



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: 1/2016 (1/1/2016-03/31/2016)

To **Felix D. Milburn** (CMS/CMCS)

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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

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	90,315
Population 2: Tanf Adults aged 21 and over	32,729
Population 3: Disabled Children less than 21	5,445
Population 4: Aged and Disabled Adults 21 and older	6,496
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	52,220
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,150
Population 9: DSHP-Plus HCBS	3,516
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	10,121
Total	209,992

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the January 1, 2015 to March 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)

United Healthcare was very active with healthcare events during the first quarter of 2016 reaching approximately 2,000 people with health information, literature and resource information.

On 3/12/2016 United Healthcare Community Plan attended the **Fifth Annual Community Education & Health Fair at William Penn High School**, 713 East Basin Road, New Castle, DE

This was a great community event reaching over 100 people. UHC was able to answer many benefit questions and distribute educational materials. UHC will continue to work with the school throughout the year on health education.

On 3/16/16 United Healthcare Community Plan worked with Healthy Kids Delaware and New Castle County and other local non-profit agencies to provide a **Community Dinner** and healthy cooking demonstration at **Absalom Jones Center**. During the event the community was able to participate in educational games, interactive healthy activities for the entire family.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the first quarter of 2016.

Highmark Health Options participated in the Annual 2016 LIFE Conference on 1/22/2016 - At Dover Downs Hotel & Conference Center and open to the public, the **LIFE conference** was a joint effort of Delaware organizations that serve persons with disabilities and their families, addressing the topics of Legislation, Independence (through Assistive Technology), Family and Education. Over 500 People with disabilities, families and professionals attend the annual conference for educational and networking opportunities.

On 2/20/2016 Highmark Health Options participated in **Smyrna community event**. Held at Smyrna High School and open to the community with approximately 5,000 expected attendees, the event features 40-plus community organizations. It includes free refreshments, mini concerts by Smyrna and Clayton students (from Kindergarteners to 12th graders) face painting, pottery wheel demonstration, ice cream making and jewelry making. Highmark Health Options table consisted of health literatures in both English and Spanish.

11th Annual School Fair held on 3/18/2016 - At Milton Elementary School with attendance of approximately 500 community members, the school targeted childhood obesity and provided health screenings, nutritional information and resources available for the community. Highmark Health Options attended to reach out to their membership. Health Options table consisted of health literature in both English and Spanish

The State's Health Benefits Manager (HBM)

Ongoing Activities

The Outreach Team worked at eight State Service Centers, maintaining a regular, reliable schedule for client and caseworker access. The HBM was available for education and enrollment into DSHP, DSHP Plus and DHCP. The Outreach Team was also available to answer caseworker questions about the MMIS and other program procedures.

Spanish translation services were provided to caseworkers and client's in-person and by telephone.

The HBM Outreach Team visited caseworkers on a regular basis.

The HBM monthly newsletter was distributed statewide, in person, to all caseworkers and their supervisors. The newsletter was used to share important, timely information concerning DSHP, DSHP Plus, DHCP, and DPAP updates.

For more detailed information regarding all our activities this quarter please see **Attachment-A** the HBM Annual 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; January 12th, February 9th and March 8, 2016.

Operational/Policy Developments/Issues

MCO RFP implementation updates

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 awarded the contract to one incumbent and one new managed care organization, United Healthcare Community Plan and Highmark BCBS Health Options. The new MCO contract started January 1, 2015.

We work closely with the MCO's continuing to monitor contract compliance. We meet monthly with each MCO to discuss any outstanding issues including pharmacy and provider billing concerns and any other operational questions that might arise. Our Case management team meets monthly with the MCOs to monitor quality and care for our entire population.

Delaware Medicaid Enterprise System (DMES)

To meet the “go live” date of July 1, 2016 different types of testing need to overlap and this will require intense coordination between HPE and their System Testing and State user testers. This is being managed by a weekly State/HPE meeting titled, the handshake meeting. The project team continues working a Resource Allocation Matrix (RAM) to assist in managing the intense coordination needed for user testing as well as multiple overlapping project priorities. The project team will work the RAM with each individual SME Lead to assist them in their scheduling as well as priority prioritization. The project team continues working on organizational change management (OCM) tasks to assure that stakeholders are prepared for go-live on July 1, 2016. OCM will also assist the State in much needed Operational Procedures.

