

A photograph of an elderly Asian woman and man. The woman is in the foreground, wearing glasses and a yellow cardigan over a white top. The man is behind her, also wearing glasses and a red and black plaid shirt. They appear to be in a conversation with someone whose back is to the camera on the right. The background is a bright, out-of-focus indoor setting.

SNP Approval Model of Care Training

MOC Elements 1 & 2

November 30, 2021

SNP Team

Hello and Welcome!



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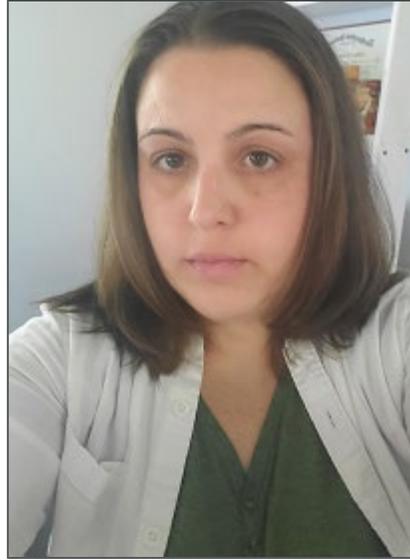
**Manager
NCQA**

SNP Team

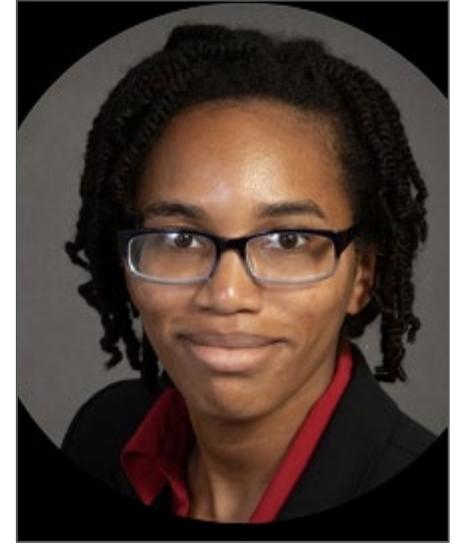
Hello and Welcome!



Alan Hoffman, MHS
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SNP Team

Hello and Welcome!

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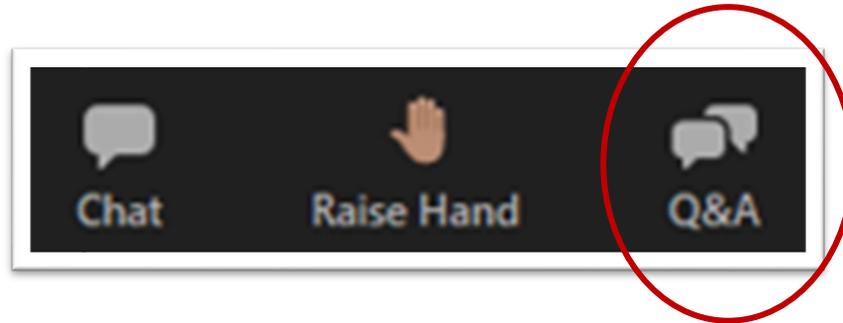
Health Insurance Specialist

CMS, DPAP

Zoom Housekeeping

How to Submit Questions during the Webinar

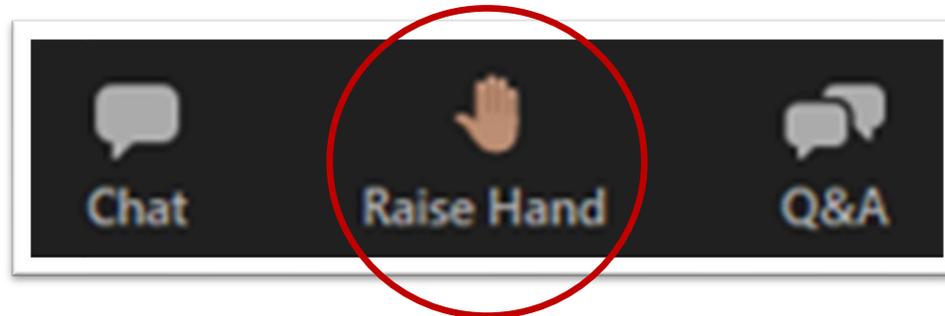
1. Locate the 'Q&A' icon on the menu bar.
2. During the webinar, please submit questions via the 'Q&A' box.
3. You will receive a response in writing, or the question will be answered live by the Presenter.



