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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	384,216	266,642	115,050	2,430	44	50	4,113,410	2,855,649	1,242,869	14,118	360	414
Age												
5 and younger	31	0	25	0	6	0	299	0	247	0	52	0
6-14	108	1	86	0	21	0	1,120	10	931	0	179	0
15-20	704	0	680	8	16	0	7,432	0	7,264	41	127	0
21-44	46,783	3	45,363	1,415	0	2	497,588	32	488,741	8,795	0	20
45-64	67,330	27	66,313	975	1	14	728,210	199	722,788	5,101	2	120
65-74	104,792	103,097	1,634	27	0	34	1,137,384	1,121,144	15,813	153	0	274
75-84	101,717	101,066	647	4	0	0	1,105,645	1,100,353	5,267	25	0	0
85 and older	62,751	62,448	302	1	0	0	635,732	633,911	1,818	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	251,348	187,294	62,406	1,577	21	50	2,703,940	2,018,408	675,972	8,955	191	414
Male	132,868	79,348	52,644	853	23	0	1,409,470	837,241	566,897	5,163	169	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	168,722	114,933	53,076	677	11	25	1,785,014	1,197,313	582,810	4,549	123	219
African American	65,234	36,345	27,804	1,061	12	12	673,879	383,117	286,131	4,446	84	101
Other/unknown	150,260	115,364	34,170	692	21	13	1,654,517	1,275,219	373,928	5,123	153	94
Use of Nursing Facilities^c												
Entire year	54,015	48,977	5,037	1	0	0	556,456	500,589	55,865	2	0	0
Part year	30,474	26,937	3,534	3	0	0	299,981	263,388	36,569	24	0	0
None	299,727	190,728	106,479	2,426	44	50	3,256,973	2,091,672	1,150,435	14,092	360	414
Maintenance Assistance Status												
Cash	254,803	169,581	84,626	595	1	0	2,801,614	1,886,831	910,312	4,459	12	0
Medically needy	564	0	0	564	0	0	4,535	0	0	4,535	0	0
Poverty-related	3,850	1,326	2,041	407	26	50	36,909	14,076	19,985	2,242	192	414
Other/unknown	124,999	95,735	28,383	864	17	0	1,270,352	954,742	312,572	2,882	156	0
Dual Medicare Status^d												
Full dual, all year	374,011	259,945	111,564	2,408	44	50	4,010,632	2,788,174	1,207,808	13,876	360	414
Full dual, part year	10,205	6,697	3,486	22	0	0	102,778	67,475	35,061	242	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	350,056	243,968	103,963	2,045	30	50	3,773,060	2,621,221	1,138,970	12,181	274	414
FFS part year, with Rx claims	6,806	3,401	3,123	274	8	0	29,139	13,219	14,786	1,109	25	0
FFS part year, no Rx claims	957	497	443	16	1	0	3,721	1,807	1,866	43	5	0

Source: Data for this table are from the MAX 2005 file for Texas, 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, TEXAS, 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	89.0	32.3	\$2,689	\$83	\$12,100	22.2	384,216
Age							
5 and younger	90.3	36.2	5,570	154	29,135	19.1	31
6-14	93.5	45.4	9,084	200	23,306	39.0	108
15-20	80.7	20.6	2,879	140	13,970	20.6	704
21-44	81.9	18.5	2,454	133	11,553	21.2	46,783
45-64	87.1	30.7	3,113	102	14,119	22.0	67,330
65-74	88.8	28.4	2,427	86	8,257	29.4	104,792
75-84	91.3	36.2	2,732	76	11,895	23.0	101,717
85 and older	92.9	44.6	2,760	62	17,040	16.2	62,751
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.8	35.2	2,624	75	11,689	22.4	266,642
Disabled	85.1	26.0	2,871	110	13,205	21.7	115,050
Adults	75.4	12.2	1,181	97	4,645	25.4	2,430
Children	81.8	30.7	6,410	209	30,425	21.1	44
Unknown	38.0	4.8	657	138	3,234	20.3	50
Gender							
Female	91.4	35.0	2,798	80	12,133	23.1	251,348
Male	84.3	27.1	2,482	92	12,036	20.6	132,868
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.6	40.7	3,163	78	15,728	20.1	168,722
African American	86.7	28.4	2,290	81	10,256	22.3	65,234
Other/unknown	89.2	24.5	2,329	95	8,825	26.4	150,260
Use of Nursing Facilities^f							
Entire year	97.1	76.7	4,822	63	27,888	17.3	54,015
Part year	91.4	49.2	3,160	64	19,388	16.3	30,474
None	87.2	22.5	2,256	100	8,513	26.5	299,727
Maintenance Assistance Status							
Cash	89.1	21.3	2,180	102	6,192	35.2	254,803
Medically needy	90.2	14.9	1,532	103	8,526	18.0	564
Poverty related	75.6	9.8	955	98	3,393	28.1	3,850
Other/unknown	89.0	55.4	3,784	68	24,426	15.5	124,999

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	3.0	\$251	22.2	11.0	24.1	22.8	25.4	12.1	4.6	\$1,130	384,216	4,113,410
Age												
5 and younger	3.7	578	19.1	9.7	3.2	16.1	45.2	25.8	0.0	3,021	31	299
6-14	4.4	876	39.0	6.5	7.4	12.0	48.1	21.3	4.6	2,247	108	1,120
15-20	2.0	273	20.6	19.3	37.5	14.3	20.0	6.8	2.0	1,323	704	7,432
21-44	1.7	231	21.2	18.1	36.4	21.6	18.5	3.6	1.7	1,086	46,783	497,588
45-64	2.8	288	22.0	12.9	22.4	23.9	28.1	8.2	4.5	1,305	67,330	728,210
65-74	2.6	224	29.4	11.2	26.8	26.4	23.8	7.8	3.9	761	104,792	1,137,384
75-84	3.3	251	23.0	8.7	22.1	23.5	25.6	14.5	5.6	1,094	101,717	1,105,645
85 and older	4.4	272	16.2	7.1	15.1	15.7	29.6	25.6	6.8	1,682	62,751	635,732
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.3	245	22.4	9.2	22.4	22.8	25.9	14.5	5.2	1,092	266,642	2,855,649
Disabled	2.4	266	21.7	14.9	28.0	22.9	24.3	6.5	3.4	1,222	115,050	1,242,869
Adults	2.1	203	25.4	24.6	27.4	22.4	19.1	2.9	3.5	800	2,430	14,118
Children	3.8	783	21.1	18.2	11.4	9.1	36.4	22.7	2.3	3,719	44	360
Unknown	0.6	79	20.3	62.0	22.0	16.0	0.0	0.0	0.0	391	50	414
Gender												
Female	3.3	260	23.1	8.6	21.8	23.7	27.6	13.1	5.3	1,128	251,348	2,703,940
Male	2.6	234	20.6	15.7	28.3	21.2	21.1	10.2	3.5	1,135	132,868	1,409,470
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.8	299	20.1	10.4	18.5	18.6	27.0	18.1	7.4	1,487	168,722	1,785,014
African American	2.8	222	22.3	13.3	25.0	22.2	26.0	10.1	3.5	993	65,234	673,879
Other/unknown	2.2	212	26.4	10.8	29.9	27.9	23.3	6.1	2.0	802	150,260	1,654,517
Use of Nursing Facilities^f												
Entire year	7.5	468	17.3	2.9	2.9	4.4	25.5	45.5	18.8	2,707	54,015	556,456
Part year	5.0	321	16.3	8.6	10.5	11.2	31.9	29.6	8.3	1,970	30,474	299,981
None	2.1	208	26.5	12.8	29.3	27.3	24.7	4.2	1.7	783	299,727	3,256,973
Maintenance Assistance Status												
Cash	1.9	198	35.2	10.9	30.6	29.4	25.0	2.9	1.2	563	254,803	2,801,614
Medically needy	1.9	191	18.0	9.8	30.0	30.7	27.7	1.1	0.9	1,060	564	4,535
Poverty related	1.0	100	28.1	24.4	51.4	13.7	7.0	2.2	1.4	354	3,850	36,909
Other/unknown	5.5	372	15.5	11.0	9.9	9.8	26.6	31.1	11.7	2,404	124,999	1,270,352

