

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	29,102	13,334	15,444	320	4	0	317,881	140,355	176,239	1,245	42	0
Age												
5 and younger	1	0	1	0	0	0	10	0	10	0	0	0
6-14	3	0	3	0	0	0	34	0	34	0	0	0
15-20	54	0	53	0	1	0	609	0	599	0	10	0
21-44	5,241	1	5,062	177	1	0	58,425	9	57,677	727	12	0
45-64	6,748	12	6,621	114	1	0	75,590	112	75,027	439	12	0
65-74	6,291	3,559	2,702	29	1	0	69,851	38,305	31,459	79	8	0
75-84	6,078	5,264	814	0	0	0	65,536	56,185	9,351	0	0	0
85 and older	4,686	4,498	188	0	0	0	47,826	45,744	2,082	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	19,064	10,196	8,723	144	1	0	208,435	108,053	99,769	603	10	0
Male	10,038	3,138	6,721	176	3	0	109,446	32,302	76,470	642	32	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	19,269	8,277	10,813	178	1	0	212,943	88,073	124,117	745	8	0
African American	1,690	454	1,207	29	0	0	18,932	4,937	13,863	132	0	0
Other/unknown	8,143	4,603	3,424	113	3	0	86,006	47,345	38,259	368	34	0
Use of Nursing Facilities^c												
Entire year	4,731	3,421	1,310	0	0	0	53,023	37,562	15,461	0	0	0
Part year	2,716	2,168	548	0	0	0	25,014	19,160	5,854	0	0	0
None	21,655	7,745	13,586	320	4	0	239,844	83,633	154,924	1,245	42	0
Maintenance Assistance Status												
Cash	15,695	4,784	10,895	16	0	0	179,809	53,839	125,893	77	0	0
Medically needy	234	163	71	0	0	0	2,362	1,652	710	0	0	0
Poverty-related	136	77	56	3	0	0	1,346	776	555	15	0	0
Other/unknown	13,037	8,310	4,422	301	4	0	134,364	84,088	49,081	1,153	42	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	28,654	13,316	15,297	39	2	0	315,828	140,249	175,287	268	24	0
FFS part year, with Rx claims	302	15	122	164	1	0	1,676	97	825	744	10	0
FFS part year, no Rx claims	146	3	25	117	1	0	377	9	127	233	8	0

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 D.2 includes the beneficiaries represented by Cell G 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 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	89.2 %	42.5	\$2,915	\$69	\$18,964	15.4 %	29,102
Age							
5 and younger	100.0	38.0	8,114	214	10,205	79.5	1
6-14	100.0	31.7	2,642	83	3,484	75.8	3
15-20	81.5	16.1	1,247	77	16,051	7.8	54
21-44	84.6	34.9	3,198	92	17,831	17.9	5,241
45-64	90.1	48.6	3,937	81	22,082	17.8	6,748
65-74	88.0	39.6	2,537	64	12,680	20.0	6,291
75-84	90.4	43.2	2,484	58	17,595	14.1	6,078
85 and older	93.3	45.7	2,211	48	26,000	8.5	4,686
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.7	41.7	2,289	55	19,020	12.0	13,334
Disabled	89.4	43.9	3,499	80	19,252	18.2	15,444
Adults	58.8	11.8	809	69	2,880	28.1	320
Children	75.0	40.8	2,017	50	9,375	21.5	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.0	46.2	2,936	64	17,958	16.3	19,064
Male	84.0	35.6	2,875	81	20,874	13.8	10,038
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.8	47.3	3,249	69	22,667	14.3	19,269
African American	86.7	36.8	2,870	78	11,087	25.9	1,690
Other/unknown	85.9	32.4	2,132	66	11,837	18.0	8,143
Use of Nursing Facilities^f							
Entire year	94.0	62.7	3,510	56	69,841	5.0	4,731
Part year	93.9	48.2	2,665	55	25,855	10.3	2,716
None	87.6	37.4	2,816	75	6,985	40.3	21,655
Maintenance Assistance Status							
Cash	88.6	38.8	2,861	74	12,258	23.3	15,695
Medically needy	90.6	49.4	2,897	59	32,947	8.8	234
Poverty related	69.1	16.4	1,031	63	4,003	25.7	136
Other/unknown	90.1	47.1	2,999	64	26,942	11.1	13,037

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			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
All	3.9	\$267	15.4 %	10.8 %	18.2 %	13.0 %	32.0 %	21.4 %	4.6 %	\$1,736	29,102	317,881
Age												
5 and younger	3.8	811	79.5	0.0	0.0	0.0	100.0	0.0	0.0	1,021	1	10
6-14	2.8	233	75.8	0.0	0.0	0.0	100.0	0.0	0.0	307	3	34
15-20	1.4	111	7.8	18.5	46.3	14.8	13.0	7.4	0.0	1,423	54	609
21-44	3.1	287	17.9	15.4	25.5	12.4	28.0	15.3	3.4	1,600	5,241	58,425
45-64	4.3	352	17.8	9.9	15.2	12.1	32.2	24.7	5.9	1,971	6,748	75,590
65-74	3.6	229	20.0	12.0	20.5	14.6	31.1	17.6	4.1	1,142	6,291	69,851
75-84	4.0	230	14.1	9.6	16.7	13.8	33.0	21.8	5.0	1,632	6,078	65,536
85 and older	4.5	217	8.5	6.7	13.1	11.6	36.2	28.2	4.1	2,548	4,686	47,826
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	4.0	217	12.0	10.3	17.1	13.2	32.9	22.0	4.6	1,807	13,334	140,355
Disabled	3.8	307	18.2	10.6	19.4	12.8	31.5	21.2	4.6	1,687	15,444	176,239
Adults	3.0	208	28.1	41.3	14.1	11.6	20.6	9.7	2.8	740	320	1,245
Children	3.9	192	21.5	25.0	25.0	0.0	25.0	25.0	0.0	893	4	42
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.2	269	16.3	8.0	16.3	13.0	33.7	23.8	5.2	1,643	19,064	208,435
Male	3.3	264	13.8	16.0	22.0	12.9	28.8	16.9	3.4	1,915	10,038	109,446
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.3	294	14.3	9.2	15.8	12.0	32.9	24.6	5.6	2,051	19,269	212,943
African American	3.3	256	25.9	13.3	22.7	14.9	29.5	16.4	3.2	990	1,690	18,932
Other/unknown	3.1	202	18.0	14.1	23.2	15.0	30.3	14.8	2.6	1,121	8,143	86,006
use of nursing Facilities^f												
Entire year	5.6	313	5.0	6.0	5.7	7.3	33.8	38.0	9.2	6,232	4,731	53,023
Part year	5.2	289	10.3	6.1	10.0	10.4	35.3	30.6	7.5	2,807	2,716	25,014
None	3.4	254	40.3	12.4	22.0	14.5	31.2	16.7	3.2	631	21,655	239,844
Maintenance Assistance Status												
Cash	3.4	250	23.3	11.4	22.3	14.3	31.2	17.5	3.3	1,070	15,695	179,809
Medically needy	4.9	287	8.8	9.4	12.0	7.7	31.6	34.2	5.1	3,264	234	2,362
Poverty related	1.7	104	25.7	30.9	35.3	14.7	11.0	7.4	0.7	405	136	1,346
Other/unknown	4.6	291	11.1	9.9	13.3	11.4	33.2	26.1	6.1	2,614	13,037	134,364

