

Implementation Plan Part B Cost Sharing Support Beneficiary Engagement Incentive

General Overview

NW Momentum Health Partners (NWMHP) is committed to reducing Medicare expenditures while improving beneficiary quality of care. The Implementation Plan Part B Cost Sharing Support Beneficiary Engagement Incentive (“Cost Sharing Support Benefit”) is expected to fulfill those objectives by supporting beneficiary engagement into additional services to support their health outcomes provided through care management programs. Implementation of the waiver’s primary aim is to support beneficiaries who have limited resources, high-cost medical needs, and need support such as education or interventions to address social determinants of health. The Cost Sharing Support Benefit will provide beneficiaries the opportunity to engage in services to reduce risk of adverse effects from chronic disease and improve health and wellness they may have otherwise declined due to financial barriers.

SECTION 1: GENERAL OPERATIONS INFORMATION

1.1 Understanding and definition of beneficiary eligibility

Beneficiaries are eligible for utilization of the Cost Sharing Support Benefit based upon alignment with the NWMHP Direct Contracting Entity (“DCE”) and their Primary Care Provider (“PCP”) has executed an Agreement for utilization of the waiver. Eligible beneficiaries include those without Medicare supplemental insurance, beneficiaries experiencing high health care costs, or beneficiaries who require certain Part B services, the receipt of which could reduce the individual’s overall health care costs. The beneficiary’s financial status is not an eligibility factor.

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Beneficiaries' ability to participate in the utilization of the Cost Sharing Support Benefit is dependent on the participation of their DC Provider. A DC Provider is not obligated to participate in the Cost Sharing Support Benefit as a condition of participation in the Direct Contracting Model.

Beneficiaries meeting the eligibility requirements for Cost Sharing Support Benefit and receiving services for the Care Management Home Visit Benefit Enhancement, Post-Discharge Home Visit Benefit Enhancement, Transitional Care Management, Chronic Disease Management and/or Complex Care Management billed services are eligible. Part B costs associated with diagnostic testing, medical equipment or prescription drugs will not be included. Services and eligibility will be consistently applied to each participating DC Provider for their aligned beneficiaries. Beneficiaries will only be eligible for waiver of the cost sharing for services that are offered by their DC Provider.

1.2 System for Managing and Tracking Services

DC Providers will be required to submit a monthly report to NWMHP. Documentation submission is to be provided to NWMHP through secure email. The Compliance Department reviews information and provides feedback as necessary to ensure documentation meets guidelines established.

Minimum documentation on the monthly report includes the beneficiary's name, Medicare identifier number, date of birth, primary diagnosis, CPT or HCPCS, description of the service provided, date service provided, dollar amount of cost share waived, DC Provider who furnished the service, rendering Provider NPI, and a brief description of the how the services supported the beneficiary's clinical goal(s).

1.3 Advancement of Clinical Goals

The goal of implementing the Cost Sharing Support Benefit program is to promote utilization of high value services, incentivize aligned beneficiaries to continue receiving their care from their current PCP and increase beneficiary satisfaction. Beneficiaries receiving services for Transitional Care Management, Chronic Disease Management, or Complex Care Management services will be required to meet the requirements under CMS billing and not limited based on diagnosis for a chronic disease.

The goal of the programs offered for the utilization of the waiver are designed to work towards one or more of the following clinical goals: adherence to a treatment and drug regimens, adherence to a follow-up care plan, or management of a chronic disease or condition.

1. Adherence to a treatment or drug regimen.

Participating beneficiaries will receive a medication review to include evaluation of adherence of their prescribed treatment plan and drug regimen. As part of the initial assessment, beneficiaries will be evaluated for potential risks factors related to adherence that include but are not limited to: ability to pay for prescribed medications and/or treatments ordered by their PCP, ability to manage administration schedule, ability to complete treatment(s) according to standards for best efficacy, ability to obtain prescribed medications and treatments related to transportation, and to evaluate understanding of medications and treatments to manage chronic disease. Beneficiaries will be provided the ability to work with nurses, health care coaches, or other interdisciplinary members in conjunction with their provider to support interventions to reduce social determinants of health affecting treatment and drug adherence.

