

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

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TABLE 11

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

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>169,914</b>	<b>109,858</b>	<b>58,070</b>	<b>1,968</b>	<b>18</b>	<b>0</b>	<b>1,523,458</b>	<b>991,765</b>	<b>517,101</b>	<b>14,448</b>	<b>144</b>	<b>0</b>
<b>Age</b>												
5 and younger	13	1	11	0	1	0	128	1	117	0	10	0
6-14	31	0	28	0	3	0	347	0	324	0	23	0
15-20	277	0	261	3	13	0	2,621	0	2,483	29	109	0
21-44	28,436	55	27,590	790	1	0	251,093	382	245,361	5,348	2	0
45-64	31,057	262	29,709	1,086	0	0	275,595	1,921	265,059	8,615	0	0
65-74	38,696	38,318	300	78	0	0	339,640	337,046	2,186	408	0	0
75-84	38,307	38,298	0	9	0	0	350,832	350,799	0	33	0	0
85 and older	33,096	32,924	170	2	0	0	303,200	301,616	1,569	15	0	0
Unknown	1	0	1	0	0	2	0	0	2	0	0	0
<b>Gender</b>												
Female	113,993	85,156	27,692	1,137	8	0	1,034,107	776,326	248,732	8,980	69	0
Male	55,921	24,702	30,378	831	10	0	489,351	215,439	268,369	5,468	75	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	141,274	90,598	49,389	1,274	13	0	1,295,202	832,481	453,209	9,397	115	0
African American	19,157	12,909	5,686	557	5	0	149,156	106,178	38,812	4,137	29	0
Other/unknown	9,483	6,351	2,995	137	0	0	79,100	53,106	25,080	914	0	0
<b>Use of Nursing Facilities</b>												
All year	25,787	24,276	1,511	0	0	0	274,650	257,678	16,972	0	0	0
Part year	17,793	16,731	1,060	2	0	0	149,923	140,333	9,575	15	0	0
None	126,334	68,851	55,499	1,966	18	0	1,098,885	593,754	490,554	14,433	144	0
<b>Maintenance Assistance Status</b>												
Cash	71,582	41,815	29,144	622	1	0	640,300	369,315	265,395	5,578	12	0
Medically needy	1,256	1,017	218	15	6	0	12,997	10,890	1,945	114	48	0
Poverty-related	52,832	32,631	19,755	444	2	0	464,014	293,293	167,360	3,338	23	0
Other/unknown	44,244	34,395	8,953	887	9	0	406,147	318,267	82,401	5,418	61	0
<b>Dual Medicare Status<sup>c</sup></b>												
Full dual, all year	166,204	107,537	56,688	1,961	18	0	1,487,979	968,787	504,662	14,386	144	0
Full dual, part year	3,710	2,321	1,382	7	0	0	35,479	22,978	12,439	62	0	0
<b>Managed Care Status</b>												
FFS all year	128,841	87,096	40,127	1,606	12	0	1,333,351	883,012	437,039	13,187	113	0
FFS part year, with Rx claims	31,574	17,816	13,546	208	4	0	152,786	88,947	63,050	764	25	0
FFS part year, no Rx claims	9,499	4,946	4,397	154	2	0	37,321	19,806	17,012	497	6	0

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benes
All	78.1 %	35.2	\$1,575	\$45	\$11,050	14.3 %	\$41	169,914
<b>Age</b>								
5 and younger	46.2	17.4	1,478	85	3,290	44.9	28	13
6-14	83.9	40.1	3,723	93	6,730	55.3	58	31
15-20	63.9	14.9	1,231	83	5,342	23.0	19	277
21-44	73.9	24.2	1,742	72	6,766	25.7	26	28,436
45-64	78.1	35.4	1,880	53	8,260	22.8	57	31,057
65-74	74.3	33.5	1,422	43	7,833	18.2	54	38,696
75-84	81.4	40.7	1,554	38	13,468	11.5	42	38,307
85 and older	82.3	40.3	1,351	34	18,365	7.4	24	33,096
Unknown	100.0	18.0	1,040	58	3,462	30.0	4	1
<b>Basis of Eligibility</b>								
Aged	79.3	38.1	1,450	38	12,994	11.2	41	109,858
Disabled	77.2	30.5	1,848	61	7,688	24.0	43	58,070
Adults	32.9	9.2	541	59	1,730	31.2	14	1,968
Children	66.7	17.4	1,435	82	7,083	20.3	19	18
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	80.4	38.2	1,596	42	11,794	13.5	45	113,993
Male	73.4	28.9	1,533	53	9,532	16.1	33	55,921
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	80.3	37.1	1,663	45	11,278	14.7	42	141,274
African American	64.4	25.8	1,118	43	11,564	9.7	35	19,157
Other/unknown	71.8	25.0	1,194	48	6,615	18.1	45	9,483
<b>Use of Nursing Facilities</b>								
Entire year	95.3	68.9	2,432	35	37,948	6.4	41	25,787
Part year	91.0	42.6	1,577	37	18,030	8.7	31	17,793
None	72.7	27.3	1,400	51	4,576	30.6	43	126,334
<b>Maintenance Assistance Status</b>								
Cash	77.3	30.1	1,480	49	4,633	31.9	45	71,582
Medically needy	78.5	38.9	1,393	36	21,294	6.5	31	1,256
Poverty related	72.6	30.4	1,455	48	6,481	22.5	41	52,832
Other/unknown	85.9	49.0	1,878	38	26,595	7.1	35	44,244

