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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	**152,707**	**102,199**	**49,721**	**711**	**16**	**60**	**1,401,470**	**939,408**	**457,528**	**3,842**	**108**	**584**
Age												
5 and younger	5	0	5	0	0	0	29	0	29	0	0	0
6-14	13	0	12	0	1	0	105	0	93	0	12	0
15-20	241	0	231	0	10	0	2,225	0	2,147	0	78	0
21-44	20,426	15	19,981	419	5	6	185,214	113	182,643	2,379	18	61
45-64	29,513	22	29,154	292	0	45	272,126	128	270,075	1,463	0	460
65-74	29,318	28,988	321	0	0	9	266,862	264,407	2,392	0	0	63
75-84	36,676	36,676	0	0	0	0	341,344	341,344	0	0	0	0
85 and older	36,515	36,498	17	0	0	0	333,565	333,416	149	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	102,412	77,641	24,360	342	9	60	954,002	724,145	227,360	1,858	55	584
Male	50,295	24,558	25,361	369	7	0	0 447,468	215,263	230,168	1,984	53	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	127,859	84,490	42,748	569	13	39	1,216,259	795,599	416,710	3,498	94	358
African American	16,421	11,911	4,400	90	3	17	0 127,407	101,361	25,645	208	14	179
Other/unknown	8,427	5,798	2,573	52	0	4	57,804	42,448	15,173	136	0	47
Use of Nursing Facilities[c]												
Entire year	33,672	31,498	2,174	0	0	0	347,843	323,440	24,403	0	0	0
Part year	23,536	21,645	1,891	0	0	0	194,114	178,151	15,963	0	0	0
None	95,499	49,056	45,656	711	16	60	859,513	437,817	417,162	3,842	108	584
Maintenance Assistance Status												
Cash	41,029	22,415	18,420	192	2	0	402,967	218,840	182,891	1,226	10	0
Medically needy	591	441	141	4	5	0	5,185	4,196	942	10	37	0
Poverty-related	34,091	14,911	19,056	63	1	60	288,973	130,103	158,020	265	1	584
Other/unknown	76,996	64,432	12,104	452	8	0	704,345	586,269	115,675	2,341	60	0
Dual Medicare Status[d]												
Full dual, all year	146,621	98,903	46,943	699	16	60	1,348,658	908,948	435,274	3,744	108	584
Full dual, part year	6,086	3,296	2,778	12	0	0	52,812	30,460	22,254	98	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	131,204	91,905	38,822	409	11	57	1,321,047	897,375	419,819	3,174	102	577
FFS part year, with Rx claims	11,430	5,784	5,479	164	1	2	51,476	28,493	22,593	383	2	5
FFS part year, no Rx claims	10,073	4,510	5,420	138	4	1	28,947	13,540	15,116	285	4	2

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	**83.9 %**	**53.1**	**$3,491**	**$66**	**$20,332**	**17.2 %**	**152,707**
Age							
5 and younger	60.0	34.8	4,032	116	17,916	22.5	5
6-14	92.3	49.5	6,759	137	16,404	41.2	13
15-20	66.8	20.0	2,412	121	9,660	25.0	241
21-44	75.9	32.8	3,370	103	8,838	38.1	20,426
45-64	81.4	52.4	4,312	82	15,137	28.5	29,513
65-74	79.2	53.0	3,374	64	16,015	21.1	29,318
75-84	87.1	60.8	3,472	57	24,611	14.1	36,676
85 and older	91.1	57.6	3,014	52	30,201	10.0	36,515
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	86.3	57.4	3,281	57	24,179	13.6	102,199
Disabled	79.2	44.6	3,946	88	12,666	31.2	49,721
Adults	69.2	18.4	1,584	86	4,528	35.0	711
Children	62.5	21.1	2,147	102	6,164	34.8	16
Unknown	95.0	42.3	7,045	167	11,597	60.7	60
Gender							
Female	86.7	57.7	3,603	63	22,185	16.2	102,412
Male	78.2	43.7	3,262	75	16,560	19.7	50,295
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.8	56.2	3,713	66	20,453	18.2	127,859
African American	69.3	39.0	2,449	63	22,375	10.9	16,421
Other/unknown	68.8	32.9	2,159	66	14,510	14.9	8,427
Use of Nursing Facilities[f]							
Entire year	97.4	83.0	4,608	56	48,203	9.6	33,672
Part year	94.8	58.5	3,304	57	26,068	12.7	23,536
None	76.5	41.2	3,143	76	9,091	34.6	95,499
Maintenance Assistance Status							
Cash	83.8	49.4	3,593	73	9,600	37.4	41,029
Medically needy	78.2	42.4	2,304	54	34,103	6.8	591
Poverty related	73.3	36.6	2,889	79	4,475	64.6	34,091
Other/unknown	88.7	62.4	3,713	60	32,966	11.3	76,996

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

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

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

TABLE D.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**5.8**	**$380**	**17.2 %**	**16.1 %**	**10.1 %**	**7.7 %**	**23.9 %**	**29.0 %**	**13.2 %**	**$2,215**	**152,707**	**1,401,470**
Age												
5 and younger	6.0	695	22.5	40.0	0.0	20.0	20.0	20.0	0.0	3,089	5	29
6-14	6.1	837	41.2	7.7	15.4	0.0	38.5	30.8	7.7	2,031	13	105
15-20	2.2	261	25.0	33.2	23.2	11.2	23.2	7.9	1.2	1,046	241	2,225
21-44	3.6	372	38.1	24.1	20.7	11.2	22.5	16.1	5.4	975	20,426	185,214
45-64	5.7	468	28.5	18.6	10.9	7.7	22.9	26.4	13.4	1,642	29,513	272,126
65-74	5.8	371	21.1	20.8	9.5	7.0	21.7	27.0	13.9	1,760	29,318	266,862
75-84	6.5	373	14.1	12.9	7.1	6.5	23.7	33.1	16.6	2,644	36,676	341,344
85 and older	6.3	330	10.0	8.9	6.9	7.3	27.3	36.0	13.6	3,306	36,515	333,565
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	6.2	357	13.6	13.7	7.7	7.0	24.4	32.4	14.8	2,630	102,199	939,408
Disabled	4.9	429	31.2	20.8	14.9	9.1	22.7	22.3	10.2	1,377	49,721	457,528
Adults	3.4	293	35.0	30.8	16.2	11.8	23.8	13.9	3.5	838	711	3,842
Children	3.1	318	34.8	37.5	18.8	12.5	25.0	0.0	6.3	913	16	108
Unknown	4.3	724	60.7	5.0	23.3	11.7	31.7	23.3	5.0	1,192	60	584
Gender												
Female	6.2	387	16.2	13.3	8.5	7.3	24.5	31.6	14.7	2,382	102,412	954,002
Male	4.9	367	19.7	21.8	13.3	8.4	22.5	23.7	10.3	1,861	50,295	447,468
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.9	390	18.2	13.2	10.1	7.7	24.4	30.4	14.2	2,150	127,859	1,216,259
African American	5.0	316	10.9	30.7	9.1	7.5	21.2	22.7	8.8	2,884	16,421	127,407
Other/unknown	4.8	315	14.9	31.2	11.5	7.9	21.0	20.7	7.6	2,115	8,427	57,804
Use of Nursing Facilities[f]												
Entire year	8.0	446	9.6	2.6	3.7	4.6	22.5	41.1	25.5	4,666	33,672	347,843
Part year	7.1	401	12.7	5.2	6.3	7.1	27.1	36.5	17.8	3,161	23,536	194,114
None	4.6	349	34.6	23.5	13.3	8.9	23.5	22.9	7.8	1,010	95,499	859,513
Maintenance Assistance Status												
Cash	5.0	366	37.4	16.2	13.3	8.9	25.0	26.3	10.3	977	41,029	402,967
Medically needy	4.8	263	6.8	21.8	11.3	8.5	25.7	24.4	8.3	3,887	591	5,185
Poverty related	4.3	341	64.6	26.7	14.2	9.3	22.9	20.9	6.0	528	34,091	288,973
Other/unknown	6.8	406	11.3	11.3	6.5	6.3	23.7	34.1	18.0	3,604	76,996	704,345

