



DELAWARE HEALTH AND SOCIAL SERVICES

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# Diamond State Health Plan

## Section 1115 2021 1<sup>st</sup> Quarterly Report

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

Federal Fiscal Quarter: 1/2021 (1/1/2021 to 3/31/2021)

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## Introduction

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

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

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

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

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

Additionally, this amendment expanded HCBS to include:

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

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

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

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

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

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

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

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;

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

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

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

## Enrollment Information and Enrollment Counts

### Q1 Enrollment

| Demonstration Populations  | Current Enrollees<br>(to date) | Disenrolled in<br>Current Quarter |
|--|--------------------------------|-----------------------------------|
| Population 1: Former AFDC Children less than 21 (DSHP TANF Children)   | 96,701                         | 4                                 |
| Population 2: Former AFDC Adults aged 21 and over (DSHP TANF Adult)  | 34,899                         | 4                                 |
| Population 3: Disabled Children less than 21 (DSHP SSI Children)   | 5,995                          | 3                                 |
| Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)  | 6,724                          | 21                                |
| 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: DSHP Adult Group   | 78,035                         | 137                               |
| Population 7: DSHP-Plus State Plan   | 9,971                          | 110                               |
| Population 8: DSHP-Plus HCBS   | 5,706                          | 61                                |
| Population 9: DSHP TEFRA-Like  | 284                            | 0                                 |
| Population 10: PROMISE   | 1,480                          | 63                                |
| Population 11: 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, 2021 to March 31, 2021 period based on capitation claims and for the MC and PROMISE enrollment and eligibility files. Clients who were in more than one eligibility category during the quarter are reported based on their last status (most recent month). Age calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.*

## Outreach and Innovative Activities

### Q1 MCO and State Outreach Events, Special Topic Meetings and Workgroups

Continued the Expansion of Home-Delivered Meals in Q1 – Under the Appendix K authority provided in the DSHP 1115 Waiver, DMMA continued providing additional home-delivered meals to vulnerable clients served in the DSHP Plus HCBS Program. Highmark Health Options and AmeriHealth Caritas DE performed extra outreach to DSHP Plus members to inform them of this extra benefit.

MCO Outreach – Due to the PHE, the MCOs suspended all in-person community-based outreach and transitioned to virtual outreach activities. Below are examples of virtual outreach conducted during Q1 by DMMA’s MCO partners.

- Highmark Health Options (HHO) Q1 Outreach Events

HHO held two Health awareness Webinars: Cancer Awareness and Screening and Hypertension and Stroke. These events were announced on Highmark Health Options website and social media posts as well as provider blast fax.

#### AmeriHealth Caritas Outreach Events

AmeriHealth Caritas DE held many virtual Zoom New Member Orientations during the first quarter of 2021. The virtual events are monthly and enable new members to learn about their medical benefits and the many community resources available to them.

### 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 12, February 9 and March 9, 2021. DMMA stays in regular contact with Delaware Family Voices outside of scheduled calls to assist any Medicaid family in need.

Maternal Child Health – Maternal Child Health – Collaboration with the MCOs continues to be a focus of improving maternal child health. DMMA continues to refine our process for review and oversight for care coordination of pregnant members. DMMA developed a maternal specific audit tool for case file reviews and pilot tested it.

DMMA continues to collaborate with the DPH MCH team through recurring monthly meetings. Additionally, both DPH and DMMA MCH teams are attending the NASHP technical assistance program on public insurance financing for home visiting programs.

DMMA Maternal Child Health Clinical lead continues to engage with other stakeholders. In addition to continued involvement in the Delaware Perinatal Quality Collaborative (DPQC), Maternal Mortality Review (MMR), and Fetal and Infant Mortality Review (FIMR), the MCH lead is involved in a new Black Maternal Health workgroup under the Delaware Healthy Mothers and Infants Consortium (DHMIC). The workgroup is developing specific goals and interventions to address disparities among Black maternal health outcomes.

