

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 MARYLAND

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MARYLAND, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	789,261 (A)	103,490 (E)	685,771 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	770,174 (B)	84,819 (F)	685,355 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	359,338 (C)	82,357 (G)	276,981 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	15,710 (D)	14,086 (H)	1,624 (L)

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Maryland in 2002 was \$328,496,120, of which \$101,656,152 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 2.8 percent were restricted benefit months without a pharmacy benefit in Maryland, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell K but excluded from Cell J are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 MARYLAND, 2002

Beneficiary Characteristics	No. of Benefes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>359,338</b>	<b>49,815</b>	<b>59,636</b>	<b>123,661</b>	<b>126,226</b>	<b>0</b>	<b>1,975,178</b>	<b>453,491</b>	<b>489,954</b>	<b>769,050</b>	<b>262,683</b>	<b>0</b>
<b>Age</b>												
5 and younger	48,484	4	831	4	47,645	0	90,721	29	3,378	21	87,293	0
6-14	55,223	1	1,447	47	53,728	0	116,871	6	6,834	205	109,826	0
15-20	34,133	4	1,334	8,579	24,216	0	123,026	13	7,245	52,468	63,300	0
21-44	120,655	39	20,190	99,798	628	0	827,413	273	158,478	666,470	2,192	0
45-64	39,363	228	24,413	14,720	2	0	242,122	1,223	192,724	48,170	5	0
65-74	24,305	16,622	7,345	336	2	0	227,028	147,053	78,790	1,161	24	0
75-84	22,705	19,579	2,990	136	0	0	215,178	182,645	32,126	407	0	0
85 and older	14,464	13,336	1,086	41	1	0	132,784	122,245	10,379	148	12	0
Unknown	6	2	0	0	4	0	35	4	0	0	31	0
<b>Gender</b>												
Female	239,882	37,058	30,957	107,376	64,491	0	1,460,598	338,112	266,213	722,673	133,600	0
Male	119,456	12,757	28,679	16,285	61,735	0	514,580	115,379	223,741	46,377	129,083	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	134,093	23,151	27,054	48,268	35,620	0	843,097	207,026	231,764	334,658	69,649	0
African American	170,653	17,585	27,647	58,676	66,745	0	846,167	155,409	220,269	330,752	139,737	0
Other/unknown	54,592	9,079	4,935	16,717	23,861	0	285,914	91,056	37,921	103,640	53,297	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	15,710	13,204	2,490	14	2	0	157,115	130,496	26,470	135	14	0
Part year	7,038	5,184	1,761	90	3	0	62,469	46,615	15,227	607	20	0
None	336,590	31,427	55,385	123,557	126,221	0	1,755,594	276,380	448,257	768,308	262,649	0
<b>Maintenance Assistance Status</b>												
Cash	87,352	18,662	36,025	14,562	18,103	0	627,244	209,430	338,718	39,946	39,150	0
Medically needy	55,042	21,426	16,961	8,537	8,118	0	338,763	195,026	93,242	26,310	24,185	0
Poverty-related	108,029	2,618	1,623	12,872	90,916	0	229,026	21,336	14,025	39,873	153,792	0
Other/unknown	108,915	7,109	5,027	87,690	9,089	0	780,145	27,699	43,969	662,921	45,556	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	78,476	42,377	32,233	3,830	36	0	740,735	387,559	338,196	14,705	275	0
Full dual, part year	3,881	1,900	1,631	349	1	0	36,802	18,073	15,453	3,272	4	0
Non-dual, all year	276,981	5,538	25,772	119,482	126,189	0	1,197,641	47,859	136,305	751,073	262,404	0
<b>Managed Care Status</b>												
FFS all year	189,117	49,380	43,398	79,714	16,625	0	1,544,038	450,846	424,871	598,228	70,093	0
FFS part year, with Rx claims	42,602	387	10,689	15,761	15,765	0	141,695	2,398	44,254	62,626	32,417	0
FFS part year, no Rx claims	127,619	48	5,549	28,186	93,836	0	289,445	247	20,829	108,196	160,173	0

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MARYLAND, 2002

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	32.9 %	10.9	\$631	\$58	\$6,619	9.5 %	359,338
<b>Age</b>							
5 and younger	11.7	0.3	21	62	2,110	1.0	48,484
6-14	14.0	1.3	93	73	2,048	4.5	55,223
15-20	22.6	2.0	147	73	4,443	3.3	34,133
21-44	26.7	4.6	374	82	4,681	8.0	120,655
45-64	48.0	20.9	1,378	66	12,183	11.3	39,363
65-74	69.4	33.8	1,788	53	10,523	17.0	24,305
75-84	75.5	40.7	1,977	49	15,726	12.6	22,705
85 and older	84.0	45.1	1,935	43	24,477	7.9	14,464
Unknown	0.0	0.0	0	0	557	0.0	6
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	73.5	38.6	1,836	48	16,788	10.9	49,815
Disabled	68.7	29.7	2,012	68	16,971	11.9	59,636
Adults	19.1	0.9	61	65	2,250	2.7	123,661
Children	13.6	0.9	62	69	1,994	3.1	126,226
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	33.7	11.1	600	54	6,080	9.9	239,882
Male	31.5	10.5	694	66	7,700	9.0	119,456
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	41.5	15.9	894	56	8,837	10.1	134,093
African American	28.2	8.2	495	60	5,664	8.7	170,653
Other/unknown	26.7	7.2	413	57	4,155	9.9	54,592
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	96.7	72.6	3,310	46	44,461	7.4	15,710
Part year	93.8	58.3	2,899	50	32,142	9.0	7,038
None	28.7	7.0	459	65	4,319	10.6	336,590

