SNP Approval Model of Care Training
Elements 3 – 4
January 19, 2017   3:00 – 4:30 PM EST

Brett Kay, NCQA ~ Heather Kilbourne, CMS
Sandra Jones, NCQA ~ Nidhi Dalwadi Mehta, NCQA
Objectives of Special Needs (SNP) Model of Care Review

- Comply with statutory requirements of Affordable Care Act
- Ensure SNPs have robust Models of Care
- Establish frequency for approval review cycle (1-3 years)
MOC Elements

• MOC 1: SNP Population
• MOC 2: Care Coordination
  Care Transitions Protocol
• MOC 3: Provider Network
• MOC 4: Quality Measurement
How will NCQA Score the MOC?

- MOC elements worth 0-4 points, based on # of factors met.
- Total of 60 points (15 elements)
- converted to percentage scores
  - E.g., 50 points = 83.33% (2-year approval)
- 85%+--3-year approval
- 75-84%--2-year approval
- 70-74%--1-year approval.
- Plans scoring <70% after the initial review will have one Cure process. Plans that undergo the Cure, will only receive a 1-year approval, regardless of their final score.
Project Time Line

- February 7 – Technical Assistance call prior to submission
- February 15 – SNP and MMP applications submitted to CMS via HPMS
Updates for this Review Period

- CMS and NCQA would like to advise you to adhere to the regulatory language as set forth.
- Please be advised that NCQA reviewers will score your MOC narrative based on the Guidelines.
- We will refer to specific regulations as we walk through applicable elements/factors.
SNPs and MMPs must identify all H-numbers that fall under the same MOC on the Matrix Upload document

- While the MOC is the same – we want to see specificity on the target population at the local service area (PBP) level, not the national level.
- Data and analysis must be relevant to specific populations in each service area.
- Expectation is for SNPs to submit a new MOC each renewal period with process updates and changes (e.g., changes to goals as a result of analysis of outcomes or process improvements), and not the same MOC previously approved.
- MOC will receive a new score.

Target population description is not your overall/national population.
MOC 3: Provider Network

Nidhi Dalwadi Mehta
MOC 3, Element A: Provider Network

Intent: demonstrate how the network is designed to address the needs of the SNP’s target population

Focus:
- Plan-level information for the provider network
MOC 3, Element A: Specialized Expertise

1. The specialized expertise in the provider network addresses the needs of the target population as described in MOC 1
2. How the SNP oversees the licensure and certification of providers
3. Documentation of provider information
4. Collaboration between the providers and ICT to provide necessary specialized services
Regulations at 42 CFR§422.152(g)(2)(vi) require SNPs to demonstrate that the provider network has specialized clinical expertise in delivery of care to beneficiaries.
The network includes contracted providers with specialized clinical expertise pertinent to the targeted C-SNP membership. This includes: practitioners specializing in geriatric medicine, internists/primary care physicians (PCP), and endocrinologists to manage diabetes as well as specialist to manage member comorbidities such as cardiologists, nephrologists and orthopedic surgeons. The network is not limited to the aforementioned providers and includes other specialist as determined by member diagnosis: nurses, behavioral health specialists, social workers for care coordination, benefit and housing needs, social or medical equipment and resources as applicable.

Available facilities for our chronic DM SNP includes acute care hospitals and tertiary medical centers, dialysis centers, acute care rehabilitation facilities, laboratory providers, skilled nursing facilities (SNF), pharmacies, radiology facilities, outpatient diabetes management and cardiac rehabilitation centers and wound care centers...
At SmartHealth, we recognize that the primary care physician (PCP) is the ICT member who determines ultimately which services the member will receive. The member is at the center of the ICT and the PCP is the clinical driver of all the care the member receives. The PCP works collaboratively with the Care Manager, who is the single point of contact for all ICT members involved in the care of a member. The member’s Care Manager acts as the coordinator of services and is the person who executes/authorizes services for the member with ongoing input from the other ICT members. The Care Manager helps to ensure member access to specialists and other needed services. The other ICT members contribute to care planning and utilization as the members care needs change over time. The Care Manager documents all communication regarding clinical needs of the member in the system. Reports on services delivered are incorporated into the care management record to maintain a complete and up-to-date member record and disseminated to applicable ICT members...
MOC 3, Element B: Use of Clinical Practice Guidelines and Care Transition Protocols

