Florida Medicaid
Managed Medical Assistance Waiver

1115 Research and Demonstration Waiver
#11-00206/4

Quarterly Report

(First Quarter)
July 1, 2020 – September 30, 2020

Agency for Health Care Administration

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Executive Summary

The Managed Medical Assistance (MMA) program is one component of the Statewide Medicaid Managed Care (SMMC) program. In 2014, the Centers for Medicare and Medicaid Services (CMS) approved the MMA 1115 Research and Demonstration Waiver Extension Application, which authorized the statewide implementation of the MMA program.

Recent amendments to the MMA Waiver have added additional programs and pilot projects, including the Prepaid Dental Health Program and the Behavioral Health and Supportive Housing Assistance Pilot. CMS also approved the State's request for a waiver of retroactive eligibility.

With these changes, the State is now required under Special Term and Condition (STC) #76 to submit three Quarterly Monitoring Reports in addition to the Annual Monitoring Report to CMS.

The Quarterly MMA Reports are due 60 days following the end of each quarter and are limited in scope to the Prepaid Dental Health Program, the Behavioral Health and Supportive Housing Assistance Pilot, and the retroactive eligibility waiver. However, due to the Public Health Emergency, CMS granted an extension to the submission of the Quarterly Monitoring Reports to 90 days following the end of the demonstration year.

This Quarterly Report contains operational updates, performance metrics, and evaluation activities and interim findings for the Prepaid Dental Health Program, the Behavioral Health and Supportive Housing Assistance Pilot, and the retroactive eligibility waiver for the first quarter of Demonstration Year 15 (DY15_Q1); July 1, 2020 through September 30, 2020.

