California Department of Health Care Services



Dual Eligible Special Needs Plan (D-SNP) Performance Monitoring Dashboard Report – Quarter Three 2023

Released August 2024

Program Background: D-SNPs are a type of Medicare Advantage plan for dually eligible members that coordinate all Medicare and Medi-Cal benefits. Medi-Medi Plans are a type of D-SNP, where the member is in the same health plan organization for both Medicare and Medi-Cal, with unified member materials, grievance and appeals, and administration of benefits. Medi-Medi Plans are also known as Exclusively Aligned Enrollment (EAE) D-SNPs. Non-EAE D-SNPs may not have an affiliated Medi-Cal plan in the member's county, and/or the member materials are not unified.

For more background and information about DHCS' D-SNP policy, please visit <u>Dual Eligible Special Needs Plans in</u> California.

Quarterly Release Notes:

- Overall Medi-Medi Plan enrollment continues to increase.
- The Quarter 3 dashboard presents data on Care Coordination measures, from 2023 Quarters 1, 2, and 3.

Detailed Measure Information:

This dashboard provides select data and measures on key aspects of D-SNPs in California. The reporting time periods for each metric may vary in future releases as some measures are quarterly and some annual.

Enrollment and Demographics: Figures 1-6

The enrollment and demographic figures display metrics for both Medi-Medi Plans and non-EAE D-SNPs. Figure 1 displays both current D-SNP and historical CMC enrollment for comparison purposes. CMC enrollment will be included in the first three releases of the D-SNP dashboard (quarters one through three of 2023). Given the organizational differences, data for Medi-Medi Plans and non-EAE D-SNPs are displayed separately. Enrollment and demographic data are a point-in-time view of the D-SNP population. The data comes from the DHCS data warehouse and the Medi-Cal Management Information System/Decision Support System (MIS/DSS).



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Care Coordination Measures

Core 2.1 – Members with an Assessment Completed within 90 Days of Enrollment.

Members willing to participate and who the plan was able to locate with an assessment completed within 90 days of enrollment.

This measure looks at plan ability to reach, engage and assess members within the first 90 days of their enrollment.

Percentage of members who the plan was unable to reach within 90 days to complete a Health Risk Assessment.

The next section examines data from Core 2.1 to focus on those members who the plan was unable to reach in the first 90 days of enrollment.

Core 3.2 Percentage of Members with an Individualized Care Plan (ICP) completed within 90 days of Enrollment.

This measure looks at plan ability to complete a care plan with new members.

Long Term Services and Supports (LTSS) Measures.

Utilization and Referrals are reported only by Medi-Medi Plans for LTSS, which includes Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), In-Home Supportive Services (IHSS), and Long-Term Care (LTC). IHSS and MSSP are carved out of managed care. Long Term Care includes members who have LTC stays greater than 90 days. The LTC data does not include stays for members in Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) or in subacute facilities.

All D-SNPs, including Medi-Medi Plans, are required to coordinate and facilitate Member access to needed LTSS. A central goal of Medi-Medi Plans is to improve access to and coordination of LTSS for members. LTSS include a wide variety of services and supports that help people with disabilities meet their activities of daily living.

Community Based Adult Services (CBAS) Referrals and Members receiving CBAS Services.

CBAS offers services to eligible older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or personally undesirable institutionalization. For more information, see Community-Based Adult Services (CBAS)/Adult Day Health Care (ADHC) Transition.



Dual Eligible Special Needs Plan (D-SNP) Performance Monitoring Dashboard Report – Quarter Three 2023

Multipurpose Senior Services Program (MSSP) Referrals and those receiving MSSP Services.

The Multipurpose Senior Services Program (MSSP) Waiver provides Home and Community-Based Services (HCBS) to Medi-Cal eligible individuals who are 65 years or older and disabled as an alternative to nursing facility placement. The MSSP waiver allows individuals to remain safely in their homes. For more information, see Multipurpose Senior Services Program (MSSP) (ca.gov)

Figures 25 through 30 show MMP members referred to MSSP and receiving those services.

In Home Supportive Services (IHSS) Referrals

Figures 31 to 33 show members referred to IHSS.

Long Term Care

Figures 34 through 39 show members referred to Long Term Care and those who have resided in Long Term care for greater than 90 days.

CBAS Member Referrals and Members Receiving CBAS per 100 members (Medi-Medi Plans only)

Figures 19 and 20 show CBAS referrals per 100 members and members receiving CBAS per 100 members for Quarter 1. Figures 21 and 22 show the same for Quarter 2 and figures 23 and 24 show the data for Quarter 3.

MSSP Member Referrals and Members receiving MSSP per 100 members (Medi-Medi Plans only)

Figures 25 and 26 shows Member Referrals and Members receiving MSSP per 100 members for Quarter 1. Figures 27 and 28 show the same for Quarter 2 and figures 29 and 30 show the data for Quarter 3.

Members Referred to County for IHSS per 100 members (Medi-Medi Plans only)

Figure 31 shows Quarter 1 data, Figure 32 shows Quarter 2 data and Figure 33 shows Quarter 3 data.

Member Referrals for LTC stays more than 90 days per 100 members and Members residing in LTC for more than 90 days per 100 members (Medi-Medi Plans only)

Figure 34 shows Member Referrals for LTC stays more than 90 days per 100 members and Figure 35 shows Members Residing in LTC more than 90 days per 100 members for Quarter 1. Figures 36 and 37 show the same for Quarter 2 and Figures 38 and



Dual Eligible Special Needs Plan (D-SNP) Performance Monitoring Dashboard Report – Quarter Three 2023

39 correspond to Quarter 3.

Plan Key:

Plan Organization Name	Plan Abbreviation on Dashboard	Plan Type
Aetna Medicare	Aetna	Medi-Medi Plan and Non-EAE D-SNP
Alignment Health Plan	Alignment	Non-EAE D-SNP
Anthem Blue Cross of California Partnership Plan/Anthem Blue Cross Life & Health Insurance Company	Anthem	Medi-Medi Plan and Non-EAE D-SNP
Humana (Arcadian)	Arcadian	Non-EAE D-SNP
Blue Shield of California Promise Health	Blue Shield	Medi-Medi Plan and Non-EAE D-SNP
Bright HealthCare/Brand New Day/Central Health Plan	Bright	Non-EAE D-SNP
CalOptima	CalOptima	Medi-Medi Plan
Chinese Community Health Plan	CCHP	Non-EAE D-SNP
Community Health Group	CHG	Medi-Medi Plan
Health Plan of San Mateo	HPSM	Medi-Medi Plan
Imperial Health Plan of California	Imperial	Non-EAE D-SNP
Inland Empire Health Plan	IEHP	Medi-Medi Plan
Kaiser Permanente	Kaiser	Medi-Medi Plan and Non-EAE D-SNP
L.A. Care Health Plan	L.A. Care	Medi-Medi Plan
Molina Healthcare	Molina	Medi-Medi Plan and Non-EAE D-SNP
Santa Clara Family Health Plan	SCFHP	Medi-Medi Plan
United Health Care	United	Non-EAE D-SNP
Well-Care by Health Net	Wellcare	Medi-Medi Plan and Non-EAE D-SNP

Note: DHCS reports separate data for plans with both a Medi-Medi Plan and a Non-EAE D-SNP.

