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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MASSACHUSETTS

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	233,365	119,349	111,866	2,143	7	0	2,754,986	1,404,326	1,326,983	23,594	83	0
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	10	0	10	0	0	0	120	0	120	0	0	0
15-20	365	0	355	5	5	0	3,955	0	3,852	44	59	0
21-44	42,008	0	40,923	1,084	1	0	495,232	0	483,437	11,783	12	0
45-64	71,562	11	70,573	977	1	0	850,531	132	839,514	10,873	12	0
65-74	47,627	47,550	0	77	0	0	559,193	558,299	0	894	0	0
75-84	38,377	38,377	0	0	0	0	452,314	452,314	0	0	0	0
85 and older	33,411	33,411	0	0	0	0	393,581	393,581	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	140,691	83,653	55,903	1,132	3	0	1,658,392	984,484	661,504	12,368	36	0
Male	92,674	35,696	55,963	1,011	4	0	1,096,594	419,842	665,479	11,226	47	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	162,081	80,119	80,766	1,193	3	0	1,915,820	943,380	959,150	13,254	36	0
African American	15,012	5,809	9,030	171	2	0	176,238	67,691	106,742	1,781	24	0
Other/unknown	56,272	33,421	22,070	779	2	0	662,928	393,255	261,091	8,559	23	0
Use of Nursing Facilities^c												
Entire year	25,587	23,696	1,891	0	0	0	307,040	284,351	22,689	0	0	0
Part year	19,044	15,880	3,150	14	0	0	221,799	184,002	37,645	152	0	0
None	188,734	79,773	106,825	2,129	7	0	2,226,147	935,973	1,266,649	23,442	83	0
Maintenance Assistance Status												
Cash	88,148	46,954	40,979	215	0	0	1,037,930	550,622	484,933	2,375	0	0
Medically needy	16,705	11,508	5,197	0	0	0	195,779	134,397	61,382	0	0	0
Poverty-related	90,844	39,542	51,297	0	5	0	1,075,465	466,261	609,144	0	60	0
Other/unknown	37,668	21,345	14,393	1,928	2	0	445,812	253,046	171,524	21,219	23	0
Dual Medicare Status^d												
Full dual, all year	230,765	116,860	111,755	2,143	7	0	2,724,141	1,374,787	1,325,677	23,594	83	0
Full dual, part year	2,600	2,489	111	0	0	0	30,845	29,539	1,306	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	225,279	114,464	109,033	1,776	6	0	2,703,348	1,373,568	1,308,396	21,312	72	0
FFS part year, with Rx claims	3,575	1,961	1,446	167	1	0	24,470	12,957	10,336	1,166	11	0
FFS part year, no Rx claims	3,659	2,145	1,339	175	0	0	21,775	12,883	7,945	947	0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	37.8	4.0	\$134	\$34	\$14,653	0.9	233,365
Age							
5 and younger	40.0	1.0	117	117	138,512	0.1	5
6-14	70.0	18.2	2,461	135	19,496	12.6	10
15-20	60.8	10.0	1,224	123	11,477	10.7	365
21-44	41.3	4.7	261	55	10,659	2.5	42,008
45-64	44.8	5.3	174	33	12,882	1.3	71,562
65-74	32.4	3.8	116	31	9,069	1.3	47,627
75-84	30.8	2.4	30	13	16,855	0.2	38,377
85 and older	33.8	2.3	23	10	28,918	0.1	33,411
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	32.3	2.9	62	22	17,133	0.4	119,349
Disabled	43.4	5.0	202	40	12,212	1.7	111,866
Adults	49.7	10.4	630	61	4,067	15.5	2,143
Children	57.1	5.9	293	50	3,323	8.8	7
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	40.6	4.2	115	28	15,325	0.8	140,691
Male	33.5	3.7	163	44	13,634	1.2	92,674
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	40.2	4.3	138	32	15,650	0.9	162,081
African American	31.4	3.2	170	52	8,978	1.9	15,012
Other/unknown	32.6	3.1	113	36	13,298	0.8	56,272
Use of Nursing Facilities^f							
Entire year	41.5	3.7	50	13	50,185	0.1	25,587
Part year	48.0	3.9	98	25	29,012	0.3	19,044
None	36.2	4.0	149	37	8,388	1.8	188,734
Maintenance Assistance Status							
Cash	38.5	4.3	154	36	9,673	1.6	88,148
Medically needy	34.3	3.1	81	26	21,618	0.4	16,705
Poverty related	36.5	3.7	119	32	14,666	0.8	90,844
Other/unknown	40.9	4.2	149	36	23,191	0.6	37,668

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			FFS \$ ^c	None									
All	0.3	\$11	0.9	62.2	32.7	2.9	1.7	0.5	0.1	\$1,241	233,365	2,754,986	
Age													
5 and younger	0.1	10	0.1	60.0	40.0	0.0	0.0	0.0	0.0	11,543	5	60	
6-14	1.5	205	12.6	30.0	40.0	0.0	30.0	0.0	0.0	1,625	10	120	
15-20	0.9	113	10.7	39.2	40.3	8.5	10.1	1.6	0.3	1,059	365	3,955	
21-44	0.4	22	2.5	58.7	34.6	3.6	2.4	0.6	0.1	904	42,008	495,232	
45-64	0.4	15	1.3	55.2	37.7	4.0	2.3	0.6	0.1	1,084	71,562	850,531	
65-74	0.3	10	1.3	67.6	27.2	2.6	1.9	0.6	0.1	772	47,627	559,193	
75-84	0.2	3	0.2	69.2	28.5	1.6	0.5	0.1	0.0	1,430	38,377	452,314	
85 and older	0.2	2	0.1	66.2	32.0	1.3	0.3	0.1	0.0	2,455	33,411	393,581	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	0.2	5	0.4	67.7	29.0	1.9	1.0	0.3	0.1	1,456	119,349	1,404,326	
Disabled	0.4	17	1.7	56.6	36.7	3.9	2.2	0.6	0.1	1,030	111,866	1,326,983	
Adults	0.9	57	15.5	50.3	30.5	6.4	9.0	3.4	0.4	369	2,143	23,594	
Children	0.5	25	8.8	42.9	57.1	0.0	0.0	0.0	0.0	280	7	83	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	0.4	10	0.8	59.4	35.4	3.0	1.7	0.5	0.1	1,300	140,691	1,658,392	
Male	0.3	14	1.2	66.5	28.5	2.8	1.7	0.4	0.1	1,152	92,674	1,096,594	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	0.4	12	0.9	59.8	34.7	3.2	1.7	0.5	0.1	1,324	162,081	1,915,820	
African American	0.3	14	1.9	68.6	26.6	2.4	1.8	0.6	0.1	765	15,012	176,238	
Other/unknown	0.3	10	0.8	67.4	28.5	2.2	1.5	0.4	0.0	1,129	56,272	662,928	
Use of Nursing Facilities^f													
Entire year	0.3	4	0.1	58.5	37.6	2.8	0.8	0.3	0.1	4,182	25,587	307,040	
Part year	0.3	8	0.3	52.0	43.9	2.4	1.1	0.5	0.1	2,491	19,044	221,799	
None	0.3	13	1.8	63.8	30.9	2.9	1.8	0.5	0.1	711	188,734	2,226,147	
Maintenance Assistance Status													
Cash	0.4	13	1.6	61.5	32.9	2.9	1.9	0.6	0.1	822	88,148	1,037,930	
Medically needy	0.3	7	0.4	65.7	30.5	2.5	1.0	0.3	0.0	1,845	16,705	195,779	
Poverty related	0.3	10	0.8	63.5	31.7	2.8	1.5	0.3	0.0	1,239	90,844	1,075,465	
Other/unknown	0.4	13	0.6	59.1	35.4	3.1	1.9	0.5	0.1	1,959	37,668	445,812	

