

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 VIRGINIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
VIRGINIA, 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	739,755 (A)	148,244 (E)	591,511 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	696,094 (B)	111,398 (F)	584,696 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	504,083 (C)	110,435 (G)	393,648 (K)
4. Benes who were all-year nursing facility residents ^f	16,606 (D)	15,078 (H)	1,528 (L)

Source: Data for this table are from the MAX 2002 file for Virginia, 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 Virginia in 2002 was \$462,871,449, of which \$3,286,572 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 3.1 percent were restricted benefit months without a pharmacy benefit in Virginia, 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}
 VIRGINIA, 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	Aged	Disabled	Adults	Children
All	504,083	73,122	96,469	69,994	264,351	147	3,387,283	749,716	879,693	299,883	1,456,820	1,171					
Age																	
5 and younger	115,408	0	2,411	0	112,997	0	588,061	0	14,725	0	573,336	0					
6-14	120,219	1	7,070	255	112,893	0	700,150	6	48,383	1,233	650,528	0					
15-20	53,729	0	5,117	10,309	38,303	0	311,156	0	37,334	41,783	232,039	0					
21-44	92,941	1	36,148	56,623	138	31	583,922	9	339,536	243,329	785	263					
45-64	46,091	65	43,108	2,800	2	116	427,310	451	412,445	13,493	13	908					
65-74	28,859	26,456	2,396	7	0	0	301,957	276,880	25,032	45	0	0					
75-84	27,922	27,747	175	0	0	0	290,443	288,597	1,846	0	0	0					
85 and older	18,894	18,850	44	0	0	0	184,157	183,765	392	0	0	0					
Unknown	20	2	0	0	18	0	127	8	0	0	119	0					
Gender																	
Female	302,464	54,205	51,210	64,856	132,046	147	2,037,177	561,454	473,514	275,796	725,242	1,171					
Male	201,619	18,917	45,259	5,138	132,305	0	1,350,106	188,262	406,179	24,087	731,578	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	255,523	40,142	58,666	34,964	121,667	84	1,910,474	403,746	568,229	169,184	768,664	651					
African American	206,302	25,156	35,076	32,143	113,871	56	1,216,021	264,829	288,119	119,555	543,062	456					
Other/unknown	42,258	7,824	2,727	2,887	28,813	7	260,788	81,141	23,345	11,144	145,094	64					
Use of Nursing Facilities^c																	
Entire year	16,606	14,240	2,357	0	9	0	168,740	142,706	25,942	0	92	0					
Part year	10,197	8,505	1,660	12	20	0	93,801	78,151	15,438	70	142	0					
None	477,280	50,377	92,452	69,982	264,322	147	3,124,742	528,859	838,313	299,813	1,456,586	1,171					
Maintenance Assistance Status																	
Cash	113,451	35,721	74,218	3,135	377	0	1,073,520	390,680	663,825	16,934	2,081	0					
Medically needy	7,177	3,187	3,683	48	259	0	60,679	30,498	28,498	204	1,479	0					
Poverty-related	275,849	9,811	9,345	28,448	228,098	147	1,524,913	101,054	89,705	112,261	1,220,722	1,171					
Other/unknown	107,606	24,403	9,223	38,363	35,617	0	728,171	227,484	97,665	170,484	232,538	0					
Dual Medicare Status^d																	
Full dual, all year	103,054	62,462	40,137	425	29	1	1,078,443	645,725	430,188	2,286	237	7					
Full dual, part year	7,381	4,242	3,132	7	0	0	79,013	45,173	33,768	72	0	0					
Non-dual, all year	393,648	6,418	53,200	69,562	264,322	146	2,229,827	58,818	415,737	297,525	1,456,583	1,164					
Managed Care Status																	
FFS all year	321,597	71,097	78,330	32,171	139,855	144	2,752,976	736,838	803,307	176,030	1,035,653	1,148					
FFS part year, with Rx claims	77,411	1,686	12,052	20,917	42,754	2	320,617	11,445	58,218	75,090	175,850	14					
FFS part year, no Rx claims	105,072	339	6,087	16,903	81,742	1	313,678	1,433	18,168	48,751	245,317	9					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, 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}
 VIRGINIA, 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	59.1 %	15.8	\$912	\$58	\$5,150	17.7 %	504,083
Age							
5 and younger	45.9	2.3	103	44	1,877	5.5	115,408
6-14	43.3	3.2	218	67	1,516	14.3	120,219
15-20	50.3	4.6	327	72	2,763	11.8	53,729
21-44	64.9	14.5	1,063	73	6,594	16.1	92,941
45-64	82.4	44.2	2,795	63	12,283	22.8	46,091
65-74	87.2	45.8	2,363	52	8,765	27.0	28,859
75-84	90.0	50.4	2,416	48	11,413	21.2	27,922
85 and older	92.3	49.8	2,158	43	15,771	13.7	18,894
Unknown	5.0	0.1	1	17	51	1.7	20
Basis of Eligibility^c							
Aged	89.4	48.3	2,315	48	11,592	20.0	73,122
Disabled	79.0	35.1	2,462	70	12,412	19.8	96,469
Adults	56.1	4.5	204	45	2,236	9.1	69,994
Children	44.3	2.7	145	53	1,485	9.8	264,351
Unknown	84.4	17.8	1,167	66	12,482	9.4	147
Gender							
Female	61.8	18.1	975	54	5,167	18.9	302,464
Male	55.1	12.3	817	67	5,124	16.0	201,619
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	67.7	20.7	1,198	58	6,115	19.6	255,523
African American	49.6	11.0	638	58	4,404	14.5	206,302
Other/unknown	54.1	9.2	519	57	2,954	17.6	42,258
Use of Nursing Facilities^d							
Entire year	97.2	74.3	3,455	47	31,054	11.1	16,606
Part year	96.7	60.3	2,881	48	21,643	13.3	10,197
None	57.0	12.8	781	61	3,896	20.1	477,280

