

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 D.C.

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
D.C., 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	152,471 (A)	17,953 (E)	134,518 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	151,319 (B)	17,949 (F)	133,370 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	77,607 (C)	17,838 (G)	59,769 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	2,668 (D)	2,192 (H)	476 (L)

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for D.C. in 2001 was \$61,222,599, of which \$824,110 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. 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 non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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 1

All Medicaid Beneficiaries

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 D. C., 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
<b>All</b>	<b>77,607</b>	<b>9,805</b>	<b>29,115</b>	<b>12,502</b>	<b>26,185</b>	<b>0</b>		<b>541,532</b>	<b>98,245</b>	<b>281,087</b>	<b>45,907</b>	<b>116,293</b>	<b>0</b>	
<b>Age</b>														
5 and younger	10,525	3	698	35	9,789	0		40,802	21	4,793	105	35,883	0	
6-14	13,379	2	1,797	42	11,538	0		67,415	14	14,334	151	52,916	0	
15-20	6,550	0	884	1,041	4,625	0		37,293	0	7,719	3,337	26,237	0	
21-44	19,107	6	9,189	9,684	228	0		124,648	37	88,320	35,060	1,231	0	
45-64	14,315	25	12,684	1,601	5	0		132,200	211	125,312	6,651	26	0	
65-74	6,177	3,246	2,848	83	0	0		63,359	32,974	29,888	497	0	0	
75-84	4,766	3,951	801	14	0	0		48,904	40,287	8,521	96	0	0	
85 and older	2,788	2,572	214	2	0	0		26,911	24,701	2,200	10	0	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
<b>Gender</b>														
Female	44,716	7,153	14,260	10,524	12,779	0		309,841	72,938	143,153	37,841	55,909	0	
Male	32,824	2,652	14,854	1,978	13,340	0		231,299	25,307	137,926	8,066	60,000	0	
Unknown	67	0	1	0	66	0		392	0	8	0	384	0	
<b>Race</b>														
White	2,557	669	1,525	177	186	0		21,823	6,498	13,954	640	731	0	
African American	64,719	7,435	23,593	11,291	22,400	0		445,366	74,207	227,037	41,903	102,219	0	
Other/unknown	10,331	1,701	3,997	1,034	3,599	0		74,343	17,540	40,096	3,364	13,343	0	
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	2,668	2,229	379	60	0	0		27,739	23,053	4,077	609	0	0	
Part year	1,488	1,029	412	47	0	0		14,663	10,100	4,161	402	0	0	
None	73,451	6,547	28,324	12,395	26,185	0		499,130	65,092	272,849	44,896	116,293	0	
<b>Maintenance Assistance Status</b>														
Cash	42,582	3,542	21,831	9,031	8,178	0		315,321	37,406	217,452	32,093	28,370	0	
Medically needy	15,668	3,556	4,631	2,885	4,596	0		97,204	33,049	37,415	11,913	14,827	0	
Poverty-related	13,461	1,928	2,447	487	8,599	0		70,707	20,077	23,966	1,564	25,100	0	
Other/unknown	5,896	779	206	99	4,812	0		58,300	7,713	2,254	337	47,996	0	
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	17,838	8,275	9,198	360	5	0		185,267	85,831	96,314	3,071	51	0	
Full dual, part year	0	0	0	0	0	0		0	0	0	0	0	0	
Non-dual, all year	59,769	1,530	19,917	12,142	26,180	0		356,265	12,414	184,773	42,836	116,242	0	
<b>Managed Care Status</b>														
FFS all year	49,732	9,801	27,859	3,547	8,525	0		460,385	98,211	275,046	21,537	65,591	0	
FFS part year, with Rx claims	5,345	4	568	2,135	2,638	0		19,337	34	3,185	6,559	9,559	0	
FFS part year, no Rx claims	22,530	0	688	6,820	15,022	0		61,810	0	2,856	17,811	41,143	0	

