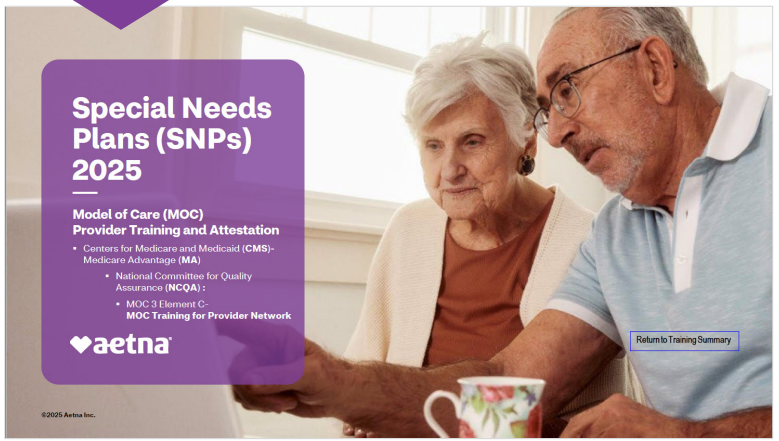
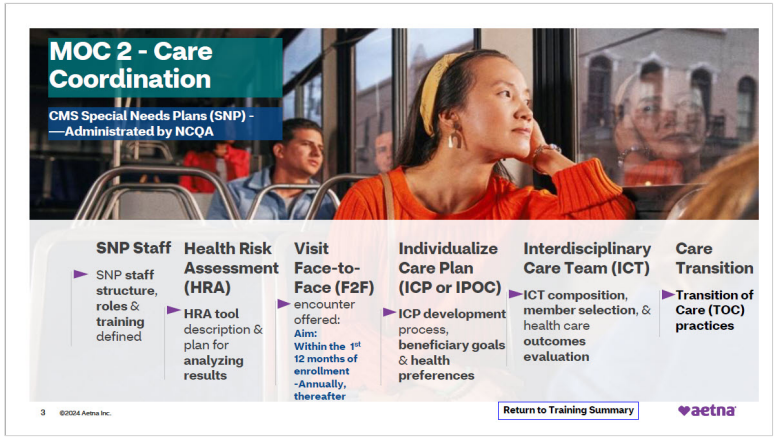
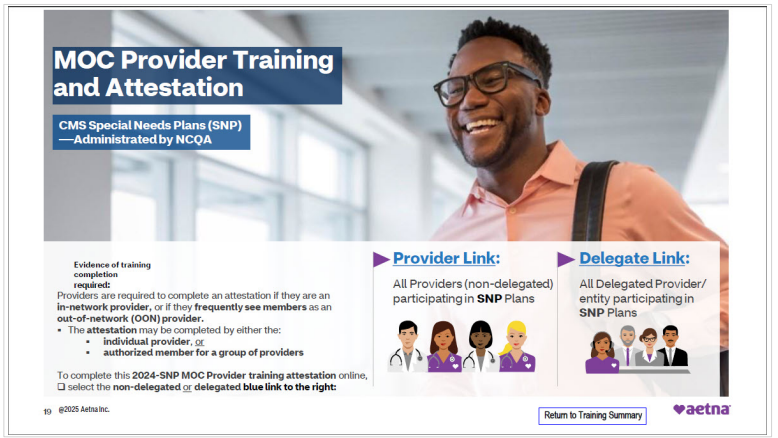
2025 Special Needs Plans (SNPs) Model of Care (MOC) Provider Training

Start: Click each slide to learn







Instructions: To navigate through the screens, one may also click the "enter" key, slide the scroll bar, or use the PDF bookmarks (*Click the bookmark ribbon icon to open/close the menu*)

Complete Attestation

aetna

Special Needs Plans (SNPs) 2025

Model of Care (MOC) Provider Training and Attestation

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

aetna®

Return to Training Summary

MOC.2.A
MOC.3.C

CMS Requirements

Centers for Medicare & Medicaid Services (CMS) requires basic Special Needs Plans (SNPs) Model of Care (MOC) training (initial and annual) for:

- **Staff** (employed, contracted and non-contracted):
  - With proof of staff competency testing
- **Network providers** (in-network and those out-of-network providers who routinely serve members):
  - With provider evidence of completion

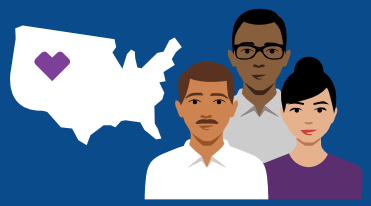
CMS instructs the National Committee for Quality Assurance (NCQA) to provide oversight of the SNP MOC.

