Florida Medicaid
Managed Medical Assistance Waiver

1115 Research and Demonstration Waiver
#11-00206/4

Quarterly Monitoring Report
Part B

(Third Quarter)
January 1, 2021 – March 31, 2021

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.

In January 2021, CMS granted the State's request for an extension of the MMA Waiver. Under the extension, the State is required under Special Term and Condition (STC) #75 to submit three Quarterly Monitoring Reports to CMS in addition to the Annual Monitoring Report.

Per the STCs, the MMA Quarterly Monitoring Reports are due 60-days following the end of each demonstration quarter; however, due to the extraordinary circumstances presented by the Public Health Emergency (PHE), CMS granted an extension for the 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 third quarter of Demonstration Year 15 (DY15_Q3); January 1, 2021 through March 31, 2021.

Section I: Prepaid Dental Health Program

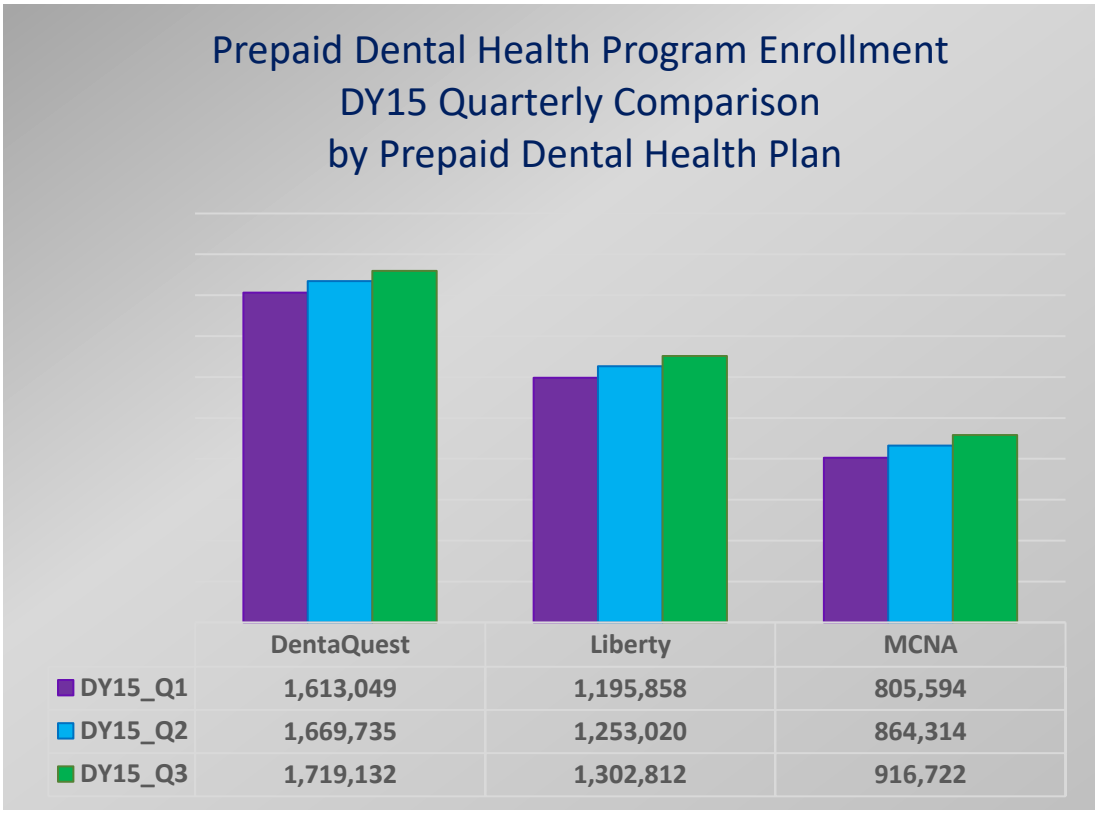
1.1 Operational Update

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.

