

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 CALIFORNIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CALIFORNIA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	7,288,627 (A)	897,559 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	5,801,422 (B)	885,767 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	3,478,420 (C)	780,380 (G)
4. Benes who were all-year nursing facility residents ^f	54,944 (D)	49,603 (H)

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for California in 1999 was \$1,831,000,095, of which \$50,114,855 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.6 percent were restricted benefit months without a pharmacy benefit in California, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 CALIFORNIA, 1999

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
All	3,478,420	492,089	778,710	662,475	1,545,140	6	26,830,194	5,134,542	8,338,574	3,633,073	9,723,981	24
Age												
5 and younger	732,084	6	16,587	30	715,457	4	4,335,408	52	159,811	88	4,175,442	15
6-14	630,862	0	40,600	345	589,917	0	4,487,269	0	440,224	1,168	4,045,877	0
15-20	335,982	1	29,180	77,822	228,978	1	2,164,874	12	310,031	392,632	1,462,193	6
21-44	750,346	13	237,064	502,522	10,746	1	5,364,719	112	2,527,654	2,796,577	40,373	3
45-64	398,962	93	321,274	77,587	8	0	3,810,866	804	3,378,495	431,527	40	0
65-74	303,110	206,134	96,395	581	0	0	3,223,802	2,122,944	1,098,025	2,833	0	0
75-84	219,114	189,882	29,156	75	1	0	2,369,465	2,037,401	331,733	330	1	0
85 and older	107,925	95,956	8,454	3,513	2	0	1,073,723	973,200	92,601	7,918	4	0
Unknown	35	4	0	0	31	0	68	17	0	0	51	0
Gender												
Female	1,985,400	315,162	402,878	498,969	768,389	2	15,332,660	3,315,245	4,378,792	2,820,686	4,817,931	6
Male	1,493,018	176,927	375,831	163,505	776,751	4	11,497,510	1,819,297	3,959,770	812,375	4,906,050	18
Unknown	2	0	1	1	0	0	24	0	12	12	0	0
Race												
White	1,214,340	194,257	355,204	226,476	438,403	0	10,334,459	1,969,944	3,805,628	1,413,302	3,145,585	0
African American	377,461	28,497	131,131	68,938	148,895	0	2,862,340	289,277	1,398,706	321,244	853,113	0
Other/unknown	1,886,619	269,335	292,375	367,061	957,842	6	13,633,395	2,875,321	3,134,240	1,898,527	5,725,283	24
Use of Nursing Facilities												
All year	54,944	43,860	11,043	20	21	0	587,304	462,413	124,528	135	228	0
Part year	52,591	35,971	16,328	225	67	0	488,759	320,281	166,270	1,678	530	0
None	3,370,885	412,258	751,339	662,230	1,545,052	6	25,754,131	4,351,848	8,047,776	3,631,260	9,723,223	24
Maintenance Assistance Status												
Cash	1,871,664	318,755	678,518	300,198	574,193	0	16,284,709	3,560,831	7,466,590	1,732,081	3,525,207	0
Medically needy	821,844	153,855	87,123	173,243	407,623	0	4,936,796	1,369,897	731,938	825,718	2,009,243	0
Poverty-related	416,549	4,828	2,083	85,588	324,050	0	2,775,870	42,676	18,765	479,612	2,234,817	0
Other/unknown	368,363	14,651	10,986	103,446	239,274	6	2,832,819	161,138	121,281	595,662	1,954,714	24
Dual Medicare Status^c												
Full dual, all year	768,519	435,211	329,584	3,684	40	0	8,259,584	4,612,355	3,622,425	24,487	317	0
Full dual, part year	11,861	8,018	3,797	46	0	0	107,495	72,694	34,397	404	0	0
Non-dual, all year	2,698,040	48,860	445,329	658,745	1,545,100	6	18,463,115	449,493	4,681,752	3,608,182	9,723,664	24
Managed Care Status												
FFS all year	2,533,261	479,567	750,683	385,712	917,293	6	22,903,274	5,054,211	8,187,503	2,534,868	7,126,668	24
FFS part year, with Rx claims	388,740	7,948	19,417	116,979	244,396	0	1,977,874	57,431	115,851	583,114	1,221,478	0
FFS part year, no Rx claims	556,419	4,574	8,610	159,784	383,451	0	1,949,046	22,900	35,220	515,091	1,375,835	0

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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

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

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CALIFORNIA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Beneficiaries
All	54.7 %	9.3	\$512	\$55	\$3,300	15.5 %	\$30	3,478,420
Age								
5 and younger	47.1	2.1	38	18	1,081	3.5	24	732,084
6-14	37.6	2.0	84	43	1,246	6.7	16	630,862
15-20	37.9	2.2	102	47	1,834	5.5	10	335,982
21-44	52.6	7.9	621	79	3,874	16.0	20	750,346
45-64	75.7	22.4	1,377	61	6,655	20.7	60	398,962
65-74	77.8	21.1	1,049	50	4,144	25.3	58	303,110
75-84	80.7	23.5	1,091	47	6,154	17.7	57	219,114
85 and older	78.3	22.7	874	39	10,362	8.4	43	107,925
Unknown	5.7	1.2	32	27	65	49.0	0	35
Basis of Eligibility								
Aged	77.1	20.2	929	46	5,844	15.9	46	492,089
Disabled	78.2	22.9	1,516	66	8,053	18.8	79	778,710
Adults	42.9	2.8	115	41	1,505	7.7	7	662,475
Children	40.8	1.8	43	24	864	5.0	10	1,545,140
Unknown	16.7	0.2	2	10	61	2.8	3	6
Gender								
Female	56.9	10.1	495	49	3,337	14.8	29	1,985,400
Male	51.8	8.3	535	64	3,251	16.4	31	1,493,018
Unknown	50.0	9.0	307	34	510	60.3	6	2
Race								
White	60.7	12.7	749	59	4,583	16.3	30	1,214,340
African American	50.7	9.6	521	55	4,013	13.0	35	377,461
Other/unknown	51.6	7.1	358	50	2,331	15.3	29	1,886,619
Use of Nursing Facilities								
Entire year	87.1	40.7	1,543	38	31,933	4.8	28	54,944
Part year	88.0	32.2	1,471	46	19,439	7.6	69	52,591
None	53.7	8.4	480	57	2,581	18.6	29	3,370,885
Maintenance Assistance Status								
Cash	62.8	12.9	737	57	3,866	19.1	43	1,871,664
Medically needy	46.5	7.1	381	54	4,013	9.5	16	821,844
Poverty related	42.2	1.9	37	20	843	4.4	11	416,549
Other/unknown	46.1	4.2	200	47	1,610	12.4	16	368,363