Source: Data for this table are from the MAX 2005 file for Texas, 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, TEXAS, 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	3.0	\$251	\$83	1.3	\$200	\$149	0.1	\$10	\$94	1.6	\$41	\$26
Age												
5 and younger	3.7	578	154	1.4	484	344	0.4	38	96	1.9	56	29
6-14	4.4	876	200	1.9	793	417	0.2	20	103	2.3	62	27
15-20	2.0	273	140	0.9	235	269	0.1	13	128	1.0	26	26
21-44	1.7	231	133	0.7	188	253	0.1	13	151	0.9	30	33
45-64	2.8	288	102	1.2	227	186	0.1	14	137	1.5	46	31
65-74	2.6	224	86	1.2	180	148	0.1	8	91	1.3	36	28
75-84	3.3	251	76	1.5	201	132	0.1	9	76	1.7	42	25
85 and older	4.4	272	62	1.8	210	114	0.2	11	64	2.4	52	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.3	245	75	1.5	195	132	0.1	9	76	1.7	42	25
Disabled	2.4	266	110	1.0	212	205	0.1	14	141	1.3	40	31
Adults	2.1	203	97	0.8	155	191	0.1	13	156	1.2	35	29
Children	3.8	783	209	1.6	695	443	0.2	21	115	2.0	67	34
Unknown	0.6	79	138	0.2	56	228	0.1	15	207	0.3	9	34
Gender												
Female	3.3	260	80	1.4	206	143	0.1	11	89	1.7	43	26
Male	2.6	234	92	1.2	189	163	0.1	9	108	1.3	36	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.8	299	78	1.6	233	142	0.1	14	94	2.1	52	25
African American	2.8	222	81	1.2	177	152	0.1	8	96	1.5	37	25
Other/unknown	2.2	212	95	1.1	173	159	0.1	8	93	1.1	31	29
Use of Nursing Facilities^e												
Entire year	7.5	468	63	3.2	364	115	0.2	17	68	4.0	87	22
Part year	5.0	321	64	2.1	246	119	0.2	13	77	2.8	62	22
None	2.1	208	100	1.0	167	174	0.1	9	111	1.0	31	30
Maintenance Assistance Status												
Cash	1.9	198	102	0.9	161	176	0.1	8	111	0.9	29	31
Medically needy	1.9	191	103	0.7	143	202	0.1	13	181	1.1	35	32
Poverty related	1.0	100	98	0.4	80	180	0.0	4	107	0.5	15	28
Other/unknown	5.5	372	68	2.3	289	126	0.2	15	80	3.0	68	23

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$21	\$15	\$3	\$4	\$84	\$189	\$89	\$25	562,659	\$47,012,900	197,714	51.5	2,215,169
Biologicals	0.4	0.0	0.2	0.1	1,698	28	1,314	355	4735	5,620	6,195	2,514	71	336,194	17	0.0	198
Antineoplastic Agents	0.4	0.1	0.0	0.3	77	43	1	34	207	586	188	115	73,865	15,297,125	18,839	4.9	197,598
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	53	40	4	9	81	155	53	29	1,295,053	105,235,790	176,334	45.9	1,972,019
Cardiovascular Agents	1.1	0.5	0.0	0.6	71	58	0	13	64	118	54	21	3,183,881	203,917,462	257,906	67.1	2,859,401
Respiratory Agents	0.4	0.2	0.0	0.2	27	22	1	3	65	112	55	17	648,530	42,397,922	141,767	36.9	1,585,226
Gastrointestinal Agents	0.6	0.4	0.0	0.2	58	54	0	4	94	139	67	19	1,058,390	99,356,072	153,385	39.9	1,701,494
Genitourinary Agents	0.4	0.3	0.0	0.1	35	30	1	4	86	106	77	39	255,690	22,085,493	56,749	14.8	635,108
CNS Drugs	0.9	0.5	0.0	0.4	102	89	2	11	111	181	154	27	1,741,313	193,341,616	173,165	45.1	1,903,814
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	76	68	2	6	171	221	152	46	14,045	2,396,940	2,850	0.7	31,711
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	129	129	0	1	166	167	145	61	303,258	50,301,627	36,177	9.4	389,025
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	34	19	6	10	66	190	240	25	1,103,376	73,278,570	191,994	50.0	2,147,520
Neuromuscular Agents	0.7	0.2	0.0	0.4	62	35	4	22	94	198	145	50	722,643	68,172,618	99,272	25.8	1,108,273
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	8	18	28	42	17	316,180	5,683,189	61,546	16.0	670,956
Hematological Agents	0.6	0.3	0.0	0.3	73	66	1	6	131	236	83	23	477,230	62,375,208	77,544	20.2	853,436
Topical Products	0.4	0.2	0.0	0.1	23	19	1	3	61	88	64	23	616,095	37,845,546	144,715	37.7	1,627,260
Miscellaneous Products	0.2	0.1	0.0	0.2	57	46	4	7	232	797	353	42	15,375	3,565,986	5,754	1.5	62,571
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	32	0	0	0	12,421	397,899	5,213	1.4	58,972
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	12,400,075	1,032,998,157	n.a.	n.a.	n.a.

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

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Texas, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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	\$115,735,207	75,648	19.7	829,674	0.6	\$252	\$139
ANTIHYPERLIPIDEMIC	84,346,862	126,749	33.0	1,450,373	0.4	160	58
ULCER DRUGS	80,070,634	141,346	36.8	1,575,733	0.5	105	51
ANTIDIABETIC	72,022,949	160,983	41.9	1,816,039	0.4	91	40
ANTIDEPRESSANTS	57,169,880	136,845	35.6	1,507,729	0.5	77	38
ANTIHYPERTENSIVE	53,813,761	194,751	50.7	2,188,329	0.4	59	25
ANTICONVULSANT	53,729,089	77,410	20.1	866,366	0.5	115	62
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	50,357,318	46,164	12.0	497,802	0.6	166	101
MISC. HEMATOLOGICAL	37,650,344	50,470	13.1	561,932	0.4	149	67
ANALGESICS - ANTI-INFLAMMATORY	34,162,910	99,540	25.9	1,141,784	0.3	117	30
Total	639,058,954	1,109,906		12,435,761	n.a.	n.a.	n.a.

