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

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>238,591</b>	<b>128,483</b>	<b>105,908</b>	<b>4,117</b>	<b>83</b>	<b>0</b>	<b>2,443,133</b>	<b>1,283,300</b>	<b>1,130,251</b>	<b>28,834</b>	<b>748</b>	<b>0</b>
<b>Age</b>												
5 and younger	11	0	8	0	3	0	98	0	63	0	35	0
6-14	28	0	24	0	4	0	273	0	249	0	24	0
15-20	425	0	391	6	28	0	4,547	0	4,223	49	275	0
21-44	45,369	0	42,477	2,844	48	0	479,131	0	458,618	20,099	414	0
45-64	64,378	327	62,930	1,121	0	0	677,543	3,537	666,352	7,654	0	0
65-74	44,889	44,680	78	131	0	0	463,635	461,965	746	924	0	0
75-84	44,763	44,749	0	14	0	0	449,540	449,444	0	96	0	0
85 and older	38,726	38,725	0	1	0	0	368,354	368,342	0	12	0	0
Unknown	2	2	0	0	0	0	12	12	0	0	0	0
<b>Gender</b>												
Female	151,358	94,450	54,633	2,229	46	0	1,566,121	959,301	591,066	15,309	445	0
Male	87,233	34,033	51,275	1,888	37	0	877,012	323,999	539,185	13,525	303	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	182,971	101,098	78,665	3,153	55	0	1,863,326	998,029	841,965	22,841	491	0
African American	50,267	24,189	25,185	865	28	0	524,244	251,616	267,002	5,369	257	0
Other/unknown	5,353	3,196	2,058	99	0	0	55,563	33,655	21,284	624	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	42,045	37,503	4,542	0	0	0	427,108	376,665	50,443	0	0	0
Part year	27,952	23,404	4,539	9	0	0	267,938	220,603	47,272	63	0	0
None	168,594	67,576	96,827	4,108	83	0	1,748,087	686,032	1,032,536	28,771	748	0
<b>Maintenance Assistance Status</b>												
Cash	34,825	14,937	19,613	275	0	0	378,955	164,516	212,538	1,901	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	39,711	18,989	20,473	236	13	0	429,573	205,825	222,113	1,535	100	0
Other/unknown	164,055	94,557	65,822	3,606	70	0	1,634,605	912,959	695,600	25,398	648	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	183,528	103,298	76,359	3,788	83	0	1,843,118	1,010,764	805,947	25,659	748	0
Full dual, part year	55,063	25,185	29,549	329	0	0	600,015	272,536	324,304	3,175	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	236,308	128,464	105,145	2,624	75	0	2,429,887	1,283,189	1,125,156	20,842	700	0
FFS part year, with Rx claims	1,416	8	462	940	6	0	9,019	55	3,254	5,672	38	0
FFS part year, no Rx claims	867	11	301	553	2	0	4,227	56	1,841	2,320	10	0

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>45.8</b>	<b>7.0</b>	<b>\$329</b>	<b>\$47</b>	<b>\$19,016</b>	<b>1.7</b>	<b>238,591</b>
<b>Age</b>							
5 and younger	63.6	9.9	1,155	117	15,954	7.2	11
6-14	78.6	16.0	1,803	113	47,366	3.8	28
15-20	78.1	17.7	2,064	116	14,790	14.0	425
21-44	45.3	7.9	549	70	13,831	4.0	45,369
45-64	49.3	9.9	517	52	18,275	2.8	64,378
65-74	43.2	6.8	259	38	14,759	1.8	44,889
75-84	44.0	4.6	103	22	21,752	0.5	44,763
85 and older	45.5	4.3	81	19	28,121	0.3	38,726
Unknown	100.0	1.5	19	13	24,908	0.1	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	44.2	5.3	150	28	21,256	0.7	128,483
Disabled	47.6	9.0	523	58	16,897	3.1	105,908
Adults	52.3	12.3	880	72	3,871	22.7	4,117
Children	41.0	12.7	2,766	218	6,990	39.6	83
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	47.9	7.2	313	43	19,126	1.6	151,358
Male	42.3	6.7	356	54	18,826	1.9	87,233
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	47.6	7.3	328	45	20,199	1.6	182,971
African American	39.9	6.3	331	52	15,665	2.1	50,267
Other/unknown	41.3	5.9	340	58	10,055	3.4	5,353
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	54.6	7.5	170	23	42,139	0.4	42,045
Part year	60.4	7.7	253	33	27,400	0.9	27,952
None	41.2	6.8	381	56	11,859	3.2	168,594
<b>Maintenance Assistance Status</b>							
Cash	42.7	6.4	352	55	7,228	4.9	34,825
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	38.3	4.7	217	47	15,360	1.4	39,711
Other/unknown	48.3	7.7	351	45	22,403	1.6	164,055

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$32</b>	<b>1.7</b>	<b>54.2</b>	<b>33.4</b>	<b>5.1</b>	<b>4.5</b>	<b>2.1</b>	<b>0.7</b>	<b>\$1,857</b>	<b>238,591</b>	<b>2,443,133</b>
<b>Age</b>												
5 and younger	1.1	130	7.2	36.4	27.3	18.2	9.1	9.1	0.0	1,791	11	98
6-14	1.6	185	3.8	21.4	50.0	7.1	10.7	10.7	0.0	4,858	28	273
15-20	1.7	193	14.0	21.9	46.1	10.8	14.6	4.7	1.9	1,382	425	4,547
21-44	0.7	52	4.0	54.7	32.0	4.8	5.2	2.5	0.8	1,310	45,369	479,131
45-64	0.9	49	2.8	50.7	33.3	5.6	5.8	3.4	1.2	1,736	64,378	677,543
65-74	0.7	25	1.8	56.8	31.8	4.7	4.1	1.9	0.7	1,429	44,889	463,635
75-84	0.5	10	0.5	56.0	34.5	5.0	3.2	1.0	0.3	2,166	44,763	449,540
85 and older	0.4	9	0.3	54.5	35.7	5.3	3.4	0.9	0.2	2,956	38,726	368,354
Unknown	0.3	3	0.1	0.0	100.0	0.0	0.0	0.0	0.0	4,151	2	12
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.5	15	0.7	55.8	33.9	5.0	3.5	1.3	0.4	2,128	128,483	1,283,300
Disabled	0.8	49	3.1	52.4	33.2	5.2	5.4	2.9	1.0	1,583	105,908	1,130,251
Adults	1.8	126	22.7	47.7	23.6	6.2	12.2	7.7	2.5	553	4,117	28,834
Children	1.4	307	39.6	59.0	16.9	8.4	9.6	3.6	2.4	776	83	748
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.7	30	1.6	52.1	35.3	5.3	4.4	2.1	0.7	1,848	151,358	1,566,121
Male	0.7	36	1.9	57.7	30.1	4.9	4.6	2.1	0.6	1,873	87,233	877,012
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.7	32	1.6	52.4	34.6	5.5	4.6	2.1	0.7	1,983	182,971	1,863,326
African American	0.6	32	2.1	60.1	29.6	3.7	4.1	2.0	0.6	1,502	50,267	524,244
Other/unknown	0.6	33	3.4	58.7	30.4	4.1	4.6	1.9	0.3	969	5,353	55,563
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.7	17	0.4	45.4	37.4	8.8	5.9	1.7	0.7	4,148	42,045	427,108
Part year	0.8	26	0.9	39.6	45.5	7.0	5.1	1.9	0.8	2,858	27,952	267,938
None	0.7	37	3.2	58.8	30.4	3.9	4.0	2.2	0.7	1,144	168,594	1,748,087
<b>Maintenance Assistance Status</b>												
Cash	0.6	32	4.9	57.3	32.9	3.6	3.7	1.9	0.6	664	34,825	378,955
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	20	1.4	61.7	30.2	3.7	3.1	1.1	0.2	1,420	39,711	429,573
Other/unknown	0.8	35	1.6	51.7	34.3	5.8	5.0	2.4	0.8	2,249	164,055	1,634,605

