

## **MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

---

Date: February 12, 2013

To: All Medicare Advantage Organizations and Medicare-Medicaid Plans

From: Danielle R. Moon, J.D., M.P.A.  
Director

Subject: Common Findings and Expectations for Medicare Advantage Special Needs Plans' Models of Care Based on Independent Reviews Conducted in Contract Year 2012

The purpose of the memo is to provide detailed guidance and expectations with regard to the Models of Care (MOCs) to be submitted by Medicare Advantage (MA) Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs) for contract year (CY) 2014. This guidance is largely based on common findings and recommendations resulting from CMS' recent reviews of approved SNP MOCs. CMS has identified a number of areas, as described further below, where SNPs and MMPs have the opportunity to provide substantive evidence that would better support the implementation of their MOCs.

### **Background**

For the past several years, CMS has become increasingly focused on the care management processes of its SNP-enrolled beneficiaries. In 2008, Section 164 of the Medicare Improvements for Patients and Providers Act (MIPPA) mandated that all SNPs design and implement evidence-based MOCs to support the unique health care needs of special needs individuals and the most vulnerable MA beneficiaries they serve. MOCs are considered a vital quality improvement tool and integral component for ensuring that the unique needs of each enrolled beneficiary are identified and addressed. Furthermore, MOCs provide the needed infrastructure to promote quality care management and care coordination processes for all SNPs. While CMS has refrained from being overly prescriptive to the SNPs' design of their MOCs, we believe that we have a responsibility to ensure that SNPs fully address the special needs of the targeted beneficiaries they enroll.

In 2010, the Patient Protection and Affordable Care Act (PPACA) reinforced the importance of the MOC as a fundamental component of the SNP quality improvement framework by requiring the National Committee for Quality Assurance (NCQA) to execute the review and approval of SNPs' MOC based on standards and scoring criteria established by CMS. The findings summarized throughout this document complement information and recommendations provided by NCQA during its recent SNP MOC trainings that were designed to show how SNPs can improve the quality of their MOC narratives and thus increase their overall MOC score. NCQA currently reviews and scores SNP MOCs that address the following eleven elements:

1. Description of SNP-Specific Target Population
2. Measureable Goals
3. Staff Structure and Care Management Roles
4. Interdisciplinary Care Team
5. Provider Network having Specialized Expertise & Use of Clinical Practice Guidelines/Protocols
6. MOC Training for Personnel & Provider Network
7. Health Risk Assessment
8. Individualized Care Plan
9. Communication Network
10. Care Management for the Most Vulnerable Sub-Populations
11. Performance and Health Outcome Measurement

In order to participate in a Capitated Financial Alignment Demonstration, MMPs must submit a unified MOC that incorporates both CMS and any additional State requirements. NCQA reviews and approves MMP MOC submissions on CMS' behalf based on the same eleven elements and scoring standards CMS has established for approval of SNP MOCs. Therefore, the guidance in this memorandum will be important for CY 2014 MMP applicants to consider as they finalize their upcoming MOC submissions.

In 2012, CMS conducted two independent reviews to evaluate how well the SNPs addressed the above MOC elements and to identify improvement strategies for future MOC submissions. One review evaluated a sample of MOC narrative submissions. The other review assessed a sample of SNP MOCs to determine how well the MOC was implemented. Below, we summarize common findings resulting from these two reviews and provide expectations for improving the development of each of the eleven required MOC elements and, where applicable, operationalizing the elements.

### **Description of the SNP-Specific Target Population (Element 1):**

#### **Common Findings**

The identification and comprehensive description of SNP-specific target populations were found to be integral in the development of MOCs that fully address the care needs of the SNP's population. Most MOCs described the prevalence of medical conditions, challenges presented by the members' social conditions, limitations in activities of daily living, and the potential health status of the population eligible to enroll in the SNP. SNPs that performed well in this element also demonstrated robust reporting systems to verify and track beneficiaries' demographic characteristics associated with maintaining their SNP eligibility. Conversely, some MOCs lacked the level of specificity needed to ensure a comprehensive MOC. Consequently, highly-prevalent conditions in the various SNP population types may not be addressed in the MOCs at the expected rate or frequency.

The remaining elements of the MOC depend upon the firm foundation of a comprehensive population description that addresses the characteristics and needs of that population. A poor

population description places all the remaining MOC elements at a distinct disadvantage which, in turn, impedes the SNPs' ability to address the 'why' of the remaining elements and support the clinical needs of the target population. Further, findings indicate that failure to include information related to the important characteristics of SNP members' health status may mean that those conditions are not being appropriately addressed by the SNP care team.

