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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WASHINGTON, 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]	1,175,049	(A)	130,601	(E)	1,044,448	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,108,215	(B)	98,714	(F)	1,009,501	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	709,107	(C)	98,304	(G)	610,803	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	10,271	(D)	9,376	(H)	895	(L)

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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 Washington in 2003 was $602,620,603, of which $64,770,319 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]

WASHINGTON, 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	**709,107**	**64,822**	**136,085**	**224,401**	**283,799**	**0**	**5,071,025**	**673,513**	**1,434,452**	**1,387,101**	**1,575,959**	**0**
Age												
5 and younger	117,264	0	3,751	11	113,502	0	589,773	0	37,444	50	552,279	0
6-14	131,148	1	9,868	359	120,920	0	843,964	12	108,444	1,999	733,509	0
15-20	109,479	5	7,889	52,239	49,346	0	744,003	47	83,818	370,196	289,942	0
21-44	215,689	12	52,949	162,697	31	0	1,525,396	135	554,733	970,299	229	0
45-64	70,759	285	61,425	9,049	0	0	695,842	3,000	648,527	44,315	0	0
65-74	25,803	25,575	192	36	0	0	276,497	274,935	1,363	199	0	0
75-84	22,547	22,533	7	7	0	0	234,827	234,729	75	23	0	0
85 and older	16,418	16,411	4	3	0	0	160,723	160,655	48	20	0	0
Unknown	0	0	0	0	0	0 0		0	0	0	0	0
Gender												
Female	446,393	45,585	69,468	191,285	140,055	0	3,243,192	476,721	743,541	1,242,378	780,552	0
Male	262,695	19,231	66,607	33,115	143,742	0	1,827,642	196,735	690,791	144,722	795,394	0
Unknown	19	6	10	1	2	0	191	57	120	1	13	0
Race												
White	432,645	46,137	104,511	99,892	182,105	0	3,156,751	473,912	1,108,245	533,712	1,040,882	0
African American	38,640	2,061	10,983	9,556	16,040	0	259,959	21,919	112,636	43,547	81,857	0
Other/unknown	237,822	16,624	20,591	114,953	85,654	0	1,654,315	177,682	213,571	809,842	453,220	0
Use of Nursing Facilities[c]												
Entire year	10,271	8,779	1,487	5	0	0	100,795	85,671	15,110	14	0	0
Part year	8,838	6,356	2,437	41	4	0	85,599	60,822	24,540	198	39	0
None	689,998	49,687	132,161	224,355	283,795	0	4,884,631	527,020	1,394,802	1,386,889	1,575,920	0
Maintenance Assistance Status												
Cash	207,242	28,930	112,447	26,426	39,439	0	1,800,651	320,845	1,173,200	111,005	195,601	0
Medically needy	2,546	708	1,774	28	36	0	25,606	7,637	17,636	123	210	0
Poverty-related	166,042	1,160	1,421	31,278	132,183	0	948,839	10,246	14,351	178,638	745,604	0
Other/unknown	333,277	34,024	20,443	166,669	112,141	0	2,295,929	334,785	229,265	1,097,335	634,544	0
Dual Medicare Status[d]												
Full dual, all year	94,763	54,440	39,612	699	12	0	1,010,040	567,081	437,758	5,069	132	0
Full dual, part year	3,541	1,749	1,763	29	0	0	37,115	17,903	18,903	309	0	0
Non-dual, all year	610,803	8,633	94,710	223,673	283,787	0	4,023,870	88,529	977,791	1,381,723	1,575,827	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	471,379	64,753	132,871	150,827	122,928	0	4,248,292	673,125	1,415,716	1,115,197	1,044,254	0
FFS part year, with Rx claims	99,395	51	2,709	42,423	54,212	0	416,265	304	16,387	171,653	227,921	0
FFS part year, no Rx claims	138,333	18	505	31,151	106,659	0	406,468	84	2,349	100,251	303,784	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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]

