

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	82,357	44,277	33,864	4,179	37	0	777,537	405,632	353,649	17,977	279	0	777,537	405,632	353,649	17,977	279	0	
Age																			
5 and younger	6	0	4	0	2	0	58	0	48	0	10	0	58	0	48	0	10	0	0
6-14	22	1	14	0	7	0	205	6	138	0	61	0	205	6	138	0	61	0	0
15-20	100	0	79	2	19	0	708	0	562	12	134	0	708	0	562	12	134	0	0
21-44	12,537	10	10,959	1,562	6	0	123,068	114	115,168	7,748	38	0	123,068	114	115,168	7,748	38	0	0
45-64	16,037	35	13,491	2,511	0	0	148,643	261	138,645	9,737	0	0	148,643	261	138,645	9,737	0	0	0
65-74	19,794	14,006	5,687	99	2	0	186,216	124,436	61,305	451	24	0	186,216	124,436	61,305	451	24	0	0
75-84	20,276	17,654	2,617	5	0	0	193,134	165,032	28,073	29	0	0	193,134	165,032	28,073	29	0	0	0
85 and older	13,584	12,570	1,013	0	1	0	125,504	115,782	9,710	0	12	0	125,504	115,782	9,710	0	12	0	0
Unknown	1	1	0	0	0	1		1	0	0	0	0		0	0	0	0	0	0
Gender																			
Female	54,236	33,204	18,873	2,142	17	0	513,444	304,586	198,635	10,095	128	0	513,444	304,586	198,635	10,095	128	0	0
Male	28,121	11,073	14,991	2,037	20	0	264,093	101,046	155,014	7,882	151	0	264,093	101,046	155,014	7,882	151	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0
Race																			
White	40,521	21,507	17,236	1,766	12	0	381,873	193,078	180,976	7,743	76	0	381,873	193,078	180,976	7,743	76	0	0
African American	32,488	15,892	14,294	2,280	22	0	299,607	140,968	148,803	9,647	189	0	299,607	140,968	148,803	9,647	189	0	0
Other/unknown	9,348	6,878	2,334	133	3	0	96,057	71,586	23,870	587	14	0	96,057	71,586	23,870	587	14	0	0
Use of Nursing Facilities^c																			
Entire year	14,086	12,652	1,434	0	0	0	140,476	124,970	15,506	0	0	0	140,476	124,970	15,506	0	0	0	0
Part year	5,790	4,929	845	15	1	0	52,784	44,255	8,392	127	10	0	52,784	44,255	8,392	127	10	0	0
None	62,481	26,696	31,585	4,164	36	0	584,277	236,407	329,751	17,850	269	0	584,277	236,407	329,751	17,850	269	0	0
Maintenance Assistance Status																			
Cash	40,151	16,145	23,844	160	2	0	445,375	181,677	262,641	1,052	5	0	445,375	181,677	262,641	1,052	5	0	0
Medically needy	23,845	19,398	4,275	167	5	0	217,364	178,494	37,887	945	38	0	217,364	178,494	37,887	945	38	0	0
Poverty-related	4,000	2,376	1,570	37	17	0	34,036	20,006	13,645	233	152	0	34,036	20,006	13,645	233	152	0	0
Other/unknown	14,361	6,358	4,175	3,815	13	0	80,762	25,455	39,476	15,747	84	0	80,762	25,455	39,476	15,747	84	0	0
Dual Medicare Status^d																			
Full dual, all year	78,476	42,377	32,233	3,830	36	0	740,735	387,559	338,196	14,705	275	0	740,735	387,559	338,196	14,705	275	0	0
Full dual, part year	3,881	1,900	1,631	349	1	0	36,802	18,073	15,453	3,272	4	0	36,802	18,073	15,453	3,272	4	0	0
Managed Care Status																			
FFS all year	78,998	43,915	31,132	3,925	26	0	759,013	403,442	338,415	16,938	218	0	759,013	403,442	338,415	16,938	218	0	0
FFS part year, with Rx claims	2,722	327	2,197	189	9	0	15,442	2,022	12,558	814	48	0	15,442	2,022	12,558	814	48	0	0
FFS part year, no Rx claims	637	35	535	65	2	0	3,082	168	2,676	225	13	0	3,082	168	2,676	225	13	0	0

Table D2

Dual Eligible Beneficiaries

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

- a. Table 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	74.7 %	38.9	\$2,193	\$56	\$15,909	13.8 %	82,357
Age							
5 and younger	83.3	32.7	2,173	67	23,633	9.2	6
6-14	86.4	45.6	5,309	116	20,545	25.8	22
15-20	66.0	19.0	2,191	116	11,064	19.8	100
21-44	70.6	29.2	2,542	87	14,115	18.0	12,537
45-64	71.0	39.3	2,623	67	16,188	16.2	16,037
65-74	70.1	35.6	1,883	53	10,140	18.6	19,794
75-84	77.2	42.7	2,074	49	16,287	12.7	20,276
85 and older	85.7	46.5	1,991	43	25,104	7.9	13,584
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	75.0	40.6	1,917	47	17,459	11.0	44,277
Disabled	81.1	40.9	2,777	68	15,697	17.7	33,864
Adults	19.6	4.5	388	87	1,250	31.0	4,179
Children	67.6	29.6	3,456	117	10,926	31.6	37
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	76.6	41.3	2,191	53	15,715	13.9	54,236
Male	70.9	34.2	2,198	64	16,283	13.5	28,121
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	76.7	44.5	2,468	55	19,533	12.6	40,521
African American	70.1	33.5	1,951	58	13,329	14.6	32,488
Other/unknown	82.1	33.1	1,846	56	9,165	20.1	9,348
Use of Nursing Facilities^d							
Entire year	96.8	71.2	3,148	44	42,543	7.4	14,086
Part year	93.9	58.1	2,729	47	26,554	10.3	5,790
None	67.9	29.8	1,929	65	8,918	21.6	62,481
Maintenance Assistance Status							
Cash	86.6	40.4	2,606	64	10,097	25.8	40,151
Medically needy	89.0	57.7	2,644	46	33,302	7.9	23,845
Poverty related	11.0	2.2	158	71	550	28.7	4,000
Other/unknown	35.2	13.6	858	63	7,558	11.4	14,361

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

- a. Table 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	Less than 5, but 10 or More	More than 10			
All	4.1	\$232	13.8 %	25.3 %	13.5 %	9.2 %	24.6 %	20.2 %	7.2 %	\$1,685	82,357	777,537
Age												
5 and younger	3.4	225	9.2	16.7	33.3	0.0	16.7	33.3	0.0	2,445	6	58
6-14	4.9	570	25.8	13.6	13.6	13.6	27.3	18.2	13.6	2,205	22	205
15-20	2.7	309	19.8	34.0	24.0	9.0	15.0	14.0	4.0	1,563	100	708
21-44	3.0	259	18.0	29.4	21.7	10.0	21.0	13.3	4.7	1,438	12,537	123,068
45-64	4.2	283	16.2	29.0	13.3	8.5	22.1	19.5	7.7	1,747	16,037	148,643
65-74	3.8	200	18.6	29.9	13.4	9.8	23.7	17.5	5.7	1,078	19,794	186,216
75-84	4.5	218	12.7	22.8	11.1	9.1	26.2	22.5	8.3	1,710	20,276	193,134
85 and older	5.0	215	7.9	14.3	9.7	8.9	29.6	28.2	9.3	2,717	13,584	125,504
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1
Basis of Eligibility^c												
Aged	4.4	209	11.0	25.0	11.0	8.8	25.2	21.9	8.1	1,906	44,277	405,632
Disabled	3.9	266	17.7	18.9	17.4	10.6	26.2	20.3	6.7	1,503	33,864	353,649
Adults	1.0	90	31.0	80.4	8.4	3.1	5.1	2.2	0.8	291	4,179	17,977
Children	3.9	458	31.6	32.4	16.2	5.4	24.3	16.2	5.4	1,449	37	279
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.4	232	13.9	23.4	12.2	9.2	25.7	21.7	7.7	1,660	54,236	513,444
Male	3.6	234	13.5	29.1	15.9	9.2	22.3	17.4	6.2	1,734	28,121	264,093
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.7	262	12.6	23.3	10.9	7.9	24.4	23.6	9.8	2,073	40,521	381,873
African American	3.6	212	14.6	29.9	14.5	9.5	23.7	17.6	4.7	1,445	32,488	299,607
Other/unknown	3.2	180	20.1	17.9	20.9	14.0	27.9	15.1	4.2	892	9,348	96,057
use of nursing Facilities^d												
Entire year	7.1	316	7.4	3.2	4.4	5.7	27.8	39.0	19.9	4,266	14,086	140,476
Part year	6.4	299	10.3	6.1	7.3	7.8	27.7	34.8	16.2	2,913	5,790	52,784
None	3.2	206	21.6	32.1	16.1	10.2	23.5	14.7	3.5	954	62,481	584,277
Maintenance Assistance Status												
Cash	3.6	235	25.8	13.4	19.1	12.7	30.6	19.7	4.6	910	40,151	445,375
Medically needy	6.3	290	7.9	11.0	7.5	7.0	26.1	32.3	16.1	3,653	23,845	217,364
Poverty related	0.3	19	28.7	89.1	5.5	2.1	2.3	0.8	0.2	65	4,000	34,036
Other/unknown	2.4	153	11.4	64.8	10.0	5.3	11.4	7.0	1.6	1,344	14,361	80,762

