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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 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	231,631	121,511	108,074	2,040	6	0	2,502,227	1,281,274	1,203,484	17,407	62	0
Age												
5 and younger	8	0	8	0	0	0	74	0	74	0	0	0
6-14	9	0	9	0	0	0	108	0	108	0	0	0
15-20	401	0	390	6	5	0	4,244	0	4,149	45	50	0
21-44	41,604	0	40,522	1,082	0	0	461,244	0	452,000	9,244	0	0
45-64	68,053	4	67,145	903	1	0	754,904	42	747,153	7,697	12	0
65-74	47,621	47,572	0	49	0	0	519,684	519,263	0	421	0	0
75-84	39,975	39,975	0	0	0	0	428,104	428,104	0	0	0	0
85 and older	33,960	33,960	0	0	0	0	333,865	333,865	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	141,024	86,272	53,663	1,086	3	0	1,526,901	915,806	601,632	9,427	36	0
Male	90,607	35,239	54,411	954	3	0	975,326	365,468	601,852	7,980	26	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	140,038	75,500	63,624	911	3	0	1,545,643	818,526	719,172	7,909	36	0
African American	12,326	5,348	6,841	136	1	0	136,544	59,328	76,024	1,180	12	0
Other/unknown	79,267	40,663	37,609	993	2	0	820,040	403,420	408,288	8,318	14	0
Use of Nursing Facilities^c												
Entire year	27,492	25,582	1,909	1	0	0	277,906	256,508	21,386	12	0	0
Part year	17,570	15,037	2,522	11	0	0	170,733	142,957	27,660	116	0	0
None	186,569	80,892	103,643	2,028	6	0	2,053,588	881,809	1,154,438	17,279	62	0
Maintenance Assistance Status												
Cash	91,835	51,092	40,523	220	0	0	1,058,850	587,532	469,507	1,811	0	0
Medically needy	17,015	11,822	5,193	0	0	0	173,473	116,020	57,453	0	0	0
Poverty-related	86,919	37,790	49,125	0	4	0	918,719	385,874	532,797	0	48	0
Other/unknown	35,862	20,807	13,233	1,820	2	0	351,185	191,848	143,727	15,596	14	0
Dual Medicare Status^d												
Full dual, all year	228,034	118,004	107,985	2,039	6	0	2,462,620	1,242,647	1,202,507	17,404	62	0
Full dual, part year	3,597	3,507	89	1	0	0	39,607	38,627	977	3	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	228,611	121,155	105,729	1,722	5	0	2,484,255	1,279,016	1,189,232	15,947	60	0
FFS part year, with Rx claims	1,654	229	1,268	156	1	0	11,092	1,581	8,546	963	2	0
FFS part year, no Rx claims	1,366	127	1,077	162	0	0	6,880	677	5,706	497	0	0

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 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	54.8	4.9	\$211	\$43	\$14,613	1.4	231,631
Age							
5 and younger	62.5	6.3	785	126	31,658	2.5	8
6-14	100.0	39.2	10,088	257	95,689	10.5	9
15-20	62.3	9.5	868	91	10,926	7.9	401
21-44	58.2	5.8	360	63	10,858	3.3	41,604
45-64	62.8	6.5	291	45	12,718	2.3	68,053
65-74	49.3	4.4	172	39	8,932	1.9	47,621
75-84	48.4	3.2	82	25	16,625	0.5	39,975
85 and older	50.1	3.3	66	20	28,629	0.2	33,960
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	49.2	3.7	113	30	16,971	0.7	121,511
Disabled	61.1	6.1	313	51	12,168	2.6	108,074
Adults	59.9	10.9	678	62	3,697	18.4	2,040
Children	50.0	11.3	522	46	19,091	2.7	6
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	57.0	5.1	189	37	15,324	1.2	141,024
Male	51.4	4.6	245	54	13,506	1.8	90,607
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	56.8	5.2	218	42	15,673	1.4	140,038
African American	51.1	4.0	232	58	9,223	2.5	12,326
Other/unknown	51.8	4.5	196	43	13,578	1.4	79,267
Use of Nursing Facilities^f							
Entire year	55.2	4.7	102	22	48,279	0.2	27,492
Part year	61.8	5.0	154	31	27,299	0.6	17,570
None	54.1	4.9	233	47	8,458	2.8	186,569
Maintenance Assistance Status							
Cash	56.1	5.1	230	45	9,458	2.4	91,835
Medically needy	50.6	4.3	154	36	20,810	0.7	17,015
Poverty related	53.6	4.6	198	43	15,440	1.3	86,919
Other/unknown	56.5	5.3	225	43	22,870	1.0	35,862

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 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	\$20	1.4	45.2	47.4	4.4	2.3	0.6	0.1	\$1,353	231,631	2,502,227
Age												
5 and younger	0.7	85	2.5	37.5	50.0	0.0	12.5	0.0	0.0	3,423	8	74
6-14	3.3	841	10.5	0.0	66.7	0.0	0.0	33.3	0.0	7,974	9	108
15-20	0.9	82	7.9	37.7	42.1	10.5	8.0	1.5	0.2	1,032	401	4,244
21-44	0.5	32	3.3	41.8	49.3	5.0	3.0	0.8	0.1	979	41,604	461,244
45-64	0.6	26	2.3	37.2	53.0	5.9	2.9	0.8	0.1	1,147	68,053	754,904
65-74	0.4	16	1.9	50.7	42.6	3.7	2.2	0.7	0.1	819	47,621	519,684
75-84	0.3	8	0.5	51.6	44.0	2.9	1.1	0.3	0.1	1,552	39,975	428,104
85 and older	0.3	7	0.2	49.9	44.7	3.4	1.5	0.4	0.1	2,912	33,960	333,865
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	0.4	11	0.7	50.8	43.7	3.4	1.6	0.5	0.1	1,609	121,511	1,281,274
Disabled	0.5	28	2.6	38.9	51.9	5.5	2.8	0.7	0.1	1,093	108,074	1,203,484
Adults	1.3	80	18.4	40.1	34.9	9.0	11.3	4.4	0.2	433	2,040	17,407
Children	1.1	51	2.7	50.0	33.3	0.0	16.7	0.0	0.0	1,848	6	62
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.5	18	1.2	43.0	49.4	4.6	2.3	0.6	0.1	1,415	141,024	1,526,901
Male	0.4	23	1.8	48.6	44.4	4.2	2.2	0.6	0.1	1,255	90,607	975,326
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	20	1.4	43.2	49.2	4.7	2.3	0.6	0.1	1,420	140,038	1,545,643
African American	0.4	21	2.5	48.9	45.6	3.2	1.7	0.5	0.1	833	12,326	136,544
Other/unknown	0.4	19	1.4	48.2	44.7	4.1	2.3	0.6	0.1	1,313	79,267	820,040
Use of Nursing Facilities^f												
Entire year	0.5	10	0.2	44.8	47.1	5.2	2.2	0.6	0.2	4,776	27,492	277,906
Part year	0.5	16	0.6	38.2	53.4	5.1	2.3	0.9	0.1	2,809	17,570	170,733
None	0.4	21	2.8	45.9	46.9	4.3	2.3	0.6	0.1	768	186,569	2,053,588
Maintenance Assistance Status												
Cash	0.4	20	2.4	43.9	49.2	4.0	2.2	0.7	0.1	820	91,835	1,058,850
Medically needy	0.4	15	0.7	49.4	44.0	3.9	2.0	0.6	0.1	2,041	17,015	173,473
Poverty related	0.4	19	1.3	46.4	46.6	4.4	2.0	0.4	0.0	1,461	86,919	918,719
Other/unknown	0.5	23	1.0	43.5	46.5	5.8	3.2	0.9	0.2	2,335	35,862	351,185

