



Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 22 (1/1/2019 – 12/31/2019)

Quarter: 1/2019 (01/01/2019 — 03/31/2019)

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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 ninety percent (90%) 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.

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.

On January 1, 2018 Diamond State Health Plan completed another successful RFQ process and awarded two contracts; one incumbent MCO, Highmark Health Options and one new MCO AmeriHealth Caritas DE. Effective December 31, 2017, United Healthcare Community Plan contract ended.

Enrollment Information

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	89,528
Population 2: Tanf Adults aged 21 and over	31,926
Population 3: Disabled Children less than 21	5,514
Population 4: Aged and Disabled Adults 21 and older	6,362
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	56,309
	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,227
Population 9: DSHP-Plus HCBS	4,895
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	9,842
Total	213,603

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the January 1, 2019 through March 31, 2019 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 calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.

Outreach/Innovative Activities

Highmark Health Options Outreach Events

Here are two examples of Highmark Health Options outreach events for this quarter.

Highmark Health Options-On Wednesday January 23, 2019, Highmark Health Options collaborated with Operation Warm to give over 400 children at Anna P. Mote Elementary School the gift of warmth, confidence and hope by providing them brand new winter coats. The event was an overwhelming success, thanks to all of our volunteers and community partners at both Operation Warm and Anna P. Mote Elementary. Operation Warm works with Community Partners to identify Tier 1 schools where 40% or more of students' families are at or below 150% of federally prescribed poverty level. All of Anna P. Mote Elementary students qualify for FARM (Free and Reduced Meals Program, below-poverty and low-income households). Health Options left approximate 100 coats with Anna P. Mote school officials to hand out to children that were not in school on the day of the event.

Maternal Health Homes / Maternal Opioid Management-Highmark Health Options Drs. Szebenyi and Barclay met with Christiana Care Health System, CCHS OBGYN administrative personnel on February 21, 2019. They were updated on CCHS efforts to mitigate the impact of opioids in the pregnant and post-partum population through an evolving relationship with Connections and their use of AI (Larks) programming and the outcomes in response to their efforts. Highmark Health Options are looking to partner with this group to see what impact we might gain with the maternal health home concept.

AmeriHealth Caritas Outreach Events

Here are two examples of AmeriHealth Caritas outreach events for this quarter.

AmeriHealth Caritas Mission GED Program – This program had four members graduate. The MCO continues to promote program awareness with the cooperation Delaware Technical Community College and the New Castle County Learning Center. As of March 2019 there are sixteen members enrolled in the GED Program.

AmeriHealth Wellness Center – Although the grand opening was cancelled on Wednesday, January 30, 2019, a number of members and community partners stopped by. The MCO had staff on hand to provide tours of the facility. There were many activities: healthy juicing demonstrations and tasting, a meditation session, and a “mini-yoga” class. There were non-perishable food boxes for members and the community. The Food Bank of Delaware provided the boxes.

The State's Health Benefits Manager (HBM)

Ongoing Activities

Continue to educate members about the two health plan options
Continue to provide ongoing caseworker training about DSHP, DSHP Plus and DHCP
Continue to assist members with complaints or issues concerning their managed care
Continue tracking caseworker assistance performed by Outreach representatives
Continue to offer translation services for Spanish-speaking members at selected State Service Centers statewide, for both oral and written transitions.

For detailed information regarding all HBM activities during this quarter, please see;

Attachment-A the HBM First Quarter 2019 report and **Attachment B** the HBM Monthly Newsletters.

Special Interest Meeting/Conference

Behavioral Health Integration - Dr. Elizabeth Brown and Chief of Policy, Planning, and Quality Glyne Williams participated in the final State Innovation Model / Delaware Center for Health Innovation (SIM/DCHI) Behavioral Health Integration payers call on primary care and behavioral health integration and collaboration on Wed. Jan. 16, 2019. The DMMA workgroup on Collaborative Care then met on Fri. Jan 18, 2019 to create a work plan for opening the collaborative care codes for some mental health diagnoses.

Maternal Child Health (MCH) -Dr. Brown, along with Dr. Karyl Rattay from the Division of Public Health, met with Senator Bryan Townsend on Fri. Jan 18, 2019 in advance of his attending the National Conference of State Legislatures Maternal and Child Health (NCSL MCH) workgroup. DMMA's briefing included information on coverage and services for pregnant women and children, information about our work on children with medical complexity, and quality measures on pediatric care.

