

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001  
INDIANA**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 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	
<b>All</b>	<b>110,776</b>	<b>67,094</b>	<b>42,883</b>	<b>762</b>	<b>36</b>	<b>1</b>	<b>1,146,893</b>	<b>667,731</b>	<b>472,434</b>	<b>6,424</b>	<b>303</b>	<b>1</b>	<b>1,146,893</b>	<b>667,731</b>	<b>472,434</b>	<b>6,424</b>	<b>303</b>	<b>1</b>	
<b>Age</b>																			
5 and younger	5	0	3	0	2	0	49	0	25	0	24	0	49	0	25	0	24	0	0
6-14	14	0	5	0	9	0	130	0	51	0	79	0	130	0	51	0	79	0	0
15-20	155	0	130	7	18	0	1,593	0	1,384	63	146	0	1,593	0	1,384	63	146	0	0
21-44	18,486	0	17,898	585	3	0	204,001	0	199,079	4,904	18	0	204,001	0	199,079	4,904	18	0	0
45-64	24,695	18	24,538	138	0	1	270,514	96	269,215	1,202	0	1	270,514	96	269,215	1,202	0	1	1
65-74	23,240	22,903	309	24	4	0	242,599	239,686	2,680	197	36	0	242,599	239,686	2,680	197	36	0	0
75-84	23,872	23,865	0	7	0	0	237,907	237,850	0	57	0	0	237,907	237,850	0	57	0	0	0
85 and older	20,306	20,305	0	1	0	0	190,088	190,087	0	1	0	0	190,088	190,087	0	1	0	0	0
Unknown	3	3	0	0	0	0	12	12	0	0	0	0	12	12	0	0	0	0	0
<b>Gender</b>																			
Female	72,742	49,998	22,179	554	10	1	756,152	505,364	245,990	4,706	91	1	756,152	505,364	245,990	4,706	91	1	1
Male	38,034	17,096	20,704	208	26	0	390,741	162,367	226,444	1,718	212	0	390,741	162,367	226,444	1,718	212	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>																			
White	94,123	57,331	36,219	546	26	1	972,412	567,020	400,480	4,687	224	1	972,412	567,020	400,480	4,687	224	1	1
African American	13,826	7,783	5,842	194	7	0	145,295	80,482	63,198	1,559	56	0	145,295	80,482	63,198	1,559	56	0	0
Other/unknown	2,827	1,980	822	22	3	0	29,186	20,229	8,756	178	23	0	29,186	20,229	8,756	178	23	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	25,504	23,520	1,984	0	0	0	256,483	234,607	21,876	0	0	0	256,483	234,607	21,876	0	0	0	0
Part year	12,205	10,861	1,342	1	1	0	112,098	98,072	14,005	9	12	0	112,098	98,072	14,005	9	12	0	0
None	73,067	32,713	39,557	761	35	1	778,312	335,052	436,553	6,415	291	1	778,312	335,052	436,553	6,415	291	1	1
<b>Maintenance Assistance Status</b>																			
Cash	39,467	16,558	22,325	584	0	0	437,131	182,233	249,841	5,057	0	0	437,131	182,233	249,841	5,057	0	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,683	1,381	1,193	87	21	1	28,192	14,465	12,928	643	155	1	28,192	14,465	12,928	643	155	1	1
Other/unknown	68,626	49,155	19,365	91	15	0	681,570	471,033	209,665	724	148	0	681,570	471,033	209,665	724	148	0	0
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	104,154	63,139	40,295	683	36	1	1,078,012	627,712	444,410	5,586	303	1	1,078,012	627,712	444,410	5,586	303	1	1
Full dual, part year	6,622	3,955	2,588	79	0	0	68,881	40,019	28,024	838	0	0	68,881	40,019	28,024	838	0	0	0
<b>Managed Care Status</b>																			
FFS all year	110,567	67,091	42,762	680	33	1	1,145,716	667,717	471,662	6,048	288	1	1,145,716	667,717	471,662	6,048	288	1	1
FFS part year, with Rx claims	158	2	92	62	2	0	951	11	619	307	14	0	951	11	619	307	14	0	0
FFS part year, no Rx claims	51	1	29	20	1	0	226	3	153	69	1	0	226	3	153	69	1	0	0

Table D2

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. 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. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 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	85.4 %	52.8	\$2,921	\$55	\$15,127	19.3 %	110,776
<b>Age</b>							
5 and younger	100.0	59.0	7,610	129	42,425	17.9	5
6-14	78.6	45.9	4,563	99	13,070	34.9	14
15-20	76.8	26.9	2,492	93	17,326	14.4	155
21-44	83.4	40.0	3,238	81	14,977	21.6	18,486
45-64	83.3	56.1	3,623	65	15,426	23.5	24,695
65-74	80.9	51.1	2,582	51	10,490	24.6	23,240
75-84	87.1	57.3	2,698	47	15,470	17.4	23,872
85 and older	93.3	57.0	2,429	43	19,786	12.3	20,306
Unknown	66.7	10.0	411	41	4,166	9.9	3
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	86.9	55.1	2,578	47	15,079	17.1	67,094
Disabled	83.4	49.5	3,479	70	15,390	22.6	42,883
Adults	77.2	27.7	1,655	60	4,649	35.6	762
Children	72.2	42.4	3,941	93	14,617	27.0	36
Unknown	0.0	0.0	0	0	411	0.0	1
<b>Gender</b>							
Female	87.7	57.1	2,950	52	14,809	19.9	72,742
Male	81.2	44.5	2,864	64	15,736	18.2	38,034
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	86.4	55.0	3,043	55	15,710	19.4	94,123
African American	80.1	39.9	2,220	56	12,029	18.5	13,826
Other/unknown	79.8	39.6	2,286	58	10,894	21.0	2,827
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.4	76.5	3,609	47	28,766	12.5	25,504
Part year	95.6	62.5	3,041	49	18,695	16.3	12,205
None	79.2	42.8	2,661	62	9,771	27.2	73,067
<b>Maintenance Assistance Status</b>							
Cash	88.8	52.7	3,133	60	11,846	26.5	39,467
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	36.8	7.3	419	57	1,500	27.9	2,683
Other/unknown	85.4	54.6	2,896	53	17,547	16.5	68,626

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.3 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. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 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
<b>All</b>	<b>5.1</b>	<b>\$282</b>	<b>19.3 %</b>	<b>14.6 %</b>	<b>12.9 %</b>	<b>8.6 %</b>	<b>25.0 %</b>	<b>27.4 %</b>	<b>11.6 %</b>	<b>\$1,461</b>	<b>110,776</b>	<b>1,146,893</b>
<b>Age</b>												
5 and younger	6.0	777	17.9	0.0	0.0	0.0	20.0	80.0	0.0	4,329	5	49
6-14	4.9	491	34.9	21.4	0.0	21.4	14.3	42.9	0.0	1,408	14	130
15-20	2.6	243	14.4	23.2	25.8	14.8	20.6	14.2	1.3	1,686	155	1,593
21-44	3.6	293	21.6	16.6	23.2	11.7	24.8	17.9	5.7	1,357	18,486	204,001
45-64	5.1	331	23.5	16.7	12.4	8.3	23.8	26.7	12.0	1,408	24,695	270,514
65-74	4.9	247	24.6	19.1	13.4	8.5	22.9	24.7	11.5	1,005	23,240	242,599
75-84	5.8	271	17.4	12.9	9.4	7.5	25.4	30.3	14.5	1,552	23,872	237,907
85 and older	6.1	260	12.3	6.7	7.3	7.5	28.5	36.6	13.4	2,114	20,306	190,088
Unknown	2.5	103	9.9	33.3	0.0	0.0	66.7	0.0	0.0	1,042	3	12
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.5	259	17.1	13.1	10.1	7.8	25.5	30.3	13.1	1,515	67,094	667,731
Disabled	4.5	316	22.6	16.6	16.9	9.8	24.2	23.1	9.4	1,397	42,883	472,434
Adults	3.3	196	35.6	22.8	26.9	11.0	20.6	14.7	3.9	552	762	6,424
Children	5.0	468	27.0	27.8	8.3	8.3	16.7	30.6	8.3	1,737	36	303
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	411	1	1
<b>Gender</b>												
Female	5.5	284	19.9	12.3	11.1	8.3	25.5	29.6	13.1	1,425	72,742	756,152
Male	4.3	279	18.2	18.8	16.1	9.1	24.0	23.1	8.8	1,532	38,034	390,741
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.3	295	19.4	13.6	12.0	8.2	24.9	28.6	12.7	1,521	94,123	972,412
African American	3.8	211	18.5	19.9	17.5	10.8	25.8	20.4	5.6	1,145	13,826	145,295
Other/unknown	3.8	221	21.0	20.2	17.5	10.9	24.2	20.9	6.3	1,055	2,827	29,186
<b>use or nursing Facilities<sup>d</sup></b>												
Entire year	7.6	359	12.5	1.6	4.1	5.2	25.6	41.1	22.4	2,860	25,504	256,483
Part year	6.8	331	16.3	4.4	6.7	7.4	27.3	36.8	17.4	2,036	12,205	112,098
None	4.0	250	27.2	20.8	17.0	10.0	24.4	21.0	6.9	917	73,067	778,312
<b>Maintenance Assistance Status</b>												
Cash	4.8	283	26.5	11.2	16.5	10.5	26.8	25.1	9.8	1,070	39,467	437,131
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.7	40	27.9	63.2	23.0	5.5	5.7	2.0	0.6	143	2,683	28,192
Other/unknown	5.5	292	16.5	14.6	10.4	7.6	24.7	29.7	13.1	1,767	68,626	681,570