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 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	\$20	\$43	0.1	\$14	\$169	0.0	\$1	\$86	0.4	\$5	\$13
Age												
5 and younger	0.7	85	126	0.3	47	145	0.1	33	302	0.2	5	22
6-14	3.3	841	257	1.4	777	567	0.0	5	172	1.9	59	32
15-20	0.9	82	91	0.3	68	198	0.0	2	98	0.5	12	22
21-44	0.5	32	63	0.1	25	239	0.0	1	118	0.4	6	16
45-64	0.6	26	45	0.1	19	185	0.0	1	103	0.5	7	14
65-74	0.4	16	39	0.1	11	127	0.0	1	77	0.3	4	12
75-84	0.3	8	25	0.1	5	103	0.0	0	48	0.2	2	9
85 and older	0.3	7	20	0.0	4	88	0.0	0	44	0.3	2	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	11	30	0.1	7	113	0.0	0	59	0.3	3	10
Disabled	0.5	28	51	0.1	21	207	0.0	1	108	0.4	6	14
Adults	1.3	80	62	0.3	57	182	0.0	2	114	1.0	21	22
Children	1.1	51	46	0.2	17	76	0.0	8	234	0.8	26	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	18	37	0.1	12	148	0.0	1	87	0.4	4	12
Male	0.4	23	54	0.1	17	201	0.0	1	84	0.3	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	20	42	0.1	14	170	0.0	1	89	0.4	5	13
African American	0.4	21	58	0.1	17	199	0.0	1	89	0.3	4	14
Other/unknown	0.4	19	43	0.1	14	162	0.0	1	81	0.3	4	13
Use of Nursing Facilities^e												
Entire year	0.5	10	22	0.1	7	102	0.0	1	43	0.4	3	8
Part year	0.5	16	31	0.1	11	125	0.0	1	44	0.4	4	10
None	0.4	21	47	0.1	16	179	0.0	1	104	0.4	5	14
Maintenance Assistance Status												
Cash	0.4	20	45	0.1	15	168	0.0	1	92	0.4	5	13
Medically needy	0.4	15	36	0.1	11	133	0.0	1	74	0.3	4	12
Poverty related	0.4	19	43	0.1	14	184	0.0	1	92	0.4	4	12
Other/unknown	0.5	23	43	0.1	17	158	0.0	1	73	0.4	5	13

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 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	0.2	0.1	0.0	0.1	\$26	\$23	\$0	\$3	\$143	\$386	\$94	\$28	28,622	\$4,099,323	13,866	6.0	155,583
Biologicals	0.1	0.1	0.0	0.0	24	23	0	1	225	325	0	29	192	43,125	159	0.1	1,814
Antineoplastic Agents	0.2	0.1	0.0	0.1	92	82	0	9	425	993	1,464	69	3,784	1,607,601	1,640	0.7	17,506
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	11	9	0	2	50	108	62	16	57,765	2,865,131	22,257	9.6	252,430
Cardiovascular Agents	0.3	0.1	0.0	0.2	11	8	0	3	35	80	41	13	140,935	4,908,557	39,313	17.0	444,215
Respiratory Agents	0.2	0.1	0.0	0.1	16	14	1	2	67	115	63	14	39,017	2,623,067	14,562	6.3	163,514
Gastrointestinal Agents	0.2	0.1	0.0	0.1	13	11	1	1	79	131	319	14	33,380	2,647,850	18,257	7.9	206,178
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	2	1	64	82	90	24	6,969	447,374	4,012	1.7	45,209
CNS Drugs	0.5	0.1	0.0	0.4	17	11	1	5	34	205	106	12	382,295	12,921,845	67,818	29.3	759,951
Stimulants/Anti-obesity/Anorexia	0.2	0.1	0.0	0.1	20	15	0	5	95	140	158	48	2,885	273,688	1,232	0.5	13,930
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.0	29	26	0	3	173	207	0	72	7,317	1,263,904	3,849	1.7	42,847
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	12	6	0	6	44	230	148	23	77,163	3,363,443	24,272	10.5	274,587
Neuromuscular Agents	0.5	0.0	0.0	0.5	13	9	0	4	24	179	94	9	183,134	4,432,182	29,691	12.8	339,357
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	9	40	8	9	35,420	332,808	9,939	4.3	110,219
Hematological Agents	0.5	0.0	0.0	0.4	17	14	0	2	35	473	18	5	96,637	3,402,748	18,581	8.0	203,759
Topical Products	0.2	0.1	0.0	0.1	9	6	0	2	50	122	52	19	24,936	1,258,340	12,605	5.4	142,231
Miscellaneous Products	0.4	0.3	0.0	0.1	76	63	6	7	179	207	159	86	12,758	2,281,344	2,598	1.1	29,895
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	94	0	0	0	1,673	157,927	884	0.4	9,794
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,134,882	48,930,257	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 Massachusetts, 0.3 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, MASSACHUSETTS, 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	\$7,957,510	16,741	7.2	191,332	0.2	\$210	\$42
ANTICONVULSANT	4,068,633	28,676	12.4	329,070	0.5	24	12
ANTIVIRAL	3,103,808	2,746	1.2	31,676	0.2	529	98
ULCER DRUGS	3,025,114	24,538	10.6	280,856	0.3	43	11
ANTIHYPERTENSIVE	2,735,019	17,027	7.4	194,570	0.2	82	14
ANTIDEPRESSANTS	2,697,828	28,794	12.4	326,310	0.2	45	8
ASSORTED CLASSES	2,199,716	1,818	0.8	20,857	0.5	199	105
ANTIASTHMATIC	2,118,398	15,153	6.5	169,787	0.2	72	12
ANTIANSIETY AGENTS	1,957,875	45,671	19.7	510,095	0.5	8	4
ANTIDIABETIC	1,843,712	15,513	6.7	176,191	0.2	57	10
Total	31,707,613	196,677	n.a.	2,230,744	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANTICONVULSANT					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean 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	713,434	\$31,707,613	16,741	7.2	191,332	0.2	\$42	28,676	12.4	329,070	0.5	\$12							
Female																			
All Females	446,746	16,799,860	8,852	6.3	100,781	0.2	37	17,416	12.3	199,724	0.5	11							
Female, Disabled																			
All Ages	260,380	10,989,392	6,153	11.5	71,830	0.2	40	12,724	23.7	147,506	0.5	13							
5 and younger	5	80	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	109	31,359	0	0.0	0	0.0	0	2	33.3	24	0.7	61							
15-20	1,093	111,271	58	32.6	671	0.4	61	53	29.8	627	0.5	66							
21-44	86,936	4,388,845	2,708	14.1	31,575	0.2	45	5,085	26.4	58,754	0.5	16							
45-64	172,237	6,457,837	3,387	9.9	39,584	0.2	35	7,584	22.2	88,101	0.6	10							
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Female, Other Eligibles																			
All Ages	186,366	5,810,468	2,699	3.1	28,951	0.2	31	4,692	5.4	52,218	0.5	8							
5 and younger	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							
15-20	11	763	0	0.0	0	0.0	0	1	14.3	12	0.1	10							
21-44	3,650	268,941	105	16.0	1,149	0.3	73	174	26.5	1,803	0.5	32							
45-64	2,892	179,259	61	15.0	628	0.3	70	89	21.8	925	0.6	38							
65-74	83,823	3,219,619	943	3.1	10,899	0.2	42	2,263	7.6	26,022	0.5	8							
75-84	53,051	1,295,951	761	2.7	8,065	0.2	22	1,348	4.8	14,981	0.4	5							
85 and older	42,939	845,935	829	2.9	8,210	0.2	17	817	2.9	8,475	0.5	4							
Male																			
All Males	266,688	14,907,753	7,889	8.7	90,551	0.2	46	11,260	12.4	129,346	0.5	14							
Male, Disabled																			
All Ages	203,049	12,188,614	6,923	12.7	80,543	0.2	47	9,546	17.5	110,507	0.5	15							
5 and younger	10	2,608	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	15	5,373	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	962	115,584	56	26.4	666	0.4	77	39	18.4	467	0.4	54							
21-44	77,611	5,674,880	3,493	16.4	40,748	0.2	56	4,166	19.6	48,288	0.5	18							
45-64	124,451	6,390,169	3,374	10.2	39,129	0.2	38	5,341	16.2	61,752	0.5	11							
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							

