

**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 ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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
All	608,303	2,987	62,005	117,416	425,816	79	5,199,910	30,564	623,736	796,433	3,748,786	391					
Age																	
5 and younger	180,677	2	1,807	0	178,868	0	1,522,015	19	17,943	0	1,504,053	0					
6-14	188,919	0	5,363	15	183,541	0	1,743,740	0	53,996	79	1,689,665	0					
15-20	81,456	0	3,363	14,803	63,287	3	690,624	0	33,159	103,510	553,929	26					
21-44	123,563	0	24,789	98,612	120	42	916,030	0	249,282	665,407	1,139	202					
45-64	30,679	34	26,632	3,979	0	34	296,657	151	268,948	27,395	0	163					
65-74	1,827	1,773	50	4	0	0	19,037	18,615	396	26	0	0					
75-84	801	801	0	0	0	0	8,255	8,255	0	0	0	0					
85 and older	381	377	1	3	0	0	3,552	3,524	12	16	0	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	353,529	2,045	34,558	105,771	211,076	79	2,964,405	21,174	352,739	730,361	1,859,740	391					
Male	254,774	942	27,447	11,645	214,740	0	2,235,505	9,390	270,997	66,072	1,889,046	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	439,767	1,768	48,549	85,208	304,171	71	3,868,095	18,190	494,671	585,564	2,769,327	343					
African American	124,395	518	11,507	25,558	86,805	7	991,885	5,203	110,332	168,303	708,009	38					
Other/unknown	44,141	701	1,949	6,650	34,840	1	339,930	7,171	18,733	42,566	271,450	10					
Use of Nursing Facilities^c																	
Entire year	1,668	477	1,150	0	41	0	17,565	4,903	12,200	0	462	0					
Part year	1,571	218	1,295	15	43	0	15,863	2,139	13,119	135	470	0					
None	605,064	2,292	59,560	117,401	425,732	79	5,166,482	23,522	598,417	796,298	3,747,854	391					
Maintenance Assistance Status																	
Cash	241,665	1,865	46,565	72,769	120,466	0	2,092,840	20,417	489,022	507,027	1,076,374	0					
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0					
Poverty-related	256,362	7	7	18,787	237,482	79	2,246,441	74	76	100,734	2,145,166	391					
Other/unknown	110,276	1,115	15,433	25,860	67,868	0	860,629	10,073	134,638	188,672	527,246	0					
Managed Care Status																	
FFS all year	520,268	2,979	59,388	98,732	359,091	78	4,799,142	30,494	609,891	721,500	3,436,876	381					
FFS part year, with Rx claims	38,484	6	1,692	10,206	26,579	1	214,990	52	10,258	48,887	155,783	10					
FFS part year, no Rx claims	49,551	2	925	8,478	40,146	0	185,778	18	3,587	26,046	156,127	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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	62.2 %	8.0	\$431	\$54	\$2,683	16.1 %	608,303
Age							
5 and younger	63.2	3.8	126	33	1,526	8.3	180,677
6-14	56.7	4.5	248	55	1,362	18.2	188,919
15-20	60.3	5.9	400	67	2,351	17.0	81,456
21-44	66.7	11.8	652	55	4,344	15.0	123,563
45-64	76.0	41.9	2,398	57	10,898	22.0	30,679
65-74	78.8	39.4	2,023	51	12,167	16.6	1,827
75-84	78.0	38.6	1,866	48	11,436	16.3	801
85 and older	74.5	37.3	1,647	44	14,274	11.5	381
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	77.7	38.8	1,924	50	12,152	15.8	2,987
Disabled	76.7	34.4	2,336	68	12,364	18.9	62,005
Adults	64.5	7.2	276	38	2,124	13.0	117,416
Children	59.4	4.2	186	45	1,362	13.7	425,816
Unknown	48.1	4.4	396	90	3,347	11.8	79
Gender							
Female	63.8	8.8	418	48	2,598	16.1	353,529
Male	60.0	7.0	450	65	2,802	16.0	254,774
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	66.4	9.2	501	54	2,888	17.3	439,767
African American	51.6	5.2	271	52	2,302	11.8	124,395
Other/unknown	50.1	4.0	188	47	1,717	11.0	44,141
Use of Nursing Facilities^d							
Entire year	98.9	91.9	5,095	55	43,518	11.7	1,668
Part year	97.8	83.1	5,302	64	45,489	11.7	1,571
None	62.0	7.6	406	53	2,460	16.5	605,064
Maintenance Assistance Status							
Cash	65.8	12.2	698	57	3,879	18.0	241,665
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.3	4.1	195	47	1,217	16.0	256,362
Other/unknown	63.3	7.8	393	50	3,473	11.3	110,276

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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
All	0.9	\$50	16.1 %	37.8 %	48.2 %	5.9 %	5.2 %	2.2 %	0.7 %	\$314	608,303	5,199,910
Age												
5 and younger	0.4	15	8.3	36.8	57.7	4.0	1.4	0.1	0.0	181	180,677	1,522,015
6-14	0.5	27	18.2	43.3	49.1	4.2	2.8	0.4	0.1	148	188,919	1,743,740
15-20	0.7	47	17.0	39.7	48.9	6.3	4.1	0.8	0.2	277	81,456	690,624
21-44	1.6	88	15.0	33.3	41.0	10.0	10.4	4.2	1.1	586	123,563	916,030
45-64	4.3	248	22.0	24.0	16.5	9.7	22.6	18.7	8.4	1,127	30,679	296,657
65-74	3.8	194	16.6	21.2	20.1	10.9	22.9	18.3	6.5	1,168	1,827	19,037
75-84	3.7	181	16.3	22.0	19.7	8.9	23.5	19.4	6.6	1,110	801	8,255
85 and older	4.0	177	11.5	25.5	10.2	8.4	21.0	26.2	8.7	1,531	381	3,552
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.8	188	15.8	22.3	18.9	9.9	22.7	19.4	6.7	1,188	2,987	30,564
Disabled	3.4	232	18.9	23.3	24.2	11.1	21.3	14.4	5.8	1,229	62,005	623,736
Adults	1.1	41	13.0	35.5	45.6	9.0	7.3	2.2	0.4	313	117,416	796,433
Children	0.5	21	13.7	40.6	52.6	4.3	2.2	0.3	0.1	155	425,816	3,748,786
Unknown	0.9	80	11.8	51.9	31.6	3.8	10.1	2.5	0.0	676	79	391
Gender												
Female	1.0	50	16.1	36.2	48.5	6.3	5.6	2.5	0.9	310	353,529	2,964,405
Male	0.8	51	16.0	40.0	47.8	5.4	4.7	1.6	0.4	319	254,774	2,235,505
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.0	57	17.3	33.6	50.4	6.6	6.0	2.6	0.9	328	439,767	3,868,095
African American	0.7	34	11.8	48.4	42.0	4.4	3.5	1.3	0.4	289	124,395	991,885
Other/unknown	0.5	24	11.0	49.9	43.2	3.4	2.5	0.7	0.2	223	44,141	339,930
Use of Nursing Facilities^d												
Entire year	8.7	484	11.7	1.1	3.7	4.0	22.5	37.4	31.3	4,133	1,668	17,565
Part year	8.2	525	11.7	2.2	4.9	6.8	24.4	34.9	26.7	4,505	1,571	15,863
None	0.9	48	16.5	38.0	48.4	5.9	5.1	2.0	0.6	288	605,064	5,166,482
Maintenance Assistance Status												
Cash	1.4	81	18.0	34.2	44.7	7.3	8.2	4.2	1.5	448	241,665	2,092,840
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.5	22	16.0	41.7	51.6	4.1	2.2	0.3	0.1	139	256,362	2,246,441
Other/unknown	1.0	50	11.3	36.7	48.0	6.9	5.7	2.1	0.6	445	110,276	860,629

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 ND.4 includes the beneficiaries represented by Cell K 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.