Zoom Housekeeping

How to Raise Your Hand to Ask a Live Question

1. Locate the 'Raise Hand' icon on the menu bar.
2. Select 'Raise Hand' and the Webinar Host will grant you permission to unmute yourself.
3. Once unmuted, ask the Presenter your question.



NCQA SNP Approval Website

Access CY 2023 MOC Scoring Guidelines & Training Recordings

- NCQA SNP Approval Website is located at snpmoc.ncqa.org
- CY 2023 MOC Scoring Guidelines are currently posted on this website
- Recording from trainings will post within one week of the training call

Technical Assistance

Get in Touch!



For technical inquiries related to the MOC program plan 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.



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

Special Symbols

Please Pay Careful Attention to These Items!



= New/Clarified Guidance for CY 2023



= Existing Guidance Emphasized for CY 2023



Agenda

- ORIGINS OF THE SNP MODEL OF CARE (MOC)
- OVERVIEW OF MOC ELEMENTS
- BIPARTISAN BUDGET ACT (BBA) OF 2018 PROVISIONS
- MOC SCORING & UPDATES
- SNP APPROVAL TIMELINE
- IMPORTANT REMINDERS
- MOC ELEMENTS 1 & 2
- Q & A
- TRAINING INFORMATION & DETAILS
- TECHNICAL ASSISTANCE CONTACTS & RESOURCES



Model of Care (MOC)

Background & Key Reminders

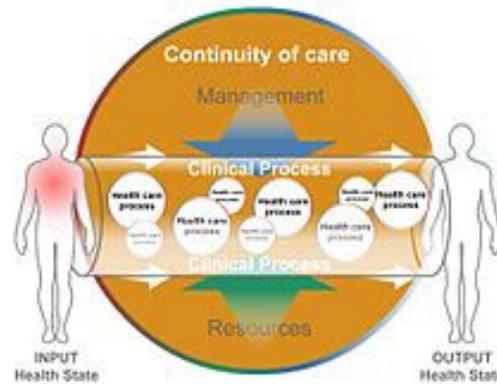
Model of Care (MOC) Review

Origins in the ACA



Compliance

Comply with statutory requirements of ACA



Defines Health Care Delivery

Ensure SNPs have a robust Model of Care



Approval Periods

Establish frequency for approval review cycle (1-3 years) for I & D-SNPs

C-SNPs reviewed annually

Model of Care Elements

High-Level Overview

MOC 1

MOC 2

MOC 3

MOC 4

Target Population



Care Coordination



Provider Network



Quality Measurement



Bipartisan Budget Act (BBA) of 2018

Overview



Impact of Notable Changes for Implementation:

- Interdisciplinary Care Teams (ICTs)
- Face-to-Face Encounters
- Initial Assessment & Annual Reassessment
- Fulfillment of Previous MOC's Goals
- Minimum Benchmark for Each Element