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	59.1	22.8	1,465	64	8,899	16.5	87,352
Medically needy	59.3	29.1	1,411	49	20,258	7.0	55,042
Poverty related	14.7	0.5	35	64	1,640	2.1	108,029
Other/unknown	16.7	2.5	160	65	2,835	5.6	108,915

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

Table 3



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MARYLAND, 2002

Beneficiary Characteristics	No. of Rx, % with:										No.	
	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	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	Mean \$, All Services		Bene Mos
<b>All</b>	<b>2.0</b>	<b>\$115</b>	<b>9.5 %</b>	<b>67.1 %</b>	<b>12.2 %</b>	<b>4.2 %</b>	<b>8.1 %</b>	<b>6.0 %</b>	<b>2.6 %</b>	<b>\$1,204</b>	<b>359,338</b>	<b>1,975,178</b>
<b>Age</b>												
5 and younger	0.2	11	1.0	88.3	8.3	1.9	1.1	0.2	0.1	1,128	48,484	90,721
6-14	0.6	44	4.5	86.0	6.4	2.3	2.6	1.5	1.2	968	55,223	116,871
15-20	0.6	41	3.3	77.4	14.2	3.0	3.0	1.5	1.0	1,233	34,133	123,026
21-44	0.7	55	8.0	73.3	15.7	2.9	4.2	2.4	1.3	683	120,655	827,413
45-64	3.4	224	11.3	52.0	11.9	6.2	13.3	11.0	5.6	1,981	39,363	242,122
65-74	3.6	191	17.0	30.6	14.6	10.0	23.1	16.3	5.3	1,127	24,305	227,028
75-84	4.3	209	12.6	24.5	11.8	9.2	25.6	21.1	7.7	1,659	22,705	215,178
85 and older	4.9	211	7.9	16.0	10.0	8.8	28.9	27.2	9.0	2,666	14,464	132,784
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	96	6	35
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.2	202	10.9	26.5	11.9	8.9	24.4	20.6	7.6	1,844	49,815	453,491
Disabled	3.6	245	11.9	31.3	17.0	9.1	20.2	15.4	7.0	2,066	59,636	489,954
Adults	0.2	10	2.7	80.9	14.5	1.8	1.8	0.7	0.4	362	123,661	769,050
Children	0.4	30	3.1	86.4	7.7	2.3	2.1	0.9	0.7	958	126,226	262,683
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.8	99	9.9	66.3	13.2	4.0	8.0	6.0	2.5	999	239,882	1,460,598
Male	2.4	161	9.0	68.5	10.2	4.5	8.2	5.9	2.8	1,788	119,456	514,580
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	2.5	142	10.1	58.5	13.4	4.6	10.3	8.9	4.3	1,406	134,093	843,097
African American	1.7	100	8.7	71.8	11.5	3.8	6.7	4.5	1.7	1,142	170,653	846,167
Other/unknown	1.4	79	9.9	73.3	11.2	4.2	6.7	3.4	1.1	793	54,592	285,914
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.3	331	7.4	3.3	4.3	5.6	27.3	38.7	20.9	4,446	15,710	157,115
Part year	6.6	327	9.0	6.2	7.2	7.6	26.7	34.1	18.2	3,621	7,038	62,469
None	1.4	88	10.6	71.3	12.6	4.0	6.8	3.8	1.4	828	336,590	1,755,594

Table 4

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				
<b>Maintenance Assistance Status</b>												
Cash	3.2	204	16.5	40.9	16.5	8.7	18.3	11.6	4.1	1,239	87,352	627,244
Medically needy	4.7	229	7.0	40.7	11.9	6.2	15.8	16.7	8.7	3,292	55,042	338,763
Poverty related	0.3	16	2.1	85.3	9.2	2.5	1.9	0.7	0.4	774	108,029	229,026
Other/unknown	0.3	22	5.6	83.3	11.8	1.2	2.1	1.2	0.4	396	108,915	780,145

