

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
NORTH CAROLINA**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	227,047	137,391	88,039	1,596	21	0	2,501,785	1,506,596	981,717	13,312	160	0
Age												
5 and younger	7	0	7	0	0	0	75	0	75	0	0	0
6-14	33	0	23	0	10	0	347	0	255	0	92	0
15-20	397	0	385	2	10	0	4,355	0	4,266	22	67	0
21-44	35,402	0	34,282	1,119	1	0	390,670	0	381,299	9,370	1	0
45-64	53,157	13	52,725	419	0	0	593,124	108	589,621	3,395	0	0
65-74	54,293	53,848	392	53	0	0	603,031	598,848	3,685	498	0	0
75-84	51,727	51,576	148	3	0	0	571,870	570,141	1,702	27	0	0
85 and older	32,031	31,954	77	0	0	0	338,313	337,499	814	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	153,694	105,632	47,000	1,048	14	0	1,699,708	1,164,171	526,669	8,765	103	0
Male	73,353	31,759	41,039	548	7	0	802,077	342,425	455,048	4,547	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	113,859	70,241	42,766	846	6	0	1,238,845	757,474	474,460	6,862	49	0
African American	82,454	47,971	33,912	561	10	0	922,614	536,369	381,363	4,823	59	0
Other/unknown	30,734	19,179	11,361	189	5	0	340,326	212,753	125,894	1,627	52	0
Use of Nursing Facilities^c												
Entire year	16,141	14,815	1,326	0	0	0	178,262	162,998	15,264	0	0	0
Part year	14,530	13,056	1,474	0	0	0	142,726	127,212	15,514	0	0	0
None	196,376	109,520	85,239	1,596	21	0	2,180,797	1,216,386	950,939	13,312	160	0
Maintenance Assistance Status												
Cash	113,211	66,610	45,361	1,235	5	0	1,281,610	751,729	519,269	10,576	36	0
Medically needy	7,118	5,726	1,319	73	0	0	72,029	57,758	13,679	592	0	0
Poverty-related	106,560	65,055	41,359	132	14	0	1,146,766	697,109	448,769	766	122	0
Other/unknown	158	0	0	156	2	0	1,380	0	0	1,378	2	0
Dual Medicare Status^d												
Full dual, all year	220,010	133,363	85,045	1,581	21	0	2,423,687	1,462,062	948,317	13,148	160	0
Full dual, part year	7,037	4,028	2,994	15	0	0	78,098	44,534	33,400	164	0	0
Managed Care Status												
FFS all year	226,853	137,363	87,901	1,569	20	0	2,500,645	1,506,424	980,894	13,172	155	0
FFS part year, with Rx claims	178	27	124	26	1	0	1,064	169	760	130	5	0
FFS part year, no Rx claims	16	1	14	1	0	0	76	3	63	10	0	0

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	91.9 %	46.8	\$2,566	\$55	\$10,485	24.7 %	227,047
Age							
5 and younger	85.7	52.6	5,900	112	40,446	14.6	7
6-14	100.0	46.7	5,186	111	17,404	29.8	33
15-20	83.1	19.8	2,661	135	11,269	23.6	397
21-44	86.2	32.1	2,592	81	9,999	25.9	35,402
45-64	91.8	50.2	3,089	62	10,191	30.3	53,157
65-74	91.9	48.8	2,460	50	8,015	30.7	54,293
75-84	93.9	50.7	2,443	48	10,788	22.6	51,727
85 and older	95.3	48.0	2,185	46	15,183	14.4	32,031
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	93.4	49.4	2,392	48	10,720	22.3	137,391
Disabled	89.6	43.1	2,899	67	10,204	28.4	88,039
Adults	89.8	30.3	2,023	67	5,781	35.0	1,596
Children	85.7	31.2	3,544	114	9,787	36.2	21
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.3	51.4	2,701	53	10,622	25.4	153,694
Male	87.0	37.1	2,344	63	10,197	23.0	73,353
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.4	52.2	2,931	56	11,791	24.9	113,859
African American	91.2	39.7	2,150	54	9,450	22.7	82,454
Other/unknown	92.0	45.9	2,478	54	8,424	29.4	30,734
Use of Nursing Facilities^d							
Entire year	97.0	66.4	3,533	53	34,647	10.2	16,141
Part year	95.5	52.1	2,757	53	19,507	14.1	14,530
None	91.2	44.8	2,496	56	7,831	31.9	196,376
Maintenance Assistance Status							
Cash	92.6	47.1	2,614	56	8,139	32.1	113,211
Medically needy	90.5	53.1	2,920	55	25,466	11.5	7,118
Poverty related	91.3	46.1	2,535	55	11,982	21.2	106,560
Other/unknown	85.4	31.3	2,083	67	6,854	30.4	158

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	4.2	\$235	24.7 %	8.1 %	15.8 %	11.7 %	35.7 %	23.6 %	5.2 %	\$952	227,047	2,501,785
Age												
5 and younger	4.9	551	14.6	14.3	0.0	0.0	71.4	14.3	0.0	3,775	7	75
6-14	4.4	493	29.8	0.0	6.1	21.2	48.5	24.2	0.0	1,655	33	347
15-20	1.8	243	23.6	16.9	44.1	13.4	18.6	6.5	0.5	1,027	397	4,355
21-44	2.9	235	25.9	13.8	28.3	13.5	29.0	12.7	2.7	906	35,402	390,670
45-64	4.5	277	30.3	8.2	15.0	11.2	34.3	24.5	6.8	913	53,157	593,124
65-74	4.4	222	30.7	8.1	14.4	11.5	35.9	24.6	5.5	722	54,293	603,031
75-84	4.6	221	22.6	6.1	11.9	11.0	38.6	27.0	5.4	976	51,727	571,870
85 and older	4.5	207	14.4	4.7	11.6	11.9	40.3	27.3	4.2	1,438	32,031	338,313
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.5	218	22.3	6.6	12.8	11.4	37.9	26.1	5.2	978	137,391	1,506,596
Disabled	3.9	260	28.4	10.4	20.4	12.1	32.1	19.8	5.2	915	88,039	981,717
Adults	3.6	243	35.0	10.2	22.4	13.7	34.6	16.2	2.8	693	1,596	13,312
Children	4.1	465	36.2	14.3	28.6	4.8	33.3	19.0	0.0	1,285	21	160
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.7	244	25.4	5.7	13.0	11.2	37.5	26.5	6.2	961	153,694	1,699,708
Male	3.4	214	23.0	13.0	21.7	12.7	31.9	17.5	3.1	933	73,353	802,077
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	269	24.9	7.6	12.5	10.1	35.0	27.5	7.3	1,084	113,859	1,238,845
African American	3.6	192	22.7	8.8	20.0	13.7	36.5	18.6	2.5	845	82,454	922,614
Other/unknown	4.1	224	29.4	8.0	16.9	11.9	35.9	22.6	4.7	761	30,734	340,326
use of nursing Facilities^d												
Entire year	6.0	320	10.2	3.0	5.8	7.8	34.0	37.8	11.6	3,137	16,141	178,262
Part year	5.3	281	14.1	4.5	9.1	10.2	37.5	31.0	7.7	1,986	14,530	142,726
None	4.0	225	31.9	8.8	17.1	12.1	35.7	21.9	4.5	705	196,376	2,180,797
Maintenance Assistance Status												
Cash	4.2	231	32.1	7.4	16.7	11.8	35.7	23.4	4.9	719	113,211	1,281,610
Medically needy	5.2	289	11.5	9.5	9.7	9.1	31.7	30.9	9.1	2,517	7,118	72,029
Poverty related	4.3	236	21.2	8.7	15.2	11.7	35.9	23.3	5.2	1,113	106,560	1,146,766
Other/unknown	3.6	238	30.4	14.6	21.5	11.4	32.9	18.4	1.3	785	158	1,380

