

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 VIRGINIA

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

## **FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

## **SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

## **APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>110,435</b>	<b>66,704</b>	<b>43,269</b>	<b>432</b>	<b>29</b>	<b>1</b>	<b>1,157,456</b>	<b>690,898</b>	<b>463,956</b>	<b>2,358</b>	<b>237</b>	<b>7</b>
<b>Age</b>												
5 and younger	10	0	6	0	4	0	75	0	50	0	25	0
6-14	20	0	15	0	5	0	171	0	140	0	31	0
15-20	208	0	193	2	13	0	1,798	0	1,656	8	134	0
21-44	18,435	0	18,072	356	7	0	194,761	0	192,774	1,940	47	0
45-64	22,837	32	22,733	71	0	1	246,019	273	245,354	385	0	7
65-74	24,939	22,893	2,043	3	0	0	266,142	244,295	21,822	25	0	0
75-84	25,882	25,717	165	0	0	0	271,444	269,660	1,784	0	0	0
85 and older	18,103	18,061	42	0	0	0	177,044	176,668	376	0	0	0
Unknown	1	1	0	0	0	2	2	0	0	0	0	0
<b>Gender</b>												
Female	73,222	49,825	23,076	313	7	1	771,142	521,265	248,094	1,721	55	7
Male	37,213	16,879	20,193	119	22	0	386,314	169,633	215,862	637	182	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	64,083	37,563	26,234	269	16	1	665,660	380,297	283,749	1,482	125	7
African American	40,353	23,878	16,307	157	11	0	427,349	253,629	172,776	850	94	0
Other/unknown	5,999	5,263	728	6	2	0	64,447	56,972	7,431	26	18	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	15,078	13,642	1,436	0	0	0	152,626	136,624	16,002	0	0	0
Part year	9,034	8,140	894	0	0	0	83,977	75,014	8,963	0	0	0
None	86,323	44,922	40,939	432	29	1	920,853	479,260	438,991	2,358	237	7
<b>Maintenance Assistance Status</b>												
Cash	59,430	31,941	27,451	38	0	0	654,080	356,302	297,545	233	0	0
Medically needy	3,341	1,896	1,444	1	0	0	30,371	17,529	12,830	12	0	0
Poverty-related	16,497	9,264	7,122	100	10	1	170,845	96,506	73,748	530	54	7
Other/unknown	31,167	23,603	7,252	293	19	0	302,160	220,561	79,833	1,583	183	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	103,054	62,462	40,137	425	29	1	1,078,443	645,725	430,188	2,286	237	7
Full dual, part year	7,381	4,242	3,132	7	0	0	79,013	45,173	33,768	72	0	0
<b>Managed Care Status</b>												
FFS all year	107,282	66,008	40,947	299	27	1	1,136,166	685,806	448,296	1,836	221	7
FFS part year, with Rx claims	2,546	577	1,858	109	2	0	18,188	4,353	13,359	460	16	0
FFS part year, no Rx claims	607	119	464	24	0	0	3,102	739	2,301	62	0	0

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	88.6 %	47.5	\$2,661	\$56	\$12,102	22.0 %	110,435
<b>Age</b>							
5 and younger	100.0	29.9	6,440	215	9,107	70.7	10
6-14	95.0	36.0	6,173	172	17,789	34.7	20
15-20	76.0	22.0	4,452	202	11,605	38.4	208
21-44	84.0	34.2	2,855	83	12,327	23.2	18,435
45-64	87.7	51.5	3,319	64	13,376	24.8	22,837
65-74	87.8	47.9	2,456	51	8,674	28.3	24,939
75-84	90.5	51.6	2,463	48	11,517	21.4	25,882
85 and older	92.7	50.3	2,175	43	15,825	13.7	18,103
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	90.0	49.7	2,370	48	11,744	20.2	66,704
Disabled	86.4	44.5	3,113	70	12,726	24.5	43,269
Adults	82.4	20.4	1,357	67	3,543	38.3	432
Children	82.8	29.4	18,417	625	31,600	58.3	29
Unknown	100.0	15.0	1,114	74	12,926	8.6	1
<b>Gender</b>							
Female	91.0	51.4	2,710	53	11,702	23.2	73,222
Male	83.9	39.9	2,566	64	12,888	19.9	37,213