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.3	\$11	\$34	0.0	\$8	\$210	0.0	\$1	\$86	0.3	\$3	\$10
Age												
5 and younger	0.1	10	117	0.0	8	488	0.0	0	0	0.1	2	24
6-14	1.5	205	135	0.5	187	387	0.0	2	293	1.0	16	15
15-20	0.9	113	123	0.4	96	253	0.0	5	152	0.5	12	23
21-44	0.4	22	55	0.1	17	293	0.0	1	131	0.3	4	12
45-64	0.4	15	33	0.0	10	209	0.0	1	92	0.4	4	11
65-74	0.3	10	31	0.0	6	148	0.0	1	71	0.3	3	11
75-84	0.2	3	13	0.0	1	105	0.0	0	43	0.2	1	6
85 and older	0.2	2	10	0.0	1	92	0.0	0	42	0.2	1	6
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	5	22	0.0	3	134	0.0	0	59	0.2	2	8
Disabled	0.4	17	40	0.0	12	247	0.0	1	106	0.4	4	11
Adults	0.9	57	61	0.2	40	208	0.0	3	113	0.7	15	20
Children	0.5	25	50	0.2	20	126	0.0	0	0	0.3	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.4	10	28	0.0	6	178	0.0	1	84	0.3	3	10
Male	0.3	14	44	0.0	10	252	0.0	1	89	0.3	3	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	12	32	0.0	8	208	0.0	1	93	0.3	3	10
African American	0.3	14	52	0.0	11	261	0.0	0	72	0.2	3	12
Other/unknown	0.3	10	36	0.0	7	197	0.0	0	70	0.2	2	10
Use of Nursing Facilities^e												
Entire year	0.3	4	13	0.0	2	117	0.0	0	41	0.3	2	6
Part year	0.3	8	25	0.0	6	173	0.0	0	48	0.3	3	9
None	0.3	13	37	0.0	9	218	0.0	1	98	0.3	3	11
Maintenance Assistance Status												
Cash	0.4	13	36	0.0	9	206	0.0	1	95	0.3	3	11
Medically needy	0.3	7	26	0.0	4	164	0.0	0	61	0.2	2	9
Poverty related	0.3	10	32	0.0	7	228	0.0	1	86	0.3	3	9
Other/unknown	0.4	13	36	0.0	9	200	0.0	1	76	0.3	3	10

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx			Users ^e	
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$44	\$39	\$0	\$5	\$167	\$498	\$227	\$26	17,093	\$2,862,493	5,524	2.4	65,046
Biologicals	0.1	0.1	0.0	0.0	10	10	0	0	99	99	0	0	80	7,906	68	0.0	812
Antineoplastic Agents	0.3	0.2	0.0	0.2	114	104	1	9	349	674	3,179	50	2,070	723,429	539	0.2	6,357
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	26	22	0	5	47	104	62	13	33,899	1,584,067	5,128	2.2	59,914
Cardiovascular Agents	0.9	0.1	0.0	0.7	22	12	2	9	25	95	50	12	82,996	2,082,923	8,014	3.4	93,892
Respiratory Agents	0.3	0.1	0.0	0.2	22	15	2	4	67	113	87	26	26,093	1,753,702	6,813	2.9	80,407
Gastrointestinal Agents	0.3	0.1	0.0	0.2	21	9	6	6	70	178	129	28	14,367	1,005,397	4,135	1.8	48,710
Genitourinary Agents	0.3	0.1	0.0	0.1	18	13	0	5	63	85	47	39	3,463	218,244	1,024	0.4	12,015
CNS Drugs	0.6	0.0	0.0	0.5	13	8	0	5	23	215	85	9	343,668	7,994,950	50,956	21.8	604,599
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.2	35	29	0	7	90	150	28	33	1,806	162,482	392	0.2	4,597
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	28	24	0	4	146	201	0	59	5,665	826,357	2,473	1.1	29,337
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	15	7	0	8	33	309	195	19	56,846	1,884,835	10,659	4.6	125,442
Neuromuscular Agents	0.7	0.0	0.0	0.6	13	9	1	4	20	212	169	6	178,713	3,572,404	22,379	9.6	265,201
Nutritional Products	0.4	0.0	0.0	0.3	3	0	0	2	8	30	8	7	41,420	314,512	9,343	4.0	110,815
Hematological Agents	0.5	0.0	0.0	0.5	18	16	0	2	34	782	13	5	89,432	3,074,947	14,299	6.1	169,596
Topical Products	0.2	0.1	0.0	0.2	9	5	0	3	36	93	53	18	13,255	476,596	4,763	2.0	56,018
Miscellaneous Products	0.5	0.4	0.0	0.1	96	87	3	5	202	239	101	69	13,219	2,673,986	2,346	1.0	27,846
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	19	0	0	0	105	0	0	0	861	90,750	408	0.2	4,858
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.	924,946	31,309,980	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Massachusetts, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,574,463	4,240	1.8	50,104	0.4	\$224	\$91
ANTICONVULSANT	3,076,460	21,957	9.4	260,599	0.7	18	12
ASSORTED CLASSES	2,595,913	1,654	0.7	19,681	0.6	222	132
ANTIVIRAL	2,217,678	757	0.3	9,007	0.4	583	246
ULCER DRUGS	2,092,781	15,435	6.6	182,053	0.4	28	11
ANTIANKXIETY AGENTS	1,820,591	44,785	19.2	532,364	0.5	7	3
MISC. HEMATOLOGICAL	1,681,718	524	0.2	6,168	0.4	666	273
ANTIASTHMATIC	1,469,806	7,019	3.0	83,046	0.2	75	18
ANTIDEPRESSANTS	1,347,444	8,424	3.6	99,151	0.4	38	14
HEMATOPOIETIC AGENTS	1,043,322	19,074	8.2	226,204	0.5	10	5
Total	21,920,176	123,869	n.a.	1,468,377	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

