

California Department of Health Care Services Dual Eligible Special Needs Plan (D-SNP) Performance Monitoring Dashboard Report – Quarter One 2023

Released December 2023

Program Background: Cal MediConnect (CMC) demonstration plans transitioned members on January 1, 2023 to Medi-Medi Plans in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties. Medi-Medi Plans are for members with both Medicare and Medi-Cal, and the plan coordinates all benefits and services across Medicare and Medi-Cal. Medi-Medi Plans provide unified member materials, grievance and appeals, and administration of benefits. These plans are also known as Exclusively Aligned Enrollment (EAE) Dual-Eligible Special Needs Plans (D-SNPs).

Non-EAE D-SNPs are a type of Medicare Advantage plan for dually eligible members that coordinate all Medicare and Medi-Cal benefits. These plans usually do not have an affiliated Medi-Cal plan in the member's county, and the member is enrolled in a separate Medi-Cal managed care plan.

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

Quarterly Release Notes:

- Enrollment increased from 111,285 in the CMC demonstration in quarter four of calendar year 2022 to 216,819 in Medi-Medi Plans, in quarter one of 2023. In addition, 153,671 members were enrolled in non-EAE D-SNPs in quarter one of 2023.
- Compared to non-EAE D-SNP members, Medi-Medi Plan (MMP) members are more likely to be Hispanic, with 42% of MMP members reporting Hispanic ethnicity, compared to 28% of non-EAE D-SNP members.
- DHCS is analyzing results from Care Coordination measures and will publish that data in a forthcoming version of this dashboard.
- The percentage of members referred to the Community-Based Adult Services (CBAS) program and receiving CBAS per 100 members increased by about 50% from Q4 2022 in the CMC demonstration to Q1 2023 in the Medi-Medi Plans. Please see tables 1 to 4 below for 2022 data.



Detailed Measure Information:

This dashboard provides select data and measures on key aspects of D-SNPs in California. The dashboard presents the most current data available, for measures that may be either quarterly or annually published. Therefore, the reporting time periods for each metric reported may vary in future releases as some measures are quarterly and some annual. For quarter one of 2023, all figures represent current quarter data. Subsequent dashboard updates will publish additional Care Coordination measures as well as annual measures.

• 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 point in time based on Medi-Cal eligibility data.

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
Wellcare 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.

• Long-term Services and Supports (LTSS) (Medi-Medi Plans Only): Figures 7-13

Utilization and Referrals are reported only by Medi-Medi Plans for LTSS, which includes In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), 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.

At a future date, counts of members receiving IHSS will be reported.

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 long-term services and supports for members to help more members live in the community. LTSS include a wide variety of services and supports that help people with disabilities meet their daily needs for assistance and improve the quality of their lives. Examples include assistance with bathing, dressing, and other basic activities of daily life and self-care, as well as support for everyday tasks such as laundry, shopping, and transportation. LTSS are provided over an extended period, predominantly in homes and communities, but also in facility-based settings such as nursing facilities.

• 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.

Note: Due to ongoing data availability issues during CMC, IHSS member referral data and LTC data was not reported in quarter four of 2022. Therefore, no comparisons are available between CMC and Medi-Medi Plans for IHSS member referrals and LTC stays. This context applies to figures 11 (IHSS), as well figures 12 and 13 (LTC).



TABLE 1

Average Community Based Adult Services (CBAS) Referrals per 100 Members		
Program	Q4 2022	Q1 2023
Cal MediConnect	0.14	N/A
Medi-Medi Plans	N/A	0.30

TABLE 2

Average Members Receiving CBAS per 100 Members			
Program	Q4 2022	Q1 2023	
Cal MediConnect	0.77	N/A	
Medi-Medi Plans	N/A	1.10	