Section I: Prepaid Dental Health Program

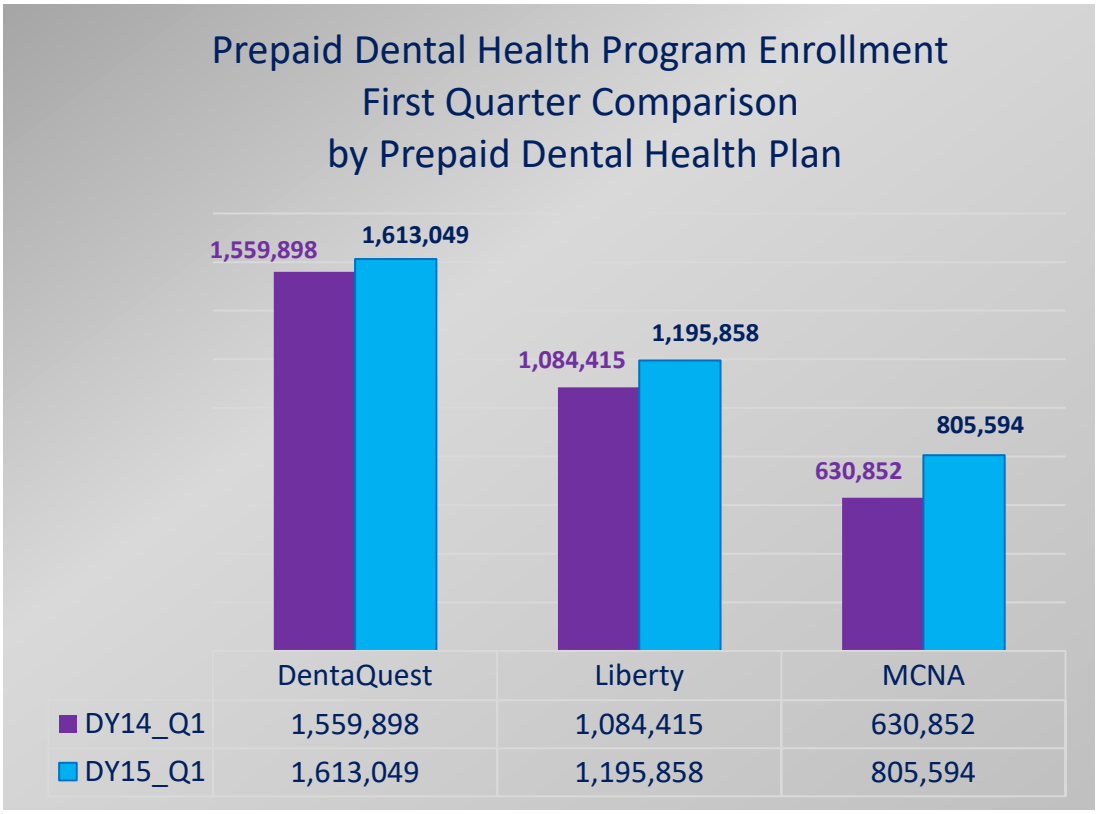
1.1 Operational Update

A. Pre-Paid Dental Health Plan Enrollment

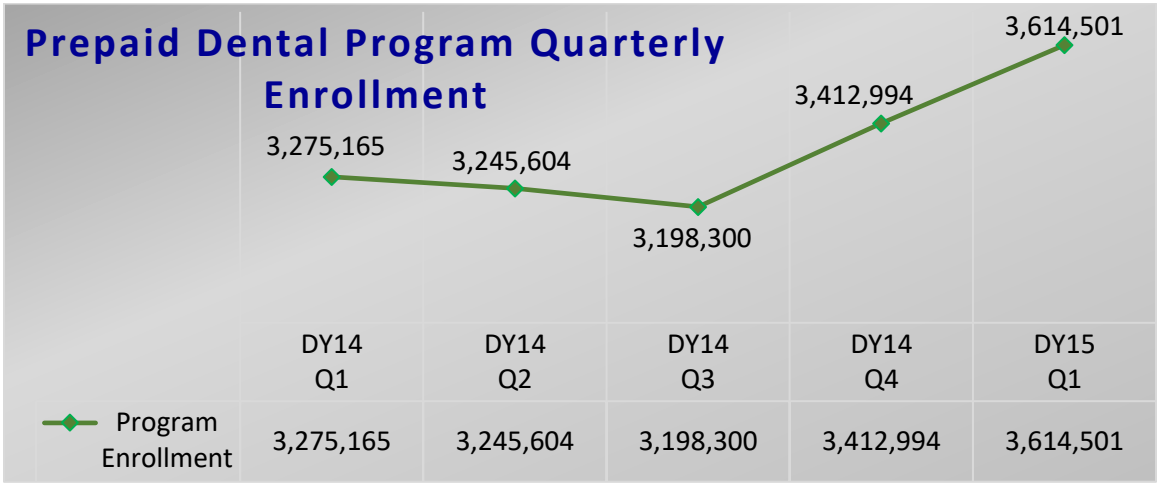
The State completed the implementation of the Prepaid Dental Health Program in February 2019, and the majority of Florida Medicaid recipients receive their dental services through the Prepaid Dental Health Program. In addition to preventive and therapeutic dental coverage, dental health plans also offer expanded benefit packages under which they provide preventive, diagnostic, and restorative care services, including periodontics, oral, maxillofacial surgery, and diabetic testing. Previously, adults enrolled in Florida Medicaid received limited dental services including dentures and emergency services to relieve pain and infection.

There are currently 3,614,501 Florida Medicaid recipients enrolled in the three dental health plans contracted with the State of Florida. The three dental plans contracted with Florida Medicaid are DentaQuest, Liberty, and MCNA Dental, and each of these plans are available in all 11 Florida Medicaid regions.

The Prepaid Dental Health Program first quarter enrollment for DY15 has increased over that of DY14's first quarter's enrollment, which was 3,275,165. The following graph contains a comparison of DY14 and DY15's first quarter enrollment data for the Prepaid Dental Health Program by dental health plan.

