

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	67,251	36,956	29,567	335	393	0	680,592	365,016	312,331	1,997	1,248	0		
Age														
5 and younger	4	0	3	0	1	0	48	0	36	0	12	0		
6-14	19	0	15	0	4	0	176	0	138	0	38	0		
15-20	92	0	82	0	10	0	672	0	586	0	86	0		
21-44	11,175	6	10,781	209	179	0	115,619	61	113,691	1,349	518	0		
45-64	11,294	28	11,019	96	151	0	114,577	253	113,408	500	416	0		
65-74	15,505	9,890	5,551	26	38	0	158,178	96,998	60,914	136	130	0		
75-84	16,430	14,653	1,764	4	9	0	168,489	148,532	19,909	12	36	0		
85 and older	12,731	12,378	352	0	1	0	122,826	119,165	3,649	0	12	0		
Unknown	1	1	0	0	0	7	0	7	0	0	0	0		
Gender														
Female	44,284	27,711	16,129	210	234	0	451,697	277,011	172,548	1,373	765	0		
Male	22,967	9,245	13,438	125	159	0	228,895	88,005	139,783	624	483	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	34,856	19,782	14,770	153	151	0	349,232	190,818	157,074	871	469	0		
African American	25,778	12,409	12,986	164	219	0	263,202	124,987	136,491	1,023	701	0		
Other/unknown	6,617	4,765	1,811	18	23	0	68,158	49,211	18,766	103	78	0		
Use of Nursing Facilities														
All year	14,024	12,743	1,280	0	1	0	140,192	126,199	13,981	0	12	0		
Part year	6,269	5,553	715	1	0	0	58,042	50,933	7,097	12	0	0		
None	46,958	18,660	27,572	334	392	0	482,358	187,884	291,253	1,985	1,236	0		
Maintenance Assistance Status														
Cash	38,349	15,294	22,953	102	0	0	417,801	166,603	250,616	582	0	0		
Medically needy	24,186	20,038	3,998	146	4	0	220,576	184,281	35,523	741	31	0		
Poverty-related	3,015	1,602	1,344	61	8	0	26,294	13,890	11,835	489	80	0		
Other/unknown	1,701	22	1,272	26	381	0	15,921	242	14,357	185	1,137	0		
Dual Medicare Status^c														
Full dual, all year	65,144	35,848	28,582	324	390	0	659,785	353,866	302,827	1,873	1,219	0		
Full dual, part year	2,107	1,108	985	11	3	0	20,807	11,150	9,504	124	29	0		
Managed Care Status														
FFS all year	62,781	35,652	26,548	225	356	0	652,818	357,073	293,077	1,553	1,115	0		
FFS part year, with Rx claims	3,324	989	2,249	62	24	0	21,020	6,262	14,398	258	102	0		
FFS part year, no Rx claims	1,146	315	770	48	13	0	6,754	1,681	4,856	186	31	0		

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. This table was produced on 06/25/2004.

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.

Table 11

Dual Eligible Beneficiaries

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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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 Benef
All	81.6 %	37.2	\$1,602	\$43	\$13,466	11.9 %	\$26	67,251
Age								
5 and younger	50.0	55.8	2,346	42	18,872	12.4	108	4
6-14	68.4	41.2	4,930	120	7,574	65.1	10	19
15-20	65.2	15.7	1,420	90	7,863	18.1	4	92
21-44	74.4	27.5	1,943	71	11,338	17.1	14	11,175
45-64	80.0	38.6	1,941	50	13,914	13.9	34	11,294
65-74	78.2	34.5	1,381	40	9,020	15.3	34	15,505
75-84	84.5	41.1	1,497	36	13,730	10.9	28	16,430
85 and older	89.7	43.0	1,404	33	20,059	7.0	15	12,731
Unknown	100.0	54.0	1,864	35	26,245	7.1	110	1
Basis of Eligibility								
Aged	83.7	39.9	1,422	36	15,333	9.3	23	36,956
Disabled	79.8	34.6	1,853	54	11,401	16.2	29	29,567
Adults	57.9	11.6	723	63	4,139	17.5	10	335
Children	37.2	5.2	401	77	1,159	34.6	4	393
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	84.3	39.9	1,595	40	13,480	11.8	29	44,284
Male	76.3	32.0	1,617	51	13,440	12.0	18	22,967
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	83.7	42.6	1,776	42	16,337	10.9	21	34,856
African American	79.8	33.1	1,495	45	11,518	13.0	34	25,778
Other/unknown	77.1	25.0	1,106	44	5,929	18.6	18	6,617
Use of Nursing Facilities								
Entire year	95.6	59.7	2,039	34	30,539	6.7	29	14,024
Part year	93.1	51.1	1,820	36	20,611	8.8	28	6,269
None	75.9	28.6	1,443	50	7,413	19.5	24	46,958
Maintenance Assistance Status								
Cash	81.9	32.0	1,594	50	6,803	23.4	27	38,349
Medically needy	87.2	49.2	1,744	35	24,169	7.2	26	24,186
Poverty related	34.5	9.1	587	65	1,848	31.8	12	3,015
Other/unknown	78.1	33.2	1,575	47	32,102	4.9	13	1,701