### **Expectations**

- Provide a detailed profile of the medical, social, environmental, living conditions, and comorbidities associated with the SNP population.
- Enhance the identification and descriptions of conditions impacting SNP beneficiaries by comprehensively and clearly documenting MOC guidelines utilized by enrollees and health plan staff to determine, verify, and track eligibility of SNP beneficiaries.

### **Measurable Goals (Element 2):**

#### **Common Findings**

Most SNPs illustrated significant strengths in identifying measurable goals they would use to facilitate improvement or prevent deterioration of health status. However, a description of why those goals were appropriate to the target population was often missing. SNPs with lower approved scores failed to adequately define measurable goals in each of the seven sub-elements of their defined goals. These sub-elements include: access to essential services, affordable care, coordination of care through an identified point of contact, effective transitions of care across all care settings, access to preventive services, appropriate utilization of services, and improving beneficiary health outcomes.

SNPs that demonstrated success with Element 2 had clearly defined, recognizable, and well-communicated measurable goals and objectives. Data collection, data tracking and on-going assessment of SNP performance relative to goal attainment should be reliable, thorough, and based upon reproducible data collection mechanisms. Many SNPs that excelled in the successful monitoring of progress toward attainment of their measurable goals also had concrete contingency plans in place to facilitate progress toward goal achievement. These SNPs also have designated individuals assigned and responsible for oversight in terms of monitoring the effectiveness of measurable goals.

### **Expectations**

- Measureable goals should address specific conditions of the target SNP population and link directly to the population profile described in Element 1.
- Provide evidence for all seven sub-elements of Element 2; all sub-elements should be clearly defined, established, recognizable, and well-communicated.

- Devise contingency plans that demonstrate the SNP is well prepared to take action to improve patient outcomes based on its assessment of performance relative to stated goals.

### **Staff Structure and Care Management Roles (Element 3):**

#### **Common Findings**

In general, most SNPs performed well in this element. However, there was a tendency for SNPs to provide a copy of their organizational structures without additional explanation of the roles and responsibilities of the defined positions and levels of accountability within the organization. Moreover, SNPs that did discuss the roles and responsibilities of the various staff positions often failed to relate those responsibilities to specific program components. This is important because implementation reviews have revealed frequent discrepancies between job titles and actual responsibilities.

#### **Expectations**

- Fully describe staff roles and responsibilities across all health plan functions that directly or indirectly affect the care management of beneficiaries enrolled in the SNP.
- Ensure that the staff responsibilities defined in the MOC are coordinated with job descriptions within the organizational chart, even in those cases when health plan dynamics warrant a change in title/position or level of accountability.
- Establish a contingency plan to ensure continuity of staff functions associated with the MOC.

### **Interdisciplinary Care Team (Element 4):**

#### **Common Findings**

Overall, SNPs provided appropriate descriptions of their Interdisciplinary Care Teams (ICT). However, many fell short in their descriptions of why the various members of the ICT were selected and how they contributed to improving health status for members in the specific target population. A majority of SNPs provided adequate detail to show active beneficiary participation and engagement within the ICT. However, the implementation study, which included on-site reviews, revealed that many SNPs were limited in their ability to promote beneficiary involvement in the ICT because of workload demands associated with health plan staff having multiple roles and responsibilities.

Further on-site observations discovered that some SNPs were in the developmental stages of establishing and integrating the ICT into the operations of the parent organization. Hence, the formalization of processes, meetings, record keeping and communications surrounding the ICT were emerging but were not fully defined for these SNPs. MOCs that lacked specificity in terms of defining the ICT had a tendency to identify the ICT meetings as *informal* and an extension of other health plan committees.

## **Expectations**

- Provide evidence of a strong communication plan among ICT members and the establishment of communication processes that involve the beneficiary.
- Identify the utilization of clinical managers or case managers who play crucial roles in communicating with the beneficiary to facilitate participation of the member in the care process.
- Align the expertise and capabilities of the ICT members to the clinical and social needs of the beneficiaries.
- Define a point of contact for the beneficiary and a record keeping system that supports information sharing. Examples to support this infrastructure are:
  - Assess the structure and function of the ICT within the parent organization.
  - Make involvement in the ICT relevant and approachable for the beneficiary and care giver.
  - Utilization of alternative means of participation such as web-conferencing and conference calls.
  - Integration of electronic health records and well-devised patient management systems.

