

TotalCareSM
HMO D-SNP



TotalCare (HMO D-SNP) 2027 Model of Care Provider Training

October 2026

TRAINING OUTLINE

LEARNING OBJECTIVES:

1. Learn key terms
2. Introduce the Model of Care (MOC) and its importance for a D-SNP health plan, like TotalCare
3. Present the MOC and its elements
4. Describe how MOC impacts Providers
5. Sign attestation of training completion

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Key terms

What is Medicare?

Medicare is health insurance for :

- People aged 65 or older;
- Certain people under 65 with disabilities and entitled to Social Security disability or Railroad Retirement Board (RRB) benefits for 24 months (24 month waiting period is waived for people with ALS);
- People of any age with End Stage Renal Disease (ESRD)



As of August 2026, the Medicare Program had 70.3 million enrollees.

- 48.8% enrolled in Original Medicare.
- 90.6% of enrollees were aged 65 or older.

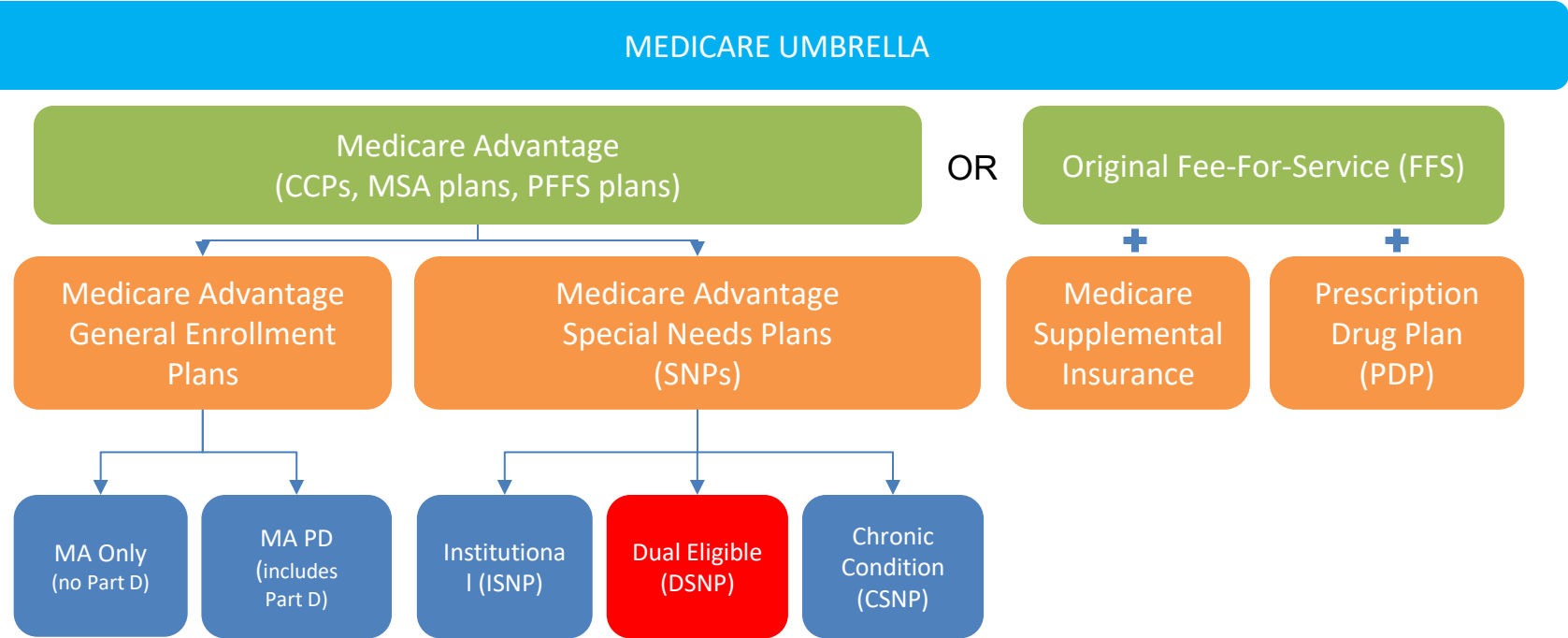
What is Original Medicare?

