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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
RHODE ISLAND

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
RHODE ISLAND, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	221050 (A)	40173 (E)	180877 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	211905 (B)	31579 (F)	180326 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	90691 (C)	31327 (G)	59364 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	4545 (D)	4124 (H)	421 (L)

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
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 2006 (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 2006, 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 2006 was $69,410,390, of which $1,151,294 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the 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 2006. 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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**90,691**	**14,060**	**37,618**	**15,862**	**22,721**	**430**	**701,105**	**148,792**	**414,540**	**51,830**	**82,437**	**3,506**
Age												
5 and younger	8,479	0	770	0	7,709	0	26,058	0	6,889	0	19,169	0
6-14	12,643	0	2,343	0	10,300	0	66,682	0	24,912	0	41,770	0
15-20	7,519	0	1,698	1,145	4,663	13	40,690	0	17,489	1,874	21,228	99
21-44	24,717	0	12,241	12,262	45	169	175,240	0	136,097	37,759	231	1,153
45-64	19,284	4	16,682	2,353	4	241	197,823	24	184,275	11,307	39	2,178
65-74	7,114	4,223	2,795	89	0	7	78,228	44,967	32,411	774	0	76
75-84	6,201	5,287	904	10	0	0	67,467	56,972	10,415	80	0	0
85 and older	4,733	4,546	184	3	0	0	48,905	46,829	2,040	36	0	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Gender												
Female	53,434	10,473	20,221	11,185	11,125	430	415,701	111,691	225,002	35,756	39,746	3,506
Male	37,257	3,587	17,397	4,677	11,596	0	285,404	37,101	189,538	16,074	42,691	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	41,356	7,218	22,194	5,805	5,820	319	377,642	77,304	248,017	21,839	27,842	2,640
African American	7,486	587	3,697	1,378	1,808	16	60,656	6,404	40,817	4,891	8,424	120
Other/unknown	41,849	6,255	11,727	8,679	15,093	95	262,807	65,084	125,706	25,100	46,171	746
Use of Nursing Facilities[c]												
Entire year	4,545	2,918	1,627	0	0	0	51,204	31,994	19,210	0	0	0
Part year	2,946	2,135	808	2	0	1	29,002	20,283	8,683	24	0	12
None	83,200	9,007	35,183	15,860	22,721	429	620,899	96,515	386,647	51,806	82,437	3,494
Maintenance Assistance Status												
Cash	39,459	4,608	28,755	2,352	3,744	0	381,854	51,798	320,258	3,789	6,009	0
Medically needy	385	187	194	3	1	0	4,026	1,981	2,040	3	2	0
Poverty-related	8,696	167	155	974	6,970	430	26,569	1,862	1,671	1,625	17,905	3,506
Other/unknown	42,151	9,098	8,514	12,533	12,006	0	288,656	93,151	90,571	46,413	58,521	0
Dual Medicare Status[d]												
Full dual, all year	30,693	12,621	16,571	1,462	6	33	336,272	134,113	188,237	13,514	48	360
Full dual, part year	634	383	245	6	0	0	7,067	4,293	2,710	64	0	0
Non-dual, all year	59,364	1,056	20,802	14,394	22,715	397	357,766	10,386	223,593	38,252	82,389	3,146
Managed Care (MC) Status												
Fee-for-service (FFS) all year	58,816	14,048	36,269	3,211	4,870	418	632,360	148,696	407,392	26,869	45,943	3,460
FFS part year, with Rx claims	5,399	5	810	2,317	2,259	8	24,157	46	4,878	8,915	10,278	40
FFS part year, no Rx claims	26,476	7	539	10,334	15,592	4	44,588	50	2,270	16,046	26,216	6

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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 2006. 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, 2006

