



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 (1/1/2017 – 12/31/2017)

Federal Fiscal Quarter: 1/2017 (1/1/2017 – 3/31/2017)

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

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	88,791
Population 2: Tanf Adults aged 21 and over	30,553
Population 3: Disabled Children less than 21	5,422
Population 4: Aged and Disabled Adults 21 and older	6,447
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	49,285
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,147
Population 9: DSHP-Plus HCBS	4,014
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	13,530
Total	207,189

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the January 1, 2017 to March 31, 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 first quarter 2017. United Healthcare Community plan participated in over 25 community healthcare events reaching approximately 3,000 people with health information and on-site health screenings.

Health Resource Session/Dover Interfaith Mission Resource Center, Dover DE on February 15, 2017, there was great member engagement. Information was provided for attendees regarding health & wellness. Purpose of the session is to motivate participants to make positive health behavior changes and increase health awareness.

Exceptional Child Care 8th Annual Spring Gala on March 4, 2017

The event was well attended, over 500 people, many organizations, stakeholders, Medical Directors from various hospitals in New Castle County, education, faith based, etc. participating. Exceptional Care for Children (ECC) continue to meet the unique needs of medically fragile children throughout the region. Several of our UHC Medicaid members are clients of this agency.

Community Dinner at Elbert Palmer Elementary School on March 16, 2017

Productive event at Elbert Palmer Elementary School in Wilmington, DE. Several UHC members stopped by the exhibitor table asking questions about dental benefits and non-emergent transportation services. UHC collaborated with Healthy Kids DE for a Community Dinner at Elbert Palmer Elementary School. UHC also provided resources and promotional materials for all family members.

Highmark Health Options

Highlighted are three community health events which Highmark Health Options participated in during the first quarter of 2017. Highmark held over twelve community healthcare events during the quarter, reaching approximately two thousand people with health information and the opportunity for immediate health screens.

Annual 2017 LIFE Conference (16th) on 1/25/17 - At Dover Downs Hotel, The LIFE Conference is a regionally recognized annual conference developed by a coalition of Delaware organizations that serves persons with disabilities and their families. Health Options participated as a Sponsor and a vendor with a table consisting of Health topic literature.

Beebe Health Fair on 2/11/17 with an approximate audience of 200-400, Beebe Healthcare hosted the annual Health Fair at the Atlantic Sands Hotel in Rehoboth Beach, inviting over 30 community partners to attend to provide health information for everyone in the family.

26th Brain Injury Association of Delaware on 3/23/17 at Dover Downs Hotel with an approximate audience of 200-500; Brain Injury Association of Delaware hosted their 26th Annual Conference "Crossing Paths Building Relationships after Brain Injury."

The State's Health Benefits Manager (HBM)

Ongoing Activities

- 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 during this quarter please see

Attachment-A the HBM first 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; January 10th, February 14th and March 14th. DMMA stays in contact with this organization to provide assistance to any family in need.

Operational/Policy Developments/Issues

Delaware Medicaid Enterprise System (DMES)

