

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

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
TEXAS, 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	2,935,616 (A)	498,737 (E)	2,436,879 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	2,715,048 (B)	365,171 (F)	2,349,877 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	2,434,111 (C)	339,392 (G)	2,094,719 (K)
4. Benes who were all-year nursing facility residents ^f	61,621 (D)	57,294 (H)	4,327 (L)

Source: Data for this table are from the MAX 2001 file for Texas, 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 Texas in 2001 was \$1,360,566,731, of which \$119,685,857 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 1.0 percent were restricted benefit months without a pharmacy benefit in Texas, 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}
 TEXAS, 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	2,434,111	253,565	305,059	386,950	1,488,537	0		18,051,108	2,680,617	3,124,274	2,144,279	10,101,938	0	
Age														
5 and younger	749,801	2	12,924	4	736,871	0		4,886,807	9	122,579	19	4,764,200	0	
6-14	617,387	0	30,303	458	586,626	0		4,516,028	0	322,195	2,061	4,191,772	0	
15-20	260,975	0	22,494	73,549	164,932	0		1,754,685	0	234,573	374,729	1,145,383	0	
21-44	395,499	7	104,981	290,415	96	0		2,696,374	66	1,082,643	1,613,152	513	0	
45-64	154,998	88	132,476	22,428	6	0		1,497,632	460	1,343,502	153,641	29	0	
65-74	100,405	98,933	1,391	80	1	0		1,082,960	1,068,956	13,414	578	12	0	
75-84	90,241	89,880	352	9	0	0		968,986	964,986	3,927	73	0	0	
85 and older	64,805	64,655	138	7	5	0		647,636	646,140	1,441	26	29	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Gender														
Female	1,418,945	180,469	156,667	351,042	730,767	0		10,445,162	1,921,808	1,623,338	1,934,532	4,965,484	0	
Male	1,015,163	73,096	148,392	35,908	757,767	0		7,605,939	758,809	1,500,936	209,747	5,136,447	0	
Unknown	3	0	0	0	3	0		7	0	0	0	7	0	
Race														
White	657,454	124,642	124,704	111,206	296,902	0		5,109,084	1,285,812	1,299,282	583,858	1,940,132	0	
African American	454,657	34,949	70,957	76,163	272,588	0		3,205,868	372,724	714,590	398,086	1,720,468	0	
Other/unknown	1,322,000	93,974	109,398	199,581	919,047	0		9,736,156	1,022,081	1,110,402	1,162,335	6,441,338	0	
Use of Nursing Facilities^c														
Entire year	61,621	54,431	7,188	1	1	0		619,810	542,385	77,410	3	12	0	
Part year	30,185	25,112	5,043	23	7	0		291,570	240,819	50,488	190	73	0	
None	2,342,305	174,022	292,828	386,926	1,488,529	0		17,139,728	1,897,413	2,996,376	2,144,086	10,101,853	0	
Maintenance Assistance Status														
Cash	858,153	156,310	274,557	130,908	296,378	0		7,537,840	1,728,131	2,793,609	805,239	2,210,861	0	
Medically needy	50,037	0	0	49,460	577	0		291,882	0	0	289,516	2,366	0	
Poverty-related	1,149,084	1,269	1,220	164,652	981,923	0		7,074,650	13,553	11,855	711,177	6,338,065	0	
Other/unknown	376,837	95,966	29,282	41,930	209,659	0		3,146,736	938,933	318,810	338,347	1,550,646	0	
Dual Medicare Status^d														
Full dual, all year	331,565	243,805	86,448	1,284	28	0		3,532,302	2,585,326	937,904	8,839	233	0	
Full dual, part year	7,827	5,617	2,197	13	0	0		79,285	56,875	22,280	130	0	0	
Non-dual, all year	2,094,719	4,143	216,414	385,653	1,488,509	0		14,439,521	38,416	2,164,090	2,135,310	10,101,705	0	
Managed Care Status														
FFS all year	1,914,099	249,603	287,462	286,700	1,090,334	0		16,434,660	2,664,934	3,042,671	1,872,598	8,854,457	0	
FFS part year, with Rx claims	356,948	3,447	15,075	78,720	259,706	0		1,130,036	13,750	70,114	217,746	828,426	0	
FFS part year, no Rx claims	163,064	515	2,522	21,530	138,497	0		486,412	1,933	11,489	53,935	419,055	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Texas, 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}
 TEXAS, 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	71.3 %	9.6	\$510	\$53	\$3,792	13.4 %	2,434,111
Age							
5 and younger	71.6	5.8	149	26	1,965	7.6	749,801
6-14	62.5	4.6	224	49	1,286	17.4	617,387
15-20	64.7	4.8	264	55	2,272	11.6	260,975
21-44	73.2	8.0	554	69	4,722	11.7	395,499
45-64	80.2	21.8	1,599	73	10,387	15.4	154,998
65-74	87.2	26.0	1,622	62	7,684	21.1	100,405
75-84	91.1	34.6	1,877	54	11,543	16.3	90,241
85 and older	94.0	41.5	1,898	46	16,635	11.4	64,805
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	90.3	33.0	1,782	54	11,319	15.7	253,565
Disabled	78.8	18.8	1,535	82	11,311	13.6	305,059
Adults	72.8	5.4	223	41	2,327	9.6	386,950
Children	66.2	4.9	158	32	1,349	11.7	1,488,537
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	73.8	10.7	547	51	3,960	13.8	1,418,945
Male	67.9	8.2	458	56	3,556	12.9	1,015,163
Unknown	33.3	0.3	10	29	707	1.4	3
Race							
White	75.0	15.3	879	57	6,342	13.9	657,454
African American	65.1	8.0	428	54	3,438	12.4	454,657
Other/unknown	71.7	7.4	355	48	2,645	13.4	1,322,000
Use of Nursing Facilities^d							
Entire year	97.8	65.1	3,108	48	25,323	12.3	61,621
Part year	95.6	48.6	2,457	51	21,844	11.2	30,185
None	70.3	7.7	416	54	2,992	13.9	2,342,305

