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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
PENNSYLVANIA, 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]	1,919,324	(A)	348,303	(E)	1,571,021	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1,819,953	(B)	290,105	(F)	1,529,848	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	781,231	(C)	152,707	(G)	628,524	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	36,290	(D)	33,672	(H)	2,618	(L)

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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 Pennsylvania in 2004 was $960,752,282, of which $68,851,847 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]
PENNSYLVANIA, 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	**781,231**	**108,719**	**157,304**	**137,979**	**376,098**	**1,131**	**5,237,681**	**974,596**	**1,317,507**	**646,015**	**2,290,960**	**8,603**
Age												
5 and younger	141,154	27	8,582	0	132,545	0	841,302	103	55,804	0	785,395	0
6-14	163,330	38	22,159	0	141,133	0	1,107,236	162	185,525	0	921,549	0
15-20	113,324	37	14,264	0	98,994	29	689,704	200	119,472	0	569,876	156
21-44	175,087	72	48,648	122,467	3,423	477	1,001,374	344	410,082	573,594	14,136	3,218
45-64	79,493	106	63,262	15,511	0	614	622,150	644	543,926	72,420	0	5,160
65-74	31,854	31,471	371	1	0	11	281,561	278,943	2,548	1	0	69
75-84	38,642	38,642	0	0	0	0	352,568	352,568	0	0	0	0
85 and older	38,344	38,326	18	0	0	0	341,782	341,632	150	0	0	0
Unknown	3	0	0	0	3	0		0	0	0	4	0
Gender												
Female	454,247	82,051	74,836	105,934	190,295	1,131	3,047,351	747,469	643,215	498,493	1,149,571	8,603
Male	326,984	26,668	82,468	32,045	185,803	0	4 2,190,330	227,127	674,292	147,522	1,141,389	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	572,038	88,363	129,447	94,033	259,323	872	4,386,028	817,577	1,171,129	529,557	1,861,125	6,640
African American	120,938	13,101	16,613	25,242	65,817	165	0 508,719	108,434	88,408	65,810	244,780	1,287
Other/unknown	88,255	7,255	11,244	18,704	50,958	94	342,934	48,585	57,970	50,648	185,055	676
Use of Nursing Facilities[c]												
Entire year	36,290	32,340	3,947	3	0	0	374,443	332,226	42,210	7	0	0
Part year	26,272	22,249	3,930	82	8	3	213,475	182,797	30,144	450	59	25
None	718,669	54,130	149,427	137,894	376,090	1,128	4,649,763	459,573	1,245,153	645,558	2,290,901	8,578
Maintenance Assistance Status												
Cash	265,522	24,307	83,764	62,722	94,729	0	1,815,156	233,411	763,658	290,857	527,230	0
Medically needy	27,101	475	424	7,157	19,045	0	152,977	4,301	2,339	46,867	99,470	0
Poverty-related	302,272	16,245	55,544	24,201	205,151	1,131	1,933,052	135,265	398,982	83,321	1,306,881	8,603
Other/unknown	186,336	67,692	17,572	43,899	57,173	0	1,336,496	601,619	152,528	224,970	357,379	0
Dual Medicare Status[d]												
Full dual, all year	146,621	98,903	46,943	699	16	60	1,348,658	908,948	435,274	3,744	108	584
Full dual, part year	6,086	3,296	2,778	12	0	0	52,812	30,460	22,254	98	0	0
Non-dual, all year	628,524	6,520	107,583	137,268	376,082	1,071	3,836,211	35,188	859,979	642,173	2,290,852	8,019
Managed Care (MC) Status												
Fee-for-service (FFS) all year	494,889	96,905	114,602	68,458	213,863	1,061	4,484,712	928,388	1,182,907	493,046	1,872,179	8,192
FFS part year, with Rx claims	75,669	6,405	19,237	20,723	29,246	58	292,634	30,793	75,842	59,316	126,321	362
FFS part year, no Rx claims	210,673	5,409	23,465	48,798	132,989	12	460,335	15,415	58,758	93,653	292,460	49

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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]

