

A photograph of an elderly Asian woman with short, wavy grey hair and glasses, wearing a yellow cardigan over a light blue blouse. She is smiling slightly. Behind her is an elderly Asian man with glasses and a mustache, wearing a red and black plaid shirt. They appear to be in a bright, indoor setting, possibly a care facility or a community center. The background is softly blurred.

SNP Approval Model of Care Training

MOC Elements 3 & 4

December 2, 2021

SNP Team

Hello and Welcome!



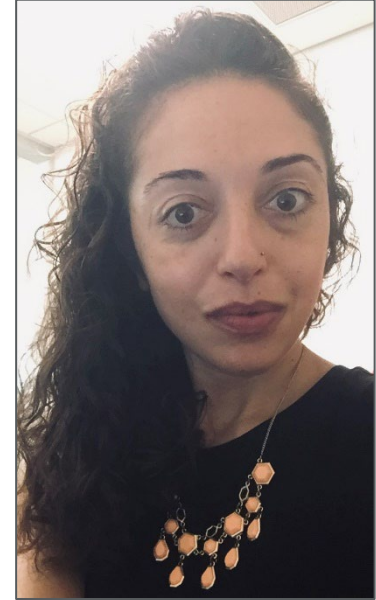
**Sandra Jones,
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MPH**

**Task Co-Lead
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**Alana Casciello,
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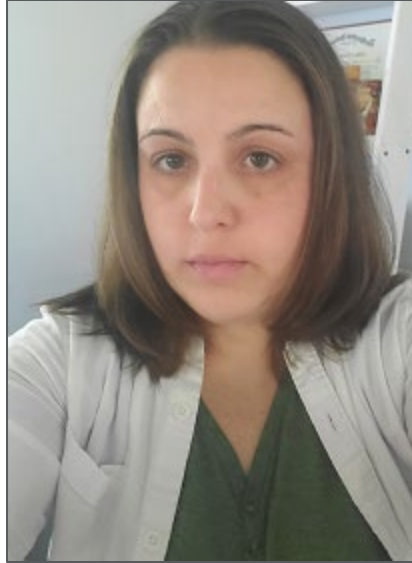
**Manager
NCQA**

SNP Team

Hello and Welcome!



Alan Hoffman, MHS
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SNP Team

Hello and Welcome!

Daniel Lehman, Ph.D.

Contracting Officer's Representative

CMS, DPAP

Donna Williamson, RN, MSN

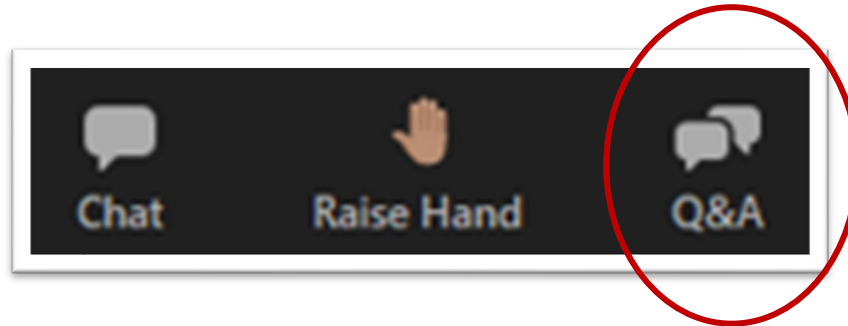
Health Insurance Specialist

CMS, DPAP

Zoom Housekeeping

How to Submit Questions during the Webinar

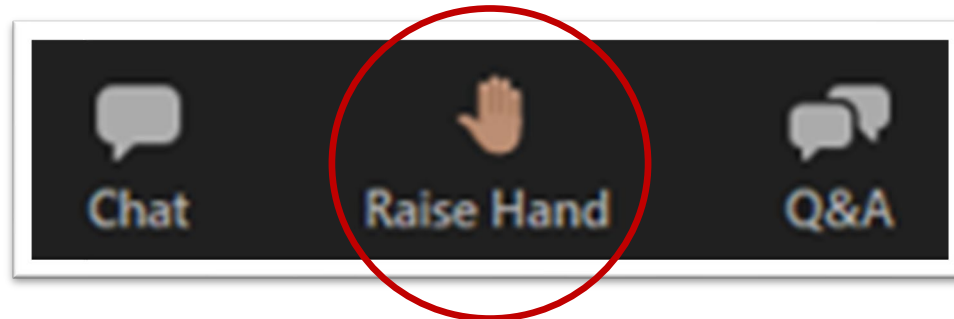
1. Locate the 'Q&A' icon on the menu bar.
2. During the webinar, please submit questions via the 'Q&A' box.
3. You will receive a response in writing, or the question will be answered live by the Presenter.



