

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NORTH CAROLINA

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	235,654	136,047	97,807	1,774	26	0	2,600,729	1,492,931	1,092,522	15,049	227	0
Age												
5 and younger	16	0	14	0	2	0	151	0	134	0	17	0
6-14	31	0	27	0	4	0	327	0	289	0	38	0
15-20	381	0	362	2	17	0	4,230	0	4,054	15	161	0
21-44	37,980	0	36,755	1,222	3	0	420,485	0	410,072	10,402	11	0
45-64	60,596	13	60,078	505	0	0	676,726	103	672,375	4,248	0	0
65-74	54,387	53,971	372	44	0	0	605,111	601,359	3,374	378	0	0
75-84	50,860	50,717	142	1	0	0	562,160	560,517	1,637	6	0	0
85 and older	31,403	31,346	57	0	0	0	331,539	330,952	587	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	157,725	103,890	52,638	1,185	12	0	1,746,760	1,145,379	591,147	10,124	110	0
Male	77,929	32,157	45,169	589	14	0	853,969	347,552	501,375	4,925	117	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	120,655	70,091	49,537	1,016	11	0	1,318,149	758,558	550,823	8,677	91	0
African American	87,438	48,432	38,377	618	11	0	978,921	541,609	431,948	5,262	102	0
Other/unknown	27,561	17,524	9,893	140	4	0	303,659	192,764	109,751	1,110	34	0
Use of Nursing Facilities^c												
Entire year	13,679	12,506	1,173	0	0	0	151,824	138,266	13,558	0	0	0
Part year	13,482	12,011	1,470	1	0	0	134,059	118,289	15,758	12	0	0
None	208,493	111,530	95,164	1,773	26	0	2,314,846	1,236,376	1,063,206	15,037	227	0
Maintenance Assistance Status												
Cash	110,313	62,277	46,681	1,350	5	0	1,249,683	703,186	534,604	11,851	42	0
Medically needy	7,362	5,838	1,450	74	0	0	72,428	57,200	14,644	584	0	0
Poverty-related	117,766	67,932	49,676	150	8	0	1,276,790	732,545	543,274	885	86	0
Other/unknown	213	0	0	200	13	0	1,828	0	0	1,729	99	0
Dual Medicare Status^d												
Full dual, all year	227,581	131,546	94,253	1,756	26	0	2,510,380	1,442,797	1,052,516	14,840	227	0
Full dual, part year	8,073	4,501	3,554	18	0	0	90,349	50,134	40,006	209	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	235,517	136,039	97,700	1,754	24	0	2,599,703	1,492,879	1,091,680	14,929	215	0
FFS part year, with Rx claims	127	8	98	19	2	0	966	52	785	117	12	0
FFS part year, no Rx claims	10	0	9	1	0	0	60	0	57	3	0	0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	92.2 %	52.8	\$3,505	\$66	\$11,802	29.7 %	235,654
Age							
5 and younger	87.5	45.8	4,698	103	17,994	26.1	16
6-14	100.0	45.9	7,178	157	16,679	43.0	31
15-20	78.2	23.6	2,343	99	11,547	20.3	381
21-44	87.4	36.6	3,602	99	11,119	32.4	37,980
45-64	92.2	56.4	4,209	75	11,629	36.2	60,596
65-74	92.1	55.5	3,322	60	9,223	36.0	54,387
75-84	94.1	57.2	3,212	56	12,189	26.4	50,860
85 and older	95.2	54.4	2,831	52	16,795	16.9	31,403
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	93.6	55.9	3,170	57	12,075	26.3	136,047
Disabled	90.3	48.9	3,979	81	11,494	34.6	97,807
Adults	90.2	35.5	3,014	85	7,765	38.8	1,774
Children	80.8	29.9	3,872	129	14,529	26.6	26
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.5	58.0	3,649	63	12,014	30.4	157,725
Male	87.6	42.3	3,213	76	11,373	28.3	77,929
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.7	58.8	3,953	67	13,216	29.9	120,655
African American	91.5	45.2	2,958	65	10,741	27.5	87,438
Other/unknown	92.1	51.1	3,280	64	8,977	36.5	27,561
Use of Nursing Facilities^f							
Entire year	97.7	77.0	4,549	59	41,210	11.0	13,679
Part year	97.7	64.0	3,905	61	24,126	16.2	13,482
None	91.5	50.5	3,411	68	9,075	37.6	208,493
Maintenance Assistance Status							
Cash	92.9	53.4	3,595	67	9,705	37.0	110,313
Medically needy	89.9	59.3	3,701	62	27,605	13.4	7,362
Poverty related	91.7	51.9	3,410	66	12,786	26.7	117,766
Other/unknown	88.3	33.1	2,752	83	7,243	38.0	213

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	4.8	\$318	29.7 %	7.8 %	14.0 %	10.4 %	32.8 %	27.2 %	7.8 %	\$1,069	235,654	2,600,729
Age												
5 and younger	4.9	498	26.1	12.5	6.3	0.0	56.3	18.8	6.3	1,907	16	151
6-14	4.3	680	43.0	0.0	16.1	6.5	54.8	16.1	6.5	1,581	31	327
15-20	2.1	211	20.3	21.8	34.6	12.1	20.5	10.0	1.0	1,040	381	4,230
21-44	3.3	325	32.4	12.6	26.2	13.4	28.1	15.5	4.2	1,004	37,980	420,485
45-64	5.1	377	36.2	7.8	13.5	10.0	31.6	27.4	9.7	1,041	60,596	676,726
65-74	5.0	299	36.0	7.9	12.4	9.9	33.0	28.4	8.5	829	54,387	605,111
75-84	5.2	291	26.4	5.9	10.0	9.6	35.1	31.2	8.2	1,103	50,860	562,160
85 and older	5.1	268	16.9	4.8	9.3	9.8	36.8	32.5	6.8	1,591	31,403	331,539
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.1	289	26.3	6.4	10.8	9.7	34.7	30.4	8.0	1,100	136,047	1,492,931
Disabled	4.4	356	34.6	9.7	18.4	11.3	30.1	22.9	7.6	1,029	97,807	1,092,522
Adults	4.2	355	38.8	9.8	16.9	12.9	37.0	18.2	5.2	915	1,774	15,049
Children	3.4	443	26.6	19.2	15.4	11.5	30.8	19.2	3.8	1,664	26	227
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.2	330	30.4	5.5	11.1	9.8	34.1	30.3	9.1	1,085	157,725	1,746,760
Male	3.9	293	28.3	12.4	19.9	11.7	30.1	20.8	5.1	1,038	77,929	853,969
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.4	362	29.9	7.3	11.2	9.0	31.6	30.4	10.6	1,210	120,655	1,318,149
African American	4.0	264	27.5	8.5	17.6	12.3	34.3	23.2	4.1	959	87,438	978,921
Other/unknown	4.6	298	36.5	7.9	15.2	10.7	33.2	25.9	7.2	815	27,561	303,659
use of nursing Facilities^f												
Entire year	6.9	410	11.0	2.3	4.2	5.9	28.3	41.5	17.8	3,713	13,679	151,824
Part year	6.4	393	16.2	2.3	5.8	7.9	32.4	38.2	13.4	2,426	13,482	134,059
None	4.6	307	37.6	8.5	15.2	10.9	33.1	25.5	6.8	817	208,493	2,314,846
Maintenance Assistance Status												
Cash	4.7	317	37.0	7.1	14.8	10.4	32.9	27.3	7.6	857	110,313	1,249,683
Medically needy	6.0	376	13.4	10.1	7.7	7.2	27.9	33.9	13.1	2,806	7,362	72,428
Poverty related	4.8	315	26.7	8.3	13.7	10.6	33.0	26.7	7.7	1,179	117,766	1,276,790
Other/unknown	3.9	321	38.0	11.7	19.2	11.3	35.7	16.0	6.1	844	213	1,828

