

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 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	1,835,819 (A)	250,596 (E)	1,585,223 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,804,222 (B)	219,635 (F)	1,584,587 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,540,535 (C)	219,109 (G)	1,321,426 (K)
4. Benes who were all-year nursing facility residents ^f	59,527 (D)	54,316 (H)	5,211 (L)

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

- 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.
- 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").
- 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.
- The total Medicaid pharmacy reimbursement for Ohio in 2002 was \$1,384,470,936, of which \$4,116,739 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.
- 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.
- 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.
- 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 4.0 percent were restricted benefit months without a pharmacy benefit in Ohio, 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}
 OHIO, 2002

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	0	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	1,540,535	136,162	283,041	329,165	792,167	0	12,693,318	1,334,150	2,867,641	2,244,490	6,247,037	0		
Age														
5 and younger	309,742	0	6,940	0	302,802	0	2,393,472	0	69,204	0	2,324,268	0		
6-14	363,273	0	23,638	0	339,635	0	3,034,099	0	247,728	0	2,786,371	0		
15-20	178,147	0	16,133	15,657	146,357	0	1,376,998	0	163,528	95,799	1,117,671	0		
21-44	398,394	0	105,156	289,932	3,306	0	3,076,502	0	1,068,699	1,989,209	18,594	0		
45-64	151,105	0	127,702	23,403	0	0	1,449,492	0	1,291,102	158,390	0	0		
65-74	50,352	47,642	2,569	141	0	0	509,278	487,713	20,654	911	0	0		
75-84	48,769	48,058	693	18	0	0	475,382	470,156	5,106	120	0	0		
85 and older	40,679	40,455	210	14	0	0	377,914	376,233	1,620	61	0	0		
Unknown	74	7	0	0	67	0	181	48	0	0	133	0		
Gender														
Female	898,152	101,864	149,768	247,017	399,503	0	7,415,470	1,014,306	1,551,848	1,703,381	3,145,935	0		
Male	642,383	34,298	133,273	82,148	392,664	0	5,277,848	319,844	1,315,793	541,109	3,101,102	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	1,089,245	105,687	195,498	244,420	543,640	0	9,352,589	1,022,768	1,983,834	1,766,003	4,579,984	0		
African American	394,105	26,343	80,372	72,180	215,210	0	2,949,258	269,660	813,635	410,975	1,454,988	0		
Other/unknown	57,185	4,132	7,171	12,565	33,317	0	391,471	41,722	70,172	67,512	212,065	0		
Use of Nursing Facilities^c														
Entire year	59,527	50,883	8,640	4	0	0	581,075	492,456	88,592	27	0	0		
Part year	22,518	15,648	6,769	87	14	0	203,362	136,990	65,596	649	127	0		
None	1,458,490	69,631	267,632	329,074	792,153	0	11,908,881	704,704	2,713,453	2,243,814	6,246,910	0		
Maintenance Assistance Status														
Cash	375,404	36,169	193,649	41,439	104,147	0	3,587,453	408,957	2,108,760	272,254	797,482	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	316,210	2,261	7,116	36,143	270,690	0	2,352,814	23,545	59,425	184,621	2,085,223	0		
Other/unknown	848,921	97,732	82,276	251,583	417,330	0	6,753,051	901,648	699,456	1,787,615	3,364,332	0		
Dual Medicare Status^d														
Full dual, all year	198,198	118,885	76,162	3,091	60	0	1,970,204	1,151,306	795,522	22,830	546	0		
Full dual, part year	20,911	6,621	14,226	64	0	0	210,378	71,491	138,339	548	0	0		
Non-dual, all year	1,321,426	10,656	192,653	326,010	792,107	0	10,512,736	111,353	1,933,780	2,221,112	6,246,491	0		
Managed Care Status														
FFS all year	1,269,168	136,139	275,859	252,976	604,194	0	11,694,890	1,333,984	2,826,606	1,985,192	5,549,108	0		
FFS part year, with Rx claims	100,940	19	4,594	37,289	59,038	0	484,273	138	29,718	158,401	296,016	0		
FFS part year, no Rx claims	170,427	4	2,588	38,900	128,935	0	514,155	28	11,317	100,897	401,913	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Ohio, 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}
 OHIO, 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	66.0 %	16.9	\$396	\$53	\$5,905	15.2 %	1,540,535
Age							
5 and younger	59.1	3.4	135	40	1,817	7.4	309,742
6-14	53.5	4.2	234	56	1,551	15.1	363,273
15-20	58.5	5.4	292	54	2,440	12.0	178,147
21-44	70.4	15.6	929	60	5,489	16.9	398,394
45-64	85.2	53.6	3,082	58	15,052	20.5	151,105
65-74	88.6	59.8	2,925	49	15,832	18.5	50,352
75-84	91.6	61.2	2,694	44	22,960	11.7	48,769
85 and older	91.8	54.5	2,143	39	28,441	7.5	40,679
Unknown	4.1	2.1	68	32	1,188	5.7	74
Basis of Eligibility^c							
Aged	91.2	59.5	2,646	45	22,192	11.9	136,162
Disabled	85.3	44.0	2,765	63	15,188	18.2	283,041
Adults	64.9	8.1	349	43	2,270	15.4	329,165
Children	55.3	3.6	155	43	1,298	11.9	792,167
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.6	19.8	980	50	6,269	15.6	898,152
Male	61.1	12.9	779	60	5,395	14.4	642,383
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	70.6	19.0	1,002	53	6,381	15.7	1,089,245
African American	55.4	12.3	662	54	4,986	13.3	394,105
Other/unknown	52.3	8.6	493	57	3,164	15.6	57,185
Use of Nursing Facilities^d							
Entire year	97.8	77.1	3,473	45	43,293	8.0	59,527
Part year	96.2	66.1	3,170	48	31,227	10.2	22,518
None	64.3	13.7	756	55	3,988	19.0	1,458,490

