

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	17,286	8,363	8,553	361	9	0	184,188	87,277	93,829	3,007	75	0
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	3	0	0	0	3	0	35	0	0	0	35	0
15-20	12	0	9	0	3	0	124	0	94	0	30	0
21-44	2,257	5	2,132	118	2	0	24,212	37	23,184	982	9	0
45-64	3,883	18	3,685	179	1	0	41,805	146	40,063	1,595	1	0
65-74	4,880	2,895	1,935	50	0	0	52,000	30,125	21,548	327	0	0
75-84	3,970	3,315	641	14	0	0	42,436	35,075	7,258	103	0	0
85 and older	2,280	2,130	150	0	0	0	23,564	21,894	1,670	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	11,131	6,156	4,752	221	2	0	119,715	65,059	52,845	1,797	14	0
Male	6,155	2,207	3,801	140	7	0	64,473	22,218	40,984	1,210	61	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	1,022	541	472	8	1	0	10,558	5,433	5,048	75	2	0
African American	13,879	6,608	6,928	336	7	0	147,171	68,617	75,688	2,801	65	0
Other/unknown	2,385	1,214	1,153	17	1	0	26,459	13,227	13,093	131	8	0
Use of Nursing Facilities^c												
Entire year	1,871	1,727	107	37	0	0	19,417	17,902	1,102	413	0	0
Part year	1,393	1,185	188	20	0	0	14,153	11,931	2,016	206	0	0
None	14,022	5,451	8,258	304	9	0	150,618	57,444	90,711	2,388	75	0
Maintenance Assistance Status												
Cash	8,115	2,685	5,203	226	1	0	90,499	29,749	58,989	1,754	7	0
Medically needy	4,263	2,993	1,140	126	4	0	41,973	29,260	11,497	1,195	21	0
Poverty-related	4,069	2,078	1,984	5	2	0	42,936	21,880	21,009	24	23	0
Other/unknown	839	607	226	4	2	0	8,780	6,388	2,334	34	24	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
Managed Care Status												
FFS all year	17,071	8,351	8,490	223	7	0	182,687	87,197	93,400	2,032	58	0
FFS part year, with Rx claims	144	9	46	88	1	0	1,098	63	342	683	10	0
FFS part year, no Rx claims	71	3	17	50	1	0	403	17	87	292	7	0

Table D2

Dual Eligible 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 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, 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	68.9 %	30.0	\$1,863	\$62	\$16,420	11.3 %	17,286
Age							
5 and younger	100.0	37.0	1,456	39	3,606	40.4	1
6-14	100.0	42.7	7,076	166	12,546	56.4	3
15-20	75.0	15.6	1,676	108	14,272	11.7	12
21-44	72.1	26.1	2,731	105	14,417	18.9	2,257
45-64	79.4	38.3	2,724	71	16,242	16.8	3,883
65-74	71.2	32.2	1,663	52	12,199	13.6	4,880
75-84	65.7	28.1	1,360	48	17,212	7.9	3,970
85 and older	48.7	18.4	836	46	26,383	3.2	2,280
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	58.3	23.4	1,165	50	19,464	6.0	8,363
Disabled	79.6	36.8	2,566	70	13,645	18.8	8,553
Adults	61.5	21.3	1,351	64	11,744	11.5	361
Children	66.7	20.6	2,857	139	13,097	21.8	9
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	71.6	32.4	1,787	55	15,894	11.2	11,131
Male	64.1	25.6	2,001	78	17,372	11.5	6,155
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	57.2	27.9	2,158	77	21,733	9.9	1,022
African American	69.2	30.4	1,883	62	16,752	11.2	13,879
Other/unknown	72.7	28.4	1,619	57	12,210	13.3	2,385
Use of Nursing Facilities^d							
Entire year	19.5	9.5	421	45	50,447	0.8	1,871
Part year	42.3	18.3	1,006	55	36,272	2.8	1,393
None	78.2	33.9	2,141	63	9,907	21.6	14,022
Maintenance Assistance Status							
Cash	77.4	34.2	2,119	62	10,293	20.6	8,115
Medically needy	39.2	18.1	1,113	61	38,710	2.9	4,263
Poverty related	80.7	34.0	2,157	63	7,344	29.4	4,069
Other/unknown	80.8	29.9	1,766	59	6,438	27.4	839

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 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, D.C., 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	2.8	\$175	11.3 %	31.1 %	17.6 %	10.0 %	24.3 %	14.5 %	2.5 %	\$1,541	17,286	184,188
Age												
5 and younger	3.1	121	40.4	0.0	0.0	0.0	100.0	0.0	0.0	301	1	12
6-14	3.7	607	56.4	0.0	33.3	0.0	33.3	33.3	0.0	1,075	3	35
15-20	1.5	162	11.7	25.0	50.0	0.0	25.0	0.0	0.0	1,381	12	124
21-44	2.4	255	18.9	27.9	27.4	10.1	20.6	11.8	2.1	1,344	2,257	24,212
45-64	3.6	253	16.8	20.6	17.7	11.0	27.6	18.9	4.2	1,509	3,883	41,805
65-74	3.0	156	13.6	28.8	16.4	10.6	25.4	16.2	2.6	1,145	4,880	52,000
75-84	2.6	127	7.9	34.3	15.4	9.8	25.3	13.5	1.8	1,610	3,970	42,436
85 and older	1.8	81	3.2	51.3	13.9	7.1	18.6	8.2	1.1	2,553	2,280	23,564
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	2.2	112	6.0	41.7	15.4	9.1	21.2	11.1	1.6	1,865	8,363	87,277
Disabled	3.4	234	18.8	20.4	19.6	10.8	27.7	18.1	3.5	1,244	8,553	93,829
Adults	2.6	162	11.5	38.5	19.7	9.1	19.4	11.4	1.9	1,410	361	3,007
Children	2.5	343	21.8	33.3	33.3	0.0	22.2	11.1	0.0	1,572	9	75
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.0	166	11.2	28.4	16.8	9.9	26.3	15.8	2.8	1,478	11,131	119,715
Male	2.4	191	11.5	35.9	19.0	10.0	20.9	12.2	2.0	1,658	6,155	64,473
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.7	209	9.9	42.8	13.9	7.8	18.2	13.0	4.3	2,104	1,022	10,558
African American	2.9	178	11.2	30.8	17.0	10.1	24.7	15.0	2.5	1,580	13,879	147,171
Other/unknown	2.6	146	13.3	27.3	22.6	10.4	25.2	12.6	1.9	1,101	2,385	26,459
use or nursing Facilities^d												
Entire year	0.9	41	0.8	80.5	7.2	0.7	4.0	5.3	2.2	4,861	1,871	19,417
Part year	1.8	99	2.8	57.7	12.9	5.2	12.7	8.4	3.0	3,570	1,393	14,153
None	3.2	199	21.6	21.8	19.4	11.7	28.2	16.4	2.5	922	14,022	150,618
Maintenance Assistance Status												
Cash	3.1	190	20.6	22.6	19.7	11.0	27.3	16.7	2.7	923	8,115	90,499
Medically needy	1.8	113	2.9	60.8	10.6	4.5	11.9	9.7	2.5	3,932	4,263	41,973
Poverty related	3.2	205	29.4	19.3	20.2	12.7	29.8	15.5	2.4	696	4,069	42,936
Other/unknown	2.9	169	27.4	19.2	20.5	13.9	32.2	13.3	0.8	615	839	8,780

