# Florida
# MEDS-AD Waiver

## Quarterly Progress Report
**July 1, 2014 – September 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 July 1, 2014 through September 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<br>Budget Neutrality<br>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 |
| | Q35 | 56,437,124 | 4,405,129,161 | | 9.402.053.590 | | 4,996,924,429 |

*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. The Agency completed the roll out the Managed Medical Assistance (MMA) program statewide during this quarter. 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 (July 1, 2014 through September 30, 2014) by month.

**Table 2**
**1115 MEDS-AD Waiver**
July 1, 2014 – September 30, 2014

| Month | Total Enrollment |
|---|---|
| **July 2014** | 39,014 |
| **August 2014** | 39,053 |
| **September 2014** | 38,500 |

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 July 1, 2014 through September 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 July 1 2014 through September 30, 2014 is as follows:

- There are 29 active, ongoing initiatives. In addition to the 29 ongoing projects one additional DMAR was suggested by MFCU staff and submitted to AHCA for their review. The proposed DMAR was denied.

- 32 initiatives completed in total for the period October 2010 - September 2014.

- DMAR initiatives have resulted in 79 individual referrals to the Agency for administrative action.

- DMAR #70 has resulted in 27 complaints opened by MFCU during the period of January 1, 2014 thru September 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 (COP), 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 (July 1, 2014 – September 30, 2014), the research team submitted updated work plans for the quantitative and qualitative analyses for Year 3 of the Contract. In July 2014, the Vendor requested a refresh of MTM data (i.e., pharmacy and patient information from UF COP and Medicaid claims data) for 2010 – 2013. The data was delivered to the Vendor in September 2014 and will be used to compare participants and non-participants in Cohorts 1, 2 and 3* during the pre-intervention and intervention periods.

Health, utilization, and financial outcomes potentially influenced by the MTM intervention will continue to be examined using the latest enrollment and inpatient, outpatient, long-term care, medical and pharmacy claim types.
A preliminary report is due in January 2015.

* Cohort 1: 6/1/2011 – 5/31/2012
Cohort 2: 6/1/2012 – 5/31/2013
Cohort 3: 6/1/2013 – 5/31/2014

### 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.

During the past quarter (July 1, 2014 – September 30, 2014), the research team submitted an updated work plan that describes the activities and analyses that will be conducted in Year 3 of the Contract. A request for data related to data mining activities, including key informant interviews, was initiated in August 2014. All interviews were completed in September 2014.

A preliminary report is due November 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
# July 1, 2014 – September 30, 2014

# Reporting for Quarter 1: July 1, 2014 to September 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 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** | 163 | *06/01/14>* | *08/30/14* |
| **3-Month Quarterly Follow-up Review** | 7 | *9/1/2014* | *11/30/14* |
| **6-Month Quarterly Follow-up Review** | | *12/1/2014* | *2/28/2015* |
| **9-Month Quarterly Follow-up Review** | | *3/1/2015* | *5/31/2015* |

*> 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** | 203 | | | |
| **CMR Completed during Scheduling Call (Live transfer to RPh)** | 0 | | | |
| **Patient Interaction (Non-MTM Service Request/Inquiry)** | 8 | | | |
| **Patient Refused Consultation (During CMR Scheduling or CMR Call)** | 41 | | | |
| **Unable to Reach (Appt Scheduling) - 1st Attempt** | 401 | | | |
| **Unable to Reach (Appt Scheduling) - 2nd Attempt** | 212 | | | |
| **Unable to Reach (Appt Scheduling) - 3rd Attempt** | 138 | | | |
| **Unable to Reach (CMR)** | 0 | | | |
| **30 to 60-day CMR Check-Up** | 80 | | | |
| **Unable to Reach 30-60 Day CMR Check-Up*** | 83 | | | |
| **Quarterly Follow-Up with Encounter** | 0 | | | |

