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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
RHODE ISLAND

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
RHODE ISLAND, 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]	219784 (A)	39584 (E)	180200 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	210904 (B)	31321 (F)	179583 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	89799 (C)	30014 (G)	59785 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	4683 (D)	4255 (H)	428 (L)

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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 Rhode Island in 2005 was $177,635,375, of which $13,142,304 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 nondudals 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]

RHODE ISLAND, 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	**89,799**	**14,358**	**37,158**	**14,987**	**22,960**	**336**	**684,737**	**150,247**	**406,963**	**40,487**	**84,311**	**2,729**
Age												
5 and younger	8,636	0	813	0	7,823	0	27,409	0	7,179	0	20,230	0
6-14	12,777	0	2,363	3	10,411	0	68,346	0	25,222	6	43,118	0
15-20	7,424	0	1,601	1,130	4,680	13	38,796	0	16,392	1,718	20,628	58
21-44	24,610	0	12,459	11,987	42	122	170,259	0	136,803	32,323	299	834
45-64	18,085	2	16,048	1,836	4	195	184,875	13	176,670	6,369	36	1,787
65-74	7,041	4,215	2,795	25	0	6	77,283	44,796	32,373	64	0	50
75-84	6,405	5,512	887	6	0	0	69,180	58,943	10,230	7	0	0
85 and older	4,821	4,629	192	0	0	0	48,589	46,495	2,094	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	53,141	10,761	20,103	10,721	11,221	335	408,332	113,363	221,878	29,424	40,939	2,728
Male	36,658	3,597	17,055	4,266	11,739	1	276,405	36,884	185,085	11,063	43,372	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	42,283	7,759	22,211	5,558	6,500	255	376,369	82,606	246,915	15,345	29,480	2,023
African American	7,391	574	3,666	1,245	1,895	11	58,496	6,369	39,704	3,760	8,572	91
Other/unknown	40,125	6,025	11,281	8,184	14,565	70	249,872	61,272	120,344	21,382	46,259	615
Use of Nursing Facilities[c]												
Entire year	4,683	3,049	1,634	0	0	0	52,636	33,338	19,298	0	0	0
Part year	3,104	2,295	808	1	0	0	29,074	20,493	8,579	2	0	0
None	82,012	9,014	34,716	14,986	22,960	336	603,027	96,416	379,086	40,485	84,311	2,729
Maintenance Assistance Status												
Cash	39,988	4,664	28,544	2,658	4,122	0	378,577	52,005	315,848	4,188	6,536	0
Medically needy	387	193	186	8	0	0	3,907	2,045	1,845	17	0	0
Poverty-related	8,688	95	94	945	7,218	336	25,401	976	936	1,443	19,317	2,729
Other/unknown	40,736	9,406	8,334	11,376	11,620	0	276,852	95,221	88,334	34,839	58,458	0
Dual Medicare Status[d]												
Full dual, all year	29,517	13,009	16,087	398	0	23	321,479	136,613	183,360	1,275	0	231
Full dual, part year	497	326	165	6	0	0	5,271	3,543	1,702	26	0	0
Non-dual, all year	59,785	1,023	20,906	14,583	22,960	313	357,987	10,091	221,901	39,186	84,311	2,498
Managed Care (MC) Status												
Fee-for-service (FFS) all year	57,009	14,317	35,564	2,079	4,721	328	612,349	150,015	398,287	15,642	45,696	2,709
FFS part year, with Rx claims	5,486	27	1,037	2,319	2,099	4	26,753	165	6,470	9,313	10,791	14
FFS part year, no Rx claims	27,304	14	557	10,589	16,140	4	45,635	67	2,206	15,532	27,824	6

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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]
RHODE ISLAND, 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	**57.8**	**23.5**	**$1,832**	**$78**	**$12,573**	**14.6**	**89,799**
Age							
5 and younger	17.8	1.2	66	54	3,518	1.9	8,636
6-14	30.3	3.6	192	54	4,181	4.6	12,777
15-20	29.9	4.3	262	61	8,667	3.0	7,424
21-44	52.7	16.9	1,594	95	11,124	14.3	24,610
45-64	82.3	42.2	3,756	89	19,723	19.0	18,085
65-74	88.3	42.5	2,952	70	13,750	21.5	7,041
75-84	90.2	47.2	2,916	62	18,344	15.9	6,405
85 and older	93.0	51.3	2,679	52	28,239	9.5	4,821
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	89.6	45.8	2,699	59	20,144	13.4	14,358
Disabled	83.9	37.4	3,320	89	19,950	16.6	37,158
Adults	22.5	2.2	66	31	2,210	3.0	14,987
Children	18.8	1.3	43	34	2,722	1.6	22,960
Unknown	76.5	15.4	1,209	79	8,617	14.0	336
Gender							
Female	61.3	27.2	1,971	72	12,083	16.3	53,141
Male	52.8	18.2	1,631	90	13,284	12.3	36,658
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	70.3	33.8	2,631	78	18,238	14.4	42,283
African American	55.8	17.4	1,510	87	9,342	16.2	7,391
Other/unknown	45.1	13.9	1,049	76	7,199	14.6	40,125
Use of Nursing Facilities[f]							
Entire year	93.4	73.0	4,561	63	85,708	5.3	4,683
Part year	95.0	58.6	3,505	60	37,795	9.3	3,104
None	54.4	19.4	1,613	83	7,442	21.7	82,012
Maintenance Assistance Status							
Cash	71.5	30.2	2,573	85	13,638	18.9	39,988
Medically needy	95.1	56.3	3,779	67	34,475	11.0	387
Poverty related	16.9	1.6	95	61	1,851	5.1	8,688
Other/unknown	52.9	21.3	1,456	68	13,606	10.7	40,736

