MED143 CONTRACT DRAFT DELIVERABLE #5

MEDS AD Waiver MTM Program Evaluation:

Key Informant Experiences-Preliminary Findings

Prepared for Florida Medicaid
in Partial Fulfillment of Contract
MED 143

College of Social Work
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Introduction

The purpose of this report is to provide AHCA with a project-specific Preliminary Analysis and to ensure that the preliminary research, data collection, and analyses of the data conform to the intent of the project. Within that context, the qualitative component of this mixed methods project lends a much greater understanding of the underlying processes that, when taken in conjunction with the quantitative findings, will provide a deep and nuanced evaluation of the MEDS-AD Demonstration project based on Medication Therapy Management (MTM) principles.

The Research Investigative Team (RIT) associated with the qualitative effort consisted of members who represented multiple disciplines and academic institutions. The Lead Analyst, an Associate Professor at the FSU College of Social Work and a Co-PI of the project is an expert in qualitative methodology and served as an essential participant in all five interviews. In addition, she, along with Florida A&M University (FAMU) Pharmacist A, constructed the interview guides prior to meeting with key informants. FAMU Pharmacist A, a Professor at FAMU as well as an expert in MTM and geriatrics, provided knowledge of patient interactions gained from hands-on clinical experience. FAMU Pharmacist B, also of the FAMU College of Pharmacy, has both MTM and teaching experience as well and was particularly helpful in discussing patient outcomes associated with MTM. The Associate Dean of Research at the FSU College of Social Work brought to the team extensive research experience in health care and health behavior. Her insights into health behavior will be helpful in discussing best practices in later reports.

These specific preliminary findings are confined to interviews with MTM staff at the University of Florida College of Pharmacy (UFCOP) Call Center and Medicaid Administrative Personnel (MCAP) who served as key informants. These key informants were the most knowledgeable persons available regarding the development and implementation of the current MEDS-AD Demonstration project. The Bureau Chief of Pharmacy Services for Florida Medicaid, provided insights into the etiology of the current program as well as lessons learned from other models of

care. The Clinical Administrator of Medicaid Pharmacy Services provided invaluable information regarding the implementation of the current program, including outcomes measured, characteristics of participants, and knowledge of the Medicaid population. The Bureau Chief and Clinical Administrator were interviewed together in an interview that took approximately two hours.

Furthermore, the RIT interviewed four key informants at the UFCOP chosen by AHCA as being most knowledgeable about the MEDS-AD Demonstration project. The UFCOP Call Center Director took great pains to describe the MTM program's implementation with a PowerPoint presentation that included detailed information regarding the MEDS-AD Demonstration project. The UFCOP Call Center Director also made available information regarding another concurrent MTM program conducted by UFCOP personnel under contract with a Health Maintenance Organization (HMO). While the outcome data from the HMO program were not included in evaluating the MEDS-AD Demonstration project, the lessons learned from that program were considered to be transferable to the MEDS-AD Demonstration project. This provided one example of the value added by UFCOP staff who participated in the HMO program as well. Furthermore, the RIT interviewed three UFCOP pharmacists who have direct knowledge, current and historic, regarding the training and implementation of all the MTM programs implemented at UFCOP. Two of the UFCOP pharmacists have both current and historic knowledge of the MEDS-AD Demonstration project. The third UFCOP pharmacist interviewed is involved in the current day-to-day implementation of the MEDS-AD Demonstration project. Each of these interviews lasted from one to two hours.

Initially the intent of the key informant interviews included developing a global perspective on the MEDS-AD Demonstration project and providing guidance in developing protocols for participant interviews. Although the RIT had previously gained insight into the training and implementation of the MEDS-AD Demonstration project during one phone call and overviews of the project provided by AHCA, this information was not directed toward protocol development. Therefore, the information from the key informant interviews described here was essential to the

development of participant interview protocols currently in use. However, the beauty of qualitative research came in finding the unexpected. Without the direct conversations with the key informants described here and the resulting 40+ hours of transcription time and 97 pages of data, it would have been impossible to appreciate the dedication and thoughtfulness that these key informants expressed for the MEDS-AD Demonstration project participants who live with complex medical problems and take multiple medications daily. The theme "value added" included below seeks to portray the additional services provided above and beyond the basic MTM model. Furthermore, when appropriate, the words of the key informants are used to convey the empathy they exhibit for the patients they serve.

While the qualitative component of this study will be essential in understanding responses to multiple research questions, the preliminary findings associated with these specific interviews will be most useful in responding to the following study aims:

- How is program utilization consistent with best practice guidelines and Medicaid policies? (e.g., How do MTM pharmacists implement and Primary Care Physicians [PCPs] respond to the program?)

- What are the lessons learned from this program from the perspectives of Florida Medicaid Administrative Personnel (MCAP), UFCOP staff, recipients and PCPs?

Other study aims, more closely aligned with the participant and PCP input, will be addressed when those populations are interviewed. In addition, the final report, due February 24, 2014 will include a comparison of these findings with best practices as well as enhancing the understanding of the quantitative components.

Methodology

This project used established methods of qualitative research to provide information helpful in understanding the underlying processes while evaluating the MEDS-AD Demonstration project as it is implemented by the call center at UFCOP.

The Research Investigative Team (RIT) from the FSU College of Social Work and FAMU College of Pharmacy conducted the interviews.

Study Population. The RIT conducted interviews with a purposive sample drawn from key informants comprising Florida Medicaid Administrative Personnel (MCAP) identified by AHCA and UFCOP staff described above.

Interview Protocol. The RIT used a semi-structured interview guide with questions and prompts based on an initial literature review and approved by AHCA personnel. In addition, the RIT interviewers followed up on new areas and topics mentioned by the key informants, in accordance with standard interview conduct. The RIT audiotaped each interview with permission of the participants. AHCA and Institutional Review Boards approved all interview protocols, surveys, and scripts prior to implementation. Interviews were conducted on October 29, 2012 and November 19, 2012. The RIT interviewers conducted the interviews in private conference rooms or offices. UFCOP staff were interviewed individually. MCAP were interviewed together at their request. There were at least two members of the RIT, one methodologist and one pharmacist, at each interview.

Data Management. Interviews were digitally recorded with permission of the participants and transcribed word for word. All tapes and transcriptions were kept on password-protected computers with access limited to the RIT and their Research Assistants (RAs).

