SNP Approval Model of Care Training
Elements 3 - 4

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February 1, 2018  2:00 – 3:30 pm
AGENDA

OBJECTIVES OF THE SNP MODEL OF CARE (MOC)

MOC ELEMENTS - OVERVIEW

SCORING THE MOC

PROJECT TIMELINE

REMININDERS

MOC 3 & 4 WITH EXAMPLES

Q & A

HPMS REVIEW

HIGHLIGHT TRAININGS

IDENTIFY CONTACTS & RESOURCES
Objectives of Special Needs Plans

Compliance
Comply with statutory requirements of ACA

Defines Health Care Delivery
Ensure SNPs have a robust Model of Care

Approval Periods
Establish frequency for approval review cycle (1-3 years)
Model of Care Elements

- **MOC 1**: Target Population
- **MOC 2**: Care Coordination
- **MOC 3**: Provider Network
- **MOC 4**: Quality Measurement
How will NCQA Score the MOC?

The methodology behind the process

MOC elements worth 0-4 points, based on # of factors met.

Total of 60 points (15 elements) converted to percentage scores
E.g., 50 points = 83.33% or a 2-year approval

• 85%+ --3-year approval
• 75-84%--2-year approval
• 70-74%--1-year approval
• Plans scoring <70% after the initial review will have one Cure process

Plans that undergo the Cure, will only receive a 1-year approval, regardless of their final score.
Project Time Line

April 19 – Technical Assistance call prior to Cure submission
June 4 – Bids due to CMS
• MOC must address the regulatory language in specific elements.

• Looking for process details and descriptions
  o Must address the Who, What, Where and How
  o Provide oversight where applicable

• Reviewers will score your MOC narrative based on the Guidelines.

• Specific regulations are highlighted within the elements and we will emphasize each as we walk through applicable elements/factors.

• We need to see specific details of your SNP’s processes.

• General statements do not meet the requirements.
Keep in Mind

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

• *Describe the Target population in your service area, not general or national statistics.*

• While the MOC may be the same – we want to see specificity in the description on the target population in your SNPs local service area (PBP) level, not the national level.

• Data and analysis must be relevant to specific populations in each service area (not as described in national statistics).

• Expectation is for SNPs to submit a new MOC each renewal period with process updates and changes (e.g., changes to goals as a result of analysis of outcomes or process improvements), and not the same MOC previously approved.
  - An opportunity to think through and improve processes
  - Address all requirements in the elements and factors
  - Check the explanation for clarification

• MOC will be reviewed and scored based upon current assessment of the requirements.
MOC 3 Element A: Provider Network

Who serves the target population?

Intent: To demonstrate how the network is designed to address the needs of the SNP’s target population

❖ Focus

• Provides plan-level information for the provider network who is involved in seeing SNP beneficiaries

Who is in the SNP’s network that are contracted to provide healthcare services to SNP beneficiaries? How and why are these providers appropriate?

- Include relevant facilities and practitioners necessary to address the needs of the target population
- Identify and describe oversight for all network types
MOC 3 Element A: Specialized Expertise

Factor level details

1. How providers with specialized expertise correspond to the target population identified in MOC 1
2. How the SNP oversees its provider network facilities and oversees that its providers are competent and have active licenses
3. How the SNP documents, updates and maintains accurate provider information
4. How providers collaborate with the ICT and contribute to a beneficiary’s ICP to provide necessary specialized services
MOC 3 Element A factor 1 – Example (handout)

Specialized Network

The network includes contracted providers with specialized clinical expertise pertinent to the targeted C-SNP membership. This includes: practitioners specializing in geriatric medicine, internists/primary care physicians (PCP), and endocrinologists to manage diabetes as well as specialist to manage member comorbidities such as cardiologists, nephrologists and orthopedic surgeons.

The network is not limited to the aforementioned providers and includes other specialist as determined by member diagnosis...Available facilities for our chronic DM SNP includes acute care hospitals and tertiary medical centers, dialysis centers, acute care rehabilitation facilities, laboratory providers, skilled nursing facilities (SNF), pharmacies, radiology facilities, outpatient diabetes management and cardiac rehabilitation centers and wound care centers...