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.8	\$318	\$66	2.1	\$246	\$117	0.3	\$19	\$63	2.4	\$52	\$22
Age												
5 and younger	4.9	498	103	2.0	280	139	0.6	105	167	2.2	109	50
6-14	4.3	680	157	1.9	550	293	0.4	77	175	2.0	52	26
15-20	2.1	211	99	1.0	172	172	0.1	13	102	1.0	26	26
21-44	3.3	325	99	1.5	258	177	0.2	23	108	1.6	44	27
45-64	5.1	377	75	2.3	291	129	0.3	26	85	2.5	59	24
65-74	5.0	299	60	2.3	232	102	0.3	16	54	2.4	51	21
75-84	5.2	291	56	2.3	224	98	0.3	15	43	2.5	51	20
85 and older	5.1	268	52	2.1	201	96	0.4	14	36	2.6	53	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.1	289	57	2.2	222	100	0.3	15	45	2.5	51	21
Disabled	4.4	356	81	1.9	278	143	0.3	25	92	2.1	53	25
Adults	4.2	355	85	1.8	272	154	0.2	27	116	2.2	56	26
Children	3.4	443	129	1.7	365	216	0.3	46	173	1.5	33	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.2	330	63	2.3	254	110	0.3	20	58	2.6	56	22
Male	3.9	293	76	1.7	229	134	0.2	18	77	1.9	45	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	362	67	2.3	277	118	0.4	24	65	2.6	61	23
African American	4.0	264	65	1.8	209	116	0.2	13	59	2.0	41	21
Other/unknown	4.6	298	64	2.1	229	111	0.3	18	64	2.3	50	22
Use of Nursing Facilities^e												
Entire year	6.9	410	59	2.8	305	110	0.6	28	43	3.5	77	22
Part year	6.4	393	61	2.6	295	112	0.5	23	44	3.2	74	23
None	4.6	307	68	2.0	239	118	0.3	18	68	2.2	49	22
Maintenance Assistance Status												
Cash	4.7	317	67	2.1	248	118	0.3	18	64	2.3	51	22
Medically needy	6.0	376	62	2.5	281	114	0.5	25	46	3.0	70	23
Poverty related	4.8	315	66	2.1	242	115	0.3	20	64	2.4	52	22
Other/unknown	3.9	321	83	1.7	242	142	0.2	30	126	1.9	49	25

