

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 CONNECTICUT

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	77,157	48,022	27,796	1,303	34	2	811,070	494,367	305,781	10,676	234	12
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	5	0	0	0	5	0	45	0	0	0	45	0
15-20	80	0	70	0	10	0	789	0	721	0	68	0
21-44	12,812	0	11,968	831	13	0	139,427	0	132,504	6,831	92	0
45-64	15,804	0	15,403	396	4	1	172,455	0	169,189	3,240	20	6
65-74	14,098	13,675	355	65	2	1	151,754	147,865	3,367	507	9	6
75-84	16,713	16,703	0	10	0	0	173,091	172,994	0	97	0	0
85 and older	17,645	17,644	0	1	0	0	173,509	173,508	0	1	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	49,351	35,352	13,273	709	15	2	520,651	366,994	147,630	5,900	115	12
Male	27,806	12,670	14,523	594	19	0	290,419	127,373	158,151	4,776	119	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	57,021	37,105	19,170	725	19	2	596,169	376,435	213,662	5,933	127	12
African American	9,752	5,098	4,389	259	6	0	104,741	55,338	47,228	2,129	46	0
Other/unknown	10,384	5,819	4,237	319	9	0	110,160	62,594	44,891	2,614	61	0
Use of Nursing Facilities^c												
Entire year	19,743	18,467	1,276	0	0	0	201,324	187,125	14,199	0	0	0
Part year	7,564	6,613	948	3	0	0	73,397	63,268	10,103	26	0	0
None	49,850	22,942	25,572	1,300	34	2	536,349	243,974	281,479	10,650	234	12
Maintenance Assistance Status												
Cash	15,370	5,751	9,534	85	0	0	172,955	64,785	107,556	614	0	0
Medically needy	22,413	10,996	11,397	16	4	0	235,771	113,175	122,481	84	31	0
Poverty-related	1,761	715	1,012	16	16	2	18,800	7,657	10,955	68	108	12
Other/unknown	37,613	30,560	5,853	1,186	14	0	383,544	308,750	64,789	9,910	95	0
Dual Medicare Status^d												
Full dual, all year	72,786	46,022	25,530	1,198	34	2	762,875	472,677	280,459	9,493	234	12
Full dual, part year	4,371	2,000	2,266	105	0	0	48,195	21,690	25,322	1,183	0	0
Managed Care Status												
FFS all year	76,810	48,021	27,735	1,028	24	2	809,300	494,363	305,376	9,352	197	12
FFS part year, with Rx claims	266	1	58	201	6	0	1,516	4	383	1,098	31	0
FFS part year, no Rx claims	81	0	3	74	4	0	254	0	22	226	6	0

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

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	90.4 %	47.7	\$2,749	\$58	\$24,618	11.2 %	77,157
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	80.0	50.8	5,516	109	7,948	69.4	5
15-20	81.3	26.9	1,614	60	7,981	20.2	80
21-44	87.6	44.1	3,460	79	22,258	15.5	12,812
45-64	91.8	54.0	3,728	69	25,816	14.4	15,804
65-74	88.8	45.5	2,487	55	16,839	14.8	14,098
75-84	90.4	48.1	2,337	49	24,368	9.6	16,713
85 and older	92.3	46.1	1,962	43	31,792	6.2	17,645
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	90.7	46.8	2,247	48	25,012	9.0	48,022
Disabled	90.3	50.4	3,651	72	24,947	14.6	27,796
Adults	76.7	24.8	2,036	82	3,632	56.1	1,303
Children	70.6	18.4	2,322	126	5,296	43.8	34
Unknown	100.0	17.0	774	46	4,076	19.0	2
Gender							
Female	92.2	50.0	2,683	54	24,402	11.0	49,351
Male	87.0	43.6	2,867	66	25,002	11.5	27,806
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.9	50.8	2,861	56	28,518	10.0	57,021
African American	89.9	43.2	2,681	62	17,289	15.5	9,752
Other/unknown	87.9	34.9	2,199	63	10,087	21.8	10,384
Use of Nursing Facilities^d							
Entire year	94.4	58.5	2,716	46	44,665	6.1	19,743
Part year	94.6	55.6	2,725	49	26,170	10.4	7,564
None	88.1	42.2	2,766	66	16,443	16.8	49,850
Maintenance Assistance Status							
Cash	91.3	48.8	3,267	67	18,141	18.0	15,370
Medically needy	89.1	43.1	2,727	63	10,865	25.1	22,413
Poverty related	70.1	16.2	1,074	66	3,512	30.6	1,761
Other/unknown	91.7	51.5	2,629	51	36,449	7.2	37,613

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

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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	4.5	\$262	11.2 %	9.6 %	16.3 %	11.6 %	30.7 %	24.3 %	7.5 %	\$2,342	77,157	811,070
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	5.6	613	69.4	20.0	0.0	0.0	20.0	60.0	0.0	883	5	45
15-20	2.7	164	20.2	18.8	45.0	7.5	17.5	7.5	3.8	809	80	789
21-44	4.1	318	15.5	12.4	23.9	12.4	26.8	17.4	7.1	2,045	12,812	139,427
45-64	5.0	342	14.4	8.2	16.7	11.6	29.9	24.5	9.2	2,366	15,804	172,455
65-74	4.2	231	14.8	11.2	17.8	12.3	30.0	21.9	6.8	1,564	14,098	151,754
75-84	4.6	226	9.6	9.6	13.4	11.0	31.4	27.1	7.6	2,353	16,713	173,091
85 and older	4.7	200	6.2	7.7	11.7	11.1	34.4	28.4	6.7	3,233	17,645	173,509
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.5	218	9.0	9.3	14.0	11.4	32.1	26.1	7.1	2,430	48,022	494,367
Disabled	4.6	332	14.6	9.7	19.7	11.9	28.7	21.6	8.4	2,268	27,796	305,781
Adults	3.0	249	56.1	23.3	26.2	12.4	22.9	11.5	3.7	443	1,303	10,676
Children	2.7	337	43.8	29.4	23.5	5.9	23.5	17.6	0.0	770	34	234
Unknown	2.8	129	19.0	0.0	0.0	50.0	50.0	0.0	0.0	679	2	12
Gender												
Female	4.7	254	11.0	7.8	14.9	11.6	32.0	25.8	7.9	2,313	49,351	520,651
Male	4.2	275	11.5	13.0	18.7	11.6	28.5	21.5	6.8	2,394	27,806	290,419
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.9	274	10.0	9.1	14.1	10.7	30.9	26.5	8.7	2,728	57,021	596,169
African American	4.0	250	15.5	10.1	19.8	13.5	30.9	20.4	5.2	1,610	9,752	104,741
Other/unknown	3.3	207	21.8	12.1	24.6	14.8	29.7	15.8	3.0	951	10,384	110,160
use of nursing Facilities^d												
Entire year	5.7	266	6.1	5.6	7.5	8.5	31.8	34.8	11.8	4,380	19,743	201,324
Part year	5.7	281	10.4	5.4	8.6	9.4	32.8	33.1	10.8	2,697	7,564	73,397
None	3.9	257	16.8	11.9	20.9	13.2	30.0	18.8	5.3	1,528	49,850	536,349
Maintenance Assistance Status												
Cash	4.3	290	18.0	8.7	19.9	12.6	30.6	21.4	6.9	1,612	15,370	172,955
Medically needy	4.1	259	25.1	10.9	19.9	13.3	30.1	19.7	6.1	1,033	22,413	235,771
Poverty related	1.5	101	30.6	29.9	37.0	12.7	15.3	4.2	0.9	329	1,761	18,800
Other/unknown	5.0	258	7.2	8.3	11.7	10.2	31.9	29.1	8.9	3,574	37,613	383,544