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.4 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.
- 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.1	\$282	\$55	2.3	\$207	\$91	0.4	\$20	\$49	2.4	\$55	\$23
<b>Age</b>												
5 and younger	6.0	777	129	2.9	689	241	0.2	6	28	3.0	82	28
6-14	4.9	491	99	1.9	391	202	0.3	24	72	2.7	77	29
15-20	2.6	243	93	1.3	198	150	0.1	15	123	1.2	30	25
21-44	3.6	293	81	1.7	229	134	0.2	22	87	1.7	42	25
45-64	5.1	331	65	2.4	252	104	0.3	23	67	2.3	56	24
65-74	4.9	247	51	2.2	180	80	0.3	15	44	2.3	52	23
75-84	5.8	271	47	2.5	191	76	0.5	18	37	2.7	61	22
85 and older	6.1	260	43	2.4	176	72	0.6	20	34	3.0	63	21
Unknown	2.5	103	41	0.4	47	112	0.7	25	37	1.4	31	22
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.5	259	47	2.4	183	76	0.5	18	38	2.6	58	22
Disabled	4.5	316	70	2.1	243	114	0.3	23	74	2.0	50	24
Adults	3.3	196	60	1.5	153	100	0.1	9	68	1.6	34	21
Children	5.0	468	93	1.7	340	201	0.5	56	122	2.9	72	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.5	284	52	2.5	208	84	0.4	19	45	2.6	56	22
Male	4.3	279	64	1.9	207	107	0.3	20	60	2.1	52	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.3	295	55	2.4	216	91	0.4	21	49	2.5	58	23
African American	3.8	211	56	1.7	158	92	0.3	14	50	1.8	39	22
Other/unknown	3.8	221	58	1.8	170	92	0.3	13	51	1.7	38	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.6	359	47	3.2	246	78	0.7	27	37	3.7	85	23
Part year	6.8	331	49	2.9	231	81	0.6	24	39	3.3	76	23
None	4.0	250	62	1.9	191	100	0.3	17	64	1.8	42	23
<b>Maintenance Assistance Status</b>												
Cash	4.8	283	60	2.2	213	97	0.3	19	59	2.2	50	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.7	40	57	0.3	30	99	0.0	3	60	0.3	7	20
Other/unknown	5.5	292	53	2.4	211	87	0.5	21	45	2.6	60	23

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.5 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.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.7 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).
- d. 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.
- e. 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.2	0.0	0.2	\$26	\$22	\$0	\$3	\$64	\$102	\$85	\$16	276,522	\$17,637,627	62,640	56.5 %	687,198
Biologics	0.1	0.1	0.0	0.0	5	2	1	2	46	23	1,799	91	9,444	431,156	8,104	7.3	91,463
Antineoplastic Agents	0.5	0.2	0.1	0.2	98	62	22	14	183	300	161	73	26,164	4,798,963	4,824	4.4	48,819
Endocrine/Metabolic Drugs	1.0	0.6	0.1	0.3	39	34	2	4	40	60	18	13	520,654	20,779,187	48,377	43.7	527,520
Cardiovascular Agents	1.8	0.7	0.1	1.0	59	36	3	20	34	54	29	20	1,268,790	42,547,515	66,997	60.5	718,639
Respiratory Agents	0.8	0.4	0.0	0.4	37	27	1	10	47	63	31	29	440,611	20,736,950	50,649	45.7	557,509
Gastrointestinal Agents	0.8	0.4	0.0	0.4	67	55	2	10	80	123	85	28	464,214	37,341,678	51,269	46.3	556,337
Genitourinary Agents	0.5	0.3	0.0	0.2	33	23	0	11	65	67	42	61	110,265	7,113,928	19,657	17.7	212,935
CNS Drugs	1.4	0.7	0.1	0.6	114	86	12	16	81	122	110	27	961,850	77,715,487	63,245	57.1	684,002
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	44	32	2	9	79	131	86	33	7,523	595,178	1,221	1.1	13,550
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	74	72	0	2	119	125	41	45	49,211	5,847,002	7,577	6.8	78,732
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	52	40	3	9	56	106	81	18	595,325	33,624,103	59,119	53.4	643,503
Neuromuscular Agents	1.0	0.4	0.1	0.5	64	46	4	14	61	103	41	28	393,118	24,124,787	34,130	30.8	377,839
Nutritional Products	0.7	0.0	0.2	0.4	14	1	5	8	21	22	28	18	200,080	4,170,424	28,524	25.7	300,496
Hematological Agents	0.8	0.2	0.2	0.4	48	38	4	6	59	166	18	18	198,612	11,762,318	23,171	20.9	245,028
Topical Products	0.5	0.2	0.1	0.2	18	11	2	4	36	55	41	18	276,039	9,932,506	49,714	44.9	544,636
Miscellaneous Products	0.4	0.1	0.0	0.3	65	42	8	15	153	319	246	59	24,599	3,769,035	5,455	4.9	57,832
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	29	0	0	0	21,461	617,110	6,078	5.5	65,996
<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.	5,844,482	323,544,954	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.6 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 2001. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.7 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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$42,877,502	34,888	31.5 %	381,767	0.8	\$148	\$112
ULCER DRUGS	31,746,890	49,997	45.1	547,908	0.6	98	58
ANTIDEPRESSANTS	26,352,477	55,289	49.9	605,183	0.6	68	44
ANTICONVULSANT	18,008,015	29,318	26.5	326,346	0.8	70	55
ANALGESICS - Narcotic	17,430,053	67,749	61.2	743,191	0.5	48	23
ANTIDIABETIC	14,456,036	35,568	32.1	390,186	0.7	54	37
ANALGESICS - ANTI-INFLAMMATORY	14,128,351	38,393	34.7	432,426	0.4	73	33
ANTIASTHMATIC	12,006,416	45,231	40.8	495,670	0.5	53	24
ANTIHYPERTENSIVE	11,262,342	42,758	38.6	467,737	0.6	38	24
ANTIHYPERLIPIDEMIC	10,649,536	19,878	17.9	225,260	0.6	80	47
Total	198,917,618	419,069		4,615,674	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.7 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 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\\_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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,741,405</b>	<b>\$198,917,618</b>	<b>34,888</b>	<b>31.5 %</b>	<b>381,767</b>	<b>0.8</b>	<b>\$112</b>	<b>49,997</b>	<b>45.1 %</b>	<b>547,908</b>	<b>0.6</b>	<b>\$58</b>
<b>Female</b>	1,887,086	130,268,677	21,159	29.1	230,541	0.7	96	35,563	48.9	390,471	0.6	58
<b>Disabled</b>	647,609	53,427,963	8,286	37.4	96,086	0.7	120	11,186	50.4	129,599	0.5	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	32	2,583	0	0.0	0	0.0	0	1	50.0	12	0.6	131
15-20	715	53,330	12	19.0	143	0.7	99	14	22.2	168	0.3	37
21-44	198,093	17,866,960	3,645	44.6	42,354	0.7	119	3,325	40.7	38,679	0.5	50
45-64	444,166	35,165,941	4,577	33.3	53,081	0.8	122	7,758	56.4	89,835	0.5	59
65-74	4,603	339,149	52	27.1	508	0.8	89	88	45.8	905	0.5	59
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,239,473	76,840,236	12,873	25.5	134,455	0.7	79	24,376	48.2	260,869	0.6	59
5 and younger	38	634	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	89	3,456	0	0.0	0	0.0	0	6	50.0	70	0.2	17
21-44	5,690	405,596	86	19.0	827	0.4	67	129	28.5	1,352	0.3	35
45-64	1,998	147,213	10	12.0	99	0.3	34	34	41.0	378	0.5	84
65-74	408,963	26,554,695	2,954	19.2	32,653	0.7	94	7,743	50.4	87,445	0.6	56
75-84	464,333	28,658,100	4,977	27.9	52,313	0.7	80	8,649	48.5	92,673	0.6	60
85 and older	358,362	21,070,542	4,846	28.8	48,563	0.7	69	7,815	46.4	78,951	0.7	60
<b>Male</b>	854,319	68,648,941	13,729	36.1	151,226	0.8	137	14,434	38.0	157,437	0.6	58
<b>Disabled</b>	486,802	45,465,517	8,988	43.4	103,923	0.9	159	7,457	36.0	85,673	0.6	58
5 and younger	27	1,145	0	0.0	0	0.0	0	1	33.3	12	0.3	9
6-14	31	535	0	0.0	0	0.0	0	2	66.7	15	0.5	5
15-20	999	79,901	31	46.3	368	0.7	75	17	25.4	204	0.5	58
21-44	202,216	20,718,949	4,837	49.7	56,217	0.8	161	2,940	30.2	34,115	0.5	55
45-64	281,255	24,507,738	4,091	37.9	47,112	0.9	157	4,445	41.2	50,847	0.6	60
65-74	2,274	157,249	29	24.8	226	0.7	127	52	44.4	480	0.6	56
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	367,511	23,183,222	4,740	27.4	47,298	0.8	87	6,977	40.3	71,764	0.6	59
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	110	4,364	0	0.0	0	0.0	0	5	55.6	60	0.8	34
15-20	95	6,135	1	7.7	12	0.6	86	2	15.4	16	0.7	11
21-44	2,066	145,727	26	19.1	255	0.3	46	36	26.5	386	0.5	45
45-64	1,360	102,143	4	5.4	47	0.1	9	30	40.5	306	0.5	53
65-74	163,202	10,720,412	1,667	22.0	17,688	0.8	102	2,918	38.5	31,832	0.6	55
75-84	132,500	8,214,963	1,919	31.7	19,019	0.7	82	2,488	41.1	25,245	0.7	61
85 and older	68,178	3,989,478	1,123	32.4	10,277	0.7	71	1,498	43.2	13,919	0.7	62
<b>Unknown</b>	10	680	1	33.3	5	0.4	25	1	33.3	3	0.7	115

