



Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 19 (1/1/20115 – 12/31/20115)

Federal Fiscal Quarter: 1/2015 (01/01/2015 -03/31/2015)

To **Ed Francell** (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 pharmacy, non-emergency transportation, extended mental health and substance abuse benefits and some specialized services for children.

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.

Enrollment Information

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	87,005
Population 2: Tanf Adults aged 21 and over	31,739
Population 3: Disabled Children less than 21	5,443
Population 4: Aged and Disabled Adults 21 and older	6,609
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	46,669
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	8,981
Population 9: DSHP-Plus HCBS	3,039
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	9,212
Total	198,697

Definition: “Ever enrolled” in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the January 1, 2015 to March 31, 2015 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

Community Services Connect is now available!

Members can use the online tool to look up resources and services available in the community or contact member services for assistance.

Community Health Worker (CHW) – home visits (May)

In order to increase home visits for the CHW Program we are launching an outreach program focused on the top 5% with automated calls and postcards. We will monitor the results closely to identify barriers when trying to contact members.

Tracfone / SafeLink (in progress)

Connect members with SafeLink, a government supported service within the Federal Lifeline program (free wireless phones).

Utilize the wireless phones to promote connect4helath programs such as:

Send Delaware customized text messages to remind members of their wellness visits and screenings (focus on improving our HEDIS measurements!)

UHC closed first quarter of 2015 with **15 Community Events** reaching approximately 3500 people.

UHC had their first 2015 **Member Advisory Board** meetings;

Kent & Sussex Meeting (13 members in attendance)

New Castle Meeting (12 members in attendance)

Highmark Health Options

Highmark Health Options has been invited to attend the **5th Annual Delaware State University Health Fair**, on Tuesday, March 31, 2015. The event will take place at the Martin Luther King Student Center, located at 1200 N DuPont Highway, Dover DE 19901. The expected audience is approximately 350+ students. The concept of the event is targeting health and wellness amongst the students.

Shue-Medill Middle School will be hosting its **8th Annual Health Fair** on Friday, April 24, 2015. The event will be held at Shue Medill Gymnasium, at 1500 Capital Trail, Newark, DE 19811. The students along with their family members will be in attendance. The expected audience is approximately 400+ students. This is a wonderful opportunity for Highmark Health Options to exchange information with the students and their families about topics related to health (physical/mental), wellness and safety.

The State's Health Benefits Manager (HBM)

HBM Ongoing Activities & Objectives

- Continue to educate clients about the two health plan options
- Continue to provide ongoing caseworker training about DSHP, DSHP Plus and DHCP

- Continue to inform caseworkers, providers, and community groups about changes in DPAP and CRDP
- 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 create the HBM monthly newsletter and distribute it to all caseworkers
- Continue to participate in meetings, as appropriate, with community groups who also serve our clients

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

Special Interest Meeting/Conference

Medicaid Innovation Conference - Kathleen Dougherty, Chief of Managed Care Operations presented at the Medicaid Innovation Conference February 2-4th on Delaware's journey of LTSS Managed Care to its new RFP and contract. Her presentation was very well received.

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 the January 13th, February 10th and March 10th calls.

Operational/Policy Developments/Issues

MCO RFP

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.

Starting January 2015 DMMA has been closely monitoring the implementation of the new contract with United Healthcare and Highmark Health Options. DMMA hosts daily “huddle” calls with both MCO’s. The plans report on call center statistics as well as raise urgent issues. The progress is steady and we work through issues on a daily basis. We have weekly meetings for problem solving and next steps on critical areas such as Case Management, Pharmacy and Systems.

March 2015 update on implementation; Continuity of care continues to be our focus in discussions with the MCO’s. We have multiple calls each week with the MCO’s to discuss specific issues that arise. Pharmacy and provider billing are two areas that we are working on and have a work plan in place for a timely resolution. We continue to look at MCO compliance and are expanding our Case Management review to incorporate the new aspects of the Managed Care Contracts. The Managed Care Organizations continue to assist members through the transition of a new Medicaid Plan. The member call volume to the MCO’s member services continues to decrease as members become familiar with their MCO.