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	76.8	30.0	1,738	58	8,398	20.7	375,404
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	54.9	3.8	171	45	1,388	12.3	316,210
Other/unknown	65.4	16.0	794	50	6,484	12.2	848,921

Source: Data for this table are from the MAX 2002 file for Ohio, 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}
 OHIO, 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.
			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	7.1 %	9.4 %	6.8 %	3.0 %	3.0 %				
All	2.1	\$109	15.2 %	34.0 %	39.6 %	6.8 %	9.4 %	7.1 %	3.0 %	3.0 %	\$717	1,540,535	12,693,318			
Age																
5 and younger	0.4	18	7.4	40.9	54.1	3.6	1.2	0.1	0.0	0.0	235	309,742	2,393,472			
6-14	0.5	28	15.1	46.5	45.9	4.4	2.9	0.4	0.0	0.0	186	363,273	3,034,099			
15-20	0.7	38	12.0	41.5	46.9	6.6	4.1	0.8	0.1	0.1	316	178,147	1,376,998			
21-44	2.0	120	16.9	29.6	39.6	10.7	12.5	5.7	1.8	1.8	711	398,394	3,076,502			
45-64	5.6	321	20.5	14.8	14.7	9.0	24.1	24.5	12.8	12.8	1,569	151,105	1,449,492			
65-74	5.9	289	18.5	11.4	11.1	8.1	25.3	29.5	14.5	14.5	1,565	50,352	509,278			
75-84	6.3	276	11.7	8.4	8.1	7.1	26.5	34.6	15.3	15.3	2,356	48,769	475,382			
85 and older	5.9	231	7.5	8.2	7.2	7.3	29.1	36.4	11.8	11.8	3,061	40,679	377,914			
Unknown	0.9	28	5.7	95.9	0.0	0.0	1.4	2.7	0.0	0.0	486	74	181			
Basis of Eligibility^c																
Aged	6.1	270	11.9	8.8	8.8	7.4	27.1	33.7	14.2	14.2	2,265	136,162	1,334,150			
Disabled	4.3	273	18.2	14.7	23.7	10.5	22.8	19.1	9.2	9.2	1,499	283,041	2,867,641			
Adults	1.2	51	15.4	35.1	43.3	10.1	8.7	2.4	0.4	0.4	333	329,165	2,244,490			
Children	0.5	20	11.9	44.7	49.1	4.1	1.9	0.2	0.0	0.0	165	792,167	6,247,037			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Gender																
Female	2.4	119	15.6	30.4	39.3	7.4	10.5	8.5	3.8	3.8	759	898,152	7,415,470			
Male	1.6	95	14.4	38.9	40.0	6.0	7.9	5.2	2.0	2.0	657	642,383	5,277,848			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race																
White	2.2	117	15.7	29.4	41.5	7.3	10.2	8.0	3.6	3.6	743	1,089,245	9,352,589			
African American	1.6	89	13.3	44.6	35.0	5.8	7.8	5.1	1.7	1.7	666	394,105	2,949,258			
Other/unknown	1.3	72	15.6	47.7	35.9	5.4	6.9	3.2	0.9	0.9	462	57,185	391,471			
Use of Nursing Facilities^d																
Entire year	7.9	356	8.0	2.2	3.8	4.7	24.0	41.3	24.0	24.0	4,435	59,527	581,075			
Part year	7.3	351	10.2	3.8	6.6	6.7	27.0	36.3	19.6	19.6	3,458	22,518	203,362			
None	1.7	93	19.0	35.7	41.6	6.9	8.6	5.3	1.9	1.9	488	1,458,490	11,908,881			

