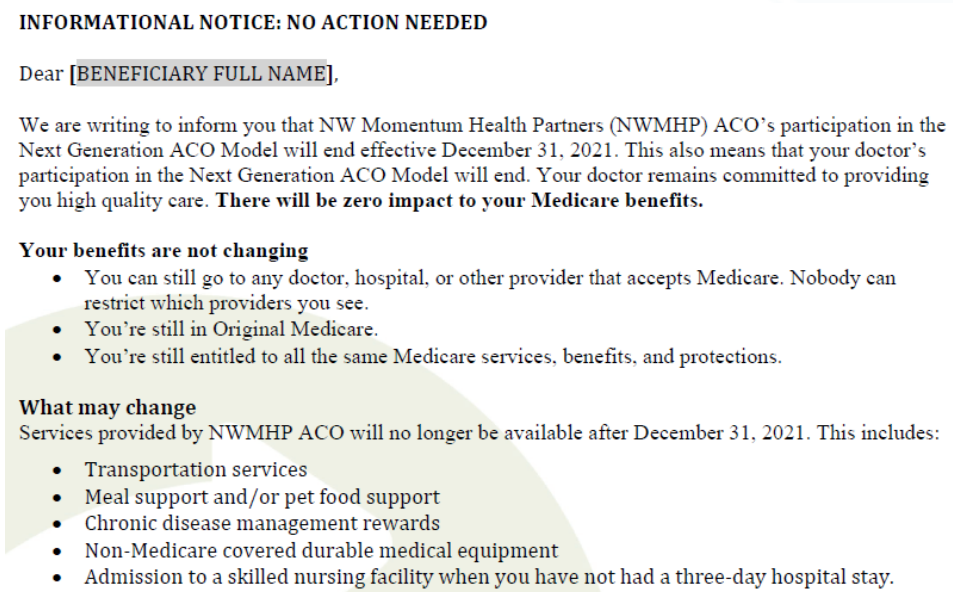
- The CAHPS program is a survey administered by CMS to assess patients' experiences with healthcare.
- These surveys focus on aspects of quality, from the perspective of the beneficiary, such as the communication skills of physicians and office staff, and the ease of access to healthcare services.
- The survey results are incorporated into and can impact the ACO's overall quality score.
- Beginning October 2021, outreach to ACO beneficiaries will be conducted by NWMHP's qualified contracted entity. The survey will consist of a random sample of the ACO's beneficiaries.

***Resource available on the NWMHP Partner Portal**

Beneficiary Notification

NGACO Model Closeout letter

- Only sent to beneficiaries actively receiving ACO services
- Mailed out on **November 17th**
- Copy of template letter is available on NWMHP Partner Portal



INFORMATIONAL NOTICE: NO ACTION NEEDED

Dear [BENEFICIARY FULL NAME],

We are writing to inform you that NW Momentum Health Partners (NWMHP) ACO's participation in the Next Generation ACO Model will end effective December 31, 2021. This also means that your doctor's participation in the Next Generation ACO Model will end. Your doctor remains committed to providing you high quality care. **There will be zero impact to your Medicare benefits.**

Your benefits are not changing

- You can still go to any doctor, hospital, or other provider that accepts Medicare. Nobody can restrict which providers you see.
- You're still in Original Medicare.
- You're still entitled to all the same Medicare services, benefits, and protections.

What may change

Services provided by NWMHP ACO will no longer be available after December 31, 2021. This includes:

- Transportation services
- Meal support and/or pet food support
- Chronic disease management rewards
- Non-Medicare covered durable medical equipment
- Admission to a skilled nursing facility when you have not had a three-day hospital stay.

- NWMHP will share the list of each partner's beneficiaries receiving the letter with that partner
- If you receive questions, please urge beneficiaries to contact NWMHP.

NGACO Contract Termination

A written notice will be sent to all NGACO Providers describing the following:

1. The Next Generation ACO Model will officially end on December 31st, 2021
2. Benefit Enhancements will end effective December 31st, 2021.
3. Per the Participation Agreement, NWMHP and NGACO partners must receive CMS approval for press releases and other Descriptive Materials for 1 year after the close of the Model.
4. All collateral (flyers, posters, etc.) that talk about the NGACO Model on them must be removed from all Provider Offices by December 31st, 2021.

Questions?

Direct Contracting Operations

Direct Contracting Professional Model

- Administered by CMS Innovation Center
- Direct Contracting Model is an initiative for organizations that are experienced in coordinating care for populations of patients.
- Allows provider groups to assume higher levels of financial risk and reward than are available under the Shared Savings Program (MSSP).
- The goal of the Model is to demonstrate strong financial incentives for DCEs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for Original Medicare fee-for-service (FFS) beneficiaries.

Direct Contracting Professional

Why Direct Contracting Professional?

Benchmarking Year Consideration

- Direct Contracting utilizes 2017, 2018, and 2019 offering normalized benchmarking projections
- MSSP utilizes 2019, 2020, and 2021– includes the negative impact of COVID on benchmarking/risk scores

Flexible Financial Opportunities

- Primary Care Capitation - allocate funds upfront; cash flow and support of care initiatives
- Advanced Payment Model – providing opportunity for Participants to receive 5% Part B bonus and opportunity to be excluded from MIPS reporting

Model Flexibility

- More Benefit Enhancement Waivers
- Model is not in federal statute – influenced by policy & advocacy
- Partial TIN vs. Full TIN option
- Voluntary alignment enhanced to support growth
- Direct Contracting Professional requires less risk be taken than Global
- Direct Contracting Professional is a step forward whereas MSSP would be a step back

