Florida MEDS-AD
1115 Research and Demonstration Waiver

Public Notice Document
Waiver Extension Request
May 21, 2015

Posted on Agency Website

(http://ahca.myflorida.com/medicaid/MEDS-AD/MED_AD_1115_Waiver_2015-06.shtml)

Florida Agency for Health Care Administration

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I. Purpose, Goals and Objectives

A. Statement of Purpose

The state is seeking federal authority to extend Florida's MEDS-AD Waiver (Project Number 11-W-00205/4) for the period January 1, 2016 to December 31, 2018. The waiver provides Medicaid eligibility for individuals who meet the following criteria:

- Have a disability or are age 65 or over,
- Income is 88 percent of the federal poverty level or lower, and
- Have assets that do not exceed $5,000 for individuals or $6,000 for couples;

and are in one of the following Medicaid eligibility groups:

- Group 1: Medicaid-only eligibles not currently receiving Medicaid-covered institutional care services, hospice services, or home and community-based services
- Group 2: Medicaid-only eligibles currently receiving Medicaid-covered institutional care services, hospice services, or home and community-based services
- Group 3: Medicaid and Medicare (dual) eligibles receiving Medicaid-covered institutional care services, hospice services, or home and community-based services.

Individuals enrolled in the demonstration receive state plan benefits and may also receive pharmacy case management services. Applicable Medicaid state plan co-payments apply and services are delivered through the same delivery system available to state plan enrollees. The state seeks to use the current authorities granted by the Centers for Medicare and Medicaid Services (CMS) in December 2010 to continue the waiver.

B. Goals and Objectives

The intent is to demonstrate that access to health care services and voluntary pharmacy case reviews result in measurably improved outcomes. 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 not had access to prescribed drugs and other medical services.

The demonstration was predicated on the assumption that continued access to medical care, including home and community-based services and pharmacy management services, for this population, will delay deterioration in health status, which drives hospitalization and/or institutionalization, and will result in improved patient's perceptions of their health care services.

C. Current Program

Medication Therapy Management Program

The Agency for Health Care Administration (Agency), through an agreement with the University of Florida (UF), provides Medicaid Drug Therapy Management (MTM) Program services to Medicaid recipients assigned to the MEDS-AD Waiver program. The goals of the program are to improve the quality of care and prescribing practices based on best-practice guidelines, improve

patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending for certain Medicaid prescription drugs.

The program uses these high-intensity pharmacy case management services in conjunction with access to appropriate medical care for select individuals as a way to maintain care in the community and prevent premature institutionalization.

The services focus on fee-for-service recipients within the waiver as 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 medically trained staff (which may include nurses, pharmacists, clinical associates, etc.) who explain the review process and invite the recipient to participate in a comprehensive medication review (CMR) with a pharmacist (covering all prescription, over the counter, herbal and other medications and chronic diseases). If the recipient agrees, a call with a case reviewer is scheduled for performance of an annual CMR. A personalized medication list and a medication action plan is then developed and mailed to the participating recipients. As part of the services, prescribers are notified of potential issues or problems via phone and/or facsimile, depending on the urgency of the issue, following the review. All encounters are documented within the MTM software system. Encounters may involve patient specific interventions and interventions to prescribers, which are later evaluated in quarterly follow-up reviews based on patient and prescriber response. During the quarterly follow-up a review of the patient health information and claims history are performed. The patient and prescriber are contacted again if issues or risks are identified.

These MTM services help to resolve clinically significant medication-related and health-related problems, optimize medication use for improved patient outcomes, and promote patient self-management of medication and disease states. They provide access to patients mainly via telephone and, by doing so, provide the opportunity to communicate with patients at their convenience and in the comfort of their own home.

Recipients are given the option at the end of the year of participation in the program to continue into the next year. This is an added service for the benefit of the recipient and allows for evaluation of the long-term impact of the MTM program.

Data Mining

Data mining refers to the practice of electronically sorting Medicaid Management Information Systems claims through sophisticated statistical models and intelligent technologies to uncover patterns and relationships contained within the Medicaid claims and history files. Data mining has the goal of identifying abnormal utilization and billing practices that are potentially fraudulent.

D. Federal and State Waiver Authority

The following is a historical description of the federal and state authority granted since authorization of the waiver was obtained in 2005.

