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

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
CONNECTICUT, 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]	522,360	(A)	97,770	(E)	424,590	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	505,495	(B)	81,199	(F)	424,296	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	210,612	(C)	80,995	(G)	129,617	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	19,652	(D)	18,448	(H)	1,204	(L)

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 Connecticut in 2004 was $446,622,625, of which $158,927 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.

Table 1   All Medicaid Beneficiaries

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 1   All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
CONNECTICUT, 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	**210,612**	**51,918**	**59,849**	**32,198**	**66,456**	**191**	**1,428,510**	**537,698**	**638,762**	**84,658**	**165,435**	**1,957**
Age												
5 and younger	23,829	0	0	8	23,821	0	53,938	0	0	10	53,928	0
6-14	25,109	0	1	5	25,103	0	64,331	0	12	10	64,309	0
15-20	18,003	0	923	1,513	15,566	1	53,824	0	8,009	3,337	42,467	11
21-44	53,071	0	24,057	27,012	1,945	57	328,908	0	256,625	67,057	4,690	536
45-64	38,186	1	34,503	3,547	15	120	385,313	2	370,741	13,272	32	1,266
65-74	17,122	16,646	363	100	0	13	183,856	179,482	3,362	868	0	144
75-84	17,693	17,679	2	12	0	0	186,004	185,899	13	92	0	0
85 and older	17,593	17,592	0	1	0	0	172,327	172,315	0	12	0	0
Unknown	6	0	0	0	6	0		0	0	0	9	0
Gender												
Female	127,886	37,934	31,357	24,910	33,494	191	884,404	396,584	339,892	63,717	82,254	1,957
Male	82,726	13,984	28,492	7,288	32,962	0	9 544,106	141,114	298,870	20,941	83,181	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	110,425	36,950	33,998	13,930	25,401	146	849,945	376,733	367,493	38,026	66,143	1,550
African American	39,805	6,163	11,443	6,830	15,346	23	0 243,149	66,515	120,048	18,200	38,180	206
Other/unknown	60,382	8,805	14,408	11,438	25,709	22	335,416	94,450	151,221	28,432	61,112	201
Use of Nursing Facilities[c]												
Entire year	19,652	17,387	2,244	0	21	0	200,950	176,003	24,716	0	231	0
Part year	9,288	7,064	2,178	27	19	0	92,274	68,872	23,004	214	184	0
None	181,672	27,467	55,427	32,171	66,416	191	1,135,286	292,823	591,042	84,444	165,020	1,957
Maintenance Assistance Status												
Cash	67,000	5,557	13,407	19,685	28,351	0	331,584	62,731	151,547	52,578	64,728	0
Medically needy	25,160	9,040	12,177	1,155	2,788	0	221,758	89,579	121,520	3,357	7,302	0
Poverty-related	36,240	942	1,453	6,440	27,214	191	105,953	10,364	15,573	12,076	65,983	1,957
Other/unknown	82,212	36,379	32,812	4,918	8,103	0	769,215	375,024	350,122	16,647	27,422	0
Dual Medicare Status[d]												
Full dual, all year	75,468	46,192	27,515	1,718	30	13	797,776	478,188	303,085	16,082	270	151
Full dual, part year	5,527	2,597	2,892	38	0	0	61,672	29,142	32,107	423	0	0
Non-dual, all year	129,617	3,129	29,442	30,442	66,426	178	569,062	30,368	303,570	68,153	165,165	1,806
Managed Care (MC) Status												
Fee-for-service (FFS) all year	131,881	51,906	59,025	9,312	11,449	189	1,249,325	537,620	633,803	34,813	41,144	1,945
FFS part year, with Rx claims	14,593	8	642	5,922	8,021	0	40,517	52	4,087	15,384	20,994	0
FFS part year, no Rx claims	64,138	4	182	16,964	46,986	2	138,668	26	872	34,461	103,297	12

Table 2   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 2   All Medicaid Beneficiaries

