SNP Approval Model of Care Training for CY 2026

MOC Elements 1 & 2

October 21, 2024

SNP Team

Hello and Welcome!

Sandra Jones, LPN, MFA, SSGB

Task Co-Lead

NCQA

Laura Zwolinski, MPH

Task Co-Lead

NCQA

Michael Dooley, MA

Content Reviewer & Process Improvement Lead

NCQA

Shree Patel, MPH

Analyst

NCQA

SNP Team

Hello and Welcome!

Janell Ross, MPH

Analyst

NCQA

Alan Hoffman, MHS

Contract Project Director

NCQA

Centers for Medicare & Medicaid Services (CMS)

Daniel Lehman, Ph.D.

Contracting Officer's Representative

CMS, Division of Policy, Analysis, and Planning (DPAP)

Sara Raju

Health Insurance Specialist

CMS, DPAP

Agenda

- HOUSEKEEPING
- ORIGINS OF THE SNP MODEL OF CARE (MOC)
- OVERVIEW OF MOC ELEMENTS
- BIPARTISAN BUDGET ACT (BBA) OF 2018 PROVISIONS
- MOC ELEMENTS 1 & 2
- TRAINING INFORMATION & DETAILS
- POST-TRAINING SURVEY

Training Format

CY 2026

- Pre-recorded trainings allow for earlier posting of CY 2026 content.
- The first (MOC 1 and 2) and second (MOC 3 and 4) training recordings are now available.
- CMS and NCQA will offer two Technical Assistance (TA) calls to allow plans the opportunity to ask questions:
  - Call 1: November 19, 2024 (2:00-4:00pm EST)
  - Call 2: January 7, 2025 (2:00-4:00pm EST)
- Plans are encouraged to provide feedback on the CY 2026 recordings via a link to an online survey provided at the end of each slide deck.

NCQA SNP Approval Website

Access CY 2026 MOC Scoring Guidelines & Training Recordings

- NCQA SNP Approval Website is located at snpmoc.ncqa.org.
- CY 2026 MOC Scoring Guidelines are posted on this website.
- Training recordings are also posted on this website.

NCQA SNP Approval Website (Cont'd.)

Website Updates

- The SNP Approval Website (snpmoc.ncqa.org) has been updated.
- Scores from the last three review cycles (i.e., CY 2025, CY 2024, CY 2023) are now available.
- Scores are searchable by contract number and filterable by SNP Type (i.e., Chronic Condition, Dual-Eligible, Institutional).

Technical Assistance

Get in Touch!

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.

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

Special Symbols

Please Pay Careful Attention to These Items!

= Bipartisan Budget Act of 2018 (BBA 2018) Requirements

!

= Clarified Guidance *or* Existing Guidance

Emphasized for CY 2026

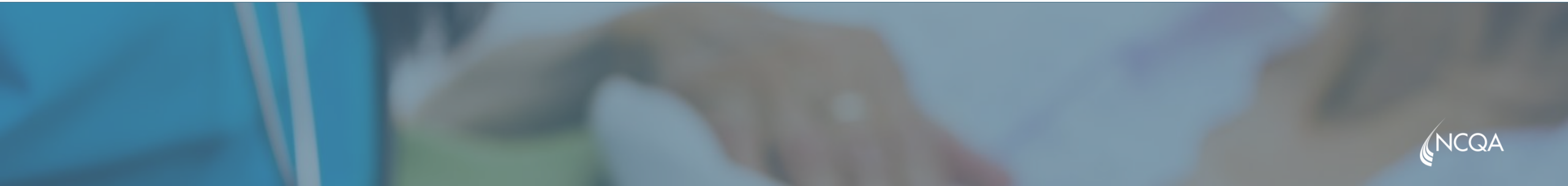
CY 2026 Scoring Guidelines

Summary of Changes

- Changes and clarifications made to the CY 2026 Scoring Guidelines are noted in the “Summary of Changes” section under each element description.
- Includes changes and clarifications made for the three most recent versions of the Scoring Guidelines (i.e., CY 2026, CY 2025, CY 2024).
- Updates made for CY 2026 are labelled as ***CY 2026 Update***.
- Changes made in CY 2025 or CY 2024 are not labelled.

Model of Care (MOC)

Background & Key Reminders

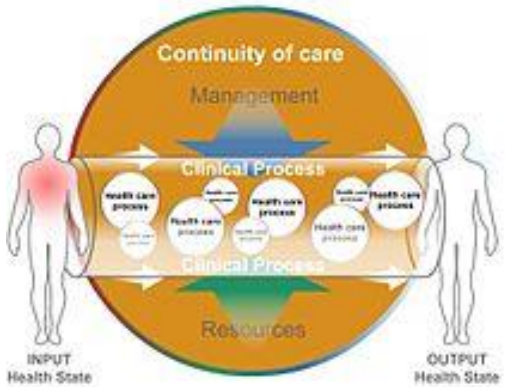


Model of Care (MOC) Review

Origins in the Affordable Care Act (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 opportunity for the Cure process.
  - ! Plans that undergo the Cure will only receive a 1-year approval, regardless of final score.