Implementation of the Food Box Partnership program began the week of February 15<sup>th</sup>, 2021. The program is delivering an average of 150 food boxes per week. DMMA will explore expansion of the Food Box program to include all postpartum mothers if this average food box delivery remains consistent.

#### Post-award Public Forum

The next post-award public forum will be scheduled for August 2021 MCAC meeting.

### Q1 Innovative Activities

Social Determinants of Health (SDOH) – In February 2021, DMMA implemented a food box partnership initiative including the DSHP MCOs, our non-emergent medical transportation broker, our local Food Bank, and hospitals. This initiative provides food boxes directly to the homes of women who are in their immediate postpartum period following cesarean section delivery. These food boxes provide a family with three days' worth of meals without the need to go to the grocery store or find another source of food during the PHE.

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) – DMMA released a second opportunity for organizations to apply to become Medicaid ACOs on March 1, 2021. Applications were due April 23, 2021 and approved applications will be announced by June 30, 2021.



## Operational/Policy Developments/Issues

### Q1 Operational and Policy Issues

#### Policy and Legislative developments

DMMA continued to focus on the rollout of the COVID-19 vaccine and the associated Medicaid policy and reimbursement decisions necessary to support vaccine administration. DMMA and CMS discussed DMMA's pending SPA for vaccine administration, DMMA developed a non-risk payment approach for MCOs, and posted Medicaid provider information and FAQs to our website.

#### MCO Operational Issues

The MCOs continue their daily outreach to assist members during the COVID-19 crisis, with a strong emphasis on social determinants of health. COVID-19 Response Teams outreached to members identified using the DHIN (the Delaware HIE) analytics, member self-reporting, claims and utilization management. Care coordinators ensure access to care, address social determinants of health concerns, verify participation with Department of Public Health and provide assistance and education on coping during the pandemic. DSHP Plus (LTSS) HCBS members have been provided additional home-delivered meals as needed and additional check-ins are performed by case managers. Members unable to attend adult day or day habilitation programs had additional attendant care services and meals authorized in lieu of on-site services. Behavioral health, including SUD, continues to be a focus for the MCO's, especially the homeless members that are residing in hotels.

#### DSHP 1115 Waiver Administration

DMMA continued to work with CMS on approval of the 1115 and SUD Evaluation Design Plans and Monitoring Plan.

#### Other Program Issues

Support Act Grant - DMMA was awarded a \$3.58 million planning grant from CMS to assess and expand our capacity to treat substance use disorder (SUD) in Medicaid. During this period, DMMA was awarded an additional \$114,000 in supplemental funds. These funds will support an examination of our reimbursement system for SUD treatment providers, additional data analytic capacity to track SUD in the Medicaid population, and training for outpatient providers to increase the number of providers treating SUD. During Q1, the SUPPORT Act Planning Grant Core Team continued to meet regularly and participated in regular telephone calls with our CMS project officer and other relevant staff. Other significant achievements include the completion of educational modules for the Office Based Opioid Treatment (OBOT) fellowship, the launch of the OBOT Fellowship, continued progress on our analysis of SUD-related Medicaid payments and rates, completion our OUD/SUD prevalence study, completion of a literature review on serving special populations with SUD, and continued progress on our

treatment system gaps and capacity analysis.

Electronic Visit Verification – Delaware continued working toward implementation of EVV.

Program Integrity - The Surveillance Utilization and Review Unit (SUR) remains dedicated to identifying and implementing strategies to combat fraud, waste, and abuse in the Delaware Medicaid Program. Currently the unit is preparing to begin auditing Chiropractic Services. The unit has worked extensively with contractor IBM to obtain statistically valid random samplings of the data to allow the nurse reviewer to begin the post payment claims review process. The reviews will for the first time include claims paid by the Managed Care Organizations, as well as fee for service claims.