Comparison with CMC

Information on CMC plan performance is from the Cal MediConnect Dashboard/D-SNP Dashboard published in June 2023. Additional information on the Cal MediConnect Dashboard can be found here: https://www.dhcs.ca.gov/Pages/Cal MediConnectDashboard.aspx.



Figure 1: D-SNP Plan Enrollment--See metric summary for additional information

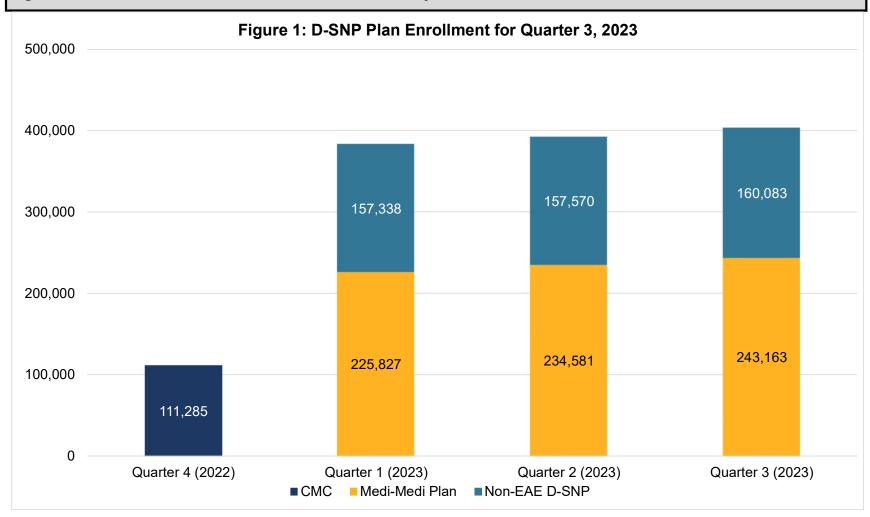


Figure 2a: Total Number of Members by Plan (Medi-Medi Plans)

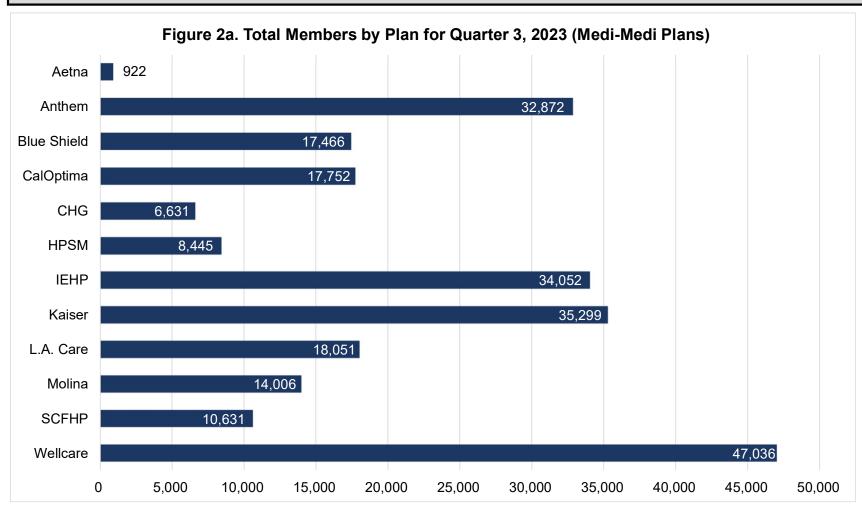




Figure 2b: Total Number of Members by Plan (Non-EAE D-SNP)

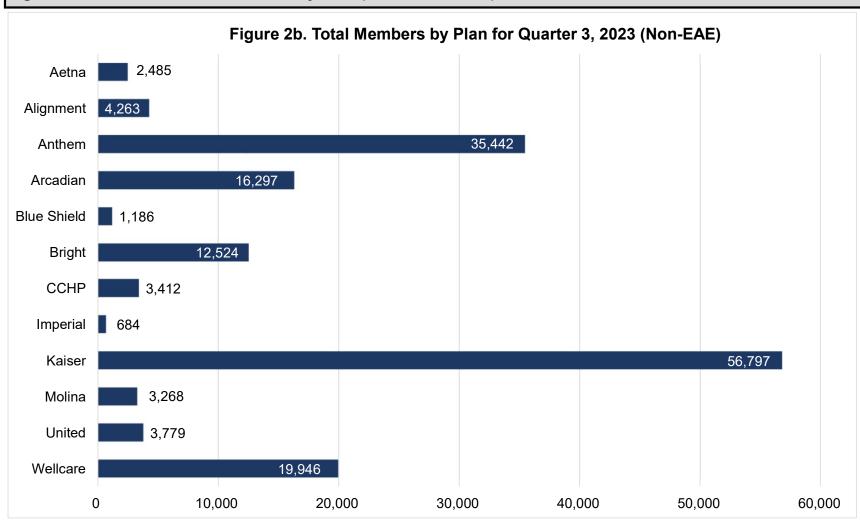
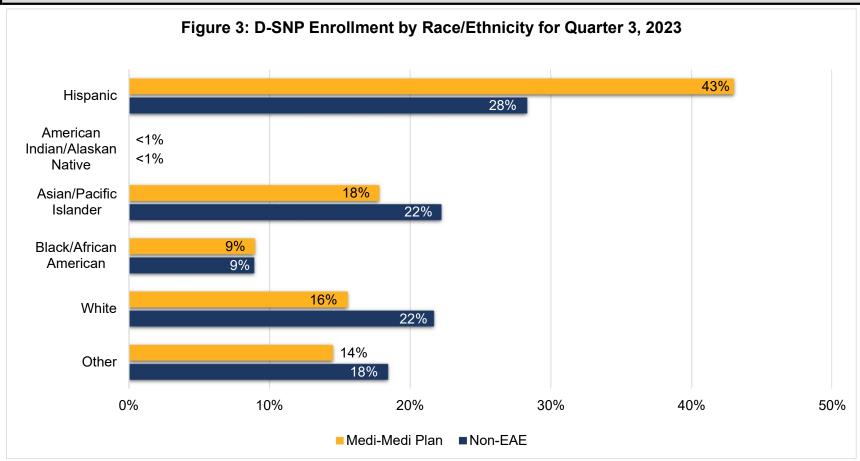