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	89.3	52.7	2,971	56	13,486	22.0	64,083
African American	87.3	41.4	2,278	55	10,863	21.0	40,353
Other/unknown	89.3	33.6	1,937	58	5,642	34.3	5,999
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.6	73.4	3,386	46	29,034	11.7	15,078
Part year	97.1	59.9	2,805	47	18,711	15.0	9,034
None	86.1	41.7	2,520	60	8,453	29.8	86,323
<b>Maintenance Assistance Status</b>							
Cash	91.2	47.3	2,782	59	7,065	39.4	59,430
Medically needy	84.3	43.4	2,588	60	10,746	24.1	3,341
Poverty related	80.1	32.4	1,765	54	6,157	28.7	16,497
Other/unknown	88.4	56.5	2,913	52	24,999	11.7	31,167

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	4.5	\$254	22.0 %	11.4 %	15.3 %	10.9 %	29.7 %	24.9 %	7.9 %	\$1,155	110,435	1,157,456
<b>Age</b>												
5 and younger	4.0	859	70.7	0.0	20.0	10.0	40.0	30.0	0.0	1,214	10	75
6-14	4.2	722	34.7	5.0	10.0	15.0	45.0	25.0	0.0	2,081	20	171
15-20	2.5	515	38.4	24.0	27.4	17.3	19.2	11.5	0.5	1,343	208	1,798
21-44	3.2	270	23.2	16.0	25.4	12.9	26.4	15.5	3.7	1,167	18,435	194,761
45-64	4.8	308	24.8	12.3	14.5	10.0	28.2	25.9	9.0	1,242	22,837	246,019
65-74	4.5	230	28.3	12.2	14.8	11.4	29.9	24.1	7.7	813	24,939	266,142
75-84	4.9	235	21.4	9.5	12.4	10.3	31.1	27.5	9.2	1,098	25,882	271,444
85 and older	5.1	222	13.7	7.3	10.5	10.2	32.5	30.5	9.0	1,618	18,103	177,044
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.8	229	20.2	10.0	12.8	10.7	31.0	27.0	8.6	1,134	66,704	690,898
Disabled	4.1	290	24.5	13.6	19.1	11.3	27.6	21.7	6.7	1,187	43,269	463,956
Adults	3.7	249	38.3	17.6	18.1	13.9	28.7	16.0	5.8	649	432	2,358
Children	3.6	2,254	58.3	17.2	10.3	20.7	24.1	27.6	0.0	3,867	29	237
Unknown	2.1	159	8.6	0.0	0.0	100.0	0.0	0.0	0.0	1,847	1	7
<b>Gender</b>												
Female	4.9	257	23.2	9.0	13.4	10.7	30.9	27.1	8.9	1,111	73,222	771,142
Male	3.8	247	19.9	16.1	19.0	11.3	27.3	20.5	5.9	1,242	37,213	386,314
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.1	286	22.0	10.7	12.9	9.6	28.4	27.7	10.6	1,298	64,083	665,660
African American	3.9	215	21.0	12.7	17.8	12.1	31.1	21.8	4.5	1,026	40,353	427,349
Other/unknown	3.1	180	34.3	10.7	23.4	16.8	32.8	14.4	1.9	525	5,999	64,447
<b>use of nursing Facilities<sup>d</sup></b>												
Entire year	7.2	335	11.7	2.4	4.5	6.1	27.1	39.6	20.5	2,868	15,078	152,626
Part year	6.4	302	15.0	2.9	6.9	7.6	31.2	36.3	15.1	2,013	9,034	83,977
None	3.9	236	29.8	13.9	18.0	12.1	29.9	21.1	4.9	792	86,323	920,853
<b>Maintenance Assistance Status</b>												
Cash	4.3	253	39.4	8.8	17.0	12.1	32.2	24.1	5.9	642	59,430	654,080
Medically needy	4.8	285	24.1	15.7	13.9	9.9	26.4	24.8	9.2	1,182	3,341	30,371
Poverty related	3.1	170	28.7	19.9	22.7	12.8	26.0	14.9	3.6	595	16,497	170,845
Other/unknown	5.8	301	11.7	11.6	8.1	7.7	27.1	31.6	13.8	2,579	31,167	302,160

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	4.5	\$254	\$56	1.9	\$186	\$96	0.4	\$18	\$50	2.2	\$48	\$22
<b>Age</b>												
5 and younger	4.0	859	215	1.6	782	477	0.4	14	35	1.9	62	33
6-14	4.2	722	172	1.8	589	330	0.5	79	147	1.9	49	26
15-20	2.5	515	202	1.2	461	381	0.2	20	97	1.1	34	31
21-44	3.2	270	83	1.4	207	145	0.3	20	80	1.5	41	27
45-64	4.8	308	64	2.1	229	109	0.4	23	65	2.3	55	24
65-74	4.5	230	51	2.0	169	85	0.3	15	46	2.1	45	21
75-84	4.9	235	48	2.1	169	81	0.4	16	40	2.4	48	20
