

# Special Needs Plans (SNPs)

## Model of Care (MOC) Provider Training and Attestation

Required by the:

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

2022-2023

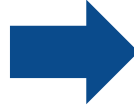


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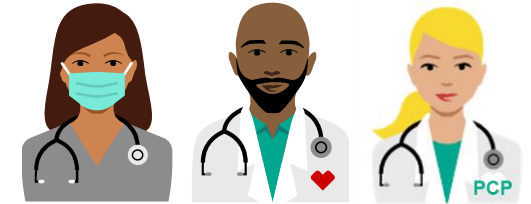
# CMS Requirements for Special Needs Plans (SNPs):



**CMS**



**NCQA**



**MOC Provider Training**

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 initially and annually.

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

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**

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**



# SNP Model of Care (MOC) Provider Training:

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- **MOC 1 - Description of SNP Population**
- **MOC 2 - Care Coordination**
- **MOC 3 - SNP Provider Network**
- **MOC 4 - Quality Measurement & Performance Improvement**
- **MOC Provider Training and Attestation**
  - CMS-required Proof of Completion

# Special Needs Plans (SNPs) Model of Care (MOC) guidelines:

## 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 tool** description and plan for analyzing results
- **Face-to-Face** encounter
- **ICP development** process, beneficiary goals & health preferences
- **ICT** composition, member selection, health care outcomes evaluation
- **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

#### ▶ C-SNP

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.

#### ▶ D-SNP

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.

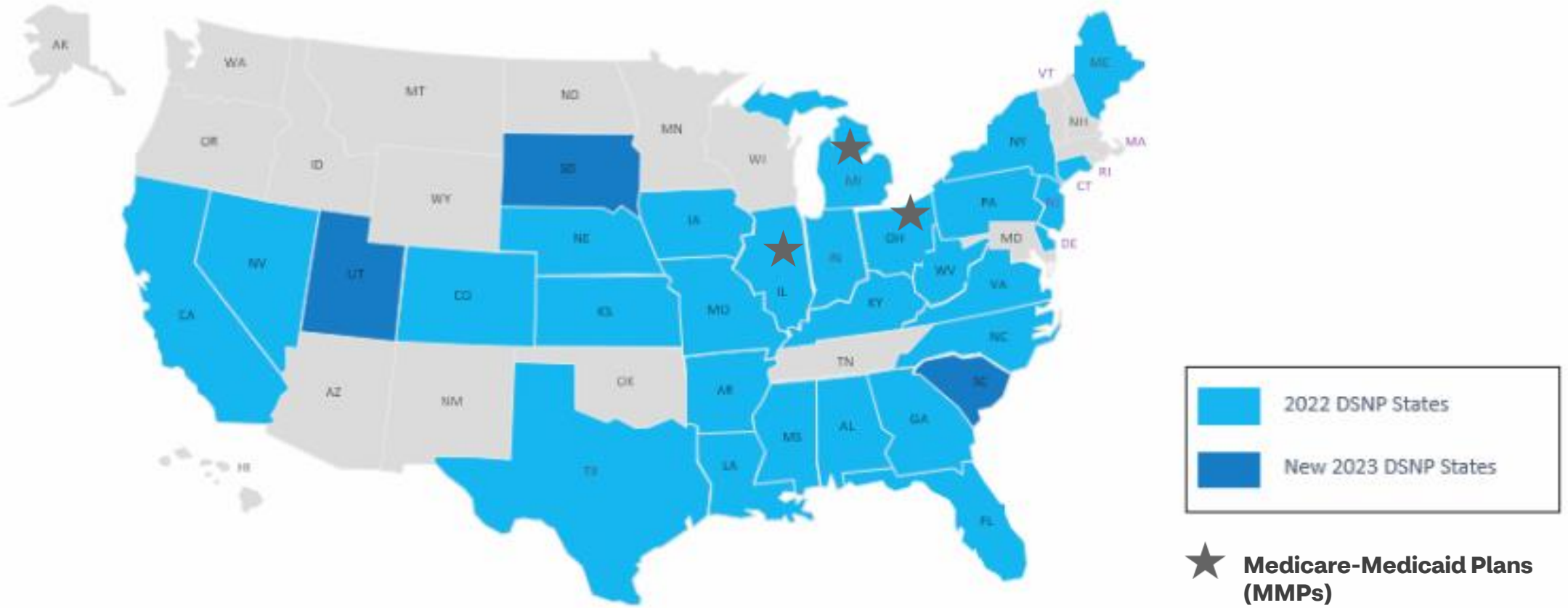
- CMS requires the submission of MOC and NCQA evaluation/approvals every 1- 3 years.

