

## **Implementation Plan for the 3-Day SNF Rule Waiver Benefit Enhancement**

### *General Overview*

NW Momentum Health Partners (NWMHP) supports alternative health models to improve care integration within the populations we serve. NWMHP has developed and maintained relationships with community health care providers to support transitional care services, including, but not limited to, Skilled Nursing Facilities (“SNFs”) focused on promoting the right level of service at the right time. The 3-Day SNF Rule Waiver Benefit Enhancement (“3-Day SNF Rule Waiver”) allows the beneficiary’s health care team to utilize the most appropriate level of care when the beneficiary’s condition warrants. Identifying beneficiaries prior to the beneficiary experiencing a catastrophic health event has been shown to improve health outcomes when nursing care and rehabilitative interventions are accessed at the right time. Additionally, beneficiaries provided with supportive and intensive comprehensive case management post discharge return home more quickly and are less likely to return to the hospital and/or ER.

NWMHP’s experience has shown that physicians and facilities utilize the 3-Day SNF Rule Waiver option. When the waiver is used, beneficiaries are not required to have the acute care stay which will reduce potential adverse effects of beneficiaries transitioning between an acute stay to a post-acute encounter. Reducing the need for an inpatient stay, the beneficiary benefits and the costs associated with an acute care stay are eliminated. Primary Care Providers (PCPs) have shown a willingness to consider this level of care for beneficiaries they would have otherwise sent to the hospital emergency department for possible admission as their only pathway to access daily rehabilitation or daily skilled nursing care for Medicare beneficiaries.

The ability to access the SNF from the community setting also allows intervention and treatment before an individual declines and/or has a significant event that requires an inpatient admission.

Utilizing the 3-Day SNF Rule Waiver improves beneficiary care, quality measures and beneficiary safety and ultimately lowers total Medicare expenditures,.

## **SECTION 1: GENERAL OPERATIONS INFORMATION**

### **1.1 Understanding and Definition of Beneficiary Eligibility**

Beneficiaries attributed to the NWMHP Direct Contracting Professional Model are eligible for utilization of the 3-Day SNF Rule Waiver when requirements are met for admission.

Requirements include CMS approval of the submitted implementation plan by NWMHP for utilization of the 3-Day SNF Rule Waiver, the admission is to an eligible SNF, and the beneficiary meets the eligibility requirements. Hospitals and Critical Access Hospitals with swing beds that are in the NWMHP network are included under the 3-Day SNF Rule Waiver if there is an agreement in place for waiver utilization.

In order for a beneficiary to be eligible to utilize this waiver, they must:

- 1) be aligned to the ACO at the time of admission,
- 2) not reside in a SNF or other long-term setting, (Independent and assisted living facilities are not defined as long-term care settings for the purpose of waiver eligibility.)
- 3) is medically stable,
- 4) has certain and confirmed diagnoses,
- 5) has been evaluated and approved for admission to the SNF within 3 days prior to the admission by a DC Participant or DC Preferred Provider (“DC Providers”).

6) does not require inpatient hospital evaluation and treatment, and

7) has an identified skilled nursing or rehabilitation need that they cannot receive as an outpatient,

## **1.2 System for Managing and Tracking Benefit Enhancement Services**

NWMHP has created documents and a workflow that allows for managing and tracking beneficiaries who have utilized the benefit. Prior to admission, the Participating or Preferred Provider and the SNF affiliate verify the beneficiary's eligibility. Verification of eligibility is performed through access to the population health tool used by NWMHP. Eligibility includes verification of alignment as well as criteria for skilled services. Completed verification forms including admission date, facility, and reason for admission are provided to NWMHP's Care Management department for review and record retention.

SNFs are required to provide weekly updates through the skilled stay regarding the beneficiaries' status and discharge plan. Upon discharge the facility notifies the NWMHP Care Management department and provides a copy of the discharge instructions to the Participating or Preferred Provider. Admissions to the SNF under the 3-Day SNF Rule Waiver are tracked through a log to identify admission date and discharge date along with additional information for evaluation of outcomes, reporting to CMS, and to help facilitate follow up care post-discharge.

Documentation of beneficiary utilization of the 3-Day SNF Rule Waiver is added in the population health tool to assist monitoring outcomes post-discharge and as a source of tracking utilization of the 3-Day SNF Rule Waiver for quality purposes.

### **1.3 Number of Beneficiaries Expected to Utilize the Benefit**

NWMHP has experience implementing the 3-Day SNF Rule Waiver under other model participation, in which we recognized an increase in utilization year-over-year, likely due to process improvements put in place.

The expected volume during the first year of participation in the Direct Contracting Model is anticipated to be lower than NWMHP has previously encountered due to changes in process and inclusion of new DC Providers. NWMHP anticipates about 10-15 waiver admissions during our first performance year (PY2022) leading to an increase in utilization (30-35 admissions per year) as the DC Providers continue to gain experience and knowledge.

