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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
INDIANA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	124,346	66,647	56,995	654	35	15	1,299,238	662,791	632,790	3,242	273	142
Age												
5 and younger	12	0	9	0	3	0	106	0	88	0	18	0
6-14	21	0	15	0	6	0	222	0	164	0	58	0
15-20	190	0	166	8	16	0	1,915	0	1,758	32	125	0
21-44	23,082	0	22,581	496	4	1	254,637	0	252,048	2,546	31	12
45-64	34,075	10	33,912	142	0	11	376,904	33	376,140	626	0	105
65-74	24,579	24,256	312	5	3	3	256,034	253,370	2,592	28	19	25
75-84	23,181	23,176	0	3	2	0	231,094	231,064	0	10	20	0
85 and older	19,206	19,205	0	0	1	0	178,326	178,324	0	0	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	79,287	48,800	29,995	459	18	15	829,196	492,393	334,168	2,336	157	142
Male	45,059	17,847	27,000	195	17	0	470,042	170,398	298,622	906	116	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	104,442	56,308	47,579	515	26	14	1,090,170	556,700	530,424	2,702	206	138
African American	16,087	7,832	8,127	119	8	1	169,129	80,064	88,538	464	59	4
Other/unknown	3,817	2,507	1,289	20	1	0	39,939	26,027	13,828	76	8	0
Use of Nursing Facilities^c												
Entire year	20,431	18,643	1,788	0	0	0	206,109	185,894	20,215	0	0	0
Part year	14,017	12,313	1,702	0	2	0	133,711	115,461	18,227	0	23	0
None	89,898	35,691	53,505	654	33	15	959,418	361,436	594,348	3,242	250	142
Maintenance Assistance Status												
Cash	33,945	13,683	19,774	488	0	0	371,062	148,914	219,882	2,266	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	8,807	3,974	4,729	75	14	15	93,590	42,253	50,668	444	83	142
Other/unknown	81,594	48,990	32,492	91	21	0	834,586	471,624	362,240	532	190	0
Dual Medicare Status^d												
Full dual, all year	106,730	58,215	47,841	624	35	15	1,107,757	572,832	531,519	2,991	273	142
Full dual, part year	17,616	8,432	9,154	30	0	0	191,481	89,959	101,271	251	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,200	66,631	56,310	222	22	15	1,292,653	662,687	628,350	1,279	195	142
FFS part year, with Rx claims	933	15	552	354	12	0	5,738	97	3,840	1,728	73	0
FFS part year, no Rx claims	213	1	133	78	1	0	847	7	600	235	5	0

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, INDIANA, 2005

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	88.7	56.0	\$3,613	\$65	\$17,696	20.4	124,346
Age							
5 and younger	100.0	47.5	3,960	83	19,838	20.0	12
6-14	95.2	55.7	4,985	90	12,993	38.4	21
15-20	77.4	24.3	2,814	116	14,836	19.0	190
21-44	87.4	40.8	4,004	98	16,980	23.6	23,082
45-64	89.0	60.7	4,665	77	18,194	25.6	34,075
65-74	85.4	55.5	3,064	55	11,959	25.6	24,579
75-84	89.4	61.1	3,055	50	18,270	16.7	23,181
85 and older	93.5	60.7	2,659	44	24,355	10.9	19,206
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.1	59.0	2,944	50	17,736	16.6	66,647
Disabled	88.4	53.0	4,424	84	17,816	24.8	56,995
Adults	73.9	14.9	1,078	73	3,797	28.4	654
Children	85.7	34.6	3,948	114	10,331	38.2	35
Unknown	100.0	62.7	4,967	79	10,630	46.7	15
Gender							
Female	90.8	60.5	3,573	59	17,098	20.9	79,287
Male	85.1	47.9	3,683	77	18,748	19.6	45,059
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.6	58.8	3,770	64	18,634	20.2	104,442
African American	84.3	41.8	2,838	68	13,403	21.2	16,087
Other/unknown	84.4	39.4	2,595	66	10,126	25.6	3,817
Use of Nursing Facilities^f							
Entire year	98.5	85.9	4,297	50	37,555	11.4	20,431
Part year	97.8	70.6	3,595	51	24,720	14.5	14,017
None	85.1	46.9	3,461	74	12,088	28.6	89,898
Maintenance Assistance Status							
Cash	91.0	53.1	3,624	68	12,276	29.5	33,945
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	66.3	15.5	1,043	67	1,999	52.2	8,807
Other/unknown	90.2	61.5	3,886	63	21,645	18.0	81,594

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, INDIANA, 2005

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	5.4	\$346	20.4	11.3	13.1	8.9	25.7	28.7	12.3	\$1,694	124,346	1,299,238
Age												
5 and younger	5.4	448	20.0	0.0	16.7	16.7	25.0	25.0	16.7	2,246	12	106
6-14	5.3	472	38.4	4.8	9.5	4.8	33.3	33.3	14.3	1,229	21	222
15-20	2.4	279	19.0	22.6	29.5	14.7	21.6	11.1	0.5	1,472	190	1,915
21-44	3.7	363	23.6	12.6	23.5	12.4	27.7	18.3	5.5	1,539	23,082	254,637
45-64	5.5	422	25.6	11.0	12.4	8.9	25.7	29.1	12.9	1,645	34,075	376,904
65-74	5.3	294	25.6	14.6	13.0	8.6	24.5	26.6	12.6	1,148	24,579	256,034
75-84	6.1	307	16.7	10.6	9.5	7.2	24.5	32.5	15.8	1,833	23,181	231,094
85 and older	6.5	286	10.9	6.5	6.3	6.9	26.5	38.7	15.1	2,623	19,206	178,326
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.9	296	16.6	10.9	9.9	7.6	25.1	32.1	14.4	1,783	66,647	662,791
Disabled	4.8	398	24.8	11.6	16.8	10.3	26.6	24.8	9.9	1,605	56,995	632,790
Adults	3.0	217	28.4	26.1	19.3	11.8	24.0	14.7	4.1	766	654	3,242
Children	4.4	506	38.2	14.3	22.9	11.4	22.9	20.0	8.6	1,324	35	273
Unknown	6.6	525	46.7	0.0	6.7	6.7	20.0	60.0	6.7	1,123	15	142
Gender												
Female	5.8	342	20.9	9.2	11.3	8.4	25.9	31.1	13.9	1,635	79,287	829,196
Male	4.6	353	19.6	14.9	16.2	9.7	25.4	24.4	9.5	1,797	45,059	470,042
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	361	20.2	10.4	11.9	8.4	25.4	30.2	13.5	1,785	104,442	1,090,170
African American	4.0	270	21.2	15.7	18.9	11.0	27.3	21.1	5.9	1,275	16,087	169,129
Other/unknown	3.8	248	25.6	15.6	21.5	12.0	27.0	18.5	5.3	968	3,817	39,939
Use of Nursing Facilities^f												
Entire year	8.5	426	11.4	1.5	2.8	3.6	20.5	43.4	28.2	3,723	20,431	206,109
Part year	7.4	377	14.5	2.2	4.5	6.1	26.2	41.0	20.0	2,591	14,017	133,711
None	4.4	324	28.6	14.9	16.8	10.5	26.9	23.4	7.5	1,133	89,898	959,418
Maintenance Assistance Status												
Cash	4.9	332	29.5	9.0	16.2	10.6	28.3	26.2	9.7	1,123	33,945	371,062
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.5	98	52.2	33.7	33.2	12.0	15.5	4.9	0.6	188	8,807	93,590
Other/unknown	6.0	380	18.0	9.8	9.7	7.8	25.8	32.3	14.7	2,116	81,594	834,586