Scoring the MOC

Methodology Behind the Process

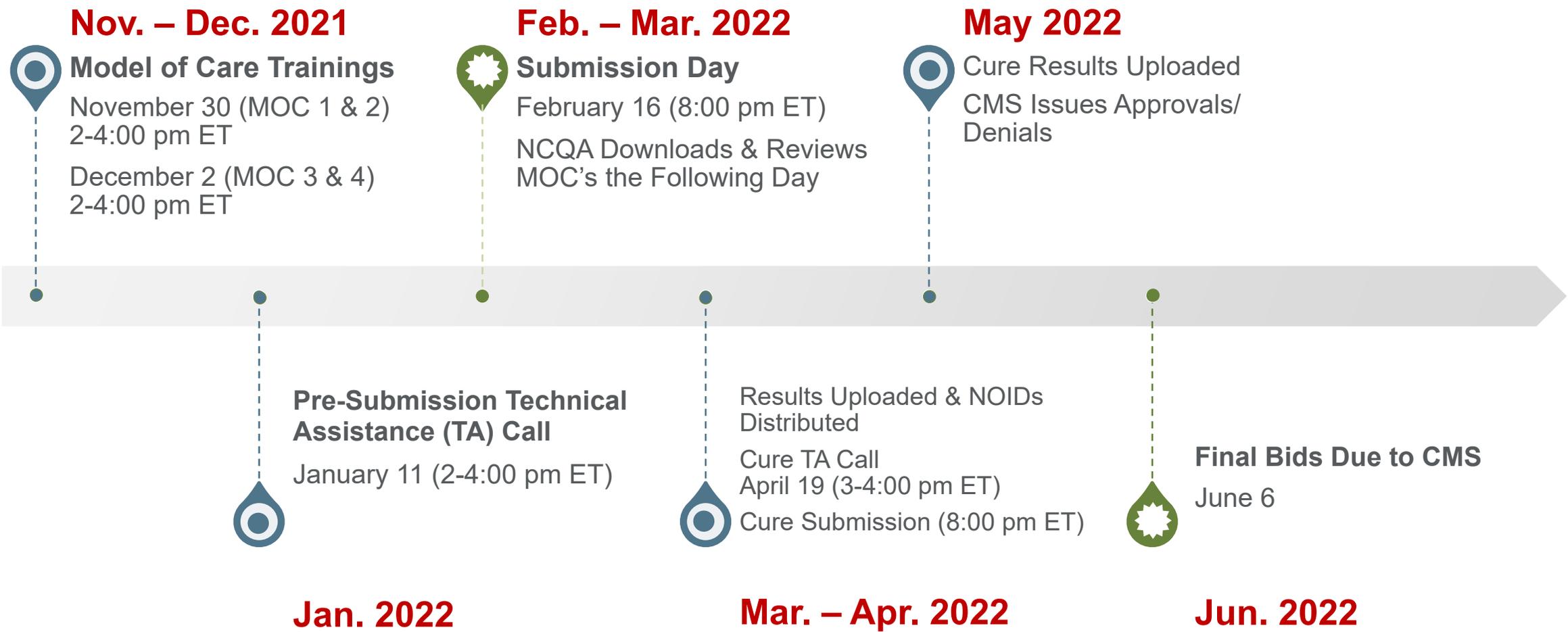
- MOC elements worth 0-4 points, based on # of factors met
- Total of 64 points (16 elements)
- Converted to percentage scores (e.g., 50 points = 78.13% or a 2-year approval)
 - 85% + → 3-year approval
 - 75-84% → 2-year approval
 - 70-74% → 1-year approval



- Includes element minimum benchmark threshold per BBA 2018 provisions
 - ! Plans must obtain a score of 50% on each element to obtain approval, regardless of final overall score
 - ! Plans that do not meet the threshold for each element must undergo the Cure
- Plans with an overall score <70% during initial review have one Cure process
 - ! Plans that undergo the Cure will only receive a 1-year approval, regardless of final score
- C-SNPs submit annually

SNP Approval Timeline

CY 2023



Reminders for this Review Period

Important Information You Need to Know

- MOC must address the regulatory language within specific elements
- Looking for **process details** and **descriptions**
- Must address (*where applicable*): Who? What? Where? When? How?
- Describe oversight (*where applicable*)
- Reviewers score MOC narrative based on CY 2023 guidelines
- ! General process statements are not acceptable and will be scored down
- ! Must address the minimum requirements as noted in the explanations and the Matrix

Note: *Specific regulations are highlighted within the elements. We will emphasize these regulations, as applicable, as we review the applicable elements and related factors.*

Reminders for this Review Period

Important Information You Need to Know (Cont'd.)