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$31	\$25	\$2	\$5	\$95	\$178	\$102	\$27	500,313	\$47,315,886	132,412	56.2 %	1,512,778
Biologicals	0.5	0.0	0.0	0.4	####	4	455	####	4564	139	12,259	4,172	186	848,872	33	0.0	377
Antineoplastic Agents	0.5	0.1	0.0	0.4	77	45	1	30	165	436	147	85	51,007	8,399,316	10,035	4.3	109,495
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.4	50	39	3	8	52	90	24	20	1,217,057	63,305,704	111,380	47.3	1,265,767
Cardiovascular Agents	1.8	0.8	0.1	1.0	74	56	2	16	40	71	31	16	3,484,130	140,250,505	166,734	70.8	1,886,204
Respiratory Agents	0.7	0.5	0.0	0.2	43	39	0	4	61	82	30	18	886,198	54,499,036	110,919	47.1	1,268,805
Gastrointestinal Agents	0.8	0.4	0.0	0.3	77	63	2	12	101	147	59	40	1,019,240	103,147,121	117,510	49.9	1,335,238
Genitourinary Agents	0.5	0.3	0.0	0.1	33	29	2	3	71	84	61	28	188,057	13,329,379	34,828	14.8	399,304
CNS Drugs	1.2	0.5	0.1	0.6	109	88	6	15	92	167	102	25	1,709,063	157,014,360	128,046	54.3	1,443,131
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	43	38	1	4	114	146	76	40	23,697	2,702,258	5,382	2.3	62,305
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.6	0.0	0.0	113	112	0	2	171	176	109	59	122,183	20,894,881	16,534	7.0	184,246
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	54	41	3	10	69	152	186	20	1,259,368	86,503,945	141,783	60.2	1,611,642
Neuromuscular Agents	0.8	0.2	0.2	0.4	63	31	20	11	79	154	111	27	672,975	53,056,918	73,879	31.4	843,298
Nutritional Products	0.6	0.0	0.0	0.6	11	0	0	10	18	18	17	18	357,205	6,403,030	53,622	22.8	606,307
Hematological Agents	0.7	0.3	0.1	0.3	65	55	5	5	88	185	33	17	430,698	37,754,212	51,604	21.9	581,584
Topical Products	0.4	0.2	0.0	0.2	22	16	1	5	54	78	53	26	457,107	24,790,306	95,952	40.7	1,102,521
Miscellaneous Products	0.4	0.2	0.0	0.2	90	71	6	13	212	377	230	60	21,285	4,511,812	4,461	1.9	50,251
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	24	0	0	0	51,933	1,238,438	13,892	5.9	158,670
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.	12,451,702	825,965,979	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$92,222,222	57,358	24.3 %	650,569	0.6	\$221	\$142
ULCER DRUGS	87,963,464	117,619	49.9	1,342,225	0.6	111	66
ANTIHYPERTENSIVE	53,873,730	79,623	33.8	920,340	0.6	94	59
ANTIDEPRESSANTS	47,525,114	109,826	46.6	1,244,028	0.6	65	38
ANTIDIABETIC	46,167,046	95,328	40.5	1,088,909	0.7	63	42
ANTICONVULSANT	43,312,665	59,986	25.5	684,294	0.7	96	63
ANALGESICS - Narcotic	42,381,787	175,341	74.4	2,003,673	0.4	58	21
ANALGESICS - ANTI-INFLAMMATORY	36,698,455	90,373	38.3	1,047,942	0.4	92	35
ANTIHYPERTENSIVE	35,682,328	128,288	54.4	1,466,020	0.6	38	24
ANTIASTHMATIC	30,454,844	86,120	36.5	982,580	0.4	75	31
Total	516,281,655	999,862		11,430,580	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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, NORTH CAROLINA, 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	6,171,183	\$516,281,655	57,358	24.3 %	650,569	0.6	\$142	117,619	49.9 %	1,342,225	0.6	\$66
Female	4,429,859	357,274,122	35,337	22.4	399,162	0.6	125	85,679	54.3	979,301	0.6	66
Disabled	1,607,533	151,552,614	16,831	32.0	195,045	0.6	142	30,074	57.1	348,398	0.5	67
5 and younger	10	181	0	0.0	0	0.0	0	1	33.3	12	0.3	11
6-14	73	4,724	0	0.0	0	0.0	0	2	22.2	22	0.5	92
15-20	1,534	159,700	35	23.3	420	0.6	149	37	24.7	444	0.3	22
21-44	388,887	41,333,960	6,806	40.1	78,753	0.6	137	7,742	45.6	89,717	0.5	58
45-64	1,207,432	109,358,346	9,938	28.3	115,334	0.6	145	22,111	63.0	256,219	0.6	71
65-74	5,748	404,316	22	9.3	187	0.7	157	102	43.0	1,070	0.7	76
75-84	3,045	238,730	22	21.0	259	0.6	120	58	55.2	682	0.6	64
85 and older	804	52,657	8	16.7	92	0.3	52	21	43.8	232	0.6	62
Other Eligibles	2,822,326	205,721,508	18,506	17.6	204,117	0.6	110	55,605	52.9	630,903	0.6	66
5 and younger	11	190	0	0.0	0	0.0	0	1	100.0	12	0.8	15
6-14	26	2,478	0	0.0	0	0.0	0	1	50.0	12	0.3	63
15-20	179	20,857	9	90.0	95	0.4	135	5	50.0	51	0.4	26
21-44	16,594	1,698,491	246	28.2	2,495	0.4	87	351	40.2	3,588	0.4	53
45-64	6,799	596,206	55	18.6	529	0.5	103	164	55.4	1,575	0.4	56
65-74	1,118,978	84,477,725	5,130	13.9	58,445	0.7	131	20,586	55.9	238,145	0.6	68
75-84	1,086,810	78,121,957	7,013	17.6	77,526	0.6	109	20,889	52.5	237,935	0.6	66
85 and older	592,929	40,803,604	6,053	22.2	65,027	0.6	93	13,608	50.0	149,585	0.7	63
Male	1,741,324	159,007,533	22,021	28.3	251,407	0.7	168	31,940	41.0	362,924	0.6	64
Disabled	998,410	104,037,884	16,270	36.0	188,322	0.7	182	16,929	37.5	194,862	0.6	64
5 and younger	80	11,435	1	9.1	12	1.1	460	7	63.6	73	0.7	56
6-14	124	9,630	0	0.0	0	0.0	0	7	38.9	82	0.4	78
15-20	2,044	268,079	77	36.3	907	0.5	145	34	16.0	401	0.5	63
21-44	348,291	42,399,387	8,389	42.4	97,138	0.7	182	5,936	30.0	68,671	0.5	61
45-64	644,666	61,124,878	7,773	31.1	89,951	0.7	184	10,870	43.6	124,893	0.6	66
65-74	2,182	156,347	21	15.6	210	0.6	86	54	40.0	493	0.6	58
75-84	848	56,322	6	16.2	68	0.2	22	17	45.9	202	0.7	83
85 and older	175	11,806	3	33.3	36	0.8	102	4	44.4	47	0.8	66
Other Eligibles	742,914	54,969,649	5,751	17.6	63,085	0.7	124	15,011	45.8	168,062	0.6	63
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	34	0	0.0	0	0.0	0	1	50.0	6	0.2	6
15-20	85	10,626	1	11.1	12	1.7	375	3	33.3	36	0.6	83
21-44	7,033	800,495	81	23.0	779	0.4	96	125	35.5	1,209	0.5	66
45-64	4,722	404,941	27	12.2	268	0.4	97	93	41.9	889	0.5	68
65-74	418,315	31,770,955	2,676	15.6	30,498	0.7	147	7,840	45.7	89,387	0.6	65
75-84	237,300	16,895,698	2,064	18.9	22,290	0.6	108	5,026	46.1	56,060	0.6	61
85 and older	75,458	5,086,900	902	21.9	9,238	0.6	91	1,923	46.7	20,475	0.6	61
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	79,623	33.8 %	920,340	0.6	\$59	109,826	46.6 %	1,244,028	0.6	\$38	95,328	40.5 %	1,088,909	0.7	\$42
Female	57,374	36.4	664,508	0.6	59	81,621	51.7	925,481	0.6	39	70,248	44.5	805,127	0.7	42
Disabled	18,040	34.3	209,354	0.6	54	38,249	72.7	439,987	0.5	40	22,759	43.2	263,108	0.6	46
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	12	1.0	53	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	2.0	36	0.6	39	54	36.0	643	0.4	38	6	4.0	72	0.5	21
21-44	2,470	14.6	28,626	0.5	45	12,042	71.0	138,354	0.5	39	3,964	23.4	45,977	0.6	41
45-64	15,401	43.9	178,855	0.6	55	26,026	74.1	299,707	0.6	40	18,558	52.8	214,540	0.6	46
65-74	103	43.5	1,098	0.7	67	78	32.9	739	0.6	32	160	67.5	1,687	0.7	41
75-84	54	51.4	631	0.6	60	36	34.3	395	0.5	33	60	57.1	700	0.7	44
85 and older	8	16.7	96	0.6	51	13	27.1	149	0.6	33	11	22.9	132	0.9	62
Other Eligibles	39,334	37.4	455,154	0.6	61	43,372	41.3	485,494	0.6	38	47,489	45.2	542,019	0.7	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	1	50.0	12	0.3	25	1	50.0	12	0.4	42	0	0.0	0	0.0	0
15-20	1	10.0	2	0.5	13	10	100.0	101	0.3	25	0	0.0	0	0.0	0
21-44	101	11.6	1,047	0.4	36	774	88.7	7,679	0.4	36	157	18.0	1,561	0.5	40
45-64	105	35.5	991	0.5	48	241	81.4	2,267	0.5	41	133	44.9	1,254	0.6	41
65-74	18,623	50.5	216,677	0.6	60	15,443	41.9	177,049	0.6	36	21,473	58.3	248,747	0.7	43
75-84	15,659	39.3	181,521	0.7	63	15,957	40.1	179,677	0.6	38	18,223	45.8	208,007	0.7	40
85 and older	4,844	17.8	54,904	0.7	63	10,946	40.2	118,709	0.7	41	7,503	27.6	82,450	0.7	34
Male	22,249	28.6	255,832	0.6	58	28,205	36.2	318,547	0.6	37	25,080	32.2	283,782	0.7	43
Disabled	11,650	25.8	134,468	0.6	55	18,434	40.8	211,069	0.5	37	12,728	28.2	145,589	0.7	46
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	5.6	12	0.2	16	1	5.6	12	0.2	11	1	5.6	12	0.2	67
15-20	3	1.4	36	0.4	31	45	21.2	525	0.6	49	5	2.4	60	0.6	21
21-44	2,900	14.7	33,818	0.6	49	8,031	40.6	92,423	0.5	37	3,134	15.8	35,982	0.6	46
45-64	8,684	34.8	99,946	0.6	57	10,320	41.4	117,753	0.6	37	9,529	38.2	108,909	0.7	46
65-74	49	36.3	501	0.6	55	28	20.7	250	0.7	32	42	31.1	424	0.7	55
75-84	11	29.7	131	0.6	70	7	18.9	82	0.6	34	15	40.5	178	0.7	44
85 and older	2	22.2	24	0.8	78	2	22.2	24	0.3	17	2	22.2	24	0.3	4
Other Eligibles	10,599	32.4	121,364	0.6	61	9,771	29.8	107,478	0.6	36	12,352	37.7	138,193	0.7	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	0	0.0	0	0.0	0
15-20	1	11.1	12	0.5	46	1	11.1	12	0.5	34	2	22.2	17	1.3	107
21-44	88	25.0	902	0.4	38	248	70.5	2,433	0.4	34	78	22.2	688	0.7	68
45-64	85	38.3	785	0.6	46	158	71.2	1,524	0.5	32	66	29.7	615	0.6	45
65-74	6,539	38.1	75,475	0.6	62	4,824	28.1	54,711	0.6	35	7,294	42.5	82,835	0.7	43
75-84	3,264	29.9	37,202	0.7	62	3,247	29.8	35,325	0.6	38	3,868	35.5	42,910	0.7	38
85 and older	622	15.1	6,988	0.7	60	1,293	31.4	13,473	0.7	39	1,044	25.4	11,128	0.7	35
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	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	59,986	25.5 %	684,294	0.7	\$63	175,341	74.4 %	2,003,673	0.4	\$21	90,373	38.3 %	1,047,942	0.4	\$35
Female	39,724	25.2	453,609	0.6	60	126,168	80.0	1,445,663	0.4	20	67,413	42.7	782,558	0.4	38