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 3 & 4
- Q & A
- HPMS REVIEW
- HOW TO SUBMIT
- TRAINING INFORMATION & DETAILS
- TECHNICAL ASSISTANCE CONTACTS & RESOURCES



Model of Care (MOC)

Background & Key Reminders

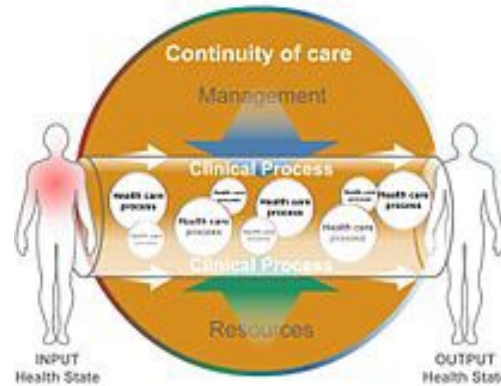
Model of Care (MOC) Review

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



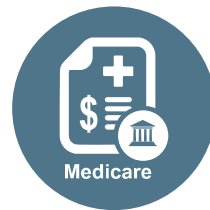
Bipartisan Budget Act (BBA) of 2018

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.*


Keep in Mind

Important Information You Need to Know

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 3
Provider Network

MOC 3, Element A

Specialized Expertise



MOC 3, Element A: CMS Regulation

SNP Networks Must Have Clinical Expertise

- 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 enrollees.

MOC 3, Element A

Specialized Expertise

Intent:

- Demonstrate how the network is designed to address the needs of the SNP's target population.



Include evidence of how the SNP provides each enrollee with an ICT that includes providers with demonstrated experience and training in the applicable specialty or area of expertise

Focus: Describe plan-level information on the network providers who see SNP enrollees.

- Contracted to provide health care services to SNP enrollees.
- Detail how and why these providers are appropriate.
- Include relevant facilities and providers necessary to address the needs of the target population.
- Identify and describe oversight for all network provider types.

MOC 3, Element A

Specialized Expertise (Cont'd.)

Factor-Level Details:

1. Detail how providers with specialized expertise correspond to the target population identified in MOC 1.
2. Explain how the SNP oversees provider network facilities and verifies that its providers are competent and have active licenses.
3. Describe how the SNP documents, updates and maintains accurate provider information.
4. Describe how providers collaborate with the ICT and contribute to an enrollee's ICP to provide necessary specialized services.

Recap: MOC 3, Element A

Specialized Expertise

DO

- Refer to the Matrix, regulations and MOC Scoring Guidelines
- ! Describe network and facilities (Factor 1)
- ! Correlate network to target population (Factor 1)
- Include the process for ensuring providers have the proper credentials (Factor 2)
- Describe how collaboration occurs within the ICT (e.g., care coordination, information sharing, inclusion of information in ICP) (Factor 4)

DON'T

- ! Forget that communication includes (Factor 4):
 - From providers to enrollees
 - Sharing with ICT and other stakeholders
 - Sharing of reports
 - Delivery of specialized services to enrollee
 - Incorporation of plan into the ICP
- ! Forget to detail the process for updating the provider directory along with time frame for doing so (Factor 3)



MOC 3, Element B

Clinical Practice Guidelines (CPG)
& Care Transition Protocols (CTP)



MOC 3, Element B

Clinical Practice Guidelines (CPG) & Care Transition Protocols (CTP)

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

Focus: Population-level decision making, not at the individual provider level.

MOC 3, Element B

Clinical Practice Guidelines & Care Transition Protocols (Cont'd.)

Factor-Level Details:

1. Explain the processes used to monitor how network providers utilize appropriate CPG and nationally recognized protocols appropriate to the SNP target population.
 - *Demonstrate the use of CPG and CTP.*
 - *Describe oversight of CPG use and identify who performs this oversight.*
2. Identify any challenges where the use of CPG and nationally recognized protocols need to be modified or are inappropriate for specific vulnerable SNP enrollees.
 - *Clearly define instances in which CPG are inappropriate or require modifications to meet the care needs of SNP enrollees.*
 - *Be sure to identify who can modify the use of CPG.*

MOC 3, Element B

Clinical Practice Guidelines & Care Transition Protocols (Cont'd.)