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	3.7	\$158	11.9 %	18.4 %	17.2 %	11.6 %	27.6 %	19.5 %	5.6 %	\$1,331	67,251	680,592
Age												
5 and younger	4.6	196	12.4	50.0	0.0	0.0	0.0	25.0	25.0	1,573	4	48
6-14	4.4	532	65.1	31.6	0.0	5.3	31.6	31.6	0.0	818	19	176
15-20	2.2	194	18.1	34.8	22.8	9.8	19.6	9.8	3.3	1,077	92	672
21-44	2.7	188	17.1	25.6	24.7	11.1	22.8	12.3	3.5	1,096	11,175	115,619
45-64	3.8	191	13.9	20.0	16.8	11.3	26.5	19.2	6.2	1,372	11,294	114,577
65-74	3.4	135	15.3	21.8	17.6	12.5	26.7	16.8	4.6	884	15,505	158,178
75-84	4.0	146	10.9	15.5	15.2	11.7	29.3	21.7	6.7	1,339	16,430	168,489
85 and older	4.5	146	7.0	10.3	13.3	11.3	31.8	26.5	6.8	2,079	12,731	122,826
Unknown	7.7	266	7.1	0.0	0.0	0.0	0.0	100.0	0.0	3,749	1	7
Basis of Eligibility												
Aged	4.0	144	9.3	16.3	14.8	11.5	28.7	22.0	6.7	1,552	36,956	365,016
Disabled	3.3	175	16.2	20.2	20.4	11.9	26.5	16.6	4.4	1,079	29,567	312,331
Adults	1.9	121	17.5	42.1	20.9	8.1	18.8	9.0	1.2	694	335	1,997
Children	1.6	126	34.6	62.8	10.7	6.6	12.5	6.6	0.8	365	393	1,248
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.9	156	11.8	15.7	16.0	11.9	29.2	21.0	6.1	1,322	44,284	451,697
Male	3.2	162	12.0	23.7	19.6	11.0	24.5	16.5	4.8	1,349	22,967	228,895
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.2	177	10.9	16.3	14.3	10.3	28.1	23.2	7.7	1,631	34,856	349,232
African American	3.2	146	13.0	20.2	19.1	12.6	27.8	16.7	3.7	1,128	25,778	263,202
Other/unknown	2.4	107	18.6	22.9	25.3	14.8	24.1	10.6	2.2	576	6,617	68,158
Use of Nursing Facilities												
Entire year	6.0	204	6.7	4.4	7.5	8.3	31.7	35.1	13.0	3,055	14,024	140,192
Part year	5.5	197	8.8	6.9	9.6	9.5	31.5	31.3	11.1	2,226	6,269	58,042
None	2.8	140	19.5	24.1	21.2	12.9	25.9	13.2	2.7	722	46,958	482,358
Maintenance Assistance Status												
Cash	2.9	146	23.4	18.1	22.3	14.0	28.2	14.5	2.8	624	38,349	417,801
Medically needy	5.4	191	7.2	12.8	9.6	8.6	28.7	29.4	10.9	2,650	24,186	220,576
Poverty related	1.0	67	31.8	65.5	14.0	6.2	9.9	3.6	0.7	212	3,015	26,294
Other/unknown	3.6	168	4.9	21.9	17.1	11.1	29.7	18.1	2.1	3,430	1,701	15,921

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

- 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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
All	3.7	\$158	\$43	1.3	\$105	\$79	0.6	\$29	\$45	1.5	\$19	\$12
Age												
5 and younger	4.6	196	42	2.3	161	70	0.8	22	28	1.5	11	7
6-14	4.4	532	120	1.6	455	277	0.7	47	63	2.0	28	14
15-20	2.2	194	90	1.0	148	143	0.4	35	91	0.7	11	16
21-44	2.7	188	71	1.0	137	132	0.4	31	77	1.1	15	14
45-64	3.8	191	50	1.5	132	91	0.6	33	55	1.6	20	13
65-74	3.4	135	40	1.3	88	68	0.6	25	44	1.4	17	12
75-84	4.0	146	36	1.4	92	64	0.7	28	38	1.7	21	12
85 and older	4.5	146	33	1.4	87	61	0.9	30	33	1.9	23	12
Unknown	7.7	266	35	3.0	155	52	0.0	0	0	3.6	32	9
Basis of Eligibility												
Aged	4.0	144	36	1.4	90	64	0.8	28	37	1.7	21	12
Disabled	3.3	175	54	1.3	122	97	0.5	30	59	1.4	17	13
Adults	1.9	121	63	0.8	82	104	0.3	25	92	0.8	11	14
Children	1.6	126	77	0.7	103	152	0.2	14	62	0.7	8	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.9	156	40	1.4	102	72	0.7	29	42	1.6	20	12
Male	3.2	162	51	1.2	110	95	0.6	30	52	1.3	18	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.2	177	42	1.5	115	76	0.8	34	43	1.8	22	13
African American	3.2	146	45	1.2	99	84	0.5	25	47	1.4	17	12
Other/unknown	2.4	107	44	1.0	73	72	0.4	19	50	0.9	11	12
Use of Nursing Facilities												
Entire year	6.0	204	34	1.9	125	64	1.2	40	34	2.5	32	12
Part year	5.5	197	36	1.9	125	67	1.1	37	34	2.3	29	12
None	2.8	140	50	1.1	97	89	0.4	25	57	1.1	14	12
Maintenance Assistance Status												
Cash	2.9	146	50	1.1	100	87	0.5	26	58	1.2	15	12
Medically needy	5.4	191	35	1.8	120	66	1.1	37	34	2.3	28	12
Poverty related	1.0	67	65	0.4	50	113	0.2	10	60	0.4	5	13
Other/unknown	3.6	168	47	1.4	121	89	0.6	26	44	1.4	16	11

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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.