Table D4

Dual Eligible Beneficiaries

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

- a. Table 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	4.1	\$232	\$56	1.9	\$184	\$97	0.4	\$15	\$40	1.8	\$33	\$18
Age												
5 and younger	3.4	225	67	2.1	168	82	0.2	43	227	1.1	14	12
6-14	4.9	570	116	2.5	521	207	0.4	12	33	2.0	36	18
15-20	2.7	309	116	1.2	259	222	0.2	19	90	1.3	31	24
21-44	3.0	259	87	1.4	213	151	0.2	15	67	1.3	31	23
45-64	4.2	283	67	1.9	227	117	0.4	17	48	1.9	39	20
65-74	3.8	200	53	1.8	158	88	0.3	12	40	1.7	30	18
75-84	4.5	218	49	2.1	169	82	0.4	15	34	2.0	33	17
85 and older	5.0	215	43	2.1	162	76	0.6	17	29	2.3	36	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.4	209	47	2.0	162	81	0.5	15	32	2.0	32	17
Disabled	3.9	266	68	1.8	214	117	0.3	16	51	1.8	36	20
Adults	1.0	90	87	0.5	76	153	0.1	5	63	0.5	10	21
Children	3.9	458	117	1.8	388	212	0.5	44	96	1.6	26	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.4	232	53	2.0	182	91	0.4	16	38	1.9	34	17
Male	3.6	234	64	1.7	187	113	0.3	14	43	1.6	33	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.7	262	55	2.2	206	96	0.5	18	37	2.1	38	18
African American	3.6	212	58	1.6	167	103	0.3	13	43	1.7	31	18
Other/unknown	3.2	180	56	1.6	146	88	0.2	10	42	1.3	24	18
Use of Nursing Facilities^e												
Entire year	7.1	316	44	3.0	239	80	0.9	24	28	3.2	51	16
Part year	6.4	299	47	2.7	231	86	0.8	22	29	2.9	45	16
None	3.2	206	65	1.5	166	107	0.2	12	52	1.4	28	20
Maintenance Assistance Status												
Cash	3.6	235	64	1.8	188	107	0.3	14	54	1.6	33	20
Medically needy	6.3	290	46	2.7	222	83	0.8	22	29	2.9	45	16
Poverty related	0.3	19	71	0.1	15	121	0.0	1	58	0.1	2	18
Other/unknown	2.4	153	63	1.2	125	108	0.2	9	43	1.0	19	18

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

- a. Table 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 Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users								
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		As % of Dual Benes	No. of Bene Mos			
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Off-Patent	Generic	Total Rx \$	No. Dual Benes					
Anti-infective Agents	0.4	0.2	0.0	0.1	\$35	\$31	\$2	\$2	\$94	\$143	\$77	\$15	138,641	\$12,999,452	34,562	42.0 %	375,314
Biologics	0.1	0.1	0.0	0.1	3	1	0	1	25	28	618	19	574	14,632	466	0.6	5,187
Antineoplastic Agents	0.5	0.2	0.0	0.3	94	63	5	27	178	291	147	95	16,664	2,963,923	3,152	3.8	31,507
Endocrine/Metabolic Drugs	1.0	0.5	0.2	0.3	38	29	4	5	39	61	21	17	289,909	11,335,790	27,565	33.5	295,608
Cardiovascular Agents	1.7	0.6	0.2	0.9	62	41	5	16	37	65	34	18	787,807	29,081,863	43,968	53.4	467,853
Respiratory Agents	0.7	0.4	0.1	0.3	33	25	4	5	46	67	68	16	204,627	9,506,891	26,096	31.7	285,001
Gastrointestinal Agents	0.8	0.4	0.0	0.3	58	52	1	5	73	117	88	15	253,883	18,656,308	30,060	36.5	320,032
Genitourinary Agents	0.5	0.4	0.0	0.1	26	24	0	1	52	65	30	11	51,649	2,678,705	9,555	11.6	103,959
CNS Drugs	1.4	0.8	0.1	0.5	114	95	5	14	82	123	79	25	526,251	43,310,789	36,171	43.9	379,489
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	31	19	4	9	52	121	81	22	5,199	268,145	823	1.0	8,530
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	72	71	0	2	116	119	4	56	26,380	3,058,432	4,088	5.0	42,325
Analgesics and Anesthetics	0.7	0.3	0.1	0.4	41	32	3	6	55	107	51	15	261,065	14,346,713	32,961	40.0	353,431
Neuromuscular Agents	1.2	0.5	0.1	0.5	63	48	6	9	55	97	39	18	241,033	13,172,650	19,551	23.7	209,242
Nutritional Products	0.6	0.0	0.1	0.5	8	0	1	7	14	30	23	13	95,732	1,339,485	15,262	18.5	161,473
Hematological Agents	0.8	0.3	0.2	0.3	64	57	4	3	78	193	15	12	122,220	9,591,298	14,373	17.5	149,815
Topical Products	0.5	0.2	0.0	0.2	19	14	2	4	39	59	45	16	162,475	6,264,201	29,782	36.2	327,811
Miscellaneous Products	0.4	0.1	0.0	0.2	72	56	6	9	184	415	279	40	9,477	1,743,840	2,364	2.9	24,371
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	34	0	0	0	9,160	312,338	2,735	3.3	28,434
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,202,746	180,645,455	n.a.	n.a.	n.a.

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

- a. Table 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_mdmb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	\$26,962,302	22,116	26.9 %	238,436	0.8	\$144	\$113
ULCER DRUGS	16,073,277	29,138	35.4	312,528	0.6	90	51
ANTIDEPRESSANTS	12,331,127	28,830	35.0	307,713	0.7	59	40
ANTICONVULSANT	11,003,084	17,606	21.4	191,148	0.9	63	58
ANTHYPERLIPIDEMIC	8,955,812	15,225	18.5	169,126	0.7	80	53
ANTIDIABETIC	8,237,442	23,330	28.3	251,683	0.7	49	33
ANTIHYPERTENSIVE	7,854,066	31,159	37.8	338,026	0.6	39	23
ANALGESICS - Narcotic	7,339,581	31,427	38.2	336,473	0.4	50	22
ANTIVIRAL	6,487,809	3,755	4.6	41,177	0.4	392	158
ANALGESICS - ANTI-INFLAMMATORY	6,303,096	22,746	27.6	255,299	0.4	66	25
Total	111,547,596	225,332		2,441,609	n.a.	n.a.	n.a.