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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]
RHODE ISLAND, 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	**3.1**	**$240**	**14.6**	**42.2**	**18.3**	**8.3**	**17.2**	**11.2**	**2.9**	**$1,649**	**89,799**	**684,737**
Age												
5 and younger	0.4	21	1.9	82.2	14.2	2.0	1.3	0.2	0.0	1,109	8,636	27,409
6-14	0.7	36	4.6	69.7	21.7	4.4	3.7	0.5	0.0	782	12,777	68,346
15-20	0.8	50	3.0	70.1	19.9	4.3	4.5	1.1	0.1	1,659	7,424	38,796
21-44	2.4	230	14.3	47.3	20.9	8.4	14.5	7.3	1.6	1,608	24,610	170,259
45-64	4.1	367	19.0	17.7	16.1	11.4	28.8	20.2	5.7	1,929	18,085	184,875
65-74	3.9	269	21.5	11.7	19.2	14.0	30.0	19.5	5.6	1,253	7,041	77,283
75-84	4.4	270	15.9	9.8	14.9	12.1	31.9	25.0	6.4	1,698	6,405	69,180
85 and older	5.1	266	9.5	7.0	11.2	10.4	33.1	30.2	8.0	2,802	4,821	48,589
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	4.4	258	13.4	10.4	15.7	12.2	30.6	24.3	6.7	1,925	14,358	150,247
Disabled	3.4	303	16.6	16.1	23.1	12.2	27.1	17.1	4.3	1,822	37,158	406,963
Adults	0.8	24	3.0	77.5	13.0	4.2	4.0	1.0	0.2	818	14,987	40,487
Children	0.3	12	1.6	81.2	15.2	2.1	1.3	0.1	0.0	741	22,960	84,311
Unknown	1.9	149	14.0	23.5	37.2	14.6	19.6	4.5	0.6	1,061	336	2,729
Gender												
Female	3.5	257	16.3	38.7	16.9	8.5	18.9	13.3	3.7	1,572	53,141	408,332
Male	2.4	216	12.3	47.2	20.3	8.1	14.7	8.1	1.8	1,762	36,658	276,405
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.8	296	14.4	29.7	17.1	9.5	22.2	16.8	4.7	2,049	42,283	376,369
African American	2.2	191	16.2	44.2	24.0	8.4	14.8	7.1	1.4	1,180	7,391	58,496
Other/unknown	2.2	168	14.6	54.9	18.4	7.0	12.4	6.0	1.3	1,156	40,125	249,872
Use of Nursing Facilities[f]												
Entire year	6.5	406	5.3	6.6	3.9	5.6	28.4	39.4	16.1	7,625	4,683	52,636
Part year	6.3	374	9.3	5.0	7.0	7.8	31.0	36.8	12.5	4,035	3,104	29,074
None	2.6	219	21.7	45.6	19.5	8.5	16.0	8.6	1.8	1,012	82,012	603,027
Maintenance Assistance Status												
Cash	3.2	272	18.9	28.5	20.6	11.0	23.2	13.6	3.1	1,441	39,988	378,577
Medically needy	5.6	374	11.0	4.9	11.9	12.1	27.9	32.0	11.1	3,415	387	3,907
Poverty related	0.5	32	5.1	83.1	12.3	2.2	1.9	0.4	0.0	633	8,688	25,401
Other/unknown	3.1	214	10.7	47.1	17.3	6.9	14.5	10.9	3.3	2,002	40,736	276,852

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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]