Figure 3: D-SNP Enrollment by Race/Ethnicity

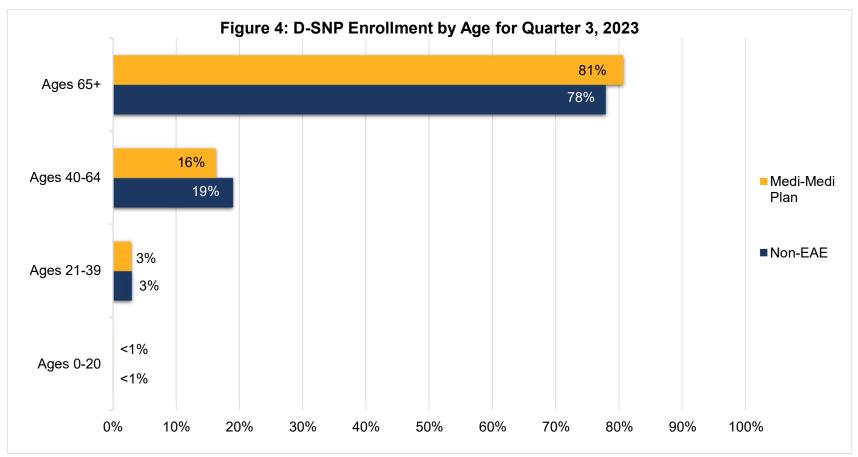


Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: American Indian/Alaskan Native has a low number of members reporting. For more information please refer to the de-identification guidelines for low numbers.



Figure 4: D-SNP Enrollment by Age

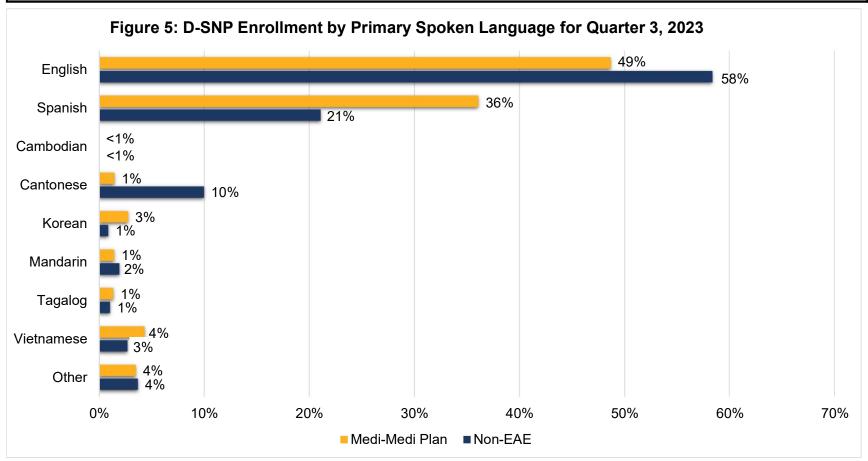


Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: Age groups 0-20 has a low number of members reporting. For more information please refer to the de-identification guidelines for low numbers.



Figure 5: D-SNP Enrollment by Primary Spoken Language

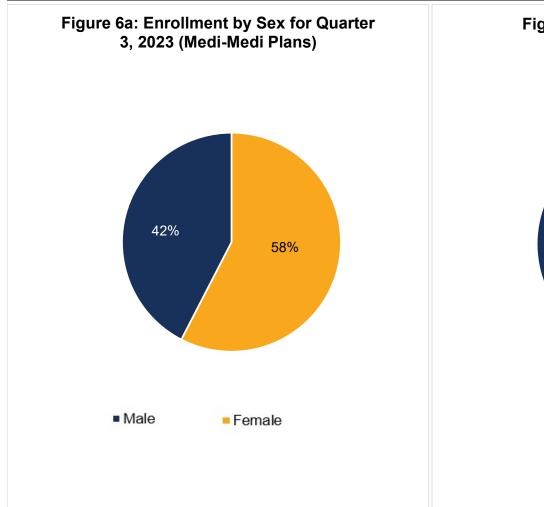


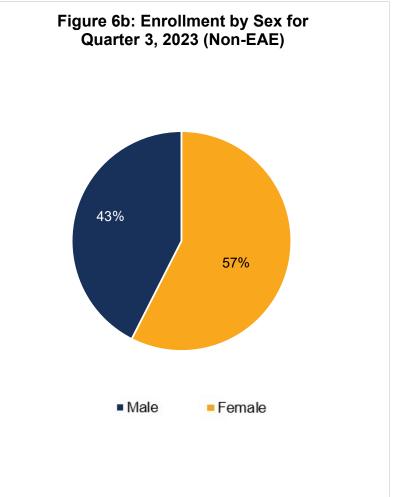
Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

Note: Other is a roll-up of several representative categories of primary spoken language. Details are available upon request.



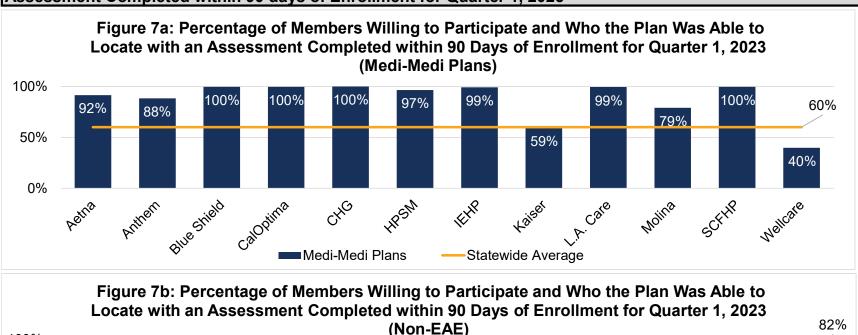
Figures 6a and 6b: D-SNP Enrollment by Sex

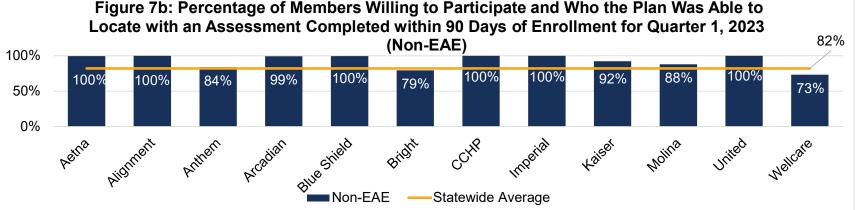






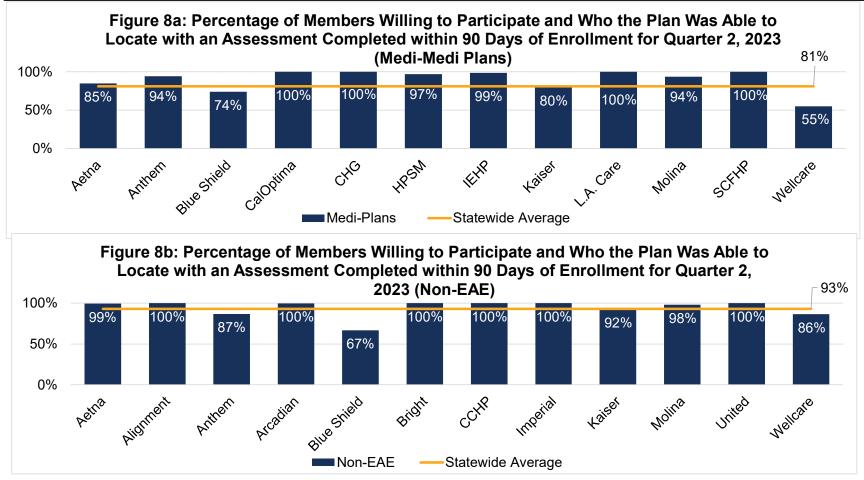
Figures 7a and 7b (Core 2.1): Members Willing to Participate and Who the Plan Was Able to Locate With an Assessment Completed within 90 days of Enrollment for Quarter 1, 2023



