

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

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
VIRGINIA, 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	700,787 (A)	150,275 (E)	550,512 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	658,616 (B)	107,209 (F)	551,407 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	526,719 (C)	106,328 (G)	420,391 (K)
4. Benes who were all-year nursing facility residents ^f	17,027 (D)	15,591 (H)	1,436 (L)

Source: Data for this table are from the MAX 2001 file for Virginia, 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 Virginia in 2001 was \$426,318,359, of which \$361,990 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/mrcer01.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 5.2 percent were restricted benefit months without a pharmacy benefit in Virginia, 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}
 VIRGINIA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	526,719	72,858	100,947	71,888	281,022	4	3,985,851	746,339	951,426	378,910	1,909,150	26		
Age														
5 and younger	125,837	0	2,685	0	123,152	0	811,107	0	18,781	0	792,326	0		
6-14	127,018	1	8,229	527	118,261	0	901,846	1	64,076	3,366	834,403	0		
15-20	55,867	1	5,709	10,742	39,415	0	380,096	5	46,769	52,067	281,255	0		
21-44	95,612	0	37,635	57,818	156	3	672,246	0	364,901	306,442	888	15		
45-64	46,784	68	43,922	2,792	1	1	445,052	446	427,605	16,987	3	11		
65-74	29,168	26,605	2,554	9	0	0	305,420	278,365	27,007	48	0	0		
75-84	27,694	27,524	170	0	0	0	287,069	285,194	1,875	0	0	0		
85 and older	18,703	18,659	43	0	1	0	182,744	182,328	412	0	4	0		
Unknown	36	0	0	0	36	0	271	0	0	0	271	0		
Gender														
Female	314,986	53,958	53,594	66,837	140,593	4	2,372,595	558,443	511,816	350,545	951,765	26		
Male	211,733	18,900	47,353	5,051	140,429	0	1,613,256	187,896	439,610	28,365	957,385	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	265,635	40,034	61,129	35,781	128,690	1	2,177,801	403,325	609,311	206,889	958,265	11		
African American	215,579	24,721	36,808	32,886	121,162	2	1,457,640	257,709	314,540	156,028	729,360	3		
Other/unknown	45,505	8,103	3,010	3,221	31,170	1	350,410	85,305	27,575	15,993	221,525	12		
Use of Nursing Facilities^c														
Entire year	17,027	14,775	2,242	0	10	0	173,259	148,279	24,896	0	84	0		
Part year	9,675	8,071	1,586	6	12	0	88,880	73,704	15,055	39	82	0		
None	500,017	50,012	97,119	71,882	281,000	4	3,723,712	524,356	911,475	378,871	1,908,984	26		
Maintenance Assistance Status														
Cash	120,530	37,561	81,352	515	1,102	0	1,194,269	414,539	770,327	2,695	6,708	0		
Medically needy	9,676	4,258	4,987	68	363	0	74,174	37,732	34,376	276	1,790	0		
Poverty-related	273,662	5,538	5,371	29,451	233,299	3	1,823,243	55,475	49,203	135,222	1,583,318	25		
Other/unknown	122,851	25,501	9,237	41,854	46,258	1	894,165	238,593	97,520	240,717	317,334	1		
Dual Medicare Status^d														
Full dual, all year	96,564	59,582	36,517	445	20	0	1,005,554	611,345	391,168	2,870	171	0		
Full dual, part year	9,764	5,739	4,018	7	0	0	106,252	62,501	43,674	77	0	0		
Non-dual, all year	420,391	7,537	60,412	71,436	281,002	4	2,874,045	72,493	516,584	375,963	1,908,979	26		
Managed Care Status														
FFS all year	343,076	69,984	77,671	39,312	156,106	3	2,884,652	719,731	786,146	221,750	1,157,001	24		
FFS part year, with Rx claims	98,574	2,493	17,433	20,506	58,142	0	724,950	23,893	138,235	114,264	448,558	0		
FFS part year, no Rx claims	85,069	381	5,843	12,070	66,774	1	376,249	2,715	27,045	42,896	303,591	2		

