

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NORTH CAROLINA

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	212,498	137,084	74,217	1,172	25	0	2,327,999	1,496,825	821,525	9,450	199	0
Age												
5 and younger	9	0	9	0	0	0	85	0	85	0	0	0
6-14	32	0	25	0	7	0	295	0	239	0	56	0
15-20	349	0	330	2	17	0	3,729	0	3,577	15	137	0
21-44	30,898	3	30,004	890	1	0	339,556	29	332,338	7,183	6	0
45-64	43,401	19	43,135	247	0	0	480,212	200	478,019	1,993	0	0
65-74	54,342	53,844	469	29	0	0	600,318	595,511	4,585	222	0	0
75-84	51,126	50,971	151	4	0	0	563,252	561,529	1,686	37	0	0
85 and older	32,341	32,247	94	0	0	0	340,552	339,556	996	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	146,167	106,157	39,173	829	8	0	1,608,497	1,165,128	436,673	6,644	52	0
Male	66,331	30,927	35,044	343	17	0	719,502	331,697	384,852	2,806	147	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	106,713	69,813	36,340	546	14	0	1,153,059	748,422	400,213	4,310	114	0
African American	78,047	48,118	29,450	471	8	0	868,616	536,239	328,476	3,850	51	0
Other/unknown	27,738	19,153	8,427	155	3	0	306,324	212,164	92,836	1,290	34	0
Use of Nursing Facilities												
All year	15,014	13,964	1,050	0	0	0	165,972	153,905	12,067	0	0	0
Part year	12,896	11,781	1,112	3	0	0	126,883	115,169	11,680	34	0	0
None	184,588	111,339	72,055	1,169	25	0	2,035,144	1,227,751	797,778	9,416	199	0
Maintenance Assistance Status												
Cash	114,988	72,906	41,834	247	1	0	1,304,609	823,309	479,243	2,055	2	0
Medically needy	5,362	4,318	991	52	1	0	52,404	41,985	9,958	449	12	0
Poverty-related	91,430	59,859	31,392	166	13	0	964,945	631,519	332,324	994	108	0
Other/unknown	718	1	0	707	10	0	6,041	12	0	5,952	77	0
Dual Medicare Status^c												
Full dual, all year	204,117	131,618	71,315	1,159	25	0	2,234,116	1,435,588	789,027	9,302	199	0
Full dual, part year	8,381	5,466	2,902	13	0	0	93,883	61,237	32,498	148	0	0
Managed Care Status												
FFS all year	212,083	137,021	73,902	1,140	20	0	2,325,130	1,496,390	819,261	9,311	168	0
FFS part year, with Rx claims	385	57	297	26	5	0	2,682	393	2,147	111	31	0
FFS part year, no Rx claims	30	6	18	6	0	0	187	42	117	28	0	0

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 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 Beneficiaries
All	89.8 %	34.9	\$1,666	\$48	\$8,320	20.0 %	\$26	212,498
Age								
5 and younger	88.9	48.8	3,930	81	16,948	23.2	0	9
6-14	100.0	43.7	7,672	176	19,609	39.1	1	32
15-20	73.9	19.3	2,008	104	9,355	21.5	5	349
21-44	83.7	25.4	1,790	70	8,309	21.5	14	30,898
45-64	90.1	37.3	1,953	52	7,968	24.5	36	43,401
65-74	89.5	35.4	1,574	45	5,947	26.5	33	54,342
75-84	91.7	37.3	1,582	42	8,369	18.9	24	51,126
85 and older	93.2	36.1	1,439	40	12,691	11.3	12	32,341
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	91.2	36.3	1,546	43	8,428	18.3	25	137,084
Disabled	87.4	32.5	1,892	58	8,190	23.1	27	74,217
Adults	86.3	22.3	1,302	58	3,949	33.0	11	1,172
Children	80.0	29.0	5,472	189	11,448	47.8	0	25
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	92.3	38.0	1,729	46	8,413	20.6	29	146,167
Male	84.5	28.0	1,526	55	8,116	18.8	17	66,331
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	90.2	38.1	1,880	49	9,485	19.8	22	106,713
African American	89.2	30.4	1,394	46	7,259	19.2	31	78,047
Other/unknown	90.2	35.1	1,610	46	6,826	23.6	25	27,738
Use of Nursing Facilities								
Entire year	97.2	49.5	2,291	46	30,476	7.5	33	15,014
Part year	95.7	39.5	1,861	47	16,803	11.1	24	12,896
None	88.8	33.4	1,601	48	5,926	27.0	25	184,588
Maintenance Assistance Status								
Cash	91.4	36.5	1,763	48	6,190	28.5	26	114,988
Medically needy	88.3	37.7	1,903	51	20,226	9.4	23	5,362
Poverty related	88.0	32.8	1,531	47	10,337	14.8	25	91,430
Other/unknown	86.9	24.4	1,435	59	3,689	38.9	10	718