Intent: Describe how the SNP ensures that beneficiaries receive appropriate, evidence-based care and services

- Focus:
  - Population-level decision making, not individual clinician level
  - Identify challenges to using CPGs and protocols
MOC 3, Element B: Use of CPGs and Care Transition Protocols

1. Monitoring how providers utilize CPG and nationally-recognized protocols appropriately
2. Identify challenges where CPG and protocols need to be modified
3. Decisions to modify CPGs and acted upon by the ICT
4. Oversees the use of care transition protocols to maintain continuity of care
Regulations at 42 CFR §422.101 (f)(2)(iii)-(v); 42 CFR §422.152(g)(2)(ix) require SNPs to demonstrate the use of clinical practice guidelines and care transition protocols.
To assist providers to use appropriate clinical practice guidelines, SmartHealth conducts ongoing data mining of pharmacy and medical/behavioral health claim data and medical record information to identify gaps in care. Results of the analysis produces clinically recommended services derived from evidence-based clinical practice guidelines for which there is no claim evidence that the member received the service. We evaluate claims data at least monthly for all members. Select clinical practice guideline measures are incorporated into a PCP report card, which are distributed twice a year, contain the physician’s performance on the identified guidelines, compared to the risk-adjusted performance of a specialty-matched peer group. On an annual basis, the QM team collects data and reports on provider compliance with clinical practice guidelines. The data collected is used to identify opportunities for provider education or program changes to improve performance…
Physicians and providers involved in the ICP are directed to use the plan of care as a tool to maintain alignment and consistency with treatment goals. They are also directed to communicate updated information related to the plan of care directly to the beneficiary’s care manager or by entering information through the provider web portal as a care plan note. The SmartHealth provider network management policies and procedures document the process for linking members to services including care transitions. The plan oversees care transitions by adhering to the Transition of Care policy and procedure and the Transition of Care program description outlined in MOC 2 Element E. All members admitted to an acute hospital or sub-acute facility (i.e., SNF or rehabilitation facility), must meet the clinical guidelines for admission. SmartHealth network providers are made aware of these requirements in the Provider Manual, received during provider orientation and available electronically on the website. Planned transitions from the members’ usual setting of care to another setting, such as elective inpatient admissions, require prior authorization by the plan…
MOC 3, Element C: Provider Network Training

Intent: describe how the SNP provides training for its provider network

– Focus:
  • How SNPs make training available to all network providers
1. Initial and annual trainings for network and out-of-network providers seen by members on a routine basis

2. Offering MOC trainings to all network providers

3. Challenges associated with completion of MOC trainings

4. Actions taken when training is not complete
Regulations at 42 CFR§422.101(f)(2)(ii) require that SNPs conduct MOC training for their network of providers.
MOC 3, Element C Example - Factor 2

During the new and annual provider orientations, in which providers are given the Model of Care training, provider manual, drug formulary, provider directory, and referral authorization form, providers complete the Provider Orientation sign-in sheet and an attestation of training. Similarly non-network providers, who have seen over 5 SmartHealth members or who have 5 encounters with members are also sent the MOC training information by mail and asked to submit an attestation confirming their review of the information. The Provider Network Management Department supports the Manager of Medicare Initiatives in tracking completion of provider trainings by keeping a copy of the signed attendance sheet and attestation, copies of which are preserved in the SmartHealth systems database.
SmartHealth identified the following potential challenges associated with completion of MOC training by network providers e.g. large volume of providers across the service area; capturing modifications to physician rosters by hospital system and/or large physician group practices; provider participation on multiple health plan panels leading to administrative issues of proper compliance. In addition, providers may miss scheduled training sessions due to time limitations, sudden increase in member needs and plan scheduling or staffing resources.
QUESTIONS
MOC 4: MOC Quality Measurement and Performance Improvement

Sandra Jones
Regulations at 42 CFR §422.152(g) require that all SNPs conduct a quality improvement program that measures the effectiveness of its MOC.
 Intent: Describe how the SNP conducts quality improvement related to its overall MOC

- Highlights:
  - Plan-level information focusing on goals that measure overall plan performance related to all aspects of the MOC
MOC 4, Element A: Quality Performance Improvement Plan Cont’d.

