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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 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	268,049	144,906	118,306	4,759	78	0	2,745,229	1,445,599	1,262,027	36,888	715	0
Age												
5 and younger	8	0	3	0	5	0	87	0	36	0	51	0
6-14	23	0	18	0	5	0	226	0	193	0	33	0
15-20	439	0	397	4	38	0	4,622	0	4,248	32	342	0
21-44	50,214	0	46,966	3,218	30	0	531,184	0	505,694	25,201	289	0
45-64	72,245	120	70,775	1,350	0	0	761,731	1,113	750,302	10,316	0	0
65-74	53,276	52,969	147	160	0	0	550,553	547,875	1,554	1,124	0	0
75-84	51,765	51,740	0	25	0	0	519,470	519,263	0	207	0	0
85 and older	40,075	40,073	0	2	0	0	377,321	377,313	0	8	0	0
Unknown	4	4	0	0	0	0	35	35	0	0	0	0
Gender												
Female	170,312	107,251	60,567	2,458	36	0	1,759,647	1,086,980	653,775	18,568	324	0
Male	97,737	37,655	57,739	2,301	42	0	985,582	358,619	608,252	18,320	391	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	206,152	113,801	88,626	3,675	50	0	2,103,237	1,123,391	949,740	29,628	478	0
African American	56,261	27,794	27,472	968	27	0	583,659	287,581	289,383	6,461	234	0
Other/unknown	5,636	3,311	2,208	116	1	0	58,333	34,627	22,904	799	3	0
Use of Nursing Facilities^c												
Entire year	45,323	40,554	4,768	1	0	0	454,283	401,495	52,785	3	0	0
Part year	26,901	22,508	4,375	17	1	0	253,438	207,747	45,506	174	11	0
None	195,825	81,844	109,163	4,741	77	0	2,037,508	836,357	1,163,736	36,711	704	0
Maintenance Assistance Status												
Cash	75,172	29,199	45,659	314	0	0	849,742	331,901	515,187	2,654	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	31,332	15,481	15,648	190	13	0	321,658	160,138	160,322	1,085	113	0
Other/unknown	161,545	100,226	56,999	4,255	65	0	1,573,829	953,560	586,518	33,149	602	0
Dual Medicare Status^d												
Full dual, all year	222,068	120,510	97,207	4,274	77	0	2,248,979	1,181,176	1,034,751	32,340	712	0
Full dual, part year	45,981	24,396	21,099	485	1	0	496,250	264,423	227,276	4,548	3	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	265,387	144,859	117,020	3,441	67	0	2,728,480	1,445,257	1,252,723	29,835	665	0
FFS part year, with Rx claims	2,030	35	1,025	962	8	0	13,805	272	7,691	5,800	42	0
FFS part year, no Rx claims	632	12	261	356	3	0	2,944	70	1,613	1,253	8	0

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 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	84.2	59.3	\$3,697	\$62	\$20,714	17.8	268,049
Age							
5 and younger	87.5	35.3	2,941	83	20,623	14.3	8
6-14	91.3	55.0	11,271	205	41,107	27.4	23
15-20	87.7	30.8	3,465	113	17,934	19.3	439
21-44	83.6	42.7	3,828	90	16,245	23.6	50,214
45-64	83.7	64.1	4,626	72	20,376	22.7	72,245
65-74	79.5	61.8	3,448	56	15,918	21.7	53,276
75-84	84.5	64.6	3,260	50	23,188	14.1	51,765
85 and older	91.5	61.5	2,754	45	30,121	9.1	40,075
Unknown	75.0	54.3	2,313	43	34,638	6.7	4
Basis of Eligibility^e							
Aged	84.6	62.7	3,189	51	22,451	14.2	144,906
Disabled	83.9	56.3	4,377	78	19,201	22.8	118,306
Adults	79.9	29.5	2,266	77	5,608	40.4	4,759
Children	56.4	21.0	4,604	219	10,197	45.1	78
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	86.1	63.9	3,720	58	20,851	17.8	170,312
Male	80.8	51.2	3,657	71	20,476	17.9	97,737
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	85.1	62.7	3,895	62	21,954	17.7	206,152
African American	80.8	48.5	3,052	63	17,050	17.9	56,261
Other/unknown	83.5	43.9	2,911	66	11,923	24.4	5,636
Use of Nursing Facilities^f							
Entire year	98.2	89.7	4,657	52	46,735	10.0	45,323
Part year	96.3	70.8	3,647	52	30,396	12.0	26,901
None	79.3	50.7	3,482	69	13,362	26.1	195,825
Maintenance Assistance Status							
Cash	91.4	60.0	3,959	66	12,734	31.1	75,172
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	32.2	9.2	595	65	2,433	24.5	31,332
Other/unknown	90.9	68.7	4,177	61	27,973	14.9	161,545

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 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 of Beneficiaries	Benefit Months
				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			
All	5.8	\$361	17.8	15.8	10.9	7.1	22.3	28.4	15.4	\$2,023	268,049	2,745,229
Age												
5 and younger	3.2	270	14.3	12.5	12.5	0.0	62.5	12.5	0.0	1,896	8	87
6-14	5.6	1,147	27.4	8.7	4.3	13.0	34.8	26.1	13.0	4,184	23	226
15-20	2.9	329	19.3	12.3	36.0	14.1	21.6	11.6	4.3	1,703	439	4,622
21-44	4.0	362	23.6	16.4	22.4	11.1	24.3	18.0	7.9	1,536	50,214	531,184
45-64	6.1	439	22.7	16.3	10.5	7.1	21.5	27.3	17.2	1,933	72,245	761,731
65-74	6.0	334	21.7	20.5	8.5	6.0	20.1	28.0	17.0	1,540	53,276	550,553
75-84	6.4	325	14.1	15.5	6.4	5.3	21.2	33.3	18.3	2,311	51,765	519,470
85 and older	6.5	293	9.1	8.5	6.1	6.2	25.3	37.9	16.1	3,199	40,075	377,321
Unknown	6.2	264	6.7	25.0	0.0	0.0	0.0	75.0	0.0	3,959	4	35
Basis of Eligibility^e												
Aged	6.3	320	14.2	15.4	7.1	5.8	21.9	32.6	17.2	2,251	144,906	1,445,599
Disabled	5.3	410	22.8	16.1	15.2	8.7	22.6	23.7	13.7	1,800	118,306	1,262,027
Adults	3.8	292	40.4	20.1	22.1	11.2	23.9	16.8	5.8	724	4,759	36,888
Children	2.3	502	45.1	43.6	11.5	11.5	20.5	10.3	2.6	1,112	78	715
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.2	360	17.8	13.9	9.1	6.7	22.5	30.7	17.1	2,018	170,312	1,759,647
Male	5.1	363	17.9	19.2	14.0	8.0	21.8	24.5	12.5	2,031	97,737	985,582
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.1	382	17.7	14.9	9.7	6.6	21.8	29.9	17.2	2,152	206,152	2,103,237
African American	4.7	294	17.9	19.2	15.0	8.8	23.4	23.8	9.8	1,644	56,261	583,659
Other/unknown	4.2	281	24.4	16.5	16.4	10.6	27.4	22.0	7.1	1,152	5,636	58,333
Use of Nursing Facilities^f												
Entire year	8.9	465	10.0	1.8	2.5	3.2	18.7	42.1	31.7	4,663	45,323	454,283
Part year	7.5	387	12.0	3.7	5.5	6.0	24.8	39.1	21.0	3,226	26,901	253,438
None	4.9	335	26.1	20.7	13.6	8.2	22.7	23.8	10.9	1,284	195,825	2,037,508
Maintenance Assistance Status												
Cash	5.3	350	31.1	8.6	16.0	9.6	26.5	27.1	12.2	1,127	75,172	849,742
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	58	24.5	67.8	14.4	4.9	8.0	4.0	0.9	237	31,332	321,658
Other/unknown	7.1	429	14.9	9.1	7.9	6.4	23.0	33.8	19.7	2,871	161,545	1,573,829