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	4.2	\$235	\$55	2.0	\$185	\$94	0.3	\$14	\$44	1.9	\$36	\$18
Age												
5 and younger	4.9	551	112	2.0	383	190	0.9	135	156	2.0	33	16
6-14	4.4	493	111	1.9	355	183	0.6	92	148	1.9	47	25
15-20	1.8	243	135	0.9	209	241	0.1	14	93	0.8	20	25
21-44	2.9	235	81	1.3	190	141	0.2	14	70	1.4	30	22
45-64	4.5	277	62	2.2	221	102	0.3	16	54	2.0	40	19
65-74	4.4	222	50	2.1	174	83	0.3	12	41	2.0	35	17
75-84	4.6	221	48	2.1	171	81	0.4	13	35	2.1	36	17
85 and older	4.5	207	46	1.9	155	81	0.4	14	32	2.2	38	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	218	48	2.1	169	82	0.4	13	36	2.1	36	17
Disabled	3.9	260	67	1.8	209	114	0.3	15	58	1.8	36	20
Adults	3.6	243	67	1.7	191	115	0.2	16	71	1.7	35	20
Children	4.1	465	114	1.6	258	161	0.7	172	261	1.8	36	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.7	244	53	2.2	192	89	0.4	15	41	2.1	38	18
Male	3.4	214	63	1.6	170	109	0.2	12	51	1.6	32	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	269	56	2.2	211	96	0.4	17	44	2.2	41	19
African American	3.6	192	54	1.7	152	92	0.2	11	43	1.6	29	18
Other/unknown	4.1	224	54	1.9	176	91	0.3	13	44	1.9	35	18
Use of Nursing Facilities^e												
Entire year	6.0	320	53	2.6	245	94	0.6	22	35	2.7	52	19
Part year	5.3	281	53	2.3	216	92	0.5	18	35	2.4	46	19
None	4.0	225	56	1.9	178	94	0.3	13	46	1.9	34	18
Maintenance Assistance Status												
Cash	4.2	231	56	1.9	182	94	0.3	13	45	1.9	36	18
Medically needy	5.2	289	55	2.3	223	96	0.5	20	37	2.4	46	19
Poverty related	4.3	236	55	2.0	185	93	0.3	14	43	2.0	36	18
Other/unknown	3.6	238	67	1.6	182	112	0.2	17	82	1.7	39	22