## **SECTION 2. MANAGEMENT APPROACH**

### **2.1 Provision of Technical Assistance to Participants**

Education and technical assistance are provided for DC Providers regarding the availability and workflows for utilization of the waiver. Education provided to DC Providers includes, but is not limited to, webinars, written workflows, documents to support compliance for utilization, and provider-facing collateral with frequently asked questions. Technical assistance on how to complete forms and use tools to verify eligibility is also provided during webinars and upon request.

Ongoing technical assistance, particularly around the critical component of CMS reporting is made available to DC Providers as indicated. Providers are supplied with NWMHP staff member contact information to include phone, e-mail and fax to request further technical assistance as needed.

## **2.2 Infrastructure for Implementing the Benefit Enhancement**

NWMHP has incorporated a formalized focus on value-based care using the SNF CMS quality measures (QMs). PSW prioritized five quality measures that are checked quarterly for continued participation in the program.

*1. SNF star rating*

*2. Re-hospitalization rates*

*3. Pressure Ulcers*

*4. Emergency Room rates*

*5. Discharge to community rates (re-hospitalization post SNF-discharge)*

Determining the appropriateness of a SNF as the appropriate place of treatment for a beneficiary is a collaborative process between the PCP or hospitalist and the Care Management staff.

Services must meet applicable CMS coverage guidelines. Whether a service is a Skilled Nursing service is not determined by the caregiver that performs the service. Any service not listed as a Covered Service in the schedule of Covered Services and rates is not a Covered Service. The Beneficiary Evaluation and Admission Plan, as outlined below, ensures every beneficiary who receives covered SNF services under the 3-Day SNF Rule Waiver meets the following requirements and guidelines:

*The Beneficiary Evaluation and Admission Plan:*

- Requirements for a DC Provider to evaluate and approve admissions to a SNF affiliate, pursuant to the 3-Day SNF Rule Waiver and consistent with the beneficiary eligibility requirements Participation Agreement. Requirements include:
  - Examination by a physician according to CMS regulatory guidelines
  - The SNF will create a care plan within 24 hours of admission

NWMHP Direct Contracting Professional Model  
Implementation Plan for the 3-Day SNF Rule Waiver Benefit Enhancement

- Guidelines related to SNF communication with NWMHP and providing discharge notes to Primary Care Provider within 7 days of discharge;
- Guidelines for educating and training SNF affiliates regarding 3-Day SNF Rule Waiver requirements and the Communication plan, Patient Evaluation and Admission Plan, and Care Management Plan for purposes of the 3-Day SNF Rule Waiver.
- Requirements for admitting patients to a SNF directly from home or an outpatient setting under the 3-Day SNF Rule Waiver.
- Requirements for admitting patients to a SNF when it has been determined the beneficiary does not need the full 3-Day inpatient hospital stay.
- Guidelines for informing beneficiaries about the 3-Day SNF Rule Waiver and their options for care settings.

Benefit enhancement requirements are distributed through written and verbal communications.

NWMHP incorporates the 3-Day SNF Rule Waiver protocols into the annual contracts with SNF affiliates. NWMHP will provide regular trainings for DC Providers whereby feedback will be solicited, modifications made to communication procedures and to provide information sharing to improve safe transitions of care.

NWMHP promotes and facilitates optimum lengths of stays through regular meetings between care team staff and the SNF. Additionally, NWMHP ensures that all DC Providers are made aware of and follow CMS guidelines related to the 3-Day SNF Rule Waiver. NWMHP will continue to monitor patient care for a minimum of 30 days post SNF discharge. Beneficiaries can elect to be enrolled in ongoing Complex Care Management (CCM) if needed post discharge, which includes, but is not limited to, telephonic outreach, care planning, advocacy, health

education and home visits as needed.

NWMHP works with the SNF affiliate to identify a communication plan between the SNF and NWMHP that works for all parties. NWMHP works with the Admissions Director at each SNF affiliate regarding the admission process. The Admission Directors are responsible to ensure the beneficiary meets requirements to receive covered SNF services under the 3-Day SNF Rule Waiver, as described in the Participation Agreement. SNF affiliates are provided contact information for NWMHP to provide additional support as needed. NWMHP meets with SNF affiliates on a regular cadence to review outcomes following discharges for beneficiaries participating in the waiver to discuss best practices and potential improvement opportunities.

### **2.3 Integration into Operational Processes**

NWMHP has discretionary control over which facilities can participate with us in this waiver program to partner with DC Providers. In addition to following the CMS requirement that a facility must maintain a star-rating of 3 or above, NWMHP holds periodic joint operating committee meetings with our preferred SNF providers and facilitates communication between the facilities and the primary care team. NWMHP produces a quarterly report card for each facility which evaluates facilities on the following reportable metrics:

- Star ratings
- Hospital re-admission rate
- Discharge to community rate
- Emergency Department utilization rate

NWMHP also evaluates average length of stay and involves our internal Care Management team to lend support in facilitating successful transitions to home or next level of care.

