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

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 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]	1,961,509	(A)	264,501	(E)	1,697,008	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,922,147	(B)	226,193	(F)	1,695,954	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1,562,710	(C)	225,439	(G)	1,337,271	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	55,995	(D)	50,924	(H)	5,071	(L)

Source: Data for this table are from the MAX 2003 file for Ohio, 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 Ohio in 2003 was $1,619,827,388, of which $2,632,308 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]

OHIO, 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	**1,562,710**	**137,509**	**293,324**	**345,649**	**786,228**	**0**	**13,317,801**	**1,376,508**	**3,056,195**	**2,423,005**	**6,462,093**	**0**
Age												
5 and younger	304,723	0	6,669	0	298,054	0	2,439,508	0	67,173	0	2,372,335	0
6-14	359,798	0	23,532	0	336,266	0	3,136,145	0	249,982	0	2,886,163	0
15-20	182,592	0	16,880	17,254	148,458	0	1,468,561	0	174,243	110,317	1,184,001	0
21-44	413,239	0	107,728	302,120	3,391	0	3,269,171	0	1,125,087	2,124,628	19,456	0
45-64	162,322	0	136,235	26,087	0	0	1,605,163	0	1,418,346	186,817	0	0
65-74	50,776	48,755	1,877	144	0	0	527,648	509,575	17,104	969	0	0
75-84	48,984	48,674	281	29	0	0	490,609	487,374	3,041	194	0	0
85 and older	40,208	40,072	122	14	0	0	380,803	379,506	1,219	78	0	0
Unknown	68	8	0	1	59	0	193	53	0	2	138	0
Gender												
Female	906,255	102,192	154,053	255,416	394,594	0	7,718,110	1,038,314	1,635,337	1,807,174	3,237,285	0
Male	656,455	35,317	139,271	90,233	391,634	0	5,599,691	338,194	1,420,858	615,831	3,224,808	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	1,139,529	106,383	201,947	265,435	565,764	0	10,046,989	1,052,644	2,113,745	1,965,975	4,914,625	0
African American	368,126	26,894	83,906	67,861	189,465	0	2,863,972	279,900	867,202	388,736	1,328,134	0
Other/unknown	55,055	4,232	7,471	12,353	30,999	0	406,840	43,964	75,248	68,294	219,334	0
Use of Nursing Facilities[c]												
Entire year	55,995	47,524	8,469	2	0	0	565,884	475,836	90,040	8	0	0
Part year	26,751	18,397	8,229	101	24	0	246,331	163,284	82,002	834	211	0
None	1,479,964	71,588	276,626	345,546	786,204	0	12,505,586	737,388	2,884,153	2,422,163	6,461,882	0
Maintenance Assistance Status												
Cash	340,477	35,074	174,703	40,548	90,152	0	3,369,549	403,493	1,976,258	275,185	714,613	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	323,708	3,892	6,994	37,434	275,388	0	2,508,659	38,557	69,936	194,110	2,206,056	0
Other/unknown	898,525	98,543	111,627	267,667	420,688	0	7,439,593	934,458	1,010,001	1,953,710	3,541,424	0
Dual Medicare Status[d]												
Full dual, all year	199,928	116,300	80,462	3,097	69	0	2,038,438	1,155,928	859,223	22,685	602	0
Full dual, part year	25,511	10,209	15,030	272	0	0	264,118	103,278	158,474	2,366	0	0
Non-dual, all year	1,337,271	11,000	197,832	342,280	786,159	0	11,015,245	117,302	2,038,498	2,397,954	6,461,491	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,285,924	137,487	285,415	263,044	599,978	0	12,121,939	1,376,374	3,007,520	2,094,958	5,643,087	0
FFS part year, with Rx claims	116,856	13	5,289	42,720	68,834	0	665,650	77	36,031	214,333	415,209	0
FFS part year, no Rx claims	159,930	9	2,620	39,885	117,416	0	530,212	57	12,644	113,714	403,797	0