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 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	5.8	\$361	\$62	2.3	\$279	\$123	0.3	\$27	\$93	3.2	\$54	\$17
Age												
5 and younger	3.2	270	83	1.3	221	171	0.4	22	57	1.6	28	18
6-14	5.6	1,147	205	2.2	997	445	0.7	82	111	2.6	67	26
15-20	2.9	329	113	1.2	281	226	0.2	17	95	1.5	30	20
21-44	4.0	362	90	1.7	288	172	0.2	29	137	2.1	44	21
45-64	6.1	439	72	2.4	339	139	0.3	36	119	3.3	63	19
65-74	6.0	334	56	2.4	258	109	0.3	22	81	3.3	53	16
75-84	6.4	325	50	2.5	250	101	0.3	21	65	3.6	53	15
85 and older	6.5	293	45	2.3	217	94	0.4	23	59	3.8	52	14
Unknown	6.2	264	43	2.6	225	86	0.0	0	0	3.6	40	11
Basis of Eligibility^d												
Aged	6.3	320	51	2.4	245	102	0.3	22	68	3.6	53	15
Disabled	5.3	410	78	2.1	321	150	0.3	33	124	2.8	56	20
Adults	3.8	292	77	1.5	217	147	0.2	35	182	2.1	40	19
Children	2.3	502	219	1.1	455	420	0.2	30	135	1.0	17	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.2	360	58	2.4	276	115	0.3	27	86	3.5	56	16
Male	5.1	363	71	2.0	285	140	0.2	26	107	2.8	51	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.1	382	62	2.4	294	122	0.3	29	91	3.4	57	17
African American	4.7	294	63	1.8	230	127	0.2	20	99	2.6	44	17
Other/unknown	4.2	281	66	1.8	229	126	0.2	14	83	2.2	38	17
Use of Nursing Facilities^e												
Entire year	8.9	465	52	3.3	355	107	0.5	32	64	5.1	77	15
Part year	7.5	387	52	2.7	290	108	0.4	30	73	4.4	67	15
None	4.9	335	69	2.0	261	132	0.2	26	111	2.6	47	18
Maintenance Assistance Status												
Cash	5.3	350	66	2.1	274	128	0.2	25	106	2.9	50	17
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	58	65	0.3	45	132	0.0	4	94	0.5	9	17
Other/unknown	7.1	429	61	2.7	330	121	0.4	33	88	3.9	66	17

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.4	0.1	0.1	0.3	\$34	\$24	\$5	\$4	\$81	\$243	\$82	\$16	662,185	\$53,722,442	146,858	54.8	1,600,026
Biologicals	0.1	0.0	0.0	0.1	39	1	13	25	344	38	1,738	341	3,778	1,301,115	2,970	1.1	33,365
Antineoplastic Agents	0.5	0.1	0.0	0.4	87	62	1	23	158	453	187	58	57,711	9,136,246	10,439	3.9	105,257
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	55	41	7	7	48	97	49	12	1,497,063	71,956,313	122,327	45.6	1,318,980
Cardiovascular Agents	2.1	0.7	0.0	1.3	79	60	2	16	37	81	46	12	3,753,375	138,706,601	166,089	62.0	1,766,926
Respiratory Agents	0.8	0.4	0.0	0.4	48	42	0	5	57	99	55	14	981,156	56,366,431	108,584	40.5	1,181,743
Gastrointestinal Agents	0.9	0.6	0.0	0.3	83	77	1	5	89	137	50	14	1,261,068	112,420,992	126,278	47.1	1,362,427
Genitourinary Agents	0.6	0.4	0.1	0.1	39	34	3	2	68	84	50	20	308,032	20,815,609	48,762	18.2	530,306
CNS Drugs	1.6	0.8	0.0	0.8	137	118	3	17	85	150	97	21	2,656,031	226,714,732	155,019	57.8	1,654,126
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	67	55	4	7	96	146	120	26	25,093	2,410,956	3,270	1.2	35,945
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	136	135	0	2	161	164	114	69	274,868	44,256,424	31,190	11.6	324,709
Analgesics and Anesthetics	0.9	0.1	0.1	0.7	51	19	22	10	54	133	224	14	1,465,517	78,446,646	143,997	53.7	1,546,713
Neuromuscular Agents	1.1	0.4	0.1	0.7	82	53	6	23	73	149	92	33	1,118,670	81,885,861	91,693	34.2	1,002,940
Nutritional Products	0.7	0.0	0.0	0.6	13	1	1	11	19	76	26	17	454,055	8,730,037	62,344	23.3	657,513
Hematological Agents	0.9	0.3	0.0	0.5	63	54	2	8	69	158	42	14	601,813	41,529,523	62,760	23.4	661,005
Topical Products	0.5	0.2	0.1	0.2	28	20	3	5	52	85	54	20	667,608	34,603,565	113,291	42.3	1,243,787
Miscellaneous Products	0.4	0.1	0.0	0.3	48	33	6	9	117	345	215	33	55,441	6,484,138	13,087	4.9	133,812
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	34	0	0	0	46,222	1,575,201	12,740	4.8	140,936
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.	15,889,686	991,062,832	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Ohio, 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.medspan.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 Ohio, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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, OHIO, 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	\$147,199,285	86,372	32.2	943,549	0.8	\$187	\$156
ULCER DRUGS	91,869,373	126,252	47.1	1,371,557	0.7	100	67
ANTICONVULSANT	69,239,871	82,173	30.7	903,703	0.9	88	77
ANTIHYPERLIPIDEMIC	63,968,934	94,368	35.2	1,045,630	0.7	88	61
ANTIDEPRESSANTS	63,227,628	154,072	57.5	1,663,288	0.7	54	38
ANTIDIABETIC	49,438,902	106,042	39.6	1,149,460	0.8	57	43
ANTIASTHMATIC	45,117,649	128,737	48.0	1,398,285	0.5	66	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	44,925,927	41,576	15.5	436,128	0.7	157	103
ANALGESICS - Narcotic	44,525,043	181,003	67.5	1,963,740	0.5	47	23
ANTIVIRAL	27,173,437	13,396	5.0	149,048	0.4	424	182
Total	646,686,049	1,013,991		11,024,388	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Ohio, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, OHIO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx Month	Mean \$ per Benefit Month	
All	7,241,250	\$646,686,049	86,372	32.2	943,549	0.8	\$156	126,252	47.1	1,371,557	0.7	\$67	
Female													
All Females	4,795,293	397,846,165	50,116	29.4	546,050	0.8	138	87,509	51.4	954,876	0.7	67	
Female, Disabled													
All Ages	1,937,899	191,719,028	24,857	41.0	282,492	0.8	165	31,522	52.0	355,970	0.6	67	
5 and younger	6	3,979	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	133	13,358	1	10.0	12	0.9	179	6	60.0	72	0.5	50	
15-20	2,425	290,282	50	30.5	592	0.6	122	49	29.9	575	0.4	39	
21-44	549,735	61,152,497	10,393	48.3	117,741	0.7	158	9,102	42.3	103,342	0.5	57	
45-64	1,381,905	130,002,476	14,389	37.1	163,887	0.9	170	22,301	57.5	251,275	0.7	71	
65-74	3,695	256,436	24	22.6	260	0.6	75	64	60.4	706	0.7	69	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	2,857,366	206,125,359	25,258	23.0	263,548	0.8	108	55,985	51.0	598,886	0.7	67	
5 and younger	14	1,266	0	0.0	0	0.0	0	1	50.0	12	0.5	33	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	258	34,298	8	34.8	78	0.5	102	7	30.4	71	0.4	59	
21-44	28,265	2,811,311	525	28.5	5,013	0.5	106	573	31.1	5,552	0.4	49	
45-64	9,030	785,912	74	12.3	676	0.5	100	229	38.2	2,061	0.6	64	
65-74	1,005,743	75,870,513	6,319	18.0	69,733	0.8	135	18,714	53.2	209,496	0.7	69	
75-84	1,045,438	74,615,464	9,251	24.1	97,100	0.8	110	19,653	51.1	211,655	0.7	68	
85 and older	768,618	52,006,595	9,081	27.0	90,948	0.7	86	16,808	50.0	170,039	0.7	65	
Male													
All Males	2,445,957	248,839,884	36,256	37.1	397,499	0.9	182	38,743	39.6	416,681	0.7	67	
Male, Disabled													
All Ages	1,507,516	177,330,735	26,194	45.4	297,053	0.9	202	20,732	35.9	231,277	0.7	68	
5 and younger	10	1,828	0	0.0	0	0.0	0	1	50.0	12	0.8	152	
6-14	103	10,503	0	0.0	0	0.0	0	5	62.5	60	0.7	65	
15-20	3,189	435,037	81	34.8	923	0.6	151	68	29.2	786	0.6	59	
21-44	574,717	75,160,240	12,703	49.9	144,148	0.9	197	7,697	30.2	87,314	0.6	62	
45-64	928,419	101,636,278	13,404	41.9	151,916	1.0	206	12,937	40.4	142,839	0.7	71	
65-74	1,078	86,849	6	14.6	66	0.6	55	24	58.5	266	0.8	69	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

