

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	No. of Benefes							Other/Unknown				
	All	Aged	Disabled	Adults	Children	All	Aged		Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>102,837</b>	<b>64,687</b>	<b>37,578</b>	<b>532</b>	<b>40</b>	<b>0</b>	<b>1,055,128</b>	<b>642,122</b>	<b>408,596</b>	<b>4,025</b>	<b>385</b>	<b>0</b>
<b>Age</b>												
5 and younger	4	0	3	0	1	0	44	0	32	0	12	0
6-14	11	0	2	0	9	0	94	0	15	0	79	0
15-20	175	0	146	15	14	0	1,723	0	1,509	84	130	0
21-44	17,009	0	16,600	403	6	0	185,226	0	182,058	3,115	53	0
45-64	20,642	14	20,537	90	1	0	223,478	63	222,730	679	6	0
65-74	21,978	21,660	290	21	7	0	227,737	225,264	2,252	140	81	0
75-84	22,610	22,606	0	3	1	0	224,883	224,864	0	7	12	0
85 and older	20,407	20,406	0	0	1	0	191,942	191,930	0	0	12	0
Unknown	1	1	0	0	0	1	0	1	0	0	0	0
<b>Gender</b>												
Female	68,175	48,684	19,098	375	18	0	702,376	490,109	209,229	2,863	175	0
Male	34,662	16,003	18,480	157	22	0	352,752	152,013	199,367	1,162	210	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	87,798	55,761	31,637	368	32	0	898,750	550,110	345,477	2,843	320	0
African American	12,927	7,520	5,264	137	6	0	134,896	77,775	56,057	1,021	43	0
Other/unknown	2,112	1,406	677	27	2	0	21,482	14,237	7,062	161	22	0
<b>Use of Nursing Facilities</b>												
All year	26,758	24,834	1,924	0	0	0	271,658	249,976	21,682	0	0	0
Part year	10,491	9,469	1,021	0	1	0	94,358	83,836	10,511	0	11	0
None	65,588	30,384	34,633	532	39	0	689,112	308,310	376,403	4,025	374	0
<b>Maintenance Assistance Status</b>												
Cash	35,497	15,930	19,253	312	2	0	390,195	174,795	213,126	2,261	13	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,645	1,394	1,126	110	15	0	27,412	14,439	11,997	856	120	0
Other/unknown	64,687	47,355	17,199	110	23	0	637,425	452,792	183,473	908	252	0
Missing	8	8	0	0	0	0	96	96	0	0	0	0
<b>Dual Medicare Status<sup>c</sup></b>												
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
<b>Managed Care Status</b>												
FFS all year	102,731	64,685	37,514	493	39	0	1,054,622	642,108	408,264	3,866	384	0
FFS part year, with Rx claims	71	2	42	27	0	0	388	14	248	126	0	0
FFS part year, no Rx claims	35	0	22	12	1	0	118	0	84	33	1	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.