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 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	3.2	\$152	20.0 %	10.2 %	21.0 %	14.8 %	38.5 %	13.9 %	1.7 %	\$760	212,498	2,327,999
Age												
5 and younger	5.2	416	23.2	11.1	0.0	11.1	44.4	22.2	11.1	1,795	9	85
6-14	4.7	832	39.1	0.0	6.3	12.5	46.9	25.0	9.4	2,127	32	295
15-20	1.8	188	21.5	26.1	35.8	11.7	18.9	5.4	2.0	876	349	3,729
21-44	2.3	163	21.5	16.3	31.6	14.4	29.0	7.6	1.1	756	30,898	339,556
45-64	3.4	177	24.5	9.9	19.7	13.9	39.1	15.2	2.2	720	43,401	480,212
65-74	3.2	143	26.5	10.5	20.3	14.8	38.8	13.7	1.8	538	54,342	600,318
75-84	3.4	144	18.9	8.3	18.1	15.1	41.3	15.5	1.7	760	51,126	563,252
85 and older	3.4	137	11.3	6.8	17.9	15.8	42.0	16.2	1.2	1,205	32,341	340,552
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	3.3	142	18.3	8.8	18.9	15.2	40.5	15.0	1.6	772	137,084	1,496,825
Disabled	2.9	171	23.1	12.6	24.6	14.1	34.9	12.1	1.7	740	74,217	821,525
Adults	2.8	161	33.0	13.7	28.3	14.4	34.9	7.2	1.5	490	1,172	9,450
Children	3.6	688	47.8	20.0	12.0	8.0	40.0	12.0	8.0	1,438	25	199
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.5	157	20.6	7.7	18.4	14.8	41.4	15.7	1.9	765	146,167	1,608,497
Male	2.6	141	18.8	15.5	26.7	14.8	32.0	10.0	1.0	748	66,331	719,502
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	174	19.8	9.8	17.7	13.3	39.9	16.9	2.4	878	106,713	1,153,059
African American	2.7	125	19.2	10.8	25.3	16.7	36.6	10.0	0.7	652	78,047	868,616
Other/unknown	3.2	146	23.6	9.8	21.3	15.2	38.3	13.8	1.6	618	27,738	306,324
Use of Nursing Facilities												
Entire year	4.5	207	7.5	2.8	11.0	12.2	42.9	26.7	4.3	2,757	15,014	165,972
Part year	4.0	189	11.1	4.3	13.9	15.4	44.7	19.2	2.5	1,708	12,896	126,883
None	3.0	145	27.0	11.2	22.3	15.0	37.7	12.5	1.4	537	184,588	2,035,144
Maintenance Assistance Status												
Cash	3.2	155	28.5	8.6	21.2	14.7	39.3	14.6	1.6	546	114,988	1,304,609
Medically needy	3.9	195	9.4	11.7	14.3	13.8	37.9	19.1	3.2	2,070	5,362	52,404
Poverty related	3.1	145	14.8	12.0	21.0	15.0	37.6	12.9	1.6	980	91,430	964,945
Other/unknown	2.9	171	38.9	13.1	25.1	14.3	38.0	8.1	1.4	439	718	6,041

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	3.2	\$152	1.2	\$93	0.5	\$79	1.4	\$26
Age								
5 and younger	5.2	416	1.7	324	0.7	189	2.6	47
6-14	4.7	832	1.9	688	1.0	355	1.6	29
15-20	1.8	188	0.7	141	0.2	198	0.8	13
21-44	2.3	163	0.9	111	0.3	124	1.0	21
45-64	3.4	177	1.3	112	0.4	85	1.4	28
65-74	3.2	143	1.2	86	0.5	70	1.3	25
75-84	3.4	144	1.2	83	0.6	69	1.4	26
85 and older	3.4	137	1.1	74	0.6	68	1.5	28
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	3.3	142	1.2	82	0.5	69	1.4	26
Disabled	2.9	171	1.1	112	0.4	97	1.3	25
Adults	2.8	161	1.1	106	0.3	101	1.3	24
Children	3.6	688	1.4	522	0.9	370	1.1	23
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	3.5	157	1.3	95	0.5	74	1.5	27
Male	2.6	141	0.9	88	0.4	95	1.1	23
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.5	174	1.3	106	0.5	81	1.5	30
African American	2.7	125	1.0	77	0.4	77	1.2	20
Other/unknown	3.2	146	1.2	87	0.5	75	1.4	25
Use of Nursing Facilities								
Entire year	4.5	207	1.5	118	0.9	78	1.8	38
Part year	4.0	189	1.4	111	0.7	79	1.7	34
None	3.0	145	1.1	89	0.4	79	1.3	24
Maintenance Assistance Status								
Cash	3.2	155	1.2	95	0.5	80	1.4	26
Medically needy	3.9	195	1.4	117	0.7	85	1.6	34
Poverty related	3.1	145	1.1	89	0.5	77	1.3	25
Other/unknown	2.9	171	1.1	113	0.3	103	1.4	25