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, OHIO, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean	
					Number of Benefit Months Among Users	Number of Rx per Benefit Month				Number of Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	938,373	71,505,384	10,062	25.2	100,446	0.8	122	18,011	45.0	185,404	0.7	66
5 and younger	26	692	0	0.0	0	0.0	0	2	66.7	24	0.7	11
6-14	17	1,560	0	0.0	0	0.0	0	3	100.0	26	0.4	56
15-20	179	25,980	6	31.6	69	0.6	141	7	36.8	61	0.6	43
21-44	21,330	2,346,680	316	22.5	3,053	0.6	141	438	31.2	4,222	0.5	61
45-64	15,305	1,528,327	114	13.1	1,071	0.6	144	314	36.1	2,982	0.6	69
65-74	438,233	34,610,139	3,735	20.8	39,846	0.9	151	7,764	43.3	84,104	0.7	68
75-84	325,125	23,618,856	3,906	29.4	38,545	0.8	109	6,273	47.1	63,714	0.7	65
85 and older	138,158	9,373,150	1,985	30.8	17,862	0.7	82	3,210	49.7	30,271	0.7	63
Unknown	96	5,543	1	25.0	10	0.1	3	2	50.0	20	0.6	71

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	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	82,173	30.7	903,703	0.9	\$77	94,368	35.2	1,045,630	0.7	\$61	154,072	57.5	1,663,288	0.7	\$38
Female															
All Females	50,818	29.8	559,515	0.8	71	62,363	36.6	695,455	0.7	61	108,087	63.5	1,170,338	0.7	38
Female, Disabled															
All Ages	27,296	45.1	308,674	0.9	92	21,947	36.2	248,499	0.7	59	47,597	78.6	534,591	0.7	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	20.0	24	1.0	16	2	20.0	24	0.3	14	2	20.0	24	1.3	76
15-20	55	33.5	655	0.9	178	8	4.9	96	0.5	44	90	54.9	1,055	0.5	27
21-44	10,162	47.2	114,734	0.9	104	3,709	17.2	42,292	0.6	53	16,057	74.6	180,428	0.6	40
45-64	17,055	44.0	193,027	0.9	85	18,167	46.9	205,381	0.7	61	31,367	80.9	352,214	0.7	42
65-74	22	20.8	234	0.7	24	61	57.5	706	0.7	61	81	76.4	870	0.7	33
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	23,521	21.4	250,831	0.8	44	40,416	36.8	446,956	0.7	62	60,489	55.1	635,737	0.7	35
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	11	47.8	110	0.6	102	0	0.0	0	0.0	0	10	43.5	96	0.5	30
21-44	664	36.0	6,215	0.7	88	215	11.7	2,133	0.5	41	1,301	70.6	12,134	0.5	38
45-64	145	24.2	1,305	0.5	56	167	27.8	1,499	0.6	50	397	66.2	3,581	0.6	40
65-74	8,733	24.8	97,505	0.8	50	18,439	52.4	208,067	0.7	63	18,063	51.3	200,550	0.7	34
75-84	8,480	22.0	90,226	0.8	40	15,204	39.5	167,735	0.7	63	20,638	53.7	217,839	0.8	36
85 and older	5,488	16.3	55,470	0.8	34	6,391	19.0	67,522	0.7	58	20,080	59.7	201,537	0.8	36
Male															
All Males	31,355	32.1	344,188	0.9	87	32,005	32.7	350,175	0.7	61	45,985	47.1	492,950	0.7	38
Male, Disabled															
All Ages	22,180	38.4	249,581	1.0	100	17,716	30.7	197,953	0.7	60	28,269	49.0	314,635	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	2	25.0	24	0.2	71	1	12.5	9	1.0	106	0	0.0	0	0.0	0
15-20	83	35.6	980	1.0	165	10	4.3	120	0.3	27	82	35.2	950	0.5	31
21-44	10,051	39.5	114,225	1.0	108	5,073	19.9	57,796	0.7	55	12,228	48.0	137,485	0.7	40
45-64	12,036	37.6	134,271	1.0	92	12,610	39.4	139,782	0.7	62	15,944	49.8	176,056	0.7	40
65-74	8	19.5	81	1.1	67	22	53.7	246	0.7	78	15	36.6	144	0.7	24
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, OHIO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS				
	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	9,174	22.9	94,596	0.8	52	14,289	35.7	152,222	0.7	63	17,715	44.3	178,304	0.7	35
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	4	21.1	48	0.6	152	2	10.5	15	0.2	20	5	26.3	58	0.6	36
21-44	458	32.6	4,433	0.6	83	314	22.3	3,069	0.5	47	773	55.0	7,489	0.5	35
45-64	236	27.1	2,219	0.6	63	377	43.3	3,415	0.6	56	447	51.4	4,145	0.5	35
65-74	4,132	23.0	44,451	0.9	58	7,721	43.0	84,589	0.7	65	6,593	36.8	70,355	0.7	35
75-84	3,124	23.5	32,031	0.8	45	4,630	34.8	48,791	0.7	62	6,360	47.8	63,343	0.7	35
85 and older	1,220	18.9	11,414	0.8	36	1,245	19.3	12,343	0.7	57	3,537	54.8	32,914	0.8	35
Unknown	2	50.0	21	1.0	9	0	0.0	0	0.0	0	2	50.0	21	1.0	48

