

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	375,060	265,733	107,647	1,606	38	36	4,038,545	2,853,716	1,173,598	10,663	298	270
Age												
5 and younger	35	0	24	0	11	0	320	0	220	0	100	0
6-14	91	0	79	0	12	0	930	0	827	0	103	0
15-20	638	0	618	6	14	0	6,754	0	6,627	40	87	0
21-44	44,110	6	43,004	1,095	0	5	474,175	58	466,856	7,221	0	40
45-64	62,415	26	61,904	468	1	16	681,663	182	678,180	3,155	8	138
65-74	104,893	103,351	1,493	34	0	15	1,147,501	1,131,991	15,189	229	0	92
75-84	100,430	100,034	393	3	0	0	1,094,415	1,089,964	4,433	18	0	0
85 and older	62,448	62,316	132	0	0	0	632,787	631,521	1,266	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	245,933	187,027	57,824	1,026	20	36	2,662,148	2,020,310	634,799	6,590	179	270
Male	129,127	78,706	49,823	580	18	0	1,376,397	833,406	538,799	4,073	119	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	168,601	117,222	50,764	587	8	20	1,779,682	1,218,435	557,115	3,947	55	130
African American	60,823	35,722	24,677	405	9	10	654,119	386,376	265,063	2,524	72	84
Other/unknown	145,636	112,789	32,206	614	21	6	1,604,744	1,248,905	351,420	4,192	171	56
Use of Nursing Facilities^c												
Entire year	55,357	50,575	4,782	0	0	0	567,446	514,851	52,595	0	0	0
Part year	29,393	25,990	3,402	1	0	0	285,742	250,726	35,010	6	0	0
None	290,310	189,168	99,463	1,605	38	36	3,185,357	2,088,139	1,085,993	10,657	298	270
Maintenance Assistance Status												
Cash	249,421	169,216	79,615	590	0	0	2,758,292	1,892,861	861,440	3,991	0	0
Medically needy	492	0	0	491	1	0	3,544	0	0	3,538	6	0
Poverty-related	3,758	1,446	1,871	381	24	36	35,582	14,933	18,057	2,141	181	270
Other/unknown	121,389	95,071	26,161	144	13	0	1,241,127	945,922	294,101	993	111	0
Dual Medicare Status^d												
Full dual, all year	365,367	259,222	104,484	1,587	38	36	3,942,142	2,788,985	1,142,126	10,463	298	270
Full dual, part year	9,693	6,511	3,163	19	0	0	96,403	64,731	31,472	200	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	342,043	243,573	97,177	1,226	31	36	3,708,760	2,624,218	1,075,113	8,895	264	270
FFS part year, with Rx claims	6,515	3,305	2,982	224	4	0	28,424	13,180	14,395	835	14	0
FFS part year, no Rx claims	861	479	357	25	0	0	3,533	1,934	1,532	67	0	0
MC all year, with FFS Rx claims	25,641	18,376	7,131	131	3	0	297,828	214,384	82,558	866	20	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

- 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 2003. 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, TEXAS, 2003

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	90.1 %	32.9	\$2,569	\$78	\$12,344	20.8 %	375,060
Age							
5 and younger	94.3	33.5	4,946	148	25,802	19.2	35
6-14	97.8	45.3	8,342	184	26,098	32.0	91
15-20	82.0	23.0	3,101	135	15,011	20.7	638
21-44	83.2	19.0	2,370	125	11,955	19.8	44,110
45-64	88.3	31.2	2,962	95	14,357	20.6	62,415
65-74	89.6	28.6	2,320	81	8,199	28.3	104,893
75-84	92.2	36.8	2,618	71	12,163	21.5	100,430
85 and older	94.1	45.3	2,643	58	17,806	14.8	62,448
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.6	35.6	2,506	70	11,911	21.0	265,733
Disabled	86.2	26.5	2,744	104	13,512	20.3	107,647
Adults	89.7	14.6	1,409	96	5,390	26.1	1,606
Children	89.5	27.1	3,308	122	20,603	16.1	38
Unknown	91.7	14.1	2,085	148	16,150	12.9	36
Gender							
Female	92.6	35.7	2,683	75	12,417	21.6	245,933
Male	85.3	27.6	2,354	85	12,205	19.3	129,127
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.4	40.9	2,988	73	15,978	18.7	168,601
African American	90.3	30.2	2,259	75	10,995	20.5	60,823
Other/unknown	89.6	24.7	2,214	90	8,700	25.5	145,636
Use of Nursing Facilities^f							
Entire year	98.0	76.2	4,505	59	28,769	15.7	55,357
Part year	94.0	50.8	3,112	61	20,293	15.3	29,393
None	88.2	22.8	2,146	94	8,407	25.5	290,310
Maintenance Assistance Status							
Cash	89.8	21.5	2,064	96	6,060	34.1	249,421
Medically needy	89.2	12.7	1,464	115	7,361	19.9	492
Poverty related	74.9	10.0	912	91	3,343	27.3	3,758
Other/unknown	91.1	57.1	3,664	64	25,555	14.3	121,389

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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, TEXAS, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	3.1	\$239	20.8 %	9.9 %	23.9 %	22.9 %	26.0 %	12.4 %	4.9 %	\$1,146	375,060	4,038,545
Age												
5 and younger	3.7	541	19.2	5.7	11.4	17.1	45.7	14.3	5.7	2,822	35	320
6-14	4.4	816	32.0	2.2	12.1	12.1	44.0	26.4	3.3	2,554	91	930
15-20	2.2	293	20.7	18.0	36.1	13.0	22.1	9.7	1.1	1,418	638	6,754
21-44	1.8	221	19.8	16.8	36.3	22.0	19.5	3.6	1.8	1,112	44,110	474,175
45-64	2.9	271	20.6	11.7	22.4	23.9	29.0	8.3	4.7	1,315	62,415	681,663
65-74	2.6	212	28.3	10.4	27.0	26.5	24.5	7.8	4.0	750	104,893	1,147,501
75-84	3.4	240	21.5	7.8	22.0	23.2	26.2	14.8	5.9	1,116	100,430	1,094,415
85 and older	4.5	261	14.8	5.9	14.7	15.9	30.1	26.4	7.0	1,757	62,448	632,787
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	3.3	233	21.0	8.4	22.2	22.8	26.4	14.8	5.4	1,109	265,733	2,853,716
Disabled	2.4	252	20.3	13.8	28.0	23.1	25.1	6.5	3.5	1,239	107,647	1,173,598
Adults	2.2	212	26.1	10.3	32.5	24.9	23.3	5.3	3.7	812	1,606	10,663
Children	3.5	422	16.1	10.5	26.3	13.2	39.5	7.9	2.6	2,627	38	298
Unknown	1.9	278	12.9	8.3	36.1	22.2	33.3	0.0	0.0	2,153	36	270
Gender												
Female	3.3	248	21.6	7.4	21.6	23.7	28.3	13.4	5.5	1,147	245,933	2,662,148
Male	2.6	221	19.3	14.7	28.3	21.2	21.7	10.4	3.6	1,145	129,127	1,376,397
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.9	283	18.7	9.6	18.4	18.6	27.4	18.3	7.7	1,514	168,601	1,779,682
African American	2.8	210	20.5	9.7	25.0	23.0	27.9	10.7	3.6	1,022	60,823	654,119
Other/unknown	2.2	201	25.5	10.4	29.9	27.7	23.6	6.2	2.1	790	145,636	1,604,744
use of nursing Facilities^f												
Entire year	7.4	439	15.7	2.0	3.0	4.7	26.1	45.1	19.0	2,807	55,357	567,446
Part year	5.2	320	15.3	6.0	10.0	11.3	32.3	31.3	9.1	2,087	29,393	285,742
None	2.1	196	25.5	11.8	29.3	27.5	25.4	4.2	1.7	766	290,310	3,185,357
Maintenance Assistance Status												
Cash	1.9	187	34.1	10.2	30.6	29.4	25.8	2.9	1.2	548	249,421	2,758,292
Medically needy	1.8	203	19.9	10.8	30.7	31.7	26.2	0.2	0.4	1,022	492	3,544
Poverty related	1.1	96	27.3	25.1	48.5	14.8	8.0	2.1	1.4	353	3,758	35,582
Other/unknown	5.6	358	14.3	8.9	9.5	9.7	27.1	32.3	12.5	2,500	121,389	1,241,127

