

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 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	211,174	112,088	97,570	1,512	4	0	2,294,258	1,189,347	1,091,549	13,323	39	0
Age												
5 and younger	6	0	6	0	0	0	34	0	34	0	0	0
6-14	6	0	6	0	0	0	56	0	56	0	0	0
15-20	329	0	323	2	4	0	3,551	0	3,489	23	39	0
21-44	39,937	0	39,036	901	0	0	444,017	0	435,986	8,031	0	0
45-64	58,783	0	58,199	584	0	0	657,113	0	651,984	5,129	0	0
65-74	41,483	41,458	0	25	0	0	460,863	460,723	0	140	0	0
75-84	37,989	37,989	0	0	0	0	408,116	408,116	0	0	0	0
85 and older	32,638	32,638	0	0	0	0	320,486	320,486	0	0	0	0
Unknown	3	3	0	0	0	0	22	22	0	0	0	0
Gender												
Female	129,922	81,296	47,809	814	3	0	1,412,875	867,147	538,416	7,281	31	0
Male	81,252	30,792	49,761	698	1	0	881,383	322,200	553,133	6,042	8	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	144,574	81,966	61,866	742	0	0	1,586,996	883,644	696,956	6,396	0	0
African American	11,214	4,913	6,178	122	1	0	123,732	54,802	67,992	926	12	0
Other/unknown	55,386	25,209	29,526	648	3	0	583,530	250,901	326,601	6,001	27	0
Use of Nursing Facilities^c												
Entire year	29,187	27,350	1,836	1	0	0	297,386	276,667	20,707	12	0	0
Part year	16,522	14,128	2,381	13	0	0	160,109	133,632	26,336	141	0	0
None	165,465	70,610	93,353	1,498	4	0	1,836,763	779,048	1,044,506	13,170	39	0
Maintenance Assistance Status												
Cash	90,176	51,191	38,786	199	0	0	1,037,500	587,608	448,243	1,649	0	0
Medically needy	13,530	8,718	4,812	0	0	0	139,043	85,649	53,394	0	0	0
Poverty-related	76,700	32,646	44,051	0	3	0	821,249	339,075	482,143	0	31	0
Other/unknown	30,768	19,533	9,921	1,313	1	0	296,466	177,015	107,769	11,674	8	0
Dual Medicare Status^d												
Full dual, all year	208,942	109,915	97,511	1,512	4	0	2,269,244	1,164,952	1,090,930	13,323	39	0
Full dual, part year	2,232	2,173	59	0	0	0	25,014	24,395	619	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	208,471	111,795	95,424	1,250	2	0	2,277,831	1,187,631	1,078,266	11,913	21	0
FFS part year, with Rx claims	2,293	250	1,857	184	2	0	14,710	1,524	12,043	1,125	18	0
FFS part year, no Rx claims	410	43	289	78	0	0	1,717	192	1,240	285	0	0

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 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	89.5 %	43.4	\$2,721	\$63	\$17,106	15.9 %	211,174
Age							
5 and younger	66.7	9.2	1,140	124	16,039	7.1	6
6-14	100.0	52.0	6,415	123	28,633	22.4	6
15-20	78.1	20.4	1,967	96	11,352	17.3	329
21-44	87.2	34.5	3,124	90	14,258	21.9	39,937
45-64	90.5	48.3	3,608	75	15,816	22.8	58,783
65-74	88.8	41.3	2,253	55	11,017	20.4	41,483
75-84	90.2	45.8	2,201	48	18,573	11.8	37,989
85 and older	91.0	45.6	1,838	40	28,997	6.3	32,638
Unknown	100.0	51.3	2,594	51	26,735	9.7	3
Basis of Eligibility^e							
Aged	89.9	44.1	2,115	48	18,816	11.2	112,088
Disabled	89.2	42.9	3,427	80	15,331	22.4	97,570
Adults	81.1	26.9	2,029	75	4,762	42.6	1,512
Children	100.0	72.3	14,230	197	41,885	34.0	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	91.6	46.6	2,656	57	17,716	15.0	129,922
Male	86.3	38.4	2,825	74	16,130	17.5	81,252
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.8	44.3	2,726	62	17,954	15.2	144,574
African American	86.5	36.3	2,360	65	10,716	22.0	11,214
Other/unknown	89.6	42.6	2,781	65	16,185	17.2	55,386
Use of Nursing Facilities^f							
Entire year	94.9	62.2	2,830	46	47,663	5.9	29,187
Part year	95.7	52.9	2,566	49	27,290	9.4	16,522
None	88.0	39.2	2,717	69	10,698	25.4	165,465
Maintenance Assistance Status							
Cash	89.6	40.3	2,547	63	10,965	23.2	90,176
Medically needy	86.7	42.7	2,315	54	22,032	10.5	13,530
Poverty related	89.5	45.2	2,983	66	19,965	14.9	76,700
Other/unknown	90.8	48.3	2,755	57	25,809	10.7	30,768

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 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	4.0	\$250	15.9 %	10.5 %	18.5 %	12.8 %	30.9 %	22.1 %	5.2 %	\$1,575	211,174	2,294,258
Age												
5 and younger	1.6	201	7.1	33.3	33.3	0.0	16.7	16.7	0.0	2,830	6	34
6-14	5.6	687	22.4	0.0	0.0	16.7	50.0	33.3	0.0	3,068	6	56
15-20	1.9	182	17.3	21.9	38.0	11.6	19.5	8.2	0.9	1,052	329	3,551
21-44	3.1	281	21.9	12.8	27.6	14.2	27.9	14.6	2.9	1,282	39,937	444,017
45-64	4.3	323	22.8	9.5	16.5	12.3	31.9	23.9	5.9	1,415	58,783	657,113
65-74	3.7	203	20.4	11.2	20.8	13.9	30.0	19.4	4.8	992	41,483	460,863
75-84	4.3	205	11.8	9.8	15.2	12.4	31.7	24.9	5.9	1,729	37,989	408,116
85 and older	4.6	187	6.3	9.0	11.8	11.1	33.4	28.6	6.2	2,953	32,638	320,486
Unknown	7.0	354	9.7	0.0	33.3	0.0	0.0	66.7	0.0	3,646	3	22
Basis of Eligibility^e												
Aged	4.2	199	11.2	10.1	16.3	12.6	31.6	23.9	5.6	1,773	112,088	1,189,347
Disabled	3.8	306	22.4	10.8	21.0	13.1	30.3	20.2	4.7	1,370	97,570	1,091,549
Adults	3.1	230	42.6	18.9	25.8	12.5	26.5	14.6	1.7	540	1,512	13,323
Children	7.4	1,460	34.0	0.0	25.0	0.0	0.0	50.0	25.0	4,296	4	39
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.3	244	15.0	8.4	16.4	12.7	32.4	24.3	5.8	1,629	129,922	1,412,875
Male	3.5	261	17.5	13.7	21.9	13.0	28.6	18.6	4.2	1,487	81,252	881,383
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.0	248	15.2	10.2	18.2	12.8	30.9	22.6	5.3	1,636	144,574	1,586,996
African American	3.3	214	22.0	13.5	23.8	13.8	29.2	16.7	3.0	971	11,214	123,732
Other/unknown	4.0	264	17.2	10.4	18.3	12.7	31.4	22.0	5.2	1,536	55,386	583,530
Use of Nursing Facilities^f												
Entire year	6.1	278	5.9	5.1	6.5	7.7	30.2	37.6	12.9	4,678	29,187	297,386
Part year	5.5	265	9.4	4.3	9.0	10.0	34.4	33.7	8.6	2,816	16,522	160,109
None	3.5	245	25.4	12.0	21.6	14.0	30.7	18.2	3.4	964	165,465	1,836,763
Maintenance Assistance Status												
Cash	3.5	221	23.2	10.4	22.3	14.3	30.9	18.6	3.5	953	90,176	1,037,500
Medically needy	4.2	225	10.5	13.3	16.1	11.7	30.2	23.3	5.4	2,144	13,530	139,043
Poverty related	4.2	279	14.9	10.5	17.1	12.3	30.9	23.4	5.8	1,865	76,700	821,249
Other/unknown	5.0	286	10.7	9.2	11.9	10.2	31.5	28.9	8.4	2,679	30,768	296,466