1. Initial 5-Year Period (2006-2010): The 2005 Legislature, through chapter 2005-60, Laws of Florida, instructed the Agency to seek federal waiver authority to revise Medicaid eligibility coverage for the Medicaid MEDS A/D eligibility group beginning January 1, 2006. On November 22, 2005 the Agency received approval from CMS for the period January 1, 2006 through December 31, 2010.

2. Three-Year Extension Period (2011-2013): December 30, 2009 the Agency submitted a 3-year extension request to CMS. On December 14, 2010 the Agency received approval from CMS for the period January 1, 2011 through December 31, 2013.

3. Authority to Seek Waiver Extension (2014-2016): June 28, 2013, the Agency submitted another 3-year extension request to CMS for the period January 1, 2014 through December 31, 2016. The Agency received a 1-year temporary extension on August 14, 2013, for the period January 1, 2014 through December 31, 2014. On November 21, 2014, the Agency received a second 1-year temporary extension from CMS for the period January 1, 2015 through December 31, 2015.

E. Federal Waiver Extension Requirements

1. Public Notice Document: In accordance with 42 Code of Federal Regulations431.412 and STC #12 of the waiver, the Agency is posting this "Public Notice" document for public input 30 days prior to submission of the final waiver extension request to CMS. This public notice document is required to include a comprehensive description of the waiver extension request that contains sufficient level of detail to ensure meaningful input from the public, including:

a. The program description, goals and objectives to be extended under the waiver, including a description of the current or new recipients who will be impacted by the waiver. (See Section I of this document for program goals and overall objectives, Section IV for specific program objectives and Section II.A for a description of the current or new recipients impacted by the program.)
b. To the extent applicable, the proposed health care delivery system and the eligibility requirements, benefit coverage and cost sharing (premiums, co-payments and deductibles) required of individuals that will be impacted by the waiver and how such provisions vary from the state's current program features (see Section II of this document).
c. An estimate of the expected increase or decrease in annual enrollment and annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the waiver requested by the state in its extension request (see Section V of this document).
d. The hypothesis and evaluation parameters of the waiver (see Section VII of this document).
e. The specific waiver expenditure authorities that the state believes to be necessary to authorize the waiver (see Section VII of this document).
f. The locations and Internet address where copies of the waiver extension request are available for public review and comment (see Section III of this document).
g. Postal and Internet e-mail addresses where written comments may be sent and reviewed by the public and a minimum 30-day time period in which comments will be accepted (see Section III of this document).
h. The location, date and time of at least two public hearings convened by the state to seek public input on the waiver extension request (see Section III of this document).

2. Final Waiver Extension Request: After the public input process has ended on June 20, 2015, the Agency will include information in the final waiver extension request in compliance with the transparency requirements specified in 42 CFR, section 431.412 and, the public notice requirements provided in STC #12.

II. Program Overview

A. Eligibility

Eligibility methodologies and standards will be the same as those used in determining eligibility under the state plan, and this waiver will continue to include only individuals who meet the following criteria:

- Have a disability or are age 65 or over,
- Income is 88 percent of the federal poverty level or lower, and
- Have assets that do not exceed $5,000 for individuals or $6,000 for couples;

and are in one of the following Medicaid eligibility groups:

- Group 1: Medicaid-only eligibles not currently receiving Medicaid-covered institutional care services, hospice services, or home and community-based services
- Group 2: Medicaid-only eligibles currently receiving Medicaid-covered institutional care services, hospice services, or home and community-based services
- Group 3: Medicaid and Medicare (dual) eligibles receiving Medicaid-covered institutional care services, hospice services, or home and community-based services.

B. Enrollment

There is no cap on enrollment in this waiver; all individuals who meet the eligibility standard are provided Medicaid services.

C. Medication Therapy Management Program

During this extension period the state plans to refine the MTM program by incorporating a case management component that will allow for a more comprehensive and integrated approach. The comprehensive medication review practice model will remain very much the same, but the MTM will collaborate with Managed Medical Assistance (MMA) health plans to develop an “enhanced coordinated care” program for the targeted recipients. Recipients enrolled in the MTM program who are also enrolled in an MMA plan will have a case manager provided by the MMA plan and receive ongoing care coordination services from the case manager. In addition, these members will also receive MTM services as provided by a UF pharmacist, which includes a CMR and/or targeted medication review, and quarterly follow-up reviews. The case managers and UF would work in tandem. Ongoing care coordination and medication reviews, with a focus on communications between prescribers/providers integrated into case management activities, will occur.