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

Table 14

Dual Eligible Beneficiaries

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 Maryland, 4.6 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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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 Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.1	\$28	\$26	\$0	\$1	\$75	\$115	\$41	\$10	125,255	\$9,445,841	31,534	46.9 %	340,634
Biologics	0.1	0.0	0.0	0.1	2	1	0	1	23	30	676	15	390	9,098	362	0.5	3,958
Antineoplastic Agents	0.5	0.2	0.2	0.1	70	35	32	4	140	229	128	37	13,691	1,912,594	2,725	4.1	27,221
Endocrine/Metabolic Drugs	0.8	0.4	0.2	0.3	23	18	3	2	27	47	15	8	186,416	5,071,996	20,683	30.8	220,847
Cardiovascular Agents	1.5	0.5	0.4	0.6	49	26	15	8	32	53	41	13	583,671	19,281,703	36,847	54.8	389,613
Respiratory Agents	0.7	0.3	0.0	0.3	21	16	1	4	32	51	27	13	159,112	5,016,360	21,693	32.3	235,656
Gastrointestinal Agents	0.7	0.3	0.1	0.4	40	31	4	5	54	97	62	14	184,940	10,009,439	23,541	35.0	250,961
Genitourinary Agents	0.4	0.2	0.0	0.2	13	10	0	2	31	50	28	12	34,358	1,077,084	7,505	11.2	81,775
CNS Drugs	1.2	0.6	0.2	0.5	77	56	15	6	63	101	97	12	395,293	24,904,418	30,592	45.5	321,824
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	15	5	2	8	26	84	49	16	3,356	87,992	564	0.8	5,866
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	48	47	1	1	98	109	110	15	10,224	1,005,450	1,983	2.9	20,816
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	23	14	5	4	37	87	64	10	177,403	6,477,708	26,211	39.0	280,844
Neuromuscular Agents	1.1	0.3	0.2	0.5	43	27	8	7	41	79	34	15	185,217	7,520,949	16,278	24.2	174,513
Nutritional Products	0.6	0.0	0.3	0.3	9	0	6	3	16	16	24	10	88,534	1,427,866	14,571	21.7	153,006
Hematological Agents	0.7	0.1	0.3	0.3	40	29	7	5	54	233	22	15	82,977	4,493,093	10,770	16.0	112,269
Topical Products	0.5	0.2	0.1	0.2	16	10	4	2	32	46	39	11	149,199	4,730,460	26,557	39.5	289,459
Miscellaneous Products	0.4	0.1	0.0	0.2	63	48	9	5	169	390	224	25	8,117	1,373,232	2,110	3.1	21,820
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	15	0	0	0	34	0	0	0	114,518	3,894,744	23,361	34.7	253,627
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.	2,502,671	107,740,027	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 (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 Maryland, 4.6 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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$14,119,146	17,518	26.0 %	190,058	0.7	\$103	\$74
ULCER DRUGS	7,987,956	22,047	32.8	238,279	0.5	68	34
ANTIDEPRESSANTS	7,692,099	21,883	32.5	233,457	0.6	51	33
ANTICONVULSANT	6,034,706	13,079	19.4	142,468	0.9	47	42
CALCIUM BLOCKERS	5,310,248	15,038	22.4	162,636	0.6	51	33
ANTHYPERTENSIVE	5,143,378	21,992	32.7	236,514	0.6	37	22
ANTIVIRAL	4,332,973	4,133	6.1	44,629	0.4	277	97
ANTIDIABETIC	4,072,420	16,623	24.7	178,817	0.6	37	23
ANTHYPERLIPIDEMIC	4,017,579	8,452	12.6	93,822	0.6	69	43
ANALGESICS - Narcotic	3,435,650	23,807	35.4	254,504	0.4	33	13