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
All	709,478	\$2,920,176	4,240	1.8	50,104	0.4	\$91	21,957	9.4	260,599	0.7	\$12
Female												
All Females	452,593	10,711,706	2,193	1.6	25,815	0.4	82	13,733	9.8	162,751	0.7	10
Female, Disabled												
All Ages	254,540	7,266,024	1,562	2.8	18,428	0.4	85	10,213	18.3	121,299	0.7	11
5 and younger	5	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	94	11,275	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	846	121,580	41	24.0	481	0.5	113	44	25.7	516	0.4	55
21-44	81,929	2,978,179	818	4.2	9,582	0.4	83	3,943	20.1	46,590	0.6	15
45-64	171,666	4,154,968	703	1.9	8,365	0.4	86	6,226	17.3	74,193	0.7	8
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	198,053	3,445,682	631	0.7	7,387	0.4	73	3,520	4.2	41,452	0.6	8
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	184	1	25.0	12	0.1	15	0	0.0	0	0.0	0
21-44	3,572	304,089	99	15.1	1,157	0.3	62	179	27.3	2,003	0.5	32
45-64	2,331	131,124	34	7.7	394	0.3	65	81	18.5	927	0.5	14
65-74	79,060	1,894,944	291	1.0	3,384	0.5	111	1,821	6.2	21,501	0.6	9
75-84	58,241	627,354	93	0.3	1,098	0.3	34	919	3.4	10,864	0.6	4
85 and older	54,847	487,987	113	0.4	1,342	0.3	22	520	1.9	6,157	0.6	5
Male												
All Males	256,885	11,208,470	2,047	2.2	24,289	0.4	101	8,224	8.9	97,848	0.7	14
Male, Disabled												
All Ages	187,361	9,434,228	1,726	3.1	20,504	0.4	107	6,974	12.5	83,057	0.7	15
5 and younger	9	604	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	140	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,185	216,029	57	31.0	678	0.5	158	46	25.0	538	0.6	101
21-44	66,566	5,162,979	1,036	4.9	12,310	0.4	113	2,930	13.8	34,807	0.7	20
45-64	119,588	4,054,476	633	1.8	7,516	0.4	93	3,998	11.6	47,712	0.7	10
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	69,524	1,774,242	321	0.9	3,785	0.4	71	1,250	3.4	14,791	0.6	11
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	966	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,274	215,534	66	15.3	766	0.4	83	69	16.0	814	0.5	40
45-64	2,284	135,434	33	6.0	392	0.4	93	69	12.5	807	0.4	22
65-74	35,552	1,066,211	126	0.7	1,487	0.5	89	750	4.1	8,843	0.6	10
75-84	19,726	252,944	55	0.5	654	0.3	24	271	2.4	3,250	0.5	6
85 and older	9,677	103,153	41	0.7	486	0.3	44	91	1.5	1,077	0.4	5
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	ASSORTED CLASSES					ANTIVIRAL					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,654	0.7	19,681	0.6	\$132	757	0.3	9,007	0.4	\$246	15,435	6.6	182,053	0.4	\$12
Female															
All Females	748	0.5	8,869	0.6	118	344	0.2	4,106	0.4	194	9,397	6.7	110,746	0.4	12
Female, Disabled															
All Ages	604	1.1	7,180	0.6	124	268	0.5	3,199	0.4	199	4,926	8.8	58,290	0.4	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	25.0	24	0.5	80	1	12.5	12	0.1	0	4	50.0	48	0.4	5
15-20	11	6.4	132	0.4	158	3	1.8	36	0.1	85	20	11.7	220	0.2	5
21-44	247	1.3	2,930	0.5	125	133	0.7	1,584	0.4	194	1,441	7.3	17,010	0.4	11
45-64	344	1.0	4,094	0.6	122	131	0.4	1,567	0.4	207	3,461	9.6	41,012	0.4	13
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	144	0.2	1,689	0.5	92	76	0.1	907	0.3	176	4,471	5.3	52,456	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	2.3	171	0.4	127	14	2.1	164	0.4	281	60	9.2	696	0.3	13
45-64	6	1.4	62	0.3	11	9	2.1	108	0.5	366	65	14.8	725	0.4	17
65-74	91	0.3	1,076	0.6	107	44	0.1	527	0.3	116	2,624	8.9	30,598	0.4	12
75-84	23	0.1	272	0.5	63	4	0.0	48	0.8	273	1,203	4.5	14,292	0.4	11
85 and older	9	0.0	108	0.1	14	5	0.0	60	0.1	1	519	1.9	6,145	0.5	11
Male															
All Males	906	1.0	10,812	0.6	143	413	0.4	4,901	0.5	290	6,038	6.5	71,307	0.4	11
Male, Disabled															
All Ages	769	1.4	9,191	0.6	147	344	0.6	4,083	0.5	306	4,077	7.3	48,393	0.4	12
5 and younger	1	33.3	12	0.1	7	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	7	3.8	84	0.6	67	6	3.3	72	0.3	329	15	8.2	178	0.3	18
21-44	256	1.2	3,052	0.6	154	150	0.7	1,768	0.5	298	1,292	6.1	15,275	0.4	11
45-64	505	1.5	6,043	0.6	146	188	0.5	2,243	0.5	312	2,770	8.0	32,940	0.4	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	137	0.4	1,621	0.6	121	69	0.2	818	0.4	211	1,961	5.3	22,914	0.4	10
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	33.3	22	0.5	44	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	3.7	192	0.7	162	5	1.2	60	0.6	483	50	11.6	574	0.4	12
45-64	9	1.6	108	0.5	117	8	1.5	86	0.3	167	65	11.8	726	0.4	15
65-74	88	0.5	1,043	0.7	133	56	0.3	672	0.4	192	1,199	6.6	13,981	0.4	10
75-84	21	0.2	244	0.4	50	0	0.0	0	0.0	0	524	4.6	6,189	0.4	9
85 and older	1	0.0	12	0.9	72	0	0.0	0	0.0	0	123	2.0	1,444	0.4	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					MISC. HEMATOLOGICAL					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	44,785	19.2	532,364	0.5	\$3	524	0.2	6,168	0.4	\$273	7,019	3.0	83,046	0.2	\$18
Female															
All Females	30,567	21.7	363,060	0.5	3	234	0.2	2,743	0.4	37	4,638	3.3	54,774	0.2	17
Female, Disabled															
All Ages	14,977	26.8	178,123	0.5	4	87	0.2	1,031	0.4	41	2,380	4.3	28,150	0.2	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	12.5	12	0.2	1	0	0.0	0	0.0	0
15-20	21	12.3	229	0.3	2	0	0.0	0	0.0	0	16	9.4	192	0.2	17
21-44	4,904	24.9	58,002	0.5	3	15	0.1	178	0.5	46	750	3.8	8,855	0.2	14
45-64	10,052	27.9	119,892	0.6	4	71	0.2	841	0.4	40	1,614	4.5	19,103	0.2	20
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	15,590	18.4	184,937	0.5	3	147	0.2	1,712	0.4	34	2,258	2.7	26,624	0.2	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	158	24.1	1,795	0.4	3	0	0.0	0	0.0	0	67	10.2	755	0.3	22
45-64	108	24.6	1,258	0.4	3	2	0.5	24	0.7	81	52	11.8	585	0.2	17
65-74	5,312	18.0	62,821	0.5	3	86	0.3	996	0.4	43	1,075	3.7	12,650	0.3	22
75-84	4,758	17.7	56,541	0.5	3	25	0.1	294	0.4	29	536	2.0	6,365	0.2	12
85 and older	5,253	19.2	62,510	0.4	2	34	0.1	398	0.3	13	528	1.9	6,269	0.2	11
Male															
All Males	14,218	15.3	169,304	0.5	3	290	0.3	3,425	0.4	462	2,381	2.6	28,272	0.2	18
Male, Disabled															
All Ages	9,722	17.4	115,994	0.5	4	161	0.3	1,900	0.5	799	1,387	2.5	16,502	0.2	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	29	15.8	311	0.3	2	0	0.0	0	0.0	0	23	12.5	273	0.3	35
21-44	3,376	15.9	40,144	0.5	4	28	0.1	333	0.8	4,264	542	2.5	6,475	0.2	15
45-64	6,317	18.3	75,539	0.6	4	133	0.4	1,567	0.4	62	822	2.4	9,754	0.2	18
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	4,496	12.2	53,310	0.4	3	129	0.4	1,525	0.4	42	994	2.7	11,770	0.3	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	78	18.1	907	0.4	3	4	0.9	48	0.5	37	33	7.7	392	0.3	19
45-64	70	12.7	811	0.5	3	10	1.8	120	0.4	22	56	10.2	663	0.4	22
65-74	2,016	11.1	23,824	0.5	3	86	0.5	1,009	0.4	50	532	2.9	6,294	0.3	26
75-84	1,439	12.5	17,112	0.4	2	18	0.2	216	0.3	26	232	2.0	2,750	0.2	13
85 and older	893	14.8	10,656	0.3	2	11	0.2	132	0.3	25	141	2.3	1,671	0.2	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. For information about these

drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	8,424	3.6	99,151	0.4	\$14	19,074	8.2	226,204	0.5	\$5	233,365	2,754,986
Female												
All Females	5,060	3.6	59,420	0.4	14	12,664	9.0	150,135	0.5	4	140,691	1,658,392
Female, Disabled												
All Ages	3,290	5.9	38,750	0.4	16	4,045	7.2	48,198	0.4	5	55,903	661,504
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.4	2	2	24
6-14	0	0.0	0	0.0	0	10	125.0	120	0.5	76	8	96
15-20	42	24.6	497	0.3	8	10	5.8	118	0.5	56	171	1,817
21-44	1,209	6.1	14,136	0.3	16	1,211	6.2	14,394	0.3	7	19,663	231,321
45-64	2,039	5.7	24,117	0.4	16	2,813	7.8	33,554	0.4	4	36,059	428,246
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,770	2.1	20,670	0.4	12	8,619	10.2	101,937	0.5	4	84,788	996,888
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
21-44	200	30.5	2,282	0.4	18	30	4.6	352	0.3	79	655	7,053
45-64	143	32.6	1,650	0.4	14	19	4.3	222	0.5	2	439	4,869
65-74	980	3.3	11,438	0.4	13	2,167	7.4	25,571	0.4	5	29,449	345,600
75-84	219	0.8	2,581	0.4	7	2,808	10.4	33,141	0.5	3	26,871	316,914
85 and older	228	0.8	2,719	0.3	5	3,595	13.1	42,651	0.5	3	27,370	322,413
Male												
All Males	3,364	3.6	39,731	0.3	12	6,410	6.9	76,069	0.5	5	92,674	1,096,594
Male, Disabled												
All Ages	2,569	4.6	30,403	0.3	13	2,818	5.0	33,693	0.4	6	55,963	665,479
5 and younger	0	0.0	0	0.0	0	5	166.7	60	0.1	9	3	36
6-14	0	0.0	0	0.0	0	1	50.0	12	1.1	12	2	24
15-20	38	20.7	444	0.4	21	9	4.9	100	0.3	26	184	2,035
21-44	1,214	5.7	14,401	0.3	14	523	2.5	6,245	0.4	7	21,260	252,116
45-64	1,317	3.8	15,558	0.4	12	2,280	6.6	27,276	0.4	6	34,514	411,268
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	795	2.2	9,328	0.4	11	3,592	9.8	42,376	0.5	5	36,711	431,115
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	64
21-44	130	30.2	1,515	0.4	18	20	4.7	240	0.3	62	430	4,742
45-64	137	24.9	1,601	0.4	14	29	5.3	331	0.4	5	550	6,148
65-74	389	2.1	4,554	0.4	10	1,380	7.6	16,245	0.5	7	18,178	213,593
75-84	82	0.7	974	0.3	3	1,291	11.2	15,224	0.5	4	11,506	135,400
85 and older	57	0.9	684	0.2	4	872	14.4	10,336	0.5	2	6,041	71,168
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$4	0.3	25,587	307,040
Age				
0-64	15	0.6	1,891	22,689
65-74	10	0.5	2,518	30,216
75-84	3	0.3	7,240	86,879
85 and older	2	0.2	13,938	167,256
Unknown	0	0.0	0	0
Gender				
Female	4	0.3	19,170	230,037
Male	5	0.3	6,417	77,003
Unknown	0	0.0	0	0
Race				
White	4	0.3	15,951	191,409
African American	5	0.3	487	5,844
Other/unknown	4	0.3	9,149	109,787
Basis of Eligibility^c				
Aged	3	0.3	23,696	284,351
Disabled	15	0.6	1,891	22,689
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 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