Data Analysis. Data were entered into Atlas/ti software for analysis, an established software package that allowed for the storage of codes and served as an organization tool for studies using multiple interviews. Two members of the RIT coded one transcript, with consensus being reached on codes, themes and domains. A code list was established and used in coding subsequent transcripts.

Method. The RIT examined each interview for emerging themes, and relevant

codes were developed utilizing the constant comparative method. This method allowed coders to compare new information to codes identified earlier and develop new codes if none existed for the current data. This process allowed for a structured and systematic data analysis method while optimizing the emergence of new codes to capture new ideas as they developed.

Process. The analytic process began with immersion in the data; that is, the RIT read the transcripts multiple times to become familiar with the content and flow. The RIT then made notations (codes) for each small bit of data, a process called "open coding." These codes were recorded in Atlas/ti as the initial code list. Atlas/ti also allowed for "memoing;" that is, the RIT was able to make and retain notations related to underlying themes during the coding process. For the next step, the RIT looked at relationships among the initial codes, including where they co-occur, a process called axial coding. For example, one code, "I have time," was coded word-for-word (in vivo) during the coding process. When the overall coding process was complete, this code became part of a larger code family, "value added." The value added category included other aspects of support provided by the UFCOP Call Center staff that went beyond the standard MEDS-AD Demonstration project MTM process (e.g., providing information regarding non-pharmaceutical services). The prevalence of this code family led to it being identified as a theme, an underlying (latent) process that gave meaning to the data beyond simple categorization.

There were no codes established prior to beginning this process, as this set of key informant interviews was essential to establishing contextual information. The data were analyzed for both manifest and latent codes and themes. For example, a manifest code might include the aspects of training (e.g., protocol, sequence) that were parts of the training process. However, that UFCOP staff observed and supported traits such as empathy became evident when describing the training process, a latent theme that emerged.

Strategies for Rigor. A key element in establishing validity in qualitative research is triangulation (i.e., use of more than one data source or method of data collection). This portion of the study incorporated two methods of triangulation: analytic triangulation and interdisciplinary triangulation. First, during data analysis, coding involved two (2) independent coders. The interdisciplinary nature of the RIT supported interdisciplinary triangulation as both a pharmacist and a methodological expert attended each interview. At the completion of this project, data from the qualitative component will be integrated with data from the quantitative component of the MEDS-AD Demonstration project evaluation

Initial Findings

Four general themes related to the underlying processes emerged from the analyses: value added; training and implementation; continuity and connection; and special circumstances. These four themes were retained as they emerged in each of the interviews with UFCOP staff and MCAP. Each theme is described below.

Value added. Embedded in all the themes described below and prevalent in every conversation with UFCOP staff was a theme noted as value added. This latent theme was broadly defined as UFCOP staff providing services beyond those included in the scope and standard definition of MTM. Furthermore, the value added theme included the attitudes of the UFCOP staff as honoring the MEDS-AD Demonstration project participants, treating them with dignity and genuine concern for their well being. It was difficult, indeed impossible, to separate the value added services from the personal characteristics (i.e., commitment and dedication) of the UFCOP staff. One example of this commitment was contained in the UFCOP staff expression "We get excited about everything." The UFCOP pharmacist went on to state "We get excited when the doctor says they're not changing it [THE MEDICATION]. We get excited because we know that they've read it [THE FAX FROM THE UFCOP TEAM]." These value added services were also a function of the collaborative nature of the

relationship between MCAP and UFCOP that included some flexibility within the contracting process.

Indeed, the UFCOP Call Center Director indicated that flexibility provided by the MCAP Bureau Chief was essential to allowing the UFCOP to design the optimal MTM program. This comment was echoed by the Bureau Chief who indicated a willingness to allow UFCOP personnel to use their knowledge of the help-desk model of MTM implementation in developing the MTM model specific to the MEDS-AD Demonstration project.

Examples of value added services were best described by the words of the UFCOP staff themselves. For example, one simple statement "I have time for you" poignantly described the contribution to quality of life that a one-time interview, while purposed for MTM, can make. And while the gold standard of satisfaction lies in the interviews with participants themselves, it became evident to the RIT interviewers that the commitment on the part of the UFCOP staff to patient well-being transcended the limitations of the MEDS-AD Demonstration project while maintaining the integrity of the MTM process. For example, when UFCOP staff inadvertently contacted someone still in the Medicaid application process, they were willing to recontact that person later when he/she had become eligible for the MEDS-AD Demonstration project.

Indeed, UFCOP staff were performing tasks often defined as medical social services. Examples of these services included identifying transportation services from Tampa to Orlando to aid a patient in obtaining services from the only pain specialist who accepted patients with Medicaid. Furthermore, UFCOP staff provided information on Medicaid coverage for non-medication services such as environmental counseling for patients with diagnoses of asthma.

On the other hand, participation in the program added value to the educational experience of UFCOP students who rotate through the call center, as participation provided successful training for pharmacy students to work with this sociodemographic population. These unintended outcomes suggest the potential need for additional outcome measures to capture the complete picture of the MEDS-AD Demonstration project as implemented here.

Training and Implementation. UFCOP staff explained and provided detailed information, written and oral, regarding the training and implementation of the MEDS-AD Demonstration project. UFCOP staff indicated that there was no one service model for MTM and that "we were gonna encourage collaboration, we were gonna talk about appropriate prescribing patterns and the goals were to improve the quality of care, improve adherence, reduce clinical risk, lower prescribed drug cost and lower the rate of inappropriate spending on certain medications, alright." It became apparent that the UFCOP staff took these goals seriously and had been directly involved in working constantly toward process development and improvement. Key components included a comprehensive orientation for schedulers and interviewers, a rotation of student staff, development of a computerized record using Excel software, a specific protocol for contacting primary care physicians (PCPs), and benchmarks for identifying resolution. For example, as per protocol, UFCOP staff faxed PCPs notifications of issues that merited review and possible modification. The issue was noted as resolved if claims data confirmed a change in response to the notification.

The data from these key informant interviews described a program structure that both imposed restrictions and allowed for some flexibility. For example, the program as described set standards for contacting participants, indicating detail as granular as the maximum and minimum number of phone calls appropriate in attempting to reach a potential participant. However, as the program developed, the UFCOP staff instituted a follow-up call performed between 30 and 90 days post Comprehensive Medication Review (CMR) in order to check in with participants. Including this call was a modification of the original protocol initiated because UFCOP staff wanted to stay in touch with patients and understand their evolving situations, a clear indicator of the empathy and concern staff felt.

