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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
TEXAS

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
TEXAS, 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]	4151664 (A)	604729 (E)	3546935 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	3846567 (B)	392692 (F)	3453875 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	3650023 (C)	382152 (G)	3267871 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	49368 (D)	45058 (H)	4310 (L)

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.
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 Texas in 2006 was $1,588,780,617, of which $8,131,226 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.2) 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]

TEXAS, 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	**3,650,023**	**268,149**	**453,705**	**447,649**	**2,478,840**	**1,680**	**27,048,437**	**2,877,737**	**4,668,676**	**2,162,783**	**17,324,499**	**14,742**
Age												
5 and younger	1,210,745	1	21,022	557	1,189,164	1	8,445,273	6	207,807	3,279	8,234,177	4
6-14	1,028,445	2	59,062	879	968,502	0	7,535,864	18	630,532	4,498	6,900,816	0
15-20	434,722	0	38,576	76,111	320,026	9	2,940,912	0	407,032	353,828	2,179,995	57
21-44	479,439	5	136,139	341,896	739	660	3,067,350	32	1,407,028	1,648,839	5,965	5,486
45-64	225,621	63	196,197	28,031	396	934	2,157,414	361	1,993,560	151,559	3,453	8,481
65-74	105,486	103,417	1,816	167	10	76	1,144,572	1,126,640	16,423	715	80	714
75-84	101,472	100,852	615	5	0	0	1,104,706	1,099,784	4,877	45	0	0
85 and older	64,091	63,809	278	3	1	0	652,335	650,896	1,417	20	2	0
Unknown	2	0	0	0	2	0	11	0	0	0	11	0
Gender												
Female	2,051,498	187,343	228,982	410,860	1,222,633	1,680	14,956,595	2,023,315	2,379,028	1,980,786	8,558,724	14,742
Male	1,598,470	80,803	224,719	36,788	1,256,160	0	12,091,566	854,409	2,289,633	181,995	8,765,529	0
Unknown	55	3	4	1	47	0	276	13	15	2	246	0
Race												
White	887,865	113,297	152,471	128,222	493,062	813	6,878,796	1,182,606	1,583,033	641,712	3,464,337	7,108
African American	698,194	36,649	115,097	108,603	437,615	230	4,850,942	388,519	1,152,040	484,729	2,823,674	1,980
Other/unknown	2,063,964	118,203	186,137	210,824	1,548,163	637	15,318,699	1,306,612	1,933,603	1,036,342	11,036,488	5,654
Use of Nursing Facilities[c]												
Entire year	49,368	41,468	7,893	6	1	0	508,742	423,320	85,378	41	3	0
Part year	42,616	34,126	8,436	28	21	5	432,894	345,583	86,858	223	183	47
None	3,558,039	192,555	437,376	447,615	2,478,818	1,675	26,106,801	2,108,834	4,496,440	2,162,519	17,324,313	14,695
Maintenance Assistance Status												
Cash	794,939	167,720	413,945	62,922	150,352	0	7,583,883	1,868,980	4,246,608	306,089	1,162,206	0
Medically needy	77,068	0	0	75,881	1,187	0	512,460	0	0	505,030	7,430	0
Poverty-related	2,271,632	1,465	2,375	251,756	2,014,356	1,680	15,063,222	15,459	23,439	1,059,329	13,950,253	14,742
Other/unknown	506,384	98,964	37,385	57,090	312,945	0	3,888,872	993,298	398,629	292,335	2,204,610	0
Dual Medicare Status[d]												
Full dual, all year	371,490	254,572	114,490	2,067	244	117	4,005,356	2,747,033	1,243,678	11,217	2,256	1,172
Full dual, part year	10,662	6,768	3,862	29	3	0	108,680	69,101	39,263	283	33	0
Non-dual, all year	3,267,871	6,809	335,353	445,553	2,478,593	1,563	22,934,401	61,603	3,385,735	2,151,283	17,322,210	13,570
Managed Care (MC) Status												
Fee-for-service (FFS) all year	2,090,771	249,835	371,233	272,232	1,195,808	1,663	17,941,608	2,696,996	3,921,594	1,532,202	9,776,156	14,660
FFS part year, with Rx claims	800,351	2,526	31,085	109,548	657,178	14	3,666,960	9,984	185,354	320,325	3,151,233	64
FFS part year, no Rx claims	324,079	1,756	5,693	22,691	293,936	3	1,242,008	6,605	28,656	53,742	1,152,987	18

