Florida
MEDS-AD Waiver

Quarterly Progress Report
January 1, 2014 – March 31, 2014

1115 Research and
Demonstration Waiver
#11-W-00205/4

FLORIDA MEDICAID
A Division of the Agency for Health Care Administration

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I. Introduction

This report includes programmatic and financial activities for the period January 1, 2014 through March 31, 2014. By implementing this waiver, the Agency for Health Care Administration (Agency) seeks to demonstrate that the total cost of providing access to care for the MEDS-AD population (including costs for the Medication Therapy Management Program) will not exceed expected long-term cost of care for these individuals had they not received coverage until they required institutional care.

II. Budget Neutrality Update

The following table compares actual waiver expenditures to the costs projected for this population had the waiver not been granted. To date, actual expenditures have been below the projected cost.

Table 1
Budget Neutrality
1115 MEDS-AD Waiver

DEMO YEAR	Quarter Ended	WW Expenditures	WW Expenditures Cumulative Total	WOW (Target) Expenditures	WOW Expend Total	Difference	Cumulative Difference
DY1	Q1	51,696,950		507,710,894		456,013,944	
	Q2	132,235,096		507,710,894		375,475,798	
	Q3	105,271,113		507,710,894		402,439,781	
	Q4	146,356,839	435,559,998	507,710,894	2,030,843,575	361,354,055	1,595,283,577
DY2	Q5	69,927,763		460,700,626		390,772,863	
	Q6	79,047,475		460,700,626		381,653,151	
	Q7	87,567,517		460,700,626		373,133,109	
	Q8	90,210,963	762,313,716	460,700,626	3,873,646,079	370,489,663	3,111,332,363
DY3	Q9	93,882,619		455,999,599		362,116,980	
	Q10	103,108,178		455,999,599		352,891,421	
	Q11	95,761,142		455,999,599		360,238,457	
	Q12	96,128,169	1,151,193,824	455,999,599	5,697,644,476	359,871,430	4,546,450,652
DY4	Q13	107,727,900		465,401,653		357,673,753	
	Q14	106,365,677		465,401,653		359,035,976	
	Q15	120,849,499		465,401,653		344,552,154	
	Q16	133,665,863	1,619,802,762	465,401,653	7,559,251,086	331,735,790	5,939,448,324
DY5	Q17	138,153,082		460,700,626		322,547,544	
	Q18	144,229,555		460,700,626		316,471,071	
	Q19	134,966,909		460,700,626		325,733,717	
	Q20	148,599,566	2,185,751,874	460,700,626	9,402,053,590	312,101,060	7,216,301,716
DY6	Q21	154,004,876		*			
	Q22	146,340,361		*			
	Q23	155,268,617		*			

Table 1 Budget Neutrality 1115 MEDS-AD Waiver							
DEMO YEAR	**Quarter Ended**	**WW Expenditures**	**WW Expenditures Cumulative Total**	**WOW (Target) Expenditures**	**WOW Expend Total**	**Difference**	**Cumulative Difference**
	Q24	163,774,246	2,805,139,974	*	9,402,053,590		6,596,913,616
DY7	Q25	165,396,338		*			
	Q26	184,629,761		*			
	Q27	165,063,579		*			
	Q28	168,922,270	3,489,151,922	*	9,402,053,590		5,912,901,668
DY8	Q29	151,084,893		*			
	Q30	150,685,372		*			
	Q31	159,542,998		*			
	Q32	162,697,430	4,113,162,615	*	9,402,053,590		5,123,996,918
DY9	Q 33	158,788,938	4,271,162,615		9,402,053,590		5,130,102,576

*Note: The original WOW expenditure ceiling was not increased with the renewal period beginning in Quarter 21. The $7,216,301,716 cumulative difference between the approved budget neutrality ceiling and actual waiver expenditures as of the end of the original demonstration period on December 31, 2010 was allocated across the 12 renewal quarters as the new expenditure ceiling.

III.Operational Update

1. Eligibility and Enrollment

The Florida Department of Children and Families (DCF) is responsible for conducting intake, assessment, eligibility determination, enrollment, disenrollment, and data collection on the availability of third party coverage including Medicare, and annual re-determinations of eligibility.