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

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

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

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**5.8**	**$380**	**$66**	**2.4**	**$279**	**$115**	**0.4**	**$24**	**$60**	**2.9**	**$77**	**$26**
Age												
5 and younger	6.0	695	116	3.5	594	171	0.3	10	31	2.2	59	27
6-14	6.1	837	137	2.5	610	248	0.5	33	68	3.2	163	52
15-20	2.2	261	121	1.0	222	213	0.1	10	72	1.0	29	29
21-44	3.6	372	103	1.6	278	174	0.3	30	110	1.7	63	36
45-64	5.7	468	82	2.4	343	141	0.4	36	91	2.8	88	31
65-74	5.8	371	64	2.5	272	111	0.4	21	57	3.0	77	26
75-84	6.5	373	57	2.7	274	100	0.4	19	44	3.3	79	24
85 and older	6.3	330	52	2.5	239	94	0.4	16	37	3.3	74	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	6.2	357	57	2.6	261	101	0.4	19	45	3.2	76	24
Disabled	4.9	429	88	2.1	317	151	0.3	33	96	2.4	78	33
Adults	3.4	293	86	1.5	216	142	0.2	25	139	1.7	51	30
Children	3.1	318	102	1.7	293	172	0.1	5	59	1.3	20	15
Unknown	4.3	724	167	1.9	570	293	0.2	41	168	2.1	111	52
Gender												
Female	6.2	387	63	2.6	284	110	0.4	23	53	3.1	79	25
Male	4.9	367	75	2.1	269	130	0.3	25	77	2.5	72	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.9	390	66	2.5	286	116	0.4	24	60	3.0	79	26
African American	5.0	316	63	2.1	233	113	0.3	17	56	2.7	65	25
Other/unknown	4.8	315	66	2.1	234	113	0.3	18	59	2.4	63	26
Use of Nursing Facilities[e]												
Entire year	8.0	446	56	3.3	326	99	0.6	23	42	4.1	96	23
Part year	7.1	401	57	2.8	293	104	0.5	21	42	3.7	86	23
None	4.6	349	76	2.0	257	130	0.3	24	79	2.3	67	30
Maintenance Assistance Status												
Cash	5.0	366	73	2.2	271	125	0.3	24	71	2.5	71	28
Medically needy	4.8	263	54	1.9	187	98	0.3	17	54	2.6	57	22
Poverty related	4.3	341	79	1.9	251	132	0.3	24	87	2.1	65	30
Other/unknown	6.8	406	60	2.8	297	107	0.5	23	48	3.5	86	24

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 0.6 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.medispan.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, PENNSYLVANIA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	$27	$19	$2	$6	$76	$130	$106	$32	295,052	$22,417,143	78,317	51.3 %	828,240
Biologicals	0.1	0.0	0.0	0.1	26	1	1	24	245	29	407	395	2,661	651,726	2,318	1.5	24,773
Antineoplastic Agents	0.6	0.1	0.0	0.5	117	68	4	44	194	525	440	96	40,405	7,822,579	6,941	4.5	67,141
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	54	40	4	10	49	89	24	21	739,534	36,598,125	65,844	43.1	674,287
Cardiovascular Agents	2.1	0.7	0.1	1.3	80	52	3	25	38	73	30	20	1,996,201	76,353,138	95,038	62.2	953,971
Respiratory Agents	0.8	0.5	0.0	0.3	51	44	0	6	63	86	52	21	473,556	29,710,068	56,037	36.7	588,219
Gastrointestinal Agents	0.9	0.5	0.0	0.4	80	63	2	16	91	130	81	42	608,852	55,187,211	67,214	44.0	688,020
Genitourinary Agents	0.6	0.4	0.0	0.1	42	35	2	5	69	81	69	33	155,692	10,741,460	24,256	15.9	254,637
CNS Drugs	1.5	0.7	0.1	0.7	132	100	8	24	87	136	90	35	1,304,975	113,382,656	85,102	55.7	858,781
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	66	56	2	8	109	157	111	34	15,369	1,673,297	2,379	1.6	25,325
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	131	130	0	1	150	151	111	92	171,916	25,800,693	19,777	13.0	196,838
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	67	51	4	12	73	141	249	23	655,565	48,084,647	70,387	46.1	720,012
Neuromuscular Agents	1.1	0.3	0.2	0.6	89	46	22	21	77	139	104	35	514,138	39,703,988	43,461	28.5	448,344
Nutritional Products	0.7	0.0	0.0	0.7	14	0	0	14	21	22	21	21	216,195	4,485,109	31,191	20.4	314,358
Hematological Agents	1.1	0.4	0.2	0.6	96	84	4	8	85	221	23	14	430,631	36,586,060	38,079	24.9	380,575
Topical Products	0.6	0.2	0.0	0.3	28	18	3	8	46	70	53	25	415,552	19,008,294	65,085	42.6	689,594
Miscellaneous Products	0.3	0.1	0.0	0.2	62	47	4	11	181	329	239	59	20,643	3,735,499	5,804	3.8	60,418
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	24	0	0	0	49,304	1,168,846	10,383	6.8	111,292
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.	8,106,241	533,110,539	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Pennsylvania, 0.6 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, PENNSYLVANIA, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	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	$62,517,024	45,333	29.7 %	468,701	0.8	$171	$133
ULCER DRUGS	47,560,452	67,702	44.3	700,337	0.7	97	68
ANTIDEPRESSANTS	41,124,586	78,425	51.4	805,749	0.8	67	51
ANTICONVULSANT	30,337,876	38,118	25.0	398,859	0.9	85	76
ANALGESICS - Narcotic	28,320,826	76,743	50.3	797,988	0.5	70	35
ANTIHYPERLIPIDEMIC	27,497,636	39,222	25.7	414,739	0.7	93	66
NEUROLOGICAL	25,875,337	24,185	15.8	243,555	0.7	149	106
ANTIDIABETIC	24,586,732	51,277	33.6	528,772	0.8	59	46
ANTIASTHMATIC	19,940,500	56,538	37.0	590,953	0.5	67	34
ANTIHYPERTENSIVE	16,993,936	57,380	37.6	590,353	0.7	39	29
Total	324,754,905	534,923		5,540,006	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.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); 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, PENNSYLVANIA, 2004

