Implementation Plan for the Home Health Homebound Waiver Benefit Enhancement

General Overview

The Home Health Homebound Waiver Benefit Enhancement ("Home Health Homebound Waiver") waives the requirement that a Medicare beneficiary aligned to a Direct Contracting Model must be considered home bound to a home or an institution that is not a hospital, skilled nursing facility, or nursing facility to qualify for home health services. As a Direct Contracting Entity ("DCE"), NW Momentum Health Partners ("NWMHP") will implement the Home Health Homebound Waiver with eligible home health providers to support the healthcare needs of the beneficiaries aligned with NWMHP.

The use of the waiver allows beneficiaries to receive support services that are focused on their underlying health condition(s) or comorbidities versus their functional limitations. Providing home health services to those with chronic conditions is aimed to reduce the risk of avoidable admissions or emergency department utilization and improve overall health and wellbeing.

SECTION 1: GENERAL OPERATIONS

1.1 Understanding and Definition of Beneficiary Eligibility

Beneficiaries eligible for the Home Health Homebound Waiver must:

1. Be aligned to the NWMHP Direct Contracting Professional Model program at the time of the home health certification or within the grace period allowed under the waiver. The beneficiary must meet alignment requirements upon enrollment and during utilization of the waiver.

2. Not be currently receiving services under the Post Discharge Home Visit Benefit Enhancement or the Care Management Home Visit Benefit Enhancement.
3. Qualify for home health services under 42 C.F.R. 409.42 except that the beneficiary is not confined to the home under subsection (a); and
4. Meet the following criteria:
    - Have two or more chronic conditions; AND
    - Have at least one of the following three criteria:
        - Inpatient service utilization, defined as at least one unplanned inpatient admission or emergency department visit within the last 12 months.
        - Frailty, defined as a score that meets or exceeds the threshold on a frailty scale specified by CMS
        - Social isolation, defined as the absence or weakness of a social network, and the absence or weakness of resources provided by other persons or institutions. A social network is described as social interactions or relationships with others.

Beneficiaries with diagnoses of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Renal disease or Depression or other mental health condition will be targeted for potential utilization of the waiver.

NWMHP plans to implement the Home Health Homebound Waiver with multiple home health agencies. To meet the requirement for assessing beneficiary frailty, NWMHP will require home health agency affiliates to identify the type of assessment and scores they use based on the listed assessments approved by CMS under the waiver. The requirement for assessing frailty and

scores for determination will be included in Agreements between NWMHP and the home health agency affiliate.

Beneficiary social isolation will be met through an assessment requirement by the home health agency affiliates. Home health agencies will be required to provide a copy of the assessment they will use to determine social isolation prior to an Agreement being implemented to ensure eligibility requirements are met according to CMS guidelines.

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 Tools include evidence of verification of eligibility and rationale for utilization of the waiver. NWMHP monitors beneficiaries using a population health tool to identify outcomes and for reporting purposes. Claims information will also be used to verify accuracy of tracking and outcomes.

The DCE's Post-Acute Management Team will meet with home health agency providers weekly to review those beneficiaries utilizing the waiver and evaluate outcomes of utilization. The weekly meetings will allow NWMHP to receive updates and validate accuracy of tracking the beneficiaries participating in home health services. Weekly meetings with providers are documented in the DCE's population health tool.

1.3 Number of Beneficiaries Expected to Utilize the Benefit Enhancement

The number of beneficiaries expected to utilize the benefit enhancement during the first year is under 25 as NWMHP works with DC Participant or DC Preferred Providers ("DC Providers") to understand and incorporate workflows. It is expected that as the DC Providers become proficient in using the waiver and partnerships with home health agencies expand the beneficiaries will have greater opportunity to utilize the benefit. NWMHP will use analytics to

identify potential candidates as well as evaluate their needs through transitional care services after discharges from emergency room visits, acute and post-acute inpatient stays.

SECTION 2: MANAGEMENT APPROACH

2.1 Provision of Technical Assistance

Education and technical assistance are provided for DC Providers regarding the availability and workflows for utilization of the waiver. Education to DC Providers includes, but is not limited to, webinars, written workflows, documents to support compliance for utilization, and provider-facing flyers 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 by DC Providers as needed.

