

Special Needs --- Plan Alliance

Model of Care: Conversation with CMS, NCQA, and SNPs
04/16/2024

Session Format

- Introductions – All
- Background
- CMS & NCQA Perspective on Areas for Improvement
- Q&A
- MOC Provider Training Idea
- CMS & NCQA Perspective on MOC Provider Training Idea
- Q&A
- Summarize, Wrap-up

Discussants

- **Daniel Lehman**, PhD, Centers for Medicare & Medicaid Services (CMS), Medicare Drug & Health Plan Contract Administration Group (MCAG), Division of Policy Analysis and Planning (DPAP)
- **Sandra Jones**, LPN, MFA, SSGB, Director, Quality Solutions Group, NCQA
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- **Kathy Albrecht**, MSW, LISW, Director, Medicaid and SNP Product & Strategy, Medica Health Plans, MN
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CY 2025 Final Rule

(Selected provisions)

Adding the following definitions to § 422.2:

- **Chronic condition special needs plan (C-SNPs)**
 - **Institutional special needs plan (I-SNP) –**
 - Facility-based Institutional special needs plan (FI-SNP)
 - Hybrid Institutional special needs plan (HI-SNP)
 - Institutional-equivalent special needs plan (IE-SNP)
 - **Severe or disabling chronic condition – includes updated list of chronic conditions**
 - **The list of chronic conditions is increasing from 15 to 22.**
 - **Key changes:**
 - ❖ “End Stage Renal Disease (ESRD) requiring dialysis” is now “Chronic kidney disease (CKD)” with the following conditions: CKD requiring dialysis/end-stage renal disease (ESRD), and CKD not requiring dialysis;
 - ❖ Adding post-organ transplantation care and immunodeficiency and immunosuppressive disorders as new chronic condition categories;
 - ❖ Added over 10 diseases/sub-conditions to the list (For example Cystic Fibrosis, PTSD, etc.);
- For full list see: 42 CFR 422.2 “Severe or disabling chronic condition” [https://www.ecfr.gov/current/title-42/part-422#p-422.2\(Severe%20or%20disabling%20chronic%20condition\)](https://www.ecfr.gov/current/title-42/part-422#p-422.2(Severe%20or%20disabling%20chronic%20condition))
- **Codifying and adding new C-SNP chronic condition combos under § 422.4(a)(1)(iv):**
 - **Codifying the existing Off-cycle MOC process and renewal MOC scoring guidelines.**

MOC Areas for Improvement

CMS and NCQA will provide information and insight around areas where they see room for improvement in some Model of Care submissions by SNPs.

In particular,

MOC 1: Description of the SNP Population

MOC 4: Quality Measurement and Performance Improvement

MOC Domain 1: Description of the Population

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 organization 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 organization'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.**

MOC 1A: Key Points

- SNP membership data cannot be from prior to 2020 (for CY2025).
- Use of proxy data:
 - If the SNP uses national population statistics, then it must draw a correlation to the SNP's target population to earn credit.
 - SNPs without enrollees may use enrollee information from other product lines as an example of the intended target population or can use details compiled from the intended plan service area.
 - SNPs must provide a rationale for using such data.
 - The expectation is that renewal submissions use actual membership data rather than proxy data.
 - SNPs should identify whether they are an initial submission or have low membership/no enrollees.
- Be sure to include detailed demographic data on age, gender, race, ethnicity, education, income, socioeconomic status, etc.

MOC Domain 1: Description of the Population

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 organization 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 organization must include a complete description of the services tailored for enrollees considered especially vulnerable using specific terms and details. The organization'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 organization 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).**

MOC 1B: Key Points

- Data provided for the most vulnerable population cannot be from prior to 2020 (for CY2025).
- SNPs must detail the specific criterion or set of criteria used to determine whether an enrollee is considered part of the most vulnerable population.
- SNPs must detail what sets the most vulnerable population apart from the general population.
- The same considerations around the use of proxy data and the level of detail for demographic data for the general population are required for the most vulnerable population.

