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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
UNITED STATES

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	6,671,265	3,504,195	3,078,692	85,064	1,424	1,890	70,558,933	36,414,678	33,416,517	698,329	13,002	16,407
Age												
5 and younger	351	4	299	0	48	0	3,665	29	3,192	0	444	0
6-14	736	0	603	0	133	0	7,786	0	6,519	0	1,267	0
15-20	10,804	2	9,985	155	662	0	114,538	4	107,104	1,142	6,288	0
21-44	1,005,119	322	957,134	47,122	409	132	10,751,111	1,435	10,357,601	387,435	3,491	1,149
45-64	1,617,915	1,145	1,582,421	33,167	114	1,068	17,340,498	8,008	17,047,932	273,844	958	9,756
65-74	1,612,393	1,231,528	376,270	3,879	27	689	17,148,726	12,915,847	4,197,307	29,819	254	5,499
75-84	1,424,958	1,298,243	126,097	602	15	1	15,156,709	13,733,278	1,418,412	4,859	157	3
85 and older	998,988	972,950	25,883	139	16	0	10,035,888	9,756,065	278,450	1,230	143	0
Unknown	1	1	0	0	0	0	12	12	0	0	0	0
Gender												
Female	4,188,227	2,467,595	1,666,168	51,863	714	1,887	44,476,231	25,834,903	18,187,720	430,754	6,483	16,371
Male	2,483,037	1,036,599	1,412,524	33,201	710	3	26,082,699	10,579,772	15,228,797	267,575	6,519	36
Unknown	1	1	0	0	0	0	3	3	0	0	0	0
Race												
White	3,763,807	1,929,270	1,785,648	47,111	717	1,061	39,474,585	19,678,808	19,384,534	395,397	6,666	9,180
African American	1,212,777	523,748	668,637	19,641	383	368	12,992,975	5,570,397	7,256,568	159,223	3,540	3,247
Other/unknown	1,694,681	1,051,177	624,407	18,312	324	461	18,091,373	11,165,473	6,775,415	143,709	2,796	3,980
Use of Nursing Facilities^c												
Entire year	738,798	644,379	94,316	96	6	1	7,660,151	6,613,120	1,046,021	937	69	4
Part year	478,775	393,722	84,626	410	12	5	4,695,714	3,795,982	895,527	4,049	110	46
None	5,453,692	2,466,094	2,899,750	84,558	1,406	1,884	58,203,068	26,005,576	31,474,969	693,343	12,823	16,357
Maintenance Assistance Status												
Cash	3,329,367	1,452,526	1,844,950	31,663	228	0	36,508,373	15,998,423	20,259,890	248,278	1,782	0
Medically needy	646,123	427,899	205,626	12,339	259	0	6,355,150	4,154,242	2,097,539	101,156	2,213	0
Poverty-related	979,754	469,337	503,927	4,270	330	1,890	10,458,706	4,976,567	5,432,345	30,446	2,941	16,407
Other/unknown	1,716,021	1,154,433	524,189	36,792	607	0	17,236,704	11,285,446	5,626,743	318,449	6,066	0
Dual Medicare Status^d												
Full dual, all year	6,362,629	3,352,300	2,924,709	82,325	1,408	1,887	67,353,939	34,853,261	31,799,297	672,142	12,855	16,384
Full dual, part year	308,636	151,895	153,983	2,739	16	3	3,204,994	1,561,417	1,617,220	26,187	147	23
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,306,450	3,352,937	2,888,480	62,182	1,142	1,709	68,641,127	35,639,594	32,393,669	580,941	11,346	15,577
FFS part year, with Rx claims	127,183	46,192	69,918	10,785	171	117	669,739	228,139	391,908	48,276	919	497
FFS part year, no Rx claims	195,554	85,092	102,013	8,331	60	58	798,167	334,643	431,962	31,017	267	278

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

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

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

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	36.3	4.9	\$190	\$39	\$13,670	1.4	6,671,265	
Age								
5 and younger	56.4	12.9	1,514	118	28,693	5.3	351	
6-14	62.2	16.5	2,695	163	22,312	12.1	736	
15-20	66.4	12.7	1,774	139	14,249	12.5	10,804	
21-44	37.4	5.4	332	62	12,089	2.7	1,005,119	
45-64	41.0	6.3	261	41	13,592	1.9	1,617,915	
65-74	33.9	4.7	175	37	8,729	2.0	1,612,393	
75-84	33.5	3.9	90	23	13,986	0.6	1,424,958	
85 and older	34.9	3.7	77	21	22,895	0.3	998,988	
Unknown	0.0	0.0	0	0	12,522	0.0	1	
Basis of Eligibility^e								
Aged	33.9	4.2	108	26	14,778	0.7	3,504,195	
Disabled	38.6	5.5	260	47	12,664	2.1	3,078,692	
Adults	48.3	11.6	905	78	4,529	20.0	85,064	
Children	63.7	16.7	2,231	133	13,806	16.2	1,424	
Unknown	68.4	18.9	1,891	100	9,560	19.8	1,890	
Gender								
Female	38.3	5.2	184	36	13,665	1.3	4,188,227	
Male	32.9	4.3	198	46	13,679	1.4	2,483,037	
Unknown	0.0	0.0	0	0	1,087	0.0	1	
Race								
White	39.7	5.8	207	35	16,356	1.3	3,763,807	
African American	30.3	3.6	180	51	11,674	1.5	1,212,777	
Other/unknown	32.9	3.7	158	43	9,134	1.7	1,694,681	
Use of Nursing Facilities^f								
Entire year	42.8	4.7	114	24	42,713	0.3	738,798	
Part year	48.6	5.0	141	28	24,989	0.6	478,775	
None	34.3	4.9	204	42	8,742	2.3	5,453,692	
Maintenance Assistance Status								
Cash	34.2	4.3	185	44	7,923	2.3	3,329,367	
Medically needy	33.7	4.1	189	46	28,948	0.7	646,123	
Poverty related	33.1	3.5	149	43	6,645	2.2	979,754	
Other/unknown	43.1	7.2	222	31	23,080	1.0	1,716,021	

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

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

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

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

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

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

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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 Less than 1	More than 1, but Less than 2	More than 2, but Less than 3	More than 3, but Less than 4	More than 4, but Less than 5	More than 5, but Less than 10	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
All	0.5	\$18	1.4	63.7	27.9	3.3	3.2	1.4	0.4	\$1,293	6,671,265	70,558,933
Age												
5 and younger	1.2	145	5.3	43.6	29.1	8.3	13.1	5.4	0.6	2,748	351	3,665
6-14	1.6	255	12.1	37.8	30.4	10.2	13.2	6.3	2.2	2,109	736	7,786
15-20	1.2	167	12.5	33.6	40.4	10.2	11.2	3.7	0.8	1,344	10,804	114,538
21-44	0.5	31	2.7	62.6	27.6	4.0	3.9	1.4	0.5	1,130	1,005,119	10,751,111
45-64	0.6	24	1.9	59.0	30.3	4.2	3.9	1.9	0.6	1,268	1,617,915	17,340,498
65-74	0.4	17	2.0	66.1	26.1	3.0	3.0	1.5	0.4	821	1,612,393	17,148,726
75-84	0.4	9	0.6	66.5	27.1	2.6	2.5	1.1	0.2	1,315	1,424,958	15,156,709
85 and older	0.4	8	0.3	65.1	28.3	2.8	2.5	1.1	0.1	2,279	998,988	10,035,888
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,044	1	12
Basis of Eligibility^e												
Aged	0.4	10	0.7	66.1	26.8	2.8	2.7	1.3	0.2	1,422	3,504,195	36,414,678
Disabled	0.5	24	2.1	61.4	29.3	3.8	3.5	1.5	0.5	1,167	3,078,692	33,416,517
Adults	1.4	110	20.0	51.7	22.4	6.3	10.8	5.6	3.1	552	85,064	698,329
Children	1.8	244	16.2	36.3	25.2	12.4	16.2	7.2	2.7	1,512	1,424	13,002
Unknown	2.2	218	19.8	31.6	23.1	11.4	22.2	9.3	2.3	1,101	1,890	16,407
Gender												
Female	0.5	17	1.3	61.7	29.5	3.5	3.3	1.6	0.4	1,287	4,188,227	44,476,231
Male	0.4	19	1.4	67.1	25.2	3.1	3.0	1.2	0.3	1,302	2,483,037	26,082,699
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	362	1	3
Race												
White	0.6	20	1.3	60.3	29.7	4.0	3.8	1.8	0.4	1,560	3,763,807	39,474,585
African American	0.3	17	1.5	69.7	24.2	2.5	2.4	0.9	0.3	1,090	1,212,777	12,992,975
Other/unknown	0.3	15	1.7	67.1	26.5	2.5	2.4	1.1	0.3	856	1,694,681	18,091,373
Use of Nursing Facilities^f												
Entire year	0.5	11	0.3	57.2	34.1	4.8	2.7	0.9	0.3	4,120	738,798	7,660,151
Part year	0.5	14	0.6	51.4	40.1	4.1	3.0	1.2	0.3	2,548	478,775	4,695,714
None	0.5	19	2.3	65.7	26.0	3.1	3.3	1.5	0.4	819	5,453,692	58,203,068
Maintenance Assistance Status												
Cash	0.4	17	2.3	65.8	27.3	2.8	2.5	1.2	0.4	723	3,329,367	36,508,373
Medically needy	0.4	19	0.7	66.3	26.5	3.1	2.6	1.1	0.4	2,943	646,123	6,355,150
Poverty related	0.3	14	2.2	66.9	27.7	2.8	1.9	0.6	0.2	623	979,754	10,458,706
Other/unknown	0.7	22	1.0	56.9	29.8	4.8	5.4	2.6	0.5	2,298	1,716,021	17,236,704

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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	\$18	\$39	0.1	\$12	\$119	0.0	\$1	\$73	0.3	\$5	\$14
Age												
5 and younger	1.2	145	118	0.5	119	256	0.1	5	63	0.7	21	30
6-14	1.6	255	163	0.6	224	347	0.1	10	96	0.8	21	26
15-20	1.2	167	139	0.5	143	292	0.1	7	128	0.7	17	26
21-44	0.5	31	62	0.1	23	186	0.0	2	111	0.4	6	17
45-64	0.6	24	41	0.1	16	128	0.0	2	87	0.4	7	15
65-74	0.4	17	37	0.1	11	102	0.0	1	70	0.3	5	14
75-84	0.4	9	23	0.1	5	67	0.0	1	43	0.3	3	11
85 and older	0.4	8	21	0.1	4	66	0.0	1	40	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	10	26	0.1	6	76	0.0	1	50	0.3	3	11
Disabled	0.5	24	47	0.1	16	148	0.0	2	92	0.4	6	16
Adults	1.4	110	78	0.4	81	184	0.1	6	125	0.9	22	24
Children	1.8	244	133	0.8	206	274	0.1	11	121	1.0	27	27
Unknown	2.2	218	100	0.7	172	237	0.1	13	131	1.3	32	24
Gender												
Female	0.5	17	36	0.1	11	108	0.0	1	70	0.4	5	13
Male	0.4	19	46	0.1	13	139	0.0	1	80	0.3	5	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	20	35	0.1	13	110	0.0	1	74	0.4	6	13
African American	0.3	17	51	0.1	12	160	0.0	1	76	0.2	4	16
Other/unknown	0.3	15	43	0.1	10	117	0.0	1	69	0.2	4	16
Use of Nursing Facilities^e												
Entire year	0.5	11	24	0.1	6	110	0.0	1	59	0.4	4	11
Part year	0.5	14	28	0.1	9	102	0.0	1	57	0.4	5	12
None	0.5	19	42	0.1	13	120	0.0	1	75	0.3	5	14
Maintenance Assistance Status												
Cash	0.4	17	44	0.1	11	133	0.0	1	80	0.3	4	15
Medically needy	0.4	19	46	0.1	13	135	0.0	1	94	0.3	5	17
Poverty related	0.3	14	43	0.1	9	159	0.0	1	86	0.3	4	14
Other/unknown	0.7	22	31	0.2	15	90	0.0	1	57	0.5	6	11