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

- 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, TEXAS, 2003

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	3.1	\$239	\$78	1.4	\$188	\$137	0.2	\$15	\$79	1.5	\$35	\$24
Age												
5 and younger	3.7	541	148	1.5	444	292	0.6	54	98	1.6	40	25
6-14	4.4	816	184	1.9	723	375	0.3	32	97	2.2	61	28
15-20	2.2	293	135	0.9	248	272	0.2	15	97	1.1	29	27
21-44	1.8	221	125	0.8	178	230	0.1	17	134	0.9	26	29
45-64	2.9	271	95	1.3	212	170	0.2	21	114	1.4	38	27
65-74	2.6	212	81	1.2	169	136	0.2	13	81	1.2	30	25
75-84	3.4	240	71	1.6	190	122	0.2	14	65	1.6	36	23
85 and older	4.5	261	58	1.9	200	106	0.3	16	53	2.3	45	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.3	233	70	1.5	184	122	0.2	14	66	1.6	36	22
Disabled	2.4	252	104	1.1	199	187	0.2	19	119	1.2	33	27
Adults	2.2	212	96	0.8	164	193	0.1	20	143	1.2	29	24
Children	3.5	422	122	1.4	321	229	0.3	37	112	1.7	64	37
Unknown	1.9	278	148	1.0	226	227	0.2	37	188	0.7	15	22
Gender												
Female	3.3	248	75	1.5	195	132	0.2	16	74	1.6	37	23
Male	2.6	221	85	1.2	176	149	0.2	14	93	1.3	31	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.9	283	73	1.7	220	131	0.3	19	76	1.9	44	23
African American	2.8	210	75	1.2	165	138	0.2	13	82	1.5	33	22
Other/unknown	2.2	201	90	1.1	163	146	0.1	12	84	1.0	26	27
Use of Nursing Facilities^e												
Entire year	7.4	439	59	3.2	339	107	0.5	27	56	3.8	73	20
Part year	5.2	320	61	2.2	246	112	0.3	20	60	2.7	54	20
None	2.1	196	94	1.0	156	159	0.1	13	98	1.0	26	27
Maintenance Assistance Status												
Cash	1.9	187	96	0.9	150	160	0.1	12	100	0.9	25	28
Medically needy	1.8	203	115	0.7	155	236	0.1	21	198	1.0	27	28
Poverty related	1.1	96	91	0.5	76	160	0.1	8	100	0.5	12	25
Other/unknown	5.6	358	64	2.4	277	116	0.4	23	64	2.8	58	21

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

- 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 Texas, 0.8 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).
- 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, TEXAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$22	\$16	\$3	\$3	\$86	\$152	\$107	\$27	541,979	\$46,786,741	190,203	50.7 %	2,121,736
Biologicals	0.6	0.0	0.2	0.4	####	0	749	####	5628	0	4,289	6,174	38	213,862	6	0.0	63
Antineoplastic Agents	0.4	0.1	0.0	0.3	73	36	1	36	187	565	178	112	77,690	14,541,167	19,217	5.1	199,887
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	50	38	4	8	75	131	37	30	1,271,852	95,822,027	170,921	45.6	1,906,955
Cardiovascular Agents	1.1	0.5	0.0	0.6	65	51	2	13	58	109	57	20	3,157,084	183,465,212	253,524	67.6	2,805,689
Respiratory Agents	0.4	0.2	0.0	0.2	25	21	1	3	59	98	40	17	652,442	38,634,970	140,687	37.5	1,567,626
Gastrointestinal Agents	0.6	0.4	0.0	0.2	51	45	2	5	82	122	54	21	1,045,850	86,279,448	152,172	40.6	1,679,432
Genitourinary Agents	0.4	0.3	0.0	0.1	33	28	2	3	82	100	72	34	245,398	20,215,933	54,384	14.5	605,673
CNS Drugs	0.9	0.5	0.1	0.4	97	80	6	10	104	171	102	26	1,732,096	180,945,548	171,016	45.6	1,873,252
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	60	53	2	6	146	195	135	44	12,469	1,814,306	2,734	0.7	30,085
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	113	112	0	1	161	163	129	56	253,397	40,694,507	33,592	9.0	360,061
Analgesics and Anesthetics	0.5	0.2	0.0	0.3	41	34	1	6	76	163	229	19	1,197,143	90,979,766	196,842	52.5	2,195,010
Neuromuscular Agents	0.7	0.2	0.1	0.4	61	32	16	13	90	176	135	34	706,590	63,585,853	94,491	25.2	1,049,925
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	8	17	26	37	16	324,364	5,534,034	62,109	16.6	672,354
Hematological Agents	0.6	0.3	0.0	0.3	69	61	4	4	119	221	88	16	477,786	56,929,703	75,353	20.1	825,465
Topical Products	0.4	0.2	0.0	0.1	21	16	2	3	56	79	60	22	603,175	33,519,240	143,058	38.1	1,602,828
Miscellaneous Products	0.3	0.0	0.0	0.2	57	45	5	8	226	1,060	285	42	13,814	3,116,342	5,050	1.3	54,292
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	31	0	0	0	19,771	605,439	8,796	2.3	98,486
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,332,938	963,684,098	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 Texas, 0.8 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 2003.

