

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
PENNSYLVANIA, 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	1,695,450 (A)	290,403 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,600,779 (B)	241,328 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	923,517 (C)	169,914 (G)
4. Benes who were all-year nursing facility residents ^f	28,086 (D)	25,787 (H)

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 Pennsylvania in 1999 was \$549,895,837, of which \$59,163,463 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/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.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 1.4 percent were restricted benefit months without a pharmacy benefit in Pennsylvania, 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	923,517	117,297	194,919	186,247	425,054	0	6,757,662	1,041,859	1,701,844	1,180,729	2,833,230	0		
Age														
5 and younger	159,354	5	8,438	5	150,906	0	1,057,190	39	68,490	40	988,621	0		
6-14	196,719	4	24,189	4	172,522	0	1,453,646	27	224,859	28	1,228,732	0		
15-20	115,158	4	16,669	223	98,262	0	753,779	37	151,508	1,290	600,944	0		
21-44	235,886	77	71,084	161,361	3,364	0	1,637,694	544	617,902	1,004,315	14,933	0		
45-64	98,918	430	73,988	24,500	0	0	812,259	3,077	634,892	174,290	0	0		
65-74	42,048	41,539	375	134	0	0	363,450	360,193	2,589	668	0	0		
75-84	40,404	40,388	0	16	0	0	365,344	365,264	0	80	0	0		
85 and older	35,029	34,850	175	4	0	0	314,298	312,678	1,602	18	0	0		
Unknown	1	0	1	0	0	2	0	0	2	0	0	0		
Gender														
Female	550,221	90,375	95,274	148,748	215,824	0	4,042,842	812,029	838,763	960,678	1,431,372	0		
Male	373,296	26,922	99,645	37,499	209,230	0	2,714,820	229,830	863,081	220,051	1,401,858	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	674,013	95,317	159,086	123,574	296,036	0	5,337,944	864,046	1,439,998	834,509	2,199,391	0		
African American	159,732	14,146	22,450	41,043	82,093	0	850,641	114,465	151,180	218,448	366,548	0		
Other/unknown	89,772	7,834	13,383	21,630	46,925	0	569,077	63,348	110,666	127,772	267,291	0		
Use of Nursing Facilities														
All year	28,086	25,153	2,931	2	0	0	299,681	267,344	32,333	4	0	0		
Part year	19,858	17,281	2,516	57	4	0	165,967	144,765	20,812	356	34	0		
None	875,573	74,863	189,472	186,188	425,050	0	6,292,014	629,750	1,648,699	1,180,369	2,833,196	0		
Maintenance Assistance Status														
Cash	273,232	45,315	127,059	36,318	64,540	0	2,139,618	397,415	1,137,986	220,559	383,658	0		
Medically needy	41,630	1,049	477	9,064	31,040	0	279,834	11,201	3,650	66,393	198,590	0		
Poverty-related	376,044	34,439	52,059	71,635	217,911	0	2,778,883	303,510	423,343	481,244	1,570,786	0		
Other/unknown	232,611	36,494	15,324	69,230	111,563	0	1,559,327	329,733	136,865	412,533	680,196	0		
Dual Medicare Status^c														
Full dual, all year	166,204	107,537	56,688	1,961	18	0	1,487,979	968,787	504,662	14,386	144	0		
Full dual, part year	3,710	2,321	1,382	7	0	0	35,479	22,978	12,439	62	0	0		
Non-dual, all year	753,603	7,439	136,849	184,279	425,036	0	5,234,204	50,094	1,184,743	1,166,281	2,833,086	0		
Managed Care Status														
FFS all year	640,597	92,760	137,609	131,508	278,720	0	5,660,294	926,007	1,445,227	985,928	2,303,132	0		
FFS part year, with Rx claims	122,625	18,860	38,254	19,115	46,396	0	590,586	93,791	182,968	80,156	233,671	0		
FFS part year, no Rx claims	160,295	5,677	19,056	35,624	99,938	0	506,782	22,061	73,649	114,645	296,427	0		

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 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 Benefes
All	50.1 %	11.1	\$531	\$48	\$3,877	13.7 %	\$14	923,517
Age								
5 and younger	48.0	2.5	77	32	1,282	6.0	3	159,354
6-14	41.0	2.9	136	47	1,523	8.9	3	196,719
15-20	40.9	3.4	172	51	2,101	8.2	3	115,158
21-44	43.2	8.3	543	65	2,964	18.3	9	235,886
45-64	66.5	26.7	1,403	53	6,468	21.7	47	98,918
65-74	73.0	32.4	1,377	43	7,891	17.5	51	42,048
75-84	80.1	39.6	1,515	38	13,273	11.4	41	40,404
85 and older	80.0	39.1	1,309	34	17,921	7.3	23	35,029
Unknown	100.0	18.0	1,040	58	3,462	30.0	4	1
Basis of Eligibility								
Aged	77.6	37.0	1,408	38	12,768	11.0	39	117,297
Disabled	65.9	21.9	1,324	61	6,864	19.3	33	194,919
Adults	32.3	3.6	174	48	1,322	13.2	4	186,247
Children	43.2	2.4	82	35	1,174	7.0	3	425,054
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	51.6	12.8	563	44	4,135	13.6	16	550,221
Male	48.0	8.7	485	56	3,498	13.9	10	373,296
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	56.6	13.2	626	47	4,177	15.0	16	674,013
African American	29.1	5.5	263	48	3,506	7.5	8	159,732
Other/unknown	38.8	5.7	299	52	2,285	13.1	11	89,772
Use of Nursing Facilities								
Entire year	95.3	70.1	2,502	36	39,076	6.4	42	28,086
Part year	91.0	43.3	1,665	38	19,425	8.6	34	19,858
