

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MARYLAND

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MARYLAND, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	842,699	(A)	115,954	(E)	726,745	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	831,827	(B)	112,367	(F)	719,460	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	400,632	(C)	109,858	(G)	290,774	(K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	16,251	(D)	14,509	(H)	1,742	(L)

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Maryland in 2004 was \$433,705,123, of which \$99,899,206 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
MARYLAND, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>400,632</b>	<b>65,618</b>	<b>73,438</b>	<b>134,021</b>	<b>127,219</b>	<b>336</b>	<b>2,594,752</b>	<b>666,874</b>	<b>641,423</b>	<b>998,244</b>	<b>284,853</b>	<b>3,358</b>
<b>Age</b>												
5 and younger	49,481	4	787	0	48,690	0	92,377	28	3,686	0	88,663	0
6-14	50,413	2	1,266	24	49,121	0	99,859	17	6,567	47	93,228	0
15-20	33,724	3	1,691	3,252	28,778	0	117,616	30	9,305	7,540	100,741	0
21-44	134,693	34	23,733	110,263	618	45	1,037,048	336	198,009	836,155	2,152	396
45-64	54,892	210	34,111	20,283	0	288	451,578	1,851	293,515	153,282	0	2,930
65-74	31,481	23,849	7,462	165	2	3	327,303	244,503	81,782	973	13	32
75-84	29,091	25,829	3,232	30	0	0	304,285	267,622	36,456	207	0	0
85 and older	16,846	15,687	1,155	4	0	0	164,624	152,487	12,097	40	0	0
Unknown	11	0	1	0	10	0	62	0	6	0	56	0
<b>Gender</b>												
Female	265,195	48,672	38,020	111,387	66,780	336	1,859,343	500,772	344,677	846,386	164,150	3,358
Male	135,437	16,946	35,418	22,634	60,439	0	735,409	166,102	296,746	151,858	120,703	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	149,225	30,981	33,041	51,628	33,391	184	1,099,174	310,816	299,796	404,556	82,108	1,898
African American	196,296	23,561	34,543	68,946	69,147	99	1,175,052	241,701	293,447	483,745	155,215	944
Other/unknown	55,111	11,076	5,854	13,447	24,681	53	320,526	114,357	48,180	109,943	47,530	516
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	16,251	13,419	2,828	3	1	0	160,446	130,783	29,633	18	12	0
Part year	7,753	5,163	2,542	43	3	2	68,828	46,319	22,167	297	26	19
None	376,628	47,036	68,068	133,975	127,215	334	2,365,478	489,772	589,623	997,929	284,815	3,339
<b>Maintenance Assistance Status</b>												
Cash	92,513	19,296	38,640	16,118	18,459	0	670,061	216,396	368,511	45,201	39,953	0
Medically needy	59,156	21,032	19,228	10,178	8,718	0	360,814	191,206	110,530	32,768	26,310	0
Poverty-related	105,207	479	387	13,793	90,212	336	216,423	4,976	3,878	44,442	159,769	3,358
Other/unknown	143,756	24,811	15,183	93,932	9,830	0	1,347,454	254,296	158,504	875,833	58,821	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	107,885	59,008	44,096	4,737	37	7	1,118,621	602,558	470,222	45,514	256	71
Full dual, part year	1,973	1,141	795	37	0	0	20,955	12,277	8,275	403	0	0
Non-dual, all year	290,774	5,469	28,547	129,247	127,182	329	1,455,176	52,039	162,926	952,327	284,597	3,287
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	223,533	65,162	54,666	88,391	14,986	328	2,119,299	664,125	559,781	822,761	69,319	3,313
FFS part year, with Rx claims	47,999	398	12,655	17,525	17,414	7	171,575	2,496	56,888	71,912	40,237	42
FFS part year, no Rx claims	129,100	58	6,117	28,105	94,819	1	303,878	253	24,754	103,571	175,297	3

