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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
INDIANA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	116,866	61,489	54,836	499	26	16	1,233,521	617,590	613,680	1,921	217	113
Age												
5 and younger	12	0	10	0	2	0	113	0	100	0	13	0
6-14	19	0	15	0	4	0	200	0	160	0	40	0
15-20	179	0	161	7	11	0	1,858	0	1,733	22	103	0
21-44	21,825	1	21,441	375	7	1	241,249	12	239,658	1,517	50	12
45-64	33,076	5	32,960	105	0	6	370,062	31	369,663	325	0	43
65-74	22,139	21,870	249	10	1	9	234,972	232,501	2,366	39	8	58
75-84	21,007	21,004	0	2	1	0	210,453	210,432	0	18	3	0
85 and older	18,609	18,609	0	0	0	0	174,614	174,614	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	74,011	44,885	28,749	348	13	16	781,432	456,441	323,411	1,362	105	113
Male	42,855	16,604	26,087	151	13	0	452,089	161,149	290,269	559	112	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	97,681	51,698	45,570	380	17	16	1,029,818	515,983	512,164	1,419	139	113
African American	15,409	7,305	7,992	103	9	0	163,754	75,571	87,675	430	78	0
Other/unknown	3,776	2,486	1,274	16	0	0	39,949	26,036	13,841	72	0	0
Use of Nursing Facilities^c												
Entire year	19,890	18,058	1,832	0	0	0	202,562	182,076	20,486	0	0	0
Part year	13,882	12,176	1,705	1	0	0	133,820	115,722	18,095	3	0	0
None	83,094	31,255	51,299	498	26	16	897,139	319,792	575,099	1,918	217	113
Maintenance Assistance Status												
Cash	31,892	12,729	18,801	362	0	0	349,461	138,812	209,367	1,282	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	13,502	5,467	7,942	69	8	16	150,143	60,638	88,963	372	57	113
Other/unknown	71,472	43,293	28,093	68	18	0	733,917	418,140	315,350	267	160	0
Dual Medicare Status^d												
Full dual, all year	94,742	51,895	42,331	474	26	16	986,951	512,584	472,325	1,712	217	113
Full dual, part year	22,124	9,594	12,505	25	0	0	246,570	105,006	141,355	209	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	115,721	61,473	54,038	174	20	16	1,227,565	617,475	608,857	930	190	113
FFS part year, with Rx claims	747	10	481	251	5	0	3,957	74	3,111	749	23	0
FFS part year, no Rx claims	398	6	317	74	1	0	1,999	41	1,712	242	4	0

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
					Mean \$, All Medicaid FFS \$ ^c	FFS \$ ^d	
All	42.2	5.3	\$278	\$52	\$15,176	1.8	116,866
Age							
5 and younger	66.7	9.0	539	60	21,982	2.4	12
6-14	63.2	20.3	1,533	76	11,790	13.0	19
15-20	76.5	14.3	14,483	1,016	30,442	47.6	179
21-44	44.2	6.5	504	78	14,120	3.6	21,825
45-64	45.4	7.8	406	52	14,754	2.8	33,076
65-74	37.0	4.4	150	34	10,019	1.5	22,139
75-84	39.2	3.1	57	18	16,165	0.3	21,007
85 and older	43.7	3.1	51	16	22,035	0.2	18,609
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	39.7	3.5	83	24	15,745	0.5	61,489
Disabled	44.9	7.4	494	67	14,652	3.4	54,836
Adults	60.1	7.1	495	70	3,219	15.4	499
Children	73.1	13.0	1,002	77	7,995	12.5	26
Unknown	81.3	17.9	1,822	102	9,975	18.3	16
Gender							
Female	44.3	5.4	224	41	14,553	1.5	74,011
Male	38.7	5.2	372	72	16,251	2.3	42,855
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	43.6	5.6	290	52	16,041	1.8	97,681
African American	35.3	4.2	213	50	11,434	1.9	15,409
Other/unknown	35.9	4.3	249	58	8,076	3.1	3,776
Use of Nursing Facilities^f							
Entire year	50.7	5.4	115	21	33,287	0.3	19,890
Part year	58.3	5.7	161	28	21,521	0.7	13,882
None	37.5	5.3	337	64	9,781	3.4	83,094
Maintenance Assistance Status							
Cash	47.8	6.4	294	46	8,724	3.4	31,892
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	23.1	2.5	334	133	1,718	19.5	13,502
Other/unknown	43.3	5.4	260	48	20,597	1.3	71,472

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.5	\$26	1.8	57.8	33.5	4.1	3.0	1.3	0.3	\$1,438	116,866	1,233,521
Age												
5 and younger	1.0	57	2.4	33.3	25.0	16.7	25.0	0.0	0.0	2,334	12	113
6-14	1.9	146	13.0	36.8	31.6	5.3	10.5	10.5	5.3	1,120	19	200
15-20	1.4	1,395	47.6	23.5	44.7	14.0	13.4	3.9	0.6	2,933	179	1,858
21-44	0.6	46	3.6	55.8	33.0	4.7	4.5	1.8	0.4	1,277	21,825	241,249
45-64	0.7	36	2.8	54.6	33.4	4.6	4.3	2.4	0.6	1,319	33,076	370,062
65-74	0.4	14	1.5	63.0	30.1	3.5	2.3	0.9	0.2	944	22,139	234,972
75-84	0.3	6	0.3	60.8	33.8	3.7	1.5	0.2	0.0	1,614	21,007	210,453
85 and older	0.3	5	0.2	56.3	38.1	3.9	1.4	0.2	0.0	2,348	18,609	174,614
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	0.3	8	0.5	60.3	33.8	3.6	1.7	0.4	0.1	1,568	61,489	617,590
Disabled	0.7	44	3.4	55.1	33.4	4.6	4.3	2.1	0.5	1,309	54,836	613,680
Adults	1.8	129	15.4	39.9	19.2	9.2	16.2	12.4	3.0	836	499	1,921
Children	1.6	120	12.5	26.9	50.0	7.7	11.5	0.0	3.8	958	26	217
Unknown	2.5	258	18.3	18.8	25.0	12.5	37.5	6.3	0.0	1,412	16	113
Gender												
Female	0.5	21	1.5	55.7	35.5	4.2	2.9	1.2	0.3	1,378	74,011	781,432
Male	0.5	35	2.3	61.3	30.1	4.0	3.1	1.3	0.3	1,541	42,855	452,089
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	28	1.8	56.4	34.5	4.3	3.1	1.3	0.3	1,522	97,681	1,029,818
African American	0.4	20	1.9	64.7	28.3	3.3	2.5	0.9	0.2	1,076	15,409	163,754
Other/unknown	0.4	24	3.1	64.1	28.9	2.9	2.8	1.0	0.2	763	3,776	39,949
Use of Nursing Facilities^f												
Entire year	0.5	11	0.3	49.3	40.7	6.3	2.8	0.6	0.3	3,269	19,890	202,562
Part year	0.6	17	0.7	41.7	48.8	5.5	2.6	0.8	0.4	2,233	13,882	133,820
None	0.5	31	3.4	62.5	29.3	3.4	3.1	1.5	0.3	906	83,094	897,139
Maintenance Assistance Status												
Cash	0.6	27	3.4	52.2	37.8	4.6	3.4	1.6	0.4	796	31,892	349,461
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	30	19.5	76.9	18.7	1.9	1.9	0.6	0.0	155	13,502	150,143
Other/unknown	0.5	25	1.3	56.7	34.5	4.3	3.0	1.2	0.3	2,006	71,472	733,917

