Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report
Demonstration/Quarter Reporting Period
Demonstration Year: 19 (1/1/20115 – 12/31/20115)
Federal Fiscal Quarter: 4/2015 (10/1/2015- 12/31/2015)

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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	89,786
Population 2: Tanf Adults aged 21 and over	34,151
Population 3: Disabled Children less than 21	5,491
Population 4: Aged and Disabled Adults 21 and older	6,643
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	49,433
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,179
Population 9: DSHP-Plus HCBS	3,407
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	9,224
Total	207,314

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the October 1 2015 to December 31, 2015 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 fourth quarter reaching approximately 5,000 people with health information, literature and resource information.

On November 12, 2015 United Healthcare participated in the 14th Annual Community Mental Health Conference at the Chase Riverfront Conference Hall in collaboration with Mental Health Association of Delaware reaching over 300 people.

On November 19, 2015 United Healthcare Quality Team participated in the Diabetes Quality Expo outreaching to their non-compliant diabetic members trying to educate them on proper care and improving their HEDIS scores.

United Healthcare Community Plan provides clients with hand written notes to members who call into the customer service line. The agents develop personal connections and share personal stories and life events with members on a daily basis. Taking a few minutes to write a quick note to a member expressing condolences for the loss of a loved one, congratulating someone for an important achievement, welcoming a new member to UnitedHealthcare, or conveying a desire for a quick recovery allows our agents and members to connect in a more personal way.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the fourth quarter. Highmark Health Options participated in approximately nine community health events during this quarter reaching about 5,000.

Wilmington Wellness Day October 3, 2015, at Rodney Square in downtown Wilmington with over 100 health, safety organizations and businesses participating with over 4,000 attendees. This event included health information booths, screenings and assessments presented in a festive, entertaining and interactive way. One of the goals of the event is to educate the community with health information for a better healthy community. Highmark Health Options table consisted of health literature both English and Spanish.

Belvedere Fire Prevention Community October 17, 2015, at Absalom Jones Senior Center with a targeted audience of 500+ people; Belvedere opened their facility to men, women, and children of the community and neighboring area to come out and learn about fire prevention safety and not only educate the public of the fire/EMS aspect but to provide the community with a multitude of information of services that are available to the public.

2015 World Aids Day Summit on December 5, 2015, held Delaware Technical & Community College and open to the public, author and motivational speaker Marvelyn Brown was the guest speaker and shared her story of how she refuses to give up on herself.

The State's Health Benefits Manager (HBM)

HBM Ongoing Activities & Objectives

- 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 Quarterly 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; October 13th, November 10th and December 8th.

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 continue working 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.

Delaware Medicaid Enterprise System (DMES)

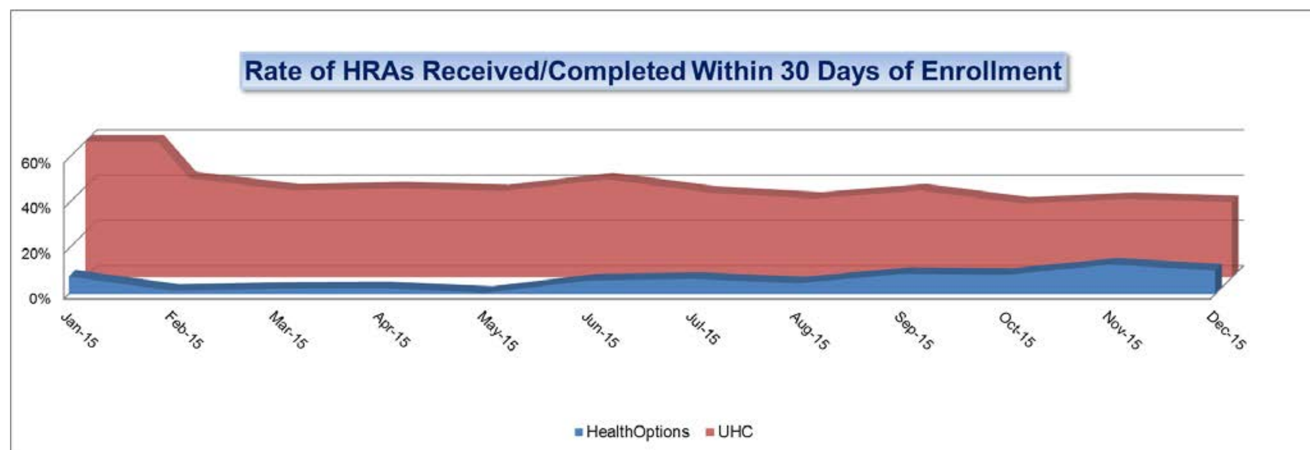
As of November 6, all milestones are on schedule and the project is on budget. Construction, system testing, parallel testing preparation and user test case execution, implementation, and planning for training and certification continue. Conversion of data to the new system continues to have low error rates, and preliminary test claims have successfully adjudicated in the new system. Project staff and users are testing two functional areas -- Contract Tracking Management System (CTMS) and Business Policy Administration (BPA). Hewlett Packard Enterprise presented a demonstration of CTMS prior to the start of testing, and a BPA demonstration was held Nov. 12. To protect the tight project schedule, the project team is making every effort to defer change requests to add or adjust system functionality. However, a few new requirements that would be beneficial have been identified. To meet the "go live" date of July 1, 2016, different types of testing need to overlap, and this will require intense coordination of user testers. The project team is preparing a Resource Allocation Matrix (RAM) to help manage the intense coordination needed for user testing as well as multiple overlapping project priorities. The RAM was piloted to a handful of Subject Matter Experts on Nov. 10. Several items have been postponed to the post "go-live" maintenance and operation phase. The project team is working on organizational change management tasks to assure that stakeholders are prepared and understand what to expect and not to expect from the system on July 1, 2016.

