

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 RHODE ISLAND

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
RHODE ISLAND, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	211,614 (A)	38,016 (E)	173,598 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	203,111 (B)	30,164 (F)	172,947 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	89,828 (C)	29,102 (G)	60,726 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	5,169 (D)	4,731 (H)	438 (L)

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Rhode Island in 2003 was \$144,559,171, of which \$11,326,218 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/rmmcer02.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 separately 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 beneficiary 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<sup>a, b</sup>  
 RHODE ISLAND, 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	Aged	Disabled	Adults	Children
<b>All</b>	<b>89,828</b>	<b>14,442</b>	<b>38,289</b>	<b>14,436</b>	<b>22,661</b>	<b>0</b>	<b>687,813</b>	<b>150,764</b>	<b>419,609</b>	<b>34,993</b>	<b>82,447</b>	<b>0</b>					
<b>Age</b>																	
5 and younger	8,887	0	1,311	0	7,576	0	32,965	0	12,386	0	20,579	0					
6-14	14,306	0	3,570	2	10,734	0	80,908	0	36,984	3	43,921	0					
15-20	7,678	6	2,299	1,118	4,255	0	42,816	50	23,691	1,761	17,314	0					
21-44	24,418	116	12,636	11,578	88	0	169,181	861	139,772	27,974	574	0					
45-64	16,489	162	14,615	1,706	6	0	168,801	1,375	162,203	5,173	50	0					
65-74	6,864	4,002	2,830	31	1	0	75,389	42,448	32,852	81	8	0					
75-84	6,373	5,537	835	1	0	0	68,640	59,052	9,587	1	0	0					
85 and older	4,812	4,619	193	0	0	0	49,112	46,978	2,134	0	0	0					
Unknown	1	0	0	0	1	1	0	0	0	0	1	0					
<b>Gender</b>																	
Female	52,569	10,999	20,349	10,234	10,987	0	405,040	115,480	225,049	25,061	39,450	0					
Male	37,259	3,443	17,940	4,202	11,674	0	282,773	35,284	194,560	9,932	42,997	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
<b>Race</b>																	
White	44,960	8,708	22,979	5,589	7,684	0	394,692	92,003	256,058	13,198	33,433	0					
African American	7,665	528	3,783	1,202	2,152	0	59,656	5,656	41,458	3,088	9,454	0					
Other/unknown	37,203	5,206	11,527	7,645	12,825	0	233,465	53,105	122,093	18,707	39,560	0					
<b>Use of Nursing Facilities<sup>c</sup></b>																	
Entire year	5,169	3,473	1,696	0	0	0	58,054	38,099	19,955	0	0	0					
Part year	3,066	2,213	853	0	0	0	28,674	19,608	9,066	0	0	0					
None	81,593	8,756	35,740	14,436	22,661	0	601,085	93,057	390,588	34,993	82,447	0					
<b>Maintenance Assistance Status</b>																	
Cash	42,131	4,929	30,448	2,789	3,965	0	402,102	55,368	336,712	4,208	5,814	0					
Medically needy	289	165	122	2	0	0	2,831	1,672	1,156	3	0	0					
Poverty-related	8,057	348	58	875	6,776	0	21,746	2,941	569	1,338	16,898	0					
Other/unknown	39,351	9,000	7,661	10,770	11,920	0	261,134	90,783	81,172	29,444	59,735	0					
<b>Dual Medicare Status<sup>d</sup></b>																	
Full dual, all year	28,698	13,064	15,316	314	4	0	313,697	137,536	174,908	1,211	42	0					
Full dual, part year	404	270	128	6	0	0	4,184	2,819	1,331	34	0	0					
Non-dual, all year	60,726	1,108	22,845	14,116	22,657	0	369,932	10,409	243,370	33,748	82,405	0					
<b>Managed Care (MC) Status</b>																	
Fee-for-service (FFS) all year	55,981	14,408	35,305	1,672	4,596	0	601,363	150,571	397,038	11,237	42,517	0					
FFS part year, with Rx claims	7,677	26	2,311	2,682	2,688	0	39,746	168	17,997	8,889	12,692	0					
FFS part year, no Rx claims	26,170	8	673	10,082	15,407	0	46,704	25	4,574	14,867	27,238	0					

