Florida
MEDS-AD Waiver

3rd Quarter Report
July 1, 2016 – September 30, 2016
Demonstration Year 11

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

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MEDS-AD Waiver

Quarterly Report Requirement

The State is required to submit a quarterly report summarizing the events occurring during the quarter or anticipated to occur in the near future that affect health care delivery.

By implementing Florida's 1115 MEDS-AD Waiver, the Agency for Health Care Administration (Agency) seeks to demonstrate that the total cost of providing access to care for the MEDS-AD population (including costs for the Medication Therapy Management program) will not exceed the expected long-term cost of care for these individuals had they not received coverage until they required institutional care.

This report is the third quarterly report for Demonstration Year (DY) 11 covering the period of July 1, 2016, through September 30, 2016. For detailed information about the activities that occurred during previous quarters of the demonstration, please refer to the quarterly and annual reports at http://ahca.myflorida.com/medicaid/MEDS-AD/index.shtml.

Budget Neutrality Update

The following table compares actual MEDS-AD Waiver expenditures to the costs projected for this population had the MEDS-AD Waiver not been granted. To date, actual expenditures continue to be below the projected cost.

Budget Neutrality
MEDS-AD Waiver

Demo Year	Quarter Ended	With Waiver Expenditures ($)*	With Waiver Expenditures Cumulative Total ($)	Without Waiver (Target) Expenditures ($)	Without Waiver Expend Total ($)	Difference ($)	Cumulative Difference ($)
DY1	Q1	51,696,950		507,710,894		456,013,944	
	Q2	132,235,096		507,710,894		375,475,798	
	Q3	105,271,113		507,710,894		402,439,781	
	Q4	146,356,839	435,559,998	507,710,894	2,030,843,575	361,354,055	1,595,283,577
DY2	Q5	69,927,763		460,700,626		390,772,863	
	Q6	79,047,475		460,700,626		381,653,151	
	Q7	87,567,517		460,700,626		373,133,109	
	Q8	90,210,963	762,313,716	460,700,626	3,873,646,079	370,489,663	3,111,332,363
DY3	Q9	93,882,619		455,999,599		362,116,980	
	Q10	103,108,178		455,999,599		352,891,421	
	Q11	95,761,142		455,999,599		360,238,457	
	Q12	96,128,169	1,151,193,824	455,999,599	5,697,644,476	359,871,430	4,546,450,652
DY4	Q13	107,727,900		465,401,653		357,673,753	
	Q14	106,365,677		465,401,653		359,035,976	
	Q15	120,849,499		465,401,653		344,552,154	
	Q16	133,665,863	1,619,802,762	465,401,653	7,559,251,086	331,735,790	5,939,448,324
DY5	Q17	138,153,082		460,700,626		322,547,544	
	Q18	144,229,555		460,700,626		316,471,071	

Budget Neutrality MEDS-AD Waiver							
Demo Year	**Quarter Ended**	**With Waiver Expenditures ($)***	**With Waiver Expenditures Cumulative Total ($)**	**Without Waiver (Target) Expenditures ($)**	**Without Waiver Expend Total ($)**	**Difference ($)**	**Cumulative Difference ($)**
	Q19	134,966,909		460,700,626		325,733,717	
	Q20	148,599,566	2,185,751,874	460,700,626	9,402,053,590	312,101,060	7,216,301,716
DY6	Q21	154,004,876		**			
	Q22	146,340,361		**			
	Q23	155,268,617		**			
	Q24	163,774,246		**	9,402,053,590		6,596,913,616
DY7	Q25	165,396,338		**			
	Q26	184,629,761		**			
	Q27	165,063,579		**			
	Q28	168,922,270	3,489,151,922	**	9,402,053,590		5,912,901,668
DY8	Q29	151,084,893		**			
	Q30	150,685,372		**			
	Q31	159,986,109		**			
	Q32	165,422,402	4,116,330,697	**	9,402,053,590		5,285,722,893
DY9	Q33	164,516,691		**			
	Q34	161,043,862		**			
	Q35	147,278,798		**			
	Q36	124,678,137	4,713,848,186	**	9,402,053,590		4,688,205,404
DY10	Q37	134,213,827		**			
	Q38	113,860,203		**			
	Q39	113,106,218	5,075,028,434	**	9,402,053,590		4,327,025,156
	Q40	115,046,182	5,190,074,616	**	9,402,053,590		4,211,978,974
DY11	Q41	123,730,211	5,313,804,828	**	9,402,053,590		4,088,248,762
	Q42	185,366,376	5,499,171,204	**	9,402,053,590		3,902,882,386
	Q43	354,179,282	5,853,350,486	**	9,402,053,590		3,548,703,104

*These are based on dates of payment expenditures for the MEDS-AD Waiver reported within the CMS64, which could get distributed across the demonstration years.

