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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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	101,967	51,609	46,468	3,852	23	15	1,017,546	508,563	491,847	16,849	149	138
Age												
5 and younger	4	0	4	0	0	0	48	0	48	0	0	0
6-14	11	0	7	0	4	0	100	0	65	0	35	0
15-20	128	0	114	2	12	0	944	0	864	8	72	0
21-44	15,582	19	14,212	1,345	6	0	153,853	206	146,431	7,185	31	0
45-64	24,516	115	22,161	2,228	0	12	243,518	1,211	233,966	8,223	0	118
65-74	23,574	17,508	5,825	238	0	3	240,227	173,988	64,992	1,227	0	20
75-84	22,817	19,863	2,926	28	0	0	231,783	198,820	32,832	131	0	0
85 and older	15,335	14,104	1,219	11	1	0	147,073	134,338	12,649	75	11	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	66,124	38,406	25,553	2,138	12	15	663,650	380,486	272,505	10,440	81	138
Male	35,843	13,203	20,915	1,714	11	0	353,896	128,077	219,342	6,409	68	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,012	23,632	22,673	1,690	7	10	479,579	229,245	242,686	7,519	45	84
African American	40,827	18,552	20,246	2,011	13	5	401,785	180,775	212,250	8,613	93	54
Other/unknown	13,128	9,425	3,549	151	3	0	136,182	98,543	36,911	717	11	0
Use of Nursing Facilities^c												
Entire year	13,235	11,709	1,525	1	0	0	134,302	117,500	16,790	12	0	0
Part year	6,616	5,357	1,259	0	0	0	61,149	48,472	12,677	0	0	0
None	82,116	34,543	43,684	3,851	23	15	822,095	342,591	462,380	16,837	149	138
Maintenance Assistance Status												
Cash	44,177	16,934	27,048	191	4	0	484,301	189,836	293,485	958	22	0
Medically needy	24,184	18,952	5,011	217	4	0	219,852	175,592	43,018	1,201	41	0
Poverty-related	21,800	11,619	10,101	57	8	15	242,623	130,939	111,069	413	64	138
Other/unknown	11,806	4,104	4,308	3,387	7	0	70,770	12,196	44,275	14,277	22	0
Dual Medicare Status^d												
Full dual, all year	79,201	39,439	35,904	3,821	22	15	764,185	371,701	375,705	16,503	138	138
Full dual, part year	22,766	12,170	10,564	31	1	0	253,361	136,862	116,142	346	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	96,884	51,088	42,500	3,271	10	15	989,433	505,252	470,250	13,699	94	138
FFS part year, with Rx claims	2,836	323	2,324	181	8	0	15,520	2,071	12,689	727	33	0
FFS part year, no Rx claims	2,247	198	1,644	400	5	0	12,593	1,240	8,908	2,423	22	0

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	38.0	3.2	\$145	\$45	\$15,480	0.9	101,967
Age							
5 and younger	25.0	1.5	43	28	5,200	0.8	4
6-14	63.6	7.6	679	89	25,653	2.6	11
15-20	41.4	6.0	1,020	170	12,827	8.0	128
21-44	34.5	3.1	223	72	14,069	1.6	15,582
45-64	41.3	3.8	193	51	15,310	1.3	24,516
65-74	37.1	3.2	139	43	9,656	1.4	23,574
75-84	37.0	2.8	89	32	15,416	0.6	22,817
85 and older	39.1	2.8	72	25	26,253	0.3	15,335
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	38.3	3.0	109	36	16,522	0.7	51,609
Disabled	40.0	3.5	189	54	15,529	1.2	46,468
Adults	9.3	1.0	82	86	958	8.6	3,852
Children	56.5	6.3	908	143	19,209	4.7	23
Unknown	93.3	34.6	3,056	88	5,135	59.5	15
Gender							
Female	39.6	3.2	131	41	14,939	0.9	66,124
Male	35.1	3.2	170	54	16,478	1.0	35,843
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	42.0	3.7	152	41	18,868	0.8	48,012
African American	34.3	2.7	142	53	13,028	1.1	40,827
Other/unknown	34.8	2.8	127	46	10,718	1.2	13,128
Use of Nursing Facilities^f							
Entire year	50.3	5.6	161	29	49,461	0.3	13,235
Part year	56.0	5.8	228	39	30,828	0.7	6,616
None	34.6	2.6	135	52	8,767	1.5	82,116
Maintenance Assistance Status							
Cash	33.1	2.8	121	42	11,060	1.1	44,177
Medically needy	48.4	5.1	198	39	37,003	0.5	24,184
Poverty related	48.7	2.8	188	68	1,794	10.5	21,800
Other/unknown	15.3	1.2	45	37	13,203	0.3	11,806

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	0.3	\$15	0.9	62.0	32.0	2.7	2.1	0.9	0.4	\$1,551	101,967	1,017,546
Age												
5 and younger	0.1	4	0.8	75.0	25.0	0.0	0.0	0.0	0.0	433	4	48
6-14	0.8	75	2.6	36.4	45.5	0.0	9.1	0.0	9.1	2,822	11	100
15-20	0.8	138	8.0	58.6	24.2	3.1	7.0	3.1	3.9	1,739	128	944
21-44	0.3	23	1.6	65.5	27.5	2.8	2.4	1.1	0.7	1,425	15,582	153,853
45-64	0.4	19	1.3	58.7	33.9	3.3	2.5	1.0	0.6	1,541	24,516	243,518
65-74	0.3	14	1.4	62.9	31.5	2.5	2.0	0.8	0.3	948	23,574	240,227
75-84	0.3	9	0.6	63.0	32.5	2.2	1.5	0.6	0.2	1,518	22,817	231,783
85 and older	0.3	8	0.3	60.9	33.3	2.8	2.0	0.8	0.2	2,737	15,335	147,073
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.3	11	0.7	61.7	32.7	2.6	2.0	0.8	0.2	1,677	51,609	508,563
Disabled	0.3	18	1.2	60.0	33.3	3.0	2.3	0.9	0.5	1,467	46,468	491,847
Adults	0.2	19	8.6	90.7	5.3	1.2	1.2	0.8	0.8	219	3,852	16,849
Children	1.0	140	4.7	43.5	30.4	0.0	21.7	0.0	4.3	2,965	23	149
Unknown	3.8	332	59.5	6.7	13.3	6.7	46.7	26.7	0.0	558	15	138
Gender												
Female	0.3	13	0.9	60.4	33.6	2.8	2.0	0.8	0.4	1,489	66,124	663,650
Male	0.3	17	1.0	64.9	28.8	2.6	2.3	0.9	0.4	1,669	35,843	353,896
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	15	0.8	58.0	34.9	3.4	2.4	0.9	0.5	1,889	48,012	479,579
African American	0.3	14	1.1	65.7	29.3	2.1	1.8	0.7	0.3	1,324	40,827	401,785
Other/unknown	0.3	12	1.2	65.2	29.5	2.1	2.0	1.0	0.3	1,033	13,128	136,182
Use of Nursing Facilities^f												
Entire year	0.6	16	0.3	49.7	38.5	5.5	3.7	1.9	0.7	4,874	13,235	134,302
Part year	0.6	25	0.7	44.0	43.9	4.6	4.7	2.1	0.7	3,336	6,616	61,149
None	0.3	14	1.5	65.4	29.9	2.1	1.6	0.6	0.3	876	82,116	822,095
Maintenance Assistance Status												
Cash	0.3	11	1.1	66.9	28.2	2.1	1.7	0.7	0.4	1,009	44,177	484,301
Medically needy	0.6	22	0.5	51.6	36.1	5.2	4.4	2.0	0.8	4,070	24,184	219,852
Poverty related	0.2	17	10.5	51.3	45.5	2.1	0.9	0.1	0.1	161	21,800	242,623
Other/unknown	0.2	8	0.3	84.7	12.6	1.3	1.0	0.4	0.2	2,203	11,806	70,770