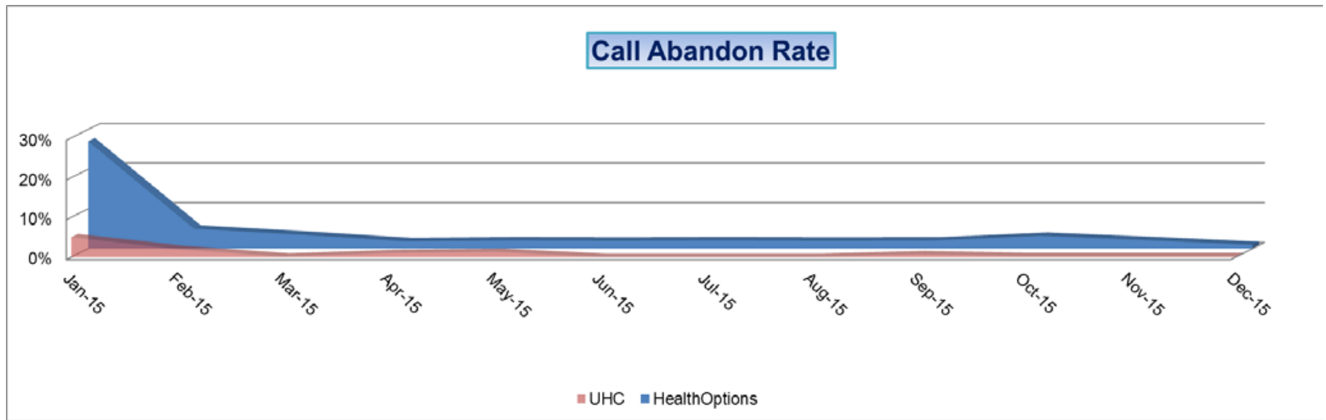
QCMMR and QCMMR Plus Reporting

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.

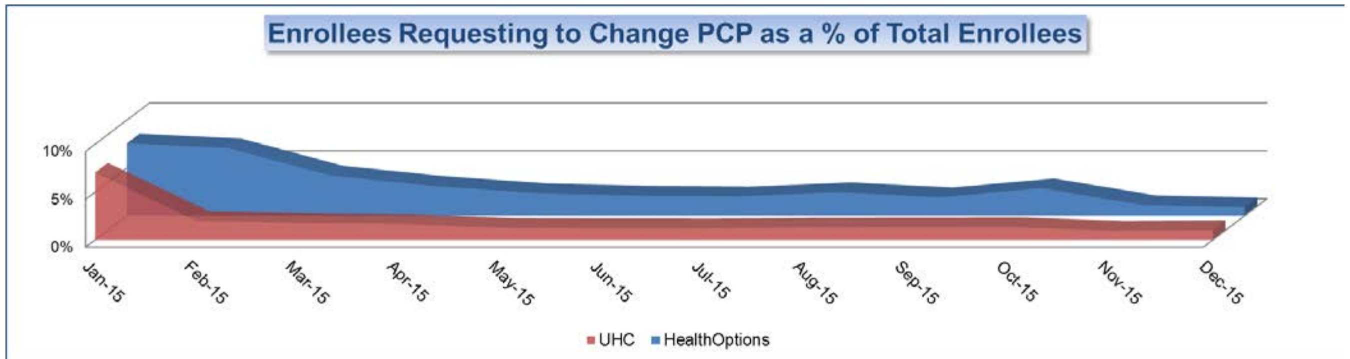
DMMA Medical Management unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Medical Management team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Medical Management's goal is to establish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





Variance from goal:	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.