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

2.2 Infrastructure for Implementing the Benefit Enhancement

NWMHP will implement the benefit enhancement by having the established foundational components necessary for building workflows and strategies needed for successful outcomes. NWMHP has long-standing weekly engagements with home health agencies occurring to support beneficiaries with transitions of care. NWMHP has established relationships with acute and skilled nursing facilities to support the identification and implementation of the benefit enhancement. Engagement and a support program have also been created for DC Providers. Stakeholders involved in the coordination of the benefit have established meetings and

opportunities to work together to communicate and determine appropriate workflows including adequate documentation needed to meet regulatory requirements. Stakeholders currently have access to the population health tool to support evaluation of eligibility through alignment.

2.3 Integration into Operational Processes

NWMHP requires that eligible home health agencies submit a claim for services furnished to DC Beneficiaries under the Home Health Homebound Waiver on or after April 1st, or as approved for implementation by CMS. Home health agency providers must be in compliance with all of the following to participate in utilization of the waiver.

1. They are a home health agency that is a DC Participant Provider or Preferred Provider
2. The agency is designated on the DC Participant Provider List or Preferred Provider List submitted in accordance with Article IV as participant in the Home Health Homebound Waiver Benefit Enhancement.
3. The agency is approved by CMS according to the regulatory requirements under the waiver as identified in Section 10.06 B of the Participation Agreement.

NWMHP has created tools and workflows for the evaluation of beneficiaries to ensure that DC Providers do not substitute home health services for in-person services when in-person services are more clinically appropriate. Tools and workflows also provide guidance and oversight to ensure that only medically necessary home health services are provided and are not used to prevent or deter a Beneficiary from seeking or receiving inpatient care when medically necessary.

The documentation of the criteria defined as being eligible for services in the implementation plan and by CMS are maintained by NWMHP according to the regulatory requirements under the waiver.

Beneficiaries receiving services will demonstrate they have met the requirements for home health services excluding the provision of requiring they are defined as homebound. Home health providers will supply documentation demonstrating requirements met to CMS as required under the waiver.

2.4 Designated Implementation and Management Staff

The Chief Nursing Officer ("CNO") is responsible for oversight and development of procedures for the Home Health Homebound Waiver program. The Care Management department is responsible for oversight of 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 waiver regulatory guidelines.

The Care Management department supports the admission process to home health services and works with the home health agency to enhance safe discharges. Care management staff have been trained to understand implementation guidelines related to the utilization of the waiver criteria and documentation requirements.

The Care Management department is responsible for tracking utilization of the waiver, requesting documentation for monitoring outcomes, and performing weekly collaborative meetings with the home health agency partners.

2.5 Development of Standard Operating Procedures

NWMHP has created standard operating procedures for utilization guidelines of the waiver. The operating procedures and guidelines are provided to DC Providers for reference and are available on the NWMHP portal. The Standard Operating Procedures (SOP) were developed based on measures to support communication across the care continuum, to reduce the risk of adverse outcomes to the beneficiary, and to support transitional care needs. The SOP includes

information regarding process steps to ensure implementation meets regulatory requirements under the waiver. Processes include communication between the DC Providers, the home health agency affiliates, and NWMHP. The SOP is reviewed and approved by the DCE's Executive Leadership Team and Physician Advisory Council.

2.6 System Access

NWMHP is committed to protecting the privacy and security of beneficiary data and communications pursuant to the Home Health Homebound Waiver, 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. These agreements ensure the privacy and security of data and the necessary implementation of all appropriate administrative, technical and physical safeguards are in accordance with HIPAA and CMS requirements. 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 home health agencies 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 Home Health Homebound 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 home health agency affiliates are issued access to the population health tool which grants limited access to 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.

Home health agency affiliates are provided access only to the prospective or preliminary prospective beneficiary alignment list. Excluded beneficiaries are removed from the alignment list regularly to ensure home health agency affiliates are able to correctly identify beneficiaries eligible to receive Covered Services.

