

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 INDIANA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
INDIANA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	694,508 (A)	116,613 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	674,418 (B)	102,882 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	605,704 (C)	102,837 (G)
4. Benes who were all-year nursing facility residents ^f	28,513 (D)	26,758 (H)

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

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 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were 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. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Indiana in 1999 was \$390,111,976, of which \$356,655 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. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. 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 were excluded from the analysis 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 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. 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.

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 1999. All benefit months of such dual eligible beneficiaries, of which 2.8 percent were restricted benefit months without a pharmacy benefit in Indiana, were used in the dual tables.

Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of 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 = Center for Medicare and 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}
 INDIANA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	605,704	67,620	93,264	100,326	344,494	0		5,174,468	671,801	949,188	635,992	2,917,487	0	
Age														
5 and younger	152,816	0	1,660	0	151,156	0		1,240,311	0	16,598	0	1,223,713	0	
6-14	150,618	0	5,103	17	145,498	0		1,346,972	0	50,949	90	1,295,933	0	
15-20	66,234	0	3,169	15,292	47,773	0		529,249	0	31,073	100,873	397,303	0	
21-44	121,079	1	39,206	81,817	55	0		914,297	5	399,620	514,261	411	0	
45-64	46,996	57	43,774	3,162	3	0		469,068	220	448,249	20,577	22	0	
65-74	23,880	23,490	350	33	7	0		247,355	244,410	2,684	180	81	0	
75-84	23,322	23,315	1	5	1	0		231,989	231,954	12	11	12	0	
85 and older	20,756	20,755	0	0	1	0		195,220	195,208	0	0	12	0	
Unknown	3	2	1	0	0	7		4	3	0	0	0	0	
Gender														
Female	365,123	50,723	50,713	92,206	171,481	0		3,075,416	510,940	519,502	593,191	1,451,783	0	
Male	240,581	16,897	42,551	8,120	173,013	0		2,099,052	160,861	429,686	42,801	1,465,704	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	441,550	57,511	75,065	70,160	238,814	0		3,846,149	567,808	769,991	446,997	2,061,353	0	
African American	130,061	8,018	15,867	24,735	81,441	0		1,063,968	82,819	156,482	155,888	668,779	0	
Other/unknown	34,093	2,091	2,332	5,431	24,239	0		264,351	21,174	22,715	33,107	187,355	0	
Use of Nursing Facilities														
All year	28,513	25,301	3,139	1	72	0		290,586	254,864	34,902	3	817	0	
Part year	11,614	9,634	1,936	9	35	0		105,524	85,334	19,753	97	340	0	
None	565,577	32,685	88,189	100,316	344,387	0		4,778,358	331,603	894,533	635,892	2,916,330	0	
Maintenance Assistance Status														
Cash	235,891	17,844	63,601	59,204	95,242	0		2,073,178	195,506	665,528	380,416	831,728	0	
Medically needy	0	0	0	0	0	0		0	0	0	0	0	0	
Poverty-related	207,744	1,404	1,134	17,915	187,291	0		1,749,953	14,526	12,065	94,229	1,629,133	0	
Other/unknown	162,061	48,364	28,529	23,207	61,961	0		1,351,241	461,673	271,595	161,347	456,626	0	
Missing	8	8	0	0	0	0		96	96	0	0	0	0	
Dual Medicare Status^c														
Full dual, all year	96,524	60,786	35,224	474	40	0		990,490	603,223	383,458	3,424	385	0	
Full dual, part year	6,313	3,901	2,354	58	0	0		64,638	38,899	25,138	601	0	0	
Non-dual, all year	502,867	2,933	55,686	99,794	344,454	0		4,119,340	29,679	540,592	631,967	2,917,102	0	
Managed Care Status														
FFS all year	538,917	67,615	91,088	85,001	295,213	0		4,923,666	671,769	940,228	577,260	2,734,409	0	
FFS part year, with Rx claims	23,936	5	1,159	7,443	15,329	0		106,789	32	5,568	33,116	68,073	0	
FFS part year, no Rx claims	42,851	0	1,017	7,882	33,952	0		144,013	0	3,392	25,616	115,005	0	

All Medicaid Beneficiaries

Table 2

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 INDIANA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	61.9 %	14.3	\$644	\$45	\$4,388	14.7 %	\$31	605,704
Age								
5 and younger	58.6	3.5	90	26	1,460	6.2	3	152,816
6-14	51.0	3.9	189	49	1,244	15.2	5	150,618
15-20	54.3	4.9	238	49	2,200	10.8	6	66,234
21-44	63.5	14.0	778	56	5,332	14.6	24	121,079
45-64	78.5	45.0	2,207	49	11,229	19.7	122	46,996
65-74	80.6	46.6	1,961	42	9,487	20.7	129	23,880
75-84	87.5	53.1	2,109	40	14,064	15.0	131	23,322
85 and older	92.9	51.5	1,823	35	18,007	10.1	126	20,756
Unknown	0.0	0.0	0	0	0	0.0	0	3
Basis of Eligibility								
Aged	86.8	50.4	1,971	39	13,682	14.4	129	67,620
Disabled	78.2	37.2	2,102	57	11,910	17.6	91	93,264
Adults	56.8	5.4	168	31	1,840	9.1	6	100,326
Children	54.1	3.6	127	35	1,269	10.0	4	344,494
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	63.8	16.2	667	41	4,472	14.9	37	365,123
Male	59.0	11.4	608	53	4,260	14.3	23	240,581
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	66.1	16.9	762	45	5,021	15.2	36	441,550
African American	51.1	7.8	343	44	2,857	12.0	20	130,061
Other/unknown	49.2	5.8	249	43	2,028	12.3	15	34,093
Use of Nursing Facilities								
Entire year	98.4	70.4	2,825	40	26,593	10.6	184	28,513
Part year	95.9	57.2	2,417	42	18,129	13.3	149	11,614
None	59.4	10.6	497	47	2,986	16.6	21	565,577
Maintenance Assistance Status								
Cash	65.3	17.0	811	48	4,574	17.7	36	235,891
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	52.3	3.5	134	38	1,130	11.8	4	207,744
Other/unknown	69.3	24.2	1,053	44	8,293	12.7	59	162,061
Missing	62.5	28.4	2,057	73	5,351	38.4	45	8

