

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
NORTH CAROLINA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 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	1,425,322 (A)	283,131 (E)	1,142,191 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,341,545 (B)	227,077 (F)	1,114,468 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,333,406 (C)	227,047 (G)	1,106,359 (K)
4. Benes who were all-year nursing facility residents ^f	17,012 (D)	16,141 (H)	871 (L)

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 North Carolina in 2002 was \$1,115,317,197, of which \$50,176,423 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 1.5 percent were restricted benefit months without a pharmacy benefit in North Carolina, 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 K but excluded from Cell J 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 G but excluded from Cell F 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}
 NORTH CAROLINA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos						Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	1,333,406	140,318	225,997	244,844	722,247	0	12,549,674	1,524,749	2,425,843	1,913,689	6,685,393	0	
Age													
5 and younger	325,946	0	8,282	3	317,661	0	2,947,913	0	84,779	5	2,863,129	0	
6-14	313,766	0	21,388	98	292,280	0	3,044,133	0	239,349	472	2,804,312	0	
15-20	143,899	5	13,996	18,855	111,043	0	1,297,134	44	153,630	130,755	1,012,705	0	
21-44	287,192	69	75,599	210,267	1,257	0	2,472,139	417	813,675	1,652,812	5,235	0	
45-64	121,725	117	106,052	15,556	0	0	1,257,867	852	1,127,956	129,059	0	0	
65-74	55,293	54,786	448	59	0	0	610,291	605,855	3,896	540	0	0	
75-84	52,720	52,564	152	4	0	0	578,023	576,263	1,728	32	0	0	
85 and older	32,859	32,777	80	2	0	0	342,162	341,318	830	14	0	0	
Unknown	6	0	0	0	6	0	12	0	0	0	12	0	
Gender													
Female	804,056	107,716	116,772	215,135	364,433	0	7,522,778	1,176,750	1,268,672	1,699,610	3,377,746	0	
Male	529,350	32,602	109,225	29,709	357,814	0	5,026,896	347,999	1,157,171	214,079	3,307,647	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Race													
White	573,809	71,632	94,126	114,109	293,942	0	5,294,092	765,802	998,404	866,535	2,663,351	0	
African American	553,135	48,884	86,338	106,273	311,660	0	5,358,021	541,628	937,910	895,215	2,983,268	0	
Other/unknown	206,462	19,822	45,533	24,462	116,645	0	1,897,561	217,319	489,529	151,939	1,038,774	0	
Use of Nursing Facilities^c													
Entire year	17,012	14,922	2,090	0	0	0	188,168	164,179	23,989	0	0	0	
Part year	15,813	13,163	2,628	20	2	0	155,456	128,203	27,025	204	24	0	
None	1,300,581	112,233	221,279	244,824	722,245	0	12,206,050	1,232,367	2,374,829	1,913,485	6,685,369	0	
Maintenance Assistance Status													
Cash	608,201	67,895	155,539	167,843	216,924	0	6,028,423	760,552	1,735,264	1,414,826	2,117,781	0	
Medically needy	10,459	5,829	2,449	1,580	601	0	97,176	58,168	23,439	11,074	4,495	0	
Poverty-related	647,135	66,594	68,008	53,944	458,589	0	5,761,264	706,029	667,134	289,487	4,098,614	0	
Other/unknown	67,611	0	1	21,477	46,133	0	662,811	0	6	198,302	464,503	0	
Dual Medicare Status^d													
Full dual, all year	220,010	133,363	85,045	1,581	21	0	2,423,687	1,462,062	948,317	13,148	160	0	
Full dual, part year	7,037	4,028	2,994	15	0	0	78,098	44,534	33,400	164	0	0	
Non-dual, all year	1,106,359	2,927	137,958	243,248	722,226	0	10,047,889	18,153	1,444,126	1,900,377	6,685,233	0	
Managed Care Status													
FFS all year	1,307,114	140,285	224,435	238,429	703,965	0	12,437,307	1,524,537	2,419,077	1,886,957	6,606,736	0	
FFS part year, with Rx claims	17,799	32	1,342	5,283	11,142	0	75,360	209	6,041	22,270	46,840	0	
FFS part year, no Rx claims	8,493	1	220	1,132	7,140	0	37,007	3	725	4,462	31,817	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Carolina, 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}
 NORTH CAROLINA, 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	71.2 %	14.4	\$799	\$55	\$4,343	18.4 %	1,333,406
Age							
5 and younger	67.7	4.0	163	41	1,844	8.9	325,946
6-14	59.4	4.3	265	61	1,846	14.4	313,766
15-20	63.1	5.4	303	57	3,136	9.7	143,899
21-44	75.2	13.5	867	64	5,029	17.2	287,192
45-64	86.9	41.7	2,496	60	10,030	24.9	121,725
65-74	91.2	48.2	2,431	50	7,962	30.5	55,293
75-84	92.9	50.2	2,415	48	10,676	22.6	52,720
85 and older	93.7	47.2	2,146	46	14,927	14.4	32,859
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^c							
Aged	92.4	48.7	2,359	48	10,606	22.2	140,318
Disabled	83.9	33.0	2,283	69	11,412	20.0	225,997
Adults	72.9	8.8	386	44	2,791	13.8	244,844
Children	62.6	3.9	171	44	1,440	11.9	722,247
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	74.1	16.9	872	52	4,421	19.7	804,056
Male	66.9	10.7	687	64	4,224	16.3	529,350
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	76.4	18.1	1,014	56	5,068	20.0	573,809
African American	67.6	11.1	589	53	3,602	16.4	553,135
Other/unknown	66.4	13.3	763	58	4,311	17.7	206,462
Use of Nursing Facilities^d							
Entire year	96.9	66.8	3,593	54	35,370	10.2	17,012
Part year	95.6	53.1	2,871	54	21,754	13.2	15,813
None	70.6	13.3	737	56	3,725	19.8	1,300,581

