

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
OHIO**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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	225,439	126,509	95,492	3,369	69	0	2,302,556	1,259,206	1,017,697	25,051	602	0
Age												
5 and younger	13	0	10	0	3	0	156	0	120	0	36	0
6-14	26	0	22	0	4	0	270	0	239	0	31	0
15-20	409	0	370	5	34	0	4,093	0	3,772	31	290	0
21-44	42,385	0	40,042	2,315	28	0	448,861	0	431,340	17,276	245	0
45-64	54,013	0	53,099	914	0	0	570,816	0	564,060	6,756	0	0
65-74	43,882	42,188	1,579	115	0	0	453,493	438,393	14,273	827	0	0
75-84	46,448	46,176	253	19	0	0	464,629	461,770	2,710	149	0	0
85 and older	38,256	38,138	117	1	0	0	360,190	358,995	1,183	12	0	0
Unknown	7	7	0	0	0	0	48	48	0	0	0	0
Gender												
Female	145,281	94,542	49,043	1,666	30	0	1,497,707	955,723	529,663	12,071	250	0
Male	80,158	31,967	46,449	1,703	39	0	804,849	303,483	488,034	12,980	352	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	174,474	99,899	71,852	2,673	50	0	1,774,387	983,414	769,707	20,825	441	0
African American	46,454	23,855	21,966	615	18	0	481,691	247,221	230,617	3,695	158	0
Other/unknown	4,511	2,755	1,674	81	1	0	46,478	28,571	17,373	531	3	0
Use of Nursing Facilities^c												
Entire year	50,924	46,172	4,751	1	0	0	513,946	461,899	52,041	6	0	0
Part year	21,341	17,808	3,525	8	0	0	193,745	157,449	36,222	74	0	0
None	153,174	62,529	87,216	3,360	69	0	1,594,865	639,858	929,434	24,971	602	0
Maintenance Assistance Status												
Cash	67,117	28,493	38,411	213	0	0	770,513	328,035	440,738	1,740	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	10,734	3,839	6,720	166	9	0	107,058	38,092	67,899	978	89	0
Other/unknown	147,588	94,177	50,361	2,990	60	0	1,424,985	893,079	509,060	22,333	513	0
Dual Medicare Status^d												
Full dual, all year	199,928	116,300	80,462	3,097	69	0	2,038,438	1,155,928	859,223	22,685	602	0
Full dual, part year	25,511	10,209	15,030	272	0	0	264,118	103,278	158,474	2,366	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	223,847	126,487	94,610	2,688	62	0	2,293,925	1,259,072	1,012,292	21,999	562	0
FFS part year, with Rx claims	1,048	13	586	443	6	0	6,371	77	3,967	2,288	39	0
FFS part year, no Rx claims	544	9	296	238	1	0	2,260	57	1,438	764	1	0

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	91.4 %	60.9	\$3,409	\$56	\$22,062	15.5 %	225,439
Age							
5 and younger	100.0	70.9	4,864	69	70,855	6.9	13
6-14	92.3	71.4	11,441	160	35,081	32.6	26
15-20	83.1	24.4	2,062	85	14,553	14.2	409
21-44	88.4	43.5	3,481	80	16,756	20.8	42,385
45-64	92.0	67.3	4,363	65	21,708	20.1	54,013
65-74	89.6	65.7	3,381	52	16,966	19.9	43,882
75-84	92.5	65.9	3,053	46	24,797	12.3	46,448
85 and older	94.7	59.6	2,458	41	31,019	7.9	38,256
Unknown	85.7	55.1	2,858	52	25,849	11.1	7
Basis of Eligibility^e							
Aged	92.5	64.2	2,995	47	23,965	12.5	126,509
Disabled	90.4	57.6	4,017	70	20,162	19.9	95,492
Adults	77.1	26.2	1,774	68	4,766	37.2	3,369
Children	65.2	18.7	2,210	118	6,388	34.6	69
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	93.4	65.7	3,444	52	22,220	15.5	145,281
Male	87.7	52.1	3,346	64	21,775	15.4	80,158
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.2	64.1	3,578	56	23,363	15.3	174,474
African American	88.5	50.4	2,857	57	18,202	15.7	46,454
Other/unknown	88.9	43.3	2,582	60	11,499	22.5	4,511
Use of Nursing Facilities^f							
Entire year	98.0	81.8	3,848	47	45,112	8.5	50,924
Part year	96.2	63.2	3,035	48	27,101	11.2	21,341
None	88.5	53.6	3,316	62	13,697	24.2	153,174
Maintenance Assistance Status							
Cash	93.6	60.4	3,598	60	12,798	28.1	67,117
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	78.7	24.6	1,544	63	4,503	34.3	10,734
Other/unknown	91.3	63.7	3,459	54	27,552	12.6	147,588

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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 \$ ^d
All	6.0	\$334	15.5 %	8.6 %	11.9 %	8.2 %	26.0 %	30.8 %	14.5 %	\$2,160	225,439	2,302,556
Age												
5 and younger	5.9	405	6.9	0.0	7.7	7.7	30.8	46.2	7.7	5,905	13	156
6-14	6.9	1,102	32.6	7.7	0.0	11.5	38.5	19.2	23.1	3,378	26	270
15-20	2.4	206	14.2	16.9	40.8	11.7	20.0	8.3	2.2	1,454	409	4,093
21-44	4.1	329	20.8	11.6	23.9	12.2	26.1	18.7	7.4	1,582	42,385	448,861
45-64	6.4	413	20.1	8.0	11.4	8.2	25.3	30.1	17.0	2,054	54,013	570,816
65-74	6.4	327	19.9	10.4	9.7	7.3	24.6	31.5	16.5	1,642	43,882	453,493
75-84	6.6	305	12.3	7.5	7.6	6.5	25.6	36.1	16.8	2,479	46,448	464,629
85 and older	6.3	261	7.9	5.3	6.7	6.9	29.1	38.0	14.0	3,295	38,256	360,190
Unknown	8.0	417	11.1	14.3	0.0	0.0	28.6	57.1	0.0	3,770	7	48
Basis of Eligibility^e												
Aged	6.5	301	12.5	7.5	8.0	6.9	26.4	35.3	15.9	2,408	126,509	1,259,206
Disabled	5.4	377	19.9	9.6	16.6	9.8	25.6	25.4	13.0	1,892	95,492	1,017,697
Adults	3.5	239	37.2	22.9	22.6	12.3	22.3	14.9	4.9	641	3,369	25,051
Children	2.1	253	34.6	34.8	29.0	8.7	17.4	7.2	2.9	732	69	602
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.4	334	15.5	6.6	9.8	7.7	26.5	33.4	16.1	2,155	145,281	1,497,707
Male	5.2	333	15.4	12.3	15.6	9.2	25.2	26.0	11.7	2,169	80,158	804,849
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.3	352	15.3	7.8	10.5	7.6	25.5	32.4	16.2	2,297	174,474	1,774,387
African American	4.9	276	15.7	11.5	16.4	10.0	27.4	25.4	9.3	1,755	46,454	481,691
Other/unknown	4.2	251	22.5	11.1	19.0	12.5	29.2	22.2	6.0	1,116	4,511	46,478
use of nursing Facilities^f												
Entire year	8.1	381	8.5	2.0	3.3	4.2	22.7	42.3	25.6	4,470	50,924	513,946
Part year	7.0	334	11.2	3.8	6.5	7.1	27.6	37.7	17.3	2,985	21,341	193,745
None	5.1	318	24.2	11.5	15.5	9.7	26.9	26.0	10.5	1,315	153,174	1,594,865
Maintenance Assistance Status												
Cash	5.3	313	28.1	6.4	15.7	10.1	28.4	27.9	11.4	1,115	67,117	770,513
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.5	155	34.3	21.3	32.3	12.2	20.0	11.2	3.0	452	10,734	107,058
Other/unknown	6.6	358	12.6	8.7	8.6	7.1	25.3	33.5	16.8	2,854	147,588	1,424,985

