



Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 20 (1/1/2016 – 12/31/2016)

Federal Fiscal Quarter: 2/2016 (4/1/16 – 6/30/16)

To **Felix D. Milburn** (CMS/CMCS)

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Introduction

The Diamond State Health Plan (DSHP) is a mandatory Medicaid managed care program operating under an 1115 waiver from CMS. Diamond State Health Plan covers approximately eighty percent (83%) of Delaware's Medicaid population.

For contract year 1996 forward, all Medicaid clients are eligible for the DSHP except for those clients in Long Term Care, Home and Community based waiver programs and/or dually eligible for Medicare and Medicaid.

All Medicaid benefits are included in the waiver package except, non-emergency transportation, extended mental health and substance abuse benefits and some specialized services for children. January 1, 2015 pharmacy benefits were added to the Managed Care Contract.

The State of Delaware is utilizing a Health Benefits Manager (HBM), enrollment broker, to provide outreach, education and enrollment for the Medicaid clients. The Managed Care Entities are not allowed to direct market to the Medicaid population, but may hold or attend health fairs, special events or school programs.

From July 1, 2002 to June 30, 2004 Diamond State Health Plan had contracted with one Managed Care Entity (First State Health Plan) and Diamond State Partners a Medicaid only, managed fee for service program, developed and implemented by the Division of Medicaid and Medical Assistance.

Diamond State Health Plan also provides for a level of mental health and substance abuse benefits.

On July 1, 2004 Delaware Physicians Care Inc., a subsidiary of Schaller Anderson, became the State's managed care option. This contract was renewed for the SFY 2006, beginning July 2005 and again July 1, 2006 (SFY 07).

On July 1, 2007 Diamond State Health Plan expanded the program by offering a second commercial managed care option. In addition to Delaware Physicians Care Inc. (DPCI) and Diamond State Partners, the Medicaid only, managed fee for service program, enrollees may also choose United Healthcare Community Plan (formerly Unison Health Plan of Delaware). The contracts between the state and these two managed care plans have been extended from July 1, 2011 to June 30, 2013, with additional option years.

On January 1, 2015 Diamond State Health Plan completed a successful RFP process and awarded two contracts to one incumbent MCO, United Healthcare Community Plan and one new MCO Highmark BCBS Health Options. Effective December 31, 2014 Diamond State Partners ended.

Enrollment Information

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	89,025
Population 2: Tanf Adults aged 21 and over	30,504
Population 3: Disabled Children less than 21	5,427
Population 4: Aged and Disabled Adults 21 and older	6,422
Population 5: Infants less than one year of age with income levels above 185 percent FPL through 200 percent FPL; optional targeted low income children	None charged to Medicaid/Title XIX
Population 6: Uninsured Adults up to 100% FPL	50,281
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,033
Population 9: DSHP-Plus HCBS	3,665
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	11,201
Total	205,558

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the April 1, 2016 to June 30, 2016 period based on capitation claims and for the PCCM, MC enrollment and eligibility files. Clients who were in more than one eligibility category during the quarter are reported based on their last status (most recent month). Age is calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.

Outreach/Innovative Activities

United Healthcare Community Plan – (UHC)

United Healthcare was very active with approximately twenty healthcare events during the second quarter of 2016 reaching approximately 3,000 people with health information, literature and resource information.

On June 4, 2016 United Healthcare Community Plan participated in Kids Fest a day for Kids at the Boys/Girls Club in Milford, Delaware. Several UHC Members stopped by the table to acknowledge that they are members of UHC. UHC benefits information & promotional items were distributed. Members stated they are pleased with the service UHC provides. There were approximately 200 people in attendance.

On June 10, 2016 United Healthcare Community Plan was at Southbridge Farmer's Market & Family Health Fair at Elbert Palmer Elementary School. During this family event UHC was able to meet a variety of community partners while distributing health information to school parents, children, grandparents, families, staff, community leaders & stakeholders gather at the Health Fair and Family evening event.