MCO Drug Benefit Update – Effective January 1, 2015 the drug benefit moved from Fee for Service to the responsibility of the two MCOs. Overall the transition of the drug benefit from FFS to the MCO benefit went very smoothly. This can be attributed to all medication history being shared with the two organizations. Both Highmark and UHC agreed to honor all of the current DMMA drug prior authorizations.

Delaware Medicaid Enterprise System (DMES) – The team has completed the design sessions. Vendor and State staff are working toward finalizing the numerous action items that came out of the design sessions. As of February 27, 2015, all milestones are on schedule and the project is on budget. The DMES team is projecting a “go live” date of July 1, 2016.

Section 1115 Demonstration Waiver Renewal - Delaware received CMS approval of our 1115 Demonstration Waiver (Diamond State Health Plan and Diamond State Health Plan Plus) effective September 30, 2013 to December 31, 2018.

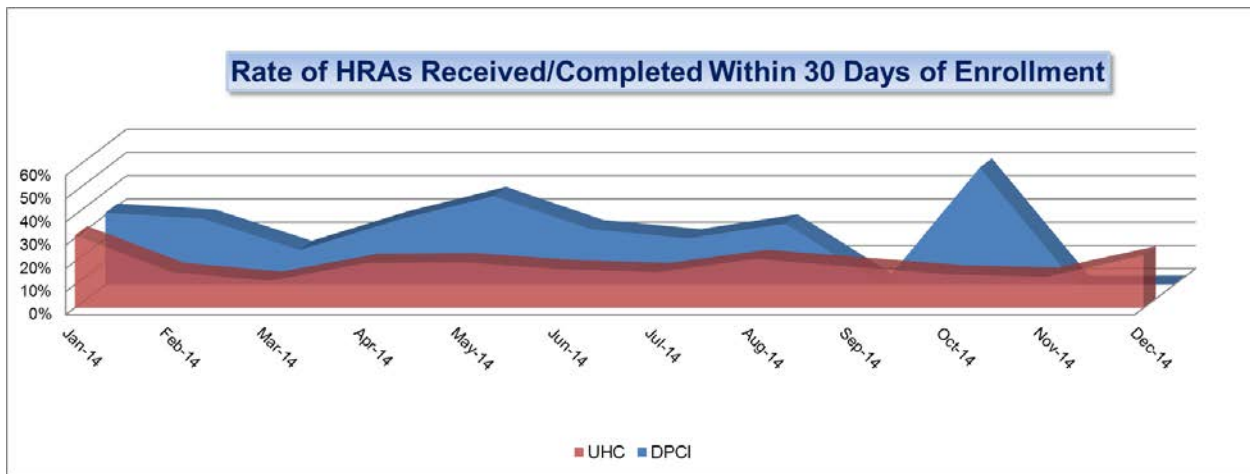
QCMMR and QCMMR Plus Reporting

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.

