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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007

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>75,197</b>	<b>36,298</b>	<b>38,169</b>	<b>696</b>	<b>26</b>	<b>8</b>	<b>779,870</b>	<b>368,408</b>	<b>406,627</b>	<b>4,551</b>	<b>215</b>	<b>69</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	13	0	11	0	2	0	139	0	121	0	18	0
15-20	110	0	94	0	16	0	842	0	723	0	119	0
21-44	12,378	10	11,896	465	7	0	129,920	106	126,344	3,394	76	0
45-64	17,209	41	16,966	194	0	8	179,520	377	178,150	924	0	69
65-74	15,686	10,684	4,972	30	0	0	165,710	111,057	54,456	197	0	0
75-84	16,656	13,701	2,949	6	0	0	175,956	142,559	33,373	24	0	0
85 and older	13,143	11,862	1,279	1	1	0	127,759	114,309	13,436	12	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	47,783	26,262	20,969	531	13	8	498,995	269,652	225,402	3,754	118	69
Male	27,414	10,036	17,200	165	13	0	280,875	98,756	181,225	797	97	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	34,465	16,070	18,085	299	8	3	355,560	158,689	194,825	1,965	62	19
African American	28,648	11,608	16,673	347	15	5	297,624	119,088	176,066	2,295	125	50
Other/unknown	12,084	8,620	3,411	50	3	0	126,686	90,631	35,736	291	28	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,889	11,302	1,585	1	1	0	129,709	112,186	17,499	12	12	0
Part year	6,482	5,265	1,215	2	0	0	59,813	47,651	12,143	19	0	0
None	55,826	19,731	35,369	693	25	8	590,348	208,571	376,985	4,520	203	69
<b>Maintenance Assistance Status</b>												
Cash	44,644	16,705	27,744	192	3	0	498,093	188,985	307,999	1,092	17	0
Medically needy	23,858	18,784	4,871	194	9	0	214,182	171,859	41,232	1,009	82	0
Poverty-related	2,204	788	1,342	59	7	8	19,895	7,321	12,030	412	63	69
Other/unknown	4,491	21	4,212	251	7	0	47,700	243	45,366	2,038	53	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	71,899	34,880	36,318	667	26	8	747,699	354,211	388,928	4,276	215	69
Full dual, part year	3,298	1,418	1,851	29	0	0	32,171	14,197	17,699	275	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	71,496	35,949	35,036	486	18	7	758,603	366,142	388,556	3,673	171	61
FFS part year, with Rx claims	2,156	254	1,766	129	6	1	11,949	1,665	9,748	496	32	8
FFS part year, no Rx claims	1,545	95	1,367	81	2	0	9,318	601	8,323	382	12	0

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007

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>32.9</b>	<b>3.2</b>	<b>\$128</b>	<b>\$40</b>	<b>\$21,184</b>	<b>0.6</b>	<b>75,197</b>
<b>Age</b>							
5 and younger	100.0	23.5	833	35	35,128	2.4	2
6-14	53.8	7.7	843	110	19,225	4.4	13
15-20	53.6	7.6	1,021	135	18,920	5.4	110
21-44	27.5	2.7	191	70	17,740	1.1	12,378
45-64	35.2	3.8	144	37	22,405	0.6	17,209
65-74	31.1	3.4	132	39	14,540	0.9	15,686
75-84	32.6	3.0	92	31	20,851	0.4	16,656
85 and older	37.2	3.0	83	28	31,199	0.3	13,143
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	35.0	3.4	116	35	23,434	0.5	36,298
Disabled	30.8	3.1	136	44	19,353	0.7	38,169
Adults	33.6	3.1	260	84	3,751	6.9	696
Children	53.8	16.0	2,099	131	39,946	5.3	26
Unknown	87.5	21.3	1,876	88	2,877	65.2	8
<b>Gender</b>							
Female	34.5	3.2	114	35	20,604	0.6	47,783
Male	30.1	3.3	154	47	22,196	0.7	27,414
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	37.9	3.9	129	33	26,177	0.5	34,465
African American	28.0	2.6	133	51	18,768	0.7	28,648
Other/unknown	30.1	2.7	115	43	12,670	0.9	12,084
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	47.1	5.5	172	32	51,281	0.3	12,889
Part year	53.1	6.0	266	44	32,367	0.8	6,482
None	27.3	2.4	102	43	12,937	0.8	55,826
<b>Maintenance Assistance Status</b>							
Cash	27.8	2.4	93	38	11,480	0.8	44,644
Medically needy	43.8	4.9	200	41	38,205	0.5	23,858
Poverty related	26.0	2.3	175	76	4,447	3.9	2,204
Other/unknown	28.8	2.5	73	29	35,440	0.2	4,491

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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.

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, MARYLAND, 2007**

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>		More than 0, but 1 or Less					More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
			None	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10						
<b>All</b>	<b>0.3</b>	<b>\$12</b>	<b>0.6</b>	<b>67.1</b>	<b>26.6</b>	<b>2.7</b>	<b>2.1</b>	<b>1.0</b>	<b>0.5</b>	<b>\$2,043</b>	<b>75,197</b>	<b>779,870</b>	
<b>Age</b>													
5 and younger	2.0	69	2.4	0.0	50.0	0.0	50.0	0.0	0.0	2,927	2	24	
6-14	0.7	79	4.4	46.2	23.1	23.1	7.7	0.0	0.0	1,798	13	139	
15-20	1.0	133	5.4	46.4	35.5	3.6	8.2	5.5	0.9	2,472	110	842	
21-44	0.3	18	1.1	72.5	21.5	2.4	2.2	0.9	0.6	1,690	12,378	129,920	
45-64	0.4	14	0.6	64.8	27.8	3.4	2.3	0.9	0.8	2,148	17,209	179,520	
65-74	0.3	13	0.9	68.9	24.9	2.7	2.0	1.1	0.4	1,376	15,686	165,710	
75-84	0.3	9	0.4	67.4	27.2	2.3	1.8	0.9	0.3	1,974	16,656	175,956	
85 and older	0.3	9	0.3	62.8	31.1	2.7	2.0	1.0	0.3	3,210	13,143	127,759	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.3	12	0.5	65.0	28.4	2.8	2.2	1.2	0.4	2,309	36,298	368,408	
Disabled	0.3	13	0.7	69.2	25.0	2.7	1.9	0.7	0.5	1,817	38,169	406,627	
Adults	0.5	40	6.9	66.4	18.4	4.2	5.9	3.0	2.2	574	696	4,551	
Children	1.9	254	5.3	46.2	26.9	3.8	3.8	15.4	3.8	4,831	26	215	
Unknown	2.5	217	65.2	12.5	37.5	12.5	37.5	0.0	0.0	334	8	69	
<b>Gender</b>													
Female	0.3	11	0.6	65.5	28.4	2.7	2.0	0.9	0.4	1,973	47,783	498,995	
Male	0.3	15	0.7	69.9	23.5	2.7	2.3	1.0	0.6	2,166	27,414	280,875	
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	0.4	13	0.5	62.1	30.3	3.5	2.4	1.1	0.6	2,537	34,465	355,560	
African American	0.3	13	0.7	72.0	22.9	2.0	1.8	0.9	0.4	1,807	28,648	297,624	
Other/unknown	0.3	11	0.9	69.9	24.9	2.2	1.9	0.8	0.4	1,209	12,084	126,686	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.5	17	0.3	52.9	36.4	4.8	3.2	1.7	0.9	5,096	12,889	129,709	
Part year	0.7	29	0.8	46.9	40.8	4.5	4.3	2.5	0.9	3,508	6,482	59,813	
None	0.2	10	0.8	72.7	22.7	2.1	1.6	0.6	0.3	1,223	55,826	590,348	
<b>Maintenance Assistance Status</b>													
Cash	0.2	8	0.8	72.2	23.9	1.9	1.3	0.5	0.3	1,029	44,644	498,093	
Medically needy	0.5	22	0.5	56.2	32.7	4.4	3.7	2.0	1.0	4,256	23,858	214,182	
Poverty related	0.3	19	3.9	74.0	18.6	3.3	2.9	0.9	0.3	493	2,204	19,895	
Other/unknown	0.2	7	0.2	71.2	25.3	2.3	0.7	0.3	0.2	3,337	4,491	47,700	