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	106,042	39.6	1,149,460	0.8	\$43	128,737	48.0	1,398,285	0.5	\$32	41,576	15.5	436,128	0.7	\$103
Female															
All Females	72,644	42.7	793,850	0.8	43	89,053	52.3	975,015	0.5	32	29,338	17.2	309,883	0.7	107
Female, Disabled															
All Ages	23,795	39.3	266,748	0.7	49	35,766	59.1	403,653	0.5	35	5,570	9.2	63,612	0.4	143
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	20.0	24	0.3	13	0	0.0	0	0.0	0
15-20	14	8.5	168	0.5	21	59	36.0	643	0.4	25	4	2.4	47	0.3	294
21-44	4,367	20.3	49,289	0.7	46	9,944	46.2	112,489	0.4	29	1,662	7.7	18,878	0.3	154
45-64	19,336	49.9	216,449	0.7	49	25,672	66.2	289,542	0.5	38	3,894	10.0	44,603	0.4	138
65-74	78	73.6	842	0.8	54	88	83.0	943	0.6	43	10	9.4	84	0.4	40
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	48,849	44.5	527,102	0.8	40	53,287	48.6	571,362	0.5	30	23,768	21.7	246,271	0.7	97
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.3	37	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.3	12	0.1	2	3	13.0	31	0.4	15	0	0.0	0	0.0	0
21-44	257	13.9	2,368	0.6	48	642	34.8	6,283	0.4	25	129	7.0	1,238	0.3	164
45-64	148	24.7	1,300	0.6	35	268	44.7	2,453	0.5	30	34	5.7	357	0.3	35
65-74	20,358	57.8	227,030	0.8	44	20,223	57.5	225,854	0.5	36	3,634	10.3	39,627	0.6	87
75-84	18,510	48.1	199,422	0.8	38	18,003	46.8	192,998	0.5	30	9,553	24.8	99,225	0.8	97
85 and older	9,575	28.5	96,970	0.8	32	14,146	42.1	143,719	0.4	20	10,418	31.0	105,824	0.8	100
Male															
All Males	33,398	34.2	355,610	0.8	44	39,684	40.6	423,270	0.5	33	12,238	12.5	126,245	0.6	95
Male, Disabled															
All Ages	16,351	28.3	179,692	0.7	48	18,991	32.9	210,564	0.5	33	4,086	7.1	45,753	0.4	97
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	62.5	60	0.6	55	0	0.0	0	0.0	0
15-20	6	2.6	64	0.5	40	52	22.3	560	0.4	28	9	3.9	106	0.2	46
21-44	4,177	16.4	46,808	0.7	48	6,057	23.8	68,413	0.4	28	1,515	6.0	17,052	0.3	100
45-64	12,143	37.9	132,556	0.8	48	12,845	40.1	141,181	0.5	36	2,559	8.0	28,565	0.5	96
65-74	25	61.0	264	0.8	67	32	78.0	350	0.4	19	3	7.3	30	0.2	40
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, OHIO, 2005

Beneficiary Characteristics	ANTIDIABETIC						ANTIASTHMATIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	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	17,045	42.6	175,896	0.8	40	20,692	51.7	212,695	0.5	33	8,150	20.4	80,474	0.7	93	
5 and younger	0	0.0	0	0.0	0	5	166.7	60	0.2	3	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	1	33.3	6	0.7	17	0	0.0	0	0.0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	240	17.1	2,396	0.7	57	383	27.3	3,821	0.4	28	91	6.5	909	0.3	98	
45-64	315	36.2	3,001	0.7	48	344	39.5	3,175	0.5	40	61	7.0	561	0.3	56	
65-74	8,482	47.3	90,836	0.8	43	9,754	54.4	104,850	0.6	38	2,132	11.9	22,746	0.6	85	
75-84	5,800	43.6	58,967	0.8	37	6,931	52.1	70,173	0.5	30	3,603	27.1	35,375	0.8	96	
85 and older	2,208	34.2	20,696	0.8	32	3,274	50.7	30,610	0.4	22	2,263	35.1	20,883	0.8	98	
Unknown	2	50.0	22	1.0	52	1	25.0	11	0.3	2	2	50.0	18	0.7	96	

Source: Data for this table are from the MAX 2005 file for Ohio, 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.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.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, OHIO, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIVIRAL					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	181,003	67.5	1,963,740	0.5	\$23	13,396	5.0	149,048	0.4	\$182	268,049	2,745,229
Female												
All Females	125,042	73.4	1,364,582	0.5	21	6,794	4.0	76,031	0.3	77	170,310	1,759,632
Female, Disabled												
All Ages	54,782	90.4	617,878	0.4	25	3,166	5.2	35,896	0.4	136	60,567	653,775
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	328	1	12
6-14	3	30.0	36	0.1	1	2	20.0	24	0.7	197	10	100
15-20	123	75.0	1,420	0.2	4	11	6.7	117	0.2	70	164	1,765
21-44	19,103	88.8	215,279	0.4	22	1,405	6.5	15,888	0.4	142	21,513	232,501
45-64	35,451	91.4	399,989	0.5	27	1,743	4.5	19,814	0.3	132	38,773	418,259
65-74	102	96.2	1,154	0.4	7	4	3.8	41	0.6	336	106	1,138
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	70,259	64.0	746,694	0.5	18	3,628	3.3	40,135	0.2	23	109,743	1,105,857
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
15-20	17	73.9	179	0.3	2	3	13.0	34	0.2	214	23	219
21-44	1,737	94.2	16,632	0.4	21	82	4.4	775	0.4	141	1,843	14,126
45-64	478	79.7	4,333	0.5	22	21	3.5	195	0.4	354	600	4,524
65-74	25,411	72.2	284,414	0.5	17	977	2.8	11,231	0.2	37	35,194	371,054
75-84	23,677	61.6	253,832	0.5	18	1,179	3.1	13,067	0.1	15	38,459	394,143
85 and older	18,939	56.3	187,304	0.6	18	1,366	4.1	14,833	0.1	9	33,620	321,762
Male												
All Males	55,961	57.3	599,158	0.5	27	6,602	6.8	73,017	0.6	292	97,735	985,562
Male, Disabled												
All Ages	34,613	59.9	381,052	0.5	31	5,512	9.5	61,366	0.7	336	57,739	608,252
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	4	50.0	48	0.1	1	1	12.5	9	0.7	69	8	93
15-20	89	38.2	1,026	0.3	16	8	3.4	94	0.2	163	233	2,483
21-44	14,748	57.9	164,575	0.4	26	2,796	11.0	31,093	0.7	331	25,453	273,193
45-64	19,749	61.7	215,149	0.5	35	2,706	8.5	30,158	0.7	343	32,002	332,043
65-74	23	56.1	254	0.4	45	1	2.4	12	0.1	6	41	416
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, OHIO, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIVIRAL					
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	21,348	53.4	218,106	0.5	19	1,090	2.7	11,651	0.2	60	39,996	377,310
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	23	3	36
6-14	2	66.7	20	0.1	1	0	0.0	0	0.0	0	3	19
15-20	5	26.3	50	0.4	27	3	15.8	26	0.6	100	19	155
21-44	1,220	86.8	11,961	0.5	38	54	3.8	512	0.4	190	1,405	11,364
45-64	667	76.7	6,395	0.5	52	30	3.4	305	0.2	204	870	6,905
65-74	9,823	54.8	105,926	0.5	19	408	2.3	4,548	0.3	97	17,935	177,945
75-84	6,466	48.6	65,000	0.5	14	342	2.6	3,761	0.2	21	13,306	125,327
85 and older	3,165	49.0	28,754	0.5	12	252	3.9	2,487	0.1	9	6,455	55,559
Unknown	1	25.0	10	0.1	1	0	0.0	0	0.0	0	4	35

