DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Wanda Boone-Massey
Division of Medicaid Expansion Demonstrations
State Demonstrations Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Telephone: (410) 786-2619
Email: Wanda.Boone-Massey@cms.hhs.gov

Diamond State Health Plan

Section 1115 2022 Annual and 4th Quarterly Report

Demonstration Year 27 (1/1/2022 – 12/31/2022)

Federal Fiscal Quarter 4-2022: 10/1/2022 – 12/31/2022

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Kimberly Xavier
Social Service Chief Administrator
Planning & Policy
Division of Medicaid and Medical Assistance
Telephone: (302) 255-9628
Email: Kimberly.Xavier@delaware.gov

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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 fourth quarter report (for the quarter ending December 31, 2022) and annual report for Calendar Year 2022, Demonstration Year 27.

Enrollment Information and Enrollment Counts

Q4 2022 Enrollment

Demonstration Populations	Current Enrollees (to date)	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	108,965	0
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	41,885	9
Population 3: Disabled Children less than 21 (DSHP SSI Children)	5,785	0
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	6,497	14
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.)	82,717	60
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	10,155	102
Population 9: DSHP-Plus HCBS	6,465	95
Population 10: DSHP TEFRA-Like	304	
Population 11: Newly Eligible Group	16,104	9
Population 12: PROMISE	1,392	66
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, 2022 to December 31, 2022 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.

Annual 2022 Enrollment		
Demonstration Populations	Current Enrollees (to date)	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	426,581	21
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	162,223	62
Population 3: Disabled Children less than 21 (DSHP SSI Children)	22,788	8
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	26,057	79
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.)	318,592	454
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	40,469	558
Population 9: DSHP-Plus HCBS	25,105	487
Population 10: DSHP TEFRA-Like	1,205	0
Population 11: Newly Eligible Group	61,765	57
Population 12: PROMISE	5,595	247
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, 2022 to December 31, 2022 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 2022 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 (HHO) and AmeriHealth Caritas DE (ACDE) performed extra outreach to DSHP Plus members to inform them of this extra benefit. DMMA submitted a waiver amendment in July 2022 to make up to two home-delivered meals per day a permanent Medicaid benefit for DSHP Plus HCBS members.

MCO Outreach – Below are examples of outreach conducted during Q4 by DMMA's MCO partners.

- Both HHO and ACDE participated in the **Bay Health 2022 "Go Pink Health Fair"** on October 7, 2022. 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.

HHO Q4 Outreach Events

- HHO organized six Mobile Food Events and supplied food for over 840 families. HHO staff volunteer their time to distribute the food at the events. They are also available to answer member questions and distribute educational information at these events.

- On November 17, 2022, HHO was on site at Children & Families First - Dunbar Head Start Program in Laurel to discuss the importance of EPSDT services. The HHO Member Advocates, Quality and Care Coordination staff provided information on the EPSDT Program.

ACDE Q4 Outreach Events

- ACDE participated in a Wellness Fair on October 8, 2022 in Frankford that included health services such as screenings, bone density tests, and flu shots. ACDE provided educational information and was available to help members with provider scheduling.

- ACDE created Healthy Hoops, a hands-on basketball event to reduce preventable emergency room visits and improve quality of life for children ages 3 to 18 and hosted an event on November 21, 2022, Healthy Hoops teaches kids, parents, and communities how to manage children's asthma and other health conditions through appropriate use of medication, proper nutrition, monitored exercise and recreational activities.

- ACDE had a resource table at the December 10, 2022 Winter Coat Drive at the library in Laurel. They gave away coats and toys to the community. There were many community resources available to attendees.

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 11 and November 8. 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 and reviewing SUD treatment data for pregnant and post-partum members.

2022 Annual Report on MCO and State Outreach Events, Special Topic Meetings and Workgroups

MCO Outreach Activities – Both MCOs were able to return to the community in 2022. They participated in many community events and outreach activities throughout the State of Delaware.

DMMA Outreach Activities, Special Topics Meetings and Workgroups –DMMA's activities in 2022 included, but were not limited to:

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

- Conducting the MCH Workgroup 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 and reviewing SUD treatment data for pregnant and post-partum members. The Workgroup has also addressed maternal care coordination, coverage of breast pumps, and opioid use disorder among pregnant and parenting people.

