

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 PENNSYLVANIA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	164,344	114,919	48,572	821	32	0	1,510,050	1,060,146	445,719	3,952	233	0
Age												
5 and younger	3	0	3	0	0	0	32	0	32	0	0	0
6-14	19	0	17	0	2	0	142	0	127	0	15	0
15-20	243	0	217	0	26	0	2,273	0	2,068	0	205	0
21-44	20,010	7	19,464	535	4	0	180,787	70	178,083	2,621	13	0
45-64	28,826	39	28,504	283	0	0	264,463	286	262,872	1,305	0	0
65-74	30,240	29,889	348	3	0	0	275,398	273,003	2,369	26	0	0
75-84	41,338	41,338	0	0	0	0	386,111	386,111	0	0	0	0
85 and older	43,665	43,646	19	0	0	0	400,844	400,676	168	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	109,717	85,961	23,356	379	21	0	1,027,370	806,870	218,483	1,877	140	0
Male	54,627	28,958	25,216	442	11	0	482,680	253,276	227,236	2,075	93	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	140,071	97,388	42,038	623	22	0	1,328,807	917,758	407,411	3,447	191	0
African American	16,457	12,021	4,298	132	6	0	128,242	102,576	25,308	337	21	0
Other/unknown	7,816	5,510	2,236	66	4	0	53,001	39,812	13,000	168	21	0
Use of Nursing Facilities^c												
Entire year	39,161	36,831	2,330	0	0	0	406,263	379,968	26,295	0	0	0
Part year	33,069	30,977	2,090	2	0	0	282,896	264,586	18,303	7	0	0
None	92,114	47,111	44,152	819	32	0	820,891	415,592	401,121	3,945	233	0
Maintenance Assistance Status												
Cash	39,570	21,899	17,467	202	2	0	390,480	215,106	174,205	1,145	24	0
Medically needy	28,612	26,154	2,398	50	10	0	261,676	240,980	20,356	254	86	0
Poverty-related	32,738	14,818	17,839	75	6	0	276,396	129,046	147,013	311	26	0
Other/unknown	63,424	52,048	10,868	494	14	0	581,498	475,014	104,145	2,242	97	0
Dual Medicare Status^d												
Full dual, all year	159,044	112,065	46,131	816	32	0	1,464,009	1,033,882	425,978	3,916	233	0
Full dual, part year	5,300	2,854	2,441	5	0	0	46,041	26,264	19,741	36	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	143,502	104,765	38,246	471	20	0	1,435,072	1,020,172	411,476	3,239	185	0
FFS part year, with Rx claims	10,138	5,167	4,789	174	8	0	44,246	24,927	18,889	398	32	0
FFS part year, no Rx claims	10,704	4,987	5,537	176	4	0	30,732	15,047	15,354	315	16	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 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	83.6 %	50.2	\$2,939	\$59	\$19,839	14.8 %	164,344
Age							
5 and younger	100.0	52.7	3,969	75	12,528	31.7	3
6-14	89.5	40.5	3,984	98	11,624	34.3	19
15-20	75.7	19.7	2,385	121	7,068	33.7	243
21-44	74.4	30.6	2,875	94	8,349	34.4	20,010
45-64	78.2	47.9	3,565	74	15,027	23.7	28,826
65-74	77.8	49.5	2,859	58	15,277	18.7	30,240
75-84	87.3	57.6	2,982	52	23,570	12.6	41,338
85 and older	92.0	54.3	2,574	47	27,982	9.2	43,665
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	86.6	54.3	2,797	52	23,100	12.1	114,919
Disabled	76.8	41.1	3,307	80	12,402	26.7	48,572
Adults	62.5	14.6	1,154	79	3,804	30.3	821
Children	65.6	14.4	1,749	122	8,050	21.7	32
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	86.8	54.4	3,036	56	21,460	14.1	109,717
Male	77.2	41.7	2,744	66	16,581	16.5	54,627
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.2	52.7	3,100	59	20,009	15.5	140,071
African American	69.2	37.7	2,119	56	21,489	9.9	16,457
Other/unknown	67.5	30.5	1,782	58	13,308	13.4	7,816
Use of Nursing Facilities^f							
Entire year	97.3	76.3	3,870	51	42,604	9.1	39,161
Part year	95.2	56.1	2,837	51	25,390	11.2	33,069
None	73.6	37.0	2,580	70	8,167	31.6	92,114
Maintenance Assistance Status							
Cash	83.4	45.6	3,025	66	8,210	36.8	39,570
Medically needy	87.1	58.2	2,857	49	32,656	8.7	28,612
Poverty related	71.7	33.6	2,415	72	3,918	61.6	32,738
Other/unknown	88.3	58.0	3,194	55	29,529	10.8	63,424

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months		
		Mean Rx \$	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
All	5.5	\$320	14.8 %	16.4 %	10.3 %	8.0 %	25.7 %	28.5 %	11.2 %	\$2,159	164,344	1,510,050
Age												
5 and younger	4.9	372	31.7	0.0	0.0	0.0	100.0	0.0	0.0	1,175	3	32
6-14	5.4	533	34.3	10.5	21.1	5.3	15.8	47.4	0.0	1,555	19	142
15-20	2.1	255	33.7	24.3	37.4	11.9	15.6	9.9	0.8	756	243	2,273
21-44	3.4	318	34.4	25.6	21.5	11.1	22.6	14.5	4.6	924	20,010	180,787
45-64	5.2	389	23.7	21.8	11.0	7.8	23.6	24.6	11.2	1,638	28,826	264,463
65-74	5.4	314	18.7	22.2	9.4	7.3	23.1	26.3	11.7	1,678	30,240	275,398
75-84	6.2	319	12.6	12.7	7.4	7.0	25.8	33.1	14.1	2,523	41,338	386,111
85 and older	5.9	280	9.2	8.0	7.8	8.2	30.2	34.6	11.2	3,048	43,665	400,844
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.9	303	12.1	13.4	8.1	7.5	26.8	31.9	12.4	2,504	114,919	1,060,146
Disabled	4.5	360	26.7	23.2	15.3	9.1	23.2	20.6	8.6	1,352	48,572	445,719
Adults	3.0	240	30.3	37.5	16.0	10.8	21.8	11.9	1.9	790	821	3,952
Children	2.0	240	21.7	34.4	31.3	6.3	21.9	6.3	0.0	1,106	32	233
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.8	324	14.1	13.2	9.0	7.9	26.7	30.8	12.3	2,292	109,717	1,027,370
Male	4.7	311	16.5	22.8	12.8	8.3	23.6	23.7	8.8	1,877	54,627	482,680
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	327	15.5	13.8	10.4	8.0	26.3	29.6	11.9	2,109	140,071	1,328,807
African American	4.8	272	9.9	30.8	8.8	7.9	22.5	22.8	7.1	2,758	16,457	128,242
Other/unknown	4.5	263	13.4	32.5	11.7	8.3	21.5	19.8	6.2	1,963	7,816	53,001
use of nursing Facilities^f												
Entire year	7.4	373	9.1	2.7	4.8	5.7	26.2	39.9	20.7	4,107	39,161	406,263
Part year	6.6	332	11.2	4.8	7.2	8.0	29.2	36.0	14.8	2,968	33,069	282,896
None	4.1	290	31.6	26.4	13.7	9.0	24.2	20.9	5.8	917	92,114	820,891
Maintenance Assistance Status												
Cash	4.6	307	36.8	16.6	14.2	9.4	26.9	25.1	7.7	832	39,570	390,480
Medically needy	6.4	312	8.7	12.9	6.0	6.4	25.7	34.0	15.0	3,571	28,612	261,676
Poverty related	4.0	286	61.6	28.3	14.4	9.7	24.2	18.9	4.5	464	32,738	276,396
Other/unknown	6.3	348	10.8	11.7	7.6	7.0	25.7	33.0	15.0	3,221	63,424	581,498

