

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

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
PENNSYLVANIA, 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	1,660,952 (A)	309,470 (E)	1,351,482 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,587,903 (B)	277,073 (F)	1,310,830 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	783,649 (C)	173,685 (G)	609,964 (K)
4. Benes who were all-year nursing facility residents ^f	48,152 (D)	45,722 (H)	2,430 (L)

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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 Pennsylvania in 2001 was \$707,971,969, of which \$12,863,886 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 2.0 percent were restricted benefit months without a pharmacy benefit in Pennsylvania, 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}
 PENNSYLVANIA, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	783,649	125,354	163,431	113,994	380,870	0	5,906,055	1,170,713	1,521,039	619,915	2,594,388	0	5,906,055	1,170,713	1,521,039	619,915	2,594,388	0	
Age																			
5 and younger	148,616	3	7,758	0	140,855	0	1,003,454	16	61,889	0	941,549	0	1,003,454	16	61,889	0	941,549	0	
6-14	169,423	2	22,611	0	146,810	0	1,289,610	4	213,679	0	1,075,927	0	1,289,610	4	213,679	0	1,075,927	0	
15-20	104,237	5	14,666	0	89,566	0	697,742	21	136,700	0	561,021	0	697,742	21	136,700	0	561,021	0	
21-44	161,228	46	54,114	103,429	3,639	0	1,082,039	355	506,489	559,304	15,891	0	1,082,039	355	506,489	559,304	15,891	0	
45-64	74,630	205	63,864	10,561	0	0	661,703	1,687	599,417	60,599	0	0	661,703	1,687	599,417	60,599	0	0	
65-74	36,066	35,651	411	4	0	0	339,362	336,542	2,808	12	0	0	339,362	336,542	2,808	12	0	0	
75-84	44,398	44,398	0	0	0	0	419,607	419,607	0	0	0	0	419,607	419,607	0	0	0	0	
85 and older	45,051	45,044	7	0	0	0	412,538	412,481	57	0	0	0	412,538	412,481	57	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	458,445	93,687	78,222	92,712	193,824	0	3,454,615	888,818	740,579	511,994	1,313,224	0	3,454,615	888,818	740,579	511,994	1,313,224	0	
Male	325,204	31,667	85,209	21,282	187,046	0	2,451,440	281,895	780,460	107,921	1,281,164	0	2,451,440	281,895	780,460	107,921	1,281,164	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	576,137	105,096	133,484	77,538	260,019	0	4,746,817	998,579	1,297,517	478,600	1,972,121	0	4,746,817	998,579	1,297,517	478,600	1,972,121	0	
African American	115,853	12,146	15,556	21,131	67,020	0	567,166	103,601	101,734	67,263	294,568	0	567,166	103,601	101,734	67,263	294,568	0	
Other/unknown	91,659	8,112	14,391	15,325	53,831	0	592,072	68,533	121,788	74,052	327,699	0	592,072	68,533	121,788	74,052	327,699	0	
Use of Nursing Facilities^c																			
Entire year	48,152	44,100	4,046	5	1	0	505,225	460,207	45,009	8	1	0	505,225	460,207	45,009	8	1	0	
Part year	28,670	25,641	2,984	40	5	0	228,787	204,798	23,735	222	32	0	228,787	204,798	23,735	222	32	0	