NWMHP's Role as Convener

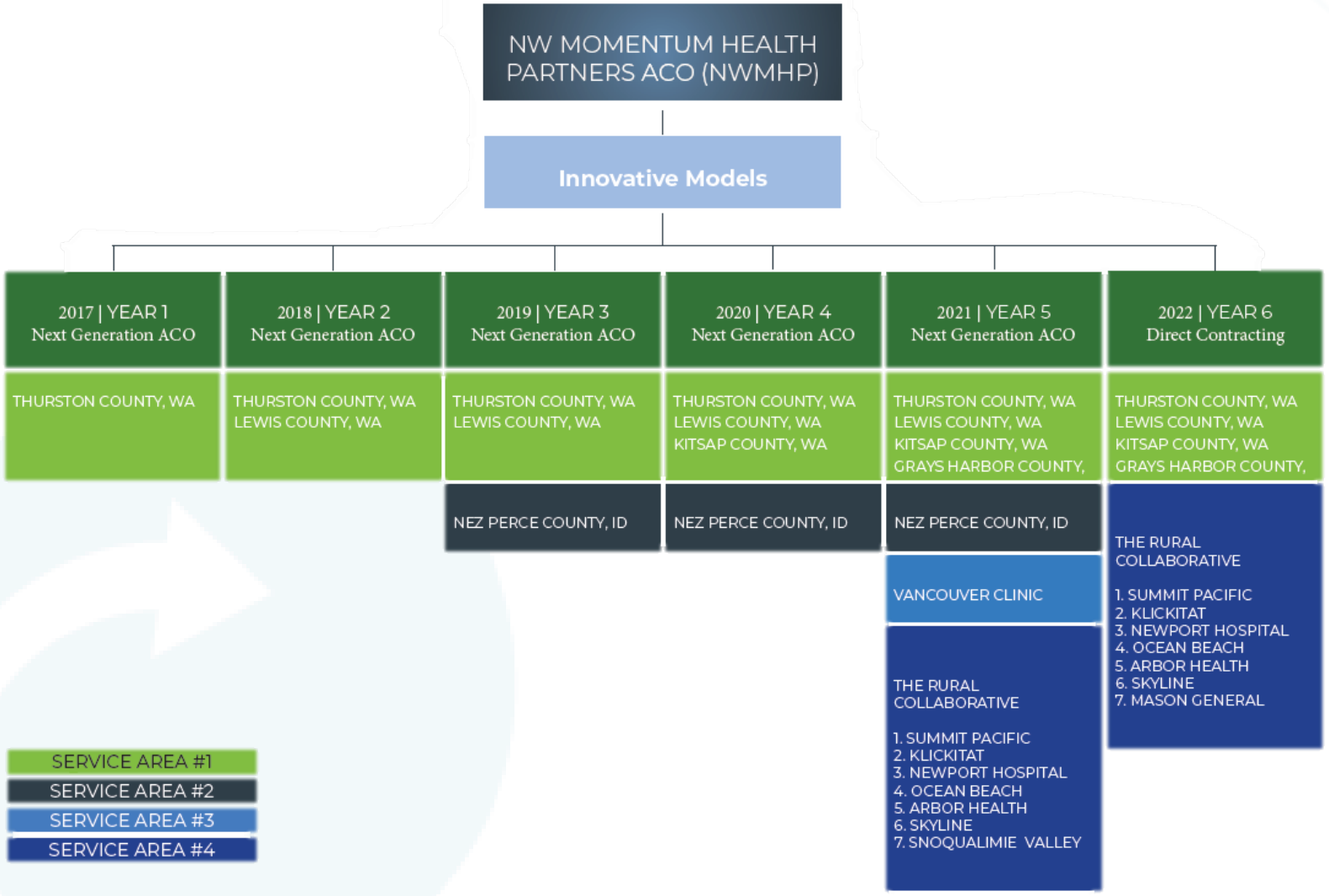
Provider & Staff Engagement
- Provide education & training
- Regular onsite meetings
- Develop tools and resources

Monitoring Network Performance
- Provider scorecard
- Care management services
- Annual Wellness Visit tracking
- CMS NGACO reporting

Network Management
- Manage CMS contract
- Provider contracts
- Quality reporting
- Beneficiary communication

Operations
- Population health platform
- Finance
- Compliance
- Model research, advocacy

PY2022 DC Network



NWMOMENTUM HEALTH PARTNERS

2022 Calendar of Events & Meetings

January

12th: ACO Board Meeting

February

10th: Town Hall Meeting

March

10th: TRC Partner Check-In

April

13th: ACO Board Meeting

May

5th: Town Hall Meeting

June

9th: Executive JOC Meeting

July

28th: TRC Partner Check-In

August

3rd: ACO Board Meeting

11th: Town Hall Meeting

September

1st: TRC Partner Check-In

October

12th: ACO Board Meeting

November

3rd: Town Hall Meeting

17th: Executive JOC Meeting

December

8th: 2022 Finale wrap-up/2023 Operations ramp-up

WHO CAN ATTEND:
ACO Board Meeting = Board Only
Executive JOC Meetings = Regional Partner Representatives Only
Town Hall Meetings/Trainings = Open to all network participants/staff

MEETING TIMES:
ACO Board Meeting 5:30-8p
Executive JOC Meetings 7:30-9a
Town Hall Meetings 7:30-9a

9-28-2021

Key dates

- **November 15th – 19th**
  - Direct Contracting provider agreements sent to network
- **December 15th**
  - Direct Contracting provider agreements returned
- **December 27th**
  - PY2022 Direct Contracting Participation Agreement due
- **January 1st, 2022**
  - PY2022 Begins

What can you do now?

1. Annual Wellness Visits

2. Reviewing and signing the contracts that will be sent

3. Completing the ACH form and returning in a timely manner

4. Ensuring your practice has access to:
    1. NWMHP Partner Portal
    2. Box.com
    3. Innovaccer

5. Ensure you have a process for notifying NWMHP of adds and terminations

6. Ask questions. If you need more information on a topic or if any information is unclear, email Jake Woods at JacobW@pswipa.com

Direct Contracting – Network Participation

Direct Contracting Agreements

Partner/Provider Agreements

What you can expect to receive:

1. Direct Contracting Participation Agreement
2. Direct Contracting Fee Reduction Agreement

   (for practice providers eligible to participate in the required 5% Fee Reduction)

These agreements must be signed and returned to NWMHP by **5pm PST on December 15th**

Please send any questions to Jake Woods at JacobW@pswipa.com or Angie Valderrama at ProviderNetwork@pswipa.com

DC: Primary Care Capitation

Primary Care Capitation

- Participant Providers are required to take 5% fee reduction for specific Primary Care codes.
  - Only certain Participant Provider specialties take the 5% reduction. A list of those specialties will be on the NWMHP Partner Portal and listed in a future slide.
  - A list of the Primary Care Codes that qualify for the reduction will be available on the NWMHP Partner Portal.