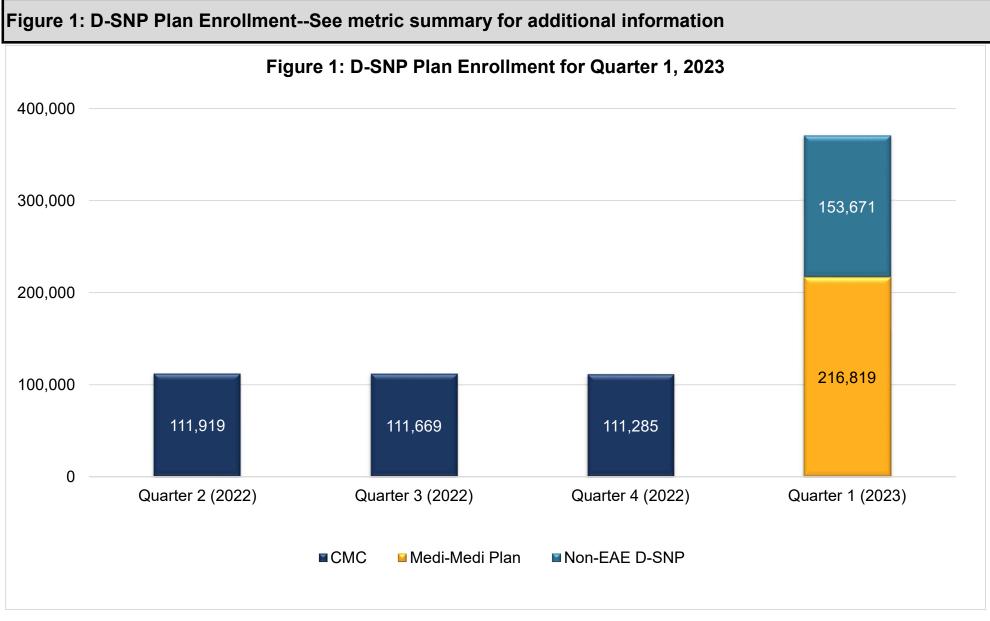
TABLE 3

Average Multipurpose Senior Services Program (MSSP) Referrals per 100 Members		
Program	Q4 2022	Q1 2023
Cal MediConnect	0.06	N/A
Medi-Medi Plans	N/A	0.02

TABLE 4

Average Members Receiving MSSP Services per 100 Members		
Program	Q4 2022	Q1 2023
Cal MediConnect	1.35	N/A
Medi-Medi Plans	N/A	0.60

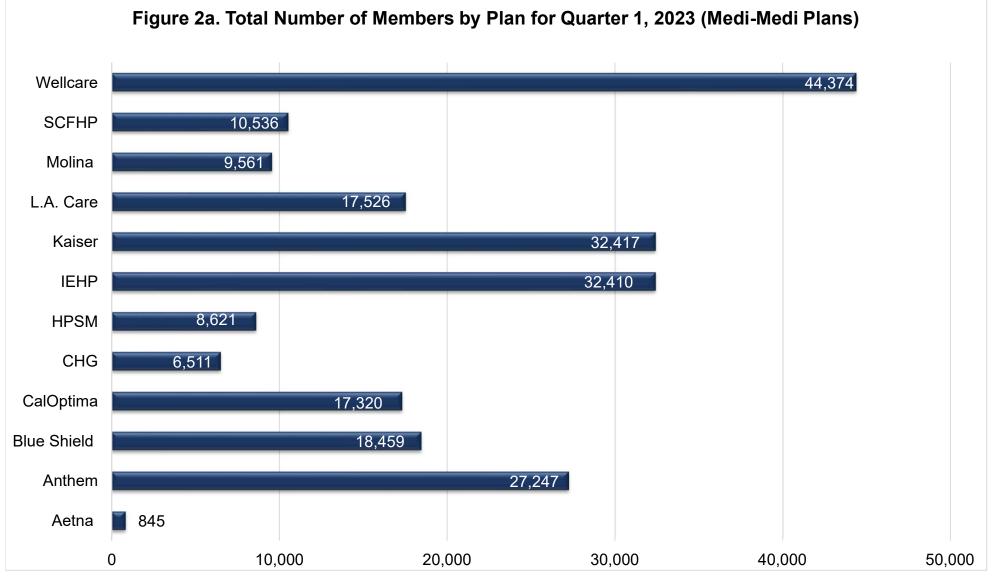




Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.



