

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 INDIANA

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	120,351	67,969	51,320	1,009	43	10	1,243,143	679,659	555,016	7,976	400	92
Age												
5 and younger	6	0	2	0	4	0	53	0	18	0	35	0
6-14	17	0	6	0	11	0	162	0	60	0	102	0
15-20	177	0	146	9	22	0	1,836	0	1,577	60	199	0
21-44	21,017	0	20,214	797	4	2	225,801	0	219,351	6,399	40	11
45-64	30,800	18	30,593	182	0	7	332,563	135	330,997	1,360	0	71
65-74	25,052	24,673	358	19	1	1	261,453	258,286	3,001	144	12	10
75-84	23,999	23,996	1	2	0	0	240,506	240,481	12	13	0	0
85 and older	19,283	19,282	0	0	1	0	180,769	180,757	0	0	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,536	49,824	26,989	697	16	10	806,408	506,145	294,466	5,557	148	92
Male	42,815	18,145	24,331	312	27	0	436,735	173,514	260,550	2,419	252	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	100,852	57,343	42,679	792	28	10	1,039,824	570,068	462,953	6,438	273	92
African American	15,895	8,205	7,492	186	12	0	166,100	84,638	80,045	1,326	91	0
Other/unknown	3,604	2,421	1,149	31	3	0	37,219	24,953	12,018	212	36	0
Use of Nursing Facilities^c												
Entire year	20,646	18,858	1,788	0	0	0	210,164	190,120	20,044	0	0	0
Part year	13,933	12,390	1,541	2	0	0	133,320	116,845	16,457	18	0	0
None	85,772	36,721	47,991	1,007	43	10	899,659	372,694	518,515	7,958	400	92
Maintenance Assistance Status												
Cash	46,465	17,472	28,293	698	2	0	511,457	193,410	312,518	5,514	15	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,064	1,383	1,483	160	28	10	32,000	14,763	15,612	1,262	271	92
Other/unknown	70,822	49,114	21,544	151	13	0	699,686	471,486	226,886	1,200	114	0
Dual Medicare Status^d												
Full dual, all year	113,870	64,469	48,446	902	43	10	1,176,070	644,260	524,501	6,817	400	92
Full dual, part year	6,481	3,500	2,874	107	0	0	67,073	35,399	30,515	1,159	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	119,800	67,960	51,023	773	34	10	1,240,163	679,600	553,103	7,011	357	92
FFS part year, with Rx claims	441	7	226	200	8	0	2,530	46	1,563	880	41	0
FFS part year, no Rx claims	110	2	71	36	1	0	450	13	350	85	2	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- 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 2004. 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, INDIANA, 2004

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	86.7 %	54.0	\$3,322	\$62	\$14,814	22.4 %	120,351
Age							
5 and younger	83.3	46.8	1,937	41	33,400	5.8	6
6-14	94.1	58.9	5,543	94	15,555	35.6	17
15-20	79.7	26.6	3,261	123	17,689	18.4	177
21-44	85.3	39.2	3,704	94	15,419	24.0	21,017
45-64	85.4	57.3	4,214	74	15,366	27.4	30,800
65-74	82.4	52.6	2,823	54	10,145	27.8	25,052
75-84	88.5	60.0	2,940	49	14,771	19.9	23,999
85 and older	93.4	59.4	2,604	44	19,360	13.4	19,283
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.7	57.2	2,803	49	14,391	19.5	67,969
Disabled	85.3	50.4	4,036	80	15,582	25.9	51,320
Adults	80.6	26.2	1,826	70	4,392	41.6	1,009
Children	88.4	44.9	5,879	131	12,012	48.9	43
Unknown	90.0	50.8	3,459	68	12,404	27.9	10
Gender							
Female	89.2	58.8	3,347	57	14,412	23.2	77,536
Male	82.1	45.2	3,277	73	15,542	21.1	42,815
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	87.7	56.7	3,473	61	15,593	22.3	100,852
African American	81.3	40.4	2,571	64	11,218	22.9	15,895
Other/unknown	80.3	37.9	2,405	64	8,887	27.1	3,604
Use of Nursing Facilities^f							
Entire year	98.7	83.0	4,109	50	29,833	13.8	20,646
Part year	98.5	71.7	3,639	51	20,445	17.8	13,933
None	81.8	44.1	3,081	70	10,284	30.0	85,772
Maintenance Assistance Status							
Cash	90.1	53.8	3,663	68	13,298	27.5	46,465
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	50.1	9.2	485	53	1,306	37.1	3,064
Other/unknown	86.0	56.1	3,221	57	16,393	19.6	70,822

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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, INDIANA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	5.2	\$322	22.4 %	13.3 %	13.1 %	8.4 %	25.1 %	28.2 %	11.9 %	\$1,434	120,351	1,243,143
Age												
5 and younger	5.3	219	5.8	16.7	33.3	16.7	0.0	16.7	16.7	3,781	6	53
6-14	6.2	582	35.6	5.9	0.0	5.9	41.2	41.2	5.9	1,632	17	162
15-20	2.6	314	18.4	20.3	29.9	11.9	26.0	9.6	2.3	1,705	177	1,836
21-44	3.7	345	24.0	14.7	23.0	12.0	26.7	18.2	5.2	1,435	21,017	225,801
45-64	5.3	390	27.4	14.6	12.3	8.2	24.7	27.6	12.5	1,423	30,800	332,563
65-74	5.0	271	27.8	17.6	13.8	8.1	23.1	25.6	11.8	972	25,052	261,453
75-84	6.0	293	19.9	11.5	9.5	7.0	24.4	32.4	15.2	1,474	23,999	240,506
85 and older	6.3	278	13.4	6.6	6.9	6.8	27.5	38.0	14.3	2,065	19,283	180,769
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	5.7	280	19.5	12.3	10.3	7.3	24.8	31.5	13.7	1,439	67,969	679,659
Disabled	4.7	373	25.9	14.7	16.5	9.7	25.5	24.0	9.7	1,441	51,320	555,016
Adults	3.3	231	41.6	19.4	26.5	9.4	25.7	15.2	3.9	556	1,009	7,976
Children	4.8	632	48.9	11.6	18.6	9.3	27.9	27.9	4.7	1,291	43	400
Unknown	5.5	376	27.9	10.0	0.0	10.0	40.0	40.0	0.0	1,348	10	92
Gender												
Female	5.7	322	23.2	10.8	11.3	8.0	25.5	30.9	13.4	1,386	77,536	806,408
Male	4.4	321	21.1	17.9	16.3	9.0	24.5	23.3	9.1	1,524	42,815	436,735
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.5	337	22.3	12.3	12.0	7.9	25.1	29.6	13.1	1,512	100,852	1,039,824
African American	3.9	246	22.9	18.7	18.6	10.4	25.5	21.1	5.6	1,074	15,895	166,100
Other/unknown	3.7	233	27.1	19.7	19.6	11.3	24.8	19.2	5.3	861	3,604	37,219
use of nursing Facilities^f												
Entire year	8.2	404	13.8	1.3	3.2	4.0	22.7	42.6	26.2	2,931	20,646	210,164
Part year	7.5	380	17.8	1.5	4.7	5.7	26.6	41.2	20.3	2,137	13,933	133,320
None	4.2	294	30.0	18.2	16.8	9.9	25.5	22.6	7.1	981	85,772	899,659
Maintenance Assistance Status												
Cash	4.9	333	27.5	9.9	16.1	10.1	27.5	26.7	9.7	1,208	46,465	511,457
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	46	37.1	49.9	30.7	7.0	9.6	2.6	0.1	125	3,064	32,000
Other/unknown	5.7	326	19.6	14.0	10.4	7.3	24.3	30.2	13.8	1,659	70,822	699,686

