

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 CONNECTICUT

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	78,838	48,218	28,735	1,845	36	4	830,908	497,461	316,531	16,599	274	43
Age												
5 and younger	2	0	0	0	2	4		0	0	0	4	0
6-14	2	0	0	0	2	0		0	0	0	24	0
15-20	101	0	82	1	18	0		0	817	5	132	0
21-44	13,173	0	12,035	1,129	9	0		0	132,993	10,130	79	0
45-64	16,896	1	16,304	583	4	4		12	179,771	5,367	23	43
65-74	14,505	14,078	313	113	1	0		152,703	2,942	913	12	0
75-84	16,671	16,653	0	18	0	0		174,181	0	172	0	0
85 and older	17,488	17,486	1	1	0	0		170,565	8	12	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	50,159	35,381	13,715	1,042	17	4		368,003	152,761	9,533	138	43
Male	28,679	12,837	15,020	803	19	0		129,458	163,770	7,066	136	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	57,441	36,605	19,756	1,058	18	4		601,306	220,522	9,423	139	43
African American	10,141	5,292	4,508	333	8	0		109,525	48,555	3,120	50	0
Other/unknown	11,256	6,321	4,471	454	10	0		120,077	47,454	4,056	85	0
Use of Nursing Facilities^c												
Entire year	19,500	18,142	1,358	0	0	0		182,922	15,051	0	0	0
Part year	7,710	6,613	1,099	8	0	0		63,481	11,893	87	0	0
None	51,628	23,463	26,288	1,837	36	4		251,058	289,587	16,512	274	43
Maintenance Assistance Status												
Cash	13,080	5,613	7,421	46	0	0		63,354	84,911	316	0	0
Medically needy	23,162	11,407	11,728	26	1	0		118,527	126,158	174	12	0
Poverty-related	1,905	738	1,138	14	11	4		8,147	12,188	73	75	43
Other/unknown	40,691	30,460	8,448	1,759	24	0		307,433	93,274	16,036	187	0
Dual Medicare Status^d												
Full dual, all year	74,089	45,906	26,361	1,782	36	4		471,985	290,268	15,911	274	43
Full dual, part year	4,749	2,312	2,374	63	0	0		25,476	26,263	688	0	0
Managed Care Status												
FFS all year	78,375	48,212	28,648	1,489	22	4		497,420	315,927	14,768	216	43
FFS part year, with Rx claims	345	5	71	262	7	0		35	525	1,470	38	0
FFS part year, no Rx claims	118	1	16	94	7	0		6	79	361	20	0

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

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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 Beneficiaries
All	90.8 %	50.1	\$3,191	\$64	\$25,332	12.6 %	78,838
Age							
5 and younger	50.0	5.5	468	85	3,632	12.9	2
6-14	100.0	82.0	7,535	92	8,394	89.8	2
15-20	78.2	24.7	2,410	97	15,973	15.1	101
21-44	87.5	46.1	3,896	85	23,145	16.8	13,173
45-64	92.5	57.7	4,375	76	27,198	16.1	16,896
65-74	89.4	47.6	2,865	60	17,099	16.8	14,505
75-84	91.4	50.7	2,733	54	25,292	10.8	16,671
85 and older	92.4	47.5	2,228	47	32,102	6.9	17,488
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	91.3	48.8	2,598	53	25,442	10.2	48,218
Disabled	90.7	53.7	4,226	79	26,524	15.9	28,735
Adults	80.1	29.8	2,578	87	4,235	60.9	1,845
Children	63.9	22.5	2,945	131	9,182	32.1	36
Unknown	100.0	60.3	6,525	108	17,447	37.4	4
Gender							
Female	92.7	52.5	3,127	60	24,979	12.5	50,159
Male	87.4	46.0	3,304	72	25,950	12.7	28,679
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.2	53.3	3,321	62	29,439	11.3	57,441
African American	90.3	45.9	3,131	68	18,206	17.2	10,141
Other/unknown	89.2	37.7	2,585	69	10,796	23.9	11,256
Use of Nursing Facilities^d							
Entire year	94.3	60.8	3,142	52	45,820	6.9	19,500
Part year	95.1	57.8	3,155	55	27,193	11.6	7,710
None	88.8	45.0	3,215	72	17,316	18.6	51,628
Maintenance Assistance Status							
Cash	92.9	53.6	3,747	70	21,177	17.7	13,080
Medically needy	89.7	45.8	3,166	69	11,555	27.4	23,162
Poverty related	74.0	17.8	1,433	81	3,639	39.4	1,905
Other/unknown	91.5	52.9	3,109	59	35,525	8.8	40,691

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

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

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	4.8	\$303	12.6 %	9.2 %	15.3 %	11.1 %	30.6 %	25.6 %	8.2 %	\$2,404	78,838	830,908
Age												
5 and younger	2.8	234	12.9	50.0	0.0	0.0	50.0	0.0	0.0	1,816	2	4
6-14	6.8	628	89.8	0.0	0.0	0.0	50.0	50.0	0.0	700	2	24
15-20	2.6	255	15.1	21.8	42.6	7.9	13.9	9.9	4.0	1,691	101	954
21-44	4.2	358	16.8	12.5	23.0	12.2	26.9	17.7	7.7	2,129	13,173	143,202
45-64	5.3	399	16.1	7.5	15.0	11.2	29.8	25.8	10.5	2,481	16,896	185,216
65-74	4.4	265	16.8	10.6	16.8	12.2	30.1	23.4	7.0	1,584	14,505	156,570
75-84	4.8	261	10.8	8.6	12.9	10.3	31.1	28.6	8.5	2,418	16,671	174,353
85 and older	4.9	228	6.9	7.6	10.8	10.1	34.1	30.3	7.1	3,291	17,488	170,585
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	4.7	252	10.2	8.7	13.2	10.8	31.9	27.8	7.6	2,466	48,218	497,461
Disabled	4.9	384	15.9	9.3	18.3	11.6	28.6	22.6	9.6	2,408	28,735	316,531
Adults	3.3	287	60.9	19.9	23.3	12.4	26.6	14.3	3.5	471	1,845	16,599
Children	3.0	387	32.1	36.1	22.2	5.6	22.2	11.1	2.8	1,206	36	274
Unknown	5.6	607	37.4	0.0	0.0	25.0	50.0	0.0	25.0	1,623	4	43
Gender												
Female	5.0	296	12.5	7.3	14.0	11.0	31.9	27.1	8.7	2,362	50,159	530,478
Male	4.4	315	12.7	12.6	17.6	11.3	28.3	22.9	7.3	2,477	28,679	300,430
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.1	317	11.3	8.8	13.2	10.3	30.5	27.7	9.5	2,812	57,441	601,306
African American	4.3	290	17.2	9.7	18.3	12.3	31.4	22.5	5.9	1,686	10,141	109,525
Other/unknown	3.5	242	23.9	10.8	23.6	14.3	30.2	17.4	3.7	1,012	11,256	120,077
use or nursing Facilities^d												
Entire year	6.0	309	6.9	5.7	6.4	7.6	30.7	36.9	12.6	4,513	19,500	197,973
Part year	5.9	322	11.6	4.9	8.6	8.6	32.7	33.5	11.8	2,778	7,710	75,461
None	4.2	298	18.6	11.2	19.7	12.8	30.2	20.1	6.0	1,604	51,628	557,474
Maintenance Assistance Status												
Cash	4.7	330	17.7	7.1	18.0	12.4	31.0	23.2	8.3	1,864	13,080	148,581
Medically needy	4.3	299	27.4	10.3	18.4	12.5	30.7	21.1	7.0	1,093	23,162	244,871
Poverty related	1.7	133	39.4	26.0	37.7	13.5	16.8	5.2	0.8	338	1,905	20,526
Other/unknown	5.2	303	8.8	8.5	11.7	9.8	31.0	29.8	9.2	3,467	40,691	416,930