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 North Carolina, 0.4 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, NORTH CAROLINA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos		
																Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$25	\$21	\$1	\$2	\$81	\$129	\$86	\$16	438,794	\$35,389,451	125,652	55.3 %	1,430,915
Biologics	0.7	0.0	0.0	0.6	####	1	31	####	4334	30	2,053	4,622	179	775,782	23	0.0	264
Antineoplastic Agents	0.5	0.2	0.0	0.2	88	60	4	24	187	282	176	104	48,142	9,025,901	9,394	4.1	102,266
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	38	31	3	4	41	60	21	15	1,093,060	44,507,564	103,321	45.5	1,171,291
Cardiovascular Agents	1.7	0.7	0.1	0.9	60	42	4	15	35	59	29	17	3,003,634	104,907,556	155,655	68.6	1,754,480
Respiratory Agents	0.6	0.4	0.1	0.2	32	24	4	4	50	67	64	16	764,820	37,985,449	103,817	45.7	1,185,480
Gastrointestinal Agents	0.7	0.5	0.0	0.3	66	60	1	5	91	131	102	20	861,488	78,740,387	105,450	46.4	1,194,308
Genitourinary Agents	0.4	0.3	0.0	0.1	26	24	0	1	60	71	39	16	153,948	9,259,363	31,282	13.8	357,464
CNS Drugs	1.1	0.5	0.0	0.5	83	69	4	10	77	132	106	20	1,443,902	110,794,996	118,480	52.2	1,332,558
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	33	28	1	4	89	112	67	38	21,308	1,901,532	4,923	2.2	57,104
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	69	67	0	2	125	133	83	40	71,285	8,891,216	11,618	5.1	129,479
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	40	30	2	8	55	117	68	18	1,073,568	59,345,942	131,437	57.9	1,491,406
Neuromuscular Agents	0.8	0.3	0.1	0.4	48	35	5	8	62	120	48	21	554,271	34,628,855	63,595	28.0	724,204
Nutritional Products	0.6	0.0	0.0	0.5	10	0	1	9	17	20	16	17	313,295	5,320,874	49,179	21.7	554,444
Hematological Agents	0.7	0.3	0.2	0.3	49	41	4	4	72	157	23	16	343,454	24,691,966	45,182	19.9	506,881
Topical Products	0.4	0.2	0.0	0.2	17	12	1	3	43	58	44	21	391,834	16,730,487	87,082	38.4	999,307
Miscellaneous Products	0.4	0.1	0.0	0.2	77	49	13	15	200	356	286	74	16,532	3,303,848	3,881	1.7	42,748
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	34,374	937,187	10,649	4.7	121,554
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.	10,627,888	587,138,356	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 (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 North Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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
ULCER DRUGS	\$69,568,673	106,109	46.7 %	1,207,913	0.5	\$105	\$58
ANTIPSYCHOTICS	61,483,749	49,297	21.7	557,455	0.6	178	110
ANTIDEPRESSANTS	36,929,640	95,186	41.9	1,076,615	0.6	61	34
ANTI-DIABETIC	32,691,400	83,894	37.0	955,544	0.6	53	34
ANTHYPERLIPIDEMIC	32,581,324	53,970	23.8	622,204	0.6	84	52
ANALGESICS - ANTI-INFLAMMATORY	28,892,043	89,604	39.5	1,037,519	0.4	76	28
ANTIHYPERTENSIVE	28,095,421	112,484	49.5	1,280,732	0.6	35	22
ANTICONVULSANT	27,739,311	49,519	21.8	562,968	0.7	76	49
ANALGESICS - Narcotic	26,341,939	152,353	67.1	1,737,960	0.3	44	15
CALCIUM BLOCKERS	21,288,852	55,853	24.6	634,650	0.7	47	34
Total	365,612,352	848,269		9,673,560	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 (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, NORTH CAROLINA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	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	5,214,599	\$365,612,352	106,109	46.7 %	1,207,913	0.5	\$58	49,297	21.7 %	557,455	0.6	\$110
Female	3,809,378	257,565,333	77,483	50.4	884,129	0.6	58	30,727	20.0	346,483	0.6	97
Disabled	1,214,823	95,473,700	25,290	53.8	291,952	0.5	58	12,974	27.6	149,791	0.6	112
5 and younger	42	1,233	1	33.3	12	0.1	6	0	0.0	0	0.0	0
6-14	109	8,368	1	16.7	12	0.1	10	1	16.7	12	0.9	149
15-20	1,523	126,535	40	24.4	469	0.3	27	32	19.5	374	0.5	99
21-44	297,619	26,543,182	6,529	41.9	75,538	0.4	49	5,350	34.3	61,797	0.6	110
45-64	906,282	68,229,583	18,529	60.1	213,842	0.5	61	7,535	24.4	86,997	0.6	113
65-74	5,414	334,506	113	44.3	1,223	0.6	55	26	10.2	283	0.6	94
75-84	2,668	164,997	45	43.7	530	0.6	69	17	16.5	204	0.5	54
85 and older	1,166	65,296	32	50.8	326	0.6	55	13	20.6	124	0.4	52
Other Eligibles	2,594,555	162,091,633	52,193	48.9	592,177	0.6	58	17,753	16.6	196,692	0.6	85
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	2,208	3	50.0	36	0.5	20	0	0.0	0	0.0	0
15-20	22	978	2	22.2	24	0.1	6	0	0.0	0	0.0	0
21-44	11,280	890,692	296	36.5	2,924	0.4	47	146	18.0	1,476	0.4	59
45-64	4,146	305,501	120	57.1	1,161	0.4	51	37	17.6	365	0.4	67
65-74	1,000,046	64,195,081	18,936	50.8	218,969	0.6	59	4,939	13.3	56,388	0.6	100
75-84	1,022,601	63,214,625	20,097	49.2	229,156	0.6	59	6,942	17.0	76,954	0.6	84
85 and older	556,388	33,482,548	12,739	46.2	139,907	0.6	58	5,689	20.6	61,509	0.6	74
Male	1,405,221	108,047,019	28,626	39.0	323,784	0.5	56	18,570	25.3	210,972	0.7	133
Disabled	782,098	68,807,045	14,673	35.8	168,200	0.5	57	13,145	32.0	151,862	0.7	148
5 and younger	17	1,456	1	25.0	12	0.4	22	0	0.0	0	0.0	0
6-14	127	8,032	7	41.2	78	0.3	27	0	0.0	0	0.0	0
15-20	1,819	206,739	40	18.1	467	0.3	29	49	22.2	563	0.6	157
21-44	287,296	29,095,712	5,242	28.0	60,211	0.5	53	7,071	37.8	81,582	0.7	146
45-64	489,738	39,313,808	9,297	42.5	106,597	0.5	59	5,997	27.4	69,463	0.7	151
65-74	2,131	122,969	60	43.8	540	0.6	56	18	13.1	149	0.6	95
75-84	777	48,063	22	48.9	247	0.6	63	7	15.6	69	0.4	36
85 and older	193	10,266	4	28.6	48	0.8	59	3	21.4	36	0.7	62
Other Eligibles	623,123	39,239,974	13,953	43.2	155,584	0.6	56	5,425	16.8	59,110	0.6	93
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	37	1,615	2	50.0	24	0.5	16	0	0.0	0	0.0	0
15-20	11	558	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5,116	438,259	118	38.1	1,184	0.4	54	43	13.9	420	0.4	86
45-64	3,950	276,131	85	38.3	779	0.5	56	21	9.5	224	0.4	82
65-74	340,731	21,903,187	7,062	42.4	80,281	0.6	57	2,434	14.6	27,416	0.6	108
75-84	201,841	12,297,038	4,741	44.1	52,678	0.6	53	1,924	17.9	20,711	0.6	83
85 and older	71,437	4,323,186	1,945	44.6	20,638	0.6	57	1,003	23.0	10,339	0.6	72
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Carolina, 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_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, NORTH CAROLINA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-DIABETIC					ANTIHYPERLIPIDEMIC				
	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	95,186	41.9 %	1,076,615	0.6	\$34	83,894	37.0 %	955,544	0.6	\$34	53,970	23.8 %	622,204	0.6	\$52
Female	71,373	46.4	808,026	0.6	35	62,881	40.9	718,234	0.7	34	39,464	25.7	455,981	0.6	53
Disabled	31,368	66.7	359,997	0.5	35	19,028	40.5	219,188	0.6	37	11,575	24.6	133,753	0.6	49
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	33.3	23	0.8	76	0	0.0	0	0.0	0	1	16.7	12	0.9	61
15-20	54	32.9	617	0.5	39	22	13.4	255	0.5	28	1	0.6	12	0.2	11
21-44	10,294	66.1	118,096	0.5	35	3,059	19.6	35,393	0.6	34	1,436	9.2	16,626	0.5	42
45-64	20,905	67.8	240,028	0.5	35	15,729	51.0	181,121	0.6	38	10,017	32.5	115,746	0.6	50
65-74	56	22.0	581	0.6	29	150	58.8	1,644	0.7	38	81	31.8	899	0.7	58
75-84	33	32.0	396	0.5	31	48	46.6	571	0.8	40	30	29.1	360	0.6	53
85 and older	24	38.1	256	0.4	27	20	31.7	204	0.7	34	9	14.3	98	0.6	50
Other Eligibles	40,005	37.5	448,029	0.6	34	43,853	41.1	499,046	0.7	33	27,889	26.1	322,228	0.6	55
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	16.7	7	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	11.1	12	0.6	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	571	70.5	5,561	0.4	29	148	18.3	1,407	0.5	34	54	6.7	549	0.4	35
45-64	158	75.2	1,582	0.5	34	90	42.9	906	0.5	33	50	23.8	485	0.5	43