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, INDIANA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.4	\$346	\$65	2.0	\$271	\$133	0.2	\$14	\$84	3.1	\$61	\$19
Age												
5 and younger	5.4	448	83	2.3	357	156	0.3	20	60	2.7	64	24
6-14	5.3	472	90	2.0	390	199	0.0	2	58	3.3	80	24
15-20	2.4	279	116	1.1	237	219	0.1	9	82	1.2	33	27
21-44	3.7	363	98	1.5	295	201	0.1	18	126	2.1	50	24
45-64	5.5	422	77	2.1	331	156	0.2	20	114	3.2	70	22
65-74	5.3	294	55	2.0	228	114	0.2	10	69	3.2	55	18
75-84	6.1	307	50	2.3	237	102	0.2	9	51	3.6	60	17
85 and older	6.5	286	44	2.3	212	92	0.2	10	46	4.0	64	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.9	296	50	2.2	227	103	0.2	10	55	3.5	59	17
Disabled	4.8	398	84	1.9	317	170	0.2	19	118	2.7	62	23
Adults	3.0	217	73	1.0	147	147	0.1	25	227	1.9	45	24
Children	4.4	506	114	1.9	424	221	0.3	27	91	2.2	55	25
Unknown	6.6	525	79	3.4	422	124	0.1	16	151	3.1	87	28
Gender												
Female	5.8	342	59	2.2	264	122	0.2	14	74	3.4	64	19
Male	4.6	353	77	1.8	282	157	0.1	16	106	2.6	55	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	361	64	2.1	281	132	0.2	16	85	3.3	64	19
African American	4.0	270	68	1.5	219	148	0.1	9	83	2.4	43	18
Other/unknown	3.8	248	66	1.5	203	133	0.1	8	76	2.1	37	17
Use of Nursing Facilities^e												
Entire year	8.5	426	50	3.1	323	104	0.3	14	50	5.1	89	17
Part year	7.4	377	51	2.6	284	107	0.2	14	56	4.5	79	18
None	4.4	324	74	1.7	258	150	0.1	15	106	2.5	52	20
Maintenance Assistance Status												
Cash	4.9	332	68	1.8	261	144	0.1	14	98	2.9	56	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.5	98	67	0.5	78	145	0.0	4	89	0.9	16	19
Other/unknown	6.0	380	63	2.3	296	129	0.2	16	80	3.5	68	19

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 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, INDIANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$28	\$21	\$3	\$4	\$70	\$184	\$72	\$18	324,586	\$22,736,612	72,856	58.6	806,782
Biologicals	0.1	0.0	0.0	0.1	15	1	3	11	147	21	4,293	203	6,202	912,634	5,367	4.3	61,254
Antineoplastic Agents	0.5	0.1	0.0	0.4	87	64	0	23	172	575	332	58	25,891	4,452,809	4,970	4.0	50,968
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	53	42	4	7	53	103	42	14	672,496	35,429,422	60,479	48.6	665,255
Cardiovascular Agents	1.8	0.7	0.0	1.1	64	51	0	13	36	77	23	11	1,568,765	56,491,864	81,080	65.2	880,975
Respiratory Agents	0.7	0.3	0.0	0.3	39	33	1	5	57	101	61	15	419,924	23,852,187	54,873	44.1	608,924
Gastrointestinal Agents	0.8	0.3	0.0	0.5	50	40	0	10	65	150	41	20	486,327	31,544,437	56,958	45.8	626,019
Genitourinary Agents	0.6	0.4	0.0	0.2	35	31	0	4	63	85	49	22	126,900	8,040,459	20,842	16.8	230,334
CNS Drugs	1.4	0.7	0.0	0.7	141	125	3	13	99	174	142	19	1,189,098	117,945,279	76,679	61.7	837,344
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	88	83	1	5	147	194	91	30	19,759	2,904,450	2,907	2.3	32,897
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	135	133	0	2	163	164	119	88	135,825	22,076,107	15,648	12.6	164,069
Analgesics and Anesthetics	0.9	0.1	0.0	0.7	49	19	9	21	55	157	225	29	688,346	37,826,349	70,530	56.7	774,982
Neuromuscular Agents	1.0	0.3	0.0	0.6	74	48	3	23	77	164	82	36	485,044	37,256,741	45,030	36.2	502,376
Nutritional Products	0.6	0.0	0.0	0.6	9	0	0	8	15	30	17	14	203,586	2,971,743	30,674	24.7	327,703
Hematological Agents	0.8	0.3	0.0	0.5	76	69	1	6	92	215	32	12	267,974	24,687,148	30,203	24.3	323,433
Topical Products	0.5	0.2	0.0	0.3	23	16	1	5	45	83	45	19	300,464	13,593,800	54,200	43.6	597,991
Miscellaneous Products	0.4	0.2	0.0	0.2	105	93	4	8	246	444	230	41	25,271	6,216,272	5,530	4.4	58,988
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	23	0	0	0	13,667	320,322	4,228	3.4	46,466
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.	6,960,125	449,258,635	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$79,015,228	43,072	34.6	478,119	0.7	\$222	\$165
ANTICONVULSANT	31,699,574	40,533	32.6	454,468	0.7	95	70
ANTIDEPRESSANTS	31,270,084	75,883	61.0	838,189	0.6	59	37
ANTIHYPERTENSIVES	26,839,630	42,632	34.3	482,762	0.6	93	56
ANTIDIABETIC	23,255,261	48,423	38.9	536,238	0.7	64	43
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	22,216,069	20,070	16.1	211,012	0.7	161	105
ANALGESICS - Narcotic	22,211,433	85,343	68.6	944,443	0.5	47	24
ULCER DRUGS	22,058,001	58,447	47.0	647,352	0.6	59	34
ANTIASTHMATIC	16,913,588	56,267	45.3	623,079	0.4	66	27
MISC. HEMATOLOGICAL	13,129,571	14,469	11.6	157,394	0.6	133	83
Total	288,608,439	485,139		5,373,056	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	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 \$ 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 \$ per Benefit Month
All	3,200,672	\$288,608,439	43,072	34.6	478,119	0.7	\$165	40,533	32.6	454,468	0.7	\$70
Female												
All Females	2,141,916	179,485,884	25,282	31.9	279,070	0.7	143	25,635	32.3	287,002	0.7	64
Female, Disabled												
All Ages	876,138	89,616,285	12,977	43.3	150,518	0.7	167	14,688	49.0	170,084	0.7	79
5 and younger	28	1,466	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	58	2,301	0	0.0	0	0.0	0	1	16.7	12	0.6	8
15-20	637	58,882	12	19.4	144	0.9	187	19	30.6	222	0.7	86
21-44	249,752	28,356,996	5,423	50.1	62,813	0.6	161	5,493	50.8	63,378	0.7	89
45-64	621,232	60,829,176	7,501	39.7	87,098	0.7	173	9,120	48.2	105,907	0.7	73
65-74	4,431	367,464	41	21.9	463	0.6	133	55	29.4	565	0.6	65
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,265,778	89,869,599	12,305	25.0	128,552	0.7	115	10,947	22.2	116,918	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	498	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	123	19,684	5	31.3	52	1.3	250	2	12.5	24	0.4	30
21-44	2,855	246,990	65	17.7	419	0.5	100	112	30.4	666	0.6	54
45-64	1,169	110,673	9	9.0	72	0.3	87	28	28.0	215	0.5	52
65-74	424,989	32,383,993	3,091	19.3	34,408	0.7	140	3,976	24.8	44,806	0.7	48
75-84	460,065	32,633,752	4,530	26.8	47,611	0.7	116	3,986	23.6	42,593	0.7	40
85 and older	376,565	24,474,009	4,605	29.0	45,990	0.7	96	2,843	17.9	28,614	0.7	34
Male												
All Males	1,058,756	109,122,555	17,790	39.5	199,049	0.8	196	14,898	33.1	167,466	0.8	80
Male, Disabled												
All Ages	658,029	79,415,019	13,112	48.6	151,900	0.8	219	10,882	40.3	125,918	0.8	90
5 and younger	15	1,134	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	123	7,618	0	0.0	0	0.0	0	4	44.4	45	0.9	50
15-20	1,197	211,366	63	60.6	697	0.7	198	25	24.0	278	0.8	157
21-44	244,988	33,645,247	6,475	55.0	75,132	0.8	212	4,894	41.6	56,909	0.8	97
45-64	409,398	45,335,880	6,545	43.7	75,798	0.9	227	5,935	39.6	68,463	0.8	84
65-74	2,308	213,774	29	23.2	273	0.7	95	24	19.2	223	0.6	33
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, INDIANA, 2005