This new practice model will initially be implemented July 1, 2016 as a pilot project. The period of January 1, 2016 to June 30, 2016 will be identified as the pre-implementation period for Agency coordination with MMA plans to customize the model to their particular organizations. The recipients participating in the annual comprehensive review for the period of June 1, 2015 to May 31, 2016 will also be afforded the complete year of the current program model (one comprehensive medication review and three quarterly follow-ups).

At the time of the revised MTM program implementation the population receiving the medication review services will increase from 150 to 225. The population will be divided into a managed care pilot group and a fee-for-service standard group. The managed care group would be the group to participate in the “enhanced coordinated care” program. The pilot program will continue for one year. Based on the clinical and financial outcomes, the Agency will reevaluate the model for continuation or revisions. However, since this is a voluntary program there is expected to be a small portion of this eligible population that chooses to participate. Some of this dynamic population will no longer be eligible for the program due to gaining Medicare eligibility or institutionalization (e.g., nursing home, hospice), therefore a larger population may not be sustainable.

D. Data Mining

Data Mining Activities for the Florida Office of the Attorney General, Medicaid Fraud Control Unit (OAG-MFCU) were approved by CMS on July 15, 2010. On September 13, 2010, Agency’s Bureau of Medicaid Program Integrity (MPI) and the OAG-MFCU entered into a Memorandum of Understanding which specifies the roles and responsibilities of the two organizations relative to data mining activities.

Data mining is recognized as a tool adding a new dimension to the work structure within the OAG-MFCU and as an opportunity to add to the inter-agency activities of the OAG-MFCU, the Agency’s MPI, and possibly other state and federal agencies. This added tool is highly qualitative in nature and its full impact will be recognized in time by the recovery of funds attributed to these sophisticated data analysis techniques.

Since the inception of the Data Mining Initiative the OAG-MFCU has been granted an increase in the number of analysts permitted to participate in the data mining projects, as well as an increase in the percentage of time they may devote to the data mining analyses. Data miners have become a more integral component of the OAG-MFCU team. The timeframe for the analyses was October 2010 through September 2014 (i.e., Federal Fiscal Year (FFY) 2010-11 through FFY 2013-14).

Data mining activities have significantly added to the quantity of opened new cases.
Data mining activities (FFY 2010-11 through FFY 2013-14) have led to the OAG-MFCU opening 102 complaints. Forty-seven complaints have been closed, 5 have an ongoing active status, and 50 complaints were converted to full case investigations by the OAG-MFCU. Of the 50 case investigations opened, 30 have been closed and 20 have an ongoing active status. Four individuals have been arrested as a result of the Data Mining Initiative, and one case ended in a criminal conviction with restitution of $329,665.17 ordered. There have been a total of 20 OAG-MFCU complaints or cases referred to the Agency’s MPI unit for action they deem necessary.

Communications between OAG-MFCU and the Agency’s MPI unit have greatly improved since the inception of this initiative. There are monthly conference calls between OAG-MFCU and the Agency’s MPI unit to discuss many aspects of the various projects in progress. There are bimonthly calls within the OAG-MFCU of the participating analysts to discuss updates, trends and patterns observed during the review of the data. Interim calls are conducted as needed. Closer collaborative coordination between the two agencies exists because of the Data Mining Initiative, and the State of Florida is better positioned to more expeditiously address emerging changes to these threats to the integrity of the program.

In addition to detecting fraud and recovering funds, there is a focus on prevention of fraud. As a result of data mining activities, the agencies have recognized that problems in current legislation need to be addressed to assist in preventing fraud. Recommendations for changes to the law are periodically submitted to the Legislature.

III. Public Process

This section of the document provides a summary of the public notice and input process used by the Agency in compliance with 42 CFR 431.412 and STC #12 of the waiver including: the State Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) and the tribal consultation requirements pursuant to Section 1902(a)(73) of the Social Security Act (the Act) as amended by section 5006(e) of the American Recovery and Reinvestment Act of 2009.

A. Public Notice Process

The following list describes the notification process used to inform stakeholders of the public meetings to be held to solicit input on the waiver extension request.

