

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	109,858	60,149	44,891	4,774	37	7	1,139,576	614,835	478,497	45,917	256	71
Age												
5 and younger	6	0	5	0	1	0	64	0	60	0	4	0
6-14	12	0	5	0	7	0	110	0	49	0	61	0
15-20	120	0	99	0	21	0	911	0	764	0	147	0
21-44	15,495	23	13,797	1,669	6	0	161,486	246	145,791	15,418	31	0
45-64	24,216	145	21,079	2,987	0	5	253,220	1,469	221,974	29,726	0	51
65-74	27,313	21,202	6,000	107	2	2	286,684	219,391	66,582	678	13	20
75-84	26,644	23,813	2,821	10	0	0	279,615	247,638	31,894	83	0	0
85 and older	16,052	14,966	1,085	1	0	0	157,486	146,091	11,383	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	71,990	44,855	24,648	2,464	16	7	753,238	463,949	265,192	23,888	138	71
Male	37,868	15,294	20,243	2,310	21	0	386,338	150,886	213,305	22,029	118	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	54,293	29,546	22,590	2,140	11	6	560,957	297,426	242,991	20,392	80	68
African American	43,582	21,777	19,315	2,468	21	1	453,329	224,753	204,438	23,993	142	3
Other/unknown	11,983	8,826	2,986	166	5	0	125,290	92,656	31,068	1,532	34	0
Use of Nursing Facilities^c												
Entire year	14,509	12,902	1,606	1	0	0	142,840	125,742	17,086	12	0	0
Part year	6,223	4,947	1,264	11	1	0	57,232	44,349	12,762	109	12	0
None	89,126	42,300	42,021	4,762	36	7	939,504	444,744	448,649	45,796	244	71
Maintenance Assistance Status												
Cash	42,362	16,740	25,472	145	5	0	471,125	188,019	282,295	792	19	0
Medically needy	23,727	19,022	4,493	208	4	0	213,886	174,177	38,541	1,131	37	0
Poverty-related	898	452	379	47	13	7	9,133	4,810	3,813	341	98	71
Other/unknown	42,871	23,935	14,547	4,374	15	0	445,432	247,829	153,848	43,653	102	0
Dual Medicare Status^d												
Full dual, all year	107,885	59,008	44,096	4,737	37	7	1,118,621	602,558	470,222	45,514	256	71
Full dual, part year	1,973	1,141	795	37	0	0	20,955	12,277	8,275	403	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,146	59,748	41,830	4,535	26	7	1,118,069	612,393	460,749	44,651	205	71
FFS part year, with Rx claims	2,993	357	2,449	181	6	0	17,738	2,237	14,549	929	23	0
FFS part year, no Rx claims	719	44	612	58	5	0	3,769	205	3,199	337	28	0

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

- a. Table 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, MARYLAND, 2004

Beneficiary Characteristics	Percentage with at		Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
	Least One Rx	Mean Number of Rx						
All	80.4 %	40.4	\$2,499	\$62	\$14,981	16.7 %	109,858	
Age								
5 and younger	83.3	22.8	1,663	73	187,305	0.9	6	
6-14	83.3	51.2	5,443	106	68,545	7.9	12	
15-20	62.5	15.9	1,950	123	10,739	18.2	120	
21-44	74.9	30.8	2,982	97	14,504	20.6	15,495	
45-64	79.3	42.0	3,120	74	15,295	20.4	24,216	
65-74	78.8	37.7	2,101	56	9,526	22.1	27,313	
75-84	82.4	43.4	2,260	52	14,776	15.3	26,644	
85 and older	87.0	46.7	2,171	47	24,515	8.9	16,052	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	80.8	40.4	2,045	51	15,079	13.6	60,149	
Disabled	85.9	44.2	3,340	76	16,307	20.5	44,891	
Adults	23.6	3.7	300	82	961	31.2	4,774	
Children	54.1	22.1	2,879	131	56,893	5.1	37	
Unknown	100.0	34.4	2,913	85	7,374	39.5	7	
Gender								
Female	82.6	42.8	2,484	58	14,679	16.9	71,990	
Male	76.2	35.7	2,527	71	15,555	16.2	37,868	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	82.3	45.5	2,783	61	17,725	15.7	54,293	
African American	77.5	35.5	2,244	63	12,785	17.5	43,582	
Other/unknown	82.7	35.1	2,140	61	10,532	20.3	11,983	
Use of Nursing Facilities^f								
Entire year	96.7	76.0	3,722	49	46,961	7.9	14,509	
Part year	94.1	60.2	3,170	53	28,034	11.3	6,223	
None	76.8	33.2	2,253	68	8,863	25.4	89,126	
Maintenance Assistance Status								
Cash	87.2	43.6	3,061	70	12,319	24.8	42,362	
Medically needy	89.7	61.1	3,097	51	37,576	8.2	23,727	
Poverty related	62.6	11.0	723	66	3,654	19.8	898	
Other/unknown	69.0	26.3	1,649	63	5,343	30.9	42,871	

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

a. Table 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, MARYLAND, 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	3.9	\$241	16.7 %	19.6 %	16.9 %	10.5 %	25.9 %	20.2 %	6.9 %	\$1,444	109,858	1,139,576
Age												
5 and younger	2.1	156	0.9	16.7	33.3	33.3	0.0	16.7	0.0	17,560	6	64
6-14	5.6	594	7.9	16.7	0.0	16.7	25.0	33.3	8.3	7,478	12	110
15-20	2.1	257	18.2	37.5	22.5	2.5	25.0	7.5	5.0	1,415	120	911
21-44	3.0	286	20.6	25.1	23.4	11.0	22.6	13.4	4.5	1,392	15,495	161,486
45-64	4.0	298	20.4	20.7	16.8	9.9	25.0	20.0	7.6	1,463	24,216	253,220
65-74	3.6	200	22.1	21.2	18.2	11.4	25.6	18.1	5.5	908	27,313	286,684
75-84	4.1	215	15.3	17.6	15.0	10.3	27.5	21.9	7.7	1,408	26,644	279,615
85 and older	4.8	221	8.9	13.0	11.5	9.7	28.6	27.8	9.3	2,499	16,052	157,486
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.0	200	13.6	19.2	15.9	10.6	26.2	20.9	7.3	1,475	60,149	614,835
Disabled	4.1	313	20.5	14.1	18.5	11.1	27.9	21.3	7.2	1,530	44,891	478,497
Adults	0.4	31	31.2	76.4	14.1	3.3	4.1	1.6	0.5	100	4,774	45,917
Children	3.2	416	5.1	45.9	2.7	5.4	24.3	18.9	2.7	8,223	37	256
Unknown	3.4	287	39.5	0.0	28.6	14.3	28.6	28.6	0.0	727	7	71
Gender												
Female	4.1	237	16.9	17.4	15.8	10.6	27.2	21.6	7.4	1,403	71,990	753,238
Male	3.5	248	16.2	23.8	19.0	10.2	23.6	17.4	6.0	1,525	37,868	386,338
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.4	269	15.7	17.7	14.7	9.5	25.7	23.2	9.1	1,716	54,293	560,957
African American	3.4	216	17.5	22.5	18.7	10.8	25.5	17.5	4.9	1,229	43,582	453,329
Other/unknown	3.4	205	20.3	17.3	20.0	13.4	28.6	16.4	4.3	1,007	11,983	125,290
use of nursing Facilities^f												
Entire year	7.7	378	7.9	3.3	3.6	4.9	24.6	40.0	23.7	4,770	14,509	142,840
Part year	6.5	345	11.3	5.9	6.9	8.0	27.9	34.5	16.8	3,048	6,223	57,232
None	3.1	214	25.4	23.2	19.7	11.6	26.0	16.0	3.5	841	89,126	939,504
Maintenance Assistance Status												
Cash	3.9	275	24.8	12.8	17.7	12.0	30.9	21.1	5.5	1,108	42,362	471,125
Medically needy	6.8	344	8.2	10.3	6.9	6.5	24.3	33.4	18.6	4,168	23,727	213,886
Poverty related	1.1	71	19.8	37.4	37.2	10.5	11.5	3.0	0.4	359	898	9,133
Other/unknown	2.5	159	30.9	31.0	21.2	11.2	22.2	12.4	2.1	514	42,871	445,432