	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
Beneficiary Characteristics	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	**3,851,929**	**$324,754,905**	**45,333**	**29.7 %**	**468,701**	**0.8**	**$133**	**67,702**	**44.3 %**	**700,337**	**0.7**	**$68**
Female	2,737,360	221,955,103	30,330	29.6	314,328	0.8	120	49,150	48.0	509,788	0.7	68
Disabled	657,000	69,497,974	8,336	34.2	89,518	0.8	154	10,708	44.0	115,183	0.6	75
5 and younger	7	546	0	0.0	0	0.0	0	1	50.0	12	0.4	42
6-14	32	1,046	0	0.0	0	0.0	0	1	16.7	2	0.5	68
15-20	1,050	118,849	24	25.3	262	0.6	136	30	31.6	342	0.4	47
21-44	180,577	21,914,531	3,414	39.0	36,593	0.7	151	3,077	35.1	33,185	0.6	65
45-64	470,105	47,048,330	4,860	31.8	52,303	0.8	156	7,504	49.1	80,741	0.7	79
65-74	5,170	412,250	38	19.9	360	0.9	178	92	48.2	865	0.8	83
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	59	2,422	0	0.0	0	0.0	0	3	25.0	36	0.8	19
Other Eligibles	2,080,360	152,457,129	21,994	28.2	224,810	0.7	107	38,442	49.3	394,605	0.7	66
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	452	0	0.0	0	0.0	0	1	25.0	12	0.2	2
21-44	2,613	271,857	56	22.7	431	0.5	84	55	22.3	519	0.5	50
45-64	2,959	267,343	37	21.1	338	0.7	97	69	39.4	623	0.5	64
65-74	519,844	40,622,639	4,109	21.9	43,587	0.8	131	8,707	46.5	93,309	0.7	69
75-84	800,461	58,265,784	8,112	29.3	83,312	0.8	111	14,049	50.8	145,099	0.7	66
85 and older	754,474	53,029,054	9,680	31.0	97,142	0.7	93	15,561	49.8	155,043	0.8	64
Male	1,114,569	102,799,802	15,003	29.8	154,373	0.8	160	18,552	36.9	190,549	0.7	68
Disabled	539,938	59,796,078	8,519	33.6	90,185	0.9	190	7,966	31.4	85,405	0.6	72
5 and younger	13	386	0	0.0	0	0.0	0	1	33.3	12	1.0	32
6-14	131	10,595	0	0.0	0	0.0	0	5	83.3	60	0.5	54
15-20	1,277	136,159	42	30.9	487	0.6	142	18	13.2	186	0.3	36
21-44	191,445	23,847,314	4,074	36.3	42,977	0.8	187	2,808	25.0	30,676	0.6	67
45-64	344,754	35,604,088	4,382	31.6	46,545	0.9	194	5,094	36.7	54,131	0.7	74
65-74	2,301	195,900	20	15.4	169	0.6	84	39	30.0	328	0.8	65
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	17	1,636	1	20.0	7	0.6	113	1	20.0	12	0.6	63
Other Eligibles	574,631	43,003,724	6,484	26.0	64,188	0.8	118	10,586	42.5	105,144	0.7	65
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	42	2,439	2	33.3	18	0.3	10	0	0.0	0	0.0	0
21-44	1,922	177,338	45	22.7	331	0.6	116	24	12.1	217	0.5	63
45-64	1,729	158,612	28	15.2	196	0.5	140	42	22.8	331	0.5	65
65-74	235,664	18,628,249	2,161	21.1	22,389	0.8	145	3,951	38.5	41,035	0.7	68
75-84	222,056	16,156,967	2,620	29.0	25,834	0.8	112	4,085	45.2	40,327	0.7	65
85 and older	113,218	7,880,119	1,628	31.0	15,420	0.7	90	2,484	47.3	23,234	0.7	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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.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.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, PENNSYLVANIA, 2004

	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
Beneficiary Characteristics	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	**78,425**	**51.4 %**	**805,749**	**0.8**	**$51**	**38,118**	**25.0 %**	**398,859**	**0.9**	**$76**	**76,743**	**50.3 %**	**797,988**	**0.5**	**$36**
Female	57,326	56.0	590,570	0.8	51	24,913	24.3	260,366	0.9	71	54,879	53.6	572,089	0.5	32
Disabled	16,391	67.3	174,471	0.7	54	9,784	40.2	104,591	0.9	102	16,378	67.2	178,040	0.5	43
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	39	41.1	435	0.5	44	28	29.5	317	0.7	104	45	47.4	514	0.2	6
21-44	5,734	65.4	61,097	0.7	53	3,717	42.4	39,501	0.9	112	5,574	63.6	60,855	0.4	42
45-64	10,529	68.9	112,079	0.7	55	5,995	39.2	64,324	0.9	96	10,635	69.6	115,453	0.5	44
65-74	89	46.6	860	0.8	55	44	23.0	449	1.0	88	121	63.4	1,182	0.6	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25.0	36	0.4	23
Other Eligibles	40,935	52.4	416,099	0.8	50	15,129	19.4	155,775	0.9	51	38,501	49.3	394,049	0.5	27
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	25.0	12	0.3	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	143	57.9	1,246	0.5	49	58	23.5	486	0.8	88	142	57.5	1,413	0.4	46
45-64	112	64.0	956	0.6	50	50	28.6	401	0.6	53	123	70.3	1,186	0.5	44
65-74	8,418	44.9	89,327	0.8	49	4,341	23.2	45,914	0.9	60	9,779	52.2	105,383	0.5	26
75-84	14,909	53.9	151,580	0.8	50	5,963	21.6	61,655	0.9	50	13,757	49.8	142,579	0.5	28
85 and older	17,352	55.5	172,978	0.8	51	4,717	15.1	47,319	0.9	41	14,700	47.1	143,488	0.5	26
Male	21,099	42.0	215,179	0.7	50	13,205	26.3	138,493	0.9	86	21,864	43.5	225,899	0.5	44
Disabled	10,811	42.6	113,955	0.7	52	8,251	32.5	88,035	0.9	103	12,223	48.2	130,757	0.5	58
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
6-14	0	0.0	0	0.0	0	1	16.7	12	1.1	163	2	33.3	24	0.1	1
15-20	41	30.1	428	0.6	50	38	27.9	400	0.6	51	52	38.2	579	0.3	12
21-44	4,673	41.7	49,790	0.7	52	3,633	32.4	39,275	0.9	110	5,117	45.6	55,551	0.5	60
45-64	6,065	43.7	63,438	0.7	53	4,550	32.8	48,069	0.9	98	6,990	50.4	74,031	0.6	57
65-74	32	24.6	299	0.6	46	28	21.5	267	0.8	66	60	46.2	548	0.5	68
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.1	3	1	20.0	12	0.3	2
Other Eligibles	10,288	41.3	101,224	0.8	48	4,954	19.9	50,458	0.9	56	9,641	38.7	95,142	0.5	25
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	3	50.0	26	0.4	25	4	66.7	28	0.6	54	4	66.7	39	0.1	2
21-44	81	40.9	678	0.5	36	43	21.7	360	0.6	76	120	60.6	1,061	0.7	40
45-64	88	47.8	640	0.5	45	31	16.8	265	0.5	50	91	49.5	825	0.5	36
65-74	3,373	32.9	34,786	0.8	48	2,159	21.0	22,606	0.9	62	3,874	37.8	40,419	0.5	28
75-84	4,150	46.0	40,736	0.8	50	1,892	21.0	19,254	0.9	52	3,490	38.6	34,018	0.5	22
85 and older	2,593	49.3	24,358	0.8	46	825	15.7	7,945	0.8	43	2,062	39.2	18,780	0.5	20
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