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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<sup>a, b</sup>  
RHODE ISLAND, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	58.4 %	21.1	\$1,483	\$70	\$10,891	13.6 %	89,828
<b>Age</b>							
5 and younger	23.7	1.8	112	61	3,989	2.8	8,887
6-14	35.5	4.1	234	57	4,621	5.1	14,306
15-20	35.8	4.5	296	66	8,973	3.3	7,678
21-44	53.2	16.0	1,367	86	9,060	15.1	24,418
45-64	81.2	39.2	3,059	78	16,265	18.8	16,489
65-74	87.0	38.0	2,436	64	12,260	19.9	6,864
75-84	89.8	42.2	2,434	58	17,293	14.1	6,373
85 and older	92.8	45.3	2,200	49	25,796	8.5	4,812
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	88.6	39.9	2,198	55	18,184	12.1	14,442
Disabled	82.8	33.0	2,596	79	16,502	15.7	38,289
Adults	23.2	1.6	55	34	1,970	2.8	14,436
Children	20.4	1.4	57	42	2,447	2.3	22,661
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	61.9	24.6	1,620	66	10,593	15.3	52,569
Male	53.5	16.1	1,290	80	11,312	11.4	37,259
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	69.4	29.7	2,089	70	15,367	13.6	44,960
African American	54.4	15.3	1,209	79	7,931	15.2	7,665
Other/unknown	46.0	11.9	808	68	6,093	13.3	37,203
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	93.2	62.0	3,552	57	74,418	4.8	5,169
Part year	94.0	50.1	2,912	58	31,831	9.1	3,066
None	54.9	17.4	1,299	75	6,080	21.4	81,593
<b>Maintenance Assistance Status</b>							
Cash	71.6	26.9	2,036	76	11,545	17.6	42,131
Medically needy	90.7	46.7	3,180	68	32,452	9.8	289
Poverty related	17.2	1.1	55	50	1,344	4.1	8,057
Other/unknown	52.5	18.8	1,172	62	11,988	9.8	39,351

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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<sup>a, b</sup>  
 RHODE ISLAND, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months	
			Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	2.8	\$194	13.6 %	41.6 %	20.6 %	9.0 %	17.0 %	9.8 %	2.1 %	\$1,422	89,828	687,813
<b>Age</b>												
5 and younger	0.5	30	2.8	76.3	18.4	3.1	1.9	0.3	0.0	1,075	8,887	32,965
6-14	0.7	41	5.1	64.5	24.8	5.6	4.6	0.4	0.0	817	14,306	80,908
15-20	0.8	53	3.3	64.2	24.0	5.5	5.3	1.0	0.1	1,609	7,678	42,816
21-44	2.3	197	15.1	46.8	21.9	8.7	14.4	6.8	1.4	1,308	24,418	169,181
45-64	3.8	299	18.8	18.8	17.6	12.0	28.3	18.9	4.5	1,589	16,489	168,801
65-74	3.5	222	19.9	13.0	21.5	14.8	30.1	16.7	3.9	1,116	6,864	75,389
75-84	3.9	226	14.1	10.2	17.3	13.9	32.5	21.3	4.8	1,606	6,373	68,640
85 and older	4.4	216	8.5	7.2	13.1	11.7	36.0	28.0	4.1	2,528	4,812	49,112
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.8	211	12.1	11.4	18.4	13.4	31.7	20.8	4.3	1,742	14,442	150,764
Disabled	3.0	237	15.7	17.2	26.5	12.8	25.7	14.6	3.2	1,506	38,289	419,609
Adults	0.7	23	2.8	76.8	14.0	4.5	3.5	0.9	0.2	813	14,436	34,993
Children	0.4	16	2.3	79.6	16.1	2.5	1.6	0.2	0.0	673	22,661	82,447
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	3.2	210	15.3	38.1	19.1	9.3	18.9	12.0	2.6	1,375	52,569	405,040
Male	2.1	170	11.4	46.5	22.7	8.5	14.4	6.6	1.3	1,491	37,259	282,773
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.4	238	13.6	30.6	19.4	10.0	22.0	14.6	3.3	1,750	44,960	394,692
African American	2.0	155	15.2	45.6	25.3	8.8	13.2	6.0	1.2	1,019	7,665	59,656
Other/unknown	1.9	129	13.3	54.0	21.0	7.7	11.8	4.7	0.8	971	37,203	233,465
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	5.5	316	4.8	6.8	5.8	7.4	33.9	37.0	9.1	6,626	5,169	58,054
Part year	5.4	311	9.1	6.0	10.0	10.3	34.6	30.3	8.8	3,404	3,066	28,674
None	2.4	176	21.4	45.1	21.9	9.0	15.3	7.3	1.4	825	81,593	601,085
<b>Maintenance Assistance Status</b>												
Cash	2.8	213	17.6	28.4	24.1	11.6	22.0	11.6	2.3	1,210	42,131	402,102
Medically needy	4.8	325	9.8	9.3	13.8	8.7	31.5	31.8	4.8	3,313	289	2,831
Poverty related	0.4	20	4.1	82.8	13.0	2.4	1.4	0.3	0.0	498	8,057	21,746
Other/unknown	2.8	177	9.8	47.5	18.4	7.6	14.8	9.6	2.2	1,807	39,351	261,134