Source: Data for this table are from the MAX 2005 file for Ohio, 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, OHIO, 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	\$465	8.9	45,323	454,283
Age				
0-64	746	10.9	4,766	52,770
65-74	585	10.4	6,160	64,422
75-84	460	9.1	14,964	149,310
85 and older	348	7.8	19,430	187,751
Unknown	308	7.2	3	30
Gender				
Female	442	8.8	32,871	331,202
Male	526	9.2	12,452	123,081
Unknown	0	0.0	0	0
Race				
White	462	9	39,169	390,545
African American	482	8.6	5,817	60,328
Other/unknown	485	8.6	337	3,410
Basis of Eligibility^c				
Aged	428	8.7	40,554	401,495
Disabled	746	10.9	4,768	52,785
Adults	0	0.0	1	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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, OHIO, 2005

DUAL-ELIGIBLE BENEFICIARIES, QTR3, 2009																					
Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx					Users			
	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months				
Anti-infective Agents	0.4	0.1	0.1	0.3	\$20	\$10	\$6	\$4	\$45	\$113	\$79	\$14	151,396	\$6,828,232	32,114	70.9	337,452				
Biologicals	0.1	0.0	0.0	0.1	8	0	2	6	78	15	870	68	1,671	130,001	1,525	3.4	17,097				
Antineoplastic Agents	0.6	0.1	0.0	0.5	72	34	1	37	120	366	167	74	17,957	2,146,014	3,112	6.9	29,925				
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	54	36	11	7	40	78	49	10	357,332	14,455,765	25,964	57.3	270,063				
Cardiovascular Agents	2.4	0.6	0.1	1.7	64	43	2	19	27	70	37	11	885,812	23,922,385	36,468	80.5	373,401				
Respiratory Agents	0.8	0.3	0.0	0.4	33	28	0	6	44	89	47	13	171,768	7,628,610	21,802	48.1	228,070				
Gastrointestinal Agents	1.1	0.6	0.0	0.5	78	70	1	7	69	126	38	13	333,796	23,178,495	28,554	63.0	298,015				
Genitourinary Agents	0.7	0.4	0.1	0.2	41	35	3	3	62	80	41	19	100,677	6,206,332	14,270	31.5	152,305				
CNS Drugs	1.9	1.0	0.0	0.9	148	128	2	18	76	127	73	20	722,352	55,052,861	36,050	79.5	371,591				
Stimulants/Anti-obesity/Anorexia	1.0	0.2	0.0	0.8	31	21	1	9	30	101	53	12	4,162	125,086	391	0.9	4,062				
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	150	150	0	0	140	140	127	21	155,339	21,743,538	14,018	30.9	145,379				
Analgesics and Anesthetics	1.2	0.2	0.2	0.8	49	22	21	7	41	95	109	8	319,039	13,136,032	26,098	57.6	267,443				
Neuromuscular Agents	1.4	0.4	0.0	1.0	74	41	3	30	54	114	70	31	255,382	13,731,213	17,403	38.4	184,358				
Nutritional Products	0.8	0.0	0.1	0.7	15	0	3	12	18	27	29	17	144,335	2,622,494	17,398	38.4	176,925				
Hematological Agents	1.2	0.4	0.0	0.8	64	54	1	9	54	153	35	11	204,791	10,981,869	16,904	37.3	172,749				
Topical Products	0.7	0.3	0.1	0.3	27	19	2	6	40	66	41	17	206,633	8,277,851	28,937	63.8	309,219				
Miscellaneous Products	0.3	0.0	0.0	0.3	10	4	0	5	30	98	204	19	18,728	554,292	5,595	12.3	56,153				
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	27	0	0	0	13,739	368,518	3,817	8.4	41,124				
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,064,909	211,089,588	n.a.	n.a.	n.a.				

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

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

Dual Eligible Beneficiaries

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, OHIO, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$35,156,690	22,652	50.0	241,582	0.9	\$162	\$146
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	21,782,263	17,834	39.3	185,625	0.8	139	117
ULCER DRUGS	19,425,401	26,232	57.9	273,817	0.8	88	71
ANTIDEPRESSANTS	17,071,346	36,605	80.8	384,223	0.9	52	44
ANTICONVULSANT	10,348,827	16,212	35.8	173,426	1.0	58	60
ANTIDIABETIC	8,777,118	21,279	46.9	223,216	0.9	43	39
ANTIHYPERTENSIVE	8,593,410	12,669	28.0	135,932	0.8	77	63
ANALGESICS - Narcotic	6,753,783	26,407	58.3	268,230	0.8	31	25
DERMATOLOGICAL	6,547,863	67,028	147.9	733,136	0.3	29	9
ANTIASTHMATIC	6,275,386	24,990	55.1	258,831	0.5	50	24
Total	140,732,087	271,908		2,878,018	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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); 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, OHIO, 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	1,989,671	\$140,732,087	22,652	50.0	241,582	0.9	\$146	17,834	39.3	185,625	0.8	\$117
Female												
All Females	1,401,936	96,206,994	14,932	45.4	159,839	0.9	132	13,137	40.0	138,178	0.8	117
Female, Disabled												
All Ages	142,843	12,574,756	1,726	83.6	19,911	1.1	215	369	17.9	4,215	0.8	305
64 or younger	142,700	12,563,261	1,724	83.6	19,896	1.1	215	369	17.9	4,215	0.8	305
65-74	143	11,495	2	100.0	15	1.2	227	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,259,062	83,630,296	13,205	42.9	139,918	0.8	121	12,768	41.4	133,963	0.8	111
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	218,505	15,795,176	2,348	65.1	26,023	0.9	168	1,212	33.6	13,050	0.8	121
75-84	493,843	33,413,979	5,204	48.3	55,430	0.9	125	5,125	47.5	53,923	0.9	111
85 and older	546,714	34,421,141	5,653	34.4	58,465	0.8	95	6,431	39.2	66,990	0.8	110
Male												
All Males	587,735	44,525,093	7,720	62.0	81,743	1.0	171	4,697	37.7	47,447	0.8	118
Male, Disabled												
All Ages	173,042	15,863,039	2,487	92.0	28,495	1.1	236	515	19.0	5,748	0.7	183
64 or younger	173,042	15,863,039	2,487	92.0	28,495	1.1	236	515	19.0	5,748	0.7	183
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	414,625	28,658,289	5,233	53.7	53,248	0.9	137	4,180	42.9	41,681	0.8	109
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	138,324	10,482,129	1,804	70.7	19,448	1.0	174	859	33.7	9,172	0.8	112
75-84	180,038	12,116,331	2,250	53.8	22,831	0.9	124	1,970	47.1	19,804	0.8	108
85 and older	96,263	6,059,829	1,179	39.1	10,969	0.8	96	1,351	44.8	12,705	0.8	108
Unknown	99	5,707	1	33.3	10	0.1	3	2	66.7	18	0.7	96

