

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 LOUISIANA

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

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

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	904,761 (A)	147,100 (E)	757,661 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	857,825 (B)	109,176 (F)	748,649 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	857,825 (C)	109,176 (G)	748,649 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	23,512 (D)	20,795 (H)	2,717 (L)

Source: Data for this table are from the MAX 2001 file for Louisiana, 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 Louisiana in 2001 was \$583,485,951, of which \$12,630,161 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 1.3 percent were restricted benefit months without a pharmacy benefit in Louisiana, 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<sup>a,b</sup>  
 LOUISIANA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos				Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	
<b>All</b>	<b>857,825</b>	<b>74,121</b>	<b>159,531</b>	<b>97,302</b>	<b>526,871</b>	<b>0</b>	<b>8,513,340</b>	<b>796,883</b>	<b>1,770,530</b>	<b>752,897</b>	<b>5,193,030</b>	<b>0</b>
<b>Age</b>												
5 and younger	219,301	0	6,761	0	212,540	0	2,079,587	0	72,910	0	2,006,677	0
6-14	247,662	0	18,391	0	229,271	0	2,572,889	0	211,881	0	2,361,008	0
15-20	115,767	0	16,059	14,681	85,027	0	1,115,911	0	174,537	116,208	825,166	0
21-44	137,338	0	58,104	79,204	30	0	1,254,862	0	647,197	607,516	149	0
45-64	63,477	0	60,065	3,412	0	0	692,099	0	662,946	29,153	0	0
65-74	28,816	28,672	139	5	0	0	320,473	319,515	938	20	0	0
75-84	25,944	25,937	7	0	0	0	279,166	279,094	72	0	0	0
85 and older	19,517	19,512	5	0	0	0	198,323	198,274	49	0	0	0
Unknown	3	0	0	0	3	0	30	0	0	0	30	0
<b>Gender</b>												
Female	496,284	56,203	80,423	93,834	265,824	0	4,858,466	610,158	904,791	728,111	2,615,406	0
Male	361,485	17,916	79,100	3,465	261,004	0	3,654,371	186,712	865,673	24,764	2,577,222	0
Unknown	56	2	8	3	43	0	503	13	66	22	402	0
<b>Race</b>												
White	283,101	31,527	48,610	31,419	171,545	0	2,686,461	325,685	533,202	218,996	1,608,578	0
African American	515,319	30,998	88,697	62,778	332,846	0	5,232,526	343,098	990,076	514,255	3,385,097	0
Other/unknown	59,405	11,596	22,224	3,105	22,480	0	594,353	128,100	247,252	19,646	199,355	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	23,512	19,766	3,736	8	2	0	236,772	197,162	39,556	41	13	0
Part year	8,872	7,118	1,743	8	3	0	87,021	69,438	17,490	64	29	0
None	825,441	47,237	154,052	97,286	526,866	0	8,189,547	530,283	1,713,484	752,792	5,192,988	0
<b>Maintenance Assistance Status</b>												
Cash	344,720	45,230	142,931	54,718	101,841	0	3,680,337	514,395	1,599,265	492,556	1,074,121	0
Medically needy	1,450	131	305	802	212	0	14,324	1,292	2,742	7,864	2,426	0
Poverty-related	411,823	1,365	1,329	37,585	371,544	0	3,975,993	14,648	14,370	218,069	3,728,906	0
Other/unknown	99,832	27,395	14,966	4,197	53,274	0	842,686	266,548	154,153	34,408	387,577	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	106,224	68,902	37,175	143	4	0	1,161,940	740,393	420,258	1,243	46	0
Full dual, part year	2,952	1,721	1,224	7	0	0	32,715	18,903	13,746	66	0	0
Non-dual, all year	748,649	3,498	121,132	97,152	526,867	0	7,318,685	37,587	1,336,526	751,588	5,192,984	0
<b>Managed Care Status</b>												
FFS all year	857,825	74,121	159,531	97,302	526,871	0	8,513,340	796,883	1,770,530	752,897	5,193,030	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Louisiana, 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<sup>a, b</sup>  
 LOUISIANA, 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	70.5 %	13.8	\$666	\$48	\$3,399	19.6 %	857,825
<b>Age</b>							
5 and younger	70.9	5.8	226	39	1,561	14.5	219,301
6-14	61.3	4.7	224	47	973	23.0	247,662
15-20	63.3	5.5	257	47	1,845	13.9	115,767
21-44	73.6	14.4	796	55	5,234	15.2	137,338
45-64	85.8	44.9	2,331	52	9,770	23.9	63,477
65-74	89.7	50.8	2,363	47	7,872	30.0	28,816
75-84	93.2	55.6	2,542	46	10,781	23.6	25,944
85 and older	94.7	52.6	2,293	44	13,989	16.4	19,517
Unknown	33.3	2.0	45	22	70	64.1	3
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.2	53.0	2,408	46	10,478	23.0	74,121
Disabled	79.3	29.2	1,710	59	8,784	19.5	159,531
Adults	71.7	7.3	252	34	2,438	10.3	97,302
Children	64.5	4.8	180	37	949	19.0	526,871
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	73.3	16.2	738	46	3,558	20.7	496,284
Male	66.6	10.5	566	54	3,180	17.8	361,485
Unknown	60.7	6.3	216	34	3,394	6.4	56
<b>Race</b>							
White	76.6	18.5	918	50	4,784	19.2	283,101
African American	66.6	10.2	472	46	2,509	18.8	515,319
Other/unknown	75.4	22.3	1,144	51	4,516	25.3	59,405
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.9	72.6	3,602	50	25,396	14.2	23,512
Part year	98.1	59.6	3,069	52	21,211	14.5	8,872
None	69.4	11.6	556	48	2,580	21.5	825,441

