

# 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

Town Hall

2/10/22

# Agenda

Direct Contracting

Performance Reporting

Care Management

Open Forum

# Direct Contracting



# Direct Contracting Professional

Why Direct Contracting Professional?

## **Benchmarking Year**

- Direct Contracting utilizes 2017, 2018, and 2019 offering normalized benchmarking projections

## **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 DCE

### **Provider & Staff Engagement**

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

### **Network Management**

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

### **Monitoring Network Performance**

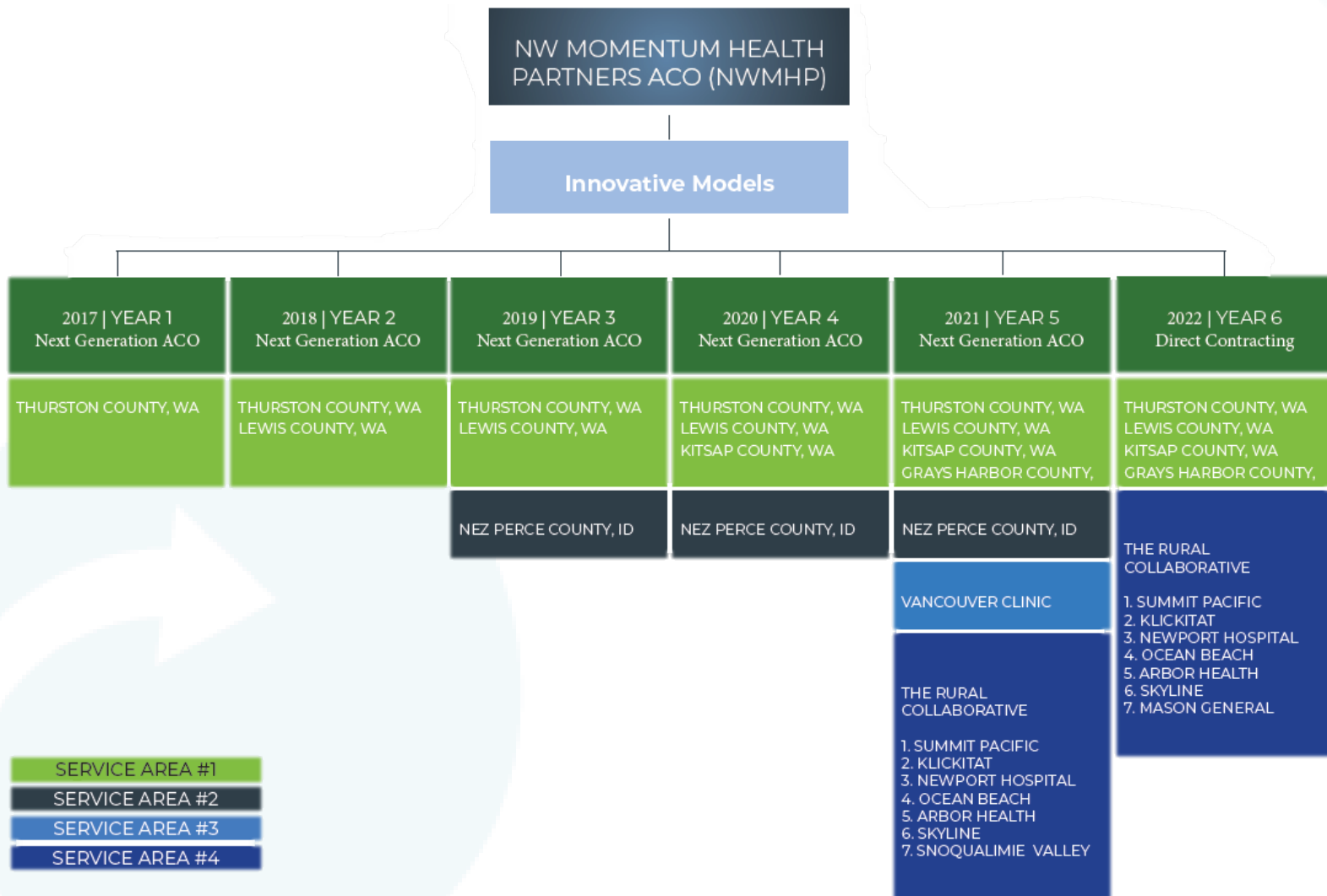
- Provider scorecard
- Care management services
- Annual Wellness Visit tracking
- CMS NGACO reporting