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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

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

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	0.5	\$26	\$52	0.1	\$19	\$180	0.0	\$2	\$113	0.4	\$5	\$14
Age												
5 and younger	1.0	57	60	0.4	43	117	0.0	0	8	0.6	14	24
6-14	1.9	146	76	0.7	131	188	0.1	1	13	1.2	14	12
15-20	1.4	1,395	1,016	0.5	1,375	2,569	0.1	7	101	0.8	13	18
21-44	0.6	46	78	0.2	37	241	0.0	3	123	0.4	6	16
45-64	0.7	36	52	0.2	26	150	0.0	3	131	0.5	8	15
65-74	0.4	14	34	0.1	9	110	0.0	1	92	0.3	4	12
75-84	0.3	6	18	0.0	3	79	0.0	0	60	0.3	3	9
85 and older	0.3	5	16	0.0	2	70	0.0	0	48	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	8	24	0.0	5	95	0.0	1	75	0.3	3	10
Disabled	0.7	44	67	0.2	34	205	0.0	3	126	0.5	7	15
Adults	1.8	129	70	0.5	86	173	0.1	18	231	1.3	25	20
Children	1.6	120	77	0.5	92	193	0.1	2	31	1.0	26	25
Unknown	2.5	258	102	1.0	175	176	0.2	61	405	1.4	22	16
Gender												
Female	0.5	21	41	0.1	15	142	0.0	2	107	0.4	5	13
Male	0.5	35	72	0.1	28	238	0.0	2	125	0.4	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	28	52	0.1	20	183	0.0	2	114	0.4	5	13
African American	0.4	20	50	0.1	15	164	0.0	1	108	0.3	4	14
Other/unknown	0.4	24	58	0.1	18	165	0.0	2	106	0.3	4	14
Use of Nursing Facilities^e												
Entire year	0.5	11	21	0.1	6	93	0.0	1	65	0.5	5	11
Part year	0.6	17	28	0.1	10	109	0.0	1	83	0.5	6	12
None	0.5	31	64	0.1	24	198	0.0	2	127	0.4	5	15
Maintenance Assistance Status												
Cash	0.6	27	46	0.1	19	156	0.0	2	115	0.4	6	13
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	30	133	0.1	26	380	0.0	2	147	0.1	3	18
Other/unknown	0.5	25	48	0.1	18	167	0.0	2	108	0.4	5	13