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CALIFORNIA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.2	\$66	15.5 %	45.3 %	34.3 %	7.6 %	10.1 %	2.5 %	0.3 %	\$428	3,478,420	26,830,194
Age												
5 and younger	0.4	6	3.5	52.9	42.6	3.3	1.1	0.1	0.0	183	732,084	4,335,408
6-14	0.3	12	6.7	62.4	34.2	2.1	1.1	0.1	0.0	175	630,862	4,487,269
15-20	0.3	16	5.5	62.1	33.3	2.8	1.6	0.2	0.0	285	335,982	2,164,874
21-44	1.1	87	16.0	47.4	34.7	7.2	8.3	2.1	0.3	542	750,346	5,364,719
45-64	2.3	144	20.7	24.3	26.8	14.6	26.1	7.5	0.8	697	398,962	3,810,866
65-74	2.0	99	25.3	22.2	30.8	16.2	24.7	5.6	0.5	390	303,110	3,223,802
75-84	2.2	101	17.7	19.3	28.7	17.1	27.7	6.7	0.6	569	219,114	2,369,465
85 and older	2.3	88	8.4	21.7	27.0	16.1	26.9	7.7	0.6	1,042	107,925	1,073,723
Unknown	0.6	17	49.0	94.3	2.9	0.0	2.9	0.0	0.0	34	35	68
Basis of Eligibility												
Aged	1.9	89	15.9	22.9	31.1	16.3	23.8	5.5	0.5	560	492,089	5,134,542
Disabled	2.1	142	18.8	21.8	30.5	14.3	25.3	7.4	0.8	752	778,710	8,338,574
Adults	0.5	21	7.7	57.1	34.0	5.0	3.5	0.4	0.0	275	662,475	3,633,073
Children	0.3	7	5.0	59.2	37.4	2.5	0.9	0.0	0.0	137	1,545,140	9,723,981
Unknown	0.0	0	2.8	83.3	16.7	0.0	0.0	0.0	0.0	15	6	24
Gender												
Female	1.3	64	14.8	43.1	34.7	8.1	11.1	2.8	0.3	432	1,985,400	15,332,660
Male	1.1	69	16.4	48.2	33.8	6.9	8.7	2.2	0.2	422	1,493,018	11,497,510
Unknown	0.8	26	60.3	50.0	0.0	50.0	0.0	0.0	0.0	43	2	24
Race												
White	1.5	88	16.3	39.3	34.2	8.4	13.4	4.2	0.5	539	1,214,340	10,334,459
African American	1.3	69	13.0	49.3	29.8	7.1	10.6	2.9	0.3	529	377,461	2,862,340
Other/unknown	1.0	50	15.3	48.4	35.2	7.1	7.9	1.4	0.1	323	1,886,619	13,633,395
Use of Nursing Facilities												
Entire year	3.8	144	4.8	12.9	17.5	12.2	32.4	21.0	4.0	2,988	54,944	587,304
Part year	3.5	158	7.6	12.0	20.0	14.8	34.0	16.6	2.5	2,092	52,591	488,759
None	1.1	63	18.6	46.3	34.8	7.4	9.4	2.0	0.2	338	3,370,885	25,754,131
Maintenance Assistance Status												
Cash	1.5	85	19.1	37.2	34.7	10.0	14.4	3.3	0.3	444	1,871,664	16,284,709
Medically needy	1.2	63	9.5	53.5	29.6	6.1	7.8	2.7	0.4	668	821,844	4,936,796
Poverty related	0.3	6	4.4	57.8	38.9	2.4	0.8	0.0	0.0	127	416,549	2,775,870
Other/unknown	0.6	26	12.4	53.9	37.5	4.1	3.8	0.7	0.1	209	368,363	2,832,819

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 CALIFORNIA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs		
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	
All	1.2	\$66	0.4	\$43	\$112	0.1	\$11	0.6	\$10
		\$ per Rx		\$ per Rx	\$ per Rx		\$ per Rx		\$ per Rx
Age									
5 and younger	0.4	6	0.0	3	62	0.0	0	0.3	3
6-14	0.3	12	0.1	7	113	0.0	1	0.2	3
15-20	0.3	16	0.1	10	114	0.0	2	0.2	3
21-44	1.1	87	0.4	62	177	0.1	12	0.6	10
45-64	2.3	144	0.8	93	123	0.3	24	1.2	21
65-74	2.0	99	0.7	61	85	0.3	17	0.9	15
75-84	2.2	101	0.7	59	81	0.3	20	1.0	16
85 and older	2.3	88	0.6	47	74	0.4	19	1.1	16
Unknown	0.6	17	0.0	1	58	0.2	7	0.4	9
Basis of Eligibility									
Aged	1.9	89	0.7	53	80	0.3	17	0.9	14
Disabled	2.1	142	0.7	94	136	0.3	22	1.1	20
Adults	0.5	21	0.2	13	87	0.0	3	0.3	4
Children	0.3	7	0.0	4	76	0.0	1	0.2	2
Unknown	0.0	0	0.0	0	0	0.0	0	0.0	0
Gender									
Female	1.3	64	0.4	40	95	0.2	11	0.7	10
Male	1.1	69	0.3	46	141	0.1	11	0.5	10
Unknown	0.8	26	0.1	3	31	0.2	13	0.5	10
Race									
White	1.5	88	0.5	56	118	0.2	15	0.7	13
African American	1.3	69	0.4	45	127	0.1	10	0.7	11
Other/unknown	1.0	50	0.3	31	102	0.1	8	0.5	8
Use of Nursing Facilities									
Entire year	3.8	144	1.0	77	80	0.7	31	1.9	30
Part year	3.5	158	1.0	93	94	0.5	30	1.7	29
None	1.1	63	0.4	41	115	0.1	10	0.6	9
Maintenance Assistance Status									
Cash	1.5	85	0.5	54	113	0.2	14	0.7	13
Medically needy	1.2	63	0.4	41	117	0.2	10	0.6	10
Poverty related	0.3	6	0.0	3	64	0.0	1	0.2	2
Other/unknown	0.6	26	0.2	16	102	0.1	4	0.3	5

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In California, 7.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 CALIFORNIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent									
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name					Generic			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$14	\$0	\$2	\$58	\$172	\$89	\$11	3,432,010	1,235,702	35.5 %	12,083,658
Biologicals	0.1	0.1	0.0	0.0	61	42	9	10	554	582	3,620	280	11,928	9,519	0.3	107,518
Antineoplastic Agents	0.4	0.1	0.1	0.1	81	48	22	11	200	357	180	75	152,953	35,236	1.0	379,924
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.2	30	24	2	4	61	101	51	19	2,611,187	512,860	14.7	5,344,019
Cardiovascular Agents	0.9	0.3	0.2	0.4	44	25	14	5	49	78	59	15	6,104,000	605,939	17.4	6,678,067
Respiratory Agents	0.4	0.2	0.0	0.2	14	10	0	3	34	64	34	14	3,078,474	753,155	21.7	7,685,599
Gastrointestinal Agents	0.4	0.1	0.1	0.2	27	18	7	3	73	129	86	18	1,738,461	422,174	12.1	4,635,686
Genitourinary Agents	0.2	0.1	0.0	0.1	8	5	0	3	35	46	38	23	352,641	148,220	4.3	1,544,850
CNS Drugs	0.8	0.3	0.1	0.4	67	44	16	7	87	166	114	20	4,521,280	537,170	15.4	5,852,259
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.1	0.3	24	4	5	15	59	68	76	53	88,080	20,775	0.6	220,456
Miscellaneous Psychological/Neurological Agents	0.3	0.1	0.0	0.2	25	20	0	4	71	140	99	19	71,190	18,154	0.5	205,657
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	14	9	2	4	38	108	108	14	3,146,475	790,765	22.7	8,221,017
Neuromuscular Agents	0.7	0.2	0.1	0.4	40	25	5	10	53	111	44	25	1,865,863	224,746	6.5	2,489,013
Nutritional Products	0.3	0.0	0.0	0.2	4	0	1	3	17	42	53	13	469,228	186,516	5.4	1,838,683
Hematological Agents	0.4	0.0	0.1	0.2	36	24	6	6	86	527	41	26	556,367	123,378	3.5	1,344,945
Topical Products	0.3	0.1	0.0	0.2	8	5	1	2	27	51	38	13	2,202,524	715,927	20.6	7,321,056
Miscellaneous Products	0.4	0.1	0.1	0.2	95	59	29	8	240	431	356	44	101,848	24,586	0.7	256,048
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	42	0	0	0	1,881,923	543,492	15.6	5,824,486
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	32,386,432	1,780,885,240	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In California, 7.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 CALIFORNIA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$237,692,658	255,435	7.3 %	2,861,940	0.6	\$145	\$83
ANTIDEPRESSANTS	113,382,842	392,390	11.3	4,326,009	0.4	64	26
ANTIVIRAL	110,739,196	71,758	2.1	776,673	0.5	310	143
ULCER DRUGS	102,604,318	407,748	11.7	4,537,228	0.3	89	23
ANTIHYPERTENSIVE	89,638,623	372,358	10.7	4,163,180	0.4	51	22
ANTHYPERLIPIDEMIC	85,623,176	194,747	5.6	2,206,035	0.4	99	39
ANTICONVULSANT	84,919,589	206,321	5.9	2,299,335	0.6	65	37
ANTIDIABETIC	84,501,328	290,949	8.4	3,205,685	0.5	56	26
CALCIUM BLOCKERS	80,998,597	234,236	6.7	2,633,331	0.5	67	31
MISC. ENDOCRINE	66,145,023	68,292	2.0	781,967	0.3	247	85