### **Operations**

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

**Note: Your Direct Contracting participation is not significantly different from your NGACO participation**

# PY2022 DC Network



- SERVICE AREA #1
- SERVICE AREA #2
- SERVICE AREA #3
- SERVICE AREA #4

## What can you do now?

1. Annual Wellness Visits
  1. Once attribution is available, start bringing patients in for AWWs
2. Ensuring your practice has access to:
  1. NWMHP Partner Portal
  2. Box.com
  3. Innovaccer
3. Ensure you have a process for notifying NWMHP of provider additions and terminations
4. Prepare for the fee reduction reimbursement payments
5. Ask questions. If you need more information on a topic or if any information is unclear, email Jake Woods at [JacobW@pswipa.com](mailto:JacobW@pswipa.com)





# 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 5<sup>th</sup> 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](mailto:ProviderNetwork@pswipa.com)**



# Beneficiary Outreach

# DC Beneficiary Notification

Scheduled to be mailed by the end of March 2022

## Annual CMS required notification letter (template)

### Purpose

- Informs beneficiary their provider is participating in the DCE
- Assures beneficiary that this does not change their Medicare rights
- Provides information on availability of value-added services
  - Beneficiary enhancements
  - Care Management

### NWMHP manages mailing per CMS guidelines for entire DCE

- Provide call support and answer questions/concerns
- Copies will be provided to partners prior to mailing
- Provide a FAQ that partners can use to address questions

### Schedule

- Scheduled to be distributed before the end of April
- Mailed to 26,000 beneficiaries in 2 stages 2 weeks apart
  - One stage to TRC beneficiaries and one stage to Legacy beneficiaries

# DC Beneficiary Notification

Partner/Provider Responsibilities

## **What should you do to prepare?**

- Review and share the FAQ with providers and staff
- Prepare staff for to answer beneficiary questions
- Educate beneficiaries on why your facility chose to participate in the DCE and what it means to them
- Reach out to NWMHP with any questions or concerns

## **Why is this important?**

- Many beneficiaries are unaware of the services they can receive through the DCE
- Helps the beneficiary understand that your organization elected to participate in this program to help coordinate their care and increase quality outcomes
- Allows beneficiaries to hear from their trusted Primary Care Provider on who NWMHP is and the services we offer



# Direct Contracting Program Updates

## Adjusted Meeting Cadence

MEETING	PURPOSE	AUDIENCE	SCHEDULING
Regional Executive JOC	Performance Monitoring Board connection Model success Policy & Advocacy	Executive leadership from regional partners	June November
Town Hall	Education & Communication Deep dive on all operational requirements Resources to support success	Staff, leadership, partners involved in ACO participation	Feb May August November
SNF/PAC Care Management	Review current performance Review program updates Identify areas of opportunity Report on current initiatives	NWMHP designs schedule / attendees with individual partners	NWMHP Care Management to schedule with partner
Partner Check-in	Review Innovaccer scorecard Address actionable data Evaluate opportunities	Individual regional partners	Scheduled directly with partner

# Direct Contracting Quality Metrics

Direct Contracting Quality Metrics consist of 3 claims-based measures and the CAHPS survey.