#### ▶ I-SNP

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.

# Aetna® D-SNP 2023 Footprint



# D-SNP Population: 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**



# US D-SNP Population = Over 4.5 Million\*



71%

**Hypertension**



42%

**Arthritis**



41%

**Diabetes**



38 %

**Chronic Kidney Disease**



37 %

**Ischemic Heart Disease**

\* -CMS.gov-SNP Comprehensive Report 2022 10 – Last accessed October 2022  
Source: CMS Medicare Chronic Conditions Dashboard –National-2018-Duals 65 years and older, Last accessed September 2022



# 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 a specific state(s).

## I-SNPs Models of Care (MOC):

- 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 about **providers of specialized services**.

# MOC 2 - Care Coordination

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



## ▶ SNP Staff

SNP staff structure, roles and training defined

## ▶ Health Risk Assessment (HRA)

HRA tool description and plan for analyzing results

## ▶ Visit

Face-to-Face encounter

## ▶ Individualize Care Plan (ICP)

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

# 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:

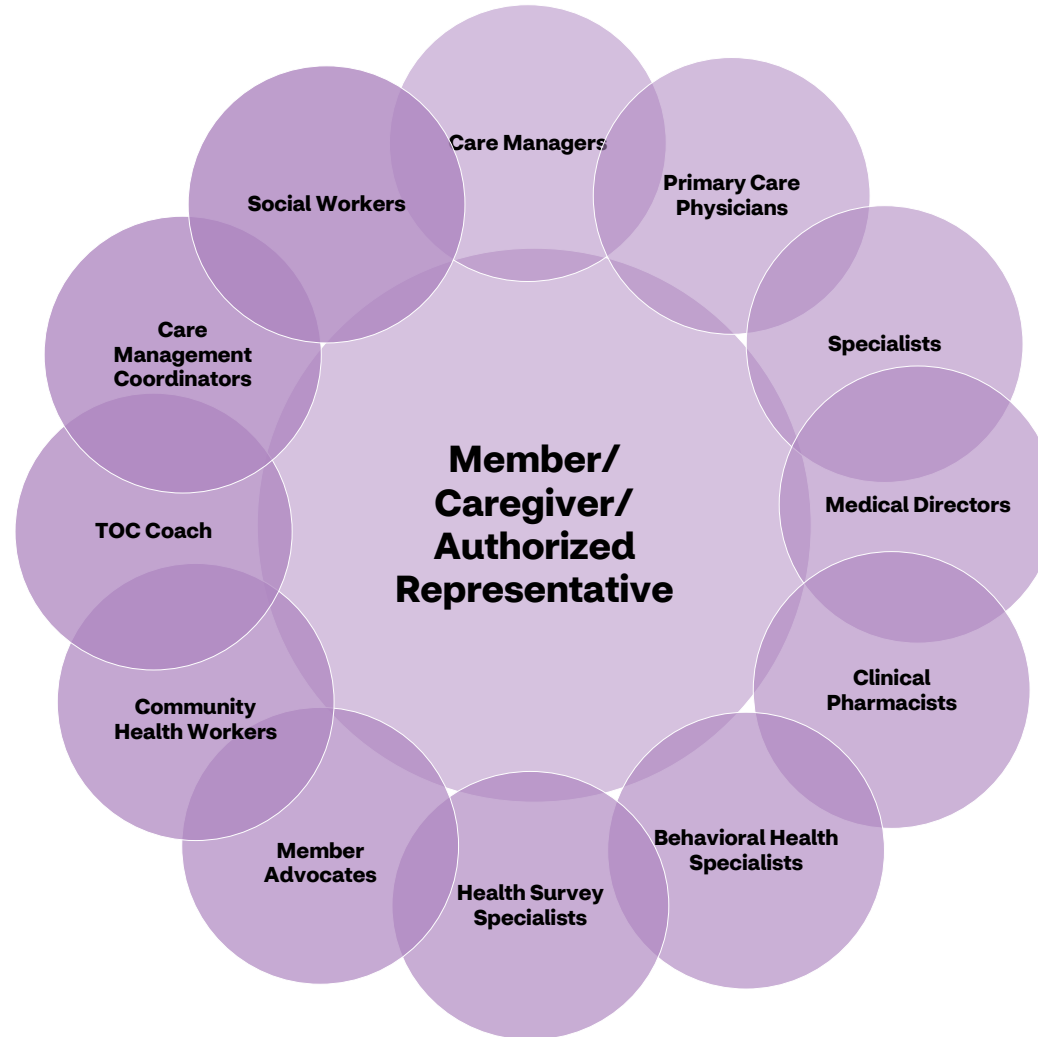
Enhancing communication

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
- ❑ **Collaborates** with our organization on the Individual Care Plan (ICP)
- ❑ **Maintains ICP** in member's medical record
- ❑ **Communicates** with 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 Attestation** upon initial onboarding and again annually