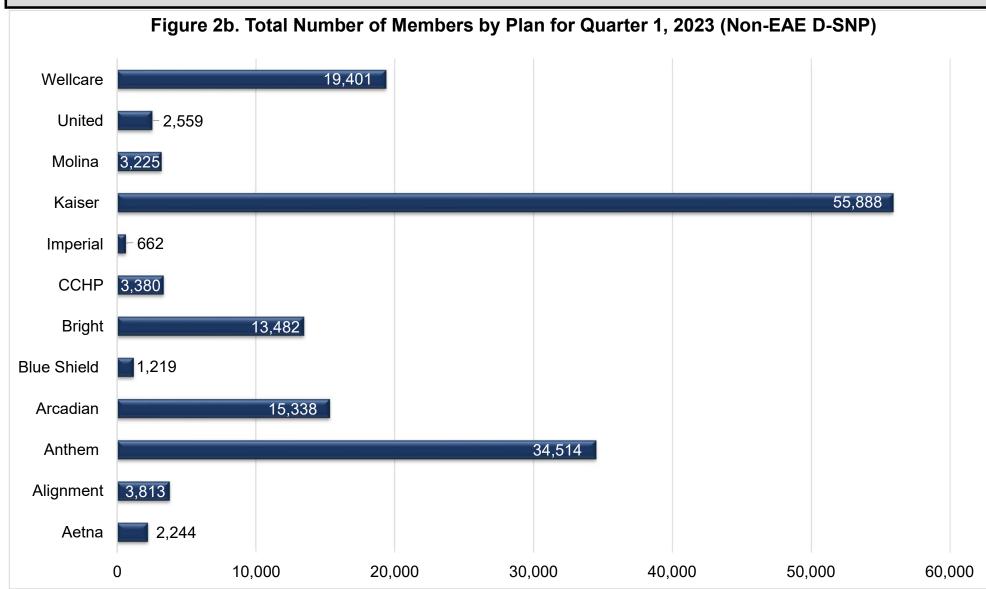
Figure 2a: Total Number of Members by Plan (Medi-Medi Plans)



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.



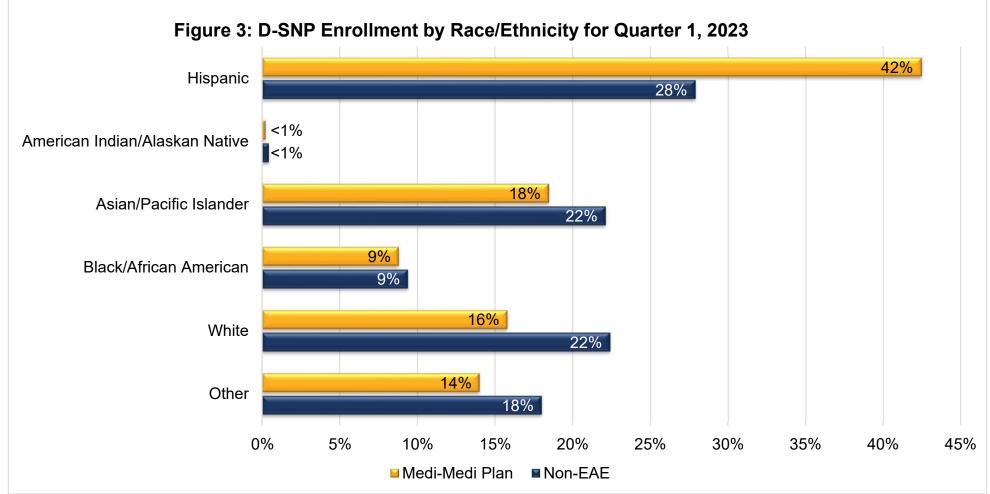
Figure 2b: Total Number of Members by Plan (Non-EAE D-SNP)



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.