Table D4

Dual Eligible 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 D.4 includes the beneficiaries represented by Cell G 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 D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	3.9	\$267	\$69	1.9	\$213	\$115	0.1	\$7	\$61	1.9	\$46	\$24
Age												
5 and younger	3.8	811	214	2.3	793	345	0.0	0	0	1.5	18	12
6-14	2.8	233	83	1.6	218	132	0.0	0	0	1.1	15	13
15-20	1.4	111	77	0.8	84	108	0.1	11	218	0.6	16	26
21-44	3.1	287	92	1.5	235	152	0.1	8	85	1.5	44	30
45-64	4.3	352	81	2.1	283	133	0.1	9	81	2.1	59	28
65-74	3.6	229	64	1.8	181	103	0.1	5	62	1.7	42	24
75-84	4.0	230	58	1.9	182	96	0.1	5	47	2.0	43	22
85 and older	4.5	217	48	1.9	169	88	0.2	5	31	2.4	43	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.0	217	55	1.8	172	94	0.1	5	41	2.0	40	20
Disabled	3.8	307	80	1.9	247	131	0.1	8	79	1.9	51	28
Adults	3.0	208	69	1.4	173	121	0.0	2	45	1.5	33	21
Children	3.9	192	50	1.5	160	107	0.1	4	41	2.3	29	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.2	269	64	2.0	214	106	0.1	7	55	2.1	48	23
Male	3.3	264	81	1.6	213	135	0.1	7	76	1.6	44	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.3	294	69	2.0	234	115	0.1	8	63	2.1	52	24
African American	3.3	256	78	1.5	208	136	0.1	6	70	1.7	42	25
Other/unknown	3.1	202	66	1.5	163	108	0.1	4	50	1.5	35	23
Use of Nursing Facilities^e												
Entire year	5.6	313	56	2.5	252	99	0.2	6	34	2.9	54	19
Part year	5.2	289	55	2.3	231	98	0.2	6	38	2.7	52	19
None	3.4	254	75	1.7	203	122	0.1	7	78	1.6	44	27
Maintenance Assistance Status												
Cash	3.4	250	74	1.7	199	120	0.1	6	74	1.6	44	27
Medically needy	4.9	287	59	2.2	236	106	0.2	6	32	2.5	45	18
Poverty related	1.7	104	63	0.7	77	113	0.0	2	63	0.9	24	26
Other/unknown	4.6	291	64	2.1	233	109	0.1	7	50	2.3	50	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 D.5 includes the beneficiaries represented by Cell G 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.3	0.2	0.0	0.1	\$30	\$26	\$0	\$4	\$96	\$159	\$111	\$26	53,430	\$5,113,468	15,025	51.6 %	170,324
Biologics	0.1	0.0	0.0	0.1	50	0	0	50	600	0	0	600	1	600	1	0.0	12
Antineoplastic Agents	0.5	0.3	0.0	0.2	108	87	1	20	224	339	104	92	4,627	1,038,352	900	3.1	9,651
Endocrine/Metabolic Drugs	0.7	0.4	0.0	0.3	42	34	1	6	56	86	34	21	101,793	5,712,168	12,160	41.8	137,371
Cardiovascular Agents	1.3	0.5	0.0	0.7	65	48	1	16	51	90	53	23	256,193	13,168,348	18,109	62.2	202,483
Respiratory Agents	0.8	0.5	0.0	0.2	43	37	2	4	56	70	77	18	96,230	5,341,663	11,014	37.8	125,626
Gastrointestinal Agents	0.7	0.3	0.0	0.4	60	43	1	16	83	130	162	41	97,505	8,074,389	11,958	41.1	134,743
Genitourinary Agents	0.5	0.4	0.0	0.1	31	30	0	1	63	71	39	17	22,637	1,437,100	4,082	14.0	46,105
CNS Drugs	1.4	0.7	0.0	0.7	120	98	3	19	88	143	126	29	256,289	22,455,047	16,768	57.6	187,389
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	55	41	3	11	96	146	92	44	2,543	244,877	395	1.4	4,488
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	94	94	0	0	140	144	0	20	10,854	1,523,368	1,489	5.1	16,220
Analgesics and Anesthetics	0.7	0.3	0.0	0.5	43	35	1	7	59	133	70	16	117,544	6,904,983	14,397	49.5	161,530
Neuromuscular Agents	0.9	0.4	0.0	0.5	72	59	2	10	77	138	58	22	89,427	6,846,021	8,447	29.0	95,662
Nutritional Products	0.5	0.0	0.0	0.5	11	1	1	9	21	166	28	19	18,855	392,773	3,233	11.1	35,280
Hematological Agents	0.7	0.2	0.1	0.4	52	44	2	6	75	200	26	15	37,647	2,831,272	4,964	17.1	54,490
Topical Products	0.5	0.2	0.0	0.2	20	15	1	5	43	63	47	21	66,606	2,888,238	12,433	42.7	142,302
Miscellaneous Products	0.4	0.2	0.0	0.1	84	65	8	11	240	347	239	85	3,050	732,546	770	2.6	8,673
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	57	0	0	0	2,141	121,547	775	2.7	9,027
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.	1,237,372	84,826,760	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.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.medisp.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$12,989,154	9,233	31.7 %	104,621	0.7	\$177
ANTIDEPRESSANTS	7,941,988	17,359	59.6	194,900	0.6	63
ULCER DRUGS	6,925,508	11,618	39.9	131,790	0.6	92
ANTICONVULSANT	5,991,987	7,892	27.1	89,705	0.7	89
ANTHYPERLIPIDEMIC	5,108,154	8,212	28.2	94,462	0.6	88
ANTIDIABETIC	3,787,367	8,886	30.5	100,257	0.6	68
ANALGESICS - Narcotic	3,505,639	14,050	48.3	157,788	0.4	54
ANTHYPERTENSIVE	3,371,367	12,177	41.8	137,825	0.4	58
ANTIASTHMATIC	3,295,470	11,033	37.9	125,345	0.4	59
ANALGESICS - ANTI-INFLAMMATORY	2,681,901	9,532	32.8	110,328	0.4	67
Total	55,598,535	109,992		1,247,021	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	673,770	\$55,598,535	9,233	31.7 %	104,621	0.7	\$124	17,359	59.6 %	194,900	0.6	\$41					
Female	466,758	36,452,608	5,648	29.6	63,756	0.7	105	12,392	65.0	139,241	0.7	40					
Disabled	253,541	21,774,427	3,227	37.0	37,767	0.7	123	6,725	77.1	78,149	0.7	44					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	19	830	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	264	34,879	15	62.5	179	0.4	129	10	41.7	115	0.6	34					