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

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

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.3	0.1	0.0	0.2	\$27	\$22	\$1	\$4	\$99	\$332	\$146	\$21	829,404	\$81,929,213	290,947	4.4	3,067,670
Biologicals	0.1	0.1	0.0	0.0	55	55	0	0	459	459	0	0	6,146	2,821,351	4,815	0.1	51,682
Antineoplastic Agents	0.4	0.2	0.0	0.2	106	94	1	11	262	591	331	46	99,908	26,174,622	24,370	0.4	247,163
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	28	23	1	4	43	86	36	12	2,066,520	89,626,875	302,290	4.5	3,151,450
Cardiovascular Agents	1.1	0.3	0.1	0.8	32	18	6	9	29	66	59	12	5,311,634	151,459,822	452,318	6.8	4,672,414
Respiratory Agents	0.3	0.1	0.0	0.2	14	9	1	4	43	80	62	19	2,175,710	94,372,422	613,454	9.2	6,816,404
Gastrointestinal Agents	0.5	0.2	0.0	0.2	30	24	3	3	67	123	79	15	1,266,562	84,717,232	264,506	4.0	2,788,960
Genitourinary Agents	0.4	0.2	0.0	0.2	18	14	1	3	46	60	70	22	341,110	15,563,091	82,779	1.2	872,570
CNS Drugs	0.7	0.1	0.0	0.6	21	13	1	7	30	138	104	12	10,096,093	306,417,728	1,360,460	20.4	14,813,281
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	53	49	0	4	117	163	89	25	61,260	7,156,698	12,640	0.2	134,086
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	58	57	0	1	139	141	122	82	227,336	31,506,854	53,975	0.8	540,750
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	20	7	3	10	38	214	284	20	2,082,085	79,057,333	380,562	5.7	3,982,498
Neuromuscular Agents	0.7	0.1	0.0	0.5	24	14	1	8	36	132	109	15	3,429,127	122,605,408	478,628	7.2	5,212,134
Nutritional Products	0.4	0.0	0.0	0.3	6	1	1	4	13	26	18	11	1,146,367	15,363,631	245,241	3.7	2,674,938
Hematological Agents	0.5	0.1	0.0	0.4	19	14	0	4	35	177	22	9	2,445,969	86,819,853	428,511	6.4	4,692,296
Topical Products	0.3	0.1	0.0	0.2	14	11	1	3	43	78	65	16	779,923	33,743,725	223,037	3.3	2,390,900
Miscellaneous Products	0.4	0.3	0.0	0.1	84	77	3	5	210	300	136	38	151,736	31,845,416	34,942	0.5	379,603
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	66	0	0	0	48,938	3,216,849	20,384	0.3	222,360
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.	32,565,828	1,264,398,123	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In the U.S., 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, UNITED STATES, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$134,495,780	159,968	2.4	1,685,892	0.5	\$160	\$80
ANTICONVULSANT	107,040,496	444,167	6.7	4,898,193	0.6	36	22
ULCER DRUGS	78,775,965	346,206	5.2	3,765,972	0.4	50	21
ANTIANSXIETY AGENTS	77,100,217	1,019,408	15.3	11,242,558	0.5	13	7
ANTIDIABETIC	59,852,134	249,481	3.7	2,618,099	0.4	51	23
ANTIHYPERTENSIVE	58,025,947	249,545	3.7	2,664,899	0.5	48	22
ANTIDEPRESSANTS	56,676,337	316,419	4.7	3,315,550	0.4	40	17
ANTIASTHMATIC	55,073,953	238,819	3.6	2,544,043	0.3	66	22
ANTIVIRAL	53,488,895	28,877	0.4	306,304	0.4	478	175
ANALGESICS - Narcotic	47,795,432	356,403	5.3	3,730,074	0.3	38	13
Total	728,325,156	3,409,293	n.a.	36,771,584	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes Among	Number of Benefit Months Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,541,362	\$728,325,156	159,968	2.4	1,685,892	0.5	\$80	444,167	6.7	4,898,193	0.6	\$22
Female												
All Females	11,606,541	433,024,533	88,497	2.1	928,601	0.5	71	280,972	6.7	3,101,564	0.6	20
Female, Disabled												
All Ages	6,024,707	269,479,687	58,501	3.5	633,128	0.5	80	186,385	11.2	2,082,987	0.6	22
5 and younger	152	18,336	0	0.0	0	0.0	0	3	2.9	34	0.1	23
6-14	617	71,342	0	0.0	0	0.0	0	14	5.2	155	0.4	61
15-20	25,717	3,283,947	855	20.2	9,668	0.5	130	959	22.7	10,948	0.6	92
21-44	1,609,186	87,008,753	26,111	5.9	280,390	0.5	86	63,610	14.5	704,242	0.6	30
45-64	3,575,705	138,161,431	27,636	3.2	299,080	0.5	66	104,010	12.1	1,162,479	0.6	18
65-74	684,281	38,489,574	3,731	1.5	42,210	0.6	124	14,459	5.9	166,531	0.5	19
75-84	107,003	2,113,261	135	0.1	1,457	0.5	50	2,857	3.0	33,301	0.5	8
85 and older	22,046	333,043	33	0.1	323	0.4	37	473	2.1	5,297	0.5	8
Female, Other Eligibles												
All Ages	5,581,834	163,544,846	29,996	1.2	295,473	0.4	53	94,587	3.8	1,018,577	0.6	15
5 and younger	62	6,608	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	187	43,853	0	0.0	0	0.0	0	3	4.1	23	0.5	63
15-20	2,533	393,457	73	16.9	785	0.6	180	73	16.9	791	0.7	131
21-44	217,938	18,580,589	3,981	11.9	37,917	0.4	98	6,908	20.6	65,593	0.6	57
45-64	149,614	12,075,083	1,502	8.2	13,861	0.5	113	3,483	19.1	32,776	0.6	50
65-74	1,965,742	64,973,052	8,942	1.2	95,749	0.5	63	35,739	4.6	396,114	0.6	13
75-84	1,861,262	41,311,809	7,844	0.9	76,760	0.4	29	30,059	3.3	330,165	0.6	9
85 and older	1,384,496	26,160,395	7,654	1.0	70,401	0.4	28	18,322	2.3	193,115	0.6	8
Male												
All Males	5,934,821	295,300,623	71,471	2.9	757,291	0.5	90	163,195	6.6	1,796,629	0.6	25
Male, Disabled												
All Ages	4,072,383	224,669,751	57,968	4.1	630,359	0.5	95	128,625	9.1	1,435,038	0.6	27
5 and younger	446	37,811	0	0.0	0	0.0	0	11	5.6	131	0.3	26
6-14	654	91,975	2	0.6	24	0.1	9	17	5.1	192	0.5	22
15-20	37,280	5,703,786	1,586	27.6	18,212	0.5	159	1,400	24.3	16,120	0.6	99
21-44	1,476,830	101,404,554	31,692	6.1	344,154	0.5	108	55,976	10.8	623,570	0.6	34
45-64	2,239,333	98,640,022	22,758	3.1	246,132	0.6	70	64,513	8.9	718,222	0.7	20
65-74	285,906	18,159,088	1,871	1.4	21,220	0.6	121	5,833	4.5	66,773	0.6	23
75-84	28,739	580,811	50	0.2	535	0.6	37	815	2.6	9,375	0.5	9
85 and older	3,195	51,704	9	0.2	82	0.7	14	60	1.6	655	0.5	6
Male, Other Eligibles												

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, UNITED STATES, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes Among	Number of Benefit Months Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes Among	Number of Benefit Months Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All Ages	1,862,438	70,630,872	13,503	1.3	126,932	0.5	66	34,570	3.2	361,591	0.6	18
5 and younger	82	9,428	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	246	53,334	2	3.4	24	0.2	29	3	5.1	36	0.4	6
15-20	3,367	547,970	118	30.5	1,332	0.8	206	92	23.8	1,018	0.8	132
21-44	94,400	9,435,095	1,643	11.4	14,944	0.5	143	2,610	18.0	24,136	0.6	63
45-64	101,174	9,168,229	1,008	5.9	8,801	0.6	132	2,189	12.7	20,360	0.6	48
65-74	843,367	30,562,637	4,791	1.0	49,224	0.5	61	15,757	3.4	170,845	0.6	15
75-84	573,983	15,032,979	3,736	1.0	33,909	0.4	37	10,043	2.6	106,506	0.5	10
85 and older	245,819	5,821,200	2,205	1.2	18,698	0.4	31	3,876	2.1	38,690	0.5	9
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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, UNITED STATES, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIANXIETY AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	346,206	5.2	3,765,972	0.4	\$21	1,019,408	15.3	11,242,558	0.5	\$7	249,481	3.7	2,618,099	0.4	\$23
Female															
All Females	232,946	5.6	2,542,806	0.4	21	716,088	17.1	7,907,026	0.5	7	161,393	3.9	1,710,833	0.4	23
Female, Disabled															
All Ages	108,574	6.5	1,200,767	0.4	21	318,424	19.1	3,608,259	0.6	8	74,067	4.4	794,797	0.4	27
5 and younger	20	19.4	229	0.3	12	1	1.0	10	0.1	1	2	1.9	22	0.1	8
6-14	58	21.4	611	0.4	23	11	4.1	128	0.2	2	5	1.8	51	0.8	60
15-20	607	14.3	6,962	0.3	25	479	11.3	5,438	0.3	6	143	3.4	1,663	0.4	42
21-44	24,301	5.5	265,848	0.4	20	81,319	18.5	915,351	0.5	7	11,555	2.6	122,713	0.4	26
45-64	60,009	7.0	656,953	0.4	21	187,196	21.8	2,117,526	0.6	8	45,798	5.3	486,978	0.4	25
65-74	19,850	8.1	226,520	0.4	25	34,797	14.1	401,986	0.5	8	15,735	6.4	174,144	0.5	34
75-84	3,332	3.5	39,101	0.4	10	11,694	12.4	135,498	0.5	8	754	0.8	8,427	0.4	18
85 and older	397	1.8	4,543	0.4	10	2,927	13.2	32,322	0.5	7	75	0.3	799	0.3	9
Female, Other Eligibles															
All Ages	124,372	4.9	1,342,039	0.4	21	397,664	15.8	4,298,767	0.5	6	87,326	3.5	916,036	0.5	19
5 and younger	8	61.5	89	0.3	17	1	7.7	12	0.8	6	0	0.0	0	0.0	0
6-14	24	32.4	237	0.4	36	3	4.1	33	0.1	1	0	0.0	0	0.0	0
15-20	71	16.4	739	0.3	31	36	8.3	412	0.2	4	13	3.0	114	0.5	56
21-44	4,013	12.0	38,937	0.4	31	5,933	17.7	58,047	0.5	7	2,214	6.6	20,713	0.5	39
45-64	3,296	18.0	30,004	0.4	37	3,372	18.5	33,068	0.5	8	2,902	15.9	25,488	0.6	46
65-74	46,487	6.0	508,645	0.4	22	110,931	14.3	1,234,738	0.5	7	43,133	5.6	454,905	0.5	21
75-84	40,121	4.4	444,238	0.4	19	139,512	15.4	1,529,306	0.5	6	26,955	3.0	291,322	0.5	14
85 and older	30,352	3.9	319,150	0.5	19	137,876	17.5	1,443,151	0.5	5	12,109	1.5	123,494	0.5	13
Male															
All Males	113,260	4.6	1,223,166	0.4	21	303,320	12.2	3,335,532	0.5	7	88,088	3.5	907,266	0.4	24
Male, Disabled															
All Ages	66,077	4.7	725,804	0.4	21	188,025	13.3	2,121,576	0.6	8	47,949	3.4	505,213	0.4	26
5 and younger	63	32.1	648	0.4	23	2	1.0	24	0.1	6	0	0.0	0	0.0	0
6-14	50	15.1	567	0.4	18	8	2.4	86	0.2	14	8	2.4	96	0.2	18
15-20	626	10.9	7,251	0.3	29	532	9.2	6,062	0.4	6	148	2.6	1,624	0.5	47
21-44	20,029	3.9	220,506	0.4	21	63,564	12.3	717,739	0.6	8	10,234	2.0	109,145	0.4	27
45-64	35,798	5.0	388,688	0.4	21	108,369	15.0	1,220,600	0.6	8	30,605	4.2	317,910	0.4	24
65-74	8,460	6.5	95,966	0.4	24	12,292	9.5	140,252	0.5	8	6,745	5.2	74,133	0.4	32
75-84	961	3.0	11,164	0.4	11	2,888	9.0	32,791	0.5	7	192	0.6	2,130	0.4	20
85 and older	90	2.4	1,014	0.5	12	370	9.8	4,022	0.5	7	17	0.5	175	0.3	6
Male, Other Eligibles															