Within the established protocol, the UFCOP staff described strategies that allowed them to optimize responses and effectiveness of the program. They used strategies such as asking the participant to gather and enumerate their medications prior to the CMR in order to increase participant engagement. In addition, UFCOP

staff were sensitive to "little cues" such as whether participants reported psychiatric medications initially or "held back". These examples demonstrate how perceptive UFCOP staff were and how attuned they were to the participants, and further demonstrate the minutely detailed attention that UFCOP staff were willing to employ in order to achieve optimal results. These strategies were shared with other staff and became part of the training process. Thus, UFCOP training included creating an empathetic demeanor as demonstrated when UFCOP staff encouraged student trainees to connect with patients by saying, "pretend that's your grandmother or your grandfather, your favorite aunt or uncle."

The MEDS-AD Demonstration project protocol includes two targeted outcome measures, one for adherence (the Morisky 8-item Medication Adherence Scale [MMAS-8]) and two follow up questions regarding satisfaction with the services ("Did you find this appointment to be helpful" and "Did this interview help clarify any concerns you may have had with your medications?"). Furthermore, in cases in which recommendations had been faxed to the PCP, UFCOP staff reviewed claims data for changes in medication. Yet, this program went beyond adherence, satisfaction, and medication modification for both UFCOP staff and MCAP. For example, when asked about what contributed to the strength of the program, the Bureau Chief stated, "…because there is one-to-one interaction with the patient. There is an understanding of who the patient is." A recommendation to capture this important outcome is included in the Initial Lessons Learned section of this report.

Continuity and connection. UFCOP staff expressed a desire for continuity in contact. Although the MEDS-AD Demonstration project protocol calls for only two direct contacts between UFCOP staff and program participants (i.e., the scheduling call and the CMR), UFCOP key informants suggested that a seemingly important relationship occurs during these calls and that an undergirding sense of connection potentially enhances the effectiveness of the program. As one UFCOP staff stated "And some patients I did leave a card [INCLUDE A BUSINESS CARD] in what [THE MATERIALS] I sent them in the mail. It was one of those [PARTICIPANTS] that you just bonded with over the phone, or they needed the extra

help." UFCOP staff expressed concern when there were breaks in this connection. Breaks occurred when participants were no longer part of the program as evidenced by the absence of their claims data. As one UFCOP staff member stated: "I want to follow up with them because I want to know where they're at and maybe they need an extra touch."

Also, there were instances when the UFCOP staff member who made the original call was replaced by someone else for follow up. UFCOP staff related anecdotes in which participants tried to reconnect with the staff member who made the original call. One participant, who had finally requested a nicotine patch and was able to stop smoking asked to speak to the UFCOP staff member who had conducted the CMR in order to share the success story. However, when describing this anecdote, the UFCOP staff pharmacist stated "And I think that's why I don't know more success stories because they [OTHER UFCOP STAFF] do the follow up call." This finding provides an area for exploration during the participant interviews currently being conducted to see if participants also express the need for longer and more frequent contact.

Special circumstances. This theme emerged as a response to queries about exceptions to protocol. However, it should be noted that some of these instances included MTM participants who were contacted as a result of their participation in another contracted study conducted by UFCOP staff. These anecdotes were informative, however, as they described responses to situations that could arise with the MEDS-AD Demonstration project participants as well.

The UFCOP staff described events that prompted them to make quick judgments and unique responses. UFCOP staff noted that they utilized a crisis management protocol; however, specific conditions such as the presence of depression, sometimes coupled with chronic pain and/or including suicidal ideation; participants at the end of life; and use of drugs not prescribed for them, prompted the need for somewhat unique responses. These events also required that UFCOP staff make judgments regarding the severity of the condition and consequent actions. For example, one UFCOP staff member described two separate

instances related to suicidal ideation that occurred in one day. While both participants were referred to an intervention hot line, one required an immediate conference call with hot-line staff based on the patient's condition. In the other case, the follow-up contact was left up to the patient. This need to evaluate and triage critical situations became a part of what might have been expected to be a routine call and demonstrates the challenging nature of conducting any MTM program by telephone.

End-of-life circumstances presented another unique challenge for UFCOP staff due to limitations of medical information. Staff reported that they had ICD-9 codes that indicated a potentially terminal diagnosis such as breast cancer, but they did not know the stage of the disease. However, UFCOP staff also noted that some patients are open in describing their end-of-life circumstances and included references beyond medical needs. Again, UFCOP staff were positioned and challenged to provide support to MEDS-AD Demonstration project participants, who were often isolated at this critical juncture in their lives.

UFCOP staff indicated that they routinely asked about use of drugs not prescribed for participants. Since this question inferred behavior that might be socially undesirable, UFCOP staff strategically prefaced the question with a statement that all patients are asked the same questions. Some patients openly acknowledged this drug use and were forthcoming, suggesting that the UFCOP staffs' sensitivity and strategic thought were helpful.

Initial Lessons Learned

These findings are preliminary, as they are based solely on interviews with seven key informants identified by AHCA. These findings will become more meaningful when considered in conjunction with findings from other respondent groups. However, these data did suggest three lessons learned regarding the current MEDS-AD Demonstration project as implemented by the staff at the UFCOP Call Center.

First, making additional medical information available to the UFCOP staff before, during, and after contact with the MEDS-AD Demonstration project participants may enhance the staff's ability to anticipate and meet the needs of the participants. This possibility was also discussed with the MCAP who confirmed that they (MCAP and thus UFCOP staff) do not have access to the participants' medical records.

Furthermore, RIT pharmacists indicated having access to patient lab reports could provide a much more nuanced understanding of resolutions to problems. That is, not only should the change in medication be noted (as is now the definition of resolution and is available from Medicaid claims data), there needs to be documentation that indicates whether this change had an effect on the medical condition of the participant as indicated by post-change lab reports. These recommendations were made as describing an optimal model of MTM that may be potentially unrealistic for the MEDS-AD Demonstration project. In a prior model of MTM described by MCAP, obtaining the medical record had become a hurdle to providing timely responses, and medical information, when available, was outdated. Therefore, the availability of medical information would need to be timely and likely depend upon future advances in technology.