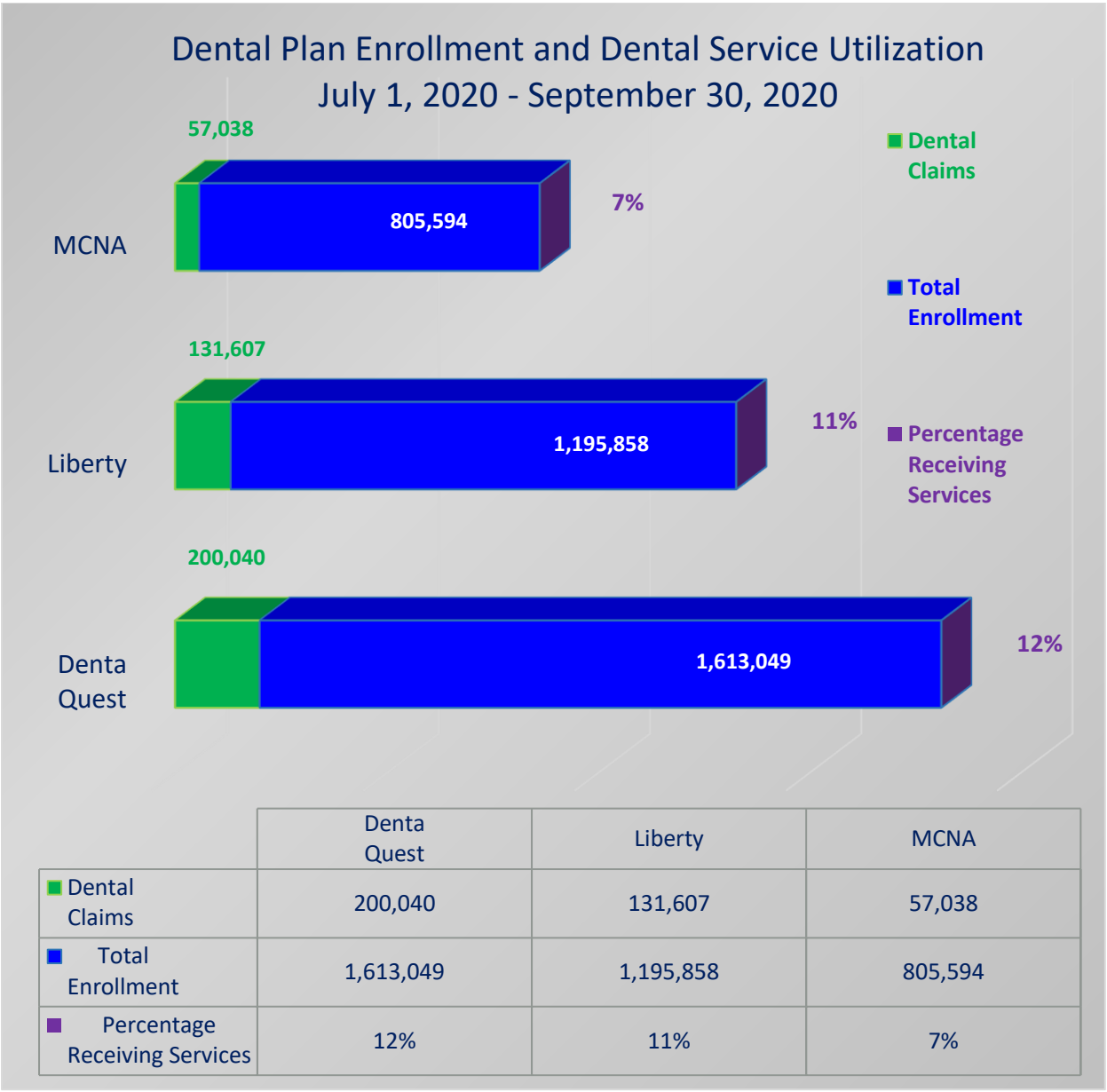


The following graph details the enrollment trend since the first quarter of DY14, and as illustrated, enrollment in the Prepaid Dental Health Program began to increase during the last quarter of DY14 and has continued this trend during the first quarter of DY15. This trend is attributable to the COVID-19 Public Health Emergency (PHE) and the Maintenance of Effort requirements contained in the Family First Coronavirus Response Act.