- Continued planning and implementation of the ARP Section 9817 HCBS Spending Plan activities.

Q4 Innovative Activities and 2022 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.
- In Q4, DMMA paused the Postpartum Food Box Partnership, which delivered food boxes, diapers and wipes to all postpartum members less than 8 weeks postpartum. DMMA has requested to make this a Medicaid benefit under the DSHP 1115 Waiver renewal and is focusing on additional funding and alternative delivery system solutions.

As of October 2022, the Postpartum Food Box Partnership has provided almost 24,000 boxes of food, 35,000 boxes of diapers, and 17,000 boxes of wipes.

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

No new activities in Q4. 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.

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 initiated efforts to align Delaware's CHIP Program, the Delaware Healthy Children's Program (DHCP), with the Medicaid EPSDT benefit.

DMMA Operational Issues

In Q4, DMMA prepared to implement new contracts with three MCOs, including one new MCO

contractor. During the RFP process in 2022, DMMA selected two incumbents (AmeriHealth Caritas DE and Highmark Health Options), and one new MCO (Delaware First Health). In Q4, DMMA Managed Care Operations was busy onboarding the new MCO and performing three Readiness Reviews. The MCO contracts went into effect January 1, 2023.

In Q4, 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.

DSHP 1115 Waiver Administration

In Q4, DMMA and CMS continued to discuss the pending DSHP 1115 Waiver amendment. DMMA also submitted the DSHP 1115 Waiver 5-year extension request in December 2022.

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 Q4, DMMA finalized all needed systems changes to implement SUD rate changes on 1/1/23. DMMA developed a provider notice of rate changes and announced rate changes to providers. DMMA also:

- Developed a draft comprehensive SUD fee schedule which identifies all SUD-related CPT/HCPCS rates, modifiers and rate amounts, cross walked with ASAM levels of care;
- Developed an SUD/OUD surveillance plan framework and advised MCOs on strategies to address structural SUD stigma; and
- Finalized a recommendations report from the SUPPPORT Act Planning Grant period and developed a work plan to commence Office-Based Opioid Treatment (OBOT) research and design of a statewide OBOT payment and delivery reform initiative.

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 Q4, 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 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 both 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 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 are in the process of completing the Corrective Action Plan (CAP).

Throughout 2022, 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.

2022 Annual Report on Operational and Policy Issues

COVID-19 Impacts

The COVID-19 pandemic and public health emergency (PHE) continued through Demonstration Year 27. In response, DMMA took additional actions in 2022 that included, but were not limited to:

- Conducting the work of the COVID-19 Vaccine, Testing and Treatment Taskforce to address the COVID-related policies as they emerged;
- 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;
- Implementing recruitment and retention payments for HCBS providers; and
- Planning for the end of the PHE, including planning for eligibility redeterminations after the maintenance of eligibility period ends.

During 2022, DMMA also focused on a number of other priority operational and policy issues, including:

- Evaluating RFP responses, awarding contracts and performing readiness reviews for three DSHP

MCOs;

- Continuing work on the SUPPORT Act Planning Grant and SUPPORT Act Demonstration Project;
- Implementing EVV requirements;
- Addressing food insecurity for DSHP and DSHP Plus members through the provision of additional home-delivered meals and food boxes from the Delaware Food Bank;
- Developing and implementing ARP Section 9817 HCBS Spending Plan initiatives;
- Developing a Medicaid evidence-based home visiting benefit, pediatric respite benefit, and self-directed option for children and families that were included in the July 2022 DSHP Waiver amendment;
- Designing a Medicaid doula benefit;
- Submitting Delaware's SPA to expand post-partum eligibility from 60 days to 12 months; and
- Developing the proposed initiatives for the five-year renewal of the DSHP 1115 Waiver.

Expenditure Containment Initiatives

Q4 Expenditure Containment Initiatives and 2022 Annual Report on Expenditure Containment Initiatives

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

No new Q4 initiatives. 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

Financial/Budget Neutrality Development/Issues

Q4 Financial/Budget Neutrality/Issues

DMMA completed the budget neutrality submission for the DSHP 1115 Waiver extension request.

