

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OKLAHOMA, 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	718,198 (A)	99,518 (E)	618,680 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	698,722 (B)	88,960 (F)	609,762 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	442,974 (C)	87,933 (G)	355,041 (K)
4. Benes who were all-year nursing facility residents ^f	13,888 (D)	12,635 (H)	1,253 (L)

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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 Oklahoma in 2002 was \$281,560,007, of which \$41,710,463 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 1.0 percent were restricted benefit months without a pharmacy benefit in Oklahoma, 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}
 OKLAHOMA, 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	Aged	Disabled	Adults	Children
All	442,974	59,092	53,429	59,862	270,591	0	1,942,985	581,504	410,370	153,281	797,830	0					
Age																	
5 and younger	115,374	6	864	1	114,503	0	315,106	14	2,458	9	312,625	0					
6-14	113,443	8	2,360	39	111,036	0	352,549	31	10,275	79	342,164	0					
15-20	54,117	9	2,345	7,144	44,619	0	172,662	49	12,361	18,417	141,835	0					
21-44	69,024	37	19,218	49,348	421	0	277,477	190	152,446	123,735	1,106	0					
45-64	30,831	273	27,414	3,137	7	0	236,033	1,983	224,332	9,678	40	0					
65-74	23,178	21,914	1,162	100	2	0	226,739	218,067	7,989	659	24	0					
75-84	21,255	21,134	50	70	1	0	212,303	211,346	391	554	12	0					
85 and older	15,752	15,711	16	23	2	0	150,116	149,824	118	150	24	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	262,626	44,199	28,105	55,908	134,414	0	1,192,410	440,025	216,426	141,388	394,571	0					
Male	180,348	14,893	25,324	3,954	136,177	0	750,575	141,479	193,944	11,893	403,259	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	280,532	46,539	39,344	38,777	155,872	0	1,315,507	455,639	309,271	99,322	451,275	0					
African American	65,151	6,428	7,895	9,356	41,472	0	268,539	64,553	56,532	22,349	125,105	0					
Other/unknown	97,291	6,125	6,190	11,729	73,247	0	358,939	61,312	44,567	31,610	221,450	0					
Use of Nursing Facilities^c																	
Entire year	13,888	11,757	2,097	25	9	0	144,023	121,481	22,222	243	77	0					
Part year	10,278	8,089	1,827	137	225	0	87,126	69,620	15,672	553	1,281	0					
None	418,808	39,246	49,505	59,700	270,357	0	1,711,836	390,403	372,476	152,485	796,472	0					
Maintenance Assistance Status																	
Cash	85,660	18,121	26,255	26,319	14,965	0	481,285	193,313	176,802	67,712	43,458	0					
Medically needy	1,010	23	172	441	374	0	4,242	189	1,053	1,696	1,304	0					
Poverty-related	287,541	10,922	12,896	25,963	237,760	0	883,012	103,996	88,038	67,452	623,526	0					
Other/unknown	68,763	30,026	14,106	7,139	17,492	0	574,446	284,006	144,477	16,421	129,542	0					
Dual Medicare Status^d																	
Full dual, all year	85,923	54,889	30,030	972	32	0	852,450	551,742	294,497	5,928	283	0					
Full dual, part year	2,010	1,222	740	47	1	0	20,357	12,606	7,286	453	12	0					
Non-dual, all year	355,041	2,981	22,659	58,843	270,558	0	1,070,178	17,156	108,587	146,900	797,535	0					
Managed Care Status																	
FFS all year	159,980	58,542	37,916	11,647	51,875	0	1,254,589	578,385	361,246	34,203	280,755	0					
FFS part year, with Rx claims	118,669	429	10,349	24,054	83,837	0	316,512	2,615	36,090	63,396	214,411	0					
FFS part year, no Rx claims	164,325	121	5,164	24,161	134,879	0	371,884	504	13,034	55,682	302,664	0					

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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}
 OKLAHOMA, 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	49.8 %	9.1	\$542	\$60	\$3,903	13.9 %	442,974
Age							
5 and younger	39.8	1.9	78	40	1,424	5.5	115,374
6-14	35.3	2.1	146	69	1,402	10.4	113,443
15-20	40.7	2.8	166	60	2,340	7.1	54,117
21-44	51.9	6.8	568	84	5,430	10.5	69,024
45-64	77.2	25.9	1,853	72	10,046	18.4	30,831
65-74	85.4	29.5	1,656	56	6,505	25.5	23,178
75-84	89.7	37.9	1,925	51	10,069	19.1	21,255
85 and older	91.4	42.1	1,884	45	14,592	12.9	15,752
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	88.7	36.0	1,822	51	9,970	18.3	59,092
Disabled	76.0	22.9	1,857	81	12,719	14.6	53,429
Adults	44.6	2.5	101	41	1,542	6.5	59,862
Children	37.4	2.0	100	51	1,360	7.3	270,591
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	52.9	10.7	589	55	3,925	15.0	262,626
Male	45.5	6.8	473	69	3,872	12.2	180,348
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	55.8	11.6	692	60	4,691	14.7	280,532
African American	35.1	5.9	361	61	3,096	11.7	65,151
Other/unknown	42.6	4.2	230	55	2,174	10.6	97,291
Use of Nursing Facilities^d							
Entire year	98.0	70.7	3,474	49	28,730	12.1	13,888
Part year	94.7	46.1	2,406	52	16,446	14.6	10,278
None	47.1	6.2	399	65	2,772	14.4	418,808