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

Table 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MARYLAND, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>2.0</b>	<b>\$115</b>	<b>0.9</b>	<b>\$91</b>	<b>0.2</b>	<b>\$7</b>	<b>0.9</b>	<b>\$16</b>
<b>Age</b>								
5 and younger	0.2	11	0.1	9	0.0	1	0.1	1
6-14	0.6	44	0.4	38	0.0	2	0.2	4
15-20	0.6	41	0.3	34	0.0	3	0.2	4
21-44	0.7	55	0.3	45	0.1	3	0.3	7
45-64	3.4	224	1.5	180	0.3	13	1.6	30
65-74	3.6	191	1.7	151	0.3	12	1.6	29
75-84	4.3	209	2.0	162	0.4	14	1.9	32
85 and older	4.9	211	2.1	159	0.6	17	2.2	35
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.2	202	1.9	156	0.4	14	1.9	31
Disabled	3.6	245	1.7	198	0.3	14	1.6	33
Adults	0.2	10	0.1	8	0.0	1	0.1	1
Children	0.4	30	0.2	25	0.0	2	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.8	99	0.8	78	0.2	7	0.8	14
Male	2.4	161	1.1	130	0.2	9	1.1	21
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.5	142	1.2	112	0.2	9	1.1	20
African American	1.7	100	0.7	80	0.1	6	0.8	14
Other/unknown	1.4	79	0.7	64	0.1	4	0.6	10
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	7.3	331	3.0	252	0.9	25	3.3	52
Part year	6.6	327	2.8	253	0.8	23	3.0	48
None	1.4	88	0.7	71	0.1	5	0.6	12

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	3.2	204	1.5	164	0.2	12	1.4	28
Medically needy	4.7	229	2.0	178	0.5	16	2.1	34
Poverty related	0.3	16	0.1	13	0.0	1	0.1	2
Other/unknown	0.3	22	0.2	18	0.0	2	0.1	3

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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 Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_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 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MARYLAND, 2002

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. of Bene	As % of All Bene	Mos	
		Generic	Generic		Generic	Generic		Generic	Generic						
Anti-infective Agents	0.4	0.2	0.0	\$40	\$36	\$2	\$100	\$155	\$80	\$16	185,159	\$18,508,731	50,694	14.1 %	464,097
Biologics	0.2	0.1	0.0	61	49	2	372	440	3,693	192	1,210	450,035	765	0.2	7,366
Antineoplastic Agents	0.5	0.2	0.0	100	68	5	189	317	155	95	19,820	3,746,812	3,917	1.1	37,583
Endocrine/Metabolic Drugs	0.8	0.4	0.2	34	25	4	41	62	25	19	357,647	14,751,787	44,476	12.4	436,924
Cardiovascular Agents	1.6	0.6	0.2	60	39	5	37	64	34	18	895,040	32,856,252	54,213	15.1	546,646
Respiratory Agents	0.7	0.4	0.0	33	25	3	46	68	67	16	249,330	11,468,040	37,427	10.4	349,496
Gastrointestinal Agents	0.8	0.4	0.0	57	51	1	73	116	89	15	294,688	21,445,833	37,098	10.3	373,565
Genitourinary Agents	0.5	0.4	0.0	24	23	0	51	64	31	11	59,491	3,005,989	12,501	3.5	122,918
CNS Drugs	1.5	0.8	0.1	120	102	5	82	123	78	24	705,052	57,777,542	56,588	15.7	479,882
Stimulants/Anti-obesity/Anorexia	1.4	0.7	0.2	82	56	11	58	80	54	29	32,039	1,844,157	5,408	1.5	22,506
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	72	70	0	117	120	4	57	28,493	3,326,516	4,657	1.3	46,490
Analgesics and Anesthetics	0.7	0.3	0.1	39	31	3	54	107	50	15	314,748	16,985,071	44,906	12.5	430,839
Neuromuscular Agents	1.2	0.5	0.1	65	50	6	55	96	38	17	309,168	16,907,113	27,648	7.7	260,154
Nutritional Products	0.6	0.0	0.1	9	1	1	15	41	24	13	115,323	1,708,076	22,164	6.2	198,964
Hematological Agents	0.8	0.3	0.2	70	62	4	86	216	15	12	142,628	12,239,028	17,702	4.9	175,910
Topical Products	0.5	0.2	0.0	19	13	2	38	59	47	16	191,418	7,306,472	39,219	10.9	389,350
Miscellaneous Products	0.4	0.1	0.0	73	58	6	185	411	268	40	11,377	2,109,692	2,895	0.8	28,975
Unknown Therapeutic Category	0.3	0.0	0.0	12	0	0	36	0	0	0	11,299	402,822	3,246	0.9	32,955
<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.	3,923,930	226,839,968	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MARYLAND, 2002

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
ANTIPTCHOTICS	\$31,872,314	7.5 %	281,167	0.8	\$141	\$113
ULCER DRUGS	18,235,995	9.7	362,185	0.6	89	50
ANTIDEPRESSANTS	14,454,321	9.8	361,319	0.7	58	40
ANTICONVULSANT	13,597,788	6.2	232,499	0.9	63	58
ANTIHYPERLIPIDEMIC	10,051,956	4.9	192,750	0.7	80	52
ANTIDIABETIC	9,394,081	7.8	291,952	0.7	48	32
ANTIVIRAL	9,272,043	1.6	54,853	0.4	391	169
ANTIHYPERTENSIVE	8,904,778	10.3	389,971	0.6	38	23
ANALGESICS - Narcotic	8,830,897	10.9	394,631	0.4	50	22
CALCIUM BLOCKERS	7,093,491	5.4	207,177	0.7	52	34
Total	131,707,664	266,505	2,768,504	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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.