

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>115,742</b>	<b>68,037</b>	<b>46,740</b>	<b>918</b>	<b>42</b>	<b>5</b>	<b>1,182,162</b>	<b>674,035</b>	<b>500,259</b>	<b>7,411</b>	<b>426</b>	<b>31</b>		
<b>Age</b>														
5 and younger	8	0	4	0	4	0	73	0	31	0	42	0		
6-14	15	0	6	0	9	0	162	0	63	0	99	0		
15-20	191	0	154	11	26	0	1,845	0	1,525	60	260	0		
21-44	19,919	0	19,226	689	3	1	212,197	0	206,526	5,639	25	7		
45-64	27,229	23	27,022	182	0	2	290,895	146	289,295	1,440	0	14		
65-74	24,029	23,675	327	25	0	2	249,658	246,650	2,817	181	0	10		
75-84	24,367	24,355	1	11	0	0	241,296	241,203	2	91	0	0		
85 and older	19,983	19,983	0	0	0	0	186,033	186,033	0	0	0	0		
Unknown	1	1	0	0	0	0	3	0	0	0	0	0		
<b>Gender</b>														
Female	75,342	50,503	24,178	643	13	5	773,616	506,937	261,355	5,173	120	31		
Male	40,400	17,534	22,562	275	29	0	408,546	167,098	238,904	2,238	306	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	98,010	57,923	39,412	640	31	4	999,115	570,467	422,908	5,383	330	27		
African American	14,700	8,049	6,396	246	8	1	151,948	82,354	67,701	1,818	71	4		
Other/unknown	3,032	2,065	932	32	3	0	31,099	21,214	9,650	210	25	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	25,126	23,062	2,064	0	0	0	250,609	228,091	22,518	0	0	0		
Part year	12,243	10,925	1,315	3	0	0	113,139	99,375	13,738	26	0	0		
None	78,373	34,050	43,361	915	42	5	818,414	346,569	464,003	7,385	426	31		
<b>Maintenance Assistance Status</b>														
Cash	42,366	16,941	24,696	728	1	0	463,757	186,987	270,748	6,010	12	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	2,911	1,478	1,308	88	32	5	30,017	15,250	13,796	619	321	31		
Other/unknown	70,465	49,618	20,736	102	9	0	688,388	471,798	215,715	782	93	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	108,531	64,205	43,462	817	42	5	1,109,616	635,766	467,005	6,388	426	31		
Full dual, part year	7,211	3,832	3,278	101	0	0	72,546	38,269	33,254	1,023	0	0		
<b>Managed Care Status</b>														
FFS all year	115,352	68,028	46,545	739	35	5	1,180,001	673,970	499,017	6,607	376	31		
FFS part year, with Rx claims	293	6	141	141	5	0	1,765	42	997	686	40	0		
FFS part year, no Rx claims	97	3	54	38	2	0	396	23	245	118	10	0		

Table D2

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 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	85.6 %	52.0	\$2,944	\$57	\$15,463	19.0 %	115,742
<b>Age</b>							
5 and younger	100.0	41.4	3,422	83	21,734	15.7	8
6-14	93.3	59.9	6,790	113	14,502	46.8	15
15-20	72.3	25.5	2,637	104	14,945	17.6	191
21-44	83.6	38.9	3,204	82	15,745	20.3	19,919
45-64	84.3	55.2	3,622	66	16,247	22.3	27,229
65-74	80.9	50.7	2,581	51	10,657	24.2	24,029
75-84	86.9	56.8	2,714	48	15,428	17.6	24,367
85 and older	93.3	56.9	2,476	44	19,940	12.4	19,983
Unknown	100.0	4.0	206	52	9,494	2.2	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	86.7	54.7	2,600	48	15,096	17.2	68,037
Disabled	84.0	48.6	3,467	71	16,206	21.4	46,740
Adults	79.7	27.4	1,670	61	4,996	33.4	918
Children	85.7	40.5	5,281	130	13,539	39.0	42
Unknown	60.0	15.4	792	51	2,945	26.9	5
<b>Gender</b>							
Female	87.8	56.4	2,981	53	15,013	19.9	75,342
Male	81.4	43.8	2,874	66	16,302	17.6	40,400
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	86.5	54.4	3,070	56	16,096	19.1	98,010
African American	80.6	39.2	2,244	57	12,296	18.3	14,700
Other/unknown	80.0	38.2	2,255	59	10,358	21.8	3,032
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.0	76.9	3,706	48	29,202	12.7	25,126
Part year	96.2	63.0	3,119	50	19,329	16.1	12,243
None	79.9	42.4	2,672	63	10,454	25.6	78,373
<b>Maintenance Assistance Status</b>							
Cash	89.1	52.2	3,173	61	12,782	24.8	42,366
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	40.9	7.9	455	57	1,491	30.5	2,911
Other/unknown	85.3	53.8	2,908	54	17,652	16.5	70,465

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

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	5.1	\$288	19.0 %	14.4 %	13.1 %	8.7 %	25.3 %	27.1 %	11.4 %	\$1,514	115,742	1,182,162
<b>Age</b>												
5 and younger	4.5	375	15.7	0.0	12.5	12.5	37.5	37.5	0.0	2,382	8	73
6-14	5.5	629	46.8	6.7	0.0	6.7	40.0	46.7	0.0	1,343	15	162
15-20	2.6	273	17.6	27.7	28.8	10.5	17.8	13.6	1.6	1,547	191	1,845
21-44	3.7	301	20.3	16.4	22.7	11.8	25.7	18.0	5.4	1,478	19,919	212,197
45-64	5.2	339	22.3	15.7	12.9	8.6	24.6	26.7	11.6	1,521	27,229	290,895
65-74	4.9	248	24.2	19.1	13.7	8.5	23.0	24.3	11.4	1,026	24,029	249,658
75-84	5.7	274	17.6	13.1	9.8	7.1	25.0	30.6	14.4	1,558	24,367	241,296
85 and older	6.1	266	12.4	6.7	7.1	7.5	29.0	36.1	13.5	2,142	19,983	186,033
Unknown	1.3	69	2.2	0.0	100.0	0.0	0.0	0.0	0.0	3,165	1	3
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.5	262	17.2	13.3	10.3	7.7	25.5	30.1	13.1	1,524	68,037	674,035
Disabled	4.5	324	21.4	16.0	16.9	9.9	25.1	23.1	9.1	1,514	46,740	500,259
Adults	3.4	207	33.4	20.3	24.0	12.0	22.1	17.6	4.0	619	918	7,411
Children	4.0	521	39.0	14.3	14.3	9.5	35.7	26.2	0.0	1,335	42	426
Unknown	2.5	128	26.9	40.0	20.0	0.0	40.0	0.0	0.0	475	5	31
<b>Gender</b>												
Female	5.5	290	19.9	12.2	11.4	8.3	25.8	29.4	12.9	1,462	75,342	773,616
Male	4.3	284	17.6	18.6	16.4	9.2	24.3	22.9	8.6	1,612	40,400	408,546
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.3	301	19.1	13.5	12.1	8.3	25.2	28.4	12.5	1,579	98,010	999,115
African American	3.8	217	18.3	19.4	18.4	10.7	25.8	20.6	5.1	1,190	14,700	151,948
Other/unknown	3.7	220	21.8	20.0	19.2	10.8	26.0	18.5	5.5	1,010	3,032	31,099
<b>use or nursing Facilities<sup>d</sup></b>												
Entire year	7.7	372	12.7	2.0	3.8	5.1	25.2	40.8	23.1	2,928	25,126	250,609
Part year	6.8	338	16.1	3.8	6.5	7.1	28.5	36.6	17.5	2,092	12,243	113,139
None	4.1	256	25.6	20.1	17.1	10.1	24.8	21.3	6.6	1,001	78,373	818,414
<b>Maintenance Assistance Status</b>												
Cash	4.8	290	24.8	10.9	16.6	10.5	27.3	25.3	9.4	1,168	42,366	463,757
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.8	44	30.5	59.1	24.2	6.2	7.6	2.7	0.2	145	2,911	30,017
Other/unknown	5.5	298	16.5	14.7	10.6	7.6	24.8	29.3	13.0	1,807	70,465	688,388

