Florida Medicaid
Managed Medical Assistance Waiver

1115 Research and Demonstration Waiver
#11-00206/4

Quarterly Report

(Second Quarter)
October 1, 2019 – December 31, 2019

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.

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 14 (DY14_Q2); October 1, 2019 through December 31, 2019.

Section I: Prepaid Dental Health Program

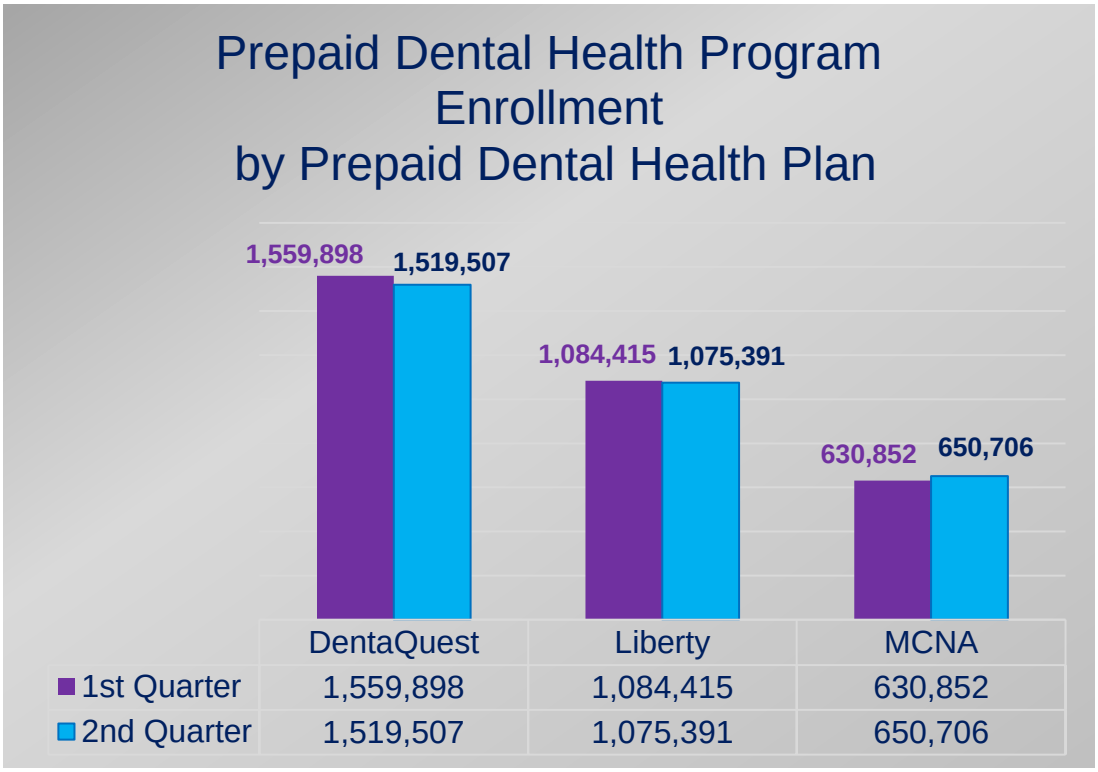
1.1 Operational Update

A. Pre-Paid Dental Health Plan Enrollment

The State completed the implementation of the Prepaid Dental Health Program in February 2019. 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.

