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Diamond State Health Plan

Section 1115 2021 Annual and 4th Quarterly Report

Demonstration Year 26 (1/1/2021 – 12/31/2021)

Federal Fiscal Quarter 4-2021: 10/1/2021 – 12/31/2021

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Introduction

Delaware's Diamond State Health Plan (DSHP) 1115 Demonstration Waiver was initially approved in 1995, and implemented beginning on January 1, 1996. The original goal of the demonstration was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the State; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population. The DSHP 1115 Demonstration was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create cost efficiencies in the Medicaid program that could be used to expand coverage. Delaware achieved its objective of implementation of mandatory managed care focused on primary care in 1996 and invested the resulting waiver savings in Delaware's Medicaid eligibility coverage expansion to uninsured adults up to 100% of the federal poverty level (FPL). Long before Medicaid expansion under the Affordable Care Act, Delaware was a pioneer in coverage expansion for individuals who would otherwise not be eligible for Medicaid. Delaware built upon this success with the eventual expansion of coverage for family planning services, leading up to participating in Medicaid expansion under the Affordable Care Act (ACA) in 2014.

Through an amendment approved by CMS in 2012, Delaware was authorized to create the Diamond State Health Plan Plus (DSHP-Plus), which is Delaware's managed long-term services and supports (MLTSS) program. Additional state plan populations to receive services through MCOs, including:

(1) individuals receiving care at nursing facilities (NF) other than intermediate care facilities for the mentally retarded (ICF/MR);
(2) children in pediatric nursing facilities;
(3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); and
(4) workers with disabilities who buy-in for coverage.

This amendment also added eligibility for the following new demonstration populations:

(1) individuals who would previously have been enrolled through the 1915(c) home and community based services (HCBS) waiver program for the Elderly and Disabled. This include those receiving services under the Money Follows the Person demonstration;
(2) individuals who would previously have been enrolled though the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) Related Diseases;
(3) individuals residing in NF who no longer meet the current medical necessity criteria for NF services; and
(4) adults and children with incomes below 250 percent of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization.

Additionally, this amendment expanded HCBS to include:

(1) cost-effective and medically necessary home modifications;
(2) chore services; and
(3) home-delivered meals.

In 2013, the demonstration was renewed and amended to provide authority to extend the low income adult demonstration population to individuals with incomes up to 100 percent of the FPL until December 31, 2013. After that date, the demonstration population was not necessary because it was included under the approved state plan as the new adult eligibility group authorized under the ACA. The new adult group, for individuals with incomes up to 133 percent of the FPL, receive medical assistance through enrollment in MCOs pursuant to this demonstration. In addition, Delaware's authority for the family planning expansion program under this demonstration expired December 31, 2013, when individuals became eligible for Medicaid expansion or Marketplace coverage options.

The demonstration was amended in 2014 to authorize coverage for enhanced behavioral health services and supports for targeted Medicaid beneficiaries through a voluntary program called Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) starting in 2015. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings.

Technical changes were incorporated into the demonstration in October 2017 and an amendment was approved in December 2017 to add coverage for out-of-state former foster care youth.

In July 2019, the demonstration was extended for an additional five years and an amendment approved to provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD).

Delaware submitted an amendment to the demonstration on August 11, 2020, to revise the budget neutrality expenditures to reflect the costs associated with the adult dental benefits that were recently added to the Medicaid state plan. Delaware requested this amendment because, although the dental services are authorized under state plan authority, they will be administered through the DSHP managed care delivery system, which is authorized by this demonstration. The amendment was approved effective January 19, 2021.

Delaware's goals in operating the demonstration are to improve the health status of low-income Delawareans by:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;

- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Improving overall health status and quality of life of individuals enrolled in PROMISE;
- Increasing and strengthening overall coverage of former foster care youth to improve health outcomes for this population;
- Increasing enrollee access and utilization of appropriate SUD treatment services; decrease use of medically inappropriate and avoidable high-cost emergency and hospital services; increase initiation of follow-up SUD treatment after emergency department discharge; and reduce SUD readmission rates; and
- Increasing access to dental services; decrease the percent of emergency department visits for non-traumatic dental conditions in adults; increase follow up with dentists after an emergency department visit for non-traumatic dental conditions in adults; and increase the number of adults with diabetes who receive an oral exam annually.

The DSHP demonstration includes five distinct components: 1) The DSHP Medicaid managed care program provides Medicaid state plan benefits through a comprehensive managed care delivery system to most recipients eligible under the state plan; 2) The DSHP Plus program provides long-term care services and supports (LTSS) to certain individuals under the State Plan, and to certain demonstration populations; 3) The PROMISE program provides enhanced behavioral health services fee-for-service (FFS) to Medicaid beneficiaries with a higher level of behavioral health needs and functional limitations who need HCBS to live and work in integrated settings; 4) Coverage for former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe when they "aged out" of foster care at age 18 (or such higher age as elected by the state), were enrolled in Medicaid at that time, and are now residents in Delaware applying for Medicaid; and 5) Coverage for high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as IMDs.

In accordance with the STCs of the DSHP 1115 demonstration, the Delaware Division of Medicaid and Medical Assistance submits this fourth quarter report (for the quarter ending December 31, 2021) and annual report for Calendar Year 2021, Demonstration Year 26.