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	0.2	\$27	\$21	\$0	\$5	\$92	\$285	\$218	\$24	16,734	\$1,539,565	5,275	4.5	57,932
Biologicals	0.1	0.1	0.0	0.1	117	115	0	3	889	2,012	0	34	111	98,717	83	0.1	841
Antineoplastic Agents	0.3	0.0	0.0	0.2	52	31	0	21	188	752	106	88	2,459	461,705	917	0.8	8,836
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	36	29	2	4	63	125	106	14	31,036	1,961,201	5,056	4.3	54,917
Cardiovascular Agents	0.9	0.3	0.0	0.5	40	29	4	7	45	83	104	14	69,538	3,113,624	7,235	6.2	78,472
Respiratory Agents	0.3	0.1	0.0	0.2	13	9	0	4	44	112	48	19	50,162	2,224,689	14,963	12.8	170,107
Gastrointestinal Agents	0.4	0.2	0.0	0.2	32	27	2	4	75	146	229	16	19,382	1,448,420	4,086	3.5	44,583
Genitourinary Agents	0.3	0.1	0.1	0.1	19	12	5	2	61	84	95	18	4,093	247,975	1,172	1.0	12,840
CNS Drugs	0.7	0.1	0.0	0.6	26	19	2	5	38	181	113	9	214,218	8,237,617	28,986	24.8	316,470
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	72	68	0	4	162	205	144	37	1,843	298,787	373	0.3	4,127
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	98	94	0	4	325	351	134	123	3,117	1,011,663	990	0.8	10,342
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	33	12	8	13	53	213	279	24	48,403	2,562,063	7,118	6.1	77,134
Neuromuscular Agents	0.6	0.1	0.0	0.5	27	20	1	6	44	192	89	13	64,165	2,823,692	9,485	8.1	105,721
Nutritional Products	0.4	0.0	0.0	0.4	5	0	0	4	12	18	14	11	29,579	341,896	6,384	5.5	67,601
Hematological Agents	0.6	0.1	0.0	0.5	51	47	0	4	93	566	22	9	55,945	5,193,725	9,404	8.0	101,145
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	51	116	59	19	9,055	460,594	3,137	2.7	34,432
Miscellaneous Products	0.3	0.1	0.0	0.2	45	41	1	3	150	514	253	14	3,011	451,913	999	0.9	10,139
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	24	0	0	0	1,056	24,817	373	0.3	4,112
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.	623,907	32,502,663	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Indiana, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	\$4,305,937	3,491	3.0	38,283	0.4	\$261	\$112	
MISC. HEMATOLOGICAL	4,018,640	987	0.8	10,702	0.3	1,148	376	
ANTICONVULSANT	2,537,802	9,033	7.7	101,259	0.5	46	25	
ULCER DRUGS	2,301,736	11,271	9.6	122,683	0.5	38	19	
ANTIDEPRESSANTS	1,995,896	7,333	6.3	80,738	0.4	66	25	
ANALGESICS - Narcotic	1,599,065	8,022	6.9	87,376	0.4	47	18	
ANTIHYPERLIPIDEMIC	1,595,579	4,159	3.6	46,817	0.4	93	34	
ANTIDIABETIC	1,375,714	4,631	4.0	50,792	0.4	70	27	
ANTIANKXIETY AGENTS	1,224,989	22,822	19.5	249,099	0.6	9	5	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,118,624	1,951	1.7	21,067	0.2	230	53	
Total	22,073,982	73,700	n.a.	808,816	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						MISC. HEMATOLOGICAL					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	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	379,406	\$22,073,982	3,491	3.0	38,283	0.4	\$113	987	0.8	10,702	0.3	\$376							
Female																			
All Females	246,713	10,651,683	1,810	2.4	19,828	0.4	99	559	0.8	5,998	0.3	36							
Female, Disabled																			
All Ages	139,543	8,070,035	1,438	5.0	16,272	0.4	108	313	1.1	3,528	0.4	42							
5 and younger	2	87	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	10	51	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	473	54,602	25	39.1	274	0.5	121	0	0.0	0	0.0	0							
21-44	43,800	2,978,294	718	7.0	8,038	0.4	106	28	0.3	312	0.3	34							
45-64	93,275	4,900,803	682	3.7	7,821	0.4	109	270	1.5	3,036	0.4	42							
65-74	1,983	136,198	13	8.5	139	0.5	134	15	9.8	180	0.5	53							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Female, Other Eligibles																			
All Ages	107,170	2,581,648	372	0.8	3,556	0.3	59	246	0.5	2,470	0.3	27							
5 and younger	3	108	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	2	47	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
21-44	891	80,649	20	7.3	102	0.5	158	1	0.4	6	0.3	39							
45-64	365	32,152	9	12.3	44	0.4	46	0	0.0	0	0.0	0							
65-74	36,255	1,221,393	166	1.2	1,861	0.4	76	132	0.9	1,421	0.3	31							
75-84	34,487	636,559	96	0.6	880	0.3	41	72	0.5	694	0.2	22							
85 and older	35,167	610,740	81	0.5	669	0.2	22	41	0.3	349	0.2	18							
Male																			
All Males	132,693	11,422,299	1,681	3.9	18,455	0.5	127	428	1.0	4,704	0.3	809							
Male, Disabled																			
All Ages	98,966	10,393,199	1,445	5.5	16,320	0.5	137	265	1.0	3,013	0.4	1,239							
5 and younger	2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	47	1,241	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	665	2,448,731	34	35.1	384	0.5	141	1	1.0	12	1.3	197,016							
21-44	42,307	4,659,144	903	8.1	10,234	0.5	139	37	0.3	422	0.3	2,975							
45-64	55,253	3,242,716	504	3.4	5,660	0.4	131	223	1.5	2,533	0.4	44							
65-74	692	41,356	4	4.2	42	0.6	175	4	4.2	46	0.5	46							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS						MISC. HEMATOLOGICAL					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles														
All Ages	33,727	1,029,100	236	1.4	2,135	0.3	52	163	1.0	1,691	0.3	42		
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	1	129	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	29	1,712	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
21-44	449	38,056	11	10.1	58	0.7	187	3	2.8	19	0.8	93		
45-64	207	15,788	1	2.3	1	1.0	32	3	7.0	15	0.5	94		
65-74	15,959	577,140	92	1.2	947	0.4	67	106	1.4	1,148	0.3	51		
75-84	10,815	245,788	78	1.4	654	0.3	32	33	0.6	348	0.2	17		
85 and older	6,267	150,487	54	1.7	475	0.3	34	18	0.6	161	0.2	19		
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					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	9,033	7.7	101,259	0.5	\$25	11,271	9.6	122,683	0.5	\$19	7,333	6.3	80,738	0.4	\$25
Female															
All Females	5,665	7.7	63,490	0.5	23	7,723	10.4	84,153	0.5	19	4,694	6.3	51,476	0.4	25
Female, Disabled															
All Ages	4,123	14.3	47,309	0.5	27	2,806	9.8	32,124	0.4	21	3,616	12.6	41,101	0.4	27
5 and younger	0	0.0	0	0.0	0	2	40.0	10	0.2	9	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	5	0.2	1	0	0.0	0	0.0	0
15-20	20	31.3	235	0.3	36	12	18.8	137	0.3	28	27	42.2	304	0.3	18
21-44	1,663	16.3	18,945	0.5	36	780	7.6	8,887	0.4	20	1,251	12.2	13,932	0.4	27
45-64	2,419	13.2	27,889	0.5	22	1,977	10.8	22,696	0.4	21	2,287	12.5	26,300	0.4	28
65-74	21	13.7	240	0.7	41	34	22.2	389	0.5	38	51	33.3	565	0.5	32
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,542	3.4	16,181	0.6	10	4,917	10.9	52,029	0.6	17	1,078	2.4	10,375	0.3	15
5 and younger	0	0.0	0	0.0	0	1	100.0	6	0.3	17	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	8.3	2	0.5	22	0	0.0	0	0.0	0
21-44	50	18.2	198	0.5	45	24	8.7	91	0.5	30	99	36.0	418	0.4	24
45-64	17	23.3	69	0.5	41	9	12.3	38	0.6	49	28	38.4	121	0.6	57
65-74	670	4.7	7,682	0.5	13	1,238	8.7	13,897	0.4	17	505	3.5	5,732	0.3	17
75-84	468	3.1	4,928	0.6	7	1,622	10.6	17,163	0.6	17	235	1.5	2,237	0.2	11
85 and older	337	2.2	3,304	0.6	6	2,022	13.1	20,832	0.6	18	211	1.4	1,867	0.2	10
Male															
All Males	3,368	7.9	37,769	0.6	29	3,548	8.3	38,530	0.5	19	2,639	6.2	29,262	0.4	24
Male, Disabled															
All Ages	2,840	10.9	32,588	0.6	32	1,903	7.3	21,772	0.4	21	2,216	8.5	25,295	0.4	26
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	3	27.3	36	0.7	5	1	9.1	12	0.8	80	0	0.0	0	0.0	0
15-20	22	22.7	249	0.6	79	17	17.5	193	0.3	7	31	32.0	365	0.4	14
21-44	1,438	12.8	16,497	0.6	39	677	6.0	7,799	0.4	20	1,067	9.5	12,198	0.4	27
45-64	1,370	9.3	15,734	0.5	23	1,188	8.1	13,584	0.4	21	1,104	7.5	12,585	0.4	25
65-74	7	7.3	72	0.6	9	20	20.8	184	0.6	23	14	14.6	147	0.4	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean	
		as %		Benefit Months	Rx per		Mean Rx \$		as %	Benefit Months		Rx per		Mean Rx \$	as %
		of Dual	Among Users	Benefit	Benefit		of Dual	Among Users	Benefit	Benefit		of Dual	Among Users	Benefit	Benefit
Male, Other Eligibles															
