

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 MARYLAND

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MARYLAND, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	833,664 (A)	110,174 (E)	723,490 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	831,315 (B)	107,910 (F)	723,405 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	401,305 (C)	105,150 (G)	296,155 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	16,051 (D)	14,355 (H)	1,696 (L)

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2003 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Maryland in 2003 was \$393,890,608, of which \$91,632,096 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/rmmcer02.pdf>] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2003. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 MARYLAND, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>401,305</b>	<b>64,798</b>	<b>68,666</b>	<b>134,891</b>	<b>132,950</b>	<b>0</b>	<b>2,519,499</b>	<b>642,725</b>	<b>598,483</b>	<b>957,564</b>	<b>320,727</b>	<b>0</b>	<b>2,519,499</b>	<b>642,725</b>	<b>598,483</b>	<b>957,564</b>	<b>320,727</b>	<b>0</b>	
<b>Age</b>																			
5 and younger	49,717	5	774	1	48,937	0	94,047	30	3,310	3	90,704	0	94,047	30	3,310	3	90,704	0	0
6-14	54,306	0	1,267	16	53,023	0	121,307	0	6,295	40	114,972	0	121,307	0	6,295	40	114,972	0	0
15-20	34,967	5	1,453	3,183	30,326	0	128,421	22	8,048	7,202	113,149	0	128,421	22	8,048	7,202	113,149	0	0
21-44	135,863	239	22,796	112,178	650	0	999,435	1,633	188,394	807,589	1,819	0	999,435	1,633	188,394	807,589	1,819	0	0
45-64	50,658	1,109	30,435	19,113	1	0	410,099	7,821	261,108	141,168	2	0	410,099	7,821	261,108	141,168	2	0	0
65-74	31,045	23,218	7,570	255	2	0	317,617	233,160	83,438	995	24	0	317,617	233,160	83,438	995	24	0	0
75-84	28,299	25,003	3,189	107	0	0	290,502	254,412	35,676	414	0	0	290,502	254,412	35,676	414	0	0	0
85 and older	16,439	15,219	1,182	38	0	0	158,014	145,647	12,214	153	0	0	158,014	145,647	12,214	153	0	0	0
Unknown	11	0	0	0	11	0	57	0	0	0	57	0	57	0	0	0	57	0	0
<b>Gender</b>																			
Female	266,647	48,199	35,714	112,753	69,981	0	1,807,787	485,148	324,367	815,258	183,014	0	1,807,787	485,148	324,367	815,258	183,014	0	0
Male	134,658	16,599	32,952	22,138	62,969	0	711,712	157,577	274,116	142,306	137,713	0	711,712	157,577	274,116	142,306	137,713	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>																			
White	148,130	30,993	31,376	50,367	35,394	0	1,057,574	297,702	284,192	387,311	88,369	0	1,057,574	297,702	284,192	387,311	88,369	0	0
African American	192,969	23,258	31,861	66,904	70,946	0	1,128,005	235,663	269,891	456,942	165,509	0	1,128,005	235,663	269,891	456,942	165,509	0	0
Other/unknown	60,206	10,547	5,429	17,620	26,610	0	333,920	109,360	44,400	113,311	66,849	0	333,920	109,360	44,400	113,311	66,849	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>																			
Entire year	16,051	13,381	2,641	27	2	0	159,566	131,570	27,715	257	24	0	159,566	131,570	27,715	257	24	0	0
Part year	7,496	5,190	2,220	79	7	0	67,208	47,231	19,466	477	34	0	67,208	47,231	19,466	477	34	0	0
None	377,758	46,227	63,805	134,785	132,941	0	2,292,725	463,924	551,302	956,830	320,669	0	2,292,725	463,924	551,302	956,830	320,669	0	0
<b>Maintenance Assistance Status</b>																			