2. Adherence to a follow up care plan.

Beneficiaries will have a developed care plan that is mutually agreed upon to support their desired health outcomes and interventions to support adherence. Beneficiaries will be evaluated to identify potential barriers to adherence and follow through on interventions to meet health care goals. Care plan interventions will address identified barriers to support successful achievement and reduce risk factors for non-adherence. Barriers to meeting care plan goals are to be evaluated using a holistic framework. Beneficiaries enrolled in care management services that are applicable to the Cost Sharing Support Benefit may also qualify for additional benefit enhancements offered and will be educated on qualifications. Beneficiaries must meet the criteria to receive additional benefits, items, or services based on their individual program policies and procedures.

3. Management of a chronic disease or condition.

NWMHP will use the Cost Sharing Support Benefit to reinforce the management of chronic diseases or conditions for beneficiaries participating in Transitional Care Management, Chronic Disease Management, Complex Care Management, Post-Discharge Home Visits, or Care Management Home Visits. The purpose of the care management services, and the Home Visit Waivers is to support beneficiaries with management of chronic disease through educating and assistance with self-care.

1.4 Number of Beneficiaries Expected to Utilize the Benefit

The development of the Cost Sharing Support Benefit is aimed to provide support to beneficiaries that would be required to pay a cost share for receiving care management services provided by DC Providers care management programs. DC Providers with care management

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staff perform services in alignment with the criteria for the billing of those services. For DC Providers that do not have the ability to perform care management services covered under the waiver receive support through NWMHP's Care Management Team. NWMHP provides the ability for beneficiaries to receive care management services are not subject to traditional billing, thus beneficiaries who receive care management services through NWMHP would not benefit from this waiver.

NWMHP estimates 50-100 beneficiaries will access the Cost Sharing Support Benefit during the first performance year. This number is anticipated to increase as DC Providers develop processes to provide the care management services that are applicable to the waiver of cost share. The DCE's goal is to provide support to DC Providers to develop and implement their own robust care management programs

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 Cost Sharing Support Benefit. The implementation plan is reviewed and approved by the Compliance Officer, the DCE's Chief Medical Officer and the Physician Advisory Council.

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 reporting is made available to DC Providers as indicated. DC Providers are given NWMHP staff member contact information to include phone, e-mail and fax to request further providing technical assistance

2.2 Infrastructure for Implementation

The Cost Sharing Support Benefit policies and procedures have been created in alignment with NWMHP's mission to support health and well-being within our community and to reduce excessive costs of health care services while addressing safety. The policies and procedures provide the foundation to support beneficiary access to care proactively and in advance of potential hospitalization. Procedures include defined beneficiary eligibility (alignment at the time of the service) and outline the required documentation for utilization of the waiver.

Dissemination of procedures are done through engagement to DC Providers and a dedicated web portal, accessible by all DC Providers. NWMHP will ensure DC Providers have information regarding criteria for utilization and the procedures for implementation to support use of the benefit enhancement. NWMHP has created informational flyers to support awareness of procedures when using the benefit enhancement to ensure it meets CMS requirements.

Guidelines related to the Cost Sharing Support Benefit will be included in executed agreements with providers and maintained by NWMHP.

2.3 Integration into Operational Processes

NWMHP will engage DC Providers to educate them on the available program and guidelines for implementation of the waiver. Implementation of Cost Sharing Support Benefit program is designed to support needed care management services for beneficiaries with new or current diagnoses of chronic conditions or interventions to support those at risk for complications due to existing chronic disease.

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NWMHP will not reimburse DC Providers for the amount of the cost share waived. A Cost Sharing Support Benefit Agreement will be required to be in place with DC Providers who plan to utilize the waiver. The covered services under this waiver shall include all covered Medicare FFS HCPCS under the Post-Discharge Home Visit Waiver, the Care Management Home Visit Waiver (see applicable Implementation Plans for coding) and billable Care Management services: Chronic Disease Management, Complex Care Management (CPTs 99439, 99490-99491, 99487, 99489 and HCPCS G0506, G2064-G2065) and Transitional Care Management (CPTs 99495-99496). Implementation of the benefit enhancement for the Post-Discharge Home Visit or the Care Management Home Visit will be subject to the policies and procedures under the implementation plan requirements.

DC Providers electing to participate in the Cost Sharing Support Benefit will be provided information and tools on how to implement their own program. DC Provider Groups will be provided access to data and analytics to identify the high-risk population to engage in Chronic Disease Management, Complex Care Management and/or Care Management Home Visits.

