A photograph of a clinical setting. In the foreground, a woman with dark hair, wearing a dark blazer and a stethoscope, is looking towards the right. In the background, a woman in purple patterned scrubs is holding a clipboard and looking at an older woman with white hair who is seen from the back. The scene is brightly lit, suggesting a window in the background.

# SNP Approval Model of Care Training for CY 2027

## *MOC 2: Care Coordination*

February 2026



# *Agenda*

- **HOUSEKEEPING**
- **MOC 2 ELEMENTS**
- **TRAINING INFORMATION & DETAILS**
- **POST-TRAINING SURVEY**

# Training Format

*CY 2027*

- Training recordings are split by MOC standard. Four recordings are now available – MOC 1, MOC 2, MOC 3, and MOC 4.
- CMS and NCQA will offer two Pre-Submission Technical Assistance (TA) calls to provide plans with an opportunity to ask questions:
  - Call 1: March 19, 2026 (2:00-4:00pm EST)
  - Call 2: April 16, 2026 (2:00-4:00pm EST)
- Plans are encouraged to provide feedback on the CY 2027 training recordings via a link to an online survey provided at the end of each slide deck.

# CY 2027 SNP MOC Content Updates

## *Attention!*

- CMS released a new [MOC Matrix for CY 2027](#) and so the [CY 2027 Scoring Guidelines](#) were updated to reflect and align with the revised MOC Matrix.
- **Please note that there are substantial revisions and that element and factor requirements have changed for CY 2027.**
- Familiarize yourself with both documents and the training slides to understand the corresponding changes you need to make in your MOC documentation.
- Make sure that your MOC addresses all needed requirements and that element and factor responses are presented in the order specified in the CY 2027 Scoring Guidelines.

# Special Symbols

*Please Pay Careful Attention to These Items!*

 = New for CY 2027

 = Clarified for CY 2027

**Note:** *Regulations are included within elements, as applicable. We will emphasize these regulations as we review specific elements and related factors.*

# CY 2027 Scoring Guidelines

## *Summary of Changes*

- Under each element description in the CY 2027 Scoring Guidelines, changes and clarifications are noted in the “Summary of Changes” section.
- Includes changes and clarifications made for the three most recent versions of the Scoring Guidelines (i.e., CY 2027, CY 2026, CY 2025).
- Updates made for CY 2027 are labelled as **CY 2027 Updates**.
- Changes and clarifications made in CY 2026 and CY 2025 are not labelled with a specific year.

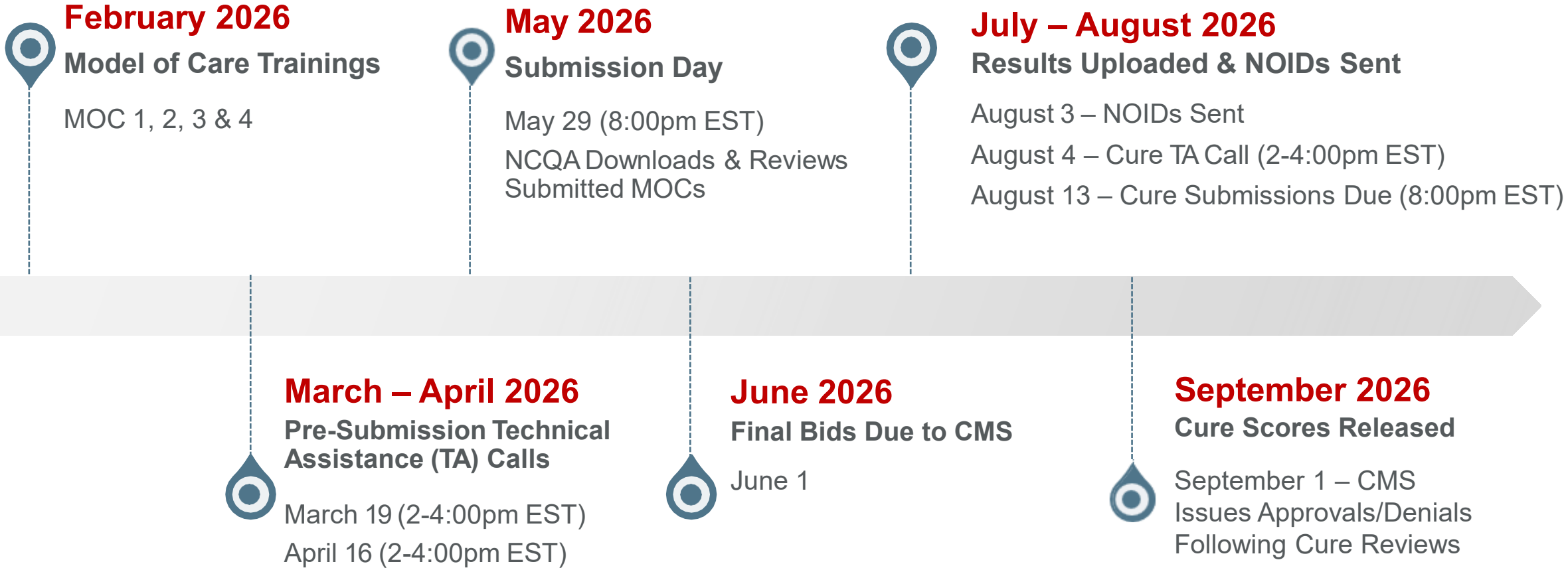
# NCQA SNP Approval Website

*Access CY 2027 MOC Scoring Guidelines & Training Recordings*

- NCQA SNP Approval Website is located at [snpmoc.ncqa.org](https://snpmoc.ncqa.org).
- CY 2027 MOC Scoring Guidelines and MOC Matrix are posted on this website.
- Training recordings are also posted on this website.