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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				7.2 %
<b>All</b>	<b>3.9</b>	<b>\$176</b>	<b>14.3 %</b>	<b>21.9 %</b>	<b>15.3 %</b>	<b>10.2 %</b>	<b>25.8 %</b>	<b>19.6 %</b>	<b>7.2 %</b>	<b>\$1,232</b>	<b>169,914</b>	<b>1,523,458</b>
<b>Age</b>												
5 and younger	1.8	150	44.9	53.8	23.1	0.0	15.4	7.7	0.0	334	13	128
6-14	3.6	333	55.3	16.1	12.9	19.4	25.8	22.6	3.2	601	31	347
15-20	1.6	130	23.0	36.1	33.6	9.0	14.4	5.4	1.4	565	277	2,621
21-44	2.7	197	25.7	26.1	23.7	11.5	21.9	12.3	4.5	766	28,436	251,093
45-64	4.0	212	22.8	21.9	15.1	9.7	25.2	19.9	8.3	931	31,057	275,595
65-74	3.8	162	18.2	25.7	13.9	9.6	24.7	18.9	7.3	892	38,696	339,640
75-84	4.4	170	11.5	18.6	12.5	10.3	27.6	22.9	8.0	1,471	38,307	350,832
85 and older	4.4	148	7.4	17.7	12.9	10.3	28.9	22.9	7.3	2,005	33,096	303,200
Unknown	9.0	520	30.0	0.0	0.0	0.0	0.0	100.0	0.0	1,731	1	2
<b>Basis of Eligibility</b>												
Aged	4.2	161	11.2	20.7	13.1	10.1	27.0	21.5	7.6	1,439	109,858	991,765
Disabled	3.4	208	24.0	22.8	19.6	10.7	23.9	16.5	6.6	863	58,070	517,101
Adults	1.3	74	31.2	67.1	8.1	5.3	11.3	6.5	1.8	236	1,968	14,448
Children	2.2	179	20.3	33.3	22.2	16.7	22.2	5.6	0.0	885	18	144
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.2	176	13.5	19.6	13.9	10.2	27.0	21.5	7.9	1,300	113,993	1,034,107
Male	3.3	175	16.1	26.6	18.2	10.3	23.3	15.9	5.7	1,089	55,921	489,351
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.1	181	14.7	19.7	15.3	10.3	26.5	20.8	7.6	1,230	141,274	1,295,202
African American	3.3	144	9.7	35.6	12.9	9.2	21.6	14.9	5.7	1,485	19,157	149,156
Other/unknown	3.0	143	18.1	28.2	20.4	11.4	23.6	12.5	3.9	793	9,483	79,100
<b>Use of Nursing Facilities</b>												
Entire year	6.5	228	6.4	4.7	8.8	8.3	29.2	32.8	16.2	3,563	25,787	274,650
Part year	5.1	187	8.7	9.0	14.5	10.8	30.6	25.2	9.9	2,140	17,793	149,923
None	3.1	161	30.6	27.3	16.7	10.5	24.4	16.2	4.9	526	126,334	1,098,885
<b>Maintenance Assistance Status</b>												
Cash	3.4	166	31.9	22.7	17.2	10.8	25.9	17.8	5.5	518	71,582	640,300
Medically needy	3.8	135	6.5	21.5	18.0	12.3	23.8	18.4	6.0	2,058	1,256	12,997
Poverty related	3.5	166	22.5	27.4	16.2	10.4	23.8	16.4	5.8	738	52,832	464,014
Other/unknown	5.3	205	7.1	14.1	11.1	9.0	27.9	26.5	11.5	2,897	44,244	406,147

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.9</b>	<b>\$176</b>	<b>\$45</b>	<b>1.4</b>	<b>\$104</b>	<b>\$76</b>	<b>0.7</b>	<b>\$31</b>	<b>\$44</b>	<b>1.7</b>	<b>\$33</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	1.8	150	85	0.6	109	197	0.3	26	102	0.8	12	16
6-14	3.6	333	93	1.4	257	185	0.5	39	77	1.5	22	15
15-20	1.6	130	83	0.7	101	151	0.2	12	68	0.6	12	20
21-44	2.7	197	72	1.1	132	124	0.4	32	80	1.2	28	24
45-64	4.0	212	53	1.5	132	87	0.6	35	57	1.7	37	22
65-74	3.8	162	43	1.4	94	68	0.6	28	44	1.6	32	20
75-84	4.4	170	38	1.5	95	63	0.9	31	37	1.9	35	19
85 and older	4.4	148	34	1.3	78	58	0.9	28	31	1.9	33	17
Unknown	9.0	520	58	3.5	294	84	2.0	86	43	3.5	141	40
<b>Basis of Eligibility</b>												
Aged	4.2	161	38	1.4	90	63	0.8	29	37	1.8	34	19
Disabled	3.4	208	61	1.3	134	102	0.5	34	66	1.5	33	22
Adults	1.3	74	59	0.5	47	92	0.1	11	77	0.6	13	23
Children	2.2	179	82	0.5	80	152	0.7	77	118	0.9	10	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.2	176	42	1.5	103	70	0.8	31	41	1.8	34	19
Male	3.3	175	53	1.2	108	92	0.6	30	52	1.4	31	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.1	181	45	1.4	107	76	0.7	32	44	1.7	35	20
African American	3.3	144	43	1.2	87	74	0.6	25	42	1.4	25	18
Other/unknown	3.0	143	48	1.2	92	79	0.5	22	45	1.2	23	19
<b>Use of Nursing Facilities</b>												
Entire year	6.5	228	35	2.1	126	61	1.3	42	33	2.8	48	17
Part year	5.1	187	37	1.7	106	64	1.0	33	34	2.2	39	18
None	3.1	161	51	1.2	98	85	0.5	28	54	1.3	28	21
<b>Maintenance Assistance Status</b>												
Cash	3.4	166	49	1.2	99	82	0.6	29	52	1.4	30	21
Medically needy	3.8	135	36	1.2	73	60	0.8	25	33	1.6	29	19
Poverty related	3.5	166	48	1.3	102	80	0.6	28	48	1.5	29	20
Other/unknown	5.3	205	38	1.7	116	67	1.0	37	36	2.3	42	18

