

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	106,328	65,321	40,535	452	20	0	1,111,806	673,846	434,842	2,947	171	0
Age												
5 and younger	6	0	3	0	3	0	62	0	36	0	26	0
6-14	26	0	22	0	4	0	254	0	214	0	40	0
15-20	201	0	186	6	9	0	1,840	0	1,732	29	79	0
21-44	17,490	0	17,125	361	4	0	185,559	0	183,177	2,356	26	0
45-64	20,997	31	20,887	79	0	0	225,591	262	224,796	533	0	0
65-74	24,419	22,298	2,115	6	0	0	259,139	236,372	22,738	29	0	0
75-84	25,320	25,162	158	0	0	0	264,277	262,503	1,774	0	0	0
85 and older	17,869	17,830	39	0	0	0	175,084	174,709	375	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	70,747	48,890	21,513	333	11	0	743,397	509,673	231,506	2,144	74	0
Male	35,581	16,431	19,022	119	9	0	368,409	164,173	203,336	803	97	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	62,101	37,166	24,661	263	11	0	644,062	375,642	266,569	1,770	81	0
African American	38,617	23,219	15,208	182	8	0	407,002	244,261	161,528	1,129	84	0
Other/unknown	5,610	4,936	666	7	1	0	60,742	53,943	6,745	48	6	0
Use of Nursing Facilities^c												
Entire year	15,591	14,183	1,408	0	0	0	157,932	142,297	15,635	0	0	0
Part year	8,596	7,762	834	0	0	0	79,278	70,983	8,295	0	0	0
None	82,141	43,376	38,293	452	20	0	874,596	460,566	410,912	2,947	171	0
Maintenance Assistance Status												
Cash	60,101	32,771	27,293	37	0	0	665,494	366,456	298,790	248	0	0
Medically needy	4,429	2,564	1,865	0	0	0	37,316	21,999	15,317	0	0	0
Poverty-related	9,738	5,351	4,288	93	6	0	97,407	54,104	42,685	572	46	0
Other/unknown	32,060	24,635	7,089	322	14	0	311,589	231,287	78,050	2,127	125	0
Dual Medicare Status^d												
Full dual, all year	96,564	59,582	36,517	445	20	0	1,005,554	611,345	391,168	2,870	171	0
Full dual, part year	9,764	5,739	4,018	7	0	0	106,252	62,501	43,674	77	0	0
Managed Care Status												
FFS all year	104,082	64,829	38,905	328	20	0	1,096,476	670,237	423,839	2,229	171	0
FFS part year, with Rx claims	1,818	405	1,312	101	0	0	13,278	3,139	9,494	645	0	0
FFS part year, no Rx claims	428	87	318	23	0	0	2,052	470	1,509	73	0	0

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 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	87.8 %	44.4	\$2,331	\$53	\$11,556	20.2 %	106,328
Age							
5 and younger	83.3	48.2	4,103	85	11,437	35.9	6
6-14	80.8	36.4	3,750	103	10,253	36.6	26
15-20	78.6	21.0	2,039	97	10,169	20.1	201
21-44	83.0	32.6	2,574	79	11,991	21.5	17,490
45-64	86.8	47.9	2,873	60	12,587	22.8	20,997
65-74	86.7	44.3	2,146	49	8,214	26.1	24,419
75-84	90.0	48.3	2,190	45	11,098	19.7	25,320
85 and older	92.3	46.8	1,910	41	15,154	12.6	17,869
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	89.3	46.2	2,084	45	11,255	18.5	65,321
Disabled	85.4	41.7	2,739	66	12,121	22.6	40,535
Adults	81.2	22.2	1,441	65	4,002	36.0	452
Children	90.0	25.8	2,534	98	21,246	11.9	20
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	90.3	48.1	2,374	49	11,234	21.1	70,747
Male	82.9	37.1	2,244	61	12,197	18.4	35,581
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	88.5	49.2	2,599	53	12,788	20.3	62,101
African American	86.6	38.7	1,994	52	10,483	19.0	38,617
Other/unknown	88.9	30.6	1,685	55	5,314	31.7	5,610
Use of Nursing Facilities^d							
Entire year	97.6	67.5	2,916	43	27,054	10.8	15,591
Part year	97.2	56.1	2,480	44	17,625	14.1	8,596
None	85.0	38.8	2,204	57	7,980	27.6	82,141
Maintenance Assistance Status							
Cash	91.1	44.7	2,450	55	6,551	37.4	60,101
Medically needy	78.3	36.0	2,064	57	9,456	21.8	4,429
Poverty related	69.5	17.7	906	51	4,022	22.5	9,738
Other/unknown	88.6	53.1	2,578	49	23,517	11.0	32,060

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 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	4.2	\$223	20.2 %	12.2 %	17.1 %	11.3 %	29.2 %	23.5 %	6.8 %	\$1,105	106,328	1,111,806
Age												
5 and younger	4.7	397	35.9	16.7	0.0	16.7	33.3	33.3	0.0	1,107	6	62
6-14	3.7	384	36.6	19.2	11.5	0.0	34.6	34.6	0.0	1,050	26	254
15-20	2.3	223	20.1	21.4	32.8	10.9	23.4	10.9	0.5	1,111	201	1,840
21-44	3.1	243	21.5	17.0	26.3	12.6	26.1	14.8	3.2	1,130	17,490	185,559
45-64	4.5	267	22.8	13.2	16.4	10.6	27.7	24.2	7.9	1,172	20,997	225,591
65-74	4.2	202	26.1	13.3	17.5	11.6	28.6	22.3	6.6	774	24,419	259,139
75-84	4.6	210	19.7	10.0	14.4	10.8	30.4	26.4	8.0	1,063	25,320	264,277
85 and older	4.8	195	12.6	7.7	12.0	10.9	33.0	29.1	7.4	1,547	17,869	175,084
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	202	18.5	10.7	14.9	11.1	30.4	25.5	7.4	1,091	65,321	673,846
Disabled	3.9	255	22.6	14.6	20.5	11.5	27.2	20.4	5.8	1,130	40,535	434,842
Adults	3.4	221	36.0	18.8	23.2	12.8	25.9	16.2	3.1	614	452	2,947
Children	3.0	296	11.9	10.0	20.0	35.0	20.0	15.0	0.0	2,485	20	171
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.6	226	21.1	9.7	15.3	11.2	30.3	25.7	7.7	1,069	70,747	743,397
Male	3.6	217	18.4	17.1	20.5	11.4	26.9	19.2	4.9	1,178	35,581	368,409
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.7	251	20.3	11.5	14.6	10.0	28.2	26.6	9.1	1,233	62,101	644,062
African American	3.7	189	19.0	13.4	19.6	12.5	30.5	20.4	3.7	995	38,617	407,002
Other/unknown	2.8	156	31.7	11.1	27.2	17.2	31.1	11.7	1.7	491	5,610	60,742
use of nursing Facilities^d												
Entire year	6.7	288	10.8	2.4	5.6	6.8	29.5	38.6	17.1	2,671	15,591	157,932
Part year	6.1	269	14.1	2.8	7.6	8.3	32.6	36.0	12.6	1,911	8,596	79,278
None	3.6	207	27.6	15.0	20.2	12.4	28.7	19.4	4.2	749	82,141	874,596
Maintenance Assistance Status												
Cash	4.0	221	37.4	8.9	18.9	12.8	32.1	22.4	5.0	592	60,101	665,494
Medically needy	4.3	245	21.8	21.7	14.7	10.2	24.7	21.1	7.5	1,122	4,429	37,316
Poverty related	1.8	91	22.5	30.5	33.5	12.5	15.5	6.5	1.4	402	9,738	97,407
Other/unknown	5.5	265	11.0	11.4	9.1	8.1	28.5	31.3	11.7	2,420	32,060	311,589

