The Town Hall will begin shortly……

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.

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NWMHP ACO Town Hall

November 3, 2022

Agenda

- ACO Policy & Advocacy
- Program Updates
  - 2022 Wind-Down
  - 2023 Ramp-Up
  - ACO REACH Updates
- Innovaccer Spotlight – Avoidable ED Visits
- Care Management

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ACO Policy & Advocacy

NAACOS Advocacy on AAPM Bonus

Over 800 organizations signed to request extension of AAPM Incentive Payment.

This payment helps eligible providers invest in and develop an infrastructure that allows them to continue participating in AAPMs for future years.

Only congressional action can extend the AAPM Incentive.

Any extensions will be outlined in the Final Physician Fee Schedule Rule in December 2022.

Jayapal/Warren Letter – Not Sent

Rep. Jayapal and Sen. Warren were circulating a letter expressing concern over some current Direct Contracting participants and their history of fraud in Medicare

- The letter asked what steps CMS was taking to prevent fraud and upcoding along with asking CMS to identify other potential ways to protect Medicare
- Jayapal and Warren were soliciting offices to join their letter

In mid-October, we received word that Rep. Jayapal and Sen. Warren have no intention of sending the letter at this time

- That doesn't mean their efforts are necessarily over
- We continue to monitor the situation and any opposition that ACO REACH may receive

GPDC Update

Retrospective Trend Adjustment

We continue to see CMMI's use of a retrospective trend adjustment in GPDC

- CMS policy: If the prospective trend for the PY differs by more than 1% from actual PY experience, a retrospective trend is applied instead
- DCEs' benchmarks fell by 10% after Q2 as a result of the retrospective trend adjustment

CMMI has released data indicating that the trend adjustment is coming down to around 7-8%. We will know more detail when the Q3 Benchmark Report is released.

We are working with coalition groups to understand CMMI's rationale for the large difference in the trends.

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2022 Wind-Down

2021 NGACO Performance

NWMHP ACO achieved Shared Savings for the fifth year in a row!

Final 2021 Performance is still under CMS embargo. Once the embargo is lifted, the news will be shared. We encourage 2021 providers to share these communications.

Shared Savings Timeline:

Mid-November

- Communications will be posted to share the success

December 1st – 10th

- Eligible 2021 Providers can expect their Shared Savings in this timeframe

2022 GPDC CAHPS

Upcoming Provider Education Session

Title:

CAHPS – Addressing Patient Perceptions

Presented by:

Joe Huang, MD, PSW Medical Director

Date: **November 15th at 6pm**

RSVP: **Communications@NWMHPACO.com**

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Patient Data Collection by Survey Vendors	
Sample files are posted to the GPDC CAHPS website for survey vendors	08/23/22
Teaser postcard mailing	09/12/22
Vendor Help Desk open	No later than 9/13/22
1st Questionnaire mailing	09/19/22
Reminder/Thank you postcard mailing	09/26/22
2nd Questionnaire mailing	10/17/22
Telephone (CATI) non-response follow-up	11/14/22 – 12/09/22
Data Submission	
1st interim data submission due from vendors	10/10/22
2nd interim data submission due from vendors	11/28/22
Final data submission due from vendors	01/16/23

2022 Wind-Down Timeline

Mid-Nov.

2021 NGACO Embargo lifted

Mid-Dec.

PY2022 Q3 GPDC Benchmark Report received

31 Mar. 2023

Access removal for Participants not returning in 2023

2021 NGACO Savings Distributed

1–10 Dec.

ACO REACH Begins

1 Jan. 2023

Services and Benefit Enhancements provided during the 2022 Performance Year will be able to carry into 2023 without disruption so long as the beneficiary is aligned in 2023.

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2023 Operations Ramp-Up

Search for NWMHP BOD Beneficiary

NWMHP is still searching for an additional ACO beneficiary to serve on the NWMHP Board of Directors (BOD) for 2023.

Please submit recommendations to JacobW@pswipa.com.

Beneficiaries must meet the following criteria:

1. Currently aligned to NWMHP ACO
2. Holds regular access to a computer and internet
3. Can attend all regular and special board meetings, in their entirety, and actively participate in proceedings (Must be in-person for at least one meeting per year)
4. Be accessible, at least by phone or e-mail, to staff and other board members as needed.
5. Fulfill commitments within agreed-upon deadlines

NWMHP ACO 2023 Network – 25,800 lives

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2017 | YEAR 1 Next Generation ACO	2018 | YEAR 2 Next Generation ACO	2019 | YEAR 3 Next Generation ACO	2020 | YEAR 4 Next Generation ACO	2021 | YEAR 5 Next Generation ACO	2022 | YEAR 6 Direct Contracting	2023 | YEAR 7 ACO REACH
THURSTON COUNTY, WA	THURSTON COUNTY, WA LEWIS COUNTY, WA	THURSTON COUNTY, WA LEWIS COUNTY, WA	THURSTON COUNTY, WA LEWIS COUNTY, WA KITSAP COUNTY, WA	THURSTON COUNTY, WA LEWIS COUNTY, WA KITSAP COUNTY, WA GRAYS HARBOR COUNTY,	THURSTON COUNTY, WA LEWIS COUNTY, WA KITSAP COUNTY, WA GRAYS HARBOR COUNTY,	THURSTON COUNTY, WA LEWIS COUNTY, WA GRAYS HARBOR COUNTY, WA
		NEZ PERCE COUNTY, ID	NEZ PERCE COUNTY, ID	NEZ PERCE COUNTY, ID	THE RURAL COLLABORATIVE 1. SUMMIT PACIFIC 2. KLICKITAT 3. NEWPORT HOSPITAL 4. OCEAN BEACH 5. ARBOR HEALTH 6. SKYLINE 7. MASON GENERAL	THE RURAL COLLABORATIVE 1. SUMMIT PACIFIC 2. KLICKITAT 3. NEWPORT HOSPITAL 4. OCEAN BEACH 5. ARBOR HEALTH 6. SKYLINE 7. MASON GENERAL 8. CCHS
				VANCOUVER CLINIC		
				THE RURAL COLLABORATIVE 1. SUMMIT PACIFIC 2. KLICKITAT 3. NEWPORT HOSPITAL 4. OCEAN BEACH 5. ARBOR HEALTH 6. SKYLINE 7. SNOQUALIMIE VALLEY		

Key dates for 2023

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January

26th: TRC Partner Check-In

February

March

9th: Town Hall Meeting

April

27th: TRC Partner Check-In

May

June

8th: Town Hall Meeting

22nd: Executive JOC Meeting

July

20th: TRC Partner Check-In

August

September

7th: Town Hall Meeting

October

26th: TRC Partner Check-In

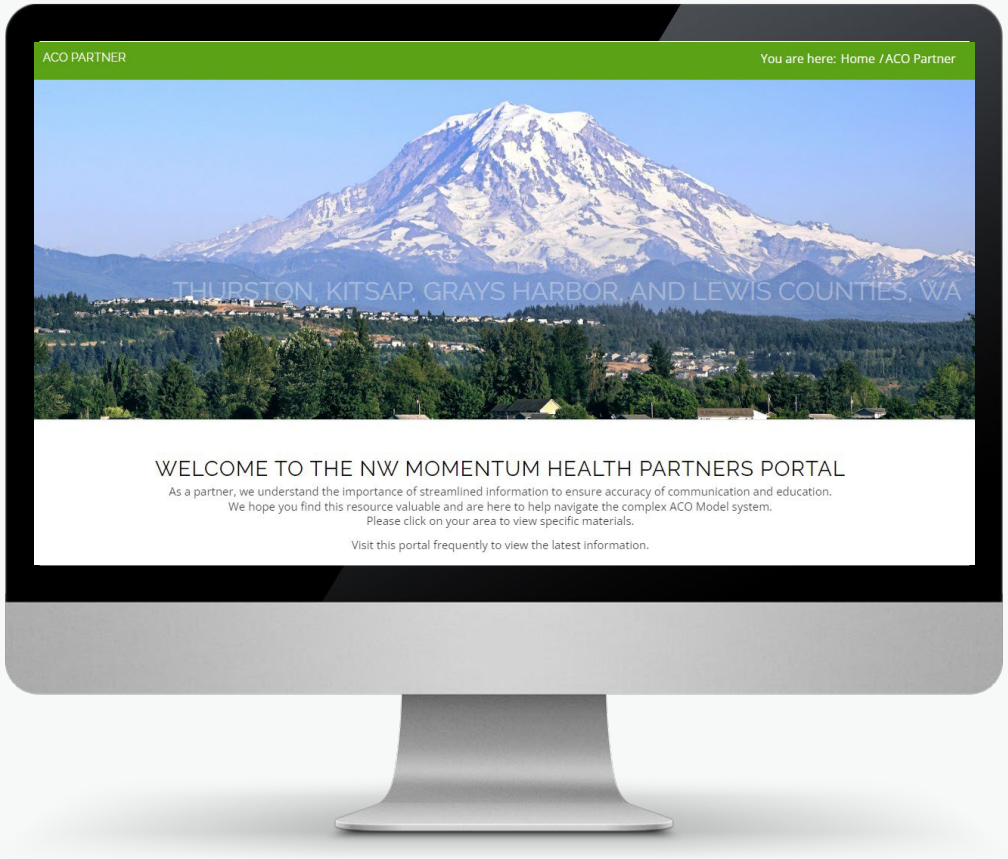
November

30th: Executive JOC Meeting

December

7th: Town Hall Meeting

NWMHP Partner Portal



https://www.nwmomentumhealthaco.com/

Upcoming changes:

1. Updated Calendar
2. Addition of ACO REACH section
3. Resources will be updated throughout the Performance Year

Provider Network Management

Per CMS guidelines provider additions and terminations must be updated monthly. The ACO REACH **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 5th 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 Sherri King at **Communications@NWMHPACO.com**

What to Expect?