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
MARYLAND, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>38.6 %</b>	<b>13.2</b>	<b>\$833</b>	<b>\$63</b>	<b>\$7,128</b>	<b>11.7 %</b>	<b>400,632</b>
<b>Age</b>							
5 and younger	12.0	0.3	23	68	2,559	0.9	49,481
6-14	15.1	1.3	120	95	2,259	5.3	50,413
15-20	24.5	2.3	214	92	4,997	4.3	33,724
21-44	30.5	5.3	469	89	4,845	9.7	134,693
45-64	53.5	23.3	1,690	73	11,969	14.1	54,892
65-74	77.6	36.4	2,028	56	9,874	20.5	31,481
75-84	81.2	42.1	2,196	52	14,503	15.1	29,091
85 and older	85.7	45.7	2,124	47	23,998	8.9	16,846
Unknown	9.1	1.2	40	34	995	4.0	11
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	79.5	39.1	1,990	51	14,794	13.4	65,618
Disabled	74.1	33.1	2,494	75	17,552	14.2	73,438
Adults	21.2	1.1	67	59	2,111	3.2	134,021
Children	15.3	1.0	83	85	2,428	3.4	127,219
Unknown	87.8	24.6	1,741	71	12,033	14.5	336
<b>Gender</b>							
Female	40.1	13.6	798	59	6,614	12.1	265,195
Male	35.8	12.4	901	73	8,133	11.1	135,437
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	48.4	19.0	1,182	62	9,404	12.6	149,225
African American	32.9	9.8	638	65	5,998	10.6	196,296
Other/unknown	32.6	9.5	583	61	4,988	11.7	55,111
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.7	77.5	3,894	50	49,246	7.9	16,251
Part year	94.4	60.8	3,390	56	34,974	9.7	7,753
None	35.0	9.4	649	69	4,737	13.7	376,628
<b>Maintenance Assistance Status</b>							
Cash	59.6	24.4	1,713	70	10,188	16.8	92,513
Medically needy	60.3	29.2	1,577	54	21,572	7.3	59,156
Poverty related	16.2	0.7	45	67	2,060	2.2	105,207
Other/unknown	32.6	8.6	538	63	2,923	18.4	143,756

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MARYLAND, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>2.0</b>	<b>\$129</b>	<b>11.7 %</b>	<b>61.4 %</b>	<b>14.5 %</b>	<b>4.9 %</b>	<b>9.5 %</b>	<b>6.9 %</b>	<b>2.8 %</b>	<b>\$1,101</b>	<b>400,632</b>	<b>2,594,752</b>
<b>Age</b>												
5 and younger	0.2	12	0.9	88.0	8.6	2.0	1.1	0.2	0.1	1,371	49,481	92,377
6-14	0.6	61	5.3	84.9	6.9	2.4	2.7	1.8	1.3	1,141	50,413	99,859
15-20	0.7	61	4.3	75.5	15.3	3.1	3.3	1.7	1.1	1,433	33,724	117,616
21-44	0.7	61	9.7	69.5	18.6	3.3	4.6	2.6	1.3	629	134,693	1,037,048
45-64	2.8	205	14.1	46.5	14.5	7.1	14.9	11.5	5.6	1,455	54,892	451,578
65-74	3.5	195	20.5	22.4	18.5	11.5	25.0	17.4	5.3	950	31,481	327,303
75-84	4.0	210	15.1	18.8	15.4	10.4	27.1	21.0	7.4	1,387	29,091	304,285
85 and older	4.7	217	8.9	14.3	11.7	9.6	28.3	27.1	9.0	2,456	16,846	164,624
Unknown	0.2	7	4.0	90.9	9.1	0.0	0.0	0.0	0.0	177	11	62
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.8	196	13.4	20.5	16.2	10.6	25.7	20.0	6.9	1,456	65,618	666,874
Disabled	3.8	286	14.2	25.9	18.7	9.7	21.8	16.5	7.3	2,010	73,438	641,423
Adults	0.2	9	3.2	78.8	16.4	2.0	1.7	0.7	0.4	283	134,021	998,244
Children	0.4	37	3.4	84.7	9.2	2.3	2.1	1.1	0.7	1,085	127,219	284,853
Unknown	2.5	174	14.5	12.2	35.1	17.9	26.2	7.7	0.9	1,204	336	3,358
<b>Gender</b>												
Female	1.9	114	12.1	59.9	15.9	4.9	9.5	7.0	2.8	943	265,195	1,859,343
Male	2.3	166	11.1	64.2	11.8	5.1	9.4	6.6	2.9	1,498	135,437	735,409
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.6	161	12.6	51.6	15.8	5.6	12.2	10.2	4.7	1,277	149,225	1,099,174
African American	1.6	107	10.6	67.1	13.8	4.5	7.8	5.1	1.8	1,002	196,296	1,175,052
Other/unknown	1.6	100	11.7	67.4	13.7	4.9	8.3	4.4	1.4	858	55,111	320,526
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.8	394	7.9	3.3	3.5	4.8	24.2	39.6	24.6	4,988	16,251	160,446
Part year	6.9	382	9.7	5.6	6.8	7.8	26.4	33.5	19.9	3,940	7,753	68,828
None	1.5	103	13.7	65.0	15.2	4.9	8.5	4.9	1.5	754	376,628	2,365,478
<b>Maintenance Assistance Status</b>												
Cash	3.4	237	16.8	40.4	16.2	8.4	18.2	12.3	4.5	1,407	92,513	670,061
Medically needy	4.8	259	7.3	39.7	13.3	6.3	14.9	16.5	9.3	3,537	59,156	360,814
Poverty related	0.3	22	2.2	83.8	10.4	2.6	2.0	0.8	0.5	1,002	105,207	216,423
Other/unknown	0.9	57	18.4	67.4	17.0	3.8	7.1	3.9	0.8	312	143,756	1,347,454