- Publish public notice for the two public meetings, one of which will be held with the Medical Care Advisory Committee, in the Florida Administrative Register in compliance with Chapter 120, Florida Statutes.
- Email the meeting information to individuals and organizations from the Agency's interested parties list, which was created during the development of the initial waiver application and has been updated regularly thereafter.
- Release Agency alert announcing the meetings.
- Post on the Agency's home webpage, a prominent link to the webpage where the following information can be found: the public meeting schedule including dates, times and locations, as well as this public notice document for the waiver extension request. The meeting materials and the public notice document can be viewed by clicking on the following link: http://ahca.myflorida.com/medicaid/MEDS-AD/MED_AD_1115_Waiver_2015-06.shtml

A. Consultation with Indian Health Programs

The Agency consulted with the Indian Health Programs[1] located in Florida through written correspondence to solicit input on the waiver extension request. Appendix A of this document provides the correspondence sent on May 21, 2015 to the Seminole Tribe and Miccosukee Tribe requesting input on the waiver extension request.

D. Florida Medicaid Advisory Meetings

The Agency is requesting input on the extension request from the members of the Medical Care Advisory Committee. The public meeting notice for the advisory group is published in the Florida Administrative Register. During the meeting, the Agency will provide an overview of the MEDS-AD Waiver extension request and will seek to obtain input on the waiver extension request. The agenda and presentation materials are posted on the Agency's website provided above.

The following is a brief description of the Medicaid advisory groups.

1. Florida Medicaid's Medical Care Advisory Committee
This committee is mandated in accordance with 42 CFR, Section 431.12, based on Section 1902(a)(4) of the Social Security Act. The purpose of the Committee is to provide input on a

[1] The State of Florida has two federally recognized tribes: Seminole Tribe and Miccosukee Tribe; and does not have any Urban Organizations.

variety of Medicaid program issues, and to make recommendations to the Agency on Medicaid policies, rules and procedures.

The Committee is comprised of: board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people; members of consumer groups, including four representatives of Medicaid recipients; and representatives of state agencies involved with the Medicaid program, including the secretaries of the Florida Department of Children and Families, the Florida Department of Health and the Florida Department of Elder Affairs, or their designees.

E. Public Meetings

The Agency will publish a public meeting notice in the Florida Administrative Register on May 21, 2015, inviting all interested parties to the two public meetings listed in the table below, which provides the dates, times and locations. Individuals who will be unable to attend the meetings in person can participate via conference call by using the toll-free number provided in the notice. During the meetings, the Agency will provide an overview of the existing waiver, a description of the extension request and time for public comments.

Table 1
Schedule of Public Meetings

Location	Date	Time
Tampa Agency for Health Care Administration 6800 North Dale Mabry Highway Main Training Room Tampa, FL 33614 Conference Call-in: 1-877-299-4502 Participant Code: 905 751 44#	June 1, 2015	1:00 – 2:30 P.M.
Tallahassee Agency for Health Care Administration 2727 Mahan Drive Building 3, Conference Room A Tallahassee, Florida 32308 Conference Call-in: 1-877-299-4502 Participant Code: 433 017 68#	June 2, 2015	1:00 – 2:30 P.M.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least seven days before the workshop/meeting by contacting Heather Morrison at (850) 412-4034 or email at Heather.Morrison@ahca.myflorida.com.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1 (800) 955-8771 (TTY) or 1 (800) 955-8770 (Voice).

F. Public Notice Document Made Available to the Public

The Agency will post on its website (link provided on page 7) beginning May 21, 2015 through June 20, 2015, this public notice document and information on how to provide a comment on the extension request.

G. Submission of Written Comments

The Agency's website provides the public the option of submitting written comments on the waiver extension request by mail or email (see below). In addition, the Agency will provide attendees of the public meetings a comment card for the submission of written comments.

Mail comments and suggestions to:

1115 MEDS-AD Waiver Extension Request
Office of the Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, MS #8
Tallahassee, Florida 32308

You may also e-mail your comments and suggestions to:
FLMedicaidWaivers@ahca.myflorida.com

IV. Program Description and Objectives

The Florida MEDS-AD Demonstration was approved in November 2005 and provides coverage for certain individuals who are elderly or who have a disability who have incomes up to 88 percent of the Federal poverty level.

The objective of this waiver is to delay deterioration in health status which drives hospitalization and/or institutionalization by providing continued access to medical care, including home and community-based services and pharmacy management services, for this population.