To be eligible for the waiver, recipients must be at or below 88% of the Federal Poverty Level (FPL) with assets at or below $5,000 for an individual ($6,000 for a couple) and be in one of the following Medicaid Eligibility Groups (MEG):

- **MEG 1 (MA-Medicaid Only):** Medicaid Only eligibles *not* currently receiving Hospice, Home and Community Based Services, or Institutional Care Services.
- **MEG 2 (MA-Medicaid Institutional):** Medicaid Only eligibles currently receiving Hospice, Home and Community Based Services, or Institutional Care Services.
- **MEG 3 (MA-Dual Eligibles):** Medicaid and Medicare (dual) eligibles receiving Hospice, Home and Community Based Services, or Institutional Care Services. Individuals with Medicare are not eligible for this waiver unless they meet the conditions of MEG 3.

Individuals in MEG 1 must select either the Primary Care Case Management program or a managed care plan if one is available in their area. Choice counseling is provided to enrollees,

and the procedures outlined in the Agency's 1915 (b) Medicaid Managed Care waiver or the 1115 Florida Managed Medical Assistance Waiver (previously known as Medicaid Reform Waiver) are followed if the client does not make a selection. Table 2 details the total count of individuals enrolled through the waiver for this reporting period (October 1, 2013 through December 31, 2013 by month.

Table 2 **1115 MEDS-AD Waiver** January 1, 2014 – March 31, 2014	
Month	**Total Enrollment**
January 2014	**41,515**
February 2014	**41,444**
March 2014	**40,310**

Note: Total enrollment counts are revised for retroactive eligibility determinations, and therefore may change from one reporting period to the next.

2. Comprehensive Medication Reviews

The comprehensive medication review focuses on the MEG 1 fee-for-service group within the waiver since these individuals are not receiving institutional care or are served by a managed care entity. The process includes an initial direct telephone contact to a recipient from a clinical pharmacist who explains the review process and invites the recipient to participate. If the recipient agrees, a call with a case reviewer is scheduled for performance of a Comprehensive Medication Review (CMR). A Medication Action Plan (MAP) is then developed. Quarterly follow-up reviews of the patient health information and claims history are performed to track the result of the review and feedback to the prescriber. The patient and prescriber are contacted again if issues or risks are identified.

Please see Appendix A for a detailed progress report prepared by the University of Florida providing all case review activities for the period December 1, 2013 through February 28, 2014. This report includes detail of case status, patient specific intervention results, listing of interventions faxed to prescribers, a tabulation of the results of the interventions by clinical category, and details of patient responses and ratings of the comprehensive reviews. Please note the progress report from the University of Florida crosses this quarter's reporting period of January 1, 2014 through March31, 2014

3. Data Mining Activities

The current status of initiatives resulting from the data mining activities approved through this demonstration for the period January 1, 2014 through March 31, 2014 is as follows:

- There are 33 active, ongoing initiatives. In addition to the 33 ongoing projects two additional DMARS were suggested by MFCU staff and submitted to AHCA for their review. Both DMARS were denied due to AHCA having ongoing reviews and/or just completing a similar project.
- 29 initiatives completed in total for the period10/2010 to 03/2013.

- Completed initiatives have resulted in 69 individual referrals to the Agency for administrative action. Three additional referrals have been submitted to AHCA under an ongoing DMAR initiative.
- DMAR #70 has resulted in 18 complaints opened by MFCU during the period of 01/01/2014 thru 03/31/2014.

IV. Evaluation Activity

1. Evaluation Requirements

The Agency has contracted with Florida State University to conduct an independent evaluation of the Medication Therapy Management (MTM) program and Data Mining Activities under the waiver during the renewal period (January 1, 2011 through December 31, 2014) of the MEDS-AD section 1115 Demonstration. The evaluation plan for the waiver renewal period was submitted to CMS on April 29, 2011. No deficiencies were noted, and the evaluation activities are proceeding as planned.

2. MEDS-AD MTM Program Description, Design and Initial Findings

The Medication Therapy Management (MTM) program, implemented by the University of Florida's (UF) College of Pharmacy, uses high intensity pharmacy case management services in conjunction with access to appropriate medical care for select aged and disabled individuals as a way to maintain care in the community and prevent premature institutionalization. The program is to be budget-neutral and incorporate innovative service concepts. The Special Terms and Conditions of the waiver require that the total cost of medical services and medication therapy management for persons who are enrolled in the waiver be compared with the estimated cost of institutional care that is avoided.