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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
	<b>All</b>	<b>0.3</b>	<b>\$12</b>	<b>\$40</b>	<b>0.1</b>	<b>\$9</b>	<b>\$166</b>	<b>0.0</b>	<b>\$1</b>	<b>\$81</b>	<b>0.2</b>	<b>\$3</b>
<b>Age</b>												
5 and younger	2.0	69	35	0.9	10	12	0.0	0	0	1.1	59	55
6-14	0.7	79	110	0.2	59	247	0.0	0	31	0.5	20	43
15-20	1.0	133	135	0.5	116	248	0.0	2	57	0.5	16	33
21-44	0.3	18	70	0.0	15	313	0.0	1	134	0.2	3	13
45-64	0.4	14	37	0.1	10	167	0.0	1	87	0.3	3	11
65-74	0.3	13	39	0.1	9	144	0.0	1	80	0.3	3	12
75-84	0.3	9	31	0.1	6	120	0.0	0	56	0.2	2	9
85 and older	0.3	9	28	0.1	6	119	0.0	0	54	0.3	2	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	12	35	0.1	8	128	0.0	0	67	0.3	3	10
Disabled	0.3	13	44	0.0	10	213	0.0	1	93	0.2	3	11
Adults	0.5	40	84	0.2	32	207	0.0	2	193	0.3	6	20
Children	1.9	254	131	0.9	233	253	0.0	1	46	1.0	20	20
Unknown	2.5	217	88	1.0	153	149	0.1	14	137	1.3	51	38
<b>Gender</b>												
Female	0.3	11	35	0.1	8	151	0.0	0	82	0.2	3	10
Male	0.3	15	47	0.1	12	188	0.0	1	78	0.2	3	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.4	13	33	0.1	9	154	0.0	0	80	0.3	3	10
African American	0.3	13	51	0.1	10	197	0.0	0	78	0.2	2	11
Other/unknown	0.3	11	43	0.1	8	135	0.0	1	89	0.2	2	12
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	17	32	0.1	12	128	0.0	1	67	0.4	4	10
Part year	0.7	29	44	0.2	22	145	0.0	1	72	0.5	6	12
None	0.2	10	43	0.0	7	196	0.0	0	91	0.2	2	11
<b>Maintenance Assistance Status</b>												
Cash	0.2	8	38	0.0	6	197	0.0	0	83	0.2	2	10
Medically needy	0.5	22	41	0.1	17	144	0.0	1	75	0.4	5	11
Poverty related	0.3	19	76	0.1	15	187	0.0	1	142	0.2	4	21
Other/unknown	0.2	7	29	0.0	5	171	0.0	0	73	0.2	2	8

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007

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			Brand-Name	Brand-Name						
Anti-infective Agents	0.4	0.1	0.0	0.2	\$48	\$42	\$1	\$5	\$134	\$326	\$143	\$24	4,648	\$623,640	1,570	2.1	12,949
Biologicals	0.1	0.1	0.0	0.0	126	126	0	0	847	847	0	0	30	25,412	27	0.0	202
Antineoplastic Agents	0.4	0.2	0.0	0.2	111	97	0	14	293	583	0	67	419	122,841	145	0.2	1,109
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	32	28	1	4	57	112	115	12	8,451	481,282	1,829	2.4	14,941
Cardiovascular Agents	1.0	0.2	0.1	0.7	33	16	5	12	34	91	71	16	23,868	810,282	3,058	4.1	24,614
Respiratory Agents	0.2	0.1	0.0	0.2	9	6	0	3	36	98	65	15	12,237	442,886	4,629	6.2	49,406
Gastrointestinal Agents	0.5	0.2	0.0	0.3	35	25	2	7	74	135	104	27	6,300	464,169	1,634	2.2	13,371
Genitourinary Agents	0.4	0.2	0.0	0.2	20	12	0	8	48	61	60	35	1,880	90,225	552	0.7	4,516
CNS Drugs	0.7	0.1	0.0	0.6	20	15	0	5	30	167	121	8	90,441	2,747,552	13,775	18.3	137,734
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	84	80	0	4	145	193	0	25	805	117,038	173	0.2	1,390
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	66	65	0	1	121	122	0	99	2,339	283,593	572	0.8	4,271
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	18	4	3	10	36	166	255	23	7,112	254,629	1,780	2.4	14,321
Neuromuscular Agents	0.7	0.1	0.0	0.7	20	14	1	5	27	176	134	8	32,562	870,521	4,453	5.9	44,062
Nutritional Products	0.4	0.0	0.0	0.4	3	0	0	3	8	19	14	8	18,781	157,847	4,428	5.9	46,920
Hematological Agents	0.5	0.1	0.0	0.4	36	34	0	3	67	297	19	6	27,946	1,876,989	5,070	6.7	51,671
Topical Products	0.4	0.1	0.0	0.2	18	13	1	4	49	91	55	18	4,207	205,290	1,357	1.8	11,552
Miscellaneous Products	0.3	0.1	0.0	0.2	51	44	2	5	152	318	229	28	419	63,803	152	0.2	1,240
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	58	0	0	0	211	12,328	123	0.2	1,123
<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.	242,656	9,650,327	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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 Maryland, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month	
HEMATOPOIETIC AGENTS	\$1,311,997	6,246	8.3	66,630	0.4	\$46	\$20	
ANTICONVULSANT	618,754	3,811	5.1	40,555	0.7	22	15	
ANTIPSYCHOTICS	562,049	996	1.3	8,115	0.5	145	69	
MISC. HEMATOLOGICAL	404,564	435	0.6	3,529	0.4	262	115	
ANTIANSXIETY AGENTS	401,456	10,196	13.6	109,623	0.5	7	4	
ANTIDIABETIC	386,153	1,946	2.6	17,477	0.4	60	22	
ULCER DRUGS	326,806	1,321	1.8	11,030	0.4	81	30	
ANTIVIRAL	314,448	188	0.3	1,581	0.4	537	199	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	279,705	691	0.9	5,267	0.4	122	53	
ANTIHYPERTENSIVE	274,105	1,350	1.8	11,440	0.4	61	24	
Total	4,880,037	27,180	n.a.	275,247	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups							HEMATOPOIETIC AGENTS					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>137,431</b>	<b>\$4,880,037</b>	<b>6,246</b>	<b>8.3</b>	<b>66,630</b>	<b>0.4</b>	<b>\$20</b>	<b>3,811</b>	<b>5.1</b>	<b>40,555</b>	<b>0.7</b>	<b>\$15</b>					
<b>Female</b>																	
All Females	88,426	2,672,631	4,116	8.6	44,320	0.4	18	2,276	4.8	24,394	0.7	13					
<b>Female, Disabled</b>																	
All Ages	38,106	950,845	1,194	5.7	13,438	0.4	12	1,391	6.6	15,413	0.7	15					
5 and younger	1	21	1	100.0	12	0.1	2	0	0.0	0	0.0	0					
6-14	9	1,589	2	66.7	20	0.3	65	1	33.3	12	0.1	7					
15-20	58	11,665	4	8.7	48	0.1	4	4	8.7	43	0.6	91					
21-44	8,804	265,773	231	4.4	2,522	0.3	9	424	8.0	4,653	0.7	24					
45-64	20,163	512,131	520	5.7	5,781	0.4	16	751	8.3	8,291	0.7	12					
65-74	5,399	116,060	204	6.3	2,343	0.4	10	143	4.4	1,619	0.7	6					
75-84	2,531	26,130	162	7.3	1,917	0.3	6	51	2.3	607	0.5	4					
85 and older	1,141	17,476	70	6.3	795	0.3	3	17	1.5	188	0.8	7					
<b>Female, Other Eligibles</b>																	
All Ages	50,320	1,721,786	2,922	10.9	30,882	0.4	21	885	3.3	8,981	0.6	9					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	4	44	1	100.0	12	0.3	4	0	0.0	0	0.0	0					
15-20	27	5,924	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	342	35,125	16	3.9	123	0.2	9	26	6.4	241	0.6	21					
45-64	203	13,040	1	0.7	3	0.3	1	4	2.6	44	0.5	11					
65-74	12,868	579,980	489	7.0	5,344	0.4	27	296	4.2	3,183	0.6	11					
75-84	18,257	573,291	1,062	11.1	11,474	0.4	22	325	3.4	3,361	0.6	7					
85 and older	18,619	514,382	1,353	14.0	13,926	0.5	19	234	2.4	2,152	0.6	10					
<b>Male</b>																	
All Males	49,005	2,207,406	2,130	7.8	22,310	0.5	23	1,535	5.6	16,161	0.7	19					
<b>Male, Disabled</b>																	
All Ages	29,820	1,264,557	842	4.9	9,205	0.5	14	1,149	6.7	12,570	0.8	19					
5 and younger	21	250	1	100.0	12	1.8	21	0	0.0	0	0.0	0					
6-14	31	3,321	5	62.5	52	0.5	42	1	12.5	12	0.3	93					
15-20	113	27,863	5	10.4	55	0.4	23	9	18.8	93	0.4	51					
21-44	9,129	607,967	156	2.4	1,704	0.4	13	466	7.0	5,136	0.7	22					
45-64	17,034	536,603	479	6.1	5,198	0.5	15	598	7.6	6,492	0.9	16					
65-74	2,576	79,954	115	6.6	1,247	0.5	18	61	3.5	676	0.8	18					
75-84	779	7,333	64	9.0	746	0.4	2	13	1.8	149	0.7	3					
85 and older	137	1,266	17	10.1	191	0.3	2	1	0.6	12	0.4	1					
<b>Male, Other Eligibles</b>																	
All Ages	19,185	942,849	1,288	12.6	13,105	0.4	29	386	3.8	3,591	0.6	20					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	134	14,757	0	0.0	0	0.0	0	2	20.0	24	1.6	189					
21-44	70	23,897	3	4.1	29	0.2	84	6	8.1	53	0.3	12					
45-64	96	8,289	2	2.2	18	0.1	0	8	8.8	40	0.4	35					
65-74	7,122	385,281	397	10.6	4,226	0.5	35	150	4.0	1,527	0.6	21					
75-84	7,451	325,916	500	12.1	5,053	0.4	24	165	4.0	1,460	0.6	20					
85 and older	4,312	184,709	386	17.8	3,779	0.5	28	55	2.5	487	0.4	11					
<b>Unknown</b>	<b>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 2007 file for Maryland, released by CMS in 3/2010. 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>.  
Benefe(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare &



**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, MARYLAND, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					MISC. HEMATOLOGICAL					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>996</b>	<b>1.3</b>	<b>8,115</b>	<b>0.5</b>	<b>\$69</b>	<b>435</b>	<b>0.6</b>	<b>3,529</b>	<b>0.4</b>	<b>\$115</b>	<b>10,196</b>	<b>13.6</b>	<b>109,623</b>	<b>0.5</b>	<b>\$4</b>
<b>Female</b>															
All Females	540	1.1	4,437	0.5	61	232	0.5	1,898	0.5	46	7,178	15.0	77,526	0.5	4
<b>Female, Disabled</b>															
All Ages	189	0.9	1,684	0.3	69	54	0.3	501	0.4	44	3,012	14.4	34,130	0.6	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.2	12	0.7	4
21-44	69	1.3	623	0.4	84	2	0.0	24	0.3	32	670	12.7	7,575	0.6	4
45-64	97	1.1	863	0.3	66	38	0.4	351	0.4	40	1,507	16.6	17,023	0.6	4
65-74	14	0.4	131	0.3	46	10	0.3	94	0.4	52	450	13.9	5,100	0.5	4
75-84	3	0.1	22	0.2	16	1	0.0	11	0.2	25	258	11.5	3,020	0.5	3
85 and older	6	0.5	45	0.2	36	3	0.3	21	0.7	91	126	11.3	1,400	0.5	3
<b>Female, Other Eligibles</b>															
All Ages	351	1.3	2,753	0.5	56	178	0.7	1,397	0.5	47	4,166	15.5	43,396	0.5	3
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	4	66.7	40	0.5	147	0	0.0	0	0.0	0	1	16.7	10	0.7	5
21-44	11	2.7	73	0.2	40	0	0.0	0	0.0	0	20	4.9	191	0.4	2
45-64	1	0.7	7	0.3	55	1	0.7	12	0.8	76	9	5.9	92	0.4	2
65-74	82	1.2	751	0.7	96	63	0.9	564	0.5	55	856	12.3	9,470	0.5	3
75-84	120	1.3	923	0.5	45	60	0.6	436	0.5	45	1,455	15.2	15,446	0.5	3
85 and older	133	1.4	959	0.4	34	54	0.6	385	0.5	35	1,825	18.8	18,187	0.4	3
<b>Male</b>															
All Males	456	1.7	3,678	0.5	79	203	0.7	1,631	0.4	195	3,018	11.0	32,097	0.5	4
<b>Male, Disabled</b>															
All Ages	243	1.4	2,117	0.4	92	61	0.4	531	0.5	520	1,797	10.4	20,172	0.6	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	6.3	26	0.3	27	1	2.1	12	0.3	28	4	8.3	44	0.2	4
21-44	98	1.5	858	0.4	118	8	0.1	79	0.3	3,203	581	8.8	6,646	0.6	6
45-64	129	1.6	1,122	0.4	78	38	0.5	327	0.6	54	976	12.4	10,867	0.6	4
65-74	11	0.6	101	0.9	49	12	0.7	92	0.5	47	153	8.8	1,697	0.6	4
75-84	1	0.1	4	0.3	58	2	0.3	21	0.3	42	65	9.1	733	0.5	3
85 and older	1	0.6	6	0.2	36	0	0.0	0	0.0	0	18	10.7	185	0.4	2
<b>Male, Other Eligibles</b>															
All Ages	213	2.1	1,561	0.6	61	142	1.4	1,100	0.4	38	1,221	12.0	11,925	0.5	3
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	5	50.0	60	1.0	166	0	0.0	0	0.0	0	1	10.0	12	1.3	10
21-44	1	1.4	10	0.1	19	0	0.0	0	0.0	0	4	5.4	30	0.6	3
45-64	5	5.5	35	0.2	19	5	5.5	31	0.3	33	9	9.9	83	0.2	2
65-74	62	1.7	523	0.6	82	55	1.5	477	0.4	39	363	9.7	3,749	0.5	3
75-84	89	2.2	615	0.5	51	52	1.3	391	0.4	38	505	12.3	4,955	0.4	3
85 and older	51	2.4	318	0.5	31	30	1.4	201	0.4	35	339	15.6	3,096	0.4	3
<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 2007 file for Maryland, released by CMS in 3/2010. 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 &