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	75.4	17.9	1,029	57	4,918	20.9	608,201
Medically needy	86.4	42.1	2,379	57	21,152	11.2	10,459
Poverty related	67.1	11.5	600	52	3,661	16.4	647,135
Other/unknown	70.9	7.4	385	52	3,090	12.4	67,611

Source: Data for this table are from the MAX 2002 file for North Carolina, 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}
 NORTH CAROLINA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services					No. of Rx, % with:					Mean \$, All Services	Bene Mos	Benes	No.
			18.4 %	28.8 %	None but 1 or Less	45.8 %	7.5 %	More than 2, but 5 or Less	11.1 %	5.5 %	1.3 %	More than 5, but 10 or Less				
All	1.5	\$85	18.4 %	28.8 %	None but 1 or Less	45.8 %	7.5 %	11.1 %	5.5 %	1.3 %	More than 5, but 10 or Less	\$461	1,333,406	12,549,674		
Age																
5 and younger	0.4	18	8.9	32.3	61.6	4.2	1.6	0.2	0.1	204	325,946	2,947,913				
6-14	0.4	27	14.4	40.6	51.9	4.4	2.7	0.3	0.1	190	313,766	3,044,133				
15-20	0.6	34	9.7	36.9	52.7	6.1	3.6	0.6	0.1	348	143,899	1,297,134				
21-44	1.6	101	17.2	24.8	45.5	11.7	13.4	3.8	0.9	584	287,192	2,472,139				
45-64	4.0	242	24.9	13.1	18.7	11.8	31.3	19.6	5.5	971	121,725	1,257,867				
65-74	4.4	220	30.5	8.8	14.5	11.4	35.5	24.3	5.4	721	55,293	610,291				
75-84	4.6	220	22.6	7.1	11.8	10.9	38.2	26.7	5.4	974	52,720	578,023				
85 and older	4.5	206	14.4	6.3	11.4	11.7	39.6	26.9	4.2	1,434	32,859	342,162				
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	6	12				
Basis of Eligibility^c																
Aged	4.5	217	22.2	7.6	12.8	11.3	37.5	25.8	5.1	976	140,318	1,524,749				
Disabled	3.1	213	20.0	16.1	28.0	12.1	25.9	14.1	3.7	1,063	225,997	2,425,843				
Adults	1.1	49	13.8	27.1	50.3	11.0	9.6	1.6	0.4	357	244,844	1,913,689				
Children	0.4	19	11.9	37.4	56.3	4.2	1.8	0.2	0.1	156	722,247	6,685,393				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Gender																
Female	1.8	93	19.7	25.9	44.8	8.0	12.7	6.8	1.7	473	804,056	7,522,778				
Male	1.1	72	16.3	33.1	47.3	6.7	8.7	3.6	0.7	445	529,350	5,026,896				
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	110	20.0	23.6	44.9	8.8	13.4	7.3	1.9	549	573,809	5,294,092				
African American	1.1	61	16.4	32.4	47.5	6.5	9.1	3.8	0.6	372	553,135	5,358,021				
Other/unknown	1.4	83	17.7	33.6	43.7	6.6	10.0	5.0	1.2	469	206,462	1,897,561				
Use of Nursing Facilities^d																
Entire year	6.0	325	10.2	3.1	5.7	7.7	33.8	37.8	11.9	3,198	17,012	188,168				
Part year	5.4	292	13.2	4.4	9.0	10.0	37.1	31.1	8.3	2,213	15,813	155,456				
None	1.4	79	19.8	29.4	46.8	7.5	10.5	4.8	1.1	397	1,300,581	12,206,050				

