

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TEXAS, 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	2,710,180 (A)	464,601 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	2,547,750 (B)	357,713 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	2,356,247 (C)	334,309 (G)
4. Benes who were all-year nursing facility residents ^f	60,801 (D)	57,155 (H)

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 Texas in 1999 was \$980,322,090, of which \$72,109,324 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 0.9 percent were restricted benefit months without a pharmacy benefit in Texas, 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}
 TEXAS, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos						Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	2,356,247	254,352	294,381	383,831	1,423,683	0	18,349,637	2,682,141	3,042,799	2,295,725	10,328,972	0	
Age													
5 and younger	708,139	48	13,068	2	695,021	0	4,922,075	194	128,040	18	4,793,823	0	
6-14	607,672	10	31,255	452	575,955	0	4,744,702	37	331,620	2,344	4,410,701	0	
15-20	252,259	0	23,180	76,436	152,643	0	1,789,433	0	239,055	426,282	1,124,096	0	
21-44	387,831	8	103,130	284,639	54	0	2,781,085	73	1,073,553	1,707,151	308	0	
45-64	144,088	68	121,788	22,229	3	0	1,410,593	428	1,250,789	159,361	15	0	
65-74	101,767	100,248	1,449	69	1	0	1,091,766	1,077,141	14,092	531	2	0	
75-84	86,694	86,324	367	3	0	0	925,522	921,418	4,072	32	0	0	
85 and older	67,789	67,646	141	0	2	0	684,402	682,850	1,550	0	2	0	
Unknown	8	0	3	1	4	0	59	0	28	6	25	0	
Gender													
Female	1,384,292	182,693	151,184	351,866	698,549	0	10,697,868	1,939,457	1,580,483	2,101,592	5,076,336	0	
Male	971,928	71,654	143,195	31,965	725,114	0	7,651,651	742,644	1,462,310	194,133	5,252,564	0	
Unknown	27	5	2	0	20	0	118	40	6	0	72	0	
Race													
White	639,695	128,381	121,132	106,233	283,949	0	5,117,561	1,335,894	1,270,932	589,587	1,921,148	0	
African American	451,781	36,323	69,402	76,017	270,039	0	3,412,689	383,370	702,058	449,305	1,877,956	0	
Other/unknown	1,264,771	89,648	103,847	201,581	869,695	0	9,819,387	962,877	1,069,809	1,256,833	6,529,868	0	
Use of Nursing Facilities													
All year	60,801	54,757	6,042	2	0	0	617,603	552,267	65,331	5	0	0	
Part year	29,500	25,010	4,465	21	4	0	285,176	240,182	44,778	195	21	0	
None	2,265,946	174,585	283,874	383,808	1,423,679	0	17,446,858	1,889,692	2,932,690	2,295,525	10,328,951	0	
Maintenance Assistance Status													
Cash	861,416	158,622	264,461	136,061	302,272	0	7,790,135	1,740,566	2,721,318	922,284	2,405,967	0	
Medically needy	37,443	0	0	36,692	751	0	214,643	0	0	211,166	3,477	0	
Poverty-related	1,056,444	1,364	1,094	162,729	891,257	0	7,091,779	14,065	10,757	794,279	6,272,678	0	
Other/unknown	400,944	94,366	28,826	48,349	229,403	0	3,253,080	927,510	310,724	367,996	1,646,850	0	
Dual Medicare Status^c													
Full dual, all year	327,251	244,506	81,731	995	19	0	3,475,448	2,587,135	881,435	6,712	166	0	
Full dual, part year	7,058	5,203	1,849	6	0	0	70,515	51,697	18,751	67	0	0	
Non-dual, all year	2,021,938	4,643	210,801	382,830	1,423,664	0	14,803,674	43,309	2,142,613	2,288,946	10,328,806	0	
Managed Care Status													
FFS all year	1,889,779	234,951	253,238	306,047	1,095,543	0	16,068,319	2,509,742	2,695,843	1,975,577	8,887,157	0	
FFS part year, with Rx claims	342,628	17,098	34,785	63,517	227,228	0	1,760,775	153,393	295,209	267,740	1,044,433	0	
FFS part year, no Rx claims	123,840	2,303	6,358	14,267	100,912	0	520,543	19,006	51,747	52,408	397,382	0	

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 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	72.6 %	9.2	\$385	\$42	\$3,423	11.3 %	\$13	2,356,247
Age								
5 and younger	73.8	5.9	117	20	1,706	6.9	15	708,139
6-14	64.8	4.6	171	38	1,098	15.6	6	607,672
15-20	65.1	4.5	190	42	2,108	9.0	4	252,259
21-44	72.7	7.5	419	56	4,482	9.4	7	387,831
45-64	82.1	20.2	1,184	59	9,043	13.1	34	144,088
65-74	86.2	23.7	1,197	51	7,129	16.8	35	101,767
75-84	90.8	32.2	1,416	44	10,442	13.6	30	86,694
85 and older	93.7	38.0	1,403	37	14,558	9.6	15	67,789
Unknown	25.0	2.5	24	10	1,742	1.4	10	8
Basis of Eligibility								
Aged	89.7	30.4	1,326	44	10,211	13.0	27	254,352
Disabled	79.8	17.2	1,129	66	10,099	11.2	23	294,381
Adults	71.9	5.1	172	34	2,192	7.8	5	383,831
Children	68.3	4.9	121	25	1,162	10.4	10	1,423,683
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	74.8	10.2	416	41	3,605	11.5	14	1,384,292
Male	69.6	7.8	342	44	3,164	10.8	11	971,928
Unknown	40.7	7.1	372	53	4,038	9.2	3	27
Race								
White	76.3	14.6	670	46	5,855	11.4	11	639,695
African American	66.8	7.6	321	42	3,116	10.3	9	451,781
Other/unknown	72.8	7.1	265	38	2,303	11.5	15	1,264,771
Use of Nursing Facilities								
Entire year	97.4	58.2	2,216	38	22,452	9.9	26	60,801
Part year	95.4	45.2	1,858	41	18,496	10.0	26	29,500
None	71.7	7.4	317	43	2,716	11.7	12	2,265,946
Maintenance Assistance Status								
Cash	76.1	11.2	593	53	4,162	14.3	17	861,416
Medically needy	64.1	5.2	230	44	2,302	10.0	5	37,443
Poverty related	68.1	4.5	111	25	1,164	9.6	8	1,056,444
Other/unknown	77.9	17.8	676	38	7,891	8.6	17	400,944