Table 11

Dual Eligible Beneficiaries

- a. Table 11 includes the beneficiaries represented by Cells G 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. 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 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ <sup>c</sup>	No. of Benes
All	85.4 %	48.8	\$2,206	\$45	\$13,576	16.2 %	\$123	102,837
<b>Age</b>								
5 and younger	100.0	45.5	1,488	33	32,592	4.6	87	4
6-14	63.6	25.0	2,529	101	7,627	33.2	21	11
15-20	76.6	21.5	1,593	74	12,090	13.2	43	175
21-44	81.9	36.6	2,446	67	13,333	18.3	75	17,009
45-64	83.0	52.0	2,688	52	13,138	20.5	140	20,642
65-74	80.7	47.6	1,996	42	9,377	21.3	130	21,978
75-84	87.9	53.7	2,131	40	14,192	15.0	133	22,610
85 and older	93.2	51.8	1,832	35	18,076	10.1	127	20,407
Unknown	0.0	0.0	0	0	0	0.0	0	1
<b>Basis of Eligibility</b>								
Aged	87.2	51.1	1,993	39	13,808	14.4	130	64,687
Disabled	82.6	45.2	2,591	57	13,333	19.4	111	37,578
Adults	67.5	18.8	847	45	2,723	31.1	48	532
Children	70.0	35.1	2,619	75	11,980	21.9	59	40
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	87.8	52.7	2,221	42	13,447	16.5	134	68,175
Male	80.6	41.0	2,176	53	13,830	15.7	100	34,662
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	86.3	50.9	2,299	45	14,156	16.2	124	87,798
African American	80.4	36.7	1,665	45	10,510	15.8	116	12,927
Other/unknown	77.7	33.4	1,627	49	8,242	19.7	120	2,112
<b>Use of Nursing Facilities</b>								
Entire year	98.3	69.5	2,741	39	25,687	10.7	180	26,758
Part year	95.7	55.6	2,286	41	15,914	14.4	141	10,491
None	78.5	39.2	1,975	50	8,262	23.9	96	65,588
<b>Maintenance Assistance Status</b>								
Cash	88.4	48.1	2,303	48	9,811	23.5	114	35,497
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	36.3	6.2	251	40	1,123	22.4	12	2,645
Other/unknown	85.8	50.9	2,233	44	16,153	13.8	132	64,687
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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>4.8</b>	<b>\$215</b>	<b>16.2 %</b>	<b>14.6 %</b>	<b>13.9 %</b>	<b>9.4 %</b>	<b>26.7 %</b>	<b>25.9 %</b>	<b>9.5 %</b>	<b>\$1,323</b>	<b>102,837</b>	<b>1,055,128</b>
<b>Age</b>												
5 and younger	4.1	135	4.6	0.0	25.0	0.0	50.0	25.0	0.0	2,963	4	44
6-14	2.9	296	33.2	36.4	9.1	9.1	36.4	9.1	0.0	893	11	94
15-20	2.2	162	13.2	23.4	37.7	11.4	19.4	5.7	2.3	1,228	175	1,723
21-44	3.4	225	18.3	18.1	23.9	12.2	25.3	16.0	4.6	1,224	17,009	185,226
45-64	4.8	248	20.5	17.0	13.8	9.1	25.2	24.9	10.1	1,214	20,642	223,478
65-74	4.6	193	21.3	19.3	14.2	9.3	24.2	23.4	9.7	905	21,978	227,737
75-84	5.4	214	15.0	12.1	10.7	8.1	27.0	30.0	12.0	1,427	22,610	224,883
85 and older	5.5	195	10.1	6.8	8.6	8.9	32.1	33.3	10.2	1,922	20,407	191,942
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
<b>Basis of Eligibility</b>												
Aged	5.2	201	14.4	12.8	11.2	8.8	27.7	28.9	10.6	1,391	64,687	642,122
Disabled	4.2	238	19.4	17.4	18.2	10.5	25.3	21.0	7.6	1,226	37,578	408,596
Adults	2.5	112	31.1	32.5	32.0	7.7	15.8	8.8	3.2	360	532	4,025
Children	3.6	272	21.9	30.0	12.5	12.5	20.0	20.0	5.0	1,245	40	385
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	5.1	216	16.5	12.2	12.3	9.3	27.5	28.1	10.7	1,305	68,175	702,376
Male	4.0	214	15.7	19.4	17.0	9.7	25.3	21.5	7.1	1,359	34,662	352,752
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.0	225	16.2	13.7	12.9	9.0	26.7	27.3	10.4	1,383	87,798	898,750
African American	3.5	160	15.8	19.6	19.2	11.7	27.1	18.0	4.4	1,007	12,927	134,896
Other/unknown	3.3	160	19.7	22.3	21.7	11.4	25.4	15.4	3.7	810	2,112	21,482
<b>Use of Nursing Facilities</b>												
Entire year	6.9	270	10.7	1.7	5.5	6.4	29.5	39.4	17.5	2,530	26,758	271,658
Part year	6.2	254	14.4	4.3	8.1	9.2	30.6	34.1	13.8	1,769	10,491	94,358
None	3.7	188	23.9	21.5	18.2	10.7	25.0	19.0	5.6	786	65,588	689,112
<b>Maintenance Assistance Status</b>												
Cash	4.4	210	23.5	11.6	18.1	11.6	27.8	23.1	7.8	893	35,497	390,195
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	24	22.4	63.7	23.9	5.2	5.3	1.7	0.3	108	2,645	27,412
Other/unknown	5.2	227	13.8	14.2	11.2	8.4	27.1	28.3	10.8	1,639	64,687	637,425
Missing	2.4	171	38	37.5	12.5	0.0	37.5	12.5	0.0	446	8	96

Table 13

Dual Eligible 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 13 includes the beneficiaries represented by Cell G 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.8</b>	<b>\$215</b>	<b>\$45</b>	<b>1.7</b>	<b>\$129</b>	<b>\$78</b>	<b>0.7</b>	<b>\$35</b>	<b>\$48</b>	<b>2.2</b>	<b>\$43</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	4.1	135	33	1.0	75	75	1.0	22	21	1.5	33	23
6-14	2.9	296	101	0.9	238	252	0.5	30	55	1.3	25	20
15-20	2.2	162	74	0.9	111	126	0.4	25	71	0.9	19	22
21-44	3.4	225	67	1.3	152	118	0.4	34	78	1.5	31	21
45-64	4.8	248	52	1.8	157	87	0.6	39	60	2.1	42	20
65-74	4.6	193	42	1.6	113	69	0.7	31	46	2.1	41	20
75-84	5.4	214	40	1.8	120	66	0.9	37	41	2.4	49	20
85 and older	5.5	195	35	1.6	102	62	0.9	34	36	2.6	50	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	5.2	201	39	1.7	112	66	0.8	34	41	2.4	46	19
Disabled	4.2	238	57	1.6	155	98	0.6	37	66	1.8	37	20
Adults	2.5	112	45	0.9	73	85	0.3	14	52	1.3	19	15
Children	3.6	272	75	1.4	195	140	0.7	43	58	1.3	26	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.1	216	42	1.8	127	72	0.8	35	45	2.3	44	19
Male	4.0	214	53	1.4	131	94	0.6	35	55	1.8	39	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.0	225	45	1.7	134	78	0.8	36	48	2.3	45	20
African American	3.5	160	45	1.2	97	79	0.5	27	49	1.6	29	18
Other/unknown	3.3	160	49	1.3	102	81	0.4	23	52	1.4	28	20
<b>Use of Nursing Facilities</b>												
Entire year	6.9	270	39	2.1	146	68	1.1	46	40	3.2	67	21
Part year	6.2	254	41	2.0	143	70	1.0	39	40	2.9	62	22
None	3.7	188	50	1.4	120	85	0.5	30	58	1.6	31	19
<b>Maintenance Assistance Status</b>												
Cash	0.6	24	40	1.6	131	82	0.6	33	55	2.0	37	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	5.2	227	44	0.2	15	71	0.1	4	49	0.3	4	15
Other/unknown	2.4	171	73	1.7	132	76	0.8	37	45	2.4	48	20
Missing	4.4	210	48	1.2	143	120	0.1	6	77	1.1	23	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 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 14

