

# 2024 Dual Special Needs Plan Model of Care Evaluation Summary of Findings

# What is a Dual Special Needs Plan (D-SNP) Model of Care (MOC)?

A D-SNP Model of Care describes how we give healthcare services to our D-SNP members. We want to give you the best care that is reliable and easy to access. Every year we check the quality of the care and service we give you. We set goals and follow steps and actions if we do not meet these goals.

Here are ways we check the quality of our services:

- Member Satisfaction Survey
- How Close Doctors are to Your Home
- Care Coordination
- Transitions of Care
- Information on the Care You Get from Your Doctors to Keep You Healthy
- Doctor and Staff Training

### What happens if we do not meet our goals?

We find the best possible way to meet our goals. We come up with new plans until we get to our goal.

## How did we do in 2024?

**1. Member Satisfaction Survey –** Our goal is to make sure you are satisfied as a member of our health plan.

Every year we ask you about your experience with your doctors and the health plan. We want to make sure you are happy with the care you are getting. We also want to make sure you get the best service from the health plan.

We did not meet our goals for Care Coordination, Health Plan Customer Service, Rating of Health Plan, Rating of Health Care, Getting Care Quickly, and Getting Needed Care.

We know these services are important to you. We will focus on ways to improve. We want to make your experience a positive one.

We want to be your trusted health plan. We listen to what you tell us in surveys. This is an important way of making helpful changes for you. The team is working to continue improving your experience with the health plan.

**2. How close doctors are to your home -** Our goal is to make sure you have access to all types of doctors near your home.

We met our goals of making sure we had enough primary doctors in the area to provide care to you. We met our goals of making sure we had enough specialty care doctors in the area to provide care to you. Please contact us if a doctor is not available in your area.

We also work with vendors to help you get a ride to and from your doctor appointments. We met our goals of helping members get a ride.

**3. Care coordination** – Our goal is to improve your health through care coordination.

We ask you to complete a Health Risk Assessment (HRA). An HRA is a list of questions about your health needs. We also contact you for an Individualized Care Plan (ICP). The ICP is a plan of action on how to meet your health needs. Finally, we invite you to join a meeting with your care team to discuss ways to improve your health.

We did not meet HRA (99.9% for Initial, 96% for Annual), ICP (99%), and care team (99%) goals of 100%. However, operational changes led to improved compliance rates in 2024.

We will continue to make operational changes to try to reach you. Our goal is to contact 100% of members for an HRA, ICP, and care team meeting. We will create an ICP and hold a care team meeting for every member (whether the member chooses to be involved or not).

Help us improve your health by calling Care Management to complete your HRA and attend a care team meeting to create a care plan for you.

**4. Transitions of care -** Our goal is to improve your health through clear transitions of care between healthcare settings.

We work with hospitals and skilled nursing facilities (SNFs) to make sure we provide timely care to members. We look at the following measures:

- Your care manager updates your ICP within 30 days of transition of care episodes.
- Your ICP is shared with you and your primary care doctor within 30 days of the update.
- Your care manager contacts you within 4 business days of notification of discharge to home to help with your transitional care needs.

We did not meet goals for these measures. To fix this, we will work with Providers to send discharge data to us faster. We will also use new systems to receive discharge data in a faster manner. This will help us better meet timelines.

**5. Information on the care you get from your doctors to keep you healthy –** Our goal is to improve your health by making sure you get preventive health services.

Health plans use information to see how well they are doing with care for members. We met goals for the following topics:

• Making sure members discharged from a hospital stay are not readmitted within 30 days.

We did not meet goals for the following topics:

- Making sure members have their medications reviewed at least once a year.
- Making sure members get their blood sugar checked due to diabetes.
- Making sure members have their medications reviewed and updated after a hospital stay.
- Making sure members have a pain screening annually.
- Making sure members who need an anti-depressant start and stay on the medication.
- Making sure members with high blood pressure keep healthy blood pressure.
- Making sure members access preventative care services.

We will talk to your doctors about getting you the services you need to prevent chronic (long-lasting) health problems. We will also use methods other than phone outreach to contact you about the programs we offer. We want to make sure you stay healthy all year long.

Help us keep you healthy by scheduling your healthy activities early next year.

We offer the Blue Shield of California Appreciation Program where you can earn rewards for completing healthy activities. To find out more information, call **(866) 352-0892 (TTY:711)**, 8 a.m. to 6 p.m., Monday to Friday.

**6. Doctor and staff training** – Our goal is to ensure all doctors and staff members are trained upon hire and annually on the Model of Care.

All new doctors and staff are told about the training process and their duty to complete the training. New doctors and staff members must finish the training within 90 days of hire. We use fax and email to remind doctors and staff about the training.

For doctors, we met our goal of 80% for training when hired (86%) and training annually (82%).

For staff, we did not meet our performance goal of 100% for training when hired (99%). Training due dates were posted incorrectly for new staff at the start of the year. This issue has been fixed. We met our goal of 100% for training annually. The team will continue to use its system of reminders to make sure everyone completes the training.

Get a hard copy of this by calling Customer Service at **(800) 452-4413 (TTY: 711)**, 8 a.m. to 8 p.m. PT, seven days a week. To download a copy, visit our website at https://www.blueshieldca.com/en/medicare/member-resources/plan-documents-dsnp.

Blue Shield of California is an independent member of the Blue Shield Association

### **Nondiscrimination Notice**

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic groupidentification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple conlas leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata demanera diferente a las personas por su raza, color, país de origen, identificación con determinado grupoétnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律,並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

H2819\_25\_350A\_C Accepted 07202025 A54331DSN\_0725