65-74	14,054	37.7	161,000	0.6	31	19,810	53.2	228,349	0.7	36	13,693	36.8	158,715	0.6	54
75-84	15,143	37.1	170,335	0.6	34	17,128	42.0	195,435	0.7	32	11,263	27.6	130,455	0.7	56
85 and older	10,077	36.5	109,532	0.6	38	6,677	24.2	72,949	0.7	27	2,829	10.3	32,024	0.7	54
Male	23,813	32.5	268,589	0.5	34	21,013	28.6	237,310	0.6	34	14,506	19.8	166,223	0.6	51
Disabled	15,202	37.0	173,834	0.5	34	10,421	25.4	118,934	0.6	36	7,512	18.3	86,459	0.6	48
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	5.9	6	0.5	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	68	30.8	795	0.4	34	8	3.6	96	0.5	25	3	1.4	36	0.2	16
21-44	7,018	37.5	80,333	0.5	35	2,592	13.9	29,733	0.6	36	1,932	10.3	22,301	0.5	42
45-64	8,082	36.9	92,376	0.5	33	7,754	35.4	88,413	0.6	36	5,541	25.3	63,734	0.6	50
65-74	23	16.8	206	0.5	28	54	39.4	560	0.6	22	29	21.2	311	0.6	48
75-84	9	20.0	106	0.7	42	13	28.9	132	0.6	29	7	15.6	77	0.5	45
85 and older	1	7.1	12	0.9	72	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	8,611	26.6	94,755	0.6	33	10,592	32.8	118,376	0.7	33	6,994	21.6	79,764	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	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	176	56.8	1,730	0.4	30	69	22.3	654	0.6	37	53	17.1	524	0.4	36
45-64	121	54.5	1,129	0.4	23	65	29.3	592	0.6	34	58	26.1	553	0.5	43
65-74	4,161	25.0	47,126	0.6	32	6,145	36.9	69,945	0.7	34	4,504	27.0	51,734	0.6	54
75-84	2,911	27.1	31,785	0.6	34	3,298	30.7	36,501	0.7	31	2,061	19.2	23,415	0.6	54
85 and older	1,242	28.5	12,985	0.6	36	1,015	23.3	10,684	0.7	26	318	7.3	3,538	0.7	53
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 (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, NORTH CAROLINA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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	89,604	39.5 %	1,037,519	0.4	\$28	112,484	49.5 %	1,280,732	0.6	\$22	49,519	21.8 %	562,968	0.7	\$49
Female	67,226	43.7	779,527	0.4	30	82,120	53.4	936,480	0.6	23	32,181	20.9	365,821	0.6	46
Disabled	23,824	50.7	277,769	0.3	23	19,702	41.9	227,132	0.6	21	16,498	35.1	189,545	0.6	57
5 and younger	1	33.3	12	0.1	1	3	100.0	36	0.7	11	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	33.3	24	0.7	44	0	0.0	0	0.0	0
15-20	56	34.1	660	0.1	4	24	14.6	285	0.5	16	38	23.2	443	0.7	65
21-44	6,688	42.9	77,885	0.2	16	3,181	20.4	36,689	0.5	18	6,203	39.8	71,294	0.6	65
45-64	16,919	54.9	197,398	0.3	26	16,244	52.7	187,363	0.6	21	10,204	33.1	117,202	0.6	52
65-74	90	35.3	998	0.4	23	150	58.8	1,589	0.6	21	34	13.3	387	0.6	33
75-84	56	54.4	672	0.4	23	65	63.1	775	0.6	24	12	11.7	144	0.7	38
85 and older	14	22.2	144	0.5	33	33	52.4	371	0.6	19	7	11.1	75	0.7	39
Other Eligibles	43,402	40.7	501,758	0.4	34	62,418	58.5	709,348	0.7	23	15,683	14.7	176,276	0.6	35
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	4	66.7	37	1.0	12	0	0.0	0	0.0	0
15-20	3	33.3	30	0.1	3	1	11.1	12	0.3	3	0	0.0	0	0.0	0
21-44	372	45.9	3,586	0.2	16	146	18.0	1,428	0.5	17	264	32.6	2,643	0.5	56
45-64	118	56.2	1,179	0.3	17	90	42.9	893	0.5	20	56	26.7	547	0.4	47
65-74	17,446	46.8	203,793	0.4	32	24,134	64.8	277,795	0.6	23	6,362	17.1	73,080	0.6	38
75-84	16,923	41.5	196,703	0.4	34	24,810	60.8	283,479	0.7	23	5,849	14.3	65,799	0.6	33
85 and older	8,540	30.9	96,467	0.5	37	13,233	48.0	145,704	0.7	23	3,152	11.4	34,207	0.6	30
Male	22,378	30.5	257,992	0.3	21	30,364	41.4	344,252	0.6	20	17,338	23.6	197,147	0.7	55
Disabled	12,584	30.7	145,898	0.3	16	13,677	33.3	156,121	0.6	20	12,429	30.3	142,683	0.7	62
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	9	52.9	101	0.3	8	0	0.0	0	0.0	0
15-20	44	19.9	507	0.2	4	29	13.1	326	0.6	14	52	23.5	611	0.7	83
21-44	4,816	25.7	55,927	0.2	11	3,709	19.8	42,331	0.5	19	5,951	31.8	68,304	0.7	68
45-64	7,677	35.1	88,934	0.3	20	9,829	44.9	112,337	0.6	21	6,400	29.2	73,518	0.7	55
65-74	31	22.6	342	0.3	18	74	54.0	733	0.6	19	16	11.7	148	0.6	31
75-84	14	31.1	164	0.5	31	21	46.7	221	0.6	18	7	15.6	66	0.5	33
85 and older	2	14.3	24	0.7	43	6	42.9	72	0.7	19	3	21.4	36	0.7	35
Other Eligibles	9,794	30.3	112,094	0.4	28	16,687	51.6	188,131	0.6	20	4,909	15.2	54,464	0.7	37
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	3	75.0	16	0.6	9	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	120	38.7	1,251	0.3	14	84	27.1	859	0.4	18	106	34.2	1,048	0.5	55
45-64	93	41.9	889	0.3	20	86	38.7	839	0.6	21	63	28.4	576	0.6	52
65-74	5,399	32.4	62,530	0.4	27	9,029	54.2	103,265	0.6	21	2,767	16.6	31,437	0.7	39
75-84	3,102	28.8	35,554	0.4	28	5,610	52.2	62,972	0.6	20	1,458	13.6	15,996	0.7	33
85 and older	1,080	24.8	11,870	0.4	32	1,875	43.0	20,180	0.6	19	515	11.8	5,407	0.7	34
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 North Carolina, 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 (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, NORTH CAROLINA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic				CALCIUM BLOCKERS							
	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 Benes	No. of Bene Mos
All	152,353	67.1 %	1,737,960	0.3	\$15	55,853	24.6 %	634,650	0.7	\$34	227,047	2,501,785
Female	110,595	72.0	1,265,478	0.3	14	42,707	27.8	486,137	0.7	34	153,694	1,699,708
Disabled	44,435	94.5	514,293	0.4	18	8,768	18.7	101,033	0.6	32	47,000	526,669
5 and younger	1	33.3	12	0.1	1	2	66.7	24	0.6	32	3	36
6-14	1	16.7	12	0.1	2	6	100.0	64	0.8	46	6	64
15-20	86	52.4	986	0.2	4	16	9.8	183	0.6	35	164	1,801
21-44	14,319	91.9	165,659	0.3	19	1,369	8.8	15,815	0.5	27	15,576	174,070
45-64	29,838	96.8	345,569	0.4	18	7,240	23.5	83,459	0.7	33	30,830	346,355
65-74	119	46.7	1,230	0.3	11	76	29.8	802	0.7	35	255	2,470
75-84	53	51.5	636	0.3	8	38	36.9	456	0.8	39	103	1,221
85 and older	18	28.6	189	0.3	3	21	33.3	230	0.7	30	63	652
Other Eligibles	66,160	62.0	751,185	0.3	12	33,939	31.8	385,104	0.7	34	106,694	1,173,039
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	16.7	12	0.3	2	3	50.0	29	0.5	35	6	56
15-20	6	66.7	46	0.1	1	1	11.1	4	0.3	16	9	68
21-44	897	110.7	8,883	0.4	22	75	9.3	688	0.5	27	810	6,722
45-64	208	99.0	2,069	0.3	20	43	20.5	387	0.7	32	210	1,758
65-74	25,206	67.7	291,466	0.3	11	12,098	32.5	139,608	0.7	35	37,242	416,931
75-84	25,006	61.3	285,824	0.3	11	13,516	33.1	154,267	0.7	34	40,822	454,343
85 and older	14,836	53.8	162,885	0.3	13	8,203	29.7	90,121	0.8	34	27,595	293,161
Male	41,758	56.9	472,482	0.3	17	13,146	17.9	148,513	0.7	33	73,353	802,077
Disabled	25,567	62.3	292,252	0.4	20	5,639	13.7	64,028	0.6	33	41,039	455,048
5 and younger	1	25.0	12	0.1	1	2	50.0	24	0.5	49	4	39
6-14	10	58.8	120	0.1	1	9	52.9	108	0.5	45	17	191
15-20	70	31.7	827	0.2	12	13	5.9	142	0.7	56	221	2,465
21-44	10,748	57.5	123,035	0.3	21	1,479	7.9	16,791	0.6	32	18,706	207,229
45-64	14,621	66.8	167,139	0.4	20	4,089	18.7	46,511	0.7	34	21,895	243,266
65-74	81	59.1	725	0.4	16	36	26.3	338	0.6	27	137	1,215
75-84	32	71.1	346	0.3	11	10	22.2	102	0.7	33	45	481
85 and older	4	28.6	48	0.3	3	1	7.1	12	0.8	47	14	162
Other Eligibles	16,191	50.1	180,230	0.3	12	7,507	23.2	84,485	0.7	33	32,314	347,029
5 and younger	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	2	50.0	24	0.7	46	4	36
15-20	1	33.3	12	0.2	1	2	66.7	20	0.5	27	3	21
21-44	336	108.4	3,367	0.5	44	27	8.7	249	0.5	22	310	2,649
45-64	211	95.0	2,006	0.5	35	33	14.9	306	0.7	27	222	1,745
65-74	8,779	52.7	99,762	0.3	12	3,947	23.7	45,071	0.7	34	16,659	182,415
75-84	4,901	45.6	54,434	0.3	10	2,535	23.6	28,472	0.7	33	10,757	115,825
85 and older	1,963	45.0	20,649	0.3	10	961	22.0	10,343	0.7	31	4,359	44,338
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 (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, NORTH CAROLINA, 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	\$320	6.0	16,141	178,262