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	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 \$
All	1,066,461	\$62,146,155	17,518	0.7	26.0 %	190,058	0.7	\$74	22,047	32.8 %	238,279	0.5	\$34
Female	728,689	39,183,157	10,748	0.7	24.3	116,353	0.7	61	15,874	35.8	172,487	0.5	34
Disabled	278,748	18,148,613	4,059	0.8	25.2	45,987	0.8	86	5,524	34.2	62,698	0.4	31
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	79	3,567	0	0.0	0.0	0	0.0	0	2	28.6	24	0.5	12
15-20	169	15,252	2	0.4	6.3	16	0.4	86	6	18.8	66	0.6	34
21-44	65,838	5,468,498	1,634	0.8	37.2	18,344	0.8	97	1,003	22.9	11,330	0.4	31
45-64	118,753	7,681,973	1,706	0.8	28.0	19,486	0.8	90	2,245	36.8	25,055	0.4	34
65-74	69,636	3,775,309	521	0.6	13.3	5,974	0.6	57	1,617	41.4	18,697	0.4	30
75-84	21,305	1,064,288	163	0.5	11.6	1,821	0.5	36	570	40.5	6,629	0.4	29
85 and older	2,968	139,726	33	0.5	11.5	346	0.5	43	81	28.3	897	0.5	32
Other Eligibles	449,910	21,033,665	6,689	0.6	23.8	70,366	0.6	45	10,350	36.8	109,789	0.5	35
5 and younger	35	953	0	0.0	0.0	0	0.0	0	2	200.0	24	0.6	26
6-14	17	880	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	55	3,962	4	0.8	100.0	42	0.8	78	0	0.0	0	0.0	0
21-44	1,050	90,440	18	0.4	7.0	122	0.4	36	25	9.7	208	0.2	14
45-64	586	40,179	12	0.4	8.2	115	0.4	29	19	12.9	107	0.4	41
65-74	97,895	5,002,291	1,141	0.7	17.4	12,350	0.7	60	2,228	34.0	23,927	0.4	31
75-84	188,316	8,870,064	2,622	0.6	24.3	27,958	0.6	47	4,180	38.7	45,319	0.5	34
85 and older	161,956	7,024,896	2,892	0.6	27.8	29,779	0.6	37	3,896	37.4	40,204	0.6	39
Male	337,772	22,962,998	6,770	0.8	29.5	73,705	0.8	95	6,173	26.9	65,792	0.5	33
Disabled	207,049	16,853,936	4,595	0.9	34.2	51,976	0.9	116	3,059	22.8	33,894	0.4	31
5 and younger	11	95	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	117	10,287	0	0.0	0.0	0	0.0	0	4	50.0	48	0.2	12
15-20	218	15,126	5	0.9	10.0	47	0.9	133	1	2.0	12	0.1	1
21-44	91,498	9,075,475	2,634	0.9	41.2	30,065	0.9	125	1,078	16.9	12,076	0.4	30
45-64	88,108	6,389,023	1,684	0.9	34.2	18,803	0.9	110	1,321	26.8	14,336	0.5	35
65-74	22,392	1,114,238	224	0.8	13.6	2,504	0.8	56	500	30.5	5,657	0.4	29
75-84	3,906	209,867	38	0.8	10.7	443	0.8	54	123	34.6	1,413	0.4	26
85 and older	799	39,825	10	0.5	15.2	114	0.5	43	32	48.5	352	0.4	30
Other Eligibles	130,723	6,109,062	2,175	0.6	22.8	21,729	0.6	45	3,114	32.7	31,898	0.5	35
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	324	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	81	8,996	3	1.2	50.0	24	1.2	217	2	33.3	17	0.7	27
21-44	487	40,108	8	1.1	5.9	56	1.1	95	13	9.6	102	0.2	20
45-64	537	29,676	2	0.3	1.6	7	0.3	17	14	10.9	97	0.6	32
65-74	45,470	2,212,562	640	0.6	18.8	6,591	0.6	51	1,008	29.6	10,556	0.5	34
75-84	57,939	2,673,397	952	0.6	24.5	9,643	0.6	45	1,382	35.6	14,362	0.5	34
85 and older	26,191	1,143,999	570	0.6	28.9	5,408	0.6	37	695	35.3	6,764	0.6	39
Unknown	31	879	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 Maryland, released by CMS in 1/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					CALCIUM BLOCKERS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	21,883	32.5 %	233,457	\$33	0.6	13,079	19.4 %	142,468	\$42	0.9	15,038	22.4 %	162,636	\$33	0.6
Female	15,590	35.2	167,059	33	0.6	7,551	17.1	82,297	39	0.9	11,336	25.6	123,505	32	0.6
Disabled	5,939	36.8	66,598	33	0.6	4,003	24.8	45,053	46	0.9	3,692	22.9	41,562	34	0.6
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	3	42.9	34	1.1	57
15-20	0	0.0	0	0	0.0	4	12.5	26	125	1.0	6	18.8	68	0.7	36
21-44	1,823	41.6	20,297	37	0.6	1,584	36.1	17,653	55	0.9	335	7.6	3,709	0.5	34
45-64	2,677	43.9	29,944	34	0.6	1,734	28.4	19,602	45	0.9	1,385	22.7	15,167	0.6	33
65-74	1,080	27.6	12,400	26	0.6	540	13.8	6,191	30	0.7	1,376	35.2	15,824	0.6	35
75-84	301	21.4	3,371	23	0.6	118	8.4	1,327	24	0.7	504	35.8	5,820	0.6	33
85 and older	58	20.3	586	23	0.5	23	8.0	254	15	0.5	83	29.0	940	0.6	32
Other Eligibles	9,651	34.3	100,461	32	0.7	3,548	12.6	37,244	29	0.8	7,644	27.2	81,943	0.7	32
5 and younger	0	0.0	0	0	0.0	2	200.0	24	10	0.4	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	50.0	12	70	0.9	1	50.0	12	0.5	4
15-20	0	0.0	0	0	0.0	2	50.0	24	24	0.4	0	0.0	0	0.0	0
21-44	44	17.1	362	30	0.6	22	8.5	161	40	0.7	16	6.2	126	0.5	31
45-64	24	16.3	198	22	0.4	9	6.1	62	39	0.5	15	10.2	89	0.5	24
65-74	1,737	26.5	18,511	31	0.6	883	13.5	9,425	30	0.8	1,828	27.9	19,763	0.6	32