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	3.1	182	20.7	23.2	33.8	9.1	16.3	12.3	5.2	879	375,404	3,587,453
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	23	12.3	45.1	47.4	4.6	2.5	0.4	0.0	187	316,210	2,352,814
Other/unknown	2.0	100	12.2	34.6	39.3	6.7	9.0	7.3	3.2	815	848,921	6,753,051

Source: Data for this table are from the MAX 2002 file for Ohio, 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}
 OHIO, 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	2.1	\$109	0.9	\$86	0.2	\$8	1.0	\$15
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.4	18	0.2	14	0.0	1	0.3	3
6-14	0.5	28	0.2	22	0.0	3	0.2	3
15-20	0.7	38	0.3	29	0.1	4	0.3	5
21-44	2.0	120	0.9	97	0.1	8	1.0	15
45-64	5.6	321	2.6	258	0.4	20	2.6	43
65-74	5.9	289	2.7	226	0.4	19	2.8	43
75-84	6.3	276	2.7	213	0.5	20	3.0	43
85 and older	5.9	231	2.4	172	0.5	19	2.9	39
Unknown	0.9	28	0.3	17	0.0	4	0.6	7
Basis of Eligibility^d								
Aged	6.1	270	2.6	208	0.5	19	2.9	42
Disabled	4.3	273	2.0	222	0.3	17	2.0	34
Adults	1.2	51	0.5	40	0.1	4	0.6	8
Children	0.5	20	0.2	15	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.4	119	1.1	94	0.2	8	1.1	17
Male	1.6	95	0.7	76	0.1	7	0.7	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.2	117	1.0	93	0.2	8	1.1	16
African American	1.6	89	0.7	70	0.1	6	0.8	12
Other/unknown	1.3	72	0.6	59	0.1	4	0.6	9
Use of Nursing Facilities^e								
Entire year	7.9	356	3.2	273	0.7	25	3.9	56
Part year	7.3	351	3.0	270	0.6	24	3.7	56
None	1.7	93	0.8	74	0.1	6	0.8	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	3.1	182	1.4	146	0.2	12	1.5	24
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.5	23	0.2	18	0.0	3	0.2	3
Other/unknown	2.0	100	0.9	78	0.2	7	1.0	14

