

Florida Medicaid
Managed Medical Assistance Waiver
1115 Research and Demonstration Waiver
#11-00206/4

Quarterly Report
(Second Quarter)
October 1, 2020 – December 31, 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 for submission of the Quarterly Monitoring Reports.

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 second quarter of Demonstration Year 15 (DY15_Q2); October 1, 2020 through December 31, 2020.

Section I: Prepaid Dental Health Program

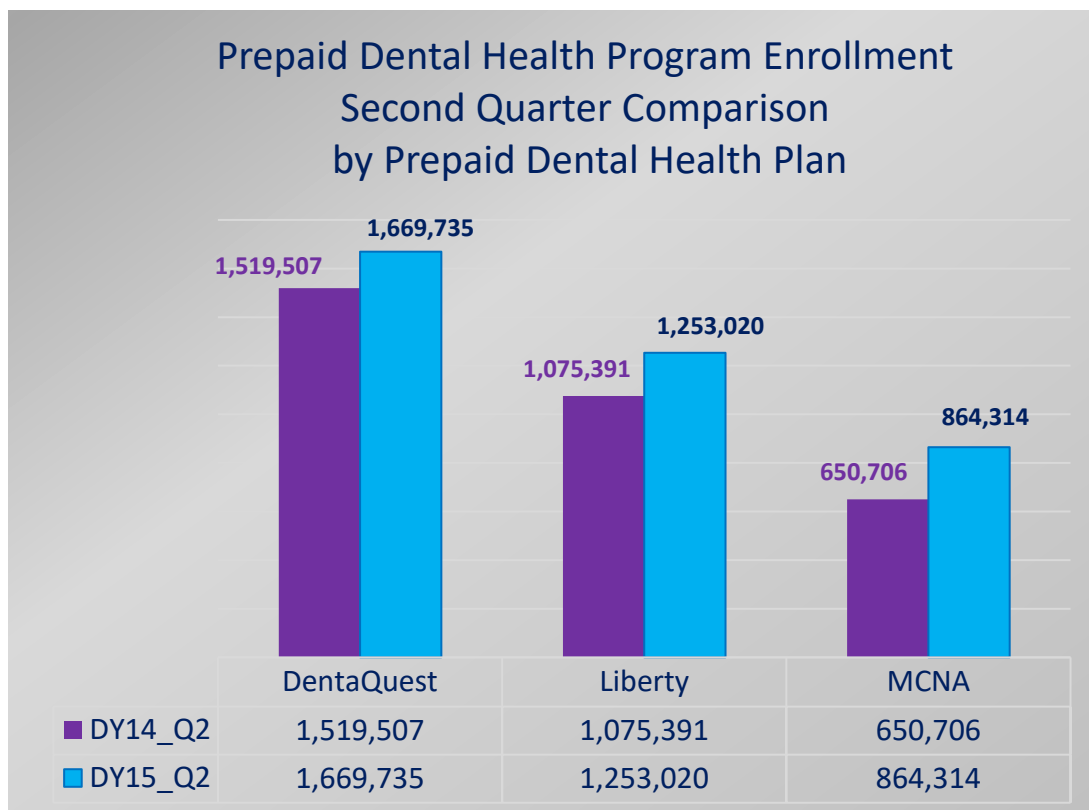
1.1 Operational Update

A. Pre-Paid Dental Health Plan Enrollment

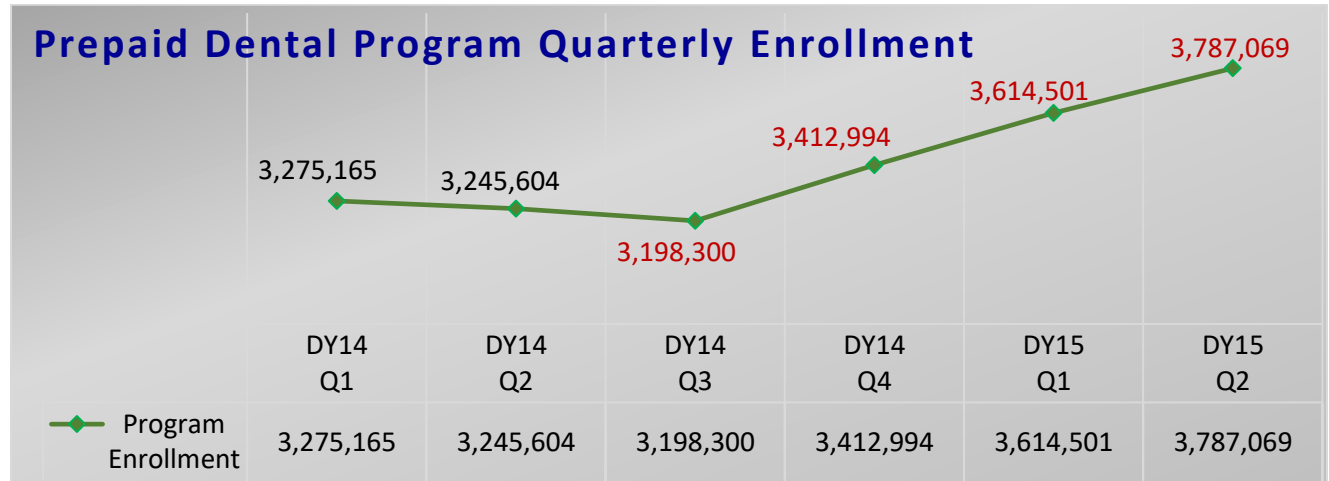
The State completed the implementation of the Prepaid Dental Health Program in February 2019, and the majority of Florida Medicaid recipients receive their dental services through the Prepaid Dental Health Program. In addition to preventive and therapeutic dental coverage, dental health plans also offer 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 were 3,787,069 Florida Medicaid recipients enrolled in the three dental health plans contracted with the State of Florida during the second quarter of DY15. 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.