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

a. Table 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, MARYLAND, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.9	\$241	\$62	1.6	\$192	\$116	0.2	\$15	\$60	2.0	\$35	\$17
Age												
5 and younger	2.1	156	73	1.4	104	75	0.0	21	1,326	0.7	32	43
6-14	5.6	594	106	2.1	440	214	0.4	20	44	3.1	134	44
15-20	2.1	257	123	1.0	215	215	0.1	20	149	0.9	21	22
21-44	3.0	286	97	1.3	231	182	0.2	21	108	1.5	34	23
45-64	4.0	298	74	1.7	236	142	0.2	21	85	2.1	41	20
65-74	3.6	200	56	1.6	160	102	0.2	11	56	1.8	30	16
75-84	4.1	215	52	1.8	172	95	0.3	11	42	2.1	32	16
85 and older	4.8	221	47	1.9	172	91	0.4	12	34	2.5	37	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.0	200	51	1.7	159	95	0.3	11	42	2.0	31	15
Disabled	4.1	313	76	1.8	250	142	0.3	21	84	2.1	42	20
Adults	0.4	31	82	0.2	25	161	0.0	2	109	0.2	4	20
Children	3.2	416	131	1.3	361	288	0.3	26	91	1.6	29	18
Unknown	3.4	287	85	2.1	264	126	0.0	1	48	1.3	22	17
Gender												
Female	4.1	237	58	1.7	188	109	0.3	14	56	2.1	35	17
Male	3.5	248	71	1.5	199	134	0.2	15	70	1.8	33	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.4	269	61	1.8	212	115	0.3	18	60	2.2	39	18
African American	3.4	216	63	1.4	173	122	0.2	12	63	1.8	31	17
Other/unknown	3.4	205	61	1.6	168	105	0.2	10	55	1.6	27	17
Use of Nursing Facilities^e												
Entire year	7.7	378	49	3.0	292	98	0.7	25	38	4.0	61	15
Part year	6.5	345	53	2.6	270	106	0.5	21	40	3.4	54	16
None	3.1	214	68	1.4	172	123	0.2	13	78	1.6	29	19
Maintenance Assistance Status												
Cash	3.9	275	70	1.8	221	125	0.2	16	77	1.9	38	20
Medically needy	6.8	344	51	2.6	267	101	0.6	22	39	3.5	54	15
Poverty related	1.1	71	66	0.4	57	135	0.1	5	84	0.6	9	15
Other/unknown	2.5	159	63	1.1	127	118	0.1	10	77	1.3	22	17

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

- a. Table 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 Maryland, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, MARYLAND, 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	0.4	0.2	0.0	0.2	\$39	\$33	\$3	\$3	\$112	\$220	\$108	\$20	182,426	\$20,484,471	47,195	43.0 %	519,796	
Biologicals	0.1	0.0	0.0	0.1	13	4	0	10	129	420	108	101	401	51,765	369	0.3	3,835	
Antineoplastic Agents	0.5	0.1	0.0	0.4	94	66	3	25	180	493	431	67	18,748	3,382,143	3,470	3.2	35,988	
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	40	31	3	6	44	82	26	15	410,646	18,001,991	41,197	37.5	450,376	
Cardiovascular Agents	1.7	0.7	0.0	1.0	65	50	1	14	39	75	30	15	1,191,385	46,857,774	66,294	60.3	717,873	
Respiratory Agents	0.7	0.4	0.0	0.3	34	31	0	3	52	82	44	11	254,715	13,153,118	34,748	31.6	382,334	
Gastrointestinal Agents	0.8	0.4	0.0	0.3	62	56	1	5	80	128	50	15	347,076	27,864,409	41,469	37.7	450,533	
Genitourinary Agents	0.5	0.3	0.0	0.1	29	26	1	2	59	75	51	18	74,917	4,395,900	13,696	12.5	150,569	
CNS Drugs	1.3	0.6	0.1	0.6	117	98	5	14	88	152	85	22	692,874	60,809,772	48,756	44.4	521,885	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	52	43	2	7	87	145	207	24	9,167	800,488	1,435	1.3	15,252	
Miscellaneous Psychological/																		
Neurological Agents	0.7	0.7	0.0	0.0	106	104	0	2	150	152	93	92	49,771	7,447,954	6,650	6.1	70,385	
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	42	29	3	9	59	144	211	19	354,976	21,046,406	46,475	42.3	505,694	
Neuromuscular Agents	1.0	0.3	0.2	0.5	68	38	20	10	67	125	88	21	304,045	20,393,343	27,425	25.0	298,810	
Nutritional Products	0.6	0.0	0.0	0.5	8	0	1	7	14	24	18	14	121,423	1,710,064	20,090	18.3	214,680	
Hematological Agents	0.8	0.3	0.2	0.3	72	65	4	4	88	195	23	12	186,285	16,479,688	21,516	19.6	228,314	
Topical Products	0.5	0.2	0.0	0.2	22	15	2	4	45	74	49	18	213,364	9,563,127	39,959	36.4	444,094	
Miscellaneous Products	0.4	0.1	0.0	0.2	65	51	4	10	183	461	257	43	10,309	1,886,469	2,739	2.5	28,816	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	15	0	0	0	11,250	168,243	2,319	2.1	25,648	
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.	4,433,778	274,497,125	n.a.	n.a.	n.a.	

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Maryland, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.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, MARYLAND, 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	\$40,079,847	28,187	25.7 %	308,237	0.8	\$169	\$130
ULCER DRUGS	23,181,676	39,294	35.8	430,471	0.6	95	54
ANTIHYPERTENSIVE	18,998,235	30,963	28.2	347,267	0.6	87	55
ANTICONVULSANT	17,587,946	24,311	22.1	267,362	0.8	81	66
ANTIDEPRESSANTS	15,070,180	39,724	36.2	432,257	0.7	53	35
ANTIDIABETIC	12,829,615	35,934	32.7	394,855	0.6	51	32
ANALGESICS - Narcotic	12,810,493	48,963	44.6	533,768	0.4	59	24
ANTIVIRAL	12,604,843	5,977	5.4	66,334	0.5	418	190
ANTIHYPERTENSIVE	10,569,855	48,926	44.5	539,329	0.6	35	20
ANTIASTHMATIC	9,131,344	34,317	31.2	372,214	0.4	57	25
Total	172,864,034	336,596		3,692,094	n.a.	n.a.	n.a.