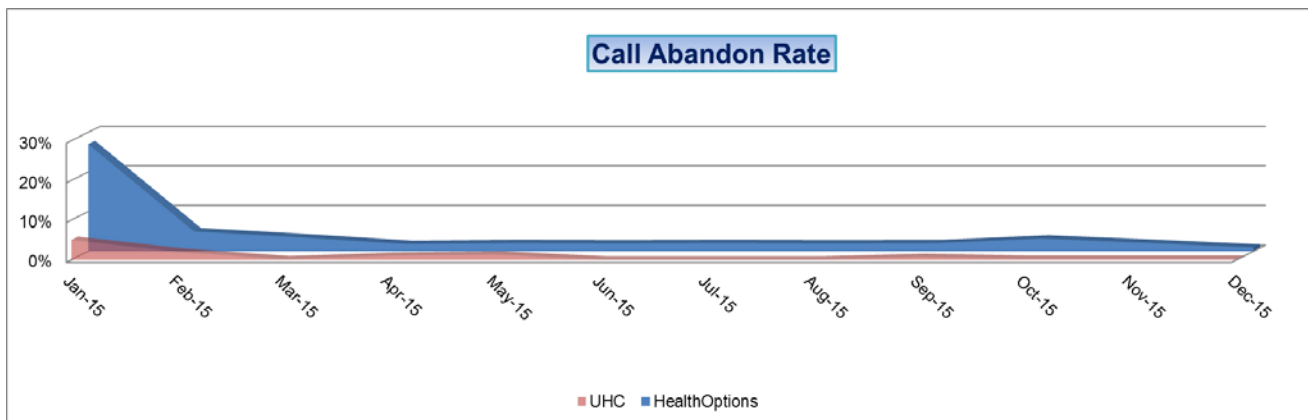
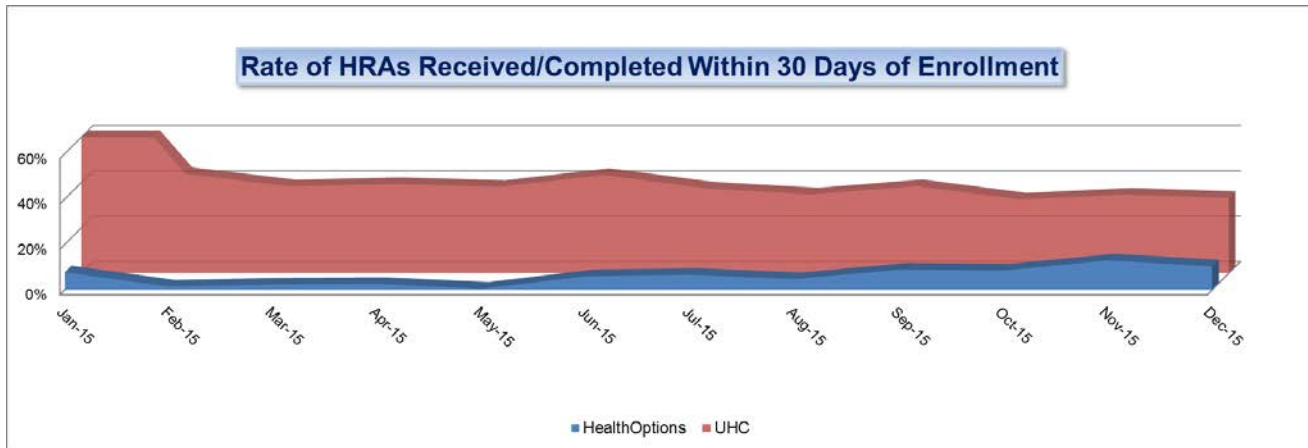
QCMMR and QCMMR Plus Reporting

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.

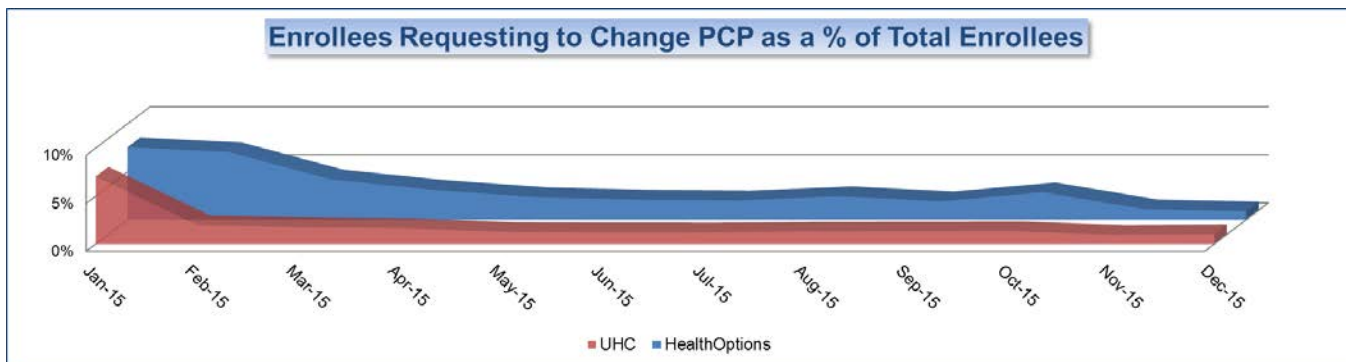
DMMA Medical Management unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Medical Management team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Medical Management's goal is to establish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

The following three charts will be updated in the 2nd Quarter reporting.



