

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	370,545	214,239	154,381	1,883	42	0	3,834,989	2,166,838	1,655,196	12,589	366	0
Age												
5 and younger	18	0	16	0	2	0	181	0	168	0	13	0
6-14	79	0	62	0	17	0	839	0	665	0	174	0
15-20	576	0	552	5	19	0	5,745	0	5,560	29	156	0
21-44	49,543	0	48,287	1,252	4	0	514,936	0	505,790	9,123	23	0
45-64	65,976	21	65,539	416	0	0	698,463	128	695,743	2,592	0	0
65-74	101,087	74,152	26,747	188	0	0	1,059,757	758,209	300,771	777	0	0
75-84	92,246	82,979	9,246	21	0	0	964,776	860,845	103,867	64	0	0
85 and older	61,019	57,086	3,932	1	0	0	590,286	547,650	42,632	4	0	0
Unknown	1	1	0	0	0	6	0	6	0	0	0	0
Gender												
Female	241,384	151,511	88,500	1,351	22	0	2,517,401	1,550,628	957,233	9,355	185	0
Male	129,159	62,728	65,879	532	20	0	1,317,576	616,210	697,951	3,234	181	0
Unknown	2	0	2	0	0	0	12	0	12	0	0	0
Race												
White	182,076	101,055	79,964	1,036	21	0	1,847,716	984,494	856,021	6,992	209	0
African American	71,010	33,612	36,840	545	13	0	744,913	347,693	393,551	3,574	95	0
Other/unknown	117,459	79,572	37,577	302	8	0	1,242,360	834,651	405,624	2,023	62	0
Use of Nursing Facilities^c												
Entire year	46,646	42,419	4,227	0	0	0	450,111	404,896	45,215	0	0	0
Part year	26,066	21,354	4,709	3	0	0	239,173	191,428	47,710	35	0	0
None	297,833	150,466	145,445	1,880	42	0	3,145,705	1,570,514	1,562,271	12,554	366	0
Maintenance Assistance Status												
Cash	196,388	91,828	103,610	948	2	0	2,151,052	1,012,904	1,132,348	5,776	24	0
Medically needy	1,394	407	882	105	0	0	13,398	4,038	8,645	715	0	0
Poverty-related	104,608	66,906	37,417	272	13	0	1,046,113	665,479	378,476	2,048	110	0
Other/unknown	68,155	55,098	12,472	558	27	0	624,426	484,417	135,727	4,050	232	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	355,868	207,765	146,533	1,533	37	0	3,757,373	2,132,706	1,613,066	11,260	341	0
FFS part year, with Rx claims	10,716	4,654	5,845	215	2	0	63,065	27,944	34,108	1,007	6	0
FFS part year, no Rx claims	3,961	1,820	2,003	135	3	0	14,551	6,188	8,022	322	19	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 D.2 includes the beneficiaries represented by Cell G 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	85.8 %	46.1	\$2,910	\$63	\$11,505	25.3 %	370,545
Age							
5 and younger	88.9	49.6	6,811	137	60,629	11.2	18
6-14	92.4	57.5	8,385	146	22,694	36.9	79
15-20	69.8	21.7	2,623	121	12,462	21.0	576
21-44	81.2	34.9	3,686	106	10,538	35.0	49,543
45-64	88.2	53.9	4,272	79	11,725	36.4	65,976
65-74	83.6	43.8	2,451	56	6,967	35.2	101,087
75-84	86.2	47.7	2,455	51	11,572	21.2	92,246
85 and older	90.1	48.1	2,247	47	19,431	11.6	61,019
Unknown	100.0	13.0	162	13	24,680	0.7	1
Basis of Eligibility^e							
Aged	85.1	44.2	2,250	51	12,404	18.1	214,239
Disabled	87.1	49.0	3,846	79	10,361	37.1	154,381
Adults	60.8	16.8	1,197	71	3,071	39.0	1,883
Children	73.8	35.5	4,230	119	9,673	43.7	42
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	87.8	48.9	2,775	57	11,558	24.0	241,384
Male	82.0	40.7	3,162	78	11,405	27.7	129,159
Unknown	100.0	57.5	8,218	143	9,483	86.7	2
Race							
White	87.5	50.9	3,136	62	14,768	21.2	182,076
African American	83.3	38.8	2,546	66	10,493	24.3	71,010
Other/unknown	84.7	42.9	2,779	65	7,059	39.4	117,459
Use of Nursing Facilities^f							
Entire year	96.2	66.9	3,250	49	38,670	8.4	46,646
Part year	92.0	51.2	2,628	51	21,436	12.3	26,066
None	83.6	42.3	2,881	68	6,381	45.1	297,833
Maintenance Assistance Status							
Cash	85.1	44.1	2,830	64	6,158	46.0	196,388
Medically needy	93.3	70.4	5,890	84	10,030	58.7	1,394
Poverty related	85.3	45.0	2,804	62	12,424	22.6	104,608
Other/unknown	88.4	53.0	3,239	61	25,531	12.7	68,155

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			Percentage of All Medicaid FFS ^c	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			
All	4.5	\$281	25.3 %	14.2 %	13.8 %	9.9 %	29.5 %	26.0 %	6.7 %	\$1,112	3,834,989
Age											
5 and younger	4.9	677	11.2	11.1	11.1	11.1	38.9	16.7	11.1	6,029	181
6-14	5.4	790	36.9	7.6	7.6	2.5	39.2	39.2	3.8	2,137	79
15-20	2.2	263	21.0	30.2	32.1	10.2	15.5	10.2	1.7	1,249	5,745
21-44	3.4	355	35.0	18.8	22.9	11.8	25.7	16.5	4.4	1,014	514,936
45-64	5.1	404	36.4	11.8	12.8	9.4	27.7	28.4	9.8	1,108	698,463
65-74	4.2	234	35.2	16.4	14.6	10.2	29.4	23.7	5.7	665	1,059,757
75-84	4.6	235	21.2	13.8	11.3	9.3	30.8	28.2	6.6	1,106	964,776
85 and older	5.0	232	11.6	9.9	9.6	9.2	32.6	31.7	7.0	2,009	590,286
Unknown	2.2	27	0.7	0.0	0.0	100.0	0.0	0.0	0.0	4,113	1
Basis of Eligibility^e											
Aged	4.4	222	18.1	14.9	12.7	9.9	30.5	25.9	6.1	1,226	214,239
Disabled	4.6	359	37.1	12.9	15.2	9.9	28.2	26.3	7.6	966	154,381
Adults	2.5	179	39.0	39.2	21.8	8.8	17.3	11.1	1.8	459	1,883
Children	4.1	485	43.7	26.2	14.3	7.1	31.0	16.7	4.8	1,110	42
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
Gender											
Female	4.7	266	24.0	12.2	12.3	9.7	30.6	28.0	7.2	1,108	241,384
Male	4.0	310	27.7	18.0	16.5	10.2	27.4	22.3	5.7	1,118	129,159
Unknown	9.6	1,370	86.7	0.0	0.0	0.0	0.0	100.0	0.0	1,580	2
Race											
White	5.0	309	21.2	12.5	11.6	8.9	28.6	29.2	9.2	1,455	182,076
African American	3.7	243	24.3	16.7	17.8	11.4	29.4	20.7	4.1	1,000	71,010
Other/unknown	4.1	263	39.4	15.3	14.7	10.5	30.9	24.2	4.4	667	117,459
use of nursing Facilities^f											
Entire year	6.9	337	8.4	3.8	4.4	6.0	28.4	40.5	16.8	4,008	46,646
Part year	5.6	286	12.3	8.0	8.8	9.1	31.5	32.8	9.8	2,336	26,066
None	4.0	273	45.1	16.4	15.7	10.6	29.4	23.1	4.8	604	297,833
Maintenance Assistance Status											
Cash	4.0	258	46.0	14.9	15.5	10.3	30.2	24.4	4.7	562	196,388
Medically needy	7.3	613	58.7	6.7	6.7	6.0	24.9	36.5	19.2	1,044	1,394
Poverty related	4.5	280	22.6	14.7	14.2	10.2	29.2	25.0	6.7	1,242	104,608
Other/unknown	5.8	354	12.7	11.6	8.4	8.2	27.8	31.9	12.0	2,787	68,155

