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2026

Model of Care Scoring Guidelines for Contract Year (CY) 2026

FOR PLANS SUBMITTING IN FEBRUARY 2025 WITH IMPLEMENTATION ON JANUARY 1, 2026

NCQA

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Introduction

As provided under section 1859(f)(7) of the Social Security Act (the Act), every Medicare Special Needs Plan (SNP) must have a Model of Care (MOC) recommended for approval by the National Committee for Quality Assurance (NCQA). The MOC provides the basic framework through which the SNP will meet the needs of each of its enrollees. The MOC is a vital quality improvement tool and integral component for ensuring that the unique needs of each enrollee are identified by the SNP and addressed through the plan's care management practices. The MOC provides the foundation for promoting SNP quality, care management, and care coordination processes.

Section 1859(f)(7) of the Act also gives the Secretary the authority to establish standards for the MOC approval process. CMS established the MOC Scoring Guidelines for Medicare Special Needs Plans (SNPs) as part of the SNP approval process. NCQA provides oversight and quality review of its surveyors, who conduct the reviews based upon set criteria derived from Health and Human Services (HHS) interpretations of the regulations. During the NCQA MOC approval process, a score is assigned to each of the clinical and non-clinical elements of the MOC. SNPs are approved for one, two, or three-year periods.

Standards, Scoring and Approval Periods

MOC approval is based on NCQA's evaluation, which uses scoring guidelines and criteria established by CMS for the Secretary of the Department of Health and Human Services (HHS) and is organized around four standards:

- MOC 1: Description of the SNP Population.
- MOC 2: Care Coordination.
- MOC 3: Provider Network.
- MOC 4: Quality Measurement & Performance Improvement.

Each MOC standard contains elements that comprise individual factors against which SNPs are assessed. In total, there are 16 elements across the four standards. MOC scoring is based on the percentage of points earned out of 64 points across the elements. For each element, SNPs earn a score of 0–4 points, depending on the number of factors met. Points earned are converted to a percentage score (e.g., 50 of 64 points = 78.13%). A SNP must meet the following two requirements to obtain approval to operate:

- Earn a score of at least 70%.
- Meet the minimum scoring threshold of at least 50% at the element level for all 16 elements.

To relieve the burden of annual reporting, CMS grants multi-year approval to Dual-Eligible SNPs (D-SNPs) and Institutional SNPs (I-SNPs) that earn higher MOC scores. The MOC approval categories are based on the following scoring tiers:

- 3-year approval: ≥85%
- 2-year approval: 75%–<85%
- 1-year approval: 70%–<75%

The Bipartisan Budget Act of 2018 (BBA 2018) requires that Chronic Condition SNPs (C-SNPs) be limited to a 1-year approval period, regardless of the final score. This change went into effect in 2019 for the CY 2020 MOC approval process.

SNPs whose MOCs either do not meet the minimum 50% scoring threshold for each element, or that score <70% overall during the initial review period, are considered "failing." These SNPs have an opportunity to correct deficiencies and resubmit updated MOC narratives to meet requirements. This one-time opportunity is called the "cure." D-SNPs and I-SNPs required to cure may only achieve a 1-year approval status, regardless of the final score following the cure review.

Changes and Points of Emphasis for CY 2026

- Changes and clarifications made to the CY 2026 Scoring Guidelines are included in the "Summary of Changes" section of each element and labeled as "***CY 2026 Update***." Since SNPs may obtain up to a 3-year approval period, information included in the "Summary of Changes" section is retained for three years. Changes and clarifications made for CY 2024 and CY 2025 are not labelled.
- Keep in mind that data included for each submission must be specific to the target population (i.e., each individual H contract number). Data must also be current; using data that predates more than three years from the current submission date is not acceptable. For CY 2026, data cannot be from earlier than 2021.
- Be sure to provide detailed demographic information for the target population in MOC 1A and for the most vulnerable subpopulation in MOC 1B. SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data. Also, SNPs must differentiate the most vulnerable population from the general population.
- Review the requirements for MOC 4A and MOC 4B closely and ensure that all factors are addressed. Each of these elements requires an analysis of the goals of the previously approved MOC, a determination of whether goals were met/fulfilled, and a plan to address improvements needed when goals are not met.
- Section 1859(f)(5)(A)(ii) requires SNPs to conduct an initial assessment and an annual reassessment of each enrollee's physical, psychosocial, and functional needs; and to develop a plan, in consultation with the individual as feasible that identifies goals and objectives, including measurable outcomes as well as specific services and benefits to be provided. Therefore, SNPs must include Health Risk Assessments (HRA), Individualized Care Plans (ICP), and Interdisciplinary Care Team (ICT) completion goals set to 100% in MOC 4B.
- Training slides are located on the SNP Approval website (https://snpmoc.ncqa.org) and include examples of table templates that may be used to detail plan goals and benchmarks as required by MOC Element 4A and MOC Element 4B.

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Model of Care

MOC 1: Description of SNP Population (General Population)

Per 42 CFR 422.101(f)(2)(i), MA organizations offering SNPs must target one of the three SNP populations defined in § 422.2. The identification and a comprehensive description of the SNP-specific population are integral components of the model of care (MOC). All elements in this standard depend on a complete population description that addresses the full continuum of care of current and potential SNP enrollees, including end-of-life needs and considerations (if relevant). The SNP must provide information about its local target population in the service areas covered under the contract. Information about national population statistics is insufficient.

MOC 1 Element A: Description of Overall SNP Population

The plan's MOC description of its target SNP population must address the following factors:

1. **Describe how the health plan staff determine, verify, and track eligibility of SNP enrollees.**
2. **Describe the health status and health disparities of the SNP population.**
3. **Detail the demographics of the SNP enrollees.**
4. **Define the unique characteristics of the SNP population served.**

Summary of Changes

- ***CY 2026 Update:*** For Factor 2 and Factor 3, clarified that the membership data provided cannot be from earlier than 2021.
- For Factor 2 and Factor 3, moved instructions for new plans or plans without enrollees from the element stem to the factors themselves.
- Rearranged language across Factor 2 and Factor 3 so that Factor 2 focuses on the health status and health disparities of the SNP population and Factor 3 focuses on the demographic information of the SNP population.
- ***CY 2026 Update:*** For Factor 3, clarified that SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Element Stem: Target population characteristics***

The MOC must describe how it identifies its enrollees (current or expected target population), including specific information on the characteristics of the population it intends to serve. This information must include components that characterize its enrollees, such as average age, gender and ethnicity profiles, the incidence and prevalence of major diseases, chronic conditions and other significant barriers faced by the target population. Providing information about national population statistics without drawing a correlation to your SNP's target population is insufficient. That is, if a plan is using national statistics, it cannot earn credit in the absence of identifying why the national statistics are representative of the intended target population. For instance, the plan must note that the demographic information (e.g., age, race, education) or the health status (e.g., chronic conditions, comorbidities) of the target population is similar or expected to be similar to the national statistics provided. The plan will not receive credit if a rationale is not included that justifies how the national data applies to the target population.