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; 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}
 INDIANA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				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			
All	1.7	\$75	14.7 %	38.1 %	39.5 %	5.8 %	8.4 %	6.1 %	2.1 %	\$514	605,704	5,174,468
Age												
5 and younger	0.4	11	6.2	41.4	53.7	3.5	1.2	0.1	0.0	180	152,816	1,240,311
6-14	0.4	21	15.2	49.0	44.7	3.6	2.3	0.3	0.1	139	150,618	1,346,972
15-20	0.6	30	10.8	45.7	45.7	4.8	3.0	0.7	0.2	275	66,234	529,249
21-44	1.9	103	14.6	36.5	36.8	8.8	11.2	5.3	1.4	706	121,079	914,297
45-64	4.5	221	19.7	21.5	15.3	9.6	24.2	21.1	8.4	1,125	46,996	469,068
65-74	4.5	189	20.7	19.4	14.9	9.5	24.0	22.9	9.3	916	23,880	247,355
75-84	5.3	212	15.0	12.5	11.1	8.1	27.0	29.6	11.7	1,414	23,322	231,989
85 and older	5.5	194	10.1	7.1	8.8	8.9	31.9	33.1	10.1	1,915	20,756	195,220
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	7
Basis of Eligibility												
Aged	5.1	198	14.4	13.2	11.7	8.9	27.5	28.4	10.4	1,377	67,620	671,801
Disabled	3.7	207	17.6	21.8	22.1	10.9	22.8	16.6	5.9	1,170	93,264	949,188
Adults	0.9	26	9.1	43.2	43.1	6.7	5.3	1.4	0.3	290	100,326	635,992
Children	0.4	15	10.0	45.9	48.7	3.5	1.7	0.2	0.1	150	344,494	2,917,487
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.9	79	14.9	36.2	39.0	5.9	9.1	7.2	2.7	531	365,123	3,075,416
Male	1.3	70	14.3	41.0	40.4	5.6	7.3	4.4	1.4	488	240,581	2,099,052
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	88	15.2	33.9	40.0	6.4	9.6	7.4	2.7	577	441,550	3,846,149
African American	1.0	42	12.0	48.9	37.9	4.4	5.4	2.8	0.7	349	130,061	1,063,968
Other/unknown	0.8	32	12.3	50.8	39.6	3.7	3.8	1.7	0.4	262	34,093	264,351
Use of Nursing Facilities												
Entire year	6.9	277	10.6	1.6	5.4	6.4	29.4	39.3	17.9	2,609	28,513	290,586
Part year	6.3	266	13.3	4.1	8.2	8.9	30.2	34.1	14.6	1,995	11,614	105,524
None	1.3	59	16.6	40.6	41.9	5.7	6.9	3.8	1.1	354	565,577	4,778,358
Maintenance Assistance Status												
Cash	1.9	92	17.7	34.7	38.1	7.2	10.8	6.9	2.3	521	235,891	2,073,178
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	16	11.8	47.7	47.0	3.3	1.7	0.2	0.1	134	207,744	1,749,953
Other/unknown	2.9	126	12.7	30.7	32.0	6.9	13.6	12.3	4.6	995	162,061	1,351,241
Missing	2.4	171	38	37.5	12.5	0.0	37.5	12.5	0.0	446	8	96

Table 4

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 INDIANA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.7	\$75	0.6	\$47	0.2	\$11	0.8	\$15
Age								
5 and younger	0.4	11	0.1	7	0.0	1	0.3	3
6-14	0.4	21	0.2	14	0.0	2	0.2	5
15-20	0.6	30	0.2	21	0.1	3	0.3	4
21-44	1.9	103	0.7	69	0.2	15	0.9	16
45-64	4.5	221	1.7	138	0.6	34	2.0	40
65-74	4.5	189	1.6	111	0.7	30	2.0	40
75-84	5.3	212	1.8	119	0.9	36	2.4	48
85 and older	5.5	194	1.6	101	0.9	34	2.6	50
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	5.1	198	1.7	111	0.8	33	2.3	45
Disabled	3.7	207	1.4	136	0.5	30	1.7	34
Adults	0.9	26	0.3	16	0.1	4	0.5	6
Children	0.4	15	0.1	10	0.0	1	0.2	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.9	79	0.7	48	0.3	12	0.9	16
Male	1.3	70	0.5	45	0.2	10	0.6	13
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.9	88	0.7	54	0.3	13	0.9	17
African American	1.0	42	0.3	26	0.1	6	0.5	8
Other/unknown	0.8	32	0.3	21	0.1	4	0.4	6
Use of Nursing Facilities								
Entire year	6.9	277	2.2	150	1.1	46	3.3	69
Part year	6.3	266	2.1	150	1.0	40	2.9	65
None	1.3	59	0.5	38	0.1	8	0.6	10
Maintenance Assistance Status								
Cash	0.4	16	0.7	59	0.2	13	0.9	17
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	2.9	126	0.1	10	0.0	1	0.2	4
Other/unknown	2.4	171	1.0	75	0.4	20	1.4	26
Missing	1.9	92	1.2	143	0.1	6	1.1	23

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

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.