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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 North Carolina, 5.0 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, NORTH CAROLINA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Dual Benes	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.1	\$18	\$16	\$0	\$2	\$66	\$104	\$60	\$15	350,967	\$23,178,713	112,909	53.1 %	1,282,554
Biologics	0.3	0.1	0.1	0.1	####	64	307	692	3600	728	4,595	4,912	199	716,384	60	0.0	674
Antineoplastic Agents	0.4	0.2	0.1	0.1	66	37	21	7	151	204	178	55	31,820	4,815,291	6,683	3.1	73,158
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	24	18	2	3	34	49	18	15	641,288	21,672,196	80,740	38.0	911,813
Cardiovascular Agents	1.3	0.5	0.3	0.6	46	25	12	9	35	54	43	16	1,987,563	69,687,898	134,414	63.3	1,510,554
Respiratory Agents	0.5	0.3	0.0	0.2	21	16	1	4	39	55	30	18	521,367	20,263,955	86,812	40.9	988,480
Gastrointestinal Agents	0.6	0.3	0.1	0.2	44	31	6	7	78	118	90	29	519,841	40,613,930	81,913	38.5	928,089
Genitourinary Agents	0.3	0.2	0.0	0.1	14	11	0	3	44	57	38	23	86,656	3,808,661	23,879	11.2	273,668
CNS Drugs	0.9	0.3	0.1	0.5	58	38	11	9	66	117	116	20	982,897	64,937,283	100,254	47.2	1,125,734
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	21	17	1	3	70	104	63	23	10,730	750,234	3,159	1.5	36,385
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	43	39	1	2	104	121	113	30	36,552	3,805,033	7,920	3.7	88,883
Analgesics and Anesthetics	0.6	0.2	0.1	0.4	25	14	5	6	43	91	73	17	719,489	31,026,641	110,211	51.9	1,249,951
Neuromuscular Agents	0.7	0.2	0.1	0.3	34	19	6	8	51	103	42	25	363,026	18,447,665	48,191	22.7	547,042
Nutritional Products	0.5	0.0	0.2	0.3	10	1	5	4	20	22	27	15	239,160	4,823,964	43,406	20.4	489,120
Hematological Agents	0.5	0.1	0.2	0.2	30	15	9	6	57	225	37	27	194,292	11,028,856	32,659	15.4	364,822
Topical Products	0.4	0.2	0.1	0.1	13	9	2	2	37	48	39	17	306,604	11,212,761	73,756	34.7	843,988
Miscellaneous Products	0.4	0.1	0.1	0.2	99	55	35	8	235	412	314	48	15,127	3,549,919	3,247	1.5	35,854
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	21	0	0	0	49	0	0	0	403,102	19,635,563	81,686	38.4	930,315
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.	7,410,680	353,974,947	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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 North Carolina, 5.0 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, NORTH CAROLINA, 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
ULCER DRUGS	\$34,548,267	79,470	37.4 %	906,633	0.4	\$93	\$38
ANTIPSYCHOTICS	30,997,916	36,785	17.3	415,347	0.6	133	75
ANTIDEPRESSANTS	21,976,631	69,482	32.7	784,048	0.5	58	28
ANTIHYPERTENSIVE	20,293,563	82,402	38.8	933,535	0.6	39	22
CALCIUM BLOCKERS	18,371,496	50,642	23.8	575,018	0.6	52	32
ANTIDIABETIC	18,011,337	61,472	28.9	697,475	0.6	44	26
ANALGESICS - ANTI-INFLAMMATORY	16,638,440	79,441	37.4	921,004	0.3	62	18
ANTICONVULSANT	14,271,410	33,058	15.6	374,119	0.6	62	38
ANTIHYPERTENSIVE	14,202,014	28,825	13.6	331,246	0.5	78	43
ANALGESICS - Narcotic	12,790,212	114,776	54.0	1,306,163	0.3	33	10

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Users	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	3,343,611	\$202,101,286	79,470	0.4	37.4 %	906,633	\$38	0.4	17.3 %	36,785	415,347	\$75	0.6
Female	2,468,094	144,111,860	58,410	0.4	40.0	668,098	38	0.4	15.8	23,115	260,237	63	0.5
Disabled	715,201	48,593,429	16,782	0.4	42.8	194,133	37	0.4	22.8	8,926	102,755	82	0.6
5 and younger	38	1,267	3	0.5	60.0	30	22	0.5	0.0	0	0	0	0.0
6-14	89	4,460	3	0.5	30.0	35	29	0.5	0.0	0	0	0	0.0
15-20	1,045	76,677	34	0.3	24.3	383	38	0.3	10.7	15	180	80	0.6
21-44	189,398	14,684,252	4,520	0.3	34.0	52,182	33	0.3	29.2	3,880	44,706	86	0.5
45-64	516,164	33,367,208	12,008	0.4	47.6	139,144	39	0.4	19.7	4,970	57,208	79	0.6
65-74	5,332	292,684	133	0.4	43.5	1,436	37	0.4	10.8	33	353	53	0.5
75-84	1,915	105,381	41	0.5	36.9	482	48	0.5	16.2	18	203	52	0.5
85 and older	1,220	61,500	40	0.6	51.9	441	45	0.6	13.0	10	105	39	0.5
Other Eligibles	1,752,893	95,518,431	41,628	0.4	38.9	473,965	39	0.4	13.3	14,189	157,482	51	0.5
5 and younger	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0.0
6-14	31	765	2	0.5	66.7	24	13	0.5	0.0	0	0	0	0.0
15-20	18	656	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0.0
21-44	6,363	409,043	188	0.3	27.9	1,900	28	0.3	17.0	115	1,125	50	0.4
45-64	2,053	130,193	51	0.3	37.0	519	31	0.3	9.4	13	130	32	0.5
65-74	689,815	38,851,307	15,374	0.4	40.5	177,633	37	0.4	11.4	4,339	49,387	63	0.6
75-84	680,574	36,772,870	15,755	0.4	38.7	180,484	39	0.4	13.3	5,407	60,370	50	0.5
85 and older	374,039	19,353,597	10,258	0.5	37.3	113,405	41	0.5	15.7	4,315	46,470	39	0.5
Male	875,517	57,989,426	21,060	0.4	31.7	238,535	38	0.4	20.6	13,670	155,110	94	0.6
Disabled	470,619	35,867,166	10,044	0.4	28.7	115,321	37	0.4	27.1	9,492	109,232	111	0.6
5 and younger	13	1,142	1	1.0	25.0	12	94	1.0	0.0	0	0	0	0.0
6-14	137	7,390	4	0.3	26.7	42	26	0.3	6.7	1	12	5	0.5
15-20	1,318	114,253	31	0.4	16.3	353	32	0.4	19.5	37	424	120	0.6
21-44	193,267	16,913,295	3,774	0.4	22.6	43,702	36	0.4	32.7	5,469	62,945	115	0.6
45-64	273,258	18,678,686	6,158	0.4	34.4	70,389	38	0.4	22.1	3,966	45,694	104	0.7
65-74	1,951	108,764	47	0.4	28.8	489	39	0.4	8.0	13	95	59	0.6
75-84	517	36,749	23	0.3	57.5	269	38	0.3	10.0	4	40	16	0.4
85 and older	158	6,887	6	0.6	35.3	65	36	0.6	11.8	2	22	4	0.6
Other Eligibles	404,898	22,122,260	11,016	0.4	35.2	123,214	38	0.4	13.4	4,178	45,878	55	0.5
5 and younger	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0.0
6-14	39	1,862	2	0.8	50.0	12	37	0.8	0.0	0	0	0	0.0
15-20	111	8,173	2	0.3	16.7	23	23	0.3	8.3	1	12	189	1.9
21-44	2,616	166,586	68	0.4	31.1	696	44	0.4	10.0	22	224	61	0.3
45-64	1,562	99,243	39	0.4	30.5	360	47	0.4	1.6	2	11	4	0.2
65-74	215,790	12,001,136	5,458	0.4	34.4	61,995	38	0.4	12.2	1,945	22,086	63	0.6
75-84	133,558	7,198,345	3,793	0.4	36.8	42,191	38	0.4	14.4	1,480	15,942	53	0.5
85 and older	51,222	2,646,915	1,654	0.5	34.9	17,937	40	0.5	15.4	728	7,603	36	0.5
Unknown	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0.0