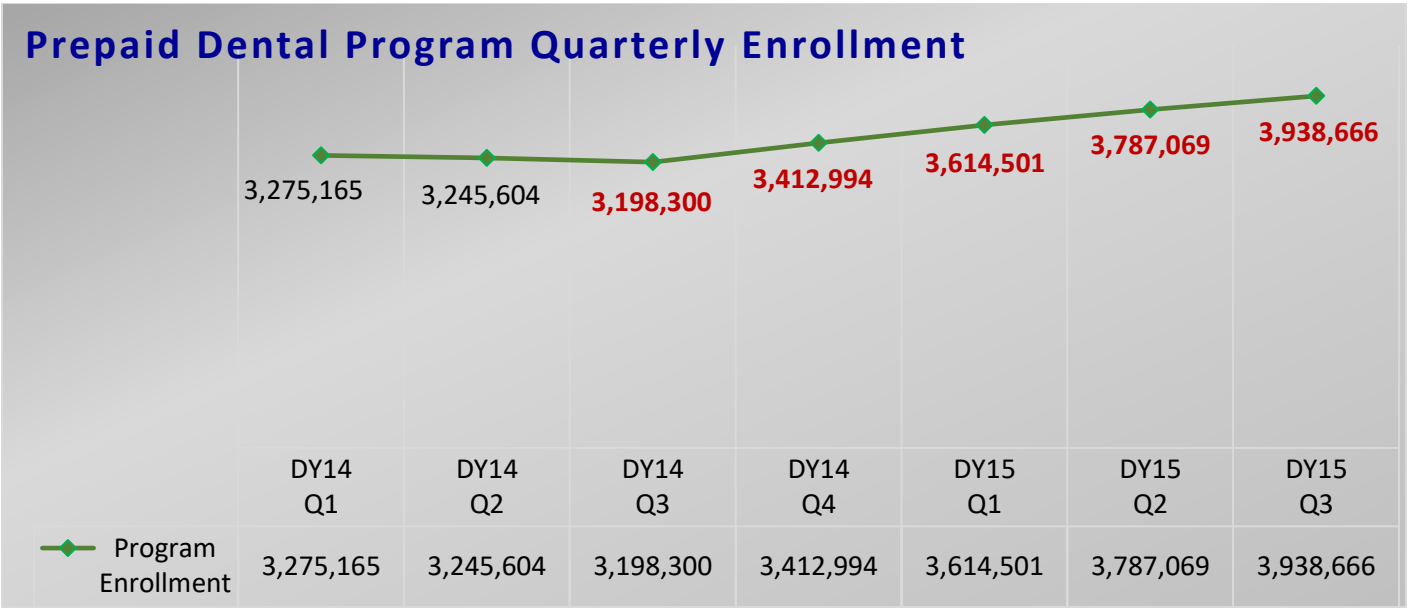
There were 3,938,666 Florida Medicaid recipients enrolled in the three dental health plans contracted with the State of Florida in DY15_Q3. The three dental plans contracted with Florida Medicaid are DentaQuest, Liberty, and MCNA Dental, and each of these plans are available in all 11 Florida Medicaid regions.

The Prepaid Dental Health Program's enrollment has continued to increase across all three dental health plans throughout DY15, as illustrated in the graph below. This trend was expected as the State is still operating under the Families First Coronavirus Response Act's Maintenance of Effort requirements, which mandate continuous coverage for all Medicaid recipients.



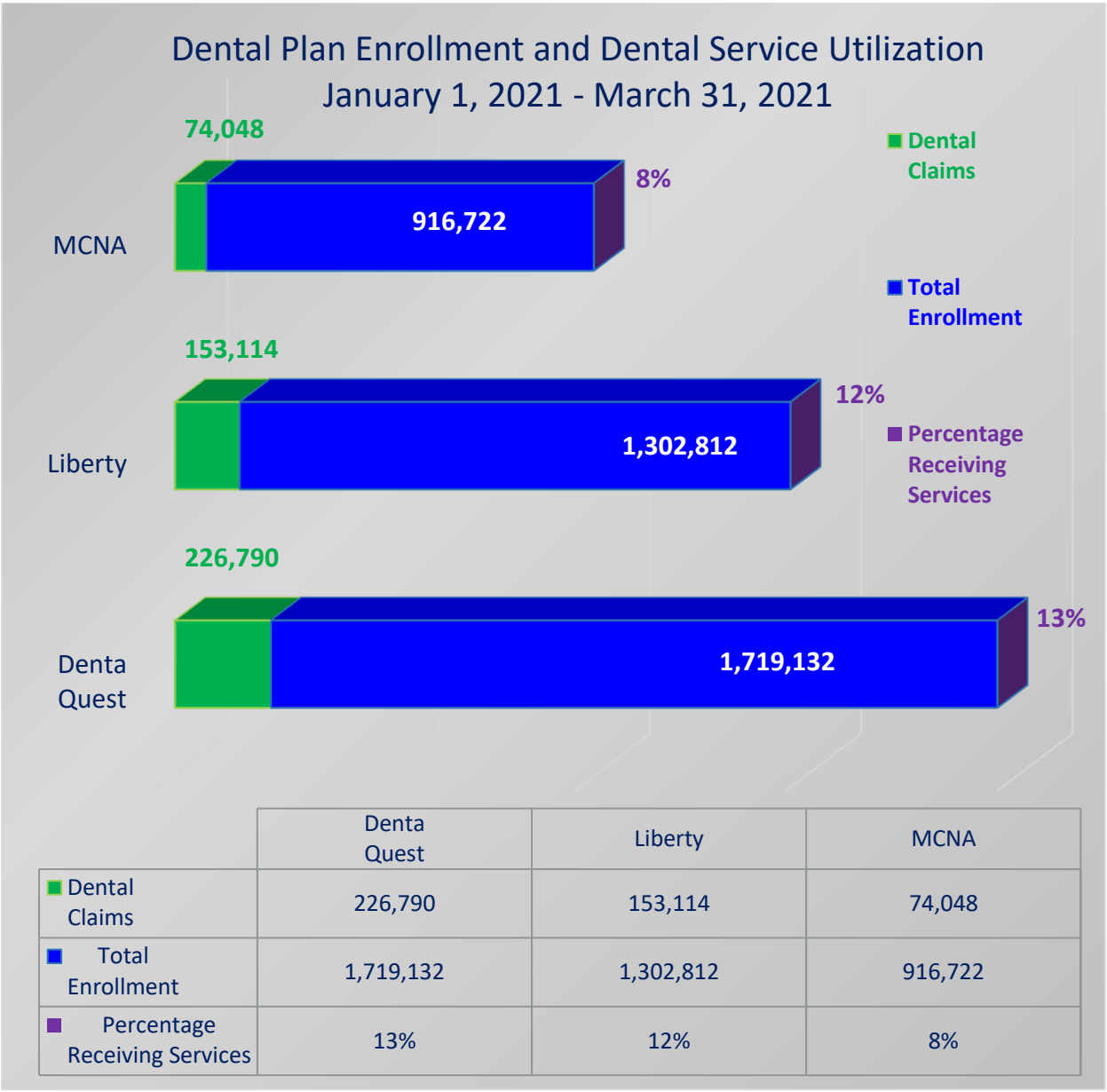
	DentaQuest	Liberty	MCNA
DY15_Q1	1,613,049	1,195,858	805,594
DY15_Q2	1,669,735	1,253,020	864,314
DY15_Q3	1,719,132	1,302,812	916,722

