



## Delaware Health and Social Services

Division of Medicaid & Medical Assistance

---

### DIAMOND STATE HEALTH PLAN

#### Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 21 (1/1/2018 – 12/31/2018)

Federal Fiscal Quarter: 3/2018 (7/1/2018 - 9/30/2018)

**To**     **Robin P. Magwood**  
Division of State Demonstrations & Waivers (DSDW)  
State Demonstrations Group  
Centers for Medicare & Medicaid Services  
7500 Security Blvd., M/S S2-01-16  
Baltimore, MD 21244-1850  
(410) 786-0130 Office phone (410) 786-5882 FAX  
**Email:** [Robin.Magwood1@cms.hhs.gov](mailto:Robin.Magwood1@cms.hhs.gov)

**From:** Glyne Williams  
Social Service Chief Administrator  
Policy, Planning & Quality  
Division of Medicaid and Medical Assistance

---

## **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**

<b>Demonstration Populations</b>	<b>Ever Enrolled</b>
Population 1: Tanf Children less than 21	<b>89,153</b>
Population 2: Tanf Adults aged 21 and over	<b>32,121</b>
Population 3: Disabled Children less than 21	<b>5,423</b>
Population 4: Aged and Disabled Adults 21 and older	<b>6,329</b>
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	<b>4,047</b>
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	<b>9,114</b>
Population 9: DSHP-Plus HCBS	<b>4,776</b>
Population 10: DSHP TEFRA-Like	<b>0</b>
Population 11: ACA Adults at 101-133% FPL	<b>861</b>
<b>Total</b>	<b>151,824</b>

*Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the July 1, 2018 through September 30, 2018 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**

#### Westside Family Healthcare Community Health Fair

On August 23, 2018, Highmark Health Options (HHO) participated in the Community Health Fair at Westside Family Healthcare (WFHC) in Dover. The theme for the 3<sup>rd</sup> annual event was called "Growing Health Families" The focal point of the event was health and wellness promotions, community interaction and free health screenings. Free vegetables and fruits were distributed to all attendees and HHO provided an exhibit table with literature on health and wellness.

#### First State Community Action Agency Community Awareness Day

On August 4, 2018, Highmark Health Options (HHO) attended the annual Community Awareness day hosted by the First State Community Action Agency. This event was open to the community to learn about valuable services helping the areas needy and offered free health screenings to participants. HHO offered health and wellness educational materials

## **AmeriHealth Caritas Outreach Events**

AmeriHealth Caritas DE attended The Food Bank of Delaware, Resource Fair and Mobile Pantry, on September 13, 2018.

This event took place at Wyoming Methodist Church and provided an opportunity for AmeriHealth Caritas Delaware employees to volunteer and support the distribution of food at the Food Pantry. AmeriHealth Caritas Delaware had a resource table, which included health information on diabetes and rate your plate, a guide for healthy eating.

Middletown Odessa Townsend, Senior Center's held their 4th Annual health Fair on September 13, 2018. The event took place at MOT Senior Center. The event focus was to provide resources to help seniors in partnership with local government and social service agencies.

AmeriHealth Caritas Delaware had health information on depression and a guide in addressing social determinants of health.

### **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 the process by which Outreach representatives consistently follow-up with caseworkers who need education, based on telephone calls from members and caseworkers
- Continue to offer translation services for Spanish-speaking members at selected State Service Centers statewide, for both oral and written translations
- Continue to supply representatives for oral translations by phone, for caseworkers and members
- Continue to deliver the HBM monthly newsletter and distribute it to all caseworkers

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

**Attachment-A** the HBM third quarter 2018 report and **Attachment B** the HBM Monthly Newsletters.

#### **Special Interest Meeting/Conference**

National Governors Association, NGA Meetings in Washington, DC held on June 27 and 28<sup>th</sup>. Steve Groff and Lisa Zimmerman attended where the focus was Long Term Supports and Services, LTSS. The meeting was productive and very helpful to hear about LTSS programs in other States. There will be follow up activities for this topic. The second day focused on Non-Opioid Pain Management in Medicaid. Based on the information shared Delaware shares the same challenges as other States. There was positive collaboration and resources identified in other States.

## **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: July 10<sup>th</sup>, August 14<sup>th</sup> and September 11, 2018 DMMA stays in contact outside of scheduled calls to provide assistance to any Medicaid family in need.

