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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MASSACHUSETTS**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MASSACHUSETTS, 2007

Inclusion Criteria (2007)	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	1300504 (A)	250158 (E)	1050346 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1118160 (B)	240496 (F)	877664 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	865974 (C)	233365 (G)	632609 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	27814 (D)	25587 (H)	2227 (L)

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007 (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 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Massachusetts in 2007 was \$462,951,555, of which \$48,155,305 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, 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, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. 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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
MASSACHUSETTS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	865,974	128,973	226,022	180,816	330,163	0	8,948,474	1,517,170	2,631,999	1,697,784	3,101,521	0
Age												
5 and younger	128,462	0	3,464	0	124,998	0	1,127,088	0	37,859	0	1,089,229	0
6-14	141,650	0	11,325	0	130,325	0	1,398,196	0	129,591	0	1,268,605	0
15-20	100,181	0	11,677	13,710	74,794	0	1,006,270	0	132,951	130,168	743,151	0
21-44	212,313	0	76,995	135,279	39	0	2,144,349	0	893,532	1,250,365	452	0
45-64	154,306	15	122,561	31,723	7	0	1,754,399	179	1,438,066	316,070	84	0
65-74	52,706	52,602	0	104	0	0	618,477	617,296	0	1,181	0	0
75-84	41,432	41,432	0	0	0	0	488,339	488,339	0	0	0	0
85 and older	34,924	34,924	0	0	0	0	411,356	411,356	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	497,049	89,867	112,839	131,859	162,484	0	5,117,124	1,057,232	1,311,761	1,227,381	1,520,750	0
Male	368,925	39,106	113,183	48,957	167,679	0	3,831,350	459,938	1,320,238	470,403	1,580,771	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	445,912	83,649	162,141	76,367	123,755	0	4,812,359	984,988	1,894,542	726,121	1,206,708	0
African American	88,248	7,166	20,633	20,443	40,006	0	866,685	83,279	238,693	185,368	359,345	0
Other/unknown	331,814	38,158	43,248	84,006	166,402	0	3,269,430	448,903	498,764	786,295	1,535,468	0
Use of Nursing Facilities^c												
Entire year	27,814	24,623	3,178	4	9	0	333,755	295,475	38,124	48	108	0
Part year	22,397	16,520	5,661	147	69	0	260,196	191,336	66,596	1,597	667	0
None	815,763	87,830	217,183	180,665	330,085	0	8,354,523	1,030,359	2,527,279	1,696,139	3,100,746	0
Maintenance Assistance Status												
Cash	234,752	48,623	127,440	26,867	31,822	0	2,610,597	570,061	1,478,786	260,896	300,854	0
Medically needy	20,816	12,851	7,965	0	0	0	242,384	150,165	92,219	0	0	0
Poverty-related	386,937	44,885	67,804	0	274,248	0	3,890,871	529,012	792,563	0	2,569,296	0
Other/unknown	223,469	22,614	22,813	153,949	24,093	0	2,204,622	267,932	268,431	1,436,888	231,371	0
Dual Medicare Status^d												
Full dual, all year	230,765	116,860	111,755	2,143	7	0	2,724,141	1,374,787	1,325,677	23,594	83	0
Full dual, part year	2,600	2,489	111	0	0	0	30,845	29,539	1,306	0	0	0
Non-dual, all year	632,609	9,624	114,156	178,673	330,156	0	6,193,488	112,844	1,305,016	1,674,190	3,101,438	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	618,471	123,566	211,246	98,599	185,060	0	7,421,652	1,482,792	2,534,952	1,183,188	2,220,720	0
FFS part year, with Rx claims	60,748	2,330	8,136	22,110	28,172	0	416,422	15,660	57,472	152,124	191,166	0
FFS part year, no Rx claims	103,752	2,254	4,314	31,149	66,035	0	607,607	13,514	24,742	188,510	380,841	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
MASSACHUSETTS, 2007

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	45.7	7.4	\$479	\$65	\$7,723	6.2	865,974
Age							
5 and younger	35.1	1.6	70	42	3,625	1.9	128,462
6-14	41.8	3.9	299	77	2,907	10.3	141,650
15-20	45.4	4.8	407	84	3,826	10.6	100,181
21-44	51.6	8.5	630	74	6,666	9.5	212,313
45-64	59.7	18.2	1,125	62	11,986	9.4	154,306
65-74	35.9	5.6	198	36	9,076	2.2	52,706
75-84	33.0	3.7	83	23	16,470	0.5	41,432
85 and older	34.6	2.9	42	15	28,690	0.1	34,924
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	34.6	4.2	119	28	16,767	0.7	128,973
Disabled	61.9	17.7	1,327	75	13,932	9.5	226,022
Adults	48.2	5.9	275	47	2,674	10.3	180,816
Children	37.7	2.4	151	62	2,705	5.6	330,163
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	48.2	8.0	447	56	7,881	5.7	497,049
Male	42.4	6.7	522	78	7,511	6.9	368,925
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	52.1	10.2	681	67	10,173	6.7	445,912
African American	42.2	6.2	441	71	5,946	7.4	88,248
Other/unknown	38.2	3.9	218	56	4,905	4.4	331,814
Use of Nursing Facilities^f							
Entire year	44.4	8.4	377	45	53,426	0.7	27,814
Part year	54.0	11.6	662	57	34,930	1.9	22,397
None	45.6	7.3	477	66	5,418	8.8	815,763
Maintenance Assistance Status							
Cash	56.5	14.6	1,072	73	10,485	10.2	234,752
Medically needy	39.1	6.1	288	47	20,058	1.4	20,816
Poverty related	38.8	3.9	222	57	6,023	3.7	386,937
Other/unknown	47.1	6.0	319	53	6,619	4.8	223,469