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

This course will describe how we work together with providers to successfully deliver the SNPs Model of Care.

Return to Training Summary

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

Return to Training Summary

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

Source: NCQA SNP Scoring Guidelines for Contract Year 2025 for MOC submissions Feb. 2025v10.24

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

Return to Training Summary

aetna

MOC 1
Types of SNPs

CMS Special Needs Plans (SNP) – Overseen by NCQA

D-SNP: Over 6 M / 884 US Plans

Entitled Medicare Advantage (MA) eligible individuals with **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, last accessed Jan. 2025

I-SNP: 137K+/ 177 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 , last accessed Jan. 2025

C-SNP: 881.5K/ 323 US Plans

MA eligible individuals:
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 , last accessed Jan. 2025

Return to Training Summary

aetna

SNP National Data Source (12/24): https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/special-needs-plan-snp-data/snp-comprehensive-report-2024-12

Dual eligible individual

Individual with a severe or disabling chronic condition, as specified by CMS

Institutionalized individual

Dually Eligible SNP (D-SNP)

Individuals who are eligible for both Medicare and Medicaid.

Chronic Condition SNP (C-SNP)

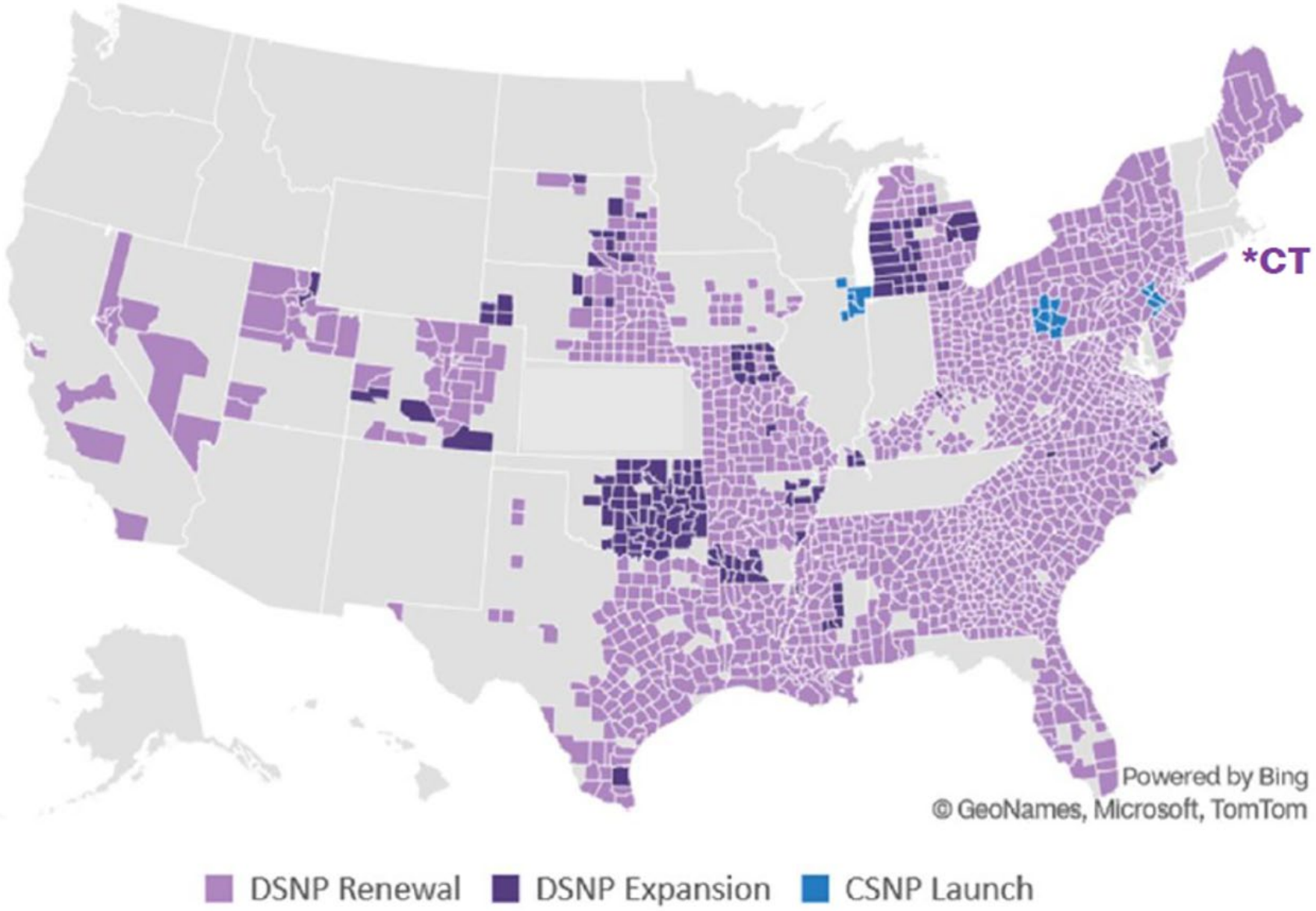
Special needs individuals with specific severe or disabling chronic conditions, such as diabetes mellitus, chronic heart failure (CHF) and/or cardiovascular disorders.

