

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
INDIANA, 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	845,225 (A)	127,482 (E)	717,743 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	814,434 (B)	110,847 (F)	703,587 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	719,079 (C)	110,776 (G)	608,303 (K)
4. Benes who were all-year nursing facility residents ^f	27,172 (D)	25,504 (H)	1,668 (L)

Source: Data for this table are from the MAX 2001 file for Indiana, 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 Indiana in 2001 was \$586,453,842, of which \$747,948 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 2.7 percent were restricted benefit months without a pharmacy benefit in Indiana, 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 1

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
INDIANA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	719,079	70,081	104,888	118,178	425,882	80	6,346,803	698,295	1,096,170	802,857	3,749,089	392		
Age														
5 and younger	180,682	2	1,810	0	178,870	0	1,522,064	19	17,968	0	1,504,077	0		
6-14	188,933	0	5,368	15	183,550	0	1,743,870	0	54,047	79	1,689,744	0		
15-20	81,611	0	3,493	14,810	63,305	3	692,217	0	34,543	103,573	554,075	26		
21-44	142,049	0	42,687	99,197	123	42	1,120,031	0	448,361	670,311	1,157	202		
45-64	55,374	52	51,170	4,117	0	35	567,171	247	538,163	28,597	0	164		
65-74	25,067	24,676	359	28	4	0	261,636	258,301	3,076	223	36	0		
75-84	24,673	24,666	0	7	0	0	246,162	246,105	0	57	0	0		
85 and older	20,687	20,682	1	4	0	0	193,640	193,611	12	17	0	0		
Unknown	3	3	0	0	0	0	12	12	0	0	0	0		
Gender														
Female	426,271	52,043	56,737	106,325	211,086	80	3,720,557	526,538	598,729	735,067	1,859,831	392		
Male	292,808	18,038	48,151	11,853	214,766	0	2,626,246	171,757	497,441	67,790	1,889,258	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	533,890	59,099	84,768	85,754	304,197	72	4,840,507	585,210	895,151	590,251	2,769,551	344		
African American	138,221	8,301	17,349	25,752	86,812	7	1,137,180	85,685	173,530	169,862	708,065	38		
Other/unknown	46,968	2,681	2,771	6,672	34,843	1	369,116	27,400	27,489	42,744	271,473	10		
Use of Nursing Facilities^c														
Entire year	27,172	23,997	3,134	0	41	0	274,048	239,510	34,076	0	462	0		
Part year	13,776	11,079	2,637	16	44	0	127,961	100,211	27,124	144	482	0		
None	678,131	35,005	99,117	118,162	425,767	80	5,944,794	358,574	1,034,970	802,713	3,748,145	392		
Maintenance Assistance Status														
Cash	281,132	18,423	68,890	73,353	120,466	0	2,529,971	202,650	738,863	512,084	1,076,374	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	259,045	1,388	1,200	18,874	237,503	80	2,274,633	14,539	13,004	101,377	2,145,321	392		
Other/unknown	178,902	50,270	34,798	25,951	67,883	0	1,542,199	481,106	344,303	189,396	527,394	0		
Dual Medicare Status^d														
Full dual, all year	104,154	63,139	40,295	683	36	1	1,078,012	627,712	444,410	5,586	303	1		
Full dual, part year	6,622	3,955	2,588	79	0	0	68,881	40,019	28,024	838	0	0		
Non-dual, all year	608,303	2,987	62,005	117,416	425,816	79	5,199,910	30,564	623,736	796,433	3,748,786	391		
Managed Care Status														
FFS all year	630,835	70,070	102,150	99,412	359,124	79	5,944,858	698,211	1,081,553	727,548	3,437,164	382		
FFS part year, with Rx claims	38,642	8	1,784	10,268	26,581	1	215,941	63	10,877	49,194	155,797	10		
FFS part year, no Rx claims	49,602	3	954	8,498	40,147	0	186,004	21	3,740	26,115	156,128	0		

Source: Data for this table are from the MAX 2001 file for Indiana, 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}
 INDIANA, 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	65.8 %	14.9	\$815	\$55	\$4,600	17.7 %	719,079
Age							
5 and younger	63.2	3.8	126	33	1,527	8.3	180,682
6-14	56.7	4.5	248	55	1,363	18.2	188,933
15-20	60.3	6.0	404	68	2,379	17.0	81,611
21-44	68.9	15.5	989	64	5,728	17.3	142,049
45-64	79.3	48.3	2,944	61	12,917	22.8	55,374
65-74	80.8	50.2	2,542	51	10,612	23.9	25,067
75-84	86.8	56.7	2,671	47	15,339	17.4	24,673
85 and older	93.0	56.6	2,415	43	19,684	12.3	20,687
Unknown	66.7	10.0	411	41	4,166	9.9	3
Basis of Eligibility^c							
Aged	86.5	54.4	2,550	47	14,954	17.1	70,081
Disabled	79.4	40.6	2,803	69	13,601	20.6	104,888
Adults	64.6	7.4	285	39	2,140	13.3	118,178
Children	59.4	4.2	186	45	1,363	13.7	425,852
Unknown	47.5	4.4	391	90	3,311	11.8	80
Gender							
Female	67.9	17.0	850	50	4,682	18.2	426,271
Male	62.7	11.9	763	64	4,482	17.0	292,808
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	69.9	17.3	949	55	5,149	18.4	533,890
African American	54.4	8.7	466	54	3,275	14.2	138,221
Other/unknown	51.9	6.2	314	51	2,269	13.9	46,968
Use of Nursing Facilities^d							
Entire year	98.4	77.5	3,700	48	29,672	12.5	27,172
Part year	95.9	64.9	3,299	51	21,750	15.2	13,776
None	63.9	11.4	648	57	3,248	20.0	678,131

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	69.0	17.9	1,040	58	4,997	20.8	281,132
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.1	4.2	198	47	1,220	16.2	259,045
Other/unknown	71.8	25.7	1,353	53	8,872	15.3	178,902

Source: Data for this table are from the MAX 2001 file for Indiana, 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}
 INDIANA, 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	1.7	\$92	17.7 %	34.2 %	42.7 %	6.3 %	8.3 %	6.0 %	2.4 %	\$521	719,079	6,346,803
Age												
5 and younger	0.5	15	8.3	36.8	57.7	4.0	1.4	0.1	0.0	181	180,682	1,522,064
6-14	0.5	27	18.2	43.3	49.1	4.2	2.8	0.4	0.1	148	188,933	1,743,870
15-20	0.7	48	17.0	39.7	48.8	6.3	4.2	0.8	0.2	281	81,611	692,217
21-44	2.0	125	17.3	31.1	38.7	10.2	12.3	6.0	1.7	726	142,049	1,120,031
45-64	4.7	287	22.8	20.7	14.7	9.1	23.1	22.3	10.0	1,261	55,374	567,171
65-74	4.8	244	23.9	19.2	13.9	8.7	22.9	24.2	11.1	1,017	25,067	261,636
75-84	5.7	268	17.4	13.2	9.7	7.5	25.4	29.9	14.2	1,537	24,673	246,162
85 and older	6.0	258	12.3	7.0	7.4	7.5	28.4	36.4	13.4	2,103	20,687	193,640
Unknown	2.5	103	9.9	33.3	0.0	0.0	66.7	0.0	0.0	1,042	3	12
Basis of Eligibility^c												
Aged	5.5	256	17.1	13.5	10.5	7.9	25.4	29.8	12.9	1,501	70,081	698,295
Disabled	3.9	268	20.6	20.6	21.2	10.5	22.5	17.9	7.3	1,301	104,888	1,096,170
Adults	1.1	42	13.3	35.4	45.5	9.0	7.4	2.2	0.4	315	118,178	802,857
Children	0.5	21	13.7	40.6	52.6	4.3	2.2	0.3	0.1	155	425,852	3,749,089
Unknown	0.9	80	11.8	52.5	31.3	3.8	10.0	2.5	0.0	676	80	392
Gender												
Female	1.9	97	18.2	32.1	42.1	6.6	9.0	7.2	3.0	536	426,271	3,720,557
Male	1.3	85	17.0	37.3	43.7	5.9	7.2	4.4	1.5	500	292,808	2,626,246
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	105	18.4	30.1	43.7	6.9	9.3	7.2	3.0	568	533,890	4,840,507
African American	1.1	57	14.2	45.6	39.6	5.0	5.7	3.2	0.9	398	138,221	1,137,180
Other/unknown	0.8	40	13.9	48.1	41.7	3.9	3.8	1.9	0.6	289	46,968	369,116
Use of Nursing Facilities^d												
Entire year	7.7	367	12.5	1.6	4.0	5.2	25.4	40.9	22.9	2,942	27,172	274,048
Part year	7.0	355	15.2	4.1	6.5	7.3	26.9	36.6	18.4	2,342	13,776	127,961
None	1.3	74	20.0	36.1	45.0	6.3	7.2	4.0	1.3	370	678,131	5,944,794

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	2.0	116	20.8	31.0	40.7	7.7	10.8	7.1	2.7	555	281,132	2,529,971
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	23	16.2	41.9	51.3	4.1	2.3	0.3	0.1	139	259,045	2,274,633
Other/unknown	3.0	157	15.3	28.2	33.5	7.2	13.0	12.7	5.4	1,029	178,902	1,542,199

Source: Data for this table are from the MAX 2001 file for Indiana, 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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 INDIANA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.7	\$92	0.8	\$69	0.1	\$6	0.8	\$21
Age								
5 and younger	0.5	15	0.2	11	0.0	1	0.2	3
6-14	0.5	27	0.3	22	0.0	1	0.2	4
15-20	0.7	48	0.3	40	0.0	2	0.3	6
21-44	2.0	125	0.8	96	0.1	8	1.0	21
45-64	4.7	287	2.2	217	0.3	19	2.2	51
65-74	4.8	244	2.2	178	0.3	15	2.3	51
75-84	5.7	268	2.5	189	0.5	18	2.7	60
85 and older	6.0	258	2.4	175	0.6	20	3.0	63
Unknown	2.5	103	0.4	47	0.7	25	1.4	31
Basis of Eligibility^d								
Aged	5.5	256	2.4	181	0.5	17	2.6	57
Disabled	3.9	268	1.8	207	0.2	17	1.8	43
Adults	1.1	42	0.4	30	0.0	2	0.6	10
Children	0.5	21	0.2	17	0.0	1	0.2	4
Unknown	0.9	80	0.4	73	0.0	1	0.5	7
Gender								
Female	1.9	97	0.9	72	0.1	6	0.9	19
Male	1.3	85	0.6	66	0.1	5	0.6	15
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.9	105	0.9	78	0.1	7	0.9	20
African American	1.1	57	0.5	43	0.1	3	0.5	10
Other/unknown	0.8	40	0.4	31	0.0	2	0.4	7
Use of Nursing Facilities^e								
Entire year	7.7	367	3.2	250	0.7	28	3.7	88
Part year	7.0	355	2.9	245	0.6	25	3.4	85
None	1.3	74	0.6	57	0.1	4	0.6	13

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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.0	116	0.9	88	0.1	7	59	21
Medically needy	0.0	0	0.0	0	0.0	0	0	0
Poverty related	0.5	23	0.2	18	0.0	1	37	4
Other/unknown	3.0	157	1.3	115	0.2	11	45	31

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

- 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.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 Indiana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdldb.asp (May 13 2003).
- 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.
- 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}
 INDIANA, 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.	As % of All Bene Mos	
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.1	0.0	\$13	\$11	\$0	\$46	\$76	\$78	\$13	\$45,378,488	330,153	45.9 %	3,439,581
Biologics	0.1	0.1	0.0	32	28	1	261	285	1,941	124	3,804,201	10,765	1.5	120,202
Antineoplastic Agents	0.5	0.2	0.1	109	77	19	210	357	162	70	7,466,958	6,688	0.9	68,338
Endocrine/Metabolic Drugs	0.6	0.4	0.1	27	22	1	42	62	21	14	36,548,266	129,433	18.0	1,369,711
Cardiovascular Agents	1.5	0.6	0.1	52	32	3	34	55	30	20	57,642,899	104,433	14.5	1,117,108
Respiratory Agents	0.5	0.2	0.0	20	15	1	43	63	22	23	51,873,146	246,261	34.2	2,598,159
Gastrointestinal Agents	0.7	0.4	0.0	55	45	2	82	123	95	28	56,068,155	95,932	13.3	1,024,594
Genitourinary Agents	0.4	0.2	0.0	21	14	0	59	61	41	57	9,877,652	44,433	6.2	463,338
CNS Drugs	1.1	0.6	0.1	88	67	9	79	121	111	25	134,564,806	145,249	20.2	1,536,027
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	36	28	2	57	67	51	34	9,830,612	25,152	3.5	270,612
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	61	58	0	117	127	42	52	6,687,486	10,501	1.5	109,805
Analgesics and Anesthetics	0.6	0.2	0.0	30	22	2	48	107	79	16	57,794,355	186,360	25.9	1,932,974
Neuromuscular Agents	0.9	0.4	0.1	54	40	3	62	105	43	25	43,707,726	74,924	10.4	809,898
Nutritional Products	0.5	0.0	0.1	10	1	3	21	32	28	18	6,148,488	59,801	8.3	599,929
Hematological Agents	0.7	0.2	0.2	88	78	3	126	385	19	23	31,941,279	34,475	4.8	361,336
Topical Products	0.3	0.1	0.0	9	6	1	32	53	39	17	19,195,762	195,313	27.2	2,073,421
Miscellaneous Products	0.3	0.1	0.0	41	25	4	132	201	250	69	6,188,693	14,262	2.0	152,313
Unknown Therapeutic Category	0.2	0.0	0.0	7	0	0	29	0	0	0	986,922	12,613	1.8	136,991
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.	585,705,894	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Indiana, 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 Indiana, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 INDIANA, 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	\$71,711,376	62,684	688,989	0.7	\$150	\$104
ANTIDEPRESSANTS	48,787,218	127,584	1,370,480	0.5	68	36
ULCER DRUGS	47,461,716	92,996	1,006,788	0.5	97	47
ANTICONVULSANT	34,485,724	58,804	649,192	0.7	74	53
ANALGESICS - Narcotic	30,449,531	199,313	2,100,016	0.4	40	14
ANTIASTHMATIC	27,263,049	152,835	1,650,536	0.3	51	17
MISC. HEMATOLOGICAL	22,250,420	12,423	134,298	0.6	291	166
ANALGESICS - ANTI-INFLAMMATORY	22,089,243	115,159	1,242,193	0.3	61	18
ANTI-DIABETIC	21,488,966	52,956	579,595	0.7	56	37
ANTI-HYPERTENSIVE	15,596,930	64,550	706,144	0.6	36	22
Total	341,584,173	939,304	10,128,231	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Indiana, 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.