January-February:

- NWMHP receives alignment file from CMS – final # of beneficiaries in the ACO
- Finalize SNF network for new partners

March-April:

- Attribution file available via Box.com
- Participant Providers will receive the 2023 Paper-Based Voluntary Alignment Form
- Innovaccer data to begin to be populated in late March-early April

May:

- Updated Attribution file
- Q1 Quarterly Data Reports

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

Voluntary Alignment

What is Voluntary Alignment?

- The process by which a Beneficiary may voluntarily align with the ACO by designating a Participant Provider as their main doctor, main provider, and/or the main place they receive care

ACO REACH – 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

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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 beneficiaries continue to be eligible for ACO services (Benefit Enhancements, SDoH, etc.)
- Informs CMS of their chosen Primary Care Provider
- Remain engaged with their Primary Care Provider

NWMHP has aligned 20 new beneficiaries in 2022

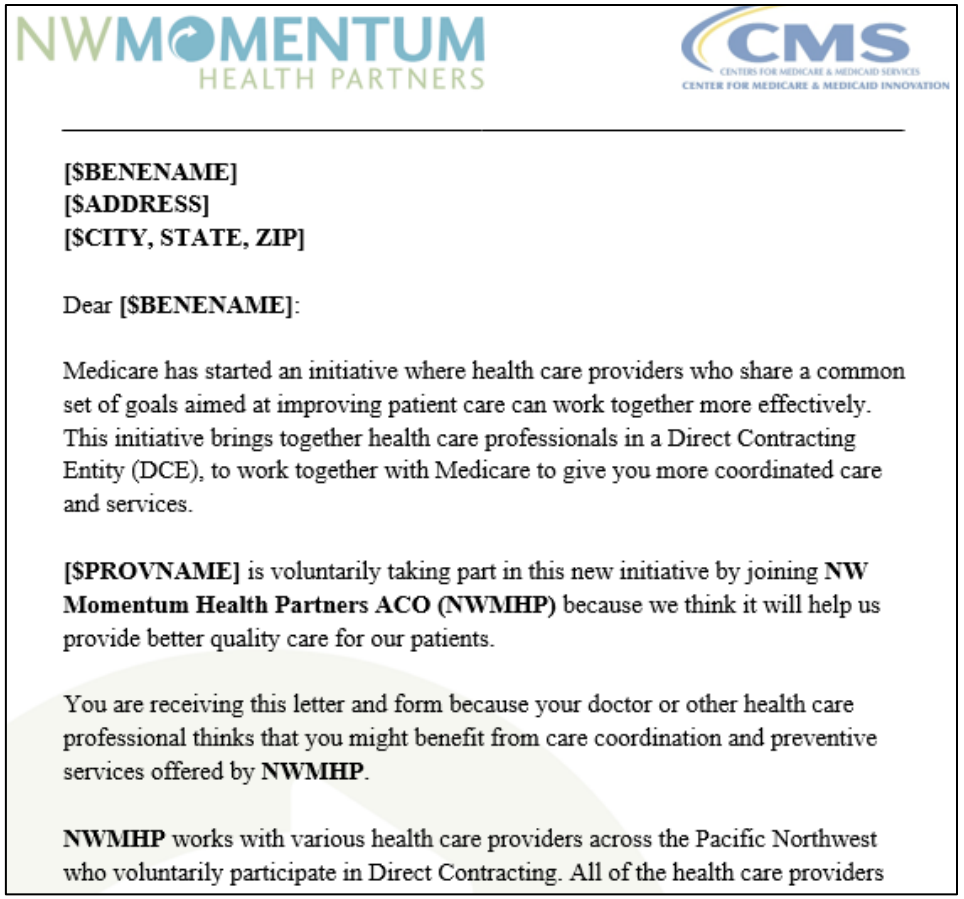
Voluntary Alignment

NWMHP's branded Electronic Voluntary Alignment Flyer and Paper-Based Voluntary Alignment Form can be found on the NWMHP Partner Portal.

Please print these materials and make them available for beneficiaries.

Completed forms can be faxed to (360) 999-5677.

These materials cannot be modified in any way. They are CMS approved materials.



NW MOMENTUM HEALTH PARTNERS

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICARE & MEDICAID INNOVATION

[$BENENAME]
[$ADDRESS]
[$CITY, STATE, ZIP]

Dear **[$BENENAME]**:

Medicare has started an initiative where health care providers who share a common set of goals aimed at improving patient care can work together more effectively. This initiative brings together health care professionals in a Direct Contracting Entity (DCE), to work together with Medicare to give you more coordinated care and services.

[$PROVNAME] is voluntarily taking part in this new initiative by joining **NW Momentum Health Partners ACO (NWMHP)** because we think it will help us provide better quality care for our patients.

You are receiving this letter and form because your doctor or other health care professional thinks that you might benefit from care coordination and preventive services offered by **NWMHP**.

NWMHP works with various health care providers across the Pacific Northwest who voluntarily participate in Direct Contracting. All of the health care providers

Voluntary Alignment - Compliance

Educating Beneficiaries – Do's

- Beneficiaries can register for Medicare.gov to select their primary practitioner (EVA)
- Provider should inform the Beneficiary of the steps to select a practitioner on Medicare.gov
- Beneficiaries can complete a paper-based voluntary alignment (PVA) and submit this form to their primary practitioner
- Voluntary Alignment does not affect the Beneficiaries' Medicare benefits or restrict their options to seek health care from any practitioner
- Inform the Beneficiaries that they may contact NWMHP directly with any questions related to Voluntary Alignment

Educating Beneficiaries – Don'ts

- Do not complete the EVA/PVA form or select a practitioner on Medicare.gov on behalf of the Beneficiary
- Coercion, withholding services, and/or influencing the Beneficiary to complete EVA/PVA is strictly prohibited
- Gifts/Renumeration to complete EVA/PVA is strictly prohibited
- PVA Form must NOT be included with any other forms requiring signature from the Beneficiary

Note: All CMS approved collateral related to Voluntary Alignment is posted on the NWMHP Provider Portal. Partners may not edit these final version documents.

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ACO REACH Updates

GPDC Transitions to ACO REACH

Topic	2022	2023	Same or different?
Risk Option with CMS	Professional (50/50 with CMS)	Professional (50/50 with CMS)	**Same**
Payment Mechanism	Primary Care Capitation	Primary Care Capitation	**Same**
Provider Fee Reduction	5% - Minimum Option	10% - Minimum Option	Same (**increased minimum**)
Provider Billing	Providers bill as normal	Providers bill as normal	**Same**
Benefit Enhancements	6 Benefit Enhancements	7 Benefit Enhancements	New Nurse Practitioner BE
Advanced APM QP Status	Available to Participants	Available – 5% Bonus expires	Participants **still excluded from MIPS** Reporting
Health Equity	No Health Equity Elements	Health Equity Plan/Data Collection	Different
Quality Measures	3-Claims Based + CAHPS	3-Claims Based + CAHPS	**Same**
Voluntary Alignment	Available each quarter	Available each quarter	**Same**

ACO REACH Data Requirements

- In PY2023, ACOs will be required to collect and submit beneficiary-reported demographic data on an annual basis.

- Submitted demographic data must consist of all elements as specified in the United States Core Data for Interoperability Version 2 (USCDI v2), which includes race, ethnicity, language, gender identity and sexual orientation.

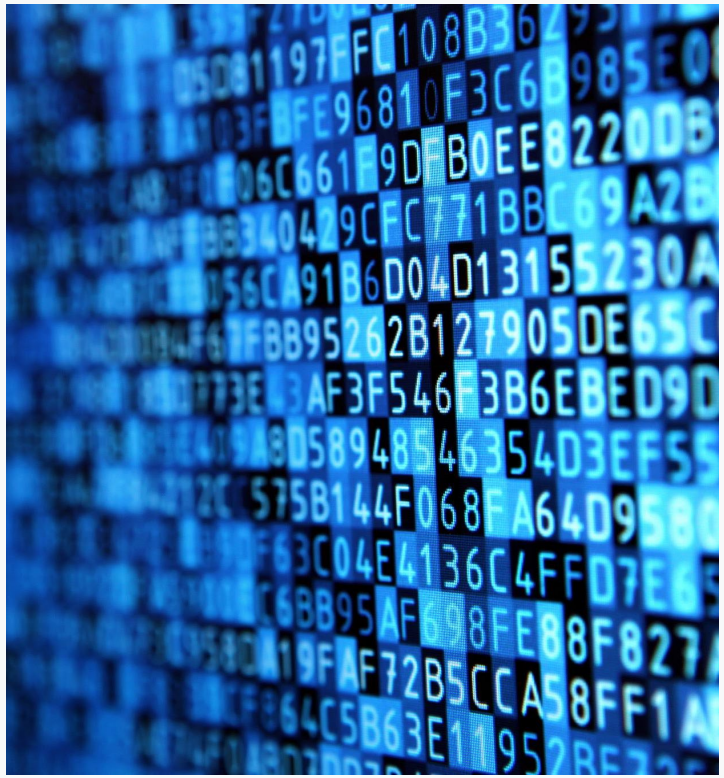
- Two Options for ACOs to report to CMS:
    1. CMS provided questionnaire utilizing Fast Healthcare Interoperability Resources (FHIR) data standards.
    2. CMS provided excel template provided USCDI v2 demographic data specifications are met.