1. Overall quality improvement plan as it relates to the MOC and how the organization provides appropriate services to SNP beneficiaries, based on their unique needs

2. Specific data sources used to continuously analyze, evaluate and report MOC quality performance

3. Key personnel involved with the internal quality performance process

4. SNP-specific goals and health outcomes objectives are integrated into the overall plan (described in MOC 4, Element B)
MOC 4, Element A Example- Factor 2

In order to carry out processes for continuous collections, analyses, evaluation and reporting on quality performance, the Quality Improvement Department (QID) has designed an MOC evaluation protocol. Specific data sources used to analyze, evaluate and report MOC quality performance include: inter-departmental reports (such as utilization reports), MOC internal audit tool and the data collected for such, MOC evaluation, CMS MOC audit results, etc. Measurements relevant to identifying MOC performance measures include the outlined MOC goals and their identified benchmarks. Quarterly, the QID will use the audit tool described above, to assure that processes relevant to the MOC are carried out accordingly. All perspective departments are given a 1-3 week time frame to provide the required data. After collection of this data (usually via email or inter-office delivery), the QID uses the audit tool, approved MOC and CMS guidelines as a guide to analyze and evaluate performance. Departments will be advised, individually, regarding results of MOC audit and given recommendations by the QID. The quarter following the internal audit, reports/results of quality performance as discovered during audit will be presented during the Quality Improvement Committee. At this time the chief medical officer and/or medical directors will provide additional feedback to departments, as necessary. Additionally, key departments servicing the C-SNP members are required to participate in the Quality Improvement Committee in order to raise questions or concerns regarding processes and to provide relevant reports and results. The QID provides feedback and support, as needed.
The Quality Assurance and Performance Improvement (QAPI) department, along with various departmental directors, are involved in the internal quality performance process. The Director, QAPI works with the plan departments to collect, analyze, report on data for evaluation of the MOC. Different reports are generated based on the specific needs at the time. The QAPI department in consultation with the Medical Director and staff performs analysis. These analyses are brought before QAPI Committee on a monthly basis. Additionally, other resources that we involve could be:

- the Medicare Quality Improvement Organization (QIO) that provides reports on Medicare Part D and provides assistance with some state requirements
- Contracted vendor that conducts surveys and provides analysis on the CAHPS and member satisfaction surveys.
- Contracted vendor that conducts patient record surveys to report on HEDIS measures and conducts the annual data validation audit.
- Pharmacy Benefit Management (PBM) - Part D resource supporting collection and analyses of pharmacy utilization management and medication therapy management program data as well as patient safety reports.
- Care manager and/or care manager supervisors, reviews, generates, and analyzes all reports related to the evaluation of the Model of Care. Care managers and/or supervisors makes recommendations for action to appropriate committees and provides the follow-up in the quality work plan to ensure the recommendations are implemented as approved and appropriate.
MOC 4, Element B: Measureable Goals and Health Outcomes for the MOC

Intent: identify and define the measureable goals/health outcomes for the target population, and how the SNP determines if goals are being met

Focus:

• Plan-level measures and goals for the target population
• Health/clinical goals (e.g., controlling diabetes, mental health screening)
MOC 4, Element B: Measureable Goals and Health Outcomes for the MOC Cont’d.