All Ages	528	3.1	5,181	0.5	11	1,645	9.8	16,758	0.6	17	423	2.5	3,967	0.3	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	4	0.3	32	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	33.3	24	0.5	61	1	16.7	12	0.1	0
21-44	18	16.5	78	0.7	40	16	14.7	67	0.5	32	28	25.7	112	0.6	40
45-64	9	20.9	35	0.6	20	12	27.9	61	0.3	20	16	37.2	83	0.3	23
65-74	286	3.8	3,091	0.5	13	575	7.5	6,249	0.5	16	185	2.4	2,009	0.3	17
75-84	140	2.4	1,356	0.5	7	608	10.5	6,218	0.6	17	104	1.8	981	0.3	12
85 and older	75	2.3	621	0.5	6	431	13.4	4,135	0.6	18	89	2.8	770	0.3	11
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					ANTIDIABETIC				
	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	8,022	6.9	87,376	0.4	\$18	4,159	3.6	46,817	0.4	\$34	4,631	4.0	50,792	0.4	\$27
Female															
All Females	4,917	6.6	53,618	0.4	16	2,414	3.3	27,277	0.4	33	2,904	3.9	32,020	0.4	26
Female, Disabled															
All Ages	3,803	13.2	42,870	0.4	17	1,551	5.4	17,826	0.4	37	1,694	5.9	19,291	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	37.5	266	0.2	1	3	4.7	35	0.4	31	4	6.3	44	0.7	47
21-44	1,262	12.3	13,807	0.4	17	266	2.6	3,017	0.4	34	313	3.1	3,467	0.4	36
45-64	2,448	13.4	28,010	0.4	18	1,242	6.8	14,316	0.4	36	1,328	7.3	15,222	0.4	32
65-74	69	45.1	787	0.4	9	40	26.1	458	0.6	53	49	32.0	558	0.7	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,114	2.5	10,748	0.3	12	863	1.9	9,451	0.3	27	1,210	2.7	12,729	0.3	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	8.3	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	105	38.2	460	0.7	60	8	2.9	33	0.3	29	17	6.2	53	0.6	69
45-64	45	61.6	223	0.6	52	4	5.5	26	0.6	69	6	8.2	14	0.5	5
65-74	646	4.5	7,289	0.3	11	578	4.0	6,623	0.3	30	670	4.7	7,466	0.3	23
75-84	171	1.1	1,608	0.3	5	202	1.3	2,078	0.2	19	316	2.1	3,252	0.2	7
85 and older	146	0.9	1,156	0.3	5	71	0.5	691	0.3	18	201	1.3	1,944	0.2	4
Male															
All Males	3,105	7.2	33,758	0.4	22	1,745	4.1	19,540	0.4	36	1,727	4.0	18,772	0.4	28
Male, Disabled															
All Ages	2,625	10.1	29,504	0.4	23	1,279	4.9	14,734	0.4	38	1,215	4.7	13,717	0.4	33
5 and younger	1	20.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	20	20.6	227	0.3	15	1	1.0	12	0.6	9	2	2.1	19	0.2	1
21-44	1,159	10.3	12,986	0.4	16	378	3.4	4,363	0.4	35	347	3.1	3,942	0.4	33
45-64	1,427	9.7	16,086	0.5	29	886	6.0	10,202	0.4	39	848	5.8	9,594	0.4	33
65-74	18	18.8	193	0.6	6	14	14.6	157	0.5	45	18	18.8	162	0.6	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					ANTIDIABETIC					
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		
		of Dual Benes		Rx per Benefit	Month		Rx per Benefit		Month	of Dual Benes		Rx per Benefit		Month	Rx per Benefit	Month
Male, Other Eligibles																
All Ages	480	2.9	4,254	0.3	13	466	2.8	4,806	0.3	29	512	3.1	5,055	0.3	15	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	3	50.0	36	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	56	51.4	179	0.8	53	16	14.7	83	0.6	50	12	11.0	43	0.7	32	
45-64	26	60.5	101	0.8	30	10	23.3	54	0.4	45	7	16.3	35	0.4	136	
65-74	280	3.7	3,056	0.3	12	305	4.0	3,388	0.3	31	283	3.7	3,127	0.4	19	
75-84	69	1.2	537	0.3	4	99	1.7	954	0.3	23	160	2.8	1,420	0.3	8	
85 and older	46	1.4	345	0.2	3	36	1.1	327	0.2	17	50	1.6	430	0.2	5	
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	22,822	19.5	249,099	0.6	\$5	1,951	1.7	21,067	0.2	\$53	116,866	1,233,521	
Female													
All Females	15,969	21.6	174,476	0.6	5	1,187	1.6	12,854	0.2	57	74,011	781,432	
Female, Disabled													
All Ages	6,912	24.0	79,773	0.6	6	648	2.3	7,527	0.2	79	28,749	323,411	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	46	
6-14	1	25.0	12	0.8	4	0	0.0	0	0.0	0	4	41	
15-20	12	18.8	136	0.2	1	1	1.6	12	0.1	6	64	679	
21-44	2,282	22.3	26,164	0.5	7	208	2.0	2,372	0.2	109	10,227	114,074	
45-64	4,587	25.1	53,135	0.6	5	431	2.4	5,047	0.2	66	18,296	207,025	
65-74	30	19.6	326	0.5	3	8	5.2	96	0.3	28	153	1,546	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	9,057	20.0	94,703	0.5	4	539	1.2	5,327	0.2	25	45,262	458,021	
5 and younger	1	100.0	6	0.2	1	0	0.0	0	0.0	0	1	6	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	64	
21-44	50	18.2	213	0.7	5	6	2.2	30	0.4	314	275	1,190	
45-64	12	16.4	83	0.6	5	4	5.5	10	0.5	459	73	229	
65-74	2,616	18.3	29,319	0.5	4	159	1.1	1,749	0.2	23	14,272	153,958	
75-84	3,069	20.1	32,491	0.6	4	210	1.4	2,017	0.2	23	15,237	155,755	
85 and older	3,309	21.5	32,591	0.5	4	160	1.0	1,521	0.2	24	15,390	146,795	
Male													
All Males	6,853	16.0	74,623	0.6	5	764	1.8	8,213	0.2	48	42,855	452,089	
Male, Disabled													
All Ages	4,231	16.2	48,367	0.6	6	466	1.8	5,335	0.2	59	26,087	290,269	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	54	
6-14	1	9.1	12	1.1	7	0	0.0	0	0.0	0	11	119	
15-20	14	14.4	162	0.3	2	2	2.1	24	0.4	34	97	1,054	
21-44	1,749	15.6	20,174	0.6	7	186	1.7	2,125	0.2	102	11,214	125,584	
45-64	2,454	16.7	27,925	0.6	6	271	1.8	3,112	0.2	29	14,664	162,638	
65-74	13	13.5	94	0.9	10	7	7.3	74	0.6	76	96	820	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,622	15.6	26,256	0.5	4	298	1.8	2,878	0.3	26	16,768	161,820
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
15-20	1	16.7	12	1.0	17	0	0.0	0	0.0	0	6	61
21-44	10	9.2	30	0.6	3	2	1.8	10	0.2	59	109	401
45-64	10	23.3	36	0.5	3	1	2.3	2	0.5	81	43	170
65-74	1,046	13.7	11,328	0.6	5	111	1.5	1,104	0.3	28	7,618	78,648
75-84	945	16.4	9,334	0.5	4	115	2.0	1,099	0.2	23	5,770	54,698
85 and older	610	18.9	5,516	0.5	3	69	2.1	663	0.2	28	3,219	27,819
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	\$11	0.5	19,890	202,562
Age				
0-64	35	1.1	1,816	20,366
65-74	19	0.7	2,564	27,443
75-84	8	0.5	6,408	65,216
85 and older	6	0.4	9,102	89,537
Unknown	0	0.0	0	0
Gender				
Female	10	0.5	14,795	151,254
Male	17	0.6	5,095	51,308
Unknown	0	0.0	0	0
Race				
White	11	0.5	18,216	184,695
African American	20	0.6	1,426	15,238
Other/unknown	12	0.5	248	2,629
Basis of Eligibility^c				
Aged	9	0.5	18,058	182,076
Disabled	35	1.1	1,832	20,486
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.4	0.1	0.0	0.3	\$18	\$13	\$1	\$5	\$47	\$107	\$75	\$20	1,179	\$55,986	321	1.6	3,035
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	31	18	0	34	44	1,384	43	0.2	429
Antineoplastic Agents	0.3	0.0	0.0	0.3	38	9	0	30	145	854	106	117	686	99,556	276	1.4	2,587
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	27	19	5	3	54	91	158	12	2,226	120,636	465	2.3	4,424
Cardiovascular Agents	0.8	0.2	0.0	0.5	26	17	3	6	34	69	81	12	5,339	179,373	721	3.6	6,913
Respiratory Agents	0.3	0.0	0.0	0.2	7	2	0	5	27	67	37	22	6,756	181,836	2,331	11.7	25,782
Gastrointestinal Agents	0.4	0.1	0.0	0.3	14	10	0	4	33	102	75	12	1,501	49,523	377	1.9	3,590
Genitourinary Agents	0.4	0.2	0.1	0.2	18	12	4	3	48	71	65	17	523	25,140	142	0.7	1,390
CNS Drugs	0.7	0.1	0.0	0.7	11	6	1	5	15	99	79	7	42,916	664,069	5,599	28.1	58,347
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	40	36	0	4	86	161	0	15	43	3,704	8	0.0	93
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	50	50	0	0	145	145	0	134	857	124,586	250	1.3	2,470
Analgesics and Anesthetics	0.6	0.1	0.1	0.5	23	7	9	8	38	98	131	16	2,417	91,579	404	2.0	3,904
Neuromuscular Agents	0.8	0.1	0.0	0.7	21	11	1	10	27	165	72	14	7,985	217,560	963	4.8	10,141
Nutritional Products	0.5	0.0	0.0	0.5	6	0	0	5	12	19	15	12	8,975	107,177	1,741	8.8	17,788
Hematological Agents	0.7	0.1	0.0	0.7	10	5	0	5	13	65	20	8	22,786	300,259	2,900	14.6	30,567
Topical Products	0.4	0.1	0.1	0.2	14	6	5	3	38	81	62	16	1,492	56,552	413	2.1	4,089
Miscellaneous Products	0.3	0.0	0.0	0.3	2	0	0	1	6	49	0	5	860	4,996	335	1.7	3,319
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	20	0	0	0	502	9,971	140	0.7	1,529
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.	107,087	2,293,887	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Indiana, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ULCER DRUGS	\$722,449	3,336	16.8	35,660	0.7	\$28	\$20	