MOC Domain 4: Quality Measurement and Performance Improvement

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

- 1. Describe the overall quality improvement plan and how the organization 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 it uses to continuously analyze, evaluate, and report MOC quality performance.**
- 3. Describe how its 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, as described in MOC Element 4B. The process includes how it determines if goals are met (including specific benchmarks and time frames).**

MOC Domain 4: Quality Measurement and Performance 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 organization must identify and clearly define measurable goals and health outcomes for the MOC. The organization's MOC must address the following factors:

- 1. Identify and define the specific measurable goals and health care needs used to improve access and affordability of the SNP population included in MOC 1.**
- 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.**

MOC 4A & 4B: Key Points

- **MOC 4A:**

- Focus is on overall plan improvements (e.g., access/availability/affordability to care, coordination of care, enrollee satisfaction, program effectiveness).
- Responses must include: measurement topic, data source, objective, goals, benchmarks, measurement frequency, goal met/not met status.
- Renewal submissions must specify whether the goals of the previously approved MOC were met or not met (Factor 4).

- **MOC 4B:**

- Focus is on measures that lead to preventative health or chronic care maintenance that benefit member health.
- Responses must include: measurement topic, data source, objective, goals, benchmarks, measurement frequency, goal met/not met status.
- SNPs must include a 100% completion goal for HRA, ICP, and ICT completion (i.e., all three of these care coordination goals must be included).
- Renewal submissions must specify whether the goals of the previously approved MOC were met or not met (Factor 4).

MOC Domain 4: Quality Measurement and Performance Improvement

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

The organization'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 tool or tools.**
- 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.**

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

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

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

MOC Domain 4: Quality Measurement and Performance Improvement

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

The organization 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.**

Discussion and Q&A

- **How does this discussion around the MOC 1 or 4 domains provide some food for thought regarding changing or modifying the approach within your MOC?**
- **How does it affirm what you're doing?**
- **Are there any areas of further clarification or guidance needed?**
- **Any suggestions for CMS/NCQA regarding review?**

Background on MOC Provider Training

- Providers must annually complete the MOC Provider Training for each health plan that contracts with them
- The training needs to cover essential components of the plan's MOC, there must be attestation that the provider has completed the training
- Providers are often in multiple plans in a given region—meaning they have to complete this multiple times
- Oftentimes these trainings are very similar for similar SNP types in a region, e.g. I-SNPs, FIDE-SNPs
- Even non-network providers who have routine interaction with the SNP's members need to complete the training
- Provider abrasion is high around this requirement

Scoring Guidelines 2025: MOC Provider Training

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 their network of providers. The organization's MOC must describe oversight of provider network training and address the following factors:

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

Idea: Collaborative Provider Training Pilot

Phase 1:

Pilot Parameters:

- Select one region with multiple health plans that are willing to collaborate
- Each plan shares their MOC training slide deck/content
- SNPA reviews the content and shares findings with plan members participating

