

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
FLORIDA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
FLORIDA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	2,745,729 (A)	487,635 (E)	2,258,094 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	2,577,249 (B)	380,639 (F)	2,196,610 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	2,148,503 (C)	361,553 (G)	1,786,950 (K)
4. Benes who were all-year nursing facility residents ^f	49,998 (D)	46,411 (H)	3,587 (L)

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Florida in 2002 was \$1,779,551,993, of which \$127,081,801 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 1.8 percent were restricted benefit months without a pharmacy benefit in Florida, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 FLORIDA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	2,148,503	185,690	418,888	447,247	1,096,562	116		16,414,325	1,881,493	4,037,291	3,172,145	7,322,551	845	
Age														
5 and younger	502,930	0	14,658	1	488,271	0		3,321,558	0	135,895	4	3,185,659	0	
6-14	482,254	0	39,651	0	442,603	0		3,416,426	0	395,634	0	3,020,792	0	
15-20	231,384	0	23,895	43,242	164,247	0		1,671,777	0	232,643	329,735	1,109,399	0	
21-44	491,798	0	112,487	378,040	1,271	0		3,779,633	0	1,075,052	2,698,277	6,304	0	
45-64	171,773	27	145,927	25,691	13	115		1,530,516	184	1,386,584	142,851	62	835	
65-74	111,178	76,375	34,586	216	0	1		1,122,742	753,585	368,194	953	0	10	
75-84	94,974	71,002	23,921	51	0	0		975,899	747,013	228,599	287	0	0	
85 and older	62,054	38,285	23,763	6	0	0		595,427	380,699	214,690	38	0	0	
Unknown	158	1	0	0	157	0		347	12	0	0	335	0	
Gender														
Female	1,292,065	132,134	224,496	389,127	546,192	116		10,103,027	1,349,408	2,201,862	2,898,578	3,652,334	845	
Male	854,313	53,550	194,386	58,117	548,260	0		6,303,482	532,037	1,835,391	273,550	3,662,504	0	
Unknown	2,125	6	6	3	2,110	0		7,816	48	38	17	7,713	0	
Race														
White	834,533	71,710	196,738	185,265	380,749	71		6,645,263	724,811	1,883,041	1,403,665	2,633,268	478	
African American	597,457	31,721	98,964	132,226	334,528	18		4,464,681	324,414	963,644	935,556	2,240,919	148	
Other/unknown	716,513	82,259	123,186	129,756	381,285	27		5,304,381	832,268	1,190,606	832,924	2,448,364	219	
Use of Nursing Facilities^c														
Entire year	49,998	17,425	32,568	1	4	0		475,149	168,078	307,011	12	48	0	
Part year	28,650	10,646	17,934	45	25	0		258,912	101,202	157,141	358	211	0	
None	2,069,855	157,619	368,386	447,201	1,096,533	116		15,680,264	1,612,213	3,573,139	3,171,775	7,322,292	845	
Maintenance Assistance Status														
Cash	901,197	101,124	312,228	173,248	314,597	0		7,382,873	1,078,021	3,054,160	1,008,650	2,242,042	0	
Medically needy	19,027	9	3,126	11,297	4,595	0		120,279	54	26,567	65,333	28,325	0	
Poverty-related	763,031	69,917	49,058	48,642	595,298	116		5,176,477	671,683	456,052	312,877	3,735,020	845	
Other/unknown	465,248	14,640	54,476	214,060	182,072	0		3,734,696	131,735	500,512	1,785,285	1,317,164	0	
Dual Medicare Status^d														
Full dual, all year	346,034	161,280	183,235	1,486	30	3		3,539,776	1,667,231	1,861,738	10,509	271	27	
Full dual, part year	15,519	7,544	7,908	67	0	0		159,545	78,937	79,958	650	0	0	
Non-dual, all year	1,786,950	16,866	227,745	445,694	1,096,532	113		12,715,004	135,325	2,095,595	3,160,986	7,322,280	818	
Managed Care Status														
FFS all year	1,610,308	175,049	374,657	336,215	724,271	116		14,398,697	1,830,094	3,811,148	2,700,110	6,056,500	845	
FFS part year, with Rx claims	181,504	6,816	28,054	45,125	101,509	0		930,856	38,311	165,016	240,313	487,216	0	
FFS part year, no Rx claims	356,691	3,825	16,177	65,907	270,782	0		1,084,772	13,088	61,127	231,722	778,835	0	

