

Implementation Plan for Nurse Practitioner Services Waiver Benefit Enhancement

General Overview

NW Momentum Health Partners (NWMHP) Accountable Care Organization (ACO) supports alternative health models to improve care integration within the populations we serve. NWMHP works with rural health partners that provide services to underserved communities within the state of Washington. To promote quality of care for all beneficiaries enrolled in the ACO Realizing Health Equity, Access, and Community Health (REACH) Model, NWMHP will implement the Nurse Practitioner Benefit Services Waiver Enhancement. It is expected that the use of the Nurse Practitioner Benefit Services Waiver Enhancement will support the reduction in health disparities within the rural communities by increasing beneficiary access to healthcare in areas where there are gaps in practitioners per capita and the population has limited resources for obtaining care and services.

NWMHP expects an increase in flexibility for providing care and services for the ACO REACH beneficiaries while reducing costs by necessitating fewer clinician visits. Due to the ability for the Nurse Practitioner to expand their scope of practice for specific needs outlined under the benefit, the beneficiaries will have increased timely access to care. Utilization of the benefit will address concerns of fewer primary care physicians (PCPs) and specialty providers in rural areas and utilize more Nurse Practitioners to address limited professional services available affecting health disparities.

SECTION 1: GENERAL OPERATIONS INFORMATION

1.1 Understanding and Definition of Beneficiary Eligibility

Beneficiaries aligned to NWMHP within the ACO REACH Model are eligible for utilization of the Nurse Practitioner Services Waiver Benefit Enhancement when requirements under the benefit are met. Requirements include CMS approval of the submitted implementation plan by NWMHP for utilization of the benefit enhancement, the beneficiary is an aligned member of the ACO REACH Model at the time of service, and the services required by the beneficiary are met under the identified population targeted for utilization.

Nurse Practitioners participating in utilization of the benefit must be included in the ACO REACH Model under NWMHP as either a Participant Provider or a Preferred Provider. Absent state law restrictions on the Nurse Practitioner's scope of practice, the Nurse Practitioner participating in the ACO REACH Model under NWMHP's program will be permitted to:

1. Initially certify that a terminally ill beneficiary needs hospice care.
2. Certify a beneficiary needs diabetic shoes when the Nurse Practitioner is practicing incident to a physician supervising the beneficiary's diabetic condition.
3. Establish, review, and sign a written care plan for an aligned beneficiary to receive cardiac rehabilitation.
4. Establish, review, sign, and date a home infusion therapy plan of care prescribing the type, amount, and duration of infusion services to be furnished to a beneficiary.
5. Refer beneficiaries with diabetes or renal disease to dietitians or nutrition professionals for medical nutritional therapy.

1.2 System for Managing and Tracking Benefit Enhancement Services

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NWMHP will utilize a document to manage utilization and workflow for communication and tracking of utilization. The document will identify the beneficiary information for identification, the Nurse Practitioner, the benefit being utilized, date of utilization, purpose of utilization, and verification of beneficiary alignment to the ACO.

Nurse Practitioners will be required to receive prior authorization from the ACO population health management team to ensure that the benefit utilization meets the requirements stated within this document. Authorization tracking form will be kept by the Compliance Department for review and for potential auditing requirements by CMS.

1.3 Number of Beneficiaries Expected to Utilize the Benefit

The utilization volume during 2023 is expected to be low with a potential of 10-20 beneficiaries utilizing the benefit due to specific requirements within the benefit. Barriers to utilization include awareness, workflow implementation guidelines, and identifying beneficiaries timely of service needs. NWMHP will work with the Participant Providers and Preferred Providers to educate and bring awareness of the benefit to achieve a higher utilization during the first year.

It is anticipated that as the benefit continues for 2024 and beyond, Participant Providers and / or Preferred Provider will see an increase in utilization of the benefit.

SECTION 2. MANAGEMENT APPROACH

2.1 Provision of Technical Assistance to Participants

Education and technical assistance are provided for Participant and Preferred Providers regarding the availability and workflows for utilization of the benefit. Education to Participant and Preferred Providers includes, but is not limited to, webinars, written workflows, documents to support

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compliance for utilization, and provider-facing flyers with frequently asked questions. Technical assistance on how to obtain prior authorization, complete forms and use tools to verify eligibility is also provided during webinars and upon request by Participant and Preferred Providers.

Ongoing technical assistance, particularly around the authorization and reporting is made available to Participant and Preferred Providers as indicated. Participant and Preferred Providers are supplied with NWMHP staff member contact information to include phone, e-mail, and fax to request further technical assistance as needed.

2.2 Infrastructure for Implementing the Benefit Enhancement

NWMHP has developed easy access and workflows for Participant and Preferred Providers to determine beneficiary alignment for eligibility of services through utilization of a population health tool. NWMHP has dedicated personnel to support providers with questions on utilization of the benefit. NWMHP has created a website with information and tools to help understand benefits and how to use them. The partners within the ACO are invited to attend a regularly scheduled meeting to discuss providing care and services to support the mission and vision of the ACO to include utilization of benefits.

2.3 Integration into Operational Processes

NWMHP supports clinical teams from each partner group to meet and discuss care coordination services, processes to identify beneficiaries who may benefit from utilization of benefits, and performance outcomes. Meetings are offered monthly to include operational teams between the ACO and the partner groups.

