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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:

- 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:

At the end of 2023, the SNP program had 2,006 members.

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%	41%
How many members had a repeat Health Risk Assessment within a year of the first one	100%	40%
How many members had their Interdisciplinary Care Team (ICT) Meeting completed yearly	100%	86%
How many members had an Individualized Care Plan (ICP) completed/updated yearly	100%	77%
MEDICAL OUTCOMES		
Hospitalizations per 1000 members per year	234 or less	Acute Hospital 181.8
Observed/Expected ratio of members readmitted to the hospital within 30 days (members less than age 65)	<1.08 (or lower)	0.82
Percent of members who had a provider visit within 30 days of a hospital discharge	93%	80%
Percent of members who had a follow-up visit with a mental health provider within 30 days of a mental health hospital discharge	57%	73%
Percent of members with medication reconciliation on the day of discharge or within 30 days after hospital discharge	67%	56%
Percent of members who continue taking their oral diabetes medications	84%	83%
Percent of members who continue taking their blood pressure medications (ACE/ARBs)	86%	85%
Percent of members who continue taking their statin medications	84%	86%
Percent of members who continue taking their anti-depressant medication	75%	64%
Percent of members with BP controlled	72%	72%
Percent of members surveyed who responded to having an annual flu vaccine*	70%	64%
Percent of members 66 years and older who had a Functional Assessment	80%	61%
PATIENT EXPERIENCE*		Top 3 Box Score
Percent of members who are satisfied or very satisfied that they can get appointments and care quickly	74%	95%

