STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
CALIFORNIA

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CALIFORNIA, 2004

Inclusion Criteria (2004)	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]	10,654,369	(A)	1,095,839	(E)	9,558,530	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	9,586,256	(B)	1,065,851	(F)	8,520,405	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	6,556,925	(C)	914,207	(G)	5,642,718	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	58,018	(D)	51,132	(H)	6,886	(L)

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004 (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 2004, 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 California in 2004 was $4,645,732,678, of which $420,982,684 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 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, 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) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.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 pa

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 2004. 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 2004. 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]

CALIFORNIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**6,556,925**	**601,517**	**841,141**	**2,944,964**	**2,163,053**	**6,250**	**47,572,827**	**6,357,651**	**9,072,787**	**20,667,156**	**11,412,608**	**62,625**
Age												
5 and younger	974,641	1	15,549	4	959,087	0	4,525,177	12	141,545	6	4,383,614	0
6-14	772,573	0	41,073	188	731,312	0	4,618,687	0	439,727	511	4,178,449	0
15-20	899,550	0	34,981	412,326	452,215	28	6,082,222	0	373,645	2,947,955	2,760,381	241
21-44	2,547,280	7	224,973	2,300,265	20,352	1,683	18,798,070	34	2,420,512	16,271,548	89,804	16,172
45-64	619,274	39	384,455	230,387	60	4,333	5,574,140	277	4,093,224	1,436,477	248	43,914
65-74	354,845	253,390	99,712	1,537	0	206	3,793,446	2,636,985	1,145,034	9,129	0	2,298
75-84	273,288	240,448	32,642	196	2	0	2,989,173	2,613,859	373,966	1,333	15	0
85 and older	115,458	107,632	7,756	61	9	0	1,191,885	1,106,484	85,134	197	70	0
Unknown	16	0	0	0	16	0	27	0	0	0	27	0
Gender												
Female	4,369,905	380,338	426,731	2,425,283	1,131,306	6,247	32,361,751	4,047,285	4,658,545	17,541,232	6,052,100	62,589
Male	2,187,012	221,179	414,410	519,681	1,031,739	3	15,211,043	2,310,366	4,414,242	3,125,924	5,360,475	36
Unknown	8	0	0	0	8	0	33	0	0	0	33	0
Race												
White	1,645,494	199,838	364,146	629,098	450,966	1,446	13,685,881	2,053,746	3,931,307	4,476,608	3,210,009	14,211
African American	552,168	33,666	135,314	209,603	173,189	396	4,042,337	346,894	1,442,341	1,296,519	952,708	3,875
Other/unknown	4,359,263	368,013	341,681	2,106,263	1,538,898	4,408	29,844,609	3,957,011	3,699,139	14,894,029	7,249,891	44,539
Use of Nursing Facilities[c]												
Entire year	58,018	44,883	13,060	35	36	4	605,735	462,221	142,812	258	402	42
Part year	52,267	34,191	17,611	348	82	35	513,100	325,936	183,745	2,434	621	364
None	6,446,640	522,443	810,470	2,944,581	2,162,935	6,211	46,453,992	5,569,494	8,746,230	20,664,464	11,411,585	62,219
Maintenance Assistance Status												
Cash	2,447,706	329,666	677,624	516,809	923,607	0	19,301,841	3,731,433	7,526,900	2,792,831	5,250,677	0
Medically needy	452,441	164,319	67,400	63,757	156,965	0	3,170,740	1,568,209	618,620	252,395	731,516	0
Poverty-related	434,677	88,192	57,255	91,806	191,174	6,250	2,807,563	856,756	552,039	454,527	881,616	62,625
Other/unknown	3,222,101	19,340	38,862	2,272,592	891,307	0	22,292,683	201,253	375,228	17,167,403	4,548,799	0
Dual Medicare Status[d]												
Full dual, all year	903,380	518,813	375,599	8,655	52	261	9,825,235	5,584,113	4,176,555	61,278	375	2,914
Full dual, part year	10,827	8,291	2,419	116	1	0	102,648	79,024	22,720	903	1	0
Non-dual, all year	5,642,718	74,413	463,123	2,936,193	2,163,000	5,989	37,644,944	694,514	4,873,512	20,604,975	11,412,232	59,711
Managed Care (MC) Status												
Fee-for-service (FFS) all year	5,392,299	590,067	806,787	2,598,343	1,390,913	6,189	43,530,452	6,296,046	8,889,730	19,497,872	8,784,439	62,365
FFS part year, with Rx claims	344,025	7,154	23,907	105,730	207,193	41	1,493,182	43,583	139,845	448,892	860,664	198
FFS part year, no Rx claims	820,601	4,296	10,447	240,891	564,947	20	2,549,193	18,022	43,212	720,392	1,767,505	62