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	75.5	11.9	798	67	4,725	16.9	858,153
Medically needy	64.4	5.5	293	54	2,761	10.6	50,037
Poverty related	66.0	4.4	140	32	1,273	11.0	1,149,084
Other/unknown	78.8	20.8	1,010	49	9,483	10.7	376,837

Source: Data for this table are from the MAX 2001 file for Texas, 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}
 TEXAS, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.3	\$69	13.4 %	28.7 %	44.7 %	11.7 %	10.1 %	3.4 %	1.5 %	\$511	2,434,111	18,051,108
Age												
5 and younger	0.9	23	7.6	28.4	50.5	10.8	7.2	2.0	1.1	302	749,801	4,886,807
6-14	0.6	31	17.4	37.5	48.9	6.8	5.0	1.3	0.6	176	617,387	4,516,028
15-20	0.7	39	11.6	35.3	48.5	7.6	6.0	1.9	0.7	338	260,975	1,754,685
21-44	1.2	81	11.7	26.8	45.6	13.2	9.9	2.8	1.7	693	395,499	2,696,374
45-64	2.3	165	15.4	19.8	26.7	22.1	23.1	5.2	3.2	1,075	154,998	1,497,632
65-74	2.4	150	21.1	12.8	28.0	24.6	24.1	7.3	3.1	712	100,405	1,082,960
75-84	3.2	175	16.3	8.9	22.4	21.5	27.4	15.0	4.7	1,075	90,241	968,986
85 and older	4.2	190	11.4	6.0	15.7	15.9	32.8	24.4	5.1	1,665	64,805	647,636
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	3.1	169	15.7	9.7	22.9	21.3	27.5	14.4	4.2	1,071	253,565	2,680,617
Disabled	1.8	150	13.6	21.2	34.2	19.0	19.1	4.2	2.3	1,105	305,059	3,124,274
Adults	1.0	40	9.6	27.2	48.9	11.4	8.0	2.8	1.6	420	386,950	2,144,279
Children	0.7	23	11.7	33.8	49.4	8.6	5.8	1.6	0.8	199	1,488,537	10,101,938
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	74	13.8	26.2	44.6	12.3	11.2	4.0	1.7	538	1,418,945	10,445,162
Male	1.1	61	12.9	32.1	44.8	10.7	8.6	2.7	1.1	475	1,015,163	7,605,939
Unknown	0.1	4	1.4	66.7	33.3	0.0	0.0	0.0	0.0	303	3	7
Race												
White	2.0	113	13.9	25.0	38.9	13.1	14.3	6.3	2.5	816	657,454	5,109,084
African American	1.1	61	12.4	34.9	40.2	10.1	9.7	3.4	1.7	488	454,657	3,205,868
Other/unknown	1.0	48	13.4	28.3	49.1	11.5	8.1	2.1	0.9	359	1,322,000	9,736,156
Use of Nursing Facilities^d												
Entire year	6.5	309	12.3	2.2	4.8	6.9	31.9	41.2	13.0	2,518	61,621	619,810
Part year	5.0	254	11.2	4.4	10.4	12.0	35.8	29.6	7.7	2,262	30,185	291,570
None	1.0	57	13.9	29.7	46.2	11.8	9.2	2.1	1.1	409	2,342,305	17,139,728