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

a. Table 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, MARYLAND, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,162,058	\$172,864,034	28,187	25.7 %	308,237	0.8	\$130	39,294	35.8 %	430,471	0.6	\$54
Female	1,457,028	107,977,902	16,711	23.2	181,860	0.7	111	28,231	39.2	310,721	0.6	54
Disabled	616,176	55,598,644	8,260	33.5	93,731	0.7	134	10,263	41.6	116,543	0.5	56
5 and younger	1	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	36	9,828	0	0.0	0	0.0	0	1	50.0	12	1.0	38
15-20	144	8,242	1	2.9	12	0.1	2	10	28.6	116	0.3	24
21-44	121,196	14,150,172	2,821	46.9	32,124	0.7	138	1,715	28.5	19,425	0.5	48
45-64	314,205	28,222,212	4,037	35.2	45,832	0.8	137	5,085	44.3	57,499	0.5	56
65-74	108,573	8,030,168	722	18.1	8,212	0.8	126	1,965	49.4	22,567	0.6	59
75-84	52,275	3,784,555	389	17.8	4,383	0.7	114	1,070	48.9	12,386	0.6	60
85 and older	19,746	1,393,456	290	30.7	3,168	0.7	99	417	44.1	4,538	0.7	65
Other Eligibles	840,852	52,379,258	8,451	17.9	88,129	0.7	87	17,968	38.0	194,178	0.6	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	38	771	0	0.0	0	0.0	0	2	50.0	24	0.4	3
15-20	74	14,417	2	22.2	24	1.5	452	1	11.1	12	1.0	8
21-44	2,471	243,195	77	8.8	748	0.4	60	58	6.6	531	0.4	37
45-64	4,960	402,255	98	6.0	1,075	0.4	62	112	6.9	1,250	0.3	36
65-74	252,301	16,672,465	1,643	11.3	18,000	0.7	99	5,219	35.8	58,325	0.5	49
75-84	343,789	21,527,083	3,239	18.3	34,290	0.7	90	7,064	39.9	77,461	0.6	54
85 and older	237,219	13,519,072	3,392	27.1	33,992	0.7	78	5,512	44.0	56,575	0.7	56
Male	705,030	64,886,132	11,476	30.3	126,377	0.9	158	11,063	29.2	119,750	0.6	53
Disabled	445,733	48,598,927	8,436	41.7	95,902	0.9	179	5,661	28.0	63,386	0.6	54
5 and younger	38	1,170	0	0.0	0	0.0	0	2	50.0	24	1.0	38
6-14	33	3,332	0	0.0	0	0.0	0	1	33.3	12	0.2	22
15-20	296	39,522	10	15.6	66	0.7	211	8	12.5	79	0.4	19
21-44	150,541	19,516,163	3,902	50.1	44,496	0.9	183	1,581	20.3	17,857	0.6	51
45-64	233,213	24,625,836	4,005	41.7	45,538	1.0	181	2,977	31.0	33,036	0.6	55
65-74	47,120	3,423,957	409	20.2	4,614	0.9	143	792	39.2	8,982	0.6	55
75-84	12,276	846,547	82	13.0	913	0.7	103	243	38.5	2,770	0.6	58
85 and older	2,216	142,400	28	20.1	275	0.6	67	57	41.0	626	0.7	59
Other Eligibles	259,297	16,287,205	3,040	17.2	30,475	0.7	91	5,402	30.6	56,364	0.6	52
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	1,018	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	52	2,800	0	0.0	0	0.0	0	1	8.3	7	1.0	6
21-44	1,669	245,346	77	9.4	832	0.4	65	30	3.6	320	0.2	26
45-64	2,948	322,962	96	6.4	1,052	0.3	61	75	5.0	759	0.4	25
65-74	100,862	6,665,455	904	13.4	9,325	0.8	109	1,948	28.9	20,708	0.5	51
75-84	112,445	6,737,191	1,278	20.9	12,823	0.7	88	2,317	37.9	24,514	0.6	53
85 and older	41,309	2,312,433	685	28.2	6,443	0.7	79	1,031	42.4	10,056	0.6	55
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	30,963	28.2 %	347,267	0.6	\$55	24,311	22.1 %	267,362	0.8	\$66	39,724	36.2 %	432,257	0.7	\$35
Female	22,126	30.7	249,634	0.6	55	14,877	20.7	163,782	0.8	60	28,251	39.2	308,096	0.7	35
Disabled	8,039	32.6	91,726	0.6	57	8,332	33.8	94,054	0.8	74	12,656	51.3	143,227	0.6	37
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	2	5.7	24	0.4	21	3	8.6	31	0.3	3	2	5.7	20	0.4	6
15-20	710	11.8	7,984	0.6	48	2,614	43.5	29,492	0.8	88	3,271	54.4	37,084	0.6	37
21-44	4,007	34.9	45,082	0.6	54	4,390	38.2	49,370	0.8	72	6,726	58.6	75,721	0.6	37
45-64	2,038	51.2	23,708	0.7	62	867	21.8	9,863	0.8	56	1,511	38.0	17,378	0.7	36
65-74	1,036	47.3	12,136	0.7	64	340	15.5	3,945	0.7	44	771	35.2	8,905	0.6	34
75-84	246	26.0	2,792	0.7	64	118	12.5	1,353	0.7	40	375	39.6	4,119	0.8	40
85 and older	14,087	29.8	157,908	0.6	53	6,545	13.8	69,728	0.7	42	15,595	32.9	164,869	0.7	33
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	11.1	2	0.5	36	1	11.1	12	1.0	262	0	0.0	0	0.0	0
15-20	22	2.5	208	0.4	31	69	7.9	667	0.6	53	107	12.2	1,067	0.4	19
21-44	114	7.0	1,255	0.4	35	108	6.6	1,143	0.4	39	187	11.5	2,014	0.3	21
45-64	5,694	39.1	64,193	0.6	53	1,997	13.7	21,751	0.7	43	3,837	26.3	42,431	0.6	30
65-74	6,154	34.7	69,583	0.6	55	2,635	14.9	28,503	0.7	42	6,032	34.1	64,394	0.7	33
75-84	2,102	16.8	22,667	0.7	53	1,735	13.8	17,652	0.8	38	5,432	43.3	54,963	0.8	36
85 and older	8,837	23.3	97,633	0.7	55	9,434	24.9	103,580	0.9	75	11,473	30.3	124,161	0.7	35
Male	4,697	23.2	52,644	0.7	56	6,968	34.4	78,131	0.9	84	7,175	35.4	80,656	0.7	37
Disabled	1	25.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.2	5
6-14	0	0.0	0	0.0	0	13	20.3	89	0.4	64	8	12.5	71	0.9	90
15-20	1,034	13.3	11,781	0.7	52	2,894	37.2	32,649	0.9	95	2,772	35.6	31,432	0.7	39
21-44	2,623	27.3	29,095	0.7	54	3,479	36.2	38,844	0.9	80	3,665	38.2	40,871	0.7	35
45-64	778	38.5	8,766	0.7	64	471	23.3	5,300	0.9	56	546	27.0	6,243	0.7	37
65-74	230	36.5	2,649	0.7	64	97	15.4	1,087	0.7	49	150	23.8	1,700	0.6	29
75-84	31	22.3	341	0.7	69	14	10.1	162	0.6	36	32	23.0	315	0.7	32
85 and older	4,140	23.5	44,989	0.6	54	2,466	14.0	25,449	0.8	47	4,298	24.4	43,505	0.7	33
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	16.7	14	0.6	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	16	1.9	161	0.3	19	59	7.2	620	0.5	46	61	7.4	629	0.3	18
21-44	75	5.0	808	0.3	27	77	5.1	854	0.4	35	101	6.7	1,091	0.3	21
45-64	2,012	29.8	22,030	0.6	53	986	14.6	10,457	0.8	52	1,396	20.7	14,508	0.6	32
65-74	1,676	27.4	18,280	0.7	56	1,016	16.6	10,404	0.9	45	1,828	29.9	18,571	0.7	34
75-84	359	14.8	3,696	0.7	52	328	13.5	3,114	0.8	39	912	37.5	8,706	0.7	35
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