2022 Annual Report on Financial/Budget Neutrality/Issues

During CY 2022, DMMA's efforts focused on documenting budget neutrality for the waiver amendment and the DSHP 1115 Waiver extension request. DMMA also continued working to address CMS questions on the Schedule C reporting through the PMDA system.

Q4 2022 Member Month Reporting and With-Waiver PMPMs

Q4 2022 Member Months

Eligibility Group	Oct 2022 Member Months	Nov 2022 Member Months	Dec 2022 Member Months	Quarter ending 12/31/2022
DSHP TANF CHILDREN	106,329	106,687	107,182	**320,198**
DSHP TANF ADULT	40,223	40,540	40,915	**121,678**
DSHP SSI CHILDREN	5,656	5,668	5,705	**17,029**
DSHP SSI ADULTS	6,337	6,345	6,357	**19,039**
DSHP MCHP (Title XIX match)*	0	0	0	**0**
DSHP ADULT GROUP	94,636	95,975	96,589	**287,200**
DSHP-Plus State Plan	9,969	9,933	9,950	**29,852**
DSHP-Plus HCBS	6,248	6,300	6,345	**18,893**
DSHP TEFRA-Like**	298	298	300	**896**
PROMISE	1,389	1,366	1,318	**4,073**

* 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 2022 Member Months and With Waiver PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	320,198	$365.84	$117,141,555
DSHP TANF ADULT	121,678	$613.92	$74,700,402
DSHP SSI CHILDREN	17,029	$2,732.45	$46,530,973
DSHP SSI ADULTS	19,039	$1,918.57	$36,527,623
DSHP MCHP (Title XIX match)*	0	$0.00	
DSHP ADULT GROUP	287,200	$763.89	$219,388,680
DSHP-Plus State Plan	29,852	$1,670.47	$49,866,771
DSHP-Plus HCBS	18,893	$6,391.60	$120,756,584
DSHP TEFRA-Like**	896	$2,733.26	$2,448,999
PROMISE	**4,073**	**$206.15**	$839,658

* 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 2022 Consumer Issues

HBM (Enrollment Broker) Update – **Q4 2022** – 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.

Children with Medical Complexity Advisory Council – **Q4 2022** – The Children with Medical Complexity (CMC) Advisory Committee (CMCAC) convened remotely on October 11, 2022. The CMCAC continued to focus on issues including the private duty nursing workforce shortage, caregiver training, and streamlining the MCO prior authorization process for DME, supplies and pharmaceuticals.

Medical Care Advisory Council (MCAC) – **Q4 2022** –The MCAC met on November 30, 2022 to review and provide opportunity for public comment on the draft DSHP 1115 Waiver extension request.

2022 Annual Report on Consumer Issues

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

- The HBM conducted a successful annual open enrollment for DSHP MCO members and facilitated the addition of a third DSHP MCO.

- The CMC Advisory Committee continued meeting remotely and focused on: the impact of the COVID-19 pandemic restrictions on families and caregivers; review of the Family Satisfaction and PDN Workforce Surveys; updates to the PDN provider manual; the potential use of an extraordinary care definition; the potential adoption of the new federal health home option; streamlining MCO prior authorization processes; developing MCO care coordinator training; developing multiple fact sheets for families; and establishing 2023 priorities.

- DMMA continued to work with stakeholders on the DSHP ARP Section 9817 HCBS Spending Plan initiatives.

- The MCAC focused on the DSHP amendment and extension requests, maternal and child health initiatives, DMMA's HCBS Spending Plan, the SUD provider rate and prevalence studies, EVV and the MCO reprocurement.

Quality Assurance/Monitoring Activity

Q4 2022 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 Q4:

- Over the course of the quarter, an internal workgroup has been meeting weekly to maintain momentum. We have delayed our public comment due to internal discussions.

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

    - CMS QTAG: October 26, 2022 – Listening Session to Advance Digital Quality Measurement
    - MAC QX: October 2022 – No meeting for October 2022
    - CMS QTAG: November 2022 – No meeting for November 2022
    - MAC QX: November 2022 - No meeting for November 2022
    - CMS QTAG: December 7, 2022 – Early Lessons from the Medicaid and CHIP Oral Health Affinity Group
    - MAC QX: December 15, 2022 - Preparing for Mandatory Reporting: CAHPS Measures in the Child and Adult Core Sets

DMMA has emphasized a focus on improving access to treatment for the Maternal and Children population. In Q4, 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).