Describe Target Population in Your Service Area:

- Data and analysis must be relevant to specific population in **each service area** (not as described in national statistics or general language that covers your organization's overall population)
- Expectation is for SNPs to submit a new MOC each renewal period to capture process updates and changes (e.g., changes to goals as a result of analysis of outcomes or process improvements), and not the same previously approved MOC
- Offers an opportunity to think through and improve processes
- Address all requirements in the elements and factors
- Check the MOC Scoring Guidelines explanations for clarification and **minimum requirements**
- MOCs will be reviewed and scored based upon current assessment of the requirements

Note: SNPs must identify all H-numbers that follow similar processes under a single MOC on the Matrix Upload document.



MOC 1

Description of SNP Population

MOC 1, Element A

Overall SNP Population



MOC 1, Element A

Overall SNP Population

Intent: Identify and describe the target population, including health and social factors, and unique characteristics of each SNP type.

Focus: Description that provides a foundation upon which the remaining measures build a complete continuum of care (e.g., end-of-life, special considerations) for current and potential members the plan intends to serve.

MOC 1, Element A

Overall SNP Population (Cont'd.)

Factor-Level Details:

1. Describe how the health plan staff will determine, verify and track eligibility of SNP enrollees.
 - *How do you assist those in danger of losing eligibility?*
 - *How do you continue to verify eligibility beyond the initial application period?*
2. Describe the medical, social, cognitive and environmental factors, as well as living conditions and co-morbidities associated with the SNP population.
 - *Do not use national, regional or SNP-specific data prior to 2018.*
 - *Must address all items to meet intent of factor.*

NEW!

MOC 1, Element A

Overall SNP Population (Cont'd.)

Factor-Level Details:

3. Identify and describe the medical and health conditions impacting SNP enrollees, including specific information about characteristics that affect health.
 - *Detail population demographics (average age, gender, ethnicity).*
 - *Detail potential health disparities (language barriers, health literacy, socioeconomic status, cultural beliefs/barriers, caregiver considerations).*
4. Define the unique characteristics of the SNP population being served.
 - *C-SNP: chronic care needs, limitations/barriers.*
 - *D-SNP: unique health needs, limitations/barriers.*
 - *I-SNP: unique health needs, limitations/barriers, facility/service setting information.*

MOC 1: Description of SNP Population

A Word About National Statistics

- While national statistics provide some idea of the chronic diseases and comorbidities certain populations face, the SNP's written description must speak specifically to the target population for the intended service area.
- ! Use recent data (preferably within the last three years).
- ! Do not use data prior to 2018.

Recap: MOC 1, Element A

Description of SNP Population

DO

- Refer to the Matrix, regulations and MOC Scoring Guidelines
- Review the factor explanations and address each requirement
- Provide adequate detail
- Detail your SNP Target Population
- ! Provide data specific to SNP Target Population using recent data (Factors 2-4)
- Make sure that elements and factors are clearly labelled

DON'T

- Attach extra documents
- Forget to address all requirements included in each factor description
- ! Rely only on national statistics to meet requirements
- ! Use data older than 2018
- Forget to detail the process for member eligibility determination, verification and tracking process (Factor 1)



MOC 1, Element B

Most Vulnerable Enrollees



MOC 1, Element B

Most Vulnerable Enrollees

Intent: The health plan must have a complete description of the specially tailored services it provides to its most vulnerable enrollees.

Focus:

- Think population versus the individual member level.
- What methodology is used to identify your most vulnerable enrollees?
- Who are your sickest and most vulnerable enrollees? In other words, what sets them apart from the general SNP population?
- For what specially tailored services are the most vulnerable enrollees eligible?

MOC 1, Element B

Most Vulnerable Enrollees (Cont'd.)

