

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>17,270</b>	<b>8,157</b>	<b>8,851</b>	<b>261</b>	<b>1</b>	<b>0</b>	<b>186,500</b>	<b>86,375</b>	<b>98,014</b>	<b>2,109</b>	<b>2</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	8	0	8	0	0	0	93	0	93	0	0	0
15-20	15	0	15	0	0	0	141	0	141	0	0	0
21-44	2,615	1	2,538	75	1	0	28,210	1	27,662	545	2	0
45-64	3,402	7	3,270	125	0	0	37,097	49	35,920	1,128	0	0
65-74	4,884	2,665	2,163	56	0	0	52,996	28,063	24,544	389	0	0
75-84	3,964	3,256	703	5	0	0	42,946	34,971	7,928	47	0	0
85 and older	2,381	2,228	153	0	0	0	25,005	23,291	1,714	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,250	6,140	4,943	166	1	0	122,594	65,787	55,462	1,343	2	0
Male	6,020	2,017	3,908	95	0	0	63,906	20,588	42,552	766	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	1,158	576	574	8	0	0	12,324	6,039	6,234	51	0	0
African American	13,188	6,196	6,750	241	1	0	141,327	65,025	74,310	1,990	2	0
Other/unknown	2,924	1,385	1,527	12	0	0	32,849	15,311	17,470	68	0	0
<b>Use of Nursing Facilities</b>												
All year	2,221	2,041	140	40	0	0	23,333	21,401	1,536	396	0	0
Part year	1,079	959	103	17	0	0	10,888	9,657	1,058	173	0	0
None	13,970	5,157	8,608	204	1	0	152,279	55,317	95,420	1,540	2	0
<b>Maintenance Assistance Status</b>												
Cash	9,304	3,079	6,082	143	0	0	104,078	34,272	68,774	1,032	0	0
Medically needy	4,324	3,098	1,116	110	0	0	43,327	30,806	11,521	1,000	0	0
Poverty-related	2,967	1,472	1,488	7	0	0	31,946	15,907	15,974	65	0	0
Other/unknown	675	508	165	1	1	0	7,149	5,390	1,745	12	2	0
<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
<b>Managed Care Status</b>												
FFS all year	17,172	8,151	8,821	199	1	0	186,020	86,339	97,814	1,865	2	0
FFS part year, with Rx claims	63	3	21	39	0	0	323	20	143	160	0	0
FFS part year, no Rx claims	35	3	9	23	0	0	157	16	57	84	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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 Benef
All	65.4 %	25.4	\$1,192	\$47	\$12,592	9.5 %	\$33	17,270
<b>Age</b>								
5 and younger	100.0	8.0	322	40	27,381	1.2	211	1
6-14	87.5	26.6	3,003	113	10,668	28.2	19	8
15-20	46.7	19.0	1,761	93	6,298	28.0	12	15
21-44	66.8	22.2	1,892	85	10,548	17.9	14	2,615
45-64	75.4	33.2	1,742	53	11,365	15.3	52	3,402
65-74	69.8	27.8	1,045	38	8,947	11.7	44	4,884
75-84	62.6	23.8	832	35	13,604	6.1	28	3,964
85 and older	45.3	15.5	524	34	22,423	2.3	9	2,381
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	55.0	19.8	714	36	16,323	4.4	22	8,157
Disabled	75.4	30.9	1,645	53	9,237	17.8	43	8,851
Adults	52.5	15.2	737	49	9,843	7.5	26	261
Children	0.0	0.0	0	0	0	0.0	0	1
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	67.5	27.4	1,087	40	12,347	8.8	39	11,250
Male	61.5	21.7	1,387	64	13,050	10.6	22	6,020
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	49.2	22.0	1,289	59	17,865	7.2	8	1,158
African American	65.9	25.9	1,227	47	13,108	9.4	35	13,188
Other/unknown	69.4	24.4	993	41	8,178	12.1	30	2,924
<b>Use of Nursing Facilities</b>								
Entire year	16.7	9.2	379	41	44,718	0.8	7	2,221
Part year	37.5	12.1	474	39	25,201	1.9	14	1,079
None	75.3	29.0	1,376	48	6,511	21.1	38	13,970
<b>Maintenance Assistance Status</b>								
Cash	72.1	28.1	1,295	46	6,408	20.2	38	9,304
Medically needy	35.3	14.1	663	47	32,657	2.0	13	4,324
Poverty related	84.7	32.9	1,635	50	4,623	35.4	44	2,967
Other/unknown	81.0	28.0	1,194	43	4,332	27.6	39	675