Delaware Medicaid continues to place high value on the collaborative fraud detection efforts with both MCOs providing services to Delaware Medicaid recipients. The monthly meetings with each MCO, as well as the joint quarterly sessions held in conjunction with our Medicaid Fraud Control Unit (MFCU), have proven to be effective in identifying aberrant 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.

The SUR unit has also taken on the additional responsibility of overseeing the PERM audit. This is a new endeavor for the unit, in past audit cycles the SUR unit played a minimal role in the process. The staff of the unit is working diligently to both learn the process and meet the needs of the new responsibility.

## Expenditure Containment Initiatives

### Q1 Expenditure Containment Initiatives

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) –DMMA, under the direction of DHSS, developed a Medicaid ACO Program for the purpose of improving health outcomes while reducing costs through value based purchasing (VBP) arrangements which include downside financial risk for ACOs. The Medicaid ACO program is part of the strategies DMMA is pursuing to advance the adoption of participating Medicaid VBP models and total cost of care (TCOC) strategies. DMMA developed an application to allow qualified provider organizations to apply to become Medicaid ACOs and subsequently contract directly with our Medicaid MCOs in a TCOC payment arrangement. DMMA believes that by working together, Medicaid ACOs and MCOs can better coordinate care for Delaware's Medicaid and CHIP members, providing better health outcomes and lower costs.

DMMA released a second opportunity for organizations to apply to become Medicaid ACOs on March 1, 2021. Applications were due April 23, 2021 and approved applications will be announced by June 30, 2021.

## Financial/Budget Neutrality Development/Issues

### Q1 Financial/Budget Neutrality/Issues

DMMA continued to work on preparing documentation, by quarter by demonstration year, to discuss potential adjustments with CMS for discussions to begin in summer 2021.

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

##### Q1 2021 Member Months

| Eligibility Group               | Month 1<br>January 2021<br>Member<br>Months | Month 2<br>February 2021<br>Member<br>Months | Month 3<br>March 2021<br>Member<br>Months | Total<br>Quarter ending<br>March 31, 2021 |
|---------------------------------|---|--|---|---|
| DSHP TANF CHILDREN              | 94,323                                      | 95,265                                       | 95,265                                    | 285,213                                   |
| DSHP TANF ADULT                 | 31,199                                      | 34,198                                       | 34,536                                    | 99,933                                    |
| DSHP SSI CHILDREN               | 5,602                                       | 5,604  | 5,607                                     | 16,813                                    |
| DSHP SSI ADULTS                 | 6,595                                       | 6,592  | 6,610                                     | 19,787                                    |
| DSHP MCHP (Title XIX<br>match)* | 0   | 0  | 0   | 0   |
| DSHP ADULT GROUP                | 74,615                                      | 75,432                                       | 76,342                                    | 226,389                                   |
| DSHP-Plus State Plan            | 9,675                                       | 9,762  | 9,799                                     | 29,236                                    |
| DSHP-Plus HCBS                  | 5,409                                       | 5,542  | 5,607                                     | 16,558                                    |
| DSHP TEFRA-Like**               | 295   | 295  | 295                                       | 885                                       |
| PROMISE                         | 1,454                                       | 1,430  | 1,412                                     | 4,296                                     |

\* 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 2021 Member Months and WW PMPMs

| Eligibility Group           | Total Member Months for the Quarter | PMPM       | Total Expenditures |
|-----------------------------|-------------------------------------|------------|--------------------|
| DSHP TANF CHILDREN          | 285,213                             | \$353.93   | \$100,659,546      |
| DSHP TANF ADULT             | 99,933                              | \$604.62   | \$60,421,266       |
| DSHP SSI CHILDREN           | 16,813                              | \$2,205.04 | \$37,073,379       |
| DSHP SSI ADULTS             | 19,797                              | \$2,348.92 | \$46,501,660       |
| DSHP MCHP (Title XIX match) | 0                                   | 0          | 0                  |
| DSHP ADULT GROUP            | 226,389                             | \$700.05   | \$158,484,438      |
| DSHP-Plus State Plan        | 29,236                              | \$1,484.69 | \$43,406,403       |
| DSHP-Plus HCBS              | 16,558                              | \$6,454.19 | \$106,868,413      |
| DSHP TEFRA-Like             | 885                                 | \$2,204.78 | \$1,951,230        |
| PROMISE                     | 4,296                               | \$388.91   | \$1,670,770        |