RHODE ISLAND, 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	**3.1**	**$240**	**$78**	**1.3**	**$180**	**$139**	**0.1**	**$12**	**$115**	**1.7**	**$48**	**$28**
Age												
5 and younger	0.4	21	54	0.2	18	114	0.0	1	42	0.2	2	11
6-14	0.7	36	54	0.4	29	80	0.0	2	63	0.3	5	19
15-20	0.8	50	61	0.4	38	95	0.0	2	63	0.4	10	27
21-44	2.4	230	95	1.0	176	178	0.1	13	128	1.3	41	31
45-64	4.1	367	89	1.7	271	159	0.2	22	146	2.3	74	33
65-74	3.9	269	70	1.7	201	118	0.1	11	96	2.0	56	28
75-84	4.4	270	62	1.9	204	109	0.1	9	73	2.4	56	24
85 and older	5.1	266	52	2.0	195	98	0.2	11	67	2.9	60	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.4	258	59	1.8	194	106	0.1	9	74	2.4	55	23
Disabled	3.4	303	89	1.4	227	159	0.1	17	133	1.9	59	32
Adults	0.8	24	31	0.3	17	53	0.0	1	43	0.5	7	14
Children	0.3	12	34	0.2	9	51	0.0	1	53	0.2	2	14
Unknown	1.9	149	79	0.7	115	159	0.0	4	77	1.1	30	27
Gender												
Female	3.5	257	72	1.5	191	130	0.1	13	100	2.0	53	27
Male	2.4	216	90	1.0	165	157	0.1	12	150	1.3	40	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.8	296	78	1.6	218	139	0.1	17	119	2.1	61	29
African American	2.2	191	87	0.9	147	162	0.1	10	141	1.2	34	28
Other/unknown	2.2	168	76	1.0	130	134	0.1	6	96	1.2	32	27
Use of Nursing Facilities[e]												
Entire year	6.5	406	63	2.6	306	117	0.2	15	72	3.7	85	23
Part year	6.3	374	60	2.4	276	115	0.2	16	90	3.7	82	22
None	2.6	219	83	1.1	165	146	0.1	12	125	1.4	43	30
Maintenance Assistance Status												
Cash	3.2	272	85	1.3	204	152	0.1	15	128	1.7	53	31
Medically needy	5.6	374	67	2.2	279	125	0.2	18	104	3.2	77	24
Poverty related	0.5	32	61	0.2	25	116	0.0	1	68	0.3	7	22
Other/unknown	3.1	214	68	1.3	160	122	0.1	10	97	1.7	43	25

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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 Rhode Island, 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]

RHODE ISLAND, 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	$36	$27	$4	$5	$113	$283	$100	$26	102,559	$11,565,265	29,295	32.6	323,547
Biologicals	0.4	0.3	0.0	0.1	832	538	0	294	2123	1,994	0	2,406	138	292,913	42	0.0	352
Antineoplastic Agents	0.6	0.2	0.0	0.4	123	100	0	23	218	480	178	66	7,831	1,710,245	1,280	1.4	13,856
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.4	47	33	4	9	65	117	68	25	167,543	10,813,020	21,021	23.4	231,972
Cardiovascular Agents	1.2	0.6	0.0	0.7	72	56	1	15	58	97	82	23	391,708	22,641,838	28,423	31.7	315,250
Respiratory Agents	0.7	0.5	0.0	0.2	46	41	2	3	64	87	69	13	165,900	10,581,986	20,639	23.0	229,557
Gastrointestinal Agents	0.7	0.3	0.0	0.4	65	50	1	14	93	148	115	40	158,723	14,804,964	20,310	22.6	227,148
Genitourinary Agents	0.5	0.4	0.0	0.1	32	28	1	3	67	81	61	27	35,818	2,390,684	6,627	7.4	73,879
CNS Drugs	1.4	0.6	0.0	0.8	136	110	2	24	98	177	144	32	456,592	44,717,169	29,950	33.4	328,930
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	54	47	1	6	73	88	82	32	20,432	1,500,132	2,619	2.9	27,788
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	138	138	0	0	175	177	0	27	21,616	3,786,171	2,542	2.8	27,430
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	44	16	11	17	60	150	222	29	222,171	13,280,653	27,568	30.7	303,004
Neuromuscular Agents	0.9	0.3	0.0	0.6	71	45	4	22	81	163	101	39	161,904	13,104,235	16,439	18.3	183,841
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	7	17	27	33	16	23,192	389,468	4,615	5.1	49,156
Hematological Agents	0.8	0.3	0.0	0.5	81	74	1	7	102	270	64	13	62,629	6,362,951	7,125	7.9	78,422
Topical Products	0.4	0.2	0.0	0.2	21	14	1	6	48	80	59	24	107,271	5,173,640	22,484	25.0	252,098
Miscellaneous Products	0.3	0.2	0.0	0.1	64	48	3	14	204	278	199	106	6,441	1,313,063	1,864	2.1	20,435
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	41	0	0	0	1,563	64,674	632	0.7	7,192
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.	2,114,031	164,493,071	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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 Rhode Island, 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]

RHODE ISLAND, 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	$27,729,082	15,907	17.7	179,505	0.7	$214	$154
ANTIDEPRESSANTS	13,530,158	32,327	36.0	361,625	0.6	60	37
ULCER DRUGS	11,936,465	19,429	21.6	219,356	0.6	98	54
ANTICONVULSANT	11,636,703	14,608	16.3	165,578	0.7	96	70
ANTIHYPERLIPIDEMIC	10,006,210	15,936	17.7	182,141	0.6	86	55
ANALGESICS - Narcotic	7,784,372	28,542	31.8	320,310	0.4	57	24
ANTIVIRAL	7,701,446	3,100	3.5	35,181	0.4	490	219
ANTIASTHMATIC	7,556,649	22,675	25.3	255,867	0.4	71	30
ANTIDIABETIC	6,921,982	14,636	16.3	165,743	0.5	78	42
ANTIHYPERTENSIVE	5,267,176	18,818	21.0	212,386	0.4	59	25
Total	110,070,243	185,978		2,097,692	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Rhode Island, released by CMS in 12/2008. 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.