

2024 Special Needs Plans (SNPs) Model of Care (MOC) Provider Training

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Special Needs Plans (SNPs) 2024

Model of Care (MOC) Provider Training and Attestation
Required by the:

- Centers for Medicare and Medicaid (CMS)-Medicare Advantage (MA)
- National Commission for Quality Assurance (NCQA):
- MOC 3 Element C- MOC Training for Provider Network

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Proprietary and confidential; Not for further distribution without Aetna approval.



MOC 1 Types of SNPs

CMS Special Needs Plans (SNP) — Overseen by NCQA

<p>D-SNP: ~ 5.7 M / 823 US Plans</p> <p>Eligible to both Medicare (like 3194) and medical assistance from a state plan under Medicaid (like 100).</p> <p>States cover some Medicare costs, depending on the state and the individual's eligibility.</p> <ul style="list-style-type: none"> CMS requires the submission of MOC and NCQA evaluation/Approvals every 1-3 years. 	<p>I-SNP: ~ 1.2 M / 192 US Plans</p> <p>MA eligible individuals who for 90 days or longer, have had or are expected to need the level of care more provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/AF, an intermediate care facility for individuals with Intellectual Disabilities (ICF/IID), or an inpatient psychiatric facility.</p> <ul style="list-style-type: none"> CMS requires the submission of MOC and NCQA evaluation/Approvals every 1-3 years. 	<p>C-SNP: Over 1/4 M / 320 US Plans</p> <p>Resort enrollment to special needs individuals with specific severe or disabling chronic conditions</p> <ul style="list-style-type: none"> 15 SNP-Specific Chronic Conditions CMS requires the submission of a MOC and NCQA evaluation/Approval annually.
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SNP National Data Source (12/23) | <https://www.aetna.com/health-plans/ma/ma-snp-data-and-stats/updates/updates-and-reports/ncqa-certification-12-23-23>

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MOC 2 - Care Coordination

CMS Special Needs Plans (SNP) — Administrated by NCQA

<p>SNP Staff SNP staff structure, roles & training defined</p>	<p>Health Risk Assessment (HRA) HRA tool description & plan for analyzing results</p>	<p>Visit Face-to-Face (F2F) encounter offered: <i>Aim: Within the 1st 12 months of enrollment -Annually, thereafter</i></p>	<p>Individualize Care Plan (ICP or IPOC) ICP development process, beneficiary goals & health preferences</p>	<p>Interdisciplinary Care Team (ICT) ICT composition, member selection, & health care outcomes evaluation</p>	<p>Care Transition of Care (TOC) practices</p>
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MOC 3 - SNP Provider Network

CMS Special Needs Plans (SNP) — Administrated by NCQA

<p>Network: Specialized expertise available to SNP beneficiaries & how health plan evaluates competency of network</p>	<p>Practice Guidelines & Protocols: Use of clinical practice guidelines & care transition protocols by providers</p>	<p>Provider Training: MOC training for the provider network & out-of-network providers frequently seen by members</p>
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MOC 4 - Quality Measurement & Performance Improvement

CMS Special Needs Plans (SNP) — Overseen by NCQA

<p>MOC QPI Plan MOC Quality Performance Improvement (QPI) Plan-process to collect and analyze data</p>	<p>Goals & Outcomes Measurable goals & health outcomes for the MOC</p>	<p>Patient Experience Measure patient experience of care survey and analyze integrated results</p>	<p>Evaluation Ongoing performance improvement evaluation</p>	<p>Quality performance Disseminate SNP quality performance to stakeholders, regulatory agencies & general public</p>
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MOC Provider Training and Attestation

CMS Special Needs Plans (SNP) — Administrated by NCQA

<p>Evidence of training completion required: Providers are required to complete an attestation if they are an in-network provider, or if they frequently see members as an out-of-network (OON) provider.</p> <ul style="list-style-type: none"> The attestation may be completed by either the: <ul style="list-style-type: none"> individual provider, or authorized member for a group of providers <p>To complete this 2024-SNP MOC Provider training attestation online, select the non-delegated or delegated blue link to the right:</p>	<p>Provider Link: All Providers (non-delegated) participating in SNP Plans</p>	<p>Delegate Link: All Delegated Provider/ entity participating in SNP Plans</p>
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Complete
Attestation

Special Needs Plans (SNPs) 2024

Model of Care (MOC) Provider Training and Attestation

Required by the:

- Centers for Medicare and Medicaid (CMS)-
Medicare Advantage (MA)
 - National Committee for Quality Assurance (NCQA) :
 - MOC 3 Element C-
MOC Training for Provider Network



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CMS Requirements for Special Needs Plans (SNPs):



CMS



The **Centers for Medicare & Medicaid Services (CMS)** requires that all contracted medical providers and staff, who provide services to the SNP population, receive basic training about the **Special Needs Plans (SNPs) Model of Care (MOC)**.