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Practice groups are provided educational opportunities as the need is determined during the clinical meetings. Practice group meetings include providing education on benefits, workflows, and contact information for needed support or utilization of benefits. Information regarding submissions of claims, documentation, and provision of services are included in the educational opportunities with the partners using the benefit.

2.4 Designated Implementation and Management Staff

The Chief Nursing Officer (CNO) is responsible for development of procedures for the Nurse Practitioner Services Waiver Benefit Enhancement under the direction of the Chief Medical Officer (CMO). The Chief Compliance Officer (CCO) is responsible for ensuring that the policies and procedures meet the requirements of the benefit under the CMS regulations for the implementation and utilization of the benefit. The CMO is responsible to ensure the Nurse Practitioner Services Waiver Benefit Enhancement processes are appropriate to meet beneficiary care needs and PCPs are aware of and involved in understanding the benefit available to their patients who are aligned beneficiaries to the ACO. The CNO is responsible for the development and supervision of educational opportunities available to providers participating in the benefit enhancement. The CCO is responsible for documentation maintenance according to policies and procedures and responds to audit requests for benefit enhancement utilization.

2.5 Development of Standard Operating Procedures

NWMHP has created an operating procedure for utilization guidelines of the benefit. The operating procedures and guidelines will be provided to Participant and Preferred Providers for reference and will be accessible on the NWMHP portal. The Standard Operating Procedures

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(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 Nurse Practitioner Services Waiver Benefit Enhancement. Processes include communication between the Participant and Preferred Providers, and NWMHP. The SOP is reviewed and approved by the Executive Leadership Team to include the CMO.

2.6 Systems Access

NWMHP is committed to protecting the privacy and security of beneficiary data and communications pursuant to the Nurse Practitioner Services Waiver Benefit Enhancement, 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 Participant and Preferred Providers that 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, hospitalists and SNFs 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 Nurse Practitioner Services Waiver Benefit Enhancement clearly requires timely and effective communication between multiple parties, NWMHP, will support the

communications within the framework of established policies and procedures that safeguard patient privacy.

SECTION 3: PATIENT ENGAGEMENT

3.1 Availability of the Benefit Enhancement and Beneficiary Education

Beneficiaries aligned to NWMHP under the ACO REACH Model and who meet the criteria for Nurse Practitioner Services will have access to the benefit enhancement. Beneficiaries will be provided details of the benefit through the benefit enhancement informational flyer and individual education opportunities by their PCP or through the ACO's managing organization, Care Management Department. The benefit enhancement flyer includes details of the benefit including eligibility, how to access the benefit, and services available.

3.2 Verifying up-to-date Beneficiary Alignment

Throughout the course of the model performance period CMS will provide beneficiary alignment data to NWMHP. Data files received from CMS will be uploaded to the NWMHP population health tool, at which time the Participant and Preferred Providers will have access to verify beneficiary eligibility for utilization of the Nurse Practitioner Services Waiver Benefit Enhancement throughout the performance year.

3.3 Handling Beneficiary Complaints

Beneficiary complaints may be received in person, by phone, by fax, email, or other method. Beneficiaries are also provided information on how to contact NWMHP in the annual beneficiary notification letter and any additional information flyers related to program services. Additionally,

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Participant and Preferred Providers can offer this information at the point of service. NWMHP staff, its Participant 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 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 NWMHP Board of Directors on a regular basis. Beneficiary complaints of a health and safety concern may be referred to the CNO, or the CMO for review and potential clinical action at the CMO's discretion.

SECTION 4: COMPLIANCE APPROACH

4.1 Monitoring the Services Provided

The designated manager of the ACO benefit enhancements will report and document utilization according to program data specifications. The CNO will monitor outcomes and appropriate utilization of the benefit as part of the quality program. Education will be provided to Participant and Preferred Providers based on findings from the quality review process. The CCO will ensure compliance with the requirements of the Participation Agreement through auditing, monitoring, and claims analysis. Claims analysis may be performed to monitor services used under the benefit to identify trends and missed opportunities for utilization of the benefit enhancement.

4.2 Management of up-to-date Provider Records and Agreements

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Provider Agreements and records are managed and maintained by the Compliance Department in conjunction with the NWMHP Provider Network Team. Mid-year, ad-hoc inclusions and terms will be evaluated by the Compliance Department and the Provider Network Team to ensure accuracy of Provider rosters and confirm fully executed Participant Agreements are in place.

4.3 Outcomes Analysis

A review of outcomes for beneficiaries participating in utilization of the Nurse Practitioner Services Waiver Benefit Enhancement will be completed on a regular cadence when the benefit is used. The outcomes analysis will include, but will not be limited to, acute care utilization trends for inpatient stays and emergency room visits. Evaluation of the Nurse Practitioner Services Waiver Benefit Enhancement effectiveness will attempt to include evaluation of access to services and ability to support care and services to beneficiaries with health disparities. The outcomes analysis will attempt to include the beneficiary's perception of their own health and wellness, and if they agree that participation in the benefit improved their overall wellbeing and access to timely care and services.

4.4 Long-term Records Retention and Maintenance

NWMHP shall maintain and provide access to records and data related to utilization of the benefit, costs, quality performance reporting and financial arrangements. Additionally, NWMHP shall maintain and require all Participant and Preferred Providers, individuals and entities performing functions or services related to ACO activities to maintain such records and/or other evidence for a period of 10 years from the expiration or termination of the ACO REACH Model Participation Agreement.