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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 Pennsylvania, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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 Bene Mos		
														Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.2	\$21	\$19	\$0	\$2	\$63	\$101	\$63	\$16	73,839	43.5 %	735,820
Biologics	0.1	0.1	0.0	0.0	3	1	1	2	33	15	847	52	4,342	2.6	47,917
Antineoplastic Agents	0.6	0.3	0.1	0.2	104	75	19	9	169	259	135	52	4,159	2.4	39,339
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.3	31	23	3	4	32	56	13	13	511,419	32.1	525,080
Cardiovascular Agents	1.8	0.5	0.4	0.8	56	26	15	14	31	50	35	17	1,470,346	51.0	818,154
Respiratory Agents	0.8	0.4	0.0	0.4	29	20	1	8	38	53	37	23	371,164	29.5	492,062
Gastrointestinal Agents	0.8	0.3	0.1	0.3	50	31	9	10	65	94	67	32	398,728	31.2	517,290
Genitourinary Agents	0.5	0.3	0.0	0.2	19	15	0	4	39	52	40	20	82,370	9.6	163,400
CNS Drugs	1.4	0.6	0.2	0.6	87	56	18	13	63	94	95	21	996,494	44.5	719,667
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.4	23	3	8	12	38	69	68	26	847	0.5	8,311
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	74	72	0	2	103	115	42	23	30,115	2.6	42,371
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	34	20	6	8	45	94	76	17	438,762	35.0	576,501
Neuromuscular Agents	1.1	0.4	0.2	0.6	56	31	9	15	48	86	43	26	406,663	21.8	354,680
Nutritional Products	0.7	0.0	0.3	0.3	12	0	7	5	18	15	23	14	173,234	15.4	250,464
Hematological Agents	0.9	0.1	0.4	0.4	43	25	10	8	46	211	23	21	209,597	13.8	225,822
Topical Products	0.5	0.2	0.1	0.2	17	10	4	3	32	45	39	15	308,768	33.6	578,859
Miscellaneous Products	0.3	0.1	0.1	0.2	50	32	14	5	151	248	252	33	17,732	3.1	53,026
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	23	0	0	0	44	0	0	0	277,682	31.0	517,349
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,977,990	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

- a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

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

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$28,612,974	36,815	21.7 %	360,315	0.8	\$101
ANTIDEPRESSANTS	22,474,871	55,985	32.9	554,065	0.7	56
ULCER DRUGS	20,940,076	49,184	28.9	495,977	0.6	72
ANTICONVULSANT	14,355,634	29,244	17.2	287,210	0.9	54
ANTIHYPERTENSIVE	11,617,589	44,562	26.2	433,983	0.7	36
ANTIDIABETIC	11,088,350	36,834	21.7	365,407	0.7	41
ANALGESICS - Narcotic	9,779,403	56,028	33.0	563,570	0.4	39
CALCIUM BLOCKERS	9,604,282	27,376	16.1	265,104	0.8	45
ANTHYPERLIPIDEMIC	9,479,676	18,654	11.0	184,779	0.7	75
ANTIASTHMATIC	8,884,045	43,599	25.7	431,609	0.5	39

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,648,786</b>	<b>\$146,836,900</b>	<b>36,815</b>	<b>21.7 %</b>	<b>360,315</b>	<b>0.8</b>	<b>\$79</b>	<b>55,985</b>	<b>32.9 %</b>	<b>554,065</b>	<b>0.7</b>	<b>\$41</b>
<b>Female</b>	1,869,035	98,562,265	23,401	20.5	232,477	0.7	67	40,245	35.3	401,225	0.7	40
<b>Disabled</b>	465,616	31,771,434	7,740	28.0	75,033	0.8	99	13,169	47.6	129,679	0.7	46
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	215	10,175	0	0.0	0	0.0	0	2	12.5	24	0.3	19
15-20	827	66,503	16	13.8	173	0.7	91	29	25.0	320	0.5	30
21-44	153,191	11,852,919	3,602	31.9	34,749	0.8	105	5,403	47.8	53,156	0.6	46
45-64	307,721	19,622,666	4,081	25.7	39,736	0.8	95	7,671	48.2	75,577	0.7	46
65-74	3,389	209,717	38	20.4	349	0.7	72	57	30.6	530	0.7	50
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	273	9,454	3	1.9	26	0.3	6	7	4.5	72	1.1	29
<b>Other Eligibles</b>	1,403,419	66,790,831	15,661	18.1	157,444	0.7	52	27,076	31.4	271,546	0.8	38
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	8	211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	18	258	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,027	194,020	54	12.4	466	0.5	53	160	36.8	1,429	0.5	41
45-64	3,941	235,774	43	5.3	404	0.8	84	136	16.9	1,205	0.6	39
65-74	434,460	22,654,413	3,980	15.1	39,196	0.7	65	7,272	27.5	72,243	0.7	37
75-84	534,899	25,506,180	5,941	19.6	60,247	0.7	55	10,091	33.2	101,676	0.8	38
85 and older	427,066	18,199,975	5,643	19.9	57,131	0.6	40	9,417	33.3	94,993	0.8	38
<b>Male</b>	779,751	48,274,635	13,414	24.0	127,838	0.9	101	15,740	28.1	152,840	0.7	41
<b>Disabled</b>	412,781	30,759,289	8,889	29.3	84,138	0.9	125	9,267	30.5	89,844	0.7	45
5 and younger	37	1,092	0	0.0	0	0.0	0	1	12.5	12	0.1	1
6-14	154	6,680	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	918	67,714	19	13.1	201	1.0	116	17	11.7	195	0.5	33
21-44	191,222	16,116,456	5,260	32.3	49,573	1.0	133	5,185	31.8	50,000	0.6	45
45-64	219,041	14,489,438	3,598	26.1	34,265	0.9	112	4,041	29.3	39,457	0.7	44
65-74	1,405	77,768	12	10.5	99	0.9	38	23	20.2	180	0.6	27
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	4	141	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	366,967	17,515,137	4,525	17.7	43,700	0.7	57	6,473	25.3	62,996	0.8	37
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	68	2,712	5	50.0	60	0.1	14	2	20.0	24	0.1	9
21-44	3,636	273,608	80	19.5	645	0.7	124	154	37.5	1,250	0.6	43
45-64	3,939	226,232	53	9.8	421	0.6	57	148	27.3	1,247	0.6	34
65-74	162,240	8,297,579	1,717	14.3	16,626	0.8	68	2,430	20.3	23,748	0.7	36
75-84	129,038	5,848,761	1,632	20.5	15,948	0.8	52	2,248	28.3	22,104	0.8	38
85 and older	68,046	2,866,245	1,038	22.4	10,000	0.7	41	1,491	32.2	14,623	0.8	36
<b>Unknown</b>	3	209	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 Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