Safe Kids Day at the Sussex County Event on June 25, 2016 UHC had exhibitor table with information on preventive health, dental health, immunizations. This event was attended by approximately 500 people. Representatives from many Fire & Rescue Teams throughout Sussex County provided demonstrations.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the second quarter of 2016. Highmark was very active during the 2nd quarter with fifteen community healthcare events, reaching approximately over three thousand people with health information and the opportunity for immediate health screens and literature.

The Delaware Breast Cancer Coalition's Annual Multicultural Screening/Health Fair on April 2nd At the Multicultural Church & Community center in Milford, DE with an approximate audience of 500, this event consisted of a day of breast health education, free screening and free mammogram for those that register in advance; and information on how to live a healthy lifestyle.

11th Annual Summit on Health of Women, Men and Children on April 13th - At Chase Center on the Riverfront open to the public and providers' staff members, the mission of the Delaware Healthy Mother & Infant Consortium (DHMIC) is to provide statewide leadership and coordination of efforts to prevent infant mortality and to improve the health of women of childbearing age and infants throughout Delaware. The full-day Annual Summit is an opportunity to learn firsthand about the

progress that is being made, the challenges yet to be overcome and to interact with national regional and local experts.

"Westside Family Healthcare in Kent - On June 2nd at Westside Family Healthcare in Kent with an approximate audience of 300, Westside Family Healthcare targeted migrant workers and provided free health screenings; rapid HIV testing counseling; Tuberculosis (TB) testing; health information & resources; food demonstration and free foods.

The State's Health Benefits Manager (HBM)

Ongoing Activities

- Continue to educate clients about the two health plan options
- Continue to provide ongoing caseworker training about DSHP, DSHP Plus and DHCP
- Continue to assist clients with complaints or issues concerning their managed care
- Continue tracking caseworker assistance performed by Outreach representatives
- Continue the process by which Outreach representatives consistently follow-up with caseworkers who need education, based on telephone calls from clients and caseworkers
- Continue to offer translation services for Spanish-speaking clients at selected State Service Centers statewide, for both oral and written translations
- Continue to supply representatives for oral translations by phone, for caseworkers and clients
- Continue to deliver the HBM monthly newsletter and distribute it to all caseworkers

For more detailed information regarding all our activities this quarter please see **Attachment-A** the HBM second quarter report and **Attachment B** the HBM Monthly Newsletters.

Special Interest Meeting/Conference

Delawareans with Special Health Care Needs

DE Medicaid continues to support the Delawareans with Special Health Care Needs (DSHCN). The DSHCN host the bi-monthly MCO telephone panel discussion which includes an hour devoted to individuals under Delaware's Diamond State Health Plan Plus program. In addition, they host a bi-monthly MCO telephone panel discussion specifically focusing on child/adolescent behavioral health issues. DE Medicaid provides liaisons from both the policy unit and medical management unit to DSHCN who attend each of these bi-monthly MCO panel discussions and follow up with any topics discussed which require additional action.

Delaware Family Voices (formerly Family to Family Health Information Center)

DE Medicaid continues to support Delaware Family Voices. DE Medicaid provides liaisons to Delaware Family Voices who serve on their Family Leadership Advisory Council (FLAC). FLAC is the body of representatives of stakeholders, partner agencies, and interested community members that make suggestions for the direction and future goals for Delaware Family Voices. These

liaisons as well as other DMMA representatives participated in three calls this quarter; April 12th, May 10th and June 14, 2016.

Operational/Policy Developments/Issues

MCO RFP implementation updates

On January 31, 2014 DHSS issued HSS 14-019 for the procurement of MCOs to provide statewide managed care services for the Diamond State Health Plan (DSHP) and the Diamond State Health Plan Plus (DSHP Plus) programs.

Bids were received and evaluated; scored and oral presentations were delivered. DMMA has successfully contracted with two managed care organizations to deliver the Medicaid benefit to our clients. DMMA awarded the contract to one incumbent and one new managed care organization, United Healthcare Community Plan and Highmark BCBS Health Options. The new MCO contract started January 1, 2015.