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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]

CALIFORNIA, 2004

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	**39.8 %**	**7.3**	**$644**	**$88**	**$2,944**	**21.9 %**	**6,556,925**
Age							
5 and younger	33.2	1.2	45	36	1,166	3.9	974,641
6-14	27.7	1.7	139	83	1,507	9.2	772,573
15-20	25.8	1.3	109	82	1,199	9.1	899,550
21-44	32.6	3.1	334	108	1,701	19.6	2,547,280
45-64	62.8	22.3	2,224	100	7,835	28.4	619,274
65-74	82.0	27.9	2,265	81	6,496	34.9	354,845
75-84	85.6	32.9	2,515	76	9,701	25.9	273,288
85 and older	85.5	33.7	2,235	66	15,432	14.5	115,458
Unknown	0.0	0.0	0	0	34	0.0	16
Basis of Eligibility[e]							
Aged	82.2	28.5	2,162	76	8,755	24.7	601,517
Disabled	80.4	29.5	3,011	102	12,024	25.0	841,141
Adults	27.7	1.2	84	70	601	14.0	2,944,964
Children	28.7	1.2	63	53	972	6.5	2,163,053
Unknown	68.8	11.8	1,318	112	7,880	16.7	6,250
Gender							
Female	39.9	6.9	562	81	2,566	21.9	4,369,905
Male	39.8	8.2	810	99	3,699	21.9	2,187,012
Unknown	0.0	0.0	0	0	108	0.0	8
Race							
White	49.1	13.1	1,184	91	5,210	22.7	1,645,494
African American	40.1	8.5	748	88	4,143	18.1	552,168
Other/unknown	36.3	5.0	428	85	1,936	22.1	4,359,263
Use of Nursing Facilities[f]							
Entire year	94.3	62.4	3,850	62	44,262	8.7	58,018
Part year	94.6	47.2	3,351	71	28,386	11.8	52,267
None	38.9	6.5	594	91	2,366	25.1	6,446,640
Maintenance Assistance Status							
Cash	55.3	13.5	1,226	91	4,919	24.9	2,447,706
Medically needy	52.3	16.2	1,262	78	9,570	13.2	452,441
Poverty related	45.4	8.6	786	92	2,823	27.8	434,677
Other/unknown	25.6	1.2	97	78	529	18.2	3,222,101

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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]

