

Utilization Analysis of the Minority Physician Network and Provider Service Network Programs

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Executive Summary

This study examines medical utilization in two of Florida's pilot programs that were designed to explore alternatives to traditional Medicaid HMO and primary care case management (PCCM) models: the provider service network (PSN) demonstration (South Florida Community Care Network) and the minority physician network (MPN) pilot (Florida NetPass and PhyTrust).

We examine claims data to determine whether new models that typically use local medical management programs, sophisticated information systems, and physician financial incentive programs achieve different utilization than that of MediPass. Because programs were implemented in different parts of the state at different times, we include utilization data for April 2003 – March 2004 for Palm Beach, Broward, and Dade Counties and June 2003 – March 2004 for Medicaid Areas 5 and 6.

The study includes four types of medical utilization: emergency room, inpatient, pharmacy, and office visits. Each type is measured in multiple ways: emergency room (all visits and those for “urgent” conditions), inpatient admissions (all admissions and those for “ambulatory care sensitive” conditions) and inpatient days, pharmacy claims (all and those for generic drugs), and office visits (defined in three different ways).

We used bivariate analyses to analyze beneficiary demographic information and utilization by plan type and county. Next, we performed negative binomial multivariate regressions for each utilization type and county. In these models, we controlled for eligibility type (TANF, SSI, Other), age and gender, and, as a proxy for risk adjustment, three types of chronic disease (asthma, diabetes, hypertension).

In most cases, the pilot programs exhibit lower levels of utilization than MediPass. Specifically, compared to MediPass, both Florida NetPass and PhyTrust had lower utilization for emergency room visits, pharmacy, and ambulatory care sensitive conditions, and higher levels of utilization for office visits. For the most part, PhyTrust members experienced fewer inpatient admissions and inpatient days than MediPass patients. Compared to MediPass, the PSN had lower utilization for pharmacy and office visits, but higher emergency room and inpatient utilization.

It is important to note, however, that we did not examine the specific managed care mechanisms used by each plan (e.g., when financial incentive plans became operational, what specific areas were included in medical management, how often information was shared with physicians, etc.). The three organizations studied here—PhyTrust, Florida NetPass, and the South Florida Community Care Network—have different contracts with the Florida Agency for Health Care Administration (AHCA or the Agency), different management models, different “shared savings” methodologies, and many other differences. Examining how specific aspects of each model affect specific types of utilization are beyond the scope of this study.

We also found that the models did not exhibit uniform effects in all parts of the state. The most consistent findings were in the larger counties of Miami-Dade, Broward, and Palm Beach.

In conclusion, we believe that this study coupled with the cost analysis done earlier begins to build a body of evidence that suggests that these alternative models of care may be changing utilization patterns for Medicaid beneficiaries.

Background on Florida's Medicaid Pilot Programs

As Medicaid expenditures continue to escalate, states are looking for new, cost-effective ways to finance and deliver services. Often, pilot or demonstration projects are used to try new models in a limited way before expanding these models statewide. In Florida, several pilot programs are underway to explore alternatives to traditional Medicaid HMO and primary care case management (PCCM) models.

Some of Florida's innovative programs involve networks of providers who manage care for a group of Medicaid beneficiaries. A key question of the pilot phase is whether providing local medical management services improves access to and quality of Medicaid services, and, at the same time, decreases costs.

The PSN demonstration began in 2000 when the Agency contracted with the South Florida Community Care Network (SFCCN). SFCCN includes the Public Health Trust (Jackson Health System), Memorial Health System, and the North Broward Hospital District. In 2001, AHCA initiated the MPN program, contracting with two physician-owned organizations in which the majority of physicians are members of racial and ethnic minority groups: Florida NetPASS and PhyTrust. Each pilot program consists of a network of primary care physicians (PCPs) and manages an enrollment of MediPass beneficiaries.

The State had several goals as it established these programs. For example, the legislation language regarding the MPN program (GAA FY 2001–2002), specified

- The development of improved approaches to managing access and utilization,
- The establishment of physician-owned and -operated managed care organizations with Medicaid experience,
- The establishment of at least one pilot that is a predominately minority physician network, and
- The utilization of a shared savings payment methodology that is budget neutral.

Researchers at the University of Florida have conducted comprehensive evaluations of these programs. Findings for the PSN evaluations are available through the Agency's web site at <http://ahca.myflorida.com/Medicaid/Research/Projects/psn/reports.shtml>, while details of the MPN program can be accessed at <http://ahca.myflorida.com/Medicaid/Research/contracts/m0424/m0424.shtml>.

In general, the evaluations studied the "cost savings" question in three ways. First, the actual medical expenditures in the networks were compared to Florida's PCCM program (MediPass) using standard regression modeling approaches. Second, an analysis of the shared savings achieved by the networks was conducted using the payment methodology defined in their contracts with the State (essentially comparing expenditures to a standard upper payment limit and accounting for administrative fees paid). Third, the time and effort to administer these programs by the State were estimated.

Overall, the evaluations found some cost-savings associated with the network programs relative to MediPass. The savings were attributed to the enhanced utilization management and sophisticated information technologies employed by the network organizations. In general, providers were very satisfied with the programs.

The previous evaluations did not, however, comprehensively examine medical utilization and, specifically, whether and how the local management of Medicaid providers might affect patterns of utilization (and ultimately costs). In this research, we conduct a comprehensive analysis of utilization

in each pilot program and MediPass. Ideally, this study would include all components of Florida Medicaid. However, because the Agency does not collect utilization data from Medicaid HMOs, we were unable to include data on Medicaid HMO utilization in this study.

This study was motivated by the key findings from prior evaluations of Florida's demonstration programs. For example, in our final evaluation report on the MPN pilots, we noted that the most important aspects of the MPN Program include the following:

- The private and "local" aspects of the MPNs offer opportunities to monitor and support providers in ways the current MediPass program has not achieved.
- The MPNs appear to make MediPass work better by providing providers with timely and important beneficiary information.
- The MPNs manage their PCP networks locally and offer improved communication with the Agency.
- MPN physicians are extremely satisfied with the program relative to their experience with MediPass and Medicaid HMOs.

We also reported that the MPNs use an information approach to managing care and working with the PCPs in their networks. They distribute periodic performance reports to their physicians. Each has invested in computer systems to track and analyze beneficiary and provider data. The organizations use sophisticated, proprietary information systems and highly qualified staff to work with the data provided by the Agency monthly. The information system tools and managed care experience of these organizations are a key strength of the MPN and PSN models.

In addition, the MPNs were authorized to institute physician incentive plans that were in compliance with federal regulations regarding physician incentives utilized by Medicaid managed care organizations. For the first time in Florida, Medicaid physicians could receive financial rewards for achieving specific access, quality, and utilization targets.

In this research, we examine claims data to determine whether local medical management programs, sophisticated information systems, and physician financial incentive programs matter. That is, are there differences in utilization for the pilot programs relative to MediPass?

Results of these analyses will inform important policy decisions and implementation activities for AHCA. The PSN and MPNs remain operational today. Further, the Florida legislature recently voted to give the Agency authority to develop a waiver to develop reforms to the Medicaid program. A key element of the reform proposal is the formation of delivery networks that will have greater flexibility in the design of benefit packages. It is anticipated that these delivery networks will look like the PSN model. Understanding the performance of the State's previous experiments in these areas is essential to making appropriate policy decisions about the structure of Florida's Medicaid program in the future.

Part I: Study Approach and Methods

Our overall approach is to compare utilization in the MPNs (PhyTrust and Florida NetPass), PSN (SFCCN), and MediPass. In bivariate analyses, we present data on demographic characteristics and utilization by county and eligibility type. In multivariate analyses, we control for important member characteristics to see differences in utilization by plan type.

It is important to note that we do not examine specific contractual obligations of each pilot (e.g., what types of patients are eligible for the specific program); the unique managed care mechanisms in place in the pilots (e.g., financial incentive plans for physicians, provider selection issues, reporting practices), or any other specific elements of each pilot.

Instead, we seek to answer the overall research question: *Do the MPN and PSN programs achieve different levels of medical utilization for Medicaid patients?*

Methods

Data

We worked with AHCA staff to obtain the following data needed for the analyses: pharmacy claims, emergency department claims, inpatient hospital claims, physician office visit claims, and member-months files. A member-month is defined as the total number of days of enrollment, divided by 30 days, which is rounded to the nearest month (e.g. 30.2 rounded to 30).

Following is a summation of the data used for the analyses:

Table 1: Summation of Data Used for the Analyses

Total Users	455,125
Total Member Months	3,267,179
Total ER Visits (#)	178,850
Total Pharmacy Claims (#)	4,554,706
Total Office Visits (#)	1,270,014

For this study, we included one full year of Medicaid paid claims data for Palm Beach, Broward, and Dade Counties (where programs were established during that time) and ten months of data for Areas 5 and 6 (where the MPNs were beginning to become operational in 2003). The following table (Table 2) summarizes the programs and claims dates covered in this research. The dates refer to dates of service.

Table 2: Geographies and Time Periods Used in the Study

Geographic Area	Programs in Operation (Approx. Start Date)	Time Period Studied
Areas 5 and 6 (All Counties)	MediPass, NetPass (May 2003), PhyTrust (May 2003)	June 2003 – March 2004
Broward County, Miami-Dade County	MediPass, NetPass (Nov. 2001), PhyTrust (Nov. 2001), PSN (Dade: March 2000, Broward: April 2000)	April 2003 – March 2004
Palm Beach County	MediPass, NetPass (Nov. 2001)	April 2003 – March 2004

We used the member-months data and a database of recipient ID by month to identify paid claims for each MPN organization, the PSN, and MediPass (excluding the others). We did not exclude any eligibility categories. We maintained separate databases for each type of utilization: inpatient hospital, emergency room, office visits, and pharmacy. Each claim is therefore identified with a particular plan, date, and county.

For member-months, we used beginning and ending eligibility dates. For utilization, we used the first claim date. Dollar amounts refer to claim paid amounts.

Measures

Member Characteristics:

Members. We present information on total Medicaid members, total users (those with a claim above the PCP monthly case management fee), and total member-months. A member-month is defined as the total number of days of enrollment, divided by 30 days, which is rounded to the nearest month (e.g. 30.2 rounded to 30). In addition, results are presented as per 1,000 member months for ease of interpretation.

Geographic Area. We included Florida counties where the MPNs and PSN were operating (see Table 2 above). Claims identified with a particular plan in a geography where that plan did not operate were excluded from the analyses (for example, a PSN claim from Area 5 would be excluded from the analysis).

Age and Gender. We present information for eight age-gender combinations or “bands” that were defined by AHCA staff. In the multivariate models, the referent category is the final category (age greater than 54, both genders). The age/gender bands are shown in Table 3.

Table 3: Age/Gender Bands

Age	Gender Bands
Less than 1	Both genders
1 – 5 years	Both genders
6 – 13 years	Both genders
14 – 20 years	Female
14 – 20 years	Male
21 – 54 years	Female
21 – 54 years	Male
Greater than 54	Both genders

Race/Ethnicity. The following categories were used to describe member race/ethnicity: Hispanic, Black, White, and Other Race. In the multivariate models, the referent category is White.

Eligibility Category. We include three eligibility types: Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), and Other Eligibility Category (including, for example, SOBRA children, foster children or subsidized adoptions, SSI with Medicare). In the multivariate models, TANF is the referent group.

Chronic Disease State. As a proxy for risk adjustment, we include an indicator of members having one or more chronic disease states. The Agency analyzed the claims for the first (June 2003) and last month (March 2004) of our study to determine which members were identified as having one or more of eight chronic illnesses. For each of the illnesses listed below, each member was identified as having the illness (Yes), not having the illness (No), or unknown with respect to the illness (Unknown). That is, “unknown” includes beneficiaries who were (1) not specifically identified by the Agency as having the disease or not having the disease or (2) not in any Medicaid program during the months analyzed by the Agency for this purpose. AHCA’s disease hierarchy and definitions for these diseases are presented in Appendix I:

- HIV/AIDS
- Hemophilia
- Sickle Cell
- End Stage Renal Disease (ESRD)
- Congestive Heart Failure (CHF)
- Diabetes Mellitus
- Asthma
- Hypertension

We created indicator variables that show whether a person was identified as having the disease at the beginning and/or end of the study period (e.g., if Yes once or twice, this indicator equals Yes). As shown in Table 4, the number and percent of members who are definitively known to have these diseases range from 0.0% (hemophilia in PSN) to 6.4% (hypertension in PSN). In our multivariate analyses, we include the three disease states with consistently larger member populations (diabetes,

asthma, and hypertension), comparing those who are known to have the disease at one point or the other to those who do not have the disease or are unknown with respect to the disease.

Table 4: Members by Disease State and Plan Type

		Medipass		PhyTrust		FL NetPass		PSN	
		Fx	%	Fx	%	Fx	%	Fx	%
HIV/AIDS	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	364,497	65.70	56,493	83.77	71,135	76.6	28,402	63.68
	Yes	4,681	0.84	332	0.49	644	0.69	168	0.38
HEMOPHILIA	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	369,086	66.53	56,807	84.24	71,771	77.28	28,570	64.05
	Yes	92	0.02	18	0.03	8	0.01	0	0
SICKLE CELL	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	367,418	66.23	56,577	83.89	71,456	76.94	28,279	63.40
	Yes	1,760	0.32	248	0.37	323	0.35	291	0.65
ESRD	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	367,381	66.22	56,554	83.86	71,385	76.87	28,512	63.92
	Yes	1,797	0.32	271	0.40	394	0.42	58	0.13
CHF	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	365,260	65.84	56,382	83.61	71,219	76.69	28,493	63.88
	Yes	3,918	0.71	443	0.66	560	0.60	77	0.17
DIABETES	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	357,643	64.46	55,630	82.49	70,224	75.62	28,353	63.57
	Yes	11,535	2.08	1,195	1.77	1,555	1.67	217	0.49
ASTHMA	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	344,091	62.02	54,927	81.45	67,759	72.96	27,203	60.99
	Yes	25,087	4.52	1,898	2.81	4,020	4.33	1,367	3.06
HYPERTENSION	Unknown	185,610	33.46	10,613	15.74	21,088	22.71	16,034	35.95
	No	348,436	62.81	54,290	80.50	68,779	74.06	25,698	57.61
	Yes	20,742	3.74	2,535	3.76	3,000	3.23	2,872	6.44

Utilization Types

Emergency Room Utilization. We included measures of the total number of emergency room visits and the number of emergency room visits for urgent conditions. We used an AHCA-provided list of over 6,000 diagnoses that identify “Urgent” ER visits. Due to data limitations at the Agency, ER data can only be presented for November 1, 2001 to September 29, 2003, which could limit the validity of results for some areas.