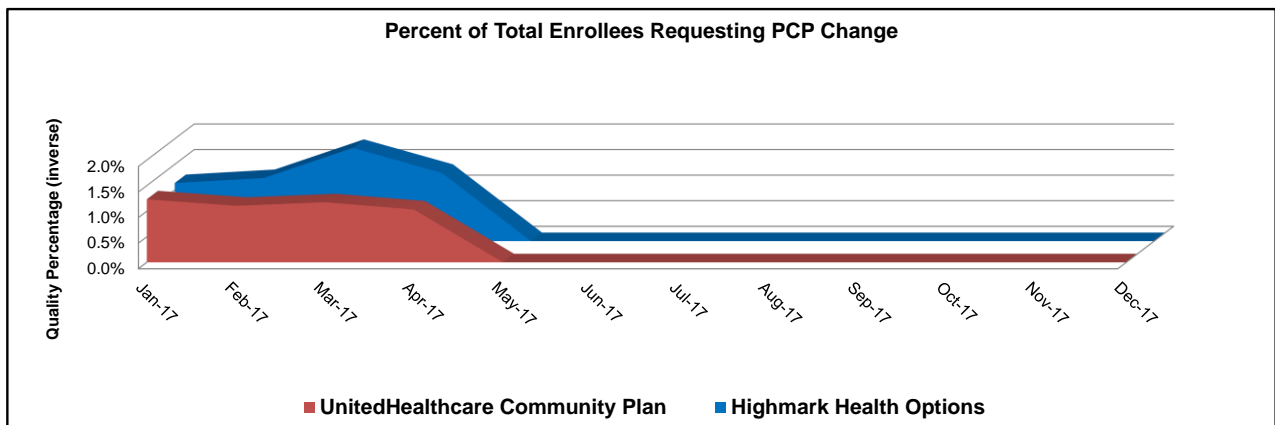
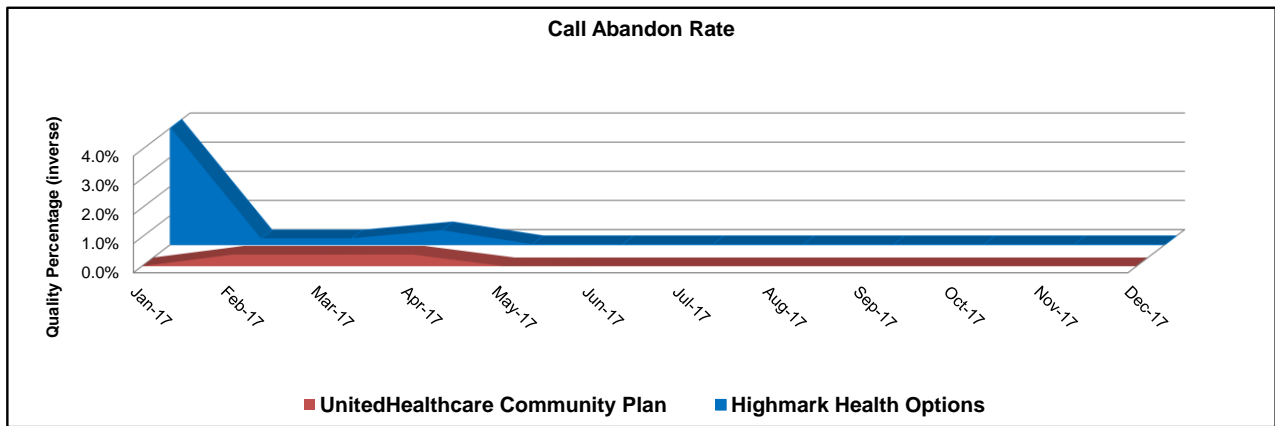
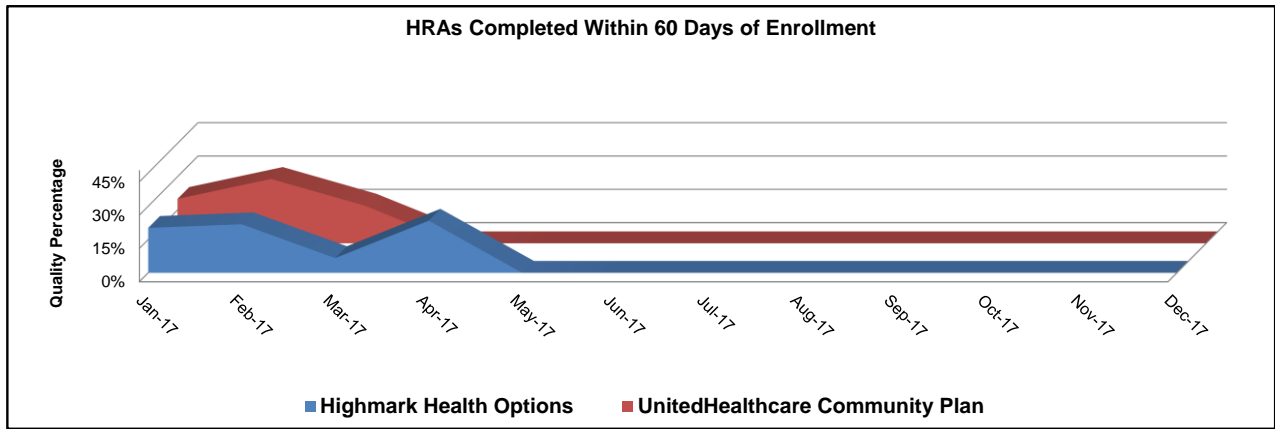
DMES: The Go Live date for our new DMES system was December 29, 2016. During the first quarter of 2017 we continued meeting weekly with our trading partners; Highmark Health Options and United Healthcare Community plans assuring they were prepared to send and receive member files in order to serve our Medicaid clients. Both MCOs were able to receive their member roster files and serve our Medicaid clients without interruption. We continued to meet with both MCOs until the end of February to make sure there weren't any issues sharing information to serve our Medicaid clients. In March we moved to a new phase of the project and if the MCOs have any issues in the future they are able to reach out to our fiscal agent and provider relations department through a dedicated mailbox.