All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	400,727	29,707,536	4,678	25.9	47,149	0.7	121	4,016	22.2	41,548	0.7	49
5 and younger	22	1,448	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	435	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	40	4,361	2	25.0	24	0.5	98	1	12.5	12	0.1	76
21-44	1,168	135,604	19	14.3	108	0.9	221	33	24.8	172	0.6	67
45-64	554	48,100	4	6.3	30	0.7	248	14	22.2	62	0.9	107
65-74	184,338	14,468,538	1,703	20.7	18,424	0.8	152	1,908	23.1	21,141	0.7	56
75-84	142,274	10,209,062	1,818	29.0	18,032	0.7	109	1,408	22.4	14,194	0.7	44
85 and older	72,317	4,839,988	1,132	34.0	10,531	0.7	85	652	19.6	5,967	0.7	37
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	75,883	61.0	838,189	0.6	\$37	42,632	34.3	482,762	0.6	\$56	48,423	38.9	536,238	0.7	\$43
Female															
All Females	53,296	67.2	588,947	0.6	38	27,849	35.1	315,904	0.6	55	32,969	41.6	366,462	0.7	43
Female, Disabled															
All Ages	25,148	83.8	291,194	0.6	38	10,714	35.7	124,767	0.6	53	11,596	38.7	134,156	0.6	48
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	16.7	12	0.8	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	43.5	322	0.4	27	2	3.2	22	0.2	7	4	6.5	46	0.3	4
21-44	8,574	79.3	98,819	0.5	36	1,889	17.5	22,018	0.5	49	2,317	21.4	26,912	0.6	44
45-64	16,423	86.8	190,771	0.6	39	8,742	46.2	101,868	0.6	54	9,171	48.5	106,169	0.6	49
65-74	123	65.8	1,270	0.5	34	81	43.3	859	0.6	54	104	55.6	1,029	0.6	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	28,148	57.1	297,753	0.7	37	17,135	34.8	191,137	0.6	57	21,373	43.4	232,306	0.7	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	18.8	23	0.3	22	1	6.3	12	0.9	95	0	0.0	0	0.0	0
21-44	219	59.5	1,394	0.5	37	29	7.9	216	0.4	38	49	13.3	331	0.6	41
45-64	67	67.0	525	0.5	34	22	22.0	164	0.5	45	25	25.0	186	0.6	38
65-74	8,722	54.4	98,310	0.6	34	8,132	50.8	93,035	0.6	57	9,115	56.9	103,176	0.7	42
75-84	9,620	56.9	102,169	0.7	38	6,409	37.9	70,869	0.6	58	7,930	46.9	85,645	0.7	39
85 and older	9,517	60.0	95,332	0.7	39	2,542	16.0	26,841	0.7	56	4,254	26.8	42,968	0.8	36
Male															
All Males	22,587	50.1	249,242	0.6	37	14,783	32.8	166,858	0.6	56	15,454	34.3	169,776	0.7	45
Male, Disabled															
All Ages	14,554	53.9	167,647	0.6	37	8,715	32.3	101,091	0.6	55	8,134	30.1	93,256	0.6	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.5	22
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	36	34.6	414	0.5	37	3	2.9	34	0.3	30	2	1.9	24	0.5	41
21-44	6,200	52.7	71,970	0.6	36	2,457	20.9	28,731	0.6	52	2,021	17.2	23,449	0.6	46
45-64	8,263	55.1	94,793	0.6	37	6,205	41.4	71,863	0.6	56	6,036	40.3	69,096	0.7	51
65-74	55	44.0	470	0.7	36	50	40.0	463	0.6	66	74	59.2	675	0.6	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	8,033	44.5	81,595	0.7	37	6,068	33.6	65,767	0.6	58	7,320	40.5	76,520	0.7	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	37.5	36	0.4	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	66	49.6	434	0.5	32	14	10.5	79	0.6	35	13	9.8	65	0.6	27
45-64	31	49.2	187	0.5	24	21	33.3	124	0.5	41	21	33.3	98	0.8	83
65-74	3,119	37.8	34,018	0.6	36	3,417	41.4	38,564	0.6	58	3,671	44.5	40,531	0.7	40
75-84	2,980	47.5	29,830	0.7	37	2,001	31.9	21,035	0.6	58	2,544	40.6	25,570	0.7	37
85 and older	1,834	55.0	17,090	0.7	40	615	18.5	5,965	0.7	54	1,071	32.1	10,256	0.8	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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	20,070	16.1	211,012	0.7	\$105	85,343	68.6	944,443	0.5	\$24	58,447	47.0	647,352	0.6	\$34
Female															
All Females	14,357	18.1	151,703	0.7	108	59,633	75.2	660,468	0.5	22	40,656	51.3	450,685	0.6	34
Female, Disabled															
All Ages	2,491	8.3	29,186	0.4	156	27,091	90.3	313,678	0.5	26	15,395	51.3	178,869	0.5	39
5 and younger	0	0.0	0	0.0	0	1	20.0	12	0.1	1	1	20.0	12	1.2	46
6-14	0	0.0	0	0.0	0	4	66.7	46	0.3	4	7	116.7	79	0.3	23
15-20	1	1.6	12	0.2	4	37	59.7	403	0.3	3	13	21.0	147	0.4	15
21-44	744	6.9	8,731	0.3	178	9,256	85.6	107,059	0.4	22	4,257	39.4	49,621	0.5	34
45-64	1,726	9.1	20,248	0.4	147	17,648	93.3	204,660	0.5	29	11,025	58.3	128,019	0.5	40
65-74	20	10.7	195	0.5	62	145	77.5	1,498	0.4	23	92	49.2	991	0.5	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	11,866	24.1	122,517	0.7	97	32,542	66.0	346,790	0.5	18	25,261	51.2	271,816	0.6	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	50.0	21	0.1	1	2	50.0	21	0.2	19
15-20	1	6.3	8	0.1	28	3	18.8	27	0.1	1	3	18.8	36	0.6	114
21-44	11	3.0	72	0.3	149	259	70.4	1,726	0.6	37	72	19.6	452	0.4	33
45-64	7	7.0	62	0.2	86	67	67.0	521	0.6	57	37	37.0	255	0.5	52
65-74	1,702	10.6	18,655	0.6	93	11,744	73.3	133,165	0.5	17	8,258	51.5	93,713	0.5	35
75-84	4,587	27.1	47,890	0.8	98	10,864	64.3	116,584	0.6	18	8,821	52.2	95,496	0.6	31
85 and older	5,558	35.0	55,830	0.8	98	9,603	60.5	94,746	0.6	19	8,068	50.8	81,843	0.7	26
Male															
All Males	5,713	12.7	59,309	0.6	97	25,710	57.1	283,975	0.5	27	17,791	39.5	196,667	0.6	34
Male, Disabled															
All Ages	1,665	6.2	19,082	0.4	108	16,491	61.1	189,149	0.5	33	10,009	37.1	115,796	0.6	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.8	73
6-14	0	0.0	0	0.0	0	2	22.2	24	0.1	1	4	44.4	48	0.8	35
15-20	2	1.9	20	0.5	113	22	21.2	262	0.2	1	20	19.2	221	0.6	26
21-44	552	4.7	6,408	0.3	122	6,567	55.8	75,782	0.4	30	3,619	30.8	42,255	0.5	38
45-64	1,104	7.4	12,592	0.4	101	9,836	65.6	112,496	0.5	34	6,328	42.2	72,919	0.6	38
65-74	7	5.6	62	0.8	107	64	51.2	585	0.6	43	37	29.6	341	0.5	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, INDIANA, 2005

MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL																ANALGESICS - Narcotic						ULCER DRUGS					
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month												
Male, Other Eligibles																											
All Ages	4,048	22.4	40,227	0.7	92	9,219	51.0	94,826	0.5	16	7,782	43.1	80,871	0.6	29												
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.7	55												
6-14	0	0.0	0	0.0	0	2	100.0	20	0.1	2	1	50.0	10	0.3	10												
15-20	0	0.0	0	0.0	0	3	37.5	30	0.1	1	1	12.5	12	0.8	16												
21-44	6	4.5	29	0.8	572	111	83.5	630	0.8	69	22	16.5	132	0.5	56												
45-64	1	1.6	9	0.1	15	44	69.8	212	0.8	46	13	20.6	80	0.5	49												
65-74	1,026	12.4	11,032	0.6	81	4,514	54.7	49,691	0.5	17	3,419	41.5	37,854	0.6	32												
75-84	1,781	28.4	17,664	0.7	95	2,902	46.3	29,363	0.5	13	2,693	42.9	27,539	0.6	27												
85 and older	1,234	37.0	11,493	0.8	97	1,643	49.3	14,880	0.5	15	1,632	49.0	15,232	0.7	25												
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					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	56,267	45.3	623,079	0.4	\$27	14,469	11.6	157,394	0.6	\$83	124,346	1,299,238
Female												
All Females	39,036	49.2	434,292	0.4	27	9,801	12.4	106,987	0.6	74	79,287	829,196
Female, Disabled												
All Ages	16,129	53.8	187,362	0.4	28	2,143	7.1	24,489	0.6	82	29,995	334,168
5 and younger	2	40.0	24	0.5	38	0	0.0	0	0.0	0	5	42
6-14	1	16.7	11	0.1	1	0	0.0	0	0.0	0	6	66
15-20	9	14.5	106	0.1	2	0	0.0	0	0.0	0	62	631
21-44	4,185	38.7	48,733	0.3	23	199	1.8	2,269	0.5	74	10,817	120,236
45-64	11,814	62.4	137,266	0.4	30	1,911	10.1	21,920	0.6	83	18,918	211,497
65-74	118	63.1	1,222	0.5	32	33	17.6	300	0.6	65	187	1,696
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	22,907	46.5	246,930	0.4	26	7,658	15.5	82,498	0.7	71	49,292	495,028
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	3	75.0	36	0.1	2	0	0.0	0	0.0	0	4	43
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	102
21-44	66	17.9	433	0.3	15	1	0.3	8	0.9	107	368	1,941
45-64	38	38.0	286	0.4	34	4	4.0	40	0.6	72	100	502
65-74	8,793	54.9	99,507	0.4	31	2,523	15.7	28,550	0.6	69	16,022	169,894
75-84	7,557	44.7	81,385	0.4	26	2,825	16.7	30,378	0.7	72	16,908	172,317
85 and older	6,450	40.6	65,283	0.4	18	2,305	14.5	23,522	0.7	74	15,874	150,229
Male												
All Males	17,231	38.2	188,787	0.4	28	4,668	10.4	50,407	0.6	104	45,059	470,042
Male, Disabled												
All Ages	8,482	31.4	97,406	0.4	28	1,679	6.2	19,201	0.5	162	27,000	298,622
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	46
6-14	8	88.9	94	0.5	39	0	0.0	0	0.0	0	9	98
15-20	28	26.9	316	0.2	11	1	1.0	12	0.2	21	104	1,127
21-44	2,555	21.7	29,664	0.4	24	240	2.0	2,775	0.5	585	11,764	131,812
45-64	5,822	38.8	66,711	0.4	30	1,419	9.5	16,238	0.6	90	14,994	164,643
65-74	69	55.2	621	0.5	80	19	15.2	176	0.6	63	125	896
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Eligible Beneficiaries

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, INDIANA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					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		
Male, Other Eligibles												
All Ages	8,749	48.4	91,381	0.5	28	2,989	16.6	31,206	0.6	69	18,059	171,420
5 and younger	2	66.7	24	0.6	33	0	0.0	0	0.0	0	3	18
6-14	2	100.0	20	0.5	15	0	0.0	0	0.0	0	2	15
15-20	1	12.5	6	0.2	1	0	0.0	0	0.0	0	8	55
21-44	33	24.8	185	0.4	76	2	1.5	4	0.5	62	133	648
45-64	12	19.0	71	0.3	18	6	9.5	31	0.3	43	63	262
65-74	4,151	50.3	45,916	0.5	31	1,375	16.7	15,287	0.6	68	8,245	83,548
75-84	2,999	47.8	30,620	0.5	26	1,038	16.5	10,620	0.7	69	6,273	58,777
85 and older	1,549	46.5	14,539	0.4	20	568	17.0	5,264	0.7	69	3,332	28,097
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2005

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	\$426	8.5	20,431	206,109
Age				
0-64	635	9.7	1,763	20,036
65-74	540	9.9	2,586	27,477
75-84	440	8.8	6,731	68,060
85 and older	334	7.6	9,351	90,536
Unknown	0	0.0	0	0
Gender				
Female	410	8.5	15,216	154,502
Male	475	8.6	5,215	51,607
Unknown	0	0.0	0	0
Race				
White	425	8.6	18,726	187,931
African American	425	7.6	1,443	15,373
Other/unknown	480	8.7	262	2,805
Basis of Eligibility^c				
Aged	403	8.4	18,643	185,894
Disabled	633	9.7	1,788	20,215
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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.