Table D4

Dual Eligible 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 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, D.C., 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	2.8	\$175	\$62	1.2	\$132	\$111	0.2	\$11	\$51	1.4	\$31	\$22
Age												
5 and younger	3.1	121	39	1.2	91	78	0.0	0	0	1.9	30	16
6-14	3.7	607	166	1.6	484	308	0.4	87	217	1.7	36	22
15-20	1.5	162	108	0.7	139	188	0.1	5	43	0.6	18	27
21-44	2.4	255	105	1.1	213	193	0.2	12	70	1.1	29	26
45-64	3.6	253	71	1.5	198	131	0.3	14	50	1.8	41	23
65-74	3.0	156	52	1.3	111	87	0.2	12	49	1.5	33	22
75-84	2.6	127	48	1.1	90	81	0.2	10	47	1.3	28	21
85 and older	1.8	81	46	0.7	56	79	0.2	7	46	0.9	18	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.2	112	50	0.9	79	84	0.2	9	46	1.1	23	21
Disabled	3.4	234	70	1.4	182	127	0.2	13	54	1.7	38	23
Adults	2.6	162	64	1.1	122	113	0.2	11	56	1.2	29	23
Children	2.5	343	139	1.3	282	220	0.2	42	212	1.0	19	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.0	166	55	1.3	122	95	0.2	12	49	1.5	32	22
Male	2.4	191	78	1.0	152	147	0.2	10	54	1.2	29	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.7	209	77	1.2	164	132	0.2	12	53	1.2	33	27
African American	2.9	178	62	1.2	134	111	0.2	11	50	1.4	32	22
Other/unknown	2.6	146	57	1.1	108	97	0.2	10	53	1.2	28	22
Use of Nursing Facilities^e												
Entire year	0.9	41	45	0.4	29	76	0.1	3	31	0.4	8	20
Part year	1.8	99	55	0.7	70	100	0.2	9	42	0.9	20	23
None	3.2	199	63	1.3	151	112	0.2	12	53	1.6	35	22
Maintenance Assistance Status												
Cash	3.1	190	62	1.3	144	110	0.2	12	53	1.5	34	22
Medically needy	1.8	113	61	0.8	85	112	0.2	7	39	0.9	20	23
Poverty related	3.2	205	63	1.4	155	113	0.2	13	56	1.6	36	23
Other/unknown	2.9	169	59	1.3	129	102	0.2	10	49	1.4	30	22

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 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).
- 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, D.C., 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	Total	No. of Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.4	0.3	0.0	0.1	\$79	\$75	\$1	\$3	\$187	\$268	\$93	\$20	28,232	\$5,271,219	5,823	33.7 %	66,764
Biologics	0.1	0.1	0.0	0.0	3	2	0	1	31	35	0	22	26	816	26	0.2	292
Antineoplastic Agents	0.4	0.2	0.1	0.2	96	58	12	26	217	282	244	137	3,386	733,197	686	4.0	7,639
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	42	29	3	10	47	69	32	26	46,523	2,190,240	4,578	26.5	52,316
Cardiovascular Agents	1.7	0.7	0.2	0.9	71	43	6	21	41	66	42	23	177,533	7,209,577	8,970	51.9	101,623
Respiratory Agents	0.7	0.4	0.1	0.2	37	27	5	5	55	69	77	22	37,131	2,040,527	4,829	27.9	55,542
Gastrointestinal Agents	0.5	0.2	0.0	0.3	38	30	1	7	73	126	76	25	26,750	1,962,008	4,570	26.4	52,092
Genitourinary Agents	0.4	0.3	0.0	0.1	24	23	0	1	62	71	32	15	6,035	375,163	1,353	7.8	15,695
CNS Drugs	0.9	0.5	0.0	0.4	86	73	3	11	97	160	90	27	48,761	4,725,364	4,811	27.8	54,762
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.1	0.2	27	18	3	6	66	123	50	29	287	18,888	60	0.3	697
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	51	49	0	2	119	124	0	65	2,061	244,854	424	2.5	4,761
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	22	13	2	7	37	123	81	16	41,280	1,539,651	6,197	35.8	70,978
Neuromuscular Agents	0.7	0.3	0.1	0.4	40	29	3	8	54	103	42	21	26,016	1,403,293	3,071	17.8	35,133
Nutritional Products	0.5	0.0	0.1	0.4	7	0	1	6	13	13	14	13	19,600	260,326	3,306	19.1	37,727
Hematological Agents	0.6	0.2	0.1	0.3	72	66	1	4	121	277	20	15	16,474	1,987,907	2,441	14.1	27,651
Topical Products	0.5	0.3	0.1	0.2	29	21	3	5	53	68	58	26	34,569	1,825,495	5,482	31.7	63,484
Miscellaneous Products	0.5	0.2	0.1	0.2	127	96	19	13	260	406	261	71	1,226	318,811	221	1.3	2,502
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	38	0	0	0	2,552	96,160	865	5.0	9,938
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.	518,442	32,203,496	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 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_mdmb.asp (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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_mdmb.asp (May 13 2003).