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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, TN, TX, 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, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
MASSACHUSETTS, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		Number of Rx, Percentage with:					Mean \$, All Medicaid FFS \$ ^d	Number	
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries		Benefit Months	
All	0.7	\$46	6.2	54.3	33.3	4.6	5.3	2.2	0.4	\$747	865,974	8,948,474
Age												
5 and younger	0.2	8	1.9	64.9	33.0	1.4	0.6	0.1	0.0	413	128,462	1,127,088
6-14	0.4	30	10.3	58.2	34.6	3.5	3.2	0.5	0.0	295	141,650	1,398,196
15-20	0.5	41	10.6	54.6	36.4	4.3	3.8	0.9	0.1	381	100,181	1,006,270
21-44	0.8	62	9.5	48.4	35.5	6.5	6.9	2.3	0.3	660	212,313	2,144,349
45-64	1.6	99	9.4	40.3	30.9	7.4	12.4	7.3	1.7	1,054	154,306	1,754,399
65-74	0.5	17	2.2	64.1	27.2	3.4	3.7	1.4	0.3	774	52,706	618,477
75-84	0.3	7	0.5	67.0	28.2	2.2	1.8	0.7	0.1	1,397	41,432	488,339
85 and older	0.2	4	0.1	65.4	31.7	1.6	0.9	0.3	0.1	2,436	34,924	411,356
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	0.4	10	0.7	65.4	28.7	2.5	2.3	0.9	0.2	1,425	128,973	1,517,170
Disabled	1.5	114	9.5	38.1	32.9	8.1	12.8	6.7	1.4	1,196	226,022	2,631,999
Adults	0.6	29	10.3	51.8	36.1	5.8	5.0	1.1	0.1	285	180,816	1,697,784
Children	0.3	16	5.6	62.3	33.7	2.3	1.5	0.2	0.0	288	330,163	3,101,521
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.8	44	5.7	51.8	35.0	4.8	5.5	2.4	0.5	766	497,049	5,117,124
Male	0.6	50	6.9	57.6	31.0	4.2	5.0	1.9	0.3	723	368,925	3,831,350
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	63	6.7	47.9	35.0	5.8	7.3	3.3	0.7	943	445,912	4,812,359
African American	0.6	45	7.4	57.8	31.4	4.1	4.5	1.8	0.4	605	88,248	866,685
Other/unknown	0.4	22	4.4	61.8	31.4	3.1	2.8	0.8	0.1	498	331,814	3,269,430
Use of Nursing Facilities^f												
Entire year	0.7	31	0.7	55.6	35.7	3.0	2.0	2.3	1.4	4,452	27,814	333,755
Part year	1.0	57	1.9	46.0	40.0	3.4	4.5	4.1	2.0	3,007	22,397	260,196
None	0.7	47	8.8	54.4	33.0	4.6	5.4	2.1	0.4	529	815,763	8,354,523
Maintenance Assistance Status												
Cash	1.3	96	10.2	43.5	32.5	6.7	10.5	5.5	1.2	943	234,752	2,610,597
Medically needy	0.5	25	1.4	60.9	29.3	4.0	4.0	1.6	0.2	1,723	20,816	242,384
Poverty related	0.4	22	3.7	61.2	32.5	2.9	2.6	0.8	0.1	599	386,937	3,890,871
Other/unknown	0.6	32	4.8	52.9	35.8	5.2	4.7	1.2	0.2	671	223,469	2,204,622

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

- 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, TN, TX, 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, TN, TX, 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.