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 QCMR 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 first quarter of this monitoring period, Goal 1 of the Quality Management Strategy was reviewed. The QII forum was used to report on a variety of ways to improve timely access to appropriate care and services for adults and children with an emphasis on primary, preventive, and behavioral healthcare, and to remain in a safe and least-restrictive environment for DSHP, DSHP Plus, and CHIP members through reports on Performance Improvement Projects and other Performance Management strategies.

The Managed Care Final Rule was discussed as it pertains to access and availability. Improving discharge planning coordination goals was discussed. A process was put in place to communicate and coordinate all authorization requests. This helps make prescription drugs more available and accessible to members. Care coordinators are linked with members about to be discharged. This allows for timely access care after hospital discharge, while members remain in a safe least restrictive environment. Outcomes of this effort have been: improved quality of life; increased percentage of members who have made progress toward achieving priority goals; positive experience with case management/care coordination services; reduced readmission rates; and unmet needs are addressed.

EPSDT members receive outreach from resource coordinators. These coordinators facilitate consistency with: attending health care appointments; receiving immunizations; and other issues,

barriers, and concerns. Some future initiatives include partnerships with DHSS, Providers, and Wellness Centers.

A community repository has been developed to engage all members in wellness and healthy behaviors. The contractor maintains an up-to-date registry of all wellness, health education, disease management and self-management programs and activities that are available for members and that are accepting new participants. The web-site contains a suite of applications maintaining a centralized repository of community agencies and services. The agencies are tied to cities, states, counties, and neighborhoods. Each agency can contain one or more services, and will contain service locations, pre-requisites, costs, and descriptions of service. This will link members to education in the community including wellness, prevention, and disease services. It will meet the needs of our unique membership, including resources for our Special Needs, Long Term Services and Support (LTSS), behavioral health and pediatric members. It will offer access to members, providers, staff and the public. It will also provide current updated resources. There will be multiple search options and all-user access. It will be updated and validated regularly. New resources and updates can be submitted by anyone. It can expand and grow comprehensively to be of benefit to all users.

A partnership with Med Express and one of the State's contracted MCO providers has been developed to close gaps in primary care for members accessing urgent care services at Med Express locations across the Northeast. Members are being met where they are to facilitate compliance with preventive care. Two hundred seventy transactions were leveraged to identify open gaps in care and were then closed for any member who presented at Med Express for urgent care. Since going live on August 15, 2016, there have been 61 wellness visits at five sites in Delaware. As next steps: embedded practice support; steering consistently non-compliant members to Med Express; re-assessing measures to reduce or add additional measures as the program evolves and; ongoing assessment of effectiveness are under consideration.