## NWMHP Direct Contracting Professional Model Implementation Plan for the 3-Day SNF Rule Waiver Benefit Enhancement

DC Providers are required to complete admission orders and provide to the SNF affiliate prior to admission. If at any point in the referral process the accepting facility, evaluating physician or authorizing nurse case manager discovers that the patient is not an eligible beneficiary, has no skilled need or is not appropriate for the level of care which can be provided in the SNF, the referral is halted and an appropriate level of care or alternate treatment plan is pursued. Both the DC Provider and the accepting facility must review the completed checklist as part of the admission process. NWMHP reviews and retain copies of the SNF communication form and physician referral forms to ensure compliance of the admission process.

NWMHP tracks re-admission and Emergency Department (ED) visit rates for each contracted SNF affiliate. In addition to the overall rates, NWMHP separately tracks outcomes for beneficiaries who utilize the 3-Day SNF Rule Waiver. If a quality-of-care concern is identified, the incident(s) is discussed during the Direct Contracting Entity's ("DCE's") monthly Medical Director Meeting and/or the DCE's Physicians Advisory Council for evaluation to determine if follow-up action is required. Additionally, re-admission and ED rates and other outcome patterns are discussed with participating SNF affiliates at scheduled joint operating committee meetings.

### **2.4 Designated Implementation and Management Staff**

The Chief Nursing Officer ("CNO") is responsible for oversight and development of procedures for the 3-Day SNF Rule Waiver program. The Care Management department is responsible for managing workflows to ensure regulatory requirements for eligibility, and reporting criteria are met. The CNO is responsible to ensure the reporting requirements are completed and submitted to CMS per the 3-Day SNF Rule Waiver regulatory guidelines.



The Care Management department supports the admission process to the SNF and works with the facility to enhance safe discharges. Care Management staff have been trained in skilled services determination and Medicare SNF regulations regarding the 3-Day SNF Rule Waiver criteria.

## **2.5 Development of Standard Operating Procedures**

NWMHP has created a manual for utilization guidelines of the 3-Day SNF Rule Waiver. The operating procedures and guidelines are provided to DC Providers for reference and is accessible on the NWMHP portal. The Standard Operating Procedures (“SOP”) were developed based on measures to support communication across the care continuum to reduce risk of adverse outcomes to the beneficiary and to support transitional care needs. The SOP include information regarding process steps to ensure implementation meets regulatory requirements under the 3-Day SNF Rule Waiver. Processes include communication between the DC Providers, the SNF affiliates, and NWMHP. The SOP is reviewed and approved by the DCE’s Executive Leadership Team and Physician Advisory Council.

## **2.6 Systems Access**

NWMHP is committed to protecting the privacy and security of beneficiary data and communications pursuant to the 3-Day SNF Rule Waiver, with respect to all aspects of its operations and services to beneficiaries. As a threshold matter, all data and communications are governed by appropriate reciprocal agreements between NWMHP and its DC Providers that ensure the privacy and security of data, and the necessary implementation of all appropriate administrative, technical, and physical safeguards. These contractual obligations require use and disclosure of information in accordance with all applicable federal and state law rules, including CMS Data subject to the Data Use Agreement. The importance of diligence in data protection is

a point of emphasis in communications to all providers. NWMHP ensures that communications by and between beneficiaries, family and social supports, PCPs, hospitalists and SNFs respect the privacy concerns of beneficiaries by thoughtful inclusion of necessary parties to develop and implement fully integrated Care Management. As successful implementation of the 3-Day SNF Rule Waiver clearly requires timely and effective communication between multiple parties, NWMHP, as the coordinator of the process, can direct the communications within the framework of established policies and procedures that safeguard patient privacy.

DC Providers as well as SNF affiliates are provided access to the population health tool which incorporates the beneficiaries aligned to the Direct Contracting Model. Access to the population health tool requires an application process that is reviewed by and managed by a Systems Support Analyst and Compliance to ensure appropriate access roles and data permissions are given to each end user.

SNF affiliates are provided access only to the prospective or preliminary prospective beneficiary assignment list. Excluded beneficiaries are updated removed to ensure SNF affiliates can correctly identify beneficiaries eligible to receive Covered Services.

### **SECTION 3: PATIENT ENGAGEMENT**

#### **3.1 Availability of the Benefit Enhancement and Beneficiary Education**

Beneficiaries aligned to NWMHP under the Direct Contracting Model and who meet the criteria for skilled services will have access to the benefit enhancement. Beneficiaries will be provided information on availability of the benefit through the NWMHP website, CMS approved

collateral explaining the benefit enhancement, and individual education given by their DC Provider or through the Care Management department. CMS approved collateral provides information on the benefit enhancement including eligibility, how to access the benefit enhancement, and eligible facilities in their service area.