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					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 Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	69,482	32.7 %	784,048	0.5	\$28	82,402	38.8 %	933,535	0.6	\$22	50,642	23.8 %	575,018	0.6	\$32
Female	52,534	35.9	593,746	0.5	28	60,666	41.5	689,356	0.6	22	39,086	26.7	444,939	0.6	32
Disabled	20,757	53.0	237,648	0.5	30	12,814	32.7	147,203	0.5	21	7,741	19.8	88,820	0.6	31
5 and younger	0	0.0	0	0.0	0	3	60.0	30	0.6	18	2	40.0	18	0.1	2
6-14	0	0.0	0	0.0	0	7	70.0	82	0.4	16	4	40.0	47	0.6	43
15-20	34	24.3	402	0.4	27	25	17.9	293	0.4	16	13	9.3	145	0.7	59
21-44	7,186	54.0	82,451	0.4	31	2,134	16.0	24,544	0.5	18	1,290	9.7	14,728	0.5	28
45-64	13,399	53.1	153,325	0.5	29	10,424	41.3	119,835	0.5	21	6,278	24.9	72,174	0.6	32
65-74	85	27.8	866	0.5	22	151	49.3	1,614	0.6	22	94	30.7	1,002	0.6	34
75-84	29	26.1	327	0.6	25	39	35.1	454	0.5	19	39	35.1	456	0.7	38
85 and older	24	31.2	277	0.6	28	31	40.3	351	0.7	23	21	27.3	250	0.7	37
Other Eligibles	31,777	29.7	356,098	0.5	27	47,852	44.7	542,153	0.6	22	31,345	29.3	356,119	0.6	32
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	2	66.7	18	1.1	25
15-20	0	0.0	0	0.0	0	1	14.3	6	0.8	25	4	57.1	31	0.4	16
21-44	383	56.7	3,705	0.4	28	87	12.9	800	0.4	14	47	7.0	446	0.4	28
45-64	88	63.8	838	0.4	28	56	40.6	551	0.5	22	36	26.1	362	0.6	25
65-74	11,542	30.4	132,019	0.5	25	18,684	49.2	214,348	0.6	22	11,523	30.3	132,434	0.6	33
75-84	11,948	29.4	134,647	0.5	27	18,715	46.0	213,231	0.6	22	12,505	30.7	142,966	0.6	32
85 and older	7,816	28.4	84,889	0.6	29	10,309	37.5	113,217	0.6	22	7,228	26.3	79,862	0.7	31
Male	16,948	25.6	190,302	0.5	28	21,736	32.8	244,179	0.5	22	11,556	17.4	130,079	0.6	32
Disabled	10,371	29.6	118,107	0.5	29	9,022	25.7	102,233	0.5	21	4,790	13.7	54,127	0.6	32
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	2	13.3	18	0.5	35	6	40.0	66	0.6	8	9	60.0	90	0.6	44
15-20	21	11.1	239	0.4	31	31	16.3	363	0.5	13	16	8.4	183	0.6	54
21-44	5,258	31.5	60,130	0.4	30	2,600	15.6	29,663	0.5	20	1,295	7.8	14,601	0.5	31
45-64	5,061	28.3	57,427	0.5	28	6,297	35.1	71,227	0.5	21	3,411	19.0	38,639	0.6	33
65-74	22	13.5	209	0.4	30	63	38.7	633	0.6	21	45	27.6	456	0.6	37
75-84	6	15.0	72	0.6	41	20	50.0	225	0.6	28	10	25.0	110	0.7	40
85 and older	1	5.9	12	0.1	11	5	29.4	56	0.4	13	4	23.5	48	0.8	43
Other Eligibles	6,577	21.0	72,195	0.5	27	12,714	40.6	141,946	0.6	22	6,766	21.6	75,952	0.6	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	1	25.0	6	0.2	2	2	50.0	24	1.2	58
15-20	5	41.7	59	0.4	37	3	25.0	29	0.4	15	2	16.7	17	0.5	39
21-44	123	56.2	1,167	0.3	21	43	19.6	419	0.4	17	16	7.3	141	0.4	22
45-64	60	46.9	562	0.4	30	37	28.9	345	0.6	20	22	17.2	203	0.5	26
65-74	3,205	20.2	35,996	0.5	26	6,569	41.3	74,492	0.5	22	3,517	22.1	40,985	0.6	32
75-84	2,196	21.3	24,059	0.5	28	4,356	42.3	48,432	0.6	22	2,299	22.3	25,723	0.6	30
85 and older	988	20.9	10,352	0.5	29	1,705	36.0	18,223	0.6	22	908	19.2	9,759	0.6	29
Unknown	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 North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTICONVULSANT						
	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	61,472	28.9 %	697,475	0.6	\$26	79,441	37.4 %	921,004	0.3	\$18	33,058	15.6 %	374,119	0.6	\$38
Female	47,430	32.4	540,043	0.6	26	61,030	41.8	709,168	0.3	19	20,728	14.2	234,337	0.6	35
Disabled	12,717	32.5	146,225	0.6	29	19,341	49.4	224,764	0.3	17	10,407	26.6	118,991	0.6	44
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	1	10.0	12	0.1	1	1	10.0	11	0.4	8
15-20	5	3.6	60	0.6	23	39	27.9	457	0.2	13	27	19.3	311	0.5	40
21-44	1,996	15.0	22,937	0.5	28	5,609	42.2	65,294	0.2	13	4,377	32.9	50,107	0.6	50
45-64	10,483	41.6	120,628	0.6	30	13,522	53.6	157,061	0.3	19	5,951	23.6	68,056	0.6	39
65-74	181	59.2	1,999	0.6	28	118	38.6	1,326	0.3	18	34	11.1	323	0.5	32
75-84	35	31.5	409	0.7	28	34	30.6	398	0.4	25	14	12.6	156	0.7	34
85 and older	17	22.1	192	0.5	17	18	23.4	216	0.3	15	3	3.9	27	0.8	25
Other Eligibles	34,713	32.4	393,818	0.6	25	41,689	39.0	484,404	0.3	20	10,321	9.6	115,346	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	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	86	12.7	793	0.5	25	276	40.9	2,768	0.2	10	156	23.1	1,503	0.5	40
45-64	43	31.2	397	0.5	24	93	67.4	916	0.3	16	27	19.6	235	0.5	59
