

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 RHODE ISLAND

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
RHODE ISLAND, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	216,662	(A)	38,772	(E)	177,890	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	208,122	(B)	30,885	(F)	177,237	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	88,390	(C)	29,659	(G)	58,731	(K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	4,980	(D)	4,539	(H)	441	(L)

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Rhode Island in 2004 was \$162,778,318, of which \$11,926,352 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 p

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
RHODE ISLAND, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>88,390</b>	<b>14,305</b>	<b>37,103</b>	<b>14,327</b>	<b>22,351</b>	<b>304</b>	<b>675,100</b>	<b>150,963</b>	<b>400,738</b>	<b>39,354</b>	<b>81,815</b>	<b>2,230</b>
<b>Age</b>												
5 and younger	8,603	0	877	1	7,725	0	28,802	0	7,769	5	21,028	0
6-14	13,012	0	2,588	2	10,422	0	67,794	0	25,219	5	42,570	0
15-20	6,898	0	1,690	1,040	4,160	8	35,136	0	15,648	1,619	17,838	31
21-44	24,274	0	12,635	11,491	41	107	170,648	0	138,214	31,413	345	676
45-64	17,404	1	15,458	1,759	2	184	177,203	12	169,462	6,221	24	1,484
65-74	7,001	4,147	2,821	28	1	4	76,758	44,038	32,598	82	10	30
75-84	6,346	5,500	842	4	0	0	68,873	59,168	9,698	7	0	0
85 and older	4,852	4,657	192	2	0	1	49,886	47,745	2,130	2	0	9
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	52,089	10,777	19,981	10,190	10,837	304	403,621	114,472	219,187	28,512	39,220	2,230
Male	36,301	3,528	17,122	4,137	11,514	0	271,479	36,491	181,551	10,842	42,595	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	42,600	8,144	22,308	5,224	6,684	240	379,791	86,983	246,893	14,416	29,732	1,767
African American	7,449	543	3,685	1,245	1,964	12	57,755	5,947	39,326	3,792	8,602	88
Other/unknown	38,341	5,618	11,110	7,858	13,703	52	237,554	58,033	114,519	21,146	43,481	375
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	4,980	3,327	1,653	0	0	0	56,218	36,682	19,536	0	0	0
Part year	3,006	2,123	883	0	0	0	28,700	19,289	9,411	0	0	0
None	80,404	8,855	34,567	14,327	22,351	304	590,182	94,992	371,791	39,354	81,815	2,230
<b>Maintenance Assistance Status</b>												
Cash	40,133	4,804	28,825	2,588	3,916	0	377,518	53,468	313,864	3,950	6,236	0
Medically needy	331	164	164	3	0	0	3,380	1,688	1,689	3	0	0
Poverty-related	8,009	69	74	829	6,733	304	23,789	728	774	1,230	18,827	2,230
Other/unknown	39,917	9,268	8,040	10,907	11,702	0	270,413	95,079	84,411	34,171	56,752	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	29,197	13,086	15,770	323	3	15	318,499	138,432	178,797	1,098	26	146
Full dual, part year	462	304	153	5	0	0	5,032	3,312	1,687	33	0	0
Non-dual, all year	58,731	915	21,180	13,999	22,348	289	351,569	9,219	220,254	38,223	81,789	2,084
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	56,522	14,276	34,972	2,174	4,802	298	602,082	150,782	390,317	15,256	43,512	2,215
FFS part year, with Rx claims	5,682	25	1,372	2,145	2,138	2	27,103	162	7,683	8,615	10,634	9
FFS part year, no Rx claims	26,186	4	759	10,008	15,411	4	45,915	19	2,738	15,483	27,669	6