- Original Medicare, or Fee-for-Service (FFS) Medicare, is **administered by the Federal government** and covers two main areas:
 - Part A: Hospital Services
 - Part B: Outpatient Medical Services
- With Original Medicare, **members manage their own care and go to any Medicare FFS doctor**. The Federal government pays enrolled Medicare providers directly for covered benefits.
- With Original Medicare, members have **open network of providers and hospitals**.
 - Members can go to any doctor or hospital that takes Medicare, anywhere in the USA.
 - Generally, **members do not need a referral to see a specialist or an authorization to cover services**.

What is Medicare Advantage?

- Medicare Advantage is an **alternative to Original Medicare**, often called Medicare Part C.
- It is a Medicare product **offered by a private health care company**.
 - This product must be approved by the Federal Centers for Medicare and Medicaid Services (CMS) agency.
 - The health plan must maintain an active contract with the Federal CMS agency for this product.
- Members use providers **in the health plan network** to access covered services.
 - In many cases, **Members must get a referral or authorization to see specialists or get certain drugs**.

There are many types of Medicare Advantage Plans.



TotalCare D-SNP

TotalCare is an **Exclusively Aligned Enrollment (EAE) D-SNP** for members who qualify as dual-eligible, meaning they have both Medicare and Medi-Cal through the Alliance.

The D-SNP is **responsible for the coordination and access of ALL benefits and services** covered by both Medicare (Federal plan) and Medicaid (State plan) as well as any additional supplemental benefits/services offered by the plan that are specific to those enrolled in the D-SNP.



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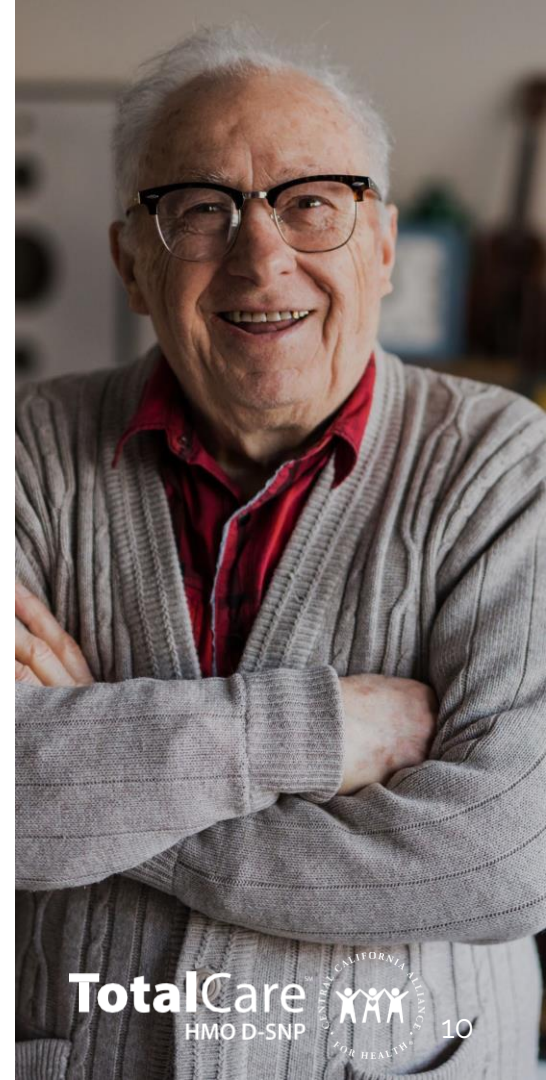


The Model of Care (MOC) and its importance to D-SNP Health Plan

WHAT IS THE MODEL OF CARE (MOC)?