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.7A 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 2001. 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 2001. 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 D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>55,289</b>	<b>49.9 %</b>	<b>605,183</b>	<b>\$44</b>	<b>0.6</b>	<b>29,318</b>	<b>26.5 %</b>	<b>326,346</b>	<b>0.8</b>	<b>\$55</b>	<b>67,749</b>	<b>61.2 %</b>	<b>743,191</b>	<b>0.5</b>	<b>\$24</b>
<b>Female</b>	39,564	54.4	433,794	44	0.6	18,087	24.9	201,212	0.8	50	48,547	66.7	533,267	0.5	22
<b>Disabled</b>	15,703	70.8	182,046	44	0.6	9,185	41.4	106,622	0.8	62	18,158	81.9	210,336	0.5	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	29	46.0	345	34	0.5	18	28.6	209	0.9	70	45	71.4	525	0.1	2
21-44	5,712	69.9	66,257	44	0.6	3,882	47.5	45,091	0.8	68	6,474	79.2	75,177	0.4	28
45-64	9,879	71.8	114,552	45	0.6	5,251	38.2	60,986	0.7	58	11,516	83.7	133,406	0.5	26
65-74	83	43.2	892	42	0.6	34	17.7	336	0.7	47	123	64.1	1,228	0.5	23
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>	23,860	47.2	251,745	43	0.7	8,902	17.6	94,590	0.8	37	30,389	60.1	322,931	0.5	19
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	1	50.0	12	0.1	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	8.3	12	6	0.1	2	16.7	24	1.3	45	7	58.3	79	0.2	1
21-44	270	59.7	2,776	29	0.4	126	27.9	1,264	0.5	40	400	88.5	4,108	0.5	25
45-64	56	67.5	601	43	0.5	31	37.3	335	0.6	35	74	89.2	815	0.6	32
65-74	6,837	44.5	76,220	38	0.6	2,945	19.2	32,944	0.7	40	9,998	65.1	112,834	0.5	18
75-84	8,691	48.8	91,703	44	0.7	3,437	19.3	36,646	0.8	38	10,429	58.5	111,077	0.5	20
85 and older	8,005	47.5	80,433	46	0.7	2,361	14.0	23,377	0.8	32	9,480	56.3	94,006	0.6	19
<b>Male</b>	15,725	41.3	171,389	44	0.6	11,231	29.5	125,134	0.8	63	19,202	50.5	209,924	0.5	27
<b>Disabled</b>	9,235	44.6	106,369	43	0.6	7,860	38.0	90,749	0.8	70	11,234	54.3	128,938	0.5	33
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
6-14	0	0.0	0	0	0.0	1	33.3	12	0.9	26	0	0.0	0	0.0	0
15-20	21	31.3	242	48	0.7	31	46.3	362	0.9	61	12	17.9	144	0.1	1
21-44	4,500	46.3	52,247	42	0.6	3,989	41.0	46,401	0.8	74	5,070	52.1	58,742	0.4	29
45-64	4,679	43.4	53,546	44	0.6	3,811	35.3	43,720	0.9	66	6,092	56.5	69,547	0.5	37
65-74	35	29.9	334	37	0.6	28	23.9	254	0.8	38	59	50.4	493	0.7	31
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>	6,490	37.5	65,020	45	0.7	3,371	19.5	34,385	0.8	44	7,967	46.0	80,981	0.5	17
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	12	100	1.0	1	11.1	12	1.1	23	0	0.0	0	0.0	0
15-20	1	7.7	12	157	0.8	3	23.1	28	0.6	26	2	15.4	24	0.2	1
21-44	63	46.3	611	24	0.4	32	23.5	330	0.5	40	137	100.7	1,413	0.5	38
45-64	29	39.2	297	28	0.5	18	24.3	209	0.6	53	61	82.4	661	0.6	53
65-74	2,418	31.9	25,822	43	0.7	1,542	20.4	16,542	0.8	48	3,470	45.8	37,536	0.5	18
75-84	2,477	40.9	24,456	46	0.7	1,231	20.3	12,354	0.9	43	2,678	44.2	26,812	0.5	16
85 and older	1,501	43.3	13,810	47	0.7	544	15.7	4,910	0.8	36	1,619	46.7	14,535	0.5	14
<b>Unknown</b>	1	33.3	3	45	0.7	0	0.0	0	0.0	0	1	33.3	5	0.8	15

