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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OHIO, 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	234,792	126,364	105,315	2,993	109	11	2,366,977	1,262,169	1,084,922	18,714	1,053	119
Age												
5 and younger	9	0	9	0	0	0	94	0	94	0	0	0
6-14	29	0	20	0	9	0	270	0	197	0	73	0
15-20	428	0	401	1	26	0	4,459	0	4,212	2	245	0
21-44	43,088	0	40,932	2,082	74	0	437,087	0	423,103	13,249	735	0
45-64	64,751	6	63,933	805	0	7	662,100	38	657,229	4,755	0	78
65-74	44,271	44,151	20	96	0	4	454,113	453,347	87	638	0	41
75-84	43,495	43,486	0	9	0	0	438,849	438,779	0	70	0	0
85 and older	38,721	38,721	0	0	0	0	370,005	370,005	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	149,289	92,672	54,984	1,553	69	11	1,524,252	940,289	573,496	9,731	617	119
Male	85,503	33,692	50,331	1,440	40	0	842,725	321,880	511,426	8,983	436	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	179,974	99,518	78,150	2,220	77	9	1,807,453	983,943	809,067	13,624	724	95
African American	49,387	23,529	25,129	695	32	2	504,018	243,484	255,586	4,595	329	24
Other/unknown	5,431	3,317	2,036	78	0	0	55,506	34,742	20,269	495	0	0
Use of Nursing Facilities^c												
Entire year	40,755	36,132	4,623	0	0	0	417,595	365,852	51,743	0	0	0
Part year	28,539	23,880	4,649	9	1	0	274,956	226,487	48,388	69	12	0
None	165,498	66,352	96,043	2,984	108	11	1,674,426	669,830	984,791	18,645	1,041	119
Maintenance Assistance Status												
Cash	72,206	26,250	45,815	141	0	0	790,975	297,155	493,111	709	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	25,892	11,796	13,893	171	21	11	277,873	128,971	147,527	1,143	113	119
Other/unknown	136,694	88,318	45,607	2,681	88	0	1,298,129	836,043	444,284	16,862	940	0
Dual Medicare Status^d												
Full dual, all year	184,413	104,059	77,500	2,736	107	11	1,814,046	1,018,067	778,817	16,009	1,034	119
Full dual, part year	50,379	22,305	27,815	257	2	0	552,931	244,102	306,105	2,705	19	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	223,737	124,949	97,041	1,638	98	11	2,308,751	1,253,403	1,041,372	12,869	988	119
FFS part year, with Rx claims	8,650	1,180	6,761	702	7	0	46,241	7,410	35,853	2,932	46	0
FFS part year, no Rx claims	2,405	235	1,513	653	4	0	11,985	1,356	7,697	2,913	19	0

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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, OHIO, 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	43.3	5.6	\$214	\$39	\$19,699	1.1	234,792
Age							
5 and younger	44.4	18.4	1,453	79	43,809	3.3	9
6-14	55.2	7.7	890	116	62,234	1.4	29
15-20	73.8	15.9	1,623	102	14,729	11.0	428
21-44	41.6	5.3	328	62	14,612	2.2	43,088
45-64	46.5	7.3	325	45	19,144	1.7	64,751
65-74	41.2	5.7	195	34	15,517	1.3	44,271
75-84	41.9	4.3	76	18	22,274	0.3	43,495
85 and older	43.7	4.0	61	15	28,195	0.2	38,721
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	42.2	4.7	113	24	21,740	0.5	126,364
Disabled	44.7	6.6	331	50	17,753	1.9	105,315
Adults	41.1	3.8	323	86	2,630	12.3	2,993
Children	28.4	5.0	659	132	3,165	20.8	109
Unknown	72.7	30.9	2,076	67	20,887	9.9	11
Gender							
Female	45.5	5.8	202	35	19,694	1.0	149,289
Male	39.6	5.2	235	45	19,708	1.2	85,503
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.2	5.9	216	37	20,923	1.0	179,974
African American	37.0	4.5	205	46	16,244	1.3	49,387
Other/unknown	37.3	4.4	217	50	10,578	2.0	5,431
Use of Nursing Facilities^f							
Entire year	53.7	7.3	139	19	42,493	0.3	40,755
Part year	58.7	6.9	185	27	27,968	0.7	28,539
None	38.1	4.9	237	48	12,660	1.9	165,498
Maintenance Assistance Status							
Cash	43.7	6.0	277	46	10,163	2.7	72,206
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	34.1	4.3	193	45	16,163	1.2	25,892
Other/unknown	44.9	5.6	184	33	25,407	0.7	136,694

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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, OHIO, 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	0.6	\$21	1.1	56.7	31.8	5.2	4.1	1.7	0.6	\$1,954	234,792	2,366,977
Age												
5 and younger	1.8	139	3.3	55.6	11.1	11.1	11.1	11.1	0.0	4,195	9	94
6-14	0.8	96	1.4	44.8	37.9	6.9	3.4	3.4	3.4	6,684	29	270
15-20	1.5	156	11.0	26.2	42.8	12.1	13.1	4.9	0.9	1,414	428	4,459
21-44	0.5	32	2.2	58.4	29.8	4.8	4.5	1.9	0.6	1,441	43,088	437,087
45-64	0.7	32	1.7	53.5	31.4	5.8	5.3	2.9	1.1	1,872	64,751	662,100
65-74	0.6	19	1.3	58.8	30.4	4.9	3.8	1.6	0.6	1,513	44,271	454,113
75-84	0.4	8	0.3	58.1	33.0	5.0	3.0	0.8	0.2	2,208	43,495	438,849
85 and older	0.4	6	0.2	56.3	34.6	5.3	2.9	0.7	0.2	2,951	38,721	370,005
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	0.5	11	0.5	57.8	32.6	5.0	3.3	1.0	0.3	2,177	126,364	1,262,169
Disabled	0.6	32	1.9	55.3	31.0	5.4	5.0	2.5	0.9	1,723	105,315	1,084,922
Adults	0.6	52	12.3	58.9	23.4	5.9	6.9	3.8	1.1	421	2,993	18,714
Children	0.5	68	20.8	71.6	14.7	5.5	7.3	0.9	0.0	328	109	1,053
Unknown	2.9	192	9.9	27.3	18.2	9.1	27.3	18.2	0.0	1,931	11	119
Gender												
Female	0.6	20	1.0	54.5	33.8	5.4	4.0	1.7	0.6	1,929	149,289	1,524,252
Male	0.5	24	1.2	60.4	28.2	4.9	4.2	1.7	0.5	2,000	85,503	842,725
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	22	1.0	54.8	33.0	5.7	4.3	1.8	0.6	2,083	179,974	1,807,453
African American	0.4	20	1.3	63.0	27.8	3.7	3.5	1.5	0.4	1,592	49,387	504,018
Other/unknown	0.4	21	2.0	62.7	27.7	4.1	3.2	1.7	0.5	1,035	5,431	55,506
Use of Nursing Facilities^f												
Entire year	0.7	14	0.3	46.3	37.1	9.1	5.7	1.3	0.5	4,147	40,755	417,595
Part year	0.7	19	0.7	41.3	44.8	7.0	4.6	1.5	0.7	2,903	28,539	274,956
None	0.5	24	1.9	61.9	28.2	3.9	3.6	1.8	0.6	1,251	165,498	1,674,426
Maintenance Assistance Status												
Cash	0.5	25	2.7	56.3	32.4	4.6	3.9	2.1	0.7	928	72,206	790,975
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	18	1.2	65.9	25.7	4.0	3.3	1.0	0.1	1,506	25,892	277,873
Other/unknown	0.6	19	0.7	55.1	32.6	5.8	4.3	1.6	0.6	2,675	136,694	1,298,129