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- 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, INDIANA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	5.2	\$322	\$62	2.0	\$245	\$122	0.3	\$20	\$69	2.9	\$56	\$19
Age												
5 and younger	5.3	219	41	1.3	88	66	0.3	35	124	3.6	95	27
6-14	6.2	582	94	2.3	482	205	0.2	10	58	3.7	90	25
15-20	2.6	314	123	1.1	252	232	0.2	15	93	1.3	48	37
21-44	3.7	345	94	1.5	274	188	0.2	24	112	2.0	46	23
45-64	5.3	390	74	2.1	299	145	0.3	27	95	2.9	63	22
65-74	5.0	271	54	1.9	204	106	0.3	15	60	2.8	51	18
75-84	6.0	293	49	2.3	220	95	0.3	16	46	3.3	57	17
85 and older	6.3	278	44	2.3	202	88	0.4	16	40	3.6	59	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	280	49	2.2	209	97	0.3	16	48	3.2	55	17
Disabled	4.7	373	80	1.8	290	159	0.3	26	100	2.6	56	22
Adults	3.3	231	70	1.2	164	141	0.1	21	147	2.0	47	23
Children	4.8	632	131	2.0	546	279	0.2	24	119	2.7	62	24
Unknown	5.5	376	68	2.4	295	121	0.2	23	107	2.9	57	20
Gender												
Female	5.7	322	57	2.2	243	113	0.3	20	62	3.2	59	19
Male	4.4	321	73	1.7	249	144	0.2	21	87	2.4	51	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.5	337	61	2.1	256	121	0.3	22	69	3.0	59	19
African American	3.9	246	64	1.4	192	136	0.2	13	68	2.2	40	18
Other/unknown	3.7	233	64	1.5	184	124	0.2	12	69	2.0	37	19
Use of Nursing Facilities^e												
Entire year	8.2	404	50	3.1	298	97	0.5	24	47	4.5	80	18
Part year	7.5	380	51	2.8	283	101	0.5	23	48	4.2	75	18
None	4.2	294	70	1.6	227	138	0.2	19	89	2.3	47	20
Maintenance Assistance Status												
Cash	4.9	333	68	1.9	257	137	0.3	21	84	2.7	55	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	46	53	0.3	34	121	0.0	3	68	0.6	9	17
Other/unknown	5.7	326	57	2.2	246	113	0.3	21	61	3.1	59	19