*Outbound calls are made to patients initially to engage patient in the completion of the Comprehensive Medication Review (CMR). Typically appointments are scheduled and at the convenience of the patient. If patient would like to complete the CMR call at the time of scheduling, then the call is live transferred to a pharmacist. Three call attempts (at least) are made to the patient to attempt to schedule and/or complete the CMR. Each patient is called again within 30 to 60 days following the CMR to determine if the patient received all of the mailed materials following the CMR. At the time of the quarterly follow-up review (QR), the patient is called only as necessary and/or when items identified during the CMR or QR require a follow-up conversation with the patient; otherwise, claims data is reviewed and a QR assessment is completed without contacting the patient.*

## A. Summary of Interventions +

| *Patient Specific Interventions** | | | | |
|---|---|---|---|---|
| *CMR/MAP Interventions* | *Count* | | | |
| | *1st Quarter* | *2nd Quarter* | *3rd Quarter* | *4th Quarter* |
| **Counseled on Diet/Exercise** | 4 | | | |
| **Counseled on Lifestyle Modifications** | 19 | | | |
| **Counseled on Medication (General, side effects, indication, etc.)** | 149 | | | |
| **Counseled on Medication Adherence/Compliance** | 81 | | | |
| **Counseled on Medication Administration/Technique** | 10 | | | |
| **Counseled on Preventative Screenings/Vaccinations** | 19 | | | |
| **Counseled on Smoking Cessation** | 28 | | | |
| **Counseled on Weight Loss** | 0 | | | |
| **Educated on Asthma/COPD** | 29 | | | |
| **Educated on Coverage Gap** | 1 | | | |
| **Educated on Diabetes** | 46 | | | |
| **Educated on Disease State (Other)** | 20 | | | |
| **Educated on Dyslipidemia** | 2 | | | |
| **Educated on GERD** | 2 | | | |
| **Educated on Heart Failure** | 15 | | | |
| **Educated on Hypertension** | 39 | | | |
| **Explained MTM Program to Patient** | 6 | | | |

*+ This data reflects initial CMRs that were performed from June 1st until August 30th, 2014.*

***** These include interventions that were documented during a phone conversation with the patient during a CMR as well as those recommendations sent to the patient in writing in their Medication Action Plan (MAP) that may not have been verbalized over the phone. . Patient specific interventions are made to patients initially during the completion of the Comprehensive Medication Review (CMR). Each patient is called again within 30 to 60 days following the CMR to determine if the patient received all of the mailed materials following the CMR and patient specific interventions may also be made at this time. During the quarterly follow-up review (QR), the patient is called only as necessary and/or when items identified during the CMR or QR require a follow-up conversation with the patient at which time additional patient specific interventions may be made; otherwise, claims data is reviewed and a QR assessment is completed without contacting the patient.*

| *Provider Specific Interventions** | | | | |
|---|---|---|---|---|
| *Fax Intervention* | *Count* | | | |
| | *1st Quarter* | *2nd Quarter* | *3rd Quarter* | *4th Quarter* |
| **Adverse Drug Event Identified** | 8 | | | |
| **Alternative Dosage Form Recommended** | 0 | | | |
| **Combination Therapy Recommended (decrease pill burden)** | 0 | | | |
| **Duplicate Therapy Identified** | 1 | | | |
| **Excessive Dosage Identified** | 1 | | | |
| **Excessive Duration of Therapy Identified** | 3 | | | |
| **Excessive Pill Burden Identified (multiple tablets of lower strength)** | 0 | | | |
| **Gap in Therapy - Diabetic without a Statin** | 9 | | | |
| **Gap in Therapy - Diabetic without an ACE-I or ARB** | 8 | | | |
| **Gap in Therapy - Heart Failure without a Beta-Blocker** | 5 | | | |
| **Gap in Therapy - Heart Failure without an ACE-I or ARB** | 3 | | | |
| **Gap in Therapy - Lack of Controller Medication/Beta-Agonist Overuse in Asthma** | 6 | | | |
| **Gap in Therapy - Lack of Rescue Medication in Asthma** | 4 | | | |
| **Gap in Therapy - Long-Term Steroid without Anti-Resorptive Agent** | 2 | | | |
| **Gap in Therapy - Potentially Inappropriate Beta-Blocker Selection in Heart Failure** | 0 | | | |
| **Generic Alternative Recommended** | 0 | | | |
| **Insufficient Dosage Identified** | 0 | | | |
| **Insufficient Duration of Therapy Identified** | 0 | | | |
| **Lack of Efficacy Identified** | 2 | | | |
| **Lack of Therapy (Indication) Identified** | 9 | | | |
| **Multiple Pharmacies Identified** | 0 | | | |
| **Multiple Prescribers Identified** | 0 | | | |
| **Needs Preventative Screening / Immunizations** | 0 | | | |
| **Non-Adherence Issue Identified** | 0 | | | |
| **OTC Therapy Recommended** | 8 | | | |
| **Polypharmacy Identified** | 0 | | | |
| **Questionable Narcotic Use Identified** | 0 | | | |
| **Recommended Preferred Drug List Alternative** | 0 | | | |
| **Renal Dosing Recommended** | 0 | | | |
| **Unnecessary Therapy (Lack of Indication) Identified** | 1 | | | |