TABLE D.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2004

	ANTIHYPERLIPIDEMIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
Beneficiary Characteristics	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	**39,222**	**25.7 %**	**414,739**	**0.7**	**$66**	**24,185**	**15.8 %**	**243,555**	**0.7**	**$106**	**51,277**	**33.6 %**	**528,772**	**0.8**	**$47**
Female	26,592	26.0	282,220	0.7	66	18,699	18.3	188,866	0.7	108	36,469	35.6	379,287	0.8	45
Disabled	6,745	27.7	73,177	0.7	64	1,677	6.9	18,579	0.5	227	7,148	29.3	75,834	0.7	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	33.3	14	0.9	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	3.2	36	0.5	48	3	3.2	36	0.2	45	7	7.4	84	0.7	52
21-44	1,068	12.2	11,618	0.6	57	491	5.6	5,432	0.4	256	1,196	13.6	12,876	0.7	56
45-64	5,595	36.6	60,742	0.7	66	1,171	7.7	12,981	0.5	217	5,844	38.2	61,934	0.8	57
65-74	77	40.3	767	0.7	71	12	6.3	130	0.6	85	101	52.9	940	0.7	49
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19,847	25.4	209,043	0.7	67	17,022	21.8	170,287	0.8	95	29,321	37.6	303,453	0.8	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	5.3	90	0.4	42	11	4.5	125	0.1	30	18	7.3	148	0.4	19
45-64	42	24.0	353	0.6	54	5	2.9	59	0.5	63	55	31.4	428	0.7	54
65-74	7,529	40.2	81,656	0.7	69	1,774	9.5	18,409	0.7	98	9,250	49.4	97,865	0.8	50
75-84	8,324	30.1	87,540	0.7	67	6,536	23.6	65,361	0.8	94	11,903	43.1	123,607	0.8	41
85 and older	3,939	12.6	39,404	0.8	63	8,696	27.8	86,333	0.8	95	8,095	25.9	81,405	0.8	36
Male	12,630	25.1	132,519	0.7	66	5,486	10.9	54,689	0.7	101	14,808	29.4	149,485	0.8	49
Disabled	6,322	24.9	67,926	0.7	64	1,154	4.6	12,601	0.4	128	5,918	23.3	61,196	0.8	59
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	16.7	12	0.9	38	0	0.0	0	0.0	0	4	66.7	48	0.4	63
15-20	0	0.0	0	0.0	0	3	2.2	33	0.3	47	5	3.7	60	0.6	45
21-44	1,736	15.5	19,041	0.6	58	421	3.8	4,668	0.3	113	1,261	11.2	13,261	0.7	61
45-64	4,539	32.7	48,412	0.7	67	721	5.2	7,806	0.5	137	4,610	33.2	47,473	0.8	58
65-74	46	35.4	461	0.7	71	9	6.9	94	0.4	48	38	29.2	354	0.8	63
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,308	25.3	64,593	0.7	68	4,332	17.4	42,088	0.7	93	8,890	35.7	88,289	0.8	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	14	7.1	102	0.8	48	9	4.5	86	0.3	166	12	6.1	63	1.0	77
45-64	34	18.5	301	0.6	55	5	2.7	32	0.4	78	29	15.8	226	0.5	30
65-74	3,317	32.3	35,007	0.7	70	860	8.4	8,680	0.7	92	4,043	39.4	41,685	0.8	49
75-84	2,250	24.9	22,568	0.8	67	1,941	21.5	18,907	0.8	93	3,311	36.7	32,510	0.8	38
85 and older	693	13.2	6,615	0.8	62	1,517	28.9	14,383	0.8	92	1,495	28.4	13,805	0.8	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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

TABLE D.7D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2004

	ANTIASTHMATIC					ANTIHYPERTENSIVE						
Beneficiary Characteristics	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 Beneficiaries	Number of Benefit Months
All	**56,538**	**37.0 %**	**590,953**	**0.5**	**$34**	**57,380**	**37.6 %**	**590,353**	**0.7**	**$29**	**152,707**	**1,401,470**
Female	40,008	39.1	420,070	0.5	33	40,633	39.7	419,570	0.7	29	102,412	954,002
Disabled	9,956	40.9	107,825	0.5	38	6,408	26.3	67,452	0.7	30	24,360	227,360
5 and younger	2	100.0	24	0.1	2	0	0.0	0	0.0	0	2	14
6-14	1	16.7	12	0.2	3	3	50.0	26	0.6	17	6	32
15-20	17	17.9	192	0.1	8	14	14.7	168	0.4	14	95	889
21-44	2,724	31.1	29,531	0.4	34	954	10.9	10,057	0.6	25	8,765	80,903
45-64	7,115	46.5	77,160	0.5	40	5,348	35.0	56,396	0.7	30	15,289	143,922
65-74	95	49.7	882	0.6	41	86	45.0	785	0.8	31	191	1,482
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	2	16.7	24	0.1	3	3	25.0	20	0.8	41	12	118
Other Eligibles	30,052	38.5	312,245	0.5	31	34,225	43.8	352,118	0.8	29	78,052	726,642
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	1	25.0	12	0.3	12	4	26
21-44	64	25.9	600	0.4	43	30	12.1	286	0.5	19	247	1,459
45-64	54	30.9	548	0.4	29	59	33.7	475	0.6	26	175	1,100
65-74	7,767	41.5	83,912	0.5	39	8,912	47.6	94,490	0.7	31	18,737	173,772
75-84	10,806	39.1	112,082	0.5	33	13,412	48.5	139,229	0.8	29	27,646	261,372
85 and older	11,361	36.4	115,103	0.5	24	11,811	37.8	117,626	0.8	28	31,242	288,901
Male	16,530	32.9	170,883	0.5	36	16,747	33.3	170,783	0.7	28	50,295	447,468
Disabled	6,256	24.7	66,905	0.5	36	6,594	26.0	68,550	0.7	29	25,361	230,168
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	15
6-14	2	33.3	24	0.1	3	7	116.7	84	0.6	22	6	61
15-20	13	9.6	136	0.6	17	24	17.6	246	0.5	20	136	1,258
21-44	1,887	16.8	20,666	0.4	30	1,670	14.9	17,564	0.6	27	11,216	101,740
45-64	4,301	31.0	45,572	0.5	39	4,845	34.9	50,198	0.7	29	13,865	126,153
65-74	52	40.0	495	0.5	41	48	36.9	458	0.7	26	130	910
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	20.0	12	0.2	3	0	0.0	0	0.0	0	5	31
Other Eligibles	10,274	41.2	103,978	0.5	36	10,153	40.7	102,233	0.7	27	24,934	217,300
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	16.7	9	0.4	4	6	52
21-44	17	8.6	99	0.4	17	21	10.6	173	0.7	31	198	1,112
45-64	32	17.4	222	0.4	27	42	22.8	277	0.6	21	184	951
65-74	4,109	40.0	43,103	0.6	41	4,325	42.2	45,057	0.7	29	10,260	90,698
75-84	3,855	42.7	38,976	0.5	34	3,876	42.9	38,912	0.8	26	9,030	79,972
85 and older	2,261	43.0	21,578	0.5	27	1,888	35.9	17,805	0.7	24	5,256	44,515
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.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; $ = 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, PENNSYLVANIA, 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	**$446**	**8.0**	**33,672**	**347,843**
Age				
0-64	657	9.6	2,151	24,203
65-74	565	9.4	3,713	39,354
75-84	469	8.5	11,189	114,922
85 and older	373	7.2	16,619	169,364
Unknown	0	0.0	0	0
Gender				
Female	434	8.0	26,611	276,490
Male	493	8.3	7,061	71,353
Unknown	0	0.0	0	0
Race				
White	447	8.1	29,376	300,678
African American	437	7.4	3,173	35,252
Other/unknown	447	7.6	1,123	11,913
Basis of Eligibility[c]				
Aged	430	7.9	31,498	323,440
Disabled	656	9.6	2,174	24,403
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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 ebecause 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, PENNSYLVANIA, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	$21	$14	$2	$5	$59	$95	$93	$27	88,749	$5,192,280	22,359	66.4 %	244,755
Biologicals	0.1	0.0	0.0	0.1	4	1	0	2	36	22	69	46	1,426	51,438	1,338	4.0	14,623
Antineoplastic Agents	0.7	0.1	0.0	0.6	96	40	1	56	141	368	192	97	15,170	2,134,183	2,168	6.4	22,124
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	55	42	4	9	43	76	18	17	234,647	9,982,579	17,142	50.9	182,263
Cardiovascular Agents	2.3	0.6	0.1	1.6	69	36	3	29	29	61	23	18	624,244	18,348,980	25,441	75.6	267,198
Respiratory Agents	0.8	0.5	0.0	0.3	42	35	0	6	51	75	48	17	127,756	6,466,858	14,291	42.4	155,648
Gastrointestinal Agents	1.1	0.6	0.0	0.5	80	61	1	18	76	111	76	38	202,558	15,465,478	18,095	53.7	192,575
Genitourinary Agents	0.7	0.5	0.0	0.2	45	37	2	6	63	74	62	34	61,942	3,928,478	8,054	23.9	87,292
CNS Drugs	1.8	1.0	0.1	0.7	142	111	8	23	79	114	72	32	475,767	37,484,641	24,934	74.0	263,883
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.6	45	36	0	9	55	136	44	16	3,635	199,099	414	1.2	4,438
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	136	136	0	0	130	130	105	53	98,861	12,878,629	9,094	27.0	94,684
Analgesics and Anesthetics	1.1	0.5	0.0	0.6	61	53	1	7	57	103	72	13	184,390	10,427,497	16,190	48.1	171,481
Neuromuscular Agents	1.5	0.4	0.2	0.9	89	39	19	31	61	105	79	36	180,269	10,919,532	11,297	33.6	122,936
Nutritional Products	0.8	0.0	0.0	0.8	16	0	0	15	19	23	24	19	89,817	1,747,826	10,362	30.8	109,369
Hematological Agents	1.6	0.5	0.3	0.8	98	86	4	9	62	183	13	10	193,373	11,914,600	11,551	34.3	121,022
Topical Products	0.8	0.3	0.1	0.4	30	19	3	9	40	61	49	23	183,828	7,358,709	22,093	65.6	242,335
Miscellaneous Products	0.2	0.1	0.0	0.2	9	5	1	4	40	61	177	25	5,982	237,569	2,295	6.8	25,487
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	10	0	0	0	19	0	0	0	22,347	419,826	3,881	11.5	43,621
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.	2,794,761	155,158,202	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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.medispan.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 Pennsylvania, 0.6 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, PENNSYLVANIA, 2004