85 and older	5.1	222	43	2.0	154	78	0.5	17	35	2.6	49	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.8	229	48	2.0	164	82	0.4	16	40	2.3	47	20
Disabled	4.1	290	70	1.8	218	120	0.3	22	69	2.0	49	25
Adults	3.7	249	67	1.6	191	117	0.2	12	61	1.9	45	24
Children	3.6	2,254	625	1.8	2,186	1,199	0.2	10	50	1.6	58	37
Unknown	2.1	159	74	1.3	137	107	0.0	0	0	0.9	22	26
<b>Gender</b>												
Female	4.9	257	53	2.1	188	90	0.4	18	47	2.3	50	21
Male	3.8	247	64	1.6	183	113	0.3	18	59	1.9	45	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.1	286	56	2.1	208	97	0.4	21	50	2.5	55	22
African American	3.9	215	55	1.7	159	95	0.3	15	49	1.9	40	21
Other/unknown	3.1	180	58	1.6	141	86	0.2	11	57	1.3	29	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.2	335	46	2.8	233	83	0.7	27	37	3.5	71	20
Part year	6.4	302	47	2.6	213	83	0.6	23	37	3.1	62	20
None	3.9	236	60	1.7	176	102	0.3	17	59	1.9	43	23
<b>Maintenance Assistance Status</b>												
Cash	4.3	253	59	1.9	188	98	0.3	18	58	2.0	47	23
Medically needy	4.8	285	60	2.0	204	101	0.4	25	58	2.2	54	24
Poverty related	3.1	170	54	1.3	126	95	0.2	11	49	1.6	33	21
Other/unknown	5.8	301	52	2.3	216	92	0.6	23	41	2.8	59	21

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 Virginia, 1.5 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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 Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$26	\$22	\$1	\$2	\$75	\$120	\$81	\$17	221,292	\$16,588,820	57,792	52.3 %	636,597
Biologics	0.3	0.1	0.1	0.0	822	294	470	58	3075	2,463	4,270	1,530	85	261,388	28	0.0	318
Antineoplastic Agents	0.5	0.2	0.0	0.3	93	61	6	26	182	316	152	93	26,077	4,743,318	5,033	4.6	51,211
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.4	40	30	3	8	42	62	30	20	477,186	20,262,327	45,991	41.6	503,096
Cardiovascular Agents	1.8	0.6	0.2	1.0	64	40	5	18	36	62	36	19	1,335,516	48,501,077	70,293	63.7	763,055
Respiratory Agents	0.8	0.4	0.1	0.3	38	26	5	8	51	68	67	25	408,304	20,792,969	49,229	44.6	543,719
Gastrointestinal Agents	0.8	0.4	0.0	0.3	66	56	2	8	85	129	91	25	425,470	35,976,432	49,983	45.3	544,421
Genitourinary Agents	0.5	0.4	0.0	0.1	27	25	0	2	58	68	35	21	83,070	4,784,624	16,057	14.5	177,619
CNS Drugs	1.3	0.6	0.1	0.6	100	76	6	17	78	123	100	29	805,090	62,453,065	57,871	52.4	624,740
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	43	27	5	11	74	143	77	34	7,064	524,435	1,123	1.0	12,286
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	79	77	0	2	122	126	40	46	41,687	5,071,453	6,169	5.6	64,553
Analgesics and Anesthetics	0.8	0.3	0.1	0.5	41	29	3	9	52	114	61	19	486,239	25,339,873	56,588	51.2	619,098
Neuromuscular Agents	0.9	0.4	0.1	0.5	59	41	6	12	63	113	55	25	314,334	19,658,894	30,434	27.6	334,821
Nutritional Products	0.6	0.0	0.1	0.5	10	0	1	9	17	30	18	16	162,450	2,690,986	24,177	21.9	258,803
Hematological Agents	0.8	0.3	0.2	0.3	57	48	4	5	74	184	19	16	179,337	13,182,720	21,521	19.5	229,266
Topical Products	0.4	0.2	0.0	0.2	18	12	2	4	41	60	47	20	209,252	8,632,877	43,499	39.4	484,516
Miscellaneous Products	0.5	0.2	0.1	0.2	108	77	17	14	236	441	287	61	12,472	2,938,052	2,624	2.4	27,107
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	12	0	0	0	27	0	0	0	55,743	1,485,589	11,792	10.7	127,086
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	5,250,668	293,888,899	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).
