



Delaware Health and Social Services

Division of Medicaid & Medical Assistance

2019 Access Monitoring Review Plan

December 31, 2019

The Mission of the Division of Medicaid and Medical Assistance is to improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost effective manner.



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1. OVERVIEW

On November 2, 2015, the Centers for Medicare and Medicaid Services (CMS) issued the final rule entitled: ***Methods for Assuring Access to Covered Medicaid Services (CMS-2328-FC)***. The final rule requires state Medicaid programs to develop access monitoring review plans (AMRPs) that include an analysis of access to Medicaid covered services under the state's fee-for-service (FFS) delivery methodology consistent with section 1902(a)(30)(A) of the Social Security Act. The rule requires states to review certain categories of services every three years and additional services should the state reduce (or restructure) provider payment rates.

CMS requires AMRPs to:

- Address the availability of care, providers and how health care needs are met;
- Review access to Primary Care, Physician Specialists, Behavior Health, Pre/Post-Natal Care, and Home Health services;
- Document changes in utilization;
- Compare Medicaid rates and other health care payers; and
- Be developed with recipient, provider, and stakeholder feedback.

The Delaware Division of Medicaid and Medical Assistance (DMMA), within the Department of Health and Social Services (DHSS), administers Delaware's Medicaid program and other public medical assistance program. The mission of DMMA is to improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost effective manner.

In accordance with 42 CFR 447.203, DMMA developed Delaware Medicaid's AMRP to assess FFS Medicaid recipients' access to the specified Medicaid services and determine whether reimbursement rates are sufficient to enlist enough providers so that care and services are available as required by the Social Security Act. DMMA's AMRP analyzes and evaluates access to care for services covered through the Medicaid State Plan and reimbursed on a FFS basis.

This AMRP provides information about the extent to which FFS Medicaid recipients' needs are met, the accessibility of Medicaid-enrolled providers, changes in utilization of covered services, and comparisons of Delaware Medicaid FFS reimbursement rates to payment available from other sources. Through this report, Delaware addresses access to care by assessing the availability of providers, FFS reimbursement rates, and the utilization of services.

DMMA developed the AMRP in September through October and posted it for public comment in the Delaware Register from January 1, 2020 through January 31, 2020.

1.1 Background

Delaware is a small, but densely populated state with approximately 982,000 residents, with the majority residing in Delaware's most populous county, New Castle. Delaware's other two counties, Kent

and Sussex, have areas that are more rural. Delaware is bordered to the south and west by Maryland, to the northeast by New Jersey, and to the north by Pennsylvania. As a result, Delaware residents often access health care in neighboring states and Delaware Medicaid covers treatment provided by numerous enrolled out-of-state providers.

1.1.1 Medicaid Managed Care and Fee-For-Service Population

The Delaware Medicaid program currently provides health care coverage to approximately 234,00 Delaware residents. Since 1996, the majority of Delaware Medicaid recipients have been served under a managed care service delivery arrangement through the Diamond State Health Plan. In 2012, DMMA moved additional Medicaid recipients and programs to a managed care arrangement, including individuals dually eligible for Medicaid and Medicare, individuals receiving nursing facility care, and individuals receiving home and community-based services in lieu of nursing facility care. At that time, additional Medicaid services, such as nursing facility, and home and community-based services became the responsibility of the Medicaid managed care organizations (MCOs). Effective July 1, 2017, Delaware's Developmental Disabilities Home and Community Based Waiver Program (Lifespan Waiver) administered by the Division of Developmental Disabilities (DDDS) was amended, to include individuals with intellectual and developmental disabilities, autism, and/or Prader-Willi Syndrome who have left school but who do not require a residential support as of the time of enrollment. These individuals typically live in the family home and are currently enrolled in Delaware's 1115 Diamond State Health Plan (DSHP) Waiver to receive their regular Medicaid State Plan benefits via enrollment with a Managed Care Organization. Individuals who are enrolled in the Lifespan Waiver and are receiving Residential Habilitation, began receiving their regular Medicaid State Plan benefits via enrollment with a Managed Care Organization as of August 1, 2019. However, all Lifespan Waiver HCBS will continue to be provided by DDDS via fee for service funding.