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.1	\$288	\$57	2.1	\$211	\$99	0.3	\$17	\$48	2.6	\$60	\$23
<b>Age</b>												
5 and younger	4.5	375	83	1.5	201	138	0.5	113	223	2.5	60	24
6-14	5.5	629	113	2.4	503	211	0.3	30	91	2.8	94	34
15-20	2.6	273	104	1.2	224	183	0.2	20	93	1.2	29	24
21-44	3.7	301	82	1.6	236	145	0.2	19	78	1.8	46	26
45-64	5.2	339	66	2.3	257	113	0.3	19	62	2.6	63	24
65-74	4.9	248	51	2.1	179	87	0.3	13	44	2.5	56	22
75-84	5.7	274	48	2.4	193	81	0.4	16	38	2.9	64	22
85 and older	6.1	266	44	2.3	178	76	0.5	17	35	3.2	70	22
Unknown	1.3	69	52	0.7	50	75	0.0	0	0	0.7	19	28
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.5	262	48	2.3	184	82	0.4	15	38	2.8	63	22
Disabled	4.5	324	71	2.0	248	124	0.3	19	68	2.2	56	25
Adults	3.4	207	61	1.4	160	118	0.2	8	52	1.9	38	20
Children	4.0	521	130	1.4	389	275	0.4	66	168	2.2	65	30
Unknown	2.5	128	51	1.4	115	85	0.0	0	0	1.1	12	11
<b>Gender</b>												
Female	5.5	290	53	2.3	211	91	0.4	16	44	2.8	63	23
Male	4.3	284	66	1.8	212	116	0.3	18	60	2.2	54	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.3	301	56	2.2	220	98	0.4	18	48	2.7	63	23
African American	3.8	217	57	1.6	162	103	0.3	13	49	2.0	43	22
Other/unknown	3.7	220	59	1.7	168	101	0.2	11	48	1.8	40	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.7	372	48	3.1	254	83	0.6	23	37	4.0	94	24
Part year	6.8	338	50	2.7	235	86	0.5	21	39	3.5	81	23
None	4.1	256	63	1.8	195	109	0.2	14	61	2.0	46	23
<b>Maintenance Assistance Status</b>												
Cash	4.8	290	61	2.0	218	107	0.3	17	57	2.4	55	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.8	44	57	0.3	32	105	0.0	3	61	0.4	9	22
Other/unknown	5.5	298	54	2.3	215	94	0.4	18	44	2.8	65	23

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No. Dual Benes	As % of Benes	No. of Bene Mos			
														Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.2	\$3	\$1	\$27	\$68	\$113	\$91	\$17	281,840	\$19,156,739	64,816	56.0 %	708,800
Biologics	0.1	0.1	0.0	0.0	2	0	5	46	26	1,322	116	9,277	430,629	8,161	7.1	92,025
Antineoplastic Agents	0.5	0.2	0.0	0.3	74	6	107	199	370	139	90	28,033	5,574,217	5,175	4.5	52,232
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	42	33	42	42	63	23	18	564,073	23,955,211	52,274	45.2	567,378
Cardiovascular Agents	1.8	0.6	0.1	1.0	60	37	60	34	61	35	19	1,329,992	45,541,369	70,544	60.9	754,759
Respiratory Agents	0.8	0.4	0.0	0.3	39	28	39	50	71	63	25	450,956	22,689,986	52,945	45.7	579,543
Gastrointestinal Agents	0.7	0.3	0.0	0.4	50	38	50	68	122	100	25	424,614	29,033,690	53,855	46.5	583,817
Genitourinary Agents	0.5	0.4	0.0	0.1	37	27	37	69	70	35	66	118,834	8,168,015	20,490	17.7	221,817
CNS Drugs	1.4	0.7	0.1	0.6	120	95	120	85	130	98	30	1,013,349	86,287,358	67,054	57.9	720,880
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	48	34	48	85	144	84	37	8,995	764,558	1,430	1.2	15,787
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	79	76	79	126	131	0	57	60,829	7,671,598	9,417	8.1	97,703
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	46	31	46	52	129	67	20	583,919	30,364,960	61,233	52.9	664,216
Neuromuscular Agents	1.0	0.4	0.1	0.5	68	49	68	66	113	55	27	415,743	27,558,925	36,909	31.9	406,194
Nutritional Products	0.6	0.0	0.1	0.6	13	0	13	20	39	19	19	197,081	3,862,353	28,904	25.0	304,668
Hematological Agents	0.8	0.3	0.2	0.4	54	45	54	67	168	18	16	212,693	14,232,940	24,899	21.5	263,594
Topical Products	0.5	0.2	0.0	0.2	19	12	19	38	58	44	20	276,330	10,536,278	51,232	44.3	559,728
Miscellaneous Products	0.4	0.1	0.0	0.2	75	49	75	171	329	266	60	25,012	4,272,661	5,374	4.6	56,807
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	8	27	0	0	0	21,544	589,738	6,808	5.9	73,076
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	6,023,114	340,691,225	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$49,536,072	37,426	32.3 %	408,130	0.7	\$163	\$121
ANTIDEPRESSANTS	29,085,481	60,657	52.4	661,944	0.6	69	44
ULCER DRUGS	22,422,468	61,500	53.1	680,023	0.4	74	33
ANTICONVULSANT	21,025,074	32,181	27.8	356,950	0.8	76	59
ANALGESICS - Narcotic	17,378,216	70,812	61.2	775,291	0.5	46	22
ANTIDIABETIC	16,568,133	38,421	33.2	420,456	0.7	58	39
ANTIHYPERTENSIVE	13,525,705	23,950	20.7	270,789	0.6	83	50
ANTIASTHMATIC	13,315,014	46,962	40.6	515,435	0.4	58	26
ANTIHYPERTENSIVE	11,828,800	46,552	40.2	509,747	0.6	37	23
ANALGESICS - ANTI-INFLAMMATORY	10,276,266	34,810	30.1	391,025	0.4	64	26
Total	204,961,229	453,271		4,989,790	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,840,698</b>	<b>\$204,961,229</b>	<b>37,426</b>	<b>32.3 %</b>	<b>408,130</b>	<b>0.7</b>	<b>\$121</b>	<b>60,657</b>	<b>52.4 %</b>	<b>661,944</b>	<b>0.6</b>	<b>\$44</b>					
<b>Female</b>	1,943,777	132,842,495	22,428	29.8	244,424	0.7	105	43,153	57.3	472,097	0.6	44					
<b>Disabled</b>	691,473	56,767,916	9,419	39.0	108,296	0.7	125	18,019	74.5	207,656	0.6	44					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	34	2,331	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	967	88,116	24	33.3	284	0.7	130	30	41.7	352	0.6	38					
21-44	207,448	18,724,242	4,051	45.8	46,491	0.7	125	6,576	74.4	75,747	0.5	43					
45-64	478,423	37,637,335	5,303	35.2	61,092	0.7	125	11,316	75.1	130,497	0.6	45					
65-74	4,601	315,892	41	20.2	429	0.6	97	97	47.8	1,060	0.6	39					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	1,252,302	76,074,539	13,009	25.4	136,128	0.7	90	25,133	49.1	264,438	0.7	44					
5 and younger	51	825	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	37	1,564	0	0.0	0	0.0	0	1	5.9	9	0.1	7					
21-44	6,096	409,461	83	16.3	875	0.4	64	327	64.2	3,159	0.4	30					
45-64	2,251	141,981	25	22.9	264	0.4	59	87	79.8	876	0.4	32					
65-74	415,896	26,612,916	3,114	19.6	34,259	0.7	102	7,486	47.2	83,646	0.6	39					
75-84	471,191	28,492,590	5,050	27.9	53,082	0.7	90	8,991	49.7	94,564	0.7	46					
85 and older	356,779	20,415,194	4,737	28.6	47,648	0.7	81	8,241	49.7	82,184	0.8	48					
<b>Male</b>	896,921	72,118,734	14,998	37.1	163,706	0.8	145	17,504	43.3	189,847	0.6	44					
<b>Disabled</b>	517,530	48,596,351	9,951	44.1	113,242	0.8	167	10,437	46.3	118,618	0.6	43					
5 and younger	24	1,297	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	105	4,590	2	40.0	24	0.1	7	1	20.0	12	0.1	1					
15-20	932	108,192	32	39.0	370	0.7	132	29	35.4	339	0.7	48					
21-44	208,873	21,840,812	5,224	50.3	59,577	0.8	167	4,944	47.6	56,354	0.6	42					
45-64	305,548	26,506,851	4,661	39.0	52,973	0.9	168	5,429	45.4	61,617	0.6	45					
65-74	2,048	134,609	32	25.8	298	0.5	75	34	27.4	296	0.6	39					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	379,391	23,522,383	5,047	28.3	50,464	0.7	95	7,067	39.6	71,229	0.7	45					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	45	1,784	0	0.0	0	0.0	0	1	14.3	12	0.7	45					
15-20	323	30,707	8	40.0	96	0.8	169	8	40.0	88	0.8	62					
21-44	3,048	232,032	36	19.6	369	0.4	95	116	63.0	1,169	0.4	30					
45-64	1,592	120,581	10	10.2	100	0.2	27	46	46.9	411	0.4	26					
65-74	169,009	10,900,252	1,727	22.1	18,596	0.8	112	2,639	33.7	28,669	0.6	43					
75-84	136,249	8,215,608	2,055	32.7	20,136	0.7	88	2,643	42.0	26,078	0.7	46					
85 and older	69,125	4,021,419	1,211	35.5	11,167	0.7	79	1,614	47.3	14,802	0.8	48					
<b>Unknown</b>	2	40	0	0.0	0	0.0	0	1	100.0	3	0.3	3					