Dual Eligible 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](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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	No. of Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$19	\$0	\$3	\$57	\$89	\$65	\$18	247,917	58,382	56.8 %	637,972	
Biologics	0.1	0.1	0.0	0.0	4	1	1	2	38	19	2,432	52	10,608	8,978	8.7	101,354	
Antineoplastic Agents	0.5	0.2	0.1	0.2	76	48	19	9	148	257	133	49	17,926	3,341	3.2	34,742	
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	26	20	2	4	29	46	18	12	388,519	39,779	38.7	432,909	
Cardiovascular Agents	1.6	0.5	0.4	0.8	49	24	13	12	30	48	35	16	1,063,529	60,397	58.7	645,554	
Respiratory Agents	0.7	0.3	0.0	0.4	28	18	1	10	38	53	30	26	366,340	45,030	43.8	494,789	
Gastrointestinal Agents	0.8	0.4	0.1	0.4	52	36	6	10	66	103	77	28	383,469	44,921	43.7	488,671	
Genitourinary Agents	0.4	0.2	0.0	0.2	19	12	0	6	43	55	36	29	73,334	15,420	15.0	168,918	
CNS Drugs	1.3	0.6	0.2	0.6	88	58	18	11	66	106	94	19	806,076	56,097	54.5	606,672	
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	23	6	8	9	45	65	71	29	4,108	715	0.7	7,974	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	73	70	0	2	109	121	67	28	28,474	4,105	4.0	42,486	
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	34	19	6	8	40	87	69	16	458,669	50,318	48.9	548,041	
Neuromuscular Agents	1.0	0.3	0.2	0.5	53	31	9	13	52	91	46	27	322,001	28,637	27.8	317,248	
Nutritional Products	0.7	0.0	0.3	0.4	15	1	6	7	22	27	26	20	188,554	26,897	26.2	283,004	
Hematological Agents	0.8	0.1	0.3	0.4	33	18	7	8	44	197	27	21	155,791	19,434	18.9	205,692	
Topical Products	0.5	0.2	0.1	0.2	17	10	4	3	34	53	38	15	242,010	44,752	43.5	490,906	
Miscellaneous Products	0.4	0.1	0.0	0.3	56	27	10	18	139	262	253	71	24,929	5,883	5.7	62,109	
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	21	0	0	0	41	0	0	0	235,155	41,946	40.8	459,738	
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,017,409	n.a.	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 15 includes the beneficiaries represented by Cell G 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 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. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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](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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$27,280,985	30,283	29.4 %	331,804	0.7	\$113
ULCER DRUGS	20,570,680	42,513	41.3	468,292	0.5	82
ANTIDEPRESSANTS	18,441,817	45,330	44.1	497,185	0.6	59
ANTICONVULSANT	11,947,781	22,481	21.9	250,702	0.8	59
ANALGESICS - Narcotic	9,607,524	56,352	54.8	618,047	0.5	33
ANTIDIABETIC	8,859,767	27,835	27.1	304,105	0.7	41
ANTIHYPERTENSIVE	8,788,276	35,217	34.2	382,131	0.6	36
ANTIASTHMATIC	8,397,303	38,161	37.1	415,466	0.5	43
ANALGESICS - ANTI-INFLAMMATORY	7,716,898	32,899	32.0	374,091	0.4	55
CALCIUM BLOCKERS	6,963,118	20,487	19.9	223,281	0.7	46

