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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 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]	2,040,873	(A)	268,188	(E)	1,772,685	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2,027,234	(B)	254,975	(F)	1,772,259	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1,600,440	(C)	253,886	(G)	1,346,554	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	57,544	(D)	51,835	(H)	5,709	(L)

Source: Data for this table are from the MAX 2004 file for Ohio, 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 Ohio in 2004 was $1,886,905,495, of which $4,502,207 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]

OHIO, 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	**1,600,440**	**153,036**	**312,681**	**354,309**	**780,414**	**0**	**13,489,636**	**1,507,179**	**3,187,641**	**2,445,763**	**6,349,053**	**0**
Age												
5 and younger	298,629	0	7,404	0	291,225	0	2,357,203	0	73,739	0	2,283,464	0
6-14	356,693	0	24,323	0	332,370	0	3,100,539	0	256,640	0	2,843,899	0
15-20	188,224	0	17,688	17,413	153,123	0	1,489,809	0	181,718	106,948	1,201,143	0
21-44	423,116	0	111,874	307,602	3,640	0	3,297,637	0	1,143,687	2,133,513	20,437	0
45-64	180,175	0	151,111	29,064	0	0	1,732,996	0	1,529,089	203,907	0	0
65-74	58,377	57,912	281	184	0	0	594,299	590,403	2,768	1,128	0	0
75-84	53,795	53,764	0	31	0	0	530,922	530,748	0	174	0	0
85 and older	41,366	41,352	0	14	0	0	386,060	385,979	0	81	0	0
Unknown	65	8	0	1	56	0	171	49	0	12	110	0
Gender												
Female	926,019	113,300	162,637	258,602	391,480	0	7,806,863	1,134,039	1,691,393	1,802,608	3,178,823	0
Male	674,420	39,736	150,044	95,707	388,933	0	5,682,770	373,140	1,496,248	643,155	3,170,227	0
Unknown	1	0	0	0	1	0		0	0	0	3	0
Race												
White	1,177,979	117,546	216,144	274,719	569,570	0	10,280,824	1,145,184	2,208,263	2,012,209	4,915,168	0
African American	366,669	30,839	88,766	67,695	179,369	0	3 2,795,088	313,811	900,930	365,976	1,214,371	0
Other/unknown	55,792	4,651	7,771	11,895	31,475	0	413,724	48,184	78,448	67,578	219,514	0
Use of Nursing Facilities[c]												
Entire year	57,544	48,217	9,325	2	0	0	566,458	470,709	95,746	3	0	0
Part year	25,987	17,403	8,442	118	24	0	240,731	155,999	83,454	1,071	207	0
None	1,516,909	87,416	294,914	354,189	780,390	0	12,682,447	880,471	3,008,441	2,444,689	6,348,846	0
Maintenance Assistance Status												
Cash	363,616	36,718	200,755	40,519	85,624	0	3,559,034	417,988	2,210,793	262,102	668,151	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	327,906	12,603	12,862	36,764	265,677	0	2,517,960	127,612	127,049	183,209	2,080,090	0
Other/unknown	908,918	103,715	99,064	277,026	429,113	0	7,412,642	961,579	849,799	2,000,452	3,600,812	0
Dual Medicare Status[d]							0					
Full dual, all year	227,293	128,039	95,283	3,904	67	0	2,269,770	1,242,538	998,660	27,990	582	0
Full dual, part year	26,593	13,144	13,392	57	0	0	278,616	139,407	138,730	479	0	0
Non-dual, all year	1,346,554	11,853	204,006	350,348	780,347	0	10,941,250	125,234	2,050,251	2,417,294	6,348,471	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,340,493	152,999	304,338	272,773	610,383	0	12,601,319	1,506,974	3,138,729	2,196,242	5,759,374	0
FFS part year, with Rx claims	95,534	24	5,539	37,989	51,982	0	443,195	143	35,972	150,502	256,578	0
FFS part year, no Rx claims	164,413	13	2,804	43,547	118,049	0	445,122	62	12,940	99,019	333,101	0