CALIFORNIA, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.0**	**$89**	**21.9 %**	**60.2 %**	**25.6 %**	**4.3 %**	**6.8 %**	**2.6 %**	**0.5 %**	**$406**	**6,556,925**	**47,572,827**
Age												
5 and younger	0.3	10	3.9	66.8	29.9	2.3	0.8	0.1	0.0	251	974,641	4,525,177
6-14	0.3	23	9.2	72.3	24.2	2.1	1.2	0.2	0.0	252	772,573	4,618,687
15-20	0.2	16	9.1	74.2	23.3	1.4	0.9	0.1	0.0	177	899,550	6,082,222
21-44	0.4	45	19.6	67.4	26.9	2.2	2.5	0.9	0.2	231	2,547,280	18,798,070
45-64	2.5	247	28.4	37.2	20.6	9.9	20.9	9.6	1.8	870	619,274	5,574,140
65-74	2.6	212	34.9	18.0	26.1	16.0	28.4	10.0	1.5	608	354,845	3,793,446
75-84	3.0	230	25.9	14.4	22.0	15.9	32.5	13.1	2.2	887	273,288	2,989,173
85 and older	3.3	217	14.5	14.5	19.7	14.6	32.7	15.8	2.6	1,495	115,458	1,191,885
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	20	16	27
Basis of Eligibility[e]												
Aged	2.7	205	24.7	17.8	24.9	15.8	29.0	10.8	1.8	828	601,517	6,357,651
Disabled	2.7	279	25.0	19.6	26.0	13.0	27.0	12.2	2.2	1,115	841,141	9,072,787
Adults	0.2	12	14.0	72.3	25.4	1.3	0.9	0.2	0.0	86	2,944,964	20,667,156
Children	0.2	12	6.5	71.3	25.9	2.0	0.8	0.1	0.0	184	2,163,053	11,412,608
Unknown	1.2	132	16.7	31.2	39.4	13.1	14.0	2.2	0.2	786	6,250	62,625
Gender												
Female	0.9	76	21.9	60.1	26.7	3.9	6.3	2.5	0.4	346	4,369,905	32,361,751
Male	1.2	116	21.9	60.2	23.4	5.2	7.8	2.9	0.5	532	2,187,012	15,211,043
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	26	8	33
Race												
White	1.6	142	22.7	50.9	25.5	5.9	11.1	5.6	1.1	626	1,645,494	13,685,881
African American	1.2	102	18.1	59.9	23.5	4.9	8.0	3.1	0.5	566	552,168	4,042,337
Other/unknown	0.7	62	22.1	63.7	25.9	3.7	5.1	1.5	0.2	283	4,359,263	29,844,609
Use of Nursing Facilities[f]												
Entire year	6.0	369	8.7	5.7	7.6	7.7	31.0	35.4	12.6	4,240	58,018	605,735
Part year	4.8	341	11.8	5.4	12.7	12.0	36.1	26.9	7.0	2,892	52,267	513,100
None	0.9	82	25.1	61.1	25.8	4.3	6.4	2.2	0.3	328	6,446,640	46,453,992
Maintenance Assistance Status												
Cash	1.7	156	24.9	44.7	28.7	7.9	13.1	4.9	0.7	624	2,447,706	19,301,841
Medically needy	2.3	180	13.2	47.7	21.5	7.5	13.6	7.8	2.0	1,366	452,441	3,170,740
Poverty related	1.3	122	27.8	54.6	27.1	6.0	8.9	3.0	0.4	437	434,677	2,807,563
Other/unknown	0.2	14	18.2	74.4	23.6	1.0	0.8	0.2	0.0	77	3,222,101	22,292,683

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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]

CALIFORNIA, 2004

	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	**1.0**	**$89**	**$88**	**0.4**	**$66**	**$154**	**0.1**	**$9**	**$109**	**0.5**	**$13**	**$27**
Age												
5 and younger	0.3	10	36	0.0	6	122	0.0	1	49	0.2	3	14
6-14	0.3	23	83	0.1	18	159	0.0	2	103	0.1	3	22
15-20	0.2	16	82	0.1	12	148	0.0	2	94	0.1	2	25
21-44	0.4	45	108	0.2	33	201	0.0	5	116	0.2	7	31
45-64	2.5	247	100	1.0	181	182	0.2	29	134	1.3	36	29
65-74	2.6	212	81	1.2	162	132	0.2	19	99	1.2	31	26
75-84	3.0	230	76	1.4	176	125	0.2	19	89	1.4	35	25
85 and older	3.3	217	66	1.4	160	116	0.2	19	76	1.6	38	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.7	205	76	1.3	157	125	0.2	17	88	1.2	31	25
Disabled	2.7	279	102	1.1	210	184	0.2	30	129	1.4	39	29
Adults	0.2	12	70	0.1	7	116	0.0	2	87	0.1	3	30
Children	0.2	12	53	0.1	8	126	0.0	1	78	0.1	2	16
Unknown	1.2	132	112	0.4	100	226	0.1	9	102	0.7	23	35
Gender												
Female	0.9	76	81	0.4	56	141	0.1	8	102	0.5	12	26
Male	1.2	116	99	0.5	89	177	0.1	11	124	0.6	16	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	142	91	0.7	105	160	0.1	16	117	0.8	21	27
African American	1.2	102	88	0.4	77	174	0.1	10	110	0.6	16	25
Other/unknown	0.7	62	85	0.3	47	145	0.1	6	101	0.4	9	27
Use of Nursing Facilities[e]												
Entire year	6.0	369	62	2.2	257	118	0.5	37	70	3.2	74	23
Part year	4.8	341	71	1.8	246	135	0.4	33	84	2.6	62	24
None	0.9	82	91	0.4	62	158	0.1	9	114	0.4	12	27
Maintenance Assistance Status												
Cash	1.7	156	91	0.7	117	158	0.1	16	116	0.8	22	27
Medically needy	2.3	180	78	0.9	133	144	0.2	18	91	1.2	29	25
Poverty related	1.3	122	92	0.5	91	169	0.1	13	122	0.7	18	26
Other/unknown	0.2	14	78	0.1	9	129	0.0	2	87	0.1	3	32