		Users			Among Users		
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	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	$20,315,703	14,828	44.0 %	160,740	0.9	$145	$126
ANTIDEPRESSANTS	15,260,537	24,215	71.9	259,589	0.9	62	59
ULCER DRUGS	14,121,613	18,273	54.3	195,274	0.9	82	72
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	12,878,691	10,974	32.6	114,656	0.9	130	112
ANTICONVULSANT	7,162,296	9,827	29.2	107,934	1.1	59	66
ANALGESICS - Narcotic	6,173,149	15,384	45.7	162,290	0.7	53	38
ANTIDIABETIC	6,128,242	12,765	37.9	137,334	1.0	45	45
DERMATOLOGICAL	5,015,957	40,216	119.4	450,778	0.3	35	11
HEMATOPOIETIC AGENTS	4,969,050	7,074	21.0	75,436	0.8	85	66
MISC. HEMATOLOGICAL	4,781,628	4,890	14.5	51,814	0.9	104	92
Total	96,806,866	158,446		1,715,845	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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); 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, PENNSYLVANIA, 2004

	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
Beneficiary Characteristics	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	**1,276,217**	**$96,806,866**	**14,828**	**44.0 %**	**160,740**	**0.9**	**$126**	**24,215**	**71.9 %**	**259,589**	**0.9**	**$59**
Female	994,853	74,936,468	11,498	43.2	125,152	0.9	123	19,364	72.8	208,222	0.9	59
Disabled	63,327	5,647,956	567	50.0	6,577	1.1	182	956	84.4	10,995	1.0	72
64 or younger	62,461	5,577,384	559	50.0	6,485	1.0	181	944	84.5	10,869	1.0	72
65-74	866	70,572	8	50.0	92	1.3	286	12	75.0	126	1.2	69
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	931,526	69,288,512	10,931	42.9	118,575	0.9	119	18,408	72.3	197,227	0.9	58
64 or younger	146	9,495	0	0.0	0	0.0	0	2	100.0	11	1.5	140
65-74	120,197	9,373,878	1,350	57.7	14,958	1.0	159	1,955	83.5	21,584	1.0	60
75-84	353,717	26,483,738	4,096	47.5	44,578	0.9	129	6,685	77.5	71,170	0.9	58
85 and older	457,466	33,421,401	5,485	37.8	59,039	0.8	102	9,766	67.3	104,462	0.9	57
Male	281,364	21,870,398	3,330	47.2	35,588	0.9	139	4,851	68.7	51,367	1.0	59
Disabled	55,361	4,757,257	540	51.9	6,152	1.0	189	754	72.4	8,542	1.0	67
64 or younger	55,218	4,745,564	536	51.9	6,113	1.0	189	750	72.7	8,513	1.0	67
65-74	143	11,693	4	44.4	39	0.9	137	4	44.4	29	0.9	52
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	226,003	17,113,141	2,790	46.3	29,436	0.9	129	4,097	68.1	42,825	0.9	58
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	62,576	4,933,447	755	56.1	8,323	1.0	159	1,003	74.5	10,999	1.0	60
75-84	98,487	7,422,272	1,220	47.6	12,824	0.9	128	1,813	70.8	18,866	0.9	61
85 and older	64,940	4,757,422	815	38.6	8,289	0.8	102	1,281	60.7	12,960	0.9	53
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 Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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, PENNSYLVANIA, 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	**18,273**	**54.3 %**	**195,274**	**0.9**	**$72**	**10,974**	**32.6 %**	**114,656**	**0.9**	**$112**	**9,827**	**29.2 %**	**107,934**	**1.1**	**$66**
Female	14,445	54.3	154,895	0.9	71	8,899	33.4	93,429	0.9	112	7,122	26.8	77,890	1.1	63
Disabled	676	59.7	7,726	0.9	80	186	16.4	2,135	1.0	394	825	72.8	9,425	1.3	102
r	667	59.7	7,639	0.9	80	184	16.5	2,111	1.0	397	811	72.6	9,270	1.3	102
64 or younge	9	56.3	87	1.0	81	2	12.5	24	1.1	147	14	87.5	155	1.3	104
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	13,769	54.0	147,169	0.9	71	8,713	34.2	91,294	0.9	105	6,297	24.7	68,465	1.1	57
Other Eligibles	2	100.0	20	1.1	98	0	0.0	0	0.0	0	1	50.0	10	1.8	46
r	1,432	61.2	15,781	0.9	71	572	24.4	5,965	0.9	122	1,180	50.4	13,172	1.2	75
64 or younge	4,772	55.3	51,164	0.9	73	3,187	36.9	33,338	0.9	105	2,641	30.6	28,659	1.1	60
65-74	7,563	52.1	80,204	0.9	70	4,954	34.1	51,991	0.8	103	2,475	17.1	26,624	1.0	46
75-84	3,828	54.2	40,379	0.9	76	2,075	29.4	21,227	0.9	115	2,705	38.3	30,044	1.2	76
85 and older	617	59.3	6,953	1.0	88	97	9.3	1,108	0.9	279	822	79.0	9,467	1.4	103
Male	612	59.3	6,933	1.0	88	96	9.3	1,096	0.9	280	819	79.4	9,440	1.4	103
Disabled	5	55.6	20	1.0	50	1	11.1	12	1.0	151	3	33.3	27	1.3	51
r	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,211	53.3	33,426	0.9	74	1,978	32.9	20,119	0.9	106	1,883	31.3	20,577	1.1	63
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	786	58.4	8,507	0.9	80	306	22.7	3,190	0.9	111	692	51.4	7,758	1.2	72
Other Eligibles	1,370	53.5	14,339	0.9	74	895	34.9	9,130	0.9	107	797	31.1	8,648	1.1	62
r	1,055	50.0	10,580	0.9	68	777	36.8	7,799	0.9	103	394	18.7	4,171	1.0	49
64 or younge															
65-74															
75-84															
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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.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, PENNSYLVANIA, 2004

