Trinity Health

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

Presented by: Integrity & Compliance

Date: Calendar Year 2026

Learning Objectives

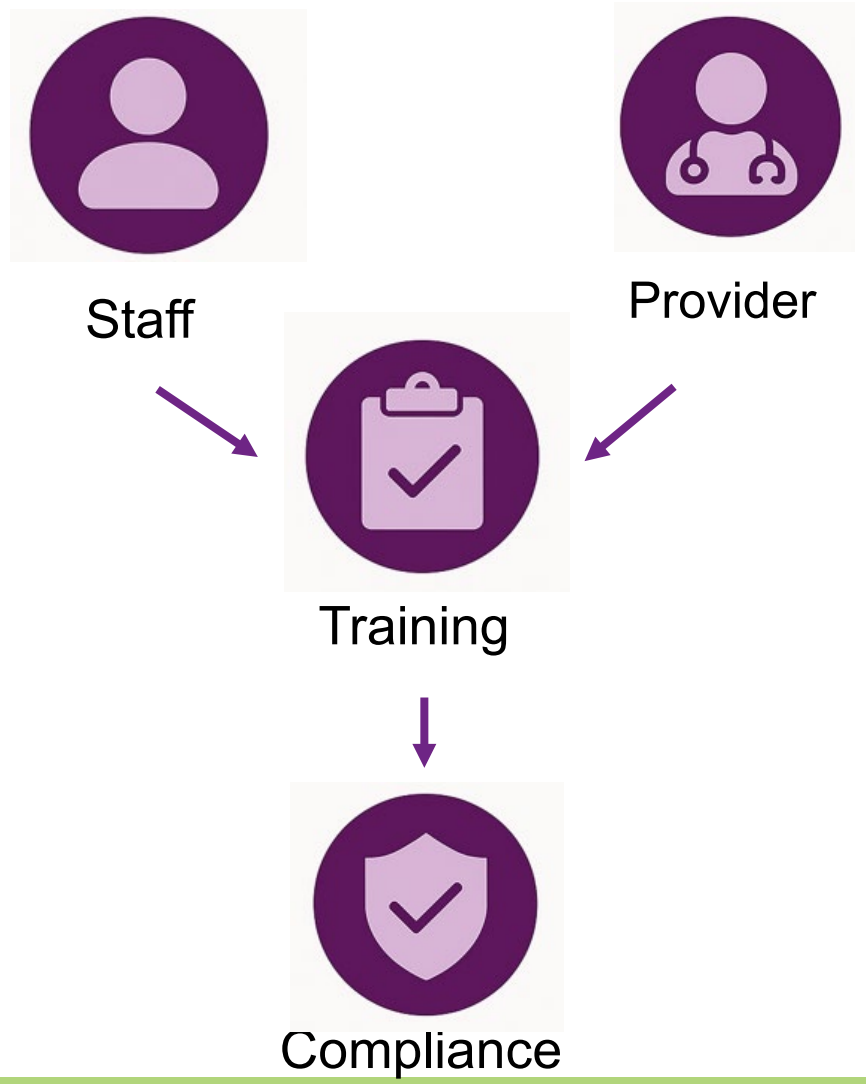
At the end of this education, you will be able to:

- List the types of Special Needs Plans (SNP) and know how they help the Special Needs population
- Describe a Model of Care (MOC) and its benefits
- Explain how SNPs improve care coordination and health outcomes
- Understand your role in improving CMS Star Quality Ratings
- Know where to find resources for more information

Why Annual Training?

Annual SNP MOC training is required by CMS and NCQA for all providers and staff

- CMS requires initial and annual training
- NCQA provides evaluation and oversight
- Training attestation



Special Needs Plans (SNPs)

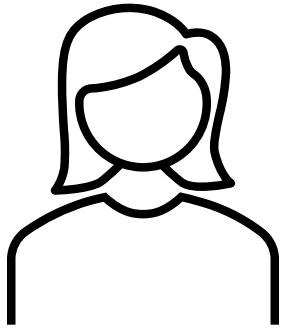
A Special Needs Plan (SNP) is a Medicare Advantage Coordinated Care Plan designed to provide care to people who are:

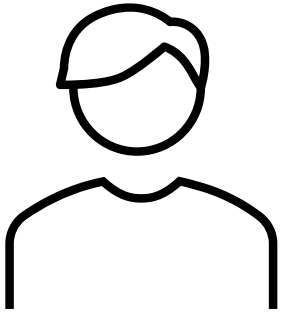
- **Dual eligible** for Medicare and Medicaid,
- **Institutionalized**, or
- Managing a **severe or disabling chronic condition**

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Who Are SNP Members?

