

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

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

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	1,130,908 (A)	123,511 (E)	1,007,397 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,069,734 (B)	94,667 (F)	975,067 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	744,383 (C)	94,387 (G)	649,996 (K)
4. Benes who were all-year nursing facility residents ^f	11,364 (D)	10,389 (H)	975 (L)

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 Washington in 2002 was \$450,945,771, of which \$47,917,582 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 1.3 percent were restricted benefit months without a pharmacy benefit in Washington, 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}
 WASHINGTON, 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	744,383	64,906	132,050	212,548	334,879	0	5,079,693	661,101	1,384,931	1,272,771	1,760,890	0
Age												
5 and younger	138,667	0	3,772	7	134,888	0	664,839	0	37,661	15	627,163	0
6-14	156,161	3	9,770	335	146,053	0	934,478	33	106,948	1,789	825,708	0
15-20	111,992	7	7,390	50,703	53,892	0	720,835	73	77,834	335,196	307,732	0
21-44	204,624	11	52,124	152,443	46	0	1,434,257	111	542,005	891,854	287	0
45-64	68,009	275	58,731	9,003	0	0	664,772	2,738	618,392	43,642	0	0
65-74	25,441	25,147	249	45	0	0	270,501	268,324	1,938	239	0	0
75-84	22,515	22,496	10	9	0	0	230,296	230,163	105	28	0	0
85 and older	16,974	16,967	4	3	0	0	159,715	159,659	48	8	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	457,056	45,761	67,593	177,777	165,925	0	3,180,292	469,338	719,022	1,117,648	874,284	0
Male	287,300	19,141	64,442	34,769	168,948	0	1,899,151	191,715	665,751	155,104	886,581	0
Unknown	27	4	15	2	6	0	250	48	158	19	25	0
Race												
White	466,337	46,967	102,029	104,564	212,777	0	3,246,007	470,009	1,076,010	544,430	1,155,558	0
African American	41,330	2,030	10,520	9,936	18,844	0	263,702	21,410	107,302	44,099	90,891	0
Other/unknown	236,716	15,909	19,501	98,048	103,258	0	1,569,984	169,682	201,619	684,242	514,441	0
Use of Nursing Facilities^c												
Entire year	11,364	9,790	1,569	4	1	0	109,470	93,601	15,850	10	9	0
Part year	8,208	5,882	2,276	37	13	0	78,109	54,959	22,876	189	85	0
None	724,811	49,234	128,205	212,507	334,865	0	4,892,114	512,541	1,346,205	1,272,572	1,760,796	0
Maintenance Assistance Status												
Cash	218,497	28,696	109,028	30,519	50,254	0	1,828,411	316,322	1,131,794	133,928	246,367	0
Medically needy	2,425	649	1,740	29	7	0	24,885	7,059	17,664	132	30	0
Poverty-related	199,999	1,110	1,198	34,986	162,705	0	1,060,638	8,835	11,673	192,533	847,597	0
Other/unknown	323,462	34,451	20,084	147,014	121,913	0	2,165,759	328,885	223,800	946,178	666,896	0
Dual Medicare Status^d												
Full dual, all year	91,302	53,230	37,441	612	19	0	960,903	544,795	411,575	4,361	172	0
Full dual, part year	3,085	1,557	1,502	26	0	0	32,167	15,689	16,208	270	0	0
Non-dual, all year	649,996	10,119	93,107	211,910	334,860	0	4,086,623	100,617	957,148	1,268,140	1,760,718	0
Managed Care Status												
FFS all year	452,456	64,807	128,694	134,546	124,409	0	4,061,108	660,514	1,364,041	987,241	1,049,312	0
FFS part year, with Rx claims	101,606	59	2,728	40,347	58,472	0	442,372	410	17,695	165,976	258,291	0
FFS part year, no Rx claims	190,321	40	628	37,655	151,998	0	576,213	177	3,195	119,554	453,287	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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}
 WASHINGTON, 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	48.4 %	10.2	\$541	\$53	\$2,998	18.1 %	744,383
Age							
5 and younger	35.9	1.4	51	36	1,596	3.2	138,667
6-14	34.8	2.0	124	61	1,079	11.4	156,161
15-20	34.2	2.2	121	55	1,280	9.4	111,992
21-44	51.1	8.9	563	64	2,946	19.1	204,624
45-64	83.0	37.6	2,123	57	7,317	29.0	68,009
65-74	87.0	37.2	1,678	45	6,013	27.9	25,441
75-84	88.9	39.5	1,643	42	9,439	17.4	22,515
85 and older	88.9	36.7	1,414	39	13,680	10.3	16,974
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	88.4	38.0	1,603	42	9,228	17.4	64,906
Disabled	83.5	31.2	1,997	64	7,111	28.1	132,050
Adults	37.0	2.4	85	35	1,691	5.0	212,548
Children	34.1	1.4	52	36	997	5.2	334,879
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	49.5	11.2	545	49	3,145	17.3	457,056
Male	46.7	8.6	536	63	2,763	19.4	287,300
Unknown	66.7	26.9	969	36	6,497	14.9	27
Race							
White	54.5	12.7	691	54	3,540	19.5	466,337
African American	47.5	9.2	475	51	3,067	15.5	41,330
Other/unknown	36.7	5.3	259	49	1,917	13.5	236,716
Use of Nursing Facilities^d							
Entire year	96.9	50.0	2,305	46	36,468	6.3	11,364
Part year	97.8	56.9	2,859	50	25,527	11.2	8,208
None	47.1	9.0	488	54	2,218	22.0	724,811

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	68.8	19.8	1,139	58	4,392	25.9	218,497
Medically needy	93.4	43.9	2,899	66	10,908	26.6	2,425
Poverty related	37.5	1.6	57	35	1,302	4.4	199,999
Other/unknown	41.1	8.7	420	48	3,045	13.8	323,462

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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}
 WASHINGTON, 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	
All	1.5	\$79	18.1 %	51.6 %	28.2 %	5.9 %	8.7 %	4.6 %	1.0 %	\$439	744,383	5,079,693
Age												
5 and younger	0.3	11	3.2	64.1	32.2	2.5	1.1	0.1	0.0	333	138,667	664,839
6-14	0.3	21	11.4	65.2	30.0	2.9	1.7	0.2	0.0	180	156,161	934,478
15-20	0.3	19	9.4	65.8	28.1	3.6	2.2	0.3	0.0	199	111,992	720,835
21-44	1.3	80	19.1	48.9	30.2	7.5	8.9	3.7	0.8	420	204,624	1,434,257
45-64	3.8	217	29.0	17.0	19.7	11.9	27.5	18.9	5.0	749	68,009	664,772
65-74	3.5	158	27.9	13.0	21.6	13.6	30.1	17.9	3.8	566	25,441	270,501
75-84	3.9	161	17.4	11.1	17.3	12.9	33.2	21.5	4.0	923	22,515	230,296
85 and older	3.9	150	10.3	11.1	15.1	13.4	35.5	21.4	3.5	1,454	16,974	159,715
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	157	17.4	11.6	18.4	13.3	32.7	20.1	3.8	906	64,906	661,101
Disabled	3.0	190	28.1	16.5	28.9	12.7	24.2	14.1	3.6	678	132,050	1,384,931
Adults	0.4	14	5.0	63.0	27.5	4.7	3.6	1.0	0.2	282	212,548	1,272,771
Children	0.3	10	5.2	65.9	30.3	2.6	1.2	0.1	0.0	190	334,879	1,760,890
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	78	17.3	50.5	27.9	5.9	9.1	5.3	1.3	452	457,056	3,180,292
Male	1.3	81	19.4	53.3	28.6	5.9	8.1	3.5	0.6	418	287,300	1,899,151
Unknown	2.9	105	14.9	33.3	22.2	3.7	25.9	14.8	0.0	702	27	250
Race												
White	1.8	99	19.5	45.5	29.8	6.8	10.5	6.0	1.4	509	466,337	3,246,007
African American	1.4	74	15.5	52.5	27.9	6.2	8.6	4.0	0.8	481	41,330	263,702
Other/unknown	0.8	39	13.5	63.3	25.1	4.2	5.2	1.9	0.3	289	236,716	1,569,984
Use of Nursing Facilities^d												
Entire year	5.2	239	6.3	3.1	10.6	11.6	35.7	29.5	9.5	3,786	11,364	109,470
Part year	6.0	300	11.2	2.2	9.7	10.2	32.5	33.4	12.0	2,682	8,208	78,109
None	1.3	72	22.0	52.9	28.7	5.8	8.0	3.9	0.8	329	724,811	4,892,114

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	2.4	136	25.9	31.2	30.4	10.4	17.6	8.7	1.7	525	218,497	1,828,411
Medically needy	4.3	283	26.6	6.6	16.1	13.3	35.2	23.5	5.3	1,063	2,425	24,885
Poverty related	0.3	11	4.4	62.5	33.0	3.0	1.3	0.2	0.0	245	199,999	1,060,638
Other/unknown	1.3	63	13.8	58.9	23.9	4.6	7.1	4.4	1.1	455	323,462	2,165,759

