

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE
Statutory Authority: 31 Delaware Code, Section 512 (31 **Del.C.** §512)

PROPOSED

PUBLIC NOTICE

2023 Quality Strategy

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the **Delaware Code**) and under the authority of 31 **Del. C.** §512, Delaware Health and Social Services ("Department") / Division of Medicaid and Medical Assistance (DHSS/DMMA) is proposing to amend the Diamond State Health Plan Medicaid Managed Care Strategy, regarding 2023 Quality Strategy, specifically, to serve as a roadmap for Delaware on our contracted health plans and assessing the quality of care that beneficiaries receive while setting forth measurable goals and targets for improvement.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs, or other written materials concerning the proposed new regulations must submit same to, Planning and Policy Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906, by email to DHSS_DMMA_Publiccomment@Delaware.gov, or by fax to 302-255-4413 by 4:30 p.m. on July 3, 2023. Please identify in the subject line: 2023 Quality Strategy.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

SUMMARY OF PROPOSAL

The purpose of this notice is to advise the public that Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) is proposing to amend the Diamond State Health Plan Medicaid Managed Care Strategy regarding 2023 Quality Strategy, specifically, to serve as a roadmap for Delaware on our contracted health plans and assessing the quality of care that beneficiaries receive while setting forth measurable goals and targets for improvement.

Statutory Authority

- 42 CFR 438.340(b)

Background

Federal regulations at 42 CFR 438.340(b) lay the groundwork for the development and maintenance of a quality strategy to assess and improve the quality of managed care services offered within a state. This quality strategy is intended to serve as a blueprint or road map for states and their contracted health plans in assessing the quality of care that beneficiaries receive, as well as for setting forth measurable goals and targets for improvement.

Each state contracting with a managed care organization (MCO) and/or prepaid inpatient health plan (PIHP) must obtain input from beneficiaries and other key stakeholders in the development of the quality strategy and make the quality strategy available for public comment before adopting it as final.

In accordance with 42 CFR 438.340, at a minimum, all quality strategies must include:

- The MCO and PIHP contract provisions that incorporate the standards of Part 438, subpart E;
- Procedures that assess the quality and appropriateness of care and services furnished to all Medicaid enrollees under the MCO and PIHP contracts, and to individuals with special health care needs;
- Procedures that identify the race, ethnicity, and primary language spoken of each Medicaid enrollee;
- Procedures that regularly monitor and evaluate the MCO and PIHP compliance with the standards of Part 438, subpart D
- Arrangements for annual, external independent reviews of the quality outcomes and timeliness of, and access to, the services covered under each MCO and PIHP contract;
- For MCOs, appropriate use of intermediate sanctions that, at a minimum, meet the requirements of subpart I of this Part 438;
- An information system that supports initial and ongoing operation and review of the State's quality strategy; and
- Standards, at least as stringent as those in Part 438, subpart D, for access to care, structure and operations, and quality measurement and improvement.

Based on our recent priorities and the healthcare environment after the COVID-19 pandemic, DMMA has modified its quality goals;

- Improve Maternal and Infant Health,
- Improve Chronic Condition Management,
- Reduce Communicable Diseases,
- Improve Behavioral Health Condition Identification and Management, and
- Improve Member Experience of Care.

Summary of Proposal

Purpose

The purpose of this proposed regulation is to serve as a roadmap for Delaware on our contracted health plans and assessing the quality of care that beneficiaries receive while setting forth measurable goals and targets for improvement.

Summary of Proposed Changes

Effective for services provided on and after August 1, 2023, Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DHSS/DMMA) proposes to amend the Diamond State Health Plan Medicaid Managed Care Strategy to serve as a roadmap for Delaware on our contracted health plans and assessing the quality of care that beneficiaries receive while setting forth measurable goals and targets for improvement, regarding 2023 Quality Strategy.