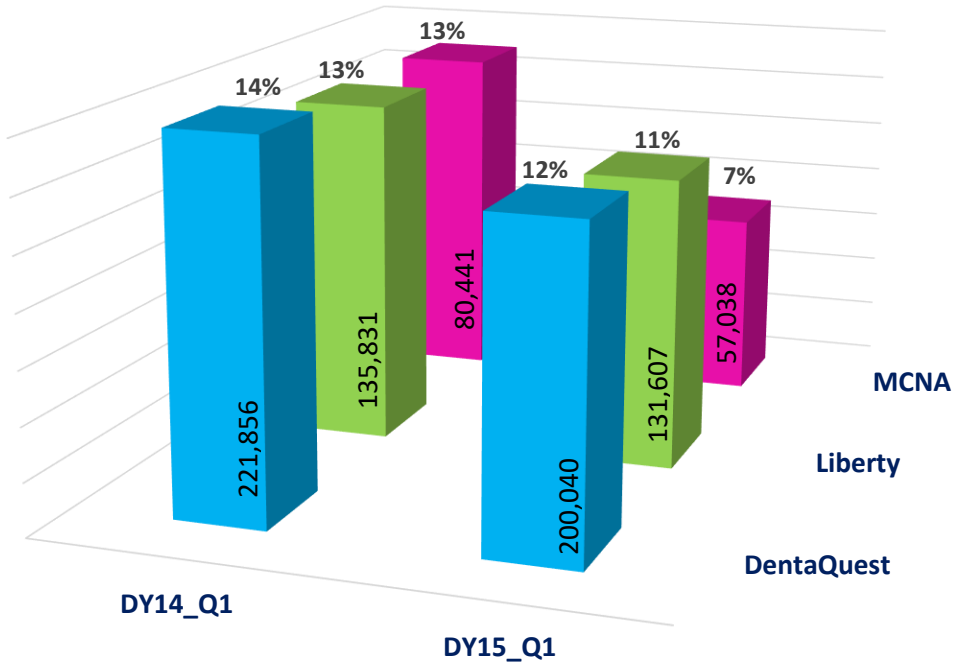
B. Utilization

The chart on the following page details the Prepaid Dental Health Program's enrollment and service utilization, by dental health plan, for DY15_Q1. Service utilization, in this instance, is based on any dental service claim submitted by a Prepaid Dental Health Program provider during the first quarter of DY15. However, since service utilization is based on claims data, the figures reflected in the chart will increase over time, as providers may not yet have billed for services rendered during this time period.



	Denta Quest	Liberty	MCNA
Dental Claims	200,040	131,607	57,038
Total Enrollment	1,613,049	1,195,858	805,594
Percentage Receiving Services	12%	11%	7%

As the comparison on the following page details, the service utilization rate for the first quarter of DY15 is lower than the DY14 rate for the same time period. This also holds true for the number of claims, which followed the expected trend, as the challenges arising from the PHE are still present and affecting the delivery and utilization of dental services.



C. Complaints, Grievances, and Appeals

The Prepaid Dental Health Program has been operating statewide for seven quarters, during which it has maintained a low complaint rate, with each quarter having less than one complaint per 1,000 enrollees. The following chart encompasses all complaints reported to the Agency since the program's inception in February 2019, including the most recent DY15_Q1 figures located in the last column.

Prepaid Dental Health Program Complaint Rates							
	DY13 Q3	DY13 Q4	DY14 Q1	DY14 Q2	DY14 Q3	DY14 Q4	DY15 Q1
Dental Enrollment	3,109,753	3,093,332	3,275,165	3,245,604	3,198,300	3,412,994	3,614,501
Dental Complaints	308	357	478	326	283	209	370
Complaints per 1,000 Enrollees	**.099**	**.115**	**.146**	**.100**	**.094**	**.062**	**.102**

D. Fair Hearings

During DY15_Q1, there were 84 Prepaid Dental Health Program Fair Hearings requested. These Fair Hearing requests are itemized by service type below.

Prepaid Dental Health Program Fair Hearings DY15_Q1	
Service Type	**Count**
Dental - Adjunctive General Services	5
Dental – Diagnostic	1
Dental – Endodontics	3
Dental – Oral and Maxillofacial Surgery	20
Dental – Orthodontics	25
Dental – Periodontics	4
Dental – Preventive	2
Dental – Prosthodontics	17
Dental – Restorative	4
Direct Reimbursement	2
Extra Benefits Offered by Plan	1
Total	**84**

1.2 Performance Metrics

The Prepaid Dental Health Plans are required to report on several dental performance measures including measures from HEDIS, the Medicaid and CHIP Child Core Set, and the Dental Quality Alliance. The dental health plans must submit these performance measures to the Agency each year. Calendar year 2020 performance measures are due to the Agency by July 1, 2021, and the results will be included in the DY15 Annual Report.