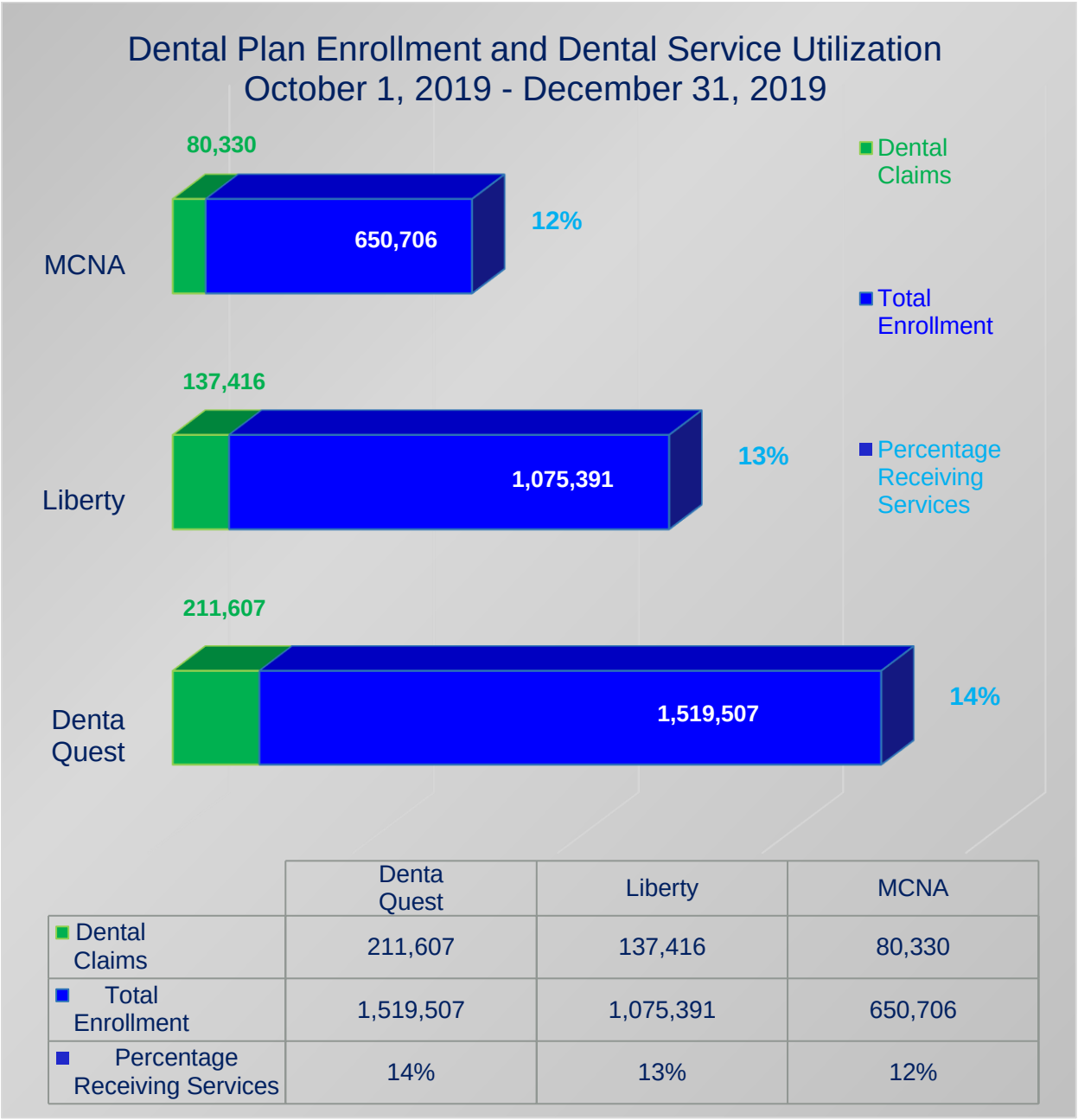
There are currently 3,245,604 Florida Medicaid recipients enrolled in the three dental health plans contracted with the State of Florida. The three dental plans contracted with Florida Medicaid are DentaQuest, Liberty, and MCNA Dental, and each of these plans are available in all 11 Florida Medicaid regions.

The Prepaid Dental Health Program enrollment total has slightly decreased from the first quarter's enrollment total, which was 3,275,165; however, fluctuation in enrollment was anticipated as total Medicaid enrollment decreased during the quarter. The following graph contains enrollment data for the Prepaid Dental Health Program by dental health plan for this demonstration year.



B. Utilization

The following chart details the Prepaid Dental Health Program's enrollment and service utilization for DY14_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 DY14. 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. The chart below illustrates the enrollment and service utilization data by Prepaid Dental Health Plan.



	Denta Quest	Liberty	MCNA
Dental Claims	211,607	137,416	80,330
Total Enrollment	1,519,507	1,075,391	650,706
Percentage Receiving Services	14%	13%	12%

C. Complaints, Grievances, and Appeals

The Prepaid Dental Health Program has been operating statewide for four 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 represents all of the complaints reported to the Agency since the program began in February 2019, including the most recent DY14_Q2 figures located in the last column.

Prepaid Dental Health Program Complaint Rates				
	DY13 3rd Quarter	DY13 4th Quarter	DY14 1st Quarter	DY14 2nd Quarter
Dental Enrollment	3,109,753	3,093,332	3,275,165	3,245,604
Dental Complaints	308	357	478	326
Complaints per 1,000 Enrollees	**.099**	**.115**	**.146**	**.100**

D. Fair Hearings

During DY14_Q2, there were 78 Fair Hearings requested under the Prepaid Dental Health Program. The 78 requested Fair Hearings are itemized by service type and dental health plan in the chart below.

Dental Health Plan Fair Hearings (DY14_Q1)		
Dental Health Plan Name	Service Description	Count
DentaQuest	No Service Description Provided Dental Adjunctive General Endodontics Oral And Maxillofacial Surgery Orthodontics Preventive Prosthodontics Restorative Extra Benefits Offered by Plan	1 5 1 2 18 12 1 14 3 2
Liberty	Orthodontics Periodontics Preventative Prosthodontics Restorative	8 2 1 1 1
MCNA Dental	Prosthodontics Restorative Extra Benefits Offered by Plan	1 4 1
	Total	***78***

1.2 Performance Metrics

Prepaid Dental Health Plans are required to report on a number of dental performance measures including measures from HEDIS, the Medicaid and CHIP Child Core Set, and the Dental Quality Alliance. The Prepaid Dental Health Plans must submit these performance measures to the Agency each year. Calendar year 2019 performance measures are due to the Agency by July 1, 2020, and the results will be included in the DY14 Annual Report.