# SNP Approval Timeline

*CY 2027*



# Technical Assistance

*Get in Touch!*



For training recordings and slides, visit the NCQA SNP Approval Website at: <https://snpmoc.ncqa.org/trainings>.

## CY 2027 Resources

- [MOC Matrix for CY 2027](#)
- [CY 2027 Scoring Guidelines](#)



For inquiries related to the MOC requirements or regulation questions, contact CMS at: <https://dpap.lmi.org>.

Enter “SNP MOC Inquiry” in the subject line.



Submit SNP application inquiries via the CMS SNP mailbox.

Type <https://dmao.lmi.org>, then select the SNP mailbox.

Enter “SNP Application Inquiry” in the subject line.



*MOC 2*  
Care Coordination

*MOC 2, Element A*

## SNP Staff Structure



# MOC 2, Element A

## *SNP Staff Structure*

**Intent:** Describe SNP staff roles and responsibilities across all health plan functions that directly or indirectly affect the care coordination of SNP enrollees.

- How does the SNP define and organize staff roles to support care coordination across all relevant health plan functions?
- What structures and processes ensure continuity of operations, such as organizational charts, contingency planning, and emergency preparedness to maintain critical care coordination functions?
- How does the SNP train, document, and monitor staff competencies related to the MOC, including how training is conducted, recorded, and improved when challenges arise?

★ *For CY 2027, the number of factors in MOC 2 Element A decreased from 7 to 6. Please ensure that MOC responses are presented in the order specified in the Scoring Guidelines.*

# MOC 2, Element A

## *SNP Staff Structure (Cont'd.)*

### Factor-Level Details:

1. Describe clinical staff roles and responsibilities, including oversight functions.
  - ★ *For CY 2027, all factors shifted up by one due to the deletion of former Factor 1 (administrative staff roles and responsibilities).*
  - ! *Plans may have included the information required to meet this factor under Factor 2 in prior years.*
  - *Identify and describe all employed/contracted staff who perform clinical functions that directly or indirectly affect care coordination.*
  - *Identify the required licensure and/or credentials necessary for the specified clinical function.*
  - *Specify staff responsible for direct enrollee care and education on self-management, care coordination, pharmacy consultation, behavioral health counseling, and clinical oversight.*
2. Provide an organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination.
  - ! *Plans may have included this required information under Factor 3 in prior years.*

# MOC 2, Element A

## *SNP Staff Structure (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

3. Describe the contingency and disaster preparedness plans used to address ongoing continuity of critical staff functions.
  - ★ *Describe disaster preparedness and recovery plans in the event of an emergency.*
  - *Include plans to ensure ongoing continuity of staff functions.*
  - ! *Plans may have included some of this required information under Factor 4 in prior years.*
  
4. Describe how the SNP conducts MOC training for employed and contracted staff.
  - *Address training for both employed and contracted staff.*
  - *Describe training strategy, content, and delivery mechanism.*
  - *Renewal Submissions: Include sample of actual training materials.*
  - *Initial Submissions: Detail training topics covered and/or provide training materials.*
  - ! *Plans may have included this required information under Factor 5 in prior years.*

# MOC 2, Element A

## *SNP Staff Structure (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

5. Describe how the SNP documents and maintains training records as evidence that employees and contracted staff have completed MOC training.
  - *Detail both the tracking and storage process.*
  - *Describe for both employed and contracted staff.*
  - ! *Plans may have included this required information under Factor 6 in prior years.*
  
6. Describe challenges and actions the SNP takes if staff do not complete the required MOC training.
  - *Must describe challenges related to completion of training.*
  - *Specify actions taken to ensure that MOC training is complete.*
  - ! *Plans may have included some this required information under Factor 7 in prior years.*

# MOC 2, Element A – Summary of Changes

## *SNP Staff Structure (Cont'd.)*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
Reduced the number of factors from 7 to 6.	Removal	All	Yes
Removed prior Factor 1 (administrative staff roles and responsibilities), shifting all other factors up by one.	Removal	Factor 1/ All	Yes
Factor 3 now requires plans to address disaster/emergency preparedness plans in addition to general contingency plans.	Addition	Factor 3	Yes
Factor 4 previously clarified the requirements for staff training materials based on whether plans are submitting an initial or renewal plan.	Clarification	Factor 6	No
Factor 6 emphasized that plans should outline detailed steps taken to ensure completion of staff MOC training.	Addition	Factor 6	Yes

# Recap: MOC 2, Element A

## *SNP Staff Structure (Cont'd.)*

### DO

- ! Specify educational degrees of key clinical staff (Factor 1).
- ! Provide a copy of the organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination (Factor 2).
- Include plans for backup of key personnel (Factor 3).