The second lesson is that UFCOP staff performed medical social services (e.g., obtaining transportation, identifying providers who take patients with Medicaid, describing additional services available through Medicaid) that were frequently the purview of social workers. In fact, the USCOP Call Center Director indicated that in his experience, social work graduate students often were part of the call center staff. It was commendable that current UFCOP staff performed many of these services that go beyond MTM in its most conservative definition. It did suggest, however, that the addition of social workers to call center teams could be a consideration for future MTM programs envisioned by AHCA.

Finally, there were outcomes that currently are not measured that represent strengths of the MTM model as implemented within the MEDS-AD Demonstration project by the UFCOP staff. Recognition of the humanity and worth of the participants touched by this program was significant as both *a reason for* the

program (as indicated by MCAP) and *a strength of* the program (as indicated by UFCOP staff). However, there was no measure of quality of life of the patients who are touched by the program.

Conclusion

These preliminary findings indicate that qualitative methods, specifically interviews with key informants identified by AHCA, provide information that is not available from other sources. Furthermore, the findings from the key informant interviews are helpful in developing interview guides appropriate for the MEDS-AD Demonstration project participants who are currently being interviewed. However, most notably, these key informant interviews went beyond these basic goals and painted a picture of caring UFCOP staff and MCAP who were genuinely concerned for the well-being of the MEDS-AD Demonstration Project participants and sought to add value to the participants' lives as well.

MED143 CONTRACT DRAFT DELIVERABLE #12

MTM Program Recipient Experiences – Preliminary Findings

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Introduction

The purpose of this report is to provide AHCA with preliminary findings based on telephone interviews conducted with a sample of the MEDS-AD Medication Therapy Management (MTM) program participants.

The Research Investigative Team (RIT) associated with the qualitative effort consisted of members who represented multiple disciplines and academic institutions.

The Lead Analyst, an Associate Professor at the FSU College of Social Work and a Co-PI of the project is an expert in qualitative methodology and directed and monitored a team of Research Assistants (RAs) from the FSU College of Social Work who conducted the interviews with MTM program participants.

The interview process was also informed by two Florida A&M University (FAMU) College of Pharmacy professors participating on the RIT. They brought expertise in MTM and geriatrics, provided knowledge of patient interactions gained from hands-on clinical experience, and were particularly helpful in discussing patient outcomes associated with MTM. Additionally, the Associate Dean of Research at the FSU College of Social Work brought to the team extensive research experience in health care and health behavior.

Qualitative Evaluation: MTM Participant Interviews

It is the very essence of this evaluation to hear the opinions of MEDS-AD participants, often in their own words, that provide information not available from any other source. Indeed, they, the participants, are the true experts on the effectiveness and meaning of the MEDS-AD effort.

Research Questions

The interviews with MEDS-AD participants are most closely aligned with the following Research Questions:

- What are the most successful aspects of the MTM program based on participant perspectives?
- What are the lessons learned from this program from the perspectives of Florida Medicaid administrative personnel (MCAP), MTM staff, recipients (i.e., participants) and primary care providers (PCPs)?
- How does this program impact recipients' (i.e., participants') ability to understand medications, take a more active part in their care, and understand the questions to ask their doctor or when to contact their doctor?

This project used established methods of qualitative research to provide information helpful in understanding the underlying processes while evaluating the MEDS-AD Demonstration project as it is implemented by the call center at University of Florida College of Pharmacy (UF COP).

Methods and Processes

Data Sources

Study Population (MTM Participants). The RAs conducted interviews with a sample randomly selected from the universe of MEDS-AD participants (n = 147) who had completed the program (i.e., had a completed CMR and three subsequent claims reviews). An initial sampling frame of 45 potential participants was not sufficient to meet the goal of 20 completed interviews. Therefore the sampling

frame was refreshed with an additional 21 potential respondents, 20 of whom had agreed to participate in a second year of the MEDS-AD Demonstration project.

Recruitment. RIT mailed a letter to each potential participant that explained the study and invited their participation. The letters were written in easily understandable language and included the name of the UF COP staff member who had conducted the CMR. This method was designed to aid participants in understanding the specific program referenced in the letter and consequent interview. Furthermore, the letter stated that findings would be kept confidential and that neither participation nor refusal would have any effect on their Medicaid benefits. The letter was followed by a phone call that included additional information, an opportunity for potential participants to ask questions, and informed consent for those participants who wished to participate. A copy of the informed consent was mailed to each interview participant. Figure 1 summarizes the recruitment process.