Institutionalized SNP (I-SNP)

Individuals who live in certain institutions (like a nursing home) or who require nursing care at home, and if they are I-SNP members, they may live or are expected to live in an institution a minimum of 90 days.

Return to Training Summary

2025 SNP Expansion and Footprint



Return to Training Summary

MOC.1

Who is Dual Eligible?

aetna

Medicare

Medicare Eligibility Criteria:

- ✓ Age 65 or older
- ✓ Under 65 with a disability, such as
  - Intellectual/Developmental
  - Cognitive
  - Physical
  - Behavioral Health needs
  - Chronic medical conditions
- ✓ Any age with End Stage Renal Disease (ESRD)

Enrolled in Medicare

Eligible for Medicare & Medicaid

Medicaid

Medicaid Eligibility Criteria:

- ✓ Meet income and asset requirements
- ✓ Member of an eligible group:
  - Adults with disabilities
  - Older adults
  - Children and families
  - People who are pregnant
  - Other

State plan medical assistance

Medicare premium or cost sharing assistance

Return to Training Summary

C-SNP

Aetna Chronic Conditions (C-SNPs)

C-SNP Member Enrollment Application includes:

- **Pre-Qualification Assessment Tool (PQAT) Form** for the member to complete

Medical provider:
Will then attest that the member has one or more of the following conditions:

Chronic Conditions may include:

- **Diabetes Mellitus**
- **Chronic Heart Failure**
- **Cardiovascular disorders** limited to:
  - Cardiac arrhythmias
  - Coronary artery disease
  - Peripheral vascular disease
  - Chronic venous thromboembolic disorder