Reminders for this Review Period

Important Information You Need to Know

- MOC must address the regulatory language within specific elements.
- NCQA is looking for **process details** and **descriptions**.
- Must address *(when applicable)*: Who? What? Where? When? How?
- Describe oversight *(when applicable)*.
- Reviewers score MOC narrative based on CY 2026 MOC Scoring Guidelines.

! General process statements are not acceptable and will be scored down.

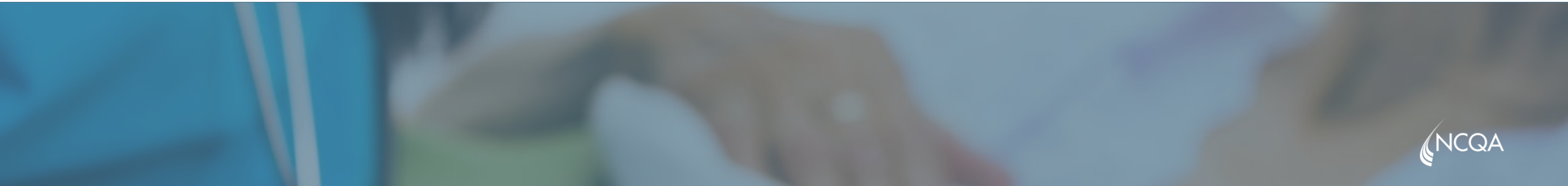
! Must address the minimum requirements as noted in the explanations and the Matrix.

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

Regarding off-cycle reviews, per 42 CFR 422.101(f)(3)(iv)(C), NCQA only reviews off-cycle submissions after the start of the effective date of the current MOC unless CMS deems it necessary to ensure compliance with the applicable regulations. Per 42 CFR 422.101(f)(3)(iv)(F), C-SNPs are only permitted to submit an off-cycle MOC submission when CMS requires an off-cycle submission to ensure compliance with applicable law.

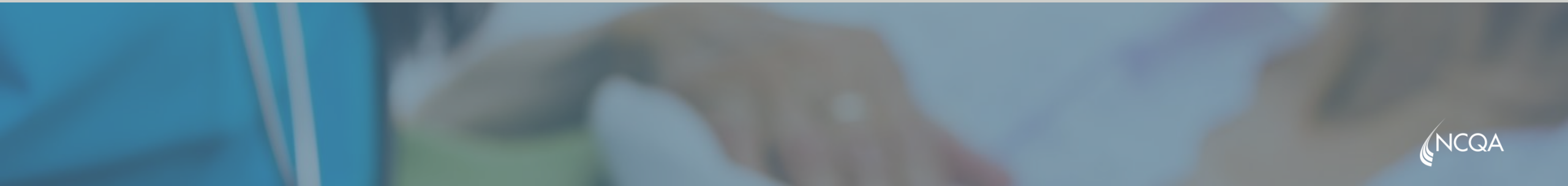
MOC 1

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, etc.) for current and potential enrollees 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 continue to verify eligibility beyond the initial application period?*
   - *NCQA recognizes that there may be circumstances when the annual verification for some C-SNP chronic conditions could be considered unnecessary.*
2. Describe the health status and health disparities of the target population.
   - *Information must be specific to the target population.*
   - *Detail health status of the target population (medical, social, cognitive, environments, living conditions, comorbidities).*
   - *Detail potential health disparities (language barriers, health literacy, socioeconomic status, cultural beliefs/barriers, caregiver considerations).*

   ! *Do not use membership data prior to 2021.*

MOC 1, Element A

Overall SNP Population (Cont'd.)

Factor-Level Details (Cont'd.):

3. Identify the demographics of the target population.
   - *Detail population demographics (average age, gender, ethnicity, education, socioeconomic status).*
   - ! *SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data.*
   - ! *Do not use membership data prior to 2021.*
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, Element A: Factor 3 (Example)

Include Detailed Demographic Information for Target Population/Service Areas

Service Area	Age (Yrs.)	Gender	Race/Ethnicity	Language Spoken	Education
County/ State A	65-69: 34.7% 70-79: 32.0% 80-89: 24.6% 90-99: 7.8% 100+: 1.7%	Male: 42.9% Female: 57.1%	White: 48.2% Black/African American: 28.3% Asian/Pacific Islander: 6.9% Hispanic/Latino: 13.7% American Indian/Alaskan Native: 0.7% Other: 2.2%	English: 82.7% Spanish: 12.9% Other: 4.2%	<High School: 25.6% High School Graduate: 34.3% Some College: 18.7% College Graduate: 21.4%
County/ State B	65-69: 26.1% 70-79: 40.3% 80-89: 24.1% 90-99: 8.7% 100+: 0.8%	Male: 39.7% Female: 60.3%	White: 39.7% Black/African American: 34.8% Asian/Pacific Islander: 2.0% Hispanic/Latino: 22.1% American Indian/Alaskan Native: 0.4% Other: 1.0%	English: 78.4% Spanish: 19.5% Other: 2.1%	<High School: 26.2% High School Graduate: 31.9% Some College: 20.1% College Graduate: 21.8%

Source: SmartHealth Membership Database, 2022

MOC 1: Description of SNP Population

A Word About National Statistics

- SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data.
- Do not solely use national data to describe your target population. While national statistics provide some idea of the chronic diseases and comorbidities that 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 2021.
- Specify data sources and years.