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	0.3	\$15	\$45	0.1	\$11	\$145	0.0	\$1	\$86	0.2	\$3	\$12
Age												
5 and younger	0.1	4	28	0.0	0	0	0.0	0	0	0.1	4	28
6-14	0.8	75	89	0.4	48	134	0.0	1	49	0.5	26	55
15-20	0.8	138	170	0.4	125	306	0.0	2	60	0.4	11	30
21-44	0.3	23	72	0.1	18	228	0.0	1	117	0.2	3	14
45-64	0.4	19	51	0.1	15	168	0.0	1	92	0.3	4	13
65-74	0.3	14	43	0.1	10	120	0.0	1	90	0.2	3	12
75-84	0.3	9	32	0.1	6	98	0.0	1	72	0.2	2	10
85 and older	0.3	8	25	0.1	5	89	0.0	1	57	0.2	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	11	36	0.1	8	105	0.0	1	78	0.2	2	11
Disabled	0.3	18	54	0.1	14	183	0.0	1	95	0.2	3	13
Adults	0.2	19	86	0.1	15	196	0.0	1	128	0.1	3	23
Children	1.0	140	143	0.5	122	263	0.1	3	43	0.4	15	35
Unknown	3.8	332	88	1.6	264	169	0.2	24	112	2.0	45	23
Gender												
Female	0.3	13	41	0.1	9	129	0.0	1	87	0.2	3	12
Male	0.3	17	54	0.1	13	172	0.0	1	86	0.2	3	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	15	41	0.1	11	140	0.0	1	88	0.3	3	12
African American	0.3	14	53	0.1	11	160	0.0	1	85	0.2	2	13
Other/unknown	0.3	12	46	0.1	9	121	0.0	1	84	0.2	2	13
Use of Nursing Facilities^e												
Entire year	0.6	16	29	0.1	11	104	0.0	1	55	0.4	4	10
Part year	0.6	25	39	0.1	17	116	0.0	2	66	0.5	6	13
None	0.3	14	52	0.1	10	161	0.0	1	99	0.2	2	13
Maintenance Assistance Status												
Cash	0.3	11	42	0.1	8	161	0.0	1	83	0.2	2	11
Medically needy	0.6	22	39	0.1	16	127	0.0	1	68	0.4	5	11
Poverty related	0.2	17	68	0.1	13	150	0.0	2	113	0.2	3	18
Other/unknown	0.2	8	37	0.0	5	141	0.0	1	85	0.2	2	10

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Name	Generic		Name	Generic		Name	Generic								
Anti-infective Agents	0.2	0.1	0.0	0.1	\$31	\$28	\$0	\$4	\$137	\$351	\$106	\$24	8,742	\$1,195,367	3,913	3.8	38,045
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	30	13	0	32	25	761	25	0.0	222
Antineoplastic Agents	0.2	0.1	0.0	0.1	84	74	0	10	382	709	43	85	759	290,161	371	0.4	3,454
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	14	12	0	2	53	113	49	12	16,258	866,587	5,999	5.9	61,179
Cardiovascular Agents	0.4	0.1	0.0	0.2	17	10	3	3	41	75	106	14	45,075	1,849,759	10,756	10.5	109,724
Respiratory Agents	0.2	0.1	0.0	0.2	9	6	0	2	40	100	64	14	19,344	768,648	7,886	7.7	85,455
Gastrointestinal Agents	0.2	0.1	0.0	0.1	20	18	0	1	83	128	244	15	11,522	956,190	4,886	4.8	48,835
Genitourinary Agents	0.2	0.1	0.0	0.1	12	7	3	2	57	71	90	21	2,666	153,203	1,281	1.3	12,502
CNS Drugs	0.6	0.1	0.0	0.4	21	16	1	4	38	163	96	9	110,516	4,244,494	19,442	19.1	197,936
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	55	52	0	3	145	184	15	31	1,181	171,084	336	0.3	3,121
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	45	44	0	1	141	142	137	112	2,531	355,782	878	0.9	7,886
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	14	5	2	6	51	175	223	28	14,891	762,166	5,733	5.6	55,696
Neuromuscular Agents	0.5	0.1	0.0	0.4	16	10	0	5	30	166	62	11	36,308	1,098,099	6,948	6.8	70,795
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	11	13	15	10	17,198	181,780	5,192	5.1	54,546
Hematological Agents	0.4	0.1	0.0	0.4	18	15	0	3	41	238	17	7	29,150	1,198,234	6,551	6.4	68,015
Topical Products	0.2	0.1	0.0	0.1	13	9	1	2	53	98	62	18	7,423	394,171	3,195	3.1	31,201
Miscellaneous Products	0.3	0.2	0.0	0.1	105	96	3	6	339	527	523	50	738	249,815	248	0.2	2,390
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	23	0	0	0	459	10,361	203	0.2	1,840
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.	324,786	14,746,662	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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 Maryland, 0.1 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, MARYLAND, 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	\$1,166,684	2,628	2.6	26,276	0.3	\$175	\$44
ANTIHYPERTENSIVES	811,061	4,487	4.4	47,974	0.2	94	17
ANTIVIRAL	745,017	740	0.7	7,700	0.2	516	97
ANTICONVULSANT	741,949	5,835	5.7	62,486	0.5	25	12
ULCER DRUGS	725,601	4,299	4.2	43,663	0.2	89	17
HEMATOPOIETIC AGENTS	644,987	6,394	6.3	68,681	0.4	23	9
ANTIDIABETIC	641,750	5,229	5.1	53,607	0.2	58	12
ANTIDEPRESSANTS	494,253	4,678	4.6	46,881	0.2	48	11
ANTI-ANXIETY AGENTS	464,437	12,599	12.4	136,598	0.5	7	3
ANALGESICS - Narcotic	451,259	4,886	4.8	47,461	0.2	45	10
Total	6,886,998	51,775	n.a.	541,327	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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>.

