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

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

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ⁹	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	217949 (A)	40199 (E)	177750 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	208705 (B)	31474 (F)	177231 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	95101 (C)	31265 (G)	63836 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	4450 (D)	4022 (H)	428 (L)

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 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 Rhode Island in 2007 was \$67,078,575, of which \$839,420 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.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
RHODE ISLAND, 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	95,101	13,775	37,942	17,166	25,740	478	721,116	145,180	411,535	61,909	97,846	4,646
Age												
5 and younger	9,687	0	754	0	8,933	0	30,491	0	6,492	0	23,999	0
6-14	13,743	0	2,268	0	11,475	0	72,246	0	24,209	0	48,037	0
15-20	8,214	0	1,812	1,105	5,285	12	45,905	0	18,261	2,091	25,429	124
21-44	25,832	0	12,212	13,418	43	159	179,485	0	131,604	46,078	339	1,464
45-64	19,786	3	16,942	2,546	3	292	201,822	24	185,993	12,873	36	2,896
65-74	7,055	4,119	2,839	82	0	15	77,441	44,036	32,530	713	0	162
75-84	6,111	5,151	947	13	0	0	66,286	55,455	10,697	134	0	0
85 and older	4,672	4,502	168	2	0	0	47,434	45,665	1,749	20	0	0
Unknown	1	0	0	0	1	0	6	0	0	0	6	0
Gender												
Female	55,746	10,235	20,236	12,211	12,586	478	426,805	108,748	222,403	43,719	47,289	4,646
Male	39,355	3,540	17,706	4,955	13,154	0	294,311	36,432	189,132	18,190	50,557	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	41,900	6,839	22,222	6,420	6,075	344	374,620	72,941	245,157	24,826	28,324	3,372
African American	7,979	573	3,757	1,552	2,080	17	62,318	6,184	40,259	5,995	9,714	166
Other/unknown	45,222	6,363	11,963	9,194	17,585	117	284,178	66,055	126,119	31,088	59,808	1,108
Use of Nursing Facilities^c												
Entire year	4,450	2,872	1,578	0	0	0	50,307	31,652	18,655	0	0	0
Part year	2,984	2,089	887	8	0	0	28,816	19,254	9,494	68	0	0
None	87,667	8,814	35,477	17,158	25,740	478	641,993	94,274	383,386	61,841	97,846	4,646
Maintenance Assistance Status												
Cash	39,303	4,509	28,974	2,218	3,602	0	376,153	50,223	316,070	3,795	6,065	0
Medically needy	362	176	179	7	0	0	3,723	1,822	1,884	17	0	0
Poverty-related	10,363	88	157	863	8,777	478	34,219	936	1,690	1,536	25,411	4,646
Other/unknown	45,073	9,002	8,632	14,078	13,361	0	307,021	92,199	91,891	56,561	66,370	0
Dual Medicare Status^d												
Full dual, all year	30,672	12,403	16,717	1,505	5	42	333,737	130,874	188,292	14,075	41	455
Full dual, part year	593	306	277	10	0	0	6,497	3,347	3,040	110	0	0
Non-dual, all year	63,836	1,066	20,948	15,651	25,735	436	380,882	10,959	220,203	47,724	97,805	4,191
Managed Care (MC) Status												
Fee-for-service (FFS) all year	59,555	13,710	36,317	3,678	5,379	471	632,904	144,684	403,141	31,250	49,230	4,599
FFS part year, with Rx claims	6,357	14	754	2,780	2,805	4	30,657	97	4,581	11,763	14,191	25
FFS part year, no Rx claims	29,189	51	871	10,708	17,556	3	57,555	399	3,813	18,896	34,425	22

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 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}
RHODE ISLAND, 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	40.8	9.0	\$697	\$77	\$12,007	5.8	95,101
Age							
5 and younger	17.8	1.1	58	54	3,756	1.5	9,687
6-14	29.9	3.0	160	54	4,007	4.0	13,743
15-20	31.8	4.1	255	63	8,113	3.1	8,214
21-44	42.7	9.3	766	83	10,526	7.3	25,832
45-64	64.0	23.1	1,941	84	18,917	10.3	19,786
65-74	41.3	6.3	330	52	12,208	2.7	7,055
75-84	35.2	3.4	111	33	17,787	0.6	6,111
85 and older	34.5	2.4	43	18	30,568	0.1	4,672
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	36.1	3.7	141	38	20,669	0.7	13,775
Disabled	62.9	19.2	1,625	84	19,644	8.3	37,942
Adults	25.8	2.2	51	23	2,352	2.2	17,166
Children	20.0	1.2	44	36	2,614	1.7	25,740
Unknown	76.6	16.8	1,327	79	8,781	15.1	478
Gender							
Female	43.0	10.0	717	72	11,434	6.3	55,746
Male	37.6	7.6	667	88	12,820	5.2	39,355
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	49.5	12.8	960	75	17,838	5.4	41,900
African American	41.6	8.6	755	88	8,604	8.8	7,979
Other/unknown	32.6	5.6	443	79	7,206	6.1	45,222
Use of Nursing Facilities^f							
Entire year	44.9	9.2	548	60	93,326	0.6	4,450
Part year	51.1	10.7	684	64	42,174	1.6	2,984
None	40.2	9.0	705	79	6,853	10.3	87,667
Maintenance Assistance Status							
Cash	52.7	16.3	1,380	85	13,764	10.0	39,303
Medically needy	55.5	13.0	984	75	41,549	2.4	362
Poverty related	17.9	1.4	75	55	1,900	4.0	10,363
Other/unknown	35.5	4.4	241	55	12,563	1.9	45,073

