



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 (1/1/2017 – 12/31/2017)

Federal Fiscal Quarter: 2/2017 (4/1/2017 – 6/30/2017)

To **Robin P. Magwood**

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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; 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	88,420
Population 2: Tanf Adults aged 21 and over	31,374
Population 3: Disabled Children less than 21	5,352
Population 4: Aged and Disabled Adults 21 and older	6,353
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	55,248
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	8,959
Population 9: DSHP-Plus HCBS	4,006
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	12,827
Total	212,539

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the April 1, 2017 to June 30, 2017 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)

Highlighted are three community health events which United Healthcare Community Plan, UHC participated in during the second quarter 2017. United Healthcare Community plan participated in over 25 community healthcare events reaching approximately three thousand people with health information and on-site health screenings.

On April 4, 2017 UHC participated in the LaRed Community Baby Shower, Bridgeville Public Library 600 S. Cannon St, Bridgeville DE

This was a successful member engagement opportunity. UHC and LaRed were able to provide pregnant women with information on healthy pregnancies and access to community resources. United Healthcare had an exhibitor table that displayed information on the healthy first steps program offered, eating healthy while pregnant, immunizations/vaccine information, benefits.

On April 4, 2017 UHC collaborated with Women Health at Christiana Care, promoting Health and Wellness information regarding infants, and children. UHC will have an exhibitor table with helpful resources pertaining to women health, UHC benefits, How to eat healthy on a budget and free promotional items.

On June 9, 2017 UHC partnered with Healthy Kids Delaware with YOUTHS Farmers Market at the Neighborhood House in Wilmington, DE. UHC had a *Spin It to Win* Trivia Games specific to healthy eating and getting the proper exercise daily. The children sold organic veggies harvested from their community gardens across the street from the Neighborhood House. Healthy cooking demonstration from the Master's Chefs of University of DE. Food Trust will provide additional fruits and veggies for the children to sell. All proceeds go the neighbor children outreach programs.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the second quarter of 2017. Highmark held 24 community healthcare events during the quarter, reaching approximately three thousand people with health information and the opportunity for immediate health screens.

On April 16, 2017 Highmark Health Options participated in Garfield Park Community Health Fair at the Recreation Center with an approximate audience of 250-300. This was a free event for the community. The Center provided health screening, fitness demonstrations and door prizes. Highmark Health Options was an exhibitor at this event with a table consisting of health literacy.

Cinco de Mayo Celebration on May 5, 2017 at the Latin American Community Center, LACC with an approximate audience of 500. The Cinco de Mayo event was hosted by the staff at LACC's Prevention Promoters, substance abuse prevention initiative. Throughout the year, prevention promoters' staff conduct outreach, educational programs and prevention activities to discourage

substance use and promote healthy behaviors. Preventions Promoters are funded by our sister agency Delaware Division of Substance Abuse and Mental Health (DSAMH). Highmark Health Options was an exhibitor at this event providing health literacy.

Christiana Care Hosting the "Every Women Counts" event on May 12, 2107 at New Castle Farmer Market with an approximate audience of 200-250. Christiana Care Women's Health Navigator hosted their annual "Every Women Counts" health screening event. Highmark Health Options attended as an exhibitor with a table consisting of health literacy.

The State's Health Benefits Manager (HBM)

Ongoing Activities

- Continue to educate members about the two health plan options
- Continue to provide ongoing caseworker training about DSHP, DSHP Plus and DHCP
- Continue to assist members 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 members and caseworkers
- Continue to offer translation services for Spanish-speaking members at selected State Service Centers
- statewide, for both oral and written translations
- Continue to supply representatives for oral translations by phone, for caseworkers and members
- Continue to deliver the HBM monthly newsletter and distribute it to all caseworkers

For more detailed information regarding all our activities during this quarter please see

Attachment-A the HBM second quarter 2017 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 11, May 9th and June 13th. DMMA stays in contact outside of scheduled calls to provide assistance to any Medicaid family in need.

