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Diamond State Health Plan

Section 1115 1st Quarterly Report

Demonstration Year 28 (1/1/2023 – 12/31/2023)

Federal Fiscal Quarter 1-2023: 1/1/2023 to 3/31/2023

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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 included 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 NFs 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).

Since 2020, DMMA has amended the DSHP 1115 Waiver for the addition of adult dental services to the DSHP managed care delivery system and secured COVID-19 demonstration amendment authorities focused on HCBS services (e.g., provider retainer payments, expanded home-delivered meals) to address the COVID-19 Public Health Emergency (PHE).

DMMA has an amendment pending with CMS to add home-visiting coverage, a second home-delivered HCBS meal, pediatric respite, a self-directed option for parents of children receiving personal care services, and nursing facility transition services. DMMA's request for a five-year renewal of the DSHP 1115 Waiver was submitted to CMS in December 2022.

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 first quarter report (for the quarter ending March 31, 2023) Demonstration Year 28.

Q1 Enrollment Information and Enrollment Counts

Demonstration Populations	Current Enrollees (to date)	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	110,337	2
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	42,789	11
Population 3: Disabled Children less than 21 (DSHP SSI Children)	5,879	0
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	6,491	19
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.)	86,554	62
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	10,096	128
Population 9: DSHP-Plus HCBS	6,550	118
Population 10: DSHP TEFRA-Like	309	2
Population 11: Newly Eligible Group	17,337	6
Population 12: PROMISE	1,379	69
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 January 1, 2023, to March 31, 2023 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.

Q1 Outreach and Innovative Activities

MCO Outreach – All three MCOs prioritized outreach in Q1 on member outreach in preparation for **Medicaid redeterminations**. Below are examples of additional outreach conducted during Q1 by DMMA's MCO partners.

AmeriHealth Caritas DE (ACDE):

- ACDE participated in several health screening events in partnership with Christiana Care in March. Screenings included blood pressure, Hemoglobin A1c, and mammograms.

Delaware First Health

DFH partnered with DMMA on a *Virtual MCO Provider and Stakeholder Forum on Medicaid Redeterminations*. Based on positive feedback from DMMA and the provider community, DFH will be partnering again with DMMA to deliver another virtual forum on redeterminations on May 31, 2023.

DFH has projected 100+ community events scheduled by our community engagement team this year. As part of those community events, for example:

- DFH is working in partnership with the Delaware library system on innovative telehealth opportunities for members lacking transportation and internet services.

- DFH is supporting community gardens and working to connect existing and potential DFH members with resources regarding local urban gardens and food system experts as well increasing overall food and vegetable intake. DFH will be providing seeds to gardens located throughout Delaware. This seed distribution initiative is designed to offset the cost of vegetables and herbs while promoting ongoing healthy eating habits.

- DFH continues to deliver hygiene items (shampoos, soaps, combs, etc.) to schools, libraries, non-profits, and our community partners.

Highmark Health Options (HHO)

- HHO is working with Network Connect, a Community Well-being Ambassador organization in Dover DE, to offer free monthly childbirth education and lactation classes for members and their birth support person. Four classes were offered in February and March.

- HHO also participated in New Castle County School District's Transition to Adult Life Fair with the DE Division of Developmental Disabilities Services on March 23, 2023. This was sponsored by six New Castle County Schools to provide information on Post-Secondary Education, Independent living, and employment.

Q1 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 three monthly calls this quarter: January 10th, February 14th and March 14th. 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, doula coverage, food and diaper boxes for postpartum members, NEMT for children in CHIP, and reviewing SUD treatment data for pregnant and post-partum members. The MCH Workgroup met in March 2023.

Q1 Innovative Activities

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) - No new activities in Q1. 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 began July 1, 2021. The inaugural group of Medicaid ACOs are authorized through December 31, 2024.

Q1 Operational and Policy Issues

Policy and Legislative developments

DMMA's focus in Q1 was on Medicaid redeterminations, implementing the ARPA HCBS Spending Plan initiatives, negotiating approval of the DSHP 1115 amendment, planning for implementation of retroactive Medicaid eligibility, and exploring Medicaid justice-involved initiatives.