Return to Training Summary

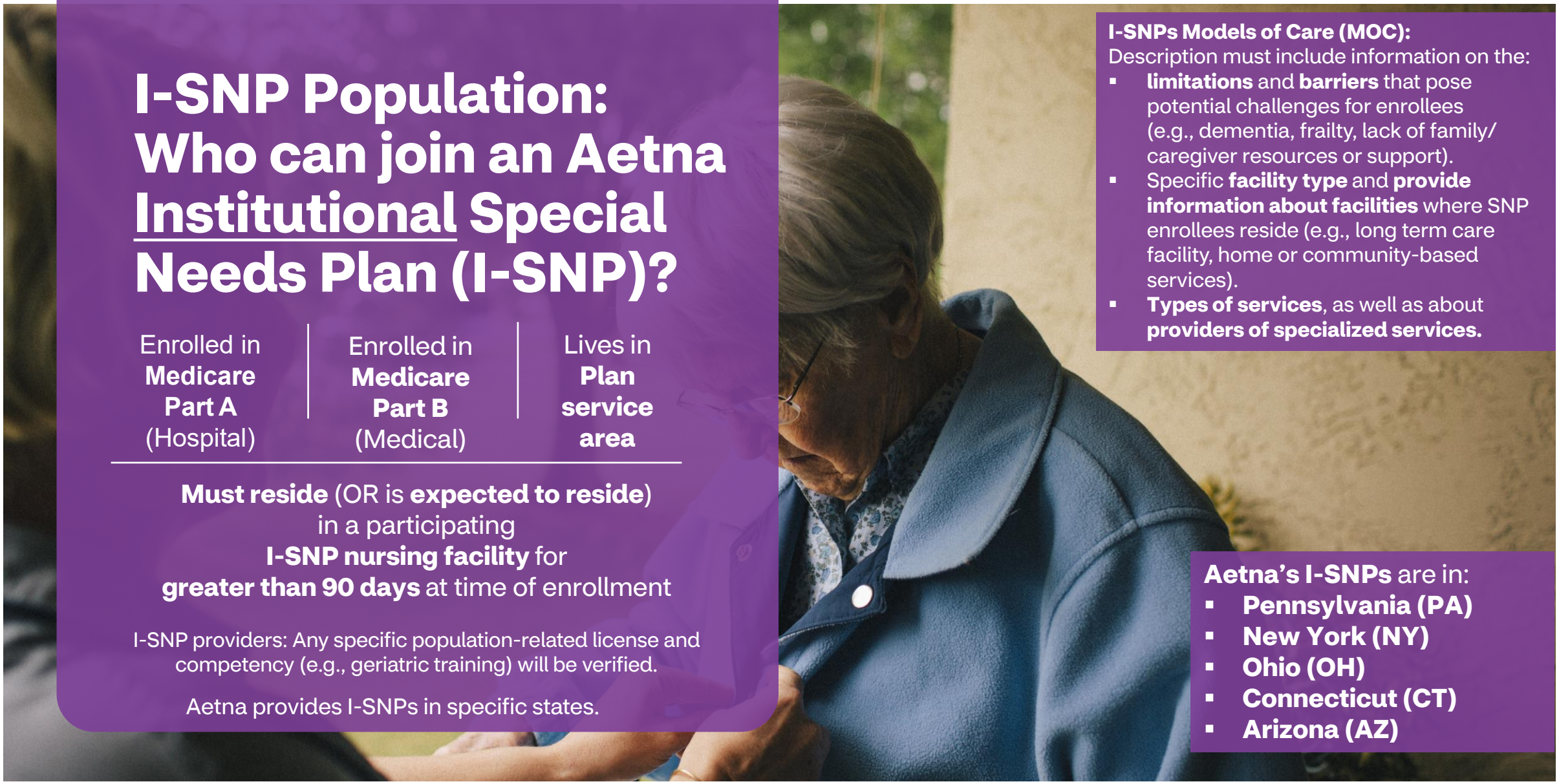
I-SNP Population: Who can join an Aetna Institutional Special Needs Plan (I-SNP)?

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 I-SNPs are in:

- **Pennsylvania (PA)**
- **New York (NY)**
- **Ohio (OH)**
- **Connecticut (CT)**
- **Arizona (AZ)**

Return to Training Summary

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

aetna

MOC 2 - Care Coordination

CMS Special Needs Plans (SNP) - —Administrated 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**