Benef(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, MARYLAND, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS							ANTIHYPERLIPIDEMIC				
	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
All	176,638	\$6,886,998	2,628	2.6	26,276	0.3	\$44	4,487	4.4	47,974	0.2	\$17
Female												
All Females	115,479	4,015,912	1,410	2.1	14,130	0.3	42	3,119	4.7	33,772	0.2	16
Female, Disabled												
All Ages	51,365	1,964,711	758	3.0	8,164	0.2	43	952	3.7	10,396	0.2	15
5 and younger	5	25	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	14	787	2	4.2	18	0.2	27	0	0.0	0	0.0	0
21-44	11,427	517,969	237	3.8	2,553	0.2	43	79	1.3	868	0.1	15
45-64	28,529	1,163,928	434	3.6	4,712	0.2	44	627	5.2	6,805	0.2	14
65-74	7,235	227,658	63	1.6	671	0.3	45	193	5.0	2,157	0.2	16
75-84	2,892	35,464	14	0.6	142	0.2	17	34	1.5	350	0.2	15
85 and older	1,263	18,880	8	0.8	68	0.3	27	19	1.8	216	0.2	16
Female, Other Eligibles												
All Ages	64,114	2,051,201	652	1.6	5,966	0.3	41	2,167	5.3	23,376	0.2	17
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	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	536	38,168	12	1.5	115	0.2	24	0	0.0	0	0.0	0
45-64	630	60,889	15	1.2	121	0.4	134	28	2.3	278	0.3	31
65-74	19,422	927,079	202	1.7	2,119	0.3	64	1,000	8.3	10,861	0.2	19
75-84	22,851	626,625	214	1.5	1,965	0.3	27	862	5.8	9,424	0.2	15
85 and older	20,673	398,399	209	1.8	1,646	0.3	23	277	2.4	2,813	0.2	14
Male												
All Males	61,159	2,871,086	1,218	3.4	12,146	0.3	47	1,368	3.8	14,202	0.2	19
Male, Disabled												
All Ages	39,445	2,054,535	913	4.4	9,678	0.2	48	660	3.2	7,067	0.2	17
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	175	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	114	19,230	5	7.6	38	0.9	339	0	0.0	0	0.0	0
21-44	12,791	727,314	378	4.8	3,982	0.2	53	125	1.6	1,337	0.2	18
45-64	22,816	1,212,026	501	5.0	5,329	0.2	42	445	4.4	4,720	0.2	17
65-74	2,778	88,516	26	1.3	293	0.2	39	81	4.1	904	0.2	18
75-84	773	6,456	3	0.4	36	0.1	10	9	1.3	106	0.1	9
85 and older	155	818	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, MARYLAND, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIHYPERLIPIDEMIC				
	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	21,714	816,551	305	2.0	2,468	0.4	45	708	4.7	7,135	0.2	20
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	0.0	0
21-44	192	22,201	6	1.1	55	0.4	81	3	0.5	26	0.3	41
45-64	291	28,135	8	0.7	60	0.2	62	9	0.8	87	0.3	26
65-74	8,798	370,490	108	1.9	969	0.4	50	386	6.8	3,976	0.2	21
75-84	8,171	280,374	120	2.3	929	0.4	38	251	4.9	2,531	0.2	18
85 and older	4,262	115,351	63	2.6	455	0.4	42	59	2.5	515	0.3	21
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 Maryland, released by CMS in 7/2009. 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.

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, MARYLAND, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTICONVULSANT					ULCER DRUGS				
	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	740	0.7	7,700	0.2	\$97	5,835	5.7	62,486	0.5	\$12	4,299	4.2	43,663	0.2	\$17
Female															
All Females	280	0.4	2,937	0.2	84	3,556	5.4	38,255	0.4	11	2,975	4.5	30,639	0.2	16
Female, Disabled															
All Ages	229	0.9	2,465	0.2	87	2,264	8.9	24,972	0.5	12	1,098	4.3	11,714	0.2	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	2.1	9	0.1	8	1	2.1	9	0.1	1
21-44	96	1.5	1,068	0.1	80	685	10.9	7,612	0.5	15	173	2.7	1,815	0.2	15
45-64	122	1.0	1,267	0.2	98	1,277	10.6	14,011	0.5	11	690	5.7	7,318	0.2	15
65-74	8	0.2	94	0.1	54	220	5.7	2,430	0.5	12	184	4.8	2,015	0.2	14
75-84	3	0.1	36	0.1	22	57	2.5	648	0.5	3	33	1.5	373	0.1	18
85 and older	0	0.0	0	0.0	0	24	2.3	262	0.5	6	17	1.6	184	0.1	15
Female, Other Eligibles															
All Ages	51	0.1	472	0.2	65	1,292	3.2	13,283	0.4	9	1,877	4.6	18,925	0.2	17
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	1	12.5	12	0.1	1
21-44	5	0.6	25	0.3	171	36	4.5	300	0.3	16	10	1.2	94	0.2	31
45-64	4	0.3	23	0.3	223	21	1.7	190	0.2	23	29	2.3	244	0.2	16
65-74	19	0.2	185	0.1	57	499	4.1	5,241	0.4	10	712	5.9	7,529	0.2	19
75-84	14	0.1	163	0.1	60	440	3.0	4,634	0.5	8	658	4.5	6,814	0.2	16
85 and older	9	0.1	76	0.2	11	296	2.5	2,918	0.4	6	467	4.0	4,232	0.2	15
Male															
All Males	460	1.3	4,763	0.2	105	2,279	6.4	24,231	0.5	14	1,324	3.7	13,024	0.2	18
Male, Disabled															
All Ages	429	2.1	4,509	0.2	105	1,806	8.6	19,862	0.5	14	654	3.1	6,850	0.2	17
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	1	20.0	12	0.1	3
15-20	1	1.5	11	0.1	1	8	12.1	72	0.4	43	1	1.5	9	0.6	77
21-44	170	2.1	1,778	0.2	85	692	8.7	7,665	0.6	17	167	2.1	1,744	0.2	20
45-64	250	2.5	2,625	0.2	120	1,006	9.9	11,032	0.5	12	428	4.2	4,450	0.2	17
65-74	8	0.4	95	0.1	69	78	4.0	854	0.6	9	53	2.7	594	0.1	13
75-84	0	0.0	0	0.0	0	22	3.2	239	0.5	2	4	0.6	41	0.1	10
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, MARYLAND, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTICONSULTANT					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	31	0.2	254	0.2	104	473	3.2	4,369	0.5	13	670	4.5	6,174	0.2	18
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	4	0.7	27	0.2	120	11	2.0	78	0.4	43	4	0.7	29	0.5	66
45-64	4	0.4	18	0.4	214	14	1.3	96	0.3	22	15	1.3	115	0.3	34
65-74	13	0.2	121	0.2	115	196	3.4	1,903	0.4	12	278	4.9	2,779	0.2	18
75-84	8	0.2	68	0.2	77	177	3.4	1,652	0.5	12	257	5.0	2,356	0.2	16
85 and older	2	0.1	20	0.2	4	75	3.1	640	0.4	10	116	4.8	895	0.3	17
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 Maryland, released by CMS in 7/2009. 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, MARYLAND, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					ANTIDEPRESSANTS				
	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	6,394	6.3	68,681	0.4	\$9	5,229	5.1	53,607	0.2	\$12	4,678	4.6	46,881	0.2	\$11
Female															
All Females	4,302	6.5	46,728	0.4	8	3,549	5.4	37,184	0.2	11	3,177	4.8	32,214	0.2	10
Female, Disabled															
All Ages	1,410	5.5	15,700	0.4	8	1,244	4.9	13,286	0.2	11	1,559	6.1	16,635	0.2	11
5 and younger	1	50.0	12	0.4	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	6.3	33	0.1	0	0	0.0	0	0.0	0	1	2.1	10	0.3	21
21-44	275	4.4	3,081	0.3	7	144	2.3	1,542	0.2	14	354	5.6	3,814	0.2	11
45-64	622	5.2	6,790	0.4	11	810	6.7	8,562	0.2	11	1,008	8.4	10,695	0.2	11
65-74	253	6.5	2,895	0.4	8	251	6.5	2,776	0.2	10	150	3.9	1,634	0.2	11
75-84	167	7.4	1,912	0.4	2	25	1.1	247	0.2	10	23	1.0	243	0.1	5
85 and older	89	8.5	977	0.3	2	14	1.3	159	0.2	8	23	2.2	239	0.2	9
Female, Other Eligibles															
All Ages	2,892	7.1	31,028	0.4	8	2,305	5.7	23,898	0.2	11	1,618	4.0	15,579	0.2	10
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	20	2.5	182	0.2	1	5	0.6	48	0.2	19	33	4.1	260	0.3	18
45-64	10	0.8	90	0.2	58	32	2.6	294	0.4	23	30	2.4	245	0.3	21
65-74	611	5.1	6,797	0.3	12	1,154	9.6	12,197	0.2	13	507	4.2	5,344	0.2	11
75-84	1,078	7.3	11,684	0.4	6	807	5.5	8,530	0.2	8	584	4.0	5,679	0.2	9
85 and older	1,173	10.0	12,275	0.5	7	307	2.6	2,829	0.2	10	464	4.0	4,051	0.3	9
Male															
All Males	2,092	5.8	21,953	0.4	12	1,680	4.7	16,423	0.2	14	1,501	4.2	14,667	0.2	11
Male, Disabled															
All Ages	939	4.5	10,375	0.4	13	856	4.1	8,660	0.2	15	953	4.6	9,945	0.2	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	60.0	36	0.5	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	4.5	36	0.2	1	1	1.5	9	1.1	185	5	7.6	58	0.3	15
21-44	177	2.2	1,922	0.4	16	144	1.8	1,476	0.2	16	331	4.2	3,422	0.2	11
45-64	550	5.4	6,013	0.4	17	607	6.0	6,042	0.2	14	578	5.7	6,059	0.2	11
65-74	128	6.5	1,455	0.4	5	92	4.7	1,002	0.2	16	32	1.6	343	0.2	9
75-84	64	9.4	747	0.4	2	10	1.5	118	0.1	8	6	0.9	62	0.1	6
85 and older	14	8.1	166	0.5	2	2	1.2	13	0.2	8	1	0.6	1	1.0	96