21-44	57,122	5,393,101	1,166	52.2	13,673	0.7	125	1,819	81.5	21,028	0.7	48					
45-64	123,237	10,734,701	1,488	40.0	17,429	0.7	129	3,458	93.0	40,158	0.7	46					
65-74	52,492	4,052,973	360	18.6	4,192	0.7	107	1,055	54.6	12,440	0.6	35					
75-84	16,844	1,317,399	157	24.5	1,833	0.7	103	299	46.6	3,499	0.6	34					
85 and older	3,563	240,544	41	24.3	461	0.6	82	84	49.7	909	0.6	29					
Other Eligibles	213,217	14,678,181	2,421	23.4	25,989	0.6	79	5,667	54.8	61,092	0.6	35					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	3	107	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	815	56,674	27	28.4	187	0.5	68	44	46.3	285	0.9	58					
45-64	645	40,694	4	7.8	36	1.1	54	31	60.8	231	0.6	37					
65-74	49,119	3,637,843	365	15.4	4,065	0.6	95	1,066	45.0	11,770	0.6	37					
75-84	86,854	6,226,725	948	24.0	10,321	0.6	85	2,043	51.7	22,518	0.7	36					
85 and older	75,781	4,716,138	1,077	27.8	11,380	0.5	67	2,483	64.1	26,288	0.7	33					
Male	207,012	19,145,927	3,585	35.7	40,865	0.8	154	4,967	49.5	55,659	0.6	43					
Disabled	151,917	15,289,299	2,907	43.3	34,004	0.8	168	3,604	53.6	41,637	0.6	46					
5 and younger	5	277	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	12	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	103	3,942	5	17.2	58	0.3	8	5	17.2	60	0.5	10					
21-44	56,363	6,298,466	1,485	52.5	17,466	0.8	165	1,640	58.0	19,057	0.6	46					
45-64	74,441	7,297,661	1,237	42.6	14,428	0.9	177	1,642	56.6	18,819	0.7	47					
65-74	17,536	1,429,942	140	18.2	1,610	0.8	155	255	33.2	2,987	0.7	38					
75-84	3,310	249,771	36	20.9	394	0.6	93	59	34.3	687	0.6	32					
85 and older	147	9,156	4	21.1	48	0.3	50	3	15.8	27	0.1	8					
Other Eligibles	55,095	3,856,628	678	20.4	6,861	0.6	85	1,363	41.1	14,022	0.6	34					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	587	42,002	7	8.3	47	0.7	103	31	36.9	237	0.5	30					
45-64	259	14,693	3	3.9	24	0.5	40	16	21.1	106	0.7	30					
65-74	20,364	1,521,461	163	13.4	1,765	0.7	103	397	32.6	4,382	0.6	34					
75-84	22,986	1,584,203	304	23.2	3,036	0.6	81	534	40.7	5,512	0.6	33					
85 and older	10,899	694,269	201	32.1	1,989	0.5	73	385	61.4	3,785	0.6	33					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible 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 D.7A includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	11,618	39.9 %	131,790	\$53	0.6	7,892	27.1 %	89,705	\$67	0.7	8,212	28.2 %	94,462	\$54	0.6
Female	8,371	43.9	95,007	53	0.6	5,023	26.3	56,763	63	0.7	5,724	30.0	65,791	55	0.6
Disabled	4,164	47.7	48,602	54	0.6	3,266	37.4	37,987	72	0.8	2,872	32.9	33,641	55	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	3	12.5	36	70	0.4	9	37.5	106	42	0.5	0	0.0	0	0	0.0
21-44	816	36.5	9,498	50	0.5	1,151	51.5	13,295	83	0.8	267	12.0	3,121	47	0.6
45-64	1,930	51.9	22,427	58	0.6	1,566	42.1	18,252	71	0.8	1,379	37.1	16,070	54	0.6
65-74	1,002	51.8	11,825	51	0.5	386	20.0	4,552	56	0.7	926	47.9	10,940	58	0.6
75-84	325	50.6	3,788	55	0.6	128	19.9	1,470	35	0.6	275	42.8	3,218	61	0.6
85 and older	88	52.1	1,028	50	0.6	26	15.4	312	34	0.6	25	14.8	292	48	0.6
Other Eligibles	4,207	40.7	46,405	51	0.6	1,757	17.0	18,776	44	0.7	2,852	27.6	32,150	54	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	19	20.0	134	33	0.5	30	31.6	208	63	0.6	4	4.2	31	44	0.6
45-64	13	25.5	112	45	0.6	11	21.6	89	60	0.6	11	21.6	91	52	0.6
65-74	914	38.5	10,364	46	0.5	403	17.0	4,470	44	0.6	1,026	43.3	11,641	53	0.6
75-84	1,625	41.1	18,211	53	0.6	727	18.4	7,919	48	0.7	1,338	33.9	15,188	54	0.6
85 and older	1,636	42.3	17,584	53	0.7	586	15.1	6,090	39	0.7	473	12.2	5,199	53	0.7
Male	3,247	32.3	36,783	52	0.6	2,869	28.6	32,942	74	0.8	2,488	24.8	28,671	53	0.6
Disabled	2,103	31.3	24,368	54	0.6	2,368	35.2	27,645	79	0.8	1,634	24.3	19,084	53	0.6
5 and younger	1	100.0	10	24	0.4	1	100.0	10	4	0.1	0	0.0	0	0	0.0
6-14	1	100.0	12	6	0.5	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	3	10.3	35	3	0.1	2	6.9	24	8	0.1	0	0.0	0	0	0.0
21-44	686	24.2	7,940	50	0.5	1,077	38.1	12,596	85	0.8	421	14.9	4,952	46	0.5
45-64	1,010	34.8	11,713	58	0.6	1,109	38.2	12,940	76	0.6	861	29.7	9,956	55	0.6
65-74	304	39.5	3,560	55	0.6	154	20.0	1,797	61	0.7	300	39.0	3,583	59	0.6
75-84	90	52.3	1,024	46	0.5	22	12.8	251	61	0.8	52	30.2	593	50	0.6
85 and older	8	42.1	74	25	0.4	3	15.8	27	10	0.2	0	0.0	0	0	0.0
Other Eligibles	1,144	34.5	12,415	48	0.6	501	15.1	5,297	51	0.7	854	25.7	9,587	53	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	7	8.3	67	25	0.5	9	10.7	80	35	0.5	5	6.0	38	75	0.9
45-64	4	5.3	37	13	0.4	6	7.9	33	84	1.0	4	5.3	33	41	0.6
65-74	378	31.0	4,289	51	0.5	181	14.9	2,005	67	0.7	395	32.4	4,483	52	0.6
75-84	497	37.9	5,379	48	0.6	218	16.6	2,304	39	0.7	373	28.4	4,183	54	0.6
85 and older	258	41.1	2,643	43	0.6	87	13.9	875	43	0.7	77	12.3	850	52	0.6
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table D7B