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 FLORIDA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	55.5 %	12.5	\$769	\$62	\$3,888	19.8 %	2,148,503
Age							
5 and younger	53.1	3.5	159	45	1,929	8.2	502,930
6-14	42.4	3.3	237	72	1,432	16.5	482,254
15-20	44.7	3.6	241	67	2,160	11.2	231,384
21-44	52.7	9.5	791	84	3,696	21.4	491,798
45-64	77.6	39.2	2,762	71	9,331	29.6	171,773
65-74	80.8	38.8	1,996	51	6,273	31.8	111,178
75-84	84.6	43.7	2,067	47	10,414	19.9	94,974
85 and older	89.3	45.1	1,947	43	17,515	11.1	62,054
Unknown	0.6	0.2	2	9	373	0.6	158
Basis of Eligibility^c							
Aged	81.6	37.5	1,799	48	7,616	23.6	185,690
Disabled	79.2	35.7	2,617	73	11,796	22.2	418,888
Adults	47.2	4.0	183	45	1,643	11.1	447,247
Children	45.5	2.8	128	45	1,151	11.1	1,096,562
Unknown	81.9	18.6	1,713	92	10,752	15.9	116
Gender							
Female	57.2	13.7	746	54	3,880	19.2	1,292,065
Male	53.1	10.7	807	76	3,906	20.7	854,313
Unknown	23.8	0.8	37	45	1,522	2.4	2,125
Race							
White	59.9	16.3	951	58	4,969	19.1	834,533
African American	48.4	8.2	540	66	3,160	17.1	597,457
Other/unknown	56.3	11.6	749	64	3,238	23.1	716,513
Use of Nursing Facilities^d							
Entire year	96.1	63.4	2,895	46	35,859	8.1	49,998
Part year	92.9	50.2	2,521	50	22,687	11.1	28,650
None	54.0	10.7	694	65	2,856	24.3	2,069,855

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	62.2	17.2	1,137	66	4,386	25.9	901,197
Medically needy	60.4	14.3	1,121	78	4,120	27.2	19,027
Poverty related	50.3	8.4	453	54	2,623	17.3	763,031
Other/unknown	51.1	10.0	561	56	4,990	11.2	465,248

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 FLORIDA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.6	\$101	19.8 %	44.5 %	33.3 %	6.1 %	9.1 %	5.9 %	1.3 %	\$509	2,148,503	16,414,325
Age												
5 and younger	0.5	24	8.2	46.9	45.6	5.3	2.0	0.2	0.0	292	502,930	3,321,558
6-14	0.5	33	16.5	57.6	35.7	3.9	2.4	0.3	0.0	202	482,254	3,416,426
15-20	0.5	33	11.2	55.3	37.5	4.1	2.6	0.4	0.1	299	231,384	1,671,777
21-44	1.2	103	21.4	47.3	33.4	6.4	8.3	3.8	0.7	481	491,798	3,779,633
45-64	4.4	310	29.6	22.4	15.1	9.6	25.2	21.7	6.0	1,047	171,773	1,530,516
65-74	3.8	198	31.8	19.2	15.6	10.6	29.3	21.0	4.2	621	111,178	1,122,742
75-84	4.3	201	19.9	15.4	12.5	9.7	31.4	25.7	5.3	1,014	94,974	975,899
85 and older	4.7	203	11.1	10.7	10.4	9.6	33.5	29.9	5.9	1,825	62,054	595,427
Unknown	0.1	1	0.6	99.4	0.0	0.0	0.6	0.0	0.0	170	158	347
Basis of Eligibility^c												
Aged	3.7	178	23.6	18.4	15.4	10.8	31.1	21.0	3.3	752	185,690	1,881,493
Disabled	3.7	272	22.2	20.8	20.9	10.1	23.9	19.3	5.0	1,224	418,888	4,037,291
Adults	0.6	26	11.1	52.8	36.7	5.1	4.1	1.1	0.1	232	447,247	3,172,145
Children	0.4	19	11.1	54.5	39.6	4.1	1.7	0.1	0.0	172	1,096,562	7,322,551
Unknown	2.6	235	15.9	18.1	28.4	10.3	34.5	7.8	0.9	1,476	116	845
Gender												
Female	1.8	95	19.2	42.8	33.4	6.0	9.7	6.7	1.5	496	1,292,065	10,103,027
Male	1.4	109	20.7	46.9	33.1	6.2	8.2	4.6	1.0	529	854,313	6,303,482
Unknown	0.2	10	2.4	76.2	20.5	2.4	0.8	0.0	0.0	414	2,125	7,816
Race												
White	2.0	119	19.1	40.1	32.2	6.5	10.9	8.2	2.2	624	834,533	6,645,263
African American	1.1	72	17.1	51.6	33.3	4.8	6.3	3.4	0.6	423	597,457	4,464,681
Other/unknown	1.6	101	23.1	43.7	34.4	6.7	9.2	5.2	0.8	437	716,513	5,304,381
Use of Nursing Facilities^d												
Entire year	6.7	305	8.1	3.9	5.2	6.8	30.0	38.5	15.6	3,773	49,998	475,149
Part year	5.6	279	11.1	7.1	9.5	9.2	32.1	32.3	9.8	2,511	28,650	258,912
None	1.4	92	24.3	46.0	34.3	6.0	8.2	4.7	0.8	377	2,069,855	15,680,264

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
Maintenance Assistance Status												
Cash	2.1	139	25.9	37.8	31.3	7.7	13.4	8.3	1.5	535	901,197	7,382,873
Medically needy	2.3	177	27.2	39.6	31.3	7.5	11.6	7.8	2.3	652	19,027	120,279
Poverty related	1.2	67	17.3	49.7	35.1	5.0	5.7	3.5	0.9	387	763,031	5,176,477
Other/unknown	1.2	70	11.2	48.9	34.1	4.6	6.0	4.8	1.6	622	465,248	3,734,696

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 FLORIDA, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.6	\$101	0.7	\$78	0.1	\$5	0.8	\$18
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.5	24	0.2	19	0.0	2	0.3	4
6-14	0.5	33	0.2	26	0.0	3	0.2	4
15-20	0.5	33	0.2	26	0.0	3	0.2	5
21-44	1.2	103	0.5	82	0.1	5	0.6	16
45-64	4.4	310	2.0	241	0.2	13	2.2	56
65-74	3.8	198	1.8	149	0.2	8	1.9	40
75-84	4.3	201	1.9	149	0.3	10	2.1	43
85 and older	4.7	203	1.9	144	0.3	11	2.5	48
Unknown	0.1	1	0.0	0	0.0	0	0.1	1
Basis of Eligibility^d								
Aged	3.7	178	1.7	132	0.2	8	1.8	37
Disabled	3.7	272	1.6	214	0.2	12	1.8	46
Adults	0.6	26	0.2	19	0.0	2	0.3	6
Children	0.4	19	0.2	14	0.0	2	0.2	3
Unknown	2.6	235	1.2	202	0.1	3	1.3	29
Gender								
Female	1.8	95	0.8	72	0.1	5	0.9	18
Male	1.4	109	0.7	87	0.1	5	0.7	17
Unknown	0.2	10	0.1	8	0.0	0	0.1	2
Race								
White	2.0	119	0.9	91	0.1	7	1.0	22
African American	1.1	72	0.5	57	0.1	3	0.6	12
Other/unknown	1.6	101	0.7	78	0.1	5	0.8	18
Use of Nursing Facilities^e								
Entire year	6.7	305	2.6	219	0.5	18	3.5	68
Part year	5.6	279	2.2	204	0.4	14	3.0	60
None	1.4	92	0.6	71	0.1	4	0.7	16

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.1	139	0.9	108	0.1	6	1.0	25
Medically needy	2.3	177	1.0	144	0.1	7	1.1	26
Poverty related	1.2	67	0.5	51	0.1	4	0.6	12
Other/unknown	1.2	70	0.5	53	0.1	4	0.6	13

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Florida, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 FLORIDA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
																Generic	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$33	\$30	\$1	\$2	\$102	\$163	\$77	\$16	2,448,017	\$250,049,537	760,774	35.4 %	7,562,051
Biologics	0.2	0.2	0.0	0.0	236	140	16	79	1038	778	2,358	1,989	36,167	37,537,098	15,600	0.7	159,356
Antineoplastic Agents	0.5	0.2	0.0	0.3	98	63	3	33	211	380	173	115	135,750	28,607,048	28,718	1.3	291,941
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	29	23	2	4	47	71	22	21	2,325,661	109,015,464	358,451	16.7	3,701,532
Cardiovascular Agents	1.5	0.6	0.1	0.8	54	36	2	16	36	61	36	18	5,303,369	189,849,434	337,113	15.7	3,522,747
Respiratory Agents	0.5	0.2	0.0	0.2	24	15	3	6	49	69	62	27	2,661,411	131,489,999	560,722	26.1	5,566,638
Gastrointestinal Agents	0.6	0.3	0.0	0.3	45	38	1	6	75	120	134	22	1,700,419	126,806,781	270,365	12.6	2,836,735
Genitourinary Agents	0.3	0.2	0.0	0.1	15	14	0	1	51	60	37	17	361,135	18,269,132	119,443	5.6	1,217,047
CNS Drugs	1.1	0.5	0.0	0.5	83	68	3	12	77	132	91	23	4,076,975	313,794,695	363,257	16.9	3,763,595
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.1	0.2	36	26	4	5	63	75	68	35	244,411	15,375,389	41,845	1.9	422,373
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	63	61	0	2	119	128	92	40	169,589	20,125,290	30,107	1.4	319,783
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	30	22	1	6	54	123	69	18	2,564,156	139,414,995	458,812	21.4	4,699,858
Neuromuscular Agents	0.8	0.3	0.0	0.4	47	36	2	10	62	117	55	23	1,522,768	94,353,269	189,289	8.8	1,986,856
Nutritional Products	0.4	0.0	0.0	0.3	5	0	0	5	13	12	13	13	676,362	8,967,696	180,522	8.4	1,762,350
Hematological Agents	0.6	0.2	0.1	0.3	73	65	2	7	117	282	23	21	765,769	89,877,087	118,652	5.5	1,231,992
Topical Products	0.3	0.1	0.0	0.2	12	8	1	3	37	54	49	21	1,657,275	61,786,565	496,821	23.1	5,050,945
Miscellaneous Products	0.4	0.1	0.0	0.2	69	51	7	10	171	371	266	43	85,646	14,624,911	21,264	1.0	213,355
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	25	0	0	0	100,097	2,525,802	35,924	1.7	393,472
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	26,834,977	1,652,470,192	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Florida, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 FLORIDA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPTYCHOTICS	\$183,942,039	160,499	1,722,684	0.6	\$185	\$107	
ANTIVIRAL	153,296,334	72,757	780,926	0.5	379	196	
ULCER DRUGS	105,400,304	285,613	3,041,548	0.4	78	35	
ANTIDEPRESSANTS	97,026,457	287,865	3,017,727	0.5	63	32	
ANTICONVULSANT	76,705,449	143,662	1,537,124	0.6	77	50	
ANTIASTHMATIC	74,638,485	408,960	4,181,270	0.3	57	18	
ANALGESICS - Narcotic	70,498,786	425,166	4,411,007	0.3	50	16	
ANALGESICS - ANTI-INFLAMMATORY	62,590,189	319,828	3,404,040	0.3	62	18	
MISC. HEMATOLOGICAL	60,589,534	62,935	687,475	0.5	175	88	
ANTIHYPERLIPIDEMIC	60,116,744	123,737	1,354,861	0.5	82	44	
Total	944,804,321	2,291,022	24,138,662	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Florida, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.