DMMA Operational Issues

In Q1, DMMA continues to implement our new 2023 Master Service Agreement, with three MCOs. During the RFP process in 2022, DMMA selected two incumbents (AmeriHealth Caritas DE and Highmark Health Options), and one new MCO (Delaware First Health). DMMA participated in an

onsite post-implementation readiness review with Delaware First Health in March 2023.

In Q1, DMMA also 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. Q1 has been very busy with unwinding and starting the redetermination efforts. DMMA has engaged the MCOs to assist with getting the word out to members that redeterminations are starting.

DSHP 1115 Waiver Administration

In Q1, DMMA and CMS continued to discuss the pending DSHP 1115 Waiver amendment.

Other Program Issues

SUPPORT Act Planning Grant and Demonstration Project - DMMA is now operating two SUPPORT Act initiatives: the SUPPORT Act Planning Grant and SUPPORT Act Demonstration Project. During Q1 (Jan-March 2023), DMMA implemented SUD rate changes. DMMA also commenced best practices research on a statewide Office-Based Opioid Treatment model, researched and developed criminal justice-related and housing-related 1115 waiver concepts, prepared technical assistance materials for managed care organizations to improve care for pregnant and parenting people with substance use disorders, met with a large provider to assess low-barrier Medications for Opioid Use Disorder approaches, and initiated an analytic project to assess utilization of substance use screening codes among Medicaid providers.

Electronic Visit Verification (EVV) – DMMA's EVV system went live on December 30, 2022. DMMA is collecting visit data for both personal care and home health services. Provider adoption of the system is growing each week and the State is working with providers individually to address questions and assist with onboarding.

Program Integrity – In Q1, the Surveillance and Utilization Review Unit (SUR) continued to identify, correct, and prevent fraud waste and abuse in the Delaware Medicaid Program. These efforts included continuing to identify ways to utilize and analyze MCO encounter data to ensure proper payment of claims. The SUR unit has completed two post payment Chiropractor reviews that are in the process of being extrapolated. IBM continues to provide services and analytical guidance to the SUR team. The SUR unit has begun auditing their next chiropractic post-payment review. DMMA has added a third managed care organization which is the Delaware First Health.

Program Integrity has been heavily involved with the implementation of EVV and working closely with our EVV vendor, Sandata.

The SUR team used various data mining strategies to guide the post payment auditing and review efforts of the unit. Recent data mining projects have focused on screening and enrolling Applied Behavior Analysis (ABA) providers who wish to provide autism spectrum disorder (ASD) services.

The SUR management analysts collaborate regularly with the MCOs and the Medicaid Fraud Control Unit (MFCU) to ensure that efforts are not duplicative but remain effective for fighting fraud. The Unit continues to strengthen its relationship with DMMA's NEMT provider, Modivcare, by facilitating monthly collaborative meetings designed to discuss areas of the program that may be vulnerable to fraud, waste, or abuse.

The Program Integrity section is working closely with the MCOs, especially the new DFH MCO, to make sure they have all the necessary information they need as well as helping them get acclimated to DMMA's programs.

The Program Integrity Unit is working closely with the SafeGuard Services, LLC (NE UPIC contractor) to identify areas within the Delaware Medicaid program which may be vulnerable to fraud, waste, or abuse. Recent efforts have centered on MCBR reviews of the MCOs. Our initial results showed findings of claims resulting in recoupments of overpayments. SGS will continue reviewing the top billing providers for medical necessity and policy compliance.

To date, all required data has been submitted to the PERM contractors. We received the final payment errors results and have submitted the Corrective Action Plan (CAP).

Thus far, the Program Integrity Unit maintained its practice of holding monthly meetings with each MCO, as well as the joint quarterly sessions held in conjunction with our MFCU. This practice continues to be effective in identifying unusual billing patterns and provider misconduct within the Medicaid program. This collaborative approach is also helping to ease the transition of auditing encounter data, as MCO input is essential to the success of this effort.

Q1 Expenditure Containment Initiatives

No new Q1 initiatives.

Q1 Budget Neutrality Development

No new issues in Q1.