Please see individual factors below for specific requirements.

Factor 1: Determine, verify, and track eligibility

The MOC must describe the plan's process for identifying, verifying, and tracking SNP enrollees to ensure eligibility for appropriate care coordination services 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. In these circumstances, NCQA will review and score accordingly.

The MOC description must include information on the relevant resources (systems or data collection methodology) and staff used to perform these tasks.

Factor 2: Describe health status and health disparities of target population

The MOC must describe the target population's specific health characteristics, including a description of the current health status of its SNP enrollees and a review of relevant diseases and comorbidities. The SNP must indicate the incidence and prevalence of major diseases and chronic conditions that potentially affect or challenge health and wellbeing. The MOC must also address social, cognitive, and environmental aspects/living conditions associated with the SNP population in the plan's geographic service area.

In addition to describing the health status of the target population, the MOC must provide a description of the health disparities faced by enrollees (e.g., access to and availability of medical facilities and services, variations in disease occurrences, mortality, language barriers, deficits in health literacy, socioeconomic status, cultural beliefs, education level or barriers that may interfere with conventional provision of health care or services, caregiver considerations).

Providing information about national population statistics without drawing a correlation to the SNP's target population is insufficient. If a plan is using national statistics, it cannot earn credit in the absence of identifying why the national statistics are representative of the intended target population. For CY 2026, data cannot be from earlier than 2021.

For new plans or plans without enrollees: The plan may use enrollee information from other product lines (e.g., Medicare Advantage or Medicaid plans) as an example of the intended target population or it must provide details compiled from the intended plan service area. In each of these scenarios, the plan must identify the rationale for using the data provided in terms of how it relates to the target population.

Factor 3: Identify population demographics

The MOC must describe the demographic details of the target population. This requires the provision of population demographics, including but not limited to: average age, gender, race and ethnicity profiles, education level, and 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. Data must be current; using data that predates more than three years from the current submission date is not acceptable. For CY 2026, data cannot be from earlier than 2021.

Providing information about national population statistics without drawing a correlation to the SNP's target population is insufficient. If a plan is using national statistics, it cannot earn credit in the absence of identifying why the national statistics are representative of the intended target population.

For new plans or plans without enrollees: The plan may use enrollee information from other product lines (e.g., Medicare Advantage or Medicaid plans) as an example of the intended target population or it must provide details compiled from the intended plan service area. In each of these scenarios, the plan must identify the rationale for using the data provided in terms of how it relates to the target population.

Factor 4: Define unique characteristics of the SNP population by plan type

Each SNP type description (Chronic [C-SNP], Dual-Eligible [D-SNP] or Institutional [I-SNP]) must include the unique health needs of enrollees in each plan type, as well as limitations and barriers that may pose challenges affecting their overall health:

- C-SNPs:
  - Describe the unique health needs, chronic conditions, incidence, and prevalence as related to the target population covered by the C-SNP.
  - The description must include information on limitations and barriers that pose potential challenges for enrollees (e.g., multiple co-morbidities, lack of care coordination between multiple providers).
- D-SNPs:
  - Describe the unique health needs of dual-eligible enrollees, such as full duals or partial duals.
  - The description must include information on limitations and barriers that pose potential challenges for enrollees (e.g., gaps in coordination of benefits between Medicare and Medicaid, poor health literacy).
- I-SNPs:
  - The description must include information on limitations and barriers that pose potential challenges for enrollees (e.g., dementia, frailty, lack of family/caregiver resources or support).
  - Specify the facility type and provide information about facilities where SNP enrollees reside (e.g., long term care facility, home or community-based services).
  - Include information about the types of services, as well as the providers of specialized services.

MOC 1 Element B: Subpopulation—Most Vulnerable Enrollees

Per 42 CFR 422.101(f)(2)(iv), MA organizations offering SNPs must 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, including frail/disabled beneficiaries and beneficiaries near the end of life. The plan must include a complete description of its most vulnerable enrollees that differentiates between the general SNP population and the most vulnerable enrollees, as well as detail additional benefits beyond those available to general SNP enrollees. The plan must include a complete description of the services tailored for enrollees considered especially vulnerable using specific terms and details. The plan's MOC must address the following factors:

1. **Define and identify the most vulnerable enrollees within the SNP population, detailing the process for identification.**
2. **Explain in detail how the average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status, as well as other factors, affect the health outcomes of the most vulnerable enrollees.**
3. **Illustrate the relationship between the demographic characteristics of the most vulnerable enrollees and their unique clinical requirements, 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.**
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).**

Summary of Changes

- For Factor 1, clarified that SNPs must detail the criterion or set of criteria used to determine whether an enrollee is included in the most vulnerable population.
- ***CY 2026 Update:*** For Factor 2, clarified that SNPs renewing their contract(s) after year two of operations must provide their own historical data instead of other local, national, or proxy data and that all membership data provided can be from no earlier than 2021.
- ***CY 2026 Update:*** For Factor 3, specified that SNPs must include either 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.
- Moved information on special services and resources for the most vulnerable population from Factor 4 to Factor 3.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Define the most vulnerable enrollees***

Although the definition of "SNP enrollee" typically implies enrollees requiring additional care and services, this description focuses on the sickest or most vulnerable SNP enrollees and must differentiate them from the SNP's general population.

The MOC must include a robust and comprehensive definition that describes who these enrollees are (e.g., what sets them apart from the SNP's general population), the methodology used to identify them (e.g., data collected on multiple hospital admissions within a specified time frame; high pharmacy utilization; high risk and resultant costs; specific diagnoses and subsequent treatment; medical, psychosocial, cognitive, or functional challenges). The MOC must detail the specific criterion or set of criteria used to determine whether an enrollee is considered part of the most vulnerable population.

Factor 2: Identify demographic characteristics of the most vulnerable enrollees

The MOC definition of its most vulnerable enrollees must describe the demographic characteristics of this population (e.g., average age, gender, ethnicity, language barriers, deficits in health literacy, poor socioeconomic status, and other factors). Verbiage must be specific to the most vulnerable enrollees and differentiate from that of the SNP's general population. Explain how these characteristics 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. Data must be current; using data that predates more than three years from the current submission date is not acceptable. For CY 2026, data cannot be from earlier than 2021.

The plan must provide information about its local target population in the service areas covered under the contract. Information about national population statistics is insufficient unless it is used to draw a correlation to the current or proposed most vulnerable population.