WASHINGTON, 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	**52.2 %**	**13.4**	**$759**	**$57**	**$3,929**	**19.3 %**	**709,107**
Age							
5 and younger	40.2	1.7	69	42	1,562	4.4	117,264
6-14	40.3	2.8	192	70	1,384	13.9	131,148
15-20	36.8	2.7	156	58	1,583	9.8	109,479
21-44	51.7	10.0	686	68	3,505	19.6	215,689
45-64	84.8	46.5	2,799	60	9,654	29.0	70,759
65-74	87.8	47.8	2,254	47	8,600	26.2	25,803
75-84	90.6	51.7	2,257	44	12,930	17.5	22,547
85 and older	92.9	49.5	1,975	40	17,976	11.0	16,418
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	90.2	49.7	2,191	44	12,488	17.5	64,822
Disabled	85.3	38.1	2,594	68	9,800	26.5	136,085
Adults	37.7	2.6	98	37	1,531	6.4	224,401
Children	39.1	1.8	74	41	1,054	7.0	283,799
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	52.5	14.4	744	52	3,953	18.8	446,393
Male	51.6	11.7	783	67	3,887	20.2	262,695
Unknown	78.9	39.1	1,585	41	6,743	23.5	19
Race							
White	59.4	17.2	991	58	4,873	20.3	432,645
African American	53.9	12.6	693	55	3,958	17.5	38,640
Other/unknown	38.7	6.6	346	52	2,205	15.7	237,822
Use of Nursing Facilities[f]							
Entire year	97.9	65.2	3,161	49	39,529	8.0	10,271
Part year	98.2	67.7	3,501	52	29,595	11.8	8,838
None	50.9	12.0	688	58	3,070	22.4	689,998
Maintenance Assistance Status							
Cash	73.5	26.0	1,594	61	5,593	28.5	207,242
Medically needy	93.9	49.9	3,399	68	11,669	29.1	2,546
Poverty related	43.6	2.2	85	38	1,455	5.8	166,042
Other/unknown	42.8	10.9	555	51	4,066	13.6	333,277

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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]

WASHINGTON, 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	Number: Benefit Months
All	**1.9**	**$106**	**19.3 %**	**47.8 %**	**28.3 %**	**5.9 %**	**9.4 %**	**6.5 %**	**2.1 %**	**$549**	**709,107**	**5,071,025**
Age												
5 and younger	0.3	14	4.4	59.8	35.5	3.0	1.5	0.2	0.0	311	117,264	589,773
6-14	0.4	30	13.9	59.7	33.3	3.8	2.7	0.4	0.0	215	131,148	843,964
15-20	0.4	23	9.8	63.2	29.2	4.0	3.0	0.5	0.1	233	109,479	744,003
21-44	1.4	97	19.6	48.3	29.1	7.2	9.4	4.5	1.3	496	215,689	1,525,396
45-64	4.7	285	29.0	15.2	16.5	9.9	25.7	23.3	9.3	982	70,759	695,842
65-74	4.5	210	26.2	12.2	16.8	10.9	28.3	23.8	8.1	803	25,803	276,497
75-84	5.0	217	17.5	9.4	12.6	9.6	29.6	30.0	9.0	1,242	22,547	234,827
85 and older	5.1	202	11.0	7.1	10.3	9.4	32.8	33.0	7.4	1,836	16,418	160,723
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	4.8	211	17.5	9.8	13.7	10.1	30.0	28.3	8.2	1,202	64,822	673,513
Disabled	3.6	246	26.5	14.7	25.9	11.5	23.9	17.7	6.4	930	136,085	1,434,452
Adults	0.4	16	6.4	62.3	27.3	4.7	4.2	1.3	0.3	248	224,401	1,387,101
Children	0.3	13	7.0	60.9	33.6	3.4	1.9	0.2	0.0	190	283,799	1,575,959
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.0	102	18.8	47.5	27.8	5.7	9.3	7.1	2.5	544	446,393	3,243,192
Male	1.7	113	20.2	48.4	29.1	6.3	9.4	5.4	1.4	559	262,695	1,827,642
Unknown	3.9	158	23.5	21.1	21.1	10.5	26.3	15.8	5.3	671	19	191
Race												
White	2.4	136	20.3	40.6	29.6	6.9	11.4	8.5	3.0	668	432,645	3,156,751
African American	1.9	103	17.5	46.1	29.3	7.0	9.9	6.0	1.7	588	38,640	259,959
Other/unknown	0.9	50	15.7	61.3	25.7	4.0	5.6	2.8	0.6	317	237,822	1,654,315
Use of Nursing Facilities[f]												
Entire year	6.6	322	8.0	2.1	6.1	6.8	28.3	39.4	17.2	4,028	10,271	100,795
Part year	7.0	362	11.8	1.8	6.5	6.8	29.2	38.1	17.6	3,056	8,838	85,599
None	1.7	97	22.4	49.1	28.9	5.9	8.8	5.6	1.7	434	689,998	4,884,631
Maintenance Assistance Status												
Cash	3.0	183	28.5	26.5	28.3	10.2	19.0	12.4	3.6	644	207,242	1,800,651
Medically needy	5.0	338	29.1	6.1	15.6	10.3	30.9	28.4	8.6	1,160	2,546	25,606
Poverty related	0.4	15	5.8	56.4	37.3	3.8	2.1	0.4	0.1	255	166,042	948,839
Other/unknown	1.6	81	13.6	57.2	23.9	4.3	6.8	5.7	2.1	590	333,277	2,295,929