The **SNP MOC training** and **proof of completion** (i.e., MOC training **attestation**) are required.

CMS instructs the National Committee for Quality Assurance (**NCQA**) to provide oversight of the SNP MOC.



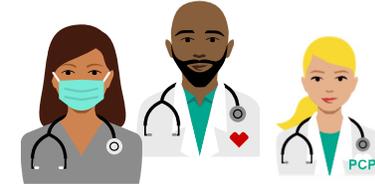
NCQA



The SNPs **Model of Care (MOC)** is the plan for **delivering coordinated care** and **care management** to special needs members.

Each SNP, spanning a state or states, is required by CMS to submit a Model of Care (MOC) document detailing the **4 key areas**:

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



MOC Provider Training

This **MOC Provider Training** course will describe how we work together with:

- our **network providers** and
- **out-of-network (OON) providers** (i.e., seen by SNP members on a routine basis)

... to successfully deliver the **SNPs Model of Care**.

NCQA requires the evidence of **MOC Provider Training**, and this may be documented with the:

- ☐ Completion of a MOC Provider training **attestation**

Special Needs Plans (SNPs) Model of Care (MOC) Training:



MOC 1 - Description of SNP Population:

- Documentation of how the health plan will **determine, verify and track eligibility**
- **Detailed profile of medical, social, environmental conditions, and related issues** associated with SNP population
- **Health conditions** impacting clients/ beneficiaries & plan for especially vulnerable clients/ beneficiaries

MOC 2 - Care Coordination:

- **SNP staff structure, roles and training** defined
- **HRA – Health Risk Assessment tool** description and plan for analyzing results
- **F2F - Face-to-Face** encounter: – in-person or via telehealth
- **ICP - Individualized Care Plan development** process, beneficiary goals & health preferences
- **ICT- Interdisciplinary Care Team** composition, member selection, health care outcomes evaluation
- **TOC - Care Transitions: Transition of Care (TOC)** practices

MOC 3 - Provider Network:

- **Specialized expertise** available to SNP beneficiaries & how health plan **evaluates competency of network**
- Use of **clinical practice guidelines & care transition** protocols by providers
- **Provider Training: -MOC training** for provider network

MOC 4 - Quality Management & Performance Improvement:

- **MOC Quality Performance Improvement (QPI) Plan-process** to collect and analyze data
- Measurable **goals & health outcomes** for the MOC
- Measure **patient experience** of care **survey** and analyze integrated results
- Disseminate **SNP quality performance** to stakeholders, regulatory agencies & general public

MOC 1 Description of SNP Population

Designed to optimize the health and well-being of our **aging, vulnerable** and **chronically ill** members.

▶ Eligibility

Documentation of how the health plan will determine, **verify** and **track eligibility**

▶ SNP Population

Detailed profile of **medical, social, environmental conditions**, and related issues associated with SNP population

▶ Health Conditions

Health conditions impacting clients/beneficiaries & plan for **especially vulnerable** clients/beneficiaries

MOC 1

Types of SNPs

CMS Special Needs Plans (SNP)
– Overseen by NCQA

D-SNP: ~ 5.7 M / 823 US Plans

Entitled to **both Medicare** (title XVIII) and **medical assistance** from a **state plan under Medicaid** (title XIX).

States cover **some Medicare costs**, depending on the state and the individual's eligibility.

- CMS requires the submission of MOC and NCQA evaluation/approvals every 1- 3 years.

<https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/D-SNPs>

I-SNP: ~ 1.2 M/ 192 US Plans

MA eligible individuals who, for **90 days or longer**, have had or are expected to need the level of services provided in a **long-term care (LTC) skilled nursing facility (SNF)**, a **LTC nursing facility (NF)**, a **SNF/NF**, an **intermediate care facility** for individuals with **intellectual disabilities (ICF/IDD)**, or an **inpatient psychiatric** facility.

