

# Medicare Advantage (MA) Special Needs Program (SNP) Health Plans: *Face-to-Face Encounters*

## OVERVIEW

### CMS Requirements for MA SNP health plans: *Face-to-face encounters*

The Centers for Medicare & Medicaid Services (CMS) requires health plan providers to conduct annual face-to-face encounters with enrollees of Special Needs Plans (C-SNP, D-SNP, 1-SNP). The purpose of the encounters is to deliver healthcare, care management or care coordination services. Delegates and vendors who manage SNP members must conduct the face-to-face encounters and provide corresponding documentation to meet the CMS requirement, per the **Code of Federal Regulations 2CFR422.101(f)(iv)**.

To comply with CMS requirements, delegates and vendors for Medicare Advantage organizations must do the following for each enrollee, beginning within the first 12 months of enrollment.

Conduct annual face-to-face encounters with the enrollee and one of the following:

- A member of the interdisciplinary team
- A member of the plan's case management and coordination staff
- A contracted plan health care provider

Conduct the encounter in one of the following methods:

- In person
- In a visual, real-time interactive telehealth encounter

This mandatory course will provide you with additional details on the **requirements for face-to-face encounters**.

## QUALIFYING FACE-TO-FACE ENCOUNTERS

# Face-to-Face Encounters

### Who Can Conduct Face-to-Face Encounters with the Enrollee?

- Member of the interdisciplinary care team (ICT)
- Case management or care combination staff
- Contracted health plan provider
- Primary care physician
- Specialist related to the enrollee's chronic condition
- Behavioral healthcare provider
- Health educator
- Social worker
- Managed long-term services and supports (MLTSS) care provider in one of the following roles:
  - A member of the ICT
  - Part of the plan's care coordination staff
  - A contracted healthplan provider

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### What Qualifies as Face-to-Face?

- In person
- Through a visual, real-time, interactive telehealth encounter

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### What Type of Encounters Qualify?

- Engaging with the enrollee to oversee their healthcare
- Annual wellness visit or physical
- Health-risk assessment (HRA) completed in-person or via virtual telehealth
- Care plan review or care coordination activities
- Health-related education
- Encounters may also address behavioral health, social determinants of health (SDOH), gaps in care or overall health, including functional status
- Coordination of appropriate referrals to community services and other home-based services determined to be needed
- Scheduling of follow up appointments with providers as indicated

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### These Types of Encounters Do Not Qualify as Face-to-Face:

- Telephonic
- Other audio only encounters

## QUALIFYING FACE-TO-FACE ENCOUNTERS

# Time Frames

The face-to-face encounter must occur within the first 12 months of enrollment with the plan and at least annually thereafter.

- For example, a beneficiary who enrolls into the plan on Oct. 1 will need a qualifying encounter by Sept. 30 of the following year.

Delegates and vendors should use the date of the most recent annual face-to-face visit as the date from which to measure when another annual face-to-face visit is due.

### SNP enrollment date prior to January 1, 2023:

- The first face-to-face encounter must be completed by or before Dec. 31, 2023
- The first face-to-face encounter will be the anchor date for the next annual face-to-face encounter due date

### SNP enrollment date of January 1, 2023, or after:

- The first face-to-face encounter must be completed within the first 12 months of enrollment and annually thereafter
- The date of the most recent annual face-to-face visit is the anchor date for the next annual face-to-face encounter due date

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### If a Face-to-Face Encounter Cannot Be Completed:

CMS included an “as feasible” standard within the regulation to allow for compliance even if the member cannot be engaged as long as the SNP has made reasonable, documented efforts.

You must make a reasonable effort to comply with CMS requirements. Per guidelines shown in the documentation section of this course, you must make 3 outreach attempts to schedule a face-to-face encounter. If an annual encounter cannot be performed, you must indicate the reason in the documentation, such as:

- The enrollee does not consent
- The enrollee does not respond to outreach attempts
- The state of the enrollee’s health does not allow them to participate
  - e.g., they are currently hospitalized in an out-of-network facility

**Note:** You must provide reasonable accommodation for a face-to-face encounter, such as arranging interpreter services. Failure to do so does not qualify as a reason for encounter noncompliance.

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## Member Scenarios for Scheduling New Face to-Face Encounters with Enrollee:

The following actions by the enrollee require a new face-to-face encounter, with a reset anchor date for the next annual encounter:

- Movement to another SNP H-contract number
- Movement to another SNP type
- Change to the enrollee's plan benefit package (PBP or plan ID), with the same H-contract number but a different model of care
- Disenrollment from the current SNP with reenrollment into new plan
- Break in coverage

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## Delegate's and Vendor's Procedural Policy

You must include the following processes in your procedural policy, per guidelines

- The operational process must support and document:
  - **Outreach attempts.** You must make 3 attempts on different days and at different times to schedule a face-to-face encounter with the enrollee.
  - **Completed face-to-face encounters.** Provide details on each encounter, including:
    - Date of encounter
    - If the encounter occurred in person or by telehealth
    - What occurred during the encounter, such as:
      - An assessment was completed
      - A care plan was reviewed
      - A referral was made
  - **Declined face-to-face encounters.** Provide details if the member, caregiver or power of attorney declined the face-to face encounter, including:
    - Date of the decline
    - Reason for the decline
- The internal quality assurance (QA) monitoring process must:
  - Indicate how to monitor for annual face-to-face encounter compliance tracking
  - Identify process for following up with annual face-to-face due dates that are approaching the time limit
- Reporting process to show evidence of tracking as part of the internal QA

## DOCUMENTATION

# Monthly SNP Report

Please complete the SNP Face-to-Face Report every month and send it to your CDOC (delegates) or SNP senior clinical quality consultant (vendors). You may use your own reporting template, but it must contain all the required information.

- The report is due on the 15th of the following month
- If the 15th falls on a weekend or holiday, the report is due on the next business day
- The first report for this new rule is due on Feb. 15, 2023, with details of the face-to-face encounters in January 2023
- Delegates and vendors may request the SNP Face-to-Face Report template from your CDOC or SNP senior clinical quality consultant

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## RESOURCES

# We're Here to Help

Please contact your assigned CDOC, delegation clinical program consultant or SNP senior clinical quality consultant if you have questions about the requirements for face-to-face encounters. Thank you for the care you provide to our members.

### Online Resource

- [Code of Federal Regulations 42CFR422.101\(f\)\(iv\)](#)

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# Thank You

Congratulations! You can click the [\*\*ADP attestation box\*\*](#) and hit send to complete your training attestation.