	ANALGESICS - Narcotic					ANTIDIABETIC					DERMATOLOGICAL				
Beneficiary Characteristics	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	**15,384**	**45.7 %**	**162,290**	**0.7**	**$38**	**12,765**	**37.9 %**	**137,334**	**1.0**	**$45**	**40,216**	**119.4 %**	**450,778**	**0.3**	**$11**
Female	12,486	46.9	132,745	0.7	38	9,840	37.0	106,676	1.0	45	30,965	116.4	347,970	0.3	11
Disabled	619	54.6	7,007	1.0	53	455	40.2	5,138	1.1	54	1,868	164.9	21,711	0.4	13
r	610	54.6	6,937	1.0	53	446	39.9	5,082	1.1	54	1,850	165.6	21,518	0.4	13
64 or younge	9	56.3	70	0.6	10	9	56.3	56	1.5	75	18	112.5	193	0.5	11
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	11,867	46.6	125,738	0.7	38	9,385	36.8	101,538	1.0	44	29,097	114.2	326,259	0.3	11
Other Eligibles	4	200.0	22	1.4	128	1	50.0	10	2.4	76	4	200.0	40	0.9	49
r	1,380	58.9	14,989	0.8	46	1,509	64.5	16,916	1.1	52	3,203	136.8	36,459	0.3	13
64 or younge	4,146	48.1	44,100	0.8	40	4,100	47.5	44,249	1.0	45	10,160	117.8	113,837	0.3	11
65-74	6,337	43.7	66,627	0.7	34	3,775	26.0	40,363	0.9	40	15,730	108.4	175,923	0.3	10
75-84															
85 and older															
Male	2,898	41.0	29,545	0.7	36	2,925	41.4	30,658	1.0	45	9,251	131.0	102,808	0.3	12
Disabled	470	45.1	5,224	0.9	57	407	39.1	4,548	1.1	57	1,805	173.4	21,070	0.4	14
r	470	45.5	5,224	0.9	57	406	39.3	4,546	1.1	57	1,800	174.4	21,029	0.4	14
64 or younge	0	0.0	0	0.0	0	1	11.1	2	0.5	16	5	55.6	41	0.2	3
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2,428	40.3	24,321	0.6	32	2,518	41.8	26,110	1.0	43	7,446	123.7	81,738	0.3	12
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
r	576	42.8	6,036	0.7	37	760	56.4	8,228	1.0	49	1,725	128.1	19,712	0.3	12
64 or younge	1,019	39.8	10,250	0.6	34	1,116	43.6	11,436	1.0	40	3,159	123.4	34,612	0.4	12
65-74	833	39.4	8,035	0.6	26	642	30.4	6,446	0.9	39	2,562	121.3	27,414	0.3	10
75-84															
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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.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, PENNSYLVANIA, 2004

	HEMATOPOIETIC AGENTS					MISC. HEMATOLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**7,074**	**21.0 %**	**75,436**	**0.8**	**$66**	**4,890**	**14.5 %**	**51,814**	**0.9**	**$92**	**33,672**	**347,843**
Female	5,489	20.6	58,942	0.8	63	3,743	14.1	39,714	0.9	92	26,611	276,490
Disabled	267	23.6	3,075	0.8	73	73	6.4	804	0.8	90	1,133	12,751
r 64 or younge	262	23.5	3,015	0.8	74	71	6.4	780	0.8	90	1,117	12,599
65-74	5	31.3	60	1.0	6	2	12.5	24	0.5	67	16	152
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,222	20.5	55,867	0.8	63	3,670	14.4	38,910	0.9	92	25,478	263,739
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11
65-74	502	21.4	5,597	0.8	86	344	14.7	3,814	0.9	93	2,341	24,953
75-84	1,780	20.6	18,941	0.8	72	1,309	15.2	13,908	0.9	93	8,628	89,324
85 and older	2,940	20.3	31,329	0.8	53	2,017	13.9	21,188	0.9	92	14,507	149,451
Male	1,585	22.4	16,494	0.8	76	1,147	16.2	12,100	0.9	92	7,061	71,353
Disabled	179	17.2	2,019	0.8	89	87	8.4	999	1.0	107	1,041	11,652
r 64 or younge	179	17.3	2,019	0.8	89	86	8.3	987	1.0	108	1,032	11,593
65-74	0	0.0	0	0.0	0	1	11.1	12	0.3	42	9	59
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,406	23.4	14,475	0.8	74	1,060	17.6	11,101	0.9	91	6,020	59,701
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	317	23.5	3,345	0.8	69	247	18.3	2,702	0.9	97	1,347	14,190
75-84	540	21.1	5,614	0.8	69	461	18.0	4,875	0.9	90	2,561	25,598
85 and older	549	26.0	5,516	0.8	83	352	16.7	3,524	0.9	87	2,112	19,913
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 23,536 beneficiaries who were in nursing facilities for part of their enrollment and their 194,114 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.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

PENNSYLVANIA, 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	**87,531**	**57.3 %**	**6.2**	**952,052**	**$101**	**$15,428,132**	**$16**	**2.9 %**	**152,707**
Age									
5 and younger	3	60.0	4.0	20	86	430	22	2.1	5
6-14	10	76.9	10.9	142	195	2,539	18	2.9	13
15-20	82	34.0	2.2	537	45	10,865	20	1.9	241
21-44	8,710	42.6	3.9	79,085	95	1,939,517	25	2.8	20,426
45-64	16,132	54.7	6.3	185,626	129	3,804,535	20	3.0	29,513
65-74	15,609	53.2	6.1	178,135	100	2,920,442	16	3.0	29,318
75-84	22,668	61.8	7.0	255,670	98	3,584,149	14	2.8	36,676
85 and older	24,317	66.6	6.9	252,837	87	3,165,655	13	2.9	36,515
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	62,421	61.1	6.7	684,826	94	9,640,597	14	2.9	102,199
Disabled	24,840	50.0	5.3	265,707	116	5,752,326	22	2.9	49,721
Adults	231	32.5	1.7	1,185	40	28,187	24	2.5	711
Children	6	37.5	2.9	47	47	752	16	2.2	16
Unknown	33	55.0	4.8	287	105	6,270	22	1.5	60
Gender									
Female	63,466	62.0	6.9	711,043	111	11,347,602	16	3.1	102,412
Male	24,065	47.8	4.8	241,009	81	4,080,530	17	2.5	50,295
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	76,477	59.8	6.6	849,063	109	13,945,260	16	2.9	127,859
African American	7,390	45.0	4.2	68,768	60	984,762	14	2.4	16,421
Other/unknown	3,664	43.5	4.1	34,221	59	498,110	15	2.7	8,427
Use of Nursing Facilities[d]									
Entire year	24,532	72.9	8.9	301,177	120	4,026,770	13	2.6	33,672
Part year	16,984	72.2	6.4	149,616	97	2,288,514	15	2.9	23,536
None	46,015	48.2	5.2	501,259	95	9,112,848	18	3.0	95,499
Maintenance Assistance Status									
Cash	23,001	56.1	7.0	286,887	109	4,482,116	16	3.0	41,029
Medically needy	318	53.8	4.2	2,490	61	35,814	14	2.6	591
Poverty related	14,348	42.1	3.7	124,853	85	2,898,491	23	2.9	34,091
Other/unknown	49,864	64.8	7.0	537,822	104	8,011,711	15	2.8	76,996