Age				
0-64	440	6.8	1,282	14,775
65-74	375	6.7	2,379	26,933
75-84	333	6.2	5,399	59,858
85 and older	267	5.4	7,081	76,696
Unknown	0	0.0	0	0
Gender				
Female	317	6.1	12,610	139,206
Male	329	5.8	3,531	39,056
Unknown	0	0.0	0	0
Race				
White	339	6.4	10,279	112,127
African American	282	5.3	4,511	51,128
Other/unknown	305	5.8	1,351	15,007
Basis of Eligibility^c				
Aged	309	5.9	14,815	162,998
Disabled	434	6.8	1,326	15,264
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 North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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, NORTH CAROLINA, 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	Generic	No.	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos	
		Brand-Name	Brand-Name		Brand-Name	Brand-Name		Brand-Name	Brand-Name	Generic						
Anti-infective Agents	0.3	0.2	0.0	0.1	\$23	\$19	\$2	\$2	\$16	\$85	\$16	44,676	\$2,895,547	11,321	70.1 %	128,099
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	0	0	0	6	60	6	0.0	65
Antineoplastic Agents	0.5	0.1	0.0	0.3	87	37	7	42	135	194	135	6,636	1,152,127	1,213	7.5	13,290
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	44	35	4	5	14	19	14	92,998	3,760,432	7,632	47.3	85,809
Cardiovascular Agents	1.9	0.5	0.2	1.1	54	29	5	20	17	23	17	247,606	7,083,455	11,779	73.0	131,629
Respiratory Agents	0.6	0.3	0.1	0.3	30	20	4	5	19	68	19	54,779	2,571,504	7,611	47.2	86,020
Gastrointestinal Agents	1.0	0.5	0.0	0.5	70	61	1	9	18	64	18	104,210	7,145,371	9,049	56.1	102,109
Genitourinary Agents	0.6	0.4	0.0	0.1	33	30	1	2	19	42	19	20,412	1,227,828	3,247	20.1	37,020
CNS Drugs	1.4	0.8	0.1	0.5	109	94	5	10	19	113	19	178,651	13,852,946	11,343	70.3	127,463
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	23	18	2	3	14	37	14	574	28,486	106	0.7	1,225
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	97	96	0	0	42	0	42	14,210	1,878,853	1,742	10.8	19,451
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	46	38	3	6	14	103	14	77,281	4,292,860	8,319	51.5	93,179
Neuromuscular Agents	1.1	0.4	0.2	0.4	63	39	10	14	31	92	43	65,756	3,778,780	5,246	32.5	59,584
Nutritional Products	0.7	0.0	0.1	0.6	13	0	1	12	18	23	18	41,455	751,477	5,256	32.6	59,203
Hematological Agents	1.0	0.3	0.4	0.3	70	59	7	3	11	184	19	56,865	4,008,977	5,120	31.7	57,654
Topical Products	0.5	0.3	0.0	0.2	21	14	2	5	21	41	21	58,589	2,368,892	9,725	60.3	111,193
Miscellaneous Products	0.3	0.1	0.0	0.2	14	6	0	7	39	96	39	2,265	124,451	796	4.9	8,950
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	0	0	0	4,061	107,225	1,131	7.0	12,821
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.	1,071,030	57,029,271	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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 North Carolina, 0.4 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$7,327,039	6,196	38.4 %	70,242	0.7	\$152	\$104
ULCER DRUGS	6,044,760	8,705	53.9	98,868	0.7	87	61
ANTIDEPRESSANTS	5,431,599	9,679	60.0	109,601	0.8	65	50
ANTICONVULSANT	2,813,755	4,871	30.2	55,383	0.9	59	51
ANTIDIABETIC	2,528,541	6,458	40.0	73,179	0.8	44	35
MISC. HEMATOLOGICAL	2,203,565	2,193	13.6	24,871	0.7	119	89
ANALGESICS - Narcotic	2,187,086	8,273	51.3	92,717	0.5	49	24
ANALGESICS - ANTI-INFLAMMATORY	1,984,524	4,123	25.5	47,244	0.6	76	42
ANTIHYPERTENSIVE	1,980,585	6,869	42.6	77,204	0.8	33	26
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,879,130	1,750	10.8	19,541	0.7	132	96
Total	34,380,584	59,117		668,850	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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, NORTH CAROLINA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
			Residents	NF	Residents												
All	470,079	\$34,380,584	6,196	38.4 %	70,242	0.7	\$104	8,705	53.9 %	98,868	0.7	\$61					
Female	368,792	26,694,809	4,832	38.3	54,874	0.7	104	6,725	53.3	76,375	0.7	61					
Disabled	25,608	1,930,323	234	36.1	2,718	0.8	139	392	60.5	4,532	0.7	66					
64 or younger	24,647	1,873,616	227	36.9	2,634	0.8	140	379	61.6	4,387	0.7	66					
65-74	419	23,620	2	18.2	24	1.0	192	4	36.4	37	0.6	43					
75-84	316	20,080	4	44.4	48	0.5	68	3	33.3	36	0.7	46					
85 and older	226	13,007	1	7.7	12	0.3	41	6	46.2	72	0.9	71					
Other Eligibles	343,184	24,764,486	4,598	38.4	52,156	0.7	102	6,333	52.9	71,843	0.7	61					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	58,584	4,271,706	734	48.7	8,484	0.7	124	896	59.5	10,397	0.7	64					
75-84	135,214	9,879,283	1,786	42.6	20,280	0.7	107	2,330	55.6	26,620	0.7	62					
85 and older	149,386	10,613,497	2,078	33.2	23,392	0.6	90	3,107	49.6	34,826	0.7	59					
Male	101,287	7,685,775	1,364	38.6	15,368	0.7	106	1,980	56.1	22,493	0.7	60					
Disabled	24,237	2,217,981	267	39.4	3,103	0.7	128	407	60.0	4,723	0.7	63					
64 or younger	23,921	2,202,019	264	39.6	3,067	0.7	129	403	60.4	4,682	0.7	63					
65-74	241	11,123	2	28.6	24	0.5	66	3	42.9	29	0.9	134					
75-84	62	4,198	1	50.0	12	0.1	12	1	50.0	12	1.2	142					
85 and older	13	641	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	77,050	5,467,794	1,097	38.5	12,265	0.7	100	1,573	55.1	17,770	0.7	60					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	27,475	1,957,381	343	40.1	3,984	0.7	112	481	56.3	5,563	0.7	63					
75-84	31,738	2,260,465	469	39.2	5,209	0.7	98	679	56.8	7,646	0.7	58					
85 and older	17,837	1,249,948	285	35.5	3,072	0.7	88	413	51.4	4,561	0.7	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 North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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, NORTH CAROLINA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						ANTIDIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	9,679	60.0 %	\$50	4,871	30.2 %	\$51	6,458	40.0 %	\$51	6,458	40.0 %	\$51	73,179	0.8	\$35			
Female	7,771	61.6	50	3,499	27.7	49	4,973	39.4	49	4,973	39.4	49	56,458	0.8	35			
Disabled	487	75.2	55	432	66.7	73	5,005	54.8	73	5,005	54.8	73	4,154	0.9	45			
64 or younger	473	76.9	55	424	68.9	73	4,909	54.3	73	4,909	54.3	73	3,913	0.9	45			
65-74	6	54.5	72	4	36.4	25	48	127.3	25	14	127.3	157	1.0	39				
75-84	3	33.3	56	1	11.1	18	12	44.4	18	4	44.4	48	1.2	64				
85 and older	5	38.5	39	3	23.1	50	36	23.1	50	3	23.1	36	0.7	16				
Other Eligibles	7,284	60.9	49	3,067	25.6	45	34,778	38.6	45	4,618	38.6	45	52,304	0.8	34			
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	1,092	72.5	53	730	48.5	54	8,436	65.3	54	984	65.3	54	11,329	0.8	37			
75-84	2,771	66.1	50	1,276	30.4	46	14,452	47.0	46	1,972	47.0	46	22,477	0.8	35			
85 and older	3,421	54.6	48	1,061	16.9	38	11,890	26.5	38	1,662	26.5	38	18,498	0.8	31			
Male	1,908	54.0	49	1,372	38.9	57	15,600	42.1	57	1,485	42.1	57	16,721	0.8	34			
Disabled	415	61.2	52	473	69.8	73	5,433	42.3	73	287	42.3	73	3,331	0.8	33			
64 or younger	414	62.1	52	471	70.6	73	5,416	41.8	73	279	41.8	73	3,242	0.8	33			
65-74	0	0.0	0	1	14.3	114	5	100.0	114	7	100.0	77	0.8	27				
75-84	1	50.0	55	1	50.0	113	12	50.0	113	1	50.0	12	1.1	8				
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	1,493	52.3	48	899	31.5	48	10,167	42.0	48	1,198	42.0	48	13,390	0.8	34			
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	476	55.7	52	404	47.3	49	4,681	50.5	49	432	50.5	49	4,970	0.8	38			
75-84	646	54.1	48	348	29.1	48	3,875	40.6	48	485	40.6	48	5,349	0.8	33			
85 and older	371	46.2	45	147	18.3	44	1,611	35.0	44	281	35.0	44	3,071	0.7	31			
Unknown	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 North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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, NORTH CAROLINA, 2002

