

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001
OHIO**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 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	1,731,189 (A)	229,256 (E)	1,501,933 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,710,874 (B)	209,999 (F)	1,500,875 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,508,333 (C)	209,434 (G)	1,298,899 (K)
4. Benes who were all-year nursing facility residents ^f	59,316 (D)	54,491 (H)	4,825 (L)

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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 Ohio in 2001 was \$1,164,049,634, of which \$4,976,161 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 3.5 percent were restricted benefit months without a pharmacy benefit in Ohio, 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}
 OHIO, 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	1,508,333	135,306	262,231	325,580	784,981	235	12,113,316	1,328,277	2,700,773	2,063,046	6,020,843	377		
Age														
5 and younger	300,345	0	6,634	0	293,642	69	2,306,472	0	66,127	0	2,240,276	69		
6-14	359,173	0	23,111	0	336,062	0	2,903,092	0	239,944	0	2,663,148	0		
15-20	173,083	0	15,268	10,422	147,374	19	1,298,846	0	153,538	62,183	1,083,101	24		
21-44	399,918	0	100,409	291,504	7,903	102	2,928,327	0	1,033,781	1,860,108	34,318	120		
45-64	138,167	0	114,674	23,469	0	24	1,329,989	0	1,190,145	139,741	0	103		
65-74	48,874	46,811	1,904	146	0	13	495,621	479,994	14,769	827	0	31		
75-84	47,639	47,458	156	20	0	5	466,062	464,291	1,656	90	0	25		
85 and older	41,127	41,031	75	18	0	3	384,874	383,961	813	95	0	5		
Unknown	7	6	0	1	0	0	33	31	0	2	0	0		
Gender														
Female	890,084	101,823	140,204	250,680	397,208	169	7,148,258	1,014,316	1,473,688	1,610,844	3,049,173	237		
Male	618,249	33,483	122,027	74,900	387,773	66	4,965,058	313,961	1,227,085	452,202	2,971,670	140		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	1,031,338	104,094	179,215	232,610	515,332	87	8,615,418	1,011,546	1,857,548	1,552,434	4,193,685	205		
African American	413,244	25,995	75,189	79,116	232,903	41	3,063,102	264,563	765,417	440,247	1,592,810	65		
Other/unknown	63,751	5,217	7,827	13,854	36,746	107	434,796	52,168	77,808	70,365	234,348	107		
Use of Nursing Facilities^c														
Entire year	59,316	51,356	7,958	1	1	0	585,017	502,555	82,441	9	12	0		
Part year	20,986	15,092	5,809	74	11	0	190,539	132,688	57,162	594	95	0		
None	1,428,031	68,858	248,464	325,505	784,969	235	11,337,760	693,034	2,561,170	2,062,443	6,020,736	377		
Maintenance Assistance Status														
Cash	425,912	35,761	184,398	62,527	143,226	0	3,742,468	404,334	2,007,266	336,043	994,825	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	285,119	2,373	3,558	34,974	244,214	0	2,152,087	24,344	36,093	187,458	1,904,192	0		
Other/unknown	797,302	97,172	74,275	228,079	397,541	235	6,218,761	899,599	657,414	1,539,545	3,121,826	377		
Dual Medicare Status^d														
Full dual, all year	192,611	117,155	72,068	3,202	151	35	1,904,479	1,146,393	736,915	20,186	854	131		
Full dual, part year	16,823	6,626	10,130	66	1	0	179,431	71,119	107,747	553	12	0		
Non-dual, all year	1,298,899	11,525	180,033	322,312	784,829	200	10,029,406	110,765	1,856,111	2,042,307	6,019,977	246		
Managed Care Status														
FFS all year	1,274,254	135,298	256,246	265,529	616,946	235	11,105,941	1,328,235	2,665,803	1,824,453	5,287,073	377		
FFS part year, with Rx claims	93,903	5	3,881	31,817	58,200	0	513,575	29	25,472	155,162	332,912	0		
FFS part year, no Rx claims	140,176	3	2,104	28,234	109,835	0	493,800	13	9,498	83,431	400,858	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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}
 OHIO, 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	63.5 %	15.5	\$768	\$50	\$5,309	14.5 %	1,508,333
Age							
5 and younger	58.3	3.3	111	34	1,753	6.4	300,345
6-14	50.0	3.6	180	49	1,342	13.4	359,173
15-20	55.1	4.8	244	51	2,184	11.2	173,083
21-44	66.3	13.8	778	57	4,724	16.5	399,918
45-64	85.5	51.3	2,786	54	13,743	20.3	138,167
65-74	88.1	57.0	2,643	46	14,681	18.0	48,874
75-84	90.5	58.0	2,409	42	21,441	11.2	47,639
85 and older	91.2	51.6	1,918	37	26,632	7.2	41,127
Unknown	28.6	15.0	733	49	7,455	9.8	7
Basis of Eligibility^c							
Aged	90.5	56.2	2,359	42	20,671	11.4	135,306
Disabled	86.0	42.4	2,520	60	14,068	17.9	262,231
Adults	60.5	6.6	262	39	1,862	14.0	325,580
Children	52.5	3.2	120	38	1,166	10.3	784,981
Unknown	10.6	4.7	283	60	3,706	7.6	235
Gender							
Female	66.9	18.0	840	47	5,642	14.9	890,084
Male	58.5	11.8	665	56	4,831	13.8	618,249
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	68.5	17.9	884	49	5,895	15.0	1,031,338
African American	53.0	10.7	529	50	4,210	12.6	413,244
Other/unknown	50.1	8.3	453	55	2,969	15.3	63,751
Use of Nursing Facilities^d							
Entire year	97.8	72.6	3,061	42	40,298	7.6	59,316
Part year	96.3	63.5	2,864	45	29,218	9.8	20,986
None	61.6	12.4	643	52	3,505	18.3	1,428,031