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>61,500</b>	<b>53.1 %</b>	<b>680,023</b>	<b>0.4</b>	<b>\$33</b>	<b>32,181</b>	<b>27.8 %</b>	<b>356,950</b>	<b>0.8</b>	<b>\$59</b>	<b>70,812</b>	<b>61.2 %</b>	<b>775,291</b>	<b>0.5</b>	<b>\$22</b>
<b>Female</b>	43,403	57.6	480,880	0.4	33	19,958	26.5	221,971	0.8	54	50,469	67.0	553,036	0.5	21
<b>Disabled</b>	14,290	59.1	165,526	0.4	33	10,507	43.5	120,764	0.7	66	19,398	80.2	223,779	0.5	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.4	56	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	17	23.6	192	0.3	19	29	40.3	334	0.9	76	37	51.4	434	0.2	7
21-44	4,125	46.7	47,796	0.4	31	4,373	49.5	50,171	0.7	70	6,741	76.3	77,838	0.4	24
45-64	10,041	66.7	116,466	0.4	34	6,064	40.3	69,798	0.7	63	12,475	82.8	144,012	0.5	26
65-74	106	52.2	1,060	0.4	32	41	20.2	461	0.7	43	145	71.4	1,495	0.5	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	29,113	56.9	315,354	0.5	33	9,451	18.5	101,207	0.8	40	31,071	60.7	329,257	0.5	19
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	14	1	25.0	12	0.1	1
6-14	1	50.0	8	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	23.5	33	0.2	10	1	5.9	7	0.4	10	6	35.3	65	0.1	6
21-44	169	33.2	1,744	0.3	23	121	23.8	1,210	0.5	47	423	83.1	4,331	0.4	19
45-64	50	45.9	502	0.3	28	45	41.3	450	0.5	32	111	101.8	1,110	0.5	22
65-74	9,330	58.8	106,334	0.4	32	3,270	20.6	36,534	0.7	44	10,149	63.9	114,213	0.5	18
75-84	10,311	57.0	112,103	0.5	34	3,639	20.1	38,817	0.8	41	10,914	60.4	116,485	0.5	19
85 and older	9,248	55.8	94,630	0.5	33	2,374	14.3	24,177	0.8	35	9,467	57.1	93,041	0.6	20
<b>Male</b>	18,097	44.8	199,143	0.4	33	12,223	30.3	134,979	0.8	67	20,343	50.4	222,255	0.5	25
<b>Disabled</b>	9,478	42.0	108,520	0.4	34	8,584	38.0	97,444	0.8	75	12,051	53.4	137,216	0.5	30
5 and younger	3	75.0	19	0.3	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	40.0	24	0.3	13	3	60.0	36	0.9	19	5	100.0	60	0.1	1
15-20	17	20.7	201	0.3	34	25	30.5	294	0.8	108	14	17.1	148	0.1	1
21-44	3,651	35.1	42,207	0.4	33	4,269	41.1	48,548	0.8	78	5,244	50.5	60,251	0.4	29
45-64	5,759	48.2	65,645	0.4	34	4,258	35.6	48,294	0.9	72	6,724	56.2	76,178	0.5	31
65-74	46	37.1	424	0.4	34	29	23.4	272	0.7	38	64	51.6	579	0.5	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	8,619	48.3	90,623	0.5	32	3,639	20.4	37,535	0.8	46	8,292	46.5	85,039	0.5	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	71.4	57	0.3	12	0	0.0	0	0.0	0	1	14.3	12	0.1	1
15-20	11	55.0	129	0.4	21	4	20.0	48	0.5	37	11	55.0	124	0.2	6
21-44	62	33.7	696	0.3	30	56	30.4	587	0.4	39	186	101.1	1,914	0.6	36
45-64	35	35.7	357	0.4	32	27	27.6	264	0.6	62	73	74.5	700	0.7	66
65-74	3,602	46.0	39,985	0.4	32	1,615	20.6	17,521	0.8	51	3,572	45.6	39,144	0.5	17
75-84	3,128	49.8	32,294	0.5	32	1,353	21.5	13,560	0.8	43	2,847	45.3	28,492	0.5	16
85 and older	1,776	52.0	17,105	0.5	35	584	17.1	5,555	0.8	37	1,602	46.9	14,653	0.5	16
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANTI-ASTHMATIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>38,421</b>	<b>33.2 %</b>	<b>420,456</b>	<b>0.7</b>	<b>\$39</b>	<b>23,950</b>	<b>20.7 %</b>	<b>270,789</b>	<b>0.6</b>	<b>\$50</b>	<b>46,962</b>	<b>40.6 %</b>	<b>515,435</b>	<b>0.4</b>	<b>\$26</b>
<b>Female</b>	27,167	36.1	298,334	0.7	39	16,219	21.5	183,837	0.6	50	32,410	43.0	357,919	0.4	25
<b>Disabled</b>	8,337	34.5	96,065	0.6	43	5,804	24.0	67,151	0.6	47	11,778	48.7	136,246	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	1.1	59	0	0.0	0	0.0	0
15-20	1	1.4	12	0.1	5	0	0.0	0	0.0	0	12	16.7	144	0.3	13
21-44	1,637	18.5	18,887	0.6	41	992	11.2	11,443	0.5	43	3,166	35.8	36,746	0.3	20
45-64	6,608	43.9	76,229	0.6	43	4,745	31.5	54,961	0.6	48	8,506	56.5	98,422	0.4	26
65-74	91	44.8	937	0.7	35	66	32.5	735	0.6	53	94	46.3	934	0.5	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	18,830	36.8	202,269	0.7	37	10,415	20.4	116,686	0.6	51	20,632	40.3	221,673	0.4	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	100.0	48	0.1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	5.9	7	0.1	10	1	5.9	12	0.3	21	0	0.0	0	0.0	0
21-44	54	10.6	530	0.4	33	31	6.1	286	0.3	26	154	30.3	1,529	0.3	19
45-64	52	47.7	515	0.5	30	26	23.9	237	0.5	35	43	39.4	444	0.3	20
65-74	7,552	47.6	84,911	0.7	39	5,182	32.6	59,313	0.6	52	7,855	49.5	88,711	0.5	28
75-84	7,274	40.2	77,813	0.7	37	3,925	21.7	43,605	0.6	52	7,109	39.3	75,634	0.5	27
85 and older	3,897	23.5	38,493	0.8	33	1,250	7.5	13,233	0.7	51	5,467	33.0	55,307	0.4	21
<b>Male</b>	11,254	27.9	122,122	0.7	41	7,731	19.1	86,952	0.6	50	14,552	36.0	157,516	0.5	27