Table 5

All Medicaid Beneficiaries

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 Indiana, 4.8 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and 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}
 INDIANA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$12	\$10	\$0	\$2	\$42	\$72	\$58	\$14	799,676	\$33,327,714	260,687	43.0 %	2,716,696
Biologics	0.1	0.1	0.0	0.0	19	15	1	2	169	220	2,020	56	13,806	2,327,213	11,071	1.8	124,308
Antineoplastic Agents	0.5	0.2	0.1	0.2	89	63	17	9	177	316	138	49	24,542	4,341,535	4,664	0.8	48,695
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	20	15	2	3	33	51	23	12	630,660	20,636,653	97,441	16.1	1,033,765
Cardiovascular Agents	1.5	0.4	0.3	0.7	44	22	11	11	30	49	36	16	1,387,023	42,177,248	89,486	14.8	955,416
Respiratory Agents	0.5	0.2	0.0	0.3	15	10	1	5	33	52	21	20	906,650	30,061,740	184,737	30.5	1,956,151
Gastrointestinal Agents	0.7	0.3	0.1	0.3	45	32	5	8	68	104	81	27	539,729	36,796,300	76,799	12.7	825,212
Genitourinary Agents	0.3	0.2	0.0	0.1	12	9	0	4	39	48	35	28	113,250	4,464,449	34,586	5.7	359,794
CNS Drugs	1.1	0.5	0.2	0.5	72	48	15	9	65	107	94	18	1,340,627	87,781,448	115,426	19.1	1,225,593
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	22	7	5	10	37	37	48	33	108,445	4,001,623	16,721	2.8	179,228
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	65	62	0	3	106	123	72	28	32,224	3,407,900	5,017	0.8	52,252
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	21	11	4	6	35	86	69	14	864,088	30,488,555	139,618	23.1	1,451,760
Neuromuscular Agents	0.9	0.3	0.1	0.4	46	29	6	11	52	91	45	25	560,884	29,111,455	58,756	9.7	637,223
Nutritional Products	0.5	0.0	0.2	0.3	11	1	5	6	22	36	26	20	256,561	5,758,348	51,457	8.5	515,054
Hematological Agents	0.7	0.1	0.2	0.4	71	53	7	11	106	592	32	29	196,556	20,808,934	28,132	4.6	294,996
Topical Products	0.3	0.1	0.0	0.1	9	5	2	2	29	50	36	14	476,885	14,056,988	150,805	24.9	1,606,144
Miscellaneous Products	0.3	0.1	0.0	0.2	37	19	6	12	122	169	256	72	41,584	5,053,568	12,742	2.1	135,424
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	41	0	0	0	367,486	15,153,650	89,399	14.8	965,436
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.	8,660,676	389,755,321	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 6 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 therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Indiana, 4.8 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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}
 INDIANA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$44,103,707	51,023	8.4 %	560,940	0.7	\$116	\$79
ANTIDEPRESSANTS	32,044,004	94,064	15.5	1,015,659	0.5	59	32
ULCER DRUGS	29,292,720	72,595	12.0	792,283	0.5	82	37
ANTICONVULSANT	22,106,457	43,411	7.2	480,226	0.8	61	46
ANTIASTHMATIC	16,322,978	114,317	18.9	1,230,588	0.3	39	13
ANALGESICS - Narcotic	15,992,262	144,569	23.9	1,525,368	0.4	29	10
MISC. HEMATOLOGICAL	14,995,923	8,745	1.4	95,412	0.5	299	157
ANTIDIABETIC	13,041,524	40,460	6.7	441,394	0.7	43	30
ANALGESICS - ANTI-INFLAMMATORY	12,054,349	87,179	14.4	948,485	0.3	47	13
ANTIHYPERTENSIVE	12,030,937	51,823	8.6	563,421	0.6	35	21

