

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 D.C.

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
D.C., 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	152,568 (A)	18,827 (E)	133,741 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	149,736 (B)	17,405 (F)	132,331 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	72,541 (C)	17,286 (G)	55,255 (K)
4. Benes who were all-year nursing facility residents ^f	2,306 (D)	1,871 (H)	435 (L)

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2002, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 19 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for D.C. in 2002 was \$71,354,954, of which \$1,015,961 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2002. All benefit months of such dual eligible beneficiaries, of which 1.1 percent were restricted benefit months without a pharmacy benefit in D.C., were used in the dual tables.
- Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 D. C., 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	72,541	9,508	26,448	12,094	24,491	0	534,494	97,874	272,145	47,085	117,390	0		
Age														
5 and younger	9,446	0	575	6	8,865	0	38,987	0	4,196	12	34,779	0		
6-14	12,141	0	1,449	9	10,683	0	65,890	0	12,561	40	53,289	0		
15-20	6,497	0	783	894	4,820	0	39,400	0	7,517	3,121	28,762	0		
21-44	17,671	8	8,082	9,477	104	0	120,606	54	84,028	36,094	430	0		
45-64	13,848	29	12,186	1,632	1	0	134,252	241	126,700	7,310	1	0		
65-74	5,861	3,341	2,459	61	0	0	61,818	34,404	27,011	403	0	0		
75-84	4,516	3,765	737	14	0	0	47,634	39,284	8,247	103	0	0		
85 and older	2,543	2,365	177	1	0	0	25,778	23,891	1,885	2	0	0		
Unknown	18	0	0	0	18	0	129	0	0	0	129	0		
Gender														
Female	42,086	6,891	13,229	9,953	12,013	0	306,241	71,999	139,444	38,039	56,759	0		
Male	30,442	2,617	13,219	2,141	12,465	0	228,193	25,875	132,701	9,046	60,571	0		
Unknown	13	0	0	0	13	0	60	0	0	0	60	0		
Race														
White	2,158	620	1,218	150	170	0	19,911	6,160	12,372	579	800	0		
African American	61,378	7,374	22,146	11,031	20,827	0	448,086	75,421	226,053	43,236	103,376	0		
Other/unknown	9,005	1,514	3,084	913	3,494	0	66,497	16,293	33,720	3,270	13,214	0		
Use of Nursing Facilities^c														
Entire year	2,306	1,909	346	50	1	0	24,013	19,820	3,632	552	9	0		
Part year	1,915	1,278	607	30	0	0	19,603	12,810	6,485	308	0	0		
None	68,320	6,321	25,495	12,014	24,490	0	490,878	65,244	262,028	46,225	117,381	0		
Maintenance Assistance Status														
Cash	37,954	3,124	19,404	8,498	6,928	0	300,167	34,323	207,298	31,685	26,861	0		
Medically needy	15,071	3,341	4,368	3,039	4,323	0	98,051	32,007	37,636	13,413	14,995	0		
Poverty-related	13,369	2,238	2,438	407	8,286	0	75,250	23,200	24,769	1,369	25,912	0		
Other/unknown	6,147	805	238	150	4,954	0	61,026	8,344	2,442	618	49,622	0		
Dual Medicare Status^d														
Full dual, all year	16,869	8,121	8,386	353	9	0	180,015	84,859	92,147	2,934	75	0		
Full dual, part year	417	242	167	8	0	0	4,173	2,418	1,682	73	0	0		
Non-dual, all year	55,255	1,145	17,895	11,733	24,482	0	350,306	10,597	178,316	44,078	117,315	0		
Managed Care Status														
FFS all year	45,813	9,493	25,063	3,066	8,191	0	443,363	97,772	264,798	16,768	64,025	0		
FFS part year, with Rx claims	5,823	12	638	2,449	2,724	0	26,174	85	3,971	10,635	11,483	0		
FFS part year, no Rx claims	20,905	3	747	6,579	13,576	0	64,957	17	3,376	19,682	41,882	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 D.C., 2002

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	44.4 %	13.6	\$970	\$71	\$10,322	9.4 %	72,541
Age							
5 and younger	22.3	0.9	56	64	3,498	1.6	9,446
6-14	22.8	2.0	162	82	4,260	3.8	12,141
15-20	28.2	2.4	167	69	7,066	2.4	6,497
21-44	44.1	10.3	1,085	105	9,463	11.5	17,671
45-64	68.7	29.5	2,184	74	16,821	13.0	13,848
65-74	69.8	31.1	1,612	52	13,120	12.3	5,861
75-84	64.0	27.0	1,301	48	17,087	7.6	4,516
85 and older	46.3	17.3	791	46	25,123	3.1	2,543
Unknown	0.0	0.0	0	0	0	0.0	18
Basis of Eligibility^c							
Aged	56.9	22.4	1,113	50	19,378	5.7	9,508
Disabled	68.9	27.0	2,099	78	16,276	12.9	26,448
Adults	27.0	2.1	156	73	2,768	5.6	12,094
Children	21.6	1.4	96	71	4,106	2.3	24,491
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	47.0	15.3	955	63	9,696	9.8	42,086
Male	40.7	11.3	991	87	11,191	8.9	30,442
Unknown	0.0	0.0	0	0	455	0.0	13
Race							
White	50.5	21.3	1,724	81	17,986	9.6	2,158
African American	44.3	13.4	962	72	10,298	9.3	61,378
Other/unknown	43.4	13.0	843	65	8,646	9.7	9,005
Use of Nursing Facilities^d							
Entire year	21.2	11.2	531	48	53,527	1.0	2,306
Part year	50.3	24.0	1,491	62	50,061	3.0	1,915
None	45.0	13.4	970	72	7,750	12.5	68,320