The dental health plan performance metrics have remained consistent, thus there are no updates to report. The performance metrics dental health plans must report to the Agency, are as follows:

Dental Health Plan Performance Metric Reporting Number of Participants who Receive:
Annual Dental Visits
Preventive Dental Services
Sealants for 6-9 Year-Old Children at Elevated Caries Risk
Oral Evaluations
Topical Fluoride Treatment for Children at Elevated Caries Risk
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children
Follow-up after Emergency Department Visits for Dental Caries in Children
Dental Treatment Services
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Adults
Plans must also report the percentage of Dental-related Emergency Department Visits for Enrollees ages 0-20 years who received a follow-up visit with the appropriate provider within 30 days of the Emergency Department visit

1.3 Evaluation Activities and Interim Findings

The State began the implementation process for the Prepaid Dental Health Program on December 1, 2018 and concluded on February 1, 2019. As such, the first Evaluation Report on the Prepaid Dental Health Program will be submitted to CMS in Spring 2021, subject to data availability. In the Evaluation Report, the evaluation team will examine the effect the Prepaid Dental Health Program has on accessibility, quality, utilization, and the cost of dental health care services.

Section II: Behavioral Health and Supportive Housing Assistance Pilot

2.1 Operational Update

A. Overview

In March 2019, CMS approved the State's 1115 MMA Waiver amendment request authorizing the State to implement a Behavioral Health and Supportive Housing Assistance Pilot in Medicaid regions 5 and 7.

- Region 5 consists of Pasco and Pinellas counties
- Region 7 consists of Seminole, Brevard, Orange, and Osceola counties

The Behavioral Health and Supportive Housing Assistance Pilot provides services to recipients who have a severe mental illness (SMI), substance use disorder (SUD), a combination of SUD and SMI, and are homeless or at risk of being homeless. The Behavioral Health and Supportive Housing Assistance Pilot services is available to enrollees of the MMA plans selected to participate in the pilot. The participating MMA plans are Magellan, Staywell, Aetna, and Simply.

B. Behavioral Health and Supportive Housing Assistance Pilot Services

The MMA plans selected to participate in the Behavioral Health and Supportive Housing Assistance Pilot are authorized to provide the following services to their members who qualify for the pilot:

- **Transitional Housing Services:** Services that support a member in the preparation for and transition into housing. This includes but is not limited to:
  - Conducting tenant screenings and housing assessments
  - Developing individualized housing support plans
  - Assisting with housing searches and the application process
  - Identifying resources to pay for on-going housing expenses such as rent
  - Ensuring that living environments are safe and are move-in ready
- **Tenancy Sustaining Services:** Services that support a member in being a successful tenant.
  - Early identification and interventions for behaviors that may jeopardize housing such as late rental payment or other lease violations
  - Education and training on the roles, rights, and responsibilities of the tenant and landlord
  - Coaching on developing and maintaining key relationships with landlord/property managers
  - Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction
  - Advocacy and linkage with community resources to prevent eviction
  - Assistance with the housing recertification process

  - Coordinating with enrollees to review, update, and modify their housing support and crisis plans
- **Mobile Crisis Management:** The delivery of immediate de-escalation services for emotional symptoms and/or behaviors at the location in which the crisis occurs. Provided by a team of behavioral health professionals who are available 24/7 for the purpose of preventing loss of a housing arrangement or emergency inpatient psychiatric service when possible.
- **Self-Help/Peer Support:** Person-centered service promoting skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills with the assistance of a peer support specialist.

C. First Quarter Activities

- The Agency continued to work with the MMA plans to improve the pilot, both on an individual and collective basis.
  - The Agency conducted individual assessments of each of the MMA plans' Behavioral Health and Supportive Housing Assistance Pilots in July and August. The assessment topics included targeted case management, member enrollment, provider network adequacy, waiver services, partner and community relationships, and overall impact of the pilot.
    - The MMA plans identified two barriers they all face, which were difficulty engaging community partners and enrolling atypical providers.
      1. To assist with community partners, the Agency provided contact information for local resources and encouraged the MMA plans to connect and work directly with these resources.
      2. The Agency also provided further guidance and assistance, as necessary, with enrolling atypical providers.
  - The Agency regularly met with the MMA plans to monitor how their individual programs were developing. After several of these meetings, the need for a monthly Case Management Report was realized. This report requires more detailed data than the existing Enrollee Roster Report and aims to capture a more holistic view of enrollees' health and care. This report was developed by the Agency and distributed to the MMA plans during the first quarter.
- To further refine the program, the Agency continued to meet with the MMA plans. The meetings have moved to an ad hoc basis, as the program has become more established; however, the capacity for weekly calls still exists.
- Throughout the PHE, the MMA plans have continued to enroll members and provide services to beneficiaries.