Case Management Oversight – The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA clinical staff reviewed approximately 847 telephonic/virtual reviews in Q4 2022, 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 Q4 2022, DMMA's oversite team completed Q3 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. The DMMA Managed Care Operations Unit was very active in 2022 with readiness of the new MCO contracts that went into place on 1/1/2023.

Q4 Incident Management System – 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.

The Workgroup has engaged a technological solution vendor in order to start the process of developing a proposal that would be appropriate to meet the needs of DMMA and the relevant Divisions of DHSS. DMMA has held meetings with individual Divisions to map out specific needs and needs within the larger proposal. A draft proposal will be reviewed shortly.

2022 Annual Report on Quality Assurance/Monitoring Activity

In 2022, DMMA:

- Through the work on the QII Taskforce, actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth and focused on issues including health equity, oral health, maternal health and SUD;
- Continued our work on DMMA's Quality Strategy;
- Assessed the readiness of three MCOs for a January 1, 2023 enrollment;
- Focused on best practices for engaging community organizations;

- Continued efforts to improve the incident management system;
- Focused on special topics such as the SUPPORT Act Planning Grant initiatives and the National Diabetes Prevention Program; and
- Conducted case management oversight of the DSHP MCOs, including virtual and onsite file reviews, and discussed opportunities for improvement for our Medicaid members.

Managed Care Reporting Requirements

Q4 and Annual QCMMR and QCMMR Plus Reporting

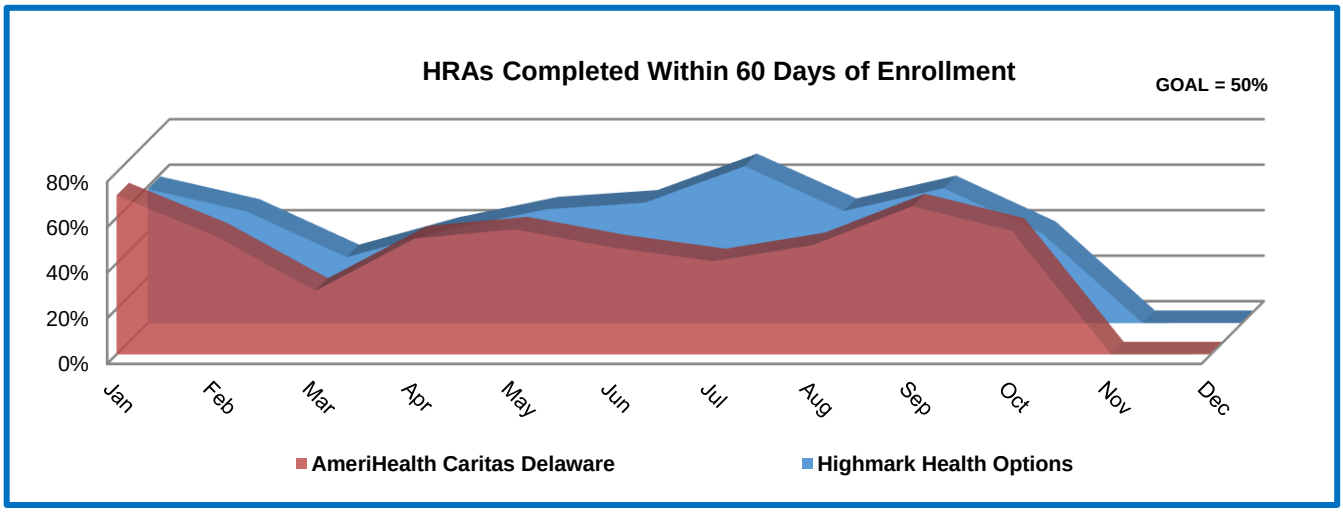
The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DSHP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations 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. 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.