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.7B 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 2001. 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 2001. 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 D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>35,568</b>	<b>32.1 %</b>	<b>390,186</b>	<b>0.7</b>	<b>\$37</b>	<b>38,393</b>	<b>34.7 %</b>	<b>432,426</b>	<b>0.4</b>	<b>\$33</b>	<b>45,231</b>	<b>40.8 %</b>	<b>495,670</b>	<b>0.5</b>	<b>\$24</b>
<b>Female</b>	25,322	34.8	279,287	0.7	37	28,438	39.1	320,772	0.5	35	31,223	42.9	344,511	0.4	23
<b>Disabled</b>	7,321	33.0	84,834	0.6	41	10,481	47.3	122,627	0.4	31	10,747	48.5	124,416	0.4	23
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	1.6	12	0.1	4	20	31.7	239	0.2	6	18	28.6	216	0.2	8
21-44	1,450	17.7	16,911	0.6	38	3,549	43.4	41,613	0.3	20	2,916	35.7	34,058	0.4	19
45-64	5,771	42.0	66,875	0.7	42	6,854	49.8	80,158	0.4	36	7,694	55.9	88,923	0.4	24
65-74	99	51.6	1,036	0.6	42	58	30.2	617	0.4	49	119	62.0	1,219	0.5	31
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>	18,001	35.6	194,453	0.7	35	17,957	35.5	198,145	0.5	37	20,476	40.5	220,095	0.5	24
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	1	3	150.0	36	0.1	5
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	8.3	12	0.2	1	4	33.3	46	0.2	5	3	25.0	36	0.1	4
21-44	32	7.1	334	0.5	30	197	43.6	2,005	0.3	16	120	26.5	1,248	0.3	12
45-64	27	32.5	297	0.5	29	43	51.8	477	0.4	35	40	48.2	428	0.4	19
65-74	7,198	46.9	80,904	0.7	37	6,288	40.9	72,423	0.4	34	7,749	50.4	87,378	0.5	26
75-84	6,969	39.1	74,642	0.7	35	6,354	35.7	70,316	0.5	38	7,079	39.7	75,938	0.5	25
85 and older	3,774	22.4	38,264	0.8	31	5,070	30.1	52,866	0.6	41	5,482	32.6	55,031	0.4	20
<b>Male</b>	10,246	26.9	110,899	0.7	38	9,955	26.2	111,654	0.4	27	14,008	36.8	151,159	0.5	26
<b>Disabled</b>	4,702	22.7	53,853	0.6	40	5,685	27.5	65,978	0.3	23	6,101	29.5	69,982	0.5	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	133.3	48	0.3	18
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	3.0	24	0.5	23	14	20.9	164	0.3	17	11	16.4	132	0.3	13
21-44	1,276	13.1	14,834	0.6	40	2,482	25.5	28,994	0.3	16	1,845	19.0	21,409	0.4	20
45-64	3,381	31.3	38,600	0.6	40	3,165	29.3	36,615	0.4	28	4,171	38.7	47,748	0.5	26
65-74	43	36.8	395	0.5	38	24	20.5	205	0.4	25	70	59.8	645	0.6	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,544	32.0	57,046	0.7	36	4,270	24.6	45,676	0.5	33	7,907	45.6	81,177	0.5	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	2	22.2	24	0.2	7
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15.4	24	0.3	33
21-44	21	15.4	229	0.6	35	55	40.4	529	0.3	21	32	23.5	325	0.3	16
45-64	18	24.3	166	1.0	60	24	32.4	229	0.3	24	15	20.3	176	0.3	16
65-74	2,584	34.1	28,353	0.7	38	1,904	25.1	21,363	0.4	31	3,576	47.2	38,914	0.5	28
75-84	1,987	32.8	19,718	0.7	34	1,454	24.0	15,482	0.5	34	2,681	44.3	26,818	0.5	28
85 and older	934	26.9	8,580	0.8	34	833	24.0	8,073	0.6	37	1,599	46.1	14,896	0.5	26
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.7C 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 2001. 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 2001. 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 D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTHYPERTENSIVE				ANTHYPERLIPIDEMIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos
	No. of Users	38.6 %	467,737	0.6	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users												
<b>All</b>	42,758	38.6 %	467,737	0.6	\$24	19,878	17.9 %	225,260	\$47	0.6	110,776	1,146,893								
<b>Female</b>	29,897	41.1	327,965	0.6	24	13,693	18.8	155,551	47	0.6	72,740	756,145								
<b>Disabled</b>	6,903	31.1	79,616	0.6	22	4,777	21.5	55,338	46	0.6	22,179	245,990								
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
6-14	1	50.0	12	1.8	77	1	50.0	12	8	0.3	2	24								
15-20	4	6.3	48	0.6	32	3	4.8	32	34	0.5	63	678								
21-44	1,299	15.9	15,004	0.5	20	786	9.6	9,183	40	0.5	8,170	91,216								
45-64	5,513	40.1	63,638	0.6	22	3,932	28.6	45,565	47	0.6	13,752	152,313								
65-74	86	44.8	914	0.6	22	55	28.6	596	48	0.6	192	1,759								
75-84	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
<b>Other Eligibles</b>	22,994	45.5	248,349	0.7	25	8,916	17.6	100,163	48	0.6	50,561	510,155								
5 and younger	3	150.0	36	0.9	13	0	0.0	0	0	0.0	2	24								
6-14	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
15-20	5	41.7	58	0.3	11	0	0.0	0	0	0.0	12	105								
21-44	45	10.0	498	0.4	17	16	3.5	176	26	0.3	452	3,790								
45-64	29	34.9	326	0.6	25	18	21.7	209	35	0.5	83	707								
65-74	7,739	50.4	87,455	0.6	24	4,508	29.3	51,599	49	0.6	15,360	163,634								
75-84	8,574	48.1	93,164	0.7	25	3,299	18.5	36,728	48	0.6	17,815	181,387								
85 and older	6,599	39.2	66,812	0.8	27	1,075	6.4	11,451	44	0.6	16,837	160,508								
<b>Male</b>	12,861	33.8	139,772	0.6	24	6,185	16.3	69,709	48	0.6	38,033	390,736								
<b>Disabled</b>	5,644	27.3	64,681	0.6	22	3,519	17.0	40,714	48	0.6	20,704	226,444								
5 and younger	1	33.3	12	0.5	13	0	0.0	0	0	0.0	3	25								
6-14	4	133.3	30	0.4	5	0	0.0	0	0	0.0	3	27								
15-20	7	10.4	84	0.5	20	0	0.0	0	0	0.0	67	706								
21-44	1,710	17.6	19,821	0.6	21	1,017	10.5	11,878	46	0.6	9,728	107,863								
45-64	3,871	35.9	44,276	0.6	23	2,479	23.0	28,601	49	0.6	10,786	116,902								
65-74	51	43.6	458	0.7	24	23	19.7	235	39	0.5	117	921								
75-84	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
<b>Other Eligibles</b>	7,217	41.6	75,091	0.7	25	2,666	15.4	28,995	48	0.6	17,329	164,292								
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0								
6-14	4	44.4	48	0.7	15	0	0.0	0	0	0.0	9	79								
15-20	5	38.5	57	0.7	26	0	0.0	0	0	0.0	13	104								
21-44	37	27.2	406	0.5	19	12	8.8	119	27	0.4	136	1,132								
45-64	27	36.5	260	0.6	24	16	21.6	158	45	0.5	74	592								
65-74	3,269	43.2	36,158	0.6	24	1,621	21.4	18,233	49	0.6	7,571	76,285								
75-84	2,561	42.3	26,062	0.7	26	827	13.7	8,638	48	0.6	6,057	56,520								
85 and older	1,314	37.9	12,100	0.7	26	190	5.5	1,847	47	0.7	3,469	29,580								
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0	0.0	3	12								

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.7D 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 2001. 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 2001. 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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

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>\$359</b>	<b>7.6</b>	<b>25,504</b>	<b>256,483</b>
<b>Age</b>				
0-64	498	8.8	1,952	21,659
65-74	459	8.8	3,325	34,807
75-84	376	7.9	8,619	86,802
85 and older	289	6.8	11,608	113,215
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	348	7.6	18,969	192,135
Male	391	7.7	6,535	64,348
Unknown	0	0.0	0	0
<b>Race</b>				
White	363	7.7	23,174	231,563
African American	314	6.3	1,924	20,610
Other/unknown	362	7.2	406	4,310
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	346	7.5	23,520	234,607
Disabled	499	8.8	1,984	21,876
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 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 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.