None	706,827	55,613	156,401	113,949	380,864	0	5,172,043	505,708	1,452,295	619,685	2,594,355	0	5,172,043	505,708	1,452,295	619,685	2,594,355	0	
Maintenance Assistance Status																			
Cash	266,527	30,062	94,919	49,563	91,983	0	2,089,289	301,769	932,439	264,759	590,322	0	2,089,289	301,769	932,439	264,759	590,322	0	
Medically needy	56,723	27,509	2,708	6,594	19,912	0	429,037	245,736	23,067	46,521	113,713	0	429,037	245,736	23,067	46,521	113,713	0	
Poverty-related	297,126	23,992	50,028	20,734	202,372	0	2,167,858	227,032	418,725	87,974	1,434,127	0	2,167,858	227,032	418,725	87,974	1,434,127	0	
Other/unknown	163,273	43,791	15,776	37,103	66,603	0	1,219,871	396,176	146,808	220,661	456,226	0	1,219,871	396,176	146,808	220,661	456,226	0	
Dual Medicare Status^d																			
Full dual, all year	167,747	115,687	51,263	771	26	0	1,612,422	1,100,669	506,673	4,911	169	0	1,612,422	1,100,669	506,673	4,911	169	0	
Full dual, part year	5,938	3,220	2,713	5	0	0	51,788	28,713	23,040	35	0	0	51,788	28,713	23,040	35	0	0	
Non-dual, all year	609,964	6,447	109,455	113,218	380,844	0	4,241,845	41,331	991,326	614,969	2,594,219	0	4,241,845	41,331	991,326	614,969	2,594,219	0	
Managed Care Status																			
FFS all year	563,420	113,404	126,956	69,161	253,899	0	5,125,009	1,102,759	1,334,056	500,079	2,188,115	0	5,125,009	1,102,759	1,334,056	500,079	2,188,115	0	
FFS part year, with Rx claims	73,226	7,509	20,579	14,934	30,204	0	419,590	53,580	137,236	58,292	170,482	0	419,590	53,580	137,236	58,292	170,482	0	
FFS part year, no Rx claims	147,003	4,441	15,896	29,899	96,767	0	361,456	14,374	49,747	61,544	235,791	0	361,456	14,374	49,747	61,544	235,791	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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}
 PENNSYLVANIA, 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	58.3 %	16.8	\$887	\$53	\$6,092	14.6 %	783,649
Age							
5 and younger	48.9	2.7	105	40	1,603	6.6	148,616
6-14	45.9	4.0	237	59	2,118	11.2	169,423
15-20	46.2	4.6	278	60	2,488	11.2	104,237
21-44	57.3	12.6	900	72	3,947	22.8	161,228
45-64	77.8	41.0	2,497	61	10,145	24.6	74,630
65-74	78.9	46.8	2,271	49	12,672	17.9	36,066
75-84	86.6	54.9	2,351	43	20,614	11.4	44,398
85 and older	90.1	52.7	2,055	39	25,577	8.0	45,051
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	85.7	51.9	2,225	43	20,137	11.0	125,354
Disabled	74.4	30.3	2,057	68	9,246	22.3	163,431
Adults	49.5	5.6	292	52	2,054	14.2	113,994
Children	45.0	2.8	123	44	1,326	9.3	380,870
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	61.1	19.6	969	49	6,793	14.3	458,445
Male	54.3	12.8	771	60	5,105	15.1	325,204
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.4	19.9	1,047	53	6,733	15.5	576,137
African American	32.6	8.3	424	51	5,296	8.0	115,853
Other/unknown	45.9	7.7	468	61	3,073	15.2	91,659
Use of Nursing Facilities^d							
Entire year	96.8	75.8	3,135	41	40,392	7.8	48,152
Part year	93.9	51.5	2,213	43	21,468	10.3	28,670
None	54.2	11.3	680	60	3,132	21.7	706,827

