HEALTH WEALTH CAREER

2018 EXTERNAL QUALITY REVIEW MEDICAID MANAGED CARE ORGANIZATION PERFORMANCE REPORT

MARCH 4, 2019

State of Delaware,
Division of Medicaid & Medical Assistance

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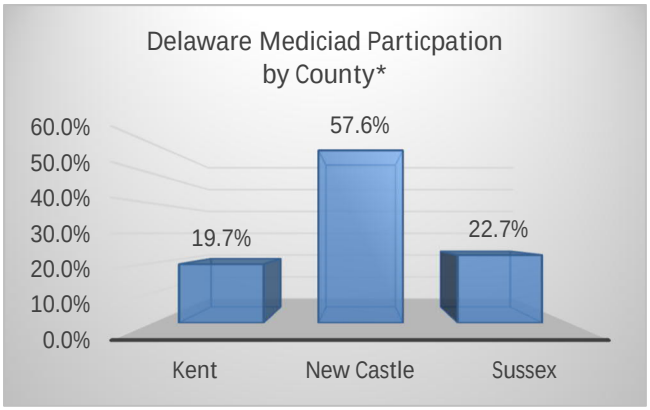
INTRODUCTION

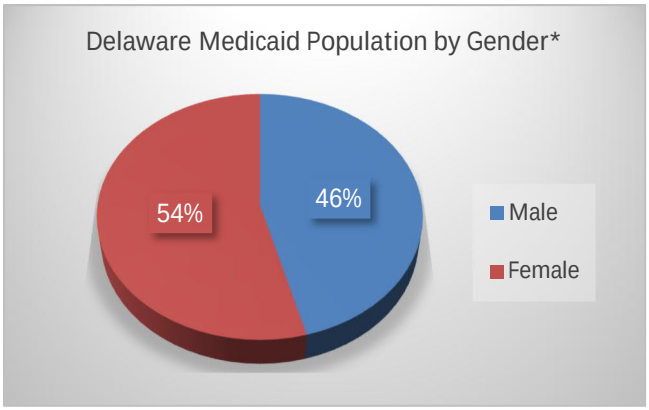
PURPOSE OF REPORT

The State of Delaware (Delaware or State) Division of Medicaid & Medical Assistance (DMMA) contracted with Mercer Government Human Services Consulting (Mercer) to conduct an External Quality Review (EQR) of the managed care organizations (MCOs), AmeriHealth Caritas of Delaware (ACDE) and Highmark Health Options (HHO), participating in the State of Delaware's Medicaid health care service programs. To complete this review, Mercer applied Federal Regulations for Medicaid Managed Care (FRMMC), the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), and State regulations, contractual requirements, each MCO's internal policies and procedures, and State-defined standards communicated to the MCO through its managed care contract and the Medicaid/Children's Health Insurance Program (CHIP)/Diamond State Health Plan (DSHP) Plus Quality Management Strategy (QMS).

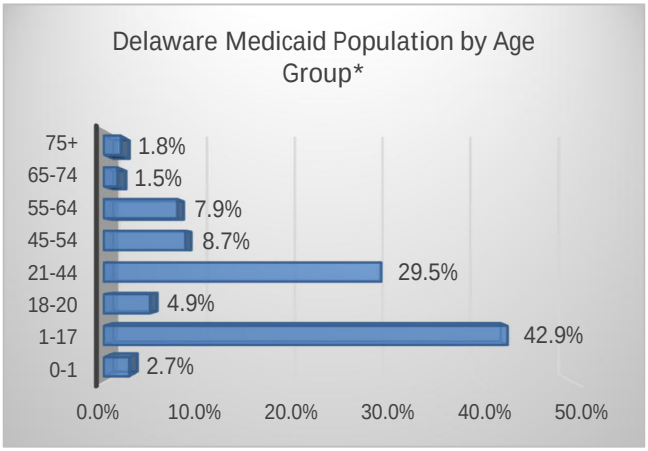
POPULATION

Delaware's Medicaid managed care population accounts for approximately 208,000 eligible individuals. New Castle county has the highest participation at 57.6%, with Sussex county accounting for 22.7% and Kent county accounting for 19.7% of the Medicaid population.





Delaware Medicaid participation reflects a higher percentage of females at 54.2% than males at 45.8%.



