



## Delaware Health and Social Services

Division of Medicaid & Medical Assistance

---

### DIAMOND STATE HEALTH PLAN

#### Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 18 (1/1/2014 – 12/31/2014)

Federal Fiscal Quarter: 4/2014 (10/1/2014 to 12/31/2014)

**To** Iris Allen (CMS/CMCS)

Project Officer, Division of State Demonstrations & Waivers

Center for Medicaid and CHIP Services

7500 Security Blvd.

Baltimore, Maryland 21244-1850

Email: [iris.allen@cms.hhs.gov](mailto:iris.allen@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 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**

<b>Demonstration Populations</b>	<b>Ever Enrolled</b>
Population 1: Tanf Children less than 21	86,937
Population 2: Tanf Adults aged 21 and over	31,571
Population 3: Disabled Children less than 21	5,466
Population 4: Aged and Disabled Adults 21 and older	6,717
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	45,769
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	8,981
Population 9: DSHP-Plus HCBS	3,007
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	9,338
<b>Total</b>	<b>197,786</b>

Definition: “Ever enrolled” in MCO/PCCM is an unduplicated count of clients in the MCO/Diamond State Partners PCCM for at least one day in the October 1, 2014 – December 31, 2014 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**

## **Delaware Physicians Care Inc**

### **Community Outreach and Education**

DPCI held three Women's Health Day events in different locations in our state. The events were held, October 13, 28 and 31<sup>st</sup>, 2014.

DPCI was able to collaborate with United Medical Clinic of Delaware and DBCC Mammogram Van, with Diagnostic Imaging Associates and Southern Delaware Medical Group. DPCI dedicated outreach representative assisted members in scheduling appointment for breast and/or cervical cancer screenings. DPCI attended all three events providing Health Guide booklets for Women, Men Senior's Teens, Asthma and Diabetes information. Nineteen women received cervical cancer screenings and 11 women were screened for breast cancer.

Diabetes training course

DPCI held three separate six week Diabetes Self-Management Class Courses, they successfully graduated twelve members. All members received the Living with a Chronic Condition Book and CD.

### **United Healthcare Community Plan**

Outreach Events reaching approximately 1500 people

10/1/14 Diaper Pantry & Resources for Moms! At Milford's Multicultural Community Center

10/2/14 Wellness & Health Screening at Ezoin Mt. Carmel, Wilmington

Sesame Street Food for Thought Evening in Wilmington

10/3/14 Delaware Veterans Stand Down at American Legion Post # 2, Dover

Go Pink! Fair at Bayhealth Women's Center, Dover

10/4/14 Domestic Violence Awareness Breakfast at Seeds of Greatness Church, New Castle

10/10/14 Delaware Devoted Dads Summit at Chase Center, Wilmington

10/11/14 Apple Scapple-Health & Safety Expo, Bridgeville

10/16/14 Health Eating Session for Season Saints

10/17/14 Story Time-Milk & Cookies with Moms at Kingswoods Community Center, Wilmington

10/17/14 CCHS- Health Screenings @the Farmer's Market, New Castle

10/21/14 Interactive Songs & Games for Pre-schoolers at Ruth's Little Angels Daycare

10/25/14 Annual Latinas Fuertes Conference at Bayard Middle School

### **The State's Health Benefits Manager (HBM)**

#### **HBM Ongoing Activities & Objectives**

Maximize the voluntary enrollment percentage, making sure as many clients as possible are educated regarding their benefits

Closely monitor abandoned call rate and average speed of answer

Continue to provide responsive, quality service to applicants and enrollees in the Delaware Healthy Children Program (DHCP), Diamond State Health Plan (DSHP) and DSHP Plus.

Continue to conduct effective client education for DSHP, DSHP Plus and DHCP in the community and State Service Centers

Continue to educate caseworkers about DSHP, DSHP Plus, DHCP, and DPAP  
Continue to maintain accurate DHCP premium collection and reporting processes  
Continue to help clients understand the Medical Assistance Programs and resolve issues involving their coverage  
Continue to identify issues and trends that affect the quality of and access to medical care provided by the managed care programs  
Continue to be active in the education of Medicare Prescription Drug program clients and providers, especially DPAP clients  
Continue to provide services in English and Spanish, both in-person and by telephone

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**

**DMMA Annual Nurses Conference** – DMMA held the annual DMMA Nurse’s conference on November 13, 2014. The conference was held at Buena Vista and there was terrific attendance. The day was built around the topic of Acquired Brain Injury (ABI). The speakers provided diverse perspectives for people with ABI. The nurses received CEU’s for their attendance and participation.

**Eastern Medicaid Pharmacy Administrator Association (EMPAA)** - Delaware hosted the 38<sup>th</sup> meeting of the Eastern Medicaid Pharmacy Administrator Association at Dover Downs. The meeting was attended by 163 registrants. Eighteen states were represented by 26 attendees. Representatives from CMS and the NAMD participated in the meeting. In addition to 13 hours of continuing education credits, the attendees were able to enjoy some networking activities such as the Air Command Mobility Museum, Bombay Hook Sanctuary, Fifer Orchard and tax free shopping. Dover Downs provided an extraordinary venue. The attendees’ feedback was extremely positive regarding their Delaware experience.

### **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 October 14<sup>th</sup> and December 9<sup>th</sup> 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 was very busy during the fourth quarter of 2014 with implementation and readiness review of the two managed care organizations. DMMA awarded the contract to one incumbent and one new managed care organization, United Healthcare Community Plan and Highmark BCBS Health Options. The Contract will start January 1, 2015.

DMMA also worked on the transition plan of an incumbent MCO, Delaware Physicians Care Inc. their contract ended December 31, 2014.

**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.

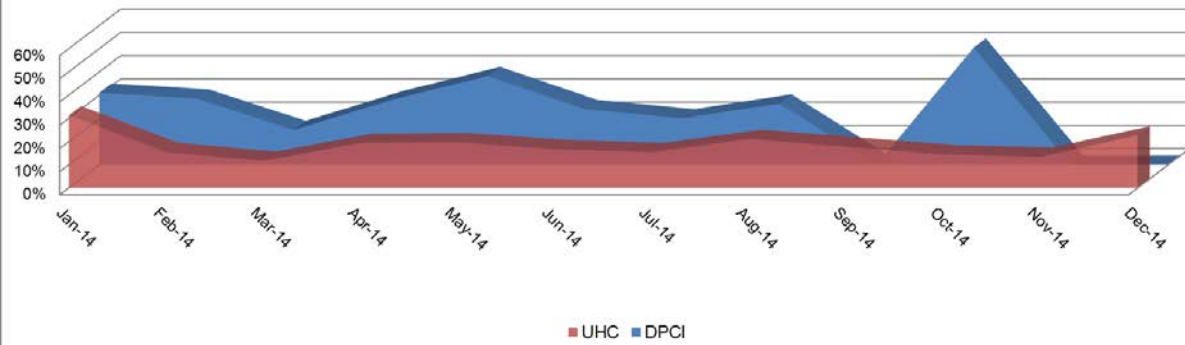
### **QCMMR and QCMMR Plus Reporting**

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 to meet bi-monthly with the MCOs evaluating the QCMMR reports for both DSHP and DSHP Plus populations.

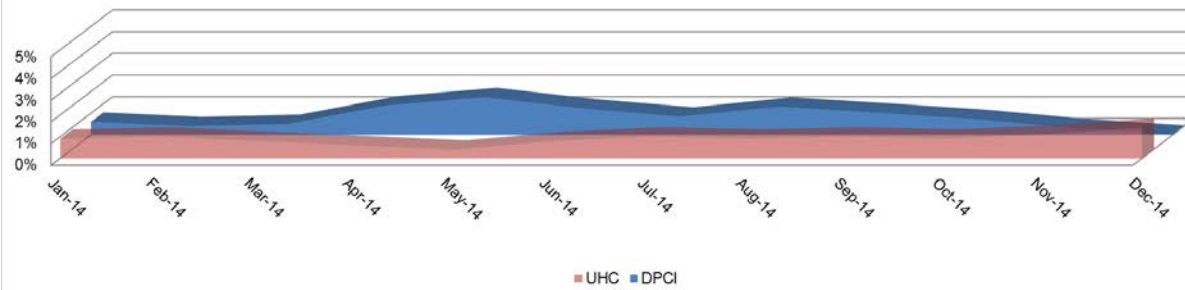
### Rate of HRAs Received/Completed Within 30 Days of Enrollment



**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.

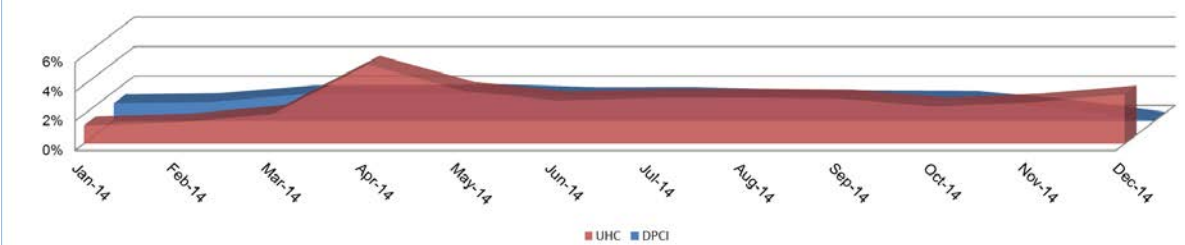
### Call Abandon Rate



**Variance from goal:**

**Improvement actions to address variances:**

### Enrollees Requesting to Change PCP as a % of Total Enrollees



**Variance from goal:** UHC: (May) PCP change requests historically range between 700 and 900 calls per month. The count (4 x's) for April is attributed to the new ID cards sent end of April. The PCP that we had on file end of the ID card needed to be updated. WE expect more calls in May for this same reason.

**Improvement actions to address variances:**



## **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.

DMMA has reorganized the QMS for 2014. While the original CMS approved QMS remains the same, the format has been changed slightly in some parts of the document to create an easier flow of information. The 2014 updated strategy was submitted to CMS for review and approval on April 1, 2014.

### **QII Activity**

During the 4<sup>th</sup> Quarter for this monitoring period, DMMA awarded contracts to 2 successful bidders to a RFP for Managed Care under the 1115 Waiver. In doing so, this necessitated an implementation period with the 2 contractors as well as Readiness Reviews conducted by the External Quality Review Organization. The Readiness Review incorporated all requirements of the contract, associated terms and conditions of the 1115 waiver, on-site reviews and desk review into the review format. Both Managed Care Organizations were assessed on the following capabilities and readiness: Network, Utilization management, Case Management, Care Coordination IS/Claims, Pharmacy, and Administration/organization. Corrective Actions Plans were developed and monitored during the implementation phase.

The QII focus and process was also improved upon during this quarter. Understanding that there is much overlap with goals quarter to quarter, participants can engage any goal discussion that might assist with the specific goal of that quarter, and a model will be created that appears as interlocking pieces rather than a continuous goal movement.

## **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.

The bi-monthly managed care meetings will resume on March 19, 2015.

## **Medicaid Special Bulletin**

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

In This Issue;

Open Enrollment

Pharmacy Benefit Change

New Chiropractic Coverage

ICD-10 Reminder

Delaware Cancer Treatment Program Update

Electronic Health Records Update

New Payment Error Rate Measurement

Fighting the Addiction Epidemic

Dental

Provider Manual Updates

Phone and Fax Contacts

We have attached the entire Fourth Quarter 2014 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>	<b>Month 1 Oct 2014</b>	<b>Month 2 November 2014</b>	<b>Month 3 December 2014</b>	<b>Total Quarter ending December 31, 2104</b>
DSHP TANF CHILDREN	81,528	81,698	81,581	244,807
DSHP TANF ADULT	29,451	29,431	29,424	88,306
DSHP SSI CHILDREN	5,391	5,404	5,362	16,157
DSHP SSI ADULTS	6,553	6,537	6,518	19,608
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	41,464	42,196	42,455	126,115
New ACA Adults 101 to 133% FPL	8,162	8,542	8,660	25,364
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,657	8,462	8,289	25,408
DSHP-Plus HCBS	2,888	2,879	2,918	8,685
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 Fourth Quarter 2014

Provided 1,567 separate translation services for DMMA and DSS programs, for clients and caseworkers

Documented 259 instances of caseworker assistance

Received 5,227 Spanish telephone calls through the Spanish option on the HBM toll-free line

Attended various events, including two DPAP Information Sessions

Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors

## **Program Integrity**

Program Integrity continued with their normal activities this quarter. Program Integrity will have several people attending training at the National Advocacy Center in South Carolina in the first quarter of 2015, which will be reported in our next quarterly report.

## **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, Fourth Quarter 2014
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

### **Attachment B –**

- 2014 HBM Monthly Newsletters

### **Attachment C–**

- 2014 Fourth Quarter Medicaid Special Bulletin

### **Attachment D- not included at this time**

- Budget Neutrality Workbook

### **State Contact(s)**

#### **Glyne Williams**

*Chief of Medical Management & Delegated Services*

*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](mailto:glyne.williams@state.de.us)*