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 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	\$50	11.3 %	27.4 %	48.4 %	11.4 %	9.1 %	2.6 %	1.1 %	\$440	2,356,247	18,349,637
Age												
5 and younger	0.8	17	6.9	26.2	54.7	10.8	6.2	1.4	0.7	245	708,139	4,922,075
6-14	0.6	22	15.6	35.2	53.0	6.4	4.0	1.0	0.4	141	607,672	4,744,702
15-20	0.6	27	9.0	34.9	52.5	6.9	4.3	1.0	0.4	297	252,259	1,789,433
21-44	1.0	59	9.4	27.3	49.7	12.4	8.1	1.5	1.1	625	387,831	2,781,085
45-64	2.1	121	13.1	17.9	29.3	23.3	23.0	4.0	2.4	924	144,088	1,410,593
65-74	2.2	112	16.8	13.8	30.0	24.1	23.3	6.3	2.5	665	101,767	1,091,766
75-84	3.0	133	13.6	9.2	23.9	21.6	28.0	13.4	3.9	978	86,694	925,522
85 and older	3.8	139	9.6	6.3	17.8	17.2	33.9	20.9	4.0	1,442	67,789	684,402
Unknown	0.3	3	1.4	75.0	12.5	12.5	0.0	0.0	0.0	236	8	59
Basis of Eligibility												
Aged	2.9	126	13.0	10.3	24.7	21.4	27.7	12.6	3.4	968	254,352	2,682,141
Disabled	1.7	109	11.2	20.2	36.9	19.4	18.6	3.1	1.8	977	294,381	3,042,799
Adults	0.8	29	7.8	28.1	53.9	10.3	5.5	1.2	0.9	366	383,831	2,295,725
Children	0.7	17	10.4	31.7	53.5	8.3	4.8	1.1	0.5	160	1,423,683	10,328,972
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.3	54	11.5	25.2	48.4	12.1	10.1	3.0	1.2	467	1,384,292	10,697,868
Male	1.0	43	10.8	30.4	48.4	10.5	7.8	2.1	0.8	402	971,928	7,651,651
Unknown	1.6	85	9.2	59.3	18.5	11.1	7.4	3.7	0.0	924	27	118
Race												
White	1.8	84	11.4	23.7	41.6	13.4	14.1	5.3	1.9	732	639,695	5,117,561
African American	1.0	43	10.3	33.2	44.9	9.8	8.5	2.3	1.2	413	451,781	3,412,689
Other/unknown	0.9	34	11.5	27.2	53.0	11.0	6.8	1.4	0.6	297	1,264,771	9,819,387
Use of Nursing Facilities												
Entire year	5.7	218	9.9	2.6	6.8	9.2	35.8	36.6	9.1	2,210	60,801	617,603
Part year	4.7	192	10.0	4.6	12.2	13.4	36.6	25.7	7.5	1,913	29,500	285,176
None	1.0	41	11.7	28.3	50.0	11.5	8.0	1.4	0.8	353	2,265,946	17,446,858
Maintenance Assistance Status												
Cash	1.2	66	14.3	23.9	45.1	15.6	12.6	1.7	1.1	460	861,416	7,790,135
Medically needy	0.9	40	10.0	35.9	43.9	13.8	5.8	0.4	0.2	402	37,443	214,643
Poverty related	0.7	17	9.6	31.9	53.4	8.3	4.7	1.1	0.5	173	1,056,444	7,091,779
Other/unknown	2.2	83	8.6	22.1	42.6	10.4	13.6	8.8	2.6	973	400,944	3,253,080

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 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	1.2	\$50	0.4	\$42	0.2	\$75	0.6	\$8
Age								
5 and younger	0.8	17	0.2	20	0.1	37	0.5	6
6-14	0.6	22	0.2	38	0.1	68	0.3	4
15-20	0.6	27	0.2	42	0.1	80	0.3	4
21-44	1.0	59	0.4	56	0.1	109	0.5	8
45-64	2.1	121	0.8	59	0.3	97	0.8	15
65-74	2.2	112	0.9	51	0.4	79	0.8	14
75-84	3.0	133	1.1	44	0.5	72	1.2	19
85 and older	3.8	139	1.2	37	0.7	65	1.7	24
Unknown	0.3	3	0.0	10	0.0	36	0.3	3
Basis of Eligibility								
Aged	2.9	126	1.1	44	0.5	72	1.2	19
Disabled	1.7	109	0.7	66	0.2	115	0.7	13
Adults	0.8	29	0.3	34	0.1	65	0.5	6
Children	0.7	17	0.2	25	0.1	47	0.4	5
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.3	54	0.5	41	0.2	73	0.6	9
Male	1.0	43	0.3	44	0.1	81	0.5	7
Unknown	1.6	85	0.6	53	0.4	94	0.6	6
Race								
White	1.8	84	0.7	46	0.3	81	0.8	13
African American	1.0	43	0.3	42	0.1	79	0.5	7
Other/unknown	0.9	34	0.3	38	0.1	68	0.4	6
Use of Nursing Facilities								
Entire year	5.7	218	1.8	38	1.1	69	2.6	38
Part year	4.7	192	1.6	41	0.8	73	2.0	31
None	1.0	41	0.3	43	0.1	77	0.5	7
Maintenance Assistance								
Status								
Cash	1.2	66	0.5	53	0.2	91	0.5	9
Medically needy	0.9	40	0.3	44	0.1	78	0.4	6
Poverty related	0.7	17	0.2	25	0.1	47	0.4	5
Other/unknown	2.2	83	0.7	38	0.4	69	1.0	14

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 Texas, 4.0 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).

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}
 TEXAS, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$	Total No. of 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									
Anti-infective Agents	0.3	0.2	0.0	0.1	\$11	\$10	\$0	\$2	\$38	\$64	\$43	\$11	3,229,548	1,220,137	51.8 %	10,774,080	
Biologics	0.6	0.1	0.4	0.1	705	178	388	139	1220	3,231	969	1,136	410	500,127	67	0.0	709
Antineoplastic Agents	0.4	0.1	0.2	0.1	65	36	23	5	158	275	155	41	72,562	11,434,748	0.7	176,756	
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.1	18	14	2	2	42	67	27	13	1,498,573	63,460,200	15.4	3,479,057	
Cardiovascular Agents	1.0	0.3	0.2	0.4	38	21	11	6	40	64	48	15	2,964,586	119,299,773	12.5	3,120,386	
Respiratory Agents	0.4	0.1	0.0	0.2	10	6	1	3	27	51	24	14	3,452,745	92,520,111	42.8	8,989,725	
Gastrointestinal Agents	0.4	0.2	0.1	0.2	25	17	5	3	62	97	75	18	971,222	59,828,945	10.2	2,411,873	
Genitourinary Agents	0.3	0.2	0.0	0.1	9	8	0	1	36	45	33	18	282,619	10,201,303	5.2	1,092,087	
CNS Drugs	0.7	0.3	0.1	0.3	45	32	9	5	66	113	114	14	2,187,145	145,357,392	13.5	3,204,525	
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	21	8	5	9	46	45	62	42	185,967	8,646,678	1.8	407,572	
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	49	46	1	2	105	120	107	29	83,987	8,791,085	0.7	179,559	
Analgesics and Anesthetics	0.3	0.1	0.1	0.2	11	5	3	3	33	99	47	12	2,129,959	70,195,103	30.2	6,637,731	
Neuromuscular Agents	0.6	0.2	0.1	0.3	33	21	6	6	55	110	48	21	993,187	54,317,958	6.9	1,665,023	
Nutritional Products	0.3	0.0	0.1	0.2	5	0	3	2	17	15	24	14	637,124	11,119,650	10.7	2,168,755	
Hematological Agents	0.4	0.1	0.1	0.2	41	27	6	7	95	323	46	35	413,002	39,410,158	4.3	971,950	
Topical Products	0.3	0.1	0.0	0.1	7	4	1	2	27	42	35	13	1,691,807	45,080,553	30.0	6,477,400	
Miscellaneous Products	0.4	0.1	0.1	0.2	100	56	37	7	252	456	338	43	29,346	7,392,855	0.3	74,001	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	45	0	0	0	852,578	38,229,483	15.4	3,490,435	
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.	21,676,367	908,212,766	n.a.	n.a.	

