2026 Special Needs Plans (SNPs) Model of Care (MOC) Provider Training

Model of Care (MOC) Provider Training and Attestation, as outlined by the Centers for Medicare & Medicaid (CMS)-Medicare Advantage (MA) National Committee for Quality Assurance (NCQA): MOC 3 Element C – Aetna SNP MOC Training for Provider Network ---- April 2026

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MOC.2.A
MOC.3.C

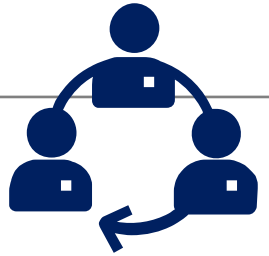
CMS Requirements

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

Staff: Both employed and contracted clinical staff
With proof of staff competency testing

Network Providers/Provider Staff and
Any Out-Of-Network Providers/Staff:
(i.e., those seen by enrollees on a routine basis
due to plan directed care)

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.

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

MOC 1 – Description of SNP Population

- Identify SNP type and MOC submission type
- Describe:
  - Overall SNP population
  - Most vulnerable enrollees
- Outline services for the most vulnerable enrollees

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 and health preferences
- ICT – Interdisciplinary Care Team composition, member selection, health care outcomes evaluation
- TOC – Care transitions: Transition of Care practices

MOC 3 – Provider Network

- Specialized expertise available to SNP beneficiaries and how the health plan evaluates competency of the network
- Use of clinical practice guidelines and 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 overall MOC performance goals and enrollee health outcomes measures
- Measure patient experience of care: SNP enrollee satisfaction survey and analyze integrated results
- Disseminate SNP quality performance results to stakeholders, regulatory agencies and the general public

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MOC 1 – Description of SNP Population

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

MOC 1 – Describe SNP Population

- Identify the SNP type and MOC submission type
- Confirm plan-level population served

Describe Overall SNP Population & Most Vulnerable Enrollees

- Specify the specific type of submission and SNP type of **C-SNP, I-SNP** or **D-SNP**
- Describe **health status** and **conditions impacting health**
- Identify the most vulnerable enrollees within the population

Services for Most Vulnerable Enrollees

- Describe **procedures, practices** and **partnerships** with community organizations
- Explain **challenges** that impact community organizations' ability to connect with enrollees

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SNP Types

Dual-Eligible Special Needs Plan (D-SNP)

Individuals who are eligible for both Medicare and Medicaid.

- Coordination Only (CO) D-SNP
- HIDE SNP (Highly Integrated Dual Eligible SNP)
- FIDE SNP (Fully Integrated Dual Eligible SNP)

Chronic Condition Special Needs Plan (C-SNP)

Special needs individuals with specific severe or disabling chronic conditions, such as:

- Diabetes Mellitus
- Chronic Heart Failure Cardiac arrhythmias
- Coronary artery disease
- Peripheral vascular disease
- Valvular heart disease

Institutional Special Needs Plan (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.

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MOC.1

Who is Dual Eligible?

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:

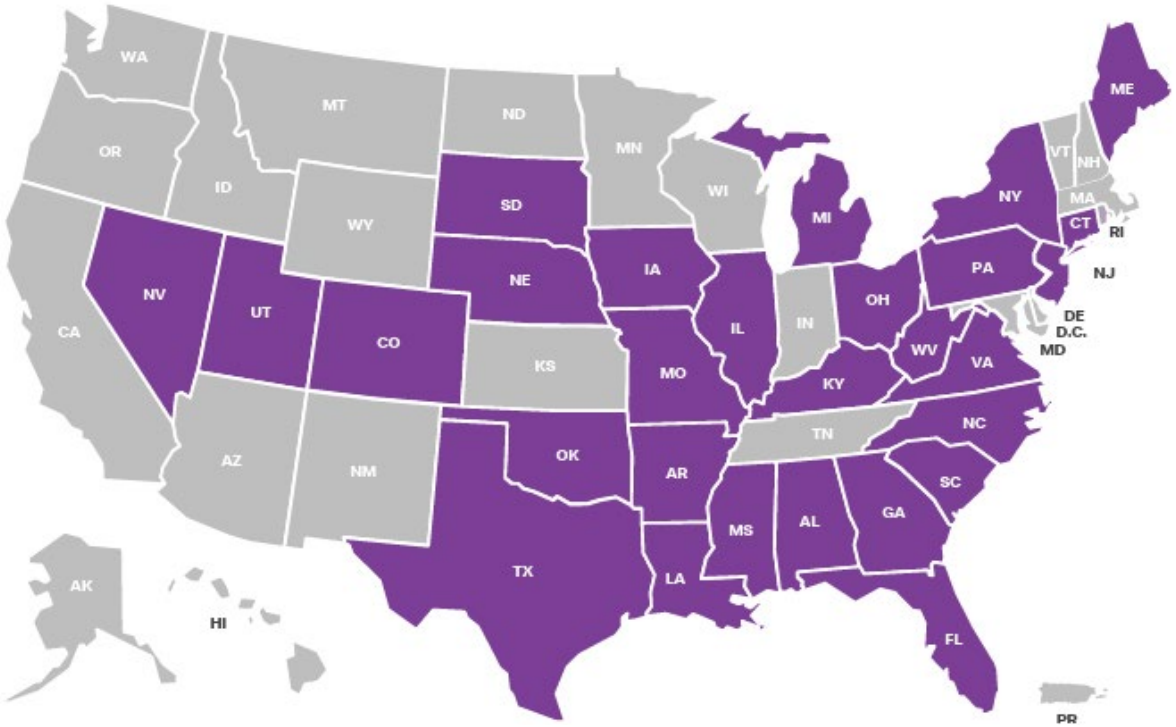
- ✓ Meet income and asset requirements
- ✓ Member of an eligible group:
  - Adults with disabilities
  - Older adults
  - Children and families
  - People who are pregnant
  - Other

State plan medical assistance

Medicare premium or cost sharing assistance

MOC. 1

2026 Aetna D-SNP Footprint



2026 D-SNP State

No D-SNP

28 States

2026 footprint expected to cover 7.4 M Dual Eligibles

- Expansion into the full state of Illinois

Aetna D-SNP Types
From the least to most integrated in the Medicare and Medicaid benefits and services provided:

Coordination-Only (CO D-SNP)
24 States

Highly Integrated D-SNP (HIDE-SNP)
3 States: FL, KY, MI

Fully Integrated D-SNP (FIDE SNP)
3 States: IL, NJ, VA

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Aetna Chronic Conditions
(C-SNPs)

MOC.1

C-SNP

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**
- **Cardiac arrhythmias**
- **Coronary artery disease**
- **Peripheral vascular disease**
- **Valvular heart disease**

