



## Delaware Health and Social Services

Division of Medicaid & Medical Assistance

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### DIAMOND STATE HEALTH PLAN

#### Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 20 (1/1/2017 – 12/31/2017)

Federal Fiscal Quarter: 3/2017 (7/1/2017 –9/30/2017)

#### 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**

<b>Demonstration Populations</b>	<b>Ever Enrolled</b>
Population 1: Tanf Children less than 21	89,892
Population 2: Tanf Adults aged 21 and over	32,215
Population 3: Disabled Children less than 21	5,317
Population 4: Aged and Disabled Adults 21 and older	6,396
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	53,746
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,132
Population 9: DSHP-Plus HCBS	4,186
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	10,543
<b>Total</b>	<b>211,427</b>

Definition: “Ever enrolled” in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the July 1, 2017 to September 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 third quarter 2017. United Healthcare Community plan participated in 30 community healthcare events reaching approximately three thousand people with health information and on-site health screenings.

Vida! Living a Healthy Lifestyle – The purpose of this event was to connect, serve and bring health awareness to the Hispanic community, this event was well attended by many families in the community.

Safe Kids Day Sussex County – UHC distributed literature regarding health education and preventative disease management. The UHC Quality department attended the event to provide information about UHC HEDIS rewards programs. This information will help children receive required healthy measures.

Partnered with Henrietta Johnson Medical Center to promote National Healthcare week. UHC distributed health information along with back packs.

### **Highmark Health Options**

Highlighted are two community health events which Highmark Health Options participated in during the third 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.

Safe Kids Event at Lowes in Lewes Delaware – The focus of the event was to provide children and their families with safety and injury prevention information in a fun way. There was approximately 600 people in attendance.

Highmark Health Options staff had a back to school drive – the employees of HHO collected school supplies and back packs and distributed 50 back packs to our sister agency Department of Services for Children Families and Youth. These back packs were given to the Foster Care department for distribution.

### **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 third 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; July 11, August 8 and September 12<sup>th</sup>. DMMA stays in contact outside of scheduled calls to provide assistance to any Medicaid family in need.

### **Operational/Policy Developments/Issues**

The Department of Health and Social Services (DHSS) announced September 29, 2017 it has selected two companies to operate its Medicaid Managed Care Program effective January 1, 2018. DHSS' Division of Medicaid and Medical Assistance (DMMA) has announced its intent to enter into a new contract to continue its Managed Care Organization (MCO) partnership with Highmark Health Option Blue Cross Blue Shield, which began in 2015. In addition, DHSS announced its intent

to contract with AmeriHealth Caritas to join the Medicaid program on January 1, 2018. AmeriHealth Caritas has managed care for Medicaid members in Pennsylvania since 1983.

DMMA's MCO contract with United Healthcare will end on December 31, 2017.

DMMA is actively working on implementing the new MCO plan and exiting UHC, more information to follow in the fourth quarter CMS report.