<b>Disabled</b>	5,417	24.0	61,391	0.6	43	4,446	19.7	51,034	0.6	49	6,557	29.1	74,553	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	2	1.0	45
6-14	1	20.0	12	1.2	61	0	0.0	0	0.0	0	6	120.0	72	0.4	30
15-20	1	1.2	12	0.7	26	1	1.2	12	0.3	16	12	14.6	144	0.2	13
21-44	1,406	13.5	16,161	0.7	44	1,260	12.1	14,495	0.6	48	1,994	19.2	23,127	0.4	21
45-64	3,971	33.2	44,834	0.6	43	3,156	26.4	36,258	0.6	50	4,487	37.5	50,752	0.5	27
65-74	38	30.6	372	0.6	37	29	23.4	269	0.6	60	56	45.2	456	0.7	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	5,837	32.7	60,731	0.7	38	3,285	18.4	35,918	0.6	51	7,995	44.8	82,963	0.5	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	10.0	24	0.5	30	6	30.0	72	0.1	8
21-44	39	21.2	398	0.6	40	23	12.5	255	0.3	25	66	35.9	706	0.3	22
45-64	23	23.5	211	0.7	42	19	19.4	181	0.5	44	35	35.7	365	0.3	17
65-74	2,815	36.0	31,125	0.7	39	1,948	24.9	22,103	0.6	51	3,554	45.4	39,099	0.5	29
75-84	2,043	32.5	20,409	0.8	37	1,032	16.4	10,862	0.7	52	2,771	44.1	28,247	0.5	28
85 and older	917	26.9	8,588	0.8	37	261	7.6	2,493	0.7	51	1,563	45.8	14,474	0.5	27
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	No. of Benes	No. of Benes among Users	Mean Rx	Users as % of Dual Benes	No. of Benes among Users	Mean Rx	No. of Benes	No. of Benes among Users	Mean Rx \$	No. of Benes	No. of Benes among Users						
	No. of Users	Users as % of Dual Benes	No. of Benes among Users	Mean Rx	No. of Users	Users as % of Dual Benes	No. of Benes among Users	Mean Rx													No. of Users	Users as % of Dual Benes	No. of Benes among Users	Mean Rx	No. of Benes	Users as % of Dual Benes
<b>All</b>	<b>46,552</b>	<b>40.2 %</b>	<b>509,747</b>	<b>0.6</b>	<b>\$23</b>	<b>34,810</b>	<b>30.1 %</b>	<b>391,025</b>	<b>0.4</b>	<b>\$26</b>	<b>115,742</b>	<b>1,182,162</b>														
<b>Female</b>																										
<b>Disabled</b>																										
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0			
6-14	1	100.0	12	1.3	80	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	0			
15-20	10	13.9	117	0.3	21	16	22.2	186	0.3	8	72	718														
21-44	1,445	16.3	16,684	0.5	18	3,070	34.7	35,646	0.3	14	8,838	95,562														
45-64	6,313	41.9	72,956	0.6	22	6,142	40.8	71,794	0.4	27	15,064	163,189														
65-74	96	47.3	1,025	0.5	21	60	29.6	619	0.4	37	203	1,874														
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0	0	0	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	0		
<b>Other Eligibles</b>																										
5 and younger	24,659	48.2	265,654	0.7	25	16,503	32.3	182,030	0.5	32	51,163	512,258														
6-14	7	175.0	72	0.6	7	1	25.0	12	0.2	4	4	42														
15-20	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	0	0	
21-44	4	23.5	39	0.3	10	1	5.9	9	0.1	2	17	117														
45-64	63	12.4	651	0.4	19	147	28.9	1,552	0.2	7	509	4,108														
65-74	41	37.6	376	0.4	17	48	44.0	478	0.3	14	109	856														
75-84	8,365	52.7	94,655	0.6	23	5,474	34.5	63,276	0.4	28	15,872	167,462														
85 and older	9,279	51.3	100,440	0.7	25	6,043	33.4	66,934	0.5	33	18,080	182,915														
<b>Male</b>																										
<b>Disabled</b>																										
5 and younger	14,027	34.7	153,296	0.6	22	9,019	22.3	100,750	0.4	20	40,400	408,546														
6-14	6,431	28.5	73,148	0.6	21	5,089	22.6	58,616	0.3	15	22,562	238,904														
15-20	3	75.0	20	0.8	53	1	25.0	1	1.0	15	4	31														
21-44	6	120.0	63	0.3	8	0	0.0	0	0.0	0	5	51														
45-64	12	14.6	128	0.6	16	8	9.8	93	0.2	2	82	807														
65-74	1,906	18.3	21,861	0.6	20	2,174	20.9	25,056	0.3	11	10,388	110,964														
75-84	4,453	37.2	50,586	0.6	22	2,871	24.0	33,110	0.4	18	11,958	126,106														
85 and older	51	41.1	490	0.5	15	35	28.2	356	0.4	18	124	943														
<b>Other Eligibles</b>																										
5 and younger	7,596	42.6	80,148	0.7	23	3,930	22.0	42,134	0.5	27	17,838	169,642														
6-14	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	0	0	
15-20	3	42.9	33	0.6	17	0	0.0	0	0.0	0	7	79														
21-44	12	60.0	135	0.5	18	3	15.0	35	0.1	1	20	203														
45-64	39	21.2	438	0.4	14	61	33.2	619	0.2	8	184	1,563														
65-74	27	27.6	252	0.7	25	27	27.6	278	0.4	16	98	744														
75-84	3,521	45.0	39,200	0.6	22	1,691	21.6	19,196	0.4	23	7,830	79,379														
85 and older	2,713	43.2	27,823	0.7	23	1,362	21.7	14,403	0.5	31	6,286	58,379														
<b>Unknown</b>																										
	1	100.0	3	0.3	11	0	0.0	0	0.0	0	1	3														

