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Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) 2021 Program Summary

The Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) program started January 1, 2020. The Special Needs Plan (SNP) will continue in its current form for a three-year period. The program serves older adults and people with disabilities.

Benefits to being in the SNP program include:

- The member's care is coordinated between Medicare and Medicaid covered benefits.
- A care manager is assigned to coordinate benefits and services.
- Individual care plans and care teams are there 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 HRA 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 we are doing with meeting the requirements of the program. We also measure our progress in helping members stay healthy. Here are our 2021 results:

Things We Are Measuring	Our Goal	2021 Results
PROGRAM REQUIREMENTS		
How many people had their Initial Health Risk Assessment (HRA) completed within 90 days of enrollment	90% or more	100%
How many people had a repeat Health Risk Assessment within a year of the first one	90% or more	100%
How many people had their Interdisciplinary Care Team (ICT) Meeting completed within 365 days of enrollment	80% or more	100%
How many people had an Interdisciplinary Care Team Meeting completed yearly after the initial ICT meeting	80% or more	100%
How many primary care providers completed their yearly training about this program's details	90%	50%
MEDICAL OUTCOMES		
Hospitalizations per 1000 members per year	260.6 or less	Acute Hospital 878
Observed/Expected ratio of people readmitted to the hospital within 30 days	Under age 65: 0.75 Age 65 & over: 0.71	N/A*
Percentage of members with medication reconciliation after hospital discharge	49.65%	N/A*
Percentage of members who continue taking their oral diabetes medications	85%	N/A*
Percentage of members who continue taking their blood pressure medications (ACE/ARBs)	85%	100%
Percentage of members who continue taking their statin medications	85%	100%
Percentage of members who continue taking their anti-depressant medication	56%	N/A*
Percentage of members with BP controlled	69.55%	N/A*
Percentage of members surveyed who responded to having an annual flu vaccine	75%	N/A*
Percentage of members 66 years and older who had the following services by their providers:		
Functional assessments	74%	N/A*
Pain assessment	90%	N/A*
Medication review	88%	N/A*
Member Experience: Satisfaction Survey (Providers, Care Coordination, Health Care Quality and Overall Plan)	85%	N/A*

Members completed their initial Health Risk Assessments and Interdisciplinary Care Team Meetings successfully. We continue to work together 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 have been developed to address these items.

*The results available from 2021 are limited. Some measures did not have any members qualifying to be included in the measurement. Not all Medical Outcome Measures were resulted or reportable; therefore, certain measurements were not able to be provided. A Member Survey was not completed related to low membership.

Medicaid Plan Notice:

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association Such services are funded in part with the State of Texas.

Medicare Advantage Notice:

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.