

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 RHODE ISLAND

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
RHODE ISLAND, 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	206,557 (A)	36,722 (E)	169,835 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	198,256 (B)	29,061 (F)	169,195 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	65,082 (C)	27,007 (G)	38,075 (K)
4. Benes who were all-year nursing facility residents ^f	5,413 (D)	4,940 (H)	473 (L)

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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 Rhode Island in 2002 was \$127,991,101, of which \$20,311,395 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 0.6 percent were restricted benefit months without a pharmacy benefit in Rhode Island, 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}
 RHODE ISLAND, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	65,082	13,998	32,276	7,260	11,366	182	534,264	146,231	336,065	11,953	38,608	1,407		
Age														
5 and younger	5,319	0	1,247	0	4,072	0	17,390	0	8,394	0	8,996	0		
6-14	8,294	0	3,222	2	5,070	0	43,521	0	23,744	2	19,775	0		
15-20	4,767	0	1,983	664	2,112	8	27,490	0	17,454	884	9,087	65		
21-44	15,938	1	10,048	5,720	110	59	121,104	9	110,636	9,316	746	397		
45-64	13,067	19	12,084	849	2	113	135,760	164	133,012	1,653	4	927		
65-74	6,502	3,789	2,690	21	0	2	71,973	40,456	31,406	93	0	18		
75-84	6,330	5,520	806	4	0	0	67,849	58,547	9,297	5	0	0		
85 and older	4,865	4,669	196	0	0	0	49,177	47,055	2,122	0	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Gender														
Female	37,216	10,677	16,199	4,684	5,474	182	312,627	112,198	173,305	7,642	18,075	1,407		
Male	27,866	3,321	16,077	2,576	5,892	0	221,637	34,033	162,760	4,311	20,533	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Race														
White	35,649	8,976	20,124	2,479	3,934	136	335,433	94,547	217,177	4,046	18,597	1,066		
African American	5,049	463	3,102	478	996	10	42,009	5,056	31,298	916	4,682	57		
Other/unknown	24,384	4,559	9,050	4,303	6,436	36	156,822	46,628	87,590	6,991	15,329	284		
Use of Nursing Facilities^c														
Entire year	5,413	3,706	1,707	0	0	0	60,569	40,490	20,079	0	0	0		
Part year	3,016	2,216	798	1	1	0	27,424	19,144	8,271	3	6	0		
None	56,653	8,076	29,771	7,259	11,365	182	446,271	86,597	307,715	11,950	38,602	1,407		
Maintenance Assistance Status														
Cash	33,434	4,922	25,102	1,390	2,020	0	322,412	55,533	262,412	1,840	2,627	0		
Medically needy	315	199	115	1	0	0	3,186	2,078	1,107	1	0	0		
Poverty-related	3,861	55	59	761	2,804	182	7,974	570	550	1,032	4,415	1,407		
Other/unknown	27,472	8,822	7,000	5,108	6,542	0	200,692	88,050	71,996	9,080	31,566	0		
Dual Medicare Status^d														
Full dual, all year	26,646	13,013	13,480	148	2	3	290,847	136,336	154,043	414	18	36		
Full dual, part year	361	249	107	5	0	0	3,697	2,626	1,044	27	0	0		
Non-dual, all year	38,075	736	18,689	7,107	11,364	179	239,720	7,269	180,978	11,512	38,590	1,371		
Managed Care Status														
FFS all year	46,286	13,985	28,931	680	2,526	164	494,493	146,142	323,730	1,442	21,895	1,284		
FFS part year, with Rx claims	5,132	12	2,573	1,211	1,321	15	16,694	82	9,532	2,860	4,116	104		
FFS part year, no Rx claims	13,664	1	772	5,369	7,519	3	23,077	7	2,803	7,651	12,597	19		

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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}
 RHODE ISLAND, 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	65.3 %	25.1	\$1,655	\$66	\$12,883	12.8 %	65,082
Age							
5 and younger	25.7	2.3	174	75	4,614	3.8	5,319
6-14	42.5	5.7	316	55	5,812	5.4	8,294
15-20	41.1	6.2	424	69	9,604	4.4	4,767
21-44	56.3	18.5	1,547	84	11,462	13.5	15,938
45-64	82.9	40.8	2,958	73	17,501	16.9	13,067
65-74	86.7	37.7	2,284	61	12,839	17.8	6,502
75-84	89.4	41.6	2,258	54	16,924	13.3	6,330
85 and older	92.9	43.1	1,987	46	24,244	8.2	4,865
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	88.8	39.4	2,061	52	18,113	11.4	13,998
Disabled	82.0	32.8	2,406	74	16,940	14.2	32,276
Adults	16.5	0.7	32	44	1,523	2.1	7,260
Children	19.7	1.6	71	44	2,303	3.1	11,366
Unknown	76.9	12.8	721	57	5,023	14.4	182
Gender							
Female	69.3	29.6	1,808	61	12,632	14.3	37,216
Male	59.9	19.2	1,450	76	13,218	11.0	27,866
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	76.2	33.6	2,206	66	17,564	12.6	35,649
African American	61.1	18.8	1,372	73	8,714	15.7	5,049
Other/unknown	50.2	14.0	907	65	6,903	13.1	24,384
Use of Nursing Facilities^d							
Entire year	93.1	57.4	3,082	54	70,176	4.4	5,413
Part year	94.2	48.3	2,641	55	28,476	9.3	3,016
None	61.1	20.8	1,466	71	6,579	22.3	56,653

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	75.5	28.7	2,024	70	12,214	16.6	33,434
Medically needy	93.3	48.3	2,954	61	36,534	8.1	315
Poverty related	15.3	1.3	77	58	1,293	6.0	3,861
Other/unknown	59.6	23.8	1,412	59	15,056	9.4	27,472

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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}
 RHODE ISLAND, 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				More than 10
All	3.1	\$202	12.8 %	34.7 %	19.6 %	9.8 %	20.5 %	12.4 %	2.9 %	\$1,569	65,082	534,264
Age												
5 and younger	0.7	53	3.8	74.3	16.1	3.8	3.4	1.5	0.8	1,411	5,319	17,390
6-14	1.1	60	5.4	57.5	23.3	6.2	7.4	3.7	1.9	1,108	8,294	43,521
15-20	1.1	74	4.4	58.9	22.4	6.5	8.3	2.8	1.0	1,666	4,767	27,490
21-44	2.4	204	13.5	43.7	22.0	8.9	16.0	7.5	1.9	1,509	15,938	121,104
45-64	3.9	285	16.9	17.1	17.4	11.9	28.8	19.7	5.1	1,685	13,067	135,760
65-74	3.4	206	17.8	13.3	21.7	14.4	29.6	17.7	3.5	1,160	6,502	71,973
75-84	3.9	211	13.3	10.6	16.9	12.9	33.9	21.6	4.2	1,579	6,330	67,849
85 and older	4.3	197	8.2	7.1	13.8	13.2	36.6	25.9	3.4	2,398	4,865	49,177
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	3.8	197	11.4	11.2	18.0	13.5	32.7	21.0	3.6	1,734	13,998	146,231
Disabled	3.1	231	14.2	18.0	24.7	12.1	25.6	15.4	4.1	1,627	32,276	336,065
Adults	0.4	19	2.1	83.5	9.3	3.2	3.0	0.8	0.2	925	7,260	11,953
Children	0.5	21	3.1	80.3	13.5	3.0	2.3	0.6	0.2	678	11,366	38,608
Unknown	1.7	93	14.4	23.1	45.1	15.4	11.5	4.4	0.5	650	182	1,407
Gender												
Female	3.5	215	14.3	30.7	17.8	10.2	22.9	15.0	3.4	1,504	37,216	312,627
Male	2.4	182	11.0	40.1	22.1	9.4	17.4	8.9	2.2	1,662	27,866	221,637
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.6	234	12.6	23.8	18.8	10.8	25.3	17.1	4.1	1,867	35,649	335,433
African American	2.3	165	15.7	38.9	24.6	9.4	16.9	8.0	2.1	1,047	5,049	42,009
Other/unknown	2.2	141	13.1	49.8	19.8	8.5	14.3	6.3	1.3	1,073	24,384	156,822
Use of Nursing Facilities^d												
Entire year	5.1	275	4.4	6.9	7.4	8.8	34.6	35.4	7.0	6,272	5,413	60,569
Part year	5.3	290	9.3	5.8	10.0	10.7	35.2	30.5	7.8	3,132	3,016	27,424
None	2.6	186	22.3	38.9	21.3	9.9	18.4	9.2	2.2	835	56,653	446,271

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	3.0	210	16.6	24.5	23.4	11.8	23.8	13.2	3.2	1,267	33,434	322,412
Medically needy	4.8	292	8.1	6.7	12.1	9.8	34.9	31.4	5.1	3,612	315	3,186
Poverty related	0.6	37	6.0	84.7	9.8	3.0	1.9	0.5	0.1	626	3,861	7,974
Other/unknown	3.3	193	9.4	40.4	16.6	8.5	18.9	12.8	2.8	2,061	27,472	200,692

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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}
 RHODE ISLAND, 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	3.1	\$202	1.4	\$159	0.2	\$110	1.4	\$32
Age								
5 and younger	0.7	53	0.3	48	0.0	143	0.3	4
6-14	1.1	60	0.6	45	0.1	81	0.5	10
15-20	1.1	74	0.6	56	0.1	100	0.4	11
21-44	2.4	204	1.2	163	0.1	140	1.1	29
45-64	3.9	285	1.9	226	0.2	119	1.8	43
65-74	3.4	206	1.7	161	0.2	96	1.6	34
75-84	3.9	211	1.8	162	0.2	90	1.8	36
85 and older	4.3	197	1.8	148	0.3	85	2.2	36
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	3.8	197	1.7	152	0.2	89	1.8	34
Disabled	3.1	231	1.5	183	0.2	121	1.5	35
Adults	0.4	19	0.2	15	0.0	76	0.2	3
Children	0.5	21	0.2	15	0.0	63	0.2	4
Unknown	1.7	93	0.8	74	0.0	94	0.8	16
Gender								
Female	3.5	215	1.7	168	0.2	102	1.7	35
Male	2.4	182	1.2	145	0.1	126	1.1	27
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.6	234	1.7	183	0.2	109	1.7	38
African American	2.3	165	1.0	132	0.1	127	1.1	24
Other/unknown	2.2	141	1.1	113	0.1	106	1.0	21
Use of Nursing Facilities^e								
Entire year	5.1	275	2.2	214	0.4	96	2.5	46
Part year	5.3	290	2.3	225	0.4	98	2.6	50
None	2.6	186	1.3	147	0.1	114	1.2	29

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	3.0	210	1.4	166	0.2	12	1.4	32
Medically needy	4.8	292	2.2	234	0.3	14	2.3	45
Poverty related	0.6	37	0.3	30	0.0	2	0.3	6
Other/unknown	3.3	193	1.5	151	0.2	11	1.5	31

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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 Rhode Island, 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_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}
 RHODE ISLAND, 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
Anti-infective Agents	0.3	0.2	0.0	0.1	\$34	\$30	\$2	\$103	\$169	\$83	\$16	83,658	23,789	36.6%	254,104
Biologics	1.0	0.9	0.0	0.1	1,327	1,155	0	1,271	1,230	0	1,634	447	85	0.1	428
Antineoplastic Agents	0.5	0.3	0.0	0.2	117	94	1	212	280	81	108	6,502	1,138	1.7	11,844
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	38	30	2	53	81	41	20	128,862	16,492	25.3	179,421
Cardiovascular Agents	1.2	0.5	0.1	0.7	59	40	4	49	84	53	23	301,916	14,724,925	35.0	249,569
Respiratory Agents	0.8	0.5	0.1	0.2	38	30	4	50	63	72	19	142,062	7,098,879	26.5	184,420
Gastrointestinal Agents	0.7	0.4	0.0	0.3	63	55	2	90	131	151	22	123,950	11,148,140	24.7	177,291
Genitourinary Agents	0.4	0.4	0.0	0.1	25	23	0	55	64	36	15	24,534	1,347,662	7.6	54,995
CNS Drugs	1.3	0.6	0.1	0.6	110	86	6	82	133	100	29	349,112	28,787,758	37.2	261,930
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.1	0.4	46	28	6	52	67	58	34	15,062	786,424	3.2	17,055
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	80	80	0	126	131	0	22	8,503	1,071,126	1.9	13,331
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	38	30	2	53	116	63	15	165,455	8,796,916	32.7	230,500
Neuromuscular Agents	0.9	0.4	0.1	0.5	61	49	3	67	122	63	19	130,093	8,715,621	19.8	141,853
Nutritional Products	0.5	0.0	0.0	0.5	11	1	1	20	92	27	19	23,531	482,311	6.6	44,970
Hematological Agents	0.6	0.2	0.1	0.3	48	41	3	5	248	22	17	37,274	3,019,501	8.8	62,334
Topical Products	0.4	0.2	0.0	0.2	17	11	2	4	38	57	45	86,980	3,341,879	28.3	199,502
Miscellaneous Products	0.3	0.2	0.0	0.1	58	43	9	6	180	238	241	4,876	877,470	2.3	15,193
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	31	0	0	0	1,896	58,733	1.1	7,946
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.	1,634,713	107,679,706	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Rhode Island, 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 Rhode Island, 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}
 RHODE ISLAND, 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		
ANTIPTCHOTICS	\$15,704,623	12,421	19.1 %	139,335	0.7	\$160	\$113	
ANTIDEPRESSANTS	10,372,528	23,467	36.1	261,311	0.6	63	40	
ULCER DRUGS	9,704,365	15,683	24.1	176,486	0.5	101	55	
ANTICONVULSANT	7,548,540	11,667	17.9	131,364	0.7	78	57	
ANTIHYPERLIPIDEMIC	5,165,843	8,762	13.5	100,694	0.6	83	51	
ANTIVIRAL	5,116,583	2,224	3.4	25,475	0.5	431	201	
ANTIDIABETIC	4,355,010	10,741	16.5	120,837	0.6	64	36	
ANALGESICS - Narcotic	4,245,289	19,785	30.4	221,790	0.4	48	19	
ANTIHYPERTENSIVE	4,112,772	14,660	22.5	163,891	0.4	57	25	
ANTIASTHMATIC	4,082,451	16,412	25.2	181,828	0.4	51	22	
Total	70,408,004	135,822		1,523,011	n.a.	n.a.	n.a.	

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