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
RHODE ISLAND, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>57.9 %</b>	<b>22.6</b>	<b>\$1,707</b>	<b>\$75</b>	<b>\$11,436</b>	<b>14.9 %</b>	<b>88,390</b>
<b>Age</b>							
5 and younger	19.4	1.4	54	40	2,956	1.8	8,603
6-14	30.8	3.6	191	53	4,234	4.5	13,012
15-20	30.4	4.0	257	64	8,442	3.0	6,898
21-44	52.8	16.7	1,532	92	9,374	16.3	24,274
45-64	81.7	40.7	3,436	85	17,478	19.7	17,404
65-74	87.5	39.9	2,745	69	12,896	21.3	7,001
75-84	89.6	44.9	2,780	62	17,813	15.6	6,346
85 and older	93.5	48.9	2,535	52	28,247	9.0	4,852
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.3	43.3	2,553	59	19,726	12.9	14,305
Disabled	83.2	35.6	3,025	85	17,398	17.4	37,103
Adults	21.7	2.0	59	30	1,968	3.0	14,327
Children	18.8	1.3	43	34	2,371	1.8	22,351
Unknown	71.4	12.9	974	76	6,487	15.0	304
<b>Gender</b>							
Female	61.6	26.4	1,857	70	11,262	16.5	52,089
Male	52.6	17.3	1,491	86	11,687	12.8	36,301
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	70.4	32.4	2,452	76	16,421	14.9	42,600
African American	55.1	16.5	1,389	84	8,481	16.4	7,449
Other/unknown	44.5	13.0	940	72	6,472	14.5	38,341
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	93.7	66.9	4,127	62	79,889	5.2	4,980
Part year	95.1	55.9	3,468	62	36,528	9.5	3,006
None	54.3	18.7	1,491	80	6,259	23.8	80,404
<b>Maintenance Assistance Status</b>							
Cash	71.3	28.9	2,359	82	12,003	19.7	40,133
Medically needy	95.2	53.8	3,989	74	37,431	10.7	331
Poverty related	17.2	1.2	68	55	1,461	4.7	8,009
Other/unknown	52.2	20.4	1,361	67	12,653	10.8	39,917

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 RHODE ISLAND, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>3.0</b>	<b>\$224</b>	<b>14.9 %</b>	<b>42.1 %</b>	<b>18.8 %</b>	<b>8.6 %</b>	<b>17.2 %</b>	<b>10.9 %</b>	<b>2.4 %</b>	<b>\$1,497</b>	<b>88,390</b>	<b>675,100</b>
<b>Age</b>												
5 and younger	0.4	16	1.8	80.6	15.6	2.2	1.4	0.3	0.0	883	8,603	28,802
6-14	0.7	37	4.5	69.2	21.4	4.4	4.3	0.6	0.1	813	13,012	67,794
15-20	0.8	51	3.0	69.6	20.2	4.4	4.7	1.1	0.1	1,657	6,898	35,136
21-44	2.4	218	16.3	47.2	21.3	8.4	14.4	7.2	1.4	1,333	24,274	170,648
45-64	4.0	337	19.7	18.3	16.6	11.9	28.2	20.1	5.0	1,717	17,404	177,203
65-74	3.6	250	21.3	12.5	20.7	14.7	29.6	18.0	4.6	1,176	7,001	76,758
75-84	4.1	256	15.6	10.4	15.8	12.9	32.1	23.5	5.2	1,641	6,346	68,873
85 and older	4.8	247	9.0	6.5	11.6	11.3	35.0	30.3	5.3	2,747	4,852	49,886
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.1	242	12.9	10.7	16.8	12.9	31.4	23.2	5.0	1,869	14,305	150,963
Disabled	3.3	280	17.4	16.8	23.8	12.6	26.5	16.5	3.8	1,611	37,103	400,738
Adults	0.7	21	3.0	78.3	13.2	3.7	3.7	0.9	0.2	716	14,327	39,354
Children	0.3	12	1.8	81.2	15.1	2.1	1.4	0.2	0.0	648	22,351	81,815
Unknown	1.8	133	15.0	28.6	34.9	15.5	15.8	4.6	0.7	884	304	2,230
<b>Gender</b>												
Female	3.4	240	16.5	38.4	17.3	8.9	19.2	13.1	3.0	1,453	52,089	403,621
Male	2.3	199	12.8	47.4	20.8	8.2	14.4	7.7	1.6	1,563	36,301	271,479
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.6	275	14.9	29.6	18.0	9.9	22.3	16.3	4.0	1,842	42,600	379,791
African American	2.1	179	16.4	44.9	24.5	8.1	14.6	6.6	1.3	1,094	7,449	57,755
Other/unknown	2.1	152	14.5	55.5	18.6	7.2	12.1	5.7	0.9	1,045	38,341	237,554
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	5.9	366	5.2	6.3	4.8	6.9	31.0	39.6	11.4	7,077	4,980	56,218
Part year	5.9	363	9.5	4.9	8.4	8.6	33.1	34.8	10.2	3,826	3,006	28,700
None	2.5	203	23.8	45.7	20.0	8.7	15.8	8.2	1.6	853	80,404	590,182
<b>Maintenance Assistance Status</b>												
Cash	3.1	251	19.7	28.7	21.5	11.4	22.7	13.1	2.7	1,276	40,133	377,518
Medically needy	5.3	391	10.7	4.8	9.7	12.4	35.0	29.6	8.5	3,666	331	3,380
Poverty related	0.4	23	4.7	82.8	13.2	2.0	1.6	0.3	0.0	492	8,009	23,789
Other/unknown	3.0	201	10.8	47.8	17.3	7.0	14.7	10.7	2.6	1,868	39,917	270,413