2.2 Performance Metrics

The four MMA plans approved for the pilot are required to submit both the Enrollee Roster Report and the new Case Management Report on a monthly basis. In addition, the MMA plans must submit performance metrics on a monthly and quarterly basis. The performance measures were established and detailed in the application for the Behavioral Health and Supportive Housing Assistance Pilot.

The MMA plans participating in the Behavioral Health and Supportive Housing Assistance Pilot have reported on quarterly performance measures for the first four quarters of the pilot. The first three quarter's results were reported in the DY14 Combined Q3 and Annual Report, which was submitted to CMS on October 30, 2020, and the table below includes the results for the first quarter of DY15.

Behavioral Health and Supportive Housing Assistance Pilot Quarterly Performance Measure Summary DY15_Q1	
Measures	**Rate Across Plans**
Percent of Participants with a Comprehensive Health Risk Assessment	80%
Percent of participants that received at least one core housing assistance service	27%
Percent of participants whose housing condition was upgraded	12%
Percent of participants who had stable permanent housing	35%
Percent of participants with an SUD dx who received medication and bx therapy	12%
Percent of participants with SUD dx who report no drug use	56%
Percent of participants with an SMI dx who are compliant with medication management requirements	79%
Percent of pilot participants who achieved permanent housing	6%

Based on data reported by plans as of October 15, 2020. Rates are subject to change as additional claims run-out occurs.

For five of the measures, MMA plans reported on the percent of participants who were enrolled in the pilot for at least one month during the quarter. It should be noted that reports of service utilization are based on claims/encounters, thus it is possible that participants have received services that are not yet included due to a claim/encounter not having been submitted by the provider prior to the MMA plans' reporting to the Agency.

The following measures assess participants enrolled during the first quarter who were also enrolled in the prior quarter and whether the participant had a change in metric from the previous quarter to the present quarter.

Measures	**Rate across Plans**
Percent of participants whose days of homelessness were reduced during the quarter	18%
Percent of participants with reduced emergency department (ED) visits during the quarter	50%
Percent of participants with reduced hospital admissions or readmissions during the quarter	65%

2.3 Evaluation Activities and Interim Findings

The Agency submitted the most recent revised Evaluation Design, including Component 10: The impact of the Behavioral Health and Supportive Housing Assistance Pilot on beneficiaries who are 21 and older with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD, and are homeless or at risk of homelessness due to their disability, on March 2, 2020 and CMS approved the revised evaluation design on April 27, 2020. This submission incorporated changes resulting from CMS' feedback received on January 9, 2020, on the December 9, 2019 evaluation draft design submission.

Based on data availability, the evaluation team will submit the first evaluation of Component 10 in Spring 2021.

Section III: Retroactive Eligibility Waiver

3.1 Operational Update

A. Background

In 2018, the Florida Legislature directed the Agency to request federal approval for the State to eliminate retroactive Medicaid coverage for non-pregnant adults. The Agency subsequently submitted an amendment request to CMS for approval, which was granted on November 30, 2018. The change to retroactive eligibility took effect on February 1, 2019.

The MMA Waiver states that the Agency shall make payments for Medicaid-covered services, for Medicaid eligible children and pregnant women, retroactively for up to 90-days prior to the month in which an application for Medicaid was submitted. However, for Medicaid eligible non-pregnant adults, payments for Medicaid-covered services are retroactive to the first day of the month in which the Medicaid application was submitted.

The State's analysis determined approximately 39,000 non-pregnant adult recipients were made retroactively eligible in Demonstration Year 10, representing less than 1% of all Florida Medicaid recipients.