## Claims-Based Measures

- Risk-Standardized All-Condition Readmission
- All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
- Timely Follow-Up After Acute Exacerbation of Chronic Conditions

## 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.



# CAHPS

## Helpful Tips – What can you do now?

- Patients are more accepting of appointment delays if they understand the cause of the delay. When the provider is behind:
  - Office staff should keep the patients up to date and attempt to explain the cause for the delay.
  - Consider allowing the patients to leave for a short time and return at the new expected time.
  - Office staff should acknowledge the delay when talking with the patient.
  
- Ask patients to schedule their routine check-ups and follow-up appointments in advance.
  - Advise patients on the best days or times to schedule appointments.
  
- Ask patients how the provider/office staff could help improve their healthcare experience.
  
- Before a patient's visit, review the reason for the visit and determine if a follow up is needed on any health issues or concerns from a previous visit.
  - The survey will ask how often the provider has information about the patient's care.
  - Use history and medical information to provide personalized health advice based on each patient's risk factors.



# Direct Contracting 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
- Prospective Plus alignment is performed 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

# Voluntary Alignment

Why do we conduct Voluntary Alignment?

## Value to the DCE

- Retain beneficiaries that may not be captured through claims
- Voluntary Alignment through Medicare.gov takes precedence over claims
- Increase number of aligned beneficiaries within a performance year

## Value to the beneficiary

- Ensures the beneficiary continues to be eligible to receive the DCE services (Benefit Enhancements, SDoH, etc.)
- Informs CMS of their chosen Primary Care Provider
- Remain engaged with their Primary Care Provider

# Voluntary Alignment

What can you do now?

CMS has released an approved flyer with instructions for Electronic Voluntary Alignment (EVA).

This is Voluntary Alignment through Medicare.gov.

A copy of this flyer will be available on the Partner Portal. Please print this flyer and post it in your clinics for beneficiaries to see.

**This flyer cannot be modified in any way. This is a CMS provided flyer.**

Global and Professional  
Direct Contracting  
(GPDC) Model

**Choose Your Primary Clinician on Medicare.gov**



**Why Choose Your Primary Clinician on Medicare.gov?**

Your primary clinician can help you make health care decisions and can improve how you manage your health care.

Your primary clinician is a health care provider—a doctor, physician assistant, nurse practitioner, or certified nurse specialist—who is responsible for coordinating your overall care, no matter where you choose to get health care services.

When you choose a primary clinician that participates in the GPDC Model, a Medicare model that aims to improve the quality and value of the care you receive, they get access to tools and services to better coordinate your care and improve your health.

# Voluntary Alignment

What to expect in the future?

## Q1 2022

1. EVA flyer to be posted
2. Paper-based VA form
3. Flyer/resource on EVA instructions for beneficiaries (tri-fold, note card, etc.)
4. Provider FAQ to assist in answering questions on VA

## Q2 2022

1. Beneficiary notification to beneficiaries that voluntarily aligned in Q1
2. Access to online form on NWMHP website to complete paper-based VA form

## DC Marketing Materials

The Direct Contracting Model requires that all beneficiary facing descriptive and marketing materials must be approved by NWMHP Compliance and submitted to CMMI for approval.

CMS templated materials such as the EVA flyer and Beneficiary Notification are provided by CMS and are not able to be modified in any way.

NWMHP provides many beneficiary facing materials throughout the Performance Year. All materials will be available for download on the NWMHP Partner Portal.

If you have any suggestions for materials to be created, please reach out to Jake Woods  
[JacobW@pswipa.com](mailto:JacobW@pswipa.com)



# Direct Contracting Primary Care Capitation



# Primary Care Capitation

## January Claims Reprocessing

- CMS has notified NWMHP that there was an error in the 5% fee reduction on Primary Care Services for your aligned DC beneficiaries. The reduction was meant to go into effect on 1/1/2022.
- The error led to the 5% reduction not being applied to processed claims with dates of service on or after 1/1/2022.
- To remedy this issue, CMS will be reprocessing all impacted claims for aligned DC beneficiaries by applying the 5% fee reduction.
- **These claims can be identified as reduced through the CARC code of CO=132 on the ERA.**

# Primary Care Capitation

## Payment Schedule

Due to the reprocessing of January PCC eligible claims, the first reimbursement to providers will be delayed to **2/18/22**. Payments are delivered for the previous month's claims.