## Consumer Issues

### Q1 Consumer Issues

There were no notable complaints or problems consumers identified about the program in the current quarter.

HBM (Enrollment Broker) Update –Automated Health System, AHS, our Health Benefits Manager, continues to assist our members with health information questions regarding the two managed care organizations, Highmark Health Options and AmeriHealth Caritas DE. AHS, provides dental information to our members on our new limited adult dental benefit. AHS is able to assist members find a dentist when they are transitioning from fee-for-service to our MCOs.

Children with Medical Complexity Advisory Council – The Children with Medical Complexity Advisory Council (Advisory Council) continues to hold meetings remotely due to the COVID-19 Public Health Emergency. The 1<sup>st</sup> Quarter Advisory Council Meeting convened on January 12, 2021. The Advisory Council reviewed the priorities for 2021, which includes forming a new workgroup focused on durable medical equipment (DME) and supply issues. The Advisory Council urged Council members to reach out to their contacts in the CMC community to increase the level of participation in the Family Satisfaction Survey. The research team with the University of Delaware, Centers for Disability Studies, sent over their application to DHSS’ Human Subjects Review Board (HSRB) for approval of the Private Duty Nursing Workforce Capacity Study. The Skilled Home Health Nursing (SHHN) Workgroup works on behalf the Advisory Council and reports its quarterly activities to the larger group. The SHHN Workgroup in collaboration with both MCOs continue to work towards finalizing the What to Expect

and Welcome Letters. These letters help members who receive private duty nursing services feel comfortable and have an understanding of how private duty nursing services work with their MCOs.

## Quality Assurance/Monitoring Activity

### 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.

#### QII Activity – During Q1:

- Over the course of the quarter, an internal workgroup has been meeting weekly to maintain momentum. We are on schedule to have a draft ready for public review by June 2021.
- DMMA actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth, including:
  - CMS QTAG:
    - January 27, 2021 - Updates to the Form CMS-416
    - February 17, 2021 – Using PIPs to Drive Quality Improvement in Medicaid and CHIP Managed Care
    - March 17, 2021 – Using Medicaid and CHIP to Advance Our Understanding of the National Prevalence and Impact of Sickle Cell Disease among Medicaid and CHIP beneficiaries
  - MAC QX:
    - January 28, 2021 – Health Equity and Quality Measurement, Part I
    - February 25, 2021 - Health Equity and Quality Measurement, Part II
    - March 25, 2021 – State Experiences Accessing Medicare Data to Include Dual Eligibles in Core Set Measures, Part I

- The Quality Improvement Initiative (QII) Task Force held the quarterly meeting on January 28<sup>th</sup>, 2021. DMMA invited Quality Insights and the Division of Public Health (DPH) to present on the National Diabetes Prevention Program (NDPP). Guest presentations included:
  - Quality Insight's/DPH's Relationship to the NDP
  - Why Diabetes and the important focus on Chronic Disease in Delaware
  - History of the NDPP and goals of the NDPP in Delaware
  - Expansion of awareness of the NDPP among Delaware Healthcare Providers and Employers
  - Increasing the availability of the NDPP lifestyle change program, delivery options and class locations throughout Delaware in addition to the Wilmington YMCA.

Case Management Oversight - Due to the COVID-19 PHE, MCO case management has been provided telephonically since March 2020. The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA communicates with the MCOs any areas of concern or need for improvement that our oversight team finds. Each week DMMA clinical staff review approximately 60 telephonic reviews which is a combination of care coordination and LTSS members.