The largest eligible age groups are children and non-elderly adults making up about 96.7% of the total. Children under 18 account for the highest percentage of members at 45.6% with adults ages 21–44 making up about 30% of all participants.

Race and ethnicity breakdowns reveal that the majority of Delaware Medicaid participants are either Caucasian at 56.4% or African American at 40.6%.

**Demographic data shown above is reflective of October 2018 Delaware Medicaid Enterprise System eligibility information, as of October 14, 2018.*

EXTERNAL QUALITY REVIEW

The Centers for Medicare & Medicaid Services (CMS) mandates that each state conduct an EQR for MCOs providing services to Delaware Medicaid members. Federal regulations under 42 CFR Part 438, subpart E set forth parameters the State must follow when conducting an EQR of an MCO. The EQR is a systematic analysis and evaluation by a qualified External Quality Review Organization (EQRO). The evaluation requires aggregated information about the quality, timeliness and access to health care services that an MCO or its contractors provide under contract for Medicaid recipients.

Recent changes by CMS to EQR protocols address significant changes in national healthcare policy, which offer new opportunities for measuring and improving quality of health care delivery. This includes changes effected by the CHIPRA Act of 2009, the American Recovery and Reinvestment Act and the Affordable Care Act.

AMERIHEALTH CARITAS OF DELAWARE POST-IMPLEMENTATION REVIEW

Mercer completed a targeted Readiness Review for ACDE, comprised of four track teams (administration and organization, information systems/claims processing, care coordination and case management, and pharmacy), in the fall of 2018. The assessment by the EQRO was that ACDE was ready to begin management of the DSHP and DSHP Plus membership that would become part of the MCO population and that there were adequate and appropriate processes in place to address continuity of care, ensure member health and safety, pay claims and ensure an adequate network composition.

Given the short time from contracting (November 2018) to go-live of services (January 2018) for ACDE, the EQR performed in 2018 served as a post-implementation review with technical assistance. This assessment was to ensure that ACDE was stabilizing operations, moving toward full compliance with contract expectations and would be on sound footing for a comprehensive compliance review in 2019. The purpose of the review was to:

- Evaluate post-implementation progress, as well as compliance with all federal regulations pertaining to Medicaid and CHIP managed care programs in 42 CFR part 438 and 42 CFR part 457, respectively, and State-defined standards.
- Assess the ability of ACDE and its programs to achieve quality outcomes and timely access to health care services for Medicaid, CHIP and DSHP Plus members enrolled in ACDE and covered under its contract with DMMA.
- Review the consistency of ACDE's internal policies, procedures and processes.

The following are strengths noted during the post-implementation review:

- Corporate and regional health plan support for the successful implementation of the local Delaware MCO and strong leadership within ACDE allowed the MCO to "go-live" with minimal disruptions to members and providers.
- Self-diagnosis of issues and taking steps to correct issues in the DSHP Plus case management and grievance and appeal units demonstrated ACDE's continuous Quality Improvement (QI) mindset.
- The pharmacy oversight of PerformRX, training claims processor staff and in-person visits and education provided to pharmacies was successful and there was very little disruption in service.
- The Contact Center representatives were dedicated and acted with a strong focus on member satisfaction. Outreach to members to address grievances was seen as a best practice and ACDE's philosophy of turning a missed opportunity into a satisfied member, was appreciated.

The following are areas of opportunity noted during the post-implementation review for continued development and enhancement as the MCO matures in the Delaware market:

- Delegation oversight processes are strong; however, there is a gap between the local delegation oversight of credentialing delegates and the corporate oversight of national delegated vendors; these processes should be aligned.
- The Wellness Registry is considered an essential tool to help connect members to needed community services and needs to be implemented and training to providers completed.
- The risk stratification model is built off of financial modeling as opposed to modeling based on care needs. This approach has resulted in a limited identification of members engaged in care coordination.

