STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
NORTH CAROLINA

LIST OF TABLES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NORTH CAROLINA, 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]	1,488,991	(A)	290,008	(E)	1,198,983	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,402,343	(B)	231,203	(F)	1,171,140	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1,396,096	(C)	231,180	(G)	1,164,916	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	16,754	(D)	15,879	(H)	875	(L)

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 North Carolina in 2003 was $1,335,317,389, of which $58,746,672 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]

NORTH CAROLINA, 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	**1,396,096**	**139,054**	**235,275**	**261,786**	**759,981**	**0**	**13,285,395**	**1,509,915**	**2,538,266**	**2,099,542**	**7,137,672**	**0**
Age												
5 and younger	340,540	0	8,762	4	331,774	0	3,126,596	0	91,003	7	3,035,586	0
6-14	328,258	0	22,074	83	306,101	0	3,234,117	0	249,851	352	2,983,914	0
15-20	155,149	5	14,797	19,613	120,734	0	1,420,243	19	164,695	142,904	1,112,625	0
21-44	302,843	88	77,230	224,161	1,364	0	2,648,523	447	837,400	1,805,141	5,535	0
45-64	129,704	151	111,694	17,859	0	0	1,340,353	1,010	1,188,739	150,604	0	0
65-74	54,778	54,221	495	62	0	0	604,682	600,064	4,121	497	0	0
75-84	52,476	52,318	156	2	0	0	574,939	573,133	1,782	24	0	0
85 and older	32,340	32,271	67	2	0	0	335,930	335,242	675	13	0	0
Unknown	8	0	0	0	8	0	12	0	0	0	12	0
Gender												
Female	837,941	106,476	121,118	227,619	382,728	0	7,925,884	1,161,875	1,322,285	1,840,365	3,601,359	0
Male	558,155	32,578	114,157	34,167	377,253	0	5,359,511	348,040	1,215,981	259,177	3,536,313	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	599,770	70,768	97,615	122,284	309,103	0	5,586,830	755,386	1,037,686	956,271	2,837,487	0
African American	570,909	48,373	88,840	112,791	320,905	0	5,605,835	536,089	969,529	975,138	3,125,079	0
Other/unknown	225,417	19,913	48,820	26,711	129,973	0	2,092,730	218,440	531,051	168,133	1,175,106	0
Use of Nursing Facilities[c]												
Entire year	16,754	14,638	2,115	1	0	0	183,496	159,534	23,961	1	0	0
Part year	16,255	13,278	2,948	27	2	0	159,876	129,562	30,031	268	15	0
None	1,363,087	111,138	230,212	261,758	759,979	0	12,942,023	1,220,819	2,484,274	2,099,273	7,137,657	0
Maintenance Assistance Status												
Cash	557,723	65,273	158,524	153,132	180,794	0	5,541,163	731,881	1,784,068	1,262,718	1,762,496	0
Medically needy	10,787	6,124	2,504	1,637	522	0	98,144	59,056	23,794	11,595	3,699	0
Poverty-related	688,272	67,655	74,244	54,485	491,888	0	6,192,754	718,957	730,387	289,623	4,453,787	0
Other/unknown	139,314	2	3	52,532	86,777	0	1,453,334	21	17	535,606	917,690	0
Dual Medicare Status[d]												
Full dual, all year	224,713	132,383	90,479	1,821	30	0	2,477,584	1,452,121	1,009,191	16,015	257	0
Full dual, part year	6,467	3,751	2,698	18	0	0	71,306	41,290	29,821	195	0	0
Non-dual, all year	1,164,916	2,920	142,098	259,947	759,951	0	10,736,505	16,504	1,499,254	2,083,332	7,137,415	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,379,013	139,044	234,759	257,277	747,933	0	13,181,041	1,509,851	2,534,346	2,072,761	7,064,083	0
FFS part year, with Rx claims	11,343	9	463	3,646	7,225	0	73,492	53	3,603	22,495	47,341	0
FFS part year, no Rx claims	5,740	1	53	863	4,823	0	30,862	11	317	4,286	26,248	0

