

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

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
LOUISIANA, 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	1,169,513 (A)	168,452 (E)	1,001,061 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1,100,223 (B)	110,889 (F)	989,334 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1,100,223 (C)	110,889 (G)	989,334 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	19,675 (D)	17,062 (H)	2,613 (L)

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Louisiana in 2004 was \$928,737,554, of which \$25,874,620 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 non-duals 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 package.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 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 separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 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}
 LOUISIANA, 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	1,100,223	70,105	173,319	123,254	732,819	726	10,906,341	755,560	1,883,703	1,003,358	7,258,264	5,456
Age												
5 and younger	310,729	0	8,783	1	301,945	0	2,667,395	0	95,465	8	2,571,922	0
6-14	321,834	0	20,165	24	301,645	0	3,572,660	0	234,336	111	3,338,213	0
15-20	161,490	0	15,078	17,248	129,158	6	1,658,155	0	169,174	141,468	1,347,473	40
21-44	160,106	0	58,598	101,219	66	223	1,457,477	0	635,679	819,627	616	1,555
45-64	75,576	0	70,331	4,758	3	484	791,858	0	745,943	42,105	36	3,774
65-74	27,720	27,341	363	3	0	13	308,501	305,289	3,094	31	0	87
75-84	24,859	24,858	1	0	0	0	268,842	268,830	12	0	0	0
85 and older	17,907	17,906	0	1	0	0	181,449	181,441	0	8	0	0
Unknown	2	0	0	0	2	0		0	0	0	4	0
Gender												
Female	623,547	52,660	87,473	117,124	365,564	726	6,127,343	572,875	959,957	956,038	3,633,017	5,456
Male	476,554	17,438	85,841	6,125	367,150	0	4,777,980	182,658	923,708	47,263	3,624,351	0
Unknown	122	7	5	5	105	0	1,018	27	38	57	896	0
Race												
White	395,383	29,307	56,300	46,195	263,244	337	3,782,789	305,286	596,394	345,042	2,533,548	2,519
African American	620,783	29,712	97,513	70,343	422,869	346	6,323,067	330,126	1,073,827	611,035	4,305,476	2,603
Other/unknown	84,057	11,086	19,506	6,716	46,706	43	800,485	120,148	213,482	47,281	419,240	334
Use of Nursing Facilities^c												
Entire year	19,675	15,967	3,706	0	2	0	201,694	162,299	39,371	0	24	0
Part year	10,768	8,583	2,159	18	8	0	106,698	85,038	21,408	170	82	0
None	1,069,780	45,555	167,454	123,236	732,809	726	10,597,949	508,223	1,822,924	1,003,188	7,258,158	5,456
Maintenance Assistance Status												
Cash	372,609	41,310	155,451	66,167	109,681	0	3,911,225	470,983	1,690,837	622,965	1,126,440	0
Medically needy	2,359	79	255	1,479	546	0	23,746	696	1,929	15,135	5,986	0
Poverty-related	592,174	1,097	1,636	47,675	541,040	726	5,976,531	11,845	17,321	288,407	5,653,502	5,456
Other/unknown	133,081	27,619	15,977	7,933	81,552	0	994,839	272,036	173,616	76,851	472,336	0
Dual Medicare Status^d												
Full dual, all year	106,333	64,920	41,053	318	9	33	1,162,700	699,705	460,132	2,520	73	270
