SNP Approval Model of Care Training for CY 2026
MOC Elements 3 & 4

October 25, 2024

Agenda

- **HOUSEKEEPING**
- **MOC ELEMENTS 3 & 4**
- **IMPORTANT REMINDERS**
- **INITIAL & CURE SUBMISSIONS**
- **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!

BBA 2018 = Bipartisan Budget Act of 2018 (BBA 2018) Requirements

! = Clarified Guidance *or* Existing Guidance Emphasized for CY 2026

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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.

MOC 3
Provider Network

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MOC 3, Element A

Specialized Expertise

MOC 3, Element A: CMS Regulation
SNP Networks Must Have Clinical Expertise

- Regulations at 42 CFR § 422.101(f)(1)(iii) require SNPs, in the management of care, to 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.

MOC 3, Element A
Specialized Expertise

BBA 2018

Intent:

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

- Provide evidence of how the SNP ensures each enrollee with an ICT 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.

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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.

    !   *Network includes facilities.*

2. Explain how the SNP oversees its network providers and facilities and verifies they are actively licensed to provide specialized health care services to SNP enrollees.

    •   *Include evidence of how the plan creates an ICT for each enrollee with demonstrated experience and training applicable to treating the specific needs of the target population.*

MOC 3, Element A
Specialized Expertise (Cont'd.)

Factor-Level Details (Cont'd.):

3. Describe how the SNP documents, updates, and maintains accurate provider information.

   - *Plans must maintain an accurate provider network directory.*
   - ! *Plans must address process and frequency for updating the provider network directory.*

4. Describe how providers collaborate with the ICT and contribute to an enrollee's ICP to provide necessary specialized services.

   - ! *Must describe how providers communicate enrollee care needs to the ICT.*
   - *Must cover how reports/documentation about services rendered are shared with the ICT.*
   - ! *Must describe how relevant information is incorporated into the ICP.*

MOC 3, Element A: Factor 1 (Points of Emphasis)
Correlation Between Specialized Expertise and Target Population

- Plans must:
  - Assess the needs of the target population.
  - Align network resources (specialists and facilities) according to diagnoses and co-morbid conditions as applicable.
  - Document how information is shared across the plan to include enrollees.

- Plans often miss this factor because they:
  - Neglect to address the credentialing/verification tasks.
  - Fail to provide the frequency of directory and website updates and who is responsible.
  - Fail to detail communication strategies.

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 and facilities 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 (e.g., treatment plan, recommendations, resources needed, etc.) 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: CMS Regulation
Clinical Practice Guidelines & Care Transition Protocols

- Regulations at 42 CFR § 422.101(f)(2)(iii)-(v) require SNPs to develop and implement the following MOC components to assure effective care management structure:

  - Coordinate the delivery of care across health care 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.

- Regulations at 42 CFR § 422.152(g)(2)(ix) require that SNPs use evidence-based practices and nationally recognized clinical protocols.

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 (CPG) & Care Transition Protocols (CTP) (Cont'd.)

Factor-Level Details:

1. Explain the process 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 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.*

MOC 3, Element B
Clinical Practice Guidelines (CPG) & Care Transition Protocols (CTP) (Cont'd.)

Factor-Level Details (Cont'd.):

3. Provide details regarding how decisions to modify guidelines 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 communication of modifications to the ICP and subsequent actions taken by the ICT.*
   - ! *Specify the person(s) or group/committee responsible for making decisions to modify guidelines to address enrollee needs.*

4. Describe how SNP providers maintain continuity of care using the CTP.

   - • *How are plans monitoring/tracking their physician/provider network to ensure they are following the care transition protocol at the provider level?*

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Recap: MOC 3, Element B
Clinical Practice Guidelines (CPG) & Care Transition Protocols (CTP)

DO

- Describe oversight of CPG use and identify who performs this oversight (Factor 1).

! Clearly define instances in which guidelines 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 guidelines (Factor 3).

! Forget to detail how 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: CMS Regulation
SNPs Must Conduct MOC Training for the Provider Network

- Regulations at 42 CFR § 422.101(f)(2)(ii) require that SNPs have appropriate staff (employed, contracted, or non-contracted) trained on the SNP plan model of care to coordinate and/or deliver all services and benefits.

- "Provider" encompasses the following:

  – Network providers and out-of-network provider staff seen by enrollees on a routine basis.

  ! *Provider staff may include care coordination, administrative, or other clinical or support staff.*

- The plan's MOC must describe oversight of provider network training.

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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 (in-network and out-of-network providers who see enrollees regularly)?
- The SNP must conduct MOC training for its network of providers:
  - How is 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

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

Factor-Level Details:

1. Detail training for network providers and out-of-network provider staff seen by enrollees on a routine basis.

   ! *Provider staff may include care coordination, administrative, or other clinical or support staff.*

2. Describe how the SNP documents evidence of training (maintains records) on the MOC training.

3. Explain challenges associated with the completion of MOC training for network providers and out-of-network provider staff seen by enrollees on a routine basis.

4. Describe the actions taken when the required MOC training is deficient or has not been completed.

MOC 3, Element C: Factor 1 (Points of Emphasis)

Provider MOC Training Content

! **Question:** Our MOC training is under development. If the staff training and provider training content is similar/identical, are we expected to duplicate the description under MOC 2A (staff training) for MOC 3C (provider training)?

Answer: While there will be similarities between the general staff MOC training and the provider MOC training, the provider training should include specific information for practitioners/clinicians.

- Provider MOC training materials should be customized for the provider network (e.g., address care coordination, ICP, ICT, care transitions).

- Okay if the training materials provided for MOC 2A and MOC 3C are identical, given the slides include information tailored to providers.

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 **both in- and out-of-network** (Factor 3).

! Provide training detail that differentiates between staff and providers.

DON'T

! Forget to describe MOC training for out-of-network providers (Factor 1).

! Limit the content of the training materials to a Table of Contents or overview (Factor 1).

• Forget to specify how the plan addresses noncompliance with MOC provider training requirements (Factor 4).

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) require SNPs to conduct a quality improvement program that:
  - Provides for the collection, analysis, and reporting of data that measures health outcomes and indices of quality pertaining to its targeted special needs population at the plan level.
  - Measures the effectiveness of its model of care through the collection, aggregation, analysis, and reporting of data that demonstrate the following:
    - Access to care as evidenced by measures from the care coordination domain.
    - Improvement in beneficiary health status as evidenced by measures from functional, psychosocial, or clinical domains.
    - Staff implementation of the SNP model of care as evidenced by measures of care structure and process from the continuity of care domain.
    - Comprehensive health risk assessment as evidenced by measures from the care coordination domain.
    - Implementation of an individualized plan of care as evidenced by measures from functional, psychosocial, or clinical domains.
    - Provider network with targeted clinical expertise as evidenced by measures from medication management, disease management, or behavioral health domains.
    - 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.

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.

- Your table or narrative must include the following: measurement topic; data source; objective; benchmarks or goals; data source; measurement frequency; goal met/not met status.

MOC 4, Element A: Points of Emphasis

MOC Quality Performance Improvement Plan

! **Question:** MOC goals are formally evaluated on an annual basis. For MOC renewal submissions with a 2-or 3-year approval, is it your expectation that we call out each element used in MOC 4 that did not meet the goal, or just identify the process of how the plan will work towards attainment of the goal?

Answer: The objective is to provide a brief overview/description of the unmet goals, the expected and actual outcomes, and a plan of action to be taken towards improvement and included in your next MOC submission due for approval.

MOC 4, Element A
MOC Quality Performance Improvement Plan (Cont'd.)

Factor-Level Details:

1. Describe the overall quality improvement plan and how the plan delivers or provides for appropriate services to SNP enrollees based on their unique needs.

2. Describe the process for how the plan collects information, including specific data sources as well as performance and enrollee health 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.

MOC 4, Element A: Example
MOC Quality Performance Improvement Plan (Cont'd.)

BBA 2018

Topic/ Applicable Party	Measurement/Methodology/ Data Source	Measurement Objective	Goal/ Achieved	Benchmark Source	Frequency of Measurement/Time Frame to Meet Goal	Goal Met/Not Met
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	Met
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	Met
Goal: Improve and maintain *Affordable Care*						
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%/65%	Internal	Quarterly/Annual	Not Met

MOC 4, Element A: Points of Emphasis

MOC Quality Performance Improvement Plan

! **Question:** Do plans need to keep all current MOC outcome measures and/or goal targets for their new MOC, or can they modify them as needed for MOC 4A and MOC 4B?

Answer: SNPs should modify goals as needed to meet the needs of their population and to affect improvement.

– Describe any changes to previously established goals along with the rationale for these changes in MOC 4A or MOC 4B, as applicable.

– Regulations require SNPs to provide relevant information pertaining to the MOC's goals as well as appropriate data pertaining to the fulfillment the previous MOC's goals.

– SNPs should provide a review of actions taken for improvement as well as the rationale for doing so.

MOC 4, Element A: Points of Emphasis
MOC Quality Performance Improvement Plan (Cont'd)

! **Question:** For MOC 4A and MOC 4B, are plans only required to indicate whether goals are "met" or "not met" rather than provide the actual quantified results?

Answer: Plans should include benchmarks, goals, timeframes, and data sources related to their goals. Plans should also provide a synopsis of whether goals were met or unmet as well as any action plans for improvement (if goals were not met) along with the rationale for the improvements.

– NCQA reviewers are looking for documentation (e.g., an overview of whether goals are met or not met).

– This information can be provided in a table depicting your goals or in a statement.

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MOC 4, Element A: Factor 4 (Points of Emphasis)

MOC Quality Performance Improvement Plan (Cont'd)

! Question: Given that our plan has an effective start date of January 1, 2025, we will not have sufficient data to report outcome measures related to the achievement of goals for the CY 2026 MOC submission. Is it acceptable to note in the MOC that we have insufficient data available to measure goal achievement?

Answer: Technically, this is a renewal MOC submission but the plan has no data to report. The initial narrative should have detailed the SNP's planned goals and metrics they hoped to achieve for initial review and approval. If no outcome data are available because the SNP is barely operational, the plan must clearly indicate this in the MOC documentation.

Recap: MOC 4, Element A

MOC Quality Performance Improvement Plan

DO

! Describe your process, data sources, measurement outcomes and frequency, and address how the plan meets the needs of its enrollees (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).

! Forget that these goals must pertain to overall plan improvement.

NCQA

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 access to mental health screening).

- 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. Detail the specific measurable goals and health care needs used to improve access and affordability of the SNP population.

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: Example

Measurable Goals & Health Outcomes for the MOC

BBA 2018

Overall Measure	Percent of Members with a Completed Depression Screening	Health Outcomes Measure	Goal: Met/Not Met
Description:	Members will complete screening		
Benchmark:	55%		
Goal:	65%	Improve preventive services by reporting percentage of screening completed	85%/ Met
Reporting Timeframe:	CY 2022 Quarterly, Ad Hoc		
Remeasurement:	CY 2023		
Overall Measure	Percent of Members with HRA Completion	Health Outcomes Measure	Goal: Met/Not Met
Description:	All Members will have completed HRA		
Benchmark:	75%		
Goal:	100%	Improve utilization of required services by reporting percentage of assessments completed	85%/Not Met
Reporting Timeframe:	CY 2022 Quarterly, Ad Hoc		
Remeasurement:	CY 2023		
Overall Measure	Percent of Members with ICP Completion	Health Outcomes Measure	Goal: Met/Not Met
Description:	All Members will have a completed ICP		
Benchmark:	72%		
Goal:	100%	Improve coordination of care by reporting percentage of care plans completed	82%/Not Met
Reporting Timeframe:	CY 2022 Quarterly, Ad Hoc		
Remeasurement:	CY 2023		
Overall Measure	Percent of Members with ICT	Health Outcomes Measure	Goal: Met/Not Met
Description:	All members will have an ICT		
Benchmark:	52%		
Goal:	100%	Improve access to care by reporting percentage of enrollee satisfaction scores	73%/Not Met
Reporting Timeframe:	CY 2022 Quarterly, Ad Hoc		
Remeasurement:	CY 2023		

NCQA

MOC 4, Element B: Points of Emphasis
Measurable Goals & Health Outcomes for the MOC

! **Question:** Are measurable goals related to the SNP population, or are they more granular (e.g., goals of the ICP)?

Answer: MOC 4A goals focus on the improvement of overall plan operations while MOC 4B objectives focus on health-related improvements for the overall SNP population (not for individual enrollee health).

! **Question:** If we set the HRA completion goal to 100%, can we include enrollees who refused and those unable to be contacted when determining the completion rate? (MOC 4B).

Answer: No. The HRA goal must be set at 100% even though some enrollees will not complete an HRA.

! *Note: Plans will not be penalized if they do not reach the 100% goal.*

NCQA

MOC 4, Element B: Points of Emphasis
Measurable Goals & Health Outcomes for the MOC (Cont'd.)

! **Question:** Where should plans add the results of goals from prior years? Should this be included as part of the MOC goals chart for MOC 4B? If a plan identified 10 goals in a prior renewal, is the plan expected to provide data related to each goal as to whether the goal was met. If the goal is not met, is the plan expected to provide details on how it plans to address the goal in the future?

Answer: Plans may add a column to their table of goals to denote whether each goal was met/not met.

– NCQA reviewers are looking for a brief overview of whether goals are met or not met.

– This can be provided in the table depicting your goals or in a statement.

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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 HRA, ICP and ICT (Factor 2).
- Include health outcome goals (Factor 3).
- ! Detail the process for ensuring availability of preventive 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 enrollees).*
- ! 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).

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MOC 4, Element C

Measuring Patient Experience of Care (SNP Enrollee 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 Enrollee Satisfaction)(Cont'd.)

Factor-Level Details:

1. Describe the specific SNP survey(s) used.

    - *If multiple surveys are used, describe each one.*

2. Explain the rationale for selection of a specific survey or surveys.

    - *If multiple surveys are used, be sure to provide a rationale for the use of each one.*

3. Explain how the results of patient experience surveys are integrated into the overall MOC performance improvement plan.

    ! *Detail survey administration methodology.*

    ! *Do not forget to specify the survey sample size for each survey used.*

4. Describe steps taken by the SNP to address issues identified in survey responses.

    - *Detail how patient experience survey data is analyzed to identify key themes and issues.*

Recap: MOC 4, Element C
Measuring Patient Experience of Care (SNP Enrollee Satisfaction)

DO

- Clearly define the survey(s) used (Factor 1).
- Tell us how you use the selected surveys(s) (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).*
- Provide 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 (Factor 3).

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 plan will use the results of quality performance indicators and measures to support ongoing improvement of the MOC.

   - *This includes qualitative and quantitative data.*

2. Detail how the plan will use the results of quality performance indicators and measures to continuously assess and evaluate quality.

   - *How are action plans implemented?*

3. Detail the plan's ability for improvement of mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation in a timely manner.

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 provide a planned timeframe (Factor 1).

! Define oversight responsibilities (Factor 1).

! 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).

NCQA

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).

NCQA

Model of Care (MOC)
Key Reminders

Reminders for this Review Period

Important Information You Need to Know

- Data and analysis must be relevant to the 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 as previously approved MOC.

- Each submission offers an opportunity to think through and improve processes.

- Be sure to address all requirements in the elements and factors.

- Check the MOC Scoring Guidelines explanations for clarification and **minimum requirements**.

Reminders for this Review Period
Important Information You Need to Know (Cont'd.)

- MOC must address the regulatory language within specific elements.

- NCQA is 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 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 the applicable elements and related factors.

Submission Format
Initial & Cure Submissions

NCQA

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?

- ! *HPMS upload details will be distributed.*

- Upload via HPMS by the date & time specified.

How to Format?

- Include supporting documentation at the end of the MOC as an appendix.

- Preferable to embed within factor response.

- ! Don't submit attachments.

A word about links?

- Ensure that all links are operational.

- Check links before submission.

- Non-functional links may prevent reviewers from seeing specific information and result in a decrease in scores assessed.

NCQA

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**
  - *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).*
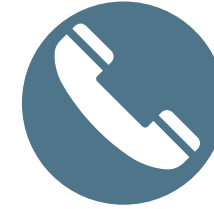
Note: *Training slides are available on the NCQA SNP Approval website (snpmoc.ncqa.org).*

Post-Training Survey

We Want Your Feedback!

- The post-training survey is available at the link below:
  https://www.surveymonkey.com/r/G3CVF5X

- We will use survey results to continue to improve future training sessions.

- Thank you! We value your feedback!