STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
FLORIDA

LIST OF TABLES

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries	(Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries	(Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	2,879,943	(A)	526,463	(E)	2,353,480	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2,684,168	(B)	406,357	(F)	2,277,811	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	2,135,589	(C)	381,885	(G)	1,753,704	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	49,611	(D)	46,212	(H)	3,399	(L)

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Florida in 2004 was $2,425,147,568, of which $261,006,133 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

Table 1   All Medicaid Beneficiaries

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

Table 1   All Medicaid Beneficiaries

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**2,135,589**	**236,799**	**385,339**	**401,169**	**1,112,065**	**217**	**16,119,462**	**2,350,433**	**3,888,378**	**2,163,497**	**7,715,341**	**1,813**
Age												
5 and younger	517,444	0	14,474	0	502,970	0	3,555,352	0	137,365	0	3,417,987	0
6-14	472,094	0	39,643	0	432,451	0	3,498,404	0	410,540	0	3,087,864	0
15-20	238,995	0	26,323	38,157	174,515	0	1,690,249	0	266,762	224,403	1,199,084	0
21-44	443,732	0	108,092	333,748	1,891	1	2,864,931	0	1,074,089	1,781,361	9,471	10
45-64	183,283	75	154,001	28,976	20	211	1,683,360	329	1,524,683	156,499	65	1,784
65-74	115,001	85,636	29,107	252	1	5	1,175,396	850,092	324,160	1,115	10	19
75-84	100,614	90,808	9,774	32	0	0	1,039,855	930,867	108,887	101	0	0
85 and older	64,208	60,280	3,924	4	0	0	611,054	569,145	41,891	18	0	0
Unknown	218	0	1	0	217	0	861	0	1	0	860	0
Gender												
Female	1,254,159	165,547	200,094	334,426	553,875	217	9,400,309	1,662,518	2,047,461	1,850,238	3,838,279	1,813
Male	880,150	71,225	185,226	66,740	556,959	0	6,712,878	687,749	1,840,826	313,245	3,871,058	0
Unknown	1,280	27	19	3	1,231	0	6,275	166	91	14	6,004	0
Race												
White	801,813	103,912	161,170	157,530	379,068	133	6,223,648	995,492	1,622,566	899,947	2,704,506	1,137
African American	583,306	36,809	95,219	117,507	333,724	47	4,313,464	373,223	959,316	636,679	2,343,862	384
Other/unknown	750,470	96,078	128,950	126,132	399,273	37	5,582,350	981,718	1,306,496	626,871	2,666,973	292
Use of Nursing Facilities[c]												
Entire year	49,611	42,567	7,038	1	5	0	483,039	408,667	74,320	2	50	0
Part year	30,119	21,763	8,310	32	14	0	275,608	194,961	80,262	255	130	0
None	2,055,859	172,469	369,991	401,136	1,112,046	217	15,360,815	1,746,805	3,733,796	2,163,240	7,715,161	1,813
Maintenance Assistance Status												
Cash	953,087	98,604	311,444	203,962	339,077	0	7,789,079	1,078,166	3,181,347	1,077,437	2,452,129	0
Medically needy	23,202	429	2,721	14,971	5,081	0	136,016	3,970	23,566	80,438	28,042	0
Poverty-related	792,909	80,889	53,322	93,504	564,977	217	5,618,609	779,079	496,058	547,112	3,794,547	1,813
Other/unknown	366,391	56,877	17,852	88,732	202,930	0	2,575,758	489,218	187,407	458,510	1,440,623	0
Dual Medicare Status[d]												
Full dual, all year	366,444	210,031	154,915	1,454	33	11	3,784,058	2,112,801	1,662,380	8,476	324	77
Full dual, part year	15,441	9,689	5,653	99	0	0	158,474	98,646	58,855	973	0	0
Non-dual, all year	1,753,704	17,079	224,771	399,616	1,112,032	206	12,176,930	138,986	2,167,143	2,154,048	7,715,017	1,736
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,564,273	222,412	335,931	275,780	729,935	215	13,954,419	2,282,971	3,609,018	1,737,043	6,323,588	1,799
FFS part year, with Rx claims	206,876	9,392	32,572	51,715	113,195	2	1,097,296	51,282	205,684	241,368	598,948	14
FFS part year, no Rx claims	364,440	4,995	16,836	73,674	268,935	0	1,067,747	16,180	73,676	185,086	792,805	0