Full dual, part year	4,556	2,450	2,082	24	0	0	50,353	27,211	22,882	260	0	0
Non-dual, all year	989,334	2,735	130,184	122,912	732,810	693	9,693,288	28,644	1,400,689	1,000,578	7,258,191	5,186
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,100,223	70,105	173,319	123,254	732,819	726	10,906,341	755,560	1,883,703	1,003,358	7,258,264	5,456
FFS part year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
LOUISIANA, 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	69.3 %	12.8	\$821	\$64	\$3,627	22.6 %	1,100,223
Age							
5 and younger	63.0	4.8	271	56	1,561	17.3	310,729
6-14	65.0	5.5	352	64	1,225	28.7	321,834
15-20	66.3	6.1	362	59	2,012	18.0	161,490
21-44	76.3	14.9	1,066	72	6,152	17.3	160,106
45-64	84.1	44.7	3,129	70	12,231	25.6	75,576
65-74	89.8	54.6	3,316	61	9,640	34.4	27,720
75-84	92.9	60.2	3,564	59	12,704	28.1	24,859
85 and older	94.2	58.2	3,331	57	16,380	20.3	17,907
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	92.0	57.5	3,410	59	12,436	27.4	70,105
Disabled	80.2	31.1	2,464	79	11,236	21.9	173,319
Adults	76.3	8.7	378	44	2,963	12.8	123,254
Children	63.3	4.9	256	53	1,082	23.7	732,819
Unknown	79.9	20.3	3,137	154	17,135	18.3	726
Gender							
Female	72.4	14.9	895	60	3,807	23.5	623,547
Male	65.2	10.0	724	73	3,391	21.3	476,554
Unknown	63.9	5.9	291	50	2,295	12.7	122
Race							
White	75.1	16.5	1,075	65	4,658	23.1	395,383
African American	65.5	9.9	617	62	2,893	21.3	620,783
Other/unknown	70.1	16.9	1,129	67	4,193	26.9	84,057
Use of Nursing Facilities^f							
Entire year	97.9	83.8	5,491	66	31,250	17.6	19,675
Part year	98.0	65.4	4,363	67	24,899	17.5	10,768
None	68.5	10.9	699	64	2,905	24.1	1,069,780
Maintenance Assistance Status							
Cash	75.5	21.4	1,459	68	5,344	27.3	372,609
Medically needy	83.8	14.7	916	62	6,654	13.8	2,359
Poverty related	66.9	5.2	267	52	1,168	22.9	592,174
Other/unknown	62.4	22.4	1,494	67	9,703	15.4	133,081

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 LOUISIANA, 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	1.3	\$83	22.6 %	30.7 %	48.8 %	7.1 %	7.6 %	4.6 %	1.2 %	\$366	1,100,223	10,906,341
Age												
5 and younger	0.6	32	17.3	37.0	54.6	5.9	2.3	0.1	0.0	182	310,729	2,667,395
6-14	0.5	32	28.7	35.0	56.5	5.2	2.9	0.3	0.0	110	321,834	3,572,660
15-20	0.6	35	18.0	33.7	55.5	6.6	3.6	0.5	0.1	196	161,490	1,658,155
21-44	1.6	117	17.3	23.7	46.7	11.3	12.4	5.0	0.8	676	160,106	1,457,477
45-64	4.3	299	25.6	15.9	17.1	10.6	26.9	23.0	6.5	1,167	75,576	791,858
65-74	4.9	298	34.4	10.2	13.1	9.6	28.9	29.3	8.9	866	27,720	308,501
75-84	5.6	330	28.1	7.1	9.9	8.5	29.1	33.9	11.5	1,175	24,859	268,842
85 and older	5.7	329	20.3	5.8	8.5	8.0	30.5	36.8	10.4	1,617	17,907	181,449
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
Basis of Eligibility^e												
Aged	5.3	316	27.4	8.0	10.8	8.8	29.4	32.9	10.2	1,154	70,105	755,560
Disabled	2.9	227	21.9	19.8	30.4	11.2	20.9	14.1	3.6	1,034	173,319	1,883,703
Adults	1.1	47	12.8	23.7	55.7	11.0	7.7	1.7	0.2	364	123,254	1,003,358
Children	0.5	26	23.7	36.7	55.6	5.3	2.3	0.2	0.0	109	732,819	7,258,264
Unknown	2.7	417	18.3	20.1	27.1	17.4	25.5	9.1	0.8	2,280	726	5,456