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$372</b>	<b>7.7</b>	<b>25,126</b>	<b>250,609</b>
<b>Age</b>				
0-64	512	8.9	2,036	22,241
65-74	472	8.9	3,295	34,584
75-84	388	8.0	8,563	85,250
85 and older	298	6.8	11,232	108,534
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	362	7.7	18,590	186,649
Male	398	7.7	6,536	63,960
Unknown	0	0.0	0	0
<b>Race</b>				
White	375	7.8	22,863	226,732
African American	336	6.5	1,897	20,074
Other/unknown	381	7.6	366	3,803
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	358	7.6	23,062	228,091
Disabled	512	8.9	2,064	22,518
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Rx \$	Patented	Off-Patent	No. Residents	As % of Dual All-Year NF Residents				
	Generic	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	Brand-Name	Off-Patent	Brand-Name	Generic	No. of Bene Mos			
Anti-infective Agents	0.5	0.2	0.0	0.2	\$22	\$17	\$1	\$3	\$48	\$73	\$79	\$17	\$17	\$17	83,981	\$4,057,717	17,781	70.8 %	186,323
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	16	0	33	33	33	5,088	96,214	4,663	18.6	52,474
Antineoplastic Agents	0.6	0.2	0.1	0.4	84	35	9	39	138	213	145	104	104	104	11,436	1,578,033	1,929	7.7	18,872
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.5	47	37	3	8	37	58	20	15	15	15	167,287	6,226,049	12,859	51.2	132,493
Cardiovascular Agents	2.2	0.5	0.2	1.4	60	27	7	26	28	52	31	18	18	18	414,092	11,529,379	18,961	75.5	191,995
Respiratory Agents	0.8	0.3	0.1	0.4	36	21	3	11	47	64	57	30	30	30	109,954	5,127,938	13,681	54.4	143,144
Gastrointestinal Agents	0.9	0.3	0.0	0.6	45	27	1	16	50	96	76	27	27	27	141,203	6,994,513	14,943	59.5	155,366
Genitourinary Agents	0.7	0.4	0.0	0.2	49	31	0	18	73	68	36	85	85	85	51,887	3,800,439	7,397	29.4	78,070
CNS Drugs	1.7	1.0	0.1	0.6	129	106	5	18	76	106	61	29	29	29	320,152	24,210,733	18,272	72.7	187,567
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	33	22	1	10	45	138	35	18	18	18	1,787	80,922	233	0.9	2,435
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	101	101	0	0	125	126	0	36	36	36	35,251	4,398,267	4,287	17.1	43,435
Analgesics and Anesthetics	1.1	0.4	0.1	0.7	48	35	2	11	44	90	46	17	17	17	159,122	6,975,868	14,198	56.5	145,046
Neuromuscular Agents	1.4	0.6	0.2	0.7	80	49	8	23	58	88	50	35	35	35	123,023	7,138,145	8,436	33.6	88,928
Nutritional Products	0.8	0.0	0.0	0.8	16	1	1	14	19	43	23	18	18	18	82,374	1,564,187	9,770	38.9	99,070
Hematological Agents	1.2	0.3	0.3	0.5	58	46	5	7	50	138	16	14	14	14	90,265	4,556,533	7,710	30.7	78,440
Topical Products	0.6	0.2	0.1	0.3	22	13	3	6	35	53	41	19	19	19	119,903	4,161,537	17,753	70.7	189,037
Miscellaneous Products	0.4	0.1	0.0	0.3	22	4	1	18	52	54	216	50	50	50	8,074	419,516	1,882	7.5	19,110
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	0	0	8,019	199,892	2,451	9.8	25,776
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.	n.a.	n.a.	1,932,898	93,115,882	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Indiana, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table D9