Source: Data for this table are from the MAX 2004 file for Ohio, 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]

OHIO, 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	**66.7 %**	**19.0**	**$1,176**	**$62**	**$6,714**	**17.5 %**	**1,600,440**
Age							
5 and younger	58.8	3.5	180	52	1,989	9.0	298,629
6-14	56.0	4.9	365	75	1,852	19.7	356,693
15-20	60.0	6.2	418	67	2,784	15.0	188,224
21-44	70.5	17.0	1,175	69	6,089	19.3	423,116
45-64	83.1	55.1	3,645	66	16,372	22.3	180,175
65-74	81.5	60.4	3,323	55	16,329	20.3	58,377
75-84	85.4	62.3	3,095	50	23,387	13.2	53,795
85 and older	89.5	57.7	2,551	44	29,722	8.6	41,366
Unknown	7.7	2.8	100	35	1,478	6.8	65
Basis of Eligibility[e]							
Aged	85.1	60.4	3,037	50	22,452	13.5	153,036
Disabled	84.0	46.7	3,424	73	16,691	20.5	312,681
Adults	65.8	9.5	474	50	2,625	18.1	354,309
Children	56.5	4.0	230	58	1,488	15.4	780,414
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	70.1	22.0	1,266	58	7,105	17.8	926,019
Male	62.0	14.8	1,053	71	6,178	17.1	674,420
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	70.4	20.6	1,267	62	6,988	18.1	1,177,979
African American	56.7	15.0	956	64	6,273	15.2	366,669
Other/unknown	54.4	10.7	700	66	3,828	18.3	55,792
Use of Nursing Facilities[f]							
Entire year	97.9	86.4	4,466	52	48,172	9.3	57,544
Part year	96.3	72.1	3,970	55	34,872	11.4	25,987
None	65.0	15.5	1,004	65	4,659	21.5	1,516,909
Maintenance Assistance Status							
Cash	78.5	34.5	2,322	67	10,165	22.8	363,616
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	53.0	3.9	225	57	1,522	14.8	327,906
Other/unknown	66.9	18.1	1,061	59	7,207	14.7	908,918

Source: Data for this table are from the MAX 2004 file for Ohio, 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]

OHIO, 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	**2.2**	**$140**	**17.5 %**	**33.3 %**	**38.0 %**	**7.1 %**	**10.0 %**	**7.8 %**	**3.7 %**	**$797**	**1,600,440**	**13,489,636**
Age												
5 and younger	0.4	23	9.0	41.2	53.5	3.7	1.4	0.2	0.0	252	298,629	2,357,203
6-14	0.6	42	19.7	44.0	46.8	5.1	3.6	0.5	0.0	213	356,693	3,100,539
15-20	0.8	53	15.0	40.0	46.4	7.4	5.0	1.0	0.2	352	188,224	1,489,809
21-44	2.2	151	19.3	29.5	37.5	11.0	13.4	6.4	2.2	781	423,116	3,297,637
45-64	5.7	379	22.3	16.9	13.7	8.3	22.6	24.5	14.0	1,702	180,175	1,732,996
65-74	5.9	326	20.3	18.5	9.1	6.7	21.6	27.9	16.2	1,604	58,377	594,299
75-84	6.3	314	13.2	14.6	6.7	5.8	22.4	33.1	17.4	2,370	53,795	530,922
85 and older	6.2	273	8.6	10.5	6.3	6.2	25.6	36.9	14.5	3,185	41,366	386,060
Unknown	1.1	38	6.8	92.3	1.5	0.0	3.1	3.1	0.0	562	65	171
Basis of Eligibility[e]												
Aged	6.1	308	13.5	14.9	7.5	6.2	23.0	32.2	16.2	2,280	153,036	1,507,179
Disabled	4.6	336	20.5	16.0	21.7	9.8	22.1	19.9	10.5	1,637	312,681	3,187,641
Adults	1.4	69	18.1	34.2	41.2	10.8	10.2	3.1	0.6	380	354,309	2,445,763
Children	0.5	28	15.4	43.5	49.1	4.6	2.5	0.3	0.0	183	780,414	6,349,053
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.6	150	17.8	29.9	37.6	7.7	11.0	9.2	4.6	843	926,019	7,806,863
Male	1.8	125	17.1	38.0	38.6	6.3	8.6	5.9	2.6	733	674,420	5,682,770
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Race												
White	2.4	145	18.1	29.6	39.8	7.5	10.4	8.4	4.2	801	1,177,979	10,280,824
African American	2.0	125	15.2	43.3	32.7	6.2	8.9	6.4	2.5	823	366,669	2,795,088
Other/unknown	1.4	94	18.3	45.6	35.5	5.9	7.6	4.2	1.2	516	55,792	413,724
Use of Nursing Facilities[f]												
Entire year	8.8	454	9.3	2.1	2.9	3.5	19.7	41.6	30.3	4,894	57,544	566,458
Part year	7.8	429	11.4	3.7	5.7	6.3	24.2	37.2	22.8	3,765	25,987	240,731
None	1.9	120	21.5	35.0	39.9	7.3	9.4	6.0	2.4	557	1,516,909	12,682,447
Maintenance Assistance Status												
Cash	3.5	237	22.8	21.5	31.5	9.2	17.1	14.0	6.7	1,039	363,616	3,559,034
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	29	14.8	47.0	44.6	4.9	2.9	0.5	0.1	198	327,906	2,517,960
Other/unknown	2.2	130	14.7	33.1	38.2	7.1	9.7	7.9	3.9	884	908,918	7,412,642