Consistent with the first quarter report’s comparison of DY14’s enrollment to DY15’s enrollment, the Prepaid Dental Health Program’s second quarter enrollment for DY15 increased over that of DY14’s second quarter’s enrollment, which was 3,245,604. The following graph contains a comparison of DY14 and DY15’s second quarter enrollment data for the Prepaid Dental Health Program by dental health plan.



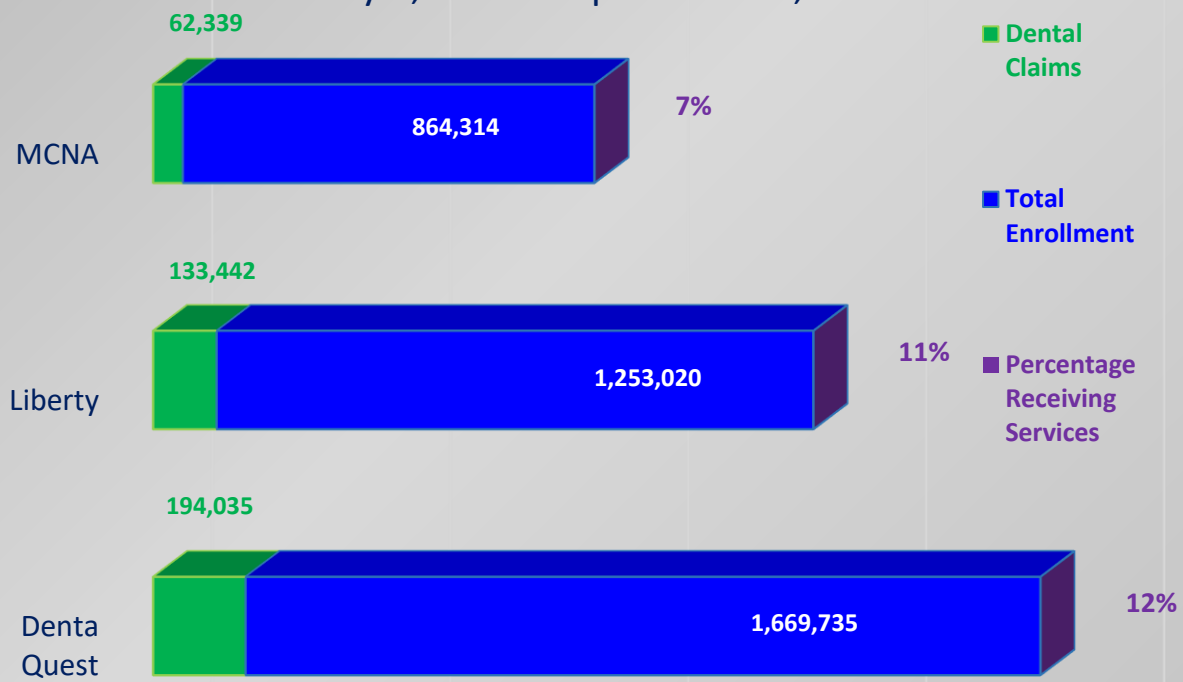
The following graph contains enrollment information from the two quarters prior to the declaration of the COVID-19 Public Health Emergency (PHE) through the current quarter. As the graph illustrates, enrollment was trending down prior to the PHE and the Maintenance of Effort requirements contained in the Families First Coronavirus Response Act. Following the PHE declaration during DY14's third quarter, enrollment began to increase and has continued this trend, increasing each quarter by an average of 181,256 individuals.



