



*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, 3<sup>rd</sup> Quarterly Report

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

Federal Fiscal Quarter 3, 2023: 7/1/2023 – 9/30/2023

November 30, 2023

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

## Table of Contents

Introduction.....	3
Q3 2023 Enrollment Information and Enrollment Counts.....	6
Q3 Outreach and Innovative Activities .....	7
Q3 Special Interest Meetings/Conferences .....	8
Q3 Innovative Activities .....	9
Q3 Operational and Policy Issues .....	10
Q3 Expenditure Containment Initiatives.....	11
Q3 Budget Neutrality .....	11
Q3 Consumer Issues.....	13
Q3 Quality Assurance/Monitoring Activity .....	13
Q3 Managed Care Reporting Requirements.....	15
Q3 External Quality Review (EQR) Reporting .....	20
Q3 2023 Demonstration Evaluation Activities.....	20

## 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 through 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).

In June 2023, CMS approved an amendment 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. CMS and DMMA are working together to negotiate the renewal.

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.
- Improve maternal and child health outcomes, address health disparities, implement a respite benefit for caregivers/young adults, and improve supports for Delaware Medicaid beneficiaries and families who rely on home and community-based services.

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 3<sup>rd</sup> quarter report (for the quarter ending September 30, 2023) Demonstration Year 28.

## Q3 2023 Enrollment Information and Enrollment Counts

<u>Demonstration Populations</u>	<u>Current Enrollees (to date)</u>	<u>Disenrolled in Current Quarter</u>
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	110,998	0
Population 2: Former AFDC Adults aged 21 and over (DSHP TANF Adult)	43,986	6
Population 3: Disabled Children less than 21 (DSHP SSI Children)	6,035	1
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	6,488	18
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.)	90,152	62
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	10,771	148
Population 9: DSHP-Plus HCBS	6,930	85
Population 10: DSHP TEFRA-Like	318	0
Population 11: Newly Eligible Group	17,635	9
Population 12: PROMISE	1,347	139
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 July 1, 2023 to September 30, 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.*

## Q3 Outreach and Innovative Activities

MCO Outreach – All three MCOs continued member outreach for Medicaid redeterminations during Q3.

### AmeriHealth Caritas DE (ACDE) – Community Outreach Events

AmeriHealth Caritas DE participated in:

- Community Awareness Day on August 5, 2023 with a Women's wellness Event that included free breast exams and education on breast cancer awareness.
- Back to School Resource Fair and Bookbag Giveaway on August 12, 2023. The Dover Free Library offered free bookbags, community resources and school supplies. AmeriHealth Caritas provided health literature.
- Latin American Community Center, LACC, La Fiesta Latina Community Event on September 8, 2023. For over 50 years, the Latin American Community Center (LACC) has been a leader within Wilmington's Latino community, touching the lives of over 25,000 individuals annually. There were health screenings available at this event and AmeriHealth Caritas provided health education information.

### Delaware First Health (DFH) – Community Outreach Events

Delaware First Health participated in:

- The Nanticoke Riverfest on July 8, 2023. Healthcare professionals provided the following free services:
  - Blood pressure checks
  - Cancer screening information
  - Health screenings
  - Healthy samples provided by Food Service at Nanticoke
  - Information on healthy lifestyles as well as programs and services available at Nanticoke
  - Spot vision screening provided by the Seaford Lions Clubs
- The YWCA Health Fair on August 24, 2023 in Wilmington, DE. Delaware First Health participated with health literature and community resources.
- The Multi-Cultural Community Health Event at Wesley College in Dover, DE on September 9, 2023. DFH had a table with health literature.

### Highmark Health Options (HHO) Community Outreach Events

Highmark Health Options participated in:

- Eight Women’s Health Day events during the month of July. These events focused on breast cancer screenings. These events were held in a variety of locations up and down the state of Delaware.
- The 13th Annual Easterseals Caregiver Conference on August 23, 2023, which focused on adults, seniors and their caregivers.
- The Riverwalk Freedom Festival in Milford on September 16, 2023. HHO offered a table with health education information.