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, TEXAS, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$106,683,043	77,654	20.7 %	846,198	0.5	\$230	\$126
ANTIHYPERTENSIVE	70,664,141	110,595	29.5	1,264,592	0.4	150	56
ULCER DRUGS	68,098,388	144,374	38.5	1,603,259	0.5	91	42
ANTIDIABETIC	67,396,265	152,901	40.8	1,719,890	0.5	87	39
ANTIDEPRESSANTS	57,148,840	134,492	35.9	1,475,082	0.5	77	39
ANALGESICS - ANTI-INFLAMMATORY	55,998,815	128,709	34.3	1,469,663	0.3	129	38
ANTIHYPERTENSIVE	50,540,229	191,097	51.0	2,145,006	0.4	56	24
ANTICONVULSANT	49,983,889	74,244	19.8	826,642	0.6	109	60
NEUROLOGICAL	40,723,196	40,558	10.8	436,353	0.6	160	93
MISC. HEMATOLOGICAL	34,190,556	49,106	13.1	545,225	0.5	137	63
Total	601,427,362	1,103,730		12,331,910	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERTENSIVE				
	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	5,505,249	\$601,427,362	77,654	20.7 %	846,198	0.5	\$126	110,595	29.5 %	1,264,592	0.4	\$56
Female	3,855,163	410,926,650	48,374	19.7	526,534	0.5	115	76,008	30.9	871,507	0.4	56
Disabled	735,875	104,866,782	15,292	26.4	172,895	0.5	145	14,092	24.4	161,672	0.3	52
5 and younger	33	2,754	0	0.0	0	0.0	0	2	33.3	23	0.7	76
6-14	394	24,873	0	0.0	0	0.0	0	4	10.3	42	0.9	65
15-20	2,468	292,821	50	18.0	580	0.6	136	20	7.2	227	0.4	41
21-44	173,327	30,216,702	6,132	31.0	68,961	0.4	147	1,935	9.8	22,140	0.3	48
45-64	538,379	72,051,756	8,912	24.5	101,182	0.5	143	11,632	32.0	133,558	0.3	53
65-74	16,548	1,788,743	148	16.3	1,648	0.7	155	367	40.3	4,140	0.4	60
75-84	3,829	397,507	32	10.8	373	0.4	75	113	38.3	1,320	0.3	52
85 and older	897	91,626	18	19.1	151	0.5	65	19	20.2	222	0.3	69
Other Eligibles	3,119,288	306,059,868	33,082	17.6	353,639	0.6	100	61,916	32.9	709,835	0.4	57
5 and younger	17	641	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	51	8,118	2	28.6	24	0.9	284	0	0.0	0	0.0	0
15-20	72	7,678	2	14.3	18	0.3	119	1	7.1	4	0.3	30
21-44	3,487	463,130	154	19.6	1,109	0.4	107	35	4.4	295	0.2	34
45-64	1,548	188,575	38	15.0	300	0.3	79	35	13.8	261	0.4	53
65-74	949,527	106,325,114	7,468	11.1	83,231	0.6	120	28,933	43.2	333,426	0.3	54
75-84	1,232,451	120,270,169	12,438	17.8	134,183	0.6	102	24,778	35.5	285,497	0.4	58
85 and older	932,135	78,796,443	12,980	25.9	134,774	0.6	86	8,134	16.2	90,352	0.5	61
Male	1,650,086	190,500,712	29,280	22.7	319,664	0.5	145	34,587	26.8	393,085	0.4	56
Disabled	568,576	83,111,166	15,893	31.9	180,081	0.5	178	10,143	20.4	116,351	0.4	55
5 and younger	128	8,727	0	0.0	0	0.0	0	1	5.6	1	4.0	183
6-14	457	28,542	0	0.0	0	0.0	0	9	22.5	100	0.6	46
15-20	3,016	458,826	108	31.8	1,229	0.5	186	17	5.0	177	0.4	39
21-44	195,285	35,388,689	8,287	35.7	93,561	0.5	182	2,694	11.6	31,157	0.4	51
45-64	357,860	46,110,247	7,356	28.8	83,845	0.6	174	7,192	28.2	82,363	0.4	56
65-74	10,392	977,166	127	21.8	1,298	0.6	144	202	34.6	2,245	0.5	61
75-84	1,145	112,764	10	10.2	110	0.8	135	22	22.4	251	0.4	62
85 and older	293	26,205	5	13.2	38	0.3	31	6	15.8	57	0.6	76
Other Eligibles	1,081,510	107,389,546	13,387	16.9	139,583	0.6	103	24,444	30.8	276,734	0.4	57
5 and younger	10	434	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	52	3,607	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	32	1,386	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,940	256,475	46	14.4	367	0.4	149	50	15.7	415	0.3	43
45-64	1,592	212,626	14	5.4	114	0.4	244	68	26.5	572	0.3	57
65-74	448,945	47,306,998	4,631	12.7	50,382	0.6	121	12,916	35.5	147,275	0.3	55
75-84	439,335	43,101,725	5,542	18.3	57,483	0.6	98	9,451	31.3	107,261	0.4	58
85 and older	189,604	16,506,295	3,154	26.0	31,237	0.6	81	1,959	16.1	21,211	0.5	60
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	144,374	38.5 %	1,603,259	0.5	\$43	152,901	40.8 %	1,719,890	0.5	\$39	134,492	35.9 %	1,475,082	0.5	\$39
Female	103,031	41.9	1,148,263	0.5	43	107,103	43.5	1,209,897	0.5	39	98,305	40.0	1,082,385	0.5	39
Disabled	20,130	34.8	228,848	0.4	40	21,239	36.7	241,889	0.4	43	29,361	50.8	331,777	0.4	40
5 and younger	5	83.3	59	0.3	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	46.2	173	0.6	57	3	7.7	26	0.2	20	11	28.2	115	0.5	31
15-20	87	31.3	1,002	0.3	28	19	6.8	218	0.4	36	97	34.9	1,119	0.4	33
21-44	4,764	24.0	53,809	0.4	35	3,190	16.1	35,996	0.4	41	9,097	45.9	102,150	0.4	39
45-64	14,703	40.4	167,696	0.4	41	17,157	47.1	195,891	0.4	43	19,726	54.2	223,752	0.4	40
65-74	407	44.7	4,464	0.5	43	676	74.3	7,553	0.5	43	361	39.7	3,876	0.5	36
75-84	112	38.0	1,270	0.4	37	166	56.3	1,919	0.4	38	57	19.3	660	0.4	33
85 and older	34	36.2	375	0.5	45	28	29.8	286	0.4	38	12	12.8	105	0.5	40
Other Eligibles	82,901	44.1	919,415	0.5	44	85,864	45.6	968,008	0.5	38	68,944	36.7	750,608	0.5	38
5 and younger	2	40.0	23	0.2	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.8	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	21.4	30	0.3	67	0	0.0	0	0.0	0	5	35.7	44	0.5	46
21-44	127	16.1	995	0.3	28	72	9.1	566	0.4	48	382	48.5	2,914	0.4	39
45-64	57	22.4	478	0.3	26	75	29.5	617	0.4	32	120	47.2	991	0.3	37
65-74	28,146	42.0	321,055	0.4	39	38,058	56.8	435,654	0.4	40	20,593	30.7	233,040	0.4	34
75-84	31,214	44.7	349,467	0.5	44	33,654	48.2	380,960	0.5	38	25,575	36.6	280,581	0.6	39
85 and older	23,351	46.5	247,355	0.6	50	14,005	27.9	150,211	0.6	33	22,269	44.4	233,038	0.7	42
Male	41,343	32.0	454,996	0.5	42	45,798	35.5	509,993	0.4	40	36,187	28.0	392,697	0.5	39
Disabled	12,366	24.8	139,257	0.5	43	12,631	25.4	142,290	0.4	43	15,675	31.5	175,477	0.5	41
5 and younger	14	77.8	108	0.6	57	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	50.0	234	0.5	37	0	0.0	0	0.0	0	7	17.5	73	0.5	37
15-20	90	26.5	1,016	0.4	35	15	4.4	172	0.5	33	91	26.8	1,010	0.5	49
21-44	4,083	17.6	46,365	0.4	40	2,727	11.8	30,922	0.4	42	6,990	30.1	78,240	0.4	41
45-64	7,889	30.9	88,758	0.5	44	9,519	37.3	107,150	0.5	44	8,365	32.8	93,853	0.5	41
65-74	222	38.1	2,240	0.5	45	325	55.7	3,541	0.5	43	201	34.5	2,091	0.6	37
75-84	38	38.8	438	0.5	41	38	38.8	428	0.5	43	17	17.3	190	0.5	37
85 and older	10	26.3	98	0.6	68	7	18.4	77	0.5	24	4	10.5	20	0.9	43
Other Eligibles	28,977	36.5	315,739	0.5	42	33,167	41.8	367,703	0.5	38	20,512	25.9	217,220	0.6	38
5 and younger	2	33.3	22	0.3	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	20.0	12	1.1	137	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	1	16.7	12	0.8	90
21-44	67	21.0	546	0.4	43	83	26.0	713	0.4	51	133	41.7	1,177	0.3	37
45-64	57	22.2	468	0.4	47	92	35.8	748	0.4	46	75	29.2	657	0.3	30
65-74	12,186	33.5	136,200	0.4	38	16,773	46.1	189,059	0.4	40	7,802	21.5	85,639	0.5	36
75-84	11,424	37.8	124,798	0.5	42	12,781	42.3	141,558	0.5	38	8,285	27.4	87,725	0.6	38
85 and older	5,240	43.2	53,693	0.6	48	3,438	28.3	35,625	0.6	33	4,216	34.7	42,010	0.6	40
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTICONVULSANT				
	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	128,709	34.3 %	1,469,663	0.3	\$38	191,097	51.0 %	2,145,006	0.4	\$24	74,244	19.8 %	826,642	0.6	\$61
Female	94,022	38.2	1,075,391	0.3	40	134,950	54.9	1,519,067	0.4	24	47,402	19.3	527,539	0.5	57
Disabled	20,718	35.8	237,489	0.3	39	22,282	38.5	253,340	0.4	22	19,132	33.1	217,078	0.5	78
5 and younger	0	0.0	0	0.0	0	1	16.7	12	0.3	2	0	0.0	0	0.0	0
6-14	1	2.6	8	0.3	3	35	89.7	350	0.5	17	6	15.4	65	0.5	35
15-20	62	22.3	691	0.3	55	96	34.5	1,063	0.4	17	68	24.5	790	0.6	96
21-44	5,683	28.7	64,228	0.2	31	3,539	17.9	39,748	0.3	19	6,884	34.7	77,839	0.5	93
45-64	14,517	39.9	167,423	0.3	42	17,782	48.9	202,881	0.4	22	11,971	32.9	136,134	0.5	69
65-74	324	35.6	3,629	0.3	57	605	66.5	6,720	0.4	25	171	18.8	1,879	0.6	50
75-84	109	36.9	1,271	0.3	38	183	62.0	2,108	0.4	25	25	8.5	300	0.6	40
85 and older	22	23.4	239	0.2	28	41	43.6	458	0.4	21	7	7.4	71	0.9	52
Other Eligibles	73,304	39.0	837,902	0.3	41	112,668	59.9	1,265,727	0.4	25	28,270	15.0	310,461	0.5	42
5 and younger	2	40.0	24	0.1	1	3	60.0	35	0.3	4	0	0.0	0	0.0	0
6-14	1	14.3	12	0.1	1	3	42.9	36	0.4	6	1	14.3	12	0.4	84
15-20	3	21.4	12	0.3	11	1	7.1	9	0.1	2	6	42.9	29	0.9	42
21-44	237	30.1	1,801	0.2	19	97	12.3	781	0.3	14	191	24.3	1,527	0.4	64
45-64	93	36.6	845	0.2	35	97	38.2	839	0.3	15	63	24.8	483	0.4	76
65-74	30,562	45.6	353,372	0.3	39	41,878	62.5	478,826	0.4	25	10,424	15.5	117,495	0.5	46
75-84	27,551	39.5	317,884	0.3	41	44,032	63.1	500,013	0.4	25	11,010	15.8	121,464	0.6	41
85 and older	14,855	29.6	163,952	0.5	46	26,557	52.9	285,188	0.6	25	6,575	13.1	69,451	0.6	37
Male	34,687	26.9	394,272	0.3	32	56,147	43.5	625,939	0.4	22	26,842	20.8	299,103	0.6	68
Disabled	10,552	21.2	120,318	0.2	28	14,870	29.8	166,822	0.4	21	15,426	31.0	175,561	0.6	85
5 and younger	1	5.6	12	0.1	1	6	33.3	28	2.1	64	1	5.6	11	0.1	52
6-14	2	5.0	24	0.1	1	40	100.0	451	0.5	20	3	7.5	36	1.3	102
15-20	51	15.0	571	0.2	6	82	24.1	890	0.5	23	90	26.5	1,049	0.7	99
21-44	3,969	17.1	44,951	0.2	20	4,015	17.3	44,899	0.4	19	7,340	31.6	83,689	0.6	95
45-64	6,341	24.9	72,671	0.3	32	10,331	40.5	116,255	0.4	22	7,846	30.8	89,256	0.6	77
65-74	158	27.1	1,752	0.4	34	331	56.8	3,595	0.5	22	134	23.0	1,394	0.7	54
75-84	26	26.5	300	0.3	40	50	51.0	549	0.4	17	11	11.2	114	0.4	46
85 and older	4	10.5	37	0.3	28	15	39.5	155	0.5	25	1	2.6	12	0.5	104
Other Eligibles	24,135	30.4	273,954	0.3	34	41,277	52.0	459,117	0.4	22	11,416	14.4	123,542	0.6	43
5 and younger	0	0.0	0	0.0	0	1	16.7	10	0.3	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	60.0	36	1.1	55	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	66.7	31	0.5	6	0	0.0	0	0.0	0
21-44	92	28.8	773	0.3	35	77	24.1	623	0.4	19	82	25.7	675	0.5	54
45-64	95	37.0	776	0.2	37	90	35.0	719	0.4	22	48	18.7	386	0.4	59
65-74	11,582	31.9	132,256	0.3	31	19,134	52.6	215,811	0.4	22	5,250	14.4	58,604	0.6	47
75-84	9,352	31.0	107,193	0.3	34	16,431	54.4	183,700	0.4	22	4,339	14.4	46,948	0.6	40
85 and older	3,014	24.8	32,956	0.4	39	5,537	45.6	58,187	0.5	21	1,697	14.0	16,929	0.6	36
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	40,558	10.8 %	436,353	0.6	\$93	49,106	13.1 %	545,225	0.5	\$63	375,060	4,038,545
Female	29,575	12.0	320,313	0.6	95	33,096	13.5	368,412	0.5	63	245,933	2,662,148
Disabled	1,845	3.2	20,946	0.5	221	3,725	6.4	42,444	0.4	60	57,824	634,799
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	61
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	39	391
6-14	1	0.4	12	0.3	13	3	1.1	36	0.2	21	278	3,008
15-20	376	1.9	4,227	0.4	355	303	1.5	3,472	0.3	51	19,812	215,887
21-44	1,390	3.8	15,858	0.5	192	3,227	8.9	36,773	0.4	61	36,390	401,809
45-64	51	5.6	563	0.6	107	133	14.6	1,498	0.5	66	910	9,374
65-74	17	5.8	193	0.4	68	46	15.6	522	0.4	61	295	3,332
75-84	10	10.6	93	0.5	60	13	13.8	143	0.4	62	94	937
85 and older	27,730	14.7	299,367	0.6	86	29,371	15.6	325,968	0.5	64	188,109	2,027,349
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	70
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	90
15-20	7	0.9	81	0.3	288	5	0.6	42	0.3	37	787	4,972
21-44	2	0.8	22	0.1	4	12	4.7	83	0.2	37	254	1,763
45-64	4,031	6.0	44,948	0.5	80	8,638	12.9	98,185	0.4	61	67,036	741,168
65-74	11,692	16.7	127,124	0.6	85	11,742	16.8	131,963	0.5	63	69,825	766,829
75-84	11,998	23.9	127,192	0.6	89	8,974	17.9	95,695	0.6	67	50,181	512,398
85 and older	10,983	8.5	116,040	0.6	89	16,010	12.4	176,813	0.4	61	129,127	1,376,397
Male	1,222	2.5	13,755	0.5	130	2,586	5.2	28,903	0.4	62	49,823	538,799
Disabled	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	159
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	40	436
6-14	5	1.5	60	0.5	55	5	1.5	60	0.4	11	340	3,619
15-20	273	1.2	3,118	0.3	151	270	1.2	3,033	0.4	71	23,192	250,969
21-44	897	3.5	10,075	0.5	127	2,190	8.6	24,573	0.4	61	25,514	276,371
45-64	40	6.9	418	0.7	94	97	16.6	982	0.5	69	583	5,815
65-74	4	4.1	48	0.5	65	16	16.3	178	0.3	52	98	1,101
75-84	3	7.9	36	0.2	34	8	21.1	77	0.4	52	38	329
85 and older	9,761	12.3	102,285	0.6	83	13,424	16.9	147,910	0.4	61	79,304	837,598
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	33
6-14	0	0.0	0	0.0	0	1	16.7	12	0.7	9	6	37
15-20	2	0.6	7	1.4	227	10	3.1	88	0.2	32	319	2,347
21-44	5	1.9	57	0.1	14	19	7.4	176	0.2	50	257	1,720
45-64	2,349	6.5	25,451	0.5	80	5,259	14.5	59,256	0.4	61	36,364	391,144
65-74	4,637	15.3	48,741	0.6	83	5,624	18.6	62,310	0.4	60	30,212	323,153
75-84	2,768	22.8	28,029	0.6	87	2,511	20.7	26,068	0.5	66	12,135	119,123
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