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIHYPERTENSIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
All	5,506,677	\$639,058,954	75,648	19.7	829,674	0.6	\$140	126,749	33.0	1,450,373	0.4	\$58
Female												
All Females	3,838,635	433,139,697	46,725	18.6	511,918	0.6	126	86,714	34.5	994,872	0.4	58
Female, Disabled												
All Ages	762,429	115,824,165	15,964	25.6	180,719	0.5	161	16,528	26.5	190,075	0.3	53
5 and younger	27	424	0	0.0	0	0.0	0	2	28.6	21	0.3	5
6-14	567	37,618	1	2.2	12	0.3	78	12	26.7	136	0.6	48
15-20	2,234	304,064	69	22.9	760	0.4	138	16	5.3	182	0.5	47
21-44	176,444	33,082,572	6,406	30.3	72,185	0.4	161	2,253	10.6	25,910	0.3	49
45-64	560,892	79,995,636	9,231	23.6	105,350	0.5	162	13,636	34.8	157,237	0.3	54
65-74	16,689	1,822,689	171	17.2	1,775	0.7	114	432	43.5	4,799	0.4	61
75-84	4,343	462,789	48	9.9	392	0.4	84	143	29.5	1,498	0.3	60
85 and older	1,233	118,373	38	15.1	245	0.4	63	34	13.5	292	0.4	67
Female, Other Eligibles												
All Ages	3,076,206	317,315,532	30,761	16.3	331,199	0.6	108	70,186	37.1	804,797	0.4	59
5 and younger	10	122	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	9,399	3	23.1	34	0.6	208	0	0.0	0	0.0	0
15-20	63	5,453	2	16.7	24	0.8	137	0	0.0	0	0.0	0
21-44	4,611	709,199	188	18.4	1,568	0.3	112	56	5.5	474	0.3	48
45-64	2,472	307,619	42	7.4	310	0.4	107	103	18.1	757	0.3	45
65-74	921,972	108,727,074	6,964	10.4	78,027	0.6	134	31,743	47.6	365,703	0.3	56
75-84	1,216,729	125,089,131	11,554	16.4	125,752	0.6	108	28,326	40.3	326,694	0.4	61
85 and older	930,277	82,467,535	12,008	23.9	125,484	0.6	91	9,958	19.8	111,169	0.5	64
Male												
All Males	1,668,042	205,919,257	28,923	21.8	317,756	0.6	161	40,035	30.1	455,501	0.4	59
Male, Disabled												
All Ages	592,778	92,959,152	16,503	31.3	187,019	0.5	195	11,937	22.7	137,439	0.4	57
5 and younger	87	4,578	0	0.0	0	0.0	0	1	5.6	12	0.2	10
6-14	592	38,908	2	4.9	24	0.5	63	9	22.0	108	0.6	45
15-20	3,127	488,770	124	32.7	1,389	0.5	162	28	7.4	334	0.4	46
21-44	198,355	39,081,078	8,421	34.8	95,050	0.5	200	3,168	13.1	36,623	0.4	53
45-64	377,847	52,085,980	7,798	28.7	88,852	0.6	192	8,465	31.2	97,517	0.4	59
65-74	11,085	1,097,568	137	21.3	1,479	0.7	144	227	35.4	2,469	0.5	65
75-84	1,207	111,702	13	8.0	137	0.5	78	32	19.6	310	0.4	56
85 and older	478	50,568	8	16.0	88	0.7	124	7	14.0	66	0.7	105

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, TEXAS, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIHYPERTENSIVE				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	Mean \$ per Benefit Month
						Number of Rx per Benefit Month					Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	1,075,264	112,960,105	12,420	15.5	130,737	0.6	111	28,098	35.0	318,062	0.4	60
5 and younger	6	490	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	59	3,726	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	133	11,026	1	8.3	12	0.9	264	0	0.0	0	0.0	0
21-44	1,778	275,793	55	13.7	467	0.3	137	60	15.0	555	0.3	44
45-64	2,015	276,107	31	6.9	173	0.5	144	96	21.5	753	0.3	51
65-74	445,201	49,424,405	4,363	12.0	47,743	0.6	134	14,365	39.4	163,350	0.3	58
75-84	440,783	45,786,926	5,102	16.6	53,955	0.6	103	11,149	36.3	127,337	0.4	61
85 and older	185,289	17,181,632	2,868	23.5	28,387	0.6	88	2,428	19.9	26,067	0.5	64
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	141,346	36.8	1,575,733	0.5	\$51	160,983	41.9	1,816,039	0.4	\$40	136,845	35.6	1,507,729	0.5	\$38
Female															
All Females	101,054	40.2	1,130,257	0.5	51	112,308	44.7	1,270,803	0.4	40	100,169	39.9	1,108,006	0.5	38
Female, Disabled															
All Ages	20,720	33.2	235,424	0.4	47	23,335	37.4	265,434	0.4	43	30,841	49.4	349,366	0.4	39
5 and younger	3	42.9	35	0.4	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	51.1	257	0.5	49	2	4.4	24	0.5	25	10	22.2	114	0.3	17
15-20	88	29.2	1,030	0.4	34	28	9.3	314	0.5	62	104	34.6	1,206	0.4	28
21-44	4,816	22.7	54,829	0.4	40	3,485	16.5	39,542	0.3	40	9,382	44.3	105,756	0.4	39
45-64	15,156	38.7	172,890	0.4	50	18,869	48.2	215,531	0.4	44	20,828	53.2	237,216	0.4	39
65-74	432	43.5	4,529	0.5	54	681	68.6	7,273	0.5	45	365	36.8	3,858	0.5	41
75-84	139	28.7	1,420	0.4	40	223	46.1	2,369	0.4	35	103	21.3	907	0.4	33
85 and older	63	25.0	434	0.5	43	47	18.7	381	0.3	33	49	19.4	309	0.4	28
Female, Other Eligibles															
All Ages	80,334	42.5	894,833	0.5	52	88,973	47.1	1,005,369	0.5	39	69,328	36.7	758,640	0.5	37
5 and younger	2	50.0	20	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	23.1	25	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	8.3	2	1.0	106	2	16.7	24	0.8	48
21-44	173	17.0	1,301	0.4	45	139	13.6	1,202	0.4	46	451	44.3	3,686	0.3	35
45-64	102	17.9	758	0.4	42	151	26.5	1,126	0.3	37	196	34.4	1,511	0.3	39
65-74	27,432	41.1	313,209	0.4	47	39,334	58.9	450,648	0.4	41	20,269	30.4	229,890	0.4	34
75-84	30,248	43.0	340,617	0.5	52	34,928	49.7	396,590	0.5	38	25,803	36.7	285,137	0.5	38
85 and older	22,374	44.5	238,903	0.6	59	14,420	28.7	155,801	0.6	35	22,607	45.0	238,392	0.6	40
Male															
All Males	40,292	30.3	445,476	0.5	50	48,675	36.6	545,236	0.4	40	36,676	27.6	399,723	0.5	38
Male, Disabled															
All Ages	12,339	23.4	139,573	0.5	52	13,861	26.3	157,015	0.4	44	16,196	30.8	182,142	0.5	40
5 and younger	8	44.4	78	0.7	34	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	19	46.3	212	0.6	65	2	4.9	24	0.3	21	5	12.2	55	0.7	35
15-20	70	18.5	795	0.4	34	18	4.7	208	0.5	45	112	29.6	1,264	0.5	41
21-44	4,043	16.7	45,844	0.4	48	2,990	12.4	33,919	0.4	44	6,943	28.7	78,006	0.4	40
45-64	7,928	29.2	89,847	0.5	54	10,416	38.3	118,119	0.4	44	8,904	32.8	100,408	0.5	40
65-74	212	33.0	2,240	0.6	51	370	57.6	4,072	0.5	44	202	31.5	2,162	0.6	42
75-84	46	28.2	442	0.5	47	58	35.6	589	0.5	40	21	12.9	179	0.4	26
85 and older	13	26.0	115	0.5	59	7	14.0	84	0.7	34	9	18.0	68	0.8	53

