PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

ANNUAL REPORT TO THE PENNSYLVANIA GENERAL ASSEMBLY

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For the Pennsylvania Department of Aging

Director	Thomas M. Snedden
Outreach and Enrollment Manager	Rose M. Paulus
Administrative Officer	Janis L. Rhodes
Operations Manager	Rebecca D. Lorah, MPA
Administrative Assistant	Megan McDaniel
Research and Evaluation Chief	Theresa V. Brown, MPA
Program Analyst	Ellaheh Otarod, MBA
Program Analyst	Antonino G. Vetrano, MPA

Pennsylvania Department of Aging
The PACE Program
Forum Place Building
555 Walnut Street
5th Floor
Harrisburg, PA 17101-1919
717-787-7313
aging@pa.gov

For Magellan Medicaid Administration, Inc.

Officer in Charge	Keira M. O'Brien
Director, PACE Operations	Jean B. Sanders
Assistant Provider Services Manager	Amy E. Brewer
Clinical Pharmacist	Judith Dooley, RPh
Provider Services Manager	Richard J. Flage
Senior Health Outcomes Scientist	Debra A. Heller, PhD, MPH
Medicare Part D Manager	Lisa M. Irwin
Health Outcomes Scientist	Shivani R. Khan, PhD
Clinical Pharmacist	Michelle LaSure, RPh
Clinical Pharmacist	Colleen M. Moyer, RPh
Cardholder Services Manager	Sally A. Murphy
Business Services Manager	Donald G. Smith
LAN/WAN Manager	W. Todd Spacht
Quality Assurance Manager	Lisa Spiegel
Systems Manager	John K. Wheeler

Magellan Medicaid Administration
4000 Crums Mill Road, Suite 301
Harrisburg, PA 17112
717-651-3600

Any questions or comments pertaining to information within this report may be addressed to the Pennsylvania Department of Aging at the address given above.

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FREQUENTLY REQUESTED PROGRAM STATISTICS

The table below provides frequently requested Program information and lists references within the Annual Report for additional details.

2017 PACE AND PACENET SUMMARY			
	PACE	**PACENET**	**REFER TO:**
DEMOGRAPHIC DATA			
Total enrolled for 2017	100,108	168,114	Tables 4.2, A and B
% Participating	72.8%	78.2%	Tables 4.2, A and B
Avg. age for enrolled	79.6 yrs.	78.8 yrs.	Tables 4.2, A and B
Female, avg. age	80.5 yrs.	79.2 yrs.	
Male, avg. age	76.9 yrs.	77.8 yrs.	
% Female	75.4%	66.7%	Tables 4.2, A and B
% Own residence	49.0%	62.4%	Tables 4.2, A and B
% Rent	29.3%	22.9%	Tables 4.2, A and B
% Married	8.2%	32.8%	Tables 4.2, A and B
Avg. Income	$11,858	$21,225	Tables 4.2, A and B
% Cardholders in urban counties	41.3 %	37.2%	Table 5.1
% Cardholders in rural counties	13.7 %	14.6 %	Table 5.1
BENEFIT DATA			
Avg. total expenditures per enrolled cardholder	$1960	$2,520	Table 4.4
Avg. total expenditures per participant	$2,690	$3,225	Table 4.4
Avg. total expenditures per claim	$85.60	$99.54	Table 4.4
Avg. state share per enrolled cardholder	$541	$610	Table 4.4
Avg. state share per participant	$743	$780	Table 4.4
Avg. state share per claim	$23.64	$24.07	Table 4.4
Avg. cardholder share per enrolled cardholder	$119	$243	Table 4.4
Avg. cardholder share per participant	$164	$311	Table 4.4
Avg. cardholder share per claim	$5.22	$9.59	Table 4.4
Avg. TPL share per enrolled cardholder	$1,299	$1,668	Table 4.4
Avg. TPL share per participant	$1,783	$2,134	Table 4.4
Avg. TPL share per claim	$56.74	$65.88	Table 4.4
2017 percent change in state share per claim	9.7% decrease	5.3% decrease	Table 4.4, 2016 and 2017
Avg. claims per participant	31.4	32.4	Tables 4.2, A and B
Avg. number of therapeutic classes per participant	4.8	5.0	Tables 7.1, A and B
UTILIZATION DATA (by date of payment)			
Total claims	2,309,970	4,278,473	Tables 6.1 and 6.4
Avg. claims per cardholder	23.1	25.4	Tables 6.1 and 6.4
Avg. deductible claims per cardholder	-	3.9	Table 6.4
Avg. copaid claims per cardholder	-	21.5	Table 6.4
Generic utilization rate	85.3%	84.9%	Tables 6.1 and 6.4
PAYMENT DATA			
Total Program payout	$54.36 M	$104.33 M	Table 3.1
Avg. weekly Program payout	$1.05 M	$2.01 M	Table 3.1
Avg. annual Program payout per pharmacy	$18,034	$34,617	Tables 3.1 and 5.1
% Program payout to chain pharmacies	58.2%	58.4%	Tables 6.2 and 6.3

PENNSYLVANIA PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

History

The Pharmaceutical Assistance Contract for the Elderly (PACE) Program was enacted in November 1983 and implemented on July 1, 1984. Its purpose is to assist qualified state residents who are 65 years of age or older in paying for their prescription medications. The PACE legislation was amended in 1987 for reauthorization and, in 1992, for the manufacturers' rebate reauthorization and additional cost containment initiatives.

The legislature expanded income eligibility for PACE on four occasions: 1985, 1991, 1996, and 2003. The 1996 legislation also created the PACE Needs Enhancement Tier (PACENET). In July 2001, Act 2001-77, the Pennsylvania Master Tobacco Settlement, increased PACENET income eligibility by $1,000. Recognizing that the nominal increases in Social Security income were making enrollees ineligible for PACE, the legislature also created a limited PACE moratorium, effective January 1, 2001, until December 31, 2002, which permitted enrollees to remain in benefit even though their incomes exceeded the eligibility limits. Late in 2002, Act 2002-149 extended the moratorium for the PACE enrollment and expanded it to include the PACENET enrollment as well. While this moratorium expired on December 31, 2003, cardholders who were enrolled prior to the expiration, and had their eligibility periods extending into 2004, were permitted to remain in the Program until their eligibility end date.

In November 2003, Act 2003-37 enabled an unprecedented expansion for enrollment eligibility in the Programs, modified the $500 annual PACENET deductible, and changed the PACE copay structure. The legislation raised the income limits for PACE to $14,500 for individuals and $17,700 for married couples; it boosted the income cap for PACENET to $23,500 for single persons and to $31,500 for married couples. With a $480 deductible divided into monthly $40 amounts, PACENET paid benefits after the first $40 in prescription costs each month. Beginning in 2004, PACE and PACENET had a two-tiered prescription copayment structure. The PACE copayment became $6 for generic drugs and $9 for brand name products. The PACENET copayment remained at the original amounts of $8 for generics and $15 for brand name drugs. Act 37 allowed for adjustments to the copayments to reflect increasing drug prices over time. However, the copayments have remained unchanged.

Act 37 instituted federal upper limits (FUL) in the provider reimbursement formula and raised the dispensing fee fifty cents. The Program began to reimburse pharmacies the lower of three prices: the Average Wholesale Price (AWP) minus 10%, plus a $4.00 dispensing fee; the Usual and Customary charge to the cash-paying public; or, the most current FUL established in the Medicaid program, plus a $4.00 dispensing fee. All payment methods include the subtraction of the cardholder's copayment.

The federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 created a new outpatient prescription drug benefit, Part D of Medicare. Prior to the full implementation of Medicare Part D and beginning in June 2004, low income, non-HMO, PACE enrollees (134,393 cardholders over 18 months) were auto-enrolled into the interim Medicare Drug Discount Card and Transitional Assistance Program. They received a discount card that allowed for $600 per year in drug expenses in 2004 and again in 2005. Additional cardholders, estimated at 30,000, received this assistance through cards issued by their HMO. The PACE Program covered the Medicare drug card copayments for the auto-enrolled cardholders. The Medicare Transitional Assistance Program was a source of significant drug coverage for cardholders, with known savings in Program benefit payments of $112 million for the auto-enrolled cardholders. The Medicare Part D drug benefit began in January 2006. The PACE

Program elected to be a qualified State Pharmacy Assistance Program which, along with the passage of state Act 111 in July 2006, allowed for the creation of PACE Plus Medicare. The successful launch of "PACE Plus Medicare" on September 1, 2006, saw thousands of cardholders take advantage of the features of both PACE and Medicare Part D. With the goal of providing seamless coverage, PACE provides benefits when Medicare Part D does not, for example, during the deductible and the coverage gap, for drugs excluded under MMA, for drugs not in a plan's formulary, and for copayment differentials between the Part D plan coverage and the PACE and PACENET copayments. The Program pays the Medicare premiums for Part D coverage for PACE cardholders. Act 111 also eliminated the monthly deductible for PACENET cardholders. PACENET cardholders who choose to forego Part D coverage are now responsible for a monthly benchmark premium payment ($32.59 in 2006; $28.45 in 2007; $26.59 in 2008; $29.23 in 2009; $32.09 in 2010; $34.07 in 2011, $34.32 in 2012; $36.57 in 2013; $35.50 in 2014; $33.91 in 2015; $35.30 in 2016; $39.45 in 2017; and, $37.18 in 2018) to the Program. The benchmark annual premium payment remains lower than the prior $40 per month deductible.

Act 111 of 2006 recreated the PACE and PACENET moratoriums thereby permitting some 14,000 seniors to maintain their PACE or PACENET status despite disqualifying increases in their overall income due to Social Security cost-of-living increases. The PACE moratorium expired at the end of 2006; the PACENET moratorium continued through 2007. The Act revised provider reimbursement by adjusting the Average Wholesale Price formula from AWP minus 10% to AWP minus 12%, plus a $4.00 dispensing fee.

Act 69 of 2008 recreated the PACE and PACENET moratoriums, thereby permitting 15,400 seniors to maintain their Program enrollment in 2010 despite disqualifying increases in their overall 2008 income due to Social Security cost-of-living increases. Act 21 of 2011 extended the moratorium until December 31, 2013, allowing 31,000 persons to remain enrolled. Act 12 of 2014 established the moratorium expiration date for December 31, 2015, preserving the enrollment for 28,000 older adults. This Act also instituted the exclusion of Medicare Part B premium costs from the definition of total income used for income eligibility determination. As of May 2014, 46,000 cardholders retained their enrollment in the Program due to these two provisions of Act 12. Act 91 in 2015 extended the PACE and PACENET moratoriums until December 2017. In July of 2015, 10,000 cardholders retained enrollment due to the Part B premium exclusion provision and 11,400 older persons remained enrolled due to the Social Security cost-of-living exclusion. The cardholder enrollment renewal process conducted in November 2016 determined that 12,200 persons maintained enrollment because of the moratoriums and 18,300 members benefited due to the Medicare Part B premium exclusion from total income. The November 2017 enrollment renewal found that 14,000 members retained enrollment through the moratorium allowance.

The Program's pharmacy reimbursement formula fundamentally changed December 1 with the passage of Act 169 in November 2016. If a National Average Drug Acquisition Cost (NADAC) per unit is available for a prescribed medication, the Program payment will be the lower of the NADAC per unit with the addition of a professional dispensing fee of $13 per prescription and the subtraction of the cardholder's copayment, or the pharmacy's usual and customary charge for the drug with the subtraction of the copayment. If the NADAC is unavailable, the payment will be the lower of the wholesale acquisition cost plus 3.2% with the addition of the dispensing fee minus the cardholder's copayment, or the pharmacy's usual and customary charge less the copayment. This change applies to claims when the Program is the primary payer. On November 20, 2017, the dispensing fee was reduced to $10.49.

PACE covers all medications requiring a prescription in the Commonwealth, as well as insulin, insulin syringes, and insulin needles, unless a manufacturer does not participate in the Manufacturers' Rebate Program. PACE does not cover experimental medications, medications for hair-loss or wrinkles, or over-the-counter (OTC) medications that can be purchased without a prescription. With appropriate documentation, PACE covers Drug Efficacy Study Implementation (DESI) medications. PACE requires generic substitution of brand multi-source products when an approved, Food and Drug Administration (FDA) A-rated generic is available. At the time of dispensing, a cardholder may encounter a prospective drug utilization review edit; PACE will not reimburse the prescription unless the pharmacist or physician documents the medical necessity for it. The Department of Aging recognizes the possibility of exceptional circumstances in connection with the application of therapeutic criteria and reimbursement edits. Appendix B contains a description of the PACE/PACENET medical exception process.

With the advent of PACE Plus, cardholders enrolled in Part D plans conform to the reimbursement limits established by the plans, some of which allow up to a ninety-day supply. Otherwise, cardholders not enrolled in a Part D Plan receive a thirty-day supply or 100 units (tablets or capsules) whichever is less. The Program guarantees reimbursement to the provider (including nearly 3,000 Pennsylvania pharmacies) within 21 days, paying interest on any unpaid balance after 21 days. Six types of providers dispense PACE/PACENET-funded prescriptions to cardholders. Most providers are either independent pharmacies or chain pharmacies. Other provider types include institutional pharmacies, nursing home pharmacies, mail order pharmacies, and dispensing physicians. All providers may offer mail order services if they are enrolled as a mail order pharmacy and if they follow specialized program requirements pertaining to record keeping and cardholder verification procedures.

Manufacturers for innovator products pay the Program a rebate similar to the federal "best price" Medicaid rebate. Generic manufacturers paid an 11% rebate based on the average manufacturer price (AMP). An inflation penalty applies to innovator products if annual price increases exceed the consumer price index. The inflation penalty rebate was discontinued for generic products at the end of 2006. Effective January 2010, the federal Medicaid flat rebate rate increased from 15.1% of the AMP to 23.1%, and the generic rate increased from 11% to 13%.

Administration

The Pennsylvania Department of Aging administers the PACE/PACENET Program. A contractor directly responsible to the Department assists in conducting many of the day-to-day operations. Four primary operational responsibilities of the Program are to process applications, reimburse providers for prescriptions, protect enrollees from adverse drug events, and obtain the most cost-efficient reimbursement possible for the Program. Administrative responsibilities include research and policy development, monitoring and evaluating operations and ensuring that the mandates of the Act and Program regulations are met. Activities in these areas include conducting audits of not only the providers, but also of the cardholders and the contracting agency. The Program routinely reviews medication utilization profiles of the cardholders and dispensing practices of the providers and physicians. The Department also evaluates the procedures used to implement the Program, identifies any trends which may be relevant for future administration, and scrutinizes all expenditures.

The Department of Aging receives funds through restricted revenue accounts to serve as the administrative and fiscal agent for other Commonwealth-sponsored drug reimbursement programs. Pharmaceutical claims for the Chronic Renal Disease Program, Cystic Fibrosis Program, Spina Bifida Program, Metabolic Conditions Program, including Maple Syrup Urine

Disease Program and the Phenylketonuria Program (all within the Department of Health), and the two Special Pharmaceutical Benefits Programs (Department of Health for SP1 and Department of Human Services for SP2) are processed through the PACE/PACENET system. The program also adjudicates claims for two programs in the Department of Insurance, the Workers' Compensation Security Fund and the Pennsylvania Automobile Catastrophic Loss Benefits Continuation Fund. The PACE Program serves as the fiscal agent for the General Assistance Program (Department of Human Services), the Special Pharmaceutical Assistance Program, and the Chronic Renal Disease Program for the collection of rebates from pharmaceutical manufacturers. The Program processes eligibility applications for the Chronic Renal Disease Program and for the SP1 Program.

The PACE Program conducts benefit outreach and assistance for persons identified by the Board of Probation and Parole. Prescription claim processing and program management support is provided to the Department of Corrections.

Program enrollment support given to the Department of Military Affairs includes PACE/PACENET application processing, Part D Plan coordination, and prescription claim processing for veterans residing in state-supported veteran homes.

The Pennsylvania Patient Assistance Program Clearinghouse (PA PAP) is available to assist all adult Pennsylvanians with the cost of prescription drugs. PA PAP outreaches to those who are uninsured or under-insured by helping them to apply for prescription assistance through various programs. Details about the Clearinghouse are found in Section 8 of this report.

SECTION 1

PROGRAM RESEARCH HIGHLIGHTS

pennsylvania
DEPARTMENT OF AGING

INTERVENTIONS, GENERAL PROGRAM ASSESSMENTS, AND MEDICATION ADHERENCE STUDIES

CURRENT PACE/PACENET COLLABORATIVE RESEARCH AND EVALUATION PROJECTS, 2008 – 2018, MAY 2018 UPDATE

INTERVENTIONS

TOPIC	TITLE / RESEARCH GROUP	DESCRIPTION
ASSESSMENT FOR DEPRESSION, ANXIETY, AND SLEEP DISORDERS	**TELEPHONE-BASED BEHAVIORAL HEALTH ASSESSMENT FOR SENIORS ON NEW PSYCHOTROPIC MEDICATION** **Behavioral Health Laboratory, Medical School, University of Pennsylvania**	Results from a PACE statewide collaborative care program by the Behavioral Health Laboratory (begun in 2008) support concerns related to psychotropic medication prescribing in the elderly and raise additional questions about off-label or inappropriate prescribing. **Overall, 45.0% of participants did not meet criteria for any mental health disorder with low symptoms indicated.** (About 42% of Phase II participants were minimally symptomatic.) **Just 6% met the criteria for anxiety disorders.** The study found that older, community dwelling patients received new psychotropic medications more than what might be expected based on their relatively low symptom burden. Many reported that the prescription was for a psychosocial stressor (43.8%), while 15.8% were unaware of the reason for the prescription. **Intervention aims include assigning individuals with clinically significant symptoms to minimal monitoring or monitoring with care management and social service support to determine whether the clinical services are impacting outcomes**. Outcomes analyses show that enhanced care management improves symptoms and overall functioning relative to standard monitoring services alone. In the high symptom group, care management advice has led to referrals to specialist care. With low symptom patients, the assessment explores reasons for the psychotropic medication and consideration of discontinuation after persistence of measured low symptoms. **Care management cases are asked at the nine weeks follow up about their satisfaction level. There is a very high level of enrollee satisfaction with the care management service (> 95% satisfaction).** An analysis of patient chronic pain found significant differences in levels of depression, anxiety, and quality of life between those who experience interference of pain versus those who do not. **Two programs, SUSTAIN and CREST (see Appendix A), promote non-pharmacological interventions through assessment and assistance that addresses psychosocial stressors for cardholders and their caregivers.** SUSTAIN is an effective engagement in collaborative mental health care services regardless of patients' geographic location. Program participation rate was significantly higher in rural compared to urban/suburban counties. **This private-public partnership received the Bronze Award as part of the nationally recognized 2015 American Psychiatric Association Achievement Awards.** In 2017, two publications appeared in peer-reviewed journals (see Appendix A).
FALLS PREVENTION	**FALLS-FREE PA** **Graduate School of Public Health, University of Pittsburgh**	The Centers for Disease Control and Prevention provided funds for this two-year research grant. **Researchers at the Graduate School of Public Health at the University of Pittsburgh and the PA Department of Aging examined county level falls incidence and the effect of the Department's *Healthy Steps for Older Adults* and *Healthy Steps in Motion* projects. A physician education component included surveying physicians who see older adults in their practice and offering mailed and online educational materials (healthyaging.pitt.edu) with CME/CEU credits.** Findings from the evaluation of the Healthy Steps programs were incorporated into well-received Preventing Falls Among the Elderly module developed by Alosa Health for the PACE Program's academic detailing effort in 2014.
ACADEMIC DETAILING	**UPDATING PHYSICIANS ABOUT CHANGING THERAPIES IN COMPLICATED DISEASE STATES**	**PACE offers a long-standing physician education program (see Appendix A). Physicians at the Harvard Medical School train Pennsylvania-based clinical educators to meet one-on-one with clinicians who care for a large number of patients enrolled in PACE.** During the office visits, begun in 2005, the educators provide objective, research-based information about effective drugs and non-medication therapeutic options for common chronic conditions. **Educators have logged nearly 26,000 visits.** Recent efforts led to an expansion of visits and geographical reach to address the management of chronic and acute pain.

	The Division of Pharmaco-epidemiology and Pharmaco-economics of the Brigham and Women's Hospital/Harvard Medical School	**During 2017, five modules accounted for 90% of the 2,588 visits during the year to over 900 practitioners**. The **elder abuse module** (771 visits) raises awareness among primary care practitioners of the scope and risk factors for elder abuse and how to respond to suspected abuse, as well as to provide updated evidence on the evaluation and management of cognitive impairment. Clinicians appreciate the definitions of elder abuse, learning how to identify risk factors for abuse and neglect, and how to follow up on suspected cases. **Chronic obstructive pulmonary disease (COPD)** (650 visits) updates clinicians about assessing the comparative effectiveness and safety of medications used to manage the symptoms of COPD. Practitioners hear the latest evidence regarding appropriate therapy and learn the benefits, risks, and value of treatment options to improve the quality of prescribing and patient care. Current evidence-based goals for **treating hypertension** (617 visits) informs health care professionals about the recommended blood pressure targets for different patient populations and the efficacy of different medications used to achieve blood pressure goals. Education materials for patients are part of the module and emphasize the benefits of a healthy life style and patient adherence to medications to keep blood pressure under control. **Managing lipids to prevent cardiovascular events** (208 visits) presents the need to integrate current guidelines into practice, including understanding risk groups, the new pooled cohort risk calculator, and statin regiment intensity. Providing management strategies for patient with statin intolerance and describing the efficacy and safety profiles for PCSK9 inhibitors are two of the primary learning objectives. The **Type 2 Diabetes module** (73 visits) helps primary care practitioners to assess the comparative effectiveness and safety of type 2 diabetes medications and to weigh the benefits, risks and value of treatment options. The module includes information on the aggressive management of hypertension and hyperlipidemia to prevent complications. Documents recommend a focus on healthy diet, exercise and adherence to medications before titrating doses. For each topic, staff develops print materials, trains the educators, manages the intervention, and offers continuing education credits. The physician faculty develops content based upon common drugs used by and conditions affecting the elderly. Educators distribute these documents to physicians during face-to-face meetings: comprehensive reviews of biomedical literature, known as **evidence documents**; distillations of key information used as the basis for the discussion between practitioner and the educator, known as **summary documents**; **patient and caregiver brochures and tear-off sheets**, including resources for additional information and support; and, laminated, pocket-sized quick **reference cards** for health care providers on treatment and drug efficacy. **These materials located at www.alosahealth.org.** In 2017, module evaluation surveys for all topics measured strong physician agreement in response to the questions about whether the program benefits the well-being of patients. Satisfaction elements with the highest agreement scores included: the PACE academic detailer discussed the benefits of specific therapies; the detailer explained assessment tools and how I can use them in my practice to select therapy; and, the academic detailer presented evidence on the efficacy and safety drugs and therapeutic alternatives. **Evaluation of three modules, non-steroidal anti-inflammatory drugs/coxib use, acid suppressing drugs, and use of anti-psychotics indicate that the program achieved reductions in the medications targeted.** In 2008-2010, a parallel program delivered three educational modules that focused on preventing the need for hospitalizations and institutionalizations: cognitive impairment and associated behavioral problems (709 visits), falls and mobility problems (668 visits), and incontinence (823 visits). These topics have been updated and relaunched.

ACADEMIC DETAILING EVALUATION	**EFFECTS OF ACADEMIC DETAILING ON THE TREATMENT OF DIABETES** **Wilkes University School of Pharmacy and Magellan Health/PACE**	This program evaluation study was designed to measure the effects of academic detailing, specifically examining prescribing patterns before and after prescribers participated in the program's 2013 **diabetes management module**. The module provided information on the comparative effectiveness and safety of diabetes medications, presented evidence regarding appropriate therapy strategies, and weighed the benefits, risks, and value of treatment options with the intent to improve the quality of prescribing and patient care. This interrupted time series evaluation focused on the third diabetes educational outreach intervention that was presented to 704 prescribers in 2013-14. In addition to the group of prescribers who received the diabetes management training, the evaluation analysis also includes a comparison group of prescribers who did not receive the training. The quality metrics identified for this study: • Prescribing metformin in older patients with diabetes • Prescribing of HMG-CoA reductase inhibitors (statins) in diabetic patients • Prescribing of either an angiotensin-converting-enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) for patients who have both diabetes and hypertension • Avoidance of long-acting sulfonylureas (chlorpropramide, glyburide) in older patients with diabetes The results did not demonstrate differences between the intervention and comparison groups with respect to the four metrics. However, these results were not completely surprising, considering that most prescribers in the detailed group had been exposed to more than one wave of diabetes training since 2007 and the quality metrics have been the standard of care for at least ten years. The results are consistent with a ceiling effect in the measured metrics, suggesting that most prescribers were following treatment guidelines.
IMPROVING BRAIN HEALTH AND QUALITY OF LIFE	**THE RHYTHM EXPERIENCE AND AFRICANA CULTURE TRIAL--REACT!** **University of Pittsburgh and University of Pennsylvania, Alzheimer's Association, and Magellan Health/PACE**	The PACE program supports research related to improving the lives of cardholders. In 2016, the *REACT!* Project began to explore whether African dance and education classes improve brain health or quality of life for older African Americans between 65-75 years old. Letters to Program enrollees invite them to talk with researchers to determine if they are eligible. **The project randomly assigns participants to take classes in either African dance or Africana culture and education. Classes are about one hour long and occur three days per week for a total of six months.** At the beginning and end of the study, participants perform a walking test, complete memory tasks, and fill out surveys about their health and mood. The study will examine whether brain health, fitness levels or quality of life improves because of activities.
INTERVENTION FOR MILD COGNITIVE IMPAIRMENT	**INDIVIDUALIZE EVERYDAY ACTIVITIES—IDEA** **Occupational Therapy Department at the University of Pittsburgh and Magellan Health/PACE**	Older persons with mild cognitive impairments are at-risk for increasing disability and dementia. Despite the common conception that individuals with mild cognitive impairment do not have disability in daily activities, recent research at the University of Pittsburgh has shown that they demonstrate impaired performance (i.e., preclinical disability) in cognitively-focused daily activities, such as grocery shopping and paying pills. **This study examines the efficacy of the IDEA intervention to optimize performance in daily activities and to delay the decline to frank disability in older adults who have mild cognitive impairment. Successful intervention may help to offset both financial and emotional burdens to family members.** In 2016, PACE sent letters of invitation to cardholders living in Pittsburgh. Participants developed effective strategies to work through and around barriers to daily activities. They set a goal to address barriers, develop a plan to address the goal, do the plan, and check whether the plan requires revising. Multiple sessions are completed in the home over a 5-week period with a registered occupational therapist.
PHYSICAL ACTIVITY AND BRAIN HEALTH	**HEALTHY BRAIN RESEARCH STUDY** **Physical Activity and Weight Management Research Center at the University of Pittsburgh and Magellan Health/PACE**	**Physical activity is linked to improved brain function.** Many studies examining the effect of physical activity on brain health have focused on structured forms of moderate-to-vigorous intensity exercise using supervised exercise. It is unclear whether brain and cognitive function can be improved or sustained with different patterns of physical activity. **The study, in 2015-16, sought to show the effect of intermittent physical activity effective for improving brain structure and function as well as cognitive function.** Participants are 75 to 85 years old who can participate in moderate intensity exercise. They complete baseline and six-month assessments and attend health and physical activity classes.

GENERAL PROGRAM ASSESSMENTS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
IMPROVED HEALTH STATUS AND AVOIDANCE OF NURSING HOME ENTRY AND LATER ENTRY INTO WAIVER PROGRAMS	**PACE ENROLLMENT PROVIDES ADVANTAGE FOR LOW INCOME, PRE-MEDICAID SENIORS** **Pennsylvania Departments of Aging and Public Welfare, Office of Long Term Living, Magellan Health/PACE, Mercer Government Human Services Consulting, and the Health Policy Institute at Georgetown University**	A 2010 analysis demonstrates that the PACE Program supports many seniors prior to their Medicaid enrollment. Data compare consumers who "had" and "did not have" PACE in a five-year period prior to using long-term care or nursing waiver services. **Results suggest PACE enrollment enables seniors to remain in the community longer, with better health, and to delay entry into and utilization of long-term care and waiver services**. Findings include: • Average length of nursing facility stay over a 5-year period was 40 days less for previous PACE enrolled. • PACE members were older at entry into a nursing facility by 2.8 years. • The ages at waiver entry show PACE members were older by 3.1 years. • Later age of entry into nursing facilities provided an estimated annual savings of $728.8 M. • Deferred waiver program produced estimated annual savings of $86.5 M. • PACE enrollees who have subsequent Medicaid enrollment have lower costs because of earlier PACE coverage. • The Program takes advantage of its ideal position to educate those PACE seniors, who are specifically known to be income eligible, about the comprehensive health care coverage available through Medicaid, producing a unique, efficient outreach and improved coordination with Medicaid. Analysts at Mercer Government Human Services Consulting evaluated the study and were prepared to certify results.
SATISFACTION SURVEYS	**PACE/PACENET SURVEY ON HEALTH AND WELL-BEING** **Magellan Health/PACE**	**The *Survey on Health and Well-Being* provides information about the cardholder population. Questions measure cardholders' self-reported health status, self-reported medication adherence and affordability, and satisfaction with their PACE/PACENET coverage. Survey data are frequently linked with other important data sources, including prescription records, Medicare services records, and vital statistics records, and are used for program evaluation and original research studies.** Included in the PACE/PACENET new enrollment application, the optional enrollment survey gathers important information about a person's health immediately prior to joining PACE. The optional renewal survey is mailed to existing cardholders throughout the year. Most renewal survey questions are the same as the new enrollment survey, but a few questions are different. The renewal survey provides important information about the cardholder's health after being in PACE. Annual updates allow the study of changes over time. **Results from 2016-17:** The 2016-17 renewal survey response rate was 48.9%. Approximately 26% of renewal survey respondents indicated that they did not complete high school, with 9% reporting an 8th grade or less education. Understanding the educational background of the population helps to ensure that cardholder communications are at an appropriate reading level. Among cardholders who were enrolled in PACE at the time that they completed the survey, 85% reported that they were either "extremely" or "quite a bit" satisfied with PACE. Among PACENET enrolled cardholders, 75% were "extremely" or "quite a bit" satisfied with PACENET. Another 11% of PACE enrollees and 17% of PACENET enrollees were "moderately" satisfied. These data indicate high levels of satisfaction with both Programs. When asked to rate their current health, 70% of enrolled respondents indicated that their health was either excellent, very good, or good, with the remaining 30% indicating either fair or poor health. The 2016-17 survey also addressed self-reported issues with medication adherence. **Over half (54%) of survey respondents reported that they had experienced at least one adherence issue, with 37% of respondents indicating that they had at times forgotten to take a medication.** Most cardholders who reported adherence issues indicated that the problem occurred only occasionally or some of the time. Additional results from the 2016-17 survey are presented in Appendix A.

SELF-RATED HEALTH	**IMPACT OF VANTAGE POINT ON THE ASSOCIATION BETWEEN SELF-RATED HEALTH AND MORTALITY** **Magellan Health/PACE and The Medicine, Health, and Aging Project at Penn State University**	Numerous studies demonstrate that self-rated health predicts mortality. **The goal of this study was to explore how self-rating vantage point affects mortality prediction.** Subjects included 137,188 PACE enrollees. **Three self-rated health vantage points were used: global, age-comparative (others of same age) and time comparative (present vs. one year ago).** Multivariate Cox proportional-hazards regression was used to predict subsequent mortality over two years, controlling for demographics and medication-based comorbidity. When comparing global and age-comparative ratings, 73% of persons reported equal global and age-comparative scores; 19% had age-comparative scores that exceeded global scores; and, 8% indicated age-comparative scores worse than global. Age comparative scores worse than global increased risk of mortality, while age-comparative scores exceeding global scores reduced risk. The impact of age-comparative deviation from global was stronger in younger age groups. Controlling for global self-rated health, self-assessed change over the past year in either direction increased mortality risk, but the effect varied by age (interaction $p < .001$), with the greatest impact observed among younger elderly aged 65-79. **These results suggest that comparative ratings are particularly useful when used alongside global ratings, and that potential age differences in vantage point meaning may have a bearing on mortality prediction.**
BEREAVEMENT AND MORTALITY	**MORTALITY FOLLOWING WIDOWHOOD: THE ROLE OF PRIOR SPOUSAL HEALTH** **Magellan Health/PACE, The Medicine, Health, and Aging Project at Penn State University, and Emory University Rollins School of Public Health**	Prior research has shown that widowhood is associated with increased mortality risk; however, it is not clear whether the rapidity of the predeceased spouse's health decline affects this risk. **This study used group-based trajectory modeling to describe predeceased spouses' patterns of health decline and examined associations with post-widowhood survival.** Subjects included 9,967 PACE/PACENET cardholders who were widowed between 2000 and 2006. The predeceased and bereaved spouses' health trajectories in the year before widowhood were evaluated for three measures: the Combined Comorbidity Score, inpatient hospitalized days, and ambulatory visits. Multivariate Cox proportional hazards models were used to evaluate whether the predeceased spouse's pattern of health decline affected the subsequent survival of the bereaved spouse, while controlling for the bereaved spouse's own historical health trajectory and other factors. Multiple trajectory patterns of health decline before death emerged in the predeceased sample. Among predeceased hospice users, stable low and late onset comorbidity patterns were both associated with greater mortality in the bereaved, relative to chronic high comorbidity (HR=1.47 and 1.62, respectively). Relative to stable medium levels of ambulatory visits among the predeceased, chronically high visit levels were associated with a lower mortality rate in the bereaved (HR=0.67), while very low visit levels were associated with higher post-widowhood mortality in the bereaved (HR=1.32). **These results demonstrate the utility of group-based trajectory models for describing patterns of end-of-life decline and suggest that unanticipated deaths may be associated with greater post-widowhood mortality risk for bereaved spouses.**
OUTREACH	**PACE APPLICATION CENTER** **Benefits Data Trust, Philadelphia**	The PACE Application Center (Appendix A) conducts data-driven outreach and application assistance to connect Pennsylvanians seniors with public benefit programs. The Center submits PACE applications for eligible persons and enrolls eligible persons in the Medicare Part D Low Income Subsidy (Extra Help). The Center conducts mail, telephone, and community-based outreach. **In 2017, 25,000 households applied for at least one benefit, receiving $88 million in benefits.** **PACE Enrollment Outreach:** The Center uses Property Tax and Rent Rebate rolls, and energy, food and prescription assistance listings to identify enrollment candidates. **In 2017, there were 309,000 outreach attempts unique to PACE and 12,800 PACE applications submitted.** **Low Income Subsidy (LIS) Outreach:** The PACE Program, by wrapping around the Part D benefit, incurs costs that could be offset by LIS benefits which provide financial help to low income enrollees. **In 2017, the Center submitted 10,300 applications on behalf of older Pennsylvanians, the result of 46,000 outreach actions.**

MEDICATION UTILIZATION STUDIES		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
MEDICATION ADHERENCE AND HEALTH OUTCOMES	**PROTON PUMP INHIBITOR ADHERENCE AND FRACTURE RISK IN THE ELDERLY** **Magellan Health/PACE and The Medicine, Health, and Aging Project at Penn State University**	Results of several recent studies suggest that long-term use of proton pump inhibitors (PPIs) may be associated with an increased risk of fracture. **The goal of this study was to examine the relationship between medication adherence and fracture risk among elderly PPI users.** The study cohort included 1,604 community-dwelling PPI users and 23,672 non-users who were enrolled in the PACE Program. Proportion of Days Covered (PDC) was computed to measure adherence based on prescription refill patterns. Time-dependent Cox proportional hazards models were used to estimate adjusted hazard ratios of PPI use/adherence for fracture risk while controlling for demographics, comorbidity, body mass index, smoking and non-PPI medication use. The overall incidence of any fracture per 100 person-years was 8.7 for PPI users and 5.0 for non-users. A gradient in fracture risk according to PPI adherence was observed. Relative to non-users, fracture hazard ratios associated with the highest adherence (PDC $\geq$ 0.80), intermediate (PDC 0.40-0.79), and lowest (PDC < 0.40) adherence levels were 1.46 ($p < 0.0001$), 1.30 ($p = 0.02$), and 0.95 ($p = 0.75$), respectively. **These results provide further evidence that PPI use may increase risk in the elderly and highlight the need for clinicians to periodically reassess elderly patients' individualized needs for ongoing PPI therapy, while weighing potential risks and benefits.** The findings were published in *Calcified Tissue International* in April 2014.
PHARMACY ACCESS AND MEDICATION ADHERENCE	**MEDICATION ADHERENCE IN PHARMACY DESERT AND NON-DESERT AREAS** **University of the Sciences in Philadelphia and Magellan Health/PACE**	This study expanded the investigation of potential pharmacy desert areas in Pennsylvania to address the potential impact of low pharmacy access on medication adherence. **The study specifically examined refill adherence measures for oral diabetes medications among PACE/PACENET elderly residing in three counties previously identified as potential pharmacy deserts** (Forest, Mifflin, and Sullivan Counties) and in seven non-pharmacy desert counties. Two variations on the proportion of days covered (PDC), prescription-based PDC and interval-based PDC, were used to measure refill adherence level. Chi-square and regression analyses results indicated that **while elderly in non-desert regions had slightly higher adherence levels than those living in desert regions, these differences were not statistically significant.** Although this study did not find statistically significant differences in medication adherence as a function of pharmacy desert region residence, the limited number of counties examined may limit the generalizability of the findings. Future research is planned to examine pharmacy desert regions and associated health measures across broader regions of the state. The results of this study were presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) -21st Annual International Meeting in May 2016.
STATIN USE	**ASSOCIATION BETWEEN STATIN USE AND FRACTURE RISK AMONG THE ELDERLY** **Magellan Health/PACE and The Medicine, Health, and Aging Project at Penn State University**	The impact of statins (widely used to treat hyperlipidemia) on fracture risk is still under debate. **The goal of this study was to examine the association between statin use and fracture risk among the elderly by following 5,524 new statin users and 27,089 non-users for an average of 3.5 years.** Time-dependent Cox proportional hazards models were used to estimate adjusted hazard ratios of statin use for fracture risk while controlling for demographics, comorbidity, body mass index, smoking status, alcohol use, and certain therapeutic classes. **The incidence of any fracture per 100 person-years was 3.0 for statin users and 7.8 for non-users. Relative to non-users, the hazard ratio associated with statin use was 0.86 ($p < 0.001$). Statin users with higher and lower average daily dose were associated with 18% and 9% decreased fracture risk, respectively.** **The hazard ratio for atorvastatin was 0.81 ($p < 0.001$), and the effects were not significant for simvastatin and pravastatin. The protective effect of statin user appeared to be stronger among users older than 85 years old.** These results suggested statin use is associated with reduced fracture risk among the elderly, and the effect may be dependent on age and statin type. The beneficial effect of statin on bone may be helpful in the prevention of fractures among elderly.

PRESCRIPTION OPIOID UTILIZATION	**ASSOCIATION BETWEEN PSYCHOTHERAPEUTIC DRUG USE AND PRESCRIPTION OPIOID USE AMONG OLDER ADULTS** **Magellan Health/PACE**	Studies have suggested an increased use of prescription opioids among adults with mental health problems. This study investigated if psychotherapeutic drug use is associated with prescription opioid use, including high dosage use, among older adults enrolled in PACE/PACENET during 2017. Pharmacy claims data were used to evaluate the use of prescription opioids and psychotherapeutic medications (anxiolytics, sedatives, hypnotics, antidepressants and antipsychotic agents). Prescription opioid dosages were converted to morphine milligram equivalents (MME), with high dosage use defined as >90 MME/day for ≥90 consecutive days. Chi-squared tests and multivariate logistic regressions were used for analyses. Approximately 20% of enrollees filled opioid prescriptions in 2017. **Among all enrollees, the odds of prescription opioid use increased with anxiolytic, sedative or hypnotic use (OR=2.61) or antidepressant use (OR=2.42). Among prescription opioid users, 1.43% used prescription opioids at high dosage. High opioid dosage was significantly associated with anxiolytic, sedative, hypnotic use (OR=1.50) or antidepressant use (OR=1.60).** These results show that older adults who use psychotherapeutic drugs are at greater risk for prescription opioid use and high dosage use, and suggest that clinicians should carefully evaluate opioid use among older patients using anxiolytics or antidepressants to minimize risks for adverse consequences of opioids, including overdose.
PHARMACY ACCESS	**ACCESSIBILITY OF PHARMACY SERVICES IN HIGH AND LOW INCOME PENNSYLVANIA COUNTIES** **University of the Sciences in Philadelphia and Magellan Health/PACE**	**This research builds on several prior studies of pharmacy deserts, a term used to describe geographic areas where pharmacy services are scarce or difficult to obtain.** Pharmacy deserts can occur as a result of large geographic distances required to reach pharmacies, or as a result of too few pharmacies located in a densely-populated area. One accepted definition from existing literature specifically identifies pharmacy deserts as low income areas where at least a third of the population lives more than one mile from an outpatient pharmacy. **This study compared the availability of pharmacies and the average straight-line distance between home residence and the nearest outpatient pharmacy for PACE/PACENET cardholders in five high-income and five low-income counties.** The average distance to the closest pharmacy was shorter in the low income group, which was influenced largely by one urban county, Philadelphia County, where the average straight-line distance to the nearest outpatient pharmacy was only 0.1 mile. **In contrast, three lower income rural counties (Mifflin, Forest, and Sullivan Counties) were identified as potential pharmacy deserts. In these counties, between 56% and 77% of the population lived more than a mile away from the closest outpatient pharmacy.** With an average distance of 4.0 miles to the closest pharmacy, Sullivan County demonstrated the lowest apparent accessibility. **This study confirmed that geographic accessibility varies substantially for PACE/PACENET cardholders across Pennsylvania, and that pharmacy deserts appear to exist in several rural areas of the state.** Results were presented at the AMCP Managed Care & Specialty Pharmacy Annual Meeting in April 2016.
MEDICATION ADHERENCE	**INITIAL MEDICATION ADHERENCE IN THE ELDERLY** **University of the Sciences in Philadelphia and Magellan Health/PACE**	Initial medication adherence describes the filling of new medication prescriptions. **This pilot study explored the feasibility of using PACE claim reversals as a proxy indicator of initial medication non-adherence.** The study specifically evaluated differences in claim reversal rates, as well as the timing of reversals, between electronic and non-electronic prescriptions. Understanding the potential impact of electronic prescribing (e-prescribing) on initial medication adherence is timely given increases in e-prescribing which have occurred in part as a result of provisions of the Medicare Modernization Act. Results of chi-square analyses indicated that electronic prescription claims were more likely than other prescription origin types to be reversed, and that differences among prescription origins were greater for reversals occurring after the submission day compared with same-day reversals. **The authors concluded that electronic prescriptions are associated with a higher rate of claim reversals and may reflect poorer initial adherence. Electronic prescriptions may be more likely to be forgotten or otherwise not picked up because the electronic delivery of the prescription to the pharmacy bypasses the patient.** The study confirmed the importance of understanding the potential effect of electronic prescription transmission on initial medication adherence in the elderly. The results were published in the September 2016 issue of the *Journal of Managed Care & Specialty Pharmacy*.