Enrollment Information and Enrollment Counts

Q4 2021 Enrollment

Demonstration Populations	Current Enrollees (to date)	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	104,034	7
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	38,684	19
Population 3: Disabled Children less than 21 (DSHP SSI Children)	5,703	3
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	6,639	16
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 (DSHP MCHIP)	N/A	N/A
Population 6: Uninsured Adults up to 100% FPL (DSHP Exp. Pop.)	69,295	134
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	10,176	158
Population 9: DSHP-Plus HCBS	6,066	116
Population 10: DSHP TEFRA-Like	300	0
Population 11: Newly Eligible Group	13,990	17
Population 12: PROMISE	1,479	72
Population 13: Former Foster Care Youth	0	0

Definition: "Current Enrollees (to date) is an unduplicated count of clients in the MCO for at least one day in the October 1, 2021 to December 31, 2021 period based on capitation claims and for the MC and PROMISE 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.

2021 Annual Enrollment

Demonstration Populations	Total Enrollees Throughout Year	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	109,055	36
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	41,222	102
Population 3: Disabled Children less than 21 (DSHP SSI Children)	6,200	15
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	7,409	132
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 (DSHP MCHIP)	N/A	N/A
Population 6: Uninsured Adults up to 100% FPL (DSHP Exp. Pop.)	77,618	656
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	11,404	832
Population 9: DSHP-Plus HCBS	6,791	597
Population 10: DSHP TEFRA-Like	326	1
Population 11: Newly Eligible Group	16,379	49
Population 12: PROMISE	1,743	314
Population 13: Former Foster Care Youth	0	0

Definition: "Current Enrollees (to date) is an unduplicated count of clients in the MCO for at least one day in the Calendar Year 2021 period based on capitation claims and for the MC and PROMISE 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 and Innovative Activities

Q4 2021 MCO and State Outreach Events, Special Topic Meetings and Workgroups

Expansion of Home-Delivered Meals – Under the Appendix K authority provided in the DSHP 1115 Waiver, DMMA continued providing additional home-delivered meals to vulnerable clients served in the DSHP Plus HCBS Program. Highmark Health Options and AmeriHealth Caritas DE performed extra outreach to DSHP Plus members to inform them of this extra benefit.

MCO Outreach – The MCOs were able to return to the community for a brief period, October through end of December, before going back to virtual due to the COVID-19 pandemic. Below are examples of outreach conducted during Q4 by DMMA's MCO partners.

- Both Highmark Health Options and AmeriHealth Caritas DE participated in the **Bay Health 2021 "Go Pink Health Fair"** on October 1, 2021. This event was free and open to the community. It provided health and wellness literature, health screenings, and many other resources for Medicaid Members. The MCOs had their exhibitor tables, which included education materials and free promotional giveaways.

- **Highmark Health Options (HHO) Q4 Outreach Event**
    - HHO participated in **a Toys for Tots Event at Neighborhood House** on December 18, 2021. The primary mission was to help disadvantaged families in surrounding communities defray the cost of purchasing toys for the upcoming holidays for their children. The event was open to the public and approximately 100 people attended. HHO donated socks, hats, masks, pencils, and hand sanitizers. Several HHO Members stopped by the table asked questions about the dental benefit and the new member portal.

    - On December 9, 2021, Highmark Health Options participated in a **Coat Drive event hosted by United Way, Kent County Public Library, NCALL, and Division of Public Health, DPH at the Dover Housing Authority** parking lot. Member Advocates worked with the library to distribute the coats and speak with the community members. There were over 100 attendees at the event and the majority were children with their parents. HHO distributed 72 winter coats provided by Operation Warm to the community. DPH was at the event along with Dover Police and military members who were assisting with a vaccine clinic. Toys and books were distributed to the families for the holidays as well.

- **AmeriHealth Caritas Outreach Events**

    - AmeriHealth Caritas DE participated in the "75 Days of Giving" kick off with a **CommUNITY Day** on Saturday, Oct. 16 at Kingswood Community Center and provided health literature to attendees.

    - AmeriHealth Caritas De participated in **Luther Towers Health Fair** on October 8, 2021. The health fair offers free screenings, as well as educational information to the residents of Luther Towers. AmeriHealth Caritas was able to distribute information on a variety of topics: Information on Health Risk Assessment, 24/7 Nurse Call Line, Pediatric Care Management, Immunization Reminders, Mammogram scheduling, Parenting classes, GED program, Health Education, Preventative Screenings, Bright Starts, and Care Coordination.

Q4 DMMA Special Interest Meetings/Conferences

Delaware Family Voices – DMMA 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 MCOs participate in these monthly calls assisting families to navigate the complex healthcare field. There were two monthly calls this quarter: October 12, November 9, no meeting in December. DMMA stays in regular contact with Delaware Family Voices outside of scheduled calls to assist any Medicaid family in need.

Maternal Child Health – The Maternal Child Health (MCH) Workgroup continues to prioritize ways to improve maternal and child health and address disparate outcomes. The MCH Workgroup has been focused on developing policy proposals that include postpartum expansion coverage, evidence-based home visiting, and doula coverage. In November, the MCH workgroup convened a meeting with doula stakeholders to discuss the process for developing a doula benefit.

Ongoing partnerships between DHSS Divisions and with varying stakeholders has continued in Q4. DMMA continues to partner with DSAMH and DPH to identify and address care needs of pregnant and parenting individuals with substance use disorders. DMMA will be offering SAMHSA's clinical guidance training on treating pregnant and postpartum people with opioid use disorder in Q1 of 2022.

In Q3, the EQRO completed a Maternal Health Focus study at the request of DMMA. Final reports of findings were shared with DMMA in Q4. The findings identified strengths and opportunities for our maternal care coordination programs offered by our MCOs.