The following graph contains program enrollment information from the two quarters preceding the declaration of the PHE due to COVID-19 through the current demonstration quarter. As the graph illustrates, enrollment was gradually decreasing prior to the PHE and the Maintenance of Effort requirements contained in the Family First Coronavirus Response Act. However, 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 approximately 180,000 individuals. The quarters during which the PHE was in place are notated in red.



B. Utilization

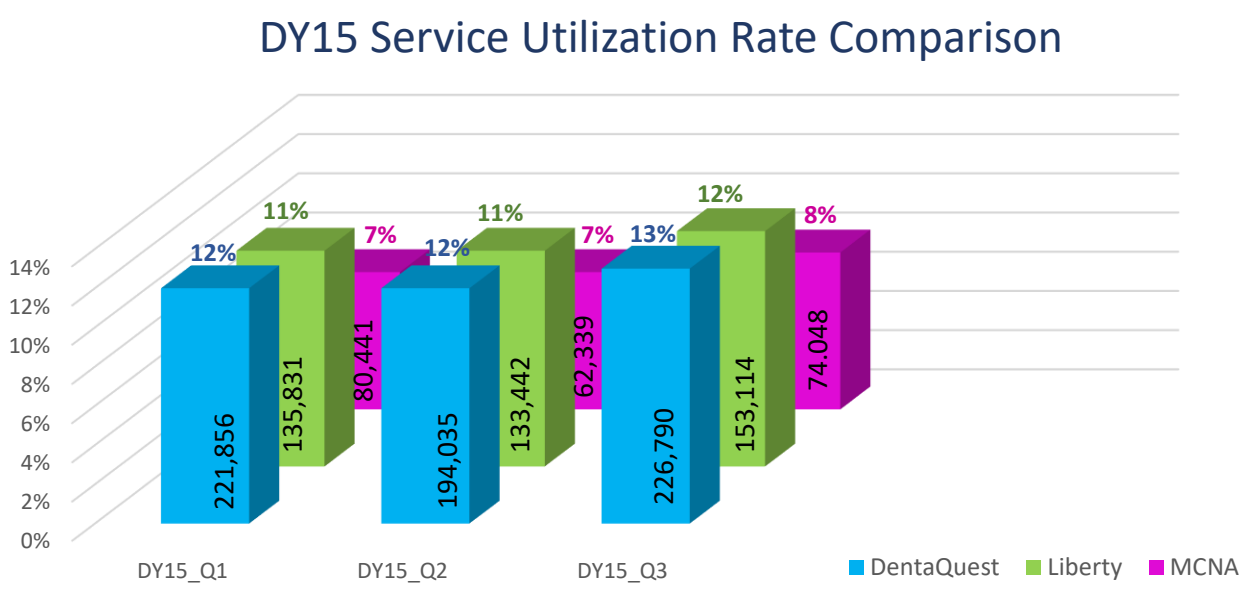
The chart on the following page details the Prepaid Dental Health Program's enrollment and service utilization, by dental health plan, for DY15_Q3. Service utilization, in this instance, is based on any dental service claim submitted by a Prepaid Dental Health Program provider during the third quarter 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	226,790	153,114	74,048
Total Enrollment	1,719,132	1,302,812	916,722
Percentage Receiving Services	13%	12%	8%