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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, MASSACHUSETTS, 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	4.0	\$250	\$63	1.5	\$188	\$130	0.1	\$12	\$83	2.4	\$50	\$21
Age												
5 and younger	1.6	201	124	0.9	190	216	0.0	0	0	0.7	11	15
6-14	5.6	687	123	2.0	643	316	0.1	2	22	3.4	42	12
15-20	1.9	182	96	0.8	151	179	0.1	7	93	1.0	24	25
21-44	3.1	281	90	1.2	214	185	0.1	16	122	1.8	51	28
45-64	4.3	323	75	1.6	242	155	0.1	17	115	2.6	64	25
65-74	3.7	203	55	1.4	153	111	0.1	7	71	2.2	42	19
75-84	4.3	205	48	1.6	154	98	0.1	7	49	2.5	44	17
85 and older	4.6	187	40	1.6	137	86	0.2	8	38	2.8	42	15
Unknown	7.0	354	51	3.0	322	109	0.0	0	3	4.0	32	8
Basis of Eligibility^d												
Aged	4.2	199	48	1.5	149	99	0.1	7	51	2.5	43	17
Disabled	3.8	306	80	1.4	231	165	0.1	16	118	2.3	58	26
Adults	3.1	230	75	1.1	166	157	0.1	15	129	1.9	49	26
Children	7.4	1,460	197	3.6	1,354	377	0.4	21	59	3.5	84	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.3	244	57	1.6	183	118	0.2	11	72	2.6	50	20
Male	3.5	261	74	1.3	197	153	0.1	12	106	2.1	51	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.0	248	62	1.5	186	127	0.1	12	82	2.4	51	21
African American	3.3	214	65	1.2	165	143	0.1	8	92	2.0	40	20
Other/unknown	4.0	264	65	1.5	200	133	0.1	13	85	2.4	51	22
Use of Nursing Facilities^e												
Entire year	6.1	278	46	2.2	207	96	0.3	13	43	3.6	58	16
Part year	5.5	265	49	1.9	197	102	0.2	12	51	3.3	55	17
None	3.5	245	69	1.3	185	142	0.1	11	108	2.1	49	23
Maintenance Assistance Status												
Cash	3.5	221	63	1.3	167	130	0.1	9	93	2.1	45	21
Medically needy	4.2	225	54	1.6	169	109	0.2	11	66	2.4	46	19
Poverty related	4.2	279	66	1.5	210	139	0.2	14	88	2.5	55	22
Other/unknown	5.0	286	57	1.9	214	115	0.2	15	64	2.9	57	20

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 Massachusetts, 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.medispn.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, MASSACHUSETTS, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per 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	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$39	\$34	\$2	\$4	\$120	\$230	\$138	\$23	391,372	\$46,781,930	105,264	49.8 %	1,189,541
Biologicals	0.1	0.1	0.0	0.0	36	4	4	27	289	60	2,921	554	1,834	529,271	1,312	0.6	14,830
Antineoplastic Agents	0.5	0.1	0.0	0.4	95	70	1	24	190	522	451	67	33,327	6,316,367	6,252	3.0	66,390
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	39	29	1	8	43	93	20	15	864,969	37,433,479	86,328	40.9	970,910
Cardiovascular Agents	1.6	0.4	0.0	1.1	51	33	0	17	33	77	20	16	2,203,045	71,906,106	126,926	60.1	1,416,873
Respiratory Agents	0.6	0.4	0.0	0.2	41	38	0	3	64	89	42	14	426,536	27,202,599	59,149	28.0	669,782
Gastrointestinal Agents	0.7	0.4	0.0	0.3	52	46	1	5	76	116	66	20	661,450	50,353,671	86,677	41.0	968,931
Genitourinary Agents	0.4	0.3	0.0	0.1	29	25	1	3	67	86	52	26	123,475	8,225,673	24,783	11.7	279,576
CNS Drugs	1.4	0.5	0.1	0.8	121	88	6	26	86	177	90	32	1,892,405	163,404,353	121,416	57.5	1,351,182
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	48	32	0	15	79	138	75	41	25,787	2,025,354	3,747	1.8	42,310
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	126	126	0	0	165	166	0	19	103,043	16,995,186	12,838	6.1	135,198
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	44	30	2	12	63	157	313	23	805,248	50,661,425	102,872	48.7	1,153,029
Neuromuscular Agents	1.0	0.3	0.1	0.5	68	45	12	11	71	138	124	21	689,969	48,817,021	63,076	29.9	715,493
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	8	16	26	11	16	142,518	2,289,082	24,544	11.6	266,725
Hematological Agents	0.8	0.2	0.0	0.6	47	39	1	7	58	222	34	11	322,281	18,602,768	35,815	17.0	391,833
Topical Products	0.4	0.2	0.0	0.3	18	12	1	5	40	68	54	19	426,391	16,944,945	84,443	40.0	960,738
Miscellaneous Products	0.4	0.2	0.0	0.2	82	61	6	15	206	318	268	82	26,623	5,481,633	5,907	2.8	66,459
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	20	0	0	0	30,205	598,284	7,691	3.6	86,965
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.	9,170,478	574,569,147	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 Massachusetts, 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, MASSACHUSETTS, 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	\$107,853,856	73,947	35.0 %	832,987	0.8	\$172	\$129
ANTIDEPRESSANTS	48,242,528	126,350	59.8	1,416,035	0.6	54	34
ULCER DRUGS	43,130,910	82,387	39.0	925,044	0.5	85	47
ANTICONVULSANT	42,255,059	57,415	27.2	654,427	0.8	82	65
ANTIHYPERLIPIDEMIC	35,648,652	63,161	29.9	724,192	0.6	83	49
ANTIVIRAL	31,960,651	12,358	5.9	142,160	0.5	446	225
ANALGESICS - Narcotic	30,122,391	102,985	48.8	1,155,887	0.4	64	26
ANTIDIABETIC	24,331,797	64,003	30.3	722,781	0.7	52	34
ANTIASTHMATIC	22,121,452	74,037	35.1	838,058	0.4	67	26
NEUROLOGICAL	16,995,027	14,853	7.0	156,635	0.7	165	109
Total	402,662,323	671,496		7,568,206	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 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	4,402,940	\$402,662,323	73,947	35.0 %	832,987	0.8	\$130	126,350	59.8 %	1,416,035	0.6	\$34
Female	2,762,332	230,588,004	43,316	33.3	484,849	0.7	113	84,583	65.1	947,608	0.6	34
Disabled	1,252,221	124,706,000	23,272	48.7	271,134	0.7	130	41,278	86.3	478,033	0.6	39
5 and younger	9	672	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	205	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,372	129,855	54	39.1	612	0.6	80	61	44.2	665	0.5	32
21-44	408,000	44,265,354	10,263	56.6	119,315	0.7	123	15,151	83.6	174,917	0.6	37
45-64	842,828	80,309,914	12,955	43.8	151,207	0.8	135	26,066	88.2	302,451	0.6	40
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,510,054	105,875,700	20,042	24.4	213,698	0.7	92	43,304	52.7	469,565	0.7	29
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	96	8,301	1	20.0	12	0.5	46	4	80.0	46	0.7	36
21-44	8,491	821,478	214	38.8	2,288	0.5	76	451	81.7	4,761	0.5	32
45-64	4,307	426,792	69	28.3	698	0.5	89	184	75.4	1,852	0.5	34
65-74	505,891	38,355,917	4,722	17.8	53,839	0.7	112	12,078	45.4	138,899	0.6	30
75-84	521,703	36,851,782	6,719	24.5	71,947	0.7	95	13,881	50.5	150,955	0.7	29
85 and older	469,566	29,411,430	8,317	30.5	84,914	0.7	78	16,706	61.3	173,052	0.7	29
Male	1,640,608	172,074,319	30,631	37.7	348,138	0.8	152	41,767	51.4	468,427	0.6	34
Disabled	1,132,326	134,410,508	23,938	48.1	278,533	0.8	164	28,913	58.1	333,172	0.6	37
5 and younger	5	274	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	25	15,225	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,844	222,216	57	30.8	646	0.7	143	56	30.3	639	0.5	23
21-44	420,431	54,678,612	11,700	55.9	135,997	0.8	159	11,931	57.0	137,496	0.6	37
45-64	710,021	79,494,181	12,181	42.5	141,890	0.9	168	16,926	59.1	195,037	0.6	37
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	508,281	37,663,808	6,693	21.3	69,605	0.7	107	12,853	40.8	135,250	0.6	28
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	25	657	0	0.0	0	0.0	0	2	200.0	16	0.4	9
21-44	4,654	465,576	106	30.4	1,042	0.6	110	176	50.4	1,754	0.5	28
45-64	5,048	536,676	66	19.4	738	0.8	116	170	50.0	1,678	0.5	30
65-74	239,003	18,811,616	2,513	16.9	27,784	0.8	128	4,949	33.2	55,313	0.6	28
75-84	174,113	12,521,432	2,395	22.8	24,803	0.7	101	4,452	42.4	46,613	0.7	29
85 and older	85,438	5,327,851	1,613	30.0	15,238	0.7	76	3,104	57.6	29,876	0.7	26
Unknown	58	6,307	2	66.7	17	0.7	134	2	66.7	15	0.6	7