**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, MARYLAND, 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIVIRAL				
	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>1,946</b>	<b>2.6</b>	<b>17,477</b>	<b>0.4</b>	<b>\$22</b>	<b>1,321</b>	<b>1.8</b>	<b>11,030</b>	<b>0.4</b>	<b>\$30</b>	<b>188</b>	<b>0.3</b>	<b>1,581</b>	<b>0.4</b>	<b>\$199</b>
<b>Female</b>															
All Females	1,233	2.6	11,192	0.4	22	782	1.6	6,568	0.4	30	86	0.2	721	0.3	191
<b>Female, Disabled</b>															
All Ages	323	1.5	2,971	0.4	24	194	0.9	1,759	0.3	29	56	0.3	481	0.3	194
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	33.3	10	0.2	20	0	0.0	0	0.0	0
15-20	1	2.2	12	0.3	23	1	2.2	12	0.6	137	3	6.5	36	0.3	156
21-44	32	0.6	294	0.3	22	46	0.9	415	0.3	27	22	0.4	185	0.2	72
45-64	199	2.2	1,771	0.4	26	112	1.2	1,010	0.3	29	27	0.3	228	0.4	243
65-74	72	2.2	718	0.4	22	23	0.7	217	0.4	29	4	0.1	32	0.6	589
75-84	14	0.6	116	0.2	8	4	0.2	40	0.2	20	0	0.0	0	0.0	0
85 and older	5	0.5	60	0.1	4	7	0.6	55	0.4	39	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	910	3.4	8,221	0.4	22	588	2.2	4,809	0.4	31	30	0.1	240	0.3	186
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	9	2.2	73	0.3	18	2	0.5	10	0.5	57	12	2.9	95	0.5	237
45-64	11	7.2	111	0.5	35	5	3.3	46	0.5	53	0	0.0	0	0.0	0
65-74	394	5.7	3,782	0.4	26	205	2.9	1,963	0.3	30	7	0.1	69	0.4	281
75-84	308	3.2	2,694	0.4	18	190	2.0	1,489	0.4	33	6	0.1	50	0.1	38
85 and older	188	1.9	1,561	0.4	15	186	1.9	1,301	0.4	29	5	0.1	26	0.2	32
<b>Male</b>															
All Males	713	2.6	6,285	0.4	22	539	2.0	4,462	0.4	29	102	0.4	860	0.4	206
<b>Male, Disabled</b>															
All Ages	286	1.7	2,502	0.4	25	200	1.2	1,819	0.4	30	85	0.5	705	0.4	231
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	4.2	19	0.1	8	8	16.7	90	0.3	222
21-44	34	0.5	269	0.2	18	46	0.7	436	0.3	34	15	0.2	120	0.6	400
45-64	214	2.7	1,852	0.4	28	127	1.6	1,133	0.4	29	61	0.8	483	0.4	184
65-74	32	1.8	318	0.4	21	22	1.3	203	0.3	30	1	0.1	12	0.3	505
75-84	5	0.7	57	0.2	5	3	0.4	28	0.2	14	0	0.0	0	0.0	0
85 and older	1	0.6	6	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	427	4.2	3,783	0.4	20	339	3.3	2,643	0.4	28	17	0.2	155	0.2	89
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	10.0	12	0.8	6	0	0.0	0	0.0	0
21-44	1	1.4	11	0.6	75	3	4.1	26	0.1	2	1	1.4	11	0.3	3
45-64	13	14.3	88	0.2	8	8	8.8	53	0.2	31	1	1.1	3	0.7	518
65-74	180	4.8	1,715	0.4	22	119	3.2	1,047	0.4	29	13	0.3	122	0.2	99
75-84	163	4.0	1,379	0.4	20	135	3.3	1,050	0.4	26	1	0.0	12	0.1	5
85 and older	70	3.2	590	0.4	15	73	3.4	455	0.5	30	1	0.0	7	0.1	2
<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 2007 file for Maryland, released by CMS in 3/2010. 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 &



**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, MARYLAND, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	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>691</b>	<b>0.9</b>	<b>5,267</b>	<b>0.4</b>	<b>\$53</b>	<b>1,350</b>	<b>1.8</b>	<b>11,440</b>	<b>0.4</b>	<b>\$24</b>	<b>75,197</b>	<b>779,870</b>
<b>Female</b>												
All Females	410	0.9	3,133	0.4	55	812	1.7	7,027	0.4	24	47,783	498,995
<b>Female, Disabled</b>												
All Ages	54	0.3	549	0.3	77	185	0.9	1,618	0.4	24	20,969	225,402
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	34
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	46	346
21-44	9	0.2	97	0.2	101	21	0.4	175	0.4	25	5,274	55,760
45-64	25	0.3	253	0.3	96	113	1.2	1,005	0.4	24	9,074	96,346
65-74	9	0.3	95	0.3	36	37	1.1	342	0.3	22	3,226	35,815
75-84	4	0.2	47	0.1	22	10	0.4	64	0.4	25	2,234	25,396
85 and older	7	0.6	57	0.5	68	4	0.4	32	0.4	14	1,111	11,693
<b>Female, Other Eligibles</b>												
All Ages	356	1.3	2,584	0.5	50	627	2.3	5,409	0.4	24	26,814	273,593
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	45
21-44	1	0.2	12	0.1	8	6	1.5	39	0.3	28	408	3,183
45-64	2	1.3	16	0.1	12	11	7.2	117	0.4	39	152	892
65-74	44	0.6	388	0.4	59	293	4.2	2,771	0.3	25	6,965	73,675
75-84	139	1.4	1,006	0.5	53	204	2.1	1,674	0.4	23	9,587	101,409
85 and older	170	1.8	1,162	0.5	45	113	1.2	808	0.4	19	9,695	94,377
<b>Male</b>												
All Males	281	1.0	2,134	0.4	51	538	2.0	4,413	0.4	24	27,414	280,875
<b>Male, Disabled</b>												
All Ages	50	0.3	444	0.3	48	193	1.1	1,602	0.4	22	17,200	181,225
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	87
15-20	0	0.0	0	0.0	0	2	4.2	24	0.3	19	48	377
21-44	7	0.1	56	0.3	76	36	0.5	269	0.3	21	6,622	70,584
45-64	30	0.4	276	0.3	41	121	1.5	1,000	0.4	21	7,892	81,804
65-74	7	0.4	66	0.5	62	32	1.8	288	0.5	25	1,746	18,641
75-84	5	0.7	40	0.2	31	2	0.3	21	0.2	24	715	7,977
85 and older	1	0.6	6	0.2	27	0	0.0	0	0.0	0	168	1,743
<b>Male, Other Eligibles</b>												
All Ages	231	2.3	1,690	0.4	52	345	3.4	2,811	0.4	26	10,214	99,650
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
15-20	0	0.0	0	0.0	0	1	10.0	12	0.8	6	10	74
21-44	1	1.4	12	0.9	1,624	1	1.4	11	0.4	13	74	393
45-64	1	1.1	1	1.0	91	11	12.1	62	0.2	17	91	478
65-74	42	1.1	355	0.3	26	160	4.3	1,421	0.4	30	3,749	37,579
75-84	117	2.8	859	0.5	47	116	2.8	919	0.4	23	4,120	41,174
85 and older	70	3.2	463	0.5	41	56	2.6	386	0.4	18	2,169	19,946
<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</b>

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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 &





**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, MARYLAND, 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
<b>All</b>	<b>\$17</b>	<b>0.5</b>	<b>12,889</b>	<b>129,709</b>
<b>Age</b>				
0-64	43	1.1	1,210	13,341
65-74	26	0.7	1,774	18,702
75-84	15	0.5	3,983	39,864
85 and older	10	0.4	5,922	57,802
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	14	0.5	9,320	94,176
Male	25	0.7	3,569	35,533
Unknown	0	0.0	0	0
<b>Race</b>				
White	14	0.5	7,331	72,851
African American	23	0.5	4,023	41,984
Other/unknown	19	0.5	1,535	14,874
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	14	0.5	11,302	112,186
Disabled	39	1.0	1,585	17,499
Adults	2	0.3	1	12
Children	199	5.2	1	12
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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, MARYLAND, 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	0.4	0.2	0.0	0.3	\$44	\$39	\$1	\$5	\$100	\$234	\$104	\$18	1,323	\$132,167	377	2.9	2,973
Biologicals	0.2	0.2	0.0	0.0	10	10	0	0	50	50	0	0	9	453	9	0.1	44
Antineoplastic Agents	0.3	0.0	0.0	0.2	50	31	0	19	199	769	0	91	75	14,940	39	0.3	297
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	31	25	1	5	43	88	99	11	2,463	105,052	446	3.5	3,413
Cardiovascular Agents	1.3	0.2	0.1	1.0	31	14	5	12	24	68	57	12	7,679	184,255	777	6.0	6,033
Respiratory Agents	0.4	0.1	0.0	0.3	15	10	1	4	40	94	66	17	2,159	85,821	601	4.7	5,747
Gastrointestinal Agents	0.6	0.2	0.0	0.4	33	19	3	11	54	103	88	28	2,433	130,500	500	3.9	3,964
Genitourinary Agents	0.5	0.2	0.0	0.2	20	13	0	6	42	54	48	28	677	28,435	194	1.5	1,451
CNS Drugs	0.7	0.1	0.0	0.6	11	7	0	4	16	90	82	7	22,890	375,573	3,494	27.1	34,935
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.5	34	29	0	5	51	189	0	10	120	6,084	21	0.2	177
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	68	67	0	1	102	102	0	130	1,166	118,895	249	1.9	1,756
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	22	3	5	14	30	78	169	22	2,019	60,930	358	2.8	2,808
Neuromuscular Agents	0.8	0.1	0.0	0.7	23	16	0	7	27	111	88	10	5,892	161,929	718	5.6	7,015
Nutritional Products	0.4	0.0	0.0	0.4	3	0	0	2	7	12	18	6	6,184	42,659	1,457	11.3	15,212
Hematological Agents	0.7	0.1	0.0	0.5	35	31	0	3	52	246	9	6	13,601	701,476	1,998	15.5	20,325
Topical Products	0.4	0.2	0.0	0.2	19	13	2	4	44	84	51	17	1,423	63,096	415	3.2	3,302
Miscellaneous Products	0.3	0.0	0.0	0.2	8	4	0	5	29	89	0	19	113	3,322	49	0.4	395
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	43	0	0	0	67	2,882	31	0.2	296
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>70,293</b>	<b>2,218,469</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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 Maryland, 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, MARYLAND, 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	
HEMATOPOIETIC AGENTS	\$576,678	2,319	18.0	24,594	0.5	\$44	\$23	
ANTICONVULSANT	146,210	684	5.3	6,770	0.8	27	22	
ANTIPSYCHOTICS	141,951	316	2.5	2,456	0.5	107	58	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	118,895	320	2.5	2,301	0.5	102	52	
ANTIANSXIETY AGENTS	110,180	2,881	22.4	29,617	0.6	7	4	
ULCER DRUGS	105,173	415	3.2	3,268	0.5	71	32	
ANTIDIABETIC	101,909	583	4.5	5,233	0.4	46	19	
ANTIDEPRESSANTS	84,013	588	4.6	4,680	0.5	37	18	
ANTIVIRAL	77,523	24	0.2	214	0.7	527	362	
ANTICOAGULANTS	71,551	194	1.5	1,573	0.9	53	45	
Total	1,534,083	8,324	n.a.	80,706	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC 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 \$
<b>All</b>	<b>44,946</b>	<b>\$1,534,083</b>	<b>2,319</b>	<b>18.0</b>	<b>24,594</b>	<b>0.5</b>	<b>\$23</b>	<b>684</b>	<b>5.3</b>	<b>6,770</b>	<b>0.8</b>	<b>\$22</b>
<b>Female</b>												
All Females	30,488	925,769	1,575	16.9	16,767	0.5	21	445	4.8	4,448	0.7	17
<b>Female, Disabled</b>												
All Ages	4,848	199,824	125	16.3	1,407	0.6	17	111	14.5	1,203	0.8	31
64 or younger	3,697	145,895	98	17.5	1,099	0.6	15	91	16.3	984	0.8	35
65-74	1,105	53,684	24	14.5	275	0.5	27	20	12.0	219	0.7	11
75-84	28	121	1	3.8	12	1.0	5	0	0.0	0	0.0	0
85 and older	18	124	2	14.3	21	0.5	4	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	25,640	725,945	1,450	16.9	15,360	0.5	22	334	3.9	3,245	0.7	12
64 or younger	61	3,221	0	0.0	0	0.0	0	1	20.0	12	0.9	28
65-74	3,851	126,933	132	17.2	1,448	0.6	31	77	10.0	810	0.9	17
75-84	9,620	282,490	493	17.7	5,307	0.5	24	132	4.7	1,276	0.7	8
85 and older	12,108	313,301	825	16.5	8,605	0.5	19	124	2.5	1,147	0.6	13
<b>Male</b>												
All Males	14,458	608,314	744	20.8	7,827	0.5	28	239	6.7	2,322	0.9	30
<b>Male, Disabled</b>												
All Ages	5,444	245,973	177	21.6	1,962	0.5	22	112	13.7	1,203	1.0	32
64 or younger	4,575	214,637	139	21.6	1,530	0.6	21	96	14.9	1,020	1.0	33
65-74	864	31,283	37	23.0	420	0.5	26	16	9.9	183	1.0	27
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	53	1	14.3	12	0.3	1	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	9,014	362,341	567	20.6	5,865	0.5	30	127	4.6	1,119	0.7	28
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,977	136,622	152	22.4	1,683	0.6	42	47	6.9	488	0.7	26
75-84	3,533	126,557	212	18.3	2,146	0.5	22	62	5.3	502	0.8	30
85 and older	2,504	99,162	203	22.3	2,036	0.5	29	18	2.0	129	0.4	32
<b>Unknown</b>	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 Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

Beneficiary Characteristics	ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIANSXIETY AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>316</b>	<b>2.5</b>	<b>2,456</b>	<b>0.5</b>	<b>\$58</b>	<b>320</b>	<b>2.5</b>	<b>2,301</b>	<b>0.5</b>	<b>\$52</b>	<b>2,881</b>	<b>22.4</b>	<b>29,617</b>	<b>0.6</b>	<b>\$4</b>
<b>Female</b>															
All Females	196	2.1	1,565	0.5	53	200	2.1	1,384	0.5	58	2,140	23.0	22,275	0.6	4
<b>Female, Disabled</b>															
All Ages	30	3.9	301	0.5	74	13	1.7	144	0.4	98	211	27.6	2,379	0.7	5
64 or younger	25	4.5	250	0.5	77	11	2.0	126	0.4	92	152	27.2	1,712	0.7	5
65-74	5	3.0	51	0.4	61	2	1.2	18	0.9	135	53	31.9	600	0.7	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	7.7	24	0.7	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	28.6	43	0.2	1
<b>Female, Other Eligibles</b>															
All Ages	166	1.9	1,264	0.5	49	187	2.2	1,240	0.6	54	1,929	22.5	19,896	0.5	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	1
65-74	29	3.8	228	0.5	58	18	2.3	140	0.6	77	211	27.4	2,288	0.7	4
75-84	72	2.6	563	0.5	47	72	2.6	456	0.6	59	649	23.3	6,717	0.6	4
85 and older	65	1.3	473	0.5	46	97	1.9	644	0.5	45	1,068	21.4	10,879	0.5	3
<b>Male</b>															
All Males	120	3.4	891	0.6	66	120	3.4	917	0.5	42	741	20.8	7,342	0.6	4
<b>Male, Disabled</b>															
All Ages	34	4.1	347	0.6	92	17	2.1	163	0.5	54	205	25.0	2,280	0.7	5
64 or younger	28	4.3	277	0.5	101	13	2.0	117	0.4	45	174	27.0	1,942	0.7	5
65-74	6	3.7	70	1.0	55	4	2.5	46	0.6	76	29	18.0	323	0.6	4
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	2	28.6	15	0.1	3
<b>Male, Other Eligibles</b>															
All Ages	86	3.1	544	0.6	49	103	3.7	754	0.5	39	536	19.5	5,062	0.5	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	24	3.5	181	0.5	50	24	3.5	203	0.3	21	144	21.2	1,458	0.6	4
75-84	44	3.8	271	0.7	55	46	4.0	324	0.5	45	215	18.5	1,983	0.5	4
85 and older	18	2.0	92	0.4	27	33	3.6	227	0.5	46	177	19.5	1,621	0.5	3
<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 2007 file for Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>415</b>	<b>3.2</b>	<b>3,268</b>	<b>0.5</b>	<b>\$32</b>	<b>583</b>	<b>4.5</b>	<b>5,233</b>	<b>0.4</b>	<b>\$20</b>	<b>588</b>	<b>4.6</b>	<b>4,680</b>	<b>0.5</b>	<b>\$18</b>
<b>Female</b>															
All Females	246	2.6	1,883	0.5	31	346	3.7	2,999	0.4	21	379	4.1	2,991	0.5	19
<b>Female, Disabled</b>															
All Ages	36	4.7	379	0.5	31	55	7.2	600	0.6	33	56	7.3	620	0.6	33
64 or younger	29	5.2	309	0.4	30	35	6.3	390	0.6	31	44	7.9	488	0.6	35
65-74	7	4.2	70	0.7	39	20	12.0	210	0.6	37	12	7.2	132	0.6	25
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	210	2.5	1,504	0.4	31	291	3.4	2,399	0.4	18	323	3.8	2,371	0.5	15
64 or younger	1	20.0	12	0.8	67	3	60.0	36	0.3	3	2	40.0	24	1.0	60
65-74	27	3.5	246	0.4	35	56	7.3	530	0.4	21	47	6.1	400	0.5	18
75-84	82	2.9	556	0.5	34	135	4.8	1,023	0.4	19	121	4.3	864	0.4	15
85 and older	100	2.0	690	0.4	27	97	1.9	810	0.3	14	153	3.1	1,083	0.4	13
<b>Male</b>															
All Males	169	4.7	1,385	0.5	33	237	6.6	2,234	0.4	18	209	5.9	1,689	0.5	17
<b>Male, Disabled</b>															
All Ages	47	5.7	497	0.5	43	73	8.9	781	0.4	17	65	7.9	668	0.6	21
64 or younger	42	6.5	437	0.5	46	61	9.5	639	0.4	17	60	9.3	610	0.6	19
65-74	5	3.1	60	0.5	24	12	7.5	142	0.4	16	5	3.1	58	0.7	44
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	122	4.4	888	0.4	28	164	6.0	1,453	0.5	19	144	5.2	1,021	0.5	14
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	43	6.3	352	0.4	30	60	8.8	562	0.5	22	40	5.9	300	0.5	17
75-84	46	4.0	323	0.4	24	65	5.6	543	0.5	18	57	4.9	402	0.4	13
85 and older	33	3.6	213	0.5	30	39	4.3	348	0.3	15	47	5.2	319	0.5	12
<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 2007 file for Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

Beneficiary Characteristics	ANTIVIRAL					ANTICOAGULANTS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>24</b>	<b>0.2</b>	<b>214</b>	<b>0.7</b>	<b>\$362</b>	<b>194</b>	<b>1.5</b>	<b>1,573</b>	<b>0.9</b>	<b>\$46</b>	<b>12,889</b>	<b>129,709</b>
<b>Female</b>												
All Females	8	0.1	86	0.3	247	109	1.2	886	0.8	58	9,320	94,176
<b>Female, Disabled</b>												
All Ages	4	0.5	48	0.4	376	25	3.3	265	1.1	78	765	8,398
64 or younger	2	0.4	24	0.1	34	17	3.0	184	1.0	85	559	6,143
65-74	2	1.2	24	0.7	718	8	4.8	81	1.2	62	166	1,851
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	259
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	145
<b>Female, Other Eligibles</b>												
All Ages	4	0.0	38	0.2	85	84	1.0	621	0.7	50	8,555	85,778
64 or younger	0	0.0	0	0.0	0	2	40.0	24	0.3	22	5	49
65-74	1	0.1	12	0.3	240	11	1.4	101	0.7	50	769	8,009
75-84	1	0.0	12	0.1	8	38	1.4	270	0.9	60	2,790	28,448
85 and older	2	0.0	14	0.1	17	33	0.7	226	0.5	41	4,991	49,272
<b>Male</b>												
All Males	16	0.4	128	0.9	440	85	2.4	687	0.9	29	3,569	35,533
<b>Male, Disabled</b>												
All Ages	14	1.7	109	1.1	513	30	3.7	270	1.0	27	820	9,101
64 or younger	14	2.2	109	1.1	513	26	4.0	222	0.9	30	645	7,137
65-74	0	0.0	0	0.0	0	4	2.5	48	1.2	15	161	1,831
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	73
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	60
<b>Male, Other Eligibles</b>												
All Ages	2	0.1	19	0.1	20	55	2.0	417	0.8	30	2,749	26,432
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	1	0.1	12	0.1	30	19	2.8	161	0.7	38	678	7,011
75-84	0	0.0	0	0.0	0	22	1.9	150	1.1	27	1,160	11,084
85 and older	1	0.1	7	0.1	2	14	1.5	106	0.7	23	910	8,325
<b>Unknown</b>	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 Maryland, released by CMS in 3/2010. 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 6,482 beneficiaries who were in nursing facilities for part of their enrollment and their 59,813 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 CHARACTERISTIC<sup>a,b</sup>**  
**MARYLAND, 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	
<b>All</b>	<b>20,144</b>	<b>26.8</b>	<b>1.7</b>	<b>124,751</b>	<b>\$14</b>	<b>\$1,035,286</b>	<b>\$8</b>	<b>10.7</b>	<b>75,197</b>	
<b>Age</b>										
5 and younger	2	100.0	4.0	8	515	1,029	129	61.8	2	
6-14	8	61.5	4.9	64	157	2,043	32	18.6	13	
15-20	27	24.5	1.0	105	20	2,219	21	2.0	110	
21-44	2,648	21.4	1.5	19,139	15	188,538	10	8.0	12,378	
45-64	5,077	29.5	2.2	37,668	16	267,161	7	10.8	17,209	
65-74	3,979	25.4	1.5	23,886	14	223,141	9	10.8	15,686	
75-84	4,533	27.2	1.5	25,101	12	203,880	8	13.4	16,656	
85 and older	3,870	29.4	1.4	18,780	11	147,275	8	13.4	13,143	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	10,074	27.8	1.5	53,271	12	440,104	8	10.4	36,298	
Disabled	9,954	26.1	1.9	70,995	15	588,731	8	11.4	38,169	
Adults	104	14.9	0.6	439	8	5,650	13	3.1	696	
Children	9	34.6	1.7	43	29	745	17	1.4	26	
Unknown	3	37.5	0.4	3	7	56	19	0.4	8	
<b>Gender</b>										
Female	13,723	28.7	1.7	82,978	14	658,843	8	12.1	47,783	
Male	6,421	23.4	1.5	41,773	14	376,443	9	8.9	27,414	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	11,096	32.2	2.3	77,877	19	642,888	8	14.4	34,465	
African American	6,269	21.9	1.2	33,941	10	273,968	8	7.2	28,648	
Other/unknown	2,779	23.0	1.1	12,933	10	118,430	9	8.5	12,084	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	4,717	36.6	2.4	30,493	17	213,576	7	9.6	12,889	
Part year	2,638	40.7	2.0	12,677	16	102,324	8	5.9	6,482	
None	12,789	22.9	1.5	81,581	13	719,386	9	12.6	55,826	
<b>Maintenance Assistance Status</b>										
Cash	10,935	24.5	1.6	71,376	14	643,687	9	15.4	44,644	
Medically needy	7,728	32.4	1.9	44,259	14	328,601	7	6.9	23,858	
Poverty related	323	14.7	0.5	1,110	4	8,359	8	2.2	2,204	
Other/unknown	1,158	25.8	1.8	8,006	12	54,639	7	16.8	4,491	

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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.
- 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>**  
**MARYLAND, 2007**

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.2</b>	<b>\$1</b>	<b>\$8</b>	<b>\$0</b>	<b>\$1</b>	<b>779,870</b>
<b>Age</b>						
5 and younger	0.3	43	129	0	0	24
6-14	0.5	15	32	0	0	139
15-20	0.1	3	21	0	1	842
21-44	0.1	1	10	0	1	129,920
45-64	0.2	1	7	0	1	179,520
65-74	0.1	1	9	0	1	165,710
75-84	0.1	1	8	0	0	175,956
85 and older	0.1	1	8	0	1	127,759
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.1	1	8	0	1	368,408
Disabled	0.2	1	8	0	1	406,627
Adults	0.1	1	13	0	0	4,551
Children	0.2	3	17	0	1	215
Unknown	0.0	1	19	0	0	69
<b>Gender</b>						
Female	0.2	1	8	0	1	498,995
Male	0.1	1	9	0	1	280,875
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	2	8	0	1	355,560
African American	0.1	1	8	0	0	297,624
Other/unknown	0.1	1	9	0	0	126,686
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.2	2	7	0	1	129,709
Part year	0.2	2	8	0	1	59,813
None	0.1	1	9	0	1	590,348
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	9	0	1	498,093
Medically needy	0.2	2	7	0	1	214,182
Poverty related	0.1	0	8	0	0	19,895
Other/unknown	0.2	1	7	0	1	47,700

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a,b,c</sup>**  
**MARYLAND, 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
<b>All</b>	<b>24,182</b>	<b>\$43</b>	<b>\$1,035,286</b>	<b>100.0</b>	<b>124,751</b>	<b>\$8</b>	<b>100.0</b>
Anorexia or weight loss/gain	5	36	179	0.0	11	16	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	3,417	48	164,504	15.9	7,497	22	6.0
Vitamins and minerals	4,182	33	135,972	13.1	17,726	8	14.2
Non-prescription drugs	3,134	25	78,975	7.6	9,065	9	7.3
Barbiturates	626	62	38,739	3.7	6,593	6	5.3
Benzodiazepines	12,620	41	511,517	49.4	83,286	6	66.8
Other Part D Excl Rx Drugs	198	532	105,400	10.2	573	184	0.5

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>  
 MARYLAND, 2007

Total Number of Dual Eligible Beneficiaries: 75,197  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$9,650,327  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$128

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	50,468	67.1	\$0	0.0
1-500	21,291	28.3	1,383,020	14.3
501-1,000	1,211	1.6	862,929	8.9
1,001-1,500	612	0.8	751,163	7.8
1,501-2,000	403	0.5	698,527	7.2
2,001-2,500	284	0.4	633,227	6.6
2,501-3,000	199	0.3	542,142	5.6
3,001-3,500	145	0.2	471,038	4.9
3,501-4,000	100	0.1	374,386	3.9
4,001-4,500	86	0.1	364,535	3.8
4,501-5,000	54	0.1	255,013	2.6
5,001-5,500	52	0.1	270,608	2.8
5,501-6,000	43	0.1	246,550	2.6
6,001-6,500	36	0.0	224,210	2.3
6,501-7,000	37	0.0	249,282	2.6
7,001-7,500	22	0.0	158,513	1.6
7,501-8,000	22	0.0	169,836	1.8
8,001-8,500	19	0.0	156,479	1.6
8,501-9,000	13	0.0	113,884	1.2
9,001-9,500	7	0.0	65,148	0.7
9,501-10,000	6	0.0	58,974	0.6
10,001+	87	0.1	1,600,863	16.6

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b, c</sup>  
 MARYLAND, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 28,969  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$4,688,715  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$161

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	19,717		68.1	\$0	0.0
1-500	7,796		26.9	544,706	11.6
501-1,000	478		1.7	342,211	7.3
1,001-1,500	244		0.8	297,911	6.4
1,501-2,000	163		0.6	283,739	6.1
2,001-2,500	114		0.4	253,045	5.4
2,501-3,000	96		0.3	261,864	5.6
3,001-3,500	68		0.2	220,510	4.7
3,501-4,000	39		0.1	146,362	3.1
4,001-4,500	39		0.1	165,467	3.5
4,501-5,000	33		0.1	156,201	3.3
5,001-5,500	23		0.1	119,914	2.6
5,501-6,000	18		0.1	102,707	2.2
6,001-6,500	17		0.1	105,464	2.2
6,501-7,000	22		0.1	148,549	3.2
7,001-7,500	9		0.0	64,928	1.4
7,501-8,000	16		0.1	123,597	2.6
8,001-8,500	10		0.0	83,489	1.8
8,501-9,000	3		0.0	26,116	0.6
9,001-9,500	5		0.0	46,562	1.0
9,501-10,000	3		0.0	29,456	0.6
10,001+	56		0.2	1,165,917	24.9

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 MARYLAND, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 45,485  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,685,503  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	30,287	66.6	\$0	0.0
1-500	13,321	29.3	818,004	17.5
501-1,000	698	1.5	496,237	10.6
1,001-1,500	348	0.8	428,998	9.2
1,501-2,000	226	0.5	391,315	8.4
2,001-2,500	161	0.4	360,253	7.7
2,501-3,000	102	0.2	277,348	5.9
3,001-3,500	74	0.2	240,812	5.1
3,501-4,000	58	0.1	216,957	4.6
4,001-4,500	43	0.1	182,135	3.9
4,501-5,000	21	0.0	98,812	2.1
5,001-5,500	24	0.1	124,717	2.7
5,501-6,000	23	0.1	132,378	2.8
6,001-6,500	16	0.0	100,007	2.1
6,501-7,000	14	0.0	93,784	2.0
7,001-7,500	13	0.0	93,585	2.0
7,501-8,000	5	0.0	38,319	0.8
8,001-8,500	9	0.0	72,990	1.6
8,501-9,000	8	0.0	70,371	1.5
9,001-9,500	2	0.0	18,586	0.4
9,501-10,000	3	0.0	29,518	0.6
10,001+	29	0.1	400,377	8.5