Q1 2023 Member Month Reporting and With-Waiver PMPMs

Eligibility Group	Jan 2023 Member Months	Feb 2023 Member Months	Mar 2023 Member Months	Quarter ending 03/31/2023
DSHP TANF CHILDREN	107,889	108,192	108,247	**324,328**
DSHP TANF ADULT	41,219	41,470	41,653	**124,342**
DSHP SSI CHILDREN	5,739	5,756	5,762	**17,257**
DSHP SSI ADULTS	6,357	6,363	6,335	**19,055**
DSHP MCHP (Title XIX match)*	0	0	0	**0**
DSHP ADULT GROUP	99,665	100,366	101,008	**301,039**
DSHP-Plus State Plan	9,954	9,926	9,897	**29,777**
DSHP-Plus HCBS	6,324	6,367	6,418	**19,109**
DSHP TEFRA-Like**	302	303	303	**908**
PROMISE	1,372	1,355	1,331	**4,058**

* 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)

Q1 2023 Member Months and WW PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	324,328	$380.26	$123,329,952
DSHP TANF ADULT	124,342	$651.89	$81,056,692
DSHP SSI CHILDREN		Under development	
DSHP SSI ADULTS	19,055	$2,137.59	$40,731,863
DSHP MCHP (Title XIX match)*	0	$0.00	0
DSHP ADULT GROUP	301,039	$791.72	$238,338,780
DSHP-Plus State Plan	29,777	$1,680.78	$50,048,566
DSHP-Plus HCBS	19,109	$6,579.46	$125,726,887
DSHP TEFRA-Like**		Under Development	
PROMISE	4,058	$223.96	$908,841

* 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)

Q1 Consumer Issues

HBM (Enrollment Broker) Update – **Q1 2023** – The HBM continues to support our members, providing information on Delaware's managed care organizations delivering our Medicaid Medical benefit to our members.

In October, the HBM conducted our Open Enrollment for members. This Open Enrollment included the addition of a third MCO, Delaware First Health. With this additional plan, we saw an increase in member call volumes from previous years.

Q1 continued to be busy with members calling and asking to switch back to their original MCO plans within the 90 days allowed by managed care regulations.

Children with Medical Complexity Advisory Council – **Q1 2023** – The Children with Medical Complexity (CMC) Advisory Committee (CMCAC) convened remotely on February 14, 2023. The CMCAC continued to focus on issues including PHE unwinding, the private duty nursing workforce shortage, pediatric respite, caregiver training, and streamlining the MCO prior authorization process for DME, supplies and pharmaceuticals.

Q1 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.

Quality Improvement Activity – During Q1:

- Over the course of the quarter, an internal workgroup has been meeting weekly to maintain momentum of the 2023 Quality Strategy. We have delayed our public comment due to internal discussions, the new target date for public comment is June 1, 2023.

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

    - CMS QTAG: January 18, 2023 – Advancing Digital Quality Measurement Part 2
    - MAC QX: January 2023 – Preparing for Mandatory Reporting: CAHPS Measures in the Child and Adult Core Sets, Part 2

    - CMS QTAG: February 15, 2023 – Measure Stratification and Proposed FFY 2023 Quality Measurement Reporting Changes
    - MAC QX: February 23, 2023 - Advancing Health Equity in Medicaid and CHIP: CMS's Framework for Health Equity and Current State Initiatives
    - CMS QTAG: March 15, 2023 – State Medicaid Program Experiences with the Adult Core Set HIV Viral Load Suppression Measure (HVL-AD)
    - MAC QX: March 23, 2023 - Measuring and Improving Access and Quality of Care for Medicaid and CHIP Beneficiaries in Rural Communities

- DMMA has emphasized a focus on improving access to treatment for the Maternal and Children population. In Q1, DMMA continued to work with its MCOs to conduct a performance improvement project (PIP) to increase the number of pregnant & postpartum Medicaid members who receive medications for opioid use disorder (MOUD).