- CMS is proposing a bonus of up to 10 percentage points on the ACO's Total Quality Score in PY2023 for successful reporting. There will be no downward adjustments for non-submission and the ACO Total Quality Score cannot exceed 100%. The 10%-point bonus will be awarded on a sliding scale to encourage gathering of data.

- Future years may receive a downward adjustment for not reporting.

ACO REACH Data Requirements

- ACOs will be encouraged to collect and submit beneficiary-level data on SDoH to CMS.
- The CMS provided questionnaire will include an optional section on SDoH.
- Submission of SDoH data is optional for PY2023 and will not have an impact on the ACO's quality score.
- CMS expects to include submission of SDoH data as a component of quality performance in future Performance Years.



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Submission of ACO REACH DATA

- NWMHP will collect demographic and available SDoH data. Sources may be:
  1. Innovaccer
  2. EMR
- NWMHP will report gathered data utilizing CMS approved forms

CEHRT ⟶ CURES Act Requirements

- 75% of Participant Providers EHR systems must meet or exceed the CEHRT criteria established by CMS.
- NWMHP released a survey to the network in September to gather updates on EMR information and are still awaiting responses from some organizations.
- Some EHR versions may only require an update to comply with certification requirements.
- Deadline for 75% of NWMHP Participant Providers to be using CURES Act EHRs is 9/30/23

CURES Act – what has changed?

- Introduced new technical certification criteria to advance interoperability and make it easier for patients to access their own electronic health information on their smartphones.
- Added new privacy and security certification criteria.
- Revised the standards referenced by several existing 2015 Edition certification criteria, including United States Core Data for Interoperability updates.
- Removed and time-limited several 2015 Edition certification criteria.

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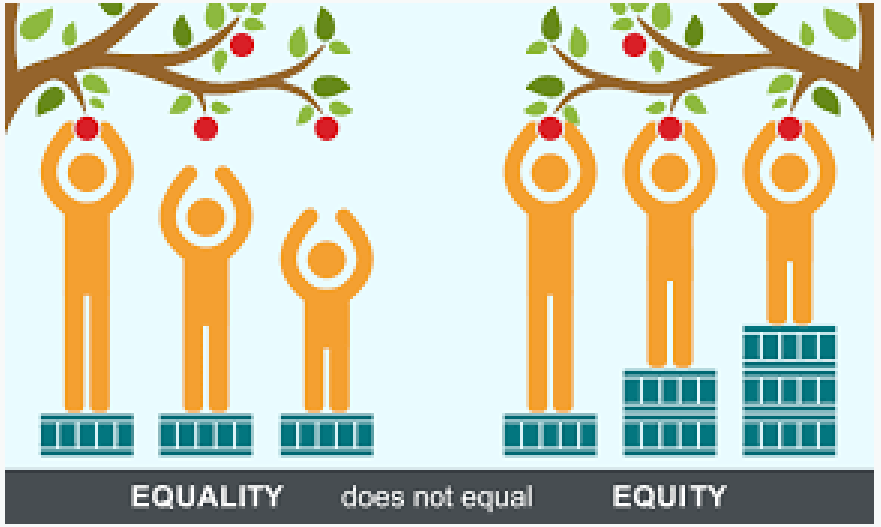
Health Equity

What is Health Equity?

Equity and efficiency can go hand in hand in healthcare delivery.

Offering equitable health care leads to more efficient healthcare systems overall, as a healthier population requires less medical care.

That means fewer doctor's visits, less healthcare spending per patient, and better health outcomes



Health Equity

How do we participate in improving health equity in the communities we serve?

Four key steps to achieve health equity:

- **Identify important health disparities within the population served**.
  - ✓Living and working conditions
  - ✓Education
  - ✓Income
  - ✓Neighborhood characteristic
  - ✓Social inclusion
  - ✓Access to medical care

- **Change and implement practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.**
  - ✓Eliminate the unfair individual and institutional social conditions that give rise to the inequities.

- **Evaluate and monitor efforts using short- and long-term measures**
  - ✓Disadvantaged groups should not be compared to the general population but to advantaged groups.

- **Reassess strategies in light of process and outcomes and plan next steps.**
  - ✓*Engage those most affected by disparities* in identification, design, implementation, and evaluation of promising solutions.

How PSW Can Help – Pathway to Better Health

Connect beneficiaries to resources within their community such as:

- Food
- Housing
- Access to Care

Provide education to promote self-care and awareness of resources to help

- What is available and how to find out more
- How to limit negative outcomes to health because of a situation
- How to find resources within their community

Offer help to those who need it to reduce risk to health and wellbeing

Pathway to Better Health

The first event will take place in Grays Harbor county on Tuesday November 15th at 3pm.

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Innovaccer

Quarterly Data Spotlight

Avoidable Emergency Department (ED) Visits

- Non-Emergent and Primary Care Treatable ED visits make up a significant portion of avoidable ED volumes.
- In 2017, 144.8 million visits to the ED were recorded in the US with 29.2 million visits being Medicare FFS patients aged 65 and above.
- Aggregate cost of ED visits in 2017 totaled $76.3 Billion, with $20.2 Billion attributed to Medicare FFS patients aged 65 and older.
- In rural areas, patients aged 65 years and older accounted for the largest share of aggregate ED visit costs (32.5 percent) compared with other age groups.

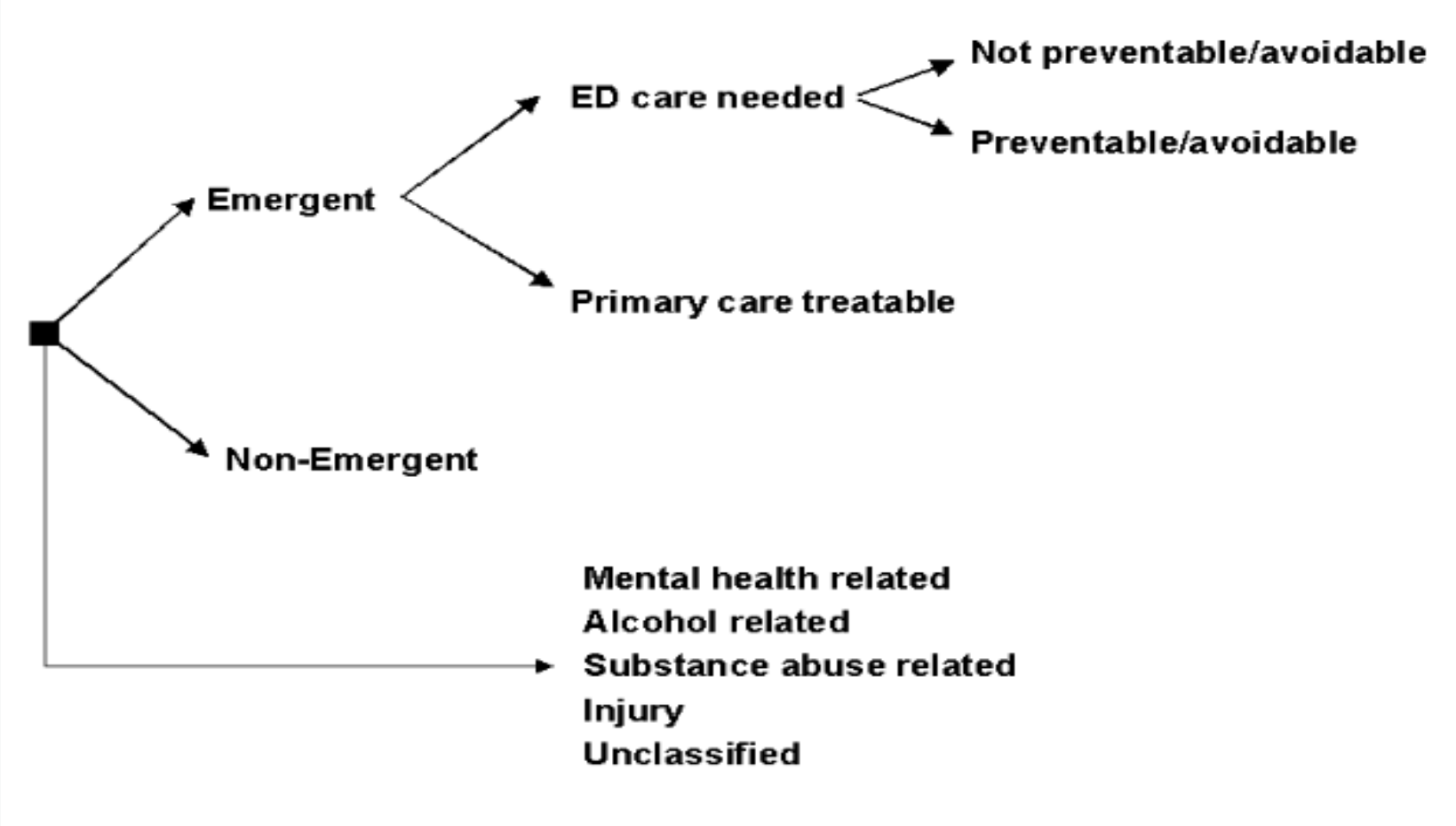
https://www.hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp

NYU-EDA Algorithm for Emergency Department Utilization

- **Non-emergent** - The patient's initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours
- **Emergent/Primary Care Treatable** - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed, or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests)
- **Emergent - ED Care Needed - Preventable/Avoidable** - Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.)
- **Emergent - ED Care Needed - Not Preventable/Avoidable** - Emergency department care was required, and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.)