V. Budget Neutrality

A. Budget Neutrality Compliance

The Agency is required to provide financial data demonstrating the detailed and aggregate, historical and project budget neutrality status for the requested waiver extension period (July 1, 2014 to June 30, 2017) and cumulatively over the lifetime of the waiver. The Agency is also required to provide up-to-date responses to the Federal CMS Financial Management standard questions. The following addresses the items specified above and documents that the waiver is budget neutral.

1. General Budget Neutrality Requirements

A requirement of any 1115 Research and Demonstration Waiver is that the program must meet a budget neutrality test and provide documentation that the demonstration did not cost the program more than would have been experienced without the waiver. In addition, prior to an extension of the waiver, a projection and extension of new budget neutrality benchmarks using rebased trends must be provided for the requested waiver extension period.

The established STCs of the waiver, as agreed upon by the state and Federal CMS, are provided in the approved waiver document. To comply with the STCs, the Agency must pass the budget neutrality "test", as well as provide quarterly reporting of the expenditures and member months for the waiver, which is used to monitor the budget neutrality. Florida's Research and Demonstration Waiver is budget neutral and is in compliance with all STCs specific to budget neutrality.

2. Budget Neutrality Historic Trends and Projected Renewal Years

The following discussion is specific to this extension budget neutrality analysis and is considered an addendum to the original waiver and prior renewal budget neutrality descriptions.

The historic trend table (Table 2) identifies all the actual waiver Demonstration Year expenditures and member months from DY1 (2006) through DY9 (2014). Utilizing the historic trend rates calculated from these actual figures, Table 3 projects the waiver's expenditures and member months for the renewal years DY10-DY13 (calendar years 2015, 2016, 2017, 2018). The member month figures in the historic table are an annual accumulation of the figures identified in the waiver quarterly progress reports submitted to CMS. The historic annual expenditure figures are the costs identified for this waiver in the State's quarterly CMS 64 reports for the same time periods.

Historic Trend:

Table 2 includes costs and member month figures reported for DY1 (2006) are not included in the historic trend calculations utilized for the renewal projected years. The DY1 figures are not considered to be representative of current and future waiver population and cost characteristics. The State considers the annual trend patterns subsequent to 2006 to be a more accurate basis for measuring future waiver performance. DY9 figures are shown for information only and are not utilized in the trend rate calculations since additional claims are expected to be paid covering services in this demonstration year.

Table 2
Historic Trend
DEMONSTRATION RENEWAL: Historic with Waiver Data

	DY1 (2006)	DY2 (2007)	DY3 (2008)	DY4 (2009)	DY5 (2010)	DY6 (2011)	DY7 (2012)	DY8 (2013)**	DY9 (2014)**	Total
Total Expenditures *	$476,509,435	$357,168,588	$399,593,828	$484,172,897	$556,747,935	$637,187,556	$668,048,221	$637,469,029	$305,112,041	$4,522,009,530
Eligible Member Months	291,263	275,464	300,276	334,134	413,463	477,686	520,424	456,592	456,702	3,526,004
Cost per Eligibles	$1,636.01	$1,296.61	$1,330.76	$1,449.04	$1,346.55	$1,333.90	$1,283.66	$1,396.15	$668.08	$1,282.47
										DY2-DY8
Trend Rates	**Annual Change**									**Trend Rate**
Total Expenditures *		N/A	11.88%	21.17%	39.33%	14.45%	4.84%	-4.58%	N/A	10.14%
Eligible Member Months		N/A	9.01%	11.28%	23.74%	15.53%	8.95%	-12.27%	N/A	8.79%
Cost per Eligible		N/A	2.63%	8.89%	-7.07%	-0.94%	-3.77%	8.76%	N/A	1.24%

* As reported on the CMS 64 Schedule C.
**Expenditures reflect claims with dates of service in the specified demonstration year and paid through Deember 2014. Additional claims are expected to be paid covering services in these demonstration years, especially DY9.

Months of Aging:

For Table 3, the State identified 24 months for the months of aging calculation in the projection table. The 24 months are the number of months between the midpoint of the completed DY8 (July 2013) and the midpoint of the first renewal year DY10 (2015). The period of July-December 2013 accounts for six months, twelve months of DY9 (January-December 2014), and the January –June 2015 accounts for the other six months.