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

- 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 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 INDIANA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,577,276	\$211,984,861	51,023	8.4 %	560,940	0.7	\$79	94,064	15.5 %	1,015,659	0.5	\$32
Female	2,394,938	127,927,705	29,599	8.1	324,280	0.6	68	65,698	18.0	705,662	0.5	32
Disabled	1,027,102	64,085,495	14,151	27.9	162,338	0.7	85	28,343	55.9	324,317	0.5	34
5 and younger	3,202	149,419	10	1.5	117	0.4	37	12	1.8	128	0.8	77
6-14	10,116	568,214	130	7.2	1,407	0.5	49	232	12.9	2,626	0.5	25
15-20	9,876	630,378	233	17.5	2,611	0.5	59	313	23.5	3,562	0.5	31
21-44	345,434	23,552,934	6,655	33.2	76,280	0.7	88	11,568	57.6	131,491	0.5	34
45-64	654,728	38,983,574	7,079	26.6	81,463	0.7	84	16,146	60.7	185,826	0.6	35
65-74	3,746	200,976	44	19.7	460	0.7	69	72	32.3	684	0.6	31
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,367,836	63,842,210	15,448	4.9	161,942	0.6	51	37,355	11.9	381,345	0.5	29
5 and younger	28,696	640,165	74	0.1	791	0.2	16	112	0.2	1,202	0.3	11
6-14	58,968	2,518,187	827	1.2	9,277	0.5	49	2,625	3.7	29,157	0.4	20
15-20	58,827	2,160,680	862	2.1	9,165	0.4	40	3,329	8.1	35,069	0.3	20
21-44	167,983	5,541,945	1,425	1.9	13,503	0.2	17	10,172	13.6	92,691	0.3	19
45-64	15,007	700,618	87	3.7	855	0.3	18	658	28.3	6,077	0.4	26
65-74	352,533	18,312,851	3,149	19.7	34,999	0.7	70	6,254	39.0	70,176	0.6	33
75-84	381,799	19,381,921	4,726	27.1	49,891	0.7	57	7,398	42.4	78,097	0.7	38
85 and older	304,023	14,585,843	4,298	24.9	43,461	0.6	42	6,807	39.4	68,876	0.7	39
Male	1,182,338	84,057,156	21,424	8.9	236,660	0.7	93	28,366	11.8	309,997	0.5	31
Disabled	666,240	54,748,069	13,404	31.5	152,725	0.8	113	14,523	34.1	165,058	0.5	34
5 and younger	4,768	728,827	29	3.0	318	0.4	36	28	2.9	315	0.4	16
6-14	21,343	4,323,170	575	17.4	6,514	0.5	60	730	22.1	8,421	0.5	25
15-20	15,279	2,299,285	465	25.3	5,173	0.7	96	470	25.6	5,292	0.6	39
21-44	291,573	26,449,250	7,731	40.4	88,625	0.8	122	7,148	37.4	81,614	0.5	35
45-64	332,042	20,877,778	4,592	26.7	52,000	0.8	107	6,126	35.7	69,244	0.6	34
65-74	1,235	69,759	12	9.4	95	0.7	90	21	16.5	172	0.4	21
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	516,098	29,309,087	8,020	4.0	83,935	0.6	58	13,843	7.0	144,939	0.5	29
5 and younger	44,344	1,470,699	177	0.2	1,927	0.4	29	296	0.4	3,336	0.3	12
6-14	100,013	7,323,207	2,316	3.1	25,503	0.5	55	4,938	6.7	54,538	0.4	22
15-20	42,405	3,733,241	1,004	4.5	10,978	0.6	74	2,115	9.6	22,683	0.5	28
21-44	18,693	821,406	152	2.2	1,307	0.4	37	856	12.3	7,150	0.3	18
45-64	5,389	263,310	19	2.1	166	0.6	61	165	18.4	1,590	0.4	17
65-74	132,668	6,981,181	1,545	20.6	16,403	0.8	70	2,127	28.3	22,725	0.7	37
75-84	113,525	5,833,429	1,789	30.4	17,878	0.7	55	2,129	36.1	21,173	0.7	40
85 and older	59,061	2,882,614	1,018	29.1	9,773	0.6	42	1,217	34.8	11,744	0.7	40
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7A 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 INDIANA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	72,595	12.0 %	792,283	0.5	\$37	43,411	7.2 %	480,226	0.8	\$46	114,317	18.9 %	1,230,588	0.3	\$13
Female	52,123	14.3	569,680	0.5	37	25,705	7.0	283,349	0.7	43	68,603	18.8	738,112	0.4	14
Disabled	20,077	39.6	231,100	0.4	37	14,758	29.1	169,025	0.7	51	21,365	42.1	243,652	0.4	17
5 and younger	94	13.8	1,069	0.4	20	99	14.5	1,100	0.7	39	370	54.2	4,256	0.4	15
6-14	133	7.4	1,487	0.4	32	344	19.1	3,904	0.9	62	569	31.5	6,508	0.4	18
15-20	173	13.0	1,974	0.3	29	333	25.0	3,737	0.8	58	301	22.6	3,427	0.4	14
21-44	6,395	31.9	73,217	0.4	33	6,994	34.8	79,936	0.8	55	6,326	31.5	71,684	0.4	14
45-64	13,187	49.6	152,389	0.4	40	6,953	26.1	80,023	0.7	46	13,705	51.5	156,859	0.5	19
65-74	95	42.6	964	0.4	38	35	15.7	325	0.7	36	94	42.2	918	0.4	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	32,046	10.2	338,580	0.5	36	10,947	3.5	114,324	0.7	31	47,238	15.0	494,460	0.3	12
5 and younger	866	1.2	8,054	0.2	6	240	0.3	2,619	0.5	23	10,355	14.0	109,321	0.2	4
6-14	1,267	1.8	14,290	0.2	10	887	1.2	9,858	0.6	36	7,298	10.2	80,329	0.2	9
15-20	1,952	4.8	20,894	0.2	9	770	1.9	8,203	0.6	33	3,683	9.0	38,457	0.2	8
21-44	5,103	6.8	48,553	0.2	16	1,928	2.6	17,817	0.4	22	6,825	9.1	62,490	0.2	7
45-64	454	19.5	4,384	0.3	29	153	6.6	1,470	0.4	28	414	17.8	4,042	0.4	13
65-74	7,433	46.4	84,431	0.5	41	2,430	15.2	27,077	0.8	35	7,249	45.2	81,711	0.5	21
75-84	7,803	44.8	84,635	0.6	46	2,791	16.0	29,854	0.8	33	6,427	36.9	68,464	0.5	21
85 and older	7,168	41.5	73,339	0.7	49	1,748	10.1	17,426	0.8	27	4,987	28.9	49,646	0.4	18
Male	20,472	8.5	222,603	0.5	38	17,706	7.4	196,877	0.8	51	45,714	19.0	492,476	0.3	12
Disabled	10,925	25.7	124,227	0.5	40	11,887	27.9	135,646	0.8	58	11,238	26.4	127,035	0.4	18
5 and younger	97	9.9	1,099	0.4	18	116	11.9	1,284	0.6	32	613	62.7	7,001	0.4	14
6-14	144	4.4	1,688	0.4	25	579	17.6	6,567	0.7	46	913	27.7	10,511	0.4	15
15-20	178	9.7	2,026	0.3	34	494	26.9	5,579	0.8	64	351	19.1	4,015	0.4	15
21-44	4,346	22.7	49,954	0.4	39	6,490	33.9	74,608	0.8	63	3,000	15.7	34,241	0.4	15
45-64	6,112	35.6	69,070	0.5	42	4,197	24.4	47,530	0.8	53	6,311	36.7	70,880	0.5	21
65-74	48	37.8	390	0.5	47	11	8.7	78	0.8	47	50	39.4	387	0.6	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	9,547	4.8	98,376	0.5	36	5,819	2.9	61,231	0.7	35	34,476	17.4	365,441	0.3	10
5 and younger	993	1.3	9,229	0.2	7	357	0.5	3,835	0.5	22	15,085	19.5	159,106	0.2	5
6-14	985	1.3	11,191	0.2	12	1,602	2.2	17,716	0.6	30	9,664	13.1	106,468	0.3	9
15-20	672	3.0	7,217	0.2	14	835	3.8	9,039	0.7	44	2,074	9.4	22,527	0.3	9
21-44	543	7.8	4,629	0.3	27	300	4.3	2,472	0.5	28	426	6.1	3,536	0.3	11
45-64	142	15.8	1,324	0.4	30	67	7.5	636	0.5	32	138	15.4	1,334	0.4	13
65-74	2,544	33.9	27,944	0.5	44	1,211	16.1	13,166	0.9	43	3,193	42.5	34,322	0.6	25
75-84	2,295	39.0	23,401	0.6	49	1,029	17.5	10,439	0.8	36	2,557	43.4	25,314	0.5	24
85 and older	1,373	39.3	13,441	0.7	49	418	12.0	3,928	0.8	30	1,339	38.3	12,634	0.5	21