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

a. Table 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,491,592	\$111,547,596	22,116	26.9 %	238,436	0.8	\$113	29,138	35.4 %	312,528	0.6	\$51
Female	1,013,972	70,996,313	13,517	24.9	144,625	0.7	97	20,925	38.6	225,238	0.6	52
Disabled	416,377	34,376,076	5,776	30.6	65,014	0.8	120	7,613	40.3	85,077	0.5	53
5 and younger	5	433	0	0.0	0	0.0	0	1	100.0	12	0.4	36
6-14	95	11,167	0	0.0	0	0.0	0	7	140.0	73	0.5	49
15-20	173	17,046	2	6.9	10	0.6	178	8	27.6	96	0.4	20
21-44	89,501	9,209,151	2,063	44.3	23,468	0.8	128	1,311	28.1	14,633	0.5	49
45-64	185,859	15,511,477	2,463	33.3	27,796	0.8	130	3,197	43.2	35,614	0.5	56
65-74	88,128	6,099,315	642	16.8	7,323	0.7	99	1,850	48.5	20,922	0.5	53
75-84	40,090	2,675,062	350	16.8	3,833	0.6	79	916	43.9	10,327	0.5	52
85 and older	12,526	852,425	256	29.2	2,584	0.5	70	323	36.8	3,400	0.6	52
Other Eligibles	597,595	36,620,237	7,741	21.9	79,611	0.7	78	13,312	37.6	140,161	0.6	51
5 and younger	10	257	0	0.0	0	0.0	0	1	100.0	9	1.0	28
6-14	11	5,146	0	0.0	0	0.0	0	1	25.0	12	0.3	24
15-20	19	928	2	22.2	8	0.5	20	2	22.2	15	0.1	15
21-44	2,859	251,760	90	11.9	900	0.6	73	57	7.5	529	0.3	30
45-64	3,398	285,225	61	4.5	566	0.5	77	93	6.9	852	0.4	42
65-74	147,385	9,759,630	1,337	13.9	14,335	0.7	96	3,321	34.5	36,274	0.5	47
75-84	247,039	15,189,080	2,973	22.9	30,882	0.7	80	5,247	40.3	56,341	0.6	52
85 and older	196,874	11,128,211	3,278	30.9	32,920	0.7	68	4,590	43.2	46,129	0.7	54
Male	477,620	40,551,283	8,599	30.6	93,811	0.9	138	8,213	29.2	87,290	0.6	51
Disabled	295,717	29,373,144	5,912	39.4	67,307	0.9	161	4,041	27.0	44,705	0.6	53
5 and younger	26	1,139	0	0.0	0	0.0	0	1	33.3	12	1.2	61
6-14	88	8,697	0	0.0	0	0.0	0	2	22.2	12	0.8	15
15-20	180	20,222	5	10.0	49	0.6	90	3	6.0	26	0.3	19
21-44	114,049	13,470,397	3,014	47.9	34,392	0.9	167	1,270	20.2	14,217	0.6	49
45-64	138,782	12,916,435	2,479	40.7	28,298	1.0	163	1,844	30.2	20,242	0.6	56
65-74	33,548	2,336,780	327	17.5	3,680	0.8	111	691	36.9	7,644	0.5	50
75-84	7,504	518,920	66	12.5	710	0.6	90	187	35.3	2,108	0.5	53
85 and older	1,540	100,554	21	15.6	178	0.5	73	43	31.9	444	0.5	52
Other Eligibles	181,903	11,178,139	2,687	20.5	26,504	0.7	80	4,172	31.8	42,585	0.6	49
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	21	1,174	0	0.0	0	0.0	0	1	25.0	12	0.8	21
15-20	92	10,437	3	25.0	30	0.4	164	3	25.0	35	0.4	8
21-44	1,774	253,890	60	7.3	561	0.5	110	33	4.0	308	0.3	32
45-64	2,553	283,937	26	2.2	222	0.5	72	60	5.0	523	0.4	44
65-74	63,074	4,011,400	798	17.8	8,222	0.7	94	1,375	30.7	14,558	0.5	46
75-84	81,324	4,790,430	1,162	25.0	11,341	0.7	78	1,906	40.9	19,579	0.6	50
85 and older	33,065	1,826,871	638	32.6	6,128	0.6	60	794	40.6	7,570	0.7	53
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. 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_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	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 \$
All	28,830	35.0 %	307,713	0.7	\$40	17,606	21.4 %	191,148	0.9	\$58	15,225	18.5 %	169,126	0.7	\$53
Female	20,756	38.3	221,866	0.7	40	10,468	19.3	113,396	0.8	51	11,042	20.4	123,089	0.7	53
Disabled	8,516	45.1	94,899	0.6	40	5,633	29.8	63,106	0.9	63	4,666	24.7	52,557	0.6	54
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	1	20.0	11	0.3	18
15-20	3	10.3	13	0.5	40	4	13.8	39	0.8	103	1	3.4	12	0.1	5
21-44	2,356	50.5	26,367	0.6	43	1,937	41.5	21,646	0.9	76	362	7.8	4,086	0.6	47
45-64	3,910	52.9	43,550	0.6	41	2,659	36.0	29,909	0.9	62	1,913	25.9	21,315	0.6	52
65-74	1,268	33.2	14,390	0.6	36	683	17.9	7,685	0.8	42	1,534	40.2	17,568	0.7	56
75-84	644	30.8	7,116	0.6	34	274	13.1	3,010	0.7	35	720	34.5	8,125	0.7	56
85 and older	335	38.2	3,463	0.7	39	76	8.7	817	0.6	25	135	15.4	1,440	0.7	56
Other Eligibles	12,240	34.6	126,967	0.7	39	4,835	13.7	50,290	0.8	37	6,376	18.0	70,532	0.7	53
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	2	22.2	13	0.2	3	1	11.1	5	1.0	53	0	0.0	0	0.0	0
21-44	123	16.2	1,220	0.4	33	79	10.4	750	0.6	35	16	2.1	154	0.4	34
45-64	124	9.2	1,175	0.4	27	57	4.2	529	0.4	47	69	5.1	640	0.5	41
65-74	2,407	25.0	26,140	0.6	35	1,226	12.7	13,153	0.8	40	2,472	25.7	27,462	0.6	53
75-84	4,695	36.1	49,540	0.7	40	2,045	15.7	21,513	0.8	37	2,878	22.1	32,175	0.7	53
85 and older	4,889	46.1	48,879	0.8	42	1,427	13.4	14,340	0.9	34	941	8.9	10,101	0.7	51
Male	8,074	28.7	85,847	0.7	41	7,138	25.4	77,752	1.0	67	4,183	14.9	46,037	0.7	52
Disabled	4,664	31.1	52,134	0.7	43	5,075	33.9	56,933	1.0	76	2,263	15.1	25,219	0.7	52
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	2	22.2	24	0.3	18	3	33.3	33	0.9	51	0	0.0	0	0.0	0
15-20	5	10.0	38	0.7	28	4	8.0	32	1.8	336	1	2.0	10	0.7	82
21-44	2,075	33.0	23,423	0.6	44	2,413	38.3	27,070	1.0	83	562	8.9	6,326	0.7	47
45-64	2,051	33.6	22,748	0.7	44	2,206	36.2	24,865	1.1	73	1,045	17.1	11,527	0.7	53
65-74	392	20.9	4,388	0.6	35	375	20.0	4,119	0.9	51	507	27.1	5,698	0.7	57
75-84	96	18.1	1,066	0.6	36	63	11.9	713	0.7	33	126	23.8	1,414	0.7	56
85 and older	43	31.9	447	0.6	30	11	8.1	101	0.6	18	22	16.3	244	0.6	51
Other Eligibles	3,410	26.0	33,713	0.7	38	2,063	15.7	20,819	0.9	43	1,920	14.6	20,818	0.7	53
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	25.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	20	0.6	61	0	0.0	0	0.0	0	1	8.3	12	0.9	60
21-44	62	7.6	638	0.4	24	47	5.7	429	0.6	55	13	1.6	106	0.4	34
45-64	64	5.3	602	0.5	36	58	4.8	555	0.7	46	41	3.4	377	0.5	44
65-74	1,006	22.5	10,260	0.7	35	777	17.4	8,062	0.9	45	845	18.9	9,320	0.6	52
75-84	1,508	32.4	14,802	0.7	38	849	18.2	8,556	0.9	40	843	18.1	9,193	0.7	55
85 and older	767	39.2	7,379	0.8	40	332	17.0	3,217	0.9	40	177	9.0	1,810	0.7	48
Unknown	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 Maryland, released by CMS in 05/2006. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					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 \$