Must address “who” may be involved in a beneficiary’s care by:

• Providing a network of providers who will meet the needs of the beneficiary
• Include all facilities where members may receive care
• List ad-hoc providers that may be enlisted for services

“What is the clinical expertise of the provider network?”
Collaboration with ICT

At SmartHealth, we recognize that the primary care physician (PCP) is the ICT member who determines ultimately which services the member will receive. The member is at the center of the ICT and the PCP is the clinical driver of all the care the member receives. The PCP works collaboratively with the Care Manager, who is the single point of contact for all ICT members involved in the care of a member.

The member’s Care Manager acts as the coordinator of services and is the person who executes/authorizes services for the member with ongoing input from the other ICT members. The Care Manager helps to ensure member access to specialists and other needed services.

The other ICT members contribute to care planning and utilization as the members care needs change over time.

The Care Manager documents all communication regarding clinical needs of the member in the system. Reports on services delivered are incorporated into the care management record to maintain a complete and up-to-date member record and disseminated to applicable ICT members…

**Ensure that network providers work with the ICT and contribute to the ICP by detailing:**

- How the providers will communicate the needs of the beneficiary?
- How the information is shared?

“**How is the information of care provided to the beneficiary going to be recorded in the ICP so that the ICT can discuss?**”
CMS Regulation: MOC 3 Element A
SNPs network must have clinical expertise

Regulations at **42 CFR§422.152(g)(2)(vi)** require SNPs to demonstrate that the provider network has specialized clinical expertise in delivery of care to beneficiaries.
MOC 3 Element B: Use of Clinical Practice Guidelines and Care Transition Protocols

Evidence-based care and services

Intent: To describe how the SNP ensures that beneficiaries receive appropriate, evidence-based care and services

❖ Focus

• Population-level decision making, not individual clinician level
• Identify challenges to using clinical practice guidelines (CPGs) and protocols

The SNP must demonstrate the use of clinical practice guidelines and care transition protocols.

- How are providers utilizing the appropriate CPGs; what is the process for instances when CPGs may not be appropriate
- Who, what and how is oversight provided for the use of care transition protocols
MOC 3 Element B: Use of Clinical Practice Guidelines and Care Transition Protocols

Factor level details

1. Explaining the process for monitoring how providers utilize appropriate CPG’s and nationally-recognized protocols appropriate to each SNP’s target population

2. Identifying challenges where the use of CPG’s and protocols need to be modified or are inappropriate for specific vulnerable SNP beneficiaries

3. Providing details regarding how decisions to modify CPG’s or recognized protocols are made, incorporated into the ICP, communicated and acted upon by the ICT

4. Describing how SNP providers maintain continuity of care using the care transition protocols outlined in MOC 3, Element E
Challenges in using CPGs

To assist providers on using appropriate clinical practice guidelines, SmartHealth conducts ongoing data mining of pharmacy and medical/behavioral health claim data and medical record information to identify gaps in care.

Results of the analysis produces clinically recommended services derived from evidence-based clinical practice guidelines for which there is no claim evidence that the member received the service. We evaluate claims data at least monthly for all members. Select clinical practice guideline measures are incorporated into a PCP report card, which are distributed twice a year, contain the physician’s performance on the identified guidelines, compared to the risk-adjusted performance of a specialty-matched peer group. On an annual basis, the QM team collects data and reports on provider compliance with clinical practice guidelines. The data collected is used to identify opportunities for provider education or program changes to improve performance...

Identify challenges by:

- Having a protocol for why certain guidelines are not appropriate for beneficiaries
- Who makes the decision to modify or ignore those guidelines

“Certain clinical practice guidelines and protocols may not always be appropriate for some beneficiaries with complex health care needs.”
Physicians and providers involved in the ICP are directed to use the plan of care as a tool to maintain alignment and consistency with treatment goals. They are also directed to communicate updated information related to the plan of care directly to the beneficiary’s care manager or by entering information through the provider web portal as a care plan note.

The SmartHealth provider network management policies and procedures document the process for linking members to services including care transitions. The plan oversees care transitions by adhering to the Transition of Care policy and procedure and the Transition of Care program description outlined in MOC 2 Element E. All members admitted to an acute hospital or sub-acute facility (i.e., SNF or rehabilitation facility), must meet the clinical guidelines for admission.

SmartHealth network providers are made aware of these requirements in the Provider Manual, received during provider orientation and available electronically on the website. Planned transitions from the members’ usual setting of care to another setting, such as elective inpatient admissions, require prior authorization by the plan…

**How are SNP providers maintaining continuity of care using CTPs?**

- A description of how SNPs oversee providers to ensure they follow the required 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.
MOC 3 Element C: Provider Network Training

Provider Network Training on the MOC

Intent: describe how the SNP provides training for its provider network

❖ Focus:
  - How SNPs make training available to all network providers

The SNP conducts MOC training for its network of providers.