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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
<b>All</b>	<b>0.7</b>	<b>\$32</b>	<b>\$47</b>	<b>0.2</b>	<b>\$22</b>	<b>\$140</b>	<b>0.0</b>	<b>\$3</b>	<b>\$112</b>	<b>0.5</b>	<b>\$7</b>	<b>\$14</b>
<b>Age</b>												
5 and younger	1.1	130	117	0.5	96	201	0.2	29	151	0.4	4	9
6-14	1.6	185	113	0.6	152	244	0.1	16	154	0.9	17	18
15-20	1.7	193	116	0.7	160	245	0.1	14	128	0.9	19	21
21-44	0.7	52	70	0.2	39	186	0.0	4	135	0.5	9	17
45-64	0.9	49	52	0.2	34	141	0.0	4	123	0.7	10	16
65-74	0.7	25	38	0.1	16	110	0.0	2	91	0.5	7	13
75-84	0.5	10	22	0.1	6	83	0.0	1	61	0.4	4	11
85 and older	0.4	9	19	0.1	4	77	0.0	0	54	0.4	4	10
Unknown	0.3	3	13	0.0	0	0	0.0	0	0	0.3	3	13
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.5	15	28	0.1	9	98	0.0	1	78	0.4	5	12
Disabled	0.8	49	58	0.2	36	158	0.0	4	126	0.6	9	16
Adults	1.8	126	72	0.6	92	161	0.1	12	149	1.1	22	20
Children	1.4	307	218	0.6	275	427	0.1	19	172	0.7	13	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.7	30	43	0.2	21	131	0.0	3	109	0.5	7	14
Male	0.7	36	54	0.2	26	156	0.0	3	117	0.5	7	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.7	32	45	0.2	22	139	0.0	3	115	0.5	7	14
African American	0.6	32	52	0.2	23	143	0.0	2	100	0.4	6	15
Other/unknown	0.6	33	58	0.2	25	147	0.0	2	110	0.4	6	15
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.7	17	23	0.1	10	99	0.0	1	64	0.6	6	10
Part year	0.8	26	33	0.1	17	113	0.0	2	82	0.6	8	12
None	0.7	37	56	0.2	26	149	0.0	3	124	0.5	7	16
<b>Maintenance Assistance Status</b>												
Cash	0.6	32	55	0.2	23	149	0.0	3	121	0.4	6	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	20	47	0.1	14	148	0.0	2	114	0.3	5	14
Other/unknown	0.8	35	45	0.2	24	137	0.0	3	110	0.6	8	14

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.3	0.1	0.0	0.2	\$29	\$23	\$1	\$5	\$91	\$312	\$160	\$21	48,244	\$4,384,575	14,740	6.2	152,574
Biologicals	0.1	0.1	0.0	0.1	205	176	26	3	1386	2,758	3,035	34	153	211,999	107	0.0	1,032
Antineoplastic Agents	0.4	0.1	0.0	0.3	89	77	1	11	240	709	211	42	3,705	889,822	1,038	0.4	9,946
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	34	28	2	5	55	115	91	13	88,341	4,823,230	14,058	5.9	142,514
Cardiovascular Agents	1.1	0.4	0.1	0.6	45	31	6	8	41	81	109	12	213,468	8,799,343	19,877	8.3	196,878
Respiratory Agents	0.3	0.1	0.0	0.2	16	12	1	3	45	117	73	14	116,245	5,225,346	30,248	12.7	332,310
Gastrointestinal Agents	0.5	0.4	0.0	0.2	56	50	4	2	105	139	378	14	74,063	7,793,122	13,515	5.7	138,412
Genitourinary Agents	0.3	0.2	0.1	0.1	23	16	6	1	67	83	80	17	13,942	934,000	3,946	1.7	39,904
CNS Drugs	0.8	0.1	0.0	0.6	28	18	2	8	37	167	94	13	561,741	20,559,626	68,523	28.7	727,525
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	60	54	1	5	125	170	114	34	3,033	379,622	603	0.3	6,286
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	71	69	0	2	192	201	114	84	10,648	2,047,733	3,120	1.3	28,834
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	32	12	8	12	48	191	298	20	131,952	6,320,948	19,154	8.0	195,491
Neuromuscular Agents	0.7	0.1	0.0	0.6	31	21	1	9	43	166	82	16	171,037	7,343,221	21,838	9.2	234,249
Nutritional Products	0.5	0.0	0.0	0.4	8	1	1	7	17	32	16	17	63,626	1,108,037	13,469	5.6	139,553
Hematological Agents	0.6	0.1	0.0	0.5	19	14	0	4	32	132	18	9	130,005	4,097,590	20,534	8.6	217,069
Topical Products	0.3	0.1	0.0	0.2	20	14	2	3	61	110	60	21	32,635	1,993,654	9,886	4.1	102,218
Miscellaneous Products	0.5	0.2	0.1	0.2	92	74	11	7	188	333	147	37	7,449	1,397,076	1,506	0.6	15,143
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	23	0	0	0	7,651	175,376	2,154	0.9	23,171
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,677,938	78,484,320	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 Ohio, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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	\$9,776,664	9,530	4.0	98,027	0.5	\$215	\$100
ANTICONVULSANT	6,629,951	20,437	8.6	220,577	0.7	46	30
ULCER DRUGS	6,049,731	12,629	5.3	132,039	0.4	111	46
ANTIDEPRESSANTS	4,940,520	18,773	7.9	192,949	0.4	62	26
ANTIANKXIETY AGENTS	4,602,813	54,398	22.8	582,310	0.6	13	8
ANTIHYPERTENSIVES	4,439,430	11,087	4.6	116,119	0.4	91	38
ANTIASTHMATIC	3,794,294	16,302	6.8	170,682	0.3	69	22
ANALGESICS - Narcotic	3,758,467	22,966	9.6	238,328	0.4	42	16
ANTIDIABETIC	3,609,325	11,641	4.9	118,877	0.5	66	30
ANTIVIRAL	2,453,962	1,368	0.6	14,615	0.4	468	168
Total	50,055,157	179,131	n.a.	1,884,523	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Medicaid Beneficiaries



TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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
<b>All</b>	<b>942,629</b>	<b>\$50,055,157</b>	<b>9,530</b>	<b>4.0</b>	<b>98,027</b>	<b>0.5</b>	<b>\$100</b>	<b>20,437</b>	<b>8.6</b>	<b>220,577</b>	<b>0.7</b>	<b>\$30</b>					
<b>Female</b>																	
All Females	613,580	29,356,305	5,314	3.5	54,210	0.4	89	12,689	8.4	137,370	0.6	28					
<b>Female, Disabled</b>																	
All Ages	319,303	19,949,130	3,454	6.3	37,782	0.5	99	8,102	14.8	90,117	0.6	34					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	3	18	0	0.0	0	0.0	0	1	9.1	11	0.1	1					
15-20	1,404	156,269	48	27.3	524	0.6	140	40	22.7	460	0.8	86					
21-44	99,502	6,944,689	1,678	8.4	18,314	0.4	99	3,226	16.2	35,768	0.6	43					
45-64	217,297	12,776,461	1,724	5.0	18,896	0.5	98	4,827	14.0	53,785	0.6	27					
65-74	1,097	71,693	4	7.5	48	0.2	59	8	15.1	93	0.6	20					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Female, Other Eligibles</b>																	
All Ages	294,275	9,407,149	1,860	1.9	16,428	0.4	66	4,587	4.7	47,253	0.7	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	201	32,665	7	33.3	78	0.5	174	3	14.3	32	0.7	64					
21-44	13,361	1,054,405	231	13.3	2,002	0.5	108	407	23.5	3,476	0.6	65					
45-64	4,866	314,836	38	6.1	306	0.3	64	122	19.6	972	0.5	32					
65-74	115,033	4,928,502	571	2.0	5,921	0.5	86	1,871	6.4	20,876	0.7	17					
75-84	86,337	1,792,325	509	1.6	4,143	0.4	44	1,313	4.0	13,610	0.7	8					
85 and older	74,477	1,284,416	504	1.6	3,978	0.3	35	871	2.7	8,287	0.8	8					
<b>Male</b>																	
All Males	329,049	20,698,852	4,216	4.8	43,817	0.5	113	7,748	8.9	83,207	0.7	34					
<b>Male, Disabled</b>																	
All Ages	237,011	17,001,993	3,303	6.4	36,240	0.5	125	6,063	11.8	66,861	0.7	37					
5 and younger	10	310	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	65	7,284	0	0.0	0	0.0	0	2	15.4	24	0.3	36					
15-20	1,753	237,814	66	30.7	739	0.6	174	44	20.5	490	0.6	74					
21-44	99,327	8,394,967	1,940	8.6	21,594	0.5	130	2,917	13.0	32,427	0.7	43					
45-64	135,459	8,338,994	1,295	4.5	13,883	0.5	114	3,094	10.9	33,858	0.7	30					
65-74	397	22,624	2	8.0	24	0.8	113	6	24.0	62	0.9	59					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Dual Medicaid Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	92,037	3,696,847	913	2.5	7,577	0.4	58	1,685	4.7	16,346	0.7	22
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	77	7,070	0	0.0	0	0.0	0	1	7.7	12	1.0	261
21-44	7,588	637,548	117	10.1	1,089	0.3	84	209	18.0	1,812	0.5	49
45-64	5,010	386,327	33	4.0	256	0.4	56	112	13.6	997	0.5	52
65-74	43,326	1,811,503	294	1.9	2,787	0.5	75	769	4.9	8,087	0.7	20
75-84	24,261	597,395	308	2.6	2,307	0.4	38	423	3.5	3,957	0.7	11
85 and older	11,771	256,981	161	2.6	1,138	0.4	34	171	2.7	1,481	0.6	10
<b>Unknown</b>	3	38	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 Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIANSXIETY AGENTS				
	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
<b>All</b>	<b>12,629</b>	<b>5.3</b>	<b>132,039</b>	<b>0.4</b>	<b>\$46</b>	<b>18,773</b>	<b>7.9</b>	<b>192,949</b>	<b>0.4</b>	<b>\$26</b>	<b>54,398</b>	<b>22.8</b>	<b>582,310</b>	<b>0.6</b>	<b>\$8</b>
<b>Female</b>															
All Females	8,239	5.4	86,820	0.4	45	12,486	8.2	128,325	0.4	26	38,109	25.2	409,238	0.6	8
<b>Female, Disabled</b>															
All Ages	4,872	8.9	53,595	0.4	48	8,104	14.8	87,947	0.4	28	13,843	25.3	155,986	0.6	8
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	1	9.1	10	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	43	24.4	473	0.2	24	66	37.5	725	0.4	28	25	14.2	280	0.1	2
21-44	1,505	7.5	16,610	0.4	43	2,939	14.7	31,857	0.4	27	4,470	22.4	50,416	0.5	8
45-64	3,300	9.6	36,240	0.4	51	5,075	14.7	55,082	0.4	29	9,330	27.1	105,097	0.6	9
65-74	23	43.4	262	0.6	86	24	45.3	283	0.7	28	18	34.0	193	0.5	10
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
<b>Female, Other Eligibles</b>															
All Ages	3,367	3.5	33,225	0.4	41	4,382	4.5	40,378	0.4	20	24,265	25.1	253,243	0.7	8
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	6	28.6	58	0.2	18	8	38.1	89	0.6	45	4	19.0	45	0.2	2
21-44	256	14.8	2,223	0.5	54	643	37.1	5,445	0.5	33	367	21.2	3,245	0.5	6
45-64	115	18.4	942	0.5	62	202	32.4	1,572	0.5	38	142	22.8	1,268	0.6	7
65-74	1,622	5.6	17,802	0.4	47	1,607	5.5	17,331	0.4	21	6,766	23.2	75,007	0.6	9
75-84	696	2.1	6,444	0.3	30	952	2.9	8,162	0.3	14	8,322	25.4	87,568	0.7	8
85 and older	672	2.1	5,756	0.3	26	970	3.0	7,779	0.3	11	8,664	26.7	86,110	0.6	7
<b>Male</b>															
All Males	4,390	5.0	45,219	0.4	47	6,287	7.2	64,624	0.4	26	16,289	18.7	173,072	0.6	8
<b>Male, Disabled</b>															
All Ages	3,039	5.9	32,466	0.4	49	4,737	9.2	50,907	0.4	27	9,283	18.1	103,455	0.6	9
5 and younger	3	50.0	15	0.3	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	23.1	31	0.4	34	0	0.0	0	0.0	0	1	7.7	12	0.1	2
15-20	28	13.0	318	0.4	47	55	25.6	634	0.5	28	19	8.8	215	0.3	6
21-44	1,270	5.6	13,868	0.4	46	2,281	10.1	25,019	0.4	27	3,665	16.3	41,269	0.6	8
45-64	1,726	6.1	18,136	0.4	51	2,393	8.4	25,158	0.4	27	5,597	19.6	61,947	0.7	9
65-74	9	36.0	98	0.5	56	8	32.0	96	0.4	14	1	4.0	12	1.7	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIANSXIETY AGENTS				
	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
<b>Male, Other Eligibles</b>															
All Ages	1,351	3.8	12,753	0.4	42	1,550	4.3	13,717	0.4	19	7,005	19.5	69,614	0.6	7
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	1	33.3	5	0.6	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	15.4	19	0.4	37	2	15.4	23	1.0	28	0	0.0	0	0.0	0
21-44	166	14.3	1,457	0.5	59	299	25.8	2,643	0.4	30	216	18.6	1,925	0.6	7
45-64	114	13.8	959	0.5	65	150	18.2	1,287	0.5	35	141	17.1	1,253	0.6	8
65-74	635	4.1	6,637	0.4	41	518	3.3	5,204	0.4	16	2,707	17.3	28,658	0.6	8
75-84	255	2.1	2,243	0.4	34	363	3.0	2,941	0.3	11	2,450	20.5	24,057	0.6	7
85 and older	178	2.8	1,433	0.3	21	218	3.5	1,619	0.3	10	1,491	23.6	13,721	0.5	6
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	12	0.3	3