Patients with a Primary Diagnosis of Injury, Mental Health (MH) problems or Substance Abuse Disorders (SUD) are tabulated separately.

NYU-ED Algorithm Workflow



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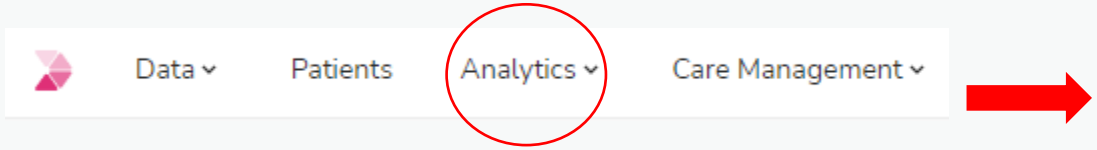
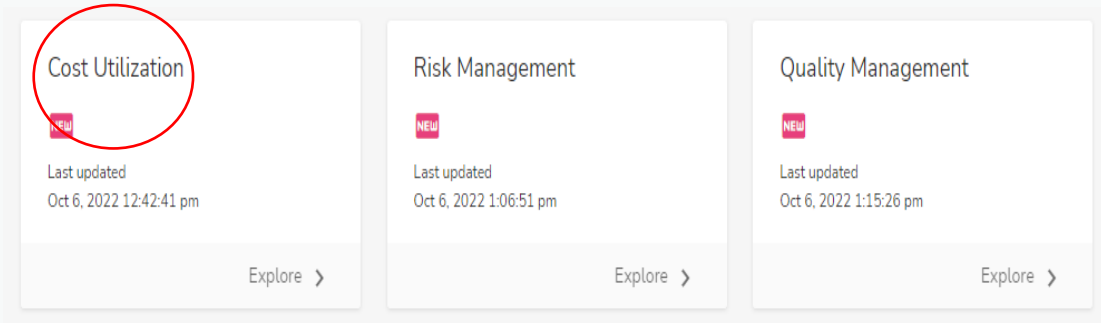
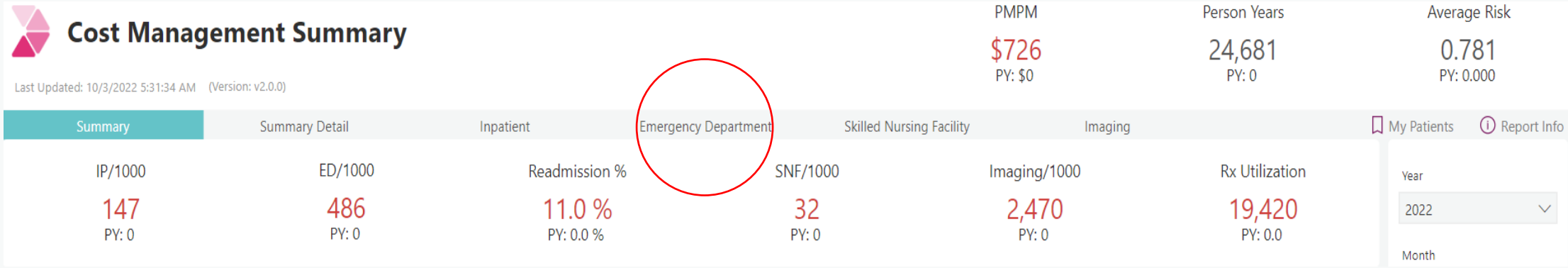
Finding the Data

Cost Management Summary (Jan-Aug 2022)





Open Innovaccer and Click Analytics Tab – Dashboards will open
Click Cost Utilization Tab
Cost Management Summary opens and provides utilization information
Click Emergency Department Tab to open ED data



Emergency Department Utilization, All Categories

(Jan-Aug 2022)

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Download patient information

Summary | Summary Detail | Inpatient | Emergency Department | Skilled Nursing Facility | Imaging | My Patients | High ED Utilizers | Report Info

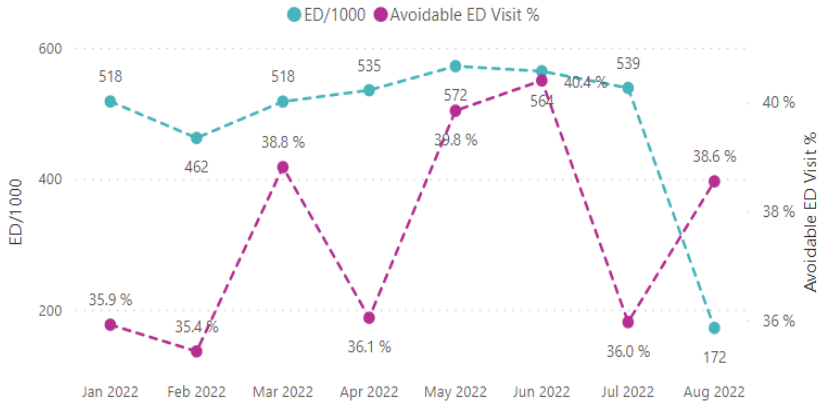
ED PMPM	ED/1000	Avoidable ED Visit %	Avoidable ED Cost %	Freq ED Flyers %
$38	486	37.6 %	32.8 %	3.8 %
PY: $0	PY: 0	PY: 0.0 %	PY: 0.0 %	PY: 0.0 %

Synopsis

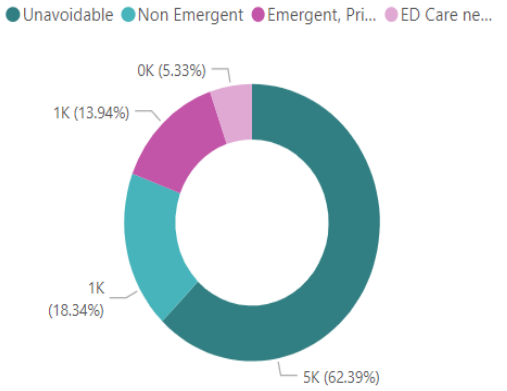
ED Utilization decreased by 0.00% while ED PMPM decreased by 0.0% compared to last year.

Urinary tract infection, site not specified is the top avoidable ED Diagnosis with a total cost of $179,826

ED/1000 and Avoidable ED Visit % (Trailing 12 Months)



ED Visits Breakdown



Year: 2022
Month: Multiple selections
Organization: PSW
Line of Business: DCE
Payer: All
Area Of Service: All
Clinic: All
Provider: All

Apply Filters – Ability to filter to Provider level

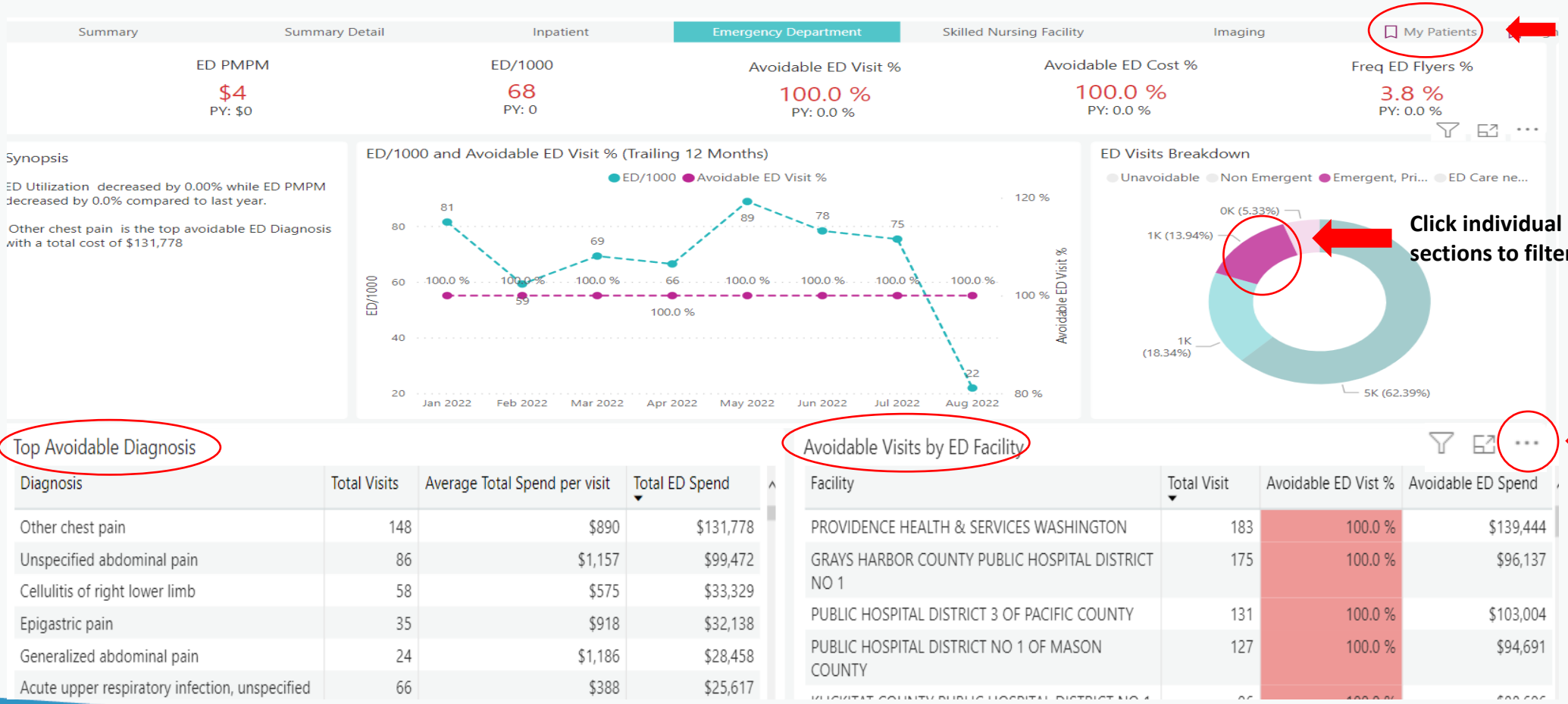
Top Avoidable Diagnosis

Diagnosis	Total Visits	Average Total Spend per visit	Total ED Spend
Urinary tract infection, site not specified	203	$886	$179,826
Chronic obstructive pulmonary disease with (acute) exacerbation	132	$1,207	$159,312
Other chest pain	148	$890	$131,778
Dizziness and giddiness	101	$1,112	$112,362