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>2.4</b>	<b>\$110</b>	<b>9.5 %</b>	<b>34.6 %</b>	<b>18.9 %</b>	<b>10.6 %</b>	<b>23.0 %</b>	<b>11.4 %</b>	<b>1.5 %</b>	<b>\$1,166</b>	<b>17,270</b>	<b>186,500</b>
<b>Age</b>												
5 and younger	0.7	27	1.2	0.0	100.0	0.0	0.0	0.0	0.0	2,282	1	12
6-14	2.3	258	28.2	12.5	25.0	37.5	12.5	12.5	0.0	918	8	93
15-20	2.0	187	28.0	53.3	13.3	13.3	6.7	13.3	0.0	670	15	141
21-44	2.1	175	17.9	33.2	27.5	9.6	19.1	8.8	1.9	978	2,615	28,210
45-64	3.0	160	15.3	24.6	19.7	11.1	25.3	16.3	2.9	1,042	3,402	37,097
65-74	2.6	96	11.7	30.2	18.6	11.4	25.3	13.2	1.2	825	4,884	52,996
75-84	2.2	77	6.1	37.4	16.0	11.5	24.4	9.7	0.9	1,256	3,964	42,946
85 and older	1.5	50	2.3	54.7	13.6	7.9	16.8	6.6	0.4	2,135	2,381	25,005
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility</b>												
Aged	1.9	68	4.4	45.0	15.6	9.9	20.6	8.1	0.7	1,542	8,157	86,375
Disabled	2.8	149	17.8	24.6	21.9	11.3	25.4	14.6	2.1	834	8,851	98,014
Adults	1.9	91	7.5	47.5	17.2	11.9	14.9	6.1	2.3	1,218	261	2,109
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.5	100	8.8	32.5	17.3	11.1	25.0	12.7	1.4	1,133	11,250	122,594
Male	2.0	131	10.6	38.5	21.8	9.7	19.2	9.1	1.6	1,229	6,020	63,906
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.1	121	7.2	50.8	13.1	6.6	14.9	12.2	2.3	1,679	1,158	12,324
African American	2.4	115	9.4	34.1	18.6	10.5	23.4	11.8	1.5	1,223	13,188	141,327
Other/unknown	2.2	88	12.1	30.6	22.4	12.7	23.9	9.5	0.9	728	2,924	32,849
<b>Use of Nursing Facilities</b>												
Entire year	0.9	36	0.8	83.3	2.3	1.4	5.6	5.7	1.6	4,257	2,221	23,333
Part year	1.2	47	1.9	62.5	13.8	6.9	11.1	5.0	0.7	2,497	1,079	10,888
None	2.7	126	21.1	24.7	21.9	12.4	26.6	12.8	1.5	597	13,970	152,279
<b>Maintenance Assistance Status</b>												
Cash	2.5	116	20.2	27.9	21.2	12.0	24.9	12.5	1.5	573	9,304	104,078
Medically needy	1.4	66	2.0	64.7	9.9	4.7	12.3	6.8	1.5	3,259	4,324	43,327
Poverty related	3.1	152	35.4	15.3	23.6	13.9	30.4	15.3	1.5	429	2,967	31,946
Other/unknown	2.6	113	27.6	19.0	23.3	16.0	31.1	9.8	0.9	409	675	7,149

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 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.4</b>	<b>\$110</b>	<b>\$47</b>	<b>0.9</b>	<b>\$76</b>	<b>\$87</b>	<b>0.3</b>	<b>\$16</b>	<b>\$48</b>	<b>1.0</b>	<b>\$15</b>	<b>\$15</b>
<b>Age</b>												
5 and younger	0.7	27	40	0.0	0	0	0.5	26	51	0.2	1	7
6-14	2.3	258	113	0.8	188	247	0.5	55	121	1.1	16	14
15-20	2.0	187	93	0.7	132	197	0.4	36	82	0.9	18	20
21-44	2.1	175	85	0.9	142	165	0.2	17	70	0.8	13	15
45-64	3.0	160	53	1.2	114	98	0.4	21	53	1.3	20	15
65-74	2.6	96	38	1.0	60	63	0.4	17	44	1.1	15	14
75-84	2.2	77	35	0.8	46	59	0.4	15	41	0.9	13	14
85 and older	1.5	50	34	0.5	28	61	0.3	11	38	0.6	9	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	1.9	68	36	0.7	41	61	0.3	13	41	0.8	11	14
Disabled	2.8	149	53	1.1	107	101	0.4	20	52	1.2	17	15
Adults	1.9	91	49	0.7	62	93	0.3	15	55	0.8	12	15
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	2.5	100	40	0.9	64	69	0.4	17	45	1.1	15	14
Male	2.0	131	64	0.8	98	126	0.3	15	54	0.9	13	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.1	121	59	0.8	86	110	0.3	17	54	0.8	14	17
African American	2.4	115	47	0.9	79	88	0.3	17	48	1.0	15	15
Other/unknown	2.2	88	41	0.8	58	73	0.3	15	45	0.9	13	14
<b>Use of Nursing Facilities</b>												
Entire year	0.9	36	41	0.3	22	75	0.2	7	41	0.4	6	16
Part year	1.2	47	39	0.4	28	74	0.2	9	43	0.5	8	15
None	2.7	126	48	1.0	87	87	0.4	18	48	1.1	16	14
<b>Maintenance Assistance Status</b>												
Cash	2.5	116	46	0.9	80	85	0.4	17	47	1.1	15	14
Medically needy	1.4	66	47	0.5	43	90	0.2	11	48	0.6	10	17
Poverty related	3.1	152	50	1.2	108	91	0.4	21	48	1.3	19	15
Other/unknown	2.6	113	43	1.0	74	76	0.4	19	46	1.1	16	14

