

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
INDIANA, 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	918,661 (A)	134,833 (E)	783,828 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	882,893 (B)	115,889 (F)	767,004 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	749,935 (C)	115,742 (G)	634,193 (K)
4. Benes who were all-year nursing facility residents ^f	26,943 (D)	25,126 (H)	1,817 (L)

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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 Indiana in 2002 was \$619,317,130, of which \$4,785,643 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 2.9 percent were restricted benefit months without a pharmacy benefit in Indiana, 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}
INDIANA, 2002

Beneficiary Characteristics	No. of Beneficiaries										No. of Beneficiaries by Age Group						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children
All	749,935	70,832	113,701	129,037	436,164	201	5,822,475	701,429	1,118,624	738,182	3,262,732	1,458					
Age																	
5 and younger	179,204	2	2,174	0	177,028	0	1,278,444	3	16,914	0	1,261,527	0					
6-14	196,681	0	5,631	23	191,027	0	1,537,409	0	47,748	134	1,489,527	0					
15-20	86,770	0	3,960	14,844	67,960	6	635,811	0	34,684	90,242	510,842	43					
21-44	155,001	1	45,584	109,155	148	113	1,073,628	5	452,460	619,466	883	814					
45-64	61,081	62	55,963	4,975	1	80	592,610	301	563,661	28,054	3	591					
65-74	25,686	25,269	387	28	0	2	266,509	263,151	3,154	194	0	10					
75-84	25,134	25,122	1	11	0	0	248,761	248,668	2	91	0	0					
85 and older	20,376	20,374	1	1	0	0	189,298	189,296	1	1	0	0					
Unknown	2	2	0	0	0	5	0	5	0	0	0	0					
Gender																	
Female	443,674	52,406	61,030	114,167	215,870	201	3,412,930	525,959	608,803	665,126	1,611,584	1,458					
Male	306,261	18,426	52,671	14,870	220,294	0	2,409,545	175,470	509,821	73,056	1,651,198	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	564,599	59,556	92,313	95,354	317,188	188	4,679,798	586,337	923,403	585,861	2,582,827	1,370					
African American	135,397	8,561	18,305	26,645	81,874	12	837,500	87,347	167,070	118,182	464,816	85					
Other/unknown	49,939	2,715	3,083	7,038	37,102	1	305,177	27,745	28,151	34,139	215,139	3					
Use of Nursing Facilities^c																	
Entire year	26,943	23,508	3,391	0	44	0	269,260	232,628	36,115	0	517	0					
Part year	13,748	11,155	2,545	19	28	1	128,065	101,477	26,124	151	301	12					
None	709,244	36,169	107,765	129,018	436,092	200	5,425,150	367,324	1,056,385	738,031	3,261,964	1,446					
Maintenance Assistance Status																	
Cash	297,187	18,623	74,055	82,427	122,082	0	2,312,321	204,996	754,015	474,095	879,215	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	269,706	1,486	1,319	18,994	247,706	201	2,035,274	15,325	13,905	91,495	1,913,091	1,458					
Other/unknown	183,042	50,723	38,327	27,616	66,376	0	1,474,880	481,108	350,704	172,592	470,476	0					
Dual Medicare Status^d																	
Full dual, all year	108,531	64,205	43,462	817	42	5	1,109,616	635,766	467,005	6,388	426	31					
Full dual, part year	7,211	3,832	3,278	101	0	0	72,546	38,269	33,254	1,023	0	0					
Non-dual, all year	634,193	2,795	66,961	128,119	436,122	196	4,640,313	27,394	618,365	730,771	3,262,356	1,427					
Managed Care Status																	
FFS all year	566,002	70,809	108,325	86,991	299,676	201	5,121,592	701,271	1,094,015	580,227	2,744,621	1,458					
FFS part year, with Rx claims	81,022	16	3,618	23,475	53,913	0	370,793	108	18,712	102,445	249,528	0					
FFS part year, no Rx claims	102,911	7	1,758	18,571	82,575	0	330,090	50	5,897	55,510	268,633	0					