  - d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Virginia, 1.5 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](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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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
ANTIPSYCHOTICS	\$34,240,723	28,558	25.9 %	310,554	0.7	\$151	\$110
ULCER DRUGS	31,188,084	49,017	44.4	538,550	0.6	101	58
ANTIDEPRESSANTS	20,899,994	46,954	42.5	508,443	0.6	65	41
ANTICONVULSANT	15,515,612	24,970	22.6	275,399	0.8	73	56
ANTI-DIABETIC	14,769,356	36,854	33.4	406,278	0.7	54	36
ANTHYPERLIPIDEMIC	14,209,231	23,053	20.9	260,237	0.6	86	55
ANTHYPERTENSIVE	14,124,735	49,356	44.7	543,426	0.7	40	26
ANALGESICS - Narcotic	12,287,358	64,138	58.1	706,512	0.4	44	17
ANALGESICS - ANTI-INFLAMMATORY	11,451,181	36,710	33.2	414,408	0.4	71	28
ANTI-ASTHMATIC	11,209,287	39,976	36.2	437,960	0.4	57	26
Total	179,895,561	399,586		4,401,767	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>2,503,356</b>	<b>\$179,895,561</b>	<b>28,558</b>	<b>25.9 %</b>	<b>310,554</b>	<b>0.7</b>	<b>\$110</b>	<b>49,017</b>	<b>44.4 %</b>	<b>538,550</b>	<b>0.6</b>	<b>\$58</b>
<b>Female</b>	1,747,170	120,851,257	17,271	23.6	186,588	0.7	96	34,789	47.5	383,111	0.6	58
<b>Disabled</b>	600,888	48,525,494	6,981	30.3	79,007	0.7	114	11,327	49.1	127,761	0.5	58
5 and younger	1	29	0	0.0	0	0.0	0	1	50.0	8	0.1	4
6-14	28	1,304	0	0.0	0	0.0	0	2	33.3	20	0.4	43
15-20	742	60,422	14	16.5	122	0.6	83	24	28.2	231	0.4	27
21-44	167,445	15,344,928	3,009	36.1	33,884	0.6	116	3,214	38.5	36,256	0.4	51
45-64	389,956	30,215,009	3,757	28.6	42,796	0.7	114	7,237	55.1	81,725	0.5	60
65-74	39,502	2,709,459	194	14.5	2,121	0.7	82	771	57.7	8,655	0.6	61
75-84	2,628	163,422	7	5.6	84	0.8	105	62	50.0	706	0.5	56
85 and older	586	30,921	0	0.0	0	0.0	0	16	44.4	160	0.8	62
<b>Other Eligibles</b>	1,146,282	72,325,763	10,290	20.5	107,581	0.7	83	23,462	46.8	255,350	0.6	58
5 and younger	1	17	0	0.0	0	0.0	0	1	100.0	1	1.0	17
6-14	7	268	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	49	2,588	1	25.0	12	0.3	20	0	0.0	0	0.0	0
21-44	2,491	195,937	62	23.2	463	0.4	72	75	28.1	528	0.4	55
45-64	1,019	67,942	21	32.3	186	0.6	43	26	40.0	231	0.5	54
65-74	380,778	25,196,072	2,366	15.5	26,025	0.7	95	7,417	48.6	83,581	0.5	56
75-84	462,305	29,059,177	3,991	20.6	42,191	0.7	84	9,092	47.0	100,045	0.6	58
85 and older	299,632	17,803,762	3,849	25.3	38,704	0.7	73	6,851	45.1	70,964	0.7	61
<b>Male</b>	756,186	59,044,304	11,287	30.3	123,966	0.8	132	14,228	38.2	155,439	0.6	58
<b>Disabled</b>	421,904	38,188,342	7,772	38.5	88,017	0.8	150	7,099	35.2	80,053	0.5	58
5 and younger	7	259	0	0.0	0	0.0	0	1	25.0	12	0.3	6
6-14	31	2,287	0	0.0	0	0.0	0	2	22.2	19	0.7	74
15-20	1,256	136,222	36	33.3	392	0.8	175	24	22.2	259	0.4	36
21-44	174,479	17,842,864	4,140	42.6	46,760	0.8	154	2,846	29.3	32,253	0.5	54
45-64	228,783	19,002,341	3,458	36.1	39,405	0.9	147	3,891	40.6	43,814	0.6	62
65-74	16,663	1,156,866	128	18.1	1,348	0.8	120	318	45.0	3,501	0.6	59
75-84	639	45,156	10	24.4	112	0.5	79	15	36.6	180	0.5	57
85 and older	46	2,347	0	0.0	0	0.0	0	2	33.3	15	0.2	20
<b>Other Eligibles</b>	334,282	20,855,962	3,515	20.7	35,949	0.7	87	7,129	41.9	75,386	0.6	57
5 and younger	3	130	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	25	910	0	0.0	0	0.0	0	2	50.0	24	0.6	26