Dual Eligible Beneficiaries

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, INDIANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-	Off-Patent Brand-	Generic		Patented Brand-	Off-Patent Brand-	Generic		Patented Brand-	Off-Patent Brand-	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.5	0.1	0.1	0.3	\$22	\$12	\$4	\$5	\$44	\$86	\$71	\$18	77,788	\$3,400,677	14,906	73.0	157,495
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	27	20	18	30	2,525	67,710	2,309	11.3	26,085
Antineoplastic Agents	0.6	0.1	0.0	0.5	73	36	0	37	121	437	63	71	7,844	952,116	1,344	6.6	13,022
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.6	58	45	4	8	43	79	32	13	160,391	6,838,870	11,414	55.9	118,733
Cardiovascular Agents	2.3	0.6	0.0	1.7	59	40	0	18	26	64	17	11	381,864	9,758,627	16,272	79.6	166,710
Respiratory Agents	0.7	0.3	0.0	0.4	28	21	1	6	39	84	43	14	79,221	3,094,926	10,385	50.8	110,038
Gastrointestinal Agents	1.0	0.2	0.0	0.8	34	21	0	13	35	115	30	17	124,528	4,399,059	12,187	59.6	128,308
Genitourinary Agents	0.7	0.4	0.0	0.3	40	34	0	6	57	79	38	23	41,357	2,377,060	5,559	27.2	59,463
CNS Drugs	1.7	1.0	0.0	0.7	140	124	1	15	82	129	57	20	278,679	22,767,041	15,689	76.8	162,322
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	95	91	1	3	120	188	63	10	2,848	341,216	333	1.6	3,598
Miscellaneous Psychological/ Neurological Agents	1.1	1.1	0.0	0.0	151	151	0	0	135	135	0	39	76,438	10,323,970	6,613	32.4	68,528
Analgesics and Anesthetics	1.1	0.2	0.1	0.9	46	17	6	22	40	94	102	25	140,327	5,630,042	11,911	58.3	123,279
Neuromuscular Agents	1.3	0.4	0.0	0.9	79	45	2	32	62	124	64	36	102,228	6,311,343	7,487	36.6	79,428
Nutritional Products	0.8	0.0	0.0	0.8	12	0	1	11	15	37	17	14	68,694	1,010,589	8,129	39.8	83,386
Hematological Agents	1.2	0.4	0.0	0.8	78	69	1	8	64	166	22	11	89,290	5,680,444	7,207	35.3	73,210
Topical Products	0.7	0.3	0.0	0.4	30	22	1	7	41	72	39	18	111,594	4,571,275	14,376	70.4	153,541
Miscellaneous Products	0.3	0.1	0.0	0.2	9	6	0	3	33	67	98	16	4,939	162,158	1,805	8.8	18,902
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	19	0	0	0	5,182	96,492	1,360	6.7	14,745
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,755,737	87,783,615	n.a.	n.a.	n.a.

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, INDIANA, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users		Among Users		Rx \$ per Benefit Month	Benefit Month
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month		
ANTIPSYCHOTICS	\$13,756,340	9,120	44.6	97,227	0.9	\$166	\$141
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,338,872	8,552	41.9	88,948	0.9	135	116
ANTIDEPRESSANTS	7,941,369	15,420	75.5	162,375	0.9	57	49
ANTICONVULSANT	4,558,275	6,693	32.8	71,725	1.0	66	64
ANTIDIABETIC	4,207,715	8,225	40.3	86,435	1.0	50	49
ANTIHYPERLIPIDEMIC	3,579,300	5,036	24.6	53,699	0.8	81	67
DERMATOLOGICAL	3,573,365	32,354	158.4	354,482	0.3	35	10
ULCER DRUGS	3,264,862	11,383	55.7	119,747	0.8	34	27
ANALGESICS - Narcotic	3,201,922	12,073	59.1	124,583	0.8	33	26
MISC. HEMATOLOGICAL	2,779,066	3,074	15.0	31,547	0.9	102	88
Total	57,201,086	111,930		1,190,768	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, INDIANA, 2005