We work closely with the MCO's continuing to monitor contract compliance. We meet monthly with each MCO to discuss any outstanding issues including pharmacy and provider billing concerns and any other operational questions that might arise. Our Case management team meets monthly with the MCOs to monitor quality and care for our entire population.

Delaware Medicaid Enterprise System (DMES)

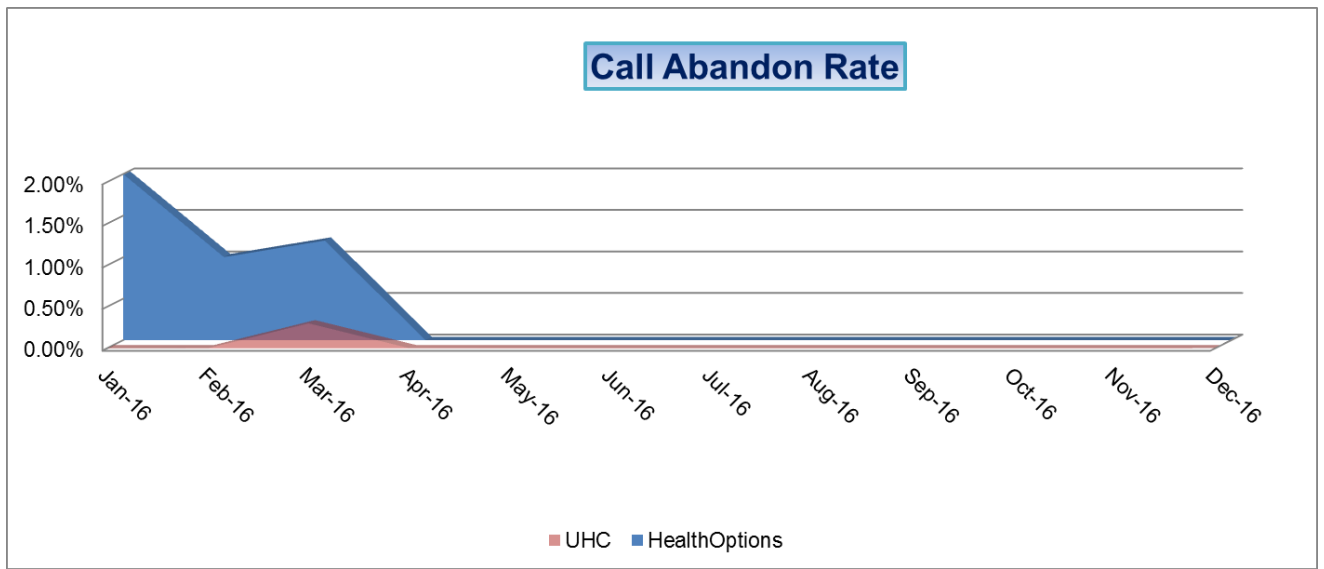
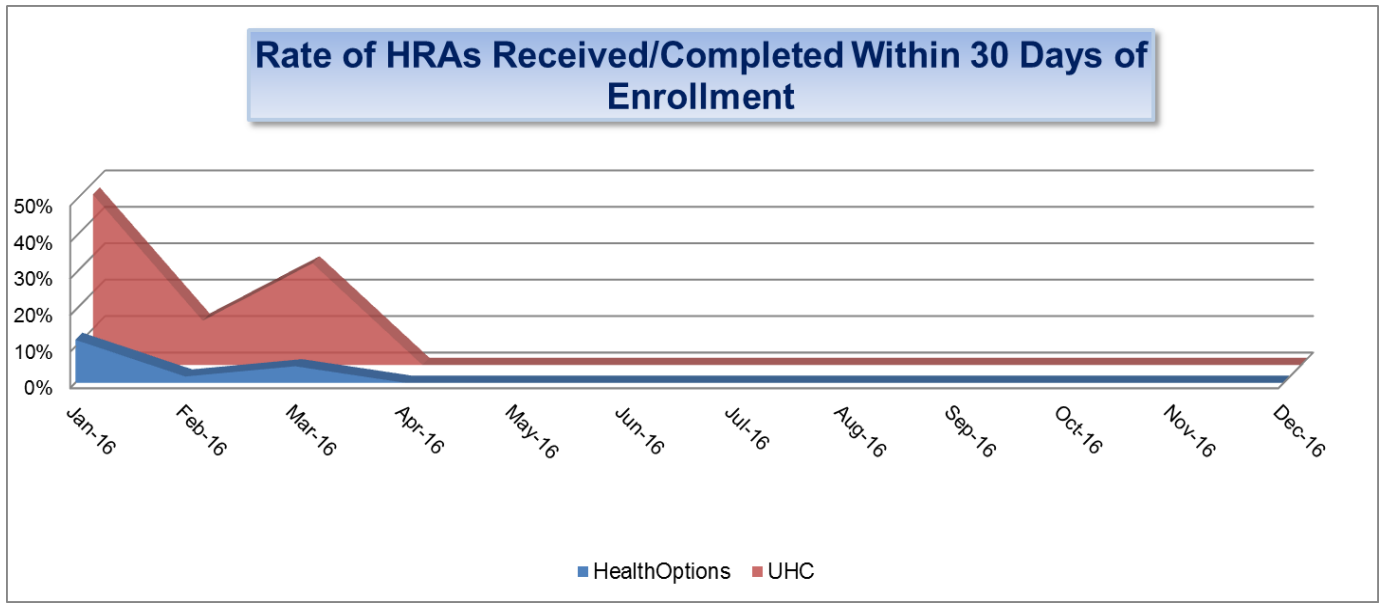
DMES: The Executive Committee met to vote for the new go-live date. Everyone agreed upon January 1, 2017. We continue to revise the project schedule in advance of the new date. Testing continues and we are executing contingency plans related to contracts, stakeholder communications, and training.