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	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	82,387	39.0 %	925,044	0.5	\$47	57,415	27.2 %	654,427	0.8	\$65	63,161	29.9 %	724,192	0.6	\$49
Female	55,173	42.5	619,992	0.5	47	34,401	26.5	391,993	0.8	61	39,722	30.6	456,600	0.6	49
Disabled	19,458	40.7	225,791	0.5	48	21,747	45.5	252,571	0.8	72	12,287	25.7	142,977	0.6	48
5 and younger	1	33.3	12	0.6	36	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	150.0	26	0.5	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	19.6	297	0.4	29	39	28.3	428	0.6	82	4	2.9	48	0.9	49
21-44	5,746	31.7	66,942	0.4	42	9,248	51.0	107,124	0.8	75	1,817	10.0	21,138	0.5	40
45-64	13,681	46.3	158,514	0.5	50	12,460	42.2	145,019	0.8	70	10,466	35.4	121,791	0.6	49
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	35,715	43.5	394,201	0.6	46	12,654	15.4	139,422	0.7	40	27,435	33.4	313,623	0.6	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	40.0	20	0.4	64	2	40.0	24	0.5	117	1	20.0	10	0.7	48
21-44	147	26.6	1,586	0.4	38	231	41.8	2,395	0.6	50	34	6.2	345	0.4	43
45-64	87	35.7	947	0.5	51	84	34.4	879	0.8	79	41	16.8	441	0.5	39
65-74	11,764	44.3	135,827	0.5	47	4,663	17.5	53,600	0.7	45	12,648	47.6	147,008	0.6	50
75-84	11,947	43.5	133,003	0.6	48	4,359	15.9	47,938	0.7	40	10,391	37.8	118,788	0.6	51
85 and older	11,768	43.2	122,818	0.7	45	3,315	12.2	34,586	0.7	32	4,320	15.9	47,031	0.7	48
Male	27,214	33.5	305,052	0.5	46	23,014	28.3	262,434	0.8	70	23,439	28.8	267,592	0.6	49
Disabled	14,949	30.0	172,095	0.5	47	18,058	36.3	209,340	0.8	76	12,790	25.7	148,007	0.6	49
5 and younger	1	33.3	12	0.1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	5	0.2	4	1	25.0	12	0.8	3	2	50.0	17	0.3	9
15-20	28	15.1	306	0.4	25	53	28.6	608	0.8	80	13	7.0	156	0.5	36
21-44	4,888	23.4	56,241	0.5	43	8,163	39.0	94,550	0.8	80	2,963	14.2	34,425	0.6	44
45-64	10,031	35.0	115,531	0.6	49	9,841	34.3	114,170	0.9	74	9,812	34.2	113,409	0.6	50
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	12,265	38.9	132,957	0.5	45	4,956	15.7	53,094	0.7	46	10,649	33.8	119,585	0.6	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	8	0.6	8	0	0.0	0	0.0	0	1	100.0	8	1.5	56
21-44	76	21.8	772	0.5	37	92	26.4	852	0.6	44	53	15.2	541	0.4	31
45-64	103	30.3	1,089	0.5	46	72	21.2	740	0.6	51	111	32.6	1,097	0.6	49
65-74	5,369	36.0	60,713	0.5	44	2,299	15.4	25,769	0.7	52	6,028	40.4	68,908	0.6	51
75-84	4,360	41.5	47,266	0.6	45	1,734	16.5	18,316	0.7	43	3,527	33.6	39,408	0.6	51
85 and older	2,356	43.8	23,109	0.6	45	759	14.1	7,417	0.7	36	929	17.3	9,623	0.6	46
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 Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 2004