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. 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 D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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
All	6.0	\$334	\$56	2.7	\$273	\$101	0.3	\$10	\$40	3.0	\$49	\$17
Age												
5 and younger	5.9	405	69	3.2	344	107	0.6	35	57	2.0	26	13
6-14	6.9	1,102	160	3.2	965	298	0.7	70	98	2.9	61	21
15-20	2.4	206	85	1.2	170	143	0.2	13	81	1.1	23	21
21-44	4.1	329	80	2.0	279	140	0.2	11	62	1.9	38	20
45-64	6.4	413	65	3.0	343	114	0.2	12	48	3.1	57	18
65-74	6.4	327	52	2.9	265	91	0.2	9	37	3.2	53	17
75-84	6.6	305	46	2.9	245	84	0.3	9	32	3.3	50	15
85 and older	6.3	261	41	2.7	206	77	0.3	9	29	3.3	46	14
Unknown	8.0	417	52	3.6	350	97	0.3	21	62	4.1	46	11
Basis of Eligibility^d												
Aged	6.5	301	47	2.9	241	85	0.3	9	32	3.3	50	15
Disabled	5.4	377	70	2.6	316	123	0.2	11	53	2.6	49	19
Adults	3.5	239	68	1.6	200	121	0.1	8	70	1.8	31	18
Children	2.1	253	118	1.0	196	194	0.3	31	110	0.8	27	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.4	334	52	2.9	272	94	0.3	10	37	3.2	51	16
Male	5.2	333	64	2.4	276	116	0.2	10	48	2.6	47	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.3	352	56	2.9	288	100	0.3	11	40	3.1	52	17
African American	4.9	276	57	2.2	226	104	0.2	8	42	2.5	41	17
Other/unknown	4.2	251	60	2.1	211	102	0.1	6	42	2.0	34	17
Use of Nursing Facilities^e												
Entire year	8.1	381	47	3.5	308	88	0.4	12	32	4.2	61	15
Part year	7.0	334	48	3.0	268	90	0.3	11	33	3.6	55	15
None	5.1	318	62	2.4	263	109	0.2	10	46	2.5	45	18
Maintenance Assistance Status												
Cash	5.3	313	60	2.5	257	105	0.2	10	46	2.6	46	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.5	155	63	1.2	130	111	0.1	4	45	1.2	21	17
Other/unknown	6.6	358	54	3.0	293	99	0.3	11	38	3.3	53	16