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	818,355	\$57,201,086	9,120	44.6	97,227	0.9	\$142	8,552	41.9	88,948	0.9	\$116
Female												
All Females	603,016	41,237,221	6,495	42.7	69,507	0.8	134	6,501	42.7	68,221	0.9	116
Female, Disabled												
All Ages	50,107	4,316,123	501	57.2	5,802	0.9	192	182	20.8	2,091	0.8	263
64 or younger	49,495	4,277,867	495	57.3	5,730	0.9	194	179	20.7	2,076	0.8	264
65-74	612	38,256	6	50.0	72	0.6	50	3	25.0	15	0.9	113
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	552,909	36,921,098	5,994	41.8	63,705	0.8	129	6,319	44.1	66,130	0.9	111
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	86,933	6,312,249	910	58.5	9,987	0.9	173	555	35.7	5,918	0.9	119
75-84	215,466	14,865,848	2,355	47.9	25,408	0.9	135	2,436	49.6	25,892	0.9	114
85 and older	250,510	15,743,001	2,729	34.7	28,310	0.8	108	3,328	42.3	34,320	0.9	108
Male												
All Males	215,339	15,963,865	2,625	50.3	27,720	0.9	159	2,051	39.3	20,727	0.9	117
Male, Disabled												
All Ages	48,594	4,415,561	571	62.6	6,583	1.0	239	136	14.9	1,504	0.9	209
64 or younger	48,291	4,393,269	568	63.2	6,556	1.0	239	131	14.6	1,463	0.9	212
65-74	303	22,292	3	23.1	27	1.8	242	5	38.5	41	0.9	115
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	166,745	11,548,304	2,054	47.7	21,137	0.8	135	1,915	44.5	19,223	0.9	110
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	49,986	3,814,922	552	54.9	6,183	0.9	181	357	35.5	3,892	0.8	109
75-84	71,658	4,855,708	885	48.7	8,988	0.8	128	859	47.2	8,642	0.9	111
85 and older	45,101	2,877,674	617	41.7	5,966	0.7	96	699	47.3	6,689	0.9	109
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONSULSANT					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	15,420	75.5	162,375	0.9	\$49	6,693	32.8	71,725	1.0	\$64	8,225	40.3	86,435	1.0	\$49
Female															
All Females	11,619	76.4	122,911	0.9	49	4,522	29.7	48,565	0.9	59	5,961	39.2	63,037	1.0	48
Female, Disabled															
All Ages	769	87.8	8,892	0.9	59	653	74.5	7,553	1.2	109	400	45.7	4,615	1.1	62
64 or younger	758	87.7	8,808	0.9	59	646	74.8	7,500	1.2	108	389	45.0	4,490	1.1	62
65-74	11	91.7	84	0.9	37	7	58.3	53	1.0	172	11	91.7	125	1.1	59
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	10,850	75.7	114,019	0.9	48	3,869	27.0	41,012	0.9	50	5,561	38.8	58,422	1.0	47
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	1,448	93.1	15,786	0.9	52	814	52.3	9,044	1.0	68	1,057	68.0	11,570	1.1	58
75-84	4,055	82.5	43,063	0.9	50	1,580	32.2	16,799	0.9	49	2,409	49.0	25,462	1.0	47
85 and older	5,347	67.9	55,170	0.8	45	1,475	18.7	15,169	0.8	40	2,095	26.6	21,390	0.9	41
Male															
All Males	3,801	72.9	39,464	0.9	50	2,171	41.6	23,160	1.0	73	2,264	43.4	23,398	1.0	50
Male, Disabled															
All Ages	712	78.1	7,961	0.9	59	698	76.5	7,932	1.1	102	397	43.5	4,347	1.1	64
64 or younger	701	78.0	7,912	0.9	59	697	77.5	7,930	1.1	102	384	42.7	4,263	1.1	65
65-74	11	84.6	49	0.9	64	1	7.7	2	1.0	44	13	100.0	84	0.9	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3,089	71.8	31,503	0.8	48	1,473	34.2	15,228	0.9	58	1,867	43.4	19,051	1.0	47
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	817	81.2	8,897	0.8	51	504	50.1	5,637	1.0	74	567	56.4	6,216	1.0	53
75-84	1,323	72.8	13,496	0.9	46	650	35.8	6,623	0.9	51	823	45.3	8,314	1.0	46
85 and older	949	64.2	9,110	0.8	46	319	21.6	2,968	0.8	43	477	32.3	4,521	0.9	42
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. 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 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, INDIANA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,036	24.6	53,699	0.8	\$67	32,354	158.4	354,482	0.3	\$10	11,383	55.7	119,747	0.8	\$27
Female															
All Females	3,445	22.6	37,015	0.8	66	23,319	153.3	256,755	0.3	10	8,512	55.9	90,056	0.8	27
Female, Disabled															
All Ages	284	32.4	3,239	0.8	72	1,877	214.3	21,957	0.3	11	553	63.1	6,375	0.8	34
64 or younger	278	32.2	3,183	0.8	72	1,853	214.5	21,714	0.3	11	545	63.1	6,297	0.8	34
65-74	6	50.0	56	0.7	60	24	200.0	243	0.4	10	8	66.7	78	0.8	27
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,161	22.0	33,776	0.8	66	21,442	149.5	234,798	0.3	10	7,959	55.5	83,681	0.8	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	631	40.6	6,973	0.8	72	2,785	179.1	31,349	0.3	11	1,006	64.7	11,010	0.8	26
75-84	1,447	29.5	15,384	0.8	67	7,370	150.0	81,535	0.3	10	2,808	57.2	29,789	0.8	28
85 and older	1,083	13.8	11,419	0.8	61	11,287	143.4	121,914	0.3	10	4,145	52.7	42,882	0.8	26
Male															
All Males	1,591	30.5	16,684	0.8	67	9,035	173.3	97,727	0.3	10	2,871	55.1	29,691	0.8	28
Male, Disabled															
All Ages	315	34.5	3,550	0.8	69	1,928	211.4	22,114	0.3	12	524	57.5	5,809	0.8	37
64 or younger	311	34.6	3,529	0.8	69	1,910	212.5	22,012	0.3	12	519	57.7	5,788	0.8	37
65-74	4	30.8	21	1.0	72	18	138.5	102	0.3	13	5	38.5	21	1.0	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,276	29.7	13,134	0.8	67	7,107	165.2	75,613	0.3	10	2,347	54.5	23,882	0.8	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	426	42.3	4,665	0.8	72	1,699	168.9	19,193	0.3	11	623	61.9	6,870	0.8	27
75-84	578	31.8	5,845	0.8	67	3,087	169.8	32,831	0.3	10	959	52.8	9,734	0.8	26
85 and older	272	18.4	2,624	0.8	57	2,321	156.9	23,589	0.3	9	765	51.7	7,278	0.8	26
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2005

ANALGESICS - Narcotic						MISC. HEMATOLOGICAL						
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	12,073	59.1	124,583	0.8	\$26	3,074	15.0	31,547	0.9	\$88	20,431	206,109
Female												
All Females	9,424	61.9	97,686	0.8	27	2,228	14.6	22,976	0.9	89	15,216	154,502
Female, Disabled												
All Ages	595	67.9	6,812	0.9	37	78	8.9	874	0.9	108	876	10,040
64 or younger	587	67.9	6,764	0.9	37	73	8.4	843	0.9	110	864	9,935
65-74	8	66.7	48	1.4	68	5	41.7	31	1.0	70	12	105
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	8,829	61.6	90,874	0.8	26	2,150	15.0	22,102	0.9	88	14,340	144,462
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1,156	74.3	12,545	0.9	30	271	17.4	2,925	0.9	97	1,555	16,550
75-84	3,030	61.7	31,721	0.8	29	776	15.8	7,989	0.9	90	4,913	50,409
85 and older	4,643	59.0	46,608	0.7	23	1,103	14.0	11,188	0.9	85	7,872	77,503
Male												
All Males	2,649	50.8	26,897	0.7	22	846	16.2	8,571	0.9	85	5,215	51,607
Male, Disabled												
All Ages	451	49.5	5,050	0.9	31	86	9.4	933	0.9	93	912	10,175
64 or younger	446	49.6	5,021	0.9	31	84	9.3	927	0.9	94	899	10,101
65-74	5	38.5	29	0.6	6	2	15.4	6	0.5	57	13	74
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	2,198	51.1	21,847	0.7	20	760	17.7	7,638	0.8	84	4,303	41,432
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	561	55.8	6,120	0.7	22	196	19.5	2,137	0.9	92	1,006	10,748
75-84	915	50.3	9,107	0.7	20	305	16.8	3,114	0.8	85	1,818	17,651
85 and older	722	48.8	6,620	0.6	17	259	17.5	2,387	0.8	77	1,479	13,033
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 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 14,017 beneficiaries who were in nursing facilities for part of their enrollment and their 133,711 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 2005. 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 2005 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); 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}
INDIANA, 2005

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	84,507	68.0	12.8	1,593,059	\$108	\$13,472,910	\$8	3.0	124,346
Age									
5 and younger	11	91.7	12.8	153	279	3,348	22	7.0	12
6-14	17	81.0	13.3	280	247	5,193	19	5.0	21
15-20	74	38.9	3.0	568	86	16,411	29	3.1	190
21-44	12,672	54.9	5.8	133,392	89	2,056,538	15	2.2	23,082
45-64	22,448	65.9	9.6	325,690	107	3,656,984	11	2.3	34,075
65-74	15,320	62.3	10.5	257,654	88	2,156,572	8	2.9	24,579
75-84	17,249	74.4	17.6	406,837	119	2,766,473	7	3.9	23,181
85 and older	16,716	87.0	24.4	468,485	146	2,811,391	6	5.5	19,206
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	49,084	73.6	17.0	1,130,525	116	7,710,028	7	3.9	66,647
Disabled	35,132	61.6	8.1	461,080	101	5,739,516	12	2.3	56,995
Adults	253	38.7	1.6	1,073	28	18,152	17	2.6	654
Children	24	68.6	8.6	301	106	3,712	12	2.7	35
Unknown	14	93.3	5.3	80	100	1,502	19	2.0	15
Gender									
Female	57,851	73.0	14.5	1,146,965	118	9,351,455	8	3.3	79,287
Male	26,656	59.2	9.9	446,094	91	4,121,455	9	2.5	45,059
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	73,299	70.2	13.8	1,442,492	116	12,121,555	8	3.1	104,442
African American	9,206	57.2	7.8	125,645	70	1,133,924	9	2.5	16,087
Other/unknown	2,002	52.4	6.5	24,922	57	217,431	9	2.2	3,817
Use of Nursing Facilities^d									
Entire year	19,909	97.4	35.6	727,461	217	4,431,630	6	5.0	20,431
Part year	13,453	96.0	24.1	337,960	164	2,304,441	7	4.6	14,017
None	51,145	56.9	5.9	527,638	75	6,736,839	13	2.2	89,898
Maintenance Assistance Status									
Cash	21,399	63.0	8.2	277,220	88	2,991,966	11	2.4	33,945
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	2,965	33.7	1.6	13,976	19	165,129	12	1.8	8,807
Other/unknown	60,143	73.7	16.0	1,301,863	126	10,315,815	8	3.3	81,594