Factor-Level Details:

3. Provide details regarding how decisions to modify CPG or nationally recognized protocols are made, incorporated into the ICP and communicated to and acted upon by the ICT.
 - *Clearly address the inclusion of modifications into the ICP.*
 - *Detail the communication of modifications to the ICT and subsequent actions taken by the ICT.*
 - *Address how new CPG and/or modifications to existing CPG are communicated to providers and stakeholders.*
4. Describe how SNP providers maintain continuity of care using the CTP outlined in MOC 2, Element F.
 - *How are plans monitoring/tracking their physician/provider network to ensure they are following the care transition protocol at the provider level?*

MOC 3, Element B: CMS Regulation

Clinical Practice Guidelines & Care Transition Protocols

- 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.

Recap: MOC 3, Element B

Clinical Practice Guidelines & Care Transition Protocols

DO

- Describe oversight of CPG use and identify who performs this oversight (Factor 1)
- ! Clearly define instances in which CPG are inappropriate or require modifications (Factor 2)
- ! Detail the inclusion of modifications into the ICP (Factor 3)
- ! Describe how plans monitor/track that physicians/providers are following care transition protocols (Factor 4)

DON'T

- Forget to identify who can modify the use of CPG (Factor 2)
- ! Fail to address how new and/or modified CPG are communicated to providers and stakeholders (Factor 2)
- ! Forget to detail how CPG modifications are communicated to the ICT, as well as how subsequent actions are taken by the ICT (Factor 3)



MOC 3, Element C

MOC Training for the Provider Network



MOC 3, Element C

MOC Training for the Provider Network

Intent: Describe how the SNP provides training for its provider network.

Focus:

- How does the SNP make training available to all network providers?
- The SNP must conduct MOC training for its network of providers:
 - How are initial and annual training conducted for in-network and out-of-network providers?
 - How is training tracked and documented? Who is responsible for tracking and monitoring completion?
 - What actions are taken when training is incomplete?

MOC 3, Element C: CMS Regulation

SNPs Must Conduct MOC Training for the Provider Network

- Regulations at 42 CFR § 422.101(f)(2)(ii) require that SNPs conduct MOC training for their network of providers.
- The organization's MOC must describe oversight of provider network training.

MOC 3, Element C

MOC Training for the Provider Network (Cont'd.)

Factor-Level Details:

1. Detail initial and annual training for network providers and out-of-network providers seen by enrollees on a routine basis.
2. Describe how the organization documents evidence of training (maintains records) on the MOC training.
3. Explain challenges associated with the completion of MOC training for network providers.
4. Describe the specific actions taken when the required MOC training is deficient or has not been completed.

Recap: MOC 3, Element C

MOC Training for the Provider Network

DO

- ! Address training for both in-network and out-of-network providers seen routinely by enrollees (Factors 1-4)
- Explain who tracks and how they track training completion (Factor 2)
- ! Mention at least one challenge faced by the plan with respect to training completion by providers (Factor 3)

DON'T

- ! Limit the content of the training materials to a Table of Contents or overview (Factor 1)
- ! Forget to specify how the plan addresses noncompliance (e.g., incomplete, insufficient score) with MOC training requirements (Factor 4)





Questions

MOC 4

MOC Quality Measurement & Performance Improvement

MOC 4, Element A

MOC Quality Performance Improvement Plan



MOC 4: CMS Regulation

Quality Measurement & Performance Improvement

- Regulations at 42 CFR § 422.152(g) all SNPs to conduct a quality improvement program that measures the effectiveness of their MOC.

MOC 4, Element A

MOC Quality Performance Improvement Plan

Intent: Describe how the SNP conducts quality improvement related to its overall MOC.

Focus:

- Plan-level information focusing on goals that measure overall plan performance related to all aspects of the MOC.
- Measurement of quality and performance can lead to increased organizational effectiveness and efficiency.
- Quality improvement goals for the MOC.
- Must detail benchmarks or goals.

MOC 4, Element A

MOC Quality Performance Improvement Plan (Cont'd.)