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.

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 D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No. of Bene Mos	As % of Dual All-Year NF Residents	
Anti-infective Agents	0.5	0.3	0.0	0.2	\$22	\$19	\$0	\$3	\$49	\$74	\$63	\$17	86,967	\$4,281,277	18,180	71.3	191,296
Biologics	0.1	0.1	0.0	0.0	2	1	0	1	20	16	0	32	5,199	104,377	4,693	18.4	53,055
Antineoplastic Agents	0.6	0.2	0.2	0.2	89	39	34	17	149	221	162	77	11,131	1,653,279	1,889	7.4	18,550
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	42	34	2	6	34	53	16	12	160,806	5,463,878	12,526	49.1	129,531
Cardiovascular Agents	2.1	0.6	0.2	1.3	58	29	5	25	27	45	24	19	417,539	11,352,823	19,144	75.1	195,016
Respiratory Agents	0.8	0.3	0.0	0.4	34	20	1	13	44	58	27	33	111,682	4,897,490	13,770	54.0	145,417
Gastrointestinal Agents	1.1	0.5	0.0	0.6	66	48	2	16	63	106	74	29	162,307	10,276,044	14,827	58.1	154,539
Genitourinary Agents	0.6	0.4	0.0	0.2	44	25	0	19	69	65	38	77	50,822	3,525,531	7,536	29.5	79,816
CNS Drugs	1.7	0.9	0.1	0.6	119	94	9	15	71	100	81	24	314,545	22,326,402	18,201	71.4	188,094
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.5	26	16	0	10	38	125	22	19	1,710	65,240	237	0.9	2,479
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	97	96	0	1	120	122	117	32	28,618	3,422,232	3,470	13.6	35,308
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	50	40	2	8	46	80	49	15	162,500	7,452,113	14,474	56.8	148,525
Neuromuscular Agents	1.4	0.5	0.2	0.7	74	43	7	24	55	83	40	37	121,670	6,639,055	8,461	33.2	89,464
Nutritional Products	0.8	0.0	0.2	0.6	17	1	6	10	20	29	27	17	86,854	1,719,957	10,095	39.6	102,384
Hematological Agents	1.1	0.3	0.4	0.5	51	38	6	7	45	136	15	16	87,741	3,962,304	7,552	29.6	76,995
Topical Products	0.6	0.2	0.1	0.3	22	13	4	6	34	53	39	17	124,159	4,171,565	17,972	70.5	191,176
Miscellaneous Products	0.4	0.0	0.0	0.4	24	3	1	19	58	82	209	53	8,480	487,860	2,001	7.8	20,542
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	26	0	0	0	9,088	236,607	2,344	9.2	24,651
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.	1,951,818	92,038,034	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Indiana, 0.7 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.

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.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$11,268,686	11,328	44.4 %	119,970	0.8	\$116	\$94
ULCER DRUGS	8,919,029	12,563	49.3	131,051	0.8	86	68
ANTIDEPRESSANTS	8,832,727	15,440	60.5	161,389	0.8	66	55
ANTICONVULSANT	4,094,464	7,338	28.8	78,399	1.0	52	52
ANALGESICS - ANTI-INFLAMMATORY	3,684,921	7,897	31.0	84,168	0.7	65	44
ANTIDIABETIC	3,618,880	8,866	34.8	92,589	0.9	44	39
ANALGESICS - Narcotic	3,513,214	14,101	55.3	144,253	0.7	36	24
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,432,960	3,525	13.8	35,888	0.8	119	96
ANTIHYPERTENSIVE	3,256,060	10,295	40.4	106,683	0.9	36	31
DERMATOLOGICAL	3,005,882	36,553	143.3	396,872	0.3	29	8
<b>Total</b>	<b>53,626,823</b>	<b>127,906</b>		<b>1,351,262</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 benefit months were excluded from the analysis.

b. 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 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.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>875,163</b>	<b>\$53,626,823</b>	<b>11,328</b>	<b>44.4 %</b>	<b>119,970</b>	<b>0.8</b>	<b>\$94</b>	<b>12,563</b>	<b>49.3 %</b>	<b>131,051</b>	<b>0.8</b>	<b>\$68</b>					
<b>Female</b>	642,516	38,960,633	8,027	42.3	85,483	0.8	90	9,322	49.1	97,636	0.8	68					
<b>Disabled</b>	45,695	3,120,085	470	50.5	5,286	1.0	132	510	54.8	5,682	0.8	74					
64 or younger	45,092	3,077,759	458	49.8	5,181	1.0	132	502	54.6	5,617	0.8	74					
65-74	603	42,326	12	109.1	105	0.8	109	8	72.7	65	0.4	37					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	596,821	35,840,548	7,557	41.9	80,197	0.8	87	8,812	48.8	91,954	0.8	67					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	92,427	6,015,260	1,172	60.8	12,992	0.9	114	1,073	55.7	11,689	0.8	71					
75-84	238,421	14,548,186	3,066	48.5	32,922	0.8	90	3,206	50.7	33,830	0.8	70					
85 and older	265,973	15,277,102	3,319	33.9	34,283	0.7	75	4,533	46.3	46,435	0.8	64					
<b>Male</b>	232,667	14,666,190	3,301	50.5	34,487	0.9	104	3,241	49.6	33,415	0.8	70					
<b>Disabled</b>	49,317	3,442,247	632	60.0	7,093	1.0	138	548	52.0	6,008	0.8	77					
64 or younger	48,749	3,406,028	618	59.8	7,012	1.0	138	540	52.3	5,950	0.8	77					
65-74	568	36,219	14	66.7	81	1.0	140	8	38.1	58	0.7	57					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	183,350	11,223,943	2,669	48.7	27,394	0.8	95	2,693	49.1	27,407	0.8	68					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	57,124	3,707,476	831	60.9	8,967	0.9	113	728	53.3	7,833	0.8	67					
75-84	78,363	4,768,428	1,150	50.1	11,793	0.8	91	1,117	48.7	11,440	0.8	70					
85 and older	47,863	2,748,039	688	37.8	6,634	0.8	78	848	46.6	8,134	0.8	67					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 12,098 benefit months were excluded from the analysis.