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, MARYLAND, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					ANTIDEPRESSANTS				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean		Number of Users	Users as %	Number of Benefit Months Among Users	Mean	
		of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		Rx per Benefit Month		Mean Rx \$ per Benefit Month	of Dual Benes		Rx per Benefit Month		Mean Rx \$ per Benefit Month	Rx per Benefit Month
Male, Other Eligibles															
All Ages	1,153	7.7	11,578	0.4	11	824	5.5	7,763	0.3	13	548	3.7	4,722	0.3	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	4	0.7	35	0.2	69	3	0.5	24	0.4	64	7	1.2	54	0.4	25
45-64	10	0.9	77	0.4	85	6	0.5	33	0.6	65	16	1.4	107	0.3	12
65-74	390	6.8	4,079	0.4	8	453	7.9	4,553	0.3	12	181	3.2	1,719	0.3	13
75-84	449	8.7	4,542	0.4	12	273	5.3	2,549	0.3	12	233	4.5	2,006	0.3	12
85 and older	300	12.5	2,845	0.5	12	89	3.7	604	0.4	13	111	4.6	836	0.3	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 Maryland, released by CMS in 7/2009. 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.

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, MARYLAND, 2006

Beneficiary Characteristics	ANTIANSXIETY AGENTS					ANALGESICS - Narcotic					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	12,599	12.4	136,598	0.5	\$3	4,886	4.8	47,461	0.2	\$10	101,967	1,017,546
Female												
All Females	9,030	13.7	97,904	0.4	3	3,264	4.9	32,042	0.2	9	66,124	663,650
Female, Disabled												
All Ages	3,743	14.6	42,110	0.5	4	1,612	6.3	16,383	0.2	10	25,553	272,505
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
15-20	1	2.1	12	0.2	1	0	0.0	0	0.0	0	48	377
21-44	819	13.0	9,145	0.5	4	393	6.2	4,008	0.2	12	6,295	65,021
45-64	1,949	16.2	21,794	0.5	4	1,041	8.6	10,498	0.2	10	12,049	127,364
65-74	543	14.0	6,242	0.5	3	153	4.0	1,604	0.2	7	3,867	43,496
75-84	306	13.6	3,548	0.5	3	18	0.8	189	0.1	6	2,243	25,326
85 and older	125	11.9	1,369	0.5	3	7	0.7	84	0.1	4	1,047	10,881
Female, Other Eligibles												
All Ages	5,287	13.0	55,794	0.4	3	1,652	4.1	15,659	0.2	7	40,571	391,145
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	3	23
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	51
21-44	22	2.7	195	0.5	4	52	6.4	434	0.4	39	808	5,274
45-64	25	2.0	227	0.4	2	52	4.2	439	0.2	12	1,241	5,207
65-74	1,301	10.8	14,391	0.4	3	660	5.5	6,594	0.2	7	12,047	120,362
75-84	1,996	13.5	21,332	0.4	3	542	3.7	5,320	0.2	5	14,748	147,912
85 and older	1,943	16.6	19,649	0.5	4	346	3.0	2,872	0.2	5	11,716	112,316
Male												
All Males	3,569	10.0	38,694	0.5	4	1,622	4.5	15,419	0.2	12	35,843	353,896
Male, Disabled												
All Ages	2,170	10.4	24,377	0.5	4	1,081	5.2	10,764	0.2	13	20,915	219,342
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
15-20	2	3.0	20	0.4	2	1	1.5	12	0.1	0	66	487
21-44	694	8.8	7,880	0.5	5	325	4.1	3,125	0.2	17	7,917	81,410
45-64	1,229	12.2	13,718	0.5	4	687	6.8	6,922	0.2	12	10,112	106,602
65-74	176	9.0	1,987	0.5	3	62	3.2	666	0.2	9	1,958	21,496
75-84	53	7.8	601	0.5	2	4	0.6	26	0.2	3	683	7,506
85 and older	16	9.3	171	0.4	2	2	1.2	13	0.2	5	172	1,768