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 Ohio, 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.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$31	\$27	\$2	\$3	\$76	\$122	\$82	\$16	599,657	\$45,791,321	134,638	59.7 %	1,460,017
Biologics	0.1	0.1	0.0	0.0	32	3	6	24	300	46	1,276	529	1,855	555,617	1,533	0.7	17,375
Antineoplastic Agents	0.5	0.2	0.0	0.3	103	79	3	21	199	444	166	65	54,586	10,872,718	10,486	4.7	106,026
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.4	44	37	2	5	41	69	18	12	1,260,885	51,282,441	107,929	47.9	1,160,919
Cardiovascular Agents	2.0	0.7	0.1	1.3	66	47	2	17	33	69	34	13	3,146,125	103,016,688	148,049	65.7	1,569,219
Respiratory Agents	0.9	0.5	0.0	0.4	44	35	1	8	51	73	67	22	1,019,852	52,192,671	109,016	48.4	1,185,504
Gastrointestinal Agents	0.9	0.5	0.0	0.4	71	60	1	10	79	121	105	26	1,089,421	86,406,274	112,969	50.1	1,210,724
Genitourinary Agents	0.6	0.4	0.0	0.1	34	32	0	1	61	72	38	13	253,922	15,450,648	42,164	18.7	457,467
CNS Drugs	1.6	0.9	0.0	0.6	126	111	3	12	81	127	92	19	2,318,488	187,695,375	139,714	62.0	1,488,527
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	42	27	7	9	64	120	99	23	15,621	997,624	2,145	1.0	23,485
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	90	89	0	1	133	138	0	40	152,014	20,272,099	21,735	9.6	225,616
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	48	39	0	9	52	119	53	15	1,290,358	67,232,749	130,339	57.8	1,398,052
Neuromuscular Agents	1.1	0.5	0.1	0.5	73	59	3	11	65	113	45	21	957,753	62,612,838	78,949	35.0	861,591
Nutritional Products	0.7	0.0	0.1	0.6	11	1	2	8	16	70	22	14	416,755	6,670,481	57,489	25.5	604,373
Hematological Agents	0.9	0.3	0.1	0.4	52	44	2	5	60	138	22	12	481,042	28,813,671	52,950	23.5	554,006
Topical Products	0.5	0.2	0.0	0.2	21	15	2	4	40	62	41	17	578,067	23,353,656	102,752	45.6	1,127,233
Miscellaneous Products	0.4	0.1	0.0	0.3	32	22	5	5	81	334	249	15	43,664	3,543,291	10,985	4.9	110,866
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	46	0	0	0	39,943	1,837,739	13,015	5.8	143,465
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.	13,720,008	768,597,901	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medispn.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 Ohio, 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.medispn.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$114,237,720	80,628	35.8 %	879,080	0.8	\$163
ULCER DRUGS	73,076,360	113,571	50.4	1,228,581	0.6	92
ANTIDEPRESSANTS	60,543,906	133,652	59.3	1,438,583	0.7	60
ANTICONVULSANT	51,762,688	71,121	31.5	780,917	0.9	77
ANTHYPERLIPIDEMIC	39,785,719	62,437	27.7	693,008	0.7	84
ANTI-DIABETIC	35,422,607	90,536	40.2	982,180	0.7	51
ANTI-ASTHMATIC	32,182,232	107,958	47.9	1,170,293	0.5	57
ANALGESICS - Narcotic	31,069,888	154,711	68.6	1,675,640	0.4	41
ANALGESICS - ANTI-INFLAMMATORY	29,586,281	88,620	39.3	989,587	0.4	70
ANTHYPERTENSIVE	21,414,698	102,800	45.6	1,111,208	0.7	28
Total	489,082,099	1,006,034		10,949,077	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month		
All	6,821,016	\$489,082,099	80,628	35.8 %	0.8	113,571	50.4 %	1,228,581	\$130			0.6	\$60		
Female	4,610,870	315,122,366	47,371	32.6	0.7	79,451	54.7	863,876	114			0.6	60		
Disabled	1,726,295	139,650,236	21,292	43.4	0.8	26,948	54.9	304,260	139			0.6	60		
5 and younger	36	4,978	0	0.0	0.0	3	100.0	36	0			0.6	88		
6-14	58	5,188	1	16.7	0.3	3	50.0	31	47			0.5	103		
15-20	1,810	148,468	35	21.3	0.8	27	16.5	290	137			0.6	45		
21-44	492,205	44,043,884	9,181	50.7	0.7	7,918	43.7	90,130	132			0.5	53		
45-64	1,201,763	93,360,650	11,842	40.0	0.8	18,508	62.5	208,749	144			0.6	64		
65-74	27,424	1,885,867	197	21.8	0.9	433	47.9	4,391	156			0.7	66		
75-84	2,280	151,767	24	13.8	0.8	40	23.0	447	102			0.7	62		
85 and older	719	49,434	12	12.4	0.7	16	16.5	186	71			0.7	81		
Other Eligibles	2,884,420	175,464,831	26,079	27.1	0.7	52,501	54.6	559,593	92			0.7	59		
5 and younger	11	587	0	0.0	0.0	1	100.0	12	0			0.1	3		
6-14	0	0	0	0.0	0.0	0	0.0	0	0			0.0	0		
15-20	130	6,667	2	13.3	0.2	5	33.3	60	12			0.6	16		
21-44	18,300	1,424,533	318	24.6	0.5	415	32.1	3,878	83			0.4	41		
45-64	5,919	455,708	52	16.0	0.5	130	39.9	1,209	82			0.5	56		
65-74	1,007,303	66,188,237	6,174	21.9	0.8	16,769	59.5	187,704	113			0.6	62		
75-84	1,080,707	64,793,041	9,944	28.9	0.7	19,010	55.3	203,552	93			0.7	59		
85 and older	772,050	42,596,058	9,589	30.0	0.7	16,171	50.5	163,178	77			0.7	57		
Male	2,210,146	173,959,733	33,257	41.5	0.9	34,120	42.6	364,705	153			0.6	59		
Disabled	1,325,442	119,441,127	23,322	50.2	0.9	18,100	39.0	200,780	173			0.6	60		
5 and younger	136	5,871	0	0.0	0.0	8	114.3	96	0			0.7	38		
6-14	258	19,700	2	12.5	0.5	11	68.8	128	163			0.7	54		
15-20	3,020	296,888	80	38.8	0.9	37	18.0	426	156			0.5	48		
21-44	528,384	52,673,240	12,127	55.3	0.9	7,120	32.4	80,459	168			0.6	55		
45-64	774,698	65,146,377	10,944	46.6	1.0	10,603	45.1	116,427	178			0.7	63		
65-74	17,109	1,184,436	158	23.4	1.0	297	44.0	2,959	137			0.7	63		
75-84	1,659	104,726	11	13.9	0.8	19	24.1	227	134			1.1	83		
85 and older	178	9,889	0	0.0	0.0	5	25.0	58	0			0.8	62		
Other Eligibles	884,656	54,516,877	9,934	29.5	0.7	16,020	47.5	163,925	100			0.7	59		
5 and younger	7	44	0	0.0	0.0	0	0.0	0	0			0.0	0		
6-14	104	12,436	3	150.0	1.2	3	150.0	36	252			0.4	29		
15-20	126	7,648	6	25.0	0.7	2	8.3	24	96			0.7	8		
21-44	14,923	1,252,711	234	22.3	0.5	301	28.6	2,860	104			0.5	59		
45-64	9,795	761,919	41	7.0	0.6	183	31.1	1,648	179			0.6	67		
65-74	410,442	26,767,035	3,478	24.7	0.8	6,770	48.0	73,071	124			0.7	60		
75-84	315,893	18,533,497	4,100	34.8	0.7	5,748	48.7	58,230	91			0.7	58		
85 and older	133,366	7,181,587	2,072	33.8	0.7	3,013	49.1	28,056	73			0.7	57		
Unknown	203	9,028	1	14.3	0.3	2	28.6	23	17			1.0	135		

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	133,652	59.3 %	1,438,563	\$42	0.7	71,121	31.5 %	780,917	\$66	0.9	62,437	27.7 %	693,008	\$57	0.7
Female	93,706	64.5	1,011,332	42	0.7	43,508	29.9	477,956	61	0.8	42,303	29.1	472,833	58	0.7
Disabled	39,072	79.7	438,238	44	0.7	22,607	46.1	255,482	78	0.9	14,427	29.4	163,320	56	0.6
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	3	50.0	34	29	0.4	2	33.3	24	16	0.7	0	0.0	0	0	0.0
15-20	53	32.3	556	34	0.5	41	25.0	461	79	0.9	1	0.6	12	0.4	13
21-44	13,746	75.9	154,268	44	0.6	8,775	48.5	99,069	86	0.8	2,362	13.1	27,070	0.6	49
45-64	24,752	83.6	278,030	45	0.7	13,520	45.7	153,039	73	0.9	11,686	39.5	132,284	0.7	57
65-74	473	52.3	4,845	43	0.7	239	26.4	2,536	60	1.0	354	39.2	3,694	0.7	61
75-84	29	16.7	319	46	0.8	26	14.9	305	33	0.8	16	9.2	170	0.8	70
85 and older	16	16.5	186	30	0.5	4	4.1	48	28	0.6	8	8.2	90	0.5	40
Other Eligibles	54,632	56.8	573,071	41	0.7	20,900	21.7	222,462	42	0.8	27,875	29.0	309,502	0.7	59
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	3	20.0	36	72	0.6	3	20.0	30	50	0.9	0	0.0	0	0.0	0
21-44	875	67.7	8,112	38	0.5	426	33.0	3,915	64	0.6	98	7.6	915	0.5	43
45-64	205	62.9	1,786	41	0.5	82	25.2	752	73	0.6	61	18.7	568	0.6	46
65-74	15,484	54.9	172,004	39	0.7	7,308	25.9	81,121	48	0.8	13,188	46.8	149,258	0.7	60
75-84	19,583	56.9	206,019	41	0.7	7,889	22.9	83,974	40	0.8	10,667	31.0	118,164	0.7	59
85 and older	18,482	57.8	185,114	41	0.8	5,192	16.2	52,670	33	0.8	3,861	12.1	40,597	0.7	54
Male	39,946	49.8	427,251	42	0.7	27,613	34.4	302,961	74	0.9	20,134	25.1	220,175	0.7	57
Disabled	23,967	51.6	266,273	44	0.7	19,615	42.2	220,812	85	1.0	11,172	24.1	124,603	0.7	56
5 and younger	0	0.0	0	0	0.0	1	14.3	12	1	0.5	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	4	25.0	48	87	0.6	1	6.3	12	0.6	39
15-20	66	32.0	758	46	0.7	68	33.0	791	96	1.0	5	2.4	58	0.4	30
21-44	11,250	51.3	126,664	44	0.7	9,437	43.0	107,212	89	0.9	3,282	15.0	37,191	0.6	51
45-64	12,406	52.8	136,259	44	0.7	9,926	42.2	110,861	81	0.8	7,649	32.5	84,906	0.7	58
65-74	232	34.4	2,436	44	0.7	165	24.4	1,720	79	1.0	217	32.1	2,221	0.7	57
75-84	12	15.2	144	47	1.3	14	17.7	168	110	1.4	18	22.8	215	0.9	70
85 and older	1	5.0	12	67	0.9	0	0.0	0	46	0.0	0	0.0	0	0.0	0
Other Eligibles	15,977	47.4	160,968	39	0.7	7,996	23.7	82,139	46	0.8	8,961	26.6	95,570	0.7	58
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	4	200.0	48	33	0.8	2	100.0	24	30	0.4	0	0.0	0	0.0	0
15-20	5	20.8	43	35	0.5	3	12.5	28	30	0.8	1	4.2	12	0.8	50
21-44	523	49.8	4,928	37	0.5	304	28.9	2,788	62	0.6	164	15.6	1,561	0.5	41
45-64	283	48.1	2,515	36	0.5	134	22.8	1,245	53	0.5	202	34.4	1,808	0.6	51
65-74	5,707	40.5	61,240	39	0.7	3,489	24.7	37,466	53	0.9	5,034	35.7	55,284	0.7	60
75-84	6,011	50.9	60,044	40	0.7	2,885	24.5	29,517	41	0.8	2,884	24.4	30,284	0.7	58
85 and older	3,444	56.1	32,150	39	0.7	1,179	19.2	11,071	34	0.8	676	11.0	6,621	0.7	48
Unknown	4	57.1	33	42	1.0	3	42.9	22	10	0.4	2	28.6	13	1.0	113