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	\$ per Rx	Rx \$ per Bene Mo
ANTIVIRAL	\$4,141,616	1,782	10.3 %	20,282	0.5	\$402	\$204
ANTPSYCHOTICS	3,310,503	2,519	14.6	28,771	0.6	191	115
ANTIHYPERTENSIVE	2,100,109	7,925	45.8	90,320	0.6	40	23
ANTHYPERLIPIDEMIC	2,066,339	3,324	19.2	38,283	0.6	89	54
ANTIDIABETIC	1,869,374	5,065	29.3	58,017	0.6	51	32
CALCIUM BLOCKERS	1,834,150	4,429	25.6	50,503	0.7	54	36
ULCER DRUGS	1,246,206	4,174	24.1	47,801	0.4	74	26
ANTICONVULSANT	1,195,815	2,420	14.0	27,687	0.6	67	43
ANTIASTMATIC	1,035,882	3,830	22.2	43,764	0.4	58	24
ANTIDEPRESSANTS	1,017,047	3,076	17.8	35,076	0.5	61	29
Total	19,817,041	38,544		440,504	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 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, D.C., 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIVIRAL				ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	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	243,594	\$19,817,041	1,782	0.5	10.3 %	20,282	0.5	\$204	2,519	14.6 %	28,771	0.6	\$115
Female	167,031	11,763,271	570	0.5	5.1	6,577	0.5	182	1,436	12.9	16,395	0.6	99
Disabled	93,911	7,409,398	470	0.5	9.9	5,423	0.5	193	980	20.6	11,391	0.6	114
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	230	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12,233	1,578,921	224	0.5	25.0	2,578	0.5	210	342	38.2	3,981	0.6	114
45-64	40,561	3,268,864	181	0.5	9.5	2,091	0.5	192	430	22.7	4,968	0.6	128
65-74	28,820	1,852,726	49	0.5	3.9	569	0.5	165	135	10.6	1,586	0.6	99
75-84	10,366	601,780	14	0.3	2.5	161	0.3	62	60	10.9	703	0.5	65
85 and older	1,926	106,877	2	0.2	1.5	24	0.2	16	13	9.7	153	0.5	51
Other Eligibles	73,120	4,353,873	100	0.4	1.6	1,154	0.4	130	456	7.1	5,004	0.5	65
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	35	3,383	0	0.0	0.0	0	0.0	0	1	100.0	12	0.5	107
21-44	707	68,670	13	0.3	14.3	130	0.3	94	19	20.9	189	0.6	47
45-64	1,119	94,120	7	0.3	7.4	79	0.3	178	13	13.7	142	0.4	119
65-74	26,500	1,652,848	38	0.5	2.0	452	0.5	203	108	5.7	1,183	0.5	90
75-84	32,124	1,842,994	31	0.3	1.2	363	0.3	76	191	7.6	2,131	0.5	57
85 and older	12,635	691,858	11	0.2	0.6	130	0.2	34	124	6.9	1,347	0.5	54
Male	76,563	8,053,770	1,212	0.5	19.7	13,705	0.5	215	1,083	17.6	12,376	0.7	136
Disabled	56,231	6,791,802	1,125	0.5	29.6	12,725	0.5	221	918	24.2	10,528	0.7	146
5 and younger	12	671	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	29	1,827	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15,568	2,490,900	559	0.5	45.2	6,208	0.5	207	369	29.8	4,223	0.7	148
45-64	29,197	3,565,710	530	0.6	29.7	6,094	0.6	238	490	27.4	5,631	0.7	146
65-74	10,048	653,245	35	0.4	5.3	411	0.4	182	51	7.7	578	0.8	131
75-84	1,179	68,128	1	0.1	1.1	12	0.1	47	4	4.4	48	0.9	185
85 and older	198	11,321	0	0.0	0.0	0	0.0	0	4	25.0	48	0.8	87
Other Eligibles	20,332	1,261,968	87	0.4	3.7	980	0.4	142	165	7.0	1,848	0.6	80
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	2,060	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	338	0	0.0	0.0	0	0.0	0	1	50.0	10	0.1	24
21-44	359	33,268	11	0.3	32.4	125	0.3	93	2	5.9	23	1.3	291
45-64	990	69,685	16	0.5	15.5	142	0.5	196	6	5.8	66	0.2	22
65-74	9,960	628,197	36	0.4	3.4	425	0.4	146	70	6.6	787	0.6	91
75-84	7,241	443,235	20	0.4	2.4	240	0.4	154	66	8.0	727	0.6	74
85 and older	1,757	85,185	4	0.1	1.2	48	0.1	22	20	6.1	235	0.5	56
Unknown	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for D.C., 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, D.C., 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIHYPERLIPEMIC					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	7,925	45.8 %	90,320	\$23	0.6	3,324	19.2 %	38,283	0.6	\$54	5,065	29.3 %	58,017	0.6	\$32
Female	5,611	50.4	64,343	24	0.6	2,527	22.7	29,199	0.6	55	3,782	34.0	43,460	0.6	33
Disabled	2,824	59.4	32,791	24	0.6	1,225	25.8	14,265	0.6	56	2,077	43.7	24,130	0.6	35
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	235	26.3	2,684	21	0.6	67	7.5	801	0.5	42	165	18.4	1,929	0.6	32
45-64	1,168	61.5	13,487	23	0.6	488	25.7	5,639	0.6	56	931	49.1	10,780	0.6	36
65-74	939	73.8	10,965	26	0.6	476	37.4	5,536	0.6	58	711	55.9	8,250	0.6	35
75-84	393	71.5	4,622	24	0.6	167	30.4	1,970	0.6	58	243	44.2	2,865	0.6	31
85 and older	89	66.4	1,033	28	0.6	27	20.1	319	0.6	53	27	20.1	306	0.7	22
Other Eligibles	2,787	43.7	31,552	24	0.6	1,302	20.4	14,934	0.6	54	1,705	26.7	19,330	0.6	30
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	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	11	12.1	96	21	0.4	3	3.3	29	0.4	35	12	13.2	114	0.6	36
45-64	41	43.2	404	27	0.6	16	16.8	178	0.7	65	30	31.6	303	0.7	41
65-74	945	50.0	10,660	24	0.6	559	29.6	6,334	0.6	54	731	38.7	8,223	0.6	31
75-84	1,269	50.7	14,519	24	0.6	560	22.4	6,520	0.6	55	729	29.1	8,387	0.7	32
85 and older	521	28.9	5,873	22	0.6	164	9.1	1,873	0.6	53	203	11.3	2,303	0.6	23
Male	2,314	37.6	25,977	22	0.6	797	12.9	9,084	0.6	50	1,283	20.8	14,557	0.6	31
Disabled	1,564	41.1	17,797	22	0.6	531	14.0	6,083	0.6	51	856	22.5	9,790	0.6	32
5 and younger	1	100.0	12	16	0.3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	50.0	36	8	0.2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	326	26.4	3,732	21	0.6	91	7.4	1,072	0.5	43	133	10.8	1,528	0.5	32
45-64	818	45.8	9,219	22	0.6	257	14.4	2,939	0.6	53	470	26.3	5,376	0.6	32
65-74	366	55.2	4,222	24	0.6	166	25.0	1,878	0.6	52	219	33.0	2,500	0.7	32
75-84	42	46.2	489	18	0.5	17	18.7	194	0.6	51	33	36.3	374	0.6	26
85 and older	8	50.0	87	10	0.5	0	0.0	0	0.0	0	1	6.3	12	1.0	14
Other Eligibles	750	31.9	8,180	21	0.6	266	11.3	3,001	0.6	49	427	18.1	4,767	0.6	30
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	25	1.0	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	16	47.1	158	18	0.6	2	5.9	20	0.3	35	4	11.8	34	0.6	44
45-64	42	40.8	403	25	0.7	8	7.8	86	0.3	24	31	30.1	318	0.5	22
65-74	368	34.8	4,077	22	0.6	146	13.8	1,642	0.6	49	216	20.5	2,460	0.6	31
75-84	254	30.7	2,806	21	0.6	91	11.0	1,046	0.6	53	155	18.7	1,725	0.7	30
85 and older	69	21.0	724	21	0.6	19	5.8	207	0.5	40	21	6.4	230	0.7	21
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 D.C., 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, D.C., 2002