- Only Participant Providers will take the Fee Reduction. This Reduction will not apply to Preferred Providers or any providers in a CAH, RHC, or FQHC.

- NWMHP to reimburse the 5% to providers monthly using the Base PCC funds.

- Providers bill their claims normally. The reduction comes when the claim is processed by CMS. The providers will receive payment from CMS for the amount of the claim minus the reduction amount.

DC: Primary Care Capitation

What are the funds based on?

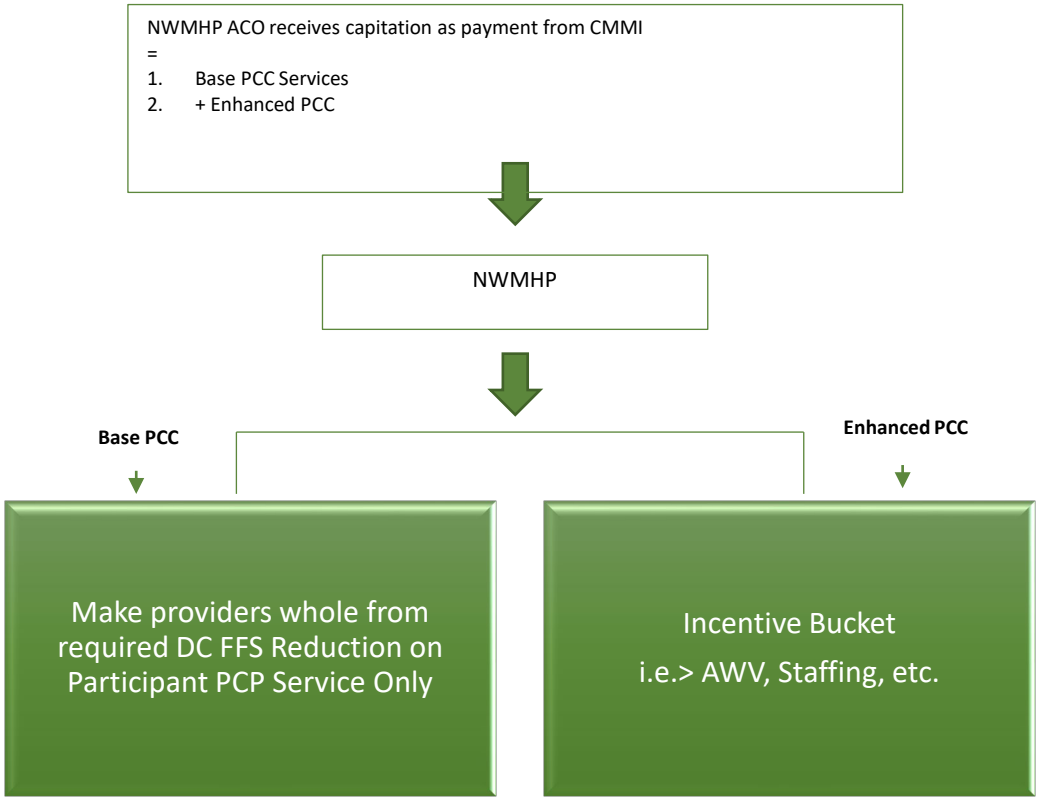
1. NWMHP receives an amount equal up to 7% of our DC benchmark in capitation.

2. These funds are paid to NWMHP monthly and comes in two buckets:
   Base PCC and Enhanced PCC.

3. CMS calculates the Base PCC amount to equal the expected amount of Participant Providers' 5% reduction.

4. Enhanced PCC equals the difference between Base PCC and 7% of the benchmark.

5. Enhanced PCC funds must be paid back to CMS in full at Final Reconciliation.



DC Base Primary Care Capitation Process

Provider sees beneficiary and bills claim as normal

MAC adjudicates the claim. For PCC services billed for an aligned beneficiary in the ACO, the MAC pays the provider 95% of the normal payment. (**List of PCC Codes will be available on NWMHP Partner Portal**)

CMS delivers a claims reduction file to the DCE showing the number of claims reduced – **weekly**

CMS delivers a monthly capitated payment to the DCE. This amount is updated quarterly by CMS.

NWMHP delivers monthly payments to providers (make them whole for 5% reduction).

NWMHP will conduct quarterly evaluations of the reimbursement amount paid to providers. If the amount paid exceeds the Base PCC paid by CMS, NWMHP will reconcile against Shared Savings as appropriate.

At Final Reconciliation or Provisional Reconciliation, CMS will determine Total Monies Owed after shared savings loss calculations

***IMPORTANT – NWMHP will only be able to reimburse providers for the 5% reduction for claims that have been processed. If a claim has not yet been processed, NWMHP will not be able to reimburse the provider.**

Code	Specialty
1	General Practice
8	Family Medicine
11	Internal Medicine
37	Pediatric Medicine
38	Geriatric Medicine
50	Nurse Practitioner
89	Clinical Nurse Specialist
97	Physician Assistant

***Does not apply to providers in a RHC, FQHC, or CAH**

DC Primary Care Capitation

Base PCC Payment Method

- Eligible providers required to take the 5% reduction will be reimbursed for the 5% reduction on a monthly basis.

- Providers will also be sent a monthly report via Box.com. This report will include:
  - Amount for claims reduced
  - Patient MBI for claims reduced
  - Provider NPI for claims reduced

- This payment will be paid via ACH. On Friday November 12th, a message will be sent to all Organizations participating in the 5% reduction asking for banking information. **Please submit the completed document back to NWMHP as soon as possible.**

***Does not apply to providers in a RHC, FQHC, or CAH**

DC Enhanced PCC

How will it work?

- CMS notifies NWMHP of tentative payment amount in mid-December 2021
  - Amount is based on NWMHP benchmark for PCC services
- Starting in January, CMS will pay NWMHP monthly
- NWMHP will evaluate ACO initiatives and priorities to focus the Enhanced PCC funds in 2022
- In February Town Hall, NWMHP will outline any plans for utilizing Enhanced PCC funds
- CMS will reconcile the payback of Enhanced PCC funds at Final Reconciliation – **expected July 2023**

Voluntary Alignment

Voluntary Alignment

What is Voluntary Alignment?