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
RHODE ISLAND, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.0</b>	<b>\$224</b>	<b>\$75</b>	<b>1.3</b>	<b>\$169</b>	<b>\$132</b>	<b>0.2</b>	<b>\$15</b>	<b>\$98</b>	<b>1.5</b>	<b>\$39</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	0.4	16	40	0.2	12	75	0.0	1	43	0.2	3	12
6-14	0.7	37	53	0.4	29	78	0.0	2	62	0.3	5	18
15-20	0.8	51	64	0.4	38	97	0.1	4	74	0.3	9	26
21-44	2.4	218	92	1.0	166	165	0.1	17	116	1.2	35	28
45-64	4.0	337	85	1.7	253	147	0.2	25	117	2.1	59	29
65-74	3.6	250	69	1.6	189	115	0.2	15	87	1.8	47	26
75-84	4.1	256	62	1.8	194	107	0.2	14	73	2.1	48	23
85 and older	4.8	247	52	1.9	183	97	0.2	14	55	2.6	50	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.1	242	59	1.7	182	104	0.2	14	68	2.1	46	21
Disabled	3.3	280	85	1.4	212	148	0.2	20	112	1.7	48	29
Adults	0.7	21	30	0.3	15	50	0.0	2	50	0.4	5	13
Children	0.3	12	34	0.2	9	51	0.0	1	40	0.1	2	14
Unknown	1.8	133	76	0.6	97	150	0.1	7	115	1.0	28	27
<b>Gender</b>												
Female	3.4	240	70	1.5	180	123	0.2	16	89	1.8	44	25
Male	2.3	199	86	1.0	152	149	0.1	14	117	1.2	33	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.6	275	76	1.6	206	132	0.2	20	101	1.9	49	26
African American	2.1	179	84	0.9	139	155	0.1	12	110	1.1	28	25
Other/unknown	2.1	152	72	0.9	117	125	0.1	9	85	1.1	26	25
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	5.9	366	62	2.4	277	113	0.3	23	68	3.1	65	21
Part year	5.9	363	62	2.4	274	115	0.3	24	76	3.2	66	21
None	2.5	203	80	1.1	153	137	0.1	14	108	1.3	36	28
<b>Maintenance Assistance Status</b>												
Cash	3.1	251	82	1.3	189	142	0.2	17	109	1.6	44	28
Medically needy	5.3	391	74	2.1	293	138	0.3	30	103	2.8	67	24
Poverty related	0.4	23	55	0.2	17	104	0.0	1	74	0.2	5	20
Other/unknown	3.0	201	67	1.3	152	117	0.2	14	83	1.5	35	23