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ANTI-DIABETIC						ANTI-ASTHMATIC						ANALGESICS - Narcotic					
	Number of Users	Users as % of Dual Benes	Mean Number of Rx		Mean Rx \$ per Benefit Month	Mean Benefit per Month	Number of Users	Users as % of Dual Benes	Mean Number of Rx		Mean Rx \$ per Benefit Month	Mean Benefit per Month	Number of Users	Users as % of Dual Benes	Mean Number of Rx		Mean Rx \$ per Benefit Month	Mean Benefit per Month
			Benefit Months Among Users	Benefit Months Among Users					Benefit Months Among Users	Benefit Months Among Users								
All	90,536	40.2 %	982,180	0.7	\$36	107,958	47.9 %	1,170,293	0.5	\$28	154,711	66.6 %	1,675,640	0.4	\$19			
Female	63,439	43.7	693,525	0.7	36	75,205	51.8	822,373	0.5	27	108,728	74.8	1,185,299	0.5	17			
Disabled	19,760	40.3	221,711	0.7	41	27,875	56.8	315,025	0.5	30	44,840	91.4	506,411	0.4	19			
5 and younger	0	0.0	0	0.0	0	3	100.0	36	0.4	51	0	0.0	0	0.0	0			
6-14	0	0.0	0	0.0	0	1	16.7	9	0.1	2	2	33.3	24	0.1	0			
15-20	8	4.9	85	0.7	59	36	22.0	408	0.5	26	80	48.8	904	0.2	5			
21-44	3,517	19.4	40,056	0.7	41	7,910	43.7	89,692	0.4	25	15,707	86.8	177,826	0.4	18			
45-64	15,721	53.1	176,260	0.7	41	19,489	65.9	220,364	0.5	32	28,433	96.1	321,328	0.4	20			
65-74	473	52.3	4,849	0.7	38	402	44.5	4,110	0.5	34	569	62.9	5,762	0.4	18			
75-84	39	22.4	437	0.7	34	24	13.8	286	0.6	30	33	19.0	377	0.3	30			
85 and older	2	2.1	24	0.6	9	10	10.3	120	0.5	32	16	16.5	190	0.5	10			
Other Eligibles	43,675	45.4	471,769	0.7	33	47,328	49.2	507,326	0.5	26	63,887	66.4	678,876	0.5	16			
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.2	22	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	4	26.7	46	0.4	23	0	0.0	0	0.0	0	5	33.3	48	0.1	1			
21-44	156	12.1	1,426	0.6	43	387	30.0	3,872	0.4	23	1,105	85.5	10,566	0.4	17			
45-64	112	34.4	1,040	0.5	29	137	42.0	1,261	0.5	34	264	81.0	2,503	0.4	28			
65-74	17,937	63.6	200,676	0.7	37	17,061	60.5	191,243	0.5	31	22,004	78.0	246,394	0.4	15			
75-84	16,826	48.9	181,068	0.7	31	16,594	48.2	176,996	0.5	26	22,292	64.8	238,630	0.5	16			
85 and older	8,640	27.0	87,513	0.7	27	13,147	41.1	133,930	0.4	19	18,217	56.9	180,735	0.5	16			
Male	27,097	33.8	288,655	0.7	37	32,753	40.9	347,920	0.5	28	45,983	57.4	490,341	0.4	22			
Disabled	12,877	27.7	141,555	0.7	41	15,092	32.5	165,998	0.5	29	28,310	60.9	311,115	0.4	26			
5 and younger	0	0.0	0	0.0	0	4	57.1	48	0.7	31	3	42.9	36	0.2	1			
6-14	0	0.0	0	0.0	0	6	37.5	72	0.4	37	3	18.8	36	0.1	0			
15-20	10	4.9	120	0.6	42	36	17.5	348	0.3	21	68	33.0	756	0.2	7			
21-44	3,379	15.4	38,119	0.7	42	4,995	22.8	56,342	0.4	24	12,936	59.0	143,933	0.4	24			
45-64	9,200	39.1	100,329	0.7	41	9,754	41.5	106,216	0.5	31	14,993	63.8	163,271	0.5	27			
65-74	271	40.1	2,783	0.7	36	283	41.9	2,824	0.5	33	284	42.1	2,816	0.5	28			
75-84	14	17.7	168	0.9	41	7	8.9	84	0.6	19	17	21.5	204	0.2	2			
85 and older	3	15.0	36	0.4	35	7	35.0	64	0.4	31	6	30.0	63	0.5	7			
Other Eligibles	14,215	42.2	147,078	0.7	33	17,661	52.4	181,922	0.5	28	17,673	52.4	179,226	0.5	15			
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	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	1	4.2	12	0.4	7	5	20.8	60	0.1	1			
21-44	124	11.8	1,100	0.6	42	253	24.1	2,429	0.4	25	796	75.7	7,626	0.5	31			
45-64	178	30.3	1,624	0.7	45	200	34.0	1,807	0.4	26	412	70.1	3,675	0.6	31			
65-74	6,844	48.5	74,305	0.7	36	8,098	57.4	87,528	0.6	33	7,865	55.8	84,500	0.4	16			
75-84	5,193	44.0	52,628	0.7	31	6,042	51.2	61,455	0.5	25	5,649	47.9	56,903	0.5	12			
85 and older	1,876	30.6	17,421	0.7	26	3,067	50.0	28,691	0.4	21	2,945	48.0	26,450	0.5	12			
Unknown	9	128.6	67	0.9	33	2	28.6	22	0.1	3	1	14.3	12	0.3	1			

