STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
MASSACHUSETTS

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MASSACHUSETTS, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1,170,219	(A)	228,373	(E)	941,846	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,031,742	(B)	209,404	(F)	822,338	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	811,384	(C)	208,749	(G)	602,635	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	32,620	(D)	30,355	(H)	2,265	(L)

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Massachusetts in 2003 was $914,764,217, of which $22,171,537 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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]

MASSACHUSETTS, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**811,384**	**96,943**	**243,051**	**163,709**	**307,681**	**0**	**7,313,282**	**998,914**	**2,639,451**	**1,237,301**	**2,437,616**	**0**
Age												
5 and younger	110,809	0	3,951	0	106,858	0	787,710	0	38,695	0	749,015	0
6-14	148,405	0	12,086	1	136,318	0	1,288,310	0	131,104	9	1,157,197	0
15-20	85,880	0	10,220	11,266	64,394	0	722,202	0	109,026	82,260	530,916	0
21-44	210,536	0	81,117	129,310	109	0	1,845,417	0	875,719	969,212	486	0
45-64	130,355	0	107,523	22,830	2	0	1,352,209	0	1,168,833	183,374	2	0
65-74	49,544	28,305	20,969	270	0	0	538,503	302,068	234,238	2,197	0	0
75-84	41,443	35,555	5,860	28	0	0	441,438	373,878	67,346	214	0	0
85 and older	34,411	33,082	1,325	4	0	0	337,483	322,958	14,490	35	0	0
Unknown	1	1	0	0	0	0	10	10	0	0	0	0
Gender												
Female	474,672	70,835	128,505	123,633	151,699	0	4,290,428	734,345	1,408,381	946,306	1,201,396	0
Male	336,712	26,108	114,546	40,076	155,982	0	3,022,854	264,569	1,231,070	290,995	1,236,220	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	472,279	72,512	191,462	76,461	131,844	0	4,600,127	763,874	2,109,434	604,372	1,122,447	0
African American	81,865	4,191	20,607	18,300	38,767	0	694,777	45,331	221,605	129,218	298,623	0
Other/unknown	257,240	20,240	30,982	68,948	137,070	0	2,018,378	189,709	308,412	503,711	1,016,546	0
Use of Nursing Facilities[c]												
Entire year	32,620	28,287	4,313	10	10	0	330,963	283,461	47,321	76	105	0
Part year	19,526	13,050	6,276	131	69	0	190,620	120,764	67,984	1,282	590	0
None	759,238	55,606	232,462	163,568	307,602	0	6,791,699	594,689	2,524,146	1,235,943	2,436,921	0
Maintenance Assistance Status												
Cash	260,027	28,987	153,537	33,162	44,341	0	2,639,796	329,174	1,712,214	241,854	356,554	0
Medically needy	20,236	12,244	7,992	0	0	0	205,032	122,605	82,427	0	0	0
Poverty-related	338,933	31,920	62,748	0	244,265	0	2,897,975	332,150	650,449	0	1,915,376	0
Other/unknown	192,188	23,792	18,774	130,547	19,075	0	1,570,479	214,985	194,361	995,447	165,686	0
Dual Medicare Status[d]												
Full dual, all year	205,480	82,791	121,017	1,659	13	0	2,227,715	855,389	1,357,383	14,822	121	0
Full dual, part year	3,269	3,127	141	1	0	0	37,105	35,548	1,545	12	0	0
Non-dual, all year	602,635	11,025	121,893	162,049	307,668	0	5,048,462	107,977	1,280,523	1,222,467	2,437,495	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	661,807	96,773	228,721	114,502	221,811	0	6,721,109	997,741	2,560,521	1,051,909	2,110,938	0
FFS part year, with Rx claims	65,752	123	11,179	23,246	31,204	0	346,578	916	66,442	115,782	163,438	0
FFS part year, no Rx claims	83,825	47	3,151	25,961	54,666	0	245,595	257	12,488	69,610	163,240	0