Avoidable Visits by ED Facility

Facility	Total Visit	Avoidable ED Vist %	Avoidable ED Spend
PROVIDENCE HEALTH & SERVICES WASHINGTON	1,341	35.1 %	$1,119,254
GRAYS HARBOR COUNTY PUBLIC HOSPITAL DISTRICT NO 1	1,093	44.1 %	$805,510
PUBLIC HOSPITAL DISTRICT NO 1 OF MASON COUNTY	1,090	34.9 %	$1,176,551

Emergent – Primary Care Treatable (Jan-Aug 2022)



Download patient list

Click individual sections to filter

Click to export data

Diagnosis	Total Visits	Average Total Spend per visit	Total ED Spend
Other chest pain	148	$890	$131,778
Unspecified abdominal pain	86	$1,157	$99,472
Cellulitis of right lower limb	58	$575	$33,329
Epigastric pain	35	$918	$32,138
Generalized abdominal pain	24	$1,186	$28,458
Acute upper respiratory infection, unspecified	66	$388	$25,617

Facility	Total Visit	Avoidable ED Vist %	Avoidable ED Spend
PROVIDENCE HEALTH & SERVICES WASHINGTON	183	100.0 %	$139,444
GRAYS HARBOR COUNTY PUBLIC HOSPITAL DISTRICT NO 1	175	100.0 %	$96,137
PUBLIC HOSPITAL DISTRICT 3 OF PACIFIC COUNTY	131	100.0 %	$103,004
PUBLIC HOSPITAL DISTRICT NO 1 OF MASON COUNTY	127	100.0 %	$94,691

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Examples to Improve Performance

- Consider having extended hours or weekends
  - If unable to have extended hours, educate front office and staff on locations of in-network extended care.
  - If clinic has extended hours, ensure patients are aware
- Encourage patients to the call office for same-day appointment when ill
- Refer medically complex patients to Care Management Services
- Identify highest ED-Utilizers in your population and most ED visit frequent diagnosis

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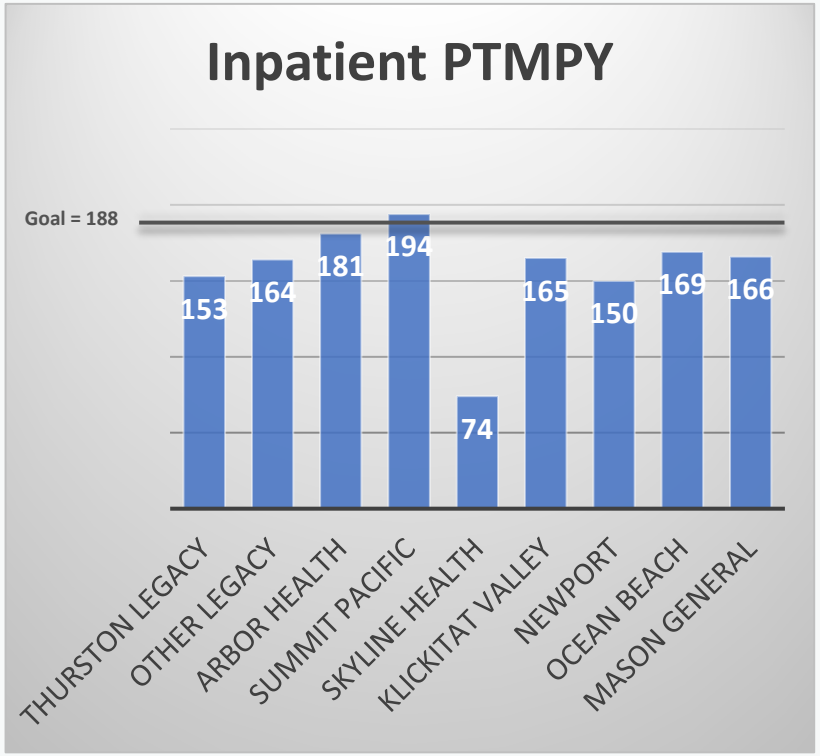
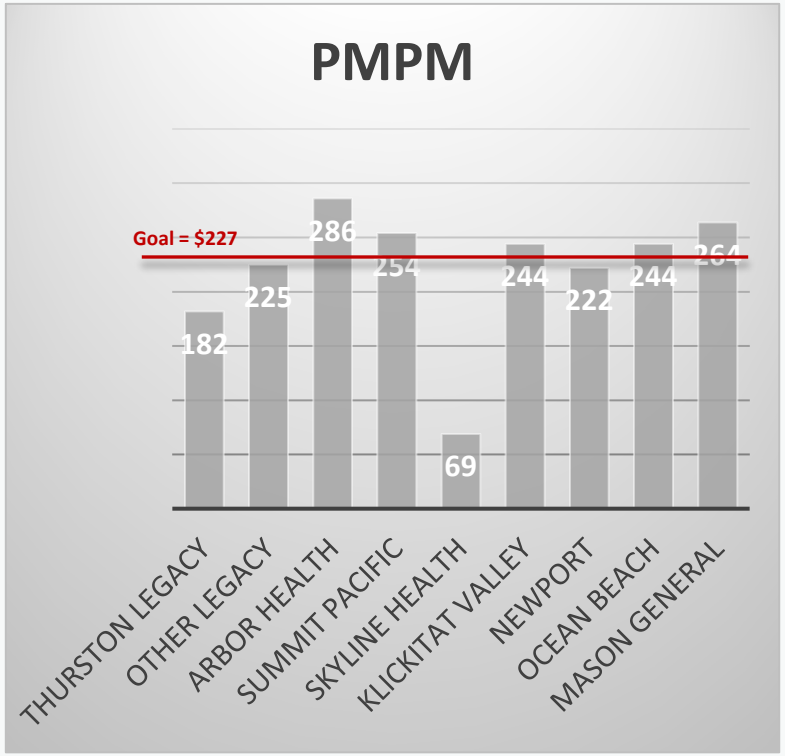
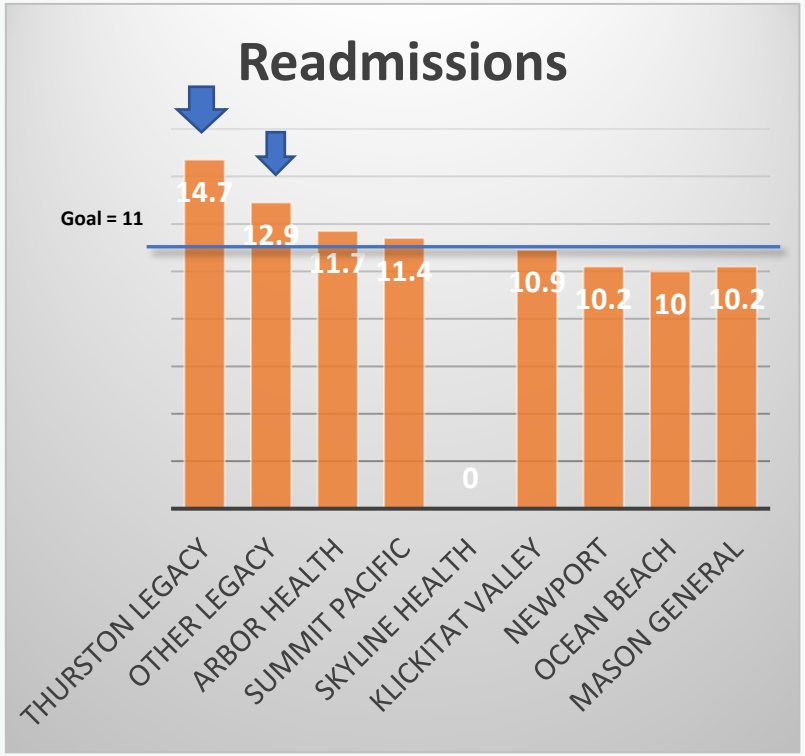
Care Management Network Updates

Inpatient Utilization Trends Q1-2 2022

Inpatient Utilization Performance claims data January – June 2022 – Innovaccer Dashboard