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MARYLAND, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.0</b>	<b>\$129</b>	<b>\$63</b>	<b>0.9</b>	<b>\$103</b>	<b>\$118</b>	<b>0.1</b>	<b>\$8</b>	<b>\$61</b>	<b>1.0</b>	<b>\$18</b>	<b>\$18</b>
<b>Age</b>												
5 and younger	0.2	12	68	0.1	10	170	0.0	0	45	0.1	2	14
6-14	0.6	61	95	0.4	55	131	0.0	2	67	0.2	4	21
15-20	0.7	61	92	0.4	53	139	0.0	4	79	0.2	5	22
21-44	0.7	61	89	0.3	49	166	0.0	5	96	0.3	8	23
45-64	2.8	205	73	1.1	162	141	0.2	14	80	1.5	29	19
65-74	3.5	195	56	1.5	156	103	0.2	10	55	1.8	29	16
75-84	4.0	210	52	1.8	168	96	0.2	11	42	2.0	31	16
85 and older	4.7	217	47	1.9	169	91	0.4	12	35	2.4	36	15
Unknown	0.2	7	34	0.1	5	38	0.0	0	0	0.1	2	27
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.8	196	51	1.6	156	95	0.2	10	42	2.0	30	15
Disabled	3.8	286	75	1.6	228	143	0.2	19	82	2.0	38	20
Adults	0.2	9	59	0.1	6	100	0.0	1	69	0.1	2	23
Children	0.4	37	85	0.3	33	127	0.0	1	67	0.2	3	19
Unknown	2.5	174	71	0.9	140	153	0.1	9	94	1.5	25	17
<b>Gender</b>												
Female	1.9	114	59	0.8	90	110	0.1	7	57	1.0	17	17
Male	2.3	166	73	1.0	135	136	0.1	10	70	1.2	22	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.6	161	62	1.1	126	116	0.2	11	61	1.3	23	18
African American	1.6	107	65	0.7	86	125	0.1	6	63	0.9	15	17
Other/unknown	1.6	100	61	0.8	82	106	0.1	5	56	0.8	13	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.8	394	50	3.0	305	101	0.7	27	39	4.1	63	15
Part year	6.9	382	56	2.6	300	114	0.5	24	44	3.7	58	16
None	1.5	103	69	0.7	83	124	0.1	6	77	0.7	14	19
<b>Maintenance Assistance Status</b>												
Cash	3.4	237	70	1.5	190	127	0.2	14	75	1.7	32	19
Medically needy	4.8	259	54	1.9	203	107	0.4	16	42	2.5	39	16
Poverty related	0.3	22	67	0.2	18	117	0.0	1	72	0.2	3	18
Other/unknown	0.9	57	63	0.4	46	116	0.1	4	74	0.5	8	17