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

TABLE D.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]

PENNSYLVANIA, 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	**0.7**	**$11**	**$16**	**$0**	**$4**	**1,401,470**
Age						
5 and younger	0.7	15	22	0	0	29
6-14	1.4	24	18	0	0	105
15-20	0.2	5	20	0	1	2,225
21-44	0.4	10	25	0	5	185,214
45-64	0.7	14	20	0	6	272,126
65-74	0.7	11	16	0	4	266,862
75-84	0.7	11	14	0	3	341,344
85 and older	0.8	9	13	0	2	333,565
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.7	10	14	0	3	939,408
Disabled	0.6	13	22	0	5	457,528
Adults	0.3	7	24	0	3	3,842
Children	0.4	7	16	0	5	108
Unknown	0.5	11	22	0	3	584
Gender						
Female	0.7	12	16	0	4	954,002
Male	0.5	9	17	0	4	447,468
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	11	16	0	4	1,216,259
African American	0.5	8	14	0	2	127,407
Other/unknown	0.6	9	15	0	3	57,804
Use of Nursing Facilities[d]						
Entire year	0.9	12	13	0	3	347,843
Part year	0.8	12	15	0	3	194,114
None	0.6	11	18	0	4	859,513
Maintenance Assistance Status						
Cash	0.7	11	16	0	4	402,967
Medically needy	0.5	7	14	0	2	5,185
Poverty related	0.4	10	23	0	4	288,973
Other/unknown	0.8	11	15	0	3	704,345

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficaries 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]

PENNSYLVANIA, 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	**142,347**	**$108**	**$15,428,132**	**100.0 %**	**952,052**	**$16**	**100.0 %**
Anorexia or weight loss/gain	5	148	740	0.0	22	34	0.0
Fertility drugs	6	246	1,477	0.0	17	87	0.0
Drugs for cosmetic purposes	80	126	10,083	0.1	239	42	0.0
Cough and cold medications	17,908	88	1,570,961	10.2	48,064	33	5.0
Vitamins and minerals	30,934	143	4,428,853	28.7	215,325	21	22.6
Non-prescription drugs	51,995	54	2,823,917	18.3	393,607	7	41.3
Barbiturates	1,814	78	142,377	0.9	21,542	7	2.3
Benzodiazepines	36,668	145	5,304,942	34.4	261,037	20	27.4
Other Part D Excl Rx Drugs	2,937	390	1,144,782	7.4	12,199	94	1.3

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES[a, b]

PENNSYLVANIA, 2004

Total Number of Dual Eligible Beneficiaries	152,707
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	$533,110,539
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	$3,491

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	24,589	16.1 %	$0	0.0 %
1-500	19,568	12.8	4,192,275	0.8
501-1,000	12,083	7.9	8,937,240	1.7
1,001-1,500	9,821	6.4	12,231,340	2.3
1,501-2,000	8,773	5.7	15,336,616	2.9
2,001-2,500	7,975	5.2	17,912,608	3.4
2,501-3,000	7,505	4.9	20,630,752	3.9
3,001-3,500	6,761	4.4	21,950,940	4.1
3,501-4,000	6,174	4.0	23,131,548	4.3
4,001-4,500	5,662	3.7	24,027,590	4.5
4,501-5,000	5,144	3.4	24,418,444	4.6
5,001-5,500	4,593	3.0	24,104,126	4.5
5,501-6,000	4,056	2.7	23,305,126	4.4
6,001-6,500	3,687	2.4	23,036,262	4.3
6,501-7,000	3,203	2.1	21,612,559	4.1
7,001-7,500	2,843	1.9	20,590,205	3.9
7,501-8,000	2,430	1.6	18,807,926	3.5
8,001-8,500	2,176	1.4	17,929,024	3.4
8,501-9,000	1,864	1.2	16,299,228	3.1
9,001-9,500	1,571	1.0	14,527,287	2.7
9,501-10,000	1,392	0.9	13,567,498	2.5
10,001+	10,837	7.1	166,561,945	31.2

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

SUPPLEMENTAL TABLE 1A

MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65[a, b, c]

PENNSYLVANIA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	49,383
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	$195,184,191
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	$3,953

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	10,249	20.8 %	0	0.0 %
1-500	7,356	14.9	1,462,875	0.7
501-1,000	3,631	7.4	2,664,330	1.4
1,001-1,500	2,690	5.4	3,344,352	1.7
1,501-2,000	2,271	4.6	3,963,301	2.0
2,001-2,500	1,945	3.9	4,365,210	2.2
2,501-3,000	1,794	3.6	4,934,936	2.5
3,001-3,500	1,551	3.1	5,036,528	2.6
3,501-4,000	1,475	3.0	5,523,314	2.8
4,001-4,500	1,358	2.7	5,761,336	3.0
4,501-5,000	1,267	2.6	6,019,124	3.1
5,001-5,500	1,130	2.3	5,931,706	3.0
5,501-6,000	1,026	2.1	5,902,082	3.0
6,001-6,500	1,027	2.1	6,424,227	3.3
6,501-7,000	889	1.8	5,997,717	3.1
7,001-7,500	838	1.7	6,069,657	3.1
7,501-8,000	726	1.5	5,630,071	2.9
8,001-8,500	707	1.4	5,832,222	3.0
8,501-9,000	658	1.3	5,760,349	3.0
9,001-9,500	560	1.1	5,181,367	2.7
9,501-10,000	519	1.1	5,063,650	2.6
10,001+	5,716	11.6	94,315,837	48.3

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

SUPPLEMENTAL TABLE 1B

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER[a, b]

PENNSYLVANIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	102,509
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	$336,322,571
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	$3,281

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	14,096	13.8 %	0	0.0 %
1-500	12,002	11.7	2,690,477	0.8
501-1,000	8,377	8.2	6,217,716	1.8
1,001-1,500	7,085	6.9	8,829,353	2.6
1,501-2,000	6,473	6.3	11,323,272	3.4
2,001-2,500	6,007	5.9	13,496,533	4.0
2,501-3,000	5,684	5.5	15,622,708	4.6
3,001-3,500	5,192	5.1	16,856,248	5.0
3,501-4,000	4,680	4.6	17,535,976	5.2
4,001-4,500	4,289	4.2	18,202,101	5.4
4,501-5,000	3,857	3.8	18,303,537	5.4
5,001-5,500	3,456	3.4	18,135,293	5.4
5,501-6,000	3,022	2.9	17,356,978	5.2
6,001-6,500	2,654	2.6	16,574,480	4.9
6,501-7,000	2,308	2.3	15,573,581	4.6
7,001-7,500	2,003	2.0	14,505,952	4.3
7,501-8,000	1,702	1.7	13,162,304	3.9
8,001-8,500	1,466	1.4	12,072,133	3.6
8,501-9,000	1,200	1.2	10,486,712	3.1
9,001-9,500	1,007	1.0	9,308,690	2.8
9,501-10,000	872	0.9	8,494,204	2.5
10,001+	5,077	5.0	71,574,323	21.3

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 [a, b]

PENNSYLVANIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	29,318
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	$98,921,448
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	$3,374