All	23,330	28.3 %	251,683	0.7	\$33	31,159	37.8 %	338,026	0.6	\$23	31,427	38.2 %	336,473	0.4	\$22
Female	17,000	31.3	184,317	0.7	32	22,108	40.8	241,200	0.6	24	22,929	42.3	246,418	0.4	21
Disabled	6,481	34.3	72,171	0.6	36	7,757	41.1	86,453	0.5	23	10,206	54.1	114,323	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	1	20.0	11	0.2	14	5	100.0	56	0.8	47	3	60.0	32	0.1	1
15-20	1	3.4	12	1.3	85	7	24.1	84	0.6	27	5	17.2	53	0.2	2
21-44	714	15.3	7,984	0.6	36	777	16.7	8,600	0.5	19	2,385	51.2	26,553	0.4	34
45-64	2,910	39.4	31,954	0.6	38	2,975	40.2	32,699	0.5	22	4,578	61.9	51,020	0.4	28
65-74	1,940	50.9	21,999	0.7	35	2,358	61.8	26,893	0.6	25	2,054	53.8	23,279	0.3	16
75-84	726	34.8	8,265	0.6	31	1,236	59.2	13,925	0.6	25	953	45.6	10,922	0.3	13
85 and older	189	21.5	1,946	0.6	27	399	45.4	4,196	0.6	24	228	26.0	2,464	0.3	9
Other Eligibles	10,519	29.7	112,146	0.7	30	14,351	40.6	154,747	0.6	24	12,723	36.0	132,095	0.5	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	9	0.1	1
6-14	0	0.0	0	0.0	0	1	25.0	10	0.3	15	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	44.4	32	0.2	8	0	0.0	0	0.0	0
21-44	27	3.6	256	0.4	26	32	4.2	293	0.4	12	152	20.1	1,422	0.5	37
45-64	94	7.0	912	0.5	26	122	9.1	1,200	0.4	17	124	9.2	1,192	0.4	15
65-74	3,482	36.2	38,075	0.7	33	3,956	41.1	43,630	0.6	23	3,102	32.2	33,863	0.4	14
75-84	4,523	34.8	48,517	0.7	31	5,940	45.7	65,109	0.6	25	4,898	37.7	52,010	0.5	17
85 and older	2,393	22.5	24,386	0.7	26	4,296	40.5	44,473	0.7	24	4,446	41.9	43,599	0.5	18
Male	6,330	22.5	67,366	0.7	34	9,051	32.2	96,826	0.6	22	8,498	30.2	90,055	0.4	26
Disabled	2,965	19.8	32,453	0.7	36	4,250	28.4	46,275	0.6	22	4,963	33.1	54,922	0.4	30
5 and younger	0	0.0	0	0.0	0	1	33.3	12	1.0	34	0	0.0	0	0.0	0
6-14	1	11.1	3	0.3	8	7	77.8	72	0.5	41	3	33.3	33	0.1	1
15-20	0	0.0	0	0.0	0	4	8.0	38	1.0	35	6	12.0	44	0.2	2
21-44	675	10.7	7,384	0.6	36	980	15.6	10,656	0.6	19	1,908	30.3	21,475	0.4	40
45-64	1,425	23.4	15,536	0.7	36	1,996	32.7	21,470	0.6	22	2,202	36.1	24,039	0.5	27
65-74	680	36.3	7,486	0.7	36	943	50.4	10,414	0.6	24	648	34.6	7,140	0.3	20
75-84	153	28.9	1,726	0.6	35	269	50.9	3,064	0.5	25	160	30.2	1,828	0.3	15
85 and older	31	23.0	318	0.5	23	50	37.0	549	0.6	25	36	26.7	363	0.3	6
Other Eligibles	3,365	25.6	34,913	0.7	32	4,801	36.6	50,551	0.6	23	3,535	26.9	35,133	0.4	18
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	25.0	12	0.9	76	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	33.3	48	0.6	65	5	41.7	60	0.2	3
21-44	20	2.4	169	0.4	36	52	6.3	485	0.4	14	71	8.7	686	0.6	108
45-64	80	6.7	662	0.4	24	92	7.6	824	0.4	15	98	8.1	886	0.4	49
65-74	1,231	27.5	12,994	0.7	34	1,765	39.4	18,929	0.6	22	1,195	26.7	12,449	0.4	15
75-84	1,559	33.5	16,248	0.7	31	2,092	44.9	22,102	0.6	23	1,432	30.8	14,238	0.4	16
85 and older	475	24.3	4,840	0.7	31	795	40.6	8,151	0.7	22	734	37.5	6,814	0.5	14
Unknown	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 Maryland, released by CMS in 05/2006. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	ANTIVIRAL				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$										
All	3,755	4.6 %	41,177	0.4	\$158	22,746	27.6 %	255,299	0.4	\$25	82,357	777,537						
Female	1,838	3.4	20,472	0.3	118	16,938	31.2	190,451	0.4	27	54,236	513,444						
Disabled	1,059	5.6	11,871	0.4	172	7,421	39.3	84,831	0.3	24	18,873	198,635						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12						
6-14	2	40.0	21	0.3	217	0	0.0	0	0.0	0	5	49						
15-20	2	6.9	24	0.3	215	4	13.8	24	0.3	9	29	201						
21-44	471	10.1	5,260	0.5	179	1,505	32.3	17,076	0.3	14	4,662	49,248						
45-64	455	6.2	5,082	0.4	194	3,094	41.8	35,275	0.4	24	7,395	76,537						
65-74	92	2.4	1,058	0.3	94	1,771	46.4	20,417	0.4	26	3,815	41,652						
75-84	33	1.6	389	0.1	13	819	39.2	9,513	0.4	30	2,088	22,466						
85 and older	4	0.5	37	0.1	4	228	26.0	2,526	0.4	34	878	8,470						
Other Eligibles	779	2.2	8,601	0.2	44	9,517	26.9	105,620	0.4	29	35,363	314,809						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9						
6-14	1	25.0	12	0.4	392	0	0.0	0	0.0	0	4	35						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	53						
21-44	25	3.3	215	0.4	134	75	9.9	717	0.2	12	758	4,623						
45-64	14	1.0	146	0.5	314	92	6.9	875	0.3	16	1,343	5,374						
65-74	197	2.0	2,268	0.3	99	2,945	30.6	33,349	0.4	26	9,630	85,158						
75-84	240	1.8	2,703	0.1	16	3,852	29.6	43,574	0.4	30	13,004	121,485						
85 and older	302	2.8	3,257	0.1	8	2,553	24.1	27,105	0.5	31	10,614	98,072						
Male	1,917	6.8	20,705	0.5	197	5,808	20.7	64,848	0.3	19	28,120	264,092						
Disabled	1,634	10.9	17,679	0.5	216	3,396	22.7	38,437	0.3	17	14,991	155,014						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36						
6-14	1	11.1	9	0.3	383	0	0.0	0	0.0	0	9	89						
15-20	2	4.0	24	0.2	48	2	4.0	14	0.3	10	50	361						
21-44	879	14.0	9,493	0.5	207	1,260	20.0	14,352	0.2	11	6,297	65,920						
45-64	703	11.5	7,586	0.6	236	1,438	23.6	16,162	0.3	18	6,096	62,108						
65-74	44	2.4	507	0.3	132	525	28.0	5,960	0.4	23	1,872	19,653						
75-84	4	0.8	48	0.1	4	141	26.7	1,620	0.4	24	529	5,607						
85 and older	1	0.7	12	0.8	11	30	22.2	329	0.5	41	135	1,240						
Other Eligibles	283	2.2	3,026	0.3	82	2,412	18.4	26,411	0.4	24	13,129	109,078						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	32						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	93						
21-44	39	4.8	368	0.3	130	31	3.8	294	0.2	18	820	3,277						
45-64	49	4.1	518	0.5	204	44	3.7	403	0.2	11	1,203	4,624						
65-74	66	1.5	717	0.3	105	960	21.4	10,644	0.3	22	4,477	39,753						
75-84	80	1.7	874	0.2	16	981	21.1	10,831	0.4	24	4,655	43,576						
85 and older	49	2.5	549	0.1	7	396	20.2	4,239	0.5	28	1,957	17,722						
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1						