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 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	5.5	\$320	\$59	2.5	\$245	\$99	0.3	\$9	\$31	2.7	\$65	\$24
Age												
5 and younger	4.9	372	75	1.3	111	83	1.0	229	229	2.6	32	12
6-14	5.4	533	98	2.2	406	186	0.4	32	81	2.8	95	33
15-20	2.1	255	121	1.1	224	197	0.1	6	66	0.9	26	29
21-44	3.4	318	94	1.6	255	155	0.2	12	70	1.6	51	33
45-64	5.2	389	74	2.5	303	123	0.2	12	51	2.5	73	29
65-74	5.4	314	58	2.5	239	96	0.3	8	30	2.7	66	25
75-84	6.2	319	52	2.8	242	87	0.4	9	24	3.0	68	22
85 and older	5.9	280	47	2.5	209	82	0.4	8	21	3.0	62	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.9	303	52	2.6	229	88	0.3	8	24	2.9	65	22
Disabled	4.5	360	80	2.1	284	133	0.2	12	57	2.1	64	30
Adults	3.0	240	79	1.4	190	134	0.1	7	70	1.5	42	28
Children	2.0	240	122	1.0	190	196	0.1	20	250	0.9	29	32
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.8	324	56	2.6	247	95	0.3	9	28	2.9	67	23
Male	4.7	311	66	2.2	240	112	0.2	10	41	2.3	61	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	327	59	2.5	250	100	0.3	10	31	2.7	66	24
African American	4.8	272	56	2.1	207	96	0.2	7	34	2.5	58	23
Other/unknown	4.5	263	58	2.1	202	98	0.2	7	34	2.2	53	24
Use of Nursing Facilities^e												
Entire year	7.4	373	51	3.3	283	87	0.4	10	23	3.6	79	22
Part year	6.6	332	51	2.8	251	88	0.4	9	23	3.3	70	21
None	4.1	290	70	1.9	224	115	0.2	9	46	2.0	56	28
Maintenance Assistance Status												
Cash	4.6	307	66	2.1	236	110	0.2	9	43	2.3	61	27
Medically needy	6.4	312	49	2.8	237	84	0.4	9	22	3.1	67	21
Poverty related	4.0	286	72	1.9	223	117	0.2	9	49	1.9	54	28
Other/unknown	6.3	348	55	2.8	265	95	0.4	10	26	3.2	73	23