Operational/Policy Developments/Issues

Delaware Medicaid Enterprise System (DMES)

DMES: The Go Live date for our new DMES system was December 29, 2016.

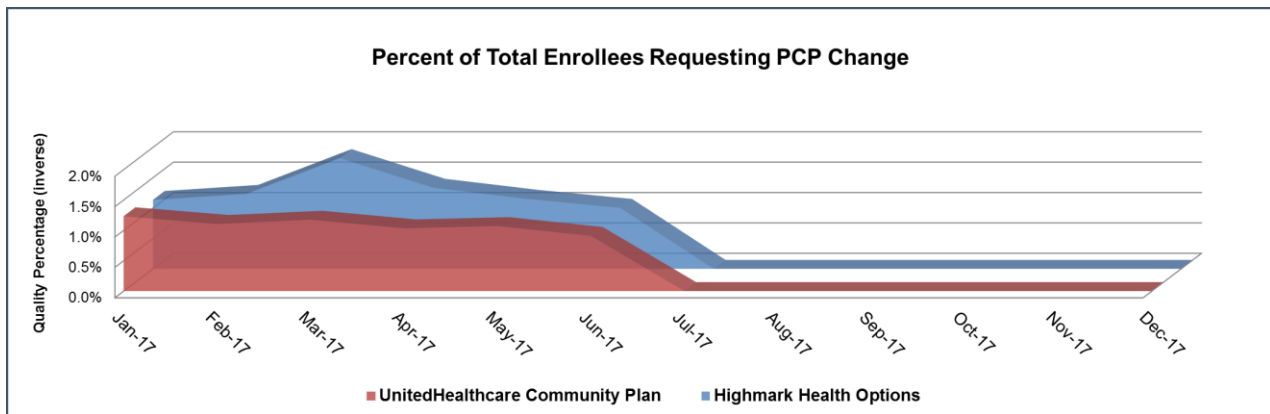
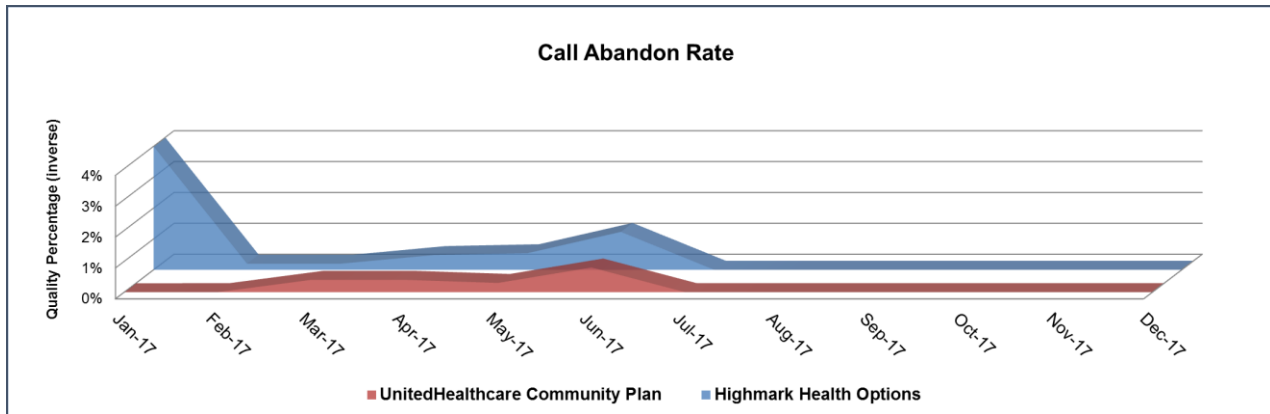
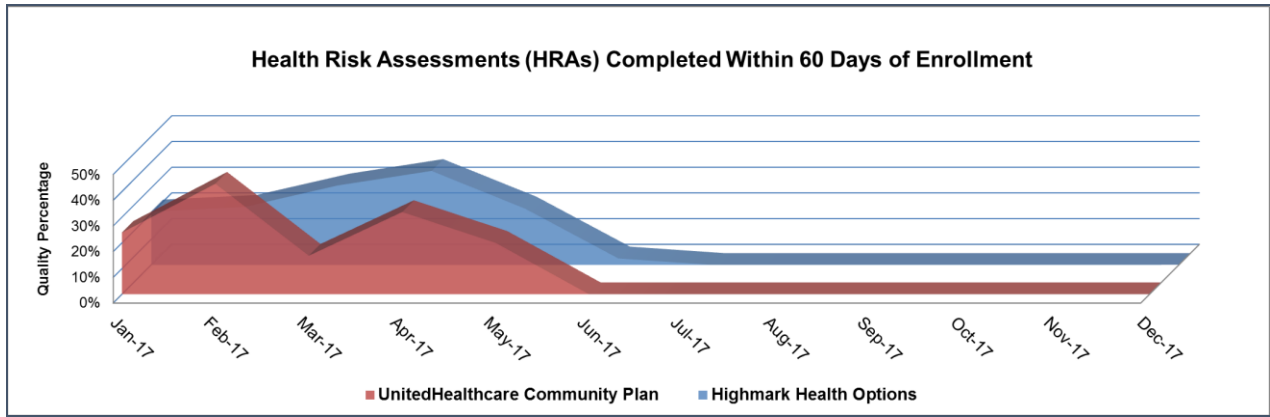
As with any new Medicaid Information System we continue to work closely with our vendor DXC on system changes, updates and enhancements as we work to insure we are able to perform all aspects of our Medicaid program.