Source: Data for this table are from the MAX 2003 file for North Carolina, 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]

NORTH CAROLINA, 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	**73.3 %**	**15.2**	**$914**	**$60**	**$4,560**	**20.1 %**	**1,396,096**
Age							
5 and younger	70.9	4.5	198	44	1,925	10.3	340,540
6-14	63.2	4.9	321	66	2,073	15.5	328,258
15-20	65.2	5.8	373	64	3,400	11.0	155,149
21-44	76.5	14.4	993	69	5,276	18.8	302,843
45-64	87.0	43.5	2,846	66	10,632	26.8	129,704
65-74	91.4	51.3	2,798	55	8,410	33.3	54,778
75-84	93.2	53.0	2,742	52	11,079	24.7	52,476
85 and older	93.6	50.1	2,432	49	14,977	16.2	32,340
Unknown	0.0	0.0	0	0	0	0.0	8
Basis of Eligibility[e]							
Aged	92.6	51.7	2,693	52	10,945	24.6	139,054
Disabled	84.7	34.9	2,633	76	12,082	21.8	235,275
Adults	74.2	9.6	468	49	2,968	15.8	261,786
Children	66.0	4.4	211	48	1,612	13.1	759,981
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	76.0	17.7	995	56	4,623	21.5	837,941
Male	69.3	11.5	793	69	4,467	17.8	558,155
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	78.4	19.1	1,157	61	5,296	21.8	599,770
African American	69.8	11.8	682	58	3,834	17.8	570,909
Other/unknown	68.7	13.6	858	63	4,444	19.3	225,417
Use of Nursing Facilities[f]							
Entire year	96.8	71.2	4,021	57	35,509	11.3	16,754
Part year	95.6	56.2	3,226	57	22,569	14.3	16,255
None	72.8	14.0	849	60	3,965	21.4	1,363,087
Maintenance Assistance Status							
Cash	77.1	20.2	1,281	63	5,632	22.7	557,723
Medically needy	86.5	43.9	2,619	60	20,647	12.7	10,787
Poverty related	69.5	12.2	690	57	3,804	18.1	688,272
Other/unknown	76.2	8.1	423	52	2,761	15.3	139,314

Source: Data for this table are from the MAX 2003 file for North Carolina, 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]

NORTH CAROLINA, 2003

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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]	Beneficiaries	Benefit Months
All	**1.6**	**$96**	**20.1 %**	**26.7 %**	**47.3 %**	**7.9 %**	**11.0 %**	**5.7 %**	**1.4 %**	**$479**	**1,396,096**	**13,285,395**
Age												
5 and younger	0.5	22	10.3	29.1	64.2	4.8	1.7	0.1	0.0	210	340,540	3,126,596
6-14	0.5	33	15.5	36.8	54.8	5.0	3.0	0.3	0.0	210	328,258	3,234,117
15-20	0.6	41	11.0	34.8	53.9	6.8	4.0	0.5	0.1	371	155,149	1,420,243
21-44	1.6	114	18.8	23.5	45.4	12.4	13.9	3.9	0.8	603	302,843	2,648,523
45-64	4.2	275	26.8	13.0	18.3	11.5	30.5	20.5	6.2	1,029	129,704	1,340,353
65-74	4.6	254	33.3	8.6	13.3	10.8	34.5	26.3	6.6	762	54,778	604,682
75-84	4.8	250	24.7	6.8	10.8	10.3	36.8	28.8	6.4	1,011	52,476	574,939
85 and older	4.8	234	16.2	6.4	10.2	10.9	37.9	29.5	5.2	1,442	32,340	335,930
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	12
Basis of Eligibility[e]												
Aged	4.8	248	24.6	7.4	11.7	10.6	36.1	28.0	6.2	1,008	139,054	1,509,915
Disabled	3.2	244	21.8	15.3	27.6	12.0	25.8	15.1	4.2	1,120	235,275	2,538,266
Adults	1.2	58	15.8	25.8	50.0	11.8	10.5	1.7	0.2	370	261,786	2,099,542
Children	0.5	22	13.1	34.0	58.9	4.8	2.0	0.1	0.0	172	759,981	7,137,672
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.9	105	21.5	24.0	46.1	8.5	12.5	7.0	1.8	489	837,941	7,925,884
Male	1.2	83	17.8	30.7	49.0	7.1	8.7	3.7	0.7	465	558,155	5,359,511
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	124	21.8	21.6	45.8	9.4	13.5	7.6	2.2	569	599,770	5,586,830
African American	1.2	69	17.8	30.2	49.3	6.8	9.0	4.0	0.6	390	570,909	5,605,835
Other/unknown	1.5	92	19.3	31.3	46.1	6.8	9.6	5.0	1.2	479	225,417	2,092,730
Use of Nursing Facilities[f]												
Entire year	6.5	367	11.3	3.2	4.9	6.6	31.0	39.8	14.5	3,242	16,754	183,496
Part year	5.7	328	14.3	4.4	8.2	9.6	34.8	33.6	9.5	2,295	16,255	159,876
None	1.5	89	21.4	27.2	48.3	7.9	10.5	5.0	1.1	418	1,363,087	12,942,023
Maintenance Assistance Status												
Cash	2.0	129	22.7	22.9	42.4	9.5	15.3	8.0	1.9	567	557,723	5,541,163
Medically needy	4.8	288	12.7	13.5	15.8	10.4	28.1	24.6	7.6	2,269	10,787	98,144
Poverty related	1.4	77	18.1	30.5	49.1	6.4	8.3	4.6	1.1	423	688,272	6,192,754
Other/unknown	0.8	41	15.3	23.8	60.1	8.8	6.3	0.8	0.1	265	139,314	1,453,334