75-84	3,790	35.1	40,122	32	0.7	1,534	14.2	16,233	29	0.9	3,204	29.7	35,107	0.7	32
85 and older	4,056	39.0	41,268	33	0.7	1,095	10.5	11,303	28	0.8	2,580	24.8	26,846	0.7	31
Male	6,293	27.4	66,398	34	0.6	5,528	24.1	60,171	48	1.0	3,702	16.1	39,131	0.6	34
Disabled	3,553	26.4	39,319	35	0.6	3,951	29.4	44,306	53	1.0	1,810	13.5	19,651	0.6	37
5 and younger	0	0.0	0	0	0.0	1	100.0	12	8	0.9	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	12.5	12	261	1.7	4	50.0	48	0.8	35
15-20	6	12.0	53	20	0.5	10	20.0	96	45	0.8	5	10.0	51	0.5	38
21-44	1,785	27.9	19,984	35	0.6	2,046	32.0	23,152	56	0.9	483	7.6	5,273	0.6	42
45-64	1,425	29.0	15,440	36	0.6	1,598	32.5	17,720	53	1.1	854	17.4	8,998	0.6	36
65-74	268	16.3	3,035	27	0.6	260	15.8	2,908	33	0.9	373	22.7	4,248	0.6	33
75-84	57	16.1	677	24	0.6	32	9.0	370	23	0.6	77	21.7	871	0.5	31
85 and older	12	18.2	130	21	0.5	3	4.5	36	31	1.2	14	21.2	162	0.5	26
Other Eligibles	2,740	28.8	27,079	33	0.7	1,577	16.5	15,865	33	1.0	1,892	19.9	19,480	0.7	31
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	1	50.0	12	0.8	12
15-20	1	16.7	8	208	2.9	1	16.7	8	87	1.3	2	33.3	10	0.5	80
21-44	19	14.0	93	41	0.6	12	8.8	75	80	0.8	12	8.8	78	0.5	32
45-64	14	10.9	96	31	0.7	7	5.5	55	68	0.9	15	11.7	90	0.7	43
65-74	867	25.4	8,910	29	0.6	598	17.5	6,181	34	1.0	684	20.1	7,210	0.7	32
75-84	1,201	31.0	11,865	35	0.7	665	17.1	6,671	32	0.9	816	21.0	8,545	0.7	32
85 and older	638	32.4	6,107	35	0.7	294	14.9	2,875	30	0.9	362	18.4	3,535	0.7	30
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIVIRAL					ANTIDIABETIC				
	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 \$
All	21,992	32.7 %	236,514	0.6	\$22	4,133	6.1 %	44,629	0.4	\$97	16,623	24.7 %	178,817	0.6	\$23
Female	15,570	35.2	168,474	0.6	22	2,005	4.5	21,710	0.3	65	12,319	27.8	133,441	0.6	23
Disabled	5,184	32.1	58,030	0.5	21	934	5.8	10,278	0.4	121	4,539	28.1	51,074	0.6	27
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	5	71.4	49	0.5	25	1	14.3	12	0.1	2	1	14.3	1	1.0	10
15-20	4	12.5	44	0.5	44	3	9.4	28	0.2	118	0	0.0	0	0.0	0
21-44	529	12.1	5,733	0.5	19	501	11.4	5,362	0.4	136	450	10.3	5,050	0.6	28
45-64	1,985	32.6	21,732	0.5	21	334	5.5	3,751	0.4	124	1,994	32.7	21,980	0.6	28
65-74	1,844	47.2	21,058	0.5	22	67	1.7	796	0.2	56	1,637	41.9	18,763	0.6	26
75-84	707	50.2	8,195	0.5	21	21	1.5	247	0.1	6	415	29.5	4,804	0.6	23
85 and older	110	38.5	1,219	0.5	20	7	2.4	82	0.1	6	42	14.7	476	0.7	21
Other Eligibles	10,385	36.9	110,437	0.6	22	1,071	3.8	11,432	0.2	14	7,779	27.6	82,360	0.6	21
5 and younger	1	100.0	12	0.9	9	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	1	25.0	12	0.9	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	30	11.6	214	0.3	10	23	8.9	189	0.6	188	16	6.2	124	0.4	26
45-64	36	24.5	261	0.4	16	11	7.5	78	0.4	138	32	21.8	186	0.6	28
65-74	2,499	38.2	27,059	0.6	21	176	2.7	1,913	0.2	31	2,295	35.1	24,351	0.6	23
75-84	4,354	40.4	47,330	0.6	22	363	3.4	4,011	0.1	8	3,482	32.3	37,490	0.6	21
85 and older	3,464	33.3	35,549	0.7	23	498	4.8	5,241	0.1	5	1,954	18.8	20,209	0.7	17
Male	6,422	28.0	68,040	0.6	22	2,128	9.3	22,919	0.4	128	4,304	18.7	45,376	0.6	22
Disabled	3,099	23.1	33,838	0.6	21	1,800	13.4	19,437	0.5	147	2,024	15.1	22,058	0.6	25
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	7	87.5	84	0.5	11	2	25.0	24	0.2	165	0	0.0	0	0.0	0
15-20	7	14.0	70	0.6	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	875	13.7	9,674	0.5	18	1,252	19.6	13,426	0.5	147	491	7.7	5,465	0.6	26
45-64	1,399	28.4	14,895	0.6	21	507	10.3	5,531	0.5	155	950	19.3	10,044	0.6	25
65-74	638	38.9	7,137	0.5	22	32	1.9	372	0.2	49	486	29.6	5,492	0.6	24
75-84	137	38.6	1,585	0.5	22	5	1.4	60	0.1	12	88	24.8	977	0.6	23
85 and older	36	54.5	393	0.6	25	2	3.0	24	0.6	8	9	13.6	80	0.6	15
Other Eligibles	3,323	34.9	34,202	0.6	23	328	3.4	3,482	0.2	20	2,280	23.9	23,318	0.6	20
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	50.0	12	0.8	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	16.7	8	0.3	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	25	18.4	173	0.4	19	3	2.2	6	0.8	382	10	7.4	57	0.5	19
45-64	21	16.4	129	0.6	19	6	4.7	62	0.2	62	22	17.2	122	0.5	23
65-74	1,216	35.7	12,807	0.6	22	96	2.8	1,031	0.2	50	863	25.3	9,083	0.6	22
75-84	1,424	36.7	14,919	0.6	23	131	3.4	1,451	0.1	4	1,045	26.9	10,836	0.6	20
85 and older	635	32.2	6,154	0.7	25	92	4.7	932	0.1	5	340	17.3	3,220	0.7	14
Unknown	1	100.0	7	0.7	4	0	0.0	0	0.0	0	1	100.0	7	0.4	11