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MOC.1

2026 Aetna C-SNP Footprint

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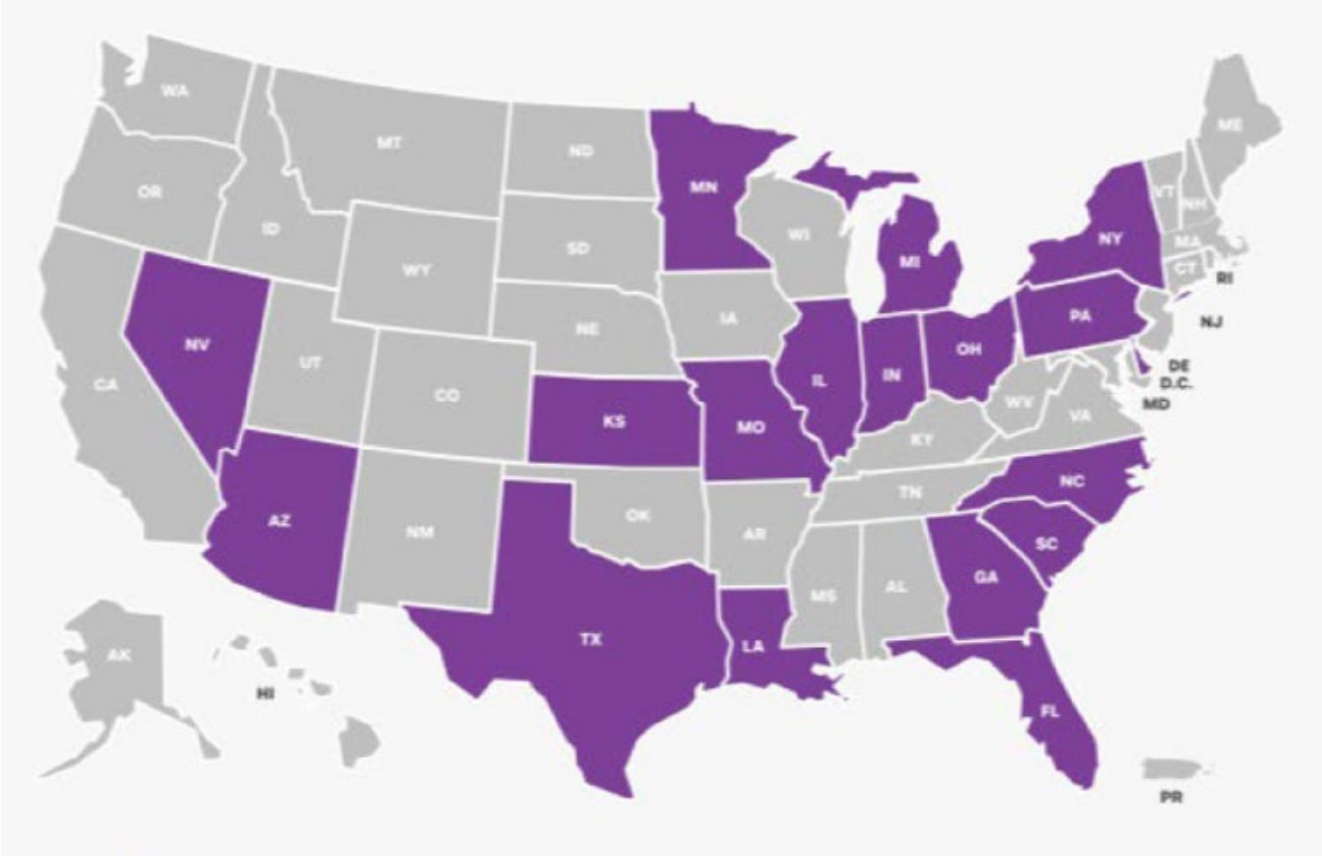

2026 C-SNP State

No C-SNP

18 States

2026 footprint expected to cover 19.4 million eligibles

Chronic Condition Special Needs Plan (C-SNP) is for people with chronic conditions:

- **Diabetes**
- **Chronic Heart Failure**
- **Valvular Heart Disease**

2025 Product Introduction in 2 states **– IL & PA-offered in 3 submarkets, Chicago, Pittsburgh & Philadelphia**

2026 Product Expansion

- **Renewed C-SNP in 2 states - IL & PA**
- **Launched new C-SNPs in 16 states**

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Aetna Institutional Special Needs Plans

(I-SNPs)

I-SNP Population

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

Members must be

- Enrolled in Medicare Part A (Hospital)
- Enrolled in Medicare Part B (Medical)
- Living in the Plan service area

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

I-SNP Models of Care (MOC) must describe

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

Aetna's I-SNPs are in

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

I-SNP providers: any specific population-related license and competency (e.g., geriatric training) will be verified.
Source (last accessed Apr 2026): https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans/institutional

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MOC.1

2026 Aetna I-SNP Footprint

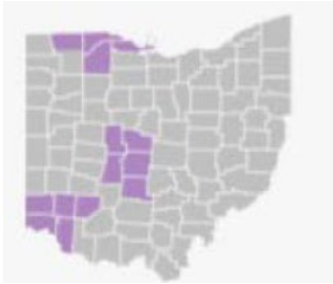
Longevity Health (LH) supports our Facility-based I-SNPs in 4 states:

Pennsylvania (PA)

Aetna Medicare Longevity (HMO I-SNP)

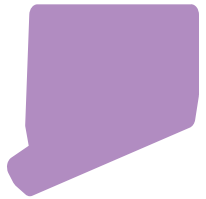
New York (NY)

Aetna Medicare Longevity (PPO I-SNP)



Ohio (OH) – 14 Counties

Aetna Medicare Longevity (HMO I-SNP)