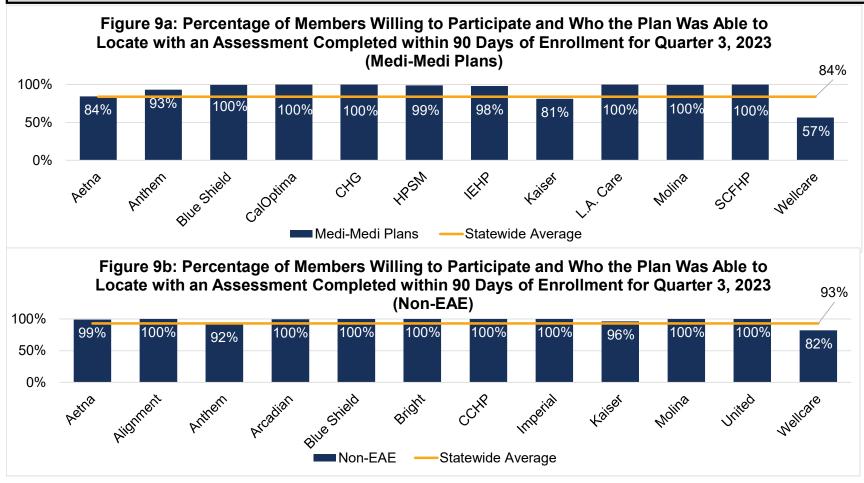




Figures 8a and 8b (Core 2.1): Members Willing to Participate and Who the Plan Was Able to Locate With an Assessment Completed within 90 days of Enrollment for Quarter 2, 2023

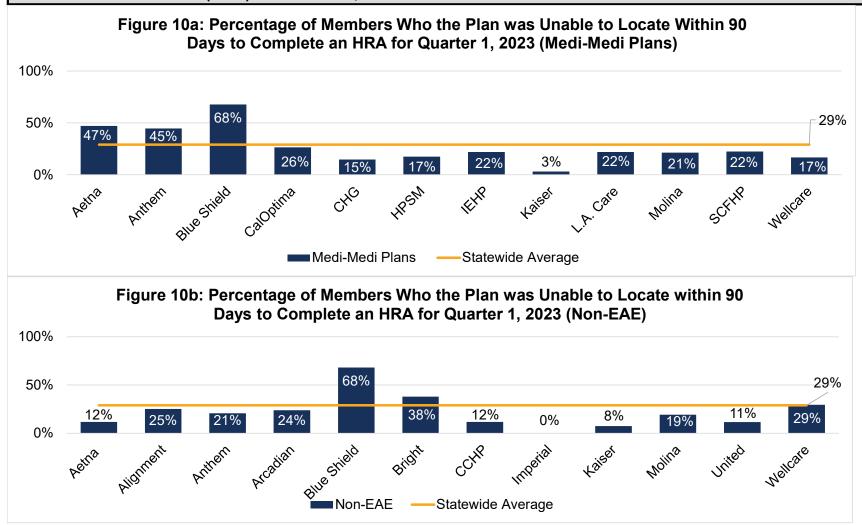


Figures 9a and 9b (Core 2.1): Members Willing to Participate and Who the Plan Was Able to Locate With an Assessment Completed within 90 days of Enrollment for Quarter 3, 2023



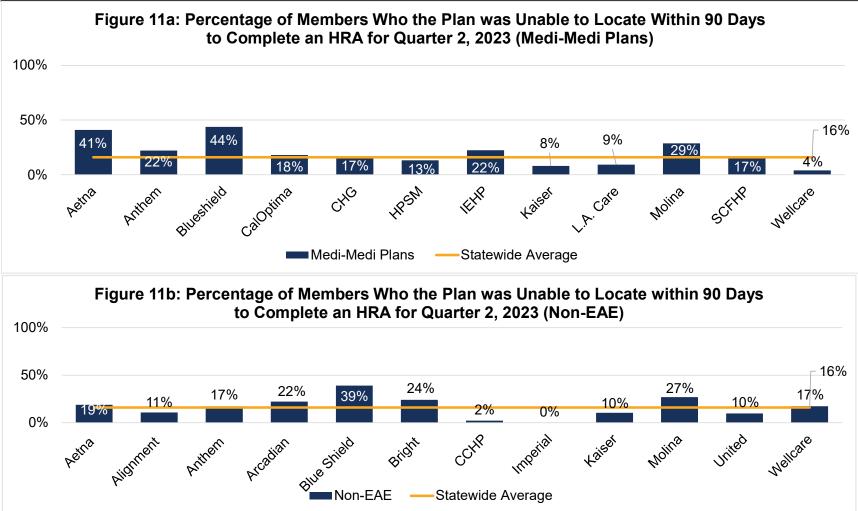


Figures 10a and 10b (Core 2.1): Members who the Plan was unable to locate within 90 days to Complete a Health Risk Assessment (HRA) for Quarter 1, 2023



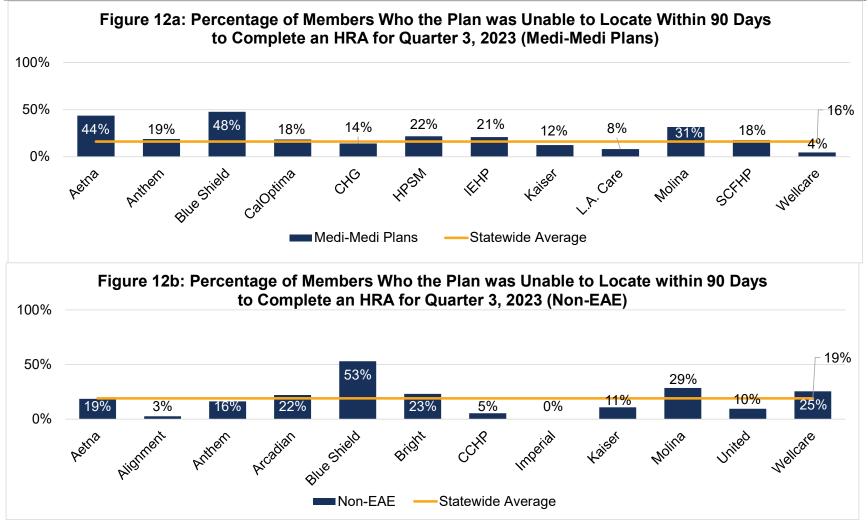


Figures 11a and 11b (Core 2.1): Members who the Plan was unable to locate within 90 days to Complete a Health Risk Assessment (HRA) for Quarter 2, 2023