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
CONNECTICUT, 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	**56.2 %**	**27.6**	**$2,120**	**$77**	**$14,101**	**15.0 %**	**210,612**
Age							
5 and younger	12.7	0.3	18	53	2,616	0.7	23,829
6-14	13.3	1.0	88	86	1,834	4.8	25,109
15-20	22.1	2.2	200	91	3,248	6.1	18,003
21-44	51.9	19.8	1,992	101	11,799	16.9	53,071
45-64	86.0	51.2	4,477	87	21,933	20.4	38,186
65-74	88.9	49.4	3,365	68	17,287	19.5	17,122
75-84	91.2	54.5	3,263	60	25,584	12.8	17,693
85 and older	92.1	52.3	2,741	52	33,572	8.2	17,593
Unknown	0.0	0.0	0	0	259	0.0	6
Basis of Eligibility[e]							
Aged	90.8	52.2	3,125	60	25,672	12.2	51,918
Disabled	88.5	49.1	4,509	92	23,551	19.1	59,849
Adults	25.7	3.1	289	94	2,182	13.2	32,198
Children	14.6	0.9	70	79	2,333	3.0	66,456
Unknown	83.8	24.1	2,088	87	11,705	17.8	191
Gender							
Female	59.0	30.1	2,157	72	14,037	15.4	127,886
Male	51.7	23.8	2,063	87	14,201	14.5	82,726
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.6	36.5	2,711	74	19,935	13.6	110,425
African American	48.9	20.8	1,736	84	9,841	17.6	39,805
Other/unknown	43.7	15.8	1,292	82	6,241	20.7	60,382
Use of Nursing Facilities[f]							
Entire year	94.6	70.5	4,218	60	51,200	8.2	19,652
Part year	95.2	66.0	4,361	66	33,935	12.9	9,288
None	50.0	21.0	1,778	85	9,074	19.6	181,672
Maintenance Assistance Status							
Cash	39.7	16.4	1,380	84	7,918	17.4	67,000
Medically needy	77.4	40.2	3,276	81	11,861	27.6	25,160
Poverty related	18.6	2.0	170	85	2,624	6.5	36,240
Other/unknown	79.7	44.1	3,228	73	24,885	13.0	82,212

Table 3   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 3   All Medicaid Beneficiaries

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

CONNECTICUT, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	Number	
				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		Beneficiaries	Benefit Months
All	**4.1**	**$313**	**15.0 %**	**43.8 %**	**14.1 %**	**7.2 %**	**16.5 %**	**13.6 %**	**4.9 %**	**$2,079**	**210,612**	**1,428,510**
Age												
5 and younger	0.2	8	0.7	87.3	10.3	1.6	0.7	0.1	0.0	1,156	23,829	53,938
6-14	0.4	34	4.8	86.7	9.1	2.0	1.7	0.4	0.1	716	25,109	64,331
15-20	0.7	67	6.1	77.9	14.8	3.5	2.7	0.9	0.2	1,087	18,003	53,824
21-44	3.2	321	16.9	48.1	19.0	7.8	13.9	8.3	3.0	1,904	53,071	328,908
45-64	5.1	444	20.4	14.0	14.8	10.7	27.9	23.1	9.5	2,174	38,186	385,313
65-74	4.6	313	19.5	11.1	16.7	11.4	28.7	23.8	8.3	1,610	17,122	183,856
75-84	5.2	310	12.8	8.8	12.1	9.9	29.3	29.3	10.6	2,434	17,693	186,004
85 and older	5.3	280	8.2	7.9	8.9	9.3	31.5	33.0	9.4	3,427	17,593	172,327
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	173	6	9
Basis of Eligibility[e]												
Aged	5.0	302	12.2	9.2	12.5	10.2	29.9	28.8	9.5	2,479	51,918	537,698
Disabled	4.6	423	19.1	11.5	19.2	11.5	27.9	21.4	8.6	2,207	59,849	638,762
Adults	1.2	110	13.2	74.3	14.3	4.4	4.7	1.8	0.4	830	32,198	84,658
Children	0.4	28	3.0	85.4	10.6	2.2	1.5	0.3	0.1	937	66,456	165,435
Unknown	2.4	204	17.8	16.2	34.6	17.8	21.5	8.4	1.6	1,142	191	1,957
Gender												
Female	4.3	312	15.4	41.0	13.9	7.3	17.5	14.9	5.4	2,030	127,886	884,404
Male	3.6	314	14.5	48.3	14.5	6.9	15.0	11.4	4.0	2,159	82,726	544,106
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.7	352	13.6	34.4	12.9	7.5	19.7	18.4	7.1	2,590	110,425	849,945
African American	3.4	284	17.6	51.1	15.3	6.8	13.9	9.7	3.2	1,611	39,805	243,149
Other/unknown	2.8	233	20.7	56.3	15.5	6.7	12.5	7.2	1.8	1,124	60,382	335,416
Use of Nursing Facilities[f]												
Entire year	6.9	413	8.2	5.4	4.7	5.7	26.6	39.3	18.4	5,007	19,652	200,950
Part year	6.6	439	12.9	4.8	6.9	7.2	29.5	34.9	16.7	3,416	9,288	92,274
None	3.4	285	19.6	50.0	15.5	7.3	14.7	9.7	2.8	1,452	181,672	1,135,286
Maintenance Assistance Status												
Cash	3.3	279	17.4	60.3	13.6	5.5	10.5	7.5	2.5	1,600	67,000	331,584
Medically needy	4.6	372	27.6	22.6	15.1	10.1	25.1	20.0	7.2	1,346	25,160	221,758
Poverty related	0.7	58	6.5	81.4	12.4	3.0	2.4	0.7	0.1	898	36,240	105,953
Other/unknown	4.7	345	13.0	20.3	14.9	9.4	24.9	22.2	8.1	2,660	82,212	769,215