## **Operational/Policy Developments/Issues**

Medicaid 1115 Renewal/Payment and Delivery System Reform – The SUD 1115 waiver amendment and 1115-waiver extension have been accepted by CMS for review. CMS received just a few comments on the waiver application all were supportive of Delaware’s goals. DMMA is in negotiations with CMS on budget neutrality agreement for the extension.

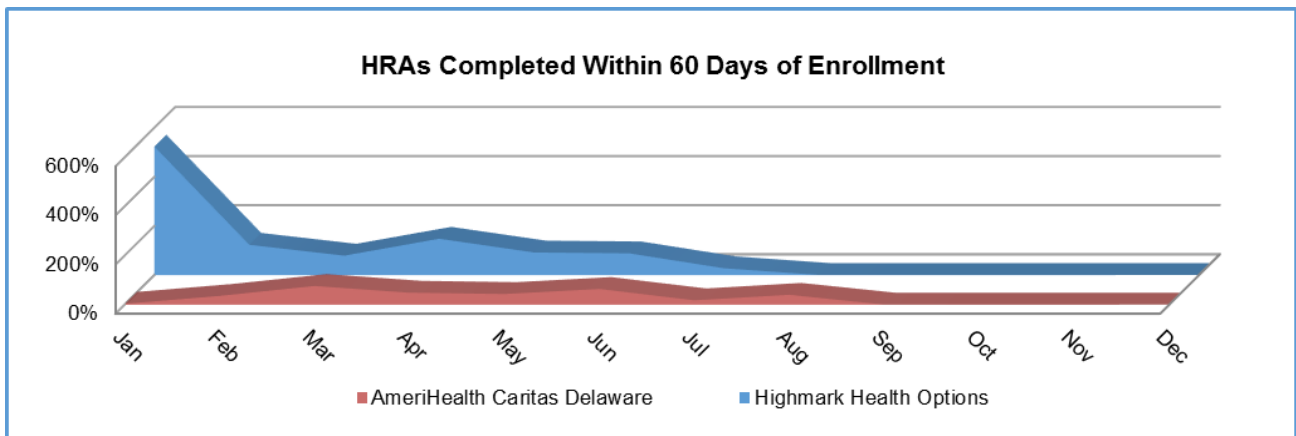
## **QCMMR and QCMMR Plus Reporting**

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 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.

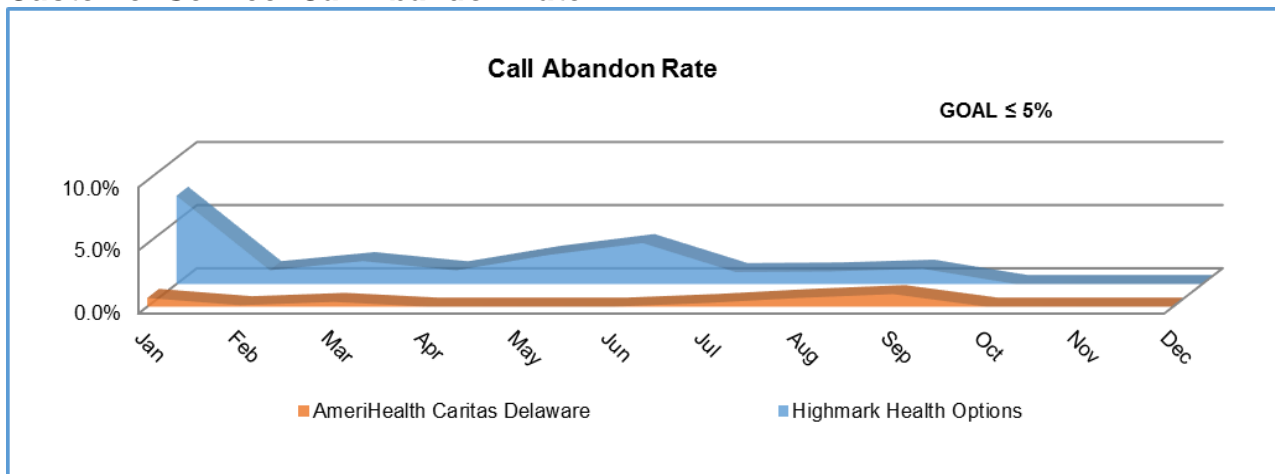
DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Manage Care Operation’s goal 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.

