

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
NORTH CAROLINA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	240,499	131,240	107,012	2,222	25	0	2,664,411	1,443,594	1,199,659	20,919	239	0
Age												
5 and younger	19	0	18	0	1	0	192	0	180	0	12	0
6-14	27	0	22	0	5	0	303	0	251	0	52	0
15-20	453	0	430	4	19	0	5,127	0	4,929	23	175	0
21-44	39,543	0	38,097	1,446	0	0	440,206	0	426,505	13,701	0	0
45-64	68,656	11	67,916	729	0	0	769,534	85	762,616	6,833	0	0
65-74	54,215	53,810	364	41	0	0	602,797	599,150	3,299	348	0	0
75-84	47,008	46,886	120	2	0	0	521,728	520,336	1,378	14	0	0
85 and older	30,578	30,533	45	0	0	0	324,524	324,023	501	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	158,911	99,037	58,253	1,607	14	0	1,765,619	1,094,111	655,949	15,420	139	0
Male	81,588	32,203	48,759	615	11	0	898,792	349,483	543,710	5,499	100	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	123,537	67,154	55,097	1,275	11	0	1,355,711	728,620	614,931	12,057	103	0
African American	90,425	46,781	42,852	783	9	0	1,015,488	524,562	483,426	7,415	85	0
Other/unknown	26,537	17,305	9,063	164	5	0	293,212	190,412	101,302	1,447	51	0
Use of Nursing Facilities^c												
Entire year	12,376	11,148	1,228	0	0	0	138,052	123,811	14,241	0	0	0
Part year	13,069	11,561	1,506	2	0	0	130,576	114,367	16,185	24	0	0
None	215,054	108,531	104,278	2,220	25	0	2,395,783	1,205,416	1,169,233	20,895	239	0
Maintenance Assistance Status												
Cash	109,572	58,479	49,409	1,681	3	0	1,242,316	659,335	566,057	16,902	22	0
Medically needy	6,824	5,583	1,192	49	0	0	67,626	54,889	12,316	421	0	0
Poverty-related	123,785	67,178	56,411	186	10	0	1,351,926	729,370	621,286	1,167	103	0
Other/unknown	318	0	0	306	12	0	2,543	0	0	2,429	114	0
Dual Medicare Status^d												
Full dual, all year	231,806	126,785	102,790	2,206	25	0	2,566,589	1,393,846	1,151,761	20,743	239	0
Full dual, part year	8,693	4,455	4,222	16	0	0	97,822	49,748	47,898	176	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	240,499	131,240	107,012	2,222	25	0	2,664,411	1,443,594	1,199,659	20,919	239	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	44.0	5.1	\$240	\$47	\$10,143	2.4	240,499
Age							
5 and younger	73.7	15.1	1,263	84	22,524	5.6	19
6-14	88.9	21.8	2,625	121	13,275	19.8	27
15-20	72.0	13.7	1,424	104	15,937	8.9	453
21-44	45.9	6.8	532	78	10,422	5.1	39,543
45-64	50.5	7.4	363	49	9,963	3.6	68,656
65-74	40.2	4.3	153	36	7,153	2.1	54,215
75-84	39.1	2.7	37	14	10,054	0.4	47,008
85 and older	41.0	2.6	34	13	15,526	0.2	30,578
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	40.0	3.3	82	25	10,134	0.8	131,240
Disabled	48.2	6.6	371	57	10,152	3.7	107,012
Adults	78.6	37.4	3,276	88	10,216	32.1	2,222
Children	72.0	20.0	1,801	90	10,816	16.7	25
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	46.8	5.3	230	43	10,046	2.3	158,911
Male	38.6	4.6	261	57	10,331	2.5	81,588
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	50.1	6.3	285	45	10,957	2.6	123,537
African American	36.4	3.6	196	54	9,953	2.0	90,425
Other/unknown	41.9	4.3	182	42	7,001	2.6	26,537
Use of Nursing Facilities^f							
Entire year	51.4	5.0	90	18	40,700	0.2	12,376
Part year	57.3	4.5	104	23	21,600	0.5	13,069
None	42.8	5.1	257	50	7,688	3.3	215,054
Maintenance Assistance Status							
Cash	44.7	5.2	250	48	8,381	3.0	109,572
Medically needy	48.7	4.3	123	29	27,862	0.4	6,824
Poverty related	43.2	5.0	235	47	10,738	2.2	123,785
Other/unknown	44.7	16.3	1,414	87	4,952	28.6	318

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

c. In 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.5	\$22	2.4	56.0	37.0	3.6	2.2	1.0	0.2	\$916	240,499	2,664,411
Age												
5 and younger	1.5	125	5.6	26.3	42.1	10.5	15.8	5.3	0.0	2,229	19	192
6-14	1.9	234	19.8	11.1	40.7	18.5	22.2	7.4	0.0	1,183	27	303
15-20	1.2	126	8.9	28.0	45.5	10.6	10.8	4.6	0.4	1,408	453	5,127
21-44	0.6	48	5.1	54.1	35.3	4.5	4.0	1.8	0.4	936	39,543	440,206
45-64	0.7	32	3.6	49.5	39.5	4.9	3.6	2.0	0.4	889	68,656	769,534
65-74	0.4	14	2.1	59.8	34.6	3.0	1.7	0.7	0.2	643	54,215	602,797
75-84	0.2	3	0.4	60.9	36.5	2.2	0.3	0.0	0.0	906	47,008	521,728
85 and older	0.2	3	0.2	59.0	38.4	2.3	0.3	0.0	0.0	1,463	30,578	324,524
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.3	8	0.8	60.0	36.2	2.6	0.9	0.3	0.1	921	131,240	1,443,594
Disabled	0.6	33	3.7	51.8	38.4	4.6	3.3	1.6	0.3	906	107,012	1,199,659
Adults	4.0	348	32.1	21.4	17.3	10.5	25.7	20.6	4.5	1,085	2,222	20,919
Children	2.1	188	16.7	28.0	24.0	16.0	24.0	8.0	0.0	1,131	25	239
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.5	21	2.3	53.2	39.7	3.7	2.1	1.1	0.2	904	158,911	1,765,619
Male	0.4	24	2.5	61.4	31.7	3.4	2.3	1.0	0.2	938	81,588	898,792
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.6	26	2.6	49.9	41.4	4.5	2.5	1.4	0.3	998	123,537	1,355,711
African American	0.3	18	2.0	63.6	31.3	2.4	1.8	0.7	0.1	886	90,425	1,015,488
Other/unknown	0.4	16	2.6	58.1	35.8	3.2	1.9	0.6	0.2	634	26,537	293,212
Use of Nursing Facilities^f												
Entire year	0.4	8	0.2	48.6	44.3	5.5	1.2	0.2	0.1	3,649	12,376	138,052
Part year	0.4	10	0.5	42.7	52.0	3.8	0.9	0.5	0.2	2,162	13,069	130,576
None	0.5	23	3.3	57.2	35.7	3.4	2.3	1.1	0.2	690	215,054	2,395,783
Maintenance Assistance Status												
Cash	0.5	22	3.0	55.3	37.6	3.7	2.1	1.0	0.2	739	109,572	1,242,316
Medically needy	0.4	12	0.4	51.3	42.2	4.0	1.9	0.5	0.1	2,812	6,824	67,626
Poverty related	0.5	22	2.2	56.8	36.2	3.4	2.2	1.1	0.2	983	123,785	1,351,926
Other/unknown	2.0	177	28.6	55.3	14.2	7.5	14.8	6.9	1.3	619	318	2,543