The schedule is as follows:

February 18 <sup>th</sup> , 2022	August 10 <sup>th</sup> , 2022
March 9 <sup>th</sup> , 2022	September 14 <sup>th</sup> , 2022
April 13 <sup>th</sup> , 2022	October 12 <sup>th</sup> , 2022
May 11 <sup>th</sup> , 2022	November 9 <sup>th</sup> , 2022
June 8 <sup>th</sup> , 2022	December 14 <sup>th</sup> , 2022
July 13 <sup>th</sup> , 2022	January 11 <sup>th</sup> , 2023

**\*All dates subject to CMS data and payments being delivered when expected**

Have questions? Contact Jake Woods at [JacobW@pswipa.com](mailto:JacobW@pswipa.com) or 360.943.4337 ext. 137

# DC Primary Care Capitation

## Reimbursement Payment Report

- NWMHP will pay providers monthly for the reduction reimbursement
- 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 (Organization NPI for RHCs/FQHCs)
  - Dates of service
- NWMHP will be testing payments starting today. We will use the ACH Banking information provided to send a small payment (1 or 2 cents) and will pull that payment back to NWMHP.
- Please contact Jake Woods by Tuesday if you experience any issues with this test payment.

**REMINDER: Now is a great time to submit your updated 2022 W9 to PSW Finance.**

# Common Capitation Questions

1. Does the Fee Reduction apply to only Primary Care Services?
  - Yes, the reduction applies to Primary Care Services only except for an RHC or FQHC.
  - The reduction for RHCs and FQHCs applies directly to the encounter rate.
2. Does the Fee Reduction apply to all of Medicare patients?
  - No. The Fee Reduction will only apply to DC beneficiaries aligned to NWMHP.
3. Will the beneficiary coinsurance payment be reduced as well?
  - No. The reduction will come after the beneficiary coinsurance amount has been determined. The beneficiary coinsurance amount will not be reduced or affected.
4. How will NWMHP reimburse the providers for the reduction?
  - Providers will be reimbursed monthly via ACH Banking transactions. Each organization has already submitted their information for NWMHP to use to make the payment.

# Data & Reporting



# Alignment vs. Attribution

FILE	DEFINITION	AVAILABLE
Alignment File	Provided by CMS and is the prospective list of beneficiaries aligned to NWMHP	January-February
Attribution File	NWMHP proprietary process, using the CMS alignment file and historical claims data to determine the attributed primary care provider or specialist for each beneficiary.	February-March

- NWMHP cannot remove beneficiaries; must be done by CMS through exclusion files
- Beneficiary alignment is reduced monthly based on CMS exclusions
- Beneficiary alignment can increase quarterly through Voluntary Alignment

# Access to Monthly and Quarterly Reports

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

Monthly Performance Report – Delivered by the end of each month

- Scorecard to show summary performance from Innovaccer data.
- First report will be delivered in April

Quarterly Data Reports – Delivered by the end of the month they are scheduled

- GAP Reports
  - This report only displays attributed beneficiaries without an annual AWV, not full membership. The report also lists the most recent AWV date for each beneficiary where one is due.
- High Utilizer Reports (HURR)
  - Allows you to identify high utilizers for: High cost of care, most readmits, most ER visits.
- Patient Evaluation Forms (PEF/HCC)
  - Describes suspected HCCs that have not been reviewed in the current Performance Year for beneficiaries based on previous year information.