TABLE 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>49,184</b>	<b>28.9 %</b>	<b>495,977</b>	<b>0.6</b>	<b>\$42</b>	<b>29,244</b>	<b>17.2 %</b>	<b>287,210</b>	<b>0.9</b>	<b>\$50</b>	<b>44,562</b>	<b>26.2 %</b>	<b>433,983</b>	<b>0.7</b>	<b>\$27</b>
<b>Female</b>	35,831	31.4	362,557	0.6	42	17,788	15.6	176,421	0.9	46	31,777	27.9	310,523	0.7	27
<b>Disabled</b>	7,866	28.4	80,317	0.5	39	8,102	29.3	79,387	0.9	62	4,918	17.8	48,033	0.7	26
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	10	62.5	120	0.6	33	2	12.5	24	1.1	27	10	62.5	120	0.4	9
15-20	21	18.1	252	0.3	17	30	25.9	296	0.8	85	8	6.9	96	0.5	32
21-44	2,488	22.0	25,507	0.4	34	3,854	34.1	37,639	0.9	67	944	8.3	9,157	0.6	23
45-64	5,285	33.2	53,812	0.5	41	4,181	26.3	41,117	0.9	57	3,886	24.4	38,032	0.7	27
65-74	51	27.4	506	0.5	47	32	17.2	287	0.9	53	63	33.9	550	0.7	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	11	7.0	120	0.4	20	3	1.9	24	1.9	23	7	4.5	78	0.3	11
<b>Other Eligibles</b>	27,965	32.4	282,240	0.6	43	9,686	11.2	97,034	0.9	33	26,859	31.1	262,490	0.8	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	1	50.0	12	0.7	18
15-20	0	0.0	0	0.0	0	1	16.7	4	0.3	2	0	0.0	0	0.0	0
21-44	49	11.3	453	0.4	29	65	14.9	582	0.6	33	31	7.1	294	0.6	22
45-64	77	9.6	717	0.5	41	48	6.0	402	0.8	45	68	8.4	551	0.6	28
65-74	7,988	30.3	80,492	0.5	40	3,262	12.4	32,419	0.9	38	8,823	33.4	85,405	0.7	28
75-84	10,312	34.0	104,534	0.6	43	3,768	12.4	38,155	0.9	32	10,444	34.4	102,939	0.8	27
85 and older	9,539	33.7	96,044	0.7	46	2,542	9.0	25,472	0.9	27	7,492	26.5	73,289	0.8	25
<b>Male</b>	13,353	23.9	133,420	0.6	42	11,456	20.5	110,789	0.9	57	12,785	22.9	123,460	0.7	27
<b>Disabled</b>	6,190	20.4	62,981	0.5	40	8,195	27.0	79,167	0.9	65	5,210	17.2	50,352	0.7	27
5 and younger	3	37.5	36	0.4	16	1	12.5	12	0.4	13	2	25.0	24	0.3	7
6-14	6	50.0	72	0.6	22	1	8.3	6	0.2	6	9	75.0	96	0.6	28
15-20	17	11.7	186	0.2	21	29	20.0	317	1.0	80	9	6.2	102	1.0	20
21-44	2,631	16.2	26,976	0.5	37	4,703	28.9	45,446	0.9	70	1,742	10.7	17,003	0.7	26
45-64	3,508	25.4	35,526	0.5	43	3,453	25.0	33,298	1.0	57	3,411	24.7	32,833	0.7	28
65-74	25	21.9	185	0.6	41	8	7.0	88	0.5	25	37	32.5	294	0.7	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	7,163	28.0	70,439	0.6	44	3,261	12.8	31,622	1.0	37	7,573	29.6	73,104	0.8	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	1	10.0	12	0.1	3	1	10.0	12	1.4	48	1	10.0	8	1.0	34
21-44	51	12.4	455	0.4	36	74	18.0	540	0.9	56	43	10.5	383	0.7	31
45-64	84	15.5	707	0.5	43	73	13.5	609	0.8	54	88	16.2	656	0.7	26
65-74	2,965	24.7	29,108	0.6	43	1,502	12.5	14,558	1.0	41	3,505	29.2	34,062	0.7	28
75-84	2,489	31.3	24,754	0.7	46	1,094	13.8	10,779	1.0	34	2,636	33.1	25,729	0.8	26
85 and older	1,573	33.9	15,403	0.7	44	517	11.2	5,124	0.9	26	1,300	28.1	12,266	0.8	26
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	4	0.5	35