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

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

Table 14

Dual Eligible 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 15

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

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.4	0.3	0.0	0.1	\$58	\$56	\$0	\$2	\$144	\$205	\$77	\$12	26,780	\$3,859,023	5,766	33.4 %	66,378
Biologics	0.1	0.1	0.0	0.0	4	4	0	0	37	45	0	13	28	1,049	24	0.1	266
Antineoplastic Agents	0.4	0.2	0.2	0.1	65	35	25	5	152	218	158	49	2,508	381,561	525	3.0	5,886
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	31	27	1	4	40	64	21	12	32,526	1,308,385	3,644	21.1	41,616
Cardiovascular Agents	1.5	0.6	0.3	0.6	54	31	15	8	36	53	45	13	138,082	4,942,403	8,074	46.8	91,567
Respiratory Agents	0.6	0.3	0.0	0.2	22	18	1	4	37	53	35	15	30,138	1,112,233	4,319	25.0	49,751
Gastrointestinal Agents	0.5	0.2	0.1	0.2	23	13	5	5	49	73	59	25	20,004	988,499	3,820	22.1	43,531
Genitourinary Agents	0.3	0.2	0.0	0.1	11	9	0	2	39	51	30	19	4,067	158,555	1,204	7.0	13,931
CNS Drugs	0.8	0.3	0.1	0.4	55	42	7	6	69	133	90	15	39,477	2,740,724	4,329	25.1	49,411
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	10	2	2	6	27	86	37	21	151	4,096	36	0.2	391
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.1	30	27	1	2	87	100	82	30	1,064	92,530	277	1.6	3,125
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	13	5	3	5	25	112	92	12	34,529	858,807	5,799	33.6	66,534
Neuromuscular Agents	0.7	0.2	0.1	0.4	28	17	5	7	39	84	35	17	21,743	842,899	2,597	15.0	29,808
Nutritional Products	0.5	0.0	0.2	0.3	7	0	5	2	14	10	23	8	19,503	277,534	3,344	19.4	38,284
Hematological Agents	0.5	0.1	0.1	0.3	35	25	4	6	69	278	33	19	10,835	748,231	1,891	10.9	21,166
Topical Products	0.5	0.3	0.1	0.2	22	15	4	3	41	54	41	20	31,144	1,279,864	4,998	28.9	57,391
Miscellaneous Products	0.5	0.2	0.1	0.2	111	75	26	9	219	356	253	48	1,303	284,777	225	1.3	2,564
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	13	0	0	0	28	0	0	0	24,619	695,973	4,610	26.7	52,971
<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.	438,501	20,577,143	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 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/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 16

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIVIRAL	\$2,961,690	1,590	9.2 %	17,994	0.5	\$323	\$165
ANTIPSYCHOTICS	1,812,363	1,947	11.3	22,427	0.6	130	81
CALCIUM BLOCKERS	1,554,941	3,961	22.9	45,428	0.7	52	34
ANTIHYPERTENSIVE	1,336,018	6,096	35.3	69,923	0.6	34	19
ANTHYPERLIPIDEMIC	1,082,330	2,166	12.5	24,975	0.6	73	43
ANTIDIABETIC	1,033,253	4,043	23.4	46,405	0.6	37	22
OPHTHALMIC	774,158	4,613	26.7	53,742	0.3	43	14
ULCER DRUGS	711,617	3,330	19.3	38,244	0.3	58	19
ANTICONVULSANT	698,545	1,857	10.8	21,363	0.7	49	33
ANTIDEPRESSANTS	622,401	2,387	13.8	27,275	0.4	51	23

