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: 3/2016 (7/1/2016 – 9/30/16)

To **Juliana Sharp** (CMS/CMCS)
Project Officer, Division of State Demonstrations & Waivers
Center for Medicaid and CHIP Services
7500 Security Blvd.
Baltimore, Maryland 21244-1850
Email: Juliana.sharp@cms.hhs.gov

From: Glyne Williams
Social Service Chief Administrator
Policy, Planning & Quality
Division of Medicaid and Medical Assistance

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	88,345
Population 2: Tanf Adults aged 21 and over	29,800
Population 3: Disabled Children less than 21	5,426
Population 4: Aged and Disabled Adults 21 and older	6,403
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	48,129
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,084
Population 9: DSHP-Plus HCBS	3,817
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	11,153
Total	202,157

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the July 1, 2016 through September 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 30 healthcare events during the third quarter of 2016 reaching approximately 3,000 people with health information, literature and resource information.
Two examples:

Sussex County Health Coalition on September 19, 2016 attended by approximately 45 people, United Health Care, UHC partnered with Sussex County Health Coalition to sponsor three; *Dollar Dinners* during the month of September. UHC had an exhibitor table with information on healthy eating, food portioning, and disease management. One of UHC staff spoke to the attendees about the importance of preventive care and healthy habits.

Community Wellness Day on August 13 2016, UHC provided backpacks for back to school. All participants visited vendor tables. UHC had a display table with information on preventive health, diabetes education.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the third quarter of 2016. Highmark held over fifteen community healthcare events during the quarter, reaching approximately over two thousand people with health information and the opportunity for immediate health screens and literature.

First Stop Mini Resource Fair - Sussex County - on July 9th at Westside Family Healthcare with an approximate audience of 300 attendees. Westside Family Healthcare targeted the migrant workers and provided free health screenings, rapid HIV testing counseling, Tuberculosis (TB) testing, health information & resources, food demonstration and Free foods.

Growing Healthy Families Event on September 22nd - At Westside Family Healthcare with an approximate audience of 200-300 people, this family friendly event was free and opened to the public. Participants received free health screenings, free fresh and local produce from our on-site famers market, and community resources from local organizations. Health Options participated with a table consisting of health topic literature both English/Spanish.

DelMed Health 6th Annual Health Fair on September 24th- At Epworth United Methodist Church in Rehoboth, DelMed provided free screening such as: bone density, clinical breast exams, eye exams, blood pressure, cholesterol and diabetes check. Health Options was an exhibitor providing health Literature in English/Spanish.

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 third 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 two calls this quarter; July 12th and September 13th. DMMA stays in contact with this organization to provide assistance to any family in need.

Operational/Policy Developments/Issues

Delaware Medicaid Enterprise System (DMES)

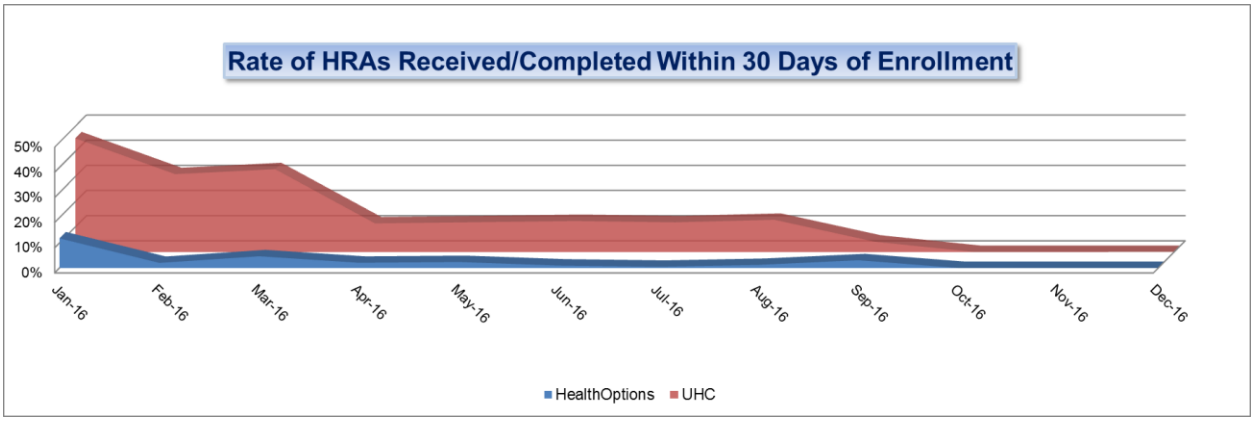
DMES: The Go Live date for our new DMES system is January 1, 2017; everyone has been working diligently making sure all areas of operation are ready to go. One aspect is meeting weekly with our trading partners Highmark Health Options and United Healthcare Community plan assuring they are prepared to send and receive member files in order to serve our Medicaid clients on January 1, 2017.

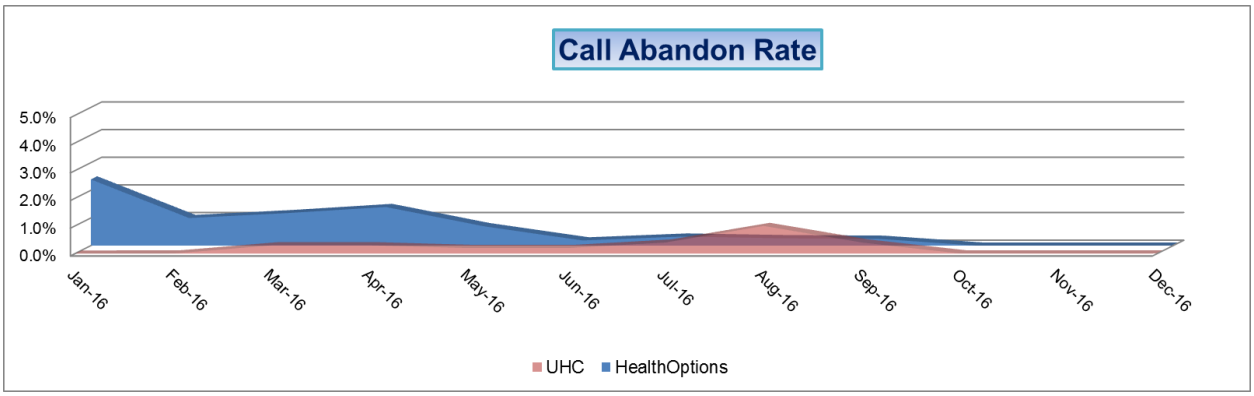
QCMMR and QCMMR Plus Reporting

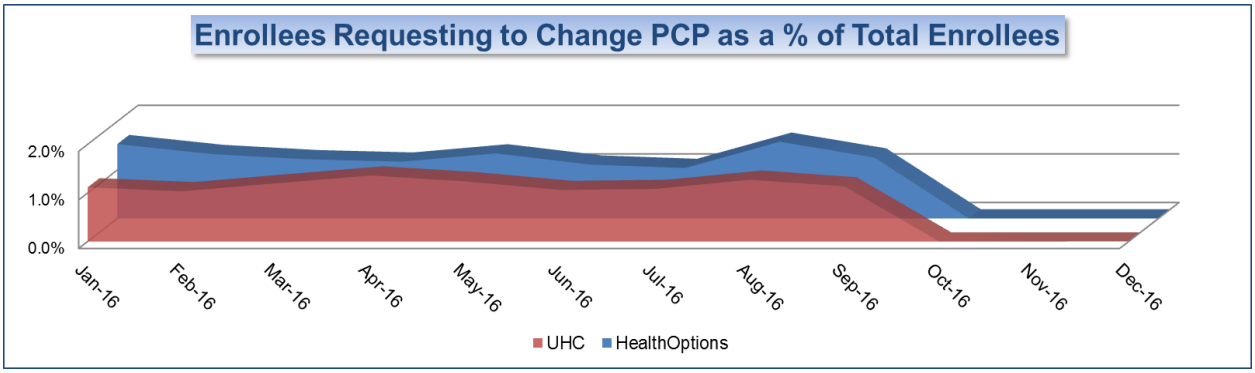
The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DHSP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Medical Management Managed 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 third quarter of this monitoring period, Goal 3 of the Quality Management Strategy was reviewed and discussed. The QII forum was used to discuss the ways that the participants have improved the cost effectiveness of care delivery across the continuum to members of DSHP, DSHP Plus and CHIP.

An Emergency Room, ER Diversion of Members with Dental Issues program was presented**.** Reports had shown that there had been a significant increase in visits to the emergency room for dental issues for one MCO. Using a Value-add service approach, members can see a dentist on an annual basis and receive x-rays every two years. In the long run, maintaining preventative services has shown to decrease the amount of ER visits due to dental issues. This MCO has also embedded nurses in ERs to make members aware that they can see dentists for annual visits and they are sending information to the member's homes as well.

Another strategy presented was a Performance Improvement Project (PIP) entitled Reducing Pediatric 10-Day Readmissions. By using the PIP on reducing 10 day readmissions through a single point of contact strategy and the Rapid Cycle methodology; results are showing improvement to the readmission process.

During this Quarter, the generation of a subcommittee to begin working on the New Managed Care rules, as it relates to quality and managed care operations was created. The Subcommittee will consist of DMMA staff members, external quality review representatives, and the key leads of each MCO's core team. As needed, additional members may be asked to join the subcommittee.

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.

Our Medical Case Management team has been responding to member concerns and assisting in Care Coordination with their MCO's, providers and other community supports. We continue to provide Case Management oversight to our MCO's, our staff participates in Care Coordination meetings for some of our members with complex needs and facilitate the communication between our MCO's and our other state agencies. Our team has just completed our Third Quarter MCO site reviews and submitted our findings to the MCO's. This is a collaborative process with the MCOs which has enhanced care coordination for our members.

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 held two Bi-monthly MCO meetings during the third quarter, July 19, 2016 and September 28, 2016. During the July meeting we had a presentation to the MCOs by our sister agency Division of Services for Aging and Adults with Physical Disabilities, DSAAPD. DSAAPD presented the services they offer in the community and how they can work with our MCOs to assure coordination of care.

Our Long Term Care, LTC unit presented in September the findings of their traumatic brain injury pilot. During the Pilot LTC was instrumental in developing a new assessment tool that was shared with the MCOs. The MCOs are also part of the community Traumatic Brain Injury committee to continue sharing ideas and coordination of care.

Medicaid Special Bulletin

In the third quarter issue;

New Insect Repellant Coverage Offered
The Countdown Begins: Get Ready for the New Provider Portal and Enterprise System
Billing/Payment Updates
Electronic Health Records (E H R) Incentive Payment Program Update
New Payment Error Rate Measurement (PERM)
Provider Manual Updates
Phone and Fax Contacts

To read the entire Special 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 July 2016**	**Month 2 Aug 2016**	**Month 3 Sept 2016**	**Total Quarter ending September 30, 2016**
DSHP TANF CHILDREN	81,596	82,233	81,445	245,274
DSHP TANF ADULT	27,245	27,034	27,002	81,281
DSHP SSI CHILDREN	5,350	5,346	5,306	16,002
DSHP SSI ADULTS	6,289	6,315	6,298	18,902
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	43,467	44,010	43,613	131,090
New ACA Adults 101 to 133% FPL	9,997	10,083	10,059	30,115
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,804	8,805	8,793	26,402
DSHP-Plus HCBS	3,631	3,654	3,739	11,024

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 Third Quarter 2016 report

Summary of Outreach Accomplishments

- Provided 626 separate translation services for DMMA and DSS programs, for clients and caseworkers
- Documented 354 instances of caseworker assistance
- Completed 28 enrollments in person
- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors
- Provided translation at a fair hearing

Program Integrity

DMMA staff recently attended a seminar at the National Advocacy Center designed for Medicaid Program Integrity staff and Medicaid Fraud Control Unit (MFCU) staff. The seminar focused on collaboration by giving attendees an opportunity to exchange ideas on building and maintaining effective relationships between Program Integrity units and MFCUs to combat fraud, waste, and abuse in Medicaid. This seminar addressed issues of common interest to both groups such as trends and issues, including: strategies for effective collaboration in fighting fraud, waste, and abuse; best practices in case file development; lessons learned and best practices in payment suspensions and credible allegations of fraud; discovery and e-discovery issues; and collaborating on managed care, home health, and personal care services. We have identified vulnerabilities and risk and are now working together to mitigate those areas in a collaborative effort.

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, Third 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– Delaware Medical Assistance Program Special Bulletin

Attachment D- not at this time

State Contact(s)

Kathleen Dougherty
Social Service Chief Administrator
DSHP/DSHP-Plus Operations
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway, Lewis Building
New Castle, DE 19720
Phone: 302-255-9937
Fax: 302-255-4481
Kathleen.dougherty@state.de.us

Glyne Williams
Social Service Chief Administrator
Policy, Planning & Quality
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway, Lewis Building
New Castle, DE 19720
Phone: 302-255-9628
Fax: 302-255-4481
glyne.williams@state.de.us