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

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

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIVIRAL				
	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	35,934	32.7 %	394,855	0.6	\$33	48,963	44.6 %	533,768	0.4	\$24	5,977	5.4 %	66,334	0.5	\$190
Female	25,497	35.4	282,440	0.6	32	35,168	48.9	385,590	0.4	23	2,831	3.9	31,502	0.4	142
Disabled	9,188	37.3	103,699	0.6	37	15,845	64.3	178,783	0.4	32	1,730	7.0	19,296	0.5	205
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	150.0	36	0.1	10	0	0.0	0	0.0	0	1	50.0	12	0.7	696
15-20	0	0.0	0	0.0	0	17	48.6	167	0.1	1	4	11.4	48	0.2	51
21-44	946	15.7	10,575	0.6	35	3,643	60.6	40,860	0.4	42	689	11.5	7,577	0.5	230
45-64	4,799	41.8	53,579	0.6	37	8,309	72.4	93,221	0.4	34	904	7.9	10,098	0.5	209
65-74	2,291	57.6	26,352	0.6	39	2,419	60.8	27,831	0.4	19	94	2.4	1,105	0.3	76
75-84	916	41.8	10,604	0.6	33	1,115	50.9	12,978	0.3	15	23	1.1	276	0.2	30
85 and older	233	24.6	2,553	0.7	31	342	36.2	3,726	0.3	13	15	1.6	180	0.2	16
Other Eligibles	16,309	34.4	178,741	0.6	30	19,323	40.8	206,807	0.4	15	1,101	2.3	12,206	0.2	41
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	1	25.0	12	0.1	9
15-20	1	11.1	12	0.1	3	1	11.1	12	0.1	1	0	0.0	0	0.0	0
21-44	34	3.9	346	0.4	36	161	18.4	1,535	0.4	22	27	3.1	286	0.4	156
45-64	139	8.5	1,509	0.4	27	208	12.8	2,161	0.3	17	24	1.5	274	0.2	120
65-74	6,383	43.8	71,398	0.6	31	6,129	42.1	68,528	0.3	13	330	2.3	3,704	0.3	85
75-84	6,682	37.7	73,604	0.7	30	7,449	42.1	81,093	0.4	14	333	1.9	3,764	0.2	21
85 and older	3,070	24.5	31,872	0.7	27	5,375	42.9	53,478	0.5	18	386	3.1	4,166	0.1	8
Male	10,437	27.6	112,415	0.6	33	13,795	36.4	148,178	0.4	28	3,146	8.3	34,832	0.5	234
Disabled	5,122	25.3	56,540	0.6	37	8,494	42.0	94,149	0.4	34	2,696	13.3	29,990	0.6	256
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	5	166.7	59	0.2	2	1	33.3	12	0.2	143
15-20	3	4.7	25	0.4	46	6	9.4	60	0.2	2	8	12.5	93	0.2	66
21-44	1,048	13.5	11,595	0.6	36	2,974	38.2	33,094	0.4	43	1,205	15.5	13,293	0.5	237
45-64	2,907	30.3	31,930	0.6	36	4,401	45.8	48,526	0.5	33	1,404	14.6	15,681	0.6	280
65-74	887	43.9	9,961	0.7	37	860	42.5	9,678	0.4	19	60	3.0	696	0.4	160
75-84	229	36.3	2,541	0.7	40	209	33.1	2,334	0.3	14	12	1.9	143	0.1	16
85 and older	48	34.5	488	0.6	40	39	28.1	398	0.3	12	6	4.3	72	0.1	20
Other Eligibles	5,315	30.2	55,875	0.6	29	5,301	30.1	54,029	0.4	16	450	2.6	4,842	0.3	97
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	1	33.3	12	0.1	1	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	33.3	37	0.1	1	0	0.0	0	0.0	0
21-44	29	3.5	290	0.3	16	70	8.5	724	0.4	57	52	6.3	588	0.3	150
45-64	97	6.4	1,014	0.3	18	132	8.8	1,287	0.4	45	57	3.8	638	0.3	114
65-74	2,370	35.2	25,196	0.6	28	2,157	32.0	22,657	0.4	17	152	2.3	1,599	0.4	159
75-84	2,160	35.4	22,987	0.7	30	2,010	32.9	20,755	0.4	14	122	2.0	1,328	0.2	35
85 and older	659	27.1	6,388	0.7	28	927	38.2	8,557	0.4	12	67	2.8	689	0.1	12
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					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 Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month		
All	48,926	44.5 %	539,329	0.6	\$20	34,317	31.2 %	372,214	0.4	\$25	109,858	1,139,576
Female	34,581	48.0	383,379	0.6	21	24,732	34.4	270,261	0.4	25	71,990	753,238
Disabled	11,240	45.6	127,009	0.5	21	10,165	41.2	114,358	0.4	27	24,648	265,192
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
6-14	2	100.0	14	0.9	47	0	0.0	0	0.0	0	2	14
15-20	17	48.6	196	0.3	11	1	2.9	12	0.1	1	35	285
21-44	1,052	17.5	11,704	0.5	16	1,769	29.4	19,766	0.3	22	6,016	63,616
45-64	5,339	46.5	59,566	0.5	19	5,303	46.2	59,526	0.4	26	11,480	121,835
65-74	2,755	69.3	31,854	0.6	23	1,909	48.0	21,625	0.5	30	3,978	44,595
75-84	1,519	69.4	17,574	0.6	25	855	39.0	9,885	0.5	30	2,190	24,902
85 and older	556	58.8	6,101	0.6	25	327	34.6	3,532	0.5	31	946	9,933
Other Eligibles	23,341	49.3	256,370	0.6	21	14,567	30.8	155,903	0.4	23	47,342	488,046
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	5	125.0	51	0.5	12	0	0.0	0	0.0	0	4	38
15-20	2	22.2	14	0.7	16	1	11.1	12	0.1	1	9	75
21-44	61	7.0	563	0.3	8	62	7.1	565	0.3	37	876	8,138
45-64	190	11.7	2,033	0.3	12	136	8.3	1,463	0.3	18	1,630	16,420
65-74	7,755	53.2	86,655	0.5	20	4,549	31.2	50,633	0.4	26	14,571	153,086
75-84	9,733	54.9	108,570	0.6	21	5,483	31.0	59,225	0.4	24	17,714	186,647
85 and older	5,595	44.6	58,484	0.7	21	4,336	34.6	44,005	0.4	18	12,538	123,642
Male	14,345	37.9	155,950	0.6	17	9,585	25.3	101,953	0.5	25	37,868	386,338
Disabled	7,076	35.0	78,184	0.6	17	4,520	22.3	50,053	0.4	25	20,243	213,305
5 and younger	1	25.0	12	1.1	21	0	0.0	0	0.0	0	4	48
6-14	2	66.7	24	0.5	47	1	33.3	12	0.1	1	3	35
15-20	15	23.4	156	0.5	27	1	1.6	5	0.8	84	64	479
21-44	1,544	19.8	17,126	0.5	16	1,094	14.1	11,998	0.4	22	7,781	82,175
45-64	3,873	40.3	42,184	0.6	16	2,370	24.7	26,292	0.4	25	9,599	100,139
65-74	1,179	58.3	13,383	0.6	20	776	38.4	8,599	0.5	29	2,022	21,987
75-84	394	62.4	4,558	0.6	21	247	39.1	2,811	0.5	32	631	6,992
85 and older	68	48.9	741	0.7	17	31	22.3	336	0.4	27	139	1,450
Other Eligibles	7,269	41.2	77,766	0.6	17	5,065	28.7	51,900	0.5	24	17,625	173,033
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	1	33.3	12	0.9	84	0	0.0	0	0.0	0	3	23
15-20	6	50.0	45	0.4	8	2	16.7	14	0.1	17	12	72
21-44	37	4.5	323	0.4	10	17	2.1	183	0.3	12	822	7,557
45-64	109	7.2	1,155	0.3	7	67	4.4	644	0.2	13	1,507	14,826
65-74	3,091	45.8	33,513	0.5	17	1,781	26.4	18,923	0.5	27	6,742	67,016
75-84	3,000	49.1	32,435	0.6	18	2,144	35.1	22,043	0.5	25	6,109	61,074
85 and older	1,025	42.2	10,283	0.6	16	1,054	43.4	10,093	0.5	18	2,429	22,461
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	\$378	7.7	14,509	142,840
Age				
0-64	572	9.4	1,217	12,800
65-74	476	8.9	1,994	20,201
75-84	387	8.0	4,904	48,166
85 and older	299	6.7	6,394	61,673
Unknown	0	0.0	0	0
Gender				
Female	365	7.7	10,528	104,424
Male	415	7.8	3,981	38,416
Unknown	0	0.0	0	0
Race				
White	376	7.9	8,755	85,612
African American	393	7.4	4,395	44,405
Other/unknown	341	7.3	1,359	12,823
Basis of Eligibility^c				
Aged	356	7.5	12,902	125,742
Disabled	539	9.2	1,606	17,086
Adults	75	12.6	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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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, MARYLAND, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$28	\$21	\$3	\$4	\$68	\$123	\$75	\$18	40,092	\$2,722,112	9,285	64.0 %	96,759
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	34	145	95	30	266	8,924	253	1.7	2,628
Antineoplastic Agents	0.6	0.1	0.0	0.5	101	55	7	39	170	500	1,927	81	5,102	865,659	885	6.1	8,544
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	44	33	4	7	35	69	18	12	89,507	3,143,370	6,950	47.9	71,240
Cardiovascular Agents	2.3	0.6	0.1	1.6	59	38	1	20	26	60	13	13	251,275	6,549,742	11,013	75.9	111,104
Respiratory Agents	0.8	0.4	0.0	0.5	31	26	0	4	37	74	31	9	55,137	2,029,372	6,277	43.3	65,078
Gastrointestinal Agents	1.2	0.6	0.0	0.5	71	63	1	7	60	105	30	13	109,361	6,575,244	9,084	62.6	92,668
Genitourinary Agents	0.6	0.3	0.0	0.2	28	23	1	4	49	69	52	18	20,301	995,014	3,403	23.5	35,705
CNS Drugs	1.7	0.9	0.1	0.7	117	97	6	13	71	109	62	20	176,643	12,494,202	10,515	72.5	106,718
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.9	0.2	0.0	0.7	26	18	0	8	30	117	12	11	2,331	68,907	252	1.7	2,603
Neurological Agents	0.9	0.9	0.0	0.0	117	117	0	0	129	129	37	85	23,051	2,966,546	2,499	17.2	25,276
Analgesics and Anesthetics	1.0	0.3	0.0	0.6	41	32	1	8	40	94	26	12	72,822	2,924,054	7,216	49.7	72,138
Neuromuscular Agents	1.4	0.4	0.4	0.6	73	33	24	16	53	86	63	26	75,452	3,973,214	5,245	36.1	54,711
Nutritional Products	0.8	0.0	0.0	0.7	10	0	1	9	12	22	18	12	42,289	520,072	5,304	36.6	53,759
Hematological Agents	1.3	0.5	0.4	0.4	103	93	6	4	81	200	16	9	72,025	5,802,410	5,583	38.5	56,303
Topical Products	0.6	0.2	0.1	0.3	23	15	3	5	36	61	48	16	60,167	2,159,442	9,049	62.4	95,614
Miscellaneous Products	0.3	0.0	0.0	0.3	14	7	0	6	47	280	70	24	3,527	167,296	1,160	8.0	11,914
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	7	0	0	0	14	0	0	0	2,740	39,050	513	3.5	5,332
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.	1,102,088	54,004,630	n.a.	n.a.	n.a.