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 ND.5 includes the beneficiaries represented by Cell K 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 (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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users								
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		As % of All Benes	No. of Bene Mos			
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Generic	Total No. of Rx	Total Rx \$			No.		
Anti-infective Agents	0.3	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$39	\$65	\$74	\$12	715,625	\$27,740,861	267,513	44.0 %	2,752,383
Biologics	0.2	0.2	0.0	0.0	117	111	1	5	654	681	2,171	301	5,156	3,373,045	2,661	0.4	28,739
Antineoplastic Agents	0.5	0.2	0.1	0.2	137	115	10	11	285	479	162	64	9,354	2,667,995	1,864	0.3	19,519
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.1	19	16	1	2	45	66	27	16	347,164	15,769,079	81,056	13.3	842,191
Cardiovascular Agents	1.1	0.4	0.0	0.6	38	25	1	12	36	59	36	20	418,859	15,095,384	37,436	6.2	398,469
Respiratory Agents	0.4	0.2	0.0	0.2	15	11	1	3	40	63	21	20	779,720	31,136,196	195,612	32.2	2,040,650
Gastrointestinal Agents	0.5	0.3	0.0	0.2	40	33	2	5	85	124	112	27	220,735	18,726,477	44,663	7.3	468,257
Genitourinary Agents	0.2	0.2	0.0	0.1	11	8	0	3	49	49	39	49	56,511	2,763,724	24,776	4.1	250,403
CNS Drugs	0.9	0.4	0.1	0.4	67	52	6	9	77	118	113	24	734,386	56,849,319	82,004	13.5	852,025
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	36	28	2	7	56	66	50	35	166,245	9,235,434	23,931	3.9	257,062
Miscellaneous Psychological/Neurological Agents	0.3	0.1	0.0	0.1	27	21	0	6	108	144	42	60	7,782	840,484	2,924	0.5	31,073
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	19	13	1	5	40	108	77	14	607,707	24,170,252	127,241	20.9	1,289,471
Neuromuscular Agents	0.7	0.3	0.0	0.3	45	35	2	8	62	106	47	22	314,413	19,582,939	40,794	6.7	432,059
Nutritional Products	0.3	0.0	0.1	0.2	7	1	2	4	23	48	27	18	86,494	1,978,064	31,277	5.1	299,433
Hematological Agents	0.5	0.1	0.1	0.2	173	162	2	10	370	1,090	24	38	54,484	20,178,961	11,304	1.9	116,308
Topical Products	0.2	0.1	0.0	0.1	6	4	0	2	29	51	37	16	320,253	9,263,256	145,599	23.9	1,528,785
Miscellaneous Products	0.2	0.1	0.0	0.1	26	14	2	9	109	121	261	85	22,251	2,419,658	8,807	1.4	94,481
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	30	0	0	0	12,325	369,812	6,535	1.1	70,995
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.	4,879,464	262,160,940	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 (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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$28,833,874	27,796	307,222	0.6	\$153	\$94	
ANTIDEPRESSANTS	22,434,741	72,295	765,297	0.4	68	29	
MISC. HEMATOLOGICAL	16,860,091	2,514	27,840	0.5	1,192	606	
ANTICONVULSANT	16,477,709	29,486	322,846	0.6	79	51	
ULCER DRUGS	15,714,826	42,999	458,880	0.4	96	34	
ANTIASTHMATIC	15,256,633	107,604	1,154,866	0.3	49	13	
ANALGESICS - Narcotic	13,019,478	131,564	1,356,825	0.3	33	10	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,184,979	27,443	300,731	0.5	56	31	
ANALGESICS - ANTI-INFLAMMATORY	7,960,892	76,766	809,767	0.2	47	10	
ANTIHISTAMINES	7,363,892	82,698	898,212	0.2	42	8	
Total	153,107,115	601,165	6,402,486	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 ND.7 includes the beneficiaries represented by Cell K 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 (May 13 2003).