During the past quarter (January 1, 2014-March 31, 2014), the research team submitted a final evaluation report on the MTM program. The MTM program's final evaluation report integrates findings across all quantitative and qualitative evaluation questions for MTM participants, MTM eligible non-participants, and a matched group (on age, gender, health status, etc.) of the MTM eligible non-participants using the latest available data for inpatient, outpatient, long-term care, medical, and pharmacy claim types.

A thorough examination of many health, utilization, and financial outcomes potentially influenced by the MTM intervention produced the following substantive findings:

- From the participants' perspectives, the MTM program clearly increased their medication adherence. The encouragement of pharmacists was credited as instrumental in that adherence.
- For Cohort 1, substantial pharmacy cost savings were seen between the pre-intervention and intervention periods in the MTM participant group compared to the MTM eligible non-participants. The range of average pharmacy cost savings per MTM participant ranged from $2,456 to $2,612 per recipient per year.
- For Cohort 2, the total number of hospitalizations as well as the likelihood of hospitalizations, declined in the MTM participant group compared to the MTM eligible non-participant population between the pre-intervention and intervention periods.

Since the demonstration period for the MEDS-AD section 1115 Demonstration was extended through December 31, 2014, the contract which oversees the evaluation activities is being extended as well. For Year 3 of the contract, the research team will continue to perform ongoing analyses of the demonstration, with a focus on the pre-intervention and intervention periods for the three study population groups (cohorts).

Medicaid Fraud Control Unit Evaluation Component

The goal of the Data Mining Initiative (DMI) under the MEDS-AD section 1115 Demonstration waiver is to determine if data mining activities performed by the Medicaid Fraud Control Unit (MFCU) in the Florida Office of the Attorney General, in conjunction with the Medicaid Program Integrity (MPI) unit in the Agency, result in the recovery of Medicaid funds paid as a result of fraudulent or abusive billing. The evaluation of data mining activities includes literature research, key informant interviews and MFCU and MPI case file reviews.

The research team completed a final evaluation report during the past quarter (January 1, 2014 - March 31, 2014), which includes quantitative and qualitative analyses conducted over the past year related to all components of the evaluation.

As a result of the analyses, this final evaluation found that:

- Data mining activity significantly added to the amount of opened new cases;
- Data mining activities (FFY 2010- to date) led to 59 MFCU complaints, of which 29 were converted to MFCU cases;
- MFCU and MPI have established formidable and direct communications which will lead, in time, to a potential high return on investment;
- Although actual monetary recoveries cannot be linked to the Data Mining Initiative (DMI) yet, there are currently 11 cases active and/or ongoing which should yield actual returns on investment resulting from the waiver; and,
- While the number of MFCU personnel has reduced, the number of cases changed only marginally. With fewer personnel, MFCU was able to maintain the same level of work flow. The DMI has made a significant impact by enhancing the efficiency and productivity of the MFCU.

In summary, the DMI plays a unique role on the cutting edge of Medicaid fraud prevention, detection, criminal and civil adjudication, and monetary recovery. The evaluation of data mining activities found that the intentions of the initiative are being met and closer coordination between the two agencies, MPI and MFCU, exist because of the Data Mining Initiative. The State of Florida is better positioned to more expeditiously address emerging changes to the threats of Medicaid fraud and abuse perpetrators.

Since the demonstration period for the MEDS-AD section 1115 Demonstration was extended through December 31, 2014, the contract which oversees the evaluation activities is being extended as well. For Year 3 of the contract, the research team will continue to perform ongoing analyses of the demonstration, and key personnel will continue to be interviewed with a focus on MFCU's internal method(s) of operation as it relates to the DMI.

V. Waiver History

1. Legislative Changes

Prior to 2005 changes to section 409.904, Florida Statutes, the MEDS-AD eligibility group was defined as an optional program for persons who were age 65 or older or who were determined to be disabled; whose assets did not exceed established limitations; and whose incomes were at or below 88% of the FPL. Individuals eligible for the program could receive Medicaid medical assistance payments and related services. In 2005, concurrent with federal Medicare Part D implementation, the Florida Legislature amended the statutory eligibility criteria for the MEDS-AD program and directed the Agency in Chapter 2005-60, Laws of Florida, to seek federal waiver authority to revise Medicaid eligibility coverage for the Medicaid MEDS-AD eligibility group beginning January 1, 2006. The eligibility changes to the MEDS-AD program maintained eligibility for qualified recipients without Medicare coverage and eliminated coverage for dually eligible individuals unless the person is eligible for and receiving Medicaid institutional care services, hospice services or home and community based services. The initial demonstration ended on December 31, 2010. The state has received approval for a three-year renewal of federal waiver authority through December 31, 2013 for the MEDS AD demonstration. The state submitted a request Federal CMS for an additional three-year renewal June 28, 2013. Federal CMS granted a 1 year temporary extension for the waiver until December 31, 2014.