The dental plan performance metrics have remained consistent, thus there are no updates to report. The performance metrics Prepaid 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

A. CMS 416 Report

The State submits performance data, specific to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), to CMS annually in the CMS 416 Report. The CMS 416 reporting components pertaining to the Prepaid Dental Health Program will be reported in the third quarter MMA report.

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 will provide 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 will be available to enrollees of the MMA plans that were selected to participate in the pilot.

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 an 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 ready for move-in
- **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

- Program Kick-Off Events

  There were Behavioral Health and Supportive Housing Assistance kickoff events held in the participating Medicaid regions. The first was held in Medicaid region 7 on November 20, 2019, and the second was held in Medicaid region 5 on November 21, 2019. The events were for program providers, the health plans, and interested stakeholders. Secretary Mary C. Mayhew presented and publically announced the four MMA plans selected to participate in the pilot program. The MMA plans selected are Aetna, Staywell, Simply, and Magellan.

- The Agency and the MMA plans communicated several times over the quarter. These communications related to:
  - Reporting requirements and deadlines,
  - Data sharing,
  - Communications with recipients, and
  - The MMA plans' tracking, billing, and payments for services.
- Each of the plans supplied, and the Agency received and approved, evidence of system readiness prior to the December 1, 2019 pilot start date.

D. Behavioral Health and Supportive Housing Assistance Pilot Current and Future Activities

The MMA plans participating in the Behavioral Health and Supportive Housing Assistance Pilot will submit their first monthly reports in February and their first quarterly reports in April. The quarterly report information will be included in the next MMA Quarterly Report to CMS.

2.2 Performance Metrics

The MMA plans approved for the pilot will submit an Enrollee Roster Report on a monthly basis. In addition, the plans will also be required to 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 and are listed in the following charts.

Behavioral Health and Supportive Housing Assistance Pilot Performance Measure Reporting Requirements The Number/Percentage Of Participants:
Who have received a Comprehensive Health Risk Assessment within 30 days of enrollment in the pilot
Who have received at least one core Housing Assistance Service each month
Whose housing condition was upgraded during the preceding quarter
Who had stable and permanent housing during the preceding quarter
Whose days of homelessness (of those who meet the definition of homeless) during the preceding quarter are reduced
Have a SUD diagnosis who have received medication assisted treatment (medication and behavioral therapy) in the past quarter
Have a SUD diagnosis who report no drug use in the past month
Are employed or with increased hours worked during the past month
Have a SMI diagnosis who are compliant with medication management requirements

Additional Behavioral Health and Supportive Housing Assistance Pilot Performance Measures
The number/percent of reduced emergency department visits among participants in the past quarter
The number/percent of reduced hospital admissions or readmissions among participants in the past quarter
Housing permanency achieved for 60% of participants (i.e., graduation from the program) in the past month

2.3 Evaluation Activities and Interim Findings

The Agency submitted the most recent revised Evaluation Design, containing 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 December 9, 2019. This submission incorporated changes resulting from CMS' feedback, received August 26, 2019, on the July 24, 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.

C. Second Quarter Activities

The Florida Legislature is currently in session and is considering several proposals to extend the retroactive eligibility policy. Some proposals extend it for one year and others extend it indefinitely. The legislative session is slated to conclude March 13, 2020.

3.2 Performance Metrics

There are no updates to report for performance metrics related to retroactive eligibility for the period of October 1, 2019 through December 31, 2019. This will be reported in our DY14 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 December 9, 2019.

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 will continue to develop portions of the evaluation design over the next year, with the evaluation being due to the Agency in Fall 2020.

As stipulated in the Evaluation Design contract, the University of Florida created a stakeholder survey designed to collect key items of information in order to analyze stakeholder perspective on the enrollment process changes as well as the impact of medical debt on Medicaid applicants and enrollees. The survey information, in conjunction with the full evaluation of the waiver, will be utilized to assess the retroactive eligibility policy change and the impact of medical debt on Medicaid applicants and beneficiaries.

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.

4.3 Summary of Evaluation Activities: DY14-Q2

The evaluators have submitted draft evaluation reports evaluating DY12 (SFY2017-18) to the Agency, who is currently in the review process. The evaluators submitted a draft report for Project 3 in September 2019, a draft report for Project 2 in October 2019, and a draft for Project 1 in November 2019.

Section IV: Budget Neutrality and Financial Reporting

CMS Form 64, on MMA program expenditures associated with the populations affected by this demonstration, was submitted through CMS' Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) on October 30, 2019.

The 1115 Managed Medical Assistance Waiver continues to be budget neutral. The Budget Neutrality Workbook was submitted by the Agency to CMS, via the 1115 Performance Metrics Database and Analytics (PMDA) system, on December 1, 2019.