LAXATIVES	410,010	20,777	104.5	226,071	0.5	4	2	
HEMATOPOIETIC AGENTS	353,264	6,106	30.7	64,290	0.7	8	5	
ANALGESICS - NonNarcotic	299,857	22,376	112.5	240,168	0.6	2	1	
MINERALS & ELECTROLYTES	290,345	8,943	45.0	95,002	0.8	4	3	
ANTIHIISTAMINES	275,636	3,791	19.1	42,064	0.5	13	7	
MULTIVITAMINS	262,401	12,082	60.7	128,036	0.8	2	2	
ANTIAXIETY AGENTS	238,485	4,796	24.1	50,038	0.7	7	5	
COUGH/COLD/ALLERGY	222,018	7,650	38.5	85,811	0.2	12	3	
ANTIPSYCHOTICS	184,024	295	1.5	2,913	0.4	164	63	
Total	3,258,489	90,152	n.a.	970,053	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ULCER DRUGS							LAXATIVES				
	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	591,511	\$3,258,489	3,336	16.8	35,660	0.7	\$20	20,777	104.5	226,071	0.5	\$2
Female												
All Females	452,335	2,407,561	2,436	16.5	26,105	0.7	20	15,735	106.4	171,481	0.5	2
Female, Disabled												
All Ages	30,859	221,746	141	16.0	1,620	0.7	22	1,069	121.3	12,410	0.6	2
64 or younger	30,673	219,125	139	15.9	1,596	0.7	21	1,065	121.6	12,362	0.6	2
65-74	186	2,621	2	40.0	24	0.4	68	4	80.0	48	0.4	2
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	421,476	2,185,815	2,295	16.5	24,485	0.7	20	14,666	105.4	159,071	0.5	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	51,210	330,309	303	19.7	3,311	0.7	21	1,716	111.7	19,178	0.5	2
75-84	145,243	758,409	815	17.4	8,773	0.7	20	4,940	105.2	54,290	0.5	2
85 and older	225,023	1,097,097	1,177	15.3	12,401	0.7	20	8,010	104.2	85,603	0.5	2
Male												
All Males	139,176	850,928	900	17.7	9,555	0.7	20	5,042	99.0	54,590	0.5	2
Male, Disabled												
All Ages	28,906	221,234	170	17.9	1,923	0.7	20	1,054	110.8	12,119	0.6	2
64 or younger	28,604	218,636	164	17.5	1,879	0.7	20	1,045	111.3	12,048	0.6	2
65-74	302	2,598	6	50.0	44	0.8	24	9	75.0	71	0.8	4
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	110,270	629,694	730	17.6	7,632	0.7	20	3,988	96.2	42,471	0.5	2
64 or younger	8	12	0	0.0	0	0.0	0	1	100.0	4	1.0	2
65-74	30,071	193,306	186	18.4	2,036	0.6	18	1,040	102.9	11,636	0.5	2
75-84	44,949	247,389	296	17.3	3,107	0.7	20	1,618	94.4	17,208	0.5	2
85 and older	35,242	188,987	248	17.5	2,489	0.7	20	1,329	93.7	13,623	0.5	2
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.
 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 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - NonNarcotic					MINERALS & ELECTROLYTES				
	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean
		of All-Year					Benefit Months					Rx			
All	6,106	30.7	64,290	0.7	\$6	22,376	112.5	240,168	0.6	\$1	8,943	45.0	95,002	0.8	\$3
Female															
All Females	4,615	31.2	48,809	0.7	6	16,752	113.2	180,085	0.6	1	7,420	50.2	79,103	0.8	3
Female, Disabled															
All Ages	244	27.7	2,794	0.7	7	893	101.4	10,271	0.5	1	475	53.9	5,559	0.7	4
64 or younger	239	27.3	2,734	0.7	7	888	101.4	10,211	0.5	1	471	53.8	5,511	0.7	4
65-74	5	100.0	60	0.9	9	5	100.0	60	0.4	1	4	80.0	48	0.8	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,371	31.4	46,015	0.7	5	15,859	114.0	169,814	0.6	1	6,945	49.9	73,544	0.8	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	505	32.9	5,544	0.7	6	1,759	114.5	19,614	0.6	1	791	51.5	8,629	0.8	3
75-84	1,524	32.5	16,251	0.7	5	5,446	116.0	59,143	0.6	1	2,328	49.6	24,989	0.8	3
85 and older	2,342	30.5	24,220	0.7	5	8,654	112.6	91,057	0.6	1	3,826	49.8	39,926	0.8	3
Male															
All Males	1,491	29.3	15,481	0.7	6	5,624	110.4	60,083	0.6	1	1,523	29.9	15,899	0.7	3
Male, Disabled															
All Ages	224	23.6	2,483	0.7	7	948	99.7	10,703	0.5	1	323	34.0	3,542	0.7	5
64 or younger	221	23.5	2,453	0.7	7	930	99.0	10,579	0.5	1	317	33.8	3,521	0.7	5
65-74	3	25.0	30	1.0	3	18	150.0	124	0.7	1	6	50.0	21	0.9	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,267	30.6	12,998	0.7	6	4,676	112.8	49,380	0.6	1	1,200	29.0	12,357	0.7	3
64 or younger	0	0.0	0	0.0	0	1	100.0	4	1.0	1	0	0.0	0	0.0	0
65-74	294	29.1	3,220	0.8	6	1,198	118.5	13,555	0.6	1	317	31.4	3,484	0.7	4
75-84	519	30.3	5,263	0.7	6	1,930	112.6	20,188	0.6	1	481	28.1	4,988	0.7	3
85 and older	454	32.0	4,515	0.7	5	1,547	109.1	15,633	0.6	1	402	28.3	3,885	0.7	3
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	ANTIHISTAMINES					MULTIVITAMINS					ANTIANSXIETY 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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,791	19.1	42,064	0.5	\$7	12,082	60.7	128,036	0.8	\$2	4,796	24.1	50,038	0.7	\$5
Female															
All Females	2,780	18.8	30,822	0.5	6	9,039	61.1	95,983	0.8	2	3,618	24.5	37,745	0.7	5
Female, Disabled															
All Ages	268	30.4	3,099	0.5	6	599	68.0	6,940	0.8	3	321	36.4	3,624	0.8	6
64 or younger	266	30.4	3,075	0.5	6	595	67.9	6,892	0.8	3	321	36.6	3,624	0.8	6
65-74	2	40.0	24	0.4	6	4	80.0	48	0.7	1	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,512	18.1	27,723	0.5	6	8,440	60.7	89,043	0.8	2	3,297	23.7	34,121	0.6	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	353	23.0	4,044	0.5	7	909	59.2	9,968	0.8	2	452	29.4	4,912	0.7	5
75-84	900	19.2	9,952	0.5	6	2,767	58.9	29,522	0.8	2	1,162	24.8	12,227	0.7	5
85 and older	1,259	16.4	13,727	0.5	6	4,764	62.0	49,553	0.9	2	1,683	21.9	16,982	0.6	4
Male															
All Males	1,011	19.8	11,242	0.5	7	3,043	59.7	32,053	0.8	2	1,178	23.1	12,293	0.6	5
Male, Disabled															
All Ages	244	25.7	2,863	0.6	7	591	62.1	6,692	0.8	2	294	30.9	3,313	0.8	6
64 or younger	242	25.8	2,848	0.6	7	585	62.3	6,658	0.8	2	290	30.9	3,291	0.8	6
65-74	2	16.7	15	0.3	3	6	50.0	34	0.6	1	4	33.3	22	1.5	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	767	18.5	8,379	0.5	7	2,452	59.2	25,361	0.8	2	884	21.3	8,980	0.6	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	212	21.0	2,440	0.5	7	617	61.0	6,861	0.8	2	231	22.8	2,546	0.7	5
75-84	320	18.7	3,534	0.5	7	1,005	58.6	10,327	0.8	2	365	21.3	3,685	0.6	4
85 and older	235	16.6	2,405	0.5	7	830	58.5	8,173	0.8	2	288	20.3	2,749	0.5	3
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.
 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 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY						ANTIPSYCHOTICS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	7,650	38.5	85,811	0.2	\$3		295	1.5	2,913	0.4	\$63	19,890	202,562
Female													
All Females	5,927	40.1	66,600	0.2	2		162	1.1	1,589	0.4	61	14,795	151,254
Female, Disabled													
All Ages	343	38.9	4,010	0.3	4		27	3.1	292	0.5	100	881	10,001
64 or younger	340	38.8	3,974	0.3	4		27	3.1	292	0.5	100	876	9,952
65-74	3	60.0	36	0.1	1		0	0.0	0	0.0	0	5	49
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
Female, Other Eligibles													
All Ages	5,584	40.1	62,590	0.2	2		135	1.0	1,297	0.3	53	13,914	141,253
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
65-74	679	44.2	7,841	0.3	3		40	2.6	455	0.5	102	1,536	16,392
75-84	1,900	40.5	21,463	0.2	3		47	1.0	436	0.3	30	4,694	48,506
85 and older	3,005	39.1	33,286	0.2	2		48	0.6	406	0.2	22	7,684	76,355
Male													
All Males	1,723	33.8	19,211	0.3	3		133	2.6	1,324	0.4	65	5,095	51,308
Male, Disabled													
All Ages	322	33.9	3,661	0.3	4		31	3.3	333	0.6	105	951	10,485
64 or younger	317	33.8	3,614	0.3	4		31	3.3	333	0.6	105	939	10,410
65-74	5	41.7	47	0.6	2		0	0.0	0	0.0	0	12	75
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0
Male, Other Eligibles													
All Ages	1,401	33.8	15,550	0.2	3		102	2.5	991	0.4	52	4,144	40,823
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	4
65-74	331	32.7	3,821	0.3	4		36	3.6	382	0.5	83	1,011	10,927
75-84	557	32.5	6,194	0.2	3		38	2.2	329	0.3	33	1,714	16,710
85 and older	513	36.2	5,535	0.2	2		28	2.0	280	0.3	31	1,418	13,182
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 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. A total of 13,882 beneficiaries who were in nursing facilities for part of their enrollment and their 133,820 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 INDIANA, 2006