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, MARYLAND, 2006

Beneficiary Characteristics	ANTIANSXIETY AGENTS					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Beneficiaries	Number of Benefit Months
				Rx per Month	Mean Rx \$ per Benefit Month				Rx per Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	1,399	9.4	14,317	0.4	3	541	3.6	4,655	0.3	8	14,928	134,554
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	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	29
21-44	4	0.7	19	1.4	6	15	2.7	92	0.6	31	562	2,148
45-64	12	1.1	90	0.6	4	24	2.2	155	0.3	13	1,114	4,345
65-74	446	7.8	4,748	0.4	3	251	4.4	2,464	0.3	9	5,702	54,873
75-84	589	11.5	6,112	0.4	3	171	3.3	1,432	0.2	5	5,143	51,039
85 and older	348	14.5	3,348	0.4	3	80	3.3	512	0.3	6	2,400	22,108
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	\$16	0.6	13,235	134,302
Age				
0-64	49	1.1	1,182	13,013
65-74	24	0.7	1,778	18,703
75-84	12	0.5	4,201	42,518
85 and older	9	0.4	6,074	60,068
Unknown	0	0.0	0	0
Gender				
Female	13	0.5	9,646	98,205
Male	25	0.7	3,589	36,097
Unknown	0	0.0	0	0
Race				
White	14	0.6	7,750	77,920
African American	18	0.5	3,976	41,845
Other/unknown	19	0.6	1,509	14,537
Basis of Eligibility^c				
Aged	12	0.5	11,709	117,500
Disabled	41	1.0	1,525	16,790
Adults	1	0.1	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 Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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, MARYLAND, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users			As a Percentage of Dual All-Year Nursing Facility Residents				
	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	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$48	\$43	\$1	\$4	\$113	\$236	\$85	\$18	1,686	\$189,955	492	3.7	3,999
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	33	0	0	33	14	456	14	0.1	127
Antineoplastic Agents	0.2	0.0	0.0	0.2	36	12	0	24	145	396	29	110	121	17,557	64	0.5	489
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	16	13	1	2	38	83	44	10	2,637	101,255	710	5.4	6,212
Cardiovascular Agents	0.8	0.2	0.0	0.5	22	12	4	6	29	57	77	13	7,952	233,055	1,225	9.3	10,522
Respiratory Agents	0.3	0.1	0.0	0.2	10	7	0	3	33	83	51	14	2,514	83,458	808	6.1	8,107
Gastrointestinal Agents	0.4	0.2	0.0	0.2	21	17	0	4	50	83	75	18	2,761	139,080	771	5.8	6,620
Genitourinary Agents	0.3	0.1	0.0	0.1	15	9	3	3	45	61	80	20	729	33,102	264	2.0	2,222
CNS Drugs	0.6	0.1	0.0	0.6	13	8	1	4	20	94	61	8	25,520	506,695	3,877	29.3	39,332
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.3	14	11	0	3	32	105	0	10	91	2,909	22	0.2	201
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	48	48	0	0	116	116	0	121	1,231	142,870	356	2.7	2,995
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	10	2	3	5	24	56	104	14	2,007	48,279	588	4.4	4,678
Neuromuscular Agents	0.7	0.1	0.0	0.6	20	12	1	7	28	112	43	12	6,164	170,328	882	6.7	8,708
Nutritional Products	0.4	0.0	0.0	0.4	4	0	0	3	9	9	17	9	5,255	48,624	1,317	10.0	13,411
Hematological Agents	0.7	0.1	0.0	0.6	17	13	0	4	25	207	12	7	13,334	332,154	1,914	14.5	19,385
Topical Products	0.3	0.1	0.0	0.2	13	8	2	3	41	82	52	16	1,721	71,061	633	4.8	5,435
Miscellaneous Products	0.3	0.1	0.0	0.2	12	4	3	5	49	62	251	30	166	8,114	67	0.5	654
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	15	0	0	0	253	3,875	102	0.8	929
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.	74,156	2,132,827	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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 Maryland, 0.1 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, MARYLAND, 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	
HEMATOPOIETIC AGENTS	\$232,800	1,946	14.7	20,539	0.6	\$19	\$11	
ANTIPSYCHOTICS	200,825	498	3.8	4,267	0.4	117	47	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	142,870	431	3.3	3,563	0.3	116	40	
ANTIANKXIETY AGENTS	140,495	3,046	23.0	31,798	0.6	8	4	
ANTICONVULSANT	139,956	839	6.3	8,371	0.7	25	17	
ANTIVIRAL	118,467	51	0.4	534	0.5	411	222	
ULCER DRUGS	114,018	675	5.1	5,816	0.3	63	20	
ANTIDEPRESSANTS	110,101	897	6.8	7,779	0.4	39	14	
ANTHYPERLIPIDEMIC	94,236	375	2.8	3,337	0.4	79	28	
ANTIDIABETIC	85,467	643	4.9	5,707	0.4	42	15	
Total	1,379,235	9,401	n.a.	91,711	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS				
	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	46,970	\$1,379,235	1,946	14.7	20,539	0.6	\$11	498	3.8	4,267	0.4	\$47
Female												
All Females	32,124	776,347	1,328	13.8	14,253	0.6	9	321	3.3	2,776	0.4	43
Female, Disabled												
All Ages	4,427	179,968	98	13.2	1,084	0.7	21	31	4.2	349	0.5	51
64 or younger	3,518	153,991	77	13.8	840	0.7	23	23	4.1	263	0.5	48
65-74	848	25,598	18	12.6	210	0.6	14	8	5.6	86	0.4	57
75-84	49	315	2	6.5	22	0.7	4	0	0.0	0	0.0	0
85 and older	12	64	1	7.7	12	0.8	4	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	27,697	596,379	1,230	13.8	13,169	0.6	8	290	3.3	2,427	0.3	42
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,058	153,301	118	14.3	1,283	0.6	24	41	5.0	397	0.5	111
75-84	10,169	201,379	418	14.1	4,488	0.6	5	122	4.1	1,066	0.3	33
85 and older	13,470	241,699	694	13.6	7,398	0.6	7	127	2.5	964	0.3	23
Male												
All Males	14,846	602,888	618	17.2	6,286	0.6	17	177	4.9	1,491	0.5	55
Male, Disabled												
All Ages	5,206	311,113	126	16.1	1,407	0.7	37	43	5.5	485	0.5	80
64 or younger	4,678	299,014	103	16.6	1,141	0.7	45	39	6.3	437	0.5	80
65-74	509	12,006	22	15.2	254	0.7	4	4	2.8	48	0.2	73
75-84	19	93	1	8.3	12	0.6	2	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	9,640	291,775	492	17.5	4,879	0.6	11	134	4.8	1,006	0.5	43
64 or younger	23	954	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,915	96,365	144	21.6	1,526	0.6	9	38	5.7	323	0.4	40
75-84	4,026	120,805	188	15.8	1,796	0.6	10	64	5.4	437	0.5	45
85 and older	2,676	73,651	160	16.8	1,557	0.6	13	32	3.4	246	0.4	42
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 Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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, MARYLAND, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTI-ANXIETY AGENTS					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	431	3.3	3,563	0.3	\$40	3,046	23.0	31,798	0.6	\$4	839	6.3	8,371	0.7	\$17
Female															
All Females	288	3.0	2,443	0.3	38	2,294	23.8	23,887	0.6	4	538	5.6	5,433	0.6	15
Female, Disabled															
All Ages	15	2.0	137	0.3	102	206	27.7	2,251	0.7	6	117	15.7	1,298	0.7	27
64 or younger	13	2.3	113	0.3	108	150	27.0	1,639	0.7	6	92	16.5	1,023	0.7	30
65-74	2	1.4	24	0.1	75	47	32.9	519	0.7	4	24	16.8	263	0.7	19
75-84	0	0.0	0	0.0	0	8	25.8	81	0.4	3	1	3.2	12	0.1	0
85 and older	0	0.0	0	0.0	0	1	7.7	12	0.2	1	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	273	3.1	2,306	0.3	34	2,088	23.5	21,636	0.6	4	421	4.7	4,135	0.6	11
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	30	3.6	226	0.4	45	237	28.8	2,491	0.7	5	90	10.9	876	0.7	17
75-84	114	3.8	996	0.3	30	742	25.0	7,806	0.6	4	166	5.6	1,659	0.7	12
85 and older	129	2.5	1,084	0.3	36	1,109	21.7	11,339	0.5	4	165	3.2	1,600	0.5	7
Male															
All Males	143	4.0	1,120	0.4	45	752	21.0	7,911	0.5	4	301	8.4	2,938	0.7	20
Male, Disabled															
All Ages	16	2.0	178	0.4	68	181	23.1	2,064	0.7	6	127	16.2	1,438	0.8	25
64 or younger	15	2.4	166	0.4	70	156	25.1	1,768	0.7	6	112	18.0	1,269	0.8	26
65-74	1	0.7	12	0.3	38	24	16.6	284	0.5	4	15	10.3	169	0.7	17
75-84	0	0.0	0	0.0	0	1	8.3	12	1.0	6	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	127	4.5	942	0.4	41	571	20.3	5,847	0.5	4	174	6.2	1,500	0.6	16
64 or younger	0	0.0	0	0.0	0	1	25.0	4	2.8	31	1	25.0	4	0.8	4
65-74	26	3.9	211	0.3	37	126	18.9	1,337	0.5	4	61	9.2	572	0.6	15
75-84	66	5.6	472	0.4	45	247	20.8	2,575	0.5	4	77	6.5	638	0.6	17
85 and older	35	3.7	259	0.4	36	197	20.7	1,931	0.5	4	35	3.7	286	0.5	13
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 Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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, MARYLAND, 2006