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 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}
RHODE ISLAND, 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	1.2	\$92	5.8	59.2	24.4	5.3	6.9	3.4	0.8	\$1,584	95,101	721,116
Age												
5 and younger	0.3	18	1.5	82.2	14.5	1.9	1.2	0.1	0.0	1,193	9,687	30,491
6-14	0.6	30	4.0	70.1	22.8	3.8	3.0	0.3	0.0	762	13,743	72,246
15-20	0.7	46	3.1	68.2	22.0	4.8	4.1	0.8	0.1	1,452	8,214	45,905
21-44	1.3	110	7.3	57.3	23.4	6.7	8.4	3.5	0.7	1,515	25,832	179,485
45-64	2.3	190	10.3	36.0	26.7	8.5	15.8	10.2	2.8	1,855	19,786	201,822
65-74	0.6	30	2.7	58.7	30.8	4.4	4.2	1.6	0.3	1,112	7,055	77,441
75-84	0.3	10	0.6	64.8	30.5	2.4	1.8	0.4	0.0	1,640	6,111	66,286
85 and older	0.2	4	0.1	65.5	31.9	1.8	0.5	0.3	0.0	3,011	4,672	47,434
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	6
Basis of Eligibility^e												
Aged	0.3	13	0.7	63.9	30.3	3.0	2.2	0.5	0.1	1,961	13,775	145,180
Disabled	1.8	150	8.3	37.1	31.1	8.5	13.7	7.7	1.9	1,811	37,942	411,535
Adults	0.6	14	2.2	74.2	16.4	4.7	3.8	0.8	0.1	652	17,166	61,909
Children	0.3	12	1.7	80.0	16.5	2.1	1.3	0.1	0.0	688	25,740	97,846
Unknown	1.7	137	15.1	23.4	37.9	15.1	17.4	5.9	0.4	903	478	4,646
Gender												
Female	1.3	94	6.3	57.0	25.4	5.6	7.1	3.9	1.0	1,493	55,746	426,805
Male	1.0	89	5.2	62.4	23.0	4.9	6.7	2.5	0.5	1,714	39,355	294,311
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.4	107	5.4	50.5	28.1	6.3	8.6	5.1	1.4	1,995	41,900	374,620
African American	1.1	97	8.8	58.4	25.1	5.3	7.3	3.4	0.5	1,102	7,979	62,318
Other/unknown	0.9	70	6.1	67.4	20.8	4.4	5.3	1.7	0.3	1,147	45,222	284,178
Use of Nursing Facilities^f												
Entire year	0.8	49	0.6	55.1	34.0	3.6	2.9	3.1	1.4	8,255	4,450	50,307
Part year	1.1	71	1.6	48.9	39.1	3.4	2.6	3.6	2.4	4,367	2,984	28,816
None	1.2	96	10.3	59.8	23.4	5.5	7.3	3.4	0.7	936	87,667	641,993
Maintenance Assistance Status												
Cash	1.7	144	10.0	47.3	25.9	6.9	11.6	6.7	1.7	1,438	39,303	376,153
Medically needy	1.3	96	2.4	44.5	35.4	3.9	9.1	6.1	1.1	4,040	362	3,723
Poverty related	0.4	23	4.0	82.1	13.8	2.1	1.7	0.3	0.0	575	10,363	34,219
Other/unknown	0.6	35	1.9	64.5	25.4	4.7	4.1	1.1	0.2	1,844	45,073	307,021