Pharmacy Utilization. We measured pharmacy utilization in two ways: total number of pharmacy claims and number of generic pharmacy claims. We used an indicator in the AHCA data to identify Generic Products (the GPI).

Inpatient Hospital Utilization. We analyzed the total number of inpatient admissions and the total number of inpatient days.

In addition to these inpatient utilization measures, we also identified inpatient claims with “Ambulatory Care Sensitive” (ACS) conditions. Research shows that some inpatient admissions may be identified as related to inadequate access to ambulatory care services.

We identify ACS admissions in three ways. First, we used the standard algorithm developed by John Billings at NYU (Billings 2003, Billings and Cantor 2001, Billings et al. 1996, Bindman et al. 1995). We call this method the “standard” ACS definition.

Second, we used a method previously used by Florida Agency for Health Care Administration (“AHCA”). Finally, we created a way to indicate if the inpatient claim was identified as an ACS admission using either method (“Either”). The following table (Table 5) lists the conditions and definition codes used to identify ACS admissions using each method.

Table 5: Definitions — “Ambulatory Care Sensitive” Admissions

Condition	AHCA Definition Codes	Standard Definition Codes	Standard Definition Notes
Ruptured Appendix	540.0, 540.1	NA	
Asthma	493	493	
Cellulitis	681, 682	681, 682, 683, 686	Exclude cases with a surgical procedure [01–86.99], except incision of skin and subcutaneous tissue [86.0] where it is the only listed surgical procedure
Congestive Heart Failure	428, 402.01, 402.11, 402.91	428, 402.01, 402.11, 402.91, 518.4	Exclude cases with the following surgical procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7
Diabetes	250.1, 250.2, 250.3, 251	250.1, 250.2, 250.3, 250.8, 250.9, 250.0	
Gangrene	785.4	NA	
Hypokalemia	276.8	NA	
Immunizable Conditions	032, 033, 037, 072, 045, 055	033, 037, 045, 320.0, 390, 391	320.2 age 1–5 only
Malignant Hypertension	401.0, 402.0, 403.0, 404.0, 405.0, 437.2	401.0, 401.9, 402.00, 402.10, 402.90	Exclude cases with the following procedures: 36.01, 36.02, 36.05, 36.1, 37.5, or 37.7

Table 5: Definitions — “Ambulatory Care Sensitive” Admissions- continued

Condition	AHCA Definition Codes	Standard Definition Codes	Standard Definition Notes
Pneumonia	481, 482, 483, 485, 486	481, 482.2, 482.3, 482.9, 483, 485, 486	Exclude cases with secondary diagnosis of sickle cell (282.6) and patients < 2 months
Pyelonephritis	590.0, 590.1, 590.8	NA	
Condition	AHCA Definition Codes	Standard Definition Codes	Standard Definition Notes
Perforated Ulcer	531.0, 531.2, 531.4, 531.6, 532.0, 532.2, 532.4, 532.6, 533.0, 533.1, 533.2, 533.4, 533.5, 533.6	NA	
Congenital syphilis	NA	90	Secondary diagnosis for newborns only
Grand mal status and other epileptic convulsions	NA	345	
Severe ENT infections	NA	382, 462, 463, 465, 472.1	Exclude otitis media cases [382] with myringotomy with insertion of tube [20.01]
Tuberculosis	NA	011 (Pulmonary), 012-018 (Other TB)	
Chronic obstructive pulmonary disease	NA	491, 492, 494, 496, 466.0	Acute bronchitis [466.0] only with secondary diagnosis of 491, 492, 494, 496
Angina	NA	411.1, 411.8, 413	Exclude cases with a surgical procedure [01–86.99]
Skin grafts with cellulites	NA	DRG 263, DRG 264	Exclude admissions from SNF/ICF
Hypoglycemia	NA	251.2	
Gastroenteritis	NA	558.9	
Kidney/urinary infection	NA	590, 599.0, 599.9	
Dehydration - volume depletion	NA	276.5	Examine principal and secondary diagnoses separately
Iron deficiency anemia	NA	280.1, 280.8, 280.9	Age 0 – 5 only, and examine principal and secondary diagnoses separately
Nutritional deficiencies	NA	260, 261, 262, 268.0, 268.1	Examine principal and secondary diagnoses separately
Failure to thrive	NA	783.4	Age < 1 only
Pelvic inflammatory disease	NA	614	Women only denominator— exclude cases with a surgical procedure of hysterectomy [68.3–68.8]
Dental Conditions	NA	521, 522, 523, 525, 528	

Office Visit Utilization. Three different methodologies were used to identify claims for medical office visits, as described in Table 6 below.

Table 6: Office Visit Definitions

Method	Definition
I – Procedure Codes Only	Procedure Codes 99201–99215, regardless of location
II – Expanded Procedure Codes and Place of Service	For place of service 11 (physician office) or 72 (rural health clinic), Procedures Codes 99201–99215 + 99385–7, 99396, or 99397 (Adult Health Services) + 99391–99394 (Child Health Check Up)
III – Expanded Procedure Codes Excluding Certain Places of Service	Procedures Codes 99201–99215 + 99385–7, 99396, or 99397 (Adult Health Services) + 99391–99394 (Child Health Check Up), excluding places of services 12 (home), 21 (inpatient hospital), 22 (outpatient hospital), 23 (ER), 31–33 (SNF, NH), 34 (Special Treatment Facility), 41 (Ambulance), 55 (Resident Treatment Center), 62 (Comprehensive Outpatient Rehab), 65 (Independent Kidney Center), and 81 (Independent Lab)

Part II: Bivariate Analyses

In the bivariate analyses, we analyzed beneficiary demographic information and utilization by plan type and county. In each utilization table, we used the following indicators.

Emergency Room Utilization. We present data on the number of Emergency Room visits per 1000 members and the total amount paid for ER visits per 1000 members. We also used an AHCA-provided list of over 6,000 diagnoses that identify “Urgent” ER visits. Presented in each table is the percent of all emergency room visits that were “urgent.” Due to data limitations at the Agency, ER data is presented for November 1, 2001 to September 29, 2003, which could limit the validity of results for some areas.

Pharmacy Utilization. We present data on number of pharmacy claims per 1000 members. We also used an indicator in the data to identify Generic Products (GPI). We present the percentage of all pharmacy claims that were generic.

Inpatient Hospital Utilization. We present the total number of inpatient admissions per 1000 members and the total number of inpatient hospital days per 1000 members. We identified inpatient claims with “Ambulatory Care Sensitive” conditions using “standard” and “AHCA” definitions, as well as an indicator that reflects an ACS admission for either method. Tables include a measure for each of these per 1000 members.

Bivariate Analyses Results

Table 7 (below) displays overall beneficiary demographic information for all members in all combined areas included in the analysis. This data reflects beneficiaries who were eligible at any point during the study time period.

Table 7: Beneficiary Demographics (All Study Areas for MediPass, MPN, and PSN) June 2003 – March 2004

	June 2003 – March 2004	
	Total	Percent
Female	244,025	54%
Male	211,100	46%
Total	455,125	
Age < 1 both genders	20,562	5%
Age 1 – 5 both genders	118,628	26%
Age 6 – 13 both genders	121,489	27%
Age 14 – 20 female	34,912	8%
Age 14 – 20 male	34,060	7%
Age 21 – 54 female	60,756	13%
Age 21 – 54 male	29,828	7%
Age > 54 both genders	34,890	8%
Total	455,125	
White	100,821	22%
Black	121,876	27%
American Indian	156	0%
Oriental	2,409	1%
Hispanic	168,316	37%
Other	61,547	14%
Total	455,125	
SSI	83,569	18%
TANF	159,137	35%
Other	212,419	47%
Total	455,125	

Table 8, shows beneficiary demographic information by county, and reflects some variation in these characteristics by county. This data reflects beneficiaries who were eligible at any point during the study time period. For example, the percentage of Hispanic members (in this study) is 57% for Miami-Dade County (Area 11) and 9% in Pasco County (Area 5). The percentage of members with SSI eligibility is 22% in Pasco County (Area 5) and 6% in Hardee County (Area 6). There is less variation in the age and age/gender distribution across the geographic areas included in the analyses.

Table 8: Beneficiary Demographics by County (All Study Areas)

June 2003 – March 2004 (Areas 5, 6)

April 2003 – March 2004 (other areas)

Area	5	5	6	6	6	6	6	9	10	11
County	PASCO	PINELLAS	HARDEE	HIGHLDS	HILLSBRG	MANATEE	POLK	PALM BEACH	BROWARD	MIAMI-DADE
Female	54%	52%	52%	53%	54%	55%	54%	53%	53%	54%
Male	46%	48%	48%	47%	46%	45%	46%	47%	47%	46%
Age < 1 both genders	4%	4%	5%	5%	6%	4%	6%	5%	5%	4%
Age 1– 5 both genders	23%	28%	33%	28%	24%	24%	25%	31%	30%	24%
Age 6– 13 both genders	27%	30%	32%	29%	25%	28%	26%	29%	29%	25%
Age 14–20 female	7%	8%	8%	7%	8%	9%	8%	8%	8%	8%
Age 14–20 male	8%	8%	7%	8%	8%	8%	8%	7%	8%	7%
Age 21–54 female	18%	11%	9%	13%	16%	15%	15%	10%	11%	15%
Age 21–54 male	8%	6%	5%	6%	7%	7%	7%	5%	5%	8%
Age > 54 both genders	6%	5%	2%	4%	7%	4%	4%	5%	5%	11%
White	76%	52%	34%	43%	32%	44%	49%	22%	21%	6%
Black	5%	22%	10%	22%	27%	26%	24%	38%	43%	22%
American Indian	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Oriental	1%	2%	1%	0%	1%	0%	0%	0%	1%	0%
Hispanic	9%	12%	48%	26%	29%	22%	19%	28%	21%	57%
Other	9%	13%	7%	8%	12%	8%	8%	12%	14%	16%
SSI	22%	16%	6%	16%	21%	18%	18%	14%	15%	20%
TANF	40%	33%	28%	38%	44%	48%	44%	33%	33%	33%
Other	38%	51%	65%	46%	36%	34%	38%	53%	52%	47%
TOTAL TANF Members	3,290	6,441	483	952	9,783	1,348	3,783	6,264	12,032	40,893
TOTAL SSI Members	5,913	12,898	2,106	2,274	20,655	3,656	9,171	14,471	26,650	67,602
Total Other Members	5,609	20,095	4,842	2,767	16,778	2,604	7,868	22,963	42,737	96,116

Utilization by County

Table 9 compares utilization by county. There are observed differences in utilization by county, as described here.

Emergency Room Utilization. In aggregate, urgent emergency room visits accounted for 56% of all emergency room visits in the counties studied here, with a low of 50% in Miami-Dade County and a high of 69% in Polk County. Pasco County had the highest ratio of ER visits per 1000 members (549.8); Hillsborough County had the lowest ratio (395.8).

Pharmacy Utilization. The ratio of pharmacy claims/1000 members ranges from a low of 5,709 in Hardee County to a high of 14,638 in Miami-Dade County. There is very little variation in the percentage of pharmacy claims that were for generic drugs (42% in Miami-Dade and in Broward, 47% in Pasco County).

Inpatient Utilization. There is variation across the counties included in this analysis for the number of inpatient admissions and patient days per 1000 members, from a low of 46.0 admits/1000 and 153 days/1000 in Hardee County to a high of 124.8 admits/1000 and 677.2 days/1000 in Miami-Dade County. For Ambulatory Care Sensitive (ACS) admissions, we also see variation across the state. For the Standard ACS definition, the highest rate/1000 is seen in Highlands County (29.2) and the lowest is in Hardee County (15.5). Using the definition of ACS developed by AHCA, Miami-Dade County has the highest rate/1000 (14.2) and Pinellas has the lowest rate (7.9).

Table 9: Utilization Indicators by County (All Study Areas)

June 2003 – March 2004 (Areas 5, 6)

April 2003 – March 2004 (Other areas)

Area		5	5	6	6	6	6	6	9	10	11
County	TOTAL	PASCO	PINELLAS	HARDEE	HIGHLDS	HILLSBRG	MANATEE	POLK	PALM BEACH	BROWARD	MIAMI-DADE
Total Users	453,494	14,640	39,063	7,266	5,951	46,835	7,504	20,613	42,083	78,253	198,168
Total Member Months	3,267,179	105,591	269,543	50,544	41,773	320,860	51,750	133,979	364,025	638,333	1,735,446
Total ER Visits	178,850	8,144	16,077	3,380	2,800	18,690	3,299	9,502	20,160	34,148	83,085
Total Urgent ER Claims	100,439	5,047	9,670	2,207	1,795	12,278	2,083	6,569	11,380	18,483	41,519
% Urgent ER (Urgent/ER)	56%	62%	60%	65%	64%	66%	63%	69%	56%	54%	50%
ER Visits/1000 Members	393	549.8	407.7	454.9	467.2	395.8	433.6	456.3	461.3	419.4	406.1
Total Pharmacy Claims	4,554,706	168,153	320,539	42,420	47,921	420,265	54,614	139,122	383,017	624,274	2,995,037
Pharmacy/1000 Members	10,007.60	11,352.50	8,128.50	5,708.50	7,996.20	8,900.90	7,178.50	6,681.50	8,765.10	7,667.40	14,637.70
Total Generic Pharmacy Claims	1,966,397	79,250	144,967	18,106	20,817	192,211	25,302	63,756	165,793	263,637	1,264,471
% Generic Pharmacy Claims	43%	47%	45%	43%	43%	46%	46%	46%	43%	42%	42%
Total Inpatient Admits	42,920	1,456	3,239	342	486	3,379	548	1,292	4,672	8,203	25,526
Total Inpatient Admits/1000 Members	94.3	98.3	82.1	46	81.1	71.6	72	62	106.9	100.8	124.8
Total Inpatient Days	218,624	6,763	14,725	1,137	1,717	16,742	2,544	4,987	22,173	41,824	138,562
Total Inpatient Days/1000 Members	480.4	456.6	373.4	153	286.5	354.6	334.4	239.5	507.4	513.7	677.2

Table 9: Utilization Indicators by County (All Study Areas) — Continued

Area		5	5	6	6	6	6	6	9	10	11
County	TOTAL	PASCO	PINELLAS	HARDEE	HIGHLDS	HILLSBRG	MANATEE	POLK	PALM BEACH	BROWARD	MIAMI-DADE
Total ACS Admits (Standard)	9,096	266	631	115	175	832	120	371	1,028	1,618	5,203
Total ACS Admits/1000 (Standard)	20	18	16	15.5	29.2	17.6	15.8	17.8	23.5	19.9	25.4
Total ACS Admits (AHCA)	5,159	138	313	69	81	465	82	219	606	968	2,902
Total ACS Admits/1000 (AHCA)	11.3	9.3	7.9	9.3	13.5	9.8	10.8	10.5	13.9	11.9	14.2
Total ACS Admits (Either)	9,602	284	668	123	186	882	128	389	1,108	1,696	5,474
Total ACS Admits/1000 (Either)	21.1	19.2	16.9	16.6	31	18.7	16.8	18.7	25.4	20.8	26.8
Total Office Visits (only CPT codes)	1,116,905	36,660	78,448	15,796	16,381	89,728	10,929	34,263	93,740	143,998	596,962
Total Office Visits/ 1000 Members	2,454.10	2,475.00	1,989.30	2,125.70	2,733.40	1,900.40	1,436.50	1,645.50	2,145.20	1,768.60	2,917.50
Total Office Visits (CPT + 00, 11, 71, 72)	1,082,132	36,332	77,971	15,725	16,271	85,844	10,871	33,989	93,334	137,727	574,068
Total Office Visits/ 1000 Members	2,377.70	2,452.90	1,977.30	2,116.10	2,715.00	1,818.10	1,428.90	1,632.40	2,135.90	1,691.60	2,805.70
Total Office Visits (extended CPTs)	1,270,014	40,945	89,925	17,492	18,285	103,412	12,467	38,947	107,082	170,164	671,295
Total Office Visits/ 1000 Members	2,790.50	2,764.30	2,280.40	2,353.90	3,051.10	2,190.20	1,638.70	1,870.50	2,450.50	2,090.00	3,280.80

Tables 24 – 43 (in Appendix II) compare utilization by plan type and county for TANF or SSI members. It is important to note that these analyses do not control for any member characteristics except eligibility type (and county). These bivariate results, however, begin to provide evidence of utilization differences for the MPNs, PSN, and MediPass.

For example, across almost all counties and for both TANF and SSI members, MediPass, PhyTrust, NetPass, and the PSN had similar percentages of urgent ER visits (around 60%). In both Broward and Miami-Dade counties, however, the percentage of urgent ER visits was much lower for SSI members (33-44%), with the lowest percentage for SSI members in the PSN (33%). Similarly, in most counties and eligibility groups, MediPass had a higher rate of ER use per 1000 members compared to PhyTrust and NetPass. In Broward and Miami-Dade counties, however, the PSN's rate of ER use was higher than any other plan type.

Compared to MediPass, both pilots and the PSN had a lower number of pharmacy claims/1000 members for all counties and eligibility categories. In addition, MediPass had a lower percentage of generic pharmacy claims compared to all the pilot programs for all counties and eligibility categories.

MediPass, PhyTrust, NetPass and the PSN had very similar inpatient admissions /1000 members for all counties and eligibility categories. SSI members experienced almost triple the numbers of inpatient admits/1000 members compared to TANF across all counties and programs. In comparison the number of inpatient days/1000 members was higher, with MediPass having generally more inpatient days/1000 members compared to all the pilot programs. Again SSI had a higher number of ACS admits/1000 members than TANF across all counties and programs. Compared to MediPass, both pilots and the PSN had a lower number of office visits/1000 members across all counties and eligibility types.

Bivariate Analyses Conclusions

In general, this analysis indicates that there are differences in these utilization indicators when comparing the MPN, PSN, and MediPass programs. There are also observed differences in utilization across the counties included in this study.

These bivariate analyses are, however, simply descriptive. They do not control for the underlying characteristics of the Medicaid population in each county that may account for observed differences in utilization. In order to be more precise in our comparisons, we must use a multivariate approach to control for important factors that may influence utilization (e.g., age, gender, chronic illness).

Part III: Multivariate Analyses

Analytic Methods

The evaluation team performed an analysis of the 2003 – 2004 utilizations using negative binomial regression for each utilization type and county.

Poisson or the negative binomial regression models are two count model regression techniques that have been used within the literature to explain the utilization of health services in various settings (Cameron & Trivedi, 1998; Winkelmann, 2000). The choice of model depends on the number of zeros that a dependent variable has, because too many zeros for counts leads to the over-dispersion of the Poisson model. The negative binomial model accounts for situations where variance of the dependent variable exceeds the mean, when the incidence rate is not the same for all observations. Specifically, the negative binomial approach controls for the high number of zeros and overdispersion. It also allows for the incidence rate to vary for individual observations. The presence of a large number of zeros in the count data on the utilization of health service exhibits overdispersion in the model and, thus, we used a negative binomial regression. In this study, the percentage of members with no utilization is very high for most types of utilization, from a low of 63% for pharmacy claims to a high of 99% no utilization (value of 0) for most other types of utilization (inpatient admissions, etc.).

The negative binomial distribution assumes that variables follow a gamma distribution. It is assumed that the dependent variable Y , such as the number of Emergency Room visits, has a negative binomial distribution given the independent variables (such as plan type and control variables),

$$P(Y=y_i) = e^{-\mu} \mu^{y_i} / y_i!, \quad y_i = 0, 1, 2, \dots,$$

where the log of the mean μ is assumed to be a linear function of the independent variables. That is,

$$\ln(\mu_i) = \sum_j \mathbf{x}_i \boldsymbol{\beta}_j,$$

where \mathbf{x}_i corresponds to the vector of explanatory variable, $\boldsymbol{\beta}_j$ corresponds to the vector of coefficient of explanatory variable, which implies that μ is the exponential function of independent variables,

$$\mu = \exp(\sum_j \mathbf{x}_i \boldsymbol{\beta}_j).$$

The unconditional likelihood for an observation in a negative binomial regression model is

$$f(y_i) = \frac{\Gamma(m + y_i)}{\Gamma(y_i + 1)\Gamma(m)} p^m (1 - p)^y$$

where $p = 1/(1 + \alpha\mu)$, α is the shape parameter, which accounts for the level of overdispersion in the data, and $m = 1/\alpha$. The coefficients (β) and the shape parameter (α) are estimated using maximum likelihood estimation.

Interpreting Results

The results of the binomial regression model are expressed in terms of an incidence risk ratio (IRR). The IRR compares the incidence rate of two variables. The IRR in our models will be the ratio of the rate of utilization of the variable of interest to the rate of utilization of the comparison variable. For example, if we intend to compare the emergency room utilization for Hispanics with that of Whites, then the IRR for the Variable “Hispanic” will be the ratio of the expected rate of emergency room visits of the Hispanics to that of the Whites (the referent group). Thus, the IRR predicts the probability of Hispanics having higher utilization compared to Whites.

Specifically, in this example, an IRR of 1.20 for Hispanics means that Hispanics experience a 20% higher incidence of ER visits relative to Whites. If the IRR for Blacks is 0.85, that means that Blacks experience a 15% lower incidence of ER visits compared to Whites.

Further, the significance of the association of any variable is determined by the 95% confidence interval (CI) of the estimated IRR. Inclusion of 1 within the CI interval means that the variable is not significantly associated with the dependent variable. In all summary tables, only significant IRRs are displayed for plan type variables (that is, Florida NetPass, PhyTrust, and PSN).

Multivariate Results

We ran separate models for each type of utilization by county (and an additional model that included all geographic areas in aggregate). We include the overall summary (Table 10) and county summaries in Tables 11 – 14 and 44 – 53 (in Appendix II). Full binomial regression model results are available upon request.

We summarize the results with respect to Florida NetPass, PhyTrust, and the PSN in Tables 10 – 14 (below). These tables include plan type IRRs for those differences that are statistically significant.

Table 10: Summary of Utilization by Plan Type

Summary of Utilization Differences All Study Areas (Aggregate), Only Significant Differences Shown			
	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total Emergency Room Visits (#)	0.94	0.96	1.23
Urgent Emergency Room Visits (#)	0.90		
Total Pharmacy Claims (#)	0.94	0.83	0.74
Generic Pharmacy Claims (#)	0.95	0.86	0.74
Total Inpatient Admissions (#)		0.88	1.08
Total Inpatient Days (#)		0.86	
Total Inpatient ACS Admissions (Standard)	0.88	0.83	1.09
Total Inpatient ACS Admissions (AHCA Def)	0.88	0.77	1.24
Total Inpatient ACS Admissions (Either Def)	0.90	0.84	1.10
Total Office Visits (I)	1.34	1.58	0.45
Total Office Visits (II)	1.34	1.58	0.19
Total Office Visits (III)	1.35	1.59	0.46

As shown in Table 10 (above), members of the MPNs typically demonstrate lower levels of utilization. Compared to MediPass, both Florida NetPass and PhyTrust had lower utilization for emergency room visits, pharmacy, and ambulatory care sensitive conditions, and higher levels of utilization for office visits. The PSN had lower utilization for pharmacy and office visits, but higher emergency room and inpatient utilization. PhyTrust members experienced fewer inpatient admissions and inpatient days than MediPass patients.

Table 11: Emergency Room Utilization by Plan Type and County

	Compared to MediPass (IRR)		
	FNP	PT	PSN
<i>Total Emergency Room Visits (#)</i>			
Total — Aggregate, All Areas Below	0.94	0.96	1.23
Area 5: Pasco		0.90	N/A
Area 5: Pinellas	1.10	0.90	N/A
Area 6: Hardee			N/A
Area 6: Highlands		1.50	N/A
Area 6: Hillsborough	1.09	1.04	N/A
Area 6: Manatee			N/A
Area 6: Polk		0.92	N/A
Area 9: Palm Beach	0.96	N/A	N/A
Area 10: Broward		0.96	1.20
Area 11: Miami-Dade	0.93	0.96	1.37
<i>Urgent Emergency Room Visits (#)</i>			
Total — Aggregate, All Areas Below	0.90		
Area 5: Pasco		0.91	N/A
Area 5: Pinellas	1.11	0.90	N/A
Area 6: Hardee	0.83	0.88	N/A
Area 6: Highlands		1.57	N/A
Area 6: Hillsborough	1.11	1.11	N/A
Area 6: Manatee			N/A
Area 6: Polk			N/A
Area 9: Palm Beach		N/A	N/A
Area 10: Broward			1.19
Area 11: Miami-Dade	0.94		1.20

There are mixed results by plan type and county for Emergency Room and Urgent Emergency Room utilization (Table 11 above). In some counties, Florida NetPass and PhyTrust had significantly higher (or lower) ER utilization. The PSN had significantly higher ER utilization in both Broward and Miami-Dade County.

Table 12: Pharmacy Utilization by Plan Type and County

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total Pharmacy Claims (#)			
Total — Aggregate, All Areas Below	0.94	0.83	0.74
Area 5: Pasco	0.79	0.91	N/A
Area 5: Pinellas	0.84	0.93	N/A
Area 6: Hardee	0.68	0.88	N/A
Area 6: Highlands	0.88		N/A
Area 6: Hillsborough	0.83	0.93	N/A
Area 6: Manatee	1.20	0.82	N/A
Area 6: Polk	0.84	0.92	N/A
Area 9: Palm Beach	0.89	N/A	N/A
Area 10: Broward	0.88	0.84	0.78
Area 11: Miami-Dade	0.92	0.78	0.69
Generic Pharmacy Claims (#)			
Total — Aggregate, All Areas Below	0.95	0.86	0.74
Area 5: Pasco	0.88	0.95	N/A
Area 5: Pinellas	0.96		N/A
Area 6: Hardee	0.86	0.93	N/A
Area 6: Highlands			N/A
Area 6: Hillsborough	0.87	0.97	N/A
Area 6: Manatee		0.91	N/A
Area 6: Polk	0.94	0.87	N/A
Area 9: Palm Beach	0.94	N/A	N/A
Area 10: Broward	0.86	0.86	0.83
Area 11: Miami-Dade	0.92	0.82	0.69

All of the pilot programs experienced lower pharmacy and generic pharmacy utilization than MediPass in almost every county where they operate (Table 12). There were a few exceptions; for example, in Manatee County, Florida NetPass had a higher total pharmacy utilization than MediPass (IRR=1.2). Otherwise, the pilots appear to be successful in reducing the number of pharmacy claims when compared to MediPass.

Table 13: Inpatient Utilization by Plan Type and County

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total Inpatient Admissions (#)			
Total — Aggregate, All Areas Below		0.88	1.08
Area 5: Pasco	1.40		N/A
Area 5: Pinellas	1.49		N/A
Area 6: Hardee		0.78	N/A
Area 6: Highlands			N/A
Area 6: Hillsborough		0.82	N/A
Area 6: Manatee			N/A
Area 6: Polk		0.75	N/A
Area 9: Palm Beach	0.89	N/A	N/A
Area 10: Broward		0.87	0.91
Area 11: Miami-Dade	0.91	0.89	
Total Inpatient Days (#)			
Total — Aggregate, All Areas Below		0.86	
Area 5: Pasco	1.60	1.33	N/A
Area 5: Pinellas	1.29		N/A
Area 6: Hardee		0.70	N/A
Area 6: Highlands			N/A
Area 6: Hillsborough		0.78	N/A
Area 6: Manatee			N/A
Area 6: Polk		0.83	N/A
Area 9: Palm Beach	0.84	N/A	N/A
Area 10: Broward	0.86	0.83	0.89
Area 11: Miami-Dade		0.99	

Table 13: Inpatient Utilization by Plan Type and County — Continued			
	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total Ambulatory Care Sensitive Condition (Standard) Admissions (#)			
Total — Aggregate, All Areas Below	0.88	0.83	1.09
Area 5: Pasco		0.64	N/A
Area 5: Pinellas			N/A
Area 6: Hardee			N/A
Area 6: Highlands			N/A
Area 6: Hillsborough			N/A
Area 6: Manatee			N/A
Area 6: Polk			N/A
Area 9: Palm Beach	0.76	N/A	N/A
Area 10: Broward	0.83	0.77	
Area 11: Miami-Dade	0.86	0.83	
Total Ambulatory Care Sensitive Condition (AHCA Defined) Admissions (#)			
Total — Aggregate, All Areas Below	0.88	0.77	1.24
Area 5: Pasco		0.30	N/A
Area 5: Pinellas			N/A
Area 6: Hardee			N/A
Area 6: Highlands			N/A
Area 6: Hillsborough			N/A
Area 6: Manatee			N/A
Area 6: Polk			N/A
Area 9: Palm Beach	0.67	N/A	N/A
Area 10: Broward	0.71	0.75	
Area 11: Miami-Dade		0.76	1.28

Table 13: Inpatient Utilization by Plan Type and County — <i>Continued</i>			
	Compared to MediPass (IRR)		
	FNP	PT	PSN
<i>Total Ambulatory Care Sensitive Condition (Either Def.) Admissions (#)</i>			
Total — Aggregate, All Areas Below	0.90	0.84	1.10
Area 5: Pasco	0.47	0.64	N/A
Area 5: Pinellas			N/A
Area 6: Hardee			N/A
Area 6: Highlands			N/A
Area 6: Hillsborough			N/A
Area 6: Manatee			N/A
Area 6: Polk			N/A
Area 9: Palm Beach	0.79	N/A	N/A
Area 10: Broward		0.79	
Area 11: Miami-Dade	0.87	0.84	1.10

As shown in Table 13 (above), the MPNs and PSN demonstrated lower inpatient utilization (admissions, days) in most counties—with a few exceptions. Both pilot programs had more inpatient days than MediPass in Pasco County. Florida NetPass had more inpatient admissions and days than MediPass in Pasco and Pinellas Counties.

Table 13 also shows that both MPNs had fewer standard definition Ambulatory Care Sensitive admissions than MediPass in Pasco (PhyTrust), Palm Beach (Florida NetPass), and Broward and Miami-Dade Counties (PhyTrust and Florida NetPass). For the AHCA definition of ACS admissions, the PSN had more ambulatory care sensitive admissions than MediPass did in Miami-Dade County.

Table 14: Office Visit Utilization by Plan Type and County

	Compared to MediPass (IRR)		
	FNP	PT	PSN
<i>Total Office Visits, Version I</i>			
Total—Aggregate, All Areas Below	1.34	1.58	0.45
Area 5: Pasco	2.78	3.11	N/A
Area 5: Pinellas	2.38	2.51	N/A
Area 6: Hardee	2.38	2.87	N/A
Area 6: Highlands	2.45		N/A
Area 6: Hillsborough	2.51	2.59	N/A
Area 6: Manatee	3.29	3.22	N/A
Area 6: Polk	2.78	2.62	N/A
Area 9: Palm Beach	1.23	N/A	N/A
Area 10: Broward	1.20	1.09	0.55
Area 11: Miami-Dade	1.19	1.12	0.37
<i>Total Office Visits, Version II</i>			
Total - Aggregate, All Areas Below	1.34	1.58	0.19
Area 5: Pasco	2.74	3.11	N/A
Area 5: Pinellas	2.36	2.52	N/A
Area 6: Hardee	2.39	2.86	N/A
Area 6: Highlands	2.46		N/A
Area 6: Hillsborough	2.54	2.68	N/A
Area 6: Manatee	3.29	3.20	N/A
Area 6: Polk	2.77	2.62	N/A
Area 9: Palm Beach	1.24	N/A	N/A
Area 10: Broward	1.20	1.09	0.32
Area 11: Miami-Dade	1.18	1.12	0.12

Table 14: Office Visit Utilization by Plan Type and County — Continued			
	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total Office Visits, Version III			
Total – Aggregate, All Areas Below	1.35	1.59	0.46
Area 5: Pasco	2.90	3.09	N/A
Area 5: Pinellas	2.40	2.58	N/A
Area 6: Hardee	2.41	2.84	N/A
Area 6: Highlands	2.44		N/A
Area 6: Hillsborough	2.58	2.60	N/A
Area 6: Manatee	3.26	3.38	N/A
Area 6: Polk	2.84	2.72	N/A
Area 9: Palm Beach	1.25	N/A	N/A
Area 10: Broward	1.22	1.07	0.57
Area 11: Miami-Dade	1.19	1.13	0.37

There are very consistent patterns of office visit utilization by plan type (Table 14 above). In every county and using all three definitions of “office visits,” Florida NetPass and PhyTrust had higher levels of office visit utilization and the PSN had lower office visit utilization than MediPass.

The county summaries (Tables 44 – 53 in Appendix II) display significant utilization differences by county and plan type. These data indicate that the MPNs are most consistently effective in achieving lower ER, inpatient, and pharmacy use and higher office visit use (relative to MediPass) in the Florida counties of Hardee, Polk, Palm Beach, Broward, and Miami-Dade. Full model result tables are available by request.

The PSN was successful in achieving lower pharmacy and inpatient use in Broward County. The increased ACS admissions were observed only in Miami-Dade County. The PSN experienced higher emergency room visits, urgent emergency room visits, and lower office visits (relative to MediPass) in both counties where it operates (Broward and Miami-Dade).

Multivariate Conclusions:

We found some evidence that the provider network model, with its local management of provider networks, increased communication with primary care physicians. We also found some evidence that financial incentive programs, does result in different utilization patterns for Florida’s pilot programs.

In most cases, the pilot programs exhibit lower levels of utilization than MediPass, after controlling for age/sex, race/ethnicity, county, eligibility type, geographic area (county), and three chronic disease states (asthma, diabetes, and hypertension).

Overall utilization patterns suggest that the MPNs have higher levels of office visit utilization and lower levels of pharmacy, inpatient, and emergency room use. This would be a strong indication of more appropriate use of medical services and would provide more information on why the programs achieved “cost savings” relative to MediPass (in terms of expenditures). The PSN, however, had much lower levels of office visit utilization and pharmacy use, but higher levels of inpatient and ER use in many areas. This may also lead to lower medical expenditures relative to MediPass. The higher levels of ER utilization are of interest and deserve further exploration. One possible reason could be the strong links between the PSN and the county hospitals which could encourage increased reliance on these institutions. Another possibility could be that the patients who are served by the PSN have a past history of seeking care from the emergency rooms. Despite PSN enrollment, patients still view the emergency room as a source of usual medical care. Finally, patients served by the PSN could have higher levels of disease acuity and thus are heavy users of hospital care.

It is important to note that we did not examine the specific managed care mechanisms used by each plan (e.g., when financial incentive plans became operational, what specific areas were included in medical management, how often information was shared with physicians, etc.). The three organizations studied here—PhyTrust, Florida NetPass, and the South Florida Community Care Network PSN—have different contracts with the Agency, different management models, different “shared savings” methodologies, and many other differences. Examining how specific aspects of each model affect specific types of utilization is beyond the scope of this study.

We also found that the models did not exhibit uniform effects in all parts of the state. The most consistent findings were in the larger counties of Miami-Dade, Broward, and Palm Beach.

Limitations

There are some limitations of the research conducted here. First, it may be too soon to see effects of MPN activities in Areas 5 and 6, since the programs were implemented in these areas later than in other parts of the state.

Second, we have analyzed only utilization in aggregate measures. We do not include specific types of utilization that may reflect differences in quality or continuity of care. We were also unable to consider important aspects of utilization that relate to access and continuity of care, such as primary versus specialty care visits, “episode of care” visits (e.g., before and after an inpatient stay), the ACS admissions for specific conditions, and others.

The analysis relies on claims data, which has problems and benefits. We assume the issues related to claims data would be consistent across all plan types and counties and would therefore not bias our results.

During the time frame used in this study, the State was implementing several Medicaid programs and initiatives. We do not specifically control or account for other Medicaid programs that may have had an impact on the utilization patterns observed here.

Finally, as a proxy for risk adjustment, we used a measure that indicated whether or not the recipient had one or more chronic disease states. Since so few of these patients were identified using the Agency's algorithm, it may be that these measures were not adequately capturing differences in the degree of illness among Medicaid recipients. Due to data limitations, we did not include any measure of severity in these analyses.

Conclusion

Despite these limitations, we believe that this study, coupled with the cost analyses done earlier, begins to build a body of evidence that suggests that these alternative models of care may be improving the quality of care for MediPass beneficiaries.

An analysis over a longer time frame, that perhaps incorporates an examination of specific aspects of each alternative delivery model, will provide more definitive conclusions.

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Appendix I

AHCA Disease Hierarchy and Disease Definitions

Disease Definitions

For all of the disease states, claims with dates of service in the past 18 months are used to identify beneficiaries meeting the criteria for having a disease.

- 1) HIV/AIDS
- 2) Hemophilia
- 3) End Stage Renal Disease (ESRD)
- 4) Congestive Heart Failure (CHF)
- 5) Diabetes
- 6) Asthma
- 7) Hypertension

HIV/AIDS

All eligible recipients, with any of the following in their claims:

- 1) One or more of the following ICD-9 codes: 042.x, 043.x, and/or 136.3;
- 2) ICD-9 code 279.10 coupled with corroborating evidence of ICD-9 codes indicating HIV/AIDS supporting diagnoses (Tables I and II below); or
- 3) Any occurrences of procedure code W9999, Project AIDS Care Waiver Services.

Table 15: HIV/AIDS Supporting Diagnoses—List 1

Diagnosis Code	Description
003.1	Salmonella septicemia
007.2	Coccidiosis
007.4	Cryptosporidiosis
031.x	Other specified mycobacterial diseases
046.3	Progressive multifocal leukoencephalopathy
078.5	Cytomegalic inclusion disease
112.5	Candidiasis
114.x	Coccidioidomycosis
115.xx	Histoplasmosis (exclude: 115.00 Infection by Histoplasma capsulatum without mention of manifestation 115.05 Infection by Histoplasma capsulatum with pneumonia 115.10 Infection by Histoplasma duboisii without mention of manifestation 115.15 Infection by Histoplasma duboisii with pneumonia 115.90 Histoplasmosis, unspecified, other)
117.5	Cryptococcosis
130.x	Toxoplasmosis
136.x	INF/Parasite DIS NEC/NOS
176.x	Kaposi’s sarcoma
200.20	Burkitt’s Tumor unspecified
200.21	Burkitt’s Tumor head
200.22	Burkitt’s Tumor thorax
200.23	Burkitt’s Tumor abdomen
200.24	Burkitt’s Tumor axilla
200.25	Burkitt’s Tumor inguinal
200.26	Burkitt’s Tumor pelvic
200.27	Burkitt’s Tumor spleen
200.28	Burkitt’s Tumor multiple
321.0	Cryptococcal meningitis
484.1	Pneumonia in cytomegalic inclusion disease

Table 16: HIV/AIDS Supporting Diagnoses—List 2

Diagnosis Code	Description
010.x	Tuberculosis
011.x	Tuberculosis
012.x	Tuberculosis
013.x	Tuberculosis
014.x	Tuberculosis
015.x	Tuberculosis
016.x	Tuberculosis
017.x	Tuberculosis
018.x	Tuberculosis
053.x	Herpes zoster
054.x	Herpes simplex
173.x	Other malignant neoplasm of skin
180.x	Malignant neoplasm cervix uteri
200.00	Reticulosarcoma unspecified
200.01	Reticulosarcoma head
200.02	Reticulosarcoma thorax
200.03	Reticulosarcoma abdomen
200.04	Reticulosarcoma axilla
200.05	Reticulosarcoma inguin
200.06	Reticulosarcoma pelvic
200.07	Reticulosarcoma spleen
200.08	Reticulosarcoma multiple
200.8x	Other named lymphoma variants

Hemophilia

All eligible beneficiaries with the following identified in their claims:

- 1) Any occurrences of ICD-9 codes 286.0, 286.1, and 286.2;
- 2) Any occurrences of drug therapeutic class code 201216 (M0E, M0F); or
- 3) Any occurrences of HCPCS drug codes J7190, J7194, and J7196.