Factor-Level Details:

1. Describe the overall quality improvement plan and how the organization delivers or provides for appropriate services to SNP enrollees based on their unique needs.
2. Describe the specific data sources and performance and outcome measures used to continuously analyze, evaluate and report MOC quality performance.
3. Describe how leadership, management groups, other SNP personnel and stakeholders are involved with the internal quality performance process.
4. Describe how SNP-specific measurable goals and health outcome objectives are integrated into the overall performance plan, as described in MOC 4, Element B.

MOC 4, Element A

MOC Quality Performance Improvement Plan (Cont'd.)



Topic/ Applicable Party	Measurement/Methodology/ Data Source	Measurement Objective	Benchmark/ Goal	Benchmark Source	Frequency of Measurement/ Time Frame to Meet Goal
Goal: Improve and maintain beneficiaries' access to essential services (medical, mental health, and social services)					
Member Access	GeoAccess mapping in relation to beneficiary demographics/Provider Network Department collects this information using Quest Analytics tool	Improve access	75%/90%	Internal	Monthly GeoAccess report
Member Access	Follow-up after Hospital Mental Health (MH) (FUH 30 days)/ Interim data received from delegated MH vendor.	Improve access to MH	65%/85%	HEDIS	Monthly/Annual
Goal: Improve and maintain <i>Affordable Care</i>					
Ensure or improve utilization for those members identified as high users of ancillary services.	Monthly report/Identify high utilizers	Improve affordability and reduce cost of care	78%/85%	Internal	Quarterly/Annual
Goal: Improve or maintain <i>Coordination of Care</i>					
Health Risk Assessment	HRA completed within 90 days (initial) of enrollment/Care Management information system is data source/Vendor	Timeliness, Part C Reporting	88%/100%	CMS Technical Specification	Monthly/Annually

Recap: MOC 4, Element A

MOC Quality Performance Improvement Plan

DO

- ! Describe your process, data sources, measurement outcomes and frequency and address how they meet the needs of your members (Factor 1)
- Clearly define key personnel and stakeholder involvement (Factor 2)
- Detail integration into improvement plan (Factor 3)
- ! Determine if goals are met and have a plan to address unmet goals (Factor 4)

DON'T

- ! Forget to specify your re-measurement plan (Factor 4)
- ! Forget to include benchmarks and specific time frames (Factor 4)





MOC 4, Element B

Measurable Goals & Health Outcomes for the MOC



MOC 4, Element B

Measurable Goals & Health Outcomes for the MOC

Intent: Identify and define the measurable 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, improving mental health screening access).
- Goal of performance improvement and quality measurement is to improve the SNP's ability to deliver high-quality services and benefits.
- Health outcomes, accessibility and clinical goals related to population health.

MOC 4, Element B

Measurable Goals & Health Outcomes for the MOC (Cont'd.)

Factor-Level Details:

1. Identify and define the measurable goals and health outcomes used to improve the health care needs of SNP enrollees.
2. Identify specific enrollee health outcome measures used to measure overall SNP population health outcomes at the plan level.
3. Describe how the SNP establishes methods to assess and track the MOC's impact on the health outcomes of SNP enrollees.
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.

MOC 4, Element B

Measurable Goals & Health Outcomes for the MOC (Cont'd.)



Overall Measure:	Percent of Members with a Completed Depression Screening	Health Outcome Measure
Description:	Members will have a completed depression screening each year	Improve health beneficiary outcomes by maintaining or increasing % of patients who complete depression screening
Benchmark:		
Goal:	100%	
Reporting Timeframe:	CY 2019, Quarterly, Ad-Hoc	
Remeasurement:	CY 2020	
Overall Measure:	Percent of Members who Receive an Influenza Vaccination	Health Outcome Measure
Description:	Members will receive an influenza vaccination each year	Improve access to preventative services by maintaining or increasing % of Influenza vaccination completed
Benchmark:		
Goal:	80%	
Reporting Timeframe:	CY 2019, Quarterly, Ad-Hoc	
Remeasurement:	CY 2020	
Overall Measure:	Percent of Members who Receive an Pneumococcal Vaccination	Health Outcome Measure
Description:	Members will receive a pneumococcal vaccination each year	Improve access to preventative services by maintaining or increasing % of pneumonia vaccinations completed
Benchmark:		
Goal:	80%	
Reporting Timeframe:	CY 2019, Quarterly, Ad-Hoc	
Remeasurement:	CY 2020	
Overall Measure:	Percent of Members with a Medication Review Completed	Health Outcome Measure
Description:	Members will receive a medication review each year	Ensure appropriate utilization of services by increasing percentage of patients who have a medication review
Benchmark:		
Goal:	95%	
Reporting Timeframe:	CY 2019, Quarterly, Ad-Hoc	
Remeasurement:	CY 2020	