Return to Training Summary

MOC.2

Care Coordination Aims

aetna

Phase of Care:	HRA Health Risk Assessment	F2F Face-to-Face	ICP Individualized Care Plan	ICT Interdisciplinary Care Team	ToC Transition of Care
CMS Clinical Outcome Measures (STARS):	CMS Goal = 100%		CMS Goal = 100%	CMS Goal = 100%	
Initial Care Timeline:	Outreach to member to **complete the HRA** within first 90 days of enrollment.	Within **first 12 months**: in-person, in-home OR through telehealth	Seek to **finalize the initial ICP after the HRA** is completed	Within **first year of enrollment**	Example: **Upon Facility Inpatient Discharge outreach**
	MOC.2.B --------> MOC.2.C --------> MOC.2.D --------> MOC.2.E --------> MOC.2.F				
Ongoing Care Timeline:	**Annual** reassessment thereafter **OR** ongoing HRA outreach	At least **annually** thereafter **OR** continue attempts to schedule F2F visit	**Annual** Reassessment and updated ICP on a continuous basis, *as needed*	**Annually** and as needed	As needed
Staff Resources: SharePoint - Clinical Services (CS) Hub	Health Risk Assessment Workflow	Face-to-Face Encounter Workflow	Care Plan Development Workflow	Interdisciplinary Care Team Encounters Workflow	Transition of Care Inpatient Workflow

The Care Coordination workflows are located on the Clinical Services Hub.

Return to Training Summary

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 (Health Risk Assessment -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** the **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**, *whenever possible and when ICT needs input*
- ❑ **Completes** the **Model of Care (MOC) Provider Training** and the **Training Attestation**

Disciplines of the ICT may vary for FIDE SNPs, I-SNPs, & C-SNPs.

Return to Training Summary

aetna

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

Return to Training Summary

MOC.3

Provider Resources & Contacts

aetna

Provider SNP Resources: (MOC training & attestation, state-specific frequently asked questions (FAQ) and newsletters)

D-SNP (including the NY FIDE SNP), C-SNP & I-SNP:
(Except when noted otherwise)

https://www.aetna.com/health-care-professionals/medicare.html

NJ FIDE SNP:

https://www.aetnabetterhealth.com/new-jersey-hmosnp/providers/index.html

VA FIDE SNP:

https://www.aetnabetterhealth.com/ virginia-hmosnp/providers/portal

D-SNP & C-SNP members' Health Risk Assessment (HRA) & Individualized Care Plan (ICP)

Secure Provider Portal:

https://aetna-prd-pportal.assurecaremc.com/login

FIDE SNP Provider Self-register & Login

FIDE SNP Secure Provider Portal:

https://apps.availity.com/web/onboarding/availity-fr-ui/#/login

Return to Training Summary

MOC.3

Provider Resources & Email Contacts

aetna

D-SNP

(Except when noted otherwise)

Secure Provider Portal Email:

CMSMedCompassSecurity@AETNA.com

Care Management Email:

MCRSNP@Aetna.com

NJ FIDE SNP

Provider Experience Email:

COEProviderServices@AETNA.com

Care Management Email:

NJ_FIDE_SNP_CM@AETNA.com

VA FIDE SNP

Provider Experience Email:

COEProviderServices@AETNA.com

Care Management Email:

ABH_VA_DSNP@Aetna.com

NY FIDE SNP

(Within 2025)

For Provider related questions/concerns:

Aetna Contact-Us-Online (link)

Care Management Email:

NYFIDECM@Aetna.com

I-SNP

Longevity Health (PA, OH, NY & CT)
Curana Health (AZ)

For Provider related questions/concerns

and

Care Management Email:

ISNPCentralMailbox@Aetna.com

Return to Training Summary

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 **SNP patient care experience survey** and **analyze integrated results**

Evaluation

Ongoing SNP performance improvement monitoring & evaluation

Quality performance

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

Return to Training Summary
aetna

MOC Provider Training and Attestation

CMS Special Needs Plans (SNP) —Administrated 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:

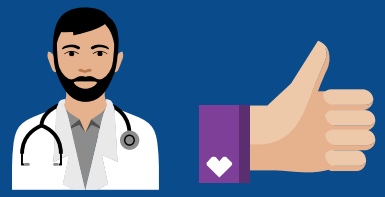
All Providers (non-delegated) participating in **SNP** Plans

Delegate Link:

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

Return to Training Summary

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)

Return to Training Summary

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

Return to Training Summary

aetna


aetna®