Dual Eligible 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 D.7B includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	8,886	30.5 %	100,257	\$38	0.6	14,050	48.3 %	157,788	\$22	12,177	41.8 %	137,825	\$25	0.4	
Female	6,383	33.5	72,167	38	0.6	9,866	51.8	110,664	21	8,559	44.9	96,927	25	0.4	
Disabled	2,854	32.7	33,161	43	0.5	5,619	64.4	65,432	23	3,330	38.2	38,924	25	0.4	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
6-14	0	0.0	0	0	0.0	0	0.0	0	0	3	150.0	34	0	0.4	
15-20	0	0.0	0	0	0.0	11	45.8	130	1	2	8.3	24	0.1	0.3	
21-44	311	13.9	3,573	47	0.5	1,466	65.7	17,059	20	276	12.4	3,215	0.3	0.3	
45-64	1,282	34.5	14,791	46	0.6	2,680	72.0	31,068	26	1,396	37.5	16,247	0.3	0.3	
65-74	927	48.0	10,928	41	0.6	1,041	53.9	12,287	21	1,146	59.3	13,498	0.4	0.4	
75-84	276	43.0	3,237	35	0.5	362	56.4	4,237	20	425	66.2	4,990	0.4	0.4	
85 and older	58	34.3	632	34	0.6	59	34.9	651	21	82	48.5	916	0.5	0.5	
Other Eligibles	3,529	34.1	39,006	33	0.6	4,247	41.1	45,232	17	5,229	50.6	58,003	0.5	0.5	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
21-44	6	6.3	39	28	0.6	30	31.6	210	17	5	5.3	16	0.4	0.4	
45-64	8	15.7	80	25	0.6	25	49.0	224	32	10	19.6	97	0.3	0.3	
65-74	1,007	42.5	11,224	38	0.5	957	40.4	10,631	15	1,340	56.5	15,015	0.4	0.4	
75-84	1,616	40.9	18,189	33	0.6	1,645	41.6	18,011	17	2,199	55.6	24,801	0.5	0.5	
85 and older	892	23.0	9,474	28	0.6	1,590	41.1	16,156	18	1,675	43.3	18,074	0.6	0.6	
Male	2,503	24.9	28,090	38	0.5	4,184	41.7	47,124	26	3,618	36.0	40,898	0.4	0.4	
Disabled	1,492	22.2	17,195	41	0.5	3,116	46.4	35,971	28	1,973	29.4	22,934	0.4	0.4	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
6-14	0	0.0	0	0	0.0	1	100.0	12	0	1	100.0	12	0.4	0.4	
15-20	0	0.0	0	0	0.0	6	20.7	65	1	1	3.4	11	0.4	0.4	
21-44	319	11.3	3,727	40	0.5	1,319	46.6	15,281	25	423	15.0	4,955	0.3	0.3	
45-64	778	26.8	8,852	43	0.5	1,434	49.4	16,519	32	988	34.1	11,398	0.4	0.4	
65-74	347	45.1	4,077	43	0.5	287	37.3	3,339	22	458	59.6	5,367	0.4	0.4	
75-84	47	27.3	527	34	0.5	63	36.6	710	28	93	54.1	1,089	0.4	0.4	
85 and older	1	5.3	12	6	0.4	6	31.6	45	4	9	47.4	102	0.3	0.3	
Other Eligibles	1,011	30.5	10,895	33	0.5	1,068	32.2	11,153	19	1,645	49.6	17,964	0.4	0.4	
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	
21-44	12	14.3	70	28	0.4	28	33.3	259	57	8	9.5	52	0.4	0.4	
45-64	6	7.9	47	42	0.6	10	13.2	48	13	10	13.2	71	0.5	0.5	
65-74	415	34.1	4,667	34	0.5	427	35.1	4,765	22	617	50.7	6,964	0.4	0.4	
75-84	423	32.2	4,527	34	0.6	379	28.9	3,934	10	721	55.0	7,891	0.4	0.4	
85 and older	155	24.7	1,584	25	0.6	224	35.7	2,147	21	289	46.1	2,986	0.6	0.6	
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	

Table D7C

Dual Eligible 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 D.7C includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per Month	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Month				
All	11,033	37.9 %	125,345	0.4	9,532	32.8 %	110,328	0.4	29,102	29,102	\$24	317,881
Female	7,969	41.8	90,966	0.4	6,907	36.2	80,043	0.4	19,064	19,064	28	208,435
Disabled	4,579	52.5	53,427	0.4	4,079	46.8	47,941	0.3	8,723	8,723	24	99,769
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	1	50.0	10	0.7	0	0.0	0	0.0	2	2	0	22
15-20	8	33.3	95	0.1	7	29.2	81	0.2	24	24	3	271
21-44	977	43.8	11,372	0.4	977	43.8	11,398	0.3	2,233	2,233	12	25,346
45-64	2,166	58.2	25,226	0.4	1,889	50.8	22,121	0.4	3,720	3,720	29	42,290
65-74	1,037	53.6	12,186	0.5	896	46.4	10,666	0.4	1,933	1,933	25	22,586
75-84	326	50.8	3,787	0.4	265	41.3	3,158	0.4	642	642	36	7,375
85 and older	64	37.9	751	0.5	45	26.6	517	0.5	169	169	37	1,879
Other Eligibles	3,390	32.8	37,539	0.4	2,828	27.3	32,102	0.4	10,341	10,341	33	108,666
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
15-20	2	200.0	20	0.2	0	0.0	0	0.0	1	1	0	10
21-44	19	20.0	169	0.4	17	17.9	123	0.4	95	95	6	382
45-64	15	29.4	124	0.6	14	27.5	114	0.2	51	51	5	285
65-74	900	38.0	10,249	0.5	816	34.4	9,363	0.4	2,371	2,371	26	25,497
75-84	1,346	34.1	14,984	0.4	1,141	28.9	13,144	0.4	3,952	3,952	33	42,743
85 and older	1,108	28.6	11,993	0.4	840	21.7	9,358	0.5	3,871	3,871	39	39,749
Male	3,064	30.5	34,379	0.5	2,625	26.2	30,285	0.3	10,038	10,038	16	109,446
Disabled	2,002	29.8	23,202	0.4	1,954	29.1	22,745	0.3	6,721	6,721	14	76,470
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	1	0	10
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	1	0	12
15-20	7	24.1	72	0.5	4	13.8	48	0.2	29	29	4	328
21-44	621	22.0	7,295	0.4	745	26.3	8,667	0.2	2,829	2,829	8	32,331
45-64	935	32.2	10,781	0.5	903	31.1	10,461	0.3	2,901	2,901	17	32,737
65-74	348	45.3	4,001	0.5	255	33.2	3,005	0.4	769	769	17	8,873
75-84	85	49.4	987	0.5	44	25.6	528	0.4	172	172	19	1,976
85 and older	6	31.6	66	0.6	3	15.8	36	0.1	19	19	8	203
Other Eligibles	1,062	32.0	11,177	0.5	671	20.2	7,540	0.4	3,317	3,317	22	32,976
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0
21-44	19	22.6	136	0.6	10	11.9	92	0.3	84	84	11	366
45-64	6	7.9	42	0.3	9	11.8	72	0.2	76	76	5	278
65-74	364	29.9	4,031	0.5	296	24.3	3,412	0.3	1,218	1,218	17	12,895
75-84	480	36.6	5,030	0.5	245	18.7	2,782	0.4	1,312	1,312	26	13,442
85 and older	193	30.8	1,938	0.5	111	17.7	1,182	0.4	627	627	31	5,995
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0	0