HIGHMARK HEALTH OPTIONS CORRECTIVE ACTION PLAN COMPLIANCE REVIEW

The remainder of this report will focus on results for HHO which was in its fourth year of operation in 2018 and was under a corrective action plan (CAP) review. This is a summary evaluation of HHO's performance based on data collected through as part of the annual EQR. This report aims to assess MCO performance in accordance with goals identified in DMMA's current QMS[1]:

- **Goal 1:** Improve timely access to appropriate care and services for adults and children with an emphasis on primary and preventive care, and to remain in a safe and least-restrictive environment.
- **Goal 2:** Improve quality of care and services provided to DSHP, DSHP Plus and CHIP members.
- **Goal 3:** Control the growth of health care expenditures.
- **Goal 4:** Assure member satisfaction with services.

In addition to evaluating MCO performance with respect to DMMA's QMS goals, this report offers a summary of the CAP review based on CMS EQR requirements under 42 CFR 438.358. Mercer identified MCO strengths and opportunities for improved performance in the delivery of health care services for enrollees in Delaware's managed Medicaid programs.

METHODOLOGY

Primary data sources for analysis in this report include the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, the National Committee for Quality Assurance's (NCQA's) Healthcare Effectiveness Data and Information Set (HEDIS) and the 2018 Delaware CAP EQR. The performance improvement projects (PIPs) and performance measures (PMs) DMMA selected for validation were based on DMMA's QMS goals noted above.

Results and respective scores for HEDIS and CAHPS® PMs are reported in comparison to national percentiles from NCQA's Quality Compass.[2] Results are grouped into a rating system of five stars (90th percentile), three stars (50th–89th percentile) or two stars (below 50th percentile). The EQRO evaluated MCO compliance with Medicaid and the CHIP managed care regulations and is presenting them in four domains: enrollee rights and protections, quality assessment and performance improvement, grievances and appeals, certification and program integrity. A similar star scoring approach was used to present results of the validation of PMs and PIPs.
See Tables 1–3, below to interpret star ratings throughout the remainder of the report. With ACDE in

[1] Division of Medicaid & Medical Services. (2015, March). Delaware Statewide Quality Management Strategy. New Castle: Delaware Department of Health and Social Services.

[2] Quality Compass provides a database of national averages among organizations submitting data to NCQA. Benchmark data comes from accredited and non-accredited organizations and consists of publicly and privately reported performance metrics. Available at: www.qualitycompass.org.

its first year of operation, and increasing its footprint in the marketplace in 2018, there are no HEDIS or CAHPS® results available to present in this report. The remainder of this report will focus on results for HHO.

TABLE 1. CAHPS® AND HEDIS PERFORMANCE MEASURE SCORE SCALE

National Percentile Score as Reported by HEDIS/CAHPS®	EQR Report Score
90th percentile or higher	★★★★★
50th–89th percentile	★★★
Lower than 50th percentile	★★

TABLE 2. EQR COMPLIANCE SCORE SCALE

Compliance Points Earned	EQR Report Score
90% + of possible points	★★★★★
75%–89% of possible points	★★★
< 75% of possible points	★★

TABLE 3. PM AND PIP VALIDATION SCORE SCALE

PIP/Validation Evaluation	EQR Report Score
Fully compliant	★★★★★
Substantially compliant	★★★
Not compliant	★★

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CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS

MEMBER PERCEPTION OF HEALTHCARE SERVICES

One of the goals described in the Delaware Medicaid QMS is to "Assure member satisfaction with services." The State understands the importance of perception of service experience of Medicaid enrollees. Enrollees who exhibit confidence in services delivered to them will engage those services more effectively and more often, increasing the likelihood of a healthier membership. CAHPS® surveys (adult and pediatric) target enrollees' viewpoint and evaluation of their own experiences with health care delivery. The survey covers topics important to enrollees and focuses on aspects of quality they are best qualified to assess, such as the communication skills of providers and ease of access to health care services. The following results and subsequent ratings are based on the CAHPS® composite scores developed by combining individual survey questions into broader topics. A star rating was assigned to each composite measure according to the following scale:

TABLE 4. CAHPS® AND HEDIS PERFORMANCE MEASURE SCORE SCALE

National Percentile Score as Reported by HEDIS/CAHPS®	EQR Report Score
90th percentile or higher	★★★★★
50th–89th percentile	★★★
Lower than 50th percentile	★★

CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS PERFORMANCE EVALUATION

CAHPS® performance varied from 2017 to 2018 with an increase in performance in one child compliance rating, a decline in performance in two adult and one child compliance ratings and no change in performance in five adult and five child compliance ratings.