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, MASSACHUSETTS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean 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	63,639	2,719,139	966	2.7	10,008	0.2	40	1,714	4.7	18,839	0.5	10
5 and younger	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
15-20	2	160	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,152	198,286	54	12.7	570	0.4	84	68	16.0	656	0.6	46
45-64	2,806	187,505	48	9.6	465	0.3	65	84	16.8	839	0.5	23
65-74	35,515	1,684,416	427	2.4	4,831	0.2	45	973	5.5	11,138	0.5	10
75-84	16,070	460,294	281	2.4	2,832	0.2	25	418	3.6	4,519	0.4	6
85 and older	7,094	188,478	156	2.7	1,310	0.2	29	171	2.9	1,687	0.4	5
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 Massachusetts, released by CMS in 9/2009. 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>.

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

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

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	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	2,746	1.2	31,676	0.2	\$98	24,538	10.6	280,856	0.3	\$11	17,027	7.4	194,570	0.2	\$14
Female															
All Females	974	0.7	11,356	0.2	83	15,520	11.0	177,897	0.2	11	10,144	7.2	116,449	0.2	14
Female, Disabled															
All Ages	787	1.5	9,263	0.2	91	7,206	13.4	83,936	0.3	11	3,602	6.7	41,939	0.2	14
5 and younger	0	0.0	0	0.0	0	1	20.0	10	0.4	8	0	0.0	0	0.0	0
6-14	6	100.0	72	0.6	345	2	33.3	24	0.5	10	0	0.0	0	0.0	0
15-20	3	1.7	34	0.4	93	23	12.9	276	0.2	17	2	1.1	23	0.3	7
21-44	369	1.9	4,303	0.2	97	2,007	10.4	23,399	0.2	11	512	2.7	5,987	0.2	15
45-64	409	1.2	4,854	0.2	83	5,173	15.1	60,227	0.3	12	3,088	9.0	35,929	0.2	14
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	187	0.2	2,093	0.2	46	8,314	9.5	93,961	0.2	10	6,542	7.5	74,510	0.2	13
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	0	0.0	0	0.0	0	3	42.9	36	0.3	18	0	0.0	0	0.0	0
21-44	20	3.0	194	0.4	236	95	14.5	1,003	0.3	12	19	2.9	207	0.3	22
45-64	11	2.7	124	0.3	46	72	17.6	753	0.3	20	58	14.2	600	0.4	31
65-74	84	0.3	980	0.1	39	3,845	12.8	44,425	0.3	11	3,417	11.4	39,293	0.2	16
75-84	29	0.1	324	0.1	11	2,479	8.8	28,363	0.2	9	2,101	7.4	24,164	0.1	10
85 and older	43	0.2	471	0.1	7	1,820	6.5	19,381	0.2	9	947	3.4	10,246	0.1	8
Male															
All Males	1,772	2.0	20,320	0.2	106	9,018	10.0	102,959	0.3	11	6,883	7.6	78,121	0.2	15
Male, Disabled															
All Ages	1,666	3.1	19,127	0.2	105	5,833	10.7	67,362	0.3	11	3,968	7.3	45,669	0.2	14
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.2	12	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.1	2	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	24	11.3	273	0.3	16	5	2.4	45	0.3	9
21-44	656	3.1	7,522	0.2	108	1,765	8.3	20,520	0.3	11	876	4.1	10,189	0.2	16
45-64	1,010	3.1	11,605	0.2	103	4,042	12.3	46,545	0.3	11	3,087	9.4	35,435	0.2	14
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	106	0.3	1,193	0.3	131	3,185	8.8	35,597	0.2	11	2,915	8.1	32,452	0.2	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	3.1	126	0.5	332	48	11.3	498	0.3	16	36	8.5	374	0.3	28
45-64	10	2.0	120	0.2	137	74	14.8	755	0.4	19	91	18.2	914	0.4	32
65-74	73	0.4	854	0.2	113	1,727	9.8	19,675	0.3	11	1,821	10.3	20,558	0.2	17
75-84	5	0.0	47	0.1	6	952	8.1	10,788	0.2	9	758	6.5	8,517	0.1	11
85 and older	5	0.1	46	0.1	16	384	6.6	3,881	0.2	10	209	3.6	2,089	0.2	10
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 Massachusetts, released by CMS in 9/2009. 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>.