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	69.3	24.3	1,326	55	6,575	20.2	425,912
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.2	3.5	140	40	1,330	10.5	285,119
Other/unknown	63.3	15.1	696	46	6,057	11.5	797,302

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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}
 OHIO, 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			Benes	
All	1.9	\$96	14.5 %	36.5 %	38.7 %	6.5 %	9.0 %	6.7 %	2.6 %	\$661	1,508,333	12,113,316
Age												
5 and younger	0.4	15	6.4	41.7	53.6	3.4	1.1	0.1	0.0	228	300,345	2,306,472
6-14	0.5	22	13.4	50.0	43.5	3.8	2.4	0.3	0.0	166	359,173	2,903,092
15-20	0.6	33	11.2	44.9	45.3	5.7	3.4	0.6	0.1	291	173,083	1,298,846
21-44	1.9	106	16.5	33.7	38.4	9.9	11.4	5.1	1.6	645	399,918	2,928,327
45-64	5.3	290	20.3	14.5	15.4	9.5	24.8	24.4	11.4	1,428	138,167	1,329,989
65-74	5.6	261	18.0	11.9	11.7	8.5	26.0	29.0	12.9	1,448	48,874	495,621
75-84	5.9	246	11.2	9.5	8.8	7.6	27.4	33.2	13.5	2,192	47,639	466,062
85 and older	5.5	205	7.2	8.8	8.0	8.0	30.7	34.4	10.2	2,846	41,127	384,874
Unknown	3.2	155	9.8	71.4	0.0	0.0	0.0	28.6	0.0	1,581	7	33
Basis of Eligibility^c												
Aged	5.7	240	11.4	9.5	9.6	8.1	28.1	32.3	12.4	2,106	135,306	1,328,277
Disabled	4.1	245	17.9	14.0	24.9	10.8	23.2	18.8	8.2	1,366	262,231	2,700,773
Adults	1.0	41	14.0	39.5	41.6	9.1	7.5	2.0	0.3	294	325,580	2,063,046
Children	0.4	16	10.3	47.5	47.1	3.7	1.6	0.1	0.0	152	784,981	6,020,843
Unknown	3.0	176	7.6	89.4	0.4	0.9	3.4	4.3	1.7	2,310	235	377
Gender												
Female	2.2	105	14.9	33.1	38.6	7.0	10.1	8.0	3.2	703	890,084	7,148,258
Male	1.5	83	13.8	41.5	38.9	5.7	7.5	4.8	1.7	602	618,249	4,965,058
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	106	15.0	31.5	40.5	7.0	9.9	7.8	3.2	706	1,031,338	8,615,418
African American	1.4	71	12.6	47.0	34.8	5.3	7.1	4.5	1.4	568	413,244	3,063,102
Other/unknown	1.2	67	15.3	49.9	34.3	5.2	6.5	3.2	0.8	435	63,751	434,796
Use of Nursing Facilities^d												
Entire year	7.4	310	7.6	2.2	4.7	5.5	26.6	40.4	20.6	4,086	59,316	585,017
Part year	7.0	315	9.8	3.7	7.0	7.4	28.0	36.0	17.9	3,218	20,986	190,539
None	1.6	81	18.3	38.4	40.6	6.5	8.0	4.8	1.6	441	1,428,031	11,337,760