- The process by which a Beneficiary may voluntarily align with the DCE by designating a DC Participant Provider as their main doctor, main provider, and/or the main place they receive care

Direct Contracting – Prospective Plus Voluntary Alignment

- Beneficiary alignment is performed prospectively prior to the start of a Performance Year, and prior to the start of the second through fourth calendar quarters of a Performance Year – adding beneficiaries throughout the Performance Year

How do beneficiaries align?

- Paper Based Form (Mail, email, NWMHP website)
- Electronic via Medicare.gov

Value to the ACO

- Retain beneficiaries that may not be captured through claims
- Voluntary Alignment through Medicare.gov takes precedence over claims

Voluntary Alignment

Planning and provider need to know

NWMHP's goal is to retain beneficiaries year-over-year using these strategies:

1. Paper-Based Form (mail, email, NWMHP website) – must be approved by CMS
    1. Form template provided by CMS
    2. Send via mail to beneficiaries
    3. Posted on NWMHP website
    4. Available in provider offices

2. Marketing materials in healthcare common areas of Participant Providers
    1. Educational flyers on Voluntary Alignment and the ACO – provider offices
    2. Information on how to contact the ACO with any questions
    3. All materials must be approved by CMS before use

What Providers and Office Staff Can Expect:

1. Marketing materials in office – Q1 2022
2. CMS approved forms with Attribution file – March 2022
3. Practice outreach and education/training – Q1 2022

Direct Contracting Monthly Operations

Provider Network Management

Per CMS guidelines provider additions and terminations must be updated monthly. The Direct Contracting **Participation Agreement states that terminations must be submitted 30-days prior to a provider leaving**.

A reminder email will be sent monthly to submit these adds and terms

- The email will contain a form to be filled out
- Forms to be returned by the 5th of the month
- Email will ask for providers that **have been added in the previous 30 days** and providers who **will be terminated in the next 30 days**.

Failure to meet the requirements may result in remedial action, up to and including, termination of the ACO's agreement with CMS.

For any questions regarding the process of submitting changes to your provider roster:

Contact Angie Valderrama at **ProviderNetwork@pswipa.com**

***If your practice has had any provider changes since September 1st, 2021, please contact Angie.**

Access to Monthly and Quarterly Reports

PSW/NWMHP delivers a variety of provider data reports via Box.com

- Monthly Performance Report
- Quarterly Data Reports
  - GAP Reports
  - High Utilizer Reports (HURR)
  - Patient Evaluation Forms (PEF/HCC)

Box.com is a secure web-based portal that allows NWMHP to send provider performance and related data.

Instructions and User Access Request Form for accessing Box.com are available on the Partner Portal.

New members to NWMHP ACO will be sent the instructions and Access Request Form in December 2021.

For questions regarding Box.com, please contact Angie Valderrama at **ProviderNetwork@pswipa.com**

Data & Reports

When can you expect information?

January:

- NWMHP receives alignment file from CMS – final # of beneficiaries in the DCE
- Finalized SNF network for each partner

March-April:

- Attribution file via Box.com
- Participant Providers will receive the Paper-Based Voluntary Alignment Form
- Innovaccer data to begin to be populated in late March-early April

May:

- Updated Attribution file
- Monthly Performance Reports to begin
- Q1 Quarterly Data Reports

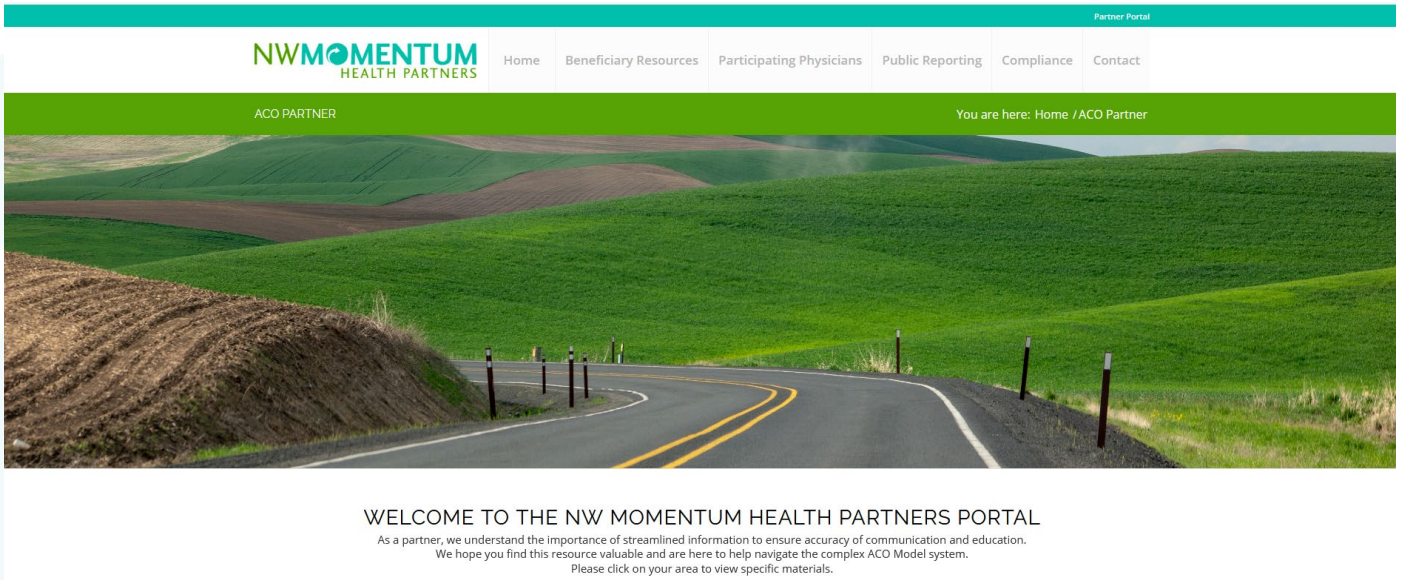
Partner Portal: #1 Resource

https://www.nwmomentumhealthaco.com/

NWMHP Partner Portal

https://www.nwmomentumhealthaco.com/

- Secure Private Portal – Updated to reflect Direct Contracting in Jan 2021
- View up-to-date information
- Access numerous resources
- Subscribe option to receive notifications of updates



Questions?