SECTION 3: PATIENT ENGAGEMENT

3.1 Availability of the Benefit Enhancement and Beneficiary Engagement

The Care Management Team members and DC Providers have been educated on the eligibility requirements for utilization of the benefit enhancement. Collateral regarding eligibility will be available to DC Providers on the NWMHP portal. CMS approved beneficiary facing collateral will be made available to beneficiaries through Participating and Preferred Providers and partnering healthcare facilities and agencies. Beneficiaries will have access to NWMHP's Care Management Team to make inquiries regarding the benefit and to support coordination of services as indicated. Beneficiaries will be educated on the benefit by the Care Management Team members and DC providers as indicated based on identified need and eligibility.

3.2 Verifying up-to-date Beneficiary Alignment

DC Providers receive access to the DCE's population health platform which provides real-time eligibility information regarding aligned beneficiaries. The population health platform used to confirm eligibility utilizes CMS alignment files and monthly exclusion file updates. DC Providers may also call NWMHP directly to verify eligibility status.

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 Home Health 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.

SECTION 4: COMPLIANCE APPROACH

4.1 Tracking and Monitoring Services Provided

NWMHP will track utilization of the benefit enhancement through weekly engagements with home health agency affiliates and verification forms submitted by referring providers. Services will be monitored through the weekly engagements with the home health agency affiliates. Weekly engagements will include goals of home health services, status updates, and anticipated length of service needed. Care Management will receive records and review to ensure services meet requirements under the waiver and the beneficiary is receiving the right level of care at the right time to support health outcomes.

4.2 Management of up-to-date 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

NWMHP has access to claims files received from CMS and can complete a comparative claims analysis for those beneficiaries who have received home health services against documentation maintained and tracked by Care Management. Analysis of outcomes of those who received home health services compared to the outcomes of those who received services under the waiver is available through the population health tool.

NWMHP uses claims data to develop and provide scorecards to home health agency affiliates which will be shared quarterly. Data on scorecards includes readmissions, length of stay and cost of care compared to their peers. Scorecards also track home health agency quality ratings.

4.4 Outcomes Analysis

NWMHP uses a population health tool that allows for the analysis of outcomes for those that utilized the benefit enhancement. Analysis through claims reporting and documentation in the population health tool will allow for evaluation of effectiveness to improve health outcomes. To identify utilization of the waiver, NWMHP will use as the denominator, all beneficiaries who discharged home without home health services with the numerator defined as those who discharged home without home services and participated in the utilization of the waiver. For further analysis, beneficiaries who participate in the benefit enhancement will be used as the denominator and those that have a readmission during the services provided will be defined as the numerator for evaluation of readmissions. A comparison between the readmission rate of those that discharged home and received home health services not under the waiver and a comparison of the readmission rate of those that discharged home without any services will be both be compared to the readmission rate of those that received services under the waiver. The outcomes analysis will be evaluated a minimum of bi-annually and reported to the DCE's Physician Advisory Council and the Board of Directors when there has been utilization of the waiver.

Outcome's analysis will also include a review of those who received services under the waiver following a discharge from acute care, skilled nursing facility and those who were enrolled based on risk factors. Evaluation of utilization trends for a period of six months pre and post utilization

for those utilizing the waiver will be included in the metrics. It is anticipated that there will be a significant decrease in utilization post utilization.

4.5 Long-term Records Retention and Maintenance

NWMHP shall maintain and provide access to records and data related to utilization of the Home Health Homebound 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.

4.6 How NWMHP will Use the CMS Eligibility Criteria to Maintain Compliance

NWMHP will use eligibility criteria to create an eligibility verification form that will be required prior to utilization of the waiver. A copy of the Home Health Homebound Waiver Guideline check list will also be required for submission by the home health agency affiliate to demonstrate clinical assessment meets eligibility requirements. The eligibility verification form and Home Health Homebound Waiver Guidelines check list will demonstrate that beneficiaries provided services under the waiver met CMS requirements. Through the tracking and monitoring process, NWMHP will have ability maintain compliance and be a resource to providers with questions regarding use of the benefit enhancement.

The Compliance Department will audit processes and documentation to ensure NWMHP remains compliant with following CMS eligibility criteria, the CMS approved implementation plan and is adherent with reporting guidelines to CMS.