

Exhibit 22. Medicaid Beneficiaries and Pharmacy Reimbursement Included In and Excluded from the Study Population in the Compendium, 2008

Medicaid Beneficiaries in MAX Files	Number of Beneficiaries (million)	Percent of Total	Medicaid Rx Expenditures in MAX Files (\$ million)	Percent of Total
Total	61.6	100	\$ 23.246	100
Included in Study Population	43.6	71	22.506	97
Nondual Beneficiaries	36.9	60	21.265	91
Dual Eligibles	6.7	11	1.241	5
Excluded From Study Population	17.9	29	740	4
No Rx Coverage	4.7	8	459	2
Managed Care	13.2	21	282	3

Table 1 of the *Statistical Compendium: Medicaid Pharmacy Benefit Use and Reimbursement in 2008, United States*, titled “Overview of Beneficiary Selection Criteria for Study Population,” provides more detail on these beneficiary inclusions and exclusions. Table N.1a, titled “Overview of Medicaid Pharmacy Reimbursement,” provides more detail on included and excluded reimbursement. Details may not add to totals in this Exhibit due to rounding.

Exhibit 23. Distribution of Medicaid Study Population Beneficiary Characteristics, 2008

Beneficiary Characteristics	Percent of Beneficiaries			
	Among All Medicaid Beneficiaries ^a	Among Nondual Beneficiaries ^b	Among Dual Eligibles ^b	Among Beneficiaries Who Resided in Nursing Facilities All Year ^c
Age				
5 and younger	21	25	< 1	16 ^e
6–14	20	24	< 1	
15–20	13	15	< 1	
21–44	26	28	15	
45–64	11	8	25	
65–74	4	< 1	24	14
75–84	3	< 1	21	28
85 and older	2	< 1	15	42
Sex				
Male	40	41	38	30
Female	60	59	62	70
Race				
African American	23	23	18	14
White	43	41	56	73
Other/Unknown	34	36	26	13
Dual Eligibility Status ^b				
Dual Eligibles	15	0	100	90
Nondual Beneficiaries	85	100	0	10
Basis of Eligibility ^d				
Children	48	57	< 1	< 1
Adults	25	30	1	< 1
Disabled	18	12	46	19
Aged	9	1	52	80
Number of Beneficiaries in Study Population	43,630,390	36,944,523	6,685,877	773,672

Source: Medicaid Analytic eXtract (MAX), 2008. This table is based on information contained in Tables 2, ND.2, D.2, ND.8, and D.8 in the Statistical Compendium Volume, United States (hereafter “the Compendium”).

^aMedicaid beneficiaries featured in this chartbook include those who had fee-for-service (FFS) Medicaid pharmacy benefit coverage for at least one month during calendar year 2008. Beneficiaries who received prescription drugs through capitated managed care arrangements for the entire year are excluded. For more details on how we determined the study population, see Table 1 of the Compendium.

^bDual eligibles are beneficiaries who had Medicare as well as Medicaid FFS pharmacy benefit coverage for at least one month during their Medicaid enrollment in 2008. Nondual beneficiaries include beneficiaries who were never dually eligible or were dually eligible but never had Medicaid FFS pharmacy benefit coverage. Refer to Table 1 in the Compendium for more information about how we determined dual eligibility status.

^cThis group includes beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2008. Refer to Table 1 in the Compendium for more information about how we determined all-year nursing facility residency.

^dMedicaid 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.

^eThe percentage represents all ages below 65.

Exhibit 24. Illustrative Measures of Medicaid Study Population Pharmacy Benefit Use and Reimbursement, 2008^a

Measures of Pharmacy Benefit Use and Reimbursement	Among All Medicaid Beneficiaries ^b	Among Nondual Beneficiaries ^b	Among Dual Eligibles ^b	Among Beneficiaries Who Resided in Nursing Facilities All Year ^b
Total Medicaid Pharmacy Reimbursement (\$ in millions)	\$22,506	\$21,265	\$1,241	\$541
Average Annual Pharmacy Reimbursement per Beneficiary ^c	\$516	\$576	\$186	\$700
Average Pharmacy Reimbursement per Benefit Month ^d	\$64	\$76	\$18	\$68
Average Annual Number of Prescriptions per Beneficiary	6.5	6.8	4.9	12.1
Average Number of Prescriptions per Benefit Month	0.8	0.9	0.5	1.2

Source: Medicaid Analytic eXtract (MAX), 2008. This table is based on information contained in Tables 3, 4, 6, ND.3, ND.4, ND.6, ND.8, ND.9, D.3, D.4, D.6, D.8, D.9, and N.1a in the Compendium.

^aThe Medicaid pharmacy reimbursement amount is the amount Medicaid reimbursed pharmacies, including dispensing fees minus beneficiary copayment. Reimbursement amounts are gross amounts prior to the receipt of rebates from drug manufacturers to states.

^bSee footnotes to Exhibit 1 for how these groups were defined. Annual or monthly measures reflect use and reimbursement among beneficiaries in FFS settings, and may thus be higher or lower than if use and reimbursement in capitated managed care settings were included.

^cAnnual per-beneficiary use and reimbursement include all use and reimbursement during the year for the number of months of Medicaid FFS pharmacy benefit coverage. Thus, some beneficiaries may have had only one month of coverage, while others were covered for twelve months. Medicaid beneficiaries in the study population had, on average, 8.0 months of coverage. The comparable number was 7.6 months among nondual beneficiaries and 10.5 months among dual eligible beneficiaries, and 10.2 months among beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2008.

^dMonthly use and reimbursement amounts were calculated by dividing total use and reimbursement among all beneficiaries in the study population by the total number of benefit months of those beneficiaries. Benefit months are months during which beneficiaries had FFS pharmacy benefit coverage.