Table D7D

Dual Eligible 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 D.7D includes the beneficiaries represented by Cell G 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 drug 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				4,731	53,023
All	\$313	5.6	4,731		53,023
Age					
0-64	347	4.5	983		11,621
65-74	399	6.3	515		5,901
75-84	337	6.3	1,287		14,140
85 and older	256	5.6	1,946		21,361
Unknown	0	0.0	0		0
Gender					
Female	309	5.8	3,412		38,135
Male	323	5.0	1,319		14,888
Unknown	0	0.0	0		0
Race					
White	318	5.6	3,643		41,326
African American	377	6.1	95		1,085
Other/unknown	286	5.5	993		10,612
Basis of Eligibility^c					
Aged	295	5.9	3,421		37,562
Disabled	357	4.9	1,310		15,461
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	\$16	\$13	\$0	\$54	\$82	\$105	\$23	\$560,426	2,998	63.4 %	34,081
Biologics	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.2	0.0	86	58	0	179	305	28	99	203,323	217	4.6	2,355
Endocrine/Metabolic Drugs	1.1	0.5	0.0	39	31	1	37	66	20	12	930,370	2,105	44.5	23,866
Cardiovascular Agents	1.9	0.5	0.0	50	29	1	27	58	13	15	1,776,551	3,176	67.1	35,551
Respiratory Agents	0.8	0.6	0.0	46	40	3	58	69	76	19	827,472	1,572	33.2	17,977
Gastrointestinal Agents	0.9	0.4	0.0	62	48	0	65	112	92	26	1,613,960	2,298	48.6	26,116
Genitourinary Agents	0.6	0.5	0.0	38	36	1	63	68	38	20	466,896	1,080	22.8	12,269
CNS Drugs	1.5	0.8	0.0	126	109	1	84	132	70	23	4,979,012	3,494	73.9	39,591
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	24	14	1	38	113	45	19	15,113	55	1.2	633
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	104	104	0	133	133	0	30	733,896	638	13.5	7,071
Analgesics and Anesthetics	0.8	0.4	0.0	45	40	1	60	102	26	13	994,290	1,975	41.7	22,004
Neuromuscular Agents	1.2	0.6	0.0	102	84	2	84	136	52	29	1,914,882	1,629	34.4	18,703
Nutritional Products	0.7	0.0	0.0	11	0	1	16	8	26	16	108,165	889	18.8	9,865
Hematological Agents	1.0	0.3	0.2	47	38	4	46	151	20	10	658,603	1,242	26.3	13,914
Topical Products	0.6	0.3	0.0	24	16	2	40	59	48	20	785,675	2,841	60.1	32,610
Miscellaneous Products	0.2	0.1	0.0	13	5	0	58	87	22	49	17,291	119	2.5	1,323
Unknown Therapeutic Category	0.3	0.0	0.0	13	0	0	38	0	0	0	17,884	121	2.6	1,402
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.	16,603,809	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. 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. 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).