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.2 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MARYLAND, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$44	\$37	\$3	\$4	\$116	\$225	\$109	\$21	235,258	\$27,309,942	64,755	16.2 %	622,934
Biologicals	0.2	0.1	0.0	0.1	78	70	0	7	502	889	108	94	896	449,567	635	0.2	5,797
Antineoplastic Agents	0.5	0.1	0.0	0.4	96	68	2	25	185	502	367	67	22,540	4,160,134	4,346	1.1	43,369
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	36	26	3	6	45	78	30	17	512,480	22,836,004	63,331	15.8	639,947
Cardiovascular Agents	1.6	0.7	0.0	0.9	63	49	1	14	39	75	30	15	1,322,056	51,861,141	79,222	19.8	817,414
Respiratory Agents	0.7	0.4	0.0	0.3	34	30	0	3	51	83	41	11	299,052	15,293,356	46,779	11.7	454,299
Gastrointestinal Agents	0.8	0.4	0.0	0.3	61	55	1	5	80	128	53	15	394,400	31,373,911	49,777	12.4	514,690
Genitourinary Agents	0.5	0.3	0.0	0.1	28	24	1	2	57	75	49	18	84,084	4,818,777	17,238	4.3	174,439
CNS Drugs	1.4	0.7	0.1	0.6	123	104	5	14	89	152	84	21	888,006	78,809,457	72,168	18.0	643,014
Stimulants/Anti-obesity/Anorexia	1.2	0.9	0.0	0.3	106	94	2	10	86	107	104	30	40,631	3,498,579	6,908	1.7	33,029
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	106	103	0	2	152	154	96	94	53,137	8,072,715	7,408	1.8	76,144
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	40	28	3	9	57	142	203	19	422,058	23,950,377	61,020	15.2	601,748
Neuromuscular Agents	1.0	0.3	0.2	0.5	71	41	19	10	68	124	88	20	376,458	25,481,063	36,849	9.2	359,889
Nutritional Products	0.6	0.0	0.0	0.5	9	0	1	8	16	34	22	15	145,853	2,284,659	28,155	7.0	260,961
Hematological Agents	0.8	0.3	0.2	0.3	76	69	4	4	92	209	23	12	214,530	19,843,793	25,579	6.4	260,343
Topical Products	0.5	0.2	0.0	0.2	21	15	2	4	44	74	50	19	246,905	10,970,168	50,818	12.7	515,725
Miscellaneous Products	0.4	0.1	0.0	0.2	75	58	6	11	201	479	292	47	12,965	2,608,963	3,405	0.8	34,865
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	15	0	0	0	12,114	183,311	2,569	0.6	28,068
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>5,283,423</b>	<b>333,805,917</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.2 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.medispans.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 2004.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MARYLAND, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$47,190,929	33,952	8.5 %	360,646	0.8	\$168	\$131
ULCER DRUGS	25,711,571	45,796	11.4	488,111	0.6	94	53
ANTICONVULSANT	21,306,966	29,886	7.5	316,265	0.8	81	67
ANTIHYPERLIPIDEMIC	20,821,681	34,895	8.7	384,114	0.6	87	54
ANTIDEPRESSANTS	17,109,701	47,252	11.8	495,740	0.7	53	35
ANTIVIRAL	16,063,053	8,106	2.0	82,730	0.5	416	194
ANALGESICS - Narcotic	14,504,603	59,366	14.8	613,349	0.4	57	24
ANTIDIABETIC	14,282,884	41,778	10.4	446,241	0.6	51	32
ANTIHYPERTENSIVE	11,682,864	56,433	14.1	605,752	0.6	35	19
ANTIASTHMATIC	10,368,310	41,754	10.4	427,860	0.4	56	24
<b>Total</b>	<b>199,042,562</b>	<b>399,218</b>		<b>4,220,808</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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(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.