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 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 16A  
 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>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	191,589	\$12,587,316	1,590	9.2 %	17,994	0.5	\$165	1,947	11.3 %	22,427	0.6	\$81					
<b>Female</b>	134,534	7,417,129	428	3.8	4,917	0.4	138	1,115	9.9	12,830	0.6	70					
<b>Disabled</b>	75,808	4,651,763	346	7.0	3,978	0.4	145	777	15.7	9,052	0.6	84					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	7	569	0	0.0	0	0.0	0	1	50.0	9	0.2	34					
15-20	49	3,014	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	10,160	1,083,283	188	19.2	2,152	0.4	148	318	32.5	3,708	0.6	98					
45-64	27,759	1,712,506	101	5.9	1,159	0.5	164	270	15.8	3,140	0.6	91					
65-74	27,537	1,375,094	37	2.4	427	0.5	121	147	9.5	1,723	0.5	55					
75-84	8,475	393,619	15	2.6	180	0.3	89	36	6.3	412	0.5	32					
85 and older	1,821	83,678	5	3.7	60	0.1	17	5	3.7	60	0.3	5					
<b>Other Eligibles</b>	58,726	2,765,366	82	1.3	939	0.4	107	338	5.4	3,778	0.5	38					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	325	35,681	10	17.9	117	0.7	175	9	16.1	100	0.4	41					
45-64	726	38,430	4	5.3	48	0.5	123	7	9.3	77	0.4	39					
65-74	20,019	991,388	28	1.5	311	0.4	127	91	5.0	1,013	0.6	54					
75-84	26,499	1,208,596	24	1.0	285	0.4	57	130	5.3	1,497	0.5	37					
85 and older	11,157	491,271	16	0.8	178	0.3	106	101	5.3	1,091	0.5	26					
<b>Male</b>	57,055	5,170,187	1,162	19.3	13,077	0.5	175	832	13.8	9,597	0.7	95					
<b>Disabled</b>	43,234	4,490,207	1,120	28.7	12,597	0.5	178	702	18.0	8,160	0.7	100					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	33	3,266	1	16.7	12	0.3	163	0	0.0	0	0.0	0					
15-20	56	2,739	0	0.0	0	0.0	0	3	37.5	36	0.9	50					
21-44	15,492	2,134,004	672	43.1	7,516	0.5	175	363	23.3	4,242	0.7	94					
45-64	19,988	1,961,228	423	27.0	4,784	0.6	189	286	18.3	3,284	0.8	113					
65-74	6,514	337,581	21	3.4	252	0.3	85	41	6.6	490	0.7	85					
75-84	1,032	47,381	3	2.4	33	0.3	84	6	4.7	72	0.5	70					
85 and older	119	4,008	0	0.0	0	0.0	0	3	15.8	36	0.7	11					
<b>Other Eligibles</b>	13,821	679,980	42	2.0	480	0.3	85	130	6.2	1,437	0.6	64					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	65	2,758	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	425	26,441	5	8.8	52	0.1	36	5	8.8	44	0.6	156					
65-74	6,322	335,015	28	3.1	324	0.4	111	49	5.4	564	0.6	72					
75-84	5,632	257,971	8	1.0	96	0.2	30	58	7.3	653	0.6	60					
85 and older	1,377	57,795	1	0.3	8	0.1	10	18	5.4	176	0.5	30					
<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 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 16B  
 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>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIHYPERTENSIVE					ANTHYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>3,961</b>	<b>22.9 %</b>	<b>45,428</b>	<b>0.7</b>	<b>\$34</b>	<b>6,096</b>	<b>35.3 %</b>	<b>69,923</b>	<b>0.6</b>	<b>\$19</b>	<b>2,166</b>	<b>12.5 %</b>	<b>24,975</b>	<b>0.6</b>	<b>\$43</b>
<b>Female</b>	2,969	26.4	34,240	0.7	35	4,393	39.0	50,629	0.6	19	1,747	15.5	20,215	0.6	44
<b>Disabled</b>	1,513	30.6	17,558	0.7	36	2,279	46.1	26,549	0.6	19	941	19.0	10,926	0.6	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	28.6	24	0.5	53	3	42.9	36	0.5	15	0	0.0	0	0.0	0
21-44	88	9.0	997	0.6	39	174	17.8	1,945	0.5	18	40	4.1	439	0.5	31
45-64	537	31.5	6,221	0.7	36	840	49.2	9,704	0.6	20	347	20.3	3,989	0.6	45
65-74	618	40.1	7,210	0.7	36	902	58.6	10,635	0.6	19	420	27.3	4,907	0.6	45
75-84	215	37.3	2,495	0.7	33	300	52.1	3,529	0.6	18	115	20.0	1,368	0.6	42
85 and older	53	39.6	611	0.7	33	60	44.8	700	0.7	24	19	14.2	223	0.6	50
<b>Other Eligibles</b>	1,456	23.1	16,682	0.7	34	2,114	33.5	24,080	0.6	20	806	12.8	9,289	0.6	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	5.4	31	0.2	24	9	16.1	101	0.6	15	0	0.0	0	0.0	0
45-64	21	28.0	201	0.7	35	32	42.7	294	0.6	21	3	4.0	35	1.0	62