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, TEXAS, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
Male, Other Eligibles															
All Ages	27,953	34.8	305,903	0.5	50	34,814	43.4	388,221	0.4	38	20,480	25.5	217,581	0.5	37
5 and younger	2	100.0	15	0.4	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	33.3	26	0.5	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	41.7	44	0.7	70	0	0.0	0	0.0	0	3	25.0	36	1.0	27
21-44	78	19.5	673	0.3	44	80	20.0	736	0.3	45	111	27.7	1,036	0.3	44
45-64	75	16.8	646	0.3	40	142	31.8	1,007	0.4	57	122	27.3	994	0.3	37
65-74	11,777	32.3	131,958	0.4	47	17,539	48.2	198,776	0.4	39	7,748	21.3	85,428	0.5	36
75-84	11,096	36.1	122,156	0.5	50	13,457	43.8	150,285	0.5	38	8,254	26.8	87,780	0.5	37
85 and older	4,917	40.4	50,385	0.6	56	3,596	29.5	37,417	0.5	34	4,242	34.8	42,307	0.6	37
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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.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.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	194,751	50.7	2,188,329	0.4	\$25	77,410	20.1	866,366	0.5	\$62	46,164	12.0	497,802	0.6	\$101
Female															
All Females	137,211	54.6	1,545,466	0.4	26	49,698	19.8	556,638	0.5	57	33,553	13.3	364,501	0.6	103
Female, Disabled															
All Ages	23,669	37.9	267,350	0.3	23	20,359	32.6	231,826	0.5	80	2,130	3.4	23,938	0.5	230
5 and younger	0	0.0	0	0.0	0	1	14.3	12	0.4	5	0	0.0	0	0.0	0
6-14	43	95.6	461	0.5	25	9	20.0	102	0.4	35	0	0.0	0	0.0	0
15-20	59	19.6	668	0.4	17	80	26.6	916	0.5	90	1	0.3	12	0.1	23
21-44	3,756	17.7	42,123	0.3	19	7,122	33.6	80,896	0.5	98	421	2.0	4,815	0.4	344
45-64	18,881	48.2	214,467	0.4	23	12,868	32.9	147,166	0.5	70	1,561	4.0	17,930	0.5	207
65-74	596	60.1	6,490	0.4	26	206	20.8	2,145	0.6	51	68	6.9	720	0.6	124
75-84	259	53.5	2,560	0.4	25	52	10.7	426	0.5	33	49	10.1	317	0.5	90
85 and older	75	29.8	581	0.5	23	21	8.3	163	0.5	23	30	11.9	144	0.5	67
Female, Other Eligibles															
All Ages	113,542	60.1	1,278,116	0.4	26	29,339	15.5	324,812	0.5	41	31,423	16.6	340,563	0.6	94
5 and younger	3	75.0	30	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	38.5	58	0.5	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	24	0.4	20	1	8.3	12	1.1	24	0	0.0	0	0.0	0
21-44	139	13.6	1,073	0.3	17	226	22.2	1,894	0.4	68	16	1.6	170	0.3	273
45-64	174	30.5	1,207	0.3	22	89	15.6	698	0.4	62	8	1.4	52	0.4	87
65-74	41,637	62.4	476,165	0.4	26	10,800	16.2	122,745	0.5	45	4,321	6.5	48,432	0.5	89
75-84	44,781	63.7	509,224	0.4	27	11,276	16.0	125,542	0.5	40	13,142	18.7	143,586	0.6	93
85 and older	26,801	53.3	290,335	0.5	25	6,947	13.8	73,921	0.6	36	13,936	27.7	148,323	0.7	97
Male															
All Males	57,540	43.3	642,863	0.4	23	27,712	20.9	309,728	0.6	71	12,611	9.5	133,301	0.6	96
Male, Disabled															
All Ages	15,768	30.0	177,354	0.4	22	15,991	30.4	182,270	0.6	90	1,461	2.8	16,496	0.5	134
5 and younger	5	27.8	54	0.4	14	3	16.7	34	0.3	30	0	0.0	0	0.0	0
6-14	45	109.8	477	0.7	34	3	7.3	31	0.5	10	0	0.0	0	0.0	0
15-20	92	24.3	1,025	0.4	20	78	20.6	898	0.7	149	2	0.5	24	0.4	88
21-44	4,177	17.3	46,760	0.4	20	7,428	30.7	84,780	0.6	103	315	1.3	3,567	0.4	163
45-64	11,029	40.6	124,620	0.4	22	8,309	30.6	94,739	0.6	79	1,067	3.9	12,118	0.5	130
65-74	357	55.6	3,791	0.5	22	151	23.5	1,648	0.6	57	63	9.8	671	0.5	71
75-84	51	31.3	499	0.4	21	14	8.6	99	0.7	66	4	2.5	30	0.5	50
85 and older	12	24.0	128	0.6	31	5	10.0	41	0.6	47	10	20.0	86	0.6	90

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, TEXAS, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE										ANTICONSULSANT					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	41,772	52.1	465,509	0.4	23	11,721	14.6	127,458	0.5	43	11,150	13.9	116,805	0.6	90					
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	8	88.9	60	0.8	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	4	33.3	39	0.5	4	1	8.3	12	1.8	294	0	0.0	0	0.0	0					
21-44	87	21.7	782	0.3	18	91	22.7	780	0.4	65	6	1.5	51	0.2	33					
45-64	119	26.6	849	0.3	25	68	15.2	578	0.4	65	6	1.3	50	0.2	83					
65-74	19,246	52.8	216,690	0.4	23	5,439	14.9	60,743	0.5	46	2,631	7.2	28,780	0.6	86					
75-84	16,667	54.2	187,660	0.4	23	4,426	14.4	48,213	0.5	40	5,282	17.2	55,878	0.6	91					
85 and older	5,641	46.3	59,429	0.5	22	1,696	13.9	17,132	0.6	35	3,225	26.5	32,046	0.6	93					
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	50,470	13.1	561,932	0.4	\$67	99,540	25.9	1,141,784	0.3	\$30	384,216	4,113,410
Female												
All Females	33,938	13.5	378,623	0.5	67	72,264	28.8	830,404	0.3	32	251,348	2,703,940
Female, Disabled												
All Ages	4,141	6.6	46,640	0.4	64	16,800	26.9	193,035	0.2	38	62,406	675,972
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	71
6-14	1	2.2	12	0.6	13	5	11.1	54	0.3	3	45	485
15-20	4	1.3	48	0.1	13	60	19.9	708	0.2	13	301	3,186
21-44	291	1.4	3,280	0.3	57	4,761	22.5	54,088	0.2	31	21,173	228,520
45-64	3,628	9.3	41,038	0.4	64	11,595	29.6	133,994	0.2	41	39,152	428,718
65-74	145	14.6	1,535	0.5	71	253	25.5	2,849	0.3	41	992	9,559
75-84	53	11.0	551	0.4	70	102	21.1	1,133	0.3	22	484	3,997
85 and older	19	7.5	176	0.4	81	24	9.5	209	0.2	14	252	1,436
Female, Other Eligibles												
All Ages	29,797	15.8	331,983	0.5	68	55,464	29.4	637,369	0.3	31	188,942	2,027,968
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	37
6-14	2	15.4	20	0.5	49	2	15.4	24	0.2	2	13	113
15-20	0	0.0	0	0.0	0	1	8.3	9	0.1	1	12	88
21-44	10	1.0	105	0.2	57	252	24.7	1,904	0.3	36	1,019	6,180
45-64	29	5.1	209	0.3	55	121	21.2	1,043	0.3	22	570	2,918
65-74	8,836	13.2	100,946	0.4	65	22,664	34.0	263,167	0.2	32	66,741	732,532
75-84	12,076	17.2	136,044	0.5	68	21,039	29.9	244,212	0.3	30	70,316	771,123
85 and older	8,844	17.6	94,659	0.6	71	11,385	22.6	127,010	0.4	31	50,267	514,977
Male												
All Males	16,532	12.4	183,309	0.4	67	27,276	20.5	311,380	0.2	23	132,868	1,409,470
Male, Disabled												
All Ages	2,786	5.3	31,122	0.4	73	8,720	16.6	99,900	0.2	23	52,644	566,897
5 and younger	0	0.0	0	0.0	0	1	5.6	12	0.2	3	18	176
6-14	1	2.4	12	0.1	1	4	9.8	48	0.1	1	41	446
15-20	3	0.8	36	0.2	8	58	15.3	675	0.2	5	379	4,078
21-44	269	1.1	2,988	0.4	134	3,376	14.0	38,340	0.2	19	24,190	260,221
45-64	2,377	8.8	26,650	0.4	66	5,139	18.9	59,197	0.3	27	27,161	294,070
65-74	114	17.8	1,203	0.6	79	110	17.1	1,261	0.3	19	642	6,254
75-84	15	9.2	157	0.4	60	25	15.3	291	0.3	23	163	1,270
85 and older	7	14.0	76	0.5	55	7	14.0	76	0.2	22	50	382