Currently, the following Medicaid populations remain under the Medicaid FFS delivery methodology:

- 111 Medicaid recipients residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Delaware has a, state operated ICF/IDD, The Stockley Center, and one privately operated ICF/IDD, The Mary Campbell Center.
- 15 women receiving Medicaid under the Breast and Cervical Cancer Program. This program serves previously uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need for treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

DMMA provides the following Medicaid services under a FFS payment delivery arrangement for all Medicaid recipients, including those served by the Medicaid MCOs:

- Dental services for 98,917 Medicaid children under the age of 21
- Extended behavioral health services for all Medicaid populations to the extent that they are provided via the FFS delivery system.

- Lifespan Waiver HCBS for 1,288 individuals.

1.1.2 Delaware's Health Professional Shortage Areas

A federally designated Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that the federal government designates as having a shortage of health professionals. The federal Office of Shortage Designation has established three categories of HPSAs: primary care, dental, and mental health professionals. HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500:1 for primary care, 5,000:1 for dental care, and 30,000:1 for mental health care. When there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. When there are 5,000 or more people per dentist, an area is eligible to be designated as a dental HPSA. When there are 30,000 or more people per psychiatrist, an area is eligible to be designated as a mental health HPSA.

Since 2007, The Delaware Division of Public Health (DPH) within DHSS has contracted with the University of Delaware's Center for Applied Demography and Survey Research (UD CADSR) to perform health professional shortage area **designations**. UD CADSR establishes HPSA designations, Medically Underserved Area/Population (MUA/P) designations and Governor's Exceptional MUP Designations. The federal government defines the methodology by which HPSAs and MUA/Ps are designated. For areas that do not meet HPSA or MUA/P criteria, Exceptional MUP Designations are permitted if "unusual local conditions which are a barrier to access to or the availability of personal health services" exist and are documented.

For its HPSA analysis, UD CADSR conducts a survey of physicians, dentists, and mental health professionals every three to four years. Before issuing the surveys, it reviews their contents with key stakeholders across the state, and revises them as needed based on stakeholders' input. UD CADSR judges the appropriateness of accessing health care services by the ratio of providers to patients in a given geographic location, wait times for new and existing patients, languages spoken, and other factors. UD CADSR uses survey data to estimate the number of active health professionals and their geographic distribution. The following maps show Delaware's HPSA.

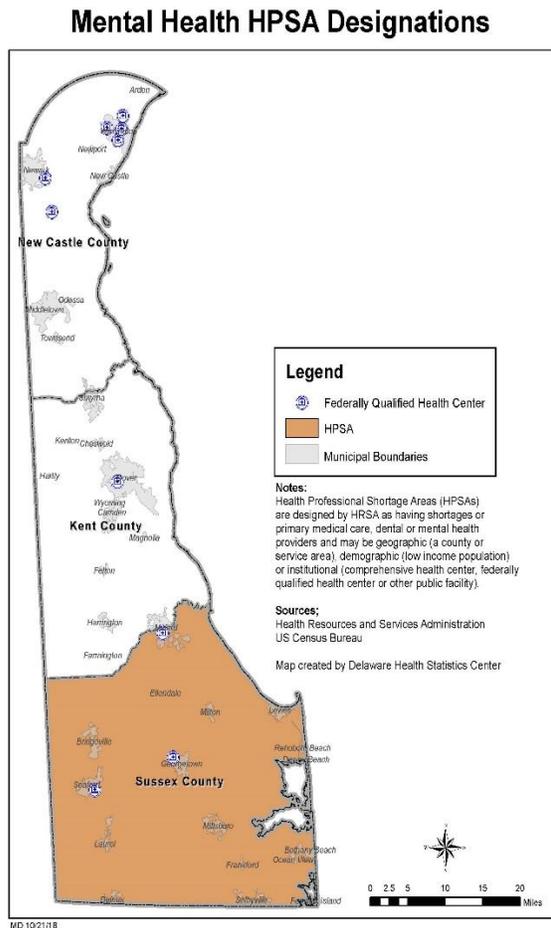


Figure 3: Mental Health Professional Shortage Area Designations in Delaware, 2018

Source: State of Delaware, Office of Primary Care and Rural Health

1.1.1 Provider Recruitment and Retention Programs

Delaware has a number of programs designed to increase the availability and accessibility of health care professionals within the State.