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes 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. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

MASSACHUSETTS, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**67.3 %**	**17.8**	**$1,100**	**$62**	**$7,603**	**14.5 %**	**811,384**
Age							
5 and younger	51.0	2.5	97	38	2,898	3.3	110,809
6-14	52.2	4.2	263	63	2,478	10.6	148,405
15-20	54.1	5.4	395	73	3,845	10.3	85,880
21-44	69.8	15.6	1,172	75	6,767	17.3	210,536
45-64	83.8	36.6	2,510	69	12,108	20.7	130,355
65-74	85.0	36.0	1,908	53	9,995	19.1	49,544
75-84	88.1	42.3	1,975	47	17,309	11.4	41,443
85 and older	90.6	43.1	1,702	40	27,144	6.3	34,411
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility[e]							
Aged	86.8	39.2	1,772	45	18,938	9.4	96,943
Disabled	85.6	35.1	2,542	72	13,376	19.0	243,051
Adults	60.9	7.0	344	49	2,337	14.7	163,709
Children	50.2	3.1	152	49	2,272	6.7	307,681
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	70.7	19.8	1,106	56	7,798	14.2	474,672
Male	62.5	14.9	1,092	73	7,328	14.9	336,712
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	75.5	23.9	1,494	62	9,826	15.2	472,279
African American	57.7	11.0	714	65	5,229	13.7	81,865
Other/unknown	55.3	8.7	499	58	4,277	11.7	257,240
Use of Nursing Facilities[f]							
Entire year	95.0	59.2	2,696	46	45,769	5.9	32,620
Part year	94.5	52.3	2,628	50	32,086	8.2	19,526
None	65.5	15.1	992	66	5,333	18.6	759,238
Maintenance Assistance Status							
Cash	77.6	25.5	1,666	65	9,203	18.1	260,027
Medically needy	80.9	32.2	1,720	53	15,352	11.2	20,236
Poverty related	60.0	13.4	823	62	6,659	12.4	338,933
Other/unknown	65.0	13.6	757	56	6,288	12.0	192,188

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

MASSACHUSETTS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.0**	**$122**	**14.5 %**	**32.7 %**	**35.5 %**	**8.6 %**	**13.9 %**	**7.6 %**	**1.7 %**	**$844**	**811,384**	**7,313,282**
Age												
5 and younger	0.4	14	3.3	49.0	46.7	2.8	1.3	0.2	0.0	408	110,809	787,710
6-14	0.5	30	10.6	47.8	44.1	4.3	3.3	0.5	0.1	286	148,405	1,288,310
15-20	0.6	47	10.3	45.9	43.1	5.6	4.3	0.9	0.1	457	85,880	722,202
21-44	1.8	134	17.3	30.2	38.9	10.8	13.6	5.4	1.1	772	210,536	1,845,417
45-64	3.5	242	20.7	16.2	22.5	12.8	27.5	16.8	4.2	1,167	130,355	1,352,209
65-74	3.3	176	19.1	15.0	23.3	13.8	27.4	16.7	3.7	920	49,544	538,503
75-84	4.0	185	11.4	11.9	16.7	12.7	31.1	22.4	5.2	1,625	41,443	441,438
85 and older	4.4	174	6.3	9.4	12.7	12.0	33.6	27.1	5.2	2,768	34,411	337,483
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	10
Basis of Eligibility[e]												
Aged	3.8	172	9.4	13.2	18.1	12.6	29.8	21.5	4.8	1,838	96,943	998,914
Disabled	3.2	234	19.0	14.4	25.6	13.5	27.4	15.5	3.6	1,232	243,051	2,639,451
Adults	0.9	46	14.7	39.1	43.7	8.7	6.8	1.5	0.2	309	163,709	1,237,301
Children	0.4	19	6.7	49.8	44.5	3.4	2.0	0.3	0.0	287	307,681	2,437,616
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.2	122	14.2	29.3	35.6	9.2	15.2	8.8	2.0	863	474,672	4,290,428
Male	1.7	122	14.9	37.5	35.5	7.8	12.1	5.9	1.3	816	336,712	3,022,854
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.5	153	15.2	24.5	33.6	10.5	18.5	10.6	2.4	1,009	472,279	4,600,127
African American	1.3	84	13.7	42.3	37.3	6.6	9.1	3.9	0.8	616	81,865	694,777
Other/unknown	1.1	64	11.7	44.7	38.6	5.7	6.9	3.4	0.7	545	257,240	2,018,378
Use of Nursing Facilities[f]												
Entire year	5.8	266	5.9	5.0	7.2	8.7	31.4	36.1	11.6	4,511	32,620	330,963
Part year	5.4	269	8.2	5.5	10.1	10.2	33.7	31.6	8.8	3,287	19,526	190,620
None	1.7	111	18.6	34.5	37.4	8.6	12.6	5.8	1.1	596	759,238	6,791,699
Maintenance Assistance Status												
Cash	2.5	164	18.1	22.4	32.6	11.6	20.5	10.6	2.2	907	260,027	2,639,796
Medically needy	3.2	170	11.2	19.1	23.0	12.5	26.2	15.7	3.5	1,515	20,236	205,032
Poverty related	1.6	96	12.4	40.0	37.1	6.0	9.7	5.8	1.3	779	338,933	2,897,975
Other/unknown	1.7	93	12.0	35.0	38.0	8.7	11.0	6.0	1.4	769	192,188	1,570,479