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	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
<b>All</b>	<b>11,087</b>	<b>4.6</b>	<b>116,119</b>	<b>0.4</b>	<b>\$38</b>	<b>16,302</b>	<b>6.8</b>	<b>170,682</b>	<b>0.3</b>	<b>\$22</b>	<b>22,966</b>	<b>9.6</b>	<b>238,328</b>	<b>0.4</b>	<b>\$16</b>
<b>Female</b>															
All Females	6,678	4.4	70,435	0.4	38	10,927	7.2	115,838	0.3	23	14,179	9.4	148,492	0.4	14
<b>Female, Disabled</b>															
All Ages	3,506	6.4	38,267	0.4	40	6,035	11.0	66,381	0.3	26	9,424	17.2	103,279	0.4	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	1	9.1	11	0.1	0
15-20	4	2.3	38	0.4	32	35	19.9	409	0.2	12	94	53.4	1,067	0.2	1
21-44	596	3.0	6,553	0.4	35	1,695	8.5	18,777	0.3	19	3,482	17.5	38,104	0.3	15
45-64	2,884	8.4	31,418	0.4	41	4,277	12.4	46,868	0.3	28	5,810	16.9	63,678	0.4	16
65-74	22	41.5	258	0.6	56	28	52.8	327	0.4	31	37	69.8	419	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
<b>Female, Other Eligibles</b>															
All Ages	3,172	3.3	32,168	0.4	36	4,892	5.1	49,457	0.3	19	4,755	4.9	45,213	0.4	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	9.5	22	0.1	11	1	4.8	11	0.1	1	14	66.7	147	0.2	1
21-44	108	6.2	945	0.4	44	307	17.7	2,638	0.4	30	775	44.7	6,655	0.5	17
45-64	76	12.2	549	0.5	54	159	25.5	1,281	0.4	29	250	40.1	2,090	0.5	16
65-74	1,806	6.2	19,885	0.4	39	2,220	7.6	24,567	0.3	24	2,030	7.0	22,234	0.4	11
75-84	755	2.3	7,092	0.4	29	1,113	3.4	10,711	0.2	12	905	2.8	8,072	0.4	7
85 and older	425	1.3	3,675	0.3	25	1,092	3.4	10,249	0.2	9	781	2.4	6,015	0.3	7
<b>Male</b>															
All Males	4,409	5.1	45,684	0.4	39	5,375	6.2	54,844	0.3	21	8,787	10.1	89,836	0.4	19
<b>Male, Disabled</b>															
All Ages	2,904	5.7	31,119	0.4	41	3,222	6.3	34,371	0.3	23	6,669	13.0	70,486	0.4	19
5 and younger	1	16.7	11	0.1	1	3	50.0	27	0.1	2	0	0.0	0	0.0	0
6-14	1	7.7	10	0.3	33	6	46.2	54	0.6	37	0	0.0	0	0.0	0
15-20	5	2.3	56	0.6	66	31	14.4	360	0.3	19	75	34.9	830	0.3	25
21-44	908	4.0	9,999	0.4	36	1,118	5.0	12,168	0.3	19	3,019	13.4	32,278	0.4	18
45-64	1,985	7.0	21,004	0.5	43	2,056	7.2	21,666	0.4	26	3,567	12.5	37,282	0.4	20
65-74	4	16.0	39	0.4	46	8	32.0	96	0.3	8	8	32.0	96	0.8	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANALGESICS - Narcotic				
	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
<b>Male, Other Eligibles</b>															
All Ages	1,505	4.2	14,565	0.4	35	2,153	6.0	20,473	0.3	18	2,118	5.9	19,350	0.4	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	1	33.3	5	0.2	2
15-20	2	15.4	17	0.6	46	3	23.1	15	0.7	108	3	23.1	33	0.2	1
21-44	116	10.0	1,032	0.4	39	157	13.5	1,418	0.3	20	481	41.5	4,260	0.5	38
45-64	134	16.3	1,106	0.5	46	94	11.4	792	0.4	25	282	34.2	2,502	0.4	30
65-74	814	5.2	8,621	0.4	37	1,072	6.8	11,059	0.3	21	855	5.5	8,711	0.3	11
75-84	311	2.6	2,800	0.3	27	508	4.2	4,440	0.3	12	300	2.5	2,424	0.4	7
85 and older	128	2.0	989	0.3	24	319	5.1	2,749	0.3	10	196	3.1	1,415	0.3	4
<b>Unknown</b>	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 Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL					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		
<b>All</b>	<b>11,641</b>	<b>4.9</b>	<b>118,877</b>	<b>0.5</b>	<b>\$30</b>	<b>1,368</b>	<b>0.6</b>	<b>14,615</b>	<b>0.4</b>	<b>\$168</b>	<b>238,591</b>	<b>2,443,133</b>
<b>Female</b>												
All Females	7,341	4.9	76,180	0.5	30	620	0.4	6,683	0.3	98	151,357	1,566,112
<b>Female, Disabled</b>												
All Ages	3,886	7.1	42,110	0.5	34	471	0.9	5,201	0.3	112	54,633	591,066
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	116
15-20	2	1.1	24	0.4	12	7	4.0	76	0.2	44	176	1,891
21-44	770	3.9	8,392	0.4	30	191	1.0	2,161	0.3	101	19,954	216,958
45-64	3,092	9.0	33,446	0.5	35	273	0.8	2,964	0.3	122	34,437	371,561
65-74	22	41.5	248	0.6	29	0	0.0	0	0.0	0	53	526
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	3,455	3.6	34,070	0.4	25	149	0.2	1,482	0.2	51	96,724	975,046
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	1	1
15-20	4	19.0	48	0.5	16	4	19.0	40	0.3	270	21	214
21-44	149	8.6	1,248	0.5	36	37	2.1	321	0.3	60	1,732	12,097
45-64	80	12.8	621	0.6	38	11	1.8	111	0.3	122	624	4,800
65-74	1,937	6.6	21,018	0.5	29	58	0.2	625	0.2	45	29,139	308,046
75-84	808	2.5	7,196	0.4	19	19	0.1	189	0.1	11	32,788	336,825
85 and older	477	1.5	3,939	0.4	13	20	0.1	196	0.1	9	32,417	313,039
<b>Male</b>												
All Males	4,300	4.9	42,697	0.5	31	748	0.9	7,932	0.4	227	87,232	877,009
<b>Male, Disabled</b>												
All Ages	2,721	5.3	28,286	0.5	35	698	1.4	7,448	0.4	236	51,275	539,185
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	49
6-14	0	0.0	0	0.0	0	1	7.7	12	0.8	253	13	133
15-20	13	6.0	141	0.6	39	2	0.9	24	0.1	83	215	2,332
21-44	819	3.6	8,733	0.5	38	381	1.7	4,054	0.5	254	22,523	241,660
45-64	1,878	6.6	19,298	0.5	34	314	1.1	3,358	0.4	215	28,493	294,791
65-74	11	44.0	114	0.8	54	0	0.0	0	0.0	0	25	220
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Medicaid Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL					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			
<b>Male, Other Eligibles</b>													
All Ages	1,579	4.4	14,411	0.4	23	50	0.1	484	0.2	83	35,957	337,824	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11	
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	1	7.7	12	0.8	14	13	110	
21-44	101	8.7	781	0.6	43	11	0.9	97	0.4	174	1,160	8,416	
45-64	118	14.3	999	0.5	40	7	0.8	54	0.4	335	824	6,391	
65-74	818	5.2	8,353	0.4	24	20	0.1	215	0.1	19	15,672	154,843	
75-84	372	3.1	2,960	0.4	14	4	0.0	32	0.1	17	11,975	112,715	
85 and older	170	2.7	1,318	0.4	17	7	0.1	74	0.1	8	6,309	55,315	
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12	

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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



TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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
<b>All</b>	<b>\$17</b>	<b>0.7</b>	<b>42,045</b>	<b>427,108</b>
<b>Age</b>				
0-64	43	1.4	4,574	50,843
65-74	27	1.0	5,688	60,249
75-84	13	0.7	13,285	134,101
85 and older	9	0.5	18,497	181,912
Unknown	4	0.3	1	3
<b>Gender</b>				
Female	14	0.7	30,509	311,376
Male	23	0.9	11,536	115,732
Unknown	0	0.0	0	0
<b>Race</b>				
White	16	0.7	36,501	368,361
African American	23	0.7	5,248	55,543
Other/unknown	11	0.6	296	3,204
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	13	0.7	37,503	376,665
Disabled	44	1.4	4,542	50,443
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$25	\$19	\$1	\$6	\$65	\$198	\$72	\$20	4,169	\$269,857	1,259	3.0	10,715
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	31	23	0	32	42	1,319	42	0.1	380
Antineoplastic Agents	0.4	0.1	0.0	0.3	54	29	3	22	141	451	848	71	512	72,282	171	0.4	1,341
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	23	18	1	4	39	83	62	11	8,080	318,464	1,628	3.9	13,611
Cardiovascular Agents	1.0	0.3	0.0	0.7	27	18	2	7	28	66	82	10	21,029	596,685	2,649	6.3	21,967
Respiratory Agents	0.3	0.0	0.0	0.3	8	4	0	3	25	94	66	12	13,682	336,812	4,234	10.1	44,593
Gastrointestinal Agents	0.5	0.3	0.0	0.3	39	32	4	3	73	120	312	13	7,350	533,276	1,546	3.7	13,614
Genitourinary Agents	0.4	0.2	0.1	0.1	20	15	4	2	53	68	67	15	2,074	110,845	644	1.5	5,519
CNS Drugs	0.9	0.1	0.0	0.8	16	7	1	8	17	118	66	10	146,489	2,499,780	15,662	37.3	160,688
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.0	0.3	22	18	0	3	55	142	45	13	103	5,698	26	0.1	262
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	64	64	0	0	129	129	0	78	4,135	532,741	1,022	2.4	8,330
Analgesics and Anesthetics	0.7	0.1	0.1	0.6	22	9	7	6	30	91	128	11	8,646	261,035	1,415	3.4	11,845
Neuromuscular Agents	1.1	0.1	0.0	1.0	18	9	0	9	17	118	50	9	29,523	501,822	2,678	6.4	27,389
Nutritional Products	0.5	0.0	0.1	0.4	7	0	1	6	13	12	15	13	13,160	170,147	2,702	6.4	25,536
Hematological Agents	0.8	0.1	0.0	0.7	11	5	0	5	14	69	19	8	49,440	671,676	5,984	14.2	62,012
Topical Products	0.4	0.1	0.1	0.2	18	10	4	4	42	76	53	17	4,718	197,390	1,298	3.1	11,244
Miscellaneous Products	0.3	0.0	0.0	0.3	12	4	0	8	35	117	69	25	899	31,789	289	0.7	2,660
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	15	0	0	0	3,278	48,782	735	1.7	7,842
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.	317,329	7,160,400	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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 Ohio, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.  
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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
ANTI-ANXIETY AGENTS	\$1,183,431	13,722	32.6	142,425	0.8	\$10	\$8
LAXATIVES	1,013,813	30,511	72.6	328,393	0.6	6	3
ANTI-PSYCHOTICS	853,766	1,278	3.0	11,183	0.5	155	76
DERMATOLOGICAL	817,127	16,252	38.7	174,303	0.3	15	5
HEMATOPOIETIC AGENTS	749,654	12,184	29.0	129,660	0.7	9	6
MULTIVITAMINS	667,249	19,417	46.2	207,078	0.7	5	3
MINERALS & ELECTROLYTES	630,369	13,743	32.7	145,904	0.7	6	4
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	535,556	1,329	3.2	10,807	0.4	127	50
ANTI-CONVULSANT	427,035	2,595	6.2	26,909	1.0	15	16
ULCER DRUGS	387,747	1,191	2.8	10,932	0.4	89	35
Total	7,265,747	112,222	n.a.	1,187,594	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					LAXATIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>727,262</b>	<b>\$7,265,747</b>	<b>13,722</b>	<b>32.6</b>	<b>142,425</b>	<b>0.8</b>	<b>\$8</b>	<b>30,511</b>	<b>72.6</b>	<b>328,393</b>	<b>0.6</b>	<b>\$3</b>
<b>Female</b>												
All Females	539,937	4,985,784	10,026	32.9	104,227	0.8	8	22,572	74.0	243,608	0.6	3
<b>Female, Disabled</b>												
All Ages	47,348	661,484	844	43.0	9,495	1.0	12	1,695	86.3	19,309	0.6	3
64 or younger	47,281	659,759	842	42.9	9,484	1.0	12	1,693	86.3	19,289	0.6	3
65-74	67	1,725	2	100.0	11	0.4	3	2	100.0	20	0.1	1
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	492,589	4,324,300	9,182	32.2	94,732	0.8	8	20,877	73.1	224,299	0.6	3
64 or younger	335	3,870	7	35.0	83	0.5	5	13	65.0	155	0.4	3
65-74	68,130	861,135	1,251	38.1	13,565	1.0	10	2,582	78.6	28,924	0.5	3
75-84	166,555	1,448,760	3,184	33.3	33,009	0.8	8	6,807	71.1	73,868	0.5	3
85 and older	257,569	2,010,535	4,740	30.3	48,075	0.7	7	11,475	73.3	121,352	0.6	3
<b>Male</b>												
All Males	187,325	2,279,963	3,696	32.0	38,198	0.8	9	7,939	68.8	84,785	0.6	3
<b>Male, Disabled</b>												
All Ages	56,430	904,650	1,054	40.9	11,988	1.0	12	2,019	78.3	23,066	0.6	3
64 or younger	56,381	900,602	1,054	40.9	11,988	1.0	12	2,018	78.3	23,054	0.6	3
65-74	49	4,048	0	0.0	0	0.0	0	1	50.0	12	0.2	1
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	130,894	1,375,301	2,641	29.5	26,207	0.7	8	5,920	66.1	61,719	0.5	3
64 or younger	292	2,419	7	43.8	79	0.7	11	13	81.3	151	0.6	3
65-74	38,836	501,890	781	32.6	8,204	0.8	9	1,688	70.4	18,432	0.5	3
75-84	53,735	522,841	1,093	29.5	10,787	0.7	8	2,406	64.9	25,199	0.6	3
85 and older	38,031	348,151	760	26.8	7,137	0.6	6	1,813	64.0	17,937	0.5	3
<b>Unknown</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>100.0</b>	<b>3</b>	<b>0.3</b>	<b>4</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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.med-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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					DERMATOLOGICAL					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,278</b>	<b>3.0</b>	<b>11,183</b>	<b>0.5</b>	<b>\$76</b>	<b>16,252</b>	<b>38.7</b>	<b>174,303</b>	<b>0.3</b>	<b>\$5</b>	<b>12,184</b>	<b>29.0</b>	<b>129,660</b>	<b>0.7</b>	<b>\$6</b>
<b>Female</b>															
All Females	777	2.5	6,788	0.5	69	11,169	36.6	120,229	0.3	5	8,951	29.3	95,602	0.7	6
<b>Female, Disabled</b>															
All Ages	99	5.0	1,078	0.5	113	965	49.2	11,048	0.3	5	537	27.4	6,065	0.7	8
64 or younger	99	5.0	1,078	0.5	113	965	48.8	10,958	0.3	5	537	27.4	6,065	0.7	8
65-74	0	0.0	0	0.0	0	9	450.0	90	0.5	12	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	678	2.4	5,710	0.4	60	10,204	35.7	109,181	0.3	5	8,414	29.5	89,537	0.7	6
64 or younger	1	5.0	12	0.3	81	1	5.0	12	0.2	1	7	35.0	84	0.6	6
65-74	151	4.6	1,564	0.6	116	1,310	39.9	14,655	0.3	5	998	30.4	11,006	0.7	7
75-84	245	2.6	1,923	0.4	43	3,368	35.2	36,185	0.3	5	2,856	29.8	30,656	0.7	6
85 and older	281	1.8	2,211	0.4	36	5,525	35.3	58,329	0.3	4	4,553	29.1	47,791	0.7	5
<b>Male</b>															
All Males	501	4.3	4,395	0.5	88	5,083	44.1	54,074	0.3	5	3,233	28.0	34,058	0.7	6
<b>Male, Disabled</b>															
All Ages	153	5.9	1,675	0.6	139	1,297	50.3	14,802	0.3	5	654	25.4	7,433	0.7	7
64 or younger	153	5.9	1,675	0.6	139	1,296	50.3	14,790	0.3	5	651	25.3	7,417	0.7	7
65-74	0	0.0	0	0.0	0	1	50.0	12	0.6	99	3	150.0	16	0.6	10
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
<b>Male, Other Eligibles</b>															
All Ages	348	3.9	2,720	0.5	57	3,786	42.3	39,272	0.3	4	2,579	28.8	26,625	0.7	6
64 or younger	0	0.0	0	0.0	0	5	31.3	60	0.3	4	3	18.8	36	0.7	5
65-74	110	4.6	1,033	0.6	78	1,009	42.1	10,965	0.3	5	676	28.2	7,295	0.7	6
75-84	152	4.1	1,094	0.4	45	1,547	41.7	16,145	0.3	4	1,033	27.8	10,785	0.7	6
85 and older	86	3.0	593	0.4	44	1,225	43.3	12,102	0.3	5	867	30.6	8,509	0.7	6
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	MULTIVITAMINS					MINERALS & ELECTROLYTES					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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 \$
<b>All</b>	<b>19,417</b>	<b>46.2</b>	<b>207,078</b>	<b>0.7</b>	<b>\$3</b>	<b>13,743</b>	<b>32.7</b>	<b>145,904</b>	<b>0.7</b>	<b>\$4</b>	<b>1,329</b>	<b>3.2</b>	<b>10,807</b>	<b>0.4</b>	<b>\$50</b>
<b>Female</b>															
All Females	14,221	46.6	152,245	0.7	3	11,270	36.9	120,045	0.7	4	901	3.0	7,352	0.4	49
<b>Female, Disabled</b>															
All Ages	1,041	53.0	11,822	0.7	4	705	35.9	8,030	0.7	5	40	2.0	417	0.5	127
64 or younger	1,038	52.9	11,792	0.7	4	704	35.9	8,020	0.7	5	40	2.0	417	0.5	127
65-74	3	150.0	30	0.3	1	1	50.0	10	0.1	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	13,180	46.2	140,423	0.7	3	10,565	37.0	112,015	0.7	4	861	3.0	6,935	0.4	44
64 or younger	6	30.0	72	0.8	3	5	25.0	60	0.8	5	1	5.0	12	0.3	35
65-74	1,530	46.6	16,863	0.7	3	1,268	38.6	14,123	0.7	4	90	2.7	843	0.4	68
75-84	4,279	44.7	46,254	0.7	3	3,541	37.0	38,006	0.7	4	371	3.9	2,870	0.4	39
85 and older	7,365	47.0	77,234	0.7	3	5,751	36.7	59,826	0.7	4	399	2.5	3,210	0.4	42
<b>Male</b>															
All Males	5,196	45.0	54,833	0.7	3	2,473	21.4	25,859	0.7	4	428	3.7	3,455	0.4	52
<b>Male, Disabled</b>															
All Ages	1,262	48.9	14,349	0.7	3	586	22.7	6,640	0.7	5	46	1.8	451	0.5	108
64 or younger	1,261	48.9	14,337	0.7	3	586	22.7	6,640	0.7	5	46	1.8	451	0.5	108
65-74	1	50.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	3,934	43.9	40,484	0.7	3	1,887	21.1	19,219	0.7	4	382	4.3	3,004	0.4	43
64 or younger	7	43.8	74	0.8	4	6	37.5	67	0.8	5	0	0.0	0	0.0	0
65-74	1,059	44.2	11,436	0.7	3	522	21.8	5,680	0.6	5	88	3.7	786	0.5	58
75-84	1,608	43.3	16,655	0.7	3	758	20.4	7,793	0.7	4	167	4.5	1,346	0.4	36
85 and older	1,260	44.5	12,319	0.7	3	601	21.2	5,679	0.7	4	127	4.5	872	0.4	41
<b>Unknown</b>	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 Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	ANTICONSULSANT					ULCER DRUGS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>2,595</b>	<b>6.2</b>	<b>26,909</b>	<b>1.0</b>	<b>\$16</b>	<b>1,191</b>	<b>2.8</b>	<b>10,932</b>	<b>0.4</b>	<b>\$36</b>	<b>42,045</b>	<b>427,108</b>
<b>Female</b>												
All Females	1,626	5.3	16,845	1.0	13	784	2.6	7,097	0.4	34	30,509	311,376
<b>Female, Disabled</b>												
All Ages	347	17.7	3,838	1.1	18	112	5.7	1,205	0.5	47	1,963	21,825
64 or younger	347	17.7	3,838	1.1	18	111	5.7	1,195	0.5	47	1,961	21,814
65-74	0	0.0	0	0.0	0	1	50.0	10	0.4	55	2	11
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	1,279	4.5	13,007	1.0	11	672	2.4	5,892	0.4	31	28,546	289,551
64 or younger	2	10.0	24	2.3	9	1	5.0	12	0.3	35	20	239
65-74	364	11.1	3,984	1.1	17	139	4.2	1,443	0.5	45	3,286	35,141
75-84	488	5.1	4,956	1.0	9	221	2.3	1,845	0.4	30	9,575	98,162
85 and older	425	2.7	4,043	0.9	8	311	2.0	2,592	0.3	23	15,665	156,009
<b>Male</b>												
All Males	969	8.4	10,064	1.0	21	407	3.5	3,835	0.4	39	11,535	115,729
<b>Male, Disabled</b>												
All Ages	473	18.3	5,246	1.1	27	127	4.9	1,308	0.5	51	2,579	28,618
64 or younger	471	18.3	5,232	1.1	27	124	4.8	1,282	0.5	51	2,577	28,604
65-74	2	100.0	14	1.1	80	3	150.0	26	0.5	60	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	496	5.5	4,818	0.9	15	280	3.1	2,527	0.4	33	8,956	87,111
64 or younger	0	0.0	0	0.0	0	1	6.3	7	0.1	20	16	186
65-74	216	9.0	2,246	0.9	20	102	4.3	1,063	0.4	46	2,398	25,083
75-84	193	5.2	1,796	0.9	11	94	2.5	807	0.3	25	3,710	35,939
85 and older	87	3.1	776	0.7	10	83	2.9	650	0.3	21	2,832	25,903
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>1</b>	<b>3</b>

