Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 21 (1/1/2018 – 12/31/2018)

Federal Fiscal Quarter: 2/2018 (4/1/2018 -6/30/2018)

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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 ninety percent (90%) 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.

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.

On January 1, 2018 Diamond State Health Plan completed another successful RFQ process and awarded two contracts; one incumbent MCO, Highmark Health Options and one new MCO AmeriHealth Caritas DE. Effective December 31, 2017, United Healthcare Community Plan contract ended.

Enrollment Information

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	**89,328**
Population 2: Tanf Adults aged 21 and over	**32,223**
Population 3: Disabled Children less than 21	**5,427**
Population 4: Aged and Disabled Adults 21 and older	**6,231**
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	**55,210**
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	**9,151**
Population 9: DSHP-Plus HCBS	**4,630**
Population 10: DSHP TEFRA-Like	**0**
Population 11: ACA Adults at 101-133% FPL	**10,949**
Total	**213,149**

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the April 1, 2018 to June 30, 2018 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

AmeriHealth Caritas DE

AmeriHealth Caritas participated in approximately 20 Health fairs and Community Education opportunities during the second quarter which were held in a variety of locations across the state of Delaware.

On May 23rd, AmeriHealth Caritas participated with the Delaware Breast Cancer Coalition in the **iVida! "Living a Healthy Lifestyle,"** event, at the Milford Public Library. This health event was open to the community and offered free screenings for cholesterol, glucose, and blood pressure. AmeriHealth Caritas DE provided a resource table.

A **Community Baby Shower** was held at Christiana Care's Wilmington Hospital location on May 24th. This event featured fun activities as well as information about pregnancy, caring for children from birth to age 2. AmeriHealth Caritas DE had a resource table at this event.

Highmark Health Options

Highmark Health Options participated in eighteen health fairs and community events this quarter.

Highmark Health Options participated in **iVida! Living a Healthy Lifestyle**-On Saturday June 2nd Event with the Delaware Breast Cancer Coalition at the Western Sussex Boys & Girls Club in Seaford, Delaware. This health event was open to the community and offered free screenings for cholesterol, glucose, blood pressure, cervical cancer, HIV testing and mammograms. Highmark Health Options provided an exhibitor table which included health and wellness education materials.

Highmark Health Options attended the **Developmental Disabilities Council Membership Outreach** Event on 6/2/18 at the Lewes Senior Center. There were 30 plus attendees at the event which was designed to spread awareness of different services and programs available to the disabled population. A Healthy food demonstration was held in addition to interactive health and wellness activities. All were welcome. HHO 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 2018 report and **Attachment B** the HBM Monthly Newsletters.

Special Interest Meeting/Conference

Medicaid Managed Care Congress Conference, May 21 – 23, 2018-

DMMA sent three representatives, Donna O'Hanlon, Jamie Johnson, and Kimberly Xavier to the Medicaid Managed Care Congress in Baltimore, Maryland on May 21 to 23, 2018. The conference was very interesting with a variety of topics; fraud waste and abuse, utilizing waiver programs to treat complex populations for better outcomes and discussions of possible changes to the Medicaid Managed Care Final Rule. They estimate the changes to the final rule could come out in August 2018.

Delaware Family Voices

DE Medicaid continues to support Delaware Family Voices. Caring for children with special needs is often complex, and Delaware Family Voices and the Family to Family Health Information Center is in the unique position to help. This organization states that "We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves." DMMA and our managed care organizations, Highmark Health Options and United Healthcare Community Plan participate in these monthly calls assisting families to navigate the complex healthcare field. There were three monthly calls this quarter: April 10th, May 8th and June 12th. DMMA stays in contact outside of scheduled calls to provide assistance to any Medicaid family in need.

Operational/Policy Developments/Issues

1115 Waiver/2020 Payment and Delivery System Reform

DMMA and CMS met on 2/7/18 and discussed the waiver renewal and SUD amendment. On June 29th, Delaware submitted a request to renew the 1115 Waiver, along with the required Interim Evaluation of the current 1115 Waiver, and a Substance Use Disorder (SUD) amendment to CMS for consideration.