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 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	62.9 %	14.8	\$909	\$55	\$4,659	17.4 %	526,719
Age							
5 and younger	53.8	2.8	123	44	1,694	7.3	125,837
6-14	48.9	3.5	224	64	1,331	16.9	127,018
15-20	55.2	4.8	330	69	2,514	13.1	55,867
21-44	68.3	14.5	989	68	6,166	16.0	95,612
45-64	82.4	41.8	2,465	59	11,247	21.9	46,784
65-74	86.0	41.7	2,038	49	8,082	25.2	29,168
75-84	89.4	46.6	2,125	46	10,798	19.7	27,694
85 and older	91.8	46.2	1,892	41	15,005	12.6	18,703
Unknown	19.4	2.2	122	56	1,017	12.0	36
Basis of Eligibility^c							
Aged	88.6	44.5	2,017	45	10,895	18.5	72,858
Disabled	79.0	32.8	2,212	67	11,324	19.5	100,947
Adults	61.6	5.4	232	43	2,118	10.9	71,888
Children	50.9	3.0	139	46	1,298	10.7	281,022
Unknown	50.0	19.5	524	27	8,278	6.3	4
Gender							
Female	65.5	17.0	856	50	4,707	18.2	314,986
Male	59.1	11.5	739	64	4,588	16.1	211,733
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	71.2	19.5	1,061	54	5,584	19.0	265,635
African American	53.6	10.3	555	54	3,982	13.9	215,579
Other/unknown	59.0	8.5	539	63	2,466	21.8	45,505
Use of Nursing Facilities^d							
Entire year	97.1	68.2	2,969	44	28,722	10.3	17,027
Part year	96.9	57.0	2,580	45	20,335	12.7	9,675
None	61.1	12.2	701	58	3,536	19.8	500,017

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	83.6	35.8	2,137	60	8,088	26.4	120,530
Medically needy	66.9	23.8	1,420	60	8,533	16.6	9,676
Poverty related	52.1	3.4	143	42	1,208	11.8	273,662
Other/unknown	66.5	18.9	941	50	8,677	10.8	122,851

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos		
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			More than 10	
All	2.0	\$107	17.4 %	37.1 %	36.6 %	7.2 %	10.5 %	6.8 %	1.9 %	\$616	526,719	3,985,851
Age												
5 and younger	0.4	19	7.3	46.2	48.1	4.1	1.5	0.1	0.0	263	125,837	811,107
6-14	0.5	32	16.9	51.1	41.2	4.5	2.8	0.4	0.0	188	127,018	901,846
15-20	0.7	48	13.1	44.8	43.7	6.3	4.3	0.8	0.1	370	55,867	380,096
21-44	2.1	141	16.0	31.7	36.9	10.2	13.6	6.3	1.3	877	95,612	672,246
45-64	4.4	259	21.9	17.6	17.0	10.5	25.9	21.7	7.3	1,182	46,784	445,052
65-74	4.0	195	25.2	14.0	19.1	12.1	27.9	20.7	6.1	772	29,168	305,420
75-84	4.5	205	19.7	10.6	15.3	11.1	30.0	25.3	7.6	1,042	27,694	287,069
85 and older	4.7	194	12.6	8.2	12.2	10.8	32.8	28.6	7.3	1,536	18,703	182,744
Unknown	0.3	16	12.0	80.6	16.7	0.0	2.8	0.0	0.0	135	36	271
Basis of Eligibility^c												
Aged	4.3	197	18.5	11.4	16.1	11.4	29.8	24.2	7.0	1,064	72,858	746,339
Disabled	3.5	235	19.5	21.0	23.8	11.4	23.1	15.9	4.7	1,202	100,947	951,426
Adults	1.0	44	10.9	38.4	44.2	8.5	6.7	1.9	0.2	402	71,888	378,910
Children	0.4	20	10.7	49.1	44.5	4.2	2.0	0.2	0.0	191	281,022	1,909,150
Unknown	3.0	81	6.3	50.0	25.0	0.0	0.0	25.0	0.0	1,274	4	26
Gender												
Female	2.3	114	18.2	34.5	35.9	7.5	11.7	8.1	2.4	625	314,986	2,372,595
Male	1.5	97	16.1	40.9	37.6	6.7	8.9	4.8	1.2	602	211,733	1,613,256
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	129	19.0	28.8	38.4	8.1	12.6	9.1	3.0	681	265,635	2,177,801
African American	1.5	82	13.9	46.4	33.3	6.1	8.6	4.7	0.9	589	215,579	1,457,640
Other/unknown	1.1	70	21.8	41.0	41.6	6.7	7.7	2.5	0.3	320	45,505	350,410
Use of Nursing Facilities^d												
Entire year	6.7	292	10.3	2.9	5.4	6.7	29.1	38.3	17.5	2,823	17,027	173,259
Part year	6.2	281	12.7	3.1	7.4	8.3	31.9	35.9	13.4	2,214	9,675	88,880
None	1.6	94	19.8	38.9	38.2	7.2	9.5	5.1	1.2	475	500,017	3,723,712