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

TABLE ND.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^{a,b,c}
NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,122,818	\$153,107,115	27,796	4.6 %	307,222	0.6	\$94	72,295	11.9 %	765,297	0.4	\$29					
Female	1,290,297	79,044,107	14,473	4.1	159,232	0.6	81	50,568	14.3	528,272	0.4	29					
Disabled	638,458	48,543,002	8,907	25.8	101,491	0.6	98	19,746	57.1	224,420	0.5	37					
5 and younger	3,680	245,141	10	1.5	117	0.4	56	10	1.5	120	0.4	29					
6-14	16,163	1,248,414	193	10.4	2,180	0.6	82	325	17.5	3,720	0.5	30					
15-20	13,635	1,074,111	263	18.8	2,868	0.6	95	401	28.7	4,525	0.5	36					
21-44	234,385	18,288,137	4,286	31.4	48,715	0.6	95	8,527	62.4	95,989	0.5	35					
45-64	370,257	27,662,975	4,150	24.6	47,566	0.7	103	10,475	62.0	120,013	0.5	38					
65-74	338	24,224	5	13.5	45	0.4	40	8	21.6	53	0.8	74					
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					
Other Eligibles	651,839	30,501,105	5,566	1.7	57,741	0.4	51	30,822	9.7	303,852	0.3	23					
5 and younger	57,036	2,116,804	103	0.1	1,175	0.3	34	145	0.2	1,635	0.3	12					
6-14	137,896	7,574,325	1,416	1.6	15,781	0.5	70	4,073	4.5	45,119	0.4	24					
15-20	111,413	5,034,058	1,285	2.7	13,780	0.5	53	6,139	12.8	65,280	0.3	22					
21-44	296,633	12,615,378	2,240	2.5	21,472	0.3	29	18,839	21.3	175,708	0.3	22					
45-64	21,300	1,253,508	136	4.7	1,337	0.4	38	1,050	36.2	9,794	0.5	33					
65-74	18,117	1,274,417	235	19.5	2,681	0.8	109	346	28.7	3,976	0.6	37					
75-84	6,528	440,373	94	16.8	987	0.7	77	149	26.7	1,582	0.6	37					
85 and older	2,916	192,242	57	22.2	528	0.6	57	81	31.5	758	0.7	47					
Male	832,521	74,063,008	13,323	5.2	147,990	0.7	108	21,727	8.5	237,025	0.5	30					
Disabled	357,489	41,406,252	7,010	25.5	78,873	0.7	127	8,939	32.6	100,374	0.5	35					
5 and younger	6,628	736,143	40	3.6	458	0.5	67	20	1.8	237	0.3	12					
6-14	33,149	3,178,615	772	22.1	8,725	0.6	101	772	22.1	8,756	0.5	34					
15-20	22,437	9,205,631	577	29.3	6,390	0.7	125	563	28.6	6,294	0.6	45					
21-44	150,767	16,933,492	3,854	34.7	43,597	0.7	135	4,203	37.8	47,141	0.5	36					
45-64	144,350	11,341,538	1,764	18.1	19,677	0.7	123	3,380	34.7	37,936	0.5	33					
65-74	158	10,833	3	23.1	26	0.8	79	1	7.7	10	2.2	87					
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					
Other Eligibles	475,032	32,656,756	6,313	2.8	69,117	0.6	85	12,788	5.6	136,651	0.4	27					
5 and younger	81,517	3,627,383	287	0.3	3,237	0.4	55	325	0.4	3,628	0.3	16					
6-14	257,592	18,873,409	3,852	4.1	42,983	0.6	85	7,106	7.6	79,165	0.4	26					
15-20	85,720	7,253,998	1,756	5.8	18,994	0.7	93	3,352	11.1	35,989	0.5	30					
21-44	32,079	1,687,843	238	2.3	2,002	0.3	48	1,515	14.8	13,049	0.3	21					
45-64	7,183	423,370	21	1.8	194	0.3	42	273	23.9	2,539	0.4	24					
65-74	6,215	446,046	88	15.4	999	0.7	111	113	19.8	1,233	0.6	37					
75-84	3,285	234,156	43	17.7	442	0.8	103	63	25.9	670	0.6	38					
85 and older	1,441	110,551	28	22.8	266	0.6	67	41	33.3	378	0.7	49					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K 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 (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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTICONVULSANT					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx
All	2,514	0.4 %	27,840	\$606	0.5	29,486	4.8 %	322,846	\$51	0.6	42,999	7.1 %	458,880	\$34	0.4
Female	1,492	0.4	16,659	45	0.4	17,566	5.0	191,056	48	0.6	30,295	8.6	323,589	34	0.3
Disabled	1,191	3.4	13,520	39	0.4	10,511	30.4	119,447	57	0.7	14,088	40.8	160,981	47	0.5
5 and younger	2	0.3	21	43	0.1	110	16.0	1,187	84	0.8	107	15.5	1,219	24	0.5
6-14	3	0.2	31	55	0.3	473	25.4	5,364	87	0.8	219	11.8	2,527	41	0.5
15-20	2	0.1	22	21	0.1	379	27.1	4,278	80	0.8	255	18.3	2,920	31	0.3
21-44	118	0.9	1,296	42	0.4	4,921	36.0	55,649	59	0.7	4,849	35.5	55,108	40	0.4
45-64	1,064	6.3	12,137	39	0.4	4,625	27.4	52,956	49	0.7	8,642	51.1	99,066	52	0.5
65-74	2	5.4	13	57	0.6	3	8.1	13	7	0.3	16	43.2	141	47	0.4
75-84	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
Other Eligibles	301	0.1	3,139	69	0.4	7,055	2.2	71,609	33	0.5	16,207	5.1	162,608	20	0.2
5 and younger	6	0.0	71	216	0.2	390	0.4	4,194	37	0.6	1,464	1.7	13,853	8	0.2
6-14	5	0.0	58	258	0.3	1,248	1.4	13,718	46	0.6	1,978	2.2	21,971	12	0.2
15-20	6	0.0	65	1,318	0.3	1,213	2.5	12,818	40	0.5	3,060	6.4	32,722	13	0.2
21-44	70	0.1	699	27	0.3	3,704	4.2	35,648	24	0.4	8,226	9.3	78,848	23	0.2
45-64	47	1.6	436	22	0.3	245	8.4	2,388	35	0.5	661	22.8	6,122	40	0.4
65-74	92	7.6	1,031	39	0.5	174	14.4	1,993	39	0.8	516	42.8	5,900	50	0.5
75-84	46	8.2	495	36	0.5	54	9.7	607	39	0.7	220	39.4	2,400	52	0.5
85 and older	29	11.3	284	45	0.7	27	10.5	243	35	0.9	82	31.9	792	65	0.7
Male	1,022	0.4	11,181	1,442	0.6	11,920	4.7	131,790	56	0.7	12,704	5.0	135,291	36	0.4
Disabled	838	3.1	9,343	1,193	0.6	7,192	26.2	81,157	64	0.7	6,494	23.7	72,378	49	0.5
5 and younger	6	0.5	57	6,048	1.5	161	14.4	1,773	61	0.7	159	14.2	1,793	27	0.5