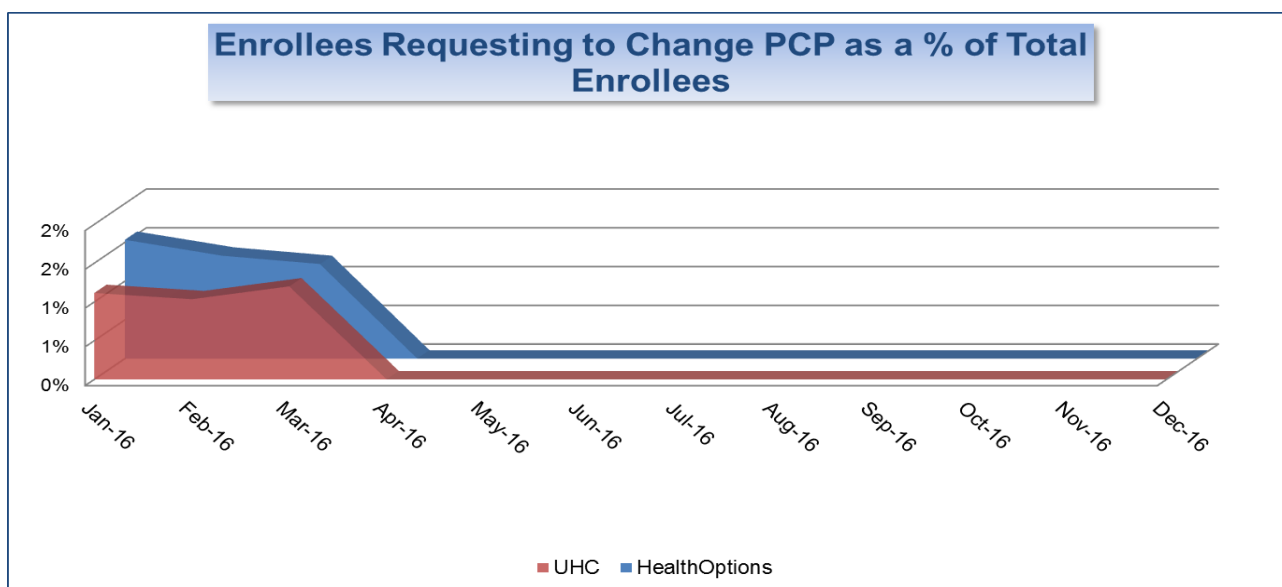
QCMMR and QCMMR Plus Reporting

The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DHSP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Medical Management Managed Care Team worked in conjunction with Mercer, our EQRO contractor and the MCOs in developing the guidelines and reporting templates. The QCMMR and QCMMR Plus was developed as a method to specify the metrics to be reported monthly, compare metrics for the two commercial health plans, monitor the results at the State level, and roll up the results quarterly and annually for executive level reporting on the managed care program. The metrics or measures flow from contractual requirements or federal or state regulations contained in the Managed Care program contract.

DMMA Medical Management unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Medical Management team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Medical Management's goal is to establish a partnership with the MCOs to improve quality of care for our Medicaid population.

DMMA continues evaluate the QCMR reports for both DSHP and DSHP Plus populations.





Quality Assurance and Monitoring Activity

The Delaware Quality Management Strategy (QMS), under the Medicaid Managed Care 1115 Waiver, incorporates quality assurance (QA) monitoring and ongoing quality improvement (QI) processes to coordinate, assess and continually improve the delivery of quality care. The Quality Improvement Initiative (QII) Task Force, whose membership includes a multi-disciplinary state-wide group of external contractors and state agencies, participates in oversight and monitoring of quality plans and improvement activities of Medicaid and Title XXI DHCP funded programs based upon the goals identified in the QMS. The four goals of the 1115 managed care demonstration waiver, in which over 80% of Delaware’s Medicaid and CHIP members are enrolled, are monitored through the QII Task Force:

- **Goal 1:** To improve timely access to care and services for adults and children with an emphasis on primary care and preventive care, and to remain in a safe and least-restrictive environment;
- **Goal 2:** To improve quality of care and services provided to DSHP, DSHP Plus, and CHIP members;
- **Goal 3:** To control the growth of health care expenditures.
- **Goal 4:** To assure member satisfaction with services