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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<sup>a, b, c</sup>  
 RHODE ISLAND, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.8</b>	<b>\$194</b>	<b>\$70</b>	<b>1.3</b>	<b>\$156</b>	<b>\$118</b>	<b>0.1</b>	<b>\$5</b>	<b>\$65</b>	<b>1.4</b>	<b>\$33</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.5	30	61	0.2	27	118	0.0	0	32	0.3	3	12
6-14	0.7	41	57	0.4	33	81	0.0	2	93	0.3	6	21
15-20	0.8	53	66	0.4	42	95	0.0	2	87	0.3	9	27
21-44	2.3	197	86	1.1	162	146	0.1	5	80	1.1	30	26
45-64	3.8	299	78	1.8	241	131	0.1	7	77	1.9	50	27
65-74	3.5	222	64	1.7	176	103	0.1	5	61	1.7	41	24
75-84	3.9	226	58	1.9	179	96	0.1	5	47	1.9	42	22
85 and older	4.4	216	49	1.9	168	88	0.1	5	32	2.4	43	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.8	211	55	1.8	167	94	0.1	5	41	1.9	39	20
Disabled	3.0	237	79	1.5	192	131	0.1	6	78	1.5	39	26
Adults	0.7	23	34	0.3	18	57	0.0	0	36	0.3	5	14
Children	0.4	16	42	0.2	13	61	0.0	0	57	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.2	210	66	1.5	168	110	0.1	5	59	1.6	37	23
Male	2.1	170	80	1.0	139	134	0.1	4	78	1.0	27	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.4	238	70	1.6	190	118	0.1	6	67	1.7	41	24
African American	2.0	155	79	0.9	128	139	0.0	3	67	1.0	24	24
Other/unknown	1.9	129	68	0.9	105	112	0.0	2	56	0.9	21	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	5.5	316	57	2.5	255	101	0.2	7	37	2.8	55	19
Part year	5.4	311	58	2.4	250	104	0.2	7	40	2.8	54	20
None	2.4	176	75	1.2	142	123	0.1	4	78	1.1	30	26
<b>Maintenance Assistance Status</b>												
Cash	2.8	213	76	1.4	172	126	0.1	5	76	1.4	36	26
Medically needy	4.8	325	68	2.2	273	125	0.2	6	36	2.4	45	19
Poverty related	0.4	20	50	0.2	16	92	0.0	0	50	0.2	4	17
Other/unknown	2.8	177	62	1.4	142	105	0.1	4	51	1.4	30	22