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 16 includes the beneficiaries represented by Cell G 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](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 16A  
 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,245,724</b>	<b>\$128,574,149</b>	<b>30,283</b>	<b>29.4 %</b>	<b>331,804</b>	<b>0.7</b>	<b>\$82</b>	<b>42,513</b>	<b>41.3 %</b>	<b>468,292</b>	<b>0.5</b>	<b>\$44</b>					
<b>Female</b>	1,562,180	84,777,811	18,537	27.2	202,366	0.7	69	30,539	44.8	337,213	0.5	44					
<b>Disabled</b>	483,125	31,390,250	6,714	35.2	77,831	0.7	93	8,795	46.1	102,336	0.4	40					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	632	43,127	13	20.6	154	0.6	87	13	20.6	148	0.3	20					
21-44	155,499	11,190,813	3,056	41.6	35,450	0.7	99	2,621	35.7	30,628	0.4	37					
45-64	323,577	19,977,864	3,604	31.3	41,799	0.7	87	6,076	52.8	70,694	0.5	41					
65-74	3,417	178,446	41	22.3	428	0.7	70	85	46.2	866	0.5	37					
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					
<b>Other Eligibles</b>	1,079,055	53,387,561	11,823	24.1	124,535	0.7	55	21,744	44.3	234,877	0.6	46					
5 and younger	33	629	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	119	3,433	1	4.8	11	0.1	2	2	9.5	23	0.4	30					
21-44	2,542	122,052	37	12.2	412	0.4	38	65	21.5	687	0.2	22					
45-64	656	31,332	3	6.0	28	0.6	9	17	34.0	169	0.4	47					
65-74	353,415	18,132,267	2,893	19.6	32,133	0.7	68	6,925	47.0	78,600	0.5	42					
75-84	400,992	19,988,149	4,634	27.4	48,897	0.7	56	7,648	45.1	82,871	0.6	46					
85 and older	321,298	15,109,699	4,255	25.0	43,054	0.6	42	7,087	41.6	72,527	0.7	49					
<b>Male</b>	683,544	43,796,338	11,746	33.9	129,438	0.8	103	11,974	34.5	131,079	0.5	44					
<b>Disabled</b>	375,576	28,222,173	7,522	40.7	86,831	0.8	125	5,969	32.3	68,657	0.5	42					
5 and younger	26	594	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	34	1,499	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	1,026	89,400	37	44.6	390	0.6	99	9	10.8	108	0.7	60					
21-44	167,966	14,354,040	4,339	46.9	50,428	0.8	131	2,454	26.5	28,599	0.4	40					
45-64	205,374	13,710,232	3,137	34.7	35,954	0.9	116	3,466	38.4	39,611	0.5	43					
65-74	1,150	66,408	9	8.5	59	0.8	139	40	37.7	339	0.5	47					
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					
<b>Other Eligibles</b>	307,968	15,574,165	4,224	26.1	42,607	0.7	58	6,005	37.1	62,422	0.6	47					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	54	2,503	0	0.0	0	0.0	0	5	55.6	53	0.5	15					
15-20	123	5,254	1	12.5	12	2.3	107	1	12.5	12	0.1	2					
21-44	1,092	60,239	12	11.3	91	0.4	76	23	21.7	232	0.3	24					
45-64	612	32,209	2	3.6	24	0.2	7	18	32.7	197	0.4	31					
65-74	131,717	6,837,266	1,455	20.9	15,376	0.8	70	2,391	34.4	26,202	0.5	44					
75-84	114,852	5,793,280	1,751	30.9	17,495	0.7	55	2,225	39.3	22,643	0.6	50					
85 and older	59,518	2,843,414	1,003	29.6	9,609	0.6	42	1,342	39.6	13,083	0.7	49					
<b>Unknown</b>	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 16A includes the beneficiaries represented by Cell G 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](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 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>45,330</b>	<b>44.1 %</b>	<b>497,185</b>	<b>0.6</b>	<b>\$37</b>	<b>22,481</b>	<b>21.9 %</b>	<b>250,702</b>	<b>0.8</b>	<b>\$48</b>	<b>56,352</b>	<b>54.8 %</b>	<b>618,047</b>	<b>0.5</b>	<b>\$16</b>
<b>Female</b>	32,501	47.7	356,869	0.6	37	13,608	20.0	151,336	0.8	43	40,834	59.9	448,286	0.5	15
<b>Disabled</b>	12,422	65.0	144,036	0.6	37	6,801	35.6	78,816	0.8	54	13,967	73.1	161,812	0.4	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	30.2	224	0.4	25	9	14.3	92	0.3	24	32	50.8	359	0.4	21
21-44	4,695	63.9	54,514	0.5	37	3,124	42.5	36,299	0.8	58	5,051	68.7	58,616	0.4	14
45-64	7,640	66.4	88,652	0.6	37	3,635	31.6	42,119	0.8	50	8,785	76.4	101,846	0.5	17
65-74	68	37.0	646	0.6	31	33	17.9	306	0.7	38	99	53.8	991	0.6	17
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
<b>Other Eligibles</b>	20,079	40.9	212,833	0.7	37	6,807	13.9	72,520	0.8	32	26,867	54.7	286,474	0.5	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	19.0	43	0.4	26	0	0.0	0	0.0	0	12	57.1	125	0.3	3
21-44	107	35.3	1,081	0.5	30	48	15.8	488	0.5	31	185	61.1	1,855	0.4	10
45-64	25	50.0	241	0.4	24	7	14.0	68	0.4	27	33	66.0	343	0.4	4
65-74	5,934	40.3	66,541	0.6	33	2,274	15.4	25,358	0.8	35	8,831	59.9	99,540	0.5	13
75-84	7,278	43.0	76,797	0.7	38	2,747	16.2	29,363	0.8	32	9,166	54.1	97,984	0.5	16
85 and older	6,731	39.6	68,130	0.7	39	1,731	10.2	17,243	0.8	27	8,640	50.8	86,627	0.5	14
<b>Male</b>	12,829	37.0	140,316	0.6	38	8,873	25.6	99,366	0.9	54	15,518	44.8	169,761	0.5	18
<b>Disabled</b>	7,464	40.4	85,872	0.6	37	6,255	33.8	72,261	0.9	60	8,964	48.5	102,695	0.5	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	8	0.4	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	22.9	210	0.5	37	29	34.9	324	1.2	90	21	25.3	230	0.2	1
21-44	3,907	42.2	45,267	0.5	36	3,457	37.4	40,245	0.8	62	4,357	47.1	50,382	0.4	21
45-64	3,519	38.9	40,240	0.6	37	2,759	30.5	31,617	0.9	58	4,537	50.2	51,721	0.5	20
65-74	19	17.9	155	0.5	21	10	9.4	75	0.8	46	48	45.3	354	0.4	15
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
<b>Other Eligibles</b>	5,365	33.2	54,444	0.7	39	2,618	16.2	27,105	0.9	39	6,554	40.5	67,066	0.5	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.1	3	1	11.1	5	0.6	14	1	11.1	12	0.1	0
15-20	0	0.0	0	0.0	0	2	25.0	24	1.2	40	3	37.5	36	0.1	1
21-44	38	35.8	364	0.4	18	22	20.8	231	0.4	36	74	69.8	761	0.5	23
45-64	20	36.4	220	0.3	20	11	20.0	131	0.5	55	31	56.4	333	0.4	9
65-74	2,034	29.3	21,677	0.7	38	1,167	16.8	12,679	0.9	43	2,845	41.0	30,797	0.5	13
75-84	2,083	36.8	20,699	0.7	40	1,004	17.7	10,180	0.8	36	2,255	39.8	22,421	0.5	14
85 and older	1,189	35.1	11,472	0.7	40	411	12.1	3,855	0.8	30	1,345	39.7	12,706	0.5	13
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table 16B