Beneficiary Characteristics	CALCIUM BLOCKERS					ULCER DRUGS					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,429	25.6 %	50,503	0.7	\$36	4,174	24.1 %	47,801	0.4	\$26	2,420	14.0 %	27,687	0.6	\$43
Female	3,240	29.1	37,036	0.7	37	3,004	27.0	34,493	0.4	27	1,401	12.6	15,980	0.6	39
Disabled	1,574	33.1	18,122	0.7	38	1,572	33.1	18,223	0.3	27	992	20.9	11,473	0.6	42
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	33.3	12	0.1	1	0	0.0	0	0.0	0	1	33.3	12	0.3	16
21-44	109	12.2	1,228	0.6	38	187	20.9	2,164	0.3	25	273	30.5	3,174	0.6	56
45-64	620	32.7	7,071	0.7	38	675	35.6	7,755	0.3	27	506	26.7	5,809	0.6	39
65-74	570	44.8	6,633	0.7	38	483	38.0	5,685	0.4	26	158	12.4	1,843	0.5	30
75-84	225	40.9	2,638	0.7	36	183	33.3	2,118	0.4	28	45	8.2	527	0.5	23
85 and older	49	36.6	540	0.6	35	44	32.8	501	0.5	31	9	6.7	108	0.4	12
Other Eligibles	1,666	26.1	18,914	0.7	36	1,432	22.4	16,270	0.4	26	409	6.4	4,507	0.6	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.7	57
21-44	4	4.4	39	0.5	29	14	15.4	114	0.3	20	17	18.7	166	0.9	124
45-64	18	18.9	194	0.7	31	23	24.2	262	0.3	18	11	11.6	97	0.4	20
65-74	580	30.7	6,547	0.7	37	501	26.5	5,755	0.3	25	132	7.0	1,448	0.6	30
75-84	725	29.0	8,325	0.7	36	592	23.7	6,752	0.4	26	184	7.4	2,046	0.5	25
85 and older	339	18.8	3,809	0.7	33	302	16.8	3,387	0.4	29	63	3.5	726	0.5	33
Male	1,189	19.3	13,467	0.6	35	1,170	19.0	13,308	0.4	25	1,019	16.6	11,707	0.7	49
Disabled	774	20.4	8,807	0.6	37	781	20.5	8,990	0.3	24	848	22.3	9,785	0.7	52
5 and younger	1	100.0	12	0.7	40	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	33.3	21	0.1	8	1	16.7	12	0.3	5	1	16.7	12	0.9	77
21-44	146	11.8	1,655	0.6	37	164	13.3	1,892	0.3	18	305	24.7	3,524	0.8	57
45-64	417	23.3	4,749	0.6	37	402	22.5	4,628	0.4	26	445	24.9	5,134	0.7	52
65-74	180	27.1	2,049	0.6	36	187	28.2	2,163	0.3	23	84	12.7	960	0.7	35
75-84	21	23.1	246	0.8	40	21	23.1	241	0.3	18	13	14.3	155	0.6	40
85 and older	7	43.8	75	0.6	24	6	37.5	54	0.6	60	0	0.0	0	0.0	0
Other Eligibles	415	17.6	4,660	0.7	33	389	16.5	4,318	0.4	28	171	7.3	1,922	0.8	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	1	33.3	11	1.0	160	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	10	0.1	10
21-44	8	23.5	81	0.6	39	10	29.4	101	0.3	19	8	23.5	79	0.7	34
45-64	14	13.6	156	0.7	37	25	24.3	255	0.4	18	13	12.6	132	0.6	25
65-74	206	19.5	2,303	0.6	32	177	16.8	2,048	0.4	29	82	7.8	933	0.9	43
75-84	154	18.6	1,749	0.7	34	125	15.1	1,375	0.4	29	57	6.9	648	0.7	31
85 and older	32	9.7	360	0.7	27	52	15.8	539	0.4	25	10	3.0	120	0.9	23
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 D.C., 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, D.C., 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-DEPRESSANTS				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$									
All	3,830	22.2 %	43,764	0.4	\$24	3,076	17.8 %	35,076	0.5	\$29	17,286	184,188					
Female																	
Disabled	2,849	25.6	32,789	0.4	24	2,134	19.2	24,481	0.5	29	11,131	119,715					
5 and younger	1,825	38.4	21,250	0.4	24	1,385	29.1	16,107	0.5	30	4,752	52,845					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	1	33.3	12	0.1	2	0	0.0	0	0.0	0	3	31					
45-64	233	26.0	2,709	0.3	17	312	34.9	3,601	0.4	30	895	9,818					
65-74	820	43.2	9,511	0.4	25	720	37.9	8,325	0.5	33	1,898	20,906					
75-84	555	43.6	6,520	0.4	27	258	20.3	3,066	0.4	25	1,272	14,319					
85 and older	191	34.7	2,215	0.4	23	73	13.3	854	0.4	16	550	6,271					
Other Eligibles	25	18.7	283	0.2	13	22	16.4	261	0.4	25	134	1,500					
5 and younger	1,024	16.1	11,539	0.4	23	749	11.7	8,374	0.5	26	6,379	66,870					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	1	100.0	12	0.2	10	1	100.0	12	0.8	50	1	12					
45-64	25	27.5	231	0.4	27	27	29.7	287	0.5	36	91	730					
65-74	20	21.1	225	0.4	31	21	22.1	212	0.5	40	95	851					
75-84	438	23.2	4,889	0.4	23	250	13.2	2,812	0.4	24	1,889	19,770					
85 and older	366	14.6	4,211	0.4	23	297	11.9	3,375	0.5	26	2,502	26,799					
Male	174	9.7	1,971	0.4	23	153	8.5	1,676	0.5	27	1,801	18,708					
Disabled	981	15.9	10,975	0.4	23	942	15.3	10,595	0.5	30	6,155	64,473					
5 and younger	626	16.5	7,050	0.4	22	736	19.4	8,332	0.5	29	3,801	40,984					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	1	16.7	6	0.2	11	1	16.7	9	0.6	37	6	63					
45-64	106	8.6	1,211	0.3	16	269	21.7	3,042	0.5	32	1,237	13,366					
65-74	308	17.2	3,480	0.4	21	397	22.2	4,484	0.5	29	1,787	19,157					
75-84	181	27.3	2,071	0.5	25	64	9.7	737	0.5	23	663	7,229					
85 and older	23	25.3	234	0.7	36	5	5.5	60	0.4	20	91	987					
Other Eligibles	7	43.8	48	0.6	23	0	0.0	0	0.0	0	16	170					
5 and younger	355	15.1	3,925	0.5	25	206	8.8	2,263	0.6	31	2,354	23,489					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	35					
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18					
45-64	2	5.9	22	0.4	16	7	20.6	73	0.3	27	34	298					
65-74	17	16.5	190	0.5	25	12	11.7	114	0.5	26	103	891					
75-84	171	16.2	1,920	0.4	23	90	8.5	1,004	0.6	30	1,056	10,682					
85 and older	123	14.9	1,338	0.5	29	70	8.5	787	0.6	37	827	8,379					
Unknown	42	12.8	455	0.4	21	27	8.2	285	0.6	25	329	3,186					
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					