Table D4

Dual Eligible Beneficiaries

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

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

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

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	4.8	\$303	\$64	2.2	\$226	\$104	0.4	\$20	\$54	2.2	\$57	\$26
Age												
5 and younger	2.8	234	85	0.5	156	313	0.0	0	0	2.3	78	34
6-14	6.8	628	92	3.5	568	160	0.6	29	50	2.7	31	12
15-20	2.6	255	97	1.2	209	176	0.2	19	78	1.2	27	23
21-44	4.2	358	85	2.1	274	132	0.3	25	83	1.9	60	32
45-64	5.3	399	76	2.5	304	120	0.4	27	69	2.3	68	29
65-74	4.4	265	60	2.1	198	95	0.3	16	50	2.0	51	26
75-84	4.8	261	54	2.2	191	89	0.4	16	41	2.3	54	24
85 and older	4.9	228	47	2.0	163	82	0.4	15	35	2.4	50	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.7	252	53	2.1	184	89	0.4	16	41	2.3	52	23
Disabled	4.9	384	79	2.4	292	124	0.4	26	74	2.2	65	30
Adults	3.3	287	87	1.6	230	140	0.2	16	82	1.5	41	28
Children	3.0	387	131	1.4	347	241	0.1	8	59	1.4	31	23
Unknown	5.6	607	108	2.4	509	215	0.2	9	57	3.1	88	29
Gender												
Female	5.0	296	60	2.3	221	98	0.4	19	48	2.3	56	24
Male	4.4	315	72	2.0	236	116	0.3	21	65	2.0	58	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.1	317	62	2.3	234	103	0.4	21	53	2.4	62	26
African American	4.3	290	68	2.0	222	111	0.3	18	58	1.9	50	26
Other/unknown	3.5	242	69	1.8	191	105	0.2	13	57	1.5	39	26
Use of Nursing Facilities^e												
Entire year	6.0	309	52	2.5	223	90	0.5	19	36	3.0	67	23
Part year	5.9	322	55	2.5	239	94	0.5	20	40	2.9	64	22
None	4.2	298	72	2.0	226	112	0.3	20	67	1.8	52	28
Maintenance Assistance Status												
Cash	4.7	330	70	2.3	245	108	0.3	23	69	2.1	61	29
Medically needy	4.3	299	69	2.1	229	110	0.3	19	62	1.9	52	27
Poverty related	1.7	133	81	0.8	103	128	0.1	10	74	0.7	21	29
Other/unknown	5.2	303	59	2.3	224	99	0.4	19	45	2.5	60	24

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

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

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	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos		
																Generic	Patented Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$36	\$31	\$1	\$3	\$106	\$170	\$87	\$21	148,437	\$15,785,075	40,175	51.0 %	442,855
Biologics	0.1	0.1	0.0	0.0	10	3	1	6	101	37	2,244	222	883	89,281	768	1.0	8,870
Antineoplastic Agents	0.6	0.3	0.1	0.2	127	91	12	25	228	356	192	101	18,869	4,296,842	3,307	4.2	33,714
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.4	43	30	3	9	44	69	25	24	344,683	15,319,115	32,637	41.4	357,694
Cardiovascular Agents	1.7	0.6	0.2	0.9	66	40	5	21	39	68	36	22	880,631	34,506,208	48,345	61.3	522,804
Respiratory Agents	0.7	0.4	0.1	0.3	41	28	5	8	55	71	73	29	236,107	13,005,584	28,495	36.1	315,918
Gastrointestinal Agents	0.8	0.5	0.0	0.3	69	60	1	8	90	130	82	28	265,602	23,884,113	31,827	40.4	346,336
Genitourinary Agents	0.6	0.4	0.0	0.1	34	32	0	2	61	71	43	19	67,100	4,084,538	10,839	13.7	119,779
CNS Drugs	1.7	0.9	0.1	0.7	144	109	9	26	86	121	109	37	846,209	72,502,613	46,498	59.0	504,461
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	49	34	6	10	76	120	81	32	7,277	551,072	1,004	1.3	11,156
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	96	96	0	0	135	136	0	34	31,569	4,249,831	4,241	5.4	44,097
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	55	43	4	8	69	121	70	20	315,511	21,864,059	36,652	46.5	399,555
Neuromuscular Agents	1.2	0.5	0.1	0.6	73	54	6	14	60	99	55	24	332,126	20,050,507	24,648	31.3	273,195
Nutritional Products	0.6	0.0	0.1	0.6	15	1	1	12	23	68	23	21	84,192	1,906,342	12,376	15.7	131,303
Hematological Agents	0.9	0.2	0.1	0.5	51	41	2	8	59	199	19	15	147,252	8,666,226	16,007	20.3	169,794
Topical Products	0.5	0.2	0.0	0.2	21	14	2	5	41	60	46	21	209,240	8,596,083	36,713	46.6	409,708
Miscellaneous Products	0.3	0.2	0.0	0.1	75	52	14	8	222	307	313	69	9,200	2,043,260	2,457	3.1	27,150
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	31	0	0	0	5,948	181,765	1,813	2.3	20,318
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,950,836	251,582,514	n.a.	n.a.	n.a.

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

- 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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

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	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$44,092,721	30,401	38.6 %	336,705	0.9	\$141
ANTIDEPRESSANTS	21,851,358	41,132	52.2	447,773	0.8	64
ULCER DRUGS	20,513,597	29,927	38.0	327,664	0.6	104
ANTICONVULSANT	16,770,529	23,093	29.3	257,584	0.9	69
ANALGESICS - Narcotic	11,961,406	35,910	45.5	391,287	0.5	68
ANTHYPERLIPIDEMIC	11,289,242	17,752	22.5	199,950	0.6	89
ANTIDIABETIC	10,508,379	25,087	31.8	276,742	0.7	56
ANTIVIRAL	8,903,674	4,289	5.4	47,756	0.5	391
ANTHYPERTENSIVE	8,502,242	28,459	36.1	312,213	0.6	42
ANALGESICS - ANTI-INFLAMMATORY	7,885,775	24,237	30.7	275,112	0.4	76
Total	162,278,923	260,287		2,872,786	n.a.	n.a.

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

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 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx
All	1,912,077	\$162,278,923	30,401	38.6 %	336,705	0.9	\$131	41,132	52.2 %	447,773	0.8	\$49				
Female	1,211,270	96,677,533	17,960	35.8	198,167	0.8	111	28,054	55.9	305,638	0.8	49				
Disabled	452,949	41,807,447	7,423	54.1	85,722	1.0	144	10,135	73.9	115,769	0.8	55				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	296	30,448	9	29.0	108	0.6	154	11	35.5	130	0.5	30				
21-44	156,174	15,136,392	3,141	62.5	36,357	1.0	144	3,795	75.5	43,402	0.8	56				
45-64	293,296	26,386,680	4,248	50.1	49,011	1.0	144	6,267	73.9	71,546	0.8	54				
65-74	3,168	252,880	25	14.2	246	0.9	154	61	34.7	683	0.5	36				
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
85 and older	15	1,047	0	0.0	0	0.0	0	1	100.0	8	1.1	70				
Other Eligibles	758,321	54,870,086	10,537	28.9	112,445	0.7	86	17,919	49.2	189,869	0.7	45				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	111	8,769	3	33.3	36	0.5	47	5	55.6	50	0.5	20				
21-44	12,107	1,141,684	221	30.9	2,337	0.7	83	481	67.3	4,911	0.6	45				
45-64	5,773	483,629	53	19.3	554	1.2	89	193	70.2	1,902	0.7	53				
65-74	217,965	16,870,789	2,118	23.3	24,058	0.8	105	3,855	42.4	43,566	0.7	44				
75-84	265,019	19,215,085	3,535	29.7	37,961	0.7	88	5,819	48.9	62,038	0.7	45				
85 and older	257,346	17,150,130	4,607	31.9	47,499	0.6	75	7,566	52.3	77,402	0.8	46				
Male	700,807	65,601,390	12,441	43.4	138,538	1.1	159	13,078	45.6	142,135	0.8	49				
Disabled	438,140	46,223,360	8,807	58.6	100,715	1.2	183	7,583	50.5	85,253	0.8	52				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	892	96,250	28	54.9	302	1.2	211	19	37.3	206	0.9	43				
21-44	196,434	21,224,276	4,484	64.0	51,271	1.2	184	3,580	51.1	40,429	0.8	53				
45-64	238,778	24,731,407	4,271	54.6	48,894	1.2	183	3,953	50.5	44,277	0.8	52				
65-74	2,036	171,427	24	17.5	248	0.9	136	31	22.6	341	0.6	43				
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	262,667	19,378,030	3,634	26.6	37,823	0.7	95	5,495	40.2	56,882	0.7	44				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	60	3,050	2	20.0	15	0.7	151	1	10.0	10	1.1	7				
21-44	6,208	762,821	95	22.5	958	0.6	95	191	45.2	1,852	0.5	40				
45-64	6,341	695,909	65	20.5	654	0.8	121	157	49.5	1,573	0.6	44				
65-74	106,027	8,197,326	1,172	23.0	12,997	0.8	119	1,714	33.6	18,814	0.7	43				
75-84	95,480	6,593,246	1,358	28.4	14,197	0.7	88	1,992	41.7	20,794	0.7	45				
85 and older	48,551	3,125,678	942	31.1	9,002	0.6	69	1,440	47.5	13,839	0.7	44				
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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	29,927	38.0 %	327,664	0.6	\$63	23,093	29.3 %	257,584	0.9	\$65	35,910	45.5 %	391,287	0.5	\$31
Female	20,485	40.8	224,638	0.6	63	13,531	27.0	150,830	0.9	61	24,902	49.6	272,004	0.5	28
Disabled	5,597	40.8	64,086	0.6	62	6,939	50.6	79,646	1.0	77	8,799	64.2	100,757	0.5	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	12.9	48	0.1	5	8	25.8	96	0.7	79	15	48.4	173	0.3	3
21-44	1,611	32.1	18,573	0.5	58	2,881	57.3	33,229	1.0	85	3,001	59.7	34,585	0.4	39
45-64	3,921	46.2	44,801	0.6	64	4,021	47.4	46,021	1.0	72	5,717	67.4	65,248	0.5	37
65-74	60	34.1	656	0.5	54	29	16.5	300	0.9	57	66	37.5	751	0.4	10
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	8	0.3	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,888	40.9	160,552	0.6	63	6,592	18.1	71,184	0.8	42	16,103	44.2	171,247	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	22.2	24	1.0	142	2	22.2	24	0.6	26	2	22.2	24	0.2	15
21-44	171	23.9	1,805	0.4	44	268	37.5	2,731	0.7	55	549	76.8	5,691	0.4	42
45-64	89	32.4	924	0.5	66	91	33.1	965	0.8	59	212	77.1	2,260	0.4	34
65-74	4,015	44.1	45,331	0.5	61	1,890	20.8	21,425	0.8	48	4,708	51.8	53,550	0.4	20
75-84	4,982	41.9	54,331	0.6	64	2,334	19.6	25,172	0.8	42	5,153	43.3	55,630	0.5	23
85 and older	5,629	38.9	58,137	0.7	65	2,007	13.9	20,867	0.8	35	5,479	37.9	54,092	0.5	23
Male	9,442	32.9	103,026	0.6	62	9,562	33.3	106,754	1.0	71	11,008	38.4	119,283	0.5	36
Disabled	4,355	29.0	49,133	0.6	62	6,632	44.2	75,802	1.1	80	6,052	40.3	67,589	0.5	43
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	9.8	59	0.3	16	17	33.3	186	1.1	96	14	27.5	155	0.3	17
21-44	1,569	22.4	17,798	0.7	61	3,239	46.2	37,027	1.1	86	2,583	36.8	28,901	0.4	40
45-64	2,737	35.0	30,831	0.6	63	3,346	42.8	38,243	1.0	75	3,424	43.8	38,230	0.5	46
65-74	44	32.1	445	0.5	57	30	21.9	346	0.7	56	31	22.6	303	0.3	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,087	37.2	53,893	0.6	62	2,930	21.5	30,952	0.8	49	4,956	36.3	51,694	0.4	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	20.0	15	1.1	31	4	40.0	34	0.2	2
21-44	113	26.7	1,151	0.3	45	131	31.0	1,315	0.6	61	278	65.7	2,818	0.6	97
45-64	96	30.3	966	0.4	46	87	27.4	835	0.7	49	192	60.6	2,010	0.6	95
65-74	1,854	36.4	20,703	0.5	59	1,166	22.9	13,005	0.9	56	1,904	37.4	21,222	0.4	22
75-84	1,869	39.1	19,840	0.6	64	1,025	21.4	10,845	0.8	45	1,612	33.7	16,762	0.4	18
85 and older	1,155	38.1	11,233	0.7	66	519	17.1	4,937	0.8	38	966	31.9	8,848	0.4	20
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTI-DIABETIC					ANTIVIRAL				
	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	17,752	22.5 %	199,950	0.6	\$57	25,087	31.8 %	276,742	0.7	\$38	4,289	5.4 %	47,756	0.5	\$186
Female	11,563	23.1	130,314	0.6	57	16,835	33.6	186,325	0.7	37	1,839	3.7	20,770	0.3	125
Disabled	3,068	22.4	35,172	0.6	55	4,220	30.8	47,924	0.7	43	1,078	7.9	12,271	0.5	186
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	3.2	12	0.4	27	1	3.2	7	0.3	11	5	16.1	55	0.2	13
21-44	465	9.3	5,374	0.7	52	779	15.5	9,014	0.7	43	472	9.4	5,378	0.5	188
45-64	2,538	29.9	29,127	0.6	56	3,358	39.6	38,060	0.7	43	594	7.0	6,762	0.5	186
65-74	64	36.4	659	0.6	51	82	46.6	843	0.6	40	7	4.0	76	0.4	205
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	8,495	23.3	95,142	0.6	58	12,615	34.6	138,401	0.7	35	761	2.1	8,499	0.2	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	11.1	12	0.8	75	0	0.0	0	0.0	0	1	11.1	12	0.2	9
21-44	59	8.3	626	0.5	48	92	12.9	969	0.5	38	84	11.7	913	0.4	137
45-64	61	22.2	637	0.4	42	91	33.1	964	0.5	45	13	4.7	148	0.3	120
65-74	3,645	40.1	41,398	0.6	58	4,906	53.9	55,413	0.7	40	171	1.9	1,967	0.2	51
75-84	3,354	28.2	37,633	0.6	59	4,724	39.7	51,993	0.7	35	219	1.8	2,504	0.1	16
85 and older	1,375	9.5	14,836	0.7	56	2,802	19.4	29,062	0.7	28	273	1.9	2,955	0.1	9
Male	6,189	21.6	69,636	0.7	55	8,252	28.8	90,417	0.7	39	2,450	8.5	26,986	0.6	234
Disabled	3,035	20.2	34,624	0.7	53	3,454	23.0	38,709	0.7	43	2,120	14.1	23,297	0.6	252
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	2.0	12	1.5	90	0	0.0	0	0.0	0
21-44	877	12.5	10,109	0.7	49	912	13.0	10,220	0.7	41	1,091	15.6	11,760	0.6	241
45-64	2,118	27.1	24,101	0.7	55	2,491	31.8	27,934	0.7	44	1,025	13.1	11,500	0.6	264
65-74	40	29.2	414	0.6	56	50	36.5	543	0.7	40	4	2.9	37	0.5	73
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,154	23.1	35,012	0.6	57	4,798	35.1	51,708	0.7	36	330	2.4	3,689	0.3	121
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	52	12.3	493	0.5	40	75	17.7	750	0.5	41	52	12.3	554	0.5	174
45-64	97	30.6	957	0.5	48	131	41.3	1,343	0.6	48	27	8.5	281	0.6	381
65-74	1,608	31.6	18,233	0.6	59	2,189	43.0	24,549	0.7	39	138	2.7	1,561	0.4	136
75-84	1,109	23.2	12,353	0.6	56	1,772	37.1	18,975	0.7	34	66	1.4	769	0.2	29
85 and older	288	9.5	2,976	0.7	59	631	20.8	6,091	0.7	28	47	1.6	524	0.1	13
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				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 Benes	No. of Bene Mos
All	28,459	36.1 %	312,213	0.6	\$27	24,237	30.7 %	275,112	0.4	\$29	78,838	830,908
Female	18,845	37.6	207,046	0.6	28	16,899	33.7	192,303	0.4	32	50,159	530,478
Disabled	3,644	26.6	41,377	0.6	26	6,335	46.2	73,179	0.3	26	13,715	152,761
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	13	41.9	147	0.2	3	31	313
21-44	554	11.0	6,401	0.6	22	2,161	43.0	25,076	0.3	16	5,025	56,348
45-64	2,996	35.3	33,964	0.6	27	4,091	48.2	47,159	0.4	31	8,482	94,418
65-74	93	52.8	1,004	0.5	24	70	39.8	797	0.3	30	176	1,674
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	8	0.5	19	0	0.0	0	0.0	0	1	8
Other Eligibles	15,201	41.7	165,669	0.7	28	10,564	29.0	119,124	0.4	35	36,444	377,717
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	2	22.2	24	0.5	25	1	11.1	6	0.3	15	9	80
21-44	85	11.9	889	0.5	22	300	42.0	3,239	0.2	16	715	6,525
45-64	65	23.6	651	0.5	27	133	48.4	1,400	0.3	23	275	2,540
65-74	4,762	52.3	54,074	0.6	28	3,715	40.8	42,997	0.4	31	9,097	99,428
75-84	5,491	46.2	60,667	0.6	28	3,471	29.2	39,572	0.4	38	11,889	125,974
85 and older	4,796	33.2	49,364	0.7	27	2,944	20.4	31,910	0.5	41	14,456	143,145
Male	9,614	33.5	105,167	0.7	27	7,338	25.6	82,809	0.3	22	28,679	300,430
Disabled	3,642	24.2	40,752	0.6	27	4,170	27.8	47,484	0.3	17	15,020	163,770
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	3	5.9	35	0.9	27	7	13.7	74	0.1	2	51	504
21-44	948	13.5	10,718	0.6	25	1,749	25.0	19,834	0.3	12	7,010	76,645
45-64	2,635	33.7	29,441	0.7	27	2,385	30.5	27,260	0.3	20	7,822	85,353
65-74	56	40.9	558	0.5	25	29	21.2	316	0.4	32	137	1,268
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,972	43.7	64,415	0.7	27	3,168	23.2	35,325	0.4	28	13,659	136,660
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	10.0	10	1.1	12	3	30.0	22	0.1	3	10	57
21-44	74	17.5	729	0.5	22	144	34.0	1,483	0.3	21	423	3,684
45-64	131	41.3	1,290	0.5	23	110	34.7	1,156	0.3	21	317	2,905
65-74	2,514	49.3	28,210	0.6	27	1,449	28.4	16,658	0.4	26	5,095	54,200
75-84	2,159	45.1	23,620	0.7	27	1,000	20.9	11,261	0.4	31	4,782	48,379
85 and older	1,093	36.1	10,556	0.7	26	462	15.2	4,745	0.5	36	3,031	27,432
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002**

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	\$309	6.0	19,500	197,973
Age				
0-64	560	7.6	1,335	14,829
65-74	412	7.1	2,024	21,410
75-84	324	6.3	5,787	59,093
85 and older	244	5.3	10,354	102,641
Unknown	0	0.0	0	0
Gender				
Female	294	5.9	14,599	148,963
Male	355	6.3	4,901	49,010
Unknown	0	0.0	0	0
Race				
White	304	6	17,616	177,751
African American	349	6.1	1,292	13,878
Other/unknown	371	6.3	592	6,344
Basis of Eligibility^c				
Aged	289	5.9	18,142	182,922
Disabled	559	7.6	1,358	15,051
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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 # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.1	\$18	\$14	\$1	\$2	\$59	\$77	\$17	37,000	\$2,179,262	11,450	58.7 %	120,995
Biologics	0.1	0.0	0.0	0.1	7	1	0	7	81	0	108	198	15,979	194	1.0	2,226
Antineoplastic Agents	0.6	0.2	0.1	0.3	117	66	20	31	187	277	190	8,148	1,523,610	1,333	6.8	13,011
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	37	25	3	9	32	55	17	94,591	3,044,511	7,941	40.7	83,116
Cardiovascular Agents	2.0	0.4	0.3	1.3	54	22	6	25	27	52	25	271,521	7,214,917	13,011	66.7	133,940
Respiratory Agents	0.8	0.3	0.1	0.4	40	21	5	14	52	64	38	51,561	2,662,043	6,338	32.5	66,676
Gastrointestinal Agents	0.9	0.5	0.0	0.4	69	54	1	13	73	114	79	91,789	6,726,151	9,414	48.3	98,095
Genitourinary Agents	0.7	0.5	0.0	0.1	40	37	0	3	57	67	36	25,163	1,433,003	3,367	17.3	36,020
CNS Drugs	1.7	1.0	0.1	0.6	131	109	4	18	79	109	70	241,705	19,140,166	14,014	71.9	145,798
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.6	28	15	2	11	35	126	40	1,744	61,725	212	1.1	2,206
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	98	98	0	0	125	125	0	17,793	2,218,351	2,180	11.2	22,550
Analgesics and Anesthetics	1.0	0.5	0.1	0.4	52	43	3	5	54	86	38	76,018	4,116,225	7,908	40.6	79,477
Neuromuscular Agents	1.2	0.5	0.1	0.6	67	42	6	20	55	81	47	81,687	4,468,692	6,227	31.9	66,466
Nutritional Products	0.8	0.0	0.0	0.7	14	0	1	13	18	32	20	36,597	660,653	4,693	24.1	48,044
Hematological Agents	1.2	0.2	0.2	0.7	47	36	2	9	41	162	13	72,924	2,962,078	6,122	31.4	63,246
Topical Products	0.6	0.3	0.0	0.3	22	14	2	6	37	54	46	73,450	2,700,479	11,186	57.4	120,736
Miscellaneous Products	0.2	0.1	0.0	0.1	13	7	2	4	54	57	181	1,691	91,744	671	3.4	7,141
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	36	0	0	1,141	40,722	393	2.0	4,133
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.	1,184,721	61,260,311	n.a.	n.a.	n.a.

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

- 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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Connecticut, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$10,921,881	9,471	48.6 %	101,941	0.8	\$135	\$107
ANTIDEPRESSANTS	6,864,490	12,822	65.8	134,714	0.8	61	51
ULCER DRUGS	5,857,624	7,904	40.5	82,408	0.8	92	71
ANTICONVULSANT	3,214,927	5,671	29.1	61,183	0.9	56	53
ANALGESICS - Narcotic	2,366,440	7,079	36.3	69,538	0.7	50	34
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,218,351	2,182	11.2	22,574	0.8	125	98
ANTIASTHMATIC	1,822,747	6,952	35.7	72,143	0.5	54	25
ANTIDIABETIC	1,798,547	5,268	27.0	55,346	0.8	40	32
ANTHYPERTENSIVE	1,786,194	5,946	30.5	61,605	0.9	34	29
ANALGESICS - ANTI-INFLAMMATORY	1,608,409	3,380	17.3	36,838	0.6	70	44
Total	38,459,610	66,675		698,290	n.a.	n.a.	n.a.

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

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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 2002. 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 2002 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, CONNECTICUT, 2002

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS							ANTIDEPRESSANTS										
	No. of Rx	Rx \$	No. of Users	Users as %			Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	Users as %			Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users	Users as %			Mean Rx \$	Mean No. of Rx	No. of Bene Mos among Users				
				NF Residents	Residents	NF Residents				NF Residents	Residents	NF Residents				Residents	NF Residents								
All	533,491	\$38,459,610	9,471	48.6 %	101,941	0.8	\$107	0.8	12,822	65.8 %	134,714	0.8	\$51												
Female	387,681	27,562,290	6,827	46.8	73,541	0.8	101	0.8	9,691	66.4	101,973	0.8	51												
Disabled	29,233	2,638,489	522	83.4	6,030	1.1	172	1.1	479	76.5	5,353	0.9	62												
64 or younger	28,844	2,605,220	515	83.7	5,955	1.1	172	1.1	473	76.9	5,281	0.9	62												
65-74	389	33,269	7	63.6	75	0.9	174	0.9	6	54.5	72	1.0	70												
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
Other Eligibles	358,448	24,923,801	6,305	45.1	67,511	0.7	95	0.7	9,212	65.9	96,620	0.8	50												
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
65-74	45,254	3,454,035	783	68.9	8,833	0.9	135	0.9	866	76.2	9,543	0.9	55												
75-84	123,329	8,718,391	2,137	52.1	23,128	0.8	102	0.8	2,971	72.5	31,358	0.8	52												
85 and older	189,865	12,751,375	3,385	38.7	35,550	0.7	81	0.7	5,375	61.5	55,719	0.8	49												
Male	145,810	10,897,320	2,644	53.9	28,400	0.9	122	0.9	3,131	63.9	32,741	0.8	51												
Disabled	31,467	2,938,263	648	88.5	7,373	1.1	183	1.1	504	68.9	5,596	0.8	58												
64 or younger	31,037	2,902,545	642	89.2	7,312	1.1	182	1.1	498	69.2	5,524	0.8	58												
65-74	430	35,718	6	50.0	61	1.2	194	1.2	6	50.0	72	1.0	62												
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
Other Eligibles	114,343	7,959,057	1,996	47.9	21,027	0.8	101	0.8	2,627	63.0	27,145	0.8	50												
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0												
65-74	30,851	2,336,477	529	61.2	5,803	0.9	131	0.9	600	69.4	6,539	0.8	53												
75-84	49,601	3,432,191	844	50.0	9,052	0.8	100	0.8	1,096	64.9	11,484	0.8	51												
85 and older	33,891	2,190,389	623	38.6	6,172	0.6	75	0.6	931	57.6	9,122	0.8	47												
Unknown	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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - Narcotic						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	
All	7,904	40.5 %	0.8	\$71	5,671	29.1 %	0.9	\$53	7,079	36.3 %	0.7	\$34	69,538	0.7	34	57	57	2	0
Female	5,839	40.0	0.8	71	3,713	25.4	0.9	49	5,466	37.4	0.7	34	53,893	0.7	34	57	57	2	0
Disabled	281	44.9	0.8	82	482	77.0	1.1	77	271	43.3	1.1	57	2,932	1.1	57	57	57	2	0
64 or younger	277	45.0	0.8	82	477	77.6	1.1	76	268	43.6	1.1	57	2,902	1.1	57	57	57	2	0
65-74	4	36.4	1.0	89	5	45.5	1.4	83	3	27.3	0.1	2	30	0.1	2	2	2	0	0
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
Other Eligibles	5,558	39.8	0.8	70	3,231	23.1	0.9	45	5,195	37.2	0.7	33	50,961	0.7	33	33	33	0	0
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
65-74	515	45.3	0.8	75	546	48.1	1.0	57	506	44.5	0.8	45	5,404	0.8	45	45	45	0	0
75-84	1,709	41.7	0.8	70	1,268	30.9	0.9	47	1,538	37.5	0.7	39	15,324	0.7	39	39	39	0	0
85 and older	3,334	38.2	0.8	70	1,417	16.2	0.8	37	3,151	36.1	0.6	27	30,233	0.6	27	27	27	0	0
Male	2,065	42.1	0.8	72	1,958	40.0	1.0	60	1,613	32.9	0.7	34	15,645	0.7	34	34	34	0	0
Disabled	320	43.7	0.8	78	538	73.5	1.1	78	270	36.9	0.9	63	2,909	0.9	63	63	63	0	0
64 or younger	318	44.2	0.8	78	531	73.7	1.1	77	268	37.2	0.9	63	2,885	0.9	63	63	63	0	0
65-74	2	16.7	0.8	111	7	58.3	1.0	95	2	16.7	0.2	1	24	0.2	1	1	1	0	0
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
Other Eligibles	1,745	41.9	0.8	71	1,420	34.1	0.9	52	1,343	32.2	0.6	28	12,736	0.6	28	28	28	0	0
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0
65-74	372	43.0	0.8	73	476	55.0	1.0	64	303	35.0	0.7	32	3,079	0.7	32	32	32	0	0
75-84	733	43.4	0.8	71	585	34.6	0.9	49	531	31.4	0.6	29	5,207	0.6	29	29	29	0	0
85 and older	640	39.6	0.8	69	359	22.2	0.9	40	509	31.5	0.5	24	4,450	0.5	24	24	24	0	0
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0	0	0

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

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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTI-ASTHMATIC						ANTI-DIABETIC					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	No. of Rx	Mean Rx \$	Mean No. of Rx
All	2,182	11.2 %	22,574	0.8	\$98	0.8	6,952	35.7 %	72,143	0.5	\$25	0.5	5,268	27.0 %	55,346	0.8	\$33	0.8
Female	1,690	11.6	17,568	0.8	99	0.8	5,007	34.3	52,524	0.4	24	0.4	3,805	26.1	39,989	0.8	32	0.8
Disabled	41	6.5	468	0.9	309	0.9	255	40.7	2,836	0.5	27	0.5	232	37.1	2,502	0.9	42	0.9
64 or younger	39	6.3	444	0.9	322	0.9	254	41.3	2,824	0.5	27	0.5	229	37.2	2,466	0.9	42	0.9
65-74	2	18.2	24	0.5	70	0.5	1	9.1	12	0.1	17	0.1	3	27.3	36	0.8	30	0.8
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	1,649	11.8	17,100	0.8	93	0.8	4,752	34.0	49,688	0.4	24	0.4	3,573	25.6	37,487	0.8	32	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	83	7.3	896	0.8	91	0.8	477	42.0	5,159	0.5	31	0.5	567	49.9	6,128	0.9	38	0.9
75-84	579	14.1	5,937	0.8	95	0.8	1,480	36.1	15,467	0.5	29	0.5	1,427	34.8	14,947	0.8	32	0.8
85 and older	987	11.3	10,267	0.8	92	0.8	2,795	32.0	29,062	0.4	19	0.4	1,579	18.1	16,412	0.8	29	0.8
Male	492	10.0	5,006	0.8	98	0.8	1,945	39.7	19,619	0.5	29	0.5	1,463	29.9	15,357	0.8	33	0.8
Disabled	25	3.4	291	0.7	135	0.7	243	33.2	2,609	0.6	34	0.6	223	30.5	2,519	0.8	36	0.8
64 or younger	25	3.5	291	0.7	135	0.7	237	32.9	2,537	0.6	33	0.6	217	30.1	2,447	0.8	35	0.8
65-74	0	0.0	0	0.0	0	0.0	6	50.0	72	0.7	61	0.7	6	50.0	72	1.1	51	1.1
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	467	11.2	4,715	0.8	95	0.8	1,702	40.8	17,010	0.5	29	0.5	1,240	29.7	12,838	0.8	33	0.8
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	63	7.3	687	0.8	101	0.8	353	40.8	3,673	0.6	34	0.6	336	38.8	3,655	0.8	35	0.8
75-84	217	12.8	2,224	0.8	92	0.8	755	44.7	7,791	0.5	30	0.5	576	34.1	6,000	0.8	34	0.8
85 and older	187	11.6	1,804	0.8	97	0.8	594	36.8	5,546	0.5	23	0.5	328	20.3	3,183	0.8	27	0.8
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

- 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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE										ANALGESICS - ANTI-INFLAMMATORY									
	Users as %					Users as %					Users as %					Users as %				
	No. of Users	No. of Users	Residents	NF	All-Year	No. of Bene Mos among Users	Mean Rx	Mean Rx-\$	No. of Rx	Mean Rx-\$	No. of Bene Mos among Users	Mean Rx	Mean Rx-\$	No. of Rx	Mean Rx-\$	All-Year NF Residents	Year NF Residents	Bene Mos among All-Year NF Residents		
All	5,946	30.5 %	61,605	0.9	\$29	3,380	17.3 %	36,838	0.6	\$44	19,500	197,973								
Female	4,247	29.1	43,961	0.9	29	2,680	18.4	29,209	0.6	44	14,599	148,963								
Disabled	157	25.1	1,720	0.8	29	123	19.6	1,402	0.6	37	626	6,969								
64 or younger	150	24.4	1,663	0.8	28	120	19.5	1,366	0.6	37	615	6,869								
65-74	7	63.6	57	0.9	31	3	27.3	36	0.6	34	11	100								
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
Other Eligibles	4,090	29.3	42,241	0.9	29	2,557	18.3	27,807	0.6	44	13,973	141,994								
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
65-74	399	35.1	4,308	0.9	31	233	20.5	2,663	0.6	45	1,136	12,109								
75-84	1,306	31.9	13,683	0.9	30	794	19.4	8,638	0.6	43	4,098	42,144								
85 and older	2,385	27.3	24,250	0.9	28	1,530	17.5	16,506	0.6	44	8,739	87,741								
Male	1,699	34.7	17,644	0.9	29	700	14.3	7,629	0.6	43	4,901	49,010								
Disabled	203	27.7	2,279	0.9	30	111	15.2	1,276	0.5	32	732	8,082								
64 or younger	198	27.5	2,230	0.9	30	110	15.3	1,264	0.5	32	720	7,960								
65-74	5	41.7	49	1.0	34	1	8.3	12	0.3	23	12	122								
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
Other Eligibles	1,496	35.9	15,365	0.9	29	589	14.1	6,353	0.6	46	4,169	40,928								
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0								
65-74	332	38.4	3,538	0.9	30	145	16.8	1,660	0.7	50	865	9,079								
75-84	614	36.4	6,548	0.9	29	244	14.4	2,688	0.6	45	1,689	16,949								
85 and older	550	34.1	5,279	0.9	28	200	12.4	2,005	0.6	42	1,615	14,900								
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 2002 file for Connecticut, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. A total of 7,710 beneficiaries who were in nursing facilities for part of their enrollment and their 75,461 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx \$	Total No. of Benes
			4.5	50.6 %					
All	39,874	50.6 %	4.5	50.6 %	354,036	\$8,747,971	\$25	3.5 %	78,838
Age									
5 and younger	1	50.0	4.5	9	476	951	106	101.7	2
6-14	2	100.0	6.5	13	116	231	18	1.5	2
15-20	33	32.7	2.6	264	70	7,032	27	2.9	101
21-44	6,474	49.1	5.0	66,147	147	1,942,047	29	3.8	13,173
45-64	9,717	57.5	6.2	104,197	165	2,786,266	27	3.8	16,896
65-74	7,122	49.1	4.0	58,204	96	1,396,615	24	3.4	14,505
75-84	8,321	49.9	3.9	65,384	88	1,468,947	22	3.2	16,671
85 and older	8,204	46.9	3.4	59,818	66	1,145,882	19	2.9	17,488
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	23,481	48.7	3.8	182,357	83	3,984,769	22	3.2	48,218
Disabled	15,567	54.2	5.8	165,862	160	4,603,893	28	3.8	28,735
Adults	808	43.8	3.1	5,674	84	155,674	27	3.3	1,845
Children	15	41.7	3.2	115	84	3,031	26	2.9	36
Unknown	3	75.0	7.0	28	151	604	22	2.3	4
Gender									
Female	26,920	53.7	4.7	237,241	111	5,578,962	24	3.6	50,159
Male	12,954	45.2	4.1	116,795	110	3,169,009	27	3.3	28,679
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	29,371	51.1	4.8	276,330	115	6,597,029	24	3.5	57,441
African American	4,929	48.6	4.0	40,883	117	1,190,497	29	3.7	10,141
Other/unknown	5,574	49.5	3.3	36,823	85	960,445	26	3.3	11,256
Use of Nursing Facilities^d									
Entire year	9,322	47.8	4.0	78,617	77	1,506,075	19	2.5	19,500
Part year	4,617	59.9	4.9	37,544	110	845,507	23	3.5	7,710
None	25,935	50.2	4.6	237,875	124	6,396,389	27	3.9	51,628
Maintenance Assistance Status									
Cash	7,164	54.8	5.8	76,285	146	1,907,843	25	3.9	13,080
Medically needy	11,532	49.8	4.3	99,155	118	2,723,339	27	3.7	23,162
Poverty related	617	32.4	1.8	3,336	55	105,258	32	3.9	1,905
Other/unknown	20,561	50.5	4.3	175,260	99	4,011,531	23	3.2	40,691

Table D11

Dual Eligible Beneficiaries

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

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 CONNECTICUT, 2002

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
All	0.4	\$11	\$25	\$0	\$4	830,908
Age						
5 and younger	2.3	238	106	0	0	4
6-14	0.5	10	18	0	0	24
15-20	0.3	7	27	0	2	954
21-44	0.5	14	29	0	5	143,202
45-64	0.6	15	27	0	6	185,216
65-74	0.4	9	24	0	3	156,570
75-84	0.4	8	22	0	2	174,353
85 and older	0.4	7	19	0	2	170,585
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	8	22	0	2	497,461
Disabled	0.5	15	28	0	6	316,531
Adults	0.3	9	27	0	5	16,599
Children	0.4	11	26	0	1	274
Unknown	0.7	14	22	0	14	43
Gender						
Female	0.4	11	24	0	4	530,478
Male	0.4	11	27	0	4	300,430
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	11	24	0	4	601,306
African American	0.4	11	29	0	2	109,525
Other/unknown	0.3	8	26	0	2	120,077
Use of Nursing Facilities^d						
Entire year	0.4	8	19	0	3	197,973
Part year	0.5	11	23	0	3	75,461
None	0.4	11	27	0	4	557,474
Maintenance Assistance Status						
Cash	0.5	13	25	0	5	148,581
Medically needy	0.4	11	27	0	4	244,871
Poverty related	0.2	5	32	0	2	20,526
Other/unknown	0.4	10	23	0	3	416,930

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

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 CONNECTICUT, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	58,258	\$150	\$8,747,971	100.0 %	354,036	\$25	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	34	34	0.0	1	34	0.0
Drugs for cosmetic purposes	34	19	652	0.0	61	11	0.0
Cough and cold medications	11,106	97	1,078,915	12.3	33,824	32	9.6
Vitamins and minerals	12,151	136	1,652,177	18.9	81,590	20	23.0
Non-prescription drugs	12,606	177	2,235,898	25.6	70,810	32	20.0
Barbiturates	807	71	57,565	0.7	8,996	6	2.5
Benzodiazepines	19,764	159	3,150,263	36.0	150,306	21	42.5
Other Part D Excl Rx Drugs	1,789	320	572,467	6.5	8,448	68	2.4

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

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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 CONNECTICUT, 2002

Total Number of Dual Eligible Beneficiaries 78,838
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$251,582,514
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,191

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,254	9.2 %	\$0	0.0 %
1-500	11,285	14.3	2,505,517	1.0
501-1,000	7,835	9.9	5,823,054	2.3
1,001-1,500	6,813	8.6	8,475,424	3.4
1,501-2,000	5,857	7.4	10,220,319	4.1
2,001-2,500	5,344	6.8	12,003,991	4.8
2,501-3,000	4,634	5.9	12,704,686	5.0
3,001-3,500	4,129	5.2	13,398,231	5.3
3,501-4,000	3,555	4.5	13,323,109	5.3
4,001-4,500	3,001	3.8	12,728,302	5.1
4,501-5,000	2,550	3.2	12,099,498	4.8
5,001-5,500	2,252	2.9	11,804,344	4.7
5,501-6,000	1,935	2.5	11,108,959	4.4
6,001-6,500	1,672	2.1	10,446,476	4.2
6,501-7,000	1,438	1.8	9,699,504	3.9
7,001-7,500	1,237	1.6	8,962,777	3.6
7,501-8,000	1,064	1.3	8,240,318	3.3
8,001-8,500	886	1.1	7,307,318	2.9
8,501-9,000	706	0.9	6,174,086	2.5
9,001-9,500	626	0.8	5,787,279	2.3
9,501-10,000	543	0.7	5,287,627	2.1
10,001+	4,222	5.4	63,481,695	25.2

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

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 2002.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 CONNECTICUT, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 28,421
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$120,748,089
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,249

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,606	9.2 %	0	0.0 %
1-500	3,966	14.0	809,713	0.7
501-1,000	2,371	8.3	1,760,865	1.5
1,001-1,500	1,964	6.9	2,439,586	2.0
1,501-2,000	1,664	5.9	2,900,880	2.4
2,001-2,500	1,466	5.2	3,297,253	2.7
2,501-3,000	1,308	4.6	3,586,897	3.0
3,001-3,500	1,268	4.5	4,114,628	3.4
3,501-4,000	1,085	3.8	4,066,357	3.4
4,001-4,500	932	3.3	3,960,205	3.3
4,501-5,000	914	3.2	4,341,333	3.6
5,001-5,500	786	2.8	4,121,309	3.4
5,501-6,000	804	2.8	4,616,844	3.8
6,001-6,500	698	2.5	4,363,718	3.6
6,501-7,000	642	2.3	4,330,268	3.6
7,001-7,500	608	2.1	4,409,724	3.7
7,501-8,000	567	2.0	4,392,751	3.6
8,001-8,500	480	1.7	3,957,471	3.3
8,501-9,000	403	1.4	3,524,285	2.9
9,001-9,500	381	1.3	3,522,075	2.9
9,501-10,000	332	1.2	3,233,264	2.7
10,001+	3,176	11.2	48,998,663	40.6

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

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 2002.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 CONNECTICUT, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 48,664
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$126,088,996
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,591

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,311	8.9%	0	0.0%
1-500	6,937	14.3	1,620,711	1.3
501-1,000	5,274	10.8	3,920,523	3.1
1,001-1,500	4,722	9.7	5,879,944	4.7
1,501-2,000	4,085	8.4	7,132,095	5.7
2,001-2,500	3,802	7.8	8,536,830	6.8
2,501-3,000	3,263	6.7	8,944,310	7.1
3,001-3,500	2,803	5.8	9,095,870	7.2
3,501-4,000	2,436	5.0	9,129,625	7.2
4,001-4,500	2,033	4.2	8,615,738	6.8
4,501-5,000	1,599	3.3	7,583,281	6.0
5,001-5,500	1,426	2.9	7,473,950	5.9
5,501-6,000	1,107	2.3	6,353,440	5.0
6,001-6,500	950	2.0	5,934,544	4.7
6,501-7,000	773	1.6	5,213,668	4.1
7,001-7,500	611	1.3	4,423,042	3.5
7,501-8,000	481	1.0	3,722,745	3.0
8,001-8,500	390	0.8	3,217,368	2.6
8,501-9,000	291	0.6	2,544,651	2.0
9,001-9,500	227	0.5	2,097,445	1.7
9,501-10,000	202	0.4	1,966,870	1.6
10,001+	941	1.9	12,682,346	10.1

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

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 2002.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 CONNECTICUT, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 14,505
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$41,555,030
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,865

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,542	10.6 %	0	0.0 %
1-500	1,905	13.1	418,380	1.0
501-1,000	1,378	9.5	1,023,911	2.5
1,001-1,500	1,328	9.2	1,644,401	4.0
1,501-2,000	1,146	7.9	2,006,473	4.8
2,001-2,500	1,047	7.2	2,351,607	5.7
2,501-3,000	876	6.0	2,406,028	5.8
3,001-3,500	856	5.9	2,775,631	6.7
3,501-4,000	689	4.8	2,582,396	6.2
4,001-4,500	593	4.1	2,509,688	6.0
4,501-5,000	496	3.4	2,353,397	5.7
5,001-5,500	431	3.0	2,258,863	5.4
5,501-6,000	324	2.2	1,863,155	4.5
6,001-6,500	298	2.1	1,863,162	4.5
6,501-7,000	258	1.8	1,739,296	4.2
7,001-7,500	231	1.6	1,671,851	4.0
7,501-8,000	179	1.2	1,386,974	3.3
8,001-8,500	148	1.0	1,220,589	2.9
8,501-9,000	104	0.7	908,865	2.2
9,001-9,500	94	0.6	871,143	2.1
9,501-10,000	86	0.6	837,168	2.0
10,001+	496	3.4	6,862,052	16.5

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

- 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 2002.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 CONNECTICUT, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 16,671
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$45,564,557
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,733

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,441	8.6 %	0	0.0 %
1-500	2,103	12.6	501,767	1.1
501-1,000	1,700	10.2	1,267,596	2.8
1,001-1,500	1,528	9.2	1,916,114	4.2
1,501-2,000	1,390	8.3	2,429,475	5.3
2,001-2,500	1,331	8.0	2,990,905	6.6
2,501-3,000	1,120	6.7	3,069,170	6.7
3,001-3,500	980	5.9	3,180,608	7.0
3,501-4,000	939	5.6	3,523,189	7.7
4,001-4,500	754	4.5	3,195,781	7.0
4,501-5,000	556	3.3	2,640,109	5.8
5,001-5,500	550	3.3	2,880,927	6.3
5,501-6,000	428	2.6	2,454,835	5.4
6,001-6,500	374	2.2	2,333,075	5.1
6,501-7,000	301	1.8	2,033,404	4.5
7,001-7,500	236	1.4	1,709,762	3.8
7,501-8,000	180	1.1	1,390,317	3.1
8,001-8,500	159	1.0	1,312,011	2.9
8,501-9,000	120	0.7	1,048,575	2.3
9,001-9,500	94	0.6	865,900	1.9
9,501-10,000	75	0.4	730,578	1.6
10,001+	312	1.9	4,090,459	9.0

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

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 2002.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 CONNECTICUT, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,488
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$38,969,409
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,228

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,328	7.6 %	0	0.0 %
1-500	2,929	16.7	700,564	1.8
501-1,000	2,196	12.6	1,629,016	4.2
1,001-1,500	1,866	10.7	2,319,429	6.0
1,501-2,000	1,549	8.9	2,696,147	6.9
2,001-2,500	1,424	8.1	3,194,318	8.2
2,501-3,000	1,267	7.2	3,469,112	8.9
3,001-3,500	967	5.5	3,139,631	8.1
3,501-4,000	808	4.6	3,024,040	7.8
4,001-4,500	686	3.9	2,910,269	7.5
4,501-5,000	547	3.1	2,589,775	6.6
5,001-5,500	445	2.5	2,334,160	6.0
5,501-6,000	355	2.0	2,035,450	5.2
6,001-6,500	278	1.6	1,738,307	4.5
6,501-7,000	214	1.2	1,440,968	3.7
7,001-7,500	144	0.8	1,041,429	2.7
7,501-8,000	122	0.7	945,454	2.4
8,001-8,500	83	0.5	684,768	1.8
8,501-9,000	67	0.4	587,211	1.5
9,001-9,500	39	0.2	360,402	0.9
9,501-10,000	41	0.2	399,124	1.0
10,001+	133	0.8	1,729,835	4.4

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

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 2002.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	78,968	48,218	28,737	1,964	45	834,409	497,492	316,930	19,530	414	43
Age											
5 and younger	2	0	0	0	2	24	0	0	0	24	0
6-14	2	0	0	0	2	24	0	0	0	24	0
15-20	104	0	82	1	21	1,084	0	867	10	207	0
21-44	13,259	0	12,037	1,209	13	145,440	0	133,219	12,112	109	0
45-64	16,932	1	16,304	618	5	186,131	12	179,890	6,151	35	43
65-74	14,510	14,078	313	117	2	156,767	152,734	2,946	1,072	15	0
75-84	16,671	16,653	0	18	0	174,354	174,181	0	173	0	0
85 and older	17,488	17,486	1	1	0	170,585	170,565	8	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	50,247	35,381	13,717	1,121	24	532,655	368,019	153,006	11,370	217	43
Male	28,721	12,837	15,020	843	21	301,754	129,473	163,924	8,160	197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	57,521	36,605	19,758	1,130	24	603,355	371,201	220,702	11,182	227	43
African American	10,166	5,292	4,508	355	11	110,110	57,801	48,642	3,585	82	0
Other/unknown	11,281	6,321	4,471	479	10	120,944	68,490	47,586	4,763	105	0
Use of Nursing Facilities^c											
Entire year	19,500	18,142	1,358	0	0	197,973	182,922	15,051	0	0	0
Part year	7,710	6,613	1,089	8	0	75,461	63,481	11,893	87	0	0
None	51,758	23,463	26,290	1,956	45	560,975	251,089	289,986	19,443	414	43
Maintenance Assistance Status											
Cash	13,123	5,613	7,421	88	1	149,189	63,354	84,946	877	12	0
Medically needy	23,164	11,407	11,730	26	1	245,128	118,543	126,397	176	12	0
Poverty related	1,908	738	1,138	14	14	20,589	8,147	12,209	88	102	43
Other/unknown	40,773	30,460	8,448	1,836	29	419,503	307,448	93,378	18,389	288	0
Dual Status^d											
Full dual, all year	74,219	45,906	26,363	1,901	45	781,946	472,016	290,642	18,831	414	43
Full dual, part year	4,749	2,312	2,374	63	0	52,463	25,476	26,288	699	0	0
Managed Care Status											
FFS all year	78,375	48,212	28,648	1,489	22	828,374	497,420	315,927	14,768	216	43
FFS part year, with Rx claims	345	5	71	262	7	3,727	60	825	2,774	68	0
FFS part year, no Rx claims	118	1	16	94	7	1,073	12	154	840	67	0
MC all year, with Rx claims	3	0	0	3	0	31	0	0	31	0	0
MC all year, no Rx claims	127	0	2	116	9	1,204	0	24	1,117	63	0

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

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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	78,968	834,409	78,838	830,908	0	3,501
FFS all year	78,375	828,374	78,375	828,374	0	0
FFS part year, with Rx claims	345	3,727	345	2,068	0	1,659
FFS part year, with no Rx claims	118	1,073	118	466	0	607
MC all year, with Rx claims	3	31	0	0	0	31
MC all year, with no Rx claims	127	1,204	0	0	0	1,204

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

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.