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					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 \$
<b>All</b>	<b>36,834</b>	<b>21.7 %</b>	<b>365,407</b>	<b>0.7</b>	<b>\$30</b>	<b>56,028</b>	<b>33.0 %</b>	<b>563,570</b>	<b>0.4</b>	<b>\$17</b>	<b>27,376</b>	<b>16.1 %</b>	<b>265,104</b>	<b>0.8</b>	<b>\$36</b>
<b>Female</b>	27,337	24.0	271,748	0.7	30	40,568	35.6	409,682	0.4	16	21,017	18.4	204,229	0.8	36
<b>Disabled</b>	5,427	19.6	53,414	0.7	38	12,088	43.7	123,939	0.4	20	2,962	10.7	28,336	0.7	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	12.5	24	0.1	1	8	50.0	96	0.6	36
15-20	1	0.9	12	0.6	27	40	34.5	405	0.2	5	5	4.3	60	0.8	60
21-44	959	8.5	9,577	0.7	35	4,551	40.2	46,712	0.4	21	517	4.6	5,053	0.7	40
45-64	4,390	27.6	43,153	0.7	39	7,432	46.7	76,172	0.5	19	2,382	15.0	22,687	0.8	41
65-74	76	40.9	660	0.8	37	56	30.1	548	0.5	23	44	23.7	372	0.7	57
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	0.6	12	0.1	1	7	4.5	78	0.3	26	6	3.8	68	0.6	13
<b>Other Eligibles</b>	21,910	25.4	218,334	0.8	28	28,480	33.0	285,743	0.5	15	18,055	20.9	175,893	0.8	35
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	3	50.0	36	0.1	1	1	16.7	12	0.8	15
21-44	18	4.1	183	0.8	39	154	35.4	1,444	0.6	31	16	3.7	158	0.5	30
45-64	84	10.4	689	0.7	35	115	14.3	1,081	0.4	16	42	5.2	358	0.7	34
65-74	8,654	32.8	85,581	0.7	33	9,033	34.2	90,972	0.4	15	5,580	21.1	53,498	0.8	37
75-84	8,580	28.3	86,236	0.8	27	10,239	33.7	104,029	0.5	16	6,943	22.9	68,036	0.8	36
85 and older	4,574	16.2	45,645	0.8	21	8,936	31.6	88,181	0.5	15	5,473	19.3	53,831	0.9	33
<b>Male</b>	9,497	17.0	93,659	0.7	31	15,460	27.6	153,888	0.4	20	6,359	11.4	60,875	0.8	38
<b>Disabled</b>	4,248	14.0	42,245	0.7	36	9,111	30.0	91,785	0.4	24	2,427	8.0	22,980	0.7	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	25.0	24	0.3	8
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25.0	36	1.1	37
15-20	1	0.7	12	2.0	77	18	12.4	211	0.3	5	10	6.9	91	0.5	37
21-44	1,194	7.3	11,890	0.7	36	4,590	28.2	46,399	0.4	26	728	4.5	6,742	0.7	43
45-64	3,020	21.9	30,053	0.7	36	4,470	32.4	44,877	0.5	23	1,665	12.1	15,968	0.8	40
65-74	31	27.2	272	0.7	34	33	28.9	298	0.6	43	19	16.7	119	0.8	50
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	15.4	18	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,249	20.5	51,414	0.7	27	6,349	24.9	62,103	0.4	13	3,931	15.4	37,993	0.8	35
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	2	20.0	17	0.1	1	3	30.0	32	0.9	23
21-44	30	7.3	258	0.9	37	180	43.8	1,635	0.6	31	20	4.9	155	0.6	37
45-64	54	10.0	458	0.7	27	123	22.7	1,020	0.5	25	34	6.3	281	0.7	35
65-74	2,624	21.9	25,706	0.7	30	2,845	23.7	28,544	0.4	13	1,856	15.5	17,883	0.8	38
75-84	1,771	22.3	17,648	0.8	26	2,004	25.2	19,709	0.4	11	1,370	17.2	13,353	0.8	34
85 and older	770	16.6	7,344	0.7	19	1,195	25.8	11,178	0.4	14	648	14.0	6,189	0.9	32
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	0.5	35