None	47.8	8.5	443	52	2,396	18.5	13	875,573
Maintenance Assistance Status								
Cash	60.8	17.0	914	54	4,550	20.1	25	273,232
Medically needy	42.4	3.8	146	39	1,896	7.7	4	41,630
Poverty related	43.6	6.5	294	45	1,847	15.9	9	376,044
Other/unknown	49.7	13.1	536	41	6,723	8.0	10	232,611

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 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				1.8 %
All	1.5	\$73	13.7 %	49.9 %	28.6 %	5.5 %	8.8 %	5.5 %	1.8 %	\$530	923,517	6,757,662
Age												
5 and younger	0.4	12	6.0	52.0	44.0	2.8	1.0	0.1	0.0	193	159,354	1,057,190
6-14	0.4	18	8.9	59.0	35.2	3.3	2.1	0.3	0.1	206	196,719	1,453,646
15-20	0.5	26	8.2	59.1	33.3	4.2	2.8	0.5	0.1	321	115,158	753,779
21-44	1.2	78	18.3	56.8	23.7	6.1	8.4	3.9	1.1	427	235,886	1,637,694
45-64	3.3	171	21.7	33.5	14.7	9.1	21.7	15.5	5.5	788	98,918	812,259
65-74	3.7	159	17.5	27.0	14.2	9.6	24.1	18.2	6.9	913	42,048	363,450
75-84	4.4	168	11.4	19.9	12.7	10.2	27.2	22.2	7.8	1,468	40,404	365,344
85 and older	4.4	146	7.3	20.0	12.6	10.0	28.1	22.2	7.1	1,997	35,029	314,298
Unknown	9.0	520	30.0	0.0	0.0	0.0	0.0	100.0	0.0	1,731	1	2
Basis of Eligibility												
Aged	4.2	159	11.0	22.4	13.2	9.9	26.4	20.8	7.3	1,438	117,297	1,041,859
Disabled	2.5	152	19.3	34.1	22.1	9.7	18.6	11.5	3.9	786	194,919	1,701,844
Adults	0.6	28	13.2	67.7	21.7	4.3	4.5	1.5	0.3	209	186,247	1,180,729
Children	0.4	12	7.0	56.8	38.8	2.9	1.3	0.1	0.0	176	425,054	2,833,230
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.7	77	13.6	48.4	27.7	5.6	9.6	6.5	2.2	563	550,221	4,042,842
Male	1.2	67	13.9	52.0	29.8	5.3	7.6	4.0	1.2	481	373,296	2,714,820
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.7	79	15.0	43.4	31.8	6.2	10.1	6.5	2.2	528	674,013	5,337,944
African American	1.0	49	7.5	70.9	16.5	3.5	5.2	2.9	1.0	658	159,732	850,641
Other/unknown	0.9	47	13.1	61.2	26.1	4.2	5.6	2.3	0.6	361	89,772	569,077
Use of Nursing Facilities												
Entire year	6.6	235	6.4	4.7	8.6	8.1	28.9	32.9	16.7	3,662	28,086	299,681
Part year	5.2	199	8.6	9.0	14.1	10.6	30.0	25.7	10.6	2,324	19,858	165,967
None	1.2	62	18.5	52.2	29.5	5.3	7.7	4.1	1.1	333	875,573	6,292,014
Maintenance Assistance Status												
Cash	2.2	117	20.1	39.2	25.9	8.2	14.9	9.1	2.7	581	273,232	2,139,618
Medically needy	0.6	22	7.7	57.6	34.6	4.1	2.6	0.8	0.2	282	41,630	279,834
Poverty related	0.9	40	15.9	56.4	31.4	3.6	4.8	2.8	0.9	250	376,044	2,778,883
Other/unknown	2.0	80	8.0	50.3	26.0	5.6	9.2	6.3	2.5	1,003	232,611	1,559,327

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.5	\$73	0.5	\$45	0.2	\$11	0.7	\$13
Age								
5 and younger	0.4	12	0.1	8	0.0	1	0.2	3
6-14	0.4	18	0.2	12	0.0	2	0.2	4
15-20	0.5	26	0.2	18	0.1	4	0.2	4
21-44	1.2	78	0.5	53	0.2	12	0.5	12
45-64	3.3	171	1.2	106	0.5	27	1.4	31
65-74	3.7	159	1.4	93	0.6	28	1.6	32
75-84	4.4	168	1.5	93	0.8	31	1.9	35
85 and older	4.4	146	1.3	77	0.9	28	1.9	33
Unknown	9.0	520	3.5	294	2.0	86	3.5	141
Basis of Eligibility								
Aged	4.2	159	1.4	88	0.8	29	1.8	33
Disabled	2.5	152	1.0	99	0.3	23	1.1	25
Adults	0.6	28	0.2	18	0.1	4	0.3	5
Children	0.4	12	0.1	8	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.7	77	0.6	47	0.3	13	0.8	14
Male	1.2	67	0.4	43	0.2	10	0.5	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.7	79	0.6	49	0.3	13	0.7	15
African American	1.0	49	0.4	31	0.2	7	0.4	9
Other/unknown	0.9	47	0.4	32	0.1	6	0.4	7
Use of Nursing Facilities								
Entire year	6.6	235	2.1	131	1.3	43	2.8	49
Part year	5.2	199	1.7	115	1.0	34	2.2	41
None	1.2	62	0.4	39	0.2	9	0.5	11
Maintenance Assistance								
Status								
Cash	2.2	117	0.8	73	0.3	18	1.0	20
Medically needy	0.6	22	0.2	13	0.1	3	0.3	5
Poverty related	0.9	40	0.3	25	0.1	6	0.4	7
Other/unknown	2.0	80	0.7	48	0.3	13	0.9	16

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 Pennsylvania, 4.7 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}
 PENNSYLVANIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx				Total Rx \$				Users	
	Patented		Generic		Patented		Generic		Patented		Generic		Patented		Generic		As % of All Benes	No. of Bene Mos
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$13	\$0	\$2	\$52	\$94	\$58	\$13	799,502	\$41,656,721	284,362	30.8 %	2,713,829	
Biologics	0.1	0.1	0.0	0.0	41	36	2	3	330	369	1,205	119	12,597	4,155,053	9,533	1.0	101,800	
Antineoplastic Agents	0.6	0.3	0.1	0.2	138	105	22	11	226	359	172	57	37,025	8,373,612	6,598	0.7	60,651	
Endocrine/Metabolic Drugs	0.7	0.3	0.2	0.2	27	20	3	3	37	63	19	14	847,914	31,685,798	125,498	13.6	1,184,840	
Cardiovascular Agents	1.6	0.5	0.4	0.7	52	26	13	13	33	52	37	17	1,979,013	64,357,576	133,560	14.5	1,242,425	
Respiratory Agents	0.5	0.2	0.0	0.3	19	14	0	5	38	54	34	21	872,398	32,754,594	175,664	19.0	1,687,506	
Gastrointestinal Agents	0.7	0.3	0.1	0.3	46	29	8	8	69	99	75	32	596,089	40,978,055	93,472	10.1	896,980	
