

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 TEXAS

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
TEXAS, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	3,358,234 (A)	521,498 (E)	2,836,736 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	3,100,323 (B)	371,492 (F)	2,728,831 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	2,772,153 (C)	345,218 (G)	2,426,935 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	62,546 (D)	57,954 (H)	4,592 (L)

Source: Data for this table are from the MAX 2002 file for Texas, 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 Texas in 2002 was \$1,641,881,060, of which \$154,715,328 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 1.1 percent were restricted benefit months without a pharmacy benefit in Texas, 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<sup>a,b</sup>  
 TEXAS, 2002

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
<b>All</b>	<b>2,772,153</b>	<b>254,763</b>	<b>324,234</b>	<b>419,009</b>	<b>1,774,093</b>	<b>54</b>	<b>20,445,254</b>	<b>2,691,763</b>	<b>3,294,810</b>	<b>2,320,830</b>	<b>12,137,697</b>	<b>154</b>	<b>5,833,300</b>	<b>0</b>	<b>126,913</b>	<b>170</b>	<b>5,706,217</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	878,575	0	13,331	25	865,219	0	5,833,300	0	126,913	170	5,706,217	0	5,833,300	0	126,913	170	5,706,217	0	0
6-14	736,759	0	32,443	470	703,846	0	5,365,093	0	342,987	2,697	5,019,409	0	5,365,093	0	342,987	2,697	5,019,409	0	0
15-20	302,601	0	23,755	74,051	204,795	0	2,044,310	0	247,009	386,312	1,410,989	0	2,044,310	0	247,009	386,312	1,410,989	0	0
21-44	429,034	6	109,177	319,635	200	16	2,887,329	38	1,118,939	1,767,343	959	50	2,887,329	38	1,118,939	1,767,343	959	50	50
45-64	168,418	86	143,557	24,723	14	38	1,603,646	514	1,439,374	163,603	51	104	1,603,646	514	1,439,374	163,603	51	104	104
65-74	100,438	98,878	1,477	80	3	0	1,082,206	1,067,436	14,209	552	9	0	1,082,206	1,067,436	14,209	552	9	9	0
75-84	92,744	92,366	369	8	1	0	994,535	990,372	4,081	70	12	0	994,535	990,372	4,081	70	12	12	0
85 and older	63,580	63,427	125	17	11	0	634,828	633,403	1,298	83	44	0	634,828	633,403	1,298	83	44	44	0
Unknown	4	0	0	0	4	7	0	0	0	0	7	0	0	0	0	0	0	7	0
<b>Gender</b>																			
Female	1,593,747	180,385	165,838	376,449	871,021	54	11,665,659	1,920,470	1,705,646	2,074,646	5,964,743	154	11,665,659	1,920,470	1,705,646	2,074,646	5,964,743	154	154
Male	1,178,376	74,369	158,394	42,560	903,053	0	8,779,511	771,268	1,589,158	246,184	6,172,901	0	8,779,511	771,268	1,589,158	246,184	6,172,901	0	0
Unknown	30	9	2	0	19	0	84	25	6	0	53	0	84	25	6	0	53	0	0
<b>Race</b>																			
White	749,484	122,856	131,579	123,823	371,207	19	5,786,253	1,265,641	1,356,913	659,806	2,503,845	48	5,786,253	1,265,641	1,356,913	659,806	2,503,845	48	48
African American	511,533	34,620	75,692	83,938	317,276	7	3,573,669	369,765	757,303	439,302	2,007,282	17	3,573,669	369,765	757,303	439,302	2,007,282	17	17
Other/unknown	1,511,136	97,287	116,963	211,248	1,085,610	28	11,085,332	1,056,357	1,180,594	1,221,722	7,626,570	89	11,085,332	1,056,357	1,180,594	1,221,722	7,626,570	89	89
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	62,546	54,838	7,704	3	1	0	630,897	547,834	83,051	9	3	0	630,897	547,834	83,051	9	3	3	0
Part year	29,967	24,410	5,519	33	5	0	286,777	231,617	54,906	211	43	0	286,777	231,617	54,906	211	43	43	0
None	2,679,640	175,515	311,011	418,973	1,774,087	54	19,527,580	1,912,312	3,156,853	2,320,610	12,137,651	154	19,527,580	1,912,312	3,156,853	2,320,610	12,137,651	154	154
<b>Maintenance Assistance Status</b>																			
Cash	863,733	155,633	292,398	129,678	286,024	0	7,618,686	1,719,262	2,949,246	777,520	2,172,658	0	7,618,686	1,719,262	2,949,246	777,520	2,172,658	0	0
Medically needy	66,049	0	0	65,527	522	0	394,297	0	0	392,130	2,167	0	394,297	0	0	392,130	2,167	2,167	0
Poverty-related	1,455,975	1,280	1,404	173,807	1,279,430	54	9,186,548	13,328	13,618	756,742	8,402,706	154	9,186,548	13,328	13,618	756,742	8,402,706	154	154
Other/unknown	386,396	97,850	30,432	49,997	208,117	0	3,245,723	959,173	331,946	394,438	1,560,166	0	3,245,723	959,173	331,946	394,438	1,560,166	0	0
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	336,487	244,338	90,612	1,500	37	0	3,580,137	2,589,649	980,147	10,065	276	0	3,580,137	2,589,649	980,147	10,065	276	276	0
Full dual, part year	8,731	6,128	2,590	13	0	0	88,635	62,196	26,306	133	0	0	88,635	62,196	26,306	133	0	0	0
Non-dual, all year	2,426,935	4,297	231,032	417,496	1,774,056	54	16,776,482	39,918	2,288,357	2,310,632	12,137,421	154	16,776,482	39,918	2,288,357	2,310,632	12,137,421	154	154
<b>Managed Care Status</b>																			
FFS all year	2,111,606	250,376	304,524	307,347	1,249,305	54	18,454,775	2,674,832	3,204,740	2,023,868	10,551,181	154	18,454,775	2,674,832	3,204,740	2,023,868	10,551,181	154	154
FFS part year, with Rx claims	455,485	3,820	17,130	88,325	346,210	0	1,394,545	14,837	78,625	239,610	1,061,473	0	1,394,545	14,837	78,625	239,610	1,061,473	0	0
FFS part year, no Rx claims	205,062	567	2,580	23,337	178,578	0	595,934	2,094	11,445	57,352	525,043	0	595,934	2,094	11,445	57,352	525,043	0	0