- How is the initial and annual training conducted for in and out of network providers
- How is the training tracked
- What actions are taken when the training is incomplete
MOC 3 Element C: Provider Network Training

Factor level details

1. Requiring initial and annual trainings for in-network and out-of-network providers seen by members on a routine basis

2. Documenting evidence that the organization makes available and offers MOC trainings for network providers

3. Explaining challenges associated with completion of MOC trainings

4. Taking action when the required MOC training is deficient or has not been completed
MOC 3 Element C Factor 2 Example (handout)

Evidence of training

“What evidence exists that shows training was completed?”

During the new and annual provider orientations, in which providers are given the Model of Care training, provider manual, drug formulary, provider directory, and referral authorization form, providers complete the Provider Orientation sign-in sheet and an attestation of training. Similarly non-network providers, who have seen over 5 SmartHealth members or who have 5 encounters with members are also sent the MOC training information by mail and asked to submit an attestation confirming their review of the information.

The Provider Network Management Department supports the Manager of Medicare Initiatives in tracking completion of provider trainings by keeping a copy of the signed attendance sheet and attestation, copies of which are preserved in the SmartHealth systems database.

Describe how the SNP documents the training and maintains records by:

• Providing examples that show attendee lists, web-based training, attestations.

• Showing how the trainings are made available for all providers.
SmartHealth identified the following potential challenges associated with completion of MOC training by network providers e.g. large volume of providers across the service area; capturing modifications to physician rosters by hospital system and/or large physician group practices; provider participation on multiple health plan panels leading to administrative issues of proper compliance.

In addition, providers may miss scheduled training sessions due to time limitations, sudden increase in member needs and plan scheduling or staffing resources.

Explain the process for when a provider doesn’t complete the training

- What are the steps the SNP takes to notify the provider of the deficiency
- How long will the provider have to complete the training
- What happens to the provider if they do not complete the training

“What actions are taken for providers who do not complete training?”
Regulations at 42 CFR§422.101(f)(2)(ii) require that SNPs conduct MOC training for their network of providers.
MOC Quality Measurement and Performance Improvement

MOC 4
Regulations at 42 CFR §422.152(g) require that all SNPs conduct a quality improvement program that measures the effectiveness of its MOC.
MOC 4 Element A: Quality Performance Improvement Plan

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

❖ Focus

• Plan-level information focusing on goals that measure overall plan performance related to all aspects of the MOC

Measurement of quality and performance can lead to increased organizational effectiveness and efficiency

• Quality improvement goals for the MOC
• Must have benchmarks or goals
1. Describes the overall quality improvement plan and how the organization delivers or provides for appropriate services to SNP beneficiaries, based on their unique needs

2. Describes the specific data sources and performance and outcomes measures used to continuously analyze, evaluate and report MOC quality performance

3. Describes how its leadership, management groups, other SNP personnel and stakeholders are involved with the internal quality performance process

4. Describes how SNP-specific measurable goals and health outcomes objectives are integrated in the overall performance plan, as described in MOC 4, Element B
In order to carry out processes for continuous collections, analyses, evaluation and reporting on quality performance, the Quality Improvement Department (QID) has designed an MOC evaluation protocol. Specific data sources used to analyze, evaluate and report MOC quality performance include: inter-departmental reports (such as utilization reports), MOC internal audit tool and the data collected for such, MOC evaluation, CMS MOC audit results, etc.

Measurements relevant to identifying MOC performance measures include the outlined MOC goals and their identified benchmarks. Quarterly, the QID will use the audit tool described above, to assure that processes relevant to the MOC are carried out accordingly. All perspective departments are given a 1-3 week time frame to provide the required data. After collection of this data (usually via email or inter-office delivery), the QID uses the audit tool, approved MOC and CMS guidelines as a guide to analyze and evaluate performance…

The quarter following the internal audit, reports/results of quality performance as discovered during audit will be presented during the Quality Improvement Committee. At this time the chief medical officer and/or medical directors will provide additional feedback to departments, as necessary. Additionally, key departments servicing the C-SNP members are required to participate in the Quality Improvement Committee in order to raise questions or concerns regarding processes and to provide relevant reports and results. The QID provides feedback and support, as needed.

**The SNP reviews its process for MOC quality performance by:**

- Providing details of the data sources utilized to measure performance and outcome measures
- Describe the collection, analysis, evaluations of and reporting on quality performance
- Explaining what it means to be continuous evaluation; what is the frequency of the review
MOC 4 Element A Factor 3 – Example (handout)
Who is involved in the evaluation of the Quality Performance Improvement Plan

The Quality Assurance and Performance Improvement (QAPI) department, along with various departmental directors, are involved in the internal quality performance process. The Director, QAPI works with the plan departments to collect, analyze, and report on data for evaluation of the Model of Care (MOC). Different reports are generated based on the specific needs at the time. The QAPI department in consultation with the Medical Director and staff performs analysis. These analyses are brought before QAPI Committee on a monthly basis. Additionally, other resources that we involve could be:

- the Medicare Quality Improvement Organization (QIO) that provides reports on Medicare Part D and provides assistance with some state requirements
- Contracted vendor that conducts surveys and provides analysis on the CAHPS and member satisfaction surveys
- Contracted vendor that conducts patient record surveys to report on HEDIS measures and conducts the annual data validation audit
- Pharmacy Benefit Management (PBM) - Part D resource supporting collection and analyses of pharmacy utilization management and medication therapy management program data as well as patient safety reports
- Care manager and/or care manager supervisors, reviews, generates, and analyzes all reports related to the evaluation of the Model of Care. Care managers and/or supervisors makes recommendations for action to appropriate committees and provides the follow-up in the quality work plan to ensure the recommendations are implemented as approved and appropriate

The SNP should be able to describe who is involved in the evaluation by:

- Listing the key personnel involved in the internal quality performance process
- Describing their roles in analyzing the performance
- Explaining who has the decision-making authority

“It takes a team to measure and improve to ensure that quality care is being provided.”
MOC 4 Element B: Measureable Goals and Health Outcomes for the MOC

Intent: identify and define the measureable goals/health outcomes for the target population, and how the SNP determines if goals are being met

❖ Focus:

• Plan-level measures and goals for the target population
• Health/clinical goals (e.g., controlling diabetes, improving mental health screening access)

The goal of performance improvement and quality measure is to improve the SNPs ability to deliver high-quality services and benefits

• Health outcomes, accessibility and clinical goals related to population health
1. Identify and define the measurable goals and health outcomes used to improve the healthcare needs of SNP beneficiaries

2. Identify specific beneficiary health outcomes 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 MOCs impact on SNP beneficiaries’ 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
Improving healthcare needs of SNP beneficiaries

The SNP measureable goals described in the table detail additional process and member health outcome measures, including data sources and performance goals, used to evaluate the Model of Care. Results are collected and evaluated for each plan. Each measure has a different measurement frequency in accordance with the data sources used to collect the measure, time needed to impact the measure, or regulatory requirements. Unless specified otherwise, the timeframe for meeting each goal is one measurement year.

All measures not meeting the specified goal within the timeframe will be evaluated for a Quality Improvement Project. Measures tied to regulatory requirements such as CMS network adequacy standards will be escalated to leadership for remediation.

SNPs should include goals and benchmarks to improve upon:

- Access and affordability
- Continuity of care and appropriate delivery of services
- Enhancing care transitions across all settings
- The use of appropriate services for preventive and chronic conditions

“Specific timeframes must be provided on how the SNP will achieve the goals and benchmarks.”
The results of the various performance indicators are presented and reviewed at the appropriate measurement intervals, and at least annually, by clinical leadership including the managers/directors of case management, quality improvement (QI) leads, the VP of health services, and the medical director.

Results and conclusions are then reported to the QIC. Wherever possible, measures have an established goal or benchmark against which individual plans may compare their performance thereby allowing for the objective and consistent identification of goals met as well as variances.

For each measure, a quantitative analysis is performed by the appropriate department leader to assess the plan’s performance against prior performance, the plan goal and the benchmark for the measure, as applicable. We collect data on our processes and population characteristics specific to each market (not just SNP) to provide context and insight into each market’s outcomes measures and performance…

How does the SNP determine:

- If goals are met within a specified timeframe
  - What is the process the SNP has for ensuring that goals are met
Not met goals

Actions taken when goals are not realized:

Quality Improvement investigates and follows-through with report and recommended actions.

Care management staff and/or providers are notified about the deficiency and the corrective action plan is established.

Care management staff and/or providers are placed in plan for performance improvement activities for the identified deficiency.

Members are notified through mail and we identify new quality initiatives and performance improvement projects.

When goals are not met, the SNP:

• Determines actions it needs to take
• The organization should review opportunities to improve when a goal is not met
  - Was it the timeframe
  - Was the goal to broad or too specific
  - What factors lead to the goal not being met

“What are the next steps when a goal is not met?”
MOC 4 Element C: Measuring Patient Experience of Care

Analysis of member satisfaction

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

❖ Focus

• Plans may use wide variety of patient experience/satisfaction surveys—CAHPS/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

Factor level details

1. Describing the specific SNP survey used
2. Explaining the rationale for the selection of a specific tool
3. Describe how results of patient experience surveys are integrated into the overall MOC performance improvement plan
4. Describe steps taken by the SNP to address issues identified in survey responses
MOC 4 Element C factor 3-Example (handout)

Results of experience surveys

Such findings from member satisfaction surveys are reported at Quality Improvement Committee (QIC) meetings and shared with relevant shared services departments as well as marketing staff. Survey results are evaluated against internal plan processes, operations and observations to determine opportunities for improvement.

The QI staff evaluate CM member satisfaction and CAHPS survey results and determine where interventions are required, tracking these opportunities and interventions on the annual QI work plans. Case management satisfaction survey results are analyzed at least annually and the results are shared with the market CM departments.

The analysis and review of the survey results to determine the need for intervention is included each year on the annual QI work plan reviewed at monthly QIC meetings. Case management teams are responsible for analyzing the results and determining the appropriate interventions, if needed.

What does the SNP do with the results of the surveys?

Describe details such as:

- The sample of members
- Method of conducting survey
- How the analysis of the survey will be utilized to improve issues it identifies
- How it will incorporate the results into the over SNP programs

“Integrate the results into the overall MOC performance improvement plan.”
From the survey results, the Quality improvement staff determine where interventions are needed, tracking these opportunities and interventions on the annual QI work plans. QI Committee members then request that work groups design interventions to address those areas and report status updates and progress to the QIC throughout the year.

The steps taken to address member satisfaction data are the same as the steps in the overall QI process with the exception that raw data and analysis are not presented at the QIC. Rather, the results are presented at the SNP level with the expectation that they will be able to incorporate into the SNPs QI plan maintained by the market QI Director or Manager.

The SNP must describe what it will do to address the issues that are identified from survey results.
Intent: Describe how the SNP uses the results from its performance indicators/measures to support its ongoing quality improvement plan

❖ Focus

• Include lessons learned and challenges in obtaining timely data
MOC 4 Element D: MOC Ongoing Performance Improvement Evaluation of the MOC

Factor level details

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

2. How the organization will use the results of the quality performance indicators and measures to continually assess and evaluate quality

3. The organization’s ability for timely improvement of mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation

4. How the performance improvement evaluation of the MOC will be documented and shared with key stakeholders
MOC 4 Element D Factor 1 & 2 - Examples

SmartHealth’s performance and activity reports build towards measurement of the efficacy of our health management programs. The results of quality performance indicators are used to support ongoing improvement of the Model of Care and continually assess and evaluate quality. The medical director and the director of Quality and Performance Improvement (QAPI) have oversight responsibility for monitoring and evaluating the effectiveness of the MOC. The QAPI committee of the board of managers is chaired by the medical director, and meets on a monthly basis. The medical director and the director of QAPI present and review performance data and analyses at the meetings of the QAPI committee.

At these meetings, participants discuss and plan for opportunities to improve the MOC. Discussions also include identifying priorities for the allocation of resources to improve the MOC, and setting any revised goals for quality, availability and continuity of care for members. The medical director and the director of QAPI are responsible for follow-up actions, implementation plans and/or additional analyses that are called for by the QAPI committee.

Additional staff supporting efforts to improve the MOC:

- Director, Care Management
- Director, Marketing and Outreach
- Director, Information Systems & Technology

Our reports are focused on specific SNP subpopulations, HEDIS measures, and those elements of importance to the quality assurance and utilization review functions. Data are analyzed considering variations in many factors including demographics of the population, the reasons for grievances and appeals, and the overall effectiveness of the program. All those components help us to identify possibilities for improvement of our MOC. Care managers and the ICT are provided with reports that assist them to understand and address the health status of the members. Additional measures are collected through encounter data to determine access/availability of care and appropriate use of services. HEDIS results, including national and local comparisons, are used to report and measure progress and opportunities for improvement. All posterior findings and recommendation are presented to the QAPI committee for incorporation in to the QIP towards to the improvement of the model of care.