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 5, but 10 or Less					
							More than 2, but 5 or Less	More than 10				
Maintenance												
Assistance Status												
Cash	3.6	216	26.4	16.4	23.1	12.3	26.4	17.5	4.4	816	120,530	1,194,269
Medically needy	3.1	185	16.6	33.1	20.2	10.0	19.5	13.2	4.2	1,113	9,676	74,174
Poverty related	0.5	21	11.8	47.9	44.6	4.7	2.4	0.4	0.1	181	273,662	1,823,243
Other/unknown	2.6	129	10.8	33.5	33.3	7.5	12.5	9.9	3.4	1,192	122,851	894,165

Source: Data for this table are from the MAX 2001 file for Virginia, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 VIRGINIA, 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	2.0	\$107	0.9	\$81	0.1	\$92	0.9	\$18
Age								
5 and younger	0.4	19	0.2	15	0.0	85	0.2	3
6-14	0.5	32	0.3	26	0.0	100	0.2	4
15-20	0.7	48	0.3	38	0.0	109	0.3	7
21-44	2.1	141	0.9	108	0.2	118	1.0	20
45-64	4.4	259	2.0	196	0.3	96	2.0	42
65-74	4.0	195	1.8	145	0.3	78	1.8	36
75-84	4.5	205	2.0	149	0.4	76	2.1	40
85 and older	4.7	194	1.9	134	0.4	71	2.3	41
Unknown	0.3	16	0.1	15	0.0	108	0.1	1
Basis of Eligibility^d								
Aged	4.3	197	1.9	143	0.3	76	2.1	38
Disabled	3.5	235	1.6	181	0.3	112	1.6	35
Adults	1.0	44	0.4	33	0.1	78	0.5	8
Children	0.4	20	0.2	16	0.0	76	0.2	3
Unknown	3.0	81	0.9	48	0.3	52	1.8	21
Gender								
Female	2.3	114	1.0	85	0.2	83	1.1	20
Male	1.5	97	0.7	74	0.1	110	0.7	15
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.4	129	1.1	96	0.2	91	1.1	22
African American	1.5	82	0.7	63	0.1	92	0.7	14
Other/unknown	1.1	70	0.6	57	0.1	102	0.5	9
Use of Nursing Facilities^e								
Entire year	6.7	292	2.7	203	0.6	76	3.3	59
Part year	6.2	281	2.6	201	0.6	78	3.0	54
None	1.6	94	0.8	72	0.1	95	0.8	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	3.6	216	1.7	164	0.3	16	1.7	35
Medically needy	3.1	185	1.4	141	0.2	14	1.4	29
Poverty related	0.5	21	0.2	16	0.0	1	0.2	4
Other/unknown	2.6	129	1.1	95	0.2	10	1.2	23

