Implementation Plan for the Care Management Home Visit Waiver

General Overview

The Care Management Home Visit Waiver ("CMHV Benefit") provides beneficiaries the ability to receive home visits performed by auxiliary personnel under a physician's general supervision. Utilization of the waiver is determined based on beneficiary risk of hospitalization, unnecessary ER visits, non-adherence to treatment or medication regimens and to address social determinates of health negatively impacting health outcomes. The CMHV Benefit waives the requirement that services and supplies must be provided under the direct supervision of the physician.

The CMHV Benefit is expected to support beneficiary health outcomes and reduce unnecessary healthcare costs. The CMHV Benefit will provide beneficiaries additional support in the management of chronic disease conditions and education for self-care. Direct Contracting (DC) Providers utilizing the waiver will provide follow up care and services to DC beneficiaries in their home to support resolution of health problems or interventions for preventive care services.

SECTION 1: GENERAL OPERATIONS

1.1 Understanding and Definition of Beneficiary Eligibility

Beneficiaries eligible for utilization of the waiver are required to meet the requirements of the benefit enhancement. Beneficiaries must be aligned to NWMHP Direct Contracting Entity ("DCE") at the time of enrollment and maintain alignment for the duration of the services provided under the waiver. In addition to alignment, the beneficiary must meet the following requirements to participate in services.

- The beneficiary is receiving care and services under a Direct Contracting Participant or Direct Contracting Preferred Provider ("DC Providers").
- Beneficiary has been determined to be at risk of hospitalization by their DC Provider based on their professional assessment.
- Beneficiary does not qualify for Medicare coverage of home health services or qualifies for Medicare coverage of home health services based on living in a medically underserved area.
- Services under the benefit enhancement are provided in the beneficiary's home by personnel who are under the general supervision of the DC Provider.
- Beneficiary is not receiving services under the Post-Discharge Home Visit Benefit Enhancement or the Home Health Homebound Waiver Benefit Enhancement.

1.2 System for Managing and Tracking the Benefit Enhancement

NWMHP has created documentation requirements to be submitted to NWMHP Care Management Department. Documentation requirements include the evidence of verification of alignment prior to services being rendered. Tracking forms also identify dates of visits with information regarding personnel completing the visit, care and services provided during the visit, assessment type completed, and patient needs identified. Information submitted will also include reasons for discontinuation of visits and as applicable the rationale why home visits were not implemented for qualified beneficiaries.

DC Providers implementing the benefit enhancement will be required to submit documents demonstrating eligibility requirements were met and the provision of services met the guidelines under the regulatory requirements of the waiver no less than quarterly. DC Providers will have

access to the population health tool for documentation into the care management platform to provide further tracking information and support ability to evaluate health outcomes.

1.3 Number of Beneficiaries Expected to Utilize the Selected Benefit

It is anticipated that NWMHP will have a low volume of DC Providers who will implement the CMHV Benefit during PY2022, predicting that between 10-25 beneficiaries will enroll in the program during the first performance year. NWMHP supports the care management activities for a large number of the smaller DC Provider Groups who lack the infrastructure to implement the program. NWMHP anticipates that the number of DC Providers implementing the CMHV Benefit will grow with each participation year as we develop the experience and resources required to expand the program.

NWMHP has designed its other benefit enhancements, such as the Chronic Disease Management Reward and the Part B Cost Sharing Support, to complement and aid implementation of the CMHV Benefit. As NWMHP continues in the Direct Contracting Model and works with our DC Providers to educate and develop protocol, we expect that our utilization of the CMHV Benefit will double during the second year of implementation.

SECTION 2: MANAGEMENT APPROACH

2.1 Provision of Technical Assistance to Participants

NWMHP has provided individualized support regarding the requirements of the program, coding and reporting for the utilization of the CMHV Benefit. NWMHP has long-standing, collaborative relationships with its DC Providers and maintains knowledgeable staff available to assist with the transitions of care, answer questions and remediate concerns. NWMHP produces regular

educational events and communications for DC Providers including webinars and collateral. The DCE's Medical Directors engage providers as needed to discuss individual beneficiary complex care needs and opportunities for additional services to support health and well-being to include the use of the CMHV Benefit, as applicable.