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	82.9	37.6	2,331	62	8,765	26.6	113,451
Medically needy	75.3	30.0	1,850	62	10,179	18.2	7,177
Poverty related	46.8	4.4	218	50	1,582	13.8	275,849
Other/unknown	64.6	21.2	1,132	53	10,148	11.2	107,606

Source: Data for this table are from the MAX 2002 file for Virginia, 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}
 VIRGINIA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	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				More than 10
All	2.4	\$136	17.7 %	40.9 %	30.5 %	7.3 %	11.3 %	7.6 %	2.4 %	\$766	504,083	3,387,283
Age												
5 and younger	0.5	20	5.5	54.1	38.8	4.5	2.2	0.3	0.1	368	115,408	588,061
6-14	0.6	37	14.3	56.7	34.5	4.9	3.2	0.5	0.1	260	120,219	700,150
15-20	0.8	57	11.8	49.7	37.5	6.7	5.0	1.1	0.1	477	53,729	311,156
21-44	2.3	169	16.1	35.1	32.5	10.1	13.8	6.8	1.7	1,050	92,941	583,922
45-64	4.8	301	22.8	17.6	15.0	9.9	25.8	23.0	8.7	1,325	46,091	427,310
65-74	4.4	226	27.0	12.8	15.7	11.8	29.5	22.9	7.4	838	28,859	301,957
75-84	4.8	232	21.2	10.0	12.8	10.6	30.9	26.8	9.0	1,097	27,922	290,443
85 and older	5.1	221	13.7	7.7	10.6	10.2	32.3	30.3	8.9	1,618	18,894	184,157
Unknown	0.0	0	1.7	95.0	5.0	0.0	0.0	0.0	0.0	8	20	127
Basis of Eligibility^c												
Aged	4.7	226	20.0	10.6	13.4	10.9	30.6	26.1	8.4	1,131	73,122	749,716
Disabled	3.9	270	19.8	21.0	21.1	11.0	23.6	17.4	5.8	1,361	96,469	879,693
Adults	1.1	48	9.1	43.9	38.2	8.5	7.0	2.0	0.4	522	69,994	299,883
Children	0.5	26	9.8	55.7	36.6	4.7	2.6	0.4	0.1	269	264,351	1,456,820
Unknown	2.2	147	9.4	15.6	36.7	19.0	19.7	7.5	1.4	1,567	147	1,171
Gender												
Female	2.7	145	18.9	38.2	29.9	7.6	12.4	9.0	3.0	767	302,464	2,037,177
Male	1.8	122	16.0	44.9	31.4	6.9	9.7	5.6	1.6	765	201,619	1,350,106
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.8	160	19.6	32.3	32.6	8.2	13.2	10.0	3.7	818	255,523	1,910,474
African American	1.9	108	14.5	50.4	27.4	6.2	9.4	5.4	1.2	747	206,302	1,216,021
Other/unknown	1.5	84	17.6	45.9	32.5	7.5	9.6	3.8	0.8	479	42,258	260,788
Use of Nursing Facilities^d												
Entire year	7.3	340	11.1	2.8	4.4	5.9	26.7	39.2	21.0	3,056	16,606	168,740
Part year	6.6	313	13.3	3.3	6.9	7.4	30.3	36.0	16.1	2,353	10,197	93,801
None	2.0	119	20.1	43.0	31.9	7.4	10.4	5.9	1.5	595	477,280	3,124,742

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	4.0	246	26.6	17.1	20.2	11.6	26.6	19.1	5.3	113,451	1,073,520
Medically needy	3.5	219	18.2	24.7	20.3	11.0	22.1	16.5	5.4	1,204	60,679
Poverty related	0.8	39	13.8	53.2	36.0	5.3	3.9	1.3	0.3	286	1,524,913
Other/unknown	3.1	167	11.2	35.4	27.8	7.8	13.4	11.1	4.6	1,500	728,171

Source: Data for this table are from the MAX 2002 file for Virginia, 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}
 VIRGINIA, 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	2.4	\$136	1.0	\$100	0.2	\$99	0.2	\$54	1.1	\$25
Age										
5 and younger	0.5	20	0.2	15	0.0	83	0.0	38	0.2	4
6-14	0.6	37	0.3	28	0.1	105	0.1	67	0.2	5
15-20	0.8	57	0.4	44	0.1	117	0.1	66	0.3	8
21-44	2.3	169	1.0	128	0.2	129	0.2	72	1.1	28
45-64	4.8	301	2.1	224	0.3	106	0.3	64	2.3	55
65-74	4.4	226	1.9	166	0.3	85	0.3	47	2.1	44
75-84	4.8	232	2.1	168	0.4	81	0.4	41	2.3	47
85 and older	5.1	221	2.0	153	0.5	78	0.5	35	2.6	49
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d										
Aged	4.7	226	2.0	163	0.4	82	0.4	41	2.3	46
Disabled	3.9	270	1.7	204	0.3	119	0.3	69	1.8	45
Adults	1.1	48	0.4	34	0.1	84	0.1	47	0.6	10
Children	0.5	26	0.2	19	0.0	87	0.0	56	0.2	4
Unknown	2.2	147	0.9	122	0.1	130	0.1	35	1.2	21
Gender										
Female	2.7	145	1.2	106	0.2	91	0.2	50	1.3	27
Male	1.8	122	0.8	92	0.2	115	0.2	62	0.9	21
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Race										
White	2.8	160	1.2	117	0.2	99	0.2	54	1.3	30
African American	1.9	108	0.8	81	0.1	101	0.1	52	0.9	19
Other/unknown	1.5	84	0.7	65	0.1	87	0.1	57	0.6	14
Use of Nursing Facilities^e										
Entire year	7.3	340	2.8	237	0.7	84	0.7	37	3.6	72
Part year	6.6	313	2.6	222	0.6	85	0.6	37	3.2	64
None	2.0	119	0.9	89	0.1	102	0.1	60	0.9	21

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	4.0	246	1.8	185	0.3	18	1.9	44
Medically needy	3.5	219	1.5	158	0.3	20	1.7	39
Poverty related	0.8	39	0.3	28	0.1	4	0.4	8
Other/unknown	3.1	167	1.3	122	0.3	13	1.5	31

Source: Data for this table are from the MAX 2002 file for Virginia, 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 Virginia, 1.5 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}
 VIRGINIA, 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
Anti-infective Agents	0.3	0.2	0.0	\$16	\$1	\$2	\$62	\$99	\$81	\$16	\$32,119,812	178,550	35.4 %	1,635,045
Biologics	0.5	0.4	0.0	551	34	59	1,187	1,070	2,189	2,885	3,765,207	962	0.2	6,828
Antineoplastic Agents	0.5	0.2	0.0	101	71	6	200	353	155	91	6,515,827	6,513	1.3	64,368
Endocrine/Metabolic Drugs	0.8	0.4	0.1	34	25	3	44	64	31	21	29,905,495	89,021	17.7	871,218
Cardiovascular Agents	1.6	0.6	0.1	60	38	5	37	63	39	19	61,287,813	99,243	19.7	1,023,913
Respiratory Agents	0.6	0.3	0.1	30	20	4	50	68	58	24	41,384,540	147,888	29.3	1,378,527
Gastrointestinal Agents	0.7	0.4	0.0	62	53	2	86	130	107	25	51,067,761	80,281	15.9	821,565
Genitourinary Agents	0.4	0.3	0.0	22	20	0	55	64	35	20	6,470,050	30,620	6.1	292,988
CNS Drugs	1.2	0.6	0.1	94	73	6	80	127	105	29	97,310,068	103,892	20.6	1,031,368
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	43	28	6	69	84	71	42	5,376,532	14,811	2.9	125,660
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	71	69	0	122	128	47	56	5,744,923	7,761	1.5	80,667
Analgesics and Anesthetics	0.7	0.2	0.0	35	24	3	50	117	62	18	39,212,844	115,600	22.9	1,124,915
Neuromuscular Agents	0.9	0.4	0.1	59	43	5	66	117	58	25	33,476,503	55,963	11.1	569,025
Nutritional Products	0.5	0.0	0.1	9	0	1	16	24	18	16	3,580,643	44,906	8.9	413,934
Hematological Agents	0.7	0.2	0.2	75	66	3	101	265	20	18	22,101,923	29,252	5.8	295,233
Topical Products	0.3	0.2	0.0	14	9	1	40	60	51	19	14,461,186	110,358	21.9	1,060,289
Miscellaneous Products	0.5	0.2	0.1	106	77	16	231	411	285	63	3,784,194	3,581	0.7	35,584
Unknown Therapeutic Category	0.4	0.0	0.0	10	0	0	27	0	0	0	2,019,556	19,111	3.8	200,910
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.	459,584,877	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, 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 Virginia, 1.5 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}
 VIRGINIA, 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	\$52,906,365	45,515	471,137	0.7	\$159	\$112		
ULCER DRUGS	44,072,779	78,646	820,515	0.5	102	54		
ANTIDEPRESSANTS	33,384,069	85,357	860,027	0.6	67	39		
ANTICONVULSANT	27,315,571	44,613	460,831	0.8	79	59		
ANTIASTHMATIC	20,717,609	97,133	945,677	0.4	57	22		
ANTI-DIABETIC	19,520,622	50,177	530,465	0.7	56	37		
ANALGESICS - Narcotic	19,517,739	123,352	1,235,784	0.4	42	16		
ANTIHYPERLIPIDEMIC	18,350,175	31,260	342,709	0.6	86	54		
ANTIHYPERTENSIVE	17,783,354	67,394	711,171	0.6	39	25		
ANALGESICS - ANTI-INFLAMMATORY	16,288,098	72,232	746,155	0.3	66	22		
Total	269,856,381	695,679	7,124,471	n.a.	n.a.	n.a.		

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