Public Notice

In accordance with the federal public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 440.386 and the state public notice requirements of Title 29, Chapter 101 of the Delaware Code, DHSS/DMMA gives public notice and provides an open comment period for 30 days to allow all stakeholders an opportunity to provide input on the proposed regulation. Comments must be received by 4:30 p.m. on July 3, 2023.

Centers for Medicare and Medicaid Services Review and Approval

The provisions of this state plan amendment (SPA) are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The draft SPA page(s) may undergo further revisions before and after submittal to CMS based upon public comment and/or CMS feedback. The final version may be subject to significant change.

Provider Manuals and Communications Update

Also, there may be additional provider manuals that may require updates as a result of these changes. The applicable Delaware Medical Assistance Program (DMAP) Provider Policy Specific Manuals and/or Delaware Medical Assistance Portal will be updated. Manual updates, revised pages or additions to the provider manual are issued, as required, for new policy, policy clarification, and/or revisions to the DMAP program. Provider billing guidelines or instructions to incorporate any new requirement may also be issued. A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding DMAP updates. DMAP updates are available on the Delaware Medical Assistance Portal website: <https://medicaid.dhss.delaware.gov/provider>

Fiscal Impact

There is no anticipated fiscal impact.

STATE OF DELAWARE
PUBLIC NOTICE
DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE
2023 Quality Strategy

In accordance with the public notice requirements of 42 U.S.C. §1315(d), 42 CFR Part 431, Subpart G, 42 CFR 447.205 and Title 29, Chapter 101 of the Delaware Code, Delaware Health, and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA), is seeking public comment on Delaware's Draft 2023 Quality Strategy Plan that will be submitted to the Centers for Medicare and Medicaid Services (CMS).

Purpose and Rationale

The Department proposes to update the current Medicaid managed care quality strategy, as required by 42 CFR Part 438, Subparts D and E (relating to quality assessment and performance improvement; and external quality review) the Quality Strategy serves as a blueprint or roadmap for Delaware on our contracted health plans and to assessing the quality of care that beneficiaries receive and setting forth measurable goals and targets for improvement.

Background

Federal regulations at 42 CFR §438.200 et seq. require all States contracting with a managed care organization (MCO) to have a written strategy for assessing and improving the quality of managed care services offered within the State. This is what the Centers for Medicare and Medicaid Services (CMS) refers to as the "State Quality Strategy".

State Responsibilities

Each State must obtain the input of beneficiaries and other stakeholders in the development of the State Quality Strategy, and make the State Quality Strategy available for public comment before adopting it as final.

Elements of State Quality Strategies

In accordance with 42 CFR §438.204, at a minimum, State Quality Strategies must include:

- The MCO contract provisions that incorporate the standards of Part 438, subpart D;
- Procedures that assess the quality and appropriateness of care and services furnished to all Medicaid enrollees under the MCO contracts, and to individuals with special health care needs;
- Procedures that identify the race, ethnicity, and primary language spoken of each Medicaid enrollee;
- Procedures that regularly monitor and evaluate the MCO compliance with the standards of Part 438, Subpart D;
- Arrangements for annual, external independent reviews of the quality outcomes and timeliness of, and access to, the services covered under each MCO contract;
- For MCOs, appropriate use of intermediate sanctions that, at a minimum, meet the requirements of Subpart I of this Part 438;
- An information system that supports initial and ongoing operation and review of the State's quality strategy; and,
- Standards, at least as stringent as those in Part 438, Subpart D, for access to care, structure and operations, and quality measurement and improvement.

Summary of Draft 2023 Quality Strategy

This public input process has been undertaken to fulfill the requirements of the Code of Federal Regulations, specifically 42 CFR §438.202(b) which requires states to obtain the input of recipients and other stakeholders in the development of the strategy and to make the strategy available for public comment. The purpose of this notice is to fulfill that requirement. Comments on public notices will be used to formulate Delaware's Final Quality Strategy that will be submitted to CMS by July 15, 2023.