Recap: MOC 4, Element B

Measurable Goals & Health Outcomes for the MOC

DO

- Clearly define your plan's measurable goals and outcomes (Factor 1)
- Detail improvements and alignment of HRAT, ICP and ICT (Factor 2)
- Include care transition goals (Factor 3)
- ! Detail the process for ensuring availability of preventative services (Factor 1)
- ! Describe the process for ensuring management of chronic conditions (Factor 1)

DON'T

- ! Use Star Ratings to define benchmarks for HRA completion, ICP or ICT development (*regulations require setting goals at 100% to include ALL members*)
- ! Forget to detail the process for determining whether goals are met (Factor 4)
- ! Forget to detail actions taken to address goals not met (Factor 5)



MOC 4, Element C

Measuring Patient Experience of
Care (SNP Member Satisfaction)



MOC 4, Element C

Measuring Patient Experience of Care (SNP Member Satisfaction)

Intent: Describe how the SNP measures enrollee satisfaction and responds to results.

Focus:

- Plans may use a wide variety of patient experience/satisfaction surveys.
- CAHPS and 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 (SNP Member Satisfaction)(Cont'd.)

Factor-Level Details:

1. Describe the specific SNP survey used.
2. Explain the rationale for selection of a specific tool.
3. Explain how the 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.

Recap: MOC 4, Element C

Measuring Patient Experience of Care (SNP Member Satisfaction)

DO

- Clearly define the tool used (Factor 1)
- Tell us how you use the selected tool (Factor 2)
- ! Include the process for incorporating your findings into an overall improvement plan (Factor 3)
- ! Detail the process (include specific steps) that the plan will take to address issues uncovered (Factor 4)

DON'T

- ! Forget to include your process (methodology) for receiving feedback from enrollees/caregivers (*where applicable*)
- ! Give us results received from a single area (e.g., case management) – Information must be obtained from your plan's population (the overall SNP program)
- ! Forget to include details on sample size



MOC 4, Element D

Ongoing Performance Improvement
Evaluation of the MOC



MOC 4, Element D

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: Including lessons learned and challenges in obtaining timely data.

MOC 4, Element D

Ongoing Performance Improvement Evaluation of the MOC (Cont'd.)

Factor-Level Details:

1. Describe how the organization will use the results of quality performance indicators and measures to support ongoing improvement of the MOC.
2. Detail how the organization will use the results of quality performance indicators and measures to continuously assess and evaluate quality.
3. Detail the organization's ability for timely improvement of mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation.
4. Describe how the performance improvement evaluation of the MOC will be documented and shared with key stakeholders.

Recap: MOC 4, Element D

Ongoing Performance Improvement Evaluation of the MOC

DO

- Clearly define how evaluation is performed (Factor 1)
- Tell us how you use the results to continually assess your improvement plan (Factor 2)
- ! Detail the process (include specific steps) that the plan will take to incorporate timely improvements (Factor 3)

DON'T

- ! Forget to include your process (methodology) for sharing the information collected with key stakeholders (Factor 4)
- ! Detail how and where information is documented (Factor 4)
- ! Define oversight responsibilities (Factor 1)



MOC 4, Element E

Dissemination of SNP Quality
Performance Related to the MOC



MOC 4, Element E

Dissemination of SNP Quality Performance Related to the MOC

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 the communication methods used.

MOC 4, Element E

Dissemination of SNP Quality Performance Related to the MOC (Cont'd.)

Factor-Level Details:

1. Describe how performance results and other pertinent information is shared with multiple stakeholders.
2. State the scheduled frequency of communications with stakeholders.
3. Describe the methods for ad hoc communication with stakeholders.
4. Identify the individuals responsible for communicating performance updates in a timely manner.