### DON'T

- Forget to describe oversight functions (Factor 1).
- Provide generic training content (Factor 5).
- ! Forget to tailor responses to the new and/or clarified requirements across the element.
- ! Forget to ensure responses are included within the appropriate factor and presented in the order specified in the CY 2027 Scoring Guidelines.





*MOC 2, Element B*

# Health Risk Assessment (HRA)



## MOC 2, Element B: CMS Regulations

### *All Enrollees Must Have a Health Risk Assessment (HRA)*

- All enrollees must have an HRA.
- Regulations at 42 CFR § 422.101(f)(1)(i)-(ii) and 42 CFR § 422.152(g)(2)(iv) require that all SNPs conduct a comprehensive HRA for each SNP enrollee.
- Per regulations at 42 CFR § 422.101(f)(1)(iii)(A-B), the comprehensive HRA tool must capture the enrollee's medical, functional, cognitive, psychosocial, and mental health needs. As of 2024, the HRA tool must include one or more questions on housing stability, food security, and access to transportation.
- Completed HRAs must include direct enrollee and/or caregiver input to be considered valid for purposes of fulfilling Part C reporting requirements.
- Regulations at 42 CFR § 422.101(f)(1)(vi) require that HRA results are addressed in the enrollee's individualized care plan (ICP).

# MOC 2, Element B: CMS Regulations

## *All Enrollees Must Have a Health Risk Assessment (HRA) (Cont'd.)*

- Regulations at 42 CFR § 422.101(f)(1)(i)-(ii) specify HRA completion timeframes.
  - Within 90 days (before or after) of the effective date of enrollment for new enrollees.
  - Annually for existing enrollees.
- Regulations at 42 CFR § 422.101(f)(1)(iv)(A-C) specify the following:
  - Make at least three non-automated outreach attempts to reach the enrollee to schedule the initial or annual HRA.
  - Send follow-up letter to non-respondents.
  - Document contact attempts for enrollees who are unable to be reached and document enrollee refusal for those who decline to participate.

# MOC 2, Element B

## *Health Risk Assessment (HRA)*

**Intent:** Describe how the plan conducts the HRA and how it assesses the medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.

- What methodology and tool(s) are used to administer the HRA?
- How are HRA results stratified and used to identify each enrollee's risk tier?
- How are HRA results used to develop and/or update the ICP for reach enrollee?
- How is HRA information disseminated to and used by the ICT?

★ *For CY 2027, factors in MOC 2 Element B were reorganized to reflect the order of operations more accurately. Please ensure that MOC responses are presented in the order specified in the Scoring Guidelines.*

# MOC 2, Element B

## *Health Risk Assessment (HRA) (Cont'd.)*

### Factor-Level Details:

1. Describe how the SNP conducts the initial HRA and annual reassessment for each enrollee.
  - *Detail HRA administration process/methodology and describe how the HRA assesses the medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.*
  - ★ *Identify and describe the HRA tool(s) used.*
  - ★ *Specify timing of initial and annual reassessments.*
  - ★ *Identify the personnel responsible for conducting the HRA.*
  - ★ *Detail the process for attempting to contact enrollees to complete the HRA, including the number and type of attempts.*
  - ★ *Describe how the SNP addresses challenges associated with enrollees who decline to participate in the HRA process or are unable to be reached.*
  - *Address initial and annual assessments, in addition to health status change and care transition assessments.*

# MOC 2, Element B

## *Health Risk Assessment (HRA) (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

#### 2. Explain HRA methodology and stratification.

- *Detail the process used to review, analyze, and stratify HRA results.*
- ★ *Describe each risk tier (inclusion criteria, acuity level).*
- *Describe how stratified results are used to improve the care coordination process.*
- ★ *This is a new standalone factor for CY 2027.*
- ! *Plans may have included some of this required information under Factor 4 in prior years.*

#### 3. Describe how HRA information is used to develop the ICP.

- *Describe the policies and procedures used to develop and update an ICP for each enrollee.*
- *Explain how the SNP ensures that results from the initial HRA, annual reassessment, and subsequent updates are addressed in the ICP.*
- ! *Plans may have included some of this required information under Factor 2 in prior years.*

# MOC 2, Element B

## *Health Risk Assessment (HRA) (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

4. Describe how the SNP disseminates HRA information to the ICT and how the ICT uses this information for care management.
  - *Detail how the SNP ensures communication of HRA information to the ICT, provider network, enrollees and/or their caregivers.*
  - ! *Plans may have included some of this required information under Factor 3 in prior years.*

# MOC 2, Element B – Summary of Changes

## *Health Risk Assessment (HRA)*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
Reorganized order of factors to reflect the order of operations more accurately.	Restructure	All/General	Yes
For Factor 1, specified that SNPs must describe how the HRA is conducted and assesses the enrollee health needs. Clarified that SNPs must describe the HRA tool used and identify the personnel that conduct HRA assessments.	Clarification/ Addition	Factor 1	Yes
For Factor 2, specified that plans must describe each risk stratification tier.	Addition/ Restructure	Factor 2	Yes
For Factor 3, specified that plans must describe how they ensure HRA results are addressed in the ICP.	Addition/ Restructure	Factor 3	Yes
For new Factor 2 (prior Factor 4), previously clarified that SNPs must describe the stratification process and how it improves care coordination.	Clarification/ Restructure	Factor 2	No

# Recap: MOC 2, Element B

## *Health Risk Assessments (HRA)*

### DO

- Who? What? Where? When? How? (All Factors).
- Detail how the SNP conducts the HRA to assess enrollee health needs (Factor 1).
- ★ Describe HRA tool(s) (Factor 1).
- ★ Specify timing of initial and annual HRA assessments (Factor 1).
- ★ Specify contact attempts for HRA completion and refusal documentation process (Factor 1).
- ★ Describe risk stratification tiers (Factor 2).