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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, OHIO, 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	0.6	\$21	\$39	0.1	\$15	\$143	0.0	\$2	\$107	0.4	\$5	\$11
Age												
5 and younger	1.8	139	79	0.4	96	258	0.8	32	41	0.6	6	10
6-14	0.8	96	116	0.3	80	297	0.1	7	97	0.5	9	18
15-20	1.5	156	102	0.6	129	202	0.1	10	129	0.8	17	21
21-44	0.5	32	62	0.1	24	203	0.0	3	144	0.4	6	14
45-64	0.7	32	45	0.1	22	147	0.0	3	116	0.5	7	13
65-74	0.6	19	34	0.1	13	115	0.0	2	89	0.4	5	11
75-84	0.4	8	18	0.0	4	80	0.0	0	54	0.4	3	9
85 and older	0.4	6	15	0.0	3	76	0.0	0	51	0.4	3	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.5	11	24	0.1	7	99	0.0	1	74	0.4	4	9
Disabled	0.6	32	50	0.1	23	165	0.0	3	125	0.5	6	13
Adults	0.6	52	86	0.1	41	277	0.0	3	146	0.4	7	16
Children	0.5	68	132	0.3	58	229	0.0	6	191	0.2	4	18
Unknown	2.9	192	67	1.2	153	129	0.2	14	90	1.5	24	16
Gender												
Female	0.6	20	35	0.1	13	133	0.0	2	103	0.4	5	11
Male	0.5	24	45	0.1	17	159	0.0	2	114	0.4	5	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	22	37	0.1	15	141	0.0	2	113	0.5	5	11
African American	0.4	20	46	0.1	14	151	0.0	2	92	0.3	4	13
Other/unknown	0.4	21	50	0.1	16	145	0.0	2	94	0.3	4	13
Use of Nursing Facilities^e												
Entire year	0.7	14	19	0.1	8	104	0.0	1	62	0.6	5	8
Part year	0.7	19	27	0.1	12	113	0.0	1	73	0.6	6	10
None	0.5	24	48	0.1	17	154	0.0	2	120	0.4	5	13
Maintenance Assistance Status												
Cash	0.5	25	46	0.1	18	146	0.0	2	115	0.4	5	13
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	18	45	0.1	13	158	0.0	2	115	0.3	4	12
Other/unknown	0.6	19	33	0.1	13	137	0.0	2	99	0.5	5	10

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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, OHIO, 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
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$28	\$21	\$2	\$5	\$91	\$375	\$209	\$21	28,259	\$2,584,229	10,611	4.5	92,964
Biologicals	0.2	0.2	0.0	0.0	164	164	0	0	992	992	0	0	148	146,876	98	0.0	895
Antineoplastic Agents	0.4	0.1	0.0	0.2	90	80	0	10	249	650	231	43	2,446	610,234	784	0.3	6,768
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	29	24	1	4	53	106	83	12	58,259	3,087,543	12,114	5.2	107,315
Cardiovascular Agents	1.0	0.2	0.1	0.6	37	22	8	7	39	95	81	12	133,068	5,160,119	16,439	7.0	138,233
Respiratory Agents	0.3	0.1	0.0	0.2	14	10	1	3	44	116	81	13	81,197	3,574,860	24,543	10.5	255,140
Gastrointestinal Agents	0.5	0.3	0.0	0.2	49	44	3	2	102	143	284	15	44,523	4,525,255	10,667	4.5	91,472
Genitourinary Agents	0.3	0.2	0.0	0.1	23	19	2	2	65	84	71	21	9,178	597,423	2,966	1.3	26,291
CNS Drugs	0.8	0.1	0.0	0.7	19	12	1	6	25	160	109	9	501,191	12,480,879	64,633	27.5	661,342
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	60	55	1	4	127	169	115	29	2,137	270,589	522	0.2	4,506
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	58	58	0	1	169	173	99	73	9,251	1,567,604	3,158	1.3	26,809
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	26	9	7	11	45	261	309	20	80,818	3,599,517	16,056	6.8	138,392
Neuromuscular Agents	0.8	0.1	0.0	0.6	28	19	2	7	37	171	148	11	147,202	5,429,701	20,007	8.5	196,114
Nutritional Products	0.4	0.0	0.0	0.4	7	1	0	5	15	34	15	14	56,347	847,715	12,619	5.4	127,284
Hematological Agents	0.6	0.1	0.0	0.5	16	12	0	4	26	117	23	8	121,876	3,207,529	19,246	8.2	197,850
Topical Products	0.3	0.1	0.0	0.2	20	14	2	3	62	113	76	20	20,389	1,259,443	7,116	3.0	64,369
Miscellaneous Products	0.6	0.3	0.1	0.2	102	84	12	6	185	303	137	34	5,530	1,021,523	1,063	0.5	10,047
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	19	0	0	0	71	0	0	0	3,731	263,309	1,349	0.6	13,504
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.	1,305,550	50,234,348	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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 Ohio, 0.7 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, OHIO, 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	\$5,823,232	7,028	3.0	61,104	0.4	\$214	\$95
ANTICONVULSANT	4,916,547	18,977	8.1	188,704	0.7	38	26
ULCER DRUGS	3,612,696	9,851	4.2	84,822	0.4	111	43
ANTIANKXIETY AGENTS	3,143,943	52,442	22.3	550,815	0.7	9	6
ANTIDEPRESSANTS	2,537,568	14,488	6.2	120,535	0.4	54	21
ANALGESICS - Narcotic	2,462,397	17,228	7.3	145,689	0.4	45	17
ANTIASTHMATIC	2,423,113	10,784	4.6	93,511	0.3	79	26
ANTIDIABETIC	2,394,568	10,669	4.5	93,654	0.4	63	26
ANTIHYPERLIPIDEMIC	2,276,493	9,024	3.8	77,949	0.4	76	29
HEMATOPOIETIC AGENTS	2,091,480	29,216	12.4	313,240	0.6	12	7
Total	31,682,037	179,707	n.a.	1,730,023	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OHIO, 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	928,469	\$31,682,037	7,028	3.0	61,104	0.4	\$95	18,977	8.1	188,704	0.7	\$26					
Female																	
All Females	622,906	19,200,238	3,900	2.6	33,557	0.4	84	11,812	7.9	118,381	0.7	23					
Female, Disabled																	
All Ages	265,005	12,130,681	2,633	4.8	22,832	0.4	96	7,773	14.1	77,432	0.6	28					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	30	1,053	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	1,443	177,772	43	23.4	482	0.7	148	48	26.1	528	0.5	99					
21-44	76,124	3,877,914	1,237	6.3	10,552	0.4	99	2,917	14.8	28,780	0.6	34					
45-64	187,363	8,070,795	1,350	3.9	11,783	0.4	91	4,805	13.7	48,114	0.7	24					
65-74	45	3,147	3	16.7	15	0.7	132	3	16.7	10	0.5	8					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	357,901	7,069,557	1,267	1.3	10,725	0.4	58	4,039	4.3	40,949	0.8	13					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	9	765	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	96	17,985	3	17.6	34	0.6	167	6	35.3	64	0.6	127					
21-44	3,059	428,850	72	5.8	382	0.4	89	180	14.5	1,036	0.6	42					
45-64	941	53,382	16	5.1	86	0.3	65	39	12.4	216	0.6	22					
65-74	118,771	3,712,473	454	1.6	4,448	0.5	80	1,777	6.2	19,110	0.7	17					
75-84	117,877	1,599,122	373	1.2	3,099	0.4	43	1,238	3.9	12,730	0.8	8					
85 and older	117,148	1,256,980	349	1.1	2,676	0.3	32	799	2.5	7,793	0.8	8					
Male																	
All Males	305,563	12,481,799	3,128	3.7	27,547	0.5	110	7,165	8.4	70,323	0.7	32					
Male, Disabled																	
All Ages	197,261	9,893,309	2,476	4.9	22,102	0.5	122	5,640	11.2	55,882	0.7	35					
5 and younger	46	2,995	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	32	2,461	0	0.0	0	0.0	0	1	10.0	12	0.2	1					
15-20	2,088	285,643	83	38.2	922	0.5	166	67	30.9	733	0.6	82					
21-44	73,008	4,523,229	1,432	6.8	12,696	0.5	126	2,595	12.2	25,883	0.7	42					
45-64	122,054	5,077,300	961	3.3	8,484	0.5	112	2,976	10.3	29,249	0.8	28					
65-74	33	1,681	0	0.0	0	0.0	0	1	50.0	5	0.4	5					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	108,302	2,588,490	652	1.9	5,445	0.4	58	1,525	4.3	14,441	0.7	18					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	7	91	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	89	19,029	5	50.0	60	0.5	220	4	40.0	48	0.6	95					
21-44	1,765	112,389	34	3.7	212	0.5	152	82	9.0	502	0.6	47					
45-64	1,031	54,940	5	1.0	24	0.3	65	38	7.6	273	0.5	31					
65-74	52,444	1,676,019	279	1.8	2,619	0.4	78	799	5.1	8,148	0.8	21					
75-84	33,816	483,236	209	1.8	1,597	0.3	27	425	3.6	3,872	0.6	10					
85 and older	19,150	242,786	120	1.9	933	0.4	26	177	2.8	1,598	0.6	8					
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 Ohio, released by CMS in 4/2010. 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.