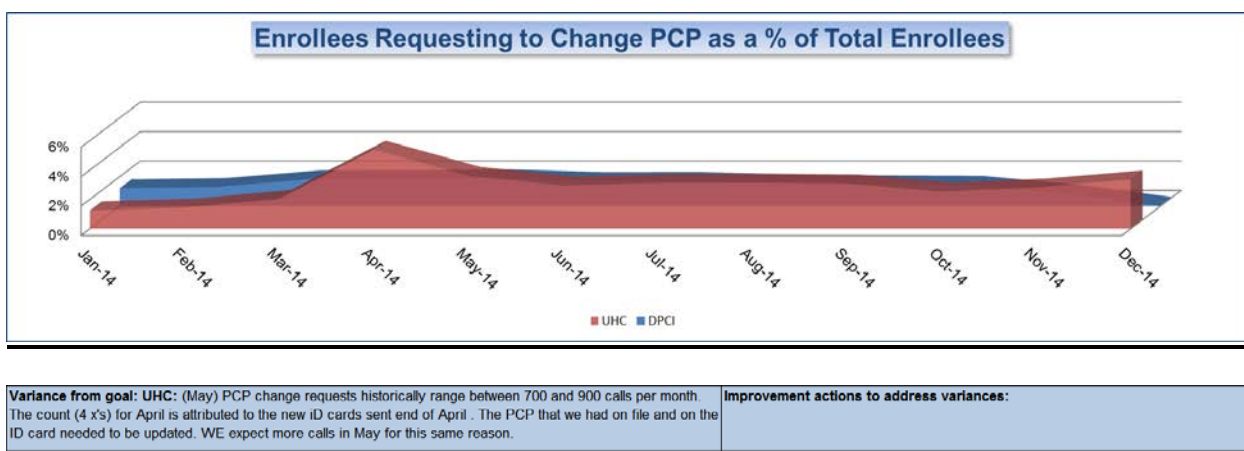
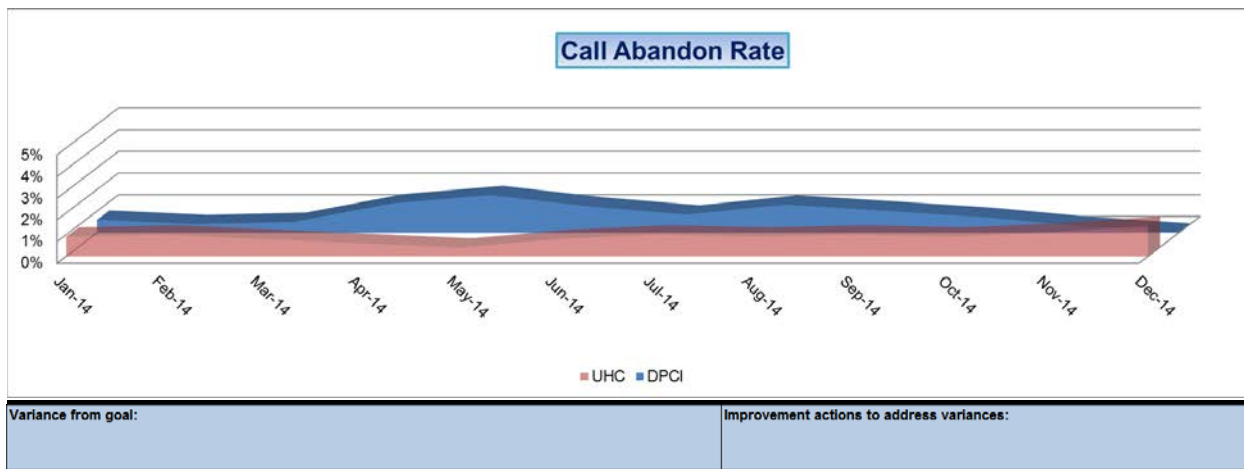
DMMA Medical Management unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Medical Management team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Medical Management’s goal is to establish 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. These charts/graphs will be updated for the first quarter 2015 in the 2nd quarterly CMS report.



Variance from goal: (UHC) June - number of HRAs completed may be higher than the number of new Medicaid members each month. The number of new Medicaid members is fixed. The number of HRAs completed is a rolling activity. A compliant 30-day HRA completion may be done in a month later than the month received. (DPCI) (Nov) Due to DPCI exiting the Delaware Medicaid business effective 12/31/2014, enrollment of new membership to the plan was ceased. No HRA calls were made in the month of November. (September): Due to a technical issue with the Eliza automated calling process, the data September Welcome Calls/HRA completion is delayed.

Improvement actions to address variances: (UHC) June: CSP migration affects were fixed.



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

The Quality Management Strategy (QMS) was updated to include the PROMISE program in the first quarter of 2015. The Quality Strategy communicated the vision, objectives, and monitoring strategies for attaining quality, timely access, and cost effectiveness. Stakeholder meetings were held to illicit and to incorporate feedback into the QMS document. Public Hearings were held to acquire feedback on the changes to the Strategy. All feedback was incorporated into the Strategy. The DMMA quality team worked with the Division of Substance Abuse and Mental Health to develop a reporting mechanism and process for the DMMA/QMS quality measures oversight.