65-74	480	26.5	5,479	0.7	35	710	39.2	7,952	0.6	20	330	18.2	3,763	0.6	45
75-84	656	26.6	7,598	0.7	34	943	38.2	10,947	0.6	20	374	15.2	4,329	0.6	42
85 and older	296	15.6	3,373	0.6	30	420	22.2	4,786	0.6	18	99	5.2	1,162	0.6	43
<b>Male</b>	992	16.5	11,188	0.6	33	1,703	28.3	19,294	0.5	18	419	7.0	4,760	0.6	41
<b>Disabled</b>	668	17.1	7,616	0.6	34	1,195	30.6	13,672	0.5	18	288	7.4	3,300	0.6	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	33.3	24	0.7	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	133	8.5	1,495	0.5	34	256	16.4	2,911	0.5	18	55	3.5	631	0.5	39
45-64	342	21.9	3,884	0.6	36	611	39.1	6,958	0.5	19	136	8.7	1,542	0.6	42
65-74	152	24.4	1,765	0.6	30	280	44.9	3,255	0.5	18	90	14.4	1,050	0.6	44
75-84	32	25.2	364	0.6	27	43	33.9	488	0.5	17	7	5.5	77	0.6	46
85 and older	7	36.8	84	0.5	23	5	26.3	60	0.4	7	0	0.0	0	0.0	0
<b>Other Eligibles</b>	324	15.3	3,572	0.6	32	508	24.1	5,622	0.6	19	131	6.2	1,460	0.6	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	9.5	20	0.4	17	7	33.3	71	0.4	16	1	4.8	11	0.5	49
45-64	15	26.3	137	0.6	28	16	28.1	158	0.5	21	1	1.8	9	0.4	36
65-74	153	16.9	1,683	0.6	33	220	24.2	2,449	0.6	19	65	7.2	721	0.5	38
75-84	117	14.8	1,326	0.6	32	206	26.0	2,272	0.6	20	56	7.1	638	0.6	39
85 and older	37	11.1	406	0.6	32	59	17.7	672	0.6	20	8	2.4	81	0.5	37
<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 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	ANTIDIABETIC					OPHTHALMIC					ULCER DRUGS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>4,043</b>	<b>23.4 %</b>	<b>46,405</b>	<b>0.6</b>	<b>\$22</b>	<b>4,613</b>	<b>26.7 %</b>	<b>53,742</b>	<b>0.3</b>	<b>\$14</b>	<b>3,330</b>	<b>19.3 %</b>	<b>38,244</b>	<b>0.3</b>	<b>\$19</b>
<b>Female</b>	3,115	27.7	35,917	0.6	23	3,654	32.5	42,748	0.3	15	2,411	21.4	27,799	0.3	19
<b>Disabled</b>	1,810	36.6	21,073	0.6	25	1,670	33.8	19,681	0.3	15	1,344	27.2	15,669	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.6	23
21-44	145	14.8	1,693	0.5	23	122	12.5	1,453	0.2	8	138	14.1	1,597	0.3	18
45-64	751	44.0	8,683	0.6	25	413	24.2	4,826	0.3	13	507	29.7	5,918	0.3	19
65-74	704	45.7	8,236	0.6	25	681	44.2	8,074	0.4	16	518	33.6	6,073	0.3	20
75-84	182	31.6	2,144	0.7	23	372	64.6	4,372	0.4	16	146	25.3	1,680	0.3	15
85 and older	28	20.9	317	0.7	20	82	61.2	956	0.4	17	34	25.4	389	0.4	23
<b>Other Eligibles</b>	1,305	20.7	14,844	0.6	20	1,984	31.5	23,067	0.3	15	1,067	16.9	12,130	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	5.4	18	0.3	16	0	0.0	0	0.0	0	5	8.9	42	0.7	45
45-64	20	26.7	189	0.7	29	9	12.0	81	0.2	7	13	17.3	105	0.3	16
65-74	522	28.8	5,825	0.6	23	616	34.0	7,139	0.4	16	334	18.4	3,785	0.3	18
75-84	591	23.9	6,862	0.6	20	894	36.2	10,463	0.3	15	474	19.2	5,455	0.3	18
85 and older	169	8.9	1,950	0.5	13	465	24.5	5,384	0.3	14	241	12.7	2,743	0.4	24
<b>Male</b>	928	15.4	10,488	0.6	21	959	15.9	10,994	0.3	13	919	15.3	10,445	0.3	18
<b>Disabled</b>	620	15.9	7,141	0.6	22	530	13.6	6,142	0.3	12	619	15.8	7,138	0.3	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.3	7
15-20	0	0.0	0	0.0	0	1	12.5	12	0.1	2	0	0.0	0	0.0	0
21-44	124	7.9	1,431	0.5	23	115	7.4	1,346	0.2	10	162	10.4	1,875	0.3	14
45-64	312	19.9	3,550	0.6	21	231	14.8	2,645	0.3	13	293	18.7	3,348	0.3	19
65-74	151	24.2	1,768	0.6	23	145	23.3	1,691	0.3	15	130	20.9	1,530	0.3	16
75-84	31	24.4	368	0.5	17	36	28.3	424	0.3	11	30	23.6	337	0.3	16
85 and older	2	10.5	24	0.5	12	2	10.5	24	0.1	3	3	15.8	36	0.3	16
<b>Other Eligibles</b>	308	14.6	3,347	0.6	19	429	20.3	4,852	0.3	14	300	14.2	3,307	0.3	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	9.5	15	0.8	34	2	9.5	8	0.3	4	1	4.8	8	0.4	12
45-64	12	21.1	124	0.7	24	5	8.8	44	0.5	19	7	12.3	71	0.5	16
65-74	156	17.2	1,691	0.6	20	187	20.6	2,118	0.3	14	139	15.3	1,549	0.3	20
75-84	119	15.0	1,320	0.6	18	171	21.6	1,971	0.4	15	110	13.9	1,196	0.3	19
85 and older	19	5.7	197	0.5	11	64	19.2	711	0.3	10	43	12.9	483	0.3	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 16C

