1001 E. Lookout Drive Richardson, Texas 75082

Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) 2023 Program Summary

The Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) 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.

Quality and Performance Improvement Measures include:

- 1. An Initial Health Risk Assessment (HRA) is completed 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 every year.
- 4. An Individualized Care Plan (ICP) is completed for each member in the SNP every year.

Results of the SNP program last year:

We hold ourselves to high standards. Every year we measure how we are doing with meeting the goals of the program. We also measure our progress in helping members stay healthy. Here are our 2023 results:

Things We Are Measuring	Our Goal	2023 Results
PROGRAM MEASURES		
How many members had their Initial Health Risk Assessment (HRA) completed within 90 days of enrollment (result includes all members even those who refused or were unable to be reached)	100%	18%
How many members had a repeat Health Risk Assessment within a year of the first one	100%	5%
How many members had their Interdisciplinary Care Team (ICT) Meeting completed yearly	100%	93%
How many members had an Individualized Care Plan (ICP) completed/updated yearly	100%	45%
MEDICAL OUTCOMES		
Observed/Expected ratio of members readmitted to the hospital within 30 days (members less than age 65)	<1.08 (or lower)	0.0
Percent of members who had a provider visit within 30 days of a hospital discharge	73%	83%
Percent of members with medication reconciliation on the day of discharge or within 30 days after hospital discharge	46%	67%
Percent of members who had a follow-up visit with a mental health provider within 30 days of a mental health hospital discharge	26%	N/A (no members in measure)
Percent of members who continue taking their oral diabetes medications	84%	85%
Percent of members who continue taking their blood pressure medications (ACE/ARBs)	83%	77%
Percent of members who continue taking their statin medications	79%	80%
Percent of members who continue taking their anti-depressant medication	62%	50%
Percent of members with BP controlled	53%	62%
Percent of members surveyed who responded to having an annual flu vaccine*	73%	75%

Percent of members 66 years and older who had the following services:			
Functional assessment	81%	58%	
Pain assessment	89%	90%	
Medication review	86%	100%	
PATIENT EXPERIENCE*	Top 3 Box Score		
Percent of members who are satisfied or very satisfied that they can get appointments and care quickly	75%	100%	

Members were very satisfied that they can get appointments and care quickly. Members completed their 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 may be developed to address these items.

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-December 2023. Overall response rate was 14%. 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.