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 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, D.C., 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	\$41	0.9	1,871	19,417
Age				
0-64	94	2.3	112	1,174
65-74	56	1.2	334	3,456
75-84	41	0.9	635	6,572
85 and older	26	0.6	790	8,215
Unknown	0	0.0	0	0
Gender				
Female	34	0.8	1,336	13,970
Male	58	1.3	535	5,447
Unknown	0	0.0	0	0
Race				
White	62	1.2	190	1,911
African American	40	0.9	1,543	16,014
Other/unknown	21	0.5	138	1,492
Basis of Eligibility^c				
Aged	36	0.8	1,727	17,902
Disabled	91	2.3	107	1,102
Adults	84	1.8	37	413
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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, 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	Brand-Name	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Generic	Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos	
																	Generic
Anti-infective Agents	0.4	0.2	0.0	0.1	\$23	\$17	\$2	\$4	\$62	\$75	\$63	\$35	627	\$38,623	154	8.2 %	1,650
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	22	23	0	20	11	247	11	0.6	125
Antineoplastic Agents	0.7	0.2	0.0	0.4	116	58	4	54	177	262	148	132	214	37,788	33	1.8	325
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.4	32	23	4	6	31	57	16	14	1,191	36,673	103	5.5	1,130
Cardiovascular Agents	1.6	0.4	0.3	0.9	46	22	6	18	28	50	25	19	4,266	121,265	245	13.1	2,612
Respiratory Agents	0.8	0.3	0.1	0.4	33	19	6	7	41	57	62	20	821	33,808	93	5.0	1,030
Gastrointestinal Agents	1.0	0.4	0.0	0.6	48	33	2	13	47	81	92	22	1,687	78,552	158	8.4	1,635
Genitourinary Agents	0.5	0.4	0.0	0.2	29	27	0	2	53	71	17	13	257	13,714	40	2.1	468
CNS Drugs	1.3	0.8	0.1	0.4	80	71	3	6	63	90	50	13	2,930	183,455	214	11.4	2,303
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.1	0.4	7	1	2	4	14	70	24	10	36	519	6	0.3	72
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	67	67	0	0	110	110	0	0	250	27,604	38	2.0	414
Analgesics and Anesthetics	0.8	0.3	0.1	0.5	24	17	2	5	28	65	19	10	885	24,724	100	5.3	1,048
Neuromuscular Agents	1.4	0.7	0.2	0.5	66	44	7	15	47	62	34	31	1,629	76,910	106	5.7	1,164
Nutritional Products	0.7	0.0	0.1	0.6	10	0	1	10	15	0	8	16	622	9,542	85	4.5	911
Hematological Agents	0.9	0.2	0.3	0.4	54	45	5	4	61	205	17	11	863	52,249	95	5.1	959
Topical Products	0.6	0.4	0.1	0.2	25	19	3	4	39	52	54	16	1,228	48,426	173	9.2	1,928
Miscellaneous Products	0.3	0.1	0.0	0.2	12	7	0	5	45	77	0	28	44	1,974	15	0.8	161
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	12	0	0	0	137	1,635	48	2.6	515
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.	17,698	787,708	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 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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 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.

Table D9

Dual Eligible Beneficiaries

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	\$114,104	168	9.0 %	1,852	0.6	\$107	\$62
ULCER DRUGS	59,863	145	7.7	1,474	0.7	57	41
ANTIDEPRESSANTS	58,901	133	7.1	1,441	0.8	51	41
ANTICONVULSANT	54,000	108	5.8	1,149	1.0	46	47
ANTINEOPLASTICS	37,788	34	1.8	328	0.7	177	115
CALCIUM BLOCKERS	37,133	104	5.6	1,105	0.8	42	34
ANTIDIABETIC	32,670	109	5.8	1,172	0.9	31	28
ANTIHYPERTENSIVE	29,830	160	8.6	1,676	0.6	27	18
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	27,604	38	2.0	414	0.6	110	67
DERMATOLOGICAL	27,574	173	9.2	1,956	0.3	45	14
Total	479,467	1,172		12,567	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 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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_mdmb.asp (May 13 2003).