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 California, 1.0 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]

CALIFORNIA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$29	$22	$3	$3	$102	$229	$133	$20	3,816,358	$390,198,488	1,381,687	21.1 %	13,641,930
Biologicals	0.1	0.1	0.0	0.1	106	67	4	35	732	765	3,514	627	20,108	14,728,867	12,920	0.2	139,589
Antineoplastic Agents	0.4	0.1	0.0	0.3	102	68	3	31	253	701	274	105	228,665	57,778,184	52,419	0.8	567,675
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	41	27	6	7	81	123	78	35	5,533,056	446,482,318	1,082,935	16.5	10,984,628
Cardiovascular Agents	1.1	0.5	0.1	0.6	76	57	4	15	66	112	58	26	10,497,846	695,186,301	826,172	12.6	9,145,073
Respiratory Agents	0.5	0.2	0.0	0.2	29	24	0	5	64	99	80	23	3,874,592	247,139,248	814,995	12.4	8,448,311
Gastrointestinal Agents	0.5	0.3	0.0	0.2	62	49	8	5	120	177	172	27	3,288,971	396,297,667	582,560	8.9	6,420,036
Genitourinary Agents	0.3	0.2	0.0	0.1	20	16	2	2	75	97	55	33	912,764	68,755,445	333,163	5.1	3,426,413
CNS Drugs	0.9	0.4	0.1	0.4	113	88	13	12	123	209	112	31	6,943,360	853,766,508	689,529	10.5	7,528,254
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	62	51	6	5	128	143	141	56	187,700	24,064,270	36,127	0.6	390,175
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	104	103	0	1	199	209	112	21	283,370	56,435,868	48,339	0.7	541,094
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	37	27	3	7	77	177	422	22	5,140,368	396,773,292	1,031,916	15.7	10,806,803
Neuromuscular Agents	0.8	0.2	0.2	0.4	71	36	21	13	94	178	139	34	2,748,393	258,148,562	328,649	5.0	3,660,755
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	5	16	39	39	16	599,669	9,825,877	193,620	3.0	1,927,488
Hematological Agents	0.5	0.2	0.0	0.3	69	59	3	6	130	323	76	21	1,184,827	153,794,308	201,837	3.1	2,227,518
Topical Products	0.3	0.1	0.0	0.2	15	10	1	4	45	79	69	20	2,638,615	118,814,081	778,851	11.9	7,972,945
Miscellaneous Products	0.3	0.1	0.0	0.1	58	44	7	7	220	369	346	57	133,806	29,462,621	51,115	0.8	503,708
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	50	0	0	0	143,072	7,098,089	58,714	0.9	651,774
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.	48,175,540	4,224,749,994	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 California, 1.0 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 2004.

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]

CALIFORNIA, 2004

		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	$541,069,496	336,240	5.1 %	3,782,457	0.6	$241	$143
ULCER DRUGS	322,235,297	583,672	8.9	6,497,813	0.4	130	50
ANTIHYPERLIPIDEMIC	290,144,422	448,254	6.8	5,098,369	0.4	134	57
ANTIVIRAL	231,901,765	108,567	1.7	1,169,360	0.5	419	198
ANTIDIABETIC	228,980,007	494,747	7.5	5,496,815	0.5	86	42
ANTIDEPRESSANTS	226,288,686	549,289	8.4	6,069,186	0.5	79	37
ANTICONVULSANT	224,254,043	310,850	4.7	3,483,512	0.6	110	64
ANALGESICS - ANTI-INFLAMMATORY	222,301,557	832,162	12.7	8,941,651	0.3	95	25
ANTIHYPERTENSIVE	204,711,164	632,657	9.6	7,124,099	0.4	65	29
ANTIASTHMATIC	158,243,613	656,834	10.0	6,914,643	0.3	74	23
Total	2,650,130,050	4,953,272		54,577,905	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for California, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 2004. 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 2004. 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.