

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 CONNECTICUT

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CONNECTICUT, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	461,904 (A)	87,702 (E)	374,202 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	451,275 (B)	77,261 (F)	374,014 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	230,059 (C)	77,157 (G)	152,902 (K)
4. Benes who were all-year nursing facility residents ^f	21,048 (D)	19,743 (H)	1,305 (L)

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Connecticut in 2001 was \$307,163,199, of which \$299,317 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 2.3 percent were restricted benefit months without a pharmacy benefit in Connecticut, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = 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}
 CONNECTICUT, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	230,059	52,736	56,637	44,239	76,398	49	1,435,696	543,226	602,652	101,335	188,262	221					
Age																	
5 and younger	27,072	0	0	3	27,069	0	62,000	0	0	5	61,995	0					
6-14	30,630	0	5	7	30,618	0	78,063	0	57	14	77,992	0					
15-20	18,552	1	822	1,404	16,324	1	53,187	6	7,198	3,251	42,729	3					
21-44	64,854	0	24,564	37,947	2,331	12	351,308	0	261,284	84,547	5,431	46					
45-64	35,669	2	30,795	4,789	49	34	342,884	12	329,741	12,870	99	162					
65-74	16,869	16,338	451	76	2	2	180,707	175,771	4,372	545	9	10					
75-84	18,193	18,182	0	11	0	0	188,475	188,377	0	98	0	0					
85 and older	18,215	18,213	0	2	0	0	179,065	179,060	0	5	0	0					
Unknown	5	0	0	0	5	0	7	0	0	0	7	0					
Gender																	
Female	140,516	38,768	29,542	33,511	38,646	49	891,302	402,758	319,028	75,221	94,074	221					
Male	89,543	13,968	27,095	10,728	37,752	0	544,394	140,468	283,624	26,114	94,188	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	124,103	39,131	32,493	21,162	31,278	39	879,480	397,222	351,528	49,821	80,727	182					
African American	43,112	5,891	10,848	8,764	17,604	5	239,688	63,472	113,047	20,382	42,765	22					
Other/unknown	62,844	7,714	13,296	14,313	27,516	5	316,528	82,532	138,077	31,132	64,770	17					
Use of Nursing Facilities^c																	
Entire year	21,048	18,963	2,080	0	5	0	214,952	192,204	22,694	0	54	0					
Part year	8,783	6,854	1,903	18	8	0	85,708	65,676	19,898	85	49	0					
None	200,228	26,919	52,654	44,221	76,385	49	1,135,036	285,346	560,060	101,250	188,159	221					
Maintenance Assistance Status																	
Cash	49,630	6,732	19,797	8,397	14,704	0	347,594	76,028	220,515	18,505	32,546	0					
Medically needy	35,521	12,058	21,392	705	1,366	0	355,635	124,143	224,210	2,322	4,960	0					
Poverty-related	28,041	744	1,039	5,008	21,201	49	80,012	7,903	11,124	9,871	50,893	221					
Other/unknown	116,867	33,202	14,409	30,129	39,127	0	652,455	335,152	146,803	70,637	99,863	0					
Dual Medicare Status^d																	
Full dual, all year	72,786	46,022	25,530	1,198	34	2	762,875	472,677	280,459	9,493	234	12					
Full dual, part year	4,371	2,000	2,266	105	0	0	48,195	21,690	25,322	1,183	0	0					
Non-dual, all year	152,902	4,714	28,841	42,936	76,364	47	624,626	48,859	296,871	90,659	188,028	209					
Managed Care Status																	
FFS all year	132,136	52,728	55,779	9,696	13,884	49	1,217,582	543,173	597,419	28,651	48,118	221					
FFS part year, with Rx claims	17,519	7	699	7,553	9,260	0	46,861	47	4,484	18,752	23,578	0					
FFS part year, no Rx claims	80,404	1	159	26,990	53,254	0	171,253	6	749	53,932	116,566	0					

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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}
 CONNECTICUT, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	51.2 %	22.0	\$1,334	\$61	\$11,463	11.6 %	230,059
Age							
5 and younger	14.1	0.4	19	46	1,961	1.0	27,072
6-14	13.1	0.7	45	60	1,229	3.6	30,630
15-20	20.8	1.8	112	64	2,207	5.1	18,552
21-44	44.8	15.9	1,236	78	9,125	13.5	64,854
45-64	82.1	43.6	2,986	69	18,068	16.5	35,669
65-74	87.8	42.9	2,345	55	15,900	14.8	16,869
75-84	89.7	46.5	2,269	49	23,476	9.7	18,193
85 and older	91.9	45.6	1,942	43	31,510	6.2	18,215
Unknown	0.0	0.0	0	0	710	0.0	5
Basis of Eligibility^c							
Aged	90.0	45.2	2,185	48	23,962	9.1	52,736
Disabled	88.1	45.0	3,256	72	20,884	15.6	56,637
Adults	21.0	1.4	93	66	1,530	6.1	44,239
Children	14.7	0.7	41	57	1,608	2.5	76,398
Unknown	57.1	5.4	356	65	5,674	6.3	49
Gender							
Female	53.9	23.9	1,350	57	11,541	11.7	140,516
Male	47.1	18.9	1,308	69	11,341	11.5	89,543
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.6	29.1	1,704	59	16,309	10.4	124,103
African American	44.0	16.2	1,085	67	7,489	14.5	43,112
Other/unknown	39.7	11.7	775	66	4,621	16.8	62,844
Use of Nursing Facilities^d							
Entire year	94.3	59.4	2,838	48	46,108	6.2	21,048
Part year	94.9	58.4	3,120	54	30,093	10.4	8,783
None	44.8	16.4	1,097	67	7,004	15.7	200,228

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	57.9	25.2	1,724	68	9,968	17.3	49,630
Medically needy	84.5	38.9	2,539	65	10,407	24.4	35,521
Poverty related	17.5	1.6	96	62	1,987	4.8	28,041
Other/unknown	46.4	20.3	1,099	54	14,693	7.5	116,867

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

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. 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.

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2001

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	3.5	\$214	11.6 %	48.8 %	15.0 %	7.1 %	15.1 %	10.7 %	3.4 %	\$1,837	230,059	1,435,696
Age												
5 and younger	0.2	8	1.0	85.9	11.4	1.7	0.8	0.1	0.0	856	27,072	62,000
6-14	0.3	18	3.6	86.9	9.6	1.9	1.4	0.2	0.0	482	30,630	78,063
15-20	0.6	39	5.1	79.2	14.4	3.1	2.4	0.7	0.2	770	18,552	53,187
21-44	2.9	228	13.5	55.2	17.7	6.9	11.3	6.5	2.5	1,685	64,854	351,308
45-64	4.5	311	16.5	17.9	17.4	11.1	26.8	19.6	7.1	1,880	35,669	342,884
65-74	4.0	219	14.8	12.2	19.6	12.6	29.3	20.2	6.1	1,484	16,869	180,707
75-84	4.5	219	9.7	10.3	14.5	11.3	30.9	25.9	7.1	2,266	18,193	188,475
85 and older	4.6	198	6.2	8.1	12.0	11.1	34.3	27.9	6.6	3,205	18,215	179,065
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	507	5	7
Basis of Eligibility^c												
Aged	4.4	212	9.1	10.0	15.2	11.6	31.6	24.9	6.6	2,326	52,736	543,226
Disabled	4.2	306	15.6	11.9	21.7	12.2	27.7	19.2	7.2	1,963	56,637	602,652
Adults	0.6	41	6.1	79.0	12.9	3.7	3.2	0.9	0.2	668	44,239	101,335
Children	0.3	17	2.5	85.3	11.1	2.0	1.3	0.3	0.0	653	76,398	188,262
Unknown	1.2	79	6.3	42.9	28.6	10.2	16.3	0.0	2.0	1,258	49	221
Gender												
Female	3.8	213	11.7	46.1	14.8	7.4	16.2	11.8	3.7	1,820	140,516	891,302
Male	3.1	215	11.5	52.9	15.3	6.6	13.4	8.9	2.8	1,866	89,543	544,394
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.1	240	10.4	40.4	14.1	7.5	18.3	14.7	5.0	2,301	124,103	879,480
African American	2.9	195	14.5	56.0	15.6	6.6	12.3	7.4	2.1	1,347	43,112	239,688
Other/unknown	2.3	154	16.8	60.3	16.4	6.5	10.8	5.1	1.0	917	62,844	316,528
Use of Nursing Facilities^d												
Entire year	5.8	278	6.2	5.7	7.3	8.3	31.5	34.9	12.3	4,515	21,048	214,952
Part year	6.0	320	10.4	5.1	8.6	9.1	31.9	33.1	12.2	3,084	8,783	85,708
None	2.9	194	15.7	55.2	16.1	6.8	12.7	7.2	2.0	1,236	200,228	1,135,036

Table 4

All Medicaid Beneficiaries

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 or Less			
Maintenance Assistance Status												
Cash	3.6	246	17.3	42.1	18.3	8.4	16.7	10.8	3.6	1,423	49,630	347,594
Medically needy	3.9	254	24.4	15.5	21.1	12.7	27.9	17.5	5.4	1,039	35,521	355,635
Poverty related	0.5	34	4.8	82.5	12.5	2.5	2.1	0.4	0.1	696	28,041	80,012
Other/unknown	3.6	197	7.5	53.6	12.3	5.9	13.7	11.1	3.4	2,632	116,867	652,455

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

c. 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.

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = 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}
 CONNECTICUT, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	3.5	\$214	1.7	\$162	0.3	\$15	1.6	\$36
Age								
5 and younger	0.2	8	0.1	7	0.0	0	0.1	2
6-14	0.3	18	0.1	14	0.0	1	0.1	3
15-20	0.6	39	0.3	31	0.0	3	0.3	6
21-44	2.9	228	1.4	176	0.2	19	1.3	34
45-64	4.5	311	2.3	241	0.3	22	2.0	48
65-74	4.0	219	2.0	166	0.3	13	1.7	39
75-84	4.5	219	2.1	161	0.4	14	2.0	44
85 and older	4.6	198	1.9	140	0.5	14	2.2	43
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.4	212	2.0	156	0.4	14	2.0	42
Disabled	4.2	306	2.1	237	0.3	23	1.8	46
Adults	0.6	41	0.3	31	0.0	3	0.3	7
Children	0.3	17	0.1	13	0.0	1	0.1	3
Unknown	1.2	79	0.5	67	0.0	1	0.6	11
Gender								
Female	3.8	213	1.8	162	0.3	15	1.7	37
Male	3.1	215	1.5	163	0.2	16	1.4	36
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	4.1	240	1.9	178	0.4	19	1.9	43
African American	2.9	195	1.4	155	0.2	12	1.3	29
Other/unknown	2.3	154	1.2	125	0.1	7	1.0	22
Use of Nursing Facilities^e								
Entire year	5.8	278	2.5	200	0.6	20	2.8	58
Part year	6.0	320	2.7	242	0.5	20	2.8	58
None	2.9	194	1.4	149	0.2	14	1.3	30

Table 5

All Medicaid Beneficiaries

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	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	3.6	246	1.8	68	105	19	77	39
Medically needy	3.9	254	1.9	65	102	18	66	40
Poverty related	0.5	34	0.3	62	99	2	65	6
Other/unknown	3.6	197	1.6	54	89	14	42	36

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.5 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_mdmb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = 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}
 CONNECTICUT, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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 No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes					
														Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.1	0.0	0.1	\$43	\$41	\$0	\$2	\$114	\$87	\$17	243,749	\$27,693,577	63,229	27.5 %	638,793
Biologics	0.1	0.1	0.0	0.0	0.0	0.0	12	10	0	2	103	115	0	1,619	167,182	1,256	0.5	13,890
Antineoplastic Agents	0.6	0.2	0.1	0.2	114	74	26	14	205	303	186	82	22,748	4,659,333	4,060	1.8	40,775	
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	39	32	2	5	44	67	20	16	417,174	18,357,799	44,718	19.4	468,081	
Cardiovascular Agents	1.6	0.6	0.1	0.8	59	37	3	18	38	59	31	22	1,035,709	39,150,061	62,076	27.0	661,662	
Respiratory Agents	0.7	0.4	0.0	0.3	35	27	0	8	48	63	39	27	337,252	16,195,025	45,327	19.7	461,789	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	60	52	1	8	84	126	77	26	313,688	26,386,937	40,790	17.7	436,884	
Genitourinary Agents	0.5	0.4	0.0	0.1	25	23	0	2	52	64	45	19	72,067	3,777,070	14,030	6.1	149,061	
CNS Drugs	1.6	0.8	0.1	0.7	129	95	14	20	79	112	115	31	1,134,695	89,579,550	65,947	28.7	694,202	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	39	28	3	8	63	95	60	30	11,134	697,505	2,087	0.9	17,940	
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	86	85	0	1	124	128	49	29	25,925	3,222,864	3,567	1.6	37,527	
Analgesics and Anesthetics	0.7	0.3	0.1	0.4	46	36	4	6	62	110	74	17	426,451	26,495,354	55,970	24.3	577,895	
Neuromuscular Agents	1.2	0.5	0.1	0.6	63	46	5	12	53	91	44	21	461,090	24,560,774	36,440	15.8	392,352	
Nutritional Products	0.6	0.0	0.2	0.4	14	1	5	7	23	55	26	19	107,686	2,514,375	17,717	7.7	175,180	
Hematological Agents	0.8	0.2	0.2	0.5	56	45	3	8	69	260	18	17	160,141	11,123,973	18,839	8.2	197,744	
Topical Products	0.5	0.2	0.0	0.2	18	12	2	4	37	55	41	20	261,243	9,765,860	51,432	22.4	544,827	
Miscellaneous Products	0.3	0.2	0.0	0.1	63	43	13	7	189	257	283	59	12,544	2,367,571	3,698	1.6	37,601	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	24	0	0	0	6,293	149,072	2,194	1.0	23,789	
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.	n.a.	5,051,208	306,863,882	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 Connecticut, 0.5 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}
 CONNECTICUT, 2001

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	\$53,010,965	17.8 %	40,880	446,897	0.9	\$128	\$119	
ANTIDEPRESSANTS	27,500,993	25.6	58,987	626,198	0.7	61	44	
ULCER DRUGS	22,730,146	17.3	39,778	430,389	0.5	97	53	
ANTICONVULSANT	20,964,670	14.6	33,595	365,537	0.9	63	57	
ANTIVIRAL	17,242,749	4.0	9,291	98,573	0.5	342	175	
ANALGESICS - Narcotic	14,660,193	23.2	53,331	561,938	0.4	61	26	
ANTIDIABETIC	12,800,623	14.5	33,391	362,388	0.7	54	35	
ANTIHYPERTENSIVE	11,470,616	8.9	20,446	228,357	0.6	85	50	
ANTIASTHMATIC	9,844,043	18.6	42,792	441,076	0.4	51	22	
ANTIHYPERTENSIVE	9,806,178	15.6	35,867	389,329	0.6	40	25	
Total	200,031,176		368,358	3,950,682	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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.