

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MASSACHUSETTS, 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	1,210,399 (A)	226,168 (E)	984,231 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,051,780 (B)	205,426 (F)	846,354 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	869,871 (C)	204,813 (G)	665,058 (K)
4. Benes who were all-year nursing facility residents ^f	34,259 (D)	31,987 (H)	2,272 (L)

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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 Massachusetts in 2002 was \$943,957,442, of which \$31,266,669 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 0.7 percent were restricted benefit months without a pharmacy benefit in Massachusetts, 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}
 MASSACHUSETTS, 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	869,871	95,376	236,551	188,701	349,243	0	8,045,282	971,837	2,587,519	1,539,151	2,946,775	0
Age												
5 and younger	126,980	1	3,945	0	123,034	0	978,251	3	38,915	0	939,333	0
6-14	167,817	0	11,378	0	156,439	0	1,522,367	0	123,919	0	1,398,448	0
15-20	92,505	0	9,267	13,634	69,604	0	817,720	0	99,179	110,333	608,208	0
21-44	230,085	9	80,832	149,079	165	0	2,087,637	41	876,241	1,210,578	777	0
45-64	127,679	26	102,079	25,573	1	0	1,331,235	143	1,116,370	214,713	9	0
65-74	48,343	25,969	22,018	356	0	0	529,556	273,656	252,888	3,012	0	0
75-84	41,534	35,822	5,656	56	0	0	437,955	372,501	64,963	491	0	0
85 and older	34,926	33,547	1,376	3	0	0	340,549	325,481	15,044	24	0	0
Unknown	2	2	0	0	0	0	12	12	0	0	0	0
Gender												
Female	509,989	70,211	124,973	141,920	172,885	0	4,743,711	721,443	1,382,746	1,180,863	1,458,659	0
Male	359,882	25,165	111,578	46,781	176,358	0	3,301,571	250,394	1,204,773	358,288	1,488,116	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	496,870	73,258	186,641	86,516	150,455	0	4,949,376	763,046	2,070,163	744,976	1,371,191	0
African American	85,601	3,928	19,580	19,933	42,160	0	756,346	42,597	211,951	158,004	343,794	0
Other/unknown	287,400	18,190	30,330	82,252	156,628	0	2,339,560	166,194	305,405	636,171	1,231,790	0
Use of Nursing Facilities^c												
Entire year	34,259	29,894	4,356	2	7	0	345,041	297,341	47,613	14	73	0
Part year	19,677	13,174	6,265	160	78	0	189,471	119,204	67,966	1,539	762	0
None	815,935	52,308	225,930	188,539	349,158	0	7,510,770	555,292	2,471,940	1,537,598	2,945,940	0
Maintenance Assistance Status												
Cash	257,599	29,758	148,138	26,843	52,860	0	2,677,741	336,629	1,660,259	220,352	460,501	0
Medically needy	19,929	10,545	9,384	0	0	0	201,473	103,172	98,301	0	0	0
Poverty-related	361,751	30,477	61,283	0	269,991	0	3,216,368	311,158	642,966	0	2,262,244	0
Other/unknown	230,592	24,596	17,746	161,858	26,392	0	1,949,700	220,878	185,993	1,318,799	224,030	0
Dual Medicare Status^d												
Full dual, all year	202,050	82,371	117,506	2,160	13	0	2,187,749	842,161	1,326,483	18,995	110	0
Full dual, part year	2,763	2,551	208	4	0	0	30,860	28,507	2,316	37	0	0
Non-dual, all year	665,058	10,454	118,837	186,537	349,230	0	5,826,673	101,169	1,258,720	1,520,119	2,946,665	0
Managed Care Status												
FFS all year	720,904	95,217	225,942	139,052	260,693	0	7,324,390	970,844	2,532,137	1,295,787	2,525,622	0
FFS part year, with Rx claims	70,738	127	7,916	26,258	36,437	0	449,444	833	46,554	167,640	234,417	0
FFS part year, no Rx claims	78,229	32	2,693	23,391	52,113	0	271,448	160	8,828	75,724	186,736	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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}
 MASSACHUSETTS, 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	67.7 %	17.7	\$1,049	\$59	\$6,692	15.7 %	869,871
Age							
5 and younger	54.5	2.7	99	36	2,387	4.2	126,980
6-14	52.9	4.1	235	57	1,987	11.8	167,817
15-20	55.5	5.3	340	64	2,992	11.4	92,505
21-44	71.1	16.5	1,163	71	6,157	18.9	230,085
45-64	83.5	38.9	2,569	66	11,626	22.1	127,679
65-74	85.1	38.3	1,990	52	9,788	20.3	48,343
75-84	88.0	42.7	1,955	46	16,089	12.1	41,534
85 and older	90.2	42.3	1,617	38	24,780	6.5	34,926
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^c							
Aged	86.7	39.4	1,732	44	17,870	9.7	95,376
Disabled	85.9	38.2	2,643	69	13,114	20.2	236,551
Adults	63.4	7.9	382	49	2,025	18.8	188,701
Children	52.4	3.2	144	45	1,812	7.9	349,243
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.2	19.8	1,072	54	6,857	15.6	509,989
Male	62.7	14.7	1,017	69	6,458	15.8	359,882
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	75.9	24.2	1,452	60	8,944	16.2	496,870
African American	59.0	11.4	694	61	4,548	15.2	85,601
Other/unknown	56.1	8.3	459	55	3,438	13.3	287,400
Use of Nursing Facilities^d							
Entire year	94.7	57.2	2,494	44	41,273	6.0	34,259
Part year	93.5	51.3	2,507	49	29,661	8.5	19,677
None	65.9	15.2	953	63	4,686	20.3	815,935

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	79.0	27.7	1,736	63	8,773	19.8	257,599
Medically needy	76.9	30.0	1,605	54	12,347	13.0	19,929
Poverty related	60.5	12.9	765	59	5,975	12.8	361,751
Other/unknown	65.5	12.9	679	53	5,003	13.6	230,592

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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}
 MASSACHUSETTS, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	No.
				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	\$113	15.7 %	32.3 %	37.5 %	8.0 %	13.0 %	7.4 %	1.8 %	\$724	869,871	8,045,282
Age												
5 and younger	0.4	13	4.2	45.5	50.7	2.7	1.0	0.1	0.0	310	126,980	978,251
6-14	0.5	26	11.8	47.1	45.6	4.0	2.9	0.4	0.0	219	167,817	1,522,367
15-20	0.6	38	11.4	44.5	45.7	5.1	3.8	0.8	0.1	338	92,505	817,720
21-44	1.8	128	18.9	28.9	40.5	10.4	13.3	5.6	1.3	679	230,085	2,087,637
45-64	3.7	246	22.1	16.5	21.8	12.2	26.8	17.7	4.9	1,115	127,679	1,331,235
65-74	3.5	182	20.3	14.9	22.1	13.2	27.8	17.8	4.3	894	48,343	529,556
75-84	4.0	185	12.1	12.0	16.4	12.3	31.1	22.8	5.5	1,526	41,534	437,955
85 and older	4.3	166	6.5	9.8	12.5	12.1	34.3	26.4	4.9	2,541	34,926	340,549
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	12
Basis of Eligibility^c												
Aged	3.9	170	9.7	13.3	17.5	12.3	30.2	21.8	4.8	1,754	95,376	971,837
Disabled	3.5	242	20.2	14.1	24.4	12.9	27.4	16.8	4.4	1,199	236,551	2,587,519
Adults	1.0	47	18.8	36.6	45.9	8.7	7.0	1.6	0.2	248	188,701	1,539,151
Children	0.4	17	7.9	47.6	47.3	3.2	1.7	0.2	0.0	215	349,243	2,946,775
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.1	115	15.6	28.8	37.7	8.6	14.2	8.5	2.1	737	509,989	4,743,711
Male	1.6	111	15.8	37.3	37.1	7.2	11.3	5.8	1.3	704	359,882	3,301,571
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	146	16.2	24.1	35.3	9.8	17.7	10.5	2.6	898	496,870	4,949,376
African American	1.3	79	15.2	41.0	39.2	6.5	8.6	3.9	0.9	515	85,601	756,346
Other/unknown	1.0	56	13.3	43.9	40.8	5.4	6.2	3.0	0.7	422	287,400	2,339,560
Use of Nursing Facilities^d												
Entire year	5.7	248	6.0	5.3	7.2	9.1	32.5	35.1	10.8	4,098	34,259	345,041
Part year	5.3	260	8.5	6.5	10.2	10.4	33.5	30.4	9.0	3,080	19,677	189,471
None	1.7	104	20.3	34.1	39.4	7.9	11.7	5.7	1.2	509	815,935	7,510,770

Table 4

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	2.7	167	19.8	21.0	33.3	11.0	20.5	11.4	2.8	844	257,599	2,677,741
Medically needy	3.0	159	13.0	23.1	23.8	11.3	23.8	14.7	3.4	1,221	19,929	201,473
Poverty related	1.5	86	12.8	39.5	39.3	5.5	8.9	5.5	1.3	672	361,751	3,216,368
Other/unknown	1.5	80	13.6	34.5	40.5	8.5	10.1	5.2	1.2	592	230,592	1,949,700

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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}
 MASSACHUSETTS, 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	1.9	\$113	0.9	\$91	0.0	\$1	0.9	\$17
		\$59		\$103		\$49		\$18
Age								
5 and younger	0.4	13	0.1	10	0.0	0	0.2	2
6-14	0.5	26	0.2	21	0.0	0	0.2	3
15-20	0.6	38	0.3	30	0.0	1	0.3	6
21-44	1.8	128	0.8	104	0.0	2	0.9	18
45-64	3.7	246	1.8	200	0.0	3	1.7	35
65-74	3.5	182	1.6	145	0.0	2	1.6	28
75-84	4.0	185	1.8	146	0.1	3	2.0	31
85 and older	4.3	166	1.8	129	0.1	3	2.2	30
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.9	170	1.7	134	0.1	2	1.9	29
Disabled	3.5	242	1.7	196	0.0	3	1.6	35
Adults	1.0	47	0.4	37	0.0	0	0.5	7
Children	0.4	17	0.2	14	0.0	0	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.1	115	1.0	92	0.0	1	1.0	17
Male	1.6	111	0.8	90	0.0	1	0.8	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.4	146	1.1	117	0.0	2	1.2	22
African American	1.3	79	0.6	64	0.0	1	0.6	10
Other/unknown	1.0	56	0.5	45	0.0	1	0.5	9
Use of Nursing Facilities^e								
Entire year	5.7	248	2.4	195	0.2	4	2.9	43
Part year	5.3	260	2.3	207	0.1	4	2.7	43
None	1.7	104	0.8	84	0.0	1	0.8	15

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.7	167	1.3	135	0.0	2	1.3	24
Medically needy	3.0	159	1.4	126	0.1	2	1.4	26
Poverty related	1.5	86	0.7	69	0.0	1	0.7	13
Other/unknown	1.5	80	0.7	64	0.0	1	0.7	13

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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 Massachusetts, 4.3 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}
 MASSACHUSETTS, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$23	\$22	\$0	\$2	\$86	\$162	\$116	\$11	1,002,106	\$86,405,417	342,229	39.3 %	3,699,462
Biologics	0.2	0.2	0.0	0.0	141	98	14	29	643	525	2,156	1,098	6,358	4,085,790	2,724	0.3	28,965
Antineoplastic Agents	0.5	0.3	0.0	0.2	134	112	3	19	256	397	159	86	54,578	13,994,705	9,917	1.1	104,521
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	24	20	1	4	38	64	26	12	1,240,777	47,502,256	180,610	20.8	1,966,767
Cardiovascular Agents	1.3	0.5	0.0	0.8	45	33	0	11	35	64	39	15	2,639,860	92,299,606	185,809	21.4	2,048,733
Respiratory Agents	0.6	0.4	0.0	0.2	28	25	0	3	52	69	38	18	1,176,737	60,714,309	195,651	22.5	2,137,621
Gastrointestinal Agents	0.6	0.3	0.0	0.2	45	40	1	4	80	126	182	18	890,987	70,912,031	142,862	16.4	1,571,294
Genitourinary Agents	0.3	0.3	0.0	0.1	19	18	0	1	54	65	36	14	206,432	11,234,424	54,452	6.3	599,582
CNS Drugs	1.2	0.7	0.0	0.5	96	81	1	15	80	118	117	29	3,115,649	248,172,627	235,290	27.0	2,574,513
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	38	33	0	5	72	89	50	31	144,632	10,476,232	25,389	2.9	276,969
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	74	74	0	0	120	124	18	19	58,598	7,057,435	9,022	1.0	94,936
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	29	24	0	5	54	135	57	14	1,433,534	77,937,939	247,102	28.4	2,690,284
Neuromuscular Agents	0.9	0.4	0.0	0.4	54	46	1	7	61	105	46	16	1,309,123	79,748,588	133,706	15.4	1,487,626
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	16	16	25	15	240,586	3,740,401	70,460	8.1	735,415
Hematological Agents	0.7	0.1	0.1	0.5	63	46	1	16	86	330	11	33	343,011	29,613,973	43,436	5.0	470,973
Topical Products	0.3	0.1	0.0	0.2	12	8	0	3	36	60	43	16	813,107	29,475,621	233,111	26.8	2,540,908
Miscellaneous Products	0.3	0.1	0.0	0.1	48	36	2	9	191	249	290	95	46,001	8,782,996	16,751	1.9	183,200
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	46	0	0	0	658,576	30,536,423	167,215	19.2	1,875,917
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.	15,380,652	912,690,773	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Massachusetts, 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 Massachusetts, 4.3 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}
 MASSACHUSETTS, 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	\$136,180,134	115,334	13.3 %	1,294,182	0.8	\$140	\$105	
ANTIDEPRESSANTS	96,772,148	245,038	28.2	2,718,830	0.6	63	36	
ANTICONVULSANT	71,318,288	122,166	14.0	1,377,012	0.7	71	52	
ULCER DRUGS	58,265,032	134,623	15.5	1,496,433	0.5	86	39	
ANTIVIRAL	54,868,825	25,924	3.0	292,089	0.5	406	188	
ANALGESICS - Narcotic	43,092,779	221,772	25.5	2,455,021	0.3	56	18	
ANTIHYPERTENSIVE	38,419,826	68,600	7.9	781,345	0.6	84	49	
ANTIASTHMATIC	35,890,163	193,778	22.3	2,139,994	0.3	50	17	
ANTIDIABETIC	27,410,612	78,272	9.0	878,012	0.6	53	31	
ANALGESICS - ANTI-INFLAMMATORY	23,967,150	167,535	19.3	1,875,954	0.3	49	13	
Total	586,184,957	1,373,042		15,308,852	n.a.	n.a.	n.a.	

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