PENNSYLVANIA, 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	**53.2 %**	**16.2**	**$1,142**	**$70**	**$6,722**	**17.0 %**	**781,231**
Age							
5 and younger	42.4	2.3	128	55	1,802	7.1	141,154
6-14	41.3	4.0	301	76	2,448	12.3	163,330
15-20	42.5	4.7	372	80	2,758	13.5	113,324
21-44	51.3	11.1	1,007	91	4,382	23.0	175,087
45-64	73.8	40.1	3,283	82	11,972	27.4	79,493
65-74	77.0	50.9	3,239	64	16,016	20.2	31,854
75-84	85.1	59.0	3,368	57	24,136	14.0	38,642
85 and older	88.4	55.7	2,917	52	29,296	10.0	38,344
Unknown	0.0	0.0	0	0	0	0.0	3
Basis of Eligibility[e]							
Aged	83.8	55.4	3,168	57	23,593	13.4	108,719
Disabled	71.8	31.2	2,765	89	11,139	24.8	157,304
Adults	44.6	5.3	355	67	2,631	13.5	137,979
Children	39.6	2.6	157	59	1,494	10.5	376,098
Unknown	69.4	18.4	4,204	228	8,402	50.0	1,131
Gender							
Female	55.9	19.1	1,263	66	7,578	16.7	454,247
Male	49.4	12.2	974	80	5,534	17.6	326,984
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	62.0	19.6	1,386	71	7,291	19.0	572,038
African American	29.4	8.1	545	68	6,135	8.9	120,938
Other/unknown	28.2	5.2	377	72	3,840	9.8	88,255
Use of Nursing Facilities[f]							
Entire year	97.3	83.9	4,731	56	49,428	9.6	36,290
Part year	94.8	59.3	3,463	58	27,874	12.4	26,272
None	49.4	11.2	876	78	3,793	23.1	718,669
Maintenance Assistance Status							
Cash	54.5	17.4	1,361	78	5,441	25.0	265,522
Medically needy	39.4	4.2	239	57	2,531	9.5	27,101
Poverty related	46.0	7.5	575	76	2,472	23.3	302,272
Other/unknown	64.8	30.4	1,880	62	16,054	11.7	186,336

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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]

PENNSYLVANIA, 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	Number: Benefit Months
All	**2.4**	**$170**	**17.0 %**	**46.8 %**	**26.6 %**	**5.8 %**	**9.4 %**	**7.9 %**	**3.4 %**	**$1,003**	**781,231**	**5,237,681**
Age												
5 and younger	0.4	22	7.1	57.6	38.5	2.6	1.1	0.1	0.0	302	141,154	841,302
6-14	0.6	44	12.3	58.7	32.9	4.3	3.5	0.5	0.1	361	163,330	1,107,236
15-20	0.8	61	13.5	57.5	31.1	5.6	4.6	1.0	0.2	453	113,324	689,704
21-44	1.9	176	23.0	48.7	26.4	8.0	10.5	5.1	1.5	766	175,087	1,001,374
45-64	5.1	420	27.4	26.2	12.8	8.4	21.5	21.1	10.0	1,530	79,493	622,150
65-74	5.8	366	20.2	23.0	9.5	7.0	21.1	25.9	13.4	1,812	31,854	281,561
75-84	6.5	369	14.0	14.9	7.2	6.5	23.2	32.2	16.1	2,645	38,642	352,568
85 and older	6.2	327	10.0	11.6	6.8	7.2	26.5	34.8	13.1	3,287	38,344	341,782
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	4
Basis of Eligibility[e]												
Aged	6.2	353	13.4	16.2	7.7	6.9	23.7	31.3	14.3	2,632	108,719	974,596
Disabled	3.7	330	24.8	28.2	21.1	9.9	19.5	14.9	6.4	1,330	157,304	1,317,507
Adults	1.1	76	13.5	55.4	27.1	7.2	7.4	2.5	0.4	562	137,979	646,015
Children	0.4	26	10.5	60.4	34.2	3.2	1.8	0.2	0.0	245	376,098	2,290,960
Unknown	2.4	553	50.0	30.6	30.2	10.3	18.2	8.8	1.9	1,105	1,131	8,603
Gender												
Female	2.9	188	16.7	44.1	25.9	5.9	10.3	9.6	4.2	1,130	454,247	3,047,351
Male	1.8	145	17.6	50.6	27.6	5.6	8.3	5.6	2.2	826	326,984	2,190,330
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	181	19.0	38.0	31.0	6.6	11.0	9.4	4.1	951	572,038	4,386,028
African American	1.9	130	8.9	70.6	13.7	3.7	5.8	4.4	1.8	1,458	120,938	508,719
Other/unknown	1.3	97	9.8	71.8	16.2	3.5	4.6	2.9	1.0	988	88,255	342,934
Use of Nursing Facilities[f]												
Entire year	8.1	459	9.6	2.7	3.6	4.5	22.2	40.8	26.3	4,791	36,290	374,443
Part year	7.3	426	12.4	5.2	6.1	6.8	26.2	36.0	19.6	3,430	26,272	213,475
None	1.7	135	23.1	50.6	28.5	5.8	8.2	5.2	1.6	586	718,669	4,649,763
Maintenance Assistance Status												
Cash	2.5	199	25.0	45.5	25.6	6.6	11.0	8.1	3.2	796	265,522	1,815,156
Medically needy	0.7	42	9.5	60.6	29.2	5.2	3.7	1.0	0.3	448	27,101	152,977
Poverty related	1.2	90	23.3	54.0	31.9	4.6	5.4	3.2	0.9	387	302,272	1,933,052
Other/unknown	4.2	262	11.7	35.2	19.2	6.6	14.5	16.2	8.2	2,238	186,336	1,336,496