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 16B includes the beneficiaries represented by Cell G 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](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 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTI-ASTHMATIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>27,835</b>	<b>27.1 %</b>	<b>304,105</b>	<b>0.7</b>	<b>\$29</b>	<b>35,217</b>	<b>34.2 %</b>	<b>382,131</b>	<b>0.6</b>	<b>\$23</b>	<b>38,161</b>	<b>37.1 %</b>	<b>415,466</b>	<b>0.5</b>	<b>\$20</b>
<b>Female</b>	20,339	29.8	223,409	0.7	29	24,628	36.1	268,040	0.6	23	26,486	38.9	290,613	0.5	20
<b>Disabled</b>	5,328	27.9	61,636	0.7	33	5,067	26.5	58,536	0.5	20	8,325	43.6	96,270	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	3.2	24	0.9	47	8	12.7	90	0.2	11	21	33.3	243	0.6	26
21-44	1,031	14.0	11,954	0.7	31	1,027	14.0	11,823	0.5	19	2,273	30.9	26,507	0.4	15
45-64	4,239	36.9	49,134	0.7	33	3,967	34.5	45,994	0.6	20	5,951	51.7	68,742	0.5	19
65-74	56	30.4	524	0.8	37	65	35.3	629	0.5	19	80	43.5	778	0.4	14
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
<b>Other Eligibles</b>	15,011	30.6	161,773	0.7	28	19,561	39.9	209,504	0.7	24	18,161	37.0	194,343	0.5	20
5 and younger	0	0.0	0	0.0	0	1	100.0	12	1.2	9	3	300.0	36	0.5	14
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	9.5	23	0.2	6	3	14.3	26	1.3	16
21-44	29	9.6	306	0.6	26	25	8.3	236	0.4	19	46	15.2	490	0.3	7
45-64	11	22.0	98	0.6	31	14	28.0	128	0.5	19	17	34.0	171	0.4	17
65-74	6,072	41.2	68,219	0.7	30	6,580	44.6	74,201	0.6	22	6,852	46.5	77,289	0.5	22
75-84	5,662	33.4	60,632	0.7	27	7,162	42.3	77,169	0.7	24	6,327	37.3	67,362	0.5	21
85 and older	3,237	19.0	32,518	0.7	24	5,777	33.9	57,735	0.8	25	4,913	28.9	48,969	0.4	18
<b>Male</b>	7,496	21.6	80,696	0.7	29	10,589	30.6	114,091	0.6	24	11,675	33.7	124,853	0.5	22
<b>Disabled</b>	3,346	18.1	38,208	0.7	32	4,398	23.8	50,354	0.6	22	4,791	25.9	54,643	0.5	19
5 and younger	0	0.0	0	0.0	0	3	100.0	28	0.6	14	2	66.7	24	0.1	4
6-14	0	0.0	0	0.0	0	2	100.0	24	1.0	32	0	0.0	0	0.0	0
15-20	2	2.4	24	0.7	32	8	9.6	96	0.5	34	14	16.9	168	0.4	13
21-44	929	10.0	10,758	0.7	32	1,435	15.5	16,457	0.5	20	1,521	16.4	17,695	0.4	15
45-64	2,392	26.5	27,210	0.7	32	2,913	32.2	33,419	0.6	23	3,212	35.6	36,425	0.5	21
65-74	23	21.7	216	0.8	46	37	34.9	330	0.6	22	42	39.6	331	0.6	20
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
<b>Other Eligibles</b>	4,150	25.6	42,488	0.7	27	6,191	38.3	63,737	0.7	25	6,884	42.5	70,210	0.5	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	22.2	24	0.2	3	1	11.1	12	0.3	4
15-20	0	0.0	0	0.0	0	4	50.0	46	0.7	25	4	50.0	48	0.3	17
21-44	9	8.5	89	1.0	29	16	15.1	157	0.7	27	16	15.1	154	0.3	14
45-64	17	30.9	155	0.4	21	13	23.6	115	0.7	23	8	14.5	87	0.3	10
65-74	1,859	26.8	19,979	0.7	28	2,668	38.4	29,040	0.6	24	3,026	43.6	32,454	0.6	25
75-84	1,544	27.2	15,365	0.8	27	2,282	40.3	22,821	0.7	26	2,502	44.1	24,747	0.5	24
85 and older	721	21.3	6,900	0.8	24	1,206	35.6	11,534	0.8	26	1,327	39.2	12,708	0.5	21
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible 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 16C includes the beneficiaries represented by Cell G 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](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 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>32,899</b>	<b>32.0 %</b>	<b>374,091</b>	<b>0.4</b>	<b>\$21</b>	<b>20,487</b>	<b>19.9 %</b>	<b>223,281</b>	<b>0.7</b>	<b>\$31</b>	<b>102,837</b>	<b>1,055,128</b>
<b>Female</b>	24,680	36.2	281,019	0.4	22	15,407	22.6	168,046	0.7	31	68,175	702,376
<b>Disabled</b>	8,588	45.0	100,828	0.3	20	2,960	15.5	34,125	0.6	30	19,098	209,229
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	14	22.2	155	0.2	3	7	11.1	73	0.4	36	63	652
21-44	2,817	38.3	33,045	0.3	13	581	7.9	6,763	0.5	29	7,349	80,789
45-64	5,703	49.6	67,024	0.4	24	2,329	20.2	26,858	0.6	30	11,502	126,231
65-74	54	29.3	604	0.4	23	43	23.4	431	0.7	29	184	1,557
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
<b>Other Eligibles</b>	16,092	32.8	180,191	0.4	23	12,447	25.4	133,921	0.7	31	49,077	493,147
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	9.5	19	0.2	5	1	4.8	12	0.9	47	21	141
21-44	73	24.1	784	0.2	7	22	7.3	217	0.3	16	303	2,365
45-64	27	54.0	290	0.3	16	7	14.0	67	0.4	15	50	348
65-74	6,040	41.0	69,980	0.4	22	4,063	27.6	45,893	0.7	31	14,742	156,183
75-84	5,636	33.3	62,994	0.4	23	4,636	27.4	50,038	0.7	32	16,942	172,162
85 and older	4,314	25.3	46,124	0.5	24	3,718	21.8	37,694	0.8	32	17,018	161,936
<b>Male</b>	8,219	23.7	93,072	0.3	17	5,080	14.7	55,235	0.6	31	34,661	352,751
<b>Disabled</b>	4,627	25.0	53,974	0.3	14	2,165	11.7	24,804	0.6	33	18,480	199,367
5 and younger	0	0.0	0	0.0	0	1	33.3	8	0.5	13	3	32
6-14	0	0.0	0	0.0	0	1	50.0	12	0.9	61	2	15
15-20	13	15.7	138	0.1	2	3	3.6	33	0.4	23	83	857
21-44	2,124	23.0	24,869	0.2	11	652	7.0	7,482	0.5	33	9,251	101,269
45-64	2,473	27.4	28,789	0.4	18	1,497	16.6	17,167	0.6	32	9,035	96,499
65-74	17	16.0	178	0.3	14	11	10.4	102	0.5	38	106	695
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
<b>Other Eligibles</b>	3,592	22.2	39,098	0.4	20	2,915	18.0	30,431	0.7	31	16,181	153,384
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	3	33.3	36	0.4	41	9	79
15-20	0	0.0	0	0.0	0	2	25.0	22	0.9	44	8	73
21-44	39	36.8	386	0.3	12	8	7.5	87	0.5	22	106	803
45-64	16	29.1	153	0.4	24	6	10.9	58	0.5	13	55	400
65-74	1,628	23.4	18,412	0.4	20	1,342	19.3	14,613	0.6	30	6,946	69,302
75-84	1,227	21.6	13,104	0.4	21	1,039	18.3	10,522	0.7	31	5,668	52,721
85 and older	682	20.1	7,043	0.5	23	515	15.2	5,093	0.8	31	3,389	30,006
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Table 16D