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>  
 MARYLAND, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 15,686  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,064,357  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$131

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,800	68.9	\$0	0.0
1-500	4,123	26.3	286,358	13.9
501-1,000	263	1.7	188,709	9.1
1,001-1,500	127	0.8	155,906	7.6
1,501-2,000	97	0.6	167,861	8.1
2,001-2,500	66	0.4	147,046	7.1
2,501-3,000	40	0.3	107,697	5.2
3,001-3,500	36	0.2	116,515	5.6
3,501-4,000	28	0.2	105,436	5.1
4,001-4,500	20	0.1	84,454	4.1
4,501-5,000	9	0.1	42,423	2.1
5,001-5,500	11	0.1	57,133	2.8
5,501-6,000	13	0.1	74,709	3.6
6,001-6,500	7	0.0	44,007	2.1
6,501-7,000	6	0.0	40,428	2.0
7,001-7,500	7	0.0	50,301	2.4
7,501-8,000	1	0.0	7,967	0.4
8,001-8,500	4	0.0	32,399	1.6
8,501-9,000	7	0.0	61,829	3.0
9,001-9,500	1	0.0	9,333	0.5
9,501-10,000	2	0.0	19,829	1.0
10,001+	18	0.1	264,017	12.8

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>  
 MARYLAND, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 16,656  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,525,083  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$91

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,228	67.4	\$0	0.0
1-500	4,785	28.7	281,867	18.5
501-1,000	245	1.5	174,157	11.4
1,001-1,500	130	0.8	159,963	10.5
1,501-2,000	76	0.5	131,754	8.6
2,001-2,500	49	0.3	111,405	7.3
2,501-3,000	31	0.2	85,049	5.6
3,001-3,500	22	0.1	72,112	4.7
3,501-4,000	17	0.1	62,723	4.1
4,001-4,500	18	0.1	76,101	5.0
4,501-5,000	8	0.0	37,586	2.5
5,001-5,500	8	0.0	41,498	2.7
5,501-6,000	9	0.1	51,860	3.4
6,001-6,500	8	0.0	49,899	3.3
6,501-7,000	4	0.0	26,898	1.8
7,001-7,500	5	0.0	35,952	2.4
7,501-8,000	2	0.0	15,186	1.0
8,001-8,500	4	0.0	32,522	2.1
8,501-9,000	1	0.0	8,542	0.6
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	6	0.0	70,009	4.6

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>  
 MARYLAND, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,143  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,096,063  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$83

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,259	62.8	\$0	0.0
1-500	4,413	33.6	249,779	22.8
501-1,000	190	1.4	133,371	12.2
1,001-1,500	91	0.7	113,129	10.3
1,501-2,000	53	0.4	91,700	8.4
2,001-2,500	46	0.3	101,802	9.3
2,501-3,000	31	0.2	84,602	7.7
3,001-3,500	16	0.1	52,185	4.8
3,501-4,000	13	0.1	48,798	4.5
4,001-4,500	5	0.0	21,580	2.0
4,501-5,000	4	0.0	18,803	1.7
5,001-5,500	5	0.0	26,086	2.4
5,501-6,000	1	0.0	5,809	0.5
6,001-6,500	1	0.0	6,101	0.6
6,501-7,000	4	0.0	26,458	2.4
7,001-7,500	1	0.0	7,332	0.7
7,501-8,000	2	0.0	15,166	1.4
8,001-8,500	1	0.0	8,069	0.7
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,253	0.8
9,501-10,000	1	0.0	9,689	0.9
10,001+	5	0.0	66,351	6.1

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 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
<b>All</b>	<b>76,992</b>	<b>36,301</b>	<b>39,744</b>	<b>907</b>	<b>32</b>	<b>8</b>	<b>819,255</b>	<b>370,218</b>	<b>440,652</b>	<b>7,990</b>	<b>322</b>	<b>73</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	13	0	11	0	2	0	145	0	127	0	18	0
15-20	168	0	147	0	21	0	1,879	0	1,665	0	214	0
21-44	13,321	10	12,690	613	8	0	148,451	108	142,586	5,669	88	0
45-64	17,957	42	17,652	255	0	8	195,702	425	193,150	2,054	0	73
65-74	15,732	10,686	5,014	32	0	0	169,339	112,817	56,291	231	0	0
75-84	16,656	13,701	2,949	6	0	0	175,956	142,559	33,373	24	0	0
85 and older	13,143	11,862	1,279	1	1	0	127,759	114,309	13,436	12	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	48,736	26,264	21,747	702	15	8	520,579	270,980	242,888	6,484	154	73
Male	28,256	10,037	17,997	205	17	0	298,676	99,238	197,764	1,506	168	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	35,201	16,070	18,724	395	9	3	371,464	159,319	208,491	3,545	90	19
African American	29,596	11,611	17,509	451	20	5	318,147	119,970	193,961	3,966	196	54
Other/unknown	12,195	8,620	3,511	61	3	0	129,644	90,929	38,200	479	36	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,890	11,302	1,586	1	1	0	129,713	112,186	17,503	12	12	0
Part year	6,485	5,265	1,218	2	0	0	60,049	47,663	12,362	24	0	0
None	57,617	19,734	36,940	904	31	8	629,493	210,369	410,787	7,954	310	73
<b>Maintenance Assistance Status</b>												
Cash	45,951	16,708	28,894	345	4	0	526,197	190,408	332,499	3,259	31	0
Medically needy	24,321	18,784	5,291	237	9	0	222,882	172,126	49,001	1,672	83	0
Poverty related	2,204	788	1,342	59	7	8	21,452	7,441	13,386	486	66	73
Other/unknown	4,516	21	4,217	266	12	0	48,724	243	45,766	2,573	142	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	73,694	34,883	37,893	878	32	8	785,503	355,856	421,561	7,691	322	73
Full dual, part year	3,298	1,418	1,851	29	0	0	33,752	14,362	19,091	299	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	71,496	35,949	35,036	486	18	7	758,603	366,142	388,556	3,673	171	61
FFS part year, with Rx claims	2,156	254	1,766	129	6	1	24,069	2,959	19,754	1,283	61	12
FFS part year, no Rx claims	1,545	95	1,367	81	2	0	16,708	1,081	14,846	761	20	0
MC all year, with Rx claims	1,033	0	873	156	4	0	11,734	0	9,954	1,732	48	0
MC all year, no Rx claims	762	3	702	55	2	0	8,141	36	7,542	541	22	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 Maryland, released by CMS in 3/2010. 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, MARYLAND, 2007**

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>76,992</b>	<b>819,255</b>	<b>75,197</b>	<b>779,870</b>	<b>0</b>	<b>39,385</b>
Fee-for-service (FFS) all year	71,496	758,603	71,496	758,603	0	0
FFS part year, with Rx claims	2,156	24,069	2,156	11,949	0	12,120
FFS part year, with no Rx claims	1,545	16,708	1,545	9,318	0	7,390
Managed care (MC) all year, with Rx claims	1,033	11,734	0	0	0	11,734
MC all year, with no Rx claims	762	8,141	0	0	0	8,141

Source: Data for this table are from the MAX 2007 file for Maryland, released by CMS in 3/2010. This table was produced on 04/19/2011.  
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