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
<b>Maintenance Assistance Status</b>							
Cash	74.9	20.9	1,060	51	4,254	24.9	344,720
Medically needy	84.6	19.2	1,006	52	5,304	19.0	1,450
Poverty related	66.5	5.0	182	37	1,019	17.9	411,823
Other/unknown	71.7	25.7	1,293	50	10,232	12.6	99,832

Source: Data for this table are from the MAX 2001 file for Louisiana, 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<sup>a,b</sup>  
 LOUISIANA, 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	1.4	\$67	19.6 %	29.5 %	48.3 %	7.3 %	8.3 %	5.0 %	1.5 %	\$342	857,825	8,513,340
<b>Age</b>												
5 and younger	0.6	24	14.5	29.1	60.7	7.3	2.7	0.2	0.0	165	219,301	2,079,587
6-14	0.5	22	23.0	38.7	54.3	4.5	2.3	0.2	0.0	94	247,662	2,572,889
15-20	0.6	27	13.9	36.7	53.7	5.9	3.1	0.5	0.1	191	115,767	1,115,911
21-44	1.6	87	15.2	26.4	46.2	10.3	11.5	4.5	1.1	573	137,338	1,254,862
45-64	4.1	214	23.9	14.2	18.7	11.5	27.2	21.3	7.0	896	63,477	692,099
65-74	4.6	213	30.0	10.3	15.1	10.8	29.7	26.0	8.0	708	28,816	320,473
75-84	5.2	236	23.6	6.8	11.5	10.2	30.6	31.4	9.7	1,002	25,944	279,166
85 and older	5.2	226	16.4	5.3	10.2	9.6	34.1	32.9	8.0	1,377	19,517	198,323
Unknown	0.2	5	64.1	66.7	33.3	0.0	0.0	0.0	0.0	7	3	30
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.9	224	23.0	7.8	12.6	10.3	31.2	29.7	8.6	975	74,121	796,863
Disabled	2.6	154	19.5	20.7	32.5	11.3	19.8	12.1	3.7	792	159,531	1,770,530
Adults	0.9	33	10.3	28.3	55.0	9.2	5.9	1.4	0.3	315	97,302	752,897
Children	0.5	18	19.0	35.5	56.9	5.4	2.1	0.1	0.0	96	526,871	5,193,030
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.7	75	20.7	26.7	47.8	7.7	9.5	6.4	1.9	363	496,284	4,858,466
Male	1.0	56	17.8	33.4	49.0	6.8	6.7	3.2	0.8	315	361,485	3,654,371
Unknown	0.7	24	6.4	39.3	51.8	3.6	1.8	1.8	1.8	378	56	503
<b>Race</b>												
White	2.0	97	19.2	23.4	47.2	9.0	10.3	7.4	2.7	504	283,101	2,686,461
African American	1.0	46	18.8	33.4	49.9	6.2	6.5	3.3	0.7	247	515,319	5,232,526
Other/unknown	2.2	114	25.3	24.6	39.7	9.3	14.6	9.2	2.6	451	59,405	594,353
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.2	358	14.2	2.1	3.9	5.2	27.3	42.9	18.5	2,522	23,512	236,772
Part year	6.1	313	14.5	1.9	8.2	8.9	32.6	36.6	11.7	2,163	8,872	87,021
None	1.2	56	21.5	30.6	50.0	7.4	7.5	3.6	0.9	260	825,441	8,189,547

