

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

## 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  
WASHINGTON, 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>	1,038,000 (A)	117,281 (E)	920,719 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	1,024,132 (B)	103,684 (F)	920,448 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	751,649 (C)	103,511 (G)	648,138 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	13,116 (D)	12,195 (H)	921 (L)

Source: Data for this table are from the MAX 2001 file for Washington, 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 Washington in 2001 was \$482,552,120, of which \$18,765,313 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 3.2 percent were restricted benefit months without a pharmacy benefit in Washington, 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>  
 WASHINGTON, 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	
<b>All</b>	<b>751,649</b>	<b>69,898</b>	<b>132,473</b>	<b>192,809</b>	<b>356,469</b>	<b>0</b>	<b>4,947,394</b>	<b>705,676</b>	<b>1,361,548</b>	<b>1,007,559</b>	<b>1,872,611</b>	<b>0</b>	<b>4,947,394</b>	<b>705,676</b>	<b>1,361,548</b>	<b>1,007,559</b>	<b>1,872,611</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	151,034	1	3,804	7	147,222	0	738,767	12	37,244	28	701,483	0	738,767	12	37,244	28	701,483	0	0
6-14	160,301	3	9,557	217	150,524	0	951,774	29	103,697	768	847,280	0	951,774	29	103,697	768	847,280	0	0
15-20	98,033	5	6,967	32,380	58,681	0	556,801	33	71,159	162,076	323,533	0	556,801	33	71,159	162,076	323,533	0	0
21-44	204,052	7	52,091	151,912	42	0	1,336,245	42	531,089	804,799	315	0	1,336,245	42	531,089	804,799	315	0	0
45-64	68,165	237	59,687	8,241	0	0	657,212	2,418	615,184	39,610	0	0	657,212	2,418	615,184	39,610	0	0	0
65-74	27,576	27,184	350	42	0	0	288,490	285,286	2,974	230	0	0	288,490	285,286	2,974	230	0	0	0
75-84	24,117	24,098	13	6	0	0	242,955	242,769	153	33	0	0	242,955	242,769	153	33	0	0	0
85 and older	18,371	18,363	4	4	0	0	175,150	175,087	48	15	0	0	175,150	175,087	48	15	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																			
Female	458,632	48,848	67,354	165,020	177,410	0	3,029,985	498,531	705,049	890,968	935,437	0	3,029,985	498,531	705,049	890,968	935,437	0	0
Male	292,989	21,046	65,101	27,789	179,053	0	1,917,142	207,097	656,307	116,591	937,147	0	1,917,142	207,097	656,307	116,591	937,147	0	0
Unknown	28	4	18	0	6	0	267	48	192	0	27	0	267	48	192	0	27	0	0
<b>Race</b>																			
White	492,154	52,018	103,479	107,762	228,895	0	3,300,532	518,904	1,070,265	547,959	1,163,404	0	3,300,532	518,904	1,070,265	547,959	1,163,404	0	0
African American	44,426	2,170	10,140	10,640	21,476	0	264,830	22,272	100,170	45,255	97,133	0	264,830	22,272	100,170	45,255	97,133	0	0
Other/unknown	215,069	15,710	18,854	74,407	106,098	0	1,382,032	164,500	191,113	414,345	612,074	0	1,382,032	164,500	191,113	414,345	612,074	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	13,116	11,546	1,567	2	1	0	127,336	111,417	15,894	13	12	0	127,336	111,417	15,894	13	12	0	0