Table 3
Projected Waiver Expenditures
DEMONSTRATION RENEWAL: With Waiver Budget Projection

			Renewal Demonstration Years (DYs)				**Total Renewal**
	Trend Rate	**Months of Aging ***	**DY10(2015)**	**DY11 (2016)**	**DY12 (2017)**	**DY13 (2018)**	
Eligible Member Months	8.79%	24	540,389	587,889	639,564	695,782	
Total Cost Per Eligible	1.24%	24	$1,431	$1,449	$1,467	$1,485	
Contracted Case Review Costs **			$107,675	$107,675	$107,675	$107,675	
Total Projected Renewal Expenditures			**$773,395,756**	**$851,799,403**	**$938,152,394**	**$1,033,260,710.24**	**$3,596,608,263**

* Mid Point of DY8(July 2013) through DY10 (July 2015): 24 months of aging.

** University of Florida Call Center operation

Table 4 Current Waiver Expenditures					
Quarter	**Date of Payment Expenditures**	**Target**	**Cumulative Target**	**Difference**	**Annual Cumulative Difference**
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	$507,710,894	$2,030,843,575	361,354,055	1,595,283,577
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	$460,700,626	$3,873,646,079	370,489,663	3,111,332,363
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	$455,999,599	$5,697,644,476	359,871,430	4,546,450,652
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	$465,401,653	$7,559,251,086	331,735,790	5,939,448,324
Q17	$138,153,082	$460,700,626		322,547,544	
Q18	$144,235,948	$460,700,626		316,464,678	
Q19	$134,966,909	$460,700,626		325,733,717	
Q20	$148,599,566	$460,700,626	$9,402,053,590	312,101,060	7,216,295,323
Q21	$154,004,876				
Q22	$146,340,361				
Q23	$155,017,074				
Q24	$163,774,246				6,597,158,766
Q25	$163,734,277				
Q26	$184,629,761				
Q27	$165,063,579				
Q28	$168,922,270				5,914,808,879
Q29	$151,084,893				
Q30	$150,685,372				
Q31	$159,542,998				
Q32	$162,697,430				5,290,798,186
Q33	$158,788,398				
Q34	$154,320,363				
Q35	$139,559,287				

Q36	$116,880,369				4,721,249,768
	$ 4,680,803,821.76				

* These are based on dates of payments which could get distributed across the DYs.

At the time of the prior renewal's approval for DY6-8 (calendar years 2011, 2012, 2013), the State and CMS mutually agreed to limit the future cumulative ceiling at the DY5 target of $9,402,053,590. The Expenditure to Date chart below identifies that beginning with DY6, the demonstration actual expenditures are being deducted from this agreed upon ceiling cap. The State will continue to demonstrate budget neutrality under this ceiling cap during the requested renewal for DY10-13 (calendar years 2015, 2016, 2017, 2018).

VI. Evaluation Status and Findings

The goals of the MTM program, implemented by UF College of Pharmacy, are to improve the quality of care and prescribing practices based on best-practice guidelines, improve patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending for certain Medicaid prescription drugs for a high-risk population of Medicaid recipients. The program uses high intensity pharmacy case management services in conjunction with access to appropriate medical care for select individuals as a way to maintain care in the community and prevent premature institutionalization.

The Agency has contracted with Florida State University to conduct an independent evaluation of the MTM program and Data Mining Activities authorized under Florida's section 1115 MEDS-AD Research and Demonstration Waiver approved by CMS. The evaluation of the MTM program measures the following:

- Number of MEDS-AD participants who receive a CMR, Medication Action Plan and three quarterly follow-up reviews.
- Number and types of recommendations for changes in medication use; number of recommendations communicated to and accepted by the primary care physicians.
- Pre- versus post-intervention utilization of prescribed medications consistent with best practice guidelines and Medicaid policies.
- Pre- versus post-intervention expenditures for pharmacy services, physician visits, hospitalizations, preventable hospitalizations, emergency department visits, institutional services and total Medicaid services.

The evaluation reports integrate findings across all quantitative and qualitative evaluation questions for MTM participants, MTM eligible non-participants, and a matched group (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. Although the research team's examination of many health, utilization, and financial outcomes potentially influenced by the MTM intervention has, so far, found no statistically significant differences between the intervention group and comparison groups, some improvement was evident in the following areas:

- Medication adherence
- Pharmacy reimbursement savings
- Fewer hospitalizations and lower likelihood of emergency department visits

In contrast to the quantitative findings above, the qualitative findings did support several benefits based on MTM participants' responses to open-ended questions and survey items. For example, participants consistently stated that their medication adherence was positively enhanced by participation in the program. They also indicated greater understanding of their medications and made positive remarks regarding the program itself, indicating that they knew more about the use of each medication. Furthermore, MTM participants requested continuing the program for a longer period of time.