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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}
 INDIANA, 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	63.4 %	14.5	\$819	\$57	\$4,739	17.3 %	749,935
Age							
5 and younger	59.2	3.3	121	36	1,541	7.8	179,204
6-14	53.8	4.2	248	59	1,427	17.3	196,681
15-20	57.5	5.6	413	74	2,466	16.7	86,770
21-44	66.9	14.6	961	66	5,900	16.3	155,001
45-64	79.7	46.7	2,888	62	13,146	22.0	61,081
65-74	80.7	50.0	2,544	51	10,775	23.6	25,686
75-84	86.5	56.2	2,688	48	15,333	17.5	25,134
85 and older	92.8	56.5	2,461	44	19,811	12.4	20,376
Unknown	50.0	2.0	103	52	4,747	2.2	2
Basis of Eligibility^c							
Aged	86.2	54.1	2,572	48	14,989	17.2	70,832
Disabled	79.5	39.6	2,788	71	14,095	19.8	113,701
Adults	61.7	6.7	264	39	2,207	12.0	129,037
Children	56.0	3.8	186	49	1,384	13.4	436,164
Unknown	73.6	13.5	642	48	6,244	10.3	201
Gender							
Female	65.6	16.5	849	51	4,782	17.7	443,674
Male	60.3	11.5	777	67	4,677	16.6	306,261
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	68.5	16.8	947	57	5,234	18.1	564,599
African American	48.7	8.4	482	58	3,569	13.5	135,397
Other/unknown	46.5	5.5	295	54	2,322	12.7	49,939
Use of Nursing Facilities^d							
Entire year	98.0	78.1	3,852	49	30,335	12.7	26,943
Part year	96.4	64.6	3,278	51	21,934	14.9	13,748
None	61.5	11.1	657	59	3,434	19.1	709,244

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	17.4	1,048	60	5,305	19.8	297,187
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.7	3.8	196	51	1,242	15.8	269,706
Other/unknown	70.5	25.5	1,367	54	8,975	15.2	183,042

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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}
 INDIANA, 2002

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	1.9	\$106	17.3 %	36.6 %	39.0 %	6.8 %	9.0 %	6.2 %	2.4 %	\$610	749,935	5,822,475
Age												
5 and younger	0.5	17	7.8	40.8	52.5	4.5	1.9	0.3	0.0	216	179,204	1,278,444
6-14	0.5	32	17.3	46.2	44.9	4.8	3.4	0.5	0.1	183	196,681	1,537,409
15-20	0.8	56	16.7	42.5	44.4	7.1	4.9	1.0	0.2	337	86,770	635,811
21-44	2.1	139	16.3	33.1	35.2	10.5	13.4	6.2	1.6	852	155,001	1,073,628
45-64	4.8	298	22.0	20.3	14.9	9.3	23.5	22.5	9.5	1,355	61,081	592,610
65-74	4.8	245	23.6	19.3	14.1	8.7	22.9	23.9	11.2	1,039	25,686	266,509
75-84	5.7	272	17.5	13.5	10.0	7.2	24.9	30.2	14.2	1,549	25,134	248,761
85 and older	6.1	265	12.4	7.2	7.1	7.5	28.8	35.9	13.4	2,132	20,376	189,298
Unknown	0.8	41	2.2	50.0	50.0	0.0	0.0	0.0	0.0	1,899	2	5
Basis of Eligibility^c												
Aged	5.5	260	17.2	13.8	10.7	7.8	25.3	29.6	12.9	1,514	70,832	701,429
Disabled	4.0	283	19.8	20.5	20.6	10.6	23.1	18.3	6.9	1,433	113,701	1,118,624
Adults	1.2	46	12.0	38.3	40.4	9.6	8.7	2.5	0.5	386	129,037	738,182
Children	0.5	25	13.4	44.0	47.9	4.9	2.8	0.4	0.1	185	436,164	3,262,782
Unknown	1.9	89	10.3	26.4	36.3	12.9	18.9	5.0	0.5	861	201	1,458
Gender												
Female	2.1	110	17.7	34.4	38.4	7.1	9.8	7.3	3.0	622	443,674	3,412,930
Male	1.5	99	16.6	39.7	39.9	6.4	7.9	4.6	1.5	595	306,261	2,409,545
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	114	18.1	31.5	41.1	7.3	9.9	7.2	2.9	632	564,599	4,679,798
African American	1.4	78	13.5	51.3	31.4	5.8	6.8	3.6	1.0	577	135,397	837,500
Other/unknown	0.9	48	12.7	53.5	35.2	4.5	4.3	2.0	0.5	380	49,939	305,177
Use of Nursing Facilities^d												
Entire year	7.8	385	12.7	2.0	3.8	5.0	24.9	40.6	23.8	3,035	26,943	269,260
Part year	6.9	352	14.9	3.6	6.6	7.0	28.2	36.1	18.5	2,355	13,748	128,065
None	1.5	86	19.1	38.5	40.9	6.9	8.0	4.3	1.3	449	709,244	5,425,150