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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, OHIO, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	26,232	57.9	273,817	0.8	\$71	36,605	80.8	384,223	0.9	\$44	16,212	35.8	173,426	1.0	\$60
Female															
All Females	18,975	57.7	198,750	0.8	71	26,839	81.7	282,721	0.9	44	10,331	31.4	110,540	1.0	54
Female, Disabled															
All Ages	1,383	67.0	15,494	0.8	73	2,005	97.1	22,577	0.9	56	1,624	78.7	18,478	1.2	96
64 or younger	1,381	67.0	15,479	0.8	73	2,004	97.2	22,565	0.9	56	1,622	78.7	18,463	1.2	97
65-74	2	100.0	15	1.0	36	1	50.0	12	1.0	173	2	100.0	15	1.7	15
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	17,590	57.1	183,236	0.8	71	24,833	80.6	260,134	0.9	43	8,706	28.3	92,052	1.0	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,456	68.1	26,664	0.8	71	3,437	95.3	37,562	0.9	48	2,016	55.9	22,269	1.0	61
75-84	6,371	59.1	66,928	0.8	72	9,223	85.5	97,520	0.9	45	3,567	33.1	37,618	1.0	45
85 and older	8,763	53.4	89,644	0.8	69	12,173	74.2	125,052	0.8	41	3,123	19.0	32,165	0.9	37
Male															
All Males	7,257	58.3	75,067	0.8	71	9,766	78.4	101,502	0.9	45	5,881	47.2	62,886	1.1	69
Male, Disabled															
All Ages	1,708	63.2	19,110	0.8	72	2,371	87.7	26,770	0.9	52	2,217	82.0	25,065	1.2	90
64 or younger	1,708	63.2	19,110	0.8	72	2,371	87.7	26,770	0.9	52	2,217	82.0	25,065	1.2	90
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	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	5,549	56.9	55,957	0.8	71	7,394	75.9	74,721	0.8	43	3,663	37.6	37,810	1.0	55
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	1,594	62.5	17,011	0.8	73	2,105	82.5	22,384	0.9	47	1,425	55.9	15,241	1.1	66
75-84	2,331	55.8	23,553	0.8	69	3,201	76.6	32,346	0.8	42	1,543	36.9	15,982	0.9	50
85 and older	1,624	53.9	15,393	0.8	70	2,088	69.3	19,991	0.8	40	695	23.1	6,587	0.9	41
Unknown	2	66.7	20	0.6	71	2	66.7	21	1.0	48	2	66.7	21	1.0	9

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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, OHIO, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	21,279	46.9	223,216	0.9	\$39	12,669	28.0	135,932	0.8	\$63	26,407	58.3	268,230	0.8	\$25
Female															
All Females	14,878	45.3	157,037	0.9	39	8,710	26.5	93,738	0.8	63	19,873	60.5	202,754	0.8	26
Female, Disabled															
All Ages	1,339	64.9	14,962	1.0	48	778	37.7	8,925	0.8	66	1,528	74.0	16,895	1.0	35
64 or younger	1,333	64.6	14,908	1.0	48	778	37.7	8,925	0.8	66	1,526	74.0	16,889	1.0	35
65-74	6	300.0	54	1.0	71	0	0.0	0	0.0	0	2	100.0	6	1.3	125
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	13,539	43.9	142,075	0.9	38	7,932	25.7	84,813	0.8	63	18,344	59.5	185,849	0.8	25
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,695	74.7	29,424	1.0	43	1,612	44.7	17,834	0.8	68	2,614	72.5	27,909	1.0	29
75-84	5,883	54.6	61,795	0.9	39	3,564	33.0	37,839	0.8	63	6,495	60.2	66,945	0.8	26
85 and older	4,961	30.2	50,856	0.9	33	2,756	16.8	29,140	0.8	59	9,235	56.3	90,995	0.7	24
Male															
All Males	6,401	51.4	66,179	0.9	40	3,959	31.8	42,194	0.8	64	6,534	52.5	65,476	0.7	22
Male, Disabled															
All Ages	1,289	47.7	14,606	1.0	47	1,030	38.1	11,841	0.8	69	1,569	58.0	17,356	0.9	31
64 or younger	1,289	47.7	14,606	1.0	47	1,030	38.1	11,841	0.8	69	1,569	58.0	17,356	0.9	31
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	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	5,110	52.4	51,551	0.9	38	2,929	30.1	30,353	0.8	62	4,965	50.9	48,120	0.7	19
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	1,717	67.3	18,147	0.9	42	1,051	41.2	11,336	0.8	65	1,354	53.1	14,148	0.8	24
75-84	2,282	54.6	23,094	0.9	38	1,365	32.7	13,959	0.8	62	2,144	51.3	20,880	0.6	17
85 and older	1,111	36.8	10,310	0.9	34	513	17.0	5,058	0.8	56	1,467	48.7	13,092	0.6	16
Unknown	2	66.7	22	1.0	52	0	0.0	0	0.0	0	1	33.3	10	0.1	1

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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, OHIO, 2005

Beneficiary Characteristics	DERMATOLOGICAL						ANTIASTHMATIC					
	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	67,028	147.9	733,136	0.3	\$9	24,990	55.1	258,831	0.5	\$24	45,323	454,283
Female												
All Females	46,786	142.3	512,734	0.3	9	17,532	53.3	182,875	0.5	24	32,870	331,192
Female, Disabled												
All Ages	4,177	202.4	47,957	0.3	10	1,279	62.0	13,866	0.6	32	2,064	22,809
64 or younger	4,176	202.5	47,945	0.3	10	1,276	61.9	13,857	0.6	32	2,062	22,794
65-74	1	50.0	12	0.3	3	3	150.0	9	0.8	72	2	15
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	42,608	138.3	464,767	0.3	9	16,253	52.8	169,009	0.5	23	30,806	308,383
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5,804	160.9	65,371	0.3	10	2,453	68.0	26,429	0.6	32	3,607	38,174
75-84	15,221	141.1	166,987	0.3	9	5,846	54.2	60,861	0.5	25	10,784	109,181
85 and older	21,583	131.5	232,409	0.3	9	7,954	48.5	81,719	0.4	18	16,415	161,028
Male												
All Males	20,242	162.6	220,402	0.3	9	7,458	59.9	75,956	0.5	26	12,450	123,061
Male, Disabled												
All Ages	5,181	191.6	59,811	0.3	9	1,497	55.4	16,744	0.6	29	2,704	29,976
64 or younger	5,181	191.6	59,811	0.3	9	1,497	55.4	16,744	0.6	29	2,704	29,976
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	15,061	154.5	160,591	0.3	9	5,960	61.2	59,201	0.5	25	9,746	93,085
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4,168	163.4	46,027	0.3	9	1,683	66.0	17,540	0.6	31	2,551	26,233
75-84	6,582	157.5	70,598	0.3	9	2,616	62.6	26,115	0.5	24	4,180	40,129
85 and older	4,311	143.0	43,966	0.3	8	1,661	55.1	15,546	0.5	21	3,015	26,723
Unknown	1	33.3	10	0.3	16	1	33.3	11	0.3	2	3	30

Source: Data for this table are from the MAX 2005 file for Ohio, 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 26,901 beneficiaries who were in nursing facilities for part of their enrollment and their 253,438 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
OHIO, 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	179,398	66.9	12.1	3,237,872	\$124	\$33,285,897	\$10	3.4	268,049
Age									
5 and younger	5	62.5	8.5	68	187	1,498	22	6.4	8
6-14	16	69.6	12.0	276	370	8,521	31	3.3	23
15-20	235	53.5	5.2	2,284	83	36,491	16	2.4	439
21-44	27,483	54.7	6.8	339,771	103	5,170,974	15	2.7	50,214
45-64	47,235	65.4	11.5	827,566	131	9,461,288	11	2.8	72,245
65-74	33,927	63.7	11.4	607,466	116	6,195,921	10	3.4	53,276
75-84	37,362	72.2	14.5	748,805	128	6,615,369	9	3.9	51,765
85 and older	33,132	82.7	17.8	711,522	145	5,794,922	8	5.3	40,075
Unknown	3	75.0	28.5	114	228	913	8	9.9	4
Basis of Eligibility^c									
Aged	104,309	72.0	14.3	2,066,382	128	18,594,528	9	4.0	144,906
Disabled	72,762	61.5	9.8	1,154,917	122	14,438,786	13	2.8	118,306
Adults	2,299	48.3	3.4	16,295	52	247,562	15	2.3	4,759
Children	28	35.9	3.6	278	64	5,021	18	1.4	78
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	121,607	71.4	13.4	2,275,987	136	23,145,126	10	3.7	170,312
Male	57,791	59.1	9.8	961,885	104	10,140,771	11	2.8	97,737
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	141,636	68.7	12.9	2,666,536	134	27,584,949	10	3.4	206,152
African American	34,461	61.3	9.4	531,490	94	5,306,634	10	3.1	56,261
Other/unknown	3,301	58.6	7.1	39,846	70	394,314	10	2.4	5,636
Use of Nursing Facilities^d									
Entire year	42,655	94.1	26.2	1,185,906	224	10,140,419	9	4.8	45,323
Part year	24,311	90.4	16.9	453,675	163	4,397,907	10	4.5	26,901
None	112,432	57.4	8.2	1,598,291	96	18,747,571	12	2.7	195,825
Maintenance Assistance Status									
Cash	50,801	67.6	9.7	731,874	112	8,397,380	11	2.8	75,172
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	6,110	19.5	1.4	43,174	19	582,784	13	3.1	31,332
Other/unknown	122,487	75.8	15.2	2,462,824	150	24,305,733	10	3.6	161,545

