

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 NORTH CAROLINA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 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	1,404,877 (A)	275,707 (E)	1,129,170 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,324,780 (B)	221,948 (F)	1,102,832 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,309,261 (C)	221,891 (G)	1,087,370 (K)
4. Benes who were all-year nursing facility residents ^f	15,836 (D)	15,035 (H)	801 (L)

Source: Data for this table are from the MAX 2001 file for North Carolina, 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 North Carolina in 2001 was \$997,489,568, of which \$53,028,803 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 1.6 percent were restricted benefit months without a pharmacy benefit in North Carolina, 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}
 NORTH CAROLINA, 2001

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	1,309,261	140,196	217,166	262,742	689,157	0	11,675,910	1,522,869	2,311,402	1,796,463	6,045,176	0	11,675,910	1,522,869	2,311,402	1,796,463	6,045,176	0	
Age																			
5 and younger	309,228	0	8,002	11	301,215	0	2,673,003	0	80,114	26	2,592,863	0	2,673,003	0	80,114	26	2,592,863	0	
6-14	303,002	1	20,872	108	282,021	0	2,786,744	11	231,349	456	2,554,928	0	2,786,744	11	231,349	456	2,554,928	0	
15-20	137,793	1	13,372	20,159	104,261	0	1,166,979	12	144,212	131,383	891,372	0	1,166,979	12	144,212	131,383	891,372	0	
21-44	300,494	6	73,764	225,082	1,642	0	2,339,500	72	787,413	1,546,064	5,951	0	2,339,500	72	787,413	1,546,064	5,951	0	
45-64	117,868	196	100,397	17,274	1	0	1,181,398	2,252	1,061,336	117,807	3	0	1,181,398	2,252	1,061,336	117,807	3	0	
65-74	55,767	55,149	521	97	0	0	614,512	609,478	4,361	673	0	0	614,512	609,478	4,361	673	0	0	
75-84	52,391	52,232	152	7	0	0	573,666	571,912	1,717	37	0	0	573,666	571,912	1,717	37	0	0	
85 and older	32,701	32,611	86	4	0	0	340,049	339,132	900	17	0	0	340,049	339,132	900	17	0	0	
Unknown	17	0	0	0	17	0	59	0	0	0	59	0	59	0	0	0	59	0	
Gender																			
Female	798,072	107,881	112,359	230,832	347,000	0	7,051,459	1,178,534	1,211,580	1,608,755	3,052,590	0	7,051,459	1,178,534	1,211,580	1,608,755	3,052,590	0	
Male	511,189	32,315	104,807	31,910	342,157	0	4,624,451	344,335	1,099,822	187,708	2,992,586	0	4,624,451	344,335	1,099,822	187,708	2,992,586	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	561,261	71,110	90,445	119,614	280,092	0	4,949,596	759,926	957,751	802,577	2,429,342	0	4,949,596	759,926	957,751	802,577	2,429,342	0	
African American	557,233	49,130	83,989	118,163	305,951	0	5,050,849	543,848	899,364	854,390	2,753,247	0	5,050,849	543,848	899,364	854,390	2,753,247	0	
Other/unknown	190,767	19,956	42,732	24,965	103,114	0	1,675,465	219,095	454,287	139,496	862,587	0	1,675,465	219,095	454,287	139,496	862,587	0	
Use of Nursing Facilities^c																			
Entire year	15,836	13,969	1,865	1	1	0	174,172	153,081	21,079	1	11	0	174,172	153,081	21,079	1	11	0	