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less			
Maintenance Assistance Status											
Cash	2.2	135	19.8	33.9	8.3	11.8	7.5	2.6	682	297,187	2,312,321
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	26	15.8	44.3	4.8	2.9	0.4	0.1	165	269,706	2,035,274
Other/unknown	3.2	170	15.2	29.5	7.4	13.6	12.8	5.4	1,114	183,042	1,474,880

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 INDIANA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.9	\$106	\$57	0.8	\$78	\$100	0.1	\$6	\$52	1.0	\$21	\$22
Age												
5 and younger	0.5	17	36	0.2	12	66	0.0	1	41	0.3	4	15
6-14	0.5	32	59	0.3	24	91	0.0	3	66	0.2	5	22
15-20	0.8	56	74	0.3	46	134	0.0	3	63	0.4	7	20
21-44	2.1	139	66	0.8	105	126	0.1	8	67	1.1	25	22
45-64	4.8	298	62	2.1	223	109	0.3	16	60	2.5	58	24
65-74	4.8	245	51	2.0	177	87	0.3	13	44	2.5	55	22
75-84	5.7	272	48	2.4	192	81	0.4	16	38	2.9	64	22
85 and older	6.1	265	44	2.3	178	76	0.5	17	35	3.2	69	22
Unknown	0.8	41	52	0.4	30	75	0.0	0	0	0.4	11	28
Basis of Eligibility^d												
Aged	5.5	260	48	2.2	182	82	0.4	15	39	2.8	62	22
Disabled	4.0	283	71	1.7	218	125	0.2	15	66	2.0	50	25
Adults	1.2	46	39	0.4	32	81	0.1	3	46	0.7	12	16
Children	0.5	25	49	0.2	19	81	0.0	2	57	0.2	4	18
Unknown	1.9	89	48	0.7	71	95	0.1	2	39	1.1	16	15
Gender												
Female	2.1	110	51	0.9	80	91	0.1	6	47	1.1	24	21
Male	1.5	99	67	0.6	76	119	0.1	6	62	0.7	17	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	114	57	0.8	85	100	0.1	7	52	1.0	23	22
African American	1.4	78	58	0.5	58	106	0.1	4	52	0.7	15	22
Other/unknown	0.9	48	54	0.4	36	95	0.1	3	52	0.5	9	20
Use of Nursing Facilities^e												
Entire year	7.8	385	49	3.1	261	85	0.6	24	38	4.1	100	25
Part year	6.9	352	51	2.7	245	89	0.5	21	40	3.6	85	23
None	1.5	86	59	0.6	65	105	0.1	5	60	0.7	16	21