15-20	174	18,173	3	27.3	36	0.4	85	2	18.2	21	0.1	3
21-44	1,113	97,844	24	25.0	167	0.7	148	35	36.5	202	0.5	58
45-64	741	60,157	5	12.8	47	0.6	84	23	59.0	159	0.6	85
65-74	155,459	10,011,610	1,291	16.9	14,058	0.8	97	3,089	40.4	34,048	0.6	56
75-84	128,609	7,878,641	1,511	23.7	15,305	0.7	82	2,794	43.9	29,377	0.6	56
85 and older	48,158	2,788,497	681	23.8	6,336	0.7	73	1,184	41.4	11,555	0.7	59
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>46,954</b>	<b>42.5 %</b>	<b>508,443</b>	<b>0.6</b>	<b>\$41</b>	<b>24,970</b>	<b>22.6 %</b>	<b>275,399</b>	<b>0.8</b>	<b>\$56</b>	<b>36,854</b>	<b>33.4 %</b>	<b>406,278</b>	<b>0.7</b>	<b>\$36</b>
<b>Female</b>															
<b>Disabled</b>	34,048	46.5	369,328	0.6	41	15,480	21.1	170,642	0.7	52	27,460	37.5	304,007	0.7	36
5 and younger	14,292	61.9	159,923	0.6	42	8,264	35.8	93,040	0.7	65	8,228	35.7	92,995	0.6	40
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	25	29.4	251	0.5	42	21	16.7	3	0.3	4	0	0.0	0	0.0	0
21-44	5,126	61.4	57,146	0.5	42	21	24.7	216	0.9	107	6	7.1	64	0.8	35
45-64	8,543	65.0	95,867	0.6	42	3,435	41.2	38,600	0.7	77	1,377	16.5	15,628	0.6	39
65-74	558	41.8	6,219	0.6	35	4,552	34.6	51,357	0.7	58	6,005	45.7	67,890	0.6	41
75-84	29	23.4	320	0.4	20	238	17.8	2,681	0.6	41	785	58.8	8,803	0.7	43
85 and older	11	30.6	120	0.6	34	15	12.1	166	0.7	35	44	35.5	503	0.7	29
<b>Other Eligibles</b>	19,756	39.4	209,405	0.7	41	7,216	14.4	77,602	0.8	37	11	30.6	107	0.4	18
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	1	100.0	5	0.8	10	0	0.0	0	0.0	0
15-20	2	50.0	24	0.6	60	2	50.0	24	0.6	24	0	0.0	0	0.0	0
21-44	157	58.8	1,117	0.5	41	65	24.3	452	0.5	63	26	9.7	161	0.8	44
45-64	39	60.0	303	0.5	46	11	16.9	73	0.6	32	17	26.2	185	0.6	30
65-74	5,669	37.2	62,865	0.6	37	2,594	17.0	28,738	0.7	40	7,786	51.1	87,232	0.7	38
75-84	7,523	38.9	80,862	0.7	41	2,901	15.0	31,384	0.8	36	7,883	40.7	86,641	0.7	34
85 and older	6,366	41.9	64,234	0.8	44	1,642	10.8	16,926	0.8	32	3,520	23.2	36,793	0.7	28
<b>Male</b>															
<b>Disabled</b>	12,906	34.7	139,115	0.6	41	9,490	25.5	104,757	0.8	63	9,394	25.2	102,271	0.7	37
5 and younger	7,750	38.4	86,573	0.6	43	6,758	33.5	76,310	0.8	72	4,174	20.7	46,570	0.6	40
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	11	1.0	72	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	29	26.9	315	0.7	59	37	34.3	383	0.8	74	7	6.5	84	0.8	40
45-64	3,872	39.8	43,290	0.6	43	3,499	36.0	39,567	0.8	81	1,132	11.6	12,843	0.6	38
65-74	3,649	38.0	40,807	0.6	42	3,072	32.0	34,743	0.8	63	2,759	28.8	30,634	0.7	41
75-84	191	27.0	2,054	0.7	45	145	20.5	1,563	0.8	46	263	37.2	2,855	0.6	40
85 and older	8	19.5	96	0.5	23	4	9.8	42	1.1	15	10	24.4	118	0.6	37
<b>Other Eligibles</b>	0	0.0	0	0.0	0	1	16.7	12	0.8	22	3	50.0	36	0.6	33
5 and younger	5,156	30.3	52,542	0.7	39	2,732	16.1	28,447	0.8	38	5,220	30.7	55,701	0.7	34
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	4	36.4	42	0.8	83	8	72.7	93	0.9	107	1	9.1	12	0.3	21
45-64	56	58.3	380	0.5	32	35	36.5	224	0.6	49	2	2.1	16	0.3	30
65-74	2,093	27.4	22,733	0.6	38	1,322	17.3	14,422	0.8	39	2,638	34.5	28,958	0.7	37
75-84	2,025	31.8	20,375	0.7	40	1,019	16.0	10,451	0.8	37	1,945	30.6	20,439	0.7	32
85 and older	956	33.5	8,868	0.7	42	336	11.8	3,183	0.8	33	625	21.9	6,196	0.7	28
