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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
OHIO

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OHIO, 2005

Inclusion Criteria (2005)	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]	2126626 (A)	292016 (E)	1834610 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	2102391 (B)	268781 (F)	1833610 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	1660849 (C)	268049 (G)	1392800 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	50715 (D)	45323 (H)	5392 (L)

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Ohio in 2005 was $2,030,110,442, of which $872,335 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, 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 2005 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

OHIO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**1,660,849**	**157,655**	**328,130**	**373,476**	**801,588**	**0**	**13,947,473**	**1,578,400**	**3,398,823**	**2,545,622**	**6,424,628**	**0**
Age												
5 and younger	303,613	0	7,638	0	295,975	0	2,360,172	0	74,839	0	2,285,333	0
6-14	363,100	0	24,282	0	338,818	0	3,112,950	0	257,256	0	2,855,694	0
15-20	199,510	0	18,593	18,398	162,519	0	1,564,956	0	192,571	112,219	1,260,166	0
21-44	441,122	0	114,568	322,350	4,204	0	3,423,509	0	1,192,727	2,207,486	23,296	0
45-64	195,321	124	162,749	32,448	0	0	1,903,991	1,141	1,678,640	224,210	0	0
65-74	60,998	60,473	300	225	0	0	631,259	627,083	2,790	1,386	0	0
75-84	54,810	54,780	0	30	0	0	550,418	550,190	0	228	0	0
85 and older	42,294	42,270	0	23	1	0	400,024	399,937	0	86	1	0
Unknown	81	8	0	2	71	0	194	49	0	7	138	0
Gender												
Female	958,838	115,964	169,377	272,002	401,495	0	8,045,859	1,179,320	1,787,626	1,864,816	3,214,097	0
Male	702,011	41,691	158,753	101,474	400,093	0	5,901,614	399,080	1,611,197	680,806	3,210,531	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	1,218,426	120,918	226,427	288,045	583,036	0	10,664,081	1,197,300	2,354,385	2,107,245	5,005,151	0
African American	382,555	31,869	93,244	72,487	184,955	0	2,854,419	330,085	960,230	371,796	1,192,308	0
Other/unknown	59,868	4,868	8,459	12,944	33,597	0	428,973	51,015	84,208	66,581	227,169	0
Use of Nursing Facilities[c]												
Entire year	50,715	42,002	8,708	5	0	0	508,509	416,081	92,413	15	0	0
Part year	34,188	23,417	10,577	173	21	0	324,867	216,602	106,477	1,576	212	0
None	1,575,946	92,236	308,845	373,298	801,567	0	13,114,097	945,717	3,199,933	2,544,031	6,424,416	0
Maintenance Assistance Status												
Cash	363,985	36,931	203,202	40,177	83,675	0	3,549,863	419,484	2,240,135	256,076	634,168	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	342,819	15,724	15,837	39,310	271,948	0	2,620,817	162,108	161,703	198,571	2,098,435	0
Other/unknown	954,045	105,000	109,091	293,989	445,965	0	7,776,793	996,808	996,985	2,090,975	3,692,025	0
Dual Medicare Status[d]												
Full dual, all year	222,068	120,510	97,207	4,274	77	0	2,248,979	1,181,176	1,034,751	32,340	712	0
Full dual, part year	45,981	24,396	21,099	485	1	0	496,250	264,423	227,276	4,548	3	0
Non-dual, all year	1,392,800	12,749	209,824	368,717	801,510	0	11,202,244	132,801	2,136,796	2,508,734	6,423,913	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,301,039	157,604	318,571	261,693	563,171	0	12,234,051	1,578,037	3,337,664	2,067,365	5,250,985	0
FFS part year, with Rx claims	164,063	37	6,640	60,214	97,172	0	1,047,711	282	46,795	337,381	663,253	0
FFS part year, no Rx claims	195,747	14	2,919	51,569	141,245	0	665,711	81	14,364	140,876	510,390	0