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	\$439	7.4	55,357	567,446
Age				
0-64	589	8.3	4,516	49,871
65-74	533	8.4	8,017	85,497
75-84	459	7.7	18,362	188,708
85 and older	361	6.7	24,462	243,370
Unknown	0	0.0	0	0
Gender				
Female	432	7.5	39,850	411,170
Male	458	7.3	15,507	156,276
Unknown	0	0.0	0	0
Race				
White	438	7.6	39,884	403,221
African American	410	6.7	7,171	75,899
Other/unknown	470	7.3	8,302	88,326
Basis of Eligibility^c				
Aged	424	7.3	50,575	514,851
Disabled	587	8.3	4,782	52,595
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users			Number of Benefit Months
	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic	Total	Patented Brand- Name	Off-Patent Brand- Name	Generic			Number of Users	Percentage of Dual All- Year Nursing Facility Residents		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$12	\$4	\$4	\$59	\$92	\$91	\$24	136,587	\$8,090,844	38,742	70.0 %	417,789	
Biologicals	1.0	0.0	1.0	0.0	514	0	514	0	514	0	514	0	3	1,542	1	0.0	3	
Antineoplastic Agents	0.5	0.0	0.0	0.5	71	13	1	56	142	380	115	124	31,547	4,493,899	6,363	11.5	63,591	
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	55	43	4	8	46	82	20	17	396,129	18,113,682	30,681	55.4	326,658	
Cardiovascular Agents	2.1	0.6	0.0	1.5	66	43	1	22	31	70	34	15	974,044	30,438,148	44,172	79.8	463,111	
Respiratory Agents	0.6	0.3	0.0	0.3	28	22	1	5	46	79	46	16	200,653	9,276,879	30,586	55.3	330,471	
Gastrointestinal Agents	1.0	0.5	0.1	0.5	68	58	2	8	65	112	38	18	366,701	23,999,973	33,030	59.7	350,609	
Genitourinary Agents	0.6	0.4	0.0	0.1	44	36	3	5	70	83	69	33	101,013	7,095,393	14,949	27.0	162,722	
CNS Drugs	1.6	0.9	0.1	0.6	141	119	9	13	88	131	75	22	719,511	63,205,574	42,366	76.5	448,924	
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.3	0.0	0.2	58	53	0	5	105	152	38	25	3,288	345,907	558	1.0	5,935	
Neurological Agents	0.9	0.9	0.0	0.0	129	129	0	0	140	141	89	51	153,608	21,563,749	15,724	28.4	167,111	
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	49	41	1	7	54	110	136	14	306,168	16,617,813	31,465	56.8	336,016	
Neuromuscular Agents	1.2	0.3	0.2	0.7	74	33	18	23	64	117	95	33	243,799	15,595,327	19,599	35.4	211,778	
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	10	14	21	28	14	160,268	2,315,333	20,476	37.0	216,366	
Hematological Agents	1.0	0.4	0.1	0.5	89	79	4	6	89	181	62	12	200,131	17,902,266	19,147	34.6	202,267	
Topical Products	0.6	0.3	0.0	0.2	27	19	3	5	47	67	54	20	210,875	9,943,183	34,052	61.5	371,217	
Miscellaneous Products	0.2	0.0	0.0	0.2	11	4	1	6	44	683	100	26	4,713	207,185	1,832	3.3	19,443	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	6,998	155,122	2,445	4.4	26,652	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,216,036	249,361,819	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Texas, 0.8 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, TEXAS, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$38,052,468	28,608	51.7 %	310,359	0.7	\$170	\$123
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	21,563,797	19,244	34.8	205,285	0.7	140	105
ANTIDEPRESSANTS	21,139,721	39,574	71.5	425,571	0.8	63	50
ULCER DRUGS	19,270,514	32,052	57.9	343,947	0.7	78	56
ANTIDIABETIC	11,553,386	25,954	46.9	281,119	0.8	48	41
ANTICONVULSANT	10,971,193	17,268	31.2	188,373	0.8	69	58
MISC. HEMATOLOGICAL	9,522,527	11,369	20.5	121,715	0.7	104	78
ANALGESICS - ANTI-INFLAMMATORY	9,040,754	15,048	27.2	165,529	0.6	86	55
ANTHYPERLIPIDEMIC	8,896,083	11,263	20.3	122,866	0.8	94	72
ANTHYPERTENSIVE	8,058,539	30,093	54.4	321,145	0.8	33	25
Total	158,068,982	230,473		2,485,909	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	1,887,995	\$158,068,982	28,608	51.7 %	310,359	0.7	\$123	19,244	34.8 %	205,285	0.7	\$105
Female	1,351,271	111,859,417	19,603	49.2	213,846	0.7	118	14,177	35.6	152,642	0.8	106
Disabled	105,657	10,306,559	1,557	69.0	17,858	0.8	174	378	16.8	4,294	0.7	249
64 or younge ^r	99,977	9,810,572	1,484	70.1	17,039	0.8	173	351	16.6	4,004	0.7	257
65-74	4,896	441,667	61	57.0	702	0.9	198	19	17.8	226	0.8	147
75-84	518	33,843	5	29.4	55	0.8	80	3	17.6	31	0.6	79
85 and older	266	20,477	7	43.8	62	0.7	84	5	31.3	33	1.0	117
Other Eligibles	1,245,614	101,552,858	18,046	48.0	195,988	0.7	113	13,799	36.7	148,348	0.8	102
64 or younge ^r	70	4,655	1	50.0	12	1.0	189	0	0.0	0	0.0	0
65-74	205,614	17,664,221	3,034	68.4	34,318	0.8	143	1,388	31.3	15,291	0.8	106
75-84	491,178	40,483,808	6,980	54.0	76,357	0.7	119	5,450	42.2	58,802	0.8	102
85 and older	548,752	43,400,174	8,031	39.7	85,301	0.7	97	6,961	34.4	74,255	0.7	101
Male	536,724	46,209,565	9,005	58.1	96,513	0.7	132	5,067	32.7	52,643	0.7	103
Disabled	110,064	10,678,238	1,837	72.7	20,849	0.8	183	347	13.7	3,874	0.7	137
64 or younge ^r	104,759	10,214,030	1,751	73.1	19,942	0.8	184	322	13.4	3,600	0.7	140
65-74	4,952	432,339	76	65.0	805	0.7	153	24	20.5	262	0.7	99
75-84	333	29,648	8	80.0	96	0.9	152	1	10.0	12	0.9	126
85 and older	20	2,221	2	66.7	6	0.8	84	0	0.0	0	0.0	0
Other Eligibles	426,660	35,531,327	7,168	55.2	75,664	0.7	118	4,720	36.4	48,769	0.7	100
64 or younge ^r	15	463	1	50.0	5	0.2	2	0	0.0	0	0.0	0
65-74	138,004	11,954,524	2,224	66.2	24,535	0.8	145	998	29.7	10,773	0.7	100
75-84	183,227	15,119,545	3,064	56.5	32,193	0.7	114	2,217	40.9	22,859	0.7	99
85 and older	105,414	8,456,795	1,879	44.7	18,931	0.6	91	1,505	35.8	15,137	0.7	100
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	39,574	71.5 %	425,571	0.8	\$50	32,052	57.9 %	343,947	0.7	\$56	25,954	46.9 %	281,119	0.8	\$41
Female	28,978	72.7	312,837	0.8	50	23,213	58.3	250,182	0.7	56	18,181	45.6	198,377	0.9	41
Disabled	2,116	93.8	23,783	0.8	55	1,483	65.7	16,616	0.7	54	1,365	60.5	15,361	0.9	50
64 or younger	2,019	95.4	22,743	0.8	55	1,400	66.2	15,710	0.7	54	1,255	59.3	14,173	0.9	51
65-74	86	80.4	929	0.8	54	66	61.7	713	0.7	63	95	88.8	1,021	1.0	47
75-84	9	52.9	96	0.6	17	8	47.1	95	0.9	82	7	41.2	82	0.8	36
85 and older	2	12.5	15	0.9	39	9	56.3	98	0.8	61	8	50.0	85	0.6	30
Other Eligibles	26,862	71.5	289,054	0.8	50	21,730	57.8	233,566	0.7	56	16,816	44.7	183,016	0.8	40
64 or younger	1	50.0	2	0.5	38	1	50.0	12	0.8	12	2	100.0	24	1.1	22
65-74	3,847	86.7	42,974	0.8	52	2,859	64.5	31,830	0.7	57	3,334	75.2	37,166	0.9	45
75-84	10,146	78.6	110,071	0.8	51	7,912	61.3	86,024	0.7	56	7,390	57.2	81,024	0.9	41
85 and older	12,868	63.6	136,007	0.8	48	10,958	54.1	115,700	0.7	56	6,090	30.1	64,802	0.8	37
Male	10,596	68.3	112,734	0.8	49	8,839	57.0	93,765	0.7	56	7,773	50.1	82,742	0.8	42
Disabled	1,983	78.5	22,217	0.8	53	1,550	61.4	17,376	0.7	55	1,396	55.3	15,686	0.9	50
64 or younger	1,893	79.0	21,297	0.8	53	1,471	61.4	16,558	0.7	55	1,303	54.4	14,654	0.9	49
65-74	83	70.9	854	0.8	48	71	60.7	724	0.7	51	89	76.1	984	0.9	57
75-84	5	50.0	60	0.8	57	7	70.0	84	0.7	39	4	40.0	48	1.1	65
85 and older	2	66.7	6	1.2	57	1	33.3	10	0.8	138	0	0.0	0	0.0	0
Other Eligibles	8,613	66.4	90,517	0.8	48	7,289	56.2	76,389	0.7	56	6,377	49.1	67,056	0.8	40
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,539	75.6	27,720	0.8	51	2,008	59.8	21,852	0.7	54	2,156	64.2	23,586	0.8	43
75-84	3,702	68.3	39,018	0.8	48	3,063	56.5	32,143	0.7	57	2,863	52.8	29,976	0.8	40
85 and older	2,372	56.5	23,779	0.7	45	2,218	52.8	22,394	0.7	57	1,358	32.3	13,494	0.8	34
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY				
	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	17,268	31.2 %	188,373	0.8	\$58	11,369	20.5 %	121,715	0.7	\$78	15,048	27.2 %	165,529	0.6	\$55
Female	11,282	28.3	123,324	0.8	56	7,883	19.8	84,797	0.8	79	11,567	29.0	127,501	0.6	56
Disabled	1,727	76.6	19,556	1.0	83	334	14.8	3,839	0.7	78	748	33.2	8,590	0.6	46
64 or younger	1,658	78.4	18,797	1.0	84	319	15.1	3,667	0.7	77	705	33.3	8,085	0.6	45
65-74	62	57.9	675	0.9	71	13	12.1	148	0.9	88	38	35.5	445	0.5	45
75-84	5	29.4	60	1.4	71	1	5.9	12	0.9	98	5	29.4	60	0.9	80
85 and older	2	12.5	24	0.8	39	1	6.3	12	0.8	86	0	0.0	0	0.0	0
Other Eligibles	9,555	25.4	103,768	0.8	50	7,549	20.1	80,958	0.8	79	10,819	28.8	118,911	0.6	56
64 or younger	1	50.0	2	0.5	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,238	50.5	25,083	0.9	61	991	22.3	11,000	0.8	82	1,418	32.0	16,031	0.6	58
75-84	4,014	31.1	43,770	0.8	51	2,776	21.5	30,227	0.7	79	3,910	30.3	43,243	0.6	57
85 and older	3,302	16.3	34,913	0.8	42	3,782	18.7	39,731	0.8	78	5,491	27.1	59,637	0.6	55
Male	5,986	38.6	65,049	0.9	63	3,486	22.5	36,918	0.7	78	3,481	22.4	38,028	0.6	52
Disabled	1,882	74.5	21,306	1.0	83	409	16.2	4,567	0.7	78	563	22.3	6,472	0.6	51
64 or younger	1,822	76.0	20,666	1.0	84	383	16.0	4,304	0.7	77	524	21.9	6,040	0.6	51
65-74	58	49.6	616	0.9	65	26	22.2	263	0.8	88	37	31.6	408	0.7	58
75-84	2	20.0	24	0.6	75	0	0.0	0	0.0	0	2	20.0	24	0.7	6
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	4,104	31.6	43,743	0.8	54	3,077	23.7	32,351	0.7	78	2,918	22.5	31,556	0.6	52
64 or younger	3	150.0	15	0.4	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,597	47.6	17,750	0.9	62	831	24.7	9,150	0.8	81	802	23.9	8,982	0.6	50
75-84	1,693	31.2	18,000	0.8	49	1,297	23.9	13,787	0.7	76	1,221	22.5	13,231	0.6	52
85 and older	811	19.3	7,978	0.8	44	949	22.6	9,414	0.7	77	895	21.3	9,343	0.6	52
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERTENSIVE					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	11,263	20.3 %	122,866	0.8	\$72	30,093	54.4 %	321,145	0.8	\$25	55,357	567,446
Female	7,782	19.5	85,414	0.8	72	21,588	54.2	231,025	0.8	25	39,850	411,170
Disabled	646	28.6	7,374	0.8	71	1,179	52.3	13,297	0.7	25	2,256	24,896
64 or younger	611	28.9	7,021	0.8	71	1,105	52.2	12,512	0.7	24	2,116	23,496
65-74	32	29.9	322	0.7	70	65	60.7	688	0.8	32	107	1,089
75-84	3	17.6	31	1.0	75	6	35.3	71	1.0	30	17	176
85 and older	0	0.0	0	0.0	0	3	18.8	26	0.6	14	16	135
Other Eligibles	7,136	19.0	78,040	0.8	72	20,409	54.3	217,728	0.8	26	37,594	386,274
64 or younger	1	50.0	12	1.2	126	2	100.0	24	0.2	5	2	14
65-74	1,485	33.5	16,623	0.8	74	2,926	66.0	32,427	0.8	27	4,435	47,894
75-84	3,214	24.9	35,224	0.8	74	7,420	57.5	79,945	0.8	25	12,914	134,669
85 and older	2,436	12.0	26,181	0.8	69	10,061	49.7	105,332	0.8	25	20,243	203,697
Male	3,481	22.4	37,452	0.8	73	8,505	54.8	90,120	0.8	24	15,507	156,276
Disabled	710	28.1	8,090	0.8	71	1,338	53.0	14,863	0.8	26	2,526	27,699
64 or younger	665	27.8	7,577	0.8	71	1,255	52.4	13,987	0.8	26	2,396	26,351
65-74	44	37.6	501	0.8	76	80	68.4	840	0.8	28	117	1,212
75-84	1	10.0	12	0.8	66	3	30.0	36	1.0	25	10	120
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	16
Other Eligibles	2,771	21.3	29,362	0.8	73	7,167	55.2	75,257	0.8	24	12,981	128,577
64 or younger	0	0.0	0	0.0	0	3	150.0	15	0.5	9	2	10
65-74	987	29.4	10,834	0.8	76	2,156	64.2	23,577	0.8	25	3,358	35,302
75-84	1,230	22.7	12,956	0.8	73	3,024	55.8	31,809	0.7	23	5,421	53,743
85 and older	554	13.2	5,572	0.8	69	1,984	47.2	19,856	0.8	23	4,200	39,522
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 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A total of 29,393 beneficiaries who were in nursing facilities for part of their enrollment and their 285,742 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
TEXAS, 2003