TABLE 5. CAHPS® COMPLIANCE RATINGS — ADULT

Measure Description	HHO — 2017	HHO — 2018
Rating of personal doctor	★★★	★★★
Rating of specialist	★★★★★	★★★
Rating of all health care	★★★	★★★
Rating of health plan	★★★	★★★

TABLE 5. CAHPS® COMPLIANCE RATINGS — ADULT		
Measure Description	**HHO — 2017**	**HHO — 2018**
Getting needed care	★★★★★	★★★★★
Getting care quickly	★★★	★★
How well doctors communicate	★★★	★★★

TABLE 6. CAHPS® COMPLIANCE RATINGS — CHILD		
Measure Description	**HHO — 2017**	**HHO — 2018**
Rating of personal doctor	★★★★★	★★★★★
Rating of specialist	★★★	★★★
Rating of all health care	★★★	★★★
Rating of health plan	★★	★★★★★
Getting needed care	★★★	★★★
Getting care quickly	★★★★★	★★★
How well doctors communicate	★★★★★	★★★★★

OVERALL MEMBER EXPERIENCE WITH CARE

For 2018, HHO had moderately good ratings for the adult areas: rating of personal doctor, rating of specialist, rating of all health care, rating of health plan, and how well doctors communicate. HHO continued to score at or above the 90th percentile benchmark this year in the adult compliance rating of getting needed care but decreased their rating to below the 50th percentile benchmark in the adult compliance measure of getting care quickly.

HHO had moderately good ratings for the child areas: rating of specialist, rating of all health care, getting needed care and getting care quickly. HHO continued to score at or above the 90th percentile benchmark this year in the child areas: rating of personal doctor and how well doctors communicate as well as increasing their performance to at or above the 90th percentile this year in the child measure of rating of health plan.

Overall, HHO performed moderately well on both the adult and child CAHPS® survey. Comparing HHO's results from last year suggests some opportunities for improvement in the adult area of specialist care; improvement is also needed for both adult and children in getting care quickly. The results show significant improvement in 2018 in the child area of rating of health plan.

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HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET RESULTS

This section provides an overview of two critical domains for evaluation: Access to Care and Quality of Care. Analysis using HEDIS for performance evaluation is industry standard for external reporting in the managed care industry. HEDIS is developed and maintained by NCQA. Data used for calculating HEDIS results include information from medical charts and provider claims (i.e., encounter data from electronic health records, claims data from billing systems, etc.) within Delaware's Medicaid managed care network. NCQA originally designed HEDIS to allow consumers to compare health plan performance against the quality of other health plans, as well as national and regional benchmarks. A star rating was assigned as follows for each composite measure.

TABLE 7. HEDIS AND CAHPS® PERFORMANCE MEASURE SCORE SCALE

National Percentile Score as Reported by HEDIS/CAHPS®	EQR Report Score
90th percentile or higher	★★★★★
50th–89th percentile	★★★
Lower than 50th percentile	★★

EVALUATION OF EFFECTIVENESS AND ACCESS TO HEALTH CARE

The Delaware QMS prioritizes improvement of timely access to appropriate care and services for adults and children, with an emphasis on primary preventive care and remaining in a safe and least-restrictive environment. Providing timely access to preventive and primary care services promotes the goal of a comprehensive health care delivery system for Delaware Medicaid.

Timely Access to Primary and Preventive Services

Medicaid enrollees who utilize primary and preventive services have been found to be better equipped to manage acute and chronic medical conditions, versus those who do not have access to these services. Patients with adequate access to primary care are more likely to have preventive care, as well as consistent care for chronic conditions. Both have been shown to reduce unnecessary emergency department visits and inpatient hospital admissions. HHO was at or above the 50th percentile on seven of the seven timely access to primary and preventive services measures. The MCO increased their performance this year to at or above the 50th percentile in older adult access to preventive services.