6-14	6	0.2	72	7,987	1.5	709	20.3	8,026	61	0.7	226	6.5	2,564	38	0.4
15-20	5	0.3	47	16.9	1.5	569	28.9	6,315	82	0.8	221	11.2	2,474	39	0.4
21-44	128	1.2	1,438	1,709	0.6	3,721	33.5	42,277	70	0.8	2,510	22.6	28,278	49	0.5
45-64	690	7.1	7,693	79	0.5	2,032	20.9	22,766	48	0.7	3,372	34.7	37,225	52	0.5
65-74	3	23.1	36	45	0.8	0	0.0	0	0	0.0	6	46.2	44	85	0.9
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
Other Eligibles	184	0.1	1,838	2,704	0.8	4,728	2.1	50,633	43	0.6	6,210	2.7	62,913	20	0.3
5 and younger	15	0.0	151	1,881	0.6	525	0.6	5,685	32	0.5	1,778	1.9	16,791	9	0.2
6-14	21	0.0	210	14,213	2.7	2,219	2.4	24,738	43	0.6	1,714	1.8	19,244	14	0.2
15-20	17	0.1	185	8,906	1.5	1,254	4.1	13,499	51	0.6	1,230	4.1	13,310	20	0.2
21-44	29	0.3	232	42	0.4	527	5.1	4,615	29	0.4	977	9.5	8,262	34	0.3
45-64	25	2.2	240	42	0.5	95	8.3	914	40	0.5	187	16.3	1,770	46	0.4
65-74	35	6.1	406	42	0.5	72	12.6	802	40	0.8	187	32.7	2,132	46	0.5
75-84	27	11.1	280	30	0.3	26	10.7	287	55	0.9	95	39.1	1,005	52	0.6
85 and older	15	12.2	134	61	0.7	10	8.1	93	32	0.7	42	34.1	399	78	0.7
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 (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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - Narcotic				STIMULANTS/ANTI-OBESITY/ANOREXIANTS					
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
All	107,604	17.7 %	1,154,866	\$13	0.3	131,564	21.6 %	1,356,825	0.3	27,443	300,731	4.5 %	\$31	0.5
Female	59,116	16.7	632,692	13	0.3	98,335	27.8	1,004,709	0.3	7,698	84,932	2.2	9	0.5
Disabled	16,211	46.9	185,003	21	0.4	25,767	74.6	292,714	0.4	973	11,060	2.8	19	0.6
5 and younger	427	62.0	4,800	18	0.3	76	11.0	863	0.1	13	152	1.9	2	0.5
6-14	650	34.9	7,388	21	0.4	254	13.6	2,889	0.2	376	4,204	20.2	4	0.6
15-20	376	26.9	4,331	20	0.4	454	32.5	5,119	0.2	89	1,023	6.4	3	0.6
21-44	5,005	36.6	56,734	17	0.3	10,916	79.9	123,078	0.4	297	3,397	2.2	17	0.5
45-64	9,729	57.6	111,531	24	0.4	14,043	83.1	160,592	0.5	198	2,284	1.2	21	0.5
65-74	24	64.9	219	21	0.3	24	64.9	173	0.5	0	0	0.0	16	0.0
75-84	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
Other Eligibles	42,905	13.5	447,689	10	0.2	72,568	22.8	711,995	0.2	6,725	73,872	2.1	4	0.5
5 and younger	14,383	16.4	152,666	8	0.2	2,500	2.9	27,780	0.1	369	4,096	0.4	1	0.3
6-14	11,369	12.6	124,947	12	0.2	5,883	6.5	65,955	0.1	1	56,474	5.6	1	0.5
15-20	5,581	11.7	58,980	10	0.2	14,934	31.2	154,365	0.2	848	9,403	1.8	2	0.6
21-44	10,290	11.6	98,036	10	0.2	46,705	52.8	438,305	0.3	394	3,670	0.4	6	0.5
45-64	647	22.3	6,029	17	0.3	1,582	54.5	14,876	0.4	17	159	0.6	12	0.7
65-74	418	34.7	4,718	24	0.5	616	51.1	7,063	0.4	4	34	0.3	14	0.1
75-84	140	25.1	1,574	17	0.4	241	43.2	2,614	0.4	3	36	0.5	13	0.5
85 and older	77	30.0	739	16	0.3	107	41.6	1,037	0.4	0	0	0.0	10	0.0
Male	48,488	19.0	522,174	13	0.3	33,229	13.0	352,116	0.3	19,745	215,799	7.8	12	0.6
Disabled	7,917	28.8	88,714	22	0.4	12,749	46.4	141,644	0.4	1,880	21,113	6.8	23	0.6
5 and younger	747	66.8	8,383	20	0.4	150	13.4	1,710	0.1	64	742	5.7	1	0.4
6-14	1,099	31.4	12,415	18	0.3	427	12.2	4,925	0.2	1,217	13,718	34.8	3	0.6
15-20	386	19.6	4,340	22	0.4	494	25.1	5,480	0.2	304	3,376	15.5	8	0.7
21-44	1,855	16.7	20,965	18	0.4	5,622	50.6	62,612	0.4	225	2,491	2.0	23	0.6
45-64	3,826	39.3	42,590	26	0.5	6,050	62.2	66,891	0.5	70	786	0.7	27	0.5
65-74	4	30.8	21	48	0.7	6	46.2	26	0.7	0	0	0.0	25	0.0
75-84	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
Other Eligibles	40,571	17.8	433,460	11	0.2	20,480	9.0	210,472	0.2	17,865	194,686	7.9	5	0.6
5 and younger	20,457	22.4	215,518	9	0.2	3,554	3.9	39,394	0.1	982	10,883	1.1	1	0.4
6-14	15,440	16.5	169,263	13	0.2	6,101	6.5	68,594	0.1	14,562	158,860	15.6	2	0.6
15-20	3,346	11.1	36,457	12	0.3	5,208	17.2	55,414	0.1	2,247	24,329	7.4	2	0.6
21-44	813	7.9	6,819	15	0.3	4,651	45.4	37,579	0.4	64	505	0.6	16	0.5
45-64	189	16.5	1,910	22	0.4	627	54.8	5,811	0.5	7	79	0.6	19	0.6
65-74	202	35.4	2,186	29	0.5	194	34.0	2,200	0.4	2	24	0.4	9	0.5
75-84	96	39.5	1,033	38	0.6	95	39.1	992	0.4	1	6	0.4	7	0.7
85 and older	28	22.8	274	16	0.3	50	40.7	488	0.5	0	0	0.0	22	0.0
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0

Table ND7C
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 (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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-HISTAMINES							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	76,766	12.6 %	809,767	0.2	\$10	82,698	13.6 %	898,212	0.2	\$8	608,303	5,199,910
Female	56,338	15.9	588,499	0.2	11	49,950	14.1	537,969	0.2	8	353,529	2,964,405
Disabled	15,074	43.6	173,220	0.3	24	9,770	28.3	112,357	0.3	13	34,558	352,739
5 and younger	67	9.7	777	0.2	2	169	24.5	1,921	0.2	6	689	6,893
6-14	183	9.8	2,077	0.2	10	432	23.2	5,000	0.2	13	1,862	18,919
15-20	309	22.1	3,501	0.2	6	309	22.1	3,583	0.3	13	1,397	13,708
21-44	5,967	43.7	67,894	0.3	15	3,864	28.3	44,225	0.3	11	13,670	138,435
45-64	8,535	50.5	98,843	0.4	30	4,994	29.5	57,621	0.3	14	16,902	174,467
65-74	13	35.1	128	0.3	28	2	5.4	7	0.6	11	37	305