# 2022 Reports

## PEF Reports

Member Name:

Member ID:

Gender:            Date of Birth:

Unreviewed Risk:

Total Risk: 2.85

Primary Care Provider:

PCP Vendor:

PCP Vendor Tax ID:

# Patient Evaluation Form

We know you're taking good care of your patients--proper documentation and coding is necessary to ensure appropriate reimbursement

*This information is based on Medicare FFS claims for dates of service covering 1-1-2019 to present. Please review each suspected condition (at least once annually) in a face-to-face visit with the patient, document the visit in the medical record, and submit appropriate code(s) for all confirmed conditions on the claim*

Still Needs Review this Year?	Suspected Condition	Most Recent Diagnosis	Additional Information
Yes	HCC#: 108    Risk: 0.29 Name:Vascular Disease	ICD Code: I82621    Date Billed: 8/7/2019 Description: Acute embolism and thrombosis of deep veins of right upper extremity	HCC Captured by PCP Vendor? No Confidence Level: Medium-Low
Yes	HCC#: 99    Risk: 0.23 Name:Intracranial Hemorrhage	ICD Code: I609    Date Billed: 11/19/2019 Description: Nontraumatic subarachnoid hemorrhage, unspecified	HCC Captured by PCP Vendor? Yes Confidence Level: Medium-Low



# PY2022 Data Reporting Calendar

Data released no later than last day of the reporting month  
(\$ ) = Distribution of shared savings

Quarter	January	February	March - SNF JOC's
Q1		<b>Initial Attribution</b>	
	April	May	June - SNF JOC's
Q2	Provider-level Monthly Performance Report } Data Period 1/1-1/31	<b>Q1 Attribution</b> Provider-level Monthly Performance Report } Data Period 1/1-2/28 Q1 QPD } Data Period 1/1-3/31 Draft Previous Year Scorecard	Provider-level Monthly Performance Report } Data Period 1/1-3/31 SNF Quarterly Scorecard } Data Period Q1 claims YTD Group Scorecard/ Provider Summary } Data Period 1/1-3/31
	July	August	September - SNF JOC's
Q3	Provider-level Monthly Performance Report } Data Period 1/1-4/30	<b>Q2 Attribution</b> Provider-level Monthly Performance Report } Data Period 1/1-5/31 Q2 QPD } Data Period 1/1-6/30	Provider-level Monthly Performance Report } Data Period 1/1-6/30 SNF Quarterly Scorecard } Data Period Q2 claims YTD Group Scorecard/ Provider Summary } Data Period 1/1-6/30
	October	November	December - SNF JOC's
Q4	Provider-level Monthly Performance Report } Data Period 1/1-7/31	<b>Q3 Attribution</b> Provider-level Monthly Performance Report } Data Period 1/1-8/31 Q3 QPD } Data Period 1/1-9/30	Provider-level Monthly Performance Report } Data Period 1/1-9/30 Group Scorecard/ Provider Summary } Data Period 1/1-9/30 Previous Yearend Scorecard (\$) SNF Quarterly Scorecard } Data Period Q3 claims YTD

**Initial Attribution**  
**scheduled to be**  
**available in**  
**February**

**This calendar is**  
**available on the**  
**NWMHP Partner**  
**Portal**

updated 1-21-2022

- \*QPD includes a PEF, GAP, and HURR report
- \*2021 participants would receive previous yearend scorecard and distribution if eligible.
- \*2022 participants will receive yearend scorecard and distribution in 2023
- \*Reports are pushed out towards the end of the month



# Poll Question



# Innovaccer



# Innovaccer Access

Who to contact, how to request, ask questions?

Innovaccer user access request forms can be found on the Partner Portal.

For any questions, concerns, or to submit an access request form, please email [InnovaccerSupport@pswipa.com](mailto:InnovaccerSupport@pswipa.com)

2022 performance data will be available in Innovaccer in April.