State Loan Repayment Program (SLRP) – The SLRP aims to increase the availability and accessibility of primary care, dental, and mental health services. The SLRP is a comprehensive statewide effort jointly administered by the Delaware Health Care Commission (DHCC), the Delaware Higher Education Office, and DPH. Recently, the Division of Substance Abuse and Mental Health (DSAMH) was added as a key partner as part of a broader mental health focus. Under SLRP, the Delaware Higher Education Commission is authorized to make awards to primary care clinicians for repayment of outstanding government and commercial loans incurred during undergraduate or graduate education, in exchange for practicing a minimum of two years in a federally designated HPSA.

Conrad State 30/J1 Visa Waiver Program – This program aims to improve access to primary care and needed specialty care for Delawareans. It places international medical graduates who have completed their medical education in the United States in underserved areas of the State. Normally, upon completion of their education, these international medical graduates are required to return to their country of nationality for at least two years before returning to the United States. However, under the Conrad State 30/J-1 Visa Waiver Program, this home residency requirement can be waived for up to 30 J-1 physicians annually. In exchange, the J-1 physicians must agree to practice medicine full time at a Delaware pre-approved sponsoring site for at least three years. These practice sites must be located in federally designated HPSAs or a MUA, with the exception of 10 positions that can be placed in areas of need that are not in federally designated HPSAs.

National Health Service Corps (NHSC) – This program offers financial and other support to primary care providers and sites in underserved communities. The NHSC Program offers the following incentives to health care professionals agreeing to practice in a federally designated HPSA:

- **NHSC Loan Repayment Program:** \$50,000 (up to the outstanding balance of qualifying student loans if less than \$50,000) provided tax free, to primary care medical clinicians in exchange for two years of service at an approved site in a designated HPSA.
- **NHSC Scholar Program:** Tuition, required fees, and other education costs (including books, clinical supplies, laboratory expenses, instruments, uniforms and travel for one clinical rotation) provided tax free, for up to four years. Recipients also receive a monthly living stipend, which is taxable. NHSC scholars are committed to completing a primary care residency (family medicine, general pediatrics, general internal medicine, or obstetrics/gynecology), becoming licensed, and serving one year for each year of support (minimum of two years of service) at an approved site in a high-need HPSA upon graduation.

National Rural Recruitment and Retention Network (3RNet) – DPH supports health professional recruitment efforts of Delaware’s medical community through membership in the 3RNet. Through this membership, community health centers, hospitals, private practices, and community-based organizations have the opportunity to post job vacancies that can be easily accessed by candidates seeking employment. This is a free service, providing national exposure for practice sites’ recruitment efforts. Along with job postings, practice sites may include information about their practices’ characteristics and other information.

1.1.2 Telehealth

Delaware Medicaid has reimbursed health care providers for telehealth services since 2012 as an important access improvement tool. Telehealth assists in addressing health care access issues, whether

from shortfalls in critical health care specialties or in underserved geographic locations, as it enables remote patient monitoring. In 2015, DHSS created the position of Director of Telehealth Planning and Development within the DHSS Secretary's Office to help fully integrate telehealth into Delaware's health care system. The Mid-Atlantic Telehealth Resources Center and the Delaware Telehealth Coalition support Delaware's telehealth efforts. The Coalition and more than 85 stakeholders developed a Delaware Telehealth Strategic Action Plan to advance telehealth through advocacy and favorable public policies and legislation.

1.1.3 Delaware's Oral Health Initiative

DMMA developed and submitted an Oral Health Action Plan for the CMS Oral Health Initiative. The objectives of the Oral Health Action Plan include the following:

- Improve state Medicaid dental program performance through policy changes
- Maximize dental provider participation in Medicaid
- Partner with oral health stakeholders
- Increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period
- Increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period

2. METHODOLOGY

DMMA’s AMRP covers the following categories of services provided via the FFS delivery system to the Medicaid populations identified in the following table. DMMA did not analyze pre- and post-natal obstetric services as no Medicaid FFS recipient utilized these services within the past three years.

Table 1: AMRP Categories of Services and Medicaid Population

Categories of Service	Medicaid Population
Primary care services including those provided by a physician, Federally Qualified Health Center (FQHC), and clinic	<ul style="list-style-type: none"> ➤ Lifespan Waiver program recipients ➤ ICF/IDD residents ➤ Breast and Cervical Cancer program recipients
Physician specialist services (i.e., cardiology, urology, and radiology)	<ul style="list-style-type: none"> ➤ Lifespan Waiver program recipients ➤ ICF/IDD residents ➤ Breast and Cervical Cancer program recipients
Home health services	<ul style="list-style-type: none"> ➤ Lifespan Waiver program recipients ➤ ICF/IDD residents ➤ Breast and Cervical Cancer program recipients
Behavioral health services including mental health and substance use disorder	➤ All Medicaid populations to the extent that behavioral health services are provided via the FFS delivery system
Dental services	➤ All Medicaid children under the age of 21 to the extent that dental services are provided via the FFS delivery system

DMMA’s methodologies used in developing the AMRP are described in the following sections.