### Q3 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: August 8<sup>th</sup> and September 12, 2023. DMMA stays in regular contact with Delaware Family Voices outside of scheduled calls to assist any Medicaid family in need.

Maternal Child Health - DMMA continues to place a focus on improving access to treatment and care for the maternal and child populations.

In Q3, DMMA Maternal Child Health:

- The Maternal Child Health (MCH) Workgroup met on July 12<sup>th</sup>, August 14<sup>th</sup> and September 13<sup>th</sup>:
  - The MCH Workgroup continues to focus on developing policy proposals that include, evidence-based home visiting, lactation policy, finalization of the doula coverage, food and diaper boxes for postpartum members, NEMT for children in CHIP, and review of SUD treatment data for pregnant and postpartum members.
    - The Joint Doula Workgroup with DMMA and Gainwell is held weekly and is now at the point where Gainwell foresees their part going into production on November 17<sup>th</sup> in anticipation for the January 1, 2024 deadline.
    - Several meetings with the doulas have taken place including discussion of fingerprinting/background checks.
    - Dr. Alethea Miller attended the signing of the Doula coverage bill by the Governor on August 9<sup>th</sup>. The expected start date is January 1, 2024.
- Dr. Miller began serving as a member of the Delaware Harm Reduction Work Group and has



attends monthly meetings.

- Dr. Miller was appointed by the Governor as a member to the Interagency Coordinating Council (ICC) on July 28<sup>th</sup>. Dr. Miller is a voting board member of the Birth to Three Early Intervention Program.
- Dr. Miller attended the State Health Equity Measures Set to Access & Improve Equity Training.
- Dr. Miller presented a power point and served as a panel member on the Medicaid Evidence-Based Decision (MED) Project (September 14<sup>th</sup>) call. The purpose was to provide discussion on the top of what states are doing as part of the State Initiatives to Improve Health Equity related to MCH.
- Dr. Miller participates on the Maternal Morbidity Review (MMR) Committee and the Fetal and Infant Mortality Review (FIMR) Committee (July and September with a break in August), the Delaware Perinatal Quality Collaborative (DPQC) Committee (July, August, and September), and was appointed to the Delaware Health Mother & Infant Consortium (DHMIC) Board and serves as a member of the DHMIC Annual Summit Committee.
- Dr. Miller completed and submitted the application for the SDOH FY25 HFAC application as a funding request for the Postpartum Food Boxes on August 8<sup>th</sup>.
- Dr. Miller and Dr. Sherry Nykiel developed and facilitated two Delaware Stakeholder Sessions on August 29<sup>th</sup> and 30<sup>th</sup> with multiple physicians and nurses with Delaware labor and delivery hospitals.
- Providing Care to Pregnant and Parenting People with Substance Use Disorders:
  - DMMA received grant funds from the Division of Substance Abuse and Mental Health's (DSAMH) State Opioid Response Grant to engage stakeholders, develop resources, and ultimately design an initiative to improve care for pregnant and parenting people (PPP) with substance use disorders (SUDs) served at Delaware's five labor and delivery hospitals. A key component of the grant is getting input, through facilitated discussions, from physicians, prescribers, nurses and social workers who provide care to PPP with SUD. In these discussions, attendees will have an opportunity to share strengths and opportunities for improvement regarding the care of PPP with SUD. Facilitators will ask about attendee roles and experiences, what's working well and what's not working well, and what would be helpful to improve the care of and encounters with these patients. The information collected will be compiled into a report for DMMA and will be used to guide system improvements in the care of PPP with SUD. All information gathered in the sessions will be de-identified and individual attendees will not be identified as the source of any information.
  - Dr. Miller in coordination with Dr. Nykiel has become the point-of-contact for several SOR grants through DSAMH to address SUD/OD amongst PPP with one grant to expand provider capacity to treat Hepatitis C and HIV with SUD/OD.

### Q3 Innovative Activities

See MCH activity updates above.