SNP members often face multiple health and social challenges







Health conditions



Language barriers



Health literacy challenges



Living Situations



Socioeconomic status



Cultural barriers



Caregiver limitations

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Types of Special Needs Plans



Chronic Condition Special Needs Plan

(C-SNP)

Targets care for individuals who are managing a severe or disabling condition





Dual Eligible Special Needs Plan

(D-SNP)

Targets care for individuals who are eligible for both Medicare and medical assistance through a state Medicaid plan



Institutional Special Needs Plan

(I-SNP)

Targets care for individuals who are in an institution such as a nursing facility, skilled nursing facility, inpatient psychiatric facility, or intermediate care facility) for 90 days or longer

CMS requires MOC submission and NCQA evaluation for all SNP types

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Who Can Join a C-SNP?







C-SNP enrollment application includes:

Pre-qualification assessment for the member to complete

Medical provider attests that the member has one or more of the following chronic conditions

Chronic conditions may include:

- Diabetes mellitus
- Chronic heart failure
- Cardiovascular disorders, limited to:
  - Cardiac arrythmias
  - Coronary artery disease
  - Peripheral vascular thromboembolic disorder

Who Is Dual-Eligible?

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)

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

Who Can Join an I-SNP?



Eligibility criteria:

- Enrolled in Medicare Part A (Hospital)
- Enrolled in Medicare Part B (Medical)
- Live in the Plan's service area
- **Reside**, OR are **expected to reside,** in a participating **SNP nursing facility** for > 90 days at time of enrollment



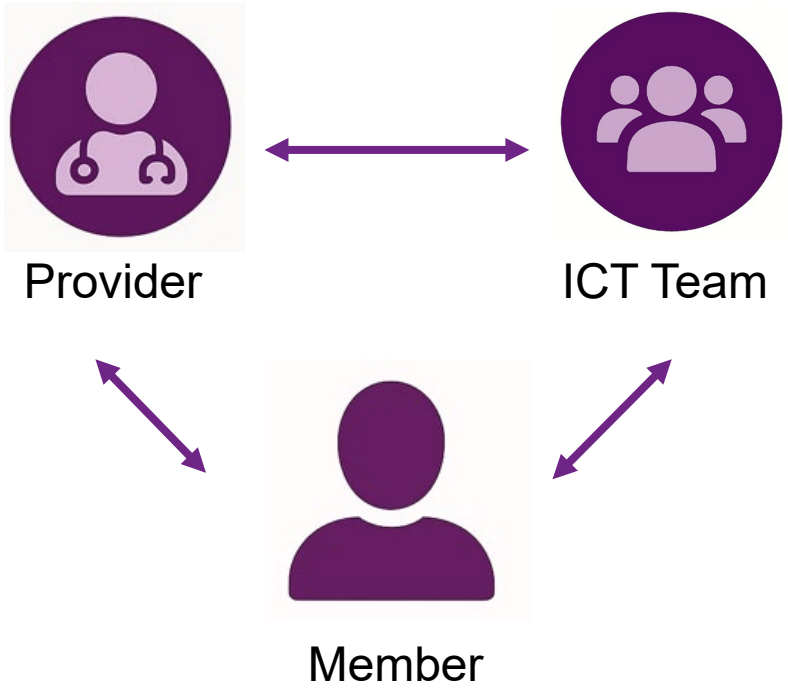
I-SNPs MOCs must document information:

- **Limitations** and **barriers** that pose potential challenges for the enrollee (e.g., dementia, frailty, lack of family/caregiver resources or support)
- Specific **facility type** and **provide information about facilities** where SNP enrollee resides (e.g., LTC facility, home or community-based services)
- Types of services, as well as providers of specialized services, needed

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SNP Model of Care in Action

The goal of SNPs is to improve health outcomes through 7 points of care:



- **Access** to medical, mental health, and social services
- **Access** to affordable care
- **Coordination of care** through an identified point of contact
- **Transitions of care** across health care settings and providers
- **Access** to preventive health services
- **Utilization** of services
- **Coordination** of Medicaid services to assure independence in the least restrictive environment

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Model of Care (MOC)
The Evidence-based Structure for Care Management / Coordination for SNP Members