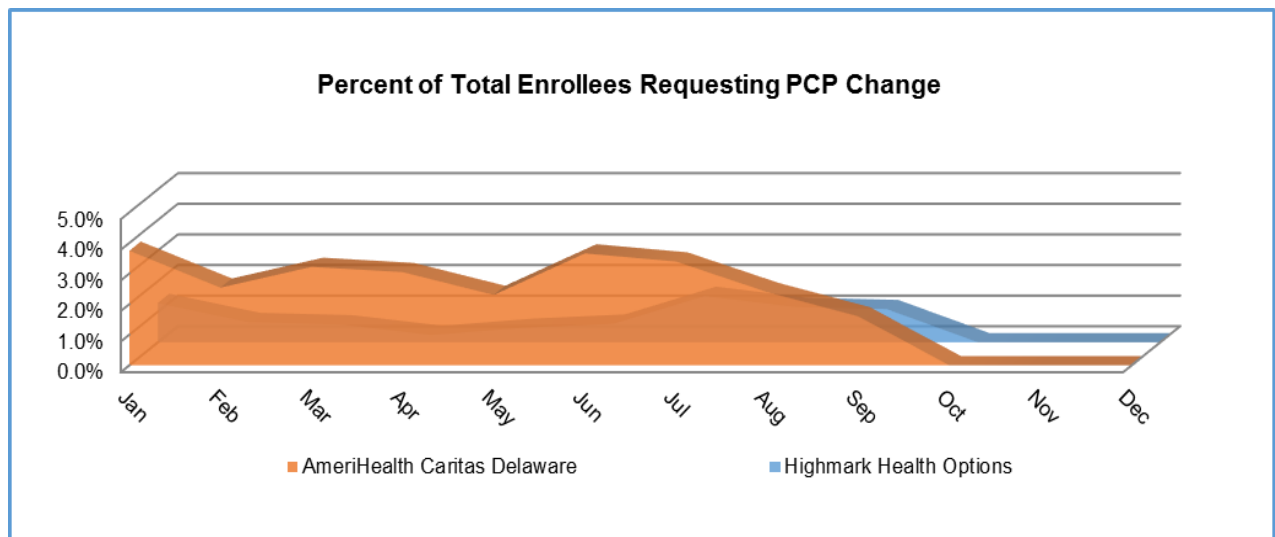
### Health Risk Assessment Completion Rate



### 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. 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.

## **OII Activity**

During the 3<sup>rd</sup> Quarter of this monitoring period, Goal 2 of the Quality Strategy was discussed: To improve quality of care and services provided to DSHP, DSHP Plus, and CHIP members.

The agencies and Managed Care Organizations presented interventions and any barriers to care within the discussions and presentations.

The QII participants continued the Access Survey discussion. Highlighting the interventions that has greatly influenced the issues, which the Managed Care Organizations identified in their Access Survey(s). Technology is being utilized as a way to improve access to care. In addition, transportation issues were identified as an issue and a Mobile Van service was described as a way to improve Access to Care.

One MCO described The Embedded Care Coordination model to the QII participants. This, model assists in identifying and providing care coordination to the hospitalized members. It collaborates both internally and externally with a large pediatric hospital provider and the MCO's staff to address and to remediate barriers to discharge. A goal is to assist in ensuring follow-up care is coordinated prior to discharge and to educate members regarding the Care Coordination program and benefits, EPSDT and applicable community resources. This goal is also ensuring access to care and resources.

## **Case Management Oversight**

Our Medical case management oversight team completed the additional MCO oversight tool. The team currently provides extensive oversight for our DSHP LTSS Plus members and Level two care coordination members. This tool will be utilized to ensure our DSHP members at all levels and those identified thru risk stratification as Level one in need of resource coordination are receiving services. Such services could be discharge planning, coordination of DME, coordination of prior authorization, follow-up appointment assistance, coordination of services, linkage back to primary care services, identify barriers and access to wellness program.

Our team met with each of our MCO's to review the Reporting Guide for 2018, all contractually required reports, discussed and clarified all questions. Our team continues to review all Reports identified in the MCO Reporting Guide and meets with each MCO quarterly to discuss the findings, identify opportunities for improvement and improve quality of care for our Medicaid population.

Our Joint Visit oversight continues, our Nurses complete Joint Visits with the MCO Case Managers and Care Coordinators. Visits are made with our members identified as a high risk for poor health outcomes and our members receiving Long Term Care Supports and Services. Our members are seen in their homes, community settings and Nursing Facilities. Our goal is to identify strength and opportunity in all areas of Care Coordination and Case Management.

## **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 did not hold the July 17, 2018 meeting as our External Quality Review Organization was conducting the annual review of both MCOs.