## Q3 Operational and Policy Issues

### Policy and Legislative developments

DMMA's focus in Q3 continued to be on Medicaid redeterminations, implementing the ARPA HCBS Spending Plan initiatives, planning for implementation of retroactive Medicaid eligibility, and exploring Medicaid justice-involved and school based services initiatives.

### DMMA Operational Issues

In Q3, 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. Q3 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 have started.

### DSHP 1115 Waiver Administration

In Q3, DMMA and CMS continued to discuss the DSHP 1115 Waiver extension request.

### 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 Q3, DMMA completed a comprehensive substance use disorder/opioid use disorder (SUD/OD) surveillance plan. We also continued to engage stakeholders and develop specifications for a statewide Office-Based Opioid Treatment model and finalized the methodology and timelines to conduct an SUD prevalence analysis among Medicaid beneficiaries. Finally, we developed work plans for several technical assistance initiatives, slated to launch in early 2024, to improve care to pregnant/parenting people with OUD/SUD, including a Project ECHO and SAMHSA conference.

Program Integrity – In the third quarter of 2023, 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 nurse reviewers are mid-way through their next chiropractic post-payment review. The SUR unit have filled the Internal Auditor III position and in the process of interviewing applicants for the Nurse Reviewer III positions.

The Program Integrity/ SUR team is still overseeing the Electronic Visit Verification (EVV). The SUR unit is still working closely with Sandata and the MCOs in the implementation process of all the aspects for the EVV for the state of Delaware. The SUR unit continues to meet with all EVV partners on a weekly basis.

IBM continues to provide services and analytical guidance to the SUR team. They have completed the ranking report and is now working towards providing us with our next set of providers to Audit.

The Program Integrity section is still 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 investigations of the MCOs which showed findings of claims resulting in recoupments of overpayments. SGS will continue reviewing the top billing providers for medical necessity and policy compliance.

The SUR management analysts are using various data mining strategies to guide the post payment auditing and review efforts of the unit. 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 SUR unit have submitted one referral to MFCU and MFCU is still in the process of investigating. The SUR 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.

Thus far, the Program Integrity unit maintained its practice of holding monthly meetings with each MCO's, 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.

To date, the RY25 PERM Cycle 1 meetings has begun, and the state is providing the PERM contractors with the necessary documentation they are requesting.

### Q3 Expenditure Containment Initiatives

No new Q3 initiatives.

### Q3 Budget Neutrality

No new issues in Q3. DMMA continues to respond to questions from CMS on the budget neutrality proposal for the extension request.

### Q3 2023 Member Month Reporting and With-Waiver PMPMs

Eligibility Group	Jul 2023 Member Months	Aug 2023 Member Months	Sep 2023 Member Months	Quarter ending 09/30/2023
DSHP TANF CHILDREN	108,262	105,123	101,886	315,271

DSHP TANF ADULT	41,993	41,087	40,176	123,256
DSHP SSI CHILDREN	5,862	5,892	5,918	17,672
DSHP SSI ADULTS	6,340	6,325	6,295	18,960
DSHP MCHP (Title XIX match)*	0	0	0	0
DSHP ADULT GROUP	102,451	99,239	96,091	297,781
DSHP-Plus State Plan	10,541	10,500	10,417	31,458
DSHP-Plus HCBS	6,656	6,716	6,787	20,159
DSHP TEFRA-Like**	309	310	311	930
PROMISE	1,326	1,300	1,267	3,893

\* 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)

### Q3 2023 Member Months and WW PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	315,271	\$377.10	\$118,889,451
DSHP TANF ADULT	123,256	\$635.75	\$78,360,463
DSHP SSI CHILDREN	17,672	\$2,483.64	\$43,890,799
DSHP SSI ADULTS	18,960	\$1,929.80	\$36,588,990
DSHP MCHP (Title XIX match)*	0	\$0.00	0
DSHP ADULT GROUP	297,781	\$776.67	\$231,278,013
DSHP-Plus State Plan	31,458	\$1,477.13	\$46,467,424
DSHP-Plus HCBS	20,159	\$6,597.17	\$132,992,281
DSHP TEFRA-Like**	930	\$2,483.92	\$2,310,042
PROMISE	3,893	\$255.93	\$996,354

---

\* 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)

## Q3 Consumer Issues

HBM (Enrollment Broker) Update – Q3 2023 – The HBM continues to support our members, providing information on Delaware’s MCOs delivering our Medicaid Medical benefit to our members.

