Florida
MEDS-AD Waiver

Quarterly Progress Report
April 1, 2014 – June 30, 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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• Introduction

This report includes programmatic and financial activities for the period April 1, 2014 through June 30, 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.

• 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	Q33	158,788,398		*			
	Q34	78,648,234	4,350,599,249	*	9,402,053,590		5,051,454,340

*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.

• Operational Update

1. Eligibility and Enrollment

The Florida Department of Children and Families 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 a managed care plan in their area, if available. The Agency is in the process of rolling out the Managed Medical Assistance (MMA) program statewide. Upon full implementation of the MMA program, recipients must select a MMA plan in their region. If the recipient does not select a MMA plan they will be assigned to one. Information on the roll-out and implementation of the MMA program can be found at the following link. http://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/Attachment_B_FL_1115_MMA_IP_10-30-2013_Implementation_Plan.pdf

Table 2 details the total count of individuals enrolled through the waiver for this reporting period (April 1, 2014 through June 30, 2014) by month.

Table 2
1115 MEDS-AD Waiver
April 1, 2014 – June 30, 2014

Month	Total Enrollment
April 2014	37,893
May 2014	37,817
June 2014	37,056

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 March 1, 2014 through June 30, 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.

3. Data Mining Activities

The current status of initiatives resulting from the data mining activities approved through this demonstration for the period April 1 2014 through June 30, 2014 is as follows:

- There are 32 active, ongoing initiatives. In addition to the 32 ongoing projects one additional DMAR was suggested by MFCU staff and submitted to AHCA for their

review. The proposed DMAR was denied due to AHCA having ongoing reviews and/or just completing a similar project.

- 31 initiatives completed in total for the period October 2010- March 2013.
- Completed initiatives have resulted in 69 individual referrals to the Agency for administrative action. Twenty six 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 January 1, 2014 thru March 31, 2014. An additional 9 complaints have been opened under DMAR#70 during the period of April 1, 2014 through June 30, 2014.

• 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 the CMS on April 29, 2011. No deficiencies were noted, and the evaluation activities are proceeding as planned.

The Contract was renewed on June 12, 2014 for one year (July 1, 2014 – June 30, 2015) to cover the evaluation period for the extension of the MEDS-AD 1115 Waiver. Modifications to the Contract were made to revise the methodologies used in the analyses to align with the focus and goals of Year 3 of the Contract, and to update date spans for all data needed to conduct the evaluation. Final evaluation reports are due on February 28, 2015.

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 (April 1, 2014 – June 30, 2014), the research team's final evaluation report on the MTM program was approved by the Agency. The MTM program's final evaluation report integrated 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 MTM program 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 group. 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 group between the pre-intervention and intervention periods.

As the demonstration period for the MEDS-AD section 1115 Demonstration was extended through December 31, 2014, the contract which oversees the evaluation activities was 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). A request for data was made to the Agency on April 29, 2014 to refresh the data for all three (3) cohorts from 2010 – 2013. The preliminary evaluation report is due 1/14/2015.

3. 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.

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. Over the next quarter, a work plan will be submitted which will outline the activities and timelines for Year 3 of the Contract. The preliminary evaluation report for Year 3 is due 11/30/2014.

Waiver History

1. Legislative Changes

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.

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 CMS for the renewal period January 1, 2011 through December 31, 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 CMS 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 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
March 1, 2014 – June 30, 2014

Reporting for Quarter 4: March 1, 2014 to June 30, 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 Amended 3/21/14
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 2014
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 2013 Beginning 07/14/2014
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	Completed
Draft Preliminary Evaluation Report Including Survey Information	Non-UF Evaluator	Upon completion of required CMRs per QA program	Completed
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	137	*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.
> No call activity in June 2014 due to contract negotiations with software vendor that led to contract not being renewed; administrative time needed to adjust practice model and documentation system, as well as update key documents.

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	1
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	27
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	1	
Gap in Therapy - Diabetic without an ACE-I or ARB	1	0	0	1	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	2	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	1	
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				54			14	
Year Three Program Overall Resolution Rate								***25.9%***

** 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
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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
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Heather Hostetler, CMCS