Recap: MOC 4, Element E

Dissemination of SNP Quality Performance Related to the MOC

DO

- Clearly define how results are shared (Factor 1)
- Tell us the frequency at which results are distributed (Factor 2)
- Describe ad hoc communications process (Factor 3)
- ! Detail the process (include specific steps) that the plan will take to address issues uncovered (Factor 4)

DON'T

- ! Forget to tell us who the stakeholders are (Factor 1)
- ! Forget to describe the frequency and methodology for dissemination (Factor 2)
- ! Forget to include details on responsible staff who provide oversight (Factor 4)





Questions

How to Upload

Health Plan Management System (HPMS) Review

HPMS Review

Contract Management Tab

HPMS
Health Plan Management System

Modules Search [Search Icon]

John Doe Email Us Logout

Recently Used

- Basic Contract Management
- My Application
- Model of Care

Modules

- Contract Management**
 - Basic Contract Management
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 - Model of Care
 - Non-Renewals/Service Area Reductions
 - Electronic Contracting
 - Contract Reports**
 - Plan Connectivity Data
 - Drug Manufacturer Management
 - Licensure
 - Default Enrollment
 - Claims Data Attestation
 - D-SNP Management
 - Plan Attestation
- Plan Bids
- Plan Formularies
- Monitoring
- Quality and Performance
- Risk Adjustment
- Data Extract Facility
- User Resources

Announcements
Last Updated today

- Updated formulary manual - the PDSS submission dates have been corrected (p143).
5/27/2021
- CY 2022 plan bids and formularies due in HPMS by 11:59 p.m. PDT.
6/6/2021
- First round of CY2022 crosswalk exceptions (closes at 5:00 p.m. ET).
6/7/2021-6/8/2021

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Memos
Last Updated 3 days ago

- Memo re: Illinois MMPs; Release of Final Contract Year 2022
8/1/2021 | [Memo](#)
- Updated lists of Medicare Part D Overutilization contacts and Plan-to-Plan Reconciliation contacts.
6/6/2021 | [Memo](#)
- HPMS Email re: Contract Year (CY) 2022 Plan Benefit Package (PBP) Validation Fixes.
6/7/2021-6/8/2021 | [Memo](#)

[Show More](#)

MA/Part D Calendar
Upcoming events for the month of July

June	July	August				
SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

- Annual MOC submission period begins for C-SNPs
6/1/2021
- CY 2022 Limited Formulary Update Window
6/6/2021
- Rebate reallocation period begins after release of bid amount.
6/7/2021-6/8/2021

[1](#) [2](#) [3](#)

HPMS Help Desk
hpms@cms.hhs.gov
1-800-220-2028

HPMS User Access Mailbox
HPMS_Access@cms.hhs.gov

HPMS Consultant Access
HPMSConsultantAccess@cms.hhs.gov

CMS IT Service Desk
CMS_IT_Service_Desk@cms.hhs.gov
1-800-502-1903 or 410-786-2580

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HPMS Review

Models of Care


The screenshot displays the HPMS Health Plan Management System interface. At the top left is the HPMS logo and name. The top right shows user information: TEST USER | User Resources | Log Out | A A A, and a login timestamp: Last logged in at 8:50 AM on January 5, 2016. A green navigation bar contains the following menu items: Contract Management, Plan Bids, Plan Formularies, Monitoring, Quality and Performance, Risk Adjustment, and Data Extract Facility. Below the navigation bar, the breadcrumb path is Home » Model of Care. On the left, there is a photograph of two women in a professional setting. To the right of the photo is a text block: "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." To the right of the text is a grey-bordered box titled "Model of Care" containing a list of options: "Off-Cycle Submission" (with sub-items "Upload" and "Submission History"), "Renewal Submission" (with sub-items "Upload" and "Submission History"), and "Reports" (with sub-item "MOC Detailed Report"). Below this box is the version number "CV: 1.23.0.0". At the bottom of the page, there is a footer with navigation links: Home | About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules Of Behavior | System Requirements | FAQ, a legal notice: "This is a U.S. Government computer system subject to Federal law.", and the CMS logo with the tagline "CENTERS FOR MEDICARE & MEDICAID SERVICES".

HPMS
Health Plan Management System

TEST USER | User Resources | Log Out | A A A
Last logged in at 8:50 AM on January 5, 2016

Contract Management | Plan Bids | Plan Formularies | Monitoring | Quality and Performance | Risk Adjustment | Data Extract Facility

Home » Model of Care




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.