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

a. Table 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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Maryland, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, MARYLAND, 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	\$7,619,813	7,101	48.9 %	73,888	0.8	\$131	\$103
ULCER DRUGS	5,595,518	8,320	57.3	85,149	0.8	82	66
ANTIDEPRESSANTS	4,278,208	9,860	68.0	101,902	0.9	49	42
ANTICONVULSANT	3,204,104	5,000	34.5	52,740	1.1	57	61
HEMATOPOIETIC AGENTS	2,989,318	2,911	20.1	29,412	0.8	135	102
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,966,546	2,865	19.7	28,996	0.8	129	102
ANTIDIABETIC	2,289,762	6,510	44.9	68,142	0.9	38	34
ANALGESICS - Narcotic	2,096,121	7,472	51.5	73,995	0.7	40	28
ANTIHYPERTENSIVE	1,831,632	2,915	20.1	30,198	0.8	75	61
MISC. HEMATOLOGICAL	1,784,836	2,190	15.1	22,548	0.8	101	79
Total	34,655,858	55,144		566,970	n.a.	n.a.	n.a.

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

a. Table 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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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.medispans.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, MARYLAND, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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	469,264	\$34,655,858	7,101	48.9 %	73,888	0.8	\$103	8,320	57.3 %	85,149	0.8	\$66
Female	335,946	24,519,457	5,031	47.8	52,637	0.8	100	6,071	57.7	62,414	0.8	65
Disabled	35,973	2,915,849	382	49.7	4,205	0.9	135	496	64.6	5,436	0.8	70
64 or younge ^r	26,900	2,219,470	272	48.2	3,014	0.9	132	371	65.8	4,079	0.8	66
65-74	7,017	517,636	74	49.7	826	1.0	146	88	59.1	958	0.9	78
75-84	1,534	136,490	24	66.7	267	0.9	159	26	72.2	275	0.8	80
85 and older	522	42,253	12	63.2	98	0.6	67	11	57.9	124	0.9	91
Other Eligibles	299,973	21,603,608	4,649	47.6	48,432	0.8	97	5,575	57.1	56,978	0.8	65
64 or younge ^r	106	5,492	0	0.0	0	0.0	0	2	66.7	22	0.7	68
65-74	41,807	3,181,424	554	58.7	6,004	0.8	120	615	65.2	6,427	0.8	68
75-84	119,949	8,806,348	1,792	52.8	18,861	0.8	103	2,034	59.9	20,896	0.8	65
85 and older	138,111	9,610,344	2,303	42.5	23,567	0.7	86	2,924	53.9	29,633	0.8	64
Male	133,318	10,136,401	2,070	52.0	21,251	0.8	112	2,249	56.5	22,735	0.8	67
Disabled	37,374	2,956,406	483	57.6	5,378	1.0	146	498	59.4	5,447	0.8	67
64 or younge ^r	29,336	2,356,861	388	59.8	4,295	1.0	148	399	61.5	4,329	0.8	67
65-74	7,503	569,014	92	53.2	1,047	0.9	139	94	54.3	1,058	0.8	65
75-84	408	21,412	2	16.7	24	1.0	52	4	33.3	48	0.8	69
85 and older	127	9,119	1	25.0	12	1.1	55	1	25.0	12	1.2	137
Other Eligibles	95,944	7,179,995	1,587	50.5	15,873	0.8	100	1,751	55.7	17,288	0.8	67
64 or younge ^r	44	3,416	4	400.0	48	0.2	13	1	100.0	12	1.2	106
65-74	26,599	2,089,733	398	54.6	4,089	0.9	124	421	57.8	4,219	0.8	71
75-84	46,461	3,368,172	766	52.4	7,744	0.8	95	812	55.5	8,059	0.8	67
85 and older	22,840	1,718,674	419	44.1	3,992	0.8	87	517	54.4	4,998	0.8	63
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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, MARYLAND, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					HEMATOPOIETIC AGENTS				
	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	9,860	68.0 %	101,902	0.9	\$42	5,000	34.5 %	52,740	1.1	\$61	2,911	20.1 %	29,412	0.8	\$102
Female	7,323	69.6	76,103	0.9	42	3,261	31.0	34,386	1.0	57	2,036	19.3	20,686	0.8	99
Disabled	609	79.3	6,670	0.9	46	519	67.6	5,729	1.3	82	151	19.7	1,629	0.7	130
64 or younger	454	80.5	4,955	0.9	46	400	70.9	4,383	1.3	83	115	20.4	1,232	0.7	133
65-74	116	77.9	1,301	0.9	48	98	65.8	1,109	1.3	84	22	14.8	244	0.8	116
75-84	25	69.4	285	0.8	51	18	50.0	201	1.2	60	11	30.6	123	0.8	94
85 and older	14	73.7	129	0.8	42	3	15.8	36	1.6	64	3	15.8	30	0.4	238
Other Eligibles	6,714	68.8	69,433	0.9	41	2,742	28.1	28,657	1.0	52	1,885	19.3	19,057	0.8	96
64 or younger	1	33.3	10	0.2	14	3	100.0	32	0.8	62	0	0.0	0	0.0	0
65-74	725	76.9	7,797	0.9	44	480	50.9	5,090	1.1	65	217	23.0	2,290	0.8	146
75-84	2,532	74.6	26,257	0.9	41	1,180	34.8	12,467	1.0	55	645	19.0	6,514	0.8	111
85 and older	3,456	63.8	35,369	0.8	41	1,079	19.9	11,068	0.9	44	1,023	18.9	10,253	0.7	76
Male	2,537	63.7	25,799	0.9	43	1,739	43.7	18,354	1.1	67	875	22.0	8,726	0.7	108
Disabled	569	67.9	6,307	0.9	47	623	74.3	6,948	1.3	85	174	20.8	1,854	0.7	91
64 or younger	447	68.9	4,926	0.9	47	494	76.1	5,460	1.3	87	132	20.3	1,384	0.7	90
65-74	114	65.9	1,294	0.9	49	121	69.9	1,398	1.2	76	38	22.0	422	0.8	97
75-84	6	50.0	72	1.1	27	7	58.3	78	1.3	102	4	33.3	48	1.1	61
85 and older	2	50.0	15	1.0	20	1	25.0	12	1.2	105	0	0.0	0	0.0	0
Other Eligibles	1,968	62.6	19,492	0.8	41	1,116	35.5	11,406	1.1	57	701	22.3	6,872	0.8	113
64 or younger	2	200.0	24	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	471	64.6	4,773	0.9	46	368	50.5	3,919	1.1	67	164	22.5	1,616	0.8	119
75-84	954	65.2	9,458	0.9	41	543	37.1	5,512	1.1	52	317	21.7	3,122	0.8	106
85 and older	541	56.9	5,237	0.8	38	205	21.6	1,975	0.9	48	220	23.2	2,134	0.7	117
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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, MARYLAND, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,865	19.7 %	28,996	0.8	\$102	6,510	44.9 %	68,142	0.9	\$34	7,472	51.5 %	73,995	0.7	\$28