Beneficiary Characteristics	ANTIVIRAL					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	51	0.4	534	0.5	\$222	675	5.1	5,816	0.3	\$20	897	6.8	7,779	0.4	\$14
Female															
All Females	17	0.2	167	0.3	101	436	4.5	3,833	0.3	19	574	6.0	4,970	0.3	13
Female, Disabled															
All Ages	9	1.2	108	0.4	150	64	8.6	679	0.4	27	66	8.9	696	0.5	26
64 or younger	9	1.6	108	0.4	150	53	9.5	565	0.4	27	51	9.2	552	0.6	30
65-74	0	0.0	0	0.0	0	11	7.7	114	0.5	29	15	10.5	144	0.4	13
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	8	0.1	59	0.2	10	372	4.2	3,154	0.3	17	508	5.7	4,274	0.3	11
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	0	0.0	0	0.0	0	60	7.3	565	0.3	18	65	7.9	615	0.4	14
75-84	3	0.1	31	0.1	8	120	4.0	1,040	0.3	16	193	6.5	1,620	0.3	10
85 and older	5	0.1	28	0.4	14	192	3.8	1,549	0.3	17	250	4.9	2,039	0.3	10
Male															
All Males	34	0.9	367	0.6	277	239	6.7	1,983	0.3	21	323	9.0	2,809	0.4	16
Male, Disabled															
All Ages	28	3.6	323	0.7	296	50	6.4	513	0.4	24	75	9.6	821	0.5	23
64 or younger	28	4.5	323	0.7	296	48	7.7	489	0.4	24	70	11.3	761	0.5	24
65-74	0	0.0	0	0.0	0	2	1.4	24	0.1	15	5	3.4	60	0.4	7
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	6	0.2	44	0.3	138	189	6.7	1,470	0.3	21	248	8.8	1,988	0.4	14
64 or younger	0	0.0	0	0.0	0	1	25.0	4	0.5	67	0	0.0	0	0.0	0
65-74	4	0.6	30	0.3	194	50	7.5	421	0.4	24	56	8.4	471	0.4	21
75-84	1	0.1	6	0.2	38	85	7.2	658	0.3	17	117	9.9	937	0.3	12
85 and older	1	0.1	8	0.3	5	53	5.6	387	0.3	23	75	7.9	580	0.3	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 Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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, MARYLAND, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					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	375	2.8	3,337	0.4	\$28	643	4.9	5,707	0.4	\$15	13,235	134,302
Female												
All Females	226	2.3	2,041	0.3	25	394	4.1	3,538	0.3	13	9,646	98,205
Female, Disabled												
All Ages	30	4.0	335	0.5	43	55	7.4	572	0.4	18	743	8,134
64 or younger	25	4.5	282	0.5	43	42	7.6	423	0.5	21	556	6,090
65-74	5	3.5	53	0.4	42	13	9.1	149	0.2	10	143	1,616
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	31	297
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	131
Female, Other Eligibles												
All Ages	196	2.2	1,706	0.3	21	339	3.8	2,966	0.3	12	8,903	90,071
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	42	5.1	382	0.3	26	82	10.0	777	0.3	16	824	8,565
75-84	85	2.9	758	0.3	19	137	4.6	1,223	0.3	10	2,971	30,446
85 and older	69	1.4	566	0.3	20	120	2.3	966	0.3	12	5,107	51,048
Male												
All Males	149	4.2	1,296	0.4	34	249	6.9	2,169	0.4	18	3,589	36,097
Male, Disabled												
All Ages	37	4.7	397	0.5	45	58	7.4	597	0.5	26	782	8,656
64 or younger	35	5.6	373	0.5	45	55	8.9	572	0.4	26	621	6,879
65-74	2	1.4	24	0.3	46	3	2.1	25	0.6	43	145	1,632
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	107
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
Male, Other Eligibles												
All Ages	112	4.0	899	0.4	29	191	6.8	1,572	0.4	15	2,807	27,441
64 or younger	1	25.0	12	0.6	46	0	0.0	0	0.0	0	4	32
65-74	37	5.6	338	0.5	33	57	8.6	559	0.5	19	666	6,890
75-84	54	4.5	416	0.3	27	85	7.2	676	0.3	12	1,187	11,668
85 and older	20	2.1	133	0.4	26	49	5.2	337	0.3	12	950	8,851
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 Maryland, released by CMS in 7/2009. 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 6,616 beneficiaries who were in nursing facilities for part of their enrollment and their 61,149 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}
 MARYLAND, 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	26,089	25.6	1.4	139,297	\$12	\$1,237,511	\$9	8.4	101,967
Age									
5 and younger	1	25.0	0.3	1	36	145	145	85.3	4
6-14	6	54.5	4.7	52	713	7,842	151	105.0	11
15-20	17	13.3	0.7	84	26	3,380	40	2.6	128
21-44	3,540	22.7	1.4	21,840	14	211,595	10	6.1	15,582
45-64	6,998	28.5	1.7	42,609	14	349,149	8	7.4	24,516
65-74	5,539	23.5	1.1	27,044	10	238,433	9	7.3	23,574
75-84	5,779	25.3	1.2	27,685	11	256,135	9	12.7	22,817
85 and older	4,209	27.4	1.3	19,982	11	170,832	9	15.5	15,335
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	12,727	24.7	1.1	59,001	10	515,337	9	9.2	51,609
Disabled	13,182	28.4	1.7	79,588	15	715,343	9	8.2	46,468
Adults	167	4.3	0.2	636	1	4,838	8	1.5	3,852
Children	6	26.1	0.9	20	55	1,271	64	6.1	23
Unknown	7	46.7	3.5	52	48	722	14	1.6	15
Gender									
Female	18,137	27.4	1.4	93,691	13	844,923	9	9.8	66,124
Male	7,952	22.2	1.3	45,606	11	392,588	9	6.4	35,843
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	14,477	30.2	1.8	87,195	16	775,004	9	10.6	48,012
African American	8,527	20.9	1.0	39,410	8	335,868	9	5.8	40,827
Other/unknown	3,085	23.5	1.0	12,692	10	126,639	10	7.6	13,128
Use of Nursing Facilities^d									
Entire year	4,752	35.9	2.4	31,557	20	268,669	9	12.6	13,235
Part year	2,717	41.1	1.9	12,555	17	114,764	9	7.6	6,616
None	18,620	22.7	1.2	95,185	10	854,078	9	7.7	82,116
Maintenance Assistance Status									
Cash	12,283	27.8	1.7	74,357	15	673,536	9	12.6	44,177
Medically needy	8,029	33.2	1.9	46,205	17	407,546	9	8.5	24,184
Poverty related	4,368	20.0	0.5	9,830	4	85,950	9	2.1	21,800
Other/unknown	1,409	11.9	0.8	8,905	6	70,479	8	13.2	11,806