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- 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 Indiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	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			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$30	\$23	\$2	\$5	\$75	\$143	\$100	\$23	295,947	\$22,092,084	67,220	55.9 %	739,852
Biologicals	0.1	0.0	0.0	0.1	10	1	0	9	96	29	27	150	3,889	373,525	3,374	2.8	37,807
Antineoplastic Agents	0.5	0.1	0.0	0.4	83	50	1	32	160	554	240	75	25,343	4,064,601	4,847	4.0	49,139
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.4	50	40	3	7	50	90	23	16	611,331	30,823,776	56,232	46.7	614,681
Cardiovascular Agents	1.8	0.6	0.0	1.1	60	43	1	15	34	72	34	13	1,478,456	49,546,844	76,782	63.8	829,452
Respiratory Agents	0.7	0.4	0.0	0.3	39	34	0	5	56	86	34	18	409,110	23,019,798	52,941	44.0	584,286
Gastrointestinal Agents	0.8	0.2	0.0	0.5	45	32	2	11	57	139	39	21	466,800	26,793,770	54,742	45.5	597,627
Genitourinary Agents	0.5	0.4	0.0	0.2	34	29	1	4	62	82	53	22	114,100	7,097,912	19,103	15.9	209,546
CNS Drugs	1.4	0.7	0.1	0.7	133	109	8	15	95	163	100	24	1,094,771	103,536,709	72,164	60.0	780,311
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	68	60	1	7	119	164	89	35	15,042	1,787,162	2,365	2.0	26,467
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	117	116	0	2	157	159	106	84	109,703	17,244,703	14,065	11.7	146,901
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	51	37	2	12	57	147	254	19	656,408	37,583,036	67,045	55.7	732,448
Neuromuscular Agents	1.0	0.3	0.2	0.5	74	41	19	13	77	147	108	27	435,052	33,423,502	41,033	34.1	453,657
Nutritional Products	0.6	0.0	0.0	0.6	12	0	0	11	19	30	16	18	203,578	3,769,419	30,185	25.1	320,838
Hematological Agents	0.8	0.3	0.1	0.4	69	60	4	5	83	199	44	12	253,087	21,068,115	28,711	23.9	306,661
Topical Products	0.5	0.2	0.0	0.3	22	14	2	6	43	73	50	22	282,506	12,166,278	51,069	42.4	560,171
Miscellaneous Products	0.4	0.2	0.0	0.2	102	85	7	10	228	492	261	42	21,494	4,911,037	4,545	3.8	48,011
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	21,570	489,518	5,898	4.9	65,139
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.	6,498,187	399,791,789	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$65,687,711	40,483	33.6 %	444,612	0.7	\$205	\$148
ANTIDEPRESSANTS	31,297,570	69,701	57.9	767,291	0.6	64	41
ANTICONVULSANT	27,691,139	36,661	30.5	408,369	0.7	93	68
ANALGESICS - Narcotic	21,958,352	78,887	65.5	870,639	0.5	51	25
ANTIDIABETIC	21,418,020	43,817	36.4	483,038	0.7	65	44
ANTIHYPERLIPIDEMIC	21,197,450	35,192	29.2	397,857	0.6	90	53
ULCER DRUGS	18,077,037	55,839	46.4	617,481	0.5	54	29
NEUROLOGICAL	17,348,307	17,234	14.3	181,024	0.6	156	96
ANTIASTHMATIC	15,018,968	51,009	42.4	565,314	0.4	65	27
ANALGESICS - ANTI-INFLAMMATORY	11,044,671	34,950	29.0	394,629	0.4	67	28
Total	250,739,225	463,773		5,130,254	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 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.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); 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, INDIANA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,939,855	\$250,739,225	40,483	33.6 %	444,612	0.7	\$148	69,701	57.9 %	767,291	0.6	\$41
Female	2,012,858	161,634,112	24,299	31.3	266,005	0.7	129	49,553	63.9	546,548	0.6	41
Disabled	779,984	76,016,761	11,152	41.3	128,128	0.7	153	21,940	81.3	252,432	0.6	41
5 and younger	28	803	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	38	1,976	0	0.0	0	0.0	0	1	33.3	12	0.4	33
15-20	800	81,555	34	58.6	387	0.6	136	28	48.3	321	0.5	30
21-44	226,039	24,434,703	4,624	48.3	53,110	0.6	149	7,534	78.7	86,600	0.5	39
45-64	547,774	51,083,617	6,452	37.7	74,207	0.7	156	14,259	83.3	164,341	0.6	42
65-74	5,305	414,107	42	17.5	424	0.6	131	118	49.2	1,158	0.7	40
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	1,232,874	85,617,351	13,147	26.0	137,877	0.7	107	27,613	54.6	294,116	0.7	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	1,502	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	73	13,036	3	21.4	35	1.1	253	3	21.4	32	0.1	1
21-44	7,945	611,381	126	21.6	1,287	0.4	83	370	63.5	3,623	0.5	33
45-64	1,919	140,576	11	10.0	122	0.5	90	88	80.0	835	0.5	35
65-74	404,890	29,868,052	3,145	19.3	34,828	0.7	128	8,279	50.9	93,491	0.6	37
75-84	460,049	31,870,408	5,024	28.6	52,916	0.7	107	9,743	55.4	103,782	0.7	42
85 and older	357,968	23,112,396	4,838	30.2	48,689	0.7	92	9,130	57.1	92,353	0.7	44
Male	926,997	89,105,113	16,184	37.8	178,607	0.8	176	20,148	47.1	220,743	0.6	41
Disabled	548,078	62,012,322	11,191	46.0	128,248	0.8	202	12,290	50.5	140,384	0.6	40
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	68	2,904	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,063	140,722	32	36.4	335	0.8	213	32	36.4	353	0.6	38
21-44	211,088	26,504,341	5,646	53.0	64,601	0.7	196	5,384	50.6	61,723	0.6	39
45-64	333,702	35,183,912	5,484	40.7	63,010	0.8	208	6,836	50.7	77,946	0.6	41
65-74	2,135	178,740	29	24.6	302	0.7	134	38	32.2	362	0.6	46
75-84	22	1,703	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	378,919	27,092,791	4,993	27.0	50,359	0.7	111	7,858	42.5	80,359	0.7	41
5 and younger	38	1,366	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	2,037	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	157	13,045	2	11.8	22	0.7	102	4	23.5	45	0.6	47
21-44	2,824	309,587	44	20.0	408	0.4	89	97	44.1	989	0.4	25
45-64	1,785	126,223	9	9.3	98	0.6	103	56	57.7	579	0.5	28
65-74	170,301	12,689,528	1,755	20.8	18,969	0.7	140	3,033	36.0	32,988	0.6	40
75-84	136,191	9,510,442	2,010	31.3	19,890	0.7	98	2,936	45.7	29,449	0.7	41
85 and older	67,593	4,440,563	1,173	35.8	10,972	0.7	83	1,732	52.8	16,309	0.8	45
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. 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 2004. 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, INDIANA, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	36,661	30.5 %	408,369	0.7	\$68	78,887	65.5 %	870,639	0.5	\$25	43,817	36.4 %	483,038	0.7	\$44
Female	23,316	30.1	259,831	0.7	63	55,701	71.8	616,205	0.5	24	30,379	39.2	337,455	0.7	44
Disabled	12,649	46.9	145,278	0.7	77	23,579	87.4	272,161	0.5	29	9,950	36.9	114,580	0.6	50
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	2	66.7	14	0.4	6	2	66.7	24	0.3	2	2	66.7	14	0.5	15
6-14	21	36.2	252	0.6	45	37	63.8	424	0.2	2	3	5.2	35	0.5	34
15-20	4,855	50.7	55,811	0.7	84	7,994	83.5	92,410	0.4	25	1,903	19.9	21,920	0.6	47
21-44	7,719	45.1	88,744	0.7	73	15,411	90.0	178,004	0.5	30	7,918	46.3	91,283	0.6	51
45-64	52	21.7	457	0.7	69	135	56.3	1,299	0.6	23	124	51.7	1,328	0.7	41
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	10,667	21.1	114,553	0.7	46	32,122	63.5	344,044	0.5	20	20,429	40.4	222,875	0.7	41
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	21.4	27	0.2	1	0	0.0	0	0.0	0
15-20	205	35.2	2,053	0.6	60	510	87.5	5,011	0.5	24	69	11.8	691	0.5	47
21-44	36	32.7	337	0.5	81	105	95.5	988	0.4	22	33	30.0	290	0.5	35
45-64	3,692	22.7	41,711	0.7	53	10,960	67.4	124,330	0.5	19	8,331	51.2	94,427	0.7	44
65-74	4,001	22.8	42,980	0.7	43	11,155	63.5	120,152	0.5	20	7,945	45.2	85,953	0.7	40
75-84	2,733	17.1	27,472	0.8	38	9,388	58.7	93,524	0.6	21	4,051	25.3	41,514	0.8	37
85 and older															
Male	13,345	31.2	148,538	0.8	76	23,186	54.2	254,434	0.5	29	13,438	31.4	145,583	0.7	45
Disabled	9,385	38.6	107,349	0.8	86	14,256	58.6	162,641	0.5	35	6,570	27.0	74,705	0.6	50
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	3	100.0	36	0.9	43	1	33.3	12	0.8	2	0	0.0	0	0.0	0
6-14	21	23.9	244	0.9	174	34	38.6	390	0.3	3	2	2.3	24	0.8	59
15-20	4,357	40.9	50,170	0.8	91	5,930	55.7	68,001	0.4	34	1,666	15.6	19,075	0.6	48
21-44	4,975	36.9	56,616	0.8	80	8,243	61.2	93,742	0.5	36	4,857	36.0	55,127	0.7	51
45-64	29	24.6	283	0.8	72	48	40.7	496	0.4	16	45	38.1	479	0.6	47
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	3,960	21.4	41,189	0.7	51	8,930	48.3	91,793	0.5	18	6,868	37.2	70,878	0.7	40
Other Eligibles	0	0.0	0	0.0	0	1	33.3	8	0.1	1	1	33.3	9	0.2	12
5 and younger	1	16.7	5	0.4	39	1	16.7	12	0.1	1	0	0.0	0	0.0	0
6-14	4	23.5	38	0.7	59	8	47.1	83	0.1	1	3	17.6	36	0.3	39
15-20	77	35.0	702	0.5	40	169	76.8	1,631	0.6	69	43	19.5	335	0.6	43
21-44	21	21.6	212	0.6	64	85	87.6	857	0.7	38	26	26.8	264	0.5	46
45-64	1,817	21.5	19,890	0.7	57	4,193	49.7	46,199	0.5	19	3,350	39.7	36,824	0.7	40
65-74	1,411	22.0	14,395	0.7	47	2,886	44.9	28,723	0.5	15	2,407	37.5	23,990	0.7	40
75-84	629	19.2	5,947	0.7	40	1,587	48.4	14,280	0.5	16	1,038	31.6	9,420	0.8	36
85 and older															
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. 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 2004. 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); 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, INDIANA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	35,192	29.2 %	397,857	0.6	\$53	55,839	46.4 %	617,481	0.5	\$29	17,234	14.3 %	181,024	0.6	\$96
Female	23,438	30.2	266,065	0.6	53	39,252	50.6	435,338	0.5	29	12,368	16.0	131,005	0.6	99
Disabled	8,488	31.4	98,398	0.6	51	13,891	51.5	160,439	0.5	33	1,938	7.2	22,368	0.4	160
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.7	16	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	100.0	24	0.6	52	0	0.0	0	0.0	0
15-20	5	8.6	60	0.5	36	12	20.7	144	0.4	7	0	0.0	0	0.0	0
21-44	1,433	15.0	16,663	0.5	47	3,845	40.2	44,551	0.4	29	570	6.0	6,634	0.3	201
45-64	6,951	40.6	80,594	0.6	52	9,922	58.0	114,670	0.5	35	1,354	7.9	15,625	0.4	144
65-74	99	41.3	1,081	0.6	53	108	45.0	1,038	0.6	33	14	5.8	109	0.3	37
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	14,950	29.6	167,667	0.6	54	25,361	50.2	274,899	0.6	27	10,430	20.6	108,637	0.7	86
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	12	0.4	9	4	80.0	42	0.4	27	0	0.0	0	0.0	0
15-20	1	7.1	12	1.0	99	1	7.1	12	1.1	243	0	0.0	0	0.0	0
21-44	47	8.1	510	0.4	35	159	27.3	1,581	0.3	20	14	2.4	140	0.2	34
45-64	22	20.0	189	0.5	42	47	42.7	442	0.4	33	7	6.4	71	0.2	27
65-74	7,231	44.5	82,921	0.6	54	8,191	50.4	93,340	0.5	29	1,521	9.4	16,696	0.6	78
75-84	5,570	31.7	62,182	0.6	56	9,055	51.5	98,476	0.6	27	4,265	24.3	44,493	0.7	86
85 and older	2,078	13.0	21,841	0.7	52	7,904	49.4	81,006	0.7	24	4,623	28.9	47,237	0.7	89
Male	11,754	27.5	131,792	0.6	53	16,587	38.7	182,143	0.5	30	4,866	11.4	50,019	0.6	89
Disabled	6,502	26.7	74,825	0.6	52	8,749	36.0	100,185	0.5	33	1,306	5.4	14,916	0.4	102
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	24	0.6	10	0	0.0	0	0.0	0
15-20	2	2.3	24	0.4	78	16	18.2	182	0.4	19	4	4.5	48	0.4	22
21-44	1,811	17.0	20,986	0.5	48	3,236	30.4	37,317	0.5	33	430	4.0	4,981	0.3	111
45-64	4,654	34.5	53,441	0.6	54	5,443	40.4	62,097	0.5	33	861	6.4	9,764	0.4	97
65-74	35	29.7	374	0.7	71	50	42.4	541	0.6	24	10	8.5	111	0.7	105
75-84	0	0.0	0	0.0	0	2	200.0	24	0.5	7	1	100.0	12	0.9	127
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,252	28.4	56,967	0.6	55	7,838	42.4	81,958	0.6	26	3,560	19.3	35,103	0.7	83
5 and younger	0	0.0	0	0.0	0	2	66.7	16	1.1	30	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	33.3	24	0.5	49	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	8	47.1	90	0.7	44	0	0.0	0	0.0	0
21-44	47	21.4	458	0.4	39	56	25.5	522	0.4	38	13	5.9	129	0.2	171
45-64	28	28.9	269	0.5	47	32	33.0	328	0.5	43	2	2.1	18	0.1	14
65-74	2,965	35.1	33,437	0.6	55	3,390	40.2	37,381	0.5	28	842	10.0	9,053	0.6	73
75-84	1,729	26.9	18,000	0.7	56	2,802	43.6	28,837	0.6	25	1,632	25.4	15,913	0.7	86
85 and older	483	14.7	4,803	0.7	51	1,546	47.1	14,760	0.7	25	1,071	32.6	9,990	0.7	87
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. 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 2004. 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); 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, INDIANA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	51,009	42.4 %	565,314	0.4	\$27	34,950	29.0 %	394,629	0.4	\$28	120,351	1,243,143
Female	35,536	45.8	396,263	0.4	26	25,552	33.0	288,795	0.4	31	77,536	806,408
Disabled	13,981	51.8	161,648	0.4	26	10,364	38.4	120,635	0.4	27	26,989	294,466
5 and younger	2	100.0	24	0.8	25	0	0.0	0	0.0	0	2	18
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	24
15-20	17	29.3	203	0.1	11	15	25.9	178	0.2	1	58	630
21-44	3,680	38.5	42,634	0.3	22	3,405	35.6	39,484	0.3	20	9,568	104,365
45-64	10,129	59.2	117,233	0.4	28	6,882	40.2	80,255	0.4	31	17,118	187,417
65-74	153	63.8	1,554	0.4	33	62	25.8	718	0.5	68	240	2,012
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	21,555	42.6	234,615	0.4	26	15,188	30.0	168,160	0.5	34	50,547	511,942
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
6-14	3	60.0	36	0.2	7	0	0.0	0	0.0	0	5	54
15-20	0	0.0	0	0.0	0	2	14.3	22	0.1	0	14	98
21-44	148	25.4	1,526	0.3	16	208	35.7	2,055	0.3	16	583	4,729
45-64	51	46.4	548	0.3	21	49	44.5	461	0.3	12	110	808
65-74	8,399	51.7	95,189	0.4	30	5,361	33.0	61,996	0.4	30	16,258	173,213
75-84	7,358	41.9	79,801	0.4	26	5,418	30.8	60,324	0.5	36	17,574	180,324
85 and older	5,596	35.0	57,515	0.4	20	4,150	25.9	43,302	0.6	38	16,002	152,706
Male	15,473	36.1	169,051	0.4	28	9,398	22.0	105,834	0.4	20	42,815	436,735
Disabled	7,247	29.8	83,084	0.4	27	5,561	22.9	64,188	0.3	16	24,331	260,550
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	4	133.3	48	0.2	23	0	0.0	0	0.0	0	3	36
15-20	20	22.7	235	0.4	18	11	12.5	132	0.2	5	88	947
21-44	2,291	21.5	26,438	0.4	23	2,254	21.2	26,055	0.3	11	10,646	114,986
45-64	4,888	36.3	55,925	0.4	29	3,281	24.3	37,845	0.4	19	13,475	143,580
65-74	44	37.3	438	0.6	39	15	12.7	156	0.6	17	118	989
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	8,226	44.5	85,967	0.5	28	3,837	20.8	41,646	0.4	25	18,484	176,185
5 and younger	2	66.7	16	1.1	48	0	0.0	0	0.0	0	3	25
6-14	5	83.3	54	0.3	12	0	0.0	0	0.0	0	6	48
15-20	3	17.6	36	0.3	29	2	11.8	23	0.1	0	17	161
21-44	45	20.5	445	0.3	21	73	33.2	694	0.3	38	220	1,721
45-64	34	35.1	360	0.4	27	33	34.0	340	0.4	16	97	758
65-74	3,881	46.0	42,830	0.5	31	1,737	20.6	19,850	0.4	19	8,436	85,239
75-84	2,865	44.6	28,915	0.4	26	1,318	20.5	14,028	0.5	30	6,424	60,170
85 and older	1,391	42.4	13,311	0.4	23	674	20.5	6,711	0.5	33	3,281	28,063
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. 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 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); 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, INDIANA, 2004