Gender												
Female	1.5	91	23.5	27.6	48.8	7.6	8.6	5.8	1.6	387	623,547	6,127,343
Male	1.0	72	21.3	34.8	48.7	6.5	6.2	3.1	0.7	338	476,554	4,777,980
Unknown	0.7	35	12.7	36.1	51.6	6.6	1.6	3.3	0.8	275	122	1,018
Race												
White	1.7	112	23.1	24.9	48.7	8.9	9.2	6.2	2.1	487	395,383	3,782,789
African American	1.0	61	21.3	34.5	49.6	5.9	6.2	3.2	0.6	284	620,783	6,323,067
Other/unknown	1.8	119	26.9	29.9	43.2	7.6	10.3	7.2	1.8	440	84,057	800,485
Use of Nursing Facilities^f												
Entire year	8.2	536	17.6	2.1	2.6	3.5	21.5	44.9	25.3	3,048	19,675	201,694
Part year	6.6	440	17.5	2.0	6.7	7.2	29.5	40.3	14.3	2,513	10,768	106,698
None	1.1	71	24.1	31.5	50.0	7.2	7.1	3.5	0.7	293	1,069,780	10,597,949
Maintenance Assistance Status												
Cash	2.0	139	27.3	24.5	40.4	9.4	14.6	9.2	2.0	509	372,609	3,911,225
Medically needy	1.5	91	13.8	16.2	52.6	13.0	12.5	4.7	1.0	661	2,359	23,746
Poverty related	0.5	27	22.9	33.1	58.3	5.8	2.5	0.2	0.0	116	592,174	5,976,531
Other/unknown	3.0	200	15.4	37.6	29.7	6.3	10.3	11.4	4.7	1,298	133,081	994,839

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
LOUISIANA, 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	1.3	\$83	\$64	0.5	\$61	\$112	0.1	\$6	\$56	0.6	\$16	\$25
Age												
5 and younger	0.6	32	56	0.2	24	102	0.1	3	32	0.2	5	21
6-14	0.5	32	64	0.3	25	97	0.0	2	47	0.2	5	25
15-20	0.6	35	59	0.3	26	102	0.0	2	52	0.3	7	23
21-44	1.6	117	72	0.6	85	141	0.1	8	75	0.9	23	25
45-64	4.3	299	70	1.8	219	124	0.3	20	74	2.2	60	27
65-74	4.9	298	61	2.1	217	103	0.3	19	57	2.5	62	25
75-84	5.6	330	59	2.4	238	100	0.4	21	53	2.8	70	25
85 and older	5.7	329	57	2.3	230	100	0.5	24	54	2.9	74	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	316	59	2.2	227	101	0.4	21	55	2.7	68	25
Disabled	2.9	227	79	1.2	170	143	0.2	15	77	1.5	41	28
Adults	1.1	47	44	0.4	30	85	0.1	3	50	0.6	13	20
Children	0.5	26	53	0.2	20	86	0.1	2	36	0.2	5	21
Unknown	2.7	417	154	0.9	360	392	0.2	14	89	1.6	44	27
Gender												
Female	1.5	91	60	0.6	66	106	0.1	6	54	0.8	19	24
Male	1.0	72	73	0.4	55	123	0.1	5	60	0.5	13	27
Unknown	0.7	35	50	0.3	25	91	0.1	2	32	0.4	8	22
Race												
White	1.7	112	65	0.7	83	112	0.1	8	58	0.8	21	26
African American	1.0	61	62	0.4	45	112	0.1	4	52	0.5	12	25
Other/unknown	1.8	119	67	0.8	88	114	0.1	8	59	0.9	22	26
Use of Nursing Facilities^e												
Entire year	8.2	536	66	3.3	382	115	0.6	38	62	4.2	114	27
Part year	6.6	440	67	2.7	313	117	0.5	31	61	3.4	96	28
None	1.1	71	64	0.5	52	111	0.1	5	55	0.5	13	25
Maintenance Assistance Status												
Cash	2.0	139	68	0.8	103	122	0.1	9	65	1.0	27	26
Medically needy	1.5	91	62	0.5	63	123	0.1	7	62	0.8	21	25
Poverty related	0.5	27	52	0.2	20	84	0.0	2	38	0.2	5	21
Other/unknown	3.0	200	67	1.2	146	117	0.2	14	57	1.5	40	27

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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 Louisiana, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 LOUISIANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	0.1	\$15	\$10	\$1	\$3	\$58	\$101	\$67	\$25	1,452,406	\$84,042,464	523,954	47.6 %	5,747,232