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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]

WASHINGTON, 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	**1.9**	**$106**	**$57**	**0.8**	**$84**	**$110**	**0.0**	**$2**	**$40**	**1.1**	**$20**	**$19**
Age												
5 and younger	0.3	14	42	0.1	10	89	0.0	0	42	0.2	3	16
6-14	0.4	30	70	0.2	24	115	0.0	1	81	0.2	5	25
15-20	0.4	23	58	0.2	19	102	0.0	1	56	0.2	4	18
21-44	1.4	97	68	0.6	80	137	0.0	1	46	0.8	16	20
45-64	4.7	285	60	1.9	226	118	0.1	4	45	2.7	54	20
65-74	4.5	210	47	1.8	163	88	0.1	3	31	2.5	44	18
75-84	5.0	217	44	2.1	167	82	0.1	3	25	2.8	46	17
85 and older	5.1	202	40	2.0	153	78	0.2	4	22	2.9	44	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.8	211	44	1.9	162	83	0.1	3	26	2.7	45	17
Disabled	3.6	246	68	1.5	200	132	0.1	4	50	2.0	42	21
Adults	0.4	16	37	0.1	11	76	0.0	0	30	0.3	4	15
Children	0.3	13	41	0.1	10	76	0.0	0	50	0.2	3	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.0	102	52	0.8	80	100	0.0	2	36	1.1	20	18
Male	1.7	113	67	0.7	91	129	0.0	2	48	0.9	20	21
Unknown	3.9	158	41	2.0	125	63	0.0	2	50	1.9	31	17
Race												
White	2.4	136	58	1.0	108	112	0.1	2	41	1.3	25	19
African American	1.9	103	55	0.7	83	113	0.0	1	33	1.1	19	17
Other/unknown	0.9	50	52	0.4	39	99	0.0	1	38	0.5	10	19
Use of Nursing Facilities[e]												
Entire year	6.6	322	49	2.7	251	91	0.2	7	30	3.7	64	18
Part year	7.0	362	52	2.8	282	101	0.2	7	33	4.0	72	18
None	1.7	97	58	0.7	77	112	0.0	2	42	1.0	18	19
Maintenance Assistance Status												
Cash	3.0	183	61	1.2	147	119	0.1	3	46	1.7	33	20
Medically needy	5.0	338	68	2.1	281	132	0.1	4	39	2.7	52	19
Poverty related	0.4	15	38	0.1	11	74	0.0	0	39	0.2	3	15
Other/unknown	1.6	81	51	0.6	63	97	0.0	2	34	0.9	16	18