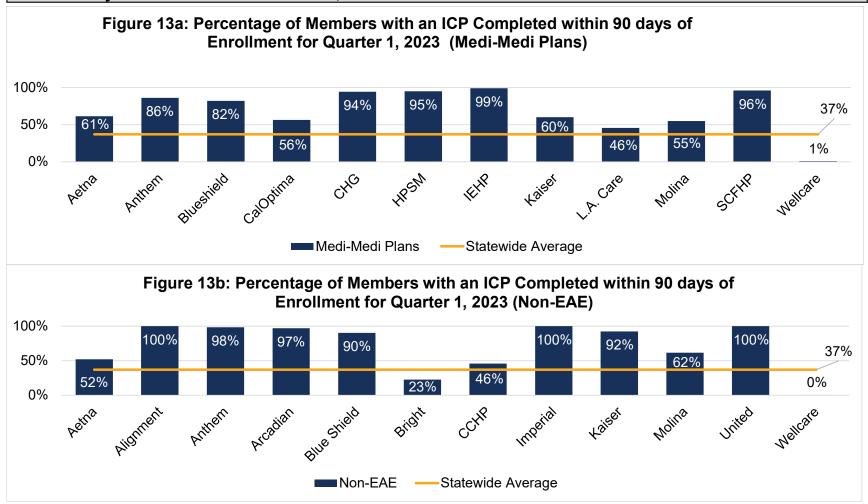


Figures 12a and 12b (Core 2.1): Members who the Plan was unable to locate within 90 days to Complete a Health Risk Assessment (HRA) for Quarter 3, 2023

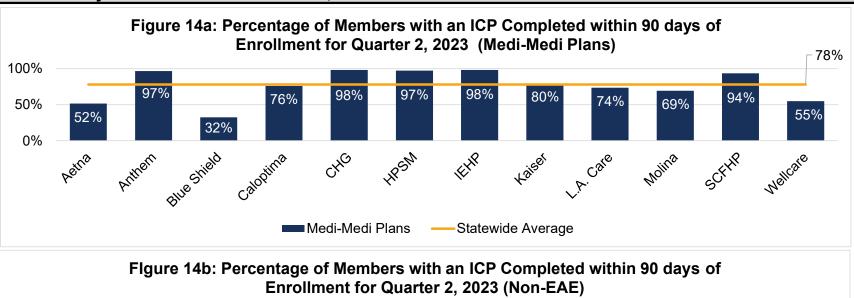


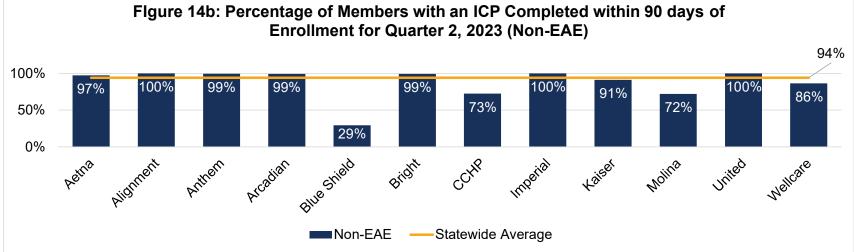


Figures 13a and 13b (Core 3.2): Percentage of Members with an Individualized Care Plan (ICP) Completed within 90 Days of Enrollment for Quarter 1, 2023



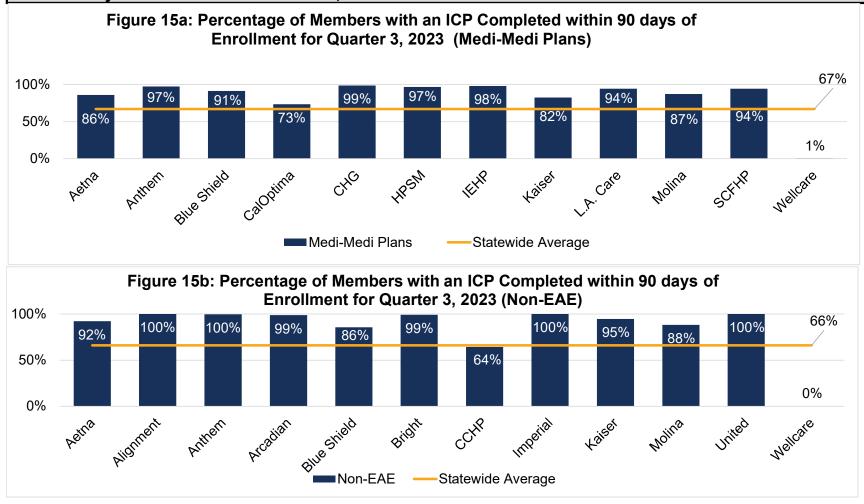
Figures 14a and 14b (Core 3.2): Percentage of Members with an Individualized Care Plan (ICP) Completed within 90 Days of Enrollment for Quarter 2, 2023





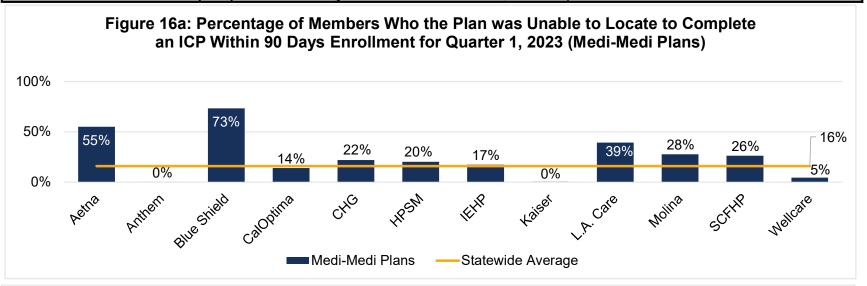


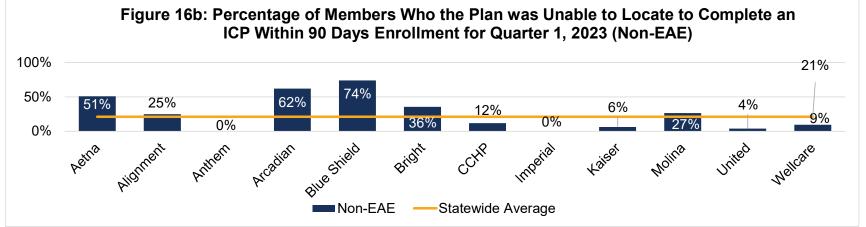
Figures 15a and 15b (Core 3.2): Percentage of Members with an Individualized Care Plan (ICP) Completed within 90 Days of Enrollment for Quarter 3, 2023