DC Providers will also be offered access to the population health tool to support documentation and management of care management services provided. Access to the population health tool will provide DC Providers the ability to verify beneficiary alignment. Beneficiaries will be uniformly offered services by providers based on the services offered as identified in the executed Cost Sharing Support Benefit Agreement with the provider group.

2.4 Designated Implementation and Management Staff

The Chief Nursing Officer (“CNO”) is responsible for the development and updates to the Cost Sharing Support Benefit policies and procedures. Policies and procedures are reviewed by the Compliance Department, the DCE’s Medical Directors’ Committee and/or Physician Advisory

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Council for approval on an annual basis. Cost Sharing Support Benefit policies and procedures will be made available to DC Providers prior to their implementation of the waiver through communication during contracting and via the DCE's provider portal. The CNO is responsible to ensure the development of procedures for beneficiary engagement meet CMS requirements for benefit enhancement use and reporting.

The CNO is responsible to develop and implement training programs based on the requirements of the waiver to ensure DC Provider Groups are informed of the program requirements.

Education will include guidelines on beneficiary alignment, criteria for participation, and documentation requirements.

2.5 Development of Standard Operating Procedures

NWMHP has created a manual for utilization guidelines of the waiver. The operating procedures and guidelines are provided to DC Providers for reference and are available on the NWMHP provider 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 includes information regarding process steps to ensure implementation meets regulatory requirements under the waiver. Processes include communication between the DC Providers and the care management team. 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 Part B Cost Sharing Support Benefit as it is with respect to all aspects of its operations and services to beneficiaries. As a threshold matter, all data and

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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, and primary care providers respect the privacy concerns of beneficiaries. DC Providers are issued access to the population health tool which grants limited 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.

NWMHP follows HIPAA regulations when providing copies of clinical records between the care management team and the primary care provider to include care plans and documentation of services provided. DC Providers have access to documentation through the population health tool.

SECTION 3: PATIENT ENGAGEMENT

3.1 Availability of the Benefit and Beneficiary Education

Beneficiaries aligned to NWMHP under the Direct Contracting Professional Model who meet the criteria for utilization of the benefit will be provided education on availability of the benefit through the beneficiary notification letter, collateral explaining the benefit, and individual

education opportunities at point of service by their primary care provider or through outreach performed by the Care Management department. Collateral provides information of the benefit including eligibility, how to access the benefit, and applicable services available through use of the waiver.

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 Part B Cost Share Support 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, its Participant Providers and Preferred 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 Chief Nursing Officer, 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 Chief Nursing Officer, 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 oversee compliance of this Cost Sharing Support Benefit through regular auditing of procedural requirements and waiver utilization. The Compliance Department will monitor regulatory compliance and report findings to the DCE's Physicians Advisory Council and Board of Directors a minimum of annually. Audits conducted will demonstrate compliance that DC Providers' utilization is consistent with rules and regulations for implementation as designed and executed by NWMHP and approved by CMS.

DC Providers choosing to implement the Cost Sharing Support Benefit will be educated and offered opportunities to attend educational programs supported by NWMHP and CMS.

Procedures will be reviewed by the Medical Directors' Committee and Physician Advisory Council to ensure updates are made if /when changes to the waiver are set forth by CMS.

4.2 Management of up-to-date Provider Agreements

DC 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

NWMHP will comparatively analyze claims data received from CMS against reported instances of waiver of cost sharing amounts supplied to the DCE through the standard required documentation process. Services, dates of service and applicable beneficiaries will be reviewed. Irregularities will be evaluated by the Compliance Department, addressed with the DC Providers

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as necessary and reported to the DCE's Physician Advisory Council and Board of Directors as needed.

4.4 Outcomes Analysis

Outcomes from utilization of the benefit will be monitored and evaluated to include utilization trend data pre and post implementation.

Cost Sharing Support Benefit utilization and outcomes analysis will be reviewed by the DCE's Medical Directors' Committee no less than quarterly. DC Providers will be given information regarding utilization and outcomes no less than bi-annually during their participation in the waiver to ensure continued engagement.

4.5 Long-term Record Retention and Maintenance

NWMHP shall maintain and provide access to records and data related to utilization of the Cost Sharing Support 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.