Table D4

Dual Eligible Beneficiaries

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

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	Rx \$	No. of Rx	Rx \$					
All	4.5	\$262	\$58	2.1	\$195	\$92	0.4	\$20	\$52	2.0	\$47	\$ per Rx	\$23
Age													
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
6-14	5.6	613	109	2.8	546	198	0.1	12	132	2.8	55	20	20
15-20	2.7	164	60	1.3	133	99	0.1	4	32	1.3	27	22	22
21-44	4.1	318	79	2.0	239	121	0.3	30	92	1.7	49	28	28
45-64	5.0	342	69	2.4	260	107	0.4	27	72	2.1	55	26	26
65-74	4.2	231	55	2.1	175	85	0.3	15	47	1.9	42	23	23
75-84	4.6	226	49	2.1	165	78	0.4	15	37	2.1	45	22	22
85 and older	4.7	200	43	1.9	142	73	0.5	14	30	2.3	44	19	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
Basis of Eligibility^d													
Aged	4.5	218	48	2.0	160	78	0.4	15	37	2.1	44	21	21
Disabled	4.6	332	72	2.2	251	112	0.4	29	80	2.0	52	27	27
Adults	3.0	249	82	1.5	191	126	0.2	16	92	1.3	42	31	31
Children	2.7	337	126	1.4	291	202	0.1	6	108	1.2	41	34	34
Unknown	2.8	129	46	1.1	103	95	0.3	5	18	1.5	21	14	14
Gender													
Female	4.7	254	54	2.2	190	86	0.4	18	46	2.1	46	22	22
Male	4.2	275	66	2.0	204	104	0.3	23	66	1.9	48	26	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
Race													
White	4.9	274	56	2.2	200	91	0.4	22	51	2.2	51	23	23
African American	4.0	250	62	2.0	193	98	0.3	17	59	1.8	40	23	23
Other/unknown	3.3	207	63	1.8	167	95	0.2	10	55	1.4	31	23	23
Use of Nursing Facilities^e													
Entire year	5.7	266	46	2.4	191	79	0.6	19	33	2.7	57	21	21
Part year	5.7	281	49	2.5	209	82	0.5	18	36	2.7	54	20	20
None	3.9	257	66	1.9	194	100	0.3	20	70	1.7	43	25	25
Maintenance Assistance Status													
Cash	4.3	290	67	2.1	215	101	0.3	25	78	1.9	50	27	27
Medically needy	4.1	259	63	2.0	198	98	0.3	19	65	1.8	42	24	24
Poverty related	1.5	101	66	0.7	76	105	0.1	8	70	0.7	17	25	25
Other/unknown	5.0	258	51	2.2	189	85	0.5	18	39	2.3	50	22	22

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

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.5 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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 Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$32	\$29	\$0	\$2	\$93	\$143	\$76	\$16	148,282	\$13,770,403	39,382	51.0 %	432,862
Biologics	0.1	0.1	0.0	0.0	5	2	0	3	46	31	0	80	1,088	50,577	891	1.2	10,295
Antineoplastic Agents	0.6	0.2	0.2	0.2	113	70	29	14	195	282	183	79	18,582	3,619,706	3,200	4.1	32,170
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	39	31	3	5	42	65	19	16	309,716	12,858,139	30,366	39.4	331,591
Cardiovascular Agents	1.7	0.6	0.1	0.9	60	37	4	20	36	58	29	22	821,242	29,793,093	46,180	59.9	497,688
Respiratory Agents	0.7	0.4	0.0	0.3	36	27	0	9	49	62	39	29	224,291	10,878,849	27,320	35.4	302,471
Gastrointestinal Agents	0.8	0.4	0.0	0.3	62	52	1	8	81	123	76	26	242,046	19,726,634	29,495	38.2	319,518
Genitourinary Agents	0.5	0.4	0.0	0.1	28	26	0	3	53	65	48	19	58,891	3,146,395	10,046	13.0	110,764
CNS Drugs	1.6	0.8	0.1	0.7	129	94	14	21	79	111	116	31	794,076	62,395,613	44,769	58.0	485,466
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	40	28	3	9	62	104	71	27	6,235	384,748	876	1.1	9,645
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	85	85	0	1	122	125	43	28	23,871	2,904,092	3,245	4.2	34,029
Analgesics and Anesthetics	0.8	0.3	0.1	0.4	46	37	4	6	61	105	73	17	287,707	17,654,058	34,976	45.3	379,658
Neuromuscular Agents	1.2	0.5	0.1	0.6	64	47	5	13	53	90	42	22	311,805	16,638,675	23,404	30.3	258,735
Nutritional Products	0.6	0.0	0.2	0.4	14	1	6	7	22	41	26	18	84,881	1,847,942	12,768	16.5	134,807
Hematological Agents	0.8	0.2	0.2	0.5	45	34	3	8	53	201	17	16	134,693	7,205,781	15,065	19.5	159,158
Topical Products	0.5	0.2	0.0	0.2	19	13	2	4	37	54	41	19	199,788	7,423,491	35,249	45.7	391,905
Miscellaneous Products	0.3	0.2	0.1	0.1	68	45	15	8	200	271	275	66	8,641	1,724,646	2,322	3.0	25,416
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	4,687	105,281	1,630	2.1	17,719
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,680,522	212,128,123	n.a.	n.a.	n.a.

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

- a. Table D.6 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 2001. 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 (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 Connecticut, 0.5 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 (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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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
ANTIPSYCHOTICS	\$36,860,389	28,275	36.6 %	312,744	0.9	\$127	\$118
ANTIDEPRESSANTS	19,374,624	38,659	50.1	420,661	0.8	61	46
ULCER DRUGS	17,144,181	28,109	36.4	306,804	0.6	96	56
ANTICONVULSANT	13,908,101	21,695	28.1	241,195	0.9	62	58
ANALGESICS - Narcotic	9,481,975	33,943	44.0	368,169	0.4	59	26
ANTIDIABETIC	8,771,898	23,072	29.9	253,258	0.7	52	35
ANTIHYPERTENSIVE	8,500,582	14,534	18.8	163,742	0.6	85	52
ANTIHYPERTENSIVE	7,411,848	26,364	34.2	288,622	0.6	40	26
ANTIVIRAL	7,237,131	4,037	5.2	44,451	0.5	327	163
ANALGESICS - ANTI-INFLAMMATORY	6,904,246	23,534	30.5	266,310	0.4	70	26
Total	135,594,975	242,222		2,665,956	n.a.	n.a.	n.a.

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

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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_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; n.a. = not applicable.