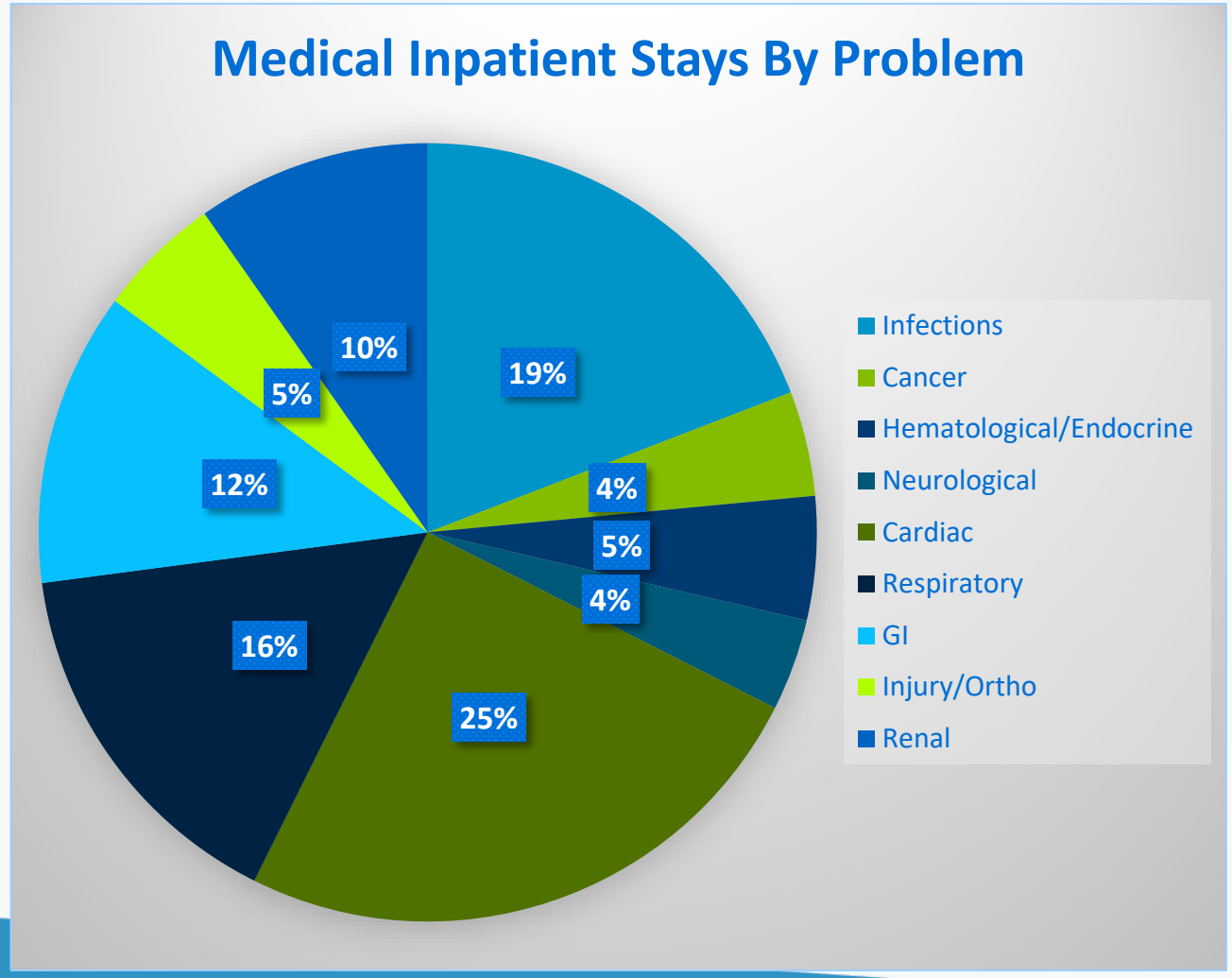




Focusing on readmissions for:

- Sepsis
- Cardiac care
- Pulmonary care

Medical Conditions Inpatient Problem Categories



63% of Hospital Stays were for Medical Inpatient care

Top three health problems:

- Cardiac Care
- Infections
- Respiratory

COVID-19 cases = 71

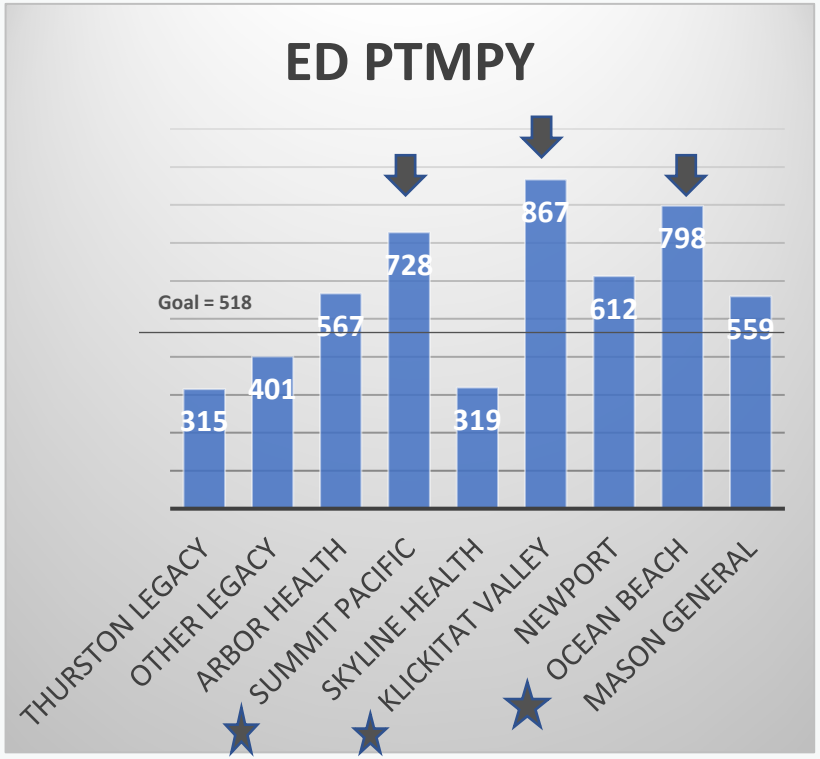
12.4% Medical Inpatient Care readmission rate

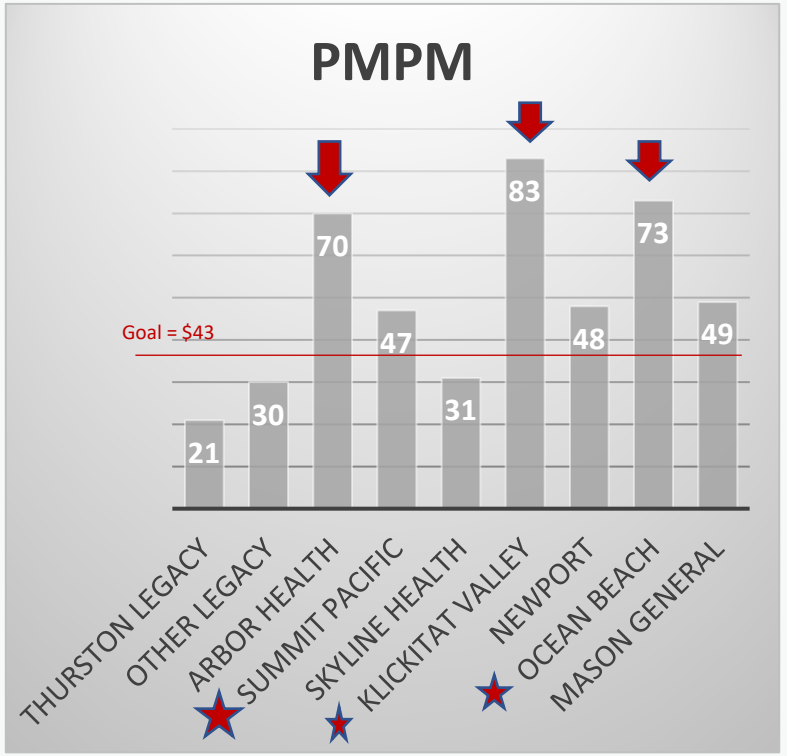
57.9% of readmissions were attributed to top three health problems

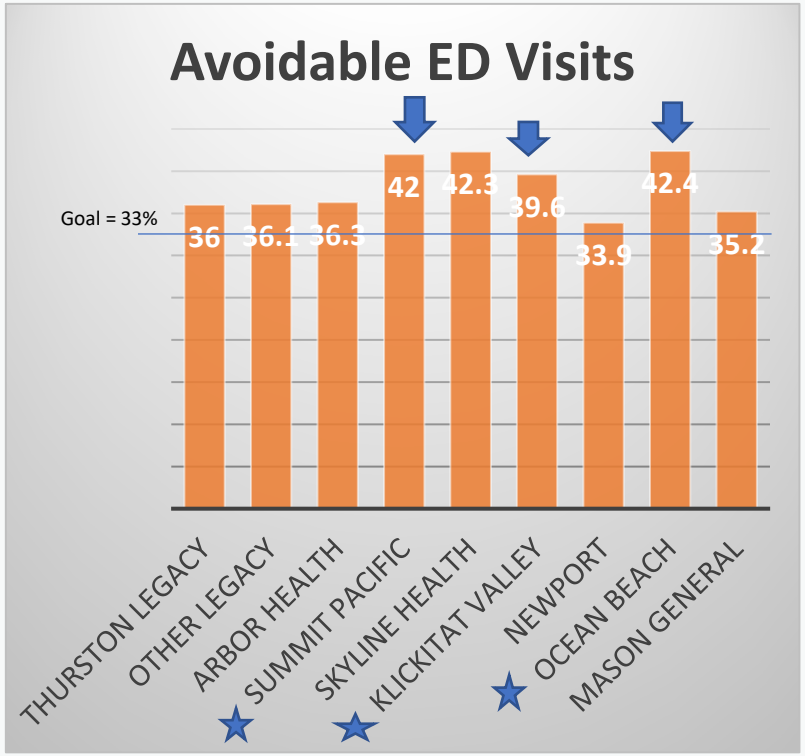
- 12.8% Cardiac readmission rate
- 16.7% Infection readmission rate
- 16.7% Respiratory readmission rate