Model of Care

- Off-Cycle Submission**
 - Upload
 - Submission History
- Renewal Submission**
 - Upload
 - Submission History
- Reports**
 - MOC Detailed Report


CV: 1.23.0.0

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HPMS Review

Select an MOC to Upload

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Renewal Submission - Upload

Model of Care +

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: "<>| :?*V#% ;+&
- 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:

- 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)

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HPMS Review

Select MOC File for Upload

The screenshot shows the HPMS Health Plan Management System interface. At the top, the HPMS logo and name are on the left, and user information (TEST USER | User Resources | Log Out) and the last login time (Last logged in at 3:23 PM on January 5, 2016) are on the right. A green navigation bar contains links for Contract Management, Plan Bids, Plan Formularies, Monitoring, Quality and Performance, Risk Adjustment, and Data Extract Facility. Below this, a breadcrumb trail reads Home » Model of Care » Upload. The main heading is 'Renewal Submission - Upload' with a 'Model of Care' button on the right. The sub-heading is 'Select a MOC to Upload'. A paragraph explains that users should select a contract and then a MOC, and provides a link to 'Submission History'. A 'Please Note' section lists file naming rules: no special characters (< > | : * ? \ # % ; + &), no consecutive periods, no more than 150 characters, only .zip files (password-protected files are not accepted), and only .doc, .docx, .xls, .xlsx, .txt, or .pdf files within zipped files. A link for 'MOC Matrix Template for MA renewal submissions' is provided. Two dropdown menus are shown: 'Select a Contract' with options Z0001 through Z0005, and 'Select a MOC' with 'Institutional-Institutional (Facility)' selected. Below these is a 'Select MOC file for upload:' field with a 'Browse...' button. A 'Next' button is at the bottom left. The footer contains navigation links, a disclaimer ('This is a U.S. Government computer system subject to Federal law.'), and the CMS logo.

HPMS
Health Plan Management System

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Renewal Submission - Upload Model of Care +

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.

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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:

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HPMS Review

MOC File Upload Confirmation



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Renewal Submission - Upload Model of Care +

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.

MOC Type	File Name	Upload Date	Upload User
Institutional-Institutional (Facility)	TESTFILE1.zip	1/4/2016 3:53:22 PM	TEST USER


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.

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Submission Renewal

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Renewal Submission - Submission History


[Model of Care](#) +

Uploads for Z0001

MOC Type	Latest Submission				Communication History	Contract Year
	File Name	Upload Date	Upload User	Confirmation Id		
ISNP-Institutional (Facility)	TESTFILE1.zip	1/4/2016 3:53:22 PM	TEST USER	1111		2017


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HPMS Review

MOC Detailed Report

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MOC Detailed Report

Model of Care +

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

MOC Element	MOC Detail
1.a Description of the SNP Population	1 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.
1.b Subpopulation: Most Vulnerable Beneficiaries	0 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.
2. Care Coordination	N/A
2.a SNP Staff Structure	3 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.
2.b Health Risk Assessment Tool	3 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.
2.c Individualized Care Plan	4
2.d Interdisciplinary Care Team	4
2.e Care Transition Protocols	4
2.f Staff Structure & Care	N/A



Questions



Submission Format
Initial & Cure Submissions

Initial Submission Instructions

Key Points

What?

- SNPs submit two documents (MOC Narrative & Matrix)
- File Name Structure: H#_SNP NAME_SNP TYPE_Document Type
 - H1234_SMARTHEALTH_CSNP_MOC
 - H1234_SMARTHEALTH_CSNP_Matrix
- May include org chart/training slides in appendix to MOC
- ! Include all corporate affiliations (i.e., name, contract number) in each Matrix submission

Where?

- Upload via HPMS by the date & time specified

How to Format?

- Supporting documentation may be included at the end of the MOC as an appendix
- Preferable to embed within factor response
- ! Don't submit attachments

How to Use Links?

- Ensure that all links are operational
- Check links before submission
- Non-functional links may prevent reviewers from seeing your document and result in a decrease in scores assessed without an opportunity to Cure

Cure Submission Instructions

Key Points for Plans Scoring <70%

All Instructions Presented on Previous Slide Apply!

What?

- Must resubmit and clearly label MOC Narrative and Matrix

Where?

- Upload via HPMS by the date & time specified



How to Format?

- ! Must clearly identify changes
- ! You may strikethrough previously written text but please use **red font** for all updates
- Address all factor requirements
- Clearly reference documents included in appendix
- Check links

“

*Make this a simple process for you and the reviewer.
Please ensure that you address the requirements of
all elements and factors.*

– THE SNP TEAM



Training & Education

Training & Education

Sessions Focus on MOC Requirements & Technical Assistance

- **MOC Elements 1 & 2 Training (COMPLETE)**

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!



Thank You