The MOC is TotalCare's contracted agreement with the Federal CMS Agency and the California State Department of Health Care Services (DHCS) that **outlines the process for providing members with comprehensive care coordination.**



The MOC is a **health plan's blueprint** for providing members with comprehensive care coordination.

- The MOC is:
 - A **vital quality improvement tool** and integral to ensuring the unique needs of each D-SNP member are identified and addressed.
 - A **requirement**. Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage SNPs to have a MOC.
 - A **roadmap** for promoting quality health care, encompassing the plans care management policy and procedures, and operational systems.
 - An **agreement** to identify and address the needs of its unique member population.
- The MOC **reinforces TotalCare's mission** of assisting members receive the right health care, in the right setting, at the right time.

WHY IS THE MODEL OF CARE (MOC) IMPORTANT?

The MOC assists the plan in delivering effective care and coordination to its members to improve:

Quality

Accessibility

Affordability

Integrated care
across
specialties +
settings

Seamless
transitions of
care

Use of
preventive
health services

Appropriate
utilization + cost
effectiveness

Member health
status



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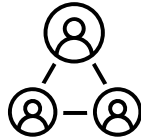


MOC Elements

There are four components of the MOC.



MOC 1:
Target
Population



MOC 2: Care
Coordination



MOC 3:
Provider
Network



MOC 4: Quality
Measurement

Each component outlines requirements for our health plan to meet when implementing the MOC.

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MOC 1: Description of the Overall Population

Description of TotalCare's D-SNP Members

Individuals who are eligible for a D-SNP health plan like TotalCare may have complex healthcare needs.

For CY2027, TotalCare analyzed data from enrolled members and county- and state-level health data to understand the demographics of the population.

Some findings include:

- Average age of all dual eligibles population is 70 and has more females (55.9%) than males.
- English is predominant language spoken, followed by Spanish.
- Most common primary conditions for in service area include hypertension, hyperlipidemia, diabetes, and rheumatoid arthritis.



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MOC 2: Care Coordination

CARE COORDINATION OVERVIEW



Care Coordination is the process by which the plan coordinates the healthcare needs as well as preferences of the member and shares this information with the member's Interdisciplinary Care Team (ICT).

Each D-SNP member will be assigned to a TotalCare Care Manager who will assist in the monitoring and management of a member's care coordination needs.

MOC outlines the following key care coordination activities:

Health Risk Assessment

- Care coordination starts for each member with the **Health Risk Assessment** (HRA) and **Risk stratification** of members (High-Complex/Moderate/Low)



Face-to-Face Encounter

- Ensuring at least one **Face-to-Face encounter** takes place within 12 months of enrollment and annually thereafter



Individualized Care Plan (ICP)

- Development of an **Individualized Care Plan** (ICP) and update at least annually thereafter



Interdisciplinary Care Team (ICT)

- Establishing an **Interdisciplinary Care Team** (ICT), participating in an ICT meeting, and communicating updates through the ICT



Care Transition Protocols

- Implementing support protocols through each **Transition of Care** (TOC) and **Continuity of Care** (COC) event



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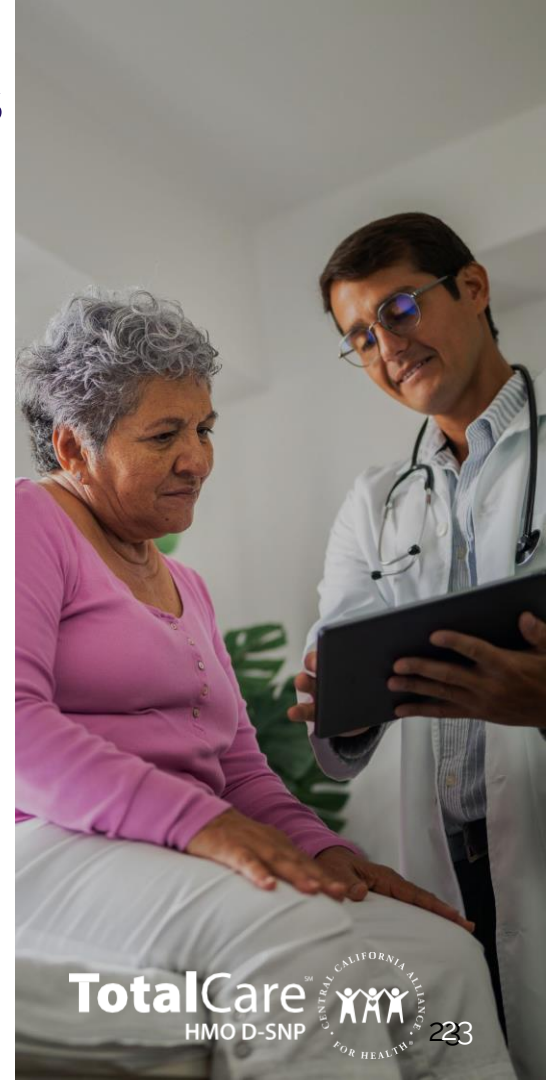
MOC 3: Provider Network

