

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WYOMING, 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	59,989 (A)	8,652 (E)	51,337 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	57,408 (B)	6,353 (F)	51,055 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	57,408 (C)	6,353 (G)	51,055 (K)
4. Benes who were all-year nursing facility residents ^f	1,683 (D)	1,595 (H)	88 (L)

Source: Data for this table are from the MAX 2001 file for Wyoming, 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 Wyoming in 2001 was \$32,034,644, of which \$144,877 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 1.5 percent were restricted benefit months without a pharmacy benefit in Wyoming, 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}
 WYOMING, 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	57,408	3,622	7,579	10,741	35,466	0	484,447	35,683	79,497	70,661	298,606	0
Age												
5 and younger	16,618	0	296	1	16,321	0	137,840	0	3,015	2	134,823	0
6-14	14,909	0	717	6	14,186	0	130,726	0	7,798	23	122,905	0
15-20	6,713	0	576	1,218	4,919	0	53,447	0	6,091	6,643	40,713	0
21-44	12,119	0	3,109	8,974	36	0	93,125	0	32,880	60,102	143	0
45-64	3,381	1	2,844	536	0	0	33,271	1	29,397	3,873	0	0
65-74	1,172	1,137	34	1	0	0	12,129	11,834	290	5	0	0
75-84	1,239	1,236	3	0	0	0	12,396	12,370	26	0	0	0
85 and older	1,249	1,248	0	1	0	0	11,479	11,478	0	1	0	0
Unknown	8	0	0	4	4	0	34	0	0	12	22	0
Gender												
Female	33,058	2,600	4,071	9,051	17,336	0	276,006	25,882	43,216	60,238	146,670	0
Male	24,307	1,022	3,508	1,690	18,087	0	208,225	9,801	36,281	10,423	151,720	0
Unknown	43	0	0	0	43	0	216	0	0	0	216	0
Race												
White	44,980	3,154	6,179	8,504	27,143	0	375,367	30,660	65,121	54,829	224,757	0
African American	1,125	30	143	142	810	0	10,270	312	1,474	1,085	7,399	0
Other/unknown	11,303	438	1,257	2,095	7,513	0	98,810	4,711	12,902	14,747	66,450	0
Use of Nursing Facilities^c												
Entire year	1,683	1,500	183	0	0	0	16,438	14,614	1,824	0	0	0
Part year	739	573	160	4	2	0	6,502	4,954	1,504	20	24	0
None	54,986	1,549	7,236	10,737	35,464	0	461,507	16,115	76,169	70,641	298,582	0
Maintenance Assistance Status												
Cash	18,749	917	5,071	4,982	7,779	0	163,837	10,165	52,614	32,597	68,461	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	26,990	29	28	3,229	23,704	0	209,022	304	288	17,484	190,946	0
Other/unknown	11,669	2,676	2,480	2,530	3,983	0	111,588	25,214	26,595	20,580	39,199	0
Dual Medicare Status^d												
Full dual, all year	6,137	3,421	2,662	52	2	0	62,919	33,769	28,729	397	24	0
Full dual, part year	216	132	82	2	0	0	2,261	1,396	841	24	0	0
Non-dual, all year	51,055	69	4,835	10,687	35,464	0	419,267	518	49,927	70,240	298,582	0
Managed Care Status												
FFS all year	57,408	3,622	7,579	10,741	35,466	0	484,447	35,683	79,497	70,661	298,606	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Wyoming, 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}
 WYOMING, 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	66.0 %	10.4	\$556	\$53	\$4,384	12.7 %	57,408
Age							
5 and younger	64.6	3.4	106	31	1,629	6.5	16,618
6-14	56.5	3.9	209	54	1,502	13.9	14,909
15-20	62.5	5.9	342	58	2,711	12.6	6,713
21-44	70.0	11.2	694	62	6,056	11.5	12,119
45-64	80.8	37.7	2,392	63	13,874	17.2	3,381
65-74	84.9	46.0	2,360	51	12,952	18.2	1,172
75-84	91.2	52.1	2,350	45	18,015	13.0	1,239
85 and older	94.6	49.9	2,049	41	20,983	9.8	1,249
Unknown	50.0	1.3	29	23	769	3.8	8
Basis of Eligibility^c							
Aged	90.6	49.6	2,262	46	17,534	12.9	3,622
Disabled	80.4	29.7	2,099	71	15,240	13.8	7,579
Adults	67.4	6.3	254	40	2,483	10.2	10,741
Children	60.0	3.5	143	40	1,297	11.0	35,466
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.2	12.2	609	50	4,577	13.3	33,058
Male	61.7	8.1	484	60	4,128	11.7	24,307
Unknown	23.3	1.2	25	21	406	6.1	43
Race							
White	68.4	11.7	627	54	4,766	13.2	44,980
African American	64.2	7.6	348	46	2,683	13.0	1,125
Other/unknown	56.7	5.7	290	51	3,033	9.6	11,303
Use of Nursing Facilities^d							
Entire year	97.7	64.4	2,923	45	29,039	10.1	1,683
Part year	95.4	54.5	2,550	47	20,143	12.7	739
None	64.6	8.2	456	56	3,418	13.3	54,986