The MCOs began offering virtual visits via Zoom/Microsoft teams in December 2020 in addition to the telephonic case management. DMMA clinical staff continued to attend virtual visits with members with the MCOs during the first Quarter 2021.

DMMA/MCO Managed Care Meetings - The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meetings are used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care. We continued to work on Electronic Visit Verification with both MCOs. Many of the same members of the MCO Managed Care Meetings attended the EVV meetings and trainings. During the first quarter of 2021 DMMA continued working with our MCOs on EVV to get ready for implementation.

Incident Management System - DMMA continued the review and development of the work plan to operationalize improvement recommendations for the incident management system process for DSHP and DSHP-Plus. Internal meetings were initiated to begin this work plan review and to best address these recommendations, DMMA has implemented some necessary changes to address the current process. In addition, DMMA is looking to obtain a software/database solution to continue with the improvement recommendations identified during the review of the current system being utilized. One of the central focuses is to improve reporting capabilities and align DMMA systems with our sister agencies in DHSS. Work with a vendor has already been initiated and the development of processes that align with any new solution will occur concurrently with any changes in the software solution being utilized.

## Managed Care Reporting Requirements

### Q1 and Annual QCMMR and QCMMR Plus Reporting

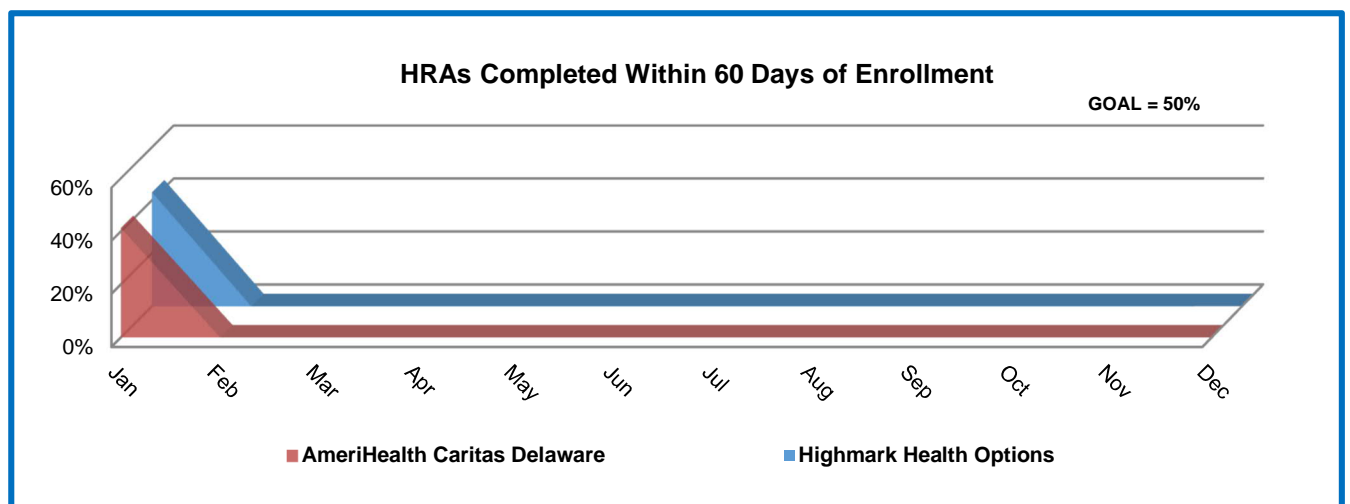
The Medical Management Managed Care Team has developed and refined our Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus. The QCMMR reports on the DSHP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations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