## INNOVACCRER USER ACCESS REQUEST

<b>Request Type</b>	<input type="checkbox"/> New User	<input type="checkbox"/> Modify User	<b>Date:</b> Click or tap here to enter text
<b>Requestor Information</b>			
<b>Requestor Name</b>	Click or tap here to enter text.	<b>Work Phone</b>	Click or tap here to enter text.
<b>Job Title</b>	Click or tap here to enter text.	<b>Email Address</b>	Click or tap here to enter text.
<b>Manager Name</b>	Click or tap here to enter text.	<b>Manager Job Title</b>	Click or tap here to enter text.
<b>Manager Email Address</b>	Click or tap here to enter text.	<b>Manager Phone Number</b>	Click or tap here to enter text.
<b>Practice/Facility Name</b>	Click or tap here to enter text.	<b>Requested LOB</b>	<input type="checkbox"/> ACO <input type="checkbox"/> MA
<b>Requestor's Population (Counties) – Choose one</b>	<input type="checkbox"/> Grays Harbor <input type="checkbox"/> Kitsap <input type="checkbox"/> Klickitat <input type="checkbox"/> Lewis <input type="checkbox"/> Mason <input type="checkbox"/> Pacific <input type="checkbox"/> Pend-Oreille <input type="checkbox"/> Thurston <input type="checkbox"/> All <input type="checkbox"/> Other _____		
<b>Reason for Access – Choose one</b>	<input type="checkbox"/> Beneficiary Eligibility Only <input type="checkbox"/> Dashboard/Analytics <input type="checkbox"/> Care Management <input type="checkbox"/> Dashboard/Analytics & Care Management		
<b>Job Duties/Description:</b>	Click or tap here to enter text.		

# Downloading Attribution List

The screenshot shows the NWMomentum Health Partners interface. The top navigation bar includes 'Data', 'DAP', 'Patients', 'Analytics', 'Care Management', 'Programs', 'Outreach', 'User Admin', 'Settings', 'Audit', and 'InReport'. The 'Data' dropdown is open, showing 'Sources' and 'Worksets'. The 'Worksets' section is expanded, showing a list of worksets with 'Attribution' selected. The 'Attribution' workset is highlighted with a green border, showing '27 Columns' and an 'Explore' button. The main table view shows 'Worksets / Attribution' with 1,987 records. The table has columns for 'Record Date', 'Source Type', 'Source Sub Type', 'EMPI', and 'Attribution Date'. The 'EMPI' column is redacted with a black box. A download icon (a green square with a white download symbol) is visible in the top right corner of the table view, next to a red 'X' icon.

Record Date	Source Type	Source Sub Type	EMPI	Attribution Date
	Claims	NGACO	[REDACTED]	12/01/2021
	Claims	NGACO	[REDACTED]	12/01/2021
	Claims	NGACO	[REDACTED]	12/01/2021
	Claims	NGACO	[REDACTED]	12/01/2021
	Claims	NGACO	[REDACTED]	12/01/2021
	Claims	NGACO	[REDACTED]	12/01/2021

- Open the “Data” dropdown list and select “Worksets”
- Open the “Attribution” workset
- Select the download icon 
- Your attribution list will download in .csv format.
- This attribution list is expected to be available in February

**\*Do not add any filters to the workset at this time, you may not be able to remove them!**

## Downloading HMV (AWV) List

Quality Performance

Quality Distribution (Process Measures)

My Patients

- Open the “Quality Management” Dashboard
- Navigate to the “Quality Distribution” tab
- Ensure your date filters are set to the desired date.
- Generally, you want to set it no sooner than 3 months from today.
- Open the patient list using “My Patients”

Year  
2021

Month  
Nov

Organization  
All

Patient

Download List



Search by EMPI

25 Selected

Filters

Apply

Reset

- Select “Download List” and wait for a notification stating your download is ready
- Open the download list using this icon 
- Download your file using this icon 



# Innovaccer Training

- Sign up for Innovaccer Training to receive an in-depth overview
  - Monthly Attribution Lists
  - Quality Metric Performance
  - Patient Level Drill-Downs (Actionable Data)
    - Assist with HCC gap closure
    - Identification of high utilizers
    - Care Management Activities
    - Access to Patient360
      - Ability to download a pre-visit summary report
  
- Training dates will be released in **March 2022**



# Care Management



# Benefits Under Direct Contracting

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

# Benefit Enhancement Training



The NWMHP Care Management team is setting up appointments to train groups on using the Benefit Enhancements.