The plan may use enrollee information from other product lines (e.g., Medicare Advantage or Medicaid plans) as an example of the intended target population if the plan is new or does not have enrollees, or it must provide details compiled from the intended plan service area.

Factor 3: Establish correlation between demographic characteristics and clinical requirements

Specify how the demographic characteristics of the most vulnerable population identified in Factor 2 inform the need for unique clinical interventions. The MOC must include a description of specially tailored services and resources the plan anticipates using to provide care to this vulnerable population beyond that of the general population.

SNPs must include either a list of their 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.

Factor 4: Establish relationships with community partners

The MOC must describe how the SNP works with its partners to facilitate access to community services, deliver needed services, and maintain continuity of services for the most vulnerable enrollees and/or their caregivers.

MOC 2: Care Coordination

Regulations at 42 CFR § 422.101(f)(2)(ii)-(v); 42 CFR § 422.152(g)(2)(vii)-(x) require all SNPs to coordinate the delivery of care and measure the effectiveness of the MOC delivery of care coordination. Care coordination helps ensure that the health care needs, preferences for health services, and information sharing across health care staff and facilities are met over time for each SNP enrollee. Care coordination maximizes the use of effective, efficient, safe, high-quality patient services (including services furnished outside the SNP's provider network) and leads to improved health outcomes. The MOC 2 elements presented in this section are essential components to consider in the development of a comprehensive care coordination program; no element must be interpreted as being of greater importance than any other. Taken together, all six elements must comprehensively address the SNP's care coordination activities.

MOC 2 Element A: SNP Staff Structure

The plan's MOC must fully define the SNP staff roles and responsibilities across all health plan functions that directly or indirectly affect the care coordination of SNP enrollees. The plan's MOC must address the following factors:

1. **Describe the roles and responsibilities of employed or contracted staff who perform administrative plan functions, including oversight functions, that directly or indirectly affect care of enrollees in the SNP.**
2. **Describe the clinical staff's roles and responsibilities, including oversight functions, that directly or indirectly affect care of enrollees in the SNP.**
3. **Provide an organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination.**
4. **Describe contingency plans used to address ongoing continuity of critical staff functions.**
5. **Describe how the SNP conducts MOC training for its employed and contracted staff.**
6. **Describe how the SNP documents and maintains training records as evidence that employees and contracted staff completed MOC training.**
7. **Describe actions the plan takes if staff do not complete the required MOC training.**

Summary of Changes

- ***CY 2026 Update:*** For Factor 3, specified that the SNP must provide a copy of the organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination.
- For Factor 5, clarified the requirements for the staff training materials that SNPs must provide based on whether they are submitting an initial or a renewal MOC.

Scoring

100%	80%	50%	20%	0%
The organization meets 6-7 factors	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Define administrative staff roles and responsibilities***

The MOC defines staff roles and responsibilities across all health plan functions for personnel that directly or indirectly affect the care coordination of SNP enrollees.

The MOC must identify and describe the specific employed and contracted staff responsible for performing administrative functions, including but not limited to:

- Enrollment and eligibility verification.
- Claims verification and processing.
- Administrative oversight.

Factor 2: Identify clinical staff roles and responsibilities

The plan must identify and describe the employed and contracted staff that perform clinical functions, including but not limited to:

- Clinical oversight (including quality improvement).
- Care coordination.
- Direct enrollee care and education on self-management techniques.
- Pharmacy consultation.
- Behavioral health counseling.

The response must identify staff that perform utilization review and provide oversight to ensure use of appropriate clinical practice guidelines and integration of care transition protocols.

As part of this description, the plan must identify the required licensure and/or credentials necessary for the specified clinical function. Contracted staff does not refer to in-network providers.

Factor 3: Provide organization chart

The MOC must include a copy of the organizational chart that identifies staff directly or indirectly responsible for enrollee care and coordination.

Factor 4: Specify contingency plans

The SNP must have a contingency plan (or plans) in place to avoid a disruption in care and services when existing staff can no longer perform their roles and meet their responsibilities. The plan's MOC must identify and describe contingency plans proposed or currently in use to ensure ongoing continuity of critical staff functions (e.g., backup of key personnel, turnover, planned and unplanned absences).

Factor 5: Describe MOC staff training

Regulations at 42 CFR 422.101(f)(2)(ii) require SNPs to 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.* The MOC must:

- Specify that training is conducted for employed and contracted staff.*
- Describe the training strategies and content. Documentation must include a complete description of the types of trainings and specific examples of slides or training materials used, or at a minimum, a detailed explanation of the training content.
  - May include printed instructional materials, face-to-face training, web-based instruction, and audio/ videoconferencing.
  - May also include a description of the results of MOC competency testing.

*For this element, contracted staff do not include physicians/other providers (and their staff) that the plan contracts with as part of the provider network. SNPs are expected to provide a description of in-network and out-of-network provider training as part of MOC 3 Element C.

For initial submissions, the description may detail the content of the training materials and/or provide slide examples. If the training plan is not currently operational, the plan's MOC must provide a complete description of the plan's training contents. For renewal submissions, the description must include a sampling of actual slides or written materials used for training.

Factor 6: Maintain training records

The plan must provide the methodology and reference the system it uses to document and maintain training records as evidence that staff have completed MOC training (e.g., dated attendee lists, web-based attendance confirmation, electronic training records). The MOC must address how the plan tracks and stores this documentation.

Factor 7: Address incomplete or deficient training

The SNP must explain challenges associated with employed and contracted staff (this does not include contracted in-network providers) completing MOC training, and must also describe the specific actions the plan will take when the required MOC training has not been completed or has been found to be deficient. Actions taken must be specific, proactive, and go beyond a statement that notes “appropriate actions will be taken” or “training reminders will be sent.” All applicable actions must be detailed.

MOC 2 Element B: Health Risk Assessment (HRA)

Regulations at 42 CFR § 422.101(f)(1)(i); 42 CFR § 422.152(g)(2)(iv) require that all SNPs conduct a Health Risk Assessment for each individual enrolled in the SNP. The plan's MOC must include a clear and detailed description of the policies and procedures for completing the HRA that addresses the following factors:

1. **Provide a detailed description of how the SNP conducts the initial HRA and annual reassessment for each enrollee.**
2. **Describe the process (policies and procedures) for completing the HRA and how the SNP uses the HRA to develop and update the Individualized Care Plan (ICP) for each enrollee.**
3. **Explain how the SNP then disseminates the HRA information to the Interdisciplinary Care Team (ICT) and subsequently how the ICT uses that information.**
4. **Describe the detailed plan and rationale for reviewing, analyzing, and stratifying the HRA results, including how the results are communicated back to the ICT, PCP, and other applicable providers.**

Summary of Changes

- Re-ordered Factors 1 and 2 to improve process flow.
- ***CY 2026 Update:*** Moved the requirement to address HRA reassessments and the process used for unable to reach enrollees from Factor 3 to Factor 1.
- ***CY 2026 Update:*** For Factor 4, clarified that SNPs must describe the stratification process and how the use of stratified results improves the care coordination process.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation The content of and methods used to conduct the HRA have a direct effect on the development of the ICP and ongoing coordination of ICT activities.