Dual Eligible 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 16D includes the beneficiaries represented by Cell G 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](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 17

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>\$270</b>	<b>6.9</b>	<b>26,758</b>	<b>271,658</b>
<b>Age</b>				
0-64	378	7.7	1,898	21,492
65-74	345	8.0	3,482	36,459
75-84	287	7.2	8,912	90,623
85 and older	216	6.1	12,466	123,084
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	261	6.8	20,019	204,013
Male	297	6.9	6,739	67,645
Unknown	0	0.0	0	0
<b>Race</b>				
White	273	7	24,536	247,957
African American	233	5.6	2,009	21,537
Other/unknown	286	6.7	213	2,164
<b>Basis of Eligibility</b>				
Aged	261	6.8	24,834	249,976
Disabled	379	7.7	1,924	21,682
Adults	0	0.0	0	0
Children	0	0.0	0	0
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 10,491 beneficiaries who were in nursing facilities for part of their enrollment and their 94,358 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 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos	
		Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$0	\$4	\$45	\$64	\$19	85,589	19,097	\$3,866,608	71.4	201,535
Biologicals	0.1	0.1	0.0	0.0	1	0	1	21	12	27	7,021	6,010	150,920	22.5	68,459
Antineoplastic Agents	0.6	0.2	0.2	0.2	32	29	10	121	135	48	7,465	1,254	906,884	4.7	12,752
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	28	4	5	25	42	12	129,154	10,998	3,229,898	41.1	114,531
Cardiovascular Agents	2.0	0.4	0.5	1.0	49	17	15	24	39	30	395,569	19,381	9,660,200	72.4	199,070
Respiratory Agents	0.7	0.2	0.0	0.4	25	12	1	38	47	33	98,686	13,742	3,707,658	51.4	146,061
Gastrointestinal Agents	1.0	0.4	0.1	0.5	57	36	6	57	92	29	159,874	14,891	9,039,045	55.7	157,258
Genitourinary Agents	0.5	0.2	0.0	0.3	23	14	0	44	57	32	35,713	6,273	1,566,734	23.4	67,441
CNS Drugs	1.6	0.7	0.2	0.6	90	63	16	57	85	18	292,742	17,797	16,721,532	66.5	185,794
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	13	1	2	21	30	19	1,158	178	23,797	0.7	1,885
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	89	87	0	111	116	32	17,000	2,048	1,893,976	7.7	21,353
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	33	20	5	35	75	15	133,974	13,539	4,706,725	50.6	140,927
Neuromuscular Agents	1.3	0.4	0.3	0.6	64	28	16	49	76	32	112,587	8,099	5,514,953	30.3	86,287
Nutritional Products	0.8	0.0	0.3	0.5	18	1	7	22	34	19	89,454	10,409	1,926,158	38.9	106,639
Hematological Agents	1.0	0.1	0.4	0.5	34	15	9	34	163	19	73,733	7,033	2,470,657	26.3	72,527
Topical Products	0.6	0.2	0.1	0.2	20	11	6	34	52	14	118,982	18,227	4,013,092	68.1	196,268
Miscellaneous Products	0.4	0.0	0.0	0.4	28	2	0	72	51	74	10,348	2,521	743,364	9.4	26,220
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	21	0	0	35	0	0	91,906	14,401	3,190,897	53.8	153,592
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.	1,860,955	n.a.	73,333,098	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,491 beneficiaries who were in nursing facilities for part of their enrollment and their 94,358 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](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](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 18

