

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 CALIFORNIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CALIFORNIA, 2002

Inclusion Criteria (2002)	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	9,539,320 (A)	1,009,825 (E)	8,529,495 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	8,633,086 (B)	997,600 (F)	7,635,486 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	5,730,763 (C)	859,915 (G)	4,870,848 (K)
4. Benes who were all-year nursing facility residents ^f	59,553 (D)	52,808 (H)	6,745 (L)

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 California in 2002 was \$3,435,272,992, of which \$154,116,371 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 0.4 percent were restricted benefit months without a pharmacy benefit in California, 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 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}
 CALIFORNIA, 2002

Beneficiary Characteristics	No. of Beneficiaries							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children
All	5,730,763	553,693	820,767	2,777,231	1,575,930	3,142	43,460,307	5,833,613	8,908,969	19,515,734	9,180,976	21,015					
Age																	
5 and younger	654,563	3	15,597	6	638,957	0	3,297,166	36	145,139	42	3,151,949	0					
6-14	594,384	1	40,464	243	553,675	1	3,989,797	3	435,670	882	3,553,236	6					
15-20	812,286	1	32,005	407,807	372,458	15	5,661,742	6	342,409	2,890,091	2,429,165	71					
21-44	2,405,642	7	227,827	2,166,151	10,812	845	17,858,991	69	2,466,497	15,340,741	46,551	5,133					
45-64	566,357	58	362,136	201,908	7	2,248	5,175,457	438	3,882,601	1,276,851	37	15,530					
65-74	336,303	232,688	102,671	910	2	32	3,599,749	2,411,681	1,181,959	5,831	9	269					
75-84	252,803	221,017	31,658	127	0	1	2,760,804	2,397,566	362,383	849	0	6					
85 and older	108,406	99,918	8,409	79	0	0	1,116,572	1,023,814	92,311	447	0	0					
Unknown	19	0	0	0	19	0	29	0	0	0	29	0					
Gender																	
Female	3,886,356	352,146	422,765	2,272,667	835,637	3,141	29,726,968	3,732,669	4,642,887	16,410,930	4,919,477	21,005					
Male	1,844,405	201,547	398,002	504,563	740,292	1	13,733,319	2,100,944	4,266,082	3,104,795	4,261,488	10					
Unknown	2	0	0	1	1	0	20	0	0	9	11	0					
Race																	
White	1,569,294	196,510	359,973	578,710	433,453	648	13,104,392	2,002,346	3,912,576	4,105,163	3,079,525	4,782					
African American	526,953	31,357	136,194	195,185	164,022	195	3,928,763	321,291	1,468,708	1,210,325	926,943	1,496					
Other/unknown	3,634,516	325,826	324,600	2,003,336	978,455	2,299	26,427,152	3,509,976	3,527,685	14,200,246	5,174,508	14,737					
Use of Nursing Facilities^c																	
Entire year	59,553	46,612	12,868	36	37	0	613,096	472,576	139,942	223	355	0					
Part year	51,077	33,385	17,317	295	68	12	493,597	309,475	181,405	2,037	574	106					
None	5,620,133	473,696	790,582	2,776,900	1,575,825	3,130	42,353,614	5,051,562	8,587,622	19,513,474	9,180,047	20,909					
Maintenance Assistance Status																	
Cash	2,234,332	320,733	680,544	441,953	791,102	0	18,226,058	3,620,373	7,556,174	2,489,159	4,560,352	0					
Medically needy	572,764	174,833	91,307	100,789	205,835	0	3,862,872	1,671,797	875,831	429,943	885,301	0					
Poverty-related	362,968	46,705	32,155	88,419	192,547	3,142	2,083,227	413,786	290,251	527,926	830,249	21,015					
Other/unknown	2,560,699	1,142,22	16,761	2,146,070	386,446	0	19,288,150	127,657	186,713	16,068,706	2,905,074	0					
Dual Medicare Status^d																	
Full dual, all year	851,439	485,492	360,084	5,760	58	45	9,246,034	5,185,948	4,018,629	40,620	426	411					
Full dual, part year	8,476	6,122	2,285	69	0	0	81,789	58,822	22,397	570	0	0					
Non-dual, all year	4,870,848	62,079	458,398	2,771,402	1,575,872	3,097	34,132,484	588,843	4,867,943	19,474,544	9,180,550	20,604					
Managed Care Status																	
FFS all year	4,680,849	544,728	791,461	2,460,193	881,351	3,116	39,817,479	5,788,705	8,758,790	18,431,005	6,818,058	20,921					
FFS part year, with Rx claims	317,046	5,486	20,225	102,522	188,796	17	1,334,329	31,877	114,807	428,077	759,507	61					
FFS part year, no Rx claims	732,868	3,479	9,081	214,516	505,783	9	2,308,499	13,031	35,372	656,652	1,603,411	33					