Benef(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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ASSORTED CLASSES					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	28,794	12.4	326,310	0.2	\$8	1,818	0.8	20,857	0.5	\$106	15,153	6.5	169,787	0.2	\$13
Female															
All Females	18,577	13.2	210,807	0.2	8	856	0.6	9,816	0.5	89	9,887	7.0	110,972	0.2	12
Female, Disabled															
All Ages	11,454	21.3	133,299	0.2	9	647	1.2	7,509	0.5	98	4,777	8.9	55,384	0.2	12
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	6	100.0	72	0.4	60	2	33.3	24	0.5	21
15-20	56	31.5	651	0.4	14	8	4.5	92	0.5	77	31	17.4	360	0.1	10
21-44	4,128	21.4	47,831	0.2	10	272	1.4	3,170	0.5	109	1,433	7.4	16,757	0.2	10
45-64	7,270	21.2	84,817	0.2	9	361	1.1	4,175	0.5	91	3,311	9.7	38,243	0.2	13
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	7,123	8.2	77,508	0.2	6	209	0.2	2,307	0.4	58	5,110	5.8	55,588	0.2	12
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	254	38.7	2,734	0.3	15	8	1.2	77	0.4	65	72	11.0	783	0.2	12
45-64	168	41.2	1,625	0.5	19	3	0.7	36	0.4	67	65	15.9	678	0.2	13
65-74	2,796	9.3	31,960	0.2	8	125	0.4	1,429	0.5	73	2,210	7.4	25,072	0.2	16
75-84	1,908	6.8	20,947	0.1	4	44	0.2	461	0.3	38	1,431	5.1	15,608	0.1	9
85 and older	1,997	7.1	20,242	0.2	4	29	0.1	304	0.1	18	1,332	4.7	13,447	0.2	9
Male															
All Males	10,217	11.3	115,503	0.2	8	962	1.1	11,041	0.6	121	5,266	5.8	58,815	0.2	13
Male, Disabled															
All Ages	7,964	14.6	91,935	0.2	9	819	1.5	9,508	0.6	124	2,952	5.4	33,910	0.2	12
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.3	103	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	166.7	60	0.2	89	0	0.0	0	0.0	0
15-20	42	19.8	499	0.4	16	13	6.1	151	0.7	153	35	16.5	412	0.2	8
21-44	3,268	15.4	37,924	0.2	10	295	1.4	3,415	0.6	145	939	4.4	10,954	0.2	13
45-64	4,654	14.1	53,512	0.2	8	504	1.5	5,858	0.6	112	1,978	6.0	22,544	0.2	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ASSORTED CLASSES					ANTIASTHMATIC				
	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
Male, Other Eligibles															
All Ages	2,253	6.2	23,568	0.2	7	143	0.4	1,533	0.5	99	2,314	6.4	24,905	0.2	14
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	0	0.0	0	0.0	0	2	50.0	4	0.5	40	0	0.0	0	0.0	0
21-44	131	30.8	1,335	0.4	19	11	2.6	114	0.4	135	42	9.9	428	0.3	15
45-64	143	28.6	1,396	0.4	16	6	1.2	72	0.5	206	66	13.2	688	0.4	20
65-74	990	5.6	11,210	0.2	7	101	0.6	1,134	0.5	105	1,192	6.7	13,341	0.2	16
75-84	581	4.9	5,865	0.1	4	17	0.1	156	0.2	9	651	5.5	6,965	0.1	10
85 and older	408	7.0	3,762	0.2	4	6	0.1	53	0.4	34	363	6.2	3,483	0.2	10
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 Massachusetts, released by CMS in 9/2009. 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>.

Benef(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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	45,671	19.7	510,095	0.5	\$4	15,513	6.7	176,191	0.2	\$11	231,631	2,502,227
Female												
All Females	31,142	22.1	347,371	0.5	4	9,404	6.7	107,130	0.2	10	141,024	1,526,901
Female, Disabled												
All Ages	14,899	27.8	172,211	0.5	5	3,321	6.2	38,669	0.2	12	53,663	601,632
5 and younger	1	20.0	12	0.1	0	0	0.0	0	0.0	0	5	38
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
15-20	25	14.0	282	0.3	2	4	2.2	48	0.3	5	178	1,864
21-44	4,964	25.8	57,121	0.5	4	566	2.9	6,614	0.2	12	19,254	215,702
45-64	9,909	29.0	114,796	0.6	5	2,751	8.0	32,007	0.2	12	34,220	383,956
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	16,243	18.6	175,160	0.5	3	6,083	7.0	68,461	0.2	9	87,361	925,269
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	68
21-44	167	25.4	1,785	0.4	3	21	3.2	189	0.4	22	657	5,768
45-64	88	21.6	885	0.5	5	54	13.2	514	0.4	27	408	3,483
65-74	5,396	18.0	61,584	0.5	4	3,234	10.8	37,020	0.2	11	29,939	331,006
75-84	5,103	18.1	55,845	0.5	3	1,831	6.5	20,814	0.1	6	28,233	305,465
85 and older	5,489	19.5	55,061	0.5	3	943	3.4	9,924	0.1	4	28,117	279,479
Male												
All Males	14,529	16.0	162,724	0.5	4	6,109	6.7	69,061	0.2	11	90,607	975,326
Male, Disabled												
All Ages	9,995	18.4	114,863	0.5	4	3,522	6.5	40,360	0.2	12	54,411	601,852
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	1	33.3	12	0.1	0	0	0.0	0	0.0	0	3	36
15-20	12	5.7	139	0.2	1	3	1.4	36	0.4	8	212	2,285
21-44	3,611	17.0	41,639	0.5	4	729	3.4	8,425	0.2	15	21,268	236,298
45-64	6,371	19.4	73,073	0.6	4	2,790	8.5	31,899	0.2	12	32,925	363,197
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIANKXIETY AGENTS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	4,534	12.5	47,861	0.5	3	2,587	7.1	28,701	0.2	10	36,196	373,474
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	27
21-44	69	16.2	741	0.5	4	30	7.1	306	0.4	30	425	3,476
45-64	62	12.4	622	0.6	4	73	14.6	734	0.5	33	500	4,268
65-74	2,020	11.4	22,475	0.5	4	1,605	9.1	18,044	0.2	11	17,682	188,678
75-84	1,499	12.8	15,721	0.4	3	666	5.7	7,414	0.1	6	11,742	122,639
85 and older	884	15.1	8,302	0.4	3	213	3.6	2,203	0.1	5	5,843	54,386
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 Massachusetts, released by CMS in 9/2009. 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>.