Biologicals	0.5	0.5	0.0	0.0	706	621	50	35	1493	1,374	6,649	2,556	18,109	27,034,945	4,012	0.4	38,278
Antineoplastic Agents	0.5	0.1	0.0	0.4	93	52	3	37	198	658	305	98	48,911	9,681,736	10,012	0.9	104,390
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	26	19	3	5	54	91	33	25	1,106,568	59,763,983	209,334	19.0	2,293,682
Cardiovascular Agents	1.4	0.5	0.1	0.8	63	41	4	18	43	76	46	22	2,348,545	102,138,537	146,763	13.3	1,626,386
Respiratory Agents	0.4	0.2	0.0	0.1	22	18	1	3	53	75	26	22	1,933,680	102,307,017	431,165	39.2	4,758,239
Gastrointestinal Agents	0.5	0.3	0.0	0.2	46	39	2	6	91	139	62	28	778,252	71,012,115	141,846	12.9	1,545,590
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	2	3	60	79	54	29	200,327	12,036,882	61,791	5.6	658,327
CNS Drugs	0.8	0.4	0.0	0.4	76	62	3	12	91	162	100	27	1,629,413	147,810,388	176,196	16.0	1,950,492
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	48	44	1	3	92	100	69	41	317,092	29,241,640	52,931	4.8	607,809
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.6	0.0	0.1	102	99	0	2	150	158	107	48	106,498	15,940,667	14,474	1.3	156,618
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	20	13	1	6	48	121	121	19	1,534,263	73,461,406	331,839	30.2	3,641,838
Neuromuscular Agents	0.7	0.2	0.1	0.4	48	27	11	11	73	138	99	30	727,888	53,457,745	98,790	9.0	1,106,097
Nutritional Products	0.4	0.0	0.0	0.3	8	1	0	7	23	28	23	22	453,142	10,481,336	122,464	11.1	1,292,236
Hematological Agents	0.6	0.2	0.1	0.2	78	65	3	10	138	282	33	40	359,828	49,596,551	59,943	5.4	639,868
Topical Products	0.3	0.1	0.0	0.1	12	8	1	3	50	75	50	27	938,471	46,590,128	337,878	30.7	3,728,763
Miscellaneous Products	0.2	0.1	0.0	0.1	32	20	6	6	147	207	349	55	44,301	6,524,128	18,743	1.7	205,616
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	26	0	0	0	65,900	1,741,266	24,024	2.2	269,875
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.	14,063,594	902,862,934	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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.medispain.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 Louisiana, 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.medispain.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}
 LOUISIANA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$92,057,939	68,937	6.3 %	781,775	0.6	\$208	\$118
ULCER DRUGS	56,222,495	125,190	11.4	1,372,330	0.4	105	41
ANTIASTHMATIC	51,631,243	264,392	24.0	2,965,281	0.2	70	17
ANTICONVULSANT	42,154,572	62,871	5.7	710,212	0.6	96	59
ANTIDEPRESSANTS	41,437,448	130,207	11.8	1,443,630	0.5	62	29
ANTIDIABETIC	34,269,864	75,616	6.9	848,892	0.6	67	40
ANALGESICS - ANTI-INFLAMMATORY	33,205,931	207,319	18.8	2,326,423	0.2	65	14
ANTIHYPERLIPIDEMIC	31,717,740	52,991	4.8	605,990	0.5	96	52
ANALGESICS - Narcotic	31,228,228	318,775	29.0	3,496,024	0.3	35	9
DERMATOLOGICAL	30,833,976	353,189	32.1	3,937,352	0.1	52	8
Total	444,759,436	1,659,487		18,487,909	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Louisiana, released by CMS in 02/2008. 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.medispn.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.