2. Program Design

To implement the Legislative changes described above, the state amended Florida Medicaid's State Plan to eliminate the former MEDS-AD eligibility category and submitted an 1115 demonstration waiver for aged or disabled residents of the State of Florida with incomes at or below 88% of the FPL and assets at or below $5,000 for an individual and $6,000 for a couple. Coverage is limited to those aged and disabled persons who are either receiving or elect to receive institutional care, hospice or home and community based services coverage or who are not eligible for Medicare. The New MEDS-AD Program is designed to prevent premature institutionalization of these vulnerable individuals by maintaining their level of care in the community longer through the provision of:

- Access to health care services
- Medication Therapy Management

The continued coverage, as well as the Medication Therapy Management program, will be funded through savings obtained by avoiding institutional costs that would otherwise occur in the next five years had these vulnerable individuals been denied access to prescribed drugs and other medical services. The focus of the demonstration is to provide medication therapy management for enrollees who are not yet receiving institutional care.

3. Waiver Extension or Phase-Out

In December 2010, the state received approval from Federal CMS for the renewal period January 1, 2011 through December 31, 2013. During the 2011 legislative session, the state funded the waiver through state fiscal year 2011-2012, and in 2012 funding was extended through state fiscal year 2012-2013. On June 28, 2013, the state submitted a renewal request under 1115(a) authority to extend this waiver through December 31, 2016. The Centers for Medicare and Medicaid Services granted the State a 1 year Temporary Extension on August 14, 2013 extending the current waiver period to December 31, 2014. See Appendix B for a copy of

the letter from Centers for Medicaid and Medicare services granting the 1 year temporary extension.

4. Maintenance of Effort (MOE) Provisions in Section 1902(a)(74) and 1902(gg)

Since this waiver was renewed by Federal CMS after March 23, 2010, it is no longer subject to the MOE provisions of the Affordable Care Act.

APPENDIX A
Case Review Activity Report
December 1, 2014 – February 28, 2014

Reporting for Quarter 3: December 1, 2013 to February 28, 2014

***Attached Documents*:**

1. **Implementation Plan** detailing the progress of each program task and identifying any current/possible barriers to the completion of identified program tasks
2. **Quarterly Report**

Pertinent Abbreviations:

Appt = Appointment
CMR = Comprehensive Medication Review
MTMCCC = Medication Therapy Management Communication and Care Center
MAP = Medication Action Plan

1. Implementation Plan

A. **Progress Report:**

Task	*Entity Responsible*	*Start Date*	*Status*
Draft Medicaid Drug Therapy Management Program Contract	AHCA		Completed 02/24/11
Review Medicaid Drug Therapy Management Program Contract	AHCA, UFCOP MTMCCC, UF COP	02/24/11 Amended: 7/16/12	Completed
Sign Medicaid Drug Therapy Management Program Contract	UF COP		Completed 06/01/11; Amended 7/16/12
Draft Program Implementation Plan	UF COP MTMCCC	02/24/11	Completed
Identify Medicaid Recipients / Candidates for UF COP MTMCCC	AHCA		Completed
Transmit Identified Patients' Information to MTMCCC	AHCA	Ongoing	Completed for 2012
Develop Patient Charting System	UF COP MTMCCC	03/15/11	Completed
Develop MAP and Fax Templates	UF COP MTMCCC	03/15/11	Completed
Develop SOP/Workflow	UF COP MTMCCC	03/15/11	Completed
Train MTMCCC Staff	UF COP MTMCCC	02/23/11	Completed
Schedule CMR Appointments for Recipients/Candidates	UF COP MTMCCC	Upon receipt of patient information from AHCA	Completed for 2012
Ongoing Training of MTMCCC Staff	UF COP MTMCCC	Ongoing	Ongoing
Develop Quality Assurance Program	UF COP MTMCCC	03/31/11	Completed
Submit Documents (Program Agreements, Protocols, Educational Materials and Practice Guidelines)	UF COP MTMCCC		Completed
Approval of Documents Submitted by UF COP MTMCCC	AHCA		Completed
Develop Quarterly Reports	UF COP MTMCCC	Upon conclusion of 1st quarter	Ongoing
Submit Quarterly Reports to AHCA	UF COP MTMCCC	No later than the 15th of each month following the reporting quarter	Ongoing
Submit Quarterly Invoice of Services Rendered	UF COP MTMCCC	No later than the 15th of each month following the reporting quarter	Ongoing
First Annual Survey of Sample Recipients	Non-UF Evaluator	Upon completion of required CMRs per QA program	
Draft Preliminary Evaluation Report Including Survey Information	Non-UF Evaluator	Upon completion of required CMRs per QA program	
Utilize Results From Surveys and Evaluation Report to Implement Corrective Action Plan	UF COP MTMCCC	As needed	Ongoing