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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 27,952 beneficiaries who were in nursing facilities for part of their enrollment and their 267,938 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<sup>a,b</sup>  
 OHIO, 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
<b>All</b>	<b>138,396</b>	<b>58.0</b>	<b>8.5</b>	<b>2,038,962</b>	<b>\$66</b>	<b>\$15,723,933</b>	<b>\$8</b>	<b>20.0</b>	<b>238,591</b>
<b>Age</b>									
5 and younger	8	72.7	6.4	70	120	1,315	19	10.4	11
6-14	19	67.9	7.7	215	101	2,817	13	5.6	28
15-20	198	46.6	3.0	1,267	53	22,641	18	2.6	425
21-44	19,332	42.6	4.5	203,033	45	2,024,879	10	8.1	45,369
45-64	35,922	55.8	7.9	511,362	68	4,345,935	8	13.1	64,378
65-74	24,951	55.6	8.0	360,952	62	2,803,672	8	24.1	44,889
75-84	29,039	64.9	10.4	467,043	73	3,264,690	7	70.9	44,763
85 and older	28,925	74.7	12.8	494,993	84	3,257,810	7	103.5	38,726
Unknown	2	100.0	13.5	27	87	174	6	457.9	2
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	83,026	64.6	10.3	1,325,243	73	9,341,681	7	48.6	128,483
Disabled	53,821	50.8	6.7	704,879	59	6,260,044	9	11.3	105,908
Adults	1,527	37.1	2.1	8,635	29	118,867	14	3.3	4,117
Children	22	26.5	2.5	205	40	3,341	16	1.5	83
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	94,064	62.1	9.4	1,422,017	73	11,009,247	8	23.2	151,358
Male	44,332	50.8	7.1	616,945	54	4,714,686	8	15.2	87,233
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	109,601	59.9	9.3	1,701,031	72	13,206,508	8	22.0	182,971
African American	26,198	52.1	6.2	312,575	46	2,329,659	7	14.0	50,267
Other/unknown	2,597	48.5	4.7	25,356	35	187,766	7	10.3	5,353
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	37,138	88.3	19.4	817,561	132	5,535,503	7	77.3	42,045
Part year	23,195	83.0	11.9	333,643	89	2,500,141	7	35.3	27,952
None	78,063	46.3	5.3	887,758	46	7,688,289	9	12.0	168,594
<b>Maintenance Assistance Status</b>									
Cash	16,863	48.4	4.7	162,125	41	1,424,681	9	11.6	34,825
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	18,658	47.0	6.3	250,445	48	1,904,556	8	22.1	39,711
Other/unknown	102,875	62.7	9.9	1,626,392	76	12,394,696	8	21.5	164,055