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 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	0.1	\$1	\$9	\$0	\$1	1,017,546
Age						
5 and younger	0.0	3	145	0	0	48
6-14	0.5	78	151	0	0	100
15-20	0.1	4	40	0	0	944
21-44	0.1	1	10	0	1	153,853
45-64	0.2	1	8	0	1	243,518
65-74	0.1	1	9	0	0	240,227
75-84	0.1	1	9	0	1	231,783
85 and older	0.1	1	9	0	1	147,073
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	1	9	0	1	508,563
Disabled	0.2	1	9	0	1	491,847
Adults	0.0	0	8	0	0	16,849
Children	0.1	9	64	0	0	149
Unknown	0.4	5	14	0	0	138
Gender						
Female	0.1	1	9	0	1	663,650
Male	0.1	1	9	0	1	353,896
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	9	0	1	479,579
African American	0.1	1	9	0	0	401,785
Other/unknown	0.1	1	10	0	0	136,182
Use of Nursing Facilities^d						
Entire year	0.2	2	9	0	1	134,302
Part year	0.2	2	9	0	1	61,149
None	0.1	1	9	0	0	822,095
Maintenance Assistance Status						
Cash	0.2	1	9	0	1	484,301
Medically needy	0.2	2	9	0	1	219,852
Poverty related	0.0	0	9	0	0	242,623
Other/unknown	0.1	1	8	0	0	70,770

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 MARYLAND, 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	31,129	\$40	\$1,237,511	100.0	139,297	\$9	100.0
Anorexia or weight loss/gain	1	54	54	0.0	2	27	0.0
Fertility drugs	3	71	214	0.0	3	71	0.0
Drugs for cosmetic purposes	3	24	71	0.0	3	24	0.0
Cough and cold medications	5,049	41	205,255	16.6	10,322	20	7.4
Vitamins and minerals	4,883	33	162,457	13.1	16,179	10	11.6
Non-prescription drugs	4,114	27	110,259	8.9	12,345	9	8.9
Barbiturates	771	58	44,905	3.6	7,043	6	5.1
Benzodiazepines	15,945	39	614,141	49.6	92,336	7	66.3
Other Part D Excl Rx Drugs	360	278	100,155	8.1	1,064	94	0.8

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Dual Eligible Beneficiaries: 101,967
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$14,746,662
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$144

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	63,215	62.0	\$0	0.0
1-500	32,413	31.8	3,043,255	20.6
501-1,000	2,898	2.8	2,031,860	13.8
1,001-1,500	1,175	1.2	1,436,666	9.7
1,501-2,000	677	0.7	1,171,008	7.9
2,001-2,500	388	0.4	869,564	5.9
2,501-3,000	263	0.3	717,673	4.9
3,001-3,500	199	0.2	647,712	4.4
3,501-4,000	166	0.2	619,547	4.2
4,001-4,500	103	0.1	436,192	3.0
4,501-5,000	79	0.1	375,708	2.5
5,001-5,500	74	0.1	387,765	2.6
5,501-6,000	55	0.1	313,909	2.1
6,001-6,500	32	0.0	200,466	1.4
6,501-7,000	34	0.0	228,401	1.5
7,001-7,500	33	0.0	236,847	1.6
7,501-8,000	24	0.0	185,491	1.3
8,001-8,500	19	0.0	156,689	1.1
8,501-9,000	16	0.0	139,736	0.9
9,001-9,500	14	0.0	128,733	0.9
9,501-10,000	10	0.0	97,129	0.7
10,001+	80	0.1	1,322,311	9.0

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 36,498
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$7,937,593
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$217

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	21,365	58.5	\$0	0.0	
1-500	11,943	32.7	1,153,781	14.5	
501-1,000	1,276	3.5	900,908	11.3	
1,001-1,500	588	1.6	723,935	9.1	
1,501-2,000	383	1.0	662,860	8.4	
2,001-2,500	227	0.6	509,042	6.4	
2,501-3,000	146	0.4	400,059	5.0	
3,001-3,500	111	0.3	362,455	4.6	
3,501-4,000	97	0.3	363,232	4.6	
4,001-4,500	51	0.1	216,239	2.7	
4,501-5,000	46	0.1	218,230	2.7	
5,001-5,500	54	0.1	282,709	3.6	
5,501-6,000	40	0.1	228,063	2.9	
6,001-6,500	14	0.0	87,474	1.1	
6,501-7,000	21	0.1	141,029	1.8	
7,001-7,500	19	0.1	136,546	1.7	
7,501-8,000	18	0.0	138,759	1.7	
8,001-8,500	9	0.0	74,746	0.9	
8,501-9,000	11	0.0	95,912	1.2	
9,001-9,500	9	0.0	82,919	1.0	
9,501-10,000	7	0.0	68,020	0.9	
10,001+	63	0.2	1,090,675	13.7	

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 61,726
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$6,404,078
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	38,544	62.4	\$0	0.0
1-500	20,207	32.7	1,854,294	29.0
501-1,000	1,550	2.5	1,078,813	16.8
1,001-1,500	562	0.9	681,611	10.6
1,501-2,000	276	0.4	476,137	7.4
2,001-2,500	153	0.2	343,825	5.4
2,501-3,000	103	0.2	279,750	4.4
3,001-3,500	78	0.1	252,678	3.9
3,501-4,000	63	0.1	234,102	3.7
4,001-4,500	44	0.1	186,807	2.9
4,501-5,000	32	0.1	152,711	2.4
5,001-5,500	19	0.0	99,696	1.6
5,501-6,000	14	0.0	80,022	1.2
6,001-6,500	15	0.0	94,161	1.5
6,501-7,000	13	0.0	87,372	1.4
7,001-7,500	13	0.0	92,817	1.4
7,501-8,000	5	0.0	39,141	0.6
8,001-8,500	9	0.0	73,620	1.1
8,501-9,000	5	0.0	43,824	0.7
9,001-9,500	4	0.0	36,674	0.6
9,501-10,000	2	0.0	19,462	0.3
10,001+	15	0.0	196,561	3.1