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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}
 CALIFORNIA, 2002

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	39.8 %	7.3	\$573	\$79	\$2,948	19.4 %	5,730,763
Age							
5 and younger	35.8	1.5	50	33	1,426	3.5	654,563
6-14	31.6	2.0	138	70	1,828	7.5	594,384
15-20	23.3	1.2	84	71	1,176	7.1	812,286
21-44	30.3	3.0	305	101	1,669	18.3	2,405,642
45-64	63.6	21.5	1,911	89	7,392	25.9	566,357
65-74	81.3	25.5	1,807	71	5,807	31.1	336,303
75-84	84.8	29.3	1,941	66	8,680	22.4	252,803
85 and older	85.4	29.7	1,688	57	14,480	11.7	108,406
Unknown	0.0	0.0	0	0	8	0.0	19
Basis of Eligibility^c							
Aged	81.2	25.1	1,647	66	7,935	20.8	553,693
Disabled	80.7	27.8	2,552	92	11,096	23.0	820,767
Adults	24.9	1.0	63	61	580	10.9	2,777,231
Children	30.3	1.4	62	46	1,118	5.5	1,575,930
Unknown	63.0	7.3	935	128	6,507	14.4	3,142
Gender							
Female	38.9	6.8	486	72	2,532	19.2	3,886,356
Male	41.7	8.4	755	90	3,824	19.8	1,844,405
Unknown	50.0	1.5	36	24	318	11.3	2
Race							
White	48.8	12.2	997	82	4,944	20.2	1,569,294
African American	40.0	8.3	668	81	4,035	16.5	526,953
Other/unknown	35.9	5.0	375	75	1,928	19.5	3,634,516
Use of Nursing Facilities^d							
Entire year	92.2	52.4	2,848	54	40,518	7.0	59,553
Part year	93.2	41.9	2,704	64	26,613	10.2	51,077
None	38.8	6.5	529	81	2,335	22.7	5,620,133

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	57.6	13.6	1,096	81	4,729	23.2	2,234,332
Medically needy	48.4	12.5	893	72	7,591	11.8	572,764
Poverty related	36.0	4.6	371	81	1,957	18.9	362,968
Other/unknown	22.9	1.1	73	69	495	14.7	2,560,699