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

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

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

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



TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 OHIO, 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
<b>All</b>	<b>0.8</b>	<b>\$6</b>	<b>\$8</b>	<b>\$0</b>	<b>\$2</b>	<b>2,443,133</b>
<b>Age</b>						
5 and younger	0.7	13	19	0	0	98
6-14	0.8	10	13	0	0	273
15-20	0.3	5	18	0	0	4,547
21-44	0.4	4	10	0	2	479,131
45-64	0.8	6	8	0	3	677,543
65-74	0.8	6	8	0	2	463,635
75-84	1.0	7	7	0	2	449,540
85 and older	1.3	9	7	0	2	368,354
Unknown	2.3	15	6	0	2	12
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.0	7	7	0	2	1,283,300
Disabled	0.6	6	9	0	2	1,130,251
Adults	0.3	4	14	0	2	28,834
Children	0.3	4	16	0	0	748
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.9	7	8	0	2	1,566,121
Male	0.7	5	8	0	2	877,012
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.9	7	8	0	3	1,863,326
African American	0.6	4	7	0	1	524,244
Other/unknown	0.5	3	7	0	1	55,563
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.9	13	7	0	3	427,108
Part year	1.2	9	7	0	3	267,938
None	0.5	4	9	0	2	1,748,087
<b>Maintenance Assistance Status</b>						
Cash	0.4	4	9	0	2	378,955
Medically needy	0.0	0	0	0	0	0
Poverty related	0.6	4	8	0	2	429,573
Other/unknown	1.0	8	8	0	3	1,634,605

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a,b,c</sup>  
 OHIO, 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
<b>All</b>	<b>204,934</b>	<b>\$77</b>	<b>\$15,723,933</b>	<b>100.0</b>	<b>2,038,962</b>	<b>\$8</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	18,348	31	561,882	3.6	41,685	13	2.0
Vitamins and minerals	12,334	62	769,341	4.9	57,009	13	2.8
Non-prescription drugs	105,557	78	8,210,581	52.2	1,414,132	6	69.4
Barbiturates	2,138	66	140,953	0.9	26,063	5	1.3
Benzodiazepines	62,720	87	5,462,981	34.7	487,060	11	23.9
Other Part D Excl Rx Drugs	3,837	151	578,195	3.7	13,013	44	0.6

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. This table was produced on 02/11/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OHIO, 2006

Total Number of Dual Eligible Beneficiaries: 238,591  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$78,484,320  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$328

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	129,257	54.2	\$0	0.0
1-500	88,532	37.1	8,575,639	10.9
501-1,000	5,934	2.5	4,178,744	5.3
1,001-1,500	2,939	1.2	3,619,005	4.6
1,501-2,000	1,963	0.8	3,409,650	4.3
2,001-2,500	1,502	0.6	3,367,830	4.3
2,501-3,000	1,178	0.5	3,234,174	4.1
3,001-3,500	1,014	0.4	3,290,332	4.2
3,501-4,000	839	0.4	3,143,812	4.0
4,001-4,500	674	0.3	2,853,590	3.6
4,501-5,000	610	0.3	2,890,631	3.7
5,001-5,500	531	0.2	2,785,363	3.5
5,501-6,000	440	0.2	2,524,328	3.2
6,001-6,500	373	0.2	2,333,175	3.0
6,501-7,000	362	0.2	2,443,048	3.1
7,001-7,500	266	0.1	1,927,409	2.5
7,501-8,000	241	0.1	1,864,630	2.4
8,001-8,500	205	0.1	1,691,813	2.2
8,501-9,000	202	0.1	1,763,813	2.2
9,001-9,500	171	0.1	1,580,468	2.0
9,501-10,000	136	0.1	1,327,402	1.7
10,001+	1,222	0.5	19,679,464	25.1

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a</sup>, b, c  
 OHIO, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 105,830  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$55,227,684  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$521

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	55,466	52.4		\$0	0.0
1-500	36,938	34.9		3,800,038	6.9
501-1,000	3,256	3.1		2,307,182	4.2
1,001-1,500	1,783	1.7		2,195,591	4.0
1,501-2,000	1,235	1.2		2,143,530	3.9
2,001-2,500	959	0.9		2,150,805	3.9
2,501-3,000	778	0.7		2,134,553	3.9
3,001-3,500	680	0.6		2,208,065	4.0
3,501-4,000	597	0.6		2,239,011	4.1
4,001-4,500	489	0.5		2,068,951	3.7
4,501-5,000	419	0.4		1,982,502	3.6
5,001-5,500	383	0.4		2,009,711	3.6
5,501-6,000	331	0.3		1,901,738	3.4
6,001-6,500	267	0.3		1,671,684	3.0
6,501-7,000	269	0.3		1,815,376	3.3
7,001-7,500	211	0.2		1,529,089	2.8
7,501-8,000	181	0.2		1,401,487	2.5
8,001-8,500	157	0.1		1,295,762	2.3
8,501-9,000	151	0.1		1,318,315	2.4
9,001-9,500	141	0.1		1,302,380	2.4
9,501-10,000	112	0.1		1,093,426	2.0
10,001+	1,027	1.0		16,658,488	30.2

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 OHIO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 128,378  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$19,373,562  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$150

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	71,692	55.8	\$0	0.0
1-500	50,340	39.2	4,626,035	23.9
501-1,000	2,449	1.9	1,705,032	8.8
1,001-1,500	1,006	0.8	1,237,381	6.4
1,501-2,000	627	0.5	1,089,580	5.6
2,001-2,500	450	0.4	1,008,170	5.2
2,501-3,000	333	0.3	915,654	4.7
3,001-3,500	274	0.2	888,566	4.6
3,501-4,000	193	0.2	721,523	3.7
4,001-4,500	153	0.1	649,142	3.4
4,501-5,000	160	0.1	761,567	3.9
5,001-5,500	117	0.1	612,277	3.2
5,501-6,000	97	0.1	553,904	2.9
6,001-6,500	82	0.1	511,781	2.6
6,501-7,000	64	0.0	431,573	2.2
7,001-7,500	39	0.0	281,988	1.5
7,501-8,000	44	0.0	339,458	1.8
8,001-8,500	40	0.0	329,212	1.7
8,501-9,000	39	0.0	340,281	1.8
9,001-9,500	22	0.0	203,772	1.1
9,501-10,000	16	0.0	155,686	0.8
10,001+	141	0.1	2,010,980	10.4