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, UNITED STATES, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIANXIETY AGENTS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All Ages	47,183	4.4	497,362	0.4	20	115,295	10.8	1,213,956	0.5	6	40,139	3.7	402,053	0.5	20
5 and younger	8	20.5	76	0.3	34	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	28.8	193	0.4	30	1	1.7	7	0.6	5	3	5.1	36	0.6	102
15-20	55	14.2	611	0.4	25	25	6.5	267	0.3	5	16	4.1	186	0.7	91
21-44	1,680	11.6	15,532	0.4	35	2,104	14.5	19,999	0.5	8	1,196	8.3	10,775	0.6	50
45-64	2,039	11.8	18,354	0.5	38	2,071	12.0	20,056	0.5	8	2,571	14.9	21,619	0.6	46
65-74	21,171	4.6	226,843	0.4	20	45,019	9.8	490,120	0.5	6	21,350	4.6	217,607	0.5	20
75-84	15,160	3.9	163,677	0.4	17	41,838	10.7	442,155	0.5	6	11,299	2.9	116,373	0.5	15
85 and older	7,053	3.8	72,076	0.5	18	24,237	13.1	241,352	0.4	5	3,704	2.0	35,457	0.5	14
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 the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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, UNITED STATES, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	249,545	3.7	2,664,899	0.5	\$22	316,419	4.7	3,315,550	0.4	\$17	238,819	3.6	2,544,043	0.3	\$22
Female															
All Females	158,629	3.8	1,708,036	0.5	22	215,548	5.1	2,267,048	0.4	17	160,791	3.8	1,725,261	0.3	21
Female, Disabled															
All Ages	63,325	3.8	684,964	0.4	25	127,156	7.6	1,362,642	0.4	19	87,127	5.2	944,494	0.3	22
5 and younger	0	0.0	0	0.0	0	1	1.0	11	0.1	5	11	10.7	132	0.2	8
6-14	14	5.2	157	0.3	16	3	1.1	33	0.2	7	27	10.0	324	0.3	17
15-20	62	1.5	718	0.3	21	1,039	24.6	11,800	0.4	21	707	16.7	8,164	0.2	21
21-44	8,197	1.9	88,001	0.4	20	41,977	9.6	447,840	0.4	20	21,466	4.9	231,921	0.3	18
45-64	41,025	4.8	440,571	0.4	22	73,841	8.6	787,732	0.4	18	52,180	6.1	562,998	0.3	22
65-74	13,495	5.5	149,565	0.4	36	10,032	4.1	112,364	0.4	24	12,191	4.9	134,781	0.4	32
75-84	469	0.5	5,287	0.3	20	213	0.2	2,340	0.3	9	494	0.5	5,596	0.2	10
85 and older	63	0.3	665	0.3	13	50	0.2	522	0.3	6	51	0.2	578	0.2	8
Female, Other Eligibles															
All Ages	95,304	3.8	1,023,072	0.5	19	88,392	3.5	904,406	0.5	14	73,664	2.9	780,767	0.3	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	30.8	46	0.2	21
6-14	5	6.8	50	0.3	10	1	1.4	1	1.0	19	13	17.6	155	0.1	10
15-20	11	2.5	109	0.4	30	90	20.8	929	0.4	21	68	15.7	679	0.4	36
21-44	1,470	4.4	14,202	0.4	29	9,658	28.8	92,462	0.5	31	4,317	12.9	41,344	0.3	25
45-64	2,666	14.6	23,850	0.5	38	5,813	31.8	53,630	0.5	36	3,364	18.4	30,919	0.4	34
65-74	44,135	5.7	471,879	0.5	21	29,990	3.9	323,777	0.4	13	31,153	4.0	337,532	0.3	21
75-84	32,826	3.6	361,904	0.5	17	23,574	2.6	244,733	0.5	9	21,649	2.4	235,437	0.4	19
85 and older	14,191	1.8	151,078	0.5	15	19,266	2.4	188,874	0.5	8	13,096	1.7	134,655	0.3	17
Male															
All Males	90,916	3.7	956,863	0.4	22	100,871	4.1	1,048,502	0.4	17	78,028	3.1	818,782	0.3	22
Male, Disabled															
All Ages	47,918	3.4	511,766	0.4	24	71,854	5.1	764,460	0.4	18	44,025	3.1	470,214	0.3	23
5 and younger	1	0.5	12	0.2	24	1	0.5	12	0.3	2	33	16.8	360	0.3	18
6-14	13	3.9	153	0.4	16	5	1.5	50	0.3	10	31	9.3	352	0.2	23
15-20	107	1.9	1,190	0.4	28	1,184	20.6	13,464	0.5	23	744	12.9	8,586	0.3	23
21-44	10,947	2.1	118,621	0.4	21	30,871	6.0	332,212	0.4	19	12,763	2.5	138,483	0.3	19
45-64	30,068	4.2	316,820	0.4	22	36,024	5.0	376,583	0.4	17	24,479	3.4	256,271	0.3	22
65-74	6,581	5.1	72,691	0.4	36	3,681	2.8	41,193	0.4	23	5,716	4.4	63,303	0.4	34
75-84	190	0.6	2,156	0.4	20	80	0.3	883	0.5	7	240	0.8	2,640	0.3	11
85 and older	11	0.3	123	0.6	11	8	0.2	63	0.4	5	19	0.5	219	0.3	12
Male, Other Eligibles															

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, UNITED STATES, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All Ages	42,998	4.0	445,097	0.5	21	29,017	2.7	284,042	0.4	15	34,003	3.2	348,568	0.4	22
5 and younger	1	2.6	12	0.3	7	0	0.0	0	0.0	0	8	20.5	67	0.6	60
6-14	9	15.3	91	0.5	50	4	6.8	38	0.1	4	5	8.5	60	0.3	20
15-20	14	3.6	151	0.5	26	79	20.4	875	0.6	25	45	11.6	492	0.4	41
21-44	1,335	9.2	12,097	0.4	33	3,398	23.5	31,464	0.5	32	1,299	9.0	11,959	0.4	29
45-64	2,509	14.6	21,726	0.5	38	3,141	18.2	27,772	0.5	34	1,833	10.6	16,560	0.4	36
65-74	21,980	4.8	229,577	0.5	21	10,679	2.3	111,688	0.4	12	15,884	3.4	166,797	0.4	22
75-84	13,054	3.3	139,658	0.5	18	7,541	1.9	74,174	0.4	9	10,229	2.6	106,447	0.4	19
85 and older	4,096	2.2	41,785	0.5	15	4,175	2.3	38,031	0.4	8	4,700	2.5	46,186	0.3	18
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 the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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, UNITED STATES, 2007

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	28,877	0.4	306,304	0.4	\$175	356,403	5.3	3,730,074	0.3	\$13	6,671,265	70,558,933
Female												
All Females	14,534	0.3	156,852	0.3	125	234,694	5.6	2,480,556	0.3	12	4,188,226	44,476,219
Female, Disabled												
All Ages	10,044	0.6	109,292	0.3	148	136,379	8.2	1,459,004	0.3	13	1,666,168	18,187,720
5 and younger	7	6.8	80	0.4	170	5	4.9	56	0.1	1	103	1,116
6-14	20	7.4	229	0.4	159	22	8.1	234	0.1	1	271	2,911
15-20	147	3.5	1,643	0.3	163	1,204	28.4	13,650	0.2	4	4,232	45,269
21-44	4,096	0.9	44,154	0.3	140	45,558	10.4	483,898	0.3	12	439,438	4,761,674
45-64	5,129	0.6	55,987	0.4	154	77,042	9.0	821,139	0.4	13	859,578	9,311,385
65-74	641	0.3	7,151	0.3	143	12,155	4.9	135,674	0.3	14	246,286	2,764,344
75-84	2	0.0	24	0.2	31	331	0.4	3,698	0.2	3	94,154	1,062,596
85 and older	2	0.0	24	0.3	1	62	0.3	655	0.2	2	22,106	238,425
Female, Other Eligibles												
All Ages	4,490	0.2	47,560	0.2	73	98,315	3.9	1,021,552	0.3	10	2,522,058	26,288,499
5 and younger	2	15.4	21	0.6	191	2	15.4	24	0.1	1	13	130
6-14	12	16.2	126	0.3	252	10	13.5	103	0.1	1	74	699
15-20	30	6.9	325	0.5	204	118	27.3	1,189	0.2	3	432	3,802
21-44	861	2.6	8,462	0.4	152	12,018	35.9	115,015	0.4	28	33,515	278,107
45-64	443	2.4	4,248	0.4	225	6,555	35.9	60,886	0.4	25	18,264	152,919
65-74	1,585	0.2	17,123	0.2	55	35,633	4.6	383,728	0.3	8	775,454	8,213,451
75-84	933	0.1	10,546	0.2	15	25,807	2.8	277,279	0.3	5	906,633	9,675,186
85 and older	624	0.1	6,709	0.1	8	18,172	2.3	183,328	0.3	6	787,673	7,964,205
Male												
All Males	14,343	0.6	149,452	0.4	227	121,709	4.9	1,249,518	0.3	15	2,483,037	26,082,699
Male, Disabled												
All Ages	11,929	0.8	125,196	0.4	232	84,323	6.0	878,383	0.3	17	1,412,524	15,228,797
5 and younger	14	7.1	159	0.3	79	14	7.1	146	0.1	1	196	2,076
6-14	28	8.4	313	0.3	202	25	7.5	265	0.1	1	332	3,608
15-20	140	2.4	1,607	0.3	159	1,055	18.3	12,110	0.2	8	5,753	61,835
21-44	5,259	1.0	55,017	0.4	227	33,153	6.4	348,304	0.3	16	517,696	5,595,927
45-64	5,963	0.8	62,306	0.4	236	44,313	6.1	453,595	0.4	17	722,843	7,736,547
65-74	522	0.4	5,758	0.5	267	5,660	4.4	62,845	0.3	16	129,984	1,432,963
75-84	3	0.0	36	0.1	0	95	0.3	1,032	0.2	4	31,943	355,816
85 and older	0	0.0	0	0.0	0	8	0.2	86	0.2	2	3,777	40,025
Male, Other Eligibles												

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, UNITED STATES, 2007

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All Ages	2,414	0.2	24,256	0.4	199	37,386	3.5	371,135	0.3	12	1,070,513	10,853,902
5 and younger	2	5.1	21	0.7	132	2	5.1	24	0.1	1	39	343
6-14	11	18.6	130	0.3	284	9	15.3	106	0.1	1	59	568
15-20	25	6.5	256	0.4	232	66	17.1	674	0.2	2	387	3,632
21-44	376	2.6	3,329	0.6	385	5,051	34.9	46,276	0.5	33	14,470	115,403
45-64	421	2.4	3,670	0.7	442	4,273	24.8	38,387	0.5	31	17,230	139,647
65-74	1,075	0.2	11,401	0.3	146	15,889	3.4	165,082	0.3	8	460,668	4,737,965
75-84	368	0.1	4,023	0.2	33	8,221	2.1	83,776	0.3	4	392,228	4,063,111
85 and older	136	0.1	1,426	0.1	18	3,875	2.1	36,810	0.3	4	185,432	1,793,233
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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, UNITED STATES, 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	\$11	0.5	738,798	7,660,151
Age				
0-64	27	0.9	71,051	792,166
65-74	22	0.7	100,750	1,074,727
75-84	8	0.4	225,884	2,341,341
85 and older	6	0.3	341,112	3,451,905
Unknown	0	0.0	1	12
Gender				
Female	10	0.4	532,968	5,554,226
Male	15	0.5	205,830	2,105,925
Unknown	0	0.0	0	0
Race				
White	10	0.5	558,423	5,736,143
African American	14	0.4	94,719	1,018,431
Other/unknown	12	0.4	85,656	905,577
Basis of Eligibility^c				
Aged	8	0.4	644,379	6,613,120
Disabled	27	0.8	94,316	1,046,021
Adults	54	0.9	96	937
Children	35	1.0	6	69
Unknown	4	0.5	1	4

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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, UNITED STATES, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$17	\$1	\$5	\$74	\$203	\$123	\$22	35,809	\$2,648,497	13,073	1.8	118,761
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	32	32	0	0	1,074	34,359	1,006	0.1	9,497
Antineoplastic Agents	0.3	0.0	0.0	0.3	45	22	0	23	134	500	14	78	7,187	964,087	2,463	0.3	21,362
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	29	23	2	4	48	97	65	12	82,050	3,955,083	15,717	2.1	137,547
Cardiovascular Agents	1.0	0.1	0.1	0.7	26	10	5	11	27	71	62	15	216,178	5,797,029	25,576	3.5	222,304
Respiratory Agents	0.3	0.1	0.0	0.2	9	5	1	4	32	89	59	16	117,268	3,719,203	37,608	5.1	405,249
Gastrointestinal Agents	0.5	0.2	0.0	0.3	31	22	3	6	63	128	86	22	71,519	4,509,020	15,766	2.1	145,974
Genitourinary Agents	0.4	0.2	0.0	0.1	23	18	1	5	59	75	66	33	23,374	1,374,601	6,640	0.9	59,253
CNS Drugs	0.7	0.1	0.0	0.7	14	7	0	7	19	116	73	10	1,596,869	29,976,147	205,484	27.8	2,182,645
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	49	46	0	4	97	193	51	14	1,799	175,099	360	0.0	3,543
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	61	61	0	1	121	122	10	65	41,100	4,969,054	9,595	1.3	81,179
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	17	3	4	10	29	103	177	18	75,939	2,182,588	14,510	2.0	131,237
Neuromuscular Agents	0.9	0.1	0.0	0.8	21	10	1	11	24	134	109	13	339,616	8,213,873	36,676	5.0	389,135
Nutritional Products	0.5	0.1	0.0	0.4	6	1	0	4	12	21	13	11	177,425	2,139,511	36,760	5.0	381,177
Hematological Agents	0.7	0.1	0.0	0.6	11	7	0	5	17	132	20	7	638,214	10,677,962	86,873	11.8	930,996
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	43	86	64	18	47,666	2,033,317	15,686	2.1	152,634
Miscellaneous Products	0.2	0.0	0.0	0.2	8	5	0	3	35	107	87	14	10,711	373,436	4,588	0.6	47,055
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	52	0	0	0	5,359	278,762	1,946	0.3	20,887
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.	3,489,157	84,021,628	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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/products/product_mddb.asp (May 13 2007).

In the U.S., 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, UNITED STATES, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year		Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
			Nursing Facility Residents	Number of Benefit Months				
ANTI-ANXIETY AGENTS	\$12,937,520	174,458	23.6	1,877,825	0.6	\$11	\$7	
ANTI-PSYCHOTICS	9,648,497	12,562	1.7	117,521	0.5	164	82	
HEMATOPOIETIC AGENTS	9,597,783	116,118	15.7	1,268,501	0.6	12	8	
ANTI-CONVULSANTS	7,130,437	35,428	4.8	381,874	0.8	22	19	
ULCER DRUGS	5,691,405	26,091	3.5	269,299	0.5	40	21	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,015,439	12,351	1.7	108,198	0.4	116	46	
DIAGNOSTIC PRODUCTS	4,415,286	8,229	1.1	91,071	0.6	85	48	
HYPNOTICS	4,154,723	30,567	4.1	332,844	0.8	16	12	
DERMATOLOGICAL	3,943,577	99,980	13.5	1,100,739	0.3	14	4	
ANTI-DEPRESSANTS	3,166,487	19,251	2.6	178,447	0.4	42	18	
Total	65,701,154	535,035	n.a.	5,726,319	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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, UNITED STATES, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIANXIETY AGENTS				ANTIPSYCHOTICS			
	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	3,231,161	\$65,701,154	174,458	23.6	1,877,825	0.6	\$7	12,562	1.7	117,521	0.5	\$82
Female												
All Females	2,299,585	43,123,721	128,865	24.2	1,391,146	0.6	7	7,663	1.4	71,417	0.5	77
Female, Disabled												
All Ages	351,509	9,967,683	14,419	30.3	163,914	0.8	10	1,504	3.2	16,594	0.7	142
64 or younger	264,902	6,709,780	11,070	34.2	126,292	0.8	9	926	2.9	10,016	0.6	124
65-74	57,007	2,670,954	1,916	25.7	21,781	0.7	10	544	7.3	6,238	0.8	170
75-84	21,024	432,494	963	19.4	10,817	0.7	10	25	0.5	261	0.7	129
85 and older	8,576	154,455	470	17.0	5,024	0.6	7	9	0.3	79	0.7	97
Female, Other Eligibles												
All Ages	1,948,076	33,156,038	114,446	23.6	1,227,232	0.6	6	6,159	1.3	54,823	0.4	58
64 or younger	384	11,839	18	28.6	172	0.8	17	7	11.1	56	0.4	22
65-74	306,375	7,418,002	14,730	30.2	162,649	0.7	8	1,380	2.8	14,152	0.6	110
75-84	681,027	11,380,265	38,459	24.9	416,350	0.7	7	2,140	1.4	18,540	0.4	45
85 and older	960,290	14,345,932	61,239	21.7	648,061	0.6	6	2,632	0.9	22,075	0.4	36
Male												
All Males	931,576	22,577,433	45,593	22.2	486,679	0.6	7	4,899	2.4	46,104	0.5	89
Male, Disabled												
All Ages	334,904	9,632,875	13,578	29.0	154,184	0.8	10	1,630	3.5	17,785	0.6	129
64 or younger	289,497	7,892,079	11,976	31.1	136,431	0.8	10	1,297	3.4	13,876	0.6	124
65-74	37,050	1,582,719	1,203	20.9	13,455	0.7	10	324	5.6	3,813	0.7	146
75-84	6,895	133,455	318	16.3	3,423	0.6	8	9	0.5	96	0.7	116
85 and older	1,462	24,622	81	15.9	875	0.6	9	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	596,672	12,944,558	32,015	20.1	332,495	0.6	6	3,269	2.1	28,319	0.4	65
64 or younger	493	14,177	13	20.6	138	1.2	13	2	3.2	13	2.0	134
65-74	196,014	5,109,838	8,984	23.2	97,619	0.7	8	1,090	2.8	10,594	0.5	96
75-84	236,171	4,735,412	12,931	19.9	134,001	0.6	6	1,310	2.0	10,818	0.4	53
85 and older	163,994	3,085,131	10,087	18.2	100,737	0.5	5	867	1.6	6,894	0.4	36
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 the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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, UNITED STATES, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	116,118	15.7	1,268,501	0.6	\$8	35,428	4.8	381,874	0.8	\$19	26,091	3.5	269,299	0.5	\$21
Female															
All Females	83,563	15.7	915,546	0.6	7	23,433	4.4	252,938	0.8	16	18,017	3.4	186,090	0.5	20
Female, Disabled															
All Ages	6,990	14.7	79,968	0.6	10	5,797	12.2	66,200	0.9	28	2,321	4.9	26,176	0.6	28
64 or younger	4,868	15.0	55,830	0.6	11	4,630	14.3	52,752	0.9	26	1,685	5.2	18,902	0.5	26
65-74	1,094	14.7	12,572	0.6	12	892	12.0	10,335	0.9	37	491	6.6	5,615	0.6	38
75-84	670	13.5	7,673	0.6	8	218	4.4	2,469	0.8	15	110	2.2	1,272	0.5	17
85 and older	358	13.0	3,893	0.6	5	57	2.1	644	0.8	12	35	1.3	387	0.8	22
Female, Other Eligibles															
All Ages	76,573	15.8	835,578	0.6	7	17,636	3.6	186,738	0.8	12	15,696	3.2	159,914	0.5	18
64 or younger	5	7.9	41	0.8	7	10	15.9	95	0.6	21	6	9.5	65	0.5	22
65-74	7,989	16.4	89,243	0.6	9	4,359	8.9	47,724	0.9	19	2,293	4.7	24,632	0.5	24
75-84	24,959	16.2	275,267	0.6	7	6,704	4.3	70,760	0.8	11	5,330	3.5	54,638	0.5	18
85 and older	43,620	15.4	471,027	0.6	6	6,563	2.3	68,159	0.7	9	8,067	2.9	80,579	0.5	17
Male															
All Males	32,555	15.8	352,955	0.6	9	11,995	5.8	128,936	0.8	23	8,074	3.9	83,209	0.5	24
Male, Disabled															
All Ages	6,727	14.4	76,561	0.6	11	5,648	12.1	64,234	0.9	29	2,342	5.0	26,124	0.5	32
64 or younger	5,422	14.1	61,760	0.7	11	5,067	13.2	57,540	0.9	28	1,938	5.0	21,498	0.5	31
65-74	972	16.9	11,080	0.6	12	520	9.0	6,023	0.8	42	355	6.2	4,069	0.6	37
75-84	279	14.3	3,151	0.6	8	54	2.8	608	0.9	12	36	1.8	412	0.5	21
85 and older	54	10.6	570	0.6	5	7	1.4	63	0.7	8	13	2.5	145	0.6	14
Male, Other Eligibles															
All Ages	25,828	16.2	276,394	0.6	8	6,347	4.0	64,702	0.7	17	5,732	3.6	57,085	0.5	21
64 or younger	7	11.1	78	0.6	4	9	14.3	88	0.6	25	5	7.9	44	0.8	32
65-74	6,555	16.9	72,466	0.6	9	2,754	7.1	29,557	0.8	23	1,734	4.5	18,217	0.5	25
75-84	10,325	15.9	110,880	0.6	7	2,343	3.6	23,324	0.7	13	2,251	3.5	22,234	0.5	19
85 and older	8,941	16.1	92,970	0.6	8	1,241	2.2	11,733	0.6	10	1,742	3.1	16,590	0.5	18
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 the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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, UNITED STATES, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					DIAGNOSTIC PRODUCTS					HYPNOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$
All	12,351	1.7	108,198	0.4	\$46	8,229	1.1	91,071	0.6	\$49	30,567	4.1	332,844	0.8	\$13
Female															
All Females	8,314	1.6	72,451	0.4	45	5,321	1.0	59,088	0.6	49	20,090	3.8	218,998	0.7	13
Female, Disabled															
All Ages	676	1.4	7,418	0.5	78	871	1.8	9,883	0.6	50	4,053	8.5	46,368	0.9	10
64 or younger	498	1.5	5,403	0.4	76	391	1.2	4,494	0.5	48	3,179	9.8	36,399	0.9	10
65-74	162	2.2	1,833	0.6	85	210	2.8	2,402	0.6	50	545	7.3	6,285	0.8	12
75-84	13	0.3	146	0.5	55	187	3.8	2,062	0.6	55	236	4.8	2,692	0.9	10
85 and older	3	0.1	36	1.1	160	83	3.0	925	0.6	50	93	3.4	992	0.9	11
Female, Other Eligibles															
All Ages	7,638	1.6	65,033	0.4	41	4,450	0.9	49,205	0.6	48	16,037	3.3	172,630	0.7	14
64 or younger	2	3.2	24	0.5	17	0	0.0	0	0.0	0	3	4.8	36	0.7	4
65-74	905	1.9	8,305	0.4	64	780	1.6	8,830	0.6	51	3,104	6.4	34,322	0.8	13
75-84	2,945	1.9	24,795	0.4	39	1,789	1.2	19,916	0.6	49	6,119	4.0	66,359	0.7	13
85 and older	3,786	1.3	31,909	0.4	37	1,881	0.7	20,459	0.6	46	6,811	2.4	71,913	0.7	16
Male															
All Males	4,037	2.0	35,747	0.4	49	2,908	1.4	31,983	0.6	48	10,477	5.1	113,846	0.8	11
Male, Disabled															
All Ages	692	1.5	7,597	0.4	70	658	1.4	7,354	0.5	48	4,246	9.1	48,345	0.9	9
64 or younger	568	1.5	6,194	0.4	67	482	1.3	5,462	0.5	48	3,712	9.6	42,384	0.9	9
65-74	112	1.9	1,278	0.6	82	109	1.9	1,195	0.5	47	426	7.4	4,810	0.9	9
75-84	11	0.6	121	0.5	70	56	2.9	577	0.5	44	96	4.9	1,027	0.8	10
85 and older	1	0.2	4	0.8	37	11	2.2	120	0.7	54	12	2.3	124	0.6	11
Male, Other Eligibles															
All Ages	3,345	2.1	28,150	0.4	44	2,250	1.4	24,629	0.6	48	6,231	3.9	65,501	0.7	12
64 or younger	2	3.2	14	0.4	40	2	3.2	18	0.1	13	7	11.1	65	1.3	15
65-74	737	1.9	7,022	0.4	51	723	1.9	8,121	0.6	50	2,241	5.8	24,472	0.8	11
75-84	1,448	2.2	11,716	0.4	43	957	1.5	10,461	0.6	48	2,491	3.8	26,019	0.7	11
85 and older	1,158	2.1	9,398	0.4	39	568	1.0	6,029	0.6	46	1,492	2.7	14,945	0.6	14
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 the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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, UNITED STATES, 2007