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	64,673	55.3	10.8	1,256,392	\$66	\$7,657,377	\$6	23.6	116,866	
Age										
5 and younger	11	91.7	5.8	69	86	1,035	15	16.0	12	
6-14	14	73.7	14.5	276	133	2,520	9	8.7	19	
15-20	73	40.8	3.0	542	32	5,811	11	0.2	179	
21-44	9,451	43.3	4.5	97,277	42	911,953	9	8.3	21,825	
45-64	16,434	49.7	7.2	237,479	54	1,790,169	8	13.3	33,076	
65-74	10,050	45.4	8.4	186,499	52	1,158,746	6	35.0	22,139	
75-84	13,374	63.7	15.5	324,815	83	1,747,115	5	147.2	21,007	
85 and older	15,266	82.0	22.0	409,435	110	2,040,028	5	216.0	18,609	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	38,564	62.7	14.9	919,209	80	4,932,695	5	96.2	61,489	
Disabled	25,944	47.3	6.1	336,522	50	2,718,955	8	10.0	54,836	
Adults	146	29.3	1.0	501	10	4,751	9	1.9	499	
Children	14	53.8	5.2	135	30	792	6	3.0	26	
Unknown	5	31.3	1.6	25	12	184	7	0.6	16	
Gender										
Female	44,120	59.6	12.2	901,250	72	5,357,812	6	32.3	74,011	
Male	20,553	48.0	8.3	355,142	54	2,299,565	6	14.4	42,855	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	56,639	58.0	11.7	1,142,177	71	6,930,924	6	24.5	97,681	
African American	6,585	42.7	6.2	95,610	40	610,242	6	18.6	15,409	
Other/unknown	1,449	38.4	4.9	18,605	31	116,211	6	12.4	3,776	
Use of Nursing Facilities^d										
Entire year	19,210	96.6	32.5	647,207	169	3,359,334	5	146.4	19,890	
Part year	12,893	92.9	20.7	287,958	111	1,540,713	5	68.8	13,882	
None	32,570	39.2	3.9	321,227	33	2,757,330	9	9.9	83,094	
Maintenance Assistance Status										
Cash	16,489	51.7	6.0	192,897	49	1,577,086	8	16.8	31,892	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	2,691	19.9	0.8	10,976	8	114,400	10	2.5	13,502	
Other/unknown	45,493	63.7	14.7	1,052,519	83	5,965,891	6	32.1	71,472	