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 Pennsylvania, 0.5 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 D.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name						
Anti-infective Agents	0.3	0.2	0.0	0.2	\$23	\$19	\$0	\$4	\$67	\$107	\$84	\$25	311,681	\$20,934,463	85,039	51.7	897,137
Biologics	0.1	0.1	0.0	0.0	14	1	1	12	140	17	1,691	304	4,495	628,263	3,926	2.4	43,806
Antineoplastic Agents	0.5	0.2	0.0	0.3	117	82	2	33	217	447	197	95	40,607	8,793,793	7,765	4.7	75,396
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	46	35	3	8	43	70	17	21	764,591	32,854,952	69,359	42.2	709,076
Cardiovascular Agents	2.0	0.7	0.1	1.3	68	42	1	25	34	65	19	19	2,012,710	69,058,778	100,681	61.3	1,010,929
Respiratory Agents	0.8	0.4	0.0	0.3	42	33	1	8	54	76	72	23	492,579	26,612,159	60,795	37.0	637,398
Gastrointestinal Agents	0.9	0.5	0.0	0.4	71	57	1	14	83	118	90	37	626,079	51,977,577	71,468	43.5	728,727
Genitourinary Agents	0.6	0.5	0.0	0.1	38	35	0	2	63	73	41	21	157,994	9,991,589	25,278	15.4	264,647
CNS Drugs	1.5	0.9	0.0	0.6	116	96	3	17	79	112	95	30	1,362,704	107,889,451	92,100	56.0	928,719
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	51	41	2	8	86	141	79	29	13,522	1,163,183	2,159	1.3	22,773
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	99	98	0	1	132	134	0	66	135,525	17,938,090	18,201	11.1	181,075
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	55	44	1	9	64	125	72	19	642,748	40,995,228	73,227	44.6	747,338
Neuromuscular Agents	1.1	0.5	0.0	0.6	76	54	3	20	67	110	55	34	534,666	36,056,896	45,805	27.9	471,645
Nutritional Products	0.7	0.0	0.0	0.6	13	0	1	12	20	31	20	20	230,697	4,547,899	33,952	20.7	343,182
Hematological Agents	1.1	0.4	0.3	0.5	81	70	4	7	72	192	14	14	440,008	31,840,863	39,574	24.1	394,986
Topical Products	0.6	0.3	0.0	0.3	23	15	2	6	40	59	50	21	440,231	17,586,765	71,414	43.5	755,078
Miscellaneous Products	0.3	0.1	0.0	0.2	50	36	5	9	153	267	243	52	20,586	3,148,255	6,122	3.7	63,221
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	21	0	0	0	68	0	0	0	15,121	1,026,890	4,612	2.8	49,455
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.	8,246,544	483,045,094	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 Pennsylvania, 0.5 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, PENNSYLVANIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$56,805,231	50,200	30.5 %	519,282	0.7	\$148
ULCER DRUGS	45,625,105	70,929	43.2	730,416	0.7	92
ANTIDEPRESSANTS	41,511,156	83,752	51.0	857,814	0.7	65
ANTICONVULSANT	26,556,903	39,921	24.3	415,976	0.9	73
ANALGESICS - Narcotic	23,527,221	77,572	47.2	802,158	0.5	60
ANTIDIABETIC	22,170,655	52,209	31.8	539,062	0.8	54
ANTIHYPERTENSIVE	21,482,504	33,013	20.1	349,783	0.7	88
NEUROLOGICAL	18,060,175	19,095	11.6	191,780	0.7	131
ANTIASTHMATIC	17,307,405	59,977	36.5	622,970	0.5	57
ANTIHYPERTENSIVE	16,184,491	58,311	35.5	601,572	0.7	37
Total	289,230,846	544,979		5,630,813	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month
All	3,813,978	\$289,230,846	50,200	30.5 %	519,282	0.7	\$109	70,929	43.2 %	730,416	0.7	\$63
Female	2,688,090	197,300,491	33,559	30.6	348,966	0.7	99	51,011	46.5	528,378	0.7	63
Disabled	575,113	54,444,722	7,691	32.9	82,872	0.8	132	9,797	41.9	106,279	0.6	67
5 and younger	13	182	0	0.0	0	0.0	0	1	100.0	12	0.1	4
6-14	55	2,171	0	0.0	0	0.0	0	2	28.6	14	0.4	35
15-20	869	89,536	26	24.8	294	0.5	115	28	26.7	313	0.4	39
21-44	159,160	16,999,807	3,064	36.8	32,995	0.7	132	2,760	33.2	30,315	0.5	59
45-64	411,634	37,080,619	4,568	31.0	49,271	0.8	133	6,926	47.0	74,922	0.6	70
65-74	3,308	268,470	32	18.1	300	0.5	89	77	43.5	679	0.6	67
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	74	3,937	1	6.7	12	0.7	115	3	20.0	24	0.7	20
Other Eligibles	2,112,977	142,855,769	25,868	30.0	266,094	0.7	89	41,214	47.7	422,099	0.7	62
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	173	15,526	9	47.4	84	0.4	86	4	21.1	34	0.5	45
21-44	2,191	178,182	42	15.2	380	0.5	60	59	21.3	534	0.4	40
45-64	1,639	137,286	18	12.5	134	0.6	81	34	23.6	284	0.5	41
65-74	482,959	34,930,265	4,308	22.8	46,060	0.7	110	8,576	45.3	92,070	0.6	63
75-84	810,072	54,440,728	9,627	31.8	99,589	0.7	92	14,806	48.9	152,745	0.7	61
85 and older	815,943	53,153,782	11,864	32.3	119,847	0.7	78	17,735	48.3	176,432	0.7	61
Male	1,125,888	91,930,355	16,641	30.5	170,316	0.8	130	19,918	36.5	202,038	0.7	62
Disabled	485,940	48,395,857	7,917	31.4	83,941	0.9	167	7,514	29.8	80,048	0.6	65
5 and younger	15	405	0	0.0	0	0.0	0	3	150.0	32	0.2	8
6-14	81	4,679	0	0.0	0	0.0	0	4	40.0	48	0.6	43
15-20	1,065	126,898	43	38.4	460	0.6	141	19	17.0	228	0.3	23
21-44	176,024	19,822,723	3,750	33.6	39,822	0.8	170	2,677	24.0	28,981	0.6	62
45-64	306,037	28,230,856	4,100	29.8	43,439	0.9	166	4,743	34.4	50,193	0.7	67
65-74	2,701	207,972	22	12.9	196	1.1	145	67	39.2	554	0.6	63
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	17	2,324	2	50.0	24	0.4	65	1	25.0	12	0.6	61
Other Eligibles	639,948	43,534,498	8,724	29.7	86,375	0.7	95	12,404	42.2	121,990	0.7	60
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	262	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	22	2,347	2	28.6	24	0.3	46	0	0.0	0	0.0	0
21-44	1,841	179,847	39	14.5	288	0.4	76	52	19.3	401	0.5	59
45-64	1,613	161,384	35	19.7	223	0.7	134	36	20.2	267	0.5	64
65-74	235,419	17,000,392	2,515	22.9	26,326	0.8	117	4,092	37.3	42,418	0.7	62
75-84	262,724	17,392,242	3,706	33.5	36,494	0.7	91	5,043	45.6	49,324	0.7	60
85 and older	138,326	8,798,024	2,427	35.0	23,020	0.7	74	3,181	45.9	29,580	0.7	56
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.medispain.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, PENNSYLVANIA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANALGESICS - Narcotic				
	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
Female	60,726	55.3	626,089	0.8	49	25,551	23.3	267,611	0.9	59	55,551	50.6	577,016	0.5	27
Disabled	14,905	63.8	159,067	0.7	52	8,960	38.4	95,795	0.9	87	14,528	62.2	158,274	0.5	36
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.5	6	1	100.0	12	0	
6-14	1	14.3	2	0.5	109	0	0.0	0	0.0	0	1	14.3	12	0.1	
15-20	35	33.3	413	0.6	42	20	19.0	224	0.7	69	39	37.1	444	0.2	
21-44	5,220	62.8	55,840	0.6	50	3,369	40.5	36,103	0.9	99	4,998	60.1	54,724	0.4	
45-64	9,577	65.0	102,209	0.7	53	5,530	37.5	59,042	0.9	81	9,415	63.9	102,394	0.5	
65-74	72	40.7	603	0.7	47	39	22.0	402	0.9	79	68	38.4	624	0.6	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
85 and older	0	0.0	0	0.0	0	1	6.7	12	0.2	10	6	40.0	64	0.3	
Other Eligibles	45,821	53.1	467,022	0.8	48	16,591	19.2	171,816	0.9	44	41,023	47.5	418,742	0.5	
5 and younger	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	
15-20	11	57.9	97	0.5	22	5	26.3	40	1.1	72	7	36.8	75	0.1	
21-44	128	46.2	1,135	0.5	45	61	22.0	516	0.6	50	139	50.2	1,221	0.4	
45-64	74	51.4	593	0.6	43	31	21.5	235	0.6	85	88	61.1	769	0.6	
65-74	8,449	44.6	89,490	0.7	46	4,314	22.8	46,212	0.9	53	9,433	49.8	101,985	0.5	
75-84	16,626	54.9	170,193	0.8	48	6,728	22.2	69,979	0.9	44	14,693	48.5	151,485	0.5	
85 and older	20,533	55.9	205,514	0.8	48	5,452	14.8	54,834	0.8	36	16,663	45.4	163,207	0.5	
Male	23,026	42.2	231,725	0.7	48	14,370	26.3	148,365	0.9	72	22,021	40.3	225,142	0.5	
Disabled	10,066	39.9	105,276	0.7	51	7,996	31.7	84,789	0.9	89	11,090	44.0	118,287	0.5	
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.3	6	1	50.0	12	0.1	
6-14	0	0.0	0	0.0	0	2	20.0	24	0.5	32	1	10.0	12	0.1	
15-20	35	31.3	392	0.7	59	33	29.5	377	0.7	74	24	21.4	278	0.1	
21-44	4,403	39.5	46,393	0.6	51	3,579	32.1	38,221	0.9	98	4,702	42.2	51,148	0.5	
45-64	5,581	40.5	58,134	0.7	51	4,358	31.7	45,972	0.9	83	6,294	45.7	66,251	0.6	
65-74	47	27.5	357	0.7	44	22	12.9	171	0.7	52	68	39.8	586	0.6	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
Other Eligibles	12,960	44.1	126,449	0.8	45	6,374	21.7	63,576	0.9	48	10,931	37.2	108,855	0.5	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	
6-14	0	0.0	0	0.0	0	1	100.0	3	1.0	87	0	0.0	0	0.0	
15-20	2	28.6	24	0.4	43	0	0.0	0	0.0	0	0	0.0	0	0.0	
21-44	102	37.9	787	0.4	32	53	19.7	382	0.6	60	131	48.7	1,118	0.6	
45-64	81	45.5	609	0.6	42	36	20.2	299	0.5	46	72	40.4	589	0.6	
65-74	3,703	33.8	38,015	0.8	46	2,503	22.8	25,944	0.9	56	3,864	35.2	40,342	0.5	
75-84	5,516	49.9	53,863	0.8	46	2,616	23.7	25,986	0.9	45	4,116	37.2	39,870	0.5	
85 and older	3,556	51.3	33,151	0.8	43	1,165	16.8	10,962	0.8	37	2,748	39.7	24,936	0.4	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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(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, PENNSYLVANIA, 2003