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	1	12
Other Eligibles	41,264	12.9	415,279	0.2	5	40,180	12.6	425,612	0.2	7	318,971	2,611,666
5 and younger	3,331	3.8	36,464	0.1	1	10,083	11.5	109,827	0.1	4	87,526	737,600
6-14	4,663	5.2	52,084	0.1	2	12,719	14.1	141,684	0.2	10	90,145	829,413
15-20	9,205	19.2	96,507	0.1	3	6,445	13.5	68,525	0.2	7	47,840	393,973
21-44	22,228	25.1	211,242	0.2	6	10,089	11.4	96,941	0.2	6	88,536	609,454
45-64	1,080	37.2	10,375	0.3	19	444	15.3	4,180	0.3	12	2,903	20,177
65-74	513	42.5	5,907	0.4	29	246	20.4	2,788	0.3	13	1,206	12,906
75-84	179	32.1	2,019	0.4	32	108	19.4	1,216	0.3	12	558	5,789
85 and older	65	25.3	681	0.5	34	46	17.9	451	0.4	18	257	2,354
Male	20,428	8.0	221,268	0.2	8	32,748	12.9	360,243	0.2	8	254,774	2,235,505
Disabled	6,200	22.6	70,685	0.3	18	4,382	16.0	49,853	0.3	13	27,447	270,997
5 and younger	94	8.4	1,076	0.2	2	238	21.3	2,761	0.2	6	1,118	11,050
6-14	261	7.5	2,961	0.2	2	756	21.6	8,626	0.3	12	3,501	35,077
15-20	305	15.5	3,476	0.2	4	368	18.7	4,175	0.3	14	1,966	19,451
21-44	2,572	23.1	29,308	0.2	12	1,634	14.7	18,715	0.3	14	11,119	110,847
45-64	2,966	30.5	33,844	0.3	25	1,382	14.2	15,528	0.3	13	9,730	94,481
65-74	2	15.4	20	0.4	42	4	30.8	48	0.1	2	13	91
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
Other Eligibles	14,228	6.3	150,583	0.1	4	28,366	12.5	310,390	0.2	8	227,327	1,964,508
5 and younger	3,641	4.0	39,859	0.1	1	11,258	12.3	122,382	0.1	4	91,344	766,472
6-14	4,062	4.3	45,657	0.1	2	13,517	14.5	149,858	0.2	10	93,411	860,331
15-20	3,823	12.6	41,313	0.1	3	2,834	9.4	31,064	0.2	10	30,253	263,492
21-44	2,113	20.6	17,762	0.2	9	532	5.2	4,712	0.2	7	10,238	57,294
45-64	348	30.4	3,264	0.3	19	73	6.4	700	0.2	10	1,144	7,532
65-74	143	25.0	1,641	0.4	28	77	13.5	865	0.3	13	571	5,735
75-84	72	29.6	801	0.5	38	50	20.6	554	0.3	18	243	2,466
85 and older	26	21.1	286	0.7	48	25	20.3	255	0.4	11	123	1,186
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 (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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$484	8.7	1,668	17,565
Age				
0-64	534	9.3	1,187	12,631
65-74	412	8.0	185	2,018
75-84	370	7.7	142	1,478
85 and older	264	6.1	154	1,438
Unknown	0	0.0	0	0
Gender				
Female	490	9.0	974	10,344
Male	475	8.4	694	7,221
Unknown	0	0.0	0	0
Race				
White	492	9	1,335	14,104
African American	451	7.6	293	3,057
Other/unknown	449	8.5	40	404
Basis of Eligibility^c				
Aged	354	7.3	477	4,903
Disabled	530	9.2	1,150	12,200
Adults	0	0.0	0	0
Children	641	10.9	41	462
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos					
	Patented			Patented												
	Total	Off-Patent	Generic	Total	Off-Patent	Generic										
Anti-infective Agents	0.6	0.3	0.0	0.2	\$37	\$30	\$1	\$6	\$65	\$76	\$25	7,331	\$474,329	1,186	71.1 %	12,766
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	18	0	30	8,772	365	21.9	4,282
Antineoplastic Agents	0.7	0.3	0.2	0.2	175	127	31	16	266	472	164	83	171,150	97	5.8	978
Endocrine/Metabolic Drugs	1.3	0.7	0.1	0.4	51	42	4	6	40	58	28	13	408,501	755	45.3	8,015
Cardiovascular Agents	2.0	0.7	0.2	1.2	62	34	5	22	31	49	34	19	641,739	995	59.7	10,401
Respiratory Agents	1.1	0.5	0.0	0.6	49	27	1	20	46	61	27	36	497,824	951	57.0	10,147
Gastrointestinal Agents	1.2	0.5	0.1	0.7	73	49	4	20	60	104	60	30	791,801	1,044	62.6	10,911
Genitourinary Agents	0.8	0.3	0.0	0.5	80	20	0	60	97	69	23	113	453,103	529	31.7	5,680
CNS Drugs	2.1	1.0	0.1	1.0	156	120	12	24	75	123	91	25	2,150,938	1,299	77.9	13,788
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.0	0.4	59	49	0	9	73	127	12	23	14,099	23	1.4	241
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	111	107	1	3	146	152	89	66	104,282	91	5.5	938
Analgesics and Anesthetics	1.1	0.4	0.1	0.6	47	35	4	9	43	83	57	15	503,109	998	59.8	10,603
Neuromuscular Agents	1.8	0.7	0.3	0.9	114	71	12	30	62	106	44	34	1,139,424	913	54.7	10,009
Nutritional Products	1.0	0.1	0.2	0.7	32	13	6	13	32	151	28	18	197,399	591	35.4	6,090
Hematological Agents	1.1	0.2	0.4	0.5	53	39	6	8	47	159	16	16	270,371	508	30.5	5,149
Topical Products	0.8	0.3	0.1	0.4	29	18	5	6	39	65	42	17	400,097	1,253	75.1	13,672
Miscellaneous Products	1.1	0.0	0.0	1.1	96	2	0	94	85	63	0	86	248,024	246	14.7	2,571
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	34	0	0	0	23,128	185	11.1	1,986
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.	153,357	8,498,090	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL 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
ANTIPTYCHOTICS	\$1,250,736	907	54.4 %	10,112	0.9	\$136	\$124
ANTICONVULSANT	874,415	1,007	60.4	11,185	1.2	67	78
ULCER DRUGS	668,762	928	55.6	9,615	0.8	86	70
ANTIDEPRESSANTS	662,822	1,053	63.1	11,244	0.8	70	59
ANTIASTHMATIC	335,050	854	51.2	8,894	0.7	53	38
MISCELLANEOUS GENITOURINARY PRODUCTS	334,890	318	19.1	3,371	0.8	130	99
DERMATOLOGICAL	330,346	2,846	170.6	31,547	0.3	35	10
ANTIDIABETIC	298,201	630	37.8	6,709	0.9	48	44
ANALGESICS - Narcotic	269,987	1,015	60.9	10,641	0.7	35	25