Specialized expertise with Network Providers

TotalCare develops a provider network that addresses the unique needs of its D-SNP membership.

Provider activities include:

- Assist in the development and implementation of the ICP.
- Review HRA results to support development of ICP.
- Collaborate with a member's ICT for medical and care decisions.
- Communicate and participate with the Care Manager, ICT participants, members and/or caregivers.
- Coordinate care provided by Face-to-Face encounters.
- Assist with the care transitions of a member to ensure proper care and services are provided.



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MOC 4: Quality Measurement and Performance Improvement

Quality Performance Improvement Plan

TotalCare administers a **data-driven Quality Performance Improvement Plan** designed to collect, analyze, monitor, and report data that measures health outcomes and quality indices **specific to the D-SNP population**.

- Goals are evaluated on annual basis and studied to support continuous improvements.
- The Alliance Board of Commissioners is the governing body of the Alliance and has accountability and oversight of the MOC performance.

Focus areas for performance improvement:

- Improving access to care
- Improving care coordination
- Improving member satisfaction
- Improving provider satisfaction and engagement
- Improving program effectiveness



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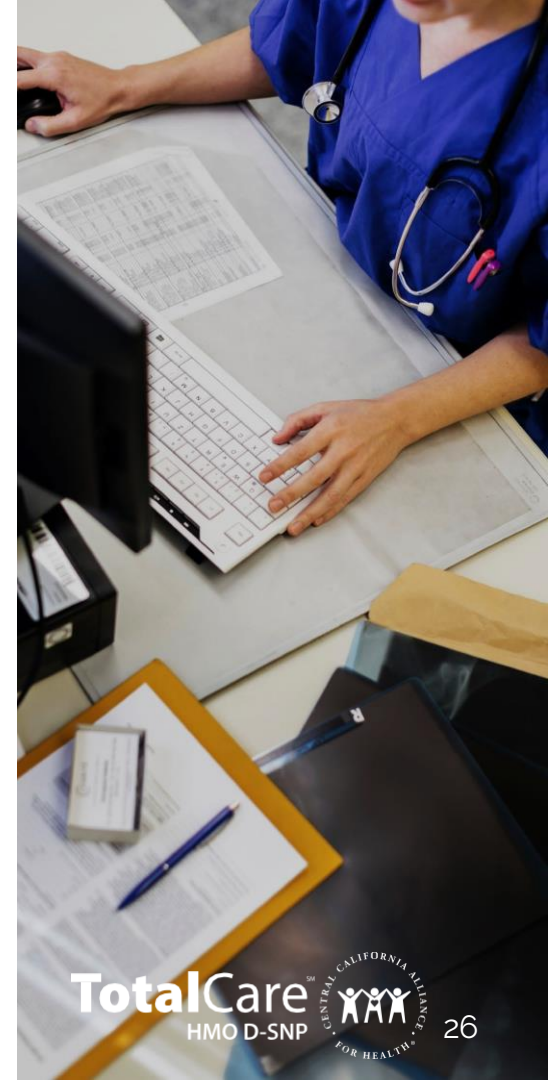


MOC Impact to Providers

MOC training is a requirement for Providers.