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_Q2. Service utilization, in this instance, is based on any dental service claim submitted by a Prepaid Dental Health Program provider during the second 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.

Dental Plan Enrollment and Dental Service Utilization July 1, 2020 - September 30, 2020

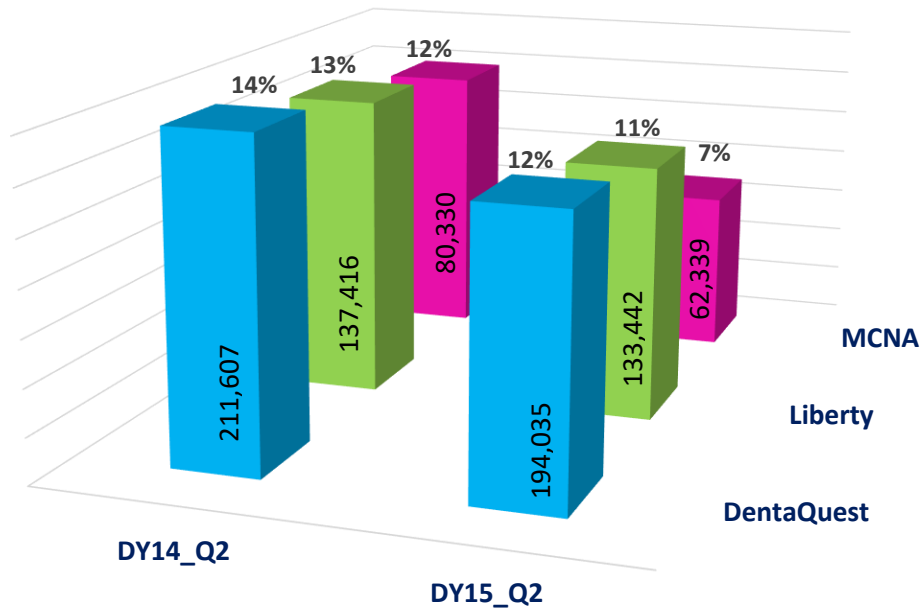


	Denta Quest	Liberty	MCNA
■ Dental Claims	194,035	133,442	62,339
■ Total Enrollment	1,669,735	1,253,020	864,314
■ Percentage Receiving Services	12%	11%	7%

It is notable that while enrollment in each of the dental plans increased, the service utilization percentages remained consistent with those of the first quarter. The first quarter’s service utilization percentages were: DentaQuest 12%, Liberty 11%, and MCNA 7%.

As the comparison on the following page details, the service utilization rate for the second 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.

Service Utilization Rate: Second Quarter Comparison DY14 to DY15



C. Complaints, Grievances, and Appeals

The Prepaid Dental Health Program has now been operating statewide for two years, 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_Q2 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	DY15 Q2
Dental Enrollment	3,109,753	3,093,332	3,275,165	3,245,604	3,198,300	3,412,994	3,614,501	3,787,069
Dental Complaints	308	357	478	326	283	209	370	282
Complaints per 1,000 Enrollees	.099	.115	.146	.100	.094	.062	.102	.074

D. Fair Hearings

During DY15_Q2, there were 81 Prepaid Dental Health Program Fair Hearings requested. This represents a slight decrease from the first quarter when there were 84 Fair Hearing requests. 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	1
Dental – Oral and Maxillofacial Surgery	23
Dental – Orthodontics	21
Dental – Periodontics	3
Dental – Preventive	6
Dental – Prosthodontics	13
Dental – Restorative	7
Extra Benefits Offered by Plan	1
Total	81

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 was submitted to CMS in Spring 2021. In the Evaluation Report, the evaluation team examined the effect the Prepaid Dental Health Program has on accessibility, quality, utilization, and the cost of dental health care services.

The draft and final reports for the Pre-paid Dental Health Program were submitted on April 1, 2021, and May 15, 2021, respectively. The report will included survey results from the CAHPS Dental Services Survey of PDHP program child enrollees and the Expanded Benefits Survey of PDHP adult plan enrollees.