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	0.3	0.1	0.0	0.2	\$14	\$11	\$0	\$3	\$56	\$140	\$120	\$19	707	\$39,269	235	0.9	2,820
Biologicals	0.1	0.1	0.0	0.0	5	5	0	0	56	56	0	0	6	337	6	0.0	72
Antineoplastic Agents	0.2	0.1	0.0	0.1	18	11	0	7	92	211	0	50	80	7,356	34	0.1	408
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	17	13	1	3	31	73	78	8	1,520	47,292	235	0.9	2,817
Cardiovascular Agents	0.8	0.0	0.0	0.7	10	3	1	6	13	54	43	9	3,975	52,433	442	1.7	5,300
Respiratory Agents	0.2	0.0	0.1	0.1	10	4	4	3	54	107	65	27	1,594	85,765	697	2.7	8,361
Gastrointestinal Agents	0.4	0.1	0.0	0.3	18	8	5	5	46	120	144	18	1,160	53,501	245	1.0	2,937
Genitourinary Agents	0.3	0.2	0.0	0.1	14	11	0	3	46	68	35	21	358	16,641	98	0.4	1,176
CNS Drugs	0.5	0.0	0.0	0.5	6	3	0	3	11	119	61	6	36,196	394,104	5,931	23.2	71,168
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	7	0	0	6	20	8	0	20	28	546	7	0.0	84
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	33	33	0	0	82	82	0	64	741	60,938	154	0.6	1,848
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	6	1	0	5	14	61	31	13	1,183	16,866	242	0.9	2,900
Neuromuscular Agents	0.8	0.1	0.0	0.7	16	11	1	5	22	194	206	7	9,619	209,389	1,068	4.2	12,815
Nutritional Products	0.4	0.0	0.1	0.3	3	0	1	3	8	9	9	8	6,424	50,484	1,322	5.2	15,864
Hematological Agents	0.6	0.0	0.0	0.6	4	1	0	3	6	181	15	4	30,138	180,542	3,948	15.4	47,373
Topical Products	0.2	0.0	0.0	0.2	4	3	0	2	20	81	39	9	1,220	23,885	470	1.8	5,639
Miscellaneous Products	0.5	0.2	0.0	0.3	86	45	0	40	190	256	10	151	146	27,733	27	0.1	324
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	10	0	0	0	149	1,500	70	0.3	840
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	95,244	1,268,581	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In Massachusetts, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

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	\$175,652	5,478	21.4	65,736	0.5	\$6	\$3	
ANTI-CONVULSANTS	160,047	1,054	4.1	12,648	0.7	17	13	
ANTI-PSYCHOTICS	150,158	238	0.9	2,856	0.4	127	53	
HEMATOPOIETIC AGENTS	134,226	4,090	16.0	49,080	0.6	5	3	
ANTI-ASTHMATIC	78,846	666	2.6	7,992	0.2	61	10	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	61,102	196	0.8	2,352	0.3	82	26	
ANTI-DEPRESSANTS	48,270	432	1.7	5,182	0.4	24	9	
ANTI-DIABETIC	36,654	154	0.6	1,848	0.5	40	20	
ANTI-COAGULANTS	34,450	132	0.5	1,584	0.8	29	22	
ULCER DRUGS	30,847	152	0.6	1,824	0.3	58	17	
Total	910,252	12,592	n.a.	151,102	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