Source: Data for this table are from the MAX 2003 file for North Carolina, 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]

NORTH CAROLINA, 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	**1.6**	**$96**	**$60**	**0.8**	**$78**	**$102**	**0.1**	**$3**	**$42**	**0.8**	**$16**	**$20**
Age												
5 and younger	0.5	22	44	0.2	17	77	0.0	1	37	0.2	4	17
6-14	0.5	33	66	0.3	27	96	0.0	1	62	0.2	4	21
15-20	0.6	41	64	0.3	33	105	0.0	1	57	0.3	7	21
21-44	1.6	114	69	0.7	93	125	0.1	3	57	0.8	18	21
45-64	4.2	275	66	2.0	224	110	0.1	7	48	2.0	44	22
65-74	4.6	254	55	2.3	204	90	0.2	6	32	2.2	43	20
75-84	4.8	250	52	2.3	199	87	0.2	6	27	2.3	44	19
85 and older	4.8	234	49	2.1	182	86	0.3	7	24	2.4	45	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.8	248	52	2.2	197	88	0.2	6	28	2.3	44	19
Disabled	3.2	244	76	1.6	202	128	0.1	7	58	1.5	35	23
Adults	1.2	58	49	0.5	46	89	0.0	1	36	0.7	11	17
Children	0.5	22	48	0.2	18	77	0.0	1	44	0.2	4	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.9	105	56	0.9	84	96	0.1	3	38	0.9	18	20
Male	1.2	83	69	0.6	68	116	0.0	2	51	0.6	12	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.1	124	61	1.0	100	102	0.1	4	42	1.0	20	21
African American	1.2	69	58	0.6	57	99	0.0	2	38	0.6	11	19
Other/unknown	1.5	92	63	0.7	75	106	0.1	3	46	0.7	15	21
Use of Nursing Facilities[e]												
Entire year	6.5	367	57	2.9	291	100	0.4	13	29	3.1	62	20
Part year	5.7	328	57	2.6	261	100	0.3	10	31	2.8	57	20
None	1.5	89	60	0.7	72	102	0.1	2	44	0.7	14	20
Maintenance Assistance Status												
Cash	2.0	129	63	1.0	105	108	0.1	3	45	1.0	20	21
Medically needy	4.8	288	60	2.2	231	105	0.3	8	30	2.3	48	21
Poverty related	1.4	77	57	0.6	61	95	0.1	2	39	0.6	13	20
Other/unknown	0.8	41	52	0.4	33	86	0.0	1	40	0.4	7	18