b. 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 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.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a,b,c,d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						ANALGESICS - ANTI-INFLAMMATORY					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>15,440</b>	<b>60.5 %</b>	<b>0.8</b>	<b>161,389</b>	<b>0.8</b>	<b>\$55</b>	<b>7,338</b>	<b>28.8 %</b>	<b>1.0</b>	<b>78,399</b>	<b>1.0</b>	<b>\$52</b>	<b>7,897</b>	<b>31.0 %</b>	<b>0.7</b>	<b>84,168</b>	<b>0.7</b>	<b>\$44</b>
<b>Female</b>	11,656	61.4	0.8	122,605	0.8	54	4,887	25.8	1.0	52,480	1.0	48	6,168	32.5	0.7	65,946	0.7	45
<b>Disabled</b>	670	72.0	0.9	7,568	0.9	65	649	69.8	1.2	7,480	1.2	76	331	35.6	0.6	3,822	0.6	37
64 or younger	661	71.9	0.9	7,472	0.9	65	644	70.1	1.2	7,435	1.2	76	330	35.9	0.6	3,812	0.6	37
65-74	9	81.8	0.7	96	0.7	55	5	45.5	0.8	45	0.8	82	1	9.1	0.2	10	0.2	10
75-84	0	0.0	0.0	0	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	0.0	0	0.0	0
<b>Other Eligibles</b>	10,986	60.9	0.8	115,037	0.8	53	4,238	23.5	0.9	45,000	0.9	43	5,837	32.4	0.7	62,124	0.7	46
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	1,467	76.1	0.9	15,843	0.9	58	897	46.5	1.0	9,898	1.0	58	698	36.2	0.7	7,731	0.7	45
75-84	4,302	68.0	0.8	45,481	0.8	54	1,837	29.0	1.0	19,857	1.0	43	2,174	34.4	0.7	23,282	0.7	47
85 and older	5,217	53.3	0.8	53,713	0.8	51	1,504	15.4	0.9	15,245	0.9	35	2,965	30.3	0.7	31,111	0.7	45
<b>Male</b>	3,784	57.9	0.9	38,784	0.9	57	2,451	37.5	1.1	25,919	1.1	61	1,729	26.5	0.6	18,222	0.6	39
<b>Disabled</b>	686	65.1	0.9	7,572	0.9	64	807	76.6	1.2	9,045	1.2	79	279	26.5	0.6	3,114	0.6	34
64 or younger	675	65.3	0.9	7,496	0.9	64	795	77.0	1.2	8,962	1.2	80	274	26.5	0.6	3,095	0.6	33
65-74	11	52.4	0.9	76	0.9	55	12	57.1	1.0	83	1.0	35	5	23.8	0.6	19	0.6	76
75-84	0	0.0	0.0	0	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	0.0	0	0.0	0
<b>Other Eligibles</b>	3,098	56.5	0.8	31,212	0.8	55	1,644	30.0	1.0	16,874	1.0	51	1,450	26.5	0.6	15,108	0.6	40
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0
65-74	843	61.8	0.9	9,026	0.9	59	660	48.4	1.0	7,071	1.0	58	365	26.7	0.6	3,875	0.6	39
75-84	1,352	58.9	0.8	13,517	0.8	55	670	29.2	1.0	6,893	1.0	50	612	26.7	0.6	6,502	0.6	40
85 and older	903	49.6	0.8	8,669	0.8	52	314	17.2	0.9	2,910	0.9	37	473	26.0	0.7	4,731	0.7	41
<b>Unknown</b>	0	0.0	0.0	0	0.0	0	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 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 benefit months were excluded from the analysis.
  - b. 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 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.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>8,866</b>	<b>34.8 %</b>	<b>92,589</b>	<b>0.9</b>	<b>\$39</b>	<b>14,101</b>	<b>55.3 %</b>	<b>144,253</b>	<b>0.7</b>	<b>\$24</b>	<b>3,525</b>	<b>13.8 %</b>	<b>35,888</b>	<b>0.8</b>	<b>\$96</b>
<b>Female</b>	6,431	33.9	67,806	0.9	39	10,930	57.6	112,376	0.7	25	2,678	14.1	27,619	0.8	96
<b>Disabled</b>	370	39.8	4,094	1.0	46	602	64.7	6,748	0.7	30	45	4.8	513	0.7	198
64 or younger	359	39.1	4,000	1.0	46	586	63.8	6,611	0.7	30	44	4.8	501	0.7	199
65-74	11	100.0	94	1.1	68	16	145.5	137	0.7	27	1	9.1	12	2.7	143
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>	6,061	33.6	63,712	0.9	38	10,328	57.3	105,628	0.7	25	2,633	14.6	27,106	0.8	94
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,114	57.8	12,033	0.9	45	1,308	67.8	13,975	0.8	33	267	13.8	2,812	0.8	94
75-84	2,701	42.7	28,676	0.9	40	3,692	58.4	38,166	0.7	28	1,098	17.4	11,248	0.8	97
85 and older	2,246	22.9	23,003	0.8	34	5,328	54.4	53,487	0.6	21	1,268	13.0	13,046	0.8	92
<b>Male</b>	2,435	37.3	24,783	0.9	40	3,171	48.5	31,877	0.6	21	847	13.0	8,269	0.8	94
<b>Disabled</b>	304	28.8	3,269	1.0	44	555	52.7	6,070	0.7	28	49	4.6	515	0.6	125
64 or younger	296	28.7	3,226	1.0	44	541	52.4	5,973	0.7	28	47	4.5	507	0.6	125
65-74	8	38.1	43	0.9	46	14	66.7	97	0.7	30	2	9.5	8	0.9	97
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>	2,131	38.9	21,514	0.9	39	2,616	47.7	25,807	0.6	19	798	14.6	7,754	0.8	92
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	659	48.3	7,180	0.9	43	681	49.9	7,089	0.7	24	154	11.3	1,518	0.7	88
75-84	929	40.5	9,218	0.9	38	1,085	47.3	10,853	0.6	18	376	16.4	3,756	0.8	96
85 and older	543	29.8	5,116	0.9	37	850	46.7	7,865	0.5	16	268	14.7	2,480	0.8	89
<b>Unknown</b>	0	0.0	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 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 benefit months were excluded from the analysis.

b. 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 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.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents		
<b>All</b>	10,295	40.4 %	106,663	0.9	\$31	36,553	143.3 %	396,872	0.3	\$8	25,504	256,483
<b>Female</b>	7,482	39.4	78,002	0.9	30	26,209	138.2	285,695	0.3	7	18,969	192,135
<b>Disabled</b>	305	32.8	3,386	0.8	33	1,782	191.6	20,602	0.3	9	930	10,392
64 or younger	298	32.4	3,321	0.8	33	1,750	190.4	20,282	0.3	9	919	10,302
65-74	7	63.6	65	0.6	29	32	290.9	320	0.3	18	11	90
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	7,177	39.8	74,616	0.9	30	24,427	135.4	265,093	0.3	7	18,039	181,743
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	910	47.2	9,875	0.9	31	2,918	151.3	32,821	0.3	9	1,928	20,529
75-84	2,757	43.6	29,050	0.9	31	8,423	133.2	92,446	0.3	7	6,324	64,519
85 and older	3,510	35.9	35,691	0.9	29	13,086	133.7	139,826	0.3	7	9,787	96,695
<b>Male</b>	2,813	43.0	28,661	0.9	31	10,344	158.3	111,177	0.3	9	6,535	64,348
<b>Disabled</b>	351	33.3	3,825	0.9	32	1,954	185.4	22,226	0.3	9	1,054	11,484
64 or younger	343	33.2	3,755	0.9	32	1,927	186.5	22,013	0.3	9	1,033	11,357
65-74	8	38.1	70	0.9	29	27	128.6	213	0.5	25	21	127
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	2,462	44.9	24,856	0.9	31	8,390	153.1	88,951	0.3	8	5,481	52,864
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	662	48.5	7,096	0.9	32	2,158	158.1	23,983	0.3	10	1,365	14,061
75-84	1,070	46.6	10,864	0.9	30	3,539	154.2	37,643	0.3	8	2,295	22,283
85 and older	730	40.1	6,896	0.8	29	2,693	147.9	27,325	0.3	7	1,821	16,520
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 12,205 beneficiaries who were in nursing facilities for part of their enrollment and their 112,098 benefit months were excluded from the analysis.