ASSORTED CLASSES	226,843	102	6.1	1,100	1.9	106	206
Total	5,252,052	9,660		104,418	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (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 ND.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^{a, b, c, d} NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as %			Mean No. of Rx	Mean Rx \$	
			No. of Rx	Rx \$	Users					Residents	NF	Residents			NF
All	73,924	\$5,252,052	907	54.4 %	10,112	0.9	\$124	1,007	60.4 %	11,185	1.2	\$78			
Female	43,541	3,038,993	579	59.4	6,501	0.9	121	557	57.2	6,234	1.1	74			
Disabled	31,855	2,237,355	367	58.1	4,160	0.9	132	446	70.6	4,989	1.2	78			
64 or younger	31,699	2,226,718	366	58.4	4,148	0.9	132	446	71.1	4,989	1.2	78			
65-74	156	10,637	1	20.0	12	1.0	92	0	0.0	0	0.0	0			
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			
Other Eligibles	11,686	801,638	212	62.0	2,341	0.9	103	111	32.5	1,245	1.0	60			
64 or younger	1,243	110,266	0	0.0	0	0.0	0	18	94.7	216	1.1	112			
65-74	5,576	405,396	120	95.2	1,407	1.0	123	54	42.9	631	1.1	55			
75-84	2,858	173,216	50	53.8	535	0.8	85	21	22.6	246	0.9	46			
85 and older	2,009	112,760	42	40.4	399	0.6	55	18	17.3	152	0.9	32			
Male	30,383	2,213,059	328	47.3	3,611	0.9	128	450	64.8	4,951	1.2	83			
Disabled	23,969	1,794,015	247	47.7	2,751	1.0	138	390	75.3	4,306	1.2	87			
64 or younger	23,889	1,790,092	247	47.8	2,751	1.0	138	390	75.4	4,306	1.2	87			
65-74	80	3,923	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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			
Other Eligibles	6,414	419,044	81	46.0	860	0.8	97	60	34.1	645	1.1	55			
64 or younger	1,661	115,059	1	4.2	12	0.9	208	19	79.2	223	1.3	77			
65-74	1,998	123,299	36	67.9	396	0.7	90	24	45.3	251	1.1	47			
75-84	1,859	121,562	27	55.1	288	0.9	116	12	24.5	135	1.0	42			
85 and older	896	59,124	17	34.0	164	0.6	72	5	10.0	36	0.7	20			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTIDEPRESSANTS						ANTI-ASTHMATIC					
	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
All	928	55.6 %	0.8	1,053	63.1 %	0.8	11,244	0.8	559	854	51.2 %	0.7	8,894	0.7	538	0.7	338	0.7
Female																		
Disabled	532	54.6	0.8	5,553	71.9	0.8	7,597	0.8	61	516	53.0	0.7	5,414	0.7	36	0.7	36	0.7
64 or younger	358	56.6	0.8	3,724	80.1	0.8	5,576	0.8	63	356	56.3	0.7	3,699	0.7	41	0.7	41	0.7
65-74	355	56.6	0.8	3,716	80.1	0.8	5,547	0.8	63	352	56.1	0.7	3,660	0.7	41	0.7	41	0.7
75-84	3	60.0	0.6	57	80.0	1.0	29	1.0	107	4	80.0	0.7	39	0.7	46	0.7	46	0.7
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	0.0
Other Eligibles	174	50.9	0.8	1,829	56.7	0.8	2,021	0.8	54	160	46.8	0.5	1,715	0.5	25	0.5	25	0.5
64 or younger	10	52.6	1.3	109	10.5	0.8	13	0.8	49	20	105.3	0.8	236	0.8	41	0.8	41	0.8
65-74	62	49.2	0.7	700	64.3	0.8	917	0.8	56	58	46.0	0.5	651	0.5	30	0.5	30	0.5
75-84	56	60.2	0.7	600	57.0	0.9	547	0.9	54	41	44.1	0.4	456	0.4	19	0.4	19	0.4
85 and older	46	44.2	0.8	58	55.8	0.8	544	0.8	52	41	39.4	0.3	372	0.3	15	0.3	15	0.3
Male																		
Disabled	396	57.1	0.8	4,062	50.9	0.9	3,647	0.9	56	338	48.7	0.8	3,480	0.8	41	0.8	41	0.8
64 or younger	301	58.1	0.8	3,078	52.5	0.9	2,867	0.9	56	230	44.4	0.7	2,336	0.7	37	0.7	37	0.7
65-74	300	58.0	0.8	3,066	52.6	0.9	2,867	0.9	56	230	44.5	0.7	2,336	0.7	37	0.7	37	0.7
75-84	1	100.0	1.4	12	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	0.0
Other Eligibles	95	54.0	0.8	984	46.0	0.8	780	0.8	54	108	61.4	0.9	1,144	0.9	47	0.9	47	0.9
64 or younger	15	62.5	0.9	164	0.0	0.0	0	0.0	0	31	129.2	1.2	367	1.2	47	1.2	47	1.2
65-74	30	56.6	0.8	328	50.9	0.8	278	0.8	55	28	52.8	0.9	317	0.9	44	0.9	44	0.9
75-84	26	53.1	0.8	263	61.2	0.9	308	0.9	57	33	67.3	0.9	306	0.9	68	0.9	68	0.9
85 and older	24	48.0	0.8	229	48.0	0.8	194	0.8	47	16	32.0	0.4	154	0.4	14	0.4	14	0.4
Unknown	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	0.0

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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	MISCELLANEOUS GENITOURINARY PRODUCTS						DERMATOLOGICAL						ANTIDIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$
All	318	3,371	0.8	2,846	31,547	0.3	2,846	170.6 %	31,547	31,547	0.3	630	630	\$11	630	6,709	0.9	\$44
Female	166	1,765	0.6	1,584	17,687	0.3	1,584	162.6	17,687	17,687	0.3	412	412	9	412	4,389	0.9	44
Disabled	123	1,332	0.5	1,136	12,790	0.3	1,136	179.7	12,790	12,790	0.3	258	258	10	258	2,815	1.0	47
64 or younger	123	1,332	0.5	1,130	12,736	0.3	1,130	180.2	12,736	12,736	0.3	255	255	10	255	2,779	1.0	46
65-74	0	0	0.0	6	54	0.4	6	120.0	54	54	0.4	3	3	11	3	36	1.1	74
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
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
Other Eligibles	43	433	1.1	448	4,897	0.3	448	131.0	4,897	4,897	0.3	154	154	7	154	1,574	0.8	40
64 or younger	8	92	2.9	366	352	0.3	30	157.9	352	352	0.3	2	2	8	2	2	1.0	54
65-74	16	155	0.7	167	1,922	0.3	167	132.5	1,922	1,922	0.3	64	64	8	64	712	1.0	47
75-84	9	100	0.6	116	1,261	0.2	116	124.7	1,261	1,261	0.2	48	48	6	48	505	0.8	34