SECTION 2

FINANCIAL DATA BY DATE OF SERVICE

pennsylvania
DEPARTMENT OF AGING

TABLE 2.1A
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JANUARY 1991 - DECEMBER 2017

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 1991	405,358	337,684	5,280,376	13.03	15.64	$116,074,618	$286.35	$343.74	$21.98
JUL-DEC 1991	394,055	324,574	4,677,159	11.87	14.41	$109,871,650	$278.82	$338.51	$23.49
JAN-JUN 1992	399,721	326,469	4,656,986	11.65	14.26	$116,082,506	$290.41	$355.57	$24.93
JUL-DEC 1992	385,103	313,430	4,602,261	11.95	14.68	$117,081,602	$304.03	$373.55	$25.44
JAN-JUN 1993	376,916	310,438	4,402,171	11.68	14.18	$113,068,754	$299.98	$364.22	$25.68
JUL-DEC 1993	357,777	296,802	4,456,223	12.46	15.01	$116,164,381	$324.68	$391.39	$26.07
JAN-JUN 1994	354,819	293,462	4,320,159	12.18	14.72	$115,413,542	$325.27	$393.28	$26.72
JUL-DEC 1994	340,607	281,465	4,404,257	12.93	15.65	$119,100,741	$349.67	$423.15	$27.04
JAN-JUN 1995	331,965	277,461	4,383,968	13.21	15.80	$121,147,211	$364.94	$436.63	$27.63
JUL-DEC 1995	317,719	263,576	4,347,335	13.68	16.49	$122,158,872	$384.49	$463.47	$28.10
JAN-JUN 1996	306,062	253,283	4,244,190	13.87	16.76	$120,868,654	$394.92	$477.21	$28.48
JUL-DEC 1996	292,755	238,963	4,204,461	14.36	17.59	$120,429,840	$411.37	$503.97	$28.64
JAN-JUN 1997	286,126	236,157	4,286,478	14.98	18.15	$116,732,847	$407.98	$494.30	$27.23
JUL-DEC 1997	276,180	226,806	4,358,892	15.78	19.22	$123,482,056	$447.11	$544.44	$28.33
JAN-JUN 1998	267,225	222,465	4,235,619	15.85	19.04	$126,872,548	$474.78	$570.30	$29.95
JUL-DEC 1998	257,009	213,694	4,331,390	16.85	20.27	$137,146,444	$533.63	$641.79	$31.66
JAN-JUN 1999	246,467	208,992	4,316,588	17.51	20.65	$142,412,978	$577.82	$681.43	$32.99
JUL-DEC 1999	238,388	200,921	4,450,893	18.67	22.15	$153,596,648	$644.31	$764.46	$34.51
JAN-JUN 2000	237,017	202,683	4,449,102	18.77	21.95	$160,615,339	$677.65	$792.45	$36.10
JUL-DEC 2000	230,752	197,777	4,530,829	19.64	22.91	$169,886,476	$736.23	$858.98	$37.50
JAN-JUN 2001	225,325	197,082	4,558,339	20.23	23.13	$178,650,979	$792.86	$906.48	$39.19
JUL-DEC 2001	218,576	190,540	4,590,216	21.00	24.09	$187,820,534	$859.29	$985.73	$40.92
JAN-JUN 2002	216,719	190,131	4,558,000	21.03	23.97	$194,788,889	$898.81	$1,024.50	$42.74
JUL-DEC 2002	209,737	183,318	4,605,906	21.96	25.13	$203,591,448	$970.70	$1,110.59	$44.20
JAN-JUN 2003	209,761	182,654	4,552,662	21.70	24.93	$208,103,630	$992.10	$1,139.33	$45.71
JUL-DEC 2003	207,144	180,460	4,683,173	22.61	25.95	$221,512,877	$1,069.37	$1,227.49	$47.30

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HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JANUARY 1991 - DECEMBER 2017

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 2004	215,486	189,762	4,675,699	21.70	24.64	$209,731,950	$973.30	$1,105.24	$44.86
JUL-DEC 2004	209,237	183,970	4,639,594	22.17	25.22	$178,165,448	$851.50	$968.45	$38.40
JAN-JUN 2005	209,512	182,450	4,602,802	21.97	25.23	$166,496,079	$794.69	$912.56	$36.17
JUL-DEC 2005	203,956	177,667	4,628,809	22.70	26.05	$208,631,707	$1,022.93	$1,174.29	$45.07
JAN-JUN 2006	199,426	172,092	4,482,461	22.48	26.05	$196,369,222	$984.67	$1,141.07	$43.81
JUL-DEC 2006	194,884	164,174	4,071,755	20.89	24.80	$126,433,882	$648.76	$770.12	$31.05
JAN-JUN 2007	203,104	167,796	3,619,456	17.82	21.57	$81,202,595	$399.81	$483.94	$22.44
JUL-DEC 2007	183,839	150,273	3,487,882	18.97	23.21	$98,984,305	$538.43	$658.70	$28.38
JAN-JUN 2008	164,728	133,656	3,014,596	18.30	22.55	$70,096,781	$425.53	$524.46	$23.25
JUL-DEC 2008	160,802	125,319	2,878,017	17.90	22.97	$76,070,500	$473.07	$607.01	$26.43
JAN-JUN 2009	145,634	119,773	2,682,436	18.42	22.40	$55,426,889	$380.59	$462.77	$20.66
JUL-DEC 2009	141,988	114,169	2,546,781	17.94	22.31	$63,035,614	$443.95	$552.13	$24.75
JAN-JUN 2010	138,520	113,130	2,379,427	17.18	21.03	$56,131,540	$405.22	$496.17	$23.59
JUL-DEC 2010	134,104	106,535	2,175,106	16.22	20.42	$61,572,767	$459.14	$577.96	$28.31
JAN-JUN 2011	128,440	103,356	2,221,680	17.30	21.50	$45,307,898	$352.76	$438.37	$20.39
JUL-DEC 2011	125,096	98,265	2,061,534	16.48	20.98	$42,777,764	$341.96	$435.33	$20.75
JAN-JUN 2012	119,166	95,407	2,091,129	17.55	21.92	$42,297,874	$354.95	$443.34	$20.23
JUL-DEC 2012	116,822	91,020	1,943,206	16.63	21.35	$37,252,376	$318.88	$409.28	$19.17
JAN-JUN 2013	114,935	88,442	1,904,685	16.57	21.54	$36,975,064	$321.70	$418.07	$19.41
JUL-DEC 2013	109,907	83,756	1,767,781	16.08	21.11	$35,191,933	$320.20	$420.17	$19.91
JAN-JUN 2014	119,491	90,223	1,810,547	15.15	20.07	$36,412,429	$304.73	$403.58	$20.11
JUL-DEC 2014	117,577	87,627	1,730,400	14.72	19.75	$39,226,755	$333.63	$447.66	$22.67
JAN-JUN 2015	113,731	84,952	1,673,305	14.71	19.70	$40,128,728	$352.84	$472.37	$23.98
JUL-DEC 2015	109,981	80,521	1,553,820	14.13	19.30	$39,473,690	$358.91	$490.23	$25.40
JAN-JUN 2016	104,377	75,491	1,324,489	12.69	17.54	$36,625,398	$350.90	$485.16	$27.65
JUL-DEC 2016	100,756	71,489	1,248,405	12.39	17.46	$30,698,150	$304.68	$429.41	$24.59

TABLE 2.1A
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JANUARY 1991 - DECEMBER 2017

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 2017	95,395	66,938	1,185,543	12.43	17.71	$27,811,613	$291.54	$415.48	$23.46
JUL-DEC 2017	92,001	63,835	1,106,552	12.03	17.33	$26,378,502	$286.72	$413.23	$23.84

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.

PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED PERIOD.

TABLE 2.1B
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACENET ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE
JULY 1996 - DECEMBER 2017

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 1996	1,523	740	2,331	1.53	3.15	$823	$0.54	$1.11	$0.35
JAN-JUN 1997	9,063	6,369	75,721	8.35	11.89	$592,426	$65.37	$93.02	$7.82
JUL-DEC 1997	12,523	9,007	149,187	11.91	16.56	$2,676,259	$213.71	$297.13	$17.94
JAN-JUN 1998	18,053	12,683	175,085	9.70	13.80	$2,909,397	$161.16	$229.39	$16.62
JUL-DEC 1998	18,673	13,804	232,846	12.47	16.87	$4,738,127	$253.74	$343.24	$20.35
JAN-JUN 1999	22,272	16,649	263,010	11.81	15.80	$5,519,395	$247.82	$331.52	$20.99
JUL-DEC 1999	22,187	16,885	309,280	13.94	18.32	$7,416,866	$334.29	$439.26	$23.98
JAN-JUN 2000	25,739	19,762	339,481	13.19	17.18	$8,371,658	$325.25	$423.62	$24.66
JUL-DEC 2000	25,446	19,630	381,074	14.98	19.41	$10,193,859	$400.61	$519.30	$26.75
JAN-JUN 2001	29,522	22,146	412,077	13.96	18.61	$11,255,086	$381.24	$508.22	$27.31
JUL-DEC 2001	29,278	23,284	477,954	16.32	20.53	$13,849,683	$473.04	$594.82	$28.98
JAN-JUN 2002	35,508	27,594	540,878	15.23	19.60	$16,333,097	$459.98	$591.91	$30.20
JUL-DEC 2002	36,146	28,611	613,528	16.97	21.44	$20,069,086	$555.22	$701.45	$32.71
JAN-JUN 2003	39,263	31,011	644,800	16.42	20.79	$21,627,367	$550.83	$697.41	$33.54
JUL-DEC 2003	40,148	31,869	720,687	17.95	22.61	$25,653,456	$638.97	$804.97	$35.60
JAN-JUN 2004	93,861	72,605	1,305,266	13.91	17.98	$48,958,319	$521.60	$674.31	$37.51
JUL-DEC 2004	105,018	82,631	1,921,310	18.30	23.25	$71,800,234	$683.69	$868.93	$37.37
JAN-JUN 2005	123,399	94,979	2,176,264	17.64	22.91	$81,372,126	$659.42	$856.74	$37.39
JUL-DEC 2005	125,108	99,242	2,450,953	19.59	24.70	$96,448,835	$770.92	$971.86	$39.35
JAN-JUN 2006	134,715	108,462	2,708,710	20.11	24.97	$100,473,823	$745.83	$926.35	$37.09
JUL-DEC 2006	141,099	109,867	2,684,515	19.03	24.43	$77,093,600	$546.38	$701.70	$28.72
JAN-JUN 2007	162,966	127,001	2,630,629	16.14	20.71	$59,094,943	$362.62	$465.31	$22.46
JUL-DEC 2007	147,627	116,369	2,687,888	18.21	23.10	$85,506,499	$579.21	$734.79	$31.81
JAN-JUN 2008	176,161	136,910	2,950,988	16.75	21.55	$68,072,714	$386.42	$497.21	$23.07
JUL-DEC 2008	182,452	137,834	3,078,477	16.87	22.33	$89,908,365	$492.78	$652.29	$29.21

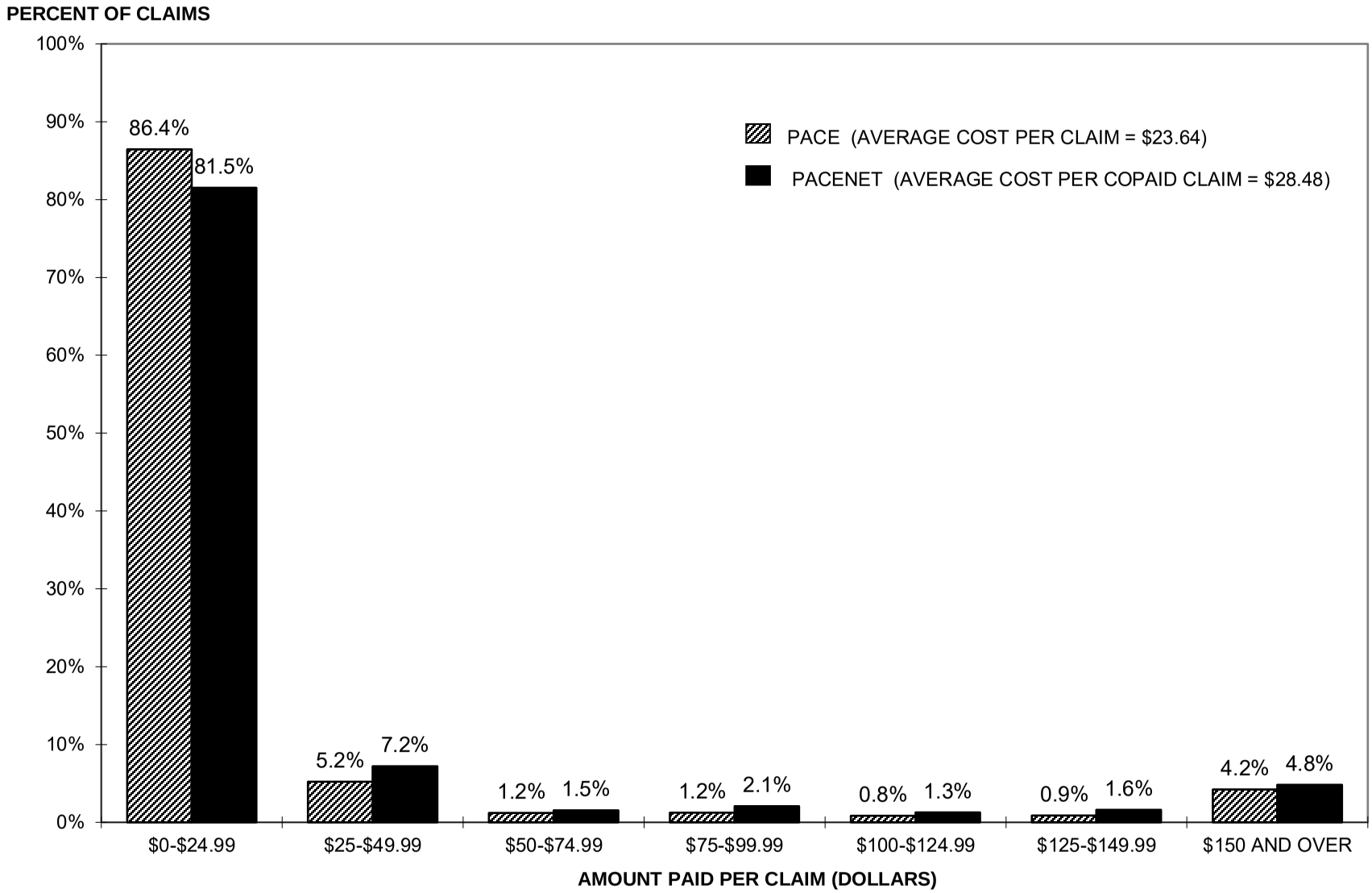
TABLE 2.1B
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACENET ENROLLED AND PARTICIPATING CARDHOLDERS BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE JULY 1996 - DECEMBER 2017

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 2009	177,553	140,328	2,963,530	16.69	21.12	$66,833,671	$376.42	$476.27	$22.55
JUL-DEC 2009	184,291	141,689	3,023,686	16.41	21.34	$91,218,108	$494.97	$643.79	$30.17
JAN-JUN 2010	189,558	148,953	2,877,852	15.18	19.32	$78,560,904	$414.44	$527.42	$27.30
JUL-DEC 2010	192,601	147,462	2,849,518	14.79	19.32	$101,307,460	$526.00	$687.01	$35.55
JAN-JUN 2011	194,040	151,302	3,096,293	15.96	20.46	$65,223,939	$336.14	$431.08	$21.07
JUL-DEC 2011	193,627	148,687	3,064,463	15.83	20.61	$62,924,015	$324.98	$423.20	$20.53
JAN-JUN 2012	190,699	149,039	3,032,178	15.90	20.34	$64,053,623	$335.89	$429.78	$21.12
JUL-DEC 2012	189,620	145,552	2,983,628	15.73	20.50	$58,325,715	$307.59	$400.72	$19.55
JAN-JUN 2013	186,979	143,936	2,922,486	15.63	20.30	$58,082,937	$310.64	$403.53	$19.87
JUL-DEC 2013	183,032	139,397	2,853,565	15.59	20.47	$58,084,897	$317.35	$416.69	$20.36
JAN-JUN 2014	181,792	138,181	2,584,276	14.22	18.70	$56,598,681	$311.34	$409.60	$21.90
JUL-DEC 2014	168,597	128,307	2,502,791	14.84	19.51	$58,463,645	$346.77	$455.65	$23.36
JAN-JUN 2015	166,664	128,678	2,440,194	14.64	18.96	$59,292,993	$355.76	$460.79	$24.30
JUL-DEC 2015	165,215	126,056	2,413,594	14.61	19.15	$61,336,086	$371.25	$486.58	$25.41
JAN-JUN 2016	163,178	125,025	2,285,186	14.00	18.28	$60,176,275	$368.78	$481.31	$26.33
JUL-DEC 2016	161,211	122,153	2,246,297	13.93	18.39	$55,064,136	$341.57	$450.78	$24.51
JAN-JUN 2017	159,877	121,327	2,159,107	13.50	17.80	$52,859,414	$330.63	$435.68	$24.48
JUL-DEC 2017	156,749	117,641	2,097,708	13.38	17.83	$49,612,810	$316.51	$421.73	$23.65

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

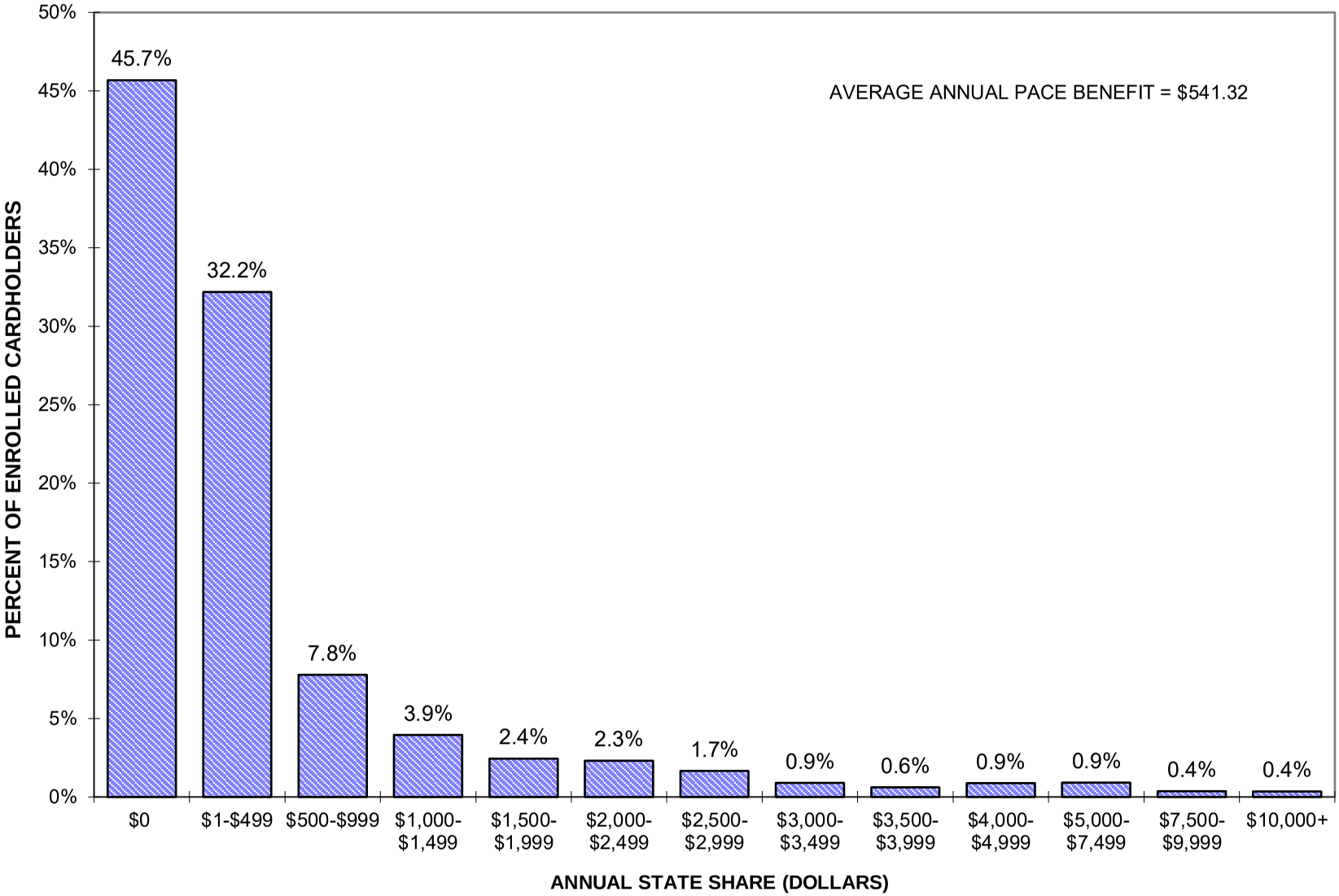
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.
PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED PERIOD.

FIGURE 2.1
PACE AND PACENET CLAIM DISTRIBUTION BY AMOUNT PAID PER CLAIM
JANUARY - DECEMBER 2017
(PACE N = 2,292,095; PACENET N = 3,597,904)



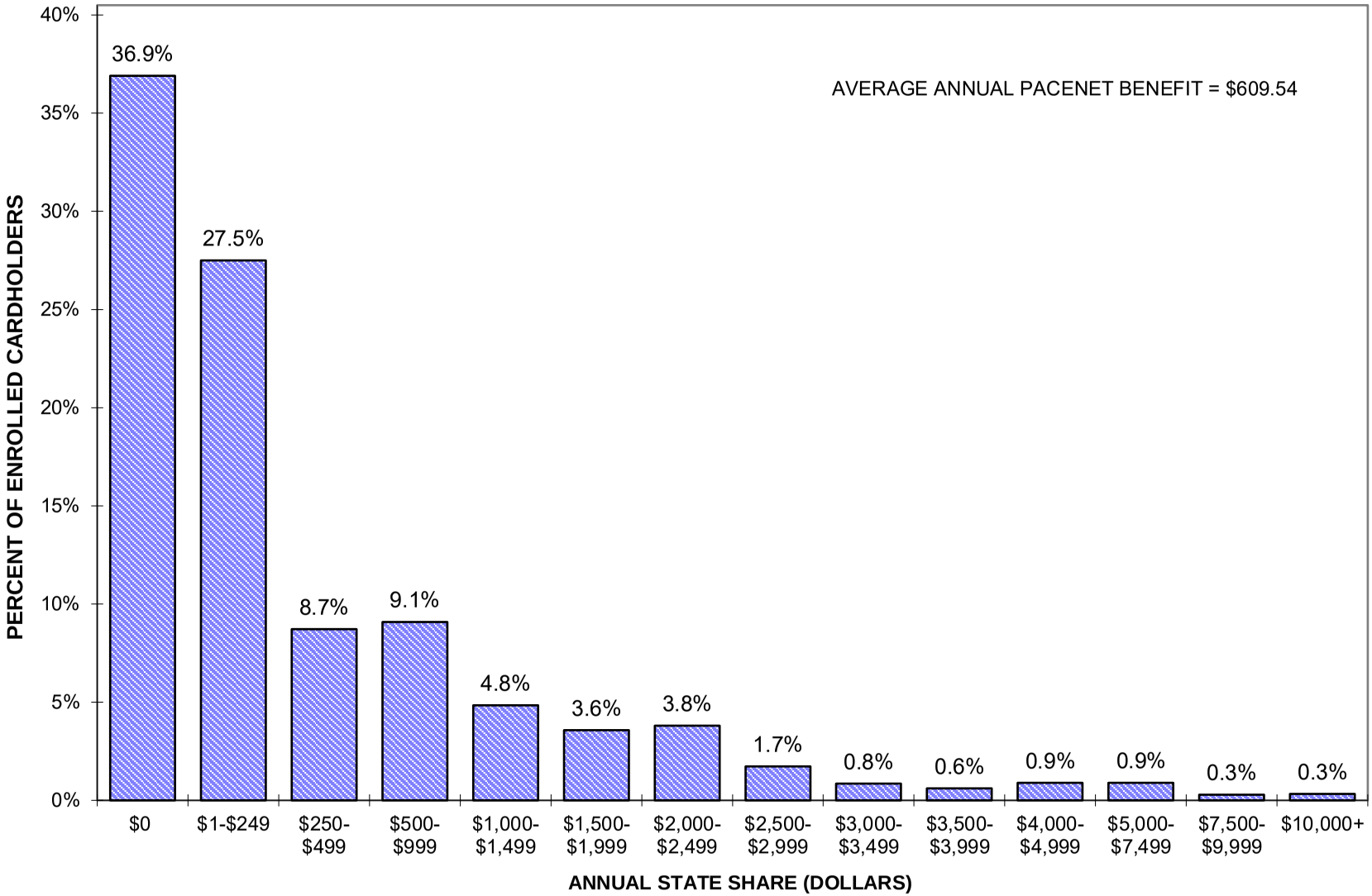
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET DEDUCTIBLE CLAIMS.

FIGURE 2.2
DISTRIBUTION OF PACE ANNUAL BENEFIT
JANUARY - DECEMBER 2017
N = 100,108



SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

FIGURE 2.3
DISTRIBUTION OF PACENET ANNUAL BENEFIT
JANUARY - DECEMBER 2017
N = 168,114



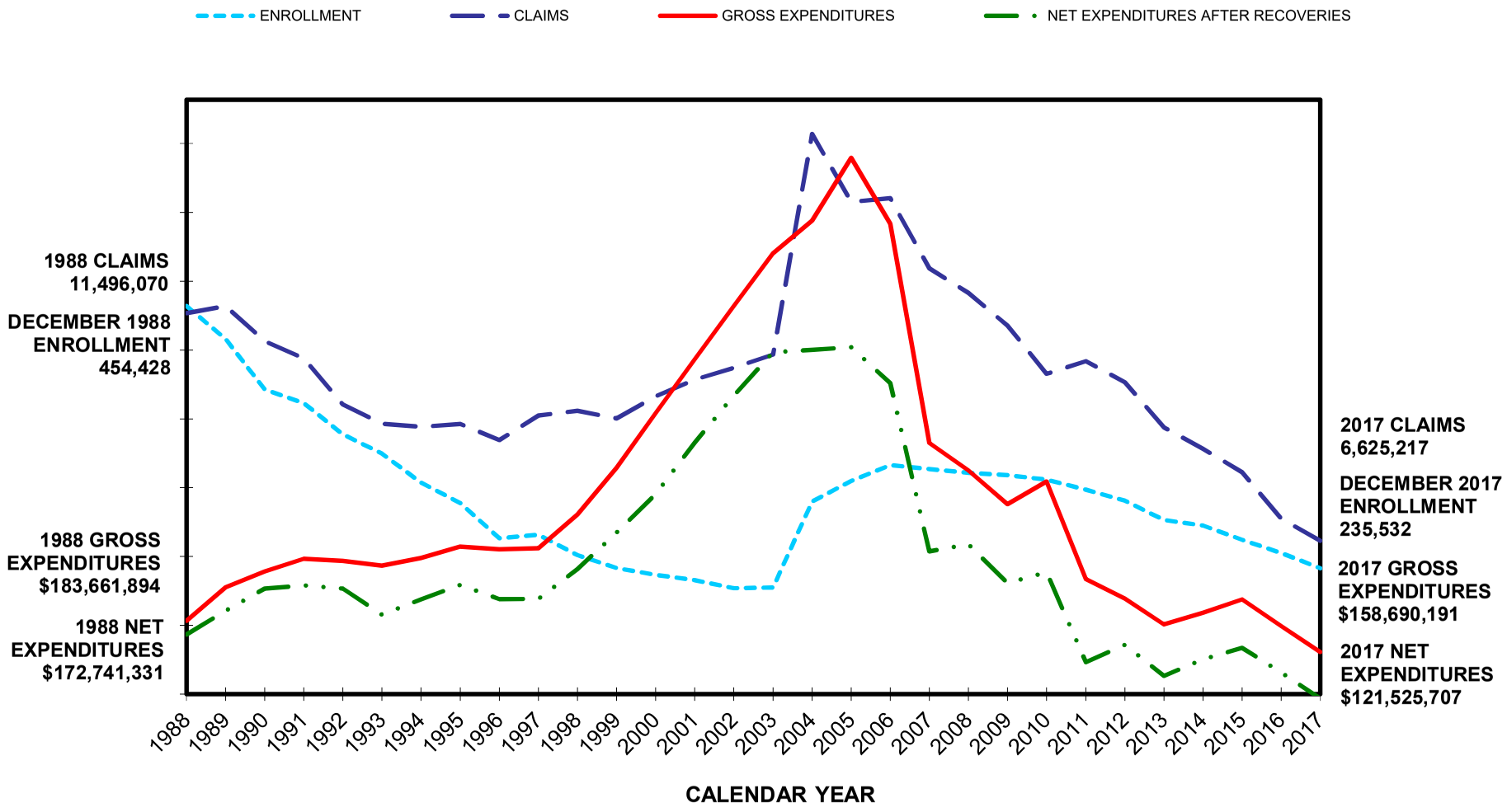
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE PACENET ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACE CLAIMS.

TABLE 2.2
TOTAL PRESCRIPTION COST, EXPENDITURES, OFFSETS, AND RECOVERIES
JANUARY - DECEMBER 2017

EXPENDITURES, RECOVERIES, OFFSETS	JAN - JUN	JUL - DEC	CALENDAR YEAR	% OF TOTAL GROSS EXPENDITURES
TOTAL PRESCRIPTION COST (DATE OF SERVICE)	$314,034,381	$305,875,143	$ 619,909,524	
MEDICARE PART D PREMIUMS	11,804,990	10,879,443	22,684,433	
GROSS CLAIMS/PREMIUMS SUBTOTAL	325,839,371	316,754,586	642,593,957	96.4%
MHS CONTRACT				
OPERATIONS (INCLUDES POSTAGE)	8,103,421	8,522,474	16,625,895	2.5%
PDA ADMINISTRATION				
PERSONNEL	546,509	562,606	1,109,115	
OPERATIONS	129,250	10,671	139,921	
GROSS PDA ADMIN. SUBTOTAL	675,759	573,277	1,249,036	0.2%
OTHER ADMINISTRATION				
AUDITS	312,500	387,500	700,000	
THIRD PARTY RECOVERY	279,651	463,170	742,821	
GROSS OTHER ADMIN. SUBTOTAL	592,151	850,670	1,442,821	0.2%
BEHAVIORAL HEALTH INTERVENTIONS	361,065	262,618	623,683	0.1%
ENROLLMENT OUTREACH	1,199,180	1,199,179	2,398,359	0.4%
PRESCRIBER EDUCATION	750,000	625,000	1,375,000	0.2%
GROSS EXPENDITURES	337,520,947	328,787,804	666,308,751	100.0%
PRESCRIPTION COST OFFSETS				
PART D/OTHER PAYER OFFSETS	(206,176,220)	(204,304,687)	(410,480,907)	-61.6%
CARDHOLDER COPAYMENTS	(27,187,134)	(25,579,144)	(52,766,278)	-7.9%
TOTAL OFFSETS	(233,363,354)	(229,883,831)	(463,247,185)	-69.5%
RECOVERIES				
MANUFACTURER REBATES	(18,340,721)	(19,870,427)	(38,211,148)	
AUDIT ADJUSTMENTS IN CHECKWRITES	(572,197)	(168,249)	(740,446)	
THIRD-PARTY REIMBURSEMENTS AND TRANSFERS	(836,893)	(4,240,911)	(5,077,804)	
COMBINED RECOVERIES	(19,749,811)	(24,279,587)	(44,029,398)	
PRIOR YEARS' REBATE REFUNDS	239,063	239,684	478,747	
NET RECOVERIES	(19,510,748)	(24,039,903)	(43,550,651)	-6.5%
NET PRESCRIPTION CLAIM EXPENDITURES				
STATE SHARE FOR RX BEFORE RECOVERIES	80,671,027	75,991,312	156,662,339	23.5%
STATE SHARE FOR RX AFTER RECOVERIES	61,160,279	51,951,410	113,111,688	17.0%
NET STATE EXPENDITURES INCLUDING PREMIUMS AND ADMINISTRATION	$ 84,646,845	$ 74,864,071	$ 159,510,915	23.9%

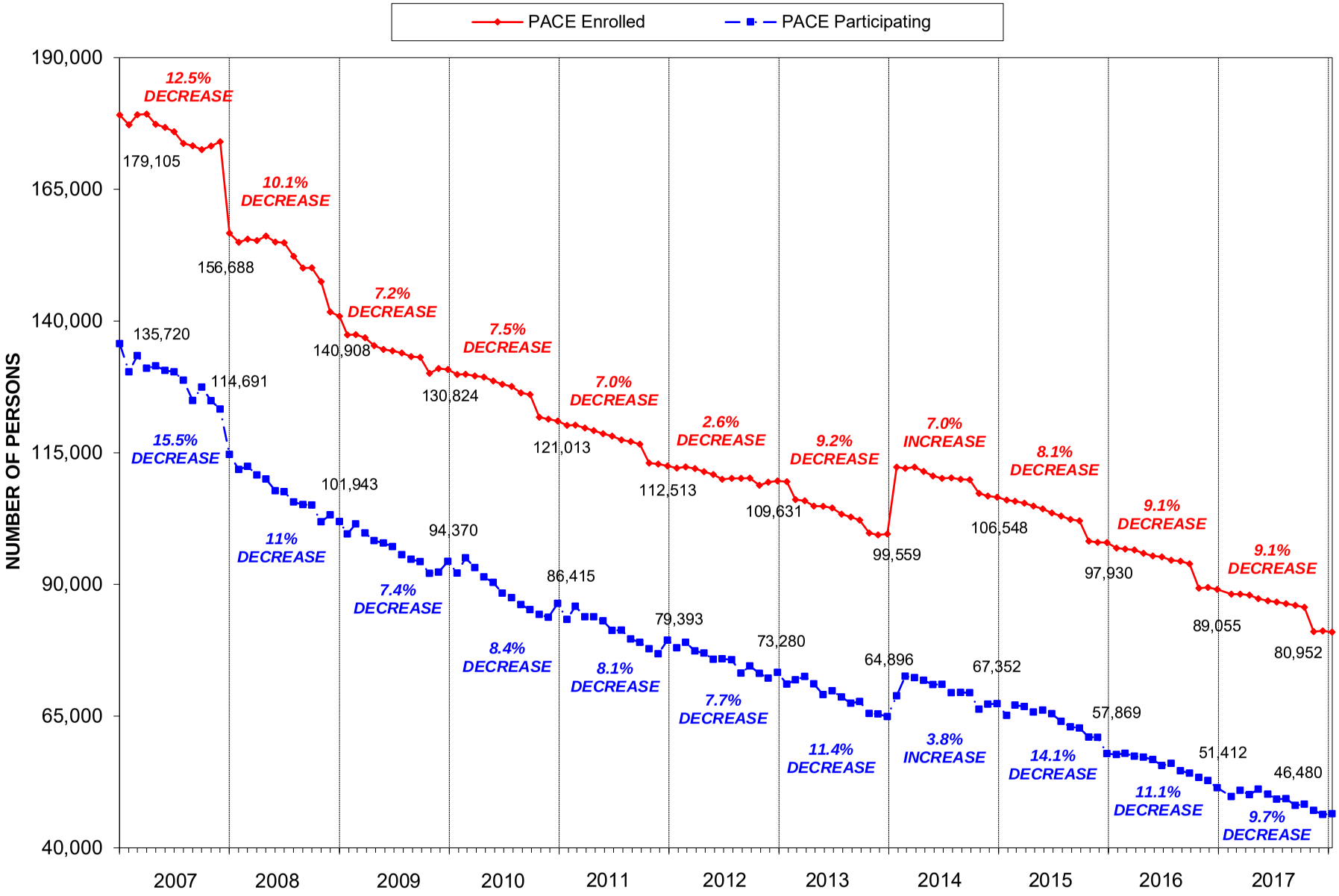
NOTE: TABLE USES DATE OF SERVICE REFERENCE CLAIM COST FILE FOR ANNUAL DRUG EXPENDITURES.
AUDIT ADJUSTMENTS ARE BY RECOVERY DATE; AUDITS OCCURRED IN CY 2016 - 2017.
REBATES ($38.2 M) ARE 24.4% OF TOTAL STATE SHARE PRESCRIPTION DRUG COST ($156.7 M).
TOTAL PRESCRIPTION COST DOES NOT INCLUDE CLAIMS PROCESSED SOLELY BY OTHER PAYERS.

FIGURE 2.4
PACE AND PACENET ENROLLMENT, CLAIMS, AND CLAIMS EXPENDITURES BY CALENDAR YEAR 1988-2017



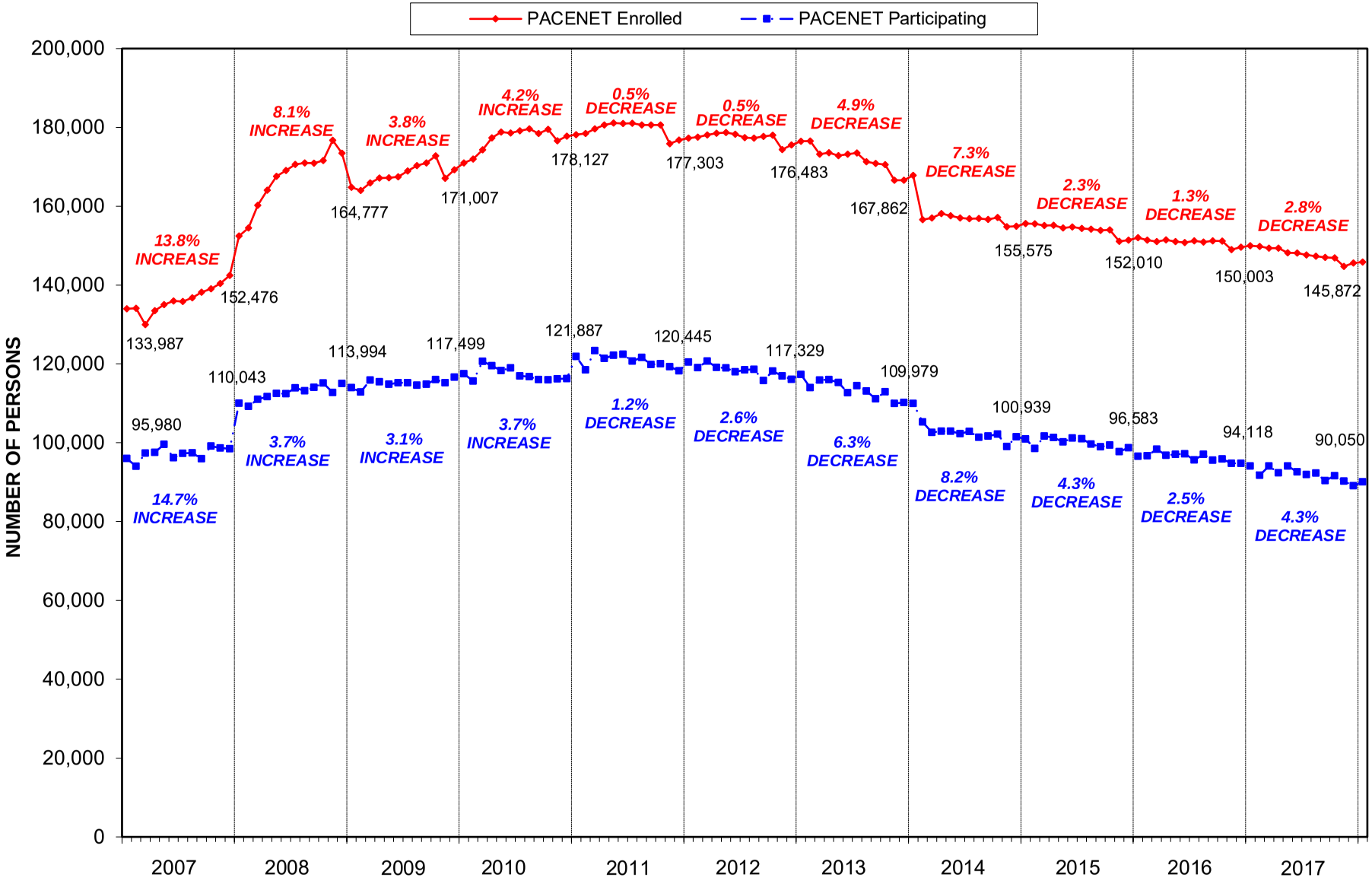
Source: PACE Biannual Reports, 1988-1995; PACE Annual Reports, 1996-2017
Note: Enrollment figures represent the number of enrolled cardholders at the end of each reported calendar year.
Recoveries include third party payments, manufacturers' rebate, and restitutions.

FIGURE 2.5A
PACE TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2007 - JANUARY 2018



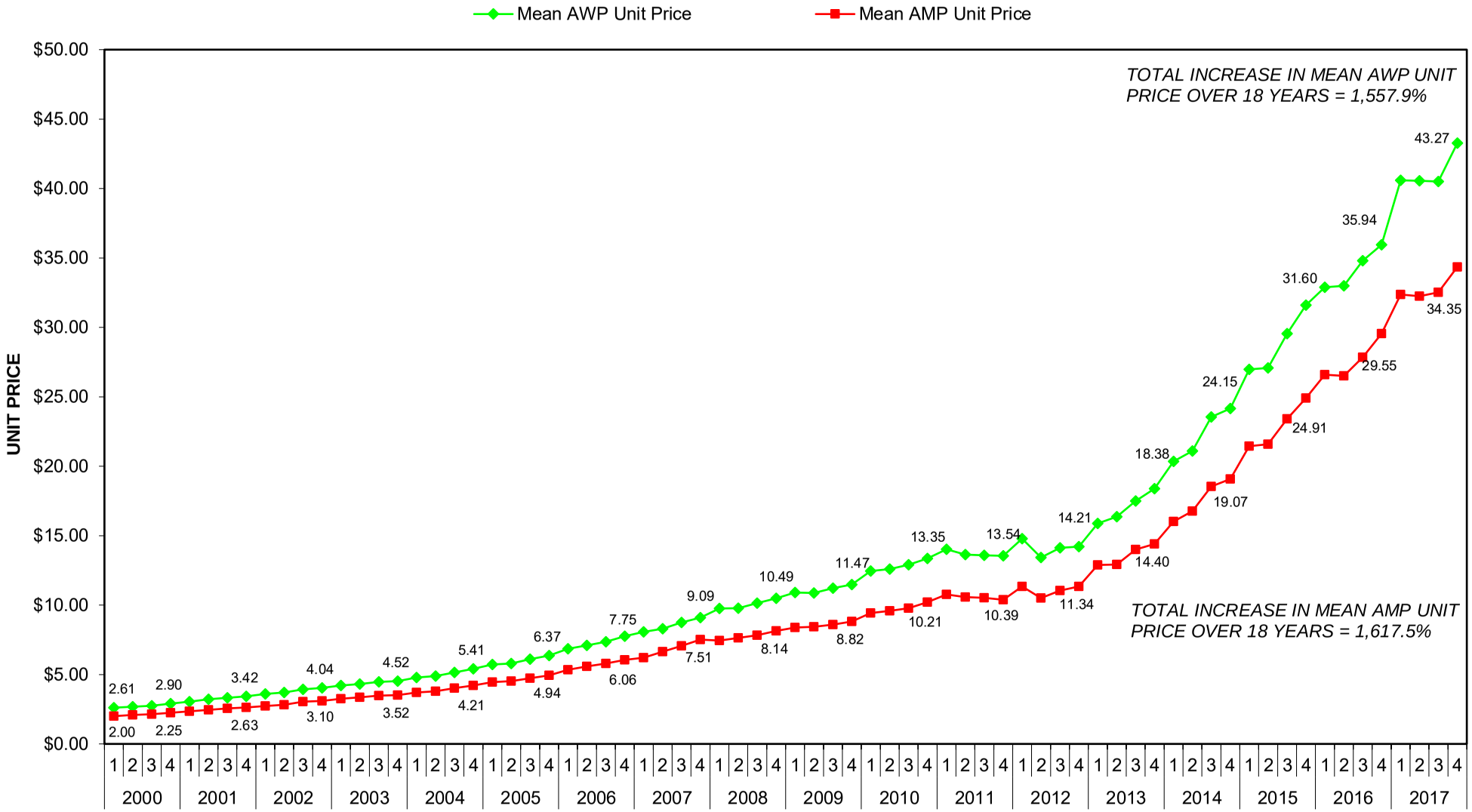
SOURCE: END-OF-MONTH PACE ENROLLED TAKEN FROM MR-0-01A REPORT, PARTICIPATING TAKEN FROM CLAIMS HISTORY BASED ON DATE OF SERVICE

FIGURE 2.5B
PACENET TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2007 - JANUARY 2018



SOURCE: END-OF-MONTH PACENET ENROLLED TAKEN FROM MR-0-01A REPORT, PARTICIPATING TAKEN FROM CLAIMS HISTORY BASED ON DATE OF SERVICE

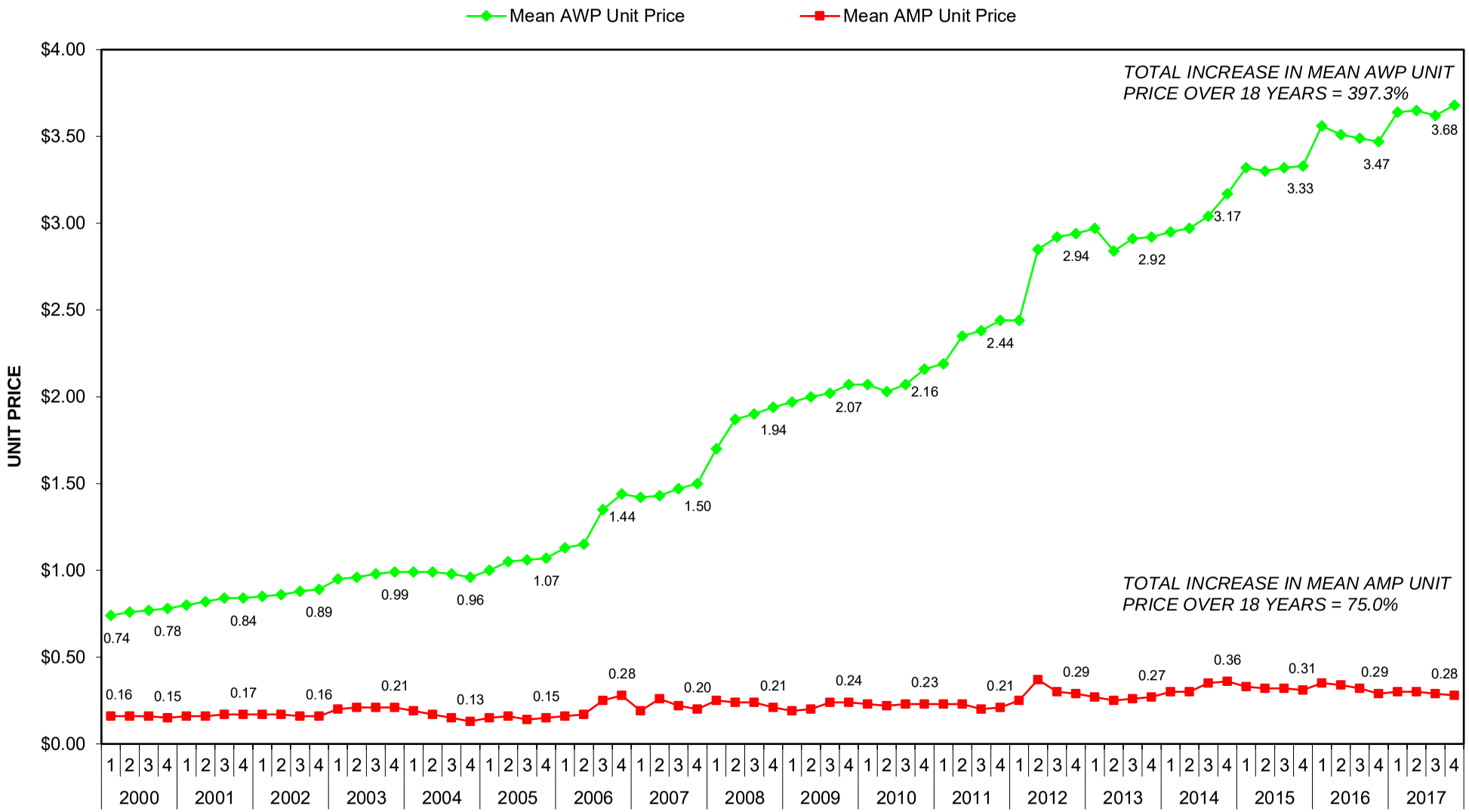
FIGURE 2.6A
PACE AVERAGE WHOLESALE PRICE (AWP) AND AVERAGE MANUFACTURER'S PRICE (AMP)
BRAND PRODUCTS ONLY, BY QUARTER
JANUARY 2000 - DECEMBER 2017



SOURCE: PACE CLAIMS HISTORY AND MANUFACTURERS' REBATE HISTORY

NOTE: DATA INCLUDE CLAIMS FOR NDC'S FOR WHICH REBATE AMP DATA ARE AVAILABLE FOR ANY QUARTER IN 2000-2017.