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	61.1	18.2	1,108	61	4,524	24.5	266,527
Medically needy	63.2	30.3	1,231	41	16,201	7.6	56,723
Poverty related	52.5	9.2	492	53	2,746	17.9	297,126
Other/unknown	62.5	23.5	1,126	48	11,231	10.0	163,273

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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}
 PENNSYLVANIA, 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			No.	
All	2.2	\$118	14.6 %	41.7 %	30.9 %	6.1 %	10.5 %	8.0 %	2.9 %	\$808	783,649	5,906,055
Age												
5 and younger	0.4	16	6.6	51.1	45.1	2.6	1.0	0.1	0.0	237	148,616	1,003,454
6-14	0.5	31	11.2	54.1	38.0	4.2	3.2	0.4	0.1	278	169,423	1,289,610
15-20	0.7	42	11.2	53.8	36.1	5.2	4.0	0.8	0.1	372	104,237	697,742
21-44	1.9	134	22.8	42.7	31.1	8.3	11.2	5.3	1.4	588	161,228	1,082,039
45-64	4.6	282	24.6	22.2	14.3	9.7	24.6	20.9	8.2	1,144	74,630	661,703
65-74	5.0	241	17.9	21.1	11.6	8.6	24.6	24.5	9.6	1,347	36,066	339,362
75-84	5.8	249	11.4	13.4	8.9	7.8	27.1	30.2	12.5	2,181	44,398	419,607
85 and older	5.8	224	8.0	9.9	8.7	8.9	30.3	31.4	10.7	2,793	45,051	412,538
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.6	238	11.0	14.3	9.6	8.4	27.5	29.0	11.1	2,156	125,354	1,170,713
Disabled	3.3	221	22.3	25.6	24.0	10.8	20.7	13.9	5.0	993	163,431	1,521,039
Adults	1.0	54	14.2	50.5	33.2	7.0	6.8	2.1	0.4	378	113,994	619,915
Children	0.4	18	9.3	55.0	40.1	3.0	1.6	0.2	0.0	195	380,870	2,594,388
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.6	129	14.3	38.9	30.2	6.2	11.5	9.6	3.6	902	458,445	3,454,615
Male	1.7	102	15.1	45.7	31.8	5.9	9.0	5.7	1.9	677	325,204	2,451,440
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	127	15.5	34.6	33.6	6.8	12.0	9.5	3.5	817	576,137	4,746,817
African American	1.7	87	8.0	67.4	17.3	3.7	5.9	4.1	1.5	1,082	115,853	567,166
Other/unknown	1.2	72	15.2	54.1	30.8	4.7	6.5	3.2	0.8	476	91,659	592,072
Use of Nursing Facilities^d												
Entire year	7.2	299	7.8	3.2	6.0	6.5	27.4	37.4	19.5	3,850	48,152	505,225
Part year	6.4	277	10.3	6.1	7.9	8.6	29.9	32.7	14.7	2,690	28,670	228,787
None	1.6	93	21.7	45.8	33.5	6.0	8.5	4.9	1.3	428	706,827	5,172,043

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	No.
				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	2.3	141	24.5	38.9	30.1	7.5	12.7	8.3	2.5	577	266,527	2,089,289
Medically needy	4.0	163	7.6	36.8	18.9	5.5	14.7	16.6	7.5	2,142	56,723	429,037
Poverty related	1.3	67	17.9	47.5	36.9	4.6	6.1	3.7	1.1	376	297,126	2,167,858
Other/unknown	3.1	151	10.0	37.5	25.2	6.8	13.4	12.0	5.1	1,503	163,273	1,219,871

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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}
 PENNSYLVANIA, 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	2.2	\$118	1.0	\$89	0.2	\$86	1.0	\$21
Age								
5 and younger	0.4	16	0.2	12	0.0	78	0.2	3
6-14	0.5	31	0.3	25	0.0	85	0.2	5
15-20	0.7	42	0.4	33	0.0	88	0.3	6
21-44	1.9	134	0.9	104	0.1	116	0.8	20
45-64	4.6	282	2.2	214	0.3	96	2.0	47
65-74	5.0	241	2.3	179	0.4	77	2.2	48
75-84	5.8	249	2.5	179	0.6	71	2.7	52
85 and older	5.8	224	2.4	158	0.7	66	2.7	49
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.6	238	2.4	172	0.6	71	2.6	49
Disabled	3.3	221	1.6	171	0.2	106	1.4	34
Adults	1.0	54	0.5	41	0.1	86	0.5	9
Children	0.4	18	0.2	14	0.0	73	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.6	129	1.2	96	0.2	81	1.2	23
Male	1.7	102	0.8	78	0.1	98	0.8	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.4	127	1.1	95	0.2	86	1.1	23
African American	1.7	87	0.8	66	0.1	85	0.8	15
Other/unknown	1.2	72	0.6	58	0.1	96	0.5	11
Use of Nursing Facilities^e								
Entire year	7.2	299	3.1	214	0.8	70	3.4	62
Part year	6.4	277	2.7	198	0.7	73	3.0	57
None	1.6	93	0.8	71	0.1	95	0.7	15