Please email your Direct Contracting questions to JacobW@pswipa.com

This will help drive the topics for discussion in partner meetings

Innovaccer

Innovaccer Purpose & Capabilities

Purpose:

- **Automate** the population health management of NGACO patient lives to allow staff to **efficiently** manage these patient's **care, risk, quality, utilization**, and **finance** to achieve **high quality outcomes** while **minimizing expenditures.**

Capabilities:

- Clinical Data Connectivity
- Care Management facilitation
- Dashboarding
- Quality
- Risk Management facilitation

Innovaccer Has Changed to Power BI

Why did we change?

New dashboards give more data points

- More widgets with actionable data
- Easily filter what you see by clicking on data points
- Drilldowns are more streamlined
- More robust patient list that adjusts to your filtered widgets
- Create your own filter presets for faster and easier use

Transition Timeline

- Initial 3 dashboards released October 18th, 2021
- A second and third set of dashboards set to release in November and December

Future Plans

- Custom dashboard to replace data points used and not in standard dashboard sets
- Additional dashboards covering data not before available

Available Dashboards

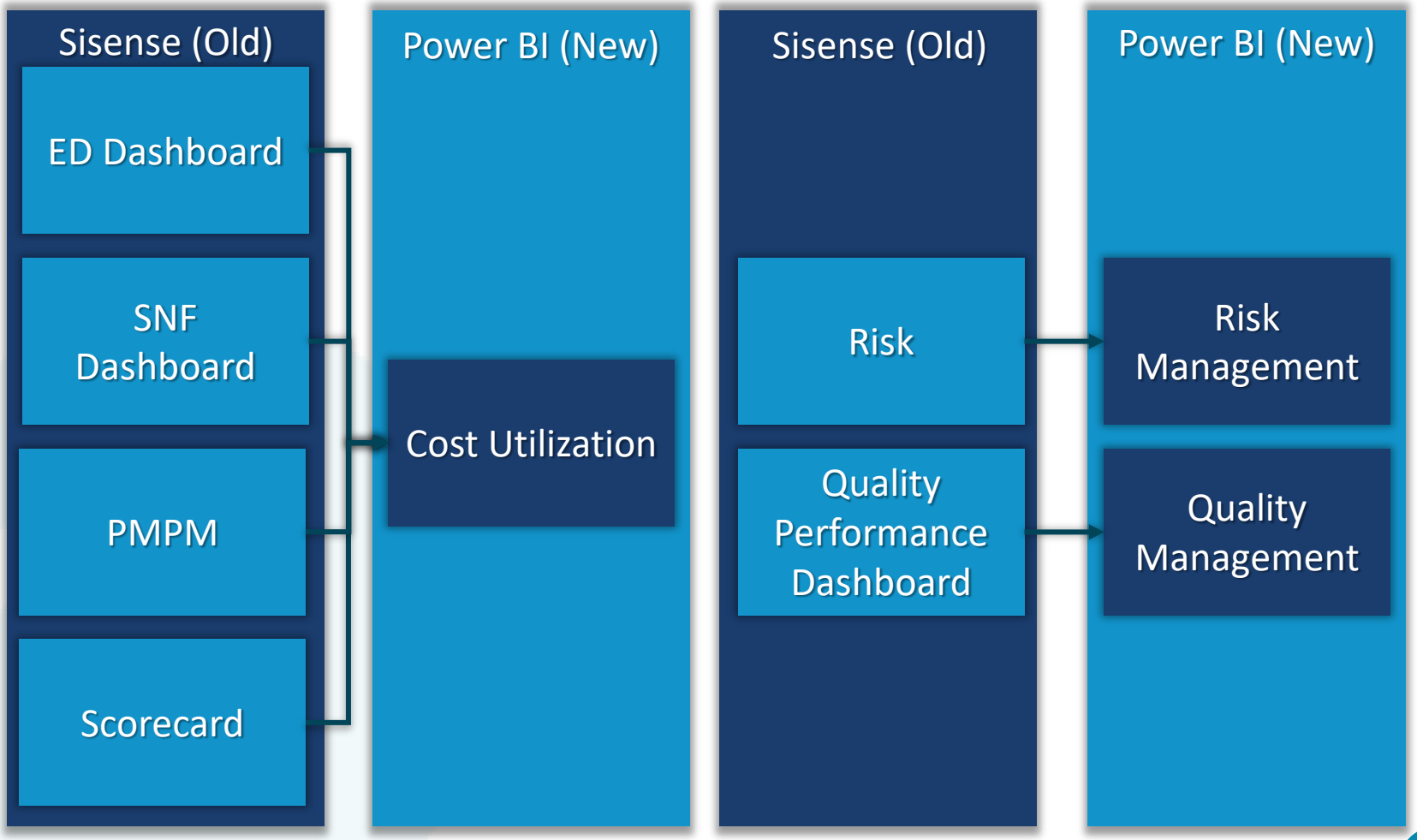
- Cost Utilization
  - The Cost and Utilization Dashboard provides insights on the current cost per member per month (PMPM). It also helps users track the factors contributing to a change in the PMPM thereby highlighting opportunities across major cost centers.

- Risk Management
  - The Risk Management Dashboard allows healthcare networks to track the documented risk and potential risk across the organization and identify opportunities to capture risk leading to improved incentive payments.

- Quality Management
  - The Quality Performance Dashboard allows healthcare networks to track the level of completion of quality measures and understand the quality of care being provided. Quality measures are divided into three categories: Process Measures, Visit Measures, and Inverse Measures.