2.1 Recipients access to care

Given Delaware Medicaid’s small FFS population and services, DMMA reviewed Delaware’s support services for FFS Medicaid recipients and developed a three-year trend in utilization of services in each of the following service categories: primary care, dental, physician specialist, behavioral health, and home health services.

2.2 Provider Participation in FFS

DMMA reviewed the support provided to FFS providers. In addition, DMMA analyzed provider enrollment data for three-years, for all provider taxonomies that fall under the AMRP’s categories of services. DMMA analyzed the enrollment data to identify changes in enrollment of providers in

Delaware Medicaid. DMMA also analyzed Medicaid recipients' utilization of these services over a three-year period.

2.3 Rate Analysis

To conduct the rate comparisons, DMMA queried the top 10 procedure codes by claim volume for the following categories of service: primary care, physician specialists, behavioral health, and home health. DMMA then compared the Delaware Medicaid rate for these procedure codes to the Medicaid rates in the neighboring states of Maryland, New Jersey, and Pennsylvania, and to the Medicare rates for these procedure codes.

For our dental services reimbursement rate analysis, DMMA utilized the 2016 Research Brief produced by the Health Policy Institute (HPI). HPI is a source for policy knowledge on critical issues affecting the U.S. dental care system. HPI generates, synthesizes, and disseminates research for policy makers, oral health advocates, and dental care providers. HPI released a research brief titled ***Medicaid Fee-For-Service Reimbursement Rates for Child and Adult Dental Care Services for all States, 2016***. The entire brief can be found at

https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf?la=en

For its analysis, HPI acquired pediatric Medicaid FFS reimbursement rate data for 2017 from state Medicaid program webpages for all states and DC. HPI constructed an index that measures FFS reimbursement rates in Medicaid relative to commercial dental insurance charges. HPI based its index for pediatric dental care services on ten common procedures. They computed the weighted average of the reimbursement rates for the ten most common procedures to create an index. The weights for each of the ten procedures were calculated as the share of total billings represented by each procedure.

3. OVERVIEW OF FINDINGS

3.1 Recipients' Access to Health Care Services

Delaware has a comprehensive support system that assists Medicaid recipients with any access concerns that may arise. These support systems are described in detail in the following sections.

3.1.1 Divisions Supporting Medicaid Recipients

- **DHSS Division of Medicaid and Medical Assistance (DMMA)**
 - DMMA eligibility staff determines Medicaid applicants' financial and technical eligibility for the Lifespan Waiver program and the Breast and Cervical Cancer program.
 - DMMA's Health Benefit Manager (HBM) Call Center assists Medicaid recipients select and enroll in a Medicaid Managed Care Organization (MCO). When the HBM receives calls from Medicaid FFS recipients or from MCO recipients concerning access to medical care covered by FFS (for example, dental services), the HBM connects the caller to the DSS Customer Relations Call Center or to DMMA management for additional assistance.
- **DHSS Division of Developmental Disabilities Services (DDDS)**
 - DDDS staff determine medical eligibility for the Lifespan Waiver program.
 - DDDS administers the Lifespan Waiver program and provides DDDS case managers who assist Lifespan Waiver recipient's with access to home and community-based waiver services.
 - DDDS administers Delaware's state operated ICF/IDD, The Stockley Center, and assures that its residents receive all needed medical services.
- **DHSS Division of Substance Abuse and Mental Health (DSAMH)** works directly with mental health providers and adults receiving extended behavioral health, including substance use disorder, services to assure they receive timely and quality services.
- **DHSS Division of Social Services (DSS)** operates a Customer Relations Unit (CRU) staffed by experienced Senior Social Workers/Case Managers. The CRU staff has access to Delaware's integrated eligibility system and MMIS and assists Medicaid recipients with Medicaid eligibility, access to care, and billing issues.
- **Department of Services for Children, Youth, and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBH)** works directly with mental health providers and children receiving extended behavioral health, including substance use disorder, services to assure they receive timely and quality services.