Dual Eligible Beneficiaries

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$12,793,093	11,325	45.1 %	120,048	0.8	\$129	\$107
ANTIDEPRESSANTS	9,418,701	16,104	64.1	167,664	0.8	66	56
ULCER DRUGS	5,730,294	15,607	62.1	165,614	0.6	59	35
ANTICONVULSANT	4,674,820	7,535	30.0	81,134	1.0	57	58
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,406,879	4,307	17.1	43,971	0.8	124	100
ANTIDIABETIC	4,016,824	9,050	36.0	94,128	0.9	47	43
ANALGESICS - Narcotic	3,680,420	14,113	56.2	144,131	0.7	37	26
ANTIHYPERTENSIVE	3,274,294	10,546	42.0	108,805	0.8	35	30
ANTIASTHMATIC	3,100,692	10,455	41.6	108,486	0.5	56	29
ANALGESICS - ANTI-INFLAMMATORY	2,976,356	7,592	30.2	80,913	0.6	61	37
<b>Total</b>	<b>54,072,373</b>	<b>106,634</b>		<b>1,114,894</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as %		Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Users as %		Mean No. of Rx	Mean Rx \$	No. of Bene Mos among Users	Users as %	
				Residents	NF				Residents	NF					
<b>All</b>	<b>838,843</b>	<b>\$54,072,373</b>	<b>11,325</b>	<b>45.1 %</b>	<b>120,048</b>	<b>0.8</b>	<b>\$107</b>	<b>16,104</b>	<b>64.1 %</b>	<b>167,664</b>	<b>0.8</b>	<b>\$56</b>	<b>167,664</b>	<b>64.1 %</b>	<b>\$56</b>
<b>Female</b>	615,661	39,037,517	7,894	42.5	84,208	0.8	103	12,092	65.0	126,378	0.8	56	126,378	65.0	56
<b>Disabled</b>	45,650	3,273,633	488	49.2	5,520	0.9	141	754	76.1	8,387	0.9	67	8,387	76.1	67
64 or younger	44,771	3,214,421	475	48.8	5,374	0.9	142	739	75.9	8,225	0.9	67	8,225	75.9	67
65-74	879	59,212	13	76.5	146	0.7	102	15	88.2	162	0.7	45	162	88.2	45
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
<b>Other Eligibles</b>	570,011	35,763,884	7,406	42.1	78,688	0.8	101	11,338	64.4	117,991	0.8	55	117,991	64.4	55
64 or younger	69	5,311	2	100.0	14	0.9	177	1	50.0	3	3.0	59	3	50.0	59
65-74	93,005	6,213,524	1,198	61.6	13,114	0.9	127	1,579	81.2	16,993	0.9	59	16,993	81.2	59
75-84	232,397	14,752,486	3,026	48.5	32,576	0.8	103	4,394	70.5	46,238	0.9	56	46,238	70.5	56
85 and older	244,540	14,792,563	3,180	33.8	32,984	0.7	88	5,364	56.9	54,757	0.8	54	54,757	56.9	54
<b>Male</b>	223,182	15,034,856	3,431	52.5	35,840	0.9	114	4,012	61.4	41,286	0.9	57	41,286	61.4	57
<b>Disabled</b>	47,883	3,668,330	644	60.0	7,257	1.0	163	715	66.6	7,995	0.9	65	7,995	66.6	65
64 or younger	47,489	3,644,922	637	60.2	7,183	1.0	165	707	66.8	7,919	0.9	65	7,919	66.8	65
65-74	394	23,408	7	50.0	74	0.4	38	8	57.1	76	1.0	85	76	57.1	85
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
<b>Other Eligibles</b>	175,299	11,366,526	2,787	51.0	28,583	0.8	102	3,297	60.4	33,291	0.8	55	33,291	60.4	55
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0
65-74	54,577	3,738,463	840	63.7	9,298	0.9	121	895	67.9	9,836	0.8	58	9,836	67.9	58
75-84	75,053	4,823,012	1,223	52.5	12,290	0.8	97	1,430	61.4	14,353	0.8	54	14,353	61.4	54
85 and older	45,669	2,805,051	724	39.9	6,995	0.7	84	972	53.6	9,102	0.8	54	9,102	53.6	54
<b>Unknown</b>	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>15,607</b>	<b>62.1 %</b>	<b>\$35</b>	<b>7,555</b>	<b>30.0 %</b>	<b>\$58</b>	<b>81,134</b>	<b>1.0</b>	<b>1.0</b>	<b>4,307</b>	<b>17.1 %</b>	<b>\$100</b>	<b>43,971</b>	<b>0.8</b>	<b>\$100</b>			
<b>Female</b>																		
<b>Disabled</b>	11,543	62.1	34	4,985	26.8	54	53,954	1.0	1.0	3,202	17.2	54	33,003	0.8	100			
64 or younger	673	67.9	36	729	73.6	84	8,311	1.2	1.2	64	6.5	84	730	0.7	193			
65-74	662	68.0	36	722	74.1	85	8,227	1.2	1.2	62	6.4	85	706	0.7	196			
75-84	11	64.7	53	7	41.2	46	84	1.0	1.0	2	11.8	46	24	0.9	112			
85 and older	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0			
<b>Other Eligibles</b>																		
64 or younger	10,870	61.8	34	4,256	24.2	48	45,643	1.0	1.0	3,138	17.8	48	32,273	0.8	98			
65-74	1	50.0	52	2	100.0	31	10	1.0	1.0	0	0.0	31	0	0.0	0			
75-84	1,381	71.0	34	919	47.2	64	10,163	1.1	1.1	297	15.3	64	3,139	0.8	95			
85 and older	3,950	63.4	35	1,861	29.9	48	20,049	1.0	1.0	1,319	21.2	48	13,636	0.8	100			
	5,538	58.8	34	1,474	15.6	38	15,421	0.9	0.9	1,522	16.2	38	15,498	0.8	97			
<b>Male</b>																		
<b>Disabled</b>	4,064	62.2	35	2,550	39.0	66	27,180	1.1	1.1	1,105	16.9	66	10,968	0.8	100			
64 or younger	728	67.8	38	841	78.4	87	9,451	1.2	1.2	68	6.3	87	749	0.6	137			
65-74	717	67.7	38	834	78.8	88	9,375	1.2	1.2	68	6.4	88	749	0.6	137			
75-84	11	78.6	36	7	50.0	59	76	1.0	1.0	0	0.0	59	0	0.0	0			
85 and older	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0			
<b>Other Eligibles</b>																		
64 or younger	3,336	61.1	35	1,709	31.3	54	17,729	1.0	1.0	1,037	19.0	54	10,219	0.8	98			
65-74	904	68.5	35	658	49.9	66	7,156	1.1	1.1	184	13.9	66	1,955	0.8	91			
75-84	1,425	61.2	34	705	30.3	51	7,211	0.9	0.9	503	21.6	51	4,995	0.8	99			
85 and older	1,007	55.5	36	346	19.1	39	3,362	0.8	0.8	350	19.3	39	3,269	0.8	99			
<b>Unknown</b>	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>9,050</b>	<b>94,128</b>	<b>0.9</b>	<b>\$43</b>	<b>0.9</b>	<b>14,113</b>	<b>144,131</b>	<b>0.7</b>	<b>\$26</b>	<b>0.7</b>	<b>10,546</b>	<b>108,805</b>	<b>0.8</b>	<b>\$30</b>				
<b>Female</b>	6,560	68,619	0.9	42	0.9	10,998	112,770	0.7	27	0.7	7,734	79,679	0.8	31				
<b>Disabled</b>	386	4,385	1.0	53	1.0	660	7,210	0.8	31	0.8	315	3,515	0.8	33				
64 or younger	374	4,264	1.0	53	1.0	646	7,079	0.8	31	0.8	304	3,404	0.8	33				
65-74	12	121	1.3	64	1.3	14	131	0.8	31	0.8	11	111	0.9	27				
75-84	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				
<b>Other Eligibles</b>	6,174	64,234	0.9	41	0.9	10,338	105,560	0.7	26	0.7	7,419	76,164	0.8	30				
64 or younger	3	21	1.1	90	1.1	0	0	0.0	0	0.0	1	7	0.9	27				
65-74	1,158	12,481	0.9	47	0.9	1,302	14,020	0.9	35	0.9	925	9,905	0.8	31				
75-84	2,807	29,541	0.9	43	0.9	3,833	39,903	0.7	28	0.7	2,855	29,825	0.8	31				
85 and older	2,206	22,191	0.8	36	0.8	5,203	51,637	0.6	23	0.6	3,638	36,427	0.9	30				
<b>Male</b>	2,490	25,509	0.9	44	0.9	3,115	31,361	0.6	22	0.6	2,812	29,126	0.8	29				
<b>Disabled</b>	367	3,991	1.0	52	1.0	558	6,180	0.7	27	0.7	385	4,312	0.9	31				
64 or younger	364	3,955	1.0	52	1.0	551	6,120	0.7	27	0.7	375	4,205	0.9	32				
65-74	3	36	1.2	49	1.2	7	60	0.3	4	0.3	10	107	0.5	17				
75-84	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				
<b>Other Eligibles</b>	2,123	21,518	0.9	43	0.9	2,557	25,181	0.6	21	0.6	2,427	24,814	0.8	28				
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0				
65-74	674	7,361	0.9	44	0.9	639	6,809	0.6	25	0.6	635	6,917	0.9	31				
75-84	926	9,236	0.9	43	0.9	1,113	10,874	0.6	21	0.6	1,091	11,053	0.8	28				
85 and older	523	4,921	0.9	41	0.9	805	7,498	0.6	18	0.6	701	6,844	0.8	27				
<b>Unknown</b>	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 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Benefit Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx	Users as %		No. of Bene Mos among Users		Mean Rx		
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	Residents	No. of Users	NF Residents			
<b>All</b>	<b>10,455</b>	<b>41.6 %</b>	<b>108,486</b>	<b>0.5</b>	<b>\$29</b>	<b>7,592</b>	<b>30.2 %</b>	<b>80,913</b>	<b>0.6</b>	<b>\$37</b>	<b>25,126</b>	<b>250,609</b>
<b>Female</b>	7,326	39.4	76,581	0.5	28	5,989	32.2	64,079	0.6	38	18,590	186,649
<b>Disabled</b>	406	41.0	4,328	0.6	34	345	34.8	3,992	0.6	25	991	10,829
64 or younger	390	40.0	4,184	0.6	34	338	34.7	3,914	0.6	24	974	10,668
65-74	16	94.1	144	0.7	51	7	41.2	78	0.5	40	17	161
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	6,920	39.3	72,253	0.5	27	5,644	32.1	60,087	0.6	39	17,599	175,820
64 or younger	0	0.0	0	0.0	0	1	50.0	7	0.3	12	2	10
65-74	1,054	54.2	11,460	0.6	37	688	35.4	7,651	0.6	36	1,945	20,382
75-84	2,603	41.8	27,188	0.5	30	2,114	33.9	22,751	0.6	40	6,233	63,194
85 and older	3,263	34.6	33,605	0.4	22	2,841	30.2	29,678	0.6	39	9,419	92,234
<b>Male</b>	3,129	47.9	31,905	0.6	31	1,603	24.5	16,834	0.6	32	6,536	63,960
<b>Disabled</b>	447	41.7	4,926	0.6	33	270	25.2	3,018	0.5	18	1,073	11,689
64 or younger	444	41.9	4,906	0.6	33	267	25.2	2,982	0.5	18	1,059	11,560
65-74	3	21.4	20	0.7	27	3	21.4	36	0.6	26	14	129
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	2,682	49.1	26,979	0.5	31	1,333	24.4	13,816	0.6	35	5,463	52,271
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	3
65-74	656	49.7	7,227	0.6	31	322	24.4	3,632	0.6	32	1,319	13,912
75-84	1,191	51.1	11,821	0.5	31	553	23.7	5,749	0.6	36	2,330	22,056
85 and older	835	46.1	7,931	0.6	30	458	25.3	4,435	0.6	37	1,813	16,300
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 12,243 beneficiaries who were in nursing facilities for part of their enrollment and their 113,139 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2002