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	1.8	104	20.9	24.6	43.7	8.9	14.2	6.9	1.6	608,201	6,028,423
Medically needy	4.5	256	11.2	13.6	17.0	10.6	28.5	23.5	6.8	2,277	10,459
Poverty related	1.3	67	16.4	32.9	47.4	6.1	8.3	4.4	1.0	411	647,135
Other/unknown	0.8	39	12.4	29.1	54.9	8.2	6.6	1.0	0.3	315	67,611

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NORTH CAROLINA, 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	1.5	\$85	0.7	\$66	0.1	\$48	0.7	\$13
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.4	18	0.2	13	0.0	2	0.2	3
6-14	0.4	27	0.2	21	0.0	3	0.2	4
15-20	0.6	34	0.3	26	0.1	3	0.3	5
21-44	1.6	101	0.7	80	0.1	6	0.8	14
45-64	4.0	242	1.9	192	0.3	14	1.8	35
65-74	4.4	220	2.1	173	0.3	12	2.0	34
75-84	4.6	220	2.1	171	0.4	13	2.1	36
85 and older	4.5	206	1.9	154	0.4	14	2.2	38
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.5	217	2.0	168	0.4	13	2.1	36
Disabled	3.1	213	1.5	172	0.2	12	1.4	28
Adults	1.1	49	0.5	37	0.1	3	0.6	9
Children	0.4	19	0.2	13	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.8	93	0.8	72	0.1	6	0.8	15
Male	1.1	72	0.5	57	0.1	5	0.5	10
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.0	110	0.9	86	0.2	8	0.9	17
African American	1.1	61	0.5	48	0.1	4	0.5	9
Other/unknown	1.4	83	0.7	65	0.1	5	0.7	12
Use of Nursing Facilities^e								
Entire year	6.0	325	2.6	248	0.6	23	2.8	53
Part year	5.4	292	2.4	225	0.5	18	2.5	48
None	1.4	79	0.6	62	0.1	5	0.7	12

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	1.8	104	0.8	82	0.1	6	0.9	16
Medically needy	4.5	256	2.0	199	0.4	17	2.1	40
Poverty related	1.3	67	0.6	52	0.1	5	0.6	11
Other/unknown	0.8	39	0.4	31	0.1	3	0.3	6

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 North Carolina, 0.4 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}
 NORTH CAROLINA, 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	\$15	\$12	\$1	\$2	\$59	\$95	\$77	\$15	1,659,434	\$97,615,947	616,899	46.3 %	6,504,388
Biologics	0.4	0.4	0.0	0.0	419	373	6	40	1107	1,031	1,335	3,209	11,305	12,516,164	3,255	0.2	29,845
Antineoplastic Agents	0.5	0.2	0.0	0.2	100	74	4	22	215	350	169	95	68,363	14,705,563	13,678	1.0	146,841
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	25	20	2	3	41	60	25	16	1,798,112	73,801,295	273,752	20.5	2,937,036
Cardiovascular Agents	1.5	0.6	0.1	0.8	52	37	3	12	35	59	30	16	3,889,756	136,259,093	238,462	17.9	2,624,065
Respiratory Agents	0.4	0.2	0.1	0.2	20	14	3	3	46	66	53	17	2,308,033	106,338,227	501,966	37.6	5,339,545
Gastrointestinal Agents	0.6	0.4	0.0	0.2	53	48	1	4	92	130	127	20	1,296,614	119,336,967	205,770	15.4	2,237,871
Genitourinary Agents	0.3	0.2	0.0	0.1	15	14	0	1	52	61	37	15	268,020	13,954,668	88,852	6.7	937,222
CNS Drugs	0.9	0.4	0.0	0.4	67	56	3	8	78	131	108	20	2,480,826	193,068,748	267,242	20.0	2,884,020
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	34	26	3	5	70	85	64	39	305,227	21,336,170	57,464	4.3	621,740
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	58	56	0	3	124	134	84	47	80,998	10,050,821	15,566	1.2	172,005
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	24	17	1	6	47	120	66	16	2,060,504	96,745,274	384,865	28.9	4,077,846
Neuromuscular Agents	0.7	0.3	0.1	0.3	43	34	4	6	67	126	51	19	1,031,645	68,630,394	144,159	10.8	1,579,262
Nutritional Products	0.4	0.0	0.0	0.3	7	0	1	6	16	19	15	17	510,340	8,414,553	122,507	9.2	1,263,175
Hematological Agents	0.6	0.2	0.1	0.2	63	55	3	5	110	263	24	20	440,288	48,262,383	71,465	5.4	772,040
Topical Products	0.3	0.1	0.0	0.1	10	6	1	2	38	56	50	19	962,111	36,285,287	353,505	26.5	3,784,600
Miscellaneous Products	0.4	0.2	0.0	0.2	96	68	14	14	218	379	283	68	28,398	6,191,075	5,934	0.4	64,822
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	55,151	1,628,145	22,356	1.7	249,632
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.	19,255,125	1,065,140,774	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 North Carolina, 0.4 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}
 NORTH CAROLINA, 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		
ULCER DRUGS	\$103,790,324	200,052	15.0 %	2,200,555	0.5	\$104	\$47	
ANTIPSYCHOTICS	103,442,684	88,911	6.7	997,448	0.6	183	104	
ANTIDEPRESSANTS	68,967,825	214,045	16.1	2,330,642	0.5	63	30	
ANTICONVULSANT	56,964,232	101,532	7.6	1,130,251	0.6	83	50	
ANTIASTHMATIC	47,898,910	273,257	20.5	2,989,548	0.3	54	16	
ANTIIDIABETIC	47,613,050	125,307	9.4	1,402,177	0.6	54	34	
ANALGESICS - Narcotic	45,610,358	417,393	31.3	4,505,731	0.3	38	10	
ANTHYPERLIPIDEMIC	42,678,757	75,310	5.6	855,259	0.6	84	50	
ANALGESICS - ANTI-INFLAMMATORY	40,436,089	237,042	17.8	2,594,434	0.3	60	16	
ANTIHYPERTENSIVE	37,302,522	163,236	12.2	1,827,721	0.6	34	20	
Total	594,704,751	1,896,085		20,833,766	n.a.	n.a.	n.a.	

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