Benef(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, MASSACHUSETTS, 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	\$10	0.5	27,492	277,906
Age				
0-64	27	0.8	1,910	21,398
65-74	18	0.7	2,720	28,643
75-84	10	0.5	7,890	79,555
85 and older	7	0.4	14,972	148,310
Unknown	0	0.0	0	0
Gender				
Female	9	0.5	20,812	211,631
Male	12	0.5	6,680	66,275
Unknown	0	0.0	0	0
Race				
White	10	0.5	17,274	179,110
African American	9	0.4	471	5,084
Other/unknown	10	0.5	9,747	93,712
Basis of Eligibility^c				
Aged	9	0.4	25,582	256,508
Disabled	26	0.7	1,909	21,386
Adults	129	2.9	1	12
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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, MASSACHUSETTS, 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 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 of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$7	\$0	\$3	\$56	\$115	\$65	\$23	1,897	\$106,680	1,075	3.9	10,615
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	29	0	0	29	45	1,324	45	0.2	514
Antineoplastic Agents	0.2	0.0	0.0	0.2	37	22	1	14	182	649	1,387	84	438	79,843	234	0.9	2,162
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	7	4	1	1	31	61	58	10	4,027	124,547	1,734	6.3	18,095
Cardiovascular Agents	0.3	0.1	0.0	0.3	6	4	0	2	20	55	30	10	10,873	215,833	3,213	11.7	33,206
Respiratory Agents	0.2	0.1	0.0	0.1	10	9	0	1	49	71	59	11	3,523	172,650	1,612	5.9	16,738
Gastrointestinal Agents	0.2	0.1	0.0	0.1	10	8	1	1	52	94	128	11	3,883	202,037	1,986	7.2	20,857
Genitourinary Agents	0.2	0.1	0.0	0.1	7	5	1	1	44	56	73	22	968	42,732	558	2.0	5,759
CNS Drugs	0.5	0.0	0.0	0.5	9	5	1	3	17	130	83	7	43,712	755,015	8,374	30.5	86,873
Stimulants/Anti-obesity/Anorexia	0.2	0.0	0.0	0.1	3	1	0	2	19	44	0	14	65	1,218	39	0.1	378
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	19	19	0	0	91	91	0	56	2,048	185,972	914	3.3	9,607
Analgesics and Anesthetics	0.2	0.0	0.0	0.2	8	4	0	4	33	100	68	20	2,442	81,167	1,080	3.9	10,774
Neuromuscular Agents	0.6	0.1	0.0	0.5	11	6	0	4	20	122	38	9	11,016	218,163	1,824	6.6	19,811
Nutritional Products	0.3	0.0	0.1	0.2	3	0	1	3	10	7	8	10	5,483	53,457	1,617	5.9	16,565
Hematological Agents	0.7	0.0	0.0	0.7	6	3	0	3	9	190	12	4	35,794	313,920	4,937	18.0	52,342
Topical Products	0.2	0.1	0.0	0.1	12	9	2	2	60	157	55	14	3,375	203,420	1,622	5.9	16,926
Miscellaneous Products	0.2	0.1	0.0	0.1	28	20	0	8	135	213	51	69	240	32,367	112	0.4	1,150
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	35	0	0	0	353	12,271	170	0.6	1,736
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.	130,182	2,802,616	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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 Massachusetts, 0.3 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, MASSACHUSETTS, 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
ANTIPSYCHOTICS	\$389,556	1,323	4.8	13,868	0.2	\$133	\$28
HEMATOPOIETIC AGENTS	215,271	4,582	16.7	49,086	0.7	7	4
ANTIANKXIETY AGENTS	192,605	6,108	22.2	62,982	0.5	6	3
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	186,019	1,064	3.9	11,136	0.2	91	17
ANTICONVULSANT	174,075	1,656	6.0	18,059	0.6	17	10
ANTIASTHMATIC	157,745	1,639	6.0	16,892	0.2	54	9
ULCER DRUGS	157,349	1,505	5.5	15,952	0.2	65	10
ANTIDEPRESSANTS	151,018	2,684	9.8	28,093	0.2	30	5
OPHTHALMIC	137,570	762	2.8	7,935	0.1	120	17
ANTIHYPERLIPIDEMIC	96,103	863	3.1	9,059	0.2	59	11
Total	1,857,311	22,186	n.a.	233,062	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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.