# Care Coordination aims:

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

\*- Whenever feasible



# 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 provider network

- Initially &
- Annually

# Providers and practice management teams may contact us:



All D-SNP markets, except when noted otherwise:	Provider Resources and Contacts:	FIDE-NJ :	FIDE-VA:	In 2023, FIDE-NY
<a href="https://www.aetna.com/health-care-professionals/medicare.html">https://www.aetna.com/health-care-professionals/medicare.html</a>	To access important provider information, like <b>provider MOC training &amp; attestation</b> , state-specific frequently asked questions ( <b>FAQ</b> ) and <b>newsletters</b> follow the provided link:	<a href="https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html">https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html</a>	<a href="https://www.aetnabetterhealth.com/virginia-hmosnp/providers/portal">https://www.aetnabetterhealth.com/virginia-hmosnp/providers/portal</a>	
<a href="https://aetna-prd.assurecare.com/provider/login?returnUrl=%2Fhome">https://aetna-prd.assurecare.com/provider/login?returnUrl=%2Fhome</a>	To access the <b>members' health risk assessment (HRA)</b> and <b>individualized care plan (ICP)</b> , navigate to the <b>secure provider portal</b> web address:	<b>FIDE's Secure Provider Portal web address:</b> <a href="https://www.availity.com/Essentials-Portal-Registration">https://www.availity.com/Essentials-Portal-Registration</a>		
<a href="mailto:MCRDSNP@Aetna.com">MCRDSNP@Aetna.com</a>	<ul style="list-style-type: none"> <li>To <b>request secure provider portal access</b>, email:</li> </ul>	<a href="mailto:NJ_FIDE_SNP_CM@AETNA.com">NJ_FIDE_SNP_CM@AETNA.com</a>	<a href="mailto:VA_DSNP_Providers@Aetna.com">VA_DSNP_Providers@Aetna.com</a>	<a href="mailto:NY-FIDESNP-Providers@Aetna.Com">NY-FIDESNP-Providers@Aetna.Com</a>
<a href="mailto:MCRDSNP@Aetna.com">MCRDSNP@Aetna.com</a>	For <b>Care Management questions</b> , email:	<a href="mailto:NJ_FIDE_SNP_CM@AETNA.com">NJ_FIDE_SNP_CM@AETNA.com</a>	<a href="mailto:VA_DSNP_Providers@Aetna.com">VA_DSNP_Providers@Aetna.com</a>	

# 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:

Attestation required by an:

- individual provider
- authorized representative for a group of providers

To complete this **2023-SNP MOC Provider training attestation** online,

- Please review the **3 blue links** (to the right), and **select the link** that pertains to your role:

## Providers:

All Providers (non-delegated) participating in D-SNP or FIDE Plans:

[Providers Attestation Link](#)

## Delegates in MA/MMP plans:

Delegated Provider/ entity participating

[Delegates.MA.MPP. Attestation Link](#)

## Delegates in MA/MMP &/or D-SNP/FIDE:

Delegated Provider/ entity participating

[Delegates.MA.MMP-and-or-D-SNP.FIDE.Attestation Link](#)

## **D-SNP MOC Attestation completion support:**

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

If you receive an error message at the **D-SNP MOC Attestation** link, check your browser settings and ensure it complies with: Microsoft Windows 10 **using** Microsoft Edge, Internet Explorer 11, or a current version of Firefox, or Chrome. Microsoft Windows 8 **using** Internet Explorer 11 or later, or a current version of Firefox, or Chrome. Mac OS X v11 or later **using** Safari 7 or later, or a current version of Firefox, or Chrome

An authorized representative may complete one attestation for multiple providers, groups or organizations if all tax IDs are identified with the attestation. Credit is given at the **tax ID/EIN level only**. No other provider identifier will be accepted for credit.

Once the DSNP MOC Attestation is completed, you'll receive an email asking you to verify your email address. After you verify your email, you'll receive a copy of your signed Attestation for your 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.

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\*\*](mailto:DSNPMOC@Aetna.com) or call us at: **1-800-624-0756 (TTY:711)**.

A photograph of a man and a woman laughing joyfully in a swimming pool. The man is on the left, wearing a white cap and sunglasses on his head. The woman is on the right, wearing a red bikini. The water is blue and rippling. The entire image has a semi-transparent blue overlay.

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