Advancing States Annual Conference – Several DMMA staff attended the December 2021 Advancing States HCBS Conference. December 7, 2021 through December 10, 2021. The conference offered over a 100 sessions focused on issues across the spectrum of aging and disability policy.

2021 Annual Report on MCO and State Outreach Events, Special Topic Meetings and Workgroups

MCO Outreach Activities – The DSHP MCOs suspended in-person community-based outreach during the first three quarters of 2021 due to the COVID-19 PHE. The MCOs were able to return to the community for a brief period, October through end of December 2021 before going back to virtual due to the COVID-19 pandemic. Both MCOs conducted virtual outreach and education activities on topics such as cancer awareness and screening and hypertension and held virtual Zoom New Member Orientations until in-person outreach activities could begin again in Q4.

DMMA Outreach Activities, Special Topics Meetings and Workgroups – Examples of DMMA's outreach activities in 2021 include:

- Regular calls with the MCOs and Family Voices, which represents children with special health care needs.

- Participation in Special Interest meetings, conferences, and learning collaboratives, including: the 2021 Advancing States Annual meeting; the Maternal Mortality Innovation Accelerator Program; the Doula Taskforce under the Delaware Healthy Mother & Infant Consortium (DHMIC); the Delaware Perinatal Quality Collaborative, the Fetal and Infant Mortality Review and several workgroups under the Delaware Healthy Mothers and Infants Consortium.

- Listening sessions to gather public input on DMMA's Section 9817 HCBS Spending Plan and MCO reprocurement.

Q4 Innovative Activities and 2021 Annual Summary of Innovative Activities

Social Determinants of Health (SDOH) – In Q4, DMMA continued focusing on food insecurity in Medicaid resulting from the COVID-19 PHE.

- DMMA's MCOs continued providing a second home-delivered meal to DSHP Plus members receiving HCBS services. This additional meal is authorized through an Appendix K authority in the DSHP 1115 waiver.
- DMMA also continued the Postpartum Food Box Partnership, which continued to deliver food boxes to all postpartum members less than 8 weeks postpartum. Members are also offered diapers and wipes to be included with their food box deliveries.

In 2021, nearly 8,000 food boxes were delivered, with weekly deliveries averaging around 300 boxes per week in Q4. The DSHP MCOs have shared how this program has increased engagement with members and supported resource linkages to address food insecurity in the long term. DMMA is also

preparing to submit an 1115 waiver amendment to make the second home-delivered meal a permanent benefit of the DSHP Plus Program.

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) - DMMA, under the direction of DHSS, developed a Medicaid ACO Program for the purpose of improving health outcomes while reducing costs through value based purchasing (VBP) arrangements that include downside financial risk for ACOs. The Medicaid ACO program continues to be one of the strategies DMMA is pursuing to advance the adoption of participating Medicaid VBP models and total cost of care (TCOC) strategies. In 2019, DMMA developed an application allowing qualified provider organizations to apply to become Medicaid ACOs and subsequently contract directly with our Medicaid managed care organizations (MCOs) in a TCOC payment arrangement. The initial application cycle ended in 2020 and four Medicaid ACOs were approved. A second application cycle ended in 2021 adding one more additional Medicaid ACO. MCOs submitted draft contracts with ACOs to DMMA for feedback during 2021. MCOs are on track to utilize approved ACOs for the first full year of service during 2022. DMMA believes that by working together, Medicaid ACOs and MCOs can better coordinate care for Delaware's Medicaid and CHIP members, providing better health outcomes and lower costs and will continue to monitor implementation of the model.

Operational/Policy Developments/Issues

Q4 Operational and Policy Issues

Policy and Legislative developments

In Q4, DMMA continued seeking public input and developing policy initiatives, such as pediatric respite and direct service provider recruitment and retention payments, to be included in Delaware's Section 9817 HCBS Spending Plan.

DMMA also began developing policies and procedures for coverage of over-the-counter COVID-19 testing and vaccine counseling.

DMMA Operational Issues

In December 2021, DMMA released an RFP for the reprocurement of DSHP and DSHP Plus MCOs. DMMA will have new contracts in place beginning January 1, 2023.

In Q4, DMMA continued its efforts to prepare for "unwinding" Medicaid activities related to the COVID-19 PHE, including planning for eligibility redeterminations after the maintenance of eligibility period ends.

DSHP 1115 Waiver Administration

In Q4, CMS approved an 1115 Appendix K to extend Delaware's existing approvals through six months after the end of the PHE.

Other Program Issues

SUPPORT Act Planning Grant and Demonstration Project - DMMA is now operating two SUPPORT initiatives -- the SUPPORT Act Planning Grant and SUPPORT Act Demonstration Project. The Planning Grant commenced in October of 2019, and because of no-cost extensions provided during the COVID-19 public health crisis and a recently approved carryover request, will continue until September 2024. DMMA was also awarded a SUPPORT Act Demonstration Project that will operate from September 2021 to September 2024. Both initiatives focus on assessing and expanding DMMA's capacity to treat substance use disorder (SUD) in Medicaid. During the October to December 2021 period, most planning grant activities were suspended as DMMA prepared, submitted, and awaited approval for their carryover request. However, DMMA continued to engage stakeholders, including the Behavioral Health Consortium and Ability Network of Delaware and continued progress on other deliverables, such as their long-term SUD/OUD prevalence and workforce surveillance system, SUD data dashboards, and a SAMHSA Pregnant and Parenting Women and SUD conference. For the demonstration project, DMMA convened the SUPPORT evaluation and reporting team to discuss reporting, evaluation, and SUD expenditure calculation/submission processes (six meetings total) and developed and submitted their SUD MCO capitation rate methodology. DMMA also convened several planning calls for other deliverables, such as our preferred OBOT program and SUD provider directory.