### **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.

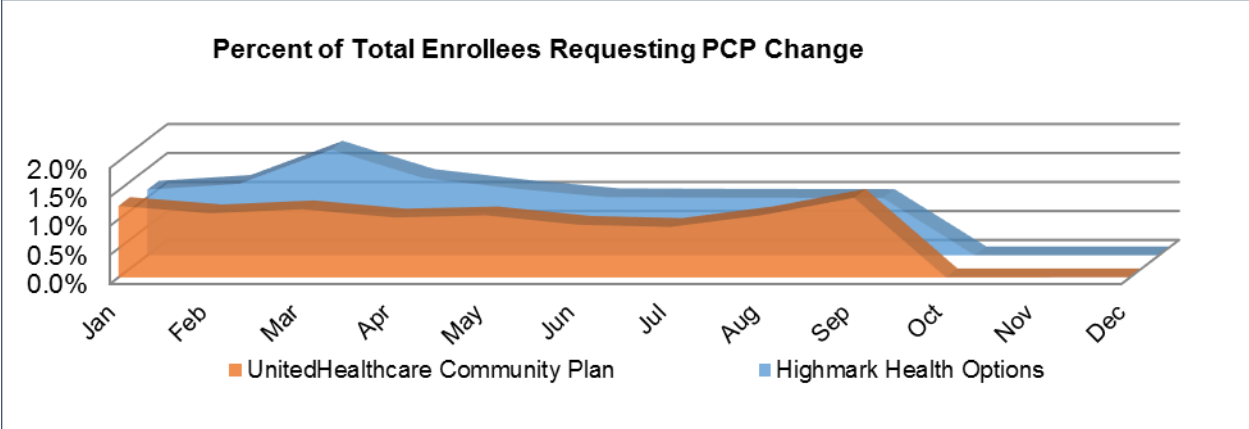
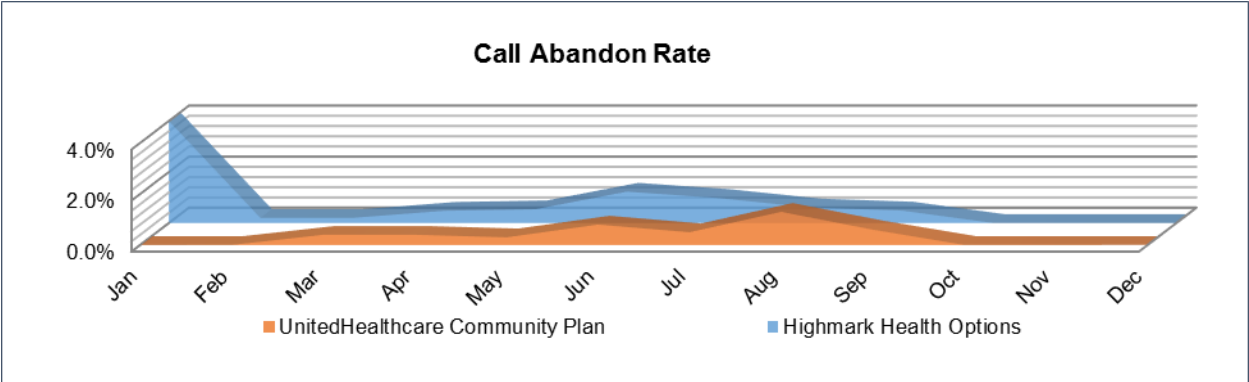
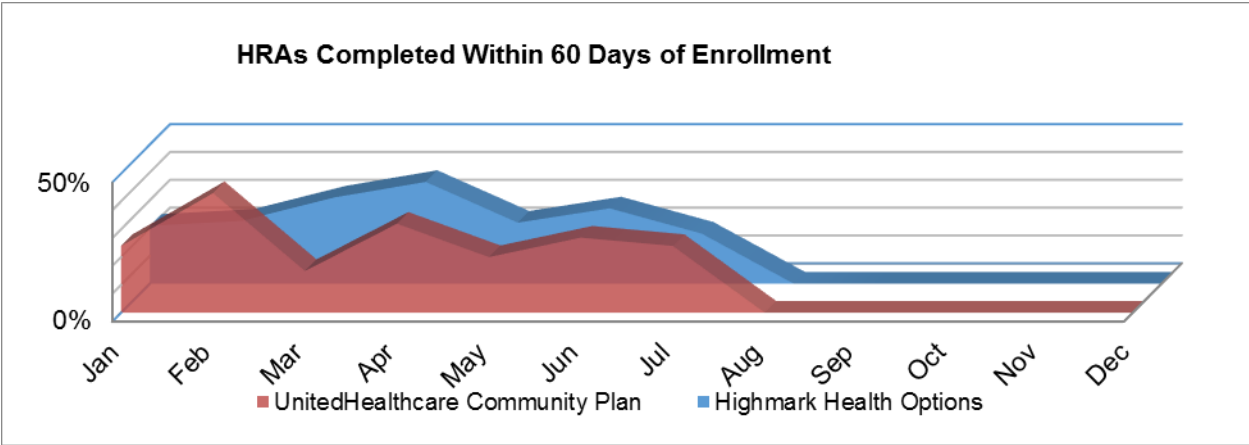
During the third quarter DMMA worked to gather artifacts and document CMS checklist items to certify our new Delaware Medicaid Enterprise System (DMES). CMS will be onsite in Delaware for certification in December 2017.

### **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; to control the growth of health care expenditures, was reviewed. The QII forum was used to report on a variety of ways to control the growth of health care expenditures through reports on Performance Improvement Projects and other Performance Management strategies.