Dual Eligible 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.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>102,882</b>	<b>64,689</b>	<b>37,594</b>	<b>558</b>	<b>41</b>	<b>1,056,253</b>	<b>642,156</b>	<b>409,153</b>	<b>4,544</b>	<b>400</b>	<b>0</b>
<b>Age</b>											
5 and younger	4	0	3	0	1	44	0	32	0	12	0
6-14	11	0	2	0	9	102	0	15	0	87	0
15-20	178	0	147	16	15	1,802	0	1,549	116	137	0
21-44	17,038	0	16,611	421	6	185,961	0	182,440	3,468	53	0
45-64	20,653	14	20,541	97	1	223,747	63	222,865	813	6	0
65-74	21,980	21,662	290	21	7	227,771	225,298	2,252	140	81	0
75-84	22,610	22,606	0	3	1	224,883	224,864	0	7	12	0
85 and older	20,407	20,406	0	0	1	191,942	191,930	0	0	12	0
Unknown	1	1	0	0	0	1	1	0	0	0	0
<b>Gender</b>											
Female	68,202	48,684	19,110	390	18	703,131	490,117	209,660	3,179	175	0
Male	34,680	16,005	18,484	168	23	353,122	152,039	199,493	1,365	225	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	87,821	55,762	31,644	383	32	899,366	550,122	345,765	3,159	320	0
African American	12,945	7,521	5,272	145	7	135,325	77,797	56,303	1,167	58	0
Other/unknown	2,116	1,406	678	30	2	21,562	14,237	7,085	218	22	0
<b>Use of Nursing Facilities</b>											
All year	26,758	24,834	1,924	0	0	271,658	249,976	21,682	0	0	0
Part year	10,491	9,469	1,021	0	1	94,368	83,836	10,521	0	11	0
None	65,633	30,386	34,649	558	40	690,227	308,344	376,950	4,544	389	0
<b>Maintenance Assistance Status</b>											
Cash	35,536	15,931	19,269	334	2	391,141	174,817	213,629	2,682	13	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	2,648	1,394	1,126	112	16	27,515	14,439	12,036	905	135	0
Other/unknown	64,689	47,355	17,199	112	23	637,489	452,792	183,488	957	252	0
Missing	9	9	0	0	0	108	108	0	0	0	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	96,569	60,788	35,240	500	41	991,569	603,257	383,969	3,943	400	0
Full dual, part year	6,313	3,901	2,354	58	0	64,684	38,899	25,184	601	0	0
<b>Managed Care Status</b>											
FFS all year	102,731	64,685	37,514	493	39	1,054,622	642,108	408,264	3,866	384	0
FFS part year, with Rx claims	71	2	42	27	0	780	24	473	283	0	0
FFS part year, no Rx claims	35	0	22	12	1	343	0	234	100	9	0
MC all year, with Rx claims	2	0	0	2	0	20	0	0	20	0	0
MC all year, no Rx claims	43	2	16	24	1	488	24	182	275	7	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 A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>102,882</b>	<b>1,056,253</b>	<b>102,837</b>	<b>1,055,128</b>	<b>45</b>	<b>1,125</b>
FFS all year	102,731	1,054,622	102,731	1,054,622	0	0
FFS part year, with Rx claims	71	780	71	388	0	392
FFS part year, with no Rx claims	35	343	35	118	0	225
MC all year, with Rx claims	2	20	0	0	2	20
MC all year, with no Rx claims	43	488	0	0	43	488

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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 INDIANA, 1999

Total Number of Dual Eligible Beneficiaries                      102,837  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries     \$226,842,435  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary     \$2,206