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
All	2,193	13.6 %	24,871	0.7	\$89	8,273	51.3 %	92,717	0.5	\$24	4,123	25.5 %	47,244	0.6	\$42
Female	1,710	13.6	19,352	0.7	73	6,697	53.1	75,147	0.5	24	3,389	26.9	38,826	0.6	43
Disabled	73	11.3	847	0.8	77	381	58.8	4,431	0.6	30	205	31.6	2,382	0.5	30
64 or younger	66	10.7	774	0.8	76	363	59.0	4,215	0.6	31	195	31.7	2,262	0.5	30
65-74	2	18.2	13	1.2	24	8	72.7	96	0.2	2	3	27.3	36	0.8	45
75-84	4	44.4	48	1.0	85	6	66.7	72	0.5	20	6	66.7	72	0.4	23
85 and older	1	7.7	12	1.0	111	4	30.8	48	0.6	4	1	7.7	12	1.0	21
Other Eligibles	1,637	13.7	18,505	0.7	73	6,316	52.8	70,716	0.5	24	3,184	26.6	36,444	0.6	44
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	211	14.0	2,437	0.8	77	984	64.0	10,990	0.5	23	442	29.3	5,136	0.5	40
75-84	634	15.1	7,253	0.7	75	2,281	54.4	25,778	0.5	25	1,211	28.9	13,943	0.6	46
85 and older	792	12.6	8,815	0.7	70	3,071	49.0	33,948	0.5	23	1,531	24.4	17,365	0.6	44
Male	483	13.7	5,519	0.7	142	1,576	44.6	17,570	0.5	22	734	20.8	8,418	0.5	37
Disabled	65	9.6	756	0.8	601	375	55.3	4,334	0.6	26	163	24.0	1,937	0.5	35
64 or younger	64	9.6	744	0.8	610	364	54.6	4,248	0.5	25	162	24.3	1,925	0.5	35
65-74	0	0.0	0	0.0	0	7	100.0	38	2.7	56	1	14.3	12	0.1	2
75-84	0	0.0	0	0.0	0	3	150.0	36	0.4	7	0	0.0	0	0.0	0
85 and older	1	50.0	12	0.6	49	1	50.0	12	0.5	4	0	0.0	0	0.0	0
Other Eligibles	418	14.7	4,763	0.7	70	1,201	42.1	13,236	0.4	21	571	20.0	6,481	0.5	37
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	122	14.3	1,413	0.7	70	398	46.5	4,566	0.5	28	170	19.9	1,956	0.5	38
75-84	182	15.2	2,093	0.7	70	465	38.9	5,087	0.4	19	249	20.8	2,805	0.5	37
85 and older	114	14.2	1,297	0.7	69	338	42.1	3,583	0.4	16	152	18.9	1,720	0.5	37
Unknown	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 North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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).
- 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				Mean Rx \$	Mean No. of Rx	Mean No. of Bene Mos among Users	Mean No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	All-Year NF Residents	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		Users as %		Users as %		Users as %										
	No. of Users	Residents	No. of Users	Residents	No. of Users	Residents	No. of Users	Residents									
All	6,869	42.6 %	77,204	0.8	\$26	1,750	10.8 %	19,541	0.7	\$96	16,141	178,262					
Female	5,374	42.6	60,324	0.8	26	1,472	11.7	16,508	0.7	97	12,610	139,206					
Disabled	277	42.7	3,188	0.8	27	34	5.2	403	0.6	105	648	7,450					
64 or younger	266	43.3	3,056	0.8	28	31	5.0	367	0.6	104	615	7,065					
65-74	5	45.5	60	0.9	35	1	9.1	12	1.1	150	11	121					
75-84	4	44.4	48	0.8	22	1	11.1	12	1.0	136	9	108					
85 and older	2	15.4	24	0.5	9	1	7.7	12	0.5	57	13	156					
Other Eligibles	5,097	42.6	57,136	0.8	26	1,438	12.0	16,105	0.7	97	11,962	131,756					
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
65-74	762	50.6	8,782	0.8	26	140	9.3	1,570	0.7	92	1,506	17,000					
75-84	1,952	46.6	21,996	0.8	26	576	13.7	6,438	0.8	99	4,193	46,649					
85 and older	2,383	38.0	26,358	0.8	25	722	11.5	8,097	0.7	96	6,263	68,107					
Male	1,495	42.3	16,880	0.8	25	278	7.9	3,033	0.7	92	3,531	39,056					
Disabled	302	44.5	3,467	0.8	30	27	4.0	318	0.6	84	678	7,814					
64 or younger	299	44.8	3,431	0.8	30	27	4.0	318	0.6	84	667	7,710					
65-74	3	42.9	36	0.9	24	0	0.0	0	0.0	0	7	56					
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24					
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24					
Other Eligibles	1,193	41.8	13,413	0.8	24	251	8.8	2,715	0.7	93	2,853	31,242					
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
65-74	413	48.3	4,767	0.8	25	45	5.3	523	0.7	84	855	9,756					
75-84	499	41.8	5,561	0.8	24	119	10.0	1,231	0.7	97	1,195	13,077					
85 and older	281	35.0	3,085	0.7	22	87	10.8	961	0.7	94	803	8,409					
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 North Carolina, 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 14,530 beneficiaries who were in nursing facilities for part of their enrollment and their 142,726 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}
 NORTH CAROLINA, 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
		51.5 %	3.8	869,458	\$74		\$16,759,856	\$19	2.9 %	227,047		
All	116,831	51.5 %	3.8	869,458	\$74	\$16,759,856	\$19	2.9 %	227,047			
Age												
5 and younger	5	71.4	6.0	42	195	1,363	32	3.3	7			
6-14	24	72.7	5.9	196	214	7,064	36	4.1	33			
15-20	142	35.8	1.6	648	51	20,091	31	1.9	397			
21-44	15,836	44.7	3.1	110,903	77	2,739,563	25	3.0	35,402			
45-64	29,356	55.2	4.4	234,154	98	5,222,125	22	3.2	53,157			
65-74	27,327	50.3	3.7	202,662	68	3,702,439	18	2.8	54,293			
75-84	27,090	52.4	3.8	197,335	62	3,217,123	16	2.5	51,727			
85 and older	17,051	53.2	3.9	123,518	58	1,850,088	15	2.6	32,031			
Unknown	0	0.0	0.0	0	0	0	0	0.0	0			
Basis of Eligibility^c												
Aged	71,143	51.8	3.8	521,435	64	8,735,474	17	2.7	137,391			
Disabled	44,881	51.0	3.9	343,249	90	7,912,037	23	3.1	88,039			
Adults	796	49.9	3.0	4,725	69	110,404	23	3.4	1,596			
Children	11	52.4	2.3	49	92	1,941	40	2.6	21			
Unknown	0	0.0	0.0	0	0	0	0	0.0	0			
Gender												
Female	86,281	56.1	4.3	658,023	83	12,680,018	19	3.1	153,694			
Male	30,550	41.6	2.9	211,435	56	4,079,838	19	2.4	73,353			
Unknown	0	0.0	0.0	0	0	0	0	0.0	0			
Race												
White	63,754	56.0	4.6	519,073	85	9,734,506	19	2.9	113,859			
African American	37,017	44.9	2.8	232,371	56	4,581,574	20	2.6	82,454			
Other/unknown	16,060	52.3	3.8	118,014	80	2,443,776	21	3.2	30,734			
Use of Nursing Facilities^d												
Entire year	9,198	57.0	4.9	79,599	77	1,242,309	16	2.2	16,141			
Part year	8,954	61.6	4.1	59,246	63	921,981	16	2.3	14,530			
None	98,679	50.3	3.7	730,613	74	14,595,566	20	3.0	196,376			
Maintenance Assistance Status												
Cash	58,351	51.5	3.9	444,758	78	8,883,053	20	3.0	113,211			
Medically needy	3,903	54.8	4.0	28,466	65	459,977	16	2.2	7,118			
Poverty related	54,499	51.1	3.7	395,680	69	7,404,734	19	2.7	106,560			
Other/unknown	78	49.4	3.5	554	77	12,092	22	3.7	158			