The LANE (Low Acuity Non-Emergent) ED Avoidance workgroup of one Managed Care Organization (MCO) meets monthly and consists of representatives from: Quality, Analytics, and Health Care. Their goal is to decrease LANE ED use for physical and behavioral health issues. The workgroup has developed the following interventions to avoid LANE ED use: Embedded Clinical Care Coordinators; Single Point of Contacts (SPOC) at FQHCs; partnership with Envolve People Care, a 24 hour nurse hotline; LANE outreach and education on proper ED use; 24 hour on call access for Care Coordination; Member Handbook; and Member Website and Newsletter. Envolve People Care showed a 40% successful outreach in the first quarter. People are calling and are directed back to their PCP. A 37% successful outreach in the second quarter was exhibited. Quality Management to Reduce Hospital Readmissions utilizing team interventions were also presented and discussed. Transition assessments, or outreach within 48 hours of discharge to review discharge instructions, medications, and appointment assistance were many ways that the group found successful to assist in reducing hospital readmissions. Risk Stratification and predictive modeling methods are used to identify and impact members at high risk for admission/readmission.

Provider education on readmission avoidance: gentle transitions, there's "no place like home," targeting high census participating hospitals. Utilization of Home Health Skilled Visits, DME, and PDN Benefits. Behavioral Health efforts include: a SPOC embedded at behavioral health facilities; weekly behavioral health rounds; identifying behavioral health outlier members impacting readmission rates; and enhancing care coordination. In the LTSS population: they are making rounds on members with greater than three hospitalizations in six months; and transition assessments for all LTSS hospitalized members. This has decreased readmission rates in this population by 2%. Next steps include monthly reporting, weekly NICU and Non-NICU rounds, improve LTSS reports, and examine strategies to impact and engage facilities with higher readmission rates. Some successes surrounding the strategy follows: One participating hospital had improved 30 day readmissions for DSHP and DSHP Plus and LTSS populations. 2 other hospitals had improved 10 day readmission rates for DSHP and DSHP Plus and LTSS respectively. 2 Behavioral Health Hospitals have improved readmission rates at 10 days for DSHP and DSHP Plus and 30 days for LTSS.

### **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.

We just completed our 3rd 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.

### **Innovations in Medicaid Managed Care for Children**

Maureen Ludlam RN., Social Service Administrator from our Managed Care Operations Oversight Team was requested to attend the Innovations in Medicaid Managed Care for Children, Youth and Young Adults with Behavioral Health Challenges Conference by the Department of Services for Children, Youth and their Families (DSYCF). The conference was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and was held July 11<sup>th</sup> and 12<sup>th</sup> in Rockville, MD.



The conference was a how-to-work meeting for strategically selected teams from states. Teams explored a range of managed care strategies relevant to children, youth and young adults with behavioral health challenges and received technical assistance from faculty and peers for their own goals. One of the goals presented by DSYCF was the development of Peer Support Services for children and young adults with behavioral health needs. Other topics addressed in the working sessions were management of sub-populations of children with intensive needs and customized care coordination.

### **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.

Our most recent meeting held 9/19/17 we included our partners at DSCYF to share information about their foster care and behavioral health services. We were also able to facilitate collaboration with our MCO's and our key partners within the Division of Prevention & Behavioral Health Services and the Foster Care program. Key contact information was shared and we were able to discuss issues and concerns from all partners. This collaboration will help to better coordinate and serve our members in a more efficient and timely manner.

### **Medicaid Provider Bulletin**

In the third quarter issue;

- How to Corner; Tips to Help you
- MCO Corner
- EHR News
- Reminders
- Notice from CMS
- Remittance Advice
- Program Integrity
- Delaware Prescription Assistance Program
- 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 –**

<b><u>Eligibility Group</u></b>	<b>Month 1 July 2017</b>	<b>Month 2 August 2017</b>	<b>Month 3 Sept 2017</b>	<b>Total Quarter ending September 30, 2017</b>
DSHP TANF CHILDREN	85,526	85,727	86,002	257,255
DSHP TANF ADULT	30,165	30,391	30,660	91,216
DSHP SSI CHILDREN	5,247	5,241	5,237	15,725
DSHP SSI ADULTS	6,264	6,254	6,260	18,778
DSHP MCHIP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	50,823	51,112	51,282	153,217
New ACA Adults 101 to 133% FPL	10,475	10,448	10,453	31,376
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,844	8,843	8,863	26,550
DSHP-Plus HCBS	3,979	4,039	4,102	12,120
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 2017 report**

#### **Summary of Outreach Accomplishments**

- Provided 521 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 303 instances of caseworker assistance
- Completed 37 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**

DMMA will provide the third quarter update in our Fourth Quarter CMS report submission.

### **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 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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