



## 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 (1/1/2016 – 12/31/2016)

Federal Fiscal Quarter: 4/2016 (10/1/16 to 12/31/2016)

**To**     **Juliana Sharp** (CMS/CMCS)

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**From:** Glyne Williams

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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 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**

<b>Demonstration Populations</b>	<b>Ever Enrolled</b>
Population 1: Tanf Children less than 21	87,142
Population 2: Tanf Adults aged 21 and over	29,353
Population 3: Disabled Children less than 21	5,406
Population 4: Aged and Disabled Adults 21 and older	6,418
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	47,786
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	8,949
Population 9: DSHP-Plus HCBS	3,959
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	11,249
<b>Total</b>	<b>200,262</b>

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the October 1, 2016 to December 31, 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)**

Highlighted are three community health events which United Healthcare Community Plan, UHC participated in during the fourth quarter 2016. United Healthcare Community plan participated in over 25 community healthcare events reaching approximately 3,000 people with health information and on-site health screenings.

Diabetes Expo on November 1, 2016, a very successful event and well attended; there were numerous vendors and attendees from the community. UHC participated in the event and worked to promote it to their diabetic non-compliant members to improve HEDIS scores.

Henrietta Johnson Medical Center Annual Eye Screening on November 5, 2016: Well attended event with diverse demographics. UHC had an exhibitors table with information on UHC benefits and preventive care. There were several Board Certified Ophthalmologists available to screen for cataracts, glaucoma and diabetic retinopathy, as well as to answer any questions.

My Very Own Library (MVOL) United Way of Delaware Family Engagement, Harlan, 700 Walker Rd, Dover, DE 19904, Literacy Event in Kent County, successful event that provided opportunity to reach our Medicaid Members. Parents attended with their children at the school. A representative from the local library was also on site to sign up UHC members with a free library card that allows them to check out books at their local library. UHC partnered with United Way of Delaware (UWDE) in an effort to ensure that children are reading on grade level by third grade; help young people develop a path to college and career readiness; and, provide opportunities for individuals and families to achieve economic stability and financial empowerment. My Very Own Library (MVOL) is a program that focuses primarily on improving our children's literacy scores and their reading capability, United Healthcare will be reaching and meeting the needs our community's most vulnerable children by creating a "love of reading," and connecting children within fourteen traditional elementary schools across all three counties. UHC provided a table with benefit and preventive care literature, as well as promotional free giveaways.

### **Highmark Health Options**

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

CHEER Trap Pond Fall Festival on 9/2/2016 - At Trap Pond State Park with an approximate audience of 500-600 people, the CHEER Nutrition Program held their Annual Trap Pond Fall Festival; this was a day when senior citizens from Sussex County and surrounding areas came together to enjoy food, fun, entertainment and information in a relaxing rustic atmosphere.

Fun Festivity Day on 9/17/2017 - At Victory Crusade Worship Center with an approximate audience of 200-300 people, community Christian Fun Festivity Day providing health information to the community. Health Options attended as an exhibitor at this event with a table consisting of health literature both English and Spanish.

Delaware Hispanic Commission - Connecting through Civic Engagement on 11/3/2016 at Delaware Technical Community College with an approximate audience of 500+ people. The Delaware Hispanic Commission is committed to enriching the lives of the Hispanic community by enhancing and streamlining efforts to improve the delivery of services, bringing awareness of current issues to the State agencies; suggesting possible solutions for the agencies consideration; and keeping the Hispanic community informed of available state assistance that exist for all Delaware residents. Health Options table consisted of both English/Spanish health topic literature.

### **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 during 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; October 11<sup>th</sup> and December 13<sup>th</sup>. 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 was December 29, 2016; 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 plans assuring they are prepared to send and receive member files in order to serve our Medicaid clients on January 1, 2017. Both MCOs were able to receive their member roster files and serve our Medicaid clients without interruption. We continue to meet with both MCOs to make sure the sharing of file information is working properly.

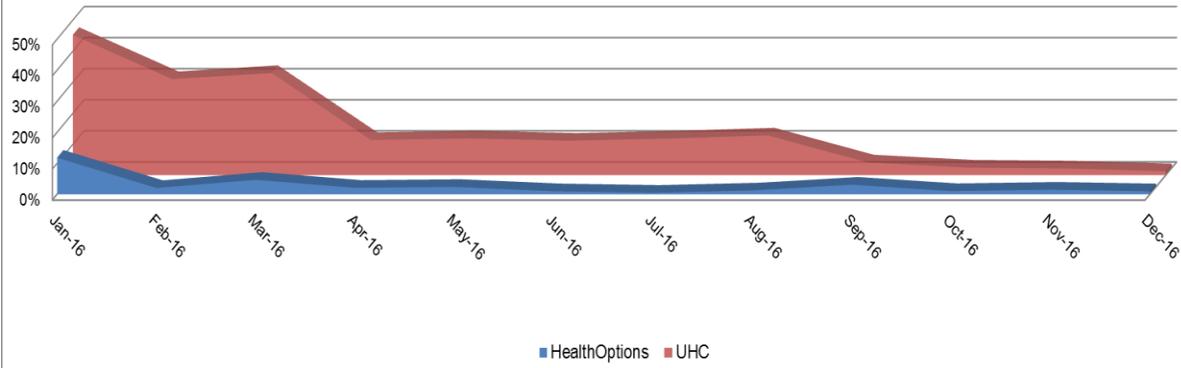
### **QCMMR and QCMMR Plus Reporting**

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.

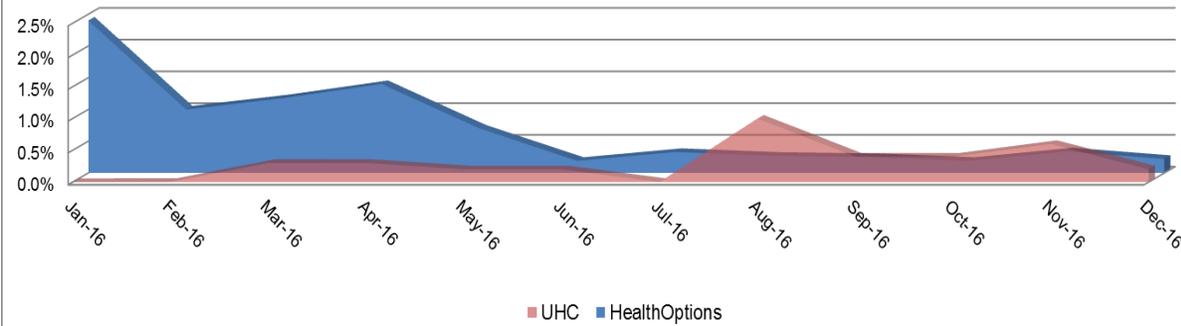
DMMA Medical Management unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Medical Management team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Medical Management's goal is to establish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

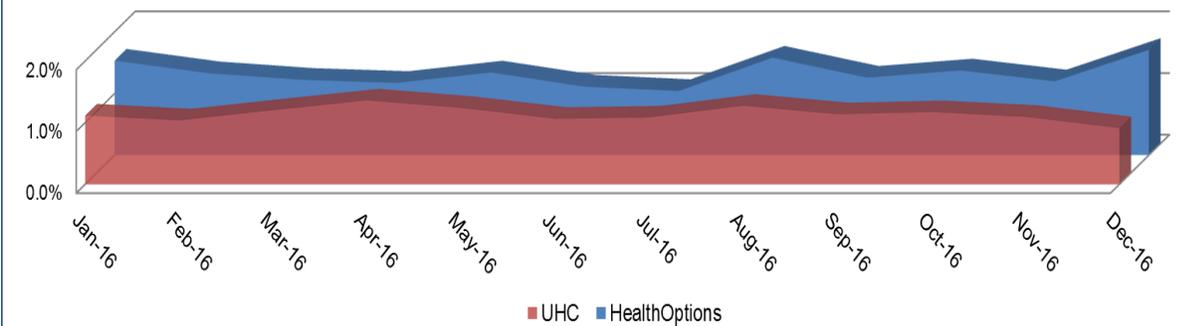
### Rate of HRAs Received/Completed Within 30 Days of Enrollment



### Call Abandon Rate



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



## **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 fourth quarter of this monitoring period, Goal 4 of the Quality Strategy was reviewed and discussed. The QII forum was used to discuss the ways that participants have assured member satisfaction with services for all members from DSHP, DSHP Plus, and CHIP.

A member satisfaction survey program was discussed regarding all member calls. Satisfaction trends are used to conduct on-going training and development of phone representatives. If a member indicates dissatisfaction, the call is transferred to a supervisor for follow-up and resolution. One change the reporting Managed Care Organization has made is that one phone call is used to make appointments and schedule follow-up tests. The time per call has gone up but staffing has not changed; only more training per representative is needed. This activity has been in place for one year. Representatives feel validated in their work and satisfaction has increased.

Managed Care Organizations (MCOs) reviewed their Customer Assessment of Healthcare Providers and Systems (CAHPS) surveys. Both MCOs that presented found that getting care needed; how well doctors communicate; health promotion and education; ease of filling out forms; rating of specialist; rating of health plan; flu vaccinations; customer service; and rating of personal doctor all rated in the 50<sup>th</sup> percentile. These findings will be addressed within each MCO and discussion incorporated into improving outcomes.

One MCO will be fielding an ECHO (Experience of Care Health Outcomes) Survey between now and the end of the year to a random sample of 1650 behavioral health members using mixed mail and phone methodologies occurring in waves. The waves will include follow-up letters and 3 contact attempts. The survey functions to improve the quality of mental health and substance abuse services; evaluate and monitor the quality of behavioral health care organizations; hold providers accountable through public reporting; support internal quality management or reporting needs; support NCQA accreditation requirements (MCO); and support CMS or State requirements. Follow up discussions will be presented in future Quality Improvement Initiative forums.

### **Case Management Oversight**

The Medical Case Management Unit/DMMA continues to provide Case Management Oversight of the DSHP Plus population and DSHP members identified by the MCO's thru Risk Stratification as requiring Care Coordination and Resource 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. Our Medical Case Management Unit is finalizing our review of the 2016 EQRO Compliance Report and has requested additional verifications and supportive documentation from our MCO's to ensure contractual requirements and safeguard membership. We are reviewing the final responses from our MCO's to the HCBS Compliance Plan for the Home and Community-Based Services final rule. DMMA continues with monthly meetings with each MCO, utilizing this forum to discuss any case management issues in a collaborative manner, 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 identify potential Quality Improvement Activities.

DMMA held one Bi-monthly MCO meeting during the fourth quarter, November 15, 2016. During the November meeting we had a presentation to the MCOs by our sister agency Division of Developmental Disability Services, DDDS on their new Life Span Waiver, the waiver will allow for extra supports for clients as they leave school to remain in the community with their families.

## **Medicaid Special Bulletin**

In the fourth quarter issue;

- Provider Checklist; Getting your Claims Ready
- Provider Checklist: Getting Ready for Enrollments, Inquiries, Changes EFT Payments
- It only takes a minute ... Sign up for email notification today!
- Delaware Cancer Treatment Program Applications
- Preadmission Screening and Resident Review (PASRR)
- 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 –**

<b><u>Eligibility Group</u></b>	<b>Month 1 Oct 2016</b>	<b>Month 2 Nov 2016</b>	<b>Month 3 Dec 2016</b>	<b>Total Quarter ending December 31, 2016</b>
DSHP TANF CHILDREN	81,834	82,688	83,134	247,656
DSHP TANF ADULT	27,125	27,441	27,697	82,263
DSHP SSI CHILDREN	5,320	5,291	5,294	15,905
DSHP SSI ADULTS	6,293	6,296	6,294	18,883
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	43,336	44,320	45,360	133,046
New ACA Adults 101 to 133% FPL	10,099	10,205	10,242	30,546
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,779	8,683	8,643	26,105
DSHP-Plus HCBS	3,754	3,812	3,887	11,453
DSHP TEFRA-Like	0	0	0	0

MCHIP Title XXI Chip Funds	0	0	0	0
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**Consumer Issues**

HP, our Health Benefits Manager (HBM), continued to assist us in several ways:

**HBM Highlights from the HBM Fourth Quarter 2016 report**

**Summary of Outreach Accomplishments**

- Provided 374 separate translation services for DMMA and DSS programs, for clients and caseworkers
- Documented 137 instances of caseworker assistance
- Completed 43 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.

This will be updated week of March 6, 2017.

**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 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)**

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