Genitourinary Agents	0.4	0.2	0.0	0.1	14	11	0	3	37	49	39	20	127,074	4,745,973	34,921	3.8	337,105	
CNS Drugs	1.2	0.5	0.2	0.5	78	51	17	11	66	99	98	21	1,732,558	113,885,932	156,083	16.9	1,451,428	
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	25	7	5	13	38	39	51	34	111,430	4,232,072	17,408	1.9	170,563	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	72	69	0	3	106	124	38	24	35,545	3,761,096	5,422	0.6	52,285	
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	27	16	4	7	44	100	78	17	853,812	37,374,509	149,152	16.2	1,399,195	
Neuromuscular Agents	1.0	0.4	0.2	0.5	51	32	6	13	52	89	43	27	726,687	37,502,640	78,425	8.5	736,012	
Nutritional Products	0.4	0.0	0.2	0.2	8	0	4	3	18	18	23	14	261,161	4,698,543	65,585	7.1	607,221	
Hematological Agents	0.9	0.1	0.4	0.4	65	45	10	11	76	401	28	28	264,901	20,197,502	32,900	3.6	310,714	
Topical Products	0.3	0.1	0.1	0.2	10	6	2	2	30	45	38	15	546,642	16,346,388	161,551	17.5	1,582,288	
Miscellaneous Products	0.2	0.1	0.0	0.1	27	18	6	3	120	207	250	22	35,705	4,298,839	15,745	1.7	157,051	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	18	0	0	0	44	0	0	0	445,870	19,727,471	114,322	12.4	1,102,583	
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.	10,285,923	490,732,374	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 Pennsylvania, 4.7 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}
 PENNSYLVANIA, 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	\$51,438,885	67.819	7.3 %	652,641	0.7	\$107	\$79
ANTIDEPRESSANTS	44,055,635	124,030	13.4	1,192,962	0.6	60	37
ULCER DRUGS	32,118,421	87,182	9.4	865,872	0.5	74	37
ANTICONVULSANT	29,558,774	60,960	6.6	586,944	0.8	60	50
ANALGESICS - Narcotic	18,909,517	133,569	14.5	1,303,224	0.4	38	15
ANTIASTHMATIC	18,819,007	120,762	13.1	1,178,327	0.4	40	16
ANTIDIABETIC	18,105,640	57,925	6.3	561,262	0.7	44	32
ANTIHYPERTENSIVE	16,830,712	69,513	7.5	665,648	0.7	36	25
ANTHYPERLIPIDEMIC	14,682,684	30,140	3.3	294,219	0.7	75	50
ANALGESICS - ANTI-INFLAMMATORY	14,400,327	97,568	10.6	967,073	0.3	51	15

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	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 \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,464,523	\$258,919,602	67,819	7.3 %	652,641	0.7	\$79	124,030	13.4 %	1,192,962	0.6	\$37					
Female																	
Disabled	2,961,621	164,954,378	39,498	7.2	384,240	0.7	68	84,998	15.4	824,372	0.6	37					
5 and younger	1,243,309	81,983,591	18,861	19.8	181,435	0.8	89	37,255	39.1	364,411	0.6	42					
6-14	4,979	238,024	15	0.4	180	0.4	25	14	0.4	138	0.3	13					
15-20	20,351	1,249,080	415	5.3	4,564	0.5	58	633	8.1	6,703	0.5	29					
21-44	24,498	1,692,108	673	10.6	6,881	0.6	68	1,173	18.4	12,008	0.5	32					
45-64	399,030	28,940,166	8,339	24.2	80,052	0.8	94	15,038	43.7	147,468	0.6	41					
65-74	790,505	49,637,684	9,372	21.8	89,345	0.8	89	20,328	47.4	197,446	0.7	43					
75-84	3,709	217,855	44	19.0	387	0.7	67	62	26.8	576	0.7	48					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	237	8,674	3	1.9	26	0.3	6	7	4.3	72	1.1	29					
5 and younger	1,718,312	82,970,787	20,637	4.5	202,805	0.6	49	47,743	10.5	459,961	0.6	33					
6-14	18,994	508,615	52	0.1	534	0.3	21	55	0.1	584	0.3	19					
15-20	42,022	1,843,112	776	0.9	8,139	0.5	42	1,784	2.1	18,225	0.4	24					
21-44	52,354	2,375,416	1,163	2.1	10,986	0.4	38	3,888	7.1	36,084	0.4	26					
45-64	173,332	8,347,853	2,112	1.6	17,579	0.3	31	11,927	8.9	106,574	0.4	27					
65-74	54,637	3,078,395	434	2.6	3,613	0.5	47	2,536	14.9	21,811	0.5	34					
75-84	441,680	23,484,716	4,194	14.7	41,330	0.8	66	7,577	26.6	75,188	0.7	37					
85 and older	523,232	25,436,782	6,128	19.2	62,078	0.7	55	10,331	32.4	104,152	0.8	38					
Male																	
Disabled	1,502,902	93,965,224	28,321	7.6	268,401	0.8	94	39,032	10.5	368,590	0.6	37					
5 and younger	913,427	64,861,311	19,263	19.3	183,032	0.8	110	22,471	22.6	216,412	0.6	40					
6-14	7,232	346,931	44	0.9	500	0.4	35	37	0.7	411	0.3	15					
15-20	52,979	3,221,214	1,644	10.0	17,899	0.6	64	1,831	11.2	19,228	0.5	28					
21-44	41,943	3,000,794	1,321	12.8	13,951	0.7	75	1,627	15.8	17,045	0.5	34					
45-64	365,029	30,123,783	9,961	27.2	92,325	0.9	127	10,339	28.2	97,604	0.6	43					
65-74	444,761	28,086,921	6,280	20.2	58,247	0.9	107	8,612	27.7	81,931	0.6	40					
75-84	1,479	81,527	13	9.0	110	0.9	35	25	17.4	193	0.6	26					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	4	141	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
5 and younger	589,473	29,103,774	9,058	3.3	85,369	0.7	59	16,561	6.1	152,178	0.6	32					
6-14	27,183	806,129	97	0.1	1,006	0.2	20	109	0.1	1,112	0.3	11					
15-20	69,770	3,337,171	1,659	1.9	17,751	0.6	58	3,123	3.6	32,031	0.5	23					
21-44	43,764	2,388,099	1,336	3.1	12,368	0.6	63	2,690	6.2	24,270	0.5	30					