### DON'T

- ! Forget to tailor responses to the new and/or clarified requirements across the element.
- ! Forget to ensure responses are included within the appropriate factor and presented in the order specified in the CY 2027 Scoring Guidelines.





*MOC 2, Element C*

# Face-to-Face Encounter



# MOC 2, Element C: CMS Regulations

## *Face-to-Face Encounter*

- Regulations at 42 CFR § 422.101(f)(1)(x) require that all SNPs must provide face-to-face encounters for the delivery of health care, care management, or care coordination services. Face-to-face encounters must occur, as feasible and with the enrollee's consent, on at least an annual basis beginning within the first 12 months of enrollment.
  - At least annually.
  - Beginning within the first 12 months of enrollment.
  - As feasible, with the enrollee's consent.
- The face-to-face encounter must be between each enrollee and a member of the enrollee's ICT, the plan's case management and coordination staff, or contracted plan health care providers.
- A face-to-face encounter must be either in-person or through a visual, real-time, interactive telehealth encounter.

# MOC 2, Element C

## *Face-to-Face Encounter*

**Intent:** Describe the process and details of the face-to-face encounter.

- Coordinate services between enrollee and plan staff or contracted plan health care providers.
- Identify staff qualified to conduct the face-to-face encounter.
- Coordinate follow-up communications and activities with the enrollee/caregiver.
- Identify services provided on behalf of the SNP.

★ *For CY 2027, the number of factors in MOC 2 Element C decreased from 6 to 5. Please ensure that MOC responses are presented in the order specified in the Scoring Guidelines.*

# MOC 2, Element C

## *Face-to-Face Encounter (Cont'd.)*

### **Factor-Level Details:**

1. Describe in detail the process, including policies, procedures, purpose, timing, and intended outcomes of the face-to-face encounter.
  - *Address consent process for in-person and virtual encounters.*
  - *Address how the plan ensures that encounters occur within the first 12 months of enrollment and at least annually thereafter.*
  - *Detail how the SNP verifies that an enrollee has granted consent prior to the face-to-face encounter*
2. Identify the staff (employed and/or contracted) qualified to conduct the face-to-face encounter.
  - *Be sure to identify qualified staff.*
  - *Specify how the face-to-face encounter will be conducted (e.g., mode).*
  - *Confirm that platforms are secure and maintain enrollee confidentiality.*

# MOC 2, Element C

## *Face-to-Face Encounter (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

3. Describe how the SNP will verify through data collection that the enrollee has participated in a qualifying face-to-face encounter.
  - *Detail the who, what, where, when, and how of the process.*
  - *Detail process for reviewing enrollee claims data and identify responsible staff.*
  - ★ *Describe follow-up communications with the enrollee/caregiver during the face-to-face encounter verification process.*
  
4. Explain the types of clinical functions, assessments, and/or services that may be conducted during the face-to-face encounter.
  - *Annual wellness visits/physicals.*
  - *HRA completion.*
  - *Care plan review.*
  - *Health education.*

# MOC 2, Element C

## *Face-to-Face Encounter (Cont'd.)*

### **Factor-Level Details (Cont'd):**

5. Address health concerns/issues and describe care coordination activities.

- ★ *This is a new factor for CY 2027. Elements of this factor combine information from prior Factors 5 and 6 into a single factor.*
- *Detail the process for how plans address health concerns and active or potential health issues identified during encounters.*
- *Describe enrollee/caregiver education about potential health issues.*
- *Describe how the SNP determines and conducts care coordination activities.*
- ★ *Detail how SNPs ensure that appropriate follow-up, referrals, and scheduling for needed care or services are completed after the face-to-face encounter.*
- ! *Plans may have included some of this required information under Factors 5 and 6 in prior years.*

# MOC 2, Element C – Summary of Changes

## *Face-to-Face Encounter (Cont'd.)*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
For Factor 1, previously clarified that plans must address the consent process for in-person and virtual face-to-face encounters.	Clarification	Factor 1	No
For Factor 3, specified that plans must describe follow-up communications with the enrollee/caregiver during the face-to-face encounter verification process.	Addition	Factor 3	Yes
Combined prior Factor 5 (addressing health concerns) and prior Factor 6 (care coordination activities) into new Factor 5.	Restructure	Factor 5	Yes
For new Factor 5, emphasized that plans must address how they ensure that appropriate follow-up activities are completed after the face-to-face encounter	Clarification/ Addition	Factor 5	Yes
Removed Factor 6.	Removal	Factor 6	Yes

# Recap: MOC 2, Element C

## *Face-to-Face Encounters*

### DO

- Describe how enrollee consent is obtained (Factor 1).
- Confirm security/confidentiality of face-to-face encounter platforms (Factor 2).
- ★ Describe follow-up communications with the enrollee/caregiver during the face-to-face encounter verification process.
- Identify types of assessments conducted during the encounters (Factor 4).
- Ensure appropriate follow-up activities are completed after the face-to-face encounter (Factor 5).