Table 16C

Dual Eligible Beneficiaries



Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIASTHMATIC							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>18,654</b>	<b>11.0 %</b>	<b>184,779</b>	<b>0.7</b>	<b>\$51</b>	<b>43,599</b>	<b>25.7 %</b>	<b>431,609</b>	<b>0.5</b>	<b>\$21</b>	<b>169,914</b>	<b>1,523,458</b>
<b>Female</b>	13,386	11.7	132,445	0.7	52	30,413	26.7	303,125	0.5	20	113,993	1,034,107
<b>Disabled</b>	3,462	12.5	34,482	0.7	52	7,819	28.2	78,436	0.5	21	27,692	248,732
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	28
6-14	1	6.3	12	0.3	28	5	31.3	60	0.2	5	16	192
15-20	1	0.9	12	0.6	27	26	22.4	301	0.2	10	116	1,109
21-44	546	4.8	5,562	0.6	44	2,355	20.8	24,028	0.4	18	11,309	101,928
45-64	2,877	18.1	28,555	0.7	53	5,346	33.6	53,212	0.5	23	15,905	142,571
65-74	37	19.9	341	0.8	60	80	43.0	779	0.8	35	186	1,422
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	7	4.5	56	0.2	8	157	1,482
<b>Other Eligibles</b>	9,924	11.5	97,963	0.7	52	22,594	26.2	224,689	0.5	20	86,301	785,375
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
15-20	0	0.0	0	0.0	0	1	16.7	12	0.3	5	6	54
21-44	11	2.5	106	0.5	34	69	15.9	684	0.4	18	435	3,108
45-64	37	4.6	306	0.7	53	76	9.4	788	0.6	30	806	6,767
65-74	5,239	19.8	51,504	0.7	54	7,814	29.6	77,116	0.6	23	26,405	234,116
75-84	3,743	12.3	37,152	0.7	51	8,157	26.9	81,520	0.5	20	30,353	279,931
85 and older	894	3.2	8,895	0.7	42	6,477	22.9	64,569	0.5	15	28,292	261,371
<b>Male</b>	5,268	9.4	52,334	0.7	50	13,186	23.6	128,484	0.6	22	55,920	489,349
<b>Disabled</b>	3,030	10.0	30,300	0.7	49	4,989	16.4	49,672	0.5	22	30,377	268,367
5 and younger	0	0.0	0	0.0	0	1	12.5	12	0.2	2	8	89
6-14	1	8.3	12	0.7	72	2	16.7	24	0.2	7	12	132
15-20	1	0.7	12	0.2	18	15	10.3	154	0.3	9	145	1,374
21-44	954	5.9	9,677	0.6	44	1,611	9.9	16,196	0.4	17	16,281	143,433
45-64	2,059	14.9	20,478	0.7	51	3,309	24.0	32,928	0.6	24	13,804	122,488
65-74	15	13.2	121	0.8	74	49	43.0	340	0.9	42	114	764
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	2	15.4	18	0.1	5	13	87
<b>Other Eligibles</b>	2,238	8.8	22,034	0.7	52	8,197	32.1	78,812	0.6	22	25,543	220,982
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	1	6
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	84
21-44	18	4.4	164	0.7	55	42	10.2	339	0.4	17	411	2,624
45-64	35	6.5	239	0.6	50	76	14.0	669	0.7	29	542	3,769
65-74	1,459	12.2	14,478	0.7	53	3,706	30.9	35,733	0.6	25	11,991	103,338
75-84	626	7.9	6,197	0.7	51	2,771	34.8	27,041	0.6	22	7,954	70,901
85 and older	100	2.2	956	0.8	48	1,602	34.6	15,030	0.5	17	4,634	40,260
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$228</b>	<b>6.5</b>	<b>25,787</b>	<b>274,650</b>
<b>Age</b>				
0-64	330	8.6	1,532	17,233
65-74	286	7.5	3,339	35,456
75-84	243	6.7	8,836	93,906
85 and older	188	5.8	12,080	128,055
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	221	6.4	20,217	216,735
Male	254	6.8	5,570	57,915
Unknown	0	0.0	0	0
<b>Race</b>				
White	230	6.5	22,447	237,618
African American	218	6.4	2,680	29,834
Other/unknown	217	6.4	660	7,198
<b>Basis of Eligibility</b>				
Aged	222	6.3	24,276	257,678
Disabled	330	8.5	1,511	16,972
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 Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 17,793 beneficiaries who were in nursing facilities for part of their enrollment and their 149,923 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

TABLE 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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 # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$2	\$14	63,312	\$2,882,407	16,454	63.8 %	183,746
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	29	3,000	47,279	2,693	10.4	30,483
Antineoplastic Agents	0.7	0.3	0.2	0.2	92	55	30	8	42	7,042	928,785	945	3.7	10,059
Endocrine/Metabolic Drugs	1.2	0.4	0.3	0.5	27	19	3	5	10	132,903	2,868,746	9,837	38.1	107,317
Cardiovascular Agents	2.2	0.5	0.6	1.1	49	16	15	18	16	404,427	9,199,719	17,235	66.8	186,869
Respiratory Agents	0.8	0.3	0.0	0.5	24	12	0	11	22	80,451	2,436,778	9,316	36.1	103,470
Gastrointestinal Agents	1.1	0.5	0.2	0.4	62	38	10	13	34	135,698	7,814,872	11,418	44.3	125,690
Genitourinary Agents	0.7	0.3	0.0	0.3	23	16	1	6	19	29,863	1,011,475	4,016	15.6	44,747
CNS Drugs	1.7	0.9	0.2	0.6	85	62	14	9	14	305,947	15,165,457	16,278	63.1	178,038
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	11	1	2	9	14	1,404	23,051	189	0.7	2,052
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	83	82	0	1	20	13,874	1,347,466	1,533	5.9	16,310
Analgesics and Anesthetics	0.9	0.3	0.1	0.6	31	20	4	7	13	96,014	3,242,300	9,524	36.9	103,663
Neuromuscular Agents	1.5	0.4	0.4	0.8	57	22	15	20	26	127,933	4,785,952	7,582	29.4	84,223
Nutritional Products	0.9	0.0	0.4	0.4	14	0	8	6	13	65,241	1,051,771	7,028	27.3	76,456
Hematological Agents	1.4	0.2	0.7	0.5	43	23	11	9	17	87,412	2,740,580	5,819	22.6	63,333
Topical Products	0.7	0.3	0.2	0.3	20	11	6	4	14	125,501	3,742,736	16,350	63.4	183,297
Miscellaneous Products	0.2	0.1	0.0	0.1	6	3	0	3	23	4,172	126,662	1,942	7.5	21,565
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	23	0	0	0	0	91,808	3,296,182	13,009	50.4	145,696
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,776,002	62,712,218	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 17,793 beneficiaries who were in nursing facilities for part of their enrollment and their 149,923 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Pennsylvania, 4.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 18