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	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	1.4	91	16.9	24.5	41.8	16.1	13.8	2.4	538	858,153	7,537,840
Medically needy	0.9	50	10.6	35.6	42.8	14.3	6.6	0.5	473	50,037	291,882
Poverty related	0.7	23	11.0	34.0	48.4	8.7	6.1	1.9	207	1,149,084	7,074,650
Other/unknown	2.5	121	10.7	21.2	40.1	10.2	14.3	10.8	1,136	376,837	3,146,736

Source: Data for this table are from the MAX 2001 file for Texas, 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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 TEXAS, 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	1.3	\$69	0.6	\$54	0.1	\$5	0.6	\$10
Age								
5 and younger	0.9	23	0.3	15	0.1	2	0.5	5
6-14	0.6	31	0.3	24	0.1	2	0.3	4
15-20	0.7	39	0.3	32	0.1	3	0.3	5
21-44	1.2	81	0.5	65	0.1	7	0.6	10
45-64	2.3	165	1.1	134	0.2	12	1.0	20
65-74	2.4	150	1.3	122	0.2	10	1.0	19
75-84	3.2	175	1.6	137	0.3	13	1.4	25
85 and older	4.2	190	1.8	141	0.4	18	1.9	31
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.1	169	1.5	132	0.3	13	1.3	24
Disabled	1.8	150	0.9	122	0.1	11	0.8	17
Adults	1.0	40	0.4	31	0.1	3	0.5	7
Children	0.7	23	0.3	17	0.1	2	0.3	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	74	0.7	58	0.1	6	0.7	11
Male	1.1	61	0.5	48	0.1	4	0.5	9
Unknown	0.1	4	0.1	4	0.0	0	0.0	0
Race								
White	2.0	113	0.9	88	0.2	9	0.9	16
African American	1.1	61	0.5	48	0.1	4	0.5	9
Other/unknown	1.0	48	0.5	38	0.1	4	0.5	7
Use of Nursing Facilities^e								
Entire year	6.5	309	2.8	232	0.6	27	3.0	50
Part year	5.0	254	2.2	193	0.5	21	2.3	40
None	1.0	57	0.5	45	0.1	4	0.5	8

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	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	1.4	91	0.7	67	0.1	7	0.6	11
Medically needy	0.9	50	0.4	54	0.1	3	0.5	7
Poverty related	0.7	23	0.3	32	0.1	2	0.4	5
Other/unknown	2.5	121	1.1	49	0.2	10	1.2	18