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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]

TEXAS, 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	**69.7**	**6.3**	**$433**	**$69**	**$3,364**	**12.9**	**3,650,023**
Age							
5 and younger	76.5	5.9	235	40	2,032	11.5	1,210,745
6-14	66.9	5.0	363	72	1,504	24.2	1,028,445
15-20	66.3	5.1	400	79	2,299	17.4	434,722
21-44	73.3	7.3	665	91	4,769	13.9	479,439
45-64	71.9	17.4	1,688	97	10,189	16.6	225,621
65-74	48.6	3.9	238	62	6,528	3.6	105,486
75-84	47.0	3.2	144	44	9,969	1.4	101,472
85 and older	47.4	3.7	154	41	15,409	1.0	64,091
Unknown	50.0	1.5	115	76	1,577	7.3	2
Basis of Eligibility[e]							
Aged	47.6	3.6	180	50	9,928	1.8	268,149
Disabled	73.3	15.7	1,746	112	11,078	15.8	453,705
Adults	75.6	5.2	275	53	2,346	11.7	447,649
Children	70.4	5.1	248	49	1,420	17.5	2,478,840
Unknown	56.3	8.1	1,181	146	12,214	9.7	1,680
Gender							
Female	70.9	6.4	415	65	3,449	12.0	2,051,498
Male	68.3	6.2	457	74	3,256	14.0	1,598,470
Unknown	21.8	1.7	239	137	2,017	11.9	55
Race							
White	68.5	7.3	593	82	5,258	11.3	887,865
African American	62.4	5.5	402	73	2,946	13.7	698,194
Other/unknown	72.8	6.1	375	61	2,691	13.9	2,063,964
Use of Nursing Facilities[f]							
Entire year	59.8	13.2	815	62	26,550	3.1	49,368
Part year	61.0	12.0	763	64	21,721	3.5	42,616
None	70.0	6.1	424	69	2,823	15.0	3,558,039
Maintenance Assistance Status							
Cash	67.8	10.6	1,070	101	6,326	16.9	794,939
Medically needy	71.2	6.6	473	72	2,882	16.4	77,068
Poverty related	70.9	4.8	224	46	1,315	17.0	2,271,632
Other/unknown	67.2	5.9	364	62	7,983	4.6	506,384

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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]