Factor-Level Details:

1. Define and identify the most vulnerable enrollees within the SNP population and provide a complete description of specially tailored services for these enrollees.
2. Explain in detail how the average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status, as well as other factors, affect the health outcomes of the most vulnerable enrollees.
3. Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements.
4. Identify and describe established relationships with partners in the community to provide needed resources.

MOC 1, Element B: Factor 4 Example

Identify and Describe Established Relationships with Partners in the Community to Provide Needed Resources

SmartHealth has the following resources available to support and assist SNP enrollees with clinical, behavioral/mental health, social, environmental/housing, financial and other personal health and supportive needs.

DO	DON'T
Mobile Crisis Service Center: Services for people experiencing risks or a psychological crisis who requires mental health intervention, information and referrals, linkage to appropriate treatment.	State Department for the Aging
Cell Phone Programs: Free or discounted cellular service for income eligible consumers.	State Department of Health and Human Services

Recap: MOC 1, Element B

Description of Most Vulnerable of the SNP Population

DO

- ! Describe how you stratify your general SNP population to identify the most vulnerable members (Factor 1)
- ! Provide data specific to the most vulnerable members of the SNP population in the covered service area(s) using recent data (Factors 2-3)
- ! Include how the plan works with its partners to facilitate member or caregiver access and maintain continuity of services with its community partners (Factor 4)

DON'T

- ! Rely only on national statistics to meet requirements
- ! Use data older than 2018
- ! Use the same data in MOC 1, Element B (Factors 1-4) as used in MOC 1, Element A (Factors 2-4)





Questions



MOC 2
Care Coordination

MOC 2, Element A

SNP Staff Structure



MOC 2, Element A

SNP Staff Structure

Intent: Describe the administrative and clinical staff roles and responsibilities.

Focus: Detailed description of how SNP staff structure facilitates care coordination (e.g., health care needs, enrollee preferences, sharing information across health care staff and facilities) and how staff are trained.

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details:

1. Describe administrative staff roles and responsibilities, including oversight functions.
 - *Identify and describe all employed/contracted staff involved in care coordination.*
 - *Describe oversight functions (enrollment/eligibility verification, claims processing, administrative oversight).*
2. Describe clinical staff roles and responsibilities, including oversight functions.
 - *Identify and describe all employed/contracted staff that perform clinical functions.*
 - *Address how the organization verifies appropriate staff education and training.*
 - *Must address all the following: direct member care and education on self-management, care coordination, pharmacy consultation, behavioral health counseling and clinical oversight.*

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details:

3. Describe how staff responsibilities align with job titles.
 - *Provide copy of organizational chart.*
4. Describe contingency plans used to address ongoing continuity of critical staff functions.
 - *Include plans to ensure ongoing continuity of staff functions.*
 - *Include disaster preparedness and recovery plans.*
5. Describe how the organization conducts initial and annual MOC training for employed and contracted staff.
 - *Address training for both employed and contracted staff.*
 - *Describe training strategy, content and delivery mechanism.*
 - *Who? What? Where? When? How?*
 - *Renewal Submissions: Include sample of slides.*
 - *Initial Submissions: Describe content of training materials.*

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details:

6. Describe how the organization 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.*
7. Describe actions the organization takes if staff do not complete the required MOC training.
 - *Must describe challenges related to completion of training.*
 - *Be sure to specify corrective actions used to address noncompliance.*

Recap: MOC 2, Element A

SNP Staff Structure

DO

- Review the factor explanations in the MOC Scoring Guidelines and address each piece (Factors 1, 2)
- ! Specify educational degrees of key clinical staff (Factor 2)
- Include plans for backup of key personnel (Factor 4)
- Who? What? Where? When? How? (Factors 4, 5)
- ! Distinguish between employed and contracted staff (Factors 1, 2, 5)

DON'T

- Attach extra documents
- ! Forget to describe oversight functions (Factors 1, 2)
- ! Provide generic training content (Factor 5)





MOC 2, Element B

Health Risk Assessment Tool (HRAT)



MOC 2, Element B

Health Risk Assessment Tool (HRAT)

Intent: Describe how the HRAT collects and uses data to assess the medical, functional, cognitive, psychosocial and mental health needs of SNP enrollees.

