

## **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 ACO REACH model (hereafter referred to as ACO) 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.

Beneficiaries' ability to participate in the utilization of the Cost Sharing Support Benefit is dependent on the participation of their ACO Provider. An ACO Provider is not obligated to participate in the Cost Sharing Support Benefit as a condition of participation in the ACO REACH 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 ACO Provider for their aligned beneficiaries. Beneficiaries will only be eligible for waiver of the cost sharing for services that are offered by their ACO Provider.

### **1.2 System for Managing and Tracking Services**

ACO 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, ACO 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 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 ACO Providers care management programs. ACO Providers with care management staff perform services in alignment with the criteria for the billing of those services.

Beneficiaries who do not have a provider who offers Care Management services covered under the waiver will be eligible for services supported by the NWMHP 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 performance year. This number is anticipated to increase as ACO Providers develop processes to provide the care management services that are applicable to the waiver of cost share. The ACO's goal is to provide support to ACO 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 ACO 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 ACO's Chief Medical Officer and the Clinical Quality Improvement Committee.

Education to ACO 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 ACO Providers, as needed.

Ongoing technical assistance, particularly around the critical component of reporting is made available to ACO Providers as indicated. ACO 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 ACO Providers and a dedicated web portal, accessible by all ACO Providers. NWMHP will ensure ACO 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 ACO 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.

NWMHP will not reimburse ACO Providers for the cost share waived. A Cost Sharing Support Benefit Agreement will be required to be in place with ACO 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, Chronic Care Management (G0511), 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.

ACO Providers electing to participate in the Cost Sharing Support Benefit will be provided information and tools on how to implement their own program. ACO 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.

ACO 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 ACO 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 and the ACO’s Clinical Quality Improvement Committee for approval on an annual basis. Cost Sharing Support Benefit policies and procedures will be made available to ACO Providers prior to their implementation of the waiver through communication during contracting and via the ACO’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 ACO 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 ACO 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 ACO Providers and the care management team. The SOP is reviewed and approved by the ACO’s Executive Leadership Team and Clinical Quality Improvement Committee.

## **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 communications are governed by appropriate reciprocal agreements between NWMHP and its ACO 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. ACO 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. ACO 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 ACO REACH 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, ACO 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 Clinical Quality Improvement Committee 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 ACO's Clinical Quality Improvement Committee and Board of Directors a minimum of annually. Audits conducted will demonstrate compliance that ACO Providers' utilization is consistent with rules and regulations for implementation as designed and executed by NWMHP and approved by CMS.

ACO 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 Clinical Quality Improvement Committee 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**

ACO Provider Agreements and records are managed and maintained by the Compliance Department in conjunction with the ACO'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 ACO 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 ACO 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 ACO Providers as necessary, and reported to the ACOs Clinical Quality Improvement Committee 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 ACO's Medical Directors' Committee no less than quarterly. ACO 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 ACO 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 Participant

Agreement.