STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
FLORIDA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
FLORIDA, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2,862,639	(A)	502,030	(E)	2,360,609	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2,688,192	(B)	392,442	(F)	2,295,750	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2,179,366	(C)	370,545	(G)	1,808,821	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	50,136	(D)	46,646	(H)	3,490	(L)

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Florida in 2003 was $1,959,519,707, of which $18,517,994 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,179,366**	**229,715**	**374,771**	**466,279**	**1,108,601**	**0**	**16,897,364**	**2,300,113**	**3,816,759**	**3,013,378**	**7,767,114**	**0**
Age												
5 and younger	510,247	0	14,400	0	495,847	0	3,552,520	0	140,165	0	3,412,355	0
6-14	479,137	0	39,302	0	439,835	0	3,556,387	0	410,310	0	3,146,077	0
15-20	237,628	0	24,312	42,144	171,172	0	1,738,545	0	248,836	290,283	1,199,426	0
21-44	505,533	1	107,835	396,109	1,588	0	3,653,134	5	1,079,973	2,564,562	8,594	0
45-64	174,630	240	146,620	27,749	21	0	1,625,135	1,872	1,465,902	157,277	84	0
65-74	111,704	82,750	28,704	250	0	0	1,150,634	828,418	321,053	1,163	0	0
75-84	97,400	87,784	9,592	24	0	0	1,012,575	905,276	107,214	85	0	0
85 and older	62,948	58,939	4,006	3	0	0	607,850	564,536	43,306	8	0	0
Unknown	139	1	0	0	138	0	584	6	0	0	578	0
Gender												
Female	1,314,379	161,584	195,639	404,204	552,952	0	10,244,250	1,637,657	2,020,300	2,713,930	3,872,363	0
Male	863,649	68,118	179,125	62,073	554,333	0	6,646,725	662,349	1,796,413	299,441	3,888,522	0
Unknown	1,338	13	7	2	1,316	0	6,389	107	46	7	6,229	0
Race												
White	839,793	103,249	158,940	192,588	385,016	0	6,691,005	1,003,256	1,613,272	1,311,368	2,763,109	0
African American	597,985	35,650	92,700	135,062	334,573	0	4,560,375	363,305	943,621	882,388	2,371,061	0
Other/unknown	741,588	90,816	123,131	138,629	389,012	0	5,645,984	933,552	1,259,866	819,622	2,632,944	0
Use of Nursing Facilities[c]												
Entire year	50,136	43,201	6,928	1	6	0	484,517	412,153	72,310	1	53	0
Part year	29,998	21,786	8,160	38	14	0	273,550	195,052	78,064	312	122	0
None	2,099,232	164,728	359,683	466,240	1,108,581	0	16,139,297	1,692,908	3,666,385	3,013,065	7,766,939	0
Maintenance Assistance Status												
Cash	912,108	98,700	306,486	190,341	316,581	0	7,714,526	1,083,478	3,161,587	1,134,185	2,335,276	0
Medically needy	23,424	429	2,544	15,907	4,544	0	150,873	4,158	21,921	97,888	26,906	0
Poverty-related	795,379	74,634	48,153	72,254	600,338	0	5,697,952	721,267	448,056	494,213	4,034,416	0
Other/unknown	448,455	55,952	17,588	187,777	187,138	0	3,334,013	491,210	185,195	1,287,092	1,370,516	0
Dual Medicare Status[d]												
Full dual, all year	357,471	206,022	149,586	1,821	42	0	3,702,614	2,083,564	1,606,666	12,018	366	0
Full dual, part year	13,074	8,217	4,795	62	0	0	132,375	83,274	48,530	571	0	0
Non-dual, all year	1,808,821	15,476	220,390	464,396	1,108,559	0	13,062,375	133,275	2,161,563	3,000,789	7,766,748	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,697,974	220,484	336,874	362,833	777,783	0	15,146,724	2,254,390	3,614,956	2,607,005	6,670,373	0
FFS part year, with Rx claims	163,832	6,292	24,584	43,261	89,695	0	814,581	36,336	146,917	216,415	414,913	0
FFS part year, no Rx claims	317,560	2,939	13,313	60,185	241,123	0	936,059	9,387	54,886	189,958	681,828	0

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes 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. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

FLORIDA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**57.1 %**	**13.4**	**$891**	**$67**	**$4,278**	**20.8 %**	**2,179,366**
Age							
5 and younger	55.5	3.8	195	52	2,128	9.2	510,247
6-14	44.4	3.5	278	79	1,539	18.1	479,137
15-20	46.4	3.8	287	75	2,321	12.4	237,628
21-44	53.1	9.6	848	88	3,929	21.6	505,533
45-64	79.0	42.3	3,255	77	10,562	30.8	174,630
65-74	83.0	42.5	2,392	56	7,067	33.8	111,704
75-84	85.9	46.9	2,419	52	11,448	21.1	97,400
85 and older	89.7	47.6	2,229	47	19,262	11.6	62,948
Unknown	4.3	0.3	12	38	415	2.9	139
Basis of Eligibility[e]							
Aged	84.6	43.1	2,204	51	12,112	18.2	229,715
Disabled	80.2	36.8	3,107	85	11,488	27.0	374,771
Adults	47.6	4.3	212	50	1,761	12.0	466,279
Children	47.7	3.1	155	50	1,275	12.1	1,108,601
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	58.6	14.6	863	59	4,256	20.3	1,314,379
Male	55.0	11.5	934	81	4,315	21.6	863,649
Unknown	28.1	1.4	98	72	1,587	6.2	1,338
Race							
White	61.3	17.2	1,084	63	5,458	19.9	839,793
African American	50.3	8.8	610	70	3,457	17.6	597,985
Other/unknown	57.9	12.7	898	71	3,602	24.9	741,588
Use of Nursing Facilities[f]							
Entire year	96.3	67.8	3,351	49	39,889	8.4	50,136
Part year	92.4	52.4	2,811	54	24,940	11.3	29,998
None	55.7	11.5	804	70	3,132	25.7	2,099,232
Maintenance Assistance Status							
Cash	63.7	18.3	1,319	72	4,808	27.4	912,108
Medically needy	60.1	13.3	1,066	80	4,414	24.1	23,424
Poverty related	53.6	8.9	516	58	2,942	17.5	795,379
Other/unknown	49.9	11.0	675	61	5,561	12.1	448,455

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

FLORIDA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.7**	**$115**	**20.8 %**	**42.9 %**	**34.1 %**	**6.2 %**	**9.1 %**	**6.2 %**	**1.6 %**	**$552**	**2,179,366**	**16,897,364**
Age												
5 and younger	0.5	28	9.2	44.5	47.7	5.4	2.2	0.2	0.0	306	510,247	3,552,520
6-14	0.5	37	18.1	55.6	37.3	4.1	2.6	0.3	0.0	207	479,137	3,556,387
15-20	0.5	39	12.4	53.6	38.7	4.4	2.8	0.5	0.1	317	237,628	1,738,545
21-44	1.3	117	21.6	46.9	33.4	6.7	8.3	3.9	0.8	544	505,533	3,653,134
45-64	4.5	350	30.8	21.0	14.9	9.4	24.7	22.6	7.3	1,135	174,630	1,625,135
65-74	4.1	232	33.8	17.0	15.1	10.4	29.2	22.9	5.4	686	111,704	1,150,634
75-84	4.5	233	21.1	14.1	11.6	9.4	30.8	27.6	6.4	1,101	97,400	1,012,575
85 and older	4.9	231	11.6	10.3	9.7	9.3	32.4	31.4	6.9	1,995	62,948	607,850
Unknown	0.1	3	2.9	95.7	3.6	0.7	0.0	0.0	0.0	99	139	584
Basis of Eligibility[e]												
Aged	4.3	220	18.2	15.4	13.1	10.1	30.4	25.2	5.8	1,210	229,715	2,300,113
Disabled	3.6	305	27.0	19.8	22.7	10.3	23.2	18.7	5.3	1,128	374,771	3,816,759
Adults	0.7	33	12.0	52.4	36.2	5.5	4.5	1.2	0.1	273	466,279	3,013,378
Children	0.4	22	12.1	52.3	41.4	4.3	1.8	0.1	0.0	182	1,108,601	7,767,114
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.9	111	20.3	41.4	34.0	6.2	9.6	7.0	1.8	546	1,314,379	10,244,250
Male	1.5	121	21.6	45.0	34.3	6.2	8.3	4.9	1.2	561	863,649	6,646,725
Unknown	0.3	21	6.2	71.9	23.0	3.1	1.5	0.4	0.0	332	1,338	6,389
Race												
White	2.2	136	19.9	38.7	32.9	6.7	10.8	8.4	2.6	685	839,793	6,691,005
African American	1.1	80	17.6	49.7	34.6	4.9	6.4	3.7	0.7	453	597,985	4,560,375
Other/unknown	1.7	118	24.9	42.1	35.1	6.7	9.4	5.7	1.1	473	741,588	5,645,984
Use of Nursing Facilities[f]												
Entire year	7.0	347	8.4	3.7	4.4	5.9	28.2	40.4	17.5	4,128	50,136	484,517
Part year	5.7	308	11.3	7.6	8.7	8.9	31.0	32.9	10.9	2,735	29,998	273,550
None	1.5	105	25.7	44.3	35.2	6.2	8.3	5.0	1.0	407	2,099,232	16,139,297
Maintenance Assistance Status												
Cash	2.2	156	27.4	36.3	32.1	7.7	13.2	8.8	1.9	568	912,108	7,714,526
Medically needy	2.1	165	24.1	39.9	33.1	7.2	11.2	6.7	2.0	685	23,424	150,873
Poverty related	1.2	72	17.5	46.4	38.0	5.3	5.8	3.7	1.0	411	795,379	5,697,952
Other/unknown	1.5	91	12.1	50.1	31.4	4.7	6.5	5.4	1.9	748	448,455	3,334,013

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

FLORIDA, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.7**	**$115**	**$67**	**0.8**	**$94**	**$115**	**0.0**	**$2**	**$44**	**0.9**	**$19**	**$22**
Age												
5 and younger	0.5	28	52	0.2	23	100	0.0	1	44	0.3	4	15
6-14	0.5	37	79	0.3	31	119	0.0	1	72	0.2	5	26
15-20	0.5	39	75	0.3	33	126	0.0	1	68	0.2	5	22
21-44	1.3	117	88	0.6	98	159	0.0	2	60	0.7	17	25
45-64	4.5	350	77	2.1	286	134	0.1	5	51	2.3	57	25
65-74	4.1	232	56	2.0	187	93	0.1	3	32	2.0	42	21
75-84	4.5	233	52	2.1	184	87	0.1	4	28	2.2	44	20
85 and older	4.9	231	47	2.1	177	83	0.2	5	27	2.6	49	19
Unknown	0.1	3	38	0.0	2	78	0.0	0	60	0.0	1	14
Basis of Eligibility[d]												
Aged	4.3	220	51	2.0	174	86	0.1	4	29	2.1	42	19
Disabled	3.6	305	85	1.7	253	146	0.1	5	57	1.8	46	26
Adults	0.7	33	50	0.3	25	92	0.0	1	34	0.4	7	19
Children	0.4	22	50	0.2	18	85	0.0	1	49	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.9	111	59	0.9	89	103	0.1	2	36	0.9	20	21
Male	1.5	121	81	0.7	101	139	0.0	2	61	0.7	18	25
Unknown	0.3	21	72	0.1	18	160	0.0	0	52	0.2	2	14
Race												
White	2.2	136	63	1.0	110	111	0.1	3	40	1.1	23	21
African American	1.1	80	70	0.5	66	124	0.0	1	45	0.6	13	22
Other/unknown	1.7	118	71	0.8	96	117	0.0	2	49	0.8	19	24
Use of Nursing Facilities[e]												
Entire year	7.0	347	49	3.0	270	89	0.3	8	30	3.7	69	19
Part year	5.7	308	54	2.4	240	99	0.2	7	33	3.1	61	20
None	1.5	105	70	0.7	86	120	0.0	2	47	0.7	17	23
Maintenance Assistance Status												
Cash	2.2	156	72	1.0	128	123	0.1	3	50	1.1	25	24
Medically needy	2.1	165	80	1.0	139	143	0.0	3	59	1.0	23	22
Poverty related	1.2	72	58	0.6	58	101	0.0	1	38	0.6	12	20
Other/unknown	1.5	91	61	0.7	74	108	0.1	2	35	0.7	15	20

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.1	$36	$32	$0	$3	$112	$180	$74	$23	2,516,473	$280,723,089	777,691	35.7 %	7,775,662
Biologicals	0.2	0.2	0.0	0.0	247	167	16	64	996	800	2,405	1,976	40,293	40,149,193	16,050	0.7	162,669
Antineoplastic Agents	0.4	0.1	0.0	0.3	98	65	2	31	221	446	174	109	132,151	29,158,892	28,891	1.3	298,241
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	32	26	2	4	51	78	18	21	2,470,047	125,066,406	379,357	17.4	3,883,823
Cardiovascular Agents	1.6	0.7	0.0	0.9	59	42	0	16	38	65	32	18	5,838,870	220,435,114	356,753	16.4	3,759,086
Respiratory Agents	0.5	0.3	0.0	0.2	25	19	1	6	52	74	52	26	2,905,934	151,037,858	592,604	27.2	5,943,778
Gastrointestinal Agents	0.6	0.3	0.0	0.3	52	46	1	5	85	133	163	21	1,879,855	159,931,610	290,926	13.3	3,069,345
Genitourinary Agents	0.3	0.2	0.0	0.1	17	16	0	1	55	65	38	19	391,159	21,665,927	124,548	5.7	1,246,628
CNS Drugs	1.1	0.6	0.0	0.5	95	83	1	11	86	146	76	21	4,411,241	378,320,389	380,354	17.5	3,964,054
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.1	42	37	1	4	74	84	70	34	283,972	20,960,634	48,252	2.2	495,701
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	73	71	0	2	132	139	96	43	205,441	27,029,355	34,812	1.6	371,059
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	32	24	0	7	56	127	77	19	2,765,524	155,646,719	482,661	22.1	4,923,134
Neuromuscular Agents	0.8	0.3	0.0	0.4	53	42	1	10	69	128	44	24	1,628,203	112,735,112	202,004	9.3	2,133,793
Nutritional Products	0.4	0.0	0.0	0.4	5	0	0	5	13	13	12	13	704,232	9,439,157	183,379	8.4	1,764,020
Hematological Agents	0.7	0.3	0.0	0.3	81	72	1	8	124	272	25	23	879,671	109,327,974	129,388	5.9	1,349,859
Topical Products	0.3	0.2	0.0	0.2	14	10	0	4	42	63	52	23	1,802,721	75,673,698	524,390	24.1	5,370,315
Miscellaneous Products	0.4	0.2	0.0	0.2	80	64	5	11	193	419	249	47	83,649	16,175,708	19,761	0.9	201,333
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	48	0	0	0	156,229	7,524,878	95,234	4.4	986,483
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.	29,095,665	1,941,001,713	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$237,133,452	183,307	8.4 %	1,986,230	0.6	$213	$119
ANTIVIRAL	170,833,068	76,139	3.5	822,571	0.5	405	208
ULCER DRUGS	132,463,261	305,829	14.0	3,273,714	0.5	90	40
ANTIDEPRESSANTS	105,724,942	306,607	14.1	3,227,360	0.5	62	33
ANTIASTHMATIC	93,009,708	458,123	21.0	4,739,429	0.3	64	20
ANTICONVULSANT	92,565,539	157,587	7.2	1,696,932	0.6	86	55
MISC. HEMATOLOGICAL	78,211,119	70,814	3.2	779,519	0.5	189	100
ANTIHYPERLIPIDEMIC	76,613,252	149,832	6.9	1,654,561	0.5	86	46
ANALGESICS - ANTI-INFLAMMATORY	73,181,010	334,064	15.3	3,557,304	0.3	68	21
ANALGESICS - Narcotic	72,851,184	448,885	20.6	4,620,562	0.3	49	16
Total	1,132,586,535	2,491,187		26,358,182	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Florida, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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