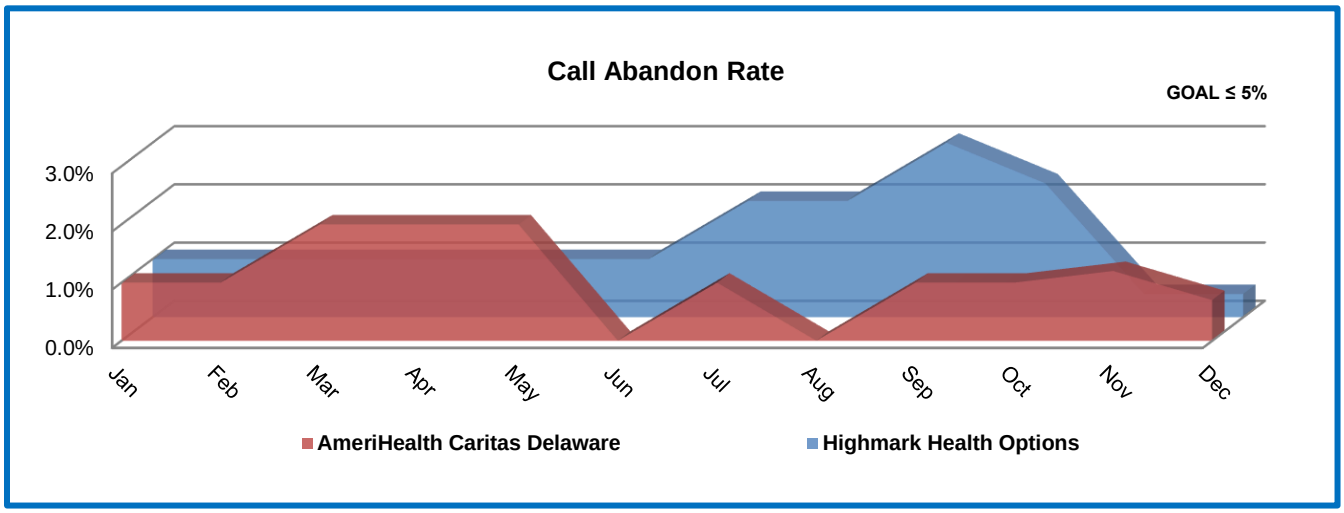
QCMMR Reporting Examples:

Health Risk Assessment (HRA) Completion Rate



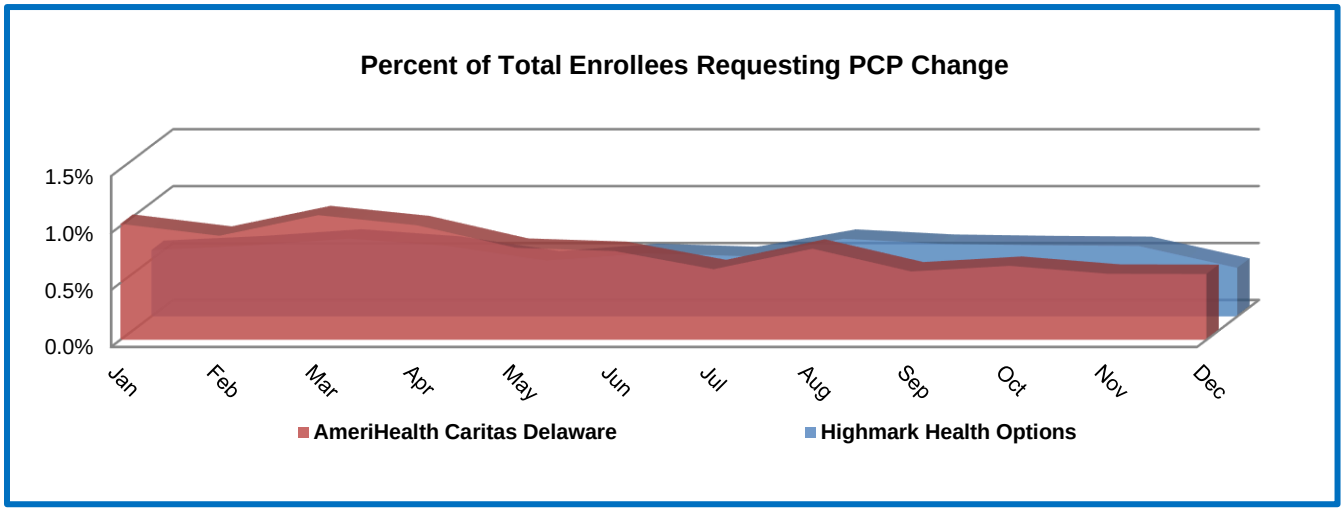
HRAs serve as a key to identifying and engaging members in need of services early in their experience with an MCO. The MCOs are contractually required to complete HRAs with at least 50% of their newly enrolled members within 60 days of enrollment. Health risk assessments are submitted on a 60-day lag and for the Q4 timeline, both MCOs submitted July, August, September and October data, with ACDE reporting an average rate of 56% completion and HHO reporting an average rate of 49% completion. Both MCOs reported an average completion rate of 51% for 2022 YTD. 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 2022.