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	**46.0**	**9.7**	**$753**	**$78**	**$11,748**	**6.4**	**90,691**
Age							
5 and younger	18.1	1.2	65	54	3,462	1.9	8,479
6-14	30.8	3.4	182	53	4,154	4.4	12,643
15-20	31.3	4.2	276	66	8,529	3.2	7,519
21-44	45.9	10.0	859	86	10,498	8.2	24,717
45-64	69.1	23.4	1,975	84	18,094	10.9	19,284
65-74	54.5	6.8	358	53	11,146	3.2	7,114
75-84	50.0	4.4	165	38	16,279	1.0	6,201
85 and older	48.4	3.5	94	27	27,631	0.3	4,733
Unknown	100.0	4.0	37	9	366	10.1	1
Basis of Eligibility[e]							
Aged	49.8	4.6	187	41	18,529	1.0	14,060
Disabled	69.3	19.8	1,681	85	18,789	8.9	37,618
Adults	24.2	2.1	58	27	2,261	2.5	15,862
Children	19.7	1.3	45	35	2,563	1.7	22,721
Unknown	77.4	14.1	1,126	80	9,308	12.1	430
Gender							
Female	48.4	10.7	779	73	11,212	6.9	53,434
Male	42.5	8.2	715	88	12,516	5.7	37,257
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	56.1	13.4	1,012	76	17,076	5.9	41,356
African American	46.2	9.3	825	89	8,735	9.4	7,486
Other/unknown	36.0	6.1	483	80	7,020	6.9	41,849
Use of Nursing Facilities[f]							
Entire year	53.6	9.7	568	59	86,441	0.7	4,545
Part year	60.7	11.8	749	64	38,594	1.9	2,946
None	45.1	9.6	763	80	6,717	11.4	83,200
Maintenance Assistance Status							
Cash	58.4	16.4	1,401	85	12,765	11.0	39,459
Medically needy	64.2	11.5	991	86	35,899	2.8	385
Poverty related	17.8	1.3	77	58	1,940	3.9	8,696
Other/unknown	40.0	5.0	283	56	12,598	2.2	42,151

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

				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	**1.3**	**$97**	**6.4**	**54.0**	**28.2**	**6.0**	**7.5**	**3.4**	**0.8**	**$1,520**	**90,691**	**701,105**
Age												
5 and younger	0.4	21	1.9	81.9	14.2	2.4	1.3	0.2	0.0	1,126	8,479	26,058
6-14	0.7	35	4.4	69.2	22.1	4.7	3.6	0.4	0.1	788	12,643	66,682
15-20	0.8	51	3.2	68.7	21.4	4.7	4.1	0.9	0.1	1,576	7,519	40,690
21-44	1.4	121	8.2	54.1	25.6	6.9	8.9	3.7	0.7	1,481	24,717	175,240
45-64	2.3	193	10.9	30.9	30.5	9.2	16.7	9.9	2.8	1,764	19,284	197,823
65-74	0.6	33	3.2	45.5	42.3	6.1	4.8	1.0	0.3	1,014	7,114	78,228
75-84	0.4	15	1.0	50.0	43.3	4.1	2.1	0.5	0.1	1,496	6,201	67,467
85 and older	0.3	9	0.3	51.6	44.1	2.6	1.4	0.4	0.0	2,674	4,733	48,905
Unknown	0.3	3	10.1	0.0	100.0	0.0	0.0	0.0	0.0	31	1	12
Basis of Eligibility[e]												
Aged	0.4	18	1.0	50.2	42.3	4.2	2.7	0.5	0.1	1,751	14,060	148,792
Disabled	1.8	153	8.9	30.7	35.9	9.4	14.6	7.5	1.9	1,705	37,618	414,540
Adults	0.6	18	2.5	75.8	15.1	4.5	3.7	0.8	0.1	692	15,862	51,830
Children	0.3	12	1.7	80.3	15.8	2.5	1.3	0.1	0.0	706	22,721	82,437
Unknown	1.7	138	12.1	22.6	40.5	14.9	17.4	4.2	0.5	1,142	430	3,506
Gender												
Female	1.4	100	6.9	51.6	29.3	6.3	7.9	3.9	1.1	1,441	53,434	415,701
Male	1.1	93	5.7	57.5	26.7	5.6	7.0	2.6	0.5	1,634	37,257	285,404
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.5	111	5.9	43.9	33.4	7.1	9.2	5.0	1.4	1,870	41,356	377,642
African American	1.1	102	9.4	53.8	28.3	6.2	7.7	3.3	0.6	1,078	7,486	60,656
Other/unknown	1.0	77	6.9	64.0	23.1	5.0	5.8	1.8	0.4	1,118	41,849	262,807
Use of Nursing Facilities[f]												
Entire year	0.9	50	0.7	46.4	41.2	4.5	3.6	2.9	1.3	7,673	4,545	51,204
Part year	1.2	76	1.9	39.3	46.7	4.0	3.7	3.7	2.5	3,920	2,946	29,002
None	1.3	102	11.4	54.9	26.9	6.2	7.9	3.4	0.8	900	83,200	620,899
Maintenance Assistance Status												
Cash	1.7	145	11.0	41.6	30.8	7.7	11.9	6.4	1.7	1,319	39,459	381,854
Medically needy	1.1	95	2.8	35.8	42.6	6.5	8.8	6.0	0.3	3,433	385	4,026
Poverty related	0.4	25	3.9	82.2	13.6	2.3	1.5	0.3	0.0	635	8,696	26,569
Other/unknown	0.7	41	2.2	60.0	28.7	5.2	4.6	1.2	0.3	1,840	42,151	288,656