## **Medicaid Provider Bulletin**

In the third quarter issue;

- Dental Corner Link
- How to Corner: Tips to help you
- EHR News – Promoting Interoperability Program
- Manual and Forms Updates
- Reminders – Provider
- Communications DCTP - See revised application
- Prevention – DE Self-Management Programs
- Vaccines for Children – Vaccine Storage-Handling Program Integrity – Provider
- Specific Self Audits Pharmacy Corner –
- Preferred Drug List 2018 MCO Corner –
- Drugs and Potential Abuse
- Dental News- Dental Updates



EPSDT – Children with Medical Complexity  
PERM – New Payment Error Rate Measurement  
Cycle Need Assistance – Contact information

To read the entire Delaware Medical Assistance Program Provider Bulletin;

**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 –

Eligibility Group	Month 1 April 2018	Month 2 May 2018	Month 3 June 2018	Total Quarter ending June 30, 2018
DSHP TANF CHILDREN	85,242	85,245	84,940	<b>255,427</b>
DSHP TANF ADULT	30,426	30,329	30,361	<b>91,116</b>
DSHP SSI CHILDREN	5,347	5,306	5,334	<b>15,987</b>
DSHP SSI ADULTS	6,147	6,174	6,201	<b>18,522</b>
DSHP MCHP (Title XIX match)	0	0	0	<b>0</b>
Expansion Group <100% FPL	52,676	52,799	52,797	<b>158,272</b>
New ACA Adults 101 to 133% FPL	10,043	10,051	9,985	<b>30,079</b>
FP Expansion	0	0	0	<b>0</b>
DSHP-Plus State Plan	8,891	8,828	8,807	<b>26,526</b>
DSHP-Plus HCBS	4,614	4,631	4,663	<b>13,908</b>
DSHP TEFRA-Like	0	0	0	<b>0</b>
MCHIP Title XXI Chip Funds	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Consumer Issues

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

### HBM Highlights from the HBM Third Quarter 2018 report

#### **Summary of Outreach Accomplishments**

- Provided 515 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 266 instances of caseworker assistance
- Completed 44 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**

Policy enhancement efforts are well underway. Policy drafts are continuing to be examined and refined. Overpayments are continuing to be Identified and successfully extrapolated. Task area work is ongoing for all claim types and provider types. Currently, the SUR Unit is concentrating on the area of Private Duty Nursing and preparing to review related MCO, and FFS claims. Training and support are being provided by Qlarant nursing staff as well as their analytical team are providing training and support for SUR Team Management Analyst. The Qlarant nursing team is in the process of preparing a comprehensive training Manual to be utilized by the SUR Team for training the SUR Team nursing staff. DMMA and Qlarant attended the 2018 NAMPI Conference in August held in Austin Texas. A collaborative presentation by DMMA and Qlarant discussing fraud, waste and Abuse was a success. The presentation sparked interest from other States regarding the SUR Units F/W/A efforts.

Lastly, the collaborative partnership with Unified Program Integrity Contractor (UPIC) SafeGuard Services (SGS) has evolved into an expanded focus that will include Pharmacy compliance, opioid overprescribing and MCO network, provider audit types such as, overlapping payments between MCO and FFS, and duplication of payments.

## **Family Planning Expansion Program**

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

## **Demonstration Evaluation**

DMMA will be conducting an interim evaluation of the current 1115 to be submitted with an updated renewal request.

## **Enclosures/Attachments**

### **Attachment A–**

- Health Benefits Manager Report, Third Quarter 2018
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

### **Attachment B –**

- 2018 HBM Monthly Newsletters – July, August and September

**Attachment C– Delaware Medical Assistance Program Provider Bulletin**

**State Contact(s)**

---

**Kathleen Dougherty**

**Social Service Chief Administrator**

***DSHP/DSHP-Plus Operations***

*Division of Medicaid and Medical Assistance*

*Delaware Health and Social Services*

*1901 N. DuPont Highway, Lewis Building*

*New Castle, DE 19720*

*Phone: 302-255-9937*

*Fax: 302-255-4481*

[Kathleen.dougherty@state.de.us](mailto:Kathleen.dougherty@state.de.us)

**Glyne Williams**

**Social Service Chief Administrator**

***Policy, Planning & Quality***

*Division of Medicaid and Medical Assistance*

*Delaware Health and Social Services*

*1901 N. DuPont Highway, Lewis Building*

*New Castle, DE 19720*

*Phone: 302-255-9628*

*Fax: 302-255-4481*

[glyne.williams@state.de.us](mailto:glyne.williams@state.de.us)