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a,b}
 NORTH CAROLINA, 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	0.3	\$7	\$19	\$0	\$2	2,501,785
Age						
5 and younger	0.6	18	32	0	0	75
6-14	0.6	20	36	0	0	347
15-20	0.1	5	31	0	1	4,355
21-44	0.3	7	25	0	2	390,670
45-64	0.4	9	22	0	2	593,124
65-74	0.3	6	18	0	2	603,031
75-84	0.3	6	16	0	1	571,870
85 and older	0.4	5	15	0	1	338,313
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	6	17	0	2	1,506,596
Disabled	0.3	8	23	0	2	981,717
Adults	0.4	8	23	0	3	13,312
Children	0.3	12	40	0	0	160
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	7	19	0	2	1,699,708
Male	0.3	5	19	0	2	802,077
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	8	19	0	3	1,238,845
African American	0.3	5	20	0	1	922,614
Other/unknown	0.3	7	21	0	2	340,326
Use of Nursing Facilities^d						
Entire year	0.4	7	16	0	2	178,262
Part year	0.4	6	16	0	2	142,726
None	0.3	7	20	0	2	2,180,797
Maintenance Assistance Status						
Cash	0.3	7	20	0	2	1,281,610
Medically needy	0.4	6	16	0	2	72,029
Poverty related	0.3	6	19	0	2	1,146,766
Other/unknown	0.4	9	22	0	2	1,380