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 Texas, 4.0 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}
 TEXAS, 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	\$66,849,129	95,709 4.1 %	1,046,139	0.5	\$130	\$64	
ANTIDEPRESSANTS	51,980,743	189,209 8.0	2,017,902	0.4	62	26	
ULCER DRUGS	43,283,023	197,763 8.4	2,084,381	0.3	69	21	
ANTICONVULSANT	41,292,544	95,853 4.1	1,053,875	0.6	67	39	
ANALGESICS - ANTI-INFLAMMATORY	40,045,632	507,406 21.5	5,189,943	0.2	39	8	
ANTIDIABETIC	38,582,767	142,994 6.1	1,575,817	0.5	54	24	
ANTIHYPERTENSIVE	35,092,969	165,930 7.0	1,823,007	0.5	43	19	
ANTIASTHMATIC	32,246,259	384,931 16.3	3,790,268	0.3	34	9	
CALCIUM BLOCKERS	29,408,353	90,774 3.9	999,514	0.5	59	29	
CEPHALOSPORINS	27,770,023	507,520 21.5	5,047,994	0.1	40	6	

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 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	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	7,302,152	\$406,551,442	95,709	4.1 %	1,046,139	0.5	\$64	189,209	8.0 %	2,017,902	0.4	\$26			
Female	4,659,080	260,864,113	55,677	4.0	606,314	0.5	57	133,158	9.6	1,417,065	0.4	26			
Disabled	1,212,306	94,167,362	22,118	14.6	251,253	0.5	76	45,435	30.1	515,255	0.4	27			
5 and younger	24,041	960,520	42	0.7	486	0.3	29	35	0.6	407	0.3	10			
6-14	58,510	3,242,122	778	6.6	8,950	0.4	51	1,110	9.4	12,764	0.4	21			
15-20	44,589	3,192,759	898	9.8	10,185	0.4	66	1,493	16.2	16,777	0.4	26			
21-44	317,596	29,047,102	9,453	19.0	107,483	0.4	80	16,088	32.3	182,480	0.3	28			
45-64	753,119	56,841,226	10,791	14.7	122,542	0.5	75	26,414	36.1	299,738	0.4	27			
65-74	10,913	674,430	114	12.5	1,141	0.6	67	241	26.5	2,493	0.5	27			
75-84	2,635	162,031	29	11.7	318	0.6	46	38	15.3	411	0.4	21			
85 and older	903	47,172	13	12.6	148	0.4	41	16	15.5	185	0.5	19			
Other Eligibles	3,446,774	166,696,751	33,559	2.7	355,061	0.5	44	87,723	7.1	901,810	0.4	25			
5 and younger	409,962	9,525,137	192	0.1	1,995	0.2	18	402	0.1	4,131	0.3	9			
6-14	306,768	10,471,241	2,123	0.7	23,204	0.4	44	6,490	2.3	68,580	0.4	19			
15-20	128,718	5,093,144	1,611	1.1	15,880	0.4	42	5,964	4.0	57,580	0.3	21			
21-44	257,692	12,458,914	2,533	1.0	22,497	0.2	25	19,627	7.5	173,316	0.2	19			
45-64	58,249	3,808,273	271	1.7	2,634	0.2	28	2,877	18.2	27,844	0.3	20			
65-74	718,564	44,596,374	6,027	9.1	67,143	0.6	59	15,493	23.4	174,476	0.4	25			
75-84	839,975	45,710,943	9,781	15.8	105,751	0.6	47	18,872	30.4	206,034	0.6	29			
85 and older	726,846	35,032,725	11,021	20.2	115,957	0.5	36	17,998	33.0	189,849	0.6	31			
Male	2,642,993	145,681,241	40,031	4.1	439,815	0.5	74	56,048	5.8	600,810	0.4	26			
Disabled	914,162	72,882,396	23,315	16.3	264,660	0.5	91	24,776	17.3	278,263	0.4	28			
5 and younger	34,023	1,301,667	122	1.7	1,366	0.4	29	108	1.5	1,188	0.4	17			
6-14	107,501	6,164,634	2,357	12.2	26,875	0.5	58	2,670	13.8	30,325	0.4	21			
15-20	65,813	5,261,273	1,863	13.3	20,736	0.5	78	2,138	15.3	23,908	0.4	28			
21-44	296,666	31,055,511	11,714	22.0	133,880	0.5	104	10,154	19.0	114,530	0.4	30			
45-64	402,645	28,683,166	7,158	14.7	80,758	0.5	85	9,559	19.7	106,777	0.4	27			
65-74	6,289	357,948	87	16.1	895	0.6	71	129	23.9	1,340	0.6	34			
75-84	1,015	50,395	12	10.1	126	0.4	28	15	12.6	161	0.4	20			
85 and older	210	7,802	2	5.3	24	0.6	13	3	7.9	34	0.2	6			
Other Eligibles	1,728,828	72,798,808	16,716	2.0	175,155	0.5	48	31,272	3.8	322,547	0.4	24			
5 and younger	499,107	11,906,976	408	0.1	4,223	0.3	24	648	0.2	6,704	0.3	9			
6-14	360,662	13,330,804	4,213	1.5	45,441	0.4	49	9,946	3.4	103,772	0.4	18			
15-20	83,140	4,073,919	1,493	1.9	15,560	0.5	62	3,755	4.7	37,100	0.4	24			
21-44	25,942	1,548,171	214	0.9	1,898	0.3	39	1,497	6.3	13,311	0.3	18			
45-64	18,791	1,269,201	82	1.3	724	0.3	40	698	10.7	6,581	0.2	17			
65-74	316,542	18,555,695	3,387	9.9	36,769	0.6	58	5,541	16.2	60,459	0.5	27			
75-84	271,848	14,552,782	4,076	16.8	41,867	0.5	43	5,583	23.0	58,203	0.6	30			
85 and older	152,796	7,561,260	2,843	21.6	28,673	0.5	36	3,604	27.3	36,417	0.6	30			
Unknown	82	6,125	1	2.9	10	0.9	257	3	8.6	27	0.5	30			