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, OHIO, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIANKXIETY AGENTS					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	9,851	4.2	84,822	0.4	\$43	52,442	22.3	550,815	0.7	\$6	14,488	6.2	120,535	0.4	\$21
Female															
All Females	6,415	4.3	55,746	0.4	42	36,994	24.8	390,428	0.7	6	9,555	6.4	80,363	0.4	21
Female, Disabled															
All Ages	3,984	7.2	34,014	0.4	43	13,379	24.3	144,371	0.6	6	6,403	11.6	53,449	0.4	24
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	10.0	12	0.1	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	39	21.2	438	0.2	32	19	10.3	192	0.3	4	55	29.9	604	0.4	24
21-44	1,149	5.8	9,734	0.3	37	4,158	21.1	44,338	0.6	6	2,180	11.1	18,143	0.4	22
45-64	2,794	8.0	23,829	0.4	46	9,198	26.2	99,823	0.6	6	4,166	11.9	34,694	0.4	26
65-74	1	5.6	1	1.0	139	4	22.2	18	0.6	6	2	11.1	8	0.3	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,431	2.6	21,732	0.4	40	23,615	25.0	246,057	0.7	5	3,152	3.3	26,914	0.4	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	25.0	18	0.1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	5.9	12	0.6	242	1	5.9	12	0.2	1	3	17.6	30	0.4	10
21-44	84	6.8	481	0.5	46	184	14.8	1,317	0.5	5	198	15.9	1,021	0.4	29
45-64	37	11.7	180	0.4	40	56	17.8	393	0.5	5	76	24.1	399	0.4	22
65-74	1,379	4.8	13,075	0.4	46	6,581	23.1	72,149	0.7	6	1,332	4.7	12,757	0.4	18
75-84	474	1.5	4,240	0.4	32	7,984	25.1	84,657	0.7	6	776	2.4	6,616	0.3	11
85 and older	454	1.4	3,726	0.3	25	8,809	27.2	87,529	0.7	5	767	2.4	6,091	0.3	8
Male															
All Males	3,436	4.0	29,076	0.4	44	15,448	18.1	160,387	0.7	6	4,933	5.8	40,172	0.4	21
Male, Disabled															
All Ages	2,440	4.8	20,503	0.4	47	8,678	17.2	93,376	0.7	7	3,784	7.5	30,726	0.4	24
5 and younger	3	37.5	31	0.5	46	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	20.0	24	0.3	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	33	15.2	394	0.5	66	29	13.4	325	0.5	5	57	26.3	654	0.5	21
21-44	911	4.3	7,916	0.4	44	3,250	15.3	35,182	0.6	6	1,641	7.7	13,695	0.4	24
45-64	1,491	5.2	12,138	0.4	48	5,398	18.7	57,860	0.7	7	2,085	7.2	16,372	0.4	24
65-74	0	0.0	0	0.0	0	1	50.0	9	1.1	15	1	50.0	5	0.8	63
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	996	2.8	8,573	0.4	37	6,770	19.2	67,011	0.6	5	1,149	3.3	9,446	0.3	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30.0	36	0.5	11
21-44	64	7.0	307	0.4	48	116	12.7	805	0.6	6	86	9.4	381	0.4	21
45-64	32	6.4	194	0.3	33	61	12.1	485	0.6	5	47	9.3	265	0.3	27
65-74	592	3.8	5,662	0.4	42	2,727	17.4	28,617	0.7	6	500	3.2	4,865	0.4	15
75-84	198	1.7	1,571	0.3	27	2,361	20.2	23,375	0.6	5	321	2.8	2,390	0.3	8
85 and older	110	1.7	839	0.3	18	1,505	23.7	13,729	0.5	4	192	3.0	1,509	0.3	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 Ohio, released by CMS in 4/2010. 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.

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, OHIO, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIDIABETIC				
	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	17,228	7.3	145,689	0.4	\$17	10,784	4.6	93,511	0.3	\$26	10,669	4.5	93,654	0.4	\$26
Female															
All Females	10,723	7.2	93,018	0.4	16	7,107	4.8	62,604	0.3	26	6,780	4.5	60,741	0.4	25
Female, Disabled															
All Ages	7,379	13.4	63,949	0.4	15	4,502	8.2	39,329	0.3	28	3,480	6.3	30,189	0.4	29
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	10.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	74	40.2	783	0.2	4	44	23.9	499	0.3	24	7	3.8	74	0.5	44
21-44	2,644	13.4	22,580	0.3	12	1,189	6.0	10,366	0.3	23	689	3.5	5,943	0.4	25
45-64	4,657	13.3	40,561	0.4	16	3,267	9.3	28,458	0.3	30	2,783	7.9	24,169	0.4	30
65-74	3	16.7	13	0.5	10	2	11.1	6	1.5	88	1	5.6	3	0.3	24
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	3,344	3.5	29,069	0.4	18	2,605	2.8	23,275	0.3	23	3,300	3.5	30,552	0.4	21
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	2	25.0	24	0.1	6	0	0.0	0	0.0	0
15-20	1	5.9	10	0.3	1	3	17.6	36	0.3	27	0	0.0	0	0.0	0
21-44	239	19.2	1,230	0.5	207	102	8.2	608	0.4	32	52	4.2	260	0.4	47
45-64	77	24.4	330	0.4	25	45	14.3	211	0.4	29	29	9.2	109	0.6	54
65-74	1,667	5.8	16,020	0.4	12	1,526	5.3	14,598	0.3	27	1,880	6.6	18,260	0.4	25
75-84	737	2.3	6,600	0.4	6	506	1.6	4,360	0.3	17	821	2.6	7,621	0.3	14
85 and older	623	1.9	4,879	0.4	5	421	1.3	3,438	0.3	13	518	1.6	4,302	0.3	12
Male															
All Males	6,505	7.6	52,671	0.4	19	3,677	4.3	30,907	0.3	25	3,889	4.5	32,913	0.4	27
Male, Disabled															
All Ages	5,092	10.1	41,149	0.4	21	2,376	4.7	19,742	0.3	27	2,389	4.7	19,811	0.5	32
5 and younger	0	0.0	0	0.0	0	2	25.0	22	0.1	10	0	0.0	0	0.0	0
6-14	2	20.0	5	0.6	5	2	20.0	13	0.8	114	0	0.0	0	0.0	0
15-20	54	24.9	590	0.1	3	32	14.7	368	0.4	27	16	7.4	182	0.8	82
21-44	2,125	10.0	17,340	0.4	21	814	3.8	7,140	0.3	22	615	2.9	5,400	0.5	36
45-64	2,910	10.1	23,209	0.4	22	1,526	5.3	12,199	0.4	30	1,755	6.1	14,214	0.4	30
65-74	1	50.0	5	0.4	7	0	0.0	0	0.0	0	3	150.0	15	0.7	57
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	1,413	4.0	11,522	0.4	11	1,301	3.7	11,165	0.3	22	1,500	4.3	13,102	0.4	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	30.0	32	0.1	1	2	20.0	24	0.2	18	2	20.0	20	0.2	20
21-44	152	16.6	765	0.4	17	24	2.6	120	0.3	20	35	3.8	191	0.4	36
45-64	83	16.5	476	0.4	18	36	7.2	189	0.3	26	43	8.5	201	0.4	47
65-74	787	5.0	7,341	0.4	13	818	5.2	7,579	0.3	26	869	5.5	8,290	0.4	22
75-84	264	2.3	2,046	0.3	4	258	2.2	2,022	0.3	15	354	3.0	2,851	0.3	11
85 and older	124	1.9	862	0.3	3	163	2.6	1,231	0.3	10	197	3.1	1,549	0.4	13
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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.

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, OHIO, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	9,024	3.8	77,949	0.4	\$29	29,216	12.4	313,240	0.6	\$7	234,792	2,366,977
Female												
All Females	5,376	3.6	47,359	0.4	30	20,936	14.0	225,844	0.6	7	149,289	1,524,252
Female, Disabled												
All Ages	2,831	5.1	24,214	0.4	31	4,551	8.3	50,893	0.5	9	54,984	573,496
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	8	80.0	89	0.3	10	10	105
15-20	5	2.7	60	0.2	16	26	14.1	287	0.3	20	184	1,919
21-44	433	2.2	3,665	0.4	27	1,179	6.0	12,964	0.4	6	19,719	204,557
45-64	2,393	6.8	20,489	0.4	32	3,338	9.5	37,553	0.5	9	35,052	366,830
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	73
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,545	2.7	23,145	0.4	28	16,385	17.4	174,951	0.6	6	94,305	950,756
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	3	37.5	16	0.3	24	8	62
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	162
21-44	27	2.2	146	0.4	23	49	3.9	373	0.3	10	1,243	8,131
45-64	30	9.5	108	0.4	32	9	2.9	40	0.5	47	315	1,784
65-74	1,564	5.5	14,826	0.4	32	3,521	12.3	39,294	0.5	7	28,540	299,006
75-84	577	1.8	5,197	0.4	21	5,732	18.0	61,977	0.6	6	31,823	327,717
85 and older	347	1.1	2,868	0.3	18	7,071	21.9	73,251	0.6	5	32,359	313,894
Male												
All Males	3,648	4.3	30,590	0.4	29	8,280	9.7	87,396	0.6	7	85,503	842,725
Male, Disabled												
All Ages	2,309	4.6	19,001	0.4	32	2,966	5.9	32,626	0.6	9	50,331	511,426
5 and younger	0	0.0	0	0.0	0	8	100.0	82	0.3	17	8	82
6-14	0	0.0	0	0.0	0	5	50.0	27	0.4	8	10	92
15-20	8	3.7	92	0.4	37	14	6.5	135	0.5	9	217	2,293
21-44	565	2.7	4,766	0.4	33	642	3.0	7,137	0.6	9	21,213	218,546
45-64	1,735	6.0	14,138	0.4	32	2,297	8.0	25,245	0.6	9	28,881	290,399
65-74	1	50.0	5	0.8	62	0	0.0	0	0.0	0	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	1,339	3.8	11,589	0.3	23	5,314	15.1	54,770	0.6	6	35,172	331,299
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	1	100.0	11	0.6	8	1	11
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	85
21-44	55	6.0	298	0.3	20	14	1.5	89	0.4	10	913	5,853
45-64	41	8.2	179	0.4	32	10	2.0	95	0.4	4	503	3,087
65-74	824	5.2	7,791	0.4	27	1,845	11.7	19,897	0.6	7	15,711	155,020
75-84	293	2.5	2,357	0.3	16	2,036	17.4	20,808	0.6	6	11,672	111,132
85 and older	126	2.0	964	0.3	15	1,408	22.1	13,870	0.6	6	6,362	56,111
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 Ohio, released by CMS in 4/2010. 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, OHIO, 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	Benefit Months Among All-Year Nursing Facility Residents
All	\$14	0.7	40,755	417,595
Age				
0-64	38	1.3	4,621	51,739
65-74	25	1.0	5,634	59,924
75-84	9	0.6	12,705	129,413
85 and older	6	0.5	17,795	176,519
Unknown	0	0.0	0	0
Gender				
Female	11	0.7	29,453	302,809
Male	20	0.8	11,302	114,786
Unknown	0	0.0	0	0
Race				
White	13	0.7	35,358	359,776
African American	17	0.6	5,094	54,512
Other/unknown	9	0.4	303	3,307
Basis of Eligibility^c				
Aged	10	0.6	36,132	365,852
Disabled	38	1.3	4,623	51,743
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 Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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, OHIO, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx			Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.4	0.1	0.0	0.3	\$22	\$16	\$1	\$5	\$60	\$217	\$141	\$18	2,784	\$167,479	905	2.2	7,789	
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	34	34	0	0	42	1,410	40	0.1	350	
Antineoplastic Agents	0.4	0.1	0.0	0.3	56	35	0	21	153	369	0	78	325	49,877	125	0.3	896	
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.4	27	22	1	4	43	88	74	10	6,430	279,629	1,242	3.0	10,378	
Cardiovascular Agents	0.9	0.2	0.1	0.7	24	12	5	7	26	72	62	10	16,026	412,260	2,051	5.0	17,025	
Respiratory Agents	0.3	0.0	0.0	0.2	6	3	0	3	22	90	71	11	9,696	215,617	3,140	7.7	33,528	
Gastrointestinal Agents	0.5	0.2	0.0	0.3	34	30	1	4	65	120	192	13	5,041	329,132	1,099	2.7	9,572	
Genitourinary Agents	0.4	0.3	0.0	0.1	23	20	1	2	57	72	63	19	1,718	97,616	505	1.2	4,296	
CNS Drugs	0.9	0.0	0.0	0.9	12	5	0	6	13	115	78	7	145,368	1,852,854	15,312	37.6	158,849	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	50	42	0	8	80	194	0	19	163	13,078	28	0.1	262	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	61	61	0	0	133	134	0	32	2,933	391,441	791	1.9	6,440	
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	19	3	7	9	25	95	147	13	7,078	177,601	1,114	2.7	9,492	
Neuromuscular Agents	1.1	0.1	0.0	1.0	21	12	0	9	19	133	108	8	30,475	563,830	2,587	6.3	26,691	
Nutritional Products	0.5	0.0	0.1	0.4	6	1	1	5	12	16	15	11	13,263	158,795	2,673	6.6	26,248	
Hematological Agents	0.8	0.1	0.0	0.7	11	6	0	5	14	89	25	7	49,261	706,155	5,908	14.5	61,621	
Topical Products	0.4	0.1	0.0	0.2	20	14	3	4	48	91	85	16	3,382	163,930	947	2.3	8,229	
Miscellaneous Products	0.3	0.0	0.0	0.3	8	4	0	4	25	92	0	15	545	13,494	189	0.5	1,623	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	23	0	0	0	74	0	0	0	1,040	77,403	320	0.8	3,364	
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.	295,570	5,671,601	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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 Ohio, 0.7 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, OHIO, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
LAXATIVES	\$900,395	26,672	65.4	290,011	0.6	\$6	\$3	
DERMATOLOGICAL	853,909	14,792	36.3	160,336	0.3	17	5	
ANTIANKIETY AGENTS	835,473	13,661	33.5	143,073	0.8	7	6	
HEMATOPOIETIC AGENTS	768,817	11,004	27.0	117,836	0.7	9	7	
ANTIPSYCHOTICS	628,234	931	2.3	8,400	0.5	153	75	
MULTIVITAMINS	593,161	16,846	41.3	180,732	0.7	5	3	
MINERALS & ELECTROLYTES	507,838	11,142	27.3	119,376	0.7	6	4	
ANTICONVULSANT	490,982	2,538	6.2	26,437	1.1	17	19	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	393,123	1,021	2.5	8,350	0.4	132	47	
COUGH/COLD/ALLERGY	312,904	10,285	25.2	114,487	0.2	11	3	
Total	6,284,836	108,892	n.a.	1,169,038	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					DERMATOLOGICAL				
	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	683,207	\$6,284,836	26,672	65.4	290,011	0.6	\$3	14,792	36.3	160,336	0.3	\$5
Female												
All Females	506,586	4,299,629	19,758	67.1	214,925	0.6	3	10,209	34.7	110,926	0.3	5
Female, Disabled												
All Ages	48,723	631,559	1,626	80.3	18,763	0.6	3	930	45.9	10,635	0.3	7
64 or younger	48,720	631,508	1,626	80.4	18,763	0.6	3	929	45.9	10,632	0.3	7
65-74	3	51	0	0.0	0	0.0	0	1	50.0	3	0.3	2
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	457,863	3,668,070	18,132	66.1	196,162	0.6	3	9,279	33.8	100,291	0.3	5
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	64,114	705,462	2,256	70.0	25,125	0.5	3	1,234	38.3	13,684	0.3	7
75-84	154,235	1,220,870	5,930	64.9	64,920	0.5	3	3,045	33.3	33,236	0.3	6
85 and older	239,514	1,741,738	9,946	66.0	106,117	0.6	3	5,000	33.2	53,371	0.3	5
Male												
All Males	176,621	1,985,207	6,914	61.2	75,086	0.6	3	4,583	40.6	49,410	0.3	5
Male, Disabled												
All Ages	54,180	752,939	1,802	69.3	20,756	0.6	3	1,209	46.5	13,757	0.3	6
64 or younger	54,180	752,939	1,802	69.3	20,756	0.6	3	1,209	46.5	13,757	0.3	6
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	122,441	1,232,268	5,112	58.7	54,330	0.5	3	3,374	38.8	35,653	0.3	5
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	37,883	519,121	1,421	59.0	15,784	0.6	3	952	39.5	10,463	0.3	5
75-84	50,332	428,702	2,139	60.0	22,669	0.5	3	1,366	38.3	14,520	0.3	5
85 and older	34,226	284,445	1,552	56.8	15,877	0.5	3	1,056	38.7	10,670	0.3	4
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 Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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, OHIO, 2007

Beneficiary Characteristics	ANTIANSIETY AGENTS					HEMATOPOIETIC AGENTS					ANTIPSYCHOTICS				
	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	13,661	33.5	143,073	0.8	\$6	11,004	27.0	117,836	0.7	\$7	931	2.3	8,400	0.5	\$75
Female															
All Females	9,957	33.8	104,343	0.8	6	8,056	27.4	86,739	0.7	6	531	1.8	4,690	0.5	70
Female, Disabled															
All Ages	919	45.4	10,412	1.0	8	515	25.4	5,883	0.7	10	80	4.0	878	0.6	126
64 or younger	919	45.5	10,412	1.0	8	515	25.5	5,883	0.7	10	80	4.0	878	0.6	126
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	9,038	33.0	93,931	0.8	6	7,541	27.5	80,856	0.7	6	451	1.6	3,812	0.5	57
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	1,279	39.7	13,820	1.0	7	912	28.3	10,002	0.7	7	134	4.2	1,317	0.6	98
75-84	3,083	33.7	32,597	0.8	6	2,532	27.7	27,464	0.7	6	167	1.8	1,331	0.5	41
85 and older	4,676	31.0	47,514	0.7	5	4,097	27.2	43,390	0.7	6	150	1.0	1,164	0.3	29
Male															
All Males	3,704	32.8	38,730	0.8	6	2,948	26.1	31,097	0.7	7	400	3.5	3,710	0.5	81
Male, Disabled															
All Ages	1,127	43.4	12,759	1.0	8	592	22.8	6,719	0.7	10	138	5.3	1,477	0.6	111
64 or younger	1,127	43.4	12,759	1.0	8	592	22.8	6,719	0.7	10	138	5.3	1,477	0.6	111
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	2,577	29.6	25,971	0.7	5	2,356	27.1	24,378	0.7	7	262	3.0	2,233	0.4	61
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	800	33.2	8,543	0.8	6	605	25.1	6,563	0.7	9	109	4.5	1,114	0.5	90
75-84	1,030	28.9	10,431	0.7	6	973	27.3	10,040	0.7	6	94	2.6	664	0.3	32
85 and older	747	27.4	6,997	0.6	4	778	28.5	7,775	0.7	6	59	2.2	455	0.3	31
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 Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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, OHIO, 2007

Beneficiary Characteristics	MULTIVITAMINS					MINERALS & ELECTROLYTES					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	16,846	41.3	180,732	0.7	\$3	11,142	27.3	119,376	0.7	\$4	2,538	6.2	26,437	1.1	\$19
Female															
All Females	12,200	41.4	131,300	0.7	3	9,183	31.2	98,557	0.7	4	1,599	5.4	16,543	1.1	15
Female, Disabled															
All Ages	980	48.4	11,241	0.7	4	655	32.4	7,586	0.6	4	353	17.4	4,007	1.2	25
64 or younger	979	48.4	11,238	0.7	4	655	32.4	7,586	0.6	4	352	17.4	4,004	1.2	25
65-74	1	50.0	3	0.3	4	0	0.0	0	0.0	0	1	50.0	3	0.3	11
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	11,220	40.9	120,059	0.7	3	8,528	31.1	90,971	0.7	4	1,246	4.5	12,536	1.1	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,285	39.9	14,180	0.7	3	1,007	31.2	11,208	0.7	4	362	11.2	3,832	1.2	17
75-84	3,625	39.7	39,171	0.7	3	2,823	30.9	30,293	0.7	4	489	5.4	4,856	1.1	9
85 and older	6,310	41.9	66,708	0.7	3	4,698	31.2	49,470	0.7	4	395	2.6	3,848	1.0	8
Male															
All Males	4,646	41.1	49,432	0.7	3	1,959	17.3	20,819	0.6	5	939	8.3	9,894	1.0	25
Male, Disabled															
All Ages	1,097	42.2	12,463	0.7	4	522	20.1	5,866	0.6	5	439	16.9	4,988	1.1	28
64 or younger	1,097	42.2	12,463	0.7	4	522	20.1	5,866	0.6	5	439	16.9	4,988	1.1	28
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3,549	40.8	36,969	0.7	3	1,437	16.5	14,953	0.6	4	500	5.7	4,906	0.9	22
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	927	38.5	9,975	0.7	3	394	16.4	4,311	0.6	5	235	9.8	2,504	1.0	31
75-84	1,494	41.9	15,892	0.7	3	595	16.7	6,249	0.6	4	174	4.9	1,558	0.8	13
85 and older	1,128	41.3	11,102	0.7	3	448	16.4	4,393	0.7	4	91	3.3	844	0.7	10
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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, OHIO, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	1,021	2.5	8,350	0.4	\$47	10,285	25.2	114,487	0.2	\$3	40,755	417,595
Female												
All Females	672	2.3	5,330	0.4	46	7,797	26.5	86,986	0.2	3	29,453	302,809
Female, Disabled												
All Ages	43	2.1	461	0.4	126	591	29.2	6,914	0.3	3	2,024	22,724
64 or younger	43	2.1	461	0.4	126	591	29.2	6,914	0.3	3	2,022	22,720
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	629	2.3	4,869	0.4	38	7,206	26.3	80,072	0.2	3	27,429	280,085
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	88	2.7	736	0.4	60	961	29.8	10,969	0.2	3	3,224	34,397
75-84	233	2.5	1,786	0.3	33	2,420	26.5	27,120	0.2	3	9,140	94,329
85 and older	308	2.0	2,347	0.3	34	3,825	25.4	41,983	0.2	3	15,065	151,359
Male												
All Males	349	3.1	3,020	0.4	50	2,488	22.0	27,501	0.3	3	11,302	114,786
Male, Disabled												
All Ages	41	1.6	430	0.5	100	540	20.8	6,274	0.3	4	2,599	29,019
64 or younger	41	1.6	430	0.5	100	540	20.8	6,274	0.3	4	2,599	29,019
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	308	3.5	2,590	0.3	42	1,948	22.4	21,227	0.2	3	8,703	85,767
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	87	3.6	878	0.4	62	507	21.1	5,748	0.3	3	2,408	25,523
75-84	115	3.2	864	0.3	34	818	22.9	8,893	0.3	3	3,565	35,084
85 and older	106	3.9	848	0.3	28	623	22.8	6,586	0.2	3	2,730	25,160
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 Ohio, released by CMS in 4/2010. 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 28,539 beneficiaries who were in nursing facilities for part of their enrollment and their 274,956 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}
OHIO, 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	125,809	53.6	7.6	1,792,465	\$54	\$12,745,764	\$7	25.4	234,792	
Age										
5 and younger	4	44.4	7.3	66	220	1,981	30	15.2	9	
6-14	17	58.6	4.0	116	46	1,328	11	5.1	29	
15-20	158	36.9	3.0	1,274	27	11,542	9	1.7	428	
21-44	16,354	38.0	4.0	174,365	35	1,492,702	9	10.6	43,088	
45-64	33,037	51.0	7.1	461,553	54	3,467,196	8	16.5	64,751	
65-74	22,604	51.1	7.1	315,788	51	2,247,026	7	26.0	44,271	
75-84	26,310	60.5	9.2	402,243	62	2,697,497	7	81.5	43,495	
85 and older	27,325	70.6	11.3	437,060	73	2,826,492	6	118.9	38,721	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	76,216	60.3	9.1	1,155,012	61	7,770,276	7	54.4	126,364	
Disabled	48,755	46.3	6.0	633,756	47	4,938,067	8	14.2	105,315	
Adults	817	27.3	1.2	3,608	12	36,421	10	3.8	2,993	
Children	15	13.8	0.6	61	8	823	13	1.1	109	
Unknown	6	54.5	2.5	28	16	177	6	0.8	11	
Gender										
Female	85,682	57.4	8.3	1,241,392	59	8,800,601	7	29.2	149,289	
Male	40,127	46.9	6.4	551,073	46	3,945,163	7	19.6	85,503	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	100,735	56.0	8.4	1,515,434	60	10,824,304	7	27.8	179,974	
African American	22,760	46.1	5.2	255,004	36	1,774,694	7	17.6	49,387	
Other/unknown	2,314	42.6	4.1	22,027	27	146,766	7	12.5	5,431	
Use of Nursing Facilities^d										
Entire year	34,670	85.1	17.5	711,453	116	4,720,803	7	83.2	40,755	
Part year	22,849	80.1	10.7	305,813	75	2,147,058	7	40.6	28,539	
None	68,290	41.3	4.7	775,199	36	5,877,903	8	15.0	165,498	
Maintenance Assistance Status										
Cash	33,971	47.0	5.1	367,630	39	2,832,191	8	14.1	72,206	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	10,500	40.6	5.9	151,565	42	1,085,683	7	21.7	25,892	
Other/unknown	81,338	59.5	9.3	1,273,270	65	8,827,890	7	35.0	136,694	

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
OHIO, 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	0.8	\$5	\$7	\$0	\$2	2,366,977
Age						
5 and younger	0.7	21	30	0	0	94
6-14	0.4	5	11	0	0	270
15-20	0.3	3	9	0	1	4,459
21-44	0.4	3	9	0	2	437,087
45-64	0.7	5	8	0	2	662,100
65-74	0.7	5	7	0	2	454,113
75-84	0.9	6	7	0	2	438,849
85 and older	1.2	8	6	0	1	370,005
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.9	6	7	0	2	1,262,169
Disabled	0.6	5	8	0	2	1,084,922
Adults	0.2	2	10	0	1	18,714
Children	0.1	1	13	0	0	1,053
Unknown	0.2	1	6	0	0	119
Gender						
Female	0.8	6	7	0	2	1,524,252
Male	0.7	5	7	0	1	842,725
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	6	7	0	2	1,807,453
African American	0.5	4	7	0	1	504,018
Other/unknown	0.4	3	7	0	1	55,506
Use of Nursing Facilities^d						
Entire year	1.7	11	7	0	2	417,595
Part year	1.1	8	7	0	2	274,956
None	0.5	4	8	0	1	1,674,426
Maintenance Assistance Status						
Cash	0.5	4	8	0	2	790,975
Medically needy	0.0	0	0	0	0	0
Poverty related	0.5	4	7	0	1	277,873
Other/unknown	1.0	7	7	0	2	1,298,129

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
OHIO, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	183,272	\$70	\$12,745,764	100.0	1,792,465	\$7	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	0	0	0	0.0	0	0	0.0
Cough and cold medications	14,397	32	459,052	3.6	32,918	14	1.8
Vitamins and minerals	10,939	52	564,041	4.4	47,911	12	2.7
Non-prescription drugs	93,214	78	7,293,806	57.2	1,204,762	6	67.2
Barbiturates	2,022	70	141,651	1.1	26,893	5	1.5
Benzodiazepines	59,644	66	3,946,193	31.0	470,122	8	26.2
Other Part D Excl Rx Drugs	3,056	112	341,021	2.7	9,859	35	0.6

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Dual Eligible Beneficiaries: 234,792
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$50,234,348
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$214

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	133,080	56.7	\$0	0.0
1-500	86,182	36.7	7,709,449	15.3
501-1,000	5,121	2.2	3,637,188	7.2
1,001-1,500	2,634	1.1	3,244,429	6.5
1,501-2,000	1,725	0.7	2,996,113	6.0
2,001-2,500	1,139	0.5	2,545,447	5.1
2,501-3,000	832	0.4	2,279,337	4.5
3,001-3,500	711	0.3	2,301,968	4.6
3,501-4,000	531	0.2	1,989,679	4.0
4,001-4,500	450	0.2	1,910,261	3.8
4,501-5,000	354	0.2	1,682,314	3.3
5,001-5,500	271	0.1	1,425,441	2.8
5,501-6,000	220	0.1	1,263,723	2.5
6,001-6,500	215	0.1	1,344,210	2.7
6,501-7,000	149	0.1	1,004,350	2.0
7,001-7,500	137	0.1	993,944	2.0
7,501-8,000	131	0.1	1,012,117	2.0
8,001-8,500	94	0.0	776,775	1.5
8,501-9,000	89	0.0	777,171	1.5
9,001-9,500	70	0.0	645,142	1.3
9,501-10,000	82	0.0	801,820	1.6
10,001+	575	0.2	9,893,470	19.7

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 105,295
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$34,876,202
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$331

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	58,191	55.3	\$0	0.0	
1-500	36,654	34.8	3,679,134	10.5	
501-1,000	3,077	2.9	2,205,137	6.3	
1,001-1,500	1,736	1.6	2,137,697	6.1	
1,501-2,000	1,210	1.1	2,107,169	6.0	
2,001-2,500	794	0.8	1,777,502	5.1	
2,501-3,000	592	0.6	1,621,754	4.7	
3,001-3,500	495	0.5	1,602,048	4.6	
3,501-4,000	395	0.4	1,479,754	4.2	
4,001-4,500	334	0.3	1,419,124	4.1	
4,501-5,000	254	0.2	1,208,489	3.5	
5,001-5,500	203	0.2	1,066,860	3.1	
5,501-6,000	167	0.2	958,483	2.7	
6,001-6,500	164	0.2	1,023,988	2.9	
6,501-7,000	104	0.1	701,537	2.0	
7,001-7,500	108	0.1	783,780	2.2	
7,501-8,000	94	0.1	726,702	2.1	
8,001-8,500	69	0.1	570,722	1.6	
8,501-9,000	76	0.1	664,173	1.9	
9,001-9,500	48	0.0	442,648	1.3	
9,501-10,000	65	0.1	634,788	1.8	
10,001+	465	0.4	8,064,713	23.1	

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 126,487
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$14,321,155
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$113

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	73,120	57.8	\$0	0.0
1-500	48,607	38.4	3,932,125	27.5
501-1,000	1,894	1.5	1,327,522	9.3
1,001-1,500	844	0.7	1,038,647	7.3
1,501-2,000	488	0.4	842,040	5.9
2,001-2,500	328	0.3	730,105	5.1
2,501-3,000	218	0.2	596,440	4.2
3,001-3,500	206	0.2	666,288	4.7
3,501-4,000	130	0.1	487,695	3.4
4,001-4,500	113	0.1	478,562	3.3
4,501-5,000	95	0.1	450,330	3.1
5,001-5,500	66	0.1	348,143	2.4
5,501-6,000	52	0.0	299,354	2.1
6,001-6,500	48	0.0	301,655	2.1
6,501-7,000	41	0.0	275,771	1.9
7,001-7,500	27	0.0	195,868	1.4
7,501-8,000	37	0.0	285,415	2.0
8,001-8,500	23	0.0	189,451	1.3
8,501-9,000	13	0.0	112,998	0.8
9,001-9,500	22	0.0	202,494	1.4
9,501-10,000	17	0.0	167,032	1.2
10,001+	98	0.1	1,393,220	9.7

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 44,271
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$8,632,891
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$195

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	26,033	58.8	\$0	0.0
1-500	15,513	35.0	1,401,912	16.2
501-1,000	832	1.9	587,626	6.8
1,001-1,500	456	1.0	560,857	6.5
1,501-2,000	305	0.7	529,278	6.1
2,001-2,500	226	0.5	504,003	5.8
2,501-3,000	148	0.3	406,310	4.7
3,001-3,500	150	0.3	484,054	5.6
3,501-4,000	105	0.2	394,565	4.6
4,001-4,500	76	0.2	321,864	3.7
4,501-5,000	71	0.2	337,316	3.9
5,001-5,500	47	0.1	248,018	2.9
5,501-6,000	38	0.1	218,720	2.5
6,001-6,500	36	0.1	226,680	2.6
6,501-7,000	33	0.1	222,450	2.6
7,001-7,500	24	0.1	174,192	2.0
7,501-8,000	28	0.1	215,883	2.5
8,001-8,500	18	0.0	147,643	1.7
8,501-9,000	8	0.0	69,808	0.8
9,001-9,500	19	0.0	175,093	2.0
9,501-10,000	17	0.0	167,032	1.9
10,001+	88	0.2	1,239,587	14.4

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 43,495
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$3,311,420
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25,274	58.1	\$0	0.0
1-500	17,025	39.1	1,383,162	41.8
501-1,000	620	1.4	432,089	13.0
1,001-1,500	223	0.5	274,666	8.3
1,501-2,000	99	0.2	169,115	5.1
2,001-2,500	63	0.1	139,455	4.2
2,501-3,000	41	0.1	110,555	3.3
3,001-3,500	34	0.1	110,684	3.3
3,501-4,000	17	0.0	63,236	1.9
4,001-4,500	24	0.1	102,072	3.1
4,501-5,000	15	0.0	69,667	2.1
5,001-5,500	13	0.0	68,877	2.1
5,501-6,000	9	0.0	51,438	1.6
6,001-6,500	10	0.0	62,362	1.9
6,501-7,000	7	0.0	46,744	1.4
7,001-7,500	1	0.0	7,096	0.2
7,501-8,000	5	0.0	38,615	1.2
8,001-8,500	2	0.0	16,583	0.5
8,501-9,000	2	0.0	17,338	0.5
9,001-9,500	3	0.0	27,401	0.8
9,501-10,000	0	0.0	0	0.0
10,001+	8	0.0	120,265	3.6

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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}
 OHIO, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 38,721
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$2,376,844
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$61

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	21,813	56.3	\$0	0.0
1-500	16,069	41.5	1,147,051	48.3
501-1,000	442	1.1	307,807	13.0
1,001-1,500	165	0.4	203,124	8.5
1,501-2,000	84	0.2	143,647	6.0
2,001-2,500	39	0.1	86,647	3.6
2,501-3,000	29	0.1	79,575	3.3
3,001-3,500	22	0.1	71,550	3.0
3,501-4,000	8	0.0	29,894	1.3
4,001-4,500	13	0.0	54,626	2.3
4,501-5,000	9	0.0	43,347	1.8
5,001-5,500	6	0.0	31,248	1.3
5,501-6,000	5	0.0	29,196	1.2
6,001-6,500	2	0.0	12,613	0.5
6,501-7,000	1	0.0	6,577	0.3
7,001-7,500	2	0.0	14,580	0.6
7,501-8,000	4	0.0	30,917	1.3
8,001-8,500	3	0.0	25,225	1.1
8,501-9,000	3	0.0	25,852	1.1
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	33,368	1.4

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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, OHIO, 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	235,922	126,366	105,714	3,721	110	11	2,442,379	1,269,489	1,138,708	32,947	1,116	119
Age												
5 and younger	9	0	9	0	0	0	95	0	95	0	0	0
6-14	30	0	21	0	9	0	334	0	229	0	105	0
15-20	432	0	404	1	27	0	4,685	0	4,406	11	268	0
21-44	43,833	0	41,197	2,562	74	0	473,205	0	449,522	22,940	743	0
45-64	65,121	6	64,063	1,045	0	7	693,601	38	684,356	9,129	0	78
65-74	44,281	44,153	20	104	0	4	460,762	459,835	100	786	0	41
75-84	43,495	43,486	0	9	0	0	439,581	439,500	0	81	0	0
85 and older	38,721	38,721	0	0	0	0	370,116	370,116	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	150,003	92,674	55,269	1,979	70	11	1,568,056	945,335	604,249	17,682	671	119
Male	85,919	33,692	50,445	1,742	40	0	874,323	324,154	534,459	15,265	445	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	180,798	99,520	78,423	2,768	78	9	1,859,693	987,863	846,693	24,264	778	95
African American	49,661	23,529	25,243	855	32	2	524,427	245,913	270,350	7,802	338	24
Other/unknown	5,463	3,317	2,048	98	0	0	58,259	35,713	21,665	881	0	0
Use of Nursing Facilities^c												
Entire year	40,755	36,132	4,623	0	0	0	417,595	365,852	51,743	0	0	0
Part year	28,539	23,880	4,649	9	1	0	275,589	226,576	48,910	91	12	0
None	166,628	66,354	96,442	3,712	109	11	1,749,195	677,061	1,038,055	32,856	1,104	119
Maintenance Assistance Status												
Cash	72,708	26,252	46,189	267	0	0	830,425	302,859	524,759	2,807	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	25,902	11,796	13,894	180	21	11	281,369	129,203	150,609	1,309	129	119
Other/unknown	137,312	88,318	45,631	3,274	89	0	1,330,585	837,427	463,340	28,831	987	0
Dual Status^d												
Full dual, all year	185,542	104,061	77,898	3,464	108	11	1,884,641	1,025,032	828,252	30,141	1,097	119
Full dual, part year	50,380	22,305	27,816	257	2	0	557,738	244,457	310,456	2,806	19	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	223,737	124,949	97,041	1,638	98	11	2,308,751	1,253,403	1,041,372	12,869	988	119
FFS part year, with Rx claims	8,650	1,180	6,761	702	7	0	97,491	13,711	76,670	7,036	74	0
FFS part year, no Rx claims	2,405	235	1,513	653	4	0	24,371	2,351	16,004	5,974	42	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	1,130	2	399	728	1	0	11,766	24	4,662	7,068	12	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 Ohio, released by CMS in 4/2010. 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, OHIO, 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	235,922	2,442,379	234,792	2,366,977	0	75,402
Fee-for-service (FFS) all year	223,737	2,308,751	223,737	2,308,751	0	0
FFS part year, with Rx claims	8,650	97,491	8,650	46,241	0	51,250
FFS part year, with no Rx claims	2,405	24,371	2,405	11,985	0	12,386
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	1,130	11,766	0	0	0	11,766

Source: Data for this table are from the MAX 2007 file for Ohio, released by CMS in 4/2010. 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