Female	2,135	20.3	21,856	0.8	103	4,559	43.3	48,205	0.9	34	5,617	53.4	55,942	0.7	28
Disabled	88	11.5	975	0.8	334	469	61.1	5,104	1.0	42	481	62.6	5,190	0.9	38
64 or younger	65	11.5	748	0.8	412	345	61.2	3,785	1.0	41	365	64.7	3,911	0.9	37
65-74	14	9.4	166	0.6	73	99	66.4	1,069	1.0	44	86	57.7	945	0.9	35
75-84	5	13.9	50	0.6	78	21	58.3	204	1.1	46	18	50.0	212	0.8	58
85 and older	4	21.1	11	1.2	141	4	21.1	46	1.0	42	12	63.2	122	0.7	33
Other Eligibles	2,047	21.0	20,881	0.8	92	4,090	41.9	43,101	0.9	33	5,136	52.6	50,752	0.7	27
64 or younger	0	0.0	0	0.0	0	1	33.3	10	0.1	7	3	100.0	34	1.7	44
65-74	164	17.4	1,714	0.8	97	727	77.1	7,828	0.9	36	572	60.7	5,866	0.9	36
75-84	858	25.3	8,724	0.8	94	1,787	52.7	18,998	0.9	33	1,812	53.4	18,128	0.7	30
85 and older	1,025	18.9	10,443	0.8	90	1,575	29.1	16,265	0.9	30	2,749	50.7	26,724	0.6	24
Male	730	18.3	7,140	0.8	101	1,951	49.0	19,937	0.9	34	1,855	46.6	18,053	0.7	28
Disabled	66	7.9	715	0.8	204	458	54.7	4,950	0.9	35	439	52.4	4,627	0.9	39
64 or younger	52	8.0	552	0.7	236	320	49.3	3,411	0.9	34	355	54.7	3,707	1.0	44
65-74	13	7.5	151	0.8	92	126	72.8	1,431	0.9	36	80	46.2	881	0.5	19
75-84	0	0.0	0	0.0	0	5	41.7	60	1.7	62	3	25.0	36	0.1	1
85 and older	1	25.0	12	1.1	150	7	175.0	48	0.9	39	1	25.0	3	1.0	5
Other Eligibles	664	21.1	6,425	0.8	89	1,493	47.5	14,987	0.9	33	1,416	45.1	13,426	0.6	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	131	18.0	1,268	0.8	97	410	56.2	4,132	0.9	36	347	47.6	3,429	0.7	31
75-84	311	21.3	3,003	0.8	87	771	52.7	7,827	0.9	33	640	43.7	6,188	0.6	26
85 and older	222	23.4	2,154	0.8	88	312	32.8	3,028	0.8	31	429	45.2	3,809	0.5	17
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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, MARYLAND, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	2,915	20.1 %	30,198	0.8	\$61	2,190	15.1 %	22,548	0.8	\$79	14,509	142,840
Female	2,075	19.7	21,697	0.8	61	1,538	14.6	15,963	0.8	77	10,528	104,424
Disabled	214	27.9	2,296	0.9	66	112	14.6	1,187	0.8	81	768	8,187
64 or younger	165	29.3	1,754	0.8	64	90	16.0	966	0.8	80	564	5,967
65-74	39	26.2	455	0.9	73	15	10.1	171	0.8	81	149	1,671
75-84	7	19.4	66	0.8	68	5	13.9	42	0.8	94	36	383
85 and older	3	15.8	21	0.7	53	2	10.5	8	0.9	105	19	166
Other Eligibles	1,861	19.1	19,401	0.8	60	1,426	14.6	14,776	0.8	77	9,760	96,237
64 or younger	1	33.3	12	0.3	25	0	0.0	0	0.0	0	3	34
65-74	321	34.0	3,463	0.8	63	169	17.9	1,781	0.8	80	943	9,514
75-84	865	25.5	9,171	0.8	61	571	16.8	5,949	0.8	79	3,393	33,783
85 and older	674	12.4	6,755	0.8	57	686	12.7	7,046	0.8	75	5,421	52,906
Male	840	21.1	8,501	0.8	61	652	16.4	6,585	0.8	84	3,981	38,416
Disabled	204	24.3	2,250	0.8	64	116	13.8	1,252	0.8	87	838	8,899
64 or younger	162	25.0	1,780	0.8	63	84	12.9	889	0.8	84	649	6,787
65-74	40	23.1	446	0.8	67	32	18.5	363	0.8	94	173	1,954
75-84	1	8.3	12	0.3	19	0	0.0	0	0.0	0	12	138
85 and older	1	25.0	12	1.1	131	0	0.0	0	0.0	0	4	20
Other Eligibles	636	20.2	6,251	0.8	60	536	17.1	5,333	0.8	83	3,143	29,517
64 or younger	0	0.0	0	0.0	0	1	100.0	12	1.0	121	1	12
65-74	197	27.0	2,006	0.8	64	123	16.9	1,251	0.9	88	729	7,062
75-84	331	22.6	3,232	0.8	60	250	17.1	2,564	0.8	84	1,463	13,862
85 and older	108	11.4	1,013	0.8	52	162	17.1	1,506	0.8	77	950	8,581
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 Maryland, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 6,223 beneficiaries who were in nursing facilities for part of their enrollment and their 57,232 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}
 MARYLAND, 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	44,981	40.9 %	2.9	320,283	\$42	\$4,594,158	\$14	1.7 %	109,858
Age									
5 and younger	4	66.7	3.3	20	869	5,215	261	52.3	6
6-14	9	75.0	7.3	88	185	2,224	25	3.4	12
15-20	32	26.7	1.3	156	76	9,143	59	3.9	120
21-44	5,402	34.9	2.6	39,867	49	757,601	19	1.6	15,495
45-64	10,313	42.6	3.4	82,232	54	1,315,967	16	1.7	24,216
65-74	10,550	38.6	2.6	70,813	35	946,038	13	1.6	27,313
75-84	11,234	42.2	2.8	75,253	36	954,778	13	1.6	26,644
85 and older	7,437	46.3	3.2	51,854	38	603,192	12	1.7	16,052
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	24,288	40.4	2.7	161,247	33	1,992,454	12	1.6	60,149
Disabled	20,317	45.3	3.5	157,597	58	2,583,217	16	1.7	44,891
Adults	359	7.5	0.3	1,325	3	16,696	13	1.2	4,774
Children	11	29.7	2.7	100	36	1,349	13	1.3	37
Unknown	6	85.7	2.0	14	63	442	32	2.2	7
Gender									
Female	31,918	44.3	3.1	226,116	44	3,194,739	14	1.8	71,990
Male	13,063	34.5	2.5	94,167	37	1,399,419	15	1.5	37,868
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	23,928	44.1	3.5	189,671	50	2,736,895	14	1.8	54,293
African American	16,257	37.3	2.4	102,670	33	1,458,126	14	1.5	43,582
Other/unknown	4,796	40.0	2.3	27,942	33	399,137	14	1.6	11,983
Use of Nursing Facilities^d									
Entire year	8,345	57.5	5.2	75,727	63	914,830	12	1.7	14,509
Part year	3,912	62.9	4.5	27,721	59	367,885	13	1.9	6,223
None	32,724	36.7	2.4	216,835	37	3,311,443	15	1.6	89,126
Maintenance Assistance Status									
Cash	19,064	45.0	3.2	136,451	53	2,240,026	16	1.7	42,362
Medically needy	12,485	52.6	4.3	102,024	54	1,280,159	13	1.7	23,727
Poverty related	212	23.6	1.0	857	14	12,953	15	2.0	898
Other/unknown	13,220	30.8	1.9	80,951	25	1,061,020	13	1.5	42,871