B. **Current/Possible Barriers to Task Completion Report:** No barriers identified.

2. Quarterly Report Data

Case Status			
Portion of the Case	*Number Completed*	*Start Date*	*End Date*
CMR	137	*06/01/13*	*08/30/13*
3-Month Quarterly Follow-up Review	157[+]	*9/1/2013*	*11/30/13*
6-Month Quarterly Follow-up Review	137	*12/1/2013*	*2/28/2014*
9-Month Quarterly Follow-up Review	0	*3/1/2014*	*5/31/2014*

[+]*Includes extra Quarterly Follow-Up Reviews performed at 1 month during September 2013 as part of QA process for using new software system.*

Calls Made to Program Participating Patients (Including Failed Attempts)				
Intervention	*Count*			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
CMR Scheduled	171	0	0	0
CMR Completed during Scheduling Call (On the fly)	8	0	0	0
Patient Interaction (Non-MTM Service Request/Inquiry)	0	0	0	0
Patient Refused Consultation (During CMR Scheduling or CMR Call)	66	0	0	0
Unable to Reach (Appt Scheduling) - 1st Attempt	366	0	0	0
Unable to Reach (Appt Scheduling) - 2nd Attempt	125	0	0	0
Unable to Reach (Appt Scheduling) - 3rd Attempt	18	0	0	0
Unable to Reach (CMR)	42	0	0	0
30 to 60-day CMR Check-Up	0	0	0	0
Unable to Reach 30-60 Day CMR Check-Up*	0	0	0	0
Quarterly Follow-Up with Encounter	0	0	0	0

A. Summary of Interventions [+]

Patient Specific Interventions*				
CMR/MAP Interventions	*Count*			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
Counseled on Diet/Exercise	15	0	0	0
Counseled on Lifestyle Modifications	21	0	0	0
Counseled on Medication (General, side effects, indication, etc.)	79	0	0	0
Counseled on Medication Adherence/Compliance	60	0	0	0
Counseled on Medication Administration/Technique	36	0	0	0
Counseled on Preventative Screenings/Vaccinations	3	0	0	0
Counseled on Smoking Cessation	17	0	0	0
Counseled on Weight Loss	6	0	0	0
Educated on Asthma/COPD	12	0	0	0
Educated on Coverage Gap	0	0	0	0
Educated on Diabetes	12	0	0	0
Educated on Disease State (Other)	11	0	0	0
Educated on Dyslipidemia	2	0	0	0
Educated on GERD	2	0	0	0
Educated on Heart Failure	5	0	0	0
Educated on Hypertension	22	0	0	0
Explained MTM Program to Patient	29	0	0	0

+ This data reflects initial CMRs that were performed from June 1st until August 30th, 2013.