85 and older	10	86	0.4	135	1,362	0.2	135	129.8	1,362	1,362	0.2	40	40	6	40	355	0.6	32
Male	152	1,606	0.9	1,262	13,860	0.3	1,262	181.8	13,860	13,860	0.3	218	218	12	218	2,320	0.9	45
Disabled	116	1,221	0.9	974	10,770	0.3	974	188.0	10,770	10,770	0.3	159	159	13	159	1,692	1.0	48
64 or younger	115	1,209	0.9	966	10,674	0.3	966	186.8	10,674	10,674	0.3	156	156	13	156	1,656	1.0	48
65-74	1	12	0.6	8	96	0.1	8	800.0	96	96	0.1	3	3	3	3	36	1.3	58
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
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
Other Eligibles	36	385	0.9	288	3,090	0.3	288	163.6	3,090	3,090	0.3	59	59	8	59	628	0.8	38
64 or younger	10	120	2.1	62	728	0.3	62	258.3	728	728	0.3	9	9	9	9	0	0.0	0
65-74	10	111	0.4	61	694	0.3	61	115.1	694	694	0.3	37	37	7	37	403	0.8	43
75-84	10	105	0.5	93	957	0.3	93	189.8	957	957	0.3	17	17	10	17	176	1.0	35
85 and older	6	49	0.1	72	711	0.3	72	144.0	711	711	0.3	5	5	6	5	49	0.6	13
Unknown	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (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 ND.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic										ASSORTED CLASSES									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Users	Residents	NF	Mean Rx	No. of Bene Users	No. of Bene Users	Mean Rx	No. of Bene Users	No. of Bene Users	Mean Rx	No. of Bene Users	No. of Bene Users	Mean Rx	No. of Bene Users	No. of Bene Users	Mean Rx	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents
All	1,015	60.9 %	10,641	0.7	\$25	102	6.1 %	1,100	1.9	\$206	1,668	17,565								
Female	623	64.0	6,608	0.8	27	53	5.4	577	1.5	170	974	10,344								
Disabled	441	69.8	4,670	0.9	31	43	6.8	461	1.3	145	632	6,755								
64 or younger	435	69.4	4,645	0.9	30	43	6.9	461	1.3	145	627	6,723								
65-74	6	120.0	25	1.0	38	0	0.0	0	0.0	0	5	32								
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								
Other Eligibles	182	53.2	1,938	0.6	18	10	2.9	116	2.5	269	342	3,589								
64 or younger	1	5.3	12	0.1	1	5	26.3	56	5.1	550	19	213								
65-74	66	52.4	756	0.7	24	2	1.6	24	0.1	3	126	1,420								
75-84	57	61.3	610	0.6	17	1	1.1	12	0.2	3	93	977								
85 and older	58	55.8	560	0.4	10	2	1.9	24	0.2	12	104	979								
Male	392	56.5	4,033	0.6	23	49	7.1	523	2.4	247	694	7,221								
Disabled	314	60.6	3,240	0.6	25	39	7.5	408	2.3	261	518	5,445								
64 or younger	314	60.7	3,240	0.6	25	39	7.5	408	2.3	261	517	5,433								
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12								
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								
Other Eligibles	78	44.3	793	0.6	18	10	5.7	115	2.8	197	176	1,776								
64 or younger	3	12.5	31	0.2	2	10	41.7	115	2.8	197	24	262								
65-74	17	32.1	194	0.6	12	0	0.0	0	0.0	0	53	554								
75-84	25	51.0	240	0.7	10	0	0.0	0	0.0	0	49	501								
85 and older	33	66.0	328	0.5	28	0	0.0	0	0.0	0	50	459								
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 1,571 beneficiaries who were in nursing facilities for part of their enrollment and their 15,863 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 (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 ND.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 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
All	178,317	29.3 %	1.2	705,526	\$23	\$14,256,117	5.4 %	608,303
Age								
5 and younger	61,708	34.2	0.8	136,615	14	2,458,459	10.8	180,677
6-14	39,926	21.1	0.5	90,441	13	2,417,360	5.2	188,919
15-20	19,431	23.9	0.6	52,655	16	1,308,599	4.0	81,456
21-44	38,865	31.5	1.7	208,496	33	4,051,223	5.0	123,563
45-64	16,697	54.4	6.2	191,408	121	3,726,817	5.1	30,679
65-74	989	54.1	7.4	13,566	96	175,278	4.7	1,827
75-84	454	56.7	9.0	7,244	99	79,085	5.3	801
85 and older	247	64.8	13.4	5,101	103	39,296	6.3	381
Unknown	0	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c								
Aged	1,666	55.8	8.6	25,662	97	289,168	5.0	2,987
Disabled	31,957	51.5	5.4	333,398	114	7,047,081	4.9	62,005
Adults	31,652	27.0	0.9	103,115	16	1,858,351	5.7	117,416
Children	113,025	26.5	0.6	243,310	12	5,060,895	6.4	425,816
Unknown	17	21.5	0.5	41	8	622	2.0	79
Gender								
Female	107,710	30.5	1.3	448,938	25	8,777,754	5.9	353,529
Male	70,607	27.7	1.0	256,588	22	5,478,363	4.8	254,774
Unknown	0	0.0	0.0	0	0	0	0.0	0
Race								
White	136,416	31.0	1.3	567,675	27	11,850,848	5.4	439,767
African American	30,850	24.8	0.9	107,711	15	1,883,148	5.6	124,395
Other/unknown	11,051	25.0	0.7	30,140	12	522,121	6.3	44,141
Use of Nursing Facilities^d								
Entire year	1,631	97.8	33.0	54,963	345	575,411	6.8	1,668
Part year	1,508	96.0	21.0	32,986	309	484,746	5.8	1,571
None	175,178	29.0	1.0	617,577	22	13,195,960	5.4	605,064
Maintenance Assistance Status								
Cash	83,439	34.5	1.9	449,920	36	8,813,585	5.2	241,665
Medically needy	0	0.0	0.0	0	0	0	0.0	0
Poverty related	61,348	23.9	0.5	132,982	12	3,005,613	6.0	256,362
Other/unknown	33,530	30.4	1.1	122,624	22	2,436,919	5.6	110,276