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 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	4.2	\$223	\$53	1.9	\$165	\$88	0.3	\$18	\$54	2.0	\$39	\$20
Age												
5 and younger	4.7	397	85	2.3	329	143	0.4	19	52	2.0	47	24
6-14	3.7	384	103	1.5	279	181	0.6	68	118	1.6	37	23
15-20	2.3	223	97	1.1	176	160	0.2	21	96	1.0	26	27
21-44	3.1	243	79	1.4	188	134	0.2	22	91	1.4	32	23
45-64	4.5	267	60	2.1	201	98	0.3	22	68	2.0	43	21
65-74	4.2	202	49	1.9	150	78	0.3	14	48	1.9	38	20
75-84	4.6	210	45	2.0	152	76	0.4	16	42	2.2	42	19
85 and older	4.8	195	41	1.9	135	71	0.5	17	39	2.4	41	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	202	45	1.9	146	75	0.4	16	43	2.1	40	19
Disabled	3.9	255	66	1.8	194	109	0.3	22	75	1.8	38	22
Adults	3.4	221	65	1.5	170	111	0.2	17	87	1.6	33	20
Children	3.0	296	98	1.3	222	177	0.3	25	78	1.4	49	34
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.6	226	49	2.0	167	82	0.4	18	50	2.1	40	19
Male	3.6	217	61	1.6	161	104	0.3	18	63	1.7	37	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.7	251	53	2.1	184	89	0.4	21	54	2.2	44	20
African American	3.7	189	52	1.6	141	86	0.3	14	51	1.7	33	19
Other/unknown	2.8	156	55	1.5	122	81	0.2	9	60	1.2	24	21
Use of Nursing Facilities^e												
Entire year	6.7	288	43	2.7	201	76	0.6	26	41	3.3	58	18
Part year	6.1	269	44	2.5	191	76	0.6	24	42	2.9	52	18
None	3.6	207	57	1.7	156	93	0.3	16	61	1.7	35	21
Maintenance Assistance Status												
Cash	4.0	221	55	1.9	166	89	0.3	17	59	1.9	38	20
Medically needy	4.3	245	57	1.8	182	99	0.4	21	58	2.0	40	20
Poverty related	1.8	91	51	0.8	67	88	0.1	7	51	0.9	17	19
Other/unknown	5.5	265	49	2.3	191	85	0.5	23	46	2.6	49	19