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTHYPERTENSIVE					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 \$
<b>All</b>	<b>23,053</b>	<b>20.9 %</b>	<b>260,237</b>	<b>0.6</b>	<b>\$55</b>	<b>49,356</b>	<b>44.7 %</b>	<b>543,426</b>	<b>0.7</b>	<b>\$26</b>	<b>64,138</b>	<b>58.1 %</b>	<b>705,512</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>	16,458	22.5	186,431	0.6	55	35,220	48.1	388,943	0.7	26	46,103	63.0	509,978	0.4	16
<b>Disabled</b>	5,016	21.7	56,966	0.6	53	8,699	37.7	97,649	0.6	24	19,332	83.8	218,607	0.4	20
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	3	50.0	36	0.5	12	2	33.3	24	0.1	1
15-20	1	1.2	12	0.8	49	10	11.8	104	0.5	27	41	48.2	405	0.2	6
21-44	696	8.3	7,887	0.5	44	1,529	18.3	17,164	0.5	20	6,630	79.4	74,591	0.4	22
45-64	3,731	28.4	42,420	0.6	54	6,195	47.1	69,519	0.6	25	11,461	87.2	130,124	0.4	20
65-74	548	41.0	6,187	0.6	59	862	64.5	9,700	0.6	27	1,098	82.2	12,365	0.4	13
75-84	38	30.6	442	0.6	53	78	62.9	907	0.6	24	76	61.3	864	0.4	8
85 and older	2	5.6	18	0.2	8	22	61.1	219	0.9	32	24	66.7	234	0.4	18
<b>Other Eligibles</b>	11,442	22.8	129,465	0.7	56	26,521	52.9	291,294	0.7	27	26,771	53.4	291,371	0.4	13
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	1	100.0	5	0.6	43	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	25.0	12	1.0	13	2	50.0	8	0.3	2
21-44	5	1.9	39	0.2	18	43	16.1	253	0.4	13	208	77.9	1,579	0.4	20
45-64	13	20.0	106	0.6	64	14	21.5	110	0.7	35	41	63.1	325	0.4	9
65-74	5,234	34.3	59,373	0.6	55	9,180	60.2	103,379	0.6	27	8,970	58.8	101,394	0.4	13
75-84	4,802	24.8	54,658	0.7	57	10,764	55.6	119,361	0.7	27	10,385	53.7	114,619	0.4	13
85 and older	1,388	9.1	15,289	0.7	55	6,518	42.9	68,174	0.7	27	7,165	47.1	73,446	0.4	14
<b>Male</b>	6,595	17.7	73,806	0.6	53	14,136	38.0	154,483	0.6	25	18,035	48.5	196,534	0.4	20
<b>Disabled</b>	3,322	16.5	37,710	0.6	51	6,072	30.1	67,935	0.6	25	10,872	53.8	121,466	0.4	25
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.3	15	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33.3	33	0.1	1
15-20	1	0.9	12	1.0	17	26	24.1	290	0.5	12	37	34.3	402	0.2	9
21-44	1,008	10.4	11,547	0.6	46	1,920	19.7	21,612	0.6	24	5,087	52.3	57,092	0.4	27
45-64	2,105	21.9	23,853	0.6	53	3,741	39.0	41,767	0.6	25	5,365	55.9	59,801	0.4	23
65-74	200	28.3	2,207	0.7	62	368	52.1	4,077	0.7	28	366	51.8	3,972	0.4	16
75-84	8	19.5	91	0.8	61	15	36.6	165	0.7	26	14	34.1	166	0.2	3
85 and older	0	0.0	0	0.0	0	1	16.7	12	0.9	42	0	0.0	0	0.0	0
<b>Other Eligibles</b>	3,273	19.2	36,096	0.7	55	8,064	47.4	86,548	0.7	26	7,163	42.1	75,068	0.4	13
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.2	8	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	50.0	24	0.3	11	1	25.0	12	0.1	1
15-20	0	0.0	0	0.0	0	6	54.5	53	0.5	25	3	27.3	33	0.1	1
21-44	2	2.1	13	0.4	32	17	17.7	115	0.5	16	96	100.0	614	0.6	42
45-64	9	23.1	61	0.7	59	18	46.2	148	0.7	24	32	82.1	203	0.6	36
65-74	1,881	24.6	21,015	0.7	55	3,832	50.1	42,262	0.6	26	3,406	44.5	37,434	0.4	14
75-84	1,159	18.2	12,774	0.7	56	3,034	47.7	32,348	0.7	26	2,476	38.9	25,827	0.4	11
85 and older	222	7.8	2,233	0.7	54	1,154	40.4	11,586	0.7	25	1,149	40.2	10,945	0.4	11
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C  
 Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	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