B. Overview

The State has a robust outreach and communication system used to disseminate information to interested stakeholders about the Florida Medicaid program. The State's goal is to ensure potential recipients understand the importance of applying for Florida Medicaid timely, and to encourage providers and stakeholders, who help individuals enroll in Florida Medicaid, to ensure individuals apply at the earliest opportunity when in need of services. This promotes personal responsibility, as individuals are encouraged to secure and keep health coverage. The State continues to make Medicaid program information available by:

- Sending electronic provider alerts,
- Maintaining retroactive eligibility information on the Agency's and its partners' (e.g., the Department of Children and Families, which processes eligibility applications) websites,
- Communications with associations representing hospitals and nursing facilities, and
- Ensuring appropriate State call center and information hub staff are trained, understand the policy change, and can answer caller questions.

3.2 Performance Metrics

There are no updates to report on the performance metrics related to the waiver of retroactive eligibility or this quarter. Performance measure information will be reported in the DY15 Annual Report.

3.3 Evaluation Activities and Interim Findings

The Evaluation Design, containing Component 9: The impact of the waiver of retroactive eligibility on beneficiaries and providers, was initially submitted to CMS on May 29, 2019. The Agency received feedback from CMS and, based on this feedback, submitted a revised version of

the Evaluation Design on March 2, 2020. CMS approved the revised version of the Evaluation Design on April 27, 2020.

CMS' comprehensive evaluation design guidance expressed the importance of examining the likely eligible population rather than the population reporting Medicaid enrollment. This guidance has assisted the Agency in its communications with the evaluators at the University of Florida, with whom the Agency contracted to develop the Evaluation Design. The University of Florida evaluators submitted the draft evaluation of the waiver of retroactive eligibility report to the Agency on October 15, 2020. The draft report is currently being reviewed by the Agency. The first full evaluation of the waiver of retroactive eligibility is due to CMS no later than January 1, 2022.

Section IV: Evaluation of the Demonstration

4.1 Overview

The evaluation of the demonstration is an ongoing process conducted during the life of the demonstration. The 1115 Managed Medial Assistance Demonstration Waiver was amended in March 2019; per the amendment, the Agency is required, under Special Terms and Condition (STC) #106, to develop a revised Evaluation Design reflecting the new STC requirements. The STC requires a discussion of the goals and objectives along with the citation of specific hypotheses. The hypotheses will be, and are currently being, tested to determine the impact of the demonstration during the waiver approval period.

4.2 Evaluation Design

Agency staff worked with evaluators to update and revise the Evaluation Design to align with the amended STCs. The Evaluation Design includes a discussion of the demonstration's goals, objectives, and specific testable hypotheses, including those that focus specifically on target populations for the demonstration, and more generally on recipients, providers, plans, market areas, and public expenditures.

The revised Evaluation Design, submitted to CMS on May 29, 2019, included Component 9: The impact of the waiver of retroactive eligibility on beneficiaries and providers.

The Evaluation Design was subsequently updated to include Component 10: The impact of the Behavioral Health and Supportive Housing Assistance Pilot on beneficiaries who are 21 and older with serious mental illness (SMI), substance use disorder (SUD) or SMI with co-occurring SUD, and are homeless or at risk of homelessness due to their disability. The revised Evaluation Design, containing Component 10, was submitted to CMS in July 2019.

The Agency received feedback on the Evaluation Design revisions from CMS on August 24, 2019. CMS' feedback was specific to both Components 9 and 10; the Agency responded via an updated Evaluation Design submission to CMS on December 9, 2019. On January 9, 2020, CMS submitted feedback to the revised evaluation design for Components 9 and 10. The Agency submitted the revised evaluation design addressing CMS' feedback on March 2, 2020. CMS approved the revised evaluation on April 27, 2020.

4.3 Summary of Evaluation Activities: DY15_Q1

The evaluators submitted final evaluation reports for DY12 to the Agency during DY14. All the provided evaluation reports were reviewed and approved by the Agency and covered in the DY14 Combined Q3 and Annual Report. There were no additional activities that occurred during the DY15_Q1 reporting period.

Section IV: Budget Neutrality and Financial Reporting

The 1115 Managed Medical Assistance Waiver continues to be budget neutral. The Budget Neutrality Report for this quarter will be submitted by the Agency to CMS, via the 1115 Performance Metrics Database and Analytics (PMDA) system, on December 30, 2020.

The MMA Quarterly Expenditure Report for the first quarter of DY15 was submitted to CMS via the PMDA system on November 30, 2020.