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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}
 WASHINGTON, 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	1.5	\$79	\$53	0.6	\$60	\$101	0.1	\$4	\$51	0.8	\$15	\$18
Age												
5 and younger	0.3	11	36	0.1	7	73	0.0	1	44	0.2	3	17
6-14	0.3	21	61	0.1	15	102	0.0	2	72	0.2	4	25
15-20	0.3	19	55	0.1	14	105	0.0	2	62	0.2	3	16
21-44	1.3	80	64	0.5	63	127	0.1	4	59	0.7	13	19
45-64	3.8	217	57	1.5	165	107	0.2	10	58	2.1	41	20
65-74	3.5	158	45	1.4	117	81	0.2	8	43	1.9	33	18
75-84	3.9	161	42	1.6	118	76	0.2	9	37	2.1	34	16
85 and older	3.9	150	39	1.5	109	73	0.3	9	33	2.1	32	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.7	157	42	1.5	116	77	0.2	8	38	2.0	33	17
Disabled	3.0	190	64	1.2	148	121	0.1	9	61	1.6	33	21
Adults	0.4	14	35	0.1	10	76	0.0	1	45	0.3	3	14
Children	0.3	10	36	0.1	7	68	0.0	1	58	0.2	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	78	49	0.6	59	92	0.1	4	48	0.9	15	17
Male	1.3	81	63	0.5	63	119	0.1	4	58	0.7	15	21
Unknown	2.9	105	36	1.4	82	58	0.1	4	48	1.4	18	13
Race												
White	1.8	99	54	0.7	76	103	0.1	5	52	1.0	18	19
African American	1.4	74	51	0.5	57	104	0.1	4	47	0.8	14	17
Other/unknown	0.8	39	49	0.3	29	91	0.0	2	49	0.4	8	19
Use of Nursing Facilities^e												
Entire year	5.2	239	46	2.1	176	85	0.4	14	40	2.8	49	18
Part year	6.0	300	50	2.3	225	96	0.4	17	46	3.2	58	18
None	1.3	72	54	0.5	55	103	0.1	4	53	0.7	14	19

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	2.4	136	1.0	105	0.1	6	1.3	25
Medically needy	4.3	283	1.8	226	0.2	14	2.2	43
Poverty related	0.3	11	0.1	7	0.0	1	0.2	2
Other/unknown	1.3	63	0.5	47	0.1	4	0.7	12

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 Washington, 0.5 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}
 WASHINGTON, 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			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$13	\$1	\$2	\$56	\$109	\$83	\$14	572,547	\$31,962,763	208,848	28.1 %	1,926,846
Biologics	0.1	0.1	0.0	0.0	20	17	1	3	180	185	859	139	5,939	1,071,818	4,901	0.7	54,214
Antineoplastic Agents	0.5	0.2	0.0	0.2	106	86	5	14	221	400	138	64	25,161	5,551,580	5,017	0.7	52,617
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	26	19	2	5	38	63	32	16	730,130	27,486,883	107,309	14.4	1,065,253
Cardiovascular Agents	1.2	0.4	0.1	0.7	40	25	3	13	32	61	30	17	1,258,364	40,736,773	95,521	12.8	1,008,863
Respiratory Agents	0.5	0.2	0.0	0.2	23	17	2	4	45	68	71	18	628,984	28,506,444	128,427	17.3	1,236,227
Gastrointestinal Agents	0.6	0.3	0.0	0.3	39	34	1	4	66	107	124	15	512,939	33,625,107	83,649	11.2	869,980
Genitourinary Agents	0.3	0.2	0.0	0.1	17	15	0	2	48	64	28	16	109,571	5,273,837	31,732	4.3	318,614
CNS Drugs	1.0	0.5	0.0	0.5	80	67	2	11	77	126	72	23	1,339,421	102,760,802	127,370	17.1	1,276,827
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	41	21	7	14	59	75	66	43	80,683	4,790,772	12,580	1.7	115,988
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	90	90	0	0	168	173	0	20	20,173	3,397,028	3,630	0.5	37,805
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	33	23	2	8	47	133	68	17	1,055,134	49,740,524	158,521	21.3	1,512,410
Neuromuscular Agents	0.8	0.3	0.1	0.4	51	40	3	8	67	122	53	21	559,391	37,422,473	71,213	9.6	738,463
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	15	28	18	15	168,822	2,611,417	49,537	6.7	436,976
Hematological Agents	0.6	0.2	0.1	0.3	65	50	3	13	104	315	24	36	137,255	14,300,808	21,020	2.8	219,896
Topical Products	0.3	0.1	0.0	0.2	9	5	1	3	31	57	53	16	344,905	10,853,438	121,970	16.4	1,196,348
Miscellaneous Products	0.3	0.1	0.0	0.1	36	24	6	6	137	193	279	49	19,593	2,693,209	7,359	1.0	74,923
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	19	0	0	0	12,615	242,513	6,001	0.8	63,960
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.	7,581,627	403,028,189	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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 Washington, 0.5 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}
 WASHINGTON, 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	\$55,981,522	51,885	7.0 %	558,175	0.6	\$161		\$100
ANTIDEPRESSANTS	38,477,856	125,268	16.8	1,291,832	0.5	58		30
ANALGESICS - Narcotic	31,710,973	175,879	23.6	1,748,610	0.4	44		18
ANTICONVULSANT	31,069,866	50,511	6.8	544,077	0.6	89		57
ULCER DRUGS	26,167,462	82,372	11.1	879,824	0.4	67		30
ANTIASTHMATIC	15,345,850	95,704	12.9	970,652	0.3	49		16
ANTIDIABETIC	13,991,234	46,515	6.2	502,700	0.6	46		28
ANALGESICS - ANTI-INFLAMMATORY	13,783,852	90,663	12.2	919,548	0.3	52		15
ANTHYPERLIPIDEMIC	13,470,074	30,267	4.1	336,938	0.5	74		40
ANTIVIRAL	12,241,209	11,307	1.5	117,813	0.3	316		104
Total	252,239,898	760,371		7,870,169	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2002 file for Washington, released by CMS in 06/2006. 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.