<b>All</b>	<b>36,710</b>	<b>33.2 %</b>	<b>414,408</b>	<b>0.4</b>	<b>\$28</b>	<b>39,976</b>	<b>36.2 %</b>	<b>437,960</b>	<b>0.4</b>	<b>\$26</b>	<b>110,435</b>	<b>1,157,456</b>
<b>Female</b>	27,089	37.0	306,382	0.4	30	27,875	38.1	306,638	0.4	25	73,221	771,140
<b>Disabled</b>	10,377	45.0	118,247	0.3	26	10,243	44.4	115,222	0.4	25	23,076	248,094
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	51
15-20	21	24.7	210	0.1	4	10	11.8	104	0.4	13	85	646
21-44	3,309	39.7	37,577	0.3	18	2,672	32.0	30,167	0.3	20	8,345	88,711
45-64	6,298	47.9	71,961	0.4	29	6,691	50.9	75,303	0.4	26	13,142	142,499
65-74	686	51.3	7,758	0.4	33	813	60.9	8,992	0.5	29	1,336	14,495
75-84	56	45.2	663	0.3	23	51	41.1	584	0.4	35	124	1,344
85 and older	7	19.4	78	0.4	38	6	16.7	72	0.1	5	36	332
<b>Other Eligibles</b>	16,712	33.3	188,135	0.4	32	17,632	35.2	191,416	0.5	26	50,145	523,046
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	1	5
15-20	1	25.0	4	0.5	40	0	0.0	0	0.0	0	4	32
21-44	85	31.8	642	0.3	15	68	25.5	491	0.3	17	267	1,475
45-64	27	41.5	234	0.3	20	39	60.0	281	0.4	27	65	425
65-74	5,964	39.1	68,600	0.4	29	6,174	40.5	69,659	0.5	28	15,249	164,549
75-84	6,633	34.3	75,656	0.4	33	6,842	35.4	74,822	0.5	26	19,354	206,139
85 and older	4,002	26.3	42,999	0.5	35	4,509	29.7	46,163	0.4	23	15,204	150,420
<b>Male</b>	9,621	25.9	108,026	0.3	22	12,101	32.5	131,322	0.5	26	37,213	386,314
<b>Disabled</b>	5,350	26.5	60,920	0.3	19	5,160	25.6	58,042	0.4	25	20,193	215,862
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	34
6-14	0	0.0	0	0.0	0	2	22.2	21	0.1	3	9	89
15-20	13	12.0	144	0.2	9	4	3.7	44	0.1	4	108	1,010
21-44	2,360	24.3	26,839	0.2	14	1,696	17.4	19,248	0.4	20	9,727	104,063
45-64	2,750	28.7	31,417	0.4	23	3,113	32.5	35,039	0.5	27	9,591	102,855
65-74	218	30.8	2,416	0.4	30	329	46.5	3,512	0.6	36	707	7,327
75-84	9	22.0	104	0.2	13	15	36.6	166	0.5	45	41	440
85 and older	0	0.0	0	0.0	0	1	16.7	12	0.1	7	6	44
<b>Other Eligibles</b>	4,271	25.1	47,106	0.4	26	6,941	40.8	73,280	0.5	27	17,020	170,452
5 and younger	0	0.0	0	0.0	0	1	33.3	9	0.1	4	3	24
6-14	1	25.0	12	0.1	1	0	0.0	0	0.0	0	4	26
15-20	0	0.0	0	0.0	0	1	9.1	12	0.1	2	11	110
21-44	41	42.7	270	0.3	26	17	17.7	145	0.3	19	96	512
45-64	17	43.6	108	0.6	59	24	61.5	224	0.5	35	39	240
65-74	1,976	25.8	22,259	0.4	24	3,034	39.7	33,283	0.5	28	7,647	79,771
75-84	1,625	25.5	18,201	0.4	27	2,679	42.1	28,031	0.5	28	6,363	63,521
85 and older	611	21.4	6,256	0.5	30	1,185	41.5	11,576	0.5	23	2,857	26,248
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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
<b>All</b>	<b>\$335</b>	<b>7.2</b>	<b>15,078</b>	<b>152,626</b>
<b>Age</b>				
0-64	434	8.0	1,333	14,915
65-74	396	8.1	1,968	20,903
75-84	352	7.6	4,979	50,259
85 and older	280	6.5	6,798	66,549
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	330	7.3	11,306	114,770
Male	350	7.2	3,772	37,856
Unknown	0	0.0	0	0
<b>Race</b>				
White	348	7.6	10,923	109,106
African American	297	6.4	3,979	41,703
Other/unknown	375	7.3	176	1,817
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	324	7.2	13,642	136,624
Disabled	428	8.0	1,436	16,002
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 Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx				Total Rx \$		Users		
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$17	\$2	\$2	\$50	\$73	\$65	\$13	43,101	\$2,159,919	9,683	64.2 %	101,518