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	185,992	49.6 %	2.8	1,058,914	\$53	\$19,700,090	\$19	2.0 %	375,060
Age									
5 and younger	33	94.3	10.0	350	443	15,503	44	9.0	35
6-14	73	80.2	7.7	698	195	17,775	25	2.3	91
15-20	294	46.1	2.9	1,826	81	51,475	28	2.6	638
21-44	18,819	42.7	2.1	93,158	52	2,315,294	25	2.2	44,110
45-64	31,172	49.9	3.1	193,385	65	4,026,695	21	2.2	62,415
65-74	49,452	47.1	2.3	244,626	46	4,777,913	20	2.0	104,893
75-84	51,563	51.3	2.9	290,431	50	4,995,900	17	1.9	100,430
85 and older	34,586	55.4	3.8	234,440	56	3,499,535	15	2.1	62,448
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	134,581	50.6	2.9	763,098	50	13,155,371	17	2.0	265,733
Disabled	50,726	47.1	2.7	293,247	60	6,494,699	22	2.2	107,647
Adults	652	40.6	1.4	2,328	26	41,731	18	1.8	1,606
Children	23	60.5	5.6	213	209	7,955	37	6.3	38
Unknown	10	27.8	0.8	28	9	334	12	0.4	36
Gender									
Female	130,126	52.9	3.1	759,007	57	14,042,534	19	2.1	245,933
Male	55,866	43.3	2.3	299,907	44	5,657,556	19	1.9	129,127
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	88,164	52.3	3.6	606,925	64	10,822,823	18	2.1	168,601
African American	27,954	46.0	2.5	150,132	45	2,727,899	18	2.0	60,823
Other/unknown	69,874	48.0	2.1	301,857	42	6,149,368	20	1.9	145,636
Use of Nursing Facilities^d									
Entire year	34,135	61.7	5.6	308,704	82	4,551,287	15	1.8	55,357
Part year	17,943	61.0	4.0	117,356	59	1,739,393	15	1.9	29,393
None	133,914	46.1	2.2	632,854	46	13,409,410	21	2.2	290,310
Maintenance Assistance Status									
Cash	114,724	46.0	1.9	473,585	42	10,488,051	22	2.0	249,421
Medically needy	185	37.6	1.2	592	22	10,642	18	1.5	492
Poverty related	1,125	29.9	0.9	3,315	19	71,839	22	2.1	3,758
Other/unknown	69,958	57.6	4.8	581,422	75	9,129,558	16	2.1	121,389