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
All	\$404	8.2	20,646	210,164
Age				
0-64	594	9.4	1,760	19,823
65-74	521	9.5	2,608	27,572
75-84	419	8.5	6,846	69,751
85 and older	317	7.2	9,432	93,018
Unknown	0	0.0	0	0
Gender				
Female	389	8.1	15,400	157,589
Male	448	8.3	5,246	52,575
Unknown	0	0.0	0	0
Race				
White	404	8.2	18,868	191,159
African American	390	7.3	1,512	16,240
Other/unknown	435	8	266	2,765
Basis of Eligibility^c				
Aged	384	8.0	18,858	190,120
Disabled	594	9.4	1,788	20,044
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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, INDIANA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$21	\$15	\$2	\$5	\$46	\$75	\$75	\$20	72,480	\$3,313,241	14,553	70.5 %	154,547
Biologicals	0.1	0.0	0.0	0.1	2	1	0	2	26	20	32	29	1,919	48,977	1,744	8.4	19,698
Antineoplastic Agents	0.6	0.1	0.0	0.5	70	22	0	48	116	334	114	90	8,111	943,911	1,383	6.7	13,479
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	56	45	4	7	43	74	21	14	153,202	6,608,509	11,219	54.3	117,399
Cardiovascular Agents	2.2	0.5	0.1	1.6	54	32	1	20	24	60	27	12	370,021	9,034,990	16,243	78.7	167,582
Respiratory Agents	0.7	0.3	0.0	0.3	32	26	0	6	46	74	29	18	78,737	3,628,222	10,623	51.5	113,198
Gastrointestinal Agents	1.0	0.2	0.1	0.8	33	18	2	13	33	103	32	17	128,817	4,291,345	12,230	59.2	128,682
Genitourinary Agents	0.7	0.4	0.0	0.2	40	33	2	5	58	78	47	23	38,490	2,243,158	5,189	25.1	55,574
CNS Drugs	1.7	0.9	0.1	0.7	139	113	8	17	81	124	70	25	279,435	22,705,562	15,750	76.3	163,858
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.4	61	55	2	5	83	158	99	12	2,173	180,810	276	1.3	2,971
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	127	127	0	0	131	132	120	46	60,786	7,988,497	6,008	29.1	62,671
Analgesics and Anesthetics	1.1	0.4	0.0	0.7	51	42	1	8	45	96	61	12	140,776	6,279,243	11,977	58.0	124,185
Neuromuscular Agents	1.3	0.4	0.2	0.7	83	42	19	22	63	114	77	32	101,662	6,442,223	7,274	35.2	77,602
Nutritional Products	0.8	0.0	0.0	0.8	16	0	1	15	19	29	17	19	70,280	1,304,927	8,119	39.3	83,436
Hematological Agents	1.2	0.4	0.1	0.7	72	61	4	7	60	159	34	10	84,631	5,112,708	6,920	33.5	71,187
Topical Products	0.7	0.3	0.1	0.4	29	18	3	8	40	66	45	21	111,321	4,466,586	14,510	70.3	155,533
Miscellaneous Products	0.3	0.1	0.0	0.2	8	2	1	5	26	42	337	19	4,166	106,342	1,369	6.6	14,131
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	21	0	0	0	6,739	138,663	1,554	7.5	16,675
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.	1,713,746	84,837,914	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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.medspan.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 Indiana, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$13,257,513	9,706	47.0 %	103,338	0.8	\$155	\$128
ANTIDEPRESSANTS	8,473,595	14,971	72.5	158,791	0.9	62	53
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,998,823	7,349	35.6	76,928	0.8	131	104
ANTICONVULSANT	4,529,630	6,626	32.1	71,254	1.0	67	64
ANTIDIABETIC	4,116,430	7,982	38.7	83,998	1.0	51	49
DERMATOLOGICAL	3,466,659	32,084	155.4	351,991	0.3	35	10
ANALGESICS - Narcotic	3,276,164	11,702	56.7	120,417	0.7	37	27
ULCER DRUGS	3,084,479	11,265	54.6	119,505	0.8	34	26
ANTHYPERLIPIDEMIC	2,770,682	4,111	19.9	43,900	0.8	78	63
MISC. HEMATOLOGICAL	2,509,381	2,928	14.2	30,242	0.8	100	83
Total	53,483,356	108,724		1,160,364	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = 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, INDIANA, 2004