Electronic Visit Verification – In Q4, DMMA contracted with a new EVV vendor, Sandata, to prepare for the implementation of its EVV system. DMMA has scheduled a pilot with a few selected vendors in September 2022 with go live at the end of December 2022.

Program Integrity – In Q4, the SUR unit hired two new staff members for the Medicaid Surveillance Administrator and Management Analyst III positions that started in January 2022. We are currently recruiting for a Registered Nurse III position. Amidst all the staffing changes, the SUR unit is approaching the final stage of completing the post-payment reviews for Chiropractic Services. The focus of the reviews is policy compliance and medical necessity. The chiropractic review is the SUR unit's first time reviewing MCO encounter claims. The SUR Unit looks forward to finalizing the MCOs audits to reduce fraud, waste, and abuse in the Delaware Medicaid Program. Historically, the efforts have been concentrated on fee-for-service claims only.

The SUR unit continues to collaborate with Amerihealth Caritas, Highmark Health Options, ModivCare (NEMT contractor), and the Medicaid Fraud Control Unit, meeting monthly and quarterly to discuss trends in fraud, waste, and abuse, as well as preventive measures. The meetings have been productive and provide opportunities to strengthen communication and provide educational opportunities to all participants.

The Program Integrity section is working closely with SafeGuard Services LLC (NE UPIC contractor) to identify areas within the Delaware Medicaid program that may be vulnerable to fraud, waste, or abuse. Recent efforts have centered around genetic testing. Initial results showed little to no findings in the areas of duplicate billing for the same recipient. SGS will continue reviewing the top billing providers for medical necessity and policy compliance.

The SUR unit dedicates a significant portion of its time overseeing the PERM audit. To date, all required data has been submitted to the PERM contractors. Initial results from the quarter four data have been positive so far. SUR will continue to work with the various PERM contractors to provide any additional data and to answer any questions that arise throughout the PERM cycle.

The SUR unit continues to use all available resources to meet its goal of eliminating fraud, waste, and abuse in Delaware Medicaid Program.

2021 Annual Report on Operational and Policy Issues

COVID-19 Impacts

The COVID-19 pandemic and public health emergency (PHE) continued through Demonstration Year 26. In response, DMMA took additional actions in 2021 that included, but were not limited to:

- Establishing a COVID-19 Vaccine, Testing and Treatment Taskforce to address the vaccine rollout and other COVID-related policies as they emerged.
- Publishing regular information for Medicaid providers through a series of frequently asked questions on DMMA's website.
- Securing additional Federal authority flexibilities available under the PHE, including Disaster SPAs and amendments to the DSHP 1115 Waiver;
- Addressing needs associated with food insecurity during the pandemic; and
- Implementing additional retainer payments for HCBS providers.

During 2021, DMMA also focused on a number of other priority operational and policy issues, including:

- Designing and developing the RFP for the reprocurement of the DSHP and DSHP Plus MCOs. DMMA sought extensive stakeholder input on this reprocurement in 2021 and released the RFP on December 15, 2021.
- Working with CMS towards the approval of the SUD Implementation Plan, Monitoring Plan, and Evaluation Design Plans and continuing work on the SUPPORT Act Grant;
- Working toward implementation of EVV requirements;
- Implementing the new adult dental benefit;
- Addressing food insecurity for DSHP and DSHP Plus members through the provision of additional home-delivered meals food boxes from the Delaware Food Bank;
- Submitting an ARP Section 9817 HCBS Spending Plan to CMS;
- Developing a Medicaid evidence-based home visiting benefit and pediatric respite benefit to be included in a 2022 DSHP 1115 Waiver amendment; and
- Exploring benefit design options for a Medicaid doula benefit.

Expenditure Containment Initiatives

Q4 Expenditure Containment Initiatives and 2021 Annual Report on Expenditure Containment Initiatives

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program)

DHSS developed a Medicaid ACO Program for the purpose of improving health outcomes while reducing costs through value based purchasing (VBP) arrangements that include downside financial risk for ACOs. The Medicaid ACO program continues to be one of the strategies DMMA is pursuing to advance the adoption of participating Medicaid VBP models and total cost of care (TCOC) strategies. In 2019, DMMA developed an application allowing qualified provider organizations to apply to become Medicaid ACOs and subsequently contract directly with our Medicaid managed care organizations (MCOs) in a TCOC payment arrangement. The initial application cycle ended in 2020 and four Medicaid ACOs were approved. The MCO/ACO contracts will begin July 1, 2021. The inaugural group of Medicaid ACOs are authorized through December 31, 2024. In 2021, DMMA completed its work to add an additional Medicaid ACO for CY 2022 participation.

Financial/Budget Neutrality Development/Issues

Q4 Financial/Budget Neutrality/Issues

DMMA completed its reconciliation analysis and presented our findings to CMS in November 2021. DMMA met with CMS to provide an overview of the major issues identified, the process used to identify the issues, and the impact on budget neutrality for the demonstration period covering CY 2014 – 2018. DMMA has scheduled several follow up meetings with CMS to walk through each DY and each adjustment to document the reconciliation process and to seek guidance from CMS on any adjustments within the financial reporting system (MBES/CBES) to address the reporting issues. DMMA has determined that the DSHP 1115 Waiver had a budget neutrality margin of $834 million dollars. CMS staff informed DMMA that they were recommending no reporting changes through MBES but suggested an extension of STC 73(b) beyond the 12/31/21 reconciliation due date to allow CMS to determine how best to effectuate any reporting corrections necessary for the completion of the reconciliation process.