Focus: Detailed description of how the HRAT is used in the coordination of care and development of an Individualized Care Plan (ICP), and how results are communicated to the Interdisciplinary Care Team (ICT).

MOC 2, Element B

Health Risk Assessment Tool (Cont'd.)

Factor-Level Details:

1. Describe how the organization uses the HRAT to develop and update the ICP for each enrollee.
 - *Address how HRAT assesses medical, functional, cognitive, psychosocial and mental health needs of SNP enrollees.*
 - *Address both the development and updating of the ICP in a timely manner.*
 - *Provide time frame details.*



MOC 2, Element B

Health Risk Assessment Tool (Cont'd.)

Factor-Level Details:

2. Describe how the organization conducts the initial HRAT and the annual reassessment for each enrollee.
 - *Detail the HRAT administration process and methodology.*
 - ! *Address initial and annual assessments, in addition to health status change and care transition assessments.*
 - *Describe process for members that cannot be contacted or do not want to be contacted to complete the HRAT.*
 - *Be clear about the timeline for initial, annual and all other assessments.*
 - *Detail how HRAT results are included/addressed in the ICP.*

MOC 2, Element B

Health Risk Assessment Tool (Cont'd.)

Factor-Level Details:

3. Describe how the organization disseminates HRAT information to the ICT and how the ICT uses the information.
 - *Who? What? Where? When? How?*
4. Provide detailed plan and rationale for reviewing, analyzing and stratifying HRA results, if applicable.
 - *Describe mechanisms and communication used to provide HRAT results to the ICT, provider network, enrollees and caregivers.*
 - *If results are stratified, detail how they support the improvement of care coordination.*

MOC 2, Element B: CMS Regulation

All Enrollees Must Have a Health Risk Assessment (HRA)

- Regulations at 42 CFR § 422.101(f)(1)(i); 42 CFR § 422.152(g)(2)(iv) require that all SNPs conduct an HRA for every SNP enrollee.

! All enrollees must have an HRA.

- The quality and content of the HRA should identify the medical, functional, cognitive, psychosocial and mental health needs of each SNP enrollee.
- For questions regarding HRA reporting, see <https://www.cms.gov/files/document/cy2021-draft-part-c-technical-specifications11182020.pdf>.

Recap: MOC 2, Element B

HRAT Use & Care Coordination

DO

- Review factor explanations in the MOC Scoring Guidelines and address each piece (All Factors)
- Who? What? Where? When? How? (All Factors)
- ! Detail how the HRAT assesses medical, functional, cognitive, psychosocial and mental health needs (Factor 1)
- Detail how HRAT results are incorporated into the ICP (Factor 2)

DON'T

- Forget to provide HRAT time frame details (Factors 1, 2)
- ! Forget to describe communication of HRAT results to stakeholders (Factor 4)
- Forget to describe how stratified HRAT results improve care coordination (Factor 4)



MOC 2, Element C

Face-to-Face Encounter



MOC 2, Element C: CMS Regulation

Face-to-Face Encounter



- Regulations at 42 CFR § 422.101(f)(1)(iv) require that all SNPs must provide for face-to-face encounters for the delivery of health care, care management, or care coordination services.
 - At least annually
 - Beginning within the first 12 months of enrollment
 - As feasible, with the enrollee's consent

MOC 2, Element C

Face-to-Face Encounter



Intent & Focus:

- Coordination of services between member and plan staff.
- Who is qualified to provide services?
- Contracted plan healthcare providers or services provided on behalf of the SNP
- In person or real-time visual/interactive encounter.

MOC 2, Element C

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



Factor-Level Details:

1. Describe in detail the process, including policies, procedures, purpose and intended outcomes of the face-to-face encounter.
2. For instances in which the SNP is providing the encounter, include staff (employed and/or contracted) who may conduct the face-to-face encounter.
3. Describe how the SNP will verify through data collection that the enrollee has participated in a qualifying face-to-face encounter.
4. Explain the types of clinical functions, assessments and/or services that may be conducted during the face-to-face encounter.
5. Provide a detailed description of how health concerns and/or active or potential health issues will be addressed during the face-to-face encounter.
6. Describe how the SNP will conduct care coordination activities through appropriate follow-up, referrals and scheduling, as necessary.