TABLE D.10A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	76,094	\$910,252	5,478	21.4	65,736	0.5	\$3	1,054	4.1	12,648	0.7	\$13
Female												
All Females	56,541	643,805	4,185	21.8	50,220	0.5	3	744	3.9	8,928	0.7	11
Female, Disabled												
All Ages	4,875	102,149	265	31.4	3,180	0.7	4	118	14.0	1,416	0.8	22
64 or younger	4,875	102,149	265	31.4	3,180	0.7	4	118	14.0	1,416	0.8	22
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	51,666	541,656	3,920	21.4	47,040	0.4	3	626	3.4	7,512	0.7	9
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,398	161,802	413	28.9	4,956	0.6	3	183	12.8	2,196	0.7	20
75-84	15,754	167,862	1,120	21.8	13,440	0.5	3	207	4.0	2,484	0.7	5
85 and older	28,514	211,992	2,387	20.3	28,644	0.4	2	236	2.0	2,832	0.6	4
Male												
All Males	19,553	266,447	1,293	20.1	15,516	0.5	3	310	4.8	3,720	0.7	16
Male, Disabled												
All Ages	5,168	108,913	324	30.9	3,888	0.6	4	132	12.6	1,584	0.9	26
64 or younger	5,168	108,913	324	30.9	3,888	0.6	4	132	12.6	1,584	0.9	26
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	14,385	157,534	969	18.0	11,628	0.4	3	178	3.3	2,136	0.7	8
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,588	73,786	236	21.7	2,832	0.6	4	87	8.0	1,044	0.8	8
75-84	5,615	46,485	383	18.2	4,596	0.4	2	54	2.6	648	0.6	9
85 and older	4,182	37,263	350	16.1	4,200	0.3	2	37	1.7	444	0.5	9
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	238	0.9	2,856	0.4	\$53	4,090	16.0	49,080	0.6	\$3	666	2.6	7,992	0.2	\$10
Female															
All Females	158	0.8	1,896	0.4	51	2,954	15.4	35,448	0.6	3	487	2.5	5,844	0.2	9
Female, Disabled															
All Ages	12	1.4	144	0.7	58	102	12.1	1,224	0.6	4	31	3.7	372	0.2	12
64 or younger	12	1.4	144	0.7	58	102	12.1	1,224	0.6	4	31	3.7	372	0.2	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	146	0.8	1,752	0.4	50	2,852	15.6	34,224	0.6	3	456	2.5	5,472	0.2	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	33	2.3	396	0.6	115	223	15.6	2,676	0.7	5	52	3.6	624	0.2	18
75-84	49	1.0	588	0.4	41	782	15.2	9,384	0.6	3	155	3.0	1,860	0.2	8
85 and older	64	0.5	768	0.3	24	1,847	15.7	22,164	0.6	2	249	2.1	2,988	0.2	8
Male															
All Males	80	1.2	960	0.4	56	1,136	17.7	13,632	0.6	2	179	2.8	2,148	0.2	12
Male, Disabled															
All Ages	15	1.4	180	0.5	79	135	12.9	1,620	0.6	3	26	2.5	312	0.2	30
64 or younger	15	1.4	180	0.5	79	135	12.9	1,620	0.6	3	26	2.5	312	0.2	30
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	65	1.2	780	0.4	51	1,001	18.6	12,012	0.6	2	153	2.8	1,836	0.1	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19	1.7	228	0.7	114	210	19.3	2,520	0.6	3	32	2.9	384	0.2	16
75-84	31	1.5	372	0.3	22	412	19.6	4,944	0.6	2	58	2.8	696	0.1	8
85 and older	15	0.7	180	0.3	30	379	17.4	4,548	0.5	2	63	2.9	756	0.1	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	196	0.8	2,352	0.3	\$26	432	1.7	5,182	0.4	\$9	154	0.6	1,848	0.5	\$20
Female															
All Females	149	0.8	1,788	0.3	28	323	1.7	3,876	0.4	10	109	0.6	1,308	0.5	22
Female, Disabled															
All Ages	4	0.5	48	0.4	40	48	5.7	576	0.5	21	19	2.3	228	0.8	54
64 or younger	4	0.5	48	0.4	40	48	5.7	576	0.5	21	19	2.3	228	0.8	54
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	145	0.8	1,740	0.3	28	275	1.5	3,300	0.4	8	90	0.5	1,080	0.5	15
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	0.3	48	0.3	46	52	3.6	624	0.5	14	24	1.7	288	0.7	29
75-84	63	1.2	756	0.3	26	101	2.0	1,212	0.4	9	31	0.6	372	0.5	18
85 and older	78	0.7	936	0.3	29	122	1.0	1,464	0.3	4	35	0.3	420	0.3	3
Male															
All Males	47	0.7	564	0.2	19	109	1.7	1,306	0.4	8	45	0.7	540	0.4	15
Male, Disabled															
All Ages	8	0.8	96	0.2	33	24	2.3	288	0.4	7	6	0.6	72	0.5	12
64 or younger	8	0.8	96	0.2	33	24	2.3	288	0.4	7	6	0.6	72	0.5	12
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	39	0.7	468	0.2	16	85	1.6	1,018	0.4	9	39	0.7	468	0.4	15
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6	0.6	72	0.3	28	28	2.6	336	0.5	17	20	1.8	240	0.4	19
75-84	17	0.8	204	0.1	6	33	1.6	394	0.3	3	7	0.3	84	0.3	18
85 and older	16	0.7	192	0.3	23	24	1.1	288	0.3	5	12	0.6	144	0.3	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>. Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	ANTICOAGULANTS					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	
All	132	0.5	1,584	0.8	\$22	152	0.6	1,824	0.3	\$17	25,587	307,040	
Female													
All Females	98	0.5	1,176	0.8	18	106	0.6	1,272	0.3	16	19,170	230,037	
Female, Disabled													
All Ages	10	1.2	120	0.8	29	14	1.7	168	0.4	59	843	10,113	
64 or younger	10	1.2	120	0.8	29	14	1.7	168	0.4	59	843	10,113	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	88	0.5	1,056	0.8	16	92	0.5	1,104	0.3	10	18,327	219,924	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	13	0.9	156	1.2	37	21	1.5	252	0.4	21	1,428	17,136	
75-84	41	0.8	492	0.8	16	28	0.5	336	0.3	10	5,133	61,596	
85 and older	34	0.3	408	0.7	9	43	0.4	516	0.2	5	11,766	141,192	
Male													
All Males	34	0.5	408	0.6	33	46	0.7	552	0.3	18	6,417	77,003	
Male, Disabled													
All Ages	11	1.0	132	0.8	92	16	1.5	192	0.3	37	1,048	12,576	
64 or younger	11	1.0	132	0.8	92	16	1.5	192	0.3	37	1,048	12,576	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Male, Other Eligibles													
All Ages	23	0.4	276	0.5	6	30	0.6	360	0.2	9	5,369	64,427	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	6	0.6	72	0.6	8	9	0.8	108	0.3	22	1,090	13,080	
75-84	8	0.4	96	0.4	5	7	0.3	84	0.1	1	2,107	25,283	
85 and older	9	0.4	108	0.6	4	14	0.6	168	0.2	4	2,172	26,064	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. A total of 19,044 beneficiaries who were in nursing facilities for part of their enrollment and their 221,799 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 2007. 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 2007 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 CHARACTERISTICS^{a,b}
MASSACHUSETTS, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	95,217	40.8	3.7	866,739	\$23	\$5,307,262	\$6	17.0	233,365	
Age										
5 and younger	3	60.0	6.6	33	45	224	7	38.4	5	
6-14	8	80.0	15.3	153	150	1,504	10	6.1	10	
15-20	111	30.4	1.8	640	11	3,988	6	0.9	365	
21-44	17,654	42.0	3.7	157,218	22	943,066	6	8.6	42,008	
45-64	35,614	49.8	5.1	366,430	33	2,349,066	6	18.9	71,562	
65-74	18,632	39.1	3.4	159,958	21	998,239	6	18.1	47,627	
75-84	13,604	35.4	3.0	116,121	17	641,572	6	55.5	38,377	
85 and older	9,591	28.7	2.0	66,186	11	369,603	6	47.7	33,411	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	41,819	35.0	2.9	342,166	17	2,008,408	6	27.1	119,349	
Disabled	52,635	47.1	4.6	519,662	29	3,260,620	6	14.5	111,866	
Adults	760	35.5	2.3	4,885	18	38,081	8	2.8	2,143	
Children	3	42.9	3.7	26	22	153	6	7.4	7	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	60,866	43.3	3.9	553,065	24	3,393,420	6	20.9	140,691	
Male	34,351	37.1	3.4	313,674	21	1,913,842	6	12.7	92,674	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	70,999	43.8	4.3	694,777	26	4,168,562	6	18.6	162,081	
African American	6,513	43.4	3.5	53,268	23	344,849	6	13.5	15,012	
Other/unknown	17,705	31.5	2.1	118,694	14	793,851	7	12.5	56,272	
Use of Nursing Facilities^d										
Entire year	7,156	28.0	1.8	46,687	11	277,739	6	21.9	25,587	
Part year	8,370	44.0	3.2	60,213	19	361,241	6	19.4	19,044	
None	79,691	42.2	4.0	759,839	25	4,668,282	6	16.6	188,734	
Maintenance Assistance Status										
Cash	42,558	48.3	4.8	419,500	28	2,483,494	6	18.3	88,148	
Medically needy	5,978	35.8	3.8	63,881	20	327,476	5	24.2	16,705	
Poverty related	33,901	37.3	3.2	288,449	21	1,874,938	7	17.4	90,844	
Other/unknown	12,780	33.9	2.5	94,909	16	621,354	7	11.1	37,668	