“Utilize the indicators and measures to support, continually assess and evaluate quality and improve the MOC.”
MOC 4 Element E: Dissemination of SNP Quality Performance

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 what communication methods are used
MOC 4 Element E: Dissemination of SNP Quality Performance

Factor level details

1. Describing how performance results and other pertinent information are shared with multiple stakeholders
2. Stating the scheduled frequency of communications with stakeholders
3. Describing the methods for ad hoc communication with stakeholders
4. Identifying the individuals responsible for communicating performance updates in a timely manner
Regular communications to stakeholders take place at specified intervals. SNP MOC improvements or performance results are included in communications as determined by the ICC or plan clinical and/or operations leadership. Examples of regular communications and their scheduled frequencies are below:

- **Plan Leadership**
  - Communications via weekly reports
  - Interdisciplinary Care Committee – Quarterly
  - Corporate Quality Improvement Committee – Monthly (Quarterly ICC reports)
  - Board Reports - Quarterly

- **Plan Personnel and Staff:**
  - Communications via “Weekly Reports”
  - Communication via weekly, biweekly or monthly staff meetings or workgroups
  - SNP Model of Care Training - annually
  - Plan Beneficiaries and Caregivers

- **Regulatory Agencies:**
  - Member Newsletters – Quarterly
  - Member Health Statements – Bi-annually
  - Summary of Benefits – Annual
  - Health Risk Assessments letters – Annual
  - Care Plan Letters – Annual (for members who complete their HRAs or have an Administrative HRA)

- **SNP Applications and MOC filings** – Annual or at least every 3 years
- **Quality and documentation reviews** such as the NCQA Structure and Process submission – Annual or as determined by regulatory agencies
- **Quality Improvement Projects and Chronic Care Improvement Program** – Annual
- **Provider Networks:**
  - Provider Newsletters – Quarterly
  - Provider Manuals – Annual
  - SNP Model of Care Training – Annual
  - Physician Advisory Committee Meetings – Quarterly
  - POD/IPA Reports – At least Quarterly
The results of the annual Model of Care performance evaluation are shared internally at the interdisciplinary care committee. It is the responsibility of the quality department including the SNP program manager, quality improvement director supporting SNPs and/or the VP of Quality to determine how best to coordinate the dissemination and communication of results.

The evaluation must be approved by the interdisciplinary care committee; however, the evaluation is disseminated prior to the meeting for review, editing and discussion as needed. Typically the evaluation is shared with directors of case management, the market quality improvement leads and the VPs of Health Services within each market and at the shared services level. Upon approval, it is the responsibility of the interdisciplinary care committee to determine if additional communications are needed and who the responsible individuals should be. Results may be shared with the QI committee chaired by the medical senior director who also may determine if additional internal or external communications are required to internal stakeholders such as the board of directors or external stakeholders such as providers. The QI committee will ensure that communications are deployed timely.

Typically the SNP program manager and quality improvement director will draft the content and coordinate the development of SNP performance communications impacting all markets via associate and provider trainings, provider newsletters, member newsletters and the external SmartHealth website. When a process change occurs that impacts the implementation of the Model of Care, it is the responsibility of the department head or process owner to communicate this information to the Shared Services Quality department who will then determine how to disseminate the information to additional stakeholders...

“Who is responsible for ensuring that stakeholders (internally and externally) are aware of the performance of the MOC?”
Questions?
HPMS Review – Contract Management Tab
The Model of Care (MOC) module supports the electronic submission of Model of Care (MOC) documents for off-cycle submissions, renewal proposals, and initial applications.
HPMS Review – Select an MOC to Upload

Renewal Submission - Upload

Select a MOC to Upload

Please select a contract and then select a MOC. To see all MOC uploads that have been submitted, you can select the Submission History link on the right navigation bar.

Please Note:
- File names cannot contain the following characters: "<>|:*?/\_%+
- File names cannot contain two consecutive periods.
- File names cannot exceed 150 characters.
- Upload non-password protected .zip files only. Files with password protection or extensions other than .zip will not be accepted.
- Within the zipped file, only files with a .doc, .docx, .xls, .xlsx, .txt, or .pdf will be accepted.