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 QCMMR reports for both DSHP and DSHP Plus populations. DMMA has been working in conjunction with the MCOs to redefine and modify the reporting template to assure both MCOs are pulling reporting the same data.



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 an assortment 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.

In a population of 250-300 members, HIV Viral load suppression increased from a rate of 3.6% in FFY 2015 to a rate of 29.2% in FFY 2016. One of the MCOs reported this suppression rate also causes decreased transmission rates within the community. Interventions included pharmacy reminders at 80% of all pharmacies where members got their medications. Forty-four percent of members got their medications at the Wilmington Annex where the pharmacists were very proactive. Not only did members receive reminders but the pharmacy made sure the members took their medications. Members can also receive all their services at the Annex, including case management. Case management for the HIV population makes a big difference in care and in viral load suppression. Case managers help manage necessary care, medication issues, and keeping track of members. The continuum of care works with MCOs. Clinicians prioritize care and reach out to administrators within the MCOs if there are issues that they cannot resolve.

Goals for 2017 include: to maintain the current viral load suppression or increase it; to keep case management for HIV and include Hepatitis B and C populations; and to continue partnership with the Wilmington Annex since community pharmacies will not always be dependable.

A Diabetes Report Card was discussed and has been developed for diabetic members aged 18-75 years-old. This report card is mailed to 2,777 members every thirty days. It contains the member's most recent HbA1C lab result, most recent LDL- C lab result, BUN and creatinine, and urine screen for protein, BMI, Blood Pressure, and the norms for these measures. It also contains the most recent date that a dilated eye exam was performed. These report cards educate and empower members to own their chronic health issue and discuss the appropriate problems and concerns with their primary care provider (PCP) for their diabetes. The report card also helps keep the PCP up to date on the

latest recommendations from the American Diabetes Association. Rapid cycle analysis has found an overall 27% point improvement in A1C measurements, 2% point increase in eye exam rates, 6% point increase in members who had nephropathy screening, and 30% point increase in members who had statin prescription refills. Since the program has shown such success it will be expanded to include new members with diabetes and those who are newly diagnosed with diabetes.

Ninety percent of Case managers have been educated in appropriate oral health care, but only 17.1% of SNF providers and 40.6% of HCBS providers have educated. One MCO started a discussion about barriers they are finding in educating and recording education for HCBS and SNF providers along with how to determine if these populations' clients have been provided with oral care. A dialogue was started amongst the group and several suggestions were made.