- **Special needs subpopulation itself,** made up of our most vulnerable beneficiaries
- **Care coordination**, following a six-step model of care
- **Provider network**, whose key features include specialized expertise, use of Clinical Practice guidelines, care transition protocols, and MOC training
- **MOC quality measure and performance improvement**, with key measures that include:
  - Goals and health outcomes for the MOC
  - Patient care experience satisfaction rates
  - Ongoing performance improvement evaluation, and
  - Dissemination of quality performance

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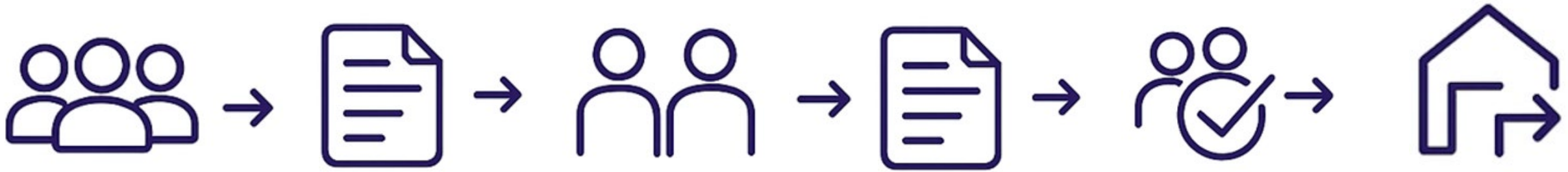
MOC Benefits

The benefits of a Model of Care are:

- To facilitate early assessment that identify health risks and changes in health status
- To facilitate coordination of care and evidence-based care management programs to help improve overall health

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Six (6) Step Model of Care
Improves Care Coordination / Health Outcomes



SNP Staff

Health Risk Assessment (HRA)

Face-to-Face (F2F)

Individualize Care Plan (ICP or IPOC)

Interdisciplinary Care Team (ICT)

Transition of Care (TOC)

Interdisciplinary Care Team (ICT)



The ICT supports the patient (member) or caregiver

- Primary care provider
- Specialists
- Medical Directors
- Clinical Pharmacists
- Behavioral Health Specialists
- Health Survey Specialists
- Member Advocates
- Community Health Workers
- Care Management Coordinators
- Social Workers
- Care Managers
- TOC Coach

SNP ICT

The Plan's SNP MOC offers the opportunity for the Provider and the Plan to work together for the benefit of the Plan's members and your patients by:

- **Enhancing** communication
- **Focusing** on each 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

Provider's role:

- **Reviews and responds** to patient-specific communication
- **Reminds** the member of the importance of completing their **HRA**, which is essential in the development of the ICP
- **Provides** the opportunity for **F2F** with the member
- **Collaborates** with the Plan on the **ICP**
- **Maintains** the **ICP** in the member's medical record
- **Communicates** with the 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 **MOC provider training** and **Training Attestation**

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Quality Measurement & Performance Improvement



MOC QPI Plan

MOC Quality Performance Improvement (QPI) Plan



Goals & Outcomes

Measurable goals and health outcomes for the MOC



Patient Experience

Measure patient experience of care survey



Evaluation

Ongoing performance improvement evaluation



Quality Performance

Disseminate SNP quality performance to stakeholders

How To Improve CMS Star Quality Ratings

- ✓ **Help** your patients complete a Health Risk Assessment
- ✓ **Review care plans** with your patients
- ✓ **Know** how care coordination affects Star Quality Rating metrics
- ✓ **Address care plan goals that haven't been met**, including preventive care screenings
- ✓ **Review transition of care notification** and place them in your patients' medical records
- ✓ **Schedule** follow-up appointments within seven (7) days of a hospital discharge
- ✓ **Encourage** medication adherence
- ✓ **Attend ICT meetings**. If you're unable to attend, be sure to review the Individualized Care Plans

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Utilize The Plan's Resources











Plans offer multiple tools and supports for providers

- Specialized expertise
- Practice guidelines and protocols
- MOC Provider training
- State-specific frequently asked questions (FAQs)
- Newsletters, email contacts, and online resources

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REQUIRED
MOC Provider Training & Attestation

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 provider**

- An **authorized (Ministry) representative** may complete one attestation for multiple providers, groups, or organizations
  - Attestation is completed and filed online with the Plan, and retained for 10+ years

- **Credit is given at the tax ID / EIN level only**
  - 9 digits with no hyphens, spaces or letters
  - No other provider identifier will be accepted for credit

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