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	50.9	16.9	1,240	73	9,259	13.4	37,954
Medically needy	31.0	9.1	646	71	18,145	3.6	15,071
Poverty related	37.2	11.6	749	65	3,769	19.9	13,369
Other/unknown	52.2	8.7	570	65	11,956	4.8	6,147

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

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

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 D.C., 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos	
			Rx \$ as % of All Services	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.8	\$132	9.4 %	55.6 %	19.8 %	6.0 %	11.2 %	6.2 %	1.1 %	\$1,401	72,541	534,494
Age												
5 and younger	0.2	14	1.6	77.7	19.2	2.0	1.0	0.1	0.0	848	9,446	38,987
6-14	0.4	30	3.8	77.2	18.2	2.2	2.0	0.4	0.0	785	12,141	65,890
15-20	0.4	28	2.4	71.8	23.0	2.7	2.0	0.6	0.0	1,165	6,497	39,400
21-44	1.5	159	11.5	55.9	23.6	6.5	9.0	4.2	0.7	1,387	17,671	120,606
45-64	3.0	225	13.0	31.3	19.2	10.0	22.2	14.2	3.2	1,735	13,848	134,252
65-74	3.0	153	12.3	30.2	16.8	10.2	24.9	15.6	2.4	1,244	5,861	61,818
75-84	2.6	123	7.6	36.0	15.4	9.8	24.1	13.0	1.6	1,620	4,516	47,634
85 and older	1.7	78	3.1	53.7	13.4	6.7	17.6	7.7	1.0	2,478	2,543	25,778
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	18	129
Basis of Eligibility^c												
Aged	2.2	108	5.7	43.1	15.6	9.0	20.3	10.4	1.5	1,883	9,508	97,874
Disabled	2.6	204	12.9	31.1	23.3	9.6	20.8	12.7	2.5	1,582	26,448	272,145
Adults	0.5	40	5.6	73.0	18.9	4.2	3.1	0.7	0.1	711	12,094	47,085
Children	0.3	20	2.3	78.4	18.1	1.9	1.3	0.2	0.0	857	24,491	117,390
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.1	131	9.8	53.0	19.9	6.3	12.4	7.1	1.4	1,333	42,086	306,241
Male	1.5	132	8.9	59.3	19.7	5.7	9.6	5.0	0.8	1,493	30,442	228,193
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	99	13	60
Race												
White	2.3	187	9.6	49.5	15.6	6.9	15.2	10.0	3.0	1,949	2,158	19,911
African American	1.8	132	9.3	55.7	20.0	6.0	11.0	6.2	1.1	1,411	61,378	448,086
Other/unknown	1.8	114	9.7	56.6	19.6	6.0	11.4	5.5	0.9	1,171	9,005	66,497
Use of Nursing Facilities^d												
Entire year	1.1	51	1.0	78.8	7.1	0.9	4.0	6.1	3.0	5,140	2,306	24,013
Part year	2.3	146	3.0	49.7	13.3	6.3	15.2	11.3	4.2	4,890	1,915	19,603
None	1.9	135	12.5	55.0	20.4	6.2	11.3	6.1	1.0	1,079	68,320	490,878

Table 4

All Medicaid Beneficiaries

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				
Maintenance Assistance Status												
Cash	2.1	157	13.4	49.1	21.2	7.1	13.5	7.7	1.4	1,171	37,954	300,167
Medically needy	1.4	99	3.6	69.0	13.9	4.1	7.2	4.7	1.0	2,789	15,071	98,051
Poverty related	2.1	133	19.9	62.8	15.6	5.1	10.4	5.2	0.8	670	13,369	75,250
Other/unknown	0.9	57	4.8	47.8	34.8	6.2	8.3	2.7	0.1	1,204	6,147	61,026

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 D.C., 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.8	\$132	0.8	\$104	0.1	\$7	0.9	\$20
		\$ per Rx		\$ per Rx		\$ per Rx		\$ per Rx
Age								
5 and younger	0.2	14	0.1	11	0.0	1	0.1	2
6-14	0.4	30	0.2	25	0.0	2	0.1	3
15-20	0.4	28	0.2	23	0.0	2	0.2	3
21-44	1.5	159	0.7	135	0.1	6	0.7	18
45-64	3.0	225	1.3	178	0.2	11	1.5	35
65-74	3.0	153	1.2	109	0.2	11	1.5	32
75-84	2.6	123	1.1	87	0.2	10	1.3	27
85 and older	1.7	78	0.7	54	0.2	7	0.9	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	2.2	108	0.9	77	0.2	8	1.1	23
Disabled	2.6	204	1.1	163	0.2	10	1.3	30
Adults	0.5	40	0.2	33	0.0	2	0.3	5
Children	0.3	20	0.1	17	0.0	1	0.1	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.1	131	0.9	100	0.2	8	1.0	23
Male	1.5	132	0.7	108	0.1	6	0.7	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.3	187	1.1	148	0.2	9	1.1	29
African American	1.8	132	0.8	104	0.1	7	0.9	20
Other/unknown	1.8	114	0.8	87	0.1	7	0.9	20
Use of Nursing Facilities^e								
Entire year	1.1	51	0.4	37	0.1	4	0.5	10
Part year	2.3	146	0.9	107	0.2	11	1.2	27
None	1.9	135	0.8	107	0.1	7	0.9	21

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	2.1	157	0.9	73	0.1	137	1.1	24
Medically needy	1.4	99	0.6	71	0.1	134	0.7	16
Poverty related	2.1	133	0.9	65	0.1	116	1.0	23
Other/unknown	0.9	57	0.4	65	0.1	104	0.4	8

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 0.6 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_mddeb.asp (May 13 2003).

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

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

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 D.C., 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No. of Bene	As % of All	
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic			Mos	Benes	Mos
Anti-infective Agents	0.5	0.3	0.0	\$106	\$102	\$1	\$214	\$304	\$86	83,323	\$17,852,096	16,324	22.5 %	188,616
Biologics	0.2	0.2	0.0	196	184	11	821	863	982	246	201,970	124	0.2	1,033
Antineoplastic Agents	0.4	0.2	0.1	99	58	13	228	345	241	5,784	1,316,865	1,218	1.7	13,279
Endocrine/Metabolic Drugs	0.8	0.4	0.1	38	26	3	48	70	35	80,160	3,853,792	9,387	12.9	101,567
Cardiovascular Agents	1.6	0.6	0.1	64	39	6	40	66	42	275,067	11,036,126	15,621	21.5	172,543
Respiratory Agents	0.6	0.3	0.1	33	24	4	54	71	76	82,030	4,412,392	12,835	17.7	133,580
Gastrointestinal Agents	0.5	0.2	0.0	35	27	1	72	128	76	45,421	3,279,237	8,415	11.6	93,173
Genitourinary Agents	0.3	0.3	0.0	20	19	0	59	67	34	10,909	641,034	3,053	4.2	32,568
CNS Drugs	0.9	0.5	0.0	97	82	3	105	188	97	117,288	12,278,684	11,474	15.8	126,479
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	38	27	4	65	82	62	5,499	359,138	914	1.3	9,496
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	47	43	0	122	128	0	2,793	341,876	655	0.9	7,351
Analgesics and Anesthetics	0.6	0.1	0.0	21	12	2	37	140	72	84,272	3,136,236	13,945	19.2	151,041
Neuromuscular Agents	0.7	0.3	0.1	43	33	3	58	108	42	63,351	3,648,788	7,662	10.6	85,283
Nutritional Products	0.5	0.0	0.1	6	0	1	13	15	15	34,205	436,585	6,659	9.2	71,891
Hematological Agents	0.6	0.2	0.0	74	69	1	133	335	21	26,964	3,573,670	4,346	6.0	48,014
Topical Products	0.5	0.2	0.1	23	15	3	50	68	57	62,312	3,132,401	12,784	17.6	135,731
Miscellaneous Products	0.4	0.2	0.0	106	85	11	259	362	268	2,319	601,719	544	0.7	5,651
Unknown Therapeutic Category	0.3	0.0	0.0	11	0	0	43	0	0	5,493	236,384	1,881	2.6	21,462
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	987,436	70,338,993	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (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., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 D.C., 2002

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIVIRAL	\$14,715,115	6,190	8.5 %	67,496	0.5	\$424	\$218	
ANTIPTYCHOTICS	8,878,192	6,774	9.3	76,449	0.6	197	116	
ANTIHYPERTENSIVE	3,257,980	13,239	18.3	148,406	0.6	38	22	
ANTICONVULSANT	3,224,655	6,231	8.6	69,964	0.6	72	46	
ANTIIDIABETIC	3,178,156	8,836	12.2	99,263	0.6	53	32	
ANTIHYPERTENSIVE	3,104,396	5,242	7.2	59,642	0.6	88	52	
CALCIUM BLOCKERS	2,781,439	7,013	9.7	78,851	0.6	55	35	
ANTIDEPRESSANTS	2,592,514	8,005	11.0	88,449	0.5	63	29	
ANTIASTHMATIC	2,261,136	9,689	13.4	103,539	0.4	58	22	
ULCER DRUGS	2,126,538	7,720	10.6	86,081	0.3	74	25	
Total	46,120,121	78,939		878,140	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for D.C., released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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.