The goal of the Data Mining Initiative under the MEDS-AD Waiver is to determine if data mining activities by the Office of the Attorney General-Medicaid Fraud Control Unit (OAG-MFCU), in

conjunction with the Bureau of Medicaid Program Integrity (MPI) in the Agency, result in the recovery of Medicaid funds paid as a result of fraudulent or abusive billing. In Florida, the investigation of suspected Medicaid fraud is under the auspices of the OAG-MFCU, while cases of suspected abuse of the Medicaid program are handled by the Agency's MPI unit.

The evaluation of the MEDS-AD waiver also includes the evaluation of data mining in terms of recoveries and costs. Specifically, the evaluation is required to determine if the data mining-related recoveries or measurable cost avoidance are directly attributable to analyses performed by analysts from OAG-MFCU and MPI.

The evaluation's quantitative analysis includes comparing pre- and post-intervention periods for the number of case files initiated, action taken, amount recovered, fraud-related convictions, and time to case resolution. Qualitative analysis includes key informant interviews with programmers, data analysts and administrators in OAG-MFCU and MPI to identify recommendations for increasing the efficiency and effectiveness of the data mining process leading to successful identification and recovery of inappropriate Medicaid payments.

As a result of the analyses conducted so far, it has been shown that data mining activity significantly adds to the quantity of new fraud and abuse complaints and cases opened.

Evaluation during the Extension Period

The evaluation of the Data Mining Initiative and the MTM program for fee-for-service recipients will remain the same, as these components of the waiver are not changing.

The evaluation of the "enhanced coordinated care" program, combining managed care plan case management and MTM services for managed care plan enrollees, will focus on how the plans participating in the pilot program are incorporating MTM services into overall case management. It will look at the benefits and challenges of combining these services, and how and whether combining these services has improved clinical outcomes and whether there is an impact on expenditures for Medicaid services.

VII. Waiver Expenditure Authorities

To effectively maintain the program, the state is seeking a three-year extension of Florida's Section 1115 Research and Demonstration waiver.

Under the authority of Section 1115(a)(2) of the Act, expenditures made by Florida for the items identified below, which are not otherwise included as expenditures under Section 1903 of the Act, shall, for the period of this Demonstration, be regarded as expenditures under the State's Title XIX plan.

Maintaining the following expenditure authorities shall enable Florida to operate the MEDS-AD Medicaid section 1115 Demonstration.

1. **Demonstration Population 1.** Expenditures for services provided to individuals who are elderly or have a disability and who are not otherwise eligible for Medicaid and who:
    a. Are eligible for Medicare;
    b. Have income less than or equal to 88 percent of the Federal poverty level;
    c. Have assets up to $5,000 for an individual or $6,000 for a couple; and
    d. Are receiving hospice, home and community-based services, or institutional care services.
2. **Demonstration Population 2.** Expenditures for services provided to individuals who are elderly or have a disability who are not otherwise eligible for Medicaid and who:
    a. Have income less than or equal to 88 percent of the Federal poverty level;
    b. Have assets up to $5,000 for an individual or $6,000 for a couple; and
    c. Are receiving hospice, home and community-based services, or institutional care services.
3. **Demonstration Population 3.** Expenditures for services provided to elderly or disabled individuals who are not otherwise eligible for Medicaid and who:
    a. Have income less than or equal to 88 percent of the Federal poverty level;
    b. Have assets up to $5,000 for an individual or $6,000 for a couple; and
    c. Are not receiving hospice, home and community-based services, or institutional care services.
4. **MFCU Data Mining.** Expenditures claimed by the State Attorney General's Office to the Office of Inspector General, for data mining activities performed by the Medicaid Fraud Control Unit (MFCU) to screen and analyze the Medicaid Management Information System (MMIS) claims information to identify potential Medicaid fraud. These expenditures may not include expenditures for tools or activities that already exist in the State's Surveillance and Utilization Review Subsystem application, that are currently being performed by the State Medicaid agency, or that would otherwise be eligible for MMIS financial support

Title XIX Requirements Not Applicable

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable to the list below, shall apply to Demonstration Population 3 beginning January 1, 2015 through December 31, 2015.