During the previous two quarters, enrollment continued to increase while the service utilization rates remained consistent; thus, it is notable that during this quarter the enrollment and service utilization rates both increased.

The comparison on the following page details each of the dental health plans' service utilization rates, along with their enrollment figures, for each of the DY15 quarters. As previously noted, enrollment increased during each of the quarters, but the service utilization rate only increased during the third quarter. This is attributable to the increased availability of the COVID-19 vaccine and the lifting of non-essential service suspensions.



C. Complaints, Grievances, and Appeals

The Prepaid Dental Health Program has been operational statewide for nine quarters, during which it has maintained a low complaint rate, with each quarter having well below 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_Q3 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	**DY15 Q3**
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	**3,938,666**
Dental Complaints	308	357	478	326	283	209	370	282	**363**
Complaints per 1,000 Enrollees	**.099**	**.115**	**.146**	**.100**	**.094**	**.062**	**.102**	**.074**	**.092**

D. Fair Hearings

During DY15_Q3, there were 116 Prepaid Dental Health Program Fair Hearings requested. This is a 38% increase from the second quarter of DY15, during which there were 84 Fair Hearing requests. The Fair Hearing requests are itemized by service type in the following table.

Prepaid Dental Health Program Fair Hearings DY15_Q3	
Service Type	**Count**
Dental - Adjunctive General Services	6
Dental – Oral and Maxillofacial Surgery	36
Dental – Orthodontics	47
Dental – Periodontics	8
Dental – Preventive	2
Dental – Prosthodontics	11
Dental – Restorative	6
Total	**116**

The increase to the number of Fair Hearings requested primarily occurred in the Oral and Maxillofacial Surgery and Orthodontics categories.

1.2 Performance Metrics

The 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 this process 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 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 are 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. Third Quarter Activities

The MMA plans have been working to recruit more providers, and the plans hosted a stakeholder engagement meeting to discuss this topic in March.

To further refine and improve the program, the Agency continues to meet with the participating 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 over a year. The following table includes the measures reported for the third quarter of DY15.

Behavioral Health and Supportive Housing Assistance Pilot Quarterly Performance Measure Summary DY15_Q3	
Measures	**Rate Across Plans**
Percent of Participants with a Comprehensive Health Risk Assessment	79%
Percent of participants that received at least one core housing assistance service	33%
Percent of participants whose housing condition was upgraded	12%
Percent of participants who had stable permanent housing	40%
Percent of participants with an SUD dx who received medication and bx therapy	33%
Percent of participants with SUD dx who report no drug use	59%
Percent of participants with an SMI dx who are compliant with medication management requirements	79%
Percent of pilot participants who achieved permanent housing	5%

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, 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, 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 plans' reporting these data to the Agency.

The following measures assess participants enrolled during the second 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	29%
Percent of participants with reduced emergency department (ED) visits during the quarter	64%
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 Preliminary Housing Assistance Pilot report on May 5, 2021, and the final report was submitted on August 16, 2021. The report included data that spans DY14 and DY15. Research questions for the supportive housing assistance pilot report will be addressed beginning with the evaluation of Demonstration Year 14 (SFY 2019-20).

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 1115 Managed Medial Assistance Demonstration Waiver was amended in January 2021; per the amendment, the Agency is required, under STC #111, 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

The Agency is currently working with the evaluators to update and revise the Evaluation Design to align with the amended STCs. The Agency and evaluation team submitted the revised evaluation design to CMS on July 14, 2021. The revised evaluation design included a new component that investigates cost outcomes for the demonstration as a whole. 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_Q3

The evaluators will submit preliminary drafts of the Prepaid Dental Health Program and the Behavioral Health and Supportive Housing Assistance Pilot reports during the next quarter. The Agency's correspondence with the evaluators during this quarter, confirm that evaluators will provide the preliminary reports, timely. Evaluators submitted one final report, the Retroactive Eligibility Waiver report for DY13 and DY14 which was approved by the Agency on February 9, 2021. There were no additional activities that occurred during the DY15_Q3 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 was be submitted by the Agency to CMS, via the 1115 Performance Metrics Database and Analytics (PMDA) system, on July 1, 2021.