Part year	15,642	12,913	2,705	21	3	0	154,306	126,188	27,868	216	34	0	154,306	126,188	27,868	216	34	0	
None	1,277,783	113,314	212,596	262,720	689,153	0	11,347,432	1,243,600	2,262,455	1,796,246	6,045,131	0	11,347,432	1,243,600	2,262,455	1,796,246	6,045,131	0	
Maintenance Assistance Status																			
Cash	628,331	70,287	151,821	184,749	221,474	0	5,739,762	787,066	1,677,333	1,317,223	1,958,140	0	5,739,762	787,066	1,677,333	1,317,223	1,958,140	0	
Medically needy	9,330	4,678	2,179	1,684	789	0	82,814	45,675	20,630	11,161	5,348	0	82,814	45,675	20,630	11,161	5,348	0	
Poverty-related	609,684	65,230	63,164	55,936	425,354	0	5,280,326	690,127	613,417	295,805	3,680,977	0	5,280,326	690,127	613,417	295,805	3,680,977	0	
Other/unknown	61,916	1	2	20,373	41,540	0	573,008	1	22	172,274	400,711	0	573,008	1	22	172,274	400,711	0	
Dual Medicare Status^d																			
Full dual, all year	214,695	132,734	80,080	1,864	17	0	2,359,137	1,454,771	891,222	12,985	159	0	2,359,137	1,454,771	891,222	12,985	159	0	
Full dual, part year	7,196	4,294	2,885	17	0	0	80,282	47,764	32,331	187	0	0	80,282	47,764	32,331	187	0	0	
Non-dual, all year	1,087,370	3,168	134,201	260,861	689,140	0	9,236,491	20,334	1,387,849	1,783,291	6,045,017	0	9,236,491	20,334	1,387,849	1,783,291	6,045,017	0	
Managed Care Status																			
FFS all year	1,262,987	140,109	212,561	252,906	657,411	0	11,503,470	1,522,349	2,292,167	1,759,653	5,929,301	0	11,503,470	1,522,349	2,292,167	1,759,653	5,929,301	0	
FFS part year, with Rx claims	28,683	80	3,870	7,705	17,028	0	108,667	479	16,400	29,270	62,518	0	108,667	479	16,400	29,270	62,518	0	
FFS part year, no Rx claims	17,591	7	735	2,131	14,718	0	63,773	41	2,835	7,540	53,357	0	63,773	41	2,835	7,540	53,357	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for North Carolina, 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}
 NORTH CAROLINA, 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	68.3 %	13.1	\$721	\$55	\$4,000	18.0 %	1,309,261
Age							
5 and younger	66.3	3.9	146	37	1,804	8.1	309,228
6-14	55.8	3.8	219	57	1,593	13.7	303,002
15-20	59.7	4.7	260	55	2,721	9.5	137,793
21-44	69.2	11.6	742	64	4,372	17.0	300,494
45-64	85.3	38.0	2,288	60	9,281	24.7	117,868
65-74	90.8	43.7	2,236	51	7,534	29.7	55,767
75-84	92.7	45.3	2,211	49	10,073	21.9	52,391
85 and older	92.9	42.8	1,959	46	14,247	13.8	32,701
Unknown	0.0	0.0	0	0	0	0.0	17
Basis of Eligibility^c							
Aged	92.0	44.2	2,166	49	10,041	21.6	140,196
Disabled	83.5	30.9	2,112	69	10,758	19.6	217,166
Adults	65.6	7.0	310	44	2,292	13.5	262,742
Children	59.8	3.6	146	41	1,292	11.3	689,157
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.0	15.2	789	52	4,069	19.4	798,072
Male	64.2	9.9	615	62	3,893	15.8	511,189
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.4	16.4	917	56	4,698	19.5	561,261
African American	64.4	10.0	524	53	3,246	16.1	557,233
Other/unknown	64.8	12.8	722	57	4,147	17.4	190,767
Use of Nursing Facilities^d							
Entire year	96.7	60.0	3,140	52	34,109	9.2	15,836
Part year	95.9	49.4	2,711	55	21,067	12.9	15,642
None	67.6	12.1	667	55	3,418	19.5	1,277,783