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	2.2	135	0.9	101	0.1	7	1.2	26
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.5	26	0.2	20	0.0	2	0.2	4
Other/unknown	3.2	170	1.3	123	0.2	10	1.6	36

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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 Indiana, 0.6 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_mddeb.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}
 INDIANA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes				
		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$15	\$12	\$1	\$2	\$51	\$85	\$81	\$16	947,289	\$47,872,949	323,141	43.1 %	3,167,095
Biologics	0.1	0.1	0.0	0.0	29	26	1	3	247	254	1,649	176	14,181	3,502,152	10,784	1.4	119,795
Antineoplastic Agents	0.5	0.2	0.0	0.3	121	93	5	23	230	429	133	85	37,927	8,725,963	7,146	1.0	72,048
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	30	23	2	5	45	67	26	19	922,397	41,181,443	133,850	17.8	1,361,836
Cardiovascular Agents	1.5	0.5	0.1	0.9	53	33	4	16	35	62	37	18	1,766,918	61,501,710	110,448	14.7	1,160,542
Respiratory Agents	0.5	0.2	0.0	0.2	23	16	2	5	46	69	54	21	1,188,414	54,476,397	242,312	32.3	2,416,040
Gastrointestinal Agents	0.6	0.3	0.0	0.3	42	32	2	8	70	121	114	24	632,436	44,026,688	100,638	13.4	1,063,945
Genitourinary Agents	0.4	0.3	0.0	0.1	25	18	0	7	64	66	36	62	175,833	11,297,646	44,034	5.9	446,539
CNS Drugs	1.1	0.6	0.0	0.5	95	77	4	14	84	128	97	29	1,799,991	150,826,436	155,935	20.8	1,587,297
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	44	29	5	9	64	76	68	42	187,211	11,996,828	27,809	3.7	275,259
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	65	61	0	4	124	132	29	64	70,334	8,756,548	13,044	1.7	135,661
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	27	18	1	8	44	135	66	18	1,173,471	51,097,693	189,415	25.3	1,876,733
Neuromuscular Agents	0.9	0.4	0.1	0.4	58	44	4	10	67	115	57	24	750,189	50,106,273	82,130	11.0	862,980
Nutritional Products	0.5	0.0	0.0	0.4	10	1	1	8	20	42	21	19	279,128	5,637,233	58,404	7.8	563,537
Hematological Agents	0.7	0.2	0.1	0.3	96	86	3	7	133	353	19	21	270,813	36,095,527	36,302	4.8	376,837
Topical Products	0.3	0.1	0.0	0.2	10	6	1	3	35	56	49	18	570,002	19,855,035	187,570	25.0	1,904,102
Miscellaneous Products	0.3	0.1	0.0	0.2	49	30	7	12	142	226	270	65	46,674	6,626,786	13,037	1.7	133,989
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	28	0	0	0	33,886	948,180	12,767	1.7	135,721
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.	10,867,094	614,531,487	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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 Indiana, 0.6 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}
 INDIANA, 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
ANTIPTCHOTICS	\$84,010,100	69,942	757,598	0.7	\$165	\$111
ANTIDEPRESSANTS	53,798,171	141,190	1,478,558	0.5	69	36
ANTICONVULSANT	39,879,866	64,954	703,436	0.7	80	57
ULCER DRUGS	33,924,275	109,870	1,186,210	0.4	75	29
ANALGESICS - Narcotic	29,525,690	198,707	2,040,417	0.4	38	14
ANTIASTHMATIC	28,965,090	148,108	1,537,821	0.3	56	19
MISC. HEMATOLOGICAL	24,805,732	14,318	155,414	0.6	281	160
ANTIDIABETIC	24,488,356	57,261	619,944	0.7	60	40
ANTIHYPERTENSIVE	18,965,265	35,362	396,513	0.6	83	48
ANTIHYPERTENSIVE	16,223,588	70,179	759,844	0.6	36	21
Total	354,586,133	909,891	9,635,755	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. 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.