

Beneficiary Notification - Frequently Asked Questions

Q: Why is the beneficiary receiving this letter?

A: The letter is a notice required by the Centers for Medicare and Medicaid Services (CMS) for all beneficiaries who are aligned to NW Momentum Health Partners (NWMHP), intended to introduce the Global and Professional Direct Contracting (GPDC) Model and inform the beneficiary of their association to NWMHP through their care provider.

Q: What is a Direct Contracting Entity (DCE)?

A: A DCE is a group of doctors, hospitals, and other healthcare providers/facilities who agree to work together to keep beneficiaries (patients) healthy, their costs low and their provide a high quality experience. DCEs can offer a variety of complimentary programs to help beneficiaries better manage their own health, including care coordination and chronic disease education/management.

Q: Who is NWMHP?

A: NWMHP is a network of doctors, hospitals, and other providers of healthcare, who have teamed up to promote high quality, integrated healthcare. Our goal is to create a healthcare delivery system that will give more personal care, drive better outcomes, and at a lower cost. NWMHP is administratively managed by PSW, a population health company based in Olympia, WA.

Q: Has the beneficiary's health insurance (Medicare benefits) changed?

A: No. Beneficiaries may still go to any doctor, hospital, or other healthcare provider that accepts Medicare. However, because their doctor is now participating in GPDC with NWMHP, some special features may be available to them at no extra cost.

Q: What is the benefit of being in a DCE?

A: The DCE **does not** change the beneficiary's Medicare coverage or affect their ability to see any Medicare participating provider. Beneficiaries still maintain the freedom of choice to select their preferred Medicare participating provider.

However, beneficiaries whose provider participates in GPDC with NWMHP can access complimentary care coordination, disease management education, and connection to resources (eligibility requirements may apply).

Additionally, beneficiaries may access special program only available in GPDC called benefit enhancements, such as:

- a. **Skilled Nursing Facility (SNF) 3-Day Waiver:** If the beneficiary's provider thinks they need skilled therapy services, the beneficiary may be able to go directly to a SNF for therapy. Medicare allows providers who work with NWMHP to admit beneficiaries to certain SNFs any time they need therapy, even if they have not had a 3-day hospital stay.
- b. **Post-Discharge Home Visit Waiver:** Medicare lets NWMHP send nurses and other staff to a beneficiary's home up to nine times within ninety days after they are discharged from a hospital. NWMHP will help the beneficiary follow the discharge plan that their doctor writes.
- c. **Care Management Home Visit Waiver:** Medicare may allow a NWMHP associated provider to send a nurse or other healthcare provider to a beneficiary's home to help them manage their healthcare needs.
- d. **Chronic Disease Management Reward Incentive:** If a beneficiary has a complex, chronic condition such as diabetes, heart failure, or depression, the beneficiary may be able to join a special program to manage their condition better. In a few instances, Medicare allows NWMHP to give the beneficiary a gift card for joining this program and achieving their care goals.

- e. **Home Health Homebound Waiver:** If a beneficiary aligned to NWMHP needs home health services, Medicare allows NWMHP to waive the requirement that the beneficiary must be considered home bound to qualify for home health services. The use of this waiver allows beneficiaries to received support services focused on their underlying health conditions or comorbidities.
- f. **Part-B Cost Share Waiver:** Medicare allows us to reduce or eliminate certain beneficiary costs associated to Care Management services delivered by providers in NWMHP.

Q: How does NWMHP get beneficiary information?

A: The Centers for Medicare and Medicaid Services (CMS) provides NWMHP with beneficiary claims data to support the provider's ability to better manage the health care and improve outcomes for their patients/beneficiaries.

Note - NWMHP takes data security very seriously. Federal regulation requires that appropriate safeguards are in place to secure beneficiary protected health information.

Q: Can a beneficiary opt out of the GPDC Model?

A: No. Beneficiaries are aligned to the DCE through their provider and cannot opt completely out of the GPDC Model. If beneficiaries have questions about their data, they can contact NWMHP.

Note: A beneficiary can opt out of sharing their claims data with the DCE and should contact Medicare directly at 1-800-MEDICARE (1-800-633-4227; TTY users can call 1-877-486-2048) to do so.

Q: Can a beneficiary request that NWMHP no longer contact them?

A: We encourage beneficiaries to remain in contact with NWMHP and take advantage of the complimentary services that NWMHP offers. There are many advantages to working with NWMHP and opportunity for beneficiaries to take a leading role in managing their health. However, beneficiaries can contact NWMHP directly 360.943.4337 option 6 or toll free 1.877.943.4337 option 6 to be added to the Do-Not-Contact registry.

Q: What if the beneficiary's address was not correct on the letter?

A: CMS provides NWMHP the address on file with the Social Security Administration (SSA). Beneficiaries must contact the SSA directly at 1.800.772.1213 or by visiting the local SSA field office to update their address.

Q: The Provider/Practice listed on the form is incorrect. How can the beneficiary update this information?

A: For the purposes of being assigned to the DCE, the Provider/Practice indicated on the form is who the beneficiary was associated with in the historical claim files provided to NWMHP by CMS. If the beneficiary believes that the Provider/Practice on the form is incorrect, they can elect to update this information via **Medicare.gov** by selecting their provider at any time.

Q: The beneficiary's spouse/friend did not receive a beneficiary notification letter. Why?

A: The beneficiary is associated to the DCE because the majority of their recent healthcare services were provided by a DCE Participant Provider. Likely, the beneficiary's spouse/friend did not have any, or had the majority of their care from a provider not participating in the DCE.

Q: Where can the beneficiary get more information?

A: The beneficiary can contact NWMHP directly for more information about their association to the DCE through their providers, as well as to discuss the additional benefits available to them under the GPDC Model. Beneficiaries can visit www.nwmomentumhealthaco.com or call 1.877.943.4337 option 6 to contact NWMHP.