ESRD

All eligible recipients that have at least one of the following diagnosis codes (Table 17) or at least one of the following procedure codes or generic drug codes in their claims:

Table 17: Diagnosis Codes for End Stage Renal Disease (ESRD)

Diagnosis Code	Description
403.01	Hypertensive renal disease, malignant with renal failure
403.11	Hypertensive renal disease, benign with renal failure
403.91	Hypertensive renal disease, unspecified with renal failure
404.03	Hypertensive heart and renal disease, malignant with ESRD and renal failure
404.13	Hypertensive heart and renal disease, benign with ESRD and renal failure
404.93	Hypertensive heart and renal disease, unspecified with ESRD and renal failure
585	Chronic renal failure
586	Renal failure, unspecified

Procedure Codes:

90918, 90919, 90920, 90921, 90922, 90923, 90924, 90925, 90935, 90937, 90945, 90947, Q9920 to Q9940, J0635, J1760, J1770, J1780, 50340, 50360, 50370, 50380, 50365

Drug Generic Codes: 04420, 93141, 25110, 25111, and 25112

Congestive Heart Failure:

All eligible recipients with at least one of the codes listed in Table 18 in their claims.

Table 18: Diagnosis Codes for Congestive Heart Failure

Diagnosis Code	Description
398.91	Rheumatic heart failure (congestive)
402.01	Malignant hypertensive heart disease with congestive heart failure
402.11	Benign hypertensive heart disease with congestive heart disease
402.91	Unspecified hypertensive heart disease with congestive heart failure
404.01	Hypertensive heart and renal disease with congestive heart failure
404.11	Hypertensive heart and renal disease with congestive heart failure, benign
404.91	Hypertensive heart and renal disease with congestive heart failure, malignant
428.0	Congestive Heart Failure
428.1	Congestive Heart Failure, left heart failure
428.9	Heart Failure, unspecified

Diabetes

All eligible recipients with the following in their claims:

- 1) If ICD-9 code 648.8 occurs in any claims:
 - a) Five (5) or more occurrences¹ of claims with ICD-9 codes 250.xx²; or
 - b) More than one (1) occurrence of claims with ICD-9 codes 250.xx plus more than one (1) occurrence of claims with drug therapeutic class codes:

682008 - Insulins	C4G
682020 – Sulfonylurease, or	C4K, C4N
682092 - Misc. (Glucagons, Metformin, Rosglitazim).	C4L, C4M

- 2) If ICD-9 code 648.8 does not occur in any claims:

- (a) More than two (2) occurrences of claims with drug therapeutic class codes: C4G, C4K, C4N, C4L, or C4M;
- (b) More than two (2) occurrences of claims with ICD-9 codes 250.xx; or
- (c) At least one (1) occurrence of drug therapeutic class codes C4G, C4K, C4N, C4L, or C4M plus at least one (1) occurrence of ICD-9 codes 250.xx.

Asthma

All eligible recipients that have the following in their claims:

- 1) Any diagnosis code from Table 19, 20 or 21 AND two (2) or more fills of any NDC code(s) from Table 22 EXCEPT Claritin; or
- 2) 8–11 refills of any NDC code(s) from Table 22 EXCEPT Claritin. At least two fills of any of these medications in combination (but not alone) would be indicative of asthma. At least three fills of any of these medications alone would be indicative of asthma. Note, however, that Claritin in particular is often misprescribed for asthma.

Table 19: Diagnosis Code Usually Correlated with Asthma (*may be miscoded*)

ICD9 Code	Description
493	Asthma

Table 20: Diagnosis Codes Somewhat Correlated with Asthma *(if more than one event coded similarly)*

ICD9 Code	Description
466	Acute bronchitis or bronchiolitis
472	Chronic pharyngitis and nasopharyngitis
473	Chronic sinusitis
474	Chronic disease of the tonsils and adenoids
476	Chronic laryngitis
477	Allergic rhinitis
490	Bronchitis, not specified as acute or chronic
518.81	Acute respiratory failure, no other codes
518.82	Other pulmonary insufficiency, not elsewhere classified

Table 21: Diagnosis Codes Possibly Suggestive of Asthma *(if more than one event coded similarly, especially in conjunction with NDC codes)*

ICD9 Code	Description
460	Acute nasopharyngitis
461	Acute sinusitis
462	Acute pharyngitis
464	Acute laryngitis and tracheitis
465	Acute URI of multiple or unspecified sites

Table 22: NDC Codes Indicative of Asthma (multiple codes alone or in conjunction with ICD9 codes above).

Drug	Brand name	NDC codes
Flunisolide	Aerobid (two preparations)	0456-0672-99
Metaproterenol sulfate	Alupent	0597-0070-17, 0597-0070-18, 0597-0071-75, 0597-0071-30, 0597-0078-62, 0597-0069-62, 0597-0073-16, 0597-0074-01, 0597-0072-01
Triamcinolone acetoneide	Azmacort	0075-0060-37
Beclomethesone dipropionate	Beclovent (four preparations)	0173-0469-00, 0173-0312-88, 0173-0312-98, 0085-0736-04
Terbutaline sulfate	Breathaire	0028-5557-88, 0028-5557-87
Loratidine	Claritin*	00085-0612-02, 00085-0612-01, 00085-1128-02, 00085-0458-01, 00085-0458-02, 00085-0458-03, 00085-0458-04, 00085-0458-06, 00085-0640-01, 00085-0640-02, 00085-1233-01, 00085-1233-02, 00085-0635-01, 00085-0635-04, 00085-0635-05
Cromolyn sodium (Intal)	Intal	0585-0675-01, 0585-0675-02, 0585-0673-02, 0585-0673-03
Pirbuterol acetate	Maxair Autohaler	0089-0817-10, 0089-0815-21, (Maxair inhaler), 0089-0790-21
Albuterol	Proventil, Ventolin	0085-0614-02, 0085-0614-03 (inhalation solution): 0085-0208-02, (Repetabs, tablets): 0085-0431-02, 0085-0252-02
Salmeterol xinafoate	Serevent	0173-0464-00, 0173-0465-00, 0173-0467-00
Theophylline anhydrous	Theodur	50474-100-01, 50474-100-60, 50474-200-01, 50474-200-50, 50474-200-01, 50474-300-50, 50474-300-60, 50474-400-01, 50474-400-50, 50474-400-60.
Nedocromil sodium	Tilade	0585-0685-02, 0585-0685-04
Zileuton	Zyflo	0074-8036-22

*Generic loratidine includes: 59569460900, 52959045210, 54868264600, 55045206403, 55175277900, 55175277902, 55175277904, 55175277905, 55289042104, 55289042105, 55289042110, 55289042115, 60346094114, 60346094100, 60346094106, and 60346094107

Hypertension

All recipient claims that may have at least one of the diagnosis codes listed in Table 23.

Table 23: Diagnosis Codes for Hypertension

Diagnosis Code	Description
401.0	Essential hypertension, malignant
401.1	Essential hypertension, benign
401.9	Essential hypertension, unspecified
402.00	Hypertensive heart disease, malignant, without congestive heart failure
402.10	Hypertensive heart disease, benign, without congestive heart failure
402.90	Hypertensive heart disease, unspecified, without congestive heart failure
403.00	Hypertensive renal disease, malignant, without mention of renal failure
403.10	Hypertensive renal disease, benign, without mention of renal failure
403.90	Hypertensive renal disease, unspecified, without mention of renal failure
404.00	Hypertensive heart and renal disease, malignant, without mention of congestive heart failure or renal failure
404.10	Hypertensive heart and renal disease, benign, without mention of congestive heart failure or renal failure
404.90	Hypertensive heart and renal disease, unspecified, without mention of congestive heart failure or renal failure

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Table 24: Utilization by Plan Type; Area 5 Pasco County, TANF Only

Area 5 Pasco County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	6,832	5,170	1,505	648
Total Users	6,739	5,087	1,489	640
Total Member Months	40,691	30,305	7,857	2,529
Total ER Visits	2,853	2,139	488	226
Total Urgent ER Claims	1,831	1,386	310	135
% Urgent ER (Urgent/ER)	64%	65%	64%	60%
ER Visits/1000 Members	417.6	413.7	324.3	348.8
Total Pharmacy Claims	34,771	27,026	5,604	2,141
Pharmacy/1000 Members	5,089.4	5,227.5	3,723.6	3,304.0
Total Generic Pharmacy Claims	16,511	12,530	2,761	1,220
% Generic Pharmacy Claims	47%	46%	49%	57%
Total Inpatient Admits	314	211	63	40
Total Inpatient Admits/1000 Members	46.0	40.8	41.9	61.7
Total Inpatient Days	944	642	168	134
Total Inpatient Days/1000 Members	138.2	124.2	111.6	206.8
Total ACS Admits (Standard)	57	40	12	5
Total ACS Admits/1000 Members (Standard)	8.3	7.7	8.0	7.7
Total ACS Admits (AHCA)	31	27	2	2
Total ACS Admits/1000 Members (AHCA)	4.5	5.2	1.3	3.1
Total ACS Admits (Either)	62	45	12	5
Total ACS Admits/1000 Members (Either)	9.1	8.7	8.0	7.7
Total Office Visits (only CPT codes)	11,859	9,035	2,169	655
Total Office Visits/ 1000 Members	1,735.8	1,747.6	1,441.2	1,010.8
Total Office Visits (CPT codes and 00, 11, 71, 72)	11,824	9,017	2,164	643
Total Office Visits/1000 Members	1,730.7	1,744.1	1,437.9	992.3
Total Office Visits (extended CPT codes)	13,415	10,154	2,471	790
Total Office Visits/1000 Members	1,963.6	1,964.0	1,641.9	1,219.1

Table 25: Utilization by Plan Type; Area 5 Pasco County, SSI Only

Area 5 Pasco County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	3,326	2,903	444	176
Total Users	3,299	2,874	443	174
Total Member Months	27,385	23,579	2,949	857
Total ER Visits	3,047	2,632	311	104
Total Urgent ER Claims	1,729	1,480	187	62
% Urgent ER (Urgent/ER)	57%	56%	60%	60%
ER Visits/1000 Members	916.1	906.6	700.5	590.9
Total Pharmacy Claims	103,941	93,600	7,564	2,777
Pharmacy/1000 Members	31,251.1	32,242.5	17,036.0	15,778.4
Total Generic Pharmacy Claims	49,656	44,591	3,661	1,404
% Generic Pharmacy Claims	48%	48%	48%	51%
Total Inpatient Admits	950	829	80	41
Total Inpatient Admits/1000 Members	285.6	285.6	180.2	233.0
Total Inpatient Days	5,121	4,416	476	229
Total Inpatient Days/1000 Members	1,539.7	1,521.2	1,072.1	1,301.1
Total ACS Admits (Standard)	159	154	4	1
Total ACS Admits/1000 Members (Standard)	47.8	53.0	9.0	5.7
Total ACS Admits (AHCA)	81	77	3	1
Total ACS Admits/1000 Members (AHCA)	24.4	26.5	6.8	5.7
Total ACS Admits (Either)	168	161	6	1
Total ACS Admits/1000 Members (Either)	50.5	55.5	13.5	5.7
Total Office Visits (only CPT codes)	13,891	12,368	1,122	401
Total Office Visits/ 1000 Members	4,176.5	4,260.4	2,527.0	2,278.4
Total Office Visits (CPT codes and 00, 11, 71, 72)	13,688	12,182	1,117	389
Total Office Visits/ 1000 Members	4,115.5	4,196.3	2,515.8	2,210.2
Total Office Visits (extended CPT codes)	15,031	13,343	1,244	444
Total Office Visits/ 1000 Members	4,519.2	4,596.3	2,801.8	2,522.7

Table 26: Utilization by Plan Type; Area 5 Pinellas County, TANF Only

Area 5 Pinellas County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	14,316	11,289	2,518	1,273
Total Users	14,076	11,092	1,296	584
Total Member Months	92,166	73,381	13,815	4,970
Total ER Visits	5,456	4,265	784	407
Total Urgent ER Claims	3,407	2,668	487	252
% Urgent ER (Urgent/ER)	62%	63%	62%	62%
ER Visits/1000 Members	381.1	377.8	311.4	319.7
Total Pharmacy Claims	61,703	49,283	9,109	3,311
Pharmacy/1000 Members	4,310.1	4,365.6	3,617.6	2,600.9
Total Generic Pharmacy Claims	27,310	21,271	4,228	1,811
% Generic Pharmacy Claims	44%	43%	46%	55%
Total Inpatient Admits	692	516	120	56
Total Inpatient Admits/1000 Members	48.3	45.7	47.7	44.0
Total Inpatient Days	2,212	1,673	357	182
Total Inpatient Days/1000 Members	154.5	148.2	141.8	143.0
Total ACS Admits (Standard)	127	92	25	10
Total ACS Admits/1000 Members (Standard)	8.9	8.1	9.9	7.9
Total ACS Admits (AHCA)	64	51	9	4
Total ACS Admits/1000 Members (AHCA)	4.5	4.5	3.6	3.1
Total ACS Admits (Either)	130	95	25	10
Total ACS Admits/1000 Members (Either)	9.1	8.4	9.9	7.9
Total Office Visits (only CPT codes)	21,803	17,578	3,291	934
Total Office Visits/ 1000 Members	1,523.0	1,557.1	1,307.0	733.7
Total Office Visits (CPT codes and 00, 11, 71, 72)	21,732	17,513	3,291	928
Total Office Visits/ 1000 Members	1,518.0	1,551.3	1,307.0	729.0
Total Office Visits (extended CPT codes)	25,391	20,423	3,825	1,143
Total Office Visits/ 1000 Members	1,773.6	1,809.1	1,519.1	897.9

Table 27: Utilization by Plan Type; Area 5 Pinellas County, SSI Only

Area 5 Pinellas County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	6,505	5,524	866	459
Total Users	6,482	5,502	864	457
Total Member Months	54,359	45,792	6,197	2,370
Total ER Visits	5,655	4,762	548	345
Total Urgent ER Claims	2,876	2,434	270	172
% Urgent ER (Urgent/ER)	51%	51%	49%	50%
ER Visits/1000 Members	869.3	862.1	632.8	751.6
Total Pharmacy Claims	193,849	167,774	17,613	8,462
Pharmacy/1000 Members	29,800.0	30,371.8	20,338.3	18,435.7
Total Generic Pharmacy Claims	90,604	78,594	7,808	4,202
% Generic Pharmacy Claims	47%	47%	44%	50%
Total Inpatient Admits	2,055	1,685	196	174
Total Inpatient Admits/1000 Members	315.9	305.0	226.3	379.1
Total Inpatient Days	10,800	8,742	1,131	927
Total Inpatient Days/1000 Members	1,660.3	1,582.5	1,306.0	2,019.6
Total ACS Admits (Standard)	356	304	32	20
Total ACS Admits/1000 Members (Standard)	54.7	55.0	37.0	43.6
Total ACS Admits (AHCA)	178	153	16	9
Total ACS Admits/1000 Members (AHCA)	27.4	27.7	18.5	19.6
Total ACS Admits (Either)	381	324	36	21
Total ACS Admits/1000 Members (Either)	58.6	58.7	41.6	45.8
Total Office Visits (only CPT codes)	25,083	21,904	1,908	1,271
Total Office Visits/ 1000 Members	3,856.0	3,965.2	2,203.2	2,769.1
Total Office Visits (CPT codes and 00, 11, 71, 72)	24,852	21,708	1,885	1,259
Total Office Visits/ 1000 Members	3,820.4	3,929.8	2,176.7	2,742.9
Total Office Visits (extended CPT codes)	27,887	23,926	2,556	1,405
Total Office Visits/ 1000 Members	4,287.0	4,331.3	2,951.5	3,061.0

Table 28: Utilization by Plan Type; Area 6 Hardee County, TANF Only

Area 6 Hardee County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	2,592	1,700	837	412
Total Users	2,550	1,658	831	410
Total Member Months	15,124	8,483	4,790	1,851
Total ER Visits	1,165	682	331	152
Total Urgent ER Claims	730	429	200	101
% Urgent ER (Urgent/ER)	63%	63%	60%	66%
ER Visits/1000 Members	449.5	401.2	395.5	368.9
Total Pharmacy Claims	10,176	6,573	2,715	888
Pharmacy/1000 Members	3,925.9	3,866.5	3,243.7	2,155.3
Total Generic Pharmacy Claims	4,556	2,778	1,287	491
% Generic Pharmacy Claims	45%	42%	47%	55%
Total Inpatient Admits	95	51	32	12
Total Inpatient Admits/1000 Members	36.7	30.0	38.2	29.1
Total Inpatient Days	229	133	67	29
Total Inpatient Days/1000 Members	88.3	78.2	80.0	70.4
Total ACS Admits (Standard)	18	12	4	2
Total ACS Admits/1000 Members (Standard)	6.9	7.1	4.8	4.9
Total ACS Admits (AHCA)	10	5	4	1
Total ACS Admits/1000 Members (AHCA)	3.9	2.9	4.8	2.4
Total ACS Admits (Either)	21	13	6	2
Total ACS Admits/1000 Members (Either)	8.1	7.6	7.2	4.9
Total Office Visits (only CPT codes)	5,168	3,257	1,415	496
Total Office Visits/ 1000 Members	1,993.8	1,915.9	1,690.6	1,203.9
Total Office Visits (CPT codes and 00, 11, 71, 72)	5,158	3,252	1,411	495
Total Office Visits/ 1000 Members	1,990.0	1,912.9	1,685.8	1,201.5
Total Office Visits (extended CPT codes)	5,718	3614	1,525	579
Total Office Visits/ 1000 Members	2,206.0	2,125.9	1,822.0	1,405.3

Table 29: Utilization by Plan Type; Area 6 Hardee County, SSI Only

Area 6 Hardee County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	492	338	186	46
Total Users	488	333	186	46
Total Member Months	4,216	2,459	1,486	271
Total ER Visits	536	362	144	30
Total Urgent ER Claims	334	226	92	16
% Urgent ER (Urgent/ER)	62%	62%	64%	53%
ER Visits/1000 Members	1,089.4	1,071.0	774.2	652.2
Total Pharmacy Claims	13,782	10,403	2,888	491
Pharmacy/1000 Members	28,012.2	30,778.1	15,526.9	10,673.9
Total Generic Pharmacy Claims	5,706	4,181	1,269	256
% Generic Pharmacy Claims	41%	40%	44%	52%
Total Inpatient Admits	124	89	31	4
Total Inpatient Admits/1000 Members	252.0	263.3	166.7	87.0
Total Inpatient Days	586	429	134	23
Total Inpatient Days/1000 Members	1,191.1	1,269.2	720.4	500.0
Total ACS Admits (Standard)	37	27	8	2
Total ACS Admits/1000 Members (Standard)	75.2	79.9	43.0	43.5
Total ACS Admits (AHCA)	22	17	4	1
Total ACS Admits/1000 Members (AHCA)	44.7	50.3	21.5	21.7
Total ACS Admits (Either)	37	27	8	2
Total ACS Admits/1000 Members (Either)	75.2	79.9	43.0	43.5
Total Office Visits (only CPT codes)	2,221	1,517	571	133
Total Office Visits/ 1000 Members	4,514.2	4,488.2	3,069.9	2,891.3
Total Office Visits (CPT codes and 00, 11, 71, 72)	2,187	1,496	559	132
Total Office Visits/ 1000 Members	4,445.1	4,426.0	3,005.4	2,869.6
Total Office Visits (extended CPT codes)	2,390	1,619	624	147
Total Office Visits/ 1000 Members	4,857.7	4,789.9	3,354.8	3,195.7

Table 30: Utilization by Plan Type; Area 6 Highlands County, TANF Only

Area 6 Highlands County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass*
Total Members	2,605	2,487	41	339
Total Users	2,572	2,453	40	336
Total Member Months	15,132	13,559	177	1,396
Total ER Visits	1,014	906	13	95
Total Urgent ER Claims	653	591	8	54
% Urgent ER (Urgent/ER)	64%	65%	62%	57%
ER Visits/1000 Members	389.3	364.3	317.1	280.2
Total Pharmacy Claims	11,596	10,433	124	1,039
Pharmacy/1000 Members	4,451.4	4,195.0	3,024.4	3,064.9
Total Generic Pharmacy Claims	5,199	4,642	70	487
% Generic Pharmacy Claims	45%	44%	56%	47%
Total Inpatient Admits	155	133	2	20
Total Inpatient Admits/1000 Members	59.5	53.5	48.8	59.0
Total Inpatient Days	398	329	6	63
Total Inpatient Days/1000 Members	152.8	132.3	146.3	185.8
Total ACS Admits (Standard)	48	42	0	6
Total ACS Admits/1000 Members (Standard)	18.4	16.9	0.0	17.7
Total ACS Admits (AHCA)	25	21	0	4
Total ACS Admits/1000 Members (AHCA)	9.6	8.4	0.0	11.8
Total ACS Admits (Either)	51	45	0	6
Total ACS Admits/1000 Members (Either)	19.6	18.1	0.0	17.7
Total Office Visits (only CPT codes)	5,211	4,862	25	324
Total Office Visits/ 1000 Members	2,000.38	1,954.97	609.76	955.75
Total Office Visits (CPT codes and 00, 11, 71, 72)	5,181	4,835	25	321
Total Office Visits/ 1000 Members	1,988.9	1,944.1	609.8	946.9
Total Office Visits (extended CPT codes)	5,926	5,532	29	365
Total Office Visits/ 1000 Members	2,274.9	2,224.4	707.3	1,076.7

* NetPass enrollment in Highlands County started to 'kick in' in Sept. 2003, which might result in underestimated averages.

Table 31: Utilization by Plan Type; Area 6 Highlands County, SSI Only

Area 6 Highlands County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass*
Total Members	966	931	20	147
Total Users	961	927	20	146
Total Member Months	8,025	7,174	115	736
Total ER Visits	764	701	8	55
Total Urgent ER Claims	457	417	4	36
% Urgent ER (Urgent/ER)	60%	59%	50%	65%
ER Visits/1000 Members	790.9	753.0	400.0	374.1
Total Pharmacy Claims	21,901	20,265	260	1,376
Pharmacy/1000 Members	22,671.8	21,766.9	13,000.0	9,360.5
Total Generic Pharmacy Claims	9,330	8,614	91	625
% Generic Pharmacy Claims	43%	43%	35%	45%
Total Inpatient Admits	201	183	2	16
Total Inpatient Admits/1000 Members	208.1	196.6	100.0	108.8
Total Inpatient Days	987	881	7	99
Total Inpatient Days/1000 Members	1,021.7	946.3	350.0	673.5
Total ACS Admits (Standard)	62	56	1	5
Total ACS Admits/1000 Members (Standard)	64.2	60.2	50.0	34.0
Total ACS Admits (AHCA)	35	32	0	3
Total ACS Admits/1000 Members (AHCA)	36.2	34.4	0.0	20.4
Total ACS Admits (Either)	67	61	1	5
Total ACS Admits/1000 Members (Either)	69.4	65.5	50.0	34.0
Total Office Visits (only CPT codes)	3,704	3,402	28	274
Total Office Visits/ 1000 Members	3,834.4	3,654.1	1,400.0	1,863.9
Total Office Visits (CPT codes and 00, 11, 71, 72)	3,647	3,350	28	269
Total Office Visits/ 1000 Members	3,775.4	3,598.3	1,400.0	1,829.9
Total Office Visits (extended CPT codes)	4,009	3,685	34	290
Total Office Visits/ 1000 Members	4,150.1	3,958.1	1,700.0	1,972.8

* NetPass enrollment in Highlands County started to 'kick in' in Sept. 2003, which might result in underestimated averages.

Table 32: Utilization by Plan Type; Area 6 Hillsborough County TANF Only

Area 6 Hillsborough County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	23,114	17,765	5,760	2,467
Total Users	22,918	17,582	5,729	2,459
Total Member Months	137,834	96,228	32,490	9,116
Total ER Visits	7,315	5,254	1,540	521
Total Urgent ER Claims	5,029	3,607	1,070	352
% Urgent ER (Urgent/ER)	69%	69%	69%	68%
ER Visits/1000 Members	316.5	295.8	267.4	211.2
Total Pharmacy Claims	84,430	62,275	17,672	4,483
Pharmacy/1000 Members	3,652.8	3,505.5	3,068.1	1,817.2
Total Generic Pharmacy Claims	38,565	28,232	8,245	2,088
% Generic Pharmacy Claims	46%	45%	47%	47%
Total Inpatient Admits	854	628	160	66
Total Inpatient Admits/1000 Members	36.9	35.4	27.8	26.8
Total Inpatient Days	3,040	2,208	645	187
Total Inpatient Days/1000 Members	131.5	124.3	112.0	75.8
Total ACS Admits (Standard)	206	147	40	19
Total ACS Admits/1000 Members (Standard)	8.9	8.3	6.9	7.7
Total ACS Admits (AHCA)	115	83	23	9
Total ACS Admits/1000 Members (AHCA)	5.0	4.7	4.0	3.6
Total ACS Admits (Either)	220	155	43	22
Total ACS Admits/1000 Members (Either)	9.5	8.7	7.5	8.9
Total Office Visits (only CPT codes)	29,121	21,083	6,443	1,595
Total Office Visits/ 1000 Members	1,259.9	1,186.8	1,118.6	646.5
Total Office Visits (CPT codes and 00, 11, 71, 72)	28,152	20,238	6,370	1,544
Total Office Visits/ 1000 Members	1,218.0	1,139.2	1,105.9	625.9
Total Office Visits (extended CPT codes)	34,652	25,029	7,621	2,002
Total Office Visits/ 1000 Members	1,499.2	1,408.9	1,323.1	811.5

Table 33: Utilization by Plan Type; Area 6 Hillsborough County, SSI Only

Area 6 Hillsborough County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	9,914	8,169	1,963	671
Total Users	9,890	8,142	1,959	670
Total Member Months	81,631	63,828	14,494	3,309
Total ER Visits	6,356	5,052	1,037	267
Total Urgent ER Claims	3,732	2,907	658	167
% Urgent ER (Urgent/ER)	59%	58%	63%	63%
ER Visits/1000 Members	641.1	618.4	528.3	397.9
Total Pharmacy Claims	270,921	235,709	27,947	7,265
Pharmacy/1000 Members	27,327.1	28,854.1	14,236.9	10,827.1
Total Generic Pharmacy Claims	123,410	107,261	12,720	3,429
% Generic Pharmacy Claims	46%	46%	46%	47%
Total Inpatient Admits	2,014	1,609	293	112
Total Inpatient Admits/1000 Members	203.1	197.0	149.3	166.9
Total Inpatient Days	11,717	9,570	1,339	808
Total Inpatient Days/1000 Members	1,181.9	1,171.5	682.1	1,204.2
Total ACS Admits (Standard)	448	363	69	16
Total ACS Admits/1000 Members (Standard)	45.2	44.4	35.2	23.8
Total ACS Admits (AHCA)	259	206	42	11
Total ACS Admits/1000 Members (AHCA)	26.1	25.2	21.4	16.4
Total ACS Admits (Either)	472	381	73	18
Total ACS Admits/1000 Members (Either)	47.6	46.6	37.2	26.8
Total Office Visits (only CPT codes)	34,624	29,557	3,947	1,120
Total Office Visits/ 1000 Members	3,492.4	3,618.2	2,010.7	1,669.2
Total Office Visits (CPT codes and 00, 11, 71, 72)	32,334	27,413	3,835	1,086
Total Office Visits/ 1000 Members	3,261.4	3,355.7	1,953.6	1,618.5
Total Office Visits (extended CPT codes)	38,138	32,293	4,614	1,231
Total Office Visits/ 1000 Members	3,846.9	3,953.1	2,350.5	1,834.6

Table 34: Utilization by Plan Type; Area 6 Manatee County, TANF Only

Area 6 Manatee County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass*
Total Members	4,033	3,409	2,248	118
Total Users	3,971	3,341	2,240	118
Total Member Months	24,883	14,531	10,186	166
Total ER Visits	1,432	840	580	12
Total Urgent ER Claims	956	557	393	6
% Urgent ER (Urgent/ER)	67%	66%	68%	50%
ER Visits/1000 Members	355.1	246.4	258.0	101.7
Total Pharmacy Claims	13,652	8,917	4,642	93
Pharmacy/1000 Members	3,385.1	2,615.7	2,064.9	788.1
Total Generic Pharmacy Claims	6,087	3,827	2,215	45
% Generic Pharmacy Claims	45%	43%	48%	48%
Total Inpatient Admits	162	100	60	2
Total Inpatient Admits/1000 Members	40.2	29.3	26.7	16.9
Total Inpatient Days	526	375	148	3
Total Inpatient Days/1000 Members	130.4	110.0	65.8	25.4
Total ACS Admits (Standard)	28	17	11	0
Total ACS Admits/1000 Members (Standard)	6.9	5.0	4.9	0.0
Total ACS Admits (AHCA)	21	11	10	0
Total ACS Admits/1000 Members (AHCA)	5.2	3.2	4.4	0.0
Total ACS Admits (Either)	30	18	12	0
Total ACS Admits/1000 Members (Either)	7.4	5.3	5.3	0.0
Total Office Visits (only CPT codes)	4,191	2,709	1,458	24
Total Office Visits/ 1000 Members	1,039.2	794.7	648.6	203.4
Total Office Visits (CPT codes and 00, 11, 71, 72)	4,185	2,704	1,457	24
Total Office Visits/ 1000 Members	1,037.7	793.2	648.1	203.4
Total Office Visits (extended CPT codes)	4,897	3,092	1,773	32
Total Office Visits/ 1000 Members	1,214.2	907.0	788.7	271.2

* NetPass enrollment in Manatee County started to 'kick in' in March 2004, which might result in underestimated averages.

Table 35: Utilization by Plan Type; Area 6 Manatee County, SSI Only

Area 6 Manatee County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass*
Total Members	1,362	1,271	607	70
Total Users	1,355	1,261	607	70
Total Member Months	11,160	7,745	3,256	159
Total ER Visits	1,063	835	218	10
Total Urgent ER Claims	597	461	130	6
% Urgent ER (Urgent/ER)	56%	55%	60%	60%
ER Visits/1000 Members	780.5	657.0	359.1	142.9
Total Pharmacy Claims	32,968	26,688	5,873	407
Pharmacy/1000 Members	24,205.6	20,997.6	9,675.5	5,814.3
Total Generic Pharmacy Claims	15,530	12,523	2,821	186
% Generic Pharmacy Claims	47%	47%	48%	46%
Total Inpatient Admits	305	238	61	6
Total Inpatient Admits/1000 Members	223.9	187.3	100.5	85.7
Total Inpatient Days	1,674	1,295	358	21
Total Inpatient Days/1000 Members	1,229.1	1,018.9	589.8	300.0
Total ACS Admits (Standard)	69	58	9	2
Total ACS Admits/1000 Members (Standard)	50.7	45.6	14.8	28.6
Total ACS Admits (AHCA)	43	39	3	1
Total ACS Admits/1000 Members (AHCA)	31.6	30.7	4.9	14.3
Total ACS Admits (Either)	72	61	9	2
Total ACS Admits/1000 Members (Either)	52.9	48.0	14.8	28.6
Total Office Visits (only CPT codes)	4,116	3,326	713	77
Total Office Visits/ 1000 Members	3,022.0	2,616.8	1,174.6	1,100.0
Total Office Visits (CPT codes and 00, 11, 71, 72)	4,067	3,303	688	76
Total Office Visits/ 1000 Members	2,986.0	2,598.7	1,133.4	1,085.7
Total Office Visits (extended CPT codes)	4,443	3,574	789	80
Total Office Visits/ 1000 Members	3,262.1	2,812.0	1,299.8	1,142.9

* NetPass enrollment in Manatee County started to 'kick in' in March 2004, which might result in underestimated averages.

Table 36: Utilization by Plan Type; Area 6, Polk County, TANF Only

Area 6 Polk County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	10,310	7,940	2,229	1,706
Total Users	10,197	7,827	2,220	1,701
Total Member Months	59,779	40,294	12,244	7,241
Total ER Visits	4,193	2,867	773	553
Total Urgent ER Claims	3,012	2,051	593	368
% Urgent ER (Urgent/ER)	72%	72%	77%	67%
ER Visits/1000 Members	406.7	361.1	346.8	324.2
Total Pharmacy Claims	34,435	23,635	6,586	4,214
Pharmacy/1000 Members	3,340.0	2,976.7	2,954.7	2,470.1
Total Generic Pharmacy Claims	15,554	10,852	2,582	2,120
% Generic Pharmacy Claims	45%	46%	39%	50%
Total Inpatient Admits	372	258	55	59
Total Inpatient Admits/1000 Members	36.1	32.5	24.7	34.6
Total Inpatient Days	1,128	750	211	167
Total Inpatient Days/1000 Members	109.4	94.5	94.7	97.9
Total ACS Admits (Standard)	91	63	18	10
Total ACS Admits/1000 Members (Standard)	8.8	7.9	8.1	5.9
Total ACS Admits (AHCA)	59	42	10	7
Total ACS Admits/1000 Members (AHCA)	5.7	5.3	4.5	4.1
Total ACS Admits (Either)	95	65	19	11
Total ACS Admits/1000 Members (Either)	9.2	8.2	8.5	6.4
Total Office Visits (only CPT codes)	12,546	8,540	2,595	1,411
Total Office Visits/ 1000 Members	1,216.9	1,075.6	1,164.2	827.1
Total Office Visits (CPT codes and 00, 11, 71, 72)	12,500	8,510	2,589	1,401
Total Office Visits/ 1000 Members	1,212.4	1,071.8	1,161.5	821.2
Total Office Visits (extended CPT codes)	14,643.0	9,816.0	3,163.0	1,664.0
Total Office Visits/ 1000 Members	1,420.3	1,236.3	1,419.0	975.4

Table 37: Utilization by Plan Type; Area 6 Polk County, SSI Only

Area 6 Polk County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	3,835	3,288	510	602
Total Users	3,814	3,265	507	601
Total Member Months	29,808	23,597	3,300	2,911
Total ER Visits	2,664	2,228	191	245
Total Urgent ER Claims	1,628	1,355	130	143
% Urgent ER (Urgent/ER)	61%	61%	68%	58%
ER Visits/1000 Members	694.7	677.6	374.5	407.0
Total Pharmacy Claims	80,831	70,677	4,503	5,651
Pharmacy/1000 Members	21,077.2	21,495.4	8,829.4	9,387.0
Total Generic Pharmacy Claims	37,164	32,830	1,711	2,623
% Generic Pharmacy Claims	46%	46%	38%	46%
Total Inpatient Admits	705	579	44	82
Total Inpatient Admits/1000 Members	183.8	176.1	86.3	136.2
Total Inpatient Days	3,190	2,575	216	399
Total Inpatient Days/1000 Members	831.8	783.2	423.5	662.8
Total ACS Admits (Standard)	201	166	14	21
Total ACS Admits/1000 Members (Standard)	52.4	50.5	27.5	34.9
Total ACS Admits (AHCA)	116	95	10	11
Total ACS Admits/1000 Members (AHCA)	30.2	28.9	19.6	18.3
Total ACS Admits (Either)	212	174	15	23
Total ACS Admits/1000 Members (Either)	55.3	52.9	29.4	38.2
Total Office Visits (only CPT codes)	11,067	9,467	817	783
Total Office Visits/ 1000 Members	2,885.8	2,879.3	1,602.0	1,300.7
Total Office Visits (CPT codes and 00, 11, 71, 72)	10,861	9,303	796	762
Total Office Visits/ 1000 Members	2,832.1	2,829.4	1,560.8	1,265.8
Total Office Visits (extended CPT codes)	12,009	10,190	975	844
Total Office Visits/ 1000 Members	3,131.4	3,099.1	1,911.8	1,402.0

Table 38: Utilization by Plan Type; Area 9 Palm Beach County, TANF Only

Area 9 Palm Beach County TANF Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	16,765	11,503	68	6,018
Total Users	15,891	10,896	55	5,645
Total Member Months	120,945	80,557	390	39,998
Total ER Visits	6,764	4,328	16	2,420
Total Urgent ER Claims	4,001	2,554	6	1,441
% Urgent ER (Urgent/ER)	59%	59%	38%	60%
ER Visits/1000 Members	403.5	376.2	235.3	402.1
Total Pharmacy Claims	77,699	51,350	297	26,052
Pharmacy/1000 Members	4,634.6	4,464.1	4,367.6	4,329.0
Total Generic Pharmacy Claims	33,046	20,896	142	12,008
% Generic Pharmacy Claims	43%	41%	48%	46%
Total Inpatient Admits	1,095	712	1	382
Total Inpatient Admits/1000 Members	65.3	61.9	14.7	63.5
Total Inpatient Days	4,017	2,666	1	1,350
Total Inpatient Days/1000 Members	239.6	231.8	14.7	224.3
Total ACS Admits (Standard)	271	173	0	98
Total ACS Admits/1000 Members (Standard)	16.2	15.0	0.0	16.3
Total ACS Admits (AHCA)	156	104	0	52
Total ACS Admits/1000 Members (AHCA)	9.3	9.0	0.0	8.6
Total ACS Admits (Either)	287	187	0	100
Total ACS Admits/1000 Members (Either)	17.1	16.3	0.0	16.6
Total Office Visits (only CPT codes)	25,339	17,554	67	7,718
Total Office Visits/ 1000 Members	1,511.4	1,526.0	985.3	1,282.5
Total Office Visits (CPT codes and 00, 11, 71, 72)	25,284	17,517	67	7,700
Total Office Visits/ 1000 Members	1,508.1	1,522.8	985.3	1,279.5
Total Office Visits (extended CPT codes)	29,524	20,463	70	8,991
Total Office Visits/ 1000 Members	1,761.0	1,778.9	1,029.4	1,494.0

Table 39: Utilization by Plan Type; Area 9 Palm Beach County, SSI Only

Area 9 Palm Beach County SSI Only	June 2003 – March 2004			
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass
Total Members	6,379	4,449	47	2,181
Total Users	6,273	4,363	47	2,147
Total Member Months	62,420	42,145	376	19,899
Total ER Visits	5,704	4,021	20	1,663
Total Urgent ER Claims	2,638	1,834	5	799
% Urgent ER (Urgent/ER)	46%	46%	25%	48%
ER Visits/1000 Members	894.2	903.8	425.5	762.5
Total Pharmacy Claims	192,899	139,977	836	52,086
Pharmacy/1000 Members	30,239.7	31,462.6	17,787.2	23,881.7
Total Generic Pharmacy Claims	86,230	61,411	326	24,493
% Generic Pharmacy Claims	45%	44%	39%	47%
Total Inpatient Admits	2,651	1,850	18	783
Total Inpatient Admits/1000 Members	415.6	415.8	383.0	359.0
Total Inpatient Days	14,354	10,055	75	4,224
Total Inpatient Days/1000 Members	2,250.2	2,260.1	1,595.7	1,936.7
Total ACS Admits (Standard)	443	344	2	97
Total ACS Admits/1000 Members (Standard)	69.4	77.3	42.6	44.5
Total ACS Admits (AHCA)	299	239	0	60
Total ACS Admits/1000 Members (AHCA)	46.9	53.7	0.0	27.5
Total ACS Admits (Either)	480	365	2	113
Total ACS Admits/1000 Members (Either)	75.2	82.0	42.6	51.8
Total Office Visits (only CPT codes)	24,461	17,994	108	6,359
Total Office Visits/ 1000 Members	3,834.6	4,044.5	2,297.9	2,915.6
Total Office Visits (CPT codes and 00, 11, 71, 72)	24,213	17,811	108	6,294
Total Office Visits/ 1000 Members	3,795.7	4,003.4	2,297.9	2,885.8
Total Office Visits (extended CPT codes)	26,440	19,408	116	6,916
Total Office Visits/ 1000 Members	4,144.9	4,362.3	2,468.1	3,171.0

Table 40: Utilization by Plan Type; Area 10 Broward County, TANF Only

Area 10 Broward County TANF Only	April 2003 – March 2004				
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass	PSN
Total Members	30,450	22,088	3,022	3,016	4,243
Total Users	29,019	21,068	2,849	2,836	3,993
Total Member Months	213,882	153,077	17,427	19,273	24,105
Total ER Visits	11,098	7,451	960	1,138	1,549
Total Urgent ER Claims	6,473	4,387	559	647	880
% Urgent ER (Urgent/ER)	58%	59%	58%	57%	57%
ER Visits/1000 Members	364.5	337.3	317.7	377.3	365.1
Total Pharmacy Claims	111,400	78,439	9,506	11,996	11,459
Pharmacy/1000 Members	3,658.5	3,551.2	3,145.6	3,977.5	2,700.7
Total Generic Pharmacy Claims	47,606	32,478	4,271	5,293	5,564
% Generic Pharmacy Claims	43%	41%	45%	44%	49%
Total Inpatient Admits	1,610	1,015	161	183	251
Total Inpatient Admits/1000 Members	52.9	46.0	53.3	60.7	59.2
Total Inpatient Days	5,822	3,592	568	696	966
Total Inpatient Days/1000 Members	191.2	162.6	188.0	230.8	227.7
Total ACS Admits (Standard)	377	279	27	25	46
Total ACS Admits/1000 Members (Standard)	12.4	12.6	8.9	8.3	10.8
Total ACS Admits (AHCA)	232	170	18	9	35
Total ACS Admits/1000 Members (AHCA)	7.6	7.7	6.0	3.0	8.2
Total ACS Admits (Either)	395	292	30	25	48
Total ACS Admits/1000 Members (Either)	13.0	13.2	9.9	8.3	11.3
Total Office Visits (only CPT codes)	38,593	30,332	2,539	3,568	2,154
Total Office Visits/ 1000 Members	1,267.4	1,373.2	840.2	1,183.0	507.7
Total Office Visits (CPT codes and 00, 11, 71, 72)	37,168	30,040	2,520	3,534	1,074
Total Office Visits/ 1000 Members	1,220.6	1,360.0	833.9	1,171.8	253.1
Total Office Visits (extended CPT codes)	46,592	36,722	2,910	4,121	2,839
Total Office Visits/ 1000 Members	1,530.1	1,662.5	962.9	1,366.4	669.1

Table 41: Utilization by Plan Type; Area 10 Broward County, SSI Only

Area 10 Broward County SSI Only	April 2003 – March 2004				
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass	PSN
Total Members	12,239	8,346	1,325	1,661	1,807
Total Users	12,003	8,192	1,294	1,621	1,737
Total Member Months	116,675	78,086	9,799	14,690	14,100
Total ER Visits	11,439	7,534	808	1,513	1,584
Total Urgent ER Claims	5,000	3,298	358	645	699
% Urgent ER (Urgent/ER)	44%	44%	44%	43%	44%
ER Visits/1000 Members	934.6	902.7	609.8	910.9	876.6
Total Pharmacy Claims	371,313	266,076	23,424	39,740	42,073
Pharmacy/1000 Members	30,338.5	31,880.7	17,678.5	23,925.3	23,283.3
Total Generic Pharmacy Claims	158,293	111,860	10,363	17,343	18,727
% Generic Pharmacy Claims	43%	42%	44%	44%	45%
Total Inpatient Admits	5,204	3,509	338	716	641
Total Inpatient Admits/1000 Members	425.2	420.4	255.1	431.1	354.7
Total Inpatient Days	30,525	19,988	1,856	4,426	4,255
Total Inpatient Days/1000 Members	2,494.1	2,394.9	1,400.8	2,664.7	2,354.7
Total ACS Admits (Standard)	802	574	38	82	108
Total ACS Admits/1000 Members (Standard)	65.5	68.8	28.7	49.4	59.8
Total ACS Admits (AHCA)	462	337	19	40	66
Total ACS Admits/1000 Members (AHCA)	37.7	40.4	14.3	24.1	36.5
Total ACS Admits (Either)	842	602	40	87	113
Total ACS Admits/1000 Members (Either)	68.8	72.1	30.2	52.4	62.5
Total Office Visits (only CPT codes)	41,114	30,791	2,416	4,506	3,401
Total Office Visits/ 1000 Members	3,359.3	3,689.3	1,823.4	2,712.8	1,882.1
Total Office Visits (CPT codes and 00, 11, 71, 72)	38,585	29,532	2,268	4,318	2,467
Total Office Visits/ 1000 Members	3,152.6	3,538.5	1,711.7	2,599.6	1,365.2
Total Office Visits (extended CPT codes)	46,467	34,573	2,731	5,452	3,711
Total Office Visits/ 1000 Members	3,796.6	4,142.5	2,061.1	3,282.4	2,053.7

Table 42: Utilization by Plan Type; Area 11 Miami-Dade County, TANF Only

Area 11 Miami-Dade County TANF Only	April 2003 – March 2004				
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass	PSN
Total Members	80,132	55,634	6,969	13,752	8,232
Total Users	76,286	53,051	6,463	12,969	7,718
Total Member Months	570,456	377,823	43,059	92,476	57,098
Total ER Visits	24,886	15,979	1,685	3,838	3,384
Total Urgent ER Claims	14,190	9,428	956	2,238	1,568
% Urgent ER (Urgent/ER)	57%	59%	57%	58%	46%
ER Visits/1000 Members	310.6	287.2	241.8	279.1	411.1
Total Pharmacy Claims	467,998	342,750	27,528	73,570	24,150
Pharmacy/1000 Members	5,840.3	6,160.8	3,950.1	5,349.8	2,933.7
Total Generic Pharmacy Claims	194,814	141,165	12,139	30,844	10,666
% Generic Pharmacy Claims	42%	41%	44%	42%	44%
Total Inpatient Admits	4,405	2,875	327	744	459
Total Inpatient Admits/1000 Members	55.0	51.7	46.9	54.1	55.8
Total Inpatient Days	15,358	10,157	1,131	2,562	1,508
Total Inpatient Days/1000 Members	191.7	182.6	162.3	186.3	183.2
Total ACS Admits (Standard)	1,015	688	64	154	109
Total ACS Admits/1000 Members (Standard)	12.7	12.4	9.2	11.2	13.2
Total ACS Admits (AHCA)	587	398	36	87	66
Total ACS Admits/1000 Members (AHCA)	7.3	7.2	5.2	6.3	8.0
Total ACS Admits (Either)	1072	721	69	167	115
Total ACS Admits/1000 Members (Either)	13.4	13.0	9.9	12.1	14.0
Total Office Visits (only CPT codes)	150,247	113,053	8,188	24,632	4,374
Total Office Visits/ 1000 Members	1,875.0	2,032.1	1,174.9	1,791.2	531.3
Total Office Visits (CPT codes and 00, 11, 71, 72)	145,445	111,678	8,064	24,312	1,391
Total Office Visits/ 1000 Members	1,815.1	2,007.4	1,157.1	1,767.9	169.0
Total Office Visits (extended CPT codes)	169,287	127,032	9,273	27,731	5,251
Total Office Visits/ 1000 Members	2,112.6	2,283.4	1,330.6	2,016.5	637.9

Table 43: Utilization by Plan Type; Area 11 Miami-Dade County, SSI Only

Area 11 Miami-Dade County SSI Only	April 2003 – March 2004				
	Total	MediPass (excluding NetPass and PhyTrust)	PhyTrust	NetPass	PSN
Total Members	41,711	30303	3224	6251	4484
Total Users	41,316	27810	2729	5569	3811
Total Member Months	428,568	301,872	26,236	58,528	41,932
Total ER Visits	29,020	20,327	1,415	3,336	3,942
Total Urgent ER Claims	10,339	7,192	569	1,293	1,285
% Urgent ER (Urgent/ER)	36%	35%	40%	39%	33%
ER Visits/1000 Members	695.7	670.8	438.9	533.7	879.1
Total Pharmacy Claims	1,897,101	1,455,868	88,637	215,784	136,812
Pharmacy/1000 Members	45,482.0	48,043.7	27,492.9	34,519.9	30,511.2
Total Generic Pharmacy Claims	818,077	629,575	38,708	92,032	57,762
% Generic Pharmacy Claims	43%	43%	44%	43%	42%
Total Inpatient Admits	17,065	12,581	781	1,832	1,871
Total Inpatient Admits/1000 Members	409.1	415.2	242.2	293.1	417.3
Total Inpatient Days	107,573	80,663	5,143	11,106	10,661
Total Inpatient Days/1000 Members	2,579.01	2,661.88	1,595.22	1,776.68	2,377.56
Total ACS Admits (Standard)	2,891	2,129	113	296	353
Total ACS Admits/1000 Members (Standard)	69.3	70.3	35.0	47.4	78.7
Total ACS Admits (AHCA)	1,591	1,124	45	168	254
Total ACS Admits/1000 Members (AHCA)	38.1	37.1	14.0	26.9	56.6
Total ACS Admits (Either)	3019	2221	115	306	377
Total ACS Admits/1000 Members (Either)	72.4	73.3	35.7	49.0	84.1
Total Office Visits (only CPT codes)	207,812	162,754	9,736	27,169	8,153
Total Office Visits/ 1000 Members	4,982.2	5,370.9	3,019.9	4,346.3	1,818.2
Total Office Visits (CPT codes and 00, 11, 71, 72)	195,943	157,865	9,324	26,316	2,438
Total Office Visits/ 1000 Members	4,697.6	5,209.6	2,892.1	4,209.9	543.7
Total Office Visits (extended CPT codes)	229,502	180,437	10,742	29,773	8,550
Total Office Visits/ 1000 Members	5,502.2	5,954.4	3,331.9	4,762.9	1,906.8

Table 44: Summary of Utilization by Plan Type—Pasco County

Pasco County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits		0.90	NA
Urgent ER Visits		0.91	NA
Pharmacy Claims	0.79	0.91	NA
Generic Pharmacy Claims	0.88	0.95	NA
Inpatient Admits	1.40		NA
Inpatient Days	1.60	1.33	NA
ACS Admissions (Standard)		0.64	NA
ACS Admissions (AHCA)		0.30	NA
ACS Admissions (Either)	0.47	0.64	NA
Office Visits I	2.78	3.11	NA
Office Visits II	2.74	3.11	NA
Office Visits III	2.90	3.09	NA

Result tables are available by request.

Table 45: Summary of Utilization by Plan Type—Pinellas County

Pinellas County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits	1.10	0.90	NA
Urgent ER Visits	1.11	0.90	NA
Pharmacy Claims	0.84	0.93	NA
Generic Pharmacy Claims	0.96		NA
Inpatient Admits	1.49		NA
Inpatient Days	1.29		NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	2.38	2.51	NA
Office Visits II	2.36	2.52	NA
Office Visits III	2.40	2.58	NA

Result tables are available by request.

Table 46: Summary of Utilization by Plan Type—Hardee County

Hardee County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits			NA
Urgent ER Visits	0.88	0.88	NA
Pharmacy Claims	0.68	0.88	NA
Generic Pharmacy Claims	0.96		NA
Inpatient Admits		0.78	NA
Inpatient Days		0.70	NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	2.38	2.87	NA
Office Visits II	2.39	2.86	NA
Office Visits III	2.41	2.84	NA

Result tables are available by request.

Table 47: Summary of Utilization by Plan Type—Highlands County

Highlands County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits		1.50	NA
Urgent ER Visits		1.57	NA
Pharmacy Claims	0.88	0.88	NA
Generic Pharmacy Claims			NA
Inpatient Admits			NA
Inpatient Days			NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	2.45		NA
Office Visits II	2.46		NA
Office Visits III	2.44		NA

Result tables are available by request.

Table 48: Summary of Utilization by Plan Type—Hillsborough County

Hillsborough County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits	10.90	1.04	NA
Urgent ER Visits	1.11	1.11	NA
Pharmacy Claims	0.83	0.93	NA
Generic Pharmacy Claims	0.88	0.97	NA
Inpatient Admits		0.82	NA
Inpatient Days		0.78	NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	2.51	2.59	NA
Office Visits II	2.54	2.68	NA
Office Visits III	2.58	2.60	NA

Result tables are available by request.

Table 49: Summary of Utilization by Plan Type—Manatee County

Manatee County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits			NA
Urgent ER Visits			NA
Pharmacy Claims	1.20	0.82	NA
Generic Pharmacy Claims		0.91	NA
Inpatient Admits			NA
Inpatient Days			NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	3.29	3.22	NA
Office Visits II	3.29	3.20	NA
Office Visits III	3.26	3.38	NA

Result tables are available by request.

Table 50: Summary of Utilization by Plan Type—Polk County

Polk County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits		0.92	NA
Urgent ER Visits			NA
Pharmacy Claims	0.84	0.92	NA
Generic Pharmacy Claims	0.94	0.87	NA
Inpatient Admits		0.75	NA
Inpatient Days		0.83	NA
ACS Admissions (Standard)			NA
ACS Admissions (AHCA)			NA
ACS Admissions (Either)			NA
Office Visits I	2.78	2.62	NA
Office Visits II	2.77	2.62	NA
Office Visits III	2.84	2.72	NA

Result tables are available by request.

Table 51: Summary of Utilization by Plan Type—Palm Beach County

Palm Beach County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits	0.96	NA	NA
Urgent ER Visits		NA	NA
Pharmacy Claims	0.89	NA	NA
Generic Pharmacy Claims	0.94	NA	NA
Inpatient Admits	0.89	NA	NA
Inpatient Days	0.84	NA	NA
ACS Admissions (Standard)	0.76	NA	NA
ACS Admissions (AHCA)	0.67	NA	NA
ACS Admissions (Either)	0.79	NA	NA
Office Visits I	1.23	NA	NA
Office Visits II	1.24	NA	NA
Office Visits III	1.25	NA	NA

Result tables are available by request.

Table 52: Summary of Utilization by Plan Type—Broward County

Broward County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits		0.92	1.20
Urgent ER Visits			1.19
Pharmacy Claims	0.84	0.92	0.78
Generic Pharmacy Claims	0.94	0.87	0.83
Inpatient Admits		0.87	0.91
Inpatient Days		0.83	0.89
ACS Admissions (Standard)		0.77	
ACS Admissions (AHCA)		0.75	
ACS Admissions (Either)		0.80	
Office Visits I	1.20	1.09	0.55
Office Visits II	1.20	1.09	0.32
Office Visits III	1.22	1.07	0.57

Result tables are available by request.

Table 53: Summary of Utilization by Plan Type—Miami-Dade County

Miami-Dade County Summary—Significant Differences Shown

	Compared to MediPass (IRR)		
	FNP	PT	PSN
Total ER Visits	0.93	0.96	0.14
Urgent ER Visits	0.94		1.20
Pharmacy Claims	0.92	0.78	0.69
Generic Pharmacy Claims	0.92	0.82	0.69
Inpatient Admits	0.91	0.89	
Inpatient Days		0.99	
ACS Admissions (Standard)	0.86	0.83	
ACS Admissions (AHCA)		0.78	1.28
ACS Admissions (Either)	0.88	0.84	1.10
Office Visits I	1.19	1.12	0.37
Office Visits II	1.18	1.12	0.12
Office Visits III	1.19	1.13	0.37

Result tables are available by request.