Beneficiary Characteristics	ANTIVIRAL					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	12,358	5.9 %	142,160	0.5	\$225	102,985	48.8 %	1,155,887	0.4	\$26	64,003	30.3 %	722,781	0.7	\$34
Female	5,125	3.9	59,306	0.4	140	67,034	51.6	752,155	0.4	22	40,468	31.1	458,145	0.7	33
Disabled	3,461	7.2	40,489	0.4	188	33,070	69.2	383,984	0.4	29	12,110	25.3	139,900	0.6	39
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	10	7.2	114	0.2	42	54	39.1	596	0.2	3	6	4.3	66	0.5	20
15-20	1,595	8.8	18,581	0.4	181	12,380	68.3	143,545	0.4	27	2,142	11.8	24,818	0.6	38
21-44	1,856	6.3	21,794	0.5	194	20,636	69.8	239,843	0.4	30	9,962	33.7	115,016	0.7	39
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,664	2.0	18,817	0.2	38	33,963	41.4	368,164	0.4	16	28,356	34.5	318,231	0.7	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	120.0	65	0.2	2	2	40.0	20	0.5	61
21-44	39	7.1	429	0.3	135	449	81.3	4,786	0.4	32	54	9.8	548	0.5	39
45-64	17	7.0	197	0.5	273	171	70.1	1,872	0.4	17	47	19.3	445	0.7	34
65-74	564	2.1	6,572	0.2	62	12,305	46.3	141,843	0.3	15	12,302	46.3	142,100	0.6	34
75-84	500	1.8	5,722	0.2	27	10,954	39.9	120,592	0.4	16	10,391	37.8	116,453	0.7	29
85 and older	544	2.0	5,897	0.1	8	10,078	37.0	99,006	0.4	17	5,560	20.4	58,665	0.7	23
Male	7,233	8.9	82,854	0.6	285	35,951	44.2	403,732	0.4	33	23,535	29.0	264,636	0.6	35
Disabled	6,582	13.2	75,587	0.6	304	25,261	50.8	289,877	0.5	39	12,078	24.3	138,622	0.7	39
5 and younger	1	33.3	12	0.1	9	2	66.7	13	0.2	1	0	0.0	0	0.0	0
6-14	1	25.0	12	0.6	1,246	1	25.0	12	0.2	1	1	25.0	12	0.1	4
15-20	4	2.2	45	0.6	715	62	33.5	672	0.2	9	8	4.3	86	0.7	46
21-44	2,931	14.0	33,775	0.6	282	9,942	47.5	114,229	0.4	39	2,579	12.3	29,603	0.6	38
45-64	3,645	12.7	41,743	0.7	321	15,254	53.2	174,951	0.5	40	9,490	33.1	108,921	0.7	39
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	651	2.1	7,267	0.3	97	10,690	33.9	113,855	0.3	17	11,457	36.4	126,014	0.6	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	4.6	187	0.5	257	234	67.0	2,373	0.6	54	51	14.6	489	0.5	31
45-64	14	4.1	153	0.5	317	189	55.6	2,002	0.6	72	91	26.8	875	0.6	43
65-74	360	2.4	4,054	0.3	136	5,200	34.9	58,140	0.3	17	6,264	42.0	70,933	0.6	33
75-84	182	1.7	2,080	0.2	26	3,373	32.1	35,880	0.3	13	3,759	35.8	40,800	0.6	28
85 and older	79	1.5	793	0.1	9	1,694	31.5	15,460	0.4	12	1,292	24.0	12,917	0.7	22
Unknown	0	0.0	0	0.0	0	1	33.3	7	1.7	451	2	66.7	14	0.4	17

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	74,037	35.1 %	838,058	0.4	\$26	14,853	7.0 %	156,635	0.7	\$109	211,174	2,294,258
Female	50,289	38.7	570,052	0.4	26	11,142	8.6	118,427	0.7	110	129,920	1,412,858
Disabled	21,756	45.5	252,496	0.4	25	1,030	2.2	11,990	0.6	405	47,809	538,416
5 and younger	1	33.3	12	0.2	20	0	0.0	0	0.0	0	3	15
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
15-20	41	29.7	445	0.2	13	0	0.0	0	0.0	0	138	1,490
21-44	6,772	37.4	78,536	0.3	20	295	1.6	3,446	0.6	499	18,122	203,320
45-64	14,942	50.6	173,503	0.4	28	735	2.5	8,544	0.6	367	29,544	333,576
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	28,531	34.7	317,542	0.4	27	10,111	12.3	106,427	0.7	77	82,111	874,442
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	40.0	24	0.3	11	0	0.0	0	0.0	0	5	54
21-44	166	30.1	1,739	0.3	12	8	1.4	94	0.5	550	552	5,031
45-64	94	38.5	1,016	0.4	25	3	1.2	36	1.0	1,132	244	2,129
65-74	11,019	41.5	126,905	0.4	30	1,087	4.1	12,207	0.6	86	26,577	298,473
75-84	9,024	32.8	101,163	0.4	27	3,815	13.9	40,326	0.7	75	27,480	297,984
85 and older	8,226	30.2	86,695	0.4	21	5,198	19.1	53,764	0.7	74	27,253	270,771
Male	23,748	29.2	268,006	0.4	27	3,711	4.6	38,208	0.6	104	81,251	881,378
Disabled	12,768	25.7	147,345	0.4	26	647	1.3	7,564	0.6	233	49,761	553,133
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	41
15-20	36	19.5	427	0.4	25	0	0.0	0	0.0	0	185	1,999
21-44	3,911	18.7	45,324	0.3	21	176	0.8	2,057	0.5	305	20,914	232,666
45-64	8,821	30.8	101,594	0.4	28	471	1.6	5,507	0.6	206	28,655	318,408
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	10,980	34.9	120,661	0.4	29	3,064	9.7	30,644	0.6	72	31,490	328,245
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	100.0	8	0.1	2	0	0.0	0	0.0	0	1	8
21-44	79	22.6	890	0.4	26	4	1.1	48	0.4	87	349	3,000
45-64	79	23.2	797	0.3	21	7	2.1	75	0.5	174	340	3,000
65-74	5,185	34.8	59,081	0.5	32	596	4.0	6,472	0.6	75	14,906	162,390
75-84	3,786	36.0	41,374	0.4	28	1,351	12.9	13,461	0.7	73	10,509	110,132
85 and older	1,850	34.4	18,511	0.4	23	1,106	20.5	10,588	0.7	69	5,385	49,715
Unknown	2	66.7	14	0.8	31	1	33.3	10	0.8	9	3	22