TEXAS, 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	**0.8**	**$58**	**12.9**	**30.3**	**49.8**	**9.4**	**7.2**	**2.2**	**1.2**	**$454**	**3,650,023**	**27,048,437**
Age												
5 and younger	0.8	34	11.5	23.5	55.9	10.2	7.1	2.2	1.2	291	1,210,745	8,445,273
6-14	0.7	50	24.2	33.1	51.3	7.5	5.7	1.6	0.8	205	1,028,445	7,535,864
15-20	0.8	59	17.4	33.7	48.6	8.0	6.6	2.2	0.9	340	434,722	2,940,912
21-44	1.1	104	13.9	26.7	45.0	13.2	9.9	3.4	1.8	745	479,439	3,067,350
45-64	1.8	177	16.6	28.1	32.2	15.7	16.1	4.9	3.0	1,066	225,621	2,157,414
65-74	0.4	22	3.6	51.4	42.0	3.3	2.2	0.7	0.3	602	105,486	1,144,572
75-84	0.3	13	1.4	53.0	42.0	2.4	1.7	0.7	0.2	916	101,472	1,104,706
85 and older	0.4	15	1.0	52.6	40.6	3.2	2.5	1.0	0.2	1,514	64,091	652,335
Unknown	0.3	21	7.3	50.0	50.0	0.0	0.0	0.0	0.0	287	2	11
Basis of Eligibility[e]												
Aged	0.3	17	1.8	52.4	41.8	2.9	2.0	0.8	0.2	925	268,149	2,877,737
Disabled	1.5	170	15.8	26.7	39.3	13.8	13.8	4.2	2.2	1,077	453,705	4,668,676
Adults	1.1	57	11.7	24.4	46.8	13.5	10.0	3.5	1.7	486	447,649	2,162,783
Children	0.7	36	17.5	29.6	53.1	8.5	6.0	1.8	1.0	203	2,478,840	17,324,499
Unknown	0.9	135	9.7	43.8	28.5	19.3	8.4	0.1	0.1	1,392	1,680	14,742
Gender												
Female	0.9	57	12.0	29.1	50.1	9.7	7.4	2.4	1.3	473	2,051,498	14,956,595
Male	0.8	60	14.0	31.7	49.4	9.0	6.8	2.0	1.1	430	1,598,470	12,091,566
Unknown	0.3	48	11.9	78.2	16.4	3.6	1.8	0.0	0.0	402	55	276
Race												
White	0.9	77	11.3	31.5	47.5	9.6	7.7	2.4	1.3	679	887,865	6,878,796
African American	0.8	58	13.7	37.6	44.1	7.8	6.7	2.4	1.2	424	698,194	4,850,942
Other/unknown	0.8	51	13.9	27.2	52.7	9.8	7.1	2.1	1.1	363	2,063,964	15,318,699
Use of Nursing Facilities[f]												
Entire year	1.3	79	3.1	40.2	40.5	5.7	5.4	5.3	2.8	2,576	49,368	508,742
Part year	1.2	75	3.5	39.0	41.2	5.7	7.5	4.6	2.0	2,138	42,616	432,894
None	0.8	58	15.0	30.0	50.0	9.5	7.2	2.2	1.1	385	3,558,039	26,106,801
Maintenance Assistance Status												
Cash	1.1	112	16.9	32.2	42.6	10.8	9.9	2.9	1.6	663	794,939	7,583,883
Medically needy	1.0	71	16.4	28.8	46.0	17.0	7.7	0.4	0.2	433	77,068	512,460
Poverty related	0.7	34	17.0	29.1	52.0	8.9	6.6	2.3	1.2	198	2,271,632	15,063,222
Other/unknown	0.8	47	4.6	32.8	51.5	8.1	5.6	1.4	0.6	1,040	506,384	3,888,872

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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]

TEXAS, 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	**0.8**	**$58**	**$69**	**0.3**	**$43**	**$150**	**0.1**	**$5**	**$76**	**0.5**	**$11**	**$21**
Age												
5 and younger	0.8	34	40	0.2	21	94	0.1	3	37	0.5	10	18
6-14	0.7	50	72	0.3	39	136	0.1	3	56	0.3	8	22
15-20	0.8	59	79	0.3	47	159	0.0	4	92	0.4	9	21
21-44	1.1	104	91	0.4	80	204	0.1	9	150	0.7	16	23
45-64	1.8	177	97	0.7	131	195	0.1	17	167	1.0	28	27
65-74	0.4	22	62	0.1	15	138	0.0	2	125	0.2	5	20
75-84	0.3	13	44	0.1	8	107	0.0	1	91	0.2	4	18
85 and older	0.4	15	41	0.1	9	100	0.0	1	76	0.3	5	18
Unknown	0.3	21	76	0.3	21	76	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.3	17	50	0.1	11	119	0.0	2	103	0.2	4	19
Disabled	1.5	170	112	0.6	134	222	0.1	13	149	0.8	22	27
Adults	1.1	57	53	0.3	38	114	0.0	7	137	0.7	13	18
Children	0.7	36	49	0.2	25	107	0.1	3	43	0.4	8	19
Unknown	0.9	135	146	0.4	105	287	0.1	16	306	0.5	13	26
Gender												
Female	0.9	57	65	0.3	41	142	0.1	5	84	0.5	11	21
Male	0.8	60	74	0.3	46	159	0.1	4	67	0.5	10	22
Unknown	0.3	48	137	0.3	41	163	0.0	1	44	0.1	6	69
Race												
White	0.9	77	82	0.3	58	167	0.1	6	109	0.5	13	24
African American	0.8	58	73	0.3	44	158	0.0	4	91	0.5	10	21
Other/unknown	0.8	51	61	0.3	36	137	0.1	4	61	0.5	10	21
Use of Nursing Facilities[e]												
Entire year	1.3	79	62	0.4	55	141	0.1	6	103	0.8	17	21
Part year	1.2	75	64	0.4	52	146	0.1	6	106	0.8	17	22
None	0.8	58	69	0.3	43	150	0.1	5	75	0.5	10	21
Maintenance Assistance Status												
Cash	1.1	112	101	0.4	88	206	0.1	9	130	0.6	16	26
Medically needy	1.0	71	72	0.3	51	162	0.0	7	140	0.6	14	22
Poverty related	0.7	34	46	0.2	23	99	0.1	3	47	0.4	8	19
Other/unknown	0.8	47	62	0.3	35	137	0.0	3	69	0.5	9	20