Recap: MOC 2, Element C

Face-to-Face Encounters



DO

- ! Provide a detailed description of your policies and procedures, as well as desired outcomes (Factor 1)
- ! Identify staff conducting face-to-face encounters (employed vs. contracted) (Factor 2)
- ! Identify types of assessments conducted during the encounters (Factor 4)

DON'T

- ! Forget to provide a description for how the plan verifies Face-to-Face encounters occur (Factor 3)
- ! Forget to provide a description for how staff handle identified health concerns (Factor 5)
- ! Forget to describe how care coordination occurs (e.g., follow ups, referrals, scheduling) (Factor 6)



MOC 2, Element D

Individualized Care Plan (ICP)



MOC 2, Element D

Individualized Care Plan (ICP)

Intent: Describe how the ICP is developed and communicated.

Focus: Describe the essential elements of the ICP.

- What is the plan's process for developing and modifying the ICP?
- How does the plan identify the staff responsible for developing the ICP?
- How are updates to the ICP:
 - Documented?
 - Maintained?
 - Communicated?

MOC 2, Element D: CMS Regulation

All Enrollees Must Have an ICP

- Regulations at 42 CFR § 422.101(f)(1)(ii); 42 CFR § 422.152(g)(2)(v) stipulate that all SNPs must develop and implement an ICP for each individual enrolled in the SNP.
- Data sources include:
 - HRA
 - Face-to-face encounter
 - Medical records
 - Claims data
 - Health Information Exchanges
 - Other
- ! All enrollees must have an ICP.

MOC 2, Element D

Individualized Care Plan (Cont'd.)

Factor-Level Details:

1. Detail the essential components of the ICP.
2. Describe the process to develop the ICP, including how often the ICP is modified as enrollee health care needs change.
! Ensure you address any changes, reassessments or care transition assessments in the HRA and ICP.
3. Identify the personnel responsible for development of the ICP, including how enrollees and/or caregivers are involved.
4. Detail how the ICP is documented and updated, and where it is maintained.
5. Describe how updates and modifications to the ICP are communicated to the enrollee and other stakeholders.

Recap: MOC 2, Element D

Individualized Care Plan

DO:

- ! Describe the process for reassessing the current ICP and determining the appropriate alternative actions, if enrollee's goals are not met (Factor 1)
- ! Describe how the plan determines the frequency for ICP review and modification as health care needs change (Factor 2)
- Detail roles/functions, professional requirements and credentials required for the personnel responsible for developing the ICP (Factor 3)
- ! Discuss involvement of enrollee/caregiver in the ICP development (Factor 3)
- Describe how the ICP is documented and updated and where the documentation is maintained so it is readily accessible by all involved parties (Factor 4)
- Explain how ICP updates/modifications are communicated to all involved parties (Factor 5)



MOC 2, Element E

Interdisciplinary Care Team (ICT)



MOC 2, Element E

Interdisciplinary Care Team (ICT)

Intent: Describe the critical components of the ICT.

Focus:

- Who are the key members of the ICT?
- What roles/responsibilities do these ICT members hold?
- 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?

MOC 2, Element E: CMS Regulation

All Enrollees Must Have an ICT

- Regulations at 42 CFR § 422.101(f)(1)(iii); 42 CFR § 422.152(g)(2)(iv) require all SNPs to use an ICT in the management of care for each individual enrolled in the SNP.
- ! All enrollees must have an ICT.
- ! The ICT must be comprised of providers whose training and credentials address the health needs of the enrollee.

MOC 2, Element E

Interdisciplinary Care Team (Cont'd.)