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 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	773,049	\$53,483,356	9,706	47.0 %	103,338	0.8	\$128	14,971	72.5 %	158,791	0.9	\$53
Female	568,449	38,355,749	6,935	45.0	73,849	0.8	122	11,295	73.3	119,930	0.9	53
Disabled	47,556	3,814,624	474	54.5	5,407	1.0	175	770	88.5	8,722	0.9	62
64 or younger	46,923	3,777,864	471	55.2	5,375	1.0	176	752	88.1	8,558	0.9	62
65-74	633	36,760	3	18.8	32	0.4	49	18	112.5	164	0.9	48
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	520,893	34,541,125	6,461	44.5	68,442	0.8	118	10,525	72.4	111,208	0.9	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79,193	5,871,719	967	63.9	10,569	0.9	156	1,342	88.7	14,753	0.9	59
75-84	206,072	14,017,889	2,568	51.3	27,601	0.8	123	3,962	79.1	42,273	0.9	53
85 and older	235,628	14,651,517	2,926	36.5	30,272	0.8	99	5,221	65.2	54,182	0.8	49
Male	204,600	15,127,607	2,771	52.8	29,489	0.8	144	3,676	70.1	38,861	0.9	56
Disabled	45,528	4,124,928	594	64.7	6,890	1.0	213	707	77.0	8,094	0.9	64
64 or younger	45,110	4,086,887	586	64.7	6,794	1.0	214	698	77.0	8,008	0.9	64
65-74	418	38,041	8	66.7	96	0.7	128	9	75.0	86	0.6	42
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	159,072	11,002,679	2,177	50.3	22,599	0.8	123	2,969	68.6	30,767	0.9	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	48,677	3,619,458	628	58.9	6,918	0.9	156	811	76.0	8,842	0.9	56
75-84	68,391	4,693,726	957	52.1	9,765	0.8	119	1,274	69.4	13,093	0.9	53
85 and older	42,004	2,689,495	592	41.6	5,916	0.7	92	884	62.1	8,832	0.8	52
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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 2004 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); 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, INDIANA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANTIDIABETIC				
	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	7,349	35.6 %	76,928	0.8	\$104	6,626	32.1 %	71,254	1.0	\$64	7,982	38.7 %	83,998	1.0	\$49
Female	5,556	36.1	58,645	0.8	103	4,420	28.7	47,449	0.9	59	5,811	37.7	61,717	1.0	49
Disabled	136	15.6	1,582	0.7	244	649	74.6	7,387	1.2	99	392	45.1	4,410	1.1	67
64 or younger	134	15.7	1,564	0.7	246	642	75.2	7,354	1.2	99	388	45.4	4,378	1.1	67
65-74	2	12.5	18	1.1	79	7	43.8	33	1.9	124	4	25.0	32	1.3	51
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,420	37.3	57,063	0.8	99	3,771	26.0	40,062	0.9	52	5,419	37.3	57,307	0.9	48
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	459	30.3	4,926	0.8	103	739	48.8	8,211	1.0	74	969	64.0	10,621	1.0	58
75-84	2,171	43.3	23,097	0.8	101	1,573	31.4	16,832	0.9	51	2,402	48.0	25,548	1.0	48
85 and older	2,790	34.8	29,040	0.8	97	1,459	18.2	15,019	0.9	41	2,048	25.6	21,138	0.9	42
Male	1,793	34.2	18,283	0.8	107	2,206	42.1	23,805	1.0	72	2,171	41.4	22,281	1.0	49
Disabled	122	13.3	1,340	0.8	204	754	82.1	8,480	1.1	96	338	36.8	3,816	1.1	64
64 or younger	119	13.1	1,304	0.8	207	747	82.5	8,426	1.1	96	335	37.0	3,780	1.1	63
65-74	3	25.0	36	0.9	126	7	58.3	54	1.1	53	3	25.0	36	1.2	184
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	1,671	38.6	16,943	0.8	99	1,452	33.5	15,325	0.9	59	1,833	42.4	18,465	0.9	46
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	307	28.8	3,376	0.8	98	525	49.2	5,852	0.9	71	571	53.5	6,193	0.9	48
75-84	804	43.8	8,000	0.8	101	641	34.9	6,637	0.9	55	795	43.3	7,780	0.9	46
85 and older	560	39.3	5,567	0.8	98	286	20.1	2,836	0.8	46	467	32.8	4,492	1.0	44
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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 2004 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); 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, INDIANA, 2004