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 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	\$278	6.1	29,187	297,386
Age				
0-64	465	6.9	1,837	20,719
65-74	405	7.5	2,808	30,117
75-84	298	6.5	8,792	89,859
85 and older	217	5.5	15,750	156,691
Unknown	0	0.0	0	0
Gender				
Female	263	6.0	22,369	229,199
Male	326	6.4	6,818	68,187
Unknown	0	0.0	0	0
Race				
White	285	6.1	20,337	210,280
African American	340	6.4	444	4,765
Other/unknown	255	6	8,406	82,341
Basis of Eligibility^c				
Aged	264	6.0	27,350	276,667
Disabled	465	6.9	1,836	20,707
Adults	699	9.8	1	12
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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, MASSACHUSETTS, 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	0.3	0.1	0.0	0.2	\$16	\$12	\$1	\$3	\$48	\$83	\$76	\$18	63,696	\$3,088,240	18,340	62.8 %	195,680
Biologicals	0.1	0.0	0.0	0.1	3	0	0	2	28	75	0	26	378	10,569	361	1.2	3,942
Antineoplastic Agents	0.6	0.1	0.0	0.5	73	34	0	39	127	303	168	84	8,672	1,101,143	1,543	5.3	15,175
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	34	26	2	6	30	64	14	11	154,949	4,704,136	13,112	44.9	138,765
Cardiovascular Agents	2.0	0.3	0.1	1.6	38	19	1	18	19	55	11	12	413,994	7,910,529	20,155	69.1	209,972
Respiratory Agents	0.7	0.5	0.0	0.2	36	33	0	3	51	70	44	13	63,697	3,272,528	8,504	29.1	90,725
Gastrointestinal Agents	0.9	0.5	0.0	0.5	51	44	0	7	55	93	36	15	152,832	8,357,235	15,417	52.8	162,458
Genitourinary Agents	0.5	0.3	0.0	0.2	29	23	1	5	54	69	42	29	31,694	1,717,760	5,433	18.6	58,791
CNS Drugs	1.6	0.7	0.1	0.9	116	88	7	20	71	135	69	23	373,587	26,546,828	21,841	74.8	228,905
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	18	9	0	9	28	77	35	16	2,426	66,723	357	1.2	3,798
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	102	102	0	0	115	115	0	20	54,231	6,223,855	5,835	20.0	60,745
Analgesics and Anesthetics	0.8	0.4	0.0	0.4	43	37	1	5	53	103	71	12	98,399	5,229,156	12,199	41.8	122,692
Neuromuscular Agents	1.2	0.4	0.1	0.6	68	38	11	19	58	94	81	30	108,697	6,270,628	8,527	29.2	91,866
Nutritional Products	0.7	0.0	0.0	0.6	11	0	0	10	15	16	12	15	45,242	682,087	6,276	21.5	64,770
Hematological Agents	1.4	0.2	0.1	1.1	40	32	1	7	29	164	14	7	129,884	3,791,943	9,076	31.1	94,879
Topical Products	0.6	0.2	0.0	0.3	19	12	1	6	32	52	45	18	104,705	3,390,646	16,086	55.1	174,822
Miscellaneous Products	0.3	0.1	0.0	0.2	14	5	0	9	53	82	136	44	3,026	160,894	1,090	3.7	11,621
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	4,856	70,565	1,218	4.2	12,655
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.	1,814,965	82,595,465	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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 Massachusetts, 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, MASSACHUSETTS, 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	\$17,162,169	13,756	47.1 %	146,881	0.8	\$141	\$117
ANTIDEPRESSANTS	8,745,284	24,041	82.4	256,126	0.8	43	34
ULCER DRUGS	7,304,872	13,774	47.2	145,674	0.8	66	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,223,855	6,835	23.4	71,299	0.8	115	87
ANTICONVULSANT	4,747,887	7,620	26.1	83,227	0.9	63	57
ANTIHYPERLIPIDEMIC	2,907,782	5,241	18.0	56,315	0.8	62	52
ANALGESICS - Narcotic	2,856,495	10,540	36.1	103,312	0.5	52	28
ANTIASTHMATIC	2,727,861	10,883	37.3	116,534	0.4	53	23
ANTIDIABETIC	2,574,646	8,560	29.3	91,680	0.9	33	28
MISC. ENDOCRINE	2,153,342	4,860	16.7	52,297	0.7	61	41
Total	57,404,193	106,110		1,123,345	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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, MASSACHUSETTS, 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	832,419	\$57,404,193	13,756	47.1 %	146,881	0.8	\$117	24,041	82.4 %	256,126	0.8	\$34
Female	626,064	42,167,640	10,299	46.0	110,160	0.8	110	18,459	82.5	197,639	0.8	34
Disabled	36,544	3,436,368	554	65.7	6,410	1.0	177	743	88.1	8,507	0.9	50
64 or younger	36,544	3,436,368	554	65.7	6,410	1.0	177	743	88.1	8,507	0.9	50
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	589,520	38,731,272	9,745	45.3	103,750	0.8	105	17,716	82.3	189,132	0.8	33
64 or younger	68	7,408	3	300.0	36	0.4	132	3	300.0	36	0.4	4
65-74	69,674	5,423,406	1,056	65.1	11,939	1.0	161	1,451	89.5	16,286	0.8	40
75-84	206,528	14,043,610	3,393	53.0	36,584	0.8	114	5,726	89.4	61,469	0.8	34
85 and older	313,250	19,256,848	5,293	39.2	55,191	0.7	88	10,536	78.1	111,341	0.8	32
Male	206,355	15,236,553	3,457	50.7	36,721	0.9	139	5,582	81.9	58,487	0.8	35
Disabled	40,476	3,723,170	638	64.2	7,324	1.1	199	755	76.0	8,574	0.9	40
64 or younger	40,476	3,723,170	638	64.2	7,324	1.1	199	755	76.0	8,574	0.9	40
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	165,879	11,513,383	2,819	48.4	29,397	0.8	124	4,827	82.9	49,913	0.8	34
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	45,002	3,561,522	730	61.6	8,175	0.9	163	1,049	88.4	11,432	0.8	38
75-84	70,823	4,883,469	1,183	49.5	12,456	0.8	121	2,054	86.0	21,450	0.8	35
85 and older	50,054	3,068,392	906	40.2	8,766	0.8	91	1,724	76.6	17,031	0.8	29
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 Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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, MASSACHUSETTS, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	13,774	47.2 %	145,674	0.8	\$50	6,835	23.4 %	71,299	0.8	\$87	7,620	26.1 %	83,227	0.9	\$57
Female	10,317	46.1	109,470	0.7	49	5,301	23.7	55,820	0.8	87	5,149	23.0	56,269	0.9	52
Disabled	427	50.7	4,882	0.8	57	86	10.2	1,011	0.7	383	613	72.7	7,103	1.1	88
64 or younger	427	50.7	4,882	0.8	57	86	10.2	1,011	0.7	383	613	72.7	7,103	1.1	88
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	9,890	45.9	104,588	0.7	49	5,215	24.2	54,809	0.8	81	4,536	21.1	49,166	0.9	47
64 or younger	1	100.0	12	1.0	74	0	0.0	0	0.0	0	1	100.0	12	2.3	136
65-74	865	53.3	9,582	0.8	56	272	16.8	2,963	0.8	105	797	49.1	9,072	0.9	64
75-84	2,991	46.7	31,864	0.8	51	1,819	28.4	19,012	0.8	82	1,819	28.4	19,769	0.9	50
85 and older	6,033	44.7	63,130	0.7	46	3,124	23.1	32,834	0.8	79	1,919	14.2	20,313	0.8	36
Male	3,457	50.7	36,204	0.8	54	1,534	22.5	15,479	0.8	89	2,471	36.2	26,958	0.9	67
Disabled	528	53.2	6,057	0.8	60	66	6.6	757	0.7	214	711	71.6	8,342	1.1	95
64 or younger	528	53.2	6,057	0.8	60	66	6.6	757	0.7	214	711	71.6	8,342	1.1	95
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,929	50.3	30,147	0.8	53	1,468	25.2	14,722	0.8	83	1,760	30.2	18,616	0.9	55
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	643	54.2	6,988	0.8	55	213	18.0	2,285	0.8	93	576	48.6	6,402	1.0	69
75-84	1,240	51.9	12,864	0.8	53	646	27.1	6,515	0.8	84	775	32.5	8,103	0.9	51
85 and older	1,046	46.5	10,295	0.8	50	609	27.1	5,922	0.8	78	409	18.2	4,111	0.8	41
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 Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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, MASSACHUSETTS, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					ANTIASTHMATIC				
	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	5,241	18.0 %	56,315	0.8	\$52	10,540	36.1 %	103,312	0.5	\$28	10,883	37.3 %	116,534	0.4	\$23
Female	3,747	16.8	40,414	0.8	51	8,373	37.4	82,596	0.5	28	8,142	36.4	87,698	0.4	23
Disabled	180	21.4	2,087	0.8	55	352	41.8	3,986	0.6	44	367	43.5	4,120	0.5	27
64 or younger	180	21.4	2,087	0.8	55	352	41.8	3,986	0.6	44	367	43.5	4,120	0.5	27
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,567	16.6	38,327	0.8	51	8,021	37.3	78,610	0.5	28	7,775	36.1	83,578	0.4	22
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	529	32.6	5,988	0.8	57	721	44.5	7,704	0.6	39	777	47.9	8,577	0.6	34
75-84	1,512	23.6	16,033	0.8	53	2,333	36.4	23,396	0.6	33	2,383	37.2	25,904	0.5	25
85 and older	1,526	11.3	16,306	0.8	47	4,967	36.8	47,510	0.5	23	4,615	34.2	49,097	0.4	19
Male	1,494	21.9	15,901	0.8	52	2,167	31.8	20,716	0.5	25	2,741	40.2	28,836	0.5	26
Disabled	254	25.6	2,981	0.8	54	327	32.9	3,594	0.6	36	349	35.1	4,027	0.5	28
64 or younger	254	25.6	2,981	0.8	54	327	32.9	3,594	0.6	36	349	35.1	4,027	0.5	28
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,240	21.3	12,920	0.8	52	1,840	31.6	17,122	0.5	22	2,392	41.1	24,809	0.5	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	354	29.8	3,910	0.9	57	363	30.6	3,677	0.5	33	508	42.8	5,573	0.6	33
75-84	576	24.1	5,933	0.8	51	737	30.9	6,907	0.5	20	1,033	43.3	10,704	0.5	26
85 and older	310	13.8	3,077	0.8	46	740	32.9	6,538	0.5	18	851	37.8	8,532	0.4	22
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 Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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.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, MASSACHUSETTS, 2004