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. Second Quarter Activities

The Agency continued to work with the MMA plans to improve the Behavioral Health and Supportive Housing Assistance Pilot, both on an individual and collective basis.

- During the first quarter, the Agency hosted regular meetings with the MMA plans to monitor how their individual programs were developing, and 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. The report was developed and distributed to the MMA plans during the first quarter, and during the second quarter in November 2020, the plans submitted their first Monthly Case Management report. Monthly Case Management Reporting is ongoing.
- The Agency conducted individual assessments of each of the MMA plans' Behavioral Health and Supportive Housing Assistance Pilots in July and August of 2020. The assessment topics included targeted case management, member enrollment, provider network adequacy, waiver services, partner and community relationships, and overall impact of the pilot. One barrier identified by the MMA plans was enrolling atypical providers.
 - During the first quarter, the Agency provided additional guidance and assistance, as necessary, to the MMA plans to assist them in enrolling atypical providers. This atypical provider enrollment guidance was useful to the plans and there were not any additional questions on this issue during the second quarter.
- To further refine the program, the Agency continues to meet with the MMA plans. The meetings have moved to an ad hoc basis, as the program continues to 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 health plans participating in the Behavioral Health and Supportive Housing Assistance Pilot have now reported on quarterly performance measures for a full year. The table below includes the measures reported for the second quarter of DY15; October – December 2020.

Behavioral Health and Supportive Housing Assistance Pilot Quarterly Performance Measure Summary DY15_Q2	
Measures	Rate Across Plans
Percent of Participants with a Comprehensive Health Risk Assessment	83%
Percent of participants that received at least one core housing assistance service	27%
Percent of participants whose housing condition was upgraded	9%
Percent of participants who had stable permanent housing	37%
Percent of participants with an SUD dx who received medication and bx therapy	34%
Percent of participants with SUD dx who report no drug use	63%
Percent of participants with an SMI dx who are compliant with medication management requirements	81%
Percent of pilot participants who achieved permanent housing	6%

Based on data reported by plans as of April 30, 2021. Rates are subject to change as additional claims run-out occurs.

For five of the measures, the MMA plans reported on the percent of participants who were enrolled in the pilot for at least one month during the quarter. The rate across plans increased across five of the eight measures and remained the same for two measures. The only measure that decreased during the second quarter was the percentage of participants whose housing condition was upgraded. It should be noted that reports of service utilization are based on claims/encounters, so it is possible that participants have received services that are not yet being counted due to a claim/encounter not having been submitted by the provider prior to the MMA plans' reporting these data to the Agency.

The following measures assess participants enrolled during the second quarter who were also enrolled in the first 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	10%
Percent of participants with reduced emergency department (ED) visits during the quarter	54%
Percent of participants with reduced hospital admissions or readmissions during the quarter	65%

2.3 Evaluation Activities and Interim Findings

The evaluation team submitted the first evaluation of Component 10 in Spring 2021.

The evaluation team submitted the Preliminary Housing Assistance Pilot report on May 5, 2021, and the final report was submitted on August 16, 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 for this quarter. Performance measure information will be reported in the DY15 Annual Report.

3.3 Evaluation Activities and Interim Findings

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 Medicaid Retroactive Eligibility report to the Agency on October 15, 2020 and the final draft on December 1, 2020. The report analyzed data twelve (12) months prior to the Waiver of Retroactive Eligibility and twelve (12) months post Waiver of Retroactive Eligibility. The Vendor also conducted a Retroactive Enrollment Survey in Demonstration Year 14 as required by CMS and as outlined in the approved evaluation design plan. The final report was approved by the Agency on February 19, 2021. The first full evaluation of the waiver of retroactive eligibility is due to CMS no later than June 30, 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 STC #106 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

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_Q2

The evaluators facilitated data requests and data verification and submitted survey and interview materials to the Agency for review and approval for DY13 and DY14. Evaluators submitted one final report, the Retroactive Eligibility Waiver report for DY13 and DY14. There were no additional activities that occurred during the DY15_Q2 reporting period.

Section IV: Budget Neutrality and Financial Reporting

The 1115 Managed Medical Assistance Waiver continues to be budget neutral. The Quarterly Budget Neutrality Report for this quarter was submitted by the Agency to CMS, via the 1115 Performance Metrics Database and Analytics (PMDA) system, on April 19, 2021.