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
OHIO, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**66.4**	**19.2**	**$1,222**	**$64**	**$6,884**	**17.7**	**1,660,849**
Age							
5 and younger	58.8	3.4	188	55	2,199	8.6	303,613
6-14	56.6	4.8	371	78	1,840	20.2	363,100
15-20	59.4	6.0	440	73	2,899	15.2	199,510
21-44	69.9	16.9	1,188	70	6,244	19.0	441,122
45-64	81.8	55.0	3,728	68	16,739	22.3	195,321
65-74	80.3	61.2	3,418	56	16,436	20.8	60,998
75-84	84.1	63.6	3,215	51	22,927	14.0	54,810
85 and older	89.0	59.5	2,667	45	29,226	9.1	42,294
Unknown	7.4	3.4	161	47	2,239	7.2	81
Basis of Eligibility[e]							
Aged	84.0	61.6	3,149	51	22,136	14.2	157,655
Disabled	83.2	47.4	3,555	75	17,205	20.7	328,130
Adults	65.3	9.5	473	50	2,773	17.1	373,476
Children	56.6	3.9	236	61	1,575	15.0	801,588
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	69.7	22.2	1,308	59	7,258	18.0	958,838
Male	62.0	15.2	1,104	73	6,374	17.3	702,011
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	70.5	20.9	1,322	63	7,139	18.5	1,218,426
African American	55.7	15.1	985	65	6,509	15.1	382,555
Other/unknown	52.9	10.5	699	66	4,104	17.0	59,868
Use of Nursing Facilities[f]							
Entire year	98.2	92.0	4,908	53	48,912	10.0	50,715
Part year	96.7	74.7	4,063	54	37,258	10.9	34,188
None	64.8	15.7	1,042	66	4,873	21.4	1,575,946
Maintenance Assistance Status							
Cash	78.6	35.3	2,432	69	10,752	22.6	363,985
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	52.6	4.1	243	60	1,698	14.3	342,819
Other/unknown	66.8	18.5	1,112	60	7,272	15.3	954,045

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
OHIO, 2005

				Number of Rx, Percentage with:						Number		
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**2.3**	**$146**	**17.7**	**33.6**	**38.0**	**7.1**	**9.8**	**7.7**	**3.8**	**$820**	**1,660,849**	**13,947,473**
Age												
5 and younger	0.4	24	8.6	41.2	53.7	3.6	1.4	0.1	0.0	283	303,613	2,360,172
6-14	0.6	43	20.2	43.4	47.3	5.0	3.6	0.5	0.0	215	363,100	3,112,950
15-20	0.8	56	15.2	40.6	46.2	7.2	4.9	1.0	0.1	370	199,510	1,564,956
21-44	2.2	153	19.0	30.1	37.2	10.9	13.3	6.3	2.2	805	441,122	3,423,509
45-64	5.6	383	22.3	18.2	14.2	8.3	21.7	23.7	14.0	1,717	195,321	1,903,991
65-74	5.9	330	20.8	19.7	9.2	6.4	20.6	27.6	16.5	1,588	60,998	631,259
75-84	6.3	320	14.0	15.9	6.7	5.5	21.4	32.8	17.7	2,283	54,810	550,418
85 and older	6.3	282	9.1	11.0	6.0	6.1	24.6	36.7	15.5	3,090	42,294	400,024
Unknown	1.4	67	7.2	92.6	1.2	1.2	0.0	3.7	1.2	935	81	194
Basis of Eligibility[e]												
Aged	6.2	315	14.2	16.0	7.5	6.0	22.0	31.8	16.7	2,211	157,655	1,578,400
Disabled	4.6	343	20.7	16.8	21.8	9.7	21.5	19.5	10.7	1,661	328,130	3,398,823
Adults	1.4	69	17.1	34.7	40.6	10.7	10.2	3.3	0.6	407	373,476	2,545,622
Children	0.5	30	15.0	43.4	49.4	4.5	2.4	0.3	0.0	197	801,588	6,424,628
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.6	156	18.0	30.3	37.5	7.7	10.8	9.1	4.7	865	958,838	8,045,859
Male	1.8	131	17.3	38.0	38.6	6.3	8.5	5.9	2.7	758	702,011	5,901,614
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	151	18.5	29.5	40.0	7.4	10.2	8.4	4.4	816	1,218,426	10,664,081
African American	2.0	132	15.1	44.3	31.9	6.1	8.7	6.3	2.6	872	382,555	2,854,419
Other/unknown	1.5	98	17.0	47.1	34.4	5.6	7.4	4.3	1.2	573	59,868	428,973
Use of Nursing Facilities[f]												
Entire year	9.2	490	10.0	1.8	2.5	3.1	18.0	41.3	33.3	4,878	50,715	508,509
Part year	7.9	428	10.9	3.3	5.3	6.0	24.4	37.9	23.2	3,921	34,188	324,867
None	1.9	125	21.4	35.2	39.8	7.2	9.2	6.0	2.5	586	1,575,946	13,114,097
Maintenance Assistance Status												
Cash	3.6	249	22.6	21.4	31.2	9.2	17.0	14.2	7.0	1,102	363,985	3,549,863
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	32	14.3	47.4	44.2	4.7	2.9	0.6	0.1	222	342,819	2,620,817
Other/unknown	2.3	136	15.3	33.2	38.3	7.1	9.5	7.9	4.0	892	954,045	7,776,793