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, MASSACHUSETTS, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	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	93,362	\$1,857,311	1,323	4.8	13,868	0.2	\$28	4,582	16.7	49,086	0.7	\$4
Female												
All Females	69,904	1,346,325	981	4.7	10,360	0.2	26	3,389	16.3	36,383	0.7	5
Female, Disabled												
All Ages	5,158	211,822	52	5.9	618	0.3	43	109	12.4	1,262	0.7	11
64 or younger	5,158	211,822	52	5.9	618	0.3	43	109	12.4	1,262	0.7	11
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	64,746	1,134,503	929	4.7	9,742	0.2	25	3,280	16.5	35,121	0.7	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,412	238,545	141	9.1	1,608	0.3	52	250	16.1	2,811	0.7	4
75-84	19,557	358,172	321	5.6	3,294	0.2	25	907	15.9	9,774	0.7	5
85 and older	36,777	537,786	467	3.7	4,840	0.2	17	2,123	16.7	22,536	0.7	4
Male												
All Males	23,458	510,986	342	5.1	3,508	0.2	34	1,193	17.9	12,703	0.7	4
Male, Disabled												
All Ages	5,487	154,563	68	6.6	801	0.2	36	142	13.8	1,619	0.7	6
64 or younger	5,487	154,563	68	6.6	801	0.2	36	142	13.8	1,619	0.7	6
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	17,971	356,423	274	4.8	2,707	0.2	34	1,051	18.6	11,084	0.7	4
64 or younger	9	636	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,976	103,993	73	6.2	802	0.3	34	211	18.0	2,313	0.7	3
75-84	7,094	136,980	117	5.3	1,174	0.2	31	435	19.8	4,641	0.7	4
85 and older	5,892	114,814	84	3.7	731	0.3	37	405	17.8	4,130	0.6	4
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 Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIANKXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,108	22.2	62,982	0.5	\$3	1,064	3.9	11,136	0.2	\$17	1,656	6.0	18,059	0.6	\$10
Female															
All Females	4,693	22.5	48,441	0.5	3	829	4.0	8,776	0.2	16	1,169	5.6	12,724	0.6	9
Female, Disabled															
All Ages	282	32.0	3,186	0.7	4	14	1.6	164	0.2	68	170	19.3	1,953	0.7	20
64 or younger	282	32.0	3,186	0.7	4	14	1.6	164	0.2	68	170	19.3	1,953	0.7	20
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,411	22.1	45,255	0.5	3	815	4.1	8,612	0.2	15	999	5.0	10,771	0.5	7
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	488	31.5	5,326	0.6	4	48	3.1	534	0.2	22	238	15.4	2,728	0.6	12
75-84	1,287	22.6	13,320	0.5	3	294	5.2	3,063	0.2	14	351	6.2	3,742	0.5	5
85 and older	2,636	20.8	26,609	0.5	3	473	3.7	5,015	0.2	15	410	3.2	4,301	0.5	4
Male															
All Males	1,415	21.2	14,541	0.5	3	235	3.5	2,360	0.2	18	487	7.3	5,335	0.5	12
Male, Disabled															
All Ages	317	30.8	3,607	0.6	4	9	0.9	106	0.1	25	174	16.9	2,031	0.6	18
64 or younger	317	30.8	3,607	0.6	4	9	0.9	106	0.1	25	174	16.9	2,031	0.6	18
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,098	19.4	10,934	0.5	3	226	4.0	2,254	0.2	18	313	5.5	3,304	0.5	8
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.5	51
65-74	265	22.6	2,838	0.5	4	26	2.2	280	0.2	16	118	10.1	1,337	0.6	11
75-84	433	19.7	4,289	0.5	3	93	4.2	939	0.2	18	115	5.2	1,203	0.4	6
85 and older	400	17.6	3,807	0.4	2	107	4.7	1,035	0.2	18	79	3.5	752	0.4	7
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 Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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, MASSACHUSETTS, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ULCER DRUGS					ANTIDEPRESSANTS				
	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	1,639	6.0	16,892	0.2	\$9	1,505	5.5	15,952	0.2	\$10	2,684	9.8	28,093	0.2	\$5
Female															
All Females	1,203	5.8	12,383	0.2	9	1,127	5.4	11,910	0.1	9	2,028	9.7	21,366	0.2	6
Female, Disabled															
All Ages	58	6.6	661	0.3	24	61	6.9	674	0.2	11	102	11.6	1,177	0.2	13
64 or younger	58	6.6	661	0.3	24	61	6.9	674	0.2	11	102	11.6	1,177	0.2	13
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,145	5.7	11,722	0.2	9	1,066	5.3	11,236	0.1	9	1,926	9.7	20,189	0.2	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	112	7.2	1,171	0.2	12	115	7.4	1,259	0.2	14	203	13.1	2,273	0.3	10
75-84	349	6.1	3,639	0.2	9	316	5.6	3,366	0.1	9	627	11.0	6,594	0.2	5
85 and older	684	5.4	6,912	0.2	8	635	5.0	6,611	0.1	8	1,096	8.6	11,322	0.2	4
Male															
All Males	436	6.5	4,509	0.2	9	378	5.7	4,042	0.2	12	656	9.8	6,727	0.2	5
Male, Disabled															
All Ages	50	4.9	585	0.2	10	65	6.3	766	0.2	22	99	9.6	1,162	0.2	6
64 or younger	50	4.9	585	0.2	10	65	6.3	766	0.2	22	99	9.6	1,162	0.2	6
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	386	6.8	3,924	0.2	9	313	5.5	3,276	0.2	9	557	9.9	5,565	0.2	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	3
65-74	77	6.6	892	0.2	11	64	5.5	742	0.2	13	110	9.4	1,270	0.2	8
75-84	151	6.9	1,549	0.2	9	125	5.7	1,307	0.1	8	232	10.5	2,252	0.2	4
85 and older	158	6.9	1,483	0.2	8	124	5.4	1,227	0.1	9	214	9.4	2,031	0.2	4
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 Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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, MASSACHUSETTS, 2006

Beneficiary Characteristics	OPHTHALMIC					ANTIHYPERTENSIVE					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	762	2.8	7,935	0.1	\$17	863	3.1	9,059	0.2	\$11	27,492	277,906
Female												
All Females	591	2.8	6,214	0.1	17	626	3.0	6,717	0.2	10	20,812	211,631
Female, Disabled												
All Ages	27	3.1	319	0.2	196	24	2.7	288	0.3	27	880	9,864
64 or younger	27	3.1	319	0.2	196	24	2.7	288	0.3	27	880	9,864
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	564	2.8	5,895	0.1	7	602	3.0	6,429	0.2	10	19,932	201,767
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	35	2.3	385	0.1	32	79	5.1	875	0.2	14	1,548	16,366
75-84	121	2.1	1,312	0.1	7	223	3.9	2,376	0.2	10	5,690	58,097
85 and older	408	3.2	4,198	0.2	4	300	2.4	3,178	0.2	8	12,694	127,304
Male												
All Males	171	2.6	1,721	0.2	20	237	3.5	2,342	0.2	11	6,680	66,275
Male, Disabled												
All Ages	28	2.7	333	0.2	75	28	2.7	327	0.3	21	1,029	11,522
64 or younger	28	2.7	333	0.2	75	28	2.7	327	0.3	21	1,029	11,522
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	143	2.5	1,388	0.1	7	209	3.7	2,015	0.2	10	5,651	54,753
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	19	1.6	220	0.1	9	59	5.0	639	0.2	12	1,172	12,277
75-84	39	1.8	423	0.1	12	86	3.9	811	0.2	9	2,200	21,458
85 and older	85	3.7	745	0.2	4	64	2.8	565	0.2	8	2,278	21,006
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 Massachusetts, released by CMS in 9/2009. 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 17,570 beneficiaries who were in nursing facilities for part of their enrollment and their 170,733 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}
 MASSACHUSETTS, 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	97,036	41.9	3.6	844,799	\$22	\$5,173,516	\$6	10.6	231,631	
Age										
5 and younger	5	62.5	5.3	42	77	619	15	9.9	8	
6-14	9	100.0	14.4	130	180	1,621	12	1.8	9	
15-20	116	28.9	1.4	576	15	6,081	11	1.7	401	
21-44	18,176	43.7	3.9	161,810	24	988,247	6	6.6	41,604	
45-64	34,815	51.2	5.2	351,772	33	2,268,957	6	11.5	68,053	
65-74	19,161	40.2	3.2	153,346	19	924,945	6	11.3	47,621	
75-84	14,510	36.3	2.8	112,490	16	628,455	6	19.1	39,975	
85 and older	10,244	30.2	1.9	64,633	10	354,591	5	15.9	33,960	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	43,904	36.1	2.7	330,442	16	1,907,606	6	13.9	121,511	
Disabled	52,362	48.5	4.7	509,399	30	3,227,568	6	9.5	108,074	
Adults	768	37.6	2.4	4,939	19	38,230	8	2.8	2,040	
Children	2	33.3	3.2	19	19	112	6	3.6	6	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	62,223	44.1	3.8	540,428	24	3,323,314	6	12.4	141,024	
Male	34,813	38.4	3.4	304,371	20	1,850,202	6	8.3	90,607	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	61,710	44.1	4.0	561,976	25	3,438,415	6	11.3	140,038	
African American	5,311	43.1	3.3	40,069	19	235,444	6	8.2	12,326	
Other/unknown	30,015	37.9	3.1	242,754	19	1,499,657	6	9.6	79,267	
Use of Nursing Facilities^d										
Entire year	8,032	29.2	1.8	48,943	11	300,679	6	10.7	27,492	
Part year	7,844	44.6	3.0	53,016	18	312,644	6	11.5	17,570	
None	81,160	43.5	4.0	742,840	24	4,560,193	6	10.5	186,569	
Maintenance Assistance Status										
Cash	44,054	48.0	4.5	409,886	26	2,422,492	6	11.5	91,835	
Medically needy	6,233	36.6	3.7	62,641	20	338,792	5	12.9	17,015	
Poverty related	34,156	39.3	3.3	282,660	21	1,835,067	6	10.7	86,919	
Other/unknown	12,593	35.1	2.5	89,612	16	577,165	6	7.2	35,862	