45-64	54,137	3,308,139	999	3.2	6,804	0.5	77	2,888	9.4	21,489	0.5	33					
65-74	35,130	2,027,198	335	4.2	2,463	0.6	73	1,336	16.9	10,475	0.5	34					
75-84	164,704	8,500,879	1,861	14.1	18,021	0.8	69	2,553	19.4	24,863	0.7	37					
85 and older	126,979	5,842,066	1,693	19.8	16,543	0.8	52	2,318	27.1	22,784	0.8	38					
Unknown	67,806	2,894,093	1,078	21.6	10,413	0.7	41	1,544	30.9	15,154	0.8	36					
	2	139	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 Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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	87,182	9.4 %	865,872	0.5	\$37	60,960	6.6 %	586,944	0.8	\$50	133,569	14.5 %	1,303,224	0.4	\$15
Female	61,044	11.1	611,218	0.5	37	35,033	6.4	340,044	0.8	47	94,183	17.1	927,400	0.4	13
Disabled	22,599	23.7	228,814	0.4	37	20,063	21.1	195,878	0.8	58	35,333	37.1	358,395	0.4	18
5 and younger	229	6.8	2,188	0.5	23	167	5.0	1,674	0.7	44	78	2.3	854	0.1	1
6-14	316	4.0	3,391	0.4	28	790	10.1	8,414	0.7	52	253	3.2	2,801	0.1	2
15-20	416	6.5	4,391	0.3	20	934	14.7	9,508	0.7	57	683	10.7	7,282	0.2	4
21-44	7,054	20.5	72,281	0.4	33	9,244	26.9	90,401	0.8	65	13,834	40.2	140,720	0.4	17
45-64	14,509	33.8	145,831	0.5	40	8,888	20.7	85,531	0.9	52	20,408	47.6	206,009	0.4	20
65-74	64	27.7	612	0.5	42	37	16.0	326	0.9	50	70	30.3	651	0.4	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	11	6.8	120	0.4	20	3	1.9	24	1.9	23	7	4.3	78	0.3	26
Other Eligibles	38,445	8.5	382,404	0.5	37	14,970	3.3	144,166	0.8	32	58,850	12.9	569,005	0.3	10
5 and younger	803	1.1	6,954	0.3	9	150	0.2	1,488	0.5	24	609	0.8	6,303	0.1	2
6-14	975	1.1	10,203	0.2	10	648	0.8	6,523	0.7	37	1,692	2.0	17,686	0.1	2
15-20	1,709	3.1	16,900	0.2	11	948	1.7	8,749	0.5	30	5,331	9.7	50,695	0.1	2
21-44	4,765	3.6	45,225	0.3	21	2,697	2.0	22,906	0.5	31	19,706	14.7	180,770	0.3	6
45-64	1,345	7.9	12,035	0.4	33	596	3.5	4,875	0.6	38	2,398	14.1	21,336	0.4	13
65-74	8,432	29.6	84,863	0.5	40	3,436	12.1	34,134	0.9	38	9,437	33.1	94,951	0.4	15
75-84	10,635	33.4	107,775	0.6	43	3,888	12.2	39,385	0.9	32	10,506	33.0	106,755	0.5	16
85 and older	9,781	32.8	98,449	0.7	46	2,607	8.7	26,106	0.9	27	9,171	30.7	90,509	0.5	14
Male	26,138	7.0	254,654	0.5	37	25,927	6.9	246,900	0.9	55	39,386	10.6	375,824	0.4	17
Disabled	14,131	14.2	141,102	0.5	38	18,556	18.6	179,453	0.9	62	21,842	21.9	214,471	0.4	22
5 and younger	331	6.5	3,351	0.4	24	186	3.7	1,872	0.6	41	107	2.1	1,139	0.1	1
6-14	415	2.5	4,491	0.4	32	1,655	10.1	17,439	0.7	48	478	2.9	5,336	0.1	3
15-20	420	4.1	4,392	0.3	27	1,447	14.0	14,965	0.8	63	760	7.4	7,967	0.2	4
21-44	5,247	14.3	52,836	0.4	37	9,319	25.4	88,870	0.9	70	9,715	26.5	95,495	0.4	25
45-64	7,690	24.7	75,824	0.5	41	5,938	19.1	56,203	0.9	53	10,747	34.6	104,222	0.5	22
65-74	28	19.4	208	0.6	42	11	7.6	104	0.5	24	35	24.3	312	0.6	41
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	12,007	4.4	113,552	0.5	36	7,371	2.7	67,447	0.8	37	17,544	6.4	161,353	0.3	11
5 and younger	1,015	1.3	8,972	0.3	11	187	0.2	1,844	0.5	28	926	1.2	9,612	0.1	1
6-14	774	0.9	8,140	0.2	13	1,119	1.3	11,355	0.6	31	1,909	2.2	19,975	0.1	2
15-20	776	1.8	7,199	0.2	14	1,027	2.4	9,275	0.7	36	2,365	5.4	21,601	0.2	2
21-44	1,238	4.0	10,192	0.4	34	1,257	4.1	9,024	0.6	45	4,279	13.9	34,128	0.5	19
45-64	808	10.2	6,282	0.5	38	511	6.4	3,911	0.6	43	1,715	21.6	13,728	0.5	19
65-74	3,152	23.9	30,812	0.6	43	1,607	12.2	15,637	1.0	41	3,014	22.8	30,127	0.4	14
75-84	2,603	30.4	25,887	0.7	46	1,135	13.2	11,164	1.0	34	2,091	24.4	20,507	0.4	11
85 and older	1,641	32.9	16,068	0.7	44	528	10.6	5,237	0.9	26	1,245	24.9	11,675	0.4	14
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-DIABETIC				ANTI-HYPERTENSIVE						
	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	120,762	13.1 %	1,178,327	0.4	\$16	57,925	6.3 %	561,262	0.7	\$32	69,513	7.5 %	665,648	0.7	\$25
Female	74,078	13.5	725,415	0.4	16	41,400	7.5	404,579	0.7	32	44,914	8.2	433,528	0.7	26
Disabled	25,666	26.9	256,413	0.5	21	15,945	16.7	155,365	0.7	38	14,033	14.7	134,943	0.7	26
5 and younger	601	17.8	6,114	0.4	16	9	0.3	101	1.0	31	43	1.3	473	0.5	11
6-14	1,068	13.6	11,264	0.3	16	45	0.6	446	0.7	30	341	4.4	3,472	0.6	13
15-20	760	11.9	8,074	0.3	12	86	1.4	875	0.7	30	121	1.9	1,254	0.6	17
21-44	7,475	21.7	76,078	0.4	17	2,702	7.8	26,682	0.7	34	2,373	6.9	23,073	0.6	23
45-64	15,666	36.5	153,995	0.5	23	13,014	30.3	126,513	0.7	39	11,073	25.8	105,946	0.7	27
65-74	89	38.5	832	0.8	35	88	38.1	736	0.8	36	75	32.5	647	0.7	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	7	4.3	56	0.2	8	1	0.6	12	0.1	1	7	4.3	78	0.3	11
Other Eligibles	48,412	10.6	469,002	0.4	14	25,455	5.6	249,214	0.7	28	30,881	6.8	298,585	0.7	26
5 and younger	6,635	9.0	64,306	0.2	5	31	0.0	306	0.7	22	72	0.1	757	0.5	8
6-14	6,028	7.1	60,082	0.2	9	144	0.2	1,349	0.9	40	502	0.6	4,821	0.6	11
15-20	3,788	6.9	35,685	0.2	8	219	0.4	1,720	0.8	32	182	0.3	1,734	0.5	11