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
INDIANA, 2006

Beneficiary Characteristics	Number Rx per Benefit		Barbiturate \$ per Benefit		Benzodiazapine \$ per		Number of Benefit Months
	Month	Rx \$ per Benefit Month	\$ per Rx	Month	Benefit Month		
All	1.0	\$6	\$6	\$0	\$1	1,233,521	
Age							
5 and younger	0.6	9	15	0	0	113	
6-14	1.4	13	9	1	1	200	
15-20	0.3	3	11	0	0	1,858	
21-44	0.4	4	9	0	1	241,249	
45-64	0.6	5	8	0	1	370,062	
65-74	0.8	5	6	0	1	234,972	
75-84	1.5	8	5	0	1	210,453	
85 and older	2.3	12	5	0	1	174,614	
Unknown	0.0	0	0	0	0	0	
Basis of Eligibility^c							
Aged	1.5	8	5	0	1	617,590	
Disabled	0.5	4	8	0	1	613,680	
Adults	0.3	2	9	0	1	1,921	
Children	0.6	4	6	0	1	217	
Unknown	0.2	2	7	0	1	113	
Gender							
Female	1.2	7	6	0	1	781,432	
Male	0.8	5	6	0	1	452,089	
Unknown	0.0	0	0	0	0	0	
Race							
White	1.1	7	6	0	1	1,029,818	
African American	0.6	4	6	0	0	163,754	
Other/unknown	0.5	3	6	0	1	39,949	
Use of Nursing Facilities^d							
Entire year	3.2	17	5	0	2	202,562	
Part year	2.2	12	5	0	2	133,820	
None	0.4	3	9	0	1	897,139	
Maintenance Assistance Status							
Cash	0.6	5	8	0	1	349,461	
Medically needy	0.0	0	0	0	0	0	
Poverty related	0.1	1	10	0	0	150,143	
Other/unknown	1.4	8	6	0	1	733,917	

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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 Medicaid beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 INDIANA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	95,810	\$80	\$7,657,377	100.0	1,256,392	\$6	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	8	23	0.0	3	8	0.0
Cough and cold medications	11,748	59	692,370	9.0	28,721	24	2.3
Vitamins and minerals	5,971	52	308,426	4.0	27,644	11	2.2
Non-prescription drugs	48,321	105	5,071,291	66.2	1,001,812	5	79.7
Barbiturates	1,116	72	80,239	1.0	11,637	7	0.9
Benzodiazepines	27,304	51	1,384,389	18.1	182,618	8	14.5
Other Part D Excl Rx Drugs	1,347	90	120,639	1.6	3,957	30	0.3

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 INDIANA, 2006

Total Number of Dual Eligible Beneficiaries: 116,866
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$32,502,663
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	67,508	57.8	\$0	0.0
1-500	41,382	35.4	3,153,302	9.7
501-1,000	2,395	2.0	1,720,162	5.3
1,001-1,500	1,242	1.1	1,531,209	4.7
1,501-2,000	808	0.7	1,404,704	4.3
2,001-2,500	581	0.5	1,299,221	4.0
2,501-3,000	427	0.4	1,173,182	3.6
3,001-3,500	336	0.3	1,083,714	3.3
3,501-4,000	278	0.2	1,038,734	3.2
4,001-4,500	232	0.2	989,682	3.0
4,501-5,000	210	0.2	996,598	3.1
5,001-5,500	177	0.2	926,893	2.9
5,501-6,000	156	0.1	895,120	2.8
6,001-6,500	135	0.1	844,310	2.6
6,501-7,000	112	0.1	753,378	2.3
7,001-7,500	101	0.1	729,767	2.2
7,501-8,000	86	0.1	663,860	2.0
8,001-8,500	69	0.1	568,471	1.7
8,501-9,000	59	0.1	515,004	1.6
9,001-9,500	70	0.1	647,536	2.0
9,501-10,000	49	0.0	477,721	1.5
10,001+	453	0.4	11,090,095	34.1

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 INDIANA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 54,587
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$26,770,696
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$490

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	30,097	55.1	\$0	0.0	
1-500	18,661	34.2	1,467,904	5.5	
501-1,000	1,385	2.5	1,007,391	3.8	
1,001-1,500	834	1.5	1,033,161	3.9	
1,501-2,000	626	1.1	1,089,327	4.1	
2,001-2,500	449	0.8	1,003,428	3.7	
2,501-3,000	351	0.6	963,398	3.6	
3,001-3,500	275	0.5	884,929	3.3	
3,501-4,000	226	0.4	846,419	3.2	
4,001-4,500	197	0.4	840,232	3.1	
4,501-5,000	182	0.3	864,512	3.2	
5,001-5,500	148	0.3	774,780	2.9	
5,501-6,000	127	0.2	728,494	2.7	
6,001-6,500	118	0.2	737,970	2.8	
6,501-7,000	98	0.2	659,363	2.5	
7,001-7,500	96	0.2	693,624	2.6	
7,501-8,000	79	0.1	609,746	2.3	
8,001-8,500	60	0.1	494,311	1.8	
8,501-9,000	51	0.1	444,732	1.7	
9,001-9,500	62	0.1	572,922	2.1	
9,501-10,000	41	0.1	399,929	1.5	
10,001+	424	0.8	10,654,124	39.8	

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 INDIANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 61,755
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$5,440,870
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$88