Factor 1: Conduct initial and annual HRA assessments

The plan must complete the HRA for each enrollee for an initial assessment. The HRA must assess the medical, functional, cognitive, psychosocial, and mental health needs of each SNP enrollee. The MOC must include detailed information on the data collected via the HRA and the methodology employed to gather this data. The plan must conduct an annual reassessment after the completion of the initial assessment.

For Factor 1, the description must include the methodology used to coordinate the initial and annual HRA for each enrollee (e.g., mailed questionnaire, in-

person assessment, phone interview) and the timing of the assessments. In addition, the MOC must:

- Include a provision to reassess enrollees, if warranted by a health status change or care transition (e.g., hospitalization, change in medication, multiple falls, etc.).
- Describe the process for attempting to contact enrollees to complete the HRA, including provisions for enrollees that cannot or do not want to be contacted or complete the HRA.*

*CMS provides further guidance to plans in the Part C Plan Reporting Technical Specifications. The Technical Specifications can be found here: https://www.cms.gov/medicare/enrollment-renewal/health-plans/part-c. As noted in the Technical Specifications, only completed HRAs that comprise direct enrollee and/or caregiver input are considered valid for purposes of fulfilling the Part C reporting requirements.

Factor 2: Use of HRA information to develop the ICP

Regulations at 42 CFR 422.101(f)(1)(i) require that SNPs address the results of the initial assessment and annual reassessment of each individual enrolled in the plan in the ICP. The results of each subsequent assessment must be incorporated into the enrollee's ICP plan. The plan must include a description of the policies and procedures it uses to develop and update, in a timely manner, the ICP for each enrollee.

Factor 3: Disseminate HRA information to the ICT

The plan must describe its process for disseminating all HRA (i.e., initial, reassessment) information to the ICT and subsequently detail how the ICT uses this information during care coordination.

Factor 4: Explain HRA methodology and communication plan

The MOC must explain the detailed process for reviewing, analyzing, and stratifying HRA results and describe the SNP's communication plan. It must include the mechanisms for communicating information to the ICT, provider network, enrollees and/or their caregiver(s), and other SNP personnel involved with overseeing the plan of care. The MOC must explain how the SNP uses stratified results to improve the care coordination process.

MOC 2 Element C: Face-to-Face Encounter

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

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

Summary of Changes

- ***CY 2026 Update:*** For Factor 1, clarified that plans must address the consent process for both in-person and virtual face-to-face encounters.
- For Factor 6, clarified that plans must address 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.

Scoring

100%	80%	50%	20%	0%
The organization meets all 6 factors	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets no factors

Data Source Documented process, Model of Care

Explanation This element describes the mandatory face-to-face encounter that serves a clinical or care coordination/care management purpose. The face-to-face encounter should pertain to the individual's health care and is a way of ensuring that the goals of the SNP are met.

Factor 1: Detail face-to-face encounter essentials

The MOC description must detail the plan's process for conducting the face-to-face encounter. This includes but is not limited to the following:

- How the plan obtains the enrollee's consent for face-to-face encounters (in-person and/or virtual).
- How the plan ensures that encounters occur within the first 12 months of enrollment and at least annually thereafter.
- Policies and procedures, objectives, and expected outcomes for the delivery of health care during the encounter.

CMS recognizes that a SNP may not be able to comply with the rule's mandate of an annual face-to-face encounter and intends the ''as feasible'' standard in the regulation to address such situations. If the enrollee refuses an annual face-to-face encounter or if the SNP was unable to reach the enrollee after a reasonable number of attempts, the plan is considered to have complied with the requirement despite the lack of a qualified encounter. However, plans should document the basis or reason that a face-to-face encounter is not feasible in order to demonstrate that, where there are no face-to-face encounters in the year, the failure is not a violation of the regulation. Note that the provision of reasonable accommodations by the SNP to enable the enrollee to participate in the encounter (e.g., interpreter services) is not considered a feasibility barrier.

Factors 2: Describe qualified personnel

The plan must, at a minimum, describe who is qualified (employed and/or contracted staff) to deliver needed services to the enrollee as part of the face-to-face encounter. The plan must also specify how the face-to-face encounter will be conducted (e.g., mode):

- In-person.
- Visual, real-time, interactive telehealth encounter.

Qualified staff include an enrollee's interdisciplinary team or the plan's case management and coordination staff, or contracted plan health care providers, including: the enrollee's regular primary care physician, a specialist related to the enrollee's chronic condition, a behavioral health provider, health educator, social worker, and Managed Long-Term Services and Support (MLTSS) plan staff or related MLTSS health care provider, including community health workers. These providers must be: 1) a member of the enrollee's interdisciplinary team; 2) part of the plan's case management and coordination staff; or 3) contracted plan health care providers.

Face-to-face encounters are restricted to those that are in-person or a visual*, real-time, interactive telehealth encounter.

*SNPs conducting the virtual face-to-face encounters must ensure that the platforms used meet requirements at 42 CFR § 422.118 and § 422.504 for the confidentiality of health information and personally identifiable information of Medicare enrollees.

Factor 3: Verify qualifying encounters

The plan must describe how the SNP will verify via data collection (e.g., claims data) that the enrollee has participated in a qualifying face-to-face encounter in circumstances in which the encounter is provided by internal staff, as well as when the encounter requires external or contracted providers to render treatment or services on behalf of the SNP.

Factor 4: Specify clinical functions and assessments

The MOC must detail the types of clinical functions and assessments that may be performed during face-to-face encounters. Examples of the necessary services or engagement during the required encounter include but are not limited to:

- Engaging with the enrollee to manage, treat, and oversee (or coordinate) their health care (such as furnishing preventive care included in the ICP).
- Annual wellness visits and/or physicals.
- Completion of a health risk assessment (HRA), such as the one annually required for all SNPs under the current regulation at § 422.101(f)(1).
- Care plan review or other similar care coordination activities.
- Health related education whereby the enrollee receives information or instructions critical to the maintenance of their health or the SNP's implementation of processes for maintaining the enrollee's health, such as the administration of a medication.

Factor 5: Address identified health concerns

The MOC must detail the process for how health concerns identified during encounters are addressed. This includes a description of how enrollees or their caregivers are educated about potential issues that may develop.