Disabled	21,299	40.5	245,828	0.6	74	54,313	103.2	629,527	0.4	26	25,550	48.5	298,062	0.3	34
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	0	0	0.0	0	0.0	0
6-14	1	11.1	12	0.2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	35	23.3	420	0.7	96	92	61.3	1,098	0.2	8	61	40.7	721	0.2	4
21-44	7,548	44.5	87,065	0.6	83	16,741	98.7	193,872	0.4	25	7,149	42.1	83,332	0.3	25
45-64	13,670	38.9	157,847	0.6	69	37,235	106.0	431,914	0.4	27	18,208	51.8	212,544	0.4	38
65-74	29	12.2	306	0.8	49	153	64.6	1,568	0.3	11	76	32.1	823	0.4	31
75-84	15	14.3	166	0.7	50	71	67.6	834	0.3	11	42	40.0	492	0.5	46
85 and older	1	2.1	12	1.1	95	20	41.7	229	0.3	3	14	29.2	150	0.3	23
Other Eligibles	18,425	17.5	207,781	0.6	44	71,855	68.4	816,136	0.4	15	41,863	39.8	484,496	0.4	40
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	50.0	12	0.2	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	50.0	41	0.6	72	7	70.0	78	0.6	9	4	40.0	42	0.2	7
21-44	404	46.3	4,013	0.5	71	1,071	122.7	10,772	0.4	42	388	44.4	3,914	0.3	23
45-64	99	33.4	948	0.6	78	331	111.8	3,309	0.4	21	152	51.4	1,446	0.3	26
65-74	7,587	20.6	87,230	0.6	49	27,687	75.1	320,752	0.3	14	17,243	46.8	201,556	0.4	39
75-84	6,739	16.9	76,230	0.6	42	26,641	66.9	305,034	0.3	14	15,914	40.0	185,164	0.4	41
85 and older	3,590	13.2	39,307	0.6	36	16,118	59.2	176,191	0.4	16	8,162	30.0	92,374	0.5	42
Male	20,262	26.0	230,685	0.7	69	49,173	63.1	558,010	0.4	25	22,960	29.5	265,384	0.3	27
Disabled	14,554	32.2	167,456	0.7	77	30,931	68.5	354,506	0.4	30	13,197	29.2	153,268	0.3	23
5 and younger	2	18.2	24	0.3	43	1	9.1	12	0.1	1	0	0.0	0	0.0	0
6-14	1	5.6	12	0.3	4	5	27.8	60	0.1	1	0	0.0	0	0.0	0
15-20	52	24.5	595	0.7	95	76	35.8	874	0.2	2	27	12.7	321	0.2	7
21-44	6,623	33.5	76,431	0.7	84	12,351	62.4	141,904	0.4	31	5,022	25.4	58,458	0.2	18
45-64	7,853	31.5	90,210	0.7	72	18,400	73.7	210,669	0.4	30	8,113	32.5	94,095	0.3	26
65-74	22	16.3	174	0.5	41	69	51.1	656	0.4	15	28	20.7	319	0.3	26
75-84	1	2.7	10	0.2	1	25	67.6	283	0.3	5	5	13.5	51	0.5	17
85 and older	0	0.0	0	0.0	0	4	44.4	48	0.3	5	2	22.2	24	0.5	35
Other Eligibles	5,708	17.4	63,229	0.7	48	18,242	55.7	203,504	0.3	16	9,763	29.8	112,116	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	11.1	12	0.2	19	3	33.3	29	0.1	1	0	0.0	0	0.0	0
21-44	153	43.5	1,443	0.5	69	422	119.9	4,191	0.5	63	129	36.6	1,288	0.3	34
45-64	83	37.4	818	0.4	52	264	118.9	2,518	0.5	41	80	36.0	773	0.3	18
65-74	3,282	19.1	37,256	0.7	51	9,956	58.0	113,440	0.4	17	5,473	31.9	63,455	0.4	32
75-84	1,656	15.2	18,078	0.7	42	5,614	51.5	62,396	0.3	12	3,104	28.5	35,697	0.4	34
85 and older	533	13.0	5,622	0.6	35	1,983	48.2	20,930	0.3	10	977	23.7	10,903	0.4	36
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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 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	128,288	54.4 %	1,466,020	0.6	\$24	86,120	36.5 %	982,580	0.4	\$31	235,654	2,600,729
Female	92,827	58.9	1,063,106	0.6	25	61,216	38.8	700,511	0.4	30	157,725	1,746,760
Disabled	24,305	46.2	280,956	0.6	23	25,522	48.5	295,856	0.4	29	52,638	591,147
5 and younger	1	33.3	12	0.3	3	1	33.3	12	0.1	1	3	36
6-14	6	66.7	62	0.4	17	2	22.2	24	0.9	37	9	92
15-20	21	14.0	251	0.4	14	26	17.3	312	0.2	15	150	1,686
21-44	4,022	23.7	46,459	0.5	19	6,170	36.4	71,317	0.3	25	16,965	190,257
45-64	20,016	57.0	231,581	0.6	24	19,174	54.6	222,662	0.4	30	35,121	395,135
65-74	145	61.2	1,517	0.7	28	95	40.1	915	0.4	29	237	2,230
75-84	68	64.8	786	0.7	27	43	41.0	492	0.5	44	105	1,220
85 and older	26	54.2	288	0.7	30	11	22.9	122	0.3	15	48	491
Other Eligibles	68,522	65.2	782,150	0.7	26	35,694	34.0	404,655	0.4	31	105,087	1,155,613
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
6-14	1	50.0	12	0.1	1	2	100.0	24	0.5	35	2	24
15-20	3	30.0	26	0.4	4	1	10.0	12	0.1	2	10	85
21-44	186	21.3	1,787	0.5	17	277	31.7	2,818	0.3	23	873	7,471
45-64	160	54.1	1,472	0.5	22	151	51.0	1,543	0.3	32	296	2,503
65-74	26,418	71.7	305,331	0.7	27	15,414	41.8	178,046	0.4	33	36,857	413,096
75-84	27,016	67.9	310,280	0.7	26	12,670	31.8	143,956	0.4	32	39,816	443,265
85 and older	14,738	54.1	163,242	0.7	25	7,178	26.4	78,244	0.4	27	27,232	289,157
Male	35,461	45.5	402,914	0.6	22	24,904	32.0	282,069	0.4	33	77,929	853,969
Disabled	17,011	37.7	194,268	0.6	22	11,789	26.1	135,492	0.4	31	45,169	501,375
5 and younger	1	9.1	4	0.5	4	2	18.2	24	0.3	30	11	98
6-14	10	55.6	118	0.5	7	5	27.8	47	0.4	25	18	197
15-20	37	17.5	422	0.5	17	52	24.5	600	0.3	26	212	2,368
21-44	4,558	23.0	52,147	0.5	20	3,456	17.5	40,012	0.4	26	19,790	219,815
45-64	12,296	49.3	140,438	0.6	22	8,200	32.9	94,095	0.4	33	24,957	277,240
65-74	76	56.3	751	0.6	20	44	32.6	403	0.4	26	135	1,144
75-84	28	75.7	329	0.6	19	28	75.7	287	0.4	35	37	417
85 and older	5	55.6	59	0.7	22	2	22.2	24	0.3	14	9	96
Other Eligibles	18,450	56.3	208,646	0.6	22	13,115	40.0	146,577	0.5	35	32,760	352,594
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
15-20	1	11.1	12	0.3	11	0	0.0	0	0.0	0	9	91
21-44	110	31.3	1,017	0.5	18	102	29.0	1,002	0.4	54	352	2,942
45-64	119	53.6	1,146	0.5	23	58	26.1	602	0.3	32	222	1,848
65-74	10,249	59.7	117,235	0.6	23	7,097	41.4	80,920	0.5	36	17,158	188,641
75-84	6,035	55.4	68,240	0.6	22	4,333	39.7	48,099	0.5	34	10,902	117,258
85 and older	1,936	47.1	20,996	0.7	19	1,525	37.1	15,954	0.4	30	4,114	41,795
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$410	6.9	13,679	151,824
Age				
0-64	548	7.6	1,144	13,245
65-74	492	7.8	1,994	22,673
75-84	431	7.2	4,634	51,477
85 and older	336	6.3	5,907	64,429
Unknown	0	0.0	0	0
Gender				
Female	405	7.0	10,774	119,560
Male	428	6.7	2,905	32,264
Unknown	0	0.0	0	0
Race				
White	428	7.3	8,863	97,109
African American	372	6.2	3,913	44,814
Other/unknown	402	6.8	903	9,901
Basis of Eligibility^c				
Aged	397	6.9	12,506	138,266
Disabled	545	7.6	1,173	13,558
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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, NORTH CAROLINA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$18	\$2	\$5	\$64	\$108	\$76	\$25	41,720	\$2,685,619	9,656	70.6 %	109,142
Biologicals	0.1	0.1	0.0	0.0	8	8	0	0	95	122	15	0	8	761	8	0.1	96
Antineoplastic Agents	0.5	0.1	0.0	0.4	85	33	0	52	167	479	93	119	5,425	904,148	986	7.2	10,682
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.4	59	48	4	7	49	84	20	16	92,179	4,553,580	6,876	50.3	77,127
Cardiovascular Agents	2.1	0.6	0.1	1.4	62	39	2	21	30	67	20	15	240,782	7,267,607	10,393	76.0	116,461
Respiratory Agents	0.6	0.4	0.0	0.2	38	34	0	4	59	84	26	18	47,886	2,838,094	6,507	47.6	73,837
Gastrointestinal Agents	1.0	0.4	0.1	0.6	70	48	3	19	67	133	36	32	97,330	6,560,642	8,329	60.9	93,816
Genitourinary Agents	0.6	0.4	0.1	0.2	41	33	3	5	69	86	54	33	20,958	1,449,237	3,097	22.6	35,335
CNS Drugs	1.6	0.8	0.1	0.7	136	109	8	18	87	135	75	28	177,291	15,345,860	10,103	73.9	113,229
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	38	35	0	3	78	135	28	13	646	50,529	117	0.9	1,315
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	128	128	0	0	148	149	0	48	26,495	3,924,705	2,720	19.9	30,609
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	57	50	1	7	62	120	69	13	75,850	4,712,487	7,321	53.5	82,037
Neuromuscular Agents	1.2	0.3	0.4	0.6	80	33	26	20	67	116	74	36	63,254	4,228,907	4,661	34.1	53,061
Nutritional Products	0.8	0.0	0.0	0.7	14	0	0	13	18	18	14	18	40,564	733,939	4,678	34.2	52,496
Hematological Agents	1.1	0.4	0.3	0.5	78	67	6	5	70	180	20	12	57,700	4,011,725	4,558	33.3	51,198
Topical Products	0.6	0.3	0.1	0.3	28	18	2	7	48	70	48	25	57,282	2,727,616	8,678	63.4	98,956
Miscellaneous Products	0.2	0.0	0.0	0.2	13	6	1	7	54	170	493	32	1,936	104,245	679	5.0	7,784
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	24	0	0	0	5,468	130,898	1,246	9.1	14,191
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.	1,052,774	62,230,599	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In North Carolina, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$8,594,781	5,718	41.8 %	64,633	0.7	\$177	\$133
ANTIDEPRESSANTS	5,693,577	9,379	68.6	106,028	0.8	67	54
ULCER DRUGS	5,320,369	7,807	57.1	88,031	0.8	79	60
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	3,924,705	3,254	23.8	36,689	0.7	148	107
ANTICONVULSANT	3,250,955	4,420	32.3	50,571	0.9	70	64
ANTIDIABETIC	3,133,374	6,121	44.7	69,743	0.9	51	45
ANALGESICS - Narcotic	2,565,216	7,525	55.0	83,987	0.6	55	31
MISC. HEMATOLOGICAL	2,461,448	2,035	14.9	23,010	0.8	131	107
ANALGESICS - ANTI-INFLAMMATORY	1,871,089	3,252	23.8	37,313	0.6	85	50
ANTIHYPERTENSIVE	1,845,675	6,274	45.9	70,827	0.8	32	26
Total	38,661,189	55,785		630,832	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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); 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, NORTH CAROLINA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	480,621	\$38,661,189	5,718	41.8 %	64,633	0.7	\$133	9,379	68.6 %	106,028	0.8	\$54