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 Dual Rx \$	Total No. of Benes
			13.2	68.8 %					
<b>All</b>	<b>79,588</b>	<b>68.8 %</b>	<b>13.2</b>	<b>68.8 %</b>	<b>1,533,536</b>	<b>\$15,372,984</b>	<b>\$10</b>	<b>4.5 %</b>	<b>115,742</b>
<b>Age</b>									
5 and younger	7	87.5	11.4	91	141	1,125	12	4.1	8
6-14	11	73.3	9.3	140	261	3,912	28	3.8	15
15-20	90	47.1	4.7	900	50	9,584	11	1.9	191
21-44	10,950	55.0	6.5	128,697	108	2,157,868	17	3.4	19,919
45-64	17,841	65.5	10.1	275,385	136	3,708,043	13	3.8	27,229
65-74	14,948	62.2	10.8	260,050	117	2,806,445	11	4.5	24,029
75-84	18,153	74.5	16.8	408,779	139	3,379,262	8	5.1	24,367
85 and older	17,588	88.0	23.0	459,494	165	3,306,745	7	6.7	19,983
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	50,498	74.2	16.5	1,125,523	139	9,461,356	8	5.3	68,037
Disabled	28,617	61.2	8.7	404,486	125	5,850,810	14	3.6	46,740
Adults	445	48.5	3.5	3,205	60	54,771	17	3.6	918
Children	26	61.9	7.5	317	143	6,005	19	2.7	42
Unknown	2	40.0	1.0	5	8	42	8	1.1	5
<b>Gender</b>									
Female	55,157	73.2	14.7	1,111,027	144	10,856,370	10	4.8	75,342
Male	24,431	60.5	10.5	422,509	112	4,516,614	11	3.9	40,400
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	68,936	70.3	14.0	1,374,855	140	13,766,499	10	4.6	98,010
African American	8,968	61.0	9.1	133,686	92	1,358,014	10	4.1	14,700
Other/unknown	1,684	55.5	8.2	24,995	82	248,471	10	3.6	3,032
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	24,310	96.8	31.4	789,350	230	5,783,389	7	6.2	25,126
Part year	11,423	93.3	20.7	253,158	173	2,115,562	8	5.5	12,243
None	43,855	56.0	6.3	491,028	95	7,474,033	15	3.6	78,373
<b>Maintenance Assistance Status</b>									
Cash	27,798	65.6	9.8	413,289	123	5,216,813	13	3.9	42,366
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	637	21.9	1.1	3,248	17	49,376	15	3.7	2,911
Other/unknown	51,153	72.6	15.9	1,116,999	143	10,106,795	9	4.9	70,465

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 INDIANA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	1.3	\$13	\$10	\$0	\$3	1,182,162
<b>Age</b>						
5 and younger	1.2	15	12	0	2	73
6-14	0.9	24	28	1	0	162
15-20	0.5	5	11	0	1	1,845
21-44	0.6	10	17	0	4	212,197
45-64	0.9	13	13	0	4	290,895
65-74	1.0	11	11	0	3	249,658
75-84	1.7	14	8	0	2	241,296
85 and older	2.5	18	7	0	2	186,033
Unknown	0.0	0	0	0	0	3
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.7	14	8	0	2	674,035
Disabled	0.8	12	14	0	4	500,259
Adults	0.4	7	17	0	3	7,411
Children	0.7	14	19	0	0	426
Unknown	0.2	1	8	0	1	31
<b>Gender</b>						
Female	1.4	14	10	0	3	773,616
Male	1.0	11	11	0	3	408,546
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.4	14	10	0	3	999,115
African American	0.9	9	10	0	2	151,948
Other/unknown	0.8	8	10	0	2	31,099
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.1	23	7	0	4	250,609
Part year	2.2	19	8	0	3	113,139
None	0.6	9	15	0	3	818,414
<b>Maintenance Assistance Status</b>						
Cash	0.9	11	13	0	3	463,757
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	15	0	1	30,017
Other/unknown	1.6	15	9	0	3	688,388

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 INDIANA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>144,515</b>	<b>\$106</b>	<b>\$15,372,984</b>	<b>100.0 %</b>	<b>1,533,536</b>	<b>\$10</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	10	79	793	0.0	26	31	0.0
Fertility drugs	6	142	854	0.0	20	43	0.0
Drugs for cosmetic purposes	45	17	776	0.0	79	10	0.0
Cough and cold medications	24,521	85	2,073,751	13.5	81,309	26	5.3
Vitamins and minerals	28,269	132	3,735,100	24.3	192,345	19	12.5
Non-prescription drugs	57,928	95	5,512,192	35.9	1,013,955	5	66.1
Barbiturates	1,400	78	109,490	0.7	16,104	7	1.1
Benzodiazepines	29,540	118	3,486,706	22.7	219,491	16	14.3
Other Part D Excl Rx Drugs	2,796	162	453,322	2.9	10,207	44	0.7

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 INDIANA, 2002

Total Number of Dual Eligible Beneficiaries 115,742  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$340,691,225  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,944

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,711	14.4 %	\$0	0.0 %
1-500	15,964	13.8	3,477,867	1.0
501-1,000	10,791	9.3	8,034,967	2.4
1,001-1,500	8,980	7.8	11,176,866	3.3
1,501-2,000	7,891	6.8	13,766,674	4.0
2,001-2,500	7,138	6.2	16,038,961	4.7
2,501-3,000	6,453	5.6	17,717,343	5.2
3,001-3,500	5,647	4.9	18,312,198	5.4
3,501-4,000	5,018	4.3	18,775,882	5.5
4,001-4,500	4,407	3.8	18,695,104	5.5
4,501-5,000	3,829	3.3	18,160,539	5.3
5,001-5,500	3,355	2.9	17,601,403	5.2
5,501-6,000	2,745	2.4	15,769,438	4.6
6,001-6,500	2,482	2.1	15,496,414	4.5
6,501-7,000	2,131	1.8	14,364,742	4.2
7,001-7,500	1,676	1.4	12,144,061	3.6
7,501-8,000	1,509	1.3	11,688,129	3.4
8,001-8,500	1,272	1.1	10,487,573	3.1
8,501-9,000	1,013	0.9	8,859,485	2.6
9,001-9,500	937	0.8	8,663,709	2.5
9,501-10,000	712	0.6	6,938,194	2.0
10,001+	5,081	4.4	74,521,676	21.9

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1A

MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 INDIANA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 46,412  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$161,333,383  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,476

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,392	15.9 %	0	0.0 %
1-500	6,601	14.2	1,354,921	0.8
501-1,000	3,869	8.3	2,855,866	1.8
1,001-1,500	3,066	6.6	3,803,949	2.4
1,501-2,000	2,622	5.6	4,573,331	2.8
2,001-2,500	2,372	5.1	5,337,052	3.3
2,501-3,000	2,123	4.6	5,825,054	3.6
3,001-3,500	1,903	4.1	6,176,571	3.8
3,501-4,000	1,766	3.8	6,612,800	4.1
4,001-4,500	1,534	3.3	6,508,003	4.0
4,501-5,000	1,432	3.1	6,793,336	4.2
5,001-5,500	1,289	2.8	6,757,763	4.2
5,501-6,000	1,125	2.4	6,465,735	4.0
6,001-6,500	1,070	2.3	6,682,394	4.1
6,501-7,000	940	2.0	6,336,795	3.9
7,001-7,500	803	1.7	5,820,424	3.6
7,501-8,000	791	1.7	6,131,442	3.8
8,001-8,500	672	1.4	5,540,139	3.4
8,501-9,000	535	1.2	4,676,132	2.9
9,001-9,500	504	1.1	4,660,541	2.9
9,501-10,000	385	0.8	3,748,151	2.3
10,001+	3,618	7.8	54,672,984	33.9

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

**SUPPLEMENTAL TABLE 1B**  
**MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>**  
**INDIANA, 2002**

Total Number of Dual Eligible Beneficiaries, Age 65+                                      68,379  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+                \$177,629,854  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+                \$2,598

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,123	13.3 %	0	0.0 %
1-500	9,095	13.3	2,079,049	1.2
501-1,000	6,813	10.0	5,098,951	2.9
1,001-1,500	5,837	8.5	7,276,460	4.1
1,501-2,000	5,222	7.6	9,112,429	5.1
2,001-2,500	4,721	6.9	10,600,577	6.0
2,501-3,000	4,291	6.3	11,787,091	6.6
3,001-3,500	3,715	5.4	12,041,818	6.8
3,501-4,000	3,235	4.7	12,099,439	6.8
4,001-4,500	2,852	4.2	12,098,786	6.8
4,501-5,000	2,383	3.5	11,300,451	6.4
5,001-5,500	2,056	3.0	10,790,609	6.1
5,501-6,000	1,612	2.4	9,256,973	5.2
6,001-6,500	1,405	2.1	8,770,498	4.9
6,501-7,000	1,185	1.7	7,987,800	4.5
7,001-7,500	865	1.3	6,266,051	3.5
7,501-8,000	715	1.0	5,533,331	3.1
8,001-8,500	591	0.9	4,873,227	2.7
8,501-9,000	471	0.7	4,121,894	2.3
9,001-9,500	429	0.6	3,965,812	2.2
9,501-10,000	325	0.5	3,170,262	1.8
10,001+	1,438	2.1	19,398,346	10.9