65-74	16,049	42.2	183,999	0.6	27	17,264	45.4	201,568	0.3	20	4,265	11.2	48,509	0.6	29
75-84	13,311	32.7	151,273	0.6	24	16,305	40.1	190,489	0.3	20	3,911	9.6	43,869	0.6	25
85 and older	5,224	19.0	57,356	0.6	20	7,751	28.2	88,663	0.3	21	1,962	7.1	21,230	0.6	23
Male	14,042	21.2	157,432	0.6	25	18,411	27.8	211,836	0.3	15	12,330	18.6	139,782	0.7	43
Disabled	6,368	18.2	72,125	0.6	27	9,842	28.1	113,570	0.2	13	8,858	25.3	101,440	0.7	49
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	2	13.3	12	0.4	89
15-20	4	2.1	48	0.8	29	15	7.9	176	0.1	3	44	23.2	514	0.6	44
21-44	1,676	10.0	19,139	0.6	28	3,995	23.9	46,281	0.2	10	4,678	28.0	53,764	0.7	54
45-64	4,633	25.9	52,378	0.6	27	5,771	32.2	66,444	0.3	15	4,110	22.9	46,944	0.7	43
65-74	45	27.6	453	0.7	30	45	27.6	486	0.4	18	22	13.5	182	0.7	33
75-84	6	15.0	72	0.9	53	12	30.0	142	0.3	30	2	5.0	24	0.1	5
85 and older	4	23.5	35	0.4	14	4	23.5	41	0.3	10	0	0.0	0	0.0	0
Other Eligibles	7,674	24.5	85,307	0.6	24	8,569	27.4	98,266	0.3	17	3,472	11.1	38,342	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	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	1	8.3	12	0.3	5	1	8.3	12	0.7	31
21-44	22	10.0	211	0.6	27	94	42.9	961	0.2	14	42	19.2	427	0.5	39
45-64	32	25.0	301	0.6	31	45	35.2	421	0.3	17	30	23.4	284	0.5	38
65-74	4,396	27.7	49,715	0.6	26	4,748	29.9	54,817	0.3	16	1,917	12.1	21,605	0.6	28
75-84	2,410	23.4	26,494	0.6	21	2,628	25.5	30,271	0.3	17	1,074	10.4	11,796	0.6	26
85 and older	814	17.2	8,586	0.6	19	1,053	22.2	11,784	0.3	19	408	8.6	4,218	0.6	22
Unknown	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 North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANALGESICS - Narcotic				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users										
All	28,825	13.6 %	331,246	0.5	\$43	114,776	54.0 %	1,306,163	\$10	0.3	212,498	2,327,999						
Female																		
Disabled	22,155	15.2	255,319	0.6	43	83,938	57.4	958,217	10	0.3	146,167	1,608,497						
5 and younger	6,149	15.7	70,769	0.5	42	29,968	76.5	345,318	11	0.3	39,173	436,673						
6-14	1	20.0	12	0.3	2	0	0.0	0	0	0.0	5	43						
15-20	0	0.0	0	0.0	0	2	20.0	23	1	0.1	10	95						
21-44	705	5.3	8,037	0.5	37	73	52.1	836	5	0.2	140	1,542						
45-64	5,358	21.2	61,757	0.5	43	9,853	74.1	113,660	12	0.3	13,304	148,435						
65-74	62	20.3	687	0.6	47	130	42.5	228,507	11	0.3	25,220	281,434						
75-84	16	14.4	192	0.5	44	39	35.1	456	7	0.3	306	3,059						
85 and older	7	9.1	84	0.4	47	37	48.1	439	6	0.3	77	1,238						
Other Eligibles	16,006	15.0	184,550	0.6	44	53,970	50.4	612,899	9	0.3	106,994	1,171,824						
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	3	20						
15-20	0	0.0	0	0.0	0	1	14.3	7	1	0.3	7	47						
21-44	18	2.7	186	0.6	35	573	84.9	5,443	11	0.3	675	5,360						
45-64	18	13.0	175	0.6	51	97	70.3	975	18	0.4	138	1,169						
65-74	8,599	22.6	99,211	0.6	45	21,089	55.5	242,971	9	0.3	37,986	422,596						
75-84	6,040	14.9	69,990	0.6	44	20,157	49.6	230,378	9	0.3	40,672	451,201						
85 and older	1,331	4.8	14,988	0.6	40	12,053	43.8	133,125	10	0.3	27,513	291,431						
Male																		
Disabled	6,670	10.1	75,927	0.5	41	30,838	46.5	347,946	10	0.3	66,331	719,502						
5 and younger	3,475	9.9	39,697	0.5	40	17,883	51.0	203,490	11	0.3	35,044	384,852						
6-14	0	0.0	0	0.0	0	1	25.0	12	1	0.1	4	42						
15-20	0	0.0	0	0.0	0	5	33.3	42	3	0.1	15	144						
21-44	856	5.1	9,881	0.5	37	55	28.9	608	10	0.3	190	2,035						
45-64	2,588	14.4	29,505	0.5	41	8,042	48.2	91,966	11	0.3	16,700	183,903						
65-74	27	16.6	263	0.6	46	9,687	54.1	109,824	11	0.3	17,915	196,585						
75-84	3	7.5	36	0.5	96	71	43.6	796	9	0.3	163	1,526						
85 and older	1	5.9	12	0.3	16	15	37.5	178	4	0.1	40	448						
Other Eligibles	3,195	10.2	36,230	0.5	43	12,955	41.4	144,456	8	0.3	31,287	334,650						
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	1	25.0	12	1	0.1	4	36						
15-20	1	8.3	12	0.2	18	6	50.0	66	23	0.3	12	105						
21-44	21	9.6	208	0.6	36	218	99.5	2,164	20	0.5	219	1,858						
45-64	26	20.3	225	0.6	42	94	73.4	858	19	0.3	128	1,024						
65-74	2,134	13.4	24,334	0.5	43	6,882	43.3	78,055	8	0.3	15,887	173,137						
75-84	891	8.6	10,091	0.6	43	4,175	40.5	46,480	8	0.3	10,303	110,365						
85 and older	122	2.6	1,360	0.5	38	1,579	33.4	16,821	8	0.3	4,734	48,125						
Unknown	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0						