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	58.8	9.1	648	72	2,210	29.3	85,660
Medically needy	38.6	2.6	182	71	2,145	8.5	1,010
Poverty related	40.6	2.8	156	55	1,284	12.1	287,541
Other/unknown	77.6	35.5	2,027	57	16,992	11.9	68,763

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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}
 OKLAHOMA, 2002

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				
All	2.1	\$123	13.9 %	50.2 %	20.8 %	9.1 %	12.1 %	5.5 %	2.3 %	\$890	442,974	1,942,985
Age												
5 and younger	0.7	29	5.5	60.2	22.4	6.5	6.8	2.7	1.3	521	115,374	315,106
6-14	0.7	47	10.4	64.7	20.0	5.7	5.8	2.3	1.3	451	113,443	352,549
15-20	0.9	52	7.1	59.3	22.1	7.1	7.2	2.8	1.5	733	54,117	172,662
21-44	1.7	141	10.5	48.1	22.4	10.3	12.4	4.4	2.4	1,351	69,024	277,477
45-64	3.4	242	18.4	22.8	17.3	15.3	27.0	11.3	6.3	1,312	30,831	236,033
65-74	3.0	169	25.5	14.6	22.4	19.1	28.7	11.2	3.9	665	23,178	226,739
75-84	3.8	193	19.1	10.3	17.4	17.7	30.7	19.0	5.0	1,008	21,255	212,303
85 and older	4.4	198	12.9	8.6	13.1	14.0	33.7	26.1	4.6	1,531	15,752	150,116
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.7	185	18.3	11.3	18.2	17.3	30.7	18.0	4.4	1,013	59,092	581,504
Disabled	3.0	242	14.6	24.0	20.5	15.1	24.7	10.0	5.6	1,656	53,429	410,370
Adults	1.0	39	6.5	55.4	22.0	8.7	9.0	3.2	1.7	602	59,862	153,281
Children	0.7	34	7.3	62.6	21.2	6.1	6.3	2.5	1.3	461	270,591	797,830
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.3	130	15.0	47.1	20.8	9.7	13.6	6.3	2.5	865	262,626	1,192,410
Male	1.6	114	12.2	54.5	20.9	8.1	10.0	4.5	1.9	930	180,348	750,575
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.5	148	14.7	44.2	21.2	10.0	14.5	7.1	3.0	1,000	280,532	1,315,507
African American	1.4	88	11.7	64.9	16.5	6.8	8.0	2.9	0.9	751	65,151	268,539
Other/unknown	1.1	62	10.6	57.4	22.6	7.7	8.0	2.9	1.2	589	97,291	358,939
Use of Nursing Facilities^d												
Entire year	6.8	335	12.1	2.0	4.9	6.4	28.6	42.6	15.5	2,770	13,888	144,023
Part year	5.4	284	14.6	5.3	10.0	10.7	33.9	31.3	8.8	1,940	10,278	87,126
None	1.5	98	14.4	52.9	21.6	9.1	11.0	3.7	1.7	678	418,808	1,711,836

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	1.6	115	29.3	41.2	21.8	14.3	17.5	2.8	2.4	393	85,660	481,285
Medically needy	0.6	43	8.5	61.4	22.5	6.3	6.6	2.1	1.1	511	1,010	4,242
Poverty related	0.9	51	12.1	59.4	21.0	7.7	8.0	2.6	1.3	418	287,541	883,012
Other/unknown	4.3	243	11.9	22.4	18.7	8.3	22.9	21.5	6.1	2,034	68,763	574,446