Beneficiary Characteristics	DERMATOLOGICAL					ANALGESICS - Narcotic					ULCER DRUGS				
	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	32,084	155.4 %	351,991	0.3	\$10	11,702	56.7 %	120,417	0.7	\$27	11,265	54.6 %	119,505	0.8	\$26
Female	23,248	151.0	255,908	0.3	10	9,146	59.4	94,639	0.8	28	8,388	54.5	89,218	0.8	25
Disabled	1,888	217.0	21,834	0.3	11	563	64.7	6,301	0.9	41	533	61.3	6,092	0.8	33
64 or younger	1,858	217.6	21,547	0.3	11	546	63.9	6,175	0.9	40	518	60.7	5,970	0.8	33
65-74	30	187.5	287	0.3	7	17	106.3	126	1.1	75	15	93.8	122	0.7	31
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	21,360	147.0	234,074	0.3	10	8,583	59.1	88,338	0.7	27	7,855	54.1	83,126	0.8	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,516	166.3	28,221	0.3	12	1,013	67.0	10,936	0.9	38	974	64.4	10,614	0.8	25
75-84	7,488	149.5	83,120	0.3	10	3,075	61.4	32,153	0.8	28	2,797	55.8	30,063	0.7	26
85 and older	11,356	141.8	122,733	0.3	9	4,495	56.1	45,249	0.7	24	4,084	51.0	42,449	0.8	24
Male	8,836	168.4	96,083	0.3	10	2,556	48.7	25,778	0.7	23	2,877	54.8	30,287	0.8	27
Disabled	1,742	189.8	20,119	0.3	11	441	48.0	4,979	0.7	27	492	53.6	5,630	0.8	30
64 or younger	1,729	190.8	19,993	0.3	11	435	48.0	4,927	0.7	28	485	53.5	5,567	0.8	30
65-74	13	108.3	126	0.2	6	6	50.0	52	0.4	6	7	58.3	63	0.8	8
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	7,094	163.9	75,964	0.3	10	2,115	48.9	20,799	0.7	22	2,385	55.1	24,657	0.8	26
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	1,863	174.6	20,807	0.3	10	541	50.7	5,773	0.7	27	680	63.7	7,428	0.8	26
75-84	3,041	165.5	32,649	0.3	10	907	49.4	8,887	0.7	21	967	52.6	9,941	0.8	27
85 and older	2,190	153.8	22,508	0.3	10	667	46.8	6,139	0.6	19	738	51.8	7,288	0.8	26
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = 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, INDIANA, 2004

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC. HEMATOLOGICAL					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	4,111	19.9 %	43,900	0.8	\$63	2,928	14.2 %	30,242	0.8	\$83	20,646	210,164
Female	2,859	18.6	30,617	0.8	62	2,084	13.5	21,722	0.8	84	15,400	157,589
Disabled	221	25.4	2,518	0.8	63	73	8.4	808	0.8	81	870	9,805
64 or younger	218	25.5	2,487	0.8	63	71	8.3	784	0.8	80	854	9,675
65-74	3	18.8	31	1.0	71	2	12.5	24	1.0	119	16	130
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	2,638	18.2	28,099	0.8	62	2,011	13.8	20,914	0.8	84	14,530	147,784
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	510	33.7	5,561	0.8	69	235	15.5	2,549	0.8	88	1,513	16,110
75-84	1,228	24.5	13,171	0.8	63	719	14.4	7,474	0.8	84	5,009	51,778
85 and older	900	11.2	9,367	0.8	57	1,057	13.2	10,891	0.8	82	8,008	79,896
Male	1,252	23.9	13,283	0.8	65	844	16.1	8,520	0.8	82	5,246	52,575
Disabled	267	29.1	3,070	0.8	66	86	9.4	903	0.9	92	918	10,239
64 or younger	264	29.1	3,034	0.8	66	83	9.2	877	0.9	91	906	10,148
65-74	3	25.0	36	1.0	104	3	25.0	26	1.0	107	12	91
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	985	22.8	10,213	0.8	65	758	17.5	7,617	0.8	80	4,328	42,336
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	351	32.9	3,834	0.8	69	193	18.1	2,092	0.8	88	1,067	11,241
75-84	448	24.4	4,497	0.8	63	327	17.8	3,210	0.8	78	1,837	17,973
85 and older	186	13.1	1,882	0.8	60	238	16.7	2,315	0.8	77	1,424	13,122
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 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A total of 13,933 beneficiaries who were in nursing facilities for part of their enrollment and their 133,320 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 2004. 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 2004 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); 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}
INDIANA, 2004

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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	81,772	67.9 %	13.0	1,564,326	\$108	\$12,954,776	\$8	3.2 %	120,351
Age									
5 and younger	5	83.3	15.3	92	228	1,365	15	11.7	6
6-14	13	76.5	12.3	209	159	2,711	13	2.9	17
15-20	83	46.9	3.0	525	211	37,389	71	6.5	177
21-44	11,534	54.9	5.9	123,465	84	1,769,559	14	2.3	21,017
45-64	19,976	64.9	9.5	292,551	107	3,281,151	11	2.5	30,800
65-74	15,430	61.6	10.3	257,066	89	2,236,322	9	3.2	25,052
75-84	17,883	74.5	17.4	418,277	118	2,843,298	7	4.0	23,999
85 and older	16,848	87.4	24.5	472,141	144	2,782,981	6	5.5	19,283
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	49,954	73.5	16.8	1,144,418	115	7,833,937	7	4.1	67,969
Disabled	31,313	61.0	8.1	416,389	98	5,052,807	12	2.4	51,320
Adults	465	46.1	3.0	3,068	61	61,577	20	3.3	1,009
Children	32	74.4	9.1	393	133	5,729	15	2.3	43
Unknown	8	80.0	5.8	58	73	726	13	2.1	10
Gender									
Female	56,579	73.0	14.7	1,137,952	118	9,127,752	8	3.5	77,536
Male	25,193	58.8	10.0	426,374	89	3,827,024	9	2.7	42,815
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	70,634	70.0	14.0	1,407,786	115	11,643,931	8	3.3	100,852
African American	9,225	58.0	8.3	131,559	70	1,109,340	8	2.7	15,895
Other/unknown	1,913	53.1	6.9	24,981	56	201,505	8	2.3	3,604
Use of Nursing Facilities^d									
Entire year	20,172	97.7	35.2	726,966	212	4,369,747	6	5.2	20,646
Part year	13,476	96.7	24.6	343,216	165	2,293,740	7	4.5	13,933
None	48,124	56.1	5.8	494,144	73	6,291,289	13	2.4	85,772
Maintenance Assistance Status									
Cash	30,295	65.2	9.2	429,145	97	4,493,797	10	2.6	46,465
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	731	23.9	1.2	3,787	15	44,550	12	3.0	3,064
Other/unknown	50,746	71.7	16.0	1,131,394	119	8,416,429	7	3.7	70,822