Connecticut (CT)

Aetna Medicare Longevity (HMO I-SNP)

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MOC 2

Care Coordination

CMS Special Needs Plans (SNP) — administered by NCQA

1 SNP Staff
SNP staff structure, roles, and training defined

2 Health Risk Assessment (HRA)
HRA tool description and plan for analyzing results

3 Visit Face-to-Face (F2F)
F2F encounter offered to each beneficiary

4 Individualized Care Plan (ICP or IPOC)
ICP development process, beneficiary goals, and health preferences

5 Interdisciplinary Care Team (ICT)
ICT composition, member selection, and health care outcomes evaluation

6 Care Transition
Transition of Care (TOC) practices

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MOC.2

Face-to-Face (F2F) Encounter

Provide a F2F visit:

- ✓ "On at least an **annual** basis,
  - beginning within the first **12 months of enrollment**, as feasible
- ✓ And with the **enrollee's consent**

For face-to-face encounters for the:

- **delivery of health care** or **care management** or **care coordination services**, and
- be between each **enrollee** and a:
  - **member** of the enrollee's **interdisciplinary team**, or
  - the **plan's case management** and **coordination staff**, or
  - **contracted plan healthcare providers**.

A face-to-face encounter must be either:

- ✓ **in person**
- ✓ through a **visual, real-time, interactive telehealth** encounter."

CMS Source: eCFR, Title 42, Chapter IV, Subchapter B, Part 422, Subpart C, § 422.101 (Special Needs Plan Model of Care). Last accessed Aug. 2025.

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MOC 3

SNP Provider Network

CMS Special Needs Plans (SNP) — administered by NCQA

Network

Specialized expertise available to SNP beneficiaries, and how the health plan evaluates competency of the network

Practice Guidelines & Protocols

Use of clinical practice guidelines and care transition protocols by providers

Provider Training

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

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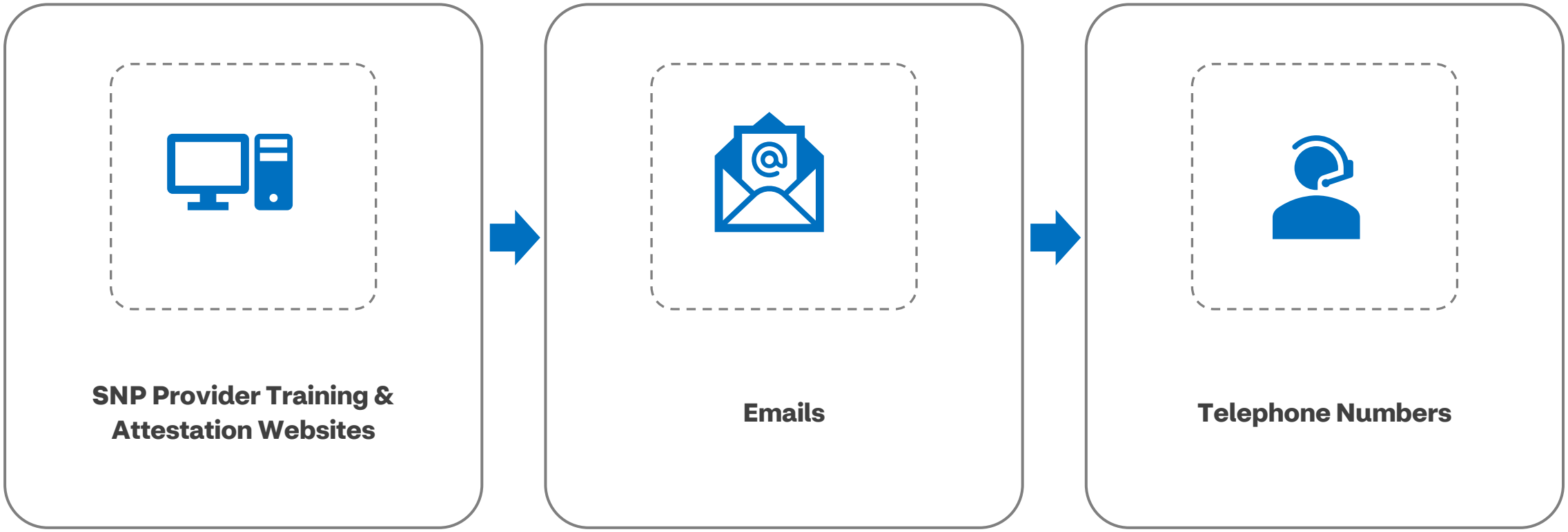
MOC.3