Table D7D

Dual Eligible Beneficiaries

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

a. Table 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 (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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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
All	\$316	7.1	14,086	140,476
Age				
0-64	444	8.6	1,049	11,271
65-74	385	8.2	1,939	19,792
75-84	330	7.4	4,828	47,835
85 and older	259	6.4	6,270	61,578
Unknown	0	0.0	0	0
Gender				
Female	309	7.1	10,318	103,657
Male	334	7.2	3,768	36,819
Unknown	0	0.0	0	0
Race				
White	316	7.3	8,895	87,905
African American	317	6.7	4,158	42,892
Other/unknown	305	7.1	1,033	9,679
Basis of Eligibility^c				
Aged	303	7.0	12,652	124,970
Disabled	420	8.5	1,434	15,506
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 Maryland, released by CMS in 05/2006. 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.3	0.0	0.1	\$26	\$22	\$2	\$2	\$58	\$81	\$62	\$13	42,207	\$2,453,533	9,161	65.0 %	96,070
Biologics	0.1	0.0	0.0	0.1	2	1	0	1	18	15	0	19	381	6,778	313	2.2	3,493
Antineoplastic Agents	0.6	0.2	0.1	0.4	92	46	7	39	152	256	128	105	6,341	962,173	1,079	7.7	10,434
Endocrine/Metabolic Drugs	1.2	0.5	0.3	0.4	40	29	6	5	32	57	18	12	80,374	2,559,137	6,335	45.0	64,765
Cardiovascular Agents	2.1	0.6	0.3	1.3	55	29	7	19	26	51	25	15	223,649	5,733,136	10,291	73.1	104,353
Respiratory Agents	0.8	0.3	0.1	0.4	29	20	3	6	34	58	58	13	52,343	1,795,809	5,987	42.5	62,788
Gastrointestinal Agents	1.1	0.5	0.0	0.6	62	53	1	8	56	99	51	15	93,331	5,204,079	8,158	57.9	83,701
Genitourinary Agents	0.6	0.4	0.0	0.2	27	25	0	2	45	60	23	12	18,349	819,065	2,888	20.5	30,277
CNS Drugs	1.6	1.0	0.1	0.5	109	94	6	9	66	91	55	18	168,660	11,192,069	10,019	71.1	102,352
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	15	6	1	8	18	92	28	11	1,941	35,764	228	1.6	2,364
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	91	91	0	0	112	113	0	39	12,454	1,399,047	1,543	11.0	15,374
Analgesics and Anesthetics	1.0	0.5	0.1	0.5	43	35	3	5	41	73	30	11	72,019	2,968,652	6,851	48.6	69,043
Neuromuscular Agents	1.4	0.6	0.2	0.6	64	41	8	15	45	68	33	26	71,951	3,227,747	4,831	34.3	50,495
Nutritional Products	0.8	0.0	0.1	0.7	9	0	1	8	12	16	20	11	39,790	461,175	5,059	35.9	52,075
Hematological Agents	1.1	0.4	0.5	0.3	71	62	6	3	62	166	12	10	55,742	3,440,840	4,782	33.9	48,776
Topical Products	0.6	0.2	0.1	0.3	19	13	2	4	32	53	41	14	54,619	1,762,668	8,604	61.1	91,638
Miscellaneous Products	0.3	0.0	0.0	0.3	13	6	0	7	43	143	0	27	3,329	144,296	1,067	7.6	11,119
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	35	0	0	0	4,843	171,087	1,314	9.3	13,500
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,002,323	44,337,055	n.a.	n.a.	n.a.

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

- a. Table 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	\$6,157,045	6,914	49.1 %	71,934	0.8	\$110	\$86
ULCER DRUGS	4,528,552	7,303	51.8	74,863	0.8	78	60
ANTIDEPRESSANTS	4,430,494	9,077	64.4	93,948	0.9	54	47
ANTICONVULSANT	2,350,174	4,457	31.6	47,151	1.1	46	50
ANTI-DIABETIC	1,815,723	5,513	39.1	57,305	0.9	37	32
ANALGESICS - Narcotic	1,659,164	6,482	46.0	64,771	0.7	35	26
ANTIHYPERTENSIVE	1,617,376	6,118	43.4	63,096	0.9	30	26
HEMATOPOIETIC AGENTS	1,610,101	4,215	29.9	43,849	0.6	60	37
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,399,128	1,547	11.0	15,433	0.8	112	91
CALCIUM BLOCKERS	1,279,513	3,366	23.9	34,858	0.9	40	37
Total	26,847,270	54,992		567,208	n.a.	n.a.	n.a.