The team is reaching out to many of the newer participants for this training first.



These trainings will take place throughout Q1 2022. Many groups have already engaged and scheduled training.



If you would like to have your practice added to the schedule for Benefit Enhancement training, please email Jake Woods at [JacobW@pswipa.com](mailto:JacobW@pswipa.com) or Annette Lormand at [AnnetteL@pswipa.com](mailto:AnnetteL@pswipa.com).

# Care Management Goals for PY2022

The Care Management Team will meet monthly with each TRC hospital and with the Legacy network Post-Acute Providers

These meetings will focus on

- Performance Review
- Updates on Care Management Services/Resources
- Education on Benefit Enhancements – continued training and support for use during the year

Care Management will make several resources available on the NWMHP Partner Portal by the end of Q1 2022:

1. Beneficiary facing Benefit Enhancement flyers – **\*pending CMS approval\***
2. Benefit Enhancement Implementation Plans – The plans that NWMHP must submit to CMS for approval on how the DCE and network intends to use the Benefit Enhancements
3. Benefit Enhancement Manual – Provides general guidance on the purpose and workflows for utilization for each of the available Benefit Enhancements

# Policy and Advocacy Report



# Policy and Advocacy Report

- PSW is the newest member of the Health Care Transformation Task Force
  - Adding to our bench of advocacy groups focused on supporting the value movement
- Health Care Value Week (January 24<sup>th</sup> – 28<sup>th</sup>)
  - PSW participated alongside many organizations in a week full of webinars dedicated to education on the value movement in health care
  - The event had over 3,500 people registered for the week's webinars
  - We will share some highlights and recordings with the network from some of the sessions
- Policy and Advocacy Priorities for 2022
  - Understanding the Retrospective Trend Adjustments that CMS made in 2021 to the benchmarks
  - Extending the MACRA AAPM Bonus (5% QP Bonus)
  - Advocating for the application cycle to open for the ACO Track of the CHART Model