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.5	\$22	\$47	0.1	\$16	\$163	0.0	\$2	\$90	0.3	\$5	\$13
Age												
5 and younger	1.5	125	84	0.9	110	119	0.1	3	24	0.4	12	27
6-14	1.9	234	121	1.0	190	186	0.2	15	96	0.8	29	38
15-20	1.2	126	104	0.5	106	206	0.0	5	95	0.6	16	24
21-44	0.6	48	78	0.2	38	233	0.0	3	115	0.4	8	18
45-64	0.7	32	49	0.1	23	153	0.0	3	95	0.5	7	14
65-74	0.4	14	36	0.1	9	121	0.0	1	73	0.3	3	12
75-84	0.2	3	14	0.0	1	57	0.0	0	45	0.2	2	8
85 and older	0.2	3	13	0.0	1	52	0.0	0	34	0.2	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	8	25	0.0	4	100	0.0	1	64	0.2	3	10
Disabled	0.6	33	57	0.1	25	183	0.0	2	98	0.4	6	15
Adults	4.0	348	88	1.4	264	192	0.2	24	125	2.4	59	25
Children	2.1	188	90	0.8	152	183	0.1	4	49	1.2	33	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.5	21	43	0.1	14	149	0.0	2	88	0.4	5	13
Male	0.4	24	57	0.1	18	193	0.0	2	94	0.3	5	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	26	45	0.1	18	163	0.0	2	101	0.4	6	13
African American	0.3	18	54	0.1	13	172	0.0	1	74	0.2	3	13
Other/unknown	0.4	16	42	0.1	11	136	0.0	1	75	0.3	4	13
Use of Nursing Facilities^e												
Entire year	0.4	8	18	0.0	4	93	0.0	0	38	0.4	4	9
Part year	0.4	10	23	0.1	6	109	0.0	1	55	0.4	4	10
None	0.5	23	50	0.1	17	167	0.0	2	92	0.3	5	14
Maintenance Assistance Status												
Cash	0.5	22	48	0.1	16	167	0.0	2	90	0.3	5	13
Medically needy	0.4	12	29	0.1	7	134	0.0	1	94	0.4	4	11
Poverty related	0.5	22	47	0.1	15	160	0.0	2	89	0.3	5	13
Other/unknown	2.0	177	87	0.7	141	189	0.1	9	92	1.2	27	23

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$37	\$32	\$1	\$5	\$129	\$407	\$170	\$24	27,195	\$3,519,065	8,379	3.5	94,115
Biologicals	0.5	0.5	0.0	0.0	1,710	1,710	0	0	3421	3,421	0	0	50	171,026	9	0.0	100
Antineoplastic Agents	0.4	0.2	0.0	0.2	78	71	0	7	203	437	165	31	2,917	591,692	683	0.3	7,628
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	39	35	1	3	68	143	23	11	49,550	3,370,399	7,641	3.2	85,384
Cardiovascular Agents	1.1	0.3	0.1	0.6	50	33	8	9	47	106	67	15	115,670	5,445,841	9,870	4.1	108,932
Respiratory Agents	0.3	0.1	0.0	0.2	14	10	1	3	51	99	54	21	131,356	6,692,575	40,133	16.7	466,578
Gastrointestinal Agents	0.5	0.2	0.0	0.2	49	34	6	9	105	177	145	38	37,572	3,946,442	7,225	3.0	81,066
Genitourinary Agents	0.3	0.2	0.0	0.1	24	19	1	5	79	101	93	41	5,802	456,170	1,694	0.7	19,077
CNS Drugs	0.6	0.1	0.0	0.6	19	13	1	5	30	190	145	9	446,144	13,498,011	61,245	25.5	694,630
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	76	73	1	3	178	245	71	26	2,021	360,201	419	0.2	4,709
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	73	71	0	2	300	311	105	136	4,383	1,314,693	1,582	0.7	18,025
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	35	16	5	14	60	357	339	27	84,450	5,078,099	12,957	5.4	145,151
Neuromuscular Agents	0.6	0.1	0.0	0.5	23	17	1	5	38	202	134	9	145,239	5,522,603	20,768	8.6	236,666
Nutritional Products	0.4	0.1	0.0	0.3	6	2	0	4	14	24	14	12	55,083	771,092	11,577	4.8	131,562
Hematological Agents	0.5	0.1	0.0	0.4	23	20	0	3	48	175	25	8	87,111	4,191,075	15,978	6.6	181,664
Topical Products	0.3	0.1	0.0	0.1	21	17	1	3	80	145	78	21	14,518	1,154,801	4,927	2.0	56,141
Miscellaneous Products	1.0	0.9	0.0	0.1	151	143	3	5	148	164	81	49	10,408	1,539,337	896	0.4	10,176
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	19	0	0	0	97	0	0	0	1,565	151,389	702	0.3	7,934
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,221,034	57,774,511	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In North Carolina, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$5,840,949	4,188	1.7	47,119	0.4	\$301	\$124
ANTICONVULSANT	4,864,403	20,114	8.4	229,767	0.6	38	21
ULCER DRUGS	3,772,419	12,864	5.3	145,360	0.4	61	26
ANALGESICS - Narcotic	3,457,547	14,715	6.1	164,899	0.3	61	21
ANTIDEPRESSANTS	3,392,169	9,954	4.1	111,405	0.4	77	30
ANTIANKXIETY AGENTS	3,238,468	52,452	21.8	595,984	0.6	10	5
ANTIASTHMATIC	2,813,814	9,757	4.1	111,409	0.3	89	25
COUGH/COLD/ALLERGY	2,725,483	43,884	18.2	514,268	0.2	33	5
MISC. HEMATOLOGICAL	2,691,973	1,156	0.5	12,919	0.4	496	208
ANTIDIABETIC	2,573,607	6,237	2.6	69,906	0.4	86	37
Total	35,370,832	175,321	n.a.	2,003,036	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS						ANTICONVULSANT					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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		
All	790,842	\$35,370,832	4,188	1.7	47,119	0.4	\$124	20,114	8.4	229,767	0.6	\$21							
Female																			
All Females	553,248	21,629,493	2,518	1.6	28,524	0.4	112	13,647	8.6	156,285	0.6	20							
Female, Disabled																			
All Ages	285,022	13,287,012	1,865	3.2	21,127	0.4	108	8,796	15.1	101,130	0.5	22							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	9	315	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	1,283	145,308	35	19.4	400	0.6	146	45	25.0	514	0.6	92							
21-44	81,858	4,614,139	944	5.2	10,801	0.4	107	3,014	16.7	34,776	0.5	28							
45-64	200,564	8,433,860	878	2.2	9,841	0.4	107	5,706	14.4	65,531	0.6	18							
65-74	1,065	89,297	8	3.5	85	0.7	207	27	11.8	261	0.6	40							
75-84	202	3,531	0	0.0	0	0.0	0	4	4.3	48	0.8	4							
85 and older	41	562	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Female, Other Eligibles																			
All Ages	268,226	8,342,481	653	0.6	7,397	0.4	123	4,851	4.8	55,155	0.6	17							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	12	1,245	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	57	4,258	1	7.7	8	1.1	255	1	7.7	12	0.2	1							
21-44	22,145	2,200,880	322	28.9	3,671	0.4	111	580	52.0	6,477	0.5	70							
45-64	11,749	1,076,248	99	20.8	1,103	0.4	109	240	50.4	2,653	0.5	58							
65-74	103,593	3,310,713	221	0.6	2,540	0.5	147	2,077	5.7	24,056	0.5	10							
75-84	76,643	1,036,475	6	0.0	50	0.3	39	1,278	3.5	14,565	0.6	4							
85 and older	54,027	712,662	4	0.0	25	0.5	41	675	2.5	7,392	0.6	6							
Male																			
All Males	237,594	13,741,339	1,670	2.0	18,595	0.4	142	6,467	7.9	73,482	0.6	23							
Male, Disabled																			
All Ages	163,275	10,992,258	1,457	3.0	16,341	0.4	142	5,085	10.4	58,026	0.6	25							
5 and younger	53	2,755	0	0.0	0	0.0	0	1	7.7	12	0.7	45							
6-14	11	542	0	0.0	0	0.0	0	1	6.3	12	0.1	24							
15-20	1,525	237,898	82	32.8	976	0.4	138	63	25.2	755	0.5	83							
21-44	62,212	6,250,662	923	4.6	10,441	0.4	148	2,360	11.8	27,030	0.5	32							
45-64	98,954	4,475,995	449	1.6	4,890	0.4	130	2,653	9.4	30,146	0.6	17							
65-74	472	23,538	3	2.2	34	0.6	128	7	5.2	71	0.6	14							
75-84	46	848	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
85 and older	2	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
Male, Other Eligibles																			
All Ages	74,319	2,749,081	213	0.6	2,254	0.5	144	1,382	4.2	15,456	0.6	17							
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	35	3,413	3	30.0	36	0.1	41	3	30.0	36	0.3	43							
21-44	6,140	605,354	73	22.1	734	0.4	129	152	46.1	1,589	0.5	62							
45-64	4,920	487,726	41	15.5	381	0.5	163	99	37.5	986	0.5	39							
65-74	40,499	1,313,892	89	0.5	1,047	0.5	153	775	4.4	8,971	0.6	12							
75-84	16,539	248,752	7	0.1	56	0.3	110	267	2.5	2,958	0.6	4							
85 and older	6,186	89,944	0	0.0	0	0.0	0	86	2.1	916	0.5	7							
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0							