TABLE 8. TIMELY ACCESS TO PRIMARY AND PREVENTIVE SERVICES		
HEDIS Performance Measure Description	**HHO — 2017**	**HHO — 2018**
Children's access to primary care physician (PCP) (Ages 12 months–24 months)	★★★	★★★
Children's access to PCP (Ages 25 months–6 years)	★★★	★★★
Children's access to PCP (Ages 7 years–11 years)	★★★	★★★
Adolescent's access to PCP (Ages 12 years–19 years)	★★★	★★★
Adult's access to preventive/ambulatory health services (Ages 20 years–44 years)	★★★	★★★
Adult's access to preventive/ambulatory health services (Ages 45 years–64 years)	★★★	★★★
Adult's access to preventive/ambulatory health services (Ages 65+ years)	★★	★★★

Access to Maternal and Pregnancy Services

Early and consistent access to quality prenatal care services can improve chances of delivering healthy babies. Providing access to comprehensive maternal and prenatal services impacts MCO service delivery significantly, and constitutes effective means of preventing lifelong disability via healthy deliveries. HHO continued to perform below the 50th percentile for access to maternal and pregnancy services.

TABLE 9. ACCESS TO MATERNAL AND PREGNANCY SERVICES		
HEDIS Performance Measure Description	**HHO — 2017**	**HHO — 2018**
Prenatal and postpartum care — timeliness of prenatal care	★★	★★
Prenatal and postpartum care — postpartum care	★★	★★

OVERALL ACCESS PERFORMANCE

HEDIS results provide a litmus test for evaluating patient access to care. The comparisons of reportable-HEDIS data between MCOs and against the national benchmarks, above, indicate HHO needs to focus QI strategies for accessing preventive and maternity care.

EVALUATION OF QUALITY OF CARE

The Delaware Medicaid QMS includes goals of improving quality of care and services provided to DSHP, DSHP Plus and CHIP members. Quality-related PMs describe attributes of health services provided to members. These PMs provide an overview of the effectiveness of a health care delivery

system by looking at service utilization, patients' health outcomes and comprehensiveness of disease management services for common causes of morbidity and mortality.

Evaluation of Neonatal Services

Effective preventive care begins early in life. Healthier children will be more likely to remain healthier as adults. High-quality health care in early stages of life promotes a healthier membership pool. As shown in the following table, HHO increased their performance this year. They performed at or above the 50th percentile for quality of early life services for each of the PMs below.

TABLE 10. QUALITY OF EARLY LIFE SERVICES

HEDIS Performance Measure Description	HHO — 2017	HHO — 2018
Childhood immunization status (Combination 2)	★★	★★★
Sufficient (6+) well-child visits in first 15 months of life	★★	★★★
Well-child visits in years 3–6	★★	★★★

Evaluation of Early Detection Services

Routine screenings and early detection services allow providers to identify and address health concerns at an early stage, often preventing costly and invasive interventions associated with later detection. As shown below, HHO's performance declined by scoring below the 50th percentile for breast cancer screening; however, it increased its performance by scoring at or above the 50th percentile for cervical cancer screening.

TABLE 11. EARLY DETECTION SERVICE QUALITY

HEDIS Performance Measure Description	HHO — 2017	HHO — 2018
Breast cancer screenings	★★★★★	★★
Cervical cancer screenings	★★	★★★

Quality of Diabetes Management Services

Diabetes mellitus has a strong association with morbidity and mortality in the United States. Often associated with inadequate diabetes management, comorbidities such as hypercholesterolemia (high cholesterol), hypertension (high blood pressure), and other chronic conditions merit attention. Comprehensive care for this disease includes a variety of monitoring services. As shown below, HHO has continued to perform below the 50th percentile in diabetes care.

TABLE 12. QUALITY OF DIABETES MANAGEMENT

HEDIS Performance Measure Description	HHO — 2017	HHO — 2018
Comprehensive diabetes care — HbA1c testing	★★	★★

TABLE 12. QUALITY OF DIABETES MANAGEMENT		
Comprehensive diabetes care — dilated retinal eye exam	★★	★★

Weight and Nutrition Management Quality

Also associated with morbidity and mortality in the United States is obesity and its related health conditions. Expenditures attributed to these conditions are also on the rise. When initiated early in life, proper nutrition, physical activity and weight assessment and control effectively prevent obesity and the associated disease burden. Nutrition counseling is an important means of educating individuals in order to help them lead healthier, more productive lives. As shown below, HHO has continued to perform below the 50th percentile for both counseling for nutrition and physical activity among children.