Female	380,340	30,279,963	4,536	42.1	51,380	0.8	131	7,570	70.3	85,562	0.8	53
Disabled	28,238	2,472,597	264	43.8	3,080	0.9	166	498	82.6	5,831	0.9	62
64 or younger	27,166	2,393,205	255	43.9	2,972	0.9	166	484	83.3	5,669	0.9	62
65-74	542	36,072	4	33.3	48	0.7	180	8	66.7	90	1.0	50
75-84	453	37,129	4	57.1	48	0.9	198	6	85.7	72	0.8	44
85 and older	77	6,191	1	33.3	12	0.2	27	0	0.0	0	0.0	0
Other Eligibles	352,102	27,807,366	4,272	42.0	48,300	0.7	128	7,072	69.5	79,731	0.8	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	56,619	4,689,833	636	51.6	7,333	0.8	163	976	79.2	11,176	0.8	58
75-84	140,385	11,286,505	1,673	46.1	18,928	0.8	133	2,730	75.2	30,929	0.8	54
85 and older	155,098	11,831,028	1,963	37.0	22,039	0.7	113	3,366	63.4	37,626	0.8	51
Male	100,281	8,381,226	1,182	40.7	13,253	0.7	143	1,809	62.3	20,466	0.8	55
Disabled	22,158	2,265,683	205	36.0	2,413	0.8	179	382	67.0	4,480	0.8	58
64 or younger	22,069	2,257,416	203	36.1	2,389	0.8	179	381	67.7	4,468	0.8	58
65-74	7	450	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	61	3,929	0	0.0	0	0.0	0	1	33.3	12	0.7	59
85 and older	21	3,888	2	100.0	24	0.8	151	0	0.0	0	0.0	0
Other Eligibles	78,123	6,115,543	977	41.8	10,840	0.7	135	1,427	61.1	15,986	0.8	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	29,729	2,368,794	303	40.6	3,458	0.8	162	486	65.1	5,561	0.8	59
75-84	32,409	2,527,714	437	43.9	4,828	0.7	128	622	62.4	6,955	0.8	52
85 and older	15,985	1,219,035	237	40.0	2,554	0.7	110	319	53.9	3,470	0.8	51
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	7,807	57.1 %	88,031	0.8	\$60	3,254	23.8 %	36,689	0.7	\$107	4,420	32.3 %	50,571	0.9	\$64
Female	6,132	56.9	69,000	0.8	60	2,761	25.6	31,182	0.7	107	3,186	29.6	36,509	0.9	62
Disabled	363	60.2	4,190	0.8	64	54	9.0	619	0.7	253	414	68.7	4,854	1.1	98
64 or younger	354	60.9	4,088	0.8	65	50	8.6	571	0.7	264	407	70.1	4,770	1.0	99
65-74	6	50.0	66	0.7	67	1	8.3	12	1.1	155	6	50.0	72	1.1	39
75-84	2	28.6	24	0.9	10	1	14.3	12	1.1	171	1	14.3	12	1.3	150
85 and older	1	33.3	12	0.9	70	2	66.7	24	0.6	82	0	0.0	0	0.0	0
Other Eligibles	5,769	56.7	64,810	0.8	60	2,707	26.6	30,563	0.7	104	2,772	27.3	31,655	0.9	56
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	782	63.4	8,986	0.8	59	266	21.6	3,010	0.8	126	641	52.0	7,407	1.0	67
75-84	2,151	59.3	24,137	0.8	61	1,105	30.5	12,435	0.7	103	1,140	31.4	13,023	0.9	58
85 and older	2,836	53.4	31,687	0.8	59	1,336	25.2	15,118	0.7	99	991	18.7	11,225	0.8	46
Male	1,675	57.7	19,031	0.8	62	493	17.0	5,507	0.7	110	1,234	42.5	14,062	1.0	71
Disabled	330	57.9	3,840	0.8	65	36	6.3	432	0.7	192	393	68.9	4,572	1.1	94
64 or younger	324	57.5	3,777	0.8	65	36	6.4	432	0.7	192	392	69.6	4,571	1.1	94
65-74	1	50.0	3	0.7	71	0	0.0	0	0.0	0	1	50.0	1	2.0	30
75-84	4	133.3	48	0.6	56	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	50.0	12	0.2	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,345	57.6	15,191	0.8	61	457	19.6	5,075	0.7	102	841	36.0	9,490	0.9	60
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	445	59.6	5,088	0.8	63	115	15.4	1,298	0.7	110	419	56.1	4,779	1.0	63
75-84	598	60.0	6,745	0.8	60	189	19.0	2,075	0.7	99	302	30.3	3,385	0.9	64
85 and older	302	51.0	3,358	0.8	58	153	25.8	1,702	0.7	101	120	20.3	1,326	0.8	43
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					MISC. HEMATOLOGICAL				
	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	6,121	44.7 %	69,743	0.9	\$45	7,525	55.0 %	83,987	0.6	\$31	2,035	14.9 %	23,010	0.8	\$107
Female	4,771	44.3	54,458	0.9	45	6,126	56.9	68,460	0.6	31	1,584	14.7	17,952	0.8	96
Disabled	354	58.7	4,159	1.0	55	384	63.7	4,463	0.7	46	71	11.8	840	0.8	94
64 or younger	330	56.8	3,871	1.0	55	364	62.7	4,241	0.7	46	68	11.7	804	0.8	96
65-74	14	116.7	168	1.0	46	10	83.3	102	0.7	55	1	8.3	12	1.0	19
75-84	7	100.0	84	0.9	81	10	142.9	120	0.8	44	2	28.6	24	0.9	73
85 and older	3	100.0	36	1.1	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,417	43.4	50,299	0.9	44	5,742	56.5	63,997	0.5	30	1,513	14.9	17,112	0.8	96
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	879	71.3	10,263	0.9	51	762	61.8	8,681	0.6	29	218	17.7	2,527	0.8	97
75-84	1,918	52.9	21,836	0.9	44	2,105	58.0	23,830	0.6	34	584	16.1	6,603	0.8	101
85 and older	1,620	30.5	18,200	0.8	40	2,875	54.1	31,486	0.5	26	711	13.4	7,982	0.8	92
Male	1,350	46.5	15,285	0.9	45	1,399	48.2	15,527	0.6	31	451	15.5	5,058	0.8	146
Disabled	223	39.1	2,626	0.9	52	288	50.5	3,341	0.7	56	60	10.5	696	0.8	467
64 or younger	223	39.6	2,626	0.9	52	286	50.8	3,317	0.7	56	60	10.7	696	0.8	467
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	66.7	24	1.0	13	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,127	48.3	12,659	0.8	43	1,111	47.6	12,186	0.5	24	391	16.7	4,362	0.8	95
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	441	59.0	5,025	0.9	48	396	53.0	4,461	0.5	27	126	16.9	1,445	0.8	98
75-84	462	46.4	5,159	0.9	41	447	44.9	4,842	0.5	25	172	17.3	1,921	0.9	98
85 and older	224	37.8	2,475	0.8	40	268	45.3	2,883	0.4	16	93	15.7	996	0.8	85
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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, NORTH CAROLINA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	3,252	23.8 %	37,313	0.6	\$50	6,274	45.9 %	70,827	0.8	\$26	13,679	151,824
Female	2,642	24.5	30,344	0.6	50	4,954	46.0	55,971	0.8	27	10,774	119,560
Disabled	163	27.0	1,921	0.5	47	273	45.3	3,186	0.9	30	603	6,979
64 or younger	159	27.4	1,873	0.5	47	260	44.8	3,030	0.9	29	581	6,721
65-74	1	8.3	12	0.1	1	4	33.3	48	0.8	9	12	138
75-84	3	42.9	36	0.8	68	8	114.3	96	0.9	43	7	84
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.8	56	3	36
Other Eligibles	2,479	24.4	28,423	0.6	51	4,681	46.0	52,785	0.8	27	10,171	112,581
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	307	24.9	3,571	0.6	56	657	53.3	7,549	0.8	30	1,233	14,063
75-84	982	27.1	11,307	0.6	52	1,807	49.8	20,447	0.8	27	3,628	40,448
85 and older	1,190	22.4	13,545	0.6	48	2,217	41.8	24,789	0.8	25	5,310	58,070
Male	610	21.0	6,969	0.6	50	1,320	45.4	14,856	0.8	23	2,905	32,264
Disabled	106	18.6	1,253	0.5	66	241	42.3	2,799	0.9	29	570	6,579
64 or younger	105	18.7	1,250	0.5	66	239	42.5	2,797	0.9	29	563	6,524
65-74	0	0.0	0	0.0	0	2	100.0	2	1.5	103	2	4
75-84	1	33.3	3	0.7	69	0	0.0	0	0.0	0	3	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Other Eligibles	504	21.6	5,716	0.6	46	1,079	46.2	12,057	0.8	22	2,335	25,685
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	169	22.6	1,920	0.6	52	404	54.1	4,528	0.8	25	747	8,468
75-84	216	21.7	2,474	0.6	42	461	46.3	5,187	0.8	20	996	10,918
85 and older	119	20.1	1,322	0.6	44	214	36.1	2,342	0.8	20	592	6,299
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 North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 13,482 beneficiaries who were in nursing facilities for part of their enrollment and their 134,059 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}
NORTH CAROLINA, 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	126,584	53.7 %	4.3	1,018,840	\$91	\$21,558,010	\$21	2.6 %	235,654
Age									
5 and younger	11	68.8	7.2	115	786	12,582	109	16.7	16
6-14	19	61.3	4.8	149	200	6,206	42	2.8	31
15-20	123	32.3	1.7	645	63	23,840	37	2.7	381
21-44	17,724	46.7	3.4	130,719	89	3,392,503	26	2.5	37,980
45-64	34,714	57.3	4.9	297,102	114	6,930,162	23	2.7	60,596
65-74	28,692	52.8	4.2	229,237	86	4,692,047	20	2.6	54,387
75-84	27,720	54.5	4.3	220,517	80	4,071,147	18	2.5	50,860
85 and older	17,581	56.0	4.5	140,356	77	2,429,523	17	2.7	31,403
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	73,683	54.2	4.3	587,886	82	11,147,765	19	2.6	136,047
Disabled	51,950	53.1	4.3	424,862	105	10,273,520	24	2.6	97,807
Adults	940	53.0	3.4	6,032	75	132,605	22	2.5	1,774
Children	11	42.3	2.3	60	158	4,120	69	4.1	26
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	92,467	58.6	4.9	765,138	102	16,154,003	21	2.8	157,725
Male	34,117	43.8	3.3	253,702	69	5,404,007	21	2.2	77,929
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	70,662	58.6	5.2	625,749	107	12,959,519	21	2.7	120,655
African American	41,142	47.1	3.2	278,172	68	5,922,124	21	2.3	87,438
Other/unknown	14,780	53.6	4.2	114,919	97	2,676,367	23	3.0	27,561
Use of Nursing Facilities^d									
Entire year	8,576	62.7	6.4	87,172	117	1,599,243	18	2.6	13,679
Part year	9,390	69.6	5.4	72,745	106	1,426,265	20	2.7	13,482
None	108,618	52.1	4.1	858,923	89	18,532,502	22	2.6	208,493
Maintenance Assistance Status									
Cash	59,027	53.5	4.4	484,989	93	10,297,733	21	2.6	110,313
Medically needy	4,423	60.1	5.0	36,926	124	911,612	25	3.3	7,362
Poverty related	63,035	53.5	4.2	496,335	88	10,334,660	21	2.6	117,766
Other/unknown	99	46.5	2.8	590	66	14,005	24	2.4	213