Beneficiary Characteristics	DERMATOLOGICAL					ANTIDEPRESSANTS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	99,980	13.5	1,100,739	0.3	\$4	19,251	2.6	178,447	0.4	\$18	738,798	7,660,151
Female												
All Females	70,210	13.2	775,517	0.3	4	12,824	2.4	118,010	0.4	17	532,967	5,554,214
Female, Disabled												
All Ages	8,874	18.7	102,718	0.3	4	2,056	4.3	22,581	0.6	30	47,562	526,887
64 or younger	6,345	19.6	73,414	0.2	4	1,576	4.9	17,140	0.5	28	32,395	361,550
65-74	1,588	21.3	18,485	0.3	6	463	6.2	5,249	0.7	35	7,444	82,627
75-84	659	13.3	7,636	0.3	3	15	0.3	172	0.4	17	4,960	54,240
85 and older	282	10.2	3,183	0.3	4	2	0.1	20	0.1	3	2,763	28,470
Female, Other Eligibles												
All Ages	61,336	12.6	672,799	0.3	3	10,768	2.2	95,429	0.4	14	485,405	5,027,327
64 or younger	9	14.3	95	0.2	10	7	11.1	84	0.6	30	63	596
65-74	7,151	14.6	80,300	0.2	4	2,006	4.1	19,982	0.5	22	48,821	521,779
75-84	19,613	12.7	216,494	0.3	3	3,709	2.4	31,923	0.4	13	154,149	1,616,064
85 and older	34,563	12.2	375,910	0.3	3	5,046	1.8	43,440	0.3	11	282,372	2,888,888
Male												
All Males	29,770	14.5	325,222	0.2	4	6,427	3.1	60,437	0.4	19	205,830	2,105,925
Male, Disabled												
All Ages	8,566	18.3	98,852	0.2	4	2,008	4.3	21,884	0.5	26	46,754	519,134
64 or younger	6,999	18.2	80,799	0.2	4	1,723	4.5	18,630	0.5	25	38,530	429,405
65-74	1,219	21.2	14,173	0.3	4	274	4.8	3,136	0.6	30	5,758	63,705
75-84	278	14.2	3,154	0.3	3	11	0.6	118	0.7	14	1,955	20,919
85 and older	70	13.7	726	0.4	5	0	0.0	0	0.0	0	511	5,105
Male, Other Eligibles												
All Ages	21,204	13.3	226,370	0.2	3	4,419	2.8	38,553	0.4	15	159,076	1,586,791
64 or younger	10	15.9	110	0.3	8	10	15.9	77	0.6	53	63	615
65-74	5,200	13.4	57,874	0.2	4	1,441	3.7	14,047	0.5	20	38,727	406,616
75-84	8,656	13.4	92,369	0.3	4	1,641	2.5	13,728	0.4	13	64,820	650,118
85 and older	7,338	13.2	76,017	0.2	3	1,327	2.4	10,701	0.4	11	55,466	529,442
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 478,775 beneficiaries who were in nursing facilities for part of their enrollment and their 4,695,714 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}
UNITED STATES, 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	2,725,667	40.9	4.0	26,685,989	\$42	\$279,531,489	\$10	22.1	6,671,265
Age									
5 and younger	204	58.1	5.5	1,944	187	65,787	34	12.4	351
6-14	449	61.0	6.5	4,774	125	91,920	19	4.6	736
15-20	3,502	32.4	2.0	22,127	35	376,393	17	2.0	10,804
21-44	342,837	34.1	2.9	2,901,500	34	34,482,569	12	10.3	1,005,119
45-64	695,754	43.0	4.5	7,214,584	49	79,940,126	11	19.0	1,617,915
65-74	660,989	41.0	3.8	6,062,215	39	63,498,373	10	22.5	1,612,393
75-84	602,650	42.3	4.2	5,982,732	42	59,621,406	10	46.4	1,424,958
85 and older	419,282	42.0	4.5	4,496,113	41	41,454,915	9	54.2	998,988
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	1,421,940	40.6	4.0	14,010,181	39	135,711,641	10	35.8	3,504,195
Disabled	1,273,122	41.4	4.1	12,471,635	46	141,204,768	11	17.6	3,078,692
Adults	29,334	34.5	2.3	196,744	29	2,495,505	13	3.2	85,064
Children	559	39.3	2.6	3,695	49	69,961	19	2.2	1,424
Unknown	712	37.7	2.0	3,734	26	49,614	13	1.4	1,890
Gender									
Female	1,816,717	43.4	4.3	18,131,603	44	185,824,975	10	24.1	4,188,227
Male	908,950	36.6	3.4	8,554,386	38	93,706,514	11	19.0	2,483,037
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	1,578,155	41.9	4.6	17,369,591	45	171,098,415	10	22.0	3,763,807
African American	400,010	33.0	2.7	3,231,751	28	34,088,022	11	15.6	1,212,777
Other/unknown	747,502	44.1	3.6	6,084,647	44	74,345,052	12	27.7	1,694,681
Use of Nursing Facilities^d									
Entire year	358,811	48.6	6.8	5,057,289	62	46,041,685	9	54.8	738,798
Part year	264,129	55.2	5.5	2,618,798	51	24,506,125	9	36.4	478,775
None	2,102,727	38.6	3.5	19,009,902	38	208,983,679	11	18.8	5,453,692
Maintenance Assistance Status									
Cash	1,385,541	41.6	3.8	12,521,758	43	143,328,163	11	23.3	3,329,367
Medically needy	260,515	40.3	4.1	2,647,466	45	29,314,064	11	24.0	646,123
Poverty related	333,822	34.1	2.7	2,641,922	29	28,446,485	11	19.5	979,754
Other/unknown	745,789	43.5	5.2	8,874,843	46	78,442,777	9	20.6	1,716,021

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

b. The statute establishing the Medicare Part D prescription program that started in 2007 excluded 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 or 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}
UNITED STATES, 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	0.4	\$4	\$10	\$0	\$1	70,558,933
Age						
5 and younger	0.5	18	34	0	0	3,665
6-14	0.6	12	19	0	0	7,786
15-20	0.2	3	17	0	1	114,538
21-44	0.3	3	12	0	2	10,751,111
45-64	0.4	5	11	0	2	17,340,498
65-74	0.4	4	10	0	1	17,148,726
75-84	0.4	4	10	0	1	15,156,709
85 and older	0.4	4	9	0	1	10,035,888
Unknown	0.0	0	0	0	0	12
Basis of Eligibility^c						
Aged	0.4	4	10	0	1	36,414,678
Disabled	0.4	4	11	0	2	33,416,517
Adults	0.3	4	13	0	2	698,329
Children	0.3	5	19	0	1	13,002
Unknown	0.2	3	13	0	1	16,407
Gender						
Female	0.4	4	10	0	2	44,476,231
Male	0.3	4	11	0	1	26,082,699
Unknown	0.0	0	0	0	0	3
Race						
White	0.4	4	10	0	2	39,474,585
African American	0.2	3	11	0	1	12,992,975
Other/unknown	0.3	4	12	0	1	18,091,373
Use of Nursing Facilities^d						
Entire year	0.7	6	9	0	2	7,660,151
Part year	0.6	5	9	0	2	4,695,714
None	0.3	4	11	0	1	58,203,068
Maintenance Assistance Status						
Cash	0.3	4	11	0	1	36,508,373
Medically needy	0.4	5	11	0	2	6,355,150
Poverty related	0.3	3	11	0	1	10,458,706
Other/unknown	0.5	5	9	0	2	17,236,704

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 excluded several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
UNITED STATES, 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	
All	3,618,949	\$77	\$279,531,489	100.0	26,685,989	\$10	100.0
Anorexia or weight loss/gain	251	144	36,043	0.0	959	38	0.0
Fertility drugs	8	63	507	0.0	17	30	0.0
Drugs for cosmetic purposes	190	16	2,965	0.0	322	9	0.0
Cough and cold medications	375,382	54	20,431,035	7.3	854,892	24	3.2
Vitamins and minerals	219,627	57	12,451,292	4.5	1,015,907	12	3.8
Non-prescription drugs	1,650,559	80	132,471,198	47.4	15,425,429	9	57.8
Barbiturates	46,668	73	3,404,055	1.2	480,394	7	1.8
Benzodiazepines	1,265,626	83	104,853,821	37.5	8,694,612	12	32.6
Other Part D Excl Rx Drugs	60,638	97	5,880,573	2.1	213,457	28	0.8

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excluded 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

NATIONAL COMPARISON TABLE N.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c}

	Percentage of All Rx								Among All-Year Nursing Facility Residents ^f		
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^d	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ ^e	Number of Rx per Benefit Month	Rx \$ per Benefit Month
All States	6,671,265	70,558,933	36.3	0.5	\$18	21.9	3.5	74.5	1.4	0.5	\$11
Alabama	98,411	1,056,477	43.0	0.4	14	11.3	2.3	86.2	1.2	0.5	9
Alaska	13,602	146,420	25.6	0.4	21	22.9	6.1	70.8	1.3	0.3	22
Arizona	45,230	364,799	0.2	0.0	0	25.2	1.6	73.2	0.0	0.0	0
Arkansas	76,091	798,141	33.6	0.4	22	20.9	2.4	76.6	1.5	0.7	26
California	980,082	10,625,315	31.9	0.2	13	18.4	4.5	76.8	1.6	0.3	13
Colorado	65,269	677,074	22.3	0.3	19	21.5	2.9	75.5	1.2	0.3	9
Connecticut	81,039	859,936	76.0	2.4	46	36.1	5.7	58.1	1.8	0.7	33
Delaware	6,769	66,393	76.0	1.1	77	26.7	4.3	69.0	35.3	0.8	18
D.C.	19,075	204,680	24.7	0.3	20	24.6	3.4	71.9	0.9	0.3	8
Florida	303,789	3,144,693	33.2	0.4	14	16.2	2.4	81.1	1.2	0.6	10
Georgia	153,778	1,637,587	28.4	0.3	16	21.5	3.6	74.8	1.7	0.4	11
Hawaii	29,637	313,284	28.6	0.3	19	17.4	1.8	80.7	1.8	0.2	4
Idaho	23,384	240,908	34.5	0.4	20	18.9	2.5	78.5	1.3	0.3	6
Illinois	308,232	3,232,155	33.8	0.4	16	18.3	2.3	79.2	1.7	0.6	13
Indiana	116,873	1,230,353	39.2	0.5	22	18.4	3.3	78.1	1.4	0.5	9
Iowa	67,938	731,129	39.0	0.4	15	13.8	3.6	82.4	1.0	0.4	5
Kansas	50,538	519,632	43.5	1.1	15	30.7	3.4	65.8	0.9	0.4	5
Kentucky	96,779	1,025,116	48.9	0.6	17	13.5	1.4	84.9	1.6	1.0	13
Louisiana	107,200	1,180,169	36.6	0.4	20	22.7	3.6	73.5	1.7	0.7	22
Maine											
Maryland	75,197	779,870	32.9	0.3	12	18.0	1.8	80.1	0.6	0.5	17
Massachusetts	233,365	2,754,986	37.8	0.3	11	11.2	1.7	87.0	0.9	0.3	4
Michigan	239,232	2,552,733	31.8	0.3	10	13.7	1.4	84.9	1.3	0.3	5
Minnesota	75,746	714,788	29.7	0.4	18	17.4	2.5	79.9	0.8	0.4	10
Mississippi	87,492	959,096	29.7	0.3	17	17.4	2.5	80.0	1.5	0.3	9
Missouri	163,952	1,667,735	45.3	0.6	27	17.0	3.0	79.9	2.5	0.6	14
Montana	16,239	159,074	30.3	0.3	18	13.5	3.0	83.4	1.2	0.3	8
Nebraska	31,525	296,572	53.9	0.6	22	14.7	2.5	82.7	1.3	0.4	8
Nevada	23,258	239,216	55.0	1.6	23	30.5	3.8	65.6	1.8	0.9	25
New Hampshire	22,662	231,195	39.3	0.4	19	13.8	2.3	83.9	1.0	0.4	5
New Jersey	156,695	1,688,768	54.3	0.5	24	18.7	9.5	71.7	1.5	0.6	15
New Mexico	38,836	414,910	8.7	0.1	2	17.9	3.2	78.7	0.2	0.4	9
New York	614,986	6,624,505	27.6	0.3	21	27.6	3.0	69.1	0.8	0.2	5

Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.5
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c}

	Percentage of All Rx							Among All-Year Nursing Facility Residents ^f			
	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Patented Brand-Name ^d	Off-Patent Brand-Name	Rx \$ as a Percentage of Total Generic Medicaid \$ ^e	Number of Rx per Benefit Month	Rx \$ per Benefit Month	
North Carolina	240,499	2,664,411	44.0	0.5	22	20.8	3.7	75.4	2.4	0.4	8
North Dakota	12,453	126,658	28.9	0.3	10	13.6	2.3	84.0	0.4	0.3	4
Ohio	234,792	2,366,977	43.3	0.6	21	18.4	2.9	78.4	1.1	0.7	14
Oklahoma	94,563	1,006,212	26.7	0.2	10	14.5	1.6	83.7	1.0	0.3	8
Oregon	33,663	310,095	35.5	0.4	15	14.4	1.9	83.6	1.1	0.5	11
Pennsylvania	319,842	3,373,041	35.4	0.4	9	15.2	2.5	82.0	0.8	0.5	9
Rhode Island	31,265	340,234	39.4	0.4	20	15.9	2.1	81.9	1.1	0.3	5
South Carolina	130,414	1,423,864	40.4	0.3	14	17.2	2.5	80.1	1.9	0.5	8
South Dakota	14,216	150,278	29.5	0.3	10	13.3	2.1	84.5	0.7	0.3	6
Tennessee	214,188	1,910,729	8.0	0.2	15	24.0	2.8	73.1	1.6	0.2	8
Texas	374,366	3,543,085	40.0	0.3	18	21.1	4.0	74.9	1.6	0.5	20
Utah	28,359	243,552	40.9	0.6	38	20.3	2.2	77.4	3.1	0.7	22
Vermont	31,408	333,107	62.6	1.6	35	28.9	4.4	66.6	3.9	0.6	10
Virginia	117,549	1,252,174	38.4	0.3	10	11.4	2.6	85.9	0.9	0.6	11
Washington	108,544	1,153,829	77.2	3.0	26	29.8	3.5	66.6	2.2	0.5	8
West Virginia	50,730	542,471	42.6	0.6	24	16.7	2.6	80.6	1.9	0.5	6
Wisconsin	205,196	2,186,415	53.3	1.3	54	26.4	4.1	69.4	5.7	0.5	7
Wyoming	6,975	73,292	33.6	0.4	19	19.1	2.3	78.5	0.8	0.3	7

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2007. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2007. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

NATIONAL COMPARISON TABLE N.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c,d}

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
All States	100	51.6	47.4	1.0	0.0	\$18	\$10	\$24	\$110	\$244	100	30.0	63.4	6.1	0.3
Alabama	100	33.5	65.8	0.6	0.0	14	4	18	135	261	100	9.5	83.7	6.2	0.2
Alaska	100	46.9	52.3	0.8	0.0	21	6	31	227	52	100	13.3	77.7	8.9	0.0
Arizona	100	57.9	39.6	2.5	0.0	0	0	1	0	0	100	8.3	86.7	5.0	0.0
Arkansas	100	58.6	40.0	1.3	0.0	22	12	35	77	67	100	30.7	63.9	4.4	0.1
California	100	56.2	43.2	0.6	0.0	13	7	21	44	158	100	30.3	67.3	2.1	0.1
Colorado	100	57.7	41.8	0.5	0.0	19	8	32	101	798	100	25.0	71.4	2.6	0.9
Connecticut	100	56.8	39.6	3.5	0.0	46	34	64	46	269	100	41.2	55.0	3.5	0.2
Delaware	100	41.4	47.9	10.4	0.2	77	22	87	245	86	100	11.8	54.5	33.3	0.2
D.C.	100	45.1	52.9	2.0	0.0	20	6	31	14	0	100	14.3	84.3	1.4	0.0
Florida	100	55.4	44.2	0.4	0.0	14	7	22	159	452	100	27.8	67.6	4.1	0.3
Georgia	100	41.5	58.2	0.2	0.0	16	6	23	69	81	100	14.7	84.1	0.9	0.1
Hawaii	100	67.6	32.3	0.2	0.0	19	8	41	82	0	100	28.0	71.2	0.7	0.0
Idaho	100	47.5	51.8	0.6	0.0	20	8	27	393	0	100	18.7	68.5	12.7	0.0
Illinois	100	41.4	56.7	1.9	0.1	16	4	22	82	257	100	9.9	79.0	9.9	0.9
Indiana	100	49.9	49.9	0.2	0.0	22	7	36	82	458	100	15.3	83.6	0.6	0.4
Iowa	100	46.6	51.8	1.5	0.0	15	7	19	97	520	100	21.5	67.3	9.7	1.1
Kansas	100	50.7	49.0	0.2	0.0	15	8	21	88	328	100	27.1	70.6	1.4	0.7
Kentucky	100	34.0	65.4	0.5	0.0	17	8	20	208	292	100	15.4	78.0	6.3	0.4
Louisiana	100	55.6	43.9	0.4	0.0	20	12	28	190	243	100	33.9	61.5	3.6	0.1
Maine															
Maryland	100	47.2	52.1	0.6	0.0	12	12	13	40	254	100	43.8	53.6	1.9	0.6
Massachusetts	100	51.0	48.2	0.9	0.0	11	5	17	57	25	100	23.6	72.0	4.3	0.0
Michigan	100	47.9	49.9	2.1	0.0	10	3	14	56	153	100	13.2	73.5	12.3	0.4
Minnesota	100	17.5	80.6	1.8	0.0	18	10	20	33	169	100	9.5	86.9	3.4	0.2
Mississippi	100	45.3	54.0	0.6	0.0	17	4	26	108	161	100	11.6	84.2	4.1	0.0
Missouri	100	49.4	50.2	0.3	0.0	27	11	41	126	194	100	19.9	77.5	1.6	0.2
Montana	100	46.5	44.4	9.0	0.1	18	6	30	19	165	100	15.1	74.6	9.6	0.6
Nebraska	100	52.7	46.9	0.4	0.0	22	7	35	494	133	100	16.7	74.4	8.3	0.1
Nevada	100	61.8	37.2	0.9	0.0	23	14	36	78	18	100	38.2	58.1	3.1	0.0
New Hampshire	100	45.8	50.0	4.1	0.1	19	6	27	54	445	100	15.0	71.7	11.7	1.7
New Jersey	100	52.5	47.1	0.3	0.0	24	12	36	107	69	100	26.1	72.2	1.5	0.0
New Mexico	100	40.7	58.5	0.7	0.0	2	3	2	13	0	100	47.4	45.8	4.1	0.0
New York	100	51.4	46.9	1.7	0.0	21	7	30	226	237	100	16.8	65.2	17.8	0.2
North Carolina	100	54.2	45.0	0.8	0.0	22	8	33	348	188	100	18.7	68.7	12.6	0.1
North Dakota	100	56.5	43.0	0.5	0.1	10	4	17	174	96	100	20.2	71.7	7.6	0.5
Ohio	100	53.3	45.8	0.8	0.0	21	11	32	52	68	100	28.4	69.4	1.9	0.1

Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c,d}

	Share of Benefit Months (percent)						Medicaid Rx \$ per Benefit Month (dollars)						Share of Total Medicaid Rx \$ (percent)					
	All	Aged	Disabled	Adults	Children		All	Aged	Disabled	Adults	Children		All	Aged	Disabled	Adults	Children	
Oklahoma	100	54.9	44.4	0.6	0.0	10	3	16	134	288	100	18.7	71.0	8.4	0.5			
Oregon	100	60.9	38.7	0.3	0.0	15	7	26	248	0	100	28.3	65.0	5.6	0.0			
Pennsylvania	100	54.5	45.2	0.3	0.0	9	6	12	150	207	100	33.7	61.0	4.3	0.1			
Rhode Island	100	39.4	56.2	4.2	0.0	20	4	32	7	263	100	8.0	88.7	1.5	0.2			
South Carolina	100	50.0	48.9	1.0	0.0	14	5	19	175	613	100	18.7	67.5	12.6	0.3			
South Dakota	100	46.3	52.8	0.8	0.0	10	3	14	152	1044	100	13.6	72.5	11.9	1.6			
Tennessee	100	22.7	75.3	1.9	0.0	15	4	15	118	210	100	5.6	77.4	14.9	0.3			
Texas	100	68.5	31.2	0.3	0.1	18	12	30	190	363	100	44.4	51.1	3.1	1.2			
Utah	100	43.1	56.1	0.7	0.0	38	12	54	311	86	100	13.1	80.6	6.1	0.0			
Vermont	100	55.9	42.7	1.4	0.0	35	28	39	225	25	100	44.5	46.6	8.9	0.0			
Virginia	100	56.3	43.3	0.3	0.0	10	6	15	96	182	100	32.9	63.5	3.2	0.4			
Washington	100	53.7	45.8	0.5	0.0	26	14	39	107	372	100	28.5	68.9	2.0	0.2			
West Virginia	100	44.0	55.3	0.6	0.0	24	9	34	293	58	100	15.8	76.4	7.6	0.0			
Wisconsin	100	63.4	34.1	2.5	0.0	54	76	16	25	192	100	89.0	9.8	1.1	0.0			
Wyoming	100	49.5	49.5	0.8	0.1	19	7	28	185	188	100	17.2	72.9	7.5	1.0			

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2007. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.7
 TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
 DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- CONVULSANT	ULCER DRUGS	ANTI- ANXIETY AGENTS	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC	ANTI- DEPRESSANTS	ANTI- ASTHMATIC	ANTI- VIRAL	ANTI- VIRAL	ANALGESICS Narcotic
All States	1	2	3	4	5	6	7	8	9	10	
Alabama	1	3	6	2	5	10	8	9	.	.	.
Alaska		1	2	4	3	7	8	5	.	.	6
Arizona		2	10	6	.	8	.	.	.	4	9
Arkansas		1	2	4	3	8	.	5	10	.	.
California		3	4	7	6	10	5	.	.	.	.
Colorado		1	2	.	3	8	7	5	9	6	4
Connecticut		2	5	1	6	10	9	8	.	.	4
Delaware		2	3	6	.	7	8	5	10	1	4
D.C.		2	3	.	10	5	4	9	8	1	.
Florida		1	5	4	3	10	9	.	7	2	.
Georgia		1	2	6	.	4	10	7	5	3	.
Hawaii		1	2	7	3	10	9	.	.	.	.
Idaho		1	2	4	5	6	9	3	8	.	7
Illinois		1	2	.	3	7	5	10	4	6	.
Indiana		1	2	3	9	6	10	5	8	.	4
Iowa		1	3	8	2	7	9	4	6	.	10
Kansas		1	2	3	5	6	10	4	8	.	9
Kentucky		4	2	1	3	7	8	.	9	.	.
Louisiana		2	3	5	1	7	9	8	.	.	6
Maine		.	.	.	.	.	.	.	.	.	.
Maryland		3	2	7	5	6	10	.	.	8	.
Massachusetts		1	2	5	6	.	.	9	8	4	.
Michigan		1	2	8	4	.	.	3	.	5	9
Minnesota		1	2	4	6	8	.	3	9	.	.
Mississippi		1	2	9	3	4	8	10	.	7	.
Missouri		1	2	.	3	9	.	5	8	.	6
Montana		3	2	5	4	10	.	7	9	.	6
Nebraska		1	3	2	5	8	.	6	9	.	.
Nevada		1	2	.	5	6	8	9	4	.	3
New Hampshire		1	2	8	3	9	.	6	7	.	4
New Jersey		1	3	.	2	.	.	.	.	8	10
New Mexico		2	.	1	.	4	.	.	.	.	.
New York		1	3	4	6	5	8	7	10	2	.
North Carolina		1	2	3	6	10	.	5	7	.	4
North Dakota		2	1	.	3	7	8	5	6	.	10
Ohio		1	2	3	4	8	9	5	7	.	6
Oklahoma		1	2	7	3	6	.	8	5	.	4

Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.7
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE
DUAL ELIGIBLE BENEFICIARIES, 2007^{a,b,c}

	ANTI- PSYCHOTICS	ANTI- CONVULSANT	ULCER DRUGS	ANTI- ANXIETY AGENTS	ANTI- DIABETIC	ANTI- HYPERLIPIDEMIC	ANTI- DEPRESSANTS	ANTI- ASTHMATIC	ANTI- VIRAL	ANTI- VIRAL	ANALGESICS Narcotic
Oregon	1	4	2	3	.	.	7	9	.	.	6
Pennsylvania	3	2	.	1	.	.	7	8	.	.	.
Rhode Island	2	3	6	4	10	7	5	9	.	.	8
South Carolina	2	3	.	1	8	.	9	10	7	.	6
South Dakota	3	1	4	2	8	.	5	7	.	.	6
Tennessee	1	2	.	.	4	10	7	6	5	.	3
Texas	1	3	6	2	5	10	7	.	.	.	.
Utah	1	2	6	5	7	8	4	.	10	.	3
Vermont	4	2	1	10	7	5	6	3	.	.	8
Virginia	5	4	6	1	.	.	.	.	.	.	.
Washington	1	3	2	.	8	6	5	7	9	.	10
West Virginia	3	1	4	2	6	8	5	7	.	.	9
Wisconsin	10	.	1	.	5	2	.	3	.	.	.
Wyoming	1	2	8	9	.	.	3	7	.	.	.

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.
 - b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2007. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 - c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2007. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 6,671,265
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,264,398,123
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$189

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,251,640	63.7	\$0	0.0
1-500	2,048,375	30.7	185,449,523	14.7
501-1,000	121,021	1.8	85,921,559	6.8
1,001-1,500	59,167	0.9	72,791,371	5.8
1,501-2,000	39,726	0.6	68,986,048	5.5
2,001-2,500	28,196	0.4	63,107,063	5.0
2,501-3,000	21,355	0.3	58,511,671	4.6
3,001-3,500	16,577	0.2	53,667,165	4.2
3,501-4,000	13,313	0.2	49,804,896	3.9
4,001-4,500	10,621	0.2	45,043,301	3.6
4,501-5,000	8,541	0.1	40,504,319	3.2
5,001-5,500	7,021	0.1	36,826,060	2.9
5,501-6,000	5,720	0.1	32,841,866	2.6
6,001-6,500	4,747	0.1	29,637,141	2.3
6,501-7,000	4,013	0.1	27,076,167	2.1
7,001-7,500	3,547	0.1	25,689,054	2.0
7,501-8,000	3,054	0.0	23,653,979	1.9
8,001-8,500	2,548	0.0	21,007,135	1.7
8,501-9,000	2,207	0.0	19,298,053	1.5
9,001-9,500	1,957	0.0	18,086,117	1.4
9,501-10,000	1,767	0.0	17,216,316	1.4
10,001+	16,152	0.2	289,279,319	22.9

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

Dual Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 2,550,442
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$695,057,597
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$272

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	1,545,192	60.6	\$0		0.0
1-500	821,248	32.2	80,891,260		11.6
501-1,000	57,003	2.2	40,484,566		5.8
1,001-1,500	27,523	1.1	33,836,560		4.9
1,501-2,000	18,547	0.7	32,213,838		4.6
2,001-2,500	13,400	0.5	30,006,186		4.3
2,501-3,000	10,412	0.4	28,538,928		4.1
3,001-3,500	8,107	0.3	26,258,761		3.8
3,501-4,000	6,611	0.3	24,738,739		3.6
4,001-4,500	5,475	0.2	23,235,204		3.3
4,501-5,000	4,491	0.2	21,294,243		3.1
5,001-5,500	3,813	0.1	20,001,996		2.9
5,501-6,000	3,178	0.1	18,254,850		2.6
6,001-6,500	2,664	0.1	16,628,525		2.4
6,501-7,000	2,324	0.1	15,689,635		2.3
7,001-7,500	2,083	0.1	15,096,560		2.2
7,501-8,000	1,857	0.1	14,390,555		2.1
8,001-8,500	1,575	0.1	12,992,858		1.9
8,501-9,000	1,371	0.1	11,986,437		1.7
9,001-9,500	1,278	0.1	11,811,417		1.7
9,501-10,000	1,137	0.0	11,079,344		1.6
10,001+	11,153	0.4	205,627,135		29.6

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 4,036,339
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$487,068,817
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$120

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,663,999	66.0	\$0	0.0
1-500	1,205,222	29.9	101,803,250	20.9
501-1,000	59,596	1.5	42,232,865	8.7
1,001-1,500	28,914	0.7	35,568,783	7.3
1,501-2,000	19,104	0.5	33,152,037	6.8
2,001-2,500	13,229	0.3	29,589,584	6.1
2,501-3,000	9,654	0.2	26,431,010	5.4
3,001-3,500	7,370	0.2	23,842,235	4.9
3,501-4,000	5,788	0.1	21,643,282	4.4
4,001-4,500	4,421	0.1	18,726,253	3.8
4,501-5,000	3,380	0.1	16,031,555	3.3
5,001-5,500	2,663	0.1	13,960,179	2.9
5,501-6,000	2,109	0.1	12,100,472	2.5
6,001-6,500	1,696	0.0	10,589,580	2.2
6,501-7,000	1,328	0.0	8,957,375	1.8
7,001-7,500	1,150	0.0	8,318,369	1.7
7,501-8,000	897	0.0	6,940,553	1.4
8,001-8,500	765	0.0	6,299,063	1.3
8,501-9,000	637	0.0	5,570,938	1.1
9,001-9,500	528	0.0	4,879,976	1.0
9,501-10,000	482	0.0	4,695,641	1.0
10,001+	3,407	0.1	55,735,817	11.4

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,612,393
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$282,140,800
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$175

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,065,337	66.1	\$0	0.0
1-500	456,820	28.3	41,662,611	14.8
501-1,000	28,496	1.8	20,296,321	7.2
1,001-1,500	14,756	0.9	18,159,389	6.4
1,501-2,000	10,036	0.6	17,445,567	6.2
2,001-2,500	7,327	0.5	16,401,546	5.8
2,501-3,000	5,510	0.3	15,090,908	5.3
3,001-3,500	4,351	0.3	14,084,722	5.0
3,501-4,000	3,426	0.2	12,814,761	4.5
4,001-4,500	2,805	0.2	11,886,031	4.2
4,501-5,000	2,134	0.1	10,119,943	3.6
5,001-5,500	1,736	0.1	9,097,440	3.2
5,501-6,000	1,403	0.1	8,048,521	2.9
6,001-6,500	1,175	0.1	7,337,660	2.6
6,501-7,000	945	0.1	6,379,429	2.3
7,001-7,500	836	0.1	6,048,221	2.1
7,501-8,000	671	0.0	5,192,569	1.8
8,001-8,500	564	0.0	4,644,542	1.6
8,501-9,000	490	0.0	4,285,412	1.5
9,001-9,500	402	0.0	3,716,517	1.3
9,501-10,000	377	0.0	3,671,709	1.3
10,001+	2,796	0.2	45,756,981	16.2

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 1,424,958
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$128,472,679
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$90

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	947,833	66.5	\$0	0.0
1-500	430,196	30.2	35,808,994	27.9
501-1,000	18,530	1.3	13,057,535	10.2
1,001-1,500	8,378	0.6	10,318,584	8.0
1,501-2,000	5,477	0.4	9,505,317	7.4
2,001-2,500	3,655	0.3	8,172,407	6.4
2,501-3,000	2,588	0.2	7,082,090	5.5
3,001-3,500	1,883	0.1	6,092,481	4.7
3,501-4,000	1,519	0.1	5,679,138	4.4
4,001-4,500	1,079	0.1	4,562,792	3.6
4,501-5,000	832	0.1	3,948,374	3.1
5,001-5,500	626	0.0	3,284,704	2.6
5,501-6,000	476	0.0	2,733,123	2.1
6,001-6,500	365	0.0	2,279,174	1.8
6,501-7,000	276	0.0	1,860,007	1.4
7,001-7,500	221	0.0	1,597,439	1.2
7,501-8,000	152	0.0	1,175,599	0.9
8,001-8,500	140	0.0	1,153,565	0.9
8,501-9,000	102	0.0	891,087	0.7
9,001-9,500	84	0.0	775,643	0.6
9,501-10,000	78	0.0	760,183	0.6
10,001+	468	0.0	7,734,443	6.0

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 998,988
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$76,455,338
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	650,829	65.1	\$0	0.0
1-500	318,206	31.9	24,331,645	31.8
501-1,000	12,570	1.3	8,879,009	11.6
1,001-1,500	5,780	0.6	7,090,810	9.3
1,501-2,000	3,591	0.4	6,201,153	8.1
2,001-2,500	2,247	0.2	5,015,631	6.6
2,501-3,000	1,556	0.2	4,258,012	5.6
3,001-3,500	1,136	0.1	3,665,032	4.8
3,501-4,000	843	0.1	3,149,383	4.1
4,001-4,500	537	0.1	2,277,430	3.0
4,501-5,000	414	0.0	1,963,238	2.6
5,001-5,500	301	0.0	1,578,035	2.1
5,501-6,000	230	0.0	1,318,828	1.7
6,001-6,500	156	0.0	972,746	1.3
6,501-7,000	107	0.0	717,939	0.9
7,001-7,500	93	0.0	672,709	0.9
7,501-8,000	74	0.0	572,385	0.7
8,001-8,500	61	0.0	500,956	0.7
8,501-9,000	45	0.0	394,439	0.5
9,001-9,500	42	0.0	387,816	0.5
9,501-10,000	27	0.0	263,749	0.3
10,001+	143	0.0	2,244,393	2.9

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

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

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.4
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^a, ^b DUAL
ELIGIBLE BENEFICIARIES, UNITED STATES, 2007

	Number of Beneficiaries				Number of Benefit Months					
	All	Aged	Adults	Children	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	7,109,292	3,732,423	110,544	1,563	76,791,778	39,334,787	36,368,360	1,053,676	15,469	19,486
Age										
5 and younger	386	4	0	51	4,170	29	3,651	0	490	0
6-14	810	0	0	148	8,959	0	7,410	0	1,549	0
15-20	12,241	2	181	740	137,625	12	128,206	1,612	7,795	0
21-44	1,076,529	349	58,761	434	11,906,602	3,007	11,337,979	560,309	3,843	1,464
45-64	1,713,177	1,229	44,477	117	18,843,482	11,231	18,390,977	428,414	1,130	11,730
75-84	1,518,082	1,382,983	864	22	16,373,645	14,828,329	1,537,501	7,586	217	12
Unknown	1	1	0	0	4	4	0	0	0	0
Gender										
Female	4,459,038	2,621,081	65,616	776	48,373,496	27,830,279	19,885,253	630,796	7,718	19,450
Male	2,650,253	1,111,341	44,928	787	28,418,279	11,504,505	16,483,107	422,880	7,751	36
Unknown	1	1	0	0	3	3	0	0	0	0
Race										
White	3,974,103	2,034,395	59,312	780	42,399,540	20,907,000	20,912,807	561,562	7,699	10,472
African American	1,264,729	539,756	24,011	418	13,822,710	5,796,436	7,788,926	229,031	4,175	4,142
Other/unknown	1,870,460	1,158,272	27,221	365	20,569,528	12,631,351	7,666,627	263,083	3,595	4,872
Use of Nursing Facilities^c										
Entire year	754,900	659,281	96	8	7,773,016	6,708,586	1,063,380	959	87	4
Part year	486,062	400,100	415	16	4,746,247	3,827,317	914,305	4,433	146	46
None	5,868,330	2,673,042	110,033	1,539	64,272,515	28,798,884	34,390,675	1,048,284	15,236	19,436
Maintenance Assistance Status										
Cash	3,607,062	1,577,649	48,863	262	41,020,962	17,916,264	22,611,455	490,723	2,520	0
Medically needy	678,500	453,868	13,142	283	6,607,586	4,348,839	2,139,491	116,547	2,709	0
Poverty related	1,041,427	508,099	4,470	360	11,122,037	5,357,493	5,708,828	32,815	3,415	19,486
Other/unknown	1,782,303	1,192,807	44,069	658	18,041,193	11,712,191	5,908,586	413,591	6,825	0
Dual Status^d										
Full dual, all year	6,800,376	3,580,416	107,796	1,547	73,494,596	37,731,514	34,703,202	1,025,112	15,305	19,463
Full dual, part year	308,916	152,007	2,748	16	3,297,182	1,603,273	1,665,158	28,564	164	23
Managed Care (MC) Status										
Fee-for-service (FFS) all year	6,306,450	3,352,937	62,182	1,142	67,895,116	35,164,475	32,136,783	567,249	11,151	15,458
FFS part year, with Rx claims	127,183	46,192	10,785	171	1,428,189	517,635	793,662	113,745	1,884	1,263
FFS part year, no Rx claims	195,554	85,092	8,331	60	2,160,261	922,305	1,154,975	81,767	585	629
MC all year, with Rx claims	56,556	23,610	5,199	70	643,724	268,768	318,293	55,884	718	61
MC all year, no Rx claims	423,544	224,592	24,042	120	4,664,473	2,461,604	1,964,647	235,016	1,131	2,075
	5	0	5	0	15	0	0	15	0	0

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table A.4 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

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

APPENDIX TABLE A.5
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^{ab} DUAL ELIGIBLE BENEFICIARIES,
 UNITED STATES, 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	7,109,292	76,791,778	6,671,265	70,558,933	438,022	6,232,845
Fee-for-service (FFS) all year	6,306,450	67,895,116	6,306,450	68,641,127	0	-746,011
FFS part year, with Rx claims	127,183	1,428,189	127,183	669,739	0	758,450
FFS part year, with no Rx claims	195,554	2,160,261	195,554	798,167	0	1,362,094
Managed care (MC) all year, with Rx claims	56,556	643,724	37,966	423,980	18,590	219,744
MC all year, with no Rx claims	423,544	4,664,473	4,112	25,920	419,432	4,638,553
Unknown	5	15	0	0	0	15

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

- a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 b. The negative numbers for Fee-for-service (FFS) all year benefit months in the far right column result from a Mathematica adjustment to the reported data that resulted in a shift of beneficiaries and their benefit months in Massachusetts from FFS all year to managed care (MC).
 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.6

MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2007^{a,b}

	All Duals		Aged			Disabled/Adults/Children			
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	
All States	7,109,292	6.8	3,732,423	248,202	6.6	3,374,784	231,697	6.9	
Alabama	102,606	4.1	35,694	1,303	3.7	66,865	2,892	4.3	
Alaska	13,602	0.0	6,440	0	0.0	7,161	0	0.0	
Arizona	119,568	62.2	55,786	28,209	50.6	63,779	46,127	72.3	
Arkansas	76,091	0.0	44,827	0	0.0	31,198	0	0.0	
California	1,158,028	15.4	648,363	91,057	14.0	509,154	86,822	17.1	
Colorado	68,733	5.0	40,260	2,041	5.1	28,468	1,423	5.0	
Connecticut	81,173	0.2	46,794	5	0.0	34,363	129	0.4	
Delaware	12,759	89.3	6,097	5,636	92.4	6,659	5,749	86.3	
D.C.	19,313	1.2	8,671	0	0.0	10,641	238	2.2	
Florida	334,350	9.1	186,896	14,844	7.9	147,435	15,717	10.7	
Georgia	155,863	1.3	66,639	817	1.2	88,946	1,144	1.3	
Hawaii	29,850	0.7	20,028	0	0.0	9,819	213	2.2	
Idaho	23,384	0.0	11,587	0	0.0	11,797	0	0.0	
Illinois	308,263	0.1	136,992	135	0.1	171,228	76	0.0	
Indiana	117,400	0.4	61,130	2	0.0	56,255	525	0.9	
Iowa	67,938	0.0	33,186	0	0.0	34,739	3	0.0	
Kansas	50,826	0.6	26,793	154	0.6	24,027	134	0.6	
Kentucky	110,041	12.1	37,941	2,795	7.4	72,093	10,467	14.5	
Louisiana	107,207	0.0	60,977	7	0.0	46,166	0	0.0	
Maine									
Maryland	76,992	2.3	36,301	3	0.0	40,683	1,792	4.4	
Massachusetts	240,496	3.3	125,869	7,299	5.8	114,627	684	0.6	
Michigan	239,519	0.1	117,112	242	0.2	122,373	45	0.0	
Minnesota	118,391	36.0	62,834	41,336	65.8	55,543	1,309	2.4	
Mississippi	87,492	0.0	40,351	0	0.0	47,132	0	0.0	
Missouri	164,389	0.3	82,415	120	0.1	81,922	317	0.4	
Montana	16,239	0.0	7,925	0	0.0	8,312	0	0.0	
Nebraska	38,563	46.8	20,417	7,400	36.2	18,130	10,637	58.7	
Nevada	23,316	0.2	14,356	0	0.0	8,948	58	0.6	
New Hampshire	22,662	0.0	10,809	0	0.0	11,853	0	0.0	
New Jersey	156,695	0.0	84,694	0	0.0	71,969	0	0.0	
New Mexico	39,557	1.8	16,096	38	0.2	23,441	683	2.9	
New York	618,329	1.7	323,427	3,577	1.1	294,875	6,794	2.3	
North Carolina	240,499	0.0	131,240	0	0.0	109,259	0	0.0	

Dual Medicaid Beneficiaries

APPENDIX TABLE A.6

MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2007^{a,b}

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
North Dakota	12,453	0.0	7,295	0	0.0	5,158	0	0.0
Ohio	235,922	0.5	126,366	2	0.0	109,545	1,128	1.0
Oklahoma	94,563	0.0	52,594	0	0.0	41,862	0	0.0
Oregon	63,339	46.9	35,536	14,904	41.9	27,786	14,772	53.2
Pennsylvania	324,597	1.5	177,086	561	0.3	147,439	4,194	2.8
Rhode Island	31,474	0.7	12,710	1	0.0	18,722	208	1.1
South Carolina	130,545	0.1	66,112	0	0.0	64,356	130	0.2
South Dakota	14,216	0.0	7,025	0	0.0	7,181	0	0.0
Tennessee	215,829	1.0	53,754	1,406	2.6	161,819	815	0.5
Texas	392,754	7.8	267,240	21,419	8.0	125,437	9,169	7.3
Utah	28,816	1.6	12,569	232	1.8	16,239	225	1.4
Vermont	31,410	0.0	17,795	2	0.0	13,614	0	0.0
Virginia	118,274	0.6	67,099	61	0.1	51,172	664	1.3
Washington	109,822	1.2	59,760	434	0.7	50,019	844	1.7
West Virginia	50,733	0.2	22,761	0	0.0	27,968	92	0.3
Wisconsin	207,436	1.1	134,166	1,387	1.0	73,249	853	1.2
Wyoming	6,975	0.0	3,608	0	0.0	3,358	0	0.0

Source: Data for this table are from the MAX 2007 file for the U.S., released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.

Dual Medicaid Beneficiaries