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

*Provider specific interventions are made to providers initially during the completion of the Comprehensive Medication Review (CMR). During the quarterly follow-up review (QR), a complete assessment of the patient's medication history takes place again typically without having to contact the patient. At the time of the QR, claims data is reviewed, problems identified during the CMR are re-assessed to see if a provider has taken any action on the previously identified issues (considered a resolved intervention), and discontinued and/or new medications are assessed to see if new problems have been created from the recent medication changes. Providers are not typically re-contacted by fax about the previously identified problem to allow sufficient time for the provider to assess the issue, determine if the issue is valid based on available data, and/or discuss the potential issue with the patient prior to adjusting therapy (potentially at the next office visit).*

## B. Tabulation of Interactions by Category

| Interactions | | | | |
|---|---|---|---|---|
| Intervention | Count* | | | |
| | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| Drug-Age Interaction Identified (Beers List) | 0 | | | |
| Drug-Allergy Interaction Identified | 0 | | | |
| Drug-Disease Interaction Identified | 1 | | | |
| Drug-Food Interaction Identified | 0 | | | |
| Drug-Pregnancy Interaction Identified | 0 | | | |
| Level 1 Clinically Significant Drug-Drug Interaction Identified | 1 | | | |
| Level 2 Clinically Significant Drug-Drug Interaction Identified | 11 | | | |

** These include interventions that may not have been communicated to the provider depending on patient education opportunities. This particular set of interventions includes "system generated" items that may or may not be considered clinically significant or warrant an intervention by the provider and are therefore handled directly by the 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? | | | | | |
| | Did this interview help clarify any concerns you may have had with your medications? | | | | | |
| 30-60 Day Check-Up | Did you find the mailed documents to be helpful? | | | | | |
| | Did participating in the phone call increase your understanding of your medication regimen? | | | | | |

*++Values will be available on 2nd Quarter report summary*

## D. Provider Responses[++]

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

** 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.*

*[++]Values will be available on 2nd Quarter report summary*

*A resolved intervention is a problem that is identified by the pharmacist upon which the provider takes an action based on the recommendation. The problem is considered resolved once a medication change occurs for the problem identified as confirmed by a change in prescription claims data for the patient. [Ex: Gap in therapy: Diabetic patient not on a statin: Pharmacist notifies provider that patient is diabetic and not currently on statin therapy. The provider agrees and prescribes a statin for the patient. The pharmacy claims systems now shows a fills for a statin medication on the patient's medication profile in the pharmacy claims system. This is now considered a resolved intervention.] Resolution rate is the total number of resolved interventions divided by the total number of problems identified then multiplied by 100%. Many factors influence the resolution rate such as: the provider's actual receipt of the phone and/or facsimile communication; the provider agreeing with the pharmacist recommendation and subsequently taking action on the recommendation; the pharmacist having correct information to make an informed 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
7500 Security Boulevard
Mail Stop S2-02-26
Baltimore, MD 21244-1850
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