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

OHIO, 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	**68.2 %**	**18.2**	**$1,035**	**$57**	**$6,363**	**16.3 %**	**1,562,710**
Age							
5 and younger	61.7	3.7	158	43	1,916	8.3	304,723
6-14	57.4	4.7	305	64	1,702	17.9	359,798
15-20	60.9	6.1	352	58	2,573	13.7	182,592
21-44	71.0	16.6	1,052	64	5,823	18.1	413,239
45-64	85.3	55.3	3,386	61	16,008	21.2	162,322
65-74	89.2	64.1	3,301	52	17,064	19.3	50,776
75-84	91.9	64.8	3,008	46	24,393	12.3	48,984
85 and older	92.1	57.8	2,385	41	30,113	7.9	40,208
Unknown	10.3	5.7	294	52	2,666	11.0	68
Basis of Eligibility[e]							
Aged	91.4	62.8	2,945	47	23,385	12.6	137,509
Disabled	85.8	46.4	3,121	67	16,263	19.2	293,324
Adults	65.9	8.9	411	46	2,440	16.8	345,649
Children	58.5	4.0	197	49	1,417	13.9	786,228
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.5	21.2	1,121	53	6,744	16.6	906,255
Male	63.5	14.2	917	65	5,836	15.7	656,455
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	72.1	20.0	1,126	56	6,697	16.8	1,139,529
African American	57.9	14.1	820	58	5,752	14.3	368,126
Other/unknown	55.2	9.9	597	60	3,540	16.9	55,055
Use of Nursing Facilities[f]							
Entire year	98.1	84.0	4,048	48	46,903	8.6	55,995
Part year	96.5	67.4	3,394	50	33,055	10.3	26,751
None	66.5	14.9	878	59	4,346	20.2	1,479,964
Maintenance Assistance Status							
Cash	79.0	33.7	2,079	62	9,503	21.9	340,477
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	57.4	4.4	224	51	1,559	14.3	323,708
Other/unknown	67.9	17.4	931	54	6,904	13.5	898,525

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

OHIO, 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	**2.1**	**$121**	**16.3 %**	**31.8 %**	**40.4 %**	**7.2 %**	**9.8 %**	**7.4 %**	**3.3 %**	**$747**	**1,562,710**	**13,317,801**
Age												
5 and younger	0.5	20	8.3	38.3	56.1	4.0	1.4	0.1	0.0	239	304,723	2,439,508
6-14	0.5	35	17.9	42.6	48.6	4.9	3.4	0.5	0.0	195	359,798	3,136,145
15-20	0.8	44	13.7	39.1	48.0	7.3	4.6	0.9	0.1	320	182,592	1,468,561
21-44	2.1	133	18.1	29.0	39.1	11.0	13.0	6.0	2.0	736	413,239	3,269,171
45-64	5.6	343	21.2	14.7	15.0	9.0	23.6	24.5	13.2	1,619	162,322	1,605,163
65-74	6.2	318	19.3	10.8	10.4	7.7	24.8	30.6	15.8	1,642	50,776	527,648
75-84	6.5	300	12.3	8.1	7.9	6.7	25.6	35.4	16.4	2,435	48,984	490,609
85 and older	6.1	252	7.9	7.9	6.6	6.8	28.4	36.9	13.5	3,180	40,208	380,803
Unknown	2.0	104	11.0	89.7	1.5	0.0	2.9	5.9	0.0	939	68	193
Basis of Eligibility[e]												
Aged	6.3	294	12.6	8.6	8.5	7.1	26.2	34.2	15.4	2,336	137,509	1,376,508
Disabled	4.5	300	19.2	14.2	23.4	10.3	22.7	19.6	9.8	1,561	293,324	3,056,195
Adults	1.3	59	16.8	34.1	42.7	10.5	9.4	2.7	0.5	348	345,649	2,423,005
Children	0.5	24	13.9	41.5	51.3	4.6	2.3	0.2	0.0	172	786,228	6,462,093
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.5	132	16.6	28.5	39.9	7.8	10.9	8.8	4.1	792	906,255	7,718,110
Male	1.7	107	15.7	36.5	41.1	6.4	8.3	5.4	2.2	684	656,455	5,599,691
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.3	128	16.8	27.9	42.2	7.6	10.3	8.1	3.8	760	1,139,529	10,046,989
African American	1.8	105	14.3	42.1	35.2	6.2	8.6	5.8	2.1	739	368,126	2,863,972
Other/unknown	1.3	81	16.9	44.8	37.3	5.8	7.3	3.8	0.9	479	55,055	406,840
Use of Nursing Facilities[f]												
Entire year	8.3	401	8.6	1.9	3.2	4.0	22.1	41.7	26.9	4,641	55,995	565,884
Part year	7.3	369	10.3	3.5	6.5	7.0	26.6	36.8	19.7	3,590	26,751	246,331
None	1.8	104	20.2	33.5	42.4	7.4	9.0	5.6	2.1	514	1,479,964	12,505,586
Maintenance Assistance Status												
Cash	3.4	210	21.9	21.0	33.2	9.1	16.7	13.7	6.2	960	340,477	3,369,549
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	29	14.3	42.6	48.8	5.0	2.9	0.6	0.1	201	323,708	2,508,659
Other/unknown	2.1	113	13.5	32.1	40.1	7.3	9.7	7.5	3.3	834	898,525	7,439,593