MOC 1: Description of SNP Population

Guidance for Corporate Entities

- While procedural parallels may exist across corporate submissions, it is imperative that plans provide information specific to the SNP's target population, service area, vulnerable members and SNP type for each MOC submitted.

! Do not submit the same document by SNP detail without customizing information or directing the reviewer to the appropriate demographic information for a specific population.

! Do not provide identical enrollee data across different submissions for MOC 1A or MOC 1B. Data must be specific to the SNP population within each submission.

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.
- Make sure that elements and factors are clearly labeled.

! Provide data specific to SNP target population using recent data. SNPs renewing contract(s) after year two of operations must provide SNP-specific enrollee vs. proxy data.

DON'T

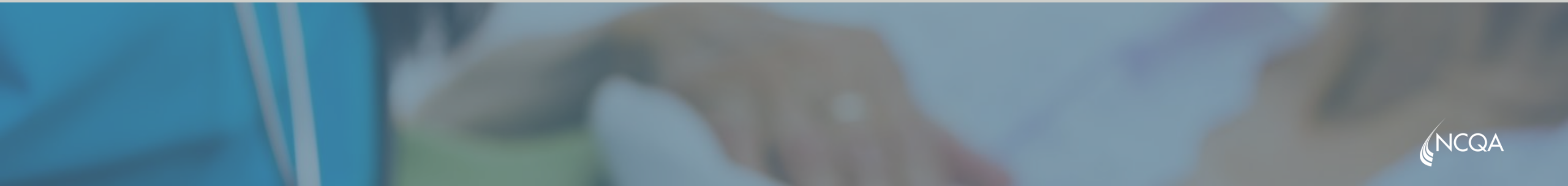
- Attach extra documents.
- Forget to address all requirements included in each factor description.
- Rely only on national statistics to meet requirements.

! Use data older than 2021.

! Forget to reference the data sources and years for the data used.

MOC 1, Element B

Most Vulnerable Enrollees



MOC 1, Element B

Most Vulnerable Enrollees

Intent: Identify and describe the most vulnerable population. Provide a complete description of the specially tailored services provided to the most vulnerable enrollees.

Focus:

- 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?
- Provide a description of the specially tailored services available to the most vulnerable enrollees.

MOC 1, Element B: General Points of Emphasis

Most Vulnerable Enrollees (Cont'd.)

- Scores for this element were the lowest across all 16 elements for the past two years (i.e., CY 2025, CY 2024).
- Plans often failed to specify the special characteristics and needs of the most vulnerable portion of the target SNP population.

MOC 1, Element B

Most Vulnerable Enrollees (Cont'd.)

Factor-Level Details:

1. Define and identify the most vulnerable enrollees within the SNP population, detailing the process for identification.
   - *Detail criteria used to determine whether an enrollee is included in the most vulnerable population.*
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.
   - ! *SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data.*

MOC 1, Element B: Factor 1 (Example)

Most Vulnerable Enrollees (Cont'd.)

Sample Narrative:

SmartHealth's most vulnerable enrollees **have 4 or more chronic medical and behavioral conditions** which can lead to hospital re-admissions, **frequent trips to the ER (more than 3x a year)**, and **complex medication regimens (more than 5 RXs)**. The most vulnerable enrollees tend to be **65 and older** and have **limitations in at least 3 activities of daily living and social capacity**, as well as **physical/environmental issues** that limit their access to medical services and care.

Issues among this vulnerable population include **hearing or cognitive difficulties**, **disabilities** that impact access to health care services or create specific health challenges (such as minimal physical activity, lack of appropriate transportation, or impaired mobility) that lead to an **increased risk of falls.** These enrollees also experience **caregiver issues**, including loss of a caregiver, vulnerability to abuse or neglect, an unstable home environment, and **low literacy levels (less than a high school education)** resulting in difficulty understanding health issues or how to access care.

MOC 1, Element B: Factor 2 (Points of Emphasis)

Most Vulnerable Enrollees (Cont'd.)

- ! Expect the same level of demographic detail for the most vulnerable population as we do for the general population.
- ! SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data.
- ! Reference recent data (2021 or more recent). Specify data sources and years.
- ! Do not provide demographic information for the most vulnerable population that is identical to the demographic information provided for the general population.
- Some plans provide a demographic comparison between the general and most vulnerable populations in the form of a table to meet the factor.

MOC 1, Element B

Most Vulnerable Enrollees (Cont'd.)

Factor-Level Details:

3. Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements, to include a description of special services and resources the SNP anticipates using to provide care to this vulnerable population beyond that of the general population.

   ! *SNPs must include a list of current community partners and the services they provide to the most vulnerable enrollees, or a description of the system used to house, research, identify, and access these resources.*

4. Describe the process used to establish relationships with partners in the community and the process used to facilitate access and deliver these specially tailored community services to the most vulnerable enrollees and/or their caregiver(s).