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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}
INDIANA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.3	\$10	\$8	\$0	\$2	1,243,143
Age						
5 and younger	1.7	26	15	0	0	53
6-14	1.3	17	13	2	1	162
15-20	0.3	20	71	0	1	1,836
21-44	0.5	8	14	0	3	225,801
45-64	0.9	10	11	0	3	332,563
65-74	1.0	9	9	0	1	261,453
75-84	1.7	12	7	0	1	240,506
85 and older	2.6	15	6	0	1	180,769
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.7	12	7	0	1	679,659
Disabled	0.8	9	12	0	3	555,016
Adults	0.4	8	20	0	5	7,976
Children	1.0	14	15	0	1	400
Unknown	0.6	8	13	0	2	92
Gender						
Female	1.4	11	8	0	2	806,408
Male	1.0	9	9	0	2	436,735
Unknown	0.0	0	0	0	0	0
Race						
White	1.4	11	8	0	2	1,039,824
African American	0.8	7	8	0	1	166,100
Other/unknown	0.7	5	8	0	1	37,219
Use of Nursing Facilities^d						
Entire year	3.5	21	6	0	2	210,164
Part year	2.6	17	7	0	2	133,320
None	0.5	7	13	0	2	899,659
Maintenance Assistance Status						
Cash	0.8	9	10	0	3	511,457
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	12	0	0	32,000
Other/unknown	1.6	12	7	0	2	699,686

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- 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 2004.
- 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}
INDIANA, 2004

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
All	147,518	\$88	\$12,954,776	100.0 %	1,564,326	\$8	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	268	536	0.0	6	89	0.0
Drugs for cosmetic purposes	40	19	752	0.0	80	9	0.0
Cough and cold medications	21,276	78	1,652,615	12.8	62,662	26	4.0
Vitamins and minerals	29,654	123	3,648,526	28.2	200,284	18	12.8
Non-prescription drugs	58,964	74	4,374,553	33.8	1,037,555	4	66.3
Barbiturates	1,295	74	95,256	0.7	14,101	7	0.9
Benzodiazepines	32,801	80	2,628,998	20.3	237,987	11	15.2
Other Part D Excl Rx Drugs	3,486	159	553,540	4.3	11,651	48	0.7

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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}
 INDIANA, 2004

Total Number of Dual Eligible Beneficiaries	120,351
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$399,791,789
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,322

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,063	13.3 %	\$0	0.0 %
1-500	17,465	14.5	3,668,933	0.9
501-1,000	10,899	9.1	8,057,888	2.0
1,001-1,500	8,798	7.3	10,928,130	2.7
1,501-2,000	7,674	6.4	13,410,254	3.4
2,001-2,500	6,999	5.8	15,709,900	3.9
2,501-3,000	6,109	5.1	16,754,793	4.2
3,001-3,500	5,463	4.5	17,727,026	4.4
3,501-4,000	4,870	4.0	18,228,234	4.6
4,001-4,500	4,395	3.7	18,651,154	4.7
4,501-5,000	3,894	3.2	18,477,966	4.6
5,001-5,500	3,473	2.9	18,235,092	4.6
5,501-6,000	2,931	2.4	16,831,410	4.2
6,001-6,500	2,559	2.1	15,989,873	4.0
6,501-7,000	2,327	1.9	15,697,543	3.9
7,001-7,500	1,956	1.6	14,170,473	3.5
7,501-8,000	1,687	1.4	13,055,380	3.3
8,001-8,500	1,455	1.2	11,991,089	3.0
8,501-9,000	1,308	1.1	11,442,793	2.9
9,001-9,500	1,134	0.9	10,493,111	2.6
9,501-10,000	1,053	0.9	10,262,097	2.6
10,001+	7,839	6.5	120,008,650	30.0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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}
 INDIANA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	50,961
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$206,201,358
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,046

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,432	14.6 %	0	0.0 %
1-500	7,329	14.4	1,469,390	0.7
501-1,000	3,975	7.8	2,937,836	1.4
1,001-1,500	3,187	6.3	3,941,616	1.9
1,501-2,000	2,736	5.4	4,791,569	2.3
2,001-2,500	2,468	4.8	5,547,576	2.7
2,501-3,000	2,170	4.3	5,949,151	2.9
3,001-3,500	2,005	3.9	6,505,069	3.2
3,501-4,000	1,768	3.5	6,614,120	3.2
4,001-4,500	1,619	3.2	6,881,523	3.3
4,501-5,000	1,447	2.8	6,863,955	3.3
5,001-5,500	1,392	2.7	7,311,317	3.5
5,501-6,000	1,176	2.3	6,752,373	3.3
6,001-6,500	1,078	2.1	6,741,669	3.3
6,501-7,000	1,079	2.1	7,274,513	3.5
7,001-7,500	950	1.9	6,884,824	3.3
7,501-8,000	839	1.6	6,493,204	3.1
8,001-8,500	768	1.5	6,328,505	3.1
8,501-9,000	696	1.4	6,091,751	3.0
9,001-9,500	632	1.2	5,849,269	2.8
9,501-10,000	628	1.2	6,120,811	3.0
10,001+	5,587	11.0	88,851,317	43.1

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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}
 INDIANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	68,334
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$191,486,528
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,802

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,427	12.3 %	0	0.0 %
1-500	9,788	14.3	2,144,816	1.1
501-1,000	6,823	10.0	5,046,305	2.6
1,001-1,500	5,554	8.1	6,917,625	3.6
1,501-2,000	4,882	7.1	8,520,178	4.4
2,001-2,500	4,501	6.6	10,094,958	5.3
2,501-3,000	3,906	5.7	10,714,082	5.6
3,001-3,500	3,434	5.0	11,143,975	5.8
3,501-4,000	3,076	4.5	11,516,568	6.0
4,001-4,500	2,752	4.0	11,667,602	6.1
4,501-5,000	2,424	3.5	11,504,144	6.0
5,001-5,500	2,069	3.0	10,860,622	5.7
5,501-6,000	1,738	2.5	9,981,371	5.2
6,001-6,500	1,464	2.1	9,141,990	4.8
6,501-7,000	1,239	1.8	8,362,072	4.4
7,001-7,500	997	1.5	7,219,998	3.8
7,501-8,000	844	1.2	6,531,914	3.4
8,001-8,500	678	1.0	5,588,544	2.9
8,501-9,000	606	0.9	5,298,507	2.8
9,001-9,500	499	0.7	4,616,282	2.4
9,501-10,000	423	0.6	4,121,976	2.2
10,001+	2,210	3.2	30,492,999	15.9

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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}
 INDIANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	25,052
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$70,720,077
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,823