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

TABLE D.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS					
	No. of Rx	Rx \$	No. of Users	Users as %		Mean Rx \$	No. of Bene Mos among Users	Mean No. of Rx	No. of All-Year Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	No. of All-Year Residents	NF	No. of Bene Mos among Users	Mean Rx \$
				9.0 %	7.7 %											
All	8,557	\$479,467	168	7.9	1,852	0.6	1,852	0.6	145	7.7 %	1,474	0.7	145	7.7 %	1,474	\$41
Female	5,434	290,549	106	7.9	1,136	0.6	1,136	0.6	101	7.6	1,030	0.7	101	7.6	1,030	41
Disabled	550	22,110	4	8.7	33	0.7	33	0.7	10	21.7	89	0.8	10	21.7	89	49
64 or younger	388	14,462	2	7.4	9	0.4	9	0.4	6	22.2	41	1.0	6	22.2	41	46
65-74	106	5,240	1	11.1	12	1.5	12	1.5	2	22.2	24	0.8	2	22.2	24	47
75-84	53	2,241	0	0.0	0	0.0	0	0.0	2	40.0	24	0.5	2	40.0	24	55
85 and older	3	167	1	20.0	12	0.1	12	0.1	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	4,884	268,439	102	7.9	1,103	0.6	1,103	0.6	91	7.1	941	0.7	91	7.1	941	40
64 or younger	51	3,284	0	0.0	0	0.0	0	0.0	1	5.6	12	0.1	1	5.6	12	10
65-74	982	47,809	10	6.0	109	0.6	109	0.6	15	9.0	180	0.7	15	9.0	180	52
75-84	2,079	111,578	47	10.2	500	0.6	500	0.6	33	7.2	305	0.8	33	7.2	305	36
85 and older	1,772	105,768	45	7.0	494	0.7	494	0.7	42	6.5	444	0.6	42	6.5	444	38
Male	3,123	188,918	62	11.6	716	0.5	716	0.5	44	8.2	444	0.8	44	8.2	444	41
Disabled	546	28,630	7	11.5	84	0.4	84	0.4	7	11.5	84	0.7	7	11.5	84	50
64 or younger	443	24,218	7	15.6	84	0.4	84	0.4	5	11.1	60	0.7	5	11.1	60	58
65-74	103	4,412	0	0.0	0	0.0	0	0.0	2	12.5	24	0.6	2	12.5	24	31
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	2,577	160,288	55	11.6	632	0.5	632	0.5	37	7.8	360	0.8	37	7.8	360	39
64 or younger	244	12,929	4	18.2	48	0.4	48	0.4	3	13.6	30	0.7	3	13.6	30	19
65-74	903	65,524	18	12.6	205	0.6	205	0.6	14	9.8	150	0.7	14	9.8	150	55
75-84	886	57,871	23	13.5	259	0.6	259	0.6	9	5.3	85	0.9	9	5.3	85	35
85 and older	544	23,964	10	7.2	120	0.4	120	0.4	11	7.9	95	0.8	11	7.9	95	23
Unknown	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 D.C., 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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, D.C., 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTINEOPLASTICS				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene Mos among Users	No. of All-Year NF Residents	No. of Rx	Rx \$	No. of Users	No. of Bene Mos among Users	No. of All-Year NF Residents	No. of Rx	Rx \$	No. of Users	No. of Bene Mos among Users	No. of All-Year NF Residents	No. of Rx	Rx \$
All	133	1,441	7.1 %	0.8	\$41	108	1,149	5.8 %	1.0	\$47	34	328	1.8 %	0.7	\$115
Female															
Disabled	92	993	6.9	0.8	42	60	599	4.5	1.0	45	20	201	1.5	0.7	95
64 or younger	13	146	28.3	0.5	26	5	42	10.9	1.5	56	0	0	0.0	0.0	0
65-74	9	98	33.3	0.6	32	3	18	11.1	2.8	122	0	0	0.0	0.0	0
75-84	4	48	44.4	0.3	13	2	24	22.2	0.6	6	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															
64 or younger	79	847	6.1	0.9	45	55	557	4.3	1.0	44	20	201	1.6	0.7	95
65-74	1	12	5.6	1.1	69	2	17	11.1	0.2	5	0	0	0.0	0.0	0
75-84	13	156	7.8	0.8	45	15	158	9.0	1.3	48	2	13	1.2	1.2	164
85 and older	37	375	8.0	0.9	41	29	280	6.3	0.8	42	11	114	2.4	0.6	81
Male															
Disabled	28	304	4.3	0.9	48	9	102	1.4	1.0	48	7	74	1.1	0.8	105
64 or younger	41	448	7.7	0.8	39	48	550	9.0	1.0	50	14	127	2.6	0.5	147
65-74	4	48	6.6	0.5	35	10	120	16.4	1.3	68	1	12	1.6	0.6	78
75-84	3	36	6.7	0.4	28	8	96	17.8	1.0	65	1	12	2.2	0.6	78
85 and older	1	12	6.3	0.9	57	2	24	12.5	2.2	78	0	0	0.0	0.0	0
Other Eligibles															
64 or younger	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0
65-74	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0
75-84	37	400	7.8	0.8	39	38	430	8.0	1.0	45	13	115	2.7	0.5	155
85 and older	3	34	13.6	1.1	56	6	70	27.3	0.8	42	0	0	0.0	0.0	0
Unknown															
64 or younger	14	160	9.8	0.7	40	16	168	11.2	0.9	60	2	19	1.4	0.1	129
65-74	11	124	6.5	0.6	30	10	120	5.9	1.2	37	6	72	3.5	0.5	161
75-84	9	82	6.5	1.2	44	6	72	4.3	1.2	25	5	24	3.6	0.8	155
85 and older	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 D.C., 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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, D.C., 2002

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTI-DIABETIC					ANTI-HYPERTENSIVE						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	Mean No. of Rx
All	104	1,105	0.8	\$34	0.9	109	1,172	\$28	0.9	160	1,676	0.6	\$18	160	1,676	0.6	\$18
Female	76	799	0.8	33	0.9	73	771	27	0.9	108	1,130	0.6	15	108	1,130	0.6	15
Disabled	10	116	0.8	33	1.1	13	120	21	1.1	6	72	0.6	8	6	72	0.6	8
64 or younger	4	44	1.3	50	1.1	11	96	24	1.1	3	36	0.7	10	3	36	0.7	10
65-74	4	44.4	0.6	25	1.1	1	12	6	1.1	0	0	0.0	0	0	0	0.0	0
75-84	1	20.0	1.0	36	0.8	1	12	10	0.8	3	36	0.4	5	3	36	0.4	5
85 and older	1	20.0	0.1	4	0.0	0	0	0	0.0	0	0	0.0	0	0	0	0.0	0
Other Eligibles	66	683	0.8	33	0.9	60	651	28	0.9	102	1,058	0.6	16	102	1,058	0.6	16
64 or younger	2	17	0.8	27	0.0	0	0	0	0.0	4	27	0.2	4	4	27	0.2	4
65-74	12	133	0.8	36	1.0	13	145	28	1.0	17	193	0.8	14	17	193	0.8	14
75-84	24	235	0.8	28	1.0	31	340	34	1.0	43	411	0.6	17	43	411	0.6	17
85 and older	28	298	0.8	36	0.6	16	166	18	0.6	38	427	0.6	17	38	427	0.6	17
Male	28	306	0.8	35	0.9	36	401	29	0.9	52	546	0.7	23	52	546	0.7	23
Disabled	5	60	0.9	41	0.9	6	72	36	0.9	7	84	0.8	20	7	84	0.8	20
64 or younger	4	48	0.8	36	0.9	6	72	36	0.9	6	72	0.8	19	6	72	0.8	19
65-74	1	6.3	1.1	58	0.0	0	0	0	0.0	1	12	0.7	23	1	12	0.7	23
75-84	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	0	0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0	0	0	0.0	0	0	0.0	0	0	0	0.0	0
Other Eligibles	23	246	0.8	34	0.9	30	329	28	0.9	45	462	0.7	23	45	462	0.7	23
64 or younger	0	0.0	0.0	0	1.5	1	6	43	1.5	6	66	1.0	31	6	66	1.0	31
65-74	7	72	0.7	39	0.8	10	105	30	0.8	14	148	0.8	26	14	148	0.8	26
75-84	13	138	0.7	29	0.8	14	158	27	0.8	18	194	0.6	19	18	194	0.6	19
85 and older	3	36	1.1	44	1.3	5	60	27	1.3	7	54	0.7	22	7	54	0.7	22
Unknown	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 D.C., 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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, D.C., 2002