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 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}
RHODE ISLAND, 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	1.2	\$92	\$77	0.4	\$66	\$175	0.0	\$6	\$139	0.8	\$19	\$25
Age												
5 and younger	0.3	18	54	0.1	14	130	0.0	1	44	0.2	3	15
6-14	0.6	30	54	0.3	24	90	0.0	2	56	0.3	5	18
15-20	0.7	46	63	0.3	35	113	0.0	3	94	0.4	7	19
21-44	1.3	110	83	0.4	82	197	0.0	6	133	0.9	22	25
45-64	2.3	190	84	0.7	136	188	0.1	14	159	1.5	40	28
65-74	0.6	30	52	0.1	20	133	0.0	2	119	0.4	8	20
75-84	0.3	10	33	0.1	6	111	0.0	1	101	0.2	3	14
85 and older	0.2	4	18	0.0	2	83	0.0	0	72	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	13	38	0.1	9	116	0.0	1	110	0.3	4	15
Disabled	1.8	150	84	0.6	109	189	0.1	10	149	1.1	30	27
Adults	0.6	14	23	0.2	8	49	0.0	1	40	0.4	6	13
Children	0.3	12	36	0.1	9	63	0.0	1	51	0.2	2	14
Unknown	1.7	137	79	0.6	98	174	0.1	7	104	1.1	32	29
Gender												
Female	1.3	94	72	0.4	66	164	0.0	6	132	0.9	21	25
Male	1.0	89	88	0.3	67	193	0.0	6	150	0.6	16	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.4	107	75	0.4	75	170	0.1	8	146	0.9	24	26
African American	1.1	97	88	0.3	73	213	0.0	6	145	0.7	18	25
Other/unknown	0.9	70	79	0.3	53	176	0.0	4	121	0.6	13	24
Use of Nursing Facilities^e												
Entire year	0.8	49	60	0.2	35	177	0.0	3	106	0.6	11	19
Part year	1.1	71	64	0.3	49	174	0.0	4	122	0.8	18	22
None	1.2	96	79	0.4	70	175	0.0	7	140	0.8	20	26
Maintenance Assistance Status												
Cash	1.7	144	85	0.6	104	187	0.1	10	155	1.1	30	28
Medically needy	1.3	96	75	0.3	64	204	0.0	5	125	0.9	22	25
Poverty related	0.4	23	55	0.1	16	124	0.0	1	81	0.3	6	22
Other/unknown	0.6	35	55	0.2	26	135	0.0	2	87	0.4	8	17

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 0.7 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}
RHODE ISLAND, 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	0.3	0.1	0.0	0.2	\$38	\$30	\$1	\$7	\$126	\$471	\$136	\$30	47,184	\$5,944,192	14,835	15.6	156,706
Biologicals	0.4	0.4	0.0	0.0	545	545	0	0	1544	1,544	0	0	101	155,952	30	0.0	286
Antineoplastic Agents	0.6	0.2	0.0	0.3	180	160	1	19	307	671	3,063	53	2,844	871,781	447	0.5	4,850
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	40	31	1	8	68	135	50	24	55,110	3,744,206	8,894	9.4	93,699
Cardiovascular Agents	0.9	0.3	0.0	0.5	53	34	5	14	57	102	109	25	103,257	5,877,795	10,289	10.8	111,733
Respiratory Agents	0.5	0.3	0.0	0.2	34	27	2	5	64	94	68	22	75,181	4,788,723	12,875	13.5	139,501
Gastrointestinal Agents	0.6	0.3	0.0	0.3	62	43	7	12	107	162	152	45	53,067	5,673,475	8,305	8.7	91,625
Genitourinary Agents	0.4	0.2	0.0	0.2	22	16	0	6	62	85	60	35	9,270	575,271	2,367	2.5	25,742
CNS Drugs	1.0	0.3	0.0	0.7	88	70	3	16	86	219	122	23	221,593	18,961,256	19,782	20.8	215,507
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.2	52	47	1	5	72	85	50	29	16,313	1,174,119	2,176	2.3	22,457
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	173	172	0	0	349	352	0	53	1,778	621,014	322	0.3	3,598
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	34	10	9	15	50	227	352	25	106,147	5,294,132	14,652	15.4	155,935
Neuromuscular Agents	0.8	0.2	0.0	0.6	56	38	5	14	69	164	135	25	96,890	6,660,941	10,747	11.3	118,961
Nutritional Products	0.3	0.0	0.0	0.3	5	1	0	4	15	27	28	14	8,495	125,868	2,511	2.6	26,475
Hematological Agents	0.6	0.1	0.0	0.5	86	80	0	5	136	608	38	11	23,681	3,218,080	3,405	3.6	37,621
Topical Products	0.3	0.1	0.0	0.2	14	9	1	4	48	100	71	22	33,636	1,610,508	10,373	10.9	111,718
Miscellaneous Products	0.3	0.2	0.0	0.1	81	71	2	9	286	379	135	105	2,663	762,194	885	0.9	9,403
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	32	0	0	0	139	0	0	0	1,292	179,648	503	0.5	5,702
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.	858,502	66,239,155	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 0.7 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}
 RHODE ISLAND, 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	\$12,159,540	6,791	7.1	76,419	0.6	\$251	\$159
ANTICONVULSANT	6,059,593	9,877	10.4	111,372	0.7	77	54
ANTIDEPRESSANTS	5,049,858	14,574	15.3	161,806	0.5	57	31
ANTIVIRAL	4,377,414	1,358	1.4	15,301	0.5	577	286
ULCER DRUGS	4,360,344	7,690	8.1	87,167	0.5	110	50
ANALGESICS - Narcotic	3,672,224	14,633	15.4	162,814	0.4	55	23
ANTIASTHMATIC	3,554,267	11,611	12.2	128,383	0.4	74	28
ANTIHYPERTENSIVE	2,917,870	6,032	6.3	68,011	0.6	77	43
ANTIDIABETIC	2,584,013	5,543	5.8	61,804	0.5	92	42
MISC. HEMATOLOGICAL	2,096,549	624	0.7	7,052	0.6	466	297
Total	46,831,672	78,733	n.a.	880,129	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 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