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 1 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}
 MASSACHUSETTS, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$2	\$6	\$0	\$1	2,502,227
Age						
5 and younger	0.6	8	15	0	0	74
6-14	1.2	15	12	0	0	108
15-20	0.1	1	11	0	0	4,244
21-44	0.4	2	6	0	1	461,244
45-64	0.5	3	6	0	2	754,904
65-74	0.3	2	6	0	1	519,684
75-84	0.3	1	6	0	1	428,104
85 and older	0.2	1	5	0	1	333,865
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	1	6	0	1	1,281,274
Disabled	0.4	3	6	0	1	1,203,484
Adults	0.3	2	8	0	1	17,407
Children	0.3	2	6	0	0	62
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	2	6	0	1	1,526,901
Male	0.3	2	6	0	1	975,326
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	2	6	0	1	1,545,643
African American	0.3	2	6	0	0	136,544
Other/unknown	0.3	2	6	0	1	820,040
Use of Nursing Facilities^d						
Entire year	0.2	1	6	0	1	277,906
Part year	0.3	2	6	0	1	170,733
None	0.4	2	6	0	1	2,053,588
Maintenance Assistance Status						
Cash	0.4	2	6	0	1	1,058,850
Medically needy	0.4	2	5	0	1	173,473
Poverty related	0.3	2	6	0	1	918,719
Other/unknown	0.3	2	6	0	1	351,185

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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 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.

Benef(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}
 MASSACHUSETTS, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	123,299	\$42	\$5,173,516	100.0	844,799	\$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	11	9	104	0.0	21	5	0.0
Cough and cold medications	428	49	20,862	0.4	833	25	0.1
Vitamins and minerals	9,228	30	278,166	5.4	32,239	9	3.8
Non-prescription drugs	49,981	42	2,112,285	40.8	373,690	6	44.2
Barbiturates	1,476	57	83,906	1.6	14,696	6	1.7
Benzodiazepines	58,136	42	2,455,319	47.5	406,614	6	48.1
Other Part D Excl Rx Drugs	4,039	55	222,874	4.3	16,706	13	2.0

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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.

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

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

Total Number of Dual Eligible Beneficiaries: 231,631
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$48,930,257
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$211

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	104,641	45.2	\$0	0.0
1-500	109,046	47.1	11,495,958	23.5
501-1,000	8,458	3.7	5,884,049	12.0
1,001-1,500	3,127	1.3	3,825,688	7.8
1,501-2,000	1,628	0.7	2,815,506	5.8
2,001-2,500	1,079	0.5	2,395,362	4.9
2,501-3,000	672	0.3	1,847,453	3.8
3,001-3,500	556	0.2	1,788,347	3.7
3,501-4,000	435	0.2	1,624,889	3.3
4,001-4,500	331	0.1	1,402,793	2.9
4,501-5,000	270	0.1	1,277,574	2.6
5,001-5,500	185	0.1	971,915	2.0
5,501-6,000	148	0.1	846,373	1.7
6,001-6,500	125	0.1	780,243	1.6
6,501-7,000	108	0.0	727,162	1.5
7,001-7,500	93	0.0	674,797	1.4
7,501-8,000	71	0.0	550,285	1.1
8,001-8,500	65	0.0	535,958	1.1
8,501-9,000	48	0.0	419,548	0.9
9,001-9,500	67	0.0	619,119	1.3
9,501-10,000	45	0.0	437,686	0.9
10,001+	433	0.2	8,009,552	16.4

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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}
 MASSACHUSETTS, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 108,074
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$33,848,866
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$313

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	42,092	38.9	\$0	0.0	
1-500	53,593	49.6	6,155,193	18.2	
501-1,000	5,601	5.2	3,920,315	11.6	
1,001-1,500	2,184	2.0	2,679,522	7.9	
1,501-2,000	1,159	1.1	2,003,926	5.9	
2,001-2,500	732	0.7	1,627,367	4.8	
2,501-3,000	492	0.5	1,353,427	4.0	
3,001-3,500	402	0.4	1,290,107	3.8	
3,501-4,000	310	0.3	1,158,607	3.4	
4,001-4,500	241	0.2	1,020,671	3.0	
4,501-5,000	208	0.2	984,468	2.9	
5,001-5,500	129	0.1	676,494	2.0	
5,501-6,000	107	0.1	612,135	1.8	
6,001-6,500	91	0.1	567,726	1.7	
6,501-7,000	74	0.1	498,588	1.5	
7,001-7,500	71	0.1	514,489	1.5	
7,501-8,000	52	0.0	403,413	1.2	
8,001-8,500	50	0.0	413,203	1.2	
8,501-9,000	38	0.0	331,086	1.0	
9,001-9,500	56	0.1	517,313	1.5	
9,501-10,000	33	0.0	321,552	0.9	
10,001+	359	0.3	6,799,264	20.1	

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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}
 MASSACHUSETTS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 121,556
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$13,711,988
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$112

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	61,750	50.8	\$0	0.0
1-500	54,701	45.0	5,249,471	38.3
501-1,000	2,733	2.2	1,873,022	13.7
1,001-1,500	868	0.7	1,053,291	7.7
1,501-2,000	419	0.3	725,822	5.3
2,001-2,500	312	0.3	691,181	5.0
2,501-3,000	149	0.1	409,249	3.0
3,001-3,500	129	0.1	417,120	3.0
3,501-4,000	107	0.1	399,369	2.9
4,001-4,500	75	0.1	318,565	2.3
4,501-5,000	53	0.0	250,562	1.8
5,001-5,500	43	0.0	226,402	1.7
5,501-6,000	34	0.0	194,303	1.4
6,001-6,500	28	0.0	175,114	1.3
6,501-7,000	28	0.0	188,113	1.4
7,001-7,500	18	0.0	131,115	1.0
7,501-8,000	15	0.0	115,919	0.8
8,001-8,500	11	0.0	90,195	0.7
8,501-9,000	7	0.0	61,914	0.5
9,001-9,500	8	0.0	73,852	0.5
9,501-10,000	8	0.0	77,555	0.6
10,001+	60	0.0	989,854	7.2

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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}
 MASSACHUSETTS, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 47,621
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$8,180,009
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$171