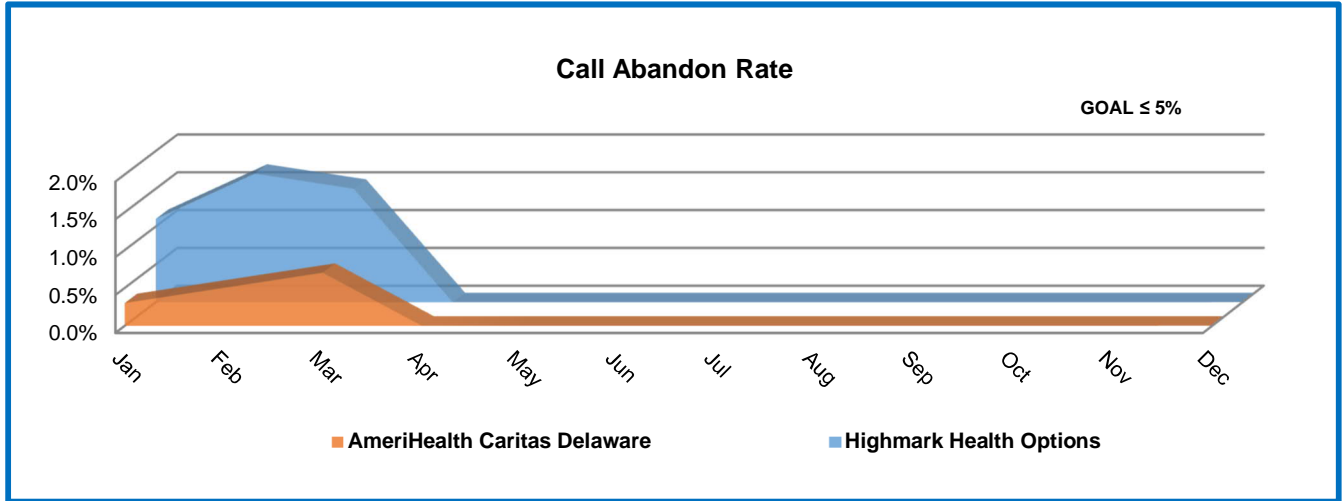
QCMMR Reporting Examples:

#### *Health Risk Assessment (HRA) Completion Rate*



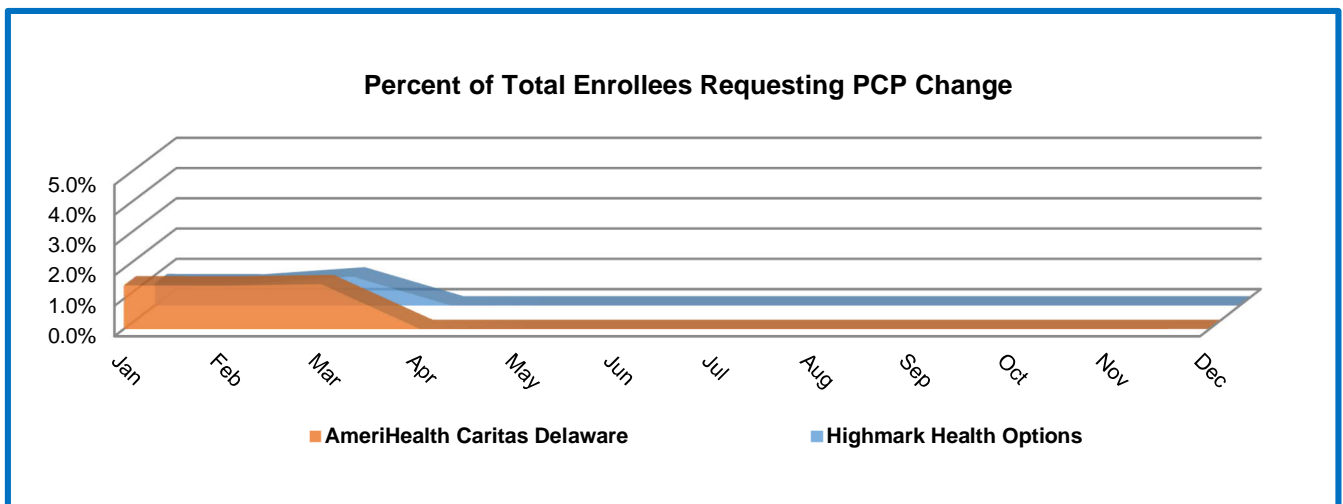
HRAs serve as a key to identifying and engaging members in need of services early in their experience with an MCO. The MCOs are contractually required to complete HRAs with at least 50% of their newly enrolled members within 60 days of enrollment. Neither of the MCOs has met the goal of completing health risk assessments for at least 50% of new Medicaid enrollees within 60 days of enrollment and this area has been a focus within the EQRO review resulting in corrective action plans (CAPs) for both MCOs.