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 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	\$207	4.5	15,014	165,972
Age				
0-64	260	4.9	998	11,509
65-74	255	5.1	2,161	24,368
75-84	222	4.7	4,879	54,283
85 and older	174	4.1	6,976	75,812
Unknown	0	0.0	0	0
Gender				
Female	203	4.5	11,917	131,868
Male	223	4.5	3,097	34,104
Unknown	0	0.0	0	0
Race				
White	220	4.8	9,736	106,187
African American	182	3.8	4,121	46,772
Other/unknown	191	4.4	1,157	13,013
Basis of Eligibility				
Aged	203	4.4	13,964	153,905
Disabled	258	4.9	1,050	12,067
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 North Carolina, released by CMS in 10/2003. 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 12,896 beneficiaries who were in nursing facilities for part of their enrollment and their 126,883 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, NORTH CAROLINA, 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	Brand-Name	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	No.	Total Rx \$	As % of Dual All-Year NF Residents	No. of Bene Mos		
																Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$17	\$0	\$2	\$64	\$91	\$81	\$18	34,494	\$2,201,766	10,182	67.8 %	114,826
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	20	20	0	0	20	404	20	0.1	240
Antineoplastic Agents	0.5	0.1	0.2	0.1	82	29	46	7	173	242	208	53	3,501	605,907	675	4.5	7,398
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	27	19	4	4	30	50	16	14	55,378	1,651,757	5,491	36.6	61,651
Cardiovascular Agents	1.6	0.4	0.4	0.8	45	18	14	13	29	47	34	17	174,334	5,075,063	10,024	66.8	111,730
Respiratory Agents	0.5	0.2	0.0	0.3	22	13	0	9	44	55	32	34	35,880	1,571,925	6,191	41.2	69,946
Gastrointestinal Agents	0.9	0.4	0.1	0.4	58	39	8	12	68	109	75	30	68,389	4,669,745	7,125	47.5	80,135
Genitourinary Agents	0.4	0.2	0.0	0.2	19	13	1	5	44	59	53	27	11,208	496,008	2,315	15.4	26,452
CNS Drugs	1.1	0.6	0.2	0.4	73	51	14	8	65	93	92	19	116,265	7,533,707	9,154	61.0	102,726
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	18	7	1	10	31	113	16	21	473	14,583	72	0.5	801
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	78	77	0	2	122	126	111	49	4,846	590,960	672	4.5	7,544
Analgesics and Anesthetics	0.6	0.2	0.1	0.3	29	19	4	6	48	93	61	18	43,544	2,073,051	6,426	42.8	71,931
Neuromuscular Agents	0.9	0.2	0.3	0.4	45	20	16	10	49	82	48	27	41,658	2,031,964	3,971	26.4	44,854
Nutritional Products	0.6	0.1	0.2	0.4	13	2	5	6	21	29	26	16	33,695	692,332	4,759	31.7	53,510
Hematological Agents	0.8	0.1	0.4	0.3	33	14	12	7	43	201	30	22	32,368	1,377,954	3,685	24.5	41,415
Topical Products	0.4	0.2	0.1	0.1	18	11	5	2	41	55	46	18	44,326	1,830,526	8,766	58.4	99,772
Miscellaneous Products	0.2	0.0	0.0	0.2	9	2	0	7	44	84	115	37	1,393	60,609	606	4.0	6,773
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	23	0	0	0	46	0	0	0	41,573	1,913,915	7,270	48.4	82,075
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.	743,345	34,392,176	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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 12,896 beneficiaries who were in nursing facilities for part of their enrollment and their 126,883 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 North Carolina, 5.0 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, NORTH CAROLINA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	212,565	137,085	74,270	1,185	25	2,330,426	1,497,144	823,348	9,706	228	0
Age											
5 and younger	9	0	9	0	0	97	0	97	0	0	0
6-14	32	0	25	0	7	356	0	278	0	78	0
15-20	352	0	333	2	17	3,822	0	3,663	15	144	0
21-44	30,927	3	30,025	898	1	340,469	29	333,080	7,354	6	0
45-64	43,434	20	43,162	252	0	481,214	212	478,934	2,068	0	0
65-74	54,344	53,844	471	29	0	600,664	595,818	4,614	232	0	0
75-84	51,126	50,971	151	4	0	563,252	561,529	1,686	37	0	0
85 and older	32,341	32,247	94	0	0	340,552	339,556	996	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	146,210	106,158	39,204	840	8	1,610,005	1,165,367	437,723	6,846	69	0
Male	66,355	30,927	35,066	345	17	720,421	331,777	385,625	2,860	159	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	106,737	69,813	36,361	549	14	1,153,860	748,477	400,879	4,377	127	0
African American	78,085	48,119	29,480	478	8	869,926	536,414	329,433	4,012	67	0
Other/unknown	27,743	19,153	8,429	158	3	306,640	212,253	93,036	1,317	34	0
Use of Nursing Facilities											
All year	15,014	13,964	1,050	0	0	165,972	153,905	12,067	0	0	0
Part year	12,896	11,781	1,112	3	0	126,920	115,177	11,709	34	0	0
None	184,655	111,340	72,108	1,182	25	2,037,534	1,228,062	799,572	9,672	228	0
Maintenance Assistance Status											
Cash	115,030	72,907	41,870	252	1	1,306,029	823,561	480,307	2,149	12	0
Medically needy	5,362	4,318	991	52	1	52,432	41,989	9,977	454	12	0
Poverty related	91,448	59,859	31,409	167	13	965,779	631,582	333,064	1,006	127	0
Other/unknown	725	1	0	714	10	6,186	12	0	6,097	77	0
Dual Status^c											
Full dual, all year	204,184	131,619	71,368	1,172	25	2,236,492	1,435,907	790,799	9,558	228	0
Full dual, part year	8,381	5,466	2,902	13	0	93,934	61,237	32,549	148	0	0
Managed Care Status											
FFS all year	212,083	137,021	73,902	1,140	20	2,325,130	1,496,390	819,261	9,311	168	0
FFS part year, with Rx claims	385	57	297	26	5	4,339	670	3,369	240	60	0
FFS part year, no Rx claims	30	6	18	6	0	324	72	207	45	0	0
MC all year, with Rx claims	54	1	42	11	0	564	12	456	96	0	0
MC all year, no Rx claims	13	0	11	2	0	69	0	55	14	0	0