The HBM continues to help our members select the best MCO to fit their needs. The HBM is starting preparations for our Open Enrollment in October. The HBM started making calls to head of households letting them know to look for Open Enrollment information in the mail.

Children with Medical Complexity Advisory Council – Q3 2023 – The Children with Medical Complexity (CMC) Advisory Committee (CMCAC) met on October 10, 2023 and continued to focus on issues including PHE unwinding, the private duty nursing workforce shortage, private duty nurse education, and supporting families when there is an unexpected change in Durable Medical Equipment (DME) and supplies.

### 2023 Q3 Quality Assurance/Monitoring Activity

The 2023 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.

- Goal 1: Improve Maternal & Infant Health
- Goal 2: Improve Chronic Condition Management
- Goal 3: Reduce Communicable Diseases
- Goal 4: Improve Behavioral Health Condition Identification & Management

- Goal 5: Improve Member Experience of Care

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 Q3

- The final draft of the 2023 Quality Strategy was posted to the DMMA website and sent to CMS on September 29, 2023.
- DMMA actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth, including:
  - CMS QTAG: July 19, 2023 – Introducing the Postpartum Care Toolkit
  - MAC QX: July 2023 – No meeting
  - CMS QTAG: August 2023 – No meeting
  - MAC QX: August 2023 - No meeting
  - CMS QTAG: September 7, 2023 – Discussion of 2025 Child and Adult Core Sets Annual Review Workgroup Recommendations
  - MAC QX: September 2023 - No meeting
- DMMA has emphasized a focus on improving access to treatment for the Maternal and Children population. In Q3, 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 third quarter meeting on July 27, 2023, to discuss the Delaware STI Program & Rates, in alignment with the 2023 Quality Strategy: Goal 3 - Reduce Communicable Diseases. The presentation by the Delaware Division of Public Health (DPH), Bureau of Communicable Diseases included:
  - An overview of the Communicable Disease Bureau, STI Program
  - Sexually Transmitted Infection Surveillance Rates, 2019-2022
  - Summary of STI Trends in Delaware
  - Disparities in STI Rates in Delaware

Case Management Oversight – Q3–The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA clinical staff reviewed approximately 756 telephonic/virtual reviews/face to face in Q2 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 Q3 2023, DMMA's oversight team completed Q2 2023 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 didn't meet in Quarter 3 because we had just finished meeting with all three MCOs during their onsite EQRs in June.

Incident Management System – Q3 – DMMA has contracted with WellSky to provide a technological solution to move forward with the improvement recommendations for the critical incident (CI) process for intake, review, and reporting of CIs for DSHP and DSHP Plus. This initiative falls under Delaware's HCBS Spending Plan. and all relevant Divisions of the Department of Health and Social Services have been engaged in the Critical Incident Management Workgroup. 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.

During Q3, DMMA has been finalizing the contract with Well Sky in addition to developing a Project Management plan to oversee the implementation. Once the plan is developed and the contract finalized, implementation activities will begin during Q4. The complete implementation is slated to be completed within 15 months.