Dual Eligible Beneficiaries

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

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>241,328</b>	<b>147,165</b>	<b>91,189</b>	<b>2,942</b>	<b>32</b>	<b>2,614,037</b>	<b>1,569,805</b>	<b>1,018,871</b>	<b>25,039</b>	<b>322</b>	<b>0</b>
<b>Age</b>											
5 and younger	17	1	15	0	1	171	1	158	0	12	0
6-14	41	0	38	0	3	492	0	456	0	36	0
15-20	408	0	382	4	22	4,586	0	4,330	33	223	0
21-44	45,136	126	43,765	1,239	6	503,687	1,357	491,753	10,526	51	0
45-64	48,255	406	46,289	1,560	0	533,372	4,155	515,825	13,392	0	0
65-74	60,795	60,143	526	126	0	669,579	663,874	4,712	993	0	0
75-84	49,812	49,802	0	10	0	534,392	534,324	0	68	0	0
85 and older	36,863	36,687	173	3	0	367,746	366,094	1,625	27	0	0
Unknown	1	0	1	0	0	12	0	12	0	0	0
<b>Gender</b>											
Female	158,671	112,550	44,501	1,603	17	1,722,223	1,207,139	500,547	14,358	179	0
Male	82,657	34,615	46,688	1,339	15	891,814	362,666	518,324	10,681	143	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	177,770	107,486	68,509	1,754	21	1,919,650	1,136,057	768,579	14,793	221	0
African American	44,075	26,870	16,251	943	11	485,314	296,265	180,838	8,110	101	0
Other/unknown	19,483	12,809	6,429	245	0	209,073	137,483	69,454	2,136	0	0
<b>Use of Nursing Facilities</b>											
All year	26,388	24,831	1,557	0	0	285,047	267,165	17,882	0	0	0
Part year	18,157	17,065	1,090	2	0	161,108	150,089	10,996	23	0	0
None	196,783	105,269	88,542	2,940	32	2,167,882	1,152,551	989,993	25,016	322	0
<b>Maintenance Assistance Status</b>											
Cash	117,079	68,093	48,212	771	3	1,326,470	768,147	550,928	7,359	36	0
Medically needy	1,351	1,060	257	23	11	14,968	11,907	2,746	211	104	0
Poverty related	74,445	42,555	31,433	455	2	796,288	452,172	340,501	3,592	23	0
Other/unknown	48,453	35,457	11,287	1,693	16	476,311	337,579	124,696	13,877	159	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	237,457	144,769	89,721	2,935	32	2,571,010	1,543,253	1,002,475	24,960	322	0
Full dual, part year	3,871	2,396	1,468	7	0	43,027	26,552	16,396	79	0	0
<b>Managed Care Status</b>											
FFS all year	128,841	87,096	40,127	1,606	12	1,333,351	883,012	437,039	13,187	113	0
FFS part year, with Rx claims	31,574	17,816	13,546	208	4	363,531	206,075	155,495	1,913	48	0
FFS part year, no Rx claims	9,499	4,946	4,397	154	2	98,568	51,034	46,221	1,293	20	0
MC all year, with Rx claims	6,608	3,282	3,303	23	0	75,390	36,928	38,284	178	0	0
MC all year, no Rx claims	64,806	34,025	29,816	951	14	743,197	392,756	341,832	8,468	141	0

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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



APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 1999

Beneficiary Characteristics	Benes and			
	Bene Mos in Cell F of Table 1 No. of Benes	Bene Mos in Cell G of Table 1 No. of Benes	Included in Cell G of Table 1 No. of Benes	Excluded from Cell G of Table 1 No. of Benes
<b>All</b>	<b>241,328</b>	<b>2,614,037</b>	<b>169,914</b>	<b>71,414</b>
FFS all year	128,841	1,333,351	128,841	0
FFS part year, with Rx claims	31,574	363,531	31,574	0
FFS part year, with no Rx claims	9,499	98,568	9,499	0
MC all year, with Rx claims	6,608	75,390	0	6,608
MC all year, with no Rx claims	64,806	743,197	0	64,806

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 06/25/2004.

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

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

Total Number of Dual Eligible Beneficiaries 169,914  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$267,669,798  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,575

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,267	21.9 %	\$0	0.0 %
1-500	35,850	21.1	7,768,883	2.9
501-1,000	21,958	12.9	16,227,355	6.1
1,001-1,500	15,946	9.4	19,780,778	7.4
1,501-2,000	12,518	7.4	21,782,086	8.1
2,001-2,500	9,816	5.8	21,969,999	8.2
2,501-3,000	7,703	4.5	21,109,258	7.9
3,001-3,500	5,972	3.5	19,360,209	7.2
3,501-4,000	4,631	2.7	17,328,486	6.5
4,001-4,500	3,646	2.1	15,447,613	5.8
4,501-5,000	2,848	1.7	13,489,082	5.0
5,001-5,500	2,333	1.4	12,227,991	4.6
5,501-6,000	1,781	1.0	10,224,274	3.8
6,001-6,500	1,443	0.8	9,008,264	3.4
6,501-7,000	1,123	0.7	7,567,818	2.8
7,001-7,500	883	0.5	6,395,110	2.4
7,501-8,000	682	0.4	5,279,089	2.0
8,001-8,500	543	0.3	4,468,204	1.7
8,501-9,000	457	0.3	3,995,126	1.5
9,001-9,500	400	0.2	3,695,946	1.4
9,501-10,000	336	0.2	3,273,089	1.2
10,001+	1,778	1.0	27,271,138	10.2

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 10/26/2004.

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

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

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 57,600  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$106,775,998  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,854

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,015	22.6 %	0	0.0 %
1-500	13,259	23.0	2,656,336	2.5
501-1,000	6,562	11.4	4,800,816	4.5
1,001-1,500	4,452	7.7	5,524,156	5.2
1,501-2,000	3,544	6.2	6,172,064	5.8
2,001-2,500	2,813	4.9	6,297,847	5.9
2,501-3,000	2,300	4.0	6,307,893	5.9
3,001-3,500	1,885	3.3	6,120,691	5.7
3,501-4,000	1,497	2.6	5,608,927	5.3
4,001-4,500	1,254	2.2	5,320,233	5.0
4,501-5,000	1,019	1.8	4,826,375	4.5
5,001-5,500	898	1.6	4,710,174	4.4
5,501-6,000	766	1.3	4,395,685	4.1
6,001-6,500	639	1.1	3,993,399	3.7
6,501-7,000	517	0.9	3,484,276	3.3
7,001-7,500	450	0.8	3,259,337	3.1
7,501-8,000	366	0.6	2,831,005	2.7
8,001-8,500	328	0.6	2,695,967	2.5
8,501-9,000	254	0.4	2,220,845	2.1
9,001-9,500	239	0.4	2,209,372	2.1
9,501-10,000	211	0.4	2,055,424	1.9
10,001+	1,332	2.3	21,285,176	19.9

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 10/26/2004.

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

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

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

SUPPLEMENTAL TABLE 1B

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>

PENNSYLVANIA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 38,696

Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$55,025,683

Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,422

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74 25.7 %	Pharmacy Reimbursement	Percent of Total Pharma Reimburseme
1-500	9,946			0.0
501-1,000	7,471	19.3	1,668,825	3.0
1,001-1,500	4,886	12.6	3,628,081	6.6
1,501-2,000	3,619	9.4	4,481,528	8.1
2,001-2,500	2,800	7.2	4,868,885	8.8
2,501-3,000	2,248	5.8	5,028,407	9.1
3,001-3,500	1,668	4.3	4,571,638	8.3
3,501-4,000	1,366	3.5	4,421,946	8.0
4,001-4,500	993	2.6	3,708,946	6.7
4,501-5,000	844	2.2	3,574,049	6.5
5,001-5,500	587	1.5	2,778,041	5.0
5,501-6,000	526	1.4	2,756,051	5.0
6,001-6,500	365	0.9	2,099,717	3.8
6,501-7,000	302	0.8	1,884,052	3.4
7,001-7,500	225	0.6	1,517,486	2.8
7,501-8,000	200	0.5	1,447,633	2.6
8,001-8,500	144	0.4	1,114,119	2.0
8,501-9,000	103	0.3	848,945	1.5
9,001-9,500	78	0.2	680,761	1.2
9,501-10,000	76	0.2	701,843	1.3
10,001+	50	0.1	487,273	0.9
	199	0.5	2,757,457	5.0

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 10/26/2004.

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

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

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SUPPLEMENTAL TABLE 1C

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

Total Number of Dual Eligible Beneficiaries, Age 75-84 38,307  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$59,532,176  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,554

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,125	18.6 %	0	0.0 %
1-500	7,390	19.3	1,725,466	2.9
501-1,000	5,357	14.0	3,968,970	6.7
1,001-1,500	4,126	10.8	5,118,927	8.6
1,501-2,000	3,221	8.4	5,616,912	9.4
2,001-2,500	2,519	6.6	5,643,701	9.5
2,501-3,000	2,017	5.3	5,526,762	9.3
3,001-3,500	1,521	4.0	4,924,935	8.3
3,501-4,000	1,199	3.1	4,490,786	7.5
4,001-4,500	922	2.4	3,904,108	6.6
4,501-5,000	741	1.9	3,511,107	5.9
5,001-5,500	543	1.4	2,841,759	4.8
5,501-6,000	374	1.0	2,146,237	3.6
6,001-6,500	321	0.8	2,000,688	3.4
6,501-7,000	236	0.6	1,588,311	2.7
7,001-7,500	158	0.4	1,143,969	1.9
7,501-8,000	109	0.3	845,845	1.4
8,001-8,500	68	0.2	559,921	0.9
8,501-9,000	80	0.2	699,362	1.2
9,001-9,500	56	0.1	516,843	0.9
9,501-10,000	56	0.1	545,329	0.9
10,001+	168	0.4	2,212,238	3.7

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 10/26/2004.

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

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

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

Total Number of Dual Eligible Beneficiaries, Age 85+ 33,096  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$44,723,694  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,351

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,853	17.7 %	0	0.0 %
1-500	7,401	22.4	1,652,626	3.7
501-1,000	5,023	15.2	3,734,683	8.4
1,001-1,500	3,656	11.0	4,543,773	10.2
1,501-2,000	2,889	8.7	5,014,195	11.2
2,001-2,500	2,185	6.6	4,884,907	10.9
2,501-3,000	1,673	5.1	4,580,380	10.2
3,001-3,500	1,170	3.5	3,794,884	8.5
3,501-4,000	924	2.8	3,452,913	7.7
4,001-4,500	600	1.8	2,539,879	5.7
4,501-5,000	482	1.5	2,282,613	5.1
5,001-5,500	352	1.1	1,846,254	4.1
5,501-6,000	263	0.8	1,507,813	3.4
6,001-6,500	169	0.5	1,054,602	2.4
6,501-7,000	137	0.4	924,132	2.1
7,001-7,500	72	0.2	522,438	1.2
7,501-8,000	58	0.2	449,488	1.0
8,001-8,500	41	0.1	338,396	0.8
8,501-9,000	41	0.1	359,521	0.8
9,001-9,500	27	0.1	249,524	0.6
9,501-10,000	15	0.0	145,991	0.3
10,001+	65	0.2	844,682	1.9

Source: Data for this table are from the MAX 1999 file for Pennsylvania, released by CMS in 3/2004. This table was produced on 10/26/2004.

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

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