TABLE D.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	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 \$
All	1,749,673	\$135,594,975	28,275	36.6 %	312,744	0.9	\$118	38,659	50.1 %	420,661	0.8	\$46
Female	1,114,558	80,794,402	16,840	34.1	185,794	0.8	98	26,518	53.7	288,968	0.7	46
Disabled	409,545	34,491,371	6,871	51.8	79,065	1.0	131	9,518	71.7	108,288	0.8	51
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	349	24,879	7	20.6	78	0.4	49	5	14.7	51	2.0	92
21-44	148,234	13,011,675	2,982	59.7	34,195	1.1	135	3,791	75.9	43,096	0.8	52
45-64	257,036	21,153,799	3,838	47.8	44,314	1.0	128	5,627	70.1	64,102	0.8	50
65-74	3,926	301,018	44	20.6	478	0.8	105	95	44.4	1,039	0.6	38
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
Other Eligibles	705,013	46,303,031	9,969	27.6	106,729	0.7	75	17,000	47.1	180,680	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	4,220	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	218	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7,567	659,735	147	28.4	1,498	0.6	69	316	61.0	3,082	0.6	39
45-64	2,710	209,940	29	17.1	301	0.9	90	90	52.9	811	0.5	38
65-74	198,685	14,065,926	2,017	23.0	22,763	0.8	96	3,642	41.5	40,950	0.7	41
75-84	249,683	16,388,691	3,347	28.0	36,332	0.7	77	5,614	46.9	60,080	0.7	42
85 and older	246,338	14,974,301	4,429	30.2	45,835	0.6	63	7,338	50.1	75,757	0.8	43
Male	635,115	54,800,573	11,435	41.1	126,950	1.1	146	12,141	43.7	131,693	0.8	47
Disabled	395,426	38,969,170	8,035	55.3	91,898	1.2	171	7,011	48.3	78,700	0.8	50
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	798	45,414	21	58.3	246	1.2	104	16	44.4	185	1.2	43
21-44	186,168	19,178,169	4,336	62.2	49,620	1.2	175	3,442	49.4	38,792	0.8	51
45-64	206,111	19,566,439	3,646	49.4	41,703	1.2	168	3,503	47.5	39,233	0.8	50
65-74	2,349	179,148	32	22.7	329	0.7	106	50	35.5	490	0.5	36
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
Other Eligibles	239,689	15,831,403	3,400	25.6	35,052	0.7	82	5,130	38.6	52,993	0.7	42
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	656	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	67	6,355	3	42.9	14	1.3	240	4	57.1	20	0.9	67
21-44	3,973	436,812	62	19.0	635	0.6	87	131	40.2	1,289	0.5	36
45-64	3,571	368,870	38	16.5	399	0.7	84	104	45.0	1,031	0.6	42
65-74	97,411	6,750,245	1,097	22.1	11,905	0.9	104	1,565	31.5	17,250	0.7	41
75-84	88,432	5,556,389	1,318	27.7	13,490	0.7	75	1,917	40.3	19,708	0.8	44
85 and older	46,234	2,712,076	882	29.4	8,609	0.6	59	1,409	47.0	13,695	0.7	41
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.7A 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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, 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 D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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
All	28,109	36.4 %	306,804	\$56	0.6	21,695	28.1 %	241,195	\$58	0.9	33,943	44.0 %	363,169	0.4	\$26
Female	19,297	39.1	211,334	56	0.6	12,790	25.9	142,066	53	0.9	23,499	47.6	255,709	0.4	24
Disabled	5,124	38.6	58,719	55	0.5	6,510	49.0	74,603	67	1.0	8,177	61.6	93,670	0.4	31
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	1	2.9	6	9	0.2	8	23.5	90	146	1.5	3	8.8	33	1.0	54
21-44	1,569	31.4	18,074	49	0.5	2,849	57.0	32,606	72	1.0	2,901	58.1	33,205	0.4	32
45-64	3,476	43.3	39,816	57	0.5	3,625	45.1	41,637	63	1.0	5,187	64.6	59,520	0.5	31
65-74	78	36.4	823	53	0.5	28	13.1	270	40	0.8	86	40.2	912	0.5	26
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
Other Eligibles	14,173	39.3	152,615	57	0.6	6,280	17.4	67,463	37	0.8	15,322	42.5	162,039	0.4	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	2	50.0	23	4	0.1	0	0.0	0	0	0.0	3	75.0	35	0.1	1
15-20	1	33.3	11	10	0.1	0	0.0	0	0	0.0	1	33.3	2	0.5	16
21-44	117	22.6	1,243	38	0.4	169	32.6	1,668	47	0.7	337	65.1	3,404	0.4	33
45-64	50	29.4	460	53	0.4	54	31.8	549	42	0.7	111	65.3	1,076	0.5	28
65-74	3,686	42.0	41,762	54	0.5	1,829	20.8	20,523	42	0.8	4,447	50.6	50,418	0.4	17
75-84	4,841	40.5	52,384	57	0.6	2,272	19.0	24,706	36	0.8	5,072	42.4	54,491	0.4	19
85 and older	5,476	37.4	56,732	60	0.7	1,956	13.4	20,017	31	0.8	5,351	36.5	52,613	0.5	21
Male	8,812	31.7	95,470	55	0.6	8,905	32.0	99,129	65	1.0	10,444	37.6	112,460	0.4	30
Disabled	3,997	27.5	45,056	55	0.6	6,172	42.5	70,437	73	1.1	5,727	39.4	63,811	0.4	37
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	1	2.8	12	46	0.4	16	44.4	189	40	0.8	7	19.4	77	0.2	12
21-44	1,511	21.7	17,303	53	0.6	3,218	46.2	36,946	77	1.1	2,471	35.4	27,971	0.4	37
45-64	2,427	32.9	27,144	57	0.6	2,913	39.5	33,046	69	1.0	3,200	43.4	35,274	0.5	36
65-74	58	41.1	597	56	0.5	25	17.7	256	56	1.0	49	34.8	489	0.5	23
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
Other Eligibles	4,815	36.2	50,414	55	0.6	2,733	20.6	28,692	45	0.9	4,717	35.5	48,649	0.4	22
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	1	14.3	4	22	1.0	2	28.6	9	98	1.2	1	14.3	4	0.3	2
21-44	71	21.8	686	45	0.4	85	26.1	799	51	0.7	207	63.5	2,031	0.6	74
45-64	53	22.9	534	45	0.4	53	22.9	509	59	0.7	126	54.5	1,221	0.6	99
65-74	1,702	34.3	18,902	53	0.5	1,144	23.1	12,557	50	0.9	1,910	38.5	20,989	0.4	19
75-84	1,863	39.2	19,307	56	0.6	962	20.2	10,175	41	0.9	1,517	31.9	15,667	0.4	18
85 and older	1,125	37.5	10,981	59	0.7	487	16.2	4,643	33	0.8	956	31.9	8,737	0.4	17
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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

a. Table D.7B 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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE									
	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 \$					
All	23,072	29.9 %	253,258	0.7	\$35	14,534	18.8 %	163,742	0.6	\$52	26,364	34.2 %	288,622	0.6	\$26
Female	15,665	31.7	172,838	0.7	34	9,552	19.4	108,252	0.6	53	17,461	35.4	192,033	0.6	26
Disabled	3,885	29.3	44,426	0.7	40	2,611	19.7	30,156	0.6	51	3,272	24.7	37,254	0.6	25
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	5.9	24	0.9	46	0	0.0	0	0.0	0	1	2.9	12	0.6	19
21-44	733	14.7	8,537	0.7	40	415	8.3	4,860	0.6	46	529	10.6	6,115	0.6	20
45-64	3,042	37.9	34,705	0.7	40	2,133	26.6	24,623	0.6	52	2,647	33.0	30,121	0.6	26
65-74	108	50.5	1,160	0.6	36	63	29.4	673	0.5	49	95	44.4	1,006	0.5	23
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
Other Eligibles	11,780	32.7	128,412	0.7	32	6,941	19.2	78,096	0.6	53	14,189	39.3	154,779	0.7	26
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	2	50.0	23	0.1	6
15-20	1	33.3	11	0.4	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	52	10.0	568	0.6	41	29	5.6	323	0.5	41	57	11.0	610	0.5	16
45-64	51	30.0	466	0.6	36	24	14.1	239	0.4	44	44	25.9	455	0.5	19
65-74	4,513	51.4	50,955	0.6	36	3,092	35.2	35,290	0.6	53	4,303	49.0	48,807	0.6	26
75-84	4,384	36.7	47,749	0.7	33	2,783	23.3	31,368	0.6	54	5,110	42.7	56,486	0.6	26
85 and older	2,779	19.0	28,663	0.7	26	1,013	6.9	10,876	0.7	51	4,673	31.9	48,398	0.7	26
Male	7,407	26.6	80,420	0.7	36	4,982	17.9	55,490	0.6	51	8,903	32.0	96,589	0.6	26
Disabled	3,099	21.3	34,410	0.7	39	2,515	17.3	28,394	0.6	49	3,307	22.8	36,809	0.6	25
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	1	2.8	12	0.9	50	1	2.8	12	2.1	19	3	8.3	36	1.8	33
21-44	749	10.7	8,534	0.7	38	725	10.4	8,328	0.6	46	909	13.0	10,205	0.6	22
45-64	2,294	31.1	25,357	0.7	39	1,740	23.6	19,536	0.6	50	2,332	31.6	25,896	0.6	26
65-74	55	39.0	507	0.6	37	49	34.8	518	0.4	37	63	44.7	672	0.5	24
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
Other Eligibles	4,308	32.4	46,010	0.7	33	2,467	18.6	27,096	0.6	52	5,596	42.1	59,780	0.7	26
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	42	12.9	409	0.6	42	28	8.6	241	0.5	36	59	18.1	512	0.5	22
45-64	79	34.2	801	0.6	48	54	23.4	522	0.5	45	74	32.0	671	0.5	21
65-74	1,960	39.5	21,822	0.7	37	1,318	26.6	14,817	0.6	54	2,335	47.0	28,057	0.6	26
75-84	1,613	33.9	16,943	0.7	31	857	18.0	9,349	0.6	52	2,045	43.0	21,836	0.7	26
85 and older	614	20.5	6,035	0.7	25	210	7.0	2,167	0.6	49	1,081	36.0	10,688	0.7	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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

- a. Table D.7C 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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, 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 D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ANTIVIRAL				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Bene Mos
	No. of Users	5.2 %	44,451	0.5	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users										
All	4,037	5.2 %	44,451	0.5	\$163	0.5	23,534	30.5 %	266,310	0.4	\$26	77,157	811,070					
Female	1,601	3.2	18,100	0.4	109	0.4	16,574	33.6	187,951	0.4	29	49,351	520,651					
Disabled	978	7.4	11,272	0.5	151	0.5	6,066	45.7	69,878	0.3	23	13,273	147,630					
5 and younger	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					
15-20	1	2.9	12	0.3	6	0.3	8	23.5	81	0.1	1	34	345					
21-44	483	9.7	5,516	0.5	138	0.5	2,064	41.3	23,848	0.3	17	4,996	55,889					
45-64	484	6.0	5,626	0.5	165	0.5	3,919	48.8	45,138	0.4	26	8,029	89,348					
65-74	10	4.7	118	0.4	166	0.4	75	35.0	811	0.3	21	214	2,048					
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	0	0					
Other Eligibles	623	1.7	6,828	0.2	40	0.2	10,508	29.1	118,073	0.4	32	36,078	373,021					
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0					
6-14	3	75.0	34	0.4	116	0.4	1	25.0	12	0.1	1	4	37					
15-20	1	33.3	12	0.1	2	0.1	0	0.0	0	0.0	0	3	25					
21-44	65	12.5	605	0.7	193	0.7	201	38.8	1,986	0.3	17	518	4,290					
45-64	13	7.6	124	0.5	207	0.5	75	44.1	722	0.3	19	170	1,386					
65-74	143	1.6	1,667	0.2	43	0.2	3,666	41.8	42,359	0.3	28	8,780	95,800					
75-84	192	1.6	2,177	0.1	14	0.1	3,550	29.7	40,096	0.4	35	11,958	125,770					
85 and older	206	1.4	2,209	0.1	11	0.1	3,015	20.6	32,898	0.5	36	14,645	145,713					
Male	2,436	8.8	26,351	0.6	200	0.6	6,960	25.0	78,359	0.3	19	27,806	290,419					
Disabled	2,174	15.0	23,699	0.6	211	0.6	4,038	27.8	45,789	0.3	15	14,523	158,151					
5 and younger	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					
15-20	1	2.8	12	0.5	50	0.5	7	19.4	80	0.1	2	36	376					
21-44	1,186	17.0	12,914	0.6	197	0.6	1,754	25.2	20,034	0.2	11	6,972	76,615					
45-64	986	13.4	10,771	0.6	226	0.6	2,238	30.3	25,221	0.3	18	7,374	79,841					
65-74	1	0.7	2	0.5	7	0.5	39	27.7	454	0.4	30	141	1,319					
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	0	0					
Other Eligibles	262	2.0	2,652	0.4	101	0.4	2,922	22.0	32,570	0.4	26	13,283	132,268					
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0					
6-14	1	100.0	8	0.1	82	0.1	0	0.0	0	0.0	0	1	8					
15-20	1	14.3	4	0.8	72	0.8	0	0.0	0	0.0	0	7	43					
21-44	38	11.7	264	0.6	228	0.6	106	32.5	1,131	0.2	15	326	2,633					
45-64	15	6.5	141	0.6	227	0.6	73	31.6	745	0.2	12	231	1,880					
65-74	117	2.4	1,255	0.4	123	0.4	1,315	26.5	15,031	0.4	24	4,963	52,587					
75-84	50	1.1	579	0.2	30	0.2	961	20.2	10,804	0.4	27	4,755	47,321					
85 and older	40	1.3	401	0.1	10	0.1	467	15.6	4,859	0.5	33	3,000	27,796					
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0					

Table D7D

Dual Eligible Beneficiaries

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

- a. Table D.7D 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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, 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 D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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
All	\$266	5.7	19,743	201,324
Age				
0-64	475	7.1	1,245	13,913
65-74	353	6.7	2,103	22,148
75-84	279	6.1	5,913	60,316
85 and older	213	5.1	10,482	104,947
Unknown	0	0.0	0	0
Gender				
Female	253	5.6	14,786	151,780
Male	307	6.0	4,957	49,544
Unknown	0	0.0	0	0
Race				
White	263	5.7	17,949	182,164
African American	300	5.7	1,260	13,448
Other/unknown	301	5.9	534	5,712
Basis of Eligibility^c				
Aged	251	5.6	18,467	187,125
Disabled	474	7.1	1,276	14,199
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.3	0.2	0.0	0.1	\$17	\$15	\$0	\$2	\$54	\$82	\$47	\$15	38,271	\$2,060,597	11,661	59.1 %	123,153
Biologicals	0.1	0.0	0.0	0.1	2	1	0	2	25	29	0	23	243	6,043	231	1.2	2,563
Antineoplastic Agents	0.7	0.2	0.2	0.2	116	57	45	14	174	236	181	80	8,584	1,497,592	1,329	6.7	12,891
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	33	24	3	6	29	51	16	13	89,863	2,650,648	7,608	38.5	79,349
Cardiovascular Agents	2.0	0.6	0.2	1.2	50	24	4	23	25	42	16	19	268,708	6,687,153	12,949	65.6	133,485
Respiratory Agents	0.8	0.4	0.0	0.4	35	20	1	14	46	55	31	38	50,495	2,334,504	6,259	31.7	66,206
Gastrointestinal Agents	0.9	0.4	0.0	0.5	62	47	2	14	67	107	69	30	88,450	5,949,840	9,146	46.3	95,252
Genitourinary Agents	0.7	0.5	0.0	0.2	33	29	0	4	49	60	39	20	22,832	1,121,114	3,183	16.1	33,909
CNS Drugs	1.6	1.0	0.1	0.6	117	96	7	14	71	100	88	23	237,496	16,845,629	13,783	69.8	144,429
Stimulants/Anti-obesity/Anorexia	0.9	0.1	0.0	0.8	20	7	0	12	23	68	11	17	1,710	39,404	191	1.0	1,968
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	88	88	0	0	113	114	0	19	12,833	1,450,769	1,585	8.0	16,468
Analgesics and Anesthetics	0.9	0.5	0.1	0.3	43	37	2	4	48	75	38	12	70,179	3,379,889	7,773	39.4	78,127
Neuromuscular Agents	1.2	0.5	0.1	0.6	61	38	5	18	49	76	36	30	80,953	3,968,659	6,093	30.9	65,134
Nutritional Products	0.8	0.0	0.2	0.5	14	0	5	8	18	22	22	16	37,800	679,923	4,875	24.7	49,910
Hematological Agents	1.2	0.2	0.3	0.7	39	28	3	8	34	153	11	11	69,831	2,342,728	5,859	29.7	60,393
Topical Products	0.6	0.3	0.0	0.3	21	14	2	5	34	50	40	18	73,554	2,496,235	11,126	56.4	119,934
Miscellaneous Products	0.2	0.1	0.0	0.1	13	6	2	5	55	63	180	39	1,441	79,770	599	3.0	6,279
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	20	0	0	0	1,307	25,701	485	2.5	4,927
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.	1,154,550	53,616,198	n.a.	n.a.	n.a.

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

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 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.
- 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 (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 (May 13 2003). In Connecticut, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = 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 D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

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
ANTIPSYCHOTICS	\$9,164,129	9,091	46.0 %	98,115	0.8	\$118	\$93
ANTIDEPRESSANTS	6,336,504	12,366	62.6	130,672	0.8	58	48
ULCER DRUGS	5,218,513	7,749	39.2	80,722	0.8	85	65
ANTICONVULSANT	2,791,001	5,461	27.7	58,750	0.9	51	48
ANALGESICS - Narcotic	1,865,483	6,910	35.0	67,708	0.6	44	28
ANTIHYPERTENSIVE	1,724,298	5,928	30.0	61,678	0.9	32	28
ANTIASTHMATIC	1,661,893	6,642	33.6	68,583	0.5	49	24
ANTIDIABETIC	1,588,888	5,121	25.9	53,115	0.8	37	30
ANTINEOPLASTICS	1,497,592	1,372	6.9	13,334	0.6	174	112
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,450,769	1,586	8.0	16,474	0.8	113	88
Total	33,299,070	62,226		649,151	n.a.	n.a.	n.a.

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

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 2001. 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 2001 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_mdmb.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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
			9,091	46.0 %	98,115										
All	498,311	\$33,299,070	9,091	46.0 %	98,115	0.8	\$93	12,366	62.6 %	130,672	0.8	\$49			
Female	361,027	23,620,797	6,578	44.5	71,352	0.8	88	9,359	63.3	99,209	0.8	48			
Disabled	26,173	2,269,853	502	83.9	5,821	1.1	159	451	75.4	5,087	0.9	57			
64 or younger	25,361	2,208,729	488	84.3	5,675	1.1	160	429	74.1	4,861	0.9	57			
65-74	812	61,124	14	73.7	146	0.9	134	22	115.8	226	0.8	62			
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			
Other Eligibles	334,854	21,350,944	6,076	42.8	65,531	0.7	81	8,908	62.8	94,122	0.8	48			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	43,699	3,051,970	775	65.5	8,700	0.9	119	914	77.3	9,953	0.9	50			
75-84	116,437	7,443,767	2,061	49.6	22,579	0.8	88	2,851	68.6	30,372	0.8	49			
85 and older	174,718	10,855,207	3,240	36.6	34,252	0.6	67	5,143	58.1	53,797	0.8	47			
Male	137,284	9,678,273	2,513	50.7	26,763	0.9	109	3,007	60.7	31,463	0.8	50			
Disabled	26,972	2,489,583	524	77.3	5,986	1.2	188	425	62.7	4,692	0.9	61			
64 or younger	26,652	2,467,699	520	78.1	5,947	1.3	188	415	62.3	4,616	0.9	61			
65-74	320	21,884	4	33.3	39	0.5	65	10	83.3	76	0.8	36			
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			
Other Eligibles	110,312	7,188,690	1,989	46.5	20,777	0.8	86	2,582	60.3	26,771	0.8	48			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	30,123	2,091,525	512	57.6	5,658	0.9	117	564	63.4	6,151	0.9	50			
75-84	47,436	3,061,602	861	48.9	8,913	0.8	82	1,101	62.6	11,433	0.8	49			
85 and older	32,753	2,035,563	616	37.8	6,206	0.6	63	917	56.2	9,187	0.8	45			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 2001. 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 2001 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 (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 D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - Narcotic					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	7,749	80,722	0.8	5,461	58,750	0.9	6,910	67,708	35.0	6,910	67,708	0.6	6,910	67,708	0.6	6,910	67,708	\$28
Female	5,694	59,772	0.8	3,619	38,882	0.9	5,348	52,679	36.2	5,348	52,679	0.6	5,348	52,679	0.6	5,348	52,679	28
Disabled	257	2,914	0.7	445	5,099	1.0	246	2,663	41.1	246	2,663	1.0	246	2,663	1.0	246	2,663	42
64 or younger	249	2,830	0.7	436	5,015	1.0	235	2,555	40.6	235	2,555	1.0	235	2,555	1.0	235	2,555	41
65-74	8	84	0.8	9	84	1.1	11	108	57.9	11	108	0.9	11	108	0.9	11	108	68
75-84	0	0	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	0	0
Other Eligibles	5,437	56,858	0.8	3,174	33,783	0.9	5,102	50,016	36.0	5,102	50,016	0.6	5,102	50,016	0.6	5,102	50,016	27
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
65-74	506	5,462	0.8	568	6,210	1.0	486	5,091	41.1	486	5,091	0.7	486	5,091	0.7	486	5,091	33
75-84	1,651	17,398	0.8	1,253	13,560	0.9	1,507	15,112	36.3	1,507	15,112	0.7	1,507	15,112	0.7	1,507	15,112	31
85 and older	3,280	33,998	0.8	1,353	14,013	0.8	3,109	29,813	35.1	3,109	29,813	0.6	3,109	29,813	0.6	3,109	29,813	24
Male	2,055	20,950	0.8	1,842	19,868	1.0	1,562	15,029	31.5	1,562	15,029	0.6	1,562	15,029	0.6	1,562	15,029	27
Disabled	290	3,101	0.8	449	5,090	1.1	210	2,236	31.0	210	2,236	0.9	210	2,236	0.9	210	2,236	53
64 or younger	279	3,010	0.8	443	5,043	1.1	205	2,200	30.8	205	2,200	0.9	205	2,200	0.9	205	2,200	54
65-74	11	91	0.9	6	47	1.1	5	36	41.7	5	36	0.4	5	36	0.4	5	36	9
75-84	0	0	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	0	0
Other Eligibles	1,765	17,849	0.8	1,393	14,778	1.0	1,352	12,793	31.6	1,352	12,793	0.6	1,352	12,793	0.6	1,352	12,793	23
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0
65-74	372	3,945	0.8	500	5,500	1.0	292	3,013	32.8	292	3,013	0.6	292	3,013	0.6	292	3,013	26
75-84	756	7,661	0.8	571	6,101	1.0	557	5,301	31.7	557	5,301	0.6	557	5,301	0.6	557	5,301	24
85 and older	637	6,243	0.7	322	3,177	0.9	503	4,479	30.8	503	4,479	0.5	503	4,479	0.5	503	4,479	18
Unknown	0	0	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 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 2001. 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 2001 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 (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 D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANTIDIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx
All	5,928	61,678	0.9	\$28	0.9	6,642	68,583	0.5	\$24	0.5	5,121	53,115	0.8	\$30	0.8
Female	4,203	43,890	0.9	27	0.9	4,755	49,463	0.5	24	0.5	3,685	38,519	0.8	30	0.8
Disabled	141	1,618	0.8	29	0.8	185	2,020	0.5	26	0.5	195	2,229	0.9	39	0.9
64 or younger	136	1,568	0.8	29	0.8	181	1,978	0.5	25	0.5	180	2,064	0.9	40	0.9
65-74	5	50	1.0	29	1.0	4	42	0.8	55	0.8	15	165	0.9	34	0.9
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
Other Eligibles	4,062	42,272	0.9	27	0.9	4,570	47,443	0.5	23	0.5	3,490	36,290	0.8	29	0.8
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0
65-74	359	3,873	0.9	29	0.9	495	5,304	0.7	33	0.7	554	5,896	0.8	34	0.8
75-84	1,273	13,404	0.9	28	0.9	1,525	16,080	0.5	27	0.5	1,337	13,906	0.8	30	0.8
85 and older	2,430	24,995	0.9	27	0.9	2,550	26,059	0.4	19	0.4	1,599	16,488	0.8	27	0.8
Male	1,725	17,788	0.9	30	0.9	1,887	19,120	0.5	26	0.5	1,436	14,596	0.8	30	0.8
Disabled	169	1,834	0.9	31	0.9	223	2,515	0.6	31	0.6	198	2,126	0.8	35	0.8
64 or younger	166	1,823	0.9	31	0.9	215	2,454	0.6	31	0.6	192	2,085	0.8	35	0.8
65-74	3	11	0.7	24	0.7	8	61	0.8	47	0.8	6	41	0.9	38	0.9
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
Other Eligibles	1,556	15,954	0.9	29	0.9	1,664	16,605	0.5	25	0.5	1,238	12,470	0.8	29	0.8
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0
65-74	343	3,693	0.9	31	0.9	358	3,790	0.6	27	0.6	328	3,484	0.8	31	0.8
75-84	658	6,740	0.9	29	0.9	688	6,974	0.5	27	0.5	574	5,758	0.8	30	0.8
85 and older	555	5,521	0.9	29	0.9	618	5,841	0.5	22	0.5	336	3,228	0.8	26	0.8
Unknown	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0

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

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 2001. 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 2001 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 (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 D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	ANTINEOPLASTICS										MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL											
	Users as %					Users as %					Users as %					Users as %						
	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean Rx	Mean Rx-\$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
All	1,372	13,334	0.6	\$112	0.6	1,586	16,474	0.8	\$88	0.8	1,586	16,474	0.8	\$88	0.8	1,586	16,474	0.8	\$88	0.8	19,743	201,324
Female	1,045	10,156	0.7	96	0.7	1,201	12,598	0.8	89	0.8	1,201	12,598	0.8	89	0.8	1,201	12,598	0.8	89	0.8	14,786	151,780
Disabled	36	376	0.8	445	0.8	29	324	0.8	144	0.8	29	324	0.8	144	0.8	29	324	0.8	144	0.8	598	6,749
64 or younger	35	368	0.8	454	0.8	29	324	0.8	144	0.8	29	324	0.8	144	0.8	29	324	0.8	144	0.8	579	6,566
65-74	1	8	0.5	27	0.5	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	19	183
75-84	0	0	0.0	0	0.0	0	0	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	0	0	0.0	0	0.0	0	0
Other Eligibles	1,009	9,780	0.7	83	0.7	1,172	12,274	0.8	87	0.8	1,172	12,274	0.8	87	0.8	1,172	12,274	0.8	87	0.8	14,188	145,031
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	77	839	0.7	116	0.7	72	745	0.8	87	0.8	72	745	0.8	87	0.8	72	745	0.8	87	0.8	1,183	12,675
75-84	286	2,806	0.7	79	0.7	445	4,637	0.8	86	0.8	445	4,637	0.8	86	0.8	445	4,637	0.8	86	0.8	4,154	43,093
85 and older	646	6,135	0.6	80	0.6	655	6,892	0.8	88	0.8	655	6,892	0.8	88	0.8	655	6,892	0.8	88	0.8	8,851	89,263
Male	327	3,178	0.6	164	0.6	385	3,876	0.8	86	0.8	385	3,876	0.8	86	0.8	385	3,876	0.8	86	0.8	4,957	49,544
Disabled	34	378	0.7	307	0.7	26	282	0.8	153	0.8	26	282	0.8	153	0.8	26	282	0.8	153	0.8	678	7,450
64 or younger	33	374	0.7	309	0.7	26	282	0.8	153	0.8	26	282	0.8	153	0.8	26	282	0.8	153	0.8	666	7,347
65-74	1	4	0.8	106	0.8	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	12	103
75-84	0	0	0.0	0	0.0	0	0	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	0	0	0.0	0	0.0	0	0
Other Eligibles	293	2,800	0.6	145	0.6	359	3,594	0.8	81	0.8	359	3,594	0.8	81	0.8	359	3,594	0.8	81	0.8	4,279	42,094
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
65-74	61	613	0.6	121	0.6	60	613	0.8	83	0.8	60	613	0.8	83	0.8	60	613	0.8	83	0.8	889	9,187
75-84	124	1,177	0.6	159	0.6	162	1,576	0.8	79	0.8	162	1,576	0.8	79	0.8	162	1,576	0.8	79	0.8	1,759	17,223
85 and older	108	1,010	0.5	144	0.5	137	1,405	0.8	83	0.8	137	1,405	0.8	83	0.8	137	1,405	0.8	83	0.8	1,631	15,684
Unknown	0	0	0.0	0	0.0	0	0	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 2001 file for Connecticut, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 7,564 beneficiaries who were in nursing facilities for part of their enrollment and their 73,397 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 2001. 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 2001 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 (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 D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx		Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
		52.9 %	4.3	4.3	\$105	\$8,076,800	\$24				
All	40,829	52.9 %	4.3	4.3	\$105	\$8,076,800	\$24	3.8 %	77,157		
Age											
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	0.0	0
6-14	3	60.0	2.2	11	135	674	61	2.4	61	2.4	5
15-20	29	36.3	2.3	186	77	6,149	33	4.8	33	4.8	80
21-44	6,294	49.1	4.7	60,760	126	1,609,319	26	3.6	26	3.6	12,812
45-64	9,014	57.0	5.6	88,231	148	2,346,856	27	4.0	27	4.0	15,804
65-74	7,147	50.7	3.9	54,639	94	1,318,526	24	3.8	24	3.8	14,098
75-84	8,799	52.6	3.8	63,543	87	1,448,941	23	3.7	23	3.7	16,713
85 and older	9,543	54.1	3.7	64,535	76	1,346,335	21	3.9	21	3.9	17,645
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0.0	0
Basis of Eligibility^c											
Aged	25,307	52.7	3.8	181,609	85	4,081,718	22	3.8	22	3.8	48,022
Disabled	14,962	53.8	5.3	146,635	140	3,890,875	27	3.8	27	3.8	27,796
Adults	545	41.8	2.8	3,596	78	102,140	28	3.8	28	3.8	1,303
Children	13	38.2	1.5	52	55	1,859	36	2.4	36	2.4	34
Unknown	2	100.0	6.5	13	104	208	16	13.4	16	13.4	2
Gender											
Female	27,754	56.2	4.5	223,607	105	5,178,912	23	3.9	23	3.9	49,351
Male	13,075	47.0	3.9	108,298	104	2,897,888	27	3.6	27	3.6	27,806
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0.0	0
Race											
White	30,825	54.1	4.6	264,177	110	6,285,981	24	3.9	24	3.9	57,021
African American	4,812	49.3	3.7	35,758	102	992,250	28	3.8	28	3.8	9,752
Other/unknown	5,192	50.0	3.1	31,970	77	798,569	25	3.5	25	3.5	10,384
Use of Nursing Facilities^d											
Entire year	10,934	55.4	4.2	83,004	90	1,773,346	21	3.3	21	3.3	19,743
Part year	4,939	65.3	4.8	36,668	103	775,351	21	3.8	21	3.8	7,564
None	24,956	50.1	4.3	212,233	111	5,528,103	26	4.0	26	4.0	49,850
Maintenance Assistance Status											
Cash	8,036	52.3	4.9	76,078	122	1,873,140	25	3.7	25	3.7	15,370
Medically needy	11,350	50.6	4.1	91,434	106	2,372,773	26	3.9	26	3.9	22,413
Poverty related	558	31.7	1.6	2,750	54	95,092	35	5.0	35	5.0	1,761
Other/unknown	20,885	55.5	4.3	161,643	99	3,735,795	23	3.8	23	3.8	37,613

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

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.4	\$10	\$24	\$0	\$4	811,070
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.2	15	61	0	0	45
15-20	0.2	8	33	0	1	789
21-44	0.4	12	26	0	6	139,427
45-64	0.5	14	27	0	6	172,455
65-74	0.4	9	24	0	3	151,754
75-84	0.4	8	23	0	2	173,091
85 and older	0.4	8	21	0	2	173,509
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	8	22	0	2	494,367
Disabled	0.5	13	27	0	6	305,781
Adults	0.3	10	28	0	5	10,676
Children	0.2	8	36	0	1	234
Unknown	1.1	17	16	0	17	12
Gender						
Female	0.4	10	23	0	4	520,651
Male	0.4	10	27	0	4	290,419
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	11	24	0	4	596,169
African American	0.3	9	28	0	2	104,741
Other/unknown	0.3	7	25	0	2	110,160
Use of Nursing Facilities^d						
Entire year	0.4	9	21	0	3	201,324
Part year	0.5	11	21	0	3	73,397
None	0.4	10	26	0	4	536,349
Maintenance Assistance Status						
Cash	0.4	11	25	0	5	172,955
Medically needy	0.4	10	26	0	4	235,771
Poverty related	0.1	5	35	0	2	18,800
Other/unknown	0.4	10	23	0	3	383,544

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

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 CONNECTICUT, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	58,227	\$139	\$8,076,800	100.0 %	331,905	\$24	100.0 %
Anorexia or weight loss/gain	550	226	124,501	1.5	943	132	0.3
Fertility drugs	228	32	7,405	0.1	257	29	0.1
Drugs for cosmetic purposes	248	856	212,369	2.6	1,332	159	0.4
Cough and cold medications	10,515	90	947,266	11.7	31,143	30	9.4
Vitamins and minerals	12,464	131	1,632,379	20.2	80,618	20	24.3
Non-prescription drugs	12,479	137	1,705,660	21.1	59,508	29	17.9
Barbiturates	849	70	59,705	0.7	9,139	7	2.8
Benzodiazepines	19,112	158	3,020,769	37.4	141,144	21	42.5
Other Part D Excl Rx Drugs	1,782	206	366,746	4.5	7,821	47	2.4

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

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 CONNECTICUT, 2001

Total Number of Dual Eligible Beneficiaries 77,157
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$212,128,123
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,749

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,443	9.6 %	\$0	0.0 %
1-500	12,456	16.1	2,772,734	1.3
501-1,000	8,681	11.3	6,452,346	3.0
1,001-1,500	7,243	9.4	9,015,261	4.2
1,501-2,000	6,305	8.2	11,013,753	5.2
2,001-2,500	5,458	7.1	12,255,220	5.8
2,501-3,000	4,621	6.0	12,687,310	6.0
3,001-3,500	3,860	5.0	12,526,638	5.9
3,501-4,000	3,235	4.2	12,094,867	5.7
4,001-4,500	2,815	3.6	11,945,094	5.6
4,501-5,000	2,281	3.0	10,818,212	5.1
5,001-5,500	1,894	2.5	9,923,709	4.7
5,501-6,000	1,616	2.1	9,283,392	4.4
6,001-6,500	1,385	1.8	8,650,267	4.1
6,501-7,000	1,087	1.4	7,327,290	3.5
7,001-7,500	915	1.2	6,630,503	3.1
7,501-8,000	747	1.0	5,790,115	2.7
8,001-8,500	625	0.8	5,146,310	2.4
8,501-9,000	582	0.8	5,086,769	2.4
9,001-9,500	499	0.6	4,614,693	2.2
9,501-10,000	432	0.6	4,205,802	2.0
10,001+	2,977	3.9	43,887,838	20.7

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

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 2001.

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^{a, b, c}
 CONNECTICUT, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 27,441
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$100,738,064
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,671

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			9.5 %		
\$0	2,611		0		0.0 %
1-500	4,387	16.0	897,976	0.9	0.9
501-1,000	2,537	9.2	1,873,429	1.9	1.9
1,001-1,500	2,072	7.6	2,572,871	2.6	2.6
1,501-2,000	1,707	6.2	2,980,469	3.0	3.0
2,001-2,500	1,553	5.7	3,494,116	3.5	3.5
2,501-3,000	1,338	4.9	3,669,295	3.6	3.6
3,001-3,500	1,161	4.2	3,767,853	3.7	3.7
3,501-4,000	1,029	3.7	3,852,137	3.8	3.8
4,001-4,500	924	3.4	3,924,696	3.9	3.9
4,501-5,000	861	3.1	4,089,852	4.1	4.1
5,001-5,500	732	2.7	3,836,728	3.8	3.8
5,501-6,000	737	2.7	4,235,055	4.2	4.2
6,001-6,500	645	2.4	4,028,612	4.0	4.0
6,501-7,000	542	2.0	3,656,487	3.6	3.6
7,001-7,500	486	1.8	3,524,033	3.5	3.5
7,501-8,000	432	1.6	3,349,691	3.3	3.3
8,001-8,500	388	1.4	3,195,536	3.2	3.2
8,501-9,000	366	1.3	3,200,165	3.2	3.2
9,001-9,500	333	1.2	3,080,452	3.1	3.1
9,501-10,000	275	1.0	2,677,285	2.7	2.7
10,001+	2,325	8.5	34,831,326	34.6	34.6

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

- 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 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 CONNECTICUT, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 48,456
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$108,727,700
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,244

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,546	9.4 %	0	0.0 %
1-500	7,730	16.0	1,812,314	1.7
501-1,000	6,027	12.4	4,494,934	4.1
1,001-1,500	5,082	10.5	6,330,451	5.8
1,501-2,000	4,523	9.3	7,902,809	7.3
2,001-2,500	3,844	7.9	8,624,628	7.9
2,501-3,000	3,247	6.7	8,919,258	8.2
3,001-3,500	2,660	5.5	8,631,606	7.9
3,501-4,000	2,180	4.5	8,145,847	7.5
4,001-4,500	1,866	3.9	7,914,528	7.3
4,501-5,000	1,401	2.9	6,638,844	6.1
5,001-5,500	1,153	2.4	6,040,008	5.6
5,501-6,000	865	1.8	4,967,419	4.6
6,001-6,500	727	1.5	4,541,220	4.2
6,501-7,000	535	1.1	3,602,556	3.3
7,001-7,500	414	0.9	2,996,841	2.8
7,501-8,000	301	0.6	2,331,469	2.1
8,001-8,500	228	0.5	1,876,047	1.7
8,501-9,000	210	0.4	1,834,879	1.7
9,001-9,500	163	0.3	1,506,589	1.4
9,501-10,000	147	0.3	1,430,831	1.3
10,001+	607	1.3	8,184,622	7.5

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

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 2001.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 CONNECTICUT, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 14,098
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$35,061,170
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,487

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		11.2 %	0.0 %		
\$0	1,577			0	0.0 %
1-500	2,087	14.8		471,179	1.3
501-1,000	1,590	11.3		1,192,493	3.4
1,001-1,500	1,325	9.4		1,645,945	4.7
1,501-2,000	1,240	8.8		2,168,396	6.2
2,001-2,500	1,041	7.4		2,337,153	6.7
2,501-3,000	907	6.4		2,496,384	7.1
3,001-3,500	740	5.2		2,396,913	6.8
3,501-4,000	645	4.6		2,410,482	6.9
4,001-4,500	543	3.9		2,310,409	6.6
4,501-5,000	426	3.0		2,019,671	5.8
5,001-5,500	360	2.6		1,889,599	5.4
5,501-6,000	273	1.9		1,567,473	4.5
6,001-6,500	254	1.8		1,586,573	4.5
6,501-7,000	172	1.2		1,156,687	3.3
7,001-7,500	131	0.9		949,104	2.7
7,501-8,000	121	0.9		939,624	2.7
8,001-8,500	96	0.7		787,360	2.2
8,501-9,000	104	0.7		909,930	2.6
9,001-9,500	67	0.5		620,001	1.8
9,501-10,000	66	0.5		643,707	1.8
10,001+	333	2.4		4,562,087	13.0

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

- 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 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 CONNECTICUT, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 16,713
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$39,054,789
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,337

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,606	9.6 %	0	0.0 %
1-500	2,396	14.3	573,094	1.5
501-1,000	1,957	11.7	1,462,698	3.7
1,001-1,500	1,712	10.2	2,135,229	5.5
1,501-2,000	1,492	8.9	2,615,204	6.7
2,001-2,500	1,379	8.3	3,097,163	7.9
2,501-3,000	1,152	6.9	3,164,750	8.1
3,001-3,500	966	5.8	3,140,049	8.0
3,501-4,000	802	4.8	2,993,806	7.7
4,001-4,500	712	4.3	3,015,354	7.7
4,501-5,000	546	3.3	2,589,865	6.6
5,001-5,500	425	2.5	2,221,129	5.7
5,501-6,000	323	1.9	1,855,517	4.8
6,001-6,500	287	1.7	1,795,171	4.6
6,501-7,000	215	1.3	1,451,196	3.7
7,001-7,500	180	1.1	1,303,811	3.3
7,501-8,000	113	0.7	874,668	2.2
8,001-8,500	88	0.5	726,651	1.9
8,501-9,000	64	0.4	557,955	1.4
9,001-9,500	64	0.4	589,963	1.5
9,501-10,000	49	0.3	476,529	1.2
10,001+	185	1.1	2,414,987	6.2

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

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 2001.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 CONNECTICUT, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,645
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$34,611,741
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,962

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,363	7.7 %	0	0.0 %
1-500	3,247	18.4	768,041	2.2
501-1,000	2,480	14.1	1,839,743	5.3
1,001-1,500	2,045	11.6	2,549,277	7.4
1,501-2,000	1,791	10.2	3,119,209	9.0
2,001-2,500	1,424	8.1	3,190,312	9.2
2,501-3,000	1,188	6.7	3,258,124	9.4
3,001-3,500	954	5.4	3,094,644	8.9
3,501-4,000	733	4.2	2,741,559	7.9
4,001-4,500	611	3.5	2,588,765	7.5
4,501-5,000	429	2.4	2,029,308	5.9
5,001-5,500	368	2.1	1,929,280	5.6
5,501-6,000	269	1.5	1,544,429	4.5
6,001-6,500	186	1.1	1,159,476	3.3
6,501-7,000	148	0.8	994,673	2.9
7,001-7,500	103	0.6	743,926	2.1
7,501-8,000	67	0.4	517,177	1.5
8,001-8,500	44	0.2	362,036	1.0
8,501-9,000	42	0.2	366,994	1.1
9,001-9,500	32	0.2	296,625	0.9
9,501-10,000	32	0.2	310,595	0.9
10,001+	89	0.5	1,207,548	3.5

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

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 2001.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	77,261	48,022	27,796	1,397	44	2	813,720	494,370	12,939	351	12
Age											
5 and younger	0	0	0	0	0	0		0	0	0	0
6-14	5	0	0	0	5	0	46	0	0	46	0
15-20	84	0	70	0	14	0	892	0	746	146	0
21-44	12,882	0	11,968	895	19	0	141,168	0	8,362	128	0
45-64	15,827	0	15,403	419	4	1	173,126	0	169,250	22	6
65-74	14,105	13,675	355	72	2	1	151,888	147,868	631	9	6
75-84	16,713	16,703	0	10	0	0	173,091	172,994	97	0	0
85 and older	17,645	17,644	0	1	0	0	173,509	173,508	1	0	0
Unknown	0	0	0	0	0	0		0	0	0	0
Gender											
Female	49,427	35,352	13,273	779	21	2	522,438	366,997	7,441	164	12
Male	27,834	12,670	14,523	618	23	0	291,282	127,373	5,498	187	0
Unknown	0	0	0	0	0	0		0	0	0	0
Race											
White	57,072	37,105	19,170	772	23	2	597,524	376,435	7,126	153	12
African American	9,777	5,098	4,389	280	10	0	105,393	55,338	2,662	102	0
Other/unknown	10,412	5,819	4,237	345	11	0	110,803	62,597	3,151	96	0
Use of Nursing Facilities^c											
Entire year	19,743	18,467	1,276	0	0	0	201,324	187,125	0	0	0
Part year	7,564	6,613	948	3	0	0	73,405	63,268	26	0	0
None	49,954	22,942	25,572	1,394	44	2	538,991	243,977	12,913	351	12
Maintenance Assistance Status											
Cash	15,409	5,751	9,534	124	0	0	173,634	64,785	1,243	0	0
Medically needy	22,414	10,996	11,397	17	4	0	235,934	113,178	89	31	0
Poverty related	1,766	715	1,012	16	21	2	18,861	7,657	92	145	12
Other/unknown	37,672	30,560	5,853	1,240	19	0	385,291	308,750	11,515	175	0
Dual Status^d											
Full dual, all year	72,890	46,022	25,530	1,292	44	2	765,498	472,680	11,729	351	12
Full dual, part year	4,371	2,000	2,266	105	0	0	48,222	21,690	1,210	0	0
Managed Care Status											
FFS all year	76,810	48,021	27,735	1,028	24	2	809,300	494,363	9,352	197	12
FFS part year, with Rx claims	266	1	58	201	6	0	2,749	7	636	61	0
FFS part year, no Rx claims	81	0	3	74	4	0	697	0	632	29	0
MC all year, with Rx claims	1	0	0	0	1	0	12	0	0	12	0
MC all year, no Rx claims	103	0	0	94	9	0	962	0	910	52	0

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

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2001. 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^a
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		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
All	77,261	813,720	77,157	811,070	0	2,650
FFS all year	76,810	809,300	76,810	809,300	0	0
FFS part year, with Rx claims	266	2,749	266	1,516	0	1,233
FFS part year, with no Rx claims	81	697	81	254	0	443
MC all year, with Rx claims	1	12	0	0	0	12
MC all year, with no Rx claims	103	962	0	0	0	962

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.