Source: Data for this table are from the MAX 2002 file for Ohio, 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 Ohio, 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_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}
 OHIO, 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
Anti-infective Agents	0.3	0.1	0.0	0.1	\$15	\$12	\$2	\$51	\$90	\$75	\$11	2,076,023	\$106,453,016	681,339	44.2 %	6,922,313
Biologicals	0.2	0.2	0.0	0.0	223	202	4	930	966	1,326	616	12,328	11,463,758	5,049	0.3	51,339
Antineoplastic Agents	0.6	0.2	0.1	0.2	119	94	15	210	378	161	45	91,248	19,118,951	16,127	1.0	160,282
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	29	23	3	41	64	27	14	2,261,132	91,687,685	305,632	19.8	3,139,532
Cardiovascular Agents	1.7	0.6	0.2	0.9	56	38	6	34	63	38	13	4,450,231	150,261,027	258,437	16.8	2,667,655
Respiratory Agents	0.6	0.3	0.0	0.2	26	19	3	46	67	69	17	2,914,820	134,240,524	509,780	33.1	5,259,501
Gastrointestinal Agents	0.7	0.4	0.0	0.3	56	51	1	80	123	125	15	1,734,218	138,137,128	237,952	15.4	2,474,035
Genitourinary Agents	0.4	0.3	0.0	0.1	19	18	0	51	63	34	12	393,460	20,029,241	102,557	6.7	1,057,027
CNS Drugs	1.2	0.6	0.0	0.5	90	77	3	75	119	91	19	4,188,537	312,474,338	338,651	22.0	3,458,630
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.1	0.2	41	29	8	62	75	66	29	316,832	19,774,897	46,603	3.0	479,912
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	60	58	0	118	128	0	46	149,440	17,595,990	28,338	1.8	291,042
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	30	23	2	46	108	58	13	2,967,516	136,270,844	454,076	29.5	4,588,308
Neuromuscular Agents	0.9	0.4	0.1	0.4	54	42	4	61	106	56	17	1,748,757	106,737,775	189,485	12.3	1,991,364
Nutritional Products	0.5	0.0	0.1	0.4	9	1	2	17	62	23	14	688,423	11,597,987	136,550	8.9	1,345,875
Hematological Agents	0.8	0.3	0.1	0.4	63	54	3	82	213	22	16	600,369	49,289,719	76,645	5.0	780,950
Topical Products	0.3	0.1	0.0	0.1	11	7	1	34	55	44	15	1,287,545	44,095,356	397,801	25.8	4,155,119
Miscellaneous Products	0.5	0.1	0.0	0.3	47	32	9	95	294	267	16	86,934	8,244,697	17,827	1.2	176,982
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	30	0	0	0	95,675	2,881,264	32,955	2.1	354,508
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.	26,063,488	1,380,354,197	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Ohio, 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 Ohio, 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}
 OHIO, 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	\$174,670,031	146,870	9.5 %	1,572,035	0.7	\$152	\$111
ULCER DRUGS	120,243,462	239,107	15.5	2,519,501	0.5	92	48
ANTIDEPRESSANTS	113,022,875	322,866	21.0	3,346,075	0.6	60	34
ANTICONVULSANT	88,746,907	143,524	9.3	1,534,856	0.8	74	58
ANTIASTHMATIC	72,503,252	347,101	22.5	3,631,431	0.4	52	20
ANALGESICS - ANTI-INFLAMMATORY	61,268,814	332,311	21.6	3,477,837	0.3	59	18
ANALGESICS - Narcotic	60,699,049	496,732	32.2	5,152,351	0.3	36	12
ANTIDIABETIC	57,026,812	142,856	9.3	1,509,918	0.7	53	38
ANTIHYPERTENSIVE	52,580,043	90,207	5.9	978,157	0.7	82	54
ANTIHYPERTENSIVE	36,589,320	166,651	10.8	1,758,312	0.7	32	21
Total	837,350,565	2,428,225		25,480,473	n.a.	n.a.	n.a.

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