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Beneficiary Characteristics	ANTIHYPERLIPEMIC				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 Benes	No. of Bene Mos
All	8,452	12.6 %	93,822	0.6	\$43	23,807	35.4 %	254,504	0.4	\$14	67,251	680,592
Female	6,397	14.4	71,329	0.6	43	17,416	39.3	187,461	0.4	13	44,283	451,690
Disabled	2,893	17.9	32,820	0.6	45	7,364	45.7	82,877	0.4	15	16,129	172,548
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	1	14.3	1	2.0	100	7	60
15-20	1	3.1	8	0.4	20	7	21.9	55	0.2	7	32	232
21-44	220	5.0	2,522	0.6	36	1,781	40.6	19,881	0.4	22	4,387	46,343
45-64	1,157	19.0	12,787	0.6	45	3,140	51.5	35,181	0.4	15	6,097	63,586
65-74	1,158	29.6	13,351	0.6	46	1,731	44.3	19,707	0.3	11	3,909	43,340
75-84	330	23.4	3,828	0.6	46	622	44.1	7,168	0.3	7	1,409	16,017
85 and older	27	9.4	324	0.5	37	82	28.7	884	0.2	3	286	2,946
Other Eligibles	3,504	12.4	38,509	0.6	42	10,050	35.7	104,570	0.4	12	28,154	279,142
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	2	14
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	43
21-44	6	2.3	70	0.6	46	61	23.6	507	0.6	35	258	1,399
45-64	14	9.5	87	0.4	31	25	17.0	163	0.4	5	147	626
65-74	1,384	21.1	15,068	0.6	42	2,121	32.4	22,892	0.4	10	6,546	64,762
75-84	1,613	15.0	17,914	0.6	43	3,934	36.5	42,082	0.4	12	10,788	111,082
85 and older	487	4.7	5,370	0.6	40	3,909	37.6	38,926	0.5	12	10,408	101,204
Male	2,055	8.9	22,493	0.6	41	6,391	27.8	67,043	0.4	15	22,967	228,895
Disabled	1,237	9.2	13,783	0.6	42	3,800	28.3	41,895	0.4	16	13,438	139,783
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	3	37.5	36	0.2	1	8	78
15-20	0	0.0	0	0.0	0	1	2.0	12	0.1	1	50	354
21-44	331	5.2	3,751	0.6	38	1,723	26.9	19,231	0.4	15	6,394	67,348
45-64	557	11.3	6,056	0.7	44	1,509	30.7	16,348	0.4	19	4,922	49,822
65-74	291	17.7	3,324	0.6	43	463	28.2	5,116	0.3	9	1,642	17,574
75-84	47	13.2	520	0.7	51	84	23.7	970	0.3	12	355	3,892
85 and older	11	16.7	132	0.4	31	17	25.8	182	0.3	6	66	703
Other Eligibles	818	8.6	8,710	0.6	40	2,591	27.2	25,148	0.4	12	9,529	89,112
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	2	24
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	43
21-44	5	3.7	31	0.4	29	36	26.5	243	0.5	53	136	529
45-64	11	8.6	87	0.5	27	23	18.0	141	0.8	32	128	543
65-74	415	12.2	4,390	0.6	40	862	25.3	8,852	0.4	13	3,408	32,502
75-84	318	8.2	3,474	0.6	42	1,097	28.3	10,777	0.4	12	3,878	37,498
85 and older	69	3.5	728	0.6	33	573	29.1	5,135	0.4	10	1,971	17,973
Unknown	0	0.0	0	0.0	0	2	200.0	14	1.6	55	1	7