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HYPERLIPIDEMIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL			
	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	52,209	31.8 %	539,062	\$41	33,013	20.1 %	349,783	\$61	19,095	11.6 %	191,780	\$94
Female	36,900	33.6	384,570	41	22,309	20.3	237,674	62	14,177	12.9	143,328	97
Disabled	6,542	28.0	70,086	53	5,333	22.8	58,165	61	1,432	6.1	16,002	127
5 and younger	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
6-14	0	0.0	0	0	1	14.3	12	29	0	0.0	0	0
15-20	5	4.8	60	39	4	3.8	39	24	2	1.9	24	13
21-44	1,074	12.9	11,850	52	813	9.8	9,004	54	439	5.3	4,897	124
45-64	5,386	36.5	57,516	53	4,452	30.2	48,554	63	986	6.7	11,031	128
65-74	77	43.5	660	51	63	35.6	556	68	5	2.8	50	45
75-84	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
Other Eligibles	30,358	35.2	314,484	38	16,976	19.7	179,509	62	12,745	14.8	127,326	94
5 and younger	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
15-20	3	15.8	28	21	1	5.3	12	68	1	5.3	12	11
21-44	24	8.7	208	61	13	4.7	122	35	6	2.2	67	57
45-64	22	15.3	190	39	22	15.3	188	58	2	1.4	16	18
65-74	8,898	47.0	94,927	45	6,419	33.9	69,783	64	1,325	7.0	13,670	84
75-84	12,500	41.3	129,396	37	7,121	23.5	75,116	62	4,825	15.9	48,136	93
85 and older	8,911	24.3	89,735	32	3,400	9.3	34,288	57	6,586	17.9	65,425	96
Male	15,309	28.0	154,492	43	10,704	19.6	112,109	61	4,918	9.0	48,452	85
Disabled	5,427	21.5	56,830	52	5,131	20.3	55,087	60	998	4.0	11,016	68
5 and younger	0	0.0	0	0	1	50.0	8	2	0	0.0	0	0
6-14	1	10.0	12	90	1	10.0	12	11	0	0.0	0	0
15-20	0	0.0	0	0	1	0.9	12	7	1	0.9	12	11
21-44	1,205	10.8	12,773	52	1,399	12.5	15,423	54	377	3.4	4,260	51
45-64	4,163	30.2	43,564	52	3,688	26.8	39,239	63	619	4.5	6,732	79
65-74	58	33.9	481	49	41	24.0	393	72	1	0.6	12	29
75-84	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
Other Eligibles	9,882	33.6	97,662	37	5,573	18.9	57,022	62	3,920	13.3	37,436	90
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	15	5.6	75	53	20	7.4	127	64	4	1.5	48	9
45-64	29	16.3	152	49	33	18.5	205	51	9	5.1	75	83
65-74	3,992	36.4	41,099	42	2,865	26.1	30,545	64	732	6.7	7,417	86
75-84	4,034	36.5	39,516	35	2,026	18.3	20,223	61	1,784	16.1	16,981	90
85 and older	1,812	26.2	16,820	31	629	9.1	5,922	54	1,391	20.1	12,915	92
Unknown	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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(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, PENNSYLVANIA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	59,977	36.5 %	622,970	0.5	\$28	56,311	35.5 %	601,572	0.7	\$27	164,344	1,510,050
Female	42,185	38.4	440,959	0.5	27	40,880	37.3	424,760	0.7	27	109,717	1,027,370
Disabled	9,237	39.5	100,113	0.5	32	5,727	24.5	61,156	0.7	27	23,356	218,483
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	5	1	12
6-14	2	28.6	24	0.4	8	5	71.4	60	0.5	15	7	53
15-20	15	14.3	167	0.4	28	10	9.5	90	0.4	18	105	982
21-44	2,567	30.9	28,169	0.4	26	873	10.5	9,510	0.6	23	8,315	77,261
45-64	6,589	44.7	71,144	0.5	34	4,772	32.4	50,957	0.7	28	14,736	138,826
65-74	64	36.2	609	0.5	34	63	35.6	495	0.7	28	177	1,229
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	3	20.0	32	0.8	38	15	120
Other Eligibles	32,948	38.2	340,846	0.5	26	35,153	40.7	363,604	0.7	27	86,361	808,887
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	4	21.1	42	0.1	5	1	5.3	5	0.2	2	19	126
21-44	42	15.2	391	0.2	15	19	6.9	159	0.5	24	277	1,394
45-64	32	22.2	267	0.4	25	29	20.1	239	0.6	25	144	813
65-74	7,607	40.2	81,491	0.5	33	8,427	44.5	90,145	0.7	29	18,923	176,316
75-84	11,709	38.7	121,716	0.5	27	13,499	44.6	141,302	0.7	27	30,279	288,063
85 and older	13,554	36.9	136,939	0.4	20	13,178	35.9	131,754	0.8	26	36,718	342,163
Male	17,792	32.6	182,011	0.5	30	17,431	31.9	176,812	0.7	26	54,627	482,680
Disabled	5,760	22.8	61,806	0.5	31	6,115	24.3	63,988	0.7	27	25,216	227,236
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20
6-14	0	0.0	0	0.0	0	4	40.0	48	0.5	13	10	74
15-20	16	14.3	192	0.3	17	17	15.2	201	0.4	11	112	1,086
21-44	1,758	15.8	19,156	0.4	26	1,584	14.2	17,049	0.6	25	11,149	100,822
45-64	3,909	28.4	41,786	0.5	33	4,439	32.2	46,086	0.7	28	13,768	124,046
65-74	76	44.4	660	0.6	41	71	41.5	604	0.6	29	171	1,140
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	25.0	12	0.1	2	0	0.0	0	0.0	0	4	48
Other Eligibles	12,032	40.9	120,205	0.5	29	11,316	38.5	112,824	0.7	26	29,411	255,444
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
15-20	0	0.0	0	0.0	0	1	14.3	12	0.6	18	7	79
21-44	30	11.2	265	0.3	23	40	14.9	230	0.6	29	269	1,310
45-64	25	14.0	151	0.5	33	38	21.3	235	0.7	26	178	778
65-74	4,209	38.4	44,243	0.6	35	4,257	38.8	44,693	0.7	27	10,969	96,713
75-84	4,775	43.2	47,394	0.5	28	4,596	41.6	45,496	0.7	25	11,059	98,048
85 and older	2,993	43.2	28,152	0.5	22	2,384	34.4	22,158	0.7	24	6,928	58,513
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 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	
				7.4	39,161
All	\$373				406,263
Age					
0-64	570	9.2	2,308		26,065
65-74	475	8.6	4,346		46,273
75-84	392	7.7	13,429		138,577
85 and older	309	6.6	19,078		195,348
Unknown	0	0.0	0		0
Gender					
Female	362	7.3	29,975		313,214
Male	409	7.6	9,186		93,049
Unknown	0	0.0	0		0
Race					
White	374	7.4	34,382		353,658
African American	364	6.8	3,722		41,322
Other/unknown	368	6.9	1,057		11,283
Basis of Eligibility^c					
Aged	360	7.2	36,831		379,968
Disabled	570	9.2	2,330		26,295
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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, PENNSYLVANIA, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$15	\$0	\$4	\$53	\$75	\$22	102,394	\$5,469,590	26,176	66.8 %	286,868
Biologics	0.1	0.1	0.0	0.0	10	1	0	9	105	14	0	2,439	255,192	2,223	5.7	25,397
Antineoplastic Agents	0.6	0.2	0.0	0.4	101	59	1	41	170	330	111	15,437	2,619,932	2,504	6.4	25,866
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	45	34	3	8	36	62	14	259,402	9,433,782	19,503	49.8	207,883
Cardiovascular Agents	2.2	0.6	0.1	1.5	60	30	1	28	27	53	14	681,092	18,486,550	29,279	74.8	308,709
Respiratory Agents	0.8	0.4	0.0	0.4	35	25	1	8	44	69	66	145,553	6,460,890	16,831	43.0	183,569
Gastrointestinal Agents	1.0	0.6	0.0	0.4	75	62	0	13	74	107	57	226,950	16,718,609	20,916	53.4	223,545
Genitourinary Agents	0.7	0.5	0.0	0.1	40	37	0	3	58	68	38	65,128	3,802,159	8,672	22.1	94,084
CNS Drugs	1.7	1.1	0.0	0.6	124	107	2	15	72	96	59	519,855	37,513,635	28,499	72.8	302,938
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.5	36	27	1	9	48	129	33	3,657	173,968	439	1.1	4,824
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	109	109	0	0	123	124	0	74,066	9,135,155	8,049	20.6	83,695
Analgesics and Anesthetics	1.0	0.5	0.0	0.5	52	45	1	6	52	93	32	191,775	9,951,159	18,159	46.4	192,703
Neuromuscular Agents	1.4	0.6	0.1	0.8	78	47	3	28	56	85	49	201,260	11,233,252	13,214	33.7	143,603
Nutritional Products	0.8	0.0	0.0	0.7	15	0	1	14	19	22	23	97,335	1,815,541	11,633	29.7	123,788
Hematological Agents	1.5	0.4	0.4	0.6	82	70	5	7	55	159	12	197,985	10,929,379	12,723	32.5	133,716
Topical Products	0.7	0.3	0.0	0.3	25	16	2	7	37	54	49	191,735	7,024,471	25,208	64.4	277,131
Miscellaneous Products	0.2	0.1	0.0	0.2	9	4	1	4	35	49	230	6,136	216,972	2,260	5.8	24,906
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	20	0	0	0	55	0	0	5,922	328,204	1,524	3.9	16,795
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.	2,988,121	151,568,440	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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.medispans.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 Pennsylvania, 0.5 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 = 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, PENNSYLVANIA, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			44.4 %	69.5				
ANTIPSYCHOTICS	\$19,192,602	17,390	44.4 %	188,648	0.8	\$126	\$102	
ANTIDEPRESSANTS	15,961,213	27,212	69.5	292,024	0.9	60	55	
ULCER DRUGS	15,225,001	20,428	52.2	218,745	0.8	83	70	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	9,135,090	8,074	20.6	83,953	0.9	123	109	
ANTICONVULSANT	7,125,187	11,390	29.1	125,102	1.1	53	57	
ANTIDIABETIC	5,880,958	14,049	35.9	151,781	0.9	43	39	
ANALGESICS - Narcotic	5,699,197	16,983	43.4	180,045	0.7	48	32	
DERMATOLOGICAL	4,784,411	44,387	113.3	498,714	0.3	33	10	
MISC. HEMATOLOGICAL	4,569,529	5,358	13.7	56,489	0.9	94	81	
ANTHYPERTENSIVE	4,543,110	14,789	37.8	157,781	0.9	33	29	
Total	92,116,298	180,060		1,953,282	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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, PENNSYLVANIA, 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	1,397,547	\$92,116,298	17,390	44.4 %	188,648	0.8	\$102	27,212	69.5 %	0.9	292,024	\$55
Female	1,051,912	69,140,258	13,009	43.4	141,521	0.8	99	21,110	70.4	0.9	227,106	55
Disabled	64,107	4,701,478	578	49.0	6,532	0.9	137	980	83.1	1.0	11,142	68
64 or younger	63,421	4,646,963	572	49.0	6,476	0.9	136	972	83.3	1.0	11,054	68
65-74	686	54,515	6	46.2	56	0.6	205	8	61.5	1.0	88	81
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	987,805	64,438,780	12,431	43.2	134,989	0.8	97	20,130	69.9	0.9	215,964	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	124,801	8,492,756	1,464	56.5	16,257	0.9	129	2,090	80.7	0.9	22,950	58
75-84	379,682	24,871,621	4,778	48.5	52,057	0.8	103	7,442	75.5	0.9	79,775	55
85 and older	483,322	31,074,403	6,189	37.9	66,675	0.7	85	10,598	64.8	0.9	113,239	53
Male	345,635	22,976,040	4,381	47.7	47,127	0.8	110	6,102	66.4	0.9	64,918	55
Disabled	60,556	4,321,541	575	50.0	6,522	1.0	152	816	71.0	1.0	9,314	64
64 or younger	60,136	4,297,063	570	50.0	6,479	1.0	152	813	71.3	1.0	9,286	64
65-74	420	24,478	5	55.6	43	2.7	116	3	33.3	1.6	28	108
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	285,079	18,654,499	3,806	47.4	40,605	0.8	103	5,286	65.8	0.9	55,604	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	77,397	5,285,700	961	55.4	10,756	0.9	126	1,232	71.0	0.9	13,510	56
75-84	131,319	8,609,498	1,735	48.6	18,518	0.8	104	2,458	68.9	0.9	25,763	54
85 and older	76,363	4,759,301	1,110	40.6	11,331	0.7	81	1,596	58.4	0.9	16,331	48
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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.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.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, PENNSYLVANIA, 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	20,428	52.2 %	218,745	0.8	\$70	8,074	20.6 %	83,953	0.9	\$109	11,390	29.1 %	125,102	1.1	\$57
Female	15,564	51.9	167,294	0.8	69	6,237	20.8	65,271	0.9	109	7,904	26.4	86,896	1.0	54
Disabled	727	61.6	8,390	0.9	74	123	10.4	1,417	0.8	279	851	72.1	9,785	1.3	92
64 or younger	721	61.8	8,318	0.9	74	121	10.4	1,400	0.8	281	840	72.0	9,654	1.3	92
65-74	6	46.2	72	1.2	86	2	15.4	17	0.4	54	11	84.6	131	1.3	95
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	14,837	51.5	158,904	0.8	69	6,114	21.2	63,854	0.9	105	7,053	24.5	77,111	1.0	49
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	1,498	57.9	16,308	0.8	71	431	16.6	4,490	0.9	110	1,322	51.1	14,702	1.1	63
75-84	5,194	52.7	55,800	0.8	69	2,302	23.3	23,766	0.9	104	3,027	30.7	33,130	1.0	50
85 and older	8,145	49.8	86,796	0.8	69	3,381	20.7	35,598	0.9	106	2,704	16.5	29,279	0.9	41
Male	4,864	53.0	51,451	0.8	71	1,837	20.0	18,682	0.9	108	3,486	37.9	38,206	1.1	64
Disabled	699	60.8	7,991	1.0	81	82	7.1	896	0.8	204	868	75.5	10,088	1.3	91
64 or younger	692	60.6	7,924	1.0	81	82	7.2	896	0.8	204	865	75.8	10,078	1.3	92
65-74	7	77.8	67	0.9	58	0	0.0	0	0.0	0	3	33.3	10	0.9	75
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	4,165	51.8	43,460	0.8	69	1,755	21.8	17,786	0.9	103	2,618	32.6	28,118	1.1	54
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	974	56.1	10,691	0.9	74	258	14.9	2,719	0.9	108	908	52.3	10,093	1.1	63
75-84	1,927	54.0	20,014	0.8	70	822	23.0	8,432	0.9	102	1,178	33.0	12,738	1.0	51
85 and older	1,264	46.2	12,755	0.8	64	675	24.7	6,635	0.9	101	532	19.5	5,287	1.0	43
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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, PENNSYLVANIA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					DERMATOLOGICAL				
	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	14,049	35.9 %	151,781	0.9	\$39	16,983	43.4 %	180,045	0.7	\$32	44,387	113.3 %	498,714	0.3	\$10
Female															
Disabled	10,461	34.9	113,739	0.9	39	13,492	45.0	143,814	0.7	32	32,978	110.0	371,894	0.3	9
64 or younger	457	38.7	5,173	1.1	52	694	58.8	7,852	0.9	49	1,975	167.4	23,082	0.3	13
65-74	448	38.4	5,067	1.1	52	685	58.7	7,760	0.9	49	1,948	166.9	22,778	0.4	13
75-84	9	69.2	106	0.7	44	9	69.2	92	0.4	32	27	207.7	304	0.3	13
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	10,004	34.7	108,566	0.9	38	12,798	44.4	135,962	0.7	31	31,003	107.7	348,812	0.3	9
65-74	1,565	60.4	17,131	1.0	46	1,418	54.8	15,265	0.8	39	3,339	129.0	37,833	0.3	10
75-84	4,479	45.4	48,542	0.9	38	4,616	46.8	49,173	0.7	34	10,896	110.5	122,757	0.3	9
85 and older	3,960	24.2	42,893	0.9	34	6,764	41.4	71,524	0.6	28	16,768	102.6	188,222	0.3	9
Male															
Disabled	3,588	39.1	38,042	0.9	39	3,491	38.0	36,231	0.6	29	11,409	124.2	126,820	0.3	11
64 or younger	436	37.9	4,885	1.0	47	511	44.4	5,729	0.8	44	1,929	167.7	22,439	0.4	12
65-74	432	37.9	4,846	1.0	46	506	44.3	5,686	0.8	43	1,921	168.4	22,351	0.4	12
75-84	4	44.4	39	1.2	67	5	55.6	43	1.7	126	8	88.9	88	0.5	19
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	3,152	39.2	33,157	0.9	38	2,980	37.1	30,502	0.6	26	9,480	118.0	104,381	0.3	10
65-74	847	48.8	9,328	0.9	42	664	38.3	7,296	0.7	33	2,278	131.3	25,875	0.3	11
75-84	1,533	43.0	16,109	0.9	38	1,336	37.4	13,487	0.6	28	4,238	118.8	46,813	0.3	10
85 and older	772	28.2	7,720	0.9	34	980	35.9	9,719	0.5	20	2,964	108.5	31,693	0.3	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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, PENNSYLVANIA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL				ANTIHYPERTENSIVE				Benefit Months Among All-Year Nursing Facility Residents			
	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	5,358	13.7 %	56,489	0.9	\$81	14,789	37.8 %	157,781	0.9	\$29	39,161	406,263
Female	3,927	13.1	41,855	0.9	82	11,026	36.8	118,252	0.9	29	29,975	313,214
Disabled	73	6.2	809	0.9	84	365	30.9	4,188	0.9	30	1,180	13,361
64 or younger	70	6.0	780	0.9	84	359	30.8	4,117	0.9	30	1,167	13,213
65-74	3	23.1	29	1.0	109	6	46.2	71	0.9	26	13	148
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	3,854	13.4	41,046	0.9	82	10,661	37.0	114,064	0.9	29	28,795	299,853
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	352	13.6	3,814	0.9	90	1,129	43.6	12,235	0.9	31	2,589	27,571
75-84	1,384	14.0	14,843	0.9	81	4,033	40.9	43,339	0.9	29	9,861	102,861
85 and older	2,118	13.0	22,389	0.9	81	5,499	33.6	58,490	0.9	28	16,345	169,421
Male	1,431	15.6	14,634	0.9	79	3,763	41.0	39,529	0.9	29	9,186	93,049
Disabled	86	7.5	938	0.9	88	432	37.6	4,891	0.9	31	1,150	12,934
64 or younger	84	7.4	914	0.9	88	429	37.6	4,864	0.9	31	1,141	12,852
65-74	2	22.2	24	0.7	80	3	33.3	27	0.3	8	9	82
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	1,345	16.7	13,696	0.9	78	3,331	41.5	34,638	0.9	28	8,036	80,115
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	295	17.0	3,153	0.9	86	814	46.9	8,985	0.9	30	1,735	18,472
75-84	593	16.6	6,109	0.9	77	1,532	42.9	15,879	0.9	28	3,568	35,716
85 and older	457	16.7	4,434	0.8	75	985	36.0	9,774	0.8	27	2,733	25,927
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 33,069 beneficiaries who were in nursing facilities for part of their enrollment and their 282,896 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}
 PENNSYLVANIA, 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		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Total Part D Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	93,016	56.6 %	5.7	941,840	\$91	\$14,873,922	\$16	3.1 %	164,344	
Age										
5 and younger	3	100.0	18.0	54	154	463	9	3.9	3	
6-14	13	68.4	7.8	148	119	2,266	15	3.0	19	
15-20	87	35.8	1.9	459	32	7,803	17	1.3	243	
21-44	8,337	41.7	3.7	74,409	83	1,669,671	22	2.9	20,010	
45-64	15,214	52.8	5.7	165,270	115	3,301,339	20	3.2	28,826	
65-74	15,747	52.1	5.6	168,092	92	2,788,377	17	3.2	30,240	
75-84	25,091	60.7	6.3	259,230	89	3,698,022	14	3.0	41,338	
85 and older	28,524	65.3	6.3	274,178	78	3,405,981	12	3.0	43,665	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	69,217	60.2	6.1	700,189	86	9,870,709	14	3.1	114,919	
Disabled	23,542	48.5	4.9	240,390	102	4,975,750	21	3.1	48,572	
Adults	248	30.2	1.5	1,207	33	26,815	22	2.8	821	
Children	9	28.1	1.7	54	20	648	12	1.2	32	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	67,112	61.2	6.4	700,116	99	10,888,287	16	3.3	109,717	
Male	25,904	47.4	4.4	241,724	73	3,985,635	16	2.7	54,627	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	82,564	58.9	6.1	848,858	96	13,503,456	16	3.1	140,071	
African American	7,216	43.8	3.9	64,235	59	979,020	15	2.8	16,457	
Other/unknown	3,236	41.4	3.7	28,747	50	391,446	14	2.8	7,816	
Use of Nursing Facilities^d										
Entire year	27,336	69.8	7.9	309,672	110	4,317,856	14	2.8	39,161	
Part year	23,020	69.6	5.9	194,442	80	2,653,684	14	2.8	33,069	
None	42,660	46.3	4.8	437,726	86	7,902,382	18	3.3	92,114	
Maintenance Assistance Status										
Cash	21,878	55.3	6.4	254,234	101	3,982,980	16	3.3	39,570	
Medically needy	17,818	62.3	5.9	168,901	85	2,441,187	14	3.0	28,612	
Poverty related	13,601	41.5	3.4	112,150	74	2,420,126	22	3.1	32,738	
Other/unknown	39,719	62.6	6.4	406,555	95	6,029,629	15	3.0	63,424	