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

OHIO, 2005

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**2.3**	**$146**	**$64**	**0.9**	**$113**	**$127**	**0.1**	**$11**	**$95**	**1.3**	**$21**	**$17**
Age												
5 and younger	0.4	24	55	0.2	20	125	0.0	1	52	0.3	3	12
6-14	0.6	43	78	0.3	37	127	0.0	3	81	0.2	3	15
15-20	0.8	56	73	0.3	46	141	0.1	4	73	0.4	6	16
21-44	2.2	153	70	0.8	119	148	0.1	12	112	1.3	22	17
45-64	5.6	383	68	2.2	293	133	0.3	32	121	3.2	58	18
65-74	5.9	330	56	2.3	256	110	0.3	21	80	3.3	53	16
75-84	6.3	320	51	2.5	247	101	0.3	20	65	3.5	52	15
85 and older	6.3	282	45	2.2	209	94	0.4	22	59	3.7	51	14
Unknown	1.4	67	47	0.6	57	94	0.0	1	54	0.8	10	12
Basis of Eligibility[d]												
Aged	6.2	315	51	2.4	241	103	0.3	21	68	3.5	52	15
Disabled	4.6	343	75	1.8	269	147	0.2	27	121	2.5	47	19
Adults	1.4	69	50	0.5	51	111	0.1	6	92	0.9	12	14
Children	0.5	30	61	0.2	24	114	0.0	2	67	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.6	156	59	1.0	120	119	0.1	12	89	1.5	24	16
Male	1.8	131	73	0.7	104	141	0.1	10	108	1.0	17	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	151	63	0.9	117	125	0.1	12	94	1.3	22	17
African American	2.0	132	65	0.8	104	133	0.1	9	101	1.2	19	16
Other/unknown	1.5	98	66	0.6	79	130	0.1	6	86	0.8	13	16
Use of Nursing Facilities[e]												
Entire year	9.2	490	53	3.4	374	111	0.5	34	65	5.2	81	15
Part year	7.9	428	54	2.8	317	115	0.4	34	81	4.7	76	16
None	1.9	125	66	0.8	98	131	0.1	10	104	1.0	17	17
Maintenance Assistance Status												
Cash	3.6	249	69	1.4	196	135	0.2	18	110	2.0	35	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.5	32	60	0.2	26	117	0.0	2	68	0.3	4	14
Other/unknown	2.3	136	60	0.9	105	121	0.1	11	89	1.3	21	16