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 OKLAHOMA, 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	\$123	0.8	\$90	0.2	\$108	1.1	\$24
Age								
5 and younger	0.7	29	0.3	22	0.0	69	0.3	5
6-14	0.7	47	0.3	33	0.1	106	0.3	8
15-20	0.9	52	0.4	39	0.1	107	0.4	8
21-44	1.7	141	0.7	110	0.1	164	0.9	22
45-64	3.4	242	1.4	181	0.3	133	1.8	44
65-74	3.0	169	1.2	122	0.2	100	1.6	35
75-84	3.8	193	1.5	136	0.3	90	2.0	43
85 and older	4.4	198	1.6	131	0.4	83	2.5	50
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.7	185	1.4	129	0.3	91	1.9	42
Disabled	3.0	242	1.2	186	0.2	150	1.5	39
Adults	1.0	39	0.3	26	0.1	90	0.6	9
Children	0.7	34	0.3	24	0.1	81	0.3	6
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.3	130	0.9	93	0.2	100	1.2	26
Male	1.6	114	0.7	85	0.1	127	0.8	20
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.5	148	1.0	107	0.2	108	1.3	29
African American	1.4	88	0.6	64	0.1	116	0.8	17
Other/unknown	1.1	62	0.4	45	0.1	104	0.6	11
Use of Nursing Facilities^e								
Entire year	6.8	335	2.5	232	0.5	93	3.9	82
Part year	5.4	284	2.0	199	0.4	97	3.0	65
None	1.5	98	0.6	73	0.1	115	0.7	17

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	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	1.6	115	0.7	87	0.1	9	0.8	19
Medically needy	0.6	43	0.3	34	0.1	3	0.3	6
Poverty related	0.9	51	0.4	37	0.1	5	0.5	9
Other/unknown	4.3	243	1.7	175	0.3	17	2.3	51

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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 Oklahoma, 0.1 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}
 OKLAHOMA, 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.	As % of All Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$18	\$2	\$3	\$53	\$91	\$74	\$15	353,302	\$18,679,833	138,045	31.2 %	818,396
Biologics	0.3	0.3	0.0	0.0	247	241	1	6	799	843	926	242	2,302	1,838,517	1,088	0.2	7,430
Antineoplastic Agents	0.5	0.1	0.0	0.3	91	47	10	33	180	337	215	105	26,532	4,770,012	5,475	1.2	52,578
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	35	26	3	6	47	72	35	19	383,926	17,970,407	65,247	14.7	513,557
Cardiovascular Agents	1.3	0.4	0.1	0.8	50	29	6	15	39	77	40	20	809,176	31,819,815	65,836	14.9	632,124
Respiratory Agents	0.7	0.4	0.1	0.3	40	30	4	7	57	76	73	26	310,012	17,802,309	73,318	16.6	439,620
Gastrointestinal Agents	0.7	0.3	0.0	0.4	43	33	1	9	61	128	102	21	280,013	17,208,428	45,427	10.3	397,685
Genitourinary Agents	0.5	0.3	0.0	0.1	27	24	0	2	58	73	39	18	76,155	4,431,222	19,668	4.4	165,872
CNS Drugs	1.1	0.6	0.0	0.4	99	82	4	12	94	144	93	28	603,165	56,414,250	68,033	15.4	570,186
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.2	0.4	52	19	15	18	66	89	74	47	34,325	2,250,357	7,384	1.7	43,303
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	98	96	0	2	150	158	67	42	30,533	4,566,888	4,636	1.0	46,743
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	35	22	4	10	50	155	75	19	417,026	20,826,816	80,320	18.1	595,624
Neuromuscular Agents	0.9	0.3	0.1	0.4	57	40	6	11	67	120	60	26	260,213	17,371,890	34,742	7.8	303,522
Nutritional Products	0.5	0.0	0.1	0.5	11	0	2	9	20	29	27	19	131,067	2,649,493	31,163	7.0	238,896
Hematological Agents	0.6	0.3	0.1	0.3	74	61	3	9	116	225	29	35	102,960	11,920,921	16,365	3.7	162,083
Topical Products	0.4	0.2	0.0	0.2	16	11	1	4	38	61	44	18	200,537	7,600,223	68,661	15.5	460,997
Miscellaneous Products	0.4	0.2	0.0	0.1	74	49	15	10	178	212	326	74	9,522	1,696,302	3,505	0.8	22,930
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	18	0	0	0	1,784	31,861	982	0.2	8,912
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.	4,032,550	239,849,544	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oklahoma, 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 Oklahoma, 0.1 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}
 OKLAHOMA, 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	\$30,422,014	25,553	255,115	0.6	\$189	\$119
ANTI DEPRESSANTS	17,819,659	48,206	461,459	0.6	70	39
ULCER DRUGS	13,037,186	35,519	353,949	0.5	73	37
ANTI CONVULSANT	12,861,431	22,716	226,656	0.7	80	57
ANALGESICS - Narcotic	11,666,703	63,899	590,020	0.4	49	20
ANTI DIABETIC	10,202,896	29,385	300,400	0.6	60	34
ANTI ASTHMATIC	9,450,291	42,646	363,549	0.4	62	26
ANTI HYPERTENSIVE	9,148,794	41,450	429,209	0.5	40	21
ANTI HYPERLIPIDEMIC	8,800,377	16,118	170,671	0.5	106	52
ANALGESICS - ANTI-INFLAMMATORY	6,873,969	26,340	256,611	0.4	65	27
Total	130,283,320	351,832	3,407,639	n.a.	n.a.	n.a.

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