Florida Medicaid
Managed Medical Assistance Waiver

1115 Research and Demonstration Waiver
#11-00206/4

Quarterly Monitoring Report
Part B

(Second Quarter)
October 1, 2021 – December 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 recent years, the State, with CMS approval, has added additional programs and pilot projects, including the Prepaid Dental Health Program and the Behavioral Health and Supportive Housing Assistance Pilot to the MMA Waiver. CMS also granted the State's request for a waiver of retroactive eligibility.

Due to these programmatic additions, and the waiver extension granted in January 2021, the State is required under Special Term and Condition (STC) #75 to submit three Quarterly Monitoring Reports in addition to the Annual Monitoring Report to CMS.

Per the STCs, the MMA Quarterly Reports are due 60-days following the end of each quarter; 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 quarter.

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 16 (DY16_Q2); September 1, 2021 through December 31, 2021.

Section I: Prepaid Dental Health Program

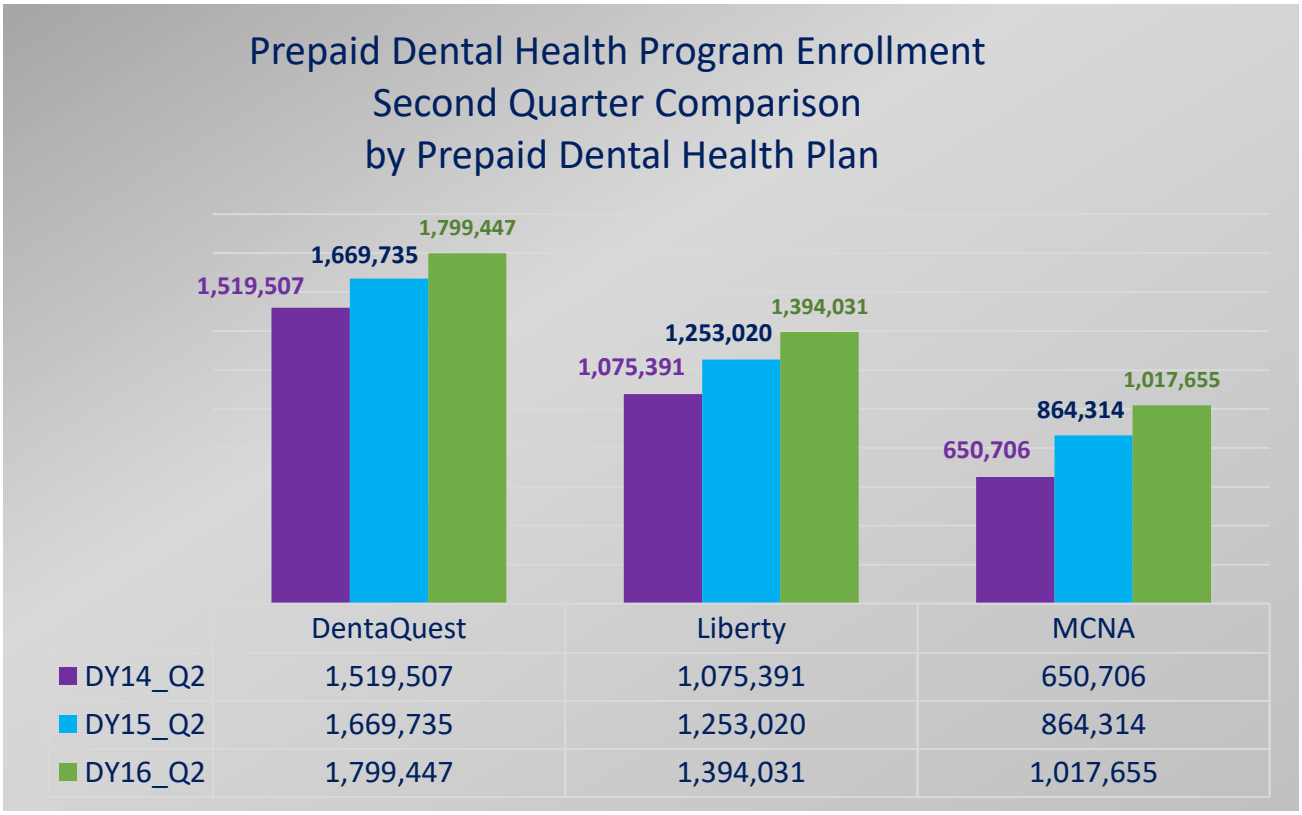
1.1 Operational Update

A. Prepaid Dental Health Plan Enrollment

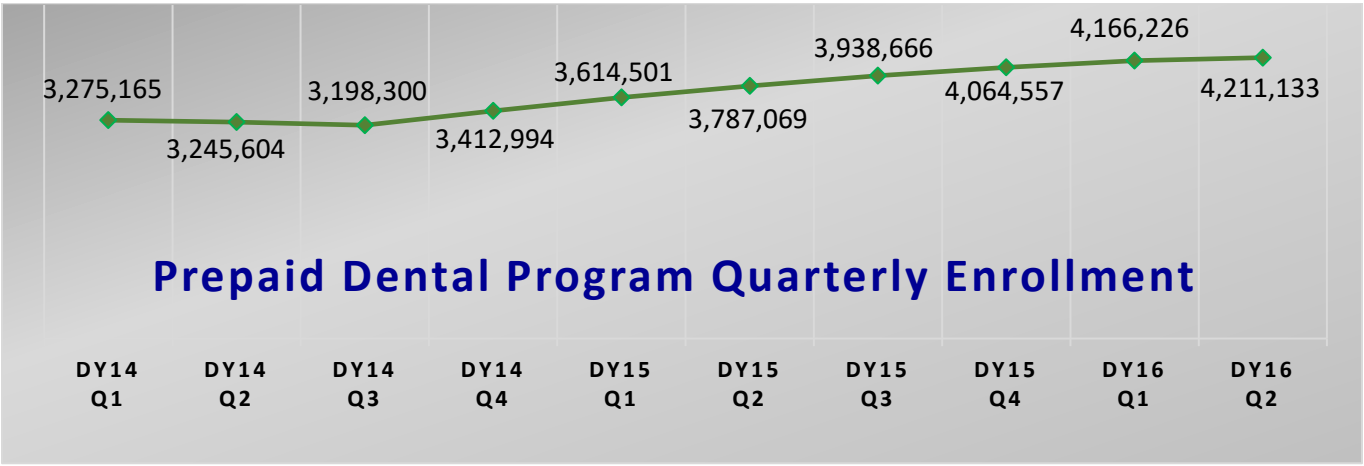
The State completed the implementation of the Prepaid Dental Health Program in February 2019, and the majority of Florida Medicaid recipients receive their dental services through the Prepaid Dental Health Program. In addition to preventive and therapeutic dental coverage, dental health plans also offer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

During the second quarter of DY16, there were 4,211,133 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's second quarter enrollment for DY16 increased over that of DY14 and DY15's second quarter enrollment, which were 3,245,604 and 3,787,069 respectively. The following graph contains a comparison of DY14 through DY16's second quarter enrollment data for the Prepaid Dental Health Program by dental health plan.