Source: Data for this table are from the MAX 2001 file for Virginia, 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 Virginia, 1.4 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, VIRGINIA, 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos		
															Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$24	\$22	\$0	\$71	\$110	\$73	\$15	211,895	\$14,966,076	55,941	52.6 %	615,548
Biologics	0.4	0.2	0.2	0.0	721	304	351	1632	1,718	1,510	2,035	95	155,038	20	0.0	215
Antineoplastic Agents	0.5	0.2	0.2	0.2	87	51	24	169	272	156	69	23,848	4,038,340	4,570	4.3	46,592
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	36	30	1	40	59	21	14	413,130	16,478,576	42,373	39.9	462,145
Cardiovascular Agents	1.6	0.7	0.1	0.9	58	37	4	35	56	36	19	1,172,343	41,378,452	66,075	62.1	715,290
Respiratory Agents	0.7	0.4	0.0	0.3	33	25	1	45	62	33	24	373,555	16,917,838	46,278	43.5	510,812
Gastrointestinal Agents	0.8	0.4	0.0	0.3	61	50	3	81	127	86	26	383,478	31,011,943	46,428	43.7	504,794
Genitourinary Agents	0.4	0.3	0.0	0.1	23	21	0	52	64	34	17	72,013	3,710,921	14,588	13.7	161,192
CNS Drugs	1.2	0.6	0.1	0.6	89	66	11	72	116	111	21	732,731	52,684,257	54,571	51.3	589,123
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	35	24	2	66	122	58	29	5,106	336,222	901	0.8	9,728
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	69	67	0	115	121	80	42	31,757	3,655,347	5,018	4.7	53,053
Analgesics and Anesthetics	0.8	0.3	0.0	0.4	37	27	3	49	98	77	15	440,388	21,686,026	53,121	50.0	580,962
Neuromuscular Agents	0.9	0.3	0.1	0.5	52	36	5	56	104	44	23	282,305	15,854,122	27,682	26.0	303,754
Nutritional Products	0.6	0.0	0.2	0.4	11	0	5	18	17	25	14	152,979	2,752,535	23,450	22.1	250,329
Hematological Agents	0.8	0.2	0.2	0.4	50	41	3	67	180	18	17	158,583	10,567,787	19,866	18.7	211,177
Topical Products	0.4	0.2	0.0	0.2	17	12	2	38	55	42	18	205,844	7,859,490	42,142	39.6	466,794
Miscellaneous Products	0.5	0.2	0.1	0.2	101	68	19	211	397	279	57	12,414	2,620,552	2,512	2.4	26,025
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	11	0	0	24	0	0	0	48,171	1,162,292	9,744	9.2	106,681
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.	4,720,635	247,835,814	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Virginia, 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_mdmb.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 Virginia, 1.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (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, VIRGINIA, 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	\$27,718,191	26,137	24.6 %	284,357	0.7	\$135	\$97
ULCER DRUGS	27,263,816	45,673	43.0	500,405	0.5	100	54
ANTIDEPRESSANTS	18,157,086	42,517	40.0	460,410	0.6	64	39
ANTI-DIABETIC	12,446,007	33,827	31.8	370,734	0.6	52	34
ANTICONVULSANT	12,371,856	22,225	20.9	243,687	0.8	66	51
ANTIHYPERTENSIVE	12,015,178	44,427	41.8	487,441	0.6	39	25
ANTIHYPERTENSIVE	10,779,161	18,822	17.7	212,327	0.6	84	51
ANALGESICS - ANTI-INFLAMMATORY	10,603,364	36,212	34.1	408,866	0.4	68	26
ANALGESICS - Narcotic	9,950,211	57,873	54.4	635,823	0.4	40	16
CALCIUM BLOCKERS	9,245,967	23,915	22.5	261,701	0.7	51	35
Total	150,550,837	351,628		3,865,751	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	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	2,211,172	\$150,550,837	26,137	24.6 %	284,357	0.7	\$98	45,673	43.0 %	500,405	0.5	\$55
Female	1,560,898	101,802,853	15,897	22.5	171,442	0.7	84	32,454	45.9	356,424	0.5	55
Disabled	506,350	38,755,780	6,164	28.7	69,466	0.7	104	10,170	47.3	114,737	0.5	54
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	72	3,974	0	0.0	0	0.0	0	4	40.0	36	0.3	22
15-20	810	74,059	14	17.3	127	0.7	169	24	29.6	261	0.4	38
21-44	141,677	12,166,385	2,708	34.8	30,398	0.7	105	2,872	36.9	32,503	0.4	47
45-64	321,065	23,737,476	3,219	26.7	36,447	0.7	105	6,389	52.9	71,900	0.5	56
65-74	38,998	2,561,443	202	14.2	2,253	0.6	75	792	55.7	8,997	0.5	58
75-84	3,076	176,374	18	15.0	205	0.6	51	73	60.8	868	0.5	47
85 and older	652	36,069	3	9.1	36	0.2	3	16	48.5	172	0.8	69
Other Eligibles	1,054,548	63,047,073	9,733	19.8	101,976	0.7	70	22,284	45.3	241,687	0.6	55
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	15	184	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	76	3,684	2	20.0	24	0.4	11	1	10.0	12	0.6	51
21-44	2,506	199,213	65	23.3	525	0.4	45	86	30.8	690	0.3	37
45-64	873	62,118	6	9.4	72	0.5	12	21	32.8	185	0.6	64
65-74	338,744	21,459,037	2,240	15.1	24,592	0.7	85	6,933	46.8	78,264	0.5	52
75-84	430,590	25,653,062	3,833	20.1	40,606	0.7	72	8,772	46.1	96,124	0.6	55
85 and older	281,744	15,669,775	3,587	23.8	36,157	0.6	58	6,471	43.0	66,412	0.7	58
Male	650,274	48,747,984	10,240	28.8	112,915	0.8	119	13,219	37.2	143,981	0.5	54
Disabled	360,120	31,363,382	6,798	35.7	77,546	0.8	139	6,375	33.5	71,617	0.5	55
5 and younger	31	1,714	0	0.0	0	0.0	0	1	33.3	12	0.4	19
6-14	102	4,939	2	16.7	16	0.1	17	4	33.3	48	0.5	37
15-20	1,005	95,454	21	20.0	202	0.4	63	24	22.9	273	0.4	34
21-44	154,627	15,246,624	3,630	38.8	41,419	0.8	146	2,593	27.7	29,460	0.5	52
45-64	189,988	15,065,666	3,027	34.3	34,647	0.9	133	3,435	38.9	38,320	0.5	58
65-74	13,724	909,263	111	16.0	1,187	0.8	108	307	44.4	3,385	0.5	54
75-84	640	38,560	7	18.4	75	0.9	97	9	23.7	95	0.6	53
85 and older	23	1,162	0	0.0	0	0.0	0	2	33.3	24	0.3	33
Other Eligibles	290,154	17,384,602	3,442	20.8	35,369	0.7	73	6,844	41.3	72,364	0.6	53
5 and younger	17	1,415	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	37	2,273	0	0.0	0	0.0	0	2	100.0	24	0.6	41
15-20	75	9,083	2	40.0	14	0.6	157	2	40.0	24	0.2	23
21-44	1,210	103,689	17	19.8	175	0.5	89	35	40.7	348	0.5	52
45-64	754	48,252	5	10.9	36	0.5	90	21	45.7	144	0.7	62
65-74	133,629	8,230,300	1,313	17.5	14,135	0.7	79	3,075	41.0	33,693	0.5	51
75-84	111,944	6,561,171	1,384	22.6	14,127	0.7	73	2,572	42.0	26,953	0.6	55
85 and older	42,488	2,428,419	721	25.9	6,882	0.6	61	1,137	40.8	11,178	0.6	56
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 Virginia, 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, VIRGINIA, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-DIABETIC					ANTICONVULSANT				
	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	42,517	40.0 %	460,410	\$39	0.6	33,827	31.8 %	370,734	\$34	0.6	22,225	20.9 %	243,687	\$51	0.8
Female	30,980	43.8	335,444	39	0.6	25,378	35.9	279,810	34	0.6	13,616	19.2	148,730	47	0.7
Disabled	12,594	58.5	140,896	40	0.6	7,516	34.9	84,619	38	0.6	7,111	33.1	79,584	58	0.7
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	20.0	15	106	1.0
15-20	21	25.9	213	57	0.7	7	8.6	61	48	0.9	22	27.2	228	63	0.7
21-44	4,729	60.8	52,617	39	0.5	1,281	16.5	14,472	36	0.6	3,113	40.0	34,786	67	0.7
45-64	7,249	60.1	81,364	41	0.6	5,395	44.7	60,733	38	0.6	3,730	30.9	41,841	52	0.7
65-74	545	38.3	6,162	34	0.6	775	54.5	8,693	39	0.7	229	16.1	2,550	38	0.7
75-84	43	35.8	479	20	0.4	50	41.7	575	27	0.6	15	12.5	164	32	0.6
85 and older	7	21.2	61	45	0.7	8	24.2	85	14	0.4	0	0.0	0	0	0.0
Other Eligibles	18,386	37.3	194,548	39	0.7	17,862	36.3	195,191	32	0.7	6,505	13.2	69,146	33	0.8
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	5	50.0	48	32	0.6	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	156	55.9	1,243	38	0.4	21	7.5	140	38	0.8	64	22.9	513	48	0.5
45-64	28	43.8	249	53	0.7	20	31.3	194	30	0.5	12	18.8	100	61	0.5
65-74	5,218	35.2	57,488	35	0.6	7,142	48.2	80,055	35	0.7	2,232	15.1	24,620	37	0.7
75-84	7,075	37.2	75,407	39	0.7	7,290	38.3	79,756	31	0.7	2,640	13.9	28,106	32	0.8
85 and older	5,904	39.3	60,113	41	0.7	3,389	22.5	35,046	26	0.7	1,557	10.4	15,807	29	0.8
Male	11,537	32.4	124,966	40	0.6	8,449	23.7	90,924	34	0.6	8,609	24.2	94,957	57	0.8
Disabled	6,768	35.6	76,253	41	0.6	3,742	19.7	41,536	37	0.6	6,013	31.6	68,094	66	0.8
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	16.7	20	29	0.5	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	24	22.9	220	40	0.5	9	8.6	108	33	0.6	36	34.3	383	90	0.8
21-44	3,450	36.9	38,962	41	0.5	1,035	11.1	11,528	35	0.6	3,149	33.7	35,839	75	0.8
45-64	3,114	35.3	35,102	42	0.6	2,458	27.9	27,224	37	0.6	2,687	30.5	30,323	56	0.8
65-74	171	24.7	1,870	36	0.6	231	33.4	2,568	44	0.6	135	19.5	1,482	39	0.8
75-84	6	15.8	67	9	0.4	9	23.7	108	63	1.0	5	13.2	55	19	0.9
85 and older	1	16.7	12	0	0.1	0	0.0	0	0	0.0	1	16.7	12	13	0.8
Other Eligibles	4,769	28.8	48,713	38	0.7	4,707	28.4	49,388	31	0.6	2,596	15.7	26,863	36	0.8
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	4	80.0	48	97	0.7	0	0.0	0	0	0.0	1	20.0	10	16	0.2
21-44	58	67.4	523	35	0.5	5	5.8	22	48	0.7	26	30.2	247	53	0.5
45-64	27	58.7	207	45	0.7	12	26.1	69	29	0.8	14	30.4	96	32	0.5
65-74	1,917	25.6	20,503	36	0.6	2,392	31.9	25,776	33	0.6	1,300	17.3	14,011	36	0.8
75-84	1,878	30.6	18,964	39	0.7	1,749	28.5	18,120	30	0.7	942	15.4	9,572	36	0.9
85 and older	885	31.7	8,468	41	0.7	549	19.7	5,401	26	0.7	313	11.2	2,927	32	0.8
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 Virginia, 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, VIRGINIA, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERLIPIDEMIC					ANALGESICS - ANTI-INFLAMMATORY				
	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 \$
All	44,427	41.8 %	487,441	0.6	\$25	18,822	17.7 %	212,327	0.6	\$51	36,212	34.1 %	408,866	0.4	\$26
Female	31,700	44.8	348,479	0.6	25	13,674	19.3	154,585	0.6	51	26,911	38.0	303,980	0.4	28
Disabled	7,659	35.6	85,687	0.6	23	4,211	19.6	47,639	0.6	50	9,811	45.6	111,930	0.3	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	2	20.0	15	0.9	36	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	16.0	118	0.5	29	4	4.9	35	0.5	34	22	27.2	217	0.2	5
21-44	1,334	17.1	14,906	0.5	19	549	7.1	6,207	0.5	43	3,050	39.2	34,652	0.3	17
45-64	5,308	44.0	59,425	0.6	23	3,092	25.6	34,902	0.6	50	5,896	48.9	67,323	0.4	28
65-74	898	63.1	10,033	0.6	25	528	37.1	6,058	0.6	57	767	53.9	8,846	0.4	30
75-84	85	70.8	987	0.6	23	36	30.0	419	0.6	52	69	57.5	814	0.4	25
85 and older	19	57.6	203	0.8	31	2	6.1	18	0.7	23	7	21.2	78	0.4	34
Other Eligibles	24,041	48.8	262,792	0.7	25	9,463	19.2	106,946	0.6	52	17,100	34.7	192,050	0.4	30
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	100.0	20	0.7	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	24	0.2	5	1	10.0	4	0.8	45	3	30.0	25	0.5	4
21-44	29	10.4	204	0.4	15	6	2.2	19	0.7	46	103	36.9	912	0.3	22
45-64	18	28.1	137	0.5	27	11	17.2	86	0.5	45	21	32.8	179	0.3	20
65-74	8,008	54.1	90,049	0.6	25	4,430	29.9	50,422	0.6	51	6,017	40.6	68,965	0.4	27
75-84	9,851	51.8	108,756	0.7	25	3,926	20.6	44,502	0.6	53	6,921	36.4	78,441	0.4	30
85 and older	6,131	40.8	63,602	0.7	26	1,089	7.2	11,913	0.6	51	4,035	26.8	43,528	0.5	33
Male	12,727	35.8	138,962	0.6	25	5,148	14.5	57,742	0.6	50	9,301	26.1	104,886	0.3	21
Disabled	5,377	28.3	59,896	0.6	25	2,589	13.6	29,470	0.6	49	5,048	26.5	57,521	0.3	18
5 and younger	2	66.7	24	0.5	23	0	0.0	0	0.0	0	1	33.3	12	0.1	1
6-14	4	33.3	39	0.4	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	21	20.0	227	0.5	15	0	0.0	0	0.0	0	14	13.3	144	0.3	15
21-44	1,724	18.4	19,295	0.6	25	783	8.4	9,006	0.6	46	2,266	24.2	25,818	0.2	14
45-64	3,290	37.3	36,531	0.6	24	1,658	18.8	18,804	0.6	50	2,547	28.9	29,047	0.3	22
65-74	320	46.2	3,588	0.7	28	143	20.7	1,600	0.7	60	212	30.6	2,404	0.4	23
75-84	16	42.1	192	0.6	38	5	13.2	60	0.8	53	7	18.4	84	0.1	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	0.1	7
Other Eligibles	7,350	44.4	79,066	0.6	25	2,559	15.5	28,272	0.6	51	4,253	25.7	47,365	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.8	26	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	60.0	29	0.4	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	10.5	79	0.5	25	3	3.5	26	0.3	33	41	47.7	380	0.2	17
45-64	20	43.5	141	0.6	24	16	34.8	133	0.7	53	17	37.0	134	0.3	26
65-74	3,460	46.1	38,093	0.6	25	1,510	20.1	16,862	0.6	51	2,055	27.4	23,203	0.4	21
75-84	2,800	45.7	30,051	0.7	25	873	14.2	9,609	0.6	51	1,520	24.8	17,062	0.4	26
85 and older	1,057	37.9	10,661	0.7	25	157	5.6	1,642	0.6	48	620	22.2	6,586	0.5	28
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 Virginia, 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, VIRGINIA, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic				CALCIUM BLOCKERS				No. of Bene Mos			
	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	57,873	54.4 %	635,823	0.4	\$16	23,915	22.5 %	261,701	0.7	\$35	106,328	1,111,806
Female	41,808	59.1	460,718	0.4	14	18,085	25.6	198,503	0.7	35	70,747	743,397
Disabled	16,940	78.7	191,043	0.4	18	3,883	18.0	43,506	0.6	35	21,513	231,506
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	5	50.0	47	0.7	23	10	86
15-20	37	45.7	368	0.2	7	10	12.3	99	0.6	53	81	766
21-44	5,978	76.8	67,177	0.3	17	635	8.2	7,118	0.6	32	7,779	82,923
45-64	9,747	80.8	110,086	0.4	19	2,660	22.0	29,740	0.6	35	12,067	130,515
65-74	1,075	75.5	12,205	0.4	12	505	35.5	5,717	0.7	39	1,423	15,515
75-84	82	68.3	970	0.4	8	57	47.5	666	0.6	35	120	1,370
85 and older	21	63.6	237	0.5	24	11	33.3	119	0.8	43	33	331
Other Eligibles	24,868	50.5	269,675	0.4	12	14,202	28.8	154,997	0.7	35	49,234	511,891
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	1	50.0	10	0.1	1	0	0.0	0	0.0	0	2	16
15-20	3	30.0	25	0.1	1	1	10.0	12	0.8	71	10	59
21-44	231	82.8	1,874	0.4	25	21	7.5	152	0.3	18	279	1,799
45-64	42	65.6	348	0.6	28	10	15.6	78	0.7	42	64	485
65-74	8,138	55.0	91,852	0.4	12	4,371	29.5	48,968	0.7	35	14,805	159,076
75-84	9,644	50.7	105,961	0.4	12	5,963	31.3	65,814	0.7	36	19,031	201,552
85 and older	6,809	45.3	69,605	0.4	12	3,836	25.5	39,973	0.8	35	15,042	148,902
Male	16,065	45.2	175,105	0.4	19	5,830	16.4	63,198	0.7	35	35,581	368,409
Disabled	9,556	50.2	106,571	0.4	24	2,355	12.4	26,028	0.6	37	19,022	203,336
5 and younger	0	0.0	0	0.0	0	1	33.3	12	1.0	78	3	36
6-14	0	0.0	0	0.0	0	4	33.3	39	1.3	55	12	128
15-20	25	23.8	298	0.3	47	13	12.4	131	0.7	55	105	966
21-44	4,805	51.4	53,799	0.4	27	682	7.3	7,552	0.6	37	9,346	100,254
45-64	4,353	49.4	48,375	0.4	21	1,483	16.8	16,407	0.7	36	8,820	94,281
65-74	360	52.0	3,946	0.4	12	160	23.1	1,746	0.6	36	692	7,223
75-84	10	26.3	117	0.2	6	12	31.6	141	0.8	41	38	404
85 and older	3	50.0	36	0.1	4	0	0.0	0	0.0	0	6	44
Other Eligibles	6,509	39.3	68,534	0.4	12	3,475	21.0	37,170	0.7	34	16,559	165,073
5 and younger	1	50.0	12	0.1	1	2	100.0	24	0.7	59	2	24
6-14	0	0.0	0	0.0	0	1	50.0	12	1.0	81	2	24
15-20	0	0.0	0	0.0	0	3	60.0	34	0.4	30	5	49
21-44	83	96.5	764	0.6	36	5	5.8	37	0.4	12	86	583
45-64	28	60.9	193	0.5	16	10	21.7	99	0.8	49	46	310
65-74	3,126	41.7	34,113	0.4	13	1,562	20.8	17,072	0.7	34	7,499	77,325
75-84	2,271	37.0	23,724	0.4	10	1,375	22.4	14,701	0.7	35	6,131	60,951
85 and older	1,000	35.9	9,728	0.4	11	517	18.5	5,191	0.7	32	2,788	25,807
Unknown	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 Virginia, 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, VIRGINIA, 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	\$288	6.7	15,591	157,932
Age				
0-64	375	7.5	1,304	14,485
65-74	341	7.5	2,042	21,424
75-84	308	7.1	5,149	52,168
85 and older	239	5.9	7,096	69,855
Unknown	0	0.0	0	0
Gender				
Female	283	6.7	11,763	119,674
Male	302	6.6	3,828	38,258
Unknown	0	0.0	0	0
Race				
White	297	6.9	11,388	113,939
African American	261	5.9	4,035	42,201
Other/unknown	329	6.9	168	1,792
Basis of Eligibility^c				
Aged	279	6.6	14,183	142,297
Disabled	372	7.5	1,408	15,635
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 Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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, VIRGINIA, 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	0.4	0.2	0.0	0.2	\$20	\$18	\$0	\$2	\$49	\$73	\$51	\$13	43,745	\$2,156,713	10,285	66.0 %	107,864
Biologics	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.6	0.1	0.3	0.2	92	36	43	13	149	245	149	72	7,478	1,110,651	1,241	8.0	12,087
Endocrine/Metabolic Drugs	1.2	0.5	0.0	0.6	37	29	1	7	32	53	21	12	80,525	2,547,259	6,725	43.1	69,560
Cardiovascular Agents	2.0	0.6	0.2	1.2	55	29	6	21	27	47	29	17	221,818	6,078,949	10,860	69.7	110,716
Respiratory Agents	0.8	0.3	0.0	0.4	30	18	0	11	38	54	27	25	61,284	2,314,050	7,399	47.5	77,940
Gastrointestinal Agents	1.1	0.4	0.1	0.6	66	48	4	14	58	109	68	22	98,301	5,748,149	8,450	54.2	87,387
Genitourinary Agents	0.6	0.4	0.0	0.2	29	25	0	3	48	61	30	18	19,266	920,949	2,977	19.1	31,839
CNS Drugs	1.7	0.9	0.1	0.6	103	82	10	11	61	89	84	17	184,443	11,332,555	10,652	68.3	110,168
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	22	11	0	11	31	93	12	19	1,041	32,012	139	0.9	1,446
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	101	101	0	0	119	120	0	29	12,745	1,520,103	1,464	9.4	14,980
Analgesics and Anesthetics	1.0	0.4	0.0	0.5	39	31	2	6	40	76	44	11	72,431	2,918,978	7,325	47.0	75,343
Neuromuscular Agents	1.4	0.4	0.2	0.7	62	33	9	20	45	76	40	28	68,590	3,117,112	4,755	30.5	50,176
Nutritional Products	0.8	0.0	0.2	0.6	15	0	6	9	18	21	23	16	46,486	845,920	5,414	34.7	55,116
Hematological Agents	1.2	0.3	0.3	0.5	49	38	5	7	42	128	13	12	56,161	2,347,142	4,674	30.0	47,878
Topical Products	0.6	0.2	0.1	0.2	19	12	3	4	34	50	40	17	55,870	1,904,116	9,366	60.1	100,177
Miscellaneous Products	0.3	0.1	0.0	0.3	13	5	2	7	41	83	346	25	2,903	119,011	876	5.6	8,844
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	15	0	0	0	24	0	0	0	18,859	453,887	2,755	17.7	29,396
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.	1,051,946	45,467,556	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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 Virginia, 1.4 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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
ULCER DRUGS	\$5,098,070	7,297	46.8 %	75,342	0.8	\$84	\$68
ANTIPSYCHOTICS	5,065,271	5,904	37.9	62,066	0.8	104	82
ANTIDEPRESSANTS	4,883,963	8,803	56.5	92,226	0.9	61	53
ANTICONVULSANT	1,977,520	3,934	25.2	41,753	1.1	43	47
ANTIHYPERTENSIVE	1,866,173	5,824	37.4	59,295	0.9	36	31
ANTIDIABETIC	1,651,641	5,030	32.3	51,844	0.8	38	32
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,524,954	1,504	9.6	15,411	0.8	118	99
ANALGESICS - ANTI-INFLAMMATORY	1,519,157	3,872	24.8	41,687	0.6	58	36
DERMATOLOGICAL	1,513,524	22,531	144.5	244,195	0.3	23	6
CALCIUM BLOCKERS	1,419,264	3,345	21.5	34,454	0.9	44	41
Total	26,519,537	68,044		718,273	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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); 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, VIRGINIA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among NF	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among NF	Mean No. of Rx	Mean Rx \$
All	467,451	\$26,519,537	7,297	0.8	46.8 %	75,342	\$68	5,904	37.9 %	62,066	0.8	\$82
Female	349,491	19,652,625	5,466	0.8	46.5	56,724	67	4,361	37.1	45,842	0.8	79
Disabled	26,720	1,595,686	333	0.8	47.2	3,672	69	262	37.1	2,927	0.9	109
64 or younger	24,635	1,466,659	297	0.8	45.4	3,278	70	236	36.1	2,626	0.9	109
65-74	1,615	106,688	25	0.8	71.4	262	70	20	57.1	229	0.7	134
75-84	219	10,175	6	0.5	85.7	72	27	4	57.1	48	0.5	40
85 and older	251	12,164	5	0.8	50.0	60	80	2	20.0	24	0.2	3
Other Eligibles	322,771	18,056,939	5,133	0.8	46.4	53,052	67	4,099	37.1	42,915	0.8	77
64 or younger	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
65-74	45,638	2,645,150	574	0.8	50.2	6,245	65	544	47.6	5,801	0.8	99
75-84	126,210	7,224,405	1,849	0.8	48.7	19,248	70	1,613	42.5	17,036	0.8	81
85 and older	150,923	8,187,384	2,710	0.8	44.3	27,559	66	1,942	31.7	20,078	0.7	67
Male	117,960	6,866,912	1,831	0.8	47.8	18,618	69	1,543	40.3	16,224	0.8	88
Disabled	27,250	1,704,104	355	0.8	50.6	3,896	73	288	41.0	3,242	0.9	113
64 or younger	25,273	1,585,308	332	0.8	51.2	3,647	74	267	41.2	3,014	0.9	111
65-74	1,891	114,170	23	0.8	45.1	249	60	20	39.2	216	1.0	143
75-84	86	4,626	0	0.0	0.0	0	0	1	50.0	12	0.8	6
85 and older	0	0	0	0.0	0.0	0	0	0	0.0	0	0.0	0
Other Eligibles	90,710	5,162,808	1,476	0.8	47.2	14,722	68	1,255	40.1	12,982	0.8	82
64 or younger	26	1,219	2	0.8	100.0	4	56	0	0.0	0	0.0	0
65-74	27,384	1,573,429	373	0.8	45.9	3,969	67	344	42.3	3,738	0.8	90
75-84	40,494	2,299,910	658	0.8	49.0	6,514	68	572	42.6	5,947	0.8	83
85 and older	22,806	1,288,250	443	0.8	45.8	4,235	68	339	35.1	3,297	0.7	72
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 Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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, VIRGINIA, 2001

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	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
All	8,803	56.5 %	92,226	0.9	\$53	0.9	3,934	25.2 %	41,753	1.1	\$47	5,824	37.4 %	59,295	0.9	\$32		
Female	6,882	58.5	72,380	0.9	53	0.9	2,613	22.2	27,661	1.1	44	4,286	36.4	43,684	0.9	30		
Disabled	454	64.3	5,075	0.9	62	0.9	400	56.7	4,509	1.2	61	207	29.3	2,279	0.9	28		
64 or younger	414	63.3	4,665	0.9	63	0.9	382	58.4	4,308	1.2	61	178	27.2	1,976	0.9	28		
65-74	30	85.7	304	0.9	55	0.9	18	51.4	201	1.2	55	16	45.7	166	0.9	27		
75-84	6	85.7	64	0.6	33	0.6	0	0.0	0	0.0	0	5	71.4	44	1.0	40		
85 and older	4	40.0	42	0.7	39	0.7	0	0.0	0	0.0	0	8	80.0	93	1.0	33		
Other Eligibles	6,428	58.1	67,305	0.9	52	0.9	2,213	20.0	23,152	1.0	40	4,079	36.9	41,405	0.9	31		
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	815	71.3	8,671	0.9	56	0.9	471	41.2	4,993	1.1	50	497	43.5	5,340	0.9	35		
75-84	2,415	63.6	25,422	0.9	55	0.9	987	26.0	10,436	1.1	40	1,529	40.3	15,623	0.9	31		
85 and older	3,198	52.3	33,212	0.8	49	0.8	755	12.3	7,723	1.0	35	2,053	33.6	20,442	0.9	29		
Male	1,921	50.2	19,846	0.9	55	0.9	1,321	34.5	14,092	1.2	55	1,538	40.2	15,611	0.9	35		
Disabled	373	53.1	4,226	0.9	58	0.9	446	63.5	5,037	1.3	70	242	34.5	2,651	0.9	47		
64 or younger	343	52.9	3,882	0.9	58	0.9	414	63.9	4,680	1.3	72	224	34.6	2,458	0.9	48		
65-74	30	58.8	344	1.0	56	1.0	32	62.7	357	1.1	53	17	33.3	181	0.8	30		
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	1	50.0	12	1.2	36		
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	1,548	49.5	15,620	0.9	54	0.9	875	28.0	9,055	1.1	46	1,296	41.5	12,960	0.9	32		
64 or younger	3	150.0	5	1.0	86	1.0	2	100.0	4	1.8	84	2	100.0	6	0.7	24		
65-74	438	53.9	4,597	0.9	56	0.9	339	41.7	3,690	1.1	49	399	49.1	4,193	0.9	33		
75-84	688	51.2	6,967	0.9	54	0.9	380	28.3	3,899	1.1	46	563	41.9	5,598	0.9	33		
85 and older	419	43.3	4,051	0.9	52	0.9	154	15.9	1,462	1.0	38	332	34.3	3,163	0.9	30		
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 Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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, VIRGINIA, 2001

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene among Users	Residents	No. of Bene among Users	No. of Rx	No. of Users	No. of Bene among Users	Residents	No. of Bene among Users	No. of Rx	No. of Users	No. of Bene among Users	Residents	No. of Bene among Users	No. of Rx
All	5,030	51,844	32.3 %	0.8	\$32	1,504	9.6 %	15,411	0.8	\$99	3,872	24.8 %	41,687	0.6	\$36
Female	3,791	39,392	32.2	0.8	31	1,165	9.9	11,993	0.8	101	3,042	25.9	32,689	0.6	38
Disabled	229	2,539	32.4	0.9	41	29	4.1	324	0.7	137	230	32.6	2,640	0.6	29
64 or younger	205	2,266	31.3	0.9	41	26	4.0	294	0.6	144	217	33.2	2,489	0.6	28
65-74	16	177	45.7	1.0	58	3	8.6	30	0.7	67	10	28.6	115	0.8	61
75-84	6	72	85.7	0.6	16	0	0.0	0	0.0	0	2	28.6	24	0.5	26
85 and older	2	24	20.0	0.3	9	0	0.0	0	0.0	0	1	10.0	12	0.3	1
Other Eligibles	3,562	36,853	32.2	0.8	31	1,136	10.3	11,669	0.8	100	2,812	25.4	30,049	0.6	38
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	658	7,110	57.6	0.9	36	104	9.1	1,031	0.8	100	324	28.3	3,619	0.6	39
75-84	1,551	16,154	40.9	0.8	31	461	12.1	4,731	0.9	101	1,046	27.6	11,237	0.6	37
85 and older	1,353	13,589	22.1	0.8	27	571	9.3	5,907	0.8	98	1,442	23.6	15,193	0.6	39
Male	1,239	12,452	32.4	0.8	34	339	8.9	3,418	0.8	93	830	21.7	8,998	0.6	33
Disabled	207	2,260	29.5	0.9	34	22	3.1	238	0.5	48	178	25.4	2,066	0.5	27
64 or younger	193	2,117	29.8	0.9	32	20	3.1	221	0.4	42	164	25.3	1,898	0.5	26
65-74	11	107	21.6	0.8	44	2	3.9	17	1.2	132	14	27.5	168	0.5	38
75-84	3	36	150.0	1.7	114	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	1,032	10,192	33.0	0.8	34	317	10.1	3,180	0.8	97	652	20.9	6,932	0.6	34
64 or younger	0	0	0.0	0.0	0	0	0.0	0	0.0	0	1	50.0	3	0.3	7
65-74	344	3,509	42.3	0.8	37	51	6.3	571	0.8	95	167	20.5	1,904	0.6	31
75-84	451	4,444	33.6	0.8	34	150	11.2	1,490	0.8	91	267	19.9	2,819	0.6	35
85 and older	237	2,239	24.5	0.8	30	116	12.0	1,119	0.9	105	217	22.4	2,206	0.6	37
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 Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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).
- Boe 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, VIRGINIA, 2001

Beneficiary Characteristics	DERMATOLOGICAL										CALCIUM BLOCKERS									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Residents	No. of All-Year NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Users	No. of Residents	No. of All-Year NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Users	No. of Residents	No. of All-Year NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Users	No. of Residents	No. of All-Year NF Residents	No. of Bene Mos among Users	Mean Rx
All	22,531	144.5 %	244,195	0.3	\$6	3,345	21.5 %	34,454	0.9	\$41	15,591	157,932								
Female	16,958	144.2	184,367	0.3	6	2,601	22.1	26,731	0.9	41	11,763	119,674								
Disabled	1,174	166.3	13,601	0.3	7	91	12.9	992	1.0	45	706	7,837								
64 or younger	1,091	166.8	12,699	0.3	7	85	13.0	928	1.0	45	654	7,267								
65-74	54	154.3	585	0.4	9	3	8.6	36	0.8	23	35	377								
75-84	11	157.1	116	0.2	4	1	14.3	4	1.0	63	7	76								
85 and older	18	180.0	201	0.2	4	2	20.0	24	1.0	65	10	117								
Other Eligibles	15,784	142.8	170,766	0.3	6	2,510	22.7	25,739	0.9	41	11,057	111,837								
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
65-74	1,699	148.6	18,867	0.3	6	272	23.8	2,876	1.0	46	1,143	12,075								
75-84	5,485	144.5	60,144	0.3	7	920	24.2	9,563	0.9	42	3,796	38,976								
85 and older	8,600	140.6	91,755	0.3	6	1,318	21.5	13,300	0.9	38	6,118	60,786								
Male	5,573	145.6	59,828	0.3	7	744	19.4	7,723	0.9	43	3,828	38,258								
Disabled	1,245	177.4	14,199	0.3	9	104	14.8	1,167	1.0	51	702	7,798								
64 or younger	1,149	177.3	13,148	0.3	9	97	15.0	1,093	1.0	52	648	7,214								
65-74	95	186.3	1,039	0.4	9	7	13.7	74	0.7	34	51	557								
75-84	1	50.0	12	0.1	1	0	0.0	0	0.0	0	2	24								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3								
Other Eligibles	4,328	138.5	45,629	0.3	6	640	20.5	6,556	0.9	41	3,126	30,460								
64 or younger	4	200.0	10	0.5	5	1	50.0	3	0.3	4	2	4								
65-74	1,113	136.9	12,162	0.2	5	191	23.5	2,059	0.9	43	813	8,415								
75-84	1,848	137.5	19,708	0.3	6	299	22.2	3,034	0.9	41	1,344	13,092								
85 and older	1,363	141.0	13,749	0.3	6	149	15.4	1,460	0.9	39	967	8,949								
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 Virginia, 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 8,596 beneficiaries who were in nursing facilities for part of their enrollment and their 79,278 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}
 VIRGINIA, 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 \$		Part D Excl Rx as % of All Rx \$	Part D Excl Rx \$	Total No. of Benes
		60.9 %	9.2	\$110	\$116,656,906		\$12	4.7 %			
All	64,789	60.9 %	9.2	978,096	\$110	\$116,656,906	\$12	4.7 %	\$106,328	106,328	
Age											
5 and younger	4	66.7	13.0	78	294	1,765	23	7.2	6	6	
6-14	14	53.8	6.6	172	88	2,300	13	2.4	26	26	
15-20	80	39.8	3.0	610	64	12,846	21	3.1	201	201	
21-44	8,249	47.2	4.2	72,687	86	1,505,864	21	3.3	17,490	17,490	
45-64	12,161	57.9	6.8	143,354	113	2,373,500	17	3.9	20,997	20,997	
65-74	13,724	56.2	7.1	174,482	91	2,217,056	13	4.2	24,419	24,419	
75-84	16,714	66.0	11.3	286,370	116	2,948,453	10	5.3	25,320	25,320	
85 and older	13,843	77.5	16.8	300,343	145	2,595,122	9	7.6	17,869	17,869	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Basis of Eligibility^c											
Aged	42,880	65.6	11.4	745,774	115	7,529,760	10	5.5	65,321	65,321	
Disabled	21,703	53.5	5.7	231,118	101	4,098,216	18	3.7	40,535	40,535	
Adults	198	43.8	2.3	1,057	59	26,798	25	4.1	452	452	
Children	8	40.0	7.4	147	107	2,132	15	4.2	20	20	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Gender											
Female	46,075	65.1	10.2	722,745	120	8,481,076	12	5.0	70,747	70,747	
Male	18,714	52.6	7.2	255,351	89	3,175,830	12	4.0	35,581	35,581	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
Race											
White	40,531	65.3	11.1	690,289	132	8,180,831	12	5.1	62,101	62,101	
African American	21,489	55.6	6.9	267,535	82	3,171,791	12	4.1	38,617	38,617	
Other/unknown	2,769	49.4	3.6	20,272	54	304,284	15	3.2	5,610	5,610	
Use of Nursing Facilities^d											
Entire year	15,056	96.6	30.4	474,097	251	3,911,553	8	8.6	15,591	15,591	
Part year	8,131	94.6	19.2	165,008	170	1,464,658	9	6.9	8,596	8,596	
None	41,602	50.6	4.1	338,991	76	6,280,695	19	3.5	82,141	82,141	
Maintenance Assistance Status											
Cash	33,633	56.0	5.1	308,927	88	5,310,082	17	3.6	60,101	60,101	
Medically needy	2,576	58.2	10.1	44,898	105	465,896	10	5.1	4,429	4,429	
Poverty related	3,574	36.7	3.0	29,405	40	392,124	13	4.4	9,738	9,738	
Other/unknown	25,006	78.0	18.6	594,866	171	5,488,804	9	6.6	32,060	32,060	

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 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
	0.9	\$10	\$12	\$0	\$3	1,111,806
All						
Age						
5 and younger	1.3	28	23	0	0	62
6-14	0.7	9	13	0	0	254
15-20	0.3	7	21	0	2	1,840
21-44	0.4	8	21	0	4	185,559
45-64	0.6	11	17	0	4	225,591
65-74	0.7	9	13	0	2	259,139
75-84	1.1	11	10	0	2	264,277
85 and older	1.7	15	9	0	2	175,084
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.1	11	10	0	2	673,846
Disabled	0.5	9	18	0	4	434,842
Adults	0.4	9	25	0	5	2,947
Children	0.9	12	15	0	1	171
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.0	11	12	0	3	743,397
Male	0.7	9	12	0	3	368,409
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	13	12	0	4	644,062
African American	0.7	8	12	0	1	407,002
Other/unknown	0.3	5	15	0	1	60,742
Use of Nursing Facilities^d						
Entire year	3.0	25	8	0	3	157,932
Part year	2.1	18	9	0	3	79,278
None	0.4	7	19	0	3	874,596
Maintenance Assistance Status						
Cash	0.5	8	17	0	3	665,494
Medically needy	1.2	12	10	0	2	37,316
Poverty related	0.3	4	13	0	1	97,407
Other/unknown	1.9	18	9	0	3	311,589

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 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	107,170	\$109	\$11,656,906	100.0 %	978,096	\$12	100.0 %
Anorexia or weight loss/gain	11	161	1,773	0.0	36	49	0.0
Fertility drugs	1	152	152	0.0	2	76	0.0
Drugs for cosmetic purposes	16	12	189	0.0	16	12	0.0
Cough and cold medications	20,826	84	1,739,568	14.9	63,036	28	6.4
Vitamins and minerals	22,332	117	2,614,694	22.4	143,688	18	14.7
Non-prescription drugs	36,179	104	3,755,481	32.2	584,336	6	59.7
Barbiturates	1,569	58	90,261	0.8	15,285	6	1.6
Benzodiazepines	23,282	134	3,110,424	26.7	161,203	19	16.5
Other Part D Excl Rx Drugs	2,954	117	344,364	3.0	10,494	33	1.1

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries 106,328
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$247,835,814
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,331

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,956	12.2 %	\$0	0.0 %
1-500	18,932	17.8	4,144,357	1.7
501-1,000	12,376	11.6	9,192,680	3.7
1,001-1,500	10,311	9.7	12,810,078	5.2
1,501-2,000	8,529	8.0	14,836,814	6.0
2,001-2,500	7,464	7.0	16,748,741	6.8
2,501-3,000	6,149	5.8	16,854,260	6.8
3,001-3,500	5,226	4.9	16,952,713	6.8
3,501-4,000	4,216	4.0	15,790,720	6.4
4,001-4,500	3,497	3.3	14,834,204	6.0
4,501-5,000	2,953	2.8	14,002,856	5.7
5,001-5,500	2,372	2.2	12,432,062	5.0
5,501-6,000	2,017	1.9	11,579,051	4.7
6,001-6,500	1,589	1.5	9,916,277	4.0
6,501-7,000	1,286	1.2	8,670,045	3.5
7,001-7,500	1,038	1.0	7,517,383	3.0
7,501-8,000	848	0.8	6,568,302	2.7
8,001-8,500	704	0.7	5,813,916	2.3
8,501-9,000	530	0.5	4,628,448	1.9
9,001-9,500	481	0.5	4,442,169	1.8
9,501-10,000	447	0.4	4,349,111	1.8
10,001+	2,407	2.3	35,751,627	14.4

Source: Data for this table are from the MAX 2001 file for Virginia, 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}
 VIRGINIA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,869
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$34,125,089
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,910

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,377	7.7 %	0	0.0 %
1-500	3,272	18.3	770,604	2.3
501-1,000	2,529	14.2	1,883,063	5.5
1,001-1,500	2,185	12.2	2,712,311	7.9
1,501-2,000	1,777	9.9	3,092,281	9.1
2,001-2,500	1,506	8.4	3,372,573	9.9
2,501-3,000	1,236	6.9	3,394,981	9.9
3,001-3,500	935	5.2	3,035,292	8.9
3,501-4,000	742	4.2	2,774,454	8.1
4,001-4,500	553	3.1	2,345,233	6.9
4,501-5,000	478	2.7	2,262,295	6.6
5,001-5,500	351	2.0	1,836,223	5.4
5,501-6,000	251	1.4	1,439,149	4.2
6,001-6,500	187	1.0	1,167,076	3.4
6,501-7,000	135	0.8	908,268	2.7
7,001-7,500	87	0.5	627,400	1.8
7,501-8,000	88	0.5	680,320	2.0
8,001-8,500	44	0.2	363,114	1.1
8,501-9,000	33	0.2	287,884	0.8
9,001-9,500	29	0.2	267,866	0.8
9,501-10,000	23	0.1	223,699	0.7
10,001+	51	0.3	681,003	2.0

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	107,209	65,459	41,207	521	22	1,130,191	676,913	449,150	3,951	177	0
Age											
5 and younger	6	0	3	0	3	62	0	36	0	26	0
6-14	27	0	22	0	5	269	0	228	0	41	0
15-20	227	0	208	9	10	2,309	0	2,176	49	84	0
21-44	17,851	0	17,443	404	4	193,268	0	190,191	3,051	26	0
45-64	21,299	31	21,167	101	0	231,548	262	230,491	795	0	0
65-74	24,579	22,405	2,167	7	0	262,683	238,749	23,878	56	0	0
75-84	25,346	25,188	158	0	0	264,828	263,053	1,775	0	0	0
85 and older	17,874	17,835	39	0	0	175,224	174,849	375	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	71,310	48,992	21,913	394	11	755,150	511,888	240,197	2,991	74	0
Male	35,899	16,467	19,294	127	11	375,041	165,025	208,953	960	103	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	62,378	37,207	24,876	284	11	649,871	376,586	271,130	2,074	81	0
African American	39,190	23,295	15,655	230	10	418,858	245,898	171,049	1,821	90	0
Other/unknown	5,641	4,957	676	7	1	61,462	54,429	6,971	56	6	0
Use of Nursing Facilities^c											
Entire year	15,591	14,183	1,408	0	0	157,933	142,298	15,635	0	0	0
Part year	8,596	7,762	834	0	0	79,339	71,027	8,312	0	0	0
None	83,022	43,514	38,965	521	22	892,919	463,588	425,203	3,951	177	0
Maintenance Assistance Status											
Cash	60,909	32,907	27,952	50	0	682,213	369,436	312,374	403	0	0
Medically needy	4,430	2,564	1,866	0	0	37,366	22,005	15,361	0	0	0
Poverty related	9,745	5,351	4,289	97	8	97,818	54,133	43,017	616	52	0
Other/unknown	32,125	24,637	7,100	374	14	312,794	231,339	78,398	2,932	125	0
Dual Status^d											
Full dual, all year	97,445	59,720	37,189	514	22	1,023,699	614,377	405,271	3,874	177	0
Full dual, part year	9,764	5,739	4,018	7	0	106,492	62,536	43,879	77	0	0
Managed Care Status											
FFS all year	104,082	64,829	38,905	328	20	1,096,476	670,237	423,839	2,229	171	0
FFS part year, with Rx claims	1,818	405	1,312	101	0	20,043	4,331	14,737	975	0	0
FFS part year, no Rx claims	428	87	318	23	0	4,261	816	3,265	180	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	881	138	672	69	2	9,411	1,529	7,309	567	6	0

Source: Data for this table are from the MAX 2001 file for Virginia, 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, VIRGINIA, 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	107,209	1,130,191	106,328	1,111,806	0	18,385
FFS all year	104,082	1,096,476	104,082	1,096,476	0	0
FFS part year, with Rx claims	1,818	20,043	1,818	13,278	0	6,765
FFS part year, with no Rx claims	428	4,261	428	2,052	0	2,209
MC all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	881	9,411	0	0	0	9,411

Source: Data for this table are from the MAX 2001 file for Virginia, 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.