b. 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 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.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			12.5	69.7 %					
<b>All</b>	<b>77,245</b>	<b>69.7 %</b>	<b>12.5</b>	<b>69.7 %</b>	<b>1,381,166</b>	<b>\$15,629,580</b>	<b>\$11</b>	<b>4.8 %</b>	<b>110,776</b>
<b>Age</b>									
5 and younger	4	80.0	12.4	80.0	62	814	13	2.1	5
6-14	7	50.0	9.1	50.0	127	2,052	16	3.2	14
15-20	76	49.0	5.1	49.0	792	13,354	17	3.5	155
21-44	10,387	56.2	6.4	56.2	117,517	2,364,702	20	4.0	18,486
45-64	16,182	65.5	9.7	65.5	239,533	3,818,827	16	4.3	24,695
65-74	14,655	63.1	10.1	63.1	233,879	2,916,746	12	4.9	23,240
75-84	18,049	75.6	15.5	75.6	370,112	3,340,910	9	5.2	23,872
85 and older	17,883	88.1	20.6	88.1	419,120	3,171,751	8	6.4	20,306
Unknown	2	66.7	8.0	66.7	24	424	18	34.4	3
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	50,398	75.1	15.2	75.1	1,020,744	9,384,661	9	5.4	67,094
Disabled	26,449	61.7	8.3	61.7	357,441	6,177,494	17	4.1	42,883
Adults	378	49.6	3.4	49.6	2,628	61,832	24	4.9	762
Children	20	55.6	9.8	55.6	353	5,593	16	3.9	36
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	1
<b>Gender</b>									
Female	53,779	73.9	13.8	73.9	1,002,747	10,954,075	11	5.1	72,742
Male	23,466	61.7	9.9	61.7	378,419	4,675,505	12	4.3	38,034
Unknown	0	0.0	0.0	0.0	0	0	0	0.0	0
<b>Race</b>									
White	66,949	71.1	13.2	71.1	1,237,760	14,026,628	11	4.9	94,123
African American	8,632	62.4	8.7	62.4	119,597	1,350,828	11	4.4	13,826
Other/unknown	1,664	58.9	8.4	58.9	23,809	252,124	11	3.9	2,827
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	24,753	97.1	27.9	97.1	710,450	5,435,204	8	5.9	25,504
Part year	11,303	92.6	18.5	92.6	225,493	2,084,266	9	5.6	12,205
None	41,189	56.4	6.1	56.4	445,223	8,110,110	18	4.2	73,067
<b>Maintenance Assistance Status</b>									
Cash	26,231	66.5	9.3	66.5	365,377	5,471,985	15	4.4	39,467
Medically needy	0	0.0	0.0	0.0	0	0	0	0.0	0
Poverty related	521	19.4	1.0	19.4	2,763	39,371	14	3.5	2,683
Other/unknown	50,493	73.6	14.8	73.6	1,013,026	10,118,224	10	5.1	68,626

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	1.2	\$14	\$11	\$0	\$4	1,146,893
<b>All</b>						
<b>Age</b>						
5 and younger	1.3	17	13	0	0	49
6-14	1.0	16	16	1	0	130
15-20	0.5	8	17	0	3	1,593
21-44	0.6	12	20	0	4	204,001
45-64	0.9	14	16	0	5	270,514
65-74	1.0	12	12	0	3	242,599
75-84	1.6	14	9	0	3	237,907
85 and older	2.2	17	8	0	2	190,088
Unknown	2.0	35	18	0	8	12
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.5	14	9	0	3	667,731
Disabled	0.8	13	17	0	5	472,434
Adults	0.4	10	24	0	4	6,424
Children	1.2	18	16	1	3	303
Unknown	0.0	0	0	0	0	1
<b>Gender</b>						
Female	1.3	14	11	0	4	756,152
Male	1.0	12	12	0	3	390,741
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.3	14	11	0	4	972,412
African American	0.8	9	11	0	2	145,295
Other/unknown	0.8	9	11	0	2	29,186
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.8	21	8	0	4	256,483
Part year	2.0	19	9	0	4	112,098
None	0.6	10	18	0	3	778,312
<b>Maintenance Assistance Status</b>						
Cash	0.8	13	15	0	4	437,131
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	14	0	1	28,192
Other/unknown	1.5	15	10	0	3	681,570

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 INDIANA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>139,146</b>	<b>\$112</b>	<b>\$15,629,580</b>	<b>100.0 %</b>	<b>1,381,166</b>	<b>\$11</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	156	192	29,905	0.2	341	88	0.0
Fertility drugs	144	26	3,698	0.0	162	23	0.0
Drugs for cosmetic purposes	189	870	164,428	1.1	833	197	0.1
Cough and cold medications	23,917	96	2,285,078	14.6	79,932	29	5.8
Vitamins and minerals	27,502	140	3,863,673	24.7	189,141	20	13.7
Non-prescription drugs	56,411	81	4,593,721	29.4	888,057	5	64.3
Barbiturates	1,443	72	103,657	0.7	15,904	7	1.2
Benzodiazepines	26,930	151	4,079,263	26.1	198,045	21	14.3
Other Part D Excl Rx Drugs	2,454	206	506,157	3.2	8,751	58	0.6

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 INDIANA, 2001

Total Number of Dual Eligible Beneficiaries 110,776  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$323,544,954  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,921

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,118	14.6 %	\$0	0.0 %
1-500	14,875	13.4	3,271,066	1.0
501-1,000	10,265	9.3	7,644,468	2.4
1,001-1,500	8,816	8.0	10,956,906	3.4
1,501-2,000	7,607	6.9	13,276,913	4.1
2,001-2,500	6,846	6.2	15,394,820	4.8
2,501-3,000	6,189	5.6	16,987,149	5.3
3,001-3,500	5,538	5.0	17,970,338	5.6
3,501-4,000	4,884	4.4	18,306,540	5.7
4,001-4,500	4,395	4.0	18,667,243	5.8
4,501-5,000	3,670	3.3	17,412,993	5.4
5,001-5,500	3,115	2.8	16,337,347	5.0
5,501-6,000	2,699	2.4	15,505,354	4.8
6,001-6,500	2,442	2.2	15,246,415	4.7
6,501-7,000	1,945	1.8	13,119,907	4.1
7,001-7,500	1,659	1.5	12,007,745	3.7
7,501-8,000	1,397	1.3	10,820,005	3.3
8,001-8,500	1,191	1.1	9,817,509	3.0
8,501-9,000	964	0.9	8,421,952	2.6
9,001-9,500	880	0.8	8,132,483	2.5
9,501-10,000	703	0.6	6,844,972	2.1
10,001+	4,578	4.1	67,402,829	20.8

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 INDIANA, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65                                 42,574  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65           \$148,462,892  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65             \$3,487

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	7,053	16.6%	0		0.0%
1-500	5,902	13.9	1,202,548	0.8	
501-1,000	3,367	7.9	2,503,518	1.7	
1,001-1,500	2,758	6.5	3,432,994	2.3	
1,501-2,000	2,367	5.6	4,109,042	2.8	
2,001-2,500	2,105	4.9	4,743,147	3.2	
2,501-3,000	1,923	4.5	5,280,826	3.6	
3,001-3,500	1,766	4.1	5,744,940	3.9	
3,501-4,000	1,636	3.8	6,139,323	4.1	
4,001-4,500	1,557	3.7	6,612,425	4.5	
4,501-5,000	1,320	3.1	6,271,231	4.2	
5,001-5,500	1,148	2.7	6,023,073	4.1	
5,501-6,000	1,109	2.6	6,377,958	4.3	
6,001-6,500	1,037	2.4	6,481,112	4.4	
6,501-7,000	900	2.1	6,073,891	4.1	
7,001-7,500	757	1.8	5,484,615	3.7	
7,501-8,000	687	1.6	5,322,809	3.6	
8,001-8,500	588	1.4	4,846,888	3.3	
8,501-9,000	538	1.3	4,697,588	3.2	
9,001-9,500	481	1.1	4,447,038	3.0	
9,501-10,000	410	1.0	3,993,065	2.7	
10,001+	3,165	7.4	48,674,861	32.8	

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001.