### Q3 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.

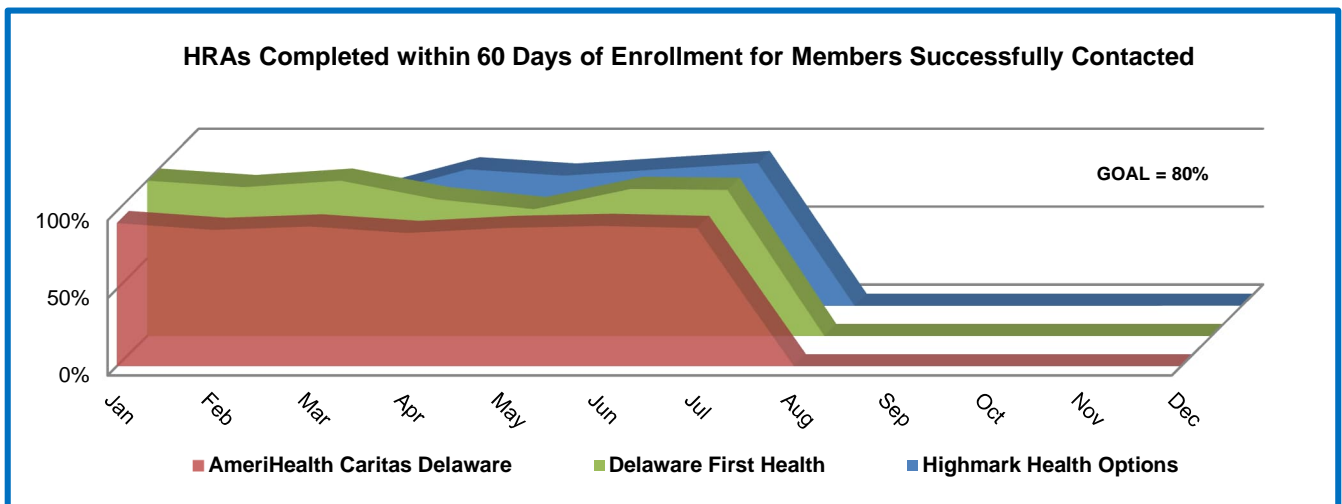
DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an

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:

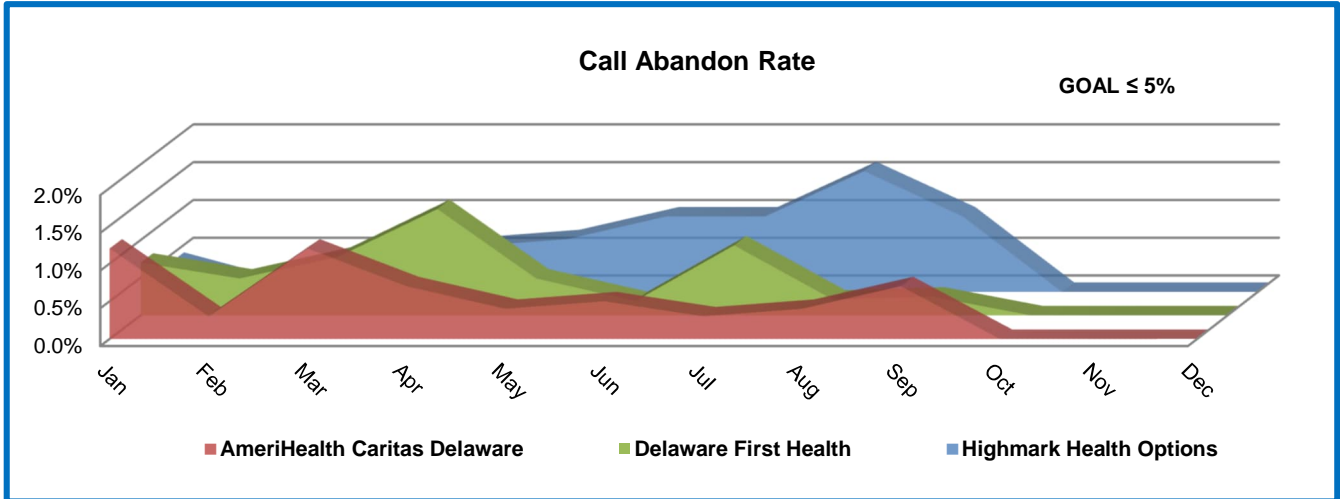
*Health Risk Assessment (HRA) Completion Rate*



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. 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 Q3.