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

a. Table 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}
 MARYLAND, 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	0.3	\$4	\$14	\$0	\$1	1,139,576
Age						
5 and younger	0.3	81	261	0	0	64
6-14	0.8	20	25	0	0	110
15-20	0.2	10	59	0	0	911
21-44	0.2	5	19	0	2	161,486
45-64	0.3	5	16	0	2	253,220
65-74	0.2	3	13	0	1	286,684
75-84	0.3	3	13	0	1	279,615
85 and older	0.3	4	12	0	1	157,486
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	12	0	1	614,835
Disabled	0.3	5	16	0	2	478,497
Adults	0.0	0	13	0	0	45,917
Children	0.4	5	13	0	1	256
Unknown	0.2	6	32	0	0	71
Gender						
Female	0.3	4	14	0	1	753,238
Male	0.2	4	15	0	1	386,338
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	5	14	0	2	560,957
African American	0.2	3	14	0	1	453,329
Other/unknown	0.2	3	14	0	1	125,290
Use of Nursing Facilities^d						
Entire year	0.5	6	12	0	2	142,840
Part year	0.5	6	13	0	2	57,232
None	0.2	4	15	0	1	939,504
Maintenance Assistance Status						
Cash	0.3	5	16	0	2	471,125
Medically needy	0.5	6	13	0	2	213,886
Poverty related	0.1	1	15	0	1	9,133
Other/unknown	0.2	2	13	0	1	445,432

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

- a. Table 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}
 MARYLAND, 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	62,935	\$73	\$4,594,158	100.0 %	320,283	\$14	100.0 %
Anorexia or weight loss/gain	4	38	150	0.0	5	30	0.0
Fertility drugs	4	510	2,041	0.0	43	47	0.0
Drugs for cosmetic purposes	28	40	1,107	0.0	59	19	0.0
Cough and cold medications	12,367	57	705,428	15.4	29,396	24	9.2
Vitamins and minerals	19,557	78	1,528,046	33.3	117,785	13	36.8
Non-prescription drugs	8,744	30	264,219	5.8	29,150	9	9.1
Barbiturates	949	77	73,078	1.6	9,814	7	3.1
Benzodiazepines	19,397	84	1,637,101	35.6	127,667	13	39.9
Other Part D Excl Rx Drugs	1,885	203	382,988	8.3	6,364	60	2.0

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

a. Table 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}
 MARYLAND, 2004

Total Number of Dual Eligible Beneficiaries	109,858
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$274,497,125
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,499

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,507	19.6 %	\$0	0.0 %
1-500	20,293	18.5	3,884,646	1.4
501-1,000	10,285	9.4	7,596,520	2.8
1,001-1,500	8,038	7.3	9,983,136	3.6
1,501-2,000	6,716	6.1	11,692,962	4.3
2,001-2,500	5,994	5.5	13,451,483	4.9
2,501-3,000	5,177	4.7	14,211,199	5.2
3,001-3,500	4,509	4.1	14,626,525	5.3
3,501-4,000	3,929	3.6	14,725,632	5.4
4,001-4,500	3,277	3.0	13,902,979	5.1
4,501-5,000	2,924	2.7	13,869,401	5.1
5,001-5,500	2,353	2.1	12,343,785	4.5
5,501-6,000	1,950	1.8	11,209,158	4.1
6,001-6,500	1,693	1.5	10,585,592	3.9
6,501-7,000	1,493	1.4	10,073,985	3.7
7,001-7,500	1,199	1.1	8,683,538	3.2
7,501-8,000	1,067	1.0	8,262,532	3.0
8,001-8,500	871	0.8	7,179,826	2.6
8,501-9,000	804	0.7	7,031,048	2.6
9,001-9,500	684	0.6	6,328,561	2.3
9,501-10,000	556	0.5	5,417,227	2.0
10,001+	4,539	4.1	69,437,390	25.3

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

a. 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}
 MARYLAND, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	34,985
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$120,102,444
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,433

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,351	15.3 %	0	0.0 %
1-500	6,733	19.2	1,228,319	1.0
501-1,000	3,047	8.7	2,229,595	1.9
1,001-1,500	2,226	6.4	2,772,432	2.3
1,501-2,000	1,838	5.3	3,187,027	2.7
2,001-2,500	1,623	4.6	3,648,157	3.0
2,501-3,000	1,399	4.0	3,848,178	3.2
3,001-3,500	1,321	3.8	4,287,939	3.6
3,501-4,000	1,163	3.3	4,361,892	3.6
4,001-4,500	1,007	2.9	4,274,665	3.6
4,501-5,000	937	2.7	4,452,514	3.7
5,001-5,500	808	2.3	4,239,577	3.5
5,501-6,000	723	2.1	4,158,004	3.5
6,001-6,500	640	1.8	4,000,047	3.3
6,501-7,000	624	1.8	4,210,195	3.5
7,001-7,500	524	1.5	3,794,189	3.2
7,501-8,000	493	1.4	3,819,963	3.2
8,001-8,500	417	1.2	3,439,119	2.9
8,501-9,000	399	1.1	3,491,095	2.9
9,001-9,500	362	1.0	3,350,646	2.8
9,501-10,000	318	0.9	3,098,622	2.6
10,001+	3,032	8.7	48,210,269	40.1

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

a. 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}
 MARYLAND, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	70,009
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$152,428,795
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,177

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,554	17.9 %	0	0.0 %
1-500	12,910	18.4	2,554,563	1.7
501-1,000	7,066	10.1	5,242,380	3.4
1,001-1,500	5,702	8.1	7,072,988	4.6
1,501-2,000	4,814	6.9	8,393,592	5.5
2,001-2,500	4,325	6.2	9,700,266	6.4
2,501-3,000	3,733	5.3	10,239,068	6.7
3,001-3,500	3,166	4.5	10,267,862	6.7
3,501-4,000	2,739	3.9	10,263,160	6.7
4,001-4,500	2,252	3.2	9,551,035	6.3
4,501-5,000	1,972	2.8	9,345,532	6.1
5,001-5,500	1,533	2.2	8,041,936	5.3
5,501-6,000	1,218	1.7	6,999,475	4.6
6,001-6,500	1,045	1.5	6,535,262	4.3
6,501-7,000	860	1.2	5,802,806	3.8
7,001-7,500	669	1.0	4,845,735	3.2
7,501-8,000	570	0.8	4,412,000	2.9
8,001-8,500	449	0.6	3,699,096	2.4
8,501-9,000	399	0.6	3,487,449	2.3
9,001-9,500	319	0.5	2,950,261	1.9
9,501-10,000	237	0.3	2,309,030	1.5
10,001+	1,477	2.1	20,715,299	13.6