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	66.1	11.5	679	59	3,179	21.4	18,749
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.4	3.2	118	37	1,398	8.5	26,990
Other/unknown	78.7	25.3	1,368	54	13,226	10.3	11,669

Source: Data for this table are from the MAX 2001 file for Wyoming, 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}
 WYOMING, 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	1.2	\$66	12.7 %	34.0 %	47.6 %	6.2 %	7.1 %	4.0 %	1.1 %	\$520	57,408	484,447
Age												
5 and younger	0.4	13	6.5	35.4	60.5	3.2	0.9	0.1	0.0	196	16,618	137,840
6-14	0.4	24	13.9	43.5	49.5	4.2	2.5	0.3	0.0	171	14,909	130,726
15-20	0.7	43	12.6	37.5	49.3	7.4	4.8	0.8	0.1	341	6,713	53,447
21-44	1.5	90	11.5	30.0	44.7	10.1	10.8	3.7	0.7	788	12,119	93,125
45-64	3.8	243	17.2	19.2	20.8	9.6	25.2	19.2	6.0	1,410	3,381	33,271
65-74	4.4	228	18.2	15.1	16.6	10.9	23.8	24.5	9.0	1,252	1,172	12,129
75-84	5.2	235	13.0	8.8	11.7	9.4	28.7	31.1	10.4	1,801	1,239	12,396
85 and older	5.4	223	9.8	5.4	8.5	9.2	34.3	33.9	8.6	2,283	1,249	11,479
Unknown	0.3	7	3.8	50.0	50.0	0.0	0.0	0.0	0.0	181	8	34
Basis of Eligibility^c												
Aged	5.0	230	12.9	9.4	12.1	9.8	29.1	30.0	9.5	1,780	3,622	35,683
Disabled	2.8	200	13.8	19.6	29.4	11.6	22.5	13.3	3.5	1,453	7,579	79,497
Adults	1.0	39	10.2	32.6	49.8	9.2	6.8	1.4	0.3	378	10,741	70,661
Children	0.4	17	11.0	40.0	54.4	3.8	1.7	0.1	0.0	154	35,466	298,606
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	73	13.3	30.8	47.9	6.8	8.1	4.9	1.5	548	33,058	276,006
Male	0.9	57	11.7	38.3	47.2	5.4	5.8	2.7	0.6	482	24,307	208,225
Unknown	0.2	5	6.1	76.7	23.3	0.0	0.0	0.0	0.0	81	43	216
Race												
White	1.4	75	13.2	31.6	47.6	6.8	8.0	4.6	1.4	571	44,980	375,367
African American	0.8	38	13.0	35.8	51.5	4.2	5.9	2.2	0.4	294	1,125	10,270
Other/unknown	0.7	33	9.6	43.3	47.0	4.2	3.8	1.6	0.2	347	11,303	98,810
Use of Nursing Facilities^d												
Entire year	6.6	299	10.1	2.3	5.6	6.5	30.2	39.8	15.6	2,973	1,683	16,438
Part year	6.2	290	12.7	4.6	7.4	7.7	32.1	35.7	12.4	2,289	739	6,502
None	1.0	54	13.3	35.4	49.4	6.2	6.0	2.5	0.5	407	54,986	461,507

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
								Less	More than 10			
Maintenance												
Assistance Status												
Cash	1.3	78	21.4	33.9	43.4	7.9	9.8	4.2	0.8	364	18,749	163,837
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	15	8.5	39.6	54.8	3.9	1.5	0.1	0.0	181	26,990	209,022
Other/unknown	2.6	143	10.3	21.3	37.3	8.8	15.6	12.6	4.3	1,383	11,669	111,588