- The Quality Improvement Initiative (QII) Task Force held the 2023 first quarter meeting on February 9th, 2023 to present the new 2023 Quality Strategy. The presentation included:
    - Purpose of the 2023 Quality Strategy;
    - Establishing Standards, Guidelines and Definitions;
    - Updates to Improvement Strategies to include, but not limited to:
        - 2 State Mandated PIPs (one clinical and one non-clinical)
        - Quality Strategy Goals and Objectives
            - Improve Maternal and Infant Health
            - Improve Chronic Condition Management
            - Reduce Communicable Diseases
            - Improve Behavioral Health Condition Identification and Management
            - Improve Member Experience of Care;
        - Establishing Performance Thresholds and Expectations;
        - Identifying, Analyzing and Reducing Health Disparities; and
        - MCO Responsibilities

Case Management Oversight – Q1– The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA clinical staff reviewed approximately 1027 telephonic/virtual reviews/face to face in Q1 2023, which is a combination of Care Coordination, LTSS case management and Nursing Facility provider types. Each MCO receives a quarterly report and DMMA meets with each MCO to go over and review findings, also discuss areas identified as needing improvement to meet

contractual standards.

In Q1 2023, DMMA's oversite team completed Q4 2022 case file reviews with each MCO virtually. DMMA staff reviewed approximately 100 random files for contractual compliance of the MCO's in areas of Care Coordination, Case Management and Nursing Facility Transitions. DMMA reviews the findings, then meets with each MCO to discuss areas needing improvement in Care Coordination and LTSS Case Management for our Medicaid members.

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 met twice in Q1 2023, January 10th and March 14th with all three MCOs and our DMMA Long Term Care team. We discussed many topics including where to submit Member Change Forms for members who transition living locations, such as Nursing Home to Community. We also discussed the need for PASRR information prior to a member going into a nursing home.

Incident Management System – Q1 – DMMA is moving forward with the review and improvement recommendations for the current critical incident (CI) process for intake, review, and reporting of CIs for DSHP and DSHP Plus. This is an initiative under Delaware's HCBS Spending Plan. All relevant Divisions of the Department of Health and Social Services have been involved in the Critical Incident Management Workgroup and we continue to meet bi-weekly in order to focus on finding a joint technological solution. Consistent usage within a single technological solution will provide DMMA and our sister Divisions the ability to coordinate tracking and reporting to ensure increased protection of the populations that we serve.

A technological solutions vendor has been engaged and the vendor has been meeting with all Divisions to gauge needs and develop a Statement of Work that fulfills the needs of each division while fully addressing DMMA's critical incident reporting requirements. An initial proposal has been received and initially reviewed by the workgroup. Currently, we continue to make adjustments and a revised proposal will be developed. DMMA is also working internally to determine appropriate contracting for the solution.

Q1 Managed Care Reporting Requirements

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

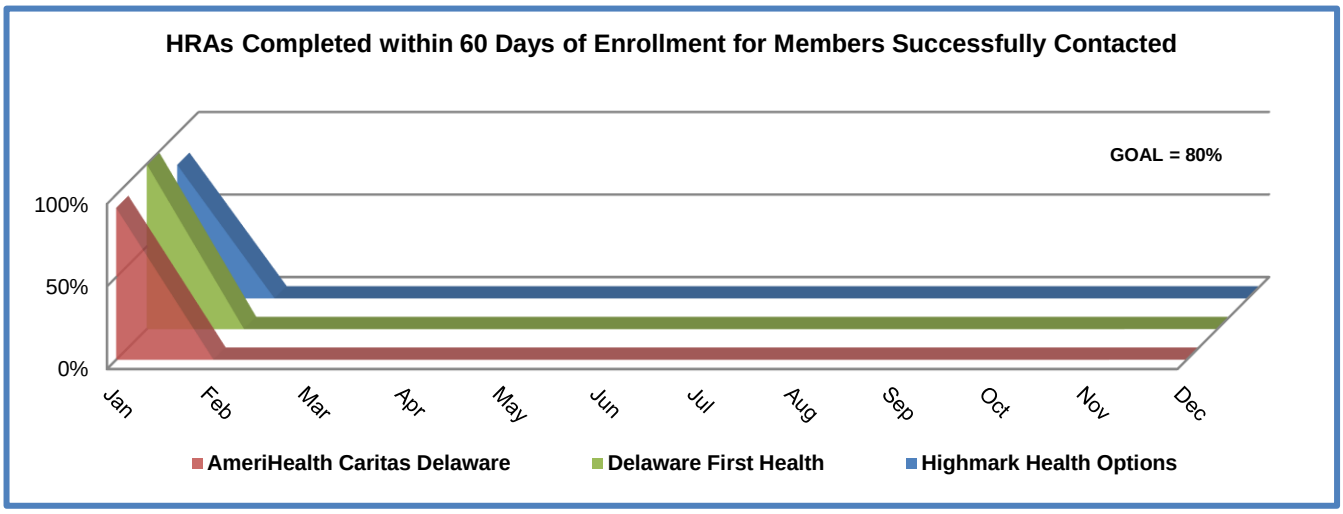
from contractual requirements or federal or state regulations contained in the Managed Care program contract.