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NORTH CAROLINA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$8	\$21	\$0	\$3	2,600,729
Age						
5 and younger	0.8	83	109	0	3	151
6-14	0.5	19	42	0	0	327
15-20	0.2	6	37	0	1	4,230
21-44	0.3	8	26	0	3	420,485
45-64	0.4	10	23	0	3	676,726
65-74	0.4	8	20	0	2	605,111
75-84	0.4	7	18	0	2	562,160
85 and older	0.4	7	17	0	2	331,539
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	19	0	2	1,492,931
Disabled	0.4	9	24	0	3	1,092,522
Adults	0.4	9	22	0	4	15,049
Children	0.3	18	69	0	1	227
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	9	21	0	3	1,746,760
Male	0.3	6	21	0	2	853,969
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	10	21	0	4	1,318,149
African American	0.3	6	21	0	1	978,921
Other/unknown	0.4	9	23	0	2	303,659
Use of Nursing Facilities^d						
Entire year	0.6	11	18	0	3	151,824
Part year	0.5	11	20	0	3	134,059
None	0.4	8	22	0	3	2,314,846
Maintenance Assistance Status						
Cash	0.4	8	21	0	3	1,249,683
Medically needy	0.5	13	25	0	3	72,428
Poverty related	0.4	8	21	0	3	1,276,790
Other/unknown	0.3	8	24	0	2	1,828