Cash	90,684	18,918	36,638	16,189	18,939	0	649,777	213,847	349,472	45,694	40,764	0	649,777	213,847	349,472	45,694	40,764	0	0
Medically needy	58,295	21,288	18,640	9,752	8,615	0	361,381	194,480	109,252	31,131	26,518	0	361,381	194,480	109,252	31,131	26,518	0	0
Poverty-related	106,867	1,660	888	13,159	91,160	0	224,136	15,543	8,060	41,716	158,817	0	224,136	15,543	8,060	41,716	158,817	0	0
Other/unknown	145,459	22,932	12,500	95,791	14,236	0	1,284,205	218,855	131,699	839,023	94,628	0	1,284,205	218,855	131,699	839,023	94,628	0	0
<b>Dual Medicare Status<sup>d</sup></b>																			
Full dual, all year	103,210	57,352	41,036	4,782	40	0	1,055,095	570,370	439,563	44,831	331	0	1,055,095	570,370	439,563	44,831	331	0	0
Full dual, part year	1,940	1,182	731	27	0	0	20,868	12,729	7,828	311	0	0	20,868	12,729	7,828	311	0	0	0
Non-dual, all year	296,155	6,264	26,899	130,082	132,910	0	1,443,536	59,626	151,092	912,422	320,396	0	1,443,536	59,626	151,092	912,422	320,396	0	0
<b>Managed Care (MC) Status</b>																			
Fee-for-service (FFS) all year	224,825	64,299	51,144	89,953	19,429	0	2,053,648	639,889	524,069	785,531	104,159	0	2,053,648	639,889	524,069	785,531	104,159	0	0
FFS part year, with Rx claims	49,596	441	12,143	17,705	19,307	0	169,707	2,605	53,156	70,307	43,639	0	169,707	2,605	53,156	70,307	43,639	0	0
FFS part year, no Rx claims	126,884	58	5,379	27,233	94,214	0	296,144	231	21,258	101,726	172,929	0	296,144	231	21,258	101,726	172,929	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
MARYLAND, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid		Number of Beneficiaries
					FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	
<b>All</b>	<b>36.6 %</b>	<b>12.0</b>	<b>\$753</b>	<b>\$63</b>	<b>\$6,848</b>	<b>11.0 %</b>	<b>401,305</b>
<b>Age</b>							
5 and younger	13.7	0.4	22	57	2,314	0.9	49,717
6-14	15.4	1.3	101	80	2,300	4.4	54,306
15-20	24.2	2.2	190	85	4,850	3.9	34,967
21-44	28.9	5.0	437	88	4,754	9.2	135,863
45-64	51.2	21.7	1,557	72	11,897	13.1	50,658
65-74	72.7	33.8	1,922	57	9,633	20.0	31,045
75-84	77.1	39.2	2,049	52	14,329	14.3	28,299
85 and older	83.3	43.4	2,015	46	23,460	8.6	16,439
Unknown	0.0	0.0	0	0	993	0.0	11
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	74.8	36.2	1,865	52	14,474	12.9	64,798
Disabled	72.9	31.9	2,363	74	17,542	13.5	68,666
Adults	20.0	1.1	70	63	2,191	3.2	134,891
Children	16.0	1.0	74	75	2,335	3.2	132,950
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	37.7	12.3	723	59	6,334	11.4	266,647
Male	34.3	11.3	814	72	7,867	10.3	134,658
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	46.3	17.5	1,089	62	9,099	12.0	148,130
African American	31.5	9.0	582	64	5,841	10.0	192,969
Other/unknown	29.0	7.8	477	61	4,540	10.5	60,206
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.8	74.4	3,672	49	47,423	7.7	16,051
Part year	93.4	57.9	3,114	54	34,929	8.9	7,496
None	32.9	8.4	582	69	4,567	12.8	377,758
<b>Maintenance Assistance Status</b>							
Cash	59.8	23.3	1,596	69	9,654	16.5	90,684
Medically needy	60.1	28.9	1,527	53	21,520	7.1	58,295
Poverty related	16.9	0.7	42	64	1,864	2.2	106,867
Other/unknown	27.1	6.5	440	68	2,881	15.3	145,459

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table 3 includes beneficiaries represented by Cell C of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. 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.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MARYLAND, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>		