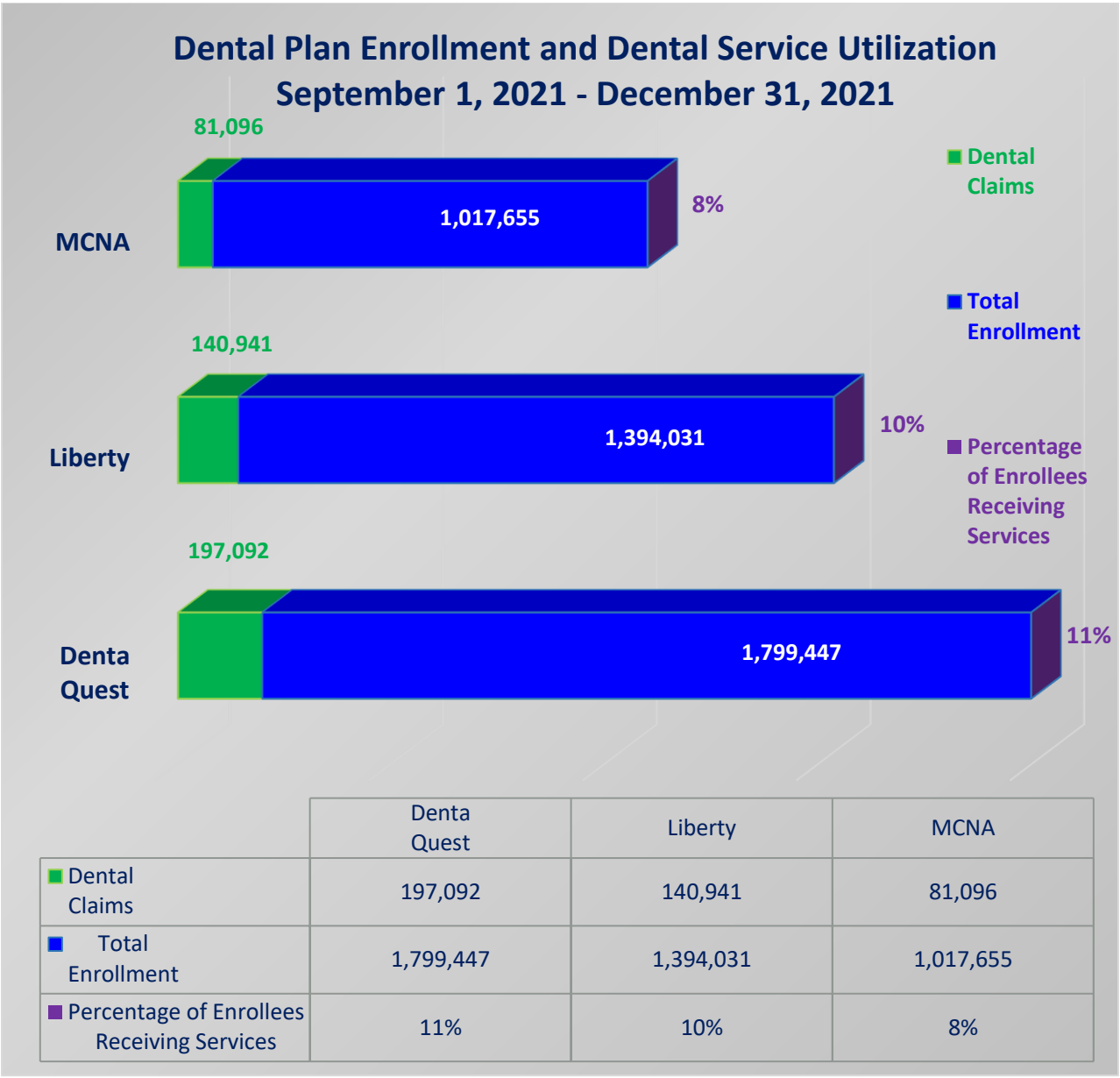


The following graph details the enrollment trend since the first quarter of DY14, and as illustrated below, enrollment in the Prepaid Dental Health Program began to increase during the last quarter of DY14 and has continued this trend through the most recent quarter: DY16_Q2. This trend is attributable to the COVID-19 Public Health Emergency (PHE) and the Maintenance of Effort requirements contained in the Family First Coronavirus Response Act, which was enacted during the last month of the third quarter of DY14.



B. Utilization

The chart on the following page details the Prepaid Dental Health Program's enrollment and service utilization, by dental health plan, for DY16_Q2. Service utilization, in this instance, includes all dental service claims submitted by a Prepaid Dental Health Program provider during the second quarter of DY16. However, since service utilization is based on claims data, the figures reflected in the chart will increase, as providers may have not yet billed for all services rendered during this time period.