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIHYPERTENSIVE						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	88,620	39.3 %	989,587	0.4	102,800	45.6 %	1,111,208	0.7	\$19	225,439	2,302,556
Female	63,198	43.5	708,455	0.4	70,654	48.6	768,295	0.7	20	145,277	1,497,671
Disabled	26,686	54.4	305,132	0.3	17,722	36.1	198,099	0.6	20	49,043	529,663
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	3	36
6-14	1	16.7	12	0.1	1	16.7	9	0.4	4	6	67
15-20	45	27.4	510	0.2	15	9.1	172	0.5	14	164	1,667
21-44	8,750	48.3	99,831	0.3	3,211	17.7	36,081	0.6	17	18,099	196,393
45-64	17,475	59.0	200,365	0.4	13,984	47.2	156,631	0.6	21	29,596	320,396
65-74	374	41.4	3,933	0.5	464	51.3	4,685	0.7	24	904	8,297
75-84	25	14.4	293	0.6	34	19.5	367	0.8	27	174	1,819
85 and older	16	16.5	188	0.4	13	13.4	154	0.6	13	97	988
Other Eligibles	36,512	37.9	403,323	0.5	52,929	55.0	570,161	0.7	20	96,234	968,008
5 and younger	0	0.0	0	0.0	1	100.0	12	0.4	2	1	12
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	2	7
15-20	0	0.0	0	0.0	2	13.3	23	0.9	14	15	121
21-44	534	41.3	5,094	0.3	151	11.7	1,348	0.5	16	1,292	9,355
45-64	158	48.5	1,387	0.4	106	32.5	945	0.6	20	326	2,384
65-74	13,337	47.3	152,549	0.5	17,959	63.7	201,241	0.7	21	28,199	299,099
75-84	12,932	37.6	143,846	0.5	20,104	58.4	218,171	0.7	20	34,397	350,906
85 and older	9,551	29.8	100,447	0.6	14,606	45.6	148,421	0.7	18	32,002	306,124
Male	25,422	31.7	281,132	0.4	32,146	40.1	342,913	0.7	18	80,155	804,837
Disabled	15,646	33.7	176,098	0.3	15,160	32.6	166,283	0.7	19	46,449	488,034
5 and younger	0	0.0	0	0.0	3	42.9	36	0.6	20	7	84
6-14	0	0.0	0	0.0	10	62.5	116	0.8	13	16	172
15-20	36	17.5	406	0.2	28	13.6	305	0.9	12	206	2,105
21-44	6,965	31.7	78,781	0.3	4,617	21.0	51,664	0.6	18	21,943	234,947
45-64	8,437	35.9	94,688	0.4	10,175	43.3	110,775	0.7	19	23,503	243,664
65-74	186	27.6	1,966	0.5	295	43.7	3,008	0.7	18	675	5,976
75-84	19	24.1	226	0.8	27	34.2	321	0.9	18	79	891
85 and older	3	15.0	31	0.4	5	25.0	58	0.6	15	20	195
Other Eligibles	9,776	29.0	105,034	0.5	16,984	50.4	176,620	0.7	17	33,706	316,803
5 and younger	0	0.0	0	0.0	1	50.0	12	0.5	3	2	24
6-14	0	0.0	0	0.0	2	100.0	24	0.1	1	2	24
15-20	4	16.7	45	0.2	3	12.5	36	0.3	13	24	200
21-44	372	35.4	3,607	0.3	208	19.8	1,867	0.6	17	1,051	8,166
45-64	204	34.7	1,850	0.3	200	34.0	1,781	0.6	22	588	4,372
65-74	4,608	32.7	51,561	0.5	7,875	55.8	85,444	0.7	18	14,104	140,121
75-84	3,159	26.8	34,007	0.5	6,101	51.7	62,910	0.7	16	11,798	111,013
85 and older	1,429	23.3	13,964	0.6	2,594	42.3	24,546	0.7	14	6,137	52,883
Unknown	0	0.0	0	0.0	5	71.4	45	1.4	11	7	48