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
OHIO, 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	\$12	\$10	\$0	\$3	2,745,229
Age						
5 and younger	0.8	17	22	0	0	87
6-14	1.2	38	31	0	6	226
15-20	0.5	8	16	0	2	4,622
21-44	0.6	10	15	0	3	531,184
45-64	1.1	12	11	0	3	761,731
65-74	1.1	11	10	0	2	550,553
75-84	1.4	13	9	0	2	519,470
85 and older	1.9	15	8	0	2	377,321
Unknown	3.3	26	8	0	2	35
Basis of Eligibility^c						
Aged	1.4	13	9	0	2	1,445,599
Disabled	0.9	11	13	0	3	1,262,027
Adults	0.4	7	15	0	2	36,888
Children	0.4	7	18	0	0	715
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.3	13	10	0	3	1,759,647
Male	1.0	10	11	0	2	985,582
Unknown	0.0	0	0	0	0	0
Race						
White	1.3	13	10	0	3	2,103,237
African American	0.9	9	10	0	1	583,659
Other/unknown	0.7	7	10	0	1	58,333
Use of Nursing Facilities^d						
Entire year	2.6	22	9	0	3	454,283
Part year	1.8	17	10	0	3	253,438
None	0.8	9	12	0	2	2,037,508
Maintenance Assistance Status						
Cash	0.9	10	11	0	2	849,742
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	13	0	1	321,658
Other/unknown	1.6	15	10	0	3	1,573,829

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
OHIO, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	320,424	\$104	\$33,285,897	100.0	3,237,872	\$10	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	35,718	36	1,279,991	3.8	91,304	14	2.8
Vitamins and minerals	59,885	118	7,056,532	21.2	432,060	16	13.3
Non-prescription drugs	143,300	104	14,886,560	44.7	2,090,982	7	64.6
Barbiturates	2,459	66	162,502	0.5	29,581	5	0.9
Benzodiazepines	70,389	98	6,913,001	20.8	561,963	12	17.4
Other Part D Excl Rx Drugs	8,673	344	2,987,311	9.0	31,982	93	1.0

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Dual Eligible Beneficiaries: 268,049
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$991,062,832
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,697

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	42,392	15.8	\$0	0.0
1-500	34,220	12.8	7,051,034	0.7
501-1,000	20,096	7.5	14,889,545	1.5
1,001-1,500	16,632	6.2	20,676,519	2.1
1,501-2,000	14,897	5.6	26,023,004	2.6
2,001-2,500	13,534	5.0	30,392,845	3.1
2,501-3,000	12,393	4.6	34,036,349	3.4
3,001-3,500	11,561	4.3	37,559,246	3.8
3,501-4,000	10,602	4.0	39,741,240	4.0
4,001-4,500	9,621	3.6	40,865,204	4.1
4,501-5,000	8,896	3.3	42,250,797	4.3
5,001-5,500	8,162	3.0	42,825,283	4.3
5,501-6,000	7,454	2.8	42,838,814	4.3
6,001-6,500	6,603	2.5	41,247,933	4.2
6,501-7,000	5,678	2.1	38,307,842	3.9
7,001-7,500	5,273	2.0	38,196,226	3.9
7,501-8,000	4,511	1.7	34,939,257	3.5
8,001-8,500	3,981	1.5	32,834,831	3.3
8,501-9,000	3,511	1.3	30,706,252	3.1
9,001-9,500	3,048	1.1	28,164,255	2.8
9,501-10,000	2,693	1.0	26,235,998	2.6
10,001+	22,291	8.3	341,280,358	34.4

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 118,159
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$517,188,405
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,377

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	19,086	16.2	0	0.0
1-500	16,292	13.8	3,097,038	0.6
501-1,000	8,041	6.8	5,939,484	1.1
1,001-1,500	6,503	5.5	8,069,729	1.6
1,501-2,000	5,567	4.7	9,716,010	1.9
2,001-2,500	5,033	4.3	11,303,541	2.2
2,501-3,000	4,560	3.9	12,518,498	2.4
3,001-3,500	4,305	3.6	13,995,717	2.7
3,501-4,000	3,950	3.3	14,803,378	2.9
4,001-4,500	3,661	3.1	15,557,650	3.0
4,501-5,000	3,413	2.9	16,215,026	3.1
5,001-5,500	3,168	2.7	16,630,076	3.2
5,501-6,000	3,046	2.6	17,515,744	3.4
6,001-6,500	2,772	2.3	17,312,465	3.3
6,501-7,000	2,433	2.1	16,414,692	3.2
7,001-7,500	2,366	2.0	17,137,930	3.3
7,501-8,000	2,064	1.7	15,992,458	3.1
8,001-8,500	1,901	1.6	15,676,965	3.0
8,501-9,000	1,708	1.4	14,936,174	2.9
9,001-9,500	1,592	1.3	14,714,977	2.8
9,501-10,000	1,449	1.2	14,123,904	2.7
10,001+	15,249	12.9	245,516,949	47.5

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 145,116
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$462,790,414
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$3,189

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	22,343	15.4	0	0.0
1-500	16,643	11.5	3,720,395	0.8
501-1,000	11,587	8.0	8,603,607	1.9
1,001-1,500	9,791	6.7	12,183,164	2.6
1,501-2,000	9,089	6.3	15,887,453	3.4
2,001-2,500	8,320	5.7	18,685,626	4.0
2,501-3,000	7,660	5.3	21,045,017	4.5
3,001-3,500	7,122	4.9	23,128,188	5.0
3,501-4,000	6,556	4.5	24,579,110	5.3
4,001-4,500	5,860	4.0	24,882,495	5.4
4,501-5,000	5,396	3.7	25,621,359	5.5
5,001-5,500	4,902	3.4	25,714,630	5.6
5,501-6,000	4,341	3.0	24,938,330	5.4
6,001-6,500	3,772	2.6	23,567,678	5.1
6,501-7,000	3,203	2.2	21,610,223	4.7
7,001-7,500	2,859	2.0	20,712,123	4.5
7,501-8,000	2,405	1.7	18,622,499	4.0
8,001-8,500	2,042	1.4	16,843,783	3.6
8,501-9,000	1,769	1.2	15,471,984	3.3
9,001-9,500	1,432	1.0	13,227,562	2.9
9,501-10,000	1,220	0.8	11,877,475	2.6
10,001+	6,804	4.7	91,867,713	19.9

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 53,276
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$183,674,666
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,447