Beneficiary Characteristics	ANTIDIABETIC					MISC. ENDOCRINE					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	8,560	29.3 %	91,680	0.9	\$28	4,860	16.7 %	52,297	0.7	\$41	29,187	297,386
Female	6,258	28.0	67,191	0.9	28	4,495	20.1	48,423	0.7	41	22,369	229,199
Disabled	299	35.5	3,367	0.9	33	150	17.8	1,759	0.7	47	843	9,529
64 or younger	299	35.5	3,367	0.9	33	150	17.8	1,759	0.7	47	843	9,529
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,959	27.7	63,824	0.9	28	4,345	20.2	46,664	0.7	40	21,526	219,670
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	824	50.8	9,249	0.9	37	281	17.3	3,175	0.7	44	1,622	17,634
75-84	2,453	38.3	26,345	0.9	29	1,336	20.9	14,462	0.7	41	6,404	66,246
85 and older	2,682	19.9	28,230	0.8	24	2,728	20.2	29,027	0.7	40	13,499	135,778
Male	2,302	33.8	24,489	0.8	28	365	5.4	3,874	0.7	50	6,818	68,187
Disabled	341	34.3	3,888	0.9	38	57	5.7	674	0.7	70	993	11,178
64 or younger	341	34.3	3,888	0.9	38	57	5.7	674	0.7	70	993	11,178
65-74	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,961	33.7	20,601	0.8	26	308	5.3	3,200	0.7	46	5,825	57,009
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	547	46.1	6,079	0.9	31	55	4.6	608	0.7	74	1,186	12,483
75-84	866	36.3	8,906	0.8	24	118	4.9	1,227	0.7	41	2,388	23,613
85 and older	548	24.3	5,616	0.8	24	135	6.0	1,365	0.6	37	2,251	20,913
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 Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 16,522 beneficiaries who were in nursing facilities for part of their enrollment and their 160,109 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}
MASSACHUSETTS, 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	97,934	46.4 %	3.9	827,125	\$44	\$9,312,422	\$11	1.6 %	211,174
Age									
5 and younger	2	33.3	1.3	8	7	43	5	0.6	6
6-14	5	83.3	11.8	71	477	2,859	40	7.4	6
15-20	91	27.7	1.8	602	15	4,936	8	0.8	329
21-44	17,510	43.8	3.9	157,018	44	1,748,679	11	1.4	39,937
45-64	30,559	52.0	5.2	305,791	63	3,680,295	12	1.7	58,783
65-74	19,422	46.8	3.5	146,312	37	1,533,881	10	1.6	41,483
75-84	17,009	44.8	3.3	125,305	34	1,309,000	10	1.6	37,989
85 and older	13,334	40.9	2.8	92,011	32	1,032,671	11	1.7	32,638
Unknown	2	66.7	2.3	7	19	58	8	0.7	3
Basis of Eligibility^c									
Aged	49,764	44.4	3.2	363,621	35	3,875,442	11	1.6	112,088
Disabled	47,578	48.8	4.7	459,622	55	5,393,989	12	1.6	97,570
Adults	590	39.0	2.6	3,863	28	42,501	11	1.4	1,512
Children	2	50.0	4.8	19	123	490	26	0.9	4
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	64,453	49.6	4.2	546,348	49	6,341,379	12	1.8	129,922
Male	33,481	41.2	3.5	280,777	37	2,971,043	11	1.3	81,252
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	68,490	47.4	4.1	593,380	45	6,574,107	11	1.7	144,574
African American	5,001	44.6	3.3	36,732	28	309,698	8	1.2	11,214
Other/unknown	24,443	44.1	3.6	197,013	44	2,428,617	12	1.6	55,386
Use of Nursing Facilities^d									
Entire year	11,889	40.7	3.2	93,176	43	1,246,433	13	1.5	29,187
Part year	9,284	56.2	4.0	66,769	48	796,323	12	1.9	16,522
None	76,761	46.4	4.0	667,180	44	7,269,666	11	1.6	165,465
Maintenance Assistance Status									
Cash	44,283	49.1	4.2	376,583	41	3,700,350	10	1.6	90,176
Medically needy	5,825	43.1	4.1	56,143	44	592,889	11	1.9	13,530
Poverty related	34,841	45.4	3.9	298,490	48	3,646,435	12	1.6	76,700
Other/unknown	12,985	42.2	3.1	95,909	45	1,372,748	14	1.6	30,768