Table 4   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 4   All Medicaid Beneficiaries

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
CONNECTICUT, 2004

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	**4.1**	**$313**	**$77**	**1.8**	**$241**	**$135**	**0.2**	**$18**	**$86**	**2.0**	**$53**	**$26**
Age												
5 and younger	0.2	8	53	0.0	6	128	0.0	0	41	0.1	2	17
6-14	0.4	34	86	0.2	28	148	0.0	2	61	0.2	5	26
15-20	0.7	67	91	0.4	55	154	0.0	3	76	0.3	9	26
21-44	3.2	321	101	1.4	252	175	0.2	21	115	1.6	48	31
45-64	5.1	444	87	2.3	343	150	0.3	28	102	2.5	72	29
65-74	4.6	313	68	2.1	242	116	0.2	15	68	2.3	56	25
75-84	5.2	310	60	2.2	235	105	0.2	15	58	2.7	61	23
85 and older	5.3	280	52	2.1	205	97	0.2	13	52	2.9	61	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.0	302	60	2.2	228	106	0.2	14	59	2.6	59	23
Disabled	4.6	423	92	2.1	329	158	0.3	27	105	2.3	66	29
Adults	1.2	110	94	0.5	82	169	0.1	8	133	0.6	19	31
Children	0.4	28	79	0.2	23	139	0.0	1	65	0.2	4	24
Unknown	2.4	204	87	0.9	158	167	0.1	7	114	1.3	39	29
Gender												
Female	4.3	312	72	1.9	239	126	0.2	18	79	2.2	55	25
Male	3.6	314	87	1.6	244	150	0.2	19	98	1.8	51	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.7	352	74	2.0	266	131	0.3	22	85	2.4	64	26
African American	3.4	284	84	1.5	225	148	0.2	15	89	1.7	44	26
Other/unknown	2.8	233	82	1.4	187	138	0.1	11	85	1.3	34	26
Use of Nursing Facilities[e]												
Entire year	6.9	413	60	2.7	304	111	0.4	22	60	3.7	86	23
Part year	6.6	439	66	2.7	335	122	0.3	23	68	3.5	81	23
None	3.4	285	85	1.5	222	144	0.2	17	98	1.6	45	28
Maintenance Assistance Status												
Cash	3.3	279	84	1.5	218	143	0.2	16	93	1.6	45	28
Medically needy	4.6	372	81	2.1	287	139	0.2	24	99	2.3	61	27
Poverty related	0.7	58	85	0.3	45	147	0.0	4	103	0.3	9	27
Other/unknown	4.7	345	73	2.0	264	130	0.2	20	79	2.4	61	25