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 INDIANA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74      24,029  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$62,010,214  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$2,581

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	4,587	19.1 %	0	0.0 %
1-500	3,319	13.8	716,726	1.2
501-1,000	2,164	9.0	1,618,374	2.6
1,001-1,500	1,772	7.4	2,205,708	3.6
1,501-2,000	1,576	6.6	2,748,177	4.4
2,001-2,500	1,409	5.9	3,166,736	5.1
2,501-3,000	1,321	5.5	3,629,945	5.9
3,001-3,500	1,118	4.7	3,623,656	5.8
3,501-4,000	994	4.1	3,713,976	6.0
4,001-4,500	877	3.6	3,718,501	6.0
4,501-5,000	715	3.0	3,393,219	5.5
5,001-5,500	670	2.8	3,517,632	5.7
5,501-6,000	551	2.3	3,166,318	5.1
6,001-6,500	495	2.1	3,091,701	5.0
6,501-7,000	408	1.7	2,747,168	4.4
7,001-7,500	312	1.3	2,258,844	3.6
7,501-8,000	296	1.2	2,291,506	3.7
8,001-8,500	217	0.9	1,788,565	2.9
8,501-9,000	196	0.8	1,714,975	2.8
9,001-9,500	177	0.7	1,636,302	2.6
9,501-10,000	153	0.6	1,491,895	2.4
10,001+	702	2.9	9,770,290	15.8

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
MEDIICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
INDIANA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 24,367  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$66,133,476  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,714

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,188	13.1%	0	0.0%
1-500	2,964	12.2	673,629	1.0
501-1,000	2,266	9.3	1,693,841	2.6
1,001-1,500	1,994	8.2	2,489,685	3.8
1,501-2,000	1,843	7.6	3,220,337	4.9
2,001-2,500	1,709	7.0	3,835,574	5.8
2,501-3,000	1,580	6.5	4,337,741	6.6
3,001-3,500	1,363	5.6	4,419,124	6.7
3,501-4,000	1,183	4.9	4,428,650	6.7
4,001-4,500	1,067	4.4	4,527,823	6.8
4,501-5,000	909	3.7	4,131,067	6.2
5,001-5,500	787	3.2	4,131,067	6.2
5,501-6,000	634	2.6	3,637,787	5.5
6,001-6,500	559	2.3	3,491,844	5.3
6,501-7,000	486	2.0	3,279,569	5.0
7,001-7,500	338	1.4	2,449,216	3.7
7,501-8,000	249	1.0	1,926,278	2.9
8,001-8,500	258	1.1	2,129,208	3.2
8,501-9,000	188	0.8	1,645,203	2.5
9,001-9,500	164	0.7	1,514,010	2.3
9,501-10,000	119	0.5	1,160,332	1.8
10,001+	519	2.1	6,830,366	10.3

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 INDIANA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 19,983  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$49,486,164  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,476

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,348	6.7 %	0	0.0 %
1-500	2,812	14.1	688,694	1.4
501-1,000	2,383	11.9	1,786,736	3.6
1,001-1,500	2,071	10.4	2,581,067	5.2
1,501-2,000	1,803	9.0	3,143,915	6.4
2,001-2,500	1,603	8.0	3,598,267	7.3
2,501-3,000	1,390	7.0	3,819,405	7.7
3,001-3,500	1,234	6.2	3,999,038	8.1
3,501-4,000	1,058	5.3	3,956,813	8.0
4,001-4,500	908	4.5	3,852,462	7.8
4,501-5,000	759	3.8	3,595,040	7.3
5,001-5,500	599	3.0	3,141,910	6.3
5,501-6,000	427	2.1	2,452,868	5.0
6,001-6,500	351	1.8	2,186,953	4.4
6,501-7,000	291	1.5	1,961,063	4.0
7,001-7,500	215	1.1	1,557,991	3.1
7,501-8,000	170	0.9	1,315,547	2.7
8,001-8,500	116	0.6	955,454	1.9
8,501-9,000	87	0.4	761,716	1.5
9,001-9,500	88	0.4	815,500	1.6
9,501-10,000	53	0.3	518,035	1.0
10,001+	217	1.1	2,797,690	5.7

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>115,889</b>	<b>68,038</b>	<b>46,768</b>	<b>1,036</b>	<b>42</b>	<b>1,185,229</b>	<b>674,086</b>	<b>501,325</b>	<b>9,335</b>	<b>452</b>	<b>31</b>
<b>Age</b>											
5 and younger	8	0	4	0	4	89	0	47	0	42	0
6-14	15	0	6	0	9	162	0	63	0	99	0
15-20	194	0	155	13	26	1,949	0	1,568	95	286	0
21-44	20,016	0	19,249	763	3	214,347	0	207,329	6,986	25	7
45-64	27,265	23	27,025	215	0	291,525	146	289,479	1,886	0	14
65-74	24,035	23,676	328	29	0	249,791	246,701	2,837	243	0	10
75-84	24,372	24,355	1	16	0	241,330	241,203	2	125	0	0
85 and older	19,983	19,983	0	0	0	186,033	186,033	0	0	0	0
Unknown	1	1	0	0	0	3	0	0	0	0	0
<b>Gender</b>											
Female	75,448	50,504	24,202	724	13	776,015	506,978	262,245	6,629	132	31
Male	40,441	17,534	22,566	312	29	409,214	167,108	239,080	2,706	320	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	98,082	57,923	39,426	698	31	1,000,629	570,477	423,463	6,325	337	27
African American	14,769	8,050	6,410	300	8	153,337	82,385	68,159	2,699	90	4
Other/unknown	3,038	2,065	932	38	3	31,263	21,224	9,703	311	25	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	25,126	23,062	2,064	0	0	250,609	228,091	22,518	0	0	0
Part year	12,243	10,925	1,315	3	0	113,141	99,375	13,740	26	0	0
None	78,520	34,051	43,389	1,033	42	821,479	346,620	465,067	9,309	452	31
<b>Maintenance Assistance Status</b>											
Cash	42,501	16,942	24,724	834	1	466,351	187,028	271,613	7,698	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	2,912	1,478	1,308	89	32	30,236	15,254	13,935	669	347	31
Other/unknown	70,476	49,618	20,736	113	9	688,642	471,804	215,777	968	93	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	108,678	64,206	43,490	935	42	1,112,519	635,813	467,925	8,298	452	31
Full dual, part year	7,211	3,832	3,278	101	0	72,710	38,273	33,400	1,037	0	0
<b>Managed Care Status</b>											
FFS all year	115,352	68,028	46,545	739	35	1,180,001	673,970	499,017	6,607	376	31
FFS part year, with Rx claims	293	6	141	141	5	3,130	70	1,564	1,436	60	0
FFS part year, no Rx claims	97	3	54	38	2	853	34	511	292	16	0
MC all year, with Rx claims	24	0	2	22	0	193	0	24	169	0	0
MC all year, no Rx claims	123	1	26	96	0	1,052	12	209	831	0	0



Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>115,889</b>	<b>1,185,229</b>	<b>115,742</b>	<b>1,182,162</b>	<b>0</b>	<b>3,067</b>
FFS all year	115,352	1,180,001	115,352	1,180,001	0	0
FFS part year, with Rx claims	293	3,130	293	1,765	0	1,365
FFS part year, with no Rx claims	97	853	97	396	0	457
MC all year, with Rx claims	24	193	0	0	0	193
MC all year, with no Rx claims	123	1,052	0	0	0	1,052

Source: Data for this table are from the MAX 2002 file for Indiana, released by CMS in 07/2006. This table was produced on 04/19/2007.

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.