FIGURE 2.6B
PACE AVERAGE WHOLESALE PRICE (AWP) AND AVERAGE MANUFACTURER'S PRICE (AMP)
GENERIC PRODUCTS ONLY, BY QUARTER
JANUARY 2000 - DECEMBER 2017



SOURCE: PACE CLAIMS HISTORY AND MANUFACTURERS' REBATE HISTORY
NOTE: DATA INCLUDE CLAIMS FOR NDC'S FOR WHICH REBATE AMP DATA ARE AVAILABLE FOR ANY QUARTER IN 2000-2017.

SECTION 3

PROGRAM DATA BY DATE OF PAYMENT

pennsylvania
DEPARTMENT OF AGING

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2017

		PACE			PACENET		
SEMI-ANNUAL PERIOD	NUMBER OF WEEKS	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM
JUL-DEC 1984	26	2,101,419	$20,714,685	$9.86			
JAN-JUN 1985	26	3,475,440	$36,579,102	$10.53			
1st YEAR TOTAL		5,576,859	$57,293,787	$10.27			
JUL-DEC 1985	26	4,372,468	$50,616,334	$11.58			
JAN-JUN 1986	26	4,966,536	$61,368,193	$12.36			
2nd YEAR TOTAL		9,339,004	$111,984,527	$11.99			
JUL-DEC 1986	26	5,237,141	$68,786,114	$13.13			
JAN-JUN 1987	26	5,257,747	$72,761,148	$13.84			
3rd YEAR TOTAL		10,494,888	$141,547,262	$13.49			
JUL-DEC 1987	27	5,515,827	$80,237,477	$14.55			
JAN-JUN 1988	25	5,440,743	$84,469,697	$15.53			
4th YEAR TOTAL		10,956,570	$164,707,174	$15.03			
JUL-DEC 1988	27	6,055,327	$99,192,197	$16.38			
JAN-JUN 1989	26	5,937,088	$103,781,619	$17.48			
5th YEAR TOTAL		11,992,415	$202,973,816	$16.93			
JUL-DEC 1989	26	5,709,497	$106,600,899	$18.67			
JAN-JUN 1990	26	5,544,295	$110,848,137	$19.99			
6th YEAR TOTAL		11,253,792	$217,449,036	$19.32			
JUL-DEC 1990	26	5,352,797	$112,293,188	$20.98			
JAN-JUN 1991	26	5,453,044	$117,814,625	$21.61			
7th YEAR TOTAL		10,805,841	$230,107,813	$21.29			
JUL-DEC 1991	26	5,073,452	$115,304,410	$22.73			
JAN-JUN 1992	26	4,816,750	$115,596,910	$24.00			
8th YEAR TOTAL		9,890,202	$230,901,320	$23.35			
JUL-DEC 1992	26	4,724,142	$115,980,339	$24.55			
JAN-JUN 1993	26	4,403,096	$108,876,491	$24.73			
9th YEAR TOTAL		9,127,238	$224,856,830	$24.64			
JUL-DEC 1993	26	4,729,097	$118,778,523	$25.12			
JAN-JUN 1994	26	4,341,896	$111,401,456	$25.66			
10th YEAR TOTAL		9,070,993	$230,179,979	$25.38			
JUL-DEC 1994	26	4,721,702	$122,294,905	$25.90			
JAN-JUN 1995	27	4,228,653	$111,136,630	$26.28			
11th YEAR TOTAL		8,950,355	$233,431,535	$26.08			
JUL-DEC 1995	26	4,895,160	$131,701,547	$26.90			
JAN-JUN 1996	26	4,443,096	$121,066,818	$27.25			
12th YEAR TOTAL		9,338,256	$252,768,365	$27.07			
JUL-DEC 1996	26	4,334,551	$119,612,179	$27.60	540	$23	$0.04
JAN-JUN 1997	26	4,523,225	$116,697,725	$25.80	74,647	$586,350	$7.85
13th YEAR TOTAL		8,857,776	$236,309,904	$26.68	75,187	$586,373	$7.80
JUL-DEC 1997	26	4,546,360	$121,880,844	$26.81	150,263	$2,680,675	$17.84
JAN-JUN 1998	26	4,497,031	$126,776,785	$28.19	171,797	$2,860,833	$16.65
14th YEAR TOTAL		9,043,391	$248,657,629	$27.50	322,060	$5,541,508	$17.21

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2017

		PACE			PACENET		
SEMI-ANNUAL PERIOD	NUMBER OF WEEKS	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM
JUL-DEC 1998	26	4,504,394	$134,229,706	$29.80	233,277	$4,737,561	$20.31
JAN-JUN 1999	26	4,220,448	$139,246,165	$32.99	256,109	$5,410,383	$21.13
15th YEAR TOTAL		8,724,842	$273,475,871	$31.34	489,386	$10,147,944	$20.74
JUL-DEC 1999	26	4,456,680	$153,781,999	$34.51	310,165	$7,421,422	$23.93
JAN-JUN 2000	26	4,453,977	$160,846,800	$36.11	339,250	$8,389,295	$24.73
16th YEAR TOTAL		8,910,657	$314,628,799	$35.31	649,415	$15,810,717	$24.35
JUL-DEC 2000	26	4,538,814	$170,118,213	$37.48	382,379	$10,200,170	$26.68
JAN-JUN 2001	26	4,536,651	$177,830,053	$39.20	420,529	$11,319,858	$26.92
17th YEAR TOTAL		9,075,465	$347,948,266	$38.34	802,908	$21,520,028	$26.80
JUL-DEC 2001	26	4,635,934	$189,489,307	$40.87	480,559	$13,924,106	$28.97
JAN-JUN 2002	26	4,554,962	$194,745,251	$42.75	542,321	$16,348,022	$30.14
18th YEAR TOTAL		9,190,896	$384,234,558	$41.81	1,022,880	$30,272,128	$29.59
JUL-DEC 2002	26	4,615,282	$203,947,092	$44.19	615,169	$20,100,929	$32.68
JAN-JUN 2003	26	4,554,809	$208,208,623	$45.71	644,320	$21,608,906	$33.54
19th YEAR TOTAL		9,170,091	$412,155,715	$44.95	1,259,489	$41,709,835	$33.12
JUL-DEC 2003	26	4,688,095	$221,734,037	$47.30	722,537	$25,698,628	$35.57
JAN-JUN 2004	26	4,581,399	$205,908,844	$44.94	1,268,014	$47,385,206	$37.37
20th YEAR TOTAL		9,269,494	$427,642,881	$46.13	1,990,551	$73,083,834	$36.72
JUL-DEC 2004	26	4,646,945	$178,347,082	$38.38	1,922,663	$71,852,034	$37.37
JAN-JUN 2005	26	4,613,122	$166,886,748	$36.18	2,178,944	$81,479,300	$37.39
21st YEAR TOTAL		9,260,067	$345,233,830	$37.28	4,101,607	$153,331,334	$37.38
JUL-DEC 2005	26	4,632,516	$208,781,508	$45.07	2,451,200	$96,468,947	$39.36
JAN-JUN 2006	26	4,484,886	$196,409,910	$43.79	2,708,585	$100,489,805	$37.10
22nd YEAR TOTAL		9,117,402	$405,191,418	$44.44	5,159,785	$196,958,752	$38.17
JUL-DEC 2006	26	4,074,738	$126,753,319	$31.11	2,686,230	$77,256,980	$28.76
JAN-JUN 2007	26	3,642,398	$82,054,486	$22.53	2,633,012	$59,270,762	$22.51
23rd YEAR TOTAL		7,717,136	$208,807,805	$27.06	5,319,242	$136,527,742	$25.67
JUL-DEC 2007	26	3,491,014	$99,077,033	$28.38	2,688,584	$85,271,656	$31.72
JAN-JUN 2008	26	3,015,416	$70,145,582	$23.26	2,947,413	$67,641,825	$22.95
24th YEAR TOTAL		6,506,430	$169,222,615	$26.01	5,635,997	$152,913,481	$27.13
JUL-DEC 2008	26	2,882,322	$76,213,073	$26.44	3,082,226	$89,890,137	$29.16
JAN-JUN 2009	26	2,675,602	$55,324,827	$20.68	2,960,252	$66,702,151	$22.53
25th YEAR TOTAL		5,557,924	$131,537,900	$23.67	6,042,478	$156,592,288	$25.92
JUL-DEC 2009	26	2,560,054	$63,361,329	$24.75	3,031,954	$91,430,885	$30.16
JAN-JUN 2010	26	2,380,428	$56,111,899	$23.57	2,824,223	$76,675,981	$27.15
26th YEAR TOTAL		4,940,482	$119,473,228	$24.18	5,856,177	$168,106,866	$28.71
JUL-DEC 2010	26	2,182,334	$61,837,441	$28.34	2,853,692	$101,435,537	$35.55
JAN-JUN 2011	26	2,226,942	$45,437,610	$20.40	3,102,948	$65,404,599	$21.08
27th YEAR TOTAL		4,409,276	$107,275,051	$24.33	5,956,640	$166,840,136	$28.01

TABLE 3.1
PACE AND PACENET CLAIMS AND EXPENDITURES PAID BY FISCAL YEAR
JULY 1984 - DECEMBER 2017

		PACE			PACENET		
SEMI-ANNUAL PERIOD	NUMBER OF WEEKS	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM	NUMBER OF PROCESSED CLAIMS	EXPENDITURES	AVERAGE STATE SHARE PER PROCESSED CLAIM
JUL-DEC 2011	26	2,067,181	$42,933,134	$20.77	3,072,410	$63,057,042	$20.52
JAN-JUN 2012	26	2,093,727	$42,352,837	$20.23	3,035,747	$64,106,702	$21.12
28th YEAR TOTAL		4,160,908	$85,285,971	$20.50	6,108,157	$127,163,744	$20.82
JUL-DEC 2012	26	1,924,040	$36,823,185	$19.14	2,963,999	$58,046,309	$19.58
JAN-JUN 2013	26	1,853,713	$36,063,995	$19.46	2,897,931	$57,828,530	$19.96
29th YEAR TOTAL		3,777,753	$72,887,180	$19.29	5,861,930	$115,874,839	$19.77
JUL-DEC 2013	26	1,597,139	$31,742,735	$19.87	2,702,648	$55,057,471	$20.37
JAN-JUN 2014	26	1,618,419	$32,581,671	$20.13	2,725,253	$59,253,137	$21.74
30th YEAR TOTAL		3,215,558	$64,324,406	$20.00	5,427,901	$114,310,608	$21.06
JUL-DEC 2014	26	1,502,786	$33,987,697	$22.62	2,747,734	$64,145,379	$23.34
JAN-JUN 2015	26	1,624,984	$38,884,586	$23.93	2,416,591	$58,704,418	$24.29
31st YEAR TOTAL		3,127,770	$72,872,283	$23.30	5,164,325	$122,849,797	$23.79
JUL-DEC 2015	26	1,516,584	$38,439,507	$25.35	2,460,486	$62,701,593	$25.48
JAN-JUN 2016	26	1,319,238	$34,553,410	$26.19	2,196,151	$58,024,327	$26.42
32nd YEAR TOTAL		2,835,822	$72,992,917	$25.74	4,656,637	$120,725,920	$25.93
JUL-DEC 2016	26	1,273,641	$30,139,538	$23.66	2,308,846	$56,645,234	$24.53
JAN-JUN 2017	26	1,190,948	$27,952,515	$23.47	2,205,198	$54,130,734	$24.55
33rd YEAR TOTAL		2,464,589	$58,092,053	$23.57	4,514,044	$110,775,968	$24.54
JUL-DEC 2017	26	1,107,369	$26,403,238	$23.84	2,121,702	$50,203,704	$23.66
34th YEAR-TO-DATE TOTAL		1,107,369	$26,403,238	$23.84	2,121,702	$50,203,704	$23.66
CUMULATIVE TOTAL		261,398,419	$6,968,140,933	$26.66	84,646,655	$2,219,011,290	$26.21

SOURCE: PDA/MR-0-01A/CARDHOLDER FILE; PDA/MRW200-01 & MRM400-01

NOTE: FOR PACE, THE STATE SHARE IS THE AMOUNT PAID BY THE PACE PROGRAM FOR EACH CLAIM. THE STATE SHARE PER PROCESSED CLAIM DOES NOT REFLECT REBATES FROM MANUFACTURERS, RECOUPMENTS FROM INSURANCE CARRIERS, OR AUDIT DISALLOWANCES RECEIVED FROM PROVIDERS AND ENROLLEES. THE NUMBER OF CLAIMS INCLUDES ALL ORIGINAL, DEBIT, CREDIT AND VOID CLAIMS. SOME CLAIMS, THEREFORE, DO NOT HAVE A PAYMENT ASSOCIATED WITH THEM. THE STATE SHARE PER ORIGINAL, PAID CLAIM WOULD BE HIGHER THAN THE VALUES SHOWN ON THIS TABLE.

FOR PACENET, THE STATE SHARE IS THE AMOUNT PAID BY THE PACENET PROGRAM WHEN THE COST OF THE CLAIM(S) EXCEEDS THE MONTHLY DEDUCTIBLE PREMIUM AMOUNT PLUS THE COPAYMENT. THE NUMBER OF PROCESSED CLAIMS INCLUDES ALL ORIGINAL, DEBIT, CREDIT AND VOID CLAIMS AND CLAIMS WITHOUT A STATE SHARE PAYMENT IN THE PREMIUM DEDUCTIBLE PHASE AND ALL OTHER CLAIMS WITH A STATE SHARE PAYMENT. THEREFORE, THE STATE SHARE PER CLAIM ON THIS TABLE IS LOWER THAN THE STATE SHARE FOR CLAIMS BEYOND THE PREMIUM DEDUCTIBLE PHASE. THE STATE SHARE PER PROCESSED CLAIM DOES NOT REFLECT REBATES FROM MANUFACTURERS, RECOUPMENTS FROM INSURANCE CARRIERS, OR AUDIT DISALLOWANCES RECEIVED FROM PROVIDERS AND ENROLLEES.

Reimbursement formulas for PACE:

July 1, 1984 - June 30, 1985: The lesser of either the Average Wholesale Price (AWP) plus a $2.50 dispensing fee or the Usual and Customary Charge (U&C), then subtracting a $4.00 cardholder payment.

July 1, 1985 - June 30, 1991: The lesser of either the AWP plus a $2.75 dispensing fee or the U&C, then subtracting a $4.00 cardholder payment.

July 1, 1991 - November 21, 1996: Same as above with copayment increased to $6.00.

November 22, 1996 - December 31, 2003: The lesser of either the AWP minus 10% plus a $3.50 dispensing fee, or the U&C, then subtracting a $6.00 copayment.

Reimbursement formulas for PACE (continued):

January 1, 2004 - November 30, 2016: The lesser of either AWP minus 12% plus a $4.00 dispensing fee, or the U&C, or the Federal Upper Limit for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $6.00 for generics and $9.00 for brand products.

December 1, 2016 - November 19, 2017: The lesser of either the National Average Drug Acquisition Cost (NADAC) plus a $13.00 dispensing fee or the U&C, then subtracting a copayment of $6.00 for generics and $9.00 for brand products. The Wholesale Acquisition Cost (WAC) plus 3.2% plus a $13.00 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.

November 10, 2017 - Present: The lesser of either NADAC plus a $10.49 dispensing fee or the U&C, then subtracting a copayment of $6.00 for generics and $9.00 for brand products. WAC plus 3.2% plus a $10.49 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.

June 2004 - Present: Average state share per claim reflects savings from Medicare Part D.

Reimbursement formulas for PACENET:

November 22, 1996 - December 31, 2003: The lesser of either AWP minus 10% plus a $3.50 dispensing fee, or the U&C, then subtracting a copayment of $8.00 for generics and $15.00 for brand products.

January 1, 2004 - July 9, 2006: The lesser of either AWP minus 10% plus a $4.00 dispensing fee, or the U&C, or the FUL for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. The copayment can be adjusted annually.

July 10, 2006 - November 30, 2016: The lesser of either AWP minus 12% plus a $4.00 dispensing fee, or the U&C, or the FUL for a generic product plus a $4.00 dispensing fee, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. The copayment can be adjusted annually.

December 1, 2016 - November 19, 2017: The lesser of either the National Average Drug Acquisition Cost (NADAC) plus a $13.00 dispensing fee or the U&C, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. WAC plus 3.2% plus a $13.00 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.

November 20, 2017 - Present: The lesser of either the NADAC plus a $10.49 dispensing fee or the U&C, then subtracting a copayment of $8.00 for generics and $15.00 for brand products. WAC plus 3.2% plus a $10.49 dispensing fee, then subtracting the copayment, is used when NADAC is unavailable.

June 2004 - Present: Average state share per claim reflects savings from Medicare Part D.

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	EXPENDITURES	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	005970075	$1,843,213	3.38	1	12,234	0.53	6	RESPIRATORY AGENT
BRISTOL-MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	$1,430,247	2.62	2	10,296	0.45	13	ANTICOAGULANT
BRISTOL-MYERS SQUIBB	ELIQUIS	5 MG	000030894	$1,415,071	2.59	3	11,295	0.49	9	ANTICOAGULANT
GLAXOSMITHKLINE	ADVAIR DISKUS	250-50 MCG	001730696	$902,067	1.65	4	9,805	0.42	16	RESPIRATORY AGENT
SANOFI	LANTUS SOLOSTAR	100/ML	000882219	$875,329	1.60	5	9,109	0.39	20	DIABETES TREATMENT
MERCK	JANUVIA	100 MG	000060277	$787,900	1.44	6	8,335	0.36	26	DIABETES TREATMENT
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	$785,725	1.44	7	8,347	0.36	25	ANTICOAGULANT
PHARMACYCLICS	IMBRUVICA	140 MG	579620140	$629,049	1.15	8	152	0.01	2,155	ANTINEOPLASTIC AGENT
ASTRA ZENECA	SYMBICORT	160-4.5MCG	001860370	$575,555	1.05	9	5,580	0.24	53	RESPIRATORY AGENT
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	$533,654	0.98	10	4,539	0.20	80	DIABETES TREATMENT
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	$531,639	0.97	11	4,406	0.19	86	DIABETES TREATMENT
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	$497,564	0.91	12	4,599	0.20	78	ANTICOAGULANT
ALLERGAN	LUMIGAN	0.01 %	000233205	$488,412	0.89	13	7,514	0.33	30	GLAUCOMA TREATMENT
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML	001696438	$477,673	0.87	14	4,831	0.21	72	DIABETES TREATMENT
ALLERGAN	RESTASIS	0.05 %	000239163	$441,118	0.81	15	3,460	0.15	124	DRY EYE TREATMENT
GILEAD SCIENCES	HARVONI	90MG-400MG	619581801	$440,459	0.81	16	22	0.00	5,109	HEPATITIS C TREATMENT
ELI LILLY	HUMALOG KWIKPEN	100/ML	000028799	$435,480	0.80	17	1,759	0.08	287	DIABETES TREATMENT
MERCK	JANUVIA	50 MG	000060112	$429,093	0.79	18	4,759	0.21	75	DIABETES TREATMENT
FOREST	NAMENDA XR	28 MG	004563428	$423,295	0.78	19	2,605	0.11	176	ALZHEIMER'S DISEASE TREATMENT
PAR	EZETIMIBE	10 MG	498840228	$410,011	0.75	20	5,132	0.22	61	LIPID-LOWERING AGENT
NOVARTIS	TRAVATAN Z	0.004 %	000650260	$396,749	0.73	21	5,860	0.25	45	GLAUCOMA TREATMENT
ASTELLAS	VESICARE	5 MG	512480150	$376,062	0.69	22	3,786	0.16	102	OVERACTIVE BLADDER TREATMENT
ELI LILLY	FORTEO	20MCG/DOSE	000028400	$337,656	0.62	23	456	0.02	1,001	OSTEOPOROSIS TREATMENT
SANOFI	LANTUS	100/ML	000882220	$336,319	0.62	24	4,326	0.19	88	DIABETES TREATMENT
GLAXOSMITHKLINE	ADVAIR DISKUS	500-50 MCG	001730697	$333,521	0.61	25	2,759	0.12	168	RESPIRATORY AGENT
PFIZER	IBRANCE	125 MG	000690189	$318,590	0.58	26	75	0.00	3,127	CHEMOTHERAPEUTIC AGENT
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970135	$306,239	0.56	27	3,212	0.14	137	ANTICOAGULANT
NOVO NORDISK	NOVOLOG MIX 70-30	70-30/ML	001693696	$302,990	0.55	28	1,823	0.08	273	DIABETES TREATMENT
ASTELLAS	MYRBETRIQ	25 MG	004692601	$292,007	0.53	29	2,846	0.12	161	OVERACTIVE BLADDER TREATMENT
MERCK	ZETIA	10 MG	665820414	$291,831	0.53	30	3,247	0.14	136	LIPID-LOWERING AGENT
ASTRA ZENECA	NEXIUM	40 MG	001865040	$281,635	0.52	31	3,577	0.15	115	GASTROINTESTINAL AGENT
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	$279,736	0.51	32	1,764	0.08	286	DIABETES TREATMENT

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	EXPENDITURES	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
ASTELLAS	MYRBETRIQ	50 MG	004692602	$276,796	0.51	33	2,869	0.12	160	OVERACTIVE BLADDER TREATMENT
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	$275,634	0.50	34	1,748	0.08	291	RESPIRATORY AGENT
GLAXOSMITHKLINE	VENTOLIN HFA	90 MCG	001730682	$265,822	0.49	35	14,589	0.63	1	RESPIRATORY AGENT
ASTELLAS	VESICARE	10 MG	512480151	$263,124	0.48	36	3,001	0.13	149	OVERACTIVE BLADDER TREATMENT
BOEHRINGER INGELHEIM	COMBIVENT RESPIMAT	20-100 MCG	005970024	$262,402	0.48	37	2,831	0.12	165	RESPIRATORY AGENT
TAKEDA	DEXILANT	60 MG	647640175	$256,805	0.47	38	3,271	0.14	134	GASTROINTESTINAL AGENT
PFIZER	PREMARIN	0.625 MG/G	000460872	$246,195	0.45	39	1,343	0.06	384	ESTROGEN REPLACEMENT
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	$241,693	0.44	40	3,588	0.16	111	RESPIRATORY AGENT
GILEAD SCIENCES	RANEXA	500 MG	619581003	$241,437	0.44	41	2,571	0.11	180	CHRONIC ANGINA TREATMENT
PFIZER	LYRICA	75 MG	000711014	$229,896	0.42	42	2,262	0.10	209	ANTICONVULSANT
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	$229,248	0.42	43	2,834	0.12	164	RESPIRATORY AGENT
ALLERGAN	COMBIGAN	0.2%-0.5%	000239211	$220,990	0.40	44	3,726	0.16	104	GLAUCOMA TREATMENT
AMGEN	PROLIA	60 MG/ML	555130710	$220,458	0.40	45	531	0.02	887	OSTEOPOROSIS TREATMENT
ELI LILLY	CIALIS	5 MG	000024462	$220,336	0.40	46	832	0.04	613	PROSTATE HYPERPLASIA TREATMENT
ABBOTT	HUMIRA PEN CROHN-UC-HS	40MG/0.8ML	000744339	$216,557	0.40	47	301	0.01	1,384	GASTROINTESTINAL AGENT
SHIRE	LIALDA	1.2 G	540920476	$202,294	0.37	48	560	0.02	850	GASTROINTESTINAL AGENT
PFIZER	IBRANCE	100 MG	000690188	$198,902	0.36	49	39	0.00	4,154	CHEMOTHERAPEUTIC AGENT
AMGEN	ENBREL SURECLICK	50 MG/ML	584060445	$198,855	0.36	50	153	0.01	2,142	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
BECTON DICKINSON	BD ULTRA-FINE PEN NEEDLE	32GX 5/32"	082903201	$99,750	0.18	92	6,960	0.30	33	DIABETES TREATMENT SUPPLIES
STRIDES	VITAMIN D2	50000 UNIT	643800737	$51,585	0.09	172	8,463	0.37	23	VITAMIN SUPPLEMENT
WATSON	METOPROLOL SUCCINATE	25 MG	620370830	$48,262	0.09	180	9,762	0.42	17	BETA BLOCKER
MYLAN	LEVOTHYROXINE SODIUM	75 MCG	003781805	$46,826	0.09	184	10,072	0.44	15	THYROID REPLACEMENT
MYLAN	LEVOTHYROXINE SODIUM	50 MCG	003781803	$46,708	0.09	185	11,263	0.49	10	THYROID REPLACEMENT
SANDOZ	POTASSIUM CHLORIDE	20 MEQ	007815720	$45,220	0.08	189	9,363	0.41	19	ELECTROLYTE
WATSON	METOPROLOL SUCCINATE	50 MG	620370831	$42,564	0.08	199	8,738	0.38	22	BETA BLOCKER
APOTEX	ATORVASTATIN CALCIUM	20 MG	605052579	$31,499	0.06	254	13,264	0.57	5	LIPID-LOWERING AGENT
BIONPHARMA	VITAMIN D2	50000 UNIT	694520151	$31,473	0.06	255	5,865	0.25	44	VITAMIN SUPPLEMENT
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	$31,085	0.06	258	13,476	0.58	3	LIPID-LOWERING AGENT
QUALITEST	FOLIC ACID	1 MG	006033162	$30,272	0.06	269	5,750	0.25	47	VITAMIN SUPPLEMENT
WATSON	POTASSIUM CHLORIDE	20 MEQ	620370999	$29,617	0.05	273	5,762	0.25	46	ELECTROLYTE
CITRON	TAMSULOSIN HCL	0.4 MG	572370014	$28,545	0.05	282	7,915	0.34	27	PROSTATE HYPERPLASIA TREATMENT
MYLAN	LEVOTHYROXINE SODIUM	100 MCG	003781809	$26,786	0.05	294	6,343	0.27	40	THYROID REPLACEMENT
APOTEX	ATORVASTATIN CALCIUM	10 MG	605052578	$25,237	0.05	313	11,017	0.48	11	LIPID-LOWERING AGENT

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	EXPENDITURES	% OF ALL EXPENDI-TURES	RANK BY EXPENDI-TURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
MYLAN	LEVOTHYROXINE SODIUM	25 MCG	003781800	$24,374	0.04	324	6,420	0.28	39	THYROID REPLACEMENT
DR REDDY'S	METOPROLOL SUCCINATE	25 MG	551110466	$23,812	0.04	328	5,731	0.25	49	BETA BLOCKER
APOTEX	PRAVASTATIN SODIUM	40 MG	605050170	$22,137	0.04	350	5,726	0.25	50	LIPID-LOWERING AGENT
SANDOZ	LATANOPROST	0.005 %	613140547	$21,601	0.04	359	5,735	0.25	48	GLAUCOMA TREATMENT
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	$19,806	0.04	393	10,256	0.44	14	GASTROINTESTINAL AGENT
AUROBINDO	CLOPIDOGREL	75 MG	658620357	$17,874	0.03	425	9,737	0.42	18	ANTIPLATELET AGENT
SANDOZ	OMEPRAZOLE	20 MG	007812790	$17,145	0.03	438	10,922	0.47	12	GASTROINTESTINAL AGENT
SOLCO HEALTHCARE	DONEPEZIL HCL	10 MG	435470276	$16,765	0.03	449	7,299	0.32	31	ALZHEIMER'S DISEASE TREATMENT
CIPLA USA	GABAPENTIN	300 MG	690970814	$14,505	0.03	495	6,477	0.28	38	ANTICONVULSANT
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	$14,331	0.03	503	8,910	0.39	21	GASTROINTESTINAL AGENT
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	$14,309	0.03	506	11,982	0.52	8	GASTROINTESTINAL AGENT
MYLAN	METOPROLOL TARTRATE	25 MG	003780018	$14,102	0.03	513	12,168	0.53	7	BETA BLOCKER
APOTEX	CLOPIDOGREL	75 MG	605050253	$13,311	0.02	535	6,834	0.30	35	ANTIPLATELET AGENT
MYLAN	PANTOPRAZOLE SODIUM	40 MG	003786689	$12,295	0.02	563	6,279	0.27	43	GASTROINTESTINAL AGENT
MYLAN	AMLODIPINE BESYLATE	5 MG	003785209	$11,998	0.02	587	7,577	0.33	28	CALCIUM CHANNEL BLOCKER
MYLAN	FUROSEMIDE	20 MG	003780208	$11,614	0.02	601	14,394	0.62	2	DIURETIC
WATSON	LORAZEPAM	0.5 MG	005910240	$11,353	0.02	612	7,560	0.33	29	ANXIOLYTIC
ACCORD HEALTHCARE	CLOPIDOGREL	75 MG	167290218	$10,369	0.02	657	6,903	0.30	34	ANTIPLATELET AGENT
MYLAN	FUROSEMIDE	40 MG	003780216	$10,368	0.02	658	13,294	0.58	4	DIURETIC
CARACO	METOPROLOL TARTRATE	25 MG	576640506	$10,038	0.02	668	6,976	0.30	32	BETA BLOCKER
AUROBINDO	METOPROLOL TARTRATE	50 MG	658620063	$9,549	0.02	701	6,500	0.28	37	BETA BLOCKER
CIPLA USA	GABAPENTIN	100 MG	690970813	$9,056	0.02	727	6,315	0.27	42	ANTICONVULSANT
MYLAN	METOPROLOL TARTRATE	50 MG	003780032	$7,269	0.01	878	6,323	0.27	41	BETA BLOCKER
ACCORD HEALTHCARE	HYDROCHLOROTHIAZIDE	25 MG	167290183	$6,486	0.01	967	8,348	0.36	24	DIURETIC
TEVA	TRAMADOL HCL	50 MG	000930058	$4,785	0.01	1,225	6,590	0.29	36	ANALGESIC NARCOTIC AGENT
	TOTAL 90 PRODUCTS			$23,438,014	42.93		538,828	23.33		
	TOTAL ALL PRODUCTS			$54,594,130	100.00		2,309,970	100.00		

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT FOR PACE ONLY, EXCLUDING PACENET.

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
BOEHRINGER INGELHEIM	SPIRIVA	18 MCG	005970075	$7,149,759	$3,244,669	$10,394,428	3.15	1	24,761	0.58	4
BRISTOL-MYERS SQUIBB	ELIQUIS	5 MG	000030894	$7,763,520	$3,135,422	$10,898,942	3.04	2	24,169	0.56	6
SANOFI	LANTUS SOLOSTAR	100/ML	000882219	$8,270,690	$2,399,985	$10,670,676	2.33	3	23,001	0.54	7
BRISTOL-MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	$5,093,068	$2,320,941	$7,414,009	2.25	4	17,110	0.40	19
GLAXOSMITHKLINE	ADVAIR DISKUS	250-50 MCG	001730696	$5,989,123	$2,078,695	$8,067,817	2.02	5	19,333	0.45	13
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	$7,010,532	$1,744,636	$8,755,168	1.69	6	12,523	0.29	33
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	$6,786,401	$1,744,278	$8,530,679	1.69	7	17,921	0.42	15
MERCK	JANUVIA	100 MG	000060277	$6,782,977	$1,569,731	$8,352,707	1.52	8	15,976	0.37	23
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML	001696438	$5,685,894	$1,412,013	$7,097,908	1.37	9	13,060	0.31	30
ASTRA ZENECA	SYMBICORT	160-4.5MCG	001860370	$2,943,442	$1,144,319	$4,087,761	1.11	10	11,987	0.28	38
ELI LILLY	HUMALOG KWIKPEN U-100	100/ML	000028799	$2,093,420	$1,084,342	$3,177,762	1.05	11	4,830	0.11	179
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	$3,373,351	$1,049,094	$4,422,445	1.02	12	9,180	0.21	59
SANOFI	LANTUS	100/ML	000882220	$3,521,640	$929,337	$4,450,978	0.90	13	9,740	0.23	52
MERCK	JANUVIA	50 MG	000060112	$3,566,475	$898,682	$4,465,157	0.87	14	8,824	0.21	65
GLAXOSMITHKLINE	ADVAIR DISKUS	500-50 MCG	001730697	$2,465,582	$843,877	$3,309,459	0.82	15	6,041	0.14	133
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	$2,984,772	$832,527	$3,817,299	0.81	16	8,127	0.19	76
NOVO NORDISK	NOVOLOG MIX 70-30 FLEXPEN	70-30/ML	001693696	$3,235,791	$828,525	$4,064,316	0.80	17	4,505	0.11	206
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	$3,437,325	$803,167	$4,240,492	0.78	18	4,926	0.12	175
ALLERGAN	LUMIGAN	0.01 %	000233205	$2,226,577	$773,430	$3,000,007	0.75	19	12,480	0.29	34
PAR	EZETIMIBE	10 MG	498840228	$1,588,770	$771,361	$2,360,131	0.75	20	8,568	0.20	68
FOREST	NAMENDA XR	28 MG	004563428	$1,255,256	$743,845	$1,999,101	0.72	21	4,737	0.11	186
AMGEN	ENBREL SURECLICK	50 MG/ML	584060445	$2,818,371	$729,531	$3,547,902	0.71	22	784	0.02	1,087
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970135	$2,221,668	$708,029	$2,929,697	0.69	23	6,435	0.15	117
ASTELLAS	XTANDI	40 MG	004690125	$2,666,211	$659,525	$3,325,736	0.64	24	344	0.01	1,910
ASTELLAS	VESICARE	5 MG	512480150	$1,446,205	$639,096	$2,085,300	0.62	25	5,475	0.13	147
ABBOTT	HUMIRA PEN PSORIASIS-	40MG/0.8ML	000744339	$3,945,513	$634,179	$4,579,692	0.62	26	903	0.02	951
GILEAD SCIENCES	RANEXA	500 MG	619581003	$1,548,246	$616,695	$2,164,941	0.60	27	5,271	0.12	157
SANOFI	TOUJEO SOLOSTAR	300/ML	000245869	$1,552,397	$593,635	$2,146,033	0.58	28	4,087	0.10	229
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	$1,287,663	$590,637	$1,878,300	0.57	29	4,640	0.11	195
ELI LILLY	FORTEO	20MCG/DOSE	000028400	$2,135,224	$560,964	$2,696,188	0.54	30	919	0.02	936
NOVARTIS	TRAVATAN Z	0.004 %	000650260	$1,449,335	$560,544	$2,009,879	0.54	31	9,001	0.21	62
PFIZER	LYRICA	75 MG	000711014	$1,578,665	$546,442	$2,125,106	0.53	32	4,410	0.10	211
ALLERGAN	RESTASIS	0.05 %	000239163	$2,641,631	$544,933	$3,186,565	0.53	33	5,206	0.12	162

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
BOEHRINGER INGELHEIM	COMBIVENT RESPIMAT	20-100 MCG	005970024	$1,355,059	$542,470	$1,897,530	0.53	34	4,824	0.11	180
PHARMACYCLICS	IMBRUVICA	140 MG	579620140	$2,972,421	$537,528	$3,509,950	0.52	35	353	0.01	1,880
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	$2,155,339	$527,943	$2,683,282	0.51	36	7,689	0.18	88
JOHNSON & JOHNSON	ZYTIGA	250 MG	578940150	$2,698,148	$515,757	$3,213,906	0.50	37	363	0.01	1,846
SANOFI	MULTAQ	400 MG	000244142	$1,453,156	$509,617	$1,962,774	0.49	38	2,860	0.07	337
MERCK	ZETIA	10 MG	665820414	$1,690,866	$502,599	$2,193,466	0.49	39	5,653	0.13	141
ASTELLAS	MYRBETRIQ	25 MG	004692601	$1,329,236	$498,165	$1,827,401	0.48	40	4,927	0.12	174
ASTELLAS	VESICARE	10 MG	512480151	$1,291,730	$488,647	$1,780,377	0.47	41	4,563	0.11	200
NOVO NORDISK	NOVOLOG	100/ML	001697501	$2,253,826	$487,337	$2,741,162	0.47	42	4,926	0.12	176
ASTELLAS	MYRBETRIQ	50 MG	004692602	$1,456,727	$485,476	$1,942,203	0.47	43	5,031	0.12	168
ELI LILLY	HUMALOG MIX 75-25 KWIKPEN	75-25/ML	000028797	$910,262	$479,769	$1,390,032	0.47	44	1,542	0.04	619
GLAXOSMITHKLINE	VENTOLIN HFA	90 MCG	001730682	$1,084,083	$474,995	$1,559,078	0.46	45	25,734	0.60	3
PFIZER	LYRICA	50 MG	000711013	$1,321,927	$467,110	$1,789,036	0.45	46	3,794	0.09	247
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	$1,720,242	$456,271	$2,176,513	0.44	47	5,733	0.13	138
SALIX	XIFAXAN	550 MG	656490303	$1,009,485	$445,932	$1,455,417	0.43	48	787	0.02	1,083
GLAXOSMITHKLINE	INCRUSE ELLIPTA	62.5 MCG	001730873	$1,675,783	$430,542	$2,106,324	0.42	49	5,606	0.13	145
TAKEDA	DEXILANT	60 MG	647640175	$1,122,384	$412,132	$1,534,516	0.40	50	4,690	0.11	191
BECTON DICKINSON	BD ULTRA-FINE PEN NEEDLE	32GX 5/32"	082903201	$541,956	$235,152	$777,108	0.23	80	15,584	0.36	24
SANDOZ	POTASSIUM CHLORIDE	20 MEQ	007815720	$306,094	$57,726	$363,820	0.06	259	17,014	0.40	20
WATSON	METOPROLOL SUCCINATE	25 MG	620370830	$272,420	$47,184	$319,603	0.05	304	17,368	0.41	17
CITRON	TAMSULOSIN HCL	0.4 MG	572370014	$313,548	$45,305	$358,853	0.04	317	19,798	0.46	12
WATSON	METOPROLOL SUCCINATE	50 MG	620370831	$248,822	$42,308	$291,130	0.04	335	15,059	0.35	26
STRIDES	VITAMIN D2	50000 UNIT	643800737	$100,941	$38,970	$139,911	0.04	356	12,198	0.29	35
MYLAN	LEVOTHYROXINE SODIUM	75 MCG	003781805	$261,557	$38,938	$300,494	0.04	357	16,946	0.40	21
MYLAN	LEVOTHYROXINE SODIUM	50 MCG	003781803	$268,349	$35,615	$303,964	0.03	382	18,620	0.44	14
WATSON	POTASSIUM CHLORIDE	20 MEQ	620370999	$165,696	$33,911	$199,607	0.03	399	9,808	0.23	50
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	$334,088	$32,422	$366,510	0.03	416	27,272	0.64	1
MYLAN	LEVOTHYROXINE SODIUM	100 MCG	003781809	$185,185	$28,713	$213,898	0.03	444	11,664	0.27	40
DR REDDY'S	METOPROLOL SUCCINATE	25 MG	551110466	$158,749	$28,502	$187,251	0.03	448	10,372	0.24	47
CIPLA USA	GABAPENTIN	300 MG	690970814	$133,643	$20,501	$154,144	0.02	573	11,783	0.28	39
APOTEX	ATORVASTATIN CALCIUM	20 MG	605052579	$251,940	$20,305	$272,246	0.02	578	21,320	0.50	9
SOLCO HEALTHCARE	DONEPEZIL HCL	10 MG	435470276	$119,549	$19,640	$139,189	0.02	593	13,562	0.32	28

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2017

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL	RANK BY EXPENDI-TURES	CLAIMS	% OF TOTAL	RANK BY VOLUME
APOTEX	PRAVASTATIN SODIUM	40 MG	605050170	$166,516	$18,774	$185,290	0.02	613	10,854	0.25	45
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	$151,058	$16,648	$167,706	0.02	669	16,626	0.39	22
MYLAN	LEVOTHYROXINE SODIUM	25 MCG	003781800	$143,405	$16,016	$159,421	0.02	695	11,130	0.26	44
APOTEX	ATORVASTATIN CALCIUM	10 MG	605052578	$176,934	$14,733	$191,667	0.01	737	17,842	0.42	16
AUROBINDO	CLOPIDOGREL	75 MG	658620357	$146,436	$14,244	$160,679	0.01	760	17,295	0.40	18
APOTEX	CLOPIDOGREL	75 MG	605050253	$109,970	$13,463	$123,434	0.01	798	11,544	0.27	42
CIPLA USA	GABAPENTIN	100 MG	690970813	$89,551	$12,941	$102,492	0.01	822	10,795	0.25	46
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	$127,774	$12,762	$140,536	0.01	835	15,078	0.35	25
SANDOZ	OMEPRAZOLE	20 MG	007812790	$188,417	$12,712	$201,129	0.01	839	20,010	0.47	11
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	$162,768	$12,608	$175,375	0.01	844	20,677	0.48	10
ACCORD HEALTHCARE	CLOPIDOGREL	75 MG	167290218	$112,579	$11,857	$124,436	0.01	884	13,104	0.31	29
WATSON	LORAZEPAM	0.5 MG	005910240	$66,262	$9,539	$75,802	0.01	1,041	12,942	0.30	31
MYLAN	METOPROLOL TARTRATE	25 MG	003780018	$117,330	$7,150	$124,480	0.01	1,275	22,309	0.52	8
APOTEX	OMEPRAZOLE	20 MG	605050065	$74,308	$6,647	$80,955	0.01	1,341	9,900	0.23	49
MYLAN	AMLODIPINE BESYLATE	5 MG	003785209	$71,405	$6,035	$77,439	0.01	1,440	11,591	0.27	41
MYLAN	FUROSEMIDE	40 MG	003780216	$97,104	$6,025	$103,129	0.01	1,442	24,302	0.57	5
TEVA	TRAMADOL HCL	50 MG	000930058	$68,351	$5,748	$74,098	0.01	1,493	12,180	0.28	36
MYLAN	FUROSEMIDE	20 MG	003780208	$108,331	$5,737	$114,068	0.01	1,498	26,312	0.61	2
AUROBINDO	METOPROLOL TARTRATE	50 MG	658620063	$78,345	$5,667	$84,012	0.01	1,519	11,380	0.27	43
CARACO	METOPROLOL TARTRATE	25 MG	576640506	$68,848	$5,486	$74,334	0.01	1,553	12,785	0.30	32
MYLAN	METOPROLOL TARTRATE	50 MG	003780032	$74,785	$5,219	$80,003	0.01	1,624	12,004	0.28	37
HERITAGE	METFORMIN HCL	500 MG	231550102	$58,195	$3,790	$61,984	0.00	1,986	10,053	0.23	48
ACCORD HEALTHCARE	HYDROCHLOROTHIAZIDE	25 MG	167290183	$44,291	$2,143	$46,434	0.00	2,838	14,975	0.35	27
	TOTAL 88 PRODUCTS			$152,181,669	$46,950,508	$199,132,177	45.55		982,405	22.96	
	TOTAL ALL PRODUCTS			$321,456,380	$103,075,869	$424,532,249	100.00		4,278,473	100.00	

SOURCE: PDA CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF PAYMENT. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

TABLE 3.3
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2017

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY EXPENDITURES	EXPENDITURES	% OF ALL EXPENDITURES	CLAIMS	% OF ALL CLAIMS
BOEHRINGER INGELHEIM	00054, 00597	1	$11,659,587	7.4%	158,491	2.4%
GLAXOSMITHKLINE	00007, 00029, 00145,00173, 19515,49702	2	$9,454,188	6.0%	132,517	2.0%
BRISTOL-MYERS SQUIBB	00003, 00056, 00087, 63653	3	$8,961,370	5.7%	66,832	1.0%
NOVO NORDISK	00169	4	$8,728,932	5.5%	74,882	1.1%
PFIZER	00008, 00009, 00013, 00025, 00046, 00069, 00071, 00206, 00409, 59762, 60793, 61570, 61703, 63010	5	$7,944,264	5.0%	104,152	1.6%
MERCK	00006, 00085, 66582	6	$7,708,443	4.9%	74,339	1.1%
ELI LILLY	00002, 00777	7	$7,285,956	4.6%	31,134	0.5%
NOVARTIS	00065, 00078, 00168, 00185, 00281, 00781, 00998, 61314, 66685	8	$6,960,785	4.4%	460,687	7.0%
JOHNSON & JOHNSON	10147, 50458, 57894, 59676	9	$6,877,529	4.4%	52,839	0.8%
SANOFI	00024, 00039, 00068, 00075, 00088, 49281	10	$6,452,378	4.1%	57,596	0.9%
ACTAVIS	00228, 00258, 00456, 00472, 00591, 14550, 16252, 45963, 52544, 61874, 62037	11	$6,261,797	4.0%	314,691	4.8%
ASTRA ZENECA	00186, 00310	12	$6,027,615	3.8%	54,925	0.8%
ASTELLAS	00469, 51248	13	$4,059,383	2.6%	33,018	0.5%
MYLAN	00037, 00378, 42292, 49502, 50532, 51079, 51525, 75989	14	$3,691,450	2.3%	628,999	9.5%
ALLERGAN	00023, 11980, 60758	15	$3,643,302	2.3%	56,219	0.9%

TABLE 3.3
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2017

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY EXPENDITURES	EXPENDITURES	% OF ALL EXPENDITURES	CLAIMS	% OF ALL CLAIMS
ENDO/QUALITEST	00603, 49884, 60951, 63481, 67253, 67979	16	$3,396,172	2.2%	254,972	3.9%
TEVA	00093, 00172, 00555, 00703, 50111, 51285, 57844, 59310, 63459, 68546	17	$3,340,039	2.1%	412,926	6.3%
AMGEN	55513, 58406	18	$2,998,837	1.9%	6,644	0.1%
VALEANT	00187, 13548, 24208, 25010, 42702, 65649, 66490, 67425, 68682, 99207	19	$2,835,917	1.8%	63,937	1.0%
GILEAD SCIENCES	15584, 61958	20	$2,604,116	1.7%	10,530	0.2%
TAKEDA	64764	21	$2,079,673	1.3%	22,427	0.3%
ABBOTT	00032, 00051, 00074	22	$1,920,681	1.2%	22,154	0.3%
APOTEX	60505	23	$1,600,528	1.0%	294,674	4.5%
CELGENE	59572, 68817	24	$1,281,060	0.8%	1,098	0.0%
AMNEAL	53746, 65162	25	$1,240,544	0.8%	143,772	2.2%
	TOTAL, TOP 25 MANUFACTURERS		$129,014,546	81.8%	3,534,455	53.6%
	TOTAL, ALL OTHER		$28,655,453	18.2%	3,053,988	46.4%
	TOTAL, ALL MANUFACTURERS		$157,669,999	100.0%	6,588,443	100.0%

SOURCE: PDA CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.
MANUFACTURER DATA ARE SUMMARIZED BY THE FIRST FIVE DIGITS OF THE 11-DIGIT NATIONAL DRUG CODE, i.e., LABELER CODE.

TABLE 3.4
MANUFACTURERS' REBATE CASH RECEIPTS
BY QUARTER/YEAR BILLED AND BY FISCAL YEAR RECEIVED
JANUARY 1991 - DECEMBER 2017

QUARTER/YEAR BILLED	91-92 THROUGH 07-08 RECEIPTS	08-09 RECEIPTS	09-10 RECEIPTS	10-11 RECEIPTS	11-12 RECEIPTS	12-13 RECEIPTS	13-14 RECEIPTS	14-15 RECEIPTS	15-16 RECEIPTS	16-17 RECEIPTS	17-18 YTD RECEIPTS	TOTAL
JAN-DEC 1991	$22,771,627	$0	$0	$2,049	$0	$0	$226	$0	($3)	$0	$0	$22,773,899
JAN-DEC 1992	$30,143,789	$0	$0	$3,395	$3	$0	$0	$15,438	$22	$0	$0	$30,162,648
JAN-DEC 1993	$32,017,138	$0	$0		$0	$0	$0	$16,846	$4	$0	$0	$32,033,989
JAN-DEC 1994	$30,666,410	$0	$0	$0	$2	$0	$0	$0	$18	$0	$0	$30,666,431
JAN-DEC 1995	$32,642,778	$0	$0	$0		$60,162	$0	$0	$203	$0	$0	$32,703,143
JAN-DEC 1996	$31,179,248	$0	$0	$0	$0	$4,602	$332	$0	($7)	$0	$0	$31,184,174
JAN-DEC 1997	$38,800,695	$0	$3,203	$2,397	$0	$4,835	($672)	$0	$400	$0	$0	$38,810,858
JAN-DEC 1998	$48,875,579	$0	$157	$1,117	$0	($724)	($25,719)	$0	$749	$0	$0	$48,851,159
JAN-DEC 1999	$52,508,707	$8,203	$26,070	$0	$0	$14,948	$21,133	$0	$1,746	$0	$0	$52,580,806
JAN-DEC 2000	$58,988,164	$0	$0	$0	$0	$15,860	$13,351	$0	$711	$0	$0	$59,018,086
JAN-DEC 2001	$58,243,251	$0	$0	($277)	($237)	$4,089	$9,934	$0	$139	$0	$0	$58,256,900
JAN-DEC 2002	$75,837,014	$1,070	($619,515)	($21,593)	$0	$67,126	$236,961	$2	$195	$0	$0	$75,501,261
JAN-DEC 2003	$100,867,888	$67,452	$799,365	$90,480	($17,438)	$110,126	$60,352	$0	$204	$0	$0	$101,978,429
JAN-DEC 2004	$123,889,557	$57,407	$248,195	($319,331)	$13,490	$219,104	$287,753	$2,863	$3,692	$0	$0	$124,402,729
JAN-DEC 2005	$132,704,395	$62,506	$247,835	($37,832)	$4,154	$104,207	$84,208	$1,860	$17,780	$0	$0	$133,189,114
JAN-DEC 2006	$118,495,782	$299,690	$466,618	($104,619)	$4,105	$205,036	$8,133	$3,637	$37,766	$1,998	$0	$119,418,148
JAN-DEC 2007	$69,647,081	$362,997	$3,192,481	$542,478	$189,771	$78,235	$11,233	$188,998	$148,773	$8,528	$0	$74,370,575
JAN-DEC 2008	$4,781,679	$52,199,696	$2,561,190	($47,469)	$579,516	($62,875)	$274,759	$62,197	$164,909	($2,127)	$0	$60,511,475
JAN-DEC 2009	$0	$11,782,455	$51,976,633	$992,311	$728,039	$1,622,644	$137,799	$106,008	($3,489)	$249	$0	$67,342,649
JAN-DEC 2010	$0	$0	$4,120,823	$66,372,460	$3,639,421	$2,020,192	($71,790)	$95,511	$5,085	($428)	$0	$76,181,274
JAN-DEC 2011	$0	$0	$0	$8,799,454	$37,776,052	$1,402,578	$201,910	$628,050	$15,373	$7,765	$0	$48,831,182
JAN-DEC 2012	$0	$0	$0	$0	$3,628,794	$34,647,249	$1,057,554	$563,869	$91,130	($1,484)	$0	$39,987,112
JAN-MAR 2013	$0	$0	$0	$0	$0	$0	$11,119,929	$142,223	$41,638	($843)	($130)	$11,302,818
APR-JUN 2013	$0	$0	$0	$0	$0	$0	$7,912,287	$57,074	($24,996)	$16,877	$8,268	$7,969,509
JUL-SEP 2013	$0	$0	$0	$0	$0	$0	$8,422,028	$118,250	$32,750	$83,365	($17,282)	$8,639,111
OCT-DEC 2013	$0	$0	$0	$0	$0	$0	$8,313,208	$540,539	$314,199	$73,131	($15,994)	$9,225,084
JAN-MAR 2014	$0	$0	$0	$0	$0	$0	$1,184,063	$7,985,723	$218,664	$175,947	($7,241)	$9,557,155
APR-JUN 2014	$0	$0	$0	$0	$0	$0	$0	$7,876,475	$807,820	$129,006	($2,428)	$8,810,873
JUL-SEP 2014	$0	$0	$0	$0	$0	$0	$0	$8,381,094	$329,539	$128,837	$23,988	$8,863,457
OCT-DEC 2014	$0	$0	$0	$0	$0	$0	$0	$8,448,001	$1,338,268	$93,181	($7,779)	$9,871,671
JAN-MAR 2015	$0	$0	$0	$0	$0	$0	$0	$329,681	$9,476,097	$838,138	$36,360	$10,680,276
APR-JUN 2015	$0	$0	$0	$0	$0	$0	$0	$0	$9,381,267	$170,895	$49,671	$9,601,832
JUL-SEP 2015	$0	$0	$0	$0	$0	$0	$0	$0	$10,019,213	$26,094	($167)	$10,045,139
OCT-DEC 2015	$0	$0	$0	$0	$0	$0	$0	$0	$8,897,154	$427,845	$11,168	$9,336,166
JAN-MAR 2016	$0	$0	$0	$0	$0	$0	$0	$0	$1,706,334	$4,956,891	$20,610	$6,683,835
APR-JUN 2016	$0	$0	$0	$0	$0	$0	$0	$0	$0	$9,032,835	$30,477	$9,063,312
JUL-SEP 2016	$0	$0	$0	$0	$0	$0	$0	$0	$0	$10,384,744	$166,439	$10,551,183
OCT-DEC 2016	$0	$0	$0	$0	$0	$0	$0	$0	$0	$8,932,211	$133,047	$9,065,259
JAN-MAR 2017	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,714,423	$7,893,682	$10,608,105
APR-JUN 2017	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7,917,108	$7,917,108
JUL-SEP 2017	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$2,417,227	$2,417,227
OCT-DEC 2017	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$1,063,060,784	$64,841,476	$63,023,054	$76,275,020	$46,545,671	$40,517,394	$39,258,972	$35,564,340	$43,023,347	$38,198,078	$18,657,024	$1,528,965,160

SOURCE: PDA CHECK RECEIPTS AS REPORTED ON STATE STATUS REPORT FOR WEEK ENDING DECEMBER 29, 2017.
NOTE: INCLUDES REBATES RECEIVED THROUGH DECEMBER 2017.

SECTION 4

CARDHOLDER UTILIZATION DATA

pennsylvania
DEPARTMENT OF AGING

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER

PACE

JULY 1984 - JUNE 1988

	QUARTER	NEWLY ENROLLED	% OF NEWLY ENROLLED	CUMULATIVE ENROLLMENTS
1st	JUL-SEP 1984	273,001	100.0	273,001
PROGRAM	OCT-DEC 1984	23,561	7.9	296,562
YEAR	JAN-MAR 1985	20,941	6.6	317,503
	APR-JUN 1985	69,436	17.9	386,939
2nd	JUL-SEP 1985	38,750	10.0	389,177
PROGRAM	OCT-DEC 1985	20,522	5.0	409,699
YEAR	JAN-MAR 1986	18,770	4.4	428,469
	APR-JUN 1986	17,367	3.9	445,836
3rd	JUL-SEP 1986	23,595	5.6	420,776
PROGRAM	OCT-DEC 1986	14,982	3.4	435,758
YEAR	JAN-MAR 1987	18,130	4.0	453,888
	APR-JUN 1987	18,853	4.0	472,741
4th	JUL-SEP 1987	26,133	5.9	439,967
PROGRAM	OCT-DEC 1987	10,432	2.3	450,399
YEAR	JAN-MAR 1988	13,429	2.9	463,828
	APR-JUN 1988	13,944	2.9	477,772

PACE

JULY 1988 - JUNE 1996

	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
5th	JUL-SEP 1988	15,990	3.6	443,518
PROGRAM	OCT-DEC 1988	26,069	5.7	454,428
YEAR	JAN-MAR 1989	41,866	9.1	460,232
	APR-JUN 1989	57,406	12.7	451,547
6th	JUL-SEP 1989	9,847	2.2	438,834
PROGRAM	OCT-DEC 1989	17,787	4.2	426,822
YEAR	JAN-MAR 1990	30,278	7.1	424,120
	APR-JUN 1990	40,169	9.8	408,493
7th	JUL-SEP 1990	6,714	1.7	394,821
PROGRAM	OCT-DEC 1990	26,742	6.9	384,854
YEAR	JAN-MAR 1991	37,239	9.7	383,792
	APR-JUN 1991	46,020	12.4	371,592
8th	JUL-SEP 1991	8,657	2.3	370,654
PROGRAM	OCT-DEC 1991	17,529	4.7	373,365
YEAR	JAN-MAR 1992	31,581	8.4	375,697
	APR-JUN 1992	44,986	12.2	369,919
9th	JUL-SEP 1992	7,115	2.0	355,319
PROGRAM	OCT-DEC 1992	13,436	3.9	347,371
YEAR	JAN-MAR 1993	29,556	8.4	353,309
	APR-JUN 1993	41,397	12.1	341,361
10th	JUL-SEP 1993	6,658	2.0	334,757
PROGRAM	OCT-DEC 1993	11,519	3.5	331,338
YEAR	JAN-MAR 1994	20,162	6.2	324,160
	APR-JUN 1994	33,967	10.4	325,090
11th	JUL-SEP 1994	7,091	2.3	312,413
PROGRAM	OCT-DEC 1994	11,167	3.6	307,231
YEAR	JAN-MAR 1995	22,732	7.3	311,450
	APR-JUN 1995	31,995	10.5	304,153
12th	JUL-SEP 1995	5,382	1.8	298,732
PROGRAM	OCT-DEC 1995	8,278	2.9	289,919
YEAR	JAN-MAR 1996	16,146	5.6	290,460
	APR-JUN 1996	22,518	8.1	279,397

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2017

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
13th	JUL-SEP 1996	4,127	1.5	267,049			
PROGRAM	OCT-DEC 1996	9,332	3.6	260,678	1,523	100.0	1,523
YEAR	JAN-MAR 1997	23,797	8.6	275,607	5,771	100.0	5,771
	APR-JUN 1997	30,602	11.6	264,414	9,088	100.0	9,088
14th	JUL-SEP 1997	4,536	1.8	257,291	1,949	17.7	11,037
PROGRAM	OCT-DEC 1997	8,694	3.5	250,671	3,801	29.5	12,889
YEAR	JAN-MAR 1998	16,693	6.6	251,915	5,710	48.5	11,771
	APR-JUN 1998	22,838	9.3	245,553	7,419	53.8	13,802
15th	JUL-SEP 1998	4,375	1.8	237,753	879	5.8	15,213
PROGRAM	OCT-DEC 1998	8,042	3.5	230,722	1,504	9.4	15,964
YEAR	JAN-MAR 1999	14,744	6.4	231,049	3,216	19.9	16,164
	APR-JUN 1999	20,672	9.1	227,041	4,722	27.2	17,372
16th	JUL-SEP 1999	4,086	1.8	221,535	761	4.2	18,195
PROGRAM	OCT-DEC 1999	7,981	3.7	217,103	1,510	8.1	18,655
YEAR	JAN-MAR 2000	18,146	8.2	220,896	4,169	21.6	19,298
	APR-JUN 2000	25,583	11.8	217,140	6,125	30.1	20,375
17th	JUL-SEP 2000	5,061	2.4	213,041	1,032	4.9	21,223
PROGRAM	OCT-DEC 2000	10,283	4.9	208,227	2,034	9.3	21,781
YEAR	JAN-MAR 2001	19,041	9.1	208,299	4,610	20.8	22,167
	APR-JUN 2001	24,932	12.0	207,193	6,603	28.9	22,875
18th	JUL-SEP 2001	3,877	1.9	204,839	1,710	6.9	24,929
PROGRAM	OCT-DEC 2001	7,907	4.0	199,898	3,132	12.1	25,873
YEAR	JAN-MAR 2002	16,319	8.2	199,719	6,931	23.3	29,692
	APR-JUN 2002	22,742	11.4	198,629	9,938	32.7	30,346
19th	JUL-SEP 2002	3,490	1.8	191,935	1,378	4.6	29,980
PROGRAM	OCT-DEC 2002	6,925	3.7	188,566	2,476	8.2	30,356
YEAR	JAN-MAR 2003	13,384	7.0	190,697	5,516	17.5	31,464
	APR-JUN 2003	21,287	10.9	194,961	9,654	29.7	32,520
20th	JUL-SEP 2003	4,467	2.4	187,914	2,299	6.8	33,855
PROGRAM	OCT-DEC 2003	8,106	4.4	185,143	3,737	10.9	34,314
YEAR	JAN-MAR 2004	21,568	10.8	200,130	37,246	51.4	72,474
	APR-JUN 2004	28,312	14.3	197,600	43,224	49.7	87,007
21st	JUL-SEP 2004	4,222	2.2	194,488	7,598	8.1	94,002
PROGRAM	OCT-DEC 2004	6,717	3.5	191,669	15,186	15.3	99,572
YEAR	JAN-MAR 2005	13,536	7.0	193,946	25,934	28.2	92,035
	APR-JUN 2005	19,467	10.2	190,273	35,063	34.2	102,622
22nd	JUL-SEP 2005	3,935	2.1	187,696	6,301	5.9	107,240
PROGRAM	OCT-DEC 2005	9,001	4.8	188,495	15,579	13.3	116,755
YEAR	JAN-MAR 2006	14,476	7.6	190,654	25,774	20.8	123,687
	APR-JUN 2006	23,477	12.5	187,311	42,841	33.4	128,212
23rd	JUL-SEP 2006	2,084	1.1	184,106	3,182	2.5	127,978
PROGRAM	OCT-DEC 2006	5,269	2.9	179,240	11,330	8.5	132,764
YEAR	JAN-MAR 2007	8,687	4.8	182,332	19,571	14.6	134,018
	APR-JUN 2007	11,621	6.5	178,746	26,974	19.7	136,805
24th	JUL-SEP 2007	2,143	1.2	174,824	3,940	2.8	138,701
PROGRAM	OCT-DEC 2007	4,477	2.8	158,560	8,642	5.5	157,874
YEAR	JAN-MAR 2008	6,956	4.5	155,547	19,078	11.9	160,227
	APR-JUN 2008	9,712	6.3	155,026	29,033	17.2	169,043

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2017

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
25th PROGRAM YEAR	JUL-SEP 2008	2,321	1.5	150,074	6,087	3.6	170,931
	OCT-DEC 2008	4,873	3.4	141,712	11,833	6.8	173,460
	JAN-MAR 2009	6,838	6.7	101,470	17,435	10.5	165,925
	APR-JUN 2009	8,521	6.3	134,590	23,075	13.8	167,488
26th PROGRAM YEAR	JUL-SEP 2009	1,848	1.4	133,248	6,469	3.8	170,994
	OCT-DEC 2009	2,654	2.0	131,002	13,898	8.2	169,270
	JAN-MAR 2010	5,109	3.9	129,892	21,782	12.5	174,306
	APR-JUN 2010	7,344	5.7	128,651	29,944	16.8	178,574
27th PROGRAM YEAR	JUL-SEP 2010	1,203	1.0	126,424	4,636	2.6	178,869
	OCT-DEC 2010	2,800	2.3	121,369	9,292	5.2	177,774
	JAN-MAR 2011	4,553	3.8	120,244	15,376	8.6	179,606
	APR-JUN 2011	6,438	5.4	118,605	20,912	11.6	181,016
28th PROGRAM YEAR	JUL-SEP 2011	1,349	1.2	117,121	3,376	1.9	180,624
	OCT-DEC 2011	3,291	2.9	112,850	7,820	4.4	176,771
	JAN-MAR 2012	5,129	4.6	112,319	11,037	6.2	178,059
	APR-JUN 2012	7,259	6.5	110,863	13,971	7.8	178,290
29th PROGRAM YEAR	JUL-SEP 2012	1,382	1.3	110,133	2,571	1.4	177,702
	OCT-DEC 2012	3,200	2.9	109,395	5,196	3.0	175,524
	JAN-MAR 2013	4,756	4.5	106,109	8,428	4.9	173,206
	APR-JUN 2013	5,971	5.7	104,853	11,836	6.8	173,220
30th PROGRAM YEAR	JUL-SEP 2013	966	0.9	102,787	2,555	1.5	170,876
	OCT-DEC 2013	2,273	2.2	101,375	6,018	3.5	173,456
	JAN-MAR 2014	3,917	3.5	112,062	10,068	6.4	156,997
	APR-JUN 2014	5,651	5.1	110,606	13,673	8.7	157,043
31st PROGRAM YEAR	JUL-SEP 2014	1,476	1.3	109,951	3,305	2.1	157,043
	OCT-DEC 2014	3,547	3.3	106,796	7,754	5.0	154,936
	JAN-MAR 2015	5,286	5.0	105,769	11,599	7.5	155,082
	APR-JUN 2015	6,680	6.4	104,325	15,074	9.7	154,768
32nd PROGRAM YEAR	JUL-SEP 2015	1,059	1.0	102,361	2,762	1.8	153,897
	OCT-DEC 2015	2,649	2.7	97,995	6,502	4.3	151,429
	JAN-MAR 2016	4,099	4.2	96,726	9,905	6.6	151,039
	APR-JUN 2016	5,511	5.8	95,391	13,242	8.8	150,800
33rd PROGRAM YEAR	JUL-SEP 2016	1,531	1.6	94,432	4,295	2.8	151,241
	OCT-DEC 2016	3,038	3.4	89,416	8,147	5.4	149,627
	JAN-MAR 2017	1,734	2.0	87,651	3,989	2.7	148,996
	APR-JUN 2017	1,509	1.7	86,606	3,070	2.1	148,017
34th PROGRAM YEAR	JUL-SEP 2017	382	0.4	86,087	2,120	1.4	147,003
	OCT-DEC 2017	1,320	1.6	81,180	2,923	2.0	145,606

SOURCE: PDA/MR-0-01A/CARDHOLDER FILE

NOTE: THE NEWLY ENROLLED NUMBER IS CALCULATED AS A TOTAL FOR THE QUARTER.

ENROLLMENT AT END OF QUARTER REPRESENTS THE ENROLLMENT REPORTED ON THE LAST DAY OF THE QUARTER (E.G., 81,180 PACE CARDHOLDERS AND 145,606 PACENET CARDHOLDERS ON THE FILE ON DECEMBER 31, 2017).

DURING JAN-MAR 2014, A TOTAL OF 13,280 PACENET CARDHOLDERS WERE MOVED TO PACE AND 3,327 NEW PACENET CARDHOLDERS WERE ADDED.

TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2017

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	PERCENT OF TOTAL CLAIMS	CLAIMS PER PARTICIPATING CARDHOLDER	STATE SHARE EXPENDITURES	STATE SHARE PER PARTICIPATING CARDHOLDER	PERCENT OF ALL STATE SHARE EXPENDITURES
TOTAL	100,108	72,925	2,292,095	100.0	31.4	$54,190,115	$743.09	100.0
SEX								
FEMALE	75,442	57,557	1,845,199	80.5	32.1	$42,637,893	$740.79	78.7
MALE	24,666	15,368	446,896	19.5	29.1	$11,552,221	$751.71	21.3
AGE								
65-69 YEARS	14,340	9,021	228,494	10.0	25.3	$6,501,304	$720.69	12.0
70-74 YEARS	17,233	12,077	357,521	15.6	29.6	$8,339,659	$690.54	15.4
75-79 YEARS	18,557	13,869	445,269	19.4	32.1	$10,535,898	$759.67	19.4
80-84 YEARS	18,994	14,464	486,171	21.2	33.6	$11,905,486	$823.11	22.0
85 YEARS OR OVER	30,984	23,494	774,640	33.8	33.0	$16,907,768	$719.66	31.2
RESIDENCE TYPE								
OWN	49,084	36,632	1,117,246	48.7	30.5	$29,083,757	$793.94	53.7
RENT	29,354	21,058	664,356	29.0	31.5	$13,960,912	$662.97	25.8
NURSING HOME/ PERSONAL CARE HOME	2,936	2,082	111,206	4.9	53.4	$1,819,737	$874.03	3.4
LIVE WITH RELATIVE	9,254	6,899	221,258	9.7	32.1	$5,225,698	$757.46	9.6
OTHER	5,884	4,616	148,937	6.5	32.3	$3,365,130	$729.01	6.2
MISSING	3,596	1,638	29,092	1.3	17.8	$734,882	$448.65	1.4
MARITAL STATUS								
SINGLE OR WIDOWED	73,609	54,484	1,741,386	76.0	32.0	$40,366,169	$740.88	74.5
MARRIED	8,207	5,474	156,518	6.8	28.6	$4,292,018	$784.07	7.9
DIVORCED	14,921	10,641	319,274	13.9	30.0	$7,777,485	$730.90	14.4
MARRIED, LIVING SEPARATELY	3,371	2,326	74,917	3.3	32.2	$1,754,442	$754.27	3.2

TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2017

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	PERCENT OF TOTAL CLAIMS	CLAIMS PER PARTICIPATING CARDHOLDER	STATE SHARE EXPENDITURES	STATE SHARE PER PARTICIPATING CARDHOLDER	PERCENT OF ALL STATE SHARE EXPENDITURES
ETHNIC ORIGIN								
WHITE	78,027	59,216	1,933,863	84.4	32.7	$45,146,149	$762.40	83.3
AFRICAN-AMERICAN	8,911	5,636	142,408	6.2	25.3	$3,140,503	$557.22	5.8
AMERICAN INDIAN	134	76	1,987	0.1	26.1	$69,200	$910.53	0.1
HISPANIC	2,417	1,443	35,779	1.6	24.8	$894,969	$620.21	1.7
ASIAN	1,163	648	13,065	0.6	20.2	$527,357	$813.82	1.0
OTHER	573	360	9,436	0.4	26.2	$240,476	$667.99	0.4
MISSING	8,883	5,546	155,557	6.8	28.0	$4,171,459	$752.16	7.7
INCOME - SINGLE								
$0-$2,999	4,776	1,777	56,777	2.5	32.0	$1,475,702	$830.45	2.7
$3,000-$5,999	3,525	2,453	78,621	3.4	32.1	$1,735,277	$707.41	3.2
$6,000-$8,999	9,312	6,849	210,479	9.2	30.7	$5,453,425	$796.24	10.1
$9,000-$11,999	18,900	14,244	437,907	19.1	30.7	$11,011,821	$773.08	20.3
$12,000-$14,500	40,466	30,668	966,924	42.2	31.5	$21,960,230	$716.06	40.5
$14,500 +	14,922	11,460	384,869	16.8	33.6	$8,261,641	$720.91	15.2
INCOME - MARRIED								
$0-$2,999	550	174	5,159	0.2	29.6	$228,116	$1,311.01	0.4
$3,000-$5,999	181	90	3,062	0.1	34.0	$102,528	$1,139.21	0.2
$6,000-$8,999	341	205	5,953	0.3	29.0	$187,165	$913.00	0.3
$9,000-$11,999	557	386	9,787	0.4	25.4	$385,640	$999.07	0.7
$12,000-$14,999	1,318	964	28,086	1.2	29.1	$978,048	$1,014.57	1.8
$15,000-$17,700	3,204	2,288	69,598	3.0	30.4	$1,637,725	$715.79	3.0
$17,700 +	2,056	1,367	34,873	1.5	25.5	$772,795	$565.32	1.4

SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER FILE

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.

THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILITY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2017

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	% OF TOTAL CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	TOTAL CARDHOLDER AND TPL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICI-PATING CARDHOLDER	% OF STATE SHARE EXPENDI-TURES
TOTAL	168,114	131,384	4,256,815	100.0	32.4	$423,705,254	$321,233,030	75.8	$102,472,224	24.2	$779.94	100.0
SEX												
FEMALE	112,114	90,719	2,982,193	70.1	32.9	$285,403,524	$216,502,288	75.9	$68,901,236	24.1	$759.50	67.2
MALE	56,000	40,665	1,274,622	29.9	31.3	$138,301,730	$104,730,742	75.7	$33,570,988	24.3	$825.55	32.8
AGE												
65-69 YEARS	24,798	17,833	506,363	11.9	28.4	$64,799,578	$51,018,374	78.7	$13,781,205	21.3	$772.79	13.4
70-74 YEARS	31,831	24,556	792,471	18.6	32.3	$90,840,616	$70,346,672	77.4	$20,493,943	22.6	$834.58	20.0
75-79 YEARS	34,423	27,625	914,721	21.5	33.1	$98,396,966	$74,697,129	75.9	$23,699,837	24.1	$857.91	23.1
80-84 YEARS	33,002	26,591	881,205	20.7	33.1	$80,696,193	$60,094,747	74.5	$20,601,446	25.5	$774.75	20.1
85 YEARS OR OVER	44,060	34,779	1,162,055	27.3	33.4	$88,971,901	$65,076,107	73.1	$23,895,793	26.9	$687.08	23.3
RESIDENCE TYPE												
OWN	104,917	82,374	2,583,885	60.7	31.4	$263,472,568	$198,964,920	75.5	$64,507,648	24.5	$783.11	63.0
RENT	38,422	30,358	1,016,755	23.9	33.5	$99,605,940	$76,473,097	76.8	$23,132,842	23.2	$762.00	22.6
NURSING HOME/ PERS. CARE HOME	3,627	2,934	169,515	4.0	57.8	$9,928,723	$7,132,622	71.8	$2,796,101	28.2	$953.00	2.7
LIVE WITH RELATIVE	9,715	8,070	280,018	6.6	34.7	$29,278,604	$22,182,482	75.8	$7,096,122	24.2	$879.32	6.9
OTHER	5,358	4,397	150,838	3.5	34.3	$15,939,883	$12,234,932	76.8	$3,704,951	23.2	$842.61	3.6
MISSING	6,075	3,251	55,804	1.3	17.2	$5,479,536	$4,244,976	77.5	$1,234,560	22.5	$379.75	1.2
MARITAL STATUS												
SINGLE OR WIDOWED	93,944	74,312	2,464,163	57.9	33.2	$233,332,874	$175,494,739	75.2	$57,838,135	24.8	$778.31	56.4
MARRIED	55,209	42,556	1,332,712	31.3	31.3	$140,231,153	$107,229,380	76.5	$33,001,773	23.5	$775.49	32.2
DIVORCED	16,413	12,613	398,078	9.4	31.6	$43,695,405	$33,642,127	77.0	$10,053,277	23.0	$797.06	9.8
MARRIED, LIVING SEPARATELY	2,548	1,903	61,862	1.5	32.5	$6,445,823	$4,866,784	75.5	$1,579,039	24.5	$829.76	1.5
ETHNIC ORIGIN												
WHITE	136,443	108,612	3,626,575	85.2	33.4	$353,902,634	$267,382,117	75.6	$86,520,517	24.4	$796.60	84.4
AFRICAN-AMERICAN	10,240	7,584	201,951	4.7	26.6	$22,863,646	$17,755,547	77.7	$5,108,099	22.3	$673.54	5.0
AMERICAN INDIAN	186	133	4,274	0.1	32.1	$443,364	$363,211	81.9	$80,153	18.1	$602.65	0.1
HISPANIC	2,663	1,975	57,283	1.3	29.0	$5,993,996	$4,602,864	76.8	$1,391,132	23.2	$704.37	1.4
ASIAN	923	653	13,238	0.3	20.3	$1,936,978	$1,464,200	75.6	$472,778	24.4	$724.01	0.5
OTHER	907	672	16,952	0.4	25.2	$1,734,431	$1,317,307	76.0	$417,124	24.0	$620.72	0.4
MISSING	16,752	11,755	336,542	7.9	28.6	$36,830,205	$28,347,785	77.0	$8,482,420	23.0	$721.60	8.3

TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2017

	TOTAL ENROLLED CARDHOLDERS	TOTAL PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	% OF TOTAL CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	TOTAL CARDHOLDER AND TPL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICI-PATING CARDHOLDER	% OF STATE SHARE EXPENDI-TURES
INCOME - SINGLE												
$14,501 - $17,500	39,973	31,486	1,053,435	24.7	33.5	$95,499,464	$73,520,840	77.0	$21,978,624	23.0	$698.04	21.4
$17,501 - $20,500	41,228	32,546	1,079,757	25.4	33.2	$104,779,275	$77,828,746	74.3	$26,950,529	25.7	$828.08	26.3
$20,501 - $23,500	27,411	21,571	700,836	16.5	32.5	$74,557,596	$56,301,979	75.5	$18,255,616	24.5	$846.30	17.8
$23,500 +	4,293	3,225	90,075	2.1	27.9	$8,637,767	$6,352,085	73.5	$2,285,682	26.5	$708.74	2.2
INCOME - MARRIED												
$17,701 - $22,500	12,674	9,677	303,084	7.1	31.3	$28,580,197	$22,873,846	80.0	$5,706,352	20.0	$589.68	5.6
$22,501 - $27,000	19,701	15,240	488,722	11.5	32.1	$50,810,345	$38,190,838	75.2	$12,619,507	24.8	$828.05	12.3
$27,001 - $31,500	20,536	16,023	497,857	11.7	31.1	$55,973,308	$42,567,187	76.0	$13,406,122	24.0	$836.68	13.1
$31,500 +	2,298	1,616	43,049	1.0	26.6	$4,867,302	$3,597,510	73.9	$1,269,792	26.1	$785.76	1.2

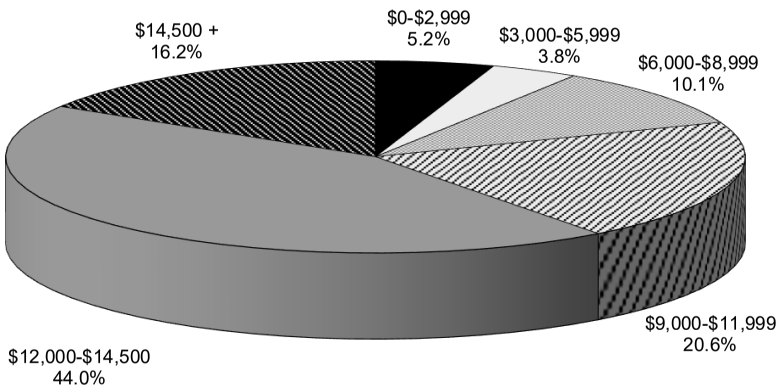
SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER FILE

NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.

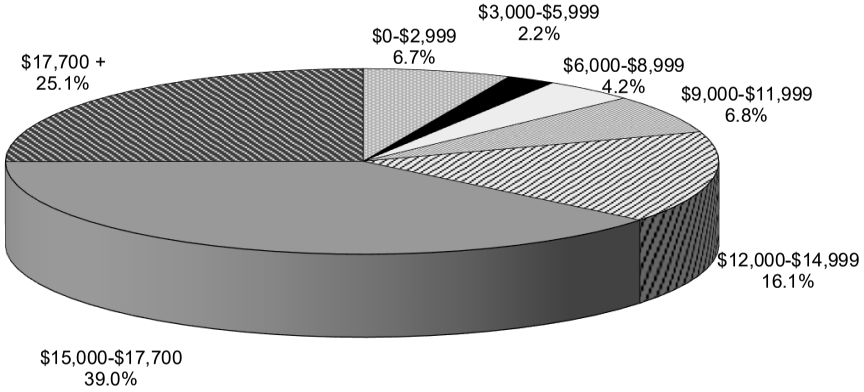
THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILITY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

FIGURE 4.1A
PERCENT OF ENROLLED PACE CARDHOLDERS
BY INCOME AND MARITAL STATUS
JANUARY - DECEMBER 2017
(TOTAL N = 100,108)

SINGLE
N=91,901



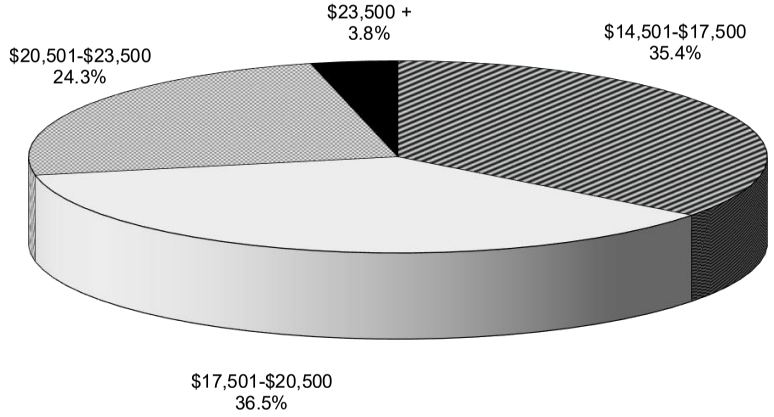
MARRIED
N=8,207



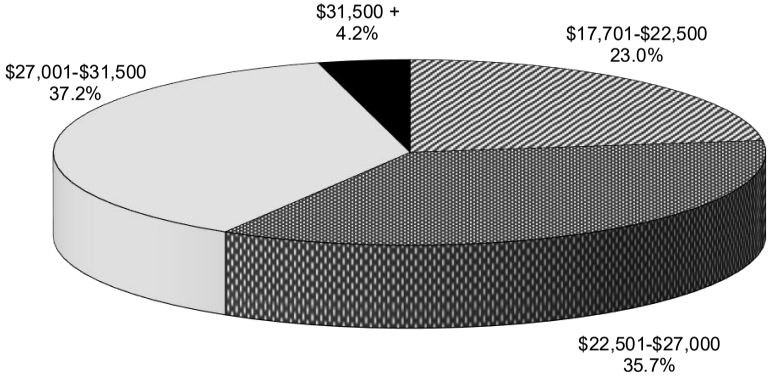
SOURCE: PDA CARDHOLDER FILE
NOTE: DUE TO ROUNDING, CATEGORY PERCENTAGES MAY NOT ADD UP TO 100%.
THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILILTY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

FIGURE 4.1B
PERCENT OF ENROLLED PACENET CARDHOLDERS
BY INCOME AND MARITAL STATUS
JANUARY - DECEMBER 2017
(TOTAL N = 168,114)

SINGLE
N=112,905



MARRIED
N=55,209



SOURCE: PDA CARDHOLDER FILE

NOTE: DUE TO ROUNDING, CATEGORY PERCENTAGES MAY NOT ADD UP TO 100%.

THE HIGHEST INCOME CATEGORY INCLUDES CARDHOLDERS WHO HAVE REMAINED IN THE PROGRAM EVEN THOUGH THEIR INCOMES EXCEED INCOME ELIGIBILITY LIMITS DUE TO NOMINAL INCREASES IN THEIR SOCIAL SECURITY INCOME. THIS INCOME GROUP MAY ALSO INCLUDE CARDHOLDERS WHO EXCEED THE INCOME LIMITS AND LOSE ELIGIBILITY DURING THE YEAR.

TABLE 4.3
OTHER PRESCRIPTION INSURANCE COVERAGE OF PACE AND PACENET ENROLLED CARDHOLDERS
JANUARY - DECEMBER 2017

A. PACE	PACE ENROLLED CARDHOLDERS		PACE CLAIMS		STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	96,475	96.4	2,259,642	23.4	$52,385,671	$543.00
MEDICARE PART D COVERAGE	88,522	88.4	1,991,462	22.5	$37,631,237	$425.11
NON MEDICARE PART D COVERAGE	7,953	7.9	268,180	33.7	$14,754,434	$1,855.20
NO OTHER KNOWN PRESCRIPTION COVERAGE	3,633	3.6	32,453	8.9	$1,804,444	$496.68
TOTAL PACE ENROLLED	100,108	100.0	2,292,095	22.9	$54,190,115	$541.32

B. PACENET	PACENET ENROLLED CARDHOLDERS		PACENET CLAIMS		STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	161,792	96.2	4,211,261	26.0	$100,214,951	$619.41
MEDICARE PART D COVERAGE	147,256	87.6	3,837,853	26.1	$81,580,488	$554.00
NON MEDICARE PART D COVERAGE	14,536	8.6	373,408	25.7	$18,634,463	$1,281.95
NO OTHER KNOWN PRESCRIPTION COVERAGE	6,322	3.8	45,554	7.2	$2,257,274	$357.05
TOTAL PACENET ENROLLED	168,114	100.0	4,256,815	25.3	$102,472,224	$609.54

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE. SOME CARDHOLDERS WERE ENROLLED IN BOTH PROGRAMS FOR SOME PORTION OF THE YEAR. NOT ALL CARDHOLDERS WITH IDENTIFIED RX INSURANCE HAD ACTIVE THIRD PARTY COVERAGE FOR DRUGS REIMBURSED BY PACE AT THE TIME OF DISPENSING.

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2017

	PACE	PACENET	TOTAL
ENROLLED CARDHOLDERS			
PART D, AUTO-ENROLLED	30,912	40,335	70,630
PART D, NOT AUTO-ENROLLED	57,610	106,921	162,434
NOT ENROLLED IN PART D	11,586	20,858	32,085
TOTAL PACE/PACENET ENROLLED	100,108	168,114	265,149
PARTICIPATING CARDHOLDERS			
PART D, AUTO-ENROLLED	25,207	35,330	60,046
PART D, NOT AUTO-ENROLLED	40,695	84,789	124,118
NOT ENROLLED IN PART D	7,023	11,265	18,100
TOTAL PARTICIPATING CARDHOLDERS	72,925	131,384	202,264
CLAIMS			
PART D, AUTO-ENROLLED	811,493	1,241,169	2,052,662
PART D, NOT AUTO-ENROLLED	1,179,969	2,596,684	3,776,653
NOT ENROLLED IN PART D	300,633	418,962	719,595
TOTAL CLAIMS	2,292,095	4,256,815	6,548,910
CLAIMS PER ENROLLEE			
PART D, AUTO-ENROLLED	26.25	30.77	29.06
PART D, NOT AUTO-ENROLLED	20.48	24.29	23.25
NOT ENROLLED IN PART D	25.95	20.09	22.43
ALL PACE/PACENET ENROLLED	22.90	25.32	24.70
STATE SHARE EXPENDITURES			
PART D, AUTO-ENROLLED	$17,899,344	$26,071,980	$43,971,324
PART D, NOT AUTO-ENROLLED	$19,731,893	$55,508,508	$75,240,401
NOT ENROLLED IN PART D	$16,558,878	$20,891,736	$37,450,614
ALL PACE/PACENET ENROLLED	$54,190,115	$102,472,224	$156,662,339
STATE SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$22.06	$21.01	$21.42
PART D, NOT AUTO-ENROLLED	$16.72	$21.38	$19.92
NOT ENROLLED IN PART D	$55.08	$49.87	$52.04
ALL PACE/PACENET ENROLLED	$23.64	$24.07	$23.92
TOTAL CARDHOLDER EXPENDITURES			
PART D, AUTO-ENROLLED	$4,062,056	$14,020,765	$18,082,820
PART D, NOT AUTO-ENROLLED	$6,042,017	$21,469,732	$27,511,749
NOT ENROLLED IN PART D	$1,853,709	$5,318,000	$7,171,708
ALL PACE/PACENET ENROLLED	$11,957,781	$40,808,496	$52,766,278
CARDHOLDER SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$5.01	$11.30	$8.81
PART D, NOT AUTO-ENROLLED	$5.12	$8.27	$7.28
NOT ENROLLED IN PART D	$6.17	$12.69	$9.97
ALL PACE/PACENET ENROLLED	$5.22	$9.59	$8.06
TPL SHARE			
PART D, AUTO-ENROLLED	$50,521,631	$80,570,594	$131,092,226
PART D, NOT AUTO-ENROLLED	$78,650,691	$198,001,819	$276,652,510
NOT ENROLLED IN PART D	$884,051	$1,852,120	$2,736,171
ALL PACE/PACENET ENROLLED	$130,056,373	$280,424,534	$410,480,907

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2017

	PACE	PACENET	TOTAL
TPL SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$62.26	$64.92	$63.86
PART D, NOT AUTO-ENROLLED	$66.65	$76.25	$73.25
NOT ENROLLED IN PART D	$2.94	$4.42	$3.80
ALL PACE/PACENET ENROLLED	$56.74	$65.88	$62.68
TOTAL EXPENDITURES (STATE, CARDHOLDER, TPL)			
PART D, AUTO-ENROLLED	$72,483,031	$120,663,339	$193,146,370
PART D, NOT AUTO-ENROLLED	$104,424,601	$274,980,059	$379,404,660
NOT ENROLLED IN PART D	$19,296,638	$28,061,856	$47,358,494
ALL PACE/PACENET ENROLLED	$196,204,270	$423,705,254	$619,909,524
PART D LIS STATUS AMONG PART D AUTO-ENROLLED			
FULL LIS	13,588	3,729	17,228
PARTIAL LIS	2,232	2,486	4,670
NO LIS	15,092	34,120	48,732
TOTAL AUTO-ENROLLED CARDHOLDERS	30,912	40,335	70,630
PART D LIS STATUS AMONG OTHER PART D ENROLLED			
FULL LIS	28,655	11,504	39,736
PARTIAL LIS	3,947	8,050	11,875
NO LIS	25,008	87,367	110,823
TOTAL AUTO-ENROLLED CARDHOLDERS	57,610	106,921	162,434

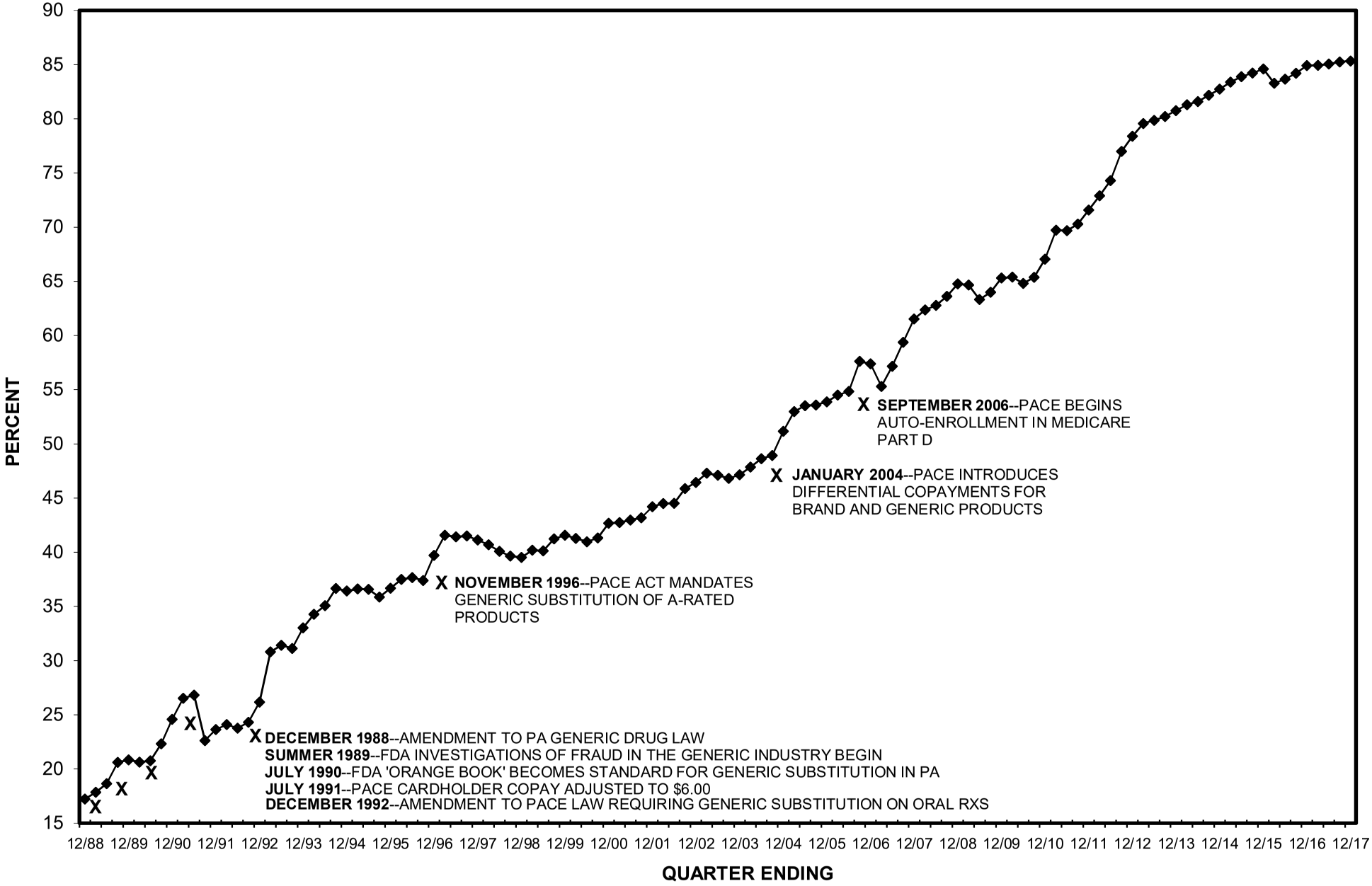
NOTE: AUTO-ENROLLED CARDHOLDERS INCLUDE INDIVIDUALS WHO WERE ENROLLED OR RE-ENROLLED BY PACE/PACENET INTO PART D PARTNER PLANS WITHIN THE TWO YEARS PRIOR TO JANUARY 2017, AND WHO HAD ACTIVE COVERAGE IN A PACE/PACENET PART D PARTNER PLAN DURING 2017. THE EXPENDITURE TOTALS SHOWN ARE BASED ONLY ON CLAIMS THAT WERE RECORDED IN THE PACE/PACENET CLAIM ADJUDICATION SYSTEM. THERE MAY BE ADDITIONAL PRESCRIPTION EXPENDITURES THAT WERE NOT SUBMITTED TO PACE/PACENET.

TABLE 4.5
ANNUAL DRUG EXPENDITURES FOR PACE/PACENET ENROLLED
BY TOTAL DRUG SPEND, PART D STATUS, AND LIS STATUS
JANUARY - DECEMBER 2017

TOTAL DRUG SPEND CATEGORY	PART D AND LIS STATUS	TOTAL ENROLLED	TOTAL CLAIMS	TOTAL DRUG SPEND	TOTAL STATE SHARE	TOTAL CARDHOLDER SHARE	TOTAL TPL SHARE
$0	NO PART D	13,985	0	$0	$0	$0	$0
	PART D-LIS	20,175	0	$0	$0	$0	$0
	PART D-NO LIS	28,725	0	$0	$0	$0	$0
	TOTAL	62,885	0	$0	$0	$0	$0
$0.01-$400.00	NO PART D	6,022	62,504	$938,262	$289,108	$608,840	$40,314
	PART D-LIS	16,901	180,948	$2,561,459	$266,240	$577,957	$1,717,262
	PART D-NO LIS	40,263	479,461	$6,375,554	$1,362,566	$3,448,274	$1,564,714
	TOTAL	63,186	722,913	$9,875,275	$1,917,915	$4,635,070	$3,322,290
$400.01-$3,700.00	NO PART D	8,172	363,998	$11,302,268	$7,161,978	$3,539,046	$601,244
	PART D-LIS	23,183	710,289	$35,606,636	$4,399,351	$2,838,618	$28,368,667
	PART D-NO LIS	54,263	1,765,205	$82,929,857	$22,759,100	$15,624,980	$44,545,776
	TOTAL	85,618	2,839,492	$129,838,761	$34,320,429	$22,002,644	$73,515,687
> $3,700.00	NO PART D	3,906	293,093	$35,117,964	$29,999,528	$3,023,823	$2,094,613
	PART D-LIS	13,250	688,017	$95,246,574	$11,773,914	$3,442,876	$80,029,784
	PART D-NO LIS	36,304	2,005,395	$349,830,950	$78,650,553	$19,661,865	$251,518,533
	TOTAL	53,460	2,986,505	$480,195,488	$120,423,995	$26,128,563	$333,642,930
$3,700.00-$7,425.00/$8,071.16	NO PART D	2,653	179,029	$14,478,952	$11,832,266	$1,841,188	$805,498
	PART D-LIS	9,188	442,777	$48,724,795	$5,200,329	$2,111,925	$41,412,541
	PART D-NO LIS	23,481	1,145,489	$127,976,446	$35,884,238	$11,395,148	$80,697,060
	TOTAL	35,322	1,767,295	$191,180,194	$52,916,833	$15,348,261	$122,915,099
> $7,425.00/$8,071.16	NO PART D	1,253	114,064	$20,639,012	$18,167,262	$1,182,634	$1,289,115
	PART D-LIS	4,062	245,240	$46,521,779	$6,573,585	$1,330,951	$38,617,243
	PART D-NO LIS	12,823	859,906	$221,854,504	$42,766,315	$8,266,716	$170,821,473
	TOTAL	18,138	1,219,210	$289,015,294	$67,507,161	$10,780,302	$210,727,831
TOTAL	NO PART D	32,085	719,595	$47,358,494	$37,450,614	$7,171,708	$2,736,171
	PART D-LIS	73,509	1,579,254	$133,414,669	$16,439,505	$6,859,451	$110,115,713
	PART D-NO LIS	159,555	4,250,061	$439,136,361	$102,772,220	$38,735,119	$297,629,023
	TOTAL	265,149	6,548,910	$619,909,524	$156,662,339	$52,766,278	$410,480,907

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY
NOTE: CATASTROPHIC THRESHOLD VARIES BY LIS STATUS: $7,425.00 FOR LIS, $8,071.16 FOR NON-LIS DURING 2017.

FIGURE 4.2
PACE GENERIC UTILIZATION RATES BY QUARTER
DECEMBER 1988 - DECEMBER 2017



SOURCE: PDA/MONTHLY COST CONTAINMENT REPORT. DATA INCLUDE PACE AND PACENET ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

SECTION 5

COUNTY DATA

pennsylvania
DEPARTMENT OF AGING

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2017

COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	% URBAN POPULATION	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
PENNSYLVANIA	100,108	168,114	265,149	100.0	202,264	3,014	78.7	$156,662,342	2,292,095	4,256,815	$54,190,115	$102,472,224
ADAMS	780	1,352	2,103	0.8	1,639	15	46.3	$983,095	17,748	37,896	$307,863	$675,232
ALLEGHENY	9,286	15,392	24,420	9.2	18,436	288	97.5	$15,008,652	190,215	360,781	$5,168,063	$9,840,589
ARMSTRONG	643	1,251	1,876	0.7	1,435	16	32.5	$1,066,158	15,732	30,336	$334,453	$731,705
BEAVER	1,435	3,126	4,506	1.7	3,509	43	74.2	$2,701,152	30,314	72,319	$733,877	$1,967,275
BEDFORD	788	1,268	2,019	0.8	1,591	15	16.2	$1,544,815	21,120	34,535	$604,845	$939,970
BERKS	2,455	4,903	7,289	2.7	5,527	78	76.3	$3,843,795	52,122	117,106	$1,135,640	$2,708,155
BLAIR	1,603	2,736	4,282	1.6	3,239	39	76.6	$2,990,800	39,804	76,062	$1,034,222	$1,956,578
BRADFORD	697	1,102	1,782	0.7	1,277	14	27.8	$801,993	13,033	22,133	$332,663	$469,331
BUCKS	2,621	4,862	7,398	2.8	5,631	142	91.2	$5,569,978	58,883	119,299	$2,057,350	$3,512,628
BUTLER	1,236	2,450	3,653	1.4	2,832	43	58.0	$2,232,458	29,619	61,327	$709,408	$1,523,050
CAMBRIA	1,976	3,441	5,350	2.0	4,116	40	68.0	$3,969,594	53,858	94,884	$1,384,393	$2,585,201
CAMERON	54	140	191	0.1	147	1	52.7	$124,653	1,460	3,950	$25,891	$98,762
CARBON	809	1,328	2,111	0.8	1,655	11	52.8	$966,706	17,362	35,771	$314,442	$652,264
CENTRE	725	1,343	2,049	0.8	1,597	28	67.8	$889,741	18,630	39,605	$260,601	$629,140
CHESTER	2,037	3,005	4,980	1.9	3,638	99	86.7	$2,934,813	48,234	69,062	$984,094	$1,950,719
CLARION	451	927	1,361	0.5	1,069	13	23.4	$890,250	13,455	26,254	$305,924	$584,326
CLEARFIELD	978	2,027	2,953	1.1	2,315	17	46.2	$1,565,947	22,372	50,153	$426,140	$1,139,807
CLINTON	443	872	1,298	0.5	1,036	8	54.3	$682,353	13,532	28,602	$188,590	$493,762
COLUMBIA	916	1,560	2,453	0.9	1,930	13	59.2	$1,348,518	22,722	45,000	$474,266	$874,252
CRAWFORD	898	1,726	2,591	1.0	1,933	23	36.3	$1,567,060	18,590	40,657	$495,270	$1,071,790
CUMBERLAND	1,415	2,698	4,066	1.5	3,212	75	77.8	$2,210,695	34,377	68,518	$713,980	$1,496,714
DAUPHIN	1,580	2,453	3,984	1.5	3,008	60	86.7	$1,919,872	31,981	61,613	$519,013	$1,400,860
DELAWARE	2,981	4,484	7,400	2.8	5,576	138	99.5	$4,998,369	62,738	105,131	$2,044,245	$2,954,123
ELK	276	724	990	0.4	792	10	44.3	$629,957	6,661	19,689	$156,866	$473,091
ERIE	2,159	3,827	5,906	2.2	4,406	61	80.0	$3,394,977	44,301	87,118	$1,054,294	$2,340,683
FAYETTE	1,856	3,114	4,910	1.9	3,763	38	52.1	$4,290,527	48,351	86,307	$1,601,655	$2,688,871
FOREST	75	167	241	0.1	193	2	0.0	$146,706	2,024	4,965	$45,882	$100,825
FRANKLIN	1,073	1,926	2,967	1.1	2,282	25	59.7	$1,494,622	25,561	48,670	$477,170	$1,017,451
FULTON	182	260	431	0.2	300	3	0.0	$196,942	4,831	6,588	$72,225	$124,717
GREENE	280	442	717	0.3	527	8	33.2	$427,871	6,936	11,014	$165,853	$262,018

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2017

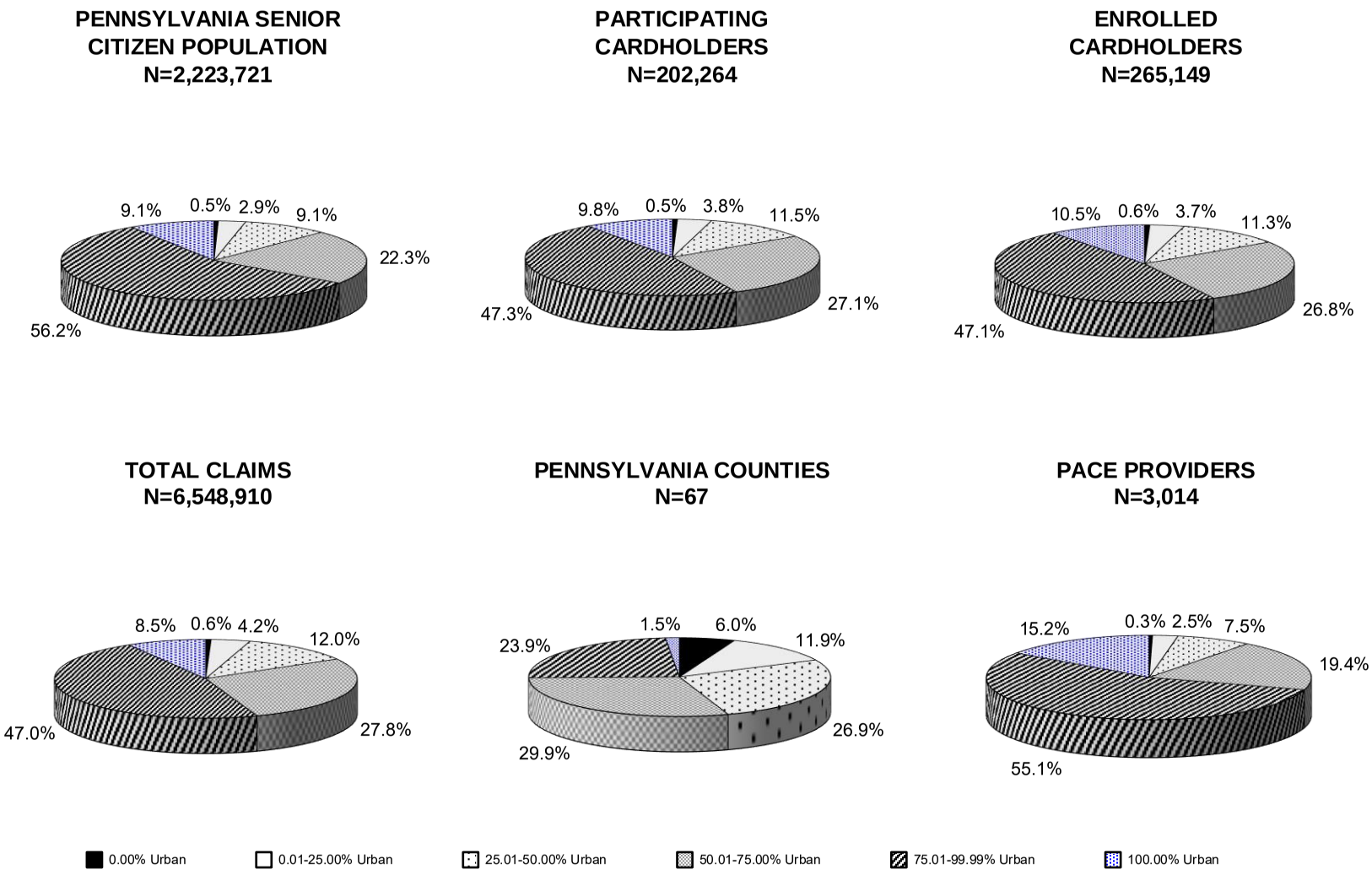
COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	% URBAN POPULATION	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
HUNTINGDON	543	1,007	1,538	0.6	1,217	8	31.3	$908,451	13,491	27,638	$262,317	$646,135
INDIANA	836	1,504	2,311	0.9	1,727	19	39.9	$1,285,520	19,616	37,433	$439,741	$845,779
JEFFERSON	576	1,067	1,627	0.6	1,296	12	38.5	$1,440,024	15,925	31,226	$370,082	$1,069,942
JUNIATA	268	530	789	0.3	674	5	17.8	$454,250	10,012	22,050	$145,245	$309,005
LACKAWANNA	2,905	3,928	6,750	2.5	5,491	66	83.7	$4,399,774	87,858	121,313	$1,903,865	$2,495,910
LANCASTER	2,874	5,835	8,605	3.2	6,634	110	78.7	$4,343,673	66,057	152,708	$1,177,137	$3,166,537
LAWRENCE	1,048	2,138	3,146	1.2	2,533	24	59.7	$2,024,088	23,940	54,971	$559,861	$1,464,227
LEBANON	1,015	1,895	2,876	1.1	2,100	24	73.4	$1,193,161	21,316	44,681	$360,483	$832,677
LEHIGH	1,908	3,450	5,301	2.0	3,953	74	92.1	$2,783,306	38,937	79,389	$883,720	$1,899,586
LUZERNE	4,645	6,253	10,768	4.1	8,601	88	80.0	$6,718,071	138,169	202,469	$2,703,766	$4,014,305
LYCOMING	1,199	2,134	3,295	1.2	2,553	26	63.7	$1,737,005	28,996	59,012	$615,245	$1,121,759
MCKEAN	405	761	1,154	0.4	866	10	36.5	$567,638	10,363	20,478	$168,880	$398,757
MERCER	1,082	2,406	3,439	1.3	2,606	30	55.5	$2,371,357	24,728	63,195	$676,856	$1,694,501
MIFFLIN	674	1,360	2,008	0.8	1,664	9	49.5	$966,641	20,750	47,123	$263,846	$702,795
MONROE	1,147	1,907	3,016	1.1	2,165	34	61.7	$1,367,603	21,132	44,320	$434,874	$932,729
MONTGOMERY	3,466	5,884	9,248	3.5	7,064	201	97.1	$6,029,679	77,536	137,743	$2,169,661	$3,860,018
MONTOUR	160	269	420	0.2	319	7	46.2	$186,112	4,501	6,302	$67,339	$118,772
NORTHAMPTON	2,180	4,083	6,178	2.3	4,807	60	87.2	$3,325,099	45,861	98,240	$1,001,506	$2,323,593
NORTHUMBERLAND	1,495	2,309	3,757	1.4	3,039	22	65.1	$2,232,240	42,349	69,824	$798,096	$1,434,144
PERRY	391	716	1,092	0.4	864	7	11.5	$635,233	9,513	20,630	$181,498	$453,736
PHILADELPHIA	12,992	15,050	27,788	10.5	19,746	457	100.0	$14,815,333	235,095	322,357	$6,361,183	$8,454,150
PIKE	401	660	1,056	0.4	740	11	29.2	$531,528	7,192	13,230	$191,479	$340,050
POTTER	206	384	580	0.2	411	4	0.0	$273,811	4,495	9,290	$82,073	$191,738
SCHUYLKILL	2,329	3,515	5,774	2.2	4,490	34	63.5	$2,919,714	58,917	93,447	$1,159,958	$1,759,756
SNYDER	355	776	1,117	0.4	926	7	33.2	$652,194	9,334	23,841	$165,161	$487,032
SOMERSET	1,214	2,139	3,292	1.2	2,654	18	29.2	$2,757,291	35,765	63,275	$1,009,797	$1,747,493
SULLIVAN	87	133	217	0.1	173	1	0.0	$129,205	2,337	3,201	$60,213	$68,993
SUSQUEHANNA	440	609	1,034	0.4	732	8	16.0	$501,179	9,396	15,657	$190,676	$310,504
TIOGA	504	821	1,309	0.5	977	9	9.9	$765,838	12,191	18,648	$337,015	$428,822
UNION	340	727	1,055	0.4	856	9	57.2	$657,502	9,424	20,750	$149,000	$508,502

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2017

COUNTY	NUMBER OF PACE ENROLLED CARDHOLDERS	NUMBER OF PACENET ENROLLED CARDHOLDERS	TOTAL NUMBER ENROLLED	% OF TOTAL	NUMBER OF PARTICIPATING CARDHOLDERS	NUMBER OF PROVIDERS	% URBAN POPULATION	STATE SHARE	PACE CLAIMS	PACENET CLAIMS	PACE STATE SHARE	PACENET STATE SHARE
VENANGO	487	1,070	1,540	0.6	1,173	12	45.2	$982,437	11,539	27,605	$263,360	$719,077
WARREN	305	716	1,007	0.4	715	10	45.0	$528,797	6,421	17,016	$137,571	$391,226
WASHINGTON	1,651	3,183	4,788	1.8	3,621	46	69.2	$2,883,666	34,393	76,811	$892,734	$1,990,932
WAYNE	595	929	1,505	0.6	1,125	12	11.9	$781,432	15,832	23,655	$319,256	$462,176
WESTMORELAND	3,682	6,768	10,307	3.9	8,048	86	74.6	$6,526,634	83,814	164,530	$2,296,965	$4,229,669
WYOMING	286	472	752	0.3	572	7	16.5	$401,644	7,767	13,453	$130,808	$270,835
YORK	2,709	5,820	8,433	3.2	6,521	81	75.3	$4,192,143	60,567	143,959	$1,129,667	$3,062,476

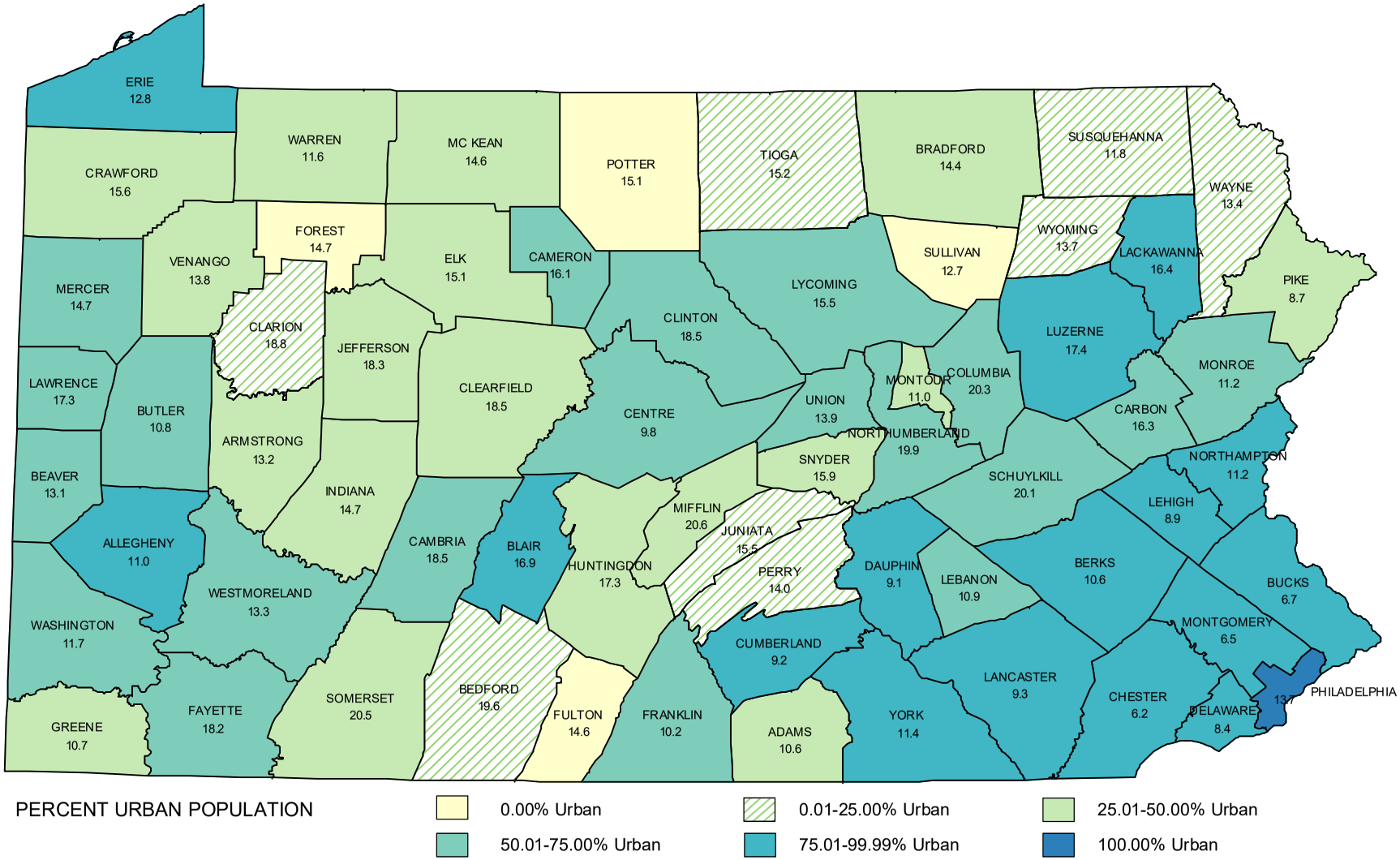
SOURCE: PDA/CARDHOLDER FILE; CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.
TOTAL NUMBER ENROLLED IS AN UNDUPLICATED COUNT OF CARDHOLDERS, SOME OF WHOM MAY HAVE BEEN ENROLLED IN BOTH PROGRAMS DURING THE YEAR.

FIGURE 5.1
PACE AND PACENET CARDHOLDER, CLAIM, AND PROVIDER INFORMATION BY COUNTY TYPE (PERCENT OF COUNTY POPULATION LIVING IN URBAN AREA) JANUARY - DECEMBER 2017



SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY, AND 2016 POPULATION ESTIMATES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 5.2
PERCENT OF ELDERLY ENROLLED IN PACE/PACENET AND PERCENT URBAN POPULATION BY COUNTY
(STATEWIDE PERCENT ENROLLED = 11.9%)
JANUARY-DECEMBER 2017



COUNTIES WITH HIGHEST PERCENT ENROLLED: MIFFLIN (20.6%), SOMERSET (20.5%), AND SCHUYLKILL (20.1%),
COUNTIES WITH LOWEST PERCENT ENROLLED: CHESTER (6.2%), MONTGOMERY (6.5%), AND BUCKS (6.7%)

SOURCE: CARDHOLDER FILE, CLAIMS HISTORY, AND 2016 INTERCENSAL ESTIMATES

SECTION 6

PROVIDER DATA

pennsylvania
DEPARTMENT OF AGING

TABLE 6.1
PACE CLAIMS BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2017

PROVIDER TYPE	PROVIDERS NO.	PROVIDERS %	BRAND SINGLE-SOURCE NO.	BRAND SINGLE-SOURCE %	BRAND MULTI-SOURCE NO.	BRAND MULTI-SOURCE %	GENERIC NO.	GENERIC %	TOTAL CLAIMS NO.	TOTAL CLAIMS %
INDEPENDENT PHARMACIES	976	32.3	78,732	11.1	25,035	3.5	605,956	85.4	709,723	100.0
DISPENSING PHYSICIANS	29	1.0	264	77.4	26	7.6	51	15.0	341	100.0
INSTITUTIONAL PHARMACIES	27	0.9	483	7.1	357	5.3	5,926	87.6	6,766	100.0
CHAIN PHARMACIES	1,825	60.4	153,183	11.3	48,953	3.6	1,156,769	85.1	1,358,905	100.0
NURSING HOME PHARMACIES	126	4.2	20,685	9.8	7,318	3.5	183,932	86.8	211,935	100.0
MAIL ORDER PHARMACIES	37	1.2	2,828	12.7	778	3.5	18,679	83.8	22,285	100.0
HOME INFUSION PHARMACIES	3	0.1	1	6.7	2	13.3	12	80.0	15	100.0
TOTAL	3,023	100.0	256,176	11.1	82,469	3.6	1,971,325	85.3	2,309,970	100.0

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.2
PACE EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2017

PROVIDER TYPE	BRAND SINGLE-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	BRAND MULTI-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	GENERIC EXPENDITURES	%	AVERAGE STATE SHARE	TOTAL, ALL PRODUCTS EXPENDITURES	%	AVERAGE STATE SHARE
INDEPENDENT PHARMACIES	$10,718,315	60.1	$136.14	$2,317,099	13.0	$92.55	$4,784,137	26.8	$7.90	$17,819,552	100.0	$25.11
DISPENSING PHYSICIANS	$196,798	95.8	$745.45	$3,384	1.6	$130.15	$5,230	2.5	$102.54	$205,412	100.0	$602.38
INSTITUTIONAL PHARMACIES	$235,829	82.4	$488.26	$12,473	4.4	$34.94	$37,762	13.2	$6.37	$286,063	100.0	$42.28
CHAIN PHARMACIES	$18,880,169	59.4	$123.25	$4,558,815	14.3	$93.13	$8,330,331	26.2	$7.20	$31,769,315	100.0	$23.38
NURSING HOME PHARMACIES	$2,022,494	56.4	$97.78	$401,944	11.2	$54.93	$1,159,861	32.4	$6.31	$3,584,299	100.0	$16.91
MAIL ORDER PHARMACIES	$777,757	84.1	$275.02	$61,681	6.7	$79.28	$85,563	9.3	$4.58	$925,001	100.0	$41.51
HOME INFUSION PHARMACIES	$117	2.6	$117.21	$1,440	32.1	$719.90	$2,931	65.3	$244.24	$4,488	100.0	$299.19
TOTAL	$32,831,479	60.1	$128.16	$7,356,837	13.5	$89.21	$14,405,814	26.4	$7.31	$54,594,130	$100.0	$23.63

SOURCE: PDA/PS-0-100, CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, EXCLUDE PACENET CLAIMS.

TABLE 6.3
PACENET CLAIMS AND EXPENDITURES BY PROVIDER TYPE
JANUARY - DECEMBER 2017

PROVIDER TYPE	PROVIDERS		CLAIMS				EXPENDITURES				
	ENROLLED	PARTICI-PATING	DEDUCTIBLE CLAIMS	COPAID CLAIMS	TOTAL CLAIMS	% OF CLAIMS	CARDHOLDER EXPENDITURES	OTHER PAYER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL EXPENDITURES
INDEPENDENT PHARMACIES	1,081	988	187,343	1,037,274	1,224,617	28.6	$11,477,545	$78,540,012	$30,684,171	$120,701,728	28.4
DISPENSING PHYSICIANS	117	40	25	825	850	0.0	$13,298	$2,786,816	$408,850	$3,208,964	0.8
INSTITUTIONAL PHARMACIES	29	27	1,244	8,155	9,399	0.2	$75,627	$1,739,647	$310,491	$2,125,764	0.5
CHAIN PHARMACIES	1,843	1,824	419,380	2,233,328	2,652,708	62.0	$25,966,827	$159,265,990	$62,594,689	$247,827,505	58.4
NURSING HOME PHARMACIES	134	129	44,247	274,049	318,296	7.4	$2,465,666	$12,007,285	$5,043,369	$19,516,319	4.6
MAIL ORDER PHARMACIES	62	39	5,412	67,137	72,549	1.7	$934,938	$26,164,704	$4,022,777	$31,122,419	7.3
HOME INFUSION PHARMACIES	5	5	1	53	54	0.0	$904	$17,122	$11,524	$29,549	0.0
TOTAL (ALL PROVIDERS)	3,271	3,052	657,652	3,620,821	4,278,473	100.0	$40,934,803	$280,521,577	$103,075,869	$424,532,249	100.0

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

IN 2017, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $39.45 TO COINCIDE WITH THE REGIONAL MEDICARE PART D PREMIUM BENCHMARK.

PACENET CARDHOLDERS WHO ARE NOT ENROLLED IN PART D ARE REQUIRED TO PAY THE BENCHMARK AMOUNT PRIOR TO ANY PACENET CLAIM COVERAGE.

TABLE 6.4
PACENET CLAIMS VOLUME BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2017

DEDUCTIBLE PHASE CLAIMS

	BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL (ALL PRODUCTS)	
PROVIDER TYPE	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	2,301	1.2	1,402	0.8	183,640	98.0	187,343	100.0
DISPENSING PHYSICIANS	0	0.0	0	0.0	25	100.0	25	100.0
INSTITUTIONAL PHARMACIES	32	2.6	39	3.1	1,173	94.3	1,244	100.0
CHAIN PHARMACIES	4,763	1.1	3,730	0.9	410,887	98.0	419,380	100.0
NURSING HOME PHARMACIES	670	1.5	341	0.8	43,236	97.7	44,247	100.0
MAIL ORDER PHARMACIES	50	0.9	38	0.7	5,324	98.4	5,412	100.0
HOME INFUSION PHARMACIES	0	0.0	0	0.0	1	100.0	1	100.0
TOTAL (ALL PROVIDERS)	7,816	1.2	5,550	0.8	644,286	98.0	657,652	100.0

COPAYMENT PHASE CLAIMS

	BRAND SINGLE-SOURCE		BRAND MULTI-SOURCE		GENERIC		TOTAL (ALL PRODUCTS)	
PROVIDER TYPE	NO.	%	NO.	%	NO.	%	NO.	%
INDEPENDENT PHARMACIES	142,085	13.7	38,851	3.8	856,338	82.6	1,037,274	100.0
DISPENSING PHYSICIANS	623	75.5	64	7.8	138	16.7	825	100.0
INSTITUTIONAL PHARMACIES	891	10.9	495	6.1	6,769	83.0	8,155	100.0
CHAIN PHARMACIES	313,234	14.0	87,250	3.9	1,832,844	82.1	2,233,328	100.0
NURSING HOME PHARMACIES	29,997	11.0	10,197	3.7	233,855	85.3	274,049	100.0
MAIL ORDER PHARMACIES	8,415	12.5	2,215	3.3	56,507	84.2	67,137	100.0
HOME INFUSION PHARMACIES	5	9.4	1	1.9	47	88.7	53	100.0
TOTAL (ALL PROVIDERS)	495,250	13.7	139,073	3.8	2,986,498	82.5	3,620,821	100.0

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.
IN 2017, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $39.45 TO COINCIDE WITH THE REGIONAL MEDICARE PART D PREMIUM BENCHMARK. PACENET CARDHOLDERS WHO ARE NOT ENROLLED IN PART D ARE REQUIRED TO PAY THE BENCHMARK AMOUNT PRIOR TO ANY PACENET CLAIM COVERAGE. THE DEDUCTIBLE AND COPAYMENT PHASES DIFFER IN THE TYPES OF CLAIMS SUBMITTED. LOW-PRICED PRESCRIPTIONS FOR WHICH THE TOTAL PRICE IS LESS THAN THE $8 OR $15 COPAY ARE NOT NECESSARILY SUBMITTED DURING THE COPAYMENT PHASE, BUT MAY BE SUBMITTED DURING THE DEDUCTIBLE PHASE TO SATISFY THE DEDUCTIBLE. GENERIC UTILIZATION RATES MAY THEREFORE BE HIGHER IN THE DEDUCTIBLE PHASE DUE TO THE OVER-REPRESENTATION OF LOW-PRICED GENERIC CLAIMS.

TABLE 6.5
PACENET EXPENDITURES BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2017

A. DEDUCTIBLE PHASE CLAIMS

PROVIDER TYPE	BRAND SINGLE-SOURCE AMOUNT	%	BRAND MULTI-SOURCE AMOUNT	%	GENERIC AMOUNT	%	ALL PRODUCTS AMOUNT	%
INDEPENDENT PHARMACIES								
CARDHOLDER EXPENDITURES	$64,535	3.8	$34,236	2.0	$1,604,863	94.2	$1,703,634	100.0
OTHER PAYER EXPENDITURES	$838,241	46.9	$162,240	9.1	$786,540	44.0	$1,787,021	100.0
STATE SHARE EXPENDITURES	$2,636	87.6	–	–	$372	12.4	$3,009	100.0
TOTAL EXPENDITURES	$905,413	25.9	$196,476	5.6	$2,391,776	68.5	$3,493,664	100.0
DISPENSING PHYSICIANS								
CARDHOLDER EXPENDITURES	$0	–	$0	–	$135	100.0	$135	100.0
OTHER PAYER EXPENDITURES	$0	–	$0	–	$74	100.0	$74	100.0
STATE SHARE EXPENDITURES	$0	–	$0	–	$0	–	$0	–
TOTAL EXPENDITURES	$0	–	$0	–	$210	100.0	$210	100.0
INSTITUTIONAL PHARMACIES								
CARDHOLDER EXPENDITURES	$368	3.8	$502	5.2	$8,817	91.0	$9,687	100.0
OTHER PAYER EXPENDITURES	$5,242	41.0	$4,096	32.1	$3,440	26.9	$12,778	100.0
STATE SHARE EXPENDITURES	$235	100.0	$0	–	$0	–	$235	100.0
TOTAL EXPENDITURES	$5,845	25.8	$4,598	20.3	$12,257	54.0	$22,699	100.0
CHAIN PHARMACIES								
CARDHOLDER EXPENDITURES	$149,926	3.9	$98,653	2.5	$3,641,001	93.6	$3,889,580	100.0
OTHER PAYER EXPENDITURES	$1,619,766	45.0	$339,612	9.4	$1,641,221	45.6	$3,600,599	100.0
STATE SHARE EXPENDITURES	$544	44.6	$21	1.7	$656	53.7	$1,221	100.0
TOTAL EXPENDITURES	$1,770,236	23.6	$438,286	5.9	$5,282,878	70.5	$7,491,400	100.0
NURSING HOME PHARMACIES								
CARDHOLDER EXPENDITURES	$14,491	4.0	$6,819	1.9	$339,127	94.1	$360,436	100.0
OTHER PAYER EXPENDITURES	$151,239	39.8	$24,972	6.6	$203,500	53.6	$379,711	100.0
STATE SHARE EXPENDITURES	$1,230	59.3	$302	14.6	$544	26.2	$2,076	100.0
TOTAL EXPENDITURES	$166,960	22.5	$32,093	4.3	$543,171	73.2	$742,224	100.0
MAIL ORDER PHARMACIES								
CARDHOLDER EXPENDITURES	$1,676	3.1	$1,079	2.0	$51,381	94.9	$54,136	100.0
OTHER PAYER EXPENDITURES	$83,461	60.3	$10,218	7.4	$44,854	32.4	$138,534	100.0
STATE SHARE EXPENDITURES	$0	–	$0	–	$0	–	$0	–
TOTAL EXPENDITURES	$85,137	44.2	$11,297	5.9	$96,236	50.0	$192,669	100.0
HOME INFUSION PHARMACIES								
CARDHOLDER EXPENDITURES	$0	–	$0	–	$77	100.0	$77	100.0
OTHER PAYER EXPENDITURES	$0	–	$0	–	$0	–	$0	–
STATE SHARE EXPENDITURES	$0	–	$0	–	$0	–	$0	–
TOTAL EXPENDITURES	$0	–	$0	–	$77	100.0	$77	100.0
TOTAL (ALL PROVIDERS)								
CARDHOLDER EXPENDITURES	$230,996	3.8	$141,289	2.4	$5,645,401	93.8	$6,017,686	100.0
OTHER PAYER EXPENDITURES	$2,697,949	45.6	$541,138	9.1	$2,679,630	45.3	$5,918,717	100.0
STATE SHARE EXPENDITURES	$4,646	71.0	$323	4.9	$1,572	24.0	$6,540	100.0
TOTAL EXPENDITURES	$2,933,591	24.6	$682,749	5.7	$8,326,603	69.7	$11,942,943	100.0

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.
IN 2017, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $39.45 TO COINCIDE WITH THE REGIONAL MEDICARE PART D BENCHMARK PREMIUM. STATE SHARE EXPENDITURES FOR DEDUCTIBLE CLAIMS ARE ONLY INCURRED FOR TRANSITION CLAIMS WHICH COMPLETE THE $39.45 MONTHLY DEDUCTIBLE ACCUMULATION. FOR THESE CLAIMS, THE CARDHOLDER PAYS THE OUTSTANDING DEDUCTIBLE AMOUNT AND A COPAYMENT, WHILE PACENET COVERS THE REMAINING COST, IF ANY, OF THE PRESCRIPTION.

TABLE 6.5
PACENET EXPENDITURES BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2017

B. COPAYMENT PHASE CLAIMS

PROVIDER TYPE	BRAND SINGLE-SOURCE AMOUNT	%	BRAND MULTI-SOURCE AMOUNT	%	GENERIC AMOUNT	%	ALL PRODUCTS AMOUNT	%
INDEPENDENT PHARMACIES								
CARDHOLDER EXPENDITURES	$2,899,520	29.7	$758,753	7.8	$6,115,638	62.6	$9,773,910	100.0
OTHER PAYER EXPENDITURES	$57,021,072	74.3	$7,246,904	9.4	$12,485,015	16.3	$76,752,991	100.0
STATE SHARE EXPENDITURES	$19,891,207	64.8	$3,925,945	12.8	$6,864,011	22.4	$30,681,162	100.0
TOTAL EXPENDITURES	$79,811,799	68.1	$11,931,601	10.2	$25,464,663	21.7	$117,208,063	100.0
DISPENSING PHYSICIANS								
CARDHOLDER EXPENDITURES	$11,245	85.4	$1,072	8.2	$846	6.4	$13,163	100.0
OTHER PAYER EXPENDITURES	$2,689,693	96.5	$41,464	1.5	$55,585	2.0	$2,786,742	100.0
STATE SHARE EXPENDITURES	$393,535	96.3	$7,894	1.9	$7,420	1.8	$408,850	100.0
TOTAL EXPENDITURES	$3,094,473	96.4	$50,430	1.6	$63,851	2.0	$3,208,754	100.0
INSTITUTIONAL PHARMACIES								
CARDHOLDER EXPENDITURES	$15,776	23.9	$6,099	9.3	$44,065	66.8	$65,940	100.0
OTHER PAYER EXPENDITURES	$1,494,949	86.6	$48,078	2.8	$183,842	10.7	$1,726,869	100.0
STATE SHARE EXPENDITURES	$219,434	70.7	$24,971	8.1	$65,850	21.2	$310,256	100.0
TOTAL EXPENDITURES	$1,730,159	82.3	$79,148	3.8	$293,758	14.0	$2,103,065	100.0
CHAIN PHARMACIES								
CARDHOLDER EXPENDITURES	$6,882,736	31.2	$1,806,975	8.2	$13,387,535	60.6	$22,077,246	100.0
OTHER PAYER EXPENDITURES	$111,601,011	71.7	$17,117,695	11.0	$26,946,685	17.3	$155,665,391	100.0
STATE SHARE EXPENDITURES	$40,510,781	64.7	$8,316,889	13.3	$13,765,798	22.0	$62,593,468	100.0
TOTAL EXPENDITURES	$158,994,528	66.2	$27,241,559	11.3	$54,100,018	22.5	$240,336,105	100.0
NURSING HOME PHARMACIES								
CARDHOLDER EXPENDITURES	$516,828	24.6	$144,214	6.9	$1,444,187	68.6	$2,105,229	100.0
OTHER PAYER EXPENDITURES	$7,546,815	64.9	$1,345,221	11.6	$2,735,538	23.5	$11,627,574	100.0
STATE SHARE EXPENDITURES	$3,009,012	59.7	$594,184	11.8	$1,438,097	28.5	$5,041,292	100.0
TOTAL EXPENDITURES	$11,072,655	59.0	$2,083,619	11.1	$5,617,822	29.9	$18,774,096	100.0
MAIL ORDER PHARMACIES								
CARDHOLDER EXPENDITURES	$265,526	30.2	$67,008	7.6	$548,269	62.3	$880,802	100.0
OTHER PAYER EXPENDITURES	$21,756,995	83.6	$1,995,636	7.7	$2,273,538	8.7	$26,026,170	100.0
STATE SHARE EXPENDITURES	$3,548,956	88.2	$209,912	5.2	$263,909	6.6	$4,022,777	100.0
TOTAL EXPENDITURES	$25,571,477	82.7	$2,272,557	7.4	$3,085,716	10.0	$30,929,750	100.0
HOME INFUSION PHARMACIES								
CARDHOLDER EXPENDITURES	$60	7.3	$15	1.8	$752	90.9	$827	100.0
OTHER PAYER EXPENDITURES	$2,477	14.5	$0	0.0	$14,645	85.5	$17,122	100.0
STATE SHARE EXPENDITURES	$769	6.7	$2,485	21.6	$8,269	71.8	$11,524	100.0
TOTAL EXPENDITURES	$3,306	11.2	$2,500	8.5	$23,666	80.3	$29,472	100.0
TOTAL (ALL PROVIDERS)								
CARDHOLDER EXPENDITURES	$10,591,691	30.3	$2,784,136	8.0	$21,541,291	61.7	$34,917,118	100.0
OTHER PAYER EXPENDITURES	$202,113,012	73.6	$27,794,998	10.1	$44,694,849	16.3	$274,602,859	100.0
STATE SHARE EXPENDITURES	$67,573,695	65.6	$13,082,280	12.7	$22,413,354	21.8	$103,069,329	100.0
TOTAL EXPENDITURES	$280,278,398	67.9	$43,661,413	10.6	$88,649,494	21.5	$412,589,305	100.0

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.
IN 2017, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $39.45 TO COINCIDE WITH THE REGIONAL MEDICARE PART D BENCHMARK PREMIUM. STATE SHARE EXPENDITURES FOR DEDUCTIBLE CLAIMS ARE ONLY INCURRED FOR TRANSITION CLAIMS WHICH COMPLETE THE $39.45 MONTHLY DEDUCTIBLE ACCUMULATION. FOR THESE CLAIMS, THE CARDHOLDER PAYS THE OUTSTANDING DEDUCTIBLE AMOUNT AND A COPAYMENT, WHILE PACENET COVERS THE REMAINING COST, IF ANY, OF THE PRESCRIPTION.

TABLE 6.6
AVERAGE CARDHOLDER AND STATE SHARE COST PER PACENET CLAIM
BY PHASE OF COVERAGE, PRODUCT TYPE, AND PROVIDER TYPE
JANUARY - DECEMBER 2017

	DEDUCTIBLE PHASE				COPAYMENT PHASE			
PROVIDER TYPE	BRAND SINGLE-SOURCE	BRAND MULTI-SOURCE	GENERIC	TOTAL	BRAND SINGLE-SOURCE	BRAND MULTI-SOURCE	GENERIC	TOTAL
INDEPENDENT PHARMACIES								
AVERAGE CARDHOLDER SHARE	$28.05	$24.42	$8.74	$9.09	$20.41	$19.53	$7.14	$9.42
AVERAGE OTHER PAYER SHARE	$364.29	$115.72	$4.28	$9.54	$401.32	$186.53	$14.58	$73.99
AVERAGE STATE SHARE	$1.15	–	–	$0.02	$140.00	$101.05	$8.02	$29.58
AVERAGE TOTAL RX COST	$393.49	$140.14	$13.02	$18.65	$561.72	$307.11	$29.74	$113.00
DISPENSING PHYSICIANS								
AVERAGE CARDHOLDER SHARE	–	–	$5.41	$5.41	$18.05	$16.75	$6.13	$15.95
AVERAGE OTHER PAYER SHARE	–	–	$2.98	$2.98	$4,317.32	$647.87	$402.79	$3,377.87
AVERAGE STATE SHARE	–	–	–	–	$631.68	$123.35	$53.77	$495.58
AVERAGE TOTAL RX COST	–	–	$8.38	$8.38	$4,967.05	$787.97	$462.69	$3,889.40
INSTITUTIONAL PHARMACIES								
AVERAGE CARDHOLDER SHARE	$11.51	$12.88	$7.52	$7.79	$17.71	$12.32	$6.51	$8.09
AVERAGE OTHER PAYER SHARE	$163.81	$105.01	$2.93	$10.27	$1,677.83	$97.13	$27.16	$211.76
AVERAGE STATE SHARE	$7.33	–	–	$0.19	$246.28	$50.45	$9.73	$38.04
AVERAGE TOTAL RX COST	$182.66	$117.89	$10.45	$18.25	$1,941.82	$159.90	$43.40	$257.89
CHAIN PHARMACIES								
AVERAGE CARDHOLDER SHARE	$31.48	$26.45	$8.86	$9.27	$21.97	$20.71	$7.30	$9.89
AVERAGE OTHER PAYER SHARE	$340.07	$91.05	$3.99	$8.59	$356.29	$196.19	$14.70	$69.70
AVERAGE STATE SHARE	$0.11	$0.01	–	–	$129.33	$95.32	$7.51	$28.03
AVERAGE TOTAL RX COST	$371.66	$117.50	$12.86	$17.86	$507.59	$312.22	$29.52	$107.61
NURSING HOME PHARMACIES								
AVERAGE CARDHOLDER SHARE	$21.63	$20.00	$7.84	$8.15	$17.23	$14.14	$6.18	$7.68
AVERAGE OTHER PAYER SHARE	$225.73	$73.23	$4.71	$8.58	$251.59	$131.92	$11.70	$42.43
AVERAGE STATE SHARE	$1.84	$0.89	$0.01	$0.05	$100.31	$58.27	$6.15	$18.40
AVERAGE TOTAL RX COST	$249.19	$94.11	$12.56	$16.77	$369.13	$204.34	$24.02	$68.51
MAIL ORDER PHARMACIES								
AVERAGE CARDHOLDER SHARE	$33.51	$28.39	$9.65	$10.00	$31.55	$30.25	$9.70	$13.12
AVERAGE OTHER PAYER SHARE	$1,669.22	$268.91	$8.42	$25.60	$2,585.50	$900.96	$40.23	$387.66
AVERAGE STATE SHARE	–	–	–	–	$421.74	$94.77	$4.67	$59.92
AVERAGE TOTAL RX COST	$1,702.73	$297.29	$18.08	$35.60	$3,038.80	$1,025.98	$54.61	$460.70
HOME INFUSION PHARMACIES								
AVERAGE CARDHOLDER SHARE	–	–	$76.80	$76.80	$12.00	$15.00	$16.00	$15.60
AVERAGE OTHER PAYER SHARE	–	–	–	–	$495.33	$0.00	$311.60	$323.05
AVERAGE STATE SHARE	–	–	–	–	$153.80	$2,485.34	$175.95	$217.43
AVERAGE TOTAL RX COST	–	–	$76.80	$76.80	$661.13	$2,500.34	$503.54	$556.08
TOTAL (ALL PROVIDERS)								
AVERAGE CARDHOLDER SHARE	$29.55	$25.46	$8.76	$9.15	$21.39	$20.02	$7.21	$9.64
AVERAGE OTHER PAYER SHARE	$345.18	$97.50	$4.16	$9.00	$408.10	$199.86	$14.97	$75.84
AVERAGE STATE SHARE	$0.59	$0.06	–	$0.01	$136.44	$94.07	$7.50	$28.47
AVERAGE TOTAL RX COST	$375.33	$123.02	$12.92	$18.16	$565.93	$313.95	$29.68	$113.95

SOURCE: PDA/CLAIMS HISTORY

NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT.

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THE CARDHOLDER SHARE INCLUDES THE DEDUCTIBLE PAYMENTS, COPAYMENTS, AND GENERIC DIFFERENTIAL PAYMENTS IF BRAND IS CHOSEN OVER GENERIC. THE CARDHOLDER SHARE DURING THE COPAYMENT PHASE MAY THEREFORE EXCEED THE $8 OR $15 COPAYMENT.

SECTION 7

THERAPEUTIC CLASS DATA AND OPIOID UTILIZATION DATA

pennsylvania
DEPARTMENT OF AGING

SECTION 7
PART A

GENERAL THERAPEUTIC CLASS DATA

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
ANTI-INFECTIVE AGENTS	79,465	3.5	$1,541,824	2.8	31,442	43.1	$49.04	$15.40
QUINOLONES	11,876	0.5	$34,299	0.1	8,187	11.2	$4.19	$0.34
CEPHALOSPORINS	11,926	0.5	$74,188	0.1	8,303	11.4	$8.94	$0.74
ANTINEOPLASTIC AGENTS	6,683	0.3	$2,456,964	4.5	1,402	1.9	$1,752.47	$24.54
AUTONOMIC DRUGS	103,703	4.5	$4,328,038	8.0	20,783	28.5	$208.25	$43.23
ANTICHOLINERGICS	31,688	1.4	$3,112,381	5.7	6,760	9.3	$460.41	$31.09
ADRENERGIC AGENTS	26,626	1.2	$604,827	1.1	9,443	12.9	$64.05	$6.04
BLOOD FORMATION & COAGULATION AGENTS	102,306	4.5	$5,500,666	10.2	16,430	22.5	$334.79	$54.95
CARDIOVASCULAR DRUGS	696,689	30.4	$8,148,242	15.0	55,265	75.8	$147.44	$81.39
CARDIAC DRUGS	452,557	19.7	$3,932,512	7.3	48,633	66.7	$80.86	$39.28
ANGIOTENSIN RECEPTOR BLOCKERS	71,839	3.1	$1,114,833	2.1	12,658	17.4	$88.07	$11.14
ACE INHIBITORS	76,766	3.3	$204,812	0.4	15,221	20.9	$13.46	$2.05
CARDIAC GLYCOSIDES	12,212	0.5	$140,749	0.3	2,067	2.8	$68.09	$1.41
ANTIARRHYTHMIC AGENTS	9,095	0.4	$404,074	0.7	1,781	2.4	$226.88	$4.04
BETA BLOCKERS	165,631	7.2	$1,086,117	2.0	28,494	39.1	$38.12	$10.85
CALCIUM CHANNEL BLOCKERS	114,024	5.0	$674,973	1.2	20,103	27.6	$33.58	$6.74
LIPID-LOWERING AGENTS	193,605	8.4	$2,940,675	5.4	33,447	45.9	$87.92	$29.38
HYPOTENSIVE AGENTS	20,936	0.9	$153,145	0.3	3,677	5.0	$41.65	$1.53
VASODILATING AGENTS	29,140	1.3	$1,072,055	2.0	6,060	8.3	$176.91	$10.71
ANALGESICS/ANTIPYRETICS	110,873	4.8	$1,764,612	3.3	24,120	33.1	$73.16	$17.63
NSAIDS	34,930	1.5	$601,352	1.1	10,245	14.0	$58.70	$6.01
COX-2 INHIBITORS	9,609	0.4	$148,470	0.3	2,034	2.8	$72.99	$1.48
OPIATE AGONISTS	74,404	3.2	$1,008,711	1.9	17,898	24.5	$56.36	$10.08
PSYCHOTHERAPEUTIC AGENTS	132,870	5.8	$951,341	1.8	18,929	26.0	$50.26	$9.50
ANTIDEPRESSANTS	115,559	5.0	$608,735	1.1	17,907	24.6	$33.99	$6.08
SSRI ANTIDEPRESSANTS	61,168	2.7	$167,692	0.3	11,139	15.3	$15.05	$1.68
ANTIPSYCHOTICS	17,311	0.8	$342,606	0.6	2,656	3.6	$128.99	$3.42
ANXIOLYTICS/SEDATIVES/HYPNOTICS	66,133	2.9	$479,688	0.9	12,755	17.5	$37.61	$4.79
BENZODIAZEPINES	49,308	2.2	$290,592	0.5	9,943	13.6	$29.23	$2.90
MISCELLANEOUS ANX/SED/HYPNOTICS	15,663	0.7	$174,856	0.3	3,593	4.9	$48.67	$1.75

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
REPLACEMENT PREPARATIONS	37,963	1.7	$296,712	0.5	7,498	10.3	$39.57	$2.96
DIURETICS	123,805	5.4	$664,247	1.2	22,675	31.1	$29.29	$6.64
LOOP DIURETICS	69,384	3.0	$228,462	0.4	14,231	19.5	$16.05	$2.28
POTASSIUM-SPARING DIURETICS	15,367	0.7	$53,853	0.1	3,123	4.3	$17.24	$0.54
THIAZIDE DIURETICS	30,601	1.3	$84,646	0.2	6,630	9.1	$12.77	$0.85
RESPIRATORY TRACT AGENTS	56,521	2.5	$3,489,462	6.4	12,928	17.7	$269.92	$34.86
EYE, EAR, NOSE AND THROAT PREPARATIONS	86,691	3.8	$3,181,777	5.9	19,135	26.2	$166.28	$31.78
GASTROINTESTINAL AGENTS	158,798	6.9	$2,570,917	4.7	28,278	38.8	$90.92	$25.68
H2-RECEPTOR ANTAGONISTS	19,027	0.8	$52,667	0.1	4,530	6.2	$11.63	$0.53
PROTON PUMP INHIBITORS	106,110	4.6	$1,218,660	2.2	19,925	27.3	$61.16	$12.17
OTHER MISCELL. ANTI-ULCER AGENTS	3,646	0.2	$170,914	0.3	1,102	1.5	$155.09	$1.71
HORMONES AND SYNTHETIC SUBSTANCES	257,429	11.2	$9,736,846	18.0	34,595	47.4	$281.45	$97.26
ADRENALS AND COMB.	25,679	1.1	$117,461	0.2	11,382	15.6	$10.32	$1.17
ESTROGENS AND COMB.	3,957	0.2	$472,350	0.9	1,128	1.5	$418.75	$4.72
ANTIDIABETIC AGENTS	130,286	5.7	$8,272,945	15.3	15,391	21.1	$537.52	$82.64
THYROID AND ANTITHYROID AGENTS	89,932	3.9	$484,607	0.9	14,525	19.9	$33.36	$4.84
SMOOTH MUSCLE RELAXANTS	30,875	1.3	$1,861,122	3.4	5,416	7.4	$343.63	$18.59
THEOPHYLLINE AND RELATED DRUGS	930	0.0	$23,780	0.0	156	0.2	$152.44	$0.24
DRUGS FOR OSTEOPOROSIS	21,332	0.9	$809,380	1.5	4,430	6.1	$182.70	$8.09
ALL OTHER DRUGS	219,959	9.6	$6,408,276	11.8	34,985	48.0	$183.17	$64.01
ALL CLASSES COMBINED	2,292,095	100.0	$54,190,115	100.0	72,925	100.0	$743.09	$541.32

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET CLAIMS.
THE AVERAGE ANNUAL NUMBER OF UNIQUE THERAPEUTIC CLASSES USED BY CARDHOLDERS WITH ONE OR MORE CLAIMS IN 2017 WAS 4.8 (BASED ON BROAD THERAPEUTIC CATEGORY).
THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACE FOR ANY PORTION OF CALENDAR YEAR 2017 (N=100,108).

TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017

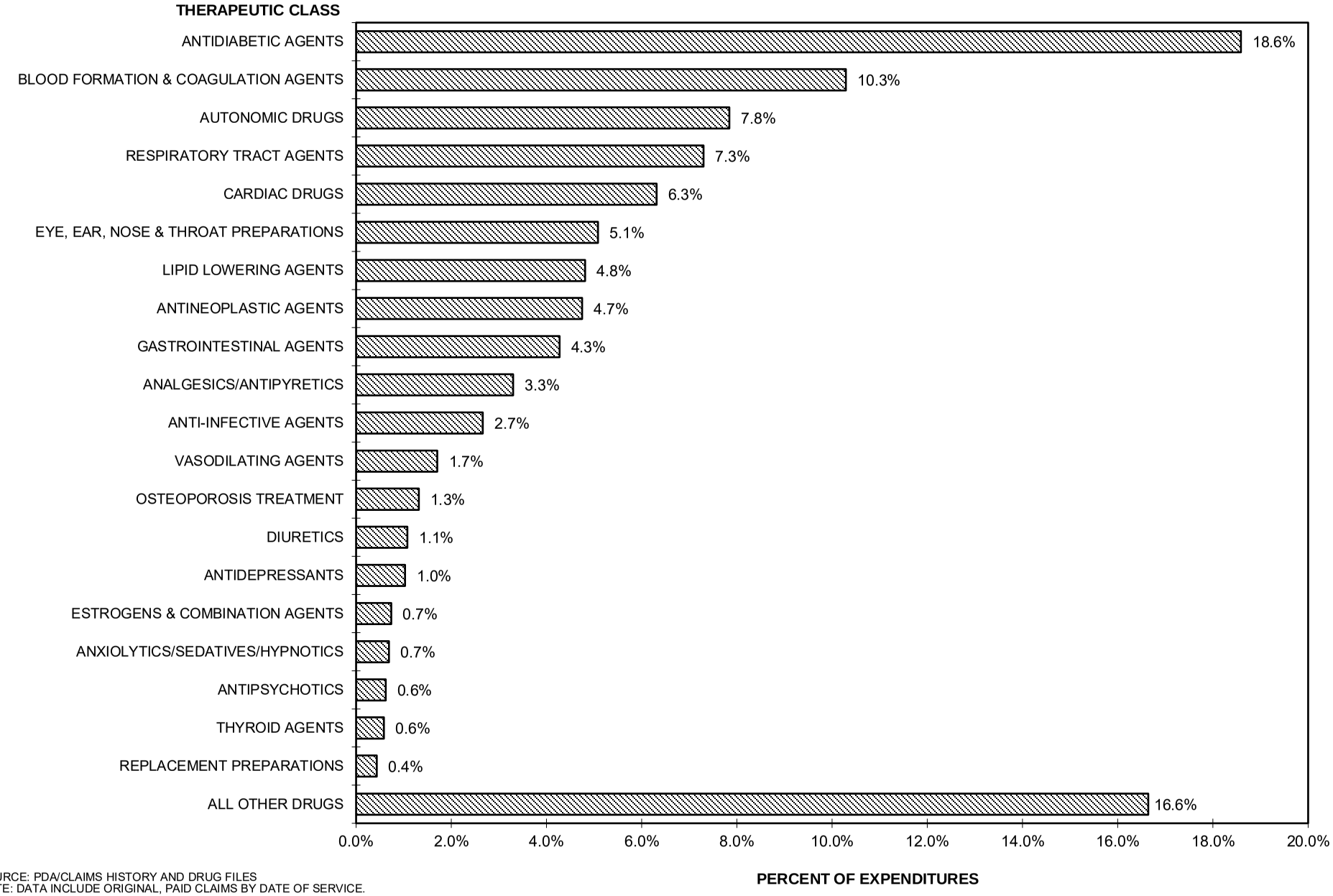
THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
ANTI-INFECTIVE AGENTS	164,398	3.9	$2,631,138	2.6	62,204	47.3	$42.30	$15.65
QUINOLONES	24,521	0.6	$44,620	0.0	16,806	12.8	$2.66	$0.27
CEPHALOSPORINS	25,080	0.6	$107,260	0.1	17,142	13.0	$6.26	$0.64
ANTINEOPLASTIC AGENTS	15,047	0.4	$4,983,620	4.9	3,087	2.3	$1,614.39	$29.64
AUTONOMIC DRUGS	205,486	4.8	$7,955,484	7.8	39,909	30.4	$199.34	$47.32
ANTICHOLINERGICS	62,623	1.5	$5,840,438	5.7	12,708	9.7	$459.59	$34.74
ADRENERGIC AGENTS	48,321	1.1	$1,057,261	1.0	17,508	13.3	$60.39	$6.29
BLOOD FORMATION & COAGULATION AGENTS	202,150	4.7	$10,615,738	10.4	32,820	25.0	$323.45	$63.15
CARDIOVASCULAR DRUGS	1,262,249	29.7	$12,415,189	12.1	103,517	78.8	$119.93	$73.85
CARDIAC DRUGS	810,753	19.0	$5,955,026	5.8	91,033	69.3	$65.42	$35.42
ANGIOTENSIN RECEPTOR BLOCKERS	126,877	3.0	$1,602,036	1.6	23,553	17.9	$68.02	$9.53
ACE INHIBITORS	142,607	3.4	$192,519	0.2	29,935	22.8	$6.43	$1.15
CARDIAC GLYCOSIDES	20,645	0.5	$200,555	0.2	3,714	2.8	$54.00	$1.19
ANTIARRHYTHMIC AGENTS	20,465	0.5	$952,294	0.9	3,981	3.0	$239.21	$5.66
BETA BLOCKERS	294,584	6.9	$1,331,160	1.3	53,967	41.1	$24.67	$7.92
CALCIUM CHANNEL BLOCKERS	198,943	4.7	$830,864	0.8	36,811	28.0	$22.57	$4.94
LIPID-LOWERING AGENTS	356,186	8.4	$4,599,841	4.5	65,066	49.5	$70.69	$27.36
HYPOTENSIVE AGENTS	42,726	1.0	$209,946	0.2	7,661	5.8	$27.40	$1.25
VASODILATING AGENTS	51,980	1.2	$1,602,339	1.6	11,690	8.9	$137.07	$9.53
ANALGESICS/ANTIPYRETICS	208,301	4.9	$3,341,710	3.3	44,674	34.0	$74.80	$19.88
NSAIDS	58,360	1.4	$868,161	0.8	18,451	14.0	$47.05	$5.16
COX-2 INHIBITORS	14,628	0.3	$266,545	0.3	3,480	2.6	$76.59	$1.59
OPIATE AGONISTS	146,931	3.5	$2,192,475	2.1	33,873	25.8	$64.73	$13.04
PSYCHOTHERAPEUTIC AGENTS	247,174	5.8	$1,634,787	1.6	35,674	27.2	$45.83	$9.72
ANTIDEPRESSANTS	219,675	5.2	$1,004,436	1.0	34,220	26.0	$29.35	$5.97
SSRI ANTIDEPRESSANTS	113,103	2.7	$186,032	0.2	21,400	16.3	$8.69	$1.11
ANTIPSYCHOTICS	27,499	0.6	$630,351	0.6	4,350	3.3	$144.91	$3.75
ANXIOLYTICS/SEDATIVES/HYPNOTICS	120,307	2.8	$603,553	0.6	23,851	18.2	$25.31	$3.59
BENZODIAZEPINES	90,842	2.1	$332,756	0.3	19,054	14.5	$17.46	$1.98
MISCELLANEOUS ANX/SED/HYPNOTICS	27,675	0.7	$249,949	0.2	6,394	4.9	$39.09	$1.49

TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
REPLACEMENT PREPARATIONS	64,083	1.5	$381,294	0.4	13,139	10.0	$29.02	$2.27
DIURETICS	224,789	5.3	$1,021,034	1.0	42,674	32.5	$23.93	$6.07
LOOP DIURETICS	126,692	3.0	$408,306	0.4	27,060	20.6	$15.09	$2.43
POTASSIUM-SPARING DIURETICS	29,237	0.7	$58,604	0.1	6,444	4.9	$9.09	$0.35
THIAZIDE DIURETICS	54,809	1.3	$99,198	0.1	12,666	9.6	$7.83	$0.59
RESPIRATORY TRACT AGENTS	109,321	2.6	$7,944,459	7.8	23,905	18.2	$332.33	$47.26
EYE, EAR, NOSE AND THROAT PREPARATIONS	146,251	3.4	$4,780,843	4.7	33,911	25.8	$140.98	$28.44
GASTROINTESTINAL AGENTS	273,959	6.4	$4,123,517	4.0	51,328	39.1	$80.34	$24.53
H2-RECEPTOR ANTAGONISTS	32,132	0.8	$42,539	0.0	8,237	6.3	$5.16	$0.25
PROTON PUMP INHIBITORS	182,762	4.3	$1,728,612	1.7	36,125	27.5	$47.85	$10.28
OTHER MISCELL. ANTI-ULCER AGENTS	6,323	0.1	$320,798	0.3	2,036	1.5	$157.56	$1.91
HORMONES AND SYNTHETIC SUBSTANCES	514,850	12.1	$22,955,826	22.4	67,976	51.7	$337.70	$136.55
ADRENALS AND COMB.	55,251	1.3	$292,247	0.3	24,282	18.5	$12.04	$1.74
ESTROGENS AND COMB.	6,760	0.2	$681,536	0.7	2,063	1.6	$330.36	$4.05
ANTIDIABETIC AGENTS	280,661	6.6	$20,843,918	20.3	31,414	23.9	$663.52	$123.99
THYROID AND ANTITHYROID AGENTS	158,279	3.7	$429,952	0.4	26,930	20.5	$15.97	$2.56
SMOOTH MUSCLE RELAXANTS	52,413	1.2	$3,186,440	3.1	9,473	7.2	$336.37	$18.95
THEOPHYLLINE AND RELATED DRUGS	2,074	0.0	$43,152	0.0	377	0.3	$114.46	$0.26
DRUGS FOR OSTEOPOROSIS	31,960	0.8	$1,252,962	1.2	7,071	5.4	$177.20	$7.45
ALL OTHER DRUGS	414,077	9.7	$12,644,629	12.3	64,990	49.5	$194.56	$75.22
ALL CLASSES COMBINED	4,256,815	100.0	$102,472,224	100.0	131,384	100.0	$779.94	$609.54

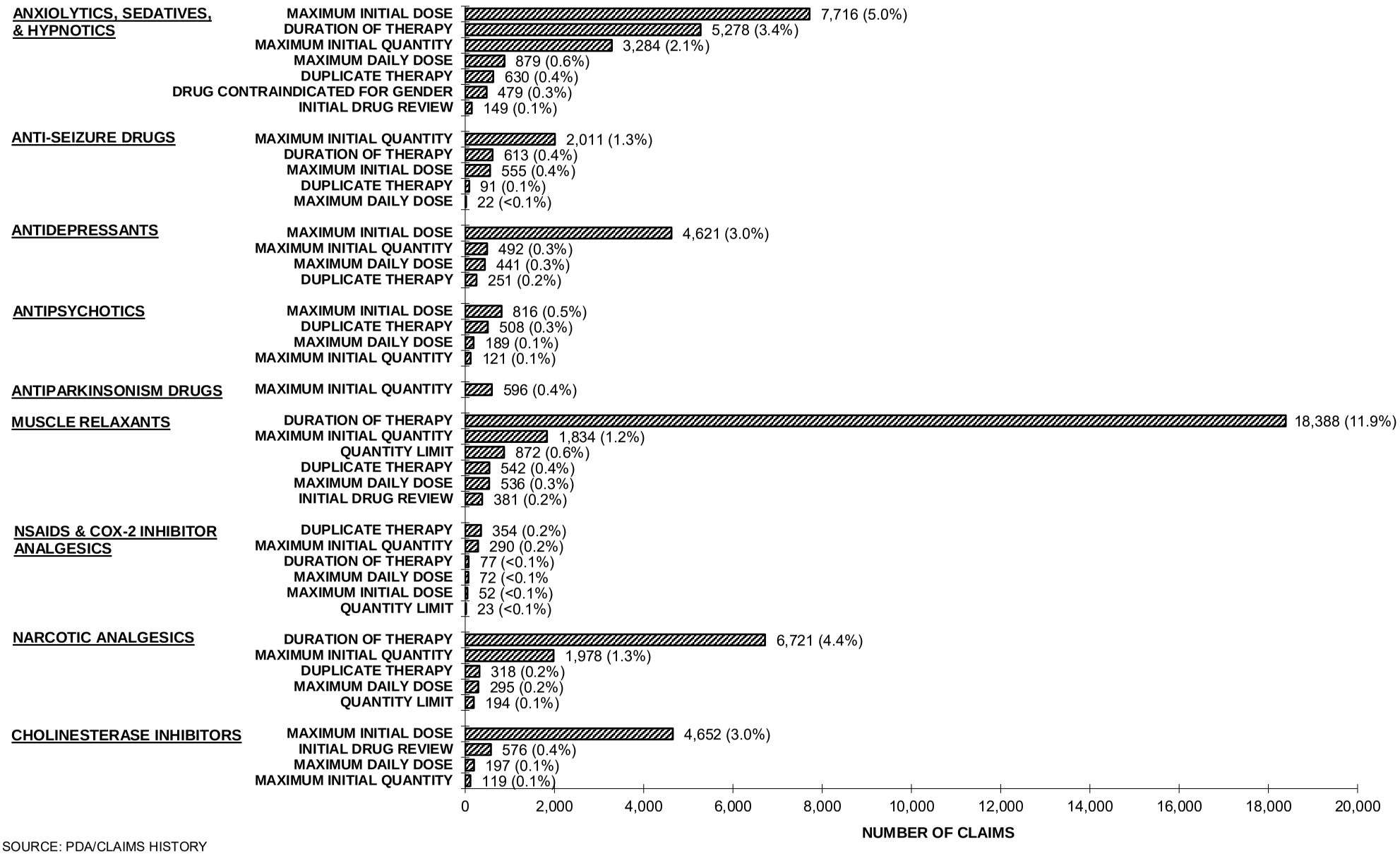
SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE.
TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
THE AVERAGE ANNUAL NUMBER OF UNIQUE THERAPEUTIC CLASSES USED BY CARDHOLDERS WITH ONE OR MORE CLAIMS IN 2017 WAS 5.0 (BASED ON BROAD THERAPEUTIC CATEGORY).
THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACENET FOR ANY PORTION OF CALENDAR YEAR 2017 (N=168,114).

FIGURE 7.1
PERCENT OF PACE AND PACENET STATE SHARE EXPENDITURES BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017
(TOTAL EXPENDITURES = $156,662,339)



SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

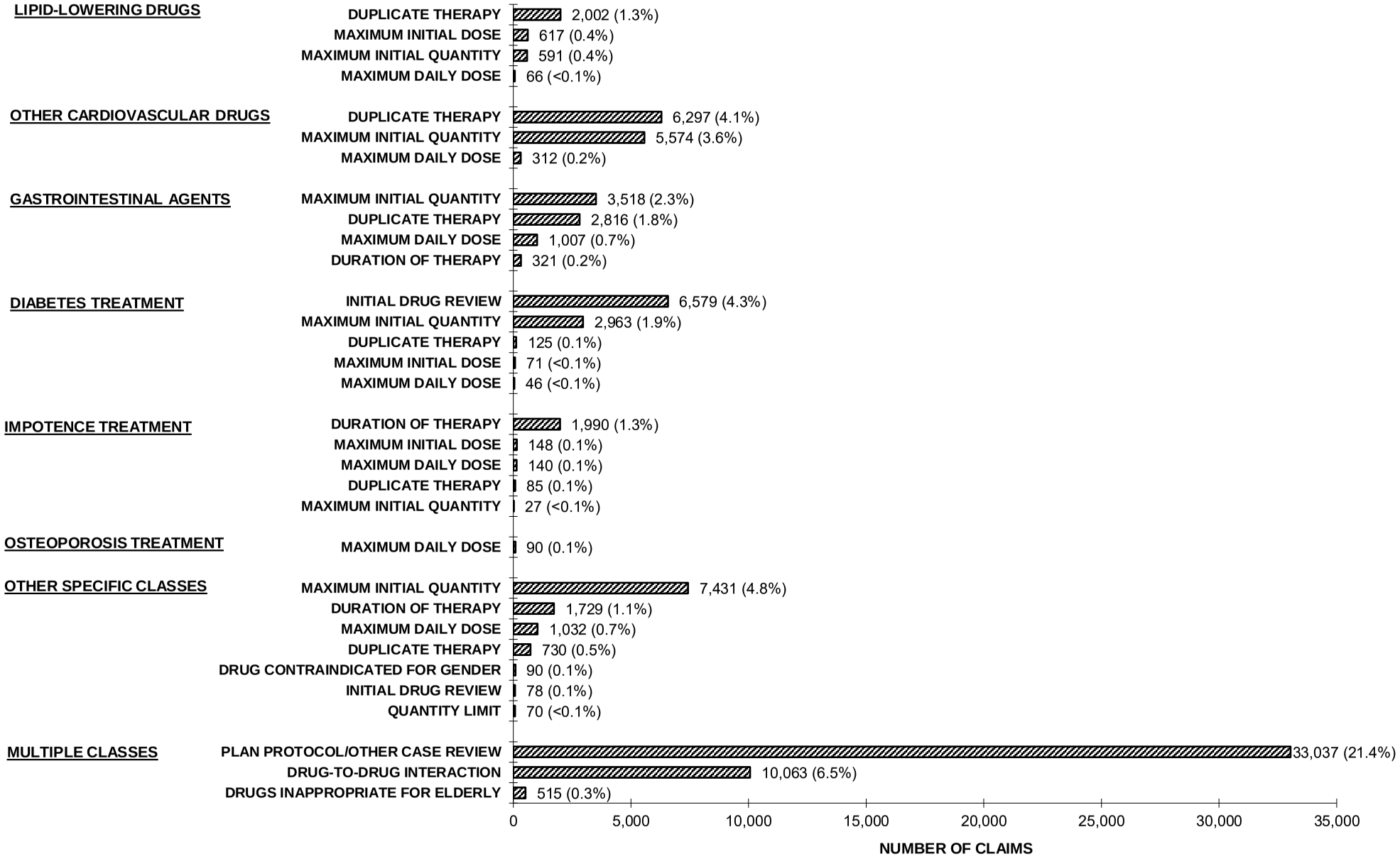
FIGURE 7.2
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017
N = 154,343



SOURCE: PDA/CLAIMS HISTORY

NOTE: BASED ON A TOTAL OF 6,548,910 APPROVED AND 224,236 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

FIGURE 7.2 (CONTINUED)
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2017
N = 154,343



SOURCE: PDA/CLAIMS HISTORY

NOTE: BASED ON A TOTAL OF 6,548,910 APPROVED AND 224,236 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

SECTION 7
PART B

OPIOID UTILIZATION DATA

OPIOID UTILIZATION

An operational responsibility of the PACE Program is to protect enrollees from adverse drug events by providing reimbursement for safe and effective medications. PACE has an active program of quality improvement which includes both retrospective and prospective drug utilization review of opioid prescriptions and prescriber education for pain management. The program screens prescriptions using defined criteria related to dosage, therapeutic duplication, and duration of use. Outreach interventions to prescribers focus on the clinical rationale for treatment to ensure that therapies reimbursed by PACE are safe and appropriate for the enrollee's diagnosed conditions. Cases of suspected overuse that are not substantiated by clinical information from the prescriber are denied for reimbursement.

Table 7.2 shows utilization by several measures. In 2017, 20% of all enrollees had at least one claim for an opioid. Many of these enrollees (70%) had prescription claims covering less than 90 days of therapy. About 5% of chronic opioid users (use exceeded 90 days) also had antineoplastic claims, indicating treatment for cancer.

Retrospective Drug Utilization Review of Prescription Drug History

A clinical team reviews opioid therapies prescribed to cardholders for clinical appropriateness and optimization of therapy. In addition to the PACE claim history, access to data from the Pennsylvania Prescription Drug Monitoring Program (PDMP) provides critical information about prescriptions obtained through sources other than PACE. This retrospective review may prompt actions by the reviewers, such as,

- letters to prescribers when the morphine milligram equivalent (MME) dose exceeds 120
- requesting from the prescriber a diagnosis appropriate for opioid therapy and the etiology of pain
- receiving patient/prescriber opioid use agreements and pain consult results.

The Program grants long term medical exceptions for cardholders with cancer related pain, in hospice care, and for end of life care. Table 7.3 provides opioid use by county. Table 7.4 presents retrospective utilization review results in 2017.

Prospective Drug Utilization Review at the Point of Sale

In 2018, PACE will update the prospective drug utilization review criteria to reduce inappropriate use of opioids, benzodiazepines, sedative hypnotics, and skeletal muscle relaxants. A 30-day supply limit will be the maximum for all claims for these classes. For cardholders newly starting an opioid, the limit for each prescription will be 5 days, a quantity of 30, with a maximum morphine milligram equivalent of 50 mg per day, and two fills of the prescription within 60 days. Exceptions include cancer pain, in hospice care, or receiving end of life care. The prospective review criteria address maximum daily dose limits, duration of therapy, and duplicate therapy issues.

Prescriber Education

In 2017, the PACE Academic Detailing program expanded the geographical territory of existing outreach educators to visit more prescribers and provide interactive, evidence-based training on managing pain without the overuse of opioids. The expansion, funded through the 21st Century Cures Act, occurred in counties where regular educational visits had existed as well as in selected counties that were not currently part of the outreach. Practitioners receiving an invitation for a face to face visit are PACE prescribers who reside in target counties designated as high to moderate risk counties by the Pennsylvania Department of Health. Visits will continue in 2018 with two pain management modules—chronic pain and acute pain (Appendix A).

TABLE 7.2
PACE/PACENET OPIOID UTILIZATION
JANUARY - DECEMBER 2017

POPULATION OR MEASURE	NUMBER OF PERSONS	PERCENT	DENOMINATOR FOR %
TOTAL CARDHOLDERS ENROLLED IN PACE/PACENET	265,149	100.0	OF TOTAL ENROLLED
TOTAL CARDHOLDERS PRESCRIBED AN OPIOID	53,422	20.1	OF TOTAL ENROLLED
ACUTE OPIOID USE (DURATION OF USE= 90 DAYS OR LESS)	37,572	70.3	OF OPIOID USERS
		14.2	OF TOTAL ENROLLED
CHRONIC OPIOID USE (DURATION OF USE= 91+ DAYS)	15,850	29.7	OF OPIOID USERS
		6.0	OF TOTAL ENROLLED
CHRONIC OPIOID USERS' ANTINEOPLASTIC STATUS DURING CALENDAR YEAR 2017			
NO ANTINEOPLASTIC CLAIMS	15,020	94.8	OF CHRONIC OPIOID USERS
ANY ANTINEOPLASTIC CLAIM	830	5.2	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME/MED 120 STATUS BASED ON ALL EPISODES OF OPIOD USE IN CALENDAR YEAR 2017			
ANNUAL CUMULATIVE MME/MED AT OR BELOW 120	14,592	92.1	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME/MED OF 121 OR HIGHER	1,258	7.9	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME/MED 90 STATUS BASED ON ALL EPISODES OF OPIOID USE IN CALENDAR YEAR 2017			
ANNUAL CUMULATIVE MME/MED AT OR BELOW 90	13,987	88.2	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME/MED OF 91 OR HIGHER	1,863	11.8	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME/MED 120 STATUS FOR A 90+ CONSECUTIVE DAYS OF OPIOID USE IN CALENDAR YEAR 2017			
CUMULATIVE MME/MED>120 LESS THAN A 90-DAY PERIOD	15,353	96.9	OF CHRONIC OPIOID USERS
CUMULATIVE MME/MED>120 FOR A 90-DAY PERIOD OR LONGER	497	3.1	OF CHRONIC OPIOID USERS

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAMS BY DATE OF SERVICE.
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2017.

TABLE 7.3
PACE/PACENET OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2017

COUNTY NAME	TOTAL PACE/PACENET ENROLLED	OPIOID USERS NO.	OPIOID USERS % OF ENROLLED	USERS WITH MME>90 NO.	USERS WITH MME>90 % OF OPIOID USERS	USERS WITH MME>120 NO.	USERS WITH MME>120 % OF OPIOID USERS
ADAMS	2,104	417	19.8	21	5.0	14	3.4
ALLEGHENY	24,414	5,235	21.4	214	4.1	129	2.5
ARMSTRONG	1,877	393	20.9	19	4.8	13	3.3
BEAVER	4,504	1,056	23.4	39	3.7	29	2.7
BEDFORD	2,019	388	19.2	20	5.2	*	*
BERKS	7,286	1,288	17.7	48	3.7	28	2.2
BLAIR	4,282	996	23.3	67	6.7	46	4.6
BRADFORD	1,783	295	16.5	15	5.1	*	*
BUCKS	7,394	1,508	20.4	127	8.4	90	6.0
BUTLER	3,649	804	22.0	39	4.9	25	3.1
CAMBRIA	5,347	1,161	21.7	85	7.3	50	4.3
CAMERON	192	41	21.4	*	*	*	*
CARBON	2,111	485	23.0	25	5.2	18	3.7
CENTRE	2,055	472	23.0	21	4.4	14	3.0
CHESTER	4,991	984	19.7	65	6.6	44	4.5
CLARION	1,356	318	23.5	13	4.1	*	*
CLEARFIELD	2,949	612	20.8	27	4.4	19	3.1
CLINTON	1,296	331	25.5	*	*	*	*
COLUMBIA	2,456	513	20.9	22	4.3	11	2.1
CRAWFORD	2,594	546	21.0	34	6.2	24	4.4
CUMBERLAND	4,073	835	20.5	34	4.1	18	2.2
DAUPHIN	3,973	738	18.6	34	4.6	22	3.0
DELAWARE	7,397	1,357	18.3	77	5.7	52	3.8
ELK	989	212	21.4	*	*	*	*
ERIE	5,910	1,266	21.4	50	3.9	30	2.4
FAYETTE	4,920	1,025	20.8	34	3.3	22	2.1
FOREST	239	63	26.4	*	*	*	*
FRANKLIN	2,965	612	20.6	26	4.2	12	2.0
FULTON	428	69	16.1	*	*	*	*
GREENE	719	138	19.2	*	*	*	*
HUNTINGDON	1,540	293	19.0	*	*	*	*
INDIANA	2,313	441	19.1	25	5.7	18	4.1
JEFFERSON	1,632	320	19.6	18	5.6	14	4.4
JUNIATA	789	197	25.0	*	*	*	*
LACKAWANNA	6,750	1,569	23.2	73	4.7	43	2.7
LANCASTER	8,593	1,650	19.2	99	6.0	65	3.9
LAWRENCE	3,144	745	23.7	37	5.0	22	3.0
LEBANON	2,883	510	17.7	28	5.5	19	3.7

TABLE 7.3
PACE/PACENET OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2017

COUNTY NAME	TOTAL PACE/PACENET ENROLLED	OPIOID USERS NO.	OPIOID USERS % OF ENROLLED	USERS WITH MME>90 NO.	USERS WITH MME>90 % OF OPIOID USERS	USERS WITH MME>120 NO.	USERS WITH MME>120 % OF OPIOID USERS
LEHIGH	5,302	938	17.7	53	5.7	31	3.3
LUZERNE	10,764	2,270	21.1	82	3.6	53	2.3
LYCOMING	3,295	772	23.4	39	5.1	21	2.7
MCKEAN	1,155	254	22.0	*	*	*	*
MERCER	3,439	760	22.1	21	2.8	13	1.7
MIFFLIN	2,010	463	23.0	22	4.8	14	3.0
MONROE	3,015	596	19.8	21	3.5	16	2.7
MONTGOMERY	9,251	1,783	19.3	112	6.3	66	3.7
MONTOUR	421	84	20.0	*	*	*	*
NORTHAMPTON	6,180	1,185	19.2	52	4.4	28	2.4
NORTHUMBERLAND	3,759	896	23.8	55	6.1	33	3.7
PERRY	1,095	220	20.1	*	*	*	*
PHILADELPHIA	27,783	4,334	15.6	197	4.5	115	2.7
PIKE	1,058	169	16.0	10	5.9	*	*
POTTER	578	92	15.9	*	*	*	*
SCHUYLKILL	5,774	1,127	19.5	48	4.3	26	2.3
SNYDER	1,115	268	24.0	10	3.7	*	*
SOMERSET	3,294	741	22.5	44	5.9	28	3.8
SULLIVAN	214	43	20.1	*	*	*	*
SUSQUEHANNA	1,035	196	18.9	*	*	*	*
TIOGA	1,308	247	18.9	*	*	*	*
UNION	1,055	219	20.8	*	*	*	*
VENANGO	1,542	341	22.1	14	4.1	10	2.9
WARREN	1,006	226	22.5	*	*	*	*
WASHINGTON	4,783	992	20.7	50	5.0	29	2.9
WAYNE	1,501	279	18.6	10	3.6	*	*
WESTMORELAND	10,303	2,183	21.2	83	3.8	59	2.7
WYOMING	753	157	20.8	*	*	*	*
YORK	8,445	1,704	20.2	92	5.4	58	3.4
TOTAL	265,149	53,422	20.1	2,565	4.8	1,606	3.0

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY AND DRUG FILES
NOTE: TOTAL NUMBER ENROLLED IS AN UNDUPLICATED COUNT OF CARDHOLDERS, SOME OF WHOM MAY HAVE BEEN ENROLLED IN BOTH PROGRAMS DURING THE YEAR.
OPIOID USERS INCLUDE ACUTE USERS (90 OR FEWER DAYS OF USE IN 2017) AND CHRONIC USERS (MORE THAN 90 DAYS OF USE IN 2017).
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2017.
* COUNTS BELOW 10, ALONG WITH THEIR CORRESPONDING PERCENTAGES, HAVE BEEN SUPPRESSED.

TABLE 7.4
OPIOID RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS
JANUARY - DECEMBER 2017

INTERVENTION CATEGORY	NUMBER OF PERSONS
TOTAL CARDHOLDERS WHOSE PHYSICIANS RECEIVED LETTERS	542
COMPLETE RESPONSES (ETIOLOGY OF PAIN PROVIDED, SIGNED OPIOID AGREEMENT)	228
DOSE REDUCTION OR TAPER ATTEMPTED	14
CARDHOLDER RESTRICTED TO 120 MME (NO RESPONSE OR INCOMPLETE RESPONSE)	358
CANCER/TERMINALLY ILL PATIENTS/LONG TERM CARE, DECEASED, OR NO LONGER ENROLLED IN PACE/PACENET	55

SOURCE: PACE UTILIZATION REVIEW

SECTION 8

PENNSYLVANIA PATIENT ASSISTANCE CLEARINGHOUSE

pennsylvania
DEPARTMENT OF AGING

PENNSYLVANIA PATIENT ASSISTANCE PROGRAM CLEARINGHOUSE (PA PAP)

In January 2001, the PACE Program began a referral program to assist Pennsylvanians ages 60 through 64 that facilitated contact between the Area Agency on Aging offices and the patient assistance programs offered by pharmaceutical manufacturers. That Program has evolved in recent years, and, as a result, the Program now accepts applications from individual patients, physician offices, social workers and other agencies throughout the Commonwealth. In late 2004, the name of the Program changed to reflect the Program's current objectives; it became the Pennsylvania Patient Assistance Program Clearinghouse (PA PAP). Eighty of the largest pharmaceutical manufacturers offer limited prescription drug assistance to persons who are not eligible for other forms of pharmaceutical coverage and who cannot afford the cost of one or more of their medications. The PA PAP coordinator provides the expertise necessary to determine the likelihood of eligibility for persons seeking assistance from manufacturers' medication programs, gathers the patient information required to complete the pharmacy assistance applications, offers guidance and assistance to the patient throughout the application and, if successful, reapplication processes.

In 2006, the Clearinghouse extended assistance to all adult Pennsylvania residents who appear to meet the selected guidelines, without regard to age. Pharmaceutical manufacturers which offer pharmacy assistance programs set their income and eligibility guidelines as individual companies; they limit the products and the length of time for assistance. Typically, the gross household income should be at or below 250% of federal poverty level guidelines, but many manufacturers will consider circumstances of hardship that fall outside their usual guidelines. Household income is one factor of many criteria used by the manufacturers to determine eligibility for medication. Manufacturers require a wide range of information on company-specific forms which further complicates the application and review process. A substantial amount of coordination needs to occur between the PA PAP coordinator, the patient, and the patient's physician. Since the inception of Medicare Part D, some manufacturers have instituted programs to assist cardholders while they are in the Part D coverage gap. The requirements for the Medicare Part D coverage gap programs differ from the base programs offered by the manufacturers.

As a result of different settlements from the Pennsylvania Attorney General's office, the Pennsylvania Patient Assistance Program Clearinghouse has been able to offer assistance for specific medications to patients who are not eligible for the manufacturer's assistance programs. Eligible patients can receive a 30-day supply of medication for which they are charged varying copayments based on the program they are enrolled in. At the end of 2017, the Clearinghouse successfully enrolled 96 additional patients into these settlement programs.

Despite the inherent difficulties of completing the application, the lengthy wait for approval from the manufacturer, and the strictly limited amount of medication granted with each approval, the collaborative efforts of the local and central coordinators responded to inquiries from 53,832 patients after seventeen years of operation. In 2017, 15,001 persons received medication assistance through the PA PAP Clearinghouse. The Program successfully enrolled persons to the PACE Program (1,400), PACENET Program (4,422), or other insurance (300). Among the 15,001 persons receiving assistance through the PA PAP Clearinghouse, a total of 48,528 medications were obtained.

Current initiatives are to continue processing manufacturers' pharmacy assistance applications for cardholders who are uninsured or underinsured, to assist cardholders with Medicare Part D, to assist Part D-enrolled cardholders in applying for the Low Income Subsidy (LIS) benefit, to assist enrolled cardholders in finding other social services resources and to initiate any new Programs that are the result of Attorney General Lawsuit settlements.

In October 2014, the Clearinghouse expanded its scope to assisting Pennsylvania residents who were paroled from a Pennsylvania State Correctional Institution. This project is a combined effort between the Department of Aging's Clearinghouse and the Department of Probation and Parole. This effort extended the Clearinghouse beyond its previous scope of assistance. The effort helps willing individuals with their medications, transportation services, Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), Medical Assistance, enrollment into other state and federally funded programs and other life sustaining benefits. In 2017, the Clearinghouse contacted 7,612 parolees. Of these parolees, 42 were enrolled in one of the Attorney General pharmaceutical settlement programs, 21 in PACE, 159 in SNAP benefits, and 61 in LIS. In addition to the initiatives listed above, Clearinghouse coordinators aided these individuals with finding furniture, physicians, housing, food, grants to assist with utility bills, as well as many other social service needs.

The Clearinghouse has expanded the current database of information and is assisting Pennsylvanians and their family members in obtaining available benefits.

APPENDIX A

PACE/PACENET Survey on Health and Well-Being
2017 Report

The PACE Application Center
2017 Report

University of Pennsylvania and PACE/PACENET Behavioral Health Lab Program
2017 Report

The PACE Academic Detailing Program
2017 Report

PACE/PACENET Survey on Health and Well-Being 2017 Report

Overview

Since 2006 PACE/PACENET has conducted an ongoing survey of enrolled cardholders to obtain information about their health status and needs. **The PACE/PACENET Survey on Health and Well-Being** is administered in two modes -- as an optional component of the PACE/PACENET enrollment application, and as a repeated mail survey offered annually to continuing enrollees. Both modes utilize a brief two-page survey instrument addressing a number of health topics. This report summarizes results obtained through the annual mail survey component during the 2016-17 survey year.

For the 2016-17 survey year, topics covered in the survey included self-reported health and health-related quality of life, educational attainment, medication adherence, and satisfaction with the coverage and services provided by PACE/PACENET. The survey was mailed to PACE/PACENET enrolled cardholders on a rolling monthly basis between May 2016 and April 2017.

Out of 228,085 surveys mailed to cardholders, a total of 111,531 completed surveys were returned to PACE yielding a response rate of 48.9%. Of these responses, 111,441 surveys were received between 5/20/2016 and 12/31/2017 from cardholders who were still enrolled in PACE or PACENET as of their survey return date. This subgroup of 111,441 respondents constitutes the current sample for reporting.

Survey Sample Representativeness

The table below compares characteristics of the PACE/PACENET population base (all enrolled cardholders who were mailed surveys) and survey respondents.

CHARACTERISTICS OF PACE/PACENET POPULATION AND SURVEY RESPONDENTS

CHARACTERISTIC	PACE/PACENET POPULATION (N=228,085)	SURVEY RESPONDENTS (n=111,441)
Program		
PACE	38.2%	36.9%
PACENET	61.8%	63.1%
Age		
65-74	28.8%	26.8%
75-84	41.2%	43.8%
85+	30.0%	29.5%
Mean age (years)	79.8	80.0
Sex		
Female	70.9%	72.6%
Male	29.1%	27.4%
Residence Type		
Community-dwelling	94.1%	95.8%
Long-term care setting	5.9%	4.2%

CHARACTERISTICS OF PACE/PACENET POPULATION AND SURVEY RESPONDENTS (CONTINUED)

CHARACTERISTIC	PACE/PACENET POPULATION (N=228,085)	SURVEY RESPONDENTS (n=111,531)
Race		
White	82.2%	87.4%
Black	7.1%	5.4%
Other Reported Race	1.3%	0.9%
Race Not Reported	9.4%	6.4%
Prescription Claims in Prior 6 Months		
None	21.8%	13.8%
1-10	29.4%	31.3%
11-20	21.8%	25.0%
>20	26.9%	29.9%
Mean number of claims	14.3	15.7

Although the general profile of the survey respondent sample is similar to that of the entire PACE/PACENET population base, there are still some differences which may limit the generalizability of the survey findings in a number of areas. Relative to the PACE/PACENET population base, the survey respondent sample has a higher representation of traditional PACE enrollees, females, community-dwelling individuals, individuals reporting white race, and active program participants with recent prescription claims.

Proxy Responses

Two questions on the survey asked for information about assistance that cardholders may have had in completing the survey, and the nature of the relationship between the proxy respondent and the PACE/PACENET cardholder.

SELF VS PROXY SURVEY RESPONSES (n=111,441)		
	Number	Percent
Self only (PACE/PACENET cardholder)	95,824	86.0%
Cardholder received assistance but participated in answering questions	8,826	7.9%
Proxy only (cardholder did not participate in answering)	3,503	3.1%
No response	3,288	3.0%

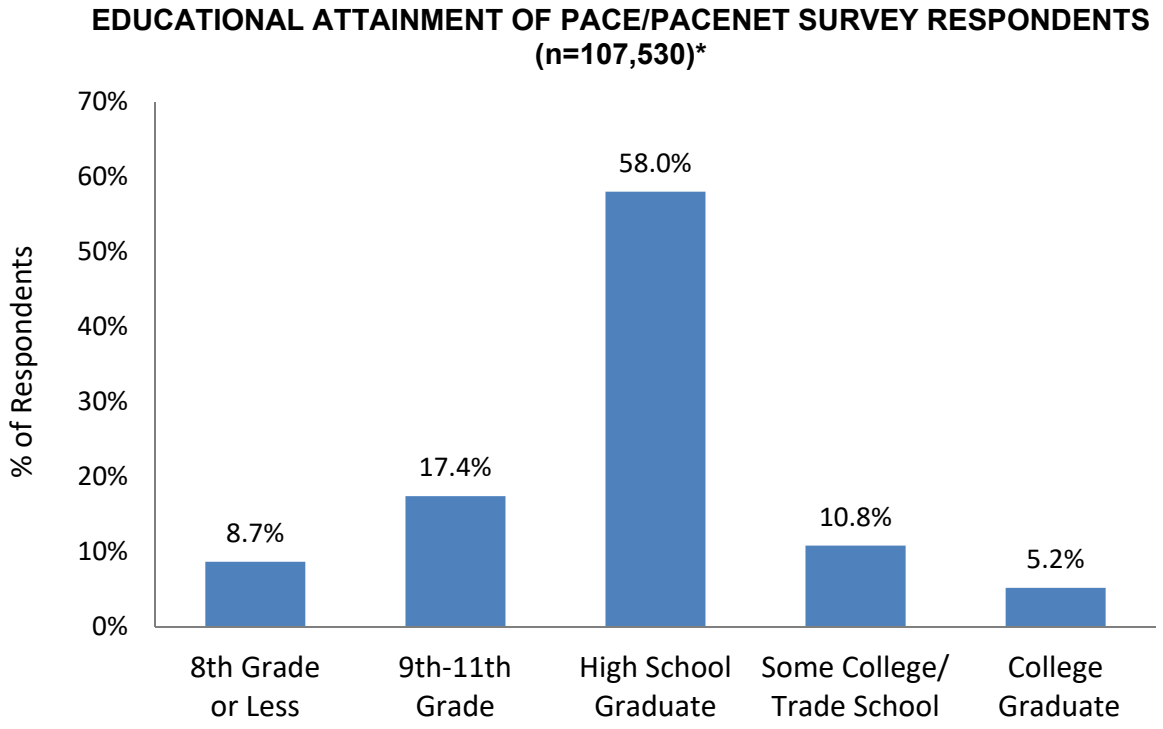
Most cardholders (86.0%) indicated that they were answering the survey questions alone without any assistance from others. Of the potential proxies, the majority indicated that the cardholder was participating in providing answers to the survey questions. However, approximately 3% of survey responses did not include any information about whether the survey was completed by the cardholder or by a proxy.

Among survey responses that were based on either a partial or complete proxy report, the majority (59.7%) were completed by a son or daughter, followed by a spouse or partner (23.3%), another relative (9.3%), a friend or neighbor (2.4%), a care provider (2.8%), or another unspecified helper (2.5%).

For health-related questions that are intended to be based only on self-report, the sample for reporting will exclude proxy responses.

Educational Attainment of PACE/PACENET Survey Respondents

The following figure shows the reported educational attainment of survey respondents.



* Of 111,441 survey responses, 2,977 provided no response to the question about education. An additional 934 responses were unclear and were excluded from the chart.

Nearly three quarters (74%) of survey respondents reported that they were high school graduates. Approximately 11% of all survey respondents stated that they had received additional education after high school (including trade school or college) without obtaining a college degree, and 5% of respondents reported having college degrees.

Health-Related Quality of Life

Healthy People 2020 describes health-related quality of life as "a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning."[1] Implicit in this definition is the concept that all of the above-listed domains have an important bearing on an individual's overall quality of life and well-being.

The following health-related quality of life items were included in the PACE/PACENET Survey on Health and Well-Being:

- Global self-rated health
- Age-comparative self-rated health
- Self-ratings of one-year health change
- Self-rated cognitive health (two items)
- *Healthy Days* measures developed by the Centers for Disease Control and Prevention (CDC)

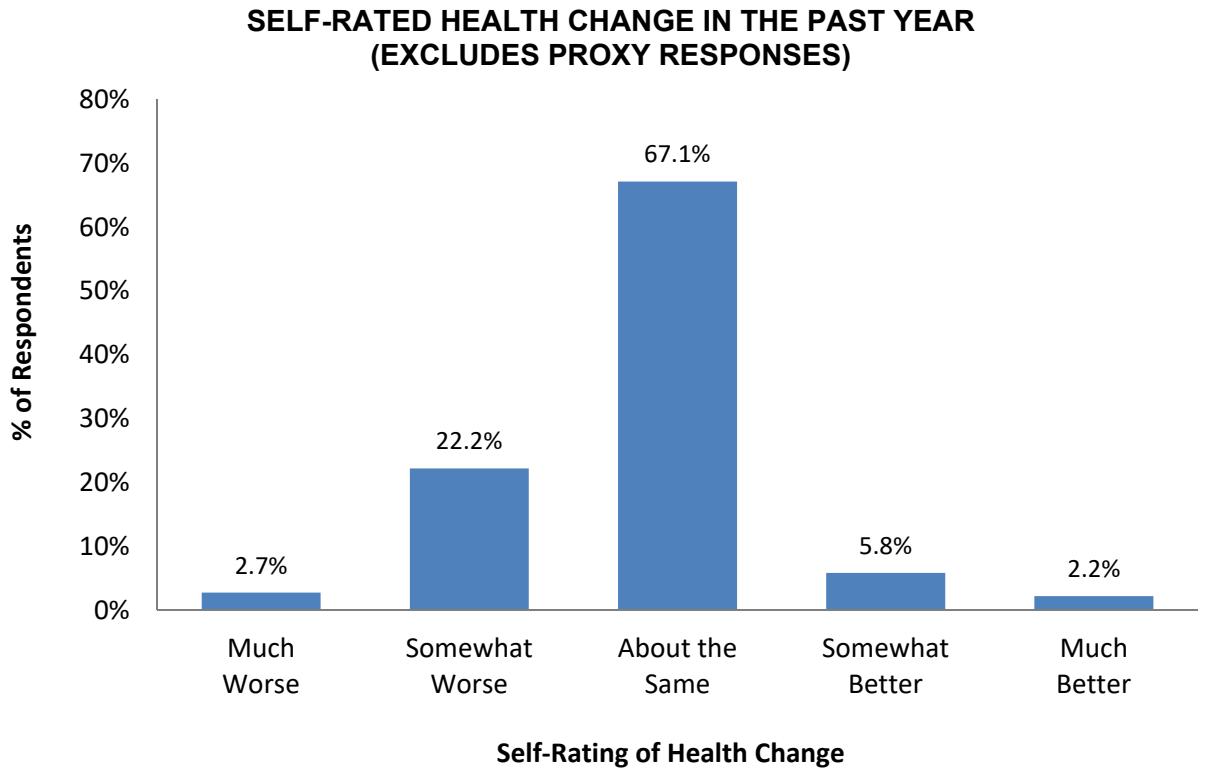
Each survey measure provides information on a different aspect of respondents' health-related quality of life. In order to focus on individuals' perceptions about their own health, reporting for this section is focused on the subset of survey respondents who stated that they completed the survey by themselves, and exclude partial or complete proxy responses.

For the first four measures in the bulleted list above, respondents were asked to choose the best response out of five that best described their health. Summary findings for each measure are presented below.

GLOBAL AND AGE-COMPARATIVE SELF-RATED HEALTH
(EXCLUDES PROXY RESPONSES)

Global and age-comparative self-ratings of health are shown side-by-side in the above figure. For both types of ratings, the most frequently-selected category out of the five

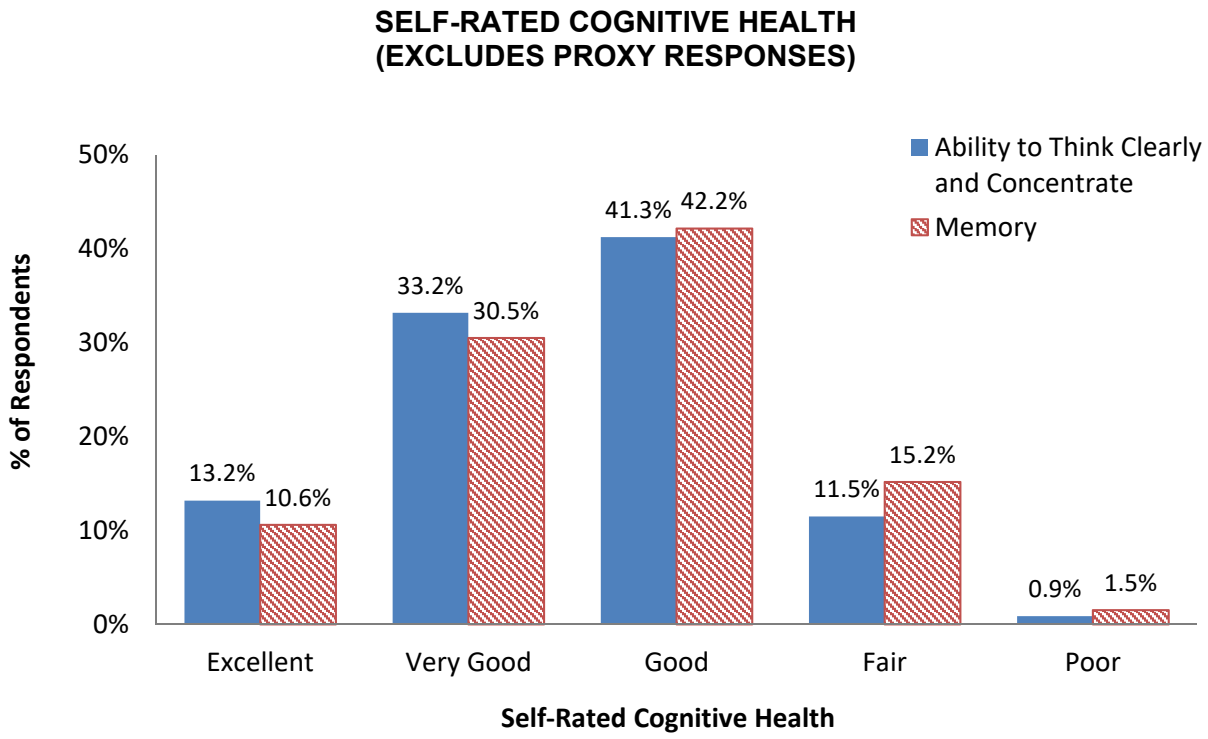
offered was "good." For the global health question, 69.5% of respondents indicated that their health was either excellent, very good, or good, with the remaining 30.5% indicating either fair or poor health. When asked to rate their health compared with others their age, 74.7% of respondents chose excellent, very good, or good, and 25.3% indicated fair or poor health. Although 72.9% of respondents provided the same rating level for both questions, the overall age-comparative health ratings were slightly higher on average than the global health ratings. This effect was most noticeable at the extremes of the rating scale. For example, while only 2.5% of persons rated their global health as excellent, 5.4% rated their health as excellent when they were specifically asked to compare their health with that of other people their age.



When asked to assess how much their health had generally changed over the past year, the majority (67.1%) of respondents indicated their health was "about the same" now compared with a year ago, followed by 22.2% who reported their health was "somewhat worse" and 5.8% who reported their health was "somewhat better." Only 4.9% of respondents reported large changes by selecting the categories of "much worse" or "much better."

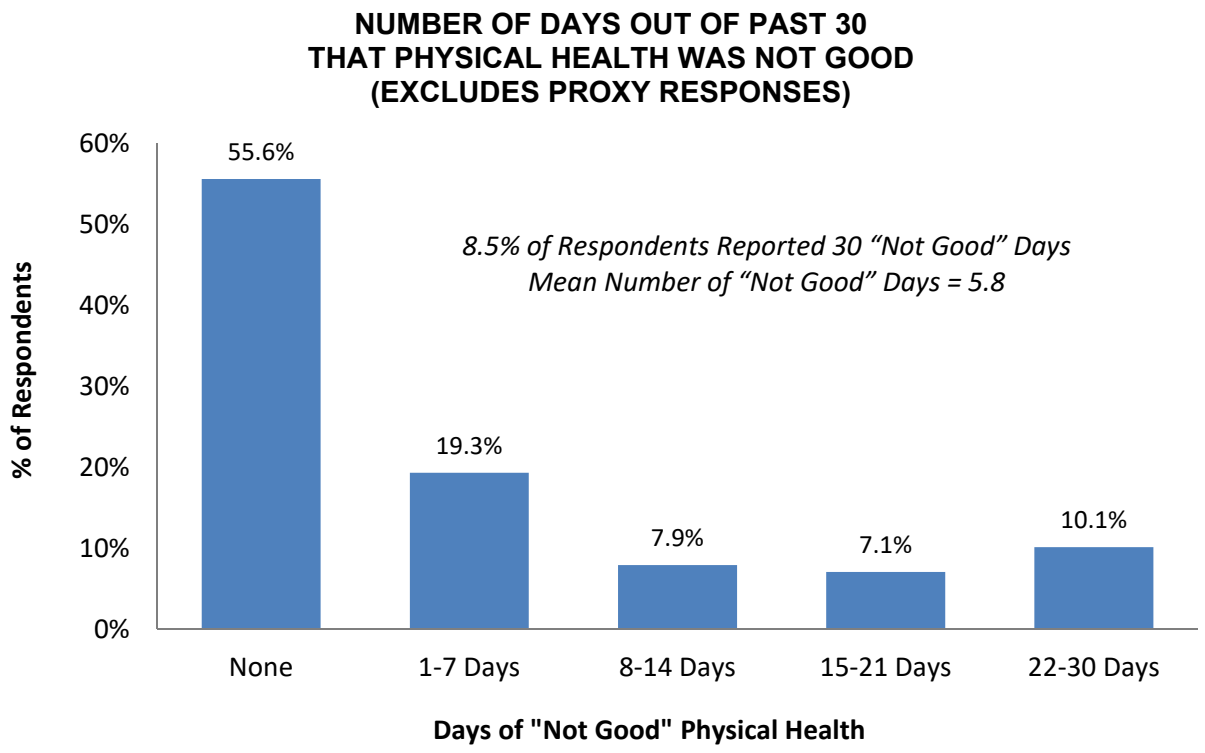
Respondents were also asked about their perceived cognitive health status using two items. The first question asked about the person's ability to think clearly and concentrate, and the second question asked about memory. As shown in the figure below, most respondents reported good, very good, or excellent cognitive health status for both of these questions. Over three quarters (75.8%) of respondents provided the same rating

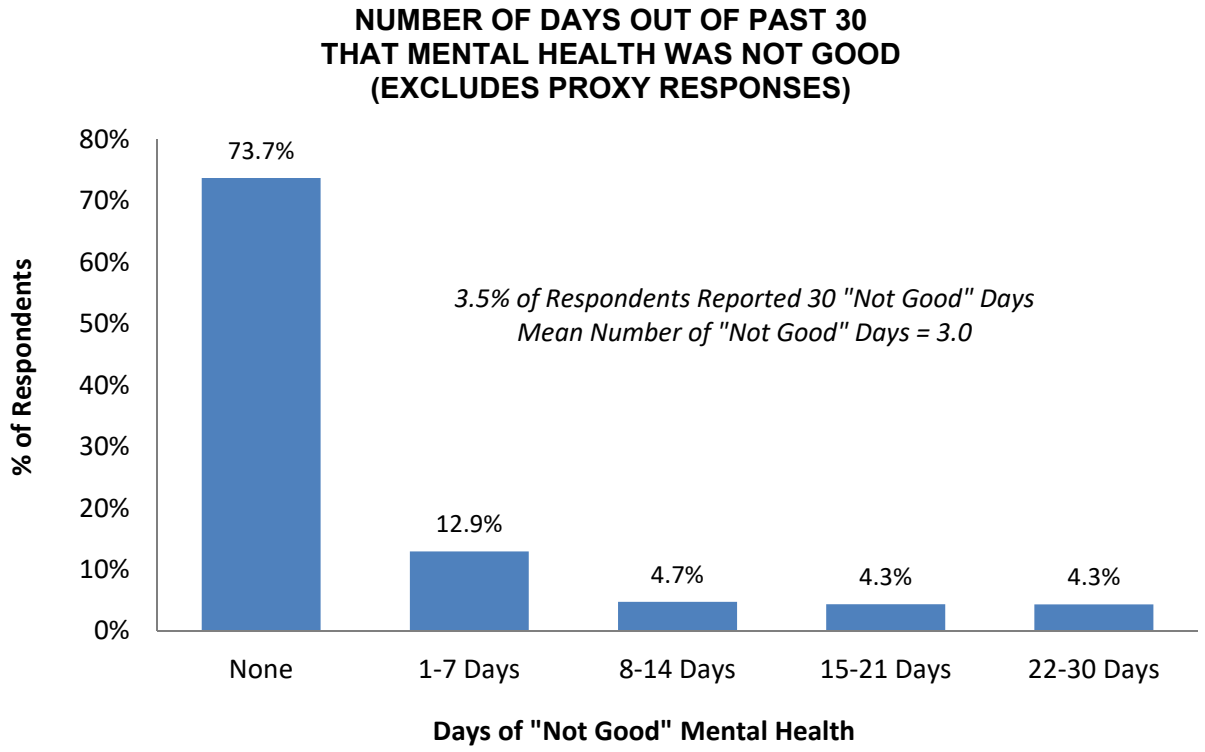
level for both items. Those who provided different answers for the two questions were likely to rate their memory as somewhat poorer than their ability to think clearly and concentrate.

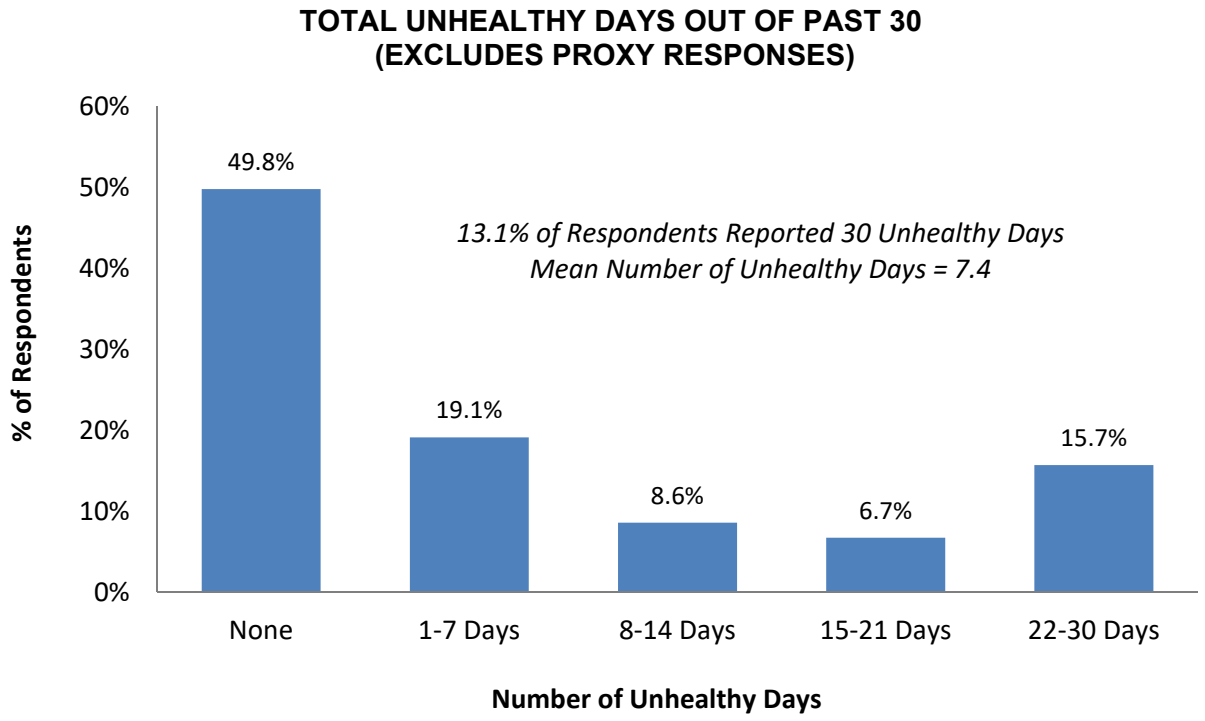


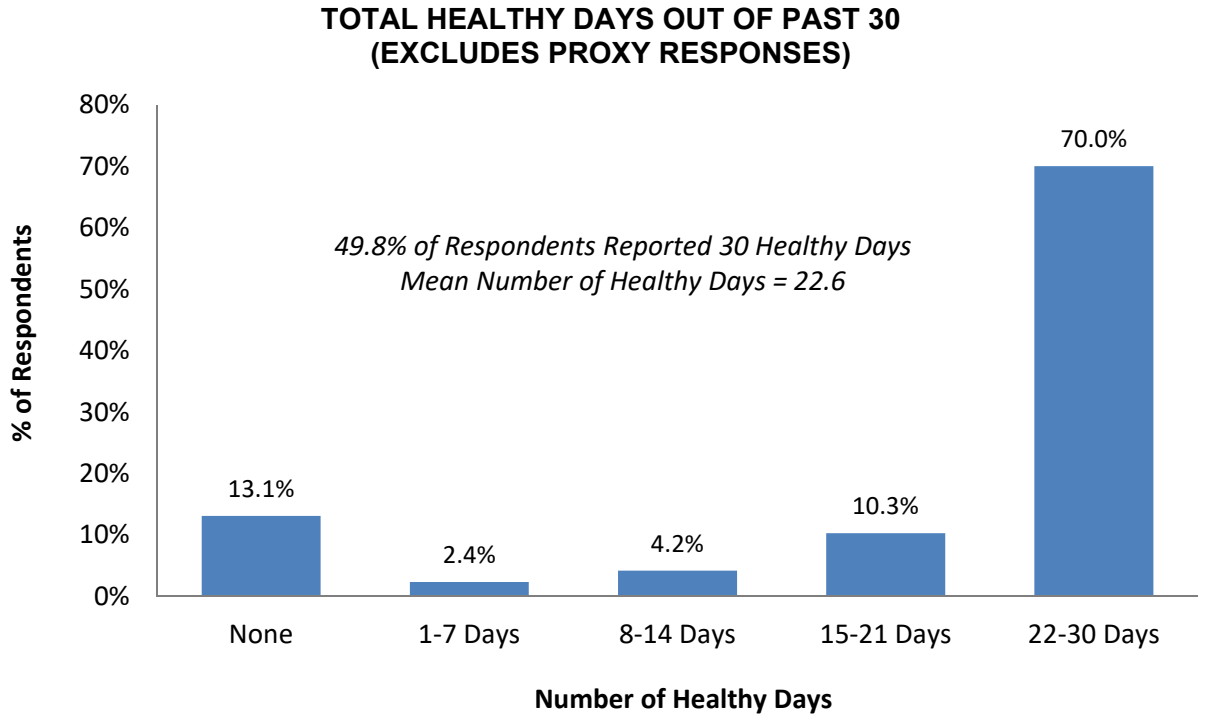
In addition to the self-rated health status measures described above, the CDC's core Healthy Days measures also contribute to PACE/PACENET's health-related quality of life assessment. The Healthy Days assessment employs two key questions: first, respondents are asked to estimate the number of days out of the past 30 that their physical health was not good, and then, secondly, are asked to estimate the number of days out of the past 30 that they felt their mental health (including stress, depression, and problems with emotions) was not good. The physical and mental counts of "not good" days out the past 30 are combined to create a composite "unhealthy days" score, as well as the positive complement, "healthy days", which reflects the number of days out of the past 30 that both physical and mental health were considered to have been good. A fifth measure is based on respondents' self-report of the number of days out of the past 30 that poor physical or mental health kept them from doing their usual activities.

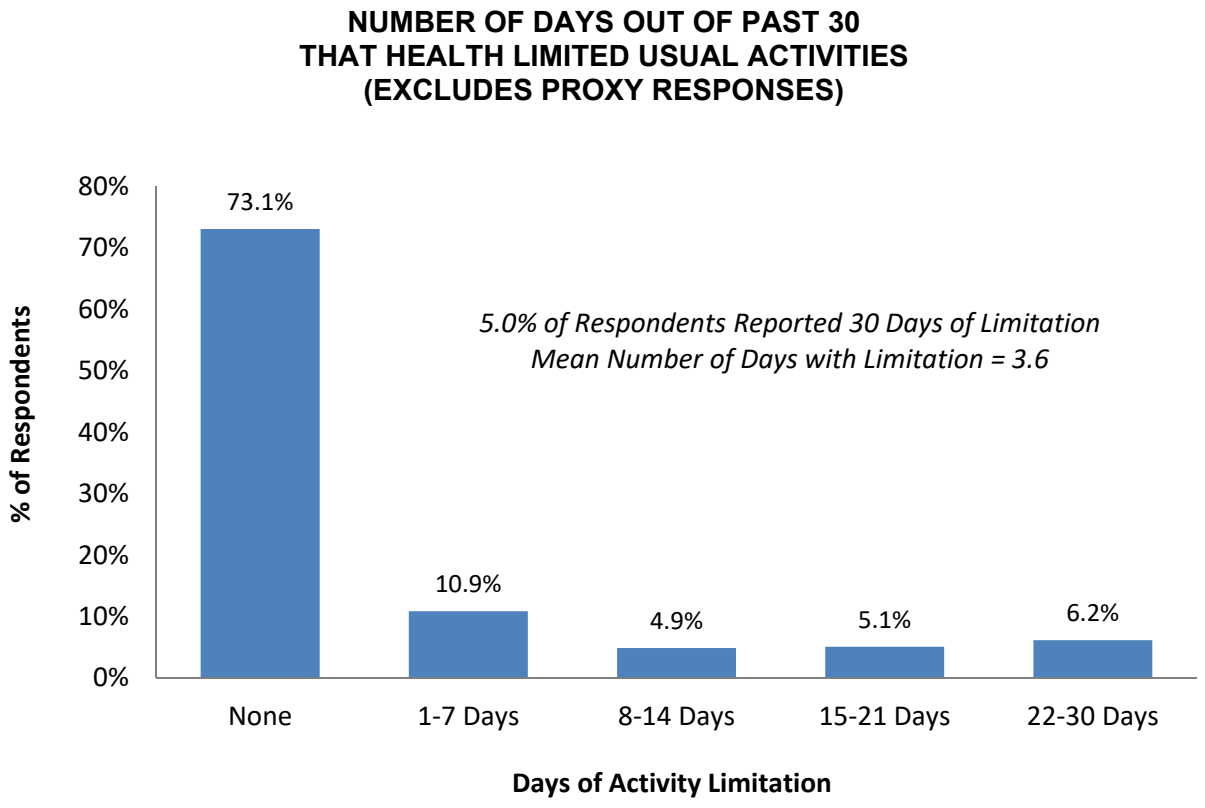
Results for the five Healthy Days measures are summarized below.


NUMBER OF DAYS OUT OF PAST 30
THAT PHYSICAL HEALTH WAS NOT GOOD
(EXCLUDES PROXY RESPONSES)
% of Respondents
60%
50%
40%
30%
20%
10%
0%
55.6%
19.3%
7.9%
7.1%
10.1%
8.5% of Respondents Reported 30 "Not Good" Days
Mean Number of "Not Good" Days = 5.8
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Days of "Not Good" Physical Health


NUMBER OF DAYS OUT OF PAST 30
THAT MENTAL HEALTH WAS NOT GOOD
(EXCLUDES PROXY RESPONSES)
% of Respondents
80%
70%
60%
50%
40%
30%
20%
10%
0%
73.7%
12.9%
4.7%
4.3%
4.3%
3.5% of Respondents Reported 30 "Not Good" Days
Mean Number of "Not Good" Days = 3.0
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Days of "Not Good" Mental Health


TOTAL UNHEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)
60%
50%
40%
30%
20%
10%
0%
% of Respondents
49.8%
19.1%
8.6%
6.7%
15.7%
13.1% of Respondents Reported 30 Unhealthy Days
Mean Number of Unhealthy Days = 7.4
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Number of Unhealthy Days


TOTAL HEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)
80%
70%
60%
50%
40%
30%
20%
10%
0%
% of Respondents
13.1%
2.4%
4.2%
10.3%
70.0%
49.8% of Respondents Reported 30 Healthy Days
Mean Number of Healthy Days = 22.6
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Number of Healthy Days



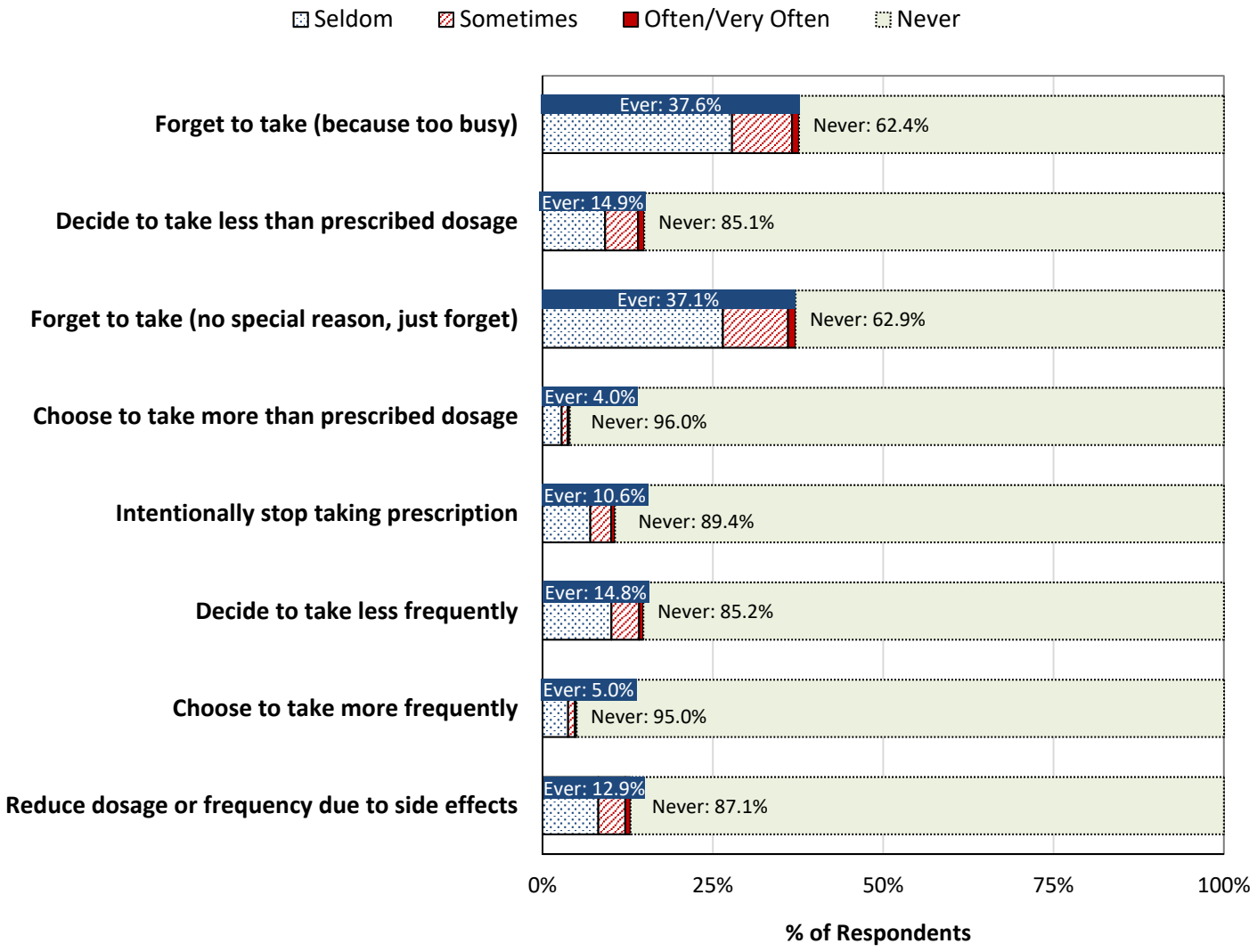
Collectively, the health-related quality of life measures indicate that many PACE/PACENET cardholders view their health optimistically. Nevertheless, each measure also demonstrates that a substantial portion of the enrollment faces significant health challenges and limitations.

Medication Adherence

Medication adherence, or the degree to which patients follow their medication regimens as instructed, is a significant factor in the success or failure of pharmacotherapy. The 2016-17 survey included an eight-question module on medication adherence. Questions in the module addressed *unintentional* (e.g., forgetting to take medication) as well as *intentional* (e.g., deciding to skip doses or choosing to take more medication than prescribed) forms of nonadherence.

Response frequencies for the eight questions in the medication adherence module are displayed on the next page. The least-frequently reported forms of nonadherence included intentionally taking more than the prescribed dosage (4.0% reported ever doing so), intentionally taking medication more frequently than prescribed (5.0%), and intentionally stopping prescriptions before instructed (10.6%).

REPORTED FREQUENCY OF NONADHERENT MEDICATION BEHAVIORS (INCLUDES SELF-REPORTED AND PROXY RESPONSES)



Compared with overutilization, cardholders were more likely to report that they intentionally reduced medication dosages or frequencies. Overall, 14.9% of respondents indicated that they at times took fewer tablets than prescribed, and a similar percentage (14.8%) indicated that they at times decided to take medications less frequently than prescribed. In addition, 12.9% of respondents reported that they at times reduced either the medication dosage or frequency in order to reduce side effects, suggesting that attempts to manage side effects are an important factor in intentional nonadherence.

The most frequently reported forms of medication nonadherence related to unintentionally missing medication doses. More than a third (37.6%) of respondents indicated that they at times forgot to take their medications because they were too busy. A similar proportion (37.1%) indicated that they at times forgot to take medication for no special reason other than that they simply forgot to do so. The majority of cardholders who reported any instances of forgetting to take their medications primarily reported that the problem occurred infrequently.

When the eight medication nonadherence questions were combined, over half (53.5%) of respondents who answered the module indicated that they had experienced one or more of the listed nonadherence situations at least some of the time. Although most respondents reported that these problems occurred only occasionally or sometimes, the results are an important reminder that a substantial portion of the PACE/PACENET enrollment faces challenges with their medication regimens at least some of the time.

Satisfaction with PACE/PACENET

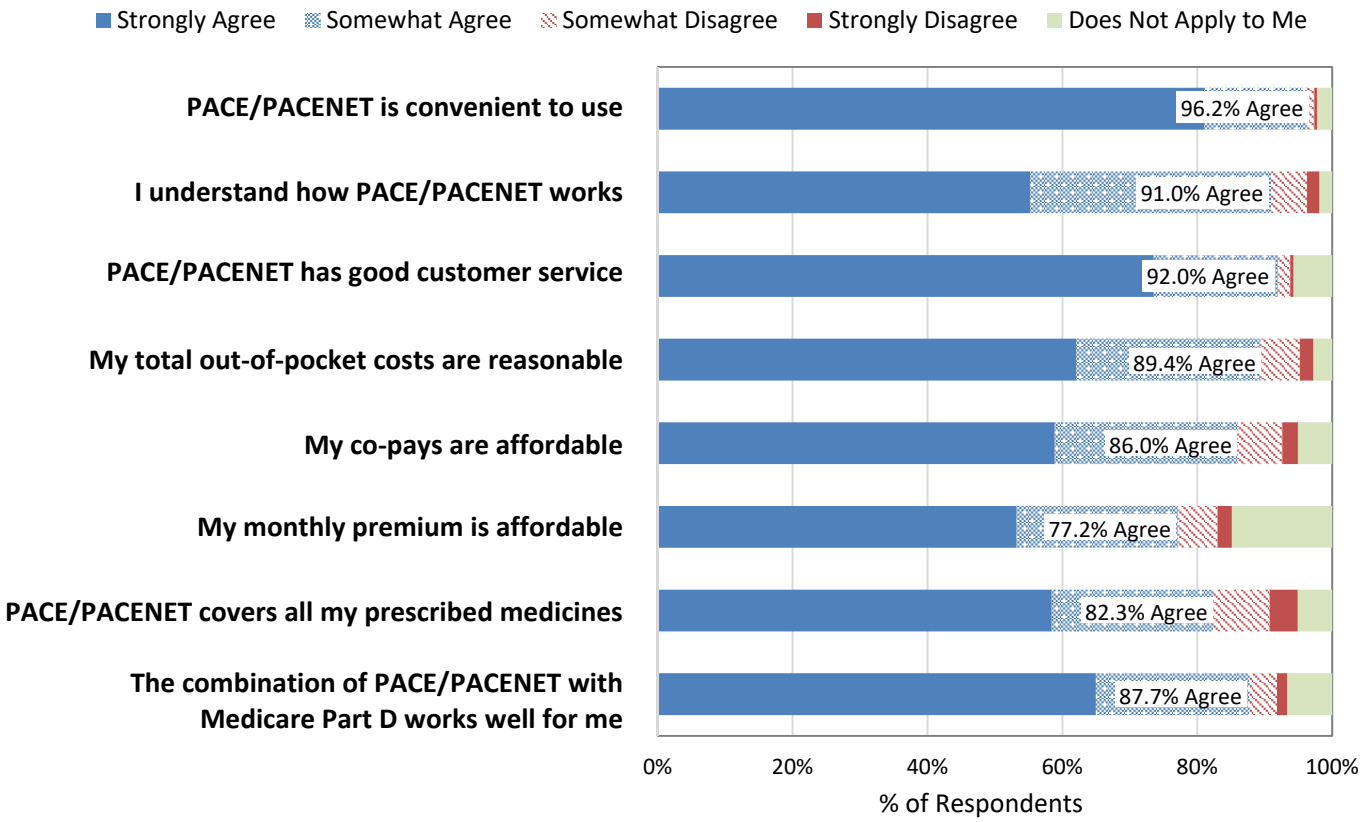
The final topic included in the 2016-17 survey was satisfaction with PACE/PACENET. The satisfaction questions included a set of eight items that asked about satisfaction with specific program aspects, as well as a global summary rating of the respondent's satisfaction with the drug coverage offered by PACE/PACENET.

For the question set addressing satisfaction with specific program aspects, cardholders were presented with a series of statements accompanied by the following response choices: strongly agree, somewhat agree, somewhat disagree, strongly disagree, and "does not apply to me." The frequencies of responses to the eight satisfaction questions are displayed graphically in two figures on the following page.

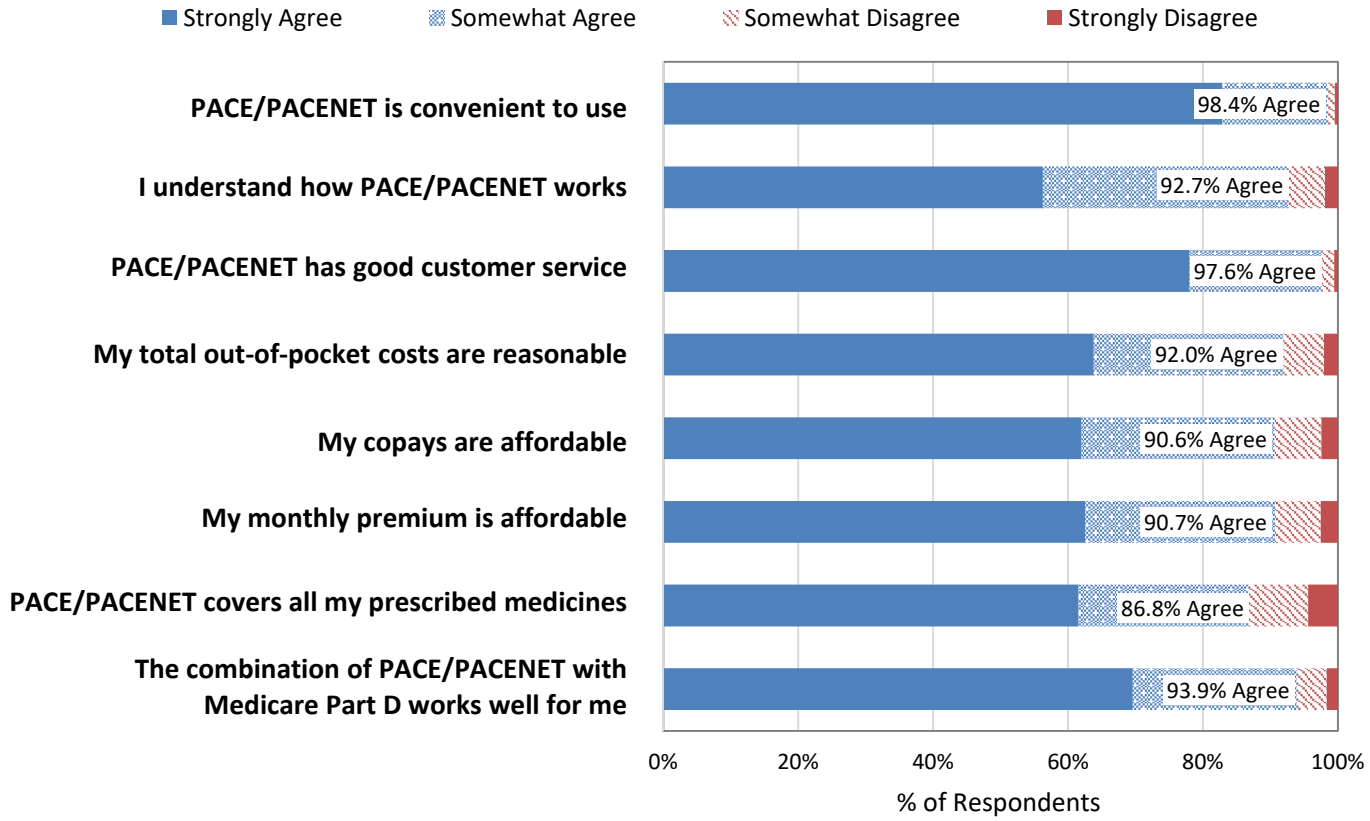
The first figure presents all responses, including the choice of "does not apply to me." Satisfaction levels were high for all questions, with the combined percentage of persons agreeing (either strongly or somewhat) to each statement ranging from 77.2% to 96.2%. These agreement levels are conservative because respondents who selected the answer "does not apply to me" remain in the denominator. The question most affected by the "does not apply to me" dilution was the item "my monthly premium is affordable," for which 14.9% of respondents chose the "does not apply" response.

The second figure on the following page presents the distribution of satisfaction responses when responses of "does not apply to me" are omitted. For all eight questions, the most frequently-selected category was "strongly agree." Total agreement levels (combining the strongly agree and somewhat agree categories) range from 86.8% (PACE/PACENET covers all prescribed medicines) to 98.4% (PACE/PACENET is convenient to use).

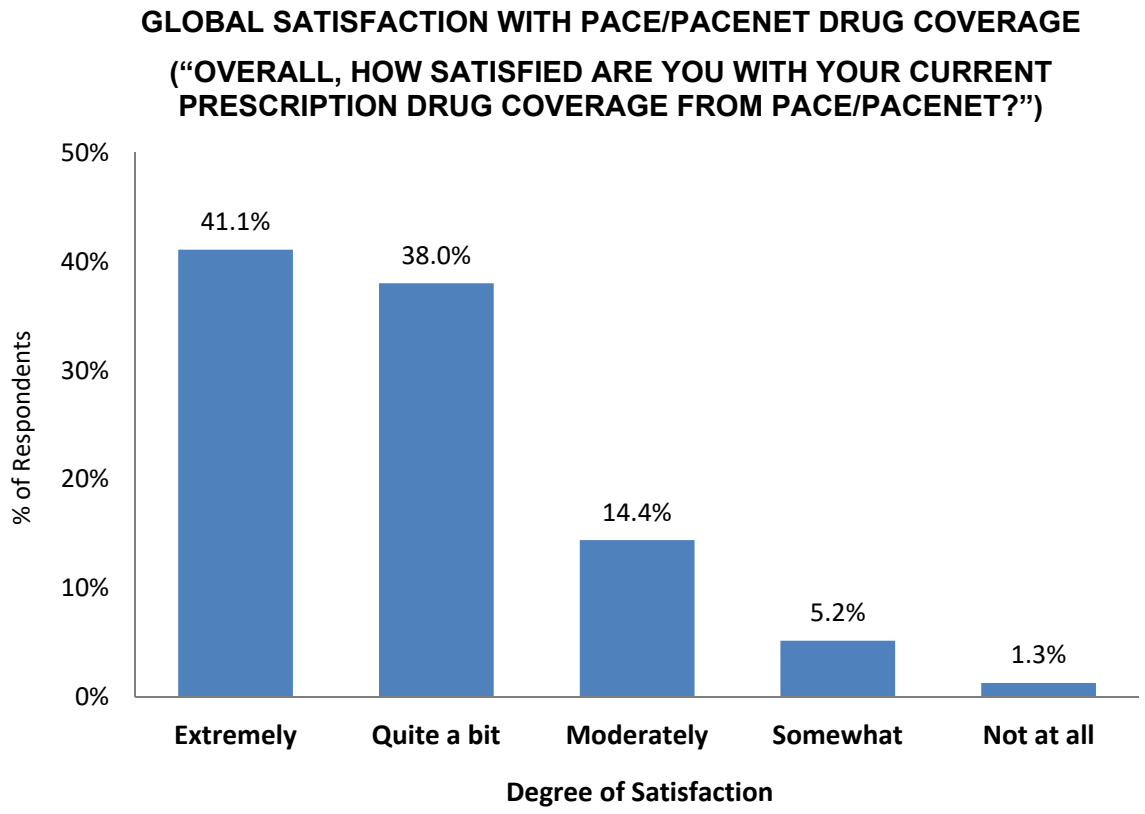
LEVEL OF AGREEMENT WITH PACE/PACENET SATISFACTION QUESTIONS (INCLUDING RESPONSES OF "DOES NOT APPLY TO ME")



LEVEL OF AGREEMENT WITH PACE/PACENET SATISFACTION QUESTIONS (EXCLUDING RESPONSES OF "DOES NOT APPLY TO ME")



For the global satisfaction question, respondents were asked to indicate how satisfied they were with their current prescription drug coverage from PACE/PACENET, with choices including extremely, quite a bit, moderately, somewhat, and not at all. Results are shown below.

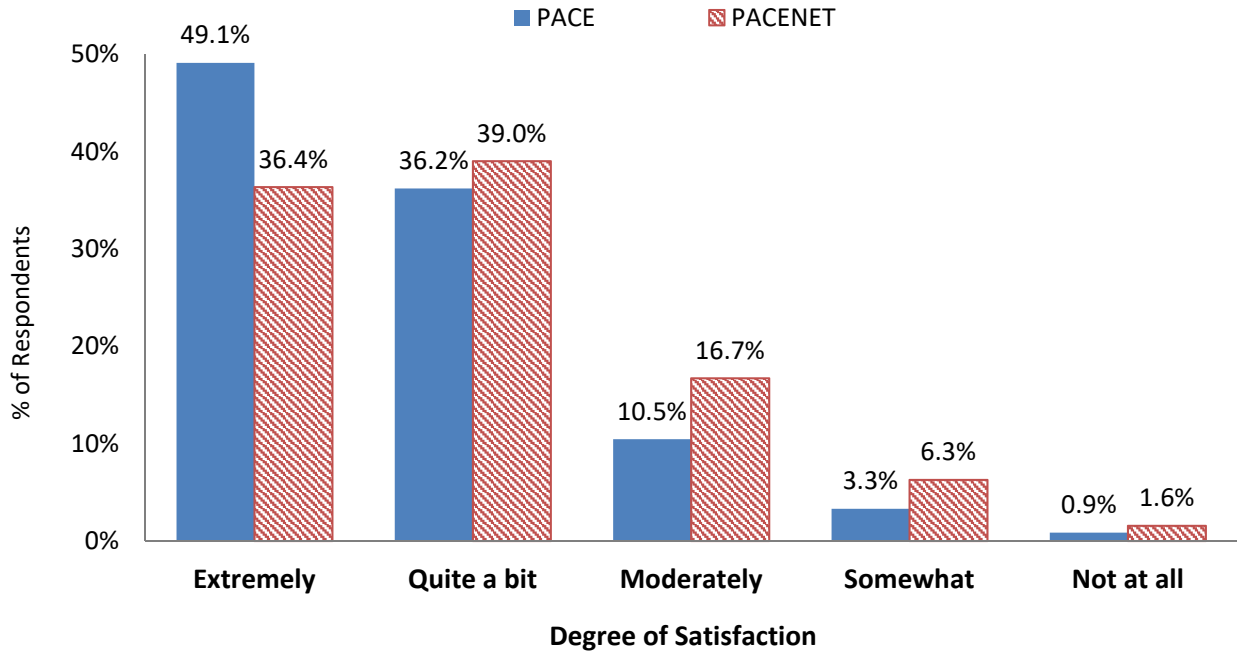


Overall responses reflect a high degree of satisfaction with PACE/PACENET. For the global satisfaction question, 79.1% of respondents indicated that they were either "extremely" or "quite a bit" satisfied with their prescription coverage from PACE/PACENET, and only 1.3% indicated that they were "not at all" satisfied.

When the responses to the PACE/PACENET satisfaction are stratified by current program enrollment (PACE vs. PACENET), some differences are apparent. Among PACE cardholders, 49.1% indicated that they were extremely satisfied with their current PACE coverage, and 36.2% indicated that they were quite a bit satisfied (a total of 85.3% were either extremely or quite a bit satisfied). Among PACENET cardholders, 36.4% indicated that they were extremely satisfied and 39.0% were quite a bit satisfied (75.4% were either extremely or quite a bit satisfied) with their PACENET drug coverage.

GLOBAL SATISFACTION WITH PACE/PACENET DRUG COVERAGE, BY PROGRAM

("OVERALL, HOW SATISFIED ARE YOU WITH YOUR CURRENT PRESCRIPTION DRUG COVERAGE FROM PACE/PACENET?")



These results are consistent with prior survey findings suggesting that the different benefit structures of PACE and PACENET are associated with varying levels of satisfaction, but that, overall, cardholders in both programs express high degrees of satisfaction with the drug coverage that PACE/PACENET provides.

In summary, the 2016-17 survey provides an important overview of PACE/PACENET cardholders' satisfaction with the program, as well as insight into the health and medication challenges experienced by the enrollment.

References

1. Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [Accessed 7/9/2018]. Available from: https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being.

The PACE Application Center
2017 Report

Overview

Since 2006, the PACE Application Center for the Pennsylvania Department of Aging has conducted data-driven outreach and application assistance to connect older Pennsylvanians with public benefit programs to help cover the cost of prescriptions, shelter and food. The Application Center provides services

- to locate eligible persons and submit PACE applications on their behalf
- to enroll persons in the Medicare Part D Extra Help Low-Income Subsidy (LIS)
- to assist older Pennsylvanians in accessing other benefit programs including the Supplemental Nutrition Assistance Program (SNAP), Property Tax/Rent Rebate (PTRR), Low-Income Home Energy Assistance Program (LIHEAP), Medicare Savings Programs (MSP), and Medicaid coverage.

The PACE Application Center uses multiple sources of state, private and public data to conduct outreach. Since the Center began working with PACE, outreach efforts have resulted in over 191,000 applications for the PACE and PACENET programs, and 108,500 applications for LIS. In addition, the Center has submitted over 150,500 other benefit applications on behalf of Pennsylvania's seniors. In total, seniors received approximately $1 billion in benefits to help them afford their prescriptions, age in place, and live with dignity.

Outreach and Applications Submitted in 2017

Through mail, telephone and community-based outreach, the PACE Application Center assisted 25,000 senior households in applying for at least one benefit, delivering an estimated $88 million in benefits in 2017.

2017 OUTREACH AND APPLICATION ASSISTANCE	
TOTAL PACE/PACENET OUTREACH	594,642
UNIQUE PACE/PACENET OUTREACH	309,061
TOTAL LIS OUTREACH	46,042
UNIQUE LIS OUTREACH	24,018
PACE/PACENET APPLICATIONS SUBMITTED	12,803
RESPONSES TO PACE AND LIS OUTREACH	23,098
LIS APPLICATIONS SUBMITTED	10,313
SNAP APPLICATIONS SUBMITTED	9,050
PTRR APPLICATIONS SUBMITTED	2,829
LIHEAP APPLICATIONS SUBMITTED	1,817
MSP APPLICATIONS SUBMITTED	2,478
MEDICAID APPLICATIONS SUBMITTED	1,845
HOUSEHOLDS WITH AT LEAST ONE BENEFIT APPLICATION SUBMITTED	24,936
ESTIMATED ANNUAL BENEFIT VALUE	**$88.6 million**

Medicare Extra Help Low Income Subsidy (LIS) Auto Apply Pilot

In 2017, the PACE Application Center successfully launched the LIS Auto Apply project. Through this pilot, PACE provides the Center with a list of the lowest income PACE enrollees not currently enrolled in LIS. Using existing systems, the Center created a program that submits applications directly to the Social Security Administration. This low-cost, high enrollment form of submission allows the Center to reach non-responder clients who are most likely eligible for valuable prescription benefits. The PACE Application Center submitted 3,905 applications on behalf of auto apply clients and are currently waiting enrollment information.

2018 Initiatives

For 2018, the Center anticipates conducting new outreach efforts and expanding its messaging about available services. The Center will:

- receive 73,100 new, unique names for PACE/PACENET outreach
- receive 9,100 new, unique names for LIS outreach
- receive and conduct mail and telephone PACE outreach to refreshed lists provided by SNAP, PTRR, LIHEAP, MSP, the Pennsylvania Department of Transportation, Medicaid for dual eligible re-deemed status, health insurance companies, commercial mailing list producers, and Pennsylvania Department of Aging
- receive and conduct mail and telephone outreach to PACE and PACENET enrollees for LIS and for SNAP
- explore partnership opportunities with managed care organizations and other health insurance companies
- seek additional lists for outreach from valuable partnerships with community-based organizations
- continue to successfully implement the Medicare Extra Help (LIS) Auto Apply project
- implement message testing suggestions from focus groups in rural Pennsylvania

AVAILABLE DATA SOURCES FOR OUTREACH	
NEW NAMES AVAILABLE FOR PACE OUTREACH	30,474
NEW NAMES AVAILABLE FOR LIS OUTREACH	3,808

University of Pennsylvania and PACE/PACENET
Behavioral Health Lab Program 2017 Report

Overview

Depression, anxiety, and dementia are prevalent in later life and lead to significant morbidity and disability, thereby contributing to increased medical services utilization, nursing home utilization, and mortality. Despite advances in the assessment and treatment of behavioral health disorders among older adults, under-treatment of such disorders remains a major public health concern. Less than 20% of patients treated for major depression are seen monthly for the first three months, and they often do not achieve remission.

A number of factors pose barriers to successful treatment outcomes, such as limited provider resources for conducting frequent monitoring, the presence of multiple mental health conditions, patients' lack of acceptance of treatment, low medication adherence, and logistic considerations such as transportation, daily schedules, lack of availability of providers, and finances. To address these barriers, care management strategies, have been developed and shown to substantially address many of these challenges to successful treatment through the provision of collaborative care within primary care.

One such evidence based, algorithm driven program is the University of Pennsylvania's Behavioral Health Lab (BHL) program. The BHL program has two main arms:

- **SUpporting Seniors receiving Treatment And INtervention (SUSTAIN)** project that targets cardholders with depression or anxiety problems
- **Caregiver Resources, Education, and SupporT (CREST)** project that targets caregivers of cardholders with dementing illnesses.

For several years, these two programs have been shown to be effective in identifying community-dwelling older persons at risk of poor health outcomes, including nursing home admissions, and in supporting these individuals and their caregivers to manage their mental health care. These programs are well suited to help reduce or delay the onset and progression of functional limitations, as well as to provide information about and access to community resources that enable independent living for longer periods of time.

Assessments

PACE/PACENET enrollees receive evidenced-based care management that includes counseling, support, education and advice about pharmacological treatment as well as referral to available community resources based on needs.

The BHL program delivers to *prescribers* written patient monitoring and feedback about medication response, tolerability and safety, and offers telephone consultation to them.

Family caregivers may participate in evidenced-based support that focuses on amplifying their caregiving skills through focused problem solving and education offered at their convenience.

2017 SUSTAIN Outreach Update

In 2017, SUSTAIN completed:

- **518** initial assessments for cardholders new to SUSTAIN
    - 2 initial assessments were referrals from the prescribing provider or from the PACE Application Center
- **2,563** follow-up assessments
    - 198 cardholders received care management services with behavioral health providers (BHP)
    - 230 cardholders received symptom and medication monitoring services
    - 29 cardholders worked with BHPs and received referrals to community mental health services
- Of those eligible for follow-up services:
    - 35.8% reported “no to low” symptoms at baseline
    - 32.6% reported “moderate” symptoms at baseline
    - 31.6% reported “high” symptoms at baseline

2017 CREST Outreach Update

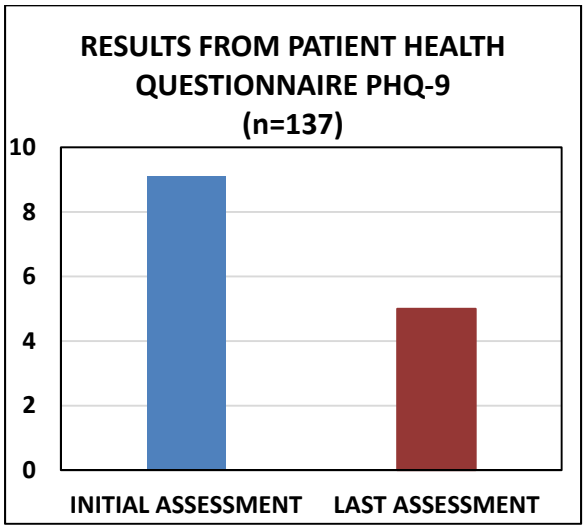
In 2014, **CREST** began caregiver outreach and telehealth education specifically for caregivers of cardholders with Alzheimer’s disease dementia. Caregivers receive care management services in combination with education and support. Additionally, **SUSTAIN** services are offered to cardholders who do not screen for cognitive impairment.

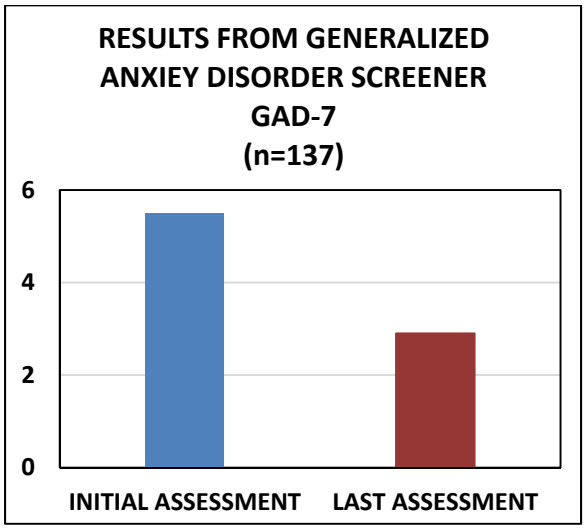
In 2017, 490 cardholders were referred to CREST and 148 initial assessments were completed

- 75 caregivers received education and resource materials
    - 70 caregivers worked directly with a BHP for care management and education services
    - 5 caregivers did not work with a BHP but agreed to a 3-month follow-up assessment
- 39 cardholders failed the initial memory screening and did not identify a caregiver, or the caregiver chose to not engage in follow-up services
- 34 cardholders completed an initial assessment and passed the memory screening
    - 13 cardholders who passed the memory screening were ineligible for services (absence of depression or anxiety symptoms); however, they did receive resource materials
    - 18 cardholders who passed the memory screening were eligible for follow-up services and participated in either care management services with a BHP or medication monitoring, depending on severity of symptoms

Sample Outcomes

The graphs below depict pre- and post-data of those who completed follow-up services as part of the BHL program in 2017. The graphs show the differences in depression (PHQ) and anxiety (GAD) symptoms from the initial assessment to the last follow-up assessment as part of the program.





The graph below illustrates that cardholders' satisfaction with these telephone-based services is high.

Initiatives for 2018

1. *Continued support for cardholders prescribed psychotropic medications*
   The program will continue to sample 40 cardholders per week prescribed psychotropic medications and enroll participants into the care management and medication monitoring programs. Current data show more success in engaging rural cardholders compared to urban cardholders. The focus will be on rural cardholders and those at higher risk for mental health problems.

2. *Direct-to-consumer marketing campaign*
   In addition to random sampling to enroll individuals, the program began a direct-to-consumer marketing campaign of those individuals prescribed psychotropic medications and not enrolled in our direct outreach. This will enable a comparison of different methods of direct-to-consumer marketing compared to aggressive outreach.

3. *CREST Program*
   The BHL will continue the sampling for CREST enrollees by 10 cardholders per week and change the distribution to 75% from rural counties and 25% from all other counties. A direct-to-consumer marketing plan for the caregivers of those cardholders on cognitive enhancing pharmaceutical agents will be developed.

4. *High dose opioid pilot project*
   In 2018, the program began outreach to engage cardholders identified as having prescriptions for opioid medications at high doses, above total MED (morphine equivalent per day) of 120 mg/day. Cardholders enrolled receive care management services aimed at helping to manage their chronic pain and other health conditions that may be contributing to pain symptoms with a focus on ensuring effective and safe use of medications.

5. *Community outreach*
   In 2018, the program plans to conduct a preliminary community outreach model involving two Area Agencies on Aging, the Philadelphia Corporation for Aging (PCA) and one in a rural Pennsylvania county to be determined. Staff will be trained to identify older Pennsylvanians during field visits who may benefit from BHL program services and provide them with referral information.

Publications

1. Improving Access to Collaborative Behavioral Health Care for Rural-dwelling Older Adults. Gerlach, L., et al. 2017.

2. Evaluation of a Telephone-Delivered Community-Based Collaborative Care Management Program for Caregivers of Older Adults with Dementia. Mavandadi, S., Wray, L., DiFilippo, S., Streim, J., Oslin D. American Journal of Geriatric Psychiatry. September 2017.

Presentations and Awards

1. Ansar, A, Mavandadi, S, Foust, K, DiFilippo, S, Streim, J, Oslin, D. Correlates of Sleep Indices among Community Dwelling Older Adults Enrolled in a Collaborative Care Management Program. Presented at the American Association for Geriatric Psychiatry 2017 Annual Meeting, Dallas, TX, March 2017.
   This poster was also presented at the University of Pennsylvania's Institute on Aging: Sylvan M. Cohen Annual Retreat and Poster Session where it received first place in the Clinical Research Category.
2. Arenz, J, Mavandadi, S, Gerlach, L, Foust, K, DiFilippo, S, Streim, J, Oslin, D. Improving Access to Collaborative Behavioral Health Care for Rural-Dwelling Older Adults. Presented at the American Association for Geriatric Psychiatry 2017 Annual Meeting, Dallas, TX, March 2017.

The PACE Academic Detailing Program
2017

Overview

The PACE Program provides funding and support to Alosa Health for the delivery of an academic detailing service to primary care clinicians who care for PACE beneficiaries. Academic detailing is outreach education for health care professionals to improve clinical decision making. Rather than promote particular products, educators provide comprehensive summaries of the body of evidence for a particular topic to help clinicians prescribe the safest, most effective medications for their patients.

The information is compiled from comparative effectiveness research that compares the effectiveness, benefits, and harms of different medical treatment options. This provides a convenient and efficient way for primary care providers to stay current on the latest medical findings about the health issues they most commonly treat. The model uses trained clinical educators who meet one-on-one with physicians, nurse practitioners, and physician assistants at their practice locations to discuss the most recent clinical data on a particular primary care topic. This report reflects activity during 2017.

THERAPEUTIC AREA	MODULE TITLE	RELEASED
Chronic Pain	*Managing Chronic Pain in the Elderly*	Dec. 2017
COPD	*Helping Patients with COPD Breathe Easier*	Jul. 2017
Elder Abuse	*Caring for Vulnerable Elders*	Apr. 2017
Hypertension	*Don't Let the Pressure Get to You: Current Evidence-Based Goals for Treating Hypertension*	Nov. 2016
LDL-Lowering Therapy	*Managing Lipids to Prevent Cardiovascular Events: Integrating the Current Guidelines into Practice*	Jul. 2016
Type 2 Diabetes	*Managing Type 2 Diabetes: A Spoonful of Medicine Helps the Sugar Go Down, But There is More to It Than That*	Mar. 2016
Heart Failure	*Heart Failure: Managing Risk and Improving Patient Outcomes*	Nov. 2015
Atrial Fibrillation	*Anticoagulation: A Key Strategy—Slow(er), Even If Not Steady, Wins the Race*	Jul. 2015
Urinary Incontinence	*Evaluating and Managing Urinary Incontinence*	Mar. 2015
Alzheimer's Disease and Related Disorders	*Evaluation and Management of Alzheimer's Disease and Related Disorders: Evidence-based Guidance for Primary Care Clinicians*	Aug. 2014
Falls and Mobility	*Preventing Falls In The Elderly: What Primary Care Clinicians Can Do to Reduce Injury and Death*	Apr. 2014

Evaluation

Both qualitative and quantitative data are helpful to assess the impact of the program on prescribers and to improve the program's design for the primary care setting.

- Clinician participants complete post-visit surveys after each educational session to measure knowledge, as well as to assess how the program impacts prescribing for their older patients.
- Alosa conducts drug utilization analyses using PACE claims information.
- Nine clinical educators record feedback from the participants after each academic detailing visit, capturing the clinicians' impressions on the relevance of the current module to their practice and their perceived utility of the module in helping to improve patient care.
- Alosa reports the number of prescribers educated on each topic by provider type (physician, nurse practitioner, or physician assistant).

Post-Visit Surveys

Participant surveys began in 2013 and have continued for subsequent topics. For each module, the providers rate topic-specific statements and broader statements on the benefit to their patients. Clinicians strongly agree when asked if they would like to see the program continue and if they receive useful resources to use in caring for their older patients. Below are ratings for two modules.

RATINGS* FOR COPD (JULY 2017)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree**	**AVERAGE RESPONSE (N=143)** ***5 4 3 2 1***
The clinical educator presented detailed information on the new GOLD classification system for staging and treating COPD.	**4.99**
The materials presented up-to-date recommendations on matching treatment for COPD with disease severity.	**4.99**
The clinical educator made available tools for my patient to help them manage their COPD better and quit smoking.	**4.98**
IDIS and PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	**4.95**
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	**4.89**
Information provided by the PACE academic detailing program benefits the well being of my patients.	**4.89**

*Rating results are available for other modules.

Additional comments: Great delivery of unbiased data that is important to patient outcomes; patient education materials helpful; algorithm very informative; pricing of medications surprising; recognized challenge of implementing lower goals; medication suggestions useful.

RATINGS* FOR ELDER ABUSE (APRIL 2017)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree** ***The clinical educator. . .***	**AVERAGE RESPONSE (N=181)** ***5 4 3 2 1***
Discussed the impact of elder abuse on increasing adverse outcomes and utilization of healthcare resources in older adults.	**4.99**
Explained elder abuse risk factors as well as screening questions and how I can use them in my practice to identify abuse.	**4.99**
Presented evidence on the limited role of antipsychotic medications should play in managing behavioral and psychological symptoms of dementia.	**4.98**
Provided me with useful resources for patients that I will use in practice.	**4.99**
IDIS and PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	**4.99**
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	**4.95**
Information provided by the PACE Academic Detailing Program benefits the well being of my patients.	**4.99**

*Rating results are available for other modules.

Timely Education

In response to the impact of the overuse of opioids, the program updated and relaunched *Managing chronic pain in the elderly* in December 2017. This module will be shared beyond regularly schedule visits through an expansion using federal grant money secured by Pennsylvania under the 21st Century Cures Act to address the opioid epidemic. The expansion targets high priority counties identified by the Pennsylvania Department of Health.

Qualitative Feedback

At the end of each educational session, the academic detailer records specifics on how the messages were received by the prescriber. This provides valuable insight on the program, and helps the clinical educator reflect on how they presented the message so that they can engage in continuous quality improvement. Below are comments from clinicians participating in the program as noted by the clinical educators. Feedback on other modules is available from the PACE Program.

Managing Chronic Pain in the Elderly

Prescriber appreciates the evidence in the UnAd for non-opioid medications and non-medication management. Commended she believes both yoga and Tai Chi are very helpful with improving functioning. Agrees with referring someone with substance abuse disorder to specialist. Will look into the reimbursement for screening. Looks forward to reviewing complete package of materials.

Provider shared that his biggest challenge with pain is group of patients on opioids for > 5-10 years who do not admit to any side effects. However, he indicates that he has had good success titrating people off these harmful drugs. He had not tried duloxetine for pain augmentation but indicated that it was a useful strategy and he was going to try it in selected patients.

Likes the county specific data on ODD as well as the tapering and evidence charts. Expressed concern over use of medication to manage chronic pain among her patient population. However, like many before her she also expressed the challenges of reality vs. the evidence when it comes to non-pharmacologic treatments. Insurance copays are cheaper for meds than they are for physical therapy.

PA found the topics and CME opportunity extremely useful to her practice. She described as she has just started practice and finds it difficult to "keep up." She welcomed the opportunity to participate with our program. In discussing CHF, I came across the leaflet for new product left by drug rep yesterday. She noted she had not met with rep but had read the information. Talked with her about PARADIGM and placement of the med in the algorithm. She also really liked patient ed. tools and talked about using the weight chart with a patient she will be seeing this afternoon.

COPD

Found the GOLD update useful and expressed, "his is much easier to follow." He spoke of concerns with exacerbation and med choice for ATB. Also noted that he appreciates the reminder about adverse effects with daily AZT use for GOLD 4. Finds the access to meds the second challenge behind smoking cessation. Expressed the usefulness in the reference card.

Commented the information is very informative and useful and that COPD is a condition seen frequently in the office. Likes the update on the 2017 GOLD classification and agrees with the evidence-based recommendations for managing the stages of COPD as well as infections and exacerbations. Commented patients that have been to pulmonary rehab have reported feeling better and encourages patients to participate.

Appreciates the materials on the new GOLD classification as he had heard there was an update and looks forward to reading the materials. Aware of the FDA approval for the new triple therapy but questions what the cost will be. Commented it will likely be very costly. Familiar with the class group of SABA/LAMA. Commented it's hard to keep all the medications straight anyway. Likes the cost chart and reference card.

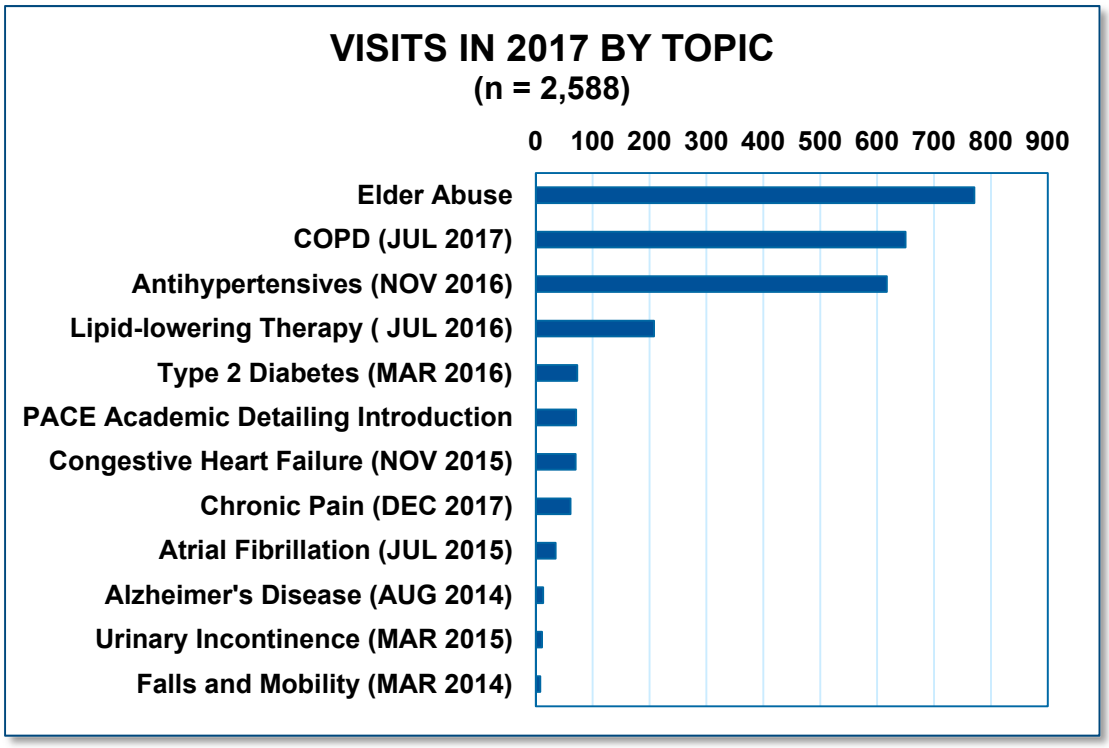
Likes the update on the 2017 GOLD classification. Familiar with the COPD medications and current terminology of referring to medication class. Likes the CDC brochures and finds smoking cessation to be one of the most difficult addictions for people to quit. Commented the topic is informative. Commented his patients always say they can't afford the medications he prescribes.

Visit Metrics

The tables below show the total number of educational visits by provider type and by topic. As the primary target for the program, physicians continue to represent the majority of prescribers taking part in the program. However, nurse practitioners and physician assistants are visited as well.

EDUCATIONAL VISITS

PRESCRIBER TYPE	2017
Physician	1,820
Physician Assistant	302
Nurse Practitioner	478
Medical Assistant	2
Total	**2,602**


VISITS IN 2017 BY TOPIC
(n = 2,588)
0
100
200
300
400
500
600
700
800
900
Elder Abuse
COPD (JUL 2017)
Antihypertensives (NOV 2016)
Lipid-lowering Therapy (JUL 2016)
Type 2 Diabetes (MAR 2016)
PACE Academic Detailing Introduction
Congestive Heart Failure (NOV 2015)
Chronic Pain (DEC 2017)
Atrial Fibrillation (JUL 2015)
Alzheimer's Disease (AUG 2014)
Urinary Incontinence (MAR 2015)
Falls and Mobility (MAR 2014)

APPENDIX B

The PACE/PACENET Medical Exception Process

THE PACE/PACENET MEDICAL EXCEPTION PROCESS

BACKGROUND:

Act 134-96, the State Lottery Law, requires publication and dissemination of the medical exception process used by the Department of Aging for the Pharmaceutical Assistance Contract for the Elderly (PACE) and for the Pharmaceutical Assistance Contract for the Elderly Needs Enhancement Tier (PACENET). Specifically, the legislation addresses the medical exception process with regard to generic substitution when an A-rated therapeutically equivalent medication is available. The law further requires that the Department of Aging distribute the medical exception process to providers and recipients in the Program.

THE MEDICAL EXCEPTION PROCESS:

Through the online claims processing system, the PACE/PACENET Program provides prospective therapeutic review of prescriptions before the pharmacist dispenses the medication to the cardholder. The review checks for potential drug interactions, duplicative therapies, over-utilization, under-utilization and other misutilization. The Department of Aging, of course, recognizes the possibility of exceptional circumstances in connection with the application of therapeutic criteria and reimbursement edits. A medical exception will be considered by the Program when the cardholder's physician indicates the diagnosis, medical rationale, anticipated therapeutic outcomes, the expected length of exception therapy, and the last trial at alternative therapy.

Act 134-96 requires a pharmacist to dispense the A-rated, therapeutically equivalent, generic drug to the cardholder if they have a prescription for a multi-source brand product. If a cardholder seeks an exception to this mandate, a pharmacist may request a short term medical exception at the time of dispensing by calling 1-800-835-4080. The PACE Program may grant a 30-day medical exception if requested. Immediately following approval of the exception, the Program sends a follow-up letter to the cardholder's prescribing physician. This letter serves as notice that the Program granted a temporary medical exception to the mandatory substitution requirement. The letter seeks the therapeutic rationale for continuing the medical exception. The Program allows 30 days for the return of the written medical exception request from the prescriber. If the Program does not receive written documentation, the short term medical exception will expire. If the prescriber does respond to the letter and provides appropriate information, the Program may grant a longer medical exception period. The cardholder may continue to obtain the brand medication without paying the extra cost of a generic differential.

The Program may refer a request to a physician consultant or to a therapeutics committee for special review and consideration. The cardholder will receive a short term medical exception until completion of the review process.

If the Program denies a request for a medical exception to the mandatory generic requirement, the cardholder may opt to continue using the brand multi-source product and, then, pay the generic differential. If this occurs, the pharmacist must collect the copay for the brand name product plus 70 percent of the average wholesale price of the brand name product from the cardholder.

Please direct questions regarding the implementation of the medical exception process to 1-800-835-4080 or in writing to:

Mr. Thomas M. Snedden
Director, Bureau of Pharmaceutical Assistance
Pennsylvania Department of Aging
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919

Source: Pennsylvania Bulletin, Vol. 26, No. 52, December 28, 1996; address change December 8, 1997.

APPENDIX C

American Hospital Formulary Service (AHFS) Classifications for Therapeutic Classes Used in Report

AMERICAN HOSPITAL FORMULARY SERVICE (AHFS) CLASSIFICATIONS FOR THERAPEUTIC CLASSES USED IN REPORT

The American Hospital Formulary Service (AHFS) provides a universal standard of drug classification. Listed below are the AHFS classifications corresponding to the drug classes reported in the tables and figures of this report.

Name of Therapeutic Class	AHFS Classification
Anti-infective agents	08
Quinolones	08:12.18
Cephalosporins	08:12.06
Antineoplastic agents	10
Autonomic drugs	12
Anticholinergics	12:08
Adrenergic agents	12:12
Blood formation and coagulation agents	20
Cardiovascular drugs	24
Cardiac drugs	24:04 or any below
Angiotensin receptor blockers	24:32.08
ACE inhibitors	24:32.04
Cardiac glycosides	24:04.08
Antiarrhythmic agents	24:04.04
Beta blockers	24:24
Calcium channel blockers	24:28
Lipid-lowering agents	24:06
Antihypertensive agents	24:08, 20
Vasodilating agents	24:12
Analgesics/antipyretics	28:08
NSAID's/COX-2 Inhibitors	28:08.04
Opiate agonists	28:08.08
Psychotropic drugs	28:12,16, 20, 24, 28
Anxiolytics, sedatives, hypnotics	28:24
Antidepressants	28:16.04
Antipsychotic agents	28:16.08
Replacement solutions	40:12
Diuretics	40:28, 24:32.20, 52:40.12
Loop diuretics	40:28.08
Thiazide diuretics	40:28.20, 24
Potassium-sparing diuretics	40:28.16, 24:32.20
Respiratory tract agents	48
Eye, ear, nose and throat preparations	52
Gastrointestinal agents	56
H_2-receptor antagonists (H_2RA's)	56:28.12
Proton pump inhibitors	56:28.36
Miscellaneous anti-ulcer agents	56:28.28, 56:28.32
Hormones and synthetic substances	68
Adrenals and comb.	68:04
Estrogens and comb.	68:16.04 and selected other products
Antidiabetic agents (including insulin)	68:20
Thyroid and antithyroid agents	68:36
Drugs for osteoporosis	multiple classes (68:16.12, 68:24, 92:24)
Theophylline and related smooth muscle relaxants	86:16

SOURCE: AHFS Drug Information

APPENDIX D

State Funded Pharmacy Programs Utilizing the PACE Program Platform

January – December 2017

STATE FUNDED PHARMACY PROGRAMS UTILIZING THE PACE PROGRAM PLATFORM

	SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT					
PROGRAM NAME	ACRONYM	ENROLLEES CY 2017	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION[1]
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY, DEPT. OF AGING	PACE	100,108	YES	YES	YES	YES
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER, DEPT. OF AGING	PACENET	168,113	YES	YES	YES	YES
ANCILLARY Rx BENEFIT PROGRAMS						
CHRONIC RENAL DISEASE PROGRAM, DEPT. OF HEALTH	CRDP	7,145	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS, DEPT. OF HEALTH	SPBP1	8,123		YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH, DEPT. OF HUMAN SERVICES	SPBP2	1,252			YES	YES
CYSTIC FIBROSIS, DEPT. OF HEALTH	CF	11				
SPINA BIFIDA, DEPT. OF HEALTH	SB	2				
PHENYLKETONURIA DISEASE, DEPT. OF HEALTH	PKU	255				
MAPLE SYRUP URINE DISEASE, DEPT. OF HEALTH	MSUD	0				
AUTOMOTIVE CATASTROPHIC LOSS BENEFITS CONTINUATION FUND, DEPT. OF INSURANCE	AUTO CAT FUND	421				
WORKERS COMPENSATION SECURITY FUND, DEPT. OF INSURANCE	WCSF	1,192				
PENNSYLVANIA PATIENT ASSISTANCE PROGRAM, DEPT. OF AGING	PA PAP	14,565	YES	YES	YES	
DEPT. OF MILITARY AFFAIRS	DMVA	683	YES	YES	YES	YES
DEPT. OF CORRECTIONS	DOC (65 AND OLDER)	1,901			YES	YES

	SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT (continued)					
PROGRAM NAME	ACRONYM	ENROLLEES CY 2017	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION[1]
NON-BENEFIT SUPPORTED PROGRAMS						
DEPT. OF AGING, APPRISE—STATE HEALTH INSURANCE ASSISTANCE PROGRAM	PDA APPRISE				YES	YES
DEPT. OF CORRECTIONS	DOC (TOTAL)	50,105			YES	YES
DEPT. OF GENERAL SERVICES	DGS					
DEPT. OF HEALTH, PRESCRIPTION DRUG MONITORING PROGRAM	PDMP					
DEPT. OF HUMAN SERVICES, GENERAL ASSISTANCE PROGRAM	GA					
PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL	PHC4					
BOARD OF PROBATION AND PAROLE (BENEFIT OUTREACH)	PBPP	641	YES	YES	YES	YES
		[1] Includes exchange of enrollment and payment information with partner and non-partner plans; verification of premium invoices; and, management of cardholder drug coverage appeals and prior authorizations with Part D plans				

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	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT	
	PHARMACY CLAIMS CY 2017	ANNUAL EXPENDITURES CY 2017	PHARMACY CLAIMS ADJUDICATION	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
PACE	2,292,095	$54,190,115	YES	YES	YES	YES	YES	YES
PACENET	4,256,815	$102,472,224	YES	YES	YES	YES	YES	YES
ANCILLARY Rx BENEFIT PROGRAMS								
CRDP	67,183	$3,818,823	YES	YES	YES	YES	YES	YES
SPBP1	217,016	$70,627,847	YES	YES	YES	YES	YES	
SPBP2	9,048	$937,439	YES	YES	YES	YES	YES	
CF	52	$17,046	YES	YES	YES			YES
SB	13	$792	YES	YES	YES			YES
PKU	1,937	$900,251	YES	YES	YES			YES
MSUD	-	-	YES	YES	YES			YES
AUTO CAT FUND	4,261	$688,931	YES	YES	YES	YES	YES	YES
WCSF	7,760	$2,136,286	YES	YES	YES	YES	YES	YES
PA PAP	3,671	$142,084	YES	YES	YES		YES	YES
DMVA	10,333	$241,196	YES	YES	YES			
DOC (65 AND OLDER)	112,663	$4,676,804	YES		YES	YES		YES

	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT (continued)						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT (continued)	
	PHARMACY CLAIMS CY 2017	ANNUAL EXPENDITURES CY 2017	PHARMACY CLAIMS ADJUDICATION	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
NON-BENEFIT SUPPORTED PROGRAMS								
PDA APPRISE								
DOC (TOTAL)	**-**	**$264,464,682**	**YES**	**YES**	**YES**	**YES**	**YES**	**YES**
DGS								
PDMP								
GA								
PHC4								
PBPP								
	[2] Includes online, real time claims adjudication; claim denials when claim exceeds drug utilization review criteria; and, seamless wrap-around of other pharmacy benefits.							

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	SECTION D: CRITICAL OPERATIONS, FINANCE AND RESEARCH ACTIVITIES							
	FINANCIAL MANAGEMENT AND REPORTING	MANUFACTURER REBATE MANAGEMENT	QUALITY IMPROVEMENT	PROGRAM DATA MANAGEMENT	MANAGEMENT REPORTING	AD HOC REPORTING	RESEARCH AND EVALUATION	WEBSITE SUPPORT
PACE	YES	YES	YES	YES	YES	YES	YES	YES
PACENET	YES	YES	YES	YES	YES	YES	YES	YES
ANCILLARY Rx BENEFIT PROGRAMS								
CRDP	YES	YES	YES	YES	YES	YES	YES	[3]
SPBP1	YES	YES	YES	YES	YES	YES	YES	[3]
SPBP2	YES	YES	YES	YES	YES	YES	YES	[3]
CF	YES		YES	YES	YES	YES	YES	
SB	YES		YES	YES	YES	YES	YES	
PKU	YES		YES	YES	YES	YES	YES	
MSUD	YES		YES	YES	YES	YES	YES	
AUTO CAT FUND	YES		YES	YES	YES	YES	YES	
WCSF	YES		YES	YES	YES	YES	YES	
PA PAP	YES	YES	YES	YES	YES	YES	YES	YES
DMVA	YES	YES		YES	YES	YES		
DOC (65 AND OLDER)	YES	YES	YES	YES	YES	YES	YES	

	SECTION D: CRITICAL OPERATIONS, FINANCE AND RESEARCH ACTIVITIES (continued)							
	FINANCIAL MANAGEMENT AND REPORTING	MANUFACTURER REBATE MANAGEMENT	QUALITY IMPROVEMENT	PROGRAM DATA MANAGEMENT	MANAGEMENT REPORTING	AD HOC REPORTING	RESEARCH AND EVALUATION	WEBSITE SUPPORT
NON-BENEFIT SUPPORTED PROGRAMS								
PDA APPRISE	YES		YES	YES	YES	YES	YES	
DOC (TOTAL)	YES	YES	YES	YES	YES	YES	YES	
DGS			YES	YES	YES	YES	YES	
PDMP			YES	YES	YES		YES	YES
GA		YES						
PHC4			YES	YES	YES	YES	YES	
PBPP	YES							
	[3] Although technical support for the website is not provided, documentation relevant to the program is provided for inclusion on the website.							

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