MOC 1, Element B: Factor 3 (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

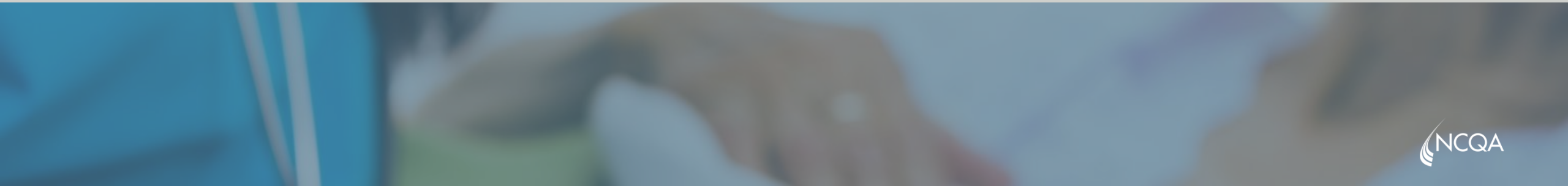
- ! Describe how criteria used to identify the most vulnerable enrollees (Factor 1).
- ! Provide data specific to the most vulnerable enrollees in the covered service area(s) using recent data. SNPs renewing contract(s) after year two of operations must provide SNP-specific enrollee vs. proxy data. Specify data sources and dates (Factor 2).
- Include a list of current community partners and services provided to the most vulnerable enrollees (Factor 3).

DON'T

- Rely only on national statistics to meet requirements.
- ! Use data older than 2021.
- ! Use the same data in MOC 1, Element B (Factors 1-4) as used in MOC 1, Element A (Factors 2-4).

MOC 1 Elements A & B

Important Reminders



Reminders for this Review Period

MOC Documentation Across H Contract Numbers (H#)

- Emerging trend of corporate groups submitting similar and/or identical MOC documentation for numerous H contract numbers.

! Demographic information and content provided for MOC 1 for each SNP must be specific to the SNP's target population, service area, vulnerable members, and SNP type.

! Do not submit the same document by SNP detail (e.g., diabetes, CVD, ESRD) without customizing information.

! Provide adequate detail to describe the target population in the service area.

! SNPs renewing contract(s) after year two of operations must provide SNP-specific enrollee vs. proxy data.

! New plans may use national/proxy data to describe the intended membership but must provide a rationale for doing so and draw a correlation between the populations.

MOC 1: Description of SNP Population (Example)

MOC Documentation Across H Contract Numbers (H#) Cont'd.

Example: SmartHealth submits 10 identical MOC documents for C-SNP End-Stage Renal Disease (ESRD) populations.

- MOC 1A and MOC 1B include demographic data for all 10 target populations across 10 H#.
- Difficult for reviewer to determine which population applies to which H# during the review process; if unclear, plan will not receive credit.
- This approach is **not** recommended [if used, please explicitly note which demographic information applies to which contract (e.g., highlight the relevant target population in MOC 1A and MOC 1B for each submission)].
- Suggest submitting documents customized for the target population to increase likelihood that reviewers can identify the appropriate population.

Note: *SNPs must identify all H# with corporate relationships that follow similar processes in their MOC on the Matrix upload document.*

Recap: MOC 1, Element A

List of Requirements

- *Factor 1: Describe how the health plan staff determine, verify, and track eligibility of SNP enrollees.*
  - How do you continue to verify eligibility beyond the initial application period?
- *Factor 2: Describe the health status (medical, diseases, comorbidities, social, cognitive, environmental factors, living conditions).*
  - Information must be specific to the target population.
  - Detail potential health disparities (access, language barriers, health literacy, socioeconomic).
  - Do not use data prior to 2021 for Factor 2 or Factor 3. Include data sources and dates.
- *Factor 3: Identify population demographics.*
  - Provide demographic information for target population.
  - SNPs renewing contract(s) after year two of operations must provide SNP-specific vs. proxy data. New plans may use proxy data but must provide a rationale.
  - Must cover each service area.
- *Factor 4: Define the unique characteristics of the SNP population being served.*

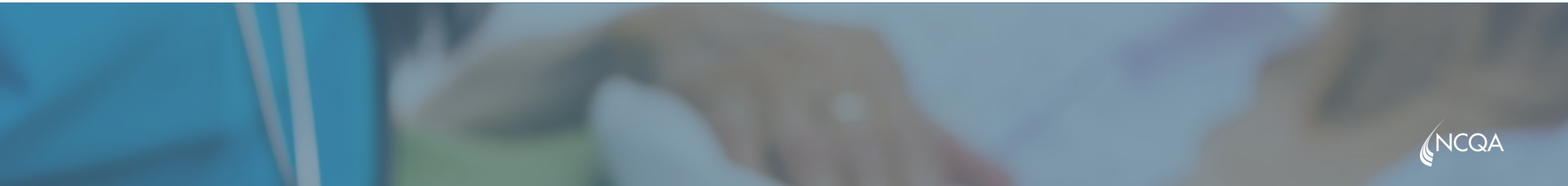
Recap: MOC 1, Element B

List of Requirements

- *Factor 1: Define and identify the most vulnerable enrollees within the SNP population and provide a complete description of specially tailored services for these enrollees.*
  - Information must be specific to most vulnerable population.
- *Factor 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.*
  - Data must be specific to the most vulnerable population.
  - SNPs renewing contract(s) after year two of operations must provide SNP-specific vs. proxy data. New plans may use proxy data but must provide a rationale.
  - Do not use data prior to 2021. Include data sources and dates.
- *Factor 3: Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements.*
  - Include list of community partners and services provided to the most vulnerable enrollees or describe the system used to house, research, identify, and access these resources.
- *Factor 4: Identify and describe established relationships with partners in the community to provide needed resources for the most vulnerable members.*