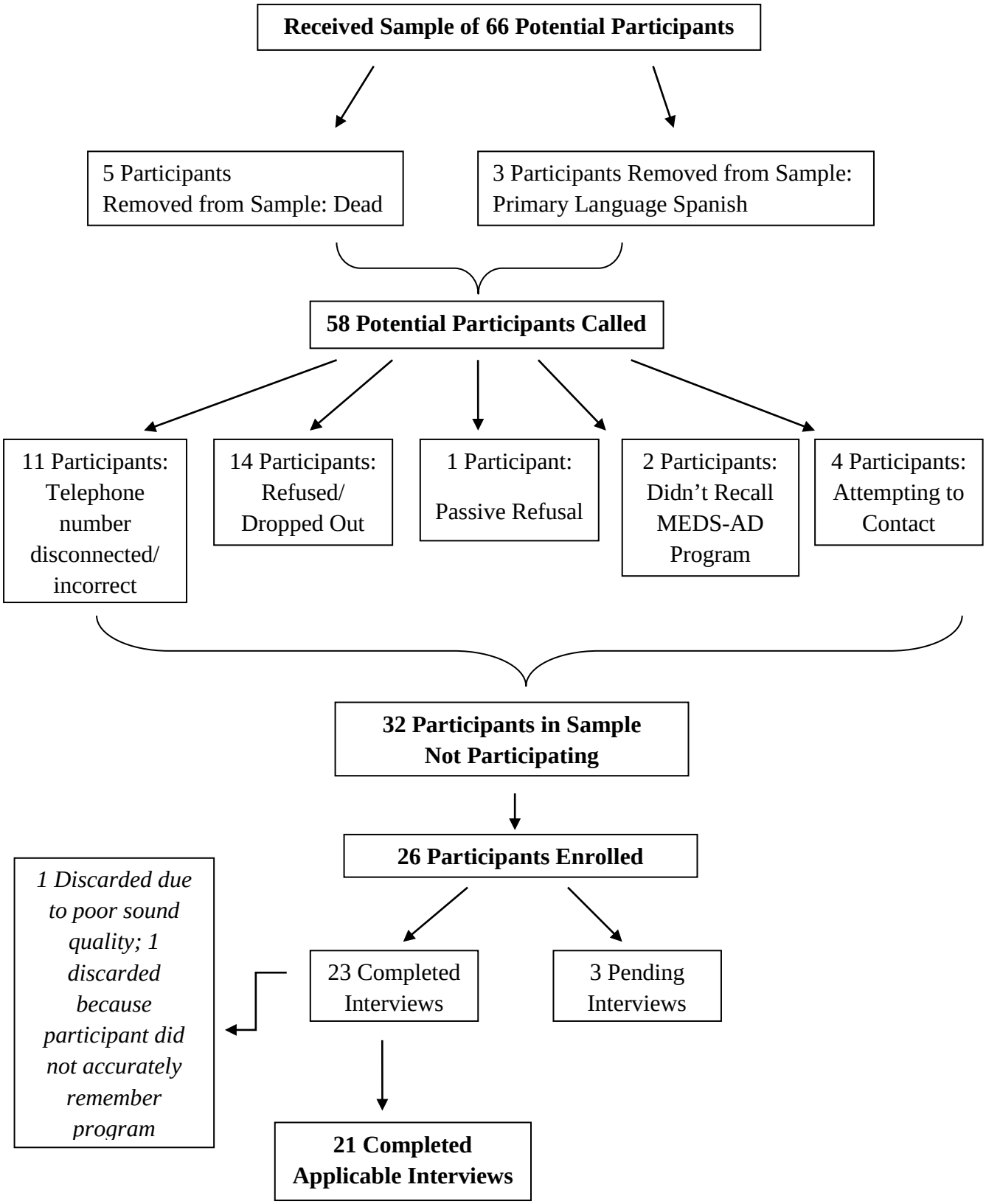

Figure 1: MTM Participant Interview Recruitment Process

Interview Protocol. The RIT used a semi-structured interview guide with questions and prompts based on an initial literature review, input from MCAP and UF COP Call Center staff, and approved by AHCA personnel. Interviewers used screening questions that determined that the participant was the person identified and an additional question to determine if they remembered the MEDS-AD Demonstration project.

There were three overarching, open-ended questions:

1. How would you describe the medication management program in which (CONTACT NAME) asked you about your medicines?
2. What do you see as the best part of the program?
3. If you could change one thing about the program, what would it be?

In addition, the interviewers followed up on new areas and topics mentioned by the MEDS-AD participants, in accordance with standard interview conduct. Finally, there were five closed-ended (yes/no) questions and one global rating item. The RAs audiotaped each interview with permission of the participants. AHCA and Institutional Review Boards approved all interview protocols, surveys, and scripts prior to implementation. Interviews with participants who have completed the MEDS-AD program were conducted between March 1, 2013 and April 26, 2013. All interviews were conducted by telephone and were scheduled for the convenience of the MEDS-AD participants.

Data Management. A tracking database in Microsoft ACCESS was maintained throughout the project to record pertinent information regarding contacts made with participants, enrollment status, and to provide interviewers with background information regarding diagnoses, health behaviors, and medications. Interviews were digitally recorded with permission of the participants and transcribed word for word using Dragon Naturally Speaking software. All tapes and transcriptions were kept on password-protected computers with access limited to the RIT and RAs.

Data Analysis. Data were entered into Atlas/ti software for analysis, an established software package that allowed for the storage of codes and served as an organizational tool for studies using multiple interviews. Four RAs coded one

transcript, with consensus being reached on codes, themes and domains under the supervision of the Lead Analyst. A code list was established and used in coding subsequent transcripts. However, additional codes and themes were allowed to emerge during the coding process.

At the end of the coding process, there were 31 codes identified. These codes were organized into code families (i.e., codes with associated meanings or references) and themes. However, qualitative coding is an iterative process and will continue throughout the project. Further analyses will be completed that will compare themes with the previously conducted Medicaid program office key informant interviews as well as other respondents (i.e., physicians) who have not yet been interviewed. In addition, the responses to the closed-ended questions included in the interview guide were tabulated.

MTM Participant Interviews -- Initial Findings

There were 66 cases randomly selected for recruitment. After removal of ineligible participants, letters were sent to 58 potential participants with phone follow-up. Twenty-three interviews were completed. Unfortunately, one was not usable due to a technical problem and one was considered an unreliable respondent (i.e., did not seem to understand fully the focus of the interview as the MEDS-AD Demonstration project). Thus, these findings are drawn from 21 interviews with MEDS-AD participants who indicated they remembered the project and provided information that would substantiate their understanding.

Of the participants with completed interviews (n=21) as of May 23, 2013, 13 (62%) were female; 8 (38%) were white, 4 (19%) were black, and nine (43%) lacked information regarding race. Ages ranged from 45 to 64 years old.

Open-Ended Questions

The overall responses to questions in this category were positive and enthusiastic. When asked about the experience of participating in the MEDS-AD Demonstration project, the participants were overwhelmingly positive in their responses. One participant's response was that: "It [MEDS-AD] was great. It was really, really great." The responses were grouped into four categories, or code families: 1) Evaluation of the pharmacist(s); 2) Evaluation of the MEDS-AD program; 3) Best practices; and 4) Recommendations.

Evaluation of the Pharmacist(s). Overall, the participants were very positive in their evaluations of the pharmacists. They were especially appreciative of the concern they felt that the pharmacists demonstrated for them. As one participant stated, "She always talked with me, and that felt good talking with her." Another said: "That they was (sic) concerned." They also described the pharmacists as helpful, honest, and polite. Perhaps this was best summed up by one participant's statement "Well, she was nice."

In most cases, the participants described the pharmacists as knowledgeable. One participant stated "I had some questions about my medications and she answered

them for me" and another said "I thought they were very knowledgeable." However, there were a few comments that indicated the pharmacists may have been novices such as "you could tell that they were just learning." Some participants also noted that the pharmacist was a resource such as "she gave me some numbers that I could've called."

Evaluation of the MEDS-AD program. Overall, participants were favorable in their evaluation of the program. There were three conceptual categories within this code family: 1) problem identification; 2) understanding; and 3) medication adherence.