NWMHP has developed standard workflows for use of the CMHV Benefit based on requirements of the waiver utilization. The workflows provide the foundation for the use of the CMHV Benefit to support the beneficiary access to care proactively and in advance of potential hospitalization. NWMHP will provide education and training materials to DC Providers to facilitate engagement. The tools developed will assist providers with understanding qualifications of the waiver and implement the appropriate steps to utilize the waiver on behalf of their aligned beneficiary.

2.2 Infrastructure for Implementing Care Management Home Visit Benefit

DC Providers will be responsible for ensuring appropriate staffing for the implementation of the benefit enhancement. NWMHP has developed workflows and training tools to support DC Providers who desire to implement the waiver. The Chief Nursing Officer ("CNO") has set up meetings with the care management teams for DC Provider Groups to provide education and guidance for implementing the benefit enhancement. Educational resources have been set up to assist DC Providers with oversight of staff performing the home visits.

NWMHP's population health tool has been updated to include the ability to track beneficiaries who have been offered visits under CMHV Benefit for compliant documentation of utilization under the waiver. The tool has the capability to provide reports regarding those who have received services and outcomes related to acute care utilization.

2.3 Integration into Operational Processes

DC Providers will be provided tools to identify potential candidates for the CMHV Benefit. Beneficiaries identified as candidates based on the eligibility requirements will be referred to the DC Provider's Care Manager to offer and set up services. The Care Management Team will be notified by the DC Provider of the goal and identified needs supporting the home visits. Care Managers will work with beneficiaries to coordinate the home visits with the appropriate personnel identified to meet their health care needs. Care Managers will be responsible to complete the necessary tracking forms to document utilization and communicate outcomes of the visits to the DC Provider.

DC Providers may utilize NWMHP's population health tool to identify beneficiaries who will qualify for CMHV Benefit through risk stratification to identify beneficiaries eligible for the program. Care Managers will work with DC Providers and their auxiliary personnel under general supervision to ensure beneficiaries qualify for services and that the services are delivered according to CMS guidelines for waiver utilization. Care Managers will be responsible to work with the beneficiary's DC provider to establish care plans. The Care Managers will ensure the DC Provider has been supplied a copy of the care plan that has been agreed upon by the beneficiary as well as provide regular updates regarding outcomes of the visits. The Care Manager will also assist the beneficiary with setting up follow up appointments with the DC Provider as indicated.

Documentation of the CMHV Benefit visits and care plan will be completed and shared with the DC Provider as required under the waiver. Information from the documentation will also be used to track outcomes for reporting purposes to the DCE's Physician Advisory Council.

2.4 Designated Implementation and Management Staff

The CNO is responsible for the development and implementation program to support utilization of the CMHV Benefit. The CNO works with the DCE's Chief Medical Officer and Medical Directors for activities related to the delivery of medical care and clinical services such as cost management, utilization review, quality assurance and medical protocol development. The Care Management Team promotes a collaborative process that assesses health plans, implements, coordinates, monitors, and evaluates the options and services required to meet the care of the beneficiary. The Care Management Team works with community partners and healthcare providers to enhance communication, collaboration and integration across the continuum of care. The Compliance Department provides oversight of the program related to reporting, adherence to the regulatory requirements established under DCE's Participation Agreement and adherence to this Implementation Plan. The Compliance Department contributes to the development of the implementation plan and evaluates workflows to ensure compliance with the documentation requirements of the waiver.

2.5 Development of Standard Operating Procedures

Beneficiaries identified as meeting the needs and services as outlined in the guidelines of the waiver will be supervised by their DC Provider. The provider will supervise the CMHV Benefit and development of goals and interventions. A Nurse Care Manager will be responsible for providing oversight and direction to ensure appropriate services are provisioned based upon the beneficiaries' needs and requirements under the waiver. Through the Care Management program beneficiaries receive support and services for the following, as needed based upon assessment and collaborative care with the supervising DC Provider:

- Development of a care plan based on patient needs assessment.
- Evaluation of medical history information to determine the need for or follow-up on pending diagnostic tests and treatments.
- Development of a communication plan between clinician and primary care provider as well as a communication plan with other health care professionals who will assume or reassume care of the beneficiary's system-specific problems.
- Provider or licensed staff under general supervision will provide education to the beneficiary, family, guardian, and/or caregiver; and establish or re-establish referrals and arrange for needed community resources as well as assist in scheduling required follow-up with community providers and services.
- Medication reconciliation and support of treatment regimen and adherence.
- Support from Nurse Care Managers, and Care Navigators as needed

Case Managers reviewing beneficiaries at potential risk based on risk assessment reviews, will outreach to DC Providers to refer beneficiaries for engagement in the CMHV Benefit. The risk assessment review may include, but is not limited to, risk stratification scores, missing preventive services based on open gaps in care or alteration in health based on lab values or diagnostic testing results.