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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]

PENNSYLVANIA, 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	**2.4**	**$170**	**$70**	**1.0**	**$127**	**$122**	**0.2**	**$11**	**$68**	**1.2**	**$33**	**$27**
Age												
5 and younger	0.4	22	55	0.1	16	118	0.0	1	44	0.2	4	18
6-14	0.6	44	76	0.3	37	110	0.0	2	70	0.2	6	26
15-20	0.8	61	80	0.4	49	126	0.0	3	71	0.3	9	28
21-44	1.9	176	91	0.8	131	160	0.1	13	102	1.0	31	32
45-64	5.1	420	82	2.2	308	141	0.3	31	94	2.6	80	31
65-74	5.8	366	64	2.4	269	111	0.4	21	57	2.9	76	26
75-84	6.5	369	57	2.7	271	100	0.4	19	44	3.3	78	24
85 and older	6.2	327	52	2.5	237	94	0.4	16	37	3.3	73	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.2	353	57	2.6	259	101	0.4	18	45	3.2	76	24
Disabled	3.7	330	89	1.7	248	150	0.2	24	97	1.8	58	32
Adults	1.1	76	67	0.4	54	122	0.1	5	82	0.6	16	26
Children	0.4	26	59	0.2	20	99	0.0	1	55	0.2	5	22
Unknown	2.4	553	228	1.0	457	474	0.2	42	274	1.3	53	41
Gender												
Female	2.9	188	66	1.2	139	116	0.2	12	61	1.4	38	26
Male	1.8	145	80	0.8	110	136	0.1	9	86	0.9	26	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	181	71	1.1	134	122	0.2	12	69	1.3	35	27
African American	1.9	130	68	0.8	97	122	0.1	7	64	1.0	25	25
Other/unknown	1.3	97	72	0.6	74	127	0.1	5	65	0.7	18	26
Use of Nursing Facilities[e]												
Entire year	8.1	459	56	3.3	335	101	0.6	24	43	4.2	98	23
Part year	7.3	426	58	2.9	311	108	0.5	23	46	3.9	91	24
None	1.7	135	78	0.8	101	132	0.1	9	83	0.9	25	29
Maintenance Assistance Status												
Cash	2.5	199	78	1.1	149	134	0.2	13	82	1.3	37	29
Medically needy	0.7	42	57	0.3	30	100	0.0	3	63	0.4	9	24
Poverty related	1.2	90	76	0.5	68	127	0.1	6	84	0.6	16	28
Other/unknown	4.2	262	62	1.8	193	110	0.3	15	52	2.2	54	25

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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 Pennsylvania, 0.6 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]

PENNSYLVANIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users: Total	Number of Rx per Benefit Month Among Users: Patented Brand-Name	Number of Rx per Benefit Month Among Users: Off-Patent Brand-Name	Number of Rx per Benefit Month Among Users: Generic	$ per Benefit Month Among Users: Total	$ per Benefit Month Among Users: Patented Brand-Name	$ per Benefit Month Among Users: Off-Patent Brand-Name	$ per Benefit Month Among Users: Generic	$ per Rx: Total	$ per Rx: Patented Brand-Name	$ per Rx: Off-Patent Brand-Name	$ per Rx: Generic	Total Number of Rx	Total Rx $	Users[e]: Number of Users	Users[e]: As a Percentage of All Benes	Users[e]: Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$21	$14	$1	$5	$69	$127	$94	$29	761,994	$52,522,829	253,673	32.5 %	2,561,363
Biologicals	0.2	0.1	0.0	0.0	118	83	1	34	726	676	244	974	10,653	7,735,495	6,380	0.8	65,522
Antineoplastic Agents	0.6	0.2	0.0	0.4	180	118	16	45	283	743	618	101	58,826	16,667,249	9,759	1.2	92,719
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	44	32	4	8	53	96	28	23	1,116,242	59,280,074	136,538	17.5	1,356,275
Cardiovascular Agents	1.9	0.7	0.1	1.1	74	49	3	22	40	75	31	20	2,535,823	100,370,806	139,455	17.9	1,364,490
Respiratory Agents	0.6	0.4	0.0	0.2	36	32	0	4	62	85	50	21	1,005,571	62,363,287	168,852	21.6	1,712,739
Gastrointestinal Agents	0.8	0.4	0.0	0.3	73	57	2	14	95	135	98	43	882,459	84,264,194	115,409	14.8	1,150,546
Genitourinary Agents	0.5	0.3	0.0	0.1	33	27	2	4	67	81	62	30	206,588	13,816,274	41,420	5.3	419,569
CNS Drugs	1.3	0.7	0.1	0.6	119	92	7	20	90	141	91	34	2,138,981	191,992,229	167,427	21.4	1,613,485
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	65	58	1	6	86	97	83	42	199,410	17,226,747	26,502	3.4	266,741
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	132	130	0	2	165	167	114	111	187,036	30,942,245	23,444	3.0	233,571
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	52	38	3	11	71	152	255	23	1,156,382	81,640,786	161,660	20.7	1,573,148
Neuromuscular Agents	1.0	0.3	0.2	0.5	83	47	19	17	83	144	113	33	842,403	69,898,535	85,079	10.9	844,154
Nutritional Products	0.5	0.0	0.0	0.4	10	1	0	9	21	31	24	20	312,788	6,504,675	70,667	9.0	680,228
Hematological Agents	1.1	0.4	0.2	0.5	121	110	4	8	114	300	24	14	516,102	58,937,702	49,797	6.4	485,450
Topical Products	0.4	0.2	0.0	0.2	18	11	2	5	46	74	53	25	648,763	29,835,603	159,114	20.4	1,639,362
Miscellaneous Products	0.3	0.1	0.0	0.2	55	42	4	9	177	292	241	61	34,834	6,177,692	10,939	1.4	111,873
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	27	0	0	0	63,622	1,724,013	15,392	2.0	163,648
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.	12,678,477	891,900,435	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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 Pennsylvania, 0.6 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]

PENNSYLVANIA, 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	$106,012,958	82,440	10.6 %	836,968	0.7	$176	$127
ULCER DRUGS	70,071,529	113,086	14.5	1,149,333	0.6	100	61
ANTIDEPRESSANTS	69,711,105	155,020	19.8	1,540,208	0.7	68	45
ANTICONVULSANT	56,174,686	71,170	9.1	724,751	0.8	95	78
ANALGESICS - Narcotic	48,264,844	168,780	21.6	1,705,208	0.4	67	28
ANTIASTHMATIC	38,717,153	138,134	17.7	1,415,543	0.4	69	27
ANTIHYPERLIPIDEMIC	37,961,833	56,721	7.3	591,532	0.7	94	64
ANTIDIABETIC	35,410,409	72,650	9.3	732,642	0.8	63	48
NEUROLOGICAL	31,190,679	29,552	3.8	298,908	0.6	162	104
MISC. HEMATOLOGICAL	25,486,282	21,023	2.7	211,761	0.7	169	120
Total	519,001,478	908,576		9,206,854	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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.