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

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}
 CALIFORNIA, 2002

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			Benes	
All	1.0	\$76	19.4 %	60.2 %	25.2 %	4.6 %	7.2 %	2.5 %	0.4 %	\$389	5,730,763	43,460,307
Age												
5 and younger	0.3	10	3.5	64.2	32.1	2.6	1.0	0.1	0.0	283	654,563	3,297,166
6-14	0.3	21	7.5	68.4	27.8	2.2	1.3	0.2	0.0	272	594,384	3,989,797
15-20	0.2	12	7.1	76.7	21.1	1.3	0.8	0.1	0.0	169	812,286	5,661,742
21-44	0.4	41	18.3	69.7	24.5	2.2	2.6	0.9	0.1	225	2,405,642	17,858,991
45-64	2.3	209	25.9	36.4	21.6	10.5	21.4	8.7	1.4	809	566,357	5,175,457
65-74	2.4	169	31.1	18.7	28.7	15.7	27.4	8.4	1.1	543	336,303	3,599,749
75-84	2.7	178	22.4	15.2	25.4	16.2	31.0	10.7	1.5	795	252,803	2,760,804
85 and older	2.9	164	11.7	14.6	23.5	15.7	31.4	13.2	1.7	1,406	108,406	1,116,572
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5	19	29
Basis of Eligibility^c												
Aged	2.4	156	20.8	18.8	28.2	15.9	27.3	8.7	1.2	753	553,693	5,833,613
Disabled	2.6	235	23.0	19.3	27.6	13.5	27.1	10.8	1.7	1,022	820,767	8,908,969
Adults	0.1	9	10.9	75.1	22.6	1.2	0.8	0.1	0.0	83	2,777,231	19,515,734
Children	0.2	11	5.5	69.7	27.4	2.0	0.8	0.1	0.0	192	1,575,930	9,180,976
Unknown	1.1	140	14.4	37.0	38.1	12.2	11.4	1.4	0.0	973	3,142	21,015
Gender												
Female	0.9	64	19.2	61.1	25.5	4.1	6.6	2.3	0.3	331	3,886,356	29,726,968
Male	1.1	101	19.8	58.3	24.5	5.6	8.3	2.8	0.4	514	1,844,405	13,733,319
Unknown	0.2	4	11.3	50.0	50.0	0.0	0.0	0.0	0.0	32	2	20
Race												
White	1.5	119	20.2	51.2	25.7	6.2	11.2	5.0	0.9	592	1,569,294	13,104,392
African American	1.1	90	16.5	60.0	23.4	5.1	8.3	2.9	0.4	541	526,953	3,928,763
Other/unknown	0.7	52	19.5	64.1	25.3	3.9	5.3	1.3	0.2	265	3,634,516	26,427,152
Use of Nursing Facilities^d												
Entire year	5.1	277	7.0	7.8	11.1	9.6	32.7	30.3	8.5	3,936	59,553	613,096
Part year	4.3	280	10.2	6.8	15.6	13.2	35.4	23.9	5.0	2,754	51,077	493,597
None	0.9	70	22.7	61.2	25.4	4.5	6.6	2.0	0.2	310	5,620,133	42,353,614

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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				
Maintenance Assistance Status												
Cash	1.7	134	23.2	42.4	30.1	8.5	13.8	4.5	0.6	580	2,234,332	18,226,058
Medically needy	1.9	132	11.8	51.6	22.6	7.2	11.8	5.6	1.1	1,126	572,764	3,862,872
Poverty related	0.8	65	18.9	64.0	25.0	4.2	5.2	1.4	0.2	341	362,968	2,083,227
Other/unknown	0.1	10	14.7	77.1	21.5	0.7	0.6	0.1	0.0	66	2,560,699	19,288,150

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

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}
 CALIFORNIA, 2002

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 \$
All	1.0	\$76	0.4	\$57	0.1	\$7	0.5	\$11
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.3	10	0.1	6	0.0	1	0.2	3
6-14	0.3	21	0.1	14	0.0	3	0.2	4
15-20	0.2	12	0.1	9	0.0	2	0.1	2
21-44	0.4	41	0.2	32	0.0	4	0.2	5
45-64	2.3	209	1.0	159	0.2	21	1.1	28
65-74	2.4	169	1.1	127	0.2	15	1.1	26
75-84	2.7	178	1.2	133	0.2	15	1.2	30
85 and older	2.9	164	1.2	118	0.2	14	1.4	32
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	2.4	156	1.1	117	0.2	13	1.1	26
Disabled	2.6	235	1.1	181	0.2	23	1.2	31
Adults	0.1	9	0.1	6	0.0	2	0.1	2
Children	0.2	11	0.1	7	0.0	1	0.1	2
Unknown	1.1	140	0.5	122	0.1	6	0.5	11
Gender								
Female	0.9	64	0.4	47	0.1	7	0.4	10
Male	1.1	101	0.5	78	0.1	9	0.6	14
Unknown	0.2	4	0.0	0	0.1	2	0.1	2
Race								
White	1.5	119	0.6	90	0.1	12	0.7	17
African American	1.1	90	0.4	68	0.1	7	0.6	14
Other/unknown	0.7	52	0.3	39	0.1	5	0.3	8
Use of Nursing Facilities^e								
Entire year	5.1	277	1.9	192	0.5	27	2.6	57
Part year	4.3	280	1.7	204	0.4	24	2.2	52
None	0.9	70	0.4	53	0.1	7	0.4	10