The Drug Utilization Review Board -met via a conference call on January 10, 2019. The committee discussed the most recent rebate offers submitted to the Sovereign State Drug Consortium. Each of the managed care plans provided an update on their current opioid dose reduction projects and on the concomitant use of both an opioid and a benzodiazepine. The Board discussed several options for next steps in reducing the number of members on benzodiazepines. One step is to address provider prescribing patterns.

Delaware Family Voices

DE Medicaid continues to support Delaware Family Voices. Caring for children with special needs is often complex, and Delaware Family Voices and the Family to Family Health Information Center is in the unique position to help. This organization states that “We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves.” DMMA and our managed care organizations, Highmark Health Options and United Healthcare Community Plan participate in these monthly calls assisting families to navigate the complex healthcare field. There were three monthly calls this quarter: January 8, February 12 and March 12, 2019. DMMA stays in contact outside of scheduled calls to provide assistance to any Medicaid family in need.

Operational/Policy Developments/Issues

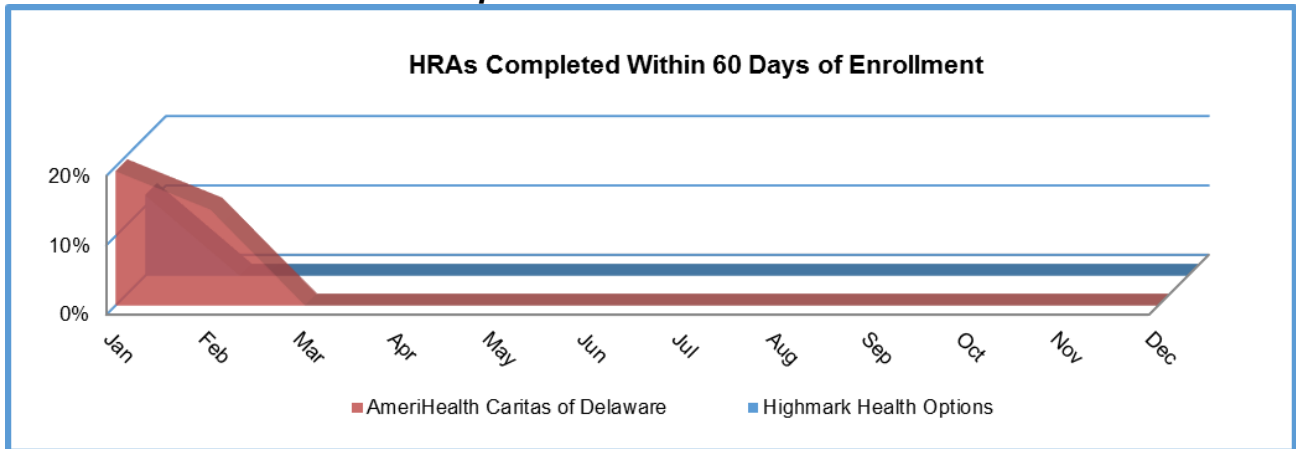
OCMMR and OCMMR Plus Reporting

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 Managed Care Operations 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.

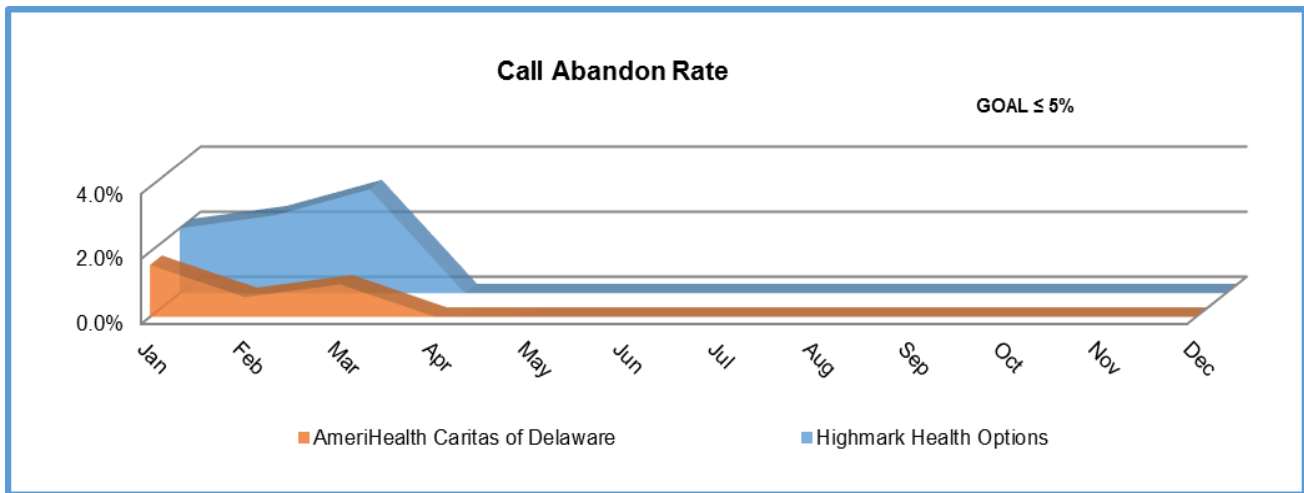
DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Managed Care Operation’s goal is to establish a partnership with the MCOs to improve quality of care for our Medicaid population.