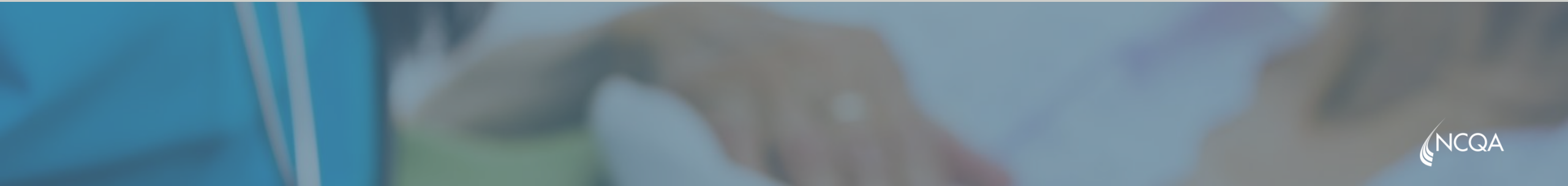
MOC 2

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.*
   - *Identify the required licensure and/or credentials necessary for the specified clinical function.*
   - *Must address all the following: direct enrollee 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 (Cont'd.):

3. Provide an organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination.
   - ! *Identify staff involved in enrollee care and coordination.*
4. Describe contingency plans used to address ongoing continuity of critical staff functions.
   - *Include plans to ensure ongoing continuity of staff functions.*
5. 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.*
   - *Who? What? Where? When? How?*
   - *Renewal Submissions: Include sampling of actual slides.*
   - *Initial Submissions: Describe content of training materials and/or provide slide examples.*

MOC 2, Element A

SNP Staff Structure (Cont'd.)

Factor-Level Details (Cont'd.):

6. 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.*
7. Describe 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 address noncompliance.*

MOC 2, Element A: Factor 7 (Example)

Actions Taken if Training is Not Completed or Deficient

- Actions taken if/when MOC training is not completed or deficient should be concrete and proactive
- Examples that satisfy the factor:
  - Disciplinary actions.
  - Inclusion of deficiency in employee performance plan with deadline to complete training.
  - Remediation plan.
- Examples that do not satisfy the factor:
  - Email reminders to complete training.
  - Passive circulation of materials to complete training .
  - Other reminders to complete training without concrete actions as to what happens when training is not completed.

Recap: MOC 2, Element A

SNP Staff Structure

DO

! Specify educational degrees of key clinical staff (Factor 2).

! Provide a copy of the organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination. (Factor 3).

- Include plans for backup of key personnel (Factor 4).
- Who? What? Where? When? How? (Factors 4, 5).

DON'T

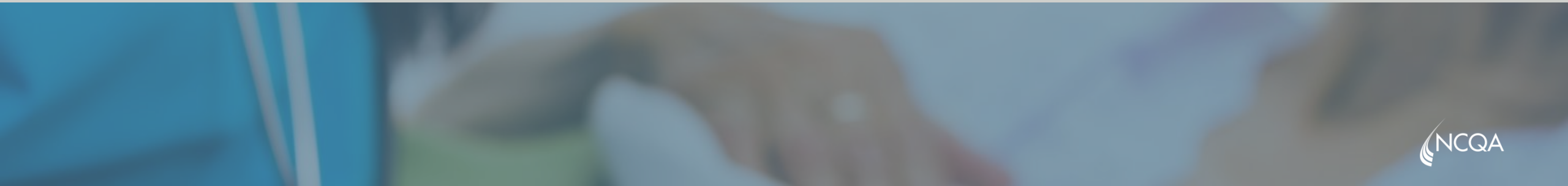
- Attach extra documents.

! Forget to describe oversight functions (Factors 1, 2).

! Provide generic training content (Factor 5).

MOC 2, Element B

Health Risk Assessment (HRA)



MOC 2, Element B: CMS Regulation

All Enrollees Must Have a Health Risk Assessment (HRA)

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

The MA organization must, with respect to each individual enrolled, do all of the following:

Conduct a comprehensive initial health risk assessment of the individual's physical, psychosocial, and functional needs as well as annual health risk reassessment, using a comprehensive risk assessment tool that CMS may review during oversight activities, and ensure that the results from the initial assessment and annual reassessment conducted for each individual enrolled in the plan are addressed in the individuals' individualized care plan as required under paragraph (f)(1)(ii) of this section. Beginning in 2024, the comprehensive risk assessment tool must include one or more questions from a list of screening instruments specified by CMS in sub-regulatory guidance on each of the following domains:

(A) Housing stability;

(B) Food security; and

(C) Access to transportation.