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. 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. 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.

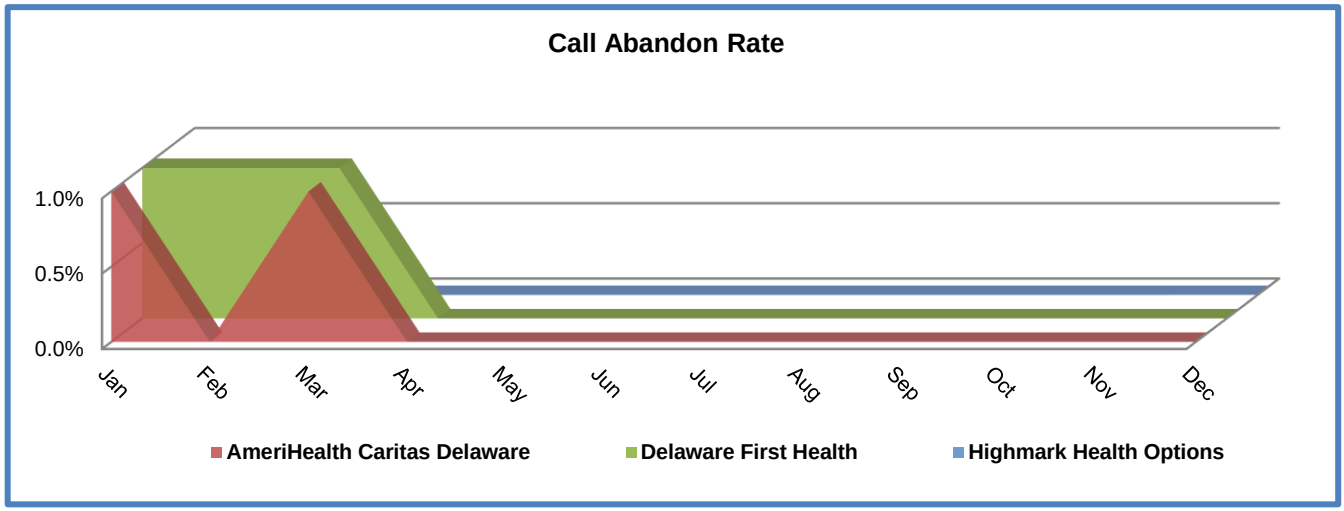
QCMMR Reporting Examples:

Health Risk Assessment (HRA) Completion Rate



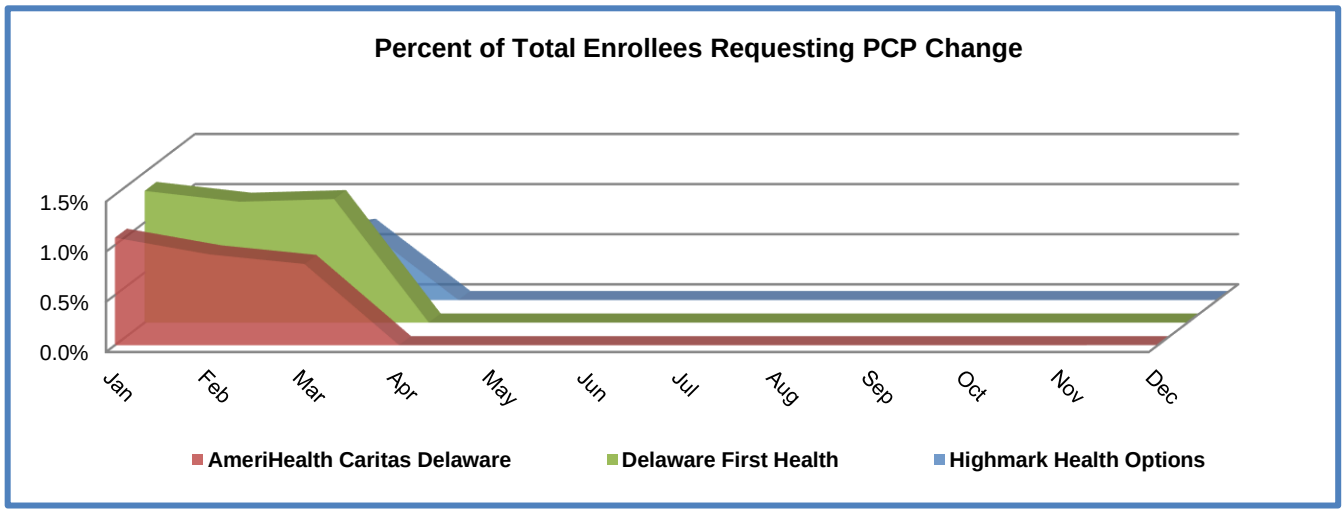
HRAs serve as a key to identifying and engaging members in need of services early in their experience with an MCO. Health risk assessments are submitted on a 60-day lag and, for the Q1 timeline, the MCOs submitted January 2023 data. All three MCOs exceeded the goal of completing HRAs for at least 80% of new Medicaid enrollees that were successfully contacted within 60 days of enrollment for January 2023. ACDE reported a rate of 92% completion, DFH reported a rate of 100% completion and HHO reported a rate of 81% completion.