### DON'T

- Forget to specify that the first face-to-face encounter occurs within 12 months of enrollment and then annually (Factor 1).
- Forget to provide a description for how the plan verifies face-to-face encounters occur (Factor 3).
- ★ Forget to describe how care coordination occurs (e.g., follow ups, referrals, scheduling) (Factor 5).



*MOC 2, Element D*

## Individualized Care Plan (ICP)



## MOC 2, Element D: CMS Regulations

### *All Enrollees Must Have an Individualized Care Plan (ICP)*

- All enrollees must have an ICP.
- Regulations at 42 CFR § 422.101(f)(1)(vii-viii) and 42 CFR § 422.152(g)(2)(v) stipulate that all SNPs must develop a comprehensive, person-centered ICP for each SNP enrollee based on enrollee preferences and the needs identified in the HRA (initial or annual).
- Regulations at 42 CFR § 422.101(f)(1)(vii)(B) require SNPs must develop the ICP through an ICT and involve the enrollee and/or caregiver(s) in the ICP development process, as feasible.
- The development of a person-centric ICP is not limited to enrollees stratified as medium or high-risk or to those in a care management program.

## MOC 2, Element D: CMS Regulations

### *All Enrollees Must Have an Individualized Care Plan (ICP) (Cont'd.)*

- Regulations at 42 CFR § 422.101(f)(1)(vii) specify ICP development timeframes.
  - Within 90 days of conducting initial HRA or 90 days after the effective enrollment date (whichever is later).
- Per regulations at 42 CFR § 422.101(f)(1)(vii)(D), SNPs must update the ICP as warranted by changes in health status or care transitions.
- For any enrollees who are unable to be reached or decline to participate in the ICP development/update process, regulations at 42 CFR § 422.101(f)(1)(vii)(B) require SNPs to document attempts to contact the enrollee or the enrollee's refusal to participate.

# MOC 2, Element D: CMS Regulations

## *All Enrollees Must Have an Individualized Care Plan (ICP) (Cont'd.)*

- While CMS recognizes that HRA results and enrollee/caregiver involvement is valuable in developing an ICP, SNPs are still expected to formulate an ICP in the absence of these resources.
- ICP Data Sources:
  - HRA and/or other assessment(s).
  - Medical records.
  - Claims data.
  - Face-to-face encounters.
  - Other available data sources.

## MOC 2, Element D

### *Individualized Care Plan (ICP)*

**Intent:** Detail how the ICP is developed, implemented, maintained, and communicated.

- Describe the essential elements of the ICP.
- What is the process for developing and modifying the ICP, and who is responsible?
- How does the plan involve the enrollee/caregiver(s) in the ICP development process?
- How is the ICP documented, maintained, and shared with enrollees/or caregivers?
- How does the SNP communicate ICP updates and modifications to stakeholders?

★ *For CY 2027, the number of factors in MOC 2 Element D decreased from 5 to 4. Please ensure that MOC responses are presented in the order specified in the Scoring Guidelines.*

# MOC 2, Element D

## *Individualized Care Plan (Cont'd.)*

### **Factor-Level Details:**

1. Describe the essential components of the ICP.
  - *Self-management goals and objectives.*
  - *Personal health care preferences for delivery of services and benefits.*
  - *Description of specially tailored services.*
  - *Role of the enrollee's caregiver.*
  - *Identification of goals met/not met and reassessment plan.*

# MOC 2, Element D

## *Individualized Care Plan (Cont'd.)*

### Factor-Level Details (Cont'd.):

2. Describe the ICP development process and how the ICP is modified as enrollee health care needs change.
  - *Detail how HRA results are included in the ICP.*
  - ★ *Specify timing of ICP development.*
  - ★ *Identify personnel responsible and how the enrollee and/or caregiver(s) are involved.*
    - ! *Plans may have included this information under Factor 3 in prior years.*
  - *Indicate frequency for ICP reviews, updates, and modifications.*
  - ★ *Describe how the SNP addresses challenges when enrollees decline to participate or are unable to be reached, and how it documents enrollee contact attempts.*
  - ★ **D-SNPs Only:** *Describe how the ICP is used to coordinate Medicare/Medicaid services and how the D-SNP or affiliated Medicaid plan provides these services.*
    - *This does not impact the total number of factors on which D-SNPs are scored for this element.*
    - *D-SNPs must address this in addition to the other aspects noted above to earn credit for Factor 2.*

# MOC 2, Element D

## *Individualized Care Plan (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

3. Specify process for ICP maintenance and dissemination to appropriate stakeholders.
  - *Describe how the ICP is maintained/updated based on changes in health status or care transitions.*
  - ★ *Specify where the ICP is documented/stored.*
  - ★ *Detail how the SNP ensures the ICT, provider network, enrollees and/or caregivers, and other stakeholders have access to the ICP and specify the delivery mechanism.*
  - ★ *Specify how the SNP provides enrollees and/or caregiver(s) with copies of or electronic access to their ICP.*
  - ! *Plans may have included this information under Factor 4 in prior years.*
  