Source: Data for this table are from the MAX 2001 file for Texas, 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 Texas, 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_mdmb.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}
 TEXAS, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic					
Anti-infective Agents	0.3	0.2	0.0	\$13	\$12	\$0	\$44	\$69	\$48	3,155,780	\$139,037,672	1,206,726	49.6%	10,345,268
Biologics	0.7	0.1	0.1	1,860	366	281	2,496	5,138	1,901	418	1,043,362	51	0.0	561
Antineoplastic Agents	0.4	0.1	0.1	85	46	26	198	356	189	102,632	20,337,305	23,779	1.0	238,976
Endocrine/Metabolic Drugs	0.5	0.3	0.1	26	22	2	56	83	27	1,769,738	98,766,548	399,184	16.4	3,785,593
Cardiovascular Agents	1.0	0.4	0.1	44	32	3	44	75	39	3,311,927	146,992,011	318,229	13.1	3,357,918
Respiratory Agents	0.4	0.2	0.1	16	12	1	36	61	25	3,968,493	142,330,000	1,055,234	43.4	9,101,130
Gastrointestinal Agents	0.5	0.2	0.0	34	28	2	74	116	94	1,251,843	92,856,713	279,255	11.5	2,771,071
Genitourinary Agents	0.3	0.2	0.0	15	13	0	49	59	39	348,034	16,988,107	135,389	5.6	1,168,320
CNS Drugs	0.8	0.4	0.0	66	54	6	88	137	138	2,567,862	224,988,133	341,806	14.0	3,401,393
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	34	28	2	70	82	57	223,397	15,535,965	47,356	1.9	450,550
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	67	66	0	122	130	62	125,243	15,334,986	21,764	0.9	228,607
Analgesics and Anesthetics	0.4	0.1	0.0	16	11	1	44	119	41	2,472,131	108,953,404	760,069	31.2	6,898,727
Neuromuscular Agents	0.6	0.3	0.1	42	32	4	68	126	52	1,144,255	77,595,372	178,658	7.3	1,826,448
Nutritional Products	0.3	0.0	0.1	6	1	2	19	24	26	694,205	12,896,860	268,581	11.0	2,202,714
Hematological Agents	0.5	0.2	0.1	62	52	3	132	283	27	481,921	63,679,182	108,405	4.5	1,035,342
Topical Products	0.3	0.1	0.0	9	6	1	32	50	39	1,777,345	55,998,580	725,326	29.8	6,489,522
Miscellaneous Products	0.3	0.1	0.0	80	56	15	240	530	369	26,143	6,285,872	7,564	0.3	78,167
Unknown Therapeutic Category	0.2	0.0	0.0	5	0	0	30	0	0	41,606	1,260,802	25,092	1.0	245,262
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	23,462,973	1,240,880,874	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Texas, 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 Texas, 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}
 TEXAS, 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
ANTIPTYCHOTICS	\$118,298,222	115,189	4.7 %	1,253,826	0.5	\$181
ULCER DRUGS	75,749,590	235,972	9.7	2,494,179	0.4	86
ANTIDEPRESSANTS	74,589,041	221,618	9.1	2,353,576	0.4	75
ANALGESICS - ANTI-INFLAMMATORY	63,744,033	511,595	21.0	5,255,200	0.2	55
ANTICONVULSANT	61,568,972	116,191	4.8	1,279,376	0.6	84
ANTIIDIABETIC	60,599,238	174,538	7.2	1,925,265	0.4	72
ANTIASTHMATIC	48,437,135	416,559	17.1	4,146,823	0.2	48
ANTIHYPERTENSIVE	42,533,113	197,119	8.1	2,176,091	0.4	45
ANTIHYPERLIPIDEMIC	41,584,435	88,286	3.6	997,251	0.4	112
MISC. HEMATOLOGICAL	37,032,365	42,901	1.8	472,950	0.4	182
Total	624,136,144	2,119,968		22,354,537	n.a.	n.a.

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