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,154	50.7	\$0	0.0
1-500	20,346	42.7	2,225,384	27.2
501-1,000	1,449	3.0	1,003,242	12.3
1,001-1,500	555	1.2	677,670	8.3
1,501-2,000	293	0.6	510,150	6.2
2,001-2,500	216	0.5	481,652	5.9
2,501-3,000	109	0.2	298,835	3.7
3,001-3,500	99	0.2	320,599	3.9
3,501-4,000	85	0.2	316,123	3.9
4,001-4,500	60	0.1	255,092	3.1
4,501-5,000	44	0.1	208,287	2.5
5,001-5,500	31	0.1	162,196	2.0
5,501-6,000	28	0.1	160,649	2.0
6,001-6,500	23	0.0	143,973	1.8
6,501-7,000	24	0.1	161,354	2.0
7,001-7,500	17	0.0	123,788	1.5
7,501-8,000	11	0.0	84,451	1.0
8,001-8,500	10	0.0	81,776	1.0
8,501-9,000	6	0.0	52,927	0.6
9,001-9,500	6	0.0	55,128	0.7
9,501-10,000	7	0.0	68,028	0.8
10,001+	48	0.1	788,705	9.6

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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}
 MASSACHUSETTS, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 39,975
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$3,294,893
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$82

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	20,636	51.6	\$0	0.0
1-500	18,113	45.3	1,736,047	52.7
501-1,000	765	1.9	518,025	15.7
1,001-1,500	206	0.5	245,636	7.5
1,501-2,000	83	0.2	142,192	4.3
2,001-2,500	62	0.2	135,365	4.1
2,501-3,000	25	0.1	69,319	2.1
3,001-3,500	24	0.1	77,577	2.4
3,501-4,000	16	0.0	60,684	1.8
4,001-4,500	8	0.0	34,062	1.0
4,501-5,000	7	0.0	32,632	1.0
5,001-5,500	8	0.0	42,653	1.3
5,501-6,000	3	0.0	16,835	0.5
6,001-6,500	3	0.0	18,416	0.6
6,501-7,000	3	0.0	19,873	0.6
7,001-7,500	1	0.0	7,327	0.2
7,501-8,000	2	0.0	15,748	0.5
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,987	0.3
9,001-9,500	1	0.0	9,495	0.3
9,501-10,000	0	0.0	0	0.0
10,001+	8	0.0	104,020	3.2

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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}
 MASSACHUSETTS, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 33,960
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,237,086
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$65

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,960	49.9	\$0	0.0
1-500	16,242	47.8	1,288,040	57.6
501-1,000	519	1.5	351,755	15.7
1,001-1,500	107	0.3	129,985	5.8
1,501-2,000	43	0.1	73,480	3.3
2,001-2,500	34	0.1	74,164	3.3
2,501-3,000	15	0.0	41,095	1.8
3,001-3,500	6	0.0	18,944	0.8
3,501-4,000	6	0.0	22,562	1.0
4,001-4,500	7	0.0	29,411	1.3
4,501-5,000	2	0.0	9,643	0.4
5,001-5,500	4	0.0	21,553	1.0
5,501-6,000	3	0.0	16,819	0.8
6,001-6,500	2	0.0	12,725	0.6
6,501-7,000	1	0.0	6,886	0.3
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.0	15,720	0.7
8,001-8,500	1	0.0	8,419	0.4
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,229	0.4
9,501-10,000	1	0.0	9,527	0.4
10,001+	4	0.0	97,129	4.3

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 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	232,347	121,543	108,595	2,203	6	0	2,527,164	1,283,388	1,222,568	21,136	72	0
Age												
5 and younger	8	0	8	0	0	0	74	0	74	0	0	0
6-14	9	0	9	0	0	0	108	0	108	0	0	0
15-20	412	0	401	6	5	0	4,782	0	4,661	61	60	0
21-44	41,988	0	40,810	1,178	0	0	473,480	0	461,989	11,491	0	0
45-64	68,342	4	67,367	970	1	0	764,934	42	755,736	9,144	12	0
65-74	47,646	47,597	0	49	0	0	521,740	521,300	0	440	0	0
75-84	39,980	39,980	0	0	0	0	428,157	428,157	0	0	0	0
85 and older	33,962	33,962	0	0	0	0	333,889	333,889	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	141,422	86,291	53,946	1,182	3	0	1,541,578	917,119	612,824	11,599	36	0
Male	90,925	35,252	54,649	1,021	3	0	985,586	366,269	609,744	9,537	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	140,467	75,524	63,948	992	3	0	1,559,807	819,914	730,244	9,613	36	0
African American	12,406	5,351	6,905	149	1	0	138,944	59,582	77,889	1,461	12	0
Other/unknown	79,474	40,668	37,742	1,062	2	0	828,413	403,892	414,435	10,062	24	0
Use of Nursing Facilities^c												
Entire year	27,492	25,582	1,909	1	0	0	277,910	256,510	21,388	12	0	0
Part year	17,571	15,037	2,523	11	0	0	170,903	142,982	27,805	116	0	0
None	187,284	80,924	104,163	2,191	6	0	2,078,351	883,896	1,173,375	21,008	72	0
Maintenance Assistance Status												
Cash	92,262	51,110	40,913	239	0	0	1,070,824	588,830	479,781	2,213	0	0
Medically needy	17,032	11,826	5,206	0	0	0	174,384	116,115	58,269	0	0	0
Poverty related	87,012	37,796	49,212	0	4	0	925,844	386,378	539,418	0	48	0
Other/unknown	36,041	20,811	13,264	1,964	2	0	356,112	192,065	145,100	18,923	24	0
Dual Status^d												
Full dual, all year	228,750	118,036	108,506	2,202	6	0	2,487,541	1,244,760	1,221,576	21,133	72	0
Full dual, part year	3,597	3,507	89	1	0	0	39,623	38,628	992	3	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	228,611	121,155	105,729	1,722	5	0	2,484,255	1,279,016	1,189,232	15,947	60	0
FFS part year, with Rx claims	1,654	229	1,268	156	1	0	19,266	2,682	14,845	1,727	12	0
FFS part year, no Rx claims	1,366	127	1,077	162	0	0	15,369	1,339	12,370	1,660	0	0
MC all year, with Rx claims	26	3	18	5	0	0	301	36	205	60	0	0
MC all year, no Rx claims	690	29	503	158	0	0	7,973	315	5,916	1,742	0	0

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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, MASSACHUSETTS, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	232,347	2,527,164	231,631	2,502,227	0	24,937
Fee-for-service (FFS) all year	228,611	2,484,255	228,611	2,484,255	0	0
FFS part year, with Rx claims	1,654	19,266	1,654	11,092	0	8,174
FFS part year, with no Rx claims	1,366	15,369	1,366	6,880	0	8,489
Managed care (MC) all year, with Rx claims	26	301	0	0	0	301
MC all year, with no Rx claims	690	7,973	0	0	0	7,973

Source: Data for this table are from the MAX 2006 file for Massachusetts, released by CMS in 9/2009. 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