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	2.3	141	1.1	108	0.2	10	1.0	24
Medically needy	4.0	163	1.7	116	0.4	12	1.8	34
Poverty related	1.3	67	0.6	52	0.1	4	0.6	12
Other/unknown	3.1	151	1.4	112	0.3	11	1.4	28

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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 Pennsylvania, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_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 5

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 PENNSYLVANIA, 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	\$16	\$14	\$0	\$2	\$55	\$91	\$95	\$12	881,923	\$48,181,101	290,612	37.1 %	2,966,912
Biologics	0.1	0.1	0.0	0.0	51	43	1	8	382	425	1,534	228	14,955	5,708,614	10,453	1.3	111,166
Antineoplastic Agents	0.6	0.3	0.2	0.2	143	102	26	15	222	364	162	74	64,056	14,225,820	10,228	1.3	99,640
Endocrine/Metabolic Drugs	0.8	0.4	0.2	0.2	33	27	3	3	40	62	17	14	1,173,683	46,980,207	141,340	18.0	1,437,093
Cardiovascular Agents	1.8	0.7	0.1	1.0	58	35	3	20	32	53	24	20	2,661,338	85,747,006	146,867	18.7	1,483,859
Respiratory Agents	0.6	0.3	0.0	0.2	26	19	0	6	46	62	34	26	1,110,955	51,128,277	190,279	24.3	1,955,351
Gastrointestinal Agents	0.7	0.4	0.0	0.3	56	46	3	7	75	111	89	23	853,827	64,110,008	111,888	14.3	1,142,563
Genitourinary Agents	0.5	0.3	0.0	0.1	22	20	0	2	48	59	49	16	199,576	9,589,561	42,225	5.4	431,918
CNS Drugs	1.3	0.7	0.1	0.5	96	72	10	13	73	102	107	27	2,289,947	167,375,770	174,515	22.3	1,749,342
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	37	27	2	8	55	68	53	33	154,748	8,506,778	22,005	2.8	230,134
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	87	86	0	1	111	115	48	22	94,957	10,515,715	12,148	1.6	120,519
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	37	29	2	6	55	106	75	15	1,124,460	61,299,498	166,168	21.2	1,665,147
Neuromuscular Agents	1.0	0.5	0.1	0.5	59	44	3	12	57	97	48	24	923,683	52,568,099	86,605	11.1	887,534
Nutritional Products	0.5	0.0	0.1	0.3	9	0	3	5	19	20	25	16	349,197	6,474,197	77,722	9.9	753,692
Hematological Agents	1.0	0.3	0.4	0.4	74	60	6	9	71	219	15	23	473,670	33,845,559	45,869	5.9	457,271
Topical Products	0.4	0.2	0.0	0.2	12	8	1	3	33	50	41	17	709,863	23,188,626	178,742	22.8	1,859,940
Miscellaneous Products	0.2	0.1	0.0	0.1	30	21	4	4	123	204	233	36	40,828	5,002,364	15,970	2.0	167,229
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	25	0	0	0	26,257	660,883	9,704	1.2	102,918
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.	13,147,923	695,108,083	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Pennsylvania, 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 Pennsylvania, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 PENNSYLVANIA, 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	\$81,419,406	10.6 %	83,130	0.7	\$126	\$94
ANTIDEPRESSANTS	66,556,370	19.8	155,349	0.7	63	42
ULCER DRUGS	56,207,192	14.1	110,770	0.6	83	49
ANTICONVULSANT	42,220,201	9.3	73,178	0.8	65	55
ANALGESICS - Narcotic	31,018,819	20.5	160,334	0.4	48	19
ANTIASTHMATIC	29,667,199	18.4	144,129	0.4	49	20
ANTIIDIABETIC	28,965,725	9.5	74,057	0.8	50	38
ANALGESICS - ANTI-INFLAMMATORY	24,650,308	13.3	103,868	0.4	64	23
ANTIHYPERLIPIDEMIC	23,299,392	5.1	39,589	0.7	80	55
ANTIHYPERTENSIVE	21,747,897	10.5	82,332	0.7	35	26
Total	405,752,509		1,026,736	n.a.	n.a.	n.a.

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