The Centers for Medicare & Medicaid Services (CMS) requires **all contracted Providers (in or out of network)** to complete the MOC training.

- Provider staff may include care coordination staff, admin staff or other clinical or support staff.
- Training is completed upon onboarding and annually thereafter.
- TotalCare maintains training attestation records as evidence that they have completed MOC training.
- Training for Providers is available via the Alliance website.



Providers are encouraged to participate in care coordination.



Individualized Care Plan (ICP): Each D-SNP member will have an ICP that will require input from their Primary Care or Treating Provider. The ICP will be developed by the member's assigned Care Manager (CM) and shared with the member's care coordination team for assistance with implementation and needed revisions.

Interdisciplinary Care Team (ICT): The Provider is a primary participant in the member's care coordination and through the ICT process, will be engaged to assist in the identification and coordination of any needed care and/or services.

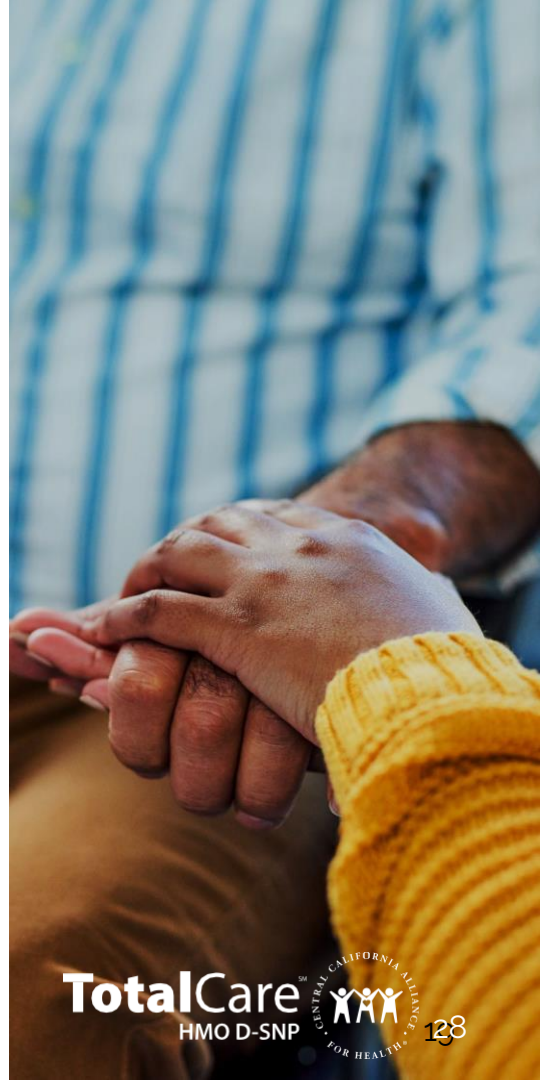


Additional ways providers can participate in care coordination.



Care Transitions: When a member experiences a care transition, TotalCare is responsible for ensuring the coordination of needed care/services through the care management process. This includes the engagement of the Primary Care or Treating Provider to ensure proper coordination of care and services, regardless of the setting.

Face-to-Face Encounter: It is required by CMS that a face-to-face encounter be completed upon a member's initial enrollment to the D-SNP and then annually thereafter. The encounter must be in real-time in-person OR during a virtual video conference that is focused on the coordination of care for that member.



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Attestation

ATTESTATION FORM

All fields marked with * are required and must be filled.

Name *

First Name Last Name

Active/Current Provider NPI

e.g., 23
(For Providers)

Provider Specialty Type

(For Providers)

Office Phone Number

(000) 000-0000
Please enter a valid phone number.

Email *

example@example.com

Attestation *

☐ I attest that the required Model of Care Training has been completed in full.

Visit thealliance.health/tc-moc-attest to fill out the attestation.

Questions?

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