## **Specialized Expertise in Network and Use of Clinical Practice Guidelines/Protocols (Element 5)**

### **Common Findings**

SNPs that excelled in this element provided evidence of assigned personnel responsible for facilitating ongoing training and communication with network providers. Intermittent medical record reviews were conducted to provide documented evidence SNP providers were incorporating evidence-based clinical practice guidelines/protocols into the beneficiaries' care plan. The use of electronic databases and web-technology to validate provider expertise and ensure clinical practice guidelines/protocols were available on their website were other key components that lead to successful implementation of this MOC element.

The implementation of this MOC element was identified as most in need of improvement. Many SNPs were unable to validate that their provider networks were efficient in meeting the clinical needs of their members by demonstrating the utilization of evidence-based clinical practice guidelines and nationally-recognized protocols.

## **Expectations**

- Provide evidence within the MOC that appropriate physician credentialing information is documented, updated and maintained.
- Explain the processes for ensuring that providers utilize clinical practice guidelines and protocols.
- Define in the MOC the complex challenges of overseeing patients living in disparate environments and what approaches have been incorporated into the MOC to maintain oversight of providers in the community responsible for the care of these SNP beneficiaries.

## **MOC Training for Personnel and Provider Network (Element 6)**

### **Common Findings**

Most SNPs excelled in the establishment of MOC training for health plan staff and provided ample documentation to support this component of Element 6. However, the most common challenges identified were those associated with training non-health plan staff such as healthcare providers.

### **Expectations**

- Provide evidence within the MOC of existing provider training, e.g., the use of provider webinars with a published schedule to facilitate provider training and retraining.
- Document evidence that training actually occurred, which includes a listing of attendees.

## **Health Risk Assessment (Element 7)**

### **Common Findings**

In general, SNPs provided adequate descriptions and supporting documentation for their Health Risk Assessment (HRA) tools. However, the quality and content of an HRA and the methods for collecting that information varies widely among the SNPs. The reviews indicated that the optimal means for obtaining HRA information from the SNP enrollee is through patient interviews, either telephonically or in person, that are conducted by qualified SNP personnel. Enhancing the beneficiary's health care is highly driven by information collected in the HRA tool. Therefore, it is imperative that the MOC clearly: 1) define the established policies and procedures for completing the HRA; 2) disseminate its findings to appropriate staff; and 3) continue to reassess the HRA's findings to improve potential changes in a beneficiary's health status.

## **Expectations**

- Demonstrate evidence that the content, method of gathering the information, process for dissemination, communication, and utilization of the HRA is standardized and aligned with improving beneficiaries' health outcomes.
- Prescribe a method for integration of HRA findings into the beneficiaries' medical record.
- Institute policies and procedures demonstrating evidence of the HRA process.
- Provide evidence supporting ongoing assessment and stratification of aggregated HRA findings leads to better identification of the needs of the population served and methods for addressing those needs.

## **Individualized Care Plan (Element 8)**

### **Common Findings**

The findings with regard to this element indicate that, overall, SNPs struggled to adequately convey a thorough understanding of how external healthcare providers can contribute to the development of the Individualized Care Plan (ICP), with the exception of chronic care SNPs. We would note that, when implementing the ICP, SNPs should account for the important influence that social issues play in the development and ongoing modifications to the ICP. Lastly, while the role of the HRA was highlighted within the MOC, many SNPs did not effectively describe how the HRA information impacts the healthcare interventions associated with the beneficiary's ICP.

The overall strengths and weaknesses for this element are significantly tied to member involvement and the presence of a strong ICT. Similar to the ICT (Element 4), SNPs' difficulty in this element was related to the challenges in communication of pertinent information to all stakeholders involved with the MOC. Documented guidance relating to the structure and process of the ICT (as defined in the Element 4 discussion above) are expected to enhance SNP performance in in terms the ICP. Particular attention should be paid to the mechanism for including the beneficiary or his/her representative in the development of the care plan and ICT discussions.

### **Expectations**

- In implementing the MOC, establish relationships with the beneficiary and caregiver to facilitate active participation in the development and implementation of an ICP.
- The MOC narrative should identify health plan staff that are trained in overseeing the ICP and equipped with the necessary resources to communicate with the beneficiary and/or representative.