The HCPCS codes for billing Care Management services by preferred providers or participants eligible to use the waiver will be G0076 –G0080 depending on the length of time for the new patient visit between 20-60 minutes. The codes G0081-G0085 will be used for established patients receiving home visits depending on the minutes and classification of the visit. The HCPCS codes G0086 and G0087 will be used for care management home care plan oversight as needed based on level of engagement of 30 or 60 minutes.

2.6 Systems Access

NWMHP is committed to protecting the privacy and security of beneficiary data and communications pursuant to the CMHV Benefit, as it is 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 to 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, and hospitalists 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 CMHV Benefit may require timely and effective communication between multiple parties, NWMHP, as the coordinator of the process, can direct communications within the framework of established policies and procedures that safeguard patient privacy.

DC Providers are issued access to the population health tool which grants access to the NWMHP aligned beneficiaries. Access to the population health tool requires an application process that is reviewed by the Compliance Department and managed by the Systems Support Analyst to ensure end users are set up appropriately with roles and data access privileges.

SECTION 3: PATIENT ENGAGEMENT

3.1 Availability of the Care Management Home Visit Benefit and Beneficiary Education

Beneficiaries are provided information relative to their alignment with NWMHP in addition to available benefit enhancements in the annual beneficiary notification letter.

Beneficiaries will also be made aware of the program through their DC Provider or through the NWMHP Care Management program. Beneficiaries will be educated on the CMHV Benefit qualification criteria to include the development of care treatment plans and access to up to twenty visits during the performance year. Beneficiaries will be informed of their right to decline services if desired. Beneficiaries will be provided information to allow for informed decision making to include participation in development of care plan goals and interventions, and communication with the beneficiaries' DC Provider by the Care Manager. NWMHP provide CMS approved communications to beneficiaries to include updates posts to the NWMHP website, collateral mailed to beneficiaries or supplied by DC Providers at the point of care.

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 Providers the most current beneficiary eligibility information for utilization of the CMHV Benefit 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 service. NWMHP staff and its DC Providers are educated on how to identify a 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 executive leadership and the Board on a regular basis. Beneficiary complaints of a health and safety concern may be referred to the CNO, the Medical Director and/or the Physicians Advisory Council for review and potential clinical action.

SECTION 4: COMPLIANCE APPROACH

4.1 Tracking and Monitoring Services Provided

NWMHP will set up a workflow for DC Providers to report utilization of the waiver. Reporting will include tracking forms and documentation to support the requirements set forth under the waiver. NWMHP will keep a tracking log to include verification of the components required under the benefit are met. Any identified gaps in documentation or information recorded will be addressed through continued education and support.

The Compliance Department will review the tracking tool to ensure compliant documentation, that the outcomes form is completed and for reporting necessary documentation to CMS regarding utilization of the CMHV Benefit.

4.2 Management of up-to-date Provider 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 the Compliance Department 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

CMS provides regular claims data to NWMHP throughout the performance year. Claims for services rendered will be billed to CMS under HCPCS codes G0076 – G0087. NWMHP will use claims analysis to evaluate the cost of services, trends for utilization and outcomes. Compliance will evaluate claims data against the utilization tracking and submissions to CMS to validate utilization and monitor for misuse or waste.

4.4 Outcomes Analysis

NWMHP tracks re-admission and emergency department (ED) visit rates for each beneficiary with the ability to separately track outcomes for beneficiaries who utilize the CMHV Benefit. If a quality-of-care concern is identified the incident(s) will be discussed in the DCE's Physician Advisory Council and the committee will be responsible for determining if any follow-up action in conjunction with the Compliance Department. Additionally, NWMHP will discuss re-admission and ED rates and other outcome patterns with DC Providers at scheduled joint operating committee meetings.

Findings regarding outcomes analysis will include evaluation of reduction in acute and post-acute care utilization for populations using the waiver versus those that qualified but did not

receive the waiver. Information from analysis of outcomes will be shared with DC Providers to demonstrate outcomes of CMHV Benefit utilization.

4.5 Long-term Records Retention and Maintenance

NWMHP shall maintain and provide access to records and data related to utilization of the CMHV Benefit, 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.