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 D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 INDIANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+                  67,418  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+      \$173,745,272  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+      \$2,577

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,876	13.2 %	0	0.0 %
1-500	8,754	13.0	2,032,451	1.2
501-1,000	6,818	10.1	5,084,765	2.9
1,001-1,500	5,999	8.9	7,451,218	4.3
1,501-2,000	5,205	7.7	9,106,316	5.2
2,001-2,500	4,710	7.0	10,581,294	6.1
2,501-3,000	4,237	6.3	11,625,955	6.7
3,001-3,500	3,751	5.6	12,158,442	7.0
3,501-4,000	3,233	4.8	12,110,378	7.0
4,001-4,500	2,826	4.2	12,004,329	6.9
4,501-5,000	2,340	3.5	11,094,217	6.4
5,001-5,500	1,954	2.9	10,245,205	5.9
5,501-6,000	1,579	2.3	9,064,271	5.2
6,001-6,500	1,398	2.1	8,721,484	5.0
6,501-7,000	1,036	1.5	6,985,942	4.0
7,001-7,500	897	1.3	6,486,708	3.7
7,501-8,000	705	1.0	5,458,459	3.1
8,001-8,500	598	0.9	4,928,713	2.8
8,501-9,000	425	0.6	3,715,708	2.1
9,001-9,500	394	0.6	3,639,094	2.1
9,501-10,000	289	0.4	2,812,953	1.6
10,001+	1,394	2.1	18,437,370	10.6

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.  
 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 2001.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 INDIANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 23,240  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$60,011,750  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,582

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,436	19.1 %	0	0.0 %
1-500	3,080	13.3	683,243	1.1
501-1,000	2,057	8.9	1,536,910	2.6
1,001-1,500	1,754	7.5	2,179,560	3.6
1,501-2,000	1,541	6.6	2,695,055	4.5
2,001-2,500	1,403	6.0	3,155,882	5.3
2,501-3,000	1,273	5.5	3,491,787	5.8
3,001-3,500	1,112	4.8	3,605,692	6.0
3,501-4,000	994	4.3	3,731,596	6.2
4,001-4,500	850	3.7	3,610,299	6.0
4,501-5,000	757	3.3	3,590,432	6.0
5,001-5,500	631	2.7	3,310,725	5.5
5,501-6,000	513	2.2	2,943,537	4.9
6,001-6,500	525	2.3	3,274,482	5.5
6,501-7,000	358	1.5	2,417,482	4.0
7,001-7,500	314	1.4	2,274,259	3.8
7,501-8,000	263	1.1	2,036,358	3.4
8,001-8,500	227	1.0	1,874,513	3.1
8,501-9,000	158	0.7	1,381,975	2.3
9,001-9,500	174	0.7	1,604,246	2.7
9,501-10,000	126	0.5	1,228,093	2.0
10,001+	694	3.0	9,385,624	15.6

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001.  
 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 75 TO 84<sup>a, b</sup>  
INDIANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 23,872  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$64,405,332  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,698

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,080	12.9 %	0	0.0 %
1-500	2,798	11.7	655,588	1.0
501-1,000	2,291	9.6	1,705,869	2.6
1,001-1,500	2,045	8.6	2,549,274	4.0
1,501-2,000	1,851	7.8	3,240,056	5.0
2,001-2,500	1,617	6.8	3,631,630	5.6
2,501-3,000	1,552	6.5	4,259,619	6.6
3,001-3,500	1,380	5.8	4,468,803	6.9
3,501-4,000	1,182	5.0	4,422,826	6.9
4,001-4,500	1,040	4.4	4,415,973	6.9
4,501-5,000	868	3.6	4,117,962	6.4
5,001-5,500	768	3.2	4,023,834	6.2
5,501-6,000	634	2.7	3,641,914	5.7
6,001-6,500	521	2.2	3,251,055	5.0
6,501-7,000	423	1.8	2,851,249	4.4
7,001-7,500	366	1.5	2,645,522	4.1
7,501-8,000	291	1.2	2,253,833	3.5
8,001-8,500	245	1.0	2,017,920	3.1
8,501-9,000	169	0.7	1,477,792	2.3
9,001-9,500	147	0.6	1,360,196	2.1
9,501-10,000	114	0.5	1,109,009	1.7
10,001+	490	2.1	6,305,408	9.8

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 INDIANA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 20,306  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$49,328,190  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,429

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,360	6.7 %	0	0.0 %
1-500	2,876	14.2	693,620	1.4
501-1,000	2,470	12.2	1,841,986	3.7
1,001-1,500	2,200	10.8	2,722,384	5.5
1,501-2,000	1,813	8.9	3,171,205	6.4
2,001-2,500	1,690	8.3	3,793,782	7.7
2,501-3,000	1,412	7.0	3,874,549	7.9
3,001-3,500	1,259	6.2	4,083,947	8.3
3,501-4,000	1,057	5.2	3,955,956	8.0
4,001-4,500	936	4.6	3,978,057	8.1
4,501-5,000	715	3.5	3,385,823	6.9
5,001-5,500	555	2.7	2,910,646	5.9
5,501-6,000	432	2.1	2,478,820	5.0
6,001-6,500	352	1.7	2,195,947	4.5
6,501-7,000	255	1.3	1,717,211	3.5
7,001-7,500	217	1.1	1,566,927	3.2
7,501-8,000	151	0.7	1,168,268	2.4
8,001-8,500	126	0.6	1,036,280	2.1
8,501-9,000	98	0.5	855,941	1.7
9,001-9,500	73	0.4	674,652	1.4
9,501-10,000	49	0.2	475,851	1.0
10,001+	210	1.0	2,746,338	5.6

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>110,847</b>	<b>67,095</b>	<b>42,903</b>	<b>811</b>	<b>37</b>	<b>1,148,533</b>	<b>667,765</b>	<b>473,150</b>	<b>7,281</b>	<b>336</b>	<b>1</b>
<b>Age</b>											
5 and younger	6	0	3	0	3	72	0	36	0	36	0
6-14	14	0	5	0	9	141	0	51	0	90	0
15-20	158	0	131	9	18	1,649	0	1,424	76	149	0
21-44	18,531	0	17,912	616	3	205,210	0	199,631	5,554	25	0
45-64	24,711	18	24,543	149	0	270,762	96	269,328	1,337	0	1
65-74	23,244	22,904	309	27	4	242,665	239,720	2,680	229	36	0
75-84	23,874	23,865	0	9	0	237,934	237,850	0	84	0	0
85 and older	20,306	20,305	0	1	0	190,088	190,087	0	1	0	0
Unknown	3	3	0	0	0	12	12	0	0	0	0
<b>Gender</b>											
Female	72,800	49,999	22,197	593	10	757,447	505,386	246,577	5,385	98	1
Male	38,047	17,096	20,706	218	27	391,086	162,379	226,573	1,896	238	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	94,154	57,331	36,227	569	26	973,185	567,020	400,824	5,116	224	1
African American	13,863	7,784	5,852	219	8	146,114	80,513	63,540	1,979	82	0
Other/unknown	2,830	1,980	824	23	3	29,234	20,232	8,786	186	30	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	25,504	23,520	1,984	0	0	256,483	234,607	21,876	0	0	0
Part year	12,205	10,861	1,342	1	1	112,098	98,072	14,005	9	12	0
None	73,138	32,714	39,577	810	36	779,952	335,086	437,269	7,272	324	1
<b>Maintenance Assistance Status</b>											
Cash	39,527	16,559	22,345	622	1	438,501	182,258	250,460	5,771	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	2,685	1,381	1,193	89	21	28,315	14,474	12,986	678	176	1
Other/unknown	68,635	49,155	19,365	100	15	681,717	471,033	209,704	832	148	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	104,225	63,140	40,315	732	37	1,079,576	627,737	445,068	6,434	336	1
Full dual, part year	6,622	3,955	2,588	79	0	68,957	40,028	28,082	847	0	0
<b>Managed Care Status</b>											
FFS all year	110,567	67,091	42,762	680	33	1,145,719	667,717	471,665	6,048	288	1
FFS part year, with Rx claims	158	2	92	62	2	1,718	24	1,027	643	24	0
FFS part year, no Rx claims	51	1	29	20	1	486	12	294	168	12	0
MC all year, with Rx claims	11	0	3	8	0	92	0	22	70	0	0
MC all year, no Rx claims	60	1	17	41	1	518	12	142	352	12	0



Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 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. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		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	No. of Benes	No. of Bene Mos
<b>All</b>	<b>110,847</b>	<b>1,148,533</b>	<b>110,776</b>	<b>1,146,893</b>	<b>0</b>	<b>1,640</b>		
FFS all year	110,567	1,145,719	110,567	1,145,716	0	3		
FFS part year, with Rx claims	158	1,718	158	951	0	767		
FFS part year, with no Rx claims	51	486	51	226	0	260		
MC all year, with Rx claims	11	92	0	0	0	92		
MC all year, with no Rx claims	60	518	0	0	0	518		

Source: Data for this table are from the MAX 2001 file for Indiana, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.