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NORTH CAROLINA, 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	186,780	\$115	\$21,558,010	100.0 %	1,018,840	\$21	100.0 %
Anorexia or weight loss/gain	1,537	231	355,380	1.6	5,251	68	0.5
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	79	19	1,524	0.0	147	10	0.0
Cough and cold medications	49,487	96	4,756,798	22.1	139,702	34	13.7
Vitamins and minerals	52,102	120	6,255,262	29.0	347,558	18	34.1
Non-prescription drugs	10,126	71	715,553	3.3	32,335	22	3.2
Barbiturates	2,487	78	194,146	0.9	23,731	8	2.3
Benzodiazepines	63,568	108	6,894,384	32.0	444,043	16	43.6
Other Part D Excl Rx Drugs	7,394	323	2,384,963	11.1	26,073	91	2.6

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NORTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries	235,654
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$825,965,979
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,505

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,386	7.8 %	\$0	0.0 %
1-500	30,636	13.0	6,649,523	0.8
501-1,000	21,214	9.0	15,761,475	1.9
1,001-1,500	18,734	7.9	23,324,123	2.8
1,501-2,000	17,276	7.3	30,200,809	3.7
2,001-2,500	15,859	6.7	35,699,751	4.3
2,501-3,000	14,451	6.1	39,679,884	4.8
3,001-3,500	13,048	5.5	42,356,648	5.1
3,501-4,000	11,425	4.8	42,760,939	5.2
4,001-4,500	10,114	4.3	42,916,661	5.2
4,501-5,000	8,475	3.6	40,234,043	4.9
5,001-5,500	7,309	3.1	38,322,673	4.6
5,501-6,000	6,501	2.8	37,335,274	4.5
6,001-6,500	5,523	2.3	34,484,584	4.2
6,501-7,000	4,754	2.0	32,060,942	3.9
7,001-7,500	4,197	1.8	30,406,692	3.7
7,501-8,000	3,618	1.5	28,024,278	3.4
8,001-8,500	3,041	1.3	25,082,133	3.0
8,501-9,000	2,559	1.1	22,376,840	2.7
9,001-9,500	2,251	1.0	20,819,175	2.5
9,501-10,000	1,906	0.8	18,563,146	2.2
10,001+	14,377	6.1	218,906,386	26.5

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NORTH CAROLINA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	97,236
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$387,692,032
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,987

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,423	9.7 %	0	0.0 %
1-500	14,720	15.1	2,988,033	0.8
501-1,000	8,431	8.7	6,216,424	1.6
1,001-1,500	6,829	7.0	8,481,827	2.2
1,501-2,000	5,979	6.1	10,433,367	2.7
2,001-2,500	5,282	5.4	11,874,077	3.1
2,501-3,000	4,783	4.9	13,125,178	3.4
3,001-3,500	4,372	4.5	14,205,870	3.7
3,501-4,000	3,809	3.9	14,253,515	3.7
4,001-4,500	3,512	3.6	14,898,968	3.8
4,501-5,000	3,031	3.1	14,393,487	3.7
5,001-5,500	2,696	2.8	14,141,765	3.6
5,501-6,000	2,479	2.5	14,237,531	3.7
6,001-6,500	2,201	2.3	13,747,911	3.5
6,501-7,000	1,945	2.0	13,116,955	3.4
7,001-7,500	1,817	1.9	13,163,024	3.4
7,501-8,000	1,617	1.7	12,534,707	3.2
8,001-8,500	1,424	1.5	11,740,362	3.0
8,501-9,000	1,195	1.2	10,458,081	2.7
9,001-9,500	1,107	1.1	10,236,249	2.6
9,501-10,000	1,008	1.0	9,823,860	2.5
10,001+	9,576	9.8	153,620,841	39.6

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NORTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	136,650
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$432,917,109
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,168

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,788	6.4 %	0	0.0 %
1-500	15,531	11.4	3,582,344	0.8
501-1,000	12,579	9.2	9,392,662	2.2
1,001-1,500	11,765	8.6	14,669,569	3.4
1,501-2,000	11,169	8.2	19,545,068	4.5
2,001-2,500	10,472	7.7	23,590,903	5.4
2,501-3,000	9,582	7.0	26,320,551	6.1
3,001-3,500	8,616	6.3	27,956,455	6.5
3,501-4,000	7,554	5.5	28,273,937	6.5
4,001-4,500	6,549	4.8	27,793,208	6.4
4,501-5,000	5,401	4.0	25,635,922	5.9
5,001-5,500	4,576	3.3	23,987,525	5.5
5,501-6,000	3,996	2.9	22,948,505	5.3
6,001-6,500	3,289	2.4	20,529,634	4.7
6,501-7,000	2,780	2.0	18,746,349	4.3
7,001-7,500	2,362	1.7	17,113,453	4.0
7,501-8,000	1,985	1.5	15,365,349	3.5
8,001-8,500	1,601	1.2	13,209,177	3.1
8,501-9,000	1,354	1.0	11,830,998	2.7
9,001-9,500	1,125	0.8	10,408,058	2.4
9,501-10,000	884	0.6	8,602,650	2.0
10,001+	4,692	3.4	63,414,792	14.6