The Quality Initiatives Task Force (QII) held a kick off meeting in January with the two Managed Care Organizations (MCOs) to introduce the MCOs to the QII as well as provided the purpose and goals of the task force to the group. The goals of the Quality Management Strategy were presented and discussed as well as how oversight of the goals will be managed throughout the year. Also, the quality management structure has changed to demonstrate levels of oversight, accountability and communication flows of quality activities. The structure maximizes integration and seeks opportunities for collaboration of efforts throughout the QMS.

Case Management Oversight

The Medical Case Management Unit/DMMA has continued with Case Management oversight of the DSHP Plus population and oversight of Care Coordination of those clients identified by the MCO's in their Risk Stratification. This oversight has been accomplished through on site reviews at the MCO's and joint State/MCO visits with members of the DSHP Plus 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 Plans and improvement strategies, Over and Under Utilization reports and Service Coordination 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.

During this First Quarter 2015, DMMA has concentrated its efforts on performance improvement, providing ongoing case management oversight to ensure all the populations served are receiving the highest quality and comprehensive medical services in the most cost effective manner. DMMA has completed over 100 joint State/MCO visits, Case File and Critical Incident reviews at both MCOs. All findings are reviewed with the MCO's to identify issues and plan resolution.

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. The Bi-monthly MCO meetings will start July 21, 2015.

Medicaid Special Bulletin

This bulletin is given to our Medicaid Providers on a quarterly basis.

In This Issue;

Managed Care Program Changes

Pharmacy Benefit Change

Electronic Health Records Update

VFC Program update

Delaware Cancer Treatment Program Update

Dental

New Payment Error Rate Measurement (PERM) Cycle

ICD-10

2015 Disclosure

Provider Manual Updates

Phone and Fax contacts

We have attached the entire First Quarter 2015 Medicaid Special Bulletin please see **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 - Attachment D

DMMA is asking for an extension due to required system changes necessary to include the three new Megs; DSHP-Plus State Plan, DSHP-Plus HCBS, DSHP TEFRA- Like populations.

DMMA is working with our fiscal agent HP to reprogram the system to collect the information on our three new populations added to our 1115 waiver April 1, 2012.

Member Month Reporting

A. For use in budget neutrality calculations –

<u>Eligibility Group</u>	Month 1 January 2015	Month 2 February 2015	Month 3 March 2015	Total Quarter ending March 31, 2015
DSHP TANF CHILDREN	82,138	82,803	83,333	248,274
DSHP TANF ADULT	29,644	30,236	30,388	338,542
DSHP SSI CHILDREN	5,370	5,359	5,334	16,063
DSHP SSI ADULTS	6,508	6,458	6,439	19,405
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	42,546	43,298	44,015	129,859
New ACA Adults 101 to 133% FPL	8,323	8,445	8,433	25,201
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,679	8,661	8,609	25,949
DSHP-Plus HCBS	2,958	2,953	2,966	8,877
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 First Quarter 2015

- Provided 1399 separate translation services for DMMA and DSS programs, for clients and caseworkers
- Documented 356 instances of caseworker assistance
- Completed 169 enrollments in person
- Distributed the HBM newsletter each month, statewide, to caseworkers and supervisors

Program Integrity

Program Integrity continued with their normal activities this quarter. Program Integrity Unit sent two people to the National Advocacy Center in South Carolina in the first quarter of 2015. Linda Murphy attended two classes; Managed Care and Director Conference, Josh Aidala attended a Data Management Class.

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, First Quarter 2015
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

- 2015 HBM Monthly Newsletters

Attachment C–

2015 Fourth Quarter Medicaid Special Bulletin

Attachment D- not included at this time

- Budget Neutrality Workbook

State Contact(s)

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