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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}
 PENNSYLVANIA, 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	0.6	\$10	\$16	\$0	\$3	1,510,050
Age						
5 and younger	1.7	14	9	0	0	32
6-14	1.0	16	15	0	2	142
15-20	0.2	3	17	0	1	2,273
21-44	0.4	9	22	0	4	180,787
45-64	0.6	12	20	0	5	264,463
65-74	0.6	10	17	0	4	275,398
75-84	0.7	10	14	0	3	386,111
85 and older	0.7	8	12	0	2	400,844
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	9	14	0	3	1,060,146
Disabled	0.5	11	21	0	5	445,719
Adults	0.3	7	22	0	4	3,952
Children	0.2	3	12	0	2	233
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.7	11	16	0	3	1,027,370
Male	0.5	8	16	0	3	482,680
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	10	16	0	4	1,328,807
African American	0.5	8	15	0	1	128,242
Other/unknown	0.5	7	14	0	3	53,001
Use of Nursing Facilities^d						
Entire year	0.8	11	14	0	3	406,263
Part year	0.7	9	14	0	3	282,896
None	0.5	10	18	0	4	820,891
Maintenance Assistance Status						
Cash	0.7	10	16	0	4	390,480
Medically needy	0.6	9	14	0	2	261,676
Poverty related	0.4	9	22	0	3	276,396
Other/unknown	0.7	10	15	0	3	581,498