21-44	7,261	5.4	65,165	0.3	11	1,423	1.1	11,948	0.6	26	1,217	0.9	10,424	0.5	17
45-64	1,494	8.8	13,087	0.4	19	976	5.7	8,105	0.6	34	1,080	6.4	8,953	0.6	25
65-74	8,175	28.7	80,578	0.6	23	9,147	32.1	90,310	0.7	33	9,330	32.8	90,130	0.7	27
75-84	8,369	26.3	83,618	0.5	20	8,839	27.8	88,825	0.8	27	10,798	33.9	108,368	0.8	27
85 and older	6,662	22.3	66,481	0.5	15	4,676	15.7	46,651	0.8	21	7,700	25.8	75,398	0.8	25
Male	46,684	12.5	452,912	0.4	15	16,525	4.4	156,683	0.7	33	24,599	6.6	232,120	0.7	24
Disabled	15,990	16.0	159,295	0.5	21	9,512	9.5	91,446	0.7	36	12,953	13.0	123,480	0.7	25
5 and younger	998	19.7	10,200	0.3	14	14	0.3	156	0.5	27	102	2.0	1,052	0.6	11
6-14	2,067	12.6	21,973	0.3	15	77	0.5	858	0.8	35	1,338	8.2	13,394	0.6	13
15-20	1,004	9.7	10,425	0.3	13	107	1.0	1,048	0.8	36	474	4.6	4,908	0.6	17
21-44	3,699	10.1	36,631	0.4	17	2,304	6.3	22,001	0.7	36	3,157	8.6	30,148	0.6	26
45-64	8,164	26.3	79,661	0.6	25	6,974	22.4	67,069	0.7	37	7,842	25.2	73,665	0.7	28
65-74	56	38.9	387	0.8	42	34	23.6	296	0.7	34	40	27.8	313	0.7	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	15.4	18	0.1	5	2	15.4	18	0.1	3	0	0.0	0	0.0	0
Other Eligibles	30,694	11.2	293,617	0.3	12	7,013	2.6	65,237	0.7	28	11,644	4.3	108,636	0.7	24
5 and younger	9,745	12.6	94,012	0.2	6	16	0.0	106	0.3	17	137	0.2	1,372	0.4	7
6-14	8,164	9.3	81,189	0.3	10	148	0.2	1,436	0.7	29	1,600	1.8	15,580	0.6	12
15-20	2,487	5.7	22,686	0.3	10	173	0.4	1,491	0.9	44	405	0.9	3,839	0.5	13
21-44	1,040	3.4	8,133	0.4	14	585	1.9	4,255	0.7	33	717	2.3	5,281	0.6	21
45-64	800	10.1	6,337	0.5	21	670	8.5	4,891	0.7	32	905	11.4	6,577	0.6	24
65-74	3,918	29.7	37,618	0.6	25	2,774	21.0	27,083	0.7	29	3,776	28.6	36,451	0.7	28
75-84	2,873	33.5	27,962	0.6	22	1,852	21.6	18,389	0.7	25	2,764	32.3	26,875	0.8	26
85 and older	1,667	33.4	15,680	0.5	18	795	15.9	7,586	0.7	19	1,340	26.8	12,661	0.8	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	4	0.5	35

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY					
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Bene Mos	
All	30,140	3.3 %	294,219	0.7	97,568	10.6 %	967,073	0.3	923,517	6,757,662
Female	20,576	3.7	202,010	0.7	69,017	12.5	687,299	0.3	550,221	4,042,842
Disabled	9,205	9.7	90,800	0.7	25,750	27.0	263,791	0.3	95,274	838,763
5 and younger	2	0.1	24	0.3	82	2.4	838	0.1	3,367	27,154
6-14	4	0.1	44	0.1	10	3.7	3,096	0.2	7,826	73,352
15-20	11	0.2	132	0.5	656	10.3	6,966	0.2	6,361	57,584
21-44	1,362	4.0	13,730	0.6	8,976	26.1	92,465	0.3	34,425	304,388
45-64	7,783	18.1	76,485	0.7	15,677	36.5	159,766	0.4	42,902	373,124
65-74	43	18.6	385	0.7	68	29.4	645	0.4	231	1,646
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	2	1.2	15	0.1	162	1,515
Other Eligibles	11,371	2.5	111,210	0.7	43,267	9.5	423,508	0.3	454,947	3,204,079
5 and younger	23	0.0	259	0.1	2,088	2.8	20,375	0.1	73,618	481,718
6-14	6	0.0	57	0.1	6	3.1	26,655	0.1	85,137	605,179
15-20	16	0.0	145	0.2	2,640	3.1	44,520	0.2	55,069	335,280
21-44	470	0.4	4,369	0.4	4,753	8.6	111,376	0.2	133,941	843,029
45-64	611	3.6	5,215	0.6	2,172	12.8	19,868	0.3	17,006	128,489
65-74	5,486	19.3	53,866	0.7	7,522	26.4	76,382	0.4	28,480	249,412
75-84	3,848	12.1	38,234	0.7	7,296	22.9	75,641	0.4	31,837	290,581
85 and older	911	3.1	9,065	0.7	4,703	15.8	48,691	0.4	29,859	270,391
Male	9,564	2.6	92,209	0.7	28,551	7.6	279,774	0.3	373,295	2,714,818
Disabled	6,407	6.4	62,672	0.7	14,057	14.1	142,385	0.3	99,644	863,079
5 and younger	5	0.1	52	0.1	121	2.4	1,249	0.2	5,071	41,336
6-14	11	0.1	113	0.4	431	2.6	4,584	0.2	16,363	151,507
15-20	18	0.2	183	0.4	701	6.8	7,425	0.2	10,308	93,924
21-44	1,647	4.5	16,455	0.6	5,763	15.7	58,538	0.3	36,659	313,514
45-64	4,709	15.1	45,737	0.7	7,022	22.6	70,433	0.3	31,086	261,768
65-74	17	11.8	132	0.7	19	13.2	156	0.5	144	943
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	13	87
Other Eligibles	3,157	1.2	29,537	0.7	14,494	5.3	137,389	0.2	273,651	1,851,739
5 and younger	33	0.0	333	0.1	2,310	3.0	22,729	0.1	77,298	506,982
6-14	18	0.0	174	0.2	2,203	2.5	22,241	0.1	87,393	623,608
15-20	20	0.0	200	0.6	2,486	5.7	23,200	0.1	43,420	266,991
21-44	302	1.0	2,428	0.5	2,367	7.7	19,349	0.3	30,861	176,763
45-64	457	5.8	3,480	0.6	1,220	15.4	10,021	0.3	7,924	48,878
65-74	1,570	11.9	15,491	0.7	2,031	15.4	20,583	0.3	13,193	111,449
75-84	656	7.7	6,463	0.7	1,276	14.9	13,169	0.4	8,567	74,763
85 and older	101	2.0	968	0.8	601	12.0	6,097	0.4	4,995	42,305
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	1	2

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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}
 PENNSYLVANIA, 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	\$235	6.6	28,086	299,681
Age				
0-64	341	8.5	2,970	32,725
65-74	284	7.4	3,602	38,427
75-84	243	6.6	9,091	96,689
85 and older	188	5.8	12,423	131,840
Unknown	0	0.0	0	0
Gender				
Female	226	6.5	21,633	232,305
Male	264	6.9	6,453	67,376
Unknown	0	0.0	0	0
Race				
White	234	6.6	23,961	253,865
African American	236	6.7	3,328	37,107
Other/unknown	235	6.7	797	8,709
Basis of Eligibility				
Aged	222	6.3	25,153	267,344
Disabled	340	8.5	2,931	32,333
Adults	2	0.3	2	4
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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}
 PENNSYLVANIA, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
			Generic			Generic			Generic			Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$14	\$0	\$2	\$48	\$74	\$56	\$15	70,955	\$3,409,168	17,946	63.9 %	200,716
Biologicals	0.1	0.1	0.0	0.0	3	1	0	1	26	20	0	37	3,395	86,908	3,030	10.8	34,394
Antineoplastic Agents	0.7	0.3	0.2	0.2	97	59	29	8	139	215	126	44	7,666	1,068,224	1,042	3.7	11,053
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.5	27	19	4	5	22	42	10	10	144,847	3,155,839	10,618	37.8	116,069
Cardiovascular Agents	2.2	0.5	0.6	1.1	50	17	15	18	23	35	25	16	436,200	9,995,219	18,518	65.9	201,090
Respiratory Agents	0.8	0.3	0.0	0.5	24	12	0	12	30	44	32	23	91,217	2,758,477	10,185	36.3	113,317
Gastrointestinal Agents	1.1	0.5	0.2	0.4	63	39	10	13	57	77	55	33	152,021	8,679,839	12,516	44.6	138,032
Genitourinary Agents	0.7	0.3	0.0	0.3	23	16	1	6	34	48	41	19	33,835	1,142,508	4,385	15.6	48,974
CNS Drugs	1.7	0.9	0.2	0.7	87	63	15	10	50	71	71	15	341,701	17,023,052	17,870	63.6	195,818
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	11	1	2	9	16	123	28	14	1,543	25,273	213	0.8	2,295
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	84	83	0	1	99	101	0	21	14,430	1,422,705	1,598	5.7	17,020
Analgesics and Anesthetics	0.9	0.3	0.1	0.6	32	21	4	7	34	70	49	13	106,235	3,595,571	10,361	36.9	112,915
Neuromuscular Agents	1.6	0.4	0.4	0.8	60	24	15	21	37	60	40	25	154,732	5,779,775	8,701	31.0	97,010
Nutritional Products	0.8	0.0	0.4	0.4	14	0	8	6	16	13	20	13	70,079	1,128,642	7,581	27.0	82,611
Hematological Agents	1.4	0.2	0.7	0.5	44	25	11	9	32	149	16	17	96,122	3,095,362	6,434	22.9	70,042
Topical Products	0.7	0.3	0.2	0.3	21	11	6	4	30	42	39	14	137,511	4,118,081	17,850	63.6	200,482
Miscellaneous Products	0.2	0.1	0.0	0.1	6	3	0	3	32	54	75	23	4,662	149,929	2,136	7.6	23,765
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	23	0	0	0	36	0	0	0	101,429	3,628,128	14,270	50.8	160,132
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.	1,968,580	70,262,700	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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 Pennsylvania, 4.7 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}
 PENNSYLVANIA, 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
ANTIDEPRESSANTS	\$7,369,181	14,642	52.1 %	161,981	1.0	\$47	\$45
ULCER DRUGS	7,298,139	11,937	42.5	132,543	0.9	62	55
ANTIPSYCHOTICS	6,990,774	10,167	36.2	113,982	0.8	75	61
ANTICONVULSANT	3,531,175	7,190	25.6	81,119	1.2	36	44
DERMATOLOGICAL	3,054,103	29,962	106.7	341,960	0.3	29	9
ANTIHYPERTENSIVE	2,760,102	8,448	30.1	92,422	1.0	30	30
ANTIDIABETIC	2,264,421	7,627	27.2	84,186	0.9	29	27
ANALGESICS - Narcotic	2,229,046	9,785	34.8	106,987	0.6	33	21
CALCIUM BLOCKERS	2,206,969	5,458	19.4	60,051	1.1	35	37
ANTIANGINAL AGENTS	2,143,436	5,928	21.1	64,939	0.9	37	33

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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} PENNSYLVANIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Residents	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx
All	932,129	\$39,847,346	14,642	52.1 %	161,981	1.0	\$46	11,937	42.5 %	132,543	0.9	\$55	
Female	703,431	29,979,400	11,417	52.8	126,607	1.0	45	9,102	42.1	101,166	0.9	54	
Disabled	71,502	3,255,036	965	63.7	11,023	1.2	56	658	43.5	7,529	1.0	58	
64 or younger	71,246	3,242,483	960	64.0	10,973	1.2	56	655	43.6	7,493	1.0	58	
65-74	205	11,733	4	33.3	38	1.0	96	3	25.0	36	0.6	78	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	51	820	1	100.0	12	4.3	68	0	0.0	0	0.0	0	
Other Eligibles	631,929	26,724,364	10,452	52.0	115,584	1.0	44	8,444	42.0	93,637	0.9	54	
64 or younger	1,283	61,985	14	51.9	158	1.2	37	16	59.3	175	1.1	53	
65-74	97,425	4,444,081	1,384	60.1	15,394	1.0	49	1,058	45.9	11,878	0.9	56	
75-84	239,559	10,486,172	4,020	56.6	44,306	1.0	46	3,032	42.7	33,554	0.8	53	
85 and older	293,662	11,732,126	5,034	47.1	55,726	1.0	42	4,338	40.6	48,030	0.9	54	
Male	228,698	9,867,946	3,225	50.0	35,374	1.0	46	2,835	43.9	31,377	0.9	58	
Disabled	65,888	3,023,937	745	52.6	8,420	1.1	53	716	50.5	8,189	1.1	62	
64 or younger	65,881	3,023,523	744	52.6	8,417	1.1	53	715	50.5	8,186	1.1	62	
65-74	7	414	1	50.0	3	0.7	49	1	50.0	3	0.7	33	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	162,810	6,844,009	2,480	49.2	26,954	0.9	44	2,119	42.1	23,188	0.9	57	
64 or younger	865	41,928	9	33.3	85	0.6	39	10	37.0	111	1.3	86	