3.1.2 Delaware 2-1-1 Helpline

Delaware 2-1-1 is part of a national 2-1-1 system covering 90% of the United States population. Delaware 2-1-1 provides one central resource for access to health and human service organizations. It operates statewide Monday through Friday from 8 AM–9 PM and is staffed by trained information and referral specialists. It assists caller's access local organizations and agencies and provides guidance regarding health insurance, dental plans, counseling and preventative health care.

3.1.3 DHSS Advisory Councils

The Department has numerous Department councils that provide a venue to hear from the community in various settings. These Councils serve in an advisory capacity to the Director of their affiliated Division. They consider matters related to the Division’s services and any other matters that may be referred to the Council by the Governor or DHSS. They include, but are not limited to the following:

- The DMMA Medical Care Advisory Committee
- The Governor's Advisory Council on Substance Abuse and Mental Health
- The DDDS Governor’s Developmental Disabilities Advisory Council
- The DSS Social Services Advisory Committee
- The DPH Addiction Action Committee

3.1.4 Recipient Service Utilization Analysis

DMMA analyzed statewide utilization and expenditure data for calendar years 2016 through 2018 for primary care, physician specialist, behavioral health and home health services to identify any decreases in utilization that could indicate a potential access problem. Medicaid claims were grouped by provider type based on the taxonomy of the billing provider.

DMMA utilized the data it provides to CMS on an annual basis for dental services, which is based on federal fiscal year (FFY).

Table 2: Service Utilization (Primary Care, Physician Specialist, Behavioral Health, Home Health)

Provider Type	CY 2016		CY 2017		CY 2018	
	Expenditures	Recipients	Expenditures	Recipients	Expenditures	Recipients
Primary Care	\$ 337,129	1,066	\$ 364,648	1,078	\$ 414,519	1,135
Physician Specialists	\$ 457,326	1,060	\$ 448,483	1,033	\$ 498,388	1,102
Behavioral Health	\$ 14,137,135	4,164	\$ 15,328,126	3,660	\$ 17,207,946	4,086

Table 3: Dental Service Utilization

	FFY 2016	FFY 2017	FFY 2018
Number of Medicaid children receiving dental services	54,947	54,580	53,823

3.2 FFS Provider Network Analysis

3.2.1 DMMA Provider Support Services

DMMA provides a number of supports to providers to assist in the provider enrollment process, resolve provider billing issues, and identify and address access to care issues.

- Delaware Medical Assistance internet-based **Provider Portal** offers providers automated assistance with the following processes:
 - Provider Enrollment and Disclosures
 - Electronic Claims Submission and Attachments
 - View and Submit Prior Authorization
 - Make Inquiries
 - Check Member Eligibility

DMMA's new MMIS, the Delaware Medicaid Enterprise System (DMES), features a new provider healthcare portal. The new portal meets federal MITA certification requirements and streamlines the enrollment, claims submission, prior authorization, and eligibility inquiries processes for providers.

- DMMA Provider Services staffs a **Provider Call Center** Monday - Friday, 8:00 a.m. to 5:00 p.m. to answer providers' questions and assist them with any issues. Provider services also issues quarterly Provider Bulletins and e-mail notifications that inform providers of changes in policies and procedures, and provide enrollment and billing tips to providers.
- DMMA holds quarterly **Provider Association meetings** to share information and maintain open lines of communication with providers. Provider Associations and individual providers that participate in these meetings include, but are not limited to the Delaware Hospital Association, Delaware Healthcare Facilities Association, the Medical Society of Delaware, Delaware State Dental Society, Medicaid managed care organizations, FQHCs, Nemours Children Health System, home health providers, hospitals, and behavioral health providers.
- DMMA's efforts to increase dental provider enrollment and satisfaction include the following:
 - Corresponds with providers via e-mail, phone calls, outreach letters and office visits
 - Corresponds dental providers on a regular basis to identify problem areas
 - Works with DMMA Provider Services and dental providers directly to respond to dental providers regarding claims, payments, prior authorization process, and enrollment
 - Clarifies and develops guidance for providers regarding policy, billing, prior authorizations, reporting and quality
 - Collaborates with the Oral Health Coalition to set goals for Delaware
 - Works with Delaware Dental Society to address concerns
 - Tracks the use of oral health services by children in Medicaid and CHIP in order to identify gaps in services and develop intervention plans
 - Reviews State Medicaid dental reimbursement methodology and rates to identify any barriers to provider participation

3.2.2 Delaware Medicaid Provider Enrollment Statistics

The following tables show the number of active providers in each of the AMRP categories of services for the past three calendar years. The provider count is by taxonomy and unique National Provider Identifier (NPI). While DMMA eliminated provider groups in order to provide an unduplicated count of providers, some providers may be counted more than once if they have multiple NPIs.