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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}
 PENNSYLVANIA, 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
			Total Rx \$	Excluded Rx \$	Excluded Rx %	100.0 %			
All	150,450	\$99	\$14,873,922	\$941,840	100.0 %	941,840	\$16	100.0 %	
Anorexia or weight loss/gain	5	121	607	0.0	0.0	18	34	0.0	
Fertility drugs	4	52	209	0.0	0.0	5	42	0.0	
Drugs for cosmetic purposes	63	95	5,992	0.0	0.0	167	36	0.0	
Cough and cold medications	21,445	82	1,753,766	11.8	11.8	60,849	29	6.5	
Vitamins and minerals	33,672	133	4,479,671	30.1	30.1	229,628	20	24.4	
Non-prescription drugs	53,053	45	2,392,908	16.1	16.1	362,303	7	38.5	
Barbiturates	2,076	74	152,868	1.0	1.0	23,760	6	2.5	
Benzodiazepines	37,596	134	5,047,933	33.9	33.9	254,938	20	27.1	
Other Part D Excl Rx Drugs	2,536	410	1,039,968	7.0	7.0	10,172	102	1.1	

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 PENNSYLVANIA, 2003

Total Number of Dual Eligible Beneficiaries 164,344
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$483,045,094
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,939

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	26,948	16.4 %	\$0	0.0 %
1-500	22,703	13.8	4,934,197	1.0
501-1,000	14,428	8.8	10,665,112	2.2
1,001-1,500	12,009	7.3	14,956,346	3.1
1,501-2,000	10,630	6.5	18,582,411	3.8
2,001-2,500	9,540	5.8	21,433,162	4.4
2,501-3,000	8,649	5.3	23,745,525	4.9
3,001-3,500	7,766	4.7	25,206,728	5.2
3,501-4,000	6,981	4.2	26,139,915	5.4
4,001-4,500	6,254	3.8	26,566,131	5.5
4,501-5,000	5,451	3.3	25,866,989	5.4
5,001-5,500	4,674	2.8	24,509,893	5.1
5,501-6,000	4,118	2.5	23,660,225	4.9
6,001-6,500	3,451	2.1	21,542,254	4.5
6,501-7,000	2,963	1.8	19,984,291	4.1
7,001-7,500	2,627	1.6	19,029,885	3.9
7,501-8,000	2,106	1.3	16,304,011	3.4
8,001-8,500	1,810	1.1	14,911,646	3.1
8,501-9,000	1,487	0.9	13,001,175	2.7
9,001-9,500	1,272	0.8	11,755,681	2.4
9,501-10,000	1,171	0.7	11,405,859	2.4
10,001+	7,306	4.4	108,843,658	22.5

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 PENNSYLVANIA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 48,205
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$159,758,351
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,314

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		23.1 %	0		
\$0	11,155			0	0.0 %
1-500	7,570	15.7		1,485,266	0.9
501-1,000	3,615	7.5		2,656,745	1.7
1,001-1,500	2,734	5.7		3,400,493	2.1
1,501-2,000	2,250	4.7		3,911,197	2.4
2,001-2,500	1,979	4.1		4,451,450	2.8
2,501-3,000	1,754	3.6		4,811,667	3.0
3,001-3,500	1,603	3.3		5,200,284	3.3
3,501-4,000	1,521	3.2		5,696,760	3.6
4,001-4,500	1,385	2.9		5,891,407	3.7
4,501-5,000	1,218	2.5		5,781,100	3.6
5,001-5,500	1,094	2.3		5,743,551	3.6
5,501-6,000	1,026	2.1		5,897,385	3.7
6,001-6,500	926	1.9		5,781,217	3.6
6,501-7,000	812	1.7		5,478,403	3.4
7,001-7,500	790	1.6		5,724,467	3.6
7,501-8,000	641	1.3		4,966,533	3.1
8,001-8,500	618	1.3		5,093,876	3.2
8,501-9,000	540	1.1		4,722,683	3.0
9,001-9,500	494	1.0		4,565,491	2.9
9,501-10,000	448	0.9		4,359,351	2.7
10,001+	4,032	8.4		64,139,025	40.1

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 PENNSYLVANIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 115,243
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$322,092,117
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,795

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		\$	%		\$	%
1-500	15,464	13.4	12.9	0	0.0	0.0
501-1,000	14,895	9.6	9.3	3,405,567	1.1	1.1
1,001-1,500	10,735	7.0	9.3	7,951,136	2.5	2.5
1,501-2,000	9,225	6.0	8.0	11,493,830	3.6	3.6
2,001-2,500	8,345	5.4	7.2	14,608,408	4.5	4.5
2,501-3,000	7,539	4.9	6.5	16,933,091	5.3	5.3
3,001-3,500	6,866	4.5	6.0	18,854,179	5.9	5.9
3,501-4,000	6,149	4.0	5.3	19,961,390	6.2	6.2
4,001-4,500	5,440	3.5	4.7	20,369,460	6.3	6.3
4,501-5,000	4,858	3.2	4.2	20,627,874	6.4	6.4
5,001-5,500	4,226	2.8	3.7	20,052,881	6.2	6.2
5,501-6,000	3,575	2.3	3.1	18,740,219	5.8	5.8
6,001-6,500	3,082	2.0	2.7	17,705,789	5.5	5.5
6,501-7,000	2,523	1.6	2.2	15,748,853	4.9	4.9
7,001-7,500	2,147	1.4	1.9	14,478,835	4.5	4.5
7,501-8,000	1,828	1.2	1.6	13,239,864	4.1	4.1
8,001-8,500	1,462	1.0	1.3	11,314,706	3.5	3.5
8,501-9,000	1,189	0.8	1.0	9,793,175	3.0	3.0
9,001-9,500	946	0.6	0.8	8,269,833	2.6	2.6
9,501-10,000	777	0.5	0.7	7,181,098	2.2	2.2
10,001+	722	0.5	0.6	7,036,601	2.2	2.2
	3,250	2.2	2.8	44,325,328	13.8	13.8

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 PENNSYLVANIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 30,240
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$86,469,000
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,859

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			22.2 %		
\$0	6,721		0		0.0 %
1-500	3,713	12.3	790,988	0.9	0.9
501-1,000	2,118	7.0	1,563,218	1.8	1.8
1,001-1,500	1,894	6.3	2,370,169	2.7	2.7
1,501-2,000	1,703	5.6	2,989,565	3.5	3.5
2,001-2,500	1,594	5.3	3,580,797	4.1	4.1
2,501-3,000	1,480	4.9	4,071,714	4.7	4.7
3,001-3,500	1,385	4.6	4,497,107	5.2	5.2
3,501-4,000	1,207	4.0	4,523,407	5.2	5.2
4,001-4,500	1,103	3.6	4,682,925	5.4	5.4
4,501-5,000	1,035	3.4	4,909,965	5.7	5.7
5,001-5,500	870	2.9	4,561,651	5.3	5.3
5,501-6,000	802	2.7	4,604,061	5.3	5.3
6,001-6,500	654	2.2	4,079,378	4.7	4.7
6,501-7,000	589	1.9	3,974,080	4.6	4.6
7,001-7,500	532	1.8	3,852,577	4.5	4.5
7,501-8,000	405	1.3	3,137,105	3.6	3.6
8,001-8,500	375	1.2	3,089,094	3.6	3.6
8,501-9,000	284	0.9	2,480,576	2.9	2.9
9,001-9,500	262	0.9	2,422,858	2.8	2.8
9,501-10,000	260	0.9	2,535,994	2.9	2.9
10,001+	1,254	4.1	17,751,771	20.5	20.5

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 PENNSYLVANIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 41,338
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$123,247,690
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,982

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,241	12.7 %	0	0.0 %
1-500	4,791	11.6	1,115,926	0.9
501-1,000	3,671	8.9	2,731,959	2.2
1,001-1,500	3,118	7.5	3,873,627	3.1
1,501-2,000	2,981	7.2	5,225,815	4.2
2,001-2,500	2,706	6.5	6,079,424	4.9
2,501-3,000	2,526	6.1	6,942,358	5.6
3,001-3,500	2,257	5.5	7,322,444	5.9
3,501-4,000	2,028	4.9	7,587,758	6.2
4,001-4,500	1,878	4.5	7,971,870	6.5
4,501-5,000	1,597	3.9	7,574,150	6.1
5,001-5,500	1,334	3.2	6,999,432	5.7
5,501-6,000	1,171	2.8	6,729,903	5.5
6,001-6,500	1,017	2.5	6,348,614	5.2
6,501-7,000	858	2.1	5,790,284	4.7
7,001-7,500	764	1.8	5,536,219	4.5
7,501-8,000	616	1.5	4,764,308	3.9
8,001-8,500	488	1.2	4,015,955	3.3
8,501-9,000	386	0.9	3,372,322	2.7
9,001-9,500	320	0.8	2,954,250	2.4
9,501-10,000	277	0.7	2,699,048	2.2
10,001+	1,313	3.2	17,612,024	14.3

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.

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

Total Number of Dual Eligible Beneficiaries, Age 85+ 43,665
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$112,375,427
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,574

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,502	8.0 %	0	0.0 %
1-500	6,391	14.6	1,498,653	1.3
501-1,000	4,946	11.3	3,655,959	3.3
1,001-1,500	4,213	9.6	5,250,034	4.7
1,501-2,000	3,661	8.4	6,393,028	5.7
2,001-2,500	3,239	7.4	7,272,870	6.5
2,501-3,000	2,860	6.5	7,840,107	7.0
3,001-3,500	2,507	5.7	8,141,839	7.2
3,501-4,000	2,205	5.0	8,258,295	7.3
4,001-4,500	1,877	4.3	7,973,079	7.1
4,501-5,000	1,594	3.7	7,568,766	6.7
5,001-5,500	1,371	3.1	7,179,136	6.4
5,501-6,000	1,109	2.5	6,371,825	5.7
6,001-6,500	852	2.0	5,320,861	4.7
6,501-7,000	700	1.6	4,714,471	4.2
7,001-7,500	532	1.2	3,851,068	3.4
7,501-8,000	441	1.0	3,413,293	3.0
8,001-8,500	326	0.7	2,688,126	2.4
8,501-9,000	276	0.6	2,416,935	2.2
9,001-9,500	195	0.4	1,803,990	1.6
9,501-10,000	185	0.4	1,801,559	1.6
10,001+	683	1.6	8,961,533	8.0

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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, PENNSYLVANIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	297,668	176,378	119,349	1,893	48	3,174,622	1,830,714	1,328,181	15,267	460
Age										
5 and younger	12	0	12	0	0	144	0	144	0	0
6-14	51	0	48	0	3	577	0	546	0	31
15-20	654	0	616	0	38	7,460	0	7,064	0	396
21-44	52,995	7	51,854	1,127	7	591,130	82	581,647	9,368	33
45-64	66,860	48	66,054	758	0	738,294	384	732,072	5,838	0
65-74	64,963	64,231	724	8	0	708,707	702,366	6,280	61	0
75-84	61,928	61,928	0	0	0	643,718	643,718	0	0	0
85 and older	50,205	50,164	41	0	0	484,592	484,164	428	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	190,831	130,421	59,449	928	33	2,040,849	1,364,891	667,899	7,738	321
Male	106,837	45,957	59,900	965	15	1,133,773	465,823	660,282	7,529	139
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	220,937	130,967	88,671	1,265	34	2,341,292	1,339,803	990,944	10,200	345
African American	50,083	28,276	21,342	455	10	546,054	306,022	236,317	3,641	74
Other/unknown	26,648	17,135	9,336	173	4	287,276	184,889	100,920	1,426	41
Use of Nursing Facilities^c										
Entire year	39,161	36,831	2,330	0	0	406,352	380,048	26,304	0	0
Part year	33,158	31,051	2,105	2	0	297,123	276,015	21,087	21	0
None	225,349	108,496	114,914	1,891	48	2,471,147	1,174,651	1,280,790	15,246	460
Maintenance Assistance Status										
Cash	119,427	64,161	54,824	439	3	1,363,219	729,986	629,229	3,968	36
Medically needy	29,417	26,497	2,829	79	12	274,052	246,586	26,717	630	119
Poverty related	74,463	32,657	41,692	104	10	810,606	357,545	452,259	718	84
Other/unknown	74,361	53,063	20,004	1,271	23	726,745	496,597	219,976	9,951	221
Dual Status^d										
Full dual, all year	292,317	173,499	116,882	1,888	48	3,114,892	1,798,360	1,300,857	15,215	460
Full dual, part year	5,351	2,879	2,467	5	0	59,730	32,354	27,324	52	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	143,502	104,765	38,246	471	20	1,435,072	1,020,172	411,476	3,239	185
FFS part year, with Rx claims	10,138	5,167	4,789	174	8	101,040	53,289	46,385	1,294	72
FFS part year, no Rx claims	10,704	4,987	5,537	176	4	100,574	46,674	52,618	1,240	42
MC all year, with Rx claims	372	153	205	14	0	4,112	1,725	2,273	114	0
MC all year, no Rx claims	132,952	61,306	70,572	1,058	16	1,533,824	708,854	815,429	9,380	161

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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(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, PENNSYLVANIA, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Excluded from Cell G of Table 1 Number of Beneficiaries	Benefit Months
All	297,668	164,344	0	1,664,572
Fee-for-service (FFS) all year	143,502	143,502	0	0
FFS part year, with Rx claims	10,138	10,138	0	56,794
FFS part year, with no Rx claims	10,704	10,704	0	69,842
Managed care (MC) all year, with Rx claims	372	0	0	4,112
MC all year, with no Rx claims	132,952	0	0	1,533,824

Source: Data for this table are from the MAX 2003 file for Pennsylvania, released by CMS in 04/2007. 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.