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

OHIO, 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	**2.1**	**$121**	**$57**	**1.0**	**$100**	**$101**	**0.1**	**$4**	**$47**	**1.1**	**$17**	**$16**
Age												
5 and younger	0.5	20	43	0.2	16	84	0.0	1	50	0.3	3	10
6-14	0.5	35	64	0.3	30	98	0.0	2	70	0.2	3	15
15-20	0.8	44	58	0.4	36	95	0.0	3	67	0.3	5	16
21-44	2.1	133	64	0.9	111	117	0.1	4	55	1.1	18	17
45-64	5.6	343	61	2.6	282	109	0.2	10	48	2.8	50	18
65-74	6.2	318	52	2.8	257	91	0.2	9	36	3.1	51	17
75-84	6.5	300	46	2.9	241	84	0.3	9	32	3.3	49	15
85 and older	6.1	252	41	2.6	198	77	0.3	9	29	3.2	44	14
Unknown	2.0	104	52	0.9	87	97	0.1	5	62	1.0	12	11
Basis of Eligibility[d]												
Aged	6.3	294	47	2.8	236	85	0.3	9	32	3.2	49	15
Disabled	4.5	300	67	2.1	250	120	0.2	9	54	2.2	40	18
Adults	1.3	59	46	0.5	47	86	0.0	2	46	0.7	9	14
Children	0.5	24	49	0.2	20	81	0.0	1	61	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.5	132	53	1.1	107	95	0.1	4	43	1.2	20	16
Male	1.7	107	65	0.8	90	115	0.1	4	57	0.8	14	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.3	128	56	1.0	105	100	0.1	4	47	1.1	18	16
African American	1.8	105	58	0.8	87	107	0.1	3	48	0.9	15	16
Other/unknown	1.3	81	60	0.6	68	105	0.0	2	49	0.6	11	16
Use of Nursing Facilities[e]												
Entire year	8.3	401	48	3.6	324	90	0.4	12	33	4.3	64	15
Part year	7.3	369	50	3.1	296	96	0.3	12	35	3.9	61	16
None	1.8	104	59	0.8	86	104	0.1	4	52	0.9	14	17
Maintenance Assistance Status												
Cash	3.4	210	62	1.6	173	110	0.1	7	51	1.7	30	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	29	51	0.3	24	85	0.0	2	57	0.3	4	13
Other/unknown	2.1	113	54	1.0	92	97	0.1	4	43	1.1	16	15

Source: Data for this table are from the MAX 2003 file for Ohio, 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 Ohio, 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)