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

a. Table 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %		Mean No. of Rx	No. of Users	Users as %		Mean No. of Rx	No. of Bene Mos among Users	No. of Bene Mos among Users	Users as %		Mean No. of Rx	No. of Bene Mos among Users
			of All-Year Residents	of All-Year Residents			of All-Year Residents	of All-Year Residents							
All	468,765	\$26,847,270	6,914	49.1 %	71,934	0.8	\$66	7,303	51.8 %	74,863	0.8	\$61			
Female	342,489	19,586,316	4,983	48.3	52,076	0.8	85	5,378	52.1	55,650	0.8	60			
Disabled	32,047	1,880,867	364	51.3	4,013	0.8	106	396	55.9	4,301	0.8	62			
64 or younger	22,077	1,305,693	237	49.1	2,590	0.9	115	260	53.8	2,841	0.8	62			
65-74	7,953	464,058	97	57.1	1,079	0.8	94	101	59.4	1,080	0.8	65			
75-84	1,725	95,765	25	59.5	294	0.8	82	24	57.1	274	0.7	58			
85 and older	292	15,351	5	35.7	50	0.6	56	11	78.6	106	0.5	31			
Other Eligibles	310,442	17,705,449	4,619	48.1	48,063	0.8	83	4,982	51.8	51,349	0.8	60			
64 or younger	68	2,808	1	50.0	10	0.1	1	1	50.0	10	0.8	97			
65-74	41,019	2,491,867	534	58.8	5,738	0.9	110	543	59.8	5,718	0.8	61			
75-84	121,988	7,103,904	1,781	52.9	18,703	0.8	87	1,832	54.4	19,036	0.8	62			
85 and older	147,367	8,106,870	2,303	43.2	23,612	0.7	74	2,606	48.9	26,585	0.8	59			
Male	126,276	7,260,954	1,931	51.2	19,858	0.8	88	1,925	51.1	19,213	0.8	61			
Disabled	31,507	1,869,450	397	54.8	4,516	0.9	106	394	54.3	4,341	0.8	62			
64 or younger	24,870	1,491,071	313	55.6	3,565	0.9	108	316	56.1	3,476	0.8	61			
65-74	6,085	349,576	74	52.5	859	0.8	104	71	50.4	790	0.8	67			
75-84	479	23,537	8	47.1	77	0.7	47	6	35.3	63	0.8	67			
85 and older	73	5,266	2	50.0	15	1.1	221	1	25.0	12	0.8	19			
Other Eligibles	94,769	5,391,504	1,534	50.4	15,342	0.8	82	1,531	50.3	14,872	0.8	61			
64 or younger	29	2,018	1	100.0	12	0.1	1	1	100.0	12	1.0	120			
65-74	26,411	1,544,692	405	56.3	4,178	0.8	97	375	52.1	3,753	0.8	62			
75-84	44,845	2,555,995	707	50.5	7,005	0.8	84	736	52.6	7,132	0.8	60			
85 and older	23,484	1,288,799	421	45.7	4,147	0.7	64	419	45.4	3,975	0.8	59			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						ANTIDIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	9,077	64.4 %	\$47	4,457	31.6 %	1.1	47,151	1.1	\$50	5,513	39.1 %	0.9	57,305	0.9	\$32			
Female	6,873	66.6	48	2,900	28.1	1.1	30,770	1.1	47	3,954	38.3	0.9	41,116	0.9	31			
Disabled	548	77.3	52	468	66.0	1.2	5,191	1.2	60	357	50.4	0.9	3,925	0.9	34			
64 or younger	385	79.7	50	333	68.9	1.3	3,661	1.3	64	254	52.6	0.9	2,792	0.9	35			
65-74	136	80.0	56	110	64.7	1.2	1,236	1.2	52	87	51.2	1.0	957	1.0	36			
75-84	19	45.2	223	24	57.1	1.2	282	1.2	43	14	33.3	0.6	168	0.6	16			
85 and older	8	57.1	39	1	7.1	0.7	12	0.7	78	2	14.3	0.8	8	0.8	31			
Other Eligibles	6,325	65.8	47	2,432	25.3	1.0	25,579	1.0	45	3,597	37.4	0.9	37,191	0.9	31			
64 or younger	1	50.0	8	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0			
65-74	674	74.2	50	455	50.1	1.1	4,944	1.1	52	613	67.5	0.9	6,429	0.9	34			
75-84	2,344	69.6	48	1,081	32.1	1.0	11,418	1.0	45	1,614	47.9	0.9	16,689	0.9	33			
85 and older	3,306	62.0	46	896	16.8	1.0	9,217	1.0	40	1,370	25.7	0.8	14,073	0.8	28			
Male	2,204	58.5	46	1,557	41.3	1.2	16,381	1.2	55	1,559	41.4	0.9	16,189	0.9	33			
Disabled	461	63.6	48	470	64.8	1.3	5,244	1.3	71	318	43.9	0.9	3,537	0.9	36			
64 or younger	380	67.5	48	379	67.3	1.3	4,239	1.3	72	235	41.7	0.9	2,572	0.9	36			
65-74	75	53.2	46	83	58.9	1.3	909	1.3	68	73	51.8	1.0	854	1.0	36			
75-84	5	29.4	73	8	47.1	1.2	96	1.2	56	7	41.2	0.8	84	0.8	31			
85 and older	1	25.0	12	0	0.0	0.0	0	0.0	0	3	75.0	0.3	27	0.3	5			
Other Eligibles	1,743	57.3	45	1,087	35.7	1.1	11,137	1.1	48	1,241	40.8	0.9	12,652	0.9	32			
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0			
65-74	444	61.7	45	374	51.9	1.1	3,861	1.1	52	361	50.1	0.9	3,759	0.9	34			
75-84	816	58.3	45	505	36.1	1.1	5,201	1.1	45	624	44.6	0.9	6,253	0.9	30			
85 and older	483	52.4	46	208	22.6	1.1	2,075	1.1	45	256	27.8	0.8	2,640	0.8	32			
Unknown	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIHYPERTENSIVE						HEMATOPOIETIC AGENTS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	6,482	46.0 %	0.7	6,118	43.4 %	0.9	4,215	29.9 %	43,849	0.6	\$26	\$26	\$26	\$26	\$26	\$26	\$26	\$26
Female	4,941	47.9	0.7	4,444	43.1	0.9	3,021	29.3	31,730	0.6	26	26	26	26	26	26	26	26
Disabled	399	56.3	0.9	291	41.0	0.9	193	27.2	2,117	0.6	36	36	36	36	36	36	36	36
64 or younger	274	56.7	1.0	187	38.7	0.9	131	27.1	1,445	0.6	37	37	37	37	37	37	37	37
65-74	98	57.6	0.8	81	47.6	0.8	41	24.1	441	0.7	28	28	28	28	28	28	28	28
75-84	25	59.5	0.8	19	45.2	0.8	16	38.1	183	0.5	45	45	45	45	45	45	45	45
85 and older	2	14.3	1.8	4	28.6	1.1	5	35.7	48	0.7	141	141	141	141	141	141	141	141
Other Eligibles	4,542	47.3	0.7	4,153	43.2	0.9	2,828	29.4	29,613	0.6	26	26	26	26	26	26	26	26
64 or younger	1	50.0	3.1	0	0.0	0.0	3	150.0	30	0.9	20	20	20	20	20	20	20	20
65-74	448	49.3	0.9	489	53.9	0.9	287	31.6	3,123	0.7	33	33	33	33	33	33	33	33
75-84	1,640	48.7	0.8	1,547	45.9	0.9	974	28.9	10,110	0.6	29	29	29	29	29	29	29	29
85 and older	2,453	46.0	0.6	2,117	39.7	0.8	1,564	29.3	16,350	0.6	22	22	22	22	22	22	22	22
Male	1,541	40.9	0.7	1,674	44.4	0.9	1,194	31.7	12,119	0.6	23	23	23	23	23	23	23	23
Disabled	325	44.8	0.9	325	44.8	0.9	204	28.1	2,219	0.6	31	31	31	31	31	31	31	31
64 or younger	267	47.4	1.0	239	42.5	0.9	175	31.1	1,884	0.6	34	34	34	34	34	34	34	34
65-74	53	37.6	0.6	79	56.0	1.0	24	17.0	275	0.8	19	19	19	19	19	19	19	19
75-84	2	11.8	0.4	6	35.3	0.9	4	23.5	48	0.6	10	10	10	10	10	10	10	10
85 and older	3	75.0	18	1	25.0	1.3	1	25.0	12	1.0	2	2	2	2	2	2	2	2
Other Eligibles	1,216	40.0	0.6	1,349	44.3	0.9	990	32.5	9,900	0.6	20	20	20	20	20	20	20	20
64 or younger	2	200.0	24	0	0.0	0.0	0	0.0	0	0.0	23	23	23	23	23	23	23	23
65-74	293	40.7	0.7	355	49.3	0.8	229	31.8	2,399	0.7	19	19	19	19	19	19	19	19
75-84	552	39.4	0.7	638	45.6	0.9	463	33.1	4,526	0.6	25	25	25	25	25	25	25	25
85 and older	369	40.0	0.5	356	38.6	0.9	298	32.3	2,975	0.6	15	15	15	15	15	15	15	15
Unknown	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0	0	0	0	0	0

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

a. Table 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (May 13 2003).