Source: Data for this table are from the MAX 2004 file for Ohio, 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]

OHIO, 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	**2.2**	**$140**	**$62**	**0.9**	**$109**	**$116**	**0.2**	**$12**	**$72**	**1.1**	**$18**	**$16**
Age												
5 and younger	0.4	23	52	0.2	18	110	0.0	2	44	0.2	3	12
6-14	0.6	42	75	0.3	36	115	0.0	3	66	0.2	3	16
15-20	0.8	53	67	0.4	43	118	0.1	4	67	0.4	6	16
21-44	2.2	151	69	0.9	118	135	0.2	14	87	1.1	19	16
45-64	5.7	379	66	2.4	292	123	0.4	35	88	2.9	51	17
65-74	5.9	326	55	2.5	254	102	0.4	24	61	3.0	48	16
75-84	6.3	314	50	2.6	241	94	0.5	23	48	3.2	49	15
85 and older	6.2	273	44	2.3	204	87	0.5	21	41	3.3	48	15
Unknown	1.1	38	35	0.4	29	79	0.1	3	36	0.6	6	10
Basis of Eligibility[d]												
Aged	6.1	308	50	2.5	237	95	0.4	23	51	3.2	48	15
Disabled	4.6	336	73	1.9	264	136	0.3	30	90	2.3	41	18
Adults	1.4	69	50	0.5	51	101	0.1	7	73	0.8	10	14
Children	0.5	28	58	0.2	23	99	0.0	2	56	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.6	150	58	1.1	116	109	0.2	13	67	1.3	21	16
Male	1.8	125	71	0.8	100	131	0.1	10	83	0.9	15	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	145	62	1.0	113	115	0.2	13	72	1.2	19	16
African American	2.0	125	64	0.8	98	122	0.1	10	75	1.0	17	17
Other/unknown	1.4	94	66	0.6	76	121	0.1	7	70	0.7	11	16
Use of Nursing Facilities[e]												
Entire year	8.8	454	52	3.4	343	102	0.7	36	49	4.6	74	16
Part year	7.8	429	55	2.9	321	110	0.6	37	61	4.2	70	17
None	1.9	120	65	0.8	95	120	0.1	10	79	0.9	15	16
Maintenance Assistance Status												
Cash	3.5	237	67	1.5	187	125	0.2	20	83	1.8	30	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	29	57	0.2	24	101	0.0	3	58	0.2	3	13
Other/unknown	2.2	130	59	0.9	101	111	0.2	11	66	1.1	18	16