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

In the fourth quarter reporting cycle, the second of the series of Technical Assistance on Rapid Cycle Assistance (RCA) methodology was provided to all quality program participants; those responsible at DMMA for quality oversight, MCO oversight, MCO organizations staff and team members as well as to key leadership positions. The two mandatory performance improvement projects (PIPs), Oral Health and Behavioral Health and Physical Health Integration, were submitted to the Division of Medicaid and Medical Assistance Quality team using the RCA techniques learned. These submissions will be reviewed by the Subject Matter Experts and feedback provided to the MCOs on their submissions.

Case Management Oversight

The Medical Case Management Unit continues with Case Management oversight of the DSHP Plus population and has increased the Care Coordination oversight of members identified thru Risk Stratification by the MCO's.

Our Medical Case Management team has completed two of our 4th Quarter MCO site reviews, our Case File Review and LOC Redetermination review. We continue to complete an exit interview and

report after each review, which we have received positive feedback from the MCO's. We are working with the MCO's to improve timely LOC redeterminations and all members are reported when due for redetermination. Both MCO's have implemented internal process's to improve timely and accurate LOC redetermination dates and are utilizing the MoveIt file to transmit member information.

We have expanded our MCO Joint Visits to include the DSHP members receiving face to face visits. Our Joint Visit Nurses are averaging 2 visits per day, they are completing the majority of those visits in community settings and averaging 1-2 Nursing Facility visits/week. We have a workgroup drafting updates to our Joint Visit tool. We continue to work closely with the MCO Compliance Officers to ensure the reports are complete and submitted timely.

We have coordinated with the Operations team and developed a workgroup to review our current QCMMR and update our metrics to ensure we are collecting meaningful data that is not duplicative of our reporting requirements. We continue to work with our EQRO team to ensure quality data.

We are coordinating MCO Appeal hearings with the Operations team; evaluating Death Investigation Assessments involving members enrolled in MCO's to ensure the MCO's are providing consistent Care Coordination.

We are working with our EQRO team to facilitate the MCO's participation and completion of the member surveys and MCO self-assessments per the Home and Community-based Setting Requirements mandated by CMS.

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 March 15, 2016.

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

In This Issue;
Exciting Changes are coming in 2016
Electronic Health Records (E H R) Incentive Payment Program Update
Important Preadmission Screening and Resident Review (PASSR) information
DMAP Implements ICD-10
Ordering/Referring/Prescribing (O/R/P) Provider Enrollment
New Payment Error Rate Measurement (PERM) Cycle

Provider Manual Updates
Phone and Fax Contacts

We have attached the entire Fourth Quarter 2015 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 –

Eligibility Group	Month 1 October 2015	Month 2 November 2015	Month 3 December 2015	Total Quarter ending December 31, 2015
DSHP TANF CHILDREN	85,127	84,557	86,286	255,970
DSHP TANF ADULT	32,512	32,185	32,682	97,379
DSHP SSI CHILDREN	5,391	5,379	5,398	16,168
DSHP SSI ADULTS	6,501	6,499	6,422	19,422
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	45,711	44,868	46,747	137,326
New ACA Adults 101 to 133% FPL	8,453	8,465	8,586	25,504
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,932	8,905	8,893	26,730
DSHP-Plus HCBS	3,255	3,301	3,337	9,893
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 2015

- Provided 460 separate translation services for DMMA and DSS programs, for clients and caseworkers
- Documented 201 instances of caseworker assistance
- Completed 19 enrollments in person
- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors

Program Integrity

DMMA continues to work closely with our MCOs on reporting fraud, waste and abuse. Program Integrity has quarterly meetings with both MCOs and other outside agencies.

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 2015
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

- 2015 HBM Monthly Newsletters

Attachment C–

- 2015 Fourth Quarter Medicaid Special Bulletin

Attachment D- not at this time

State Contact(s)

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