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

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL										CALCIUM BLOCKERS											
	Users as %					Users as %					Users as %					Users as %						
	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx \$	No. of Rx	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx \$	No. of Rx	Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx \$	No. of Rx	Mean Rx \$	All-Year NF Residents
All	1,547	11.0 %	15,433	0.8	\$91	3,366	23.9 %	34,958	0.9	\$37	14,086	140,476										
Female	1,155	11.2	11,681	0.8	92	2,569	24.9	26,774	0.9	37	10,318	103,657										
Disabled	34	4.8	372	0.8	144	150	21.2	1,687	0.9	39	709	7,600										
64 or younger	23	4.8	244	0.7	166	85	17.6	952	0.9	43	483	5,113										
65-74	8	4.7	92	0.9	104	51	30.0	582	0.9	34	170	1,881										
75-84	3	7.1	36	0.8	95	10	23.8	116	0.9	35	42	478										
85 and older	0	0.0	0	0.0	0	4	28.6	37	0.9	22	14	128										
Other Eligibles	1,121	11.7	11,309	0.8	90	2,419	25.2	25,087	0.9	36	9,609	96,057										
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15										
65-74	81	8.9	781	0.9	100	254	28.0	2,681	0.9	39	908	9,292										
75-84	459	13.6	4,625	0.8	90	893	26.5	9,267	0.9	37	3,369	33,882										
85 and older	581	10.9	5,903	0.8	88	1,272	23.9	13,139	0.9	36	5,330	52,868										
Male	392	10.4	3,752	0.8	87	797	21.2	8,084	0.9	37	3,768	36,819										
Disabled	31	4.3	349	0.7	85	145	20.0	1,582	0.9	41	725	7,906										
64 or younger	20	3.6	219	0.6	82	102	18.1	1,080	0.9	43	563	6,131										
65-74	11	7.8	130	0.9	90	37	26.2	430	1.0	35	141	1,565										
75-84	0	0.0	0	0.0	0	6	35.3	72	0.7	34	17	180										
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	30										
Other Eligibles	361	11.9	3,403	0.8	87	652	21.4	6,502	0.9	36	3,043	28,913										
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12										
65-74	69	9.6	684	0.8	86	146	20.3	1,517	0.9	39	720	7,054										
75-84	181	12.9	1,725	0.8	91	318	22.7	3,121	0.9	37	1,400	13,295										
85 and older	111	12.0	994	0.8	83	188	20.4	1,864	0.8	34	922	8,552										
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										

Source: Data for this table are from the MAX 2002 file for Maryland, released by CMS in 05/2006. 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 5,790 beneficiaries who were in nursing facilities for part of their enrollment and their 52,784 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 (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^{a,b}
 MARYLAND, 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
		31.0 %	1.9	158,179	\$58					
All	25,546	31.0 %	1.9	158,179	\$58	\$4,805,891	\$30	2.7 %	82,357	
Age										
5 and younger	1	16.7	1.3	8	40	240	30	1.8	6	
6-14	4	18.2	1.3	28	255	5,600	200	4.8	22	
15-20	21	21.0	1.0	95	66	6,649	70	3.0	100	
21-44	3,339	26.6	1.6	19,801	53	668,694	34	2.1	12,537	
45-64	4,876	30.4	2.0	32,619	59	953,635	29	2.3	16,037	
65-74	5,607	28.3	1.7	33,866	55	1,094,244	32	2.9	19,794	
75-84	6,575	32.4	2.0	40,850	59	1,193,506	29	2.8	20,276	
85 and older	5,123	37.7	2.3	30,912	65	883,323	29	3.3	13,584	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	14,137	31.9	2.0	87,483	61	2,690,790	31	3.2	44,277	
Disabled	11,189	33.0	2.1	69,732	61	2,061,873	30	2.2	33,864	
Adults	211	5.0	0.2	915	11	46,927	51	2.9	4,179	
Children	9	24.3	1.3	49	170	6,301	129	4.9	37	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	18,064	33.3	2.0	110,590	60	3,246,468	29	2.7	54,236	
Male	7,482	26.6	1.7	47,589	55	1,559,423	33	2.5	28,121	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	14,459	35.7	2.5	101,519	70	2,836,467	28	2.8	40,521	
African American	7,964	24.5	1.3	42,237	47	1,538,857	36	2.4	32,488	
Other/unknown	3,123	33.4	1.5	14,423	46	430,567	30	2.5	9,348	
Use of Nursing Facilities^d										
Entire year	6,764	48.0	3.9	54,885	109	1,529,104	28	3.4	14,086	
Part year	3,027	52.3	3.5	20,459	114	659,834	32	4.2	5,790	
None	15,755	25.2	1.3	82,835	42	2,616,953	32	2.2	62,481	
Maintenance Assistance Status										
Cash	13,485	33.6	1.8	72,579	56	2,258,340	31	2.2	40,151	
Medically needy	10,340	43.4	3.2	77,081	95	2,271,253	29	3.6	23,845	
Poverty related	117	2.9	0.1	403	5	18,191	45	2.9	4,000	
Other/unknown	1,604	11.2	0.6	8,116	18	258,107	32	2.1	14,361	

Table D11

Dual Eligible Beneficiaries

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

- a. Table 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^{a,b}
 MARYLAND, 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	0.2	\$6	\$30	\$0	\$1	777,537
Age						
5 and younger	0.1	4	30	0	0	58
6-14	0.1	27	200	0	0	205
15-20	0.1	9	70	0	2	708
21-44	0.2	5	34	0	2	123,068
45-64	0.2	6	29	0	2	148,643
65-74	0.2	6	32	0	1	186,216
75-84	0.2	6	29	0	1	193,134
85 and older	0.2	7	29	0	1	125,504
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	0.2	7	31	0	1	405,632
Disabled	0.2	6	30	0	2	353,649
Adults	0.1	3	51	0	0	17,977
Children	0.2	23	129	0	0	279
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	6	29	0	1	513,444
Male	0.2	6	33	0	1	264,093
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	7	28	0	2	381,873
African American	0.1	5	36	0	1	299,607
Other/unknown	0.2	4	30	0	1	96,057
Use of Nursing Facilities^d						
Entire year	0.4	11	28	0	2	140,476
Part year	0.4	13	32	0	2	52,784
None	0.1	4	32	0	1	584,277
Maintenance Assistance Status						
Cash	0.2	5	31	0	1	445,375
Medically needy	0.4	10	29	0	2	217,364
Poverty related	0.0	1	45	0	0	34,036
Other/unknown	0.1	3	32	0	1	80,762

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

- a. Table 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^{a,b,c}
MARYLAND, 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
All	32,020	\$150	\$4,805,891	100.0 %	158,179	\$30	100.0 %
Anorexia or weight loss/gain	2,657	366	972,443	20.2	8,234	118	5.2
Fertility drugs	452	29	12,976	0.3	548	24	0.3
Drugs for cosmetic purposes	550	1,364	749,997	15.6	3,238	232	2.0
Cough and cold medications	415	364	150,944	3.1	1,260	120	0.8
Vitamins and minerals	149	16	2,379	0.0	194	12	0.1
Non-prescription drugs	15,572	112	1,748,282	36.4	67,646	26	42.8
Barbiturates	2	195	390	0.0	25	16	0.0
Benzodiazepines	12,181	88	1,077,466	22.4	76,904	14	48.6
Other Part D Excl Rx Drugs	42	2,167	91,014	1.9	130	700	0.1

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

a. Table 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^{a, b}
 MARYLAND, 2002

Total Number of Dual Eligible Beneficiaries 82,357
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$180,645,455
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,193

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,848	25.3 %	\$0	0.0 %
1-500	11,388	13.8	2,499,758	1.4
501-1,000	7,828	9.5	5,817,732	3.2
1,001-1,500	6,372	7.7	7,924,896	4.4
1,501-2,000	5,519	6.7	9,624,949	5.3
2,001-2,500	4,770	5.8	10,698,447	5.9
2,501-3,000	4,112	5.0	11,284,118	6.2
3,001-3,500	3,413	4.1	11,067,269	6.1
3,501-4,000	2,884	3.5	10,806,747	6.0
4,001-4,500	2,503	3.0	10,615,122	5.9
4,501-5,000	1,977	2.4	9,370,779	5.2
5,001-5,500	1,657	2.0	8,677,930	4.8
5,501-6,000	1,338	1.6	7,678,666	4.3
6,001-6,500	1,232	1.5	7,689,988	4.3
6,501-7,000	935	1.1	6,301,653	3.5
7,001-7,500	866	1.1	6,269,536	3.5
7,501-8,000	684	0.8	5,294,899	2.9
8,001-8,500	537	0.7	4,422,262	2.4
8,501-9,000	516	0.6	4,508,113	2.5
9,001-9,500	395	0.5	3,654,115	2.0
9,501-10,000	331	0.4	3,225,149	1.8
10,001+	2,252	2.7	33,213,327	18.4