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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}
TEXAS, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$5	\$19	\$0	\$2	4,038,545
Age						
5 and younger	1.1	48	44	0	2	320
6-14	0.8	19	25	0	0	930
15-20	0.3	8	28	0	2	6,754
21-44	0.2	5	25	0	2	474,175
45-64	0.3	6	21	0	3	681,663
65-74	0.2	4	20	0	1	1,147,501
75-84	0.3	5	17	0	1	1,094,415
85 and older	0.4	6	15	0	1	632,787
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	17	0	1	2,853,716
Disabled	0.2	6	22	0	2	1,173,598
Adults	0.2	4	18	0	2	10,663
Children	0.7	27	37	0	0	298
Unknown	0.1	1	12	0	1	270
Gender						
Female	0.3	5	19	0	2	2,662,148
Male	0.2	4	19	0	1	1,376,397
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	18	0	2	1,779,682
African American	0.2	4	18	0	1	654,119
Other/unknown	0.2	4	20	0	1	1,604,744
Use of Nursing Facilities^d						
Entire year	0.5	8	15	0	3	567,446
Part year	0.4	6	15	0	2	285,742
None	0.2	4	21	0	1	3,185,357
Maintenance Assistance Status						
Cash	0.2	4	22	0	1	2,758,292
Medically needy	0.2	3	18	0	1	3,544
Poverty related	0.1	2	22	0	1	35,582
Other/unknown	0.5	7	16	0	3	1,241,127