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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_mdmb.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}
 TEXAS, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				ANALGESICS - ANTI-INFLAMMATORY						
	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	197,763	8.4 %	2,084,381	0.3	\$21	95,853	4.1 %	1,053,875	0.6	\$39	507,406	21.5 %	5,189,943	0.2	\$8
Female	135,885	9.8	1,441,695	0.3	21	54,728	4.0	599,060	0.6	36	315,254	22.8	3,230,488	0.2	9
Disabled	32,217	21.3	367,419	0.3	22	30,176	20.0	342,867	0.6	44	49,512	32.7	569,939	0.2	16
5 and younger	558	9.6	6,087	0.3	15	645	11.1	7,147	0.6	41	1,230	21.2	14,086	0.2	2
6-14	897	7.6	10,271	0.3	17	2,155	18.2	24,606	0.7	49	2,467	20.8	28,541	0.2	4
15-20	896	9.7	10,231	0.2	15	1,852	20.1	21,140	0.7	57	2,042	22.2	23,251	0.2	6
21-44	8,273	16.6	94,581	0.2	19	12,731	25.6	145,097	0.6	50	13,367	26.8	153,509	0.2	12
45-64	21,186	28.9	241,827	0.3	24	12,637	17.3	143,225	0.5	36	29,980	40.9	345,684	0.2	20
65-74	295	32.5	3,170	0.3	25	138	15.2	1,447	0.6	34	304	33.4	3,424	0.2	18
75-84	83	33.5	933	0.3	29	14	5.6	160	0.7	26	99	39.9	1,169	0.3	18
85 and older	29	28.2	319	0.3	24	4	3.9	45	0.6	18	23	22.3	275	0.2	15
Other Eligibles	103,668	8.4	1,074,276	0.3	21	24,552	2.0	256,193	0.6	25	265,742	21.6	2,660,549	0.2	8
5 and younger	9,726	2.9	85,046	0.2	3	588	0.2	5,743	0.4	19	67,153	19.8	650,723	0.2	2
6-14	9,158	3.2	93,709	0.1	4	2,068	0.7	21,407	0.5	29	56,118	19.6	565,568	0.2	2
15-20	6,523	4.4	61,612	0.1	7	1,433	1.0	13,861	0.5	29	24,807	16.7	227,024	0.2	2
21-44	15,214	5.8	138,345	0.2	12	3,911	1.5	35,018	0.3	23	44,345	17.0	385,655	0.2	5
45-64	2,730	17.3	26,791	0.2	18	589	3.7	5,605	0.3	20	6,083	38.5	58,903	0.2	13
65-74	19,733	29.9	225,209	0.3	25	5,877	8.9	66,194	0.6	28	28,745	43.5	333,153	0.2	19
75-84	21,148	34.1	235,507	0.4	30	5,960	9.6	64,964	0.6	26	23,716	38.2	273,660	0.3	20
85 and older	19,436	35.7	208,057	0.5	34	4,126	7.6	43,401	0.7	23	14,775	27.1	165,863	0.4	22
Male	61,877	6.4	642,681	0.3	19	41,124	4.2	454,805	0.6	43	192,149	19.8	1,959,434	0.2	5
Disabled	18,810	13.1	211,078	0.3	24	27,961	19.5	317,752	0.6	50	27,019	18.9	309,070	0.2	10
5 and younger	707	9.7	7,710	0.3	14	709	9.7	8,041	0.6	36	1,638	22.5	18,754	0.2	2
6-14	1,209	6.2	13,884	0.3	18	3,572	18.4	40,788	0.7	46	3,489	18.0	40,355	0.2	3
15-20	958	6.9	10,954	0.3	19	2,767	19.8	31,289	0.7	62	2,113	15.1	24,172	0.1	3
21-44	5,868	11.0	66,605	0.3	23	12,893	24.2	147,445	0.6	55	8,026	15.1	91,670	0.2	8
45-64	9,886	20.4	110,068	0.3	26	7,935	16.4	89,308	0.6	40	11,588	23.9	132,326	0.2	15
65-74	155	28.7	1,559	0.5	28	77	14.3	785	0.7	41	126	23.3	1,357	0.3	16
75-84	24	20.2	262	0.6	31	7	5.9	84	0.5	13	32	26.9	363	0.4	26
85 and older	3	7.9	36	0.2	11	1	2.6	12	0.5	12	7	18.4	73	0.3	14
Other Eligibles	43,067	5.2	431,603	0.3	17	13,163	1.6	137,053	0.6	28	165,130	19.9	1,650,364	0.2	4
5 and younger	10,750	3.0	93,024	0.2	4	790	0.2	7,823	0.4	16	73,405	20.6	708,681	0.2	2
6-14	7,362	2.5	75,754	0.1	4	3,308	1.1	34,516	0.5	27	52,486	18.1	530,458	0.2	2
15-20	2,700	3.4	26,696	0.1	7	1,332	1.7	13,159	0.5	35	13,056	16.2	127,674	0.1	2
21-44	1,686	7.1	14,720	0.2	17	669	2.8	6,068	0.3	23	4,078	17.1	35,403	0.2	8
45-64	869	13.4	8,203	0.2	20	250	3.8	2,394	0.4	28	1,835	28.3	17,310	0.2	14
65-74	8,226	24.0	91,712	0.4	27	3,199	9.3	35,331	0.6	31	10,190	29.8	117,068	0.2	16
75-84	7,063	29.1	76,078	0.4	29	2,496	10.3	26,417	0.7	26	7,016	28.9	79,936	0.3	17
85 and older	4,411	33.5	45,416	0.5	34	1,119	8.5	11,345	0.7	25	3,064	23.2	33,634	0.3	20
Unknown	1	2.9	5	0.2	20	1	2.9	10	1.0	77	3	8.6	21	0.7	38

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANTIASTHMATIC						
	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	142,994	6.1 %	1,575,817	0.5	\$25	165,930	7.0 %	1,823,007	0.5	\$19	384,931	16.3 %	3,790,268	0.3	\$9
Female	103,654	7.5	1,144,721	0.5	25	113,032	8.2	1,245,501	0.5	20	202,135	14.6	2,004,502	0.2	9
Disabled	33,953	22.5	387,078	0.4	27	29,813	19.7	337,324	0.4	19	32,364	21.4	366,356	0.3	13
5 and younger	11	0.2	120	0.7	28	96	1.7	1,077	0.4	8	2,836	48.9	31,771	0.3	10
6-14	92	0.8	1,047	0.7	30	560	4.7	6,384	0.5	9	3,574	30.1	41,154	0.3	14
15-20	208	2.3	2,297	0.6	32	306	3.3	3,426	0.4	14	1,673	18.2	19,112	0.3	13
21-44	5,169	10.4	59,107	0.4	25	4,570	9.2	51,400	0.3	17	7,139	14.3	80,797	0.2	11
45-64	27,857	38.0	317,662	0.4	27	23,740	32.4	269,052	0.4	19	16,944	23.1	191,437	0.3	15
65-74	492	54.1	5,422	0.5	27	407	44.8	4,460	0.4	19	171	18.8	1,773	0.3	12
75-84	102	41.1	1,166	0.5	26	95	38.3	1,095	0.4	19	19	7.7	218	0.2	10
85 and older	22	21.4	257	0.5	25	39	37.9	430	0.5	17	8	7.8	94	0.4	11
Other Eligibles	69,701	5.7	757,643	0.5	24	83,219	6.7	908,177	0.5	20	169,771	13.8	1,638,146	0.2	8
5 and younger	79	0.0	824	0.6	26	298	0.1	3,083	0.4	6	66,561	19.6	617,068	0.2	4
6-14	492	0.2	4,717	0.7	31	1,391	0.5	14,902	0.5	7	34,912	12.2	344,341	0.2	7
15-20	647	0.4	5,698	0.5	27	567	0.4	5,070	0.3	7	11,132	7.5	99,626	0.2	7
21-44	6,375	2.4	54,967	0.4	20	4,611	1.8	39,800	0.3	12	16,812	6.4	141,689	0.2	7
45-64	3,623	22.9	33,747	0.4	26	2,568	16.2	24,079	0.4	17	1,478	9.4	14,113	0.2	10
65-74	27,628	41.8	315,894	0.4	26	27,080	41.0	308,583	0.4	21	12,573	19.0	141,081	0.3	15
75-84	20,838	33.6	234,521	0.5	23	26,809	43.2	300,597	0.5	21	13,907	22.4	150,769	0.4	15
85 and older	10,019	18.4	107,275	0.6	19	19,895	36.5	212,063	0.6	21	12,396	22.8	129,459	0.3	12
Male	39,340	4.0	431,096	0.5	24	52,894	5.4	577,478	0.4	18	182,794	18.8	1,785,751	0.3	8
Disabled	16,205	11.3	182,087	0.4	25	20,102	14.0	224,276	0.4	18	25,057	17.5	280,770	0.3	14
5 and younger	17	0.2	185	0.7	31	231	3.2	2,579	0.5	7	4,210	57.9	46,967	0.3	11
6-14	98	0.5	1,084	0.8	31	1,690	8.7	19,059	0.5	9	6,455	33.3	74,017	0.3	14
15-20	200	1.4	2,205	0.6	33	654	4.7	7,304	0.5	12	2,317	16.6	26,351	0.3	14
21-44	3,325	6.2	37,575	0.4	24	4,259	8.0	47,730	0.4	17	3,786	7.1	42,608	0.3	12
45-64	12,349	25.4	138,798	0.4	25	13,020	26.8	145,041	0.4	20	8,134	16.8	89,368	0.4	17
65-74	195	36.1	1,991	0.6	26	186	34.4	1,851	0.5	21	128	23.7	1,173	0.5	20
75-84	17	14.3	201	0.4	14	51	42.9	596	0.4	18	15	12.6	170	0.4	17
85 and older	4	10.5	48	0.4	9	11	28.9	116	0.5	20	12	31.6	116	0.2	9
Other Eligibles	23,135	2.8	249,009	0.5	24	32,792	4.0	353,202	0.5	19	157,736	19.0	1,504,971	0.2	7
5 and younger	103	0.0	884	0.5	21	669	0.2	6,927	0.4	5	87,259	24.5	803,704	0.2	4
6-14	415	0.1	4,122	0.6	28	4,054	1.4	42,479	0.5	7	44,003	15.2	430,101	0.2	8
15-20	360	0.4	3,209	0.6	30	636	0.8	6,397	0.4	9	6,714	8.3	64,246	0.2	9
21-44	1,125	4.7	9,487	0.3	22	875	3.7	7,597	0.3	16	974	4.1	8,320	0.2	9
45-64	1,428	22.0	12,637	0.4	25	1,000	15.4	8,876	0.3	18	418	6.4	3,846	0.3	12
65-74	10,562	30.9	119,418	0.5	25	11,926	34.8	133,851	0.4	21	7,420	21.7	81,443	0.4	16
75-84	6,909	28.5	75,880	0.5	23	9,101	37.5	99,731	0.5	21	6,696	27.6	70,381	0.4	15
85 and older	2,233	16.9	23,372	0.6	17	4,531	34.4	47,344	0.6	21	4,252	32.3	42,930	0.4	14
Unknown	0	0.0	0	0.0	0	4	11.4	28	0.6	19	3	8.6	25	0.2	3

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				CEPHALOSPORINS				Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Mos among Users	No. of Bene Mos	No. of Bene Mos
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Mos among Users	No. of Bene Mos						
All	90,774	3.9 %	999,514	0.5	\$29	507,520	21.5 %	5,047,994	0.1	\$6	2,356,247	18,349,637		
Female	67,739	4.9	746,945	0.5	29	286,331	20.7	2,839,513	0.1	5	1,384,289	10,697,839		
Disabled	16,552	10.9	187,181	0.4	29	31,186	20.6	358,332	0.1	5	151,183	1,580,471		
5 and younger	11	0.2	130	0.4	20	2,979	51.4	33,825	0.1	6	5,796	56,774		
6-14	65	0.5	725	0.5	33	4,212	35.5	48,633	0.1	7	11,859	126,451		
15-20	91	1.0	988	0.5	36	2,446	26.6	28,102	0.1	6	9,201	96,414		
21-44	2,448	4.9	27,650	0.3	25	9,133	18.3	104,993	0.1	5	49,811	522,846		
45-64	13,607	18.6	154,049	0.4	29	12,210	16.7	140,458	0.1	5	73,256	765,095		
65-74	230	25.3	2,487	0.5	33	150	16.5	1,676	0.1	4	909	8,999		
75-84	74	29.8	842	0.5	38	35	14.1	401	0.1	3	248	2,750		
85 and older	26	25.2	310	0.5	31	21	20.4	244	0.1	3	103	1,142		
Other Eligibles	51,187	4.2	559,764	0.5	30	255,145	20.7	2,481,181	0.1	6	1,233,106	9,117,368		
5 and younger	25	0.0	211	0.4	21	104,297	30.8	1,000,078	0.2	5	339,127	2,339,397		
6-14	71	0.0	771	0.3	13	55,867	19.5	562,980	0.1	6	286,193	2,190,624		
15-20	447	0.3	3,609	0.2	7	21,595	14.5	193,942	0.1	5	148,519	965,230		
21-44	2,714	1.0	22,947	0.3	17	33,569	12.9	285,050	0.1	5	260,828	1,566,923		
45-64	1,294	8.2	11,937	0.4	26	2,168	13.7	21,065	0.1	6	15,806	115,938		
65-74	16,467	24.9	187,647	0.5	30	9,864	14.9	113,084	0.1	5	66,087	715,945		
75-84	17,150	27.6	192,402	0.6	31	12,285	19.8	137,581	0.1	6	62,080	669,296		
85 and older	13,019	23.9	140,240	0.6	30	15,500	28.5	167,401	0.1	7	54,466	554,015		
Male	23,033	2.4	252,547	0.5	30	221,189	22.8	2,208,481	0.1	6	971,923	7,651,621		
Disabled	9,109	6.4	101,398	0.4	31	25,695	17.9	294,441	0.1	6	143,193	1,462,294		
5 and younger	22	0.3	256	0.4	20	3,761	51.7	42,773	0.2	6	7,272	71,266		
6-14	84	0.4	949	0.6	29	6,048	31.2	69,813	0.1	6	19,396	205,169		
15-20	116	0.8	1,304	0.5	29	2,851	20.4	32,669	0.1	6	13,979	142,641		
21-44	2,083	3.9	23,142	0.4	30	6,729	12.6	77,394	0.1	5	53,318	550,706		
45-64	6,668	13.7	74,304	0.5	31	6,204	12.8	70,689	0.1	5	48,531	485,689		
65-74	105	19.4	1,092	0.6	31	80	14.8	849	0.1	7	540	5,093		
75-84	24	20.2	281	0.5	29	20	16.8	230	0.1	4	119	1,322		
85 and older	7	18.4	70	0.6	26	2	5.3	24	0.1	4	38	408		
Other Eligibles	13,924	1.7	151,149	0.5	29	195,493	23.6	1,914,030	0.1	6	828,730	6,189,327		
5 and younger	35	0.0	337	0.3	11	116,865	32.8	1,115,789	0.2	6	355,928	2,454,581		
6-14	89	0.0	926	0.3	15	52,954	18.2	533,541	0.1	6	290,222	2,222,454		
15-20	86	0.1	804	0.3	19	10,028	12.4	99,156	0.1	6	80,558	585,137		
21-44	328	1.4	2,808	0.3	23	2,020	8.5	17,533	0.1	5	23,873	140,609		
45-64	441	6.8	3,823	0.4	27	566	8.7	5,381	0.1	6	6,494	43,866		
65-74	5,990	17.5	67,221	0.5	30	4,846	14.2	54,669	0.1	5	34,231	361,729		
75-84	4,664	19.2	51,236	0.5	29	4,621	19.1	50,615	0.1	6	24,245	252,133		
85 and older	2,291	17.4	23,994	0.6	28	3,593	27.3	37,346	0.1	7	13,179	128,818		
Unknown	2	5.7	22	0.6	21	1	2.9	10	0.1	1	35	177		

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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}
 TEXAS, 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	\$218	5.7	60,801	617,603
Age				
0-64	293	6.4	5,812	63,000
65-74	266	6.4	7,758	80,997
75-84	231	6.0	18,103	184,235
85 and older	180	5.2	29,128	289,371
Unknown	0	0.0	0	0
Gender				
Female	214	5.8	44,540	456,485
Male	229	5.6	16,257	161,088
Unknown	141	3.5	4	30
Race				
White	221	5.9	45,569	459,060
African American	195	5	7,426	77,225
Other/unknown	225	5.4	7,806	81,318
Basis of Eligibility				
Aged	210	5.7	54,757	552,267
Disabled	291	6.3	6,042	65,331
Adults	120	3.0	2	5
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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}
 TEXAS, 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. of Bene Mos	Users			
														Patented Brand-Name	Off-Patent Brand-Name	Generic	
Anti-infective Agents	0.3	0.2	0.0	0.1	\$16	\$14	\$0	\$2	\$47	\$73	\$51	\$11	153,448	\$7,267,786	43,668	71.8 %	464,840
Biologics	0.1	0.0	0.0	0.1	4	0	0	4	47	0	0	47	3	141	3	0.0	36
Antineoplastic Agents	0.5	0.1	0.3	0.2	61	16	38	6	120	201	149	36	25,101	3,017,201	4,988	8.2	49,758
Endocrine/Metabolic Drugs	1.0	0.5	0.3	0.3	26	20	3	3	26	43	14	9	271,580	6,931,661	24,940	41.0	263,283
Cardiovascular Agents	1.8	0.4	0.5	0.9	43	18	14	12	24	42	30	13	811,982	19,483,180	43,675	71.8	453,899
Respiratory Agents	0.6	0.2	0.0	0.3	19	11	1	7	31	46	35	20	214,081	6,621,830	33,119	54.5	354,300
Gastrointestinal Agents	0.9	0.3	0.2	0.4	49	30	12	8	54	88	66	20	284,949	15,341,002	29,303	48.2	310,299
Genitourinary Agents	0.5	0.2	0.0	0.2	18	13	1	4	36	55	33	18	63,001	2,291,856	11,581	19.0	125,479
CNS Drugs	1.4	0.6	0.2	0.6	75	55	12	8	55	86	80	13	604,238	32,942,891	41,304	67.9	436,475
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	14	0	5	9	32	49	40	29	1,238	39,907	273	0.4	2,854
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	79	76	0	2	104	112	93	32	38,816	4,044,965	4,832	7.9	51,339
Analgesics and Anesthetics	0.7	0.2	0.1	0.5	26	15	5	5	35	76	62	12	220,379	7,646,825	28,169	46.3	298,961
Neuromuscular Agents	1.1	0.3	0.3	0.6	45	20	14	11	40	78	46	20	213,486	8,591,110	17,557	28.9	189,228
Nutritional Products	0.7	0.0	0.3	0.5	12	0	6	5	16	17	23	11	170,653	2,656,720	21,744	35.8	227,963
Hematological Agents	0.9	0.1	0.3	0.4	39	19	9	10	43	145	30	22	138,296	6,002,493	14,874	24.5	155,860
Topical Products	0.5	0.2	0.1	0.2	15	9	3	2	33	48	37	13	173,255	5,636,713	35,033	57.6	380,801
Miscellaneous Products	0.2	0.0	0.0	0.2	10	3	3	5	42	172	161	23	3,820	160,361	1,610	2.6	16,587
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	19	0	0	0	41	0	0	0	148,342	6,069,292	29,419	48.4	315,442
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,536,668	134,745,934	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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 Texas, 4.0 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}
 TEXAS, 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	\$14,850,547	24,154	39.7 %	261,766	0.7	\$87	\$57
ANTIDEPRESSANTS	12,969,673	31,807	52.3	340,226	0.8	51	38
ULCER DRUGS	11,211,466	26,267	43.2	280,476	0.6	62	40
ANTHYPERTENSIVE	5,943,959	22,423	36.9	235,432	0.8	33	25
ANTICONVULSANT	5,428,557	13,083	21.5	142,586	0.9	43	38
CALCIUM BLOCKERS	4,529,392	12,963	21.3	137,420	0.8	40	33
ANTIDIABETIC	4,381,148	17,084	28.1	183,309	0.8	32	24
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,045,043	4,909	8.1	52,207	0.7	104	77
ANALGESICS - ANTI-INFLAMMATORY	3,966,769	14,017	23.1	154,915	0.5	52	26
ANTIANKXIETY AGENTS	3,935,591	21,631	35.6	233,282	0.6	30	17

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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_mdadb.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} TEXAS, 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	Rx \$	No. of Users	Residents	Mean No. of Mos among Users	Mean Rx	No. of Users	Residents	Mean No. of Mos among Users	Mean Rx
All	1,414,064	\$71,262,145	24,154	39.7 %	261,766	0.7	\$57	31,807	52.3 %	340,226	0.8	\$38			
Female	1,034,595	51,382,878	16,899	37.9	184,260	0.7	55	23,717	53.2	255,061	0.8	38			
Disabled	100,678	5,836,776	1,619	55.4	18,441	0.8	92	2,008	68.8	22,366	0.8	44			
64 or younger	97,427	5,674,558	1,561	55.9	17,842	0.8	93	1,934	69.3	21,619	0.8	44			
65-74	2,527	130,617	46	48.9	456	0.8	83	59	62.8	589	0.7	35			
75-84	520	23,739	9	50.0	107	1.0	68	9	50.0	86	0.7	30			
85 and older	204	7,862	3	16.7	36	0.7	56	6	33.3	72	0.6	16			
Other Eligibles	933,917	45,546,102	15,280	36.7	165,819	0.6	51	21,709	52.2	232,695	0.8	37			
64 or younger	13	479	1	20.0	3	0.3	12	0	0.0	0	0.0	0			
65-74	141,710	7,574,525	2,451	56.2	27,444	0.7	72	2,922	67.0	31,792	0.8	41			
75-84	344,080	17,231,216	5,618	43.0	61,372	0.7	56	7,919	60.6	85,709	0.8	38			
85 and older	448,114	20,739,882	7,210	29.8	77,000	0.6	40	10,868	45.0	115,194	0.7	36			
Male	379,407	19,875,818	7,255	44.6	77,506	0.7	60	8,089	49.8	85,153	0.7	39			
Disabled	94,538	5,387,307	1,624	52.0	18,360	0.7	86	1,675	53.7	18,610	0.8	41			
64 or younger	91,573	5,233,325	1,577	52.4	17,876	0.7	86	1,616	53.7	17,975	0.8	41			
65-74	2,727	143,099	38	41.8	393	0.8	98	54	59.3	580	0.9	40			
75-84	219	10,200	9	64.3	91	0.4	30	4	28.6	45	0.7	29			
85 and older	19	683	0	0.0	0	0.0	0	1	14.3	10	0.2	13			
Other Eligibles	284,869	14,488,511	5,631	42.9	59,146	0.6	52	6,414	48.8	66,543	0.7	38			
64 or younger	69	4,122	1	14.3	12	0.1	2	2	28.6	7	0.9	13			
65-74	89,576	4,798,932	1,658	51.6	18,235	0.7	68	1,834	57.1	19,728	0.8	39			
75-84	112,012	5,604,980	2,264	45.4	23,419	0.6	49	2,530	50.7	26,100	0.7	39			
85 and older	83,212	4,080,477	1,708	34.7	17,480	0.6	40	2,048	41.6	20,708	0.7	36			
Unknown	62	3,449	0	0.0	0	0.0	0	1	25.0	12	0.2	7			