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Ohio, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

OHIO, 2005

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	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	$18	$12	$3	$3	$60	$162	$73	$15	2,304,711	$137,714,495	736,397	44.3	7,536,963
Biologicals	0.3	0.2	0.0	0.1	293	243	10	40	1124	1,210	2,019	726	17,831	20,034,193	6,659	0.4	68,303
Antineoplastic Agents	0.5	0.1	0.0	0.4	103	80	3	20	191	545	195	52	90,105	17,204,060	16,678	1.0	167,733
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	38	28	4	5	51	100	55	14	2,861,547	146,014,940	368,096	22.2	3,806,273
Cardiovascular Agents	1.8	0.6	0.0	1.1	69	54	2	13	39	83	48	12	5,822,201	224,502,387	311,370	18.7	3,271,049
Respiratory Agents	0.5	0.3	0.0	0.3	30	26	0	4	54	98	50	13	2,887,330	156,674,482	506,741	30.5	5,263,667
Gastrointestinal Agents	0.7	0.5	0.0	0.3	68	64	1	4	93	139	54	14	2,253,857	209,842,320	293,090	17.6	3,090,332
Genitourinary Agents	0.4	0.3	0.0	0.1	27	22	2	2	64	85	52	17	507,676	32,506,697	117,565	7.1	1,225,148
CNS Drugs	1.3	0.6	0.0	0.6	112	97	2	12	87	153	93	20	5,198,663	454,261,681	393,267	23.7	4,073,415
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	68	63	2	3	95	106	89	27	502,110	47,563,378	67,958	4.1	697,739
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	119	116	0	3	177	184	114	75	330,204	58,592,418	46,707	2.8	490,997
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	31	11	12	7	44	142	247	13	3,641,047	161,642,538	514,216	31.0	5,234,496
Neuromuscular Agents	0.9	0.3	0.0	0.5	69	48	4	17	78	154	97	32	2,241,654	175,209,194	238,982	14.4	2,535,535
Nutritional Products	0.5	0.0	0.0	0.5	11	1	1	9	22	54	28	19	750,680	16,244,039	145,682	8.8	1,458,006
Hematological Agents	0.8	0.3	0.0	0.5	74	65	2	7	90	211	42	15	858,066	77,258,951	100,245	6.0	1,045,843
Topical Products	0.3	0.1	0.0	0.2	17	12	2	3	52	90	58	19	1,470,525	76,343,918	429,865	25.9	4,513,211
Miscellaneous Products	0.5	0.1	0.0	0.3	63	41	9	13	134	355	242	40	106,832	14,275,628	22,338	1.3	227,465
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	40	0	0	0	83,852	3,352,788	27,798	1.7	303,553
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.	31,928,891	2,029,238,107	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than

the original patent holder. In Ohio, 0.4 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 2005.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 7

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

OHIO, 2005

		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	$291,215,152	186,347	11.2	2,021,703	0.7	$197	$144
ULCER DRUGS	171,698,483	287,938	17.3	3,067,483	0.6	101	56
ANTICONVULSANT	150,831,813	186,897	11.3	2,018,698	0.8	97	75
ANTIDEPRESSANTS	131,139,426	381,461	23.0	4,012,621	0.6	56	33
ANTIASTHMATIC	120,064,376	441,334	26.6	4,666,451	0.4	66	26
ANTIHYPERLIPIDEMIC	105,831,818	164,902	9.9	1,811,012	0.7	89	58
ANALGESICS - Narcotic	90,657,153	611,552	36.8	6,372,829	0.4	39	14
ANTIDIABETIC	88,246,474	187,819	11.3	2,012,696	0.7	61	44
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	60,637,386	66,857	4.0	707,787	0.5	166	86
DERMATOLOGICAL	56,241,007	516,865	31.1	5,553,118	0.2	47	10
Total	1,266,563,088	3,031,972		32,244,398	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Ohio, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.