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

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MASSACHUSETTS, 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]	1,161,496	(A)	228,212	(E)	933,284	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,034,086	(B)	211,869	(F)	822,217	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	794,920	(C)	211,174	(G)	583,746	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	31,442	(D)	29,187	(H)	2,255	(L)

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Massachusetts in 2004 was $971,560,964, of which $27,160,702 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]

MASSACHUSETTS, 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	**794,920**	**124,709**	**214,334**	**158,485**	**297,392**	**0**	**7,127,417**	**1,310,184**	**2,331,199**	**1,183,876**	**2,302,158**	**0**
Age												
5 and younger	106,981	0	3,712	0	103,269	0	734,344	0	36,482	0	697,862	0
6-14	142,305	0	11,817	0	130,488	0	1,215,417	0	128,440	0	1,086,977	0
15-20	85,742	0	10,702	11,438	63,602	0	715,430	0	114,050	84,196	517,184	0
21-44	201,868	0	78,607	123,234	27	0	1,760,793	0	853,490	907,193	110	0
45-64	133,286	0	109,496	23,784	6	0	1,391,083	0	1,198,737	192,321	25	0
65-74	48,852	48,823	0	29	0	0	532,405	532,239	0	166	0	0
75-84	41,729	41,729	0	0	0	0	444,513	444,513	0	0	0	0
85 and older	34,154	34,154	0	0	0	0	333,410	333,410	0	0	0	0
Unknown	3	3	0	0	0	0	22	22	0	0	0	0
Gender												
Female	463,016	89,451	108,340	118,417	146,808	0	4,165,766	944,880	1,189,392	896,137	1,135,357	0
Male	331,904	35,258	105,994	40,068	150,584	0	2,961,651	365,304	1,141,807	287,739	1,166,801	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	400,521	87,212	147,265	62,107	103,937	0	3,883,711	935,600	1,621,093	475,885	851,133	0
African American	69,855	6,270	16,615	15,054	31,916	0	587,304	68,163	179,308	103,712	236,121	0
Other/unknown	324,544	31,227	50,454	81,324	161,539	0	2,656,402	306,421	530,798	604,279	1,214,904	0
Use of Nursing Facilities[c]												
Entire year	31,442	28,313	3,114	8	7	0	321,358	286,094	35,128	53	83	0
Part year	19,677	14,651	4,836	142	48	0	192,670	138,301	52,547	1,378	444	0
None	743,801	81,745	206,384	158,335	297,337	0	6,613,389	885,789	2,243,524	1,182,445	2,301,631	0
Maintenance Assistance Status												
Cash	250,631	52,987	127,094	30,101	40,449	0	2,556,873	607,127	1,422,560	212,029	315,157	0
Medically needy	20,486	12,537	7,949	0	0	0	208,303	124,799	83,504	0	0	0
Poverty-related	332,451	33,613	60,929	0	237,909	0	2,803,530	347,918	636,719	0	1,818,893	0
Other/unknown	191,352	25,572	18,362	128,384	19,034	0	1,558,711	230,340	188,416	971,847	168,108	0
Dual Medicare Status[d]												
Full dual, all year	208,942	109,915	97,511	1,512	4	0	2,269,244	1,164,952	1,090,930	13,323	39	0
Full dual, part year	2,232	2,173	59	0	0	0	25,014	24,395	619	0	0	0
Non-dual, all year	583,746	12,621	116,764	156,973	297,388	0	4,833,159	120,837	1,239,650	1,170,553	2,302,119	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	635,869	124,364	203,405	105,274	202,826	0	6,461,081	1,308,155	2,271,403	968,831	1,912,692	0
FFS part year, with Rx claims	67,850	291	7,978	25,405	34,176	0	381,506	1,798	49,038	135,600	195,070	0
FFS part year, no Rx claims	91,201	54	2,951	27,806	60,390	0	284,830	231	10,758	79,445	194,396	0

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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]