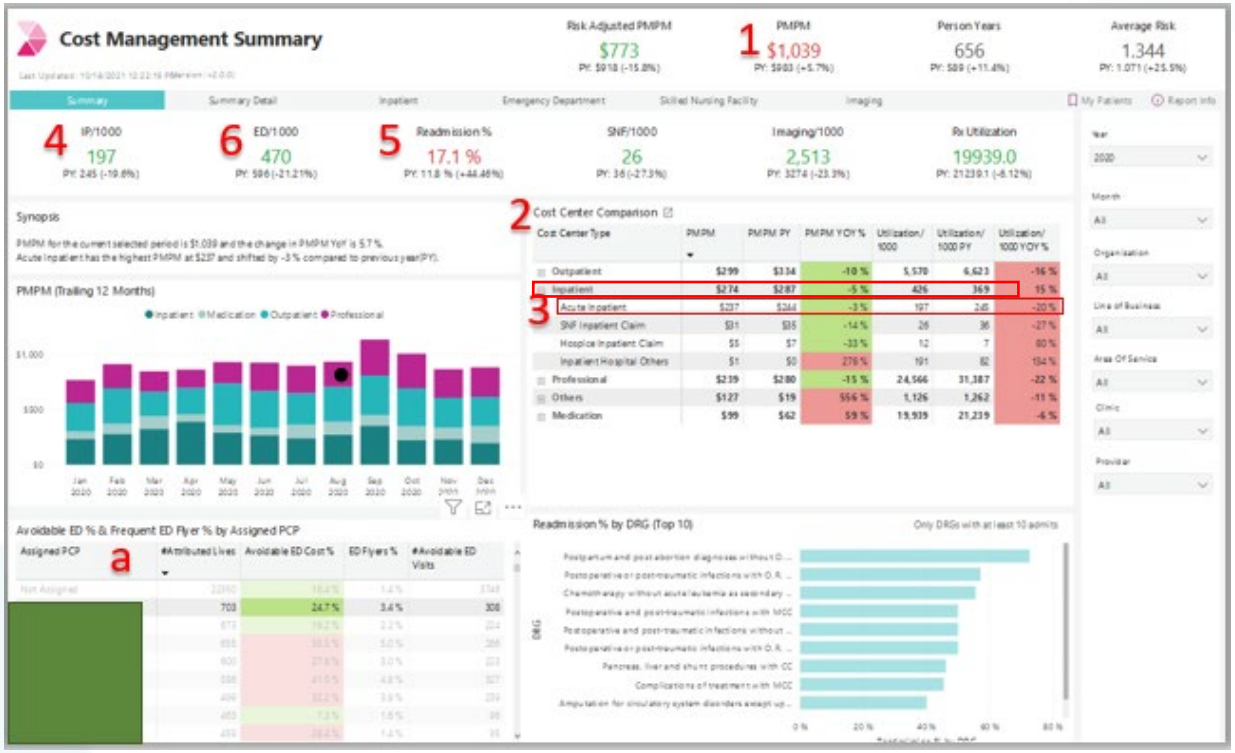
Sisense to Power BI Dashboard Crosswalk

(Set One)



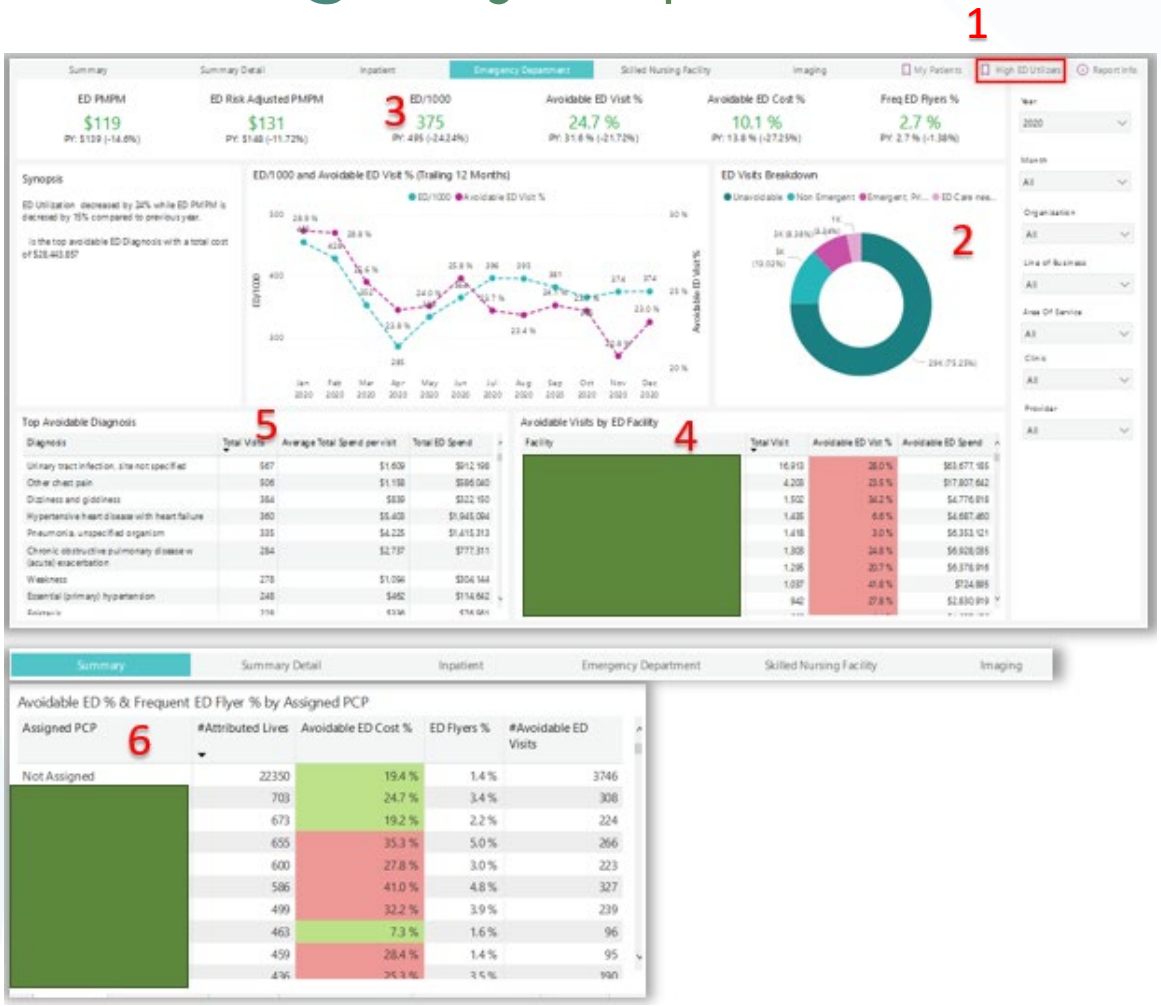
Cost Utilization – PMPM & Scorecard

1. PMPM
2. Contributions Towards PMPM
    a. Filter on PCP here for PMPM by PCP
3. Acute Inpatient PMPM
4. IP Admits PTMPY
5. IP Readmit Rate
6. ER Visits PTMPY