Factor-Level Details:

1. Detail how the organization determines the composition of ICT membership, including the addition of team members to address the unique needs of enrollees.
2. Describe how the roles and responsibilities of the ICT members (including enrollees and/or caregivers) contribute to the development and implementation of an effective interdisciplinary care process.
3. Detail how ICT members use outcomes to evaluate, contribute and continually manage, as well as improve the health status of SNP enrollees.
4. Describe how the SNP's communication plan to exchange enrollee information occurs regularly within the ICT, including evidence of ongoing information exchange.

Recap: MOC 2, Element E

Interdisciplinary Care Team

DO

- Specify how the expertise and training of ICT members aligns with the identified clinical and social needs of SNP enrollees (Factor 1)
- Detail how the plan verifies team member training and expertise (Factor 1)
- ! Explain how the enrollee/caregiver(s) are involved in the ICT (Factors 1-3)
- Highlight critical players in the ICT process (e.g., clinical managers, case managers) (Factor 2)
- ! Describe how the SNP maintains and documents ongoing communication (e.g., written ICT meeting minutes, documentation in ICP) across entire ICT, community organizations and other stakeholders (Factor 4)

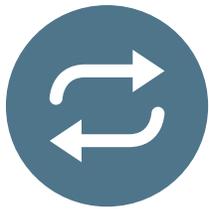
DON'T

- Neglect to detail how the plan verifies team member training and expertise (Factor 1)
- ! Forget to explain how the ICT communicates with enrollees who have hearing impairments, language barriers and/or cognitive deficiencies (Factor 4)



MOC 2, Element F

Care Transition Protocols (CTP)



MOC 2, Element F

Care Transition Protocols (CTP)

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

Focus:

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

MOC 2, Element F: CMS Regulation

All SNPs Must Coordinate Care Delivery

- Regulations at 42 CFR § 422.101(f)(2)(iii)-(v); 42 CFR § 422.152(g)(2)(vii)-(x) require that all SNPs coordinate the delivery of care.
- ! 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 (Cont'd.)

Factor-Level Details:

1. Describe the process for coordinating transitions.
2. Describe the personnel responsible for coordination efforts.
3. Explain coordination between settings during a care transition.
4. Describe how enrollees have access to personal health information to facilitate communication with providers.
5. Explain education provided to members/caregivers to manage conditions and avoid transitions.
6. Detail process used to notify members/caregivers of staff assigned to support member through transitions.

Recap: MOC 2, Element F

Care Transition Protocols

DO

- Describe processes and provide rationale for connecting enrollees to specific providers (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)
- ! Detail the process for ensuring enrollee/caregiver access to needed health information (Factor 4)



DON'T

- ! Forget to note how enrollee/caregiver are educated about health condition changes and actions/steps to be taken (Factor 5)
- ! Forget to describe how enrollee/caregiver demonstrates understanding of the treatment plan (Factor 5)
- Forget to detail how enrollees/caregivers are made aware of who acts as the primary contact and when they are informed (Factor 6)



Questions



Training & Education

Training & Education

Sessions Focus on MOC Requirements & Technical Assistance

- **MOC Elements 1 & 2 Training**

November 30, 2021 (2:00-4:00 pm ET)



- **MOC Elements 3 & 4 Training**

December 2, 2021 (2:00-4:00 pm ET)

- **Pre-Submission Technical Assistance (TA) Call**

January 11, 2022 (1:00-3:00 pm ET)

- **Cure TA Call**

April 19, 2022 (3:00-4:00 pm ET) for SNPs Scoring <70% Overall (or Scoring <50% on Any Element)

Note: Training slides are available on the NCQA SNP Approval website (snpmoc.ncqa.org). Recordings from trainings will post within one week of the training call.



Questions

Post-Training Survey

We Want Your Feedback!

- A pop-up survey will launch as soon as this event ends
- Please designate one person from your organization to complete the survey
- If you attended the training as a group, please include the input of all trainee attendees when completing the survey
- We will use survey results to continue to improve future training sessions
- Thank you in advance for your feedback!



