



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: 1/2018 (1/1/2018 – 3/31/2018)

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 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	89,796
Population 2: Tanf Adults aged 21 and over	32,395
Population 3: Disabled Children less than 21	5,385
Population 4: Aged and Disabled Adults 21 and older	6,194
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	55,505
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,207
Population 9: DSHP-Plus HCBS	4,490
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	11,298
Total	214,270

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the January 1, 2018 to March 31, 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 held approximately 10 new member orientations, these orientations were held in a variety of locations across the state of Delaware. They presented their new members with information on covered benefits, how to reach the health plan and other valuable contact information for new members.

AmeriHealth Caritas was also active in approximately five community health fairs and events this quarter. AmeriHealth Caritas participated in St. Patrick's Senior Center Food Pantry event on February 15, 2018. Some health topics they covered were smoking cessation, Lamaze class information as well as reminders to schedule their annual health screens, such as Immunization Reminders and annual physicals.

Highmark Health Options

Highmark Health Options participated in six health fairs and community events this quarter. One successful event was Smyrna School District Day on February 24, 2018 held at Smyrna High School. This community event was attended by several hundred people, they were able to provide education and awareness of many community resources; public safety and health education.

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 first quarter 2018 report and **Attachment B** the HBM Monthly Newsletters.

Special Interest Meeting/Conference

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. Both agencies 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: January 9th, February 13th and March 13th. 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 to discuss the waiver renewal and SUD amendment. DMMA will be conducting an interim evaluation of the current 1115 to be submitted with an updated renewal request.

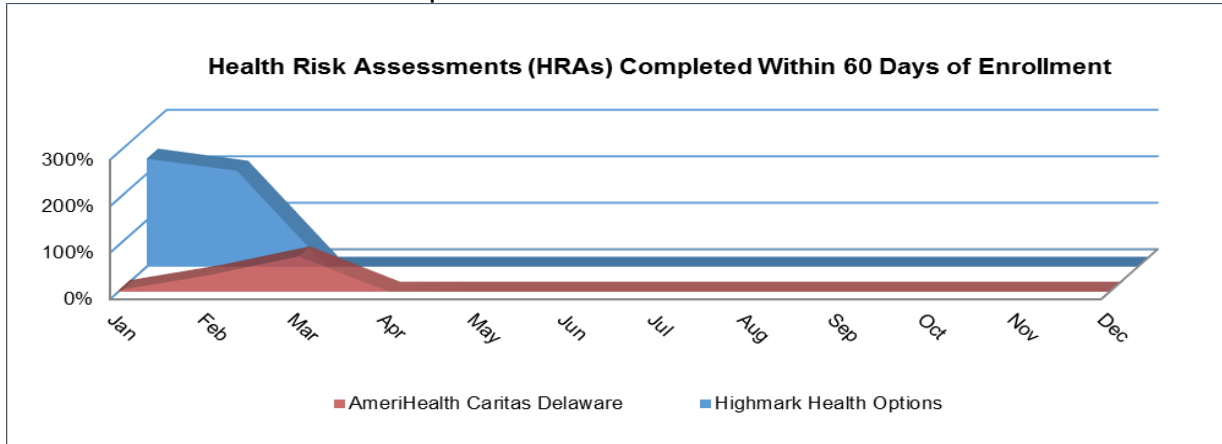
QCMMR and QCMMR Plus Reporting

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.

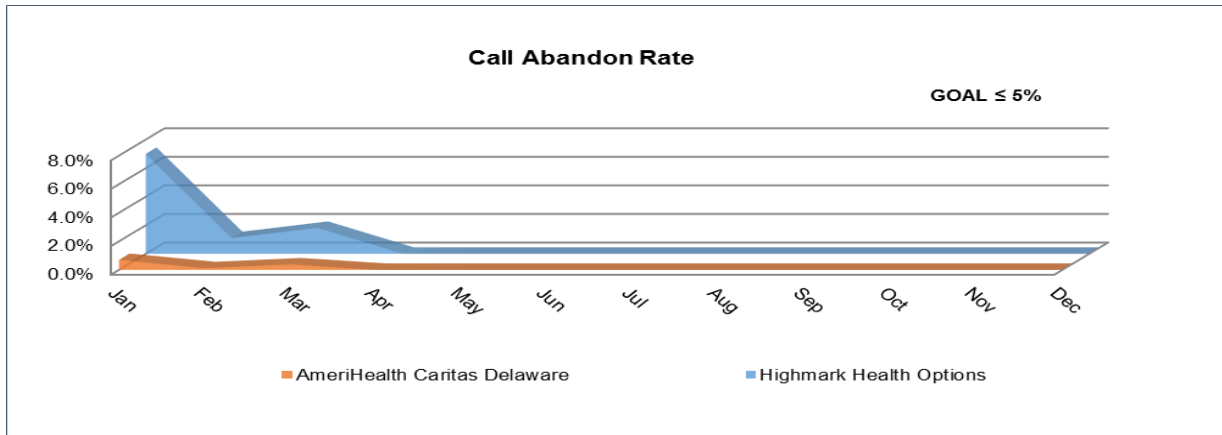
DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Managed Care Operation's 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.

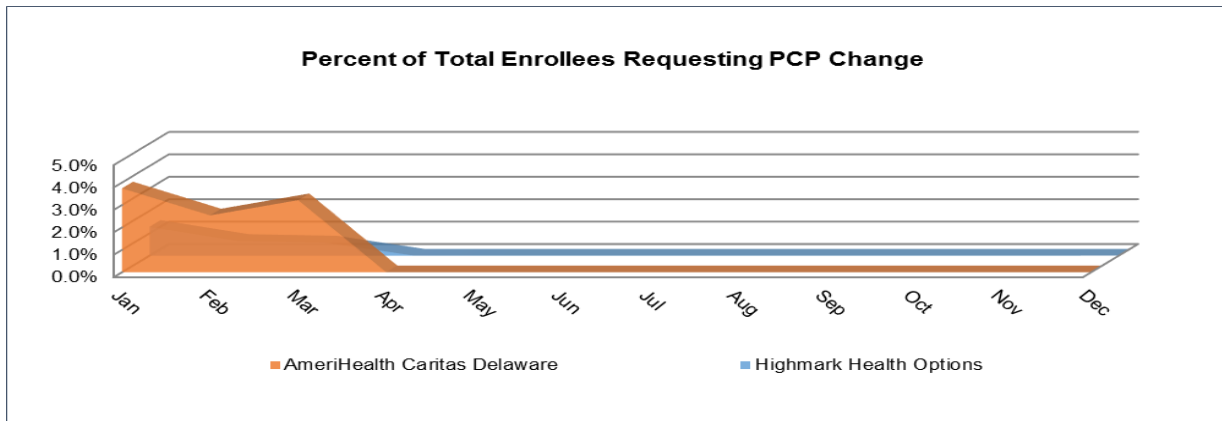
Health Risk Assessment Completion Rate



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 1st quarter of this monitoring period, DMMA took the opportunity to review the goals of the Quality Management Strategy as well as review the operating mission of the Quality Improvement Initiative Task Force (QII). During this reporting year there is a new contracted MCO as well as new participants to the QII Task Force. The QII Task Force is one of the various mechanisms to accomplish oversight and solicit input for improvement of the Quality Strategy activities. The four goals of the Quality Strategy that guide the QII are: access to care; quality and appropriateness of care; cost effectiveness of care; and member satisfaction. Discussion surrounds how these goals are attained or guide quality work throughout the calendar year. This is how members of the QII come together; representatives include DSHP, DSHP-Plus Medicaid and CHIP-funded programs and waivers; DDDS, DPH, DSAAPD, MCOs, the HBM, as well as the External Quality Review Organization (EQRO).

The QII Task Force would also like to focus on one goal throughout this reporting year and have all reports throughout the year focus on this goal. QII will be reviewing one primary goal while

continuing to review the quarterly goals throughout the reporting year. The primary goal will be access to care and will be discussed in every quarter. The representatives will discuss each goal and how their teams have worked to improve access.

One MCO discussed their Early Periodic Screening Diagnostic and Treatments were below their benchmark performance goals. The MCO developed a two-pronged approach after barrier analysis was completed. The approach included dashboards to Providers and education on billing and proper coding techniques. Members also received education on the importance of receiving Early Periodic Screening and Diagnosis with subsequent treatment.

Delaware's Public Health participant spoke to the group on the Delaware Contraceptive Access Now (CAN) initiative. CAN is available in all three counties through a public/private partnership called Upstream USA. Delaware CAN aims to reduce Delaware's unintended pregnancy rate by increasing access to the full range of contraceptive methods for all women.

Upstream USA's mission is to change health care so that all women receive the highest quality services and have convenient access to the full range of contraceptive methods, including the most effective IUDs and the implant. Upstream USA provided training to everyone in all three sites in all three counties on how to insert IUDs and the implant.

The group is partnering with the following: Henrietta Johnson, Christian Health Care, La Red, Brandywine School District, and West Side Family Clinic. The University of Delaware and The University of Maryland are providing a rigorous evaluation program of Delaware CAN.

An Access Issues Survey: The QII group was also asked to provide the top 3 access issues that they are dealing with within their organizations and agencies and send to the Chairperson by the next Quarterly meeting. The Chairperson will have themes of the issues collated and presented. Discussion will be around interventions on how these topics are being addressed.

Case Management Oversight

As DMMA contracted with a new MCO, AmeriHealth Caritas, AHC effective January 1, 2018 The Medical Case Management Unit has provided oversight to an exiting MCO and continued with Case Management oversight of the Diamond State Health Plan and DSHP Plus population. The Medical Case Management Team continued their participation in the DE Transition Work plan until all goals were met and our most vulnerable, high risk members were outreached timely to ensure continuity of care without gaps in care. Our team provided technical assistance to our incoming MCO, AmeriHealth Caritas team leaders in the areas of DSHP Plus Case Management and DSHP Care Coordination. We reviewed DMMA's oversight activities, tools and schedule, provided opportunity for discussion and questions. Our process for Joint Visits was reviewed as well as contract expectations for the MCO's to make face to face visits with our LTSS Plus and Care Coordination members. Our team completed Joint Visits with AmeriHealth Caritas Case Managers and Care Coordinators in Feb. and March. A summary of DMMA's oversight findings was drafted and shared. DMMA coordinated a technical assistance with our EQRO team for

Case Management and Care Coordination, which was provided, March 27, 2018. The technical assistance identified areas with opportunity for improvement as well as good practice process'. DMMA has scheduled onsite oversight activities for the 2nd Quarter.

Our team completed our 1st Quarter onsite Case File and Level of Care Redetermination review with HHO and continues and reviewed our findings highlighting area's identified as exceeding goals and those area's with room for improvement. 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.

Our Joint Visit oversight continues, a 1st Quarter review of our findings was completed and shared with HHO.

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.

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 March 20, 2018. We held technical assistance on Critical Incidents, what to report, when and how to report. DMMA thought this was timely as we have a new Managed Care Organization in the state. The information was very well received.

Medicaid Provider Bulletin

In the first quarter issue;

- New MCO – AmeriHealth Caritas DE joins Delaware Medicaid 2018
- How to Corner; Tips to Help you
- HER News – MAPIR portal is Open for Program year 2017
- Reminders – Provider Communications
- DCTP – Revised Application
- Prevention – DE Self-Management Programs
- Vaccines for Children – Vaccine Storage-Handling
- Program Integrity – Provider Review/Audits
- Pharmacy Corner – Preferred Drug List 2018
- MCO Corner – AmeriHealth Caritas DE Alerts
- Manual & Form Updates
- EPSDT – Maternal Depression Screening
- PERM – Ne Payment Error Rate Measurement Cycle
- Dental News – Dental Updates

New Medicaid Card – CMS You Tube Video
 Need Assistance – phone and fax contacts and secure correspondence

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 –

<u>Eligibility Group</u>	Month 1 January 2018	Month 2 February 2018	Month 3 March 2018	Total Quarter ending March 31, 2018
DSHP TANF CHILDREN	85,597	85,949	85,624	257,170
DSHP TANF ADULT	30,500	30,670	30,622	91,792
DSHP SSI CHILDREN	5,287	5,299	5,306	15,892
DSHP SSI ADULTS	6,123	6,063	6,073	18,259
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	52,554	52,651	52,627	157,832
New ACA Adults 101 to 133% FPL	10,542	10,497	10,322	31,361
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,889	8,877	8,823	26,589
DSHP-Plus HCBS	4,329	4,352	4,409	13,090
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 2018 report

Summary of Outreach Accomplishments

- Provided 489 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 267 instances of caseworker assistance
- Completed 47 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 has finalized a new two-year contract with our Fraud, Waste, and Abuse contractor, Qlarant formerly known as Health Integrity. On April 16, 2018, DMMA and Qlarant met and discussed project goals. The contract focus points from 2018 to 2020 will include enhancing existing policies, reducing improper or inefficient services and increasing existing abilities to deter, identify and recover improper payments related to fraud, waste or abuse. Task areas include project management, medical reviews, overpayment extrapolation, program consulting and training and support. DMMA is also staying progressive by eagerly embracing a kick-off meeting on April 5, 2018, with new Unified Program Integrity Contractor (UPIC) SafeGuard Services (SGS). As a result of the meeting, a collaborative partnership was defined that will help to identify and stop fraud schemes that impact the Delaware Medicaid program. The directional path will include auditing Pharmacy compliance with particular attention being concentrated in the area of opioid prescriptions.

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, First 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 – January, February and March

Attachment C– Delaware Medical Assistance Program Provider Bulletin

Attachment D- not at this time

State Contact(s)

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