The Quality Strategy (QS) is a comprehensive plan which incorporates quality assurance monitoring and ongoing quality improving processes to coordinate, assess and continually improve the delivery of quality care to the Medicaid beneficiaries.

Based on our recent priorities and the healthcare environment after the COVID-19 pandemic, DMMA has modified its quality goals;

- Improve Maternal and Infant Health,
- Improve Chronic Condition Management,
- Reduce Communicable Diseases,
- Improve Behavioral Health Condition Identification and Management, and
- Improve Member Experience of Care.

Draft of Proposed Medicaid Managed Care 2023 Quality Strategy

The Draft 2023 Quality Strategy is accessible on the Division of Medicaid and Medical Assistance (DMMA) website: <http://dhss.delaware.gov/dmma/>

Hard copies are available by contacting Dawn Hayman at (302) 255-9531

Hard copies are available for review at the Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, Holloway Campus, Lewis Building, Conference Room 198, New Castle, Delaware 19720 from 8:00 am - 4:30 pm.

Public Comment Submission Process

As required by 42 CFR Part 441.301, DHSS/DMMA/DSAMH provides a thirty-day public notice and comment period. The public is invited to review and comment on the State's proposed quality strategy. Comments must be received by 4:30 pm

on July 3, 2023.

Comments and input regarding the draft quality strategy may be submitted in the following ways:

By email: Dawn.Hayman@Delaware.gov or DHSS_DMMA_Publiccomment@Delaware.gov

By fax: 302-255-4425 (phone#) Dawn Hayman

By written comments sent to:

Dawn Hayman
 Division of Medicaid and Medical Assistance
 Planning and Policy Unit
 1901 North DuPont Highway
 P.O. Box 906
 New Castle, Delaware 19720-0906

This notice shall appear for one (1) day only. Please identify in the subject line: Proposed Draft 2023 Quality Strategy. Delaware will publish the 2023 quality strategy in the June 2023 issue of the Delaware Register of Regulations for a thirty-day comment period.

Fiscal Impact Statement

No anticipated fiscal impact

Theodore G. Mermigos, Jr.

Acting Division Director

Division of Medicaid and Medical Assistance

Page(s)	2018 Quality Management Strategy	Page(s)	2023 Quality Strategy
4 - 17	Quality Management Structure	1 - 11	Introduction-Different appearance
22 - 28	<i>Goals and Objectives</i> Goal 1: To improve timely access to appropriate care and services for adults and children with an emphasis on primary and preventive care, behavioral health and to remain in a	28-31	<i>Goals and Objectives</i> Goal 1: Improve Maternal and Infant Health
21	safe and least-restrictive Goal 2: To improve quality of care and services provided to DSHP, DSHP	28	Goal 2: Improve Chronic Condition Management
23	Plus and CHIP members Goal 3: To control the growth of	29	Goal 3: Reduce Communicable Diseases
26	health care expenditures. Goal 4: To assure member satisfaction with services	29	Goal 4: Improve Behavioral Health Condition Identification and Management
27		30	Goal 5: Improve Member Experience of
		31	Care
39	Monitoring Mechanisms-State Monitoring and Evaluation	26	Improvement Strategies and Monitoring Activities PROMISE Program waiver assurances and
70	Appendix I - PROMISE Sub-Assurances	36	sub-assurances

41	Performance Improvement Projects	43	DMMA Specific PIP Requirements *DSHP Plus Program waiver assurances
		32	and sub-assurances *Appendix C: Quality Strategy Crosswalk
		58	*Appendix B: Quality Strategy Goals and
		58	Objectives
			*New

***Please Note: Due to the formatting requirements of the regulation, it is being attached here as a PDF document:**
[https://regulations.delaware.gov/register/june2023/proposed/2023 Quality Strategy draft.pdf](https://regulations.delaware.gov/register/june2023/proposed/2023%20Quality%20Strategy%20draft.pdf)
26 DE Reg. 1014 (06/01/23) (Prop.)