Part year	9,129	6,847	2,243	34	5	0	83,553	61,334	22,002	184	33	0	83,553	61,334	22,002	184	33	0	0
None	729,404	51,505	128,663	192,773	356,463	0	4,736,505	532,925	1,323,652	1,007,362	1,872,566	0	4,736,505	532,925	1,323,652	1,007,362	1,872,566	0	0
<b>Maintenance Assistance Status</b>																			
Cash	222,555	27,451	102,908	34,792	57,404	0	1,805,558	301,884	1,049,971	158,642	295,061	0	1,805,558	301,884	1,049,971	158,642	295,061	0	0
Medically needy	14,149	6,092	7,937	52	68	0	126,781	54,519	71,701	204	357	0	126,781	54,519	71,701	204	357	0	0
Poverty-related	229,917	1,569	1,999	63,835	162,514	0	1,274,562	15,648	21,073	406,347	831,494	0	1,274,562	15,648	21,073	406,347	831,494	0	0
Other/unknown	285,028	34,786	19,629	94,130	136,483	0	1,740,493	333,625	218,803	442,366	745,699	0	1,740,493	333,625	218,803	442,366	745,699	0	0
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	96,942	57,688	38,683	556	15	0	996,232	578,472	413,863	3,763	134	0	996,232	578,472	413,863	3,763	134	0	0
Full dual, part year	6,569	2,862	3,688	19	0	0	71,812	30,929	40,681	202	0	0	71,812	30,929	40,681	202	0	0	0
Non-dual, all year	648,138	9,348	90,102	192,234	356,454	0	3,879,350	96,275	907,004	1,003,594	1,872,477	0	3,879,350	96,275	907,004	1,003,594	1,872,477	0	0
<b>Managed Care Status</b>																			
FFS all year	429,175	69,800	129,226	113,797	116,352	0	3,610,064	705,100	1,341,631	664,160	899,173	0	3,610,064	705,100	1,341,631	664,160	899,173	0	0
FFS part year, with Rx claims	107,866	46	2,732	39,946	65,142	0	617,012	294	17,338	200,064	399,316	0	617,012	294	17,338	200,064	399,316	0	0
FFS part year, no Rx claims	214,608	52	515	39,066	174,975	0	720,318	282	2,579	143,335	574,122	0	720,318	282	2,579	143,335	574,122	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Washington, 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>  
 WASHINGTON, 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	48.4 %	11.8	\$617	\$52	\$3,193	19.3 %	751,649
<b>Age</b>							
5 and younger	33.0	1.4	45	33	1,557	2.9	151,034
6-14	31.2	1.9	107	56	1,072	10.0	160,301
15-20	36.3	2.5	133	53	1,555	8.5	98,033
21-44	54.0	10.1	651	65	3,277	19.9	204,052
45-64	83.4	43.7	2,462	56	7,587	32.5	68,165
65-74	86.3	43.4	1,944	45	6,121	31.8	27,576
75-84	88.2	45.6	1,855	41	9,629	19.3	24,117
85 and older	88.6	41.3	1,520	37	13,821	11.0	18,371
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	87.8	43.7	1,809	41	9,371	19.3	69,898
Disabled	83.3	35.9	2,278	64	7,204	31.6	132,473
Adults	42.4	3.0	100	34	2,173	4.6	192,809
Children	31.0	1.3	46	34	1,043	4.4	356,469
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	50.4	13.1	626	48	3,410	18.3	458,632
Male	45.3	9.7	603	62	2,854	21.1	292,989
Unknown	82.1	36.0	1,988	55	5,226	38.0	28
<b>Race</b>							
White	51.3	14.3	765	54	3,620	21.1	492,154
African American	43.0	9.5	491	52	3,047	16.1	44,426
Other/unknown	42.8	6.6	306	47	2,247	13.6	215,069
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.4	56.3	2,496	44	33,994	7.3	13,116
Part year	97.7	60.1	2,842	47	23,857	11.9	9,129
None	46.9	10.4	555	54	2,381	23.3	729,404