Table 4 is broken down between in-state and out-of-state providers. It should be noted that many out-of-state providers have been enrolled in Delaware Medicaid for the benefit of one specific Delaware Medicaid recipient. As a result, the number of enrolled out-of-state providers is not representative of the number of out-of-state providers available to serve all Delaware Medicaid FFS recipients. Table 5 shows the percentage increase in the number of in-state provider enrollments in each category.

Table 4: Number of Enrolled Providers by Category

CY 2016			
Provider Type	In State	Out of State	Summary
Primary Care	7,113	5,722	12,835
Dental	460	88	548
Physician Specialist	3,339	1,010	4,349
Behavioral Health	799	57	856
Home Health	70	2	72
Total	11,781	6,879	18,660
CY 2017			
Provider Type	In State	Out of State	Summary
Primary Care	7,283	5,217	12,500
Dental	467	89	556
Physician Specialist	3,531	914	4,445
Behavioral Health	778	67	845
Home Health	72	2	74
Total	12,131	6,289	18,420
CY 2018			
Provider Type	In State	Out of State	Summary
Primary Care	7,845	5,537	13,382
Dental	483	109	592
Physician Specialist	3,892	995	4,887
Behavioral Health	887	78	965
Home Health	80	2	82
Total	13,187	6,721	19,908

Table 5: Percentage Change in the Number of Enrolled In-State Providers by Category

Provider Type	CY 2016 In-State	CY 2017 In-State	CY 2018 In-State	3-Year Percentage
Primary Care	7,113	7,283	7,845	+ 10%
Dental	460	467	483	+ 5%
Physician Specialists	3,339	3,531	3,892	+ 17%
Behavioral Health	799	778	887	+ 11%
Home Health	70	72	80	+ 14%

3.3 Medicaid Reimbursement Rate Analysis

3.3.1 Comparison of Reimbursement Rates

As shown in the following table, Delaware Medicaid reimbursement rates for the top ten procedure codes are approximately 96% of the Medicare national rates. The Delaware Medicaid rates are roughly 102% of the available New Jersey rates, 224% of the Pennsylvania Medicaid rates and 95% of the Maryland Medicaid rates.

Table 6: Delaware Medicaid Provider Reimbursement Rate Comparison

Procedure Code	Procedure Code Description	Medicare National Rates	DE Medicaid	NJ Medicaid	PA Medicaid	MD Medicaid
71045	Radiological examination, chest; single view	\$25.70	\$14.84	\$10.39	\$15.48	\$17.29
93000	Electrocardiogram, routine ECG	\$17.63	\$17.30	N/A	\$19.22	\$17.58
99203	Office or other outpatient visit for the evaluation and management of a new patient.	\$111.90	\$109.74	\$83.70	\$54.25	\$109.45
99212	Office or other outpatient visit for the evaluation and management of an established patient.	\$46.58	\$44.28	\$49.06	\$26.00	\$45.72
99213	Office or other outpatient visit for the evaluation and management of an established patient.	\$76.59	\$73.69	\$81.60	\$35.00	\$74.83
99214	Office or other outpatient visit for the evaluation and management of an established patient.	\$112.09	\$108.51	\$119.85	\$54.42	\$146.38
99232	Subsequent hospital care, per day, for the evaluation and management of a patient.	\$75.04	\$72.73	N/A	\$17.00	\$72.84
99283	Emergency department visit for evaluation and management of a patient.	\$64.12	\$62.67	N/A	\$35.00	\$61.80

99284	Emergency department visit for evaluation and management of a patient.	\$121.64	\$118.89	N/A	\$50.00	\$117.21
99285	Emergency department visit for evaluation and management of a patient.	\$179.20	\$175.48	N/A	\$50.00	\$172.65

Notes:

1. For PA's Prices, no Modifier was used and the Place of Svc Selected was "99" (if available), if "99" not available the highest active price was used. DHS/PA.gov (Outpatient Fee Schedule).