QCMMR and QCMMR Plus Reporting

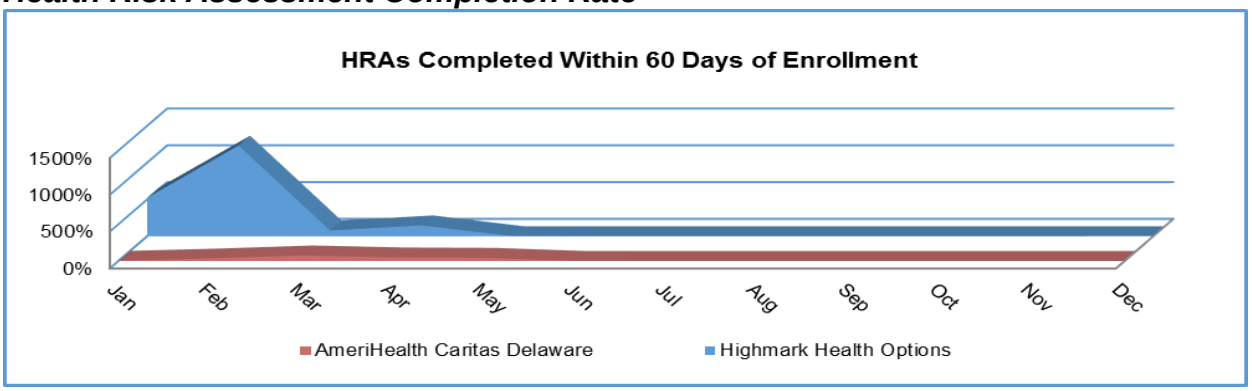
The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DHSP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations 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 Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the

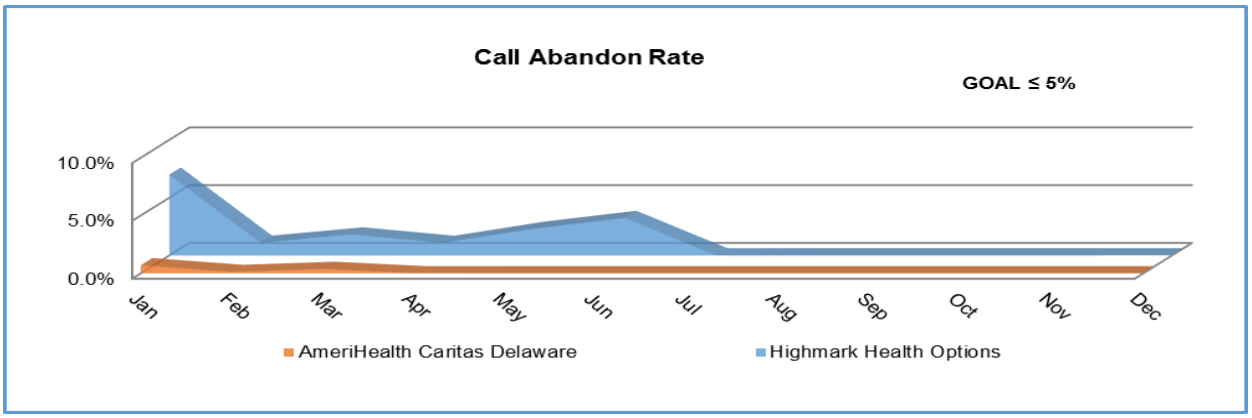
reports. Manage Care Operation's goal is to establish a partnership with the MCOs to improve quality of care for our Medicaid population.

DMMA continues to 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 and reporting the same data.