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7B
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7B 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 INDIANA, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic				MISC. HEMATOLOGICAL				ANTIDIABETIC						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	144,569	23.9 %	1,525,368	0.4	\$11	8,745	1.4 %	95,412	0.5	\$157	40,460	6.7 %	441,394	0.7	\$30
Female	107,389	29.4	1,124,801	0.4	10	5,985	1.6	65,718	0.5	38	29,414	8.1	322,079	0.7	30
Disabled	34,248	67.5	391,136	0.4	14	1,607	3.2	18,514	0.4	46	11,995	23.7	137,184	0.7	33
5 and younger	60	8.8	700	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	217	12.0	2,464	0.1	2	1	0.1	12	0.1	0	7	0.4	74	0.6	30
15-20	405	30.4	4,548	0.2	4	1	0.1	12	0.2	5	30	2.3	350	0.6	28
21-44	13,762	68.6	156,010	0.4	12	180	0.9	2,045	0.4	188	2,310	11.5	26,326	0.6	31
45-64	19,688	74.0	226,295	0.5	16	1,409	5.3	16,269	0.4	29	9,571	36.0	109,723	0.7	33
65-74	116	52.0	1,119	0.6	18	16	7.2	176	0.4	25	77	34.5	711	0.8	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	73,141	23.3	733,665	0.3	7	4,378	1.4	47,204	0.6	35	17,419	5.5	184,895	0.7	27
5 and younger	1,847	2.5	20,541	0.1	1	4	0.0	37	0.7	63	21	0.0	220	1.2	44
6-14	3,780	5.3	42,466	0.1	1	1	0.0	12	0.7	3,499	160	0.2	1,707	0.9	37
15-20	9,491	23.2	97,502	0.2	1	2	0.0	23	0.3	294	150	0.4	1,494	0.6	27
21-44	29,545	39.4	269,920	0.3	4	50	0.1	488	0.3	30	1,154	1.5	10,193	0.5	21
45-64	951	40.9	9,134	0.4	9	26	1.1	278	0.4	20	301	13.0	2,563	0.6	30
65-74	9,418	58.8	106,229	0.4	13	1,318	8.2	14,908	0.5	29	6,560	40.9	73,667	0.7	30
75-84	9,365	53.7	100,232	0.5	15	1,598	9.2	17,290	0.6	36	5,800	33.3	62,175	0.7	27
85 and older	8,744	50.7	87,641	0.5	14	1,379	8.0	14,168	0.6	37	3,273	19.0	32,876	0.7	24
Male	37,180	15.5	400,567	0.4	13	2,760	1.1	29,694	0.6	421	11,046	4.6	119,315	0.7	29
Disabled	18,476	43.4	207,693	0.4	18	1,130	2.7	12,791	0.5	585	6,110	14.4	68,969	0.7	31
5 and younger	109	11.2	1,266	0.1	1	3	0.3	34	2.2	16,045	4	0.4	48	0.3	9
6-14	330	10.0	3,851	0.2	3	6	0.2	72	5.7	43,189	18	0.5	211	0.5	26
15-20	304	16.5	3,407	0.2	4	7	0.4	84	1.7	12,702	22	1.2	236	0.6	23
21-44	8,619	45.0	97,564	0.4	18	173	0.9	1,997	0.6	1,239	1,607	8.4	18,351	0.7	30
45-64	9,059	52.7	101,211	0.5	19	938	5.5	10,584	0.4	27	4,435	25.8	49,895	0.7	31
65-74	55	43.3	394	0.4	16	3	2.4	20	0.4	24	24	18.9	228	0.9	47
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	18,704	9.4	192,874	0.3	7	1,630	0.8	16,903	0.6	296	4,936	2.5	50,346	0.7	27
5 and younger	2,516	3.3	27,858	0.1	1	9	0.0	85	0.8	3,805	41	0.1	458	0.5	29
6-14	3,883	5.2	43,616	0.1	1	18	0.0	201	2.1	13,322	160	0.2	1,746	0.8	32
15-20	2,824	12.8	30,191	0.1	2	6	0.0	56	3.1	24,743	100	0.5	1,018	0.9	38
21-44	2,389	34.3	18,834	0.4	11	15	0.2	120	0.5	416	186	2.7	1,519	0.7	28
45-64	366	40.7	3,344	0.5	16	15	1.7	138	0.4	33	109	12.1	899	0.6	30
65-74	3,007	40.1	32,656	0.5	13	607	8.1	6,726	0.5	30	2,000	26.6	21,593	0.7	28
75-84	2,343	39.8	23,319	0.5	14	597	10.1	5,923	0.6	37	1,612	27.4	16,129	0.8	27
85 and older	1,376	39.4	13,056	0.5	14	363	10.4	3,654	0.6	39	728	20.8	6,984	0.8	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7C 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 INDIANA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE				Mean Rx \$	No. of Bene Mos		
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx				
All	87,179	14.4 %	948,485	0.3	\$13	51,823	8.6 %	563,421	0.6	\$21	605,704	5,174,468
Female	64,440	17.6	697,196	0.3	14	34,080	9.3	371,222	0.6	22	365,122	3,075,413
Disabled	21,547	42.5	249,729	0.3	18	11,458	22.6	131,014	0.6	20	50,713	519,502
5 and younger	56	8.2	622	0.2	5	27	4.0	302	0.5	11	683	6,839
6-14	163	9.0	1,825	0.2	4	93	5.2	1,027	0.7	17	1,804	17,943
15-20	283	21.2	3,264	0.2	4	41	3.1	467	0.5	15	1,332	13,107
21-44	7,783	38.8	89,336	0.3	12	2,201	11.0	24,901	0.5	18	20,070	203,586
45-64	13,191	49.6	153,899	0.3	21	9,018	33.9	103,572	0.6	21	26,600	276,146
65-74	71	31.8	783	0.4	23	78	35.0	745	0.5	19	223	1,869
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	42,893	13.6	447,467	0.3	12	22,622	7.2	240,208	0.6	22	314,409	2,555,911
5 and younger	2,549	3.4	27,968	0.1	1	101	0.1	1,028	0.5	7	73,922	599,258
6-14	3,221	4.5	35,952	0.1	2	598	0.8	6,571	0.6	11	71,545	637,125
15-20	5,796	14.1	60,429	0.1	2	194	0.5	2,063	0.4	9	40,997	314,433
21-44	13,810	18.4	127,811	0.2	4	1,131	1.5	10,071	0.4	11	74,907	478,789
45-64	782	33.7	7,593	0.3	12	338	14.6	3,046	0.5	17	2,323	15,315
65-74	6,586	41.1	76,353	0.4	21	7,080	44.2	79,895	0.6	22	16,022	169,732
75-84	5,786	33.2	64,685	0.4	23	7,324	42.0	79,006	0.7	24	17,431	177,064
85 and older	4,363	25.3	46,676	0.5	24	5,856	33.9	58,528	0.8	25	17,262	164,195
Male	22,739	9.5	251,289	0.2	10	17,743	7.4	192,199	0.6	21	240,579	2,099,048
Disabled	9,724	22.9	111,935	0.3	13	8,482	19.9	95,736	0.6	21	42,550	429,683
5 and younger	88	9.0	1,029	0.1	1	58	5.9	658	0.6	9	977	9,759
6-14	210	6.4	2,456	0.2	6	420	12.7	4,741	0.6	17	3,299	33,006
15-20	230	12.5	2,615	0.2	3	111	6.0	1,246	0.5	14	1,837	17,966
21-44	4,338	22.7	49,993	0.2	10	2,362	12.3	26,706	0.5	20	19,136	196,034
45-64	4,839	28.2	55,649	0.3	18	5,488	32.0	62,024	0.6	22	17,174	172,103
65-74	19	15.0	193	0.2	13	43	33.9	361	0.6	22	127	815
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	13,015	6.6	139,354	0.2	8	9,261	4.7	96,463	0.6	21	198,029	1,669,365
5 and younger	3,049	3.9	33,270	0.1	1	251	0.3	2,699	0.4	8	77,234	624,455
6-14	2,680	3.6	30,149	0.1	1	1,876	2.5	20,636	0.6	12	73,970	658,898
15-20	2,168	9.8	23,567	0.1	2	293	1.3	3,196	0.6	14	22,068	183,743
21-44	1,138	16.3	9,331	0.2	9	245	3.5	1,984	0.4	16	6,966	35,888
45-64	231	25.7	2,085	0.3	19	145	16.1	1,274	0.5	20	899	5,504
65-74	1,779	23.7	20,130	0.4	19	2,844	37.9	31,015	0.6	24	7,508	74,939
75-84	1,271	21.6	13,597	0.4	21	2,375	40.3	23,847	0.7	26	5,890	54,913
85 and older	699	20.0	7,225	0.5	23	1,232	35.3	11,812	0.8	26	3,494	31,025
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	7