ED Utilization Trends Q1-2 2022

ED Utilization Performance claims data January – June 2022 – Innovaccer Dashboard





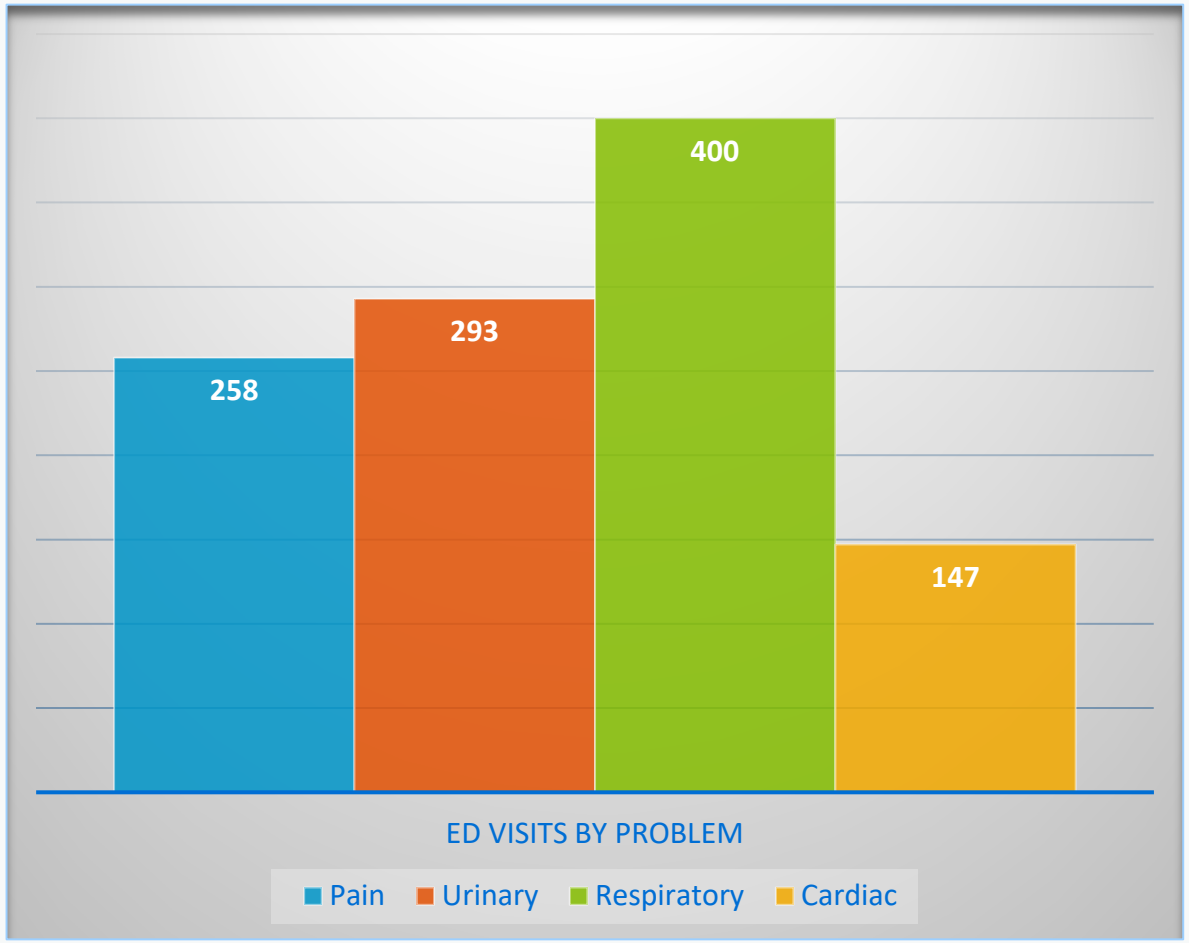


Top three locations to work on reducing ED utilization

- Klickitat Valley
- Ocean Beach
- Summit Pacific

Avoidable ED Visits by Problem

Avoidable ED Visits Population Assessment 2022 (January – June Claims)



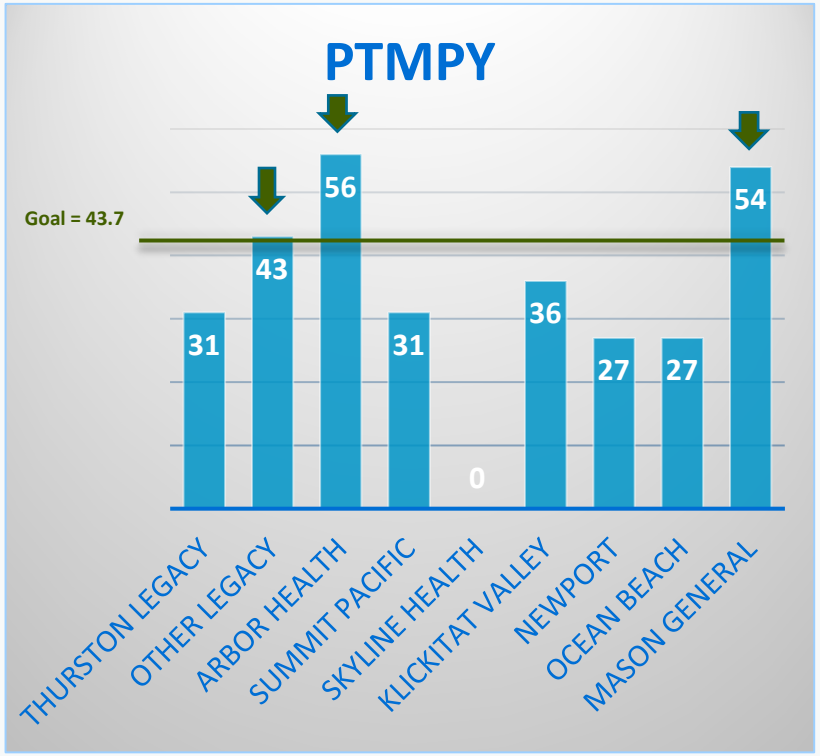
44% of Avoidable ED Visits were related to the following primary diagnoses

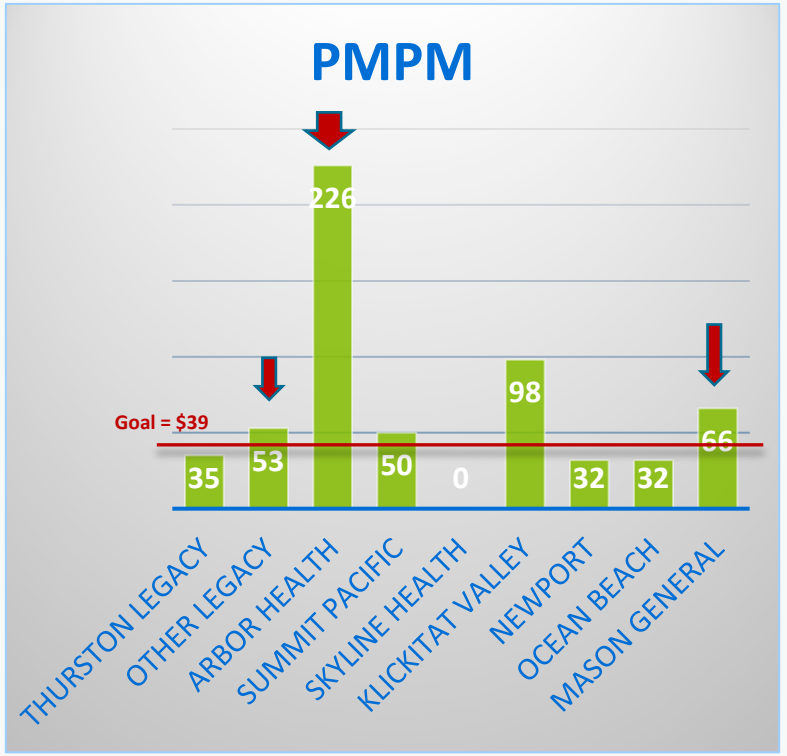
- 10.4% related to pain
- 11.8% related to urinary conditions
- 16.1% related to respiratory conditions
- 5.9% related to cardiac conditions