MASSACHUSETTS, 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	**66.2 %**	**18.5**	**$1,188**	**$64**	**$8,048**	**14.8 %**	**794,920**
Age							
5 and younger	48.3	2.3	95	40	3,175	3.0	106,981
6-14	49.3	4.2	282	68	2,635	10.7	142,305
15-20	53.1	5.5	437	79	3,998	10.9	85,742
21-44	68.8	15.8	1,235	78	7,206	17.1	201,868
45-64	83.5	37.9	2,696	71	12,563	21.5	133,286
65-74	84.6	37.3	2,037	55	10,191	20.0	48,852
75-84	87.6	43.4	2,086	48	17,688	11.8	41,729
85 and older	89.8	44.8	1,798	40	28,529	6.3	34,154
Unknown	100.0	51.3	2,594	51	26,735	9.7	3
Basis of Eligibility[e]							
Aged	87.1	41.4	1,988	48	17,724	11.2	124,709
Disabled	84.8	35.2	2,772	79	14,279	19.4	214,334
Adults	59.5	7.1	343	49	2,543	13.5	158,485
Children	47.6	3.0	161	54	2,432	6.6	297,392
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.6	20.6	1,190	58	8,265	14.4	463,016
Male	61.5	15.6	1,186	76	7,744	15.3	331,904
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	74.8	25.2	1,622	64	10,676	15.2	400,521
African American	56.4	11.8	797	67	5,835	13.7	69,855
Other/unknown	57.7	11.6	737	64	5,280	14.0	324,544
Use of Nursing Facilities[f]							
Entire year	94.6	62.9	2,922	47	49,626	5.9	31,442
Part year	95.5	54.4	2,790	51	31,734	8.8	19,677
None	64.2	15.7	1,072	68	5,663	18.9	743,801
Maintenance Assistance Status							
Cash	77.1	26.8	1,823	68	9,789	18.6	250,631
Medically needy	80.9	34.3	1,915	56	17,452	11.0	20,486
Poverty related	58.3	13.9	895	65	6,945	12.9	332,451
Other/unknown	64.1	14.0	788	56	6,675	11.8	191,352

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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]

MASSACHUSETTS, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**2.1**	**$133**	**14.8 %**	**33.8 %**	**33.6 %**	**8.6 %**	**14.1 %**	**8.1 %**	**1.8 %**	**$898**	**794,920**	**7,127,417**
Age												
5 and younger	0.3	14	3.0	51.7	44.1	2.8	1.3	0.2	0.0	463	106,981	734,344
6-14	0.5	33	10.7	50.7	41.0	4.3	3.4	0.5	0.0	309	142,305	1,215,417
15-20	0.7	52	10.9	46.9	41.7	5.8	4.6	0.9	0.1	479	85,742	715,430
21-44	1.8	142	17.1	31.2	37.5	10.9	13.9	5.5	1.0	826	201,868	1,760,793
45-64	3.6	258	21.5	16.5	21.5	12.5	27.5	17.7	4.3	1,204	133,286	1,391,083
65-74	3.4	187	20.0	15.4	22.5	13.4	27.3	17.1	4.2	935	48,852	532,405
75-84	4.1	196	11.8	12.4	16.2	12.3	30.2	23.4	5.6	1,661	41,729	444,513
85 and older	4.6	184	6.3	10.2	12.0	11.0	32.8	28.0	6.1	2,923	34,154	333,410
Unknown	7.0	354	9.7	0.0	33.3	0.0	0.0	66.7	0.0	3,646	3	22
Basis of Eligibility[e]												
Aged	3.9	189	11.2	12.9	17.5	12.4	29.8	22.2	5.2	1,687	124,709	1,310,184
Disabled	3.2	255	19.4	15.2	25.6	13.3	26.9	15.4	3.6	1,313	214,334	2,331,199
Adults	0.9	46	13.5	40.5	41.7	8.9	7.2	1.6	0.2	340	158,485	1,183,876
Children	0.4	21	6.6	52.4	41.9	3.4	2.0	0.3	0.0	314	297,392	2,302,158
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.3	132	14.4	30.4	33.7	9.1	15.3	9.3	2.2	919	463,016	4,165,766
Male	1.7	133	15.3	38.5	33.5	7.8	12.4	6.4	1.4	868	331,904	2,961,651
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.6	167	15.2	25.2	31.2	10.5	19.1	11.4	2.6	1,101	400,521	3,883,711
African American	1.4	95	13.7	43.6	34.7	6.9	9.5	4.4	0.8	694	69,855	587,304
Other/unknown	1.4	90	14.0	42.3	36.4	6.5	9.0	4.7	1.0	645	324,544	2,656,402
Use of Nursing Facilities[f]												
Entire year	6.2	286	5.9	5.4	6.4	7.6	29.7	37.4	13.5	4,856	31,442	321,358
Part year	5.6	285	8.8	4.5	9.5	9.7	33.5	33.1	9.7	3,241	19,677	192,670
None	1.8	121	18.9	35.8	35.4	8.6	12.9	6.2	1.1	637	743,801	6,613,389
Maintenance Assistance Status												
Cash	2.6	179	18.6	22.9	30.9	11.5	21.1	11.3	2.3	960	250,631	2,556,873
Medically needy	3.4	188	11.0	19.1	22.0	11.8	25.6	17.4	4.1	1,716	20,486	208,303
Poverty related	1.6	106	12.9	41.7	34.8	6.0	9.9	6.1	1.5	824	332,451	2,803,530
Other/unknown	1.7	97	11.8	35.9	36.5	8.7	11.1	6.2	1.6	819	191,352	1,558,711