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7D 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 1999. A beneficiary who used drugs from two or more drug 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 INDIANA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$277	6.9	28,513	290,586
Age				
0-64	392	7.9	3,178	35,479
65-74	345	8.0	3,683	38,605
75-84	287	7.2	9,043	91,996
85 and older	216	6.1	12,609	124,506
Unknown	0	0.0	0	0
Gender				
Female	267	6.9	21,041	215,062
Male	307	7.0	7,472	75,524
Unknown	0	0.0	0	0
Race				
White	280	7	25,963	263,246
African American	245	5.7	2,302	24,823
Other/unknown	296	6.9	248	2,517
Basis of Eligibility				
Aged	261	6.8	25,301	254,864
Disabled	390	7.8	3,139	34,902
Adults	0	0.0	1	3
Children	494	9.4	72	817
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis. 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 INDIANA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$16	\$1	\$4	\$48	\$69	\$78	\$21	92,852	\$4,414,186	20,344	71.3 %	215,278
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	17	12	27	7,599	163,711	6,477	22.7	73,907
Antineoplastic Agents	0.6	0.2	0.2	0.2	74	34	30	10	125	208	137	49	7,902	990,517	1,322	4.6	13,414
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	29	20	4	5	26	42	17	12	137,391	3,503,573	11,678	41.0	121,904
Cardiovascular Agents	2.0	0.4	0.5	1.0	49	18	15	16	25	39	30	16	414,061	10,200,891	20,303	71.2	208,924
Respiratory Agents	0.7	0.2	0.0	0.4	26	12	1	14	38	47	26	33	108,999	4,104,611	14,693	51.5	156,423
Gastrointestinal Agents	1.0	0.4	0.1	0.5	59	37	6	16	57	93	67	30	173,169	9,892,172	15,919	55.8	168,419
Genitourinary Agents	0.5	0.2	0.0	0.3	24	14	0	10	45	57	39	34	38,430	1,713,209	6,672	23.4	71,903
CNS Drugs	1.6	0.7	0.2	0.7	92	64	16	12	57	87	78	19	320,459	18,415,003	19,119	67.1	200,346
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	13	1	2	10	21	30	29	19	1,261	26,330	193	0.7	2,038
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	88	87	0	1	111	116	58	32	17,438	1,941,555	2,111	7.4	22,002
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	33	19	5	9	35	75	53	15	143,432	5,027,458	14,427	50.6	150,436
Neuromuscular Agents	1.3	0.4	0.3	0.6	67	31	17	20	50	79	49	32	130,487	6,480,801	9,033	31.7	96,677
Nutritional Products	0.8	0.0	0.3	0.5	19	1	7	11	22	37	25	20	94,784	2,090,019	10,948	38.4	112,425
Hematological Agents	1.0	0.1	0.4	0.5	34	15	9	10	34	166	23	19	78,071	2,633,302	7,441	26.1	76,822
Topical Products	0.6	0.2	0.1	0.3	21	12	6	4	34	53	40	14	128,802	4,388,610	19,505	68.4	210,569
Miscellaneous Products	0.4	0.0	0.0	0.4	37	2	0	34	82	53	134	85	13,180	1,087,114	2,837	9.9	29,691
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	21	0	0	0	35	0	0	0	99,491	3,474,391	15,445	54.2	165,142
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.	2,007,808	80,547,453	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. 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. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