*Customer Service: Call Abandon Rate*



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

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





Access in Q1 – The MCOs report in alternating quarters on this metric. For the MCO reporting in Q1, the MCO met the goal of 100% access in 11 of the 20 areas measured. For providers found to be non-compliant, the MCO reported that additional education will be conducted during Q2 2021 and providers will be re-audited.

Q1 Grievances – For DSHP, there were 210 grievances. The breakdown across areas is described below:

- Access and availability: 14
- Benefits: 5
- Billing and/or claims: 34
- Cultural competency: 3
- MCO staff issue: 7
- Quality of care: 60
- Quality of service: 61
- Transportation to medical appointment: 11
- Other: 18

For DSHP Plus, there were 71 grievances for Q1. The breakdown across areas is described below:

- Access and availability: 6
- Benefits: 1
- Billing and/or claims: 9
- Cultural competency: 2
- MCO staff issue: 2
- Quality of care: 7
- Quality of service: 30
- Transportation to medical appointment: 6
- Other: 8
- Case management HCBS and institutional experience: 24

Q1 Appeals - Appeals for DSHP 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 33 appeals compared to the second MCO's reported 54 appeals. The number of appeals withdrawn and overturned are higher than those upheld for both MCOs.

For DSHP Plus, the overall number of appeals is low, one MCO reported 3 appeals during Q1 2021, 2 of which were overturned prior to appeals committee (67%); the second MCO reported 11 appeals, 2 of which were overturned prior to appeals committee (18%) and 2 of which were overturned at appeals committee (18%). For appeals upheld, one MCO had 1 during Q1 2021 while the second MCO had 3.

The remainder of appeals were withdrawn.

Dental appeals for DSHP and DSHP Plus 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 10 dental grievances and 1 dental appeal, while the second MCO reported 10 dental grievances and 4 dental appeals. The number of dental appeals upheld was higher than those withdrawn or overturned. There were no dental appeals for DSHP Plus.

Pharmacy appeals for DSHP and DSHP Plus 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 five pharmacy grievances and 27 pharmacy appeals, while the second MCO reported 60 pharmacy grievances and 88 pharmacy appeals. The number of pharmacy appeals overturned and withdrawn for both MCOs are higher than those upheld for both MCOs. For DSHP Plus, the overall number of appeals is very low.

Q1 Critical Incident Reporting – For Q1, there were 22 total critical incidents (CIs). The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q1:

- Unexpected deaths: 4
- Physical, mental, sexual abuse or neglect: 9
- Theft or exploitation: 6
- Severe injury: 2
- Medication error: 1
- Unprofessional provider: 0

## Q1 External Quality Review (EQR) Reporting

- The 2020 annual EQRO report was finalized on April 1, 2021.

## Demonstration Evaluation

### Q1 Demonstration Evaluation Activities

#### Q1 Demonstration Evaluation Activities

DMMA and its independent evaluator continued to work with CMS in response to feedback on the draft evaluation design plans for the 1115 demonstration and SUD component. DMMA also worked with CMS to finalize the SUD Monitoring Protocol.

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