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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, NORTH CAROLINA, 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
All	212,565	2,330,426	212,498	2,327,999	67	2,427
FFS all year	212,083	2,325,130	212,083	2,325,130	0	0
FFS part year, with Rx claims	385	4,339	385	2,682	0	1,657
FFS part year, with no Rx claims	30	324	30	187	0	137
MC all year, with Rx claims	54	564	0	0	54	564
MC all year, with no Rx claims	13	69	0	0	13	69

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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}
 NORTH CAROLINA, 1999

Total Number of Dual Eligible Beneficiaries 212,498
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$353,974,947
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,666

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,579	10.2 %	\$0	0.0 %
1-500	47,000	22.1	10,405,396	2.9
501-1,000	32,566	15.3	24,133,548	6.8
1,001-1,500	26,380	12.4	32,762,637	9.3
1,501-2,000	21,327	10.0	37,087,835	10.5
2,001-2,500	16,109	7.6	36,047,545	10.2
2,501-3,000	12,373	5.8	33,880,070	9.6
3,001-3,500	8,757	4.1	28,337,241	8.0
3,501-4,000	6,423	3.0	24,005,216	6.8
4,001-4,500	4,663	2.2	19,767,796	5.6
4,501-5,000	3,398	1.6	16,091,431	4.5
5,001-5,500	2,618	1.2	13,709,463	3.9
5,501-6,000	1,892	0.9	10,856,941	3.1
6,001-6,500	1,478	0.7	9,230,194	2.6
6,501-7,000	1,088	0.5	7,331,954	2.1
7,001-7,500	868	0.4	6,287,710	1.8
7,501-8,000	683	0.3	5,287,082	1.5
8,001-8,500	566	0.3	4,671,234	1.3
8,501-9,000	442	0.2	3,857,230	1.1
9,001-9,500	348	0.2	3,216,987	0.9
9,501-10,000	318	0.1	3,098,749	0.9
10,001+	1,622	0.8	23,908,688	6.8

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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 1A
MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
NORTH CAROLINA, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	73,503
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$139,378,474
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$1,896

