

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

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
WASHINGTON, 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	1,201,468	(A)	135,092	(E)	1,066,376	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1,143,247	(B)	102,039	(F)	1,041,208	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	741,125	(C)	101,583	(G)	639,542	(K)
4. Beneficiaries who were all-year nursing facility residents ^f	9,412	(D)	8,532	(H)	880	(L)

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Washington in 2004 was \$651,423,421, of which \$67,575,047 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 package.

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^{a, b}
WASHINGTON, 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	741,125	66,210	142,600	250,278	282,037	0	4,996,089	686,640	1,492,441	1,527,812	1,289,196	0
Age												
5 and younger	114,228	0	3,728	11	110,489	0	473,671	0	36,802	86	436,783	0
6-14	131,947	0	10,209	433	121,305	0	716,222	0	111,386	2,371	602,465	0
15-20	116,385	4	8,353	57,837	50,191	0	754,108	38	88,775	415,686	249,609	0
21-44	235,946	17	54,207	181,670	52	0	1,629,201	150	563,760	1,064,952	339	0
45-64	76,239	118	65,849	10,272	0	0	735,187	1,055	689,745	44,387	0	0
65-74	26,829	26,547	242	40	0	0	287,256	285,171	1,841	244	0	0
75-84	22,926	22,912	7	7	0	0	238,590	238,477	72	41	0	0
85 and older	16,624	16,612	5	7	0	0	161,842	161,749	60	33	0	0
Unknown	1	0	0	1	0	0	12	0	0	12	0	0
Gender												
Female	473,642	46,409	72,631	215,322	139,280	0	3,280,244	483,966	771,395	1,384,109	640,774	0
Male	267,450	19,793	69,960	34,954	142,743	0	1,715,638	202,620	720,941	143,695	648,382	0
Unknown	33	8	9	2	14	0	207	54	105	8	40	0
Race												
White	436,542	46,350	108,630	107,726	173,836	0	2,974,878	474,243	1,144,655	543,356	812,624	0
African American	40,397	2,128	11,681	10,557	16,031	0	259,407	22,592	118,891	46,670	71,254	0
Other/unknown	264,186	17,732	22,289	131,995	92,170	0	1,761,804	189,805	228,895	937,786	405,318	0
Use of Nursing Facilities^c												
Entire year	9,412	7,883	1,527	2	0	0	95,566	79,876	15,685	5	0	0
Part year	9,267	6,645	2,577	39	6	0	87,012	61,244	25,501	227	40	0
None	722,446	51,682	138,496	250,237	282,031	0	4,813,511	545,520	1,451,255	1,527,580	1,289,156	0
Maintenance Assistance Status												
Cash	219,817	29,427	117,116	30,338	42,936	0	1,838,907	327,416	1,215,833	113,555	182,103	0
Medically needy	3,679	897	2,496	9	277	0	34,958	9,061	24,460	48	1,389	0
Poverty-related	167,900	1,482	1,832	37,801	126,785	0	784,319	11,477	16,758	214,056	542,028	0
Other/unknown	349,729	34,404	21,156	182,130	112,039	0	2,337,905	338,686	235,390	1,200,153	563,676	0
Dual Medicare Status^d												
Full dual, all year	96,613	54,709	41,158	728	18	0	1,028,762	570,819	452,565	5,193	185	0
Full dual, part year	4,970	2,371	2,548	51	0	0	50,744	23,322	26,885	537	0	0
Non-dual, all year	639,542	9,130	98,894	249,499	282,019	0	3,916,583	92,499	1,012,991	1,522,082	1,289,011	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	466,153	66,131	138,821	162,437	98,764	0	4,157,441	686,175	1,470,144	1,215,529	785,593	0
FFS part year, with Rx claims	106,030	59	3,144	48,364	54,463	0	383,895	373	19,322	183,551	180,649	0
FFS part year, no Rx claims	168,942	20	635	39,477	128,810	0	454,753	92	2,975	128,732	322,954	0