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 INDIANA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$3	\$20	\$0	\$1	5,199,910
Age						
5 and younger	0.1	2	18	0	0	1,522,015
6-14	0.1	1	27	0	0	1,743,740
15-20	0.1	2	25	0	0	690,624
21-44	0.2	4	19	0	2	916,030
45-64	0.6	13	19	0	4	296,657
65-74	0.7	9	13	0	2	19,037
75-84	0.9	10	11	0	2	8,255
85 and older	1.4	11	8	0	2	3,552
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.8	9	11	0	2	30,564
Disabled	0.5	11	21	0	4	623,736
Adults	0.1	2	18	0	1	796,433
Children	0.1	1	21	0	0	3,748,786
Unknown	0.1	2	15	0	1	391
Gender						
Female	0.2	3	20	0	1	2,964,405
Male	0.1	2	21	0	0	2,235,505
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	3	21	0	1	3,868,095
African American	0.1	2	17	0	0	991,885
Other/unknown	0.1	2	17	0	0	339,930
Use of Nursing Facilities^d						
Entire year	3.1	33	10	1	8	17,565
Part year	2.1	31	15	1	6	15,863
None	0.1	3	21	0	1	5,166,482
Maintenance Assistance Status						
Cash	0.2	4	20	0	1	2,092,840
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	23	0	0	2,246,441
Other/unknown	0.1	3	20	0	1	860,629

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 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
All	226,164	\$63	\$14,256,117	100.0 %	705,526	\$20	100.0 %
Anorexia or weight loss/gain	1,282	61	78,061	0.5	1,828	43	0.3
Fertility drugs	164	70	11,403	0.1	214	53	0.0
Drugs for cosmetic purposes	430	526	226,096	1.6	1,190	190	0.2
Cough and cold medications	114,681	51	5,813,382	40.8	228,344	25	32.4
Vitamins and minerals	9,931	106	1,051,551	7.4	46,658	23	6.6
Non-prescription drugs	67,989	47	3,211,482	22.5	241,354	13	34.2
Barbiturates	1,865	57	107,110	0.8	14,274	8	2.0
Benzodiazepines	24,971	127	3,165,181	22.2	158,757	20	22.5
Other Part D Excl Rx Drugs	4,851	122	591,851	4.2	12,907	46	1.8

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, INDIANA, 2001

Beneficiary Characteristics	No. of Benefes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	703,587	2,991	64,798	134,898	500,820	80	6,653,722	30,635	670,061	1,042,076	4,910,556	394
Age												
5 and younger	212,299	2	2,139	0	210,158	0	2,014,031	19	23,515	0	1,990,497	0
6-14	222,974	0	6,476	16	216,482	0	2,281,100	0	71,463	91	2,209,546	0
15-20	93,827	0	3,708	16,072	74,044	3	876,151	0	38,845	128,104	709,176	26
21-44	139,690	0	25,548	113,964	136	42	1,140,617	0	262,892	876,184	1,337	204
45-64	31,783	34	26,876	4,838	0	35	310,893	151	272,938	37,640	0	164
65-74	1,832	1,777	50	5	0	0	19,122	18,686	396	40	0	0
75-84	801	801	0	0	0	0	8,255	8,255	0	0	0	0
85 and older	381	377	1	3	0	0	3,524	3,524	12	17	0	0
Unknown	0	0	0	0	0	0	3,553	0	0	0	0	0
Gender												
Female	408,148	2,049	36,153	121,635	248,232	79	3,798,878	21,240	379,446	958,732	2,439,067	393
Male	295,439	942	28,645	13,263	252,588	1	2,854,844	9,395	290,615	83,344	2,471,489	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	477,352	1,768	49,459	92,415	333,638	72	4,457,681	18,190	511,021	691,440	3,236,686	344
African American	174,510	521	13,307	34,829	125,846	7	1,727,370	5,256	138,799	293,519	1,289,758	38
Other/unknown	51,725	702	2,032	7,654	41,336	1	468,671	7,189	20,241	57,117	384,112	12
Use of Nursing Facilities^c												
Entire year	1,668	477	1,150	0	41	0	17,566	4,903	12,201	0	462	0
Part year	1,572	218	1,296	15	43	0	15,952	2,139	13,181	148	484	0
None	700,347	2,296	62,352	134,883	500,736	80	6,620,204	23,593	644,679	1,041,928	4,909,610	394
Maintenance Assistance Status												
Cash	286,744	1,869	49,358	85,263	150,254	0	2,805,978	20,488	535,069	688,055	1,562,366	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	291,193	7	7	19,207	271,893	79	2,795,483	74	76	114,121	2,680,819	393
Other/unknown	125,650	1,115	15,433	30,428	78,673	1	1,052,261	10,073	134,916	239,900	667,371	1
Managed Care Status												
FFS all year	520,268	2,979	59,388	98,732	359,091	78	4,799,143	30,494	609,892	721,500	3,436,876	381
FFS part year, with Rx claims	38,484	6	1,692	10,206	26,579	1	409,954	72	19,301	98,931	291,638	12
FFS part year, no Rx claims	49,551	2	925	8,478	40,146	0	485,235	21	9,628	72,836	402,750	0
MC all year, with Rx claims	3,027	0	92	1,561	1,374	0	27,035	0	979	12,082	13,974	0
MC all year, no Rx claims	92,256	4	2,701	15,921	73,630	0	932,354	48	30,261	136,727	765,318	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.1 includes the beneficiaries represented by Cell J 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.
- 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, INDIANA, 2001

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	703,587	6,653,722	608,303	5,199,910	0	1,453,812
FFS all year	520,268	4,799,143	520,268	4,799,142	0	1
FFS part year, with Rx claims	38,484	409,954	38,484	214,990	0	194,964
FFS part year, with no Rx claims	49,551	485,235	49,551	185,778	0	299,457
MC all year, with Rx claims	3,027	27,035	0	0	0	27,035
MC all year, with no Rx claims	92,256	932,354	0	0	0	932,354

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.