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

a. 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 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MARYLAND, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 53,654
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$106,354,817
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,982

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,480	23.3%	0	0.0%
1-500	6,923	12.9	1,610,688	1.5
501-1,000	5,573	10.4	4,150,216	3.9
1,001-1,500	4,735	8.8	5,888,270	5.5
1,501-2,000	4,108	7.7	7,163,419	6.7
2,001-2,500	3,525	6.6	7,910,216	7.4
2,501-3,000	3,014	5.6	8,269,950	7.8
3,001-3,500	2,521	4.7	8,174,272	7.7
3,501-4,000	2,085	3.9	7,808,389	7.3
4,001-4,500	1,778	3.3	7,537,722	7.1
4,501-5,000	1,387	2.6	6,568,012	6.2
5,001-5,500	1,075	2.0	5,626,876	5.3
5,501-6,000	879	1.6	5,043,742	4.7
6,001-6,500	704	1.3	4,395,959	4.1
6,501-7,000	545	1.0	3,669,601	3.5
7,001-7,500	478	0.9	3,459,534	3.3
7,501-8,000	356	0.7	2,755,261	2.6
8,001-8,500	254	0.5	2,092,313	2.0
8,501-9,000	236	0.4	2,061,899	1.9
9,001-9,500	197	0.4	1,821,941	1.7
9,501-10,000	151	0.3	1,469,284	1.4
10,001+	650	1.2	8,877,253	8.3

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

a. 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 ^{a, b}
 MARYLAND, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74	19,794
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$37,266,388
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,883

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,912	29.9 %	0	0.0 %
1-500	2,443	12.3	549,113	1.5
501-1,000	1,850	9.3	1,382,617	3.7
1,001-1,500	1,570	7.9	1,951,521	5.2
1,501-2,000	1,304	6.6	2,275,897	6.1
2,001-2,500	1,134	5.7	2,543,156	6.8
2,501-3,000	997	5.0	2,736,992	7.3
3,001-3,500	818	4.1	2,651,050	7.1
3,501-4,000	681	3.4	2,547,951	6.8
4,001-4,500	588	3.0	2,496,013	6.7
4,501-5,000	461	2.3	2,181,976	5.9
5,001-5,500	350	1.8	1,834,377	4.9
5,501-6,000	281	1.4	1,611,504	4.3
6,001-6,500	253	1.3	1,581,150	4.2
6,501-7,000	185	0.9	1,243,861	3.3
7,001-7,500	180	0.9	1,304,671	3.5
7,501-8,000	132	0.7	1,022,564	2.7
8,001-8,500	101	0.5	832,059	2.2
8,501-9,000	91	0.5	794,450	2.1
9,001-9,500	89	0.4	823,370	2.2
9,501-10,000	73	0.4	710,538	1.9
10,001+	301	1.5	4,191,558	11.2

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

- a. 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^{a, b}
 MARYLAND, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 13,584
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$27,038,653
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,991

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,938	14.3 %	0	0.0 %
1-500	2,137	15.7	503,627	1.9
501-1,000	1,649	12.1	1,224,110	4.5
1,001-1,500	1,447	10.7	1,800,335	6.7
1,501-2,000	1,207	8.9	2,102,719	7.8
2,001-2,500	1,031	7.6	2,311,440	8.5
2,501-3,000	856	6.3	2,343,687	8.7
3,001-3,500	691	5.1	2,237,647	8.3
3,501-4,000	569	4.2	2,131,342	7.9
4,001-4,500	459	3.4	1,944,088	7.2
4,501-5,000	369	2.7	1,745,952	6.5
5,001-5,500	273	2.0	1,426,182	5.3
5,501-6,000	227	1.7	1,300,410	4.8
6,001-6,500	167	1.2	1,041,235	3.9
6,501-7,000	120	0.9	809,276	3.0
7,001-7,500	114	0.8	823,322	3.0
7,501-8,000	68	0.5	525,796	1.9
8,001-8,500	46	0.3	378,285	1.4
8,501-9,000	43	0.3	374,819	1.4
9,001-9,500	35	0.3	323,603	1.2
9,501-10,000	27	0.2	262,434	1.0
10,001+	111	0.8	1,428,344	5.3

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

a. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	84,819	44,383	36,034	4,356	46	822,081	408,753	391,843	21,052	433	0
Age											
5 and younger	7	0	5	0	2	73	0	60	0	13	0
6-14	23	1	15	0	7	258	6	168	0	84	0
15-20	147	0	118	2	27	1,629	0	1,359	24	246	0
21-44	13,882	10	12,190	1,675	7	145,640	114	135,815	9,657	54	0
45-64	16,957	35	14,347	2,575	0	164,334	273	153,212	10,849	0	0
65-74	19,873	14,044	5,728	99	2	190,527	126,577	63,433	493	24	0
75-84	20,323	17,700	2,618	5	0	193,801	165,687	28,085	29	0	0
85 and older	13,606	12,592	1,013	0	1	125,818	116,095	9,711	0	12	0
Unknown	1	1	0	0	0	1	1	0	0	0	0
Gender											
Female	55,497	33,294	19,920	2,261	22	537,461	307,182	217,902	12,154	223	0
Male	29,322	11,089	16,114	2,095	24	284,620	101,571	173,941	8,898	210	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	41,588	21,548	18,178	1,845	17	401,520	194,351	197,959	9,073	137	0
African American	33,744	15,954	15,389	2,375	26	321,529	142,497	167,455	11,306	271	0
Other/unknown	9,487	6,881	2,467	136	3	99,032	71,905	26,429	673	25	0
Use of Nursing Facilities^c											
Entire year	14,086	12,652	1,434	0	0	140,476	124,970	15,506	0	0	0
Part year	5,790	4,929	845	15	1	52,968	44,294	8,531	131	12	0
None	64,943	26,802	33,755	4,341	45	628,637	239,489	367,806	20,921	421	0
Maintenance Assistance Status											
Cash	42,096	16,198	25,628	265	5	480,203	183,985	293,735	2,439	44	0
Medically needy	24,304	19,450	4,644	205	5	223,864	179,220	43,149	1,453	42	0
Poverty related	4,002	2,376	1,570	37	19	34,504	20,011	13,989	282	222	0
Other/unknown	14,417	6,359	4,192	3,849	17	83,510	25,537	40,970	16,878	125	0
Dual Status^d											
Full dual, all year	80,938	42,483	34,403	4,007	45	784,397	390,616	375,576	17,776	429	0
Full dual, part year	3,881	1,900	1,631	349	1	37,684	18,137	16,267	3,276	4	0
Managed Care Status											
FFS all year	78,998	43,915	31,132	3,925	26	759,013	403,442	338,415	16,938	218	0
FFS part year, with Rx claims	2,722	327	2,197	189	9	29,953	3,831	24,234	1,783	105	0
FFS part year, no Rx claims	637	35	535	65	2	6,459	329	5,576	532	22	0
MC all year, with Rx claims	1,103	2	997	101	3	12,192	24	11,046	1,086	36	0
MC all year, no Rx claims	1,359	104	1,173	76	6	14,464	1,127	12,572	713	52	0

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

- a. Table 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^a
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	84,819	822,081	82,357	777,537	0	44,544		
FFS all year	78,998	759,013	78,998	759,013	0	0		
FFS part year, with Rx claims	2,722	29,953	2,722	15,442	0	14,511		
FFS part year, with no Rx claims	637	6,459	637	3,082	0	3,377		
MC all year, with Rx claims	1,103	12,192	0	0	0	12,192		
MC all year, with no Rx claims	1,359	14,464	0	0	0	14,464		

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

a. 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.