MOC 2, Element B: CMS Regulation

All Enrollees Must Have a Health Risk Assessment (HRA)

Regulations at 42 CFR § 422.152(g)(2)(iv) require that all SNPs conduct an HRA for every SNP enrollee that includes comprehensive health risk assessment as evidenced by measures from the care coordination domain (for example, accuracy of acuity stratification, safety indicators, or timeliness of initial assessments or annual reassessments).

MOC 2, Element B: CMS Regulation

All Enrollees Must Have a Health Risk Assessment (HRA)

! All enrollees must have an HRA.

! Completed HRAs must include direct enrollee and/or caregiver input to be considered valid for purposes of fulfilling Part C reporting requirements.

- 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 Part C Reporting Requirements | CMS.

MOC 2, Element B

Health Risk Assessment (HRA)

Intent: Describe how the plan conducts HRA to collect and use data to assess the medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.

Focus: Detailed description of how the HRA 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 (Cont'd.)

Factor-Level Details:

1. Describe how the SNP conducts the initial HRA and the annual reassessment for each enrollee.
   - *Detail the HRA administration process and methodology.*
   - *Address how HRA assesses medical, functional, cognitive, psychosocial, and mental health needs of SNP enrollees.*
   - *Address initial and annual assessments, in addition to health status change and care transition assessments.*

   ! *Detail the process for attempting to contact enrollees to complete the HRA and the process for documenting refusals.*
   Note: *Previously included under Factor 3.*

   ! *Completed HRAs must comprise direct enrollee and/or caregiver input.*

2. Describe how the SNP uses the HRA to develop/update the ICP for each enrollee.
   - *Address both the development and updating of the ICP in a timely manner.*

MOC 2, Element B

Health Risk Assessment (Cont'd.)

Factor-Level Details (Cont'd.):

3. Explain how the SNP disseminates HRA information to the ICT and how the ICT uses the information.
4. Provide detailed plan and rationale for reviewing, analyzing and stratifying HRA results.
   - ! *SNPs must describe the stratification process and detail how stratified results improves the care coordination process.*
   - *Describe mechanisms and communication used to provide HRA results to the ICT, provider network, enrollees, and caregivers.*

Recap: MOC 2, Element B

HRA Use & Care Coordination

DO

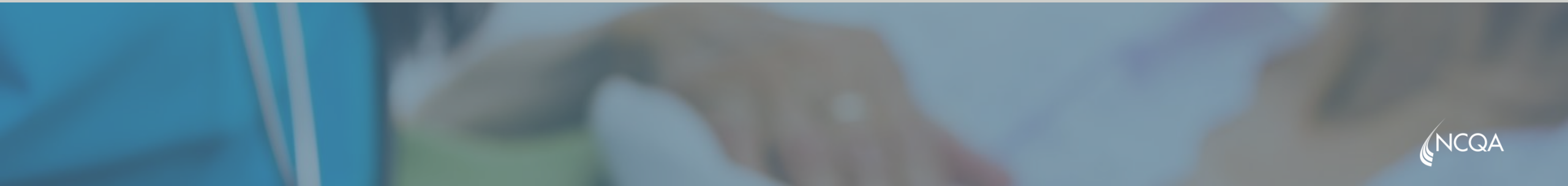
- Who? What? Where? When? How? (All Factors).
- ! Detail how the HRA assesses medical, functional, cognitive, psychosocial, and mental health needs (Factor 1).
- ! Detail the process for attempting to contact enrollees to complete the HRA and the process for documenting refusals.
- Detail how HRA results are incorporated into the ICP (Factor 2).

DON'T

- ! Forget to describe the risk stratification process and how stratified HRA results improve care coordination (Factor 4).
- Forget to describe communication of HRA results to stakeholders (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 SNPs must provide, on at least an annual basis, beginning within the first 12 months of enrollment, as feasible and with the individual's consent, for face-to-face encounters for the delivery of health care or care management or care coordination services and be between each enrollee and a member of the enrollee's interdisciplinary team or the plan's case management and coordination staff, or contracted plan health care providers. A face-for-face encounter must be either in person or through a visual, real-time, interactive telehealth encounter.
  - 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

BBA 2018

Intent & Focus:

- In person or real-time visual/interactive encounter.
- Coordination of services between enrollee and plan staff or contracted plan health care providers.
- Staff qualified to conduct the face-to-face encounter.
- Services provided on behalf of the SNP.

MOC 2, Element C

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

BBA 2018

Factor-Level Details:

1. Describe in detail the process, including policies, procedures, purpose, 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.*
2. For instances in which the SNP is providing the encounter, 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.)

BBA 2018

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.*
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.)

BBA 2018

Factor-Level Details (Cont'd):

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.
   - *Specify how active health issues are addressed.*
   - ! *Describe enrollee/caregiver education about potential health issues.*
6. Describe how the SNP will conduct care coordination activities through appropriate follow-up, referrals and scheduling, as necessary.
   - *Detail the who, what, where, when, and how of the process.*
   - *Describe how the SNP determines and conducts care coordination activities when the plan reviews data associated with a face-to-face encounter between an enrollee and a provider.*

Recap: MOC 2, Element C

Face-to-Face Encounters

BBA 2018

DO

! Provide a detailed description of your policies and procedures, as well as desired outcomes (Factor 1).