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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}
WASHINGTON, 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	49.1 %	13.2	\$788	\$60	\$4,184	18.8 %	741,125
Age							
5 and younger	35.0	1.4	63	45	1,885	3.3	114,228
6-14	35.0	2.5	214	85	1,451	14.7	131,947
15-20	33.5	2.4	161	66	1,681	9.6	116,385
21-44	48.8	9.1	673	74	3,628	18.5	235,946
45-64	83.9	46.2	2,904	63	10,317	28.1	76,239
65-74	87.6	49.4	2,359	48	8,987	26.2	26,829
75-84	90.2	52.9	2,327	44	13,343	17.4	22,926
85 and older	91.8	49.9	1,985	40	18,581	10.7	16,624
Unknown	0.0	0.0	0	0	368	0.0	1
Basis of Eligibility^e							
Aged	89.7	50.8	2,259	45	12,900	17.5	66,210
Disabled	84.9	38.4	2,763	72	10,552	26.2	142,600
Adults	35.0	2.2	81	38	1,629	5.0	250,278
Children	33.9	1.5	71	46	1,186	6.0	282,037
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	49.2	13.9	749	54	4,118	18.2	473,642
Male	48.8	12.0	857	71	4,301	19.9	267,450
Unknown	45.5	22.2	1,129	51	4,962	22.8	33
Race							
White	56.9	17.4	1,055	61	5,256	20.1	436,542
African American	52.4	12.8	749	59	4,376	17.1	40,397
Other/unknown	35.6	6.4	352	55	2,383	14.8	264,186
Use of Nursing Facilities^f							
Entire year	97.6	69.2	3,434	50	43,451	7.9	9,412
Part year	98.2	65.7	3,444	52	31,074	11.1	9,267
None	47.8	11.8	719	61	3,328	21.6	722,446
Maintenance Assistance Status							
Cash	71.8	25.7	1,653	64	5,945	27.8	219,817
Medically needy	91.0	46.3	3,490	75	11,581	30.1	3,679
Poverty related	38.5	1.8	70	40	1,643	4.2	167,900
Other/unknown	39.4	10.6	560	53	4,220	13.3	349,729

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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}
 WASHINGTON, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	2.0	\$117	18.8 %	50.9 %	25.2 %	5.9 %	9.3 %	6.5 %	2.2 %	\$621	741,125	4,996,089
Age												
5 and younger	0.3	15	3.3	65.0	30.1	3.2	1.5	0.2	0.0	455	114,228	473,671
6-14	0.5	39	14.7	65.0	27.6	3.9	2.9	0.5	0.1	267	131,947	716,222
15-20	0.4	25	9.6	66.5	26.0	3.9	3.0	0.6	0.1	259	116,385	754,108
21-44	1.3	98	18.5	51.2	27.4	6.9	8.9	4.3	1.3	525	235,946	1,629,201
45-64	4.8	301	28.1	16.1	16.1	9.8	25.2	23.2	9.5	1,070	76,239	735,187
65-74	4.6	220	26.2	12.4	15.9	10.2	28.3	24.9	8.3	839	26,829	287,256
75-84	5.1	224	17.4	9.8	12.2	9.3	29.1	30.3	9.2	1,282	22,926	238,590
85 and older	5.1	204	10.7	8.2	9.9	9.5	32.4	33.0	7.0	1,909	16,624	161,842
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	31	1	12
Basis of Eligibility^e												
Aged	4.9	218	17.5	10.3	13.1	9.8	29.7	28.8	8.3	1,244	66,210	686,640
Disabled	3.7	264	26.2	15.1	25.3	11.3	23.7	17.9	6.7	1,008	142,600	1,492,441
Adults	0.4	13	5.0	65.0	25.1	4.4	4.0	1.2	0.3	267	250,278	1,527,812
Children	0.3	16	6.0	66.1	28.1	3.5	1.9	0.3	0.0	259	282,037	1,289,196
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.0	108	18.2	50.8	25.1	5.6	9.0	7.0	2.5	595	473,642	3,280,244
Male	1.9	134	19.9	51.2	25.4	6.4	9.7	5.7	1.5	670	267,450	1,715,638
Unknown	3.5	180	22.8	54.5	9.1	3.0	15.2	18.2	0.0	791	33	207
Race												
White	2.6	155	20.1	43.1	26.4	7.0	11.6	8.8	3.1	771	436,542	2,974,878
African American	2.0	117	17.1	47.6	27.3	7.1	10.1	6.1	1.9	682	40,397	259,407
Other/unknown	1.0	53	14.8	64.4	22.9	3.9	5.3	2.9	0.6	357	264,186	1,761,804
Use of Nursing Facilities^f												
Entire year	6.8	338	7.9	2.4	5.7	6.9	27.1	40.5	17.4	4,279	9,412	95,566
Part year	7.0	367	11.1	1.8	6.2	7.2	29.3	38.3	17.0	3,309	9,267	87,012
None	1.8	108	21.6	52.2	25.7	5.9	8.8	5.7	1.8	499	722,446	4,813,511
Maintenance Assistance Status												
Cash	3.1	198	27.8	28.2	26.8	10.0	18.7	12.4	3.8	711	219,817	1,838,907
Medically needy	4.9	367	30.1	9.0	15.2	11.4	28.9	27.2	8.3	1,219	3,679	34,958
Poverty related	0.4	15	4.2	61.5	32.0	3.9	2.2	0.4	0.1	352	167,900	784,319
Other/unknown	1.6	84	13.3	60.6	21.0	4.2	6.6	5.6	2.1	631	349,729	2,337,905