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]

OHIO, 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	$17	$14	$1	$2	$55	$95	$77	$13	2,240,803	$124,089,072	725,042	46.4 %	7,455,597
Biologicals	0.3	0.3	0.0	0.0	324	282	8	35	1054	1,035	1,446	1,158	13,839	14,584,209	4,498	0.3	44,982
Antineoplastic Agents	0.5	0.2	0.0	0.3	116	96	3	17	231	490	179	58	83,302	19,204,486	16,119	1.0	164,850
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	31	26	2	4	43	71	22	13	2,489,175	107,880,319	334,855	21.4	3,480,834
Cardiovascular Agents	1.7	0.6	0.0	1.0	58	42	2	14	34	70	36	13	4,876,356	168,058,910	275,276	17.6	2,901,118
Respiratory Agents	0.6	0.3	0.0	0.2	27	22	1	4	48	72	64	18	3,166,820	152,318,855	549,571	35.2	5,729,450
Gastrointestinal Agents	0.7	0.4	0.0	0.3	59	50	1	8	83	123	134	28	1,949,106	162,155,845	260,853	16.7	2,752,127
Genitourinary Agents	0.4	0.3	0.0	0.1	22	21	0	1	57	68	39	12	429,977	24,431,104	106,918	6.8	1,115,911
CNS Drugs	1.2	0.7	0.0	0.5	101	90	2	9	82	129	94	18	4,617,419	378,795,334	362,671	23.2	3,767,983
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.1	0.1	50	43	5	3	75	84	70	28	396,586	29,653,878	56,427	3.6	587,886
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	74	72	0	2	136	145	0	48	185,555	25,274,306	32,337	2.1	339,790
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	28	21	0	7	43	127	57	14	3,202,026	138,444,083	479,843	30.7	4,925,579
Neuromuscular Agents	0.9	0.4	0.0	0.4	60	50	2	8	69	118	47	20	1,946,651	134,383,748	210,359	13.5	2,241,871
Nutritional Products	0.5	0.0	0.1	0.4	9	1	1	6	18	53	23	15	724,039	12,726,359	141,738	9.1	1,421,064
Hematological Agents	0.8	0.3	0.1	0.4	67	59	2	6	85	201	24	15	686,011	58,546,972	84,082	5.4	876,645
Topical Products	0.3	0.1	0.0	0.1	13	9	1	2	40	63	48	16	1,336,111	53,637,871	405,455	25.9	4,277,844
Miscellaneous Products	0.5	0.1	0.0	0.3	47	33	8	6	98	317	251	17	91,943	8,987,988	19,119	1.2	192,383
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	50	0	0	0	81,071	4,021,741	31,342	2.0	340,320
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.	28,516,790	1,617,195,080	n.a.	n.a.	n.a.

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

OHIO, 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	$221,498,458	168,742	10.8 %	1,837,247	0.7	$171	$121
ULCER DRUGS	137,932,414	261,685	16.7	2,789,757	0.5	94	49
ANTIDEPRESSANTS	131,923,249	353,592	22.6	3,717,176	0.6	63	35
ANTICONVULSANT	113,354,976	162,954	10.4	1,766,042	0.8	84	64
ANTIASTHMATIC	88,378,749	388,981	24.9	4,127,036	0.4	58	21
ANTIHYPERLIPIDEMIC	67,673,709	111,889	7.2	1,233,620	0.6	86	55
ANALGESICS - Narcotic	65,720,356	537,434	34.4	5,640,388	0.3	35	12
ANTIDIABETIC	64,520,495	162,177	10.4	1,749,085	0.7	55	37
ANALGESICS - ANTI-INFLAMMATORY	53,235,418	341,464	21.9	3,628,417	0.3	52	15
DERMATOLOGICAL	39,496,991	503,677	32.2	5,428,093	0.2	35	7
Total	983,734,815	2,992,595		31,916,861	n.a.	n.a.	n.a.

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