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Blue Cross Medicare Advantage Dual Care (HMO SNP) 2019 Program Summary

The Blue Cross Medicare Advantage Dual Care (HMO SNP) program started January 1, 2017. It continued in its current form for a three-year period. The program serves older adults and people with disabilities. Members must be Medicare Zero Cost Share Dual Eligible in the counties of Bernalillo, Sandoval, Torrance, or Valencia. Members must also be enrolled in the Special Needs Program (SNP), receiving full Medicaid benefits. In addition, they must be eligible to receive Medicare benefits and choose to be in the SNP program.

Benefits to being in the SNP program include:

- The member's care is coordinated between Medicare and Medicaid covered benefits.
- One care manager is assigned to coordinate all benefits and services.
- Individual care plans and care teams are there to support member needs.

Requirements of the Plan include:

1. The member must complete an Initial Health Risk Assessment (HRA) within 90 days of SNP enrollment. The HRA includes assessment of medical, psychological, functional and mental health needs.
2. An Interdisciplinary Care Team (ICT) must be created for the member. This team is made up of the PCP, other medical staff, and those who offer services for the member's care. The ICT meets at least once a year or when there is a change in condition.
3. The member must complete an Individual Care Plan (ICP) with help from the key member supports. The ICP includes short-term and long-term goals. The ICP must be signed by the member. A copy is provided to the member and the member's primary care provider (PCP).
4. Another HRA must be completed within a year of the Initial (or most recent) HRA. This helps us keep up to date with the member's progress. If we are unable to reach the member after three tries, a letter will be sent with the care coordinator's contact information. Completing an HRA every year allows the member to continue in the program.
5. All providers and staff must be trained once a year about the program requirements and benefits.

Results of the SNP program last year:

At the end of 2019, the SNP program had 664 members, up from 515 the year before, a 29% increase.

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 and making sure your experience is a good one. Here are our 2019 results:

Things We Are Measuring	Our Goal	2019 Results
PROGRAM REQUIREMENTS		
How many people had their Initial Health Risk Assessment (HRA) completed within 90 days of enrollment	90% or more	99%
How many people got a repeat Health Risk Assessment within a year of the first one	90% or more	97%
How many people completed and signed their Integrated Care Plan	80% or more	88%
How many members filed complaints or grievances	3%	7%
How many providers completed their yearly training about this program's details	95%	95%
Office staff trained on SNP	100%	100%
MEDICAL OUTCOMES		
Hospitalizations per 1000 members per year	Less than 295.36	245.5
Percentage of members who had a follow-up visit within 30 days after mental health hospitalization	70%	41.67%
Percentage of people readmitted to the hospital within 30 days	Less than 15%	9.21%
Percentage of members with medication reconciliation after hospital discharge	47% or better	48.21%
Percentage of members who continue taking their oral diabetes medications	90%	88%
Percentage of members who continue taking their blood pressure medications (ACE/ARBs)	90%	81%
Percentage of members who continue taking their statin medications	90%	82%
Percentage of members with diabetes who had their blood sugar controlled (Hgb A1c less than or equal to 9%)	78%	72.02%
Percentage of members over 66 who had the following services by their providers:		
Medication review	81%	85.32%
Functional assessments	72%	72.02%
Pain assessment	84%	88.07%
Advance care planning	75%	57.88%

As seen above, members completed their initial Health Risk Assessments and were able to follow their Individual Care Plans successfully. We continue to work together with members to improve measured health outcomes and help with management of conditions, taking medications, and preventing 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.

This year related to the Novel Coronavirus Disease (COVID-19) outbreak, The Centers for Medicare and Medicaid Services (CMS) had provided guidance which led Blue Cross Medicare Advantage Dual Care to suspend the mail survey usually sent to members in the Spring of the following year (2020). The survey is meant to measure a member's experience and satisfaction with providers, care received and the health plan. In place of this survey, member's satisfaction was assessed by review of grievances from 2019. Dissatisfaction was most often expressed regarding the Customer Service experience. Analysis of the 2019 grievances suggested areas of focus for improvement of member satisfaction. These included addressing issues with the providing of information by Customer Service and the telephonic experience. A plan of action was implemented to address these concerns and to improve the member's Customer Service experience.

Medicaid Plan Notice:

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Such services are funded in part with the State of New Mexico.

Medicare Advantage Notice:

HMO Special Needs Plan provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plan depends on contract renewal.