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, TEXAS, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	13,746	17.1	152,187	0.4	65	18,556	23.1	211,480	0.2	24	80,224	842,573
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	9	76
15-20	3	25.0	19	0.4	4	2	16.7	18	0.3	2	12	80
21-44	7	1.7	64	0.3	56	72	18.0	683	0.2	14	401	2,667
45-64	31	6.9	229	0.3	64	79	17.7	690	0.2	23	447	2,504
65-74	5,518	15.2	62,334	0.4	64	8,781	24.1	100,467	0.2	22	36,417	389,039
75-84	5,721	18.6	63,760	0.4	65	7,296	23.7	84,121	0.2	24	30,754	329,255
85 and older	2,466	20.2	25,781	0.5	68	2,326	19.1	25,501	0.3	28	12,182	118,937
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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, TEXAS, 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	\$468	7.5	54,015	556,456
Age				
0-64	630	8.3	4,755	52,996
65-74	559	8.3	8,048	85,816
75-84	483	7.7	17,753	183,610
85 and older	386	6.7	23,459	234,034
Unknown	0	0.0	0	0
Gender				
Female	459	7.5	38,628	400,928
Male	492	7.3	15,387	155,528
Unknown	0	0.0	0	0
Race				
White	467	7.6	38,698	393,123
African American	448	6.9	6,950	74,168
Other/unknown	491	7.2	8,367	89,165
Basis of Eligibility^c				
Aged	451	7.4	48,977	500,589
Disabled	626	8.3	5,037	55,865
Adults	1,156	13.5	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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, TEXAS, 2005

	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, TEXAS, 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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$39,183,894	26,492	49.0	289,713	0.7	\$182	\$135
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	27,157,193	22,179	41.1	238,760	0.8	145	114
ULCER DRUGS	21,355,175	29,925	55.4	323,499	0.7	89	66
ANTIDEPRESSANTS	20,619,656	39,658	73.4	430,250	0.8	63	48
ANTIDIABETIC	12,058,931	25,889	47.9	282,848	0.9	50	43
ANTIHYPERLIPIDEMIC	11,668,993	13,950	25.8	154,191	0.7	101	76
ANTICONVULSANT	11,389,068	17,567	32.5	193,871	0.8	71	59
MISC. HEMATOLOGICAL	9,764,561	10,949	20.3	117,935	0.7	111	83
ANTIHYPERTENSIVE	8,071,524	29,836	55.2	322,665	0.7	34	25
HEMATOPOIETIC AGENTS	7,772,387	5,821	10.8	62,835	0.6	202	124
Total	169,041,382	222,266		2,416,567	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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, TEXAS, 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	1,850,655	\$169,041,382	26,492	49.0	289,713	0.7	\$135	22,179	41.1	238,760	0.8	\$114
Female												
All Females	1,307,901	118,003,684	17,986	46.6	197,252	0.7	129	16,282	42.2	176,801	0.8	115
Female, Disabled												
All Ages	109,627	11,754,362	1,607	68.2	18,545	0.8	190	437	18.6	5,021	0.8	259
64 or younger	103,796	11,209,452	1,515	68.7	17,544	0.8	194	407	18.4	4,706	0.8	268
65-74	5,260	503,047	78	67.2	856	0.8	129	25	21.6	267	0.7	127
75-84	313	25,510	7	38.9	67	0.7	76	4	22.2	36	0.6	118
85 and older	258	16,353	7	46.7	78	0.6	85	1	6.7	12	0.3	37
Female, Other Eligibles												
All Ages	1,198,274	106,249,322	16,379	45.2	178,707	0.7	123	15,845	43.7	171,780	0.8	111
64 or younger	23	1,995	1	50.0	10	0.8	72	0	0.0	0	0.0	0
65-74	198,814	18,802,106	2,845	65.0	32,212	0.8	163	1,570	35.9	17,657	0.8	117
75-84	471,582	41,998,994	6,291	50.4	69,427	0.7	127	6,189	49.6	67,278	0.8	111
85 and older	527,855	45,446,227	7,242	37.3	77,058	0.7	102	8,086	41.6	86,845	0.8	109
Male												
All Males	542,754	51,037,698	8,506	55.3	92,461	0.8	148	5,897	38.3	61,959	0.8	111
Male, Disabled												
All Ages	119,574	12,423,754	1,952	72.8	22,404	0.9	203	465	17.3	5,258	0.7	144
64 or younger	113,438	11,880,506	1,860	73.1	21,339	0.9	205	425	16.7	4,801	0.8	149
65-74	5,651	501,847	81	65.3	933	0.7	169	37	29.8	421	0.6	86
75-84	281	19,575	5	55.6	60	0.9	150	0	0.0	0	0.0	0
85 and older	204	21,826	6	120.0	72	0.8	145	3	60.0	36	0.9	132
Male, Other Eligibles												
All Ages	423,180	38,613,944	6,554	51.6	70,057	0.7	131	5,432	42.8	56,701	0.8	108
64 or younger	72	4,195	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	140,561	13,073,720	2,137	62.3	23,686	0.8	162	1,162	33.9	12,746	0.8	109
75-84	181,212	16,258,302	2,777	52.8	29,922	0.7	121	2,513	47.8	26,422	0.8	108
85 and older	101,335	9,277,727	1,640	40.8	16,449	0.7	104	1,757	43.8	17,533	0.8	108
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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, TEXAS, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	29,925	55.4	323,499	0.7	\$66	39,658	73.4	430,250	0.8	\$48	25,889	47.9	282,848	0.9	\$43
Female															
All Females	21,537	55.8	233,706	0.7	67	28,907	74.8	314,857	0.8	48	17,992	46.6	197,509	0.9	42
Female, Disabled															
All Ages	1,525	64.8	17,252	0.7	64	2,279	96.8	25,977	0.8	55	1,500	63.7	16,884	0.9	50
64 or younger	1,433	65.0	16,312	0.7	64	2,167	98.2	24,772	0.8	55	1,392	63.1	15,755	0.9	50
65-74	76	65.5	783	0.8	67	100	86.2	1,094	0.8	57	94	81.0	995	1.0	54
75-84	8	44.4	79	0.6	68	8	44.4	68	0.4	29	10	55.6	98	0.5	19
85 and older	8	53.3	78	0.9	43	4	26.7	43	0.8	40	4	26.7	36	0.7	25
Female, Other Eligibles															
All Ages	20,012	55.2	216,454	0.7	67	26,628	73.4	288,880	0.8	47	16,492	45.5	180,625	0.8	42
64 or younger	1	50.0	2	0.5	51	1	50.0	2	1.0	82	1	50.0	2	0.5	17
65-74	2,655	60.7	29,779	0.7	67	3,802	86.9	42,799	0.8	50	3,293	75.3	37,080	0.9	47
75-84	7,218	57.9	78,868	0.7	67	10,079	80.8	110,392	0.8	49	7,114	57.0	78,531	0.9	42
85 and older	10,138	52.2	107,805	0.7	67	12,746	65.6	135,687	0.8	46	6,084	31.3	65,012	0.8	39
Male															
All Males	8,388	54.5	89,793	0.7	65	10,751	69.9	115,393	0.8	48	7,897	51.3	85,339	0.8	43
Male, Disabled															
All Ages	1,580	58.9	17,922	0.7	63	2,096	78.2	23,894	0.8	52	1,527	56.9	17,376	0.9	51
64 or younger	1,507	59.2	17,107	0.7	64	1,991	78.3	22,696	0.8	53	1,413	55.5	16,093	0.9	51
65-74	68	54.8	764	0.8	61	100	80.6	1,138	0.8	44	102	82.3	1,139	0.8	45
75-84	4	44.4	48	1.0	7	2	22.2	24	0.5	34	8	88.9	96	0.9	47
85 and older	1	20.0	3	2.0	168	3	60.0	36	0.9	61	4	80.0	48	0.8	42
Male, Other Eligibles															
All Ages	6,808	53.6	71,871	0.7	65	8,655	68.1	91,499	0.7	46	6,370	50.1	67,963	0.8	41
64 or younger	1	33.3	12	0.7	86	0	0.0	0	0.0	0	2	66.7	24	1.4	59
65-74	1,938	56.5	21,328	0.7	64	2,626	76.5	28,934	0.8	49	2,206	64.3	24,251	0.9	45
75-84	2,859	54.4	30,420	0.7	64	3,669	69.8	38,893	0.7	46	2,805	53.4	30,038	0.8	41
85 and older	2,010	50.1	20,111	0.7	67	2,360	58.8	23,672	0.7	44	1,357	33.8	13,650	0.8	36
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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, DELAWARE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONSULTANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	13,950	25.8	154,191	0.7	\$76	17,567	32.5	193,871	0.8	\$59	10,949	20.3	117,935	0.7	\$83
Female															
All Females	9,575	24.8	106,478	0.7	76	11,445	29.6	126,409	0.8	56	7,609	19.7	82,176	0.8	83
Female, Disabled															
All Ages	831	35.3	9,541	0.7	74	1,814	77.0	20,818	0.9	84	349	14.8	4,003	0.7	84
64 or younger	774	35.1	8,914	0.7	74	1,747	79.2	20,082	0.9	85	324	14.7	3,716	0.7	84
65-74	51	44.0	570	0.8	75	58	50.0	641	0.9	61	21	18.1	250	0.7	76
75-84	3	16.7	21	0.7	64	3	16.7	36	1.1	53	3	16.7	27	0.4	51
85 and older	3	20.0	36	0.3	20	6	40.0	59	0.6	30	1	6.7	10	0.3	37
Female, Other Eligibles															
All Ages	8,744	24.1	96,937	0.7	76	9,631	26.6	105,591	0.8	51	7,260	20.0	78,173	0.8	83
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	20	0.5	49
65-74	1,728	39.5	19,693	0.7	76	2,267	51.8	25,499	0.8	64	959	21.9	10,856	0.8	86
75-84	3,913	31.4	43,440	0.8	77	3,895	31.2	42,970	0.8	50	2,657	21.3	29,011	0.8	85
85 and older	3,103	16.0	33,804	0.7	74	3,469	17.9	37,122	0.8	42	3,642	18.8	38,286	0.8	82
Male															
All Males	4,375	28.4	47,713	0.7	76	6,122	39.8	67,462	0.8	63	3,340	21.7	35,759	0.7	82
Male, Disabled															
All Ages	957	35.7	10,886	0.7	73	1,952	72.8	22,544	1.0	85	451	16.8	4,989	0.7	83
64 or younger	900	35.4	10,242	0.7	72	1,876	73.7	21,659	1.0	87	409	16.1	4,542	0.7	83
65-74	55	44.4	620	0.8	80	74	59.7	861	0.8	52	41	33.1	435	0.7	86
75-84	2	22.2	24	0.9	105	1	11.1	12	0.8	102	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	20.0	12	1.0	36	1	20.0	12	0.9	116
Male, Other Eligibles															
All Ages	3,418	26.9	36,827	0.8	76	4,170	32.8	44,918	0.8	52	2,889	22.7	30,770	0.7	82
64 or younger	0	0.0	0	0.0	0	1	33.3	12	1.0	12	0	0.0	0	0.0	0
65-74	1,223	35.6	13,687	0.8	78	1,673	48.7	18,637	0.8	60	827	24.1	9,237	0.7	83
75-84	1,496	28.5	16,071	0.8	76	1,704	32.4	18,385	0.8	49	1,221	23.2	13,039	0.7	81
85 and older	699	17.4	7,069	0.7	74	792	19.7	7,884	0.7	41	841	20.9	8,494	0.7	82
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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.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, DELAWARE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						HEMATOPOIETIC AGENTS					
	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	29,836	55.2	322,665	0.7	\$25	5,821	10.8	62,835	0.6	\$124	54,015	556,456
Female												
All Females	21,248	55.0	230,200	0.7	26	3,985	10.3	43,154	0.6	123	38,628	400,928
Female, Disabled												
All Ages	1,191	50.6	13,359	0.7	25	295	12.5	3,335	0.6	131	2,355	26,238
64 or younger	1,108	50.2	12,485	0.7	25	269	12.2	3,070	0.6	120	2,206	24,810
65-74	72	62.1	770	0.7	27	25	21.6	254	0.6	271	116	1,165
75-84	7	38.9	68	0.7	28	1	5.6	11	0.1	48	18	147
85 and older	4	26.7	36	0.7	12	0	0.0	0	0.0	0	15	116
Female, Other Eligibles												
All Ages	20,057	55.3	216,841	0.7	26	3,690	10.2	39,819	0.6	122	36,273	374,690
64 or younger	1	50.0	10	0.1	1	0	0.0	0	0.0	0	2	12
65-74	2,823	64.5	31,816	0.7	26	543	12.4	5,991	0.6	123	4,376	47,275
75-84	7,362	59.0	80,244	0.7	26	1,389	11.1	15,131	0.6	119	12,471	130,784
85 and older	9,871	50.8	104,771	0.7	26	1,758	9.1	18,697	0.6	124	19,424	196,619
Male												
All Males	8,588	55.8	92,465	0.7	24	1,836	11.9	19,681	0.6	126	15,387	155,528
Male, Disabled												
All Ages	1,518	56.6	17,209	0.7	26	309	11.5	3,502	0.7	83	2,682	29,627
64 or younger	1,420	55.8	16,140	0.7	26	291	11.4	3,287	0.7	86	2,544	28,148
65-74	92	74.2	997	0.7	21	17	13.7	203	0.6	38	124	1,331
75-84	5	55.6	60	0.8	19	1	11.1	12	0.1	4	9	97
85 and older	1	20.0	12	1.0	8	0	0.0	0	0.0	0	5	51
Male, Other Eligibles												
All Ages	7,070	55.6	75,256	0.7	23	1,527	12.0	16,179	0.6	135	12,705	125,901
64 or younger	1	33.3	12	1.6	133	0	0.0	0	0.0	0	3	26
65-74	2,179	63.5	24,111	0.7	25	467	13.6	5,119	0.7	82	3,432	36,045
75-84	2,953	56.2	31,716	0.7	23	634	12.1	6,775	0.6	133	5,255	52,582
85 and older	1,937	48.2	19,417	0.7	22	426	10.6	4,285	0.6	203	4,015	37,248
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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 30,474 beneficiaries who were in nursing facilities for part of their enrollment and their 299,981 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.medispans.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}
DELAWARE, 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	186,046	48.4	2.7	1,045,516	\$50	\$19,290,154	\$18	1.9	384,216
Age									
5 and younger	24	77.4	10.5	324	514	15,947	49	9.2	31
6-14	84	77.8	8.1	877	256	27,612	31	2.8	108
15-20	318	45.2	2.5	1,757	75	53,014	30	2.6	704
21-44	19,213	41.1	2.0	94,851	47	2,181,971	23	1.9	46,783
45-64	32,763	48.7	3.0	201,005	63	4,247,943	21	2.0	67,330
65-74	48,240	46.0	2.3	236,354	44	4,559,647	19	1.8	104,792
75-84	51,246	50.4	2.8	284,009	48	4,858,501	17	1.7	101,717
85 and older	34,158	54.4	3.6	226,339	53	3,345,519	15	1.9	62,751
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	132,524	49.7	2.8	740,276	47	12,639,133	17	1.8	266,642
Disabled	52,690	45.8	2.6	302,208	57	6,590,225	22	2.0	115,050
Adults	799	32.9	1.1	2,739	21	52,158	19	1.8	2,430
Children	27	61.4	6.4	280	192	8,438	30	3.0	44
Unknown	6	12.0	0.3	13	4	200	15	0.6	50
Gender									
Female	130,222	51.8	3.0	748,032	54	13,630,476	18	1.9	251,348
Male	55,824	42.0	2.2	297,484	43	5,659,678	19	1.7	132,868
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	86,781	51.4	3.5	593,465	62	10,446,267	18	2.0	168,722
African American	28,018	43.0	2.3	148,806	41	2,700,736	18	1.8	65,234
Other/unknown	71,247	47.4	2.0	303,245	41	6,143,151	20	1.8	150,260
Use of Nursing Facilities^d									
Entire year	32,823	60.8	5.4	293,783	81	4,382,364	15	1.7	54,015
Part year	18,189	59.7	3.9	117,618	57	1,744,435	15	1.8	30,474
None	135,034	45.1	2.1	634,115	44	13,163,355	21	1.9	299,727
Maintenance Assistance Status									
Cash	114,955	45.1	1.9	471,592	40	10,208,579	22	1.8	254,803
Medically needy	244	43.3	1.4	767	27	15,322	20	1.8	564
Poverty related	1,119	29.1	0.8	3,132	18	67,964	22	1.8	3,850
Other/unknown	69,728	55.8	4.6	570,025	72	8,998,289	16	1.9	124,999