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

MASSACHUSETTS, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.0**	**$122**	**$62**	**0.8**	**$98**	**$116**	**0.0**	**$1**	**$45**	**1.1**	**$23**	**$21**
Age												
5 and younger	0.4	14	38	0.1	11	82	0.0	0	55	0.2	3	12
6-14	0.5	30	63	0.3	26	101	0.0	0	102	0.2	4	18
15-20	0.6	47	73	0.3	37	114	0.0	1	102	0.3	9	30
21-44	1.8	134	75	0.8	109	143	0.0	2	71	1.0	23	23
45-64	3.5	242	69	1.5	196	130	0.0	2	51	2.0	44	22
65-74	3.3	176	53	1.4	138	97	0.0	1	33	1.8	36	19
75-84	4.0	185	47	1.7	144	87	0.1	2	24	2.2	40	18
85 and older	4.4	174	40	1.7	132	76	0.1	3	21	2.5	39	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.8	172	45	1.6	133	85	0.1	2	24	2.1	37	17
Disabled	3.2	234	72	1.4	190	135	0.0	2	61	1.8	41	23
Adults	0.9	46	49	0.4	36	97	0.0	0	38	0.6	9	17
Children	0.4	19	49	0.2	15	85	0.0	0	75	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.2	122	56	0.9	97	105	0.0	1	37	1.2	23	19
Male	1.7	122	73	0.7	99	136	0.0	1	63	0.9	21	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.5	153	62	1.1	123	117	0.0	2	45	1.4	28	21
African American	1.3	84	65	0.5	69	128	0.0	1	50	0.7	14	19
Other/unknown	1.1	64	58	0.5	51	106	0.0	1	42	0.6	12	20
Use of Nursing Facilities[e]												
Entire year	5.8	266	46	2.4	206	87	0.2	4	24	3.3	56	17
Part year	5.4	269	50	2.2	211	97	0.1	3	25	3.0	54	18
None	1.7	111	66	0.7	90	122	0.0	1	60	0.9	20	22
Maintenance Assistance Status												
Cash	2.5	164	65	1.1	133	123	0.0	2	54	1.4	30	21
Medically needy	3.2	170	53	1.4	134	98	0.1	2	32	1.7	33	19
Poverty related	1.6	96	62	0.7	78	115	0.0	1	44	0.9	18	20
Other/unknown	1.7	93	56	0.7	73	102	0.0	1	37	0.9	19	20