TABLE 13. CLINICAL QUALITY OF WEIGHT AND NUTRITION MANAGEMENT		
HEDIS Performance Measure Description	**HHO — 2017**	**HHO — 2018**
Adult body mass index assessment	★★	★★
Counseling for nutrition	★★	★★
Counseling for physical activity	★★	★★

OVERALL QUALITY PERFORMANCE

HHO continues to operate at or above the 50th percentile for the timely access to primary and preventive services. HHO has also increased their performance to at or above 50th percentile for quality of early life services and cervical cancer screenings. These preventive services as well as services to the young and vulnerable population are keys to improving the health outcomes of the Delaware Medicaid population. HHO has scored lower than the 50th percentile in eight of the above measures. This illustrates that HHO has opportunities for significant improvement with access to maternal and pregnancy services, breast cancer screening, weight and nutrition management as well as diabetes management. This topic has been an ongoing theme targeted by DMMA's QI Initiative task force and MCO quality committees. Significantly improved performance in these areas could dramatically improve the quality of life, morbidity and mortality of Delaware Medicaid enrollees.

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EXTERNAL QUALITY REVIEW: COMPLIANCE

COMPLIANCE SCORING

As required by CMS under federal regulation, Mercer, acting as the EQRO, completed a CAP review of the HHO using the CMS protocol "Assessment of Compliance with Medicaid Managed Care Regulations." A CAP review is focused on following up on items that were found to be not fully compliant during the previous review. The review has been grouped into the follow compliance areas below:

- Enrollee rights and protections
- Quality assessment and performance improvement
- Grievances and appeals
- Certifications and program integrity

The EQRO compliance evaluation assigns the MCO a score for each metric that makes up these four review areas. The assessment of "Met", "Partially Met" and "Not Met" is given a score, and an equal weighting was assigned to each of the four standards. Regulation mandates MCOs develop a required CAP for all metrics resulting in a "Partially Met" or "Not Met" rating. All CAPs are reviewed and approved for implementation by DMMA prior to integration. Since this was a CAP review for HHO, not all elements were assessed if they were previously Met during the 2017 EQR. A star rating was assigned to the HHO based on its overall compliance score according to the rating scale below.

TABLE 14. EQR COMPLIANCE SCORE SCALE

Compliance Points Earned	EQR Report Score
90% + of possible points	★★★★★
75%–89% of possible points	★★★
< 75% of possible points	★★

COMPLIANCE EVALUATION

HHO was assessed on three measures in the area of enrollee rights and protections. One measure received a score of Met and two measures received a score of Partially Met bringing HHO's performance percentage to 83% (★★★) in this area. Quality assessment and performance improvement had five measures that were assessed. HHO received a score of Met on four measures and one Partially Met bringing a performance percentage of 95% (★★★★★) in this area. HHO was assessed on five measures in the area of appeals and grievances and received a score of Met on three measures and Partially Met on two measures bringing the performance

percentage to 90% (★★★★★). HHO was fully compliant in the area of certifications and program integrity during the 2017 EQR; this area did not require review in 2018.

OVERALL COMPLIANCE PERFORMANCE

HHO performed well overall in 2018, scoring in the highest compliance-rating tier (★★★★★). HHO attained greater than 90% of possible points in three of the four scoring areas. HHO earned greater than 80% in the area of enrollee rights and protections. These results indicate that HHO is compliant with the majority of federal regulations and state contract expectations.

Findings of the CAP review indicated room for improvement at HHO for enrollee rights and protections metrics. Despite efforts around improving the accuracy and completeness of provider data and HHO's evaluation of the usability of the online provider search function, there continue to be opportunities for improvement in both.

5
PERFORMANCE MEASUREMENT

VALIDATION OF PERFORMANCE MEASURES

Performance measurement uses robust tools and methodologies to collect information about large complex health care delivery systems. The objective of the PM validation in the compliance process is to validate accuracy of Medicaid, CHIP and DSHP/DSHP Plus PMs reported by the MCOs to DMMA. The review process includes application of the CMS protocol entitled "Validating Performance Measures," which is aimed at assessing compliance with specifications for each PM.