Source: Data for this table are from the MAX 2002 file for Texas, 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<sup>a, b</sup>  
 TEXAS, 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	72.0 %	9.5	\$537	\$56	\$3,839	14.0 %	2,772,153
<b>Age</b>							
5 and younger	72.7	6.1	171	28	2,096	8.2	878,575
6-14	64.6	4.9	248	51	1,353	18.3	736,759
15-20	65.0	5.0	290	58	2,304	12.6	302,601
21-44	73.9	8.2	602	73	4,906	12.3	429,034
45-64	80.2	22.1	1,749	79	10,998	15.9	168,418
65-74	88.0	27.1	1,830	68	8,478	21.6	100,438
75-84	91.3	35.6	2,107	59	12,539	16.8	92,744
85 and older	94.0	42.7	2,119	50	17,869	11.9	63,580
Unknown	0.0	0.0	0	0	45	0.0	4
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	90.7	34.1	2,002	59	12,265	16.3	254,763
Disabled	79.5	19.4	1,705	88	12,002	14.2	324,234
Adults	73.7	5.6	248	44	2,496	9.9	419,009
Children	67.6	5.1	181	35	1,455	12.4	1,774,093
Unknown	22.2	0.8	33	42	6,199	0.5	54
<b>Gender</b>							
Female	74.4	10.5	577	55	4,027	14.3	1,593,747
Male	68.9	8.2	482	59	3,586	13.4	1,178,376
Unknown	26.7	4.1	194	47	3,069	6.3	30
<b>Race</b>							
White	74.9	14.7	907	62	6,234	14.6	749,484
African American	66.0	8.0	455	57	3,540	12.8	511,533
Other/unknown	72.6	7.5	380	51	2,753	13.8	1,511,136
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.8	68.9	3,555	52	28,049	12.7	62,546
Part year	94.9	47.6	2,609	55	22,140	11.8	29,967
None	71.2	7.7	443	57	3,070	14.4	2,679,640

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
<b>Maintenance Assistance Status</b>							
Cash	76.9	12.5	914	73	5,237	17.5	863,733
Medically needy	65.9	5.8	320	55	2,871	11.1	66,049
Poverty related	67.5	4.7	162	34	1,366	11.8	1,455,975
Other/unknown	79.2	21.6	1,142	53	10,199	11.2	386,396

Source: Data for this table are from the MAX 2002 file for Texas, 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<sup>a,b</sup>  
 TEXAS, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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	
<b>All</b>	<b>1.3</b>	<b>\$73</b>	<b>14.0 %</b>	<b>28.0 %</b>	<b>45.1 %</b>	<b>11.7 %</b>	<b>10.0 %</b>	<b>3.5 %</b>	<b>1.7 %</b>	<b>\$521</b>	<b>2,772,153</b>	<b>20,445,254</b>
<b>Age</b>												
5 and younger	0.9	26	8.2	27.3	50.6	10.9	7.5	2.3	1.3	316	878,575	5,833,300
6-14	0.7	34	18.3	35.4	49.6	7.4	5.4	1.5	0.7	186	736,759	5,365,093
15-20	0.7	43	12.6	35.0	48.0	7.8	6.3	2.1	0.8	341	302,601	2,044,310
21-44	1.2	89	12.3	26.1	45.3	13.6	10.1	3.1	1.9	729	429,034	2,887,329
45-64	2.3	184	15.9	19.8	26.5	22.0	22.9	5.4	3.5	1,155	168,418	1,603,646
65-74	2.5	170	21.6	12.0	27.4	25.0	24.3	7.8	3.6	787	100,438	1,082,206
75-84	3.3	197	16.8	8.7	21.6	21.6	27.3	15.5	5.3	1,169	92,744	994,535
85 and older	4.3	212	11.9	6.0	15.3	15.3	32.2	25.3	5.8	1,790	63,580	634,828
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	26	4	7
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.2	190	16.3	9.3	22.3	21.4	27.4	14.9	4.8	1,161	254,763	2,691,763
Disabled	1.9	168	14.2	20.5	33.8	19.2	19.4	4.5	2.6	1,181	324,234	3,294,810
Adults	1.0	45	9.9	26.3	48.4	12.0	8.4	3.1	1.8	451	419,009	2,320,830
Children	0.8	26	12.4	32.4	49.7	8.9	6.2	1.8	1.0	213	1,774,093	12,137,697
Unknown	0.3	12	0.5	77.8	14.8	5.6	1.9	0.0	0.0	2,174	54	154
<b>Gender</b>												
Female	1.4	79	14.3	25.6	45.0	12.4	11.0	4.1	1.9	550	1,593,747	11,665,659
Male	1.1	65	13.4	31.1	45.3	10.8	8.7	2.8	1.3	481	1,178,376	8,779,511
Unknown	1.5	69	6.3	73.3	6.7	3.3	10.0	3.3	3.3	1,096	30	84
<b>Race</b>												
White	1.9	118	14.6	25.1	40.0	12.8	13.4	6.0	2.6	808	749,484	5,786,253
African American	1.1	65	12.8	34.0	40.8	10.1	9.8	3.5	1.8	507	511,533	3,573,669
Other/unknown	1.0	52	13.8	27.4	49.1	11.7	8.4	2.3	1.1	375	1,511,136	11,085,332
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.8	353	12.7	2.2	4.0	5.9	30.0	42.7	15.2	2,781	62,546	630,897
Part year	5.0	273	11.8	5.1	10.6	11.9	35.8	29.0	7.6	2,314	29,967	286,777
None	1.1	61	14.4	28.8	46.5	11.8	9.2	2.4	1.3	421	2,679,640	19,527,580

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 5, but 10 or Less					
							More than 2, but 5 or Less	More than 10				
<b>Maintenance Assistance Status</b>												
Cash	1.4	104	17.5	23.1	41.5	16.8	14.4	2.7	1.6	594	863,733	7,618,686
Medically needy	1.0	54	11.1	34.1	43.5	14.6	6.7	0.7	0.4	481	66,049	394,297
Poverty related	0.8	26	11.8	32.5	48.7	9.0	6.4	2.2	1.1	217	1,455,975	9,186,548
Other/unknown	2.6	136	11.2	20.8	40.1	10.0	14.2	11.1	3.9	1,214	386,396	3,245,723

Source: Data for this table are from the MAX 2002 file for Texas, 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<sup>a, b, c</sup>  
 TEXAS, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	1.3	\$73	\$56	0.6	\$56	\$99	0.1	\$6	\$50	0.6	\$11	\$18
<b>Age</b>												
5 and younger	0.9	26	28	0.3	17	49	0.1	3	29	0.5	6	12
6-14	0.7	34	51	0.3	25	83	0.1	5	52	0.3	5	17
15-20	0.7	43	58	0.3	33	106	0.1	5	58	0.3	6	16
21-44	1.2	89	73	0.5	70	140	0.1	8	69	0.6	12	19
45-64	2.3	184	79	1.1	148	134	0.2	12	74	1.0	24	23
65-74	2.5	170	68	1.3	136	107	0.2	11	59	1.1	23	22
75-84	3.3	197	59	1.6	154	97	0.2	12	49	1.5	30	20
85 and older	4.3	212	50	1.8	160	87	0.4	15	42	2.1	38	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.2	190	59	1.5	148	98	0.2	12	49	1.5	29	20
Disabled	1.9	168	88	0.9	136	150	0.2	12	79	0.9	20	24
Adults	1.0	45	44	0.4	32	86	0.1	5	49	0.5	8	15
Children	0.8	26	35	0.3	18	60	0.1	4	39	0.4	5	13
Unknown	0.3	12	42	0.1	9	95	0.0	1	34	0.2	2	14
<b>Gender</b>												
Female	1.4	79	55	0.6	60	96	0.1	7	49	0.7	12	18
Male	1.1	65	59	0.5	50	103	0.1	6	52	0.5	9	18
Unknown	1.5	69	47	0.5	52	94	0.1	6	45	0.8	11	15
<b>Race</b>												
White	1.9	118	62	0.9	91	107	0.2	9	56	0.9	17	19
African American	1.1	65	57	0.5	50	103	0.1	5	56	0.6	10	17
Other/unknown	1.0	52	51	0.4	39	89	0.1	5	44	0.5	8	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.8	353	52	3.0	269	91	0.5	22	43	3.3	61	18
Part year	5.0	273	55	2.2	209	97	0.4	18	47	2.4	46	19
None	1.1	61	57	0.5	47	100	0.1	6	52	0.5	9	18

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
<b>Maintenance Assistance Status</b>								
Cash	1.4	104	0.7	83	0.1	123	0.6	13
Medically needy	1.0	54	0.4	41	0.1	104	0.5	8
Poverty related	0.8	26	0.3	17	0.1	59	0.4	5
Other/unknown	2.6	136	1.1	104	0.2	93	1.2	22

Source: Data for this table are from the MAX 2002 file for Texas, 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 Texas, 0.7 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](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<sup>a, b, c, d</sup>  
 TEXAS, 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	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
		Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.1	\$14	\$11	\$1	\$2	\$47	\$71	\$68	\$13	3,692,718	\$172,920,240	1,407,432	50.8 %	12,025,653
Biologics	0.7	0.1	0.1	0.5	1,922	772	138	1,012	2625	6,594	1,159	2,040	394	1,034,172	51	0.0	538
Antineoplastic Agents	0.4	0.1	0.0	0.3	91	55	5	30	215	414	162	117	103,034	22,144,363	24,294	0.9	244,563
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.1	27	21	3	3	60	89	36	23	1,970,386	117,392,814	463,347	16.7	4,348,011
Cardiovascular Agents	1.0	0.4	0.1	0.5	47	34	4	10	48	87	48	19	3,487,517	167,335,599	340,193	12.3	3,564,355
Respiratory Agents	0.4	0.2	0.1	0.2	18	12	3	3	39	65	41	14	4,823,587	189,639,855	1,255,860	45.3	10,785,009
Gastrointestinal Agents	0.4	0.3	0.0	0.2	34	30	1	3	76	115	123	16	1,381,118	104,345,714	317,280	11.4	3,106,345
Genitourinary Agents	0.3	0.2	0.0	0.1	17	16	0	1	56	66	44	17	382,666	21,423,609	146,908	5.3	1,263,214
CNS Drugs	0.7	0.4	0.0	0.3	71	61	3	7	95	150	125	22	2,793,748	266,340,985	379,212	13.7	3,727,936
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.1	0.1	41	30	6	6	79	90	83	47	293,892	23,254,647	59,461	2.1	560,907
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	78	76	0	1	132	138	55	42	155,052	20,510,116	25,305	0.9	264,254
Analgesics and Anesthetics	0.4	0.1	0.0	0.2	15	11	1	3	44	133	40	14	2,813,279	123,145,498	887,931	32.0	8,006,443
Neuromuscular Agents	0.6	0.3	0.1	0.3	46	35	4	7	77	140	72	24	1,245,403	95,460,357	203,211	7.3	2,062,349
Nutritional Products	0.3	0.0	0.1	0.2	6	1	2	3	18	23	27	15	692,014	12,725,293	277,933	10.0	2,261,283
Hematological Agents	0.5	0.2	0.1	0.2	66	57	2	6	140	290	30	31	521,047	72,790,692	116,146	4.2	1,109,164
Topical Products	0.3	0.1	0.0	0.1	9	7	1	2	35	55	48	16	2,002,590	69,645,434	830,377	30.0	7,417,721
Miscellaneous Products	0.3	0.1	0.0	0.2	76	54	13	9	232	534	400	49	26,093	6,051,154	7,727	0.3	79,502
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	24	0	0	0	41,495	1,005,190	27,818	1.0	267,028
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	26,426,033	1,487,165,732	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Texas, 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](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 Texas, 0.7 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](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<sup>a, b, c</sup>  
 TEXAS, 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	\$149,496,741	4.7 %	1,417,758	0.5	\$208	\$105		
ANTIDEPRESSANTS	83,097,855	9.1	2,651,168	0.4	75	31		
ULCER DRUGS	82,622,860	9.4	2,735,161	0.3	87	30		
ANTICONVULSANT	76,178,526	4.7	1,429,380	0.6	96	53		
ANTI-DIABETIC	69,428,272	6.7	2,052,255	0.4	77	34		
ANTI-ASTHMATIC	68,304,272	17.8	4,997,226	0.2	58	14		
ANALGESICS - ANTI-INFLAMMATORY	67,873,353	20.8	5,984,045	0.2	53	11		
ANTIHYPERLIPIDEMIC	51,676,164	3.7	1,168,377	0.4	121	44		
ANTIHYPERTENSIVE	49,620,089	7.9	2,409,160	0.4	49	21		
MISC. HEMATOLOGICAL	44,549,780	1.7	526,924	0.4	194	85		
Total	742,847,912	2,400,757	25,371,454	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2002 file for Texas, 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](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.