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 Texas, 1.0 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]

TEXAS, 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	$15	$9	$1	$5	$52	$137	$50	$25	3,921,668	$204,589,716	1,636,042	44.8	13,460,084
Biologicals	0.4	0.4	0.0	0.0	622	611	10	1	1570	1,558	2,796	1,979	11,798	18,522,173	4,086	0.1	29,799
Antineoplastic Agents	0.3	0.1	0.0	0.2	99	77	1	21	297	911	237	87	42,257	12,558,314	12,771	0.3	126,355
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	25	18	1	6	82	196	74	30	1,270,332	104,197,615	487,629	13.4	4,161,230
Cardiovascular Agents	0.6	0.2	0.1	0.4	41	25	9	7	65	114	167	20	1,399,727	91,447,385	228,903	6.3	2,233,150
Respiratory Agents	0.4	0.2	0.1	0.2	21	15	2	4	50	94	36	19	5,519,386	274,078,416	1,525,150	41.8	12,777,754
Gastrointestinal Agents	0.3	0.2	0.0	0.1	29	24	3	2	91	133	344	18	915,532	83,481,323	322,012	8.8	2,877,872
Genitourinary Agents	0.3	0.1	0.0	0.1	15	9	2	4	59	91	91	30	251,126	14,781,198	133,815	3.7	964,833
CNS Drugs	0.6	0.3	0.0	0.3	76	63	6	7	123	253	131	21	2,360,596	290,071,832	398,970	10.9	3,817,585
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	75	71	1	2	123	133	205	37	633,873	78,035,229	111,947	3.1	1,047,076
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	92	89	0	2	264	275	149	101	46,520	12,278,123	13,392	0.4	134,021
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	10	5	1	4	34	239	286	15	2,493,084	85,476,039	998,279	27.3	8,377,511
Neuromuscular Agents	0.6	0.2	0.0	0.3	62	47	4	12	112	225	158	36	1,007,786	113,197,303	184,982	5.1	1,823,094
Nutritional Products	0.3	0.1	0.0	0.2	7	5	0	2	28	50	37	13	485,664	13,643,337	261,073	7.2	1,884,121
Hematological Agents	0.3	0.2	0.0	0.2	86	83	0	3	247	503	63	16	257,494	63,649,022	89,312	2.4	738,245
Topical Products	0.3	0.1	0.0	0.1	12	9	0	3	47	86	53	19	2,241,916	105,711,714	1,039,575	28.5	8,768,550
Miscellaneous Products	0.4	0.2	0.0	0.2	194	165	16	13	482	836	430	77	28,210	13,605,243	6,930	0.2	70,226
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	51	0	0	0	25,889	1,325,409	20,064	0.5	178,431
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.	22,912,858	1,580,649,391	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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 Texas, 1.0 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]

TEXAS, 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	$191,836,176	129,513	3.5	1,325,006	0.5	$314	$145
ANTIASTHMATIC	139,469,888	795,699	21.8	7,051,206	0.2	81	20
ANTICONVULSANT	100,724,636	132,589	3.6	1,375,451	0.5	146	73
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	75,299,565	125,502	3.4	1,197,091	0.5	124	63
DERMATOLOGICAL	67,664,802	1,070,419	29.3	9,590,148	0.2	45	7
COUGH/COLD/ALLERGY	66,586,323	1,610,581	44.1	14,404,728	0.2	25	5
ANTIDEPRESSANTS	61,195,922	207,746	5.7	1,993,811	0.4	85	31
ULCER DRUGS	59,321,757	234,734	6.4	2,167,970	0.3	100	27
CEPHALOSPORINS	54,606,088	622,552	17.1	5,622,810	0.1	66	10
ANTIDIABETIC	47,417,746	123,486	3.4	1,236,344	0.4	108	38
Total	864,122,903	5,052,821	n.a.	45,964,565	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Texas, released by CMS in 9/2009. This table was produced on 02/12/2010.

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.