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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}
 TEXAS, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					ANTICONVULSANT					
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year Residents	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year Residents	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Bene Users	Users as % of All-Year Residents	Mean No. of Rx	Mean Rx \$
All	26,267	280,476	0.6	\$40	22,423	235,432	0.8	\$25	13,083	142,586	0.9	\$38				
Female	19,304	207,950	0.6	40	16,135	170,220	0.8	25	8,310	90,863	0.9	36				
Disabled	1,376	15,349	0.6	42	1,039	11,518	0.8	25	1,795	20,458	1.0	49				
64 or younger	1,318	14,756	0.6	42	1,003	11,119	0.8	25	1,751	19,999	1.0	50				
65-74	42	424	0.6	41	29	325	0.6	17	39	399	0.9	34				
75-84	11	110	0.7	50	3	35	0.7	26	4	48	1.0	25				
85 and older	5	59	0.5	35	4	39	0.7	18	1	12	1.0	15				
Other Eligibles	17,928	192,601	0.6	40	15,096	158,702	0.8	25	6,515	70,405	0.8	32				
64 or younger	0	0	0.0	0	2	9	0.7	25	0	0	0.0	0				
65-74	2,058	22,410	0.6	41	1,795	19,471	0.8	27	1,585	17,550	0.9	42				
75-84	5,916	64,117	0.6	41	5,214	55,225	0.8	25	2,609	28,296	0.9	32				
85 and older	9,954	106,074	0.6	39	8,085	83,997	0.8	24	2,321	24,559	0.8	26				
Male	6,962	72,521	0.6	41	6,285	65,194	0.8	27	4,773	51,723	0.9	41				
Disabled	1,370	15,021	0.6	43	1,146	12,444	0.8	28	1,927	21,605	1.0	49				
64 or younger	1,316	14,475	0.6	43	1,095	11,935	0.8	29	1,890	21,214	1.0	49				
65-74	48	477	0.7	41	45	439	0.8	27	35	367	0.9	45				
75-84	6	69	0.8	30	5	60	0.2	3	2	24	0.3	5				
85 and older	0	0	0.0	0	1	10	0.2	10	0	0	0.0	0				
Other Eligibles	5,592	57,500	0.6	40	5,139	52,750	0.8	27	2,846	30,118	0.9	36				
64 or younger	1	12	0.3	25	1	12	1.0	51	2	24	1.5	114				
65-74	1,412	15,213	0.7	41	1,414	15,186	0.8	28	1,172	12,801	0.9	41				
75-84	2,096	21,459	0.6	40	1,994	20,259	0.8	27	1,091	11,427	0.9	34				
85 and older	2,083	20,816	0.6	40	1,730	17,293	0.8	25	581	5,866	0.8	30				
Unknown	1	5	0.2	20	3	18	0.6	9	0	0	0.0	0				

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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}
 TEXAS, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-DIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	12,963	21.3 %	137,420	0.8	\$33	17,084	28.1 %	183,309	0.8	\$24	4,909	8.1 %	52,207	0.7	\$78
Female	9,955	22.4	106,135	0.8	33	12,376	27.8	133,507	0.8	24	3,697	8.3	39,627	0.7	77
Disabled	545	18.7	6,024	0.8	38	1,208	41.4	13,484	0.8	31	108	3.7	1,202	0.7	77
64 or younger	519	18.6	5,748	0.8	38	1,150	41.2	12,861	0.8	32	101	3.6	1,125	0.7	78
65-74	21	22.3	216	0.7	34	45	47.9	467	0.9	25	6	6.4	66	0.7	74
75-84	3	16.7	36	0.9	26	10	55.6	120	0.8	19	1	5.6	11	0.6	31
85 and older	2	11.1	24	0.4	13	3	16.7	36	0.9	35	0	0.0	0	0.0	0
Other Eligibles	9,410	22.6	100,111	0.8	33	11,168	26.8	120,023	0.8	23	3,589	8.6	38,425	0.7	77
64 or younger	2	40.0	9	0.6	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,089	25.0	11,896	0.8	36	2,105	48.3	22,989	0.8	28	340	7.8	3,646	0.8	80
75-84	3,206	24.5	34,472	0.8	33	4,581	35.0	49,692	0.8	24	1,453	11.1	15,596	0.8	79
85 and older	5,113	21.1	53,734	0.8	32	4,482	18.5	47,342	0.7	20	1,796	7.4	19,183	0.7	74
Male	3,007	18.5	31,273	0.8	33	4,708	29.0	49,802	0.7	24	1,211	7.4	12,568	0.7	80
Disabled	571	18.3	6,260	0.8	37	986	31.6	10,840	0.8	27	84	2.7	939	0.7	74
64 or younger	549	18.2	6,029	0.8	37	944	31.4	10,406	0.8	27	79	2.6	883	0.6	73
65-74	19	20.9	195	0.9	37	40	44.0	413	0.9	25	5	5.5	56	0.8	86
75-84	2	14.3	24	1.0	46	2	14.3	21	0.2	4	0	0.0	0	0.0	0
85 and older	1	14.3	12	1.0	36	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,436	18.5	25,013	0.8	32	3,722	28.3	38,962	0.7	23	1,127	8.6	11,629	0.7	81
64 or younger	1	14.3	3	0.7	47	2	28.6	4	0.8	40	0	0.0	0	0.0	0
65-74	674	21.0	7,275	0.8	34	1,206	37.5	13,171	0.8	27	214	6.7	2,296	0.7	79
75-84	979	19.6	9,988	0.8	32	1,590	31.9	16,378	0.8	23	516	10.3	5,276	0.8	82
85 and older	782	15.9	7,747	0.8	30	924	18.8	9,409	0.7	18	397	8.1	4,057	0.8	79
Unknown	1	25.0	12	0.9	37	0	0.0	0	0.0	0	1	25.0	12	1.0	115