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			12.6 %			0.0 %
\$0	9,276			0		
1-500	17,256	23.5	23.5	3,517,977	2.5	2.5
501-1,000	9,627	13.1	13.1	7,114,896	5.1	5.1
1,001-1,500	7,604	10.3	10.3	9,434,053	6.8	6.8
1,501-2,000	6,190	8.4	8.4	10,763,669	7.7	7.7
2,001-2,500	4,740	6.4	6.4	10,618,636	7.6	7.6
2,501-3,000	3,848	5.2	5.2	10,543,661	7.6	7.6
3,001-3,500	2,878	3.9	3.9	9,319,039	6.7	6.7
3,501-4,000	2,303	3.1	3.1	8,612,805	6.2	6.2
4,001-4,500	1,780	2.4	2.4	7,551,285	5.4	5.4
4,501-5,000	1,383	1.9	1.9	6,552,238	4.7	4.7
5,001-5,500	1,125	1.5	1.5	5,896,303	4.2	4.2
5,501-6,000	858	1.2	1.2	4,924,487	3.5	3.5
6,001-6,500	781	1.1	1.1	4,876,998	3.5	3.5
6,501-7,000	573	0.8	0.8	3,863,853	2.8	2.8
7,001-7,500	470	0.6	0.6	3,403,850	2.4	2.4
7,501-8,000	394	0.5	0.5	3,052,115	2.2	2.2
8,001-8,500	366	0.5	0.5	3,021,056	2.2	2.2
8,501-9,000	292	0.4	0.4	2,548,085	1.8	1.8
9,001-9,500	230	0.3	0.3	2,126,109	1.5	1.5
9,501-10,000	228	0.3	0.3	2,223,112	1.6	1.6
10,001+	1,301	1.8	1.8	19,414,247	13.9	13.9

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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.

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.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NORTH CAROLINA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 54,342
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$85,534,892
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,574

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74 10.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,726	10.5 %	0	0.0
1-500	11,535	21.2	2,588,770	3.0
501-1,000	8,424	15.5	6,255,941	7.3
1,001-1,500	6,982	12.8	8,691,440	10.2
1,501-2,000	5,704	10.5	9,923,381	11.6
2,001-2,500	4,355	8.0	9,746,017	11.4
2,501-3,000	3,329	6.1	9,122,470	10.7
3,001-3,500	2,314	4.3	7,485,138	8.8
3,501-4,000	1,552	2.9	5,795,608	6.8
4,001-4,500	1,167	2.1	4,952,160	5.8
4,501-5,000	835	1.5	3,950,676	4.6
5,001-5,500	619	1.1	3,241,898	3.8
5,501-6,000	440	0.8	2,520,043	2.9
6,001-6,500	307	0.6	1,917,467	2.2
6,501-7,000	222	0.4	1,496,490	1.7
7,001-7,500	203	0.4	1,470,314	1.7
7,501-8,000	155	0.3	1,200,497	1.4
8,001-8,500	99	0.2	818,594	1.0
8,501-9,000	77	0.1	673,139	0.8
9,001-9,500	66	0.1	610,078	0.7
9,501-10,000	43	0.1	417,783	0.5
10,001+	188	0.3	2,656,988	3.1

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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}
 NORTH CAROLINA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 51,126
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$80,879,696
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,582

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,218	8.3 %	0	0.0 %
1-500	10,255	20.1	2,427,088	3.0
501-1,000	8,499	16.6	6,323,078	7.8
1,001-1,500	7,089	13.9	8,797,161	10.9
1,501-2,000	5,662	11.1	9,846,270	12.2
2,001-2,500	4,405	8.6	9,845,645	12.2
2,501-3,000	3,260	6.4	8,923,592	11.0
3,001-3,500	2,278	4.5	7,369,683	9.1
3,501-4,000	1,647	3.2	6,146,950	7.6
4,001-4,500	1,083	2.1	4,585,936	5.7
4,501-5,000	764	1.5	3,617,423	4.5
5,001-5,500	574	1.1	3,004,674	3.7
5,501-6,000	382	0.7	2,195,997	2.7
6,001-6,500	280	0.5	1,748,367	2.2
6,501-7,000	206	0.4	1,387,208	1.7
7,001-7,500	132	0.3	957,028	1.2
7,501-8,000	95	0.2	733,102	0.9
8,001-8,500	74	0.1	608,924	0.8
8,501-9,000	58	0.1	505,137	0.6
9,001-9,500	36	0.1	333,950	0.4
9,501-10,000	34	0.1	330,896	0.4
10,001+	95	0.2	1,191,587	1.5

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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}
 NORTH CAROLINA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 32,341
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$46,529,804
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,439

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,195	6.8 %	0	0.0 %
1-500	7,514	23.2	1,786,036	3.8
501-1,000	5,848	18.1	4,319,102	9.3
1,001-1,500	4,606	14.2	5,716,862	12.3
1,501-2,000	3,695	11.4	6,421,786	13.8
2,001-2,500	2,560	7.9	5,729,216	12.3
2,501-3,000	1,897	5.9	5,185,028	11.1
3,001-3,500	1,261	3.9	4,078,711	8.8
3,501-4,000	898	2.8	3,364,549	7.2
4,001-4,500	617	1.9	2,610,822	5.6
4,501-5,000	401	1.2	1,900,163	4.1
5,001-5,500	286	0.9	1,493,110	3.2
5,501-6,000	199	0.6	1,142,061	2.5
6,001-6,500	106	0.3	662,269	1.4
6,501-7,000	82	0.3	551,380	1.2
7,001-7,500	62	0.2	449,031	1.0
7,501-8,000	33	0.1	254,912	0.5
8,001-8,500	22	0.1	181,063	0.4
8,501-9,000	15	0.0	130,869	0.3
9,001-9,500	11	0.0	100,846	0.2
9,501-10,000	10	0.0	97,296	0.2
10,001+	23	0.1	354,692	0.8

Source: Data for this table are from the MAX 1999 file for North Carolina, released by CMS in 10/2003. 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.