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 23,574
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,275,256
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$138

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,829	62.9	\$0	0.0
1-500	7,292	30.9	759,282	23.2
501-1,000	689	2.9	480,858	14.7
1,001-1,500	287	1.2	348,044	10.6
1,501-2,000	129	0.5	223,235	6.8
2,001-2,500	80	0.3	180,712	5.5
2,501-3,000	54	0.2	147,422	4.5
3,001-3,500	44	0.2	143,242	4.4
3,501-4,000	43	0.2	160,137	4.9
4,001-4,500	26	0.1	110,977	3.4
4,501-5,000	19	0.1	91,059	2.8
5,001-5,500	15	0.1	78,717	2.4
5,501-6,000	9	0.0	51,729	1.6
6,001-6,500	10	0.0	62,942	1.9
6,501-7,000	9	0.0	60,468	1.8
7,001-7,500	10	0.0	71,326	2.2
7,501-8,000	3	0.0	23,725	0.7
8,001-8,500	6	0.0	49,381	1.5
8,501-9,000	4	0.0	35,278	1.1
9,001-9,500	3	0.0	27,467	0.8
9,501-10,000	2	0.0	19,462	0.6
10,001+	11	0.0	149,793	4.6

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 22,817
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,024,384
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$88

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,378	63.0	\$0	0.0
1-500	7,439	32.6	662,395	32.7
501-1,000	556	2.4	385,368	19.0
1,001-1,500	180	0.8	216,917	10.7
1,501-2,000	97	0.4	166,857	8.2
2,001-2,500	52	0.2	115,668	5.7
2,501-3,000	34	0.1	92,256	4.6
3,001-3,500	23	0.1	74,109	3.7
3,501-4,000	14	0.1	51,898	2.6
4,001-4,500	14	0.1	58,817	2.9
4,501-5,000	10	0.0	47,198	2.3
5,001-5,500	2	0.0	10,443	0.5
5,501-6,000	3	0.0	16,843	0.8
6,001-6,500	3	0.0	18,655	0.9
6,501-7,000	3	0.0	20,338	1.0
7,001-7,500	1	0.0	7,069	0.3
7,501-8,000	0	0.0	0	0.0
8,001-8,500	3	0.0	24,239	1.2
8,501-9,000	1	0.0	8,546	0.4
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	4	0.0	46,768	2.3

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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}
 MARYLAND, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,335
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,104,438
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$72

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,337	60.9	\$0	0.0
1-500	5,476	35.7	432,617	39.2
501-1,000	305	2.0	212,587	19.2
1,001-1,500	95	0.6	116,650	10.6
1,501-2,000	50	0.3	86,045	7.8
2,001-2,500	21	0.1	47,445	4.3
2,501-3,000	15	0.1	40,072	3.6
3,001-3,500	11	0.1	35,327	3.2
3,501-4,000	6	0.0	22,067	2.0
4,001-4,500	4	0.0	17,013	1.5
4,501-5,000	3	0.0	14,454	1.3
5,001-5,500	2	0.0	10,536	1.0
5,501-6,000	2	0.0	11,450	1.0
6,001-6,500	2	0.0	12,564	1.1
6,501-7,000	1	0.0	6,566	0.6
7,001-7,500	2	0.0	14,422	1.3
7,501-8,000	2	0.0	15,416	1.4
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,207	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	104,191	51,749	48,327	4,072	28	15	1,070,192	512,739	535,241	21,795	279	138
Age												
5 and younger	4	0	4	0	0	0	48	0	48	0	0	0
6-14	11	0	7	0	4	0	124	0	84	0	40	0
15-20	176	0	159	2	15	0	2,029	0	1,856	14	159	0
21-44	16,639	19	15,133	1,479	8	0	178,969	217	168,819	9,864	69	0
45-64	25,445	116	23,004	2,313	0	12	264,224	1,248	252,525	10,333	0	118
65-74	23,654	17,541	5,871	239	0	3	244,678	176,894	66,387	1,377	0	20
75-84	22,888	19,931	2,929	28	0	0	232,597	199,606	32,859	132	0	0
85 and older	15,374	14,142	1,220	11	1	0	147,523	134,774	12,663	75	11	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	67,358	38,517	26,495	2,316	15	15	693,056	383,540	295,132	14,103	143	138
Male	36,833	13,232	21,832	1,756	13	0	377,136	129,199	240,109	7,692	136	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,895	23,684	23,419	1,774	8	10	501,011	230,839	260,608	9,402	78	84
African American	42,019	18,635	21,223	2,139	17	5	429,010	182,978	234,324	11,481	173	54
Other/unknown	13,277	9,430	3,685	159	3	0	140,171	98,922	40,309	912	28	0
Use of Nursing Facilities^c												
Entire year	13,235	11,709	1,525	1	0	0	134,309	117,506	16,791	12	0	0
Part year	6,617	5,357	1,260	0	0	0	61,349	48,492	12,857	0	0	0
None	84,339	34,683	45,542	4,071	28	15	874,534	346,741	505,593	21,783	279	138
Maintenance Assistance Status												
Cash	45,724	16,977	28,383	359	5	0	521,667	192,587	325,521	3,512	47	0
Medically needy	24,839	19,049	5,527	259	4	0	230,837	176,858	52,078	1,858	43	0
Poverty related	21,800	11,619	10,101	57	8	15	244,564	131,098	112,753	492	83	138
Other/unknown	11,828	4,104	4,316	3,397	11	0	73,124	12,196	44,889	15,933	106	0
Dual Status^d												
Full dual, all year	81,425	39,579	37,763	4,041	27	15	814,921	375,693	417,375	21,447	268	138
Full dual, part year	22,766	12,170	10,564	31	1	0	255,271	137,046	117,866	348	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	96,884	51,088	42,500	3,271	10	15	989,433	505,252	470,250	13,699	94	138
FFS part year, with Rx claims	2,836	323	2,324	181	8	0	32,168	3,816	26,375	1,890	87	0
FFS part year, no Rx claims	2,247	198	1,644	400	5	0	24,783	2,246	18,517	3,971	49	0
MC all year, with Rx claims	1,149	2	998	146	3	0	12,964	24	11,300	1,604	36	0
MC all year, no Rx claims	1,075	138	861	74	2	0	10,844	1,401	8,799	631	13	0

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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, MARYLAND, 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	104,191	1,070,192	101,967	1,017,546	0	52,646
Fee-for-service (FFS) all year	96,884	989,433	96,884	989,433	0	0
FFS part year, with Rx claims	2,836	32,168	2,836	15,520	0	16,648
FFS part year, with no Rx claims	2,247	24,783	2,247	12,593	0	12,190
Managed care (MC) all year, with Rx claims	1,149	12,964	0	0	0	12,964
MC all year, with no Rx claims	1,075	10,844	0	0	0	10,844

Source: Data for this table are from the MAX 2006 file for Maryland, released by CMS in 7/2009. 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