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.3**	**$97**	**$78**	**0.4**	**$70**	**$158**	**0.1**	**$8**	**$123**	**0.7**	**$20**	**$26**
Age												
5 and younger	0.4	21	54	0.2	17	113	0.0	2	75	0.2	3	12
6-14	0.7	35	53	0.3	28	82	0.0	2	51	0.3	5	19
15-20	0.8	51	66	0.3	39	113	0.0	3	64	0.4	9	24
21-44	1.4	121	86	0.5	89	183	0.1	9	122	0.9	23	27
45-64	2.3	193	84	0.8	136	170	0.1	17	141	1.4	40	30
65-74	0.6	33	53	0.2	22	115	0.0	3	102	0.4	8	20
75-84	0.4	15	38	0.1	10	94	0.0	1	81	0.3	4	15
85 and older	0.3	9	27	0.1	5	79	0.0	1	62	0.3	3	12
Unknown	0.3	3	9	0.0	0	0	0.0	0	0	0.3	3	9
Basis of Eligibility[d]												
Aged	0.4	18	41	0.1	12	98	0.0	1	86	0.3	5	16
Disabled	1.8	153	85	0.6	110	172	0.1	12	131	1.1	30	28
Adults	0.6	18	27	0.2	10	49	0.0	2	50	0.4	6	15
Children	0.3	12	35	0.2	9	55	0.0	1	40	0.2	3	15
Unknown	1.7	138	80	0.6	95	154	0.1	17	174	1.0	26	25
Gender												
Female	1.4	100	73	0.5	70	149	0.1	9	119	0.8	21	26
Male	1.1	93	88	0.4	69	174	0.1	7	130	0.6	17	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.5	111	76	0.5	77	154	0.1	10	126	0.9	24	27
African American	1.1	102	89	0.4	78	193	0.0	7	139	0.7	17	25
Other/unknown	1.0	77	80	0.4	58	158	0.0	5	112	0.6	14	25
Use of Nursing Facilities[e]												
Entire year	0.9	50	59	0.2	35	156	0.0	4	108	0.6	12	20
Part year	1.2	76	64	0.3	52	151	0.0	5	107	0.8	19	23
None	1.3	102	80	0.5	74	159	0.1	8	124	0.8	20	27
Maintenance Assistance Status												
Cash	1.7	145	85	0.6	104	172	0.1	12	135	1.0	29	29
Medically needy	1.1	95	86	0.3	72	212	0.0	5	156	0.7	17	23
Poverty related	0.4	25	58	0.2	17	109	0.0	3	133	0.3	5	20
Other/unknown	0.7	41	56	0.3	30	117	0.0	3	82	0.4	9	20