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	10,905	20.5		0	0.0
1-500	5,349	10.0		1,134,386	0.6
501-1,000	3,356	6.3		2,482,971	1.4
1,001-1,500	2,953	5.5		3,673,345	2.0
1,501-2,000	2,839	5.3		4,955,700	2.7
2,001-2,500	2,607	4.9		5,854,528	3.2
2,501-3,000	2,527	4.7		6,954,748	3.8
3,001-3,500	2,311	4.3		7,500,718	4.1
3,501-4,000	2,240	4.2		8,405,597	4.6
4,001-4,500	1,997	3.7		8,489,247	4.6
4,501-5,000	1,839	3.5		8,729,341	4.8
5,001-5,500	1,741	3.3		9,135,168	5.0
5,501-6,000	1,548	2.9		8,897,730	4.8
6,001-6,500	1,420	2.7		8,872,026	4.8
6,501-7,000	1,179	2.2		7,953,161	4.3
7,001-7,500	1,107	2.1		8,019,756	4.4
7,501-8,000	968	1.8		7,493,073	4.1
8,001-8,500	851	1.6		7,025,458	3.8
8,501-9,000	779	1.5		6,813,769	3.7
9,001-9,500	613	1.2		5,664,581	3.1
9,501-10,000	520	1.0		5,064,527	2.8
10,001+	3,627	6.8		50,554,836	27.5

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 51,765
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$168,747,280
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,259

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,041	15.5	0	0.0
1-500	5,264	10.2	1,176,271	0.7
501-1,000	3,957	7.6	2,962,948	1.8
1,001-1,500	3,399	6.6	4,238,722	2.5
1,501-2,000	3,218	6.2	5,631,076	3.3
2,001-2,500	2,937	5.7	6,603,181	3.9
2,501-3,000	2,688	5.2	7,386,047	4.4
3,001-3,500	2,531	4.9	8,222,019	4.9
3,501-4,000	2,456	4.7	9,204,504	5.5
4,001-4,500	2,227	4.3	9,449,063	5.6
4,501-5,000	1,990	3.8	9,451,621	5.6
5,001-5,500	1,853	3.6	9,718,758	5.8
5,501-6,000	1,699	3.3	9,758,510	5.8
6,001-6,500	1,430	2.8	8,937,161	5.3
6,501-7,000	1,269	2.5	8,564,776	5.1
7,001-7,500	1,104	2.1	7,995,557	4.7
7,501-8,000	962	1.9	7,451,325	4.4
8,001-8,500	759	1.5	6,256,548	3.7
8,501-9,000	638	1.2	5,576,146	3.3
9,001-9,500	556	1.1	5,136,103	3.0
9,501-10,000	459	0.9	4,468,669	2.6
10,001+	2,328	4.5	30,558,275	18.1

Source: Data for this table are from the MAX 2005 file for Ohio, 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}
 OHIO, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 40,075
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$110,368,468
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,754

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	3,397	8.5	0	0.0
1-500	6,030	15.0	1,409,738	1.3
501-1,000	4,274	10.7	3,157,688	2.9
1,001-1,500	3,439	8.6	4,271,097	3.9
1,501-2,000	3,032	7.6	5,300,677	4.8
2,001-2,500	2,776	6.9	6,227,917	5.6
2,501-3,000	2,445	6.1	6,704,222	6.1
3,001-3,500	2,280	5.7	7,405,451	6.7
3,501-4,000	1,860	4.6	6,969,009	6.3
4,001-4,500	1,636	4.1	6,944,185	6.3
4,501-5,000	1,567	3.9	7,440,397	6.7
5,001-5,500	1,308	3.3	6,860,704	6.2
5,501-6,000	1,094	2.7	6,282,090	5.7
6,001-6,500	922	2.3	5,758,491	5.2
6,501-7,000	755	1.9	5,092,286	4.6
7,001-7,500	648	1.6	4,696,810	4.3
7,501-8,000	475	1.2	3,678,101	3.3
8,001-8,500	432	1.1	3,561,777	3.2
8,501-9,000	352	0.9	3,082,069	2.8
9,001-9,500	263	0.7	2,426,878	2.2
9,501-10,000	241	0.6	2,344,279	2.1
10,001+	849	2.1	10,754,602	9.7

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 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	268,781	144,908	118,329	5,463	81	0	2,763,821	1,445,786	1,267,220	49,998	817	0
Age												
5 and younger	8	0	3	0	5	0	87	0	36	0	51	0
6-14	24	0	18	0	6	0	254	0	199	0	55	0
15-20	442	0	397	5	40	0	4,775	0	4,308	45	422	0
21-44	50,729	0	46,980	3,719	30	0	544,037	0	509,331	34,417	289	0
45-64	72,444	120	70,784	1,540	0	0	766,839	1,113	751,792	13,934	0	0
65-74	53,286	52,971	147	168	0	0	550,937	548,059	1,554	1,324	0	0
75-84	51,769	51,740	0	29	0	0	519,536	519,266	0	270	0	0
85 and older	40,075	40,073	0	2	0	0	377,321	377,313	0	8	0	0
Unknown	4	4	0	0	0	0	35	35	0	0	0	0
Gender												
Female	170,784	107,252	60,586	2,910	36	0	1,771,855	1,087,047	657,513	26,947	348	0
Male	97,997	37,656	57,743	2,553	45	0	991,966	358,739	609,707	23,051	469	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	206,531	113,801	88,639	4,041	50	0	2,112,906	1,123,470	952,429	36,516	491	0
African American	56,585	27,794	27,482	1,279	30	0	591,831	287,658	291,683	12,176	314	0
Other/unknown	5,665	3,313	2,208	143	1	0	59,084	34,658	23,108	1,306	12	0
Use of Nursing Facilities^c												
Entire year	45,323	40,554	4,768	1	0	0	454,283	401,495	52,785	3	0	0
Part year	26,901	22,508	4,375	17	1	0	253,476	207,749	45,539	177	11	0
None	196,557	81,846	109,186	5,445	80	0	2,056,062	836,542	1,168,896	49,818	806	0
Maintenance Assistance Status												
Cash	75,283	29,200	45,674	409	0	0	852,487	331,931	516,300	4,256	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	31,346	15,481	15,648	203	14	0	322,829	160,158	161,213	1,310	148	0
Other/unknown	162,152	100,227	57,007	4,851	67	0	1,588,505	953,697	589,707	44,432	669	0
Dual Status^d												
Full dual, all year	222,795	120,512	97,230	4,973	80	0	2,266,112	1,181,336	1,039,109	44,862	805	0
Full dual, part year	45,986	24,396	21,099	490	1	0	497,709	264,450	228,111	5,136	12	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	265,387	144,859	117,020	3,441	67	0	2,728,480	1,445,257	1,252,723	29,835	665	0
FFS part year, with Rx claims	2,030	35	1,025	962	8	0	22,497	395	11,614	10,399	89	0
FFS part year, no Rx claims	632	12	261	356	3	0	6,198	115	2,706	3,348	29	0
MC all year, with Rx claims	2	0	0	2	0	0	18	0	0	18	0	0
MC all year, no Rx claims	730	2	23	702	3	0	6,628	19	177	6,398	34	0

Source: Data for this table are from the MAX 2005 file for Ohio, 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, OHIO, 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	268,781	2,763,821	268,049	2,745,229	0	18,592
Fee-for-service (FFS) all year	265,387	2,728,480	265,387	2,728,480	0	0
FFS part year, with Rx claims	2,030	22,497	2,030	13,805	0	8,692
FFS part year, with no Rx claims	632	6,198	632	2,944	0	3,254
Managed care (MC) all year, with Rx claims	2	18	0	0	0	18
MC all year, with no Rx claims	730	6,628	0	0	0	6,628

Source: Data for this table are from the MAX 2005 file for Ohio, 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