MOC Matrix Template for MA renewal submissions

Select a Contract:

| Z0001 - EXAMPLE CONTRACT 1 |
| Z0002 - EXAMPLE CONTRACT 2 |
| Z0003 - EXAMPLE CONTRACT 3 |
| Z0004 - EXAMPLE CONTRACT 4 |
| Z0005 - EXAMPLE CONTRACT 5 |

Select a MOC:

Institutional-Institutional (Facility)
Renewal Submission - Upload

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MOC Matrix Template for MA renewal submissions

Select a Contract:

- Z0001 - EXAMPLE CONTRACT 1
- Z0002 - EXAMPLE CONTRACT 2
- Z0003 - EXAMPLE CONTRACT 3
- Z0004 - EXAMPLE CONTRACT 4
- Z0005 - EXAMPLE CONTRACT 5

Select MOC file for upload: Browse...
Renewal Submission - Upload

System notification:
- The MOC file has been successfully uploaded.

Confirmation - Z0001

If you are ready to submit your Renewal MOC, please read the attestation below and if you agree click on the checkbox and select the Submit button.

Note: If you choose not to submit your Renewal MOC at this time, you will need to upload another MOC file. Once you have submitted, you may not upload again until NCQA is finished with their review or the Renewal MOC gates have been opened.

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I attest that I am ready to submit this Renewal MOC and I understand that I will be unable to submit again unless CMS opens the gate.

Back  Submit
### HPMS Review – Submission Renewal

**Renewal Submission - Submission History**

**Uploads for Z0001**

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[Back](#)
## HPMS Review – MOC Detailed Report

### MOC Detailed Report

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<tr>
<td>Z0001: EXAMPLE CONTRACT 1</td>
<td>Local GCP</td>
<td>HMO/HMOPOS</td>
<td>Institutional</td>
<td>Institutional (Facility)</td>
<td>2015</td>
</tr>
</tbody>
</table>

### MOC Element

<table>
<thead>
<tr>
<th>Element</th>
<th>MOC Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Description of the SNP Population</td>
<td>1. While the organization has provided a description regarding how staff determines, verifies and tracks eligibility for its SNP beneficiaries, the organization provided overall descriptions of the institutional populations for the organization at the corporate level rather than at the contract level for factors 2-4.</td>
</tr>
<tr>
<td><strong>1 b.</strong> Subpopulation: Most Vulnerable Beneficiaries</td>
<td>0. As stated in Element A, the organization did not provide contract level details therefore, it did not describe the most vulnerable beneficiaries in order to provide specially tailored services and to be able to illustrate the correlation between the demographic characteristics to the members unique clinical requirements.</td>
</tr>
<tr>
<td><strong>2.</strong> Care Coordination</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>2 a.</strong> SNP Staff Structure</td>
<td>3. While the organization provided clinical staffs role and responsibilities, it did not describe the oversight for license and competency verification. In addition, challenges associated with employed and contracted staff for completing the MOC training were not discussed.</td>
</tr>
<tr>
<td><strong>2 b.</strong> Health Risk Assessment Tool</td>
<td>3. The SNP provided a detailed description of how it utilizes its HRAT in order to develop and update ICPs through identifying the most appropriate programs and stratification level for members and sharing this information with the ICT. However, in describing its process for conducting the initial and annual reassessments (the SNP actually performs quarterly reassessments) for members the SNP did not also include a provision to reassess members, if warranted by a health status change or care transition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Element</th>
<th>MOC Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 c.</strong> Individualized Care Plan</td>
<td>4</td>
</tr>
<tr>
<td><strong>2 d.</strong> Interdisciplinary Care Team</td>
<td>4</td>
</tr>
<tr>
<td><strong>2 e.</strong> Care Transition Protocols</td>
<td>4</td>
</tr>
<tr>
<td><strong>2 f.</strong> Staff Structure &amp; Care</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Initial and Cure Submissions

How do I submit?
Submission Instructions

How do I submit?

What -
SNP’s submit 2 documents:
• MOC narrative
• Matrix

Where -
Upload via HPMS by the date & time provided

How -
Formatting
• Other documents may be included at the end of the MOC as an appendix
• May be referenced within the text

Using Links*
• Ensure that all bookmarks or embedding of documents are operational
  o Check before submission

*Non-functional bookmarks or embedded documents may prevent reviewers from seeing your document and result in a decrease in scores assessed without an opportunity to Cure.
Technical Assistance for Cure
For Plans scoring less than 70% only

Previous instructions apply!

