

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 D.C.

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
D.C., 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	146,668 (A)	17,334 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	145,871 (B)	17,330 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	91,033 (C)	17,270 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	2,655 (D)	2,221 (H)

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for D.C. in 1999 was \$46,410,526, of which \$1,598,414 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.0 percent were restricted benefit months without a pharmacy benefit in D.C., were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 D.C., 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>91,033</b>	<b>9,894</b>	<b>28,140</b>	<b>16,535</b>	<b>36,429</b>	<b>35</b>	<b>613,170</b>	<b>103,631</b>	<b>298,554</b>	<b>60,758</b>	<b>149,807</b>	<b>420</b>						
<b>Age</b>																		
5 and younger	16,207	1	895	66	15,245	0	65,262	12	8,252	239	56,759	0						
6-14	16,963	0	1,635	56	15,262	10	78,111	0	15,028	166	62,797	120						
15-20	7,749	0	845	1,324	5,577	3	41,948	0	8,329	4,748	28,835	36						
21-44	22,661	2	9,271	13,140	241	7	147,697	13	99,064	47,439	1,097	84						
45-64	13,519	21	11,618	1,862	4	14	132,409	179	124,491	7,556	15	168						
65-74	6,147	3,248	2,824	75	0	0	66,064	33,804	31,739	521	0	0						
75-84	4,769	3,893	867	8	0	1	51,109	41,417	9,605	75	0	12						
85 and older	2,916	2,729	185	1	1	0	30,263	28,206	2,046	6	5	0						
Unknown	102	0	0	3	99	0	307	0	0	8	299	0						
<b>Gender</b>																		
Female	53,665	7,277	13,976	14,289	18,106	17	351,965	77,177	150,626	51,239	72,719	204						
Male	37,213	2,617	14,163	2,244	18,179	10	259,855	26,454	147,916	9,505	75,860	120						
Unknown	155	0	1	2	144	8	1,350	0	12	14	1,228	96						
<b>Race</b>																		
White	2,571	719	1,494	176	181	1	24,758	7,498	15,890	658	700	12						
African American	75,734	7,317	22,148	14,748	31,497	24	492,817	75,966	232,697	53,695	130,171	288						
Other/unknown	12,728	1,858	4,498	1,611	4,751	10	95,595	20,167	49,967	6,405	18,936	120						
<b>Use of Nursing Facilities</b>																		
All year	2,655	2,235	363	57	0	0	28,091	23,460	4,054	577	0	0						
Part year	1,372	1,044	301	26	1	0	13,872	10,515	3,094	258	5	0						
None	87,006	6,615	27,476	16,452	36,428	35	571,207	69,656	291,406	59,923	149,802	420						
<b>Maintenance Assistance Status</b>																		
Cash	54,604	3,883	22,395	12,759	15,567	0	382,356	42,823	242,868	45,956	50,709	0						
Medically needy	16,127	3,670	3,628	2,969	5,860	0	101,573	36,026	33,786	12,126	19,635	0						
Poverty-related	14,584	1,685	1,933	585	10,381	0	75,090	18,000	19,968	2,025	35,097	0						
Other/unknown	5,718	656	184	222	4,621	35	54,151	6,782	1,932	651	44,366	420						
<b>Dual Medicare Status<sup>c</sup></b>																		
Full dual, all year	17,270	8,157	8,851	261	1	0	186,500	86,375	98,014	2,109	2	0						
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0	0						
Non-dual, all year	73,763	1,737	19,289	16,274	36,428	35	426,670	17,256	200,540	58,649	149,805	420						
<b>Managed Care Status</b>																		
FFS all year	50,649	9,888	27,004	3,764	9,958	35	485,175	103,595	292,517	20,174	68,469	420						
FFS part year, with Rx claims	9,587	3	594	3,956	5,034	0	36,631	20	3,537	14,346	18,728	0						
FFS part year, no Rx claims	30,797	3	542	8,815	21,437	0	91,364	16	2,500	26,238	62,610	0						

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

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

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

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 D.C., 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benefes
All	38.8 %	9.4	\$492	\$52	\$6,724	7.3 %	\$11	91,033
<b>Age</b>								
5 and younger	25.1	0.9	28	29	2,247	1.2	1	16,207
6-14	20.0	1.3	79	59	2,190	3.6	1	16,963
15-20	26.3	2.0	98	50	4,530	2.2	1	7,749
21-44	41.8	8.2	642	79	7,104	9.0	5	22,661
45-64	62.6	23.9	1,249	52	12,285	10.2	35	13,519
65-74	65.0	25.6	964	38	9,590	10.1	39	6,147
75-84	57.3	21.4	752	35	12,825	5.9	26	4,769
85 and older	39.3	13.3	449	34	19,300	2.3	8	2,916
Unknown	0.0	0.0	0	0	0	0.0	0	102
<b>Basis of Eligibility</b>								
Aged	51.0	18.0	650	36	15,386	4.2	20	9,894
Disabled	62.4	22.0	1,264	58	12,170	10.4	27	28,140
Adults	30.1	1.7	79	48	2,299	3.4	2	16,535
Children	21.2	1.0	42	43	2,181	1.9	0	36,429
Unknown	0.0	0.0	0	0	0	0.0	0	35
<b>Gender</b>								
Female	41.2	10.5	465	44	6,266	7.4	13	53,665
Male	35.5	8.0	534	67	7,414	7.2	7	37,213
Unknown	2.6	0.1	1	16	81	1.6	0	155
<b>Race</b>								
White	43.1	16.1	939	58	14,266	6.6	6	2,571
African American	38.2	9.1	480	53	6,623	7.2	11	75,734
Other/unknown	41.2	10.2	475	47	5,804	8.2	11	12,728
<b>Use of Nursing Facilities</b>								
Entire year	18.2	10.2	438	43	47,131	0.9	7	2,655
Part year	43.5	15.1	673	45	35,330	1.9	18	1,372
None	39.3	9.3	491	53	5,040	9.7	11	87,006
<b>Maintenance Assistance Status</b>								
Cash	41.8	11.0	582	53	6,011	9.7	13	54,604
Medically needy	29.5	6.5	348	53	13,171	2.6	6	16,127
Poverty related	33.7	7.8	385	49	2,224	17.3	11	14,584
Other/unknown	49.0	7.1	320	45	6,835	4.7	6	5,718

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 D.C., 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	1.4	\$73	7.3 %	61.2 %	20.0 %	5.6 %	8.6 %	4.0 %	0.7 %	\$998	91,033	613,170
<b>Age</b>												
5 and younger	0.2	7	1.2	74.9	21.4	2.4	1.1	0.2	0.1	558	16,207	65,262
6-14	0.3	17	3.6	80.0	16.3	2.1	1.3	0.3	0.1	476	16,963	78,111
15-20	0.4	18	2.2	73.7	21.4	2.4	1.9	0.5	0.1	837	7,749	41,948
21-44	1.3	99	9.0	58.2	24.3	6.0	7.8	3.0	0.7	1,090	22,661	147,697
45-64	2.4	128	10.2	37.4	19.7	10.3	19.6	11.0	2.1	1,254	13,519	132,409
65-74	2.4	90	10.1	35.0	17.6	10.7	23.6	12.0	1.1	892	6,147	66,064
75-84	2.0	70	5.9	42.7	15.2	10.7	21.8	8.7	0.9	1,197	4,769	51,109
85 and older	1.3	43	2.3	60.7	12.0	6.9	14.5	5.6	0.3	1,860	2,916	30,263
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	102	307
<b>Basis of Eligibility</b>												
Aged	1.7	62	4.2	49.0	14.9	9.2	18.8	7.3	0.7	1,469	9,894	103,631
Disabled	2.1	119	10.4	37.6	23.4	9.6	18.1	9.5	1.7	1,147	28,140	298,554
Adults	0.5	21	3.4	69.9	21.8	4.3	3.1	0.7	0.2	626	16,535	60,758
Children	0.2	10	1.9	78.8	17.9	2.0	1.0	0.2	0.0	530	36,429	149,807
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	35	420
<b>Gender</b>												
Female	1.6	71	7.4	58.8	20.2	5.9	9.7	4.6	0.7	955	53,665	351,965
Male	1.1	76	7.2	64.5	19.7	5.0	7.1	3.1	0.6	1,062	37,213	259,855
Unknown	0.0	0	1.6	97.4	2.6	0.0	0.0	0.0	0.0	9	155	1,350
<b>Race</b>												
White	1.7	98	6.6	56.9	14.9	6.6	12.1	7.8	1.8	1,481	2,571	24,758
African American	1.4	74	7.2	61.8	20.0	5.4	8.3	3.9	0.6	1,018	75,734	492,817
Other/unknown	1.4	63	8.2	58.8	21.2	6.2	9.7	3.7	0.5	773	12,728	95,595
<b>Use of Nursing Facilities</b>												
Entire year	1.0	41	0.9	81.8	2.4	1.6	6.2	6.1	2.0	4,455	2,655	28,091
Part year	1.5	67	1.9	56.5	14.7	7.7	13.2	6.4	1.5	3,494	1,372	13,872
None	1.4	75	9.7	60.7	20.6	5.7	8.6	3.9	0.6	768	87,006	571,207
<b>Maintenance Assistance Status</b>												
Cash	1.6	83	9.7	58.2	20.4	6.3	9.7	4.6	0.8	858	54,604	382,356
Medically needy	1.0	55	2.6	70.5	15.1	4.1	6.6	3.0	0.6	2,091	16,127	101,573
Poverty related	1.5	75	17.3	66.3	17.7	4.6	7.6	3.4	0.4	432	14,584	75,090
Other/unknown	0.8	34	4.7	51.0	35.1	5.4	6.5	1.9	0.1	722	5,718	54,151

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 D. C., 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>1.4</b>	<b>\$73</b>	<b>0.5</b>	<b>\$53</b>	<b>0.2</b>	<b>\$9</b>	<b>0.6</b>	<b>\$9</b>
<b>Age</b>								
5 and younger	0.2	7	0.1	4	0.0	0	0.1	2
6-14	0.3	17	0.1	13	0.0	1	0.1	2
15-20	0.4	18	0.1	13	0.0	3	0.2	2
21-44	1.3	99	0.5	80	0.1	8	0.5	8
45-64	2.4	128	0.9	92	0.3	16	1.1	16
65-74	2.4	90	0.9	56	0.3	16	1.0	14
75-84	2.0	70	0.7	42	0.3	14	0.9	12
85 and older	1.3	43	0.4	24	0.2	9	0.6	8
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility</b>								
Aged	1.7	62	0.6	38	0.3	12	0.7	10
Disabled	2.1	119	0.8	89	0.3	14	0.9	13
Adults	0.5	21	0.2	16	0.0	2	0.2	3
Children	0.2	10	0.1	7	0.0	1	0.1	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	1.6	71	0.6	49	0.2	10	0.7	10
Male	1.1	76	0.4	59	0.1	8	0.5	8
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	1.7	98	0.6	70	0.2	13	0.7	11
African American	1.4	74	0.5	54	0.2	9	0.6	9
Other/unknown	1.4	63	0.5	44	0.2	9	0.6	8
<b>Use of Nursing Facilities</b>								
Entire year	1.0	41	0.3	26	0.2	7	0.4	7
Part year	1.5	67	0.5	42	0.3	12	0.7	10
None	1.4	75	0.5	54	0.2	9	0.6	9
<b>Maintenance Assistance Status</b>								
Cash	1.6	83	0.6	61	0.2	10	0.7	10
Medically needy	1.0	55	0.4	39	0.1	7	0.5	7
Poverty related	1.5	75	0.6	53	0.2	10	0.7	9
Other/unknown	0.8	34	0.3	23	0.1	5	0.3	5
<b>\$ per Rx</b>								
<b>All</b>		<b>\$73</b>		<b>\$53</b>		<b>\$9</b>		<b>\$9</b>
<b>\$ per Rx</b>								
<b>All</b>						<b>\$50</b>		<b>\$14</b>

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 5.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 D.C., 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users								
	Patented		Off-Patent		Patented		Off-Patent		Patented		Off-Patent		As % of All Benes	No. of Bene Mos			
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name	Generic					
Anti-infective Agents	0.5	0.3	0.0	0.2	\$70	\$68	\$0	\$2	\$150	\$219	\$72	\$11	82,905	\$12,457,007	18,747	20.6 %	176,831
Biologics	0.1	0.1	0.0	0.0	16	4	12	0	134	43	814	14	81	10,830	61	0.1	698
Antineoplastic Agents	0.4	0.1	0.2	0.1	67	31	29	7	165	252	173	59	4,709	776,412	1,049	1.2	11,507
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	31	26	2	3	46	74	28	12	59,084	2,725,776	8,515	9.4	87,479
Cardiovascular Agents	1.4	0.5	0.3	0.5	49	29	13	7	36	53	46	13	214,053	7,658,732	14,201	15.6	155,419
Respiratory Agents	0.6	0.3	0.0	0.3	20	15	1	4	35	54	38	14	70,405	2,461,812	13,172	14.5	125,941
Gastrointestinal Agents	0.4	0.2	0.1	0.2	23	13	4	5	52	80	63	25	33,886	1,769,207	7,156	7.9	78,445
Genitourinary Agents	0.3	0.2	0.0	0.1	9	8	0	2	36	45	29	19	8,499	308,965	3,358	3.7	32,982
CNS Drugs	0.8	0.3	0.1	0.4	60	45	8	6	71	133	91	15	95,250	6,772,286	10,337	11.4	112,832
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.4	17	4	2	11	30	34	41	28	3,721	111,951	675	0.7	6,643
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	24	21	1	2	85	97	92	29	1,542	130,339	495	0.5	5,486
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	12	4	3	5	23	112	86	11	70,837	1,634,474	13,555	14.9	141,111
Neuromuscular Agents	0.8	0.2	0.1	0.4	30	19	5	7	39	83	34	17	54,052	2,129,308	6,468	7.1	71,119
Nutritional Products	0.5	0.0	0.2	0.3	6	0	4	2	14	12	22	8	33,571	453,347	6,992	7.7	74,095
Hematological Agents	0.5	0.1	0.1	0.3	35	26	3	5	73	330	32	17	17,884	1,307,188	3,495	3.8	37,700
Topical Products	0.4	0.2	0.1	0.2	17	11	3	3	38	53	41	19	58,783	2,244,869	13,467	14.8	132,029
Miscellaneous Products	0.4	0.2	0.1	0.1	83	61	15	7	205	300	246	51	2,285	467,358	555	0.6	5,603
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	29	0	0	0	48,109	1,392,251	10,163	11.2	109,900
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	859,656	44,812,112	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 5.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 D.C., 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$9,880,369	5,746 6.3 %	63,052	0.5	\$321	\$157	
ANTIPSYCHOTICS	4,523,143	4,913 5.4	55,788	0.6	127	81	
CALCIUM BLOCKERS	2,391,145	6,503 7.1	72,822	0.6	52	33	
ANTIHYPERTENSIVE	2,108,425	10,394 11.4	116,433	0.5	33	18	
ANTICONVULSANT	1,826,047	4,751 5.2	53,495	0.7	50	34	
ANTIDIABETIC	1,791,324	7,206 7.9	80,540	0.6	38	22	
ANTIHYPERLIPIDEMIC	1,612,357	3,413 3.7	38,653	0.6	74	42	
ANTIDEPRESSANTS	1,590,707	6,167 6.8	68,040	0.4	53	23	
ANTIASTHMATIC	1,258,137	9,203 10.1	93,451	0.4	35	13	
ULCER DRUGS	1,209,549	6,119 6.7	67,960	0.3	59	18	

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a,b,c</sup>  
 D.C., 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Users as % of All Mos among Benes	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Mos among Users	No. of Bene Users	Mean No. of Rx
<b>All</b>	<b>367,156</b>	<b>\$28,191,203</b>	<b>5,746</b>	<b>6.3 %</b>	<b>63,052</b>	<b>0.5</b>	<b>\$157</b>	<b>4,913</b>	<b>5.4 %</b>	<b>55,788</b>	<b>0.6</b>	<b>\$81</b>
<b>Female</b>	235,442	15,429,280	2,464	4.6	26,346	0.5	141	2,661	5.0	30,147	0.6	75
<b>Disabled</b>	166,323	11,608,681	1,747	12.5	19,757	0.5	148	2,118	15.2	24,431	0.6	83
5 and younger	518	35,041	14	3.4	150	0.6	115	2	0.5	16	0.6	92
6-14	1,242	129,544	44	8.0	487	0.6	146	16	2.9	166	0.7	87
15-20	642	43,995	11	3.4	108	0.3	41	21	6.5	252	0.4	37
21-44	35,252	3,814,697	1,035	26.1	11,630	0.4	144	940	23.7	10,821	0.6	92
45-64	86,632	5,544,749	570	9.6	6,539	0.5	165	919	15.6	10,611	0.6	81
65-74	32,123	1,588,378	50	2.6	583	0.4	113	176	9.0	2,057	0.5	57
75-84	8,299	380,542	18	2.6	200	0.3	87	38	5.5	436	0.5	32
85 and older	1,615	71,735	5	3.2	60	0.1	17	6	3.8	72	0.4	5
<b>Other Eligibles</b>	69,119	3,820,599	717	1.8	6,589	0.4	120	543	1.4	5,716	0.5	40
5 and younger	904	64,597	44	0.6	434	0.7	112	5	0.1	30	0.2	20
6-14	1,866	187,277	71	0.9	762	0.5	141	47	0.6	504	0.4	49
15-20	1,812	179,393	97	2.4	970	0.3	84	65	1.6	706	0.4	45
21-44	4,119	564,528	402	3.4	3,264	0.4	136	60	0.5	448	0.3	25
45-64	2,005	116,823	23	1.7	241	0.4	139	13	1.0	101	0.4	34
65-74	21,312	1,040,437	32	1.5	359	0.4	111	104	4.8	1,158	0.6	58
75-84	26,785	1,211,185	30	1.0	357	0.3	52	142	4.9	1,621	0.5	36
85 and older	10,316	456,359	18	0.8	202	0.3	94	107	4.7	1,148	0.5	28
<b>Male</b>	131,713	12,761,864	3,282	8.8	36,706	0.5	168	2,252	6.1	25,641	0.7	89
<b>Disabled</b>	109,124	11,520,536	3,083	21.8	34,623	0.5	171	1,935	13.7	22,256	0.7	94
5 and younger	536	32,411	7	1.5	84	0.6	126	1	0.2	12	0.1	19
6-14	1,975	174,938	49	4.5	517	0.7	178	44	4.1	381	0.6	47
15-20	1,007	83,557	10	1.9	120	0.4	123	43	8.3	471	0.6	71
21-44	40,781	5,428,711	1,732	32.7	19,234	0.5	163	1,028	19.4	11,908	0.7	98
45-64	55,236	5,313,661	1,248	21.9	14,227	0.5	185	765	13.4	8,838	0.7	93
65-74	8,053	421,555	34	3.9	408	0.4	138	45	5.2	538	0.7	78
75-84	1,389	60,458	3	1.7	33	0.3	84	6	3.4	72	0.5	70
85 and older	147	5,245	0	0.0	0	0.0	0	3	10.3	36	0.7	11
<b>Other Eligibles</b>	22,589	1,241,328	199	0.9	2,083	0.5	108	317	1.4	3,385	0.5	57
5 and younger	1,133	59,338	35	0.5	344	0.6	107	2	0.0	24	0.3	15
6-14	2,880	200,763	52	0.7	575	0.7	149	81	1.1	867	0.5	48
15-20	1,533	137,207	31	1.1	339	0.3	89	76	2.7	788	0.6	64
21-44	397	29,804	19	1.1	138	0.3	102	3	0.2	18	0.4	63
45-64	827	56,378	17	3.0	172	0.4	93	8	1.4	74	0.4	95
65-74	7,916	399,906	35	3.0	399	0.4	100	65	5.6	716	0.5	66
75-84	6,390	291,674	9	0.9	108	0.1	27	63	6.2	710	0.6	56
85 and older	1,513	66,258	1	0.2	8	0.1	10	19	4.1	188	0.5	33
<b>Unknown</b>	1	59	0	0.0	0	0.0	0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

TABLE 7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 D.C., 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIHYPERTENSIVE					ANTICONVULSANT				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>6,503</b>	<b>7.1 %</b>	<b>72,822</b>	<b>\$33</b>	<b>0.6</b>	<b>10,394</b>	<b>11.4 %</b>	<b>116,433</b>	<b>\$18</b>	<b>0.5</b>	<b>4,751</b>	<b>5.2 %</b>	<b>53,495</b>	<b>\$34</b>	<b>0.7</b>
<b>Female</b>	4,647	8.7	52,115	33	0.6	7,012	13.1	78,660	19	0.6	2,537	4.7	28,481	32	0.6
<b>Disabled</b>	2,870	20.5	33,016	34	0.6	4,410	31.6	50,798	18	0.6	2,042	14.6	23,511	34	0.7
5 and younger	0	0.0	0	0	0.0	3	0.7	24	72	0.7	5	1.2	52	46	0.8
6-14	1	0.2	12	7	0.1	10	1.8	114	9	0.6	29	5.3	323	55	0.8
15-20	4	1.2	48	29	0.3	6	1.8	72	11	0.5	30	9.2	353	51	0.7
21-44	279	7.0	3,124	30	0.5	513	12.9	5,715	15	0.5	788	19.9	8,976	40	0.7
45-64	1,563	26.5	17,916	33	0.6	2,434	41.2	27,890	19	0.6	970	16.4	11,224	31	0.6
65-74	739	37.8	8,636	36	0.7	1,056	54.0	12,436	19	0.6	178	9.1	2,094	20	0.5
75-84	229	33.1	2,654	33	0.7	323	46.7	3,796	18	0.6	37	5.3	430	18	0.5
85 and older	55	35.3	626	33	0.7	65	41.7	751	24	0.7	5	3.2	59	14	0.3
<b>Other Eligibles</b>	1,777	4.5	19,099	33	0.7	2,602	6.6	27,862	19	0.6	495	1.2	4,970	23	0.6
5 and younger	3	0.0	8	38	0.8	4	0.1	19	7	0.6	5	0.1	34	9	0.3
6-14	2	0.0	16	6	0.1	26	0.3	304	4	0.4	30	0.4	292	35	0.6
15-20	13	0.3	124	16	0.2	20	0.5	222	6	0.2	33	0.8	343	28	0.4
21-44	103	0.9	537	22	0.4	154	1.3	809	12	0.5	72	0.6	422	24	0.5
45-64	98	7.3	583	27	0.6	145	10.9	832	18	0.6	31	2.3	236	18	0.6
65-74	541	25.1	6,147	34	0.7	788	36.5	8,831	20	0.6	125	5.8	1,405	24	0.7
75-84	710	24.6	8,202	34	0.7	1,025	35.5	11,851	20	0.6	148	5.1	1,681	20	0.5
85 and older	307	13.5	3,482	30	0.6	440	19.4	4,994	18	0.6	51	2.3	557	25	0.6
<b>Male</b>	1,856	5.0	20,707	32	0.6	3,382	9.1	37,773	17	0.5	2,214	6.0	25,014	37	0.7
<b>Disabled</b>	1,430	10.1	16,217	32	0.6	2,610	18.4	29,683	17	0.5	1,940	13.7	22,165	38	0.7
5 and younger	0	0.0	0	0	0.0	3	0.6	35	4	0.3	12	2.5	109	44	0.7
6-14	3	0.3	36	24	0.6	31	2.9	312	8	0.5	70	6.5	706	29	0.6
15-20	2	0.4	17	5	0.2	8	1.5	94	4	0.3	36	6.9	394	35	0.6
21-44	284	5.4	3,185	29	0.5	544	10.3	6,112	17	0.5	901	17.0	10,378	46	0.8
45-64	918	16.1	10,399	33	0.6	1,649	28.9	18,776	18	0.5	825	14.5	9,446	32	0.7
65-74	177	20.4	2,056	31	0.6	319	36.8	3,718	18	0.5	89	10.3	1,048	22	0.6
75-84	38	21.7	428	27	0.6	50	28.6	564	16	0.5	6	3.4	72	20	0.4
85 and older	8	27.6	96	25	0.5	6	20.7	72	12	0.5	1	3.4	12	25	0.9
<b>Other Eligibles</b>	426	1.9	4,490	32	0.6	772	3.4	8,090	17	0.5	274	1.2	2,849	27	0.6
5 and younger	0	0.0	0	0	0.0	10	0.1	82	4	0.5	9	0.1	77	26	0.8
6-14	4	0.1	29	14	0.2	66	0.9	730	4	0.4	53	0.7	480	25	0.5
15-20	2	0.1	24	12	0.2	19	0.7	179	4	0.3	48	1.7	508	39	0.6
21-44	9	0.5	52	23	0.5	32	1.9	184	14	0.5	3	0.2	12	39	2.2
45-64	37	6.5	230	26	0.6	49	8.6	298	17	0.5	14	2.5	109	39	0.6
65-74	191	16.4	2,085	33	0.6	282	24.2	3,099	19	0.5	91	7.8	1,040	23	0.7
75-84	142	14.0	1,616	32	0.6	245	24.1	2,731	19	0.6	44	4.3	488	25	0.8
85 and older	41	8.8	454	31	0.6	69	14.8	787	21	0.6	12	2.6	135	21	0.7
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE 7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 D.C., 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERLIPIDEMIC				ANTIDEPRESSANTS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>7,206</b>	<b>7.9 %</b>	<b>80,540</b>	<b>0.6</b>	<b>\$22</b>	<b>3,413</b>	<b>3.7 %</b>	<b>38,653</b>	<b>0.6</b>	<b>\$42</b>	<b>6,167</b>	<b>6.8 %</b>	<b>68,040</b>	<b>0.4</b>	<b>\$23</b>
<b>Female</b>	5,276	9.8	58,988	0.6	23	2,614	4.9	29,713	0.6	42	4,099	7.6	45,067	0.4	23
<b>Disabled</b>	3,578	25.6	41,229	0.6	24	1,672	12.0	19,270	0.6	42	3,020	21.6	34,574	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	0.5	31	0.7	32	0	0.0	0	0.0	0	25	4.5	261	0.4	19
15-20	3	0.9	36	0.3	11	0	0.0	0	0.0	0	17	5.2	196	0.4	22
21-44	397	10.0	4,544	0.5	22	109	2.7	1,208	0.4	30	988	24.9	11,140	0.4	26
45-64	2,139	36.2	24,490	0.6	24	930	15.7	10,618	0.5	42	1,586	26.8	18,274	0.4	24
65-74	817	41.7	9,559	0.6	24	487	24.9	5,709	0.6	45	324	16.6	3,802	0.4	20
75-84	190	27.5	2,240	0.7	23	126	18.2	1,500	0.6	42	66	9.5	751	0.4	17
85 and older	29	18.6	329	0.7	19	20	12.8	235	0.6	50	14	9.0	150	0.3	16
<b>Other Eligibles</b>	1,698	4.3	17,759	0.6	20	942	2.4	10,443	0.6	43	1,079	2.7	10,493	0.4	21
5 and younger	1	0.0	3	0.7	29	0	0.0	0	0.0	0	4	0.1	32	0.3	10
6-14	4	0.1	39	0.3	14	0	0.0	0	0.0	0	87	1.1	882	0.4	23
15-20	24	0.6	209	0.4	21	2	0.0	14	0.4	32	124	3.1	1,295	0.4	25
21-44	138	1.2	673	0.5	19	25	0.2	144	0.3	24	215	1.8	1,271	0.3	19
45-64	110	8.2	626	0.6	22	36	2.7	178	0.5	39	71	5.3	500	0.4	23
65-74	598	27.7	6,686	0.6	22	365	16.9	4,158	0.6	45	195	9.0	2,128	0.4	20
75-84	649	22.5	7,514	0.6	20	412	14.3	4,751	0.6	42	265	9.2	3,064	0.4	22
85 and older	174	7.7	2,009	0.5	12	102	4.5	1,198	0.6	42	118	5.2	1,321	0.4	20
<b>Male</b>	1,930	5.2	21,552	0.6	21	799	2.1	8,940	0.6	39	2,068	5.6	22,973	0.4	24
<b>Disabled</b>	1,497	10.6	17,106	0.6	22	626	4.4	7,084	0.6	40	1,643	11.6	18,496	0.4	24
5 and younger	0	0.0	0	0.0	0	1	0.2	12	0.8	39	1	0.2	12	0.1	1
6-14	5	0.5	37	0.2	7	0	0.0	0	0.0	0	59	5.4	588	0.4	26
15-20	1	0.2	11	0.5	20	0	0.0	0	0.0	0	40	7.7	411	0.4	27
21-44	305	5.8	3,452	0.6	21	106	2.0	1,195	0.5	36	733	13.8	8,309	0.5	28
45-64	977	17.1	11,158	0.6	22	413	7.2	4,658	0.6	40	735	12.9	8,309	0.4	21
65-74	172	19.8	2,008	0.6	22	97	11.2	1,125	0.6	43	64	7.4	745	0.4	16
75-84	33	18.9	392	0.5	17	8	4.6	82	0.6	44	11	6.3	122	0.3	5
85 and older	4	13.8	48	0.4	7	1	3.4	12	0.3	27	0	0.0	0	0.0	0
<b>Other Eligibles</b>	433	1.9	4,446	0.6	18	173	0.8	1,856	0.5	37	425	1.8	4,477	0.5	23
5 and younger	3	0.0	28	0.4	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	0.0	34	0.8	28	1	0.0	12	0.1	5	141	1.9	1,500	0.4	22
15-20	9	0.3	84	0.3	11	2	0.1	15	0.1	14	82	2.9	842	0.5	33
21-44	20	1.2	100	0.6	21	5	0.3	36	0.6	50	12	0.7	54	0.4	23
45-64	32	5.6	197	0.6	21	7	1.2	28	0.5	32	14	2.5	118	0.5	26
65-74	203	17.4	2,204	0.6	19	82	7.0	905	0.5	35	89	7.6	1,000	0.4	19
75-84	143	14.1	1,590	0.6	18	67	6.6	767	0.6	40	69	6.8	773	0.5	22
85 and older	20	4.3	209	0.5	10	9	1.9	93	0.5	34	18	3.9	190	0.5	19
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C  
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 D.C., 1999

Beneficiary Characteristics	ANTIASTHMATIC				ULCER DRUGS				Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Benes among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Benes among Users	No. of Benes	No. of Bene Mos
	No. of Users	Users as % of All Benes	No. of Benes among Users	Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Benes among Users	No. of Benes										
<b>All</b>	<b>9,203</b>	<b>10.1 %</b>	<b>93,451</b>	<b>0.4</b>	<b>\$14</b>	<b>6,119</b>	<b>6.7 %</b>	<b>67,960</b>	<b>0.3</b>	<b>\$18</b>	<b>91,033</b>	<b>613,170</b>						
<b>Female</b>																		
<b>Disabled</b>	6,134	11.4	63,734	0.4	14	4,213	7.9	46,852	0.3	18	53,623	351,852						
5 and younger	3,926	28.1	45,204	0.4	15	2,744	19.6	31,675	0.3	18	13,976	150,626						
6-14	83	19.9	833	0.4	12	15	3.6	152	0.3	13	417	3,942						
15-20	81	14.7	862	0.4	17	9	1.6	108	0.4	47	551	5,072						
21-44	38	11.7	444	0.2	10	6	1.8	69	0.2	13	325	3,206						
45-64	803	20.2	9,113	0.3	12	466	11.7	5,171	0.2	15	3,969	42,430						
65-74	2,076	35.1	24,133	0.4	15	1,466	24.8	17,036	0.3	18	5,909	64,300						
75-84	659	33.7	7,671	0.5	16	595	30.4	6,986	0.3	19	1,957	22,182						
85 and older	164	23.7	1,888	0.5	17	152	22.0	1,752	0.3	15	692	7,778						
<b>Other Eligibles</b>	22	14.1	260	0.2	7	35	22.4	401	0.4	22	156	1,716						
5 and younger	2,208	5.6	18,530	0.4	12	1,469	3.7	15,177	0.3	19	39,647	201,226						
6-14	301	4.0	1,715	0.3	7	25	0.3	147	0.4	13	7,503	27,444						
15-20	259	3.3	1,788	0.3	10	13	0.2	120	0.4	43	7,740	31,196						
21-44	219	5.4	1,841	0.2	7	35	0.9	344	0.1	11	4,056	18,309						
45-64	383	3.3	1,996	0.4	11	161	1.4	897	0.3	17	11,704	41,580						
65-74	90	6.7	465	0.3	12	68	5.1	362	0.3	21	1,334	5,262						
75-84	414	19.2	4,615	0.4	13	396	18.4	4,484	0.3	17	2,158	22,630						
85 and older	381	13.2	4,392	0.4	14	516	17.9	5,921	0.3	18	2,886	31,138						
<b>Male</b>	161	7.1	1,718	0.4	15	255	11.3	2,902	0.4	24	2,266	23,667						
<b>Disabled</b>	3,069	8.3	29,717	0.4	13	1,905	5.1	21,096	0.3	17	37,175	259,752						
5 and younger	1,743	12.3	19,566	0.4	13	1,451	10.2	16,511	0.3	17	14,163	147,916						
6-14	104	21.8	1,069	0.3	12	19	4.0	150	0.4	21	478	4,310						
15-20	181	16.7	1,871	0.3	12	10	0.9	107	0.3	33	1,084	9,956						
21-44	57	11.0	626	0.4	14	7	1.3	62	0.3	14	520	5,123						
45-64	362	6.8	4,068	0.3	10	414	7.8	4,777	0.3	15	5,301	56,622						
65-74	765	13.4	8,762	0.4	14	814	14.3	9,236	0.3	17	5,709	60,191						
75-84	211	24.3	2,446	0.5	16	148	17.1	1,742	0.3	17	867	9,557						
85 and older	61	34.9	700	0.5	21	36	20.6	401	0.3	15	175	1,827						
<b>Other Eligibles</b>	2	6.9	24	0.2	4	3	10.3	36	0.3	16	29	330						
5 and younger	1,326	5.8	10,151	0.4	12	454	2.0	4,585	0.3	19	23,012	111,836						
6-14	465	6.0	2,709	0.3	7	29	0.4	147	0.3	13	7,717	28,799						
15-20	370	4.9	2,469	0.3	9	7	0.1	58	0.1	12	7,548	31,407						
21-44	98	3.4	839	0.2	8	11	0.4	118	0.1	9	2,848	15,310						
45-64	30	1.8	180	0.4	14	31	1.8	176	0.3	16	1,686	7,053						
65-74	21	3.7	167	0.7	40	22	3.9	155	0.5	21	567	2,656						
75-84	160	13.7	1,801	0.5	18	174	14.9	1,955	0.3	20	1,165	11,695						
85 and older	139	13.7	1,559	0.5	17	133	13.1	1,445	0.4	20	1,016	10,366						
<b>Unknown</b>	43	9.2	427	0.4	19	47	10.1	531	0.3	18	465	4,550						
	0	0.0	0	0.0	0	1	0.4	12	0.1	5	235	1,566						

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 D.C., 1999

Beneficiary Characteristics	Rx \$ per Bene Mo \$41	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>		<b>1.0</b>	<b>2,655</b>	<b>28,091</b>
<b>Age</b>				
0-64	96	1.9	377	4,181
65-74	51	1.3	469	5,036
75-84	32	0.9	861	9,178
85 and older	22	0.5	948	9,696
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	34	0.8	1,859	19,617
Male	58	1.3	796	8,474
Unknown	0	0.0	0	0
<b>Race</b>				
White	51	1.4	268	2,747
African American	40	0.9	2,181	23,047
Other/unknown	48	1	206	2,297
<b>Basis of Eligibility</b>				
Aged	31	0.8	2,235	23,460
Disabled	89	1.7	363	4,054
Adults	119	2.4	57	577
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

TABLE 9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 D.C., 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	
														No.	Mos
Anti-infective Agents	0.5	0.4	0.0	0.1	\$59	\$1	\$3	\$113	\$152	\$47	\$24	1,582	284	10.7	3,026
Biologicals	0.1	0.0	0.0	0.1	1	0	1	14	0	0	14	1	1	0.0	12
Antineoplastic Agents	0.5	0.1	0.3	0.1	64	17	35	116	155	121	79	297	52	2.0	543
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	26	20	1	24	41	14	10	1,578	139	5.2	1,478
Cardiovascular Agents	1.6	0.4	0.4	0.7	43	18	15	27	40	35	14	5,296	323	12.2	3,273
Respiratory Agents	0.8	0.3	0.0	0.5	25	13	1	31	46	34	21	1,183	141	5.3	1,480
Gastrointestinal Agents	1.0	0.3	0.2	0.5	43	19	12	42	70	55	22	2,372	223	8.4	2,304
Genitourinary Agents	0.5	0.2	0.0	0.3	15	10	0	32	57	66	18	532	98	3.7	1,093
CNS Drugs	1.3	0.7	0.1	0.5	77	64	5	59	88	73	16	4,392	321	12.1	3,368
Stimulants/Anti-obesity/Anorexia	1.0	0.0	0.0	1.0	11	0	0	11	0	0	11	42	4	0.2	42
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	60	60	0	107	107	0	115	98	17	0.6	173
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	22	5	11	31	65	120	10	1,193	159	6.0	1,678
Neuromuscular Agents	1.3	0.2	0.4	0.6	46	20	13	34	82	31	18	2,576	179	6.7	1,947
Nutritional Products	0.6	0.0	0.2	0.4	10	0	5	15	14	24	11	1,026	158	6.0	1,615
Hematological Agents	0.9	0.2	0.4	0.4	50	38	7	57	239	19	14	1,215	139	5.2	1,375
Topical Products	0.8	0.4	0.1	0.2	34	25	6	45	62	44	15	2,309	287	10.8	3,047
Miscellaneous Products	0.4	0.0	0.0	0.4	18	3	0	42	125	0	37	83	19	0.7	195
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	14	0	0	25	0	0	0	1,345	228	8.6	2,394
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	27,120	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 1/1/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

In D.C., 5.9 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 9

All Medicaid Beneficiaries

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

TABLE 10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 D.C., 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPTYCHOTICS	\$151,322	239	9.0 %	2,618	0.7	\$87	\$58
ANTIVIRAL	126,042	76	2.9	808	0.7	221	156
ANTIDEPRESSANTS	82,931	217	8.2	2,280	0.7	51	36
DERMATOLOGICAL	77,631	360	13.6	3,861	0.4	54	20
ANTICONVULSANT	70,444	172	6.5	1,897	1.0	39	37
ULCER DRUGS	67,757	211	7.9	2,246	0.6	52	30
CALCIUM BLOCKERS	43,069	123	4.6	1,283	0.8	40	34
ANTIHYPERTENSIVE	41,302	177	6.7	1,807	0.7	31	23
HEMATOPOIETIC AGENTS	37,674	119	4.5	1,118	0.6	58	34
ANTIIDIABETIC	36,357	194	7.3	2,073	0.7	24	18

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE 10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
D.C., 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIVIRAL			
	No. of Rx	Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>13,070</b>	<b>\$734,529</b>	<b>239</b>	<b>9.0 %</b>	<b>2,618</b>	<b>0.7</b>	<b>\$58</b>	<b>76</b>	<b>2.9 %</b>	<b>808</b>	<b>0.7</b>	<b>\$156</b>
<b>Female</b>	7,979	442,243	143	7.7	1,561	0.7	56	34	1.8	374	0.8	178
<b>Disabled</b>	1,223	84,284	14	8.5	168	0.6	94	14	8.5	148	0.7	143
64 or younger	997	71,864	12	9.0	144	0.6	103	14	10.4	148	0.7	143
65-74	189	11,019	1	4.8	12	1.0	51	0	0.0	0	0.0	0
75-84	37	1,401	1	14.3	12	0.4	25	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	6,756	357,959	129	7.6	1,393	0.7	52	20	1.2	226	0.9	201
64 or younger	494	31,899	5	15.6	55	0.2	3	4	12.5	48	1.5	330
65-74	1,718	83,091	31	12.1	350	0.8	75	4	1.6	48	0.3	4
75-84	2,705	132,571	50	8.3	544	0.7	49	4	0.7	48	1.5	238
85 and older	1,839	110,398	43	5.4	444	0.7	43	8	1.0	82	0.6	219
<b>Male</b>	5,091	292,286	96	12.1	1,057	0.7	60	42	5.3	434	0.6	137
<b>Disabled</b>	2,051	136,931	34	17.2	385	0.8	63	30	15.2	290	0.6	160
64 or younger	1,890	128,867	33	18.1	373	0.8	56	29	15.9	278	0.6	167
65-74	161	8,064	1	6.7	12	1.1	290	1	6.7	12	0.4	7
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,040	155,355	62	10.4	672	0.6	58	12	2.0	144	0.5	90
64 or younger	328	20,187	3	10.3	26	0.2	14	4	13.8	48	0.9	196
65-74	1,255	66,974	25	14.1	279	0.6	69	6	3.4	72	0.4	49
75-84	1,161	53,634	25	10.1	270	0.7	65	2	0.8	24	0.1	1
85 and older	296	14,560	9	6.3	97	0.4	21	0	0.0	0	0.0	0
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a,b,c,d</sup>  
 D.C., 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTICONVULSANT				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>217</b>	<b>8.2 %</b>	<b>2,280</b>	<b>0.7</b>	<b>\$36</b>	<b>360</b>	<b>13.6 %</b>	<b>3,861</b>	<b>0.4</b>	<b>\$20</b>	<b>172</b>	<b>6.5 %</b>	<b>1,897</b>	<b>1.0</b>	<b>\$37</b>
<b>Female</b>	134	7.2	1,378	0.7	41	219	11.8	2,303	0.4	20	88	4.7	973	0.9	40
<b>Disabled</b>	16	9.7	166	0.8	51	27	16.4	274	0.3	25	17	10.3	195	0.9	44
64 or younger	14	10.4	142	0.7	44	23	17.2	234	0.3	22	15	11.2	171	0.8	44
65-74	2	9.5	24	0.9	94	2	9.5	16	0.7	118	2	9.5	24	1.8	51
75-84	0	0.0	0	0.0	0	2	28.6	24	0.1	2	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	118	7.0	1,212	0.7	39	192	11.3	2,029	0.4	19	71	4.2	778	0.9	39
64 or younger	11	34.4	119	0.8	46	8	25.0	76	0.8	33	7	21.9	79	1.1	22
65-74	31	12.1	291	0.7	41	48	18.8	504	0.4	21	24	9.4	263	1.0	39
75-84	47	7.8	506	0.8	42	66	10.9	710	0.3	18	25	4.1	279	0.9	40
85 and older	29	3.6	296	0.6	29	70	8.8	739	0.4	17	15	1.9	157	0.8	43
<b>Male</b>	83	10.4	902	0.7	30	141	17.7	1,558	0.4	21	84	10.6	924	1.0	34
<b>Disabled</b>	25	12.6	294	0.7	23	61	30.8	727	0.5	25	42	21.2	483	1.0	37
64 or younger	23	12.6	270	0.7	23	61	33.5	727	0.5	25	37	20.3	423	1.0	37
65-74	2	13.3	24	0.8	16	0	0.0	0	0.0	0	5	33.3	60	1.3	36
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	58	9.7	608	0.7	34	80	13.4	831	0.3	18	42	7.0	441	1.0	32
64 or younger	7	24.1	66	0.7	33	5	17.2	50	0.6	41	5	17.2	39	0.9	29
65-74	20	11.3	222	0.7	41	36	20.3	416	0.3	18	20	11.3	224	1.0	35
75-84	26	10.5	272	0.6	29	23	9.3	218	0.3	20	14	5.6	142	0.8	25
85 and older	5	3.5	48	1.1	27	16	11.1	147	0.2	6	3	2.1	36	1.4	41
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a,b,c,d</sup>  
 D.C., 1999

Beneficiary Characteristics	ULCER DRUGS					CALCIUM BLOCKERS					ANTIHYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>211</b>	<b>7.9 %</b>	<b>2,246</b>	<b>0.6</b>	<b>\$30</b>	<b>123</b>	<b>4.6 %</b>	<b>1,283</b>	<b>0.8</b>	<b>\$34</b>	<b>177</b>	<b>6.7 %</b>	<b>1,807</b>	<b>0.7</b>	<b>\$23</b>
<b>Female</b>	127	6.8	1,338	0.6	31	84	4.5	907	0.9	33	110	5.9	1,163	0.7	22
<b>Disabled</b>	19	11.5	197	0.6	34	10	6.1	112	0.9	41	13	7.9	145	0.8	32
64 or younger	16	11.9	161	0.5	29	7	5.2	84	0.9	40	9	6.7	97	0.8	32
65-74	2	9.5	24	0.7	56	2	9.5	16	1.3	59	3	14.3	36	0.9	41
75-84	1	14.3	12	0.7	55	1	14.3	12	0.8	26	1	14.3	12	1.0	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	108	6.4	1,141	0.6	30	74	4.4	795	0.9	32	97	5.7	1,018	0.7	21
64 or younger	6	18.8	59	0.6	17	7	21.9	76	0.8	34	5	15.6	52	0.7	27
65-74	25	9.8	268	0.6	32	15	5.9	172	0.9	30	26	10.2	287	0.7	18
75-84	42	6.9	447	0.5	27	27	4.5	292	0.8	33	36	5.9	372	0.8	24
85 and older	35	4.4	367	0.7	36	25	3.1	255	0.9	32	30	3.8	307	0.7	17
<b>Male</b>	84	10.6	908	0.6	29	39	4.9	376	0.8	34	67	8.4	644	0.7	24
<b>Disabled</b>	30	15.2	350	0.5	31	9	4.5	95	0.7	30	18	9.1	182	0.7	23
64 or younger	27	14.8	314	0.5	31	9	4.9	95	0.7	30	15	8.2	147	0.7	23
65-74	3	20.0	36	0.5	30	0	0.0	0	0.0	0	3	20.0	35	0.7	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	54	9.0	558	0.6	28	30	5.0	281	0.8	36	49	8.2	462	0.7	25
64 or younger	4	13.8	40	0.9	29	5	17.2	50	0.8	28	6	20.7	62	0.6	17
65-74	23	13.0	252	0.6	30	11	6.2	100	0.9	41	18	10.2	172	0.7	24
75-84	20	8.1	182	0.5	27	12	4.8	107	0.9	38	21	8.5	190	0.8	29
85 and older	7	4.9	84	0.4	23	2	1.4	24	0.7	24	4	2.8	38	0.5	24
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 D.C., 1999

Beneficiary Characteristics	HEMATOPOIETIC AGENTS						ANTI-DIABETIC						
	Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene among Users	Mean Rx	No. of Users	No. of Bene among Users	Mean Rx	No. of Users	No. of Bene among Users	Mean Rx	No. of Users	No. of Bene among Users	Mean Rx	
<b>All</b>	<b>119</b>	<b>4.5 %</b>	<b>0.6</b>	<b>1,118</b>	<b>0.6</b>	<b>\$34</b>	<b>194</b>	<b>7.3 %</b>	<b>0.7</b>	<b>2,073</b>	<b>\$18</b>	<b>2,655</b>	<b>28,091</b>
<b>Female</b>	74	4.0	0.6	729	0.6	36	133	7.2	0.7	1,457	17	1,859	19,617
<b>Disabled</b>	5	3.0	0.8	52	0.8	6	30	18.2	0.8	324	21	165	1,790
64 or younger	4	3.0	0.8	48	0.8	6	26	19.4	0.8	292	19	134	1,469
65-74	1	4.8	0.3	4	0.3	2	4	19.0	1.0	32	40	21	228
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	7	68
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	3	25
<b>Other Eligibles</b>	69	4.1	0.6	677	0.6	39	103	6.1	0.7	1,133	16	1,694	17,827
64 or younger	4	12.5	0.3	40	0.3	2	4	12.5	0.8	35	31	32	327
65-74	16	6.3	0.7	122	0.7	6	26	10.2	0.7	265	16	256	2,708
75-84	29	4.8	0.6	310	0.6	29	52	8.6	0.8	591	16	606	6,570
85 and older	20	2.5	0.5	205	0.5	80	21	2.6	0.6	242	12	800	8,222
<b>Male</b>	45	5.7	0.6	389	0.6	29	61	7.7	0.8	616	19	796	8,474
<b>Disabled</b>	12	6.1	0.7	120	0.7	41	5	2.5	0.7	58	20	198	2,264
64 or younger	12	6.6	0.7	120	0.7	41	4	2.2	0.8	47	22	182	2,085
65-74	0	0.0	0.0	0	0.0	0	1	6.7	0.5	11	11	15	168
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	0	0
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	1	11
<b>Other Eligibles</b>	33	5.5	0.5	269	0.5	24	56	9.4	0.8	558	19	598	6,210
64 or younger	3	10.3	0.9	15	0.9	4	5	17.2	1.0	46	30	29	300
65-74	11	6.2	0.5	98	0.5	3	21	11.9	0.7	214	18	177	1,932
75-84	15	6.0	0.5	124	0.5	11	24	9.7	0.9	242	18	248	2,540
85 and older	4	2.8	0.6	32	0.6	146	6	4.2	0.6	56	13	144	1,438
<b>Unknown</b>	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0	0	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,372 beneficiaries who were in nursing facilities for part of their enrollment and their 13,872 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 1999 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
D.C., 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>145,871</b>	<b>9,894</b>	<b>29,807</b>	<b>32,258</b>	<b>73,877</b>	<b>1,495,873</b>	<b>103,665</b>	<b>325,070</b>	<b>318,510</b>	<b>748,208</b>	<b>420</b>
<b>Age</b>											
5 and younger	28,957	1	1,133	116	27,707	282,204	12	12,199	1,021	268,972	0
6-14	36,924	0	2,494	123	34,297	388,925	0	28,339	1,222	359,244	120
15-20	14,668	0	1,327	2,058	11,280	150,567	0	14,888	19,767	115,876	36
21-44	36,338	2	9,356	26,484	489	367,577	13	101,282	262,431	3,767	84
45-64	15,027	21	11,621	3,367	4	158,449	179	124,961	33,100	41	168
65-74	6,168	3,248	2,824	96	0	66,429	33,832	31,747	850	0	0
75-84	4,771	3,893	867	10	0	51,142	41,417	9,608	105	0	12
85 and older	2,916	2,729	185	1	1	30,273	28,212	2,046	6	9	0
Unknown	102	0	0	3	99	307	0	0	8	299	0
<b>Gender</b>											
Female	87,444	7,277	14,570	28,786	36,794	898,215	77,205	160,814	286,974	373,018	204
Male	58,264	2,617	15,235	3,470	36,932	596,190	26,460	164,232	31,522	373,856	120
Unknown	163	0	2	2	151	1,468	0	24	14	1,334	96
<b>Race</b>											
White	2,730	719	1,496	252	262	27,802	7,507	15,934	2,194	2,155	12
African American	128,549	7,317	23,599	30,118	67,491	1,323,802	75,991	256,401	299,982	691,140	288
Other/unknown	14,592	1,858	4,712	1,888	6,124	144,269	20,167	52,735	16,334	54,913	120
<b>Use of Nursing Facilities</b>											
All year	2,655	2,235	363	57	0	28,091	23,460	4,054	577	0	0
Part year	1,375	1,044	301	28	2	13,941	10,515	3,107	295	24	0
None	141,841	6,615	29,143	32,173	73,875	1,453,841	69,690	317,909	317,638	748,184	420
<b>Maintenance Assistance Status</b>											
Cash	97,924	3,883	24,060	25,671	44,310	1,035,099	42,842	269,160	257,125	465,972	0
Medically needy	22,431	3,670	3,629	5,041	10,091	210,402	36,026	33,949	47,155	93,272	0
Poverty related	18,213	1,685	1,934	775	13,819	172,555	18,006	20,019	6,294	128,236	0
Other/unknown	7,303	656	184	771	5,657	77,817	6,791	1,942	7,936	60,728	420
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	17,330	8,157	8,863	309	1	187,734	86,409	98,309	3,014	2	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
Non-dual, all year	128,541	1,737	20,944	31,949	73,876	1,308,139	17,256	226,761	315,496	748,206	420
<b>Managed Care Status</b>											
FFS all year	50,649	9,888	27,004	3,764	9,958	485,175	103,595	292,517	20,174	68,469	420
FFS part year, with Rx claims	9,587	3	594	3,956	5,034	99,046	36	6,936	40,119	51,955	0
FFS part year, no Rx claims	30,797	3	542	8,815	21,437	316,758	34	6,104	88,787	221,833	0
MC all year, with Rx claims	1,829	0	740	423	666	21,034	0	8,756	4,925	7,353	0
MC all year, no Rx claims	53,009	0	927	15,300	36,782	573,860	0	10,757	164,505	398,598	0

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

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

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

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 D.C., 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>145,871</b>	<b>1,495,873</b>	<b>91,033</b>	<b>613,170</b>	<b>54,838</b>	<b>882,703</b>
FFS all year	50,649	485,175	50,649	485,175	0	0
FFS part year, with Rx claims	9,587	99,046	9,587	36,631	0	62,415
FFS part year, with no Rx claims	30,797	316,758	30,797	91,364	0	225,394
MC all year, with Rx claims	1,829	21,034	0	0	1,829	21,034
MC all year, with no Rx claims	53,009	573,860	0	0	53,009	573,860

Source: Data for this table are from the MAX 1999 file for D.C., released by CMS in 11/2003. This table was produced on 06/25/2004.

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