DMMA continues to 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 and reporting the same data.

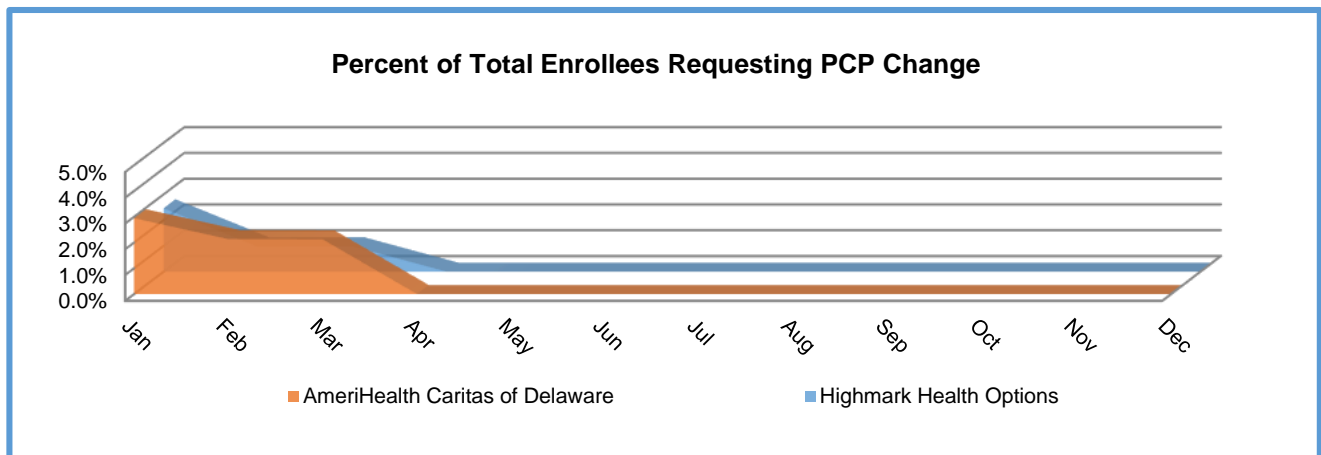
Health Risk Assessment Completion Rate



Customer Service: Call Abandon Rate



Percent of Enrollees Requesting a Change in Primary-Care Provider



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 90% 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.

- QII Task Force guiding values and principles:
 - 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 community and other advocacy and professional groups;
 - create a forum for communication and open exchange of ideas.

QII Activity

During the 1st quarter of this monitoring period, DMMA took the opportunity to review the goals of the Quality Strategy as well as to review the operating mission of the Quality Improvement Initiative Task Force (QII) with the group.

The QII Task Force also determined in its mission to focus on one goal throughout the reporting year and have all reports throughout the year focus on this goal. QII will be reviewing one primary goal while continuing to review the quarterly goals throughout the reporting year. Last reporting year, the primary goal was access to care. The Task Force felt that, collectively, they had made efforts in their work to improve access to care and voted to continue working on this goal again this reporting year.

The primary goal from the Quality Strategy that was focused upon on this quarter was Goal 4; that of assuring member satisfaction with services. The QII forum was used to report on an assortment of ways to assure membership satisfaction with services through reports on Performance Improvement Projects and other Performance Management strategies. The Managed Care Organizations also reported on particular Surveys from their membership and populations such as CAHPs and Long Term

Services and Supports.

Case Management Oversight

DMMA Case Management/Care Coordination oversight of the DSHP and DSHP Plus populations completed 1st Quarter onsite case file reviews with each MCO. DMMA staff met with each MCO to discuss outcomes of the reviews. Our team continues to work collaboratively with each MCO on a monthly basis, which includes monthly meetings.

DMMA staff have completed approximately 135 joint visits during the first quarter of 2019, which included both Community based settings and Nursing Facilities. Each quarter DMMA compiles a joint visit overview report and meets with each MCO to go over findings and discuss plans for improvement. DMMA has trained staff to perform onsite visits, which has increased our oversight capabilities in the 1st quarter of 2019, enabling us to ensure all members are receiving the highest quality of care.