2021 Annual Report on Financial/Budget Neutrality/Issues

During CY 2021, DMMA's efforts focused on completing the reconciliation analysis required by STC 73(b) and presenting the findings to CMS in Q4.

Q4 2021 Member Month Reporting and With-Waiver PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	305,821	$350.59	$107,218,300
DSHP TANF ADULT	112,547	$568.51	$63,984,121
DSHP SSI CHILDREN	16,744	$1,979.21	$33,139,898
DSHP SSI ADULTS	19,346	$1,680.92	$32,519,018
DSHP MCHP (Title XIX match)*	0	$0.00	
DSHP ADULT GROUP	246,369	$697.12	$171,749,323
DSHP-Plus State Plan	29,941	$1,461.28	$43,752,113
DSHP-Plus HCBS	17,773	$6,367.05	$113,161,627
DSHP TEFRA-Like**	881	$1,979.80	$1,744,205
PROMISE	**4,331**	**$98.34**	$425,896

* This EG does not include children funded through title XXI. Please note within the report, if the state must use title XIX funds for other uninsured children meeting the definition specified in section 2110(b)(1) of the Social Security Act if the state exhausts title XXI funds

**These TEFRA counts are PROXY Counts compiled by taking 5% of total SSI Children (and reducing the SSI Children by that Amount)

Annual 2021 Member Months and With Waiver PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	1,181,361	$355.85	$420,386,809
DSHP TANF ADULT	428,139	$585.53	$250,687,499
DSHP SSI CHILDREN	67,014	$1,954.18	$130,957,098
DSHP SSI ADULTS	78,318	$1,782.28	$139,584,308
DSHP MCHP (Title XIX match)*	0	$0.00	0
DSHP ADULT GROUP	945,909	$721.79	$682,745,000
DSHP-Plus State Plan	118,568	$1,566.47	$185,733,664
DSHP-Plus HCBS	68,590	$6,327.39	$433,995,520
DSHP TEFRA-Like**	3,530	$1,952.54	$6,892,479
PROMISE	17,291	$208.29	$3,601,508

* This EG does not include children funded through title XXI. Please note within the report, if the state must use title XIX funds for other uninsured children meeting the definition specified in section 2110(b)(1) of the Social Security Act if the state exhausts title XXI funds

**These TEFRA counts are PROXY Counts compiled by taking 5% of total SSI Children (and reducing the SSI Children by that Amount)

Consumer Issues

Q4 2021 Consumer Issues

HBM (Enrollment Broker) Update – **Q4 2021** – Open Enrollment (OE) activities began in July with the preparation of materials for member mailings. The HBM conducted a 60-day open enrollment telephone notification campaign. They called member households informing them OE was starting October 1, 2021. A second telephone call campaign was done in September, reminding members about OE. This year, we also utilized social media to raise awareness of our open enrollment period and text message reminders were sent to any member who enrolled in the text notification system with our HBM.

The HBM successfully completed Open Enrollment. There were 532 member requests to change their managed care organization during Open Enrollment.

Children with Medical Complexity Advisory Council – **Q4 2021** – The Children with Medical Complexity (CMC) Advisory Committee convened remotely on October 12, 2021. Through the work of the Advisory Committee's two workgroups (Skilled Home Health Nursing Workgroup and the newly created Durable Medical Equipment (DME) and Supplies Workgroup), the following activities were completed in Q4 2021.

- Finalized the Family Satisfaction Survey
- Finalized the Private Duty Nursing Workforce Capacity Study
- Identified issues and challenges related to availability of and access to DME and supplies for future consideration
- Provided content for MCO care coordinator training on DME and supplies coordination of care
- Finalized the family caregiver "Welcome" and "What to Expect" letters regarding MCO resources to address the special needs of CMC
- Endorsed the National Academy for State Health Policy (NASHP) care coordination standards of practice for children with medical complexity for adoption by MCOs

Medical Care Advisory Council (MCAC) – **Q4 2021** –The MCAC met on November 17, 2021. Discussion included the status of the COVID-19 PHE, COVID vaccination policy, pending federal legislation, updates on DMMA's HBCS Spending Plan, updates from DMMA's MCH Workgroup, updates from DMMA's Children with Medical Complexity Advisory Committee, and updates on the DSHP MCO reprocurement.

2021 Annual Report on Consumer Issues

- Due to the COVID-19 Public Health Emergency (PHE), all DMMA forums for addressing consumer issues continued operating in a virtual format.

- The HBM conducted a successful annual open enrollment for DSHP MCO members. There were 532 member requests to change MCOs.

- The CMC Advisory Committee continued meeting remotely and focused on issues that include: DME and related supplies, the Family Satisfaction Survey, skilled home health nursing, private duty nursing workforce capacity, and family communications.

- DMMA received public stakeholder feedback during multiple listening sessions about the importance of HCBS services to consumers and families in Delaware as DMMA developed the ARP Section 9817 HCBS Spending Plan proposals to CMS.

Quality Assurance/Monitoring Activity

Q4 2021 Quality Assurance/Monitoring Activity

The Delaware Quality Strategy (QS) 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 statewide group of external contractors and state agencies, participates in oversight and monitoring of quality plans and improvement activities of Medicaid and Title XXI DSHP-funded programs based upon the goals identified in the QS. The QII Task Force assists in monitoring the goals of the DSHP 1115 demonstration.