What –
• Must include MOC & Matrix

Where -
Upload via HPMS by the date & time provided

How -
Formatting
• Must redline changes
  Strikethrough and replace in colored font.
• Address all factor requirements
• Documents in appendix
• Check links
MOC 3 & 4 Recap

One more time...
### MOC 3A

**Provider Network**

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe any specialized expertise used to serve the target population.</td>
<td>Include only those providers who are in the immediate network.</td>
</tr>
<tr>
<td>Describe any contracted providers who service your beneficiaries.</td>
<td>Forget to include who has oversight for ensuring providers have a license and certification (credentialing).</td>
</tr>
<tr>
<td>Include facilities and • Have an updated provider directory.</td>
<td>• Overlook how the ICP must be made available and updated.</td>
</tr>
<tr>
<td>• Detail methods for collaborating with the ICT.</td>
<td></td>
</tr>
</tbody>
</table>
Do

Describe how the SNP will oversee that providers utilize CPGs and CTPs

Don’t

Forget to include the challenges:
• When CPGs cannot be used
• Who can modify the use of CPGs
MOC 3C
Provider Network Training on the MOC

Do

• Describe the process for monitoring completion of training
• Explain how the training is offered and tracked
• Detail any challenges in completing training
• Describe incentives or best practices if offered

Don’t

• Offer to in-network providers only
• Forget to include examples of the training
• List of topics do not count
• Show the table of contents w/o details
• Forget to describe actions taken when training is not completed
MOC 4A
Quality Performance Improvement Plan (QPIP)

Do

• Include data sources, performance and outcome measures
• Describe key personnel involved in the QPIP
• Have a plan for goals not met
• Remeasure

Don’t
Forget to include goals and benchmarks with timeframes
<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track and assess for overall quality program</td>
<td>Have general population outcomes (must be target population oriented)</td>
</tr>
<tr>
<td>Describe how the SNP determines if goals are met</td>
<td>Forget to include goals and benchmarks with timeframes for:</td>
</tr>
<tr>
<td>• Explain actions taken when goals are not met</td>
<td>– Health outcomes</td>
</tr>
<tr>
<td></td>
<td>– Accessibility</td>
</tr>
<tr>
<td></td>
<td>– Clinical goals</td>
</tr>
</tbody>
</table>
Do

• Provide type of surveys selected and why
• How are results integrated into the overall MOC improvement plan
• How do you address issues from the responses received

Don’t

Only include feedback from those who contact the SNP
MOC 4D
MOC Ongoing Performance Improvement Evaluation of the MOC

Do
• Include lessons learned
• Describe who needs to know about performance
• Describe how the improvement is documented and presented

Don’t
• Have indicators that are not measured on a continual basis
• State there is improvement needed and not expound upon the process for improving
MOC 4E
Dissemination of SNP Quality Performance

Do
• Have a plan on how to communicate to stakeholders
• Provide frequency for communication of performance
• Include process for any ad hoc dissemination

Don’t
• Just list the stakeholders
Make this a simple process for you and the reviewer. Ensure that you address the requirements of all elements and factors.

– THE SNP TEAM
Sessions focus on MOC Requirements & Technical Assistance

-- MOC Elements 1 & 2 (1 training)
  o January 30, 2018, 2:00-3:30pm EST

-- MOC Elements 3 & 4 (1 training)
  o February 1, 2018, 2:00-3:30pm EST

-- Technical Assistance Calls 2:00–3:00pm EST for SNPs scoring <70%
  o April 19, 2018

Recordings and slides available on NCQA SNP Approval website (www.snpmoc.org) within one week of the call
For technical inquiries related to the MOC program plan requirements or regulation issues, please contact CMS at: [https://dpap.lmi.org](https://dpap.lmi.org). In the subject line enter: SNP MOC Inquiry

SNP application inquiries via the CMS SNP mailbox: type [https://dmao.lmi.org](https://dmao.lmi.org); then select the SNP mailbox. Subject line: SNP Application Inquiry

CMS MMP mailbox: [mmcocapsmodel@cms.hhs.gov](mailto:mmcocapsmodel@cms.hhs.gov)
Subject line: MMP MOC Inquiry

Training recordings and slides: Please visit the NCQA SNP Approval Website at: [https://www.snpmoc.org](https://www.snpmoc.org)