Figure 3: D-SNP Enrollment by Race/Ethnicity

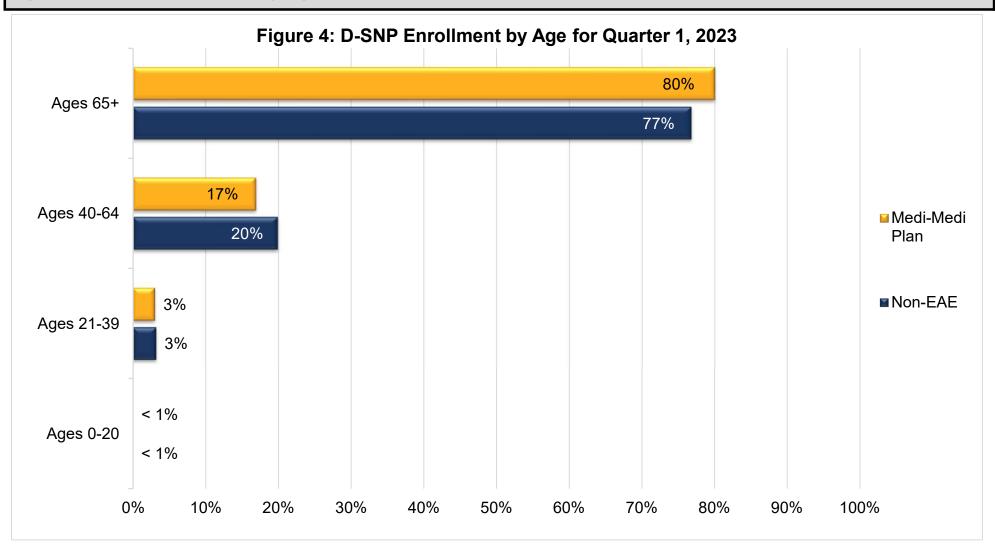


Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

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

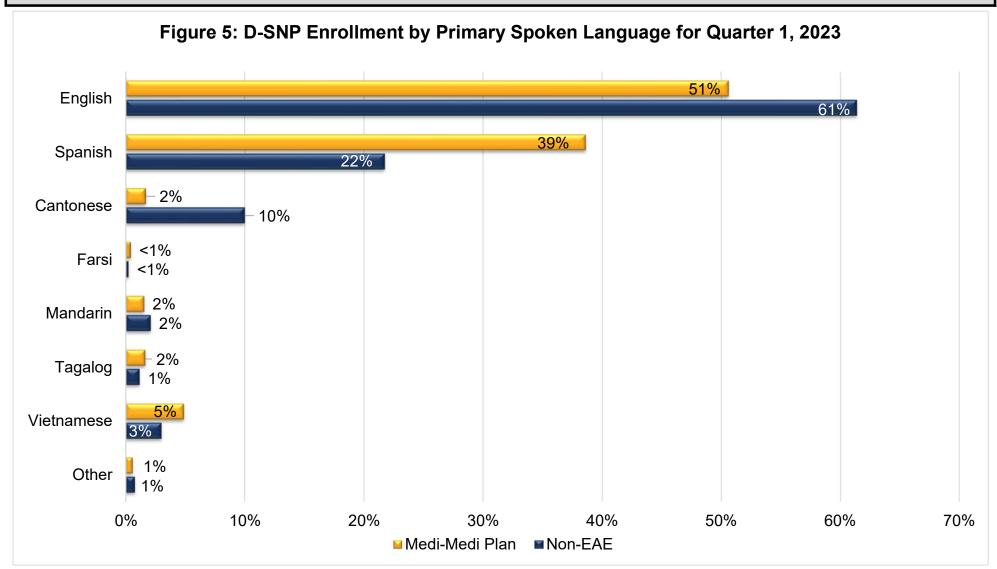


Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

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

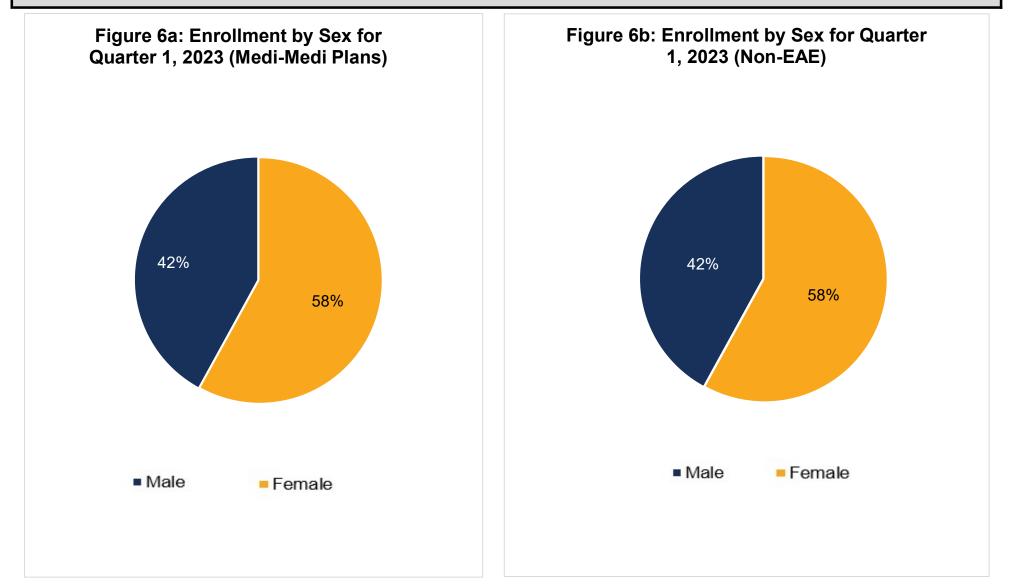


Data Source: Medi-Cal Eligibility Data System (MEDS) Data in the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS); Data is as of the 1st day of the last month of each quarter.