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	65.5	21.0	1,189	57	4,261	27.9	222,555
Medically needy	87.7	42.5	2,621	62	8,006	32.7	14,149
Poverty related	35.6	1.9	67	36	1,464	4.6	229,917
Other/unknown	43.4	11.0	515	47	3,516	14.6	285,028

Source: Data for this table are from the MAX 2001 file for Washington, 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>  
 WASHINGTON, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene	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	1.8	\$94	19.3 %	51.6 %	27.8 %	5.4 %	8.2 %	5.3 %	1.8 %	\$485	751,649	4,947,394
<b>Age</b>												
5 and younger	0.3	9	2.9	67.0	30.3	1.9	0.8	0.1	0.0	318	151,034	738,767
6-14	0.3	18	10.0	68.8	27.1	2.3	1.5	0.2	0.0	181	160,301	951,774
15-20	0.4	23	8.5	63.7	29.9	3.8	2.2	0.4	0.0	274	98,033	556,801
21-44	1.5	99	19.9	46.0	32.4	7.4	8.8	4.2	1.2	501	204,052	1,336,245
45-64	4.5	255	32.5	16.6	17.9	10.6	24.9	21.3	8.7	787	68,165	657,212
65-74	4.1	186	31.8	13.7	19.3	11.4	27.9	20.4	7.3	585	27,576	288,490
75-84	4.5	184	19.3	11.8	15.3	11.0	29.3	25.0	7.6	956	24,117	242,955
85 and older	4.3	159	11.0	11.4	15.1	11.5	31.8	24.4	5.9	1,450	18,371	175,150
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	4.3	179	19.3	12.2	16.9	11.3	29.5	23.1	7.1	928	69,898	705,676
Disabled	3.5	222	31.6	16.7	26.2	11.6	23.1	16.4	6.1	701	132,473	1,361,548
Adults	0.6	19	4.6	57.6	32.2	5.3	3.7	1.0	0.2	416	192,809	1,007,559
Children	0.3	9	4.4	69.0	28.1	2.0	0.8	0.1	0.0	199	356,469	1,872,611
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.0	95	18.3	49.6	28.3	5.5	8.5	6.0	2.2	516	458,632	3,029,985
Male	1.5	92	21.1	54.7	27.0	5.1	7.7	4.3	1.2	436	292,989	1,917,142
Unknown	3.8	209	38.0	17.9	21.4	7.1	25.0	21.4	7.1	548	28	267
<b>Race</b>												
White	2.1	114	21.1	48.7	26.9	5.9	9.5	6.7	2.4	540	492,154	3,300,532
African American	1.6	82	16.1	57.0	24.8	5.3	7.5	4.1	1.3	511	44,426	264,830
Other/unknown	1.0	48	13.6	57.2	30.3	4.2	5.3	2.5	0.6	350	215,069	1,382,032
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	5.8	257	7.3	3.6	10.4	9.5	32.2	31.7	12.6	3,502	13,116	127,336
Part year	6.6	311	11.9	2.3	10.3	9.7	29.7	32.7	15.4	2,607	9,129	83,553
None	1.6	86	23.3	53.1	28.3	5.2	7.5	4.5	1.4	367	729,404	4,736,505

Table 4

All Medicaid Beneficiaries



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Bene Mos		
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less		Mean \$, All Services	
					More than 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</b>												
<b>Assistance Status</b>												
Cash	2.6	147	27.9	34.5	28.9	8.9	15.4	9.5	2.9	525	222,555	1,805,558
Medically needy	4.7	293	32.7	12.3	16.0	10.9	28.5	24.0	8.2	894	14,149	126,781
Poverty related	0.3	12	4.6	64.4	31.5	2.6	1.2	0.3	0.1	264	229,917	1,274,562
Other/unknown	1.8	84	14.6	56.6	24.5	4.6	7.1	5.2	2.0	576	285,028	1,740,493

Source: Data for this table are from the MAX 2001 file for Washington, 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>  
 WASHINGTON, 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	1.8	\$94	0.8	\$72	0.1	\$54	0.9	\$16
<b>Age</b>								
5 and younger	0.3	9	0.1	7	0.0	0	0.2	2
6-14	0.3	18	0.1	14	0.0	1	0.2	3
15-20	0.4	23	0.2	18	0.0	1	0.2	4
21-44	1.5	99	0.6	78	0.1	5	0.8	16
45-64	4.5	255	2.0	197	0.2	14	2.3	44
65-74	4.1	186	1.9	143	0.2	9	2.0	34
75-84	4.5	184	2.0	139	0.3	9	2.2	36
85 and older	4.3	159	1.7	117	0.3	8	2.3	34
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.3	179	1.9	135	0.2	9	2.2	35
Disabled	3.5	222	1.6	174	0.2	12	1.7	36
Adults	0.6	19	0.2	13	0.0	2	0.3	4
Children	0.3	9	0.1	7	0.0	0	0.1	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	2.0	95	0.9	72	0.1	5	1.0	17
Male	1.5	92	0.7	72	0.1	5	0.8	15
Unknown	3.8	209	1.9	160	0.1	4	1.8	30
<b>Race</b>								
White	2.1	114	0.9	88	0.1	6	1.1	20
African American	1.6	82	0.7	65	0.1	4	0.8	14
Other/unknown	1.0	48	0.4	36	0.1	3	0.5	9
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	5.8	257	2.5	191	0.3	13	3.0	53
Part year	6.6	311	2.8	233	0.4	18	3.4	60
None	1.6	86	0.7	66	0.1	4	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	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>Maintenance Assistance Status</b>								
Cash	2.6	147	1.2	114	0.1	7	1.3	25
Medically needy	4.7	293	2.2	234	0.2	15	2.2	43
Poverty related	0.3	12	0.1	9	0.0	1	0.2	3
Other/unknown	1.8	84	0.8	64	0.1	5	0.9	16