- CMS requires the submission of MOC and NCQA evaluation/approvals every 1- 3 years.

<https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/institutional>

C-SNP: Over ½ M/ 320 US Plans

Restrict enrollment to special needs individuals with **specific severe or disabling chronic conditions**

- 15 SNP-Specific Chronic Conditions
- CMS requires the submission of a MOC and NCQA evaluation/approval annually.

<https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/C-SNPs>



Aetna's 2024 SNP Footprint

I-SNPs are in:

- Pennsylvania (PA)

New I-SNPs in 2024:

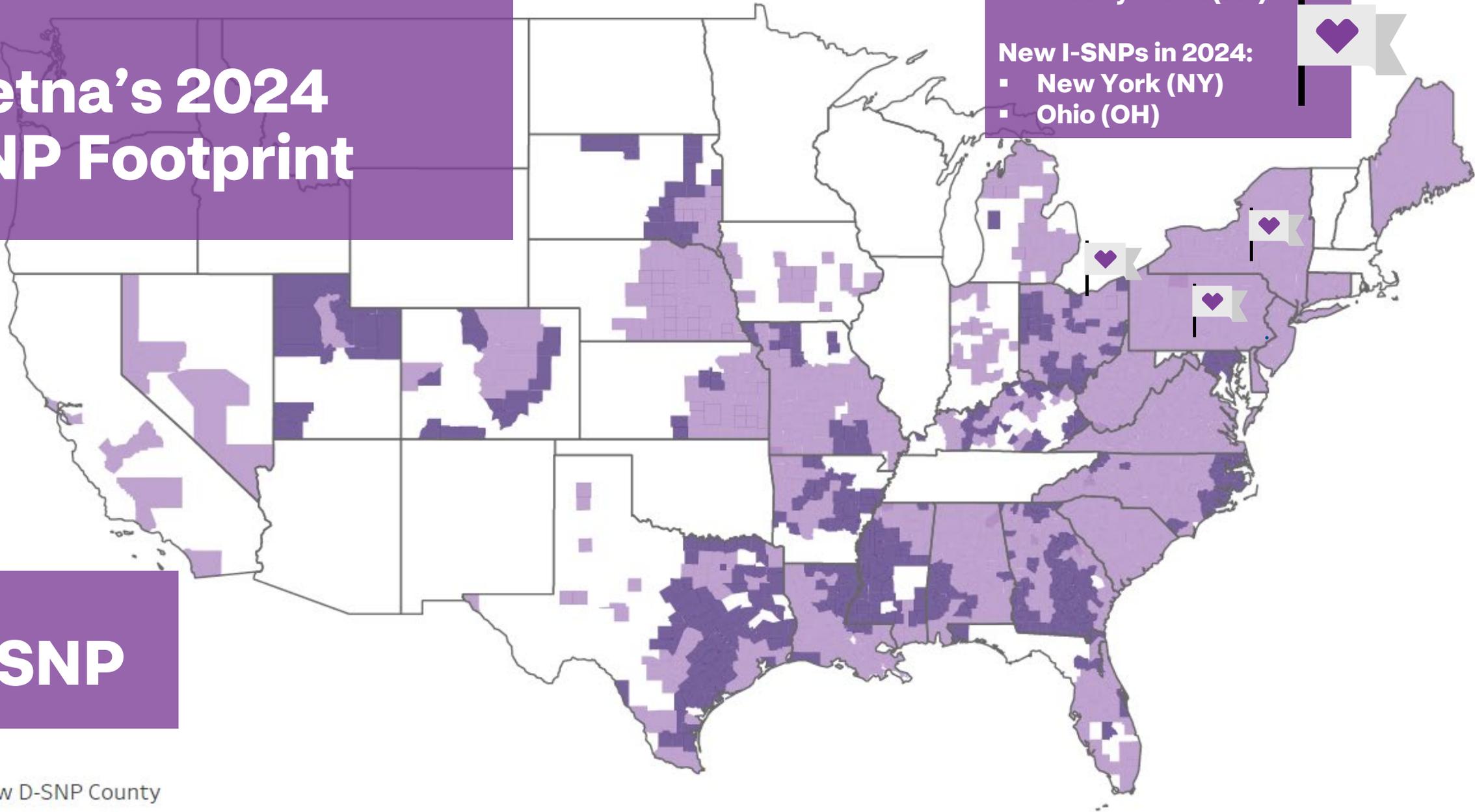
- New York (NY)
- Ohio (OH)



D-SNP

Footprint

- 2024 New D-SNP County
- Current D-SNP County



D-SNP Population: –CMS–Who can join a Dual Special Needs Plan (D-SNP)?