2. For NJ's Prices, no Modifier (if available), Non-Specialist (if available) Highest price if multiple prices. NJMMIS.Com/downloadDocuments/CPTHCPSCODES.pdf (Rates Effective July 1, 2019)

3. For MD's Prices, the fees were listed on an Excel worksheet by procedure code (No modifier). If both a NFAC (Non-Facility) and FAC (Facility) price are given the NFAC price is shown. <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>. Downloaded "Professional Services Fee Schedule" worksheet, effective 7/1/2019

Table 7: Reimbursement Rates Shown as a Percentage of Delaware Medicaid Rates

Procedure Code	Medicare National Rates	NJ Medicaid	PA Medicaid	MD Medicaid
71045	173%	70%	104%	117%
93000	102%	N/A	111%	102%
99203	102%	76%	49%	100%
99212	105%	111%	59%	103%
99213	104%	111%	47%	102%
99214	103%	110%	50%	135%
99232	103%	N/A	23%	100%
99283	102%	N/A	56%	99%
99284	102%	N/A	42%	99%
99285	102%	N/A	28%	98%

DMMA Dental Rates Comparison

In its analysis of dental rates, HPI found wide variation in Medicaid reimbursement rates for pediatric dental care services. In 2016, state Medicaid reimbursement was, on average, 61.8% of commercial insurance charges for pediatric dental services. HPI also found that Kentucky Medicaid had the highest state Medicaid dental reimbursement rate at 107.1% of commercial insurance charges. Delaware Medicaid had the second highest reimbursement rates at 98.4%, with Nevada Medicaid and West Virginia Medicaid following at 87.7% and 85.1% respectively.

DMMA's reimbursement methodology for dental services was revised in 2017. In an effort to reduce

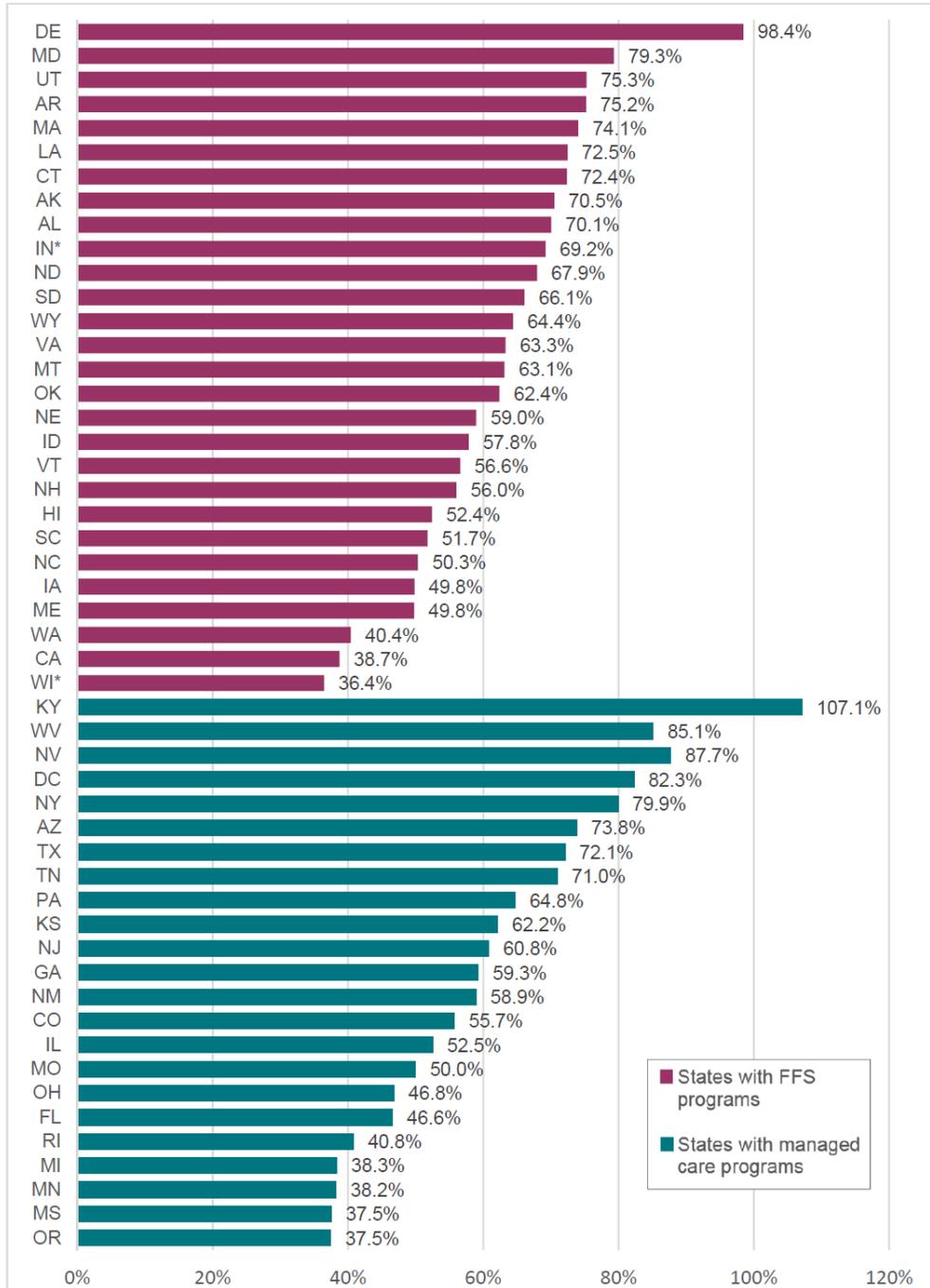
Delaware's budget deficit, the Governor included a 14% reduction in dental rates. The proposed rate reduction was introduced through the State's annual budget development process. Consequently, the proposal underwent public announcement and legislative hearings. Meetings were held between the Medicaid Director and the Dental Society of Delaware to address concerns which focused on implementation; these concerns were addressed to their satisfaction. The proposal was also presented to the Medical Care Advisory Council.