! Describe how enrollee consent is obtained (Factor 1).

- Identify staff conducting face-to-face encounters (Factor 2).

! Confirm security and confidentiality of face-to-face encounter platforms (Factor 2).

- Identify types of assessments conducted during the encounters (Factor 4).

DON'T

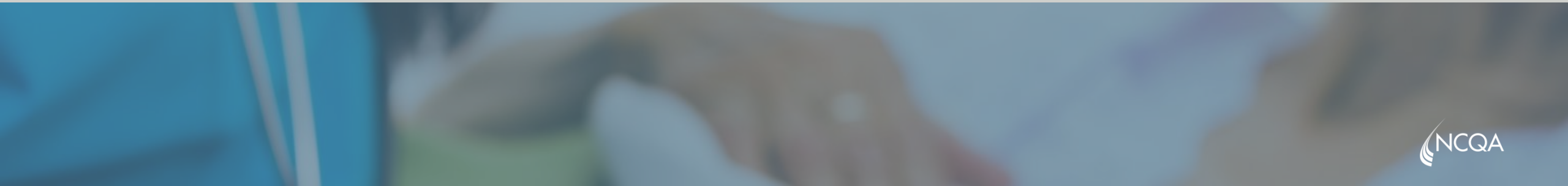
- Forget to specify that the first face-to-face encounter occurs within 12 months of enrollment and then annually (Factor 1).

! Forget to provide a description for how the plan verifies face-to-face encounters occur (Factor 3).

- Forget to 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: CMS Regulation

All Enrollees Must Have an ICP

- Regulations at 42 CFR § 422.101(f)(1)(ii) stipulate that all SNPs must develop and implement a comprehensive individualized plan of care through an interdisciplinary care team in consultation with the beneficiary, as feasible, identifying goals and objectives including measurable outcomes as well as specific services and benefits to be provided.
- Data sources include:
  - HRA
  - Face-to-face encounter
  - Medical records
  - Claims data
  - Health Information Exchanges
  - Other

! All enrollees must have an ICP. There are no exceptions for enrollees stratified in low-risk categories.

MOC 2, Element D: CMS Regulation

All Enrollees Must Have an ICP

Regulations at 42 CFR § 422.152(g)(2)(v) requires implementation of an individualized plan of care as evidenced by measures from functional, psychosocial, or clinical domains (for example, rate of participation by IDT members and beneficiaries in care planning).

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 can a plan initiate/develop an ICP for enrollees who do not participate in the HRA process?
  - Information gathered from other assessments, medical records or other available data
  - HIE, PCP, claims or pharmacy data
- How are updates to the ICP:
  - Documented?
  - Maintained?
  - Communicated?

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.*
   - ! *Provide a detailed explanation of how stratified HRA results are incorporated into each enrollee's ICP.*

MOC 2, Element D

Individualized Care Plan (Cont'd.)

Factor-Level Details:

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.

   ! *It is important to address the role of "caregivers" as it relates to Factors 4 and 5.*

Recap: MOC 2, Element D

Individualized Care Plan

DO

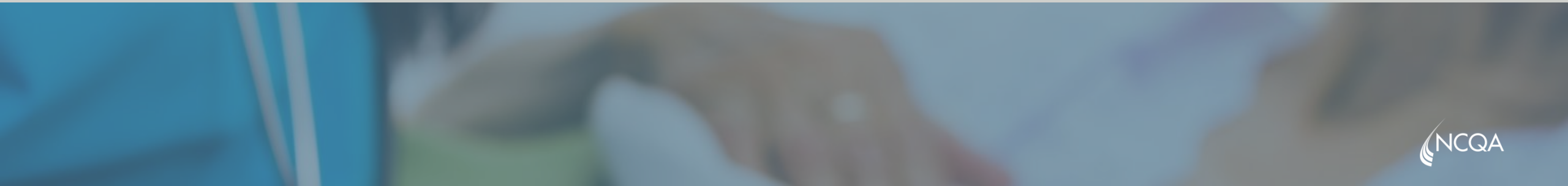
- Describe the process for reassessing the current ICP and determining the appropriate alternative actions, if enrollee's goals are not met (Factor 1).
- ! Provide a detailed explanation of how stratified results are incorporated into the ICP (Factor 2).
- Detail roles/functions, professional requirements 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).

DON'T

- ! Forget to tell us how you make sure that all enrollees have an ICP.

MOC 2, Element E

Interdisciplinary Care Team (ICT)



MOC 2, Element E: CMS Regulation

All Enrollees Must Have an ICT

- Regulations at 42 CFR § 422.101(f)(1)(iii) require that SNPs, in the management of care, use an interdisciplinary team that includes a 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 targeted population of the plan.
- Regulations at 42 CFR § 422.152(g)(2)(iv) require a comprehensive health risk assessment as evidenced by measures from the care coordination domain (for example, accuracy of acuity stratification, safety indicators, or timeliness of initial assessments or annual reassessments).

! All enrollees must have an ICT.

! 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.

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

Interdisciplinary Care Team (Cont'd.)