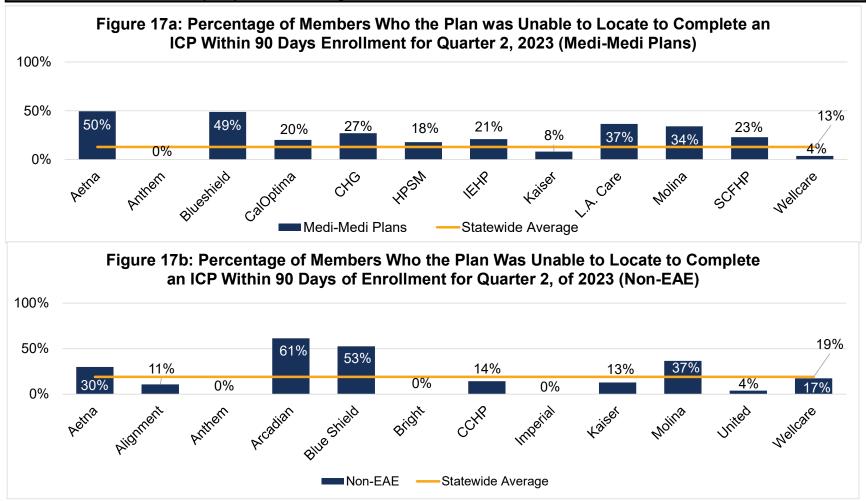
Figures 16a and 16b (Core 3.2): Percentage of Members who the Plan was Unable to Locate to Complete an Individualized Care Plan (ICP) within 90 Days of Enrollment for Quarter 1, 2023



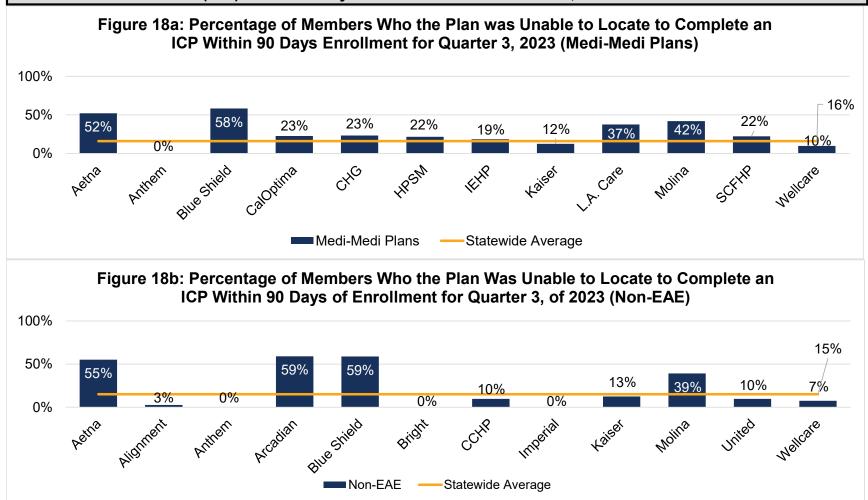




Figures 17a and 17b (Core 3.2): Percentage of Members who the Plan was Unable to Locate to Complete an Individualized Care Plan (ICP) within 90 Days of Enrollment for Quarter 2, 2023

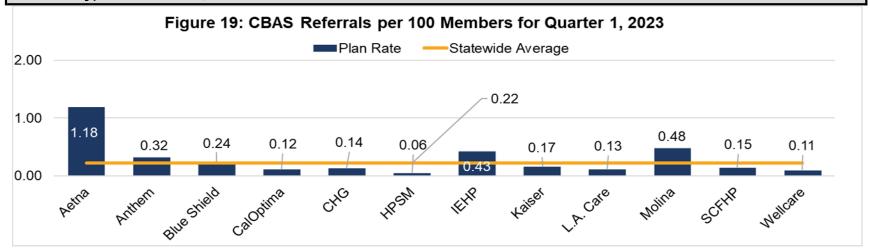


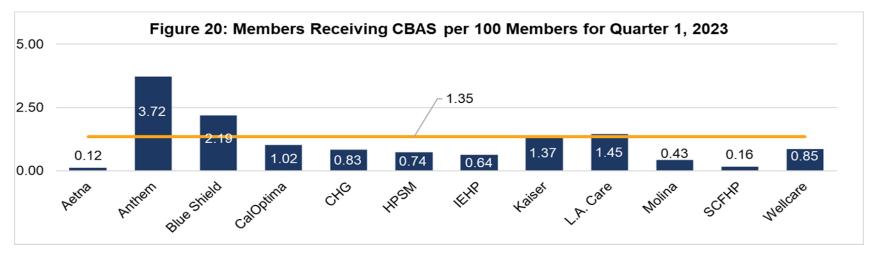
Figures 18a and 18b (Core 3.2): Percentage of Members who the Plan was Unable to Locate to Complete an Individualized Care Plan (ICP) within 90 Days of Enrollment for Quarter 3, 2023





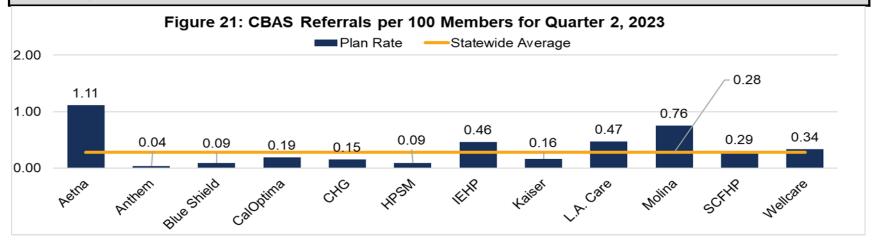
Figures 19 and 20: CBAS Member Referrals and Members Receiving CBAS per 100 Members (Medi-Medi Plans Only) for Quarter 1, 2023