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
MASSACHUSETTS, 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	0.4	\$4	\$11	\$0	\$2	2,294,258
Age						
5 and younger	0.2	1	5	0	0	34
6-14	1.3	51	40	0	1	56
15-20	0.2	1	8	0	0	3,551
21-44	0.4	4	11	0	2	444,017
45-64	0.5	6	12	0	3	657,113
65-74	0.3	3	10	0	2	460,863
75-84	0.3	3	10	0	1	408,116
85 and older	0.3	3	11	0	1	320,486
Unknown	0.3	3	8	0	3	22
Basis of Eligibility^c						
Aged	0.3	3	11	0	1	1,189,347
Disabled	0.4	5	12	0	3	1,091,549
Adults	0.3	3	11	0	2	13,323
Children	0.5	13	26	0	0	39
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	4	12	0	2	1,412,875
Male	0.3	3	11	0	2	881,383
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	4	11	0	2	1,586,996
African American	0.3	3	8	0	1	123,732
Other/unknown	0.3	4	12	0	2	583,530
Use of Nursing Facilities^d						
Entire year	0.3	4	13	0	2	297,386
Part year	0.4	5	12	0	2	160,109
None	0.4	4	11	0	2	1,836,763
Maintenance Assistance Status						
Cash	0.4	4	10	0	2	1,037,500
Medically needy	0.4	4	11	0	2	139,043
Poverty related	0.4	4	12	0	2	821,249
Other/unknown	0.3	5	14	0	2	296,466

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
MASSACHUSETTS, 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	130,130	\$72	\$9,312,422	100.0 %	827,125	\$11	100.0 %
Anorexia or weight loss/gain	1	41	41	0.0	1	41	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	125	13	1,574	0.0	200	8	0.0
Cough and cold medications	2,901	63	184,063	2.0	6,289	29	0.8
Vitamins and minerals	23,649	93	2,202,996	23.7	139,211	16	16.8
Non-prescription drugs	40,806	29	1,190,209	12.8	243,829	5	29.5
Barbiturates	1,597	59	94,235	1.0	17,341	5	2.1
Benzodiazepines	55,198	86	4,761,543	51.1	393,112	12	47.5
Other Part D Excl Rx Drugs	5,853	150	877,761	9.4	27,142	32	3.3

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
 MASSACHUSETTS, 2004

Total Number of Dual Eligible Beneficiaries	211,174
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$574,569,147
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,721

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	22,083	10.5 %	\$0	0.0 %
1-500	41,024	19.4	8,405,781	1.5
501-1,000	24,074	11.4	17,820,967	3.1
1,001-1,500	19,133	9.1	23,759,956	4.1
1,501-2,000	15,880	7.5	27,655,930	4.8
2,001-2,500	13,318	6.3	29,872,468	5.2
2,501-3,000	11,282	5.3	30,951,033	5.4
3,001-3,500	9,480	4.5	30,763,960	5.4
3,501-4,000	7,879	3.7	29,477,644	5.1
4,001-4,500	6,702	3.2	28,455,129	5.0
4,501-5,000	5,584	2.6	26,506,089	4.6
5,001-5,500	4,711	2.2	24,722,492	4.3
5,501-6,000	3,869	1.8	22,225,408	3.9
6,001-6,500	3,337	1.6	20,841,035	3.6
6,501-7,000	2,893	1.4	19,498,347	3.4
7,001-7,500	2,462	1.2	17,824,731	3.1
7,501-8,000	2,090	1.0	16,179,423	2.8
8,001-8,500	1,742	0.8	14,369,726	2.5
8,501-9,000	1,595	0.8	13,954,949	2.4
9,001-9,500	1,353	0.6	12,516,204	2.2
9,501-10,000	1,127	0.5	10,978,867	1.9
10,001+	9,556	4.5	147,789,008	25.7

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
 MASSACHUSETTS, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	97,570
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$334,411,758
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,427

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,509	10.8 %	0	0.0 %
1-500	18,724	19.2	3,590,403	1.1
501-1,000	9,541	9.8	7,031,249	2.1
1,001-1,500	7,305	7.5	9,064,685	2.7
1,501-2,000	6,139	6.3	10,691,659	3.2
2,001-2,500	5,193	5.3	11,657,626	3.5
2,501-3,000	4,544	4.7	12,473,105	3.7
3,001-3,500	3,910	4.0	12,693,396	3.8
3,501-4,000	3,319	3.4	12,432,497	3.7
4,001-4,500	2,981	3.1	12,661,781	3.8
4,501-5,000	2,708	2.8	12,873,041	3.8
5,001-5,500	2,325	2.4	12,208,444	3.7
5,501-6,000	2,077	2.1	11,934,547	3.6
6,001-6,500	1,793	1.8	11,203,808	3.4
6,501-7,000	1,699	1.7	11,449,556	3.4
7,001-7,500	1,482	1.5	10,731,055	3.2
7,501-8,000	1,349	1.4	10,443,699	3.1
8,001-8,500	1,139	1.2	9,393,017	2.8
8,501-9,000	1,093	1.1	9,565,319	2.9
9,001-9,500	958	1.0	8,862,421	2.7
9,501-10,000	819	0.8	7,979,543	2.4
10,001+	7,963	8.2	125,470,907	37.5

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
 MASSACHUSETTS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	112,110
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$237,037,368
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,114

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,298	10.1 %	0	0.0 %
1-500	21,872	19.5	4,738,551	2.0
501-1,000	14,370	12.8	10,672,090	4.5
1,001-1,500	11,705	10.4	14,544,226	6.1
1,501-2,000	9,655	8.6	16,814,719	7.1
2,001-2,500	8,069	7.2	18,091,567	7.6
2,501-3,000	6,680	6.0	18,317,102	7.7
3,001-3,500	5,526	4.9	17,926,519	7.6
3,501-4,000	4,527	4.0	16,921,405	7.1
4,001-4,500	3,684	3.3	15,635,578	6.6
4,501-5,000	2,865	2.6	13,581,657	5.7
5,001-5,500	2,367	2.1	12,414,727	5.2
5,501-6,000	1,777	1.6	10,204,877	4.3
6,001-6,500	1,530	1.4	9,550,069	4.0
6,501-7,000	1,183	1.1	7,974,922	3.4
7,001-7,500	966	0.9	6,992,496	2.9
7,501-8,000	727	0.6	5,626,498	2.4
8,001-8,500	595	0.5	4,910,541	2.1
8,501-9,000	498	0.4	4,354,781	1.8
9,001-9,500	390	0.3	3,607,383	1.5
9,501-10,000	297	0.3	2,891,960	1.2
10,001+	1,529	1.4	21,265,700	9.0

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
 MASSACHUSETTS, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	41,483
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$93,458,609
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,253