Table 2   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

Table 2   All Medicaid Beneficiaries

TABLE 3

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

FLORIDA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**57.6 %**	**14.3**	**$1,013**	**$71**	**$4,698**	**21.6 %**	**2,135,589**
Age							
5 and younger	54.0	3.7	224	61	2,254	10.0	517,444
6-14	43.4	3.6	316	88	1,640	19.3	472,094
15-20	45.5	3.9	334	85	2,515	13.3	238,995
21-44	58.0	11.0	1,006	92	4,718	21.3	443,732
45-64	77.1	43.1	3,490	81	11,076	31.5	183,283
65-74	82.9	45.0	2,660	59	7,560	35.2	115,001
75-84	85.9	49.3	2,680	54	12,030	22.3	100,614
85 and older	88.8	49.5	2,455	50	20,077	12.2	64,208
Unknown	5.0	0.1	5	43	960	0.5	218
Basis of Eligibility[e]							
Aged	84.3	45.3	2,444	54	12,676	19.3	236,799
Disabled	78.4	37.6	3,325	88	11,933	27.9	385,339
Adults	52.7	4.9	248	50	2,237	11.1	401,169
Children	46.5	3.1	184	60	1,379	13.3	1,112,065
Unknown	84.3	27.0	2,550	94	11,551	22.1	217
Gender							
Female	60.4	16.0	1,009	63	4,800	21.0	1,254,159
Male	53.7	11.9	1,021	86	4,558	22.4	880,150
Unknown	22.8	1.2	63	52	2,321	2.7	1,280
Race							
White	62.1	18.6	1,259	68	6,067	20.7	801,813
African American	50.4	9.4	693	74	3,853	18.0	583,306
Other/unknown	58.4	13.7	1,000	73	3,894	25.7	750,470
Use of Nursing Facilities[f]							
Entire year	96.1	73.1	3,844	53	42,869	9.0	49,611
Part year	92.8	55.0	3,103	56	26,602	11.7	30,119
None	56.2	12.3	914	74	3,456	26.5	2,055,859
Maintenance Assistance Status							
Cash	61.4	18.3	1,373	75	4,916	27.9	953,087
Medically needy	59.2	14.2	1,297	91	4,946	26.2	23,202
Poverty related	53.8	9.8	617	63	3,290	18.8	792,909
Other/unknown	55.8	13.8	919	67	7,164	12.8	366,391