All	1.9	\$120	11.0 %	63.4 %	13.7 %	4.9 %	9.1 %	6.4 %	2.6 %	\$1,091	401,305	2,519,499
<b>Age</b>												
5 and younger	0.2	12	0.9	86.3	9.4	2.4	1.5	0.3	0.1	1,223	49,717	94,047
6-14	0.6	45	4.4	84.6	7.1	2.5	2.9	1.7	1.2	1,030	54,306	121,307
15-20	0.6	52	3.9	75.8	14.7	3.0	3.4	1.8	1.2	1,321	34,967	128,421
21-44	0.7	59	9.2	71.1	16.9	3.4	4.7	2.6	1.3	646	135,863	999,435
45-64	2.7	192	13.1	48.8	13.5	6.9	14.3	11.2	5.2	1,470	50,658	410,099
65-74	3.3	188	20.0	27.3	17.2	10.9	23.9	15.9	4.9	942	31,045	317,617
75-84	3.8	200	14.3	22.9	14.5	10.3	25.9	20.1	6.4	1,396	28,299	290,502
85 and older	4.5	210	8.6	16.7	11.5	9.3	27.9	26.6	8.2	2,441	16,439	158,014
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	192	11	57
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.6	188	12.9	25.2	15.4	10.0	24.4	18.7	6.2	1,459	64,798	642,725
Disabled	3.7	271	13.5	27.1	17.9	10.1	21.6	16.3	7.1	2,013	68,666	598,483
Adults	0.2	10	3.2	80.0	14.8	2.1	2.0	0.8	0.4	309	134,891	957,564
Children	0.4	31	3.2	84.0	9.5	2.5	2.3	1.1	0.7	968	132,950	320,727
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	1.8	107	11.4	62.3	14.8	4.8	9.1	6.6	2.5	934	266,647	1,807,787
Male	2.1	154	10.3	65.7	11.3	5.0	9.0	6.2	2.7	1,489	134,658	711,712
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.5	153	12.0	53.7	15.0	5.5	11.7	9.8	4.2	1,274	148,130	1,057,574
African American	1.5	100	10.0	68.5	13.0	4.5	7.6	4.7	1.7	999	192,969	1,128,005
Other/unknown	1.4	86	10.5	71.0	12.3	4.6	7.3	3.7	1.2	819	60,206	333,920
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.5	369	7.7	3.2	4.1	5.2	25.4	40.2	21.9	4,770	16,051	159,566
Part year	6.5	347	8.9	6.6	7.3	7.8	27.2	33.6	17.4	3,896	7,496	67,208
None	1.4	96	12.8	67.1	14.2	4.8	8.0	4.5	1.5	753	377,758	2,292,725
<b>Maintenance Assistance Status</b>												
Cash	3.3	223	16.5	40.2	16.4	9.0	18.4	11.8	4.2	1,347	90,684	649,777
Medically needy	4.7	246	7.1	39.9	13.0	6.4	15.1	16.9	8.7	3,472	58,295	361,381
Poverty related	0.3	20	2.2	83.1	10.3	2.8	2.4	0.9	0.5	889	106,867	224,136
Other/unknown	0.7	50	15.3	72.9	14.7	3.2	5.7	3.0	0.6	326	145,459	1,284,205

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MARYLAND, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.9</b>	<b>\$120</b>	<b>\$63</b>	<b>0.9</b>	<b>\$99</b>	<b>\$106</b>	<b>0.1</b>	<b>\$3</b>	<b>\$36</b>	<b>0.9</b>	<b>\$18</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.2	12	57	0.1	10	136	0.0	0	61	0.1	2	13
6-14	0.6	45	80	0.4	41	109	0.0	1	55	0.2	4	21
15-20	0.6	52	85	0.4	45	118	0.0	2	68	0.2	5	24
21-44	0.7	59	88	0.3	50	150	0.0	2	63	0.3	7	24
45-64	2.7	192	72	1.3	159	125	0.1	5	42	1.3	28	21
65-74	3.3	188	57	1.6	153	93	0.1	4	32	1.5	30	20
75-84	3.8	200	52	1.9	161	86	0.2	6	28	1.7	32	19
85 and older	4.5	210	46	2.0	167	81	0.3	7	22	2.2	36	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.6	188	52	1.8	153	87	0.2	5	26	1.7	30	18
Disabled	3.7	271	74	1.8	225	128	0.2	8	46	1.7	38	22
Adults	0.2	10	63	0.1	8	99	0.0	0	54	0.1	2	22
Children	0.4	31	75	0.2	27	108	0.0	1	61	0.1	3	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.8	107	59	0.9	87	98	0.1	3	34	0.8	16	19
Male	2.1	154	72	1.0	129	123	0.1	4	41	1.0	21	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.5	153	62	1.2	125	105	0.1	5	34	1.1	23	20
African American	1.5	100	64	0.7	82	111	0.1	3	38	0.7	15	20