In Indiana, 4.8 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 INDIANA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$8,389,816	11,969	42.0 %	128,526	0.8	\$87	\$65
ULCER DRUGS	7,703,376	12,996	45.6	137,791	0.8	74	56
ANTIDEPRESSANTS	7,344,480	14,724	51.6	156,024	0.8	57	47
ANTICONVULSANT	3,877,463	7,285	25.5	78,886	1.0	47	49
DERMATOLOGICAL	3,802,486	43,782	153.6	480,904	0.3	29	8
ANTIHYPERTENSIVE	3,054,295	10,000	35.1	103,630	0.9	34	29
ANALGESICS - Narcotic	2,748,384	14,254	50.0	148,547	0.6	30	19
ANTIASTHMATIC	2,713,657	10,501	36.8	109,117	0.5	48	25
ANTIIDIABETIC	2,542,919	7,900	27.7	82,894	0.9	35	31
ANTIANKXIETY AGENTS	2,255,120	9,342	32.8	99,484	0.7	31	23

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} INDIANA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Mean No. of Users	Residents	NF Mos among Users	Mean Rx \$	No. of Users	Residents	NF Mos among Users	Mean No. of Rx
All	929,193	\$44,431,996	11,969	42.0 %	128,526	0.8	\$65	12,996	45.6 %	137,791	0.8	\$56
Female	665,204	31,146,078	8,369	39.8	90,184	0.7	63	9,590	45.6	101,994	0.8	55
Disabled	72,728	3,986,853	804	51.5	9,129	0.9	94	735	47.1	8,136	0.8	64
64 or younger	71,800	3,935,645	793	51.5	9,031	0.9	94	723	46.9	8,031	0.8	64
65-74	928	51,208	11	50.0	98	0.9	150	12	54.5	105	0.7	53
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	592,476	27,159,225	7,565	38.8	81,055	0.7	60	8,855	45.5	93,858	0.8	54
64 or younger	1,215	62,793	0	0.0	0	0.0	0	12	37.5	134	1.2	72
65-74	99,169	5,050,127	1,336	60.1	14,911	0.9	83	1,118	50.3	12,098	0.7	56
75-84	230,603	10,907,275	3,110	47.0	33,486	0.7	63	3,151	47.7	33,830	0.7	55
85 and older	261,489	11,139,030	3,119	29.4	32,658	0.6	46	4,574	43.1	47,796	0.8	52
Male	263,989	13,285,918	3,600	48.2	38,342	0.8	70	3,406	45.6	35,797	0.8	59
Disabled	73,823	4,215,597	897	56.9	10,192	0.9	93	772	49.0	8,577	0.8	67
64 or younger	73,502	4,193,615	888	56.7	10,119	0.9	93	762	48.7	8,495	0.8	67
65-74	321	21,982	9	75.0	73	0.8	100	10	83.3	82	1.0	113
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	190,166	9,070,321	2,703	45.9	28,150	0.8	62	2,634	44.7	27,220	0.8	57
64 or younger	1,983	100,998	2	4.9	24	0.1	2	16	39.0	192	0.8	69
65-74	58,310	2,998,439	816	57.2	8,939	0.8	76	660	46.3	7,027	0.8	59
75-84	79,034	3,740,882	1,188	48.8	12,270	0.7	60	1,094	45.0	11,283	0.8	57
85 and older	50,839	2,230,002	697	34.9	6,917	0.7	48	864	43.3	8,718	0.7	53
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 INDIANA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						DERMATOLOGICAL					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	14,724	156,024	0.8	7,255	78,886	1.0	43,782	480,904	0.3	480,904	0.3	43,782	153.6 %	480,904	0.3	480,904	0.3	\$8
Female	10,985	116,792	0.8	4,661	50,291	1.0	31,473	346,123	0.3	346,123	0.3	31,473	149.6	346,123	0.3	346,123	0.3	8
Disabled	962	10,784	0.9	957	10,847	1.2	2,883	33,155	0.3	33,155	0.3	2,883	184.6	33,155	0.3	33,155	0.3	9
64 or younger	950	10,683	0.9	946	10,751	1.2	2,848	32,864	0.3	32,864	0.3	2,848	184.9	32,864	0.3	32,864	0.3	9
65-74	12	54.5	0.9	11	50.0	1.0	35	291	0.4	291	0.4	35	159.1	291	0.4	291	0.4	12
75-84	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	10,023	106,008	0.8	3,704	39,444	1.0	28,590	312,968	0.3	312,968	0.3	28,590	146.8	312,968	0.3	312,968	0.3	7
64 or younger	0	0.0	0.0	28	306	1.1	74	872	0.3	872	0.3	74	231.3	872	0.3	872	0.3	7
65-74	1,466	15,985	0.9	869	9,596	1.1	3,451	38,967	0.3	38,967	0.3	3,451	155.2	38,967	0.3	38,967	0.3	8
75-84	3,836	40,976	0.8	1,604	17,422	1.0	9,741	107,716	0.3	107,716	0.3	9,741	147.3	107,716	0.3	107,716	0.3	8
85 and older	4,721	49,047	0.8	1,203	12,120	0.9	15,324	165,413	0.3	165,413	0.3	15,324	144.4	165,413	0.3	165,413	0.3	7
Male	3,739	39,232	0.8	2,624	28,595	1.1	12,309	134,781	0.3	134,781	0.3	12,309	164.7	134,781	0.3	134,781	0.3	9
Disabled	861	9,671	0.9	1,115	12,738	1.2	3,002	34,707	0.3	34,707	0.3	3,002	190.4	34,707	0.3	34,707	0.3	10
64 or younger	858	9,651	0.9	1,114	12,726	1.2	2,991	34,591	0.3	34,591	0.3	2,991	191.1	34,591	0.3	34,591	0.3	10
65-74	3	25.0	0.5	1	8.3	0.8	11	116	0.5	116	0.5	11	91.7	116	0.5	116	0.5	9
75-84	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	2,878	29,561	0.8	1,509	15,857	1.0	9,307	100,074	0.3	100,074	0.3	9,307	157.9	100,074	0.3	100,074	0.3	8
64 or younger	1	2.4	0.2	32	375	1.3	107	1,284	0.3	1,284	0.3	107	261.0	1,284	0.3	1,284	0.3	10
65-74	801	8,608	0.9	555	6,122	1.1	2,273	25,282	0.3	25,282	0.3	2,273	159.4	25,282	0.3	25,282	0.3	9
75-84	1,242	12,648	0.8	634	6,583	1.0	3,782	40,754	0.3	40,754	0.3	3,782	155.5	40,754	0.3	40,754	0.3	8
85 and older	834	8,293	0.8	288	2,777	0.9	3,145	32,754	0.3	32,754	0.3	3,145	157.6	32,754	0.3	32,754	0.3	8
Unknown	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 INDIANA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	10,000	35.1 %	103,630	0.9	\$30	14,254	50.0 %	148,547	0.6	\$19	10,501	36.8 %	109,117	0.5	\$25
Female	7,140	33.9	74,035	0.9	29	11,079	52.7	115,946	0.6	19	7,290	34.6	76,126	0.5	23
Disabled	369	23.6	4,020	0.9	31	835	53.5	9,175	0.8	26	591	37.8	6,431	0.7	32
64 or younger	360	23.4	3,939	0.9	32	819	53.2	9,040	0.8	26	581	37.7	6,347	0.7	32
65-74	9	40.9	81	0.8	22	16	72.7	135	1.1	28	10	45.5	84	1.0	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,771	34.8	70,015	0.9	29	10,244	52.6	106,771	0.6	18	6,699	34.4	69,695	0.5	23
64 or younger	3	9.4	28	0.7	12	4	12.5	38	0.2	2	36	112.5	376	0.9	42
65-74	885	39.8	9,374	0.9	31	1,298	58.4	13,918	0.7	22	965	43.4	10,233	0.6	31
75-84	2,511	38.0	26,527	0.9	29	3,604	54.5	38,268	0.7	20	2,467	37.3	25,931	0.5	24
85 and older	3,372	31.8	34,086	0.9	28	5,338	50.3	54,547	0.6	15	3,231	30.4	33,155	0.4	18
Male	2,860	38.3	29,595	0.9	31	3,175	42.5	32,601	0.6	18	3,211	43.0	32,991	0.6	28
Disabled	465	29.5	5,162	0.9	32	729	46.2	7,980	0.6	23	624	39.6	6,816	0.6	30
64 or younger	461	29.5	5,136	0.9	32	722	46.1	7,944	0.6	23	618	39.5	6,774	0.6	30