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
INDIANA, 2005

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	1.2	\$10	\$8	\$0	\$2	1,299,238
Age						
5 and younger	1.4	32	22	0	0	106
6-14	1.3	23	19	1	1	222
15-20	0.3	9	29	0	0	1,915
21-44	0.5	8	15	0	3	254,637
45-64	0.9	10	11	0	3	376,904
65-74	1.0	8	8	0	1	256,034
75-84	1.8	12	7	0	1	231,094
85 and older	2.6	16	6	0	1	178,326
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.7	12	7	0	1	662,791
Disabled	0.7	9	12	0	3	632,790
Adults	0.3	6	17	0	4	3,242
Children	1.1	14	12	0	0	273
Unknown	0.6	11	19	0	1	142
Gender						
Female	1.4	11	8	0	2	829,196
Male	0.9	9	9	0	2	470,042
Unknown	0.0	0	0	0	0	0
Race						
White	1.3	11	8	0	2	1,090,170
African American	0.7	7	9	0	1	169,129
Other/unknown	0.6	5	9	0	1	39,939
Use of Nursing Facilities^d						
Entire year	3.5	22	6	0	2	206,109
Part year	2.5	17	7	0	2	133,711
None	0.6	7	13	0	2	959,418
Maintenance Assistance Status						
Cash	0.7	8	11	0	2	371,062
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	12	0	1	93,590
Other/unknown	1.6	12	8	0	2	834,586

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
INDIANA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Rx
All	149,346	\$90	\$13,472,910	100.0	1,593,059	\$8	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	158	158	0.0	4	40	0.0	
Drugs for cosmetic purposes	53	22	1,144	0.0	95	12	0.0	
Cough and cold medications	22,101	65	1,437,999	10.7	60,948	24	3.8	
Vitamins and minerals	29,823	95	2,831,422	21.0	197,080	14	12.4	
Non-prescription drugs	57,640	97	5,580,872	41.4	1,059,573	5	66.5	
Barbiturates	1,278	72	91,663	0.7	13,854	7	0.9	
Benzodiazepines	34,694	74	2,579,964	19.1	249,306	10	15.6	
Other Part D Excl Rx Drugs	3,756	253	949,688	7.0	12,199	78	0.8	

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 INDIANA, 2005

Total Number of Dual Eligible Beneficiaries: 124,346
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$449,258,635
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,613

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,015	11.3	\$0	0.0
1-500	18,483	14.9	3,849,742	0.9
501-1,000	11,193	9.0	8,261,151	1.8
1,001-1,500	9,168	7.4	11,409,447	2.5
1,501-2,000	7,797	6.3	13,604,750	3.0
2,001-2,500	6,895	5.5	15,470,391	3.4
2,501-3,000	6,177	5.0	16,956,628	3.8
3,001-3,500	5,632	4.5	18,261,356	4.1
3,501-4,000	5,021	4.0	18,806,038	4.2
4,001-4,500	4,613	3.7	19,596,965	4.4
4,501-5,000	4,045	3.3	19,190,292	4.3
5,001-5,500	3,560	2.9	18,668,102	4.2
5,501-6,000	3,100	2.5	17,795,387	4.0
6,001-6,500	2,732	2.2	17,054,417	3.8
6,501-7,000	2,452	2.0	16,533,395	3.7
7,001-7,500	2,186	1.8	15,839,613	3.5
7,501-8,000	1,892	1.5	14,653,399	3.3
8,001-8,500	1,672	1.3	13,770,983	3.1
8,501-9,000	1,527	1.2	13,347,504	3.0
9,001-9,500	1,277	1.0	11,797,401	2.6
9,501-10,000	1,178	0.9	11,482,579	2.6
10,001+	9,731	7.8	152,909,095	34.0

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
 INDIANA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 56,683
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$251,164,077
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,431

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	6,523	11.5		0	0.0
1-500	8,408	14.8		1,634,108	0.7
501-1,000	4,503	7.9		3,309,002	1.3
1,001-1,500	3,598	6.3		4,487,144	1.8
1,501-2,000	2,942	5.2		5,132,789	2.0
2,001-2,500	2,608	4.6		5,850,354	2.3
2,501-3,000	2,387	4.2		6,560,552	2.6
3,001-3,500	2,184	3.9		7,086,031	2.8
3,501-4,000	1,971	3.5		7,386,870	2.9
4,001-4,500	1,906	3.4		8,095,084	3.2
4,501-5,000	1,731	3.1		8,220,207	3.3
5,001-5,500	1,590	2.8		8,340,224	3.3
5,501-6,000	1,416	2.5		8,118,019	3.2
6,001-6,500	1,294	2.3		8,083,775	3.2
6,501-7,000	1,129	2.0		7,616,087	3.0
7,001-7,500	1,109	2.0		8,030,852	3.2
7,501-8,000	981	1.7		7,598,093	3.0
8,001-8,500	908	1.6		7,481,310	3.0
8,501-9,000	871	1.5		7,613,669	3.0
9,001-9,500	767	1.4		7,084,001	2.8
9,501-10,000	705	1.2		6,870,312	2.7
10,001+	7,152	12.6		116,565,594	46.4

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
 INDIANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 66,966
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$197,202,790
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,944

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	7,315	10.9	0	0.0
1-500	9,814	14.7	2,173,621	1.1
501-1,000	6,619	9.9	4,900,922	2.5
1,001-1,500	5,536	8.3	6,880,303	3.5
1,501-2,000	4,823	7.2	8,415,484	4.3
2,001-2,500	4,264	6.4	9,568,113	4.9
2,501-3,000	3,777	5.6	10,359,935	5.3
3,001-3,500	3,439	5.1	11,146,248	5.7
3,501-4,000	3,042	4.5	11,388,967	5.8
4,001-4,500	2,695	4.0	11,450,564	5.8
4,501-5,000	2,307	3.4	10,936,762	5.5
5,001-5,500	1,967	2.9	10,312,458	5.2
5,501-6,000	1,679	2.5	9,648,526	4.9
6,001-6,500	1,435	2.1	8,951,813	4.5
6,501-7,000	1,316	2.0	8,870,753	4.5
7,001-7,500	1,077	1.6	7,808,761	4.0
7,501-8,000	906	1.4	7,017,147	3.6
8,001-8,500	762	1.1	6,273,592	3.2
8,501-9,000	654	1.0	5,716,551	2.9
9,001-9,500	506	0.8	4,676,226	2.4
9,501-10,000	471	0.7	4,592,770	2.3
10,001+	2,562	3.8	36,113,274	18.3

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
 INDIANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 24,579
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$75,311,649
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,064