Medicare Eligibility Criteria:

Age 65 or older

- Or -

Under 65 with a disability, such as

- **Intellectual/Developmental**
- **Cognitive**
- **Physical**
- **Behavioral Health** needs
- **Chronic medical** conditions

- Or -

Any age with **End Stage Renal Disease (ESRD)**



Medicaid Eligibility Criteria:

Meet income and asset requirements

- And -

Member of an **eligible** group:

- **Adults with disabilities**
- **Older adults**
- **Children and families**
- People who are **pregnant**
- **Other**

I-SNP Population: Who can join an Aetna Institutional Special Needs Plan (I-SNP)?

Enrolled in
**Medicare
Part A**
(Hospital)

Enrolled in
**Medicare
Part B**
(Medical)

Lives in
**Plan
service
area**

Must reside (OR is expected to reside)
in a participating
I-SNP nursing facility for
greater than 90 days at time of enrollment

I-SNP providers: Any specific population-related license and competency (e.g., geriatric training) will be verified.

Aetna provides I-SNPs in specific states.

I-SNPs Models of Care (MOC):

Description must include information on the:

- **limitations** and **barriers** that pose potential challenges for enrollees (e.g., dementia, frailty, lack of family/caregiver resources or support).
- Specific **facility type** and **provide information about facilities** where SNP enrollees reside (e.g., long term care facility, home or community-based services).
- **Types of services**, as well as about **providers of specialized services**.

Aetna's 2024 I-SNPs are in:

- **Pennsylvania (PA)**

New I-SNPs in 2024:

- **New York (NY)**
- **Ohio (OH)**

MOC 2 - Care Coordination

CMS Special Needs Plans (SNP) -
—Adminstrated by NCQA



SNP Staff

SNP staff structure, roles & training defined

Health Risk Assessment (HRA)

HRA tool description & plan for analyzing results

Visit

Face-to-Face (F2F)

encounter offered:

Aim: Within the 1st 12 months of enrollment -Annually, thereafter

Individualize Care Plan (ICP or IPOC)

ICP development process, beneficiary goals & health preferences

Interdisciplinary Care Team (ICT)

ICT composition, member selection, & health care outcomes evaluation

Care Transition

Transition of Care (TOC) practices



Care Coordination aims:

Phases of care:	HRA	Face-to-Face (F2F)	ICP	ICT	ToC
Initial:	Outreach to the member in an effort to complete the HRA, within the first 90 days after enrollment	Within the first 12 months of enrollment, in-person or through visual, real-time, interactive telehealth , as feasible & with the member's consent	Seek to complete the initial ICP , after the HRA is completed	Example- Within the 1st year of enrollment*	Transition example- Post-hospitalization outreach
Ongoing:	Annual reassessment thereafter or ongoing HRA outreach	At least Annually thereafter, or continue attempts to schedule	Annual reassessment	Example- -D-SNP annually* - I-SNP quarterly*	As needed
Resources:	HRA is available to download from the Secure Provider Portal	Document if a face-to-face is not feasible or refused by the member.	ICP is available to download from the Secure Provider Portal	I-SNP ICT's seek to coordinate with facility/ nursing home*	Reduce non-essential care transitions *

Source: Highlights from the NCQA Model of Care Scoring Guidelines for Contract Year 2025 for MOC submissions Feb. 2024

*- Whenever feasible



SNP Interdisciplinary Care Team (ICT)

Provider partners are an invaluable part of the interdisciplinary care team (ICT).