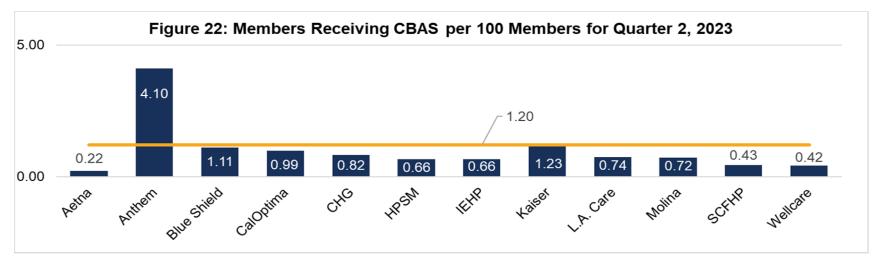




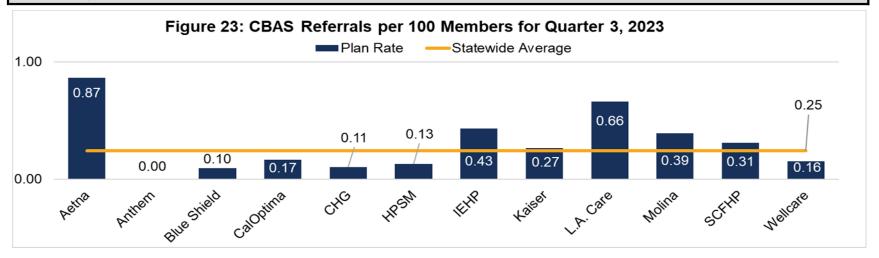


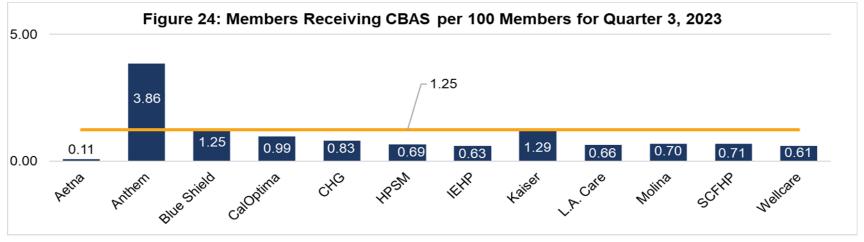
Figures 21 and 22: CBAS Member Referrals and Members Receiving CBAS per 100 Members (Medi-Medi Plans Only) for Quarter 2, 2023





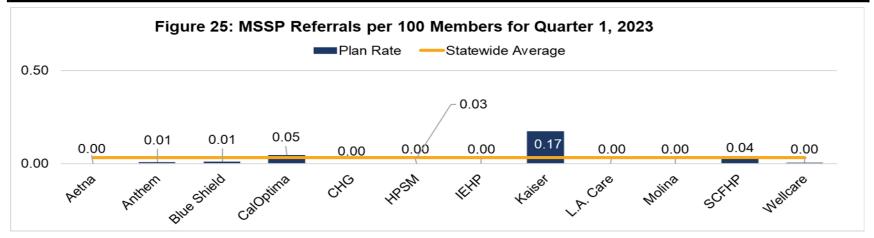
Figures 23 and 24: CBAS Member Referrals and Members Receiving CBAS per 100 Members (Medi-Medi Plans Only) for Quarter 3, 2023

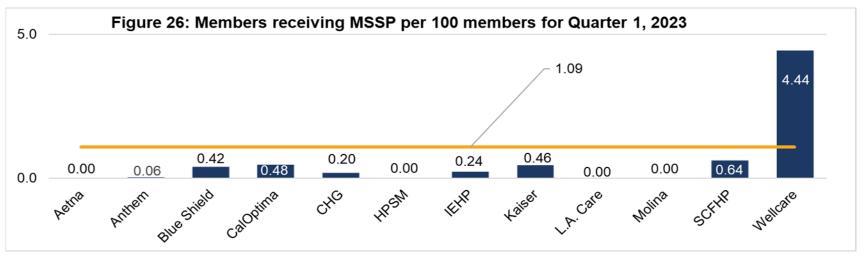






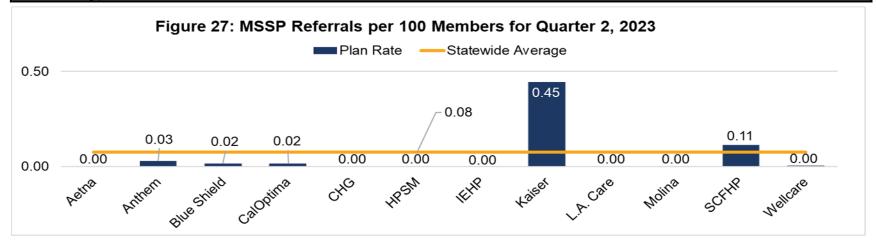
Figures 25 and 26: MSSP Member Referrals and Members Receiving MSSP per 100 members (Medi-Medi Plans Only) for Quarter 1, 2023

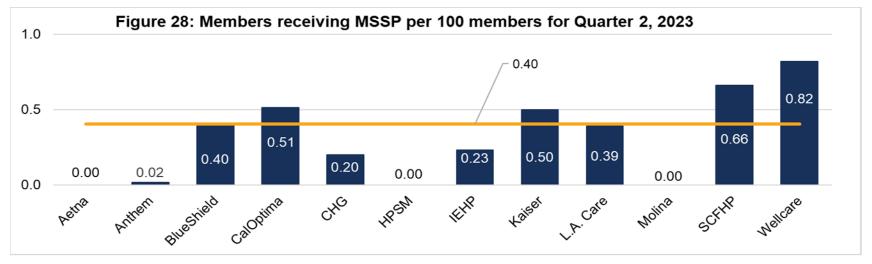




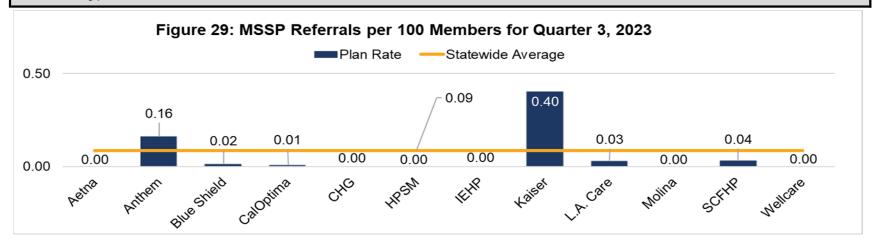


Figures 27 and 28: MSSP Member Referrals and Members Receiving MSSP per 100 members (Medi-Medi Plans Only) for Quarter 2, 2023





Figures 29 and 30: MSSP Member Referrals and Members Receiving MSSP per 100 members (Medi-Medi Plans Only) for Quarter 3, 2023



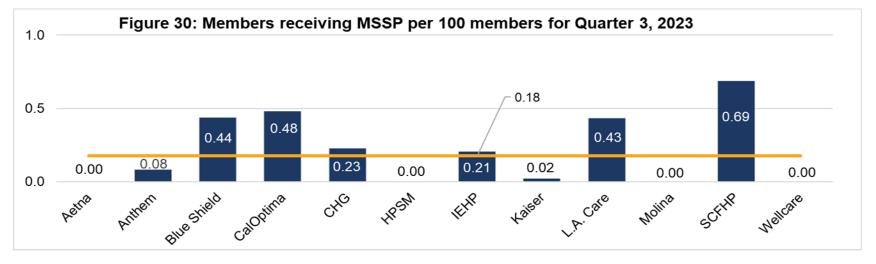




Figure 31: Members Referred to County for IHSS per 100 members (Medi-Medi Plans Only) for Quarter 1, 2023