Source: Data for this table are from the MAX 2001 file for Wyoming, 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}
 WYOMING, 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	1.2	\$66	0.6	\$50	0.1	\$91	0.6	\$18
Age								
5 and younger	0.4	13	0.2	9	0.0	57	0.2	3
6-14	0.4	24	0.2	19	0.0	84	0.2	3
15-20	0.7	43	0.4	33	0.1	91	0.3	6
21-44	1.5	90	0.6	71	0.1	110	0.7	12
45-64	3.8	243	1.8	185	0.3	103	1.7	35
65-74	4.4	228	2.0	166	0.4	84	2.0	42
75-84	5.2	235	2.2	165	0.6	77	2.4	48
85 and older	5.4	223	2.1	153	0.7	74	2.6	48
Unknown	0.3	7	0.1	5	0.0	35	0.1	2
Basis of Eligibility^d								
Aged	5.0	230	2.1	162	0.6	78	2.4	46
Disabled	2.8	200	1.4	156	0.3	114	1.2	25
Adults	1.0	39	0.4	29	0.1	78	0.5	7
Children	0.4	17	0.2	13	0.0	68	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	73	0.6	55	0.1	86	0.7	12
Male	0.9	57	0.4	44	0.1	99	0.4	8
Unknown	0.2	5	0.1	4	0.0	37	0.1	1
Race								
White	1.4	75	0.6	57	0.1	91	0.6	12
African American	0.8	38	0.3	27	0.1	79	0.4	7
Other/unknown	0.7	33	0.3	25	0.0	91	0.3	6
Use of Nursing Facilities^e								
Entire year	6.6	299	2.6	211	0.8	80	3.1	61
Part year	6.2	290	2.5	205	0.7	82	3.0	59
None	1.0	54	0.4	42	0.1	93	0.4	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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.3	78	0.6	60	0.1	7	0.6	11
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.4	15	0.2	12	0.0	1	0.2	3
Other/unknown	2.6	143	1.2	107	0.3	13	1.2	23

Source: Data for this table are from the MAX 2001 file for Wyoming, 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 Wyoming, 1.2 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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 WYOMING, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. Bene	As % of All Bene Mos	No. of Bene Mos
Anti-infective Agents	0.3	0.1	0.0	0.1	\$8	\$0	\$2	\$37	\$60	\$38	\$13	\$2,675,254	26,873	46.8%	266,575
Biologics	0.2	0.1	0.0	0.0	151	34	7	862	788	2,946	334	467,327	305	0.5	3,097
Antineoplastic Agents	0.5	0.3	0.1	0.1	173	13	9	327	496	145	64	592,231	343	0.6	3,432
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	24	19	2	40	60	26	14	2,050,285	8,534	14.9	85,487
Cardiovascular Agents	1.3	0.4	0.2	0.7	41	24	4	31	58	27	17	2,427,036	5,822	10.1	59,583
Respiratory Agents	0.4	0.2	0.0	0.2	18	13	0	43	64	26	23	3,026,363	16,865	29.4	170,405
Gastrointestinal Agents	0.6	0.3	0.0	0.2	51	43	3	88	124	102	25	3,041,440	5,811	10.1	59,347
Genitourinary Agents	0.4	0.3	0.0	0.1	19	17	0	50	63	36	17	555,554	3,033	5.3	29,523
CNS Drugs	1.0	0.5	0.1	0.3	78	61	10	82	115	116	23	7,533,591	9,570	16.7	96,075
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	37	28	3	55	67	45	33	683,951	1,781	3.1	18,299
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	116	115	0	180	193	32	20	305,046	263	0.5	2,633
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	23	17	2	42	96	61	13	2,827,539	12,541	21.8	122,891
Neuromuscular Agents	0.8	0.4	0.1	0.3	55	43	4	73	122	49	24	2,966,427	5,133	8.9	53,667
Nutritional Products	0.4	0.0	0.1	0.3	7	0	2	20	41	27	17	376,395	5,907	10.3	53,918
Hematological Agents	0.7	0.1	0.3	0.3	74	63	6	101	458	20	16	1,226,290	1,638	2.9	16,593
Topical Products	0.2	0.1	0.0	0.1	7	4	1	29	50	36	14	833,376	12,371	21.5	126,072
Miscellaneous Products	0.3	0.1	0.0	0.1	34	20	8	125	159	295	47	255,463	721	1.3	7,492
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	28	0	0	0	46,199	613	1.1	6,398
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.	31,889,767	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Wyoming, 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 Wyoming, 1.2 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}
 WYOMING, 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	\$3,599,274	3,410	36,035	0.6	\$157	\$100	
ANTIDEPRESSANTS	3,426,892	8,969	91,405	0.5	69	37	
ULCER DRUGS	2,656,452	5,492	56,725	0.5	101	47	
ANTICONVULSANT	2,427,609	3,651	38,894	0.7	89	62	
ANTIASTHMATIC	1,600,872	9,078	93,060	0.3	52	17	
ANALGESICS - Narcotic	1,314,639	13,763	136,336	0.3	31	10	
ANALGESICS - ANTI-INFLAMMATORY	1,313,741	6,780	69,542	0.3	64	19	
ANTIDIABETIC	952,412	2,298	23,901	0.7	59	40	
ANTIHYPERTENSIVE	821,412	3,301	34,317	0.6	37	24	
MISC. HEMATOLOGICAL	748,048	366	3,878	0.6	344	193	
Total	18,861,351	57,108	584,093	n.a.	n.a.	n.a.	

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