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Rhode Island, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx
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, 2006

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	$38	$30	$2	$6	$128	$371	$71	$30	49,332	$6,337,000	15,456	17.0	166,755
Biologicals	0.4	0.4	0.0	0.0	798	798	0	0	1808	1,808	0	0	132	238,643	36	0.0	299
Antineoplastic Agents	0.4	0.2	0.0	0.3	118	102	0	16	268	614	269	57	2,817	754,664	600	0.7	6,379
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	34	25	1	8	67	125	64	28	56,981	3,801,694	10,273	11.3	110,528
Cardiovascular Agents	0.7	0.4	0.0	0.4	46	34	3	9	63	97	105	26	107,492	6,754,209	13,154	14.5	145,399
Respiratory Agents	0.5	0.3	0.0	0.2	32	26	3	3	60	91	69	16	79,833	4,807,422	13,899	15.3	151,766
Gastrointestinal Agents	0.5	0.3	0.0	0.2	56	39	7	10	108	153	500	42	56,173	6,071,914	9,742	10.7	108,972
Genitourinary Agents	0.3	0.2	0.1	0.1	19	12	4	3	60	77	86	26	9,385	564,991	2,625	2.9	29,012
CNS Drugs	1.0	0.3	0.1	0.6	87	66	6	15	89	198	104	25	226,051	20,084,277	20,983	23.1	230,487
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.2	49	44	1	5	68	79	81	30	16,552	1,132,463	2,236	2.5	23,082
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	109	109	0	0	310	313	0	41	2,003	620,943	513	0.6	5,707
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	34	11	8	15	53	185	264	27	107,799	5,765,056	15,505	17.1	167,829
Neuromuscular Agents	0.7	0.2	0.0	0.5	48	31	3	14	65	159	103	28	89,753	5,856,954	10,939	12.1	121,921
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	17	27	31	16	8,603	147,314	2,749	3.0	29,258
Hematological Agents	0.6	0.1	0.0	0.5	66	60	0	6	117	542	35	13	24,260	2,832,665	3,842	4.2	42,795
Topical Products	0.3	0.1	0.0	0.2	14	10	1	4	49	92	55	23	36,030	1,766,046	11,316	12.5	123,700
Miscellaneous Products	0.3	0.2	0.0	0.1	58	46	2	10	220	281	139	119	2,981	657,044	1,033	1.1	11,291
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	85	0	0	0	773	65,797	352	0.4	4,014
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.	876,950	68,259,096	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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.medi-span.com/master-drug-database.aspx.

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Rhode Island, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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, 2006

		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	$11,997,238	7,562	8.3	85,523	0.6	$240	$140
ANTIDEPRESSANTS	5,621,005	16,230	17.9	182,098	0.5	62	31
ANTICONVULSANT	5,363,107	9,832	10.8	111,136	0.6	74	48
ANTIVIRAL	4,446,750	1,694	1.9	19,129	0.4	523	232
ULCER DRUGS	4,406,208	9,094	10.0	103,550	0.4	104	43
ANALGESICS - Narcotic	3,522,286	15,242	16.8	170,844	0.4	53	21
ANTIASTHMATIC	3,358,427	12,140	13.4	134,780	0.4	71	25
ANTIHYPERLIPIDEMIC	3,241,230	7,142	7.9	81,071	0.5	83	40
ANTIDIABETIC	2,570,128	6,487	7.2	72,744	0.4	88	35
MISC. HEMATOLOGICAL	1,557,629	804	0.9	8,927	0.5	335	174
Total	46,084,008	86,227	n.a.	969,802	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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.