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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}
 WASHINGTON, 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
All	2.0	\$117	\$60	0.7	\$85	\$128	0.1	\$8	\$84	1.2	\$24	\$20
Age												
5 and younger	0.3	15	45	0.1	11	114	0.0	1	44	0.2	3	14
6-14	0.5	39	85	0.2	31	140	0.0	1	75	0.2	7	30
15-20	0.4	25	66	0.1	20	130	0.0	1	65	0.2	4	20
21-44	1.3	98	74	0.4	73	165	0.1	7	102	0.8	18	22
45-64	4.8	301	63	1.6	213	136	0.2	23	106	3.0	65	22
65-74	4.6	220	48	1.6	157	100	0.2	12	65	2.8	51	18
75-84	5.1	224	44	1.8	160	91	0.2	11	50	3.1	52	17
85 and older	5.1	204	40	1.6	143	88	0.3	10	40	3.2	50	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.9	218	45	1.7	155	94	0.2	11	53	3.0	51	17
Disabled	3.7	264	72	1.3	195	154	0.2	19	107	2.2	51	23
Adults	0.4	13	38	0.1	8	87	0.0	1	56	0.2	4	18
Children	0.3	16	46	0.1	12	91	0.0	1	55	0.2	3	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.0	108	54	0.7	77	116	0.1	8	79	1.2	24	19
Male	1.9	134	71	0.7	101	150	0.1	8	96	1.1	25	22
Unknown	3.5	180	51	1.4	138	98	0.1	3	41	2.1	39	19
Race												
White	2.6	155	61	0.9	113	130	0.1	11	88	1.6	32	20
African American	2.0	117	59	0.6	87	134	0.1	7	78	1.3	23	19
Other/unknown	1.0	53	55	0.3	38	116	0.0	3	68	0.6	12	20
Use of Nursing Facilities^e												
Entire year	6.8	338	50	2.2	238	106	0.5	25	55	4.1	75	18
Part year	7.0	367	52	2.3	259	115	0.4	25	65	4.3	82	19
None	1.8	108	61	0.6	79	130	0.1	7	89	1.1	22	20
Maintenance Assistance Status												
Cash	3.1	198	64	1.1	145	138	0.1	13	99	1.9	40	21
Medically needy	4.9	367	75	1.7	278	160	0.2	27	113	2.9	63	22
Poverty related	0.4	15	40	0.1	10	83	0.0	1	55	0.2	4	16
Other/unknown	1.6	84	53	0.5	60	113	0.1	6	67	1.0	19	19

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

- 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 Washington, 0.3 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^{a, b, c, d}
 WASHINGTON, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per 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	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	\$24	\$17	\$1	\$5	\$72	\$172	\$86	\$23	583,789	\$42,096,588	195,833	26.4 %	1,772,428
Biologicals	0.1	0.1	0.0	0.0	59	40	0	18	442	375	26	774	5,153	2,279,700	3,589	0.5	38,751
Antineoplastic Agents	0.5	0.1	0.0	0.4	98	71	1	27	179	550	118	65	31,114	5,568,373	5,509	0.7	56,640
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	38	28	2	9	44	86	29	17	1,032,053	44,962,446	123,473	16.7	1,179,114
Cardiovascular Agents	1.7	0.5	0.0	1.2	51	34	1	17	30	70	26	14	1,947,199	59,168,160	110,599	14.9	1,151,163
Respiratory Agents	0.6	0.3	0.0	0.3	33	28	0	5	53	90	39	16	671,488	35,852,597	115,920	15.6	1,100,797
Gastrointestinal Agents	0.6	0.3	0.0	0.3	47	40	2	5	73	128	71	18	613,666	45,075,335	93,136	12.6	958,125
Genitourinary Agents	0.4	0.2	0.0	0.2	22	17	1	4	51	80	44	19	148,974	7,641,881	34,364	4.6	343,683
CNS Drugs	1.3	0.5	0.1	0.7	110	88	6	17	86	169	81	24	1,758,882	150,836,255	139,742	18.9	1,369,294
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.2	61	51	1	9	78	93	92	41	117,716	9,178,822	16,812	2.3	150,525
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	180	180	0	0	246	249	96	21	52,163	12,839,812	6,766	0.9	71,147
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	37	22	2	13	46	153	234	20	1,238,641	57,507,528	165,440	22.3	1,539,000
Neuromuscular Agents	0.9	0.3	0.2	0.5	77	42	22	13	84	151	133	27	744,609	62,447,654	79,242	10.7	810,776
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	8	17	22	16	17	220,297	3,694,853	52,343	7.1	451,128
Hematological Agents	0.8	0.2	0.1	0.5	95	80	2	13	120	330	28	27	207,265	24,878,707	25,284	3.4	262,720
Topical Products	0.3	0.1	0.0	0.2	13	8	1	5	38	77	51	20	403,715	15,386,712	120,184	16.2	1,160,923
Miscellaneous Products	0.3	0.1	0.0	0.1	42	31	5	6	165	210	280	69	24,359	4,015,390	9,713	1.3	94,770
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	23	0	0	0	18,370	417,561	6,044	0.8	65,579
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.	9,819,453	583,848,374	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Washington, 0.3 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^{a, b, c}
 WASHINGTON, 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	\$94,663,218	63,182	8.5 %	675,496	0.7	\$194	\$140
ANTICONVULSANT	54,019,919	59,603	8.0	635,332	0.8	110	85
ANTIDEPRESSANTS	49,436,484	141,393	19.1	1,435,856	0.6	55	34
ULCER DRUGS	35,302,160	93,722	12.6	987,598	0.5	66	36
ANALGESICS - Narcotic	31,823,694	185,398	25.0	1,819,801	0.4	39	17
ANTIASTHMATIC	25,920,908	106,595	14.4	1,063,147	0.4	61	24
ANTIHYPERTENSIVE	24,478,519	47,806	6.5	524,572	0.7	69	47
ANTIDIABETIC	23,554,311	57,034	7.7	606,837	0.7	52	39
ANTIVIRAL	20,171,729	13,549	1.8	138,612	0.4	337	146
ANALGESICS - ANTI-INFLAMMATORY	18,542,351	96,522	13.0	972,542	0.3	58	19
Total	377,913,293	864,804		8,859,793	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.medispn.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.