Our SNP Model of Care offers an opportunity for us to work together for the benefit of our members and your patients by:

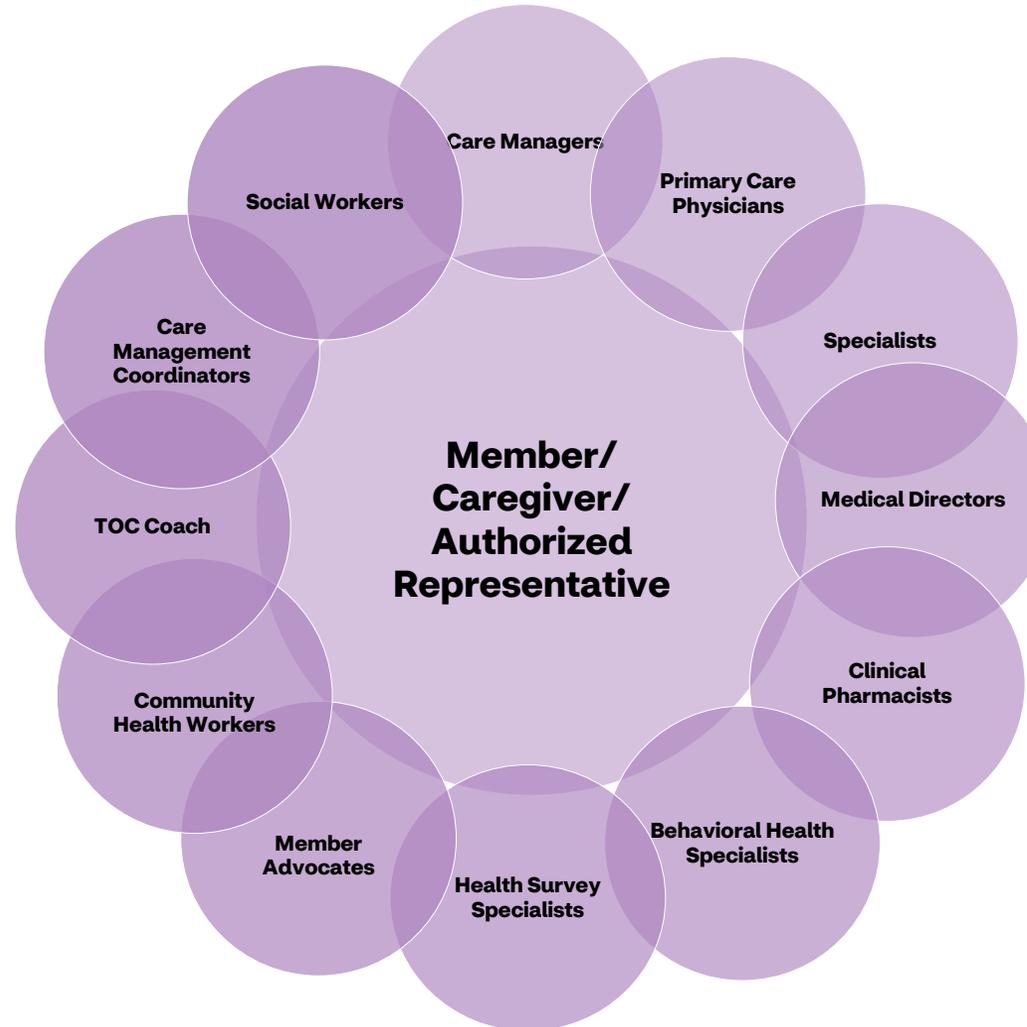
Enhancing communication

Focusing on each individual member's special needs

Delivering care management programs to help with the patient's medical and non-medical needs

Supporting the member's plan of care

(I-SNP ICT's seek to also coordinate with the facility/ nursing home)



Provider Role:

- Reviews and responds** to patient-specific communication
- Reminds** the member of the importance of completing their **Health Survey (HRA)** which is essential in the development of the ICP
- Provides** the opportunity for a **Face-to-Face (F2F)** in-person/telehealth visit with the member
- Collaborates** with our organization on the Individual Care Plan (ICP)
- Maintains ICP** in the member's medical record
- Communicates** with the Individual Care Team (ICT) members and caregivers
- Encourages** the member to work with their **ICT**
- Participates** in the **ICT**
- Completes Model of Care (MOC) Provider Training and the Training Attestation**



MOC 3 - SNP Provider Network

**CMS Special Needs Plans (SNP)
– Administrated by NCQA**

► **Network:**

Specialized expertise available to SNP beneficiaries & how health plan **evaluates competency of network**

► **Practice Guidelines & Protocols:**

Use of **clinical practice guidelines & care transition protocols** by providers

► **Provider Training:**

MOC training for the **provider network & out-of-network providers frequently seen** by members

