

## Spotlight: Care Coordination and the Model of Care

Care coordination is a vital component of programs that successfully integrate Medicare and Medicaid for dually eligible populations. These individuals often need help managing chronic physical and mental health conditions and health-related social needs, while navigating overlapping (and in some cases, conflicting) Medicare and Medicaid benefits.

All Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) cover Medicare services and must at least coordinate Medicaid benefits for their enrollees. The Centers for Medicare & Medicaid Services (CMS) also requires all D-SNPs to have a Model of Care (MOC) that is approved by the National Committee for Quality Assurance (NCQA).

The MOC describes how the D-SNP will meet the needs of the population(s) the plan enrolls and acts as a foundation for promoting quality improvement, care management, and care coordination processes within the D-SNP.

States can add requirements to their State Medicaid Agency Contracts (SMACs) with D-SNPs to enhance care coordination by, for example, telling D-SNPs that they must comply with state-specific care coordination requirements or incorporate state-specific information into the D-SNPs' MOCs.

ICRC has developed several resources to help states better understand D-SNP care coordination processes and the MOC.

### ICRC Resources

- For an overview of federal D-SNP care coordination and MOC requirements and a description of state options for incorporating care coordination requirements into SMACs, see ICRC's webinar: [Leveraging D-SNP Models of Care to Enhance Enrollee Care Coordination](#).
- To see examples of the types of care coordination requirements that states may add to their SMACs, refer to ICRC's technical assistance tool: [Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans \(D-SNPs\): Optional Language Applicable to All D-SNPs](#).
- For more information about the benefits to states of requiring D-SNPs to develop a MOC that describes not just how Medicare services will be provided, but also how the D-SNP will provide and/or coordinate Medicaid benefits, see ICRC's tip sheet: [Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Integrating Medicaid Managed Long-Term Services and Supports into D-SNP Models of Care](#).

#### 2024 Spotlight Series

In 2024, ICRC will send Spotlight e-alerts highlighting resources on select topics from the [Integrated Care Resource Center website](#). These Spotlights and all other ICRC e-alerts are archived on the website. [Sign up for ICRC e-alerts](#).

- To explore the requirements for Coordination-only D-SNPs to share information about hospital and skilled nursing facility admissions for designated groups of high-risk enrollees and how that information can support improved coordination, see ICRC's collection of [Resources on Information-Sharing Requirements for D-SNPs](#).

## CMS and NCQA Resources

- For more information on the MOC approval process, including the MOC module in the Health Plan Management System (HPMS), see CMS' website: [Model of Care \(MOC\)](#).
- For more background on the MOC, including key dates for NCQA's MOC review, scoring guidelines, trainings, and information on accessing MOC technical assistance, see NCQA's website: [What is a Model of Care?](#)

## Next Steps

States that are interested in adding care coordination requirements to their SMACs or learning how to influence D-SNP MOCs can contact ICRC at [ICRC@chcs.org](mailto:ICRC@chcs.org).

### ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).

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