- The MOC narrative documents evidence of well-developed ICPs that are directly aligned with the HRA findings and process.
- The MOC narrative should provide evidence to support the ICP as a useful resource that is modified and updated as the beneficiary's healthcare needs change.

## **Communication Network (Element 9)**

### **Common Findings**

The Communication Network element was evaluated in four main areas: (1) level of individual's responsibility for communication; (2) strategy for communicating with beneficiaries; (3) external communication strategies, particularly involving external healthcare providers; and (4) approaches to internal communications. Most MOC narratives provided adequate discussions of communication methods and oversight of their communication policies used with beneficiaries and the internal ICT. However, unclear and inadequate communication plans were evident and cause for concern.

Communication among all stakeholders is crucial given the nature of the SNP product and the populations targeted. The establishment of processes to expedite communication between the health plans, providers, and beneficiaries is an area in need of additional attention for all SNPs.

### **Expectations**

- Enhance the details of this element in the MOC narrative by:
  - Identifying the most effective mode of communication between the diverse healthcare providers and the ICT.
  - Identifying the most effective mode of communication with the beneficiary and their caregivers.
  - Accounting for beneficiary limitations such as impaired hearing, language barriers, and cognitive deficiencies.
  - Examining the scheduled frequency of communications and the means of ad-hoc communication procedures.
  - Identifying the individuals responsible for maintaining the communication pathways.
- Provide evidence, in the MOC narrative, of an established communication network that is overseen by individuals who are knowledgeable and connected to multiple facets of the patient care model and have the ability to reach out to providers in person as needed.

## **Care Management for the Most Vulnerable Populations (Element 10):**

### **Common Findings**

This element was reviewed for the inclusion of add-on benefits and services as well as the procedures for identifying the most vulnerable beneficiaries within the SNP. The appropriateness of the add-on services and benefits was not addressed in either of these studies; however, CMS may engage in further research in this area in the future.

### **Expectations**

- SNPs must define the method for identifying additional services that will benefit the most vulnerable population(s) within the MOC narrative. For example, they should discuss the relationship between the demographic characteristics of the most vulnerable population(s) and its unique clinical requirements.
- In implementing the MOC, establish partnerships with community organizations to assist in identifying resources.
- Establish processes to support continuity of community partnerships and the facilitation of these services by the most vulnerable beneficiaries and their caregivers.

## **Performance and Health Outcomes Measurement (Element 11)**

### **Common Findings**

In implementing this aspect of the MOC, findings from the implementation review suggest that SNPs need to develop improved and consistent assessment methods. It is essential that the SNPs have the capability to track, assess, and document member progress in order to advance the health plan's performance in improving health outcomes.

### **Expectations**

In implementing the MOC, SNPs should:

- Establish consistent methods to assess and track how the MOC affects the health outcomes of the beneficiaries.
- Demonstrate the ability to improve mechanisms for interpreting and responding to lessons learned through the MOC performance evaluation process. \
- Prescribe methods for data collection, accessibility of information, and IT resources necessary to share performance and health outcomes findings and results with all stakeholders.

## **Conclusion and Potential Next Steps**

CMS has identified several opportunities for SNPs and MMPs to provide adequate detail and evidence so that they can not only earn an acceptable MOC score in their first submission, but also attain proficiency in implementing each element or factor associated with the MOC. The reviews synthesized in this document have provided CMS with information that we may use to augment the SNP MOC elements. Several possible areas under consideration for the CY 2015 MOC submissions include: inclusion of additional MOC elements, refinement of the MOC scoring criteria, and alignment with other SNP regulatory requirements to minimize burden.

CMS recognizes that updates or changes to MOCs are sometimes necessary or desirable mid-cycle, i.e., during the 2- or 3-year approval period. At present, CMS expects SNPs to document those content-related changes in a red-line format and retain those updated MOCs in their files. CMS is considering specific requirements for when changes are made to the MOC, and intends to issue guidance to address this issue. In addition, CMS will be formally auditing a universe of SNP MOCs in CY2013.

We hope that sharing these common findings and expectations will assist all SNPs in the development of practical and fundamental MOCs that will in turn, lead to successful MOC implementation and improved health outcomes for all beneficiaries. If you have any questions regarding the information in this memorandum, please contact the CMS SNP mailbox at [SNP\\_Mail@cms.hhs.gov](mailto:SNP_Mail@cms.hhs.gov) and indicate in the subject line “SNP MOC Inquiry.”