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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., 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	41.0 %	12.1	\$778	\$64	\$8,715	8.9 %	77,607
<b>Age</b>							
5 and younger	21.0	0.9	50	58	2,661	1.9	10,525
6-14	20.7	1.7	132	75	3,522	3.7	13,379
15-20	27.6	2.2	129	59	6,043	2.1	6,550
21-44	41.4	9.6	899	94	8,548	10.5	19,107
45-64	63.3	26.6	1,750	66	14,063	12.4	14,315
65-74	66.2	28.3	1,322	47	10,183	13.0	6,177
75-84	59.8	24.1	1,073	45	14,932	7.2	4,766
85 and older	41.7	15.1	631	42	22,567	2.8	2,788
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	52.5	19.9	894	45	17,326	5.2	9,805
Disabled	62.4	23.7	1,651	70	13,391	12.3	29,115
Adults	26.2	2.1	128	62	2,532	5.1	12,502
Children	20.1	1.2	75	63	3,242	2.3	26,185
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	43.9	13.8	774	56	8,150	9.5	44,716
Male	37.3	10.0	785	79	9,502	8.3	32,824
Unknown	0.0	0.0	0	0	28	0.0	67
<b>Race</b>							
White	42.5	17.8	1,243	70	14,402	8.6	2,557
African American	41.2	12.0	775	65	8,817	8.8	64,719
Other/unknown	39.9	11.7	686	59	6,666	10.3	10,331
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	19.2	11.6	543	47	51,452	1.1	2,668
Part year	47.7	19.1	1,106	58	43,735	2.5	1,488
None	41.7	12.0	780	65	6,453	12.1	73,451

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	45.7	14.6	964	66	7,356	13.1	42,582
Medically needy	30.0	8.5	528	62	16,988	3.1	15,668
Poverty related	35.0	10.5	619	59	2,799	22.1	13,461
Other/unknown	50.5	7.9	465	59	10,047	4.6	5,896

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 D.C., 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	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	1.7	\$112	8.9 %	59.0 %	18.5 %	5.7 %	10.4 %	5.5 %	1.0 %	\$1,249	77,607	541,532
<b>Age</b>												
5 and younger	0.2	13	1.9	79.0	17.9	1.9	1.0	0.1	0.0	686	10,525	40,802
6-14	0.3	26	3.7	79.3	16.2	2.4	1.6	0.4	0.0	699	13,379	67,415
15-20	0.4	23	2.1	72.4	22.6	2.6	1.8	0.5	0.1	1,061	6,550	37,293
21-44	1.5	138	10.5	58.6	22.2	5.8	8.7	3.9	0.8	1,310	19,107	124,648
45-64	2.9	190	12.4	36.7	17.5	9.3	20.8	12.7	2.9	1,523	14,315	132,200
65-74	2.8	129	13.0	33.8	16.8	9.7	23.5	14.2	2.0	993	6,177	63,359
75-84	2.4	105	7.2	40.2	14.8	9.8	22.6	11.3	1.4	1,455	4,766	48,904
85 and older	1.6	65	2.8	58.3	11.7	6.7	16.0	6.2	1.1	2,338	2,788	26,911
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<sup>c</sup></b>												
Aged	2.0	89	5.2	47.5	14.7	8.5	19.1	8.9	1.3	1,729	9,805	98,245
Disabled	2.5	171	12.3	37.6	21.1	9.1	19.0	11.0	2.2	1,387	29,115	281,087
Adults	0.6	35	5.1	73.8	18.8	3.2	3.1	0.9	0.2	690	12,502	45,907
Children	0.3	17	2.3	79.9	16.8	2.0	1.1	0.2	0.0	730	26,185	116,293
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	2.0	112	9.5	56.1	18.7	5.9	11.6	6.5	1.2	1,176	44,716	309,841
Male	1.4	111	8.3	62.7	18.2	5.3	8.8	4.2	0.8	1,348	32,824	231,299
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	5	67	392
<b>Race</b>												
White	2.1	146	8.6	57.5	13.1	5.4	13.1	8.6	2.4	1,687	2,557	21,823
African American	1.7	113	8.8	58.8	18.8	5.7	10.2	5.5	1.0	1,281	64,719	445,366
Other/unknown	1.6	95	10.3	60.1	18.0	5.6	10.8	4.8	0.7	926	10,331	74,343
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	1.1	52	1.1	80.8	2.5	1.6	5.5	7.1	2.5	4,949	2,668	27,739
Part year	1.9	112	2.5	52.3	13.8	8.7	13.0	9.5	2.6	4,438	1,488	14,663
None	1.8	115	12.1	58.3	19.2	5.7	10.5	5.3	0.9	950	73,451	499,130

Table 4



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, 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 or Less				
												No.
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	2.0	130	13.1	54.3	19.5	6.2	12.2	6.5	1.3	993	42,582	315,321
Medically needy	1.4	85	3.1	70.0	12.9	4.3	7.4	4.5	1.0	2,738	15,668	97,204
Poverty related	2.0	118	22.1	65.0	14.6	5.1	9.6	5.0	0.7	533	13,461	70,707
Other/unknown	0.8	47	4.6	49.5	34.8	6.3	7.0	2.2	0.2	1,016	5,896	58,300

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

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.

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

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

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., 2001

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	\$ per Rx	No. of Rx	\$ per Rx			
<b>All</b>	<b>1.7</b>	<b>\$112</b>	<b>0.8</b>	<b>\$89</b>	<b>0.1</b>	<b>\$111</b>	<b>0.1</b>	<b>\$7</b>	<b>0.8</b>	<b>\$16</b>	<b>\$19</b>
<b>Age</b>											
5 and younger	0.2	13	0.1	11	0.0	118	0.0	0	0.1	2	15
6-14	0.3	26	0.2	23	0.0	111	0.0	1	0.1	3	20
15-20	0.4	23	0.2	19	0.0	92	0.0	1	0.1	2	16
21-44	1.5	138	0.7	117	0.1	170	0.1	7	0.7	14	20
45-64	2.9	190	1.3	151	0.2	116	0.2	11	1.4	26	19
65-74	2.8	129	1.3	95	0.2	74	0.2	9	1.3	24	19
75-84	2.4	105	1.1	76	0.2	71	0.2	8	1.1	21	19
85 and older	1.6	65	0.6	45	0.1	70	0.1	6	0.8	14	18
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>											
Aged	2.0	89	0.9	64	0.2	72	0.2	7	0.9	18	19
Disabled	2.5	171	1.1	138	0.2	123	0.2	10	1.1	23	20
Adults	0.6	35	0.2	29	0.0	118	0.0	1	0.3	4	16
Children	0.3	17	0.1	14	0.0	100	0.0	1	0.1	2	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Gender</b>											
Female	2.0	112	0.9	87	0.1	96	0.1	7	0.9	17	19
Male	1.4	111	0.7	92	0.1	139	0.1	6	0.6	13	20
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
<b>Race</b>											
White	2.1	146	0.9	114	0.2	121	0.2	11	0.9	20	21
African American	1.7	113	0.8	90	0.1	113	0.1	7	0.8	16	19
Other/unknown	1.6	95	0.8	74	0.1	98	0.1	6	0.8	15	20
<b>Use of Nursing Facilities<sup>e</sup></b>											
Entire year	1.1	52	0.5	37	0.1	81	0.1	5	0.5	10	19
Part year	1.9	112	0.8	84	0.2	106	0.2	11	0.9	17	18
None	1.8	115	0.8	92	0.1	112	0.1	7	0.8	16	19

Table 5

All Medicaid Beneficiaries

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>Maintenance Assistance Status</b>								
Cash	2.0	130	0.9	105	0.1	7	0.9	18
Medically needy	1.4	85	0.6	66	0.1	6	0.6	13
Poverty related	2.0	118	0.9	92	0.1	8	0.9	18
Other/unknown	0.8	47	0.4	39	0.0	2	0.3	6

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

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.

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., 1.2 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

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

CMS = 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., 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No. of Bene	As % of All			
	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Mos	Benes	Mos		
Anti-infective Agents	0.5	0.3	0.0	0.1	\$90	\$88	\$0	\$184	\$257	\$88	\$14	81,996	\$15,070,334	16,419	21.2 %	166,554
Biologics	0.2	0.2	0.0	0.0	160	150	9	723	774	1,093	24	239	172,916	128	0.2	1,082
Antineoplastic Agents	0.4	0.2	0.2	0.1	93	45	36	11	211	294	227	5,778	1,219,070	1,209	1.6	13,176
Endocrine/Metabolic Drugs	0.8	0.5	0.1	0.2	36	31	1	4	47	66	25	74,181	3,504,240	9,047	11.7	96,482
Cardiovascular Agents	1.6	0.7	0.1	0.8	59	39	3	17	38	56	44	257,298	9,747,195	15,100	19.5	165,318
Respiratory Agents	0.6	0.4	0.0	0.2	30	24	1	5	47	64	39	80,781	3,802,273	12,468	16.1	127,865
Gastrointestinal Agents	0.5	0.2	0.0	0.2	29	21	3	6	65	113	70	40,531	2,623,373	8,073	10.4	88,990
Genitourinary Agents	0.3	0.3	0.0	0.1	17	16	0	1	53	61	44	10,345	547,620	3,083	4.0	32,543
CNS Drugs	0.9	0.5	0.1	0.4	87	72	6	9	94	157	117	110,967	10,377,474	10,833	14.0	118,758
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	32	26	1	6	53	67	36	4,814	254,566	771	1.0	7,848
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	35	31	1	3	109	116	103	2,383	260,847	665	0.9	7,398
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	19	11	2	6	35	130	85	79,764	2,793,576	13,555	17.5	145,830
Neuromuscular Agents	0.8	0.3	0.1	0.4	38	28	3	7	50	99	34	60,075	3,009,989	7,098	9.1	78,588
Nutritional Products	0.5	0.0	0.1	0.3	6	0	3	3	13	11	25	34,961	468,717	6,867	8.8	73,884
Hematological Agents	0.5	0.2	0.1	0.3	59	54	1	4	110	308	19	23,983	2,632,554	4,081	5.3	44,738
Topical Products	0.5	0.2	0.1	0.2	23	15	3	4	48	64	52	62,238	3,018,206	12,661	16.3	133,342
Miscellaneous Products	0.4	0.2	0.1	0.1	91	65	15	10	228	308	257	2,615	595,017	625	0.8	6,550
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	31	0	0	9,695	300,522	2,550	3.3	28,496
<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.	942,644	60,398,489	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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., 1.2 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., 2001

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	\$12,145,666	5,930	7.6 %	63,344	0.5	\$366	\$192	
ANTIPSYCHOTICS	7,351,288	5,747	7.4	64,717	0.6	175	114	
ANTIHYPERTENSIVE	2,805,578	12,252	15.8	136,397	0.6	36	21	
ANTI-DIABETIC	2,798,815	8,532	11.0	94,965	0.6	50	29	
CALCIUM BLOCKERS	2,647,051	6,948	9.0	77,303	0.6	53	34	
ANTICONVULSANT	2,633,935	5,624	7.2	62,625	0.7	62	42	
ANTIHYPERTENSIVE	2,532,892	4,560	5.9	51,710	0.6	83	49	
ANTIDEPRESSANTS	2,255,471	6,994	9.0	77,134	0.5	62	29	
ASTHMATIC	1,995,289	9,580	12.3	102,002	0.4	50	20	
ULCER DRUGS	1,784,804	7,478	9.6	83,456	0.3	70	21	
Total	38,950,789	73,645		813,653	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for D.C., released by CMS in 06/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.