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,005	14.6 %	\$0	0.0 %
1-500	17,555	17.1	3,882,249	1.7
501-1,000	11,976	11.6	8,881,255	3.9
1,001-1,500	9,731	9.5	12,109,030	5.3
1,501-2,000	8,283	8.1	14,456,864	6.4
2,001-2,500	7,017	6.8	15,738,337	6.9
2,501-3,000	5,946	5.8	16,302,868	7.2
3,001-3,500	4,906	4.8	15,903,995	7.0
3,501-4,000	4,027	3.9	15,072,614	6.6
4,001-4,500	3,398	3.3	14,411,047	6.4
4,501-5,000	2,679	2.6	12,725,183	5.6
5,001-5,500	2,221	2.2	11,645,727	5.1
5,501-6,000	1,824	1.8	10,470,196	4.6
6,001-6,500	1,473	1.4	9,177,939	4.0
6,501-7,000	1,153	1.1	7,779,298	3.4
7,001-7,500	949	0.9	6,872,414	3.0
7,501-8,000	784	0.8	6,065,049	2.7
8,001-8,500	665	0.6	5,480,770	2.4
8,501-9,000	501	0.5	4,381,226	1.9
9,001-9,500	445	0.4	4,111,536	1.8
9,501-10,000	332	0.3	3,234,610	1.4
10,001+	1,967	1.9	28,140,228	12.4

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 INDIANA, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65                   37,288  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65      \$96,918,183  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65     \$2,599

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,441	17.3 %	0	0.0 %
1-500	6,459	17.3	1,336,249	1.4
501-1,000	3,583	9.6	2,647,747	2.7
1,001-1,500	2,816	7.6	3,491,064	3.6
1,501-2,000	2,489	6.7	4,340,954	4.5
2,001-2,500	2,100	5.6	4,706,226	4.9
2,501-3,000	1,868	5.0	5,126,009	5.3
3,001-3,500	1,585	4.3	5,140,242	5.3
3,501-4,000	1,339	3.6	5,017,300	5.2
4,001-4,500	1,227	3.3	5,204,660	5.4
4,501-5,000	1,023	2.7	4,865,956	5.0
5,001-5,500	869	2.3	4,553,692	4.7
5,501-6,000	802	2.2	4,613,748	4.8
6,001-6,500	666	1.8	4,152,014	4.3
6,501-7,000	566	1.5	3,822,050	3.9
7,001-7,500	486	1.3	3,520,037	3.6
7,501-8,000	436	1.2	3,372,673	3.5
8,001-8,500	379	1.0	3,123,723	3.2
8,501-9,000	282	0.8	2,468,340	2.5
9,001-9,500	247	0.7	2,284,011	2.4
9,501-10,000	206	0.6	2,006,861	2.1
10,001+	1,419	3.8	21,124,627	21.8

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.



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SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
INDIANA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 22,610  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$48,182,172  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,131

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,747	12.1%	0	0.0%
1-500	3,458	15.3	817,467	1.7
501-1,000	2,806	12.4	2,082,828	4.3
1,001-1,500	2,314	10.2	2,887,471	6.0
1,501-2,000	2,000	8.8	3,496,601	7.3
2,001-2,500	1,786	7.9	4,011,148	8.3
2,501-3,000	1,453	6.4	3,987,959	8.3
3,001-3,500	1,224	5.4	3,966,425	8.2
3,501-4,000	982	4.3	3,676,241	7.6
4,001-4,500	852	3.8	3,612,814	7.5
4,501-5,000	654	2.9	3,104,067	6.4
5,001-5,500	519	2.3	2,720,478	5.6
5,501-6,000	392	1.7	2,244,423	4.7
6,001-6,500	292	1.3	1,813,894	3.8
6,501-7,000	241	1.1	1,626,184	3.4
7,001-7,500	200	0.9	1,446,567	3.0
7,501-8,000	130	0.6	1,004,304	2.1
8,001-8,500	126	0.6	1,039,168	2.2
8,501-9,000	88	0.4	768,249	1.6
9,001-9,500	79	0.3	728,677	1.5
9,501-10,000	51	0.2	496,281	1.0
10,001+	216	1.0	2,650,926	5.5

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 INDIANA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 20,407  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$37,387,313  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,832

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,396	6.8 %	0	0.0 %
1-500	3,900	19.1	936,609	2.5
501-1,000	3,139	15.4	2,338,354	6.3
1,001-1,500	2,616	12.8	3,255,350	8.7
1,501-2,000	2,072	10.2	3,614,115	9.7
2,001-2,500	1,716	8.4	3,854,077	10.3
2,501-3,000	1,377	6.7	3,768,108	10.1
3,001-3,500	1,070	5.2	3,465,384	9.3
3,501-4,000	807	4.0	3,017,765	8.1
4,001-4,500	613	3.0	2,603,729	7.0
4,501-5,000	429	2.1	2,034,613	5.4
5,001-5,500	363	1.8	1,904,379	5.1
5,501-6,000	245	1.2	1,403,655	3.8
6,001-6,500	179	0.9	1,116,333	3.0
6,501-7,000	125	0.6	841,924	2.3
7,001-7,500	77	0.4	557,098	1.5
7,501-8,000	77	0.4	595,916	1.6
8,001-8,500	46	0.2	377,442	1.0
8,501-9,000	34	0.2	297,744	0.8
9,001-9,500	34	0.2	314,661	0.8
9,501-10,000	25	0.1	244,986	0.7
10,001+	67	0.3	845,071	2.3

Source: Data for this table are from the MAX 1999 file for Indiana, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.