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

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TEXAS, 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]	3,972,486	(A)	562,925	(E)	3,409,561	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	3,696,485	(B)	377,580	(F)	3,318,905	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3,534,171	(C)	375,060	(G)	3,159,111	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	60,270	(D)	55,357	(H)	4,913	(L)

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 Texas in 2004 was $2,226,988,554, of which $7,120,275 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]

TEXAS, 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	**3,534,171**	**270,318**	**399,710**	**464,317**	**2,399,034**	**792**	**27,044,207**	**2,897,529**	**4,133,622**	**2,466,729**	**17,540,537**	**5,790**
Age												
5 and younger	1,176,239	0	18,158	8	1,158,073	0	8,552,976	0	179,495	27	8,373,454	0
6-14	988,915	0	46,006	360	942,549	0	7,545,578	0	490,966	1,924	7,052,688	0
15-20	406,318	0	30,009	78,009	298,288	12	2,831,331	0	316,113	401,388	2,113,769	61
21-44	487,077	9	126,711	359,944	103	310	3,219,760	90	1,319,115	1,898,061	539	1,955
45-64	203,101	57	176,683	25,897	12	452	1,975,088	344	1,806,356	164,664	58	3,666
65-74	107,087	105,368	1,611	87	3	18	1,168,219	1,151,672	15,832	593	14	108
75-84	101,890	101,486	398	6	0	0	1,108,230	1,103,727	4,469	34	0	0
85 and older	63,538	63,398	134	6	0	0	643,010	641,696	1,276	38	0	0
Unknown	6	0	0	0	6	0	15	0	0	0	15	0
Gender												
Female	1,998,869	190,036	204,547	422,094	1,181,400	792	15,080,896	2,049,351	2,139,931	2,232,267	8,653,557	5,790
Male	1,535,257	80,276	195,163	42,223	1,217,595	0	11,963,029	848,145	1,993,691	234,462	8,886,731	0
Unknown	45	6	0	0	39	0	282	33	0	0	249	0
Race												
White	916,164	119,154	145,194	140,691	510,752	373	7,147,805	1,236,865	1,511,634	738,478	3,658,167	2,661
African American	637,123	36,464	97,919	97,071	405,537	132	4,677,705	393,573	1,001,661	502,910	2,778,599	962
Other/unknown	1,980,884	114,700	156,597	226,555	1,482,745	287	15,218,697	1,267,091	1,620,327	1,225,341	11,103,771	2,167
Use of Nursing Facilities[c]												
Entire year	60,270	51,711	8,557	1	1	0	618,099	525,968	92,125	3	3	0
Part year	33,329	26,484	6,792	43	10	0	323,781	255,329	68,061	309	82	0
None	3,440,572	192,123	384,361	464,273	2,399,023	792	26,102,327	2,116,232	3,973,436	2,466,417	17,540,452	5,790
Maintenance Assistance Status												
Cash	844,253	171,858	365,120	101,233	206,042	0	7,813,163	1,918,483	3,754,663	511,414	1,628,603	0
Medically needy	82,984	0	0	82,471	513	0	529,432	0	0	527,512	1,920	0
Poverty-related	2,121,419	1,465	1,892	228,297	1,888,973	792	14,759,596	15,111	18,253	1,046,965	13,673,477	5,790
Other/unknown	485,515	96,995	32,698	52,316	303,506	0	3,942,016	963,935	360,706	380,838	2,236,537	0
Dual Medicare Status[d]												
Full dual, all year	365,367	259,222	104,484	1,587	38	36	3,942,142	2,788,985	1,142,126	10,463	298	270
Full dual, part year	9,693	6,511	3,163	19	0	0	96,403	64,731	31,472	200	0	0
Non-dual, all year	3,159,111	4,585	292,063	462,711	2,398,996	756	23,005,662	43,813	2,960,024	2,456,066	17,540,239	5,520
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,368,895	247,561	337,898	315,738	1,466,911	787	21,101,303	2,662,459	3,571,814	1,942,403	12,918,873	5,754
FFS part year, with Rx claims	547,615	3,453	19,937	89,555	434,665	5	1,630,050	13,706	92,709	238,652	1,284,947	36
FFS part year, no Rx claims	250,391	493	2,615	21,184	226,099	0	711,416	1,997	11,248	50,269	647,902	0
MC all year, with FFS Rx claims	367,270	18,811	39,260	37,840	271,359	0	3,601,438	219,367	457,851	235,405	2,688,815	0

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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]

TEXAS, 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	**74.9 %**	**9.5**	**$628**	**$66**	**$3,512**	**17.9 %**	**3,534,171**
Age							
5 and younger	77.2	6.1	203	33	1,943	10.4	1,176,239
6-14	67.6	5.0	308	62	1,379	22.3	988,915
15-20	67.8	5.2	339	65	2,188	15.5	406,318
21-44	77.1	8.9	779	88	4,829	16.1	487,077
45-64	83.1	25.6	2,355	92	11,127	21.2	203,101
65-74	89.4	28.5	2,311	81	8,270	27.9	107,087
75-84	92.1	36.8	2,615	71	12,196	21.4	101,890
85 and older	94.0	45.3	2,643	58	17,824	14.8	63,538
Unknown	16.7	0.2	2	9	1,100	0.1	6
Basis of Eligibility[e]							
Aged	91.5	35.6	2,501	70	11,951	20.9	270,318
Disabled	82.3	21.8	2,233	102	11,899	18.8	399,710
Adults	77.0	5.7	286	50	2,420	11.8	464,317
Children	71.3	5.2	216	42	1,370	15.7	2,399,034
Unknown	83.2	11.0	1,064	96	16,843	6.3	792
Gender							
Female	76.9	10.4	671	65	3,680	18.2	1,998,869
Male	72.2	8.3	572	69	3,292	17.4	1,535,257
Unknown	44.4	6.1	384	63	2,911	13.2	45
Race							
White	76.5	14.0	1,024	73	5,590	18.3	916,164
African American	69.8	8.5	571	67	3,201	17.8	637,123
Other/unknown	75.7	7.7	463	60	2,650	17.5	1,980,884
Use of Nursing Facilities[f]							
Entire year	98.0	76.9	4,614	60	29,835	15.5	60,270
Part year	94.5	51.9	3,268	63	22,863	14.3	33,329
None	74.3	7.9	533	68	2,863	18.6	3,440,572
Maintenance Assistance Status							
Cash	80.3	15.3	1,397	91	6,065	23.0	844,253
Medically needy	70.7	6.5	417	64	2,722	15.3	82,984
Poverty related	71.8	5.0	200	40	1,301	15.4	2,121,419
Other/unknown	79.3	19.4	1,199	62	8,865	13.5	485,515

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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]

TEXAS, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.2**	**$82**	**17.9 %**	**25.1 %**	**48.8 %**	**11.4 %**	**9.5 %**	**3.4 %**	**1.7 %**	**$459**	**3,534,171**	**27,044,207**
Age												
5 and younger	0.8	28	10.4	22.8	56.4	10.3	6.9	2.3	1.3	267	1,176,239	8,552,976
6-14	0.7	40	22.3	32.4	52.4	7.3	5.5	1.6	0.8	181	988,915	7,545,578
15-20	0.7	49	15.5	32.2	50.2	8.1	6.5	2.1	0.9	314	406,318	2,831,331
21-44	1.3	118	16.1	22.9	46.3	14.7	11.0	3.3	1.9	731	487,077	3,219,760
45-64	2.6	242	21.2	16.9	25.5	22.0	24.4	7.0	4.2	1,144	203,101	1,975,088
65-74	2.6	212	27.9	10.6	26.9	26.3	24.4	7.8	4.0	758	107,087	1,168,219
75-84	3.4	240	21.4	7.9	21.9	23.1	26.2	14.9	6.0	1,121	101,890	1,108,230
85 and older	4.5	261	14.8	6.0	14.6	15.8	30.1	26.5	7.1	1,761	63,538	643,010
Unknown	0.1	1	0.1	83.3	16.7	0.0	0.0	0.0	0.0	440	6	15
Basis of Eligibility[e]												
Aged	3.3	233	20.9	8.5	22.2	22.7	26.4	14.8	5.4	1,115	270,318	2,897,529
Disabled	2.1	216	18.8	17.7	34.1	19.1	20.4	5.6	3.0	1,151	399,710	4,133,622
Adults	1.1	54	11.8	23.0	49.7	13.3	9.1	3.1	1.7	455	464,317	2,466,729
Children	0.7	30	15.7	28.7	54.0	8.5	5.9	1.9	1.0	187	2,399,034	17,540,537
Unknown	1.5	146	6.3	16.8	37.9	32.4	12.9	0.0	0.0	2,304	792	5,790
Gender												
Female	1.4	89	18.2	23.1	48.4	12.2	10.4	3.9	1.9	488	1,998,869	15,080,896
Male	1.1	73	17.4	27.8	49.2	10.4	8.4	2.8	1.4	423	1,535,257	11,963,029
Unknown	1.0	61	13.2	55.6	28.9	2.2	6.7	6.7	0.0	465	45	282
Race												
White	1.8	131	18.3	23.5	43.5	12.4	12.4	5.6	2.7	717	916,164	7,147,805
African American	1.2	78	17.8	30.2	44.7	10.1	9.6	3.6	1.8	436	637,123	4,677,705
Other/unknown	1.0	60	17.5	24.3	52.5	11.4	8.2	2.4	1.2	345	1,980,884	15,218,697
Use of Nursing Facilities[f]												
Entire year	7.5	450	15.5	2.0	3.0	4.6	25.9	44.9	19.6	2,909	60,270	618,099
Part year	5.3	336	14.3	5.5	9.6	11.0	32.7	31.3	9.9	2,354	33,329	323,781
None	1.0	70	18.6	25.7	49.9	11.5	9.0	2.5	1.3	377	3,440,572	26,102,327
Maintenance Assistance Status												
Cash	1.7	151	23.0	19.7	39.7	18.6	16.7	3.5	1.9	655	844,253	7,813,163
Medically needy	1.0	65	15.3	29.3	45.4	16.3	8.2	0.5	0.3	427	82,984	529,432
Poverty related	0.7	29	15.4	28.2	53.3	8.9	6.3	2.2	1.2	187	2,121,419	14,759,596
Other/unknown	2.4	148	13.5	20.7	45.3	9.2	11.4	9.5	3.8	1,092	485,515	3,942,016

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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]

TEXAS, 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	**1.2**	**$82**	**$66**	**0.5**	**$63**	**$127**	**0.1**	**$6**	**$58**	**0.6**	**$13**	**$20**
Age												
5 and younger	0.8	28	33	0.2	17	70	0.1	4	32	0.5	7	14
6-14	0.7	40	62	0.3	32	110	0.1	3	45	0.3	5	18
15-20	0.7	49	65	0.3	38	123	0.0	3	60	0.4	7	19
21-44	1.3	118	88	0.5	93	181	0.1	9	93	0.7	16	22
45-64	2.6	242	92	1.1	190	167	0.2	18	113	1.3	34	26
65-74	2.6	212	81	1.2	169	136	0.2	13	81	1.2	30	25
75-84	3.4	240	71	1.6	190	122	0.2	14	65	1.6	36	23
85 and older	4.5	261	58	1.9	200	106	0.3	16	53	2.3	45	20
Unknown	0.1	1	9	0.0	0	0	0.0	0	0	0.1	1	9
Basis of Eligibility[d]												
Aged	3.3	233	70	1.5	184	122	0.2	14	66	1.6	36	22
Disabled	2.1	216	102	0.9	174	186	0.1	16	110	1.0	27	26
Adults	1.1	54	50	0.4	38	107	0.1	4	55	0.6	11	18
Children	0.7	30	42	0.3	21	83	0.1	3	35	0.4	6	16
Unknown	1.5	146	96	0.6	119	202	0.1	7	82	0.8	19	23
Gender												
Female	1.4	89	65	0.6	68	123	0.1	7	59	0.7	14	20
Male	1.1	73	69	0.4	57	133	0.1	6	57	0.5	11	20
Unknown	1.0	61	63	0.4	49	110	0.0	2	33	0.5	11	23
Race												
White	1.8	131	73	0.8	102	133	0.1	9	72	0.9	20	22
African American	1.2	78	67	0.5	61	131	0.1	5	64	0.6	12	19
Other/unknown	1.0	60	60	0.4	46	119	0.1	5	48	0.5	10	19
Use of Nursing Facilities[e]												
Entire year	7.5	450	60	3.2	347	109	0.5	28	58	3.8	75	20
Part year	5.3	336	63	2.2	258	117	0.3	22	64	2.8	56	20
None	1.0	70	68	0.4	54	130	0.1	6	58	0.5	11	20
Maintenance Assistance Status												
Cash	1.7	151	91	0.7	121	164	0.1	10	90	0.8	20	25
Medically needy	1.0	65	64	0.4	49	132	0.1	5	80	0.6	12	20
Poverty related	0.7	29	40	0.2	20	80	0.1	3	35	0.4	6	16
Other/unknown	2.4	148	62	1.0	114	114	0.2	10	58	1.2	24	20

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 Texas, 0.8 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]

TEXAS, 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	0.1	$15	$11	$2	$3	$53	$92	$70	$20	4,505,615	$239,556,405	1,785,721	50.5 %	15,625,975
Biologicals	0.6	0.0	0.0	0.5	####	894	110	####	3524	19,553	2,399	2,222	336	1,184,139	52	0.0	547
Antineoplastic Agents	0.4	0.1	0.0	0.3	83	50	2	31	212	662	181	102	107,335	22,764,574	26,843	0.8	275,148
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.2	31	23	3	5	73	140	37	28	2,426,034	177,112,535	613,917	17.4	5,724,532
Cardiovascular Agents	1.0	0.4	0.0	0.5	57	44	2	11	58	110	58	20	4,266,161	248,414,290	413,622	11.7	4,355,757
Respiratory Agents	0.4	0.2	0.1	0.2	18	13	2	3	43	84	29	14	5,969,324	253,852,452	1,582,474	44.8	13,909,304
Gastrointestinal Agents	0.4	0.2	0.0	0.2	35	31	2	3	81	124	64	19	1,803,656	146,176,835	423,934	12.0	4,138,434
Genitourinary Agents	0.3	0.2	0.0	0.1	21	16	2	3	67	91	50	30	474,807	31,963,206	180,281	5.1	1,548,775
CNS Drugs	0.8	0.4	0.0	0.3	85	73	4	8	113	189	108	25	3,539,200	400,434,769	476,366	13.5	4,694,106
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	60	56	1	3	101	111	92	40	579,800	58,627,515	103,855	2.9	983,772
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	116	114	0	1	174	177	128	64	275,695	47,991,096	39,042	1.1	414,835
Analgesics and Anesthetics	0.3	0.1	0.0	0.3	17	12	1	4	49	169	132	15	3,613,896	177,510,106	1,142,589	32.3	10,364,375
Neuromuscular Agents	0.6	0.2	0.1	0.3	61	39	13	9	98	180	144	29	1,568,123	153,454,670	246,912	7.0	2,524,739
Nutritional Products	0.3	0.0	0.0	0.2	6	1	1	4	19	33	28	15	808,926	15,155,124	322,130	9.1	2,631,355
Hematological Agents	0.5	0.2	0.0	0.2	78	71	3	4	165	312	85	20	650,657	107,290,558	142,928	4.0	1,374,155
Topical Products	0.3	0.1	0.0	0.1	12	8	1	3	45	73	52	20	2,796,148	125,330,881	1,150,587	32.6	10,387,403
Miscellaneous Products	0.3	0.1	0.0	0.2	110	80	17	12	314	765	431	61	36,890	11,582,083	10,106	0.3	105,734
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	25	0	0	0	57,909	1,467,041	38,485	1.1	375,189
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.	33,480,512	2,219,868,279	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 Texas, 0.8 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]

TEXAS, 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	$246,559,549	182,187	5.2 %	1,932,435	0.5	$253	$128
ANTICONVULSANT	128,891,505	175,727	5.0	1,873,561	0.5	125	69
ANTIASTHMATIC	125,489,178	809,566	22.9	7,622,487	0.2	67	16
ANTIDEPRESSANTS	114,723,903	329,508	9.3	3,333,539	0.4	80	34
ULCER DRUGS	107,417,965	345,601	9.8	3,487,082	0.4	87	31
ANTIDIABETIC	103,239,389	238,479	6.7	2,573,760	0.4	92	40
ANALGESICS - ANTI-INFLAMMATORY	98,856,360	797,235	22.6	7,624,549	0.2	60	13
ANTIHYPERLIPIDEMIC	95,157,113	161,924	4.6	1,797,801	0.4	149	53
DERMATOLOGICAL	76,160,824	1,197,851	33.9	11,386,622	0.2	43	7
MISC. HEMATOLOGICAL	69,191,747	60,465	1.7	664,195	0.4	234	104
Total	1,165,687,533	4,298,543		42,296,031	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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.