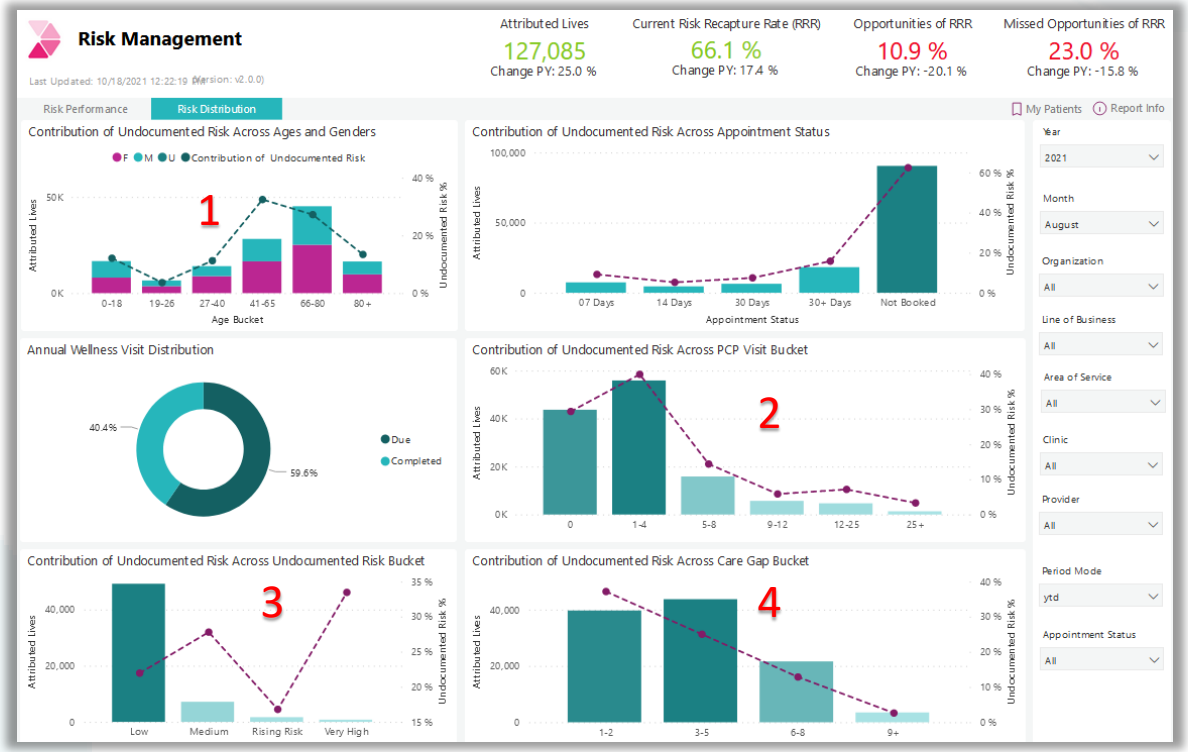
Cost Utilization – Emergency Department

1. List of High ED Utilizers
2. Gives detail on Avoidable vs Non-Avoidable ED Visits
3. Total Visits PTY
4. Cost of Avoidable ED Visits by Facility
5. Total Avoidable ED Visits by Dx
6. Avoidable ED Cost Spread Across PCPs



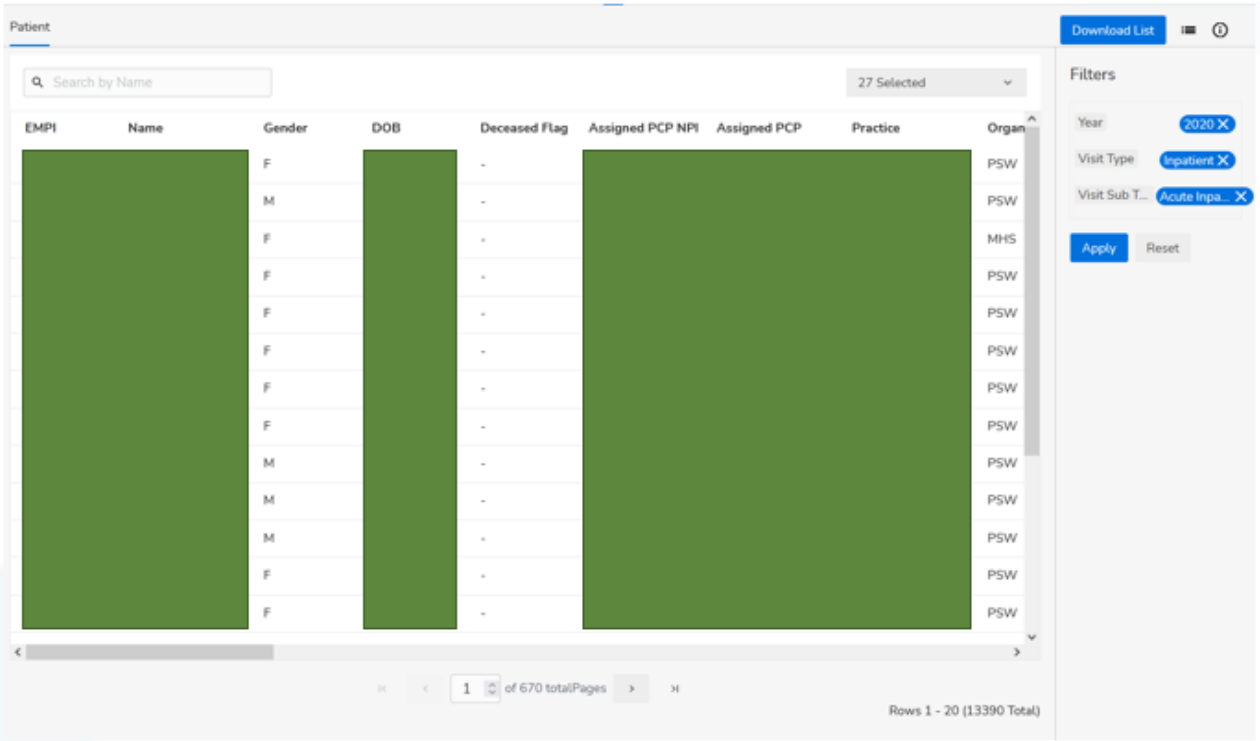
Risk Management – Risk Distribution

1. Risk By Age
2. PCP Visit Distribution
3. Undocumented Risk Distribution
4. Care Gap Distribution



Patient List

1. Filter in the dashboard to see specific beneficiaries
2. Downloadable List to excel



Innovaccer Trainings

The current Innovaccer Training presentation on new dashboards and the Navigation Document is available on the NWMHP Partner Portal.