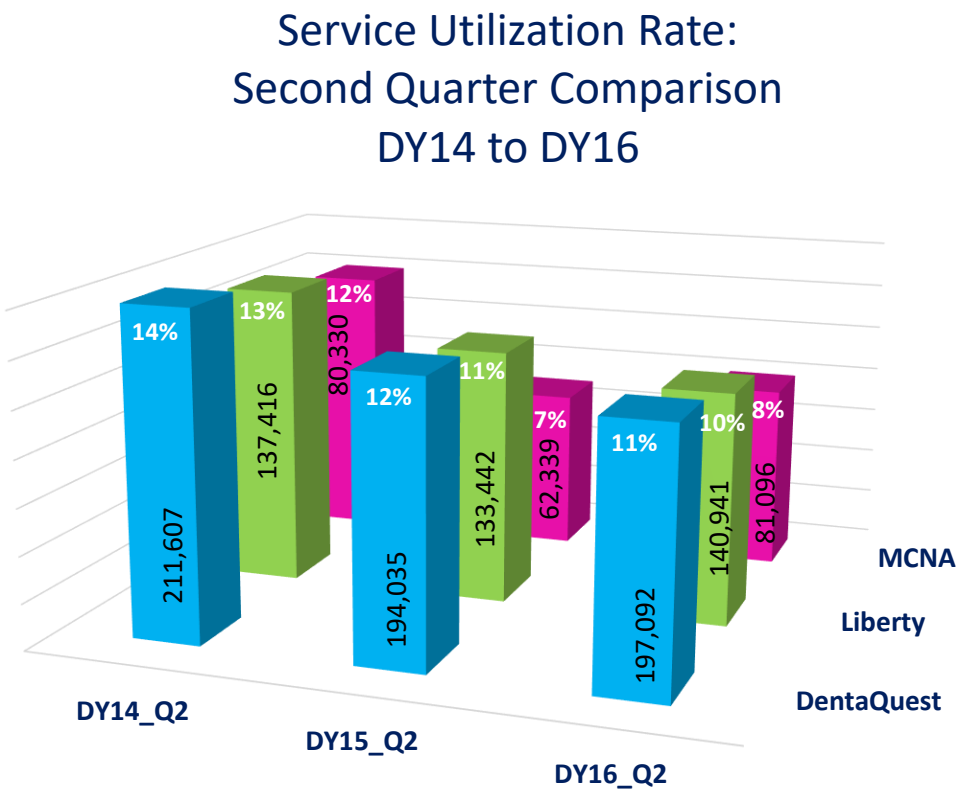


	Denta Quest	Liberty	MCNA
Dental Claims	197,092	140,941	81,096
Total Enrollment	1,799,447	1,394,031	1,017,655
Percentage of Enrollees Receiving Services	11%	10%	8%

As the comparison on the following page details, the service utilization rates for the second quarter of DY16 decreased from the service utilization rates of DY14 and DY15, with the exception of the MCNA plan. The service utilization rate for the MCNA plan increased over the second quarter of DY15 but is still below the level experienced in DY14.

While the service utilization rate overall has decreased, the number of claims submitted to the plans have increased over the number of claims submitted in DY15_Q2.

The service utilization rate, derived from claims, 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 twelve quarters, during which it has maintained a low complaint rate, with less than one complaint per 1,000 enrollees each quarter. The following chart encompasses all complaints reported to the Agency since the program's inception in February 2019, including the most recent DY16_Q2 figures contained in the last row.

Prepaid Dental Health Program Complaint Rates			
Demonstration Quarter	**Dental Enrollment**	**Dental Complaints**	**Complaints per 1,000 Enrollees**
DY13_Q3	3,109,753	308	.099
DY13_Q4	3,093,332	357	.115
DY14_Q1	3,275,165	478	.146
DY14_Q2	3,245,604	326	.100
DY14_Q3	3,198,300	283	.094
DY14_Q4	3,412,994	209	.062
DY15_Q1	3,614,501	370	.102
DY15_Q2	3,760,027	282	.075
DY15_Q3	3,908,367	363	.093
DY15_Q4	4,034,907	452	.122
DY16_Q1	4,166,226	374	.090
DY16_Q2	**4,211,133**	**338**	**.080**

The complaint rate for DY16_Q2 was .080 per 1,000 enrollees, which represents a slight increase over the complaint rate experienced during the second quarter of DY15; however, this quarter's complaint rate decreased from the first quarter of this demonstration year.

D. Fair Hearings

During DY16_Q2, there were 65 Prepaid Dental Health Program Fair Hearings requested. This represents a decrease of 28 requests from last quarter when the Agency received 93 Fair Hearing requests. The Fair Hearing requests for DY16_Q2 are itemized by service type below.

Prepaid Dental Health Program Fair Hearings DY16_Q1	
Service Type	**Count**
Dental - Adjunctive General Services	0
Dental – Diagnostic	0
Dental – Endodontics	2
Dental – Oral and Maxillofacial Surgery	22
Dental – Orthodontics	17
Dental – Periodontics	6
Dental – Preventive	0
Dental – Prosthodontics	15
Dental – Restorative	2
Direct Reimbursement	1
Total	**65**

1.2 Performance Metrics

The Prepaid Dental Health Plans are required to report on several performance measures including measures from the Healthcare Effectiveness Data and Information Set (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 2021 performance measures are due to the Agency by July 1, 2022, and the results will be included in the DY16 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 included on the following page.

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. In the Evaluation Report, the evaluation team examined the effect the Prepaid Dental Health Program had on accessibility, quality, utilization, and the cost of dental health care services.

The draft and final reports for the Prepaid Dental Health Program were submitted on April 1, 2021, and May 15, 2021, respectively. The report includes survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Dental Services Survey of Prepaid Dental Health Program (PDHP) child enrollees and the Expanded Benefits Survey of PDHP adult plan enrollees. CAHPS Dental Services Survey of PDHP program child enrollees was submitted in July 2021; the delay in submission was due to delays associated with compiling the data during the pandemic. The review of this report is ongoing.

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 Molina, Staywell, Aetna, and Simply.