The QMS goals serve as a basis for guiding QII Task Force activities for all Task Force membership. The QII Task Force guiding values and principles are to: seek to achieve excellence through on-going QII activities; employ a multi-disciplinary approach to identify, measure and access timeliness and quality of care of services to members; hold providers of care accountable; identify collaborative activities; achieve cultural sensitivity; link the community and other advocacy and professional groups; create a forum for communication and open exchange of ideas.

QII Activity

During the second quarter of this monitoring period, Goal 2 of the Quality Management Strategy was reviewed. The QII forum was used to report on a variety of ways to improve the quality of care and services to DSHP, DSHP Plus, and CHIP members through reports on Performance Improvement Projects and other Performance Management strategies.

Improving Comprehensive Diabetes rates of HbA1c and eye exams by outreach, incentive and education, the use of Clinical Practice Consultants to close gaps in care, and improving Maternal Health were projects presented by the Managed Care Organizations.

The QII task force also discussed ways to improve rates of behavioral health follow up within 7 days after hospitalization for mental illness, using transitional case management teams and wellness coordinators and dedicated field staff to assist the Long Term Care teams. The PROMISE program was highlighted in care management with coordination of appointments and collaboration with the Division of Substance and Mental Health (DSAMH) to help with the transition of care from inpatient mental health facilities back to home. The group discussed barriers to some of these strategies and initiatives to overcome them.

Case Management Oversight

The Medical Case Management Unit/DMMA has continued with Case Management oversight of the DSHP Plus population and oversight of DSHP members identified by the MCO's thru Risk Stratification as requiring Care Coordination Services. This oversight is accomplished through on site reviews at the MCO's and joint State/MCO visits with members of the DSHP Plus and DSHP population. We continue to review and monitor the required Case Management and Care Coordination reporting from the MCO's. Including, but not limited to the Care Coordination Reports, Case Management for DSHP Plus LTSS, Service Coordination reports, Self-Directed Attendant Care service and Utilization Management reports. DMMA continues with monthly meetings with each MCO, this provides a forum to discuss any case management issues in a collaborative manner, identify issues and plan resolutions. Our Medical Case Management Unit also meets bi-monthly with our MCO's and our DMMA LTC units to discuss any LTC issues, again in a collaborative manner to identify issues and plan resolutions.

During the Second Quarter 2016, our Medical Case Management unit has finalized and implemented our updated DMMA/MCO Care Coordination Joint Visit Tool. Our Nurses are completing an average of 20 joint visits per week, statewide. Our updated MCO Care Coordination on site Case File review tool has been finalized and will be utilized for our third quarter review. We continue to work with our Applied Behavior Analysis (ABA) providers to facilitate the authorization/billing process.

Managed Care Meeting

The Bi-Monthly Managed Care meetings are used to provide a forum to discuss issues in a collaborative manner. The meeting is used to collaborate on common practices, identify issues, plan resolutions and identify potential Quality Improvement Activities.

DMMA was very involved with both MCOs during implementation of the new contract meeting with the MCOs on a daily basis during the first quarter 2015 which caused us to delay the start of the bi-monthly MCO meetings. DMMA continues to meet individually with the MCOs on a variety of issues, questions and concerns. DMMA is starting the MCO Bi-Monthly meetings on July 19, 2016, which will be reported in our third quarter CMS report.

Medicaid Special Bulletin

This is a special Dental bulletin given to our Medicaid Dental Providers.

In This Issue;

- Update for Dental Providers Caries Risk Assessment
- Updated ADA Caries Risk Assessment Forms

We have attached the entire special Dental News volume 1 number 1: **Attachment C.**

Expenditure Containment Initiatives

DMMA doesn't have any new cost containment initiatives to report for this quarter.

Financial/Budget Neutrality Development/Issues

Budget Neutrality Workbook – not attached at this time.

Member Month Reporting

A. For use in budget neutrality calculations –

<u>Eligibility Group</u>	<u>Month 1 April 2016</u>	<u>Month 2 May 2016</u>	<u>Month 3 June 2016</u>	<u>Total Quarter ending June 30, 2016</u>
DSHP TANF CHILDREN	80,517	80,555	81,262	242,334
DSHP TANF ADULT	28,465	27,600	27,447	83,512
DSHP SSI CHILDREN	5,323	5,338	5,347	16,008
DSHP SSI ADULTS	6,330	6,321	6,294	18,945
DSHP MCHP (Title XIX match)	0	0	0	0

Expansion Group <100% FPL	43,911	42,581	43,690	130,182
New ACA Adults 101 to 133% FPL	9,064	9,208	9,710	27,982
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,754	8,728	8,708	26,190
DSHP-Plus HCBS	3,487	3,531	3,595	10,613
DSHP TEFRA-Like	0	0	0	0
MCHIP Title XXI Chip Funds	0	0	0	0

Consumer Issues

HP, our Health Benefits Manager (HBM), continued to assist us in several ways:

HBM Highlights from the HBM Second Quarter 2016 report

Summary of Outreach Accomplishments

- Provided 625 separate translation services for DMMA and DSS programs, for clients and caseworkers
- Documented 330 instances of caseworker assistance
- Completed 6 enrollments in person
- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors
- Provided translation at a fair hearing

Program Integrity

Program Integrity continues to work with our managed care companies to report suspected fraud, waste and abuse. DMMA program integrity unit meets quarterly with all parties to share information and findings.

Family Planning Expansion Program

Delaware's Family Planning waiver was discontinued per the 1115 Waiver on December 31, 2013.

Demonstration Evaluation

DMMA has submitted a draft evaluation for CMS' review.

Enclosures/Attachments

Attachment A–

- Health Benefits Manager Report, Second Quarter 2016
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

- 2016 HBM Monthly Newsletters

Attachment C–

- 2016 Dental News volume 1, number 1

Attachment D- not at this time

State Contact(s)

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