Source: Data for this table are from the MAX 2001 file for Virginia, 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 Virginia, 1.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 5

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 VIRGINIA, 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	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.1	\$16	\$15	\$0	\$2	\$55	\$88	\$74	\$13	599,095	208,692	39.6 %	2,000,648
Biologics	0.4	0.4	0.0	0.0	495	414	38	43	1209	1,092	2,603	2,731	3,190	1,055	0.2	7,799
Antineoplastic Agents	0.5	0.2	0.1	0.2	96	62	22	12	189	319	159	69	31,229	6,170	1.2	61,562
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	29	24	1	3	42	62	26	14	640,166	26,926,918	17.8	938,751
Cardiovascular Agents	1.5	0.6	0.1	0.8	54	35	3	15	36	58	37	19	1,519,351	54,806,577	18.6	1,021,040
Respiratory Agents	0.5	0.3	0.0	0.2	24	18	1	5	44	63	28	21	873,038	38,179,982	31.5	1,616,353
Gastrointestinal Agents	0.7	0.4	0.0	0.3	56	46	3	7	84	128	95	26	558,298	46,705,882	15.2	827,848
Genitourinary Agents	0.4	0.3	0.0	0.1	17	16	0	2	49	60	35	17	111,926	5,444,169	6.1	311,136
CNS Drugs	1.1	0.5	0.1	0.5	82	61	10	11	75	120	117	22	1,180,961	87,990,330	20.1	1,074,321
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	35	26	2	7	60	74	52	35	82,268	4,896,546	2.9	139,208
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	60	57	0	3	114	123	77	50	37,555	4,299,453	1.3	71,837
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	30	21	3	6	47	102	75	15	780,667	36,741,534	23.6	1,234,511
Neuromuscular Agents	0.8	0.3	0.1	0.4	51	37	4	9	60	108	46	23	487,658	29,229,220	10.5	574,305
Nutritional Products	0.5	0.0	0.1	0.3	9	1	4	5	18	21	26	15	214,213	3,882,248	9.1	452,753
Hematological Agents	0.7	0.2	0.1	0.3	86	74	3	9	126	358	21	26	197,641	24,903,045	5.5	291,064
Topical Products	0.3	0.1	0.0	0.1	11	8	1	3	36	55	41	17	392,383	14,130,718	23.7	1,239,210
Miscellaneous Products	0.5	0.2	0.1	0.2	96	66	17	13	206	378	276	56	17,261	3,548,545	0.7	36,957
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	25	0	0	0	67,815	1,676,513	3.2	180,520
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.	7,794,715	425,956,369	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Virginia, 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 Virginia, 1.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 VIRGINIA, 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	\$45,463,639	43,536	8.3 %	456,558	0.7	\$144		\$100
ULCER DRUGS	40,858,896	78,928	15.0	830,345	0.5	100		49
ANTIDEPRESSANTS	31,559,577	84,077	16.0	862,971	0.5	67		37
ANTICONVULSANT	23,908,361	43,290	8.2	452,145	0.7	72		53
ANTIASTHMATIC	18,782,271	107,457	20.4	1,070,130	0.4	49		18
ANTIIDIABETIC	17,804,662	48,979	9.3	518,793	0.6	54		34
ANALGESICS - Narcotic	17,775,214	128,477	24.4	1,301,621	0.3	39		14
MISC. HEMATOLOGICAL	17,214,169	10,047	1.9	107,344	0.6	284		160
ANALGESICS - ANTI-INFLAMMATORY	16,241,834	81,026	15.4	844,739	0.3	62		19
ANTIHYPERTENSIVE	15,920,333	63,816	12.1	675,334	0.6	38		24
Total	245,528,956	689,633		7,119,980	n.a.	n.a.		n.a.

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