

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

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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

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
LOUISIANA, 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	1,046,074 (A)	158,771 (E)	887,303 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	986,337 (B)	110,240 (F)	876,097 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	986,337 (C)	110,240 (G)	876,097 (K)
4. Benes who were all-year nursing facility residents ^f	22,187 (D)	19,483 (H)	2,704 (L)

Source: Data for this table are from the MAX 2002 file for Louisiana, 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 Louisiana in 2002 was \$703,071,164, of which \$18,308,976 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 1.9 percent were restricted benefit months without a pharmacy benefit in Louisiana, 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}
 LOUISIANA, 2002

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
All	986,337	73,057	164,634	104,849	643,797	0	9,541,370	784,882	1,792,926	835,389	6,128,173	0
Age												
5 and younger	284,930	0	7,644	0	277,286	0	2,364,738	0	80,508	0	2,284,230	0
6-14	282,870	0	18,785	0	264,085	0	3,033,552	0	216,847	0	2,816,705	0
15-20	134,127	0	14,852	16,886	102,389	0	1,336,062	0	165,112	143,936	1,027,014	0
21-44	142,934	0	58,726	84,176	32	0	1,299,432	0	639,892	659,328	212	0
45-64	68,295	0	64,510	3,785	0	0	722,092	0	689,975	32,117	0	0
65-74	28,302	28,185	115	2	0	0	314,927	314,340	579	8	0	0
75-84	25,841	25,839	2	0	0	0	277,845	277,832	13	0	0	0
85 and older	19,033	19,033	0	0	0	0	192,710	192,710	0	0	0	0
Unknown	5	0	0	0	5	0	12	0	0	0	12	0
Gender												
Female	561,351	55,210	83,566	99,439	323,136	0	5,391,724	598,939	920,094	792,198	3,080,493	0
Male	424,912	17,844	81,062	5,407	320,599	0	4,149,054	185,913	872,800	43,171	3,047,170	0
Unknown	74	3	6	3	62	0	592	30	32	20	510	0
Race												
White	338,632	31,040	51,748	35,789	220,055	0	3,140,174	320,788	551,752	261,720	2,005,914	0
African American	578,807	30,824	91,958	64,777	391,248	0	5,742,084	340,919	1,011,921	544,124	3,845,120	0
Other/unknown	68,898	11,193	20,928	4,283	32,494	0	659,112	123,175	229,253	29,545	277,139	0
Use of Nursing Facilities^c												
Entire year	22,187	18,459	3,723	4	1	0	225,266	185,835	39,393	26	12	0
Part year	9,624	7,718	1,892	11	3	0	94,590	75,828	18,643	86	33	0
None	954,526	46,880	159,019	104,834	643,793	0	9,221,514	523,219	1,734,890	835,277	6,128,128	0
Maintenance Assistance Status												
Cash	353,185	43,811	148,445	59,590	101,339	0	3,661,537	498,009	1,617,469	535,535	1,010,524	0
Medically needy	1,866	151	398	1,068	249	0	18,612	1,460	3,654	10,793	2,705	0
Poverty-related	514,090	1,898	1,801	40,156	470,235	0	4,984,662	19,356	19,070	250,586	4,695,650	0
Other/unknown	117,196	27,197	13,990	4,035	71,974	0	876,559	266,057	152,733	38,475	419,294	0
Dual Medicare Status^d												
Full dual, all year	106,141	67,155	38,854	126	6	0	1,156,078	720,791	434,242	973	72	0
Full dual, part year	4,099	2,304	1,791	4	0	0	45,505	25,478	19,984	43	0	0
Non-dual, all year	876,097	3,598	123,989	104,719	643,791	0	8,339,787	38,613	1,338,700	834,373	6,128,101	0
Managed Care Status												
FFS all year	986,337	73,057	164,634	104,849	643,797	0	9,541,370	784,882	1,792,926	835,389	6,128,173	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 2002 file for Louisiana, 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}
 LOUISIANA, 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	69.7 %	13.1	\$694	\$53	\$3,320	20.9 %	986,337
Age							
5 and younger	64.1	5.3	230	44	1,470	15.6	284,930
6-14	65.2	5.2	269	52	1,061	25.4	282,870
15-20	65.7	5.8	290	50	1,847	15.7	134,127
21-44	74.7	15.0	896	60	5,488	16.3	142,934
45-64	84.7	45.2	2,590	57	10,384	24.9	68,295
65-74	89.5	52.7	2,671	51	8,510	31.4	28,302
75-84	92.5	56.9	2,862	50	11,390	25.1	25,841
85 and older	94.1	54.2	2,614	48	14,668	17.8	19,033
Unknown	0.0	0.0	0	0	62	0.0	5
Basis of Eligibility^c							
Aged	91.8	54.6	2,725	50	11,127	24.5	73,057
Disabled	80.0	30.4	1,960	65	9,446	20.7	164,634
Adults	73.6	7.9	299	38	2,579	11.6	104,849
Children	63.9	4.9	205	42	988	20.7	643,797
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	72.6	15.5	772	50	3,509	22.0	561,351
Male	65.8	10.1	592	59	3,070	19.3	424,912
Unknown	70.3	6.9	267	39	3,100	8.6	74
Race							
White	75.0	17.3	931	54	4,478	20.8	338,632
African American	66.2	9.9	507	51	2,533	20.0	578,807
Other/unknown	72.9	19.8	1,104	56	4,235	26.1	68,898
Use of Nursing Facilities^d							
Entire year	97.9	76.8	4,213	55	27,408	15.4	22,187
Part year	98.4	60.7	3,422	56	22,228	15.4	9,624
None	68.7	11.2	585	52	2,569	22.8	954,526