The DC Provider referring the beneficiary also discusses the benefit enhancement with the beneficiary and aids with utilization. The decision to seek a 3-Day SNF Rule Waiver is made between the beneficiary and the DC Provider, and the decision is based on medical stability and skilled need. DC Providers and local healthcare organizations have been provided information about the benefit to include the list of participating and eligible SNFs. The Care Management department assists with the referral process when necessary to ensure that the process complies with all essential elements in the 3-Day SNF Rule Waiver guidelines and implementation plan.

### **3.2 Verifying up-to-date Beneficiary Alignment**

Throughout the course of model participation, CMS will provide regular beneficiary alignment data to NWMHP. Data files received from CMS will be uploaded to the NWMHP population health tool, affording DC Providers the most current beneficiary eligibility information for utilization of the 3-Day SNF Rule Waiver throughout the performance year.

### **3.3 Handling Beneficiary Complaints**

Beneficiaries are provided information on how to contact NWMHP in the annual beneficiary notification letter. Additionally, DC Providers can offer this information at point of care. NWMHP staff, its DC Providers and its SNF affiliates are educated on how to identify a beneficiary complaint and the appropriate process of escalation and reporting, whether received verbally or in writing. Beneficiary complaints are forwarded to the Compliance Department for intake and investigation. Complaints are reviewed within 5 business days to determine the best

course of action, with additional evaluation completed by the DCE's CNO, Medical Director or other subject matter experts as needed. If immediate health and safety concerns are brought forward, the reviews are completed within 1 business day. The Compliance Department will report the number of beneficiary complaints and any identified trends to the DCE's Executive Leadership Team and the Board of Directors on a regular basis. Beneficiary complaints of a health and safety concern may be referred to the DCE's CNO, the Medical Director and/or the DCE's Physicians Advisory Council for review and potential clinical action.

To proactively monitor for beneficiary concerns, the Care Management department will mail satisfaction surveys upon discharge from the SNF with a self-addressed stamped envelope to allow beneficiaries the opportunity to provide feedback regarding their experience during utilization of the waiver. Survey data collected from beneficiaries will be shared with the DCE's Board of Directors and Physician Advisory Council on an annual basis. Any complaints identified through the beneficiary satisfaction survey will be routed through the standard complaint process outlined above.

## **SECTION 4: COMPLIANCE APPROACH**

### **4.1 Tracking and Monitoring Services Provided**

The Care Management team will report and document all 3-Day SNF Rule Waiver utilization according to program data specifications. The DCE's CNO will monitor outcomes and appropriate utilization of the waiver as part of the quality program. Education will be provided to DC Providers based on findings from the quality review process. The Compliance Officer

will ensure compliance with the requirements of the Participation Agreement and 3-Day SNF Rule Waiver guidance through auditing, monitoring, and claims analysis.

#### **4.2 Management of up-to-date Provider Records and Agreements**

Provider Agreements and records are managed and maintained by the Compliance Department in conjunction with the DCE's Provider Network Coordinator. Mid-year, ad-hoc inclusions and terms will be evaluated by Compliance and the Provider Network Coordinator to ensure accuracy of DC Provider rosters and confirm fully executed Participant Agreements are in place.

#### **4.3 Claims Analysis**

Claims data files for aligned beneficiaries will be provided to NWMHP by CMS on a regular basis. NWMHP's Compliance department will review claims data on a regular basis against the Care Management utilization logs for accuracy. Additionally, claims data will be evaluated for indicators of misuse, inappropriate admissions, and quality standards to verify adherence to the implementation plan.

#### **4.4 Outcomes Analysis**

A review of outcomes for beneficiaries participating in utilization of the 3-Day SNF Rule Waiver is completed on a regular cadence. The outcomes analysis includes, but is not limited to, acute care utilization within 6 months prior to the SNF admission and 6 months post discharge from the SNF setting. Acute care utilization includes both emergency department visits and inpatient stays. The outcomes analysis also includes the beneficiary's perception of their own health and wellness, and if they agree that the SNF stay improved their overall wellbeing. Beneficiaries are also evaluated for frequency of provider visits both prior to admission and post-discharge in correlation to their outcomes for acute care utilization.

#### **4.5 Long-term Records Retention and Maintenance**

NWMHP shall maintain and provide access to records and data related to utilization of the 3-day SNF Rule Waiver, costs, quality performance reporting and financial arrangements.

Additionally, NWMHP shall maintain and require all DC Providers, individuals and entities performing functions or services related to DCE Activities to maintain such records and/or other evidence for a period of 10 years from the expiration or termination of the Participant Agreement.