

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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
RHODE ISLAND, 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>	196,477 (A)	34,408 (E)	162,069 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	189,240 (B)	27,997 (F)	161,243 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	54,783 (C)	26,109 (G)	28,674 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	5,472 (D)	4,983 (H)	489 (L)

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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 Rhode Island in 2001 was \$18,685,209 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 0.6 percent were restricted benefit months without a pharmacy benefit in Rhode Island, 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>  
 RHODE ISLAND, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>54,783</b>	<b>13,873</b>	<b>28,225</b>	<b>4,636</b>	<b>7,964</b>	<b>85</b>	<b>495,965</b>	<b>144,911</b>	<b>312,871</b>	<b>6,166</b>	<b>31,521</b>	<b>496</b>		
<b>Age</b>														
5 and younger	3,627	0	610	0	3,015	2	12,511	0	5,861	0	6,637	13		
6-14	4,830	0	1,647	2	3,176	5	34,204	0	18,464	5	15,702	33		
15-20	3,464	0	1,318	455	1,683	8	23,868	0	14,576	671	8,571	50		
21-44	13,496	3	9,747	3,635	88	23	113,093	26	107,656	4,647	607	157		
45-64	11,928	9	11,341	529	2	47	126,316	68	125,220	781	4	243		
65-74	6,439	3,839	2,587	13	0	0	70,570	40,559	29,951	60	0	0		
75-84	6,197	5,411	784	2	0	0	66,467	57,503	8,962	2	0	0		
85 and older	4,802	4,611	191	0	0	0	48,936	46,755	2,181	0	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	31,934	10,631	14,662	2,803	3,759	79	294,549	111,929	164,042	3,753	14,377	448		
Male	22,849	3,242	13,563	1,833	4,205	6	201,416	32,982	148,829	2,413	17,144	48		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	32,276	9,316	18,610	1,418	2,877	55	327,139	98,485	209,314	2,019	17,021	300		
African American	4,080	454	2,563	324	733	6	37,871	4,796	28,331	450	4,255	39		
Other/unknown	18,427	4,103	7,052	2,894	4,354	24	130,955	41,630	75,226	3,697	10,245	157		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	5,472	3,789	1,683	0	0	0	61,378	41,482	19,896	0	0	0		
Part year	2,921	2,169	750	2	0	0	26,845	18,935	7,908	2	0	0		
None	46,390	7,915	25,792	4,634	7,964	85	407,742	84,494	285,067	6,164	31,521	496		
<b>Maintenance Assistance Status</b>														
Cash	29,531	5,038	21,670	1,128	1,695	0	304,600	56,092	244,915	1,478	2,115	0		
Medically needy	355	202	139	1	0	13	3,621	2,106	1,425	2	0	88		
Poverty-related	2,220	73	53	400	1,622	72	4,366	779	567	540	2,072	408		
Other/unknown	22,677	8,560	6,363	3,107	4,647	0	183,378	85,934	65,964	4,146	27,334	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	25,746	12,932	12,719	91	4	0	281,253	135,460	145,469	279	45	0		
Full dual, part year	363	241	119	3	0	0	3,910	2,589	1,301	20	0	0		
Non-dual, all year	28,674	700	15,387	4,542	7,960	85	210,802	6,862	166,101	5,867	31,476	496		
<b>Managed Care Status</b>														
FFS all year	45,061	13,869	28,102	461	2,545	84	481,883	144,905	312,407	877	23,203	491		
FFS part year, with Rx claims	1,372	3	73	579	716	1	3,167	4	321	952	1,885	5		
FFS part year, no Rx claims	8,350	1	50	3,596	4,703	0	10,915	2	143	4,337	6,433	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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>  
 RHODE ISLAND, 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	69.6 %	28.6	\$1,640	\$57	\$13,537	12.1 %	54,783
<b>Age</b>							
5 and younger	19.9	1.6	83	52	3,189	2.6	3,627
6-14	40.9	5.9	277	47	7,264	3.8	4,830
15-20	39.3	5.7	345	60	10,321	3.3	3,464
21-44	61.9	21.4	1,645	77	12,635	13.0	13,496
45-64	84.7	42.7	2,640	62	16,618	15.9	11,928
65-74	87.1	38.8	1,969	51	11,682	16.9	6,439
75-84	89.4	42.0	1,965	47	16,677	11.8	6,197
85 and older	92.7	42.6	1,761	41	23,296	7.6	4,802
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	88.8	39.5	1,802	46	17,316	10.4	13,873
Disabled	83.2	35.4	2,269	64	16,431	13.8	28,225
Adults	12.7	0.5	25	48	1,594	1.6	4,636
Children	21.1	1.9	80	43	3,693	2.2	7,964
Unknown	63.5	7.9	507	64	9,298	5.4	85
<b>Gender</b>							
Female	74.3	33.6	1,781	53	13,346	13.3	31,934
Male	63.0	21.5	1,443	67	13,804	10.5	22,849
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	79.7	36.8	2,103	57	17,962	11.7	32,276
African American	65.7	21.6	1,328	61	8,523	15.6	4,080
Other/unknown	52.7	15.8	898	57	6,895	13.0	18,427
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	92.2	54.6	2,670	49	65,067	4.1	5,472
Part year	94.6	46.8	2,291	49	27,348	8.4	2,921
None	65.4	24.4	1,477	61	6,589	22.4	46,390

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	77.2	31.6	1,912	60	11,738	16.3	29,531
Medically needy	88.7	48.3	2,761	57	29,024	9.5	355
Poverty related	14.7	1.1	56	51	1,323	4.2	2,220
Other/unknown	64.7	27.0	1,423	53	16,832	8.5	22,677

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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>  
 RHODE ISLAND, 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	3.2	\$181	12.1 %	30.4 %	20.2 %	10.4 %	22.3 %	13.7 %	2.9 %	\$1,495	54,783	495,965
<b>Age</b>												
5 and younger	0.5	24	2.6	80.1	14.9	2.4	2.0	0.4	0.1	925	3,627	12,511
6-14	0.8	39	3.8	59.1	27.0	6.7	6.2	0.7	0.2	1,026	4,830	34,204
15-20	0.8	50	3.3	60.7	24.7	6.7	6.5	1.0	0.3	1,498	3,464	23,868
21-44	2.6	196	13.0	38.1	23.6	9.8	17.7	8.7	2.1	1,508	13,496	113,093
45-64	4.0	249	15.9	15.3	18.2	11.7	28.7	20.7	5.4	1,569	11,928	126,316
65-74	3.5	180	16.9	12.9	20.7	14.0	30.0	18.6	3.9	1,066	6,439	70,570
75-84	3.9	183	11.8	10.6	16.5	13.2	33.2	22.6	4.0	1,555	6,197	66,467
85 and older	4.2	173	7.6	7.3	14.2	13.2	37.4	24.9	3.0	2,286	4,802	48,936
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.8	173	10.4	11.2	17.5	13.5	33.1	21.3	3.4	1,658	13,873	144,911
Disabled	3.2	205	13.8	16.8	25.4	12.2	25.8	16.0	3.9	1,482	28,225	312,871
Adults	0.4	19	1.6	87.3	6.2	3.0	2.8	0.6	0.1	1,199	4,636	6,166
Children	0.5	20	2.2	78.9	14.7	3.3	2.5	0.3	0.2	933	7,964	31,521
Unknown	1.4	87	5.4	36.5	40.0	11.8	8.2	1.2	2.4	1,593	85	496
<b>Gender</b>												
Female	3.6	193	13.3	25.7	17.9	11.0	24.9	16.8	3.7	1,447	31,934	294,549
Male	2.4	164	10.5	37.0	23.5	9.7	18.7	9.4	1.8	1,566	22,849	201,416
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.6	208	11.7	20.3	19.3	11.2	26.8	18.4	4.1	1,772	32,276	327,139
African American	2.3	143	15.6	34.3	26.3	10.2	18.1	9.3	1.8	918	4,080	37,871
Other/unknown	2.2	126	13.0	47.3	20.6	9.2	15.4	6.6	1.0	970	18,427	130,955
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	4.9	238	4.1	7.8	7.8	10.2	36.1	32.1	6.1	5,801	5,472	61,378
Part year	5.1	249	8.4	5.4	10.7	11.4	36.0	30.0	6.5	2,976	2,921	26,845
None	2.8	168	22.4	34.6	22.3	10.4	19.8	10.5	2.3	750	46,390	407,742

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			
<b>Maintenance Assistance Status</b>											
Cash	3.1	185	16.3	22.8	24.0	11.8	24.3	14.0	1,138	29,531	304,600
Medically needy	4.7	271	9.5	11.3	11.0	11.3	33.8	25.6	2,846	355	3,621
Poverty related	0.6	28	4.2	85.3	9.8	2.7	1.8	0.3	673	2,220	4,366
Other/unknown	3.3	176	8.5	35.3	16.5	9.4	21.4	14.5	2,081	22,677	183,378

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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>  
 RHODE ISLAND, 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	3.2	\$181	1.5	\$141	0.2	\$12	1.5	\$28
<b>Age</b>								
5 and younger	0.5	24	0.2	21	0.0	0	0.2	2
6-14	0.8	39	0.4	31	0.0	3	0.3	6
15-20	0.8	50	0.5	40	0.0	3	0.3	6
21-44	2.6	196	1.2	156	0.2	14	1.2	27
45-64	4.0	249	2.0	196	0.2	16	1.8	37
65-74	3.5	180	1.8	141	0.2	11	1.6	28
75-84	3.9	183	1.8	140	0.3	12	1.9	31
85 and older	4.2	173	1.7	129	0.3	13	2.1	32
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	3.8	173	1.7	132	0.3	11	1.8	29
Disabled	3.2	205	1.6	161	0.2	14	1.4	30
Adults	0.4	19	0.2	15	0.0	1	0.2	3
Children	0.5	20	0.3	16	0.0	1	0.2	3
Unknown	1.4	87	0.6	69	0.0	1	0.8	16
<b>Gender</b>								
Female	3.6	193	1.7	150	0.2	13	1.7	30
Male	2.4	164	1.2	129	0.1	10	1.1	24
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	3.6	208	1.7	161	0.2	15	1.7	32
African American	2.3	143	1.1	114	0.1	8	1.1	21
Other/unknown	2.2	126	1.1	102	0.1	6	1.0	18
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	4.9	238	2.1	181	0.4	17	2.4	40
Part year	5.1	249	2.2	192	0.4	16	2.5	41
None	2.8	168	1.4	132	0.1	11	1.2	25

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	3.1	185	1.5	145	0.2	12	1.4	28
Medically needy	4.7	271	2.2	210	0.4	21	2.2	40
Poverty related	0.6	28	0.3	23	0.0	1	0.3	4
Other/unknown	3.3	176	1.5	136	0.2	12	1.6	28

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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 Rhode Island, 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>  
 RHODE ISLAND, 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	0.2	0.0	0.1	\$29	\$27	\$0	\$2	\$92	\$143	\$101	\$13	76,849	21,640	39.5 %	242,535	
Biologics	0.5	0.4	0.0	0.0	732	682	0	50	1,540	1,566	0	1,262	96	26	0.0	202	
Antineoplastic Agents	0.5	0.3	0.1	0.1	98	72	16	10	187	229	193	79	5,728	1,029	1.9	10,902	
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	33	29	1	3	42	64	23	12	132,233	5,579,465	14,911	27.2	166,979
Cardiovascular Agents	1.4	0.6	0.1	0.7	53	36	3	14	38	61	39	19	330,063	12,478,744	21,287	38.9	236,785
Respiratory Agents	0.8	0.5	0.0	0.2	35	29	1	5	45	58	30	20	131,144	5,941,502	15,066	27.5	169,284
Gastrointestinal Agents	0.7	0.4	0.0	0.3	59	50	3	6	85	127	104	21	113,360	9,622,681	14,627	26.7	163,766
Genitourinary Agents	0.4	0.3	0.0	0.1	20	18	0	2	48	60	43	15	21,405	1,033,830	4,539	8.3	51,004
CNS Drugs	1.3	0.6	0.1	0.6	102	75	11	16	79	124	127	27	317,971	25,019,730	22,132	40.4	245,792
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	30	22	2	6	46	58	43	26	8,112	371,026	1,138	2.1	12,323
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	68	67	0	1	113	121	26	20	6,394	723,001	976	1.8	10,586
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	34	27	2	5	50	104	70	13	148,646	7,417,413	19,401	35.4	217,096
Neuromuscular Agents	1.0	0.4	0.1	0.5	55	44	3	8	58	106	49	17	125,319	7,216,741	11,636	21.2	131,827
Nutritional Products	0.6	0.0	0.1	0.4	11	1	4	6	20	26	29	16	24,566	489,622	4,158	7.6	44,479
Hematological Agents	0.6	0.1	0.1	0.3	36	28	3	5	56	187	20	15	36,648	2,064,431	5,228	9.5	57,293
Topical Products	0.4	0.2	0.0	0.2	15	11	1	3	36	52	39	17	80,597	2,877,297	16,804	30.7	190,170
Miscellaneous Products	0.3	0.1	0.0	0.1	42	30	7	5	160	206	220	62	4,042	648,513	1,390	2.5	15,426
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	25	0	0	0	3,086	77,774	1,184	2.2	13,480
<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.	1,566,259	89,836,832	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Rhode Island, 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 Rhode Island, 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>  
 RHODE ISLAND, 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	\$13,045,845	10,959	20.0 %	123,927	0.7	\$145
ANTIDEPRESSANTS	9,294,236	21,175	38.7	237,339	0.6	63
ULCER DRUGS	8,538,487	14,640	26.7	165,717	0.5	96
ANTICONVULSANT	6,359,922	10,776	19.7	122,679	0.8	67
ANTIHYPERLIPIDEMIC	4,178,370	7,505	13.7	86,438	0.6	75
ANTIVIRAL	3,902,860	2,117	3.9	24,118	0.5	355
ANTIDIABETIC	3,725,329	10,134	18.5	115,061	0.6	52
ANTIASTHMATIC	3,540,734	15,308	27.9	173,089	0.5	45
ANTIHYPERTENSIVE	3,535,889	13,242	24.2	149,256	0.6	42
ANALGESICS - Narcotic	3,390,359	17,756	32.4	200,489	0.4	44
Total	59,512,031	123,612		1,398,113	n.a.	n.a.

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