The measures reviewed for 2018 were mandated by the State and used technical specifications developed as part of the Quality Care Management Monitoring Report and CMS Adult and Pediatric Core Measure reporting. To validate the PMs, Mercer referenced the annual compliance review and Information Systems Capabilities Assessment Request for Information responses with supporting documentation. During onsite meetings, Mercer facilitated discussions about data management processes, report generation, data validation and data submission. After all audit elements were assessed, a validation finding for each measure was determined based on the magnitude of errors detected in the review. The following table summarizes the scale used to evaluate performance measure compliance.

TABLE 15. PERFORMANCE MEASURE VALIDATION SCORING SCALE

Validation Evaluation	EQR Report Score
Fully compliant	★★★★★
Substantially compliant	★★★
Not compliant	★★

The following table shows a breakdown of PMs that were validated for 2018:

TABLE 16. PERFORMANCE MEASURES VALIDATED

Measure Description	Reporting Frequency	Reporting Format
Annual monitoring for patients on persistent medication	Annual	CMS Core Measure
Well child visits (3, 4, 5, 6 years)	Annual	CMS Core Measure
Prevention Quality Indicators 01: Diabetes short-term complications admission rate	Annual	CMS Core Measure

TABLE 16. PERFORMANCE MEASURES VALIDATED

Measure Description	Reporting Frequency	Reporting Format
Developmental screening in the first three years of life	Annual	Quality and Care Management Measurement Reporting Templates (QCMMR)
Health risk assessments	Monthly	QCMMR
Percent of DSHP Plus members receiving behavioral health (BH) services	Monthly	QCMMR

VALIDATION OF PERFORMANCE MEASURE ASSESSMENT

The validation process reveals that HHO's reported performance measurement was fully compliant in five of the six measures. HHO was substantially compliant in the Percent of DSHP Plus members receiving BH services. The following table shows a side-by-side comparison of the results for the 2017 and 2018 validation process for HHO:

TABLE 17. PERFORMANCE MEASURE VALIDATION RATINGS

Measure Description	HHO — 2017	HHO — 2018
Annual monitoring for patients on persistent medication	★★★★★	★★★★★
Well child visits (3, 4, 5, 6 years)	★★★★★	★★★★★
PQI 01: Diabetes short-term complications admission rate	★★★★★	★★★★★
Developmental screening in the first three years of life	★★★★★	★★★★★
Health risk assessments	★★★★★	★★★★★
Percent of DSHP Plus members receiving BH services	★★★★★	★★★

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PERFORMANCE IMPROVEMENT PROJECTS

VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS

The CMS regulations require each state MCO to establish PIPs as part of their quality assurance program. These PIPs, which are validated using the CMS Protocol, are intended to evaluate and improve upon the processes and outcomes associated with specified health care targets. DMMA has mandated that each MCO conduct three PIPs. The State selected all three PIPs for independent validation by the EQRO during the 2018 compliance review cycle. The first PIP was a State-mandated study topic and study question. The second PIP was a State-mandated topic, but MCO-developed study questions. The third required PIP allows for a topic selected by the individual MCO that is relevant to its population and approved by DMMA as relevant to the needs of Delaware's Medicaid and CHIP populations. Table 19 below includes the study topics validated and confidence in the reported results.

TABLE 18. PIP VALIDATION SCORE

Measure Description	HHO — 2017 Confidence in Reported Results	HHO — 2018 Confidence in Reported Results
Oral health for DSHP Plus long term services and supports membership	Moderate	Low
Achieving primary care visits and medication adherence for HHO PROMISE members with a diagnosis of hypertension	Moderate	Moderate
Reducing pediatric 10-day readmissions at HHO's children's hospital through implementation of a single point of contact strategy	Moderate	Moderate

VALIDATION OF PERFORMANCE IMPROVEMENT PROJECT ASSESSMENT

Throughout 2015, there was a significant investment by DMMA in technical assistance to HHO to ensure there was a solid foundation for assessment of the baseline year of the PIPs. In 2016, the EQR reported that the PIPs were clearly written, detailed and aligned with identified population health concerns. At that time the 2016 EQR evaluation, HHO demonstrated a high degree of confidence in the foundational steps. In 2017, the EQR evaluation indicated only moderate confidence in the PIPs. These results were based on challenges with data collection, system changes that impeded accurate reporting of data, as well as limited barrier analysis, delayed implementation of interventions and lack of consistent rapid cycle analysis.

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