**The original without waiver expenditure ceiling was not increased with the renewal period beginning in Quarter 21. The $7,216,301,716 cumulative difference between the approved budget neutrality ceiling and actual waiver expenditures as of the end of the original demonstration period on December 31, 2010, was allocated across the 12 renewal quarters as the new expenditure ceiling.

Operational Update

Eligibility and Enrollment

Monthly enrollment for the MEDS-AD Waiver was consistent with previous quarters.

MEDS-AD Waiver Enrollment July 1, 2016 – September 30, 2016	
Month	**Total Enrollment***
July	47,581
August	45,727
September	45,479

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

Comprehensive Medication Reviews

Please see Attachment A for a detailed progress report prepared by the University of Florida providing all case review activities for the reporting period. The report includes details of case review statuses, patient specific intervention results, listing of interventions faxed to prescribers, and a tabulation of the results of the interventions by clinical category.

Evaluation Activity

The Agency continues to contract with Florida State University (FSU) to conduct an independent evaluation of the Medication Therapy Management program for the MEDS-AD Waiver. A new three-year contract between the Agency and FSU was approved, and is expected to be executed in October 2016.

Attachment A
Case Review Activity Report
July 1, 2016 – September 30, 2016

Reporting for Quarter 3: July 1, 2016 to September 30, 2016

***Attached Documents*:**

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

Pertinent Abbreviations:

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

1. Implementation Plan

A. Progress Report:

Task	*Entity Responsible*	*Start Date*	*Status*
Draft Medicaid Drug Therapy Management Program Contract	AHCA		Completed 02/24/11
Review Medicaid Drug Therapy Management Program Contract	AHCA, UFCOP MTMCCC, UF COP	02/24/11 Amended: 7/16/12	Completed
Sign Medicaid Drug Therapy Management Program Contract	UF COP		Completed 06/01/11; Amended 7/16/12; 3/21/14; 7/02/15; 8/25/15; 05/04/16
Draft Program Implementation Plan	UF COP MTMCCC	02/24/11	Completed
Identify Medicaid Recipients / Candidates for UF COP MTMCCC	AHCA		Completed
Transmit Identified Patients' Information to MTMCCC	AHCA	Ongoing	Completed for 2016
Develop Patient Charting System	UF COP MTMCCC	03/15/11	Completed
Develop MAP and Fax Templates	UF COP MTMCCC	03/15/11	Completed
Develop SOP/Workflow	UF COP MTMCCC	03/15/11	Completed
Train MTMCCC Staff	UF COP MTMCCC	02/23/11	Completed
Schedule CMR Appointments for Recipients/Candidates	UF COP MTMCCC	Upon receipt of patient information from AHCA	Completed for 2016
Ongoing Training of MTMCCC Staff	UF COP MTMCCC	Ongoing	Ongoing
Develop Quality Assurance Program	UF COP MTMCCC	03/31/11	Completed
Submit Documents (Program Agreements, Protocols, Educational Materials and Practice Guidelines)	UF COP MTMCCC		Completed
Approval of Documents Submitted by UF COP MTMCCC	AHCA		Completed
Develop Quarterly Reports	UF COP MTMCCC	Upon conclusion of 1st quarter	Ongoing
Submit Quarterly Reports to AHCA	UF COP MTMCCC	No later than the 15th of each month following the reporting quarter	Ongoing
Submit Quarterly Invoice of Services Rendered	UF COP MTMCCC	No later than the 15th of each month following the reporting quarter	Ongoing
First Annual Survey of Sample Recipients	Non-UF Evaluator	Upon completion of required CMRs per QA program	Completed
Draft Preliminary Evaluation Report Including Survey Information	Non-UF Evaluator	Upon completion of required CMRs per QA program	Completed
Utilize Results From Surveys and Evaluation Report to Implement Corrective Action Plan	UF COP MTMCCC	As needed	Ongoing

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

2. Quarterly Report Data

Case Status			
Portion of the Case	***Number Completed***	***Start Date***	***End Date***
CMR	129	*06/01/2016>*	*09/01/2016*
3-Month Quarterly Follow-up Review	7	*09/01/2016*	*11/30/2016*
6-Month Quarterly Follow-up Review		*12/01/2016*	*2/28/2017*
9-Month Quarterly Follow-up Review		*03/01/2017*	*5/31/2017*

>No call activity in June 2016 due to administrative activities including obtaining new patient list from AHCA; gathering claims data for updated patient list; updating and incorporating new data into MTM software platform for upcoming year; updating key documents, as well as training new personnel that will be working on the project.

Calls Made to Program Participating Patients (Including Failed Attempts)				
Intervention	***Count***			
	1st Quarter	***2nd Quarter***	***3rd Quarter***	***4th Quarter***
CMR Scheduled (Not using scheduled calls as of 2016)	N/A	0	0	0
CMR Completed during Scheduling Call (Live transfer to RPh)	129	0	0	0
Patient Interaction (Non-MTM Service Request/Inquiry)	0	0	0	0
Patient Refused Consultation (During CMR Scheduling or CMR Call)	36	0	0	0
Unable to Reach (Appt Scheduling) - 1st Attempt	455	0	0	0
Unable to Reach (Appt Scheduling) - 2nd Attempt	322	0	0	0
Unable to Reach (Appt Scheduling) - 3rd Attempt	256	0	0	0
Unable to Reach (CMR)	0	0	0	0
30 to 60-day CMR Check-Up	68	0	0	0
Unable to Reach 30-60 Day CMR Check-Up	61	0	0	0
Quarterly Follow-Up with Encounter	0	0	0	0

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

A. Summary of Interventions+

*Patient Specific Interventions**				
CMR/MAP Interventions	*Count*			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
Counseled on Diet/Exercise	25			
Counseled on Lifestyle Modifications	10			
Counseled on Medication (General, side effects, indication, etc.)	222			
Counseled on Medication Adherence/Compliance	14			
Counseled on Medication Administration/Technique	24			
Counseled on Preventative Screenings/Vaccinations	19			
Counseled on Smoking Cessation	27			
Counseled on Weight Loss	3			
Educated on Asthma/COPD	23			
Educated on Coverage Gap	2			
Educated on Diabetes	12			
Educated on Disease State (Other)	31			
Educated on Dyslipidemia	7			
Educated on GERD	10			
Educated on Heart Failure	9			
Educated on Hypertension	14			
Explained MTM Program to Patient	129			

+ This data reflects initial CMRs that were performed from June 1st through September 1st 2016.

***** These include interventions that were documented during a phone conversation with the patient during a CMR well as those in the patient specific MAP. Patient specific interventions are made to patients initially during the completion of the Comprehensive Medication Review (CMR). Each patient receives a contact attempt again within 30 to 60 days following the CMR to determine if the patient received all of the mailed materials following the CMR and patient specific interventions may also be made at this time. During the quarterly follow-up review (QR), the patient is called only as necessary and/or when items identified during the CMR or QR require a follow-up conversation with the patient at which time additional patient specific interventions may be made; otherwise, claims data is reviewed and a QR assessment is completed without contacting the patient.*

*Provider Specific Interventions**				
Fax Intervention	*Count*			
	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*
Adherence Issue	32			
Adverse Event/Side Effect	19			
Duplication of Therapy	5			
Excessive Use: Pill Burden Issue	0			
Excessive Use: Other	1			
Excessive Use: Short Acting Beta-Agonist in Asthma/COPD	5			
Excessive Use: Questionable Narcotic Use	0			
Generic Alternative Recommended	0			
Inappropriate Dosage: Excessive Dosage (General)	0			
Inappropriate Dosage: Excessive Dosage (Renal)	0			
Inappropriate Dosage: Insufficient Dosage	1			
Inappropriate Duration of Therapy: Excessive Duration	0			
Inappropriate Duration of Therapy: Insufficient Duration	0			
Inappropriate/Suboptimal Use: Suboptimal Beta-Blocker Selection in Heart Failure	2			
Lack of Efficacy	0			
Lack of Therapy: No Indication	0			
Lack of Therapy: Diabetic Without ACEi or ARB Therapy	3			
Lack of Therapy: Diabetic with HTN Without Statin Therapy	8			
Lack of Therapy: Heart Failure Without ACEi or ARB Therapy	5			
Lack of Therapy: Heart Failure Without Appropriate Beta-Blocker	2			
Lack of Therapy: Lack of Controller Medication in Asthma/COPD	2			
Lack of Therapy: Lack of Rescue Medication in Asthma/COPD	0			
Lack of Therapy: Long-Term Steroid Without Anti-Resorptive Agent	0			
Lack of Therapy: Osteoporosis Without Anti-Resorptive Agent	3			
Lack of Vaccinations/Immunizations	0			
Multiple Pharmacies Identified	0			
Multiple Prescribers Identified	0			
OTC Therapy Recommended	0			
Preferred Drug List (PDL) Alternative Recommended	0			
Unnecessary Therapy (Lack of Indication)	0			

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

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

B. Tabulation of Interactions by Category*

Interactions				
Intervention	Count*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Drug-Age Interaction Identified (Beers List)	0			
Drug-Allergy Interaction Identified	0			
Drug-Disease Interaction Identified	0			
Drug-Food Interaction Identified	0			
Drug-Pregnancy Interaction Identified	0			
Level 1 Clinically Significant Drug-Drug Interaction Identified	2			
Level 2 Clinically Significant Drug-Drug Interaction Identified	7			

** These include interventions that may not have been communicated to the provider depending on patient education opportunities. This particular set of interventions may include "system generated" items that may or may not be considered clinically significant, or warrant an intervention by the provider and are therefore handled directly by the pharmacist.*

C. Patient Responses++

Patient Response/Rating of CMR						
QA Question		Total Number of Responses++	Yes		No	
			Count	%	Count	%
CMR	What do you see as the best part of this program?					
	How did this review of your medications help you?					
	How would you rate the overall care that you have experience with the medication program (Very good, Good, Fair, Poor, Very poor)					
30-60 Day Check-Up	Did you find the mailed documents to be helpful?					
	Did participating in the phone call increase your understanding of your medication regimen?					

++Responses for this section will be provided in the 2nd Quarter Report to allow time to manually pull data and tabulate patient responses to open-ended questions that were utilized during the CMR for 2016 (change based on request from AHCA).

D. Provider Responses

Provider Responses								
*Intervention**	*Identified Quarter*				*Resolved Quarter*			*Resolution Rate*
	1	2	3	4	2	3	4	
Adherence Issue	32							
Adverse Event/Side Effect	19							
Drug-Age Interaction (Beer's List)	0							
Drug-Allergy Interaction	0							
Drug-Disease Interaction Identified	0							
Drug-Food Interaction Identified	0							
Drug-Pregnancy Interaction Identified	0							
Level 1 Clinically Significant Drug-Drug Interaction Identified	2							
Level 2 Clinically Significant Drug-Drug Interaction Identified	7							
Duplication of Therapy	5							
Excessive Use: Pill Burden Issue	0							
Excessive Use: Other	1							
Excessive Use: Short Acting Beta-Agonist in Asthma/COPD	5							
Excessive Use: Questionable Narcotic Use	0							
Generic Alternative Recommended	0							
Inappropriate Dosage: Excessive Dosage (General)	0							
Inappropriate Dosage: Excessive Dosage (Renal)	0							
Inappropriate Dosage: Insufficient Dosage	1							
Inappropriate Duration of Therapy: Excessive Duration	0							
Inappropriate Duration of Therapy: Insufficient Duration	0							
Inappropriate/Suboptimal Use: Suboptimal Beta-Blocker Selection in Heart Failure	2							
Lack of Efficacy	0							
Lack of Therapy: No Indication	0							
Lack of Therapy: Diabetic Without ACEi or ARB Therapy	3							
Lack of Therapy: Diabetic with HTN Without Statin Therapy	8							
Lack of Therapy: Heart Failure Without ACEi or ARB Therapy	5							
Lack of Therapy: Heart Failure Without Appropriate Beta-Blocker	2							
Lack of Therapy: Lack of Controller Medication in Asthma/COPD	2							
Lack of Therapy: Lack of Rescue Medication in Asthma/COPD	0							
Lack of Therapy: Long-Term Steroid Without Anti-Resorptive Agent	0							
Lack of Therapy: Osteoporosis Without Anti-Resorptive Agent	3							
Lack of Vaccinations/Immunizations	0							
Multiple Pharmacies Identified	0							
Multiple Prescribers Identified	0							
OTC Therapy Recommended	0							
Preferred Drug List (PDL) Alternative Recommended	0							
Unnecessary Therapy (Lack of Indication)	0							
Total								
Year Four Program Overall Resolution Rate								

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

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

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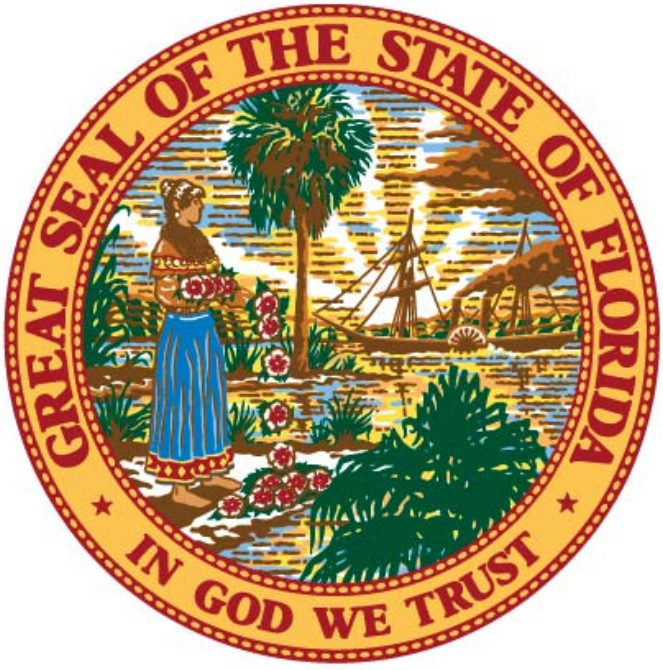

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Mission Statement
Better Healthcare for All Floridians.