



# Blue Cross Medicare Advantage Dual Care Plus (HMO SNP)<sup>SM</sup>

1001 E. Lookout Drive  
Richardson, Texas 75082

## Blue Cross Medicare Advantage Dual Care Plus<sup>SM</sup> 2022 Program Summary

The Blue Cross Medicare Advantage Dual Care Plus program started Jan. 1, 2020. The Special Needs Plan (SNP) continued in its form for three years. The program serves older adults and people with disabilities.

### Benefits to being in the SNP program include:

- Having the member's care coordinated between Medicare and Medicaid covered benefits.
- Having a care manager assigned to coordinate benefits and services.
- Assigning care teams to make individual care plans to support member needs.

### Requirements of the Plan include:

1. An Initial Health Risk Assessment (HRA) within 90 days of SNP enrollment. The HRA includes assessment of medical, social, functional, and behavioral health needs.
2. Another Health Risk Assessment is completed within a year of the Initial (or most recent) HRA. This helps us keep up to date with the member's progress.
3. An Interdisciplinary Care Team (ICT) is created for the member. This team is made up of the Primary Care Provider (PCP), other medical staff, and those who offer services for the member's care. An ICT meeting takes place within a year of the member's SNP enrollment.
4. An Interdisciplinary Care Team meeting occurs once a year or when there is a change in condition.
5. Primary Care Providers who service SNP members are trained once a year about the program requirements and benefits.

**Results** of the SNP program last year:

We hold ourselves to high standards. Every year we measure how well we are meeting program requirements. We also measure our progress in helping members stay healthy. Here are our 2022 results:

THINGS WE ARE MEASURING	OUR GOAL	2022 RESULTS
<b>PROGRAM REQUIREMENTS</b>		
How many members had their Initial Health Risk Assessment (HRA) completed within 90 days of enrollment (result includes members who refused or were unable to be reached)	100%	11.11%
How many members had a repeat Health Risk Assessment within a year of the first one	100%	100%
How many members had their Interdisciplinary Care Team (ICT) Meeting completed within 365 days of enrollment	100%	100%
How many members had an Interdisciplinary Care Team Meeting completed yearly after the initial ICT meeting	100%	100%
How many primary care providers completed their yearly training about this program's details	90%	5%
<b>MEDICAL OUTCOMES</b>		
Hospitalizations per 1000 members per year	260.6 or less	Acute Hospital 278
Observed/expected ratio of members readmitted to the hospital within 30 days (goal is number listed or lower)	Under age 65: 0.75 Age 65 & over: 0.71	Under age 65: 0.0 Age 65 & over: 0.0
Percentage of members with medication reconciliation after hospital discharge	60%	25%
Percentage of members who continue taking their oral diabetes medications	85%	100%
Percentage of members who continue taking their blood pressure medications (ACE/ARBs)	85%	67%
Percentage of members who continue taking their statin medications	85%	75%
Percentage of members who continue taking their anti-depressant medication	56%	Not Applicable (N/A)
Percentage of members with BP controlled	74%	80%
Percentage of members surveyed who responded to having an annual flu vaccine*	75%	67%
Percentage of members 66 years and older who had the following services by their providers:		
Functional assessments	90%	100%
Pain assessment	90%	75%
Medication review	90%	100%
<b>PATIENT EXPERIENCE*</b>		<b>Top 3 Box Score</b>
Member satisfaction with their providers	85%	100%
Member satisfaction with their care coordination	85%	100%
Member satisfaction with their health care quality	85%	100%
Member satisfaction with overall plan	85%	100%

Members were very satisfied with the quality of their care, their providers, their care coordinators and the SNP plan itself. Members completed their Interdisciplinary Care Team Meetings successfully. We continue to work with members to improve measured health outcomes and help with management of conditions, taking medications and preventing unnecessary admissions to the hospital. Many of these measures are tracked in the provider's record of care and action plans may be developed to address these items.

The 2022 results available are based on a membership of 30. Some measures had few members qualifying to be included in the measurement. If a measure did not have at least one member qualifying to be included, the results were marked as not applicable (N/A).

\*From a mail survey conducted October-November 2022. Overall response rate was 23%. Respondents were asked to rate on a scale of 1 to 5; 1=Strongly Disagree and 5=Strongly Agree and to self-report if the flu vaccine was obtained.

HMO Special Needs Plan provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in HISC's plan depends on contract renewal.