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, OHIO, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year Nursing Facility Residents
All	\$381	8.1	50,924		513,946
Age					
0-64	629	10.0	4,610		50,721
65-74	485	9.4	6,783		71,368
75-84	379	8.3	17,342		174,470
85 and older	291	7.1	22,187		217,364
Unknown	444	8.9	2		23
Gender					
Female	364	8.0	37,124		376,459
Male	429	8.3	13,800		137,487
Unknown	0	0.0	0		0
Race					
White	381	8.2	43,658		438,167
African American	381	7.5	6,934		72,444
Other/unknown	398	8.1	332		3,335
Basis of Eligibility^c					
Aged	354	7.9	46,172		461,899
Disabled	627	10.0	4,751		52,041
Adults	1,251	28.7	1		6
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 = Centers for Medicare & 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, OHIO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	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 Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.3	0.0	0.2	\$23	\$19	\$2	\$3	\$51	\$74	\$67	\$15	\$8,962,845	36,666	72.0 %	386,187
Biologicals	0.1	0.0	0.0	0.1	11	1	5	4	105	39	1,148	76	83,850	703	1.4	7,937
Antineoplastic Agents	0.5	0.1	0.0	0.4	81	44	4	33	148	361	170	82	3,333,501	4,158	8.2	41,131
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	42	35	2	5	35	61	15	9	12,188,720	27,798	54.6	289,912
Cardiovascular Agents	2.2	0.5	0.1	1.6	52	31	2	19	24	58	27	12	21,304,524	39,777	78.1	408,599
Respiratory Agents	0.8	0.3	0.0	0.4	32	22	1	9	43	64	59	23	9,268,370	27,251	53.5	287,528
Gastrointestinal Agents	1.1	0.5	0.0	0.5	66	57	0	8	61	105	61	16	21,247,534	31,024	60.9	322,825
Genitourinary Agents	0.6	0.5	0.0	0.1	35	33	1	2	56	68	37	13	5,513,341	14,814	29.1	158,250
CNS Drugs	1.8	1.1	0.0	0.7	133	121	3	10	73	107	60	15	54,597,013	39,451	77.5	409,449
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.8	16	5	1	10	18	71	46	12	76,911	447	0.9	4,838
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	102	102	0	0	126	127	0	25	11,624,717	10,940	21.5	113,850
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	47	41	0	6	43	86	23	9	14,290,213	29,371	57.7	302,470
Neuromuscular Agents	1.4	0.6	0.1	0.7	69	49	3	18	51	88	38	24	14,001,980	19,016	37.3	202,420
Nutritional Products	0.8	0.0	0.1	0.7	12	1	3	9	15	54	25	13	2,314,797	19,372	38.0	197,837
Hematological Agents	1.1	0.3	0.2	0.6	52	44	3	6	48	131	17	10	9,441,693	17,629	34.6	180,859
Topical Products	0.6	0.3	0.1	0.3	20	14	2	5	33	51	34	16	7,018,208	32,248	63.3	345,439
Miscellaneous Products	0.3	0.0	0.0	0.3	4	1	0	3	14	110	204	9	258,136	5,813	11.4	58,268
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	29	0	0	0	418,682	4,579	9.0	49,364
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.	195,945,035	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In Ohio, 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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, OHIO, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Number of Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$32,670,920	26,248	51.5 %	281,014	0.8	\$144	\$116	
ANTIDEPRESSANTS	19,023,615	38,466	75.5	404,859	0.8	57	47	
ULCER DRUGS	18,256,737	28,320	55.6	295,817	0.8	80	62	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	11,656,879	11,170	21.9	116,395	0.8	125	100	
ANTICONVULSANT	10,318,692	17,820	35.0	191,840	1.0	55	54	
ANTIDIABETIC	7,407,769	22,010	43.2	231,390	0.8	39	32	
ANALGESICS - ANTI-INFLAMMATORY	7,172,529	15,772	31.0	170,560	0.6	68	42	
ANALGESICS - Narcotic	6,188,866	29,154	57.3	297,982	0.7	30	21	
ASTHMATIC	6,085,745	26,843	52.7	280,184	0.5	47	22	
MISC. HEMATOLOGICAL	5,693,388	7,416	14.6	76,603	0.8	96	74	
Total	124,475,140	223,219		2,346,644	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	1,762,695	\$124,475,140	26,248	51.5 %	281,014	0.8	\$116	38,466	75.5 %	404,859	0.8	\$47
Female	1,259,350	86,369,810	17,614	47.4	189,129	0.8	108	28,228	76.0	298,051	0.8	47
Disabled	113,570	9,543,707	1,667	80.7	19,089	1.0	189	1,884	91.2	21,267	0.9	56
64 or younger	110,577	9,335,678	1,621	81.1	18,645	1.0	190	1,831	91.6	20,744	0.9	56
65-74	2,993	208,029	46	68.7	444	0.8	144	53	79.1	523	0.9	56
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,145,692	76,820,066	15,947	45.5	170,040	0.8	99	26,342	75.1	276,761	0.8	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	188,406	13,559,209	2,684	68.5	29,969	0.8	133	3,485	89.0	38,123	0.9	50
75-84	457,148	30,975,701	6,360	50.9	68,212	0.8	103	10,067	80.6	106,037	0.8	48
85 and older	500,138	32,285,156	6,903	37.0	71,859	0.7	82	12,790	68.6	132,601	0.8	44
Male	503,345	38,105,330	8,634	62.6	91,885	0.9	133	10,238	74.2	106,808	0.8	47
Disabled	134,197	12,440,096	2,418	90.1	27,284	1.0	195	2,111	78.6	23,478	0.9	54
64 or younger	130,729	12,195,127	2,369	90.8	26,770	1.0	196	2,060	78.9	22,958	0.9	54
65-74	3,468	244,969	49	65.3	514	1.1	133	51	68.0	520	0.8	38
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	369,148	25,665,234	6,216	55.9	64,601	0.8	106	8,127	73.1	83,330	0.8	45
64 or younger	75	4,782	0	0.0	0	0.0	0	1	100.0	6	0.8	82
65-74	116,094	8,737,148	1,966	72.1	21,638	0.8	134	2,129	78.1	23,134	0.8	48
75-84	162,713	11,038,375	2,754	56.8	28,504	0.8	99	3,600	74.2	36,896	0.8	44
85 and older	90,266	5,884,929	1,496	42.3	14,459	0.7	78	2,397	67.8	23,294	0.8	42
Unknown	88	6,037	0	0.0	0	0.0	0	2	100.0	23	1.1	52