Source: Data for this table are from the MAX 2001 file for Washington, 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 Washington, 0.8 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](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<sup>a, b, c, d</sup>  
 WASHINGTON, 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. of Bene	As % of All Bene	Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$16	\$0	\$2	\$58	\$112	\$59	\$12	627,759	\$36,452,528	212,511	28.3 %	1,988,823
Biologics	0.1	0.1	0.0	0.0	30	22	5	3	245	224	2,963	128	6,576	1,609,646	4,922	0.7	53,958
Antineoplastic Agents	0.6	0.3	0.1	0.2	120	95	14	12	207	355	143	55	30,928	6,414,643	5,143	0.7	53,418
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	32	26	2	4	37	55	29	12	917,136	33,514,713	105,500	14.0	1,045,046
Cardiovascular Agents	1.6	0.7	0.1	0.8	51	35	2	13	32	53	27	16	1,886,108	50,545,235	94,924	12.6	1,000,202
Respiratory Agents	0.6	0.3	0.0	0.3	27	22	0	5	44	64	28	18	756,408	33,164,445	127,170	16.9	1,239,760
Gastrointestinal Agents	0.6	0.3	0.0	0.3	47	40	2	6	72	124	104	18	556,900	40,298,895	82,867	11.0	860,785
Genitourinary Agents	0.4	0.3	0.0	0.1	19	16	0	2	47	62	29	16	132,491	6,206,264	33,503	4.5	335,062
CNS Drugs	1.2	0.6	0.0	0.6	92	71	5	16	77	119	111	28	1,526,133	116,909,550	126,192	16.8	1,265,438
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	40	27	1	11	57	73	46	39	71,014	4,079,419	10,947	1.5	102,324
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	107	106	0	1	160	169	31	22	20,815	3,328,521	3,000	0.4	31,168
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	35	25	3	7	49	122	90	15	1,112,261	54,424,259	162,765	21.7	1,559,694
Neuromuscular Agents	0.9	0.4	0.1	0.4	57	46	3	9	63	113	39	20	651,362	40,728,734	69,266	9.2	716,696
Nutritional Products	0.5	0.0	0.1	0.4	7	0	2	5	15	23	25	13	232,069	3,435,664	56,850	7.6	507,147
Hematological Agents	0.8	0.2	0.2	0.4	63	48	5	10	82	284	24	25	166,611	13,737,183	21,028	2.8	218,198
Topical Products	0.3	0.1	0.0	0.2	10	6	1	3	31	55	36	16	407,221	12,569,263	128,174	17.1	1,271,063
Miscellaneous Products	0.5	0.2	0.1	0.2	115	83	20	13	213	349	279	56	24,441	5,213,368	4,426	0.6	45,149
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	42	0	0	0	27,727	1,154,477	11,087	1.5	120,380
<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.	8,853,960	463,786,807	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Washington, 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 Washington, 0.8 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>  
 WASHINGTON, 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	\$58,744,183	49,278	6.6 %	527,209	0.8	\$148
ANTIDEPRESSANTS	46,708,952	119,839	15.9	1,242,751	0.6	61
ANTICONVULSANTS	33,853,743	48,428	6.4	521,022	0.8	82
ULCER DRUGS	32,067,821	80,238	10.7	855,986	0.5	77
ANALGESICS - Narcotic	31,897,182	176,652	23.5	1,751,192	0.4	45
ANTI-DIABETIC	18,637,311	45,166	6.0	488,887	0.7	51
ANTI-ASTHMATIC	18,590,155	93,701	12.5	952,741	0.4	47
ANALGESICS - ANTI-INFLAMMATORY	17,486,076	92,980	12.4	952,451	0.3	55
ANTIVIRAL	15,601,629	11,422	1.5	118,801	0.4	293
ANTIHYPERLIPIDEMIC	15,421,143	26,755	3.6	297,651	0.7	73
Total	289,008,195	744,459		7,708,691	n.a.	n.a.

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