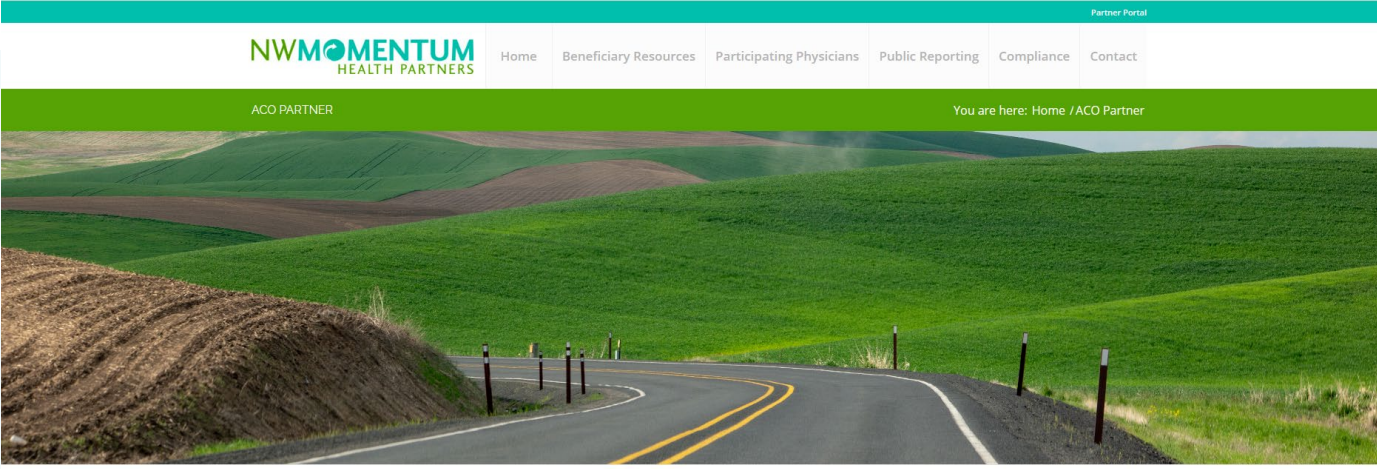


**Questions?**

# NWMHP Partner Portal

<https://www.nwmomentumhealthaco.com/>

- Secure Private Portal – Updated to reflect Direct Contracting
- View up-to-date information
- Access numerous resources
- Calendar of 2022 Meetings



Partner Portal

NWMOMENTUM  
HEALTH PARTNERS

Home Beneficiary Resources Participating Physicians Public Reporting Compliance Contact

ACO PARTNER You are here: Home / ACO Partner

WELCOME TO THE NW MOMENTUM HEALTH PARTNERS PORTAL

As a partner, we understand the importance of streamlined information to ensure accuracy of communication and education.  
We hope you find this resource valuable and are here to help navigate the complex ACO Model system.  
Please click on your area to view specific materials.



# Compliance

## GPDC Compliance concerns and questions



Home Beneficiary Resources Participating Physicians Public Reporting **Compliance** Contact

### COMPLIANCE

Home

Beneficiary Resources

Participating Physicians

Public Reporting

**Compliance**

Contact

#### COMPLIANCE DEPARTMENT

The NW Momentum Health Partners ACO (NWMHP) corporate compliance department seeks to prevent, detect, and correct violations of Medicare policy or procedures.

NWMHP takes health care fraud and abuse very seriously and is committed to following all applicable laws and regulations, in particular those that address health care fraud, waste, abuse, and disrupt the proper billing of Medicare, Medicaid and other government-funded health care programs. This includes the Federal False Claims Act and State law or other related enforcement policies.

#### COMPLIANCE OFFICER

Sara Aukerman, CPC, CPCO  
1-877-943-4337

#### COMPLIANCE REPORTING

To report suspected violations of or concerns related to Fraud, Waste and Abuse (FWA), Ethics or Compliance, please call 1-877-943-4337 opt. 7 or report anonymously via this page. You can also report to Centers for Medicare and Medicaid Services directly at 1-800-447-8477.

NW Momentum Health Partners ACO does not discriminate, intimidate or retaliate against those individuals reporting compliance concerns in good faith.

Date Of Concern \*

Time

Summary of Concern \*

*Please be detailed, however, only add your personal contact information here if you wish to be contacted about your concern. This request can be completed anonymously and will go directly to NWMHP's Compliance Department.*

### Compliance Hotline:

360-943-4337, option 7

Toll free 1-877-943-4337, option 7

**Sara Aukerman, CPC CPCO: ext. 119**

Toni Logan, Compliance Specialist: ext. 112

Caryn Geiger, Compliance Specialist: ext. 174

### Anonymous Reporting:

[www.nwmomentumhealthaco.com/compliance](http://www.nwmomentumhealthaco.com/compliance)

Centers for Medicare and Medicaid Services  
Directly at 1-800-447-8477



# Annual Wellness Visits: Getting Started

## What steps can be taken today?

- Identify patients
- Set up workflows
- Schedule
- Communicate benefits

## Resources (Path to Wellness on Partner Portal)

- Provider facing
- Beneficiary facing will be available once CMS approval is received



NW MOMENTUM HEALTH PARTNERS ACO

### **The Path to Wellness**

**When you have your health, you have everything.**

Medicare patients: Manage your health by receiving a no-cost preventive Annual Wellness visit.

Thank you!

319 7th AVE SE, St. #201, Olympia, WA 98501

Phone: 360.943.4337

Fax: 360.754.4324

[www.nwmomentumhealthaco.com](http://www.nwmomentumhealthaco.com)