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	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				
								Less	More than 10			
<b>Maintenance Assistance Status</b>												
Cash	2.0	99	24.9	25.1	41.0	9.2	14.1	8.3	2.1	399	344,720	3,680,337
Medically needy	1.9	102	19.0	15.4	47.4	11.9	15.5	7.3	2.4	537	1,450	14,324
Poverty related	0.5	19	17.9	33.5	58.3	5.7	2.2	0.2	0.0	106	411,823	3,975,993
Other/unknown	3.0	153	12.6	28.3	32.1	7.6	13.3	13.6	5.0	1,212	99,832	842,686

Source: Data for this table are from the MAX 2001 file for Louisiana, 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<sup>a, b, c</sup>  
 LOUISIANA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx
All	1.4	\$67	0.7	\$50	0.1	\$43	0.6	\$13
<b>Age</b>								
5 and younger	0.6	24	0.3	19	0.1	63	0.3	4
6-14	0.5	22	0.2	17	0.0	68	0.2	4
15-20	0.6	27	0.3	20	0.0	74	0.3	5
21-44	1.6	87	0.7	65	0.1	97	0.8	16
45-64	4.1	214	1.9	160	0.3	83	1.9	40
65-74	4.6	213	2.2	157	0.3	71	2.0	41
75-84	5.2	236	2.4	172	0.4	72	2.3	48
85 and older	5.2	226	2.2	158	0.5	73	2.5	50
Unknown	0.2	5	0.1	3	0.0	25	0.1	1
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.9	224	2.3	162	0.4	72	2.3	46
Disabled	2.6	154	1.2	117	0.2	96	1.2	27
Adults	0.9	33	0.4	23	0.1	58	0.5	8
Children	0.5	18	0.2	14	0.0	56	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.7	75	0.8	56	0.1	73	0.8	14
Male	1.0	56	0.5	42	0.1	86	0.5	10
Unknown	0.7	24	0.3	17	0.0	53	0.3	5
<b>Race</b>								
White	2.0	97	0.9	72	0.1	78	0.9	18
African American	1.0	46	0.5	35	0.1	75	0.5	9
Other/unknown	2.2	114	1.1	86	0.2	80	1.0	21
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	7.2	358	3.1	255	0.6	82	3.5	76
Part year	6.1	313	2.7	224	0.5	84	2.9	65
None	1.2	56	0.6	42	0.1	76	0.5	10

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 \$
<b>Maintenance Assistance Status</b>								
Cash	2.0	99	0.9	74	0.1	6	0.9	18
Medically needy	1.9	102	0.8	77	0.1	6	1.0	18
Poverty related	0.5	19	0.3	14	0.0	1	0.2	4
Other/unknown	3.0	153	1.4	112	0.3	11	1.4	30
								21

Source: Data for this table are from the MAX 2001 file for Louisiana, 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 Louisiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.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<sup>a, b, c, d</sup>  
 LOUISIANA, 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	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$13	\$11	\$0	\$2	\$47	\$71	\$52	\$13	1,301,785	\$60,600,016	436,683	50.9%	4,740,439
Biologics	0.4	0.4	0.0	0.0	531	486	24	21	1250	1,179	3,636	3,582	11,281	14,096,502	2,835	0.3	26,548
Antineoplastic Agents	0.5	0.2	0.1	0.2	83	50	20	13	172	262	169	74	36,544	6,280,400	7,228	0.8	75,908
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.1	22	19	1	2	42	57	23	15	949,534	39,887,867	164,878	19.2	1,800,034
Cardiovascular Agents	1.5	0.6	0.1	0.8	51	33	3	16	35	54	32	21	2,063,388	72,868,717	128,125	14.9	1,418,076
Respiratory Agents	0.4	0.3	0.0	0.1	18	14	1	3	42	54	19	26	1,609,502	67,300,676	347,729	40.5	3,808,679
Gastrointestinal Agents	0.5	0.3	0.0	0.2	36	29	2	6	69	110	94	23	650,609	44,777,660	112,528	13.1	1,226,975
Genitourinary Agents	0.3	0.2	0.0	0.1	14	12	0	2	46	56	32	21	173,662	8,056,367	55,358	6.5	585,845
CNS Drugs	0.9	0.4	0.0	0.4	57	44	5	9	67	116	101	20	1,369,480	92,160,288	145,255	16.9	1,606,540
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	26	20	1	4	57	67	45	32	153,463	8,732,039	30,262	3.5	340,047
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	54	50	0	4	101	119	67	34	63,143	6,362,615	10,814	1.3	117,714
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	17	12	1	4	39	85	54	15	1,304,217	51,261,110	270,969	31.6	2,948,588
Neuromuscular Agents	0.7	0.2	0.1	0.4	35	24	3	8	51	96	43	22	596,987	30,731,512	79,037	9.2	885,648
Nutritional Products	0.4	0.0	0.1	0.3	8	1	3	5	23	30	30	19	429,344	9,758,083	110,681	12.9	1,163,921
Hematological Agents	0.5	0.2	0.1	0.3	49	40	2	7	94	203	30	28	292,233	27,334,221	52,098	6.1	554,066
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	33	47	40	17	769,412	25,736,406	261,315	30.5	2,872,117
Miscellaneous Products	0.2	0.1	0.0	0.1	31	23	4	5	126	182	239	44	32,554	4,109,526	11,966	1.4	131,634
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	22	0	0	0	36,153	801,785	16,278	1.9	182,559
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	11,843,291	570,855,790	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Louisiana, 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](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 Louisiana, 0.4 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](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<sup>a, b, c</sup>  
 LOUISIANA, 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	\$48,605,304	52,905	6.2 %	596,646	0.6	\$137	\$81	
ULCER DRUGS	37,628,717	105,308	12.3	1,157,420	0.4	85	33	
ANTIDEPRESSANTS	31,343,896	104,107	12.1	1,157,168	0.5	57	27	
ANTIASTHMATIC	29,358,743	207,761	24.2	2,320,706	0.3	49	13	
ANALGESICS - ANTI-INFLAMMATORY	26,708,258	186,158	21.7	2,086,674	0.2	53	13	
ANTIDIABETIC	24,459,540	65,959	7.7	740,190	0.6	54	33	
ANTICONVULSANT	23,768,747	48,383	5.6	546,430	0.6	67	43	
ANTIHISTAMINES	23,754,291	289,400	33.7	3,237,305	0.2	38	7	
ANALGESICS - Narcotic	21,053,006	249,988	29.1	2,715,555	0.3	29	8	
ANTIHYPERTENSIVE	20,648,759	91,721	10.7	1,031,194	0.6	35	20	
Total	287,329,261	1,401,690		15,589,288	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Louisiana, 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](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.