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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]

MASSACHUSETTS, 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	**2.1**	**$133**	**$64**	**0.7**	**$100**	**$134**	**0.1**	**$6**	**$87**	**1.2**	**$26**	**$21**
Age												
5 and younger	0.3	14	40	0.1	11	101	0.0	1	36	0.2	3	11
6-14	0.5	33	68	0.2	28	118	0.0	1	69	0.2	4	18
15-20	0.7	52	79	0.3	40	141	0.0	2	78	0.4	11	31
21-44	1.8	142	78	0.6	106	170	0.1	8	110	1.1	27	25
45-64	3.6	258	71	1.3	193	150	0.1	13	116	2.2	52	24
65-74	3.4	187	55	1.3	141	111	0.1	6	71	2.1	39	19
75-84	4.1	196	48	1.5	147	98	0.1	7	49	2.4	42	17
85 and older	4.6	184	40	1.6	135	85	0.2	7	37	2.8	41	15
Unknown	7.0	354	51	3.0	322	109	0.0	0	3	4.0	32	8
Basis of Eligibility[d]												
Aged	3.9	189	48	1.4	142	99	0.1	7	51	2.4	41	17
Disabled	3.2	255	79	1.2	193	164	0.1	13	116	1.9	48	25
Adults	0.9	46	49	0.3	31	109	0.0	3	78	0.6	12	19
Children	0.4	21	54	0.2	17	104	0.0	1	56	0.2	4	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.3	132	58	0.8	99	121	0.1	6	77	1.4	27	20
Male	1.7	133	76	0.7	102	156	0.1	6	108	1.0	25	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	167	64	0.9	126	134	0.1	8	88	1.6	33	21
African American	1.4	95	67	0.5	74	149	0.0	4	92	0.9	17	20
Other/unknown	1.4	90	64	0.5	67	130	0.1	4	82	0.8	18	22
Use of Nursing Facilities[e]												
Entire year	6.2	286	47	2.2	213	98	0.3	14	45	3.7	59	16
Part year	5.6	285	51	1.9	213	109	0.2	13	56	3.4	59	18
None	1.8	121	68	0.6	91	142	0.1	6	102	1.1	24	23
Maintenance Assistance Status												
Cash	2.6	179	68	0.9	136	143	0.1	8	101	1.6	35	22
Medically needy	3.4	188	56	1.3	142	112	0.1	9	68	2.0	38	19
Poverty related	1.6	106	65	0.6	80	134	0.1	5	86	1.0	21	21
Other/unknown	1.7	97	56	0.6	70	115	0.1	5	69	1.0	22	21