1. **Freedom of Choice** **Section 1902(a)(23)(A)**

   To enable Florida to require the Demonstration population to enroll in a managed care delivery system authorized under the State's 1915(b) waivers and the successor managed care delivery system authorized under the section 1115 demonstration titled the Managed Medical Assistance Program.

   The following requirements shall not apply to the expenditure authority for MFCU data mining:

2. **Amount, Duration, and Scope** **Section 1902(a)(10(B)**

   To the extent necessary to permit some individuals in Demonstration Population 3 to receive High Intensity Pharmacy Case Management services that are not available to other individuals in the group.

3. **Limitation on MFCU activities** **Section 1903(q)**
   42 CFR Part 1007

   To the extent necessary to permit Federal financial participation in data mining activities performed by a MFCU that is otherwise prohibited.

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Appendix A
Letters to the Miccosukee Tribe and the Seminole Tribe

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 21, 2015

Ms. Cassandra Osceola
Health Director
Miccosukee Tribe of Florida
P.O. Box 440021, Tamiami Station
Miami, FL 33144

Dear Ms. Osceola:

This letter is being sent to solicit input on the State of Florida's plan to submit a three-year extension request for Florida's 1115 MEDS-AD Waiver to the Centers for Medicare and Medicaid Services (CMS) for the period January 1, 2016 through December 31, 2018. The waiver provides Medicaid eligibility for individuals who meet the following criteria:

- Have a disability or are age 65 or over
- Income is 88 percent of the federal poverty level or lower; and
- Has assets that do not exceed $5,000 for individuals or $6,000 for couples.
-

and are in one of the following Medicaid eligibility groups:

- Group 1: Medicaid and Medicare (dual) eligibles receiving hospice services, home and community-based services, or institutional care services.
- Group 2: Medicaid-only eligibles currently receiving hospice services, home and community-based services, or institutional care services.
- Group 3: Medicaid-only eligibles not currently receiving hospice services, home and community-based services, or institutional care services.
-

A full description of the proposed amendment is located on the Agency for Health Care Administration's (Agency) website at the following link:

http://ahca.myflorida.com/medicaid/MEDS-AD/MED_AD_1115_Waiver_2015-06.shtml

The Agency will conduct a 30-day public notice and comment period prior to submitting the extension request to CMS. The 30-day public notice and public comment period will begin May 21, 2015 through June 20, 2015 The Agency has scheduled two public meetings to solicit

meaningful input on the proposed waiver amendment from the public. The meetings will be held in:

- Tampa, Florida on June1, 2015, 1:00 p.m. – 2:30 p.m. at the Agency for Health Care Administration, 6800 North Dale Mabry Highway, Main Training Room, Tampa, FL 33614. To participate by phone, please call 1-877-299-4502 and enter the participant passcode: 905 751 44#.
- Tallahassee, Florida on June 2, 2015, 1:00 p.m. – 2:30 p.m. at the Agency for Health Care Administration, 2727 Mahan Drive Building 3, Conference Room A, Tallahassee, FL 32308. To participate by phone, please call 1-877-299-4502 and enter the participant passcode: 433 017 68#.

If you have any questions about this extension request or would like to hold a call please contact Heather Morrison of my staff via email at Heather.Morrison@ahca.myflorida.com or by phone at (850) 412-4034.

Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/hm

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 21, 2015

Ms. Connie Whidden, MSW
Health Director
Seminole Tribe of Florida
3006 Josie Billie Avenue
Hollywood, FL 33024

Dear Ms. Whidden:

This letter is being sent to solicit input on the State of Florida's plan to submit a three-year extension request for Florida's 1115 MEDS-AD Waiver to the Centers for Medicare and Medicaid Services (CMS) for the period January 1, 2016 through December 31, 2018. The waiver provides Medicaid eligibility for individuals who meet the following criteria:

- Have a disability or are age 65 or over
- Income is 88 percent of the federal poverty level or lower; and
- Has assets that do not exceed $5,000 for individuals or $6,000 for couples.

and are in one of the following Medicaid eligibility groups:

- Group 1: Medicaid and Medicare (dual) eligibles receiving hospice services, home and community-based services, or institutional care services.
- Group 2: Medicaid-only eligibles currently receiving hospice services, home and community-based services, or institutional care services.
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Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/hm