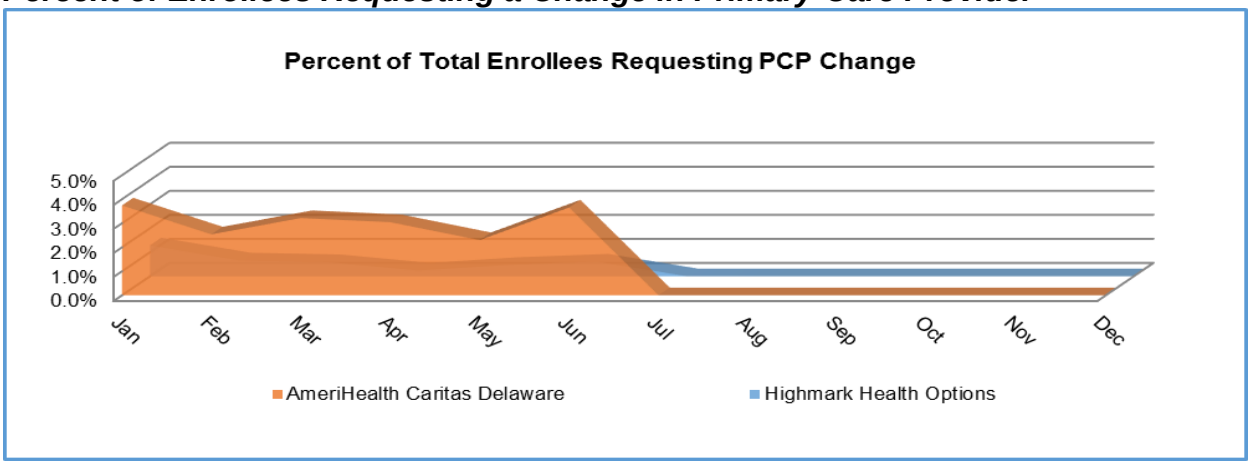
Health Risk Assessment Completion Rate



Customer Service: Call Abandon Rate



Percent of Enrollees Requesting a Change in Primary-Care Provider



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 90% 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 2nd Quarter of this monitoring period, The Access Issues Survey Results were presented and reviewed with the QII group. During the 1st Quarter, the QII group was asked to provide the top 3 access issues that they are dealing with within their organizations and agencies. The following were the themes presented by those who responded to the survey:

Substance Abuse Treatment -Lack of availability of programs and supportive housing for members needing a level of care lower than residential substance abuse treatment. For example, Partial Hospital Programs that include boarding are limited to out-of-state facilities.

Behavioral Health Bed availability: – Limited availability of treatment programs and beds in the State.

Nursing Agencies- Limited availability of nursing agencies in Delaware can lead to a need for dual or multiple agencies to staff a case and may increase the possibility for missed shifts. As Delaware is

a compact nursing licensure state we are able to utilize providers in Maryland, but not in Pennsylvania or New Jersey.
Discussion around interventions and how these topics are being addressed were presented. Telemedicine was discussed as an intervention to greatly impact the Behavioral Health and Substance Abuse Treatment Access issues in Delaware.
The QII will continue to seek out interventions and barriers to the reaching of successful outcomes to the Access to Care goals and bring back to the next meeting interventions.

Goal # 1 : To improve timely access to appropriate care and services for adults and children with an emphasis on primary, preventative, and behavioral healthcare and to remain in a safe and least restrictive environment.

The Access Goal of the Quality Strategy was also discussed further with presentations by the Managed Care Organizations. One MCO presented a review of the Maternity/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Pod as well as the Model of Care. The EPSDT approach to care and improving Access to Services and Care were also discussed.

Case Management Oversight

During the 2nd Quarter the Medical Case Management Oversight Team worked with our EQRO contractor, Mercer, to review and update our MCO Reporting Guide for the 2018 year. Our team collaborated with our Medical Management Managed Care Team in the refinement of our Quality and Care Management Measurement Reporting (QCMMR) to assure no duplicated metrics and our Reporting Guide included all metrics and measurements from contractual requirements. Our team met with each of our MCO's to review the Reporting Guide for 2018, all contractually required reports, discussed and clarified all questions. Our team continues to review all Reports identified in the MCO Reporting Guide and meets with each MCO quarterly to discuss the findings, identify opportunities for improvement and improve quality of care for our Medicaid population.