Problem identification

Participants acknowledged that there were medication issues that emerged solely as a result of the MEDS-AD MTM program. The interactive nature of the call was depicted in this quotation "She asked me some questions and I said well yeah and she said you might want to mention that to your doctor." Another said "And I did follow-up on one of the things [DISCUSSED WITH PHARMACIST] with my doctor."

Understanding

Participants found the process especially helpful in understanding their medications and providing information not readily available from other sources. One participant indicated "Well if you don't know what you're taking, she can tell you that" and "basically…I got all of my meds on one sheet." Other typical comments were "he really just helped me to understand" and "I'm aware of what I'm taking."

Participants compared the information from the MEDS-AD MTM program with information from other sources and found it more helpful, even superior. As one participant stated "Because, you know, the nurses don't really tell me anything. This has been the only thing that has helped me understand [MY MEDICATION] and I've been to a lot of doctors before."

Medication Adherence

One outcome, increased medication adherence, was clearly evident from the participants' perspective. For example, one participant indicated that increased medication adherence was directly related to having received the phone call "Yeah, keep enforcing, keeping pushing you know, 'cause a lot of the medications I wasn't

really taking." Another said "she got me going on them [MEDICATIONS]" and "I used to be real bad with medications, right?...Yeah, she did help me with that." However, a small number (n = 4) of participants did state that they obtained information from other sources and found the MEDS-AD MTM program redundant. One participant stated "I already know what I take."

Best practices. When asked about the best part of the program, most participants focused on the increased understanding of their medications. One participant stated simply "It was informative." Others said "the information she gave me." and "I guess to see that I was taking the right ones." Other responses to the question regarding the best part of the MEDS-AD MTM program included "just really starting to understand my medicines better." Participants also responded regarding the demeanor of the UF COP staff with "Well, she was nice and she explained to me what I was taking and why I was taking it." However, it was not unusual to hear that "It was all good."

Recommendations. When asked for recommendations, participants again provided a positive context indicating most often that they would support additional contacts. As one participant stated, "I just wish they would keep calling me. It's been a long time"; and another said: "I'd say keep going and never stop." Indeed, some participants indicated it would be helpful to have more information on medications that had been prescribed since completing the program. For example, one participant stated "I wish that they would call me more so that I could ask about this medicine" and another said "I'm taking these new medicines and I don't know what they mean." However, the most common response to what could be improved about the program was a variation on "I wouldn't change anything" or "Nothing. It was fine."

Close- Ended Questions

Positive experiences of participants were also reflected in their answers to questions under this category. These findings align with those found in the open-ended questions in that participants were satisfied with the program overall, received

helpful information and were positive in describing the treatment they received from the UF COP staff who conducted the CMRs.

Interview Responses

Responses to the five closed-ended (yes/no) questions are summarized in Table 1. These questions were derived from existing measures of quality related to MTM programs.

Table 1: Answers to Closed-ended Questions

	Yes N(%)	No N(%)	NA[1] N(%)
1. Was the CONTACT NAME [2]*(or use pharmacist)* from the University of Florida who talked to you about your medicines respectful?	20(95)	0(0)	1(5)
2. Did CONTACT NAME[2] *(or use the pharmacist)* go through your medications and provide helpful information about your medications?	19(90)	1(5)	1(5)
3. Where you happy with the assistance CONTACT NAME[2] *(or use the pharmacist)* provided?	21(100)	0(0)	0(0)
4. Did you feel that you had a better understanding of your medications after your Medication Therapy call?	18(86)	3(14)	0(0)
5. Did you find the information that CONTACT NAME[2] *(or use the pharmacist)* sent you in the mail helpful?	16(76)	3(14)	2(10)

[1] Not answered.

[2] In order to enhance recognition of the program, whenever possible, interviewers used the name(s) of the pharmacist(s) who had conducted the CMR.

Participants also were asked to make one global evaluation of the program overall. These results are indicated on Table 2.

Table 2: Global Evaluation of the MEDS-AD Demonstration Project

	Very Poor N(%)	Poor N(%)	Fair N(%)	Good N(%)	Very Good N(%)
How would you rate the overall care that you experienced with the medication program?	0(0)	0(0)	0(0)	7(33)	14(67)

MTM Participant Interviews -- Limitations

These findings are limited by the small sample size (n=21) and the sample biases often associated with interviews or surveys conducted with participants who choose to participate. That is, it is assumed that those with the strongest opinions are the most likely to respond and complete the interview process. Also, the interviews took place retrospectively with participants who may have completed the MEDS-AD program more than a year before. However, the RIT sought to overcome these issues by being certain that participants indicated that they remembered the program. Interviews were terminated if participants did not clearly remember the MEDS-AD Demonstration Program project or removed from analyses if the participant was deemed unreliable at the end of the interview. The RIT will also interview primary care physicians to gather their perspective on this intervention.

MTM Participant Interviews -- Conclusions

Despite the limitations stated above, it is clear that MEDS-AD recipients who participated in the first cohort of qualitative interviews were pleased with the program as administered and found the information provided during the CMR helpful. They provided nuanced (i.e., appreciation for the concern of the UFCOP staff; the mailed information was the least helpful) and global support for the MEDS-AD Demonstration project. All participants rated the program good or very good overall. Their recommendation that the program continue provides insight into the needs of participants for support in addressing their complex medical issues and echoes the statements of UF COP staff who wished to keep in touch beyond the CMR.

APPENDIX B

- Copies of Letters to Tribes Regarding Renewal of the MEDS-AD Waiver
- Copy of Public Notice Published in Volume 39, Number 83 of the Florida Administrative Register

RICK SCOTT
GOVERNOR

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 24, 2013

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

Dear Ms. Whidden:

We are writing to consult with the Seminole Tribe of Florida, at least 30 days prior to submitting a Section 1115 Research and Demonstration Waiver renewal application to the Centers for Medicare and Medicaid Services (Federal CMS). The proposed MEDS-AD Waiver renewal is not anticipated to have a direct impact on the federally recognized Tribes in Florida at this time. However, in the spirit of our collaboration with the Seminole Tribe of Florida, this notice and invitation to comment is provided.

Under Florida's currently approved State Plan Amendment (SPA) 2012-006, notice of changes in the Medicaid program which are anticipated to have direct impact on the federally recognized Tribes in Florida must be sent 30 days prior to submission of an initial waiver, waiver amendment, or SPA.

The Agency for Health Care Administration (Agency) is seeking to renew the federal waiver authority to continue to provide Medicaid eligibility to the MEDS-AD group, according to provisions of Section 409.904(1), Florida Statutes, which states:

> Subject to federal waiver approval, a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services. The agency shall seek federal authorization through a waiver to provide this coverage.

Description of Current and Proposed MEDS-AD Program

Since January 2006, Medicaid eligibility for this group has been authorized through the Florida Medicaid MEDS-AD 1115 Research and Demonstration Waiver #11-W-00205/4. The current federal approval for this waiver will expire on December 31, 2013. The Agency is requesting a renewal of authority to continue the program as it currently operates through December 31, 2016

A link to the Public Notice Document for the proposed MEDS-AD waiver renewal will be posted by April 24, 2013 on the following program website: http://ahca.mvtlorida.com/Medicaid/index.shtml. The website will also provide the public with an opportunity to provide meaningful input and review other public comments. Two public hearings are scheduled as follows:

A public meeting and webinar is scheduled for May 15, 2013 at Medicaid Area Office 6, 6800 N. Dale Mabry Highway, Suite 220, Tampa, FL 33614. For instructions how to access the webinar, please use web link noted above.

A second opportunity for public comment on this renewal will be provided at the Medical Care Advisory Committee meeting scheduled for May 28, 2013 at Agency Headquarters, 2727 Mahan Drive Building 3, Tallahassee, FL 32308.

We welcome your comments on the proposed MEDS AD waiver renewal. If at any time you would like to discuss the proposed renewal please contact Marie Donnelly at (850) 412-4149, or email Marie.Donnelly@ ahca.myflorida.com.

Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/md
Cc: Kathy Wilson, Eligibility & Utilization Services Program Manager

RICK SCOTT
GOVERNOR

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 24, 2013

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

Dear Ms. Osceola:

We are writing to consult with the Miccosukee Tribe of Florida, at least 30 days prior to submitting a Section 1115 Research and Demonstration Waiver renewal application to the Centers for Medicare and Medicaid Services (Federal CMS). The proposed MEDS-AD Waiver renewal is not anticipated to have a direct impact on the federally recognized Tribes in Florida at this time. However, in the spirit of our collaboration with the Miccosukee Tribe of Florida, this notice and invitation to comment is provided.

Under Florida's currently approved State Plan Amendment (SPA) 2012-006, notice of changes in the Medicaid program which are anticipated to have direct impact on the federally recognized Tribes in Florida must be sent 30 days prior to submission of an initial waiver, waiver amendment, or SPA.

The Agency for Health Care Administration (Agency) is seeking to renew the federal waiver authority to continue to provide Medicaid eligibility to the MEDS-AD group, according to provisions of Section 409.904(1), Florida Statutes, which states:

> Subject to federal waiver approval, a person who is age 65 or older or is determined to be disabled, whose income is at or below 88 percent of the federal poverty level, whose assets do not exceed established limitations, and who is not eligible for Medicare or, if eligible for Medicare, is also eligible for and receiving Medicaid-covered institutional care services, hospice services, or home and community-based services. The agency shall seek federal authorization through a waiver to provide this coverage.

Description of Current and Proposed MEDS-AD Program

Since January 2006, Medicaid eligibility for this group has been authorized through the Florida Medicaid MEDS-AD 1115 Research and Demonstration Waiver #11-W-00205/4. The current federal approval for this waiver will expire on December 31, 2013. The Agency is requesting a renewal of authority to continue the program as it currently operates through December 31, 2016.

A link to the Public Notice Document for the proposed MEDS-AD waiver renewal will be posted by April 24, 2013 on the following program website http://ahca.myflorida.com/Medicaid/index.shtml. The website will also provide the public with an opportunity to provide meaningful input and review other public comments. Two public hearings are scheduled as follows:

A public meeting and webinar is scheduled for May 15, 2013 at Medicaid Area Office 6, 6800 N. Dale Mabry Highway, Suite 220, Tampa, FL 33614. For instructions how to access the webinar, please use web link noted above.

A second opportunity for public comment on this renewal will be provided at the Medical Care Advisory Committee meeting scheduled for May 28, 2013 at Agency Headquarters, 2727 Mahan Drive Building 3, Tallahassee, FL 32308.

We welcome your comments on the proposed MEDS AD waiver renewal. If at any time you would like to discuss the proposed renewal please contact Marie Donnelly at (850} 412-4149, or email Marie. Donnelly @ ahca.myflorida.com.

Sincerely,

/s/

Justin M. Senior
Deputy Secretary for Medicaid

JMS/md
Cc: Denise Ward, Support Services Coordinator, Miccosukee Health Clinic

Notice of Meeting/Workshop Hearing

AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid

The Agency for Health Care Administration announces a public meeting to which all persons are invited.

DATE AND TIME: May 15, 2013, 2:00 p.m., and May 28, 2013, 1:00 p.m.

PLACE: May 15: Medicaid Area Office 6, 6800 Dale Mabry Hwy, Suite 220, Tampa, FL 33614. This meeting will also be presented as a webinar.

May 28: Agency for Health Care Administration Headquarters, 2727 Mahan Drive, Bldg. 3, Tallahassee, FL 32308.

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Agency for Health Care Administration is seeking to renew the federal waiver authority to continue to provide Medicaid eligibility to the MEDS-AD group, according to provisions of Section 409.904(1), Florida Statutes.

A link to the public notice document concerning this renewal request, instructions for how to submit comments, and a link to the Federal Centers for Medicaid and Medicare Services may be found at http://ahca.myflorida.com/Medicaid/index.shtml. All interested stakeholders will be able to provide comments for 30 days, from May 1 through May 30, 2013. The Agency will post all comments received for public review.

For a copy of the agenda for these meetings, or any person requiring special accommodations to participate in either meeting, please contact Marie Donnelly by email at Marie.Donnelly@ahca.myflorida.com, or call (850)412-4149.

Pursuant to the provisions of the Americans with Disabilities Act, for special accommodations, please advise the Agency at least 7 days prior. If you are hearing or speech impaired, please contact the Agency via the Florida Relay Service, (800) 955-8771 (TDD) or (800) 955-8770 (voice).

A copy of the agenda may be obtained by contacting: Marie Donnelly by email at Marie.Donnelly@ahca.myflorida.com, or call (850)412-4149.

APPENDIX C

- Comments Received and Agency Responses

MEDS-AD Waiver Renewal Public Comment Period May 1, 2013-May 30, 2013

Comments Received and Agency Responses

Comment received from Florida Legal Services 5/1/2013:

I am writing to get clarification on the notice below concerning AHCA's request to re-new the MEDS-AD 1115 Waiver. The federal CMS waiver site includes an April 26, 2012 renewal request characterized as currently pending. That proposal includes substantial modifications to the Medically Needy program. (Florida Legal Services previously provided comments to federal CMS on AHCA's April 26, 2012 request to renew this 1115 waiver. A copy is attached).

Is the April 26, 2012 renewal request the proposal which will be discussed at the meetings noticed below? If not, has the Agency filed or does it plan to file a modified renewal request with federal CMS?

If so, can you provide us a copy?

Agency Response:

To date, the Agency has not received approval or denial of the Medically Needy amendment request that was submitted to CMS on April 26, 2012. The notice published this week (April 29, 2013) pertains to a simple renewal of the existing MEDS-AD waiver authority. This renewal request will be submitted to CMS in June of this year, and the renewal request document will be posted to the Agency website at that time.

Question received from Florida Legal Services at 5/28/2013 Public Meeting:

If the State implemented Medicaid expansion to 133% FPL, would this waiver be necessary?

Agency Response:

The expansion population would not include individuals age 65 or over or who have Medicare, therefore the waiver would still be necessary to offer Medicaid eligibility to those persons.

Question received from Florida Legal Services at 5/28/2013 Public Meeting:

Since the State did not implement Medicaid expansion, is it possible that CMS would not approve this waiver extension?

Agency Response:

Since the objective of ACA is to expand health care coverage, it is unlikely that CMS would deny the State's request to continue Medicaid coverage for this group.

APPENDIX D

- Public Meeting Presentation of the MEDS-AD Waiver Renewal Plan

Florida Medicaid MEDS-AD

1115 Research and Demonstration Waiver

Renewal Request June 30, 2013

What is the MEDS-AD Program?

- As authorized in 409.904(1), Florida Statutes, the MEDS-AD Program provides Medicaid eligibility for individuals who:
  - Are disabled or age 65 or over
  - Are also receiving Medicaid-covered institutional care services, hospice services, or home and community-based services
  - Have incomes that do not exceed 88 percent of the federal poverty level and assets that do not exceed $5,000 for individuals or $6,000 for couples

What does the Agency intend to demonstrate with this waiver?

This demonstration project seeks to show that access to health care services and voluntary pharmacy case reviews result in measurably improved health outcomes for this population.

What is the impact of this renewal on other components of the Florida Medicaid program?

- The renewal does not impact any other eligibility or service provisions of the Agency's Medicaid or CHIP programs.
- Renewal of the waiver would simply allow the Agency to maintain eligibility for this population, and all services would continue as in the current program.

Why is the Agency Holding these Public Meetings?

- In order to continue to provide Medicaid eligibility for this group, the Agency must obtain federal approval to renew the MEDS-AD Program, which is currently set to expire December 31, 2013.
- The renewal application must be submitted 6 months prior to the expiration date.

MEDS-AD 1115 Research and Demonstration Waiver Renewal

- Public Comment Period:

May 1 – May 30, 2013

- Public Meeting Locations:

May 15: Medicaid Area Office 6, Tampa, Florida – via webinar

May 28: Medical Care Advisory Committee, Tallahassee, Florida

Additional Methods for Public Input:

A link to the public notice document concerning this renewal request, instructions for how to submit comments, and a link to the Federal Centers for Medicaid and Medicare Services may be found at http://ahca.myflorida.com/Medicaid/index.shtml . Click on the quick link for MEDS-AD Waiver Renewal. All interested stakeholders will be able to provide comments for 30 days, from May 1 through May 30, 2013. The Agency will post all comments received for public review at the above website address.

Email:

Members of the media should contact the Office of Communications at AHCACommunications@ahca.myflorida.com, or by calling 850-412-3623.

Members of the public can email comments about the MEDS-AD program to MEDS-ADRenewal@ahca.myflorida.com , or **mail** them to:

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

APPENDIX E

- Historic Trends and Expenditure Projection Tables

DEMONSTRATION RENEWAL: HISTORIC WITH WAIVER DATA

	DY1 (2006)	DY2 (2007)	DY3 (2008)	DY4 (2009)	DY5 (2010)	DY6 (2011)	DY7 (2012)	Jan-Mar 2013 DY8 (2013)	TOTAL
TOTAL EXPENDITURE	$ 476,509,435	$ 357,168,588	$ 399,593,828	$ 484,172,897	$ 555,892,325	$ 636,952,674	$ 636,430,348	$ 91,609,505	$ 3,638,329,600
ELIGIBLE MEMBER MONTHS	291,263	275,464	300,276	334,134	413,463	477,686	520,424	124,919	2,737,629
COST PER ELIGIBLE	$ 1,636.01	$ 1,296.61	$ 1,330.76	$ 1,449.04	$ 1,344.48	$ 1,333.41	$ 1,222.91	$ 733.35	$ 1,329.01
									DY2-DY7
TREND RATES	**ANNUAL CHANGE**								**TREND RATE**
TOTAL EXPENDITURE		N/A	11.88%	21.17%	39.11%	14.58%	-0.08%	N/A	12.25%
ELIGIBLE MEMBER MONTHS		N/A	9.01%	11.28%	23.74%	15.53%	8.95%	N/A	13.57%
COST PER ELIGIBLE		N/A	2.63%	8.89%	-7.22%	-0.82%	-8.29%	N/A	-1.16%

DEMONSTRATION RENEWAL: WITH WAIVER BUDGET PROJECTION

	TREND RATE	MONTHS OF AGING	RENEWAL DEMONSTRATION YEARS (DY) DY9 (2014)	DY10 (2015)	DY11 (2016)	TOTAL RENEWAL
Eligible Member Months	13.57%	24	671,250	762,339	865,789	
Total Cost Per Eligible	-3.36%	24	$ 1,142	1,104	1,067	
Contracted Case Review Costs *			$ 99,600	99,600	99,600	
Total Projected Renewal Expenditure			**$ 766,740,482**	**$ 841,519,002**	**$ 923,591,454**	**$ 2,531,850,938**

* University of Florida Call Center operation