** These include interventions that were documented during a phone conversation with the patient during a CMR well as those in the patient specific MAP.*

*Provider Specific Interventions**				
Fax Intervention	*Count*			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
Adverse Drug Event Identified	8	0	0	0
Alternative Dosage Form Recommended	0	0	0	0
Combination Therapy Recommended (decrease pill burden)	1	1	0	0
Duplicate Therapy Identified	1	0	0	0
Excessive Dosage Identified	3	0	0	0
Excessive Duration of Therapy Identified	0	0	0	0
Excessive Pill Burden Identified (multiple tablets of lower strength)	1	0	0	0
Gap in Therapy - Diabetic without a Statin	4	0	0	0
Gap in Therapy - Diabetic without an ACE-I or ARB	1	0	0	0
Gap in Therapy - Heart Failure without a Beta-Blocker	0	0	0	0
Gap in Therapy - Heart Failure without an ACE-I or ARB	0	0	0	0
Gap in Therapy - Lack of Controller Medication/Beta-Agonist Overuse in Asthma	8	0	0	0
Gap in Therapy - Lack of Rescue Medication in Asthma	0	0	0	0
Gap in Therapy - Long-Term Steroid without Anti-Resorptive Agent	2	0	0	0
Gap in Therapy - Potentially Inappropriate Beta-Blocker Selection in Heart Failure	0	0	0	0
Generic Alternative Recommended	0	0	0	0
Insufficient Dosage Identified	2	0	0	0
Insufficient Duration of Therapy Identified	1	0	0	0
Lack of Efficacy Identified	3	0	0	0
Lack of Therapy (Indication) Identified	1	0	0	0
Multiple Pharmacies Identified	0	0	0	0
Multiple Prescribers Identified	0	0	0	0
Needs Preventative Screening / Immunizations	0	0	0	0
Non-Adherence Issue Identified	11	0	0	0
OTC Therapy Recommended	0	0	0	0
Polypharmacy Identified	0	0	0	0
Questionable Narcotic Use Identified	0	0	0	0
Recommended Preferred Drug List Alternative	1	0	0	0
Renal Dosing Recommended	0	0	0	0
Unnecessary Therapy (Lack of Indication) Identified	0	0	0	0

** These include interventions that were communicated to providers either via phone/fax.*

B. Tabulation of Interactions by Category

Interactions				
Intervention	*Count**			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
Drug-Age Interaction Identified (Beers List)	1	0	0	0
Drug-Allergy Interaction Identified	10	0	0	0
Drug-Disease Interaction Identified	13	10	0	0
Drug-Food Interaction Identified	151	10	32	0
Drug-Pregnancy Interaction Identified	0	0	0	0
Level 1 Clinically Significant Drug-Drug Interaction Identified	0	0	0	0
Level 2 Clinically Significant Drug-Drug Interaction Identified	1	0	0	0
Level 3 Clinically Significant Drug-Drug Interaction Identified	2	0	0	0
Level 4 Clinically Significant Drug-Drug Interaction Identified	0	0	0	0

** These include interventions that may not have been communicated to the provider depending on patient education opportunities. May include interactions identified by software system that is encoded as part of the system; interactions that were not considered clinically significant based on current data and literature available to the reviewing pharmacist.*

C. Patient Responses

Patient Response/Rating of CMR						
QA Question		*Total Number of Responses*	*Yes*		*No*	
			Count	*%*	*Count*	*%*
CMR	*Did you find this appointment helpful?*	137	133	97%	4	0.3%
	Did this interview help clarify any concerns you may have had with your medications?		122	89%	15	0.11%
30-60 Day Check-Up	*Did you find the mailed documents to be helpful?*	0	0	0	0	0
	Did participating in the phone call increase your understanding of your medication regimen?	0	0	0	0	0