Customer Service: Call Abandon Rate



The MCOs met the goal for call abandon rate during Q1.

Percent of Enrollees Requesting a Change in Primary-Care Provider



Access in Q1 – For DSHP, The MCOs report in alternating quarters on this metric. For Q1, only HHO was required to report access data. HHO met the goal of 100% access in 4 of the 16 areas measured (25% compliance). Adult Specialty Care Providers – Routine, Behavioral Health Non-Emergency Access Providers and Behavioral Health Immediate Access Providers were the only areas that were compliant. HHO reported that all practices that failed were either re-educated or will be re-educated during Q2. Once re-educated, these practices will be re-audited to ensure compliance. Any practice that failed the re-audit will be required to provide a corrective action plan.

Q1 Grievances – For DSHP, there were 797 grievances, up from 603 in Q4. The breakdown across areas is described below:

- Access and availability: 55
- Benefits: 4
- Billing and/or claims: 652
- Cultural competency: 1
- MCO staff issue: 10
- Transportation to medical appointment:41
- Other: 34

For DSHP Plus, there were 203 grievances for Q1, up from 192 in Q4. The breakdown across areas is described below:

- Access and availability: 8
- Benefits: 1
- Billing and/or claims: 110
- Cultural competency: 1
- MCO staff issue: 4
- Transportation to medical appointment: 10
- Other: 16
- Case management (HCBS and institutional experience): 53

Q1 Medical-Behavioral Health Appeals – Appeals are documented in the month in which they are filed, and any appeals resolved are marked within the month in which they have been resolved. One MCO reported 51 appeals, the second reported 2 appeals, and the third reported 97 appeals. The number of appeals withdrawn and overturned prior to appeals committee were higher than those upheld for two MCOs. The number of appeals denied and upheld were higher than those withdrawn and overturned for the third MCO.

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, one MCO reported 1 appeal during Q1 2023, 1 of which was overturned at appeals committee (100%); the second MCO reported 0 appeals; the third MCO reported 14 appeals, 1 of which was denied (7%), 1 of which was withdrawn (7%), 4 were upheld (29%), 2 of which were overturned prior to appeals committee (14%) and 6 of which were overturned at appeals committee (43%).

Q1 Critical Incident Reporting – For Q1, there were 31 total critical incidents (CIs), down from 52 in Q4. The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q1:

- Unexpected deaths: 9
- Physical, mental, sexual abuse or neglect: 9
- Theft or exploitation: 4
- Severe injury: 3
- Medication error: 0
- Unprofessional provider: 3
- Other: 3

Q1 External Quality Review (EQR) Reporting

The EQRO continued to provide technical assistance on DMMA's Quality Strategy and assistance with QCMMR. The EQRO also assisted with post-implementation readiness for DFH in Q1.

Q1 2023 Demonstration Evaluation Activities

No new updates for Q1. CMS is reviewing the Interim Evaluation reports submitted in December 2022.

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