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 Massachusetts, 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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 = Centers for Medicare & 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]

MASSACHUSETTS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$26	$23	$0	$3	$95	$184	$93	$20	930,831	$88,794,599	314,074	38.7 %	3,363,584
Biologicals	0.2	0.2	0.0	0.0	128	78	17	34	647	467	2,822	1,315	5,249	3,397,727	2,486	0.3	26,466
Antineoplastic Agents	0.5	0.2	0.0	0.2	137	117	1	19	292	515	134	82	48,631	14,197,731	9,790	1.2	103,478
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	29	22	1	6	42	74	19	17	1,338,023	55,628,970	178,666	22.0	1,921,651
Cardiovascular Agents	1.3	0.4	0.0	0.9	44	29	0	15	33	72	38	16	2,758,383	92,074,231	191,295	23.6	2,101,052
Respiratory Agents	0.5	0.3	0.0	0.2	28	25	0	3	53	74	44	16	974,605	51,707,981	171,804	21.2	1,858,544
Gastrointestinal Agents	0.6	0.3	0.0	0.2	42	36	1	5	74	111	182	22	900,751	66,348,382	144,132	17.8	1,577,873
Genitourinary Agents	0.3	0.3	0.0	0.1	21	19	0	1	60	71	28	17	188,944	11,306,183	50,159	6.2	547,567
CNS Drugs	1.2	0.6	0.0	0.6	100	82	1	17	83	135	86	29	3,036,593	251,678,567	231,542	28.5	2,515,449
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	45	37	0	8	77	94	65	41	170,120	13,054,873	27,229	3.4	292,118
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	97	97	0	0	153	156	0	17	74,448	11,361,060	11,087	1.4	117,326
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	30	23	0	7	53	169	58	16	1,405,406	74,641,458	233,662	28.8	2,517,043
Neuromuscular Agents	0.8	0.4	0.0	0.4	56	47	1	9	67	119	50	20	1,200,121	79,863,271	128,832	15.9	1,426,119
Nutritional Products	0.3	0.0	0.0	0.3	6	0	0	5	16	33	15	16	228,263	3,697,412	63,801	7.9	652,202
Hematological Agents	0.7	0.2	0.1	0.5	73	58	1	14	98	360	9	27	363,246	35,502,086	45,040	5.6	488,015
Topical Products	0.3	0.1	0.0	0.2	12	8	0	3	38	63	49	19	728,593	27,550,542	209,469	25.8	2,271,371
Miscellaneous Products	0.3	0.2	0.0	0.1	59	46	4	9	221	291	274	96	44,631	9,856,000	15,400	1.9	166,325
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	54	0	0	0	35,447	1,931,607	15,889	2.0	175,687
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.	14,432,285	892,592,680	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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 Massachusetts, 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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]

MASSACHUSETTS, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$147,932,154	123,334	15.2 %	1,384,763	0.7	$158	$107
ANTIDEPRESSANTS	89,374,258	243,404	30.0	2,689,767	0.5	61	33
ANTICONVULSANT	70,470,118	116,671	14.4	1,312,408	0.7	77	54
ANTIVIRAL	56,664,684	25,375	3.1	284,121	0.5	437	199
ULCER DRUGS	52,850,006	134,846	16.6	1,495,617	0.5	77	35
ANALGESICS - Narcotic	47,040,259	218,042	26.9	2,402,518	0.3	58	20
ANTIHYPERLIPIDEMIC	40,884,274	77,156	9.5	876,113	0.6	83	47
ANTIASTHMATIC	35,200,003	183,199	22.6	2,013,425	0.3	54	17
ANTIDIABETIC	32,925,386	92,171	11.4	1,029,716	0.6	52	32
ANTIHYPERTENSIVE	19,916,561	116,543	14.4	1,307,908	0.5	28	15
Total	593,257,703	1,330,741		14,796,356	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Massachusetts, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.