Provider Resources and Contacts



Questions about SNP MOC Provider Training Attestation?
-Check our Frequently Asked Questions (FAQs) (PDF)

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Quality Measurement & Performance Improvement

CMS Special Needs Plans (SNP) — oversight by NCQA

MOC QPI Plan

MOC Quality Performance Improvement (QPI) Plan: process to collect and analyze data

Measurable Goals

Measurable overall MOC goals and health outcome goals

Patient Experience

Measure SNP patient care experience survey, sample size, and analyze integrated results

Quality Performance

Disseminate MOC quality performance results to stakeholders, regulatory agencies, and the general public

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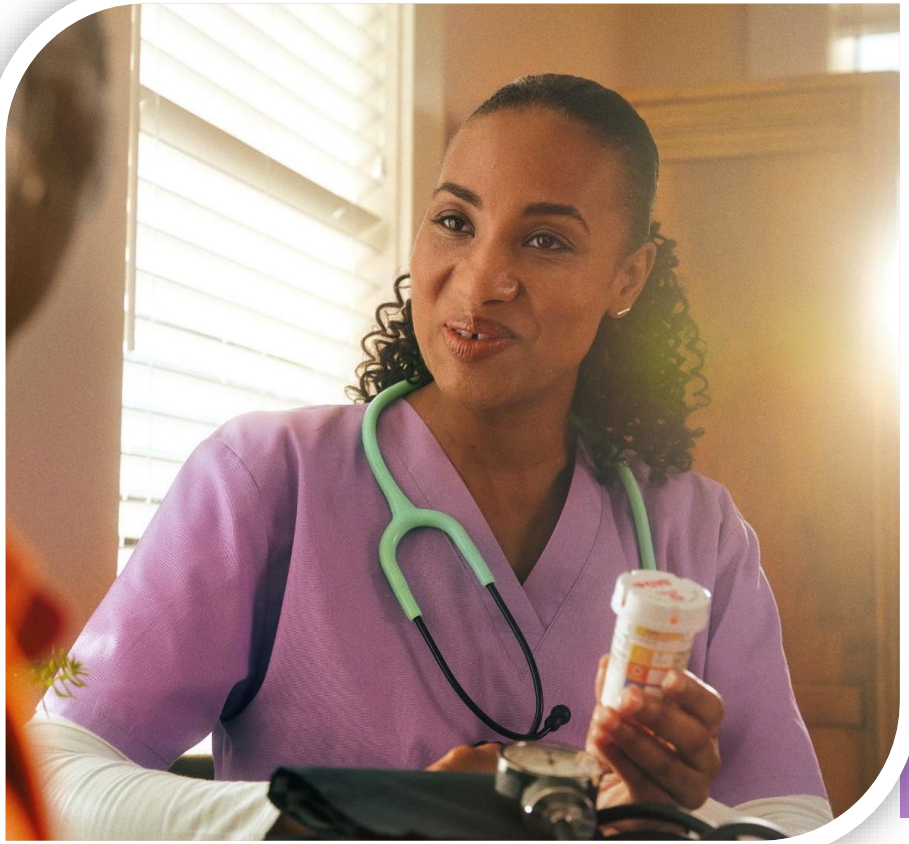
MOC Provider Training and Attestation

CMS Special Needs Plans (SNP) — administered by NCQA



Evidence of Training Completion

Documented evidence of completed MOC training is required

Provider Link

All providers (non-delegated) participating in SNP Plans

Delegate Link

All delegated provider entities participating in SNP Plans

Questions about SNP MOC Provider Training Attestation? Check our Frequently Asked Questions (FAQs).

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Thank You!

Your compassion, expertise, and unwavering support help improve the lives of our SNP members every day. Together we make a meaningful difference in their health and well-being.