Providers and practice management teams may contact us:



All D-SNP markets, except when noted otherwise:	Provider Resources and Contacts:	FIDE SNP-NJ :	FIDE SNP-VA:	In 2024, FIDE SNP-NY
https://www.aetna.com/health-care-professionals/medicare.html	To access important provider information, like provider MOC training & attestation , state-specific frequently asked questions (FAQ) and newsletters follow the provided link:	https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html	https://www.aetnabetterhealth.com/virginia-hmosnp/providers/portal	
https://aetna-prd.assurecare.com/provider/login?returnUrl=%2Fhome	To access the members' health risk assessment (HRA) and individualized care plan (ICP) , navigate to the secure provider portal web address:	FIDE's Secure Provider Portal web address: https://www.availity.com/Essentials-Portal-Registration		
MCRDSNP@Aetna.com	<ul style="list-style-type: none"> To request secure provider portal access, email: 	NJ_FIDE_SNP_CM@AETNA.com	VA_DSNP_Providers@Aetna.com	NY-FIDESNP-Providers@Aetna.Com
MCRDSNP@Aetna.com	For Care Management questions , email:	NJ_FIDE_SNP_CM@AETNA.com	VA_DSNP_Providers@Aetna.com	

MOC 4 - Quality Measurement & Performance Improvement

CMS Special Needs Plans (SNP)
– Overseen by NCQA



▶ **MOC QPI Plan**
MOC **Quality Performance Improvement (QPI)**
Plan-process to collect and analyze data

▶ **Goals & Outcomes**
Measurable goals & health outcomes for the MOC

▶ **Patient Experience**
Measure **patient experience** of care survey and **analyze integrated results**

▶ **Evaluation**
Ongoing performance improvement evaluation

▶ **Quality performance**
Disseminate SNP **quality performance** to stakeholders, regulatory agencies & general public

MOC Provider Training and Attestation

**CMS Special Needs Plans (SNP)
—Administered by NCQA**

Evidence of training completion required:

Providers are required to complete an attestation if they are an **in-network provider**, or if they **frequently see members** as an **out-of-network (OON) provider**.

- The **attestation** may be completed by either the:
 - **individual provider**, or
 - **authorized member for a group of providers**

To complete this **2024-SNP MOC Provider training attestation** online,
 select the **non-delegated** or **delegated** [blue link to the right](#):

Provider Link:

All Providers (non-delegated) participating in **SNP** Plans



Delegate Link:

All Delegated Provider/entity participating in **SNP** Plans



SNP MOC Attestation completion support:



If you or your authorized representative have already completed the **SNP MOC Attestation**, there's nothing else you need to do.

Once the SNP MOC Attestation is completed, you'll receive an email asking you to **verify your email address**.

After you verify your email, you & Aetna will receive a copy of your signed **Attestation** records.

Did you **not** receive the “**Click to Sign**” option in the attestation?

- You must click the **START** button which begins on the second page, select an answer and/or **respond to all** drop-down or form fields.
- If you missed answering any fields, you won't receive the “**Click to Sign**” link at bottom of the page.



If you receive an **error message** at the **SNP MOC Attestation** link, check your **browser settings** and ensure it complies with:

System requirements for Adobe Acrobat Sign



An **authorized representative** may complete **one attestation** for **multiple providers, groups or organizations**, if all tax IDs are identified on the attestation.

- Credit is given at the **tax ID/EIN level only**.
- No other provider identifier will be accepted for credit.

Tax ID#(s) must be only numbers (a total of 9 digits) with **no** hyphens, spaces or letters: **123456789**

If your Tax ID# has zeros in the beginning or end, you must add those to get to the required 9 digits.



If you have any questions or need help with this requirement, please:

email us at:

DSNPMOC@Aetna.com or

call us at:

1-800-624-0756 (TTY: 711)

A man and a woman are hiking on a dirt path in a lush, mossy forest. The woman is on the left, wearing a blue jacket and blue pants, and the man is on the right, wearing a red jacket and dark pants. Both are using trekking poles. The background is filled with dense green foliage and trees. The text "Thank you for your ongoing care and support for our SNP members!" is overlaid in white, bold font across the center of the image.

Thank you for your ongoing care and support for our SNP members!