1. How they are utilized to improve the health care needs of SNP beneficiaries.
2. Describe how health outcome measures evaluate the overall SNP population health outcomes at the plan level.
3. Describe how the SNP establishes methods to assess and track the MOCs impact on SNP beneficiaries’ health outcomes.
4. Describe the processes and procedures the SNP will use to determine if health outcome goals are met.
5. Describe the steps the SNP will take if goals are not met in the expected time frame.
The SNP measurable goals described in the table detail additional process and member health outcome measures, including data sources and performance goals, used to evaluate the Model of Care. Results are collected and evaluated for each plan. Each measure has a different measurement frequency in accordance with the data sources used to collect the measure, time needed to impact the measure, or regulatory requirements. Unless specified otherwise, the timeframe for meeting each goal is one measurement year. All measures not meeting the specified goal within the timeframe will be evaluated for a Quality Improvement Project. Measures tied to regulatory requirements such as CMS network adequacy standards will be escalated to leadership for remediation.
The results of the various performance indicators are presented and reviewed at the appropriate measurement intervals, and at least annually, by clinical leadership including the managers/directors of case management, quality improvement (QI) leads, the VP of health services, and the medical director. Results and conclusions are then reported to the QIC. Wherever possible, measures have an established goal or benchmark against which individual plans may compare their performance thereby allowing for the objective and consistent identification of goals met as well as variances. For each measure, a quantitative analysis is performed by the appropriate department leader to assess the plan’s performance against prior performance, the plan goal and the benchmark for the measure, as applicable. We collect data on our processes and population characteristics specific to each market (not just SNP) to provide context and insight into each market’s outcomes measures and performance. Identified remediation activities and interventions are multifaceted and include direct outreach to members to address preventive health measures.
Actions taken when goals are not realized

• Quality Improvement investigates and follows-through with report and recommended actions.

• Care management staff and/or providers are notified about the deficiency and the corrective action plan is established.

• Care management staff and/or providers are placed in plan for performance improvement activities for the identified deficiency.

• Members are notified through mail and we site about new quality initiatives and performance improvement projects.
MOC 4, Element C: Measuring Patient Experience of Care

Intent: describe how the SNP measures beneficiary satisfaction and responds to results

Focus

• Plans may use wide variety of patient experience/satisfaction surveys—CAHPS/HOS are acceptable, as are other alternatives

• Provide details of surveys and methodology for data collection
MOC 4, Element C: Measuring Patient Experience of Care Cont’d.

1. Describing the specific SNP survey used.
2. Explaining the rationale for the selection of a specific tool.
3. Describe how results of patient experience surveys are integrated into the overall MOC performance improvement plan.
4. Describe steps taken by the SNP to address issues identified in survey responses.
Such findings from member satisfaction surveys are reported at Quality Improvement Committee (QIC) meetings and shared with relevant shared services departments as well as marketing staff. Survey results are evaluated against internal plan processes, operations and observations to determine opportunities for improvement. The QI staff evaluate CM member satisfaction and CAHPS survey results and determine where interventions are required, tracking these opportunities and interventions on the annual QI work plans. Case management satisfaction survey results are analyzed at least annually and the results are shared with the market CM departments. The analysis and review of the survey results to determine the need for intervention is included each year on the annual QI work plan reviewed at monthly QIC meetings. Case management teams are responsible for analyzing the results and determining the appropriate interventions, if needed.
From the survey results, the Quality improvement staff determine where interventions are required, tracking these opportunities and interventions on the annual QI work plans. QI Committee members then request that work groups design interventions to address those areas and report status updates and progress to the QIC throughout the year.

The steps taken to address member satisfaction data are the same as the steps in the overall QI process with the exception that raw data and analysis are not presented at the QIC. Rather, the results are presented at the SNP level with the expectation that they will be able to incorporate into the SNPs QI plan maintained by the market QI Director or Manager.
MOC 4, Element D: MOC Ongoing Performance Improvement Evaluation of the MOC

Intent: Describe how the SNP uses the results from its performance indicators/measures to support its ongoing quality improvement plan

Focus

• Include lessons learned and challenges in obtaining timely data.
1. How the organization will use the results of the quality performance indicators and measures to support ongoing improvement of the MOC

2. How the organization will use the results of the quality performance indicators and measures to continually assess and evaluate quality