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	28,320	55.6 %	295,817	0.8	\$62	11,170	21.9 %	116,395	0.8	\$100	17,820	35.0 %	191,840	1.0	\$54
Female	20,566	55.4	215,503	0.8	62	8,165	22.0	86,010	0.8	100	11,475	30.9	123,488	1.0	50
Disabled	1,262	61.1	14,174	0.8	68	231	11.2	2,630	0.6	139	1,653	80.0	18,829	1.2	84
64 or younger	1,230	61.5	13,882	0.8	68	217	10.9	2,478	0.6	142	1,616	80.8	18,457	1.2	85
65-74	32	47.8	292	0.8	64	14	20.9	152	0.8	94	37	55.2	372	1.1	53
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19,303	55.1	201,318	0.8	61	7,934	22.6	83,380	0.8	99	9,822	28.0	104,659	0.9	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	2,431	62.1	26,295	0.8	67	750	19.2	8,188	0.8	100	2,160	55.2	23,771	1.0	57
75-84	7,105	56.9	74,610	0.8	62	3,260	26.1	34,330	0.8	100	4,164	33.3	44,526	0.9	44
85 and older	9,767	52.4	100,413	0.8	59	3,924	21.0	40,862	0.8	97	3,498	18.8	36,362	0.8	36
Male	7,754	56.2	80,314	0.8	62	3,005	21.8	30,385	0.8	101	6,345	46.0	68,352	1.0	61
Disabled	1,614	60.1	17,807	0.8	66	333	12.4	3,661	0.7	119	2,256	84.0	25,634	1.2	83
64 or younger	1,555	59.6	17,199	0.8	66	318	12.2	3,502	0.7	120	2,213	84.8	25,209	1.2	83
65-74	59	78.7	608	0.8	68	15	20.0	159	0.8	84	43	57.3	425	1.2	71
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,140	55.2	62,507	0.8	61	2,672	24.0	26,724	0.8	98	4,089	36.8	42,718	0.9	47
64 or younger	1	100.0	6	1.0	124	0	0.0	0	0.0	0	2	200.0	12	1.2	50
65-74	1,650	60.6	17,698	0.8	63	509	18.7	5,362	0.8	98	1,501	55.1	16,426	1.0	57
75-84	2,650	54.6	27,063	0.8	60	1,284	26.5	12,858	0.8	96	1,772	36.5	18,430	0.9	44
85 and older	1,839	52.0	17,740	0.8	60	879	24.9	8,504	0.8	100	814	23.0	7,850	0.9	35
Unknown	1	50.0	11	1.1	213	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	22,010	43.2 %	231,390	0.8	\$32	15,772	31.0 %	170,560	0.6	\$42	29,154	57.3 %	297,982	0.7	\$21
Female	15,526	41.8	163,833	0.8	32	12,066	32.5	130,846	0.6	44	22,269	60.0	228,716	0.7	21
Disabled	1,137	55.0	12,735	0.9	43	904	43.8	10,389	0.5	28	1,431	69.3	15,682	0.9	30
64 or younger	1,086	54.3	12,218	0.9	43	877	43.9	10,137	0.5	28	1,370	68.5	15,126	0.9	30
65-74	51	76.1	517	0.8	33	27	40.3	252	0.6	41	61	91.0	556	0.8	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,385	41.0	151,053	0.8	31	11,162	31.8	120,457	0.6	45	20,838	59.4	213,034	0.7	21
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	2,778	70.9	30,004	0.9	38	1,380	35.2	15,424	0.6	46	2,728	69.7	28,991	0.8	25
75-84	6,394	51.2	66,950	0.8	31	4,161	33.3	45,045	0.6	46	7,578	60.7	78,389	0.7	23
85 and older	5,213	28.0	54,099	0.8	27	5,621	30.1	59,988	0.6	44	10,532	56.5	105,654	0.6	19
Male	6,484	47.0	67,557	0.8	33	3,706	26.9	39,714	0.6	37	6,885	49.9	69,266	0.6	19
Disabled	1,280	47.7	14,127	0.9	39	817	30.4	9,289	0.5	23	1,353	50.4	14,843	0.7	28
64 or younger	1,219	46.7	13,460	0.9	39	798	30.6	9,092	0.5	22	1,326	50.8	14,566	0.7	28
65-74	61	81.3	667	0.9	42	19	25.3	197	0.7	46	27	36.0	277	0.8	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,204	46.8	53,430	0.8	31	2,889	26.0	30,425	0.6	41	5,532	49.8	54,423	0.6	16
64 or younger	3	300.0	18	0.4	28	0	0.0	0	0.0	0	2	200.0	12	1.6	9
65-74	1,625	59.6	17,754	0.8	35	761	27.9	8,460	0.6	42	1,446	53.1	15,201	0.6	19
75-84	2,435	50.2	24,861	0.8	31	1,263	26.0	13,405	0.6	40	2,294	47.3	22,775	0.6	15
85 and older	1,141	32.3	10,797	0.8	27	865	24.5	8,560	0.6	40	1,790	50.6	16,435	0.5	15
Unknown	4	200.0	45	0.8	25	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				MISC. HEMATOLOGICAL				Benefit Months Among All-Year			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Nursing Facility Residents	Nursing Facility Residents
All	26,843	52.7 %	280,184	0.5	\$22	7,416	14.6 %	76,603	0.8	\$74	50,924	513,946
Female	18,963	51.1	198,869	0.5	21	5,195	14.0	53,870	0.8	71	37,122	376,436
Disabled	1,165	56.4	12,878	0.6	29	187	9.1	2,069	0.8	75	2,066	22,680
64 or younger	1,119	56.0	12,437	0.6	29	175	8.8	1,964	0.8	76	1,999	22,072
65-74	46	68.7	441	0.6	35	12	17.9	105	0.9	65	67	608
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	17,796	50.8	185,969	0.4	21	5,006	14.3	51,778	0.8	70	35,056	353,756
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2,471	63.1	26,632	0.5	27	622	15.9	6,657	0.8	74	3,916	41,498
75-84	6,606	52.9	68,909	0.5	22	1,890	15.1	19,509	0.8	72	12,490	127,152
85 and older	8,719	46.8	90,428	0.4	17	2,494	13.4	25,612	0.8	68	18,650	185,106
Male	7,880	57.1	81,315	0.5	23	2,221	16.1	22,733	0.8	83	13,800	137,487
Disabled	1,426	53.1	15,743	0.5	26	246	9.2	2,709	0.8	202	2,685	29,361
64 or younger	1,375	52.7	15,187	0.5	26	231	8.9	2,537	0.8	213	2,610	28,643
65-74	51	68.0	556	0.6	30	15	20.0	172	0.7	52	75	718
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	6,454	58.1	65,572	0.5	23	1,975	17.8	20,024	0.8	67	11,115	108,126
64 or younger	4	400.0	24	1.0	97	0	0.0	0	0.0	0	1	6
65-74	1,767	64.8	18,730	0.5	27	494	18.1	5,394	0.8	72	2,725	28,544
75-84	2,731	56.3	28,049	0.5	22	898	18.5	9,042	0.8	68	4,852	47,318
85 and older	1,952	55.2	18,769	0.4	19	583	16.5	5,588	0.8	62	3,537	32,258
Unknown	2	100.0	22	0.1	3	2	100.0	23	0.5	58	2	23

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 21,341 beneficiaries who were in nursing facilities for part of their enrollment and their 193,745 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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}
 OHIO, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	3.6 %
All	162,043	71.9 %	12.5	2,828,089	\$123	\$27,720,048	\$10		225,439
Age									
5 and younger	12	92.3	18.9	246	310	4,034	16	6.4	13
6-14	20	76.9	17.0	443	356	9,257	21	3.1	26
15-20	187	45.7	3.4	1,377	57	23,284	17	2.8	409
21-44	23,445	55.3	6.5	276,676	91	3,846,780	14	2.6	42,385
45-64	37,953	70.3	11.6	624,355	134	7,224,024	12	3.1	54,013
65-74	30,984	70.6	11.7	515,507	119	5,211,202	10	3.5	43,882
75-84	36,474	78.5	15.2	707,077	130	6,051,282	9	4.3	46,448
85 and older	32,963	86.2	18.4	702,322	140	5,349,554	8	5.7	38,256
Unknown	5	71.4	12.3	86	90	631	7	3.2	7
Basis of Eligibility^c									
Aged	99,282	78.5	15.1	1,906,231	130	16,430,849	9	4.3	126,509
Disabled	61,240	64.1	9.5	911,572	116	11,104,912	12	2.9	95,492
Adults	1,499	44.5	3.0	10,046	54	181,093	18	3.0	3,369
Children	22	31.9	3.5	240	46	3,194	13	2.1	69
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	111,367	76.7	13.8	2,010,940	134	19,421,371	10	3.9	145,281
Male	50,676	63.2	10.2	817,149	104	8,298,677	10	3.1	80,158
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	128,386	73.6	13.4	2,337,504	132	23,010,330	10	3.7	174,474
African American	30,921	66.6	9.9	460,075	95	4,416,016	10	3.3	46,454
Other/unknown	2,736	60.7	6.8	30,510	65	293,702	10	2.5	4,511
Use of Nursing Facilities^d									
Entire year	48,224	94.7	25.4	1,295,068	199	10,144,643	8	5.2	50,924
Part year	19,114	89.6	15.0	319,738	139	2,955,758	9	4.6	21,341
None	94,705	61.8	7.9	1,213,283	95	14,619,647	12	2.9	153,174
Maintenance Assistance Status									
Cash	45,499	67.8	9.2	616,804	108	7,257,000	12	3.0	67,117
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	4,810	44.8	3.0	32,382	37	401,887	12	2.4	10,734
Other/unknown	111,734	75.7	14.8	2,178,903	136	20,061,161	9	3.9	147,588