Additionally, DMMA informs providers of all changes via the provider portal in the MMIS. DMMA holds quarterly Provider Association meetings to share information and maintain open lines of communication with providers. Provider Associations and individual providers that participate in these meetings include, but are not limited to the Delaware Hospital Association, Delaware Healthcare Facilities Association, the Medical Society of Delaware, Delaware State Dental Society, Medicaid managed care organizations, FQHCs, and Nemours Children Health System.

Furthermore, Delaware followed the Administrative Procedures Act and published the proposed changes for public comment. No adverse comments were received regarding the rate changes; in fact, DMMA received positive feedback from advocacy groups in the community. DMMA did not anticipate any access issues as a result of this change, which has shown to be evident in the 5% increase of in-state enrolled providers from CY 2016 through CY 2018.

Figure 4: Pediatric Dental Medicaid FFS Reimbursement as a Percentage of Commercial Dental Insurance Charges in 2016

Figure 2: Medicaid Fee-For-Service Reimbursement as a Percentage of Private Dental Insurance Reimbursement, Child Dental Services, 2016



Source: HPI analysis of Medicaid fee-for-service reimbursement data collected from state Medicaid agencies and FAIR Health. FFS versus managed care designation primarily based on analysis by the Kaiser Commission on Medicaid and the Uninsured. Note: Some states enroll only certain segments of Medicaid enrollees in managed care programs, or provide certain services through managed care programs. These states are denoted by *.

4. ONGOING ACCESS MONITORING

As required by 42 CFR 447.203, DMMA will submit to the Centers for Medicare and Medicaid Services (CMS) an updated version of the Access Monitoring Review Plan every three years. Should DMMA seek to reduce or restructure any FFS provider rates, DMMA will prepare an updated version of the Plan that includes an analysis of the effect of the change in payment rates on access. DMMA will submit the updated plan to CMS with any State Plan Amendment request involving FFS provider payment rate changes.

5. CONCLUSION

Ensuring access to care is a priority of the Delaware Medicaid program. The Access Monitoring Review Plan provides specific data and analysis of access levels and rate comparisons for the specified services, which demonstrate that DMMA has adequate capacity to serve Delaware's FFS Medicaid recipients. The Plan demonstrates DMMA's compliance with 1902(a)(30)(A) of the Social Security Act, which requires that state payments are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that services under the State Plan are available to recipients at least to the extent that those services are available to the general population.

DMMA will continue to review and refine its Access Monitoring Review Plan to assure that the report provides meaningful information and value to policy discussions and to the administration of the Delaware Medicaid Program.