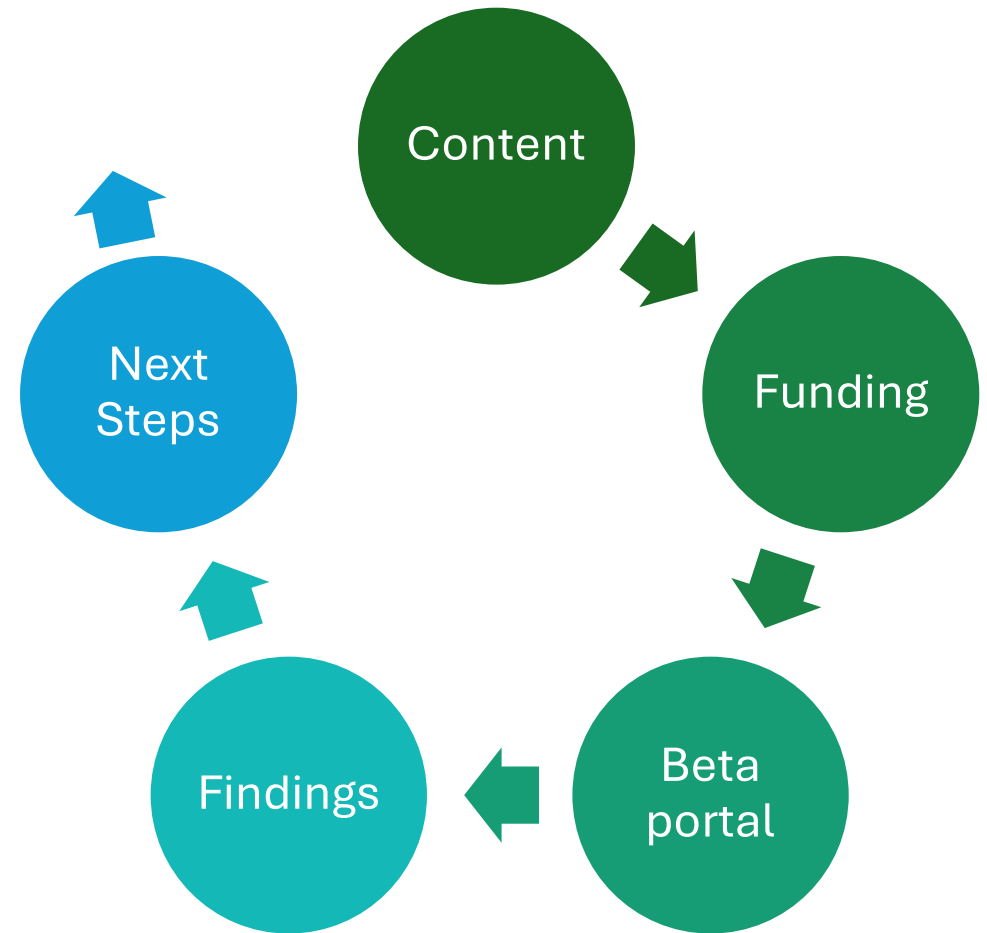
Idea: Collaborative Provider Training Pilot

Phase 2:

- SNPA and the working group of these members co-create and affirm a “universal” or “collaborative” slide deck
- We:
 - Secure funding for an outside contractor to use this deck to create an online training module with certification/attestation
 - Beta test the online training with a selected set of volunteer providers
 - Report on Beta test and determine next steps

MOC Provider Training – Pilot (Exploratory)

- Content Collaboration
- Funding
- Create “universal” or “collaborative” MOC training with online beta portal that includes attestation
- Beta test with volunteer providers & get feedback
- Review findings and determine next steps



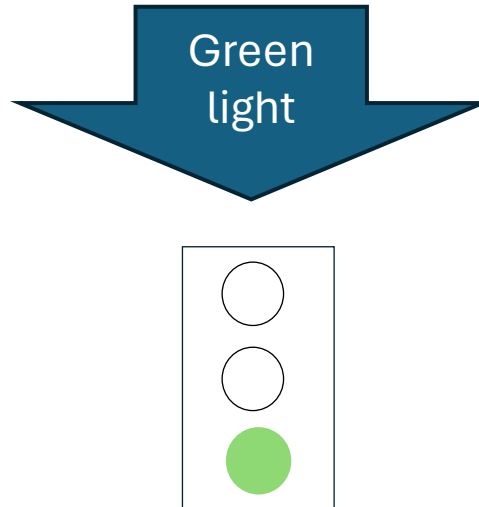
Idea: Collaborative Provider Training Pilot

Phase 3:

- Initial roll out in region – get provider feedback on:
 - Ease of use
 - Reduction of burden
 - Utility of information
- Modify prototype as needed
- Establish ongoing online training & certification contract
- Monitor compliance and satisfaction

What's already been done

- Three PE/Quality Leadership Call discussions
- SNPA Lead 1:1 with CMS and NCQA leads
- SNPA Lead 1:1 with Upper Midwest Region QIO



- PE/Quality group indicates interest in this as a pilot and creation of an “Ad Hoc MOC” Workgroup. MOC Workgroup met March 20, 2024

Discussion and Q&A

- **Responses to this collaborative training idea – would it work in your region?**
- **Are there additional successful/effective strategies for reducing the burden on providers around the Model of Care provider training?**
- **Do you have advice for us as we embark on this pilot?**
- **Any other questions or comments?**



THANK YOU

FOR MORE INFORMATION CONTACT:

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