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 (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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	\$204	6.0	14,024	140,192
Age				
0-64	279	7.1	860	9,320
65-74	252	6.8	1,864	19,032
75-84	212	6.2	4,747	47,528
85 and older	173	5.4	6,553	64,312
Unknown	0	0.0	0	0
Gender				
Female	197	5.9	10,475	105,484
Male	225	6.1	3,549	34,708
Unknown	0	0.0	0	0
Race				
White	206	6.2	9,625	95,371
African American	199	5.5	3,826	39,538
Other/unknown	209	5.9	573	5,283
Basis of Eligibility				
Aged	198	5.9	12,743	126,199
Disabled	259	6.8	1,280	13,981
Adults	0	0.0	0	0
Children	176	4.4	1	12
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 6,269 beneficiaries who were in nursing facilities for part of their enrollment and their 58,042 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic											
Anti-infective Agents	0.4	0.3	0.0	0.1	\$18	\$17	\$0	\$1	\$46	\$66	\$29	\$11	38,088	\$1,760,377	9,028	64.4 %	95,251
Biologics	0.1	0.0	0.0	0.1	2	0	0	1	15	15	0	15	194	2,916	182	1.3	1,890
Antineoplastic Agents	0.6	0.1	0.4	0.1	70	20	47	3	125	221	121	39	5,137	643,710	955	6.8	9,176
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	23	16	4	3	21	42	12	9	54,906	1,169,902	4,952	35.3	50,715
Cardiovascular Agents	1.9	0.5	0.6	0.9	47	19	17	11	25	40	30	13	181,764	4,558,332	9,417	67.1	95,994
Respiratory Agents	0.8	0.3	0.0	0.5	20	12	1	7	25	45	22	14	42,547	1,068,988	5,111	36.4	54,026
Gastrointestinal Agents	1.1	0.4	0.1	0.6	50	36	6	8	46	88	56	14	78,054	3,565,666	6,907	49.3	71,788
Genitourinary Agents	0.5	0.2	0.0	0.3	14	10	0	4	27	48	25	12	14,729	392,798	2,587	18.4	27,590
CNS Drugs	1.5	0.8	0.1	0.5	73	58	10	6	50	74	69	11	135,378	6,813,461	8,993	64.1	92,959
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.8	10	1	1	9	12	55	16	11	1,469	17,910	168	1.2	1,734
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	69	69	0	0	100	103	110	14	4,397	439,180	627	4.5	6,324
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	23	15	4	5	28	66	36	9	47,273	1,334,465	5,585	39.8	56,985
Neuromuscular Agents	1.2	0.3	0.4	0.5	43	20	14	9	35	60	36	19	58,639	2,069,687	4,549	32.4	48,574
Nutritional Products	0.7	0.0	0.3	0.4	10	0	6	4	14	18	20	10	37,671	530,002	4,948	35.3	51,095
Hematological Agents	1.0	0.1	0.5	0.4	39	27	8	4	39	183	18	11	38,532	1,490,652	3,701	26.4	37,873
Topical Products	0.6	0.2	0.1	0.2	18	11	5	2	29	43	37	10	57,582	1,654,456	8,675	61.9	92,486
Miscellaneous Products	0.2	0.0	0.0	0.2	6	0	1	5	27	49	182	21	2,127	56,418	868	6.2	8,920
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	14	0	0	0	26	0	0	0	39,428	1,021,116	6,761	48.2	72,155
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.	837,915	28,590,036	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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 6,269 beneficiaries who were in nursing facilities for part of their enrollment and their 58,042 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 Maryland, 4.6 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.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	70,725	38,024	31,853	448	400	739,584	383,617	350,796	3,762	1,409	0
Age											
5 and younger	6	0	4	0	2	70	0	48	0	22	0
6-14	22	0	17	0	5	234	0	184	0	50	0
15-20	126	0	112	0	14	1,339	0	1,192	0	147	0
21-44	12,368	6	11,902	280	180	135,372	63	132,254	2,484	571	0
45-64	12,142	29	11,827	135	151	129,068	268	127,271	1,090	439	0
65-74	16,415	10,484	5,864	29	38	174,394	108,055	66,032	176	131	0
75-84	16,812	15,027	1,772	4	9	174,601	154,451	20,101	12	37	0
85 and older	12,833	12,477	355	0	1	124,499	120,773	3,714	0	12	0
Unknown	1	1	0	0	0	7	7	0	0	0	0
Gender											
Female	46,315	28,486	17,296	296	237	486,844	290,598	192,700	2,705	841	0
Male	24,410	9,538	14,557	152	163	252,740	93,019	158,096	1,057	568	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	36,220	20,028	15,832	206	154	372,235	195,528	174,472	1,711	524	0
African American	27,513	12,982	14,090	220	221	292,229	134,308	155,287	1,858	776	0
Other/unknown	6,992	5,014	1,931	22	25	75,120	53,781	21,037	193	109	0
Use of Nursing Facilities											
All year	14,024	12,743	1,280	0	1	140,192	126,199	13,981	0	12	0
Part year	6,269	5,553	715	1	0	58,293	51,110	7,171	12	0	0
None	50,432	19,728	29,858	447	399	541,099	206,308	329,644	3,750	1,397	0
Maintenance Assistance Status											
Cash	41,387	16,272	24,930	185	0	469,216	183,506	283,967	1,743	0	0
Medically needy	24,579	20,127	4,286	162	4	226,515	185,870	39,584	1,026	35	0
Poverty related	3,023	1,603	1,344	64	12	27,228	13,998	12,478	624	128	0
Other/unknown	1,736	22	1,293	37	384	16,625	243	14,767	369	1,246	0
Dual Status^c											
Full dual, all year	68,617	36,915	30,868	437	397	717,943	372,273	340,655	3,638	1,377	0
Full dual, part year	2,108	1,109	985	11	3	21,641	11,344	10,141	124	32	0
Managed Care Status											
FFS all year	62,781	35,652	26,548	225	356	652,818	357,073	293,077	1,553	1,115	0
FFS part year, with Rx claims	3,324	989	2,249	62	24	36,508	11,078	24,675	592	163	0
FFS part year, no Rx claims	1,146	315	770	48	13	11,719	3,179	8,077	411	52	0
MC all year, with Rx claims	1,263	192	1,003	67	1	14,203	2,259	11,179	753	12	0
MC all year, no Rx claims	2,211	876	1,283	46	6	24,336	10,028	13,788	453	67	0