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	70.1	15.8	906	57	4,330	20.9	628,331
Medically needy	84.9	35.8	1,992	56	18,136	11.0	9,330
Poverty related	66.3	10.7	551	52	3,576	15.4	609,684
Other/unknown	67.9	6.7	338	50	2,701	12.5	61,916

Source: Data for this table are from the MAX 2001 file for North Carolina, 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}
 NORTH CAROLINA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	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	1.5	\$81	18.0 %	31.7 %	43.9 %	7.4 %	11.1 %	4.8 %	1.0 %	\$449	1,309,261	11,675,910
Age												
5 and younger	0.5	17	8.1	33.7	60.1	4.4	1.6	0.2	0.1	209	309,228	2,673,003
6-14	0.4	24	13.7	44.2	49.2	3.9	2.3	0.3	0.1	173	303,002	2,786,744
15-20	0.6	31	9.5	40.3	50.5	5.5	3.1	0.5	0.1	321	137,793	1,166,979
21-44	1.5	95	17.0	30.8	42.4	10.6	12.3	3.2	0.7	562	300,494	2,339,500
45-64	3.8	228	24.7	14.7	19.2	12.2	31.9	17.4	4.6	926	117,868	1,181,398
65-74	4.0	203	29.7	9.2	16.0	12.7	37.6	20.7	3.8	684	55,767	614,512
75-84	4.1	202	21.9	7.3	13.8	12.7	39.5	22.8	3.8	920	52,391	573,666
85 and older	4.1	188	13.8	7.1	13.3	13.3	40.6	22.9	2.9	1,370	32,701	340,049
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	17	59
Basis of Eligibility^c												
Aged	4.1	199	21.6	8.0	14.6	12.8	39.0	22.0	3.6	924	140,196	1,522,869
Disabled	2.9	198	19.6	16.5	28.7	12.2	26.5	12.8	3.3	1,011	217,166	2,311,402
Adults	1.0	45	13.5	34.4	45.9	9.7	8.4	1.3	0.3	335	262,742	1,796,463
Children	0.4	17	11.3	40.2	53.9	4.0	1.6	0.2	0.0	147	689,157	6,045,176
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.7	89	19.4	29.0	43.0	8.0	12.7	5.9	1.3	461	798,072	7,051,459
Male	1.1	68	15.8	35.8	45.3	6.6	8.6	3.1	0.6	430	511,189	4,624,451
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	104	19.5	26.6	43.4	8.7	13.4	6.4	1.5	533	561,261	4,949,596
African American	1.1	58	16.1	35.6	45.2	6.4	9.0	3.3	0.5	358	557,233	5,050,849
Other/unknown	1.5	82	17.4	35.2	41.8	6.8	10.6	4.6	1.0	472	190,767	1,675,465
Use of Nursing Facilities^d												
Entire year	5.5	286	9.2	3.3	7.3	9.7	37.1	33.7	8.9	3,101	15,836	174,172
Part year	5.0	275	12.9	4.1	10.2	11.3	39.7	28.3	6.4	2,136	15,642	154,306
None	1.4	75	19.5	32.4	44.8	7.4	10.5	4.2	0.8	385	1,277,783	11,347,432

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	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				
Maintenance Assistance Status												
Cash	1.7	99	20.9	29.9	40.4	8.6	13.9	5.9	1.3	474	628,331	5,739,762
Medically needy	4.0	224	11.0	15.1	20.0	11.8	29.1	19.1	4.9	2,043	9,330	82,814
Poverty related	1.2	64	15.4	33.7	47.0	6.1	8.6	3.9	0.8	413	609,684	5,280,326
Other/unknown	0.7	37	12.5	32.1	52.9	7.8	6.0	0.9	0.2	292	61,916	573,008

Source: Data for this table are from the MAX 2001 file for North Carolina, 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}
 NORTH CAROLINA, 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	1.5	\$81	\$55	0.7	\$62	\$88	0.1	\$5	\$48	0.7	\$14	\$21
Age												
5 and younger	0.5	17	37	0.2	13	64	0.0	1	25	0.2	3	15
6-14	0.4	24	57	0.2	19	84	0.0	1	47	0.2	4	22
15-20	0.6	31	55	0.3	24	91	0.0	2	56	0.3	5	19
21-44	1.5	95	64	0.7	74	109	0.1	6	68	0.7	15	21
45-64	3.8	228	60	1.9	177	93	0.2	14	58	1.6	37	23
65-74	4.0	203	51	2.0	155	79	0.3	12	42	1.7	36	21
75-84	4.1	202	49	2.0	151	77	0.3	13	37	1.8	38	21
85 and older	4.1	188	46	1.8	134	76	0.4	14	34	1.9	39	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.1	199	49	1.9	149	78	0.3	13	38	1.8	38	21
Disabled	2.9	198	69	1.4	156	108	0.2	12	65	1.3	30	24
Adults	1.0	45	44	0.5	34	76	0.0	3	51	0.5	9	16
Children	0.4	17	41	0.2	13	66	0.0	1	31	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.7	89	52	0.8	68	83	0.1	6	46	0.8	15	20
Male	1.1	68	62	0.5	53	100	0.1	4	53	0.5	11	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.9	104	56	0.9	79	89	0.1	7	50	0.8	18	21
African American	1.1	58	53	0.5	45	85	0.1	3	44	0.5	10	20
Other/unknown	1.5	82	57	0.7	64	90	0.1	5	49	0.6	14	21
Use of Nursing Facilities^e												
Entire year	5.5	286	52	2.4	206	85	0.6	24	38	2.4	55	23
Part year	5.0	275	55	2.3	203	89	0.5	21	42	2.2	50	23
None	1.4	75	55	0.7	58	88	0.1	4	50	0.6	13	21