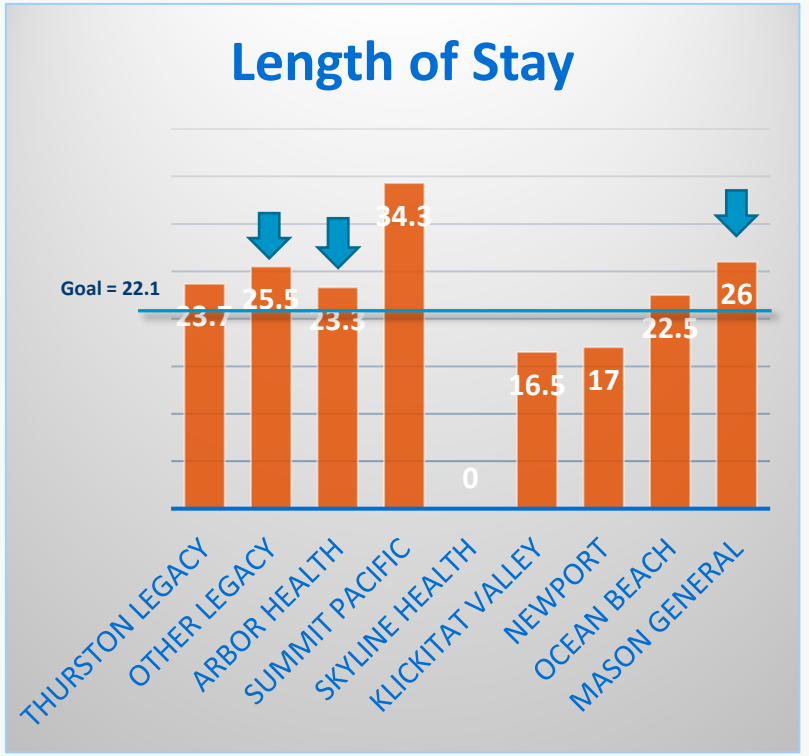
5.7% of unavoidable visits were related to COVID-19 infection (n = 233)

SNF Utilization Trends Q1-2 2022

SNF Utilization Performance claims data January – June 2022 – Innovaccer Dashboard







Review utilization trends for top three locations

- Arbor Health
- Mason General
- Other Legacy (Kitsap & Lewis Counties)

Care Management

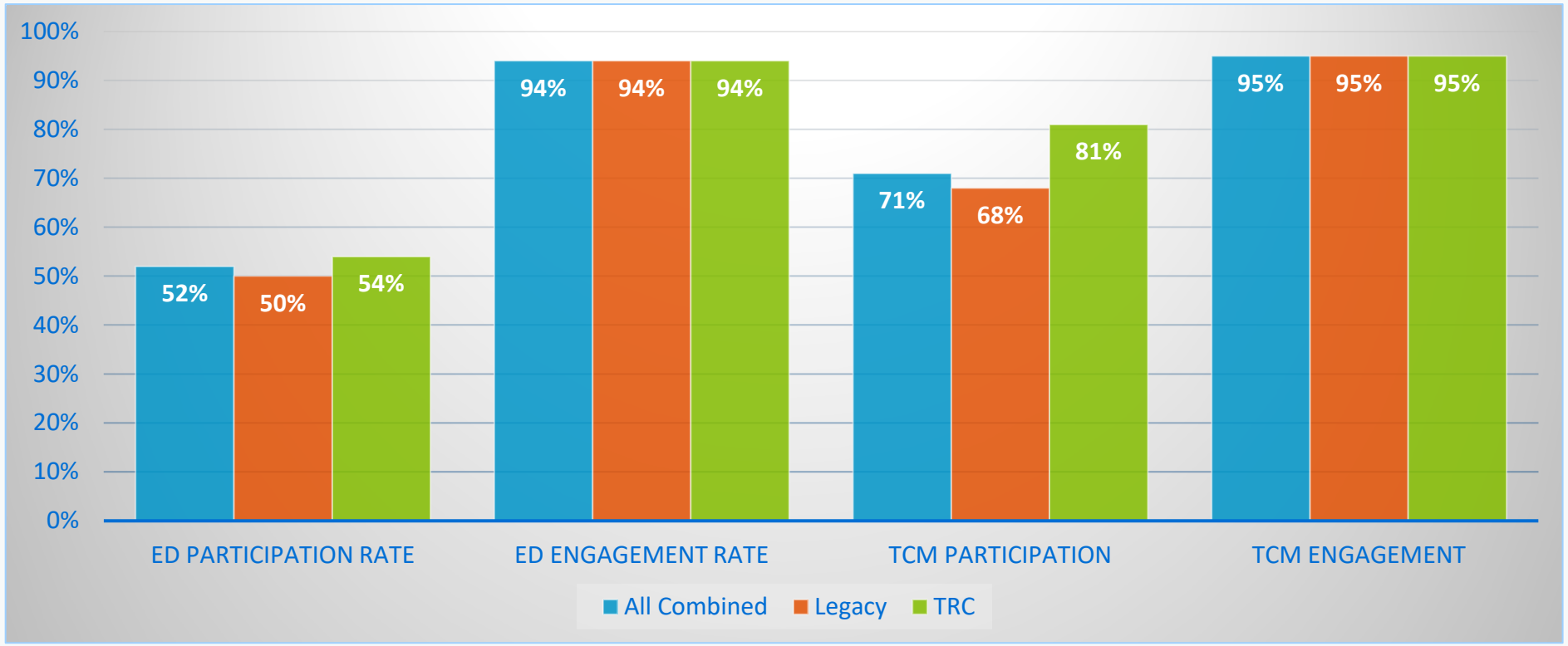
ED & Inpatient Discharge Outreach

ED Population Outreach:

Legacy	TRC
1405	1709

TCM Population Outreach:

Legacy	TRC
619	593



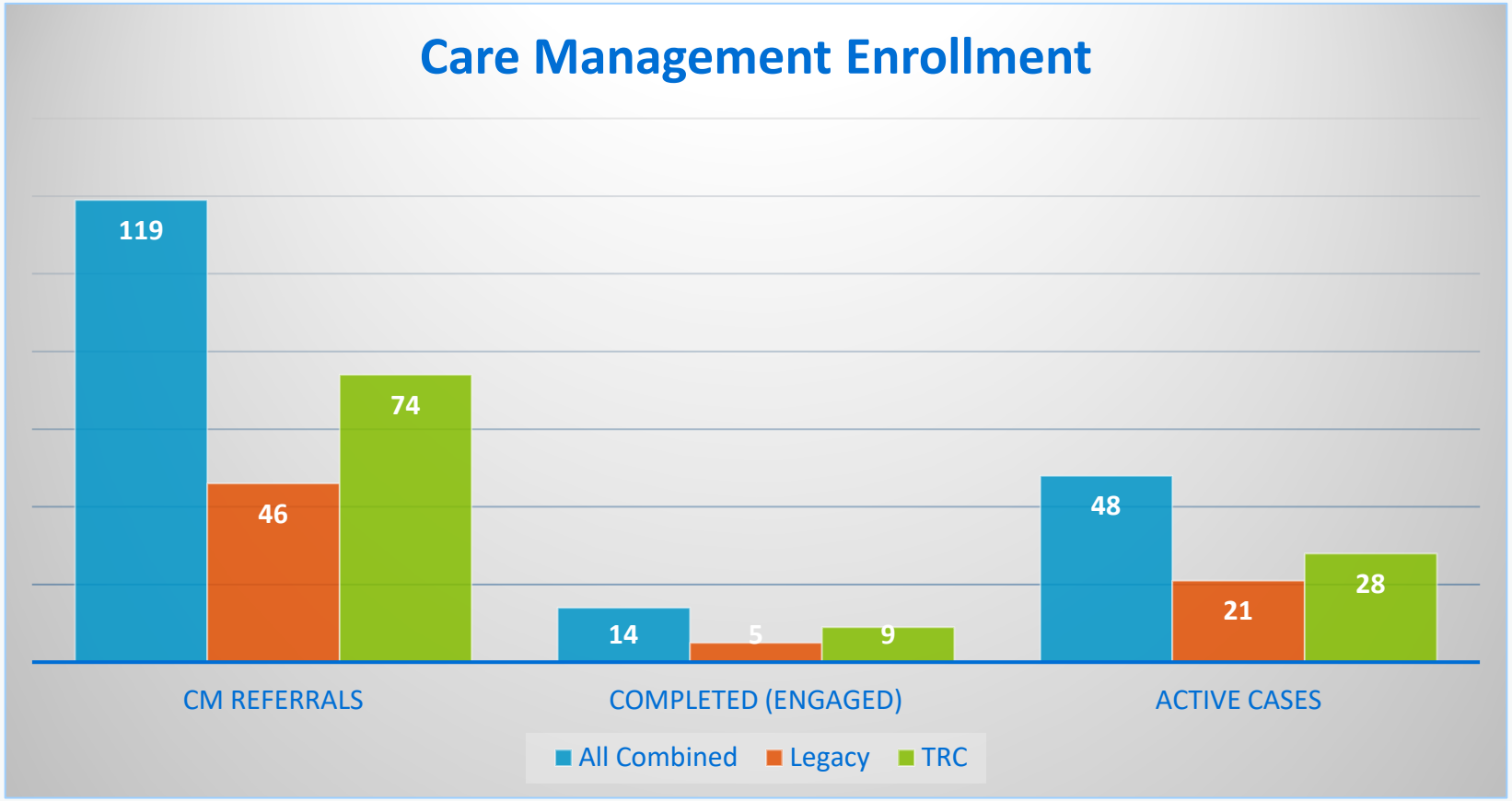
Definitions:

Population outreach = the number of beneficiaries that were offered services.

Participation rate = % of population outreached that were reached and offered services.

Engagement rate = % of population that were offered services that engaged in the services.

Chronic Disease Management



Care Management Services We Offer

- General Care Management
- Complex Care Management
- Remote Patient Monitoring for clients with pulmonary or cardiovascular diagnosis
- SDOH program

To make a referral for CM services:

Email: Careteam@nwmhpaco.com

Questions?

PSW Healthcare Snapshot

These monthly snapshots will give you and your providers a look into the world of Value-Based Care

For more information, questions, or to have someone added to the Healthcare Snapshot mailing list, please contact Communications@NWMHPACO.com

Thank you!