Factor-Level Details:

1. Detail how the SNP determines the composition of ICT membership, including the addition of team enrollees 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.
   - ! *SNPs must describe how stratified HRA results are used to determine the composition of the ICT.*
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

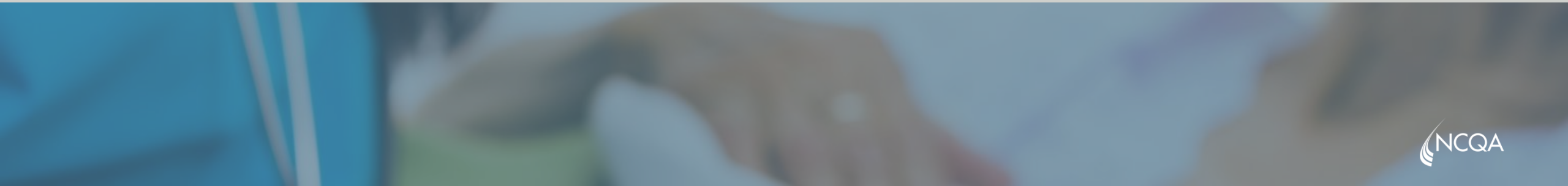
- ! Specify how the expertise and training of ICT members aligns with the identified clinical and social needs of SNP enrollees (Factor 1).
- ! Explain how the enrollee/caregiver(s) are involved in the ICT (Factors 1-3).
- • Highlight critical players in the ICT process (e.g., clinical managers, case 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

- ! Forget to describe how stratified HRA results are used to determine the composition of the ICT (Factor 2).
- ! 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: CMS Regulation

All SNPs Must Coordinate Care Delivery

- Regulations at 42 CFR § 422.101(f)(2)(iii)-(v) must develop and implement the following model of care components to assure an effective care management structure:
  - Coordinate the delivery of care across healthcare settings, providers, and services to assure 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 as defined in § 422.2 of this part, including frail/disabled beneficiaries and beneficiaries near the end of life.
  - Coordinate communication among plan personnel, providers, and beneficiaries.

MOC 2, Element F: CMS Regulation

All SNPs Must Coordinate Care Delivery

- Regulations at 42 CFR § 422.152(g)(2)(vii)-(x) require that all SNPs coordinate the delivery of care.
  - 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.
  - Use of integrated systems of communication as evidenced by measures from the care coordination domain (for example, call center utilization rates, rates of beneficiary involvement in care plan development, etc.).

! 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 (CTP)

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

Focus:

- 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.)

BBA 2018

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.
   - ! *Specifically, how the SNP transfers elements of the enrollee's ICP (important health information) and provides for other health-related needs (e.g., food, transportation, etc.) between health care settings when an enrollee experiences a transition in care.*
   - ! *For planned and unplanned transitions, describe the steps that take place before, during, and after the transition occurs.*

MOC 2, Element F

Care Transition Protocols (Cont'd.)

Factor-Level Details:

4. Describe how enrollees have access to personal health information to facilitate communication with providers.

5. Explain education provided to enrollees/caregivers to manage conditions and avoid transitions.

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 (Cont'd.)

- **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 2F?

  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 all SNPs to coordinate the delivery of care. It is the SNP's responsibility to ensure that treatment protocols and needed resources related to transitions of care across health care setting 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.

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, 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.

Reminders for this Review Period

Important Information You Need to Know

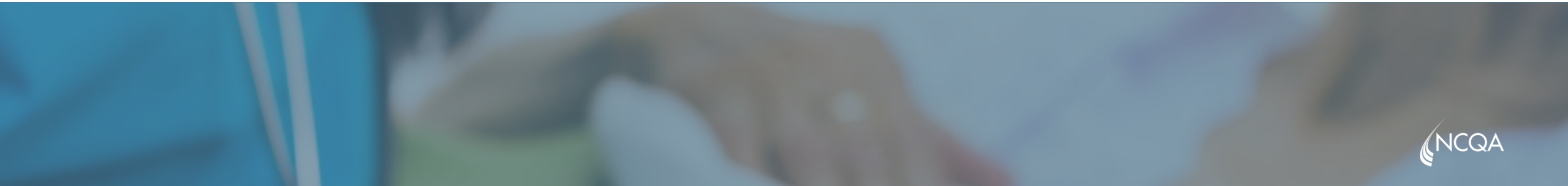
Conflicting Language:

- Providing language in one section that meets the requirements but using conflicting language in another section.

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.

Training & Education



Training & Education

Sessions Focus on MOC Requirements & Technical Assistance

- **MOC Elements 1 & 2 Training**
  - *Training recording currently available.*
- **MOC Elements 3 & 4 Training**
  - *Training recording currently available.*
- **Pre-Submission Technical Assistance (TA) Calls**
  - *Call 1: November 19, 2024 (2:00-4:00pm EST)*
  - *Call 2: January 7, 2025 (2:00-4:00pm EST)*
- **Cure TA Call**
  - *April 17, 2025 (2:00-4:00pm EST)*
  - *SNPs Scoring <70% Overall (or Scoring <50% on Any Element)*

***Note:** Training slides are available on the NCQA SNP Approval website (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/HB2XMHV
- We will use survey results to continue to improve future training sessions.
- Thank you! We value your feedback!

Thank you