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G 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 D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	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	4.5	\$281	\$63	2.1	\$228	\$108	0.1	\$5	\$36	2.2	\$48	\$22
Age												
5 and younger	4.9	677	137	2.0	596	297	0.2	14	57	2.7	67	25
6-14	5.4	790	146	2.4	654	271	0.3	66	244	2.7	70	26
15-20	2.2	263	121	1.0	220	215	0.1	13	163	1.1	29	28
21-44	3.4	355	106	1.7	301	182	0.1	6	68	1.6	46	29
45-64	5.1	404	79	2.4	333	137	0.1	6	49	2.5	63	25
65-74	4.2	234	56	2.0	188	92	0.1	3	31	2.0	42	21
75-84	4.6	235	51	2.2	186	86	0.1	4	28	2.3	44	20
85 and older	5.0	232	47	2.1	178	83	0.2	5	27	2.6	49	19
Unknown	2.2	27	13	0.2	10	61	0.0	0	0	2.0	17	8
Basis of Eligibility^d												
Aged	4.4	222	51	2.0	176	86	0.1	4	29	2.2	42	19
Disabled	4.6	359	79	2.2	296	135	0.1	6	48	2.3	55	25
Adults	2.5	179	71	1.1	143	125	0.0	5	103	1.3	30	23
Children	4.1	485	119	1.8	401	220	0.2	34	166	2.0	51	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.7	266	57	2.2	213	97	0.1	5	31	2.3	48	21
Male	4.0	310	78	1.9	256	133	0.1	5	53	2.0	48	24
Unknown	9.6	1,370	143	6.1	1,193	196	0.5	65	129	3.0	112	38
Race												
White	5.0	309	62	2.3	249	108	0.2	6	35	2.5	53	21
African American	3.7	243	66	1.7	198	115	0.1	3	39	1.9	41	22
Other/unknown	4.1	263	65	2.0	214	105	0.1	4	39	1.9	44	23
Use of Nursing Facilities^e												
Entire year	6.9	337	49	3.0	262	87	0.3	8	29	3.7	67	18
Part year	5.6	286	51	2.4	222	93	0.2	6	31	3.0	58	19
None	4.0	273	68	2.0	223	114	0.1	4	40	1.9	44	23
Maintenance Assistance Status												
Cash	4.0	258	64	2.0	210	107	0.1	4	39	2.0	44	23
Medically needy	7.3	613	84	3.6	513	144	0.2	13	76	3.6	85	24
Poverty related	4.5	280	62	2.1	227	108	0.1	5	35	2.3	48	21
Other/unknown	5.8	354	61	2.6	285	110	0.2	7	32	3.0	59	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 D.5 includes the beneficiaries represented by Cell G 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e									
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$58	\$222	\$86	\$25	\$142	\$222	\$86	\$25	897,808	\$127,782,128	198,637	53.6 %	53.6 %	2,193,611
Biologics	0.1	0.1	0.0	0.0	83	3	11	69	691	34	2,775	1,948	11,009	7,606,582	8,235	2.2	2.2	91,176
Antineoplastic Agents	0.4	0.1	0.0	0.3	79	46	1	32	183	359	178	108	94,617	17,348,386	21,087	5.7	5.7	219,150
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	45	36	2	6	49	77	17	20	1,562,828	75,861,539	155,499	42.0	42.0	1,699,021
Cardiovascular Agents	1.7	0.7	0.0	1.0	65	47	0	18	38	64	29	18	4,506,608	169,446,963	240,591	64.9	64.9	2,603,072
Respiratory Agents	0.7	0.4	0.0	0.3	36	29	1	6	55	74	78	24	977,723	53,444,570	134,916	36.4	36.4	1,487,126
Gastrointestinal Agents	0.7	0.4	0.0	0.3	59	53	1	6	85	135	92	20	1,285,306	108,642,037	166,420	44.9	44.9	1,827,035
Genitourinary Agents	0.4	0.3	0.0	0.1	26	25	0	2	61	72	39	19	243,250	14,953,897	50,948	13.7	13.7	565,399
CNS Drugs	1.3	0.6	0.0	0.6	99	85	1	13	78	134	72	21	2,704,079	211,380,696	198,190	53.5	53.5	2,143,018
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	34	21	3	10	70	119	89	37	11,445	803,796	2,121	0.6	0.6	23,433
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	75	74	0	1	129	136	96	39	185,486	23,992,113	29,899	8.1	8.1	318,634
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	46	37	1	9	62	121	77	20	1,583,152	98,441,284	195,011	52.6	52.6	2,136,926
Neuromuscular Agents	0.8	0.3	0.0	0.5	54	41	1	12	65	122	43	25	920,600	59,951,943	101,404	27.4	27.4	1,113,556
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	8	15	17	15	15	404,086	6,059,709	67,804	18.3	18.3	721,550
Hematological Agents	0.7	0.3	0.0	0.4	52	45	1	5	72	149	21	14	682,479	48,984,748	87,778	23.7	23.7	950,544
Topical Products	0.5	0.2	0.0	0.2	22	15	1	6	44	63	48	25	912,424	40,495,944	166,799	45.0	45.0	1,858,866
Miscellaneous Products	0.4	0.2	0.0	0.2	89	71	6	11	219	457	240	50	41,133	8,992,463	9,686	2.6	2.6	101,588
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	22	0	0	0	91	0	0	0	42,871	3,922,145	15,711	4.2	4.2	178,509
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.	17,066,904	1,078,110,943	n.a.	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.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.medisp.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$125,516,735	99,103	26.7 %	1,080,158	0.6	\$198
ULCER DRUGS	90,771,681	179,586	48.5	1,990,310	0.5	89
ANTIVIRAL	84,056,289	33,292	9.0	376,121	0.5	406
ANTIDEPRESSANTS	62,659,665	162,177	43.8	1,764,327	0.6	61
ANTHYPERLIPIDEMIC	58,324,637	107,704	29.1	1,212,684	0.6	86
ANALGESICS - ANTI-INFLAMMATORY	50,513,323	147,703	39.9	1,675,927	0.4	79
ANTIDIABETIC	48,965,661	127,411	34.4	1,395,011	0.6	54
ANTICONVULSANT	47,267,820	83,034	22.4	914,612	0.7	78
ANTHYPERTENSIVE	45,067,477	182,585	49.3	2,011,797	0.6	37
ANALGESICS - Narcotic	43,492,731	193,110	52.1	2,114,010	0.4	52
Total	656,636,019	1,315,705		14,534,957	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users
All	7,750,243	\$656,636,019	99,103	26.7 %	0.6	1,080,158	48.5 %	1,990,310	\$116	179,586	48.5 %	1,990,310	0.5	\$46		
Female	5,237,039	396,534,868	59,000	24.4	0.6	642,525	52.8	1,418,740	102	127,493	52.8	1,418,740	0.5	46		
Disabled	2,301,242	205,154,025	28,977	32.7	0.6	328,575	57.0	574,789	121	50,405	57.0	574,789	0.5	47		
5 and younger	8	216	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0.0	0		
6-14	383	29,931	0	0.0	0.0	0	0.0	203	0	17	60.7	203	0.6	46		
15-20	2,112	201,179	57	22.7	0.4	613	24.3	714	65	61	24.3	714	0.4	28		
21-44	412,777	47,680,825	9,299	44.5	0.6	103,632	36.3	85,185	125	7,581	36.3	85,185	0.4	43		
45-64	1,091,999	99,335,032	12,858	34.3	0.6	146,959	58.6	248,880	126	21,958	58.6	248,880	0.5	50		
65-74	533,694	40,059,964	4,214	22.4	0.6	48,852	70.6	154,007	119	13,260	70.6	154,007	0.5	47		
75-84	189,560	13,100,780	1,671	22.2	0.5	19,020	68.4	59,302	98	5,149	68.4	59,302	0.5	45		
85 and older	70,709	4,746,098	878	24.8	0.5	9,499	67.2	26,498	83	2,379	67.2	26,498	0.5	44		
Other Eligibles	2,935,793	191,380,798	30,023	19.6	0.5	313,950	50.4	843,945	82	77,087	50.4	843,945	0.5	45		
5 and younger	3	627	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0.0	0		
6-14	48	6,616	1	11.1	0.4	12	55.6	44	162	5	55.6	44	0.3	33		
15-20	83	4,891	0	0.0	0.0	0	58.3	74	0	7	58.3	74	0.4	19		
21-44	6,835	664,275	123	12.8	0.4	1,111	16.2	1,517	79	155	16.2	1,517	0.4	43		
45-64	3,413	292,581	42	16.6	0.4	344	33.6	786	83	85	33.6	786	0.4	42		
65-74	893,255	61,439,413	5,790	12.3	0.5	63,447	49.0	259,889	96	23,112	49.0	259,889	0.5	45		
75-84	1,205,000	78,480,643	11,369	19.5	0.5	120,308	52.7	342,089	85	30,780	52.7	342,089	0.5	45		
85 and older	827,156	50,491,752	12,698	27.6	0.5	128,728	49.8	239,546	72	22,943	49.8	239,546	0.6	45		
Male	2,513,147	260,091,888	40,103	31.0	0.6	437,633	40.3	571,568	137	52,092	40.3	571,568	0.5	45		
Disabled	1,489,635	190,842,183	27,613	41.9	0.7	311,576	37.5	279,181	154	24,718	37.5	279,181	0.5	48		
5 and younger	142	14,448	0	0.0	0.0	0	91.7	132	0	11	91.7	132	0.4	30		
6-14	372	36,919	0	0.0	0.0	0	55.9	212	0	19	55.9	212	0.5	27		
15-20	2,450	329,046	87	28.9	0.6	967	17.6	608	129	53	17.6	608	0.5	41		
21-44	529,773	80,226,661	13,856	50.6	0.7	155,652	27.1	83,409	152	7,413	27.1	83,409	0.5	46		
45-64	726,988	92,178,535	11,431	40.7	0.7	129,369	41.7	131,597	159	11,719	41.7	131,597	0.5	50		
65-74	186,238	14,858,257	1,701	21.4	0.6	19,538	54.2	49,654	149	4,311	54.2	49,654	0.5	45		
75-84	36,956	2,736,319	454	26.3	0.6	5,127	56.3	11,067	130	970	56.3	11,067	0.5	44		
85 and older	6,716	461,998	84	21.5	0.5	923	56.9	2,502	100	222	56.9	2,502	0.5	46		
Other Eligibles	1,023,512	69,249,705	12,490	19.7	0.5	126,057	43.3	292,387	94	27,374	43.3	292,387	0.5	42		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0.0	0		
6-14	79	13,896	0	0.0	0.0	0	50.0	47	0	4	50.0	47	0.8	134		
15-20	81	3,437	1	8.3	0.1	12	25.0	36	16	3	25.0	36	0.5	28		
21-44	3,233	299,966	30	10.1	0.5	220	20.1	511	122	60	20.1	511	0.5	49		
45-64	2,353	188,498	20	10.9	0.5	169	24.5	390	93	45	24.5	390	0.5	55		
65-74	436,066	31,292,262	3,901	14.3	0.5	41,854	39.3	117,680	112	10,699	39.3	117,680	0.5	42		
75-84	416,051	27,316,482	5,354	21.8	0.5	53,808	46.5	122,694	90	11,422	46.5	122,694	0.5	42		
85 and older	165,649	10,135,164	3,184	28.9	0.5	29,994	46.7	51,029	75	5,141	46.7	51,029	0.6	43		
Unknown	61	9,308	0	0.0	0.0	0	66.7	8	0	2	66.7	8	0.6	22		

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 D.7A includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ANTIVIRAL				ANTIDEPRESSANTS				ANTIHYPERLIPIDEMIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month			
All	33,292	9.0 %	376,121	0.5	\$224	162,177	43.8 %	1,764,327	0.6	\$36	107,704	29.1 %	1,212,684	0.6	\$48
Female	11,498	4.8	130,585	0.4	160	114,696	47.5	1,251,682	0.6	36	74,859	31.0	844,671	0.6	48
Disabled	8,441	9.5	96,196	0.5	199	53,538	60.5	599,724	0.6	37	29,811	33.7	340,325	0.6	49
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.4	15
6-14	11	39.3	125	0.3	105	1	3.6	12	0.8	63	1	3.6	12	0.7	8
15-20	22	8.8	261	0.4	225	71	28.3	760	0.4	28	5	2.0	60	0.6	27
21-44	3,580	17.1	40,194	0.5	210	12,962	62.0	141,933	0.5	39	2,514	12.0	28,347	0.5	41
45-64	3,972	10.6	45,572	0.5	214	26,674	71.2	297,847	0.6	39	13,850	37.0	156,405	0.6	49
65-74	613	3.3	7,194	0.3	112	9,422	50.1	108,970	0.6	33	9,579	51.0	110,892	0.6	50
75-84	173	2.3	2,039	0.2	41	3,092	41.1	35,483	0.6	31	3,033	40.3	35,105	0.6	51
85 and older	70	2.0	811	0.1	18	1,316	37.2	14,719	0.6	33	828	23.4	9,492	0.5	48
Other Eligibles	3,057	2.0	34,389	0.2	49	61,158	40.0	651,958	0.6	34	45,048	29.5	504,346	0.6	48
5 and younger	1	50.0	12	0.3	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	4	0.8	581	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	14	0.2	112	1	8.3	8	0.3	22	1	8.3	12	1.0	75
21-44	65	6.8	563	0.4	203	388	40.5	3,572	0.5	32	37	3.9	353	0.5	39
45-64	26	10.3	267	0.3	163	125	49.4	1,085	0.5	35	47	18.6	431	0.5	41
65-74	1,073	2.3	12,270	0.3	90	16,263	34.5	179,594	0.5	32	18,657	39.6	208,962	0.5	47
75-84	1,113	1.9	12,766	0.1	25	23,593	40.4	254,836	0.6	34	19,434	33.3	219,769	0.6	50
85 and older	776	1.7	8,493	0.1	13	20,788	45.1	212,863	0.6	36	6,872	14.9	74,819	0.6	48
Male	21,790	16.9	245,496	0.6	257	47,479	36.8	512,633	0.6	35	32,844	25.4	368,011	0.6	48
Disabled	20,044	30.4	226,262	0.6	267	28,486	43.2	317,490	0.6	37	16,259	24.7	184,981	0.6	48
5 and younger	4	33.3	48	0.6	113	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	26.5	108	0.5	199	3	8.8	31	0.5	30	2	5.9	24	0.8	55
15-20	28	9.3	312	0.5	255	56	18.6	614	0.5	37	5	1.7	60	0.4	29
21-44	9,836	35.9	110,170	0.6	255	12,271	44.8	136,000	0.6	37	3,805	13.9	43,520	0.5	43
45-64	9,644	34.4	109,608	0.7	282	13,093	46.6	145,828	0.6	38	8,442	30.1	95,244	0.6	49
65-74	473	5.9	5,423	0.5	214	2,453	30.8	28,103	0.5	31	3,349	42.1	38,610	0.6	52
75-84	43	2.5	510	0.3	102	506	29.4	5,745	0.6	32	570	33.1	6,549	0.6	51
85 and older	7	1.8	83	0.2	15	104	26.7	1,169	0.6	33	86	22.1	974	0.5	44
Other Eligibles	1,746	2.8	19,234	0.4	150	18,993	30.0	195,143	0.6	33	16,585	26.2	183,030	0.6	47
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	25.0	24	0.3	258	1	12.5	12	0.3	4	1	12.5	11	1.0	77
15-20	0	0.0	0	0.0	0	1	8.3	12	0.4	18	1	8.3	12	1.0	56
21-44	6	2.0	44	0.8	841	133	44.6	1,097	0.5	29	44	14.8	359	0.6	50
45-64	3	1.6	15	0.8	1,128	74	40.2	559	0.6	40	61	33.2	507	0.5	41
65-74	1,057	3.9	11,801	0.5	194	6,706	24.7	72,576	0.5	32	8,406	30.9	93,487	0.5	47
75-84	508	2.1	5,594	0.3	85	7,697	31.3	78,918	0.6	34	6,663	27.1	73,853	0.6	48
85 and older	170	1.5	1,756	0.2	40	4,381	39.8	41,969	0.6	34	1,409	12.8	14,801	0.6	45
Unknown	4	133.3	40	0.7	205	2	66.7	12	0.8	31	1	33.3	2	0.5	64

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G 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 drug 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-CONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	147,703	39.9 %	1,675,927	\$30	0.4	127,411	34.4 %	1,395,011	\$35	0.6	83,034	22.4 %	914,612	0.7	\$52
Female	105,739	43.8	1,202,724	32	0.4	88,500	36.7	974,204	35	0.6	51,501	21.3	568,981	0.6	48
Disabled	45,987	52.0	528,116	32	0.4	35,924	40.6	405,477	39	0.6	29,527	33.4	332,002	0.7	58
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	7.1	24	0.6	49
15-20	60	23.9	690	4	0.1	19	7.6	225	31	0.5	61	24.3	701	0.6	51
21-44	8,065	38.6	90,995	22	0.3	3,274	15.7	36,509	37	0.6	9,064	43.4	100,136	0.7	73
45-64	19,669	52.5	224,178	35	0.4	16,223	43.3	181,609	41	0.6	14,453	38.6	163,004	0.7	59
65-74	12,235	65.1	143,191	34	0.4	11,517	61.3	132,153	39	0.6	4,049	21.5	46,596	0.6	34
75-84	4,317	57.4	50,350	34	0.4	3,740	49.7	42,367	33	0.6	1,391	18.5	15,902	0.6	31
85 and older	1,641	46.3	18,712	32	0.4	1,151	32.5	12,614	30	0.6	507	14.3	5,639	0.5	22
Other Eligibles	59,752	39.1	674,608	32	0.4	52,576	34.4	568,727	33	0.7	21,974	14.4	236,979	0.6	34
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	1	11.1	12	1	0.1	0	0.0	0	0	0.0	1	11.1	12	0.4	9
15-20	1	8.3	2	4	0.5	0	0.0	0	0	0.0	2	16.7	24	0.5	7
21-44	219	22.9	2,101	19	0.3	61	6.4	534	33	0.5	176	18.4	1,636	0.5	52
45-64	109	43.1	1,010	26	0.3	87	34.4	735	33	0.5	50	19.8	445	0.6	68
65-74	21,091	44.7	239,614	30	0.4	19,139	40.6	210,039	35	0.6	6,775	14.4	74,980	0.6	37
75-84	24,402	41.8	279,260	33	0.4	21,918	37.5	240,048	35	0.7	9,014	15.4	98,080	0.6	33
85 and older	13,929	30.2	152,609	36	0.5	11,371	24.7	117,371	28	0.7	5,956	12.9	61,802	0.6	30
Male	41,964	32.5	473,203	25	0.4	38,909	30.1	420,803	35	0.6	31,533	24.4	345,631	0.7	58
Disabled	22,069	33.5	251,166	23	0.3	17,081	25.9	189,876	39	0.6	22,443	34.1	251,127	0.7	66
5 and younger	1	8.3	12	7	0.3	0	0.0	0	0	0.0	3	25.0	36	0.8	131
6-14	2	5.9	14	5	0.4	0	0.0	0	0	0.0	9	26.5	98	0.7	41
15-20	40	13.3	453	8	0.2	10	3.3	106	52	0.8	63	20.9	662	0.7	82
21-44	7,196	26.3	80,911	16	0.3	3,224	11.8	35,598	38	0.6	10,722	39.1	119,545	0.7	73
45-64	10,046	35.8	114,196	25	0.4	9,026	32.1	99,347	39	0.6	9,895	35.2	110,781	0.7	65
65-74	3,870	48.7	45,035	27	0.4	3,998	50.3	45,599	38	0.6	1,431	18.0	16,411	0.6	38
75-84	755	43.8	8,712	29	0.4	730	42.4	8,184	36	0.7	276	16.0	3,085	0.7	34
85 and older	159	40.8	1,833	29	0.4	93	23.8	1,042	40	0.7	44	11.3	509	0.7	25
Other Eligibles	19,895	31.4	222,037	26	0.4	21,828	34.5	230,927	33	0.6	9,090	14.4	94,504	0.6	37
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	1	12.5	11	1	0.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	8.3	12	1.3	34
21-44	110	36.9	1,011	21	0.3	45	15.1	325	41	0.6	72	24.2	583	0.4	41
45-64	65	35.3	582	22	0.3	46	25.0	408	39	0.6	37	20.1	328	0.6	64
65-74	9,037	33.2	101,822	25	0.4	10,112	37.2	109,460	34	0.6	3,823	14.1	41,357	0.6	41
75-84	7,935	32.3	89,367	27	0.4	8,664	35.3	91,676	32	0.7	3,627	14.8	37,295	0.6	34
85 and older	2,747	24.9	29,244	30	0.4	2,961	26.9	29,058	27	0.7	1,530	13.9	14,929	0.7	33
Unknown	0	0.0	0	0	0.0	2	66.7	4	23	0.8	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - Narcotic				Number of Beneficiaries	Number of Benefit Months	Mean of Rx per Benefit Month	Mean of Rx per Rx \$ per Benefit Month
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Rx \$ per Benefit Month				
All	182,585	49.3 %	2,011,797	0.6	193,110	52.1 %	2,114,010	0.4	\$21	370,545	3,834,989	
Female	125,111	51.8	1,383,056	0.6	135,026	55.9	1,485,328	0.4	19	241,383	2,517,395	
Disabled	42,805	48.4	484,777	0.6	66,865	75.6	755,823	0.4	23	88,500	957,233	
5 and younger	1	25.0	12	0.3	0	0.0	0	0.0	0	4	32	
6-14	30	107.1	351	0.5	7	25.0	84	0.2	1	28	302	
15-20	53	21.1	611	0.5	119	47.4	1,315	0.2	3	251	2,527	
21-44	3,735	17.9	41,353	0.5	16,153	77.3	179,365	0.4	26	20,894	218,616	
45-64	17,981	48.0	201,178	0.6	33,068	88.3	373,549	0.4	27	37,463	400,459	
65-74	13,483	71.7	155,636	0.6	12,156	64.7	140,456	0.3	13	18,795	212,140	
75-84	5,384	71.6	61,762	0.6	4,158	55.3	47,680	0.3	10	7,523	84,731	
85 and older	2,138	60.4	23,874	0.6	1,204	34.0	13,374	0.3	11	3,542	38,426	
Other Eligibles	82,306	53.8	898,279	0.6	68,161	44.6	729,505	0.4	14	152,883	1,560,162	
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	2	13	
6-14	3	33.3	34	0.5	1	11.1	12	0.1	1	9	88	
15-20	3	25.0	30	0.8	1	8.3	12	0.1	1	12	89	
21-44	90	9.4	868	0.4	561	58.6	5,017	0.4	23	958	7,252	
45-64	88	34.8	723	0.5	190	75.1	1,692	0.4	22	253	1,579	
65-74	26,227	55.6	290,312	0.6	20,468	43.4	227,495	0.4	13	47,149	487,552	
75-84	33,754	57.8	374,435	0.6	26,295	45.0	285,774	0.4	14	58,426	615,007	
85 and older	22,141	48.1	231,877	0.6	20,645	44.8	209,503	0.5	15	46,074	448,582	
Male	57,473	44.5	628,739	0.6	58,082	45.0	628,662	0.4	26	129,159	1,317,576	
Disabled	24,081	36.6	269,800	0.6	36,421	55.3	404,780	0.4	32	65,879	697,951	
5 and younger	5	41.7	60	0.4	1	8.3	12	0.1	1	12	136	
6-14	20	58.8	222	0.5	8	23.5	86	0.1	1	34	363	
15-20	50	16.6	552	0.5	80	26.6	919	0.2	3	301	3,033	
21-44	5,062	18.5	56,206	0.5	14,397	52.6	159,195	0.4	32	27,392	287,164	
45-64	12,133	43.2	134,648	0.6	17,220	61.3	190,861	0.4	37	28,075	295,282	
65-74	5,454	68.6	62,635	0.6	3,912	49.2	44,610	0.3	16	7,952	88,631	
75-84	1,153	66.9	13,132	0.6	676	39.2	7,669	0.3	11	1,723	19,136	
85 and older	204	52.3	2,345	0.6	127	32.6	1,428	0.3	10	390	4,206	
Other Eligibles	33,392	52.8	358,939	0.6	21,661	34.2	223,882	0.4	13	63,280	619,625	
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	
6-14	4	50.0	46	0.3	1	12.5	12	0.2	1	8	86	
15-20	2	16.7	16	0.8	2	16.7	24	0.7	12	12	96	
21-44	81	27.2	640	0.4	251	84.2	2,142	0.5	43	298	1,894	
45-64	64	34.8	544	0.5	137	74.5	1,130	0.5	27	184	1,141	
65-74	14,591	53.7	159,433	0.6	9,359	34.4	101,184	0.4	14	27,191	271,434	
75-84	13,534	55.1	146,706	0.6	8,196	33.4	84,599	0.4	12	24,574	245,902	
85 and older	5,116	46.5	51,554	0.6	3,715	33.7	34,791	0.4	11	11,013	99,072	
Unknown	1	33.3	2	0.5	2	66.7	20	0.7	16	3	18	

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 drug 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year
All	\$337	6.9	46,646		450,111
Age					
0-64	500	8.4	3,184		33,946
65-74	405	7.9	5,856		58,994
75-84	348	7.2	15,533		149,831
85 and older	283	6.2	22,072		207,334
Unknown	27	2.2	1		6
Gender					
Female	328	6.9	33,463		327,649
Male	361	7.0	13,183		122,462
Unknown	0	0.0	0		0
Race					
White	341	7.1	34,069		323,715
African American	327	6.3	7,021		72,801
Other/unknown	327	6.6	5,556		53,595
Basis of Eligibility^c					
Aged	322	6.8	42,419		404,896
Disabled	466	8.0	4,227		45,215
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$21	\$1	\$4	\$62	\$92	\$74	\$22	138,283	\$8,532,080	32,701	70.1 %	338,452
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	15	13	0	29	6,170	90,573	5,817	12.5	64,693
Antineoplastic Agents	0.5	0.1	0.0	0.4	68	24	0	44	145	351	107	109	23,350	3,375,324	5,198	11.1	49,890
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	40	31	3	6	37	66	16	14	242,650	9,024,344	22,234	47.7	226,438
Cardiovascular Agents	2.0	0.5	0.0	1.4	54	31	0	23	27	57	29	16	700,472	19,168,272	35,680	76.5	356,089
Respiratory Agents	0.7	0.3	0.0	0.3	27	20	1	6	41	67	67	17	149,845	6,132,910	21,981	47.1	227,360
Gastrointestinal Agents	0.9	0.4	0.0	0.4	59	51	0	8	67	116	54	18	228,755	15,223,457	25,233	54.1	256,105
Genitourinary Agents	0.6	0.5	0.0	0.1	36	32	0	3	61	71	41	23	59,028	3,589,438	9,642	20.7	100,986
CNS Drugs	1.6	1.0	0.0	0.6	108	95	2	10	66	95	53	18	560,596	37,243,156	34,357	73.7	345,812
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	22	12	1	8	30	106	40	15	1,781	54,273	235	0.5	2,453
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	94	94	0	0	129	129	0	54	67,153	8,629,567	9,104	19.5	92,047
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	48	41	1	7	45	85	28	12	257,326	11,665,016	24,058	51.6	241,954
Neuromuscular Agents	1.1	0.4	0.0	0.7	64	41	1	21	56	94	46	31	181,040	10,124,804	15,334	32.9	159,400
Nutritional Products	0.7	0.0	0.0	0.7	10	0	0	10	15	18	13	15	123,163	1,799,820	17,791	38.1	178,880
Hematological Agents	1.0	0.3	0.1	0.6	54	46	2	6	53	143	17	10	178,052	9,441,620	17,397	37.3	175,207
Topical Products	0.6	0.3	0.0	0.3	22	14	2	6	37	53	47	22	188,684	7,050,121	29,808	63.9	313,556
Miscellaneous Products	0.2	0.0	0.0	0.2	7	3	1	4	29	221	206	17	8,820	252,781	3,721	8.0	37,574
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	37	0	0	0	5,497	201,296	2,066	4.4	22,063
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.	3,120,665	151,598,852	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. 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).

e. 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. 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).

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			47.0 %	Benefit Months				
ANTIPSYCHOTICS	\$20,493,675	21,910	47.0 %	227,723	0.6	\$145	\$90	
ANTIDEPRESSANTS	13,659,220	31,766	68.1	327,137	0.7	57	42	
ULCER DRUGS	13,253,490	26,049	55.8	267,416	0.7	73	50	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	8,633,309	9,166	19.7	92,736	0.7	128	93	
ANTICONVULSANT	7,119,137	13,778	29.5	145,178	0.8	58	49	
ANTIDIABETIC	6,376,337	18,882	40.5	194,763	0.8	40	33	
ANALGESICS - Narcotic	5,913,787	24,775	53.1	248,002	0.7	35	24	
MISC. HEMATOLOGICAL	5,361,651	7,779	16.7	79,805	0.7	97	67	
ANALGESICS - ANTI-INFLAMMATORY	5,324,662	11,388	24.4	121,606	0.6	75	44	
ANTHYPERTENSIVE	5,141,342	22,804	48.9	232,285	0.7	31	22	
Total	91,276,610	188,297		1,936,651	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$
All	1,374,777	\$91,276,610	21,910	47.0 %	227,723	0.6	\$90	31,766	68.1 %	327,137	0.7	\$42
Female	989,841	65,069,858	15,126	45.2	158,677	0.6	87	23,261	69.5	241,658	0.7	42
Disabled	95,234	6,747,370	1,358	59.7	15,405	0.7	111	1,786	78.6	19,842	0.7	44
64 or younger	65,951	4,737,864	830	57.0	9,338	0.7	120	1,264	86.8	14,004	0.8	47
65-74	9,911	706,423	170	73.6	1,957	0.6	118	160	69.3	1,812	0.7	43
75-84	10,989	739,847	194	66.9	2,221	0.6	94	198	68.3	2,226	0.7	36
85 and older	8,383	563,236	164	55.4	1,889	0.6	80	164	55.4	1,800	0.7	38
Other Eligibles	894,603	58,322,443	13,768	44.1	143,272	0.6	85	21,475	68.9	221,816	0.7	42
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	121,157	7,997,392	1,679	55.8	18,212	0.7	103	2,381	79.2	25,341	0.8	43
75-84	343,601	22,494,430	5,088	48.8	53,349	0.6	89	7,766	74.5	80,703	0.7	43
85 and older	429,845	27,830,621	7,001	39.4	71,711	0.6	77	11,328	63.8	115,772	0.7	41
Male	384,936	26,206,752	6,784	51.5	69,046	0.6	96	8,505	64.5	85,479	0.7	41
Disabled	79,048	5,983,369	1,169	59.8	13,194	0.7	131	1,367	70.0	15,064	0.7	44
64 or younger	71,048	5,400,400	1,028	59.6	11,596	0.8	132	1,238	71.8	13,597	0.7	44
65-74	4,494	338,836	77	64.7	867	0.7	140	68	57.1	737	0.8	46
75-84	2,796	193,813	51	61.4	577	0.6	112	46	55.4	552	0.7	39
85 and older	710	50,320	13	46.4	154	0.7	107	15	53.6	178	0.6	35
Other Eligibles	305,888	20,223,383	5,615	50.0	55,852	0.6	88	7,138	63.6	70,415	0.7	41
64 or younger	76	10,132	2	50.0	14	1.0	468	4	100.0	29	0.6	36
65-74	89,195	6,025,610	1,418	56.7	15,182	0.7	105	1,742	69.7	18,406	0.7	43
75-84	131,816	8,658,816	2,460	52.0	24,314	0.6	85	3,034	64.1	29,789	0.7	41
85 and older	84,801	5,528,825	1,735	43.5	16,342	0.6	77	2,358	59.1	22,191	0.7	38
Unknown	4	45	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	26,049	55.8 %	267,416	0.7	\$50	9,166	19.7 %	92,736	0.7	\$93	13,778	29.5 %	145,178	0.8	\$49
Female	18,778	56.1	194,277	0.7	50	6,599	19.7	67,899	0.7	94	8,880	26.5	94,007	0.8	46
Disabled	1,474	64.8	16,358	0.7	48	278	12.2	3,157	0.6	139	1,390	61.2	15,612	1.0	64
64 or younger	915	62.8	10,155	0.7	50	134	9.2	1,506	0.6	204	1,066	73.2	11,891	1.0	70
65-74	160	69.3	1,787	0.6	49	22	9.5	260	0.6	80	122	52.8	1,413	0.9	50
75-84	202	69.7	2,273	0.6	45	46	15.9	525	0.7	94	132	45.5	1,523	0.8	43
85 and older	197	66.6	2,143	0.6	42	76	25.7	866	0.6	73	70	23.6	785	0.8	31
Other Eligibles	17,303	55.5	177,913	0.7	50	6,321	20.3	64,742	0.7	92	7,490	24.0	78,395	0.8	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,922	63.9	20,542	0.7	51	516	17.2	5,258	0.7	94	1,452	48.3	15,773	0.9	52
75-84	6,028	57.8	62,468	0.7	51	2,411	23.1	24,790	0.7	93	3,136	30.1	32,933	0.8	43
85 and older	9,353	52.7	94,903	0.7	49	3,394	19.1	34,694	0.7	90	2,902	16.3	29,689	0.7	36
Male	7,271	55.2	73,139	0.7	49	2,567	19.5	24,837	0.7	91	4,898	37.2	51,171	0.9	55
Disabled	1,213	62.1	13,358	0.7	50	162	8.3	1,781	0.6	114	1,427	73.0	15,945	1.0	76
64 or younger	1,054	61.1	11,594	0.7	51	141	8.2	1,540	0.6	120	1,326	76.9	14,787	1.0	78
65-74	85	71.4	940	0.7	47	11	9.2	121	0.6	76	68	57.1	771	0.9	52
75-84	59	71.1	652	0.7	43	7	8.4	84	0.8	73	26	31.3	303	0.9	56
85 and older	15	53.6	172	0.7	56	3	10.7	36	0.5	67	7	25.0	84	1.2	41
Other Eligibles	6,058	53.9	59,781	0.7	49	2,405	21.4	23,056	0.7	90	3,471	30.9	35,226	0.8	46
64 or younger	5	125.0	41	0.6	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,502	60.1	15,850	0.7	51	395	15.8	4,113	0.7	89	1,221	48.9	13,112	0.9	54
75-84	2,589	54.7	25,550	0.7	49	1,116	23.6	10,675	0.7	90	1,472	31.1	14,704	0.8	42
85 and older	1,962	49.1	18,340	0.7	47	894	22.4	8,268	0.7	89	778	19.5	7,410	0.7	37
Unknown	1	100.0	6	0.7	8	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.
 - b. 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 drug 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	18,882	40.5 %	194,763	0.8	\$33	24,775	53.1 %	248,002	0.7	\$24	7,779	16.7 %	79,805	0.7	\$67
Female															
Disabled	13,117	39.2	136,809	0.8	33	18,565	55.5	187,562	0.7	24	5,361	16.0	55,624	0.7	68
64 or younger	1,343	59.1	14,989	0.9	37	1,516	66.7	16,423	0.9	30	372	16.4	4,059	0.7	63
65-74	772	53.0	8,499	0.9	41	1,129	77.5	12,331	1.0	34	202	13.9	2,172	0.7	70
75-84	203	87.9	2,365	0.8	36	139	60.2	1,467	0.5	16	50	21.6	579	0.6	58
85 and older	210	72.4	2,362	0.8	30	158	54.5	1,694	0.6	21	54	18.6	595	0.6	60
Other Eligibles	158	53.4	1,763	0.7	31	90	30.4	931	0.4	15	66	22.3	713	0.6	51
64 or younger	11,774	37.8	121,820	0.8	32	17,049	54.7	171,139	0.7	24	4,989	16.0	51,565	0.7	68
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1,949	64.8	20,811	0.9	37	2,021	67.2	21,238	0.8	29	548	18.2	5,869	0.7	70
85 and older	5,068	48.6	53,060	0.8	34	6,052	58.0	61,529	0.7	26	1,809	17.3	18,926	0.7	70
Male															
Disabled	4,757	26.8	47,949	0.8	29	8,976	50.6	88,372	0.6	21	2,632	14.8	26,770	0.7	66
64 or younger	5,765	43.7	57,954	0.8	33	6,210	47.1	60,440	0.7	22	2,418	18.3	24,181	0.7	66
65-74	871	44.6	9,475	0.9	39	1,148	58.8	12,305	0.9	38	268	13.7	2,901	0.7	69
75-84	752	43.6	8,135	0.9	40	1,064	61.7	11,357	0.9	40	217	12.6	2,335	0.7	70
85 and older	67	56.3	743	0.8	32	51	42.9	584	0.6	18	26	21.8	270	0.8	77
Other Eligibles	46	55.4	525	0.8	35	20	24.1	219	0.5	16	22	26.5	262	0.7	61
64 or younger	6	21.4	72	0.8	48	13	46.4	145	0.3	3	3	10.7	34	0.4	44
65-74	4,894	43.6	48,479	0.8	31	5,062	45.1	48,135	0.6	18	2,150	19.1	21,280	0.7	66
75-84	0	0.0	0	0.0	0	2	50.0	24	0.3	3	2	50.0	15	0.3	31
85 and older	1,419	56.8	14,860	0.8	35	1,277	51.1	13,037	0.7	22	508	20.3	5,422	0.7	67
Unknown	2,198	46.4	21,617	0.8	31	2,149	45.4	20,540	0.6	18	974	20.6	9,655	0.7	66
	1,277	32.0	12,002	0.7	28	1,634	40.9	14,534	0.5	15	666	16.7	6,188	0.7	64
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.
- b. 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 drug 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	11,388	24.4 %	121,606	0.6	\$44	22,804	48.9 %	232,285	0.7	\$22	46,646	450,111
Female	8,713	26.0	93,654	0.6	45	16,073	48.0	164,973	0.7	23	33,462	327,643
Disabled	679	29.9	7,714	0.5	42	1,173	51.6	12,930	0.7	23	2,273	24,434
64 or younger	450	30.9	5,139	0.5	41	707	48.6	7,727	0.7	23	1,456	15,629
65-74	64	27.7	718	0.6	44	169	73.2	1,898	0.7	23	231	2,471
75-84	103	35.5	1,179	0.5	44	159	54.8	1,776	0.6	22	290	3,175
85 and older	62	20.9	678	0.6	44	138	46.6	1,529	0.7	23	296	3,159
Other Eligibles	8,034	25.8	85,940	0.6	45	14,900	47.8	152,043	0.7	23	31,189	303,209
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	858	28.5	9,517	0.6	45	1,686	56.1	18,164	0.7	24	3,007	30,609
75-84	2,809	26.9	30,326	0.6	46	5,471	52.5	56,469	0.7	23	10,427	102,731
85 and older	4,367	24.6	46,097	0.6	45	7,743	43.6	77,410	0.7	22	17,755	169,869
Male	2,675	20.3	27,952	0.6	40	6,731	51.1	67,312	0.7	21	13,183	122,462
Disabled	459	23.5	5,213	0.5	41	967	49.5	10,681	0.7	24	1,954	20,781
64 or younger	407	23.6	4,604	0.5	40	846	49.1	9,297	0.7	23	1,724	18,288
65-74	30	25.2	356	0.7	49	61	51.3	679	0.7	26	119	1,273
75-84	17	20.5	193	0.5	33	48	57.8	563	0.8	22	83	916
85 and older	5	17.9	60	0.8	64	12	42.9	142	0.7	20	28	304
Other Eligibles	2,216	19.7	22,739	0.6	39	5,764	51.3	56,631	0.7	21	11,229	101,681
64 or younger	0	0.0	0	0.0	0	3	75.0	27	0.3	10	4	29
65-74	521	20.8	5,666	0.6	43	1,575	63.0	16,497	0.7	22	2,499	24,641
75-84	919	19.4	9,432	0.5	39	2,469	52.2	24,258	0.7	21	4,733	43,009
85 and older	776	19.4	7,641	0.6	38	1,717	43.0	15,849	0.7	20	3,993	34,002
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 26,066 beneficiaries who were in nursing facilities for part of their enrollment and their 239,173 benefit months were excluded from the analysis.

b. 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 drug 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.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 FLORIDA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								\$87	\$20
All	182,189	49.2 %	4.3	1,597,504	\$87	\$32,364,669	\$20		370,545
Age									
5 and younger	14	77.8	12.1	218	659	11,864	54	9.7	18
6-14	53	67.1	9.7	763	446	35,233	46	5.3	79
15-20	174	30.2	2.1	1,231	75	43,150	35	2.9	576
21-44	19,722	39.8	3.3	164,518	128	6,339,775	39	3.5	49,543
45-64	35,014	53.1	5.2	340,443	151	9,974,699	29	3.5	65,976
65-74	46,559	46.1	3.9	393,716	61	6,163,375	16	2.5	101,087
75-84	46,800	50.7	4.4	407,218	62	5,741,580	14	2.5	92,246
85 and older	33,852	55.5	4.7	289,395	66	4,054,977	14	3.0	61,019
Unknown	1	100.0	2.0	2	16	16	8	9.9	1
Basis of Eligibility^c									
Aged	103,606	48.4	4.0	860,007	57	12,146,383	14	2.5	214,239
Disabled	78,072	50.6	4.8	734,365	130	20,121,369	27	3.4	154,381
Adults	495	26.3	1.6	2,943	45	84,194	29	3.7	1,883
Children	16	38.1	4.5	189	303	12,723	67	7.2	42
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	126,157	52.3	4.6	1,115,058	77	18,584,959	17	2.8	241,384
Male	56,030	43.4	3.7	482,438	107	13,779,618	29	3.4	129,159
Unknown	2	100.0	4.0	8	46	92	12	0.6	2
Race									
White	95,540	52.5	4.9	885,887	84	15,321,619	17	2.7	182,076
African American	28,630	40.3	2.9	207,911	80	5,696,984	27	3.2	71,010
Other/unknown	58,019	49.4	4.3	503,706	97	11,346,066	23	3.5	117,459
Use of Nursing Facilities^d									
Entire year	28,553	61.2	6.0	278,409	85	3,967,896	14	2.6	46,646
Part year	16,762	64.3	5.2	134,998	84	2,189,890	16	3.2	26,066
None	136,874	46.0	4.0	1,184,097	88	26,206,883	22	3.1	297,833
Maintenance Assistance Status									
Cash	95,113	48.4	4.3	842,712	87	17,150,294	20	3.1	196,388
Medically needy	897	64.3	6.2	8,660	150	209,001	24	2.5	1,394
Poverty related	49,466	47.3	4.0	419,183	76	7,972,136	19	2.7	104,608
Other/unknown	36,713	53.9	4.8	326,949	103	7,033,238	22	3.2	68,155

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 FLORIDA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$8	\$20	\$0	\$3	3,834,989
Age						
5 and younger	1.2	66	54	0	23	181
6-14	0.9	42	46	0	2	839
15-20	0.2	8	35	0	1	5,745
21-44	0.3	12	39	0	4	514,936
45-64	0.5	14	29	0	4	698,463
65-74	0.4	6	16	0	3	1,059,757
75-84	0.4	6	14	0	3	964,776
85 and older	0.5	7	14	0	3	590,286
Unknown	0.3	3	8	0	0	6
Basis of Eligibility^c						
Aged	0.4	6	14	0	3	2,166,838
Disabled	0.4	12	27	0	4	1,655,196
Adults	0.2	7	29	0	2	12,589
Children	0.5	35	67	0	0	366
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	7	17	0	3	2,517,401
Male	0.4	10	29	0	3	1,317,576
Unknown	0.7	8	12	0	7	12
Race						
White	0.5	8	17	0	4	1,847,716
African American	0.3	8	27	0	1	744,913
Other/unknown	0.4	9	23	0	3	1,242,360
Use of Nursing Facilities^d						
Entire year	0.6	9	14	0	4	450,111
Part year	0.6	9	16	0	4	239,173
None	0.4	8	22	0	3	3,145,705
Maintenance Assistance Status						
Cash	0.4	8	20	0	3	2,151,052
Medically needy	0.6	16	24	0	5	13,398
Poverty related	0.4	8	19	0	3	1,046,113
Other/unknown	0.5	11	22	0	3	624,426

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
FLORIDA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	261,365	\$124	\$32,364,669	100.0	100.0	1,597,504	\$20		
Anorexia or weight loss/gain	3	44	132	0.0	0.0	3	44	0.0	0.0
Fertility drugs	1	40	40	0.0	0.0	1	40	0.0	0.0
Drugs for cosmetic purposes	100	17	1,687	0.0	0.0	163	10	0.0	0.0
Cough and cold medications	21,982	89	1,946,179	6.0	6.0	54,077	36	3.4	3.4
Vitamins and minerals	66,626	89	5,897,597	18.2	18.2	396,240	15	24.8	24.8
Non-prescription drugs	48,080	73	3,501,327	10.8	10.8	231,077	15	14.5	14.5
Barbiturates	2,749	72	197,629	0.6	0.6	28,845	7	1.8	1.8
Benzodiazepines	111,756	110	12,315,838	38.1	38.1	846,910	15	53.0	53.0
Other Part D Excl Rx Drugs	10,068	845	8,504,240	26.3	26.3	40,188	212	2.5	2.5

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 FLORIDA, 2003

Total Number of Dual Eligible Beneficiaries 370,545
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$1,078,110,943
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,910

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	52,603	14.2 %	\$0	0.0 %
1-500	53,016	14.3	11,582,072	1.1
501-1,000	35,697	9.6	26,507,009	2.5
1,001-1,500	29,835	8.1	37,176,722	3.4
1,501-2,000	27,024	7.3	47,137,936	4.4
2,001-2,500	23,959	6.5	53,816,917	5.0
2,501-3,000	21,789	5.9	59,800,268	5.5
3,001-3,500	19,360	5.2	62,842,133	5.8
3,501-4,000	16,808	4.5	62,923,510	5.8
4,001-4,500	14,502	3.9	61,539,006	5.7
4,501-5,000	12,225	3.3	57,980,525	5.4
5,001-5,500	9,890	2.7	51,846,593	4.8
5,501-6,000	8,177	2.2	46,966,070	4.4
6,001-6,500	6,659	1.8	41,581,374	3.9
6,501-7,000	5,517	1.5	37,206,431	3.5
7,001-7,500	4,464	1.2	32,340,641	3.0
7,501-8,000	3,581	1.0	27,743,284	2.6
8,001-8,500	3,133	0.8	25,813,597	2.4
8,501-9,000	2,570	0.7	22,478,613	2.1
9,001-9,500	2,233	0.6	20,653,546	1.9
9,501-10,000	1,796	0.5	17,499,237	1.6
10,001+	15,707	4.2	272,675,459	25.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 FLORIDA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 114,456
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$464,325,624
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,057

Annual Pharmacy Reimbursement per Beneficiary \$0	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	14.6 %		
1-500	16,680	14.6 %	0	0.0 %
501-1,000	17,738	15.5	3,605,048	0.8
1,001-1,500	9,590	8.4	7,086,042	1.5
1,501-2,000	7,445	6.5	9,258,176	2.0
2,001-2,500	6,414	5.6	11,197,789	2.4
2,501-3,000	5,551	4.8	12,473,185	2.7
3,001-3,500	5,108	4.5	14,013,066	3.0
3,501-4,000	4,598	4.0	14,929,638	3.2
4,001-4,500	4,126	3.6	15,450,637	3.3
4,501-5,000	3,776	3.3	16,039,882	3.5
5,001-5,500	3,372	2.9	16,006,023	3.4
5,501-6,000	2,917	2.5	15,294,707	3.3
6,001-6,500	2,672	2.3	15,352,887	3.3
6,501-7,000	2,375	2.1	14,840,081	3.2
7,001-7,500	2,101	1.8	14,173,799	3.1
7,501-8,000	1,871	1.6	13,555,093	2.9
8,001-8,500	1,575	1.4	12,203,833	2.6
8,501-9,000	1,454	1.3	11,977,430	2.6
9,001-9,500	1,287	1.1	11,260,778	2.4
9,501-10,000	1,217	1.1	11,261,086	2.4
10,001+	1,006	0.9	9,804,275	2.1
	11,583	10.1	214,542,169	46.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 FLORIDA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 254,352
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$611,360,227
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,404

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			13.9%		
\$0	35,322		13.9%	0	0.0%
1-500	34,785		13.7	7,893,243	1.3
501-1,000	25,973		10.2	19,327,255	3.2
1,001-1,500	22,304		8.8	27,813,014	4.5
1,501-2,000	20,547		8.1	35,828,818	5.9
2,001-2,500	18,352		7.2	41,217,560	6.7
2,501-3,000	16,639		6.5	45,671,367	7.5
3,001-3,500	14,729		5.8	47,804,849	7.8
3,501-4,000	12,653		5.0	47,365,304	7.7
4,001-4,500	10,700		4.2	45,389,104	7.4
4,501-5,000	8,823		3.5	41,833,096	6.8
5,001-5,500	6,950		2.7	36,430,809	6.0
5,501-6,000	5,491		2.2	31,533,349	5.2
6,001-6,500	4,265		1.7	26,621,674	4.4
6,501-7,000	3,409		1.3	22,985,599	3.8
7,001-7,500	2,585		1.0	18,727,935	3.1
7,501-8,000	1,997		0.8	15,469,599	2.5
8,001-8,500	1,671		0.7	13,770,627	2.3
8,501-9,000	1,274		0.5	11,138,396	1.8
9,001-9,500	1,011		0.4	9,346,332	1.5
9,501-10,000	788		0.3	7,675,397	1.3
10,001+	4,084		1.6	57,516,900	9.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 FLORIDA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 101,087
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$247,799,664
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,451

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,556	16.4 %	0	0.0 %
1-500	14,507	14.4	3,193,710	1.3
501-1,000	9,762	9.7	7,262,713	2.9
1,001-1,500	8,099	8.0	10,109,967	4.1
1,501-2,000	7,625	7.5	13,296,953	5.4
2,001-2,500	6,734	6.7	15,119,671	6.1
2,501-3,000	5,959	5.9	16,365,398	6.6
3,001-3,500	5,342	5.3	17,338,151	7.0
3,501-4,000	4,664	4.6	17,453,790	7.0
4,001-4,500	4,066	4.0	17,253,613	7.0
4,501-5,000	3,377	3.3	16,017,546	6.5
5,001-5,500	2,638	2.6	13,819,636	5.6
5,501-6,000	2,149	2.1	12,347,486	5.0
6,001-6,500	1,720	1.7	10,727,727	4.3
6,501-7,000	1,372	1.4	9,253,998	3.7
7,001-7,500	1,045	1.0	7,566,190	3.1
7,501-8,000	879	0.9	6,808,877	2.7
8,001-8,500	734	0.7	6,053,530	2.4
8,501-9,000	596	0.6	5,210,419	2.1
9,001-9,500	490	0.5	4,529,040	1.8
9,501-10,000	389	0.4	3,789,284	1.5
10,001+	2,384	2.4	34,281,965	13.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 FLORIDA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 92,246
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$226,424,392
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,455

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,715	13.8%	0	0.0%
1-500	11,273	12.2	2,598,385	1.1
501-1,000	8,967	9.7	6,694,991	3.0
1,001-1,500	8,038	8.7	10,022,130	4.4
1,501-2,000	7,386	8.0	12,891,293	5.7
2,001-2,500	6,822	7.4	15,332,937	6.8
2,501-3,000	6,413	7.0	17,597,857	7.8
3,001-3,500	5,636	6.1	18,291,693	8.1
3,501-4,000	4,868	5.3	18,227,595	8.1
4,001-4,500	4,078	4.4	17,291,256	7.6
4,501-5,000	3,471	3.8	16,446,831	7.3
5,001-5,500	2,765	3.0	14,503,652	6.4
5,501-6,000	2,085	2.3	11,965,265	5.3
6,001-6,500	1,679	1.8	10,482,671	4.6
6,501-7,000	1,328	1.4	8,952,063	4.0
7,001-7,500	1,021	1.1	7,398,744	3.3
7,501-8,000	756	0.8	5,858,609	2.6
8,001-8,500	622	0.7	5,121,820	2.3
8,501-9,000	450	0.5	3,935,637	1.7
9,001-9,500	372	0.4	3,441,091	1.5
9,501-10,000	277	0.3	2,696,751	1.2
10,001+	1,224	1.3	16,673,121	7.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 FLORIDA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 61,019
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$137,136,171
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,247

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,051	9.9 %	0	0.0 %
1-500	9,005	14.8	2,101,148	1.5
501-1,000	7,244	11.9	5,369,551	3.9
1,001-1,500	6,167	10.1	7,680,917	5.6
1,501-2,000	5,536	9.1	9,640,572	7.0
2,001-2,500	4,796	7.9	10,764,952	7.8
2,501-3,000	4,267	7.0	11,708,112	8.5
3,001-3,500	3,751	6.1	12,175,005	8.9
3,501-4,000	3,121	5.1	11,683,919	8.5
4,001-4,500	2,556	4.2	10,844,235	7.9
4,501-5,000	1,975	3.2	9,368,719	6.8
5,001-5,500	1,547	2.5	8,107,521	5.9
5,501-6,000	1,257	2.1	7,220,598	5.3
6,001-6,500	866	1.4	5,411,276	3.9
6,501-7,000	709	1.2	4,779,538	3.5
7,001-7,500	519	0.9	3,763,001	2.7
7,501-8,000	362	0.6	2,802,113	2.0
8,001-8,500	315	0.5	2,595,277	1.9
8,501-9,000	228	0.4	1,992,340	1.5
9,001-9,500	149	0.2	1,376,201	1.0
9,501-10,000	122	0.2	1,189,362	0.9
10,001+	476	0.8	6,561,814	4.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	392,442	222,749	167,521	2,126	46	4,154,529	2,292,635	1,845,239	16,251	404	0
Age											
5 and younger	18	0	16	0	2	192	0	179	0	13	0
6-14	79	0	62	0	17	849	0	674	0	175	0
15-20	673	0	645	5	23	7,261	0	7,039	29	193	0
21-44	54,908	0	53,506	1,398	4	594,296	0	582,793	11,480	23	0
45-64	70,561	21	70,047	493	0	766,540	133	762,749	3,658	0	0
65-74	107,044	77,617	29,221	206	0	1,148,489	813,483	334,008	998	0	0
75-84	95,876	86,069	9,784	23	0	1,016,151	904,965	111,104	82	0	0
85 and older	63,282	59,041	4,240	1	0	620,745	574,048	46,693	4	0	0
Unknown	1	1	0	0	6	0	6	0	0	0	0
Gender											
Female	255,919	157,684	96,717	1,493	25	2,729,696	1,641,802	1,076,078	11,602	214	0
Male	136,521	65,065	70,802	633	21	1,424,821	650,833	769,149	4,649	190	0
Unknown	2	0	2	0	0	12	0	12	0	0	0
Race											
White	189,998	103,661	85,153	1,161	23	1,963,195	1,021,826	932,259	8,897	213	0
African American	77,561	35,399	41,526	621	15	838,980	373,889	460,155	4,812	124	0
Other/unknown	124,883	83,689	40,842	344	8	1,352,354	896,920	452,825	2,542	67	0
Use of Nursing Facilities^c											
Entire year	46,650	42,423	4,227	0	0	450,236	404,981	45,255	0	0	0
Part year	26,168	21,401	4,764	3	0	243,537	194,122	49,380	35	0	0
None	319,624	158,925	158,530	2,123	46	3,460,756	1,693,532	1,750,604	16,216	404	0
Maintenance Assistance Status											
Cash	213,193	97,692	114,368	1,131	2	2,383,855	1,095,365	1,280,031	8,435	24	0
Medically needy	1,394	407	882	105	0	14,026	4,084	9,033	909	0	0
Poverty related	108,822	68,878	39,651	279	14	1,119,823	699,385	418,122	2,199	117	0
Other/unknown	69,033	55,772	12,620	611	30	636,825	493,801	138,053	4,708	263	0
Dual Status^d											
Full dual, all year	379,368	214,532	162,726	2,064	46	4,018,084	2,207,442	1,794,588	15,650	404	0
Full dual, part year	13,074	8,217	4,795	62	0	136,445	85,193	50,651	601	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	355,868	207,765	146,533	1,533	37	3,757,373	2,132,706	1,613,066	11,260	341	0
FFS part year, with Rx claims	10,716	4,654	5,845	215	2	114,961	49,467	63,414	2,060	20	0
FFS part year, no Rx claims	3,961	1,820	2,003	135	3	36,510	15,740	19,774	974	22	0
MC all year, with Rx claims	20	18	2	0	0	188	167	21	0	0	0
MC all year, no Rx claims	21,877	8,492	13,138	243	4	245,497	94,555	148,964	1,957	21	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, FLORIDA, 2003

Beneficiary Characteristics	Beneficiaries and			Beneficiaries	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	392,442	4,154,529	370,545	3,834,989	0
Fee-for-service (FFS) all year	355,868	3,757,373	355,868	3,757,373	0
FFS part year, with Rx claims	10,716	114,961	10,716	63,065	0
FFS part year, with no Rx claims	3,961	36,510	3,961	14,551	0
Managed care (MC) all year, with Rx claims	20	188	0	0	0
MC all year, with no Rx claims	21,877	245,497	0	0	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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