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Rhode Island, 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.medispn.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<sup>a, b, c, d</sup>  
 RHODE ISLAND, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	\$35	\$28	\$2	\$4	\$111	\$214	\$124	\$26	98,161	\$10,870,311	28,233	31.9 %	311,828
Biologicals	0.3	0.2	0.0	0.1	696	391	0	305	2050	1,778	0	2,551	88	180,390	24	0.0	259
Antineoplastic Agents	0.5	0.2	0.0	0.4	98	72	1	25	183	447	144	67	7,506	1,370,052	1,315	1.5	13,979
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.4	43	32	3	9	62	112	45	25	156,385	9,740,394	20,264	22.9	224,030
Cardiovascular Agents	1.2	0.5	0.0	0.6	68	50	3	14	57	98	70	22	362,241	20,517,141	27,357	31.0	303,680
Respiratory Agents	0.7	0.5	0.0	0.2	43	39	0	3	59	77	56	16	163,945	9,688,293	20,570	23.3	227,205
Gastrointestinal Agents	0.7	0.3	0.0	0.3	62	45	3	14	90	144	89	42	150,580	13,546,129	19,564	22.1	218,761
Genitourinary Agents	0.5	0.3	0.0	0.1	30	27	1	2	66	80	47	23	32,565	2,140,735	6,276	7.1	70,191
CNS Drugs	1.4	0.6	0.1	0.7	127	97	7	23	94	168	102	32	436,586	40,993,905	29,382	33.2	322,744
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	47	39	1	6	66	79	63	33	18,783	1,247,933	2,633	3.0	26,726
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	126	126	0	0	172	174	0	24	18,051	3,099,836	2,247	2.5	24,544
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	45	32	4	9	63	145	283	19	215,304	13,488,813	26,999	30.5	297,725
Neuromuscular Agents	0.9	0.3	0.1	0.5	71	43	18	10	81	150	127	23	155,370	12,548,620	15,764	17.8	176,497
Nutritional Products	0.5	0.0	0.0	0.4	9	0	0	8	20	68	30	19	22,496	446,711	4,580	5.2	48,922
Hematological Agents	0.7	0.2	0.0	0.4	65	57	2	6	95	247	50	15	51,792	4,906,820	6,795	7.7	74,932
Topical Products	0.4	0.2	0.0	0.2	19	12	1	5	46	75	53	24	101,132	4,677,159	21,948	24.8	245,695
Miscellaneous Products	0.3	0.2	0.0	0.1	67	50	6	11	215	311	238	88	5,867	1,259,313	1,704	1.9	18,776
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	29	0	0	0	4,469	129,411	1,611	1.8	18,429
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,001,321</b>	<b>150,851,966</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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 Rhode Island, 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.medispans.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<sup>a, b, c</sup>  
 RHODE ISLAND, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$24,432,718	15,965	18.1 %	180,383	0.7	\$196	\$135
ANTIDEPRESSANTS	13,700,101	31,476	35.6	351,248	0.6	64	39
ANTICONVULSANT	11,188,155	14,329	16.2	162,305	0.7	95	69
ULCER DRUGS	11,103,851	18,891	21.4	213,944	0.5	96	52
ANTIHYPERLIPIDEMIC	8,628,533	13,990	15.8	160,079	0.6	90	54
ANALGESICS - Narcotic	7,326,278	26,768	30.3	300,687	0.4	59	24
ANTIVIRAL	6,802,796	2,908	3.3	32,956	0.5	453	206
ANTIASTHMATIC	6,451,485	21,621	24.5	242,607	0.4	64	27
ANTIDIABETIC	6,296,784	13,636	15.4	154,225	0.5	74	41
ANTIHYPERTENSIVE	4,919,496	18,075	20.4	204,115	0.4	59	24
<b>Total</b>	<b>100,850,197</b>	<b>177,659</b>		<b>2,002,549</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Rhode Island, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.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.