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,866,525	2,174	46.0 %	24,872	0.7	\$164	\$115	
ANTIDEPRESSANTS	1,889,975	3,721	78.7	42,156	0.8	58	45	
ANTICONVULSANT	1,676,087	1,708	36.1	19,613	0.9	94	85	
ULCER DRUGS	1,364,503	1,973	41.7	22,527	0.8	79	61	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	733,896	639	13.5	7,078	0.8	133	104	
DERMATOLOGICAL	502,152	3,823	80.8	44,485	0.3	43	11	
ANTIASTHMATIC	501,336	1,466	31.0	16,598	0.5	61	30	
ANALGESICS - Narcotic	500,654	1,581	33.4	17,318	0.5	57	29	
ANTIDIABETIC	483,167	1,297	27.4	14,622	0.8	42	33	
ANTHYPERLIPIDEMIC	467,798	727	15.4	8,214	0.8	72	57	
Total	10,986,093	19,109		217,483	n.a.	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
All	137,193	\$10,986,093	2,174	46.0 %	24,872	0.7	\$115	3,721	78.7 %	42,156	0.8	\$45	
Female	98,532	7,595,689	1,546	45.3	17,711	0.7	106	2,863	83.9	32,416	0.8	43	
Disabled	21,825	2,092,912	334	53.4	3,956	0.8	155	449	71.8	5,300	0.9	64	
64 or younger	13,444	1,373,110	198	48.2	2,349	0.8	160	270	65.7	3,206	1.0	72	
65-74	4,403	403,869	65	63.7	765	0.9	156	90	88.2	1,068	0.9	57	
75-84	2,532	216,993	50	70.4	594	0.9	151	50	70.4	576	0.8	49	
85 and older	1,446	98,940	21	51.2	248	0.7	111	39	95.1	450	0.7	37	
Other Eligibles	76,707	5,502,777	1,212	43.5	13,755	0.6	92	2,414	86.6	27,116	0.7	39	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	7,626	611,513	117	58.2	1,352	0.8	144	191	95.0	2,159	0.8	46	
75-84	29,037	2,202,200	470	51.5	5,324	0.7	103	796	87.2	8,988	0.8	42	
85 and older	40,044	2,689,064	625	37.4	7,079	0.5	74	1,427	85.3	15,969	0.7	36	
Male	38,661	3,390,404	628	47.6	7,161	0.8	138	858	65.0	9,740	0.8	52	
Disabled	20,395	2,013,660	322	47.0	3,824	0.9	169	350	51.1	4,158	0.9	65	
64 or younger	16,506	1,681,709	261	45.6	3,122	0.9	173	278	48.6	3,309	0.9	70	
65-74	2,813	254,469	43	55.8	513	0.9	175	50	64.9	593	0.8	52	
75-84	1,021	72,996	14	45.2	141	0.8	118	21	67.7	244	0.7	31	
85 and older	55	4,486	4	80.0	48	0.3	50	1	20.0	12	0.2	12	
Other Eligibles	18,266	1,376,744	306	48.3	3,337	0.7	102	508	80.1	5,582	0.8	42	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	4,894	400,864	67	49.6	764	0.9	113	104	77.0	1,216	0.8	45	
75-84	7,897	579,859	138	50.7	1,486	0.7	107	204	75.0	2,232	0.8	42	
85 and older	5,475	396,021	101	44.5	1,087	0.6	88	200	88.1	2,134	0.7	39	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,708	36.1 %	19,613	0.9	\$86	1,973	41.7 %	22,527	0.8	\$61	639	13.5 %	7,078	0.8	\$104
Female	1,124	32.9	12,804	0.9	76	1,461	42.8	16,729	0.8	60	511	15.0	5,656	0.8	103
Disabled	361	57.8	4,288	1.0	115	261	41.8	3,076	0.8	58	47	7.5	552	0.8	167
64 or younger	260	63.3	3,088	1.0	123	137	33.3	1,617	0.8	64	25	6.1	300	0.9	217
65-74	55	53.9	660	1.0	122	47	46.1	555	0.8	55	11	10.8	132	0.9	125
75-84	32	45.1	372	0.9	64	45	63.4	520	0.7	50	7	9.9	72	0.6	72
85 and older	14	34.1	168	0.7	43	32	78.0	384	0.6	44	4	9.8	48	0.8	105
Other Eligibles	763	27.4	8,516	0.8	56	1,200	43.1	13,653	0.8	60	464	16.6	5,104	0.8	97
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	105	52.2	1,181	0.9	73	87	43.3	1,002	0.8	57	27	13.4	301	0.8	101
75-84	313	34.3	3,503	0.8	62	404	44.2	4,624	0.7	65	164	18.0	1,780	0.8	92
85 and older	345	20.6	3,832	0.8	46	709	42.4	8,027	0.8	58	273	16.3	3,023	0.8	99
Male	584	44.3	6,809	1.0	104	512	38.8	5,798	0.8	63	128	9.7	1,422	0.8	105
Disabled	396	57.8	4,709	1.0	118	206	30.1	2,421	0.8	69	32	4.7	384	0.8	115
64 or younger	343	60.0	4,080	1.0	122	152	26.6	1,789	0.9	72	26	4.5	312	0.8	120
65-74	41	53.2	492	0.9	102	32	41.6	384	0.8	64	3	3.9	36	0.8	88
75-84	10	32.3	113	0.8	54	21	67.7	236	0.8	53	2	6.5	24	1.0	136
85 and older	2	40.0	24	0.2	9	1	20.0	12	0.6	4	1	20.0	12	0.3	12
Other Eligibles	188	29.7	2,100	0.9	73	306	48.3	3,377	0.7	60	96	15.1	1,038	0.8	101
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	55	40.7	639	1.1	121	69	51.1	795	0.8	65	11	8.1	121	0.7	95
75-84	95	34.9	1,065	0.8	52	130	47.8	1,428	0.7	60	36	13.2	378	0.8	105
85 and older	38	16.7	396	0.8	52	107	47.1	1,154	0.7	55	49	21.6	539	0.8	100
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	DERMATOLOGICAL				ANTI-ASTHMATIC				ANALGESICS - Narcotic			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Rx \$
All	3,823	80.8 %	44,485	\$11	1,466	31.0 %	16,598	\$30	1,581	33.4 %	17,318	\$29
Female	2,596	76.1	30,141	11	1,088	31.9	12,348	29	1,264	37.0	13,863	29
Disabled	673	107.7	8,000	12	133	21.3	1,562	36	166	26.6	1,921	36
64 or younger	505	122.9	6,026	13	51	12.4	594	32	84	20.4	970	36
65-74	92	90.2	1,092	9	34	33.3	408	41	33	32.4	387	30
75-84	47	66.2	534	9	22	31.0	248	43	32	45.1	369	40
85 and older	29	70.7	348	7	26	63.4	312	33	17	41.5	195	35
Other Eligibles	1,923	69.0	22,141	10	955	34.3	10,786	28	1,098	39.4	11,942	28
64 or younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	152	75.6	1,715	12	84	41.8	955	44	78	38.8	828	24
75-84	691	75.7	8,027	11	332	36.4	3,782	29	373	40.9	4,105	36
85 and older	1,080	64.6	12,399	10	539	32.2	6,049	24	647	38.7	7,009	24
Male	1,227	93.0	14,344	12	378	28.7	4,250	34	317	24.0	3,455	27
Disabled	753	109.9	8,987	14	133	19.4	1,560	39	121	17.7	1,405	16
64 or younger	631	110.3	7,531	13	93	16.3	1,083	33	90	15.7	1,044	12
65-74	88	114.3	1,056	15	24	31.2	285	48	20	26.0	236	29
75-84	29	93.5	340	20	15	48.4	180	55	10	32.3	113	34
85 and older	5	100.0	60	14	1	20.0	12	57	1	20.0	12	2
Other Eligibles	474	74.8	5,357	10	245	38.6	2,690	32	196	30.9	2,050	34
64 or younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
65-74	116	85.9	1,364	12	57	42.2	630	42	51	37.8	567	62
75-84	202	74.3	2,251	10	117	43.0	1,273	31	74	27.2	771	15
85 and older	156	68.7	1,742	9	71	31.3	787	25	71	31.3	712	32
Unknown	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.
 - b. 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 drug 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTHYPERLIPIDEMIC				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,297	27.4 %	14,622	0.8	\$33	727	15.4 %	8,214	0.8	\$57	4,731	53,023
Female	1,005	29.5	11,402	0.8	33	499	14.6	5,612	0.8	56	3,412	38,135
Disabled	134	21.4	1,580	0.8	45	118	18.9	1,398	0.8	66	625	7,369
64 or younger	55	13.4	642	0.7	46	67	16.3	795	0.8	68	411	4,855
65-74	43	42.2	516	1.0	59	38	37.3	456	0.8	61	102	1,209
75-84	20	28.2	230	0.7	26	10	14.1	111	0.8	76	71	826
85 and older	16	39.0	192	0.8	22	3	7.3	36	0.8	44	41	479
Other Eligibles	871	31.3	9,822	0.8	31	381	13.7	4,214	0.8	52	2,787	30,766
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	79	39.3	874	0.8	38	44	21.9	505	0.9	57	201	2,244
75-84	379	41.5	4,317	0.8	33	191	20.9	2,124	0.8	52	913	10,088
85 and older	413	24.7	4,631	0.8	29	146	8.7	1,585	0.8	52	1,673	18,434
Male	292	22.1	3,220	0.8	33	228	17.3	2,602	0.8	60	1,319	14,888
Disabled	85	12.4	961	0.8	40	123	18.0	1,455	0.8	61	685	8,092
64 or younger	60	10.5	679	0.8	42	100	17.5	1,188	0.8	61	572	6,766
65-74	19	24.7	219	0.8	35	16	20.8	192	0.8	62	77	911
75-84	6	19.4	63	0.7	35	7	22.6	75	0.9	54	31	355
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
Other Eligibles	207	32.6	2,259	0.8	30	105	16.6	1,147	0.8	59	634	6,796
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	43	31.9	485	0.9	47	28	20.7	329	0.7	55	135	1,537
75-84	102	37.5	1,117	0.8	29	57	21.0	593	0.8	66	272	2,871
85 and older	62	27.3	657	0.7	17	20	8.8	225	0.7	46	227	2,388
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,716 beneficiaries who were in nursing facilities for part of their enrollment and their 25,014 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 RHODE ISLAND, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								2.1 %	2.1 %
All	16,013	55.0 %	4.8	138,345	\$62	\$1,803,292	\$13		29,102
Age									
5 and younger	1	100.0	2.0	2	58	58	29	0.7	1
6-14	2	66.7	4.0	12	183	548	46	6.9	3
15-20	16	29.6	1.9	104	39	2,086	20	3.1	54
21-44	2,617	49.9	4.2	21,890	70	365,561	17	2.2	5,241
45-64	4,050	60.0	6.0	40,369	86	579,552	14	2.2	6,748
65-74	3,378	53.7	4.4	27,483	53	336,368	12	2.1	6,291
75-84	3,288	54.1	4.4	26,635	49	295,977	11	2.0	6,078
85 and older	2,661	56.8	4.7	21,850	48	223,142	10	2.2	4,686
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	7,040	52.8	4.1	54,714	46	612,282	11	2.0	13,334
Disabled	8,883	57.5	5.4	83,157	77	1,183,334	14	2.2	15,444
Adults	88	27.5	1.4	438	23	7,275	17	2.8	320
Children	2	50.0	9.0	36	100	401	11	5.0	4
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	11,347	59.5	5.3	100,854	69	1,318,083	13	2.4	19,064
Male	4,666	46.5	3.7	37,491	48	485,209	13	1.7	10,038
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	11,181	58.0	5.5	105,699	73	1,414,420	13	2.3	19,269
African American	886	52.4	3.8	6,449	44	73,803	11	1.5	1,690
Other/unknown	3,946	48.5	3.2	26,197	39	315,069	12	1.8	8,143
Use of Nursing Facilities^d									
Entire year	2,860	60.5	6.5	30,724	66	312,034	10	1.9	4,731
Part year	1,742	64.1	4.6	12,621	61	165,054	13	2.3	2,716
None	11,411	52.7	4.4	95,000	61	1,326,204	14	2.2	21,655
Maintenance Assistance Status									
Cash	8,707	55.5	4.7	74,082	60	945,769	13	2.1	15,695
Medically needy	139	59.4	4.4	1,036	43	10,007	10	1.5	234
Poverty related	47	34.6	1.5	203	15	2,095	10	1.5	136
Other/unknown	7,120	54.6	4.8	63,024	65	845,421	13	2.2	13,037