3. The organization’s ability for timely improvement of mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation.

4. How the performance improvement evaluation of the MOC will be documented and shared with key stakeholders.
SmartHealth’s performance and activity reports build towards measurement of the efficacy of our health management programs. The results of quality performance indicators are used to support ongoing improvement of the Model of Care and continually assess and evaluate quality. The medical director and the director of Quality and Performance Improvement (QAPI) have oversight responsibility for monitoring and evaluating the effectiveness of the MOC. The QAPI committee of the board of managers is chaired by the medical director, and meets on a monthly basis. The medical director and the director of QAPI present and review performance data and analyses at the meetings of the QAPI committee. At these meetings, participants discuss and plan for opportunities to improve the MOC. Discussions also include identifying priorities for the allocation of resources to improve the MOC, and setting any revised goals for quality, availability and continuity of care for members. The medical director and the director of QAPI are responsible for follow-up actions, implementation plans and/or additional analyses that are called for by the QAPI committee. Additional staff supporting efforts to improve the MOC:

- Director, Care Management
- Director, Marketing and Outreach
- Director, Information Systems & Technology
- Director, Provider Relations and Contracting
- Director, Intake and Enrollment
- Care Manager Supervisors and Care Managers

Our reports are focused on specific SNP subpopulations, HEDIS measures, and those elements of importance to the quality assurance and utilization review functions. Data are analyzed considering variations in many factors including demographics of the population, the reasons for grievances and appeals, and the overall effectiveness of the program. All those components help us to identify possibilities for improvement of our MOC. Care managers and the ICT are provided with reports that assist them to understand and address the health status of the members. Additional measures are collected through encounter data to determine access/availability of care and appropriate use of services. HEDIS results, including national and local comparisons, are used to report and measure progress and opportunities for improvement. All posterior findings and recommendation are presented to the QAPI committee for incorporation into the QIP towards to the improvement of the model of care.
SmartHealth’s QI program activities including the Model of Care are maintained, per regulatory requirements, for ten years, in an electronic format generated by the plan’s information and care management systems. SmartHealth documents and preserves an annual quality project work plan that identifies specific activities, programs, and studies that support the quality plan, organizational goals, and objectives. The quality assurance program includes the measurable improvement goals identified in the MOC. The majority of these activities are carried over from year to year, as is the case with regulatory measurements and reporting requirements. This annual work plan is developed based on governmental requirements, the results of the annual quality evaluation, and input from SmartHealth committees, providers, and beneficiaries. The evaluation of the MOC is also documented through the minutes, work plans and actions of various committees involved in analyzing and improving the MOC such as utilization review, quality and performance improvement, pharmacy and therapeutics, and peer review. These committees meet on a regular basis to analyze the trends. Each committee maintains a log of the minutes and proposals. The logs of the committee minutes are submitted to the QI committee in an effort to analyze where we are with respect to reaching goals and improving the MOC.

SmartHealth makes information about improvements to the MOC available to providers and beneficiaries on at least an annual basis and more often if needed. To achieve true integration and initiate collaborative activities, information about the MOC and other quality program activities are communicated to SmartHealth’s provider network, posted on the plan website, and made available to beneficiaries, community partners, and stakeholders.
MOC 4, Element E: Dissemination of SNP Quality Performance

Intent: describe how the SNP communicates its quality improvement plan/performance to stakeholders

- Focus
  - Detail who receives the information, how often they receive it, and what communication methods are used
MOC 4, Element E: Dissemination of SNP Quality Performance

1. Describing how performance results and other pertinent information are shared with multiple stakeholders.

2. Stating the scheduled frequency of communications with stakeholders.

3. Describing the methods for ad hoc communication with stakeholders.

4. Identifying the individuals responsible for communicating performance updates in a timely manner.
MOC 4, Element E Example- Factor 2

Regular communications to stakeholders take place at specified intervals. SNP MOC improvements or performance results are included in communications as determined by the ICC or plan clinical and/or operations leadership. Examples of regular communications and their scheduled frequencies are below:

- Plan Leadership:
  - Communications via weekly reports
  - Interdisciplinary Care Committee – Quarterly
  - Corporate Quality Improvement Committee – Monthly (Quarterly ICC reports)
  - Board Reports - Quarterly

Plan Personnel and Staff:
- Communications via “Weekly Reports”
- Communication via weekly, biweekly or monthly staff meetings or workgroups
- SNP Model of Care Training - annually
- Plan Beneficiaries and Caregivers:
  - Member Newsletters – Quarterly
  - Member Health Statements – Bi-annually
  - Summary of Benefits – Annual
  - Health Risk Assessments letters – Annual
  - Care Plan Letters – Annual (for members who complete their HRAs or have an Administrative HRA)

Regulatory Agencies:
- SNP Applications and MOC filings – Annual or at least every 3 years
- Quality and documentation reviews such as the NCQA Structure and Process submission – Annual or as determined by regulatory agencies
- Quality Improvement Projects and Chronic Care Improvement Program- Annual
- Provider Networks:
  - Provider Newsletters – Quarterly
  - Provider Manuals – Annual
- SNP Model of Care Training – Annual
- Physician Advisory Committee Meetings – Quarterly
- POD/IPA Reports – At least Quarterly
The results of the annual Model of Care performance evaluation are shared internally at the interdisciplinary care committee. It is the responsibility of the quality department including the SNP program manager, quality improvement director supporting SNPs and/or the VP of Quality to determine how best to coordinate the dissemination and communication of results. The evaluation must be approved by the interdisciplinary care committee; however, the evaluation is disseminated prior to the meeting for review, editing and discussion as needed. Typically the evaluation is shared with directors of case management, the market quality improvement leads and the VPs of Health Services within each market and at the shared services level. Upon approval, it is the responsibility of the interdisciplinary care committee to determine if additional communications are needed and who the responsible individuals should be. Results may be shared with the QI committee chaired by the medical senior director who also may determine if additional internal or external communications are required to internal stakeholders such as the board of directors or external stakeholders such as providers. The QI committee will ensure that communications are deployed timely. Typically the SNP program manager and quality improvement director will draft the content and coordinate the development of SNP performance communications impacting all markets via associate and provider trainings, provider newsletters, member newsletters and the external SmartHealth website. Should a business unit or department change a process that impacts the implementation of the Model of Care, it is the obligation of the department head or process owner to communicate this information to the Shared Services Quality department who will then determine how to disseminate the information to additional stakeholders.
QUESTIONS?
HPMS Review

Heather Kilbourne
The Model of Care (MOC) module supports the electronic submission of Model of Care (MOC) documents for off-cycle submissions, renewal proposals, and initial applications.
Renewal Submission - Upload

Select a MOC to Upload

Please select a contract and then select a MOC. To see all MOC uploads that have been submitted, you can select the Submission History link on the right navigation bar.

Please Note:
- File names cannot contain the following characters: "<>| :"?/#%^&+
- File names cannot contain two consecutive periods.
- File names cannot exceed 150 characters.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted.

MOC Matrix Template for MA renewal submissions

Select a Contract:

<table>
<thead>
<tr>
<th>Z0001 - EXAMPLE CONTRACT 1</th>
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<tbody>
<tr>
<td>Z0002 - EXAMPLE CONTRACT 2</td>
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<tr>
<td>Z0003 - EXAMPLE CONTRACT 3</td>
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<tr>
<td>Z0004 - EXAMPLE CONTRACT 4</td>
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<tr>
<td>Z0005 - EXAMPLE CONTRACT 5</td>
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</table>

Select a MOC:
- Institutional-Institutional (Facility)
HPMS Review – Select an MOC File for Upload

Renewal Submission - Upload

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MOC Matrix Template for MA renewal submissions

Select a Contract:
- Z0001 - EXAMPLE CONTRACT 1
- Z0002 - EXAMPLE CONTRACT 2
- Z0003 - EXAMPLE CONTRACT 3
- Z0004 - EXAMPLE CONTRACT 4
- Z0005 - EXAMPLE CONTRACT 5

Select a MOC:
- Institutional - Institutional (Facility)

Select MOC file for upload:  Browse...