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						DERMATOLOGICAL						
	Users as %			Users as %			Users as %			Users as %			
	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx\$	Mean No. of Rx	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean Rx\$	Mean No. of Rx	All-Year NF Residents
All	38	2.0 %	414	0.6	\$67	0.3	173	9.2 %	1,956	\$14	0.3	1,871	19,417
Female	29	2.2	308	0.5	59	0.2	102	7.6	1,151	10	0.2	1,336	13,970
Disabled	2	4.3	19	0.1	14	0.3	15	32.6	164	14	0.3	46	446
64 or younger	1	3.7	7	0.1	19	0.4	11	40.7	116	18	0.4	27	254
65-74	0	0.0	0	0.0	0	0.1	1	11.1	12	1	0.1	9	87
75-84	1	20.0	12	0.1	11	0.1	2	40.0	24	2	0.1	5	45
85 and older	0	0.0	0	0.0	0	0.1	1	20.0	12	3	0.1	5	60
Other Eligibles	27	2.1	289	0.6	62	0.2	87	6.7	987	9	0.2	1,290	13,524
64 or younger	2	11.1	24	0.6	70	0.1	1	5.6	12	1	0.1	18	187
65-74	3	1.8	36	0.8	84	0.2	13	7.8	156	7	0.2	166	1,763
75-84	12	2.6	118	0.5	52	0.2	41	8.9	463	9	0.2	460	4,757
85 and older	10	1.5	111	0.5	64	0.3	32	5.0	356	10	0.3	646	6,817
Male	9	1.7	106	0.8	90	0.4	71	13.3	805	21	0.4	535	5,447
Disabled	0	0.0	0	0.0	0	0.4	21	34.4	252	13	0.4	61	656
64 or younger	0	0.0	0	0.0	0	0.4	17	37.8	204	15	0.4	45	495
65-74	0	0.0	0	0.0	0	0.1	4	25.0	48	3	0.1	16	161
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	9	1.9	106	0.8	90	0.4	50	10.5	553	24	0.4	474	4,791
64 or younger	2	9.1	24	0.6	70	0.2	9	40.9	108	14	0.2	22	238
65-74	2	1.4	24	0.3	35	0.9	16	11.2	163	58	0.9	143	1,445
75-84	4	2.4	46	1.1	118	0.2	14	8.2	159	8	0.2	170	1,770
85 and older	1	0.7	12	1.1	129	0.4	11	7.9	123	11	0.4	139	1,338
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 D.C., 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 1,393 beneficiaries who were in nursing facilities for part of their enrollment and their 14,153 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}
 D.C., 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
		39.1 %	3.0	\$42	\$14					
All	6,766	39.1 %	3.0	\$42	\$14	51,939	\$733,497		2.3 %	17,286
Age										
5 and younger	1	100.0	3.0	474	474	3	474	158	32.6	1
6-14	2	66.7	5.7	126	377	17	377	22	1.8	3
15-20	5	41.7	3.4	57	687	41	687	17	3.4	12
21-44	798	35.4	2.4	45	102,626	5,388	102,626	19	1.7	2,257
45-64	1,911	49.2	4.1	64	248,080	16,085	248,080	15	2.3	3,883
65-74	1,991	40.8	3.1	42	206,056	15,277	206,056	13	2.5	4,880
75-84	1,460	36.8	2.7	32	126,206	10,848	126,206	12	2.3	3,970
85 and older	598	26.2	1.9	21	48,991	4,280	48,991	11	2.6	2,280
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Basis of Eligibility^c										
Aged	2,596	31.0	2.2	27	226,921	18,337	226,921	12	2.3	8,363
Disabled	4,065	47.5	3.8	58	493,066	32,917	493,066	15	2.2	8,553
Adults	102	28.3	1.8	36	13,078	663	13,078	20	2.7	361
Children	3	33.3	2.4	48	432	22	432	20	1.7	9
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Gender										
Female	4,653	41.8	3.2	47	521,574	35,992	521,574	14	2.6	11,131
Male	2,113	34.3	2.6	34	211,923	15,947	211,923	13	1.7	6,155
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Race										
White	310	30.3	2.4	36	36,647	2,406	36,647	15	1.7	1,022
African American	5,503	39.6	3.1	43	600,906	42,375	600,906	14	2.3	13,879
Other/unknown	953	40.0	3.0	40	95,944	7,158	95,944	13	2.5	2,385
Use of Nursing Facilities^d										
Entire year	132	7.1	0.7	9	16,528	1,270	16,528	13	2.1	1,871
Part year	367	26.3	1.8	23	31,568	2,459	31,568	13	2.3	1,393
None	6,267	44.7	3.4	49	685,401	48,210	685,401	14	2.3	14,022
Maintenance Assistance Status										
Cash	3,720	45.8	3.6	50	403,260	29,364	403,260	14	2.3	8,115
Medically needy	920	21.6	1.7	26	111,780	7,228	111,780	15	2.4	4,263
Poverty related	1,798	44.2	3.3	47	190,008	13,309	190,008	14	2.2	4,069
Other/unknown	328	39.1	2.4	34	28,449	2,038	28,449	14	1.9	839