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 OHIO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 44,889  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$11,624,022  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$259

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,515	56.8	\$0	0.0
1-500	15,833	35.3	1,561,260	13.4
501-1,000	1,044	2.3	729,229	6.3
1,001-1,500	531	1.2	657,437	5.7
1,501-2,000	341	0.8	594,448	5.1
2,001-2,500	294	0.7	658,147	5.7
2,501-3,000	229	0.5	630,185	5.4
3,001-3,500	193	0.4	624,777	5.4
3,501-4,000	137	0.3	512,740	4.4
4,001-4,500	103	0.2	437,159	3.8
4,501-5,000	124	0.3	589,728	5.1
5,001-5,500	86	0.2	449,968	3.9
5,501-6,000	73	0.2	416,847	3.6
6,001-6,500	56	0.1	349,478	3.0
6,501-7,000	53	0.1	356,913	3.1
7,001-7,500	30	0.1	216,870	1.9
7,501-8,000	33	0.1	254,818	2.2
8,001-8,500	30	0.1	247,023	2.1
8,501-9,000	32	0.1	279,376	2.4
9,001-9,500	17	0.0	157,172	1.4
9,501-10,000	12	0.0	116,452	1.0
10,001+	123	0.3	1,783,995	15.3

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 OHIO, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 44,763  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$4,602,507  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$102

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,055	56.0	\$0	0.0
1-500	18,056	40.3	1,674,936	36.4
501-1,000	793	1.8	551,227	12.0
1,001-1,500	280	0.6	343,990	7.5
1,501-2,000	154	0.3	266,800	5.8
2,001-2,500	107	0.2	240,387	5.2
2,501-3,000	67	0.1	184,177	4.0
3,001-3,500	52	0.1	168,499	3.7
3,501-4,000	40	0.1	148,961	3.2
4,001-4,500	29	0.1	122,948	2.7
4,501-5,000	24	0.1	114,732	2.5
5,001-5,500	24	0.1	125,236	2.7
5,501-6,000	16	0.0	90,866	2.0
6,001-6,500	15	0.0	93,418	2.0
6,501-7,000	9	0.0	60,888	1.3
7,001-7,500	8	0.0	57,960	1.3
7,501-8,000	5	0.0	38,339	0.8
8,001-8,500	5	0.0	41,149	0.9
8,501-9,000	4	0.0	35,186	0.8
9,001-9,500	2	0.0	18,904	0.4
9,501-10,000	4	0.0	39,234	0.9
10,001+	14	0.0	184,670	4.0

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 OHIO, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 38,726  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$3,147,033  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$81

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,122	54.5	\$0	0.0
1-500	16,451	42.5	1,389,839	44.2
501-1,000	612	1.6	424,576	13.5
1,001-1,500	195	0.5	235,954	7.5
1,501-2,000	132	0.3	228,332	7.3
2,001-2,500	49	0.1	109,636	3.5
2,501-3,000	37	0.1	101,292	3.2
3,001-3,500	29	0.1	95,290	3.0
3,501-4,000	16	0.0	59,822	1.9
4,001-4,500	21	0.1	89,035	2.8
4,501-5,000	12	0.0	57,107	1.8
5,001-5,500	7	0.0	37,073	1.2
5,501-6,000	8	0.0	46,191	1.5
6,001-6,500	11	0.0	68,885	2.2
6,501-7,000	2	0.0	13,772	0.4
7,001-7,500	1	0.0	7,158	0.2
7,501-8,000	6	0.0	46,301	1.5
8,001-8,500	5	0.0	41,040	1.3
8,501-9,000	3	0.0	25,719	0.8
9,001-9,500	3	0.0	27,696	0.9
9,501-10,000	0	0.0	0	0.0
10,001+	4	0.0	42,315	1.3

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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
<b>All</b>	<b>239,272</b>	<b>128,483</b>	<b>105,915</b>	<b>4,784</b>	<b>90</b>	<b>0</b>	<b>2,460,091</b>	<b>1,283,392</b>	<b>1,133,486</b>	<b>42,370</b>	<b>843</b>	<b>0</b>
<b>Age</b>												
5 and younger	11	0	8	0	3	0	110	0	75	0	35	0
6-14	28	0	24	0	4	0	303	0	274	0	29	0
15-20	431	0	391	7	33	0	4,702	0	4,286	67	349	0
21-44	45,807	0	42,481	3,276	50	0	490,564	0	460,755	29,379	430	0
45-64	64,605	327	62,933	1,345	0	0	682,597	3,538	667,350	11,709	0	0
65-74	44,899	44,680	78	141	0	0	463,905	462,053	746	1,106	0	0
75-84	44,763	44,749	0	14	0	0	449,544	449,447	0	97	0	0
85 and older	38,726	38,725	0	1	0	0	368,354	368,342	0	12	0	0
Unknown	2	2	0	0	0	0	12	12	0	0	0	0
<b>Gender</b>												
Female	151,792	94,450	54,639	2,654	49	0	1,577,380	959,360	593,428	24,110	482	0
Male	87,480	34,033	51,276	2,130	41	0	882,711	324,032	540,058	18,260	361	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	183,355	101,098	78,670	3,529	58	0	1,873,235	998,069	843,693	30,944	529	0
African American	50,543	24,189	25,187	1,135	32	0	530,753	251,665	268,370	10,404	314	0
Other/unknown	5,374	3,196	2,058	120	0	0	56,103	33,658	21,423	1,022	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	42,045	37,503	4,542	0	0	0	427,108	376,665	50,443	0	0	0
Part year	27,952	23,404	4,539	9	0	0	267,980	220,603	47,302	75	0	0
None	169,275	67,576	96,834	4,775	90	0	1,765,003	686,124	1,035,741	42,295	843	0
<b>Maintenance Assistance Status</b>												
Cash	34,960	14,937	19,618	405	0	0	381,943	164,535	213,090	4,318	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	39,715	18,989	20,473	238	15	0	430,563	205,848	222,919	1,657	139	0
Other/unknown	164,597	94,557	65,824	4,141	75	0	1,647,585	913,009	697,477	36,395	704	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	184,209	103,298	76,366	4,455	90	0	1,859,102	1,010,840	808,358	39,061	843	0
Full dual, part year	55,063	25,185	29,549	329	0	0	600,989	272,552	325,128	3,309	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	236,308	128,464	105,145	2,624	75	0	2,429,887	1,283,189	1,125,156	20,842	700	0
FFS part year, with Rx claims	1,416	8	462	940	6	0	15,298	86	5,121	10,027	64	0
FFS part year, no Rx claims	867	11	301	553	2	0	8,401	117	3,153	5,112	19	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	681	0	7	667	7	0	6,505	0	56	6,389	60	0

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>239,272</b>	<b>2,460,091</b>	<b>238,591</b>	<b>2,443,133</b>	<b>0</b>	<b>16,958</b>
Fee-for-service (FFS) all year	236,308	2,429,887	236,308	2,429,887	0	0
FFS part year, with Rx claims	1,416	15,298	1,416	9,019	0	6,279
FFS part year, with no Rx claims	867	8,401	867	4,227	0	4,174
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	681	6,505	0	0	0	6,505

Source: Data for this table are from the MAX 2006 file for Ohio, released by CMS in 10/2009. 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