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 CALIFORNIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$		
All	11,815,068	\$1,056,245,350	255,435	7.3 %	0.6	2,861,940	11.3 %	0.6	\$83	392,390	11.3 %	0.4	\$26		
Female	7,055,786	546,444,467	136,919	6.9	0.5	1,530,209	13.1	0.5	67	259,117	13.1	0.4	26		
Disabled	4,147,848	352,351,170	96,155	23.9	0.6	1,105,089	40.0	0.6	81	161,022	40.0	0.4	28		
5 and younger	32,652	612,987	51	0.7	0.3	565	0.6	0.3	25	41	0.6	0.2	10		
6-14	35,079	3,720,137	659	4.4	0.4	7,516	5.6	0.4	53	844	5.6	0.4	23		
15-20	911,541	96,540,616	1,445	12.5	0.5	16,078	12.9	0.5	76	1,497	12.9	0.4	29		
21-44	2,037,264	169,823,087	43,862	25.1	0.6	422,323	44.2	0.6	93	45,174	44.2	0.4	32		
45-64	797,919	56,711,429	9,075	14.3	0.5	504,556	49.8	0.6	81	86,831	49.8	0.4	29		
65-74	262,678	17,535,837	3,201	14.3	0.4	105,602	30.8	0.5	52	19,548	30.8	0.4	21		
75-84	63,043	3,767,004	1,037	15.1	0.4	36,960	25.5	0.4	41	5,690	25.5	0.4	20		
85 and older	2,907,938	194,093,297	40,764	2.6	0.4	11,489	20.4	0.4	26	1,397	20.4	0.4	20		
Other Eligibles	9,247	446,667	308	0.1	0.1	425,120	6.2	0.4	33	98,095	6.2	0.4	22		
5 and younger	45,402	3,720,967	1,799	0.6	0.4	2,954	1.1	0.1	6	117	0.0	0.2	10		
6-14	38,875	3,199,387	2,348	1.3	0.3	19,288	2.5	0.4	47	3,277	1.1	0.4	22		
15-20	196,638	16,217,589	5,759	1.5	0.2	21,984	6.9	0.3	31	4,700	2.5	0.3	23		
21-44	98,278	7,262,579	1,135	2.4	0.3	49,827	15.9	0.2	19	26,948	6.9	0.3	23		
45-64	867,947	61,170,696	6,929	5.6	0.4	10,307	15.3	0.3	27	7,523	15.9	0.3	23		
65-74	1,073,290	70,382,736	11,764	9.8	0.4	76,871	18.6	0.4	43	18,772	15.3	0.3	18		
85 and older	578,261	31,692,676	10,722	14.6	0.4	129,245	19.8	0.4	37	22,283	18.6	0.4	21		
Male	4,759,274	509,800,666	118,515	7.9	0.6	41,529	8.9	0.6	101	133,273	8.9	0.4	27		
Disabled	3,343,951	410,290,198	99,020	26.3	0.7	1,331,719	25.5	0.7	111	95,952	25.5	0.4	29		
5 and younger	11,186	950,319	99	1.0	0.3	1,129,708	0.7	0.3	39	66	0.7	0.3	13		
6-14	65,912	6,590,728	2,211	8.6	0.5	1,083	9.6	0.5	62	2,463	9.6	0.4	24		
15-20	57,984	6,913,888	2,809	16.0	0.5	25,367	12.7	0.5	89	2,236	12.7	0.4	32		
21-44	1,295,188	203,988,661	52,750	39.1	0.7	31,560	28.5	0.7	123	38,459	28.5	0.5	32		
45-64	1,500,628	162,219,731	36,447	24.8	0.7	602,146	30.4	0.7	106	38,459	30.4	0.4	28		
65-74	335,796	24,564,390	3,625	11.0	0.5	415,822	20.3	0.5	61	44,589	20.3	0.4	20		
75-84	65,474	4,329,448	875	12.8	0.5	41,529	17.7	0.5	44	6,697	17.7	0.4	19		
85 and older	11,783	733,033	204	12.8	0.4	9,987	14.8	0.4	28	1,207	14.8	0.4	19		
Other Eligibles	1,415,304	99,509,791	19,495	1.7	0.4	2,214	3.3	0.4	43	235	3.3	0.4	21		
5 and younger	11,397	529,970	453	0.1	0.2	202,011	0.1	0.2	11	233	0.1	0.2	9		
6-14	83,215	6,371,224	3,194	1.1	0.5	4,519	2.0	0.5	56	5,973	2.0	0.4	23		
15-20	40,892	3,712,161	2,145	1.8	0.4	34,377	3.1	0.4	62	3,753	3.1	0.4	27		
21-44	52,115	4,703,352	1,056	0.9	0.3	20,979	3.6	0.3	38	4,373	3.6	0.3	20		
45-64	52,093	4,112,015	492	1.6	0.3	8,483	8.4	0.3	46	2,565	8.4	0.3	21		
65-74	508,424	36,227,722	4,205	5.0	0.4	4,341	10.1	0.4	49	8,459	10.1	0.3	19		
75-84	517,798	35,019,515	5,384	7.7	0.4	45,435	12.5	0.4	35	8,809	12.5	0.4	20		
85 and older	149,370	8,833,832	2,566	9.8	0.4	57,511	12.0	0.4	28	3,156	12.0	0.4	22		
Unknown	27	894	1	2.7	0.3	12	0.0	0.3	3	0	0.0	0.0	0		

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 CALIFORNIA, 1999

Beneficiary Characteristics	ANTIVIRAL				ULCER DRUGS				ANTIHYPERTENSIVE						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	71,758	2.1 %	776,673	0.5	\$143	407,748	11.7 %	4,537,228	0.3	\$23	372,358	10.7 %	4,163,180	0.4	\$22
Female	24,000	1.2	261,324	0.3	85	266,992	13.4	2,983,176	0.3	22	216,680	10.9	2,430,360	0.4	21
Disabled	14,577	3.6	165,645	0.4	107	131,424	32.6	1,523,868	0.3	24	100,426	24.9	1,153,564	0.4	21
5 and younger	104	1.5	1,165	0.5	88	466	6.7	5,064	0.3	22	122	1.7	1,323	0.4	10
6-14	315	2.1	3,623	0.5	126	785	5.2	9,168	0.2	18	499	3.3	5,675	0.4	11
15-20	145	1.3	1,644	0.3	86	784	6.8	8,984	0.2	16	274	2.4	3,138	0.4	15
21-44	6,456	6.3	71,944	0.4	135	20,849	20.4	240,240	0.2	22	8,449	8.3	96,106	0.4	18
45-64	5,922	3.4	67,954	0.3	101	66,492	38.1	766,729	0.3	25	49,456	28.3	561,987	0.4	21
65-74	1,188	1.9	14,020	0.2	26	29,695	46.8	349,598	0.3	24	28,419	44.8	332,251	0.4	23
75-84	354	1.6	4,210	0.1	11	9,661	43.3	113,151	0.3	26	10,407	46.6	121,180	0.4	23
85 and older	93	1.4	1,085	0.1	9	2,692	39.2	30,934	0.3	25	2,800	40.8	31,904	0.5	22
Other Eligibles	9,423	0.6	95,679	0.2	46	135,568	8.6	1,459,308	0.2	21	116,254	7.3	1,276,796	0.4	21
5 and younger	222	0.1	2,119	0.4	59	3,549	1.0	31,099	0.1	3	211	0.1	2,013	0.4	8
6-14	454	0.2	4,687	0.3	65	3,797	1.3	35,877	0.1	4	925	0.3	9,958	0.5	9
15-20	705	0.4	6,477	0.2	36	3,507	1.9	32,256	0.1	8	351	0.2	3,212	0.4	10
21-44	3,656	0.9	33,232	0.3	79	18,132	4.6	163,759	0.2	16	4,755	1.2	40,123	0.3	15
45-64	525	1.1	4,832	0.3	95	6,665	14.1	58,566	0.2	19	4,591	9.7	36,674	0.4	20
65-74	1,595	1.3	18,060	0.2	21	38,190	31.1	435,393	0.2	21	37,725	30.8	422,120	0.4	21
75-84	1,503	1.3	17,609	0.1	10	40,722	34.0	468,697	0.3	23	44,778	37.4	510,920	0.4	22
85 and older	763	1.0	8,663	0.1	9	21,006	28.7	233,661	0.3	26	22,918	31.3	251,776	0.5	22
Male	47,757	3.2	515,337	0.5	172	140,756	9.4	1,554,052	0.3	23	155,678	10.4	1,732,820	0.4	22
Disabled	43,621	11.6	472,105	0.6	182	73,894	19.7	843,370	0.3	25	74,783	19.9	844,873	0.4	22
5 and younger	141	1.5	1,544	0.5	87	582	6.1	6,387	0.3	21	244	2.5	2,675	0.5	10
6-14	320	1.3	3,682	0.5	145	1,004	3.9	11,641	0.2	20	1,620	6.3	18,520	0.5	12
15-20	172	1.0	1,955	0.4	117	811	4.6	9,318	0.3	22	656	3.7	7,507	0.5	13
21-44	27,956	20.7	299,553	0.6	184	19,153	14.2	218,201	0.3	25	11,624	8.6	130,842	0.4	21
45-64	14,278	9.7	156,607	0.6	186	37,867	25.8	429,126	0.3	26	40,926	27.9	456,624	0.4	22
65-74	659	2.0	7,647	0.3	100	11,583	35.1	135,209	0.3	24	15,620	47.3	181,517	0.4	23
75-84	78	1.1	927	0.2	20	2,358	34.5	27,399	0.3	25	3,364	49.2	38,933	0.4	23
85 and older	17	1.1	190	0.1	18	536	33.7	6,089	0.3	27	729	45.8	8,255	0.4	21
Other Eligibles	4,136	0.4	43,232	0.3	63	66,862	6.0	710,682	0.2	21	80,893	7.2	887,923	0.4	22
5 and younger	223	0.1	2,149	0.4	51	3,931	1.1	34,199	0.1	3	351	0.1	3,423	0.4	10
6-14	430	0.1	4,592	0.3	72	3,196	1.1	30,661	0.1	4	2,580	0.9	27,638	0.5	10
15-20	236	0.2	2,214	0.2	36	1,814	1.5	16,756	0.2	10	632	0.5	6,460	0.5	11
21-44	736	0.6	6,082	0.4	144	5,551	4.6	46,008	0.2	21	2,108	1.7	16,765	0.3	17
45-64	236	0.8	2,179	0.4	172	3,599	11.8	31,520	0.2	22	3,150	10.4	24,572	0.4	20
65-74	1,160	1.4	13,124	0.2	53	21,077	25.1	238,005	0.2	22	31,159	37.1	346,932	0.4	22
75-84	888	1.3	10,291	0.2	20	21,176	30.2	241,807	0.3	23	32,143	45.8	365,858	0.4	23
85 and older	227	0.9	2,601	0.1	12	6,518	24.9	71,726	0.3	26	8,770	33.5	96,275	0.4	22
Unknown	1	2.7	12	0.3	15	0	0.0	0	0.0	0	2	5.4	24	0.4	14

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 CALIFORNIA, 1999

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTICONSULSANT					ANTIDIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	194,747	5.6 %	2,206,035	0.4	\$39	206,321	5.9 %	2,299,335	0.6	\$37	290,949	8.4 %	3,205,685	0.5	\$26
Female	124,110	6.3	1,413,199	0.4	39	113,153	5.7	1,262,145	0.5	34	188,540	9.5	2,088,785	0.5	27
Disabled	61,559	15.3	713,372	0.4	39	81,780	20.3	934,748	0.6	38	99,128	24.6	1,136,432	0.5	29
5 and younger	7	0.1	84	0.4	15	602	8.6	6,689	0.6	32	11	0.2	118	0.4	21
6-14	12	0.1	144	0.4	17	2,203	14.7	25,436	0.6	47	103	0.7	1,175	0.8	40
15-20	27	0.2	294	0.2	16	1,950	16.8	22,145	0.6	52	195	1.7	2,213	0.6	32
21-44	4,411	4.3	50,698	0.4	32	30,424	29.8	345,885	0.6	46	9,250	9.0	105,269	0.5	28
45-64	33,023	18.9	378,606	0.4	38	36,191	20.7	413,306	0.6	36	52,724	30.2	598,213	0.5	30
65-74	18,422	29.1	217,005	0.4	42	7,664	12.1	89,674	0.5	23	27,651	43.6	323,238	0.5	29
75-84	4,918	22.0	57,916	0.4	44	2,234	10.0	25,844	0.5	21	7,754	34.7	90,056	0.5	26
85 and older	739	10.8	8,625	0.4	40	512	7.5	5,769	0.4	16	1,440	21.0	16,150	0.4	19
Other Eligibles	62,551	4.0	699,827	0.4	39	31,373	2.0	327,397	0.5	20	89,412	5.7	952,353	0.5	24
5 and younger	24	0.0	261	0.1	5	337	0.1	3,270	0.4	22	74	0.0	621	0.6	29
6-14	25	0.0	225	0.3	29	1,567	0.5	16,115	0.5	26	373	0.1	3,202	0.8	42
15-20	74	0.0	601	0.2	24	1,466	0.8	13,894	0.4	27	656	0.4	5,211	0.7	36
21-44	2,699	0.7	23,925	0.3	25	5,730	1.5	50,079	0.4	20	7,765	2.0	62,399	0.5	25
45-64	3,237	6.8	26,972	0.3	30	1,475	3.1	13,137	0.4	22	6,340	13.4	49,985	0.4	27
65-74	27,778	22.6	315,103	0.4	39	7,034	5.7	78,671	0.4	20	31,631	25.8	352,278	0.5	24
75-84	23,795	19.9	276,441	0.4	41	8,824	7.4	98,910	0.5	19	31,274	26.1	354,723	0.5	24
85 and older	4,919	6.7	56,299	0.4	40	4,940	6.7	53,321	0.6	20	11,299	15.4	123,934	0.5	19
Male	70,637	4.7	792,836	0.4	39	93,168	6.2	1,037,190	0.6	41	102,409	6.9	1,116,900	0.5	26
Disabled	38,043	10.1	434,593	0.4	38	75,377	20.1	853,866	0.6	45	56,070	14.9	630,411	0.5	28
5 and younger	15	0.2	174	0.2	10	817	8.5	9,066	0.6	37	12	0.1	136	0.6	60
6-14	27	0.1	285	0.4	20	3,343	13.1	38,280	0.6	46	80	0.3	907	0.8	40
15-20	53	0.3	601	0.3	25	2,908	16.5	33,029	0.6	53	174	1.0	1,963	0.6	33
21-44	6,726	5.0	77,217	0.4	33	35,358	26.2	400,451	0.7	50	8,563	6.4	96,467	0.5	28
45-64	22,039	15.0	248,783	0.4	39	28,372	19.3	320,284	0.6	40	33,515	22.8	372,239	0.5	28
65-74	7,898	23.9	92,514	0.4	42	3,723	11.3	43,013	0.5	25	11,389	34.5	131,876	0.5	28
75-84	1,149	16.8	13,457	0.4	43	751	11.0	8,569	0.5	22	2,025	29.6	23,433	0.5	26
85 and older	136	8.5	1,562	0.4	39	105	6.6	1,174	0.5	17	312	19.6	3,390	0.4	22
Other Eligibles	32,594	2.9	358,243	0.4	39	17,791	1.6	183,324	0.5	24	46,338	4.1	486,477	0.5	24
5 and younger	29	0.0	261	0.2	11	436	0.1	4,115	0.4	18	88	0.0	753	0.6	35
6-14	38	0.0	374	0.2	14	2,505	0.8	26,289	0.5	28	380	0.1	3,330	0.7	38
15-20	54	0.0	491	0.3	19	1,688	1.4	15,841	0.5	34	389	0.3	3,166	0.8	42
21-44	1,679	1.4	13,849	0.3	26	1,599	1.3	12,389	0.4	27	2,830	2.3	20,623	0.4	25
45-64	2,289	7.5	18,607	0.3	33	805	6.902	6,902	0.4	23	3,663	12.1	27,149	0.4	26
65-74	15,213	18.1	171,053	0.4	39	4,605	5.5	50,665	0.5	23	18,969	22.6	208,391	0.4	24
75-84	11,667	16.6	135,032	0.4	40	4,665	6.6	51,353	0.5	20	16,354	23.3	183,832	0.4	23
85 and older	1,625	6.2	18,576	0.4	38	1,488	5.7	15,770	0.5	19	3,665	14.0	39,233	0.5	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.7	12	0.7	21

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 CALIFORNIA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					MISC. ENDOCRINE						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	234,236	6.7 %	2,633,331	0.5	\$31	68,292	2.0 %	781,967	0.3	\$85	3,478,420	26,830,194
Female	156,060	7.9	1,759,894	0.5	31	57,674	2.9	664,556	0.3	33	1,985,383	15,332,628
Disabled	68,882	17.1	793,645	0.5	32	20,481	5.1	239,504	0.3	43	402,878	4,378,792
5 and younger	21	0.3	231	0.3	9	135	1.9	1,533	0.5	94	6,973	67,504
6-14	55	0.4	603	0.5	27	397	2.6	4,628	0.5	235	15,011	163,530
15-20	98	0.8	1,123	0.4	20	161	1.4	1,889	0.5	237	11,589	123,229
21-44	5,086	5.0	57,908	0.4	29	1,151	1.1	13,268	0.4	160	102,258	1,102,264
45-64	33,384	19.1	380,490	0.4	31	8,368	4.8	96,720	0.3	39	174,475	1,864,634
65-74	20,461	32.3	239,630	0.5	33	7,216	11.4	85,460	0.3	23	63,384	726,726
75-84	7,695	34.5	89,841	0.5	33	2,423	10.9	28,692	0.3	24	22,325	255,306
85 and older	2,082	30.3	23,819	0.5	31	630	9.2	7,314	0.3	22	6,863	75,599
Other Eligibles	87,178	5.5	966,249	0.5	30	37,193	2.4	425,052	0.3	27	1,582,505	10,953,836
5 and younger	8	0.0	62	0.2	13	167	0.0	1,584	0.3	62	350,614	2,040,997
6-14	44	0.0	423	0.3	20	1,283	0.4	12,840	0.3	73	290,823	1,992,018
15-20	257	0.1	2,157	0.2	8	114	0.1	1,154	0.4	274	185,677	1,074,844
21-44	3,138	0.8	26,857	0.3	19	215	0.1	2,059	0.3	93	392,404	2,257,786
45-64	2,893	6.1	23,047	0.4	28	457	1.0	4,254	0.3	23	47,305	271,826
65-74	29,014	23.7	326,256	0.4	30	13,009	10.6	149,576	0.3	24	122,658	1,275,532
75-84	34,670	29.0	397,245	0.5	31	15,468	12.9	180,162	0.3	25	119,753	1,295,115
85 and older	17,154	23.4	190,202	0.5	29	6,480	8.8	73,423	0.4	25	73,271	745,718
Male	78,176	5.2	873,437	0.4	31	10,618	0.7	117,411	0.4	377	1,493,000	11,497,474
Disabled	38,882	10.3	440,816	0.5	33	4,694	1.2	53,369	0.4	774	375,831	3,959,770
5 and younger	21	0.2	239	0.4	12	190	2.0	2,143	0.5	119	9,614	92,307
6-14	88	0.3	1,003	0.5	25	702	2.7	8,134	0.5	185	25,589	276,694
15-20	130	0.7	1,481	0.4	29	218	1.2	2,536	0.5	353	17,591	186,802
21-44	6,030	4.5	68,041	0.5	33	1,451	1.1	16,179	0.5	1,546	134,805	1,425,378
45-64	22,168	15.1	248,753	0.5	33	1,500	1.0	17,027	0.4	776	146,799	1,513,861
65-74	8,423	25.5	97,943	0.5	32	458	1.4	5,311	0.3	71	33,011	371,299
75-84	1,670	24.4	19,418	0.5	31	141	2.1	1,653	0.3	24	6,831	76,427
85 and older	352	22.1	3,938	0.5	30	34	2.1	386	0.3	19	1,591	17,002
Other Eligibles	39,293	3.5	432,609	0.4	30	5,924	0.5	64,042	0.3	47	1,117,169	7,537,704
5 and younger	23	0.0	219	0.3	13	227	0.1	2,120	0.3	52	364,883	2,134,600
6-14	58	0.0	595	0.3	15	2,090	0.7	20,951	0.3	66	299,439	2,055,027
15-20	87	0.1	816	0.3	22	209	0.2	2,059	0.5	184	121,125	779,999
21-44	1,110	0.9	8,952	0.3	25	34	0.0	314	0.4	244	120,877	579,267
45-64	1,600	5.3	12,776	0.4	30	53	0.2	524	0.3	26	30,383	160,545
65-74	15,689	18.7	174,848	0.4	30	1,162	1.4	13,353	0.3	39	84,057	850,245
75-84	16,233	23.1	184,833	0.4	30	1,599	2.3	18,595	0.3	22	70,205	742,617
85 and older	4,493	17.1	49,570	0.5	28	550	2.1	6,126	0.3	22	26,200	235,404
Unknown	1	2.7	12	0.2	8	0	0.0	0	0.0	0	37	92

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 CALIFORNIA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$144	3.8	54,944	587,304
Age				
0-64	239	4.8	7,840	88,119
65-74	188	4.6	7,541	81,240
75-84	137	3.8	16,734	176,220
85 and older	101	3.2	22,829	241,725
Unknown	0	0.0	0	0
Gender				
Female	135	3.8	38,188	411,974
Male	167	3.9	16,756	175,330
Unknown	0	0.0	0	0
Race				
White	140	3.7	39,407	416,768
African American	151	3.8	5,507	61,026
Other/unknown	159	4	10,030	109,510
Basis of Eligibility				
Aged	123	3.6	43,860	462,413
Disabled	222	4.7	11,043	124,528
Adults	293	7.2	20	135
Children	299	7.3	21	228
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 CALIFORNIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents					
												No.	Mos				
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$12	\$0	\$2	\$51	\$101	\$86	\$13	91,617	\$4,643,017	29,431	53.6 %	331,007
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	20	22	712	17	5,558	113,004	5,053	9.2	59,033
Antineoplastic Agents	0.5	0.1	0.3	0.2	65	19	37	10	122	277	133	53	24,276	2,952,860	4,127	7.5	45,154
Endocrine/Metabolic Drugs	1.0	0.3	0.1	0.6	21	13	1	7	20	38	16	11	196,835	3,966,566	17,246	31.4	191,578
Cardiovascular Agents	1.5	0.3	0.4	0.8	35	13	14	8	22	45	30	10	509,276	11,435,834	29,979	54.6	330,404
Respiratory Agents	0.7	0.2	0.0	0.5	21	10	1	10	29	49	34	21	104,913	3,064,184	13,079	23.8	146,313
Gastrointestinal Agents	0.8	0.2	0.2	0.3	41	21	12	8	53	86	62	24	146,656	7,797,215	17,192	31.3	191,322
Genitourinary Agents	0.5	0.1	0.0	0.3	15	5	0	10	32	48	40	28	32,609	1,057,989	6,342	11.5	71,879
CNS Drugs	1.2	0.5	0.2	0.5	83	58	18	7	70	117	87	14	371,252	25,838,003	27,950	50.9	311,869
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.1	0.4	14	2	4	8	30	126	44	22	158	4,814	30	0.1	339
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	68	67	0	1	118	130	24	15	5,743	677,567	931	1.7	10,026
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	20	11	3	6	30	84	67	12	105,683	3,202,702	14,806	26.9	164,016
Neuromuscular Agents	1.2	0.3	0.3	0.7	48	20	12	16	39	79	40	24	214,364	8,438,299	15,604	28.4	176,609
Nutritional Products	0.5	0.0	0.0	0.4	7	0	1	6	16	21	30	14	55,560	864,568	10,397	18.9	116,123
Hematological Agents	0.9	0.1	0.4	0.5	32	17	7	7	35	284	19	16	100,006	3,508,111	9,928	18.1	109,351
Topical Products	0.5	0.1	0.0	0.3	12	6	2	3	25	46	36	13	126,535	3,224,098	24,273	44.2	276,660
Miscellaneous Products	0.2	0.0	0.0	0.2	9	1	1	7	42	141	190	36	8,311	352,544	3,533	6.4	39,165
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	14	0	0	0	27	0	0	0	134,890	3,661,208	23,271	42.4	264,804
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,234,242	84,802,583	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In California, 7.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 9

All Medicaid Beneficiaries

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

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 CALIFORNIA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$15,933,308	20,461	37.2 %	231,387	0.7	\$105	\$69
ANTIDEPRESSANTS	6,876,620	18,082	32.9	202,528	0.7	49	34
ULCER DRUGS	6,542,885	17,573	32.0	196,830	0.5	67	33
ANTICONVULSANT	5,931,583	13,591	24.7	154,805	0.9	42	38
ANTIHYPERTENSIVE	4,212,711	14,931	27.2	164,438	0.8	33	26
CALCIUM BLOCKERS	3,446,501	9,721	17.7	108,506	0.8	40	32
ANTIDIABETIC	3,247,027	13,152	23.9	147,269	0.7	31	22
ANTINEOPLASTICS	2,952,860	4,217	7.7	46,131	0.5	122	64
ANTIASTHMATIC	2,639,215	14,417	26.2	160,119	0.5	30	16
ANTIANSIETY AGENTS	2,513,827	7,839	14.3	88,673	0.5	53	28

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} CALIFORNIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Mos among Users	No. of Users	Residents	Mean No. of Mos among Users	Mean Rx	Mean Rx \$
All	1,006,211	\$54,296,537	20,461	37.2 %	231,387	0.7	\$69	18,082	32.9 %	202,528	0.7	\$34			
Female	668,933	34,919,905	13,504	35.4	152,938	0.6	63	12,925	33.8	145,201	0.7	33			
Disabled	155,199	9,713,855	3,286	57.5	38,334	0.8	99	2,188	38.3	25,151	0.7	39			
64 or younger	95,856	6,488,960	1,954	56.4	22,702	0.9	115	1,405	40.5	16,133	0.8	42			
65-74	33,669	1,891,477	766	72.5	9,037	0.8	84	402	38.0	4,688	0.8	37			
75-84	17,337	933,744	382	55.5	4,497	0.7	74	241	35.0	2,739	0.7	33			
85 and older	8,337	399,674	184	36.5	2,098	0.6	45	140	27.8	1,591	0.7	33			
Other Eligibles	513,734	25,206,050	10,218	31.5	114,604	0.6	51	10,737	33.1	120,050	0.7	32			
64 or younger	733	37,453	7	29.2	54	0.5	47	6	25.0	43	0.9	61			
65-74	77,987	4,346,091	1,568	49.6	17,859	0.7	82	1,385	43.8	15,663	0.7	34			
75-84	197,656	9,778,532	3,954	36.4	44,300	0.6	54	4,020	37.0	44,831	0.7	33			
85 and older	237,358	11,043,974	4,689	25.5	52,391	0.5	39	5,326	28.9	59,513	0.7	31			
Male	337,278	19,376,632	6,957	41.5	78,449	0.7	80	5,157	30.8	57,327	0.7	36			
Disabled	143,936	9,433,847	3,005	56.4	34,795	0.9	109	1,819	34.1	20,763	0.7	39			
64 or younger	118,206	8,002,491	2,461	56.8	28,486	0.9	117	1,484	34.3	16,884	0.7	40			
65-74	18,995	1,046,869	387	56.4	4,482	0.8	81	245	35.7	2,842	0.7	36			
75-84	5,221	304,187	122	56.7	1,417	0.7	72	67	31.2	771	0.7	39			
85 and older	1,514	80,300	35	35.4	410	0.6	50	23	23.2	266	0.6	27			
Other Eligibles	193,342	9,942,785	3,952	34.6	43,654	0.6	56	3,338	29.2	36,564	0.7	33			
64 or younger	601	28,649	2	9.1	11	0.2	2	2	9.1	15	1.2	82			
65-74	61,048	3,356,463	1,288	48.9	14,469	0.7	75	972	36.9	10,894	0.7	35			
75-84	85,257	4,261,566	1,731	34.9	19,011	0.6	53	1,475	29.7	16,010	0.7	33			
85 and older	46,436	2,296,107	931	24.5	10,163	0.5	37	889	23.4	9,645	0.6	31			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CALIFORNIA, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	Mean Rx \$	No. of Rx	Mean No. of	No. of Users	No. of Bene NF Residents	No. of Bene NF Residents	Mean Rx \$	No. of Rx	Mean No. of	No. of Users	No. of Bene NF Residents	No. of Bene NF Residents	Mean Rx \$	No. of Rx	Mean No. of
All	17,573	196,830	32.0 %	\$33	0.5	0.9	13,591	24.7 %	\$38	0.9	0.9	14,931	27.2 %	\$38	0.9	0.8	164,438	0.8
Female	11,875	133,579	31.1	33	0.5	0.9	8,097	21.2	36	0.9	0.9	9,972	26.1	36	0.9	0.8	110,429	0.8
Disabled	2,067	23,737	36.2	35	0.5	1.0	2,735	47.9	48	1.0	1.0	1,471	25.7	48	1.0	0.8	16,680	0.8
64 or younger	1,227	14,058	35.4	36	0.5	1.0	1,924	55.5	53	1.0	1.0	719	20.8	53	1.0	0.8	8,149	0.8
65-74	393	4,577	37.2	35	0.5	0.9	512	48.4	38	0.9	0.9	399	37.7	38	0.9	0.8	4,607	0.8
75-84	272	3,109	39.5	35	0.5	1.0	214	31.1	37	1.0	1.0	222	32.3	37	1.0	0.8	2,454	0.8
85 and older	175	1,993	34.7	34	0.5	0.7	85	16.9	23	0.7	0.7	131	26.0	23	0.7	0.8	1,470	0.8
Other Eligibles	9,808	109,842	30.2	32	0.5	0.8	5,362	16.5	29	0.8	0.8	8,501	26.2	29	0.8	0.8	93,749	0.8
64 or younger	14	155	58.3	36	0.6	1.1	12	50.0	38	1.1	1.1	7	29.2	38	1.1	1.0	59	1.0
65-74	1,160	13,070	36.7	34	0.5	0.9	1,185	37.5	35	0.9	0.9	968	30.6	35	0.9	0.7	10,728	0.7
75-84	3,513	39,311	32.3	33	0.5	0.8	2,253	20.7	29	0.8	0.8	3,031	27.9	29	0.8	0.8	33,501	0.8
85 and older	5,121	57,306	27.8	32	0.5	0.7	1,912	10.4	26	0.7	0.7	4,495	24.4	26	0.7	0.8	49,461	0.8
Male	5,698	63,251	34.0	34	0.5	1.0	5,494	32.8	42	1.0	1.0	4,959	29.6	42	1.0	0.8	54,009	0.8
Disabled	1,970	22,335	37.0	36	0.5	1.0	2,998	56.3	50	1.0	1.0	1,421	26.7	50	1.0	0.8	16,062	0.8
64 or younger	1,569	17,714	36.2	37	0.5	1.0	2,568	59.3	52	1.0	1.0	1,052	24.3	52	1.0	0.8	11,835	0.8
65-74	277	3,192	40.4	35	0.5	1.0	343	50.0	37	1.0	1.0	257	37.5	37	1.0	0.8	2,927	0.8
75-84	89	1,031	41.4	35	0.5	1.0	73	34.0	43	1.0	1.0	81	37.7	43	1.0	0.7	930	0.7
85 and older	35	398	35.4	37	0.5	0.9	14	14.1	29	0.9	0.9	31	31.3	29	0.9	0.7	370	0.7
Other Eligibles	3,728	40,916	32.6	33	0.5	0.9	2,496	21.8	33	0.9	0.9	3,538	31.0	33	0.9	0.8	37,947	0.8
64 or younger	14	155	63.6	54	0.8	1.0	10	45.5	29	1.0	1.0	0	0.0	29	1.0	0.0	0	0
65-74	940	10,478	35.7	33	0.5	0.9	1,000	38.0	37	0.9	0.9	934	35.4	37	0.9	0.8	10,105	0.8
75-84	1,652	18,128	33.3	33	0.5	0.9	1,045	21.0	31	0.9	0.9	1,611	32.4	31	0.9	0.8	17,280	0.8
85 and older	1,122	12,155	29.5	34	0.5	0.8	441	11.6	26	0.8	0.8	993	26.1	26	0.8	0.8	10,562	0.8
Unknown	0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CALIFORNIA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS						ANTIDIABETIC						ANTINEOPLASTICS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	9,721	17.7 %	\$32	13,152	23.9 %	0.7	147,269	7.7 %	4,217	46,131	0.5	\$64						
Female	7,063	18.5	32	9,056	23.7	0.7	102,090	8.1	3,093	34,022	0.5	56						
Disabled	992	17.4	37	1,858	32.5	0.8	21,306	7.6	434	4,819	0.6	94						
64 or younger	466	13.4	40	941	27.2	0.8	10,708	6.5	225	2,504	0.6	133						
65-74	258	24.4	36	542	51.3	0.8	6,335	7.4	78	893	0.5	53						
75-84	168	24.4	34	253	36.8	0.7	2,872	10.5	72	765	0.5	56						
85 and older	100	19.8	30	122	24.2	0.6	1,391	11.7	59	657	0.5	45						
Other Eligibles	6,071	18.7	31	7,198	22.2	0.7	80,784	8.2	2,659	29,203	0.5	50						
64 or younger	4	16.7	21	1	4.2	0.2	12	4	1	4	2.3	276						
65-74	689	21.8	32	1,193	37.7	0.7	13,454	7.3	232	2,626	0.5	54						
75-84	2,197	20.2	32	3,055	28.1	0.7	34,316	8.0	873	9,540	0.5	54						
85 and older	3,181	17.3	30	2,949	16.0	0.7	33,002	8.4	1,553	17,033	0.5	47						
Male	2,658	15.9	32	4,096	24.4	0.7	45,179	6.7	1,124	12,109	0.5	86						
Disabled	784	14.7	35	1,284	24.1	0.7	14,487	5.9	316	3,520	0.6	98						
64 or younger	593	13.7	36	953	22.0	0.8	10,767	5.4	235	2,612	0.6	111						
65-74	138	20.1	36	241	35.1	0.7	2,709	7.0	48	538	0.5	50						
75-84	37	17.2	29	82	38.1	0.6	926	11.6	25	282	0.5	81						
85 and older	16	16.2	28	8	8.1	0.5	85	8.1	8	88	0.5	70						
Other Eligibles	1,874	16.4	31	2,812	24.6	0.7	30,692	7.1	808	8,589	0.5	81						
64 or younger	3	13.6	46	0	0.0	0.0	0	0.0	0	0	0.0	0						
65-74	513	19.5	33	880	33.4	0.7	9,790	6.3	166	1,814	0.6	77						
75-84	811	16.3	30	1,322	26.6	0.7	14,341	7.0	349	3,675	0.5	82						
85 and older	547	14.4	29	610	16.0	0.7	6,561	7.7	293	3,100	0.5	81						
Unknown	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0						

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Boe Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 CALIFORNIA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-ANXIETY AGENTS					Bene Mos among All-Year NF Residents			
	Users as %		Mean		No. of Bene Mos among Users	Users as %		Mean		No. of Bene Mos among Users				
	No. of Users	Residents	Rx	Rx-\$		Residents	Rx	Rx-\$	Residents					
All	14,417	26.2 %	0.5	\$17	160,119	0.5	\$17	7,839	14.3 %	88,673	0.5	\$28	54,944	587,304
Female	9,534	25.0	0.5	15	106,616	0.5	15	5,382	14.1	60,874	0.5	28	38,188	411,974
Disabled	1,743	30.5	0.6	20	19,847	0.6	20	1,106	19.4	12,835	0.6	25	5,714	64,812
64 or younger	1,056	30.5	0.7	22	11,962	0.7	22	684	19.7	7,919	0.6	26	3,465	39,252
65-74	320	30.3	0.6	18	3,702	0.6	18	244	23.1	2,859	0.5	20	1,057	12,212
75-84	220	32.0	0.6	17	2,515	0.6	17	113	16.4	1,314	0.6	28	688	7,763
85 and older	147	29.2	0.4	12	1,668	0.4	12	65	12.9	743	0.5	24	504	5,585
Other Eligibles	7,791	24.0	0.5	14	86,769	0.5	14	4,276	13.2	48,039	0.5	29	32,474	347,162
64 or younger	28	116.7	1.0	52	326	1.0	52	4	16.7	32	0.8	9	24	213
65-74	1,010	31.9	0.7	23	11,290	0.7	23	586	18.5	6,663	0.5	28	3,163	33,858
75-84	2,687	24.7	0.5	15	29,881	0.5	15	1,528	14.1	17,021	0.6	31	10,866	115,726
85 and older	4,066	22.1	0.4	11	45,272	0.4	11	2,158	11.7	24,323	0.5	27	18,421	197,365
Male	4,883	29.1	0.6	19	53,503	0.6	19	2,457	14.7	27,799	0.5	30	16,756	175,330
Disabled	1,560	29.3	0.7	23	17,782	0.7	23	1,007	18.9	11,709	0.6	32	5,329	59,716
64 or younger	1,245	28.8	0.7	25	14,232	0.7	25	835	19.3	9,726	0.6	30	4,329	48,470
65-74	207	30.2	0.6	17	2,324	0.6	17	122	17.8	1,403	0.6	44	686	7,739
75-84	78	36.3	0.4	11	866	0.4	11	32	14.9	375	0.6	29	215	2,412
85 and older	30	30.3	0.3	7	360	0.3	7	18	18.2	205	0.6	42	99	1,095
Other Eligibles	3,323	29.1	0.6	17	35,721	0.6	17	1,450	12.7	16,090	0.5	28	11,427	115,614
64 or younger	18	81.8	1.5	65	207	1.5	65	5	22.7	51	0.6	20	22	184
65-74	779	29.6	0.7	20	8,460	0.7	20	403	15.3	4,550	0.5	29	2,635	27,431
75-84	1,506	30.3	0.6	17	16,101	0.6	17	629	12.7	6,940	0.5	29	4,965	50,319
85 and older	1,020	26.8	0.5	13	10,953	0.5	13	413	10.9	4,549	0.5	26	3,805	37,680
Unknown	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 52,591 beneficiaries who were in nursing facilities for part of their enrollment and their 488,759 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
CALIFORNIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown	
All	5,801,422	558,313	922,425	1,305,890	3,014,788	6	57,262,699	5,898,795	10,130,226	12,035,184	29,198,470	24
Age												
5 and younger	1,241,796	8	22,201	30	1,219,553	4	11,410,894	76	236,478	120	11,174,205	15
6-14	1,391,857	0	56,851	346	1,334,660	0	14,368,327	0	648,498	1,199	13,718,630	0
15-20	633,118	1	37,345	155,727	440,044	1	6,012,092	12	413,866	1,400,439	4,197,769	6
21-44	1,274,071	13	284,103	969,472	20,482	1	12,149,528	112	3,117,249	8,924,426	107,738	3
45-64	547,338	102	371,800	175,427	9	0	5,682,697	894	3,996,584	1,685,156	63	0
65-74	344,812	235,264	108,412	1,136	0	0	3,716,211	2,461,914	1,244,347	9,950	0	0
75-84	247,184	214,830	32,258	95	1	0	2,699,806	2,330,118	369,039	648	1	0
85 and older	121,206	108,091	9,455	3,657	3	0	1,223,071	1,105,652	104,165	13,246	8	0
Unknown	40	4	0	0	36	0	73	17	0	0	56	0
Gender												
Female	3,333,269	358,213	480,720	993,083	1,501,251	2	33,024,800	3,813,863	5,356,616	9,309,875	14,544,440	6
Male	2,468,151	200,100	441,704	312,806	1,513,537	4	24,237,875	2,084,932	4,773,598	2,725,297	14,654,030	18
Unknown	2	0	1	1	0	0	24	0	12	12	0	0
Race												
White	1,734,997	217,133	412,723	392,592	712,549	0	17,086,318	2,219,998	4,510,303	3,570,221	6,785,796	0
African American	804,141	30,475	156,594	205,601	411,471	0	8,461,786	312,763	1,722,438	2,097,705	4,328,880	0
Other/unknown	3,262,284	310,705	353,108	707,697	1,890,768	6	31,714,595	3,366,034	3,897,485	6,367,258	18,083,794	24
Use of Nursing Facilities												
All year	56,358	44,782	11,518	28	30	0	602,859	472,414	130,060	143	242	0
Part year	55,089	37,457	17,281	266	85	0	524,264	340,705	180,379	2,424	756	0
None	5,689,975	476,074	893,626	1,305,596	3,014,673	6	56,135,576	5,085,676	9,819,787	12,032,617	29,197,472	24
Maintenance Assistance Status												
Cash	3,420,168	363,043	808,813	700,850	1,547,462	0	37,121,019	4,098,832	9,115,857	7,220,075	16,686,255	0
Medically needy	1,168,833	174,187	98,782	246,260	649,604	0	9,442,811	1,572,407	851,563	1,752,548	5,266,293	0
Poverty related	473,278	4,849	2,092	85,593	380,744	0	3,507,263	47,211	20,644	494,338	2,945,070	0
Other/unknown	739,143	16,234	12,738	273,187	436,978	6	7,191,606	180,345	142,162	2,568,223	4,300,852	24
Dual Status^c												
Full dual, all year	873,836	493,491	374,503	5,790	52	0	9,500,948	5,284,562	4,162,610	53,330	446	0
Full dual, part year	11,931	8,066	3,818	47	0	0	120,928	81,392	39,017	519	0	0
Non-dual, all year	4,915,655	56,756	544,104	1,300,053	3,014,736	6	47,640,823	532,841	5,928,599	11,981,335	29,198,024	24
Managed Care Status												
FFS all year	2,533,261	479,567	750,683	385,712	917,293	6	22,903,274	5,054,211	8,187,503	2,534,868	7,126,668	24
FFS part year, with Rx claims	388,740	7,948	19,417	116,979	244,396	0	4,006,286	90,656	221,509	1,178,464	2,515,657	0
FFS part year, no Rx claims	556,419	4,574	8,610	159,784	383,451	0	5,201,359	47,291	92,348	1,414,590	3,647,130	0
MC all year, with Rx claims	35,461	634	12,215	9,600	13,012	0	396,706	7,154	144,090	106,716	138,746	0
MC all year, no Rx claims	2,287,541	65,590	131,500	633,815	1,456,636	0	24,755,074	699,483	1,484,776	6,800,546	15,770,269	0

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 CALIFORNIA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	5,801,422	57,262,699	3,478,420	26,830,194	2,323,002	30,432,505
FFS all year	2,533,261	22,903,274	2,533,261	22,903,274	0	0
FFS part year, with Rx claims	388,740	4,006,286	388,740	1,977,874	0	2,028,412
FFS part year, with no Rx claims	556,419	5,201,359	556,419	1,949,046	0	3,252,313
MC all year, with Rx claims	35,461	396,706	0	0	35,461	396,706
MC all year, with no Rx claims	2,287,541	24,755,074	0	0	2,287,541	24,755,074

Source: Data for this table are from the MAX 1999 file for California, released by CMS in 1/2004. This table was produced on 06/25/2004.

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