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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 Massachusetts, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6

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

MASSACHUSETTS, 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	$30	$25	$1	$3	$105	$223	$121	$21	891,730	$93,918,953	292,346	36.8 %	3,146,488
Biologicals	0.2	0.1	0.0	0.0	96	58	2	36	550	412	2,796	1,061	6,733	3,700,502	3,584	0.5	38,491
Antineoplastic Agents	0.5	0.1	0.0	0.4	112	86	3	24	226	646	493	66	48,258	10,902,954	9,139	1.1	97,109
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	32	23	1	7	44	92	27	17	1,381,085	60,531,907	178,412	22.4	1,921,326
Cardiovascular Agents	1.3	0.4	0.0	1.0	44	29	0	15	33	78	21	15	2,933,904	96,292,521	196,968	24.8	2,175,074
Respiratory Agents	0.5	0.3	0.0	0.2	31	28	0	3	59	88	45	13	859,056	50,783,147	152,818	19.2	1,659,693
Gastrointestinal Agents	0.6	0.3	0.0	0.2	46	40	1	5	77	117	72	20	966,083	74,527,672	147,819	18.6	1,627,550
Genitourinary Agents	0.3	0.2	0.0	0.1	22	18	1	3	62	84	45	24	180,821	11,293,054	47,479	6.0	520,383
CNS Drugs	1.2	0.4	0.1	0.7	105	77	5	23	85	177	92	31	3,078,354	263,087,866	229,810	28.9	2,512,232
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	50	43	0	7	80	97	71	40	187,870	15,106,994	28,072	3.5	300,442
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	138	138	0	0	188	190	0	18	113,376	21,305,467	14,541	1.8	153,856
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	32	21	2	9	55	161	327	21	1,446,392	78,956,891	228,326	28.7	2,477,805
Neuromuscular Agents	0.8	0.3	0.1	0.5	60	42	9	9	71	135	128	19	1,165,611	82,397,117	123,729	15.6	1,376,893
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	5	16	37	15	15	230,780	3,668,646	61,620	7.8	631,026
Hematological Agents	0.8	0.2	0.0	0.6	74	61	1	12	98	367	36	22	395,616	38,705,182	47,727	6.0	519,769
Topical Products	0.3	0.1	0.0	0.2	13	9	1	4	39	72	53	20	727,804	28,642,866	203,151	25.6	2,205,777
Miscellaneous Products	0.3	0.2	0.0	0.1	58	41	6	10	200	268	326	90	48,187	9,627,192	15,357	1.9	167,172
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	44,490	951,331	12,704	1.6	142,602
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.	14,706,150	944,400,262	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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.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 Massachusetts, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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]

MASSACHUSETTS, 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	$171,499,827	128,309	16.1 %	1,441,910	0.7	$174	$119
ANTIDEPRESSANTS	79,364,843	237,306	29.9	2,635,575	0.6	54	30
ANTICONVULSANT	72,477,395	106,398	13.4	1,200,861	0.7	83	60
ANTIVIRAL	63,588,078	26,647	3.4	299,871	0.5	445	212
ULCER DRUGS	62,478,943	136,998	17.2	1,526,138	0.5	85	41
ANALGESICS - Narcotic	48,685,537	218,639	27.5	2,415,510	0.4	57	20
ANTIHYPERLIPIDEMIC	47,885,260	89,465	11.3	1,018,560	0.6	83	47
ANTIASTHMATIC	39,761,293	177,589	22.3	1,960,733	0.3	62	20
ANTIDIABETIC	35,273,391	94,034	11.8	1,053,744	0.6	53	33
MISC. HEMATOLOGICAL	21,879,865	12,972	1.6	143,147	0.6	271	153
Total	642,894,432	1,228,357		13,696,049	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. 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.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.