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



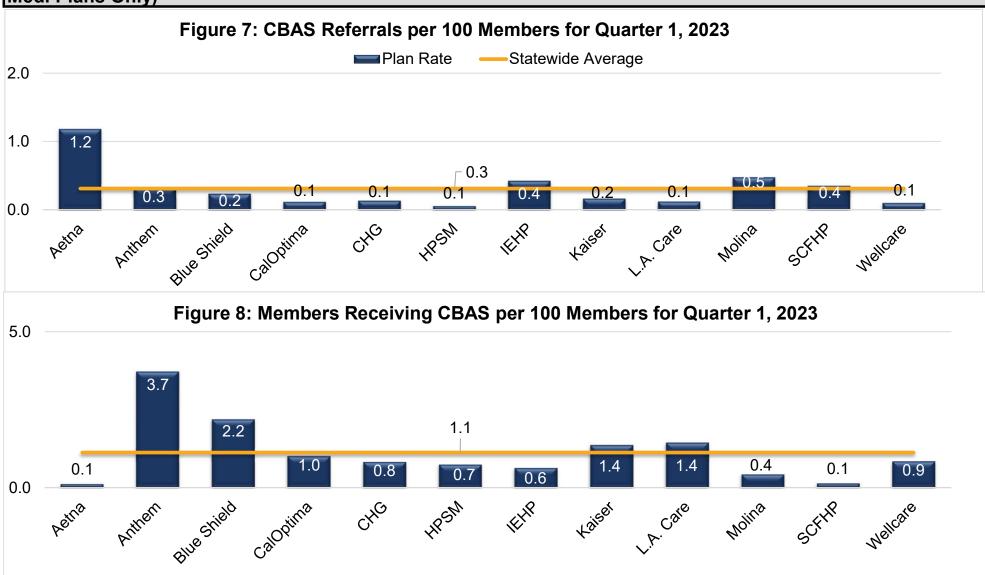
Figures 6a and 6b: D-SNP Enrollment by Sex



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.



Figures 7 and 8: CBAS Referrals per 100 Members and Members Receiving CBAS per 100 Members (Medi-Medi Plans Only)



Data Source: The Medi-Medi Plans and non-EAE plans via Dual-Special Needs Plan (D-SNP) Quarterly Reporting Template. Data is collected directly from the plans within 60 days of end of each quarter.

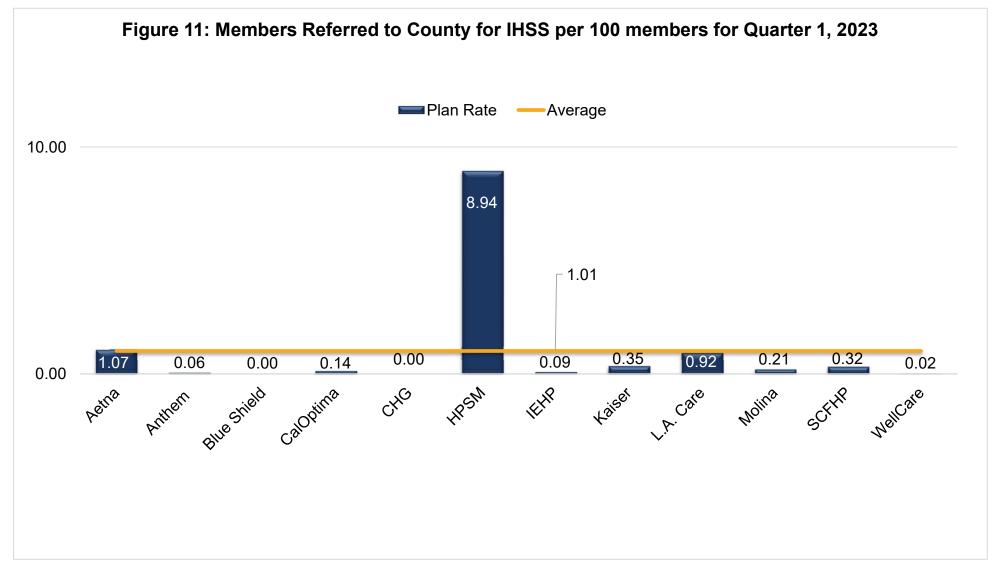


Figures 9 and 10: MSSP Member Referrals and Members Receiving MSSP per 100 members (Medi-Medi Plans Only) Figure 9: MSSP Referrals per 100 Members for Quarter 1, 2023 Plan Rate Statewide Average 0.50 0.02 0.05 0.01 0.01 0.17 0.00 0.04 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Blue Shield SCEHR Anthem CHC calopiima HPSM Molina Wellcare Aetha A. Care FHP Kaiser Figure 10: Members receiving MSSP per 100 members for Quarter 1, 2023 5.0 4.4 0.6 0.20.0 0.0 0.2 0.0 0.1 0.0 0.6 0.5 0.5 0.4 0.0 Calopina Blue Shield CHG Molina HPSM FEHR A. Care Vaiser Anthem Aetho

Data Source: The Medi-Medi Plans and non-EAE plans via Dual-Special Needs Plan (D-SNP) Quarterly Reporting Template. Data is collected directly from the plans within 60 days of end of each quarter.



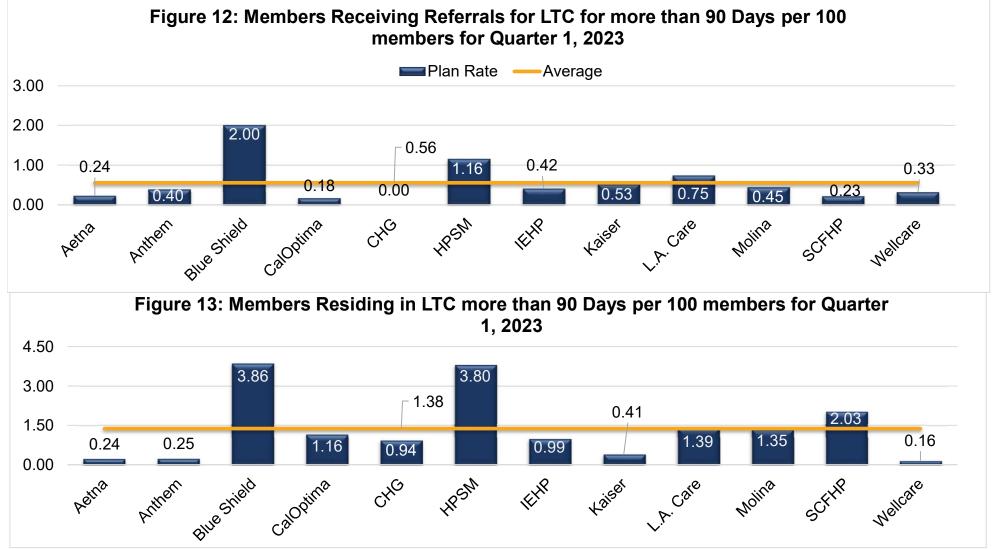
Figures 11: Members Referred to County for IHSS per 100 members (Medi-Medi Plans Only)



Data Source: The Medi-Medi Plans and non-EAE plans via Dual-Special Needs Plan (D-SNP) Quarterly Reporting Template. Data is collected directly from the plans within 60 days of end of each quarter.



Figures 12 and 13: 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)



Data Source: The Medi-Medi Plans and non-EAE plans via Dual-Special Needs Plan (D-SNP) Quarterly Reporting Template. Data is collected directly from the plans within 60 days of end of each quarter.