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
MASSACHUSETTS, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$2	\$6	\$0	\$1	2,754,986
Age						
5 and younger	0.6	4	7	0	0	60
6-14	1.3	13	10	0	0	120
15-20	0.2	1	6	0	0	3,955
21-44	0.3	2	6	0	1	495,232
45-64	0.4	3	6	0	1	850,531
65-74	0.3	2	6	0	1	559,193
75-84	0.3	1	6	0	0	452,314
85 and older	0.2	1	6	0	0	393,581
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	1	6	0	0	1,404,326
Disabled	0.4	2	6	0	1	1,326,983
Adults	0.2	2	8	0	1	23,594
Children	0.3	2	6	0	1	83
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	2	6	0	1	1,658,392
Male	0.3	2	6	0	1	1,096,594
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	2	6	0	1	1,915,820
African American	0.3	2	6	0	0	176,238
Other/unknown	0.2	1	7	0	0	662,928
Use of Nursing Facilities^d						
Entire year	0.2	1	6	0	1	307,040
Part year	0.3	2	6	0	1	221,799
None	0.3	2	6	0	1	2,226,147
Maintenance Assistance Status						
Cash	0.4	2	6	0	1	1,037,930
Medically needy	0.3	2	5	0	1	195,779
Poverty related	0.3	2	7	0	1	1,075,465
Other/unknown	0.2	1	7	0	1	445,812

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
MASSACHUSETTS, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Excluded Rx
All	120,557	\$44	\$5,307,262	100.0	866,739	\$6	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	13	9	121	0.0	18	7	0.0
Cough and cold medications	243	58	13,996	0.3	558	25	0.1
Vitamins and minerals	8,824	32	280,017	5.3	38,436	7	4.4
Non-prescription drugs	50,271	51	2,554,445	48.1	414,327	6	47.8
Barbiturates	1,360	57	76,938	1.4	14,305	5	1.7
Benzodiazepines	56,051	39	2,209,153	41.6	382,556	6	44.1
Other Part D Excl Rx Drugs	3,795	45	172,592	3.3	16,539	10	1.9

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MASSACHUSETTS, 2007

Total Number of Dual Eligible Beneficiaries: 233,365
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$31,309,980
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$134

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	145,213	62.2	\$0	0.0
1-500	79,392	34.0	4,276,584	13.7
501-1,000	2,650	1.1	1,906,911	6.1
1,001-1,500	1,438	0.6	1,771,645	5.7
1,501-2,000	970	0.4	1,674,919	5.3
2,001-2,500	714	0.3	1,598,158	5.1
2,501-3,000	551	0.2	1,509,081	4.8
3,001-3,500	389	0.2	1,260,281	4.0
3,501-4,000	294	0.1	1,098,663	3.5
4,001-4,500	246	0.1	1,042,490	3.3
4,501-5,000	209	0.1	985,652	3.1
5,001-5,500	152	0.1	797,221	2.5
5,501-6,000	127	0.1	726,827	2.3
6,001-6,500	114	0.0	712,623	2.3
6,501-7,000	110	0.0	743,409	2.4
7,001-7,500	93	0.0	671,893	2.1
7,501-8,000	74	0.0	574,695	1.8
8,001-8,500	59	0.0	485,351	1.6
8,501-9,000	46	0.0	402,008	1.3
9,001-9,500	58	0.0	536,947	1.7
9,501-10,000	46	0.0	448,475	1.4
10,001+	420	0.2	8,086,147	25.8

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MASSACHUSETTS, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 111,866
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$22,553,809
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$201

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	63,287	56.6		\$0	0.0
1-500	42,709	38.2		2,522,396	11.2
501-1,000	1,608	1.4		1,163,751	5.2
1,001-1,500	919	0.8		1,135,502	5.0
1,501-2,000	661	0.6		1,144,336	5.1
2,001-2,500	488	0.4		1,093,879	4.9
2,501-3,000	387	0.3		1,062,557	4.7
3,001-3,500	271	0.2		880,111	3.9
3,501-4,000	209	0.2		783,071	3.5
4,001-4,500	181	0.2		768,086	3.4
4,501-5,000	145	0.1		683,237	3.0
5,001-5,500	109	0.1		572,171	2.5
5,501-6,000	95	0.1		543,540	2.4
6,001-6,500	74	0.1		463,188	2.1
6,501-7,000	96	0.1		649,272	2.9
7,001-7,500	71	0.1		511,762	2.3
7,501-8,000	61	0.1		474,013	2.1
8,001-8,500	45	0.0		370,333	1.6
8,501-9,000	36	0.0		315,774	1.4
9,001-9,500	49	0.0		453,492	2.0
9,501-10,000	33	0.0		321,945	1.4
10,001+	332	0.3		6,641,393	29.4

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MASSACHUSETTS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 119,415
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$7,431,906
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$62

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	80,890	67.7	\$0	0.0
1-500	36,025	30.2	1,687,505	22.7
501-1,000	941	0.8	671,826	9.0
1,001-1,500	453	0.4	555,711	7.5
1,501-2,000	270	0.2	463,585	6.2
2,001-2,500	199	0.2	441,904	5.9
2,501-3,000	135	0.1	366,890	4.9
3,001-3,500	94	0.1	301,963	4.1
3,501-4,000	73	0.1	271,541	3.7
4,001-4,500	52	0.0	219,151	2.9
4,501-5,000	45	0.0	211,198	2.8
5,001-5,500	36	0.0	187,776	2.5
5,501-6,000	26	0.0	149,197	2.0
6,001-6,500	32	0.0	199,683	2.7
6,501-7,000	12	0.0	80,797	1.1
7,001-7,500	21	0.0	152,842	2.1
7,501-8,000	7	0.0	53,832	0.7
8,001-8,500	13	0.0	106,971	1.4
8,501-9,000	8	0.0	69,122	0.9
9,001-9,500	7	0.0	64,874	0.9
9,501-10,000	10	0.0	97,423	1.3
10,001+	66	0.1	1,078,115	14.5

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MASSACHUSETTS, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 47,627
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,501,086
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$115