4. Describe how the SNP communicates ICP updates and modifications to stakeholders.
  - *Stakeholders include enrollees and/or caregiver(s), the ICT, applicable network providers, and other SNP personnel, as necessary.*
  - ! *Plans may have included this information under Factor 5 in prior years.*

# MOC 2, Element D – Summary of Changes

## *Individualized Care Plan (ICP)*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
Reduced number of factors from 5 to 4.	Restructure	General	Yes
Combined prior Factor 3 (responsible personnel, caregiver involvement) with prior Factor 2.	Restructure	Factors 2, 3	Yes
For Factor 2, specified that SNPs must indicate how often the ICP is modified and describe how it addresses challenges associated with enrollees who decline to participate in the ICP process or who cannot be reached.	Addition	Factor 2	Yes
<b><i>D-SNPs Only:</i></b> For Factor 2, specified that D-SNPs must describe the coordination of Medicare and Medicaid services.	Addition	Factor 2	Yes
For Factor 3, specified that the plan must indicate how the ICP is stored, shared with enrollees, and how the plan ensures access by enrollees and other stakeholders.	Addition/ Clarification	Factor 3	Yes

# Recap: MOC 2, Element D

## *Individualized Care Plans (ICP)*

### DO

- Detail the essential components of the ICP (Factor 1).
- ★ Specify ICP development timing (Factor 2).
- ★ Describe how the SNP addresses challenges when enrollees decline to participate or are unreachable (Factor 2).
- ★ **D-SNPs:** Describe how the ICP is used to coordinate Medicare/Medicaid services and how the plan provides these services (Factor 2).
- ★ Specify where the ICP is documented/maintained and how it is shared with enrollees and stakeholders (Factor 3).

### DON'T

- ! Forget to discuss the involvement of enrollee/caregiver in ICP development, maintenance, and communication (Factors 2, 3, 4).
- ! Forget to tailor responses to the new and/or clarified requirements across the element.
- ! Forget to ensure responses are included within the appropriate factor and presented in the order specified in the CY 2027 Scoring Guidelines.



*MOC 2, Element E*

## Interdisciplinary Care Team (ICT)



## MOC 2, Element E: CMS Regulations

### *All Enrollees Must Have an Interdisciplinary Care Team (ICT)*

- All enrollees must have an ICT (regardless of risk designation).
- Regulations at 42 CFR § 422.101(f)(1)(ix) require that SNPs, in the management of care, use an interdisciplinary team of providers with demonstrated expertise and training, and, as applicable, training in a defined role appropriate to their licensure in treating individuals similar to the SNP's target population.
- The ICT must be comprised of providers whose training and credentials address the health needs of the enrollee.
- The ICT is a multidisciplinary approach to care coordination that involves more than the PCP and the enrollee.
  - PCP, enrollee, caregiver, specialists, social worker, pharmacist, community resources, others as needed.

# MOC 2, Element E

## *Interdisciplinary Care Team (ICT)*

**Intent:** Describe the critical components of the ICT.

- Who are the key members of the ICT and how does the plan determine these members?
- What roles/responsibilities do these ICT members hold?
- How does the plan facilitate enrollee and/or caregiver participation in the ICT?
- How does the ICT contribute to improving the enrollee's health status?
- What communication modes are utilized within the ICT, and what evidence demonstrates its regular occurrence?

★ *For CY 2027, some factor components were shifted and/or expanded for MOC 2 Element E. Please ensure that MOC responses are presented in the order specified in the Scoring Guidelines.*

# MOC 2, Element E

## *Interdisciplinary Care Team (ICT) (Cont'd.)*

### Factor-Level Details:

1. Describe how the SNP determines ICT membership.
  - *Provide rationale for inclusion of these members.*
  - *Explain how the HRA and ICP are used to determine ICT composition.*
  - *Describe how the SNP identifies the need to include additional ICT members.*
  - ! *Plans may have included some of this information under Factor 2 in prior years.*
  
2. Describe ICT roles and responsibilities and how the SNP facilitates ICT participation by enrollees and/or caregiver(s).
  - *Specify how the expertise and training of ICT members align with enrollee needs.*
    - ! *Plans may have included this information under Factor 1 in prior years.*
  - ★ *Describe how the SNP invites enrollees/caregiver(s) to participate as active ICT members.*
  - ★ *Detail how enrollees/caregiver are provided with needed resources.*

# MOC 2, Element E

## *Interdisciplinary Care Team (ICT) (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

3. Detail how the SNP ensures effective interdisciplinary processes and ICT members use enrollee outcomes to evaluate, manage, and improve enrollee health status.
  - ! *Explain how the SNP analyzes enrollee needs and outcomes to 1) evaluate and continually manage and improve enrollee health status, and 2) explain how the SNP implements and manages changes/adjustments to the ICT composition.*
4. Describe how the SNP's communication plan to exchange enrollee information occurs regularly within the ICT.
  - *Describe oversight of implementation of communication plan.*
  - *Specify how communication is conducted with enrollees with hearing impairments, language barriers, and/or cognitive deficiencies.*
  - ★ **D-SNPs Only:** *Explain how the ICT coordinates with Medicaid providers when there are needed Medicaid-covered medical or social services that the plan does not cover, if applicable.*
    - *This does not impact the total number of factors on which D-SNPs are scored for this element.*
    - *D-SNPs must address this in addition to the other aspects noted above to earn credit for Factor 4.*

# MOC 2, Element E – Summary of Changes

## *Interdisciplinary Care Team (ICT)*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
Revised Factor 1 to focus on the process for determining ICT membership (rather than the ICT composition itself).	Clarification	Factor 1	Yes
Revised Factor 2 to focus on a description of the roles and responsibilities of ICT members, including expertise and training, and the facilitation of enrollee/caregiver participation in the ICT.	Clarification/ Addition	Factor 2	Yes
Updated Factor 3 to request information on the SNP's use of enrollee health outcomes data to inform changes to the ICT membership.	Clarification/ Addition	Factor 3	Yes
<b><i>D-SNPs Only:</i></b> For Factor 4, specified that D-SNPs must describe ICT coordination with Medicaid providers when there are needed Medicaid-covered services that the plan does not cover, if applicable.	Addition	Factor 4	Yes

# Recap: MOC 2, Element E

## *Interdisciplinary Care Team*

### DO

- ! Specify how the expertise and training of ICT members aligns with the identified clinical and other needs of SNP enrollees (Factor 2).
- ★ Explain how the SNP actively involves enrollee/caregiver(s) in the ICT (Factor 2).
- ! Explain the SNP's use of health outcomes data to manage enrollee health status and inform needed adjustments to the ICT (Factor 3).
- Describe how the SNP maintains and documents ongoing communication across the entire ICT (Factor 4).
- ★ **D-SNPs:** Explain how the ICT coordinates with Medicaid providers when there are needed Medicaid-covered medical or social services that the plan does not cover, if applicable (Factor 4).

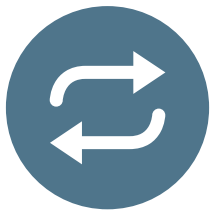
### DON'T

- Forget to explain how the ICT communicates with enrollees who have hearing impairments, language barriers, or cognitive deficiencies (Factor 4).
- ! Forget to tailor responses to the new and/or clarified requirements across the element.
- ! Forget to ensure responses are included within the appropriate factor and presented in the order specified in the CY 2027 Scoring Guidelines.



*MOC 2, Element F*

## Care Transition Protocols



# MOC 2, Element F: CMS Regulations

## *All SNPs Must Coordinate Care Delivery*

- Regulations at 42 CFR § 422.101(f)(2)(iii)-(v) and 42 CFR § 422.152(g)(2)(vii)-(x) require all SNPs to coordinate the delivery of care.
  - Coordinate the delivery of care across healthcare settings, providers, and services to ensure continuity of care.
  - Coordinate the delivery of specialized benefits and services that meet the needs of the most vulnerable beneficiaries among the three target special needs populations, including frail/disabled beneficiaries and beneficiaries near the end of life.
  - Coordinate communication among plan personnel, providers, and beneficiaries.

# MOC 2, Element F: CMS Regulations

## *All SNPs Must Coordinate Care Delivery (Cont'd.)*

- Delivery of services across the continuum of care.
- Delivery of extra services and benefits that meet the specialized needs of the most vulnerable beneficiaries as evidenced by measures from the psychosocial, functional, and end-of-life domains.
- Use of evidence-based practices and nationally recognized clinical protocols.
- SNPs must coordinate care for all enrollees.
- Transfer of care plan elements must occur for all care transitions, for both in-network and out-of-network providers.

# MOC 2, Element F

## *Care Transition Protocols*

**Intent:** Describe the SNP's processes to coordinate care transitions and facilitate timely communications across settings and providers.

- Detail type of health care settings and personnel responsible for care transitions.
- Describe how elements of the enrollee's ICP are shared between settings and who has access.
- Describe how enrollees and/or caregivers are educated on self-management activities.
- Identify the point of contact throughout the transition process.

# MOC 2, Element F

## *Care Transition Protocols (Cont'd.)*

### Factor-Level Details:

1. Describe the process for coordinating transitions to facilitate care continuity.
  - ★ Explain the process used to manage both planned and unplanned transitions in care.
  - ★ ***D-SNPs Only:*** Explain how the plan coordinates with providers of any Medicaid covered services during a care transition.
    - *This does not impact the total number of factors on which D-SNPs are scored for this element.*
    - *D-SNPs must address this in addition to the other aspects noted above to earn credit for Factor 1.*
  - ! Care coordination is required for all enrollees and is not limited to medium and high-risk stratified enrollees.
2. Describe the personnel responsible for coordination efforts.

# MOC 2, Element F

## *Care Transition Protocols (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

3. Explain coordination between settings during a care transition.
  - *Detail how the SNP transfers elements of the enrollee's ICP (important health information) and provides for other health-related needs between health care settings when an enrollee experiences a transition in care.*
4. Describe how enrollees have access to personal health information to facilitate communication with providers.
  - ★ *Plans must describe the method for granting enrollees access to their personal health information (e.g., hardcopy, electronic).*

# MOC 2, Element F

## *Care Transition Protocols (Cont'd.)*

### **Factor-Level Details (Cont'd.):**

5. Describe approach to self-management and education activities.
  - *Address how enrollees and/or their caregivers will be taught appropriate self-management techniques and demonstrate understanding of changes in their condition.*
6. Detail process used to notify enrollees/caregivers of staff assigned to support enrollee through transitions.