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,633	11.2 %	0	0.0 %
1-500	7,612	18.3	1,624,024	1.7
501-1,000	5,145	12.4	3,824,985	4.1
1,001-1,500	4,325	10.4	5,378,751	5.8
1,501-2,000	3,544	8.5	6,173,568	6.6
2,001-2,500	2,910	7.0	6,532,022	7.0
2,501-3,000	2,454	5.9	6,732,635	7.2
3,001-3,500	1,951	4.7	6,330,802	6.8
3,501-4,000	1,555	3.7	5,810,641	6.2
4,001-4,500	1,344	3.2	5,705,214	6.1
4,501-5,000	1,036	2.5	4,913,422	5.3
5,001-5,500	870	2.1	4,564,384	4.9
5,501-6,000	621	1.5	3,567,417	3.8
6,001-6,500	580	1.4	3,623,093	3.9
6,501-7,000	479	1.2	3,231,164	3.5
7,001-7,500	412	1.0	2,982,141	3.2
7,501-8,000	300	0.7	2,323,192	2.5
8,001-8,500	261	0.6	2,152,483	2.3
8,501-9,000	220	0.5	1,922,488	2.1
9,001-9,500	186	0.4	1,719,887	1.8
9,501-10,000	147	0.4	1,432,715	1.5
10,001+	898	2.2	12,913,581	13.8

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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}
 MASSACHUSETTS, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	37,989
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$83,606,530
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,201

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,737	9.8 %	0	0.0 %
1-500	6,574	17.3	1,454,169	1.7
501-1,000	4,706	12.4	3,527,687	4.2
1,001-1,500	4,004	10.5	4,987,353	6.0
1,501-2,000	3,345	8.8	5,826,904	7.0
2,001-2,500	2,844	7.5	6,378,836	7.6
2,501-3,000	2,445	6.4	6,698,350	8.0
3,001-3,500	2,005	5.3	6,502,048	7.8
3,501-4,000	1,675	4.4	6,262,818	7.5
4,001-4,500	1,297	3.4	5,504,448	6.6
4,501-5,000	1,044	2.7	4,951,360	5.9
5,001-5,500	882	2.3	4,627,867	5.5
5,501-6,000	676	1.8	3,879,775	4.6
6,001-6,500	575	1.5	3,584,852	4.3
6,501-7,000	451	1.2	3,041,470	3.6
7,001-7,500	358	0.9	2,590,211	3.1
7,501-8,000	275	0.7	2,127,484	2.5
8,001-8,500	219	0.6	1,808,255	2.2
8,501-9,000	193	0.5	1,688,062	2.0
9,001-9,500	140	0.4	1,296,583	1.6
9,501-10,000	110	0.3	1,068,481	1.3
10,001+	434	1.1	5,799,517	6.9

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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}
 MASSACHUSETTS, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	32,638
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$59,972,229
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,838

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,928	9.0 %	0	0.0 %
1-500	7,686	23.5	1,660,358	2.8
501-1,000	4,519	13.8	3,319,418	5.5
1,001-1,500	3,376	10.3	4,178,122	7.0
1,501-2,000	2,766	8.5	4,814,247	8.0
2,001-2,500	2,315	7.1	5,180,709	8.6
2,501-3,000	1,781	5.5	4,886,117	8.1
3,001-3,500	1,570	4.8	5,093,669	8.5
3,501-4,000	1,297	4.0	4,847,946	8.1
4,001-4,500	1,043	3.2	4,425,916	7.4
4,501-5,000	785	2.4	3,716,875	6.2
5,001-5,500	615	1.9	3,222,476	5.4
5,501-6,000	480	1.5	2,757,685	4.6
6,001-6,500	375	1.1	2,342,124	3.9
6,501-7,000	253	0.8	1,702,288	2.8
7,001-7,500	196	0.6	1,420,144	2.4
7,501-8,000	152	0.5	1,175,822	2.0
8,001-8,500	115	0.4	949,803	1.6
8,501-9,000	85	0.3	744,231	1.2
9,001-9,500	64	0.2	590,913	1.0
9,501-10,000	40	0.1	390,764	0.7
10,001+	197	0.6	2,552,602	4.3

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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, MASSACHUSETTS, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	211,869	112,119	98,078	1,666	6	0	2,316,147	1,191,282	1,108,574	16,222	69	0
Age												
5 and younger	6	0	6	0	0	0	34	0	34	0	0	0
6-14	7	0	6	0	1	0	68	0	56	0	12	0
15-20	338	0	330	3	5	0	3,904	0	3,812	35	57	0
21-44	40,270	0	39,280	990	0	0	454,704	0	444,848	9,856	0	0
45-64	59,102	0	58,456	646	0	0	665,973	0	659,824	6,149	0	0
65-74	41,514	41,487	0	27	0	0	462,809	462,627	0	182	0	0
75-84	37,991	37,991	0	0	0	0	408,141	408,141	0	0	0	0
85 and older	32,638	32,638	0	0	0	0	320,492	320,492	0	0	0	0
Unknown	3	3	0	0	0	0	22	22	0	0	0	0
Gender												
Female	130,253	81,312	48,043	895	3	0	1,424,819	868,317	547,589	8,880	33	0
Male	81,616	30,807	50,035	771	3	0	891,328	322,965	560,985	7,342	36	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	144,996	81,988	62,189	819	0	0	1,599,864	884,985	707,048	7,831	0	0
African American	11,281	4,918	6,222	140	1	0	125,980	54,997	69,707	1,264	12	0
Other/unknown	55,592	25,213	29,667	707	5	0	590,303	251,300	331,819	7,127	57	0
Use of Nursing Facilities^c												
Entire year	29,187	27,350	1,836	1	0	0	297,386	276,667	20,707	12	0	0
Part year	16,522	14,128	2,381	13	0	0	160,202	133,642	26,417	143	0	0
None	166,160	70,641	93,861	1,652	6	0	1,858,559	780,973	1,061,450	16,067	69	0
Maintenance Assistance Status												
Cash	90,519	51,209	39,090	220	0	0	1,047,739	588,796	456,853	2,090	0	0
Medically needy	13,552	8,720	4,832	0	0	0	139,910	85,706	54,204	0	0	0
Poverty related	76,866	32,655	44,206	0	5	0	828,464	339,617	488,790	0	57	0
Other/unknown	30,932	19,535	9,950	1,446	1	0	300,034	177,163	108,727	14,132	12	0
Dual Status^d												
Full dual, all year	209,637	109,946	98,019	1,666	6	0	2,291,025	1,166,784	1,107,950	16,222	69	0
Full dual, part year	2,232	2,173	59	0	0	0	25,122	24,498	624	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	208,471	111,795	95,424	1,250	2	0	2,277,831	1,187,631	1,078,266	11,913	21	0
FFS part year, with Rx claims	2,293	250	1,857	184	2	0	26,776	2,900	21,793	2,059	24	0
FFS part year, no Rx claims	410	43	289	78	0	0	4,332	449	3,121	762	0	0
MC all year, with Rx claims	64	8	42	14	0	0	733	96	481	156	0	0
MC all year, no Rx claims	631	23	466	140	2	0	6,475	206	4,913	1,332	24	0

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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, MASSACHUSETTS, 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	211,869	2,316,147	211,174	2,294,258	0	21,889
Fee-for-service (FFS) all year	208,471	2,277,831	208,471	2,277,831	0	0
FFS part year, with Rx claims	2,293	26,776	2,293	14,710	0	12,066
FFS part year, with no Rx claims	410	4,332	410	1,717	0	2,615
Managed care (MC) all year, with Rx claims	64	733	0	0	0	733
MC all year, with no Rx claims	631	6,475	0	0	0	6,475

Source: Data for this table are from the MAX 2004 file for Massachusetts, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.