D. Provider Responses

Provider Responses								
Intervention	*Identified Quarter*				*Resolved Quarter*			*Resolution Rate*
	1	2	3	4	2	3	4	
Adverse Drug Event	8	0	0	0	0	0	0	
Alternative Dosage Form	0	0	0	0	0	0	0	
Combination Therapy Recommendation (decreased pill burden)	1	1	0	0	0	0	0	
Drug-Age Interaction	1	0	0	0	1	0	0	
Drug-Disease Interaction	0	0	0	0	0	0	0	
Duplicate Therapy	1	0	0	0	1	0	0	
Excessive Dosage	3	0	0	0	0	0	0	
Excessive Duration of Therapy	0	0	0	0	0	0	0	
Formulary Alternative Recommendation	1	0	0	0	0	0	0	
Gap in Therapy - Diabetic without a Statin	4	0	0	0	1	0	0	
Gap in Therapy - Diabetic without an ACE-I or ARB	1	0	0	0	0	0	0	
Gap in Therapy Heart Failure without a Beta-Blocker	0	0	0	0	0	0	0	
Gap in Therapy - Heart Failure without an ACE-I or ARB	0	0	0	0	0	0	0	
Gap in Therapy - Lack of Controller Medication / Beta-Agonist Overuse in Asthma	8	0	0	0	0	1	0	
Gap in Therapy - Lack of Rescue Medication in Asthma	0	0	0	0	0	0	0	
Gap in Therapy - Long-Term Steroid without Anti-resorptive Agent	2	0	0	0	1	0	0	
Gap in Therapy - Potentially Inappropriate Beta-Blocker Selection in Heart Failure	0	0	0	0	0	0	0	
Insufficient Dosage	2	0	0	0	3	0	0	
Insufficient Duration of Therapy	1	0	0	0	1	0	0	
Lack of Therapy (Indication)	1	0	0	0	0	0	0	
Lack of Efficacy	3	0	0	0	2	0	0	
Level 1 Clinically Significant Drug-Drug Interaction	0	0	0	0	0	0	0	
Level 2 Clinically Significant Drug-Drug Interaction	1	0	0	0	0	0	0	
Level 3 Clinically Significant Drug-Drug Interaction	2	0	0	0	0	0	0	
Non-Adherence Issue	11	0	0	0	1	1	0	
Pill Burden	1	0	0	0	0	0	0	
Polypharmacy	0	0	0	0	0	0	0	
Preventative Screening / Immunizations	0	0	0	0	0	0	0	
Questionable Narcotic Use	0	0	0	0	0	0	0	
Renal Dosing Recommendation	0	0	0	0	0	0	0	
Total				53			13	
Year Three Program Overall Resolution Rate								***24.5%***

** The intervention was considered resolved when either an appropriate medication was added, discontinued, or changed that resolved the previously identified issue based on the pharmacist's recommendation.*

APPENDIX B
Temporary Extension

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850

AUG 14 2013

Justin Senior
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 8
Tallahassee, FL 32308

Dear Mr. Senior:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Florida MEDS-AD section 1115 Demonstration (Project No. 11-W-00205/4), effective January 1, 2014 until December 31, 2014. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. The current lists of waiver and expenditure authorities and special terms and conditions will continue to apply through December 31, 2014.

CMS approval of this temporary section 1115 demonstration extension is subject to the limitations specified in the approved waiver and expenditure authorities and the list of requirements that are not applicable to the expenditure authorities. The state may deviate from the Medicaid state plan requirements only to the extent those requirements have been specifically listed as waived or not applicable to the expenditure authorities. All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly waived or identified as not applicable shall apply to Florida's MEDS-AD program. This approval is also conditioned upon continued compliance with the enclosed special terms and conditions (STCs) defining the nature, character, and extent of federal involvement in this project. We note that, while this extension continues to include expenditure authority for Medicaid Fraud Control Unit (MFCU) data mining activities, the state currently has other authority for these expenditures, as described in a recent Department of Health and Human Services final rule issued May, 17, 2013 (78 FR 29055-29061). We expect that the state will continue with these activities, will claim its expenditures as permitted under that final rule, and will ensure that no duplicate claiming will occur.

These approvals are conditioned upon written acceptance from the state that it agrees with the amendments, expenditure authorities, and STCs. This written acceptance is needed for our records within 30 days of the date of this letter.

If you have any questions about this approval, please contact Diane Gerrits, Director for the Division of State Demonstrations and Waivers at CMS. Your project officer is Ms. Heather Hostetler. Ms. Hostetler's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Division of State Demonstrations and Waivers
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Telephone: (410) 786-4515
Facsimile: (410) 786-8534
E-mail: Heather.Hostetler@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Hostetler and to Ms. Jackie Glaze, Associate Regional Administrator in our Atlanta Regional Office. Ms. Glaze's address is:

Jackie Glaze
Centers for Medicare & Medicaid Services
Atlanta Federal Center, 4th Floor
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909
Telephone: (404) 562-7417
E-mail: Jackie.Glaze@cms.hhs.gov

Thank you for your and your staff's thoughtful work on this demonstration amendment. We look forward to a successful implementation.

Sincerely,

Eliot Fishman
Director

Enclosures

cc: Diane T. Gerrits, CMCS
Jackie Glaze, Associate Regional Administrator, Region IV
Heather Hostetler, CMCS