Source: Data for this table are from the MAX 2005 file for Texas, 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}
DELAWARE, 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	0.3	\$5	\$18	\$0	\$2	4,113,410
Age						
5 and younger	1.1	53	49	0	0	299
6-14	0.8	25	31	0	0	1,120
15-20	0.2	7	30	0	2	7,432
21-44	0.2	4	23	0	2	497,588
45-64	0.3	6	21	0	3	728,210
65-74	0.2	4	19	0	1	1,137,384
75-84	0.3	4	17	0	1	1,105,645
85 and older	0.4	5	15	0	1	635,732
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	4	17	0	1	2,855,649
Disabled	0.2	5	22	0	3	1,242,869
Adults	0.2	4	19	0	2	14,118
Children	0.8	23	30	0	0	360
Unknown	0.0	0	15	0	0	414
Gender						
Female	0.3	5	18	0	2	2,703,940
Male	0.2	4	19	0	1	1,409,470
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	18	0	2	1,785,014
African American	0.2	4	18	0	1	673,879
Other/unknown	0.2	4	20	0	1	1,654,517
Use of Nursing Facilities^d						
Entire year	0.5	8	15	0	3	556,456
Part year	0.4	6	15	0	2	299,981
None	0.2	4	21	0	1	3,256,973
Maintenance Assistance Status						
Cash	0.2	4	22	0	1	2,801,614
Medically needy	0.2	3	20	0	2	4,535
Poverty related	0.1	2	22	0	1	36,909
Other/unknown	0.4	7	16	0	2	1,270,352

Source: Data for this table are from the MAX 2005 file for Texas, 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}
DELAWARE, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	Total Number Rx.
All	261,190	\$74	\$19,290,154	100.0	1,045,516	\$18	100.0	1,045,516
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0
Fertility drugs	1	37	37	0.0	1	37	0.0	1
Drugs for cosmetic purposes	52	17	869	0.0	74	12	0.0	74
Cough and cold medications	58,375	60	3,516,412	18.2	121,917	29	11.7	121,917
Vitamins and minerals	60,602	93	5,623,449	29.2	313,807	18	30.0	313,807
Non-prescription drugs	57,624	38	2,214,500	11.5	182,501	12	17.5	182,501
Barbiturates	2,760	70	192,712	1.0	20,571	9	2.0	20,571
Benzodiazepines	76,261	90	6,879,582	35.7	392,417	18	37.5	392,417
Other Part D Excl Rx Drugs	5,515	156	862,593	4.5	14,228	61	1.4	14,228

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 384,216
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,032,998,157
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,688

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	42,421	11.0	\$0	0.0
1-500	57,206	14.9	12,630,338	1.2
501-1,000	41,743	10.9	31,113,400	3.0
1,001-1,500	36,239	9.4	45,145,336	4.4
1,501-2,000	32,639	8.5	56,997,418	5.5
2,001-2,500	28,282	7.4	63,490,911	6.1
2,501-3,000	24,123	6.3	66,160,418	6.4
3,001-3,500	19,874	5.2	64,449,143	6.2
3,501-4,000	16,364	4.3	61,235,042	5.9
4,001-4,500	13,511	3.5	57,307,075	5.5
4,501-5,000	11,050	2.9	52,399,264	5.1
5,001-5,500	9,118	2.4	47,800,794	4.6
5,501-6,000	7,547	2.0	43,339,774	4.2
6,001-6,500	6,383	1.7	39,829,119	3.9
6,501-7,000	5,362	1.4	36,146,951	3.5
7,001-7,500	4,537	1.2	32,850,477	3.2
7,501-8,000	3,828	1.0	29,651,757	2.9
8,001-8,500	3,316	0.9	27,321,030	2.6
8,501-9,000	2,670	0.7	23,344,608	2.3
9,001-9,500	2,398	0.6	22,164,112	2.1
9,501-10,000	1,944	0.5	18,939,731	1.8
10,001+	13,661	3.6	200,681,459	19.4

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 112,467
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$324,355,189
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$2,884

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	16,697	14.8		0	0.0
1-500	20,020	17.8		4,065,406	1.3
501-1,000	11,579	10.3		8,556,691	2.6
1,001-1,500	9,181	8.2		11,391,273	3.5
1,501-2,000	7,766	6.9		13,542,207	4.2
2,001-2,500	6,549	5.8		14,691,204	4.5
2,501-3,000	5,573	5.0		15,301,137	4.7
3,001-3,500	4,696	4.2		15,231,086	4.7
3,501-4,000	3,818	3.4		14,295,139	4.4
4,001-4,500	3,207	2.9		13,606,158	4.2
4,501-5,000	2,824	2.5		13,391,435	4.1
5,001-5,500	2,365	2.1		12,402,361	3.8
5,501-6,000	2,034	1.8		11,686,813	3.6
6,001-6,500	1,785	1.6		11,142,156	3.4
6,501-7,000	1,581	1.4		10,662,647	3.3
7,001-7,500	1,436	1.3		10,406,451	3.2
7,501-8,000	1,213	1.1		9,400,266	2.9
8,001-8,500	1,032	0.9		8,506,918	2.6
8,501-9,000	919	0.8		8,029,041	2.5
9,001-9,500	842	0.7		7,785,216	2.4
9,501-10,000	700	0.6		6,821,855	2.1
10,001+	6,650	5.9		103,439,729	31.9

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 269,260
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$705,441,421
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,619

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	25,104	9.3	0	0.0
1-500	36,347	13.5	8,409,099	1.2
501-1,000	29,886	11.1	22,350,973	3.2
1,001-1,500	26,880	10.0	33,532,917	4.8
1,501-2,000	24,750	9.2	43,240,825	6.1
2,001-2,500	21,648	8.0	48,606,276	6.9
2,501-3,000	18,486	6.9	50,683,652	7.2
3,001-3,500	15,118	5.6	49,025,003	6.9
3,501-4,000	12,516	4.6	46,827,761	6.6
4,001-4,500	10,277	3.8	43,587,331	6.2
4,501-5,000	8,187	3.0	38,823,370	5.5
5,001-5,500	6,735	2.5	35,305,818	5.0
5,501-6,000	5,498	2.0	31,566,678	4.5
6,001-6,500	4,582	1.7	28,586,910	4.1
6,501-7,000	3,768	1.4	25,397,177	3.6
7,001-7,500	3,092	1.1	22,379,394	3.2
7,501-8,000	2,603	1.0	20,158,861	2.9
8,001-8,500	2,278	0.8	18,764,308	2.7
8,501-9,000	1,743	0.6	15,245,190	2.2
9,001-9,500	1,551	0.6	14,332,520	2.0
9,501-10,000	1,241	0.5	12,088,290	1.7
10,001+	6,970	2.6	96,529,068	13.7

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 104,792
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$254,348,408
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,427

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	11,755	11.2		0	0.0
1-500	15,315	14.6		3,437,392	1.4
501-1,000	12,103	11.5		9,047,760	3.6
1,001-1,500	10,795	10.3		13,459,013	5.3
1,501-2,000	9,777	9.3		17,092,930	6.7
2,001-2,500	8,443	8.1		18,935,470	7.4
2,501-3,000	7,064	6.7		19,355,557	7.6
3,001-3,500	5,573	5.3		18,052,469	7.1
3,501-4,000	4,570	4.4		17,079,988	6.7
4,001-4,500	3,641	3.5		15,433,521	6.1
4,501-5,000	2,723	2.6		12,913,665	5.1
5,001-5,500	2,112	2.0		11,067,036	4.4
5,501-6,000	1,725	1.6		9,897,100	3.9
6,001-6,500	1,363	1.3		8,500,539	3.3
6,501-7,000	1,132	1.1		7,628,434	3.0
7,001-7,500	960	0.9		6,947,978	2.7
7,501-8,000	801	0.8		6,205,632	2.4
8,001-8,500	697	0.7		5,743,991	2.3
8,501-9,000	514	0.5		4,495,058	1.8
9,001-9,500	479	0.5		4,427,551	1.7
9,501-10,000	415	0.4		4,046,006	1.6
10,001+	2,835	2.7		40,581,318	16.0

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 101,717
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$277,921,566
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,732

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,872	8.7	0	0.0
1-500	12,622	12.4	2,947,729	1.1
501-1,000	10,814	10.6	8,109,255	2.9
1,001-1,500	10,046	9.9	12,551,403	4.5
1,501-2,000	9,494	9.3	16,570,092	6.0
2,001-2,500	8,354	8.2	18,765,221	6.8
2,501-3,000	7,136	7.0	19,558,851	7.0
3,001-3,500	5,923	5.8	19,217,051	6.9
3,501-4,000	4,886	4.8	18,284,043	6.6
4,001-4,500	4,030	4.0	17,092,155	6.1
4,501-5,000	3,224	3.2	15,288,354	5.5
5,001-5,500	2,694	2.6	14,132,306	5.1
5,501-6,000	2,229	2.2	12,798,333	4.6
6,001-6,500	1,869	1.8	11,662,189	4.2
6,501-7,000	1,508	1.5	10,167,409	3.7
7,001-7,500	1,246	1.2	9,021,182	3.2
7,501-8,000	1,118	1.1	8,660,663	3.1
8,001-8,500	966	0.9	7,960,290	2.9
8,501-9,000	757	0.7	6,625,394	2.4
9,001-9,500	676	0.7	6,245,737	2.2
9,501-10,000	521	0.5	5,072,570	1.8
10,001+	2,732	2.7	37,191,339	13.4

Source: Data for this table are from the MAX 2005 file for Texas, 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}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 62,751
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$173,171,447
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,759

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	4,477	7.1	0	0.0
1-500	8,410	13.4	2,023,978	1.2
501-1,000	6,969	11.1	5,193,958	3.0
1,001-1,500	6,039	9.6	7,522,501	4.3
1,501-2,000	5,479	8.7	9,577,803	5.5
2,001-2,500	4,851	7.7	10,905,585	6.3
2,501-3,000	4,286	6.8	11,769,244	6.8
3,001-3,500	3,622	5.8	11,755,483	6.8
3,501-4,000	3,060	4.9	11,463,730	6.6
4,001-4,500	2,606	4.2	11,061,655	6.4
4,501-5,000	2,240	3.6	10,621,351	6.1
5,001-5,500	1,929	3.1	10,106,476	5.8
5,501-6,000	1,544	2.5	8,871,245	5.1
6,001-6,500	1,350	2.2	8,424,182	4.9
6,501-7,000	1,128	1.8	7,601,334	4.4
7,001-7,500	886	1.4	6,410,234	3.7
7,501-8,000	684	1.1	5,292,566	3.1
8,001-8,500	615	1.0	5,060,027	2.9
8,501-9,000	472	0.8	4,124,738	2.4
9,001-9,500	396	0.6	3,659,232	2.1
9,501-10,000	305	0.5	2,969,714	1.7
10,001+	1,403	2.2	18,756,411	10.8

Source: Data for this table are from the MAX 2005 file for Texas, 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, DELAWARE, 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	386,704	268,302	115,865	2,443	44	50	4,186,254	2,897,672	1,272,182	15,567	413	420
Age												
5 and younger	31	0	25	0	6	0	323	0	265	0	58	0
6-14	108	1	86	0	21	0	1,175	10	966	0	199	0
15-20	711	0	687	8	16	0	7,766	0	7,567	45	154	0
21-44	47,283	3	45,856	1,422	0	2	515,008	32	505,086	9,870	0	20
45-64	67,633	27	66,611	980	1	14	740,868	200	735,073	5,467	2	126
65-74	105,587	103,880	1,646	27	0	34	1,161,573	1,145,096	16,050	153	0	274
75-84	102,387	101,730	652	5	0	0	1,119,332	1,113,957	5,346	29	0	0
85 and older	62,964	62,661	302	1	0	0	640,209	638,377	1,829	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	252,570	188,210	62,702	1,587	21	50	2,745,691	2,044,071	690,911	10,073	216	420
Male	134,134	80,092	53,163	856	23	0	1,440,563	853,601	581,271	5,494	197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	169,377	115,328	53,330	683	11	25	1,802,981	1,205,941	591,627	5,065	129	219
African American	65,941	36,693	28,160	1,064	12	12	696,088	391,938	299,036	4,919	88	107
Other/unknown	151,386	116,281	34,375	696	21	13	1,687,185	1,299,793	381,519	5,583	196	94
Use of Nursing Facilities^c												
Entire year	54,015	48,977	5,037	1	0	0	556,470	500,601	55,867	2	0	0
Part year	30,474	26,937	3,534	3	0	0	301,716	264,756	36,936	24	0	0
None	302,215	192,388	107,294	2,439	44	50	3,328,068	2,132,315	1,179,379	15,541	413	420
Maintenance Assistance Status												
Cash	257,201	171,204	85,393	603	1	0	2,867,674	1,926,153	936,170	5,339	12	0
Medically needy	564	0	0	564	0	0	4,625	0	0	4,625	0	0
Poverty related	3,854	1,326	2,041	411	26	50	38,597	14,481	20,925	2,526	245	420
Other/unknown	125,085	95,772	28,431	865	17	0	1,275,358	957,038	315,087	3,077	156	0
Dual Status^d												
Full dual, all year	376,499	261,605	112,379	2,421	44	50	4,081,281	2,829,265	1,235,858	15,325	413	420
Full dual, part year	10,205	6,697	3,486	22	0	0	104,973	68,407	36,324	242	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	350,056	243,968	103,963	2,045	30	50	3,773,066	2,621,221	1,138,970	12,181	274	420
FFS part year, with Rx claims	6,806	3,401	3,123	274	8	0	71,538	35,276	33,707	2,478	77	0
FFS part year, no Rx claims	957	497	443	16	1	0	8,245	4,260	3,902	77	6	0
MC all year, with Rx claims	26,397	18,776	7,521	95	5	0	307,490	219,402	87,247	785	56	0
MC all year, no Rx claims	2,488	1,660	815	13	0	0	25,915	17,513	8,356	46	0	0

Source: Data for this table are from the MAX 2005 file for Texas, 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, DELAWARE, 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	386,704	4,186,254	384,216	4,113,410	0	72,844
Fee-for-service (FFS) all year	350,056	3,773,066	350,056	3,773,060	0	6
FFS part year, with Rx claims	6,806	71,538	6,806	29,139	0	42,399
FFS part year, with no Rx claims	957	8,245	957	3,721	0	4,524
Managed care (MC) all year, with Rx claims	26,397	307,490	26,397	307,490	0	0
MC all year, with no Rx claims	2,488	25,915	0	0	0	25,915

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