Factor 6: Conduct care coordination activities

The MOC must describe how it will conduct the care coordination activities necessary to follow up on needed care or services (e.g., handling referrals, scheduling procedures or tests, etc.). This includes how the SNP determines and conducts these care coordination activities when the plan reviews data associated with a face-to-face encounter between an enrollee and a provider.

MOC 2 Element D: Individualized Care Plan (ICP)

Regulations at 42 CFR § 422.101(f)(1)(ii); 42 CFR § 422.152(g)(2)(v) stipulate that all SNPs must develop and implement an ICP for each individual enrolled in the SNP. The plan's ICP description must address the following factors:

1. **Detail the essential components of the ICP.**
2. **Describe the process to develop the ICP, including the applicable staff involved and how often the ICP is modified as enrollee health care needs change.**
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.**

Summary of Changes

- ***CY 2026 Update:*** For Factor 2, clarified that SNPs must provide a detailed explanation of how stratified HRA results are incorporated into each enrollee's ICP.

Scoring

100%	80%	50%	20%	0%
The organization meets all 5 factors	The organization meets 4 factors	The organization meets 2-3 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Describe essential components of the ICP***

The plan must develop an ICP for each enrollee to deliver appropriate care. The ICP must include but is not limited to:

- The enrollee's self-management goals and objectives.
- The enrollee's personal health care preferences.
- A description of services specifically tailored to the enrollee's needs.
- Role of the enrollee's caregiver(s).
- Identification of goals (met or not met).
- If the enrollee's goals are not met, the MOC must describe the plan's process for reassessing the current ICP and determining the appropriate alternative actions as well as providing the update(s).

Factor 2: Describe the ICP development process

The MOC must, at a minimum, describe the process for developing the ICP and detail how the results of the HRA initial assessment and annual re-assessment and are included in the ICP. The MOC must also include a description of how it determines the frequency for review and modification, as appropriate, as the enrollee's health care needs change. SNPs must provide a detailed explanation of how the stratification results are incorporated into each enrollee's ICP. Additionally, the plan must describe how the enrollee or their caregiver/representative is involved in the ICP development process.

Factor 3: Detail personnel responsible for ICP development

The MOC must indicate and detail the personnel responsible for developing the ICP. The description of responsible staff must include roles and functions, professional requirements, and credentials necessary to perform these tasks. Plans may reference MOC 2A to provide a full description of the roles and associated credentials.

Factor 4: Specify ICP documentation and maintenance

The MOC must describe how the ICP is documented and updated with information collected from more recent HRA assessments and where the documentation is maintained. ICP documentation must be accessible to the ICT, provider network, and enrollees **and/or their caregivers**.*

*Since many enrollees may have a responsible person assisting with their care coordination, it is important that SNPs address the role of "caregivers" as it relates to this factor and their significance in the process.

Factor 5: Describe ICP updates and modifications

The MOC must describe how the SNP communicates ICP updates and modifications to enrollees and/or their caregivers*, the ICT, applicable network providers, and other SNP personnel and stakeholders, as necessary.

*Since many enrollees may have a responsible person assisting with their care coordination, it is important that SNPs address the role of "caregivers" as it relates to this factor and their significance in the process.

MOC 2 Element E: Interdisciplinary Care Team (ICT)

Regulations at 42 CFR § 422.101(f)(1)(iii); 42 CFR § 422.152(g)(2)(iv) require all SNPs to use an ICT 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 SNP. The plan's MOC must describe the critical components of the ICT and address the following factors:

1. **Provide a comprehensive description of how the SNP determines the composition of ICT membership, including addition of team members to address the unique needs of enrollees.**
2. **Describe the roles and responsibilities of the ICT members (including enrollees and/or caregivers) and how each contributes to the development and implementation of an effective interdisciplinary care process.**
3. **Detail how ICT members use the outcomes to evaluate, contribute, and continually manage and 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.**

Summary of Changes

- Moved the description of the roles and responsibilities of each member of the ICT from Factor 1 to Factor 2 to align with the factors specified in the list above.
- ***CY 2026 Update:*** For Factor 2, clarified that SNPs must provide a detailed explanation of how the stratified HRA results are used to determine the composition of the ICT.
- Moved the description regarding how SNPs use health care outcomes to evaluate processes established to manage changes or adjustments to the enrollee's health care needs from Factor 2 to Factor 3 to align with the factors specified in the list above.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Detail ICT membership***

The MOC must describe the composition of the ICT, including how the SNP determines ICT membership and the rationale for inclusion. The description must specify how the expertise, training, and capabilities of the ICT members align with the identified clinical and social needs of the SNP enrollees. The BBA 2018 provisions require, at a minimum, the description to include how the plan verifies team member training and demonstrated expertise in an applicable specialty for the targeted enrollees. Plans may reference MOC Element 2A

and/or MOC Element 3A to provide a full description of these roles and associated credentials/expertise.

Factor 2: Describe ICT roles and facilitation of enrollee participation

The plan must:

- Describe the roles and responsibilities of each member of the ICT.
- Describe how the enrollee's HRA and ICP are used to determine the composition of the ICT, including where additional team members are needed to meet the developing needs of an enrollee. SNPs must provide a detailed explanation of how the stratification results are used to determine the composition of the ICT.
- Explain how the SNP facilitates the participation of enrollees and their caregiver(s) as members of the ICT.

Factor 3: Evaluate enrollee outcomes

The MOC must explain how the ICT uses health care outcomes to evaluate processes established to manage changes or adjustments to the enrollee's health care needs on a continuous basis.

The MOC must describe how it uses clinical managers, case managers, and others who play critical roles to direct an effective interdisciplinary care process. It must also address how enrollees and/or their caregivers are included in the process, provided with needed resources, as well as how the plan facilitates access for enrollees to ICT team members.

Factor 4: Describe communication plan

The MOC must describe the SNP's communication plan for promoting regular exchange of enrollee information within the ICT. The MOC must include:

- Evidence of an established communication plan that is overseen by SNP personnel who are knowledgeable and connected to multiple facets of the SNP MOC.
- How the plan maintains effective and ongoing communication among SNP personnel, the ICT, enrollees and/or their caregivers, community organizations, and other stakeholders.
- The types of evidence used to verify that communications have taken place (e.g., written ICT meeting minutes, documentation in the ICP).
- How communication is conducted with enrollees who have hearing impairments, language barriers, and/or cognitive deficiencies.

MOC 2 Element F: Care Transition Protocols

Regulations at 42 CFR § 422.101(f)(2)(iii)-(v); 42 CFR § 422.152(g)(2)(vii)-(x) require all SNPs to coordinate the delivery of care. The plan's MOC must describe the care transition protocols and address the following factors:

1. **Describe how the plan uses care transition protocols to maintain continuity of care for SNP enrollees.**
2. **Describe the personnel responsible for coordinating the care transition process.**
3. **Explain the transition process for planned and unplanned transitions, and 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.**
4. **Describe the process for enrollees to access their personal health information to facilitate communication with providers in other health care settings or specialists.**
5. **Explain how enrollees and/or caregivers will be educated about the enrollee's health status to foster appropriate self-management activities and the expectation for demonstrating understanding of appropriate self-management.**
6. **Detail how and when the enrollees and/or caregivers are informed about the point of contact throughout the transition process.**

Summary of Changes

- ***CY 2026 Update:*** For Factor 3, clarified that plans must address the process for planned and unplanned transitions and also specified that plans must describe how other health-related needs are provided during transitions in care (in addition to transferring important health information between settings).
- Emphasized that care coordination is required for all enrollees and is not limited to medium and high-risk stratified enrollees.

Scoring

100%	80%	50%	20%	0%
The organization meets all 6 factors	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets no factors

Data Source Documented process, Model of Care

Explanation **Definitions**

- **Health care setting:** The setting where an enrollee receives health care and health-related services. In any setting, a designated practitioner has ongoing responsibility for an enrollee's medical care.
  - Settings include home (or place of residence), home health care, acute care, skilled nursing facility, custodial nursing facility,

rehabilitation facility, and outpatient/ambulatory care/surgery centers.

- **Transition:** Movement of an enrollee from one care setting to another as the enrollee's health status changes.
  - For example, moving from home to a hospital as the result of an exacerbation of a chronic condition or moving from the hospital to a rehabilitation facility after surgery.
- **Transition process:** The period from identification of an enrollee who is at risk for a care transition through completion of a transition (before, during, after).
  - This process includes planning and preparation for transitions and the follow-up care after transitions are completed.

Factor 1: Facilitate continuity of care

Older or disabled adults moving between different health care settings are particularly vulnerable to receiving fragmented and unsafe care when transitions are poorly coordinated; thus, SNPs must work actively to coordinate transitions. The SNP must specify the process and rationale for connecting **all** enrollees with the appropriate providers **regardless of network affiliation**. Care coordination is not limited to those enrollees in a care management program nor is it limited to enrollees stratified as medium to high-risk only.

Factor 2: Identify care transition personnel

The plan must identify and describe the personnel (e.g., case manager) responsible for coordinating the care transition process and for ensuring that follow-up services and appointments are scheduled and performed.

Factor 3: Transfer ICP elements and describe the transition process

The MOC must explain the transition process for planned and unplanned transitions. For planned transitions in care, the MOC must describe the steps that take place before, during, and after the transition occurs. For unplanned transitions in care, the MOC must describe the steps that take place during (if known) and after the transition occurs.

The plan must describe how it ensures that elements of the enrollee's ICP (important health information) are transferred between health care settings and how it provides for other health-related needs (e.g., food, transportation, etc.) between health care settings when a transition in care occurs. Specifically, the MOC must include:

- The process used to share information related to the ICP for a transition. This description must describe the methodology (e.g., hardcopies, email, virtual meeting, etc.).
- The personnel responsible for transferring the ICP and other important health information for a transition.
- The process used to arrange for other health-related needs (e.g., food, transportation, etc.) when a transition in care occurs.

Factor 4: Describe access to enrollee personal health information

Enrollees and/or their caregivers need access to the enrollee's personal health information to communicate about care with health care providers in other health care settings and/or health specialists outside of the primary care network. The plan must describe the process for ensuring that SNP enrollees and/or their caregiver(s) have access to and can adequately utilize the enrollee's personal health information to facilitate communication between the SNP enrollee and/or their caregiver(s) with health care providers in other health care settings and/or health specialists outside of the primary care network.

Factor 5: Describe approach to self-management activities

The MOC must describe how enrollees and/or their caregivers will be educated about indicators that their condition has improved or worsened, and how they will demonstrate understanding of changes in their condition and use appropriate self-management activities. For example, they should be educated about signs and symptoms signaling a change in their condition and how to respond to such changes. Self-management activities can include regular assessment of progress, goal setting, and problem-solving support to reduce crises and improve health outcomes.

Factor 6: Describe notification process for designated point of contact

The plan must describe the process it uses to inform enrollees and/or their caregivers of the personnel responsible (point of contact) for supporting them through transitions between any two care settings.

MOC 3: Provider Network

The SNP provider network is a network of health care providers who are contracted to provide health care services to SNP enrollees. The SNP is responsible for a network description that must include relevant facilities and practitioners necessary to address the unique or specialized health care needs of the target population and provide oversight information for all its network types. SNPs must ensure that their MOC identifies, fully describes, and implements the following elements for their SNP provider networks.

MOC 3 Element A: Specialized Expertise

Regulations at 42 CFR 422.101(f)(1)(iii) and 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. The plan must establish a provider network with specialized expertise and describe the components of the network. The MOC must address the following factors:

1. **Provide a complete and detailed description of the specialized expertise that corresponds to the target population.**
2. **Explain how the SNP oversees its network providers and facilities and verifies that providers and facilities are actively licensed to provide specialized health care services to SNP enrollees.**
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.**

Summary of Changes

- For Factor 3, clarified that SNPs must provide the process and frequency for updating provider information.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation The plan must have an adequate and specialized provider network that maintains the appropriate licensure and competency to address the needs of the target population.

Factor 1: Describe specialized network

The MOC must describe the provider network's specialized expertise. This may include but is not limited to internal medicine, endocrinologists, cardiologists, oncologists, nephrologists, mental health specialists, and other specialists that address the needs of the SNP's target population. As part of this description, the MOC must also specify and describe the facilities included in the network that provide care for enrollees.

Factor 2: Include evidence of provider expertise

The plan must include evidence of how it provides each enrollee with an ICT that includes providers with demonstrated experience and training in areas applicable to treating individuals in its target population. This includes applicable training, expertise in specialty areas, and applicable licensure.

The plan must describe how it determines that its providers and network facilities have and maintain active licenses and are competent to provide specialized health care services to SNP enrollees (e.g., process for verification of licensure and confirmation of applicable board certification). The MOC must describe license and competency verification that relates to the specific population being served (e.g., geriatric training for I-SNP providers, or special training for physicians and other clinical staff for C-SNP services for enrollees with HIV/AIDs).

Factor 3: Update provider information

The MOC must describe how it maintains current information on providers, including the process and frequency used to make updates to ensure an accurate provider network directory.

Factor 4: Facilitate collaboration with the ICT

The MOC must describe how providers in the network collaborate with members of the ICT to ensure that specialized services are delivered to the SNP enrollee in a timely and effective way. The MOC must describe how providers communicate enrollee's care needs to the ICT and other stakeholders, how reports regarding services rendered are shared with the ICT, and how relevant information is incorporated into the ICP.

MOC 3 Element B: Use of Clinical Practice Guidelines (CPGs) and Care Transition Protocols (CTPs)

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. The plan must oversee how network providers use evidence-based medicine, when appropriate. The MOC must address the following factors:

1. **Explain the process for monitoring how network providers utilize appropriate clinical practice guidelines and nationally recognized protocols appropriate to each SNP's target population.**
2. **Identify challenges where the use of clinical practice guidelines and nationally recognized protocols need to be modified or are inappropriate for specific vulnerable SNP enrollees.**
3. **Provide details regarding how decisions to modify guidelines or nationally recognized protocols are made for clinically complex enrollees, incorporated into the ICP, communicated to the ICT, and acted upon by the ICT.**
4. **Describe how SNP providers ensure continuity of care using the care transition protocols (in and outside of the network).**

Summary of Changes

- ***CY 2026 Update:*** For Factor 3, clarified that SNPs must specify the person(s) or group/committee responsible for making decisions to modify guidelines.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Monitor use of guidelines and protocols***

Evidence-based clinical guidelines and protocols promote the use of nationally recognized and accepted practices for providing the right care at the right time. The plan must monitor how network providers utilize these guidelines, when appropriate. The plan may use electronic databases, web technology, manual medical record review, or other methods to oversee use of clinical practice guidelines.

Factor 2: Specify challenges and exceptions to guidelines

Certain clinical practice guidelines and protocols may not always be appropriate for some patients with complex health care needs. In these cases, the plan must include their process to identify challenges to using clinical practice guidelines and nationally recognized protocols for certain enrollees with complex health care needs.

Factor 3: Detail the decision process to modify guidelines

Provide details on how the decision to modify guidelines (clinical practice or utilization management) for clinically complex enrollees is made, incorporated into the ICP, communicated with the ICT, and acted on by the ICT or by other providers. This description must specify the person(s) or group/committee responsible for making decisions to modify the guidelines.

Factor 4: Oversee care transition protocols

Care transitions present challenges for plans to maintain continuity of care. The plan must explain how it provides oversight of network providers to ensure they follow required care transition protocols.

MOC 3 Element C: MOC Training for the Provider Network

Regulations at 42 CFR § 422.101(f)(2)(ii) require that SNPs conduct MOC training for appropriate staff (employed, contracted, or non-contracted). The plan's MOC must describe oversight of provider network training and address the following factors:

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

Summary of Changes

- ***CY 2026 Update:*** For Factor 1, clarified that provider staff may include care coordination staff, admin staff, or other clinical or support staff.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Implement MOC provider training***

The MOC must describe the process for how the plan provides training for network provider staff and any out-of-network provider staff seen by enrollees on a routine basis due to plan directed care. Provider staff may include care coordination staff, admin staff, or other clinical or support staff. The MOC must detail training documents and materials, including how training is conducted (e.g., printed instructional materials, in-person meetings, web-based training, audio/videoconferencing, availability of instructional materials via the SNP's website), how often training occurs, and examples of detailed training content beyond a table of contents.

For initial submissions, the description may detail the content of the training materials or provide slide examples. For renewal submissions, the description must include a sampling of actual slides or written materials used for training for providers. Plans must describe how they ensure inclusion of in-network and out-of-network providers used on a regular basis in provider training activities.

The MOC training for staff and providers may be similar in content; however, the provider staff training should include additional information that is clinical in nature and is directed specifically to clinicians and/or their staff.

Factor 2: Document and maintain evidence of training

The MOC must describe how the plan documents and maintains records (e.g., copies of dated attendee lists, web-based training confirmation, electronic training records, physician attestation) as evidence that it makes training on the MOC available and offers it to all in-network and out-of-network providers and/or their staff used on a regular basis.

Factor 3: Describe challenges to training completion

The MOC must explain the challenges (e.g., geographically distant network, large volume of network providers) associated with completion of the MOC trainings for network providers and/or their staff and out-of-network providers used on a routine basis.

Factor 4: Address incomplete or deficient training

The MOC must also describe the actions the plan takes (e.g., incentives or other best practices to encourage provider training participation and compliance) to address incomplete or deficient training. The SNP must describe the method(s) it will employ to persuade providers and/or their staff to complete the required training.

MOC 4: MOC Quality Measurement and Performance Improvement

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

The goal of performance improvement and quality measurement is to improve the SNP's ability to deliver health care services and benefits to its SNP enrollees in a high-quality manner. Achievement of this goal may be the result of increased organizational effectiveness and efficiency through incorporation of quality measurement and performance improvement concepts that drive organizational change.

The leadership, managers, and governing body of a SNP organization must have a comprehensive quality improvement program in place to measure its current level of performance and determine if organizational systems and processes should be modified based on performance results.

MOC 4 Element A: MOC Quality Performance Improvement Plan

The plan must develop a MOC quality performance improvement plan that focuses on overall plan-level goals and addresses the following factors:

1. **Describe the overall quality improvement plan and how the plan delivers or provides 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 in the overall performance improvement plan. This includes how the plan determines if goals are met (including specific benchmarks and time frames).**

Summary of Changes

- No changes to this element.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation **Definition**

Quality measurement and performance improvement: A collaborative process for improving an organization's ability to deliver high-quality health care services and benefits to SNP enrollees.

Factor 1: Detail quality improvement (QI) process

The plan's MOC must include the complete QI process and describe how the quality performance improvement plan specific to the MOC is designed to detect whether the overall MOC structure effectively accommodates enrollees' unique health care needs by using specified data sources, performance, and outcomes measures.

Factor 2: Describe QI data collection

The MOC must describe the SNP's process for continuous collection, analysis, evaluation, and reporting on quality performance based on the MOC. The MOC must describe the frequency of these activities.

Factor 3: Detail QI staff and oversight

The MOC must detail how key personnel are involved in internal quality performance processes. It should identify the personnel involved, their role in analyzing quality performance information, and the decision-making authority given to such personnel.

Factor 4: Determine whether goals met/not met

The plan must specify the data used for analyses and must identify clear measures to determine if stated goals or outcomes are achieved. Measures must have specific benchmarks and time frames for achieving outcomes. The description must specify the process for assessing whether goals are met as well as a remeasurement plan for goals not achieved. This factor requires bullet points, a table, or other means to identify overall plan goals and other specific details for demonstrating MOC improvement.

MOC 4 Element B: Measurable Goals and Health Outcomes for the MOC

Per 42 CFR 422.101(f)(3)(ii), as part of the evaluation and approval of the SNP model of care, NCQA must evaluate whether goals were fulfilled from the previous model of care. The plan must identify and clearly define measurable goals and health outcomes for the MOC. The plan's MOC must address the following factors:

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 SNP enrollees' health outcomes.**
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.**

Summary of Changes

- No changes to this element.