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,401	17.6 %	0	0.0 %
1-500	3,734	14.9	772,933	1.1
501-1,000	2,171	8.7	1,609,638	2.3
1,001-1,500	1,812	7.2	2,248,630	3.2
1,501-2,000	1,600	6.4	2,796,934	4.0
2,001-2,500	1,419	5.7	3,188,589	4.5
2,501-3,000	1,229	4.9	3,373,677	4.8
3,001-3,500	1,109	4.4	3,602,196	5.1
3,501-4,000	953	3.8	3,564,636	5.0
4,001-4,500	892	3.6	3,779,369	5.3
4,501-5,000	796	3.2	3,776,950	5.3
5,001-5,500	697	2.8	3,656,912	5.2
5,501-6,000	590	2.4	3,388,246	4.8
6,001-6,500	506	2.0	3,158,382	4.5
6,501-7,000	436	1.7	2,944,131	4.2
7,001-7,500	379	1.5	2,747,365	3.9
7,501-8,000	312	1.2	2,412,973	3.4
8,001-8,500	267	1.1	2,202,476	3.1
8,501-9,000	249	1.0	2,177,573	3.1
9,001-9,500	205	0.8	1,898,120	2.7
9,501-10,000	191	0.8	1,863,016	2.6
10,001+	1,104	4.4	15,557,331	22.0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

- 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 2004.
- 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}
 INDIANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	23,999
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$70,563,487
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,940

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,760	11.5 %	0	0.0 %
1-500	3,140	13.1	698,785	1.0
501-1,000	2,310	9.6	1,711,312	2.4
1,001-1,500	1,904	7.9	2,376,471	3.4
1,501-2,000	1,680	7.0	2,924,118	4.1
2,001-2,500	1,554	6.5	3,486,407	4.9
2,501-3,000	1,444	6.0	3,960,010	5.6
3,001-3,500	1,222	5.1	3,963,829	5.6
3,501-4,000	1,167	4.9	4,377,648	6.2
4,001-4,500	1,073	4.5	4,548,770	6.4
4,501-5,000	909	3.8	4,315,820	6.1
5,001-5,500	781	3.3	4,100,094	5.8
5,501-6,000	673	2.8	3,864,195	5.5
6,001-6,500	551	2.3	3,445,414	4.9
6,501-7,000	479	2.0	3,228,705	4.6
7,001-7,500	389	1.6	2,814,261	4.0
7,501-8,000	337	1.4	2,608,847	3.7
8,001-8,500	239	1.0	1,970,072	2.8
8,501-9,000	218	0.9	1,906,538	2.7
9,001-9,500	205	0.9	1,894,018	2.7
9,501-10,000	153	0.6	1,488,733	2.1
10,001+	811	3.4	10,879,440	15.4

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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}
 INDIANA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	19,283
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$50,202,964
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,604

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,266	6.6 %	0	0.0 %
1-500	2,914	15.1	673,098	1.3
501-1,000	2,342	12.1	1,725,355	3.4
1,001-1,500	1,838	9.5	2,292,524	4.6
1,501-2,000	1,602	8.3	2,799,126	5.6
2,001-2,500	1,528	7.9	3,419,962	6.8
2,501-3,000	1,233	6.4	3,380,395	6.7
3,001-3,500	1,103	5.7	3,577,950	7.1
3,501-4,000	956	5.0	3,574,284	7.1
4,001-4,500	787	4.1	3,339,463	6.7
4,501-5,000	719	3.7	3,411,374	6.8
5,001-5,500	591	3.1	3,103,616	6.2
5,501-6,000	475	2.5	2,728,930	5.4
6,001-6,500	407	2.1	2,538,194	5.1
6,501-7,000	324	1.7	2,189,236	4.4
7,001-7,500	229	1.2	1,658,372	3.3
7,501-8,000	195	1.0	1,510,094	3.0
8,001-8,500	172	0.9	1,415,996	2.8
8,501-9,000	139	0.7	1,214,396	2.4
9,001-9,500	89	0.5	824,144	1.6
9,501-10,000	79	0.4	770,227	1.5
10,001+	295	1.5	4,056,228	8.1

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004.

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, INDIANA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	120,580	67,971	51,363	1,186	50	10	1,247,939	679,729	556,792	10,817	509	92
Age												
5 and younger	6	0	2	0	4	0	57	0	18	0	39	0
6-14	18	0	6	0	12	0	192	0	60	0	132	0
15-20	184	0	147	11	26	0	1,958	0	1,615	89	254	0
21-44	21,176	0	20,245	923	6	2	229,228	0	220,671	8,486	60	11
45-64	30,857	18	30,603	229	0	7	333,681	135	331,403	2,072	0	71
65-74	25,056	24,674	359	21	1	1	261,534	258,342	3,013	157	12	10
75-84	24,000	23,997	1	2	0	0	240,518	240,493	12	13	0	0
85 and older	19,283	19,282	0	0	1	0	180,771	180,759	0	0	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	77,698	49,826	27,025	817	20	10	809,873	506,203	295,870	7,506	202	92
Male	42,882	18,145	24,338	369	30	0	438,066	173,526	260,922	3,311	307	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	100,976	57,343	42,694	897	32	10	1,042,614	570,074	463,809	8,317	322	92
African American	15,988	8,207	7,518	248	15	0	167,866	84,702	80,879	2,134	151	0
Other/unknown	3,616	2,421	1,151	41	3	0	37,459	24,953	12,104	366	36	0
Use of Nursing Facilities^c												
Entire year	20,646	18,858	1,788	0	0	0	210,164	190,120	20,044	0	0	0
Part year	13,933	12,390	1,541	2	0	0	133,332	116,846	16,462	24	0	0
None	86,001	36,723	48,034	1,184	50	10	904,443	372,763	520,286	10,793	509	92
Maintenance Assistance Status												
Cash	46,661	17,474	28,336	849	2	0	515,433	193,479	313,993	7,939	22	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	3,073	1,383	1,483	164	33	10	32,389	14,763	15,820	1,362	352	92
Other/unknown	70,846	49,114	21,544	173	15	0	700,117	471,487	226,979	1,516	135	0
Dual Status^d												
Full dual, all year	114,099	64,471	48,489	1,079	50	10	1,180,639	644,327	526,057	9,654	509	92
Full dual, part year	6,481	3,500	2,874	107	0	0	67,300	35,402	30,735	1,163	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	119,800	67,960	51,023	773	34	10	1,240,163	679,600	553,103	7,011	357	92
FFS part year, with Rx claims	441	7	226	200	8	0	4,732	81	2,576	1,990	85	0
FFS part year, no Rx claims	110	2	71	36	1	0	1,003	24	715	258	6	0
MC all year, with Rx claims	4	0	0	4	0	0	29	0	0	29	0	0
MC all year, no Rx claims	225	2	43	173	7	0	2,012	24	398	1,529	61	0

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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 2004. 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, INDIANA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	120,580	1,247,939	120,351	1,243,143	0	4,796
Fee-for-service (FFS) all year	119,800	1,240,163	119,800	1,240,163	0	0
FFS part year, with Rx claims	441	4,732	441	2,530	0	2,202
FFS part year, with no Rx claims	110	1,003	110	450	0	553
Managed care (MC) all year, with Rx claims	4	29	0	0	0	29
MC all year, with no Rx claims	225	2,012	0	0	0	2,012

Source: Data for this table are from the MAX 2004 file for Indiana, released by CMS in 11/2007. This table was produced on 03/06/2008.

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.