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
MASSACHUSETTS, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.7	\$46	\$65	0.2	\$35	\$197	0.0	\$2	\$103	0.5	\$9	\$18
Age												
5 and younger	0.2	8	42	0.0	6	150	0.0	0	59	0.1	2	15
6-14	0.4	30	77	0.2	25	146	0.0	1	108	0.2	4	20
15-20	0.5	41	84	0.2	32	185	0.0	2	140	0.3	6	22
21-44	0.8	62	74	0.2	48	236	0.0	2	118	0.6	12	19
45-64	1.6	99	62	0.4	73	204	0.0	4	97	1.2	22	19
65-74	0.5	17	36	0.1	12	139	0.0	1	67	0.4	5	12
75-84	0.3	7	23	0.0	4	105	0.0	0	51	0.3	2	9
85 and older	0.2	4	15	0.0	2	84	0.0	0	44	0.2	1	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	10	28	0.1	7	124	0.0	1	59	0.3	3	10
Disabled	1.5	114	75	0.4	88	228	0.0	4	110	1.1	21	20
Adults	0.6	29	47	0.1	20	150	0.0	1	92	0.5	8	17
Children	0.3	16	62	0.1	12	140	0.0	1	111	0.2	3	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.8	44	56	0.2	32	177	0.0	2	101	0.6	10	17
Male	0.6	50	78	0.2	40	223	0.0	2	106	0.4	9	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	63	67	0.2	48	201	0.0	2	109	0.7	13	19
African American	0.6	45	71	0.2	35	214	0.0	1	97	0.5	8	18
Other/unknown	0.4	22	56	0.1	17	173	0.0	1	84	0.3	5	16
Use of Nursing Facilities^e												
Entire year	0.7	31	45	0.1	23	181	0.0	1	59	0.6	8	14
Part year	1.0	57	57	0.2	42	210	0.0	2	77	0.8	14	17
None	0.7	47	66	0.2	36	197	0.0	2	106	0.5	9	18
Maintenance Assistance Status												
Cash	1.3	96	73	0.3	74	220	0.0	3	113	0.9	19	20
Medically needy	0.5	25	47	0.1	19	164	0.0	1	72	0.4	5	13
Poverty related	0.4	22	57	0.1	17	167	0.0	1	99	0.3	5	16
Other/unknown	0.6	32	53	0.1	24	171	0.0	1	85	0.5	8	16

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 Massachusetts, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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.

All Medicaid Beneficiaries

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MASSACHUSETTS, 2007

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	0.2	0.0	0.0	0.2	\$27	\$22	\$0	\$5	\$111	\$460	\$182	\$23	480,201	\$53,409,461	174,886	20.2	1,978,317
Biologicals	0.2	0.2	0.0	0.0	135	135	0	0	829	829	0	0	4,277	3,547,254	2,288	0.3	26,373
Antineoplastic Agents	0.5	0.2	0.0	0.3	192	176	1	15	397	1,000	1,091	49	19,741	7,831,161	3,518	0.4	40,742
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	28	21	0	6	49	109	47	17	582,825	28,330,484	91,354	10.5	1,021,250
Cardiovascular Agents	1.1	0.1	0.0	0.9	24	12	2	10	22	93	50	11	957,868	21,544,335	78,799	9.1	909,525
Respiratory Agents	0.4	0.2	0.0	0.2	30	24	1	4	69	102	74	25	461,101	31,814,057	93,785	10.8	1,066,671
Gastrointestinal Agents	0.4	0.1	0.1	0.3	24	11	7	6	63	158	122	25	217,705	13,746,523	50,618	5.8	581,135
Genitourinary Agents	0.3	0.1	0.0	0.2	14	9	0	5	56	91	39	33	60,922	3,399,495	20,732	2.4	235,300
CNS Drugs	0.8	0.2	0.0	0.6	63	51	1	12	75	250	65	19	1,463,031	110,057,566	151,753	17.5	1,755,787
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	58	54	0	4	93	113	49	28	167,539	15,631,089	23,615	2.7	267,780
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	41	39	0	2	191	220	0	59	43,307	8,284,527	17,170	2.0	199,899
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	17	7	0	9	37	238	260	22	664,487	24,747,585	127,230	14.7	1,447,868
Neuromuscular Agents	0.7	0.2	0.0	0.5	50	37	6	7	70	178	169	15	670,892	47,064,494	81,283	9.4	943,197
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	2	10	31	9	9	140,209	1,339,010	42,815	4.9	476,210
Hematological Agents	0.6	0.1	0.0	0.5	84	80	0	4	151	959	33	8	169,212	25,584,948	25,933	3.0	304,287
Topical Products	0.2	0.0	0.0	0.2	7	4	0	3	33	96	61	19	264,678	8,823,381	106,850	12.3	1,206,084
Miscellaneous Products	0.3	0.2	0.0	0.1	68	60	2	5	250	309	180	83	36,072	9,018,416	11,638	1.3	133,169
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	83	0	0	0	7,462	622,464	3,708	0.4	43,181
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.	6,411,529	414,796,250	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 Massachusetts, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MASSACHUSETTS, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$84,995,472	57,530	6.6	672,129	0.6	\$227	\$126
ANTICONVULSANT	43,285,819	72,492	8.4	849,445	0.7	77	51
ANTIVIRAL	39,707,556	13,647	1.6	158,529	0.5	537	250
ANTIASTHMATIC	25,001,932	107,539	12.4	1,241,070	0.3	73	20
ANTIDEPRESSANTS	19,635,638	107,215	12.4	1,244,955	0.5	35	16
MISC. HEMATOLOGICAL	16,218,457	3,277	0.4	38,444	0.5	776	422
ANALGESICS - Narcotic	16,086,416	123,078	14.2	1,426,725	0.3	38	11
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	15,489,802	25,652	3.0	295,552	0.6	93	52
ANTIDIABETIC	13,673,122	35,194	4.1	410,672	0.6	57	33
ULCER DRUGS	12,559,072	66,198	7.6	773,345	0.4	41	16
Total	286,653,286	611,822	n.a.	7,110,866	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

All Medicaid Beneficiaries