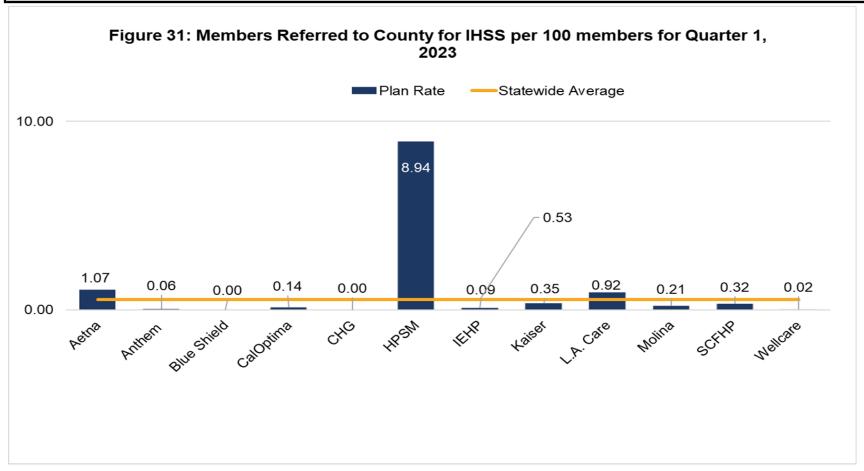




Figure 32: Members Referred to County for IHSS per 100 members (Medi-Medi Plans Only) for Quarter 2, 2023

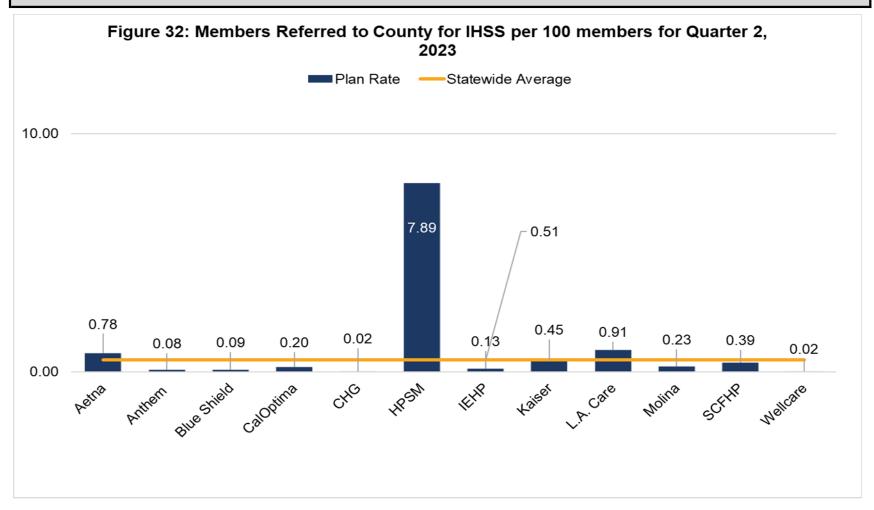
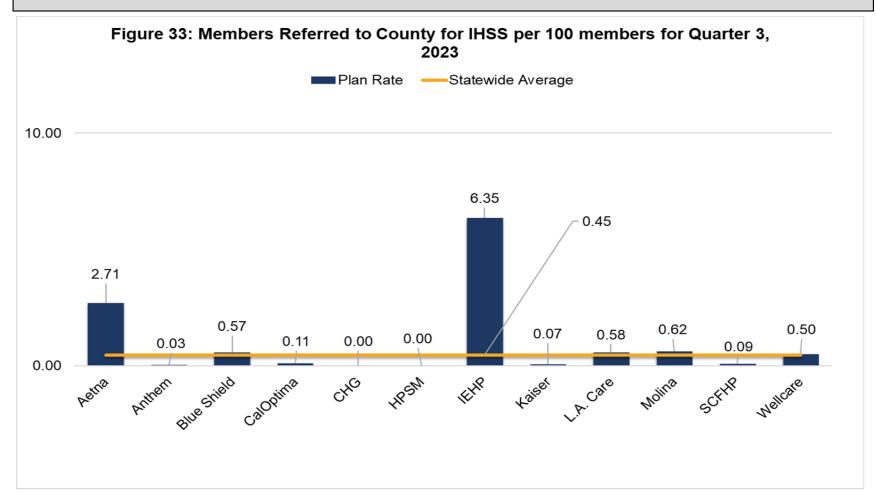
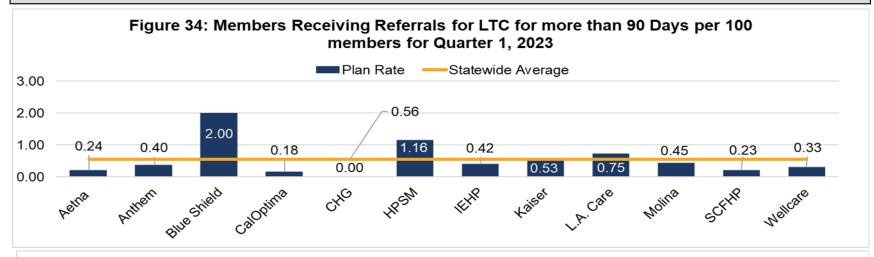


Figure 33: Members Referred to County for IHSS per 100 members (Medi-Medi Plans Only) for Quarter 3, 2023





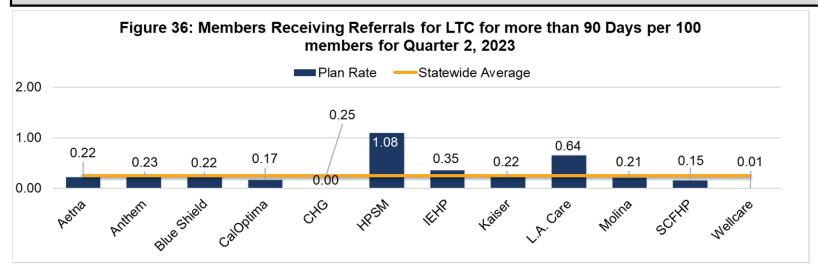
Figures 34 and 35: Members Residing in LTC for more than 90 days and Member Referrals received LTC stays more than 90 days per 100 members (Medi-Medi Plans Only) for Quarter 1, 2023







Figures 36 and 37: Members Residing in LTC for more than 90 days and Member Referrals received LTC stays more than 90 days per 100 members (Medi-Medi Plans Only) for Quarter 2, 2023







Figures 38 and 39: Members Residing in LTC for more than 90 days and Member Referrals received LTC stays more than 90 days per 100 members (Medi-Medi Plans Only) for Quarter 3, 2023