Table 4

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			
Maintenance											
Assistance Status											
Cash	2.8	151	20.2	30.7	32.7	8.3	14.2	10.2	748	425,912	3,742,468
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	19	10.5	44.8	48.6	4.2	2.1	0.3	176	285,119	2,152,087
Other/unknown	1.9	89	11.5	36.7	38.3	6.3	8.7	7.1	777	797,302	6,218,761

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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}
 OHIO, 2001

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
All	1.9	\$96	0.9	\$76	0.1	\$6	0.9	\$13
Age								
5 and younger	0.4	15	0.2	12	0.0	0	0.3	3
6-14	0.5	22	0.2	18	0.0	1	0.2	3
15-20	0.6	33	0.3	26	0.0	2	0.3	5
21-44	1.9	106	0.9	85	0.1	7	0.9	14
45-64	5.3	290	2.6	232	0.3	19	2.4	38
65-74	5.6	261	2.7	205	0.4	17	2.6	38
75-84	5.9	246	2.7	190	0.5	17	2.8	38
85 and older	5.5	205	2.3	153	0.5	17	2.7	34
Unknown	3.2	155	1.8	133	0.0	0	1.4	22
Basis of Eligibility^d								
Aged	5.7	240	2.6	185	0.4	17	2.7	37
Disabled	4.1	245	2.0	198	0.2	16	1.9	31
Adults	1.0	41	0.5	33	0.0	3	0.5	6
Children	0.4	16	0.2	12	0.0	1	0.2	3
Unknown	3.0	176	1.2	135	0.2	14	1.5	26
Gender								
Female	2.2	105	1.0	83	0.1	7	1.1	15
Male	1.5	83	0.7	67	0.1	5	0.7	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.1	106	1.0	84	0.1	7	1.0	15
African American	1.4	71	0.7	57	0.1	4	0.7	10
Other/unknown	1.2	67	0.6	55	0.1	3	0.6	8
Use of Nursing Facilities^e								
Entire year	7.4	310	3.1	236	0.6	23	3.6	50
Part year	7.0	315	3.0	242	0.5	22	3.4	50
None	1.6	81	0.7	65	0.1	5	0.7	11

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	2.8	151	1.3	121	0.2	10	1.3	20
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.5	19	0.2	15	0.0	1	0.2	3
Other/unknown	1.9	89	0.9	70	0.1	6	0.9	13

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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 Ohio, 0.6 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).