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 North Carolina, 0.6 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]

NORTH CAROLINA, 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	$16	$13	$0	$3	$63	$102	$76	$23	1,846,767	$116,391,508	674,848	48.3 %	7,176,092
Biologicals	0.4	0.4	0.0	0.0	449	403	12	34	1172	1,102	2,542	2,710	12,531	14,684,703	3,474	0.2	32,696
Antineoplastic Agents	0.4	0.2	0.0	0.2	101	78	2	22	239	456	148	89	65,800	15,696,930	14,428	1.0	155,552
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	27	23	1	3	45	67	20	16	1,945,275	88,213,843	303,034	21.7	3,264,452
Cardiovascular Agents	1.5	0.7	0.0	0.8	56	43	1	13	37	64	20	16	4,191,699	156,493,567	251,698	18.0	2,776,399
Respiratory Agents	0.4	0.2	0.0	0.2	21	17	1	3	48	71	39	18	2,661,581	128,459,039	570,792	40.9	6,107,512
Gastrointestinal Agents	0.6	0.3	0.0	0.2	57	46	1	10	97	132	160	44	1,444,210	140,036,360	226,191	16.2	2,466,843
Genitourinary Agents	0.3	0.2	0.0	0.1	17	16	0	1	58	67	39	19	289,237	16,853,300	92,386	6.6	985,365
CNS Drugs	0.9	0.5	0.0	0.4	76	66	2	8	86	143	139	20	2,725,623	233,140,622	283,952	20.3	3,075,463
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	42	37	1	4	82	93	63	40	361,483	29,518,837	64,663	4.6	706,712
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	79	76	0	2	146	155	82	47	89,981	13,103,663	15,083	1.1	166,879
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	26	19	1	6	51	139	79	16	2,248,624	113,848,865	413,841	29.6	4,412,212
Neuromuscular Agents	0.7	0.3	0.1	0.3	50	40	2	8	76	141	45	24	1,137,792	86,730,350	159,046	11.4	1,749,730
Nutritional Products	0.4	0.0	0.0	0.4	7	0	0	6	17	18	15	17	537,513	8,998,518	125,389	9.0	1,305,402
Hematological Agents	0.6	0.2	0.1	0.2	70	62	3	5	117	256	26	21	490,611	57,435,683	75,490	5.4	820,863
Topical Products	0.3	0.1	0.0	0.1	11	8	0	3	43	65	53	21	1,060,218	45,856,180	385,195	27.6	4,161,712
Miscellaneous Products	0.5	0.2	0.0	0.2	99	78	8	13	218	384	254	59	30,232	6,593,213	6,035	0.4	66,543
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	41	0	0	0	110,991	4,515,536	71,961	5.2	784,681
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.	21,250,168	1,276,570,717	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Carolina, 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 North Carolina, 0.6 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]

NORTH CAROLINA, 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	$130,474,277	100,887	7.2 %	1,133,008	0.6	$206	$115
ULCER DRUGS	118,971,819	217,485	15.6	2,390,109	0.5	107	50
ANTIDEPRESSANTS	79,873,779	234,042	16.8	2,549,748	0.5	66	31
ANTICONVULSANT	72,003,437	113,136	8.1	1,260,683	0.6	94	57
ANTIASTHMATIC	62,412,310	321,204	23.0	3,521,508	0.3	62	18
ANALGESICS - Narcotic	55,640,422	460,399	33.0	4,980,173	0.3	41	11
ANTIDIABETIC	55,552,541	135,093	9.7	1,511,287	0.6	59	37
ANTIHYPERLIPIDEMIC	54,740,896	90,344	6.5	1,027,809	0.6	90	53
ANALGESICS - ANTI-INFLAMMATORY	44,657,809	241,354	17.3	2,639,568	0.3	64	17
ANTIHYPERTENSIVE	41,779,776	177,442	12.7	1,988,298	0.6	35	21
Total	716,107,066	2,091,386		23,002,191	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for North Carolina, 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.