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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}
 TEXAS, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ANXIETY AGENTS						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
All	14,017	23.1 %	154,915	0.5	\$26	21,631	35.6 %	233,282	0.6	\$17	60,801	617,603
Female	10,873	24.4	120,911	0.5	26	16,049	36.0	174,000	0.6	17	44,540	456,485
Disabled	722	24.7	8,332	0.5	22	1,345	46.1	15,119	0.6	20	2,920	32,064
64 or younger	697	25.0	8,047	0.5	22	1,299	46.6	14,645	0.6	20	2,790	30,759
65-74	20	21.3	225	0.4	20	36	38.3	366	0.7	18	94	904
75-84	4	22.2	48	0.9	52	7	38.9	73	0.4	4	18	194
85 and older	1	5.6	12	0.9	7	3	16.7	35	0.4	3	18	207
Other Eligibles	10,151	24.4	112,579	0.5	26	14,704	35.3	158,881	0.6	16	41,620	424,421
64 or younger	0	0.0	0	0.0	0	1	20.0	3	0.3	5	5	20
65-74	1,219	28.0	13,770	0.5	26	1,872	42.9	20,787	0.6	19	4,361	46,111
75-84	3,561	27.2	39,553	0.5	28	5,139	39.3	56,038	0.6	17	13,078	135,419
85 and older	5,371	22.2	59,256	0.5	26	7,692	31.8	82,053	0.5	15	24,176	242,871
Male	3,141	19.3	33,983	0.5	24	5,581	34.3	59,270	0.6	17	16,257	161,088
Disabled	559	17.9	6,256	0.5	20	1,246	39.9	13,888	0.6	21	3,121	33,262
64 or younger	535	17.8	5,989	0.5	20	1,200	39.9	13,415	0.6	21	3,009	32,177
65-74	17	18.7	197	0.4	23	40	44.0	423	0.6	16	91	887
75-84	6	42.9	69	0.5	33	4	28.6	48	0.4	7	14	148
85 and older	1	14.3	1	1.0	9	2	28.6	2	1.0	6	7	50
Other Eligibles	2,582	19.7	27,727	0.5	25	4,335	33.0	45,382	0.5	16	13,136	127,826
64 or younger	1	14.3	12	0.3	2	1	14.3	12	0.3	5	7	39
65-74	620	19.3	6,882	0.5	25	1,167	36.3	12,669	0.6	20	3,212	33,095
75-84	979	19.6	10,444	0.5	25	1,652	33.1	17,352	0.6	16	4,991	48,453
85 and older	982	19.9	10,389	0.5	25	1,515	30.8	15,349	0.5	14	4,926	46,239
Unknown	3	75.0	21	0.7	38	1	25.0	12	0.9	40	4	30

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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 29,500 beneficiaries who were in nursing facilities for part of their enrollment and their 285,176 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}
TEXAS, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	2,547,750	272,487	321,532	405,921	1,547,810	0	21,849,426	2,939,210	3,478,327	2,729,559	12,702,330	0
Age												
5 and younger	781,547	53	13,881	2	767,611	0	6,144,859	218	146,520	18	5,998,103	0
6-14	651,041	11	33,590	460	616,980	0	5,740,559	49	373,486	2,750	5,364,274	0
15-20	267,315	0	24,656	79,513	163,146	0	2,103,942	0	263,642	500,801	1,339,499	0
21-44	416,356	8	113,837	302,448	63	0	3,289,382	73	1,244,676	2,044,243	390	0
45-64	156,925	73	133,425	23,424	3	0	1,609,866	512	1,428,155	181,171	28	0
65-74	111,260	109,608	1,581	70	1	0	1,228,415	1,212,311	15,558	538	8	0
75-84	93,051	92,637	411	3	0	0	1,013,491	1,008,861	4,598	32	0	0
85 and older	70,247	70,097	148	0	2	0	718,848	717,186	1,660	0	2	0
Unknown	8	0	3	1	4	0	64	0	32	6	26	0
Gender												
Female	1,494,601	195,742	166,340	372,975	759,544	0	12,710,617	2,124,003	1,822,973	2,518,797	6,244,844	0
Male	1,053,121	76,740	155,190	32,946	788,245	0	9,138,673	815,167	1,655,348	210,762	6,457,396	0
Unknown	28	5	2	0	21	0	136	40	6	0	90	0
Race												
White	686,900	132,554	128,401	112,865	313,080	0	5,859,448	1,398,465	1,390,806	704,497	2,365,680	0
African American	507,789	41,497	82,028	82,747	301,517	0	4,562,268	454,652	900,104	602,900	2,604,612	0
Other/unknown	1,353,061	98,436	111,103	210,309	933,213	0	11,427,710	1,086,093	1,187,417	1,422,162	7,732,038	0
Use of Nursing Facilities												
All year	60,803	54,757	6,044	2	0	0	617,690	552,290	65,395	5	0	0
Part year	29,514	25,010	4,478	21	5	0	294,620	247,857	46,520	198	45	0
None	2,457,433	192,720	311,010	405,898	1,547,805	0	20,937,116	2,139,063	3,366,412	2,729,356	12,702,285	0
Maintenance Assistance Status												
Cash	931,638	176,033	290,764	142,631	322,210	0	9,184,919	1,979,530	3,141,561	1,101,878	2,961,950	0
Medically needy	37,443	0	0	36,692	751	0	220,349	0	0	216,655	3,694	0
Poverty related	1,123,154	1,364	1,094	171,905	948,791	0	8,594,546	14,545	11,198	944,137	7,624,666	0
Other/unknown	455,515	95,090	29,674	54,693	276,058	0	3,849,612	945,135	325,568	466,889	2,112,020	0
Dual Status^c												
Full dual, all year	350,655	262,081	87,510	1,044	20	0	3,812,883	2,834,929	970,201	7,572	181	0
Full dual, part year	7,058	5,203	1,849	6	0	0	72,225	52,816	19,342	67	0	0
Non-dual, all year	2,190,037	5,203	232,173	404,871	1,547,790	0	17,964,318	51,465	2,488,784	2,721,920	12,702,149	0
Managed Care Status												
FFS all year	1,889,779	234,951	253,238	306,047	1,095,543	0	16,068,319	2,509,742	2,695,843	1,975,577	8,887,157	0
FFS part year, with Rx claims	342,628	17,098	34,785	63,517	227,228	0	3,306,976	196,266	401,914	539,128	2,169,668	0
FFS part year, no Rx claims	123,840	2,303	6,358	14,267	100,912	0	989,692	24,557	69,029	95,100	801,006	0
MC all year, with Rx claims	129,336	16,010	23,340	14,694	75,292	0	1,170,518	185,981	271,620	95,245	617,672	0
MC all year, no Rx claims	62,167	2,125	3,811	7,396	48,835	0	313,921	22,664	39,921	24,509	226,827	0

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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
 TEXAS, 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	2,547,750	21,849,426	2,356,247	18,349,637	191,503	3,499,789
FFS all year	1,889,779	16,068,319	1,889,779	16,068,319	0	0
FFS part year, with Rx claims	342,628	3,306,976	342,628	1,760,775	0	1,546,201
FFS part year, with no Rx claims	123,840	989,692	123,840	520,543	0	469,149
MC all year, with Rx claims	129,336	1,170,518	0	0	129,336	1,170,518
MC all year, with no Rx claims	62,167	313,921	0	0	62,167	313,921

Source: Data for this table are from the MAX 1999 file for Texas, released by CMS in 11/2003. 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.