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.

During the First Quarter 2017, our Medical Case Management Team has been preparing and coordinating for our annual onsite External Quality Review Organization, EQRO Review at our MCO's. We have also been working on various work streams to implement the Medicaid Managed Care Final Rule requirements. We continue to work with our members, providers and MCO's to

serve members in their homes. Our team is working to coordinate services with our other State Divisions, such as Division of Developmental Disabilities Services, DDDS and Division of Substance Abuse and Mental Health, DSAMH to meet the special needs of our members and maintain them safely in the community. We continue with State/MCO visits for members in our DSHP Plus and DSHP members as part of our oversight activities. A Case File review and Level of Care Redetermination 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 held two Bi-monthly MCO meetings during the first quarter, January 17th and March 21, 2017.

During the January meeting we had a presentation to the MCOs by our sister agency Division of Public Health, DPH on the Delaware Maternal and Child Health Priorities. This program is evidence based with measurable goals. DPH was awarded a five year grant to launch this program, their mission; *To improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.*

During the March 21, 2017 meeting we asked our sister agency Division of Long Term Care Residents Protection to give a presentation on Music and Memory program. This was very informative and moving to see how music therapy transforms the lives of patients. Giving people their favorite music is a huge win for residents, families, staff and administrators. Outcome for participants include; improved mood, enhanced engagement and socialization, calmer environment and heightened ability to communicate. Some of the transformations we watched were miraculous.

Medicaid Provider Bulletin

In the first quarter issue;

- Need Assistance See phone and fax contacts
- Portal Questions
- Quick Tips
- EDI Submissions
- Program Updates
- Prior Authorization to submit
- Utilization Review
- Abuse and Fraud
- Electronic Health Record Incentive Payment Deadline
- Claims Return to Provider (RTP)
- Pharmacy

Vaccination for Children VFC billing
 Remittance Advices (RAs)
 Long Term Care
 Dental Claims

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 –

<u>Eligibility Group</u>	Month 1 January 2017	Month 2 Feb 2017	Month 3 March 2017	Total Quarter ending March 31, 2017
DSHP TANF CHILDREN	84,793	84,814	85,249	254,856
DSHP TANF ADULT	28,396	28,626	29,253	86,275
DSHP SSI CHILDREN	5,335	5,313	5,332	15,980
DSHP SSI ADULTS	6,334	6,284	6,300	18,918
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	46,105	45,240	46,142	137,487
New ACA Adults 101 to 133% FPL	11,527	11,363	11,068	33,958
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,728	8,856	8,821	26,405
DSHP-Plus HCBS	3,887	3,897	3,918	11,702
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 First Quarter 2017 report

Summary of Outreach Accomplishments

- Continue to enroll clients efficiently into each of the two health plans
- Continue follow-up with disenrolled and pending families for DHCP enrollment and data collection
- Continue to update the monthly and quarterly reports to provide the most relevant and useful information possible
- Continue to process all forms (TPL, State Priority, and Change Forms) in a timely manner.
- Continue to resolve client complaints and assist caseworkers as necessary, and continue to report these complaints and caseworker assistance calls in HBM reports
- Educate clients and caseworkers about Open Enrollment 2017
- Accept incoming calls from clients regarding questions about the 1095B Tax form that mailed in January
- Coordinate with DSS any reported 1095B Tax form discrepancies from clients

Program Integrity

Delaware Medicaid has recently entered into our second option year with our Fraud, Waste, and Abuse Contractor, Health Integrity. We have had several planning and kickoff meetings to set our priorities and review the progress that has been made to date. Health Integrity is very enthusiastic in targeting possible areas of risk in Delaware's fee-for-service and encounter claim universes. Among areas of interest are non-emergency medical transportation (NEMT), attendant care services, and home modifications.

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, First 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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