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
TEXAS, 2003

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	263,597	\$75	\$19,700,090	100.0 %	1,058,914	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	52	19	976	0.0	89	11	0.0
Cough and cold medications	59,857	63	3,761,277	19.1	129,541	29	12.2
Vitamins and minerals	61,297	90	5,491,329	27.9	322,478	17	30.5
Non-prescription drugs	58,497	47	2,762,302	14.0	179,430	15	16.9
Barbiturates	2,816	69	193,121	1.0	21,836	9	2.1
Benzodiazepines	75,060	89	6,696,788	34.0	390,259	17	36.9
Other Part D Excl Rx Drugs	6,018	132	794,297	4.0	15,281	52	1.4

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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}
 TEXAS, 2003

Total Number of Dual Eligible Beneficiaries	375,060
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$963,684,098
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,569

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,219	9.9 %	\$0	0.0 %
1-500	55,946	14.9	12,618,977	1.3
501-1,000	42,695	11.4	31,764,792	3.3
1,001-1,500	38,188	10.2	47,569,275	4.9
1,501-2,000	34,377	9.2	59,971,706	6.2
2,001-2,500	29,472	7.9	66,112,354	6.9
2,501-3,000	24,221	6.5	66,461,515	6.9
3,001-3,500	19,411	5.2	62,906,309	6.5
3,501-4,000	16,067	4.3	60,093,034	6.2
4,001-4,500	12,968	3.5	55,018,966	5.7
4,501-5,000	10,587	2.8	50,192,548	5.2
5,001-5,500	8,579	2.3	44,971,299	4.7
5,501-6,000	6,845	1.8	39,309,897	4.1
6,001-6,500	5,946	1.6	37,111,713	3.9
6,501-7,000	4,857	1.3	32,770,319	3.4
7,001-7,500	4,259	1.1	30,860,141	3.2
7,501-8,000	3,366	0.9	26,061,243	2.7
8,001-8,500	2,810	0.7	23,152,953	2.4
8,501-9,000	2,425	0.6	21,191,243	2.2
9,001-9,500	2,062	0.5	19,062,131	2.0
9,501-10,000	1,704	0.5	16,598,590	1.7
10,001+	11,056	2.9	159,885,093	16.6

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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}
 TEXAS, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	105,629
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$289,903,863
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$2,745

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,643	13.9 %	0	0.0 %
1-500	18,973	18.0	3,970,783	1.4
501-1,000	11,446	10.8	8,432,121	2.9
1,001-1,500	9,234	8.7	11,482,417	4.0
1,501-2,000	7,819	7.4	13,617,842	4.7
2,001-2,500	6,368	6.0	14,294,318	4.9
2,501-3,000	5,395	5.1	14,808,368	5.1
3,001-3,500	4,290	4.1	13,899,188	4.8
3,501-4,000	3,729	3.5	13,940,625	4.8
4,001-4,500	3,093	2.9	13,130,666	4.5
4,501-5,000	2,629	2.5	12,461,636	4.3
5,001-5,500	2,238	2.1	11,734,051	4.0
5,501-6,000	1,878	1.8	10,779,544	3.7
6,001-6,500	1,624	1.5	10,143,455	3.5
6,501-7,000	1,410	1.3	9,520,702	3.3
7,001-7,500	1,292	1.2	9,359,688	3.2
7,501-8,000	1,064	1.0	8,243,826	2.8
8,001-8,500	934	0.9	7,704,192	2.7
8,501-9,000	816	0.8	7,136,741	2.5
9,001-9,500	730	0.7	6,750,039	2.3
9,501-10,000	633	0.6	6,170,535	2.1
10,001+	5,391	5.1	82,323,126	28.4

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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}
 TEXAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	267,771
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$671,335,405
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,507

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	22,400	8.4 %	0	0.0 %
1-500	36,307	13.6	8,517,314	1.3
501-1,000	31,003	11.6	23,153,925	3.4
1,001-1,500	28,813	10.8	35,913,858	5.3
1,501-2,000	26,460	9.9	46,184,025	6.9
2,001-2,500	23,050	8.6	51,697,957	7.7
2,501-3,000	18,761	7.0	51,475,690	7.7
3,001-3,500	15,081	5.6	48,875,605	7.3
3,501-4,000	12,309	4.6	46,044,590	6.9
4,001-4,500	9,856	3.7	41,806,369	6.2
4,501-5,000	7,933	3.0	37,611,826	5.6
5,001-5,500	6,329	2.4	33,174,760	4.9
5,501-6,000	4,954	1.9	28,455,301	4.2
6,001-6,500	4,314	1.6	26,918,132	4.0
6,501-7,000	3,435	1.3	23,167,781	3.5
7,001-7,500	2,965	1.1	21,485,652	3.2
7,501-8,000	2,295	0.9	17,763,360	2.6
8,001-8,500	1,874	0.7	15,432,267	2.3
8,501-9,000	1,606	0.6	14,028,128	2.1
9,001-9,500	1,327	0.5	12,265,816	1.8
9,501-10,000	1,068	0.4	10,398,709	1.5
10,001+	5,631	2.1	76,964,340	11.5