Our Joint Visit oversight continues, our Nurses complete Joint Visits with the MCO Case Managers and Care Coordinators. Visits are made with our members identified as a high risk for poor health outcomes and our members receiving Long Term Care Supports and Services. Our members are seen where they are in home/ community settings and Nursing Facilities. Our goal is to identify strength and opportunity in all areas of Care Coordination and Case Management.

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 establish connections to our sister agencies for coordination of care.
DMMA held one MCO bi-monthly meeting this quarter on May 15, 2018. We discussed critical incidents again for the new members at the meeting. We want to stress the importance of correctly reporting critical incidents and making sure everyone knows when and how to report a critical

incident. We discussed the process for prorating patient pay amounts when a member is admitted or released from a nursing facility mid-month.

Medicaid Provider Bulletin

In the second quarter issue;

New Dental Corner Link
How to Corner: Tips to help you
EHR News – Promoting Interoperability Program
Manual and Forms Updates
Reminders – Provider Communications
DCTP - See revised application
Prevention – DE Self-Management Programs
Vaccines for Children – Vaccine Storage-Handling
Program Integrity – Provider Specific Self Audits
Pharmacy Corner – Preferred Drug List 2018
MCO Corner – Drugs and Potential Abuse
Dental News- Dental Updates
EPSDT – Children with Medical Complexity
PERM – New Payment Error Rate Measurement Cycle
Need Assistance – Contact information

To read the entire Delaware Medical Assistance Program 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 –

Eligibility Group	Month 1 April 2018	Month 2 May 2018	Month 3 June 2018	Total Quarter ending June 30, 2018
DSHP TANF CHILDREN	85,401	85,299	85,206	**255,906**
DSHP TANF ADULT	30,477	30,473	30,488	**91,438**
DSHP SSI CHILDREN	5,332	5,317	5,357	**16,006**
DSHP SSI ADULTS	6,083	6,109	6,140	**18,332**
DSHP MCHP (Title XIX match)	0	0	0	**0**
Expansion Group <100% FPL	52,554	52,502	52,554	**157,610**
New ACA Adults 101 to 133% FPL	10,123	10,083	10,123	**30,329**
FP Expansion	0	0	0	**0**
DSHP-Plus State Plan	8,855	8,846	8,846	**26,547**
DSHP-Plus HCBS	4,432	4,490	4,552	**13,474**
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 2018 report

Summary of Outreach Accomplishments

- Provided 448 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 293 instances of caseworker assistance
- Completed 34 enrollments in person
- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors

- Provided translation for the Audit Recovery Management Services unit at DSS and the Quality Control Unit

Program Integrity

Delaware Medicaid is well underway with the new two-year contract with Fraud, Waste, and Abuse contractor, Qlarant. Contracted policy enhancement efforts thus far have produced policy drafts for, Medicaid recipient Fraud, Durable Medical Equipment Fraud (DME), Inpatient admissions processes, Respite Care Services and the Delaware Medicaid Medical Assistance (DMMA) Appeals process. Overpayments are continuing to be Identified and successfully extrapolated. Training and support are being provided by Qlarent nursing staff as well as their analytical team are providing training and support for SUR Team Management Analyst. DMMA and Qlarant will be joining attorneys, nurses, contractors, investigators, managed care staff and pharmacists from all 50 States by attending and presenting Fraud/Waste and Abuse topics at the National Association for Medicaid Program Integrity Annual Conference (NAMPI) August 26th – 29th in Austin, Texas. Lastly, the collaborative partnership with Unified Program Integrity Contractor (UPIC) SafeGuard Services (SGS) is moving progressively forward with the focus on Pharmacy compliance and opioid overprescribing.

Family Planning Expansion Program

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

Demonstration Evaluation

DMMA will be conducting an interim evaluation of the current 1115 to be submitted with an updated renewal request.

Enclosures/Attachments

Attachment A–

- Health Benefits Manager Report, Second Quarter 2018
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

- 2018 HBM Monthly Newsletters – April, May and June

Attachment C– Delaware Medical Assistance Program Provider Bulletin

State Contact(s)

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