65-74	4	33.3	26	0.8	41	7	58.3	36	0.4	17	6	50.0	42	0.4	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,395	40.6	24,433	0.9	31	2,446	41.5	24,621	0.6	17	2,587	43.9	26,175	0.6	28
64 or younger	4	9.8	48	1.2	63	4	9.8	48	0.2	2	62	151.2	698	1.1	53
65-74	615	43.1	6,581	0.9	32	631	44.2	6,757	0.6	19	639	44.8	6,667	0.7	35
75-84	1,031	42.4	10,470	0.9	31	975	40.1	9,767	0.6	17	1,066	43.8	10,677	0.5	27
85 and older	745	37.3	7,334	0.8	29	836	41.9	8,049	0.5	14	820	41.1	8,133	0.5	22
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 INDIANA, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANTIANSXIETY AGENTS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx \$	Users as %		No. of Bene Mos among Users		Mean Rx \$		
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents			
All	7,900	27.7 %	82,894	0.9	\$31	9,342	32.8 %	99,484	0.7	\$23	28,513	290,586
Female	5,878	27.9	61,897	0.9	30	6,890	32.7	73,656	0.7	22	21,041	215,062
Disabled	435	27.8	4,696	1.0	40	662	42.4	7,411	0.9	28	1,562	17,365
64 or younger	422	27.4	4,603	1.0	40	653	42.4	7,320	0.9	28	1,540	17,202
65-74	13	59.1	93	0.9	46	9	40.9	91	0.8	26	22	163
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,443	27.9	57,201	0.9	29	6,228	32.0	66,245	0.7	21	19,479	197,697
64 or younger	0	0.0	0	0.0	0	13	40.6	146	1.0	25	32	356
65-74	1,051	47.3	11,252	0.9	35	895	40.3	9,739	0.8	25	2,223	23,529
75-84	2,357	35.7	25,072	0.9	30	2,268	34.3	24,524	0.7	23	6,611	68,162
85 and older	2,035	19.2	20,877	0.8	26	3,052	28.8	31,836	0.7	19	10,613	105,650
Male	2,022	27.1	20,997	0.9	32	2,452	32.8	25,828	0.8	25	7,472	75,524
Disabled	333	21.1	3,752	1.0	37	671	42.5	7,562	0.9	30	1,577	17,537
64 or younger	330	21.1	3,725	1.0	37	669	42.7	7,538	0.9	30	1,565	17,457
65-74	3	25.0	27	1.3	47	2	16.7	24	0.4	4	12	80
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,689	28.7	17,245	0.9	31	1,781	30.2	18,266	0.7	23	5,895	57,987
64 or younger	0	0.0	0	0.0	0	16	39.0	192	1.0	18	41	464
65-74	491	34.4	5,205	0.9	34	494	34.6	5,273	0.8	30	1,426	14,833
75-84	761	31.3	7,790	0.9	31	714	29.4	7,377	0.7	23	2,432	23,834
85 and older	437	21.9	4,250	0.9	27	557	27.9	5,424	0.6	17	1,996	18,856
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 11,614 beneficiaries who were in nursing facilities for part of their enrollment and their 105,524 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
INDIANA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	674,418	67,632	95,815	109,555	401,416	0	6,374,681	671,973	994,686	821,190	3,886,832	0
Age												
5 and younger	177,925	0	1,970	0	175,955	0	1,657,295	0	21,685	0	1,635,610	0
6-14	176,586	0	6,060	18	170,508	0	1,796,825	0	67,040	102	1,729,683	0
15-20	74,697	0	3,454	16,358	54,885	0	684,416	0	36,247	127,192	520,977	0
21-44	129,574	1	39,947	89,570	56	0	1,080,769	5	414,156	666,173	435	0
45-64	47,663	57	44,032	3,571	3	0	480,630	220	452,859	27,529	22	0
65-74	23,891	23,501	350	33	7	0	247,518	244,570	2,684	183	81	0
75-84	23,323	23,316	1	5	1	0	232,001	231,966	12	11	12	0
85 and older	20,756	20,755	0	0	1	0	195,220	195,208	0	0	12	0
Unknown	3	2	1	0	0	7	0	4	3	0	0	0
Gender												
Female	403,575	50,732	52,172	100,789	199,882	0	3,762,522	511,074	546,386	767,702	1,937,360	0
Male	270,843	16,900	43,643	8,766	201,534	0	2,612,159	160,899	448,300	53,488	1,949,472	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	473,494	57,512	76,123	74,474	265,385	0	4,431,699	567,820	790,315	540,040	2,533,524	0
African American	163,236	8,028	17,295	29,221	108,692	0	1,610,816	82,967	180,492	238,825	1,108,532	0
Other/unknown	37,688	2,092	2,397	5,860	27,339	0	332,166	21,186	23,879	42,325	244,776	0
Use of Nursing Facilities												
All year	28,513	25,301	3,139	1	72	0	290,586	254,864	34,902	3	817	0
Part year	11,614	9,634	1,936	9	35	0	105,600	85,334	19,796	97	373	0
None	634,291	32,697	90,740	109,545	401,309	0	5,978,495	331,775	939,988	821,090	3,885,642	0
Maintenance Assistance Status												
Cash	266,489	17,855	66,152	65,626	116,856	0	2,614,479	195,666	710,850	506,817	1,201,146	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	234,080	1,404	1,134	18,107	213,435	0	2,231,361	14,526	12,104	106,654	2,098,077	0
Other/unknown	173,840	48,364	28,529	25,822	71,125	0	1,528,733	461,673	271,732	207,719	587,609	0
Missing	9	9	0	0	0	0	108	108	0	0	0	0
Dual Status^c												
Full dual, all year	96,569	60,788	35,240	500	41	0	991,569	603,257	383,969	3,943	400	0
Full dual, part year	6,313	3,901	2,354	58	0	0	64,684	38,899	25,184	601	0	0
Non-dual, all year	571,536	2,943	58,221	108,997	401,375	0	5,318,428	29,817	585,533	816,646	3,886,432	0
Managed Care Status												
FFS all year	538,917	67,615	91,088	85,001	295,213	0	4,923,680	671,769	940,242	577,260	2,734,409	0
FFS part year, with Rx claims	23,936	5	1,159	7,443	15,329	0	249,579	60	13,321	73,812	162,386	0
FFS part year, no Rx claims	42,851	0	1,017	7,882	33,952	0	438,595	0	11,149	73,830	353,616	0
MC all year, with Rx claims	1,183	0	36	466	681	0	11,877	0	397	4,187	7,293	0
MC all year, no Rx claims	67,531	12	2,515	8,763	56,241	0	750,950	144	29,577	92,101	629,128	0

Appendix Table A.1

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains 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 or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 INDIANA, 1999

	Bene Mos in Cell B of Table 1		Benes and		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	674,418	6,374,681	605,704	5,174,468	68,714	1,200,199		
FFS all year	538,917	4,923,680	538,917	4,923,666	0	0		
FFS part year, with Rx claims	23,936	249,579	23,936	106,789	0	142,790		
FFS part year, with no Rx claims	42,851	438,595	42,851	144,013	0	294,582		
MC all year, with Rx claims	1,183	11,877	0	0	1,183	11,877		
MC all year, with no Rx claims	67,531	750,950	0	0	67,531	750,950		

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.