Table 5   All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 Connecticut, 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 5   All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
CONNECTICUT, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	
Anti-infective Agents	0.4	0.2	0.0	0.2	$57	$49	$3	$6	$152	$275	$141	$32	247,767	$37,573,055	62,887	29.9 %	653,856
Biologicals	0.1	0.1	0.0	0.0	62	13	0	49	480	153	62	1,172	1,305	625,865	912	0.4	10,083
Antineoplastic Agents	0.5	0.1	0.0	0.4	104	71	1	31	191	570	178	76	21,508	4,109,042	3,824	1.8	39,661
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.5	51	39	2	10	55	101	31	21	495,368	27,134,329	49,759	23.6	529,929
Cardiovascular Agents	1.7	0.7	0.0	1.0	73	52	2	19	43	80	46	19	1,253,196	54,327,886	69,020	32.8	746,320
Respiratory Agents	0.7	0.5	0.0	0.2	45	40	0	4	64	85	47	19	336,472	21,411,244	45,372	21.5	476,370
Gastrointestinal Agents	0.8	0.4	0.0	0.3	74	59	1	14	97	146	46	42	396,035	38,329,102	48,188	22.9	520,257
Genitourinary Agents	0.6	0.4	0.0	0.1	38	34	1	3	68	83	54	25	98,246	6,721,635	16,502	7.8	177,560
CNS Drugs	1.6	0.8	0.1	0.8	162	129	8	25	98	162	96	33	1,238,335	121,957,718	70,599	33.5	751,316
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	65	55	1	9	96	127	89	39	17,807	1,702,196	2,803	1.3	26,037
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	141	141	0	0	174	175	0	39	67,954	11,836,205	7,975	3.8	83,836
Analgesics and Anesthetics	0.8	0.3	0.0	0.4	70	53	5	11	87	154	299	26	503,713	43,850,352	59,801	28.4	630,324
Neuromuscular Agents	1.1	0.4	0.2	0.6	84	48	21	16	75	129	110	29	493,087	37,087,264	40,342	19.2	439,430
Nutritional Products	0.6	0.0	0.1	0.5	13	1	1	11	21	92	17	20	108,219	2,284,677	17,492	8.3	175,279
Hematological Agents	0.9	0.2	0.0	0.6	80	71	1	8	88	297	65	12	214,651	18,876,049	22,313	10.6	237,259
Topical Products	0.5	0.2	0.0	0.2	25	16	2	7	52	83	58	26	275,937	14,332,735	53,406	25.4	575,684
Miscellaneous Products	0.4	0.2	0.0	0.2	97	77	7	12	251	441	262	68	15,018	3,771,776	3,788	1.8	38,868
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	20	0	0	0	26,967	532,568	5,206	2.5	57,275
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.	5,811,585	446,463,698	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 Connecticut, 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.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 6   All Medicaid Beneficiaries

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

CONNECTICUT, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$81,471,973	48,070	22.8 %	527,490	0.9	$177	$154
ANTICONVULSANT	32,059,159	37,889	18.0	416,015	0.9	88	77
ULCER DRUGS	31,760,887	45,778	21.7	498,836	0.6	107	64
ANTIDEPRESSANTS	30,868,999	66,700	31.7	717,179	0.7	61	43
ANTIVIRAL	26,124,489	10,094	4.8	109,005	0.5	459	240
ANALGESICS - Narcotic	25,710,666	60,365	28.7	646,524	0.4	90	40
ANTIHYPERLIPIDEMIC	22,542,163	34,031	16.2	380,965	0.6	96	59
ANTIDIABETIC	18,599,156	39,917	19.0	438,243	0.7	63	42
ANTIASTHMATIC	13,973,535	45,407	21.6	478,995	0.4	72	29
ANALGESICS - ANTI-INFLAMMATORY	13,191,462	40,802	19.4	448,292	0.4	84	29
Total	296,302,489	429,053		4,661,544	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. This table was produced on 03/25/2008.

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.

Table 7   All Medicaid Beneficiaries