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	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
All	12,864	5.3	145,360	0.4	\$26	14,715	6.1	164,899	0.3	\$21	9,954	4.1	111,405	0.4	\$30
Female															
All Females	8,856	5.6	100,359	0.4	26	9,235	5.8	104,420	0.3	18	6,912	4.3	78,063	0.4	31
Female, Disabled															
All Ages	3,911	6.7	44,808	0.4	32	6,387	11.0	72,335	0.3	15	4,913	8.4	55,393	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	16.7	12	0.7	26	1	16.7	12	0.1	1	0	0.0	0	0.0	0
15-20	33	18.3	395	0.3	22	57	31.7	671	0.2	4	52	28.9	608	0.3	19
21-44	1,092	6.0	12,652	0.3	31	2,175	12.0	24,713	0.3	15	1,683	9.3	19,253	0.4	28
45-64	2,758	7.0	31,466	0.4	32	4,128	10.4	46,642	0.3	15	3,156	8.0	35,329	0.4	31
65-74	20	8.7	207	0.5	54	26	11.4	297	0.5	33	22	9.6	203	0.5	43
75-84	5	5.3	60	0.5	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	5.1	16	0.8	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4,945	4.9	55,551	0.5	21	2,848	2.8	32,085	0.4	25	1,999	2.0	22,670	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	0.5	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	9	69.2	103	0.2	13	5	38.5	56	0.2	1	4	30.8	44	0.2	16
21-44	424	38.0	4,847	0.4	40	1,149	103.0	13,003	0.4	36	838	75.1	9,550	0.4	38
45-64	238	50.0	2,610	0.5	44	589	123.7	6,433	0.4	31	423	88.9	4,673	0.5	43
65-74	1,639	4.5	18,905	0.4	26	1,067	2.9	12,263	0.3	11	698	1.9	8,095	0.4	25
75-84	1,264	3.5	14,131	0.5	13	31	0.1	286	0.2	4	33	0.1	289	0.3	9
85 and older	1,369	5.2	14,931	0.5	13	7	0.0	44	0.2	1	3	0.0	19	0.8	17
Male															
All Males	4,008	4.9	45,001	0.4	26	5,480	6.7	60,479	0.4	27	3,042	3.7	33,342	0.4	29
Male, Disabled															
All Ages	2,369	4.9	26,715	0.4	29	4,286	8.8	47,440	0.4	25	2,450	5.0	26,961	0.4	28
5 and younger	5	38.5	44	0.6	22	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	12.5	24	0.1	1	0	0.0	0	0.0	0
15-20	31	12.4	359	0.3	25	67	26.8	771	0.2	2	44	17.6	514	0.3	25
21-44	806	4.0	9,274	0.4	29	1,747	8.7	19,684	0.3	31	1,049	5.2	11,846	0.4	27
45-64	1,517	5.4	16,929	0.4	29	2,458	8.7	26,821	0.4	21	1,349	4.8	14,507	0.4	30
65-74	10	7.4	109	0.5	51	12	8.9	140	0.4	7	8	5.9	94	0.5	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,639	5.0	18,286	0.5	23	1,194	3.6	13,039	0.4	32	592	1.8	6,381	0.4	33
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	40.0	39	0.2	3	1	10.0	12	0.2	1	0	0.0	0	0.0	0
21-44	118	35.8	1,273	0.4	49	374	113.3	4,010	0.6	47	193	58.5	2,111	0.4	38
45-64	98	37.1	1,008	0.5	50	266	100.8	2,678	0.6	60	159	60.2	1,538	0.5	46
65-74	784	4.4	9,065	0.4	24	529	3.0	6,108	0.3	11	232	1.3	2,667	0.4	22
75-84	418	4.0	4,574	0.5	13	20	0.2	183	0.1	2	7	0.1	53	0.5	3
85 and older	217	5.4	2,327	0.5	13	4	0.1	48	0.2	15	1	0.0	12	0.9	29
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-ASTHMATIC					COUGH/COLD/ALLERGY				
	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
All	52,452	21.8	595,984	0.6	\$5	9,757	4.1	111,409	0.3	\$25	43,884	18.2	514,268	0.2	\$5
Female															
All Females	38,475	24.2	437,997	0.6	5	6,698	4.2	77,020	0.3	25	33,248	20.9	390,122	0.2	5
Female, Disabled															
All Ages	15,689	26.9	181,576	0.6	7	3,859	6.6	44,424	0.3	26	16,867	29.0	198,577	0.2	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	19	10.6	221	0.3	2	40	22.2	478	0.2	12	50	27.8	599	0.1	6
21-44	4,373	24.2	50,807	0.6	6	1,036	5.7	11,992	0.3	27	4,817	26.7	56,601	0.1	5
45-64	11,237	28.3	129,924	0.6	7	2,760	7.0	31,702	0.3	26	11,953	30.2	140,868	0.2	6
65-74	34	14.8	335	0.5	4	21	9.2	228	0.6	63	26	11.4	269	0.1	6
75-84	18	19.1	198	0.4	7	2	2.1	24	0.2	7	20	21.3	228	0.2	5
85 and older	8	20.5	91	0.3	3	0	0.0	0	0.0	0	1	2.6	12	0.1	2
Female, Other Eligibles															
All Ages	22,786	22.6	256,421	0.5	5	2,839	2.8	32,596	0.3	23	16,381	16.3	191,545	0.2	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	1	33.3	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	7.7	8	0.3	10	2	15.4	16	0.2	2
21-44	425	38.1	4,710	0.5	6	349	31.3	3,951	0.3	26	425	38.1	4,795	0.2	7
45-64	190	39.9	2,033	0.5	6	246	51.7	2,760	0.3	42	209	43.9	2,370	0.2	7
65-74	7,672	21.2	88,285	0.6	5	1,437	4.0	16,803	0.3	27	7,338	20.3	86,510	0.2	5
75-84	8,020	22.1	90,922	0.5	4	512	1.4	5,774	0.3	11	5,443	15.0	63,800	0.2	5
85 and older	6,478	24.4	70,459	0.5	4	294	1.1	3,300	0.3	9	2,964	11.2	34,054	0.2	5
Male															
All Males	13,977	17.1	157,987	0.6	6	3,059	3.7	34,389	0.3	26	10,636	13.0	124,146	0.2	5
Male, Disabled															
All Ages	8,551	17.5	98,083	0.6	6	1,855	3.8	20,875	0.3	28	6,596	13.5	77,143	0.2	5
5 and younger	2	15.4	24	0.1	6	2	15.4	24	0.6	43	3	23.1	36	0.1	3
6-14	0	0.0	0	0.0	0	2	12.5	21	0.1	6	4	25.0	42	0.1	2
15-20	31	12.4	363	0.3	3	40	16.0	475	0.3	24	31	12.4	367	0.1	3
21-44	3,125	15.6	36,139	0.6	7	552	2.8	6,345	0.3	23	2,568	12.8	30,109	0.1	4
45-64	5,363	19.0	61,281	0.6	6	1,253	4.4	13,938	0.3	31	3,975	14.1	46,421	0.2	6
65-74	23	17.0	221	0.5	10	6	4.4	72	0.1	9	13	9.6	144	0.2	6
75-84	6	23.1	43	0.8	6	0	0.0	0	0.0	0	1	3.8	12	0.8	48
85 and older	1	16.7	12	0.1	1	0	0.0	0	0.0	0	1	16.7	12	0.1	1
Male, Other Eligibles															
All Ages	5,426	16.5	59,904	0.5	4	1,204	3.7	13,514	0.3	23	4,040	12.3	47,003	0.2	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	10.0	12	0.3	2	2	20.0	24	0.2	9	1	10.0	12	0.1	2
21-44	102	30.9	1,087	0.6	8	67	20.3	716	0.3	31	70	21.2	799	0.2	8
45-64	66	25.0	636	0.6	8	111	42.0	1,124	0.4	45	55	20.8	601	0.2	8
65-74	2,797	15.9	31,717	0.6	5	737	4.2	8,430	0.3	24	2,330	13.2	27,306	0.2	6
75-84	1,686	15.9	18,369	0.5	4	226	2.1	2,539	0.3	10	1,207	11.4	13,970	0.2	5
85 and older	774	19.3	8,083	0.4	3	61	1.5	681	0.3	10	377	9.4	4,315	0.2	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	1,156	0.5	12,919	0.4	\$208	6,237	2.6	69,906	0.4	\$37	240,499	2,664,411
Female												
All Females	637	0.4	7,287	0.4	49	4,131	2.6	46,726	0.4	37	158,911	1,765,619
Female, Disabled												
All Ages	391	0.7	4,474	0.4	48	2,563	4.4	28,965	0.4	36	58,253	655,949
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	54
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	68
15-20	1	0.6	12	0.1	1	9	5.0	106	0.4	66	180	2,089
21-44	40	0.2	463	0.4	43	542	3.0	6,159	0.4	39	18,056	202,736
45-64	345	0.9	3,939	0.4	48	1,994	5.0	22,506	0.4	35	39,644	447,382
65-74	5	2.2	60	0.7	88	18	7.9	194	0.5	48	229	2,091
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	94	1,100
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	39	429
Female, Other Eligibles												
All Ages	246	0.2	2,813	0.4	52	1,568	1.6	17,761	0.5	38	100,658	1,109,670
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	112
21-44	25	2.2	290	0.5	63	230	20.6	2,651	0.5	52	1,116	10,599
45-64	28	5.9	303	0.5	63	215	45.2	2,368	0.5	52	476	4,662
65-74	183	0.5	2,138	0.4	50	1,072	3.0	12,303	0.4	34	36,214	405,526
75-84	8	0.0	64	0.3	27	42	0.1	379	0.4	19	36,307	405,606
85 and older	2	0.0	18	1.0	68	9	0.0	60	0.3	19	26,529	283,129
Male												
All Males	519	0.6	5,632	0.4	414	2,106	2.6	23,180	0.4	37	81,588	898,792
Male, Disabled												
All Ages	349	0.7	3,762	0.4	596	1,529	3.1	16,841	0.4	39	48,759	543,710
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	126
6-14	0	0.0	0	0.0	0	1	6.3	12	0.1	1	16	183
15-20	1	0.4	12	0.3	8	7	2.8	84	0.4	38	250	2,840
21-44	56	0.3	636	0.5	3,096	391	2.0	4,395	0.4	35	20,041	223,769
45-64	288	1.0	3,072	0.4	88	1,123	4.0	12,268	0.5	41	28,272	315,234
65-74	4	3.0	42	0.6	83	7	5.2	82	0.8	41	135	1,208
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	278
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	72
Male, Other Eligibles												
All Ages	170	0.5	1,870	0.4	48	577	1.8	6,339	0.4	32	32,829	355,082
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	2	16
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	86
21-44	13	3.9	156	0.4	47	66	20.0	721	0.5	53	330	3,102
45-64	18	6.8	185	0.6	76	70	26.5	758	0.5	40	264	2,256
65-74	124	0.7	1,409	0.4	47	412	2.3	4,626	0.4	28	17,637	193,972
75-84	13	0.1	102	0.2	20	28	0.3	222	0.2	12	10,581	114,744
85 and older	2	0.0	18	0.2	9	1	0.0	12	0.5	19	4,004	40,894
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$8	0.4	12,376	138,052
Age				
0-64	25	0.8	1,203	13,946
65-74	16	0.6	1,839	20,951
75-84	4	0.4	3,981	44,379
85 and older	4	0.3	5,353	58,776
Unknown	0	0.0	0	0
Gender				
Female	8	0.4	9,597	107,057
Male	9	0.5	2,779	30,995
Unknown	0	0.0	0	0
Race				
White	8	0.5	7,869	86,657
African American	8	0.3	3,654	41,846
Other/unknown	11	0.5	853	9,549
Basis of Eligibility^c				
Aged	6	0.4	11,148	123,811
Disabled	24	0.8	1,228	14,241
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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	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	0.5	0.1	0.0	0.3	\$49	\$36	\$3	\$10	\$108	\$261	\$117	\$35	342	\$36,925	64	0.5	755	
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
Antineoplastic Agents	0.3	0.3	0.0	0.0	117	117	0	0	350	350	0	0	2	699	1	0.0	6	
Endocrine/Metabolic Drugs	1.0	0.4	0.0	0.6	52	45	0	6	50	102	15	11	532	26,383	43	0.3	509	
Cardiovascular Agents	1.5	0.3	0.1	1.0	59	37	8	15	41	105	61	15	1,402	57,209	82	0.7	964	
Respiratory Agents	0.2	0.0	0.0	0.2	7	3	1	4	31	76	43	20	2,242	68,731	852	6.9	9,886	
Gastrointestinal Agents	0.8	0.2	0.0	0.5	45	32	2	11	59	151	122	20	607	35,682	68	0.5	796	
Genitourinary Agents	0.5	0.2	0.0	0.3	34	19	1	14	68	92	77	49	139	9,416	23	0.2	275	
CNS Drugs	0.6	0.0	0.0	0.6	9	4	0	5	14	115	61	8	31,868	437,444	4,480	36.2	50,555	
Stimulants/Anti-obesity/Anorexia	0.8	0.8	0.0	0.0	99	99	0	0	133	133	0	0	27	3,578	3	0.0	36	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	300	292	0	8	446	495	0	96	97	43,254	12	0.1	144	