Suggestions made were: have care coordinators look for used dental hygiene tools – toothpaste, toothbrush, and mouth wash; ask client what their favorite toothpaste is; ask client if they've brushed their teeth today and; see if toothbrush is wet. Some interventions suggested were: oral Health Education; Provider Refreshers; provider Newsletter Articles/Oral Health Corner; develop Provider Online Training and; recurring fax blasts.

Case Management Oversight

The Medical Case Management Unit/Division of Medicaid and Medical Assistance, DMMA has continued with Case Management oversight of the Diamond State Health Plan Plus, DSHP Plus population and oversight of Diamond State Health Plan, DSHP members identified by the Managed Care Organizations, 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 Long Term Care, LTC units to discuss any LTC issues, again in a collaborative manner to identify issues and plan resolutions.

During the Second Quarter 2017, we completed our MCO annual on-site quality review with our EQRO Team. Members of our Medical Case Management Team participated in the review. We continue our work to implement the Medicaid Managed Care Final Rule requirements. Our oversight activities include State/MCO visits for members in our DSHP Plus and DSHP members, onsite Case File reviews and Level of Care Redetermination reviews. We just completed our 2nd Quarter onsite reviews and reviewed the findings with the MCO's. DMMA's ongoing case management oversight activities ensure all the populations served are receiving the highest quality and comprehensive medical services in the most cost effective manner.

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 held on Bi-monthly MCO meeting during the second quarter, May 16, 2017

During the May meeting we had a presentation by our non-emergent medical transportation broker, Logisticare. Ann Bourne the contract manager gave a very complete presentation which was well received by both MCOs. Ms. Bourne provided the MCOs with the number of transportation providers they contract with and the number of trips provided to our members in a month. Along with services available on their website; making reservation, how to “Find my Ride and file a complaint. The MCOs asked numerous questions and found this information very helpful

Medicaid Provider Bulletin

In the second quarter issue;

How to Corner; Tips to Help you

MCO Corner

Stay Informed

Avoid Claim Denials

Delaware Cancer Treatment Program

Remittance Advice Ready

Program Integrity

2017 VFC Program

Education Requirements for 2017

Pharmacy Corner

Early Periodic Screening, Diagnosis & Treatment Corner

Dental News

Need Assistance?

To read the entire Delaware Medical Assistance Provider Bulletin: **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>	Month 1 April 2017	Month 2 May 2017	Month 3 June 2017	Total Quarter ending June 30, 2017
DSHP TANF CHILDREN	84,694	85,046	85,337	255,077
DSHP TANF ADULT	29,345	29,614	30,018	88,977
DSHP SSI CHILDREN	5,334	5,288	5,267	15,889
DSHP SSI ADULTS	6,267	6,265	6,275	18,807
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	50,452	50,625	51,711	152,788
New ACA Adults 101 to 133% FPL	10,799	10,625	10,969	32,393
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,791	8,740	8,722	26,253
DSHP-Plus HCBS	3,892	3,920	3,968	11,780
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 First Quarter 2017 report

Summary of Outreach Accomplishments

- Provided 430 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 192 instances of caseworker assistance
- Completed 12 enrollments in person
- Distributed the HBM newsletter each month, statewide, to caseworkers and supervisors
- Provided translation at a fair hearing

Program Integrity

Delaware Medicaid is approaching the midpoint of the second option year with our Fraud, Waste, and Abuse Contractor, Health Integrity. We have held strategy meetings and conducted training for preparation to review Medicaid provider actions, audit claims, identify overpayments, and educate providers and others on Medicaid program integrity issues. Health Integrity has enthusiastically identified additional provider areas of risk in Delaware's fee-for-service and encounter claim universes. Among areas of interest are Inpatient o/ one-day stays, Developmental Disabilities Services and Modifier 25.

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 2017
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

- 2017 HBM Monthly Newsletters

Attachment C– Delaware Medical Assistance Program Provider Bulletin

Attachment D- not at this time

State Contact(s)

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