Molina Healthcare of Florida, Inc. is now a participating MMA plan in the Behavioral Health and Supportive Housing Assistance program as they acquired Florida MHS, Inc. d/b/a Magellan Complete Care specialty plan. The merger of these two plans was effective September 1, 2021.

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 continues to collaborate with the participating MMA plans to continually improve the pilot. These efforts are conducted on both an individual and collective basis.
  - The meetings between the MMA plans and the Agency were held regularly, so the Agency could monitor how the individual programs were developing and address any questions or issues as they arose.
  - As the programs become more refined and established, the meetings with the MMA plans moved away from weekly calls; however, the Agency remains available for weekly calls should the need arise.
- During this quarter, the MMA plans have been focused on building their provider networks and enrolling more members into their pilot programs.
- 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 report on quarterly performance measures for the pilot. The table below includes the results for the first quarter of DY16.

Behavioral Health and Supportive Housing Assistance Pilot Quarterly Performance Measure Summary DY16		
Measures	**Rate Across Plans**	
	DY16_Q1	**DY16_Q2**
Percent of Participants with a Comprehensive Health Risk Assessment	91%	88%
Percent of participants that received at least one core housing assistance service	27%	16%
Percent of participants whose housing condition was upgraded	7%	12%
Percent of participants who had stable permanent housing	35%	34%
Percent of participants with an SUD dx who received medication and bx therapy	33%	36%
Percent of participants with SUD dx who report no drug use	58%	57%
Percent of participants with an SMI dx who are compliant with medication management requirements	80%	74%
Percent of pilot participants who achieved permanent housing	4%	3%

Based on data reported by plans as of January 31, 2022. 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 measures detailed in the chart on the following page 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	
	DY16_Q1	DY16_Q2
Percent of participants whose days of homelessness were reduced during the quarter	20%	34%
Percent of participants with reduced emergency department (ED) visits during the quarter	49%	61%
Percent of participants with reduced hospital admissions or readmissions during the quarter	65%	78%

Based on data reported by plans as of January 31, 2022. Rates are subject to change as additional claims run-out occurs.

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.

The evaluation team submitted the Preliminary Housing Assistance Pilot report to the Agency on May 5, 2021, and the final report on August 16, 2021. The Housing Assistance Pilot Report, submitted during last quarter, includes data spanning 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). The report was finalized in December 2021 and provides baseline information on the Behavioral Health and Supportive Housing Assistance Pilot Program.

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' websites (e.g., the Department of Children and Families, which processes eligibility applications),
- 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.

3.3 Evaluation Activities and Interim Findings

The Evaluation Design, containing Component 9: The Waiver of Retroactive Eligibility became effective February 1, 2019. 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 evaluators submitted the draft Waiver of Medicaid Retroactive Eligibility report to the Agency for review on December 15, 2021. The report analyzes data from February 2020 through the most recent month available. This report also analyzes data twelve (12) months prior to the Waiver of Retroactive Eligibility and twenty-four (24) months post Waiver of Retroactive Eligibility.

The evaluation team submitted the draft summative report to the Agency on November 1, 2021. The draft summative report spans demonstration years 9 through 14 and includes an executive summary with key findings, conclusions, and recommendations as applicable. Also included in the report is a description of the demonstration; a summary of the evaluation designed employed, including the evaluation questions, hypotheses, measures, and data sources; analysis; and overall findings, conclusions, and recommendation as applicable. The Agency's review of this report is ongoing, and the final report is due to the Agency on April 1, 2022 and to CMS on June 30, 2022.

Section IV: Evaluation of the Demonstration

4.1 Overview

The evaluation of the demonstration is an ongoing process conducted throughout 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 Special Terms and Condition (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 worked 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 includes a new component that investigates cost outcomes for the demonstration as a whole. The Evaluation Design also 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 Agency received feedback from CMS on the evaluation design on October 19, 2021. The Agency's response to CMS' feedback was originally due in December 2021; however, due to administrative changes in the vendor management of the MMA Evaluation Design, the Agency requested and received and extension.

The Agency submitted the initial responses to CMS' feedback on February 15, 2022 and will submit the complete revisions to the Evaluation Design to CMS by March 17, 2022.

4.3 Summary of Evaluation Activities: DY16_Q2

The Agency finalized the Behavioral Health and Supportive Housing Assistance Pilot report during this quarter. The Agency is currently reviewing the Prepaid Dental Health Program report, the first draft of the Retroactive Eligibility Waiver report, and the Summative Report.

Correspondence with the evaluators during this quarter, confirm that evaluators will provide the final reports, timely. There were no additional activities that occurred during the DY16_Q2 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 April 1, 2022.