The QS 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 ongoing 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 Q4:

- Over the course of the quarter, an internal workgroup has been meeting weekly to maintain momentum.

- DMMA actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth, including:

    - CMS QTAG: October 27, 2021 - State Experiences with Reporting the Developmental Screening in the First Three Years of Life (DEV-CH) Measure in the Child Core Set
        - Delaware presented its experiences with reporting the DEV-CH Measure.
    - MAC QX: October 28, 2021 - Continuing Down the Road to 2024—State Progress and Remaining Challenges
    - CMS QTAG: November 2021 – No meeting
    - MAC QX: November 2021 - State Experiences with Calculating Two Behavioral Health Measures Subject to FFY 2024 Mandatory Reporting:

- Screening for Depression and Follow-Up Plan (CDF-AD, CDF-CH, and CDF-HH)
- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (HPCMI-AD)

- CMS QTAG: December 1, 2021 - Using T-MSIS Data Files for Oral Health Research
- MAC QX: December 16, 2021 - Example Performance Measures for the Medicaid and CHIP Quality Rating System: Opportunity for State Feedback

The Quality Improvement Initiative (QII) Task Force held the quarterly meeting on October 22, 2021. DMMA invited both managed care organizations to present on engagement of community organizations.

- Their presentations included the following:
  - What is your Quality Department's strategy for engaging Community Organizations in Delaware?
  - Who/What Community Organizations have you engaged with/or are engaging currently regarding your Quality related goals?
  - How are you engaging Community Organizations in Delaware?
- Managed Care plans were also asked to expand on their takeaways from the Delaware Perinatal Quality Collaborative presentation on April 22, 2022.

Case Management Oversight – In Q4 2021, the MCOs began increasing face to face visits and facility visits. The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA clinical staff reviewed approximately 943 telephonic/virtual reviews in Q4 2021, which is a combination of care coordination, LTSS case management and Nursing Facility. Each MCO receives a quarterly report and DMMA meets with each MCO to go over review findings and areas identified needing improvement to meet contractual standards.

In Q4 2021, DMMA's oversite team completed Q3 case file reviews with each MCO virtually. DMMA staff reviewed approximately 100 random files for contractual compliance by MCO's in areas of Care Coordination, Case Management and Nursing Facility Transitions. DMMA reviews the findings with each MCO and discusses areas needing improvement in Care Coordination and LTSS Case Management for our Medicaid population.

DMMA/MCO Managed Care Meetings - The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meetings are used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care. We continued to work on Electronic Visit Verification with both MCOs. Many of the same members of the MCO Managed Care Meetings attended the EVV meetings and trainings.

Q4 Incident Management System - DMMA continued the review and development of the work plan to operationalize improvement recommendations for the incident management system process for DSHP and DSHP-Plus. The Quality unit continues to intake, track and facilitate the reporting of Critical Incidents into the department using the current technology solutions.

DMMA continues to be looking for a software/database solution that will allow the department to address recommendations and improvements identified after reviewing the current process and system being utilized. One of the central focuses is to improve reporting capabilities and align DMMA systems with our sister agencies in DHSS. DMMA intends to improve this reporting as an HCBS Spending Plan initiative.

2021 Annual Report on Quality Assurance/Monitoring Activity

QII Task Force – In 2021, the QII Taskforce:

- Actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth;
- Focused on best practices for engaging community organizations
- Continued efforts to improve the critical incident reporting process;
- Focused on special topic such as the SUPPORT Act Planning Grant initiatives and the National Diabetes Prevention Program

Case Management Oversight – During 2021, DMMA case management oversite staff completed virtual/onsite file reviews with Highmark Health Options and AmeriHealth Caritas. DMMA reviewed the findings with each MCO and discussed opportunities for improvement for our Medicaid members.

Managed Care Reporting Requirements

Q4 and Annual QCMMR and QCMMR Plus Reporting

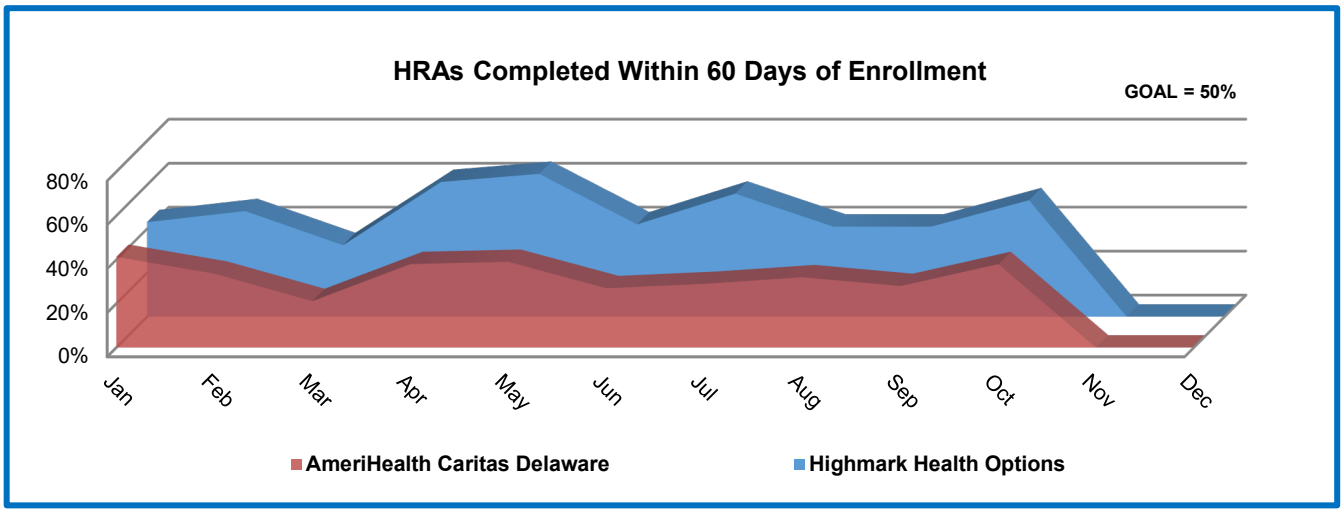
The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DSHP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations 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 MCO, 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. Data historically reported to CMS in quarterly reports is provided below with additional detail provided on grievances and appeals. DMMA is in the process of developing a new format for additional QCMMR data to be reported to CMS as part of the quarterly and annual reports.