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	3,600	14.6		0	0.0
1-500	3,593	14.6		756,405	1.0
501-1,000	2,170	8.8		1,599,521	2.1
1,001-1,500	1,799	7.3		2,236,467	3.0
1,501-2,000	1,565	6.4		2,735,979	3.6
2,001-2,500	1,443	5.9		3,242,376	4.3
2,501-3,000	1,235	5.0		3,390,740	4.5
3,001-3,500	1,203	4.9		3,902,492	5.2
3,501-4,000	1,022	4.2		3,826,876	5.1
4,001-4,500	911	3.7		3,864,615	5.1
4,501-5,000	761	3.1		3,607,272	4.8
5,001-5,500	666	2.7		3,494,448	4.6
5,501-6,000	590	2.4		3,389,905	4.5
6,001-6,500	516	2.1		3,222,554	4.3
6,501-7,000	498	2.0		3,357,681	4.5
7,001-7,500	403	1.6		2,918,701	3.9
7,501-8,000	376	1.5		2,912,843	3.9
8,001-8,500	301	1.2		2,480,069	3.3
8,501-9,000	258	1.0		2,255,677	3.0
9,001-9,500	207	0.8		1,909,483	2.5
9,501-10,000	192	0.8		1,874,188	2.5
10,001+	1,270	5.2		18,333,357	24.3

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
 INDIANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 23,181
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$70,820,175
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,055

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,462	10.6	0	0.0
1-500	3,189	13.8	706,041	1.0
501-1,000	2,145	9.3	1,592,424	2.2
1,001-1,500	1,926	8.3	2,400,547	3.4
1,501-2,000	1,624	7.0	2,827,981	4.0
2,001-2,500	1,449	6.3	3,243,259	4.6
2,501-3,000	1,335	5.8	3,661,793	5.2
3,001-3,500	1,160	5.0	3,762,566	5.3
3,501-4,000	1,098	4.7	4,111,503	5.8
4,001-4,500	1,013	4.4	4,309,679	6.1
4,501-5,000	859	3.7	4,070,364	5.7
5,001-5,500	725	3.1	3,799,273	5.4
5,501-6,000	647	2.8	3,714,784	5.2
6,001-6,500	525	2.3	3,271,751	4.6
6,501-7,000	472	2.0	3,182,494	4.5
7,001-7,500	399	1.7	2,894,114	4.1
7,501-8,000	342	1.5	2,646,868	3.7
8,001-8,500	275	1.2	2,265,255	3.2
8,501-9,000	247	1.1	2,159,382	3.0
9,001-9,500	193	0.8	1,784,391	2.5
9,501-10,000	183	0.8	1,783,436	2.5
10,001+	913	3.9	12,632,270	17.8

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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}
 INDIANA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 19,206
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$51,070,966
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,659

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,253	6.5	0	0.0
1-500	3,032	15.8	711,175	1.4
501-1,000	2,304	12.0	1,708,977	3.3
1,001-1,500	1,811	9.4	2,243,289	4.4
1,501-2,000	1,634	8.5	2,851,524	5.6
2,001-2,500	1,372	7.1	3,082,478	6.0
2,501-3,000	1,207	6.3	3,307,402	6.5
3,001-3,500	1,076	5.6	3,481,190	6.8
3,501-4,000	922	4.8	3,450,588	6.8
4,001-4,500	771	4.0	3,276,270	6.4
4,501-5,000	687	3.6	3,259,126	6.4
5,001-5,500	576	3.0	3,018,737	5.9
5,501-6,000	442	2.3	2,543,837	5.0
6,001-6,500	394	2.1	2,457,508	4.8
6,501-7,000	346	1.8	2,330,578	4.6
7,001-7,500	275	1.4	1,995,946	3.9
7,501-8,000	188	1.0	1,457,436	2.9
8,001-8,500	186	1.0	1,528,268	3.0
8,501-9,000	149	0.8	1,301,492	2.5
9,001-9,500	106	0.6	982,352	1.9
9,501-10,000	96	0.5	935,146	1.8
10,001+	379	2.0	5,147,647	10.1

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, INDIANA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	124,701	66,650	57,097	900	39	15	1,308,717	662,913	637,073	8,218	371	142
Age												
5 and younger	12	0	9	0	3	0	136	0	104	0	32	0
6-14	22	0	15	0	7	0	243	0	168	0	75	0
15-20	194	0	168	9	17	0	2,100	0	1,855	74	171	0
21-44	23,360	0	22,670	683	6	1	261,859	0	255,474	6,322	51	12
45-64	34,143	10	33,923	199	0	11	378,770	33	376,869	1,763	0	105
65-74	24,583	24,259	312	6	3	3	256,184	253,487	2,603	49	20	25
75-84	23,181	23,176	0	3	2	0	231,099	231,069	0	10	20	0
85 and older	19,206	19,205	0	0	1	0	178,326	178,324	0	0	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	79,554	48,803	30,082	634	20	15	836,125	492,494	337,525	5,759	205	142
Male	45,147	17,847	27,015	266	19	0	472,592	170,419	299,548	2,459	166	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	104,650	56,308	47,626	673	29	14	1,096,511	556,710	533,137	6,242	284	138
African American	16,219	7,835	8,178	196	9	1	171,905	80,168	89,930	1,728	75	4
Other/unknown	3,832	2,507	1,293	31	1	0	40,301	26,035	14,006	248	12	0
Use of Nursing Facilities^c												
Entire year	20,431	18,643	1,788	0	0	0	206,109	185,894	20,215	0	0	0
Part year	14,018	12,313	1,702	1	2	0	133,739	115,466	18,237	12	24	0
None	90,252	35,694	53,607	899	37	15	968,869	361,553	598,621	8,206	347	142
Maintenance Assistance Status												
Cash	34,265	13,686	19,872	707	0	0	378,141	149,013	222,462	6,666	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	8,814	3,974	4,729	79	17	15	94,547	42,256	51,406	579	164	142
Other/unknown	81,622	48,990	32,496	114	22	0	836,029	471,644	363,205	973	207	0
Dual Status^d												
Full dual, all year	107,085	58,218	47,943	870	39	15	1,116,440	572,951	535,032	7,944	371	142
Full dual, part year	17,616	8,432	9,154	30	0	0	192,277	89,962	102,041	274	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	123,200	66,631	56,310	222	22	15	1,292,653	662,687	628,350	1,279	195	142
FFS part year, with Rx claims	933	15	552	354	12	0	10,410	180	6,322	3,779	129	0
FFS part year, no Rx claims	213	1	133	78	1	0	1,982	10	1,308	652	12	0
MC all year, with Rx claims	18	0	6	12	0	0	182	0	65	117	0	0
MC all year, no Rx claims	337	3	96	234	4	0	3,490	36	1,028	2,391	35	0

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, INDIANA, 2005

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	124,701	1,308,717	124,346	1,299,238	0	9,479
Fee-for-service (FFS) all year	123,200	1,292,653	123,200	1,292,653	0	0
FFS part year, with Rx claims	933	10,410	933	5,738	0	4,672
FFS part year, with no Rx claims	213	1,982	213	847	0	1,135
Managed care (MC) all year, with Rx claims	18	182	0	0	0	182
MC all year, with no Rx claims	337	3,490	0	0	0	3,490

Source: Data for this table are from the MAX 2005 file for Indiana, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries