

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 MARYLAND

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MARYLAND, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	718,078 (A)	90,495 (E)	627,583 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	699,307 (B)	72,328 (F)	626,979 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	316,244 (C)	70,325 (G)	245,919 (K)
4. Benes who were all-year nursing facility residents ^f	16,053 (D)	14,441 (H)	1,612 (L)

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Maryland in 2001 was \$277,682,630, of which \$84,225,616 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 1.9 percent were restricted benefit months without a pharmacy benefit in Maryland, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MARYLAND, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	316,244	42,884	56,081	94,200	123,078	1	1,813,982	429,356	465,629	663,960	255,036	1	1,813,982	429,356	465,629	663,960	255,036	1
Age																		
5 and younger	47,523	3	916	90	46,514	0	90,961	19	3,917	281	86,744	0	90,961	19	3,917	281	86,744	0
6-14	54,984	0	1,505	175	53,304	0	115,619	0	7,761	620	107,238	0	115,619	0	7,761	620	107,238	0
15-20	33,200	0	1,453	9,021	22,726	0	124,137	0	8,502	56,667	58,968	0	124,137	0	8,502	56,667	58,968	0
21-44	100,933	9	19,072	81,337	514	1	747,719	95	152,698	592,954	1,971	1	747,719	95	152,698	592,954	1,971	1
45-64	25,694	59	22,488	3,144	3	0	190,864	405	178,684	11,749	26	0	190,864	405	178,684	11,749	26	0
65-74	20,919	13,282	7,347	289	1	0	215,133	134,818	79,126	1,177	12	0	215,133	134,818	79,126	1,177	12	0
75-84	19,558	16,890	2,550	118	0	0	201,560	173,355	27,790	415	0	0	201,560	173,355	27,790	415	0	0
85 and older	13,415	12,640	749	26	0	0	127,897	120,660	7,140	97	0	0	127,897	120,660	7,140	97	0	0
Unknown	18	1	1	0	16	0	92	4	11	0	77	0	92	4	11	0	77	0
Gender																		
Female	213,627	31,659	29,100	90,178	62,689	1	1,355,776	320,358	252,112	653,466	129,839	1	1,355,776	320,358	252,112	653,466	129,839	1
Male	102,617	11,225	26,981	4,022	60,389	0	458,206	108,998	213,517	10,494	125,197	0	458,206	108,998	213,517	10,494	125,197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																		
White	119,166	20,654	25,049	38,569	34,894	0	784,331	200,401	216,887	298,850	68,193	0	784,331	200,401	216,887	298,850	68,193	0
African American	148,648	14,199	26,519	41,244	66,685	1	766,794	143,995	213,152	267,996	141,650	1	766,794	143,995	213,152	267,996	141,650	1
Other/unknown	48,430	8,031	4,513	14,387	21,499	0	262,857	84,960	35,590	97,114	45,193	0	262,857	84,960	35,590	97,114	45,193	0
Use of Nursing Facilities^c																		
Entire year	16,053	13,618	2,417	18	0	0	159,091	133,327	25,598	166	0	0	159,091	133,327	25,598	166	0	0
Part year	6,843	5,095	1,683	61	4	0	60,582	45,632	14,569	355	26	0	60,582	45,632	14,569	355	26	0
None	293,348	24,171	51,981	94,121	123,074	1	1,594,309	250,397	425,462	663,439	255,010	1	1,594,309	250,397	425,462	663,439	255,010	1
Maintenance Assistance Status																		
Cash	86,943	18,781	36,602	13,090	18,469	1	627,003	210,306	339,738	34,743	42,215	1	627,003	210,306	339,738	34,743	42,215	1
Medically needy	51,873	21,647	14,583	7,525	8,118	0	324,480	196,627	80,878	22,409	24,566	0	324,480	196,627	80,878	22,409	24,566	0
Poverty-related	105,791	2,427	1,882	12,520	88,962	0	229,377	22,099	16,846	39,475	150,957	0	229,377	22,099	16,846	39,475	150,957	0
Other/unknown	71,637	29	3,014	61,065	7,529	0	633,122	324	28,167	567,333	37,298	0	633,122	324	28,167	567,333	37,298	0
Dual Medicare Status^d																		
Full dual, all year	67,758	36,651	30,549	535	23	0	691,892	367,356	320,447	3,902	187	0	691,892	367,356	320,447	3,902	187	0
Full dual, part year	2,567	1,274	1,276	17	0	0	26,293	13,212	12,910	171	0	0	26,293	13,212	12,910	171	0	0
Non-dual, all year	245,919	4,959	24,256	93,648	123,055	1	1,095,797	48,788	132,272	659,887	254,849	1	1,095,797	48,788	132,272	659,887	254,849	1
Managed Care Status																		
FFS all year	152,271	42,248	40,388	54,081	15,553	1	1,394,496	424,169	398,661	506,430	65,235	1	1,394,496	424,169	398,661	506,430	65,235	1
FFS part year, with Rx claims	40,600	541	10,121	14,063	15,875	0	137,941	4,548	44,408	56,271	32,714	0	137,941	4,548	44,408	56,271	32,714	0
FFS part year, no Rx claims	123,373	95	5,572	26,056	91,650	0	281,545	639	22,560	101,259	157,087	0	281,545	639	22,560	101,259	157,087	0

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. 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 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MARYLAND, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	35.5 %	11.4	\$612	\$54	\$6,596	9.3 %	316,244
Age							
5 and younger	12.8	0.3	18	51	2,023	0.9	47,523
6-14	14.0	1.2	78	63	1,855	4.2	54,984
15-20	23.0	2.0	134	68	4,191	3.2	33,200
21-44	28.5	4.9	387	78	4,627	8.4	100,933
45-64	65.6	28.0	1,731	62	15,486	11.2	25,694
65-74	79.3	36.7	1,796	49	11,079	16.2	20,919
75-84	84.4	43.4	1,948	45	16,474	11.8	19,558
85 and older	89.1	45.6	1,843	40	24,582	7.5	13,415
Unknown	5.6	1.1	68	61	1,326	5.1	18
Basis of Eligibility^c							
Aged	83.9	42.3	1,870	44	18,114	10.3	42,884
Disabled	68.6	28.4	1,813	64	15,249	11.9	56,081
Adults	21.6	0.9	53	59	2,409	2.2	94,200
Children	14.1	0.9	53	61	1,844	2.9	123,078
Unknown	0.0	0.0	0	0	0	0.0	1
Gender							
Female	35.7	11.5	576	50	6,032	9.5	213,627
Male	35.0	11.1	687	62	7,769	8.8	102,617
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	44.3	16.5	863	52	8,751	9.9	119,166
African American	30.9	8.7	491	56	5,767	8.5	148,648
Other/unknown	27.8	6.9	364	53	3,837	9.5	48,430
Use of Nursing Facilities^d							
Entire year	96.8	67.8	2,915	43	40,806	7.1	16,053
Part year	93.5	55.1	2,599	47	29,907	8.7	6,843
None	30.8	7.3	439	61	4,180	10.5	293,348

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	58.5	21.2	1,273	60	7,865	16.2	86,943
Medically needy	60.8	29.1	1,317	45	19,437	6.8	51,873
Poverty related	15.7	0.8	45	58	1,522	3.0	105,791
Other/unknown	18.5	2.2	134	61	3,250	4.1	71,637

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. 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.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MARYLAND, 2001

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	2.0	\$107	9.3 %	64.5 %	13.2 %	4.7 %	8.8 %	6.3 %	2.5 %	\$1,150	316,244	1,813,982
Age												
5 and younger	0.2	9	0.9	87.2	9.4	2.1	1.1	0.2	0.1	1,057	47,523	90,961
6-14	0.6	37	4.2	86.0	6.7	2.4	2.5	1.4	1.0	882	54,984	115,619
15-20	0.5	36	3.2	77.0	14.8	2.9	3.0	1.5	0.9	1,121	33,200	124,137
21-44	0.7	52	8.4	71.5	16.6	3.3	4.7	2.5	1.4	625	100,933	747,719
45-64	3.8	233	11.2	34.4	15.8	8.6	19.0	15.1	7.1	2,085	25,694	190,864
65-74	3.6	175	16.2	20.7	17.7	12.0	26.2	18.1	5.4	1,077	20,919	215,133
75-84	4.2	189	11.8	15.6	14.3	11.0	28.8	22.6	7.6	1,599	19,558	201,560
85 and older	4.8	193	7.5	10.9	11.0	10.4	30.3	28.7	8.7	2,578	13,415	127,897
Unknown	0.2	13	5.1	94.4	0.0	5.6	0.0	0.0	0.0	259	18	92
Basis of Eligibility^c												
Aged	4.2	187	10.3	16.1	14.2	10.8	27.8	23.2	7.8	1,809	42,884	429,356
Disabled	3.4	218	11.9	31.4	17.5	9.6	20.7	14.5	6.3	1,837	56,081	465,629
Adults	0.1	8	2.2	78.4	16.8	2.0	1.8	0.6	0.4	342	94,200	663,960
Children	0.4	26	2.9	85.9	8.3	2.4	2.0	0.9	0.6	890	123,078	255,036
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Gender												
Female	1.8	91	9.5	64.3	14.0	4.5	8.5	6.2	2.4	951	213,627	1,355,776
Male	2.5	154	8.8	65.0	11.7	5.1	9.2	6.3	2.7	1,740	102,617	458,206
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.5	131	9.9	55.7	14.3	5.2	11.2	9.5	4.2	1,330	119,166	784,331
African American	1.7	95	8.5	69.1	12.7	4.3	7.5	4.7	1.6	1,118	148,648	766,794
Other/unknown	1.3	67	9.5	72.2	12.4	4.6	6.8	3.1	0.9	707	48,430	262,857
Use of Nursing Facilities^d												
Entire year	6.8	294	7.1	3.2	5.3	6.8	27.6	38.9	18.1	4,118	16,053	159,081
Part year	6.2	294	8.7	6.5	7.9	8.1	29.1	32.4	15.9	3,378	6,843	60,582
None	1.3	81	10.5	69.2	13.8	4.5	7.3	3.9	1.3	769	293,348	1,594,309

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						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	Mean \$, All Services		
											Benes
Maintenance											
Assistance Status											
Cash	2.9	177	16.2	41.5	17.3	9.1	18.0	10.6	1,091	86,943	627,003
Medically needy	4.7	211	6.8	39.2	12.1	6.6	16.4	17.5	3,107	51,873	324,480
Poverty related	0.4	21	3.0	84.3	9.8	2.6	2.2	0.8	702	105,791	229,377
Other/unknown	0.2	15	4.1	81.5	14.4	1.0	1.7	1.0	368	71,637	633,122

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. 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.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MARYLAND, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.0	\$107	0.9	\$85	0.2	\$8	0.9	\$14
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.2	9	0.1	8	0.0	0	0.1	2
6-14	0.6	37	0.4	33	0.0	1	0.2	4
15-20	0.5	36	0.3	30	0.0	3	0.2	3
21-44	0.7	52	0.3	42	0.1	4	0.3	6
45-64	3.8	233	1.8	188	0.3	17	1.7	28
65-74	3.6	175	1.7	140	0.3	11	1.5	24
75-84	4.2	189	2.0	148	0.4	14	1.8	28
85 and older	4.8	193	2.1	145	0.6	17	2.2	31
Unknown	0.2	13	0.1	13	0.0	0	0.1	0
Basis of Eligibility^d								
Aged	4.2	187	2.0	145	0.4	14	1.8	27
Disabled	3.4	218	1.6	176	0.3	16	1.5	26
Adults	0.1	8	0.1	6	0.0	1	0.1	1
Children	0.4	26	0.3	22	0.0	1	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.8	91	0.9	72	0.2	7	0.8	12
Male	2.5	154	1.2	124	0.2	11	1.1	19
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.5	131	1.2	103	0.3	11	1.1	18
African American	1.7	95	0.8	77	0.1	6	0.8	12
Other/unknown	1.3	67	0.7	55	0.1	4	0.5	8
Use of Nursing Facilities^e								
Entire year	6.8	294	2.9	224	0.8	25	3.1	45
Part year	6.2	294	2.7	228	0.7	24	2.8	42
None	1.3	81	0.7	66	0.1	6	0.6	10

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.9	177	1.4	143	99	12	57	22
Medically needy	4.7	211	2.1	163	79	17	32	30
Poverty related	0.4	21	0.2	17	93	1	57	3
Other/unknown	0.2	15	0.1	12	95	1	53	2

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

- Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.3 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_mdldb.asp (May 13 2003).
- 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.
- Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MARYLAND, 2001

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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Beneficiaries			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.4	0.3	0.0	0.1	\$36	\$34	\$0	\$2	\$90	\$135	\$81	\$12	181,981	\$16,437,943	50,182	15.9 %	455,294
Biologicals	0.1	0.1	0.0	0.1	40	34	2	4	285	412	1,125	73	953	271,989	718	0.2	6,885
Antineoplastic Agents	0.6	0.2	0.2	0.2	94	51	31	12	171	263	155	76	21,202	3,630,085	4,021	1.3	38,441
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.2	31	26	3	2	39	59	20	11	316,039	12,458,452	40,705	12.9	399,533
Cardiovascular Agents	1.6	0.7	0.1	0.8	56	38	4	14	36	58	33	17	816,877	29,016,345	50,835	16.1	514,543
Respiratory Agents	0.7	0.4	0.0	0.3	28	23	0	5	39	61	28	14	237,876	9,357,508	35,739	11.3	332,187
Gastrointestinal Agents	0.8	0.4	0.0	0.3	52	46	2	5	68	114	71	15	266,722	18,071,086	34,102	10.8	344,666
Genitourinary Agents	0.5	0.3	0.0	0.1	20	19	0	1	44	60	32	11	51,531	2,290,258	11,680	3.7	113,461
CNS Drugs	1.4	0.8	0.1	0.6	110	89	10	12	78	115	108	21	630,216	49,086,475	51,713	16.4	446,426
Stimulants/Anti-obesity/Anorexia	1.3	0.8	0.1	0.5	65	52	2	11	48	66	32	23	27,463	1,322,881	4,807	1.5	20,396
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	64	62	0	2	112	117	63	42	21,334	2,394,883	3,766	1.2	37,545
Analgesics and Anesthetics	0.7	0.3	0.1	0.4	35	28	3	4	50	97	57	12	283,096	14,140,896	41,999	13.3	404,003
Neuromuscular Agents	1.2	0.5	0.2	0.5	59	46	5	8	50	89	32	16	287,074	14,244,290	25,269	8.0	239,857
Nutritional Products	0.6	0.0	0.2	0.4	10	1	4	4	17	60	26	11	116,825	2,009,220	22,201	7.0	197,855
Hematological Agents	0.8	0.2	0.3	0.3	62	55	4	4	78	221	15	12	127,258	9,968,597	16,127	5.1	159,613
Topical Products	0.5	0.2	0.0	0.2	18	13	2	3	35	54	42	14	191,531	6,766,650	38,542	12.2	378,617
Miscellaneous Products	0.4	0.1	0.0	0.2	67	54	4	9	176	405	229	38	10,592	1,861,120	2,762	0.9	27,640
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	8,305	128,336	2,578	0.8	26,954
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.	3,596,875	193,457,014	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MARYLAND, 2001

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$26,202,504	24,558	256,323	0.8	\$127	\$102
ULCER DRUGS	15,592,623	32,546	340,052	0.5	84	46
ANTIDEPRESSANTS	12,982,322	31,606	323,023	0.7	59	40
ANTICONVULSANT	11,542,937	20,352	212,452	0.9	57	54
ANTIDIABETIC	8,170,948	25,915	271,771	0.6	47	30
ANTIHYPERTENSIVE	7,905,750	15,002	163,150	0.6	77	48
ANTIVIRAL	7,780,262	33,555	353,889	0.6	38	22
CALCIUM BLOCKERS	7,640,573	5,216	49,281	0.4	345	155
ANALGESICS - Narcotic	7,143,093	19,205	203,876	0.6	54	35
	7,141,001	35,769	359,769	0.4	46	20
Total	112,102,013	243,724	2,533,586	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Maryland, released by CMS in 07/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.