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a,b,c}
 NORTH CAROLINA, 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	165,770	\$101	\$16,759,856	100.0 %	869,458	\$19	100.0 %
Anorexia or weight loss/gain	1,340	212	284,404	1.7	4,900	58	0.6
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	44	15	650	0.0	69	9	0.0
Cough and cold medications	51,266	81	4,139,927	24.7	147,005	28	16.9
Vitamins and minerals	47,674	109	5,176,176	30.9	302,940	17	34.8
Non-prescription drugs	309	40	12,446	0.1	831	15	0.1
Barbiturates	2,694	76	205,615	1.2	24,657	8	2.8
Benzodiazepines	55,762	84	4,666,257	27.8	364,160	13	41.9
Other Part D Excl Rx Drugs	6,681	340	2,274,381	13.6	24,896	91	2.9

Source: Data for this table are from the MAX 2002 file for North Carolina, 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 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NORTH CAROLINA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 138,051
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$329,925,057
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,390

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,080	6.6%	0	0.0%
1-500	20,126	14.6	4,723,377	1.4
501-1,000	16,490	11.9	12,308,331	3.7
1,001-1,500	14,970	10.8	18,629,084	5.6
1,501-2,000	13,670	9.9	23,859,010	7.2
2,001-2,500	11,881	8.6	26,642,069	8.1
2,501-3,000	10,213	7.4	28,010,717	8.5
3,001-3,500	8,509	6.2	27,580,486	8.4
3,501-4,000	6,839	5.0	25,592,812	7.8
4,001-4,500	5,606	4.1	23,790,212	7.2
4,501-5,000	4,369	3.2	20,717,098	6.3
5,001-5,500	3,476	2.5	18,215,855	5.5
5,501-6,000	2,696	2.0	15,479,117	4.7
6,001-6,500	2,132	1.5	13,311,284	4.0
6,501-7,000	1,703	1.2	11,481,140	3.5
7,001-7,500	1,297	0.9	9,389,822	2.8
7,501-8,000	1,074	0.8	8,307,873	2.5
8,001-8,500	782	0.6	6,441,949	2.0
8,501-9,000	629	0.5	5,491,049	1.7
9,001-9,500	490	0.4	4,530,271	1.4
9,501-10,000	388	0.3	3,783,798	1.1
10,001+	1,631	1.2	21,639,703	6.6

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a, b}
 NORTH CAROLINA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 32,031
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$69,971,239
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,185

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,507	4.7 %	0	0.0 %
1-500	5,080	15.9	1,230,569	1.8
501-1,000	4,355	13.6	3,245,028	4.6
1,001-1,500	3,809	11.9	4,723,126	6.8
1,501-2,000	3,438	10.7	5,990,143	8.6
2,001-2,500	2,824	8.8	6,319,454	9.0
2,501-3,000	2,403	7.5	6,586,022	9.4
3,001-3,500	1,995	6.2	6,469,959	9.2
3,501-4,000	1,547	4.8	5,784,753	8.3
4,001-4,500	1,197	3.7	5,077,418	7.3
4,501-5,000	924	2.9	4,382,728	6.3
5,001-5,500	720	2.2	3,771,006	5.4
5,501-6,000	571	1.8	3,274,439	4.7
6,001-6,500	414	1.3	2,584,391	3.7
6,501-7,000	299	0.9	2,014,388	2.9
7,001-7,500	266	0.8	1,925,113	2.8
7,501-8,000	173	0.5	1,339,221	1.9
8,001-8,500	115	0.4	946,792	1.4
8,501-9,000	95	0.3	830,242	1.2
9,001-9,500	57	0.2	528,764	0.8
9,501-10,000	58	0.2	565,649	0.8
10,001+	184	0.6	2,382,034	3.4

Source: Data for this table are from the MAX 2002 file for North Carolina, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	227,077	137,391	88,062	1,603	21	2,503,125	1,506,760	982,693	13,505	167	0
Age											
5 and younger	7	0	7	0	0	75	0	75	0	0	0
6-14	33	0	23	0	10	347	0	255	0	92	0
15-20	397	0	385	2	10	4,386	0	4,290	22	74	0
21-44	35,416	0	34,294	1,121	1	391,341	0	381,846	9,494	1	0
45-64	53,171	13	52,734	424	0	593,571	108	590,007	3,456	0	0
65-74	54,295	53,848	394	53	0	603,222	599,012	3,704	506	0	0
75-84	51,727	51,576	148	3	0	571,870	570,141	1,702	27	0	0
85 and older	32,031	31,954	77	0	0	338,313	337,499	814	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	153,705	105,632	47,007	1,052	14	1,700,474	1,164,294	527,156	8,914	110	0
Male	73,372	31,759	41,055	551	7	802,651	342,466	455,537	4,591	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	113,865	70,241	42,770	848	6	1,239,198	757,510	474,713	6,926	49	0
African American	82,474	47,971	33,927	566	10	923,287	536,438	381,845	4,938	66	0
Other/unknown	30,738	19,179	11,365	189	5	340,640	212,812	126,135	1,641	52	0
Use of Nursing Facilities^c											
Entire year	16,141	14,815	1,326	0	0	178,262	162,998	15,264	0	0	0
Part year	14,530	13,056	1,474	0	0	142,738	127,212	15,526	0	0	0
None	196,406	109,520	85,262	1,603	21	2,182,125	1,216,550	951,903	13,505	167	0
Maintenance Assistance Status											
Cash	113,227	66,610	45,371	1,241	5	1,282,268	751,833	519,654	10,738	43	0
Medically needy	7,118	5,726	1,319	73	0	72,036	57,758	13,686	592	0	0
Poverty related	106,573	65,055	41,372	132	14	1,147,423	697,169	449,353	779	122	0
Other/unknown	159	0	0	157	2	1,398	0	0	1,396	2	0
Dual Status^d											
Full dual, all year	220,040	133,363	85,068	1,588	21	2,424,986	1,462,218	949,260	13,341	167	0
Full dual, part year	7,037	4,028	2,994	15	0	78,139	44,542	33,433	164	0	0
Managed Care Status											
FFS all year	226,853	137,363	87,901	1,569	20	2,500,645	1,506,424	980,894	13,172	155	0
FFS part year, with Rx claims	178	27	124	26	1	2,021	324	1,422	263	12	0
FFS part year, no Rx claims	16	1	14	1	0	181	12	157	12	0	0
MC all year, with Rx claims	22	0	16	6	0	213	0	162	51	0	0
MC all year, no Rx claims	8	0	7	1	0	65	0	58	7	0	0

Source: Data for this table are from the MAX 2002 file for North Carolina, 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(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, NORTH CAROLINA, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	227,077	2,503,125	227,047	2,501,785	0	1,340	0	1,340
FFS all year	226,853	2,500,645	226,853	2,500,645	0	0	0	0
FFS part year, with Rx claims	178	2,021	178	1,064	0	957	0	957
FFS part year, with no Rx claims	16	181	16	76	0	105	0	105
MC all year, with Rx claims	22	213	0	0	0	213	0	213
MC all year, with no Rx claims	8	65	0	0	0	65	0	65

Source: Data for this table are from the MAX 2002 file for North Carolina, 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.