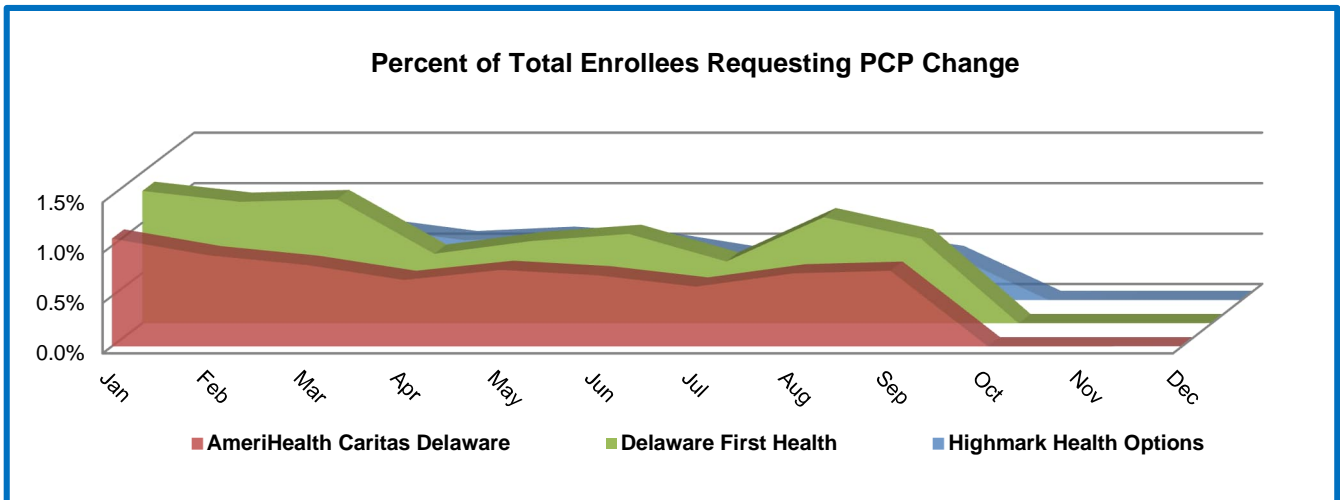
*Customer Service: Call Abandon Rate*





The MCOs met the goal for call abandon rate during Q3.

*Percent of Enrollees Requesting a Change in Primary-Care Provider*



Access in Q3 – For DSHP, The MCOs report in alternating quarters on this metric. For Q3, only DFH was required to report access data but this data was not received. DMMA is following up with DFH.

Q3 Medical-Behavioral Health Grievances – For DSHP, there were 1197 grievances, up from 903 in Q2. The breakdown across areas is described below:

- Access and availability: 49
- Benefits: 9
- Billing and/or claims: 849
- Cultural competency: 1
- MCO staff issue: 20
- Transportation to medical appointment: 48
- Other: 221

For DSHP Plus, there were 350 grievances for Q3, up from 287 in Q2. The breakdown across areas is described below:

- Access and availability: 16
- Benefits: 2
- Billing and/or claims: 160
- Cultural competency: 0
- MCO staff issue: 9
- Transportation to medical appointment: 31
- Other: 90
- Case management (HCBS and institutional experience): 42

Q3 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 43 appeals, the second reported 4 appeals, and the third reported 85 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 overturned prior to appeals committee were the same compared to those upheld for one 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 4 appeals during Q3, the second MCO reported 0 appeals; the third MCO reported 15 appeals.

Q3 Critical Incident Reporting – For Q3, there were 99 total critical incidents (CIs), up from 48 in Q2. The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q3:

- Unexpected deaths: 12
- Physical, mental, sexual abuse or neglect: 38
- Theft or exploitation: 14

- Severe injury: 24
- Medication error: 2
- Unprofessional provider: 4
- Other: 5

### Q3 External Quality Review (EQR) Reporting

The EQRO continued to provide technical assistance on DMMA's Quality Strategy and assistance with QCMMR.

### Q3 2023 Demonstration Evaluation Activities

No updates for Q3.

#### 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