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

a. 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}
 MARYLAND, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	27,313
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$57,382,434
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,101

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,777	21.2 %	0	0.0 %
1-500	5,325	19.5	1,000,243	1.7
501-1,000	2,582	9.5	1,897,866	3.3
1,001-1,500	2,073	7.6	2,559,309	4.5
1,501-2,000	1,808	6.6	3,151,852	5.5
2,001-2,500	1,544	5.7	3,452,150	6.0
2,501-3,000	1,299	4.8	3,563,121	6.2
3,001-3,500	1,106	4.0	3,583,094	6.2
3,501-4,000	955	3.5	3,580,683	6.2
4,001-4,500	796	2.9	3,380,158	5.9
4,501-5,000	690	2.5	3,271,748	5.7
5,001-5,500	549	2.0	2,883,292	5.0
5,501-6,000	421	1.5	2,419,172	4.2
6,001-6,500	397	1.5	2,480,386	4.3
6,501-7,000	315	1.2	2,123,272	3.7
7,001-7,500	236	0.9	1,707,257	3.0
7,501-8,000	213	0.8	1,652,423	2.9
8,001-8,500	172	0.6	1,416,705	2.5
8,501-9,000	151	0.6	1,315,668	2.3
9,001-9,500	112	0.4	1,038,009	1.8
9,501-10,000	85	0.3	828,924	1.4
10,001+	707	2.6	10,077,102	17.6

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

- a. 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}
 MARYLAND, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	26,644
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$60,204,030
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,260

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,689	17.6 %	0	0.0 %
1-500	4,647	17.4	918,160	1.5
501-1,000	2,594	9.7	1,929,312	3.2
1,001-1,500	2,135	8.0	2,653,749	4.4
1,501-2,000	1,755	6.6	3,059,352	5.1
2,001-2,500	1,686	6.3	3,790,824	6.3
2,501-3,000	1,496	5.6	4,102,461	6.8
3,001-3,500	1,259	4.7	4,084,994	6.8
3,501-4,000	1,110	4.2	4,157,638	6.9
4,001-4,500	909	3.4	3,854,530	6.4
4,501-5,000	826	3.1	3,916,559	6.5
5,001-5,500	607	2.3	3,179,930	5.3
5,501-6,000	497	1.9	2,853,004	4.7
6,001-6,500	419	1.6	2,621,425	4.4
6,501-7,000	352	1.3	2,378,951	4.0
7,001-7,500	286	1.1	2,072,971	3.4
7,501-8,000	240	0.9	1,854,774	3.1
8,001-8,500	176	0.7	1,448,911	2.4
8,501-9,000	164	0.6	1,436,512	2.4
9,001-9,500	148	0.6	1,367,094	2.3
9,501-10,000	101	0.4	983,939	1.6
10,001+	548	2.1	7,538,940	12.5

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

a. 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}
 MARYLAND, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	16,052
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$34,842,331
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,171

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,088	13.0 %	0	0.0 %
1-500	2,938	18.3	636,160	1.8
501-1,000	1,890	11.8	1,415,202	4.1
1,001-1,500	1,494	9.3	1,859,930	5.3
1,501-2,000	1,251	7.8	2,182,388	6.3
2,001-2,500	1,095	6.8	2,457,292	7.1
2,501-3,000	938	5.8	2,573,486	7.4
3,001-3,500	801	5.0	2,599,774	7.5
3,501-4,000	674	4.2	2,524,839	7.2
4,001-4,500	547	3.4	2,316,347	6.6
4,501-5,000	456	2.8	2,157,225	6.2
5,001-5,500	377	2.3	1,978,714	5.7
5,501-6,000	300	1.9	1,727,299	5.0
6,001-6,500	229	1.4	1,433,451	4.1
6,501-7,000	193	1.2	1,300,583	3.7
7,001-7,500	147	0.9	1,065,507	3.1
7,501-8,000	117	0.7	904,803	2.6
8,001-8,500	101	0.6	833,480	2.4
8,501-9,000	84	0.5	735,269	2.1
9,001-9,500	59	0.4	545,158	1.6
9,501-10,000	51	0.3	496,167	1.4
10,001+	222	1.4	3,099,257	8.9

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

a. 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, MARYLAND, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	112,367	60,292	47,036	4,979	53	7	1,185,592	618,736	517,489	48,823	473	71
Age												
5 and younger	7	0	5	0	2	0	83	0	60	0	23	0
6-14	15	0	5	0	10	0	152	0	60	0	92	0
15-20	173	0	142	0	31	0	1,895	0	1,594	0	301	0
21-44	16,815	23	14,992	1,792	8	0	184,035	256	166,595	17,140	44	0
45-64	25,152	146	21,936	3,065	0	5	269,949	1,497	237,545	30,856	0	51
65-74	27,403	21,239	6,049	111	2	2	291,119	222,008	68,346	732	13	20
75-84	26,711	23,879	2,822	10	0	0	280,407	248,418	31,906	83	0	0
85 and older	16,091	15,005	1,085	1	0	0	157,952	146,557	11,383	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	73,334	44,979	25,704	2,620	24	7	778,437	466,945	285,055	26,115	251	71
Male	39,033	15,313	21,332	2,359	29	0	407,155	151,791	232,434	22,708	222	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	55,405	29,600	23,558	2,223	18	6	580,704	298,895	259,957	21,617	167	68
African American	44,784	21,855	20,325	2,573	30	1	475,983	226,810	223,411	25,496	263	3
Other/unknown	12,178	8,837	3,153	183	5	0	128,905	93,031	34,121	1,710	43	0
Use of Nursing Facilities^c												
Entire year	14,509	12,902	1,606	1	0	0	142,841	125,742	17,087	12	0	0
Part year	6,224	4,947	1,265	11	1	0	57,468	44,390	12,949	117	12	0
None	91,634	42,443	44,165	4,967	52	7	985,283	448,604	487,453	48,694	461	71
Maintenance Assistance Status												
Cash	44,228	16,809	27,133	279	7	0	505,726	190,806	312,607	2,239	74	0
Medically needy	24,311	19,095	4,946	265	5	0	221,790	175,230	44,781	1,738	41	0
Poverty related	907	452	379	48	21	7	9,510	4,821	4,020	424	174	71
Other/unknown	42,921	23,936	14,578	4,387	20	0	448,566	247,879	156,081	44,422	184	0
Dual Status^d												
Full dual, all year	110,394	59,151	46,241	4,942	53	7	1,164,373	606,448	508,961	48,420	473	71
Full dual, part year	1,973	1,141	795	37	0	0	21,219	12,288	8,528	403	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,146	59,748	41,830	4,535	26	7	1,118,069	612,393	460,749	44,651	205	71
FFS part year, with Rx claims	2,993	357	2,449	181	6	0	33,632	4,207	27,458	1,896	71	0
FFS part year, no Rx claims	719	44	612	58	5	0	7,658	499	6,516	585	58	0
MC all year, with Rx claims	1,203	7	1,069	122	5	0	13,079	84	11,810	1,135	50	0
MC all year, no Rx claims	1,306	136	1,076	83	11	0	13,154	1,553	10,956	556	89	0

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

a. Table 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, MARYLAND, 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	112,367	1,185,592	109,858	1,139,576	0	46,016
Fee-for-service (FFS) all year	106,146	1,118,069	106,146	1,118,069	0	0
FFS part year, with Rx claims	2,993	33,632	2,993	17,738	0	15,894
FFS part year, with no Rx claims	719	7,658	719	3,769	0	3,889
Managed care (MC) all year, with Rx claims	1,203	13,079	0	0	0	13,079
MC all year, with no Rx claims	1,306	13,154	0	0	0	13,154

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

a. 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.