Source: Data for this table are from the MAX 2004 file for Ohio, 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 Ohio, 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)

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]

OHIO, 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[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			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$19	$14	$3	$2	$62	$119	$80	$13	2,164,129	$133,650,316	697,984	43.6 %	7,187,209
Biologicals	0.3	0.3	0.0	0.0	372	317	3	52	1214	1,226	459	1,261	14,367	17,441,530	4,687	0.3	46,882
Antineoplastic Agents	0.5	0.1	0.0	0.4	86	61	4	20	159	511	200	51	85,394	13,585,456	15,813	1.0	158,729
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	35	28	2	5	48	88	24	14	2,645,051	126,445,966	347,082	21.7	3,585,412
Cardiovascular Agents	1.8	0.6	0.1	1.1	65	49	2	14	37	78	43	13	5,371,084	199,554,772	294,995	18.4	3,064,553
Respiratory Agents	0.6	0.3	0.0	0.2	30	26	0	4	53	80	41	16	3,131,549	165,268,800	518,777	32.4	5,424,812
Gastrointestinal Agents	0.7	0.4	0.0	0.3	64	57	2	6	89	135	49	22	2,099,677	187,373,426	277,778	17.4	2,907,869
Genitourinary Agents	0.4	0.3	0.1	0.1	25	21	4	1	62	80	45	14	470,986	29,327,846	112,762	7.0	1,171,214
CNS Drugs	1.3	0.6	0.1	0.5	110	91	9	10	87	149	84	18	4,949,931	430,755,543	380,207	23.8	3,909,012
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.1	0.1	63	56	4	2	88	97	79	28	476,753	41,744,116	64,339	4.0	667,506
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	113	110	1	2	176	184	107	58	257,936	45,424,037	38,747	2.4	401,817
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	31	21	3	7	45	139	458	13	3,449,564	154,006,692	493,389	30.8	5,026,270
Neuromuscular Agents	0.9	0.3	0.2	0.4	70	43	18	9	79	138	113	21	2,101,190	165,841,082	224,780	14.0	2,368,498
Nutritional Products	0.5	0.0	0.0	0.4	10	1	1	8	21	52	27	19	711,609	14,800,285	142,640	8.9	1,418,068
Hematological Agents	0.8	0.3	0.1	0.4	78	67	4	7	95	231	48	15	776,894	73,532,777	92,155	5.8	947,161
Topical Products	0.3	0.1	0.0	0.1	15	10	2	3	48	79	54	18	1,407,934	66,939,983	414,025	25.9	4,369,611
Miscellaneous Products	0.5	0.1	0.0	0.3	63	38	11	13	132	377	260	41	97,049	12,816,348	20,213	1.3	203,245
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	31	0	0	0	125,220	3,894,313	34,633	2.2	377,234
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.	30,336,317	1,882,403,288	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Ohio, 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 Ohio, 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 7

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

OHIO, 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	$259,947,554	180,051	11.3 %	1,942,712	0.7	$184	$134
ULCER DRUGS	156,772,434	276,684	17.3	2,929,938	0.5	98	54
ANTIDEPRESSANTS	142,793,746	368,336	23.0	3,844,638	0.6	63	37
ANTICONVULSANT	140,306,171	175,403	11.0	1,882,748	0.8	97	75
ANTIASTHMATIC	103,397,214	402,247	25.1	4,265,945	0.4	63	24
ANTIHYPERLIPIDEMIC	87,483,814	138,586	8.7	1,507,539	0.7	89	58
ANALGESICS - Narcotic	76,382,574	567,240	35.4	5,900,237	0.4	37	13
ANTIDIABETIC	74,018,649	168,655	10.5	1,793,193	0.7	57	41
ANALGESICS - ANTI-INFLAMMATORY	50,571,014	312,291	19.5	3,287,281	0.3	50	15
DERMATOLOGICAL	49,810,422	516,384	32.3	5,575,758	0.2	43	9
Total	1,141,483,592	3,105,877		32,929,989	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Ohio, 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.