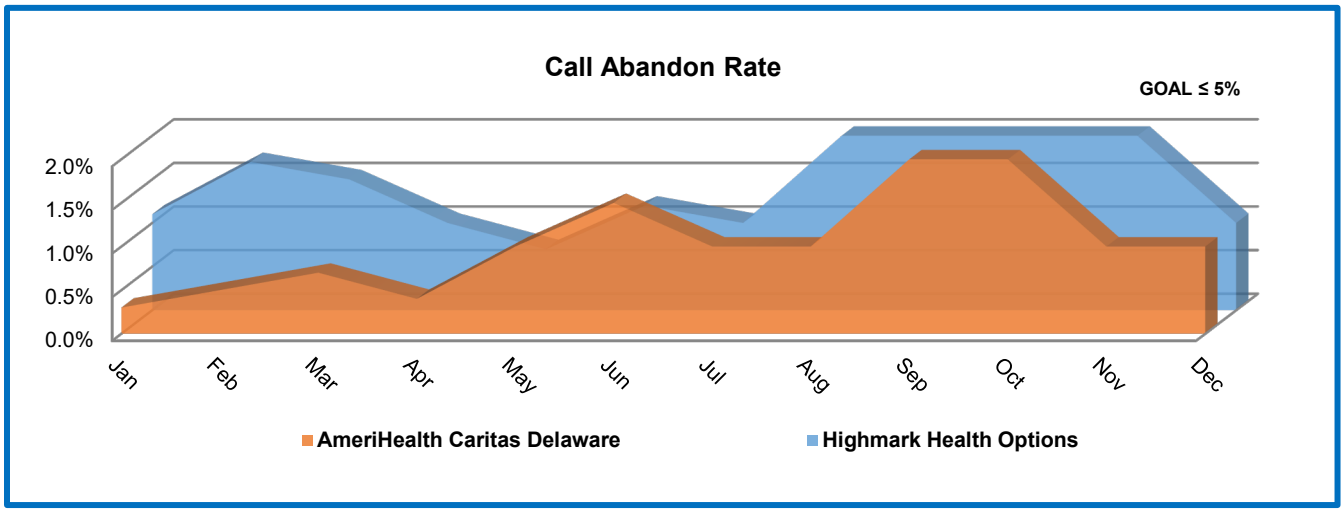
QCMMR Reporting Examples:

Health Risk Assessment (HRA) Completion Rate



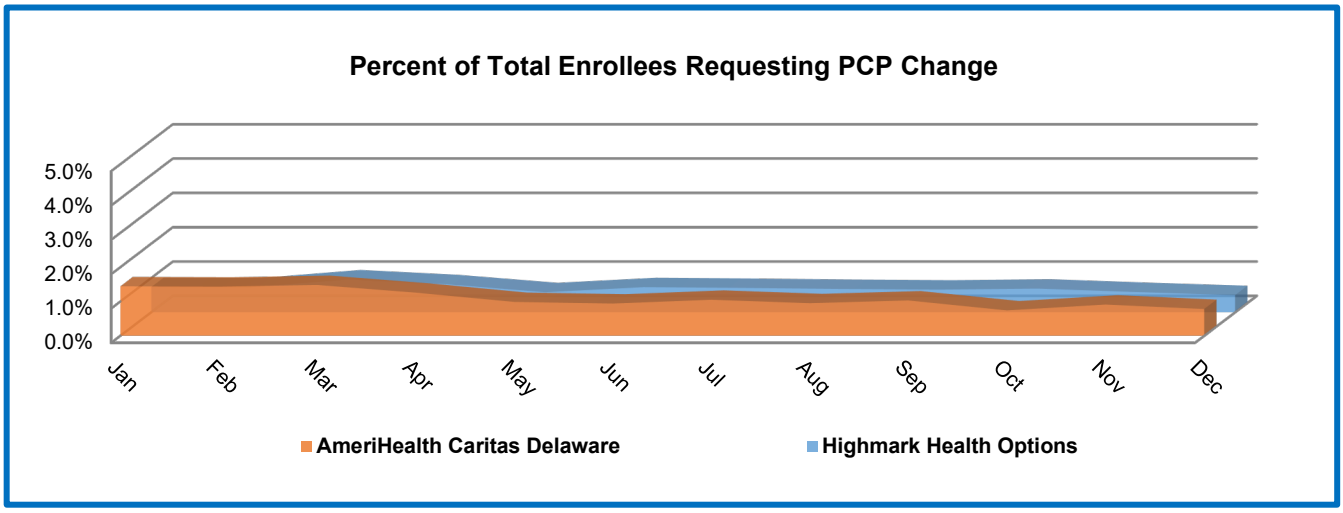
HRAs serve as a key to identifying and engaging members in need of services early in their experience with an MCO. The MCOs are contractually required to complete HRAs with at least 50% of their newly enrolled members within 60 days of enrollment. Health risk assessments are submitted on a 60-day lag and for the Q4 timeline, both MCOs submitted July, August, September and October data, with ACDE reporting an average rate of 33% completion and HHO reporting an average rate of 48% completion. This is a slight increase from the 2020 Q4 average of a 23% completion rate reported by ACDE and a 34% completion rate reported by HHO. This metric has been a focus within the EQRO review and corrective action plans (CAPs) for both MCOs.