Next
Renewal Submission - Upload

System notification:
- The MOC file has been successfully uploaded.

Confirmation - Z0001

If you are ready to submit your Renewal MOC, please read the attestation below and if you agree click on the checkbox and select the Submit button. Note: If you choose not to submit your Renewal MOC at this time, you will need to upload another MOC file. Once you have submitted, you may not upload again until NCQA is finished with their review or the Renewal MOC gates have been opened.

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<td>TEST USER</td>
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I attest that I am ready to submit this Renewal MOC and I understand that I will be unable to submit again unless CMS opens the gate.

[Back] [Submit]
# HPMS Review – Submission History

## Renewal Submission - Submission History

### Uploads for Z0001

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HPMS Review – MOC Detailed Report

Contract # | Organization Type | Plan Type | SNP Type | SNP Detail | Contract Year
---|---|---|---|---|---
Z0001 EXAMPLE CONTRACT 1 | Local CCP | HMO/HMOPOS | Institutional | Institutional (Facility) | 2015

<table>
<thead>
<tr>
<th>MOC Element</th>
<th>MOC Detail</th>
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<tbody>
<tr>
<td>1.a Description of the SNP Population</td>
<td>While the organization has provided a description regarding how staff determines, verifies and tracks eligibility for its SNP beneficiaries, the organization provided overall descriptions of the institutional populations for the organization at the corporate level rather than at the contract level for factors 2-4.</td>
</tr>
<tr>
<td>1.b Subpopulation: Most Vulnerable Beneficiaries</td>
<td>As stated in Element A, the organization did not provide contract level details therefore, it did not describe the most vulnerable beneficiaries in order to provide specially tailored services and to be able to illustrate the correlation between the demographic characteristics to the members unique clinical requirements.</td>
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<tr>
<td>2. Care Coordination</td>
<td>N/A</td>
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<tr>
<td>2.a SNP Staff Structure</td>
<td>While the organization provided clinical staff’s role and responsibilities, it did not describe the oversight for license and competency verification. In addition, challenges associated with employed and contracted staff for completing the MOC training were not discussed.</td>
</tr>
<tr>
<td>2.b Health Risk Assessment Tool</td>
<td>The SNP provided a detailed description of how it utilizes its HRAT in order to develop and update ICPs through identifying the most appropriate programs and stratification level for members and sharing this information with the ICT. However, in describing its process for conducting the initial and annual reassessments (the SNP actually performs quarterly reassessments) for members the SNP did not also include a provision to reassess members, if warranted by a health status change or care transition.</td>
</tr>
<tr>
<td>2.c Individualized Care Plan</td>
<td></td>
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<tr>
<td>2.d Interdisciplinary Care Team</td>
<td>4</td>
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<tr>
<td>2.e Care Transition Protocols</td>
<td>4</td>
</tr>
<tr>
<td>3. Staff Structure &amp; Care N/A</td>
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Training & Education

• Sessions focus on MOC Requirements & Technical Assistance

  -- MOC Elements 1 & 2 (1 training)
    • January 17, 2017, 3:00-4:30pm EST

  -- MOC Elements 3 & 4 (1 training)
    • January 19, 2017, 3:00-4:30pm EST

  -- Technical Assistance Calls
    • February 7, 2017, 3:00–4:30pm EST

Recordings and slides available on NCQA SNP Approval website within one week of call.
CMS Contacts

For technical inquires related to the MOC program plan requirements, or other issues related to the SNP approval proposal in the regulations, please contact CMS at: https://dpap.lmi.org. In the subject line enter: SNP MOC Inquiry

For SNP application inquiries via the CMS SNP mailbox: please type https://dmao.lmi.org into your web browser, then select the SNP mailbox. Subject line: SNP Application Inquiry

CMS MMP mailbox: mmcocapsmodel@cms.hhs.gov
Subject line: MMP MOC Inquiry

For training recordings and slides: please visit the NCQA SNP Approval Website at: https://www.snpmoc.org