## MOC 2, Element F: Points of Emphasis

### *Care Transition Protocols*

**Question:** If transitions of care are provided only to those enrollees determined to be high-risk enrollees, does this meet the requirements included in MOC 2 Element F?

**Answer:** No, there are no exceptions when it comes to transitions of care. Regulations at 42 CFR § 422.101(f)(2)(iii)-(v) and 42 CFR § 422.152(g)(2)(vii)-(x) require SNPs to coordinate the delivery of care for all enrollees. It is the SNP's responsibility to ensure that treatment protocols and needed resources related to transitions of care across health care settings and providers are delivered to all enrollees.

# MOC 2, Element F: Points of Emphasis

## *Care Transition Protocols (Cont'd.)*

- ! While some plans may hand off transitions of care to the Utilization Management (UM) unit, there must be continuity of care before, during, and after transitions.
- ! For enrollees considered low risk (e.g., not in care management), plans need to identify who is responsible for follow-up during the actual transition and once the enrollee arrives at the destination.
- ! Out-of-network transitions are not an exclusion to care coordination.

# MOC 2, Element F – Summary of Changes

## *Care Transition Protocols*

Change Description	Type of Change	Impacted Factors	CY 2027 Change?
For Factor 1, specified that plans must explain the process used to manage both planned and unplanned transitions in care.	Clarification/ Addition	Factor 1	Yes
Emphasized that care coordination is required for all enrollees and is not limited to medium and high-risk stratified enrollees.	Clarification/ Addition	Factor 1	No
<b><i>D-SNPs Only:</i></b> For Factor 1, explain how the plan coordinates with providers of any Medicaid covered services during a care transition.	Addition	Factor 1	Yes
Specified for Factor 4 that plans must describe the method for granting enrollees access to their personal health information.	Clarification/ Addition	Factor 4	Yes

# Recap: MOC 2, Element F

## *Care Transition Protocols*

### DO

- ★ Explain the process used to manage both planned and unplanned transitions in care (Factor 1).
- ★ **D-SNPs:** Explain how the plan coordinates with providers of any Medicaid covered services during a care transition (Factor 1).
- Identify which personnel are responsible for coordinating transitions (Factor 2).
- Explain how SNP ensures significant elements of the ICP are transferred between settings (Factor 3).



### DON'T

- Forget to note how enrollee/caregiver are educated about health condition changes, how they demonstrate understanding of the treatment plan, and actions to be taken if warranted (Factor 5).
- Forget to include your process for planned and unplanned transitions (Factor 1).

# Reminders for this Review Period

## *Important Information You Need to Know*

### **Conflicting Language:**

- Providing language in one section that meets the requirements but using different language in another section that doesn't meet the requirements.

### **Limiting Language:**

- Limiting language removes the responsibility of the plan to carry out requirements related to all members and/or care transitions specified in the regulations. These qualifiers run counter to the intent of the MOC requirements that apply to all members.
- Examples of **Inclusive Language**:
  - Transitions of care are provided to all.
  - Services and resources are coordinated for all members.
- Examples of **Limiting Language**:
  - Transitions of care limited to in-network providers.
  - Services limited to high-risk members.
  - Utilization of opt-in program for care coordination.

# Reminders for this Review Period

## *Additional Requirements Specific to D-SNPs*

Change Description	Element	Impacted Factors
<b><i>D-SNPs Only:</i></b> For Factor 2, specified that D-SNPs must describe the coordination of Medicare and Medicaid services.	Element D	Factor 2
<b><i>D-SNPs Only:</i></b> For Factor 4, specified that D-SNPs must describe ICT coordination with Medicaid providers when there are needed Medicaid-covered services that the plan does not cover, if applicable.	Element E	Factor 4
<b><i>D-SNPs Only:</i></b> For Factor 1, explain how the plan coordinates with providers of any Medicaid covered services during a care transition.	Element F	Factor 1

**!** *Please note that D-SNPs must fulfill these requirements in addition to the other requirements of the specified factor. The D-SNP only requirements do not impact the total number of factors evaluated for the element.*



# Training & Education

# Training & Education

*Sessions Focus on MOC Requirements & Technical Assistance*

- **MOC 1, 2, 3, and 4 Trainings**
  - Training recordings currently available.
- **Pre-Submission Technical Assistance (TA) Calls**
  - Call 1: March 19, 2026 (2:00-4:00pm EST)
  - Call 2: April 16, 2026 (2:00-4:00pm EST)
- **Cure TA Call**
  - August 4, 2026 (2:00-4:00pm EST)
  - SNPs scoring <50% on any element or <70% overall.



**Note:** Training slides and recordings are available on the NCQA SNP Approval website ([snpmoc.ncqa.org](https://snpmoc.ncqa.org)).

# Post-Training Survey

*We Want Your Feedback!*

- The post-training survey is available at the link below:  
<https://www.surveymonkey.com/r/JTCT2SK>
- We will use survey results to continue to improve future training sessions.
- Thank you! We value your feedback!



