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## Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) 2020 Program Summary

The Blue Cross Medicare Advantage Dual Care Plus (HMO SNP) program started January 1, 2020. It will continue in its current form for a three-year period. The program serves older adults and people with disabilities. Members must be Dual Eligible in the counties of Bernalillo, Doña Ana, Sandoval, Santa Fe, 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. An Initial Health Risk Assessment (HRA) within 90 days of SNP enrollment. The HRA includes assessment of medical, social, functional and mental 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. If we are unable to reach the member after three tries, a letter will be sent with the care coordinator's contact information.
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:

At the end of 2020, the SNP program had 646 members.

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 2020 results:

Things We Are Measuring	Our Goal	2020 Results
<b>PROGRAM REQUIREMENTS</b>		
How many people had their Initial Health Risk Assessment (HRA) completed within 90 days of enrollment	90% or more	99.8%
How many people got a repeat Health Risk Assessment within a year of the first one	90% or more	N/A 1st year plan
How many people had their Interdisciplinary Care Team (ICT) Meeting completed within 365 days of enrollment	80% or more	95.8%
How many people had an Interdisciplinary Care Team Meeting completed yearly after the initial ICT meeting	80% or more	N/A 1st year plan
How many primary care providers completed their yearly training about this program's details	90%	69%
<b>MEDICAL OUTCOMES</b>		
Hospitalizations per 1000 members per year	260.6 or less	348.0 Total Admits* 285.8 Acute Hospital
Observed/Expected ratio of people readmitted to the hospital within 30 days	Under age 65: 0.75 Over age 65: 0.71	Under age 65: 1.72 Over age 65: 0.32
Percentage of members with medication reconciliation after hospital discharge	49.65%	62.5%
Percentage of members who continue taking their oral diabetes medications	85%	81%
Percentage of members who continue taking their blood pressure medications (ACE/ARBs)	85%	84%
Percentage of members who continue taking their statin medications	85%	81%
Percentage of members who continue taking their anti-depressant medication	56%	74.07%
Percentage of members with BP controlled	69.55%	59.51%
Percentage of members with annual flu vaccine**	75%	64%
<b>Percentage of members over 66 who had the following services by their providers:</b>		
Functional assessments	74.18%	80.37%
Pain assessment	90.71%	94.06%
Medication review	87.87%	99.09%
<b>PATIENT EXPERIENCE**</b>		<b>Top 3 Box Score</b>
Member satisfaction with their providers	85%	95%
Member satisfaction with their care coordination	85%	96%
Member satisfaction with their health care quality	85%	92%
Member satisfaction with overall Plan	85%	98%

Members were very satisfied with the quality of their care, their providers, their care coordinators and the SNP plan itself. 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.

\* Total admits is inclusive of other types of admits, including skilled nursing facilities, nonacute rehabilitation, long term acute care, and chemical dependency.

\*\*From a mail survey conducted October-November 2020. Response rate was 19.2%. 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.

*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.