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	1.7	134	0.7	102	0.1	13	0.8	19
Medically needy	1.9	132	0.8	100	0.2	11	0.9	21
Poverty related	0.8	65	0.3	50	0.1	6	0.4	9
Other/unknown	0.1	10	0.1	6	0.0	2	0.1	2

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 California, 1.7 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}
 CALIFORNIA, 2002

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	0.1	0.0	0.2	\$24	\$21	\$1	\$2	\$85	\$184	\$85	\$16	3,597,780	\$306,132,900	1,287,955	22.5%	12,865,490
Biologics	0.1	0.1	0.0	0.0	43	29	5	10	363	308	3,990	398	29,712	10,784,062	22,302	0.4	248,542
Antineoplastic Agents	0.4	0.2	0.0	0.2	104	74	5	24	251	486	224	105	207,775	52,155,003	47,044	0.8	503,675
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	39	26	8	5	79	114	80	31	4,530,348	358,870,149	907,763	15.8	9,273,950
Cardiovascular Agents	1.0	0.5	0.1	0.5	60	42	4	14	58	91	55	27	8,568,076	493,625,413	738,192	12.9	8,186,221
Respiratory Agents	0.5	0.2	0.0	0.2	27	17	4	6	58	81	106	27	3,716,619	214,759,657	769,726	13.4	8,095,772
Gastrointestinal Agents	0.5	0.3	0.0	0.2	52	45	2	6	108	170	124	29	2,781,797	301,185,431	519,156	9.1	5,742,459
Genitourinary Agents	0.2	0.2	0.0	0.1	15	14	0	1	61	71	47	27	752,907	46,221,156	302,492	5.3	3,066,574
CNS Drugs	0.9	0.5	0.1	0.3	107	83	15	8	119	181	146	25	6,238,712	741,700,366	636,153	11.1	6,962,714
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.1	0.2	44	22	10	12	103	128	122	69	125,218	12,861,037	26,917	0.5	291,726
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	63	61	0	1	143	188	47	19	165,055	23,628,862	33,505	0.6	377,950
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	31	23	3	5	67	160	96	18	4,518,991	302,791,119	927,165	16.2	9,845,415
Neuromuscular Agents	0.8	0.3	0.1	0.4	55	42	3	10	72	136	56	25	2,470,205	176,680,807	287,212	5.0	3,204,454
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	16	38	52	15	518,548	8,216,637	166,643	2.9	1,721,139
Hematological Agents	0.5	0.2	0.1	0.3	57	50	2	5	121	332	26	21	886,779	107,234,478	169,996	3.0	1,869,675
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	39	67	57	18	2,422,147	94,662,232	701,075	12.2	7,387,723
Miscellaneous Products	0.3	0.1	0.0	0.2	78	52	17	9	230	449	392	51	100,573	23,145,062	28,767	0.5	296,918
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	36	0	0	0	178,885	6,502,250	77,389	1.4	866,135
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.	41,810,127	3,281,156,621	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 California, 1.7 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}
 CALIFORNIA, 2002

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	\$449,381,030	310,993	5.4 %	3,505,789	\$216	\$128	
ULCER DRUGS	249,889,185	529,103	9.2	5,916,425	121	42	
ANTIDEPRESSANTS	216,623,201	511,972	8.9	5,670,013	85	38	
ANTI-DIABETIC	190,314,577	426,082	7.4	4,747,042	84	40	
ANTIVIRAL	175,926,123	95,864	1.7	1,037,588	386	170	
ANTIHYPERLIPIDEMIC	172,933,436	323,825	5.7	3,691,497	114	47	
ANALGESICS - ANTI-INFLAMMATORY	172,429,207	754,889	13.2	8,265,428	80	21	
ANTIHYPERTENSIVE	161,303,492	538,213	9.4	6,068,431	62	27	
ANTICONVULSANT	152,737,100	279,081	4.9	3,134,580	84	49	
ANTI-ASTHMATIC	123,384,845	582,879	10.2	6,222,237	64	20	
Total	2,064,922,196	4,352,901		48,259,030	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for California, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.