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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, MARYLAND, 1999

Beneficiary Characteristics	Bene Mos and				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Bene Mos in Cell F of Table 1	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
All	70,725	739,584	67,251	680,592	3,474	58,992		
FFS all year	62,781	652,818	62,781	652,818	0	0		
FFS part year, with Rx claims	3,324	36,508	3,324	21,020	0	15,488		
FFS part year, with no Rx claims	1,146	11,719	1,146	6,754	0	4,965		
MC all year, with Rx claims	1,263	14,203	0	0	1,263	14,203		
MC all year, with no Rx claims	2,211	24,336	0	0	2,211	24,336		

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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^{a, b}
 MARYLAND, 1999

Total Number of Dual Eligible Beneficiaries 67,251
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$107,740,027
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,602

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,394	18.4 %	\$0	0.0 %
1-500	14,678	21.8	3,170,777	2.9
501-1,000	9,196	13.7	6,809,307	6.3
1,001-1,500	6,999	10.4	8,683,327	8.1
1,501-2,000	5,410	8.0	9,399,245	8.7
2,001-2,500	4,228	6.3	9,470,993	8.8
2,501-3,000	3,210	4.8	8,789,952	8.2
3,001-3,500	2,414	3.6	7,811,681	7.3
3,501-4,000	1,788	2.7	6,675,879	6.2
4,001-4,500	1,414	2.1	5,989,044	5.6
4,501-5,000	1,095	1.6	5,192,195	4.8
5,001-5,500	817	1.2	4,281,967	4.0
5,501-6,000	633	0.9	3,636,616	3.4
6,001-6,500	491	0.7	3,068,749	2.8
6,501-7,000	418	0.6	2,812,364	2.6
7,001-7,500	353	0.5	2,557,117	2.4
7,501-8,000	285	0.4	2,206,952	2.0
8,001-8,500	218	0.3	1,793,569	1.7
8,501-9,000	170	0.3	1,487,163	1.4
9,001-9,500	132	0.2	1,221,114	1.1
9,501-10,000	105	0.2	1,023,430	0.9
10,001+	803	1.2	11,658,586	10.8

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 1/2003. 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 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^b
 MARYLAND, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 15,505
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$21,410,063
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,381

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,378	21.8 %	0	0.0
1-500	3,190	20.6	700,704	3.3
501-1,000	2,165	14.0	1,603,924	7.5
1,001-1,500	1,700	11.0	2,107,593	9.8
1,501-2,000	1,259	8.1	2,185,229	10.2
2,001-2,500	939	6.1	2,103,092	9.8
2,501-3,000	671	4.3	1,834,916	8.6
3,001-3,500	544	3.5	1,759,716	8.2
3,501-4,000	419	2.7	1,566,896	7.3
4,001-4,500	301	1.9	1,275,234	6.0
4,501-5,000	234	1.5	1,112,876	5.2
5,001-5,500	159	1.0	831,027	3.9
5,501-6,000	125	0.8	717,090	3.3
6,001-6,500	84	0.5	524,156	2.4
6,501-7,000	85	0.5	571,954	2.7
7,001-7,500	57	0.4	413,083	1.9
7,501-8,000	39	0.3	302,890	1.4
8,001-8,500	35	0.2	286,280	1.3
8,501-9,000	23	0.1	201,879	0.9
9,001-9,500	11	0.1	101,964	0.5
9,501-10,000	10	0.1	97,146	0.5
10,001+	77	0.5	1,112,414	5.2

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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.

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SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MARYLAND, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 16,430
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$24,592,803
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$ 1,497

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,541	15.5 %	0	0.0 %
1-500	3,259	19.8	748,019	3.0
501-1,000	2,464	15.0	1,819,607	7.4
1,001-1,500	1,941	11.8	2,412,709	9.8
1,501-2,000	1,558	9.5	2,711,197	11.0
2,001-2,500	1,274	7.8	2,860,728	11.6
2,501-3,000	957	5.8	2,622,181	10.7
3,001-3,500	655	4.0	2,124,134	8.6
3,501-4,000	454	2.8	1,689,710	6.9
4,001-4,500	364	2.2	1,543,133	6.3
4,501-5,000	286	1.7	1,351,744	5.5
5,001-5,500	174	1.1	914,660	3.7
5,501-6,000	126	0.8	724,442	2.9
6,001-6,500	84	0.5	523,367	2.1
6,501-7,000	79	0.5	530,306	2.2
7,001-7,500	46	0.3	331,277	1.3
7,501-8,000	38	0.2	294,127	1.2
8,001-8,500	24	0.1	197,677	0.8
8,501-9,000	26	0.2	227,468	0.9
9,001-9,500	20	0.1	184,932	0.8
9,501-10,000	10	0.1	96,954	0.4
10,001+	50	0.3	684,431	2.8

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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^{a, b}
 MARYLAND, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 12,731
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$17,872,189
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,404

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,313	10.3 %	0	0.0 %
1-500	3,137	24.6	733,100	4.1
501-1,000	2,148	16.9	1,594,589	8.9
1,001-1,500	1,599	12.6	1,973,487	11.0
1,501-2,000	1,279	10.0	2,219,771	12.4
2,001-2,500	909	7.1	2,030,463	11.4
2,501-3,000	701	5.5	1,911,604	10.7
3,001-3,500	502	3.9	1,621,621	9.1
3,501-4,000	335	2.6	1,248,990	7.0
4,001-4,500	230	1.8	972,700	5.4
4,501-5,000	171	1.3	810,065	4.5
5,001-5,500	116	0.9	605,721	3.4
5,501-6,000	69	0.5	397,825	2.2
6,001-6,500	56	0.4	350,241	2.0
6,501-7,000	44	0.3	295,909	1.7
7,001-7,500	35	0.3	252,871	1.4
7,501-8,000	18	0.1	138,132	0.8
8,001-8,500	20	0.2	163,761	0.9
8,501-9,000	11	0.1	96,231	0.5
9,001-9,500	8	0.1	73,705	0.4
9,501-10,000	2	0.0	19,419	0.1
10,001+	28	0.2	361,984	2.0

Source: Data for this table are from the MAX 1999 file for Maryland, released by CMS in 11/2003. 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.