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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}
 TEXAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	104,893
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$243,314,826
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,320

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,901	10.4 %	0	0.0 %
1-500	15,327	14.6	3,515,850	1.4
501-1,000	12,617	12.0	9,442,517	3.9
1,001-1,500	11,675	11.1	14,549,240	6.0
1,501-2,000	10,551	10.1	18,424,994	7.6
2,001-2,500	9,081	8.7	20,375,366	8.4
2,501-3,000	7,128	6.8	19,537,926	8.0
3,001-3,500	5,620	5.4	18,186,005	7.5
3,501-4,000	4,364	4.2	16,312,104	6.7
4,001-4,500	3,315	3.2	14,060,425	5.8
4,501-5,000	2,647	2.5	12,552,978	5.2
5,001-5,500	1,978	1.9	10,369,487	4.3
5,501-6,000	1,475	1.4	8,473,594	3.5
6,001-6,500	1,296	1.2	8,091,716	3.3
6,501-7,000	1,010	1.0	6,814,851	2.8
7,001-7,500	924	0.9	6,691,292	2.8
7,501-8,000	711	0.7	5,503,708	2.3
8,001-8,500	579	0.6	4,766,509	2.0
8,501-9,000	513	0.5	4,481,481	1.8
9,001-9,500	456	0.4	4,214,496	1.7
9,501-10,000	382	0.4	3,721,698	1.5
10,001+	2,343	2.2	33,228,589	13.7

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

- 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 2003.
- 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}
 TEXAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	100,430
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$262,959,503
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,618

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,821	7.8 %	0	0.0 %
1-500	12,479	12.4	2,936,522	1.1
501-1,000	11,186	11.1	8,352,063	3.2
1,001-1,500	10,648	10.6	13,291,654	5.1
1,501-2,000	10,102	10.1	17,628,792	6.7
2,001-2,500	8,876	8.8	19,893,160	7.6
2,501-3,000	7,253	7.2	19,900,613	7.6
3,001-3,500	5,779	5.8	18,744,472	7.1
3,501-4,000	4,756	4.7	17,797,028	6.8
4,001-4,500	3,823	3.8	16,214,215	6.2
4,501-5,000	3,089	3.1	14,637,214	5.6
5,001-5,500	2,576	2.6	13,501,315	5.1
5,501-6,000	2,010	2.0	11,545,284	4.4
6,001-6,500	1,740	1.7	10,849,521	4.1
6,501-7,000	1,386	1.4	9,348,365	3.6
7,001-7,500	1,192	1.2	8,636,811	3.3
7,501-8,000	945	0.9	7,315,728	2.8
8,001-8,500	792	0.8	6,523,486	2.5
8,501-9,000	709	0.7	6,194,372	2.4
9,001-9,500	569	0.6	5,259,982	2.0
9,501-10,000	442	0.4	4,301,951	1.6
10,001+	2,257	2.2	30,086,955	11.4

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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}
 TEXAS, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	62,448
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$165,061,076
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,643

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,678	5.9 %	0	0.0 %
1-500	8,501	13.6	2,064,942	1.3
501-1,000	7,200	11.5	5,359,345	3.2
1,001-1,500	6,490	10.4	8,072,964	4.9
1,501-2,000	5,807	9.3	10,130,239	6.1
2,001-2,500	5,093	8.2	11,429,431	6.9
2,501-3,000	4,380	7.0	12,037,151	7.3
3,001-3,500	3,682	5.9	11,945,128	7.2
3,501-4,000	3,189	5.1	11,935,458	7.2
4,001-4,500	2,718	4.4	11,531,729	7.0
4,501-5,000	2,197	3.5	10,421,634	6.3
5,001-5,500	1,775	2.8	9,303,958	5.6
5,501-6,000	1,469	2.4	8,436,423	5.1
6,001-6,500	1,278	2.0	7,976,895	4.8
6,501-7,000	1,039	1.7	7,004,565	4.2
7,001-7,500	849	1.4	6,157,549	3.7
7,501-8,000	639	1.0	4,943,924	3.0
8,001-8,500	503	0.8	4,142,272	2.5
8,501-9,000	384	0.6	3,352,275	2.0
9,001-9,500	302	0.5	2,791,338	1.7
9,501-10,000	244	0.4	2,375,060	1.4
10,001+	1,031	1.7	13,648,796	8.3

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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 2003.

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, TEXAS, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	377,580	267,467	108,415	1,624	38	36	4,110,432	2,896,307	1,201,642	11,885	322	276
Age												
5 and younger	35	0	24	0	11	0	343	0	232	0	111	0
6-14	91	0	79	0	12	0	965	0	858	0	107	0
15-20	644	0	624	6	14	0	7,061	0	6,923	42	96	0
21-44	44,609	6	43,491	1,107	0	5	490,967	58	482,714	8,149	0	46
45-64	62,683	26	62,166	474	1	16	693,526	182	689,751	3,447	8	138
65-74	105,750	104,198	1,503	34	0	15	1,172,301	1,156,580	15,400	229	0	92
75-84	101,106	100,707	396	3	0	0	1,108,427	1,103,928	4,481	18	0	0
85 and older	62,662	62,530	132	0	0	0	636,842	635,559	1,283	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	247,172	187,987	58,089	1,040	20	36	2,703,177	2,046,041	649,206	7,471	183	276
Male	130,408	79,480	50,326	584	18	0	1,407,255	850,266	552,436	4,414	139	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	169,246	117,644	50,983	591	8	20	1,797,928	1,227,744	565,664	4,324	66	130
African American	61,563	36,088	25,040	416	9	10	675,197	394,818	277,210	3,003	76	90
Other/unknown	146,771	113,735	32,392	617	21	6	1,637,307	1,273,745	358,768	4,558	180	56
Use of Nursing Facilities^c												
Entire year	55,357	50,575	4,782	0	0	0	567,449	514,851	52,598	0	0	0
Part year	29,393	25,990	3,402	1	0	0	287,543	252,206	35,331	6	0	0
None	292,830	190,902	100,231	1,623	38	36	3,255,440	2,129,250	1,113,713	11,879	322	276
Maintenance Assistance Status												
Cash	251,857	170,919	80,341	597	0	0	2,823,479	1,932,577	886,226	4,676	0	0
Medically needy	492	0	0	491	1	0	3,604	0	0	3,595	9	0
Poverty related	3,765	1,446	1,871	388	24	36	37,360	15,469	18,938	2,475	202	276
Other/unknown	121,466	95,102	26,203	148	13	0	1,245,989	948,261	296,478	1,139	111	0
Dual Status^d												
Full dual, all year	367,887	260,956	105,252	1,605	38	36	4,011,555	2,830,239	1,169,036	11,682	322	276
Full dual, part year	9,693	6,511	3,163	19	0	0	98,877	66,068	32,606	203	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	342,043	243,573	97,177	1,226	31	36	3,708,766	2,624,218	1,075,113	8,895	264	276
FFS part year, with Rx claims	6,515	3,305	2,982	224	4	0	69,657	35,124	32,578	1,917	38	0
FFS part year, no Rx claims	861	479	357	25	0	0	8,005	4,436	3,425	144	0	0
MC all year, with Rx claims	25,641	18,376	7,131	131	3	0	297,828	214,384	82,558	866	20	0
MC all year, no Rx claims	2,520	1,734	768	18	0	0	26,176	18,145	7,968	63	0	0

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

- 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 2003. 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, TEXAS, 2003

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	377,580	4,110,432	375,060	4,038,545	0	71,887
Fee-for-service (FFS) all year	342,043	3,708,766	342,043	3,708,760	0	6
FFS part year, with Rx claims	6,515	69,657	6,515	28,424	0	41,233
FFS part year, with no Rx claims	861	8,005	861	3,533	0	4,472
Managed care (MC) all year, with Rx claims	25,641	297,828	25,641	297,828	0	0
MC all year, with no Rx claims	2,520	26,176	0	0	0	26,176

Source: Data for this table are from the MAX 2003 file for Texas, released by CMS in 00/2007. This table was produced on 04/11/2008.

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.