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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 Rhode Island, 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.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<sup>a, b, c, d</sup>  
 RHODE ISLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-Name	Generic Brand-Name	Total	Patented Brand-Name	Generic Brand-Name	Total	Off-Patent Brand-Name	Patented Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months	
																	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$32	\$28	\$0	\$4	\$104	\$175	\$88	\$25	99,670	\$10,323,406	29,373	32.7%	320,339
Biologics	0.5	0.4	0.0	0.0	597	494	5	98	1267	1,175	2,500	2,008	446	564,906	97	0.1	947
Antineoplastic Agents	0.5	0.3	0.0	0.2	118	99	1	18	243	377	73	87	6,618	1,605,778	1,269	1.4	13,563
Endocrine/Metabolic Drugs	0.7	0.4	0.0	0.3	39	31	1	6	58	89	34	22	145,095	8,434,794	19,788	22.0	217,171
Cardiovascular Agents	1.1	0.5	0.0	0.6	60	45	1	15	53	92	56	23	329,098	17,543,013	26,185	29.2	290,182
Respiratory Agents	0.7	0.5	0.0	0.2	38	33	1	4	53	69	76	17	170,805	9,086,860	22,066	24.6	241,288
Gastrointestinal Agents	0.7	0.3	0.0	0.4	58	41	1	15	86	132	213	43	139,413	11,935,420	18,592	20.7	207,572
Genitourinary Agents	0.4	0.4	0.0	0.1	26	25	0	1	60	69	41	16	29,251	1,760,214	6,055	6.7	67,129
CNS Drugs	1.3	0.7	0.0	0.6	115	95	2	17	88	142	126	28	415,575	36,488,817	29,098	32.4	318,201
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	42	32	1	8	61	75	62	35	20,486	1,259,586	2,960	3.3	30,177
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	92	92	0	0	141	145	0	23	11,507	1,622,080	1,617	1.8	17,624
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	39	31	1	7	56	142	66	15	200,602	11,296,038	26,467	29.5	289,488
Neuromuscular Agents	0.9	0.4	0.0	0.4	65	54	2	9	75	135	60	21	149,507	11,201,787	15,389	17.1	171,702
Nutritional Products	0.5	0.0	0.0	0.5	10	1	1	9	21	100	29	20	23,329	500,480	4,611	5.1	48,011
Hematological Agents	0.7	0.2	0.1	0.4	59	51	2	6	90	244	26	16	45,673	4,101,744	6,377	7.1	69,970
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	42	63	47	21	98,470	4,150,559	22,100	24.6	245,063
Miscellaneous Products	0.3	0.2	0.0	0.1	59	46	6	7	202	273	231	73	5,747	1,158,186	1,801	2.0	19,565
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	52	0	0	0	3,824	199,285	1,611	1.8	17,824
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,895,116	133,232,953	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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.medspan.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 Rhode Island, 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.medspan.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<sup>a, b, c</sup>  
 RHODE ISLAND, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$20,881,287	15,402	17.1 %	173,897	0.7	\$179
ANTIDEPRESSANTS	13,041,402	30,455	33.9	339,036	0.6	63
ULCER DRUGS	9,955,811	18,038	20.1	204,222	0.5	93
ANTICONVULSANT	9,954,420	14,099	15.7	159,415	0.7	88
ANTIHYPERTENSIVE	6,882,318	11,587	12.9	132,705	0.6	88
ANALGESICS - Narcotic	6,114,116	25,265	28.1	282,886	0.4	54
ANTIVIRAL	6,055,325	2,643	2.9	30,135	0.5	446
ANTIASTHMATIC	5,588,934	21,693	24.1	242,793	0.4	56
ANTIDIABETIC	5,518,601	12,755	14.2	143,808	0.5	71
ANTIHYPERTENSIVE	4,514,739	17,164	19.1	193,434	0.4	58
Total	88,506,953	169,101		1,902,331	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Rhode Island, 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-ad77847b6615> (October 26, 2007).

Bene Mo(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.