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, Behavioral Health, Atypical, and Dental services for both MCOs are similar with a few exceptions. Significant differences are seen in Behavioral Health providers in which one MCO reports nearly triple the number of providers at 1,581 while the second MCO reports only 649 providers.

Behavioral health services data is on a 90-day lag resulting in Q3 data being submitted during the Q4 reporting period. The rate of DSHP Plus members that are receiving behavioral health services is comparable, with one MCO at 29.9% and the second MCO at 31.7%.

Q4 and Annual Grievances – For DSHP, there were 603 grievances, up from 401 in Q3. The breakdown across areas is described below:

- Access and availability: 56
- Benefits: 6
- Billing and/or claims: 292
- Cultural competency: 2
- MCO staff issue: 17
- Quality of care: 81
- Quality of service: 109
- Transportation to medical appointment:24
- Other: 16

There were 1580 total grievances in CY 2022 from DSHP members, averaging 395 grievances per quarter.

For DSHP Plus, there were 192 grievances for Q4. The breakdown across areas is described below:

- Access and availability: 9
- Benefits: 1
- Billing and/or claims: 36
- Cultural competency: 0
- MCO staff issue: 5
- Quality of care: 36
- Quality of service: 37
- Transportation to medical appointment: 24
- Other: 13
- Case management (HCBS and institutional experience): 31

There were 744 grievances (including case management) in CY 2022, up from 536 in CY 2021 and averaging 186 grievance per quarter.

Q4 and Annual Medical-Behavioral Health 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 53 appeals and the second MCO reported 140 appeals. The rates of medical-behavioral health appeals overturned prior to Appeals Committee were higher than those upheld for both MCOs in Q4. Annual appeals totaled 555, averaging 139 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 Q4 appeals is low, with one MCO reporting 3 appeals during Q4 2022 (one overturned), and the second MCO reporting 21 appeals (7 overturned). Annual appeals totaled 86 appeals, up from 49 in 2021, and averaged approximately 7 appeals per quarter.

Q4 and Annual Critical Incident Reporting – For Q4, there were 52 total critical incidents (CIs), up from 34 in Q3. The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q4:

- Unexpected deaths: 14
- Physical, mental, sexual abuse or neglect: 17
- Theft or exploitation: 8
- Severe injury: 9
- Medication error: 0
- Unprofessional provider: 4

For 2022, there were 164, total critical incidents, up from 109 in 2021 and 120 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 is actively working to improve the overall performance of the incident management system, aligning practice and policy and integrating best practices.

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. The EQRO also performed MCO readiness reviews in Q4.

2022 Annual External Quality Review Reporting

During 2022, Delaware's EQRO:

- Finalized the 2021 annual EQRO reports in April 2022, performed onsite MCO reviews in June 2022, and performed readiness reviews in Q4;
- 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; and
- Provided technical assistance on DMMA's Quality Strategy.

Demonstration Evaluation

Q4 Demonstration Evaluation Activities and 2022 Annual Report on Demonstration Evaluation Activities

Q4 Demonstration Evaluation Activities

The Independent Evaluator completed and submitted the Interim Evaluation October 31, 2022 to comply with state publication requirements. The Interim Evaluation was included with the DSHP 1115 Waiver extension request.

2022 Annual Report on Demonstration Evaluation Activities

DMMA's independent evaluator finalized the two Interim Evaluations for the comprehensive DSHP 1115 Waiver and the SUD-specific elements of the DSHP 1115 Waiver. These evaluations were included in the DSHP 1115 Waiver extension request.

State Contacts

Kimberly Xavier
Social Service Chief Administrator
Planning & Policy
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
Kimberly.Xavier@delaware.gov

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@delaware.gov