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,191	67.6	\$0	0.0
1-500	13,499	28.3	785,109	14.3
501-1,000	682	1.4	487,040	8.9
1,001-1,500	352	0.7	431,956	7.9
1,501-2,000	218	0.5	375,147	6.8
2,001-2,500	155	0.3	345,331	6.3
2,501-3,000	112	0.2	304,927	5.5
3,001-3,500	71	0.1	227,607	4.1
3,501-4,000	56	0.1	207,894	3.8
4,001-4,500	42	0.1	177,678	3.2
4,501-5,000	38	0.1	178,528	3.2
5,001-5,500	29	0.1	150,977	2.7
5,501-6,000	25	0.1	143,584	2.6
6,001-6,500	29	0.1	180,480	3.3
6,501-7,000	12	0.0	80,797	1.5
7,001-7,500	18	0.0	131,061	2.4
7,501-8,000	6	0.0	46,153	0.8
8,001-8,500	13	0.0	106,971	1.9
8,501-9,000	7	0.0	60,467	1.1
9,001-9,500	6	0.0	55,785	1.0
9,501-10,000	10	0.0	97,423	1.8
10,001+	56	0.1	926,171	16.8

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MASSACHUSETTS, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 38,377
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,156,648
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	26,573	69.2	\$0	0.0
1-500	11,423	29.8	485,082	41.9
501-1,000	176	0.5	124,976	10.8
1,001-1,500	70	0.2	86,355	7.5
1,501-2,000	36	0.1	60,574	5.2
2,001-2,500	32	0.1	70,690	6.1
2,501-3,000	15	0.0	40,370	3.5
3,001-3,500	16	0.0	51,628	4.5
3,501-4,000	10	0.0	37,293	3.2
4,001-4,500	8	0.0	33,121	2.9
4,501-5,000	3	0.0	13,932	1.2
5,001-5,500	5	0.0	26,148	2.3
5,501-6,000	0	0.0	0	0.0
6,001-6,500	2	0.0	12,710	1.1
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,679	0.7
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,089	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	6	0.0	97,001	8.4

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MASSACHUSETTS, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 33,411
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$774,172
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$23

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	22,126	66.2	\$0	0.0
1-500	11,103	33.2	417,314	53.9
501-1,000	83	0.2	59,810	7.7
1,001-1,500	31	0.1	37,400	4.8
1,501-2,000	16	0.0	27,864	3.6
2,001-2,500	12	0.0	25,883	3.3
2,501-3,000	8	0.0	21,593	2.8
3,001-3,500	7	0.0	22,728	2.9
3,501-4,000	7	0.0	26,354	3.4
4,001-4,500	2	0.0	8,352	1.1
4,501-5,000	4	0.0	18,738	2.4
5,001-5,500	2	0.0	10,651	1.4
5,501-6,000	1	0.0	5,613	0.7
6,001-6,500	1	0.0	6,493	0.8
6,501-7,000	0	0.0	0	0.0
7,001-7,500	3	0.0	21,781	2.8
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,655	1.1
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	4	0.0	54,943	7.1

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	240,496	125,869	112,344	2,276	7	0	2,613,775	1,329,788	1,262,124	21,801	62	0
Age												
5 and younger	5	0	5	0	0	0	50	0	50	0	0	0
6-14	10	0	10	0	0	0	109	0	109	0	0	0
15-20	375	0	363	7	5	0	4,328	0	4,213	75	40	0
21-44	42,320	0	41,144	1,175	1	0	475,627	0	463,943	11,674	10	0
45-64	71,851	11	70,822	1,017	1	0	803,363	132	793,809	9,410	12	0
65-74	50,361	50,284	0	77	0	0	550,215	549,573	0	642	0	0
75-84	40,903	40,903	0	0	0	0	439,010	439,010	0	0	0	0
85 and older	34,671	34,671	0	0	0	0	341,073	341,073	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	145,712	88,319	56,162	1,228	3	0	1,588,044	939,293	636,498	12,235	18	0
Male	94,784	37,550	56,182	1,048	4	0	1,025,731	390,495	625,626	9,566	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	167,181	84,802	81,106	1,270	3	0	1,874,122	930,981	930,422	12,696	23	0
African American	15,807	6,520	9,097	188	2	0	177,711	73,123	102,597	1,974	17	0
Other/unknown	57,508	34,547	22,141	818	2	0	561,942	325,684	229,105	7,131	22	0
Use of Nursing Facilities^c												
Entire year	25,588	23,697	1,891	0	0	0	258,907	237,758	21,149	0	0	0
Part year	19,059	15,893	3,152	14	0	0	189,485	154,076	35,272	137	0	0
None	195,849	86,279	107,301	2,262	7	0	2,165,383	937,954	1,205,703	21,664	62	0
Maintenance Assistance Status												
Cash	92,729	51,186	41,308	235	0	0	1,078,497	591,208	485,255	2,034	0	0
Medically needy	17,430	12,203	5,227	0	0	0	176,125	117,577	58,548	0	0	0
Poverty related	92,233	40,835	51,393	0	5	0	981,153	419,919	561,183	0	51	0
Other/unknown	38,104	21,645	14,416	2,041	2	0	378,000	201,084	157,138	19,767	11	0
Dual Status^d												
Full dual, all year	237,893	123,377	112,233	2,276	7	0	2,585,062	1,302,237	1,260,962	21,801	62	0
Full dual, part year	2,603	2,492	111	0	0	0	28,713	27,551	1,162	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	225,279	114,464	109,033	1,776	6	0	2,441,870	1,201,221	1,224,086	16,511	52	0
FFS part year, with Rx claims	3,575	1,961	1,446	167	1	0	41,254	22,651	16,777	1,816	10	0
FFS part year, no Rx claims	3,659	2,145	1,339	175	0	0	40,248	23,246	15,255	1,747	0	0
MC all year, with Rx claims	67	31	27	9	0	0	727	338	288	101	0	0
MC all year, no Rx claims	7,916	7,268	499	149	0	0	89,676	82,332	5,718	1,626	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

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 2007. 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^{ab}
DUAL ELIGIBLE BENEFICIARIES, MASSACHUSETTS, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Benefit Months in Cell G of Table 1		Benefit Months	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	240,496	2,613,775	233,365	2,754,986	7,131	-141,211
Fee-for-service (FFS) all year	225,279	2,441,870	225,279	2,703,348	0	-261,478
FFS part year, with Rx claims	3,575	41,254	3,575	24,470	0	16,784
FFS part year, with no Rx claims	3,659	40,248	3,659	21,775	0	18,473
Managed care (MC) all year, with Rx claims	67	727	10	77	57	650
MC all year, with no Rx claims	7,916	89,676	842	5,316	7,074	84,360

Source: Data for this table are from the MAX 2007 file for Massachusetts, released by CMS in 4/2010. This table was produced on 04/19/2011.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. The negative numbers for Fee-for-service (FFS) all year benefit months in the far right column result from a Mathematica adjustment to the reported data that resulted in a shift of beneficiaries and their benefit months in Massachusetts from FFS all year to managed care (MC).