Table 3   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

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

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

Table 3   All Medicaid Beneficiaries

TABLE 4

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

FLORIDA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	1.9	$134	21.6 %	42.4 %	33.1 %	6.4 %	9.4 %	6.7 %	2.0 %	$623	2,135,589	16,119,462
Age												
5 and younger	0.5	33	10.0	46.0	46.0	5.2	2.4	0.3	0.0	328	517,444	3,555,352
6-14	0.5	43	19.3	56.6	35.9	4.2	2.9	0.4	0.1	221	472,094	3,498,404
15-20	0.6	47	13.3	54.5	37.1	4.7	3.1	0.6	0.1	356	238,995	1,690,249
21-44	1.7	156	21.3	42.0	34.4	8.2	9.7	4.5	1.1	731	443,732	2,864,931
45-64	4.7	380	31.5	22.9	14.2	8.9	23.2	22.3	8.6	1,206	183,283	1,683,360
65-74	4.4	260	35.2	17.1	13.7	9.9	28.3	24.4	6.6	740	115,001	1,175,396
75-84	4.8	259	22.3	14.1	10.9	8.9	29.8	28.6	7.7	1,164	100,614	1,039,855
85 and older	5.2	258	12.2	11.2	8.9	8.5	30.6	32.6	8.3	2,110	64,208	611,054
Unknown	0.0	1	0.5	95.0	4.1	0.5	0.0	0.5	0.0	243	218	861
Basis of Eligibility[e]												
Aged	4.6	246	19.3	15.7	12.1	9.5	29.4	26.4	7.0	1,277	236,799	2,350,433
Disabled	3.7	330	27.9	21.6	21.6	9.7	22.0	18.7	6.4	1,183	385,339	3,888,378
Adults	0.9	46	11.1	47.3	37.7	7.3	5.9	1.5	0.2	415	401,169	2,163,497
Children	0.4	26	13.3	53.5	39.9	4.2	2.1	0.2	0.0	199	1,112,065	7,715,341
Unknown	3.2	305	22.1	15.7	25.8	14.7	26.7	15.2	1.8	1,383	217	1,813
Gender												
Female	2.1	135	21.0	39.6	33.5	6.6	10.2	7.8	2.3	640	1,254,159	9,400,309
Male	1.6	134	22.4	46.3	32.6	6.1	8.3	5.2	1.5	598	880,150	6,712,878
Unknown	0.2	13	2.7	77.2	19.6	1.8	1.1	0.2	0.1	473	1,280	6,275
Race												
White	2.4	162	20.7	37.9	31.8	6.9	11.1	9.1	3.2	782	801,813	6,223,648
African American	1.3	94	18.0	49.6	33.5	5.2	6.7	4.0	1.0	521	583,306	4,313,464
Other/unknown	1.8	135	25.7	41.6	34.2	6.8	9.7	6.3	1.5	524	750,470	5,582,350
Use of Nursing Facilities[f]												
Entire year	7.5	395	9.0	3.9	3.6	4.9	25.4	41.9	20.4	4,403	49,611	483,039
Part year	6.0	339	11.7	7.2	8.0	8.2	30.0	34.0	12.5	2,907	30,119	275,608
None	1.6	122	26.5	43.8	34.2	6.4	8.7	5.5	1.4	463	2,055,859	15,360,815
Maintenance Assistance Status												
Cash	2.2	168	27.9	38.6	30.4	7.4	12.6	8.8	2.3	602	953,087	7,789,079
Medically needy	2.4	221	26.2	40.8	30.6	8.0	11.0	6.9	2.7	844	23,202	136,016
Poverty related	1.4	87	18.8	46.2	36.7	5.4	6.3	4.2	1.3	464	792,909	5,618,609
Other/unknown	2.0	131	12.8	44.2	32.6	5.8	8.0	6.7	2.8	1,019	366,391	2,575,758

Table 4   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

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

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

Table 4   All Medicaid Beneficiaries

TABLE 5

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

FLORIDA, 2004

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	**1.9**	**$134**	**$71**	**0.8**	**$106**	**$128**	**0.1**	**$7**	**$68**	**1.0**	**$21**	**$22**
Age												
5 and younger	0.5	33	61	0.2	26	133	0.1	2	41	0.3	5	17
6-14	0.5	43	88	0.3	36	135	0.0	2	71	0.2	5	26
15-20	0.6	47	85	0.3	39	153	0.0	2	78	0.3	6	22
21-44	1.7	156	92	0.7	125	181	0.1	9	97	0.9	21	24
45-64	4.7	380	81	2.0	300	148	0.2	21	92	2.4	58	24
65-74	4.4	260	59	2.0	203	101	0.2	12	57	2.2	45	21
75-84	4.8	259	54	2.1	200	94	0.2	12	48	2.4	47	20
85 and older	5.2	258	50	2.1	193	90	0.3	12	42	2.7	52	19
Unknown	0.0	1	43	0.0	1	70	0.0	0	77	0.0	0	17
Basis of Eligibility[d]												
Aged	4.6	246	54	2.0	190	94	0.2	11	48	2.3	45	20
Disabled	3.7	330	88	1.6	265	161	0.2	17	93	1.9	47	25
Adults	0.9	46	50	0.3	33	105	0.0	3	57	0.5	10	18
Children	0.4	26	60	0.2	21	110	0.0	2	46	0.2	4	18
Unknown	3.2	305	94	1.3	261	205	0.1	6	49	1.8	38	21
Gender												
Female	2.1	135	63	0.9	104	115	0.1	7	61	1.1	23	21
Male	1.6	134	86	0.7	109	154	0.1	7	84	0.8	18	24
Unknown	0.2	13	52	0.1	9	122	0.0	1	44	0.2	3	19
Race												
White	2.4	162	68	1.0	126	124	0.1	9	69	1.2	27	22
African American	1.3	94	74	0.5	75	140	0.1	5	77	0.7	14	21
Other/unknown	1.8	135	73	0.8	108	129	0.1	6	63	0.9	20	22
Use of Nursing Facilities[e]												
Entire year	7.5	395	53	3.0	295	98	0.4	21	49	4.0	77	19
Part year	6.0	339	56	2.4	253	106	0.3	18	56	3.3	67	21
None	1.6	122	74	0.7	98	134	0.1	6	72	0.8	18	22
Maintenance Assistance Status												
Cash	2.2	168	75	1.0	134	135	0.1	8	76	1.1	26	23
Medically needy	2.4	221	91	1.0	181	173	0.1	11	90	1.3	30	24
Poverty related	1.4	87	63	0.6	68	115	0.1	5	59	0.7	15	21
Other/unknown	2.0	131	67	0.8	104	125	0.1	7	59	1.0	20	20

Table 5   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

Table 5   All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

FLORIDA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	$41	$34	$3	$4	$122	$224	$115	$24	2,521,750	$308,015,895	763,743	35.8 %	7,557,854
Biologicals	0.3	0.3	0.0	0.0	331	310	6	14	988	983	2,038	878	34,974	34,565,118	11,179	0.5	104,523
Antineoplastic Agents	0.5	0.1	0.0	0.4	96	59	2	35	212	617	269	100	135,531	28,716,294	28,961	1.4	297,967
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	38	28	3	6	56	106	27	22	2,524,230	142,508,786	375,334	17.6	3,777,643
Cardiovascular Agents	1.6	0.7	0.0	0.9	66	48	2	16	40	70	41	18	6,372,269	257,171,237	372,506	17.4	3,896,127
Respiratory Agents	0.5	0.3	0.0	0.2	30	25	0	5	57	83	38	22	2,987,976	171,365,641	577,011	27.0	5,740,380
Gastrointestinal Agents	0.6	0.4	0.0	0.2	59	52	1	5	91	137	100	21	2,052,211	187,209,525	306,545	14.4	3,199,032
Genitourinary Agents	0.3	0.2	0.0	0.1	20	16	2	2	60	75	47	26	428,891	25,552,154	127,505	6.0	1,250,170
CNS Drugs	1.1	0.5	0.0	0.6	101	84	3	14	88	170	79	23	4,564,585	401,041,920	385,202	18.0	3,974,142
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	52	48	1	4	84	94	79	35	335,941	28,220,495	53,176	2.5	544,474
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	95	94	0	2	153	158	100	56	283,259	43,308,218	42,863	2.0	453,961
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	34	24	2	8	58	125	279	21	2,889,123	166,952,012	492,769	23.1	4,923,950
Neuromuscular Agents	0.8	0.2	0.1	0.4	58	36	11	11	75	148	118	25	1,651,643	123,553,566	203,745	9.5	2,137,886
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	6	15	23	17	14	729,556	10,771,152	182,409	8.5	1,698,174
Hematological Agents	0.7	0.3	0.1	0.4	86	74	3	8	124	273	55	23	992,371	123,269,881	138,915	6.5	1,440,252
Topical Products	0.4	0.2	0.0	0.2	17	11	2	4	47	75	57	22	1,856,558	87,491,950	522,711	24.5	5,299,146
Miscellaneous Products	0.4	0.2	0.0	0.2	90	67	10	13	221	444	330	57	91,645	20,222,938	22,243	1.0	224,232
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	26	0	0	0	164,264	4,204,653	46,078	2.2	501,028
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.	30,616,777	2,164,141,435	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Florida, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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 6

All Medicaid Beneficiaries

TABLE 7
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
FLORIDA, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$260,727,944	187,137	8.8 %	2,020,168	0.6	$225	$129
ANTIVIRAL	195,866,398	76,439	3.6	817,359	0.6	434	240
ULCER DRUGS	153,830,536	316,810	14.8	3,359,271	0.5	95	46
ANTIDEPRESSANTS	109,840,993	313,205	14.7	3,278,304	0.5	62	34
ANTIASTHMATIC	103,493,338	461,805	21.6	4,709,036	0.3	69	22
ANTICONVULSANT	102,058,567	160,311	7.5	1,727,239	0.6	94	59
ANTIHYPERLIPIDEMIC	97,550,980	180,454	8.4	1,987,665	0.6	88	49
MISC. HEMATOLOGICAL	89,381,402	77,827	3.6	852,444	0.6	188	105
ANTIDIABETIC	79,063,754	194,789	9.1	2,071,723	0.7	58	38
ANALGESICS - Narcotic	76,348,386	461,477	21.6	4,669,273	0.3	49	16
Total	1,268,162,298	2,430,254		25,492,482	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Florida, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.

Table 7   All Medicaid Beneficiaries