Table D11

Dual Eligible 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 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}
 D.C., 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
	0.3	\$4	\$14	\$0	\$1	184,188
Age						
5 and younger	0.3	40	158	0	0	12
6-14	0.5	11	22	0	0	35
15-20	0.3	6	17	1	0	124
21-44	0.2	4	19	0	1	24,212
45-64	0.4	6	15	0	1	41,805
65-74	0.3	4	13	0	1	52,000
75-84	0.3	3	12	0	0	42,436
85 and older	0.2	2	11	0	0	23,564
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	12	0	0	87,277
Disabled	0.4	5	15	0	1	93,829
Adults	0.2	4	20	0	1	3,007
Children	0.3	6	20	0	1	75
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	4	14	0	1	119,715
Male	0.2	3	13	0	1	64,473
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	15	0	1	10,558
African American	0.3	4	14	0	1	147,171
Other/unknown	0.3	4	13	0	1	26,459
Use of Nursing Facilities^d						
Entire year	0.1	1	13	0	0	19,417
Part year	0.2	2	13	0	0	14,153
None	0.3	5	14	0	1	150,618
Maintenance Assistance Status						
Cash	0.3	4	14	0	1	90,499
Medically needy	0.2	3	15	0	1	41,973
Poverty related	0.3	4	14	0	1	42,936
Other/unknown	0.2	3	14	0	0	8,780

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 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}
 D.C., 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	10,190	\$72	\$733,497	100.0 %	51,939	\$14	100.0 %
Anorexia or weight loss/gain	4	47	186	0.0	5	37	0.0
Fertility drugs	1	57	57	0.0	1	57	0.0
Drugs for cosmetic purposes	2	16	31	0.0	3	10	0.0
Cough and cold medications	1,914	125	238,742	32.5	5,574	43	10.7
Vitamins and minerals	3,209	79	253,602	34.6	18,853	13	36.3
Non-prescription drugs	2,995	21	62,883	8.6	15,644	4	30.1
Barbiturates	148	68	9,990	1.4	1,600	6	3.1
Benzodiazepines	1,761	85	149,280	20.4	9,714	15	18.7
Other Part D Excl Rx Drugs	156	120	18,726	2.6	545	34	1.0

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 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}
 D.C., 2002

Total Number of Dual Eligible Beneficiaries 17,286
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$32,203,496
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,863

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,368	31.1 %	\$0	0.0 %
1-500	2,722	15.7	579,064	1.8
501-1,000	1,634	9.5	1,202,090	3.7
1,001-1,500	1,325	7.7	1,649,421	5.1
1,501-2,000	1,129	6.5	1,966,491	6.1
2,001-2,500	888	5.1	1,989,468	6.2
2,501-3,000	785	4.5	2,149,492	6.7
3,001-3,500	648	3.7	2,101,061	6.5
3,501-4,000	484	2.8	1,809,173	5.6
4,001-4,500	352	2.0	1,495,133	4.6
4,501-5,000	344	2.0	1,628,021	5.1
5,001-5,500	228	1.3	1,191,140	3.7
5,501-6,000	193	1.1	1,113,386	3.5
6,001-6,500	151	0.9	940,866	2.9
6,501-7,000	110	0.6	743,722	2.3
7,001-7,500	119	0.7	861,148	2.7
7,501-8,000	72	0.4	556,752	1.7
8,001-8,500	76	0.4	626,611	1.9
8,501-9,000	78	0.5	682,153	2.1
9,001-9,500	52	0.3	478,181	1.5
9,501-10,000	52	0.3	505,826	1.6
10,001+	476	2.8	7,934,297	24.6

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. 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, D.C., 2002

Beneficiary Characteristics	No. of Benes				No. of Bene Mos					
	All	Aged	Disabled	Unknown	All	Aged	Disabled	Unknown		
All	17,405	8,363	8,571	0	186,358	87,338	94,324	4,618	78	0
Age										
5 and younger	2	0	2	0	24	0	24	0	0	0
6-14	4	0	1	0	47	0	12	0	35	0
15-20	19	0	16	0	219	0	187	0	32	0
21-44	2,299	5	2,139	0	25,060	37	23,419	1,594	10	0
45-64	3,923	18	3,685	0	42,475	146	40,178	2,150	1	0
65-74	4,907	2,895	1,937	0	52,470	30,178	21,576	716	0	0
75-84	3,971	3,315	641	0	42,499	35,083	7,258	158	0	0
85 and older	2,280	2,130	150	0	23,564	21,894	1,670	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	11,211	6,156	4,760	0	121,190	65,110	53,121	2,945	14	0
Male	6,194	2,207	3,811	0	65,168	22,228	41,203	1,673	64	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	1,024	541	472	0	10,587	5,433	5,048	104	2	0
African American	13,982	6,608	6,943	0	149,123	68,678	76,143	4,234	68	0
Other/unknown	2,399	1,214	1,156	0	26,648	13,227	13,133	280	8	0
Use of Nursing Facilities^c										
Entire year	1,871	1,727	107	0	19,417	17,902	1,102	413	0	0
Part year	1,393	1,185	188	0	14,164	11,935	2,023	206	0	0
None	14,141	5,451	8,276	0	152,777	57,501	91,199	3,999	78	0
Maintenance Assistance Status										
Cash	8,219	2,685	5,219	0	92,280	29,757	59,339	3,176	8	0
Medically needy	4,272	2,993	1,140	0	42,157	29,269	11,538	1,327	23	0
Poverty related	4,074	2,078	1,986	0	43,110	21,914	21,113	60	23	0
Other/unknown	840	607	226	0	8,811	6,398	2,334	55	24	0
Dual Status^d										
Full dual, all year	16,988	8,121	8,404	0	182,175	84,919	92,635	4,543	78	0
Full dual, part year	417	242	167	0	4,183	2,419	1,689	75	0	0
Managed Care Status										
FFS all year	17,071	8,351	8,490	0	182,687	87,197	93,400	2,032	58	0
FFS part year, with Rx claims	144	9	46	0	1,657	106	540	999	12	0
FFS part year, no Rx claims	71	3	17	0	718	35	177	498	8	0
MC all year, with Rx claims	1	0	0	0	12	0	0	12	0	0
MC all year, no Rx claims	118	0	18	0	1,284	0	207	1,077	0	0

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 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, D.C., 2002

Beneficiary Characteristics	Benes and				Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Bene Mos in Cell F of Table 1	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	
All	17,405	186,358	17,286	184,188	0	2,170		
FFS all year	17,071	182,687	17,071	182,687	0	0		
FFS part year, with Rx claims	144	1,657	144	1,098	0	559		
FFS part year, with no Rx claims	71	718	71	403	0	315		
MC all year, with Rx claims	1	12	0	0	0	12		
MC all year, with no Rx claims	118	1,284	0	0	0	1,284		

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. 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.