65-74	48,175	2,147,482	673	52.4	7,295	0.9	46	533	41.5	5,784	0.9	61	
75-84	67,734	2,839,094	1,003	50.4	10,977	0.9	44	853	42.9	9,409	0.9	60	
85 and older	46,036	1,815,505	795	45.8	8,597	0.9	42	723	41.7	7,884	0.8	49	
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 Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTIPSYCHOTICS						ANTICONVULSANT						DERMATOLOGICAL					
	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	10,167	36.2 %	\$61	7,190	25.6 %	1.2	81,119	1.2	\$44	29,962	106.7 %	0.3	\$9					
Female	7,679	35.5	60	4,991	23.1	1.2	56,419	1.2	41	22,299	103.1	0.3	9					
Disabled	661	43.7	84	922	60.9	1.4	10,624	1.4	59	2,079	137.3	0.4	10					
64 or younger	657	43.8	84	915	61.0	1.4	10,566	1.4	59	2,076	138.3	0.4	10					
65-74	4	33.3	50	7	58.3	0.8	58	0.8	31	3	25.0	0.1	2					
75-84	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0					
85 and older	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0					
Other Eligibles	7,018	34.9	58	4,069	20.2	1.1	45,795	1.1	37	20,220	100.5	0.3	9					
64 or younger	18	66.7	94	12	44.4	1.2	130	1.2	70	34	125.9	0.3	13					
65-74	1,068	46.4	79	983	42.7	1.3	11,141	1.3	45	2,654	115.2	0.3	10					
75-84	2,850	40.1	63	1,717	24.2	1.1	19,364	1.1	37	7,266	102.3	0.3	9					
85 and older	3,082	28.8	45	1,357	12.7	1.0	15,160	1.0	30	10,266	96.1	0.3	8					
Male	2,488	38.6	66	2,199	34.1	1.3	24,700	1.3	49	7,663	118.8	0.3	10					
Disabled	574	40.5	89	865	61.0	1.4	9,979	1.4	63	2,017	142.3	0.4	11					
64 or younger	574	40.6	89	864	61.1	1.4	9,978	1.4	63	2,017	142.5	0.4	11					
65-74	0	0.0	0	1	50.0	1.0	1	1.0	38	0	0.0	0.0	0					
75-84	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0					
85 and older	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0					
Other Eligibles	1,914	38.0	59	1,334	26.5	1.2	14,721	1.2	40	5,646	112.1	0.3	9					
64 or younger	14	51.9	84	12	44.4	1.4	116	1.4	37	30	111.1	0.4	21					
65-74	581	45.2	72	542	42.2	1.3	5,952	1.3	46	1,423	110.8	0.3	9					
75-84	792	39.8	56	514	25.8	1.1	5,747	1.1	40	2,319	116.5	0.3	10					
85 and older	527	30.4	47	266	15.3	1.1	2,906	1.1	30	1,874	108.0	0.3	8					
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 Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIIDIABETIC					ANALGESICS - Narcotic				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	8,448	30.1 %	92,422	1.0	\$30	7,627	27.2 %	84,186	0.9	\$27	9,785	34.8 %	106,987	0.6	\$21
Female	6,216	28.7	68,473	1.0	29	5,889	27.2	65,327	0.9	27	7,834	36.2	86,136	0.6	21
Disabled	371	24.5	4,213	1.0	34	507	33.5	5,692	1.0	34	673	44.5	7,613	0.8	27
64 or younger	369	24.6	4,194	1.0	34	506	33.7	5,680	1.0	34	671	44.7	7,589	0.8	27
65-74	2	16.7	19	0.9	32	1	8.3	12	1.3	33	2	16.7	24	0.5	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,845	29.1	64,260	1.0	29	5,382	26.8	59,635	0.9	26	7,161	35.6	78,523	0.6	21
64 or younger	12	44.4	123	0.7	23	13	48.1	134	0.8	19	16	59.3	151	1.2	44
65-74	776	33.7	8,691	1.0	31	985	42.8	11,030	1.0	32	983	42.7	10,798	0.7	26
75-84	2,222	31.3	24,375	1.0	30	2,342	33.0	25,925	0.9	27	2,538	35.7	27,912	0.7	24
85 and older	2,835	26.5	31,071	1.0	28	2,042	19.1	22,546	0.9	23	3,624	33.9	39,662	0.6	17
Male	2,232	34.6	23,949	1.0	32	1,738	26.9	18,859	1.0	28	1,951	30.2	20,851	0.6	19
Disabled	449	31.7	5,041	1.1	35	366	25.8	4,199	1.1	33	479	33.8	5,318	0.7	25
64 or younger	449	31.7	5,041	1.1	35	366	25.9	4,199	1.1	33	479	33.9	5,318	0.7	25
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,783	35.4	18,908	1.0	31	1,372	27.2	14,660	0.9	26	1,472	29.2	15,533	0.6	17
64 or younger	15	55.6	139	1.3	28	4	14.8	33	0.7	18	9	33.3	81	0.4	11
65-74	508	39.6	5,414	1.0	33	418	32.6	4,473	0.9	26	363	28.3	3,845	0.7	20
75-84	759	38.1	8,150	1.0	30	608	30.6	6,627	0.9	29	615	30.9	6,586	0.5	13
85 and older	501	28.9	5,205	1.0	30	342	19.7	3,527	0.8	22	485	28.0	5,021	0.5	18
Unknown	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 Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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 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}
 PENNSYLVANIA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIANGINAL 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	Residents	Rx	Rx-\$			
All	5,458	19.4 %	1.1	\$37	60,051	5,928	21.1 %	0.9	\$33	64,939	28,086	299,681
Female	4,325	20.0	1.0	36	47,763	4,727	21.9	0.9	34	51,981	21,633	232,305
Disabled	217	14.3	1.2	41	2,451	130	8.6	0.9	34	1,455	1,514	16,779
64 or younger	215	14.3	1.2	41	2,448	129	8.6	0.9	33	1,443	1,501	16,680
65-74	2	16.7	1.3	49	3	1	8.3	0.9	46	12	12	87
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	1	12
Other Eligibles	4,108	20.4	1.0	36	45,312	4,597	22.8	0.9	34	50,526	20,119	215,526
64 or younger	6	22.2	1.3	45	55	4	14.8	0.2	4	34	27	271
65-74	507	22.0	1.1	40	5,635	440	19.1	0.9	34	4,860	2,304	24,968