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 NORTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	54,387
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$180,644,039
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,322

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,274	7.9 %	0	0.0 %
1-500	6,428	11.8	1,436,411	0.8
501-1,000	4,726	8.7	3,523,183	2.0
1,001-1,500	4,334	8.0	5,407,068	3.0
1,501-2,000	4,126	7.6	7,209,639	4.0
2,001-2,500	3,895	7.2	8,782,299	4.9
2,501-3,000	3,633	6.7	9,967,667	5.5
3,001-3,500	3,201	5.9	10,376,929	5.7
3,501-4,000	2,827	5.2	10,594,525	5.9
4,001-4,500	2,480	4.6	10,528,367	5.8
4,501-5,000	2,080	3.8	9,872,270	5.5
5,001-5,500	1,761	3.2	9,232,074	5.1
5,501-6,000	1,542	2.8	8,858,054	4.9
6,001-6,500	1,292	2.4	8,064,533	4.5
6,501-7,000	1,162	2.1	7,834,319	4.3
7,001-7,500	944	1.7	6,843,057	3.8
7,501-8,000	887	1.6	6,863,691	3.8
8,001-8,500	707	1.3	5,834,031	3.2
8,501-9,000	598	1.1	5,224,407	2.9
9,001-9,500	511	0.9	4,728,076	2.6
9,501-10,000	401	0.7	3,906,874	2.2
10,001+	2,578	4.7	35,556,565	19.7

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NORTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	50,860
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$163,375,084
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,212

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,997	5.9 %	0	0.0 %
1-500	5,256	10.3	1,222,262	0.7
501-1,000	4,590	9.0	3,440,057	2.1
1,001-1,500	4,336	8.5	5,406,969	3.3
1,501-2,000	4,194	8.2	7,347,830	4.5
2,001-2,500	4,022	7.9	9,073,178	5.6
2,501-3,000	3,676	7.2	10,106,735	6.2
3,001-3,500	3,322	6.5	10,787,729	6.6
3,501-4,000	2,919	5.7	10,914,043	6.7
4,001-4,500	2,513	4.9	10,662,320	6.5
4,501-5,000	2,102	4.1	9,974,884	6.1
5,001-5,500	1,810	3.6	9,486,610	5.8
5,501-6,000	1,578	3.1	9,064,429	5.5
6,001-6,500	1,302	2.6	8,126,095	5.0
6,501-7,000	1,094	2.2	7,376,378	4.5
7,001-7,500	920	1.8	6,663,149	4.1
7,501-8,000	740	1.5	5,726,491	3.5
8,001-8,500	610	1.2	5,038,513	3.1
8,501-9,000	511	1.0	4,465,902	2.7
9,001-9,500	451	0.9	4,171,912	2.6
9,501-10,000	322	0.6	3,132,239	1.9
10,001+	1,595	3.1	21,187,359	13.0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NORTH CAROLINA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	31,403
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$88,897,986
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,831

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,517	4.8 %	0	0.0 %
1-500	3,847	12.3	923,671	1.0
501-1,000	3,263	10.4	2,429,422	2.7
1,001-1,500	3,095	9.9	3,855,532	4.3
1,501-2,000	2,849	9.1	4,987,599	5.6
2,001-2,500	2,555	8.1	5,735,426	6.5
2,501-3,000	2,273	7.2	6,246,149	7.0
3,001-3,500	2,093	6.7	6,791,797	7.6
3,501-4,000	1,808	5.8	6,765,369	7.6
4,001-4,500	1,556	5.0	6,602,521	7.4
4,501-5,000	1,219	3.9	5,788,768	6.5
5,001-5,500	1,005	3.2	5,268,841	5.9
5,501-6,000	876	2.8	5,026,022	5.7
6,001-6,500	695	2.2	4,339,006	4.9
6,501-7,000	524	1.7	3,535,652	4.0
7,001-7,500	498	1.6	3,607,247	4.1
7,501-8,000	358	1.1	2,775,167	3.1
8,001-8,500	284	0.9	2,336,633	2.6
8,501-9,000	245	0.8	2,140,689	2.4
9,001-9,500	163	0.5	1,508,070	1.7
9,501-10,000	161	0.5	1,563,537	1.8
10,001+	519	1.7	6,670,868	7.5

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	235,680	136,047	97,825	1,782	26	0	2,601,472	1,492,971	1,093,091	15,181	229	0
Age												
5 and younger	16	0	14	0	2	0	151	0	134	0	17	0
6-14	31	0	27	0	4	0	328	0	289	0	39	0
15-20	381	0	362	2	17	0	4,230	0	4,054	15	161	0
21-44	37,997	0	36,766	1,228	3	0	420,902	0	410,380	10,510	12	0
45-64	60,604	13	60,084	507	0	0	676,998	103	672,624	4,271	0	0
65-74	54,388	53,971	373	44	0	0	605,164	601,399	3,386	379	0	0
75-84	50,860	50,717	142	1	0	0	562,160	560,517	1,637	6	0	0
85 and older	31,403	31,346	57	0	0	0	331,539	330,952	587	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	157,744	103,890	52,651	1,191	12	0	1,747,296	1,145,407	591,552	10,226	111	0
Male	77,936	32,157	45,174	591	14	0	854,176	347,564	501,539	4,955	118	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	120,657	70,091	49,539	1,016	11	0	1,318,276	758,572	550,923	8,690	91	0
African American	87,461	48,432	38,392	626	11	0	979,447	541,623	432,341	5,380	103	0
Other/unknown	27,562	17,524	9,894	140	4	0	303,749	192,776	109,827	1,111	35	0
Use of Nursing Facilities^c												
Entire year	13,679	12,506	1,173	0	0	0	151,824	138,266	13,558	0	0	0
Part year	13,482	12,011	1,470	1	0	0	134,071	118,297	15,762	12	0	0
None	208,519	111,530	95,182	1,781	26	0	2,315,577	1,236,408	1,063,771	15,169	229	0
Maintenance Assistance Status												
Cash	110,329	62,277	46,692	1,355	5	0	1,249,999	703,216	534,792	11,949	42	0
Medically needy	7,362	5,838	1,450	74	0	0	72,436	57,201	14,651	584	0	0
Poverty related	117,773	67,932	49,683	150	8	0	1,277,178	732,554	543,648	889	87	0
Other/unknown	216	0	0	203	13	0	1,859	0	0	1,759	100	0
Dual Status^d												
Full dual, all year	227,607	131,546	94,271	1,764	26	0	2,511,094	1,442,837	1,053,056	14,972	229	0
Full dual, part year	8,073	4,501	3,554	18	0	0	90,378	50,134	40,035	209	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	235,517	136,039	97,700	1,754	24	0	2,599,703	1,492,879	1,091,680	14,929	215	0
FFS part year, with Rx claims	127	8	98	19	2	0	1,426	92	1,134	186	14	0
FFS part year, no Rx claims	10	0	9	1	0	0	96	0	92	4	0	0
MC all year, with Rx claims	23	0	17	6	0	0	231	0	173	58	0	0
MC all year, no Rx claims	3	0	1	2	0	0	16	0	12	4	0	0

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	235,680	2,601,472	235,654	2,600,729	0	743
Fee-for-service (FFS) all year	235,517	2,599,703	235,517	2,599,703	0	0
FFS part year, with Rx claims	127	1,426	127	966	0	460
FFS part year, with no Rx claims	10	96	10	60	0	36
Managed care (MC) all year, with Rx claims	23	231	0	0	0	231
MC all year, with no Rx claims	3	16	0	0	0	16

Source: Data for this table are from the MAX 2004 file for North Carolina, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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