<p>Variance from goal:</p>	<p>Improvement actions to address variances: HO (Dec) We have identified trends in abandoned calls which appear to point to a systematic issue with dropped calls. We are working with our IT business partners to identify and resolve the issue, which is dramatically negatively impacting our results. New CSRs will be added as of 12/14 for support of improvement of stats and we are continuing with mandatory overtime Monday-Thursday of each week in order to help pick up service level across. We are refining the overtime by hour in order to maximize available staff.</p>
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Variance from goal; (UHC): The PCP change request data has been updated to reflect the correct count for the month of July, due to date entry error.

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 first quarter of this monitoring period, Goal 1 of the Quality Management Strategy was reviewed. In particular, the Interagency Quality Team (IQT) which is working to set performance measures for the Pathways program reported at the Quality Improvement Initiatives Task Force Committee (QII). Measures have been created which can be used consistently across multiple Divisions while allowing the individual Divisions the freedom to utilize their own individual client tracking systems. These systems range from integral components within Division based case management systems to a manually maintained mechanism with the end result being a single universal report being submitted to DMMA for oversight. The measures are also consistent with the Goals of the Quality Management Strategy; Access to Care, Quality of Care, Utilization of Services, and Satisfaction.

Utilizing the QII forum, those responsible for collaborating on the PROMISE program reported on Access to Care through numerous avenues; Managed Care Organizations reported using Performance Improvement Project methodology; attempting to improve Access to Care by utilizing this approach. The Division of Substance Abuse and Mental Health report directly to DMMA. Together, the group then discussed barriers to care and initiatives and work to solutions.

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.

During the First Quarter 2016, DMMA concentrated its efforts on expanding our case management oversight and improving and our assessment tools. Currently DMMA has completed over 150 joint State/MCO visits with members in our DSHP Plus and DSHP members, our Joint Visit tools have been updated and are completed in real time. A Case File review, Level of Care Redetermination and Critical Incident review have been completed. All findings were reviewed with the MCO's to identify areas for improvement and plan resolution. 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.

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 is starting the MCO Bi-Monthly meetings on July 19, 2016.

Medicaid Special Bulletin

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

In This Issue;

Are you a clearinghouse, vendor, switch, or billing company?

Electronic Health Records (E H R) Incentive Payment Program Update

Important Preadmission Screening and Resident Review (PASSR) information

New Payment Error Rate Measurement (PERM) Cycle

Delaware Cancer Treatment Program Updates

Health Officials Agree: No Alcohol during Pregnancy

Maintaining Newborn Coverage

Provider Manual Updates

Phone and Fax Contacts

We have attached the entire First Quarter 2016 Medicaid 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 –

<u>Eligibility Group</u>	Month 1 January 2016	Month 2 February 2016	Month 3 March 2016	Total Quarter ending March 31, 2016
DSHP TANF CHILDREN	86,507	87,256	87,361	261,124
DSHP TANF ADULT	31,835	31,673	31,181	94,689
DSHP SSI CHILDREN	5,390	5,384	5,344	16,118
DSHP SSI ADULTS	6,422	6,394	6,362	19,178
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	48,290	49,653	50,527	148,470
New ACA Adults 101 to 133% FPL	9,268	9,624	9,541	28,430
FP Expansion	0	0	0	0

DSHP-Plus State Plan	8,885	8,868	8,779	26,532
DSHP-Plus HCBS	3,363	3,411	3,432	10,206
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 Annual Report 2015

Summary of Outreach Accomplishments

The Outreach Team served eight state service centers, discussing the HBM's role, availability, and program specifics. Caseworkers were encouraged to utilize the expertise of Outreach Team members. The Outreach Team also continued to educate caseworkers about DPAP, CRDP, and prescription drug coverage through Medicare Part D.

The Outreach Team continued to deliver MCO health plan information, as well as information on other programs such as DPAP, to all State Service Centers.

The Outreach Team partnered with community organizations and agencies to promote DHCP, DPAP, and DSHP.

The Outreach Team logged 1,878 specific instances during which it offered one-on-one assistance to caseworkers in State Service Centers.

The Outreach Team provided 3,520 in-person translations during 2015. The top five translation type was: Medicaid 29.94%, Case status 13.35%, Recertification 10.54%, Client follow-up 9.77%, and Food benefits 6.48%.

The Outreach Team played an integral part during Open Enrollment 2015 and DPAP Reenrollment 2015 by educating clients and caseworkers about the processes.

Program Integrity

DMMA staff recently attended a seminar at the National Advocacy Center designed for Medicaid Program Integrity employees in states that have adopted a managed care model for some or all of their health care delivery. The topics included questions related to program integrity oversight of managed care organizations, included encounter data, dual eligibles, audits, trends, fee for service and managed care, contracts, financials, behavioral health and chemical dependence issues. We identified vulnerabilities and risks in order to detect health care fraud, waste, and abuse in the managed care environment.

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, Annual Report 2015
- 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–

- 2016 First Quarter Medicaid Special Bulletin

Attachment D- not at this time

State Contact(s)

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