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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 Washington, 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]

WASHINGTON, 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	0.2	$20	$16	$0	$4	$65	$132	$67	$21	612,454	$39,939,600	210,591	29.7 %	1,957,525
Biologicals	0.1	0.1	0.0	0.0	36	30	0	6	293	285	607	333	6,349	1,859,825	4,719	0.7	51,791
Antineoplastic Agents	0.5	0.2	0.0	0.3	124	104	1	18	239	475	107	64	29,454	7,043,822	5,514	0.8	56,875
Endocrine/Metabolic Drugs	0.8	0.4	0.0	0.4	34	26	1	6	40	68	25	15	999,082	40,068,355	121,776	17.2	1,184,087
Cardiovascular Agents	1.6	0.5	0.0	1.1	52	34	1	17	32	65	20	16	1,772,403	56,517,440	104,186	14.7	1,091,615
Respiratory Agents	0.6	0.3	0.0	0.3	27	22	0	5	47	77	54	17	708,633	33,512,875	128,444	18.1	1,246,292
Gastrointestinal Agents	0.7	0.4	0.0	0.3	51	44	1	5	72	113	161	18	661,234	47,844,543	91,854	13.0	946,496
Genitourinary Agents	0.4	0.3	0.0	0.1	23	20	0	2	55	71	33	17	140,355	7,662,055	33,543	4.7	338,296
CNS Drugs	1.2	0.6	0.0	0.6	99	86	1	12	80	137	64	21	1,674,081	134,190,573	136,760	19.3	1,358,640
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	49	35	2	12	67	81	70	43	100,706	6,715,743	14,764	2.1	138,440
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	128	128	0	0	195	199	0	18	33,545	6,555,316	4,930	0.7	51,193
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	39	28	1	10	50	141	68	17	1,218,945	60,568,826	164,832	23.2	1,569,131
Neuromuscular Agents	0.9	0.4	0.0	0.4	68	55	2	11	76	135	41	25	708,180	53,867,052	77,022	10.9	793,004
Nutritional Products	0.5	0.0	0.0	0.4	7	0	0	7	16	27	15	16	217,202	3,433,194	52,639	7.4	463,531
Hematological Agents	0.8	0.2	0.1	0.5	82	68	1	12	107	306	19	26	187,351	20,079,872	23,600	3.3	245,335
Topical Products	0.3	0.1	0.0	0.2	11	7	0	4	35	63	46	18	396,364	13,817,318	123,401	17.4	1,217,097
Miscellaneous Products	0.2	0.1	0.0	0.1	29	20	4	5	122	154	256	53	23,816	2,900,887	9,895	1.4	99,815
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	53	0	0	0	23,897	1,272,988	10,793	1.5	109,996
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.	9,514,051	537,850,284	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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 Washington, 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]

WASHINGTON, 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	$78,313,438	59,440	8.4 %	637,824	0.7	$173	$123
ANTIDEPRESSANTS	49,196,226	139,401	19.7	1,423,462	0.6	57	35
ANTICONVULSANT	45,276,701	56,894	8.0	607,932	0.8	98	74
ULCER DRUGS	37,784,150	89,907	12.7	950,841	0.5	75	40
ANALGESICS - Narcotic	35,304,841	184,660	26.0	1,842,760	0.4	45	19
ANTIASTHMATIC	22,166,459	106,402	15.0	1,078,120	0.4	54	21
ANTIHYPERLIPIDEMIC	21,487,774	38,951	5.5	428,903	0.7	75	50
ANTIDIABETIC	20,337,649	53,092	7.5	567,887	0.7	48	36
ANALGESICS - ANTI-INFLAMMATORY	19,285,102	95,383	13.5	964,907	0.3	59	20
ANTIVIRAL	17,979,614	12,934	1.8	134,018	0.4	344	134
Total	347,131,954	837,064		8,636,654	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. 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.