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	75.2	21.4	1,197	56	4,590	26.1	353,185
Medically needy	84.3	19.0	1,110	58	6,014	18.5	1,866
Poverty related	66.9	5.2	212	41	1,041	20.4	514,090
Other/unknown	65.0	23.1	1,287	56	9,445	13.6	117,196

Source: Data for this table are from the MAX 2002 file for Louisiana, 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}
 LOUISIANA, 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			More than 10	
All	1.4	\$72	20.9 %	30.3 %	48.5 %	7.3 %	7.8 %	4.6 %	1.4 %	\$343	986,337	9,541,370
Age												
5 and younger	0.6	28	15.6	35.9	54.0	7.1	2.7	0.2	0.0	177	284,930	2,364,738
6-14	0.5	25	25.4	34.8	57.6	4.9	2.5	0.3	0.0	99	282,870	3,033,552
15-20	0.6	29	15.7	34.3	55.8	6.1	3.4	0.5	0.0	185	134,127	1,336,062
21-44	1.6	99	16.3	25.3	46.2	10.7	11.8	4.9	1.1	604	142,934	1,299,432
45-64	4.3	245	24.9	15.3	17.9	11.0	26.8	21.5	7.5	982	68,295	722,092
65-74	4.7	240	31.4	10.5	14.3	10.7	28.9	26.7	8.9	765	28,302	314,927
75-84	5.3	266	25.1	7.5	11.2	9.1	30.1	31.3	10.8	1,059	25,841	277,845
85 and older	5.4	258	17.8	5.9	9.7	9.0	32.4	34.0	8.9	1,449	19,033	192,710
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	26	5	12
Basis of Eligibility^c												
Aged	5.1	254	24.5	8.2	12.0	9.7	30.2	30.2	9.5	1,036	73,057	784,882
Disabled	2.8	180	20.7	20.0	31.8	11.3	20.2	12.7	4.0	867	164,634	1,792,926
Adults	1.0	38	11.6	26.4	55.5	9.8	6.4	1.6	0.2	324	104,849	835,389
Children	0.5	22	20.7	36.1	55.8	5.6	2.3	0.1	0.0	104	643,797	6,128,173
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	80	22.0	27.4	48.3	7.7	8.9	5.9	1.9	365	561,351	5,391,724
Male	1.0	61	19.3	34.2	48.9	6.8	6.3	3.0	0.8	314	424,912	4,149,054
Unknown	0.9	33	8.6	29.7	59.5	5.4	1.4	1.4	2.7	388	74	592
Race												
White	1.9	100	20.8	25.0	47.4	9.0	9.5	6.6	2.5	483	338,632	3,140,174
African American	1.0	51	20.0	33.8	50.1	6.2	6.2	3.1	0.7	255	578,807	5,742,084
Other/unknown	2.1	115	26.1	27.1	41.2	8.8	12.5	8.0	2.3	443	68,898	659,112
Use of Nursing Facilities^d												
Entire year	7.6	415	15.4	2.1	3.2	4.6	25.3	43.6	21.1	2,699	22,187	225,266
Part year	6.2	348	15.4	1.6	7.6	8.8	32.6	37.4	12.0	2,262	9,624	94,590
None	1.2	61	22.8	31.3	50.0	7.4	7.1	3.4	0.8	266	954,526	9,221,514

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	2.1	116	26.1	24.8	40.6	9.4	14.3	8.6	2.3	443	353,185	3,661,537
Medically needy	1.9	111	18.5	15.7	46.9	12.3	15.8	7.8	1.5	603	1,866	18,612
Poverty related	0.5	22	20.4	33.1	58.3	5.9	2.4	0.2	0.0	107	514,090	4,984,662
Other/unknown	3.1	172	13.6	35.0	29.8	7.1	11.5	12.0	4.7	1,263	117,196	876,559

Source: Data for this table are from the MAX 2002 file for Louisiana, 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}
 LOUISIANA, 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	1.4	\$72	\$53	0.6	\$52	\$87	0.1	\$6	\$50	0.6	\$14	\$22
Age												
5 and younger	0.6	28	44	0.3	21	70	0.1	2	33	0.3	5	17
6-14	0.5	25	52	0.2	18	75	0.1	4	60	0.2	4	21
15-20	0.6	29	50	0.3	20	81	0.1	3	59	0.3	5	20
21-44	1.6	99	60	0.7	72	110	0.1	7	57	0.9	19	22
45-64	4.3	245	57	1.9	180	95	0.3	16	54	2.1	48	23
65-74	4.7	240	51	2.2	174	80	0.3	17	48	2.2	49	22
75-84	5.3	266	50	2.4	191	81	0.4	19	46	2.5	56	22
85 and older	5.4	258	48	2.2	180	81	0.5	20	43	2.7	58	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.1	254	50	2.2	181	81	0.4	18	46	2.4	54	22
Disabled	2.8	180	65	1.2	135	110	0.2	12	60	1.3	33	24
Adults	1.0	38	38	0.4	25	68	0.1	4	43	0.5	9	17
Children	0.5	22	42	0.2	15	62	0.1	3	46	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	80	50	0.7	58	82	0.1	7	48	0.8	16	21
Male	1.0	61	59	0.5	45	96	0.1	5	55	0.5	11	23
Unknown	0.9	33	39	0.4	22	61	0.1	4	47	0.4	7	17
Race												
White	1.9	100	54	0.8	73	87	0.2	9	52	0.9	19	22
African American	1.0	51	51	0.4	37	85	0.1	4	48	0.5	10	21
Other/unknown	2.1	115	56	0.9	85	91	0.2	9	52	0.9	21	22
Use of Nursing Facilities^e												
Entire year	7.6	415	55	3.2	296	92	0.6	29	48	3.7	89	24
Part year	6.2	348	56	2.6	247	94	0.5	24	48	3.0	76	25
None	1.2	61	52	0.5	44	85	0.1	5	51	0.5	11	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	2.1	116	0.9	85	0.2	8	1.0	22
Medically needy	1.9	111	0.8	76	0.1	12	1.0	23
Poverty related	0.5	22	0.2	15	0.1	3	0.2	4
Other/unknown	3.1	172	1.3	125	0.3	12	1.5	34

Source: Data for this table are from the MAX 2002 file for Louisiana, 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 Louisiana, 0.3 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}
 LOUISIANA, 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$10	\$1	\$2	\$50	\$74	\$71	\$17	1,466,297	\$73,350,031	500,257	50.7 %	5,404,277
Biologics	0.5	0.4	0.0	0.0	587	543	22	23	1275	1,225	2,532	2,552	15,461	19,711,998	3,607	0.4	33,563
Antineoplastic Agents	0.5	0.2	0.1	0.3	99	66	9	25	206	367	174	98	42,224	8,710,948	8,414	0.9	87,637
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	23	17	2	4	45	62	29	23	1,056,704	47,757,313	190,255	19.3	2,069,533
Cardiovascular Agents	1.5	0.6	0.1	0.8	55	35	4	16	38	60	40	21	2,160,892	81,340,411	133,623	13.5	1,477,370
Respiratory Agents	0.4	0.2	0.1	0.1	19	12	4	3	46	60	48	24	1,854,521	85,084,457	409,988	41.6	4,457,867
Gastrointestinal Agents	0.5	0.3	0.0	0.2	39	32	1	5	74	116	110	22	697,135	51,911,999	123,914	12.6	1,347,334
Genitourinary Agents	0.3	0.2	0.0	0.1	16	14	0	1	52	62	40	20	187,203	9,688,610	58,236	5.9	620,047
CNS Drugs	0.8	0.4	0.0	0.4	63	50	3	10	75	129	94	24	1,477,116	111,178,457	159,183	16.1	1,755,272
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.1	32	24	4	4	68	81	60	39	191,824	13,117,801	36,376	3.7	412,626
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	65	62	0	3	113	129	51	36	71,937	8,160,334	11,585	1.2	125,642
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	17	11	1	5	41	100	48	17	1,424,941	58,264,531	306,093	31.0	3,336,574
Neuromuscular Agents	0.7	0.2	0.1	0.4	39	27	3	9	58	108	55	24	649,177	37,951,985	87,897	8.9	981,405
Nutritional Products	0.4	0.0	0.0	0.3	8	1	1	6	22	24	23	22	443,991	9,816,762	114,807	11.6	1,203,952
Hematological Agents	0.5	0.2	0.1	0.2	55	45	3	7	101	202	38	29	317,960	32,088,489	54,815	5.6	585,281
Topical Products	0.3	0.1	0.0	0.1	10	7	1	2	37	52	47	20	842,201	31,323,976	298,493	30.3	3,247,351
Miscellaneous Products	0.2	0.1	0.0	0.1	30	23	3	5	131	195	280	46	35,224	4,627,966	14,054	1.4	153,165
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	24	0	0	0	27,838	676,120	11,735	1.2	131,770
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.	12,962,646	684,762,188	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Louisiana, 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 Louisiana, 0.3 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}
 LOUISIANA, 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
ANTI-PSYCHOTICS	\$62,238,871	58,301	656,692	0.6	\$162	\$95
ULCER DRUGS	42,602,061	114,888	1,260,068	0.4	90	34
ANTIDEPRESSANTS	36,278,995	115,999	1,286,670	0.5	61	28
ANTI-ASTHMATIC	35,815,493	238,410	2,639,928	0.3	54	14
ANTI-HISTAMINES	31,086,419	327,221	3,649,080	0.2	45	9
ANTICONVULSANT	29,216,634	53,254	600,244	0.6	76	49
ANALGESICS - ANTI-INFLAMMATORY	29,058,236	203,656	2,277,832	0.2	56	13
ANTI-DIABETIC	27,923,082	70,107	788,686	0.6	59	35
ANALGESICS - Narcotic	24,254,553	283,110	3,090,216	0.3	30	8
ANTI-HYPERTENSIVE	23,865,426	100,752	1,133,640	0.6	38	21
Total	342,339,770	1,565,698	17,383,056	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Louisiana, 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.