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	20	1	1	18	33	94	71	31	602	19,756	85	0.7	993	
Neuromuscular Agents	0.8	0.1	0.0	0.8	17	9	0	7	20	177	45	9	6,084	122,424	625	5.1	7,173	
Nutritional Products	0.5	0.1	0.0	0.4	8	2	0	5	15	21	14	13	5,245	77,893	908	7.3	10,343	
Hematological Agents	0.7	0.1	0.0	0.6	8	3	0	5	11	52	20	7	12,242	138,864	1,504	12.2	16,985	
Topical Products	0.6	0.3	0.0	0.3	40	31	2	7	69	111	88	25	442	30,533	64	0.5	758	
Miscellaneous Products	0.8	0.0	0.0	0.8	66	0	0	66	82	0	0	82	69	5,639	8	0.1	86	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	57	0	0	0	49	2,772	28	0.2	306	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	61,991	1,117,202	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 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 North Carolina, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		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	
ULCER DRUGS	\$302,237	1,618	13.1	18,633	0.6	\$26	\$16	
ANTIANSIETY AGENTS	205,675	4,187	33.8	47,198	0.6	8	4	
HEMATOPOIETIC AGENTS	122,387	1,633	13.2	18,464	0.6	10	7	
HYPNOTICS	118,930	535	4.3	6,143	0.7	26	19	
ANTICONVULSANT	118,473	642	5.2	7,377	0.8	20	16	
ANTIPSYCHOTICS	74,218	34	0.3	408	0.6	299	182	
MULTIVITAMINS	63,916	564	4.6	6,435	0.6	16	10	
COUGH/COLD/ALLERGY	54,778	883	7.1	10,244	0.2	28	5	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	44,195	29	0.2	340	0.4	345	130	
ANTIDEPRESSANTS	38,621	76	0.6	909	0.6	73	42	
Total	1,143,430	10,201	n.a.	116,151	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ULCER DRUGS					ANTIANXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	67,366	\$1,143,430	1,618	13.1	18,633	0.6	\$16	4,187	33.8	47,198	0.6	\$4
Female												
All Females	52,279	875,155	1,248	13.0	14,346	0.6	16	3,373	35.1	38,058	0.6	4
Female, Disabled												
All Ages	5,162	144,011	77	12.1	917	0.5	20	231	36.4	2,698	0.7	6
64 or younger	5,032	142,330	74	12.0	881	0.5	20	225	36.5	2,626	0.7	6
65-74	67	814	0	0.0	0	0.0	0	2	40.0	24	0.8	6
75-84	51	629	2	18.2	24	0.3	6	3	27.3	36	0.2	1
85 and older	12	238	1	33.3	12	0.9	19	1	33.3	12	0.1	1
Female, Other Eligibles												
All Ages	47,117	731,144	1,171	13.1	13,429	0.6	16	3,142	35.1	35,360	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,516	186,288	159	14.1	1,865	0.6	18	412	36.4	4,728	0.6	5
75-84	17,288	232,108	433	14.1	4,962	0.7	16	1,087	35.4	12,408	0.6	4
85 and older	22,313	312,748	579	12.2	6,602	0.6	15	1,643	34.5	18,224	0.5	4
Male												
All Males	15,087	268,275	370	13.3	4,287	0.6	16	814	29.3	9,140	0.6	5
Male, Disabled												
All Ages	4,411	100,214	69	11.6	784	0.6	20	206	34.7	2,420	0.7	6
64 or younger	4,359	99,456	69	11.8	784	0.6	20	203	34.6	2,389	0.7	6
65-74	35	644	0	0.0	0	0.0	0	1	33.3	7	0.6	5
75-84	16	105	0	0.0	0	0.0	0	1	100.0	12	1.3	9
85 and older	1	9	0	0.0	0	0.0	0	1	50.0	12	0.1	1
Male, Other Eligibles												
All Ages	10,676	168,061	301	13.8	3,503	0.6	15	608	27.8	6,720	0.5	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,701	68,321	78	11.1	925	0.6	16	178	25.4	2,014	0.6	5
75-84	4,618	65,607	149	16.6	1,710	0.6	16	253	28.1	2,774	0.5	4
85 and older	2,357	34,133	74	12.6	868	0.6	14	177	30.2	1,932	0.4	3
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					HYPNOTICS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,633	13.2	18,464	0.6	\$7	535	4.3	6,143	0.7	\$19	642	5.2	7,377	0.8	\$16
Female															
All Females	1,277	13.3	14,437	0.6	7	386	4.0	4,421	0.7	22	477	5.0	5,482	0.8	14
Female, Disabled															
All Ages	80	12.6	946	0.6	10	63	9.9	753	0.9	10	90	14.2	1,060	0.8	31
64 or younger	77	12.5	910	0.6	10	60	9.7	717	0.9	10	89	14.4	1,048	0.8	31
65-74	0	0.0	0	0.0	0	2	40.0	24	1.0	7	0	0.0	0	0.0	0
75-84	3	27.3	36	0.5	6	1	9.1	12	1.1	14	1	9.1	12	0.7	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,197	13.4	13,491	0.6	6	323	3.6	3,668	0.7	24	387	4.3	4,422	0.8	10
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	136	12.0	1,534	0.6	6	60	5.3	706	0.7	21	105	9.3	1,214	0.9	22
75-84	453	14.8	5,100	0.7	6	115	3.7	1,325	0.7	22	138	4.5	1,571	0.8	5
85 and older	608	12.8	6,857	0.6	6	148	3.1	1,637	0.6	28	144	3.0	1,637	0.7	6
Male															
All Males	356	12.8	4,027	0.6	7	149	5.4	1,722	0.8	13	165	5.9	1,895	0.8	21
Male, Disabled															
All Ages	52	8.8	624	0.7	8	60	10.1	692	0.8	9	70	11.8	813	0.8	27
64 or younger	50	8.5	600	0.7	8	59	10.1	680	0.8	9	70	11.9	813	0.8	27
65-74	2	66.7	24	0.3	14	1	33.3	12	1.0	6	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	304	13.9	3,403	0.6	7	89	4.1	1,030	0.8	16	95	4.3	1,082	0.8	17
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	89	12.7	1,026	0.6	8	39	5.6	461	0.9	16	46	6.6	541	0.7	26
75-84	131	14.6	1,491	0.6	7	34	3.8	398	0.8	16	36	4.0	397	0.8	8
85 and older	84	14.3	886	0.6	7	16	2.7	171	0.4	19	13	2.2	144	0.9	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIPSYCHOTICS					MULTIVITAMINS					COUGH/COLD/ALLERGY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	34	0.3	408	0.6	\$182	564	4.6	6,435	0.6	\$10	883	7.1	10,244	0.2	\$5
Female															
All Females	24	0.3	288	0.6	183	417	4.3	4,769	0.6	10	725	7.6	8,427	0.2	5
Female, Disabled															
All Ages	11	1.7	132	0.8	279	38	6.0	445	0.6	9	51	8.0	605	0.2	5
64 or younger	11	1.8	132	0.8	279	35	5.7	409	0.6	9	51	8.3	605	0.2	5
65-74	0	0.0	0	0.0	0	3	60.0	36	0.7	14	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	13	0.1	156	0.5	102	379	4.2	4,324	0.6	10	674	7.5	7,822	0.2	5
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13	1.1	156	0.5	102	71	6.3	837	0.6	10	96	8.5	1,128	0.2	4
75-84	0	0.0	0	0.0	0	131	4.3	1,542	0.6	10	228	7.4	2,638	0.2	5
85 and older	0	0.0	0	0.0	0	177	3.7	1,945	0.6	10	350	7.3	4,056	0.2	6
Male															
All Males	10	0.4	120	0.6	179	147	5.3	1,666	0.7	10	158	5.7	1,817	0.2	7
Male, Disabled															
All Ages	7	1.2	84	0.7	213	28	4.7	330	0.7	10	29	4.9	336	0.2	12
64 or younger	7	1.2	84	0.7	213	27	4.6	318	0.7	10	29	4.9	336	0.2	12
65-74	0	0.0	0	0.0	0	1	33.3	12	0.9	17	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3	0.1	36	0.3	97	119	5.4	1,336	0.6	10	129	5.9	1,481	0.2	6
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	3	0.4	36	0.3	97	38	5.4	440	0.7	10	34	4.9	403	0.3	10
75-84	0	0.0	0	0.0	0	50	5.6	556	0.6	9	61	6.8	691	0.2	4
85 and older	0	0.0	0	0.0	0	31	5.3	340	0.6	11	34	5.8	387	0.1	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	29	0.2	340	0.4	\$130	76	0.6	909	0.6	\$43	12,376	138,052
Female												
All Females	24	0.3	280	0.3	145	49	0.5	585	0.6	47	9,597	107,057
Female, Disabled												
All Ages	7	1.1	84	0.4	53	22	3.5	261	0.6	52	635	7,377
64 or younger	7	1.1	84	0.4	53	22	3.6	261	0.6	52	616	7,149
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	132
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Female, Other Eligibles												
All Ages	17	0.2	196	0.3	184	27	0.3	324	0.5	43	8,962	99,680
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	11	1.0	124	0.4	289	26	2.3	312	0.5	44	1,131	12,891
75-84	3	0.1	36	0.1	5	0	0.0	0	0.0	0	3,069	34,317
85 and older	3	0.1	36	0.2	4	1	0.0	12	1.0	19	4,762	52,472
Male												
All Males	5	0.2	60	0.6	61	27	1.0	324	0.6	35	2,779	30,995
Male, Disabled												
All Ages	4	0.7	48	0.6	73	16	2.7	192	0.6	43	593	6,864
64 or younger	4	0.7	48	0.6	73	16	2.7	192	0.6	43	587	6,797
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
Male, Other Eligibles												
All Ages	1	0.0	12	0.4	13	11	0.5	132	0.5	23	2,186	24,131
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	11	1.6	132	0.5	23	700	7,969
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	900	9,918
85 and older	1	0.2	12	0.4	13	0	0.0	0	0.0	0	586	6,244
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 13,069 beneficiaries who were in nursing facilities for part of their enrollment and their 130,576 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^{a,b}
NORTH CAROLINA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	91,464	38.0	2.6	622,522	\$33	\$7,840,205	\$13	13.6	240,499	
Age										
5 and younger	6	31.6	0.8	15	92	1,740	116	7.3	19	
6-14	11	40.7	2.6	71	199	5,369	76	7.6	27	
15-20	128	28.3	1.2	538	20	9,267	17	1.4	453	
21-44	14,320	36.2	2.5	98,719	30	1,179,728	12	5.6	39,543	
45-64	29,593	43.1	3.2	220,773	41	2,822,642	13	11.3	68,656	
65-74	19,017	35.1	2.3	126,462	29	1,574,899	12	19.0	54,215	
75-84	16,794	35.7	2.3	106,026	28	1,328,749	13	76.6	47,008	
85 and older	11,595	37.9	2.3	69,918	30	917,811	13	89.1	30,578	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	47,230	36.0	2.3	301,282	29	3,805,791	13	35.3	131,240	
Disabled	43,096	40.3	2.9	313,213	37	3,921,233	13	9.9	107,012	
Adults	1,129	50.8	3.6	7,987	50	111,996	14	1.5	2,222	
Children	9	36.0	1.6	40	47	1,185	30	2.6	25	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	65,608	41.3	2.8	446,384	36	5,757,865	13	15.8	158,911	
Male	25,856	31.7	2.2	176,138	26	2,082,340	12	9.8	81,588	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	55,529	44.9	3.4	423,467	42	5,162,661	12	14.7	123,537	
African American	26,533	29.3	1.5	138,875	20	1,831,926	13	10.3	90,425	
Other/unknown	9,402	35.4	2.3	60,180	32	845,618	14	17.5	26,537	
Use of Nursing Facilities^d										
Entire year	6,434	52.0	4.4	54,584	61	754,384	14	67.5	12,376	
Part year	7,233	55.3	3.4	44,178	44	570,033	13	41.9	13,069	
None	77,797	36.2	2.4	523,760	30	6,515,788	12	11.8	215,054	
Maintenance Assistance Status										
Cash	42,151	38.5	2.7	295,174	33	3,651,991	12	13.3	109,572	
Medically needy	3,234	47.4	3.2	21,512	42	287,831	13	34.2	6,824	
Poverty related	45,994	37.2	2.5	305,354	31	3,894,400	13	13.4	123,785	
Other/unknown	85	26.7	1.5	482	19	5,983	12	1.3	318	

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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^{a,b}
NORTH CAROLINA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$13	\$0	\$1	2,664,411
Age						
5 and younger	0.1	9	116	0	1	192
6-14	0.2	18	76	0	0	303
15-20	0.1	2	17	0	0	5,127
21-44	0.2	3	12	0	2	440,206
45-64	0.3	4	13	0	2	769,534
65-74	0.2	3	12	0	1	602,797
75-84	0.2	3	13	0	1	521,728
85 and older	0.2	3	13	0	1	324,524
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	13	0	1	1,443,594
Disabled	0.3	3	13	0	2	1,199,659
Adults	0.4	5	14	0	2	20,919
Children	0.2	5	30	0	0	239
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	3	13	0	2	1,765,619
Male	0.2	2	12	0	1	898,792
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	12	0	2	1,355,711
African American	0.1	2	13	0	1	1,015,488
Other/unknown	0.2	3	14	0	1	293,212
Use of Nursing Facilities^d						
Entire year	0.4	5	14	0	2	138,052
Part year	0.3	4	13	0	2	130,576
None	0.2	3	12	0	1	2,395,783
Maintenance Assistance Status						
Cash	0.2	3	12	0	1	1,242,316
Medically needy	0.3	4	13	0	2	67,626
Poverty related	0.2	3	13	0	1	1,351,926
Other/unknown	0.2	2	12	0	1	2,543

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	117,636	\$67	\$7,840,205	100.0	622,522	\$13	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	12	14	170	0.0	16	11	0.0
Cough and cold medications	29,434	74	2,188,020	27.9	68,428	32	11.0
Vitamins and minerals	10,454	62	645,503	8.2	49,399	13	7.9
Non-prescription drugs	11,460	89	1,023,876	13.1	54,365	19	8.7
Barbiturates	1,991	67	133,819	1.7	18,223	7	2.9
Benzodiazepines	61,920	60	3,699,261	47.2	424,585	9	68.2
Other Part D Excl Rx Drugs	2,365	63	149,556	1.9	7,506	20	1.2

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 240,499
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$57,774,511
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	134,633	56.0	\$0	0.0
1-500	91,841	38.2	7,093,511	12.3
501-1,000	3,883	1.6	2,768,180	4.8
1,001-1,500	1,981	0.8	2,441,522	4.2
1,501-2,000	1,362	0.6	2,364,727	4.1
2,001-2,500	1,113	0.5	2,494,057	4.3
2,501-3,000	777	0.3	2,129,574	3.7
3,001-3,500	639	0.3	2,065,264	3.6
3,501-4,000	565	0.2	2,113,514	3.7
4,001-4,500	492	0.2	2,092,588	3.6
4,501-5,000	407	0.2	1,935,673	3.4
5,001-5,500	343	0.1	1,798,949	3.1
5,501-6,000	272	0.1	1,563,903	2.7
6,001-6,500	238	0.1	1,483,683	2.6
6,501-7,000	193	0.1	1,301,938	2.3
7,001-7,500	189	0.1	1,371,152	2.4
7,501-8,000	165	0.1	1,280,440	2.2
8,001-8,500	130	0.1	1,072,334	1.9
8,501-9,000	119	0.0	1,040,174	1.8
9,001-9,500	103	0.0	952,101	1.6
9,501-10,000	87	0.0	849,443	1.5
10,001+	967	0.4	17,561,784	30.4

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 106,483
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$39,413,033
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$370

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	55,057	51.7	\$0	0.0	
1-500	41,839	39.3	3,537,233	9.0	
501-1,000	2,457	2.3	1,761,267	4.5	
1,001-1,500	1,361	1.3	1,683,018	4.3	
1,501-2,000	948	0.9	1,648,802	4.2	
2,001-2,500	800	0.8	1,792,839	4.5	
2,501-3,000	557	0.5	1,526,203	3.9	
3,001-3,500	445	0.4	1,436,969	3.6	
3,501-4,000	415	0.4	1,549,742	3.9	
4,001-4,500	345	0.3	1,464,334	3.7	
4,501-5,000	294	0.3	1,399,235	3.6	
5,001-5,500	243	0.2	1,273,010	3.2	
5,501-6,000	197	0.2	1,134,321	2.9	
6,001-6,500	166	0.2	1,035,207	2.6	
6,501-7,000	133	0.1	896,739	2.3	
7,001-7,500	128	0.1	927,749	2.4	
7,501-8,000	114	0.1	883,197	2.2	
8,001-8,500	92	0.1	758,126	1.9	
8,501-9,000	89	0.1	777,268	2.0	
9,001-9,500	74	0.1	684,666	1.7	
9,501-10,000	66	0.1	643,772	1.6	
10,001+	663	0.6	12,599,336	32.0	

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 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^{a, b}
 NORTH CAROLINA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 131,801
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$11,047,769
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$83

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	79,105	60.0	\$0	0.0
1-500	49,615	37.6	3,497,442	31.7
501-1,000	1,249	0.9	876,434	7.9
1,001-1,500	471	0.4	573,667	5.2
1,501-2,000	302	0.2	517,314	4.7
2,001-2,500	223	0.2	497,850	4.5
2,501-3,000	153	0.1	420,124	3.8
3,001-3,500	113	0.1	364,575	3.3
3,501-4,000	82	0.1	307,338	2.8
4,001-4,500	78	0.1	332,099	3.0
4,501-5,000	49	0.0	233,304	2.1
5,001-5,500	45	0.0	235,715	2.1
5,501-6,000	43	0.0	246,341	2.2
6,001-6,500	36	0.0	224,849	2.0
6,501-7,000	28	0.0	188,942	1.7
7,001-7,500	29	0.0	210,789	1.9
7,501-8,000	18	0.0	140,058	1.3
8,001-8,500	19	0.0	157,273	1.4
8,501-9,000	17	0.0	148,564	1.3
9,001-9,500	9	0.0	82,980	0.8
9,501-10,000	8	0.0	77,890	0.7
10,001+	109	0.1	1,714,221	15.5

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 54,215
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$8,281,555
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$152

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	32,407	59.8	\$0	0.0
1-500	19,482	35.9	1,489,693	18.0
501-1,000	726	1.3	516,662	6.2
1,001-1,500	338	0.6	412,428	5.0
1,501-2,000	245	0.5	419,692	5.1
2,001-2,500	206	0.4	458,895	5.5
2,501-3,000	143	0.3	392,262	4.7
3,001-3,500	111	0.2	358,288	4.3
3,501-4,000	76	0.1	284,424	3.4
4,001-4,500	75	0.1	319,048	3.9
4,501-5,000	48	0.1	228,539	2.8
5,001-5,500	45	0.1	235,715	2.8
5,501-6,000	43	0.1	246,341	3.0
6,001-6,500	36	0.1	224,849	2.7
6,501-7,000	28	0.1	188,942	2.3
7,001-7,500	28	0.1	203,336	2.5
7,501-8,000	18	0.0	140,058	1.7
8,001-8,500	19	0.0	157,273	1.9
8,501-9,000	16	0.0	139,732	1.7
9,001-9,500	9	0.0	82,980	1.0
9,501-10,000	7	0.0	68,177	0.8
10,001+	109	0.2	1,714,221	20.7

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 47,008
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,735,771
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,648	60.9	\$0	0.0
1-500	17,867	38.0	1,227,459	70.7
501-1,000	337	0.7	234,145	13.5
1,001-1,500	90	0.2	109,291	6.3
1,501-2,000	37	0.1	63,543	3.7
2,001-2,500	10	0.0	23,740	1.4
2,501-3,000	7	0.0	19,632	1.1
3,001-3,500	2	0.0	6,287	0.4
3,501-4,000	4	0.0	15,313	0.9
4,001-4,500	3	0.0	13,051	0.8
4,501-5,000	1	0.0	4,765	0.3
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,832	0.5
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,713	0.6
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 30,578
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,030,443
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$33

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,050	59.0	\$0	0.0
1-500	12,266	40.1	780,290	75.7
501-1,000	186	0.6	125,627	12.2
1,001-1,500	43	0.1	51,948	5.0
1,501-2,000	20	0.1	34,079	3.3
2,001-2,500	7	0.0	15,215	1.5
2,501-3,000	3	0.0	8,230	0.8
3,001-3,500	0	0.0	0	0.0
3,501-4,000	2	0.0	7,601	0.7
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,453	0.7
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	240,499	131,240	107,012	2,222	25	0	2,664,411	1,443,594	1,199,659	20,919	239	0
Age												
5 and younger	19	0	18	0	1	0	192	0	180	0	12	0
6-14	27	0	22	0	5	0	303	0	251	0	52	0
15-20	453	0	430	4	19	0	5,127	0	4,929	23	175	0
21-44	39,543	0	38,097	1,446	0	0	440,206	0	426,505	13,701	0	0
45-64	68,656	11	67,916	729	0	0	769,534	85	762,616	6,833	0	0
65-74	54,215	53,810	364	41	0	0	602,797	599,150	3,299	348	0	0
75-84	47,008	46,886	120	2	0	0	521,728	520,336	1,378	14	0	0
85 and older	30,578	30,533	45	0	0	0	324,524	324,023	501	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	158,911	99,037	58,253	1,607	14	0	1,765,619	1,094,111	655,949	15,420	139	0
Male	81,588	32,203	48,759	615	11	0	898,792	349,483	543,710	5,499	100	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	123,537	67,154	55,097	1,275	11	0	1,355,711	728,620	614,931	12,057	103	0
African American	90,425	46,781	42,852	783	9	0	1,015,488	524,562	483,426	7,415	85	0
Other/unknown	26,537	17,305	9,063	164	5	0	293,212	190,412	101,302	1,447	51	0
Use of Nursing Facilities^c												
Entire year	12,376	11,148	1,228	0	0	0	138,052	123,811	14,241	0	0	0
Part year	13,069	11,561	1,506	2	0	0	130,576	114,367	16,185	24	0	0
None	215,054	108,531	104,278	2,220	25	0	2,395,783	1,205,416	1,169,233	20,895	239	0
Maintenance Assistance Status												
Cash	109,572	58,479	49,409	1,681	3	0	1,242,316	659,335	566,057	16,902	22	0
Medically needy	6,824	5,583	1,192	49	0	0	67,626	54,889	12,316	421	0	0
Poverty related	123,785	67,178	56,411	186	10	0	1,351,926	729,370	621,286	1,167	103	0
Other/unknown	318	0	0	306	12	0	2,543	0	0	2,429	114	0
Dual Status^d												
Full dual, all year	231,806	126,785	102,790	2,206	25	0	2,566,589	1,393,846	1,151,761	20,743	239	0
Full dual, part year	8,693	4,455	4,222	16	0	0	97,822	49,748	47,898	176	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	240,499	131,240	107,012	2,222	25	0	2,664,411	1,443,594	1,199,659	20,919	239	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	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 North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of

Medicaid enrollment in 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.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.4
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
DUAL ELIGIBLE BENEFICIARIES, NORTH CAROLINA, 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
All	240,499	2,664,411	240,499	2,664,411	0	0
Fee-for-service (FFS) all year	240,499	2,664,411	240,499	2,664,411	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for North Carolina, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

Dual Medicaid Beneficiaries