75-84	1,448	20.4	1.0	36	16,029	1,464	20.6	0.9	33	16,050	7,101	75,930
85 and older	2,147	20.1	1.0	35	23,593	2,689	25.2	0.9	34	29,582	10,687	114,357
Male	1,133	17.6	1.1	39	12,288	1,201	18.6	0.9	31	12,958	6,453	67,376
Disabled	223	15.7	1.2	44	2,538	132	9.3	0.8	30	1,493	1,417	15,554
64 or younger	223	15.8	1.2	44	2,538	131	9.3	0.8	30	1,490	1,415	15,550
65-74	0	0.0	0.0	0	0	1	50.0	0.7	44	3	2	4
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0
Other Eligibles	910	18.1	1.1	37	9,750	1,069	21.2	0.9	31	11,465	5,036	51,822
64 or younger	2	7.4	1.2	73	24	3	11.1	1.4	51	18	27	224
65-74	256	19.9	1.1	42	2,762	231	18.0	0.9	33	2,481	1,284	13,368
75-84	380	19.1	1.1	36	4,098	446	22.4	0.9	32	4,848	1,990	20,759
85 and older	272	15.7	1.0	35	2,866	389	22.4	0.9	29	4,118	1,735	17,471
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 Pennsylvania, released by CMS in 3/2004. 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 19,858 beneficiaries who were in nursing facilities for part of their enrollment and their 165,967 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}
PENNSYLVANIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	1,600,779	159,363	328,975	308,848	803,593	15,759,010	1,681,777	3,618,723	2,731,030	7,727,480	0
Age											
5 and younger	303,665	6	12,658	14	290,987	2,848,703	51	130,286	155	2,718,211	0
6-14	389,504	4	41,065	27	348,408	4,000,750	30	458,650	316	3,541,754	0
15-20	185,128	5	25,677	307	159,139	1,721,969	50	280,851	2,847	1,438,221	0
21-44	392,258	152	120,718	266,329	5,059	3,719,150	1,555	1,333,029	2,355,272	29,294	0
45-64	170,548	660	128,007	41,881	0	1,784,933	6,441	1,408,457	370,035	0	0
65-74	67,281	66,363	669	249	0	734,857	727,065	5,756	2,036	0	0
75-84	53,173	53,140	0	33	0	564,982	564,674	0	308	0	0
85 and older	39,220	39,033	179	8	0	383,642	381,911	1,670	61	0	0
Unknown	2	0	2	0	0	24	0	24	0	0	0
Gender											
Female	948,961	120,994	165,461	253,062	409,444	9,379,184	1,284,734	1,832,290	2,313,270	3,948,890	0
Male	651,818	38,369	163,514	55,786	394,149	6,379,826	397,043	1,786,433	417,760	3,778,590	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	931,435	113,766	220,868	167,451	429,350	9,066,802	1,189,737	2,422,795	1,417,222	4,037,048	0
African American	477,554	29,559	74,824	102,120	271,051	4,851,799	322,140	834,607	971,430	2,723,622	0
Other/unknown	191,790	16,038	33,283	39,277	103,192	1,840,409	169,900	361,321	342,378	966,810	0
Use of Nursing Facilities											
All year	28,692	25,712	2,978	2	0	310,192	276,913	33,274	5	0	0
Part year	20,259	17,622	2,572	61	4	180,941	155,060	25,274	567	40	0
None	1,551,828	116,029	323,425	308,785	803,589	15,267,877	1,249,804	3,560,175	2,730,458	7,727,440	0
Maintenance Assistance Status											
Cash	617,972	75,373	237,128	86,556	218,915	6,639,308	845,496	2,687,246	843,246	2,263,320	0
Medically needy	60,863	1,093	536	13,948	45,286	556,053	12,254	5,252	142,975	395,572	0
Poverty related	521,682	45,161	72,029	75,875	328,617	4,851,494	472,487	722,732	575,512	3,080,763	0
Other/unknown	400,262	37,736	19,282	132,469	210,775	3,712,155	351,540	203,493	1,169,297	1,987,825	0
Dual Status^c											
Full dual, all year	237,457	144,769	89,721	2,935	32	2,571,010	1,543,253	1,002,475	24,960	322	0
Full dual, part year	3,871	2,396	1,468	7	0	43,027	26,552	16,396	79	0	0
Non-dual, all year	1,359,451	12,198	237,786	305,906	803,561	13,144,973	111,972	2,599,852	2,705,991	7,727,158	0
Managed Care Status											
FFS all year	640,597	92,760	137,609	131,508	278,720	5,660,294	926,007	1,445,227	985,928	2,303,132	0
FFS part year, with Rx claims	122,625	18,860	38,254	19,115	46,396	1,331,749	217,456	436,845	182,463	494,985	0
FFS part year, no Rx claims	160,295	5,677	19,056	35,624	99,938	1,479,886	57,638	195,302	318,622	908,324	0
MC all year, with Rx claims	13,707	3,316	5,499	1,660	3,232	149,340	37,280	62,963	14,566	34,531	0
MC all year, no Rx claims	663,555	38,750	128,557	120,941	375,307	7,137,741	443,396	1,478,386	1,229,451	3,986,508	0

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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
 PENNSYLVANIA, 1999

	Bene Mos in Cell B of Table 1			Bene Mos in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
All	1,600,779	15,759,010	923,517	6,757,662	677,262	9,001,348	
FFS all year	640,597	5,660,294	640,597	5,660,294	0	0	
FFS part year, with Rx claims	122,625	1,331,749	122,625	590,586	0	741,163	
FFS part year, with no Rx claims	160,295	1,479,886	160,295	506,782	0	973,104	
MC all year, with Rx claims	13,707	149,340	0	0	13,707	149,340	
MC all year, with no Rx claims	663,555	7,137,741	0	0	663,555	7,137,741	

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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.