With more new dashboards set to release this month, NWMHP will hold two more training sessions. The dates for those trainings will be set once the dashboards are released.

If there is enough interest for more training sessions, NWMHP will schedule more dates.

Please email InnovaccerSupport@pswipa.com with any questions regarding Innovaccer or trainings.

Care Management

Benefits Under DCE

Benefit	Summary
SNF Direct Admission	*SNF must have an overall rating of 3 or stars for 7 of 12 months and be a preferred or participant provider.*
Chronic Disease Management Reward	*Allows beneficiaries to receive up to $75 in gift cards for participating and achieving goals in a care management program*
Post-Discharge Home Visit	*Beneficiaries do not qualify for home health services. Beneficiaries qualify for 9 visits in 90 days post-discharge*
Care Management Home Visits	*20 visits within the year*
Home Health Homebound Waiver	*Waives the requirements that a beneficiary must be confined to the home or institution that is not a SNF or nursing facility.*
In-Kind Benefits	*Covers transportation, meals for up to 30 days, groceries up to $200, or non-covered equipment for qualified beneficiaries*
Part B Cost-Sharing	*Allows for reducing or eliminating cost for selected Part B services*

Direct Admission Notification Form

NWMOMENTUM HEALTH PARTNERS

Please complete the notification form when making a referral for a direct admit and provide to NWMHP

Referral Coordinator:		Location being admitted to SNF From:
Patient Last Name	First Name	DOB
Primary Care Physician Name		Office Group

Verification of SNF Waiver Necessity (please refer to back for explanation):
- ✓ Has ***NOT*** had at least 3 consecutive calendar days of inpatient care in the ***past 30 days***
- ✓ Has ***NOT*** discharged from a ***SNF in past 30 days*** following a qualifying hospital stay
- ✓ Current condition is ***NOT*** related to the previous hospitalization

Coverage: ◻ NextGen ACO – Eligibility of Beneficiary Verified - source: _____
◻ MA Plan _____

Primary Diagnosis:	**Secondary Diagnoses:**
Primary Reason for Direct Admission: ◻ Fall or Fall Related ◻ Pain Management (non-fall related) ◻ Urinary Tract Infection (UTI) ◻ Wound Care ◻ Dizziness / Unsteadiness ◻ Respiratory Problem ◻ Post-surgical – joint replacement ◻ Post-surgical – other _____ ◻ Post-stroke care ◻ Weakness ◻ Dehydration ◻ Cardiac Condition ◻ Gait Instability ◻ Fall or Fall Related ◻ Other: _____	**Secondary Reason for Direct Admission** ◻ Fall or Fall Related ◻ Pain Management (non-fall related) ◻ Urinary Tract Infection (UTI) ◻ Wound Care ◻ Dizziness / Unsteadiness ◻ Respiratory Problem ◻ Post-surgical – joint replacement ◻ Post-surgical – other _____ ◻ Post-stroke care ◻ Weakness ◻ Dehydration ◻ Cardiac Condition ◻ Gait Instability ◻ Fall or Fall Related ◻ Other: _____
NGACO Eligible Contracted Facilities • ManorCare of Lacey • Panorama • Roolan • Prestige Post-Acute and Rehab Center • Puget Sound Healthcare • Regency Olympia Rehabilitation and Nursing	**Date of Direct SNF Admission:** **Name of SNF:** **Checklist of Items for SNF Admission** ◻ Completed and signed orders ◻ POST and or Advance directives (if available) ◻ PASSR ◻ Hard Rx for all schedule II drugs with 7 day supply

Signature: Date:

Please fax completed form to:

NWMHP
Attention: Post-Acute Care Coordinator
360-786-8751

NWMOMENTUM HEALTH PARTNERS

Verification of Qualification

- Verify beneficiary alignment
- Beneficiary meets skilled nursing facility admission criteria
- Does not meet the general admission requirements for Medicare Part A services

Verification of Participation Agreement with SNF Provider

- Verification of accepting facility is contracted for utilization of Direct SNF Waiver and can meet the needs of the beneficiary
- SNF is aware that beneficiary is admitted based on waiver utilization

Notification of SNF Direct Admission

- Complete and send to NWMHP via secure email or fax information regarding direct admission data sheet

Chronic Disease Management Reward

$75 in gift cards

Participate in care management services

60 days

Complete two target goals

Not available for business that sell tobacco and alcohol products

Post-Discharge & Care Management Home Visits

Provide in home visits to patients who do not meet criteria for HH	Home visits are done by a healthcare provider such as:	Care and services are billed by provider
• 9 visits in 90 days • 20 visits in a year	• EMT • Licensed Nurse • Medical Assistant • Therapist	• Billing codes based on type and amount of time with patient

Home Health Homebound

Implementing April 2022

Implement agreements with HHA Network

Creating workflows between HHA and Providers

Establish weekly census calls

In-Kind Benefits

Meals on Wheels

- Up to 30 days of meal delivery

Grocery Delivery

- $200 one-time benefit

Pet Food

- $50 one-time benefit

Transportation

- 6 trips annually

Non-covered medical equipment

- $200 max benefit

Total benefit per beneficiary = $500 per year

Cost Sharing for Part B Services

- Allows providers to eliminate beneficiary costs for Part B services for:
  - Transitional Care Management
  - Complex Care Management
  - Post-Discharge Home Visits
  - Care Management Home Visits

First ACO Town Hall of 2022

February 10th at 7:30-9am

Invites for all Town Halls to be sent out in December 2021.

What can you expect?

- Direct Contracting metrics – levers for success
- Performance reporting details
- Best Practices presentation
- NWMHP Care Management services

NWMOMENTUM
HEALTH PARTNERS

Open Forum

Thank You

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