Customer Service: Call Abandon Rate



Both MCOs met the goal for call abandon rate during Q4 and 2021.

Percent of Enrollees Requesting a Change in Primary-Care Provider



Access in Q4 – For DSHP, MCOs report in alternating quarters on the timely appointments metric. For Q4, the reporting MCO met the goal of 100% access in all of the 20 areas measured related to timely appointments.

For DSHP Plus, the number of providers for Home Health, Day Service and Behavioral Health for both MCOs are similar with a few exceptions. For Home and Community-Based Services (HCBS) and Atypical

Service providers, one MCO has more than double the number of providers than the second MCO. Behavioral health services data is on a 90-day lag resulting in Q3 data being submitted during the Q4 reporting period. The rate of Plus members that are receiving behavioral health services is comparable, with one MCO at 14.3% and the second MCO at 18.5%.

Q4 and Annual Grievances – For DSHP, there were 228 grievances, down from 271 in Q3. The breakdown across areas is described below:

- Access and availability: 15
- Benefits: 5
- Billing and/or claims: 53
- Cultural competency: 3
- MCO staff issue: 14
- Quality of care: 35
- Quality of service: 84
- Transportation to medical appointment: 5
- Other: 14

There were 956 total grievances in CY 2021 from DSHP members, averaging 239 grievances per quarter.

For DSHP Plus, there were 196 grievances for Q4. The breakdown across areas is described below:

- Access and availability: 13
- Benefits: 1
- Billing and/or claims: 18
- Cultural competency: 1
- MCO staff issue: 2
- Quality of care: 33
- Quality of service: 38
- Transportation to medical appointment: 25
- Other: 21
- Case management (HCBS and institutional experience): 44

There were 536 DSHP Plus grievances in CY 2022, increasing from Q1 to Q4 and averaging 134 grievance per quarter.

Q4 and Annual Appeals

For DSHP, appeals are documented in the month in which they are filed, and any appeals resolved are marked within the month they are resolved. One MCO reported 42 appeals and the second MCO reported 73 appeals. The number of appeals upheld were higher than those overturned prior to Appeals Committee for one MCO and the number of appeals overturned prior to Appeals Committee

were higher than those upheld for the second MCO. Annual appeals totaled 452, averaging 113 appeals per quarter.

For DSHP Plus, appeals are documented in the month in which they are filed, and any appeals resolved should be reported within the month in which they have been resolved. The overall number of appeals is low, with one MCO reporting 1 appeal during Q4 2021, which was upheld, and the second MCO reporting 10 appeals (1 overturned). Quarterly appeals were consistently low throughout 2021. Annual appeals totaled 49 appeals, averaging approximately 12 appeals per quarter.

Q4 and Annual Critical Incident Reporting – For Q4, there were 30 total critical incidents (CIs), down from 31 in Q3. The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q4:

- Unexpected deaths: 3
- Physical, mental, sexual abuse or neglect: 12
- Theft or exploitation: 6
- Severe injury: 2
- Medication error: 2
- Unprofessional provider: 5

Q4 External Quality Review (EQR) Reporting

The EQRO continued to provide technical assistance on DMMA's Quality Strategy and assistance with QCMMR and conducted the annual external quality review.

2021 Annual External Quality Review Reporting

During 2021, Delaware's EQRO:

- Finalized the 2020 annual EQRO reports on April 1, 2021.
- Provided technical assistance with QCMMR. The QCMMR acts as an early alert system to address potential, emerging concerns about the quality, access and timeliness of care management operations of the State-contracted MCOs.
- Provided technical assistance on DMMA's Quality Strategy.
- Completed a Maternal Health Focus study at the request of DMMA and produced MCO-specific reports for DMMA.
- Kicked off the National Core Indicators-Aging and Disabilities Survey

- Developed MCO-specific comprehensive EQRO reports.

2021 Annual Critical Incident Reporting

For 2021, there were 109, total critical incidents, down from 125 in 2020 and down from 156 in 2019, and heavily weighted toward HCBS. DMMA regularly works with the DSHP MCOs to understand the nature of each incident, how the issues were resolved, and if there are opportunities for improvement. As noted earlier, DMMA has completed a comprehensive review of its incident management processes for DSHP and DSHP-Plus. The goal of the review was to improve the overall performance of the incident management system, aligning practice and policy and integrating best practices.

Demonstration Evaluation

Q4 Demonstration Evaluation Activities and 2021 Annual Report on Demonstration Evaluation Activities

Q4 Demonstration Evaluation Activities

DMMA and its independent evaluator continued to work with CMS on waiver reporting metrics.

2021 Annual Report on Demonstration Evaluation Activities

CMS approved the DSHP and SUD evaluation designs and the SUD Monitoring Protocol in April 2021. The Interim Evaluations are on track to be provided to DMMA in Q3 2022 to be included in the DSHP 1115 Waiver extension request.

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