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. 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.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 RHODE ISLAND, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$6	\$13	\$0	\$2	317,881
Age						
5 and younger	0.2	6	29	0	4	10
6-14	0.4	16	46	0	0	34
15-20	0.2	3	20	0	1	609
21-44	0.4	6	17	0	3	58,425
45-64	0.5	8	14	0	3	75,590
65-74	0.4	5	12	0	2	69,851
75-84	0.4	5	11	0	2	65,536
85 and older	0.5	5	10	0	1	47,826
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	4	11	0	2	140,355
Disabled	0.5	7	14	0	3	176,239
Adults	0.4	6	17	0	3	1,245
Children	0.9	10	11	0	3	42
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	6	13	0	3	208,435
Male	0.3	4	13	0	2	109,446
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	7	13	0	3	212,943
African American	0.3	4	11	0	1	18,932
Other/unknown	0.3	4	12	0	1	86,006
Use of Nursing Facilities^d						
Entire year	0.6	6	10	0	2	53,023
Part year	0.5	7	13	0	2	25,014
None	0.4	6	14	0	2	239,844
Maintenance Assistance Status						
Cash	0.4	5	13	0	2	179,809
Medically needy	0.4	4	10	0	2	2,362
Poverty related	0.2	2	10	0	1	1,346
Other/unknown	0.5	6	13	0	2	134,364

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. 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.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 RHODE ISLAND, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
All	24,300	\$74	\$1,803,292	100.0 %	138,345	\$13	100.0 %	
Anorexia or weight loss/gain	9	612	5,512	0.3	58	95	0.0	
Fertility drugs	1	54	54	0.0	1	54	0.0	
Drugs for cosmetic purposes	18	13	236	0.0	26	9	0.0	
Cough and cold medications	4,354	74	324,310	18.0	11,999	27	8.7	
Vitamins and minerals	3,140	113	356,106	19.7	18,554	19	13.4	
Non-prescription drugs	8,602	24	210,333	11.7	50,339	4	36.4	
Barbiturates	237	74	17,656	1.0	2,627	7	1.9	
Benzodiazepines	7,174	105	755,400	41.9	50,843	15	36.8	
Other Part D Excl Rx Drugs	765	175	133,685	7.4	3,898	34	2.8	

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 RHODE ISLAND, 2003

Total Number of Dual Eligible Beneficiaries 29,102
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$84,826,760
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,915

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,140	10.8 %	\$0	0.0 %
1-500	4,526	15.6	985,162	1.2
501-1,000	3,004	10.3	2,225,456	2.6
1,001-1,500	2,586	8.9	3,220,503	3.8
1,501-2,000	2,128	7.3	3,714,493	4.4
2,001-2,500	1,975	6.8	4,437,474	5.2
2,501-3,000	1,712	5.9	4,689,020	5.5
3,001-3,500	1,498	5.1	4,860,805	5.7
3,501-4,000	1,275	4.4	4,767,126	5.6
4,001-4,500	1,041	3.6	4,409,308	5.2
4,501-5,000	888	3.1	4,209,646	5.0
5,001-5,500	740	2.5	3,876,698	4.6
5,501-6,000	649	2.2	3,726,720	4.4
6,001-6,500	568	2.0	3,546,465	4.2
6,501-7,000	449	1.5	3,028,480	3.6
7,001-7,500	351	1.2	2,541,903	3.0
7,501-8,000	348	1.2	2,698,966	3.2
8,001-8,500	271	0.9	2,235,747	2.6
8,501-9,000	232	0.8	2,027,108	2.4
9,001-9,500	190	0.7	1,756,322	2.1
9,501-10,000	198	0.7	1,927,705	2.3
10,001+	1,333	4.6	19,941,653	23.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 RHODE ISLAND, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 11,740
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$43,122,850
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,673