Managed Care Meeting

The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meeting is used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care.

DMMA met with the MCOs on January 15, 2019 and discussed our Non-emergent medical transportation benefits. Logisticare our Non-Emergent Medical Transportation broker had representatives at the meeting to explain the process for reservations, where's my ride, complaint system reporting as well as using their portal to make standing reservations.

We met on March 19, 2019 with both MCOs to discuss moving our Division of Developmental Disabilities Services population to the managed care organizations for their medical care. This meeting was very useful to discuss common questions and layout our expectations for care coordination of this population.

Medicaid Provider Bulletin

In the first quarter issue;

- Provider Portal Enhancements
- How-to-Corner
- Promoting Interoperability News
- Manual & Forms Updates
- Reminders
- DCTP
- Vaccines for Children

Program Integrity
 Pharmacy Corner
 MCO Corner
 Dental News
 EPSDT
 PERM
 Need Assistance

To read the entire Delaware Medical Assistance Program Provider Bulletin; see **Attachment C**.

Expenditure Containment Initiatives

DMMA does not 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>	<u>Month 1 October 2019</u>	<u>Month 2 November 2019</u>	<u>Month 3 December 2019</u>	<u>Total Quarter ending</u>
DSHP TANF CHILDREN	85,514	85,869	85,537	256,920
DSHP TANF ADULT	30,153	30,354	30,305	90,812
DSHP SSI CHILDREN	5,417	5,453	5,436	16,306
DSHP SSI ADULTS	6,220	6,233	6,234	18,687
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	53,283	53,309	53,212	159,804
New ACA Adults 101 to 133% FPL	9,937	9,875	9,902	29,714
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,925	8,877	8,866	26,668
DSHP-Plus HCBS	4,738	4,769	4,788	14,295
DSHP TEFRA-Like	0	0	0	0
MCHIP Title XXI Chip Funds	0	0	0	0

Consumer Issues

None at this time

HBM Highlights from the HBM First Quarter 2019 report

Summary of Outreach Accomplishments

- Provided 390 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 366 instances of caseworker assistance
- Completed 46 enrollments in person
- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors
- Provided translation for the Audit Recovery Management Services unit at DSS and the Quality Control Unit

Program Integrity

The Surveillance Utilization Review Unit (SUR) and Qlarant, our Fraud Waste and Abuse contractor, continue to collaborate with the DMMA Policy Section. Strong knowledge input from subject matter experts has enabled the process to approach the stage of final drafts.

DMMA continues to identify and collect extrapolated overpayments.

Private Duty Nursing Work Plan has been reviewed and approved. A meeting is pending with both Managed Care Organizations, Highmark Health Options and AmeriHealth Caritas, to discuss provider auditing criteria. The meeting focus is to share information and to discuss goals to avoid duplication of Program Integrity efforts.

Analytical and Algorithm training by Qlarant analytical team for the SUR Team Management Analyst has reached the contractual goal by successfully deploying five (5) new edits. Training efforts will now focus on a claims universe establishment and claims sampling.

A comprehensive Training Manual developed by the SUR nursing staff for training a newly-hired SUR Team nurse is complete. The manual is currently being used to support the training of a new nurse that was recently on-boarded to the SUR Team.

The SUR Unit's collaborative Fraud, Waste, and Abuse efforts with the State Medicaid Fraud Control Unit (MFCU) and the Division of Developmental Disabilities Services (DDDS) recently concluded with a successful settlement agreement and a significant overpayment collection for the Delaware Medical Assistance Program. More importantly, a focus group dedicated to creating documentation

guidance for DDDS providers has been established. The group consisting of members from both DDDS and DMMA are combining efforts to develop guidance and requirements. The group will also work to create improved documentation standards (billing notes) which must contain adequate information to support that services are rendered and that Medicaid billing requirements are met.

Lastly, the partnership with the Unified Program Integrity Contractor (UPIC), SafeGuard Services (SGS), is well underway. The Audit Work Plan for Personal Care Services is near completion. Provider auditing and efforts to bring Medicaid providers into compliance is near commencement.

Family Planning Expansion Program

Delaware's Family Planning waiver discontinued per the 1115 Waiver on December 31, 2013.

Demonstration Evaluation

CMS extended the 1115 Waiver to June 30 2019 as DMMA and CMS work through the renewal process.

Enclosures/Attachments

Attachment A–

- Health Benefits Manager Report, First Quarter 2019
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B –

2019 HBM Monthly Newsletters –January, February and March

Attachment C– Delaware Medical Assistance Program Provider Bulletin

State Contact(s)

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