Dual Eligible 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 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 16D  
 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>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	ANTICONVULSANT				ANTIDEPRESSANTS				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos
	No. of Users	10.8 %	21,363	0.7	Mean Rx \$	0.7	No. of Users	13.8 %									
<b>All</b>	1,857	10.8 %	21,363	0.7	\$33	2,387	13.8 %	27,275	0.4	\$23	17,270	186,500					
<b>Female</b>	1,060	9.4	12,179	0.6	30	1,652	14.7	18,964	0.4	23	11,250	122,594					
<b>Disabled</b>	750	15.2	8,669	0.6	34	1,106	22.4	12,807	0.4	24	4,943	55,462					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	0	0.0	0	0.0	0	1	50.0	9	0.6	29	2	21					
15-20	1	14.3	12	0.3	32	1	14.3	12	0.8	47	7	56					
21-44	251	25.7	2,876	0.7	49	262	26.8	2,998	0.5	31	978	10,818					
45-64	314	18.4	3,621	0.6	30	499	29.2	5,787	0.5	25	1,706	18,961					
65-74	145	9.4	1,707	0.5	20	271	17.6	3,178	0.4	19	1,540	17,549					
75-84	34	5.9	394	0.5	14	59	10.2	685	0.4	18	576	6,561					
85 and older	5	3.7	59	0.3	14	13	9.7	138	0.3	13	134	1,496					
<b>Other Eligibles</b>	310	4.9	3,510	0.6	22	546	8.7	6,157	0.4	21	6,307	67,132					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	4	7.1	47	1.0	56	10	17.9	110	0.5	37	56	407					
45-64	12	16.0	133	0.6	20	15	20.0	161	0.4	23	75	636					
65-74	110	6.1	1,259	0.7	24	172	9.5	1,882	0.4	20	1,813	19,172					
75-84	135	5.5	1,529	0.5	19	237	9.6	2,736	0.4	21	2,468	26,879					
85 and older	49	2.6	542	0.6	25	112	5.9	1,268	0.4	20	1,895	20,038					
<b>Male</b>	797	13.2	9,184	0.7	36	735	12.2	8,311	0.4	22	6,020	63,906					
<b>Disabled</b>	667	17.1	7,728	0.7	38	579	14.8	6,594	0.4	22	3,908	42,552					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
6-14	1	16.7	12	0.8	56	0	0.0	0	0.0	0	6	72					
15-20	1	12.5	12	1.0	15	1	12.5	12	0.9	61	8	85					
21-44	313	20.1	3,618	0.8	43	255	16.3	2,873	0.4	24	1,560	16,844					
45-64	272	17.4	3,137	0.7	37	260	16.6	2,975	0.5	22	1,564	16,959					
65-74	74	11.9	877	0.6	22	54	8.7	629	0.4	14	623	6,995					
75-84	5	3.9	60	0.4	23	9	7.1	105	0.3	5	127	1,367					
85 and older	1	5.3	12	0.9	25	0	0.0	0	0.0	0	19	218					
<b>Other Eligibles</b>	130	6.2	1,456	0.7	26	156	7.4	1,717	0.5	21	2,112	21,354					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	21	141					
45-64	7	12.3	63	0.7	56	6	10.5	54	0.5	32	57	541					
65-74	75	8.3	856	0.6	24	70	7.7	784	0.4	18	908	9,280					
75-84	40	5.0	450	0.7	25	63	7.9	701	0.5	23	793	8,139					
85 and older	8	2.4	87	0.9	23	17	5.1	178	0.5	19	333	3,253					
<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 1/2003. This table was produced on 06/25/2004.

- a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$36</b>	<b>0.9</b>	<b>2,221</b>	<b>23,333</b>
<b>Age</b>				
0-64	103	2.0	142	1,541
65-74	48	1.2	389	4,148
75-84	34	0.9	782	8,367
85 and older	21	0.5	908	9,277
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	30	0.8	1,630	17,159
Male	53	1.2	591	6,174
Unknown	0	0.0	0	0
<b>Race</b>				
White	50	1.3	231	2,344
African American	33	0.8	1,826	19,182
Other/unknown	46	0.9	164	1,807
<b>Basis of Eligibility</b>				
Aged	31	0.8	2,041	21,401
Disabled	102	1.9	140	1,536
Adults	70	2.1	40	396
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,079 beneficiaries who were in nursing facilities for part of their enrollment and their 10,888 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 18

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>  
 DUAL ELIGIBLE BENEFICIARIES, 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	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.1	\$36	\$32	\$1	\$3	\$93	\$129	\$38	\$28	876	\$81,407	213	9.6 %	2,275
Biologics	0.1	0.0	0.0	0.1	1	0	0	1	14	0	0	14	1	14	1	0.0	12
Antineoplastic Agents	0.5	0.1	0.3	0.1	64	20	35	9	118	151	121	75	236	27,902	40	1.8	436
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	22	16	1	5	21	33	14	9	1,276	26,162	112	5.0	1,181
Cardiovascular Agents	1.7	0.5	0.5	0.8	45	18	15	11	26	39	33	14	4,622	120,142	264	11.9	2,689
Respiratory Agents	0.8	0.3	0.0	0.5	26	14	0	11	32	48	21	22	906	28,732	104	4.7	1,100
Gastrointestinal Agents	1.0	0.3	0.2	0.5	43	19	13	11	43	70	54	23	1,744	74,170	168	7.6	1,726
Genitourinary Agents	0.4	0.2	0.0	0.3	14	9	1	4	34	61	66	17	317	10,651	69	3.1	763
CNS Drugs	1.3	0.8	0.1	0.5	76	64	4	7	59	85	67	16	3,304	193,431	242	10.9	2,546
Stimulants/Anti-obesity/Anorexia	1.0	0.0	0.0	1.0	11	0	0	11	11	0	0	11	42	460	4	0.2	42
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	68	68	0	0	108	108	0	0	94	10,128	14	0.6	148
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	26	6	15	6	38	67	150	11	831	31,367	116	5.2	1,204
Neuromuscular Agents	1.2	0.2	0.4	0.6	43	21	12	11	35	83	31	18	1,633	57,230	122	5.5	1,321
Nutritional Products	0.7	0.0	0.2	0.4	10	0	5	5	15	13	22	11	827	12,252	122	5.5	1,237
Hematological Agents	0.9	0.2	0.4	0.4	55	44	7	5	61	265	17	14	1,015	61,600	112	5.0	1,111
Topical Products	0.7	0.4	0.1	0.2	31	22	6	3	44	61	48	15	1,688	74,080	224	10.1	2,352
Miscellaneous Products	0.5	0.0	0.0	0.4	20	4	0	17	44	125	0	38	78	3,432	16	0.7	168
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	15	0	0	0	27	0	0	0	1,022	27,889	175	7.9	1,823
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	20,512	841,049	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,079 beneficiaries who were in nursing facilities for part of their enrollment and their 10,888 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 18

Dual Eligible 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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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>17,330</b>	<b>8,157</b>	<b>8,863</b>	<b>309</b>	<b>1</b>	<b>187,734</b>	<b>86,409</b>	<b>98,309</b>	<b>3,014</b>	<b>2</b>	<b>0</b>
<b>Age</b>											
5 and younger	1	0	1	0	0	12	0	12	0	0	0
6-14	8	0	8	0	0	96	0	96	0	0	0
15-20	19	0	18	1	0	183	0	177	6	0	0
21-44	2,645	1	2,546	97	1	28,848	1	27,876	969	2	0
45-64	3,414	7	3,271	136	0	37,379	49	35,953	1,377	0	0
65-74	4,896	2,665	2,163	68	0	53,234	28,091	24,552	591	0	0
75-84	3,966	3,256	703	7	0	42,971	34,971	7,929	71	0	0
85 and older	2,381	2,228	153	0	0	25,011	23,297	1,714	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	11,295	6,140	4,951	203	1	123,485	65,815	55,665	2,003	2	0
Male	6,035	2,017	3,912	106	0	64,249	20,594	42,644	1,011	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	1,158	576	574	8	0	12,348	6,048	6,234	66	0	0
African American	13,247	6,196	6,761	289	1	142,484	65,050	74,593	2,839	2	0
Other/unknown	2,925	1,385	1,528	12	0	32,902	15,311	17,482	109	0	0
<b>Use of Nursing Facilities</b>											
All year	2,221	2,041	140	40	0	23,333	21,401	1,536	396	0	0
Part year	1,079	959	103	17	0	10,888	9,657	1,058	173	0	0
None	14,030	5,157	8,620	252	1	153,513	55,351	95,715	2,445	2	0
<b>Maintenance Assistance Status</b>											
Cash	9,354	3,079	6,094	181	0	105,102	34,291	69,016	1,795	0	0
Medically needy	4,334	3,098	1,116	120	0	43,492	30,806	11,544	1,142	0	0
Poverty related	2,967	1,472	1,488	7	0	31,972	15,913	15,994	65	0	0
Other/unknown	675	508	165	1	1	7,168	5,399	1,755	12	2	0
<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
<b>Managed Care Status</b>											
FFS all year	17,172	8,151	8,821	199	1	186,020	86,339	97,814	1,865	2	0
FFS part year, with Rx claims	63	3	21	39	0	684	36	248	400	0	0
FFS part year, no Rx claims	35	3	9	23	0	368	34	103	231	0	0
MC all year, with Rx claims	5	0	5	0	0	60	0	60	0	0	0
MC all year, no Rx claims	55	0	7	48	0	602	0	84	518	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 A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	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>17,330</b>	<b>187,734</b>	<b>17,270</b>	<b>186,500</b>	<b>60</b>	<b>1,234</b>		
FFS all year	17,172	186,020	17,172	186,020	0	0		
FFS part year, with Rx claims	63	684	63	323	0	361		
FFS part year, with no Rx claims	35	368	35	157	0	211		
MC all year, with Rx claims	5	60	0	0	5	60		
MC all year, with no Rx claims	55	602	0	0	55	602		

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.

SUPPLEMENTAL TABLE 1  
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
D.C., 1999

Total Number of Dual Eligible Beneficiaries 17,270  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$20,577,143  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,192

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,977	34.6 %	\$0	0.0 %
1-500	3,431	19.9	689,051	3.3
501-1,000	2,094	12.1	1,543,321	7.5
1,001-1,500	1,499	8.7	1,857,360	9.0
1,501-2,000	1,144	6.6	1,982,059	9.6
2,001-2,500	830	4.8	1,862,639	9.1
2,501-3,000	577	3.3	1,576,951	7.7
3,001-3,500	368	2.1	1,188,535	5.8
3,501-4,000	259	1.5	964,701	4.7
4,001-4,500	199	1.2	849,001	4.1
4,501-5,000	148	0.9	698,511	3.4
5,001-5,500	89	0.5	465,390	2.3
5,501-6,000	86	0.5	492,520	2.4
6,001-6,500	75	0.4	469,467	2.3
6,501-7,000	66	0.4	444,088	2.2
7,001-7,500	52	0.3	375,381	1.8
7,501-8,000	53	0.3	410,836	2.0
8,001-8,500	26	0.2	214,209	1.0
8,501-9,000	21	0.1	183,541	0.9
9,001-9,500	23	0.1	211,432	1.0
9,501-10,000	20	0.1	194,527	0.9
10,001+	233	1.3	3,903,623	19.0

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 D.C., 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 5,832  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$10,734,870  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,841

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,625	27.9%	0	0.0%
1-500	1,292	22.2	239,660	2.2
501-1,000	621	10.6	454,544	4.2
1,001-1,500	451	7.7	557,181	5.2
1,501-2,000	354	6.1	615,792	5.7
2,001-2,500	280	4.8	629,166	5.9
2,501-3,000	204	3.5	554,790	5.2
3,001-3,500	159	2.7	514,278	4.8
3,501-4,000	123	2.1	456,265	4.3
4,001-4,500	95	1.6	407,125	3.8
4,501-5,000	76	1.3	358,300	3.3
5,001-5,500	54	0.9	282,624	2.6
5,501-6,000	47	0.8	268,772	2.5
6,001-6,500	46	0.8	287,344	2.7
6,501-7,000	44	0.8	295,931	2.8
7,001-7,500	37	0.6	267,411	2.5
7,501-8,000	43	0.7	333,617	3.1
8,001-8,500	21	0.4	172,802	1.6
8,501-9,000	16	0.3	140,294	1.3
9,001-9,500	20	0.3	183,770	1.7
9,501-10,000	15	0.3	145,924	1.4
10,001+	209	3.6	3,569,280	33.2

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 D.C., 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74	4,884
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$5,104,659
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,045

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	30.2 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimburseme
\$0	1,477			0	0.0
1-500	966	19.8		200,641	3.9
501-1,000	686	14.0		507,949	10.0
1,001-1,500	475	9.7		589,099	11.5
1,501-2,000	381	7.8		657,349	12.9
2,001-2,500	278	5.7		624,912	12.2
2,501-3,000	204	4.2		558,547	10.9
3,001-3,500	119	2.4		384,182	7.5
3,501-4,000	86	1.8		321,730	6.3
4,001-4,500	60	1.2		256,122	5.0
4,501-5,000	39	0.8		184,167	3.6
5,001-5,500	20	0.4		104,211	2.0
5,501-6,000	22	0.5		125,770	2.5
6,001-6,500	21	0.4		131,707	2.6
6,501-7,000	14	0.3		94,694	1.9
7,001-7,500	10	0.2		71,871	1.4
7,501-8,000	6	0.1		46,374	0.9
8,001-8,500	3	0.1		24,840	0.5
8,501-9,000	1	0.0		8,506	0.2
9,001-9,500	2	0.0		18,263	0.4
9,501-10,000	2	0.0		19,323	0.4
10,001+	12	0.2		174,402	3.4

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

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SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
D.C., 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 3,964  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$3,298,662  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$832

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,484	37.4 %	0	0.0 %
1-500	735	18.5	159,923	4.8
501-1,000	534	13.5	394,778	12.0
1,001-1,500	387	9.8	482,364	14.6
1,501-2,000	295	7.4	510,827	15.5
2,001-2,500	194	4.9	434,995	13.2
2,501-3,000	119	3.0	326,724	9.9
3,001-3,500	68	1.7	218,519	6.6
3,501-4,000	40	1.0	149,186	4.5
4,001-4,500	33	0.8	138,114	4.2
4,501-5,000	24	0.6	113,726	3.4
5,001-5,500	11	0.3	57,565	1.7
5,501-6,000	13	0.3	74,771	2.3
6,001-6,500	5	0.1	31,429	1.0
6,501-7,000	5	0.1	33,379	1.0
7,001-7,500	2	0.1	14,441	0.4
7,501-8,000	4	0.1	30,845	0.9
8,001-8,500	2	0.1	17,188	0.5
8,501-9,000	1	0.0	9,399	0.3
9,001-9,500	2	0.1	19,556	0.6
9,501-10,000	6	0.2	80,933	2.5
10,001+				

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 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