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	1.7	99	0.8	76	0.1	6	0.8	17
Medically needy	4.0	224	1.8	168	0.4	16	1.8	40
Poverty related	1.2	64	0.6	49	0.1	4	0.5	11
Other/unknown	0.7	37	0.4	29	0.0	2	0.3	6

Source: Data for this table are from the MAX 2001 file for North Carolina, 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 North Carolina, 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 (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}
 NORTH CAROLINA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$13	\$0	\$2	\$55	\$86	\$47	\$14	1,573,428	\$86,213,243	581,217	44.4 %	5,996,861
Biologics	0.4	0.4	0.0	0.0	434	375	7	52	1085	999	1,141	2,823	9,233	10,013,992	2,709	0.2	23,093
Antineoplastic Agents	0.4	0.2	0.1	0.2	89	58	17	13	198	291	197	83	59,725	11,850,817	12,599	1.0	133,841
Endocrine/Metabolic Drugs	0.6	0.4	0.1	0.2	25	21	1	3	43	60	22	15	1,530,727	65,858,655	249,627	19.1	2,631,012
Cardiovascular Agents	1.4	0.6	0.1	0.7	52	34	2	15	37	57	30	21	3,428,401	127,535,159	226,243	17.3	2,464,891
Respiratory Agents	0.4	0.2	0.0	0.2	19	15	1	4	45	63	24	23	2,084,317	94,019,831	462,496	35.3	4,831,322
Gastrointestinal Agents	0.6	0.3	0.0	0.2	52	45	2	5	92	129	110	27	1,135,595	104,761,966	187,076	14.3	2,015,403
Genitourinary Agents	0.3	0.2	0.0	0.1	13	12	0	1	49	57	43	18	236,469	11,602,056	84,609	6.5	876,767
CNS Drugs	0.8	0.4	0.0	0.4	65	49	6	10	79	125	132	26	2,192,400	172,145,594	247,003	18.9	2,636,161
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	31	25	1	5	68	82	52	36	250,669	17,001,763	52,496	4.0	557,316
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	46	43	0	3	115	126	77	46	70,614	8,086,728	16,115	1.2	175,780
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	26	19	2	5	50	108	75	16	1,914,159	95,622,092	360,484	27.5	3,732,838
Neuromuscular Agents	0.6	0.3	0.1	0.3	40	30	3	7	62	114	40	23	910,329	56,766,134	130,700	10.0	1,415,718
Nutritional Products	0.4	0.0	0.1	0.2	8	1	3	4	20	19	28	17	448,002	8,990,174	117,331	9.0	1,196,281
Hematological Agents	0.5	0.2	0.1	0.2	49	40	3	6	95	236	23	29	368,138	35,020,707	66,355	5.1	709,041
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	36	53	41	18	894,831	31,819,111	330,119	25.2	3,476,460
Miscellaneous Products	0.4	0.1	0.1	0.2	85	55	16	14	203	376	297	65	26,153	5,303,402	5,802	0.4	62,502
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	33	0	0	0	55,216	1,849,341	22,723	1.7	251,291
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.	17,188,406	944,460,765	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for North Carolina, 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 North Carolina, 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 (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}
 NORTH CAROLINA, 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		
ULCER DRUGS	\$92,737,416	14.0 %	2,004,663	0.4	\$106	\$46		
ANTIPSYCHOTICS	82,580,681	5.9	860,774	0.6	168	96		
ANTIDEPRESSANTS	63,674,230	14.4	2,040,804	0.5	69	31		
ANTICONVULSANT	46,491,097	6.9	999,908	0.6	78	46		
ANALGESICS - ANTI-INFLAMMATORY	45,530,903	17.9	2,527,019	0.3	67	18		
ANTI-DIABETIC	44,735,160	8.9	1,296,894	0.6	58	34		
ANTI-ASTHMATIC	43,440,895	19.1	2,708,393	0.3	54	16		
ANALGESICS - Narcotic	41,822,145	28.6	3,978,014	0.3	39	11		
ANTI-HYPERTENSIVE	36,488,412	11.3	1,652,255	0.6	39	22		
ANTI-HYPERLIPIDEMIC	34,027,353	4.8	710,046	0.6	84	48		
Total	531,528,292	1,725,425	18,778,770	n.a.	n.a.	n.a.		

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