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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}
 OHIO, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.2	\$12	\$10	\$0	\$3	2,302,556
Age						
5 and younger	1.6	26	16	0	0	156
6-14	1.6	34	21	0	0	270
15-20	0.3	6	17	0	1	4,093
21-44	0.6	9	14	0	3	448,861
45-64	1.1	13	12	0	3	570,816
65-74	1.1	11	10	0	3	453,493
75-84	1.5	13	9	0	2	464,629
85 and older	1.9	15	8	0	2	360,190
Unknown	1.8	13	7	0	1	48
Basis of Eligibility^c						
Aged	1.5	13	9	0	2	1,259,206
Disabled	0.9	11	12	0	3	1,017,697
Adults	0.4	7	18	0	2	25,051
Children	0.4	5	13	0	0	602
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.3	13	10	0	3	1,497,707
Male	1.0	10	10	0	2	804,849
Unknown	0.0	0	0	0	0	0
Race						
White	1.3	13	10	0	3	1,774,387
African American	1.0	9	10	0	1	481,691
Other/unknown	0.7	6	10	0	1	46,478
Use of Nursing Facilities^d						
Entire year	2.5	20	8	0	3	513,946
Part year	1.7	15	9	0	3	193,745
None	0.8	9	12	0	3	1,594,865
Maintenance Assistance Status						
Cash	0.8	9	12	0	2	770,513
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	4	12	0	1	107,058
Other/unknown	1.5	14	9	0	3	1,424,985

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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}
 OHIO, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	291,951	\$95	\$27,720,048	100.0 %	2,828,089	\$10	100.0 %		
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0	0.0	
Cough and cold medications	44,618	76	3,385,627	12.2	138,730	24	4.9	4.9	
Vitamins and minerals	55,287	102	5,626,631	20.3	395,461	14	14.0	14.0	
Non-prescription drugs	122,123	89	10,895,012	39.3	1,766,965	6	62.5	62.5	
Barbiturates	2,627	61	159,048	0.6	31,106	5	1.1	1.1	
Benzodiazepines	59,600	99	5,907,175	21.3	463,929	13	16.4	16.4	
Other Part D Excl Rx Drugs	7,696	227	1,746,555	6.3	31,898	55	1.1	1.1	

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 OHIO, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 38,256
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$94,044,584
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,458

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,031		0	0.0 %
1-500	6,239	16.3	1,478,388	1.6
501-1,000	4,859	12.7	3,603,023	3.8
1,001-1,500	3,808	10.0	4,732,561	5.0
1,501-2,000	3,391	8.9	5,918,166	6.3
2,001-2,500	2,966	7.8	6,654,535	7.1
2,501-3,000	2,582	6.7	7,102,540	7.6
3,001-3,500	2,160	5.6	6,993,475	7.4
3,501-4,000	1,988	5.2	7,448,284	7.9
4,001-4,500	1,589	4.2	6,745,246	7.2
4,501-5,000	1,324	3.5	6,279,785	6.7
5,001-5,500	1,136	3.0	5,958,440	6.3
5,501-6,000	896	2.3	5,145,471	5.5
6,001-6,500	748	2.0	4,669,332	5.0
6,501-7,000	592	1.5	3,992,638	4.2
7,001-7,500	448	1.2	3,239,087	3.4
7,501-8,000	351	0.9	2,712,225	2.9
8,001-8,500	269	0.7	2,216,333	2.4
8,501-9,000	213	0.6	1,861,563	2.0
9,001-9,500	178	0.5	1,646,914	1.8
9,501-10,000	126	0.3	1,224,500	1.3
10,001+	362	0.9	4,422,078	4.7

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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, OHIO, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	226,193	126,512	95,600	4,007	74	2,330,892	1,265,843	1,029,917	34,445	687	0
Age											
5 and younger	13	0	10	0	3	156	0	120	0	36	0
6-14	27	0	22	0	5	288	0	246	0	42	0
15-20	417	0	371	8	38	4,256	0	3,839	53	364	0
21-44	42,923	0	40,117	2,778	28	462,175	0	437,845	24,085	245	0
45-64	54,202	0	53,130	1,072	0	578,749	0	569,621	9,128	0	0
65-74	43,898	42,191	1,580	127	0	456,541	441,244	14,319	978	0	0
75-84	46,450	46,176	253	21	0	467,007	464,091	2,727	189	0	0
85 and older	38,256	38,138	117	1	0	361,672	360,460	1,200	12	0	0
Unknown	7	7	0	0	0	48	48	0	0	0	0
Gender											
Female	145,721	94,544	49,110	2,033	34	1,515,009	960,306	536,597	17,798	308	0
Male	80,472	31,968	46,490	1,974	40	815,883	305,537	493,320	16,647	379	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	174,856	99,900	71,908	2,998	50	1,792,470	988,703	777,647	25,663	457	0
African American	46,801	23,857	22,015	906	23	491,124	248,447	234,573	7,877	227	0
Other/unknown	4,536	2,755	1,677	103	1	47,298	28,693	17,697	905	3	0
Use of Nursing Facilities^c											
Entire year	50,924	46,172	4,751	1	0	513,952	461,905	52,041	6	0	0
Part year	21,341	17,808	3,525	8	0	196,254	159,593	36,568	93	0	0
None	153,928	62,532	87,324	3,998	74	1,620,686	644,345	941,308	34,346	687	0
Maintenance Assistance Status											
Cash	67,195	28,493	38,427	275	0	772,347	328,103	441,490	2,754	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	10,752	3,840	6,724	176	12	114,580	40,419	72,789	1,254	118	0
Other/unknown	148,246	94,179	50,449	3,556	62	1,443,965	897,321	515,638	30,437	569	0
Dual Status^d											
Full dual, all year	200,669	116,302	80,564	3,729	74	2,050,595	1,155,988	862,626	31,294	687	0
Full dual, part year	25,524	10,210	15,036	278	0	280,297	109,855	167,291	3,151	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	223,847	126,487	94,610	2,688	62	2,307,310	1,265,566	1,018,970	22,212	562	0
FFS part year, with Rx claims	1,048	13	586	443	6	11,376	133	6,625	4,557	61	0
FFS part year, no Rx claims	544	9	296	238	1	5,499	108	3,242	2,137	12	0
MC all year, with Rx claims	3	0	2	1	0	31	0	19	12	0	0
MC all year, no Rx claims	751	3	106	637	5	6,676	36	1,061	5,527	52	0

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, OHIO, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	226,193	2,330,892	2,302,556	225,439	2,302,556	0	28,336
Fee-for-service (FFS) all year	223,847	2,307,310	2,293,925	223,847	2,293,925	0	13,385
FFS part year, with Rx claims	1,048	11,376	6,371	1,048	6,371	0	5,005
FFS part year, with no Rx claims	544	5,499	2,260	544	2,260	0	3,239
Managed care (MC) all year, with Rx claims	3	31	0	0	0	0	31
MC all year, with no Rx claims	751	6,676	0	0	0	0	6,676

Source: Data for this table are from the MAX 2003 file for Ohio, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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