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	37,211	60.3	\$0	0.0
1-500	22,502	36.4	1,656,511	30.4
501-1,000	970	1.6	684,534	12.6
1,001-1,500	387	0.6	472,590	8.7
1,501-2,000	171	0.3	296,839	5.5
2,001-2,500	125	0.2	280,027	5.1
2,501-3,000	73	0.1	201,617	3.7
3,001-3,500	61	0.1	198,785	3.7
3,501-4,000	49	0.1	181,258	3.3
4,001-4,500	32	0.1	136,191	2.5
4,501-5,000	27	0.0	127,159	2.3
5,001-5,500	27	0.0	141,677	2.6
5,501-6,000	28	0.0	161,122	3.0
6,001-6,500	16	0.0	99,858	1.8
6,501-7,000	11	0.0	73,775	1.4
7,001-7,500	4	0.0	28,940	0.5
7,501-8,000	7	0.0	54,114	1.0
8,001-8,500	9	0.0	74,160	1.4
8,501-9,000	7	0.0	61,440	1.1
9,001-9,500	7	0.0	65,185	1.2
9,501-10,000	6	0.0	58,757	1.1
10,001+	25	0.0	386,331	7.1

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 INDIANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,139
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,309,709
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$149

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,946	63.0	\$0	0.0
1-500	7,032	31.8	555,183	16.8
501-1,000	445	2.0	321,357	9.7
1,001-1,500	182	0.8	223,635	6.8
1,501-2,000	116	0.5	201,021	6.1
2,001-2,500	84	0.4	189,728	5.7
2,501-3,000	59	0.3	162,746	4.9
3,001-3,500	49	0.2	159,670	4.8
3,501-4,000	41	0.2	151,563	4.6
4,001-4,500	26	0.1	110,837	3.3
4,501-5,000	23	0.1	108,449	3.3
5,001-5,500	26	0.1	136,305	4.1
5,501-6,000	26	0.1	149,492	4.5
6,001-6,500	16	0.1	99,858	3.0
6,501-7,000	8	0.0	53,550	1.6
7,001-7,500	3	0.0	21,797	0.7
7,501-8,000	6	0.0	46,391	1.4
8,001-8,500	9	0.0	74,160	2.2
8,501-9,000	6	0.0	52,736	1.6
9,001-9,500	6	0.0	55,718	1.7
9,501-10,000	5	0.0	49,182	1.5
10,001+	25	0.1	386,331	11.7

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 INDIANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 21,007
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,186,899
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$56

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,782	60.8	\$0	0.0
1-500	7,735	36.8	558,061	47.0
501-1,000	275	1.3	193,338	16.3
1,001-1,500	116	0.6	142,337	12.0
1,501-2,000	36	0.2	64,112	5.4
2,001-2,500	20	0.1	44,265	3.7
2,501-3,000	10	0.0	27,632	2.3
3,001-3,500	8	0.0	26,100	2.2
3,501-4,000	7	0.0	26,134	2.2
4,001-4,500	5	0.0	21,318	1.8
4,501-5,000	4	0.0	18,710	1.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	2	0.0	11,630	1.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	3	0.0	20,225	1.7
7,001-7,500	1	0.0	7,143	0.6
7,501-8,000	1	0.0	7,723	0.7
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,704	0.7
9,001-9,500	1	0.0	9,467	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 INDIANA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 18,609
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$944,262
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$50

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,483	56.3	\$0	0.0
1-500	7,735	41.6	543,267	57.5
501-1,000	250	1.3	169,839	18.0
1,001-1,500	89	0.5	106,618	11.3
1,501-2,000	19	0.1	31,706	3.4
2,001-2,500	21	0.1	46,034	4.9
2,501-3,000	4	0.0	11,239	1.2
3,001-3,500	4	0.0	13,015	1.4
3,501-4,000	1	0.0	3,561	0.4
4,001-4,500	1	0.0	4,036	0.4
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,372	0.6
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,575	1.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	117,383	61,493	54,944	899	31	16	1,245,084	617,697	618,750	8,217	307	113
Age												
5 and younger	12	0	10	0	2	0	139	0	115	0	24	0
6-14	23	0	16	0	7	0	262	0	179	0	83	0
15-20	183	0	162	8	13	0	2,026	0	1,830	59	137	0
21-44	22,203	1	21,539	655	7	1	249,676	12	243,611	5,989	52	12
45-64	33,203	5	32,968	224	0	6	372,822	31	370,649	2,099	0	43
65-74	22,143	21,874	249	10	1	9	235,086	232,608	2,366	46	8	58
75-84	21,007	21,004	0	2	1	0	210,459	210,432	0	24	3	0
85 and older	18,609	18,609	0	0	0	0	174,614	174,614	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	74,389	44,887	28,850	621	15	16	789,730	456,503	327,336	5,625	153	113
Male	42,994	16,606	26,094	278	16	0	455,354	161,194	291,414	2,592	154	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	98,060	51,699	45,623	701	21	16	1,038,422	516,023	515,571	6,500	215	113
African American	15,533	7,308	8,043	172	10	0	166,399	75,632	89,175	1,500	92	0
Other/unknown	3,790	2,486	1,278	26	0	0	40,263	26,042	14,004	217	0	0
Use of Nursing Facilities^c												
Entire year	19,890	18,058	1,832	0	0	0	202,562	182,076	20,486	0	0	0
Part year	13,882	12,176	1,705	1	0	0	133,844	115,724	18,108	12	0	0
None	83,611	31,259	51,407	898	31	16	908,678	319,897	580,156	8,205	307	113
Maintenance Assistance Status												
Cash	32,364	12,733	18,908	723	0	0	357,764	138,889	211,980	6,895	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	13,509	5,467	7,942	74	10	16	151,536	60,652	90,186	470	115	113
Other/unknown	71,510	43,293	28,094	102	21	0	735,784	418,156	316,584	852	192	0
Dual Status^d												
Full dual, all year	95,259	51,899	42,439	874	31	16	997,176	512,675	476,097	7,984	307	113
Full dual, part year	22,124	9,594	12,505	25	0	0	247,908	105,022	142,653	233	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	115,721	61,473	54,038	174	20	16	1,227,565	617,475	608,857	930	190	113
FFS part year, with Rx claims	747	10	481	251	5	0	8,087	114	5,445	2,471	57	0
FFS part year, no Rx claims	398	6	317	74	1	0	4,051	60	3,347	638	6	0
MC all year, with Rx claims	12	0	2	10	0	0	116	0	24	92	0	0
MC all year, no Rx claims	505	4	106	390	5	0	5,265	48	1,077	4,086	54	0

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, INDIANA, 2006

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	117,383	1,245,084	116,866	1,233,521	0	11,563
Fee-for-service (FFS) all year	115,721	1,227,565	115,721	1,227,565	0	0
FFS part year, with Rx claims	747	8,087	747	3,957	0	4,130
FFS part year, with no Rx claims	398	4,051	398	1,999	0	2,052
Managed care (MC) all year, with Rx claims	12	116	0	0	0	116
MC all year, with no Rx claims	505	5,265	0	0	0	5,265

Source: Data for this table are from the MAX 2006 file for Indiana, released by CMS in 4/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries