

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

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TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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>17,838</b>	<b>8,275</b>	<b>9,198</b>	<b>360</b>	<b>5</b>	<b>0</b>	<b>185,267</b>	<b>85,831</b>	<b>96,314</b>	<b>3,071</b>	<b>51</b>	<b>0</b>
<b>Age</b>												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	3	0	0	0	3	0	36	0	0	0	36	0
15-20	18	0	16	2	0	0	175	0	157	18	0	0
21-44	2,530	3	2,417	109	1	0	25,374	25	24,351	995	3	0
45-64	3,892	15	3,704	172	1	0	40,153	121	38,451	1,569	12	0
65-74	5,040	2,760	2,216	64	0	0	52,959	28,451	24,114	394	0	0
75-84	4,032	3,361	659	12	0	0	42,776	35,422	7,266	88	0	0
85 and older	2,322	2,136	185	1	0	0	23,782	21,812	1,963	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,413	6,132	5,059	221	1	0	121,023	64,661	54,501	1,849	12	0
Male	6,425	2,143	4,139	139	4	0	64,244	21,170	41,813	1,222	39	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	1,156	558	588	10	0	0	11,293	5,585	5,630	78	0	0
African American	13,986	6,413	7,232	336	5	0	144,913	66,247	75,727	2,888	51	0
Other/unknown	2,696	1,304	1,378	14	0	0	29,061	13,999	14,957	105	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,192	2,020	129	43	0	0	22,721	20,880	1,369	472	0	0
Part year	1,128	961	141	26	0	0	11,201	9,477	1,497	227	0	0
None	14,518	5,294	8,928	291	5	0	151,345	55,474	93,448	2,372	51	0
<b>Maintenance Assistance Status</b>												
Cash	8,941	2,923	5,809	207	2	0	96,033	31,777	62,509	1,732	15	0
Medically needy	4,448	3,023	1,281	144	0	0	42,619	29,376	11,977	1,266	0	0
Poverty-related	3,668	1,747	1,911	8	2	0	38,416	18,675	19,652	65	24	0
Other/unknown	781	582	197	1	1	0	8,199	6,003	2,176	8	12	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
<b>Managed Care Status</b>												
FFS all year	17,767	8,273	9,179	311	4	0	184,941	85,811	96,189	2,893	48	0
FFS part year, with Rx claims	43	2	15	26	0	0	240	20	113	107	0	0
FFS part year, no Rx claims	28	0	4	23	1	0	86	0	12	71	3	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 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	66.2 %	27.9	\$1,592	\$57	\$13,723	11.6 %	17,838
<b>Age</b>							
5 and younger	100.0	48.0	2,823	59	5,176	54.5	1
6-14	100.0	42.0	4,914	117	17,858	27.5	3
15-20	44.4	16.3	1,663	102	5,458	30.5	18
21-44	66.3	23.6	2,290	97	11,124	20.6	2,530
45-64	75.0	35.7	2,323	65	12,075	19.2	3,892
65-74	69.9	30.3	1,413	47	9,589	14.7	5,040
75-84	63.8	26.2	1,169	45	15,407	7.6	4,032
85 and older	47.2	17.4	723	42	25,431	2.8	2,322
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	56.0	21.6	972	45	18,079	5.4	8,275
Disabled	75.5	33.8	2,163	64	9,916	21.8	9,198
Adults	60.3	21.7	1,216	56	10,894	11.2	360
Children	80.0	38.2	3,608	95	11,635	31.0	5
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	69.2	30.5	1,528	50	13,580	11.3	11,413
Male	60.7	23.3	1,705	73	13,978	12.2	6,425
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	51.4	25.2	1,700	68	18,413	9.2	1,156
African American	66.8	28.5	1,629	57	14,223	11.5	13,986
Other/unknown	69.3	25.9	1,352	52	9,118	14.8	2,696
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	17.1	9.9	433	44	48,540	0.9	2,192
Part year	41.1	15.3	731	48	32,417	2.3	1,128
None	75.5	31.6	1,834	58	7,014	26.1	14,518
<b>Maintenance Assistance Status</b>							
Cash	72.7	30.8	1,748	57	7,193	24.3	8,941
Medically needy	37.8	16.6	939	57	35,410	2.7	4,448
Poverty related	82.1	34.5	2,025	59	5,366	37.7	3,668
Other/unknown	77.8	27.6	1,490	54	4,222	35.3	781

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 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	2.7	\$153	11.6 %	33.8 %	16.9 %	10.0 %	23.6 %	13.4 %	2.4 %	\$1,321	17,838	185,267
<b>Age</b>												
5 and younger	4.0	235	54.5	0.0	0.0	0.0	100.0	0.0	0.0	431	1	12
6-14	3.5	410	27.5	0.0	0.0	66.7	0.0	33.3	0.0	1,488	3	36
15-20	1.7	171	30.5	55.6	16.7	5.6	16.7	5.6	0.0	561	18	175
21-44	2.4	228	20.6	33.7	23.9	10.3	19.1	10.9	2.0	1,109	2,530	25,374
45-64	3.5	225	19.2	25.0	16.4	10.1	27.0	17.4	4.1	1,170	3,892	40,153
65-74	2.9	135	14.7	30.1	17.2	10.5	24.7	15.2	2.3	913	5,040	52,959
75-84	2.5	110	7.6	36.2	15.1	10.3	24.7	12.2	1.6	1,452	4,032	42,776
85 and older	1.7	71	2.8	52.8	12.7	7.7	18.3	7.2	1.2	2,483	2,322	23,782
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	2.1	94	5.4	44.0	15.0	9.0	20.9	9.6	1.4	1,743	8,275	85,831
Disabled	3.2	207	21.8	24.5	18.5	11.0	26.1	16.8	3.2	947	9,198	96,314
Adults	2.5	143	11.2	39.7	20.3	6.1	19.7	11.1	3.1	1,277	360	3,071
Children	3.7	354	31.0	20.0	0.0	40.0	20.0	20.0	0.0	1,141	5	51
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	2.9	144	11.3	30.8	15.6	10.5	25.7	15.0	2.4	1,281	11,413	121,023
Male	2.3	171	12.2	39.3	19.3	9.0	19.8	10.4	2.2	1,398	6,425	64,244
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.6	174	9.2	48.6	12.1	5.9	17.5	12.4	3.5	1,885	1,156	11,293
African American	2.8	157	11.5	33.2	16.3	10.1	24.1	13.8	2.4	1,373	13,986	144,913
Other/unknown	2.4	125	14.8	30.7	22.1	10.8	23.6	11.2	1.6	846	2,696	29,061
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	1.0	42	0.9	82.9	2.4	1.5	5.1	6.1	2.1	4,683	2,192	22,721
Part year	1.5	74	2.3	58.9	13.6	7.7	10.6	7.5	1.7	3,265	1,128	11,201
None	3.0	176	26.1	24.5	19.4	11.4	27.4	14.9	2.4	673	14,518	151,345
<b>Maintenance Assistance Status</b>												
Cash	2.9	163	24.3	27.3	19.5	10.3	26.0	14.4	2.4	670	8,941	96,033
Medically needy	1.7	98	2.7	62.2	8.9	5.3	12.1	9.2	2.3	3,696	4,448	42,619
Poverty related	3.3	193	37.7	17.9	19.1	13.9	30.1	16.6	2.4	512	3,668	38,416
Other/unknown	2.6	142	35.3	22.2	22.9	13.7	29.8	9.7	1.7	402	781	8,199

Table D4

Dual Eligible Beneficiaries

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 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

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
All	2.7	\$153	\$57	1.2	\$118	\$96	0.2	\$10	\$54	1.2	\$24	\$19
<b>Age</b>												
5 and younger	4.0	235	59	2.3	195	84	0.1	2	20	1.6	39	24
6-14	3.5	410	117	1.3	245	184	0.5	130	276	1.7	34	20
15-20	1.7	171	102	0.9	150	170	0.0	4	228	0.8	16	21
21-44	2.4	228	97	1.1	193	170	0.2	14	86	1.0	21	20
45-64	3.5	225	65	1.6	179	112	0.2	13	59	1.6	32	20
65-74	2.9	135	47	1.3	99	74	0.2	9	48	1.3	25	19
75-84	2.5	110	45	1.1	80	72	0.2	8	43	1.1	22	19
85 and older	1.7	71	42	0.7	48	70	0.2	7	42	0.8	15	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	2.1	94	45	0.9	68	72	0.2	7	44	1.0	18	19
Disabled	3.2	207	64	1.5	164	110	0.2	13	61	1.5	29	20
Adults	2.5	143	56	1.1	111	98	0.1	7	49	1.2	24	19
Children	3.7	354	95	1.6	223	140	0.3	92	276	1.8	39	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	2.9	144	50	1.3	108	82	0.2	10	49	1.3	25	19
Male	2.3	171	73	1.1	137	129	0.2	11	66	1.1	22	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.6	174	68	1.2	135	115	0.2	14	62	1.1	24	21
African American	2.8	157	57	1.3	122	96	0.2	10	54	1.3	25	19
Other/unknown	2.4	125	52	1.1	95	86	0.2	9	52	1.1	21	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.0	42	44	0.4	29	75	0.1	5	37	0.4	8	18
Part year	1.5	74	48	0.6	53	82	0.2	7	42	0.7	13	18
None	3.0	176	58	1.4	137	97	0.2	11	56	1.4	27	20
<b>Maintenance Assistance Status</b>												
Cash	2.9	163	57	1.3	126	95	0.2	10	55	1.3	25	19
Medically needy	1.7	98	57	0.7	74	100	0.2	8	46	0.8	16	20
Poverty related	3.3	193	59	1.5	150	98	0.2	13	59	1.5	30	20
Other/unknown	2.6	142	54	1.3	111	88	0.2	8	51	1.2	22	19

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 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 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).
- 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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. Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.3	0.0	0.1	\$72	\$70	\$0	\$2	\$168	\$236	\$90	\$14	28,235	\$4,743,479	5,836	32.7 %	66,080
Biologics	0.1	0.0	0.0	0.1	3	1	0	2	28	35	0	25	16	448	16	0.1	158
Antineoplastic Agents	0.4	0.2	0.1	0.1	90	49	32	10	202	262	217	85	3,272	659,853	657	3.7	7,299
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	38	33	1	4	43	61	23	13	42,903	1,866,189	4,364	24.5	49,204
Cardiovascular Agents	1.7	0.8	0.1	0.9	65	43	4	19	38	56	44	22	167,181	6,404,433	8,769	49.2	98,362
Respiratory Agents	0.7	0.4	0.0	0.2	34	28	0	5	48	63	36	21	37,339	1,804,475	4,676	26.2	53,163
Gastrointestinal Agents	0.5	0.2	0.0	0.2	31	22	3	6	65	110	67	26	24,064	1,560,553	4,445	24.9	50,277
Genitourinary Agents	0.4	0.3	0.0	0.1	22	21	0	1	57	66	40	16	5,689	323,684	1,295	7.3	14,848
CNS Drugs	0.9	0.4	0.1	0.4	80	66	6	8	89	153	110	20	46,895	4,153,750	4,647	26.1	52,235
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.3	27	17	3	7	57	109	62	25	287	16,310	56	0.3	598
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	41	38	0	3	110	116	82	68	1,705	188,139	407	2.3	4,546
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	20	12	2	6	35	116	93	14	39,707	1,400,173	6,118	34.3	69,428
Neuromuscular Agents	0.7	0.3	0.1	0.4	35	25	3	8	47	97	34	19	24,931	1,182,883	2,952	16.5	33,379
Nutritional Products	0.5	0.1	0.2	0.3	7	1	4	3	14	10	25	9	20,169	283,312	3,424	19.2	38,777
Hematological Agents	0.6	0.2	0.1	0.3	60	54	1	4	105	272	19	15	14,495	1,526,949	2,275	12.8	25,441
Topical Products	0.6	0.3	0.1	0.2	29	21	3	4	51	66	52	25	34,661	1,769,246	5,424	30.4	61,880
Miscellaneous Products	0.5	0.2	0.1	0.2	121	82	28	11	236	339	263	69	1,552	366,813	272	1.5	3,023
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	32	0	0	0	4,498	144,599	1,171	6.6	13,346
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	497,599	28,395,288	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 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](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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
ANTIVIRAL	\$3,690,501	1,765	9.9 %	19,068	0.5	\$357	\$194
ANTIPSYCHOTICS	2,884,602	2,262	12.7	25,441	0.7	174	113
ANTIHYPERTENSIVE	1,815,720	7,354	41.2	83,305	0.6	37	22
CALCIUM BLOCKERS	1,754,470	4,388	24.6	49,544	0.7	53	35
ANTHYPERLIPIDEMIC	1,689,797	2,938	16.5	33,632	0.6	83	50
ANTIDIABETIC	1,658,639	4,882	27.4	55,274	0.6	49	30
ULCER DRUGS	1,060,473	4,139	23.2	47,279	0.3	69	22
ANTICONVULSANT	995,611	2,229	12.5	25,111	0.7	59	40
OPHTHALMIC	974,248	4,752	26.6	54,841	0.3	53	18
ANTIASTMATIC	940,234	3,808	21.3	43,429	0.4	50	22
Total	17,464,295	38,517		436,924	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 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>232,482</b>	<b>\$17,464,295</b>	<b>1,765</b>	<b>9.9 %</b>	<b>19,068</b>	<b>0.5</b>	<b>\$194</b>	<b>2,262</b>	<b>12.7 %</b>	<b>25,441</b>	<b>0.7</b>	<b>\$113</b>
<b>Female</b>	162,469	10,509,969	530	4.6	5,922	0.5	174	1,274	11.2	14,295	0.6	101
<b>Disabled</b>	92,318	6,670,748	443	8.8	4,966	0.5	189	888	17.6	10,174	0.6	115
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	36	6,289	1	16.7	12	0.3	260	0	0.0	0	0.0	0
21-44	10,879	1,370,385	227	23.5	2,505	0.5	185	303	31.3	3,404	0.6	138
45-64	35,545	2,619,041	146	7.7	1,641	0.5	212	378	20.0	4,344	0.6	118
65-74	32,770	1,976,760	54	3.6	628	0.5	177	140	9.5	1,646	0.6	91
75-84	10,760	581,499	13	2.3	156	0.3	80	57	10.3	664	0.6	58
85 and older	2,328	116,774	2	1.2	24	0.2	14	10	6.1	116	0.6	39
<b>Other Eligibles</b>	70,151	3,839,221	87	1.4	956	0.4	95	386	6.1	4,121	0.6	64
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	578	68,777	18	23.4	190	0.7	185	9	11.7	108	0.7	69
45-64	1,105	71,716	7	7.1	35	0.3	134	8	8.1	85	0.4	81
65-74	24,036	1,354,772	28	1.6	331	0.3	91	99	5.5	1,036	0.5	76
75-84	32,033	1,707,812	22	0.9	256	0.3	62	153	5.9	1,680	0.6	65
85 and older	12,399	636,144	12	0.7	144	0.2	37	117	6.5	1,212	0.6	49
<b>Male</b>	70,013	6,954,326	1,235	19.2	13,146	0.6	202	988	15.4	11,146	0.7	130
<b>Disabled</b>	51,626	5,857,968	1,157	28.0	12,337	0.6	204	850	20.5	9,645	0.7	137
5 and younger	20	944	1	100.0	12	0.5	22	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	85	9,583	0	0.0	0	0.0	0	5	50.0	56	0.9	144
21-44	14,690	2,306,752	623	43.0	6,578	0.6	193	358	24.7	4,075	0.7	136
45-64	24,755	2,857,672	504	27.7	5,399	0.6	222	408	22.4	4,623	0.7	147
65-74	10,332	595,450	25	3.4	300	0.5	172	63	8.6	702	0.7	94
75-84	1,369	72,189	4	3.8	48	0.1	27	13	12.4	153	0.6	73
85 and older	375	15,378	0	0.0	0	0.0	0	3	15.0	36	0.8	17
<b>Other Eligibles</b>	18,387	1,096,358	78	3.4	809	0.5	178	138	6.0	1,501	0.7	84
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	31	1,478	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	313	23,238	10	27.8	76	0.5	135	4	11.1	30	0.9	96
45-64	1,153	93,154	20	22.5	198	0.5	225	7	7.9	75	0.5	26
65-74	8,664	515,490	32	3.1	343	0.5	134	64	6.3	715	0.6	92
75-84	6,575	376,798	13	1.6	156	0.7	273	50	6.2	533	0.7	85
85 and older	1,651	86,200	3	0.9	36	0.2	11	13	3.9	148	0.7	70
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

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 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					CALCIUM BLOCKERS					ANTHYPERLIPIDEMIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
<b>All</b>	<b>7,354</b>	<b>41.2 %</b>	<b>83,305</b>	<b>0.6</b>	<b>\$22</b>	<b>4,388</b>	<b>24.6 %</b>	<b>49,544</b>	<b>0.7</b>	<b>\$35</b>	<b>2,938</b>	<b>16.5 %</b>	<b>33,632</b>	<b>0.6</b>	<b>\$50</b>
<b>Female</b>	5,335	46.7	60,662	0.6	22	3,254	28.5	36,898	0.7	36	2,266	19.9	25,994	0.6	51
<b>Disabled</b>	2,831	56.0	32,496	0.6	22	1,672	33.1	19,122	0.7	36	1,159	22.9	13,393	0.6	53
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	3	50.0	36	0.5	37	1	16.7	12	0.8	55	0	0.0	0	0.0	0
21-44	246	25.4	2,787	0.5	18	117	12.1	1,339	0.6	38	62	6.4	705	0.5	41
45-64	1,081	57.3	12,340	0.6	22	620	32.9	7,054	0.7	36	439	23.3	5,065	0.6	52
65-74	1,053	71.1	12,143	0.6	23	646	43.6	7,399	0.7	37	496	33.5	5,742	0.6	55
75-84	357	64.4	4,144	0.6	23	236	42.6	2,738	0.7	35	138	24.9	1,611	0.6	52
85 and older	91	55.2	1,046	0.6	25	52	31.5	580	0.7	37	24	14.5	270	0.7	51
<b>Other Eligibles</b>	2,504	39.4	28,166	0.6	22	1,582	24.9	17,776	0.7	35	1,107	17.4	12,601	0.6	50
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	13	16.9	105	0.5	19	5	6.5	46	0.5	20	3	3.9	36	0.2	15
45-64	44	44.4	440	0.6	23	24	24.2	244	0.8	35	17	17.2	162	0.6	52
65-74	819	45.4	9,168	0.6	22	536	29.7	6,000	0.7	36	457	25.3	5,131	0.6	52
75-84	1,179	45.8	13,520	0.6	22	696	27.1	7,946	0.7	36	490	19.1	5,673	0.6	49
85 and older	449	24.9	4,933	0.6	22	321	17.8	3,540	0.7	32	140	7.8	1,599	0.6	50
<b>Male</b>	2,019	31.4	22,643	0.6	21	1,134	17.6	12,646	0.6	35	672	10.5	7,638	0.6	46
<b>Disabled</b>	1,397	33.8	15,684	0.6	21	742	17.9	8,286	0.6	37	466	11.3	5,292	0.6	47
5 and younger	1	100.0	12	0.4	17	1	100.0	12	0.8	40	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	5	50.0	60	0.4	14	1	10.0	12	0.5	46	0	0.0	0	0.0	0
21-44	300	20.7	3,403	0.5	22	138	9.5	1,554	0.5	33	81	5.6	958	0.5	45
45-64	698	38.4	7,742	0.6	22	375	20.6	4,130	0.7	40	226	12.4	2,510	0.6	47
65-74	353	48.0	4,028	0.6	21	186	25.3	2,106	0.7	34	147	20.0	1,690	0.6	49
75-84	34	32.4	370	0.6	23	34	32.4	391	0.6	33	12	11.4	134	0.5	47
85 and older	6	30.0	69	0.9	24	7	35.0	81	0.8	36	0	0.0	0	0.0	0
<b>Other Eligibles</b>	622	27.2	6,959	0.6	20	392	17.1	4,360	0.6	32	206	9.0	2,346	0.6	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	0.8	24	1	33.3	12	0.9	73	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	10	27.8	97	0.6	23	5	13.9	47	1.1	56	2	5.6	20	0.2	15
45-64	37	41.6	381	0.7	24	23	25.8	245	0.7	40	8	9.0	95	0.6	42
65-74	298	29.2	3,392	0.5	20	192	18.8	2,174	0.6	31	107	10.5	1,211	0.5	42
75-84	216	27.0	2,396	0.6	20	134	16.7	1,489	0.6	31	71	8.9	818	0.6	46
85 and older	59	17.5	669	0.6	24	37	11.0	393	0.6	27	18	5.3	202	0.6	52
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>4,882</b>	<b>27.4 %</b>	<b>55,274</b>	<b>0.6</b>	<b>\$30</b>	<b>4,139</b>	<b>23.2 %</b>	<b>47,279</b>	<b>0.3</b>	<b>\$22</b>	<b>2,229</b>	<b>12.5 %</b>	<b>25,111</b>	<b>0.7</b>	<b>\$40</b>
<b>Female</b>	3,689	32.3	41,943	0.6	31	2,971	26.0	34,044	0.3	23	1,272	11.1	14,379	0.6	35
<b>Disabled</b>	2,147	42.4	24,591	0.6	33	1,668	33.0	19,379	0.3	23	912	18.0	10,396	0.6	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	0	0.0	0	0.0	0	1	16.7	12	0.3	91	0	0.0	0	0.0	0
21-44	169	17.5	1,957	0.6	30	182	18.8	2,131	0.3	22	265	27.4	2,966	0.7	52
45-64	923	48.9	10,497	0.6	34	660	35.0	7,598	0.3	21	439	23.3	5,027	0.6	35
65-74	818	55.2	9,398	0.6	33	583	39.4	6,813	0.3	24	161	10.9	1,867	0.5	24
75-84	206	37.2	2,377	0.7	30	197	35.6	2,309	0.3	24	42	7.6	476	0.5	17
85 and older	31	18.8	362	0.6	22	45	27.3	516	0.4	30	5	3.0	60	0.6	23
<b>Other Eligibles</b>	1,542	24.3	17,352	0.6	28	1,303	20.5	14,665	0.3	24	360	5.7	3,983	0.6	29
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	9	11.7	90	0.3	18	10	13.0	95	0.3	21	13	16.9	149	0.8	95
45-64	34	34.3	361	0.7	39	19	19.2	206	0.2	23	13	13.1	122	0.5	26
65-74	620	34.3	6,860	0.6	29	409	22.7	4,647	0.3	21	129	7.1	1,417	0.6	25
75-84	703	27.3	8,156	0.6	29	565	22.0	6,451	0.3	24	154	6.0	1,733	0.6	27
85 and older	176	9.8	1,885	0.6	21	300	16.7	3,266	0.4	27	51	2.8	562	0.6	30
<b>Male</b>	1,193	18.6	13,331	0.6	27	1,168	18.2	13,235	0.3	21	957	14.9	10,732	0.8	46
<b>Disabled</b>	824	19.9	9,314	0.6	29	793	19.2	9,066	0.3	20	799	19.3	8,996	0.7	48
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	132	9.1	1,508	0.6	37	176	12.1	2,024	0.2	17	325	22.4	3,656	0.8	54
45-64	420	23.1	4,727	0.6	28	388	21.3	4,428	0.3	22	381	21.0	4,292	0.7	47
65-74	239	32.5	2,695	0.6	25	195	26.5	2,206	0.3	19	83	11.3	931	0.7	32
75-84	31	29.5	360	0.6	26	23	21.9	276	0.3	14	9	8.6	105	0.7	27
85 and older	2	10.0	24	0.5	8	11	55.0	132	0.6	39	1	5.0	12	1.3	29
<b>Other Eligibles</b>	369	16.1	4,017	0.6	24	375	16.4	4,169	0.3	23	158	6.9	1,736	0.8	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	13.9	54	0.9	37	6	16.7	57	0.4	24	5	13.9	55	0.7	17
45-64	34	38.2	340	0.5	19	23	25.8	256	0.4	21	11	12.4	120	0.7	26
65-74	184	18.1	2,045	0.6	26	176	17.3	1,958	0.3	25	84	8.2	956	0.8	41
75-84	127	15.9	1,377	0.6	22	121	15.1	1,358	0.3	19	51	6.4	530	0.8	34
85 and older	19	5.6	201	0.5	16	49	14.5	540	0.4	25	7	2.1	75	0.8	40
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	OPHTHALMIC				ANTIASTHMATIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	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 Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$											
<b>All</b>	<b>4,752</b>	<b>26.6 %</b>	<b>54,841</b>	<b>0.3</b>	<b>\$18</b>	<b>3,808</b>	<b>21.3 %</b>	<b>43,429</b>	<b>0.4</b>	<b>\$22</b>	<b>17,838</b>	<b>185,267</b>							
<b>Female</b>																			
<b>Disabled</b>																			
5 and younger	1,674	33.1	19,452	0.3	18	1,807	35.7	20,926	0.4	22	5,059	54,501							
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
15-20	2	33.3	24	0.1	3	0	0.0	0	0.0	0	6	59							
21-44	102	10.5	1,184	0.2	10	215	22.2	2,524	0.3	16	967	10,001							
45-64	457	24.2	5,254	0.3	17	773	41.0	8,906	0.4	22	1,886	20,177							
65-74	708	47.8	8,327	0.4	20	593	40.0	6,876	0.4	23	1,481	16,345							
75-84	316	57.0	3,650	0.4	19	190	34.3	2,220	0.5	24	554	6,174							
85 and older	89	53.9	1,013	0.4	20	36	21.8	400	0.3	16	165	1,745							
<b>Other Eligibles</b>	<b>2,003</b>	<b>31.5</b>	<b>23,060</b>	<b>0.3</b>	<b>18</b>	<b>966</b>	<b>15.2</b>	<b>10,898</b>	<b>0.4</b>	<b>22</b>	<b>6,354</b>	<b>66,522</b>							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6							
21-44	5	6.5	48	0.1	5	20	26.0	195	0.5	25	77	718							
45-64	18	18.2	133	0.4	29	28	28.3	295	0.4	25	99	865							
65-74	599	33.2	6,887	0.3	20	378	20.9	4,260	0.5	23	1,805	18,901							
75-84	888	34.5	10,394	0.3	18	399	15.5	4,608	0.4	21	2,572	27,440							
85 and older	493	27.4	5,598	0.3	16	141	7.8	1,540	0.5	25	1,800	18,592							
<b>Male</b>																			
<b>Disabled</b>																			
5 and younger	588	14.2	6,790	0.3	16	667	16.1	7,481	0.4	20	4,139	41,813							
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12							
15-20	1	10.0	12	0.1	5	1	10.0	12	0.2	4	10	98							
21-44	107	7.4	1,213	0.2	14	120	8.3	1,363	0.3	13	1,450	14,350							
45-64	244	13.4	2,795	0.3	14	308	16.9	3,365	0.4	18	1,818	18,274							
65-74	192	26.1	2,246	0.3	19	205	27.9	2,345	0.5	25	735	7,769							
75-84	38	36.2	452	0.3	17	27	25.7	324	0.7	26	105	1,092							
85 and older	6	30.0	72	0.4	22	6	30.0	72	1.2	41	20	218							
<b>Other Eligibles</b>	<b>487</b>	<b>21.3</b>	<b>5,539</b>	<b>0.3</b>	<b>17</b>	<b>368</b>	<b>16.1</b>	<b>4,124</b>	<b>0.5</b>	<b>24</b>	<b>2,286</b>	<b>22,431</b>							
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0							
6-14	1	33.3	12	0.2	1	0	0.0	0	0.0	0	3	36							
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12							
21-44	5	13.9	56	0.1	5	3	8.3	24	0.3	12	36	305							
45-64	37	41.6	368	0.3	12	12	13.5	144	0.6	30	89	837							
65-74	160	15.7	1,897	0.3	16	165	16.2	1,899	0.5	25	1,019	9,944							
75-84	225	28.1	2,515	0.4	18	148	18.5	1,652	0.4	23	801	8,070							
85 and older	59	17.5	691	0.3	16	40	11.9	405	0.4	20	337	3,227							
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>							

Table D7D

Dual Eligible Beneficiaries

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 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](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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
	\$42	1.0	2,192	22,721
<b>All</b>				
<b>Age</b>				
0-64	82	1.9	132	1,405
65-74	59	1.3	396	4,156
75-84	44	1.0	747	7,787
85 and older	27	0.7	917	9,373
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	37	0.8	1,562	16,253
Male	55	1.3	630	6,468
Unknown	0	0.0	0	0
<b>Race</b>				
White	57	1.3	228	2,267
African American	41	0.9	1,816	18,844
Other/unknown	32	0.8	148	1,610
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	37	0.9	2,020	20,880
Disabled	101	2.0	129	1,369
Adults	89	2.6	43	472
Children	0	0.0	0	0
Unknown	0	0.0	0	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 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.1	\$31	\$29	\$1	\$2	\$82	\$121	\$93	\$12	797	\$65,735	200	9.1	2,094
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	22	0	0	22	5	108	5	0.2	47
Antineoplastic Agents	0.7	0.2	0.3	0.2	101	36	46	19	142	173	147	100	357	50,865	48	2.2	506
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	29	23	3	4	27	47	13	9	1,467	39,235	129	5.9	1,355
Cardiovascular Agents	1.9	0.6	0.3	1.0	55	28	8	18	29	45	30	19	4,941	144,622	265	12.1	2,643
Respiratory Agents	0.8	0.3	0.0	0.5	29	17	1	11	34	52	29	22	1,017	34,961	119	5.4	1,213
Gastrointestinal Agents	1.0	0.3	0.1	0.6	45	28	3	13	43	84	52	21	1,823	78,344	180	8.2	1,758
Genitourinary Agents	0.6	0.5	0.0	0.1	32	29	0	2	53	64	0	17	244	12,860	40	1.8	403
CNS Drugs	1.6	1.0	0.0	0.5	101	92	3	7	65	92	63	13	4,031	261,244	248	11.3	2,579
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	7	0	1	6	13	0	40	12	35	445	8	0.4	66
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	80	80	0	0	108	108	0	0	141	15,268	18	0.8	191
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	18	7	7	4	26	53	93	9	879	22,825	123	5.6	1,261
Neuromuscular Agents	1.6	0.6	0.3	0.8	64	39	7	19	39	67	24	24	2,162	85,139	126	5.7	1,325
Nutritional Products	0.7	0.0	0.2	0.5	11	0	5	6	15	9	22	12	674	9,825	89	4.1	905
Hematological Agents	1.2	0.3	0.5	0.4	56	47	6	3	49	155	12	9	1,167	56,986	99	4.5	1,012
Topical Products	0.7	0.3	0.1	0.3	26	18	4	4	39	52	51	17	1,482	57,453	210	9.6	2,199
Miscellaneous Products	0.3	0.0	0.0	0.2	9	1	0	8	35	28	0	37	79	2,787	30	1.4	305
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	15	0	0	0	28	0	0	0	393	11,110	69	3.1	728
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.	21,694	949,812	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 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In D.C., 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.

Table D9

Dual Eligible Beneficiaries

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

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	\$167,665	176	8.0 %	1,861	0.8	\$107	\$90
ANTIDEPRESSANTS	77,647	179	8.2	1,891	0.8	51	41
ULCER DRUGS	65,034	159	7.3	1,557	0.7	59	42
ANTICONVULSANT	62,894	128	5.8	1,385	1.1	41	45
ANTINEOPLASTICS	50,865	50	2.3	529	0.7	142	96
ANTIDIABETIC	41,244	161	7.3	1,663	0.8	29	25
CALCIUM BLOCKERS	41,078	119	5.4	1,156	0.8	44	36
ANTIHYPERTENSIVE	40,372	179	8.2	1,764	0.8	28	23
DERMATOLOGICAL	36,897	252	11.5	2,658	0.3	45	14
ANTIVIRAL	36,126	16	0.7	192	0.5	388	188
Total	619,822	1,419		14,656	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 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE 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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	NF Residents	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	NF Residents	Mean No. of Rx	Mean Rx \$
			176	8.0 %	1,861										
<b>All</b>	<b>10,786</b>	<b>\$619,822</b>	<b>176</b>	<b>8.0 %</b>	<b>1,861</b>	<b>0.8</b>	<b>\$90</b>	<b>179</b>	<b>8.2 %</b>	<b>1,891</b>	<b>0.8</b>	<b>\$41</b>			
<b>Female</b>	7,103	403,853	113	7.2	1,175	0.8	89	114	7.3	1,210	0.8	43			
<b>Disabled</b>	841	62,384	6	10.5	62	1.1	130	10	17.5	92	1.0	56			
64 or younger	440	28,545	3	10.0	26	1.2	105	6	20.0	50	1.2	64			
65-74	238	24,240	1	7.7	12	0.9	131	3	23.1	30	0.8	38			
75-84	138	6,958	1	14.3	12	1.1	170	0	0.0	0	0.0	0			
85 and older	25	2,641	1	14.3	12	0.9	144	1	14.3	12	0.9	70			
<b>Other Eligibles</b>	6,262	341,469	107	7.1	1,113	0.8	86	104	6.9	1,118	0.8	42			
64 or younger	158	6,160	0	0.0	0	0.0	0	2	9.1	24	1.0	51			
65-74	1,085	54,418	18	8.8	177	0.7	93	14	6.8	147	1.0	51			
75-84	2,890	167,027	40	7.6	451	0.9	108	45	8.5	508	0.8	41			
85 and older	2,129	113,864	49	6.5	485	0.8	64	43	5.7	439	0.7	38			
<b>Male</b>	3,683	215,969	63	10.0	686	0.9	93	65	10.3	681	0.8	38			
<b>Disabled</b>	551	32,583	9	12.5	106	1.1	141	4	5.6	47	0.9	40			
64 or younger	375	24,487	7	12.3	82	1.2	146	2	3.5	23	1.0	38			
65-74	113	6,520	1	7.7	12	1.3	246	2	15.4	24	0.8	43			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	63	1,576	1	100.0	12	0.1	3	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	3,132	183,386	54	9.7	580	0.8	84	61	10.9	634	0.8	38			
64 or younger	411	17,416	3	13.0	27	0.6	80	7	30.4	72	0.9	42			
65-74	1,229	73,525	21	12.7	228	0.8	97	27	16.4	282	0.7	38			
75-84	1,059	68,736	23	11.0	243	0.8	76	18	8.6	184	0.8	37			
85 and older	433	23,709	7	4.4	82	0.9	71	9	5.6	96	1.1	38			
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2001 file for D.C., 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 1,201 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](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<sup>a,b,c,d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTINEOPLASTICS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>159</b>	<b>7.3 %</b>	<b>\$42</b>	<b>128</b>	<b>5.8 %</b>	<b>1.1</b>	<b>1,385</b>	<b>1.1</b>	<b>\$45</b>	<b>50</b>	<b>2.3 %</b>	<b>0.7</b>	<b>529</b>	<b>0.7</b>	<b>\$96</b>			
<b>Female</b>	112	7.2	40	73	4.7	1.1	776	1.1	48	37	2.4	0.7	374	0.7	92			
<b>Disabled</b>	9	15.8	44	8	14.0	1.4	68	1.4	59	2	3.5	1.2	20	1.2	169			
64 or younger	5	16.7	40	7	23.3	1.6	56	1.6	71	1	3.3	0.4	8	0.4	53			
65-74	3	23.1	24	1	7.7	0.2	12	0.2	5	1	7.7	1.7	12	1.7	246			
75-84	1	14.3	111	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			
<b>Other Eligibles</b>	103	6.8	39	65	4.3	1.0	708	1.0	47	35	2.3	0.7	354	0.7	88			
64 or younger	2	9.1	5	2	9.1	0.5	22	0.5	11	1	4.5	1.0	12	1.0	38			
65-74	12	5.9	40	20	9.8	1.2	214	1.2	44	6	2.9	0.4	61	0.4	37			
75-84	38	7.2	41	28	5.3	1.0	310	1.0	58	14	2.6	0.8	141	0.8	106			
85 and older	51	6.8	40	15	2.0	1.0	162	1.0	34	14	1.9	0.7	140	0.7	97			
<b>Male</b>	47	7.5	46	55	8.7	1.2	609	1.2	42	13	2.1	0.6	155	0.6	105			
<b>Disabled</b>	6	8.3	28	12	16.7	1.2	131	1.2	40	2	2.8	0.4	23	0.4	59			
64 or younger	3	5.3	38	8	14.0	1.1	83	1.1	43	1	1.8	0.7	11	0.7	99			
65-74	2	15.4	5	3	23.1	1.6	36	1.6	35	1	7.7	0.2	12	0.2	23			
75-84	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	1	100.0	44	1	100.0	1.3	12	1.3	29	0	0.0	0.0	0	0.0	0			
<b>Other Eligibles</b>	41	7.3	49	43	7.7	1.1	478	1.1	43	11	2.0	0.6	132	0.6	113			
64 or younger	5	21.7	37	4	17.4	0.8	48	0.8	20	2	8.7	0.5	24	0.5	65			
65-74	15	9.1	59	22	13.3	1.1	251	1.1	53	2	1.2	1.0	24	1.0	131			
75-84	14	6.7	46	15	7.1	1.1	155	1.1	37	5	2.4	0.4	60	0.4	80			
85 and older	7	4.4	46	2	1.3	1.4	24	1.4	26	2	1.3	0.9	24	0.9	225			
<b>Unknown</b>	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 D.C., 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	ANTIDIABETIC					CALCIUM BLOCKERS					ANTIHYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>161</b>	<b>7.3 %</b>	<b>1,663</b>	<b>0.8</b>	<b>\$25</b>	<b>119</b>	<b>5.4 %</b>	<b>1,156</b>	<b>0.8</b>	<b>\$36</b>	<b>179</b>	<b>8.2 %</b>	<b>1,764</b>	<b>0.8</b>	<b>\$23</b>
<b>Female</b>	122	7.8	1,290	0.9	25	88	5.6	851	0.8	36	121	7.7	1,176	0.8	23
<b>Disabled</b>	27	47.4	277	0.9	22	5	8.8	43	1.0	39	14	24.6	120	0.7	28
64 or younger	12	40.0	132	0.9	26	2	6.7	12	1.1	28	5	16.7	36	0.8	8
65-74	10	76.9	102	0.9	20	2	15.4	24	0.6	32	5	38.5	48	0.5	27
75-84	4	57.1	31	1.5	15	1	14.3	7	2.1	84	4	57.1	36	0.9	48
85 and older	1	14.3	12	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	95	6.3	1,013	0.9	25	83	5.5	808	0.8	35	107	7.1	1,056	0.8	22
64 or younger	3	13.6	36	0.9	22	3	13.6	34	1.1	57	3	13.6	36	0.7	18
65-74	15	7.3	160	0.8	21	14	6.8	140	0.9	39	20	9.8	188	1.0	26
75-84	58	11.0	642	0.9	29	26	4.9	261	0.8	35	50	9.5	524	0.8	24
85 and older	19	2.5	175	0.7	17	40	5.3	373	0.8	32	34	4.5	308	0.8	19
<b>Male</b>	39	6.2	373	0.7	26	31	4.9	305	0.8	36	58	9.2	588	0.8	23
<b>Disabled</b>	4	5.6	48	0.8	37	1	1.4	12	1.1	61	5	6.9	38	0.7	23
64 or younger	4	7.0	48	0.8	37	0	0.0	0	0.0	0	4	7.0	26	0.8	29
65-74	0	0.0	0	0.0	0	1	7.7	12	1.1	61	1	7.7	12	0.3	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
<b>Other Eligibles</b>	35	6.3	325	0.7	24	30	5.4	293	0.8	35	53	9.5	550	0.8	23
64 or younger	5	21.7	48	0.5	16	4	17.4	45	0.6	24	9	39.1	96	0.9	19
65-74	11	6.7	82	0.8	19	13	7.9	124	0.8	41	20	12.1	209	0.8	22
75-84	14	6.7	142	0.8	35	10	4.8	96	0.8	33	16	7.6	175	0.9	25
85 and older	5	3.1	53	0.7	11	3	1.9	28	0.7	30	8	5.0	70	0.7	25
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2001 file for D.C., 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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](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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	DERMATOLOGICAL						ANTIVIRAL						
	Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene among Users	Mean Rx \$	No. of Bene among Users	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean Rx \$	No. of Bene among Users	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>252</b>	<b>11.5 %</b>	<b>\$14</b>	<b>2,658</b>	<b>0.3</b>	<b>0.3</b>	<b>16</b>	<b>0.7 %</b>	<b>\$188</b>	<b>0.5</b>	<b>192</b>	<b>2,192</b>	<b>22,721</b>
<b>Female</b>	169	10.8	11	1,748	0.3	0.6	9	0.6	236	0.6	108	1,562	16,253
<b>Disabled</b>	17	29.8	11	158	0.2	12.3	7	12.3	297	0.8	84	57	590
64 or younger	11	36.7	8	104	0.2	10.0	3	10.0	314	1.1	36	30	303
65-74	3	23.1	4	18	0.2	30.8	4	30.8	284	0.6	48	13	138
75-84	3	42.9	22	36	0.4	0.0	0	0.0	0	0.0	0	7	79
85 and older	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	7	79
<b>Other Eligibles</b>	152	10.1	11	1,590	0.3	0.1	2	0.1	22	0.1	24	1,505	15,663
64 or younger	7	31.8	9	82	0.2	0.0	0	0.0	0	0.0	0	22	243
65-74	9	4.4	3	105	0.1	0.5	1	0.5	35	0.1	12	205	2,156
75-84	65	12.3	12	720	0.3	0.0	0	0.0	0	0.0	0	529	5,547
85 and older	71	9.5	12	683	0.3	0.1	1	0.1	8	0.1	12	749	7,717
<b>Male</b>	83	13.2	19	910	0.4	1.1	7	1.1	127	0.3	84	630	6,468
<b>Disabled</b>	13	18.1	18	155	0.6	5.6	4	5.6	23	0.1	48	72	779
64 or younger	10	17.5	17	119	0.5	5.3	3	5.3	30	0.1	36	57	610
65-74	0	0.0	0	0	0.0	7.7	1	7.7	4	0.2	12	13	156
75-84	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	1	1
85 and older	3	300.0	19	36	0.8	0.0	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	70	12.5	19	755	0.4	0.5	3	0.5	266	0.5	36	558	5,689
64 or younger	17	73.9	21	186	0.4	0.0	0	0.0	0	0.0	0	23	249
65-74	19	11.5	21	218	0.4	0.0	0	0.0	0	0.0	0	165	1,706
75-84	21	10.0	20	208	0.4	1.0	2	1.0	395	0.7	24	210	2,169
85 and older	13	8.1	13	143	0.3	0.6	1	0.6	6	0.1	12	160	1,565
<b>Unknown</b>	0	0.0	0	0	0.0	0.0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2001 file for D.C., 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 1,128 beneficiaries who were in nursing facilities for part of their enrollment and their 11,201 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](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<sup>a,b</sup>  
 D.C., 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	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	Part D Excl Rx as % of All Rx \$	Total No. of Benes
		37.8 %	2.9							
<b>All</b>	<b>6,747</b>	<b>37.8 %</b>	<b>2.9</b>	<b>51,149</b>	<b>\$48</b>	<b>\$17</b>	<b>\$851,276</b>	<b>\$17</b>	<b>3.0 %</b>	<b>17,838</b>
<b>Age</b>										
5 and younger	1	100.0	18.0	18	1,500	83	1,500	83	53.1	1
6-14	1	33.3	2.0	6	121	60	362	60	2.5	3
15-20	6	33.3	1.8	33	51	28	919	28	3.1	18
21-44	889	35.1	2.3	5,846	45	19	112,638	19	1.9	2,530
45-64	1,808	46.5	3.8	14,726	70	19	273,184	19	3.0	3,892
65-74	1,994	39.6	3.1	15,543	49	16	245,831	16	3.5	5,040
75-84	1,463	36.3	2.6	10,555	36	14	146,288	14	3.1	4,032
85 and older	585	25.2	1.9	4,422	30	16	70,554	16	4.2	2,322
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	2,478	29.9	2.1	17,473	32	15	266,770	15	3.3	8,275
Disabled	4,168	45.3	3.6	33,011	62	17	573,388	17	2.9	9,198
Adults	100	27.8	1.8	659	30	16	10,756	16	2.5	360
Children	1	20.0	1.2	6	72	60	362	60	2.0	5
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
<b>Gender</b>										
Female	4,669	40.9	3.1	35,755	50	16	573,918	16	3.3	11,413
Male	2,078	32.3	2.4	15,394	43	18	277,358	18	2.5	6,425
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
<b>Race</b>										
White	327	28.3	2.4	2,810	44	18	51,235	18	2.6	1,156
African American	5,410	38.7	2.9	41,160	49	17	689,119	17	3.0	13,986
Other/unknown	1,010	37.5	2.7	7,179	41	15	110,922	15	3.0	2,696
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	200	9.1	0.8	1,691	16	20	34,601	20	3.6	2,192
Part year	288	25.5	1.5	1,688	22	15	24,951	15	3.0	1,128
None	6,259	43.1	3.3	47,770	55	17	791,724	17	3.0	14,518
<b>Maintenance Assistance Status</b>										
Cash	3,769	42.2	3.3	29,262	51	16	458,537	16	2.9	8,941
Medically needy	955	21.5	1.6	7,183	31	19	138,936	19	3.3	4,448
Poverty related	1,716	46.8	3.4	12,619	60	17	219,566	17	3.0	3,668
Other/unknown	307	39.3	2.7	2,085	44	16	34,237	16	2.9	781

Table D11

Dual Eligible Beneficiaries

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 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<sup>a,b</sup>  
 D.C., 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
	0.3	\$5	\$17	\$0	\$1	185,267
<b>All</b>						
<b>Age</b>						
5 and younger	1.5	125	83	0	0	12
6-14	0.2	10	60	0	0	36
15-20	0.2	5	28	0	0	175
21-44	0.2	4	19	0	1	25,374
45-64	0.4	7	19	0	2	40,153
65-74	0.3	5	16	0	1	52,959
75-84	0.2	3	14	0	1	42,776
85 and older	0.2	3	16	0	0	23,782
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	3	15	0	0	85,831
Disabled	0.3	6	17	0	1	96,314
Adults	0.2	4	16	0	0	3,071
Children	0.1	7	60	0	0	51
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.3	5	16	0	1	121,023
Male	0.2	4	18	0	1	64,244
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	5	18	0	1	11,293
African American	0.3	5	17	0	1	144,913
Other/unknown	0.2	4	15	0	1	29,061
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.1	2	20	0	0	22,721
Part year	0.2	2	15	0	0	11,201
None	0.3	5	17	0	1	151,345
<b>Maintenance Assistance Status</b>						
Cash	0.3	5	16	0	1	96,033
Medically needy	0.2	3	19	0	1	42,619
Poverty related	0.3	6	17	0	1	38,416
Other/unknown	0.3	4	16	0	1	8,199

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 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<sup>a,b,c</sup>  
 D.C., 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
<b>All</b>	<b>10,035</b>	<b>\$85</b>	<b>\$851,276</b>	<b>100.0 %</b>	<b>51,149</b>	<b>\$17</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	41	132	5,400	0.6	104	52	0.2
Fertility drugs	5	37	187	0.0	6	31	0.0
Drugs for cosmetic purposes	54	1,395	75,324	8.8	349	216	0.7
Cough and cold medications	1,895	117	220,967	26.0	5,523	40	10.8
Vitamins and minerals	3,212	84	271,331	31.9	18,684	15	36.5
Non-prescription drugs	2,808	32	89,820	10.6	14,730	6	28.8
Barbiturates	150	62	9,244	1.1	1,540	6	3.0
Benzodiazepines	1,748	97	170,414	20.0	9,837	17	19.2
Other Part D Excl Rx Drugs	122	70	8,589	1.0	376	23	0.7

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 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  
MEDIICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
D.C., 2001

Total Number of Dual Eligible Beneficiaries 17,838  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$28,395,288  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,592

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,036	33.8 %	\$0	0.0 %
1-500	2,904	16.3	615,403	2.2
501-1,000	1,822	10.2	1,342,509	4.7
1,001-1,500	1,445	8.1	1,795,898	6.3
1,501-2,000	1,191	6.7	2,080,604	7.3
2,001-2,500	857	4.8	1,920,481	6.8
2,501-3,000	713	4.0	1,954,638	6.9
3,001-3,500	514	2.9	1,669,228	5.9
3,501-4,000	438	2.5	1,633,880	5.8
4,001-4,500	350	2.0	1,483,792	5.2
4,501-5,000	233	1.3	1,106,481	3.9
5,001-5,500	239	1.3	1,253,662	4.4
5,501-6,000	123	0.7	705,694	2.5
6,001-6,500	132	0.7	824,113	2.9
6,501-7,000	82	0.5	552,919	1.9
7,001-7,500	84	0.5	608,330	2.1
7,501-8,000	69	0.4	534,214	1.9
8,001-8,500	57	0.3	469,925	1.7
8,501-9,000	45	0.3	393,785	1.4
9,001-9,500	46	0.3	426,788	1.5
9,501-10,000	39	0.2	379,258	1.3
10,001+	419	2.3	6,643,686	23.4

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. 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<sup>a, b, c</sup>  
 D.C., 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65                     6,138  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65         \$14,419,010  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65         \$2,349

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			28.1 %		
\$0	1,725				
1-500			17.1	208,164	1.4
501-1,000	1,052		9.4	424,564	2.9
1,001-1,500	574		7.7	591,084	4.1
1,501-2,000	474		5.9	632,166	4.4
2,001-2,500	363		4.2	583,925	4.0
2,501-3,000	260		4.1	686,958	4.8
3,001-3,500	250		3.1	629,078	4.4
3,501-4,000	193		2.7	608,520	4.2
4,001-4,500	163		2.1	551,018	3.8
4,501-5,000	130		1.8	532,100	3.7
5,001-5,500	112		1.6	503,285	3.5
5,501-6,000	96		0.9	320,676	2.2
6,001-6,500	56		1.3	494,012	3.4
6,501-7,000	79		0.7	291,551	2.0
7,001-7,500	43		0.8	362,018	2.5
7,501-8,000	50		0.8	364,810	2.5
8,001-8,500	47		0.6	321,210	2.2
8,501-9,000	39		0.5	280,090	1.9
9,001-9,500	32		0.6	361,916	2.5
9,501-10,000	39		0.4	262,203	1.8
10,001+	27		5.4	5,410,662	37.5
	334				

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. 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<sup>a, b</sup>  
 D.C., 2001

Total Number of Dual Eligible Beneficiaries, Age 65+                   11,394  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+   \$13,513,340  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+     \$1,186

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Percent of Total Pharmacy Reimbursement	
			Pharmacy Reimbursement	Reimbursement
\$0	4,201	36.9%	0	0.0%
1-500	1,791	15.7	396,751	2.9
501-1,000	1,220	10.7	898,560	6.6
1,001-1,500	944	8.3	1,173,164	8.7
1,501-2,000	817	7.2	1,429,090	10.6
2,001-2,500	583	5.1	1,304,852	9.7
2,501-3,000	460	4.0	1,260,799	9.3
3,001-3,500	314	2.8	1,017,876	7.5
3,501-4,000	268	2.4	999,000	7.4
4,001-4,500	212	1.9	898,971	6.7
4,501-5,000	117	1.0	555,480	4.1
5,001-5,500	140	1.2	734,644	5.4
5,501-6,000	64	0.6	367,814	2.7
6,001-6,500	50	0.4	311,614	2.3
6,501-7,000	38	0.3	254,518	1.9
7,001-7,500	33	0.3	239,274	1.8
7,501-8,000	20	0.2	154,090	1.1
8,001-8,500	17	0.1	140,395	1.0
8,501-9,000	13	0.1	113,695	0.8
9,001-9,500	6	0.1	55,445	0.4
9,501-10,000	12	0.1	117,055	0.9
10,001+	74	0.6	1,090,253	8.1

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. 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<sup>a, b</sup>  
 D.C., 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 5,040  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$7,120,604  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,413

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,515	30.1 %	0	0.0 %
1-500	844	16.7	182,549	2.6
501-1,000	574	11.4	419,850	5.9
1,001-1,500	429	8.5	532,323	7.5
1,501-2,000	375	7.4	657,395	9.2
2,001-2,500	292	5.8	652,833	9.2
2,501-3,000	232	4.6	639,465	9.0
3,001-3,500	158	3.1	514,245	7.2
3,501-4,000	149	3.0	555,743	7.8
4,001-4,500	127	2.5	539,364	7.6
4,501-5,000	58	1.2	274,950	3.9
5,001-5,500	83	1.6	435,074	6.1
5,501-6,000	41	0.8	235,353	3.3
6,001-6,500	30	0.6	186,425	2.6
6,501-7,000	23	0.5	154,206	2.2
7,001-7,500	24	0.5	174,364	2.4
7,501-8,000	15	0.3	115,466	1.6
8,001-8,500	9	0.2	74,370	1.0
8,501-9,000	10	0.2	87,752	1.2
9,001-9,500	4	0.1	36,794	0.5
9,501-10,000	7	0.1	68,202	1.0
10,001+	41	0.8	583,881	8.2

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. 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<sup>a, b</sup>  
 D.C., 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84                                    4,032  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84            \$4,713,041  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84            \$1,169

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,459	36.2 %	0	0.0 %
1-500	608	15.1	136,341	2.9
501-1,000	454	11.3	336,929	7.1
1,001-1,500	351	8.7	437,384	9.3
1,501-2,000	324	8.0	566,390	12.0
2,001-2,500	216	5.4	483,180	10.3
2,501-3,000	171	4.2	466,249	9.9
3,001-3,500	112	2.8	361,016	7.7
3,501-4,000	88	2.2	328,172	7.0
4,001-4,500	61	1.5	257,966	5.5
4,501-5,000	48	1.2	228,748	4.9
5,001-5,500	43	1.1	225,927	4.8
5,501-6,000	18	0.4	103,350	2.2
6,001-6,500	18	0.4	112,459	2.4
6,501-7,000	13	0.3	86,808	1.8
7,001-7,500	5	0.1	35,831	0.8
7,501-8,000	3	0.1	22,994	0.5
8,001-8,500	6	0.1	49,631	1.1
8,501-9,000	3	0.1	25,943	0.6
9,001-9,500	1	0.0	9,474	0.2
9,501-10,000	5	0.1	48,853	1.0
10,001+	25	0.6	389,396	8.3

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. 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<sup>a, b</sup>  
 D.C., 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 2,322  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$1,679,695  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$723

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,227	52.8 %	0	0.0 %
1-500	339	14.6	77,861	4.6
501-1,000	192	8.3	141,781	8.4
1,001-1,500	164	7.1	203,457	12.1
1,501-2,000	118	5.1	205,305	12.2
2,001-2,500	75	3.2	168,839	10.1
2,501-3,000	57	2.5	155,085	9.2
3,001-3,500	44	1.9	142,615	8.5
3,501-4,000	31	1.3	115,085	6.9
4,001-4,500	24	1.0	101,641	6.1
4,501-5,000	11	0.5	51,782	3.1
5,001-5,500	14	0.6	73,643	4.4
5,501-6,000	5	0.2	29,111	1.7
6,001-6,500	2	0.1	12,730	0.8
6,501-7,000	2	0.1	13,504	0.8
7,001-7,500	4	0.2	29,079	1.7
7,501-8,000	2	0.1	15,630	0.9
8,001-8,500	2	0.1	16,394	1.0
8,501-9,000	1	0.0	9,177	0.5
9,001-9,500	8	0.3	116,976	7.0
9,501-10,000				
10,001+				

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. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>17,949</b>	<b>8,276</b>	<b>9,217</b>	<b>449</b>	<b>7</b>	<b>186,797</b>	<b>85,846</b>	<b>96,624</b>	<b>4,253</b>	<b>74</b>	<b>0</b>
<b>Age</b>											
5 and younger	2	0	2	0	0	24	0	24	0	0	0
6-14	5	0	2	0	3	60	0	24	0	36	0
15-20	24	0	21	2	1	241	0	217	18	6	0
21-44	2,574	3	2,425	144	2	25,967	25	24,495	1,427	20	0
45-64	3,926	15	3,706	204	1	40,622	121	38,509	1,980	12	0
65-74	5,064	2,761	2,217	86	0	53,304	28,464	24,126	714	0	0
75-84	4,032	3,361	659	12	0	42,795	35,422	7,266	107	0	0
85 and older	2,322	2,136	185	1	0	23,784	21,814	1,963	7	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	11,480	6,133	5,066	280	1	121,987	64,676	54,642	2,657	12	0
Male	6,469	2,143	4,151	169	6	64,810	21,170	41,982	1,596	62	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	1,156	558	588	10	0	11,307	5,585	5,630	92	0	0
African American	14,086	6,414	7,248	418	6	146,286	66,262	76,001	3,958	65	0
Other/unknown	2,707	1,304	1,381	21	1	29,204	13,999	14,993	203	9	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	2,192	2,020	129	43	0	22,721	20,880	1,369	472	0	0
Part year	1,128	961	141	26	0	11,203	9,479	1,497	227	0	0
None	14,629	5,295	8,947	380	7	152,873	55,487	93,758	3,554	74	0
<b>Maintenance Assistance Status</b>											
Cash	9,026	2,923	5,825	276	2	97,274	31,778	62,759	2,714	23	0
Medically needy	4,467	3,023	1,281	161	2	42,822	29,378	11,989	1,440	15	0
Poverty related	3,673	1,748	1,914	9	2	38,489	18,687	19,700	78	24	0
Other/unknown	783	582	197	3	1	8,212	6,003	2,176	21	12	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	17,949	8,276	9,217	449	7	186,797	85,846	96,624	4,253	74	0
Full dual, part year	0	0	0	0	0	0	0	0	0	0	0
<b>Managed Care Status</b>											
FFS all year	17,767	8,273	9,179	311	4	184,941	85,811	96,189	2,893	48	0
FFS part year, with Rx claims	43	2	15	26	0	426	23	173	230	0	0
FFS part year, no Rx claims	28	0	4	23	1	276	0	42	223	11	0
MC all year, with Rx claims	15	0	9	6	0	178	0	106	72	0	0
MC all year, no Rx claims	96	1	10	83	2	976	12	114	835	15	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 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2001

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
<b>All</b>	<b>17,949</b>	<b>186,797</b>	<b>17,838</b>	<b>185,267</b>	<b>0</b>	<b>1,530</b>
FFS all year	17,767	184,941	17,767	184,941	0	0
FFS part year, with Rx claims	43	426	43	240	0	186
FFS part year, with no Rx claims	28	276	28	86	0	190
MC all year, with Rx claims	15	178	0	0	0	178
MC all year, with no Rx claims	96	976	0	0	0	976

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. 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.