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	0.0 %		
\$0	1,370	11.7 %	0		0.0 %
1-500	1,870	15.9	380,622		0.9
501-1,000	1,015	8.6	749,534		1.7
1,001-1,500	860	7.3	1,070,286		2.5
1,501-2,000	693	5.9	1,204,693		2.8
2,001-2,500	648	5.5	1,452,642		3.4
2,501-3,000	537	4.6	1,475,467		3.4
3,001-3,500	492	4.2	1,600,778		3.7
3,501-4,000	471	4.0	1,760,213		4.1
4,001-4,500	388	3.3	1,647,634		3.8
4,501-5,000	347	3.0	1,646,682		3.8
5,001-5,500	324	2.8	1,695,310		3.9
5,501-6,000	286	2.4	1,645,035		3.8
6,001-6,500	260	2.2	1,626,486		3.8
6,501-7,000	229	2.0	1,545,026		3.6
7,001-7,500	179	1.5	1,298,207		3.0
7,501-8,000	178	1.5	1,381,277		3.2
8,001-8,500	154	1.3	1,271,747		2.9
8,501-9,000	140	1.2	1,220,793		2.8
9,001-9,500	126	1.1	1,163,443		2.7
9,501-10,000	132	1.1	1,285,673		3.0
10,001+	1,041	8.9	16,001,302		37.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 RHODE ISLAND, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 17,055
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$41,416,810
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,428

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,656	9.7%	0	0.0%
1-500	2,567	15.1	589,814	1.4
501-1,000	1,956	11.5	1,453,060	3.5
1,001-1,500	1,709	10.0	2,130,282	5.1
1,501-2,000	1,427	8.4	2,495,602	6.0
2,001-2,500	1,316	7.7	2,959,598	7.1
2,501-3,000	1,168	6.8	3,194,649	7.7
3,001-3,500	1,002	5.9	3,247,085	7.8
3,501-4,000	799	4.7	2,987,931	7.2
4,001-4,500	649	3.8	2,744,452	6.6
4,501-5,000	538	3.2	2,548,810	6.2
5,001-5,500	416	2.4	2,181,388	5.3
5,501-6,000	362	2.1	2,076,158	5.0
6,001-6,500	307	1.8	1,913,848	4.6
6,501-7,000	219	1.3	1,476,878	3.6
7,001-7,500	170	1.0	1,229,140	3.0
7,501-8,000	169	1.0	1,310,042	3.2
8,001-8,500	116	0.7	955,644	2.3
8,501-9,000	91	0.5	797,587	1.9
9,001-9,500	64	0.4	592,879	1.4
9,501-10,000	64	0.4	622,811	1.5
10,001+	290	1.7	3,909,152	9.4

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 RHODE ISLAND, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 6,078
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$15,096,772
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,484

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	583	9.6 %	0	0.0 %
1-500	865	14.2	198,262	1.3
501-1,000	649	10.7	478,161	3.2
1,001-1,500	587	9.7	728,045	4.8
1,501-2,000	543	8.9	955,227	6.3
2,001-2,500	463	7.6	1,039,965	6.9
2,501-3,000	419	6.9	1,143,885	7.6
3,001-3,500	373	6.1	1,211,137	8.0
3,501-4,000	302	5.0	1,132,283	7.5
4,001-4,500	242	4.0	1,022,916	6.8
4,501-5,000	201	3.3	953,061	6.3
5,001-5,500	163	2.7	855,165	5.7
5,501-6,000	142	2.3	813,133	5.4
6,001-6,500	114	1.9	710,493	4.7
6,501-7,000	80	1.3	538,541	3.6
7,001-7,500	62	1.0	449,707	3.0
7,501-8,000	64	1.1	496,128	3.3
8,001-8,500	37	0.6	305,303	2.0
8,501-9,000	47	0.8	410,573	2.7
9,001-9,500	20	0.3	185,698	1.2
9,501-10,000	29	0.5	282,723	1.9
10,001+	93	1.5	1,186,366	7.9

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	30,164	13,337	15,477	1,345	0	331,672	140,480	177,339	13,793	60	0
Age											
5 and younger	1	0	1	0	0	10	0	10	0	0	0
6-14	3	0	3	0	0	36	0	36	0	0	0
15-20	56	0	53	1	2	642	0	611	7	24	0
21-44	5,836	1	5,080	754	1	66,268	9	58,317	7,930	12	0
45-64	7,139	12	6,636	490	1	80,460	112	75,473	4,863	12	0
65-74	6,358	3,562	2,702	93	1	70,813	38,426	31,459	916	12	0
75-84	6,085	5,264	814	7	0	65,617	56,189	9,351	77	0	0
85 and older	4,686	4,498	188	0	0	47,826	45,744	2,082	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	19,601	10,197	8,745	658	1	215,479	108,096	100,502	6,869	12	0
Male	10,563	3,140	6,732	687	4	116,193	32,384	76,837	6,924	48	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	19,911	8,278	10,837	795	1	221,319	88,094	124,881	8,332	12	0
African American	1,762	454	1,210	98	0	19,916	4,957	13,933	1,026	0	0
Other/unknown	8,491	4,605	3,430	452	4	90,437	47,429	38,525	4,435	48	0
Use of Nursing Facilities^c											
Entire year	4,731	3,421	1,310	0	0	53,023	37,562	15,461	0	0	0
Part year	2,717	2,169	548	0	0	25,041	19,176	5,865	0	0	0
None	22,716	7,747	13,619	1,345	5	253,608	83,742	156,013	13,793	60	0
Maintenance Assistance Status											
Cash	15,777	4,786	10,925	66	0	181,297	53,902	126,702	693	0	0
Medically needy	234	163	71	0	0	2,397	1,657	740	0	0	0
Poverty related	139	77	57	4	1	1,423	781	599	31	12	0
Other/unknown	14,014	8,311	4,424	1,275	4	146,555	84,140	49,298	13,069	48	0
Dual Status^d											
Full dual, all year	29,759	13,067	15,348	1,339	5	327,401	137,656	175,959	13,726	60	0
Full dual, part year	405	270	129	6	0	4,271	2,824	1,380	67	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	28,654	13,316	15,297	39	2	315,828	140,249	175,287	268	24	0
FFS part year, with Rx claims	302	15	122	164	1	3,275	171	1,409	1,683	12	0
FFS part year, no Rx claims	146	3	25	117	1	1,264	24	254	974	12	0
MC all year, with Rx claims	91	1	7	83	0	1,007	12	77	918	0	0
MC all year, no Rx claims	971	2	26	942	1	10,298	24	312	9,950	12	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Beneficiaries	Number of Months	Beneficiaries	Number of Months	Beneficiaries	Number of Months
All	30,164	331,672	29,102	317,881	0	13,791
Fee-for-service (FFS) all year	28,654	315,828	28,654	315,828	0	0
FFS part year, with Rx claims	302	3,275	302	1,676	0	1,599
FFS part year, with no Rx claims	146	1,264	146	377	0	887
Managed care (MC) all year, with Rx claims	91	1,007	0	0	0	1,007
MC all year, with no Rx claims	971	10,298	0	0	0	10,298

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.