Other/unknown	1.4	86	61	0.7	72	96	0.1	2	35	0.6	12	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	369	49	3.4	299	89	0.5	12	23	3.6	58	16
Part year	6.5	347	54	2.9	284	98	0.4	11	25	3.1	52	17
None	1.4	96	69	0.7	80	113	0.1	2	48	0.6	14	22
<b>Maintenance Assistance Status</b>												
Cash	3.3	223	69	1.6	183	114	0.1	6	48	1.5	34	22
Medically needy	4.7	246	53	2.1	202	94	0.3	8	24	2.2	37	17
Poverty related	0.3	20	64	0.2	17	103	0.0	0	56	0.1	3	18
Other/unknown	0.7	50	68	0.4	42	110	0.0	1	43	0.3	7	21

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MARYLAND, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															\$43	\$38	\$0
Anti-infective Agents	0.4	0.2	0.0	0.2	\$43	\$38	\$0	\$4	\$111	\$173	\$84	\$24	227,299	\$25,142,695	63,678	15.9%	591,103
Biologics	0.1	0.1	0.0	0.0	61	48	0	13	423	495	0	274	1,138	481,140	803	0.2	7,906
Antineoplastic Agents	0.5	0.2	0.0	0.3	97	72	1	24	203	364	172	87	20,418	4,136,381	4,281	1.1	42,601
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	36	28	2	6	45	67	21	21	462,488	20,808,372	57,736	14.4	572,222
Cardiovascular Agents	1.6	0.7	0.0	0.9	63	46	1	16	40	69	26	18	1,146,120	45,783,908	71,190	17.7	729,723
Respiratory Agents	0.7	0.4	0.0	0.3	34	29	1	4	50	73	64	14	300,710	14,954,005	47,150	11.7	445,949
Gastrointestinal Agents	0.8	0.4	0.0	0.3	59	50	1	9	78	120	91	26	367,103	28,566,353	46,818	11.7	480,136
Genitourinary Agents	0.5	0.4	0.0	0.1	27	26	0	1	57	70	38	13	74,822	4,245,910	15,698	3.9	155,760
CNS Drugs	1.4	0.8	0.0	0.6	122	107	2	13	89	134	99	24	823,438	72,953,016	68,435	17.1	597,452
Stimulants/Anti-obesity/Anorexia	1.2	0.8	0.1	0.4	87	73	3	11	73	92	56	31	36,031	2,615,158	6,396	1.6	30,184
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	80	78	0	2	134	136	0	81	36,037	4,815,023	5,848	1.5	59,854
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	43	36	1	6	61	124	51	16	396,130	24,086,162	57,596	14.4	558,780
Neuromuscular Agents	1.1	0.5	0.1	0.5	67	54	4	9	62	109	37	20	353,067	22,037,464	34,159	8.5	328,998
Nutritional Products	0.6	0.0	0.0	0.5	9	1	1	7	16	35	28	15	133,722	2,196,222	26,536	6.6	241,869
Hematological Agents	0.8	0.3	0.2	0.3	71	65	3	4	89	206	17	12	183,268	16,343,457	22,593	5.6	228,759
Topical Products	0.5	0.2	0.0	0.2	20	15	1	4	42	64	51	19	227,717	9,637,902	47,917	11.9	476,218
Miscellaneous Products	0.4	0.1	0.0	0.2	85	70	5	10	217	469	273	46	13,007	2,827,071	3,234	0.8	33,228
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	16	0	0	0	56	0	0	0	11,187	628,273	3,998	1.0	38,541
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,813,702	302,258,512	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MARYLAND, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$41,371,249	32,260	8.0 %	342,712	0.8	\$160
ULCER DRUGS	23,788,472	43,833	10.9	465,579	0.6	92
ANTICONVULSANT	17,956,041	27,516	6.9	290,983	0.8	73
ANTIDEPRESSANTS	17,495,660	43,846	10.9	456,530	0.7	59
ANTIHYPERTENSIVE	16,090,322	27,761	6.9	306,067	0.6	84
ANTIDIABETIC	13,501,020	37,330	9.3	398,154	0.6	54
ANTIVIRAL	13,227,072	7,471	1.9	75,143	0.4	404
ANALGESICS - Narcotic	12,963,310	51,164	12.7	525,173	0.4	58
ANTIHYPERTENSIVE	11,541,715	50,188	12.5	537,395	0.6	38
ANALGESICS - ANTI-INFLAMMATORY	9,120,270	35,630	8.9	384,883	0.3	68
Total	177,055,131	356,999		3,782,619	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Maryland, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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