Scoring

100%	80%	50%	20%	0%
The organization meets all 5 factors	The organization meets 4 factors	The organization meets 2-3 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation ***Factor 1: Identify goals***

Describe the specific goals for improving access and affordability of the health care needs outlined for the SNP population.

Detail measurable goals in a table or bullet points. SNPs must include benchmarks, data sources, specific time frames, and how goal achievement will be determined. Responses should include but are not limited to the following:

- Improvements made in coordination of care and appropriate delivery of services through the direct alignment of the HRA, ICP, and ICT. The use of Medicare Stars as a goal is only appropriate if the goal is set at 5 Stars (i.e., equivalent to 100%). Anything less than 5 Stars does not meet the requirement.
- Enhanced care transitions across all health care settings and providers for all SNP enrollees.

- Ensuring appropriate utilization of services for preventive health and chronic conditions.

Factor 2: Identify health outcome measures

For the stated overall health outcome measures, the plan must include the specific data sources it will use for measurement. The MOC should describe the specific measures the plan will use to meet the overall quality goals detailed in Factor 1, including expected time frames for meeting those goals.

Factor 3: Track and assess goals

The MOC must describe the methods the plan uses to assess and track how its overall quality program, including the goals and specific measures it uses, affect the health outcomes of its enrollees. This must include the data collected, how it is collected, and the frequency for collection and analysis.

Factor 4: Determine if goals are met

Per 42 CFR 422.101(f)(3)(ii)(A), plans must provide relevant information pertaining to the MOC's goals as well as appropriate data pertaining to the fulfillment the previous MOC's goals. For Factor 4, the MOC must describe how it determines if the goals described in Factor 1 are met.

- Per 42 CFR 422.101(f)(3)(ii)(B), SNPs submitting an initial MOC need to provide relevant information pertaining to the MOC's goals for review and approval.
- SNPs submitting a renewal MOC must provide the determination of whether the goals of the previously approved MOC are met or not met.

Factor 5: Take actions when goals not met

Per 42 CFR 422.101(f)(3)(ii)(C), if the SNP did not fulfill the previous MOC's goals, the plan must indicate in the MOC submission how it will achieve or revise the goals for the plan's next MOC. The plan must describe the actions it will take if it determines that goals are not met within the specified time frames.

- If the MOC did not fulfill the previous MOC's goals, indicate in the MOC submission how the SNP will achieve or revise the goals for the next MOC.

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

The plan's MOC must describe the process for measuring SNP enrollee satisfaction by addressing the following factors:

1. **Describe the specific SNP survey(s) used.**
2. **Explain the rationale for the selection of a specific survey or surveys.**
3. **Explain how the results of patient experience surveys are integrated into the overall MOC performance improvement plan.**
4. **Detail the steps taken by the SNP to address issues identified in enrollee survey responses.**

Summary of Changes

- For Factor 1 and Factor 2, clarified that if more than one survey is used, then the SNP must provide the requested information for each survey.
- For Factor 3, emphasized that the SNP must specify the sample size used for each survey.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation The MOC must describe the specific survey(s) it uses to measure SNP enrollee satisfaction.

Factor 1: Describe the survey

The MOC must describe the survey(s) used to assess SNP enrollee experience. If more than one survey is selected for use, a description must be included for each one.

Factor 2: Specify rationale for survey selection

The MOC must include the rationale for the selection of the chosen survey. If more than one survey is selected for use, a rationale must be included for each one.

Factor 3: Describe process for collecting enrollee feedback

The plan must describe how it proactively solicits feedback from a broad sample of enrollees, not only those enrollees who contact the plan to share their

feedback. Enrollee feedback may be obtained by conducting focus groups or through experience surveys representative of enrollees throughout the plan.

The plan must describe the methodology it uses to collect enrollee experience surveys (e.g., modes, attempts). The MOC must also specify the sample size used for each implemented survey tool.

The SNP enrollee satisfaction survey must include information about the overall SNP program or program staff (e.g., ICT or case managers), the usefulness of the information disseminated by the plan, and the enrollee's ability to adhere to recommendations. The survey must be specific to the experience with the SNP's overall programs being evaluated.

Factor 4: Analyze enrollee feedback and address identified issues

The plan must describe how it analyzes feedback to identify issues. The MOC should explain how the results of SNP enrollee satisfaction surveys are integrated into the overall MOC performance improvement plan, including specific steps taken by the SNP to address issues identified in response to survey results.

MOC 4 Element D: Ongoing Performance Improvement Evaluation of the MOC

The plan's MOC description must include the process for continuous monitoring and evaluation of its performance and address the following factors:

1. **Describe how the plan will use the results of the quality performance indicators and measures to support ongoing improvement of the MOC.**
2. **Detail how the plan will use the results of the quality performance indicators and measures to continually assess and evaluate quality.**
3. **Detail the plan'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.**

Summary of Changes

- No changes to this element.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation

Factor 1: Support ongoing improvement

The plan must provide a written description of its process for how quality will be continuously assessed and evaluated to support the planned ongoing improvements of the MOC.

Factor 2: Evaluate results

The plan describes the next steps used in the process above to detail how it uses the results to formulate quality performance indicators and measures on a continual basis.

Factor 3: Assess ability to improve

The plan's process must include the steps taken to incorporate and improve its ongoing performance from lessons learned through the MOC performance evaluation process (e.g., year-over-year improvements).

Factor 4: Document and communicate lessons learned

The plan must describe how the performance improvement evaluation of the MOC (lessons learned) is documented and communicated to key stakeholders.

MOC 4 Element E: Dissemination of SNP Quality Performance Related to the MOC

The plan must address the process for communicating its quality improvement performance and address the following factors:

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.**

Summary of Changes

- No changes to this element.

Scoring

100%	80%	50%	20%	0%
The organization meets all 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Data Source Documented process, Model of Care

Explanation The SNP's plan to disseminate information must include individuals responsible for providing communication (roles and responsibilities). The MOC must describe the methods (regular and ad hoc) and time frame for communication with stakeholders.

Factor 1: Describe communication of performance results

The plan must describe how quality performance results are routinely shared with stakeholders, which may include but are not limited to:

- SNP leadership.
- SNP management groups.
- SNP board of directors.
- SNP personnel and staff.
- SNP provider networks.
- SNP enrollees and caregivers.
- General public.
- Regulatory agencies.

Factor 2: Detail schedule for routine communications

The plan must detail the frequency of routine communications.

Factor 3: Detail ad hoc communications process

The description must specify how ad hoc and other unplanned communications are disseminated (method and frequency), and the individual(s) responsible for dissemination.

Factor 4: Identify staff responsible for communication of performance results

The plan's description must identify the individual(s) responsible for communicating performance updates in a timely manner and the individual(s) who provide oversight for this task.