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	6,111	20.8 %	0	0.0 %
1-500	3,467	11.8	713,566	0.7
501-1,000	1,966	6.7	1,452,687	1.5
1,001-1,500	1,643	5.6	2,044,530	2.1
1,501-2,000	1,512	5.2	2,644,906	2.7
2,001-2,500	1,407	4.8	3,162,597	3.2
2,501-3,000	1,335	4.6	3,667,061	3.7
3,001-3,500	1,257	4.3	4,083,777	4.1
3,501-4,000	1,133	3.9	4,240,249	4.3
4,001-4,500	1,052	3.6	4,464,647	4.5
4,501-5,000	949	3.2	4,500,596	4.5
5,001-5,500	850	2.9	4,461,233	4.5
5,501-6,000	777	2.7	4,461,768	4.5
6,001-6,500	741	2.5	4,626,359	4.7
6,501-7,000	645	2.2	4,354,554	4.4
7,001-7,500	545	1.9	3,948,734	4.0
7,501-8,000	504	1.7	3,898,558	3.9
8,001-8,500	453	1.5	3,729,570	3.8
8,501-9,000	380	1.3	3,323,993	3.4
9,001-9,500	312	1.1	2,883,557	2.9
9,501-10,000	298	1.0	2,901,411	2.9
10,001+	1,981	6.8	29,357,095	29.7

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

SUPPLEMENTAL TABLE 1D

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84[a, b]

PENNSYLVANIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	36,676
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	$127,330,447
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	$3,472

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	4,728	12.9 %	0	0.0 %
1-500	3,872	10.6	888,993	0.7
501-1,000	2,848	7.8	2,122,897	1.7
1,001-1,500	2,449	6.7	3,059,577	2.4
1,501-2,000	2,250	6.1	3,930,104	3.1
2,001-2,500	2,165	5.9	4,871,239	3.8
2,501-3,000	1,997	5.4	5,492,166	4.3
3,001-3,500	1,906	5.2	6,182,082	4.9
3,501-4,000	1,678	4.6	6,289,667	4.9
4,001-4,500	1,621	4.4	6,876,053	5.4
4,501-5,000	1,486	4.1	7,046,934	5.5
5,001-5,500	1,353	3.7	7,105,126	5.6
5,501-6,000	1,155	3.1	6,636,541	5.2
6,001-6,500	1,006	2.7	6,280,481	4.9
6,501-7,000	893	2.4	6,025,653	4.7
7,001-7,500	785	2.1	5,687,640	4.5
7,501-8,000	683	1.9	5,279,877	4.1
8,001-8,500	574	1.6	4,728,004	3.7
8,501-9,000	474	1.3	4,136,521	3.2
9,001-9,500	396	1.1	3,660,767	2.9
9,501-10,000	361	1.0	3,516,965	2.8
10,001+	1,996	5.4	27,513,160	21.6

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

SUPPLEMENTAL TABLE 1E

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER[a, b]

PENNSYLVANIA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	36,515
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	$110,070,676
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	$3,014

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	3,257	8.9 %	0	0.0 %
1-500	4,663	12.8	1,087,918	1.0
501-1,000	3,563	9.8	2,642,132	2.4
1,001-1,500	2,993	8.2	3,725,246	3.4
1,501-2,000	2,711	7.4	4,748,262	4.3
2,001-2,500	2,435	6.7	5,462,697	5.0
2,501-3,000	2,352	6.4	6,463,481	5.9
3,001-3,500	2,029	5.6	6,590,389	6.0
3,501-4,000	1,869	5.1	7,006,060	6.4
4,001-4,500	1,616	4.4	6,861,401	6.2
4,501-5,000	1,422	3.9	6,756,007	6.1
5,001-5,500	1,253	3.4	6,568,934	6.0
5,501-6,000	1,090	3.0	6,258,669	5.7
6,001-6,500	907	2.5	5,667,640	5.1
6,501-7,000	770	2.1	5,193,374	4.7
7,001-7,500	673	1.8	4,869,578	4.4
7,501-8,000	515	1.4	3,983,869	3.6
8,001-8,500	439	1.2	3,614,559	3.3
8,501-9,000	346	0.9	3,026,198	2.7
9,001-9,500	299	0.8	2,764,366	2.5
9,501-10,000	213	0.6	2,075,828	1.9
10,001+	1,100	3.0	14,704,068	13.4

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**290,105**	**163,355**	**124,926**	**1,730**	**34**	**60**	**3,118,838**	**1,707,757**	**1,395,915**	**14,226**	**337**	**603**
Age												
5 and younger	13	0	12	0	1	0	141	0	130	0	11	0
6-14	49	0	45	0	4	0	548	0	500	0	48	0
15-20	622	0	601	0	21	0	7,140	0	6,909	0	231	0
21-44	54,859	39	53,856	950	8	6	615,131	426	606,387	8,210	47	61
45-64	70,555	43	69,692	775	0	45	782,538	451	775,631	5,987	0	469
65-74	64,039	63,339	686	5	0	9	701,820	695,727	5,991	29	0	73
75-84	57,096	57,096	0	0	0	0	596,941	596,941	0	0	0	0
85 and older	42,872	42,838	34	0	0	0	414,579	414,212	367	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	185,330	121,454	62,945	852	19	60	1,991,529	1,274,938	708,508	7,290	190	603
Male	104,775	41,901	61,981	878	15	0	0 1,127,309	432,819	687,407	6,936	147	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	210,785	117,472	92,056	1,196	22	39	2,254,241	1,210,850	1,032,879	9,932	211	369
African American	50,658	27,842	22,426	364	9	17	0 555,094	302,084	249,807	2,917	99	187
Other/unknown	28,662	18,041	10,444	170	3	4	309,503	194,823	113,229	1,377	27	47
Use of Nursing Facilities[c]												
Entire year	33,673	31,499	2,174	0	0	0	347,953	323,536	24,417	0	0	0
Part year	23,639	21,729	1,910	0	0	0	208,868	189,604	19,264	0	0	0
None	232,793	110,127	120,842	1,730	34	60	2,562,017	1,194,617	1,352,234	14,226	337	603
Maintenance Assistance Status												
Cash	122,079	64,222	57,432	420	5	0	1,394,237	730,728	659,531	3,927	51	0
Medically needy	660	464	180	9	7	0	6,576	4,570	1,845	96	65	0
Poverty related	78,541	33,158	45,220	97	6	60	856,329	362,817	492,140	698	71	603
Other/unknown	88,825	65,511	22,094	1,204	16	0	861,696	609,642	242,399	9,505	150	0
Dual Status[d]												
Full dual, all year	283,951	160,035	122,104	1,718	34	60	3,050,228	1,670,719	1,364,476	14,093	337	603
Full dual, part year	6,154	3,320	2,822	12	0	0	68,610	37,038	31,439	133	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	131,204	91,905	38,822	409	11	57	1,321,047	897,375	419,819	3,174	102	577
FFS part year, with Rx claims	11,430	5,784	5,479	164	1	2	115,560	60,338	53,899	1,303	6	14
FFS part year, no Rx claims	10,073	4,510	5,420	138	4	1	94,996	41,839	51,982	1,121	42	12
MC all year, with Rx claims	883	380	493	9	1	0	10,003	4,330	5,581	80	12	0
MC all year, no Rx claims	136,515	60,776	74,712	1,010	17	0	1,577,232	703,875	864,634	8,548	175	0

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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

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

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

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

APPENDIX TABLE A.4

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]
DUAL ELIGIBLE BENEFICIARIES, PENNSYLVANIA, 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	**290,105**	**3,118,838**	**152,707**	**1,401,470**	**0**	**1,717,368**
Fee-for-service (FFS) all year	131,204	1,321,047	131,204	1,321,047	0	0
FFS part year, with Rx claims	11,430	115,560	11,430	51,476	0	64,084
FFS part year, with no Rx claims	10,073	94,996	10,073	28,947	0	66,049
Managed care (MC) all year, with Rx claims	883	10,003	0	0	0	10,003
MC all year, with no Rx claims	136,515	1,577,232	0	0	0	1,577,232

Source: Data for this table are from the MAX 2004 file for Pennsylvania, released by CMS in 12/2007. This table was produced on 03/06/2008.

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

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