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}
 OHIO, 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. of Bene Mos	As % of All Benes			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$14	\$12	\$0	\$1	\$46	\$81	\$77	\$10	1,950,791	\$90,192,218	645,287	42.8 %	6,426,239
Biologics	0.2	0.2	0.0	0.0	199	178	4	17	919	961	1,483	581	9,479	8,707,083	4,243	0.3	43,651
Antineoplastic Agents	0.6	0.2	0.2	0.2	104	74	25	4	184	314	163	26	86,679	15,932,921	15,451	1.0	153,925
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	27	23	2	2	39	59	21	11	1,991,617	77,214,222	277,244	18.4	2,818,958
Cardiovascular Agents	1.6	0.7	0.1	0.9	52	37	3	12	32	56	34	13	4,032,414	128,159,135	238,721	15.8	2,460,176
Respiratory Agents	0.5	0.3	0.0	0.2	22	18	0	4	41	62	28	17	2,624,563	107,631,983	472,376	31.3	4,799,595
Gastrointestinal Agents	0.7	0.4	0.0	0.3	53	46	2	4	76	121	92	15	1,530,789	116,788,319	212,876	14.1	2,205,572
Genitourinary Agents	0.4	0.3	0.0	0.1	16	15	0	1	45	58	36	12	344,230	15,543,489	95,784	6.4	973,994
CNS Drugs	1.2	0.6	0.1	0.5	87	68	8	11	73	113	116	20	3,743,918	272,079,932	307,420	20.4	3,133,719
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	33	25	1	7	51	64	64	29	264,323	13,491,340	39,803	2.6	408,217
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	57	55	0	2	111	121	34	31	111,554	12,352,153	21,028	1.4	216,513
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	28	22	1	4	44	95	78	11	2,617,660	115,993,586	417,189	27.7	4,147,400
Neuromuscular Agents	0.9	0.4	0.1	0.4	48	38	3	7	55	97	42	17	1,544,172	85,155,779	168,860	11.2	1,767,292
Nutritional Products	0.5	0.0	0.1	0.3	9	2	4	4	19	43	29	12	642,420	12,069,582	131,427	8.7	1,287,742
Hematological Agents	0.7	0.2	0.1	0.4	57	47	3	7	77	226	23	18	520,109	39,981,063	68,485	4.5	700,660
Topical Products	0.3	0.1	0.0	0.1	10	7	1	2	31	51	36	13	1,196,588	37,166,899	369,700	24.5	3,806,282
Miscellaneous Products	0.5	0.1	0.0	0.3	46	30	11	6	96	273	271	17	81,039	7,763,535	16,852	1.1	167,773
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	34	0	0	0	83,076	2,850,234	27,628	1.8	296,668
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.	23,375,421	1,159,073,473	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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 Ohio, 0.6 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}
 OHIO, 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	\$139,315,166	126,848	8.4 %	1,361,513	0.8	\$136		\$102
ANTIDEPRESSANTS	105,261,234	282,273	18.7	2,919,313	0.6	64		36
ULCER DRUGS	103,608,586	216,876	14.4	2,279,019	0.5	90		45
ANTICONVULSANT	71,750,832	125,523	8.3	1,343,185	0.8	68		53
ANTIASTMATIC	58,731,337	320,293	21.2	3,319,937	0.4	46		18
ANALGESICS - ANTI-INFLAMMATORY	54,447,832	306,485	20.3	3,166,265	0.3	57		17
ANALGESICS - Narcotic	51,906,642	436,589	28.9	4,454,407	0.3	35		12
ANTIDIABETIC	51,040,141	131,040	8.7	1,383,054	0.7	53		37
ANTIHYPERTENSIVE	41,200,768	73,774	4.9	801,306	0.6	80		51
ANTIHYPERTENSIVE	31,867,262	149,024	9.9	1,571,301	0.7	31		20
Total	709,129,800	2,168,725		22,599,300	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2001 file for Ohio, released by CMS in 07/2005. 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.