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	21	20	0	31	12	251	12	0.1	131
Antineoplastic Agents	0.6	0.2	0.1	0.4	95	46	10	39	156	266	143	106	7,705	1,200,293	1,324	8.8	12,695
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	41	30	2	9	34	56	28	15	87,615	2,980,740	7,012	46.5	72,662
Cardiovascular Agents	2.2	0.6	0.3	1.3	60	29	8	23	28	53	29	17	235,063	6,561,042	10,695	70.9	109,297
Respiratory Agents	0.8	0.3	0.1	0.4	34	19	5	10	42	60	61	24	64,406	2,679,117	7,438	49.3	78,050
Gastrointestinal Agents	1.2	0.5	0.0	0.6	71	56	2	14	61	107	57	23	102,130	6,237,478	8,465	56.1	87,510
Genitourinary Agents	0.6	0.5	0.0	0.1	34	31	1	3	53	63	33	21	21,144	1,125,707	3,085	20.5	32,882
CNS Drugs	1.8	1.0	0.1	0.7	119	96	7	16	67	94	67	24	195,735	13,023,317	10,645	70.6	109,600
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.1	0.7	33	19	2	12	38	116	38	18	1,589	59,963	169	1.1	1,798
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	107	107	0	0	123	123	0	29	17,432	2,139,123	1,952	12.9	19,975
Analgesics and Anesthetics	1.0	0.4	0.1	0.5	45	34	4	6	44	91	37	12	76,002	3,321,375	7,286	48.3	74,591
Neuromuscular Agents	1.4	0.5	0.2	0.7	69	37	9	22	50	80	49	31	71,375	3,536,992	4,842	32.1	51,447
Nutritional Products	0.9	0.0	0.1	0.7	14	0	2	12	16	14	18	16	46,790	757,105	5,274	35.0	53,900
Hematological Agents	1.2	0.4	0.4	0.4	59	47	6	5	47	129	14	12	59,965	2,814,913	4,714	31.3	48,109
Topical Products	0.5	0.2	0.1	0.3	19	12	3	5	36	54	43	19	50,461	1,802,930	8,676	57.5	93,182
Miscellaneous Products	0.3	0.0	0.0	0.2	10	4	1	5	36	85	258	23	2,261	81,230	814	5.4	8,157
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	14	0	0	0	24	0	0	0	23,740	574,668	3,849	25.5	40,348
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,106,526	51,056,163	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Virginia, 1.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table D9

Dual Eligible Beneficiaries

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	\$6,396,966	6,095	40.4 %	64,061	0.9	\$117	\$100
ULCER DRUGS	5,465,749	7,331	48.6	75,971	0.8	85	72
ANTIDEPRESSANTS	5,348,664	9,295	61.6	96,772	0.9	62	55
ANTICONVULSANT	2,310,156	3,996	26.5	42,717	1.1	47	54
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,145,136	1,995	13.2	20,447	0.9	122	105
ANTIHYPERTENSIVE	1,994,521	5,966	39.6	61,427	0.9	36	32
ANTIDIABETIC	1,897,766	5,213	34.6	54,523	0.9	41	35
ANALGESICS - ANTI-INFLAMMATORY	1,629,126	3,746	24.8	40,307	0.7	62	40
ANALGESICS - Narcotic	1,605,867	6,871	45.6	69,575	0.6	36	23
ANTIASTHMATIC	1,566,074	5,705	37.8	58,810	0.6	47	27
<b>Total</b>	<b>30,360,025</b>	<b>56,213</b>		<b>584,610</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	No. of Bene Mos among Users	Users as % of All-Year Residents	Mean Rx \$
			No. of Rx	Rx \$	No. of Users										
<b>All</b>	<b>479,505</b>	<b>\$30,360,025</b>	<b>6,095</b>	<b>40.4 %</b>	<b>64,061</b>	<b>0.9</b>	<b>\$100</b>	<b>7,331</b>	<b>48.6 %</b>	<b>75,971</b>	<b>0.8</b>	<b>\$72</b>			
<b>Female</b>	356,749	22,509,360	4,492	39.7	47,277	0.9	98	5,491	48.6	57,126	0.8	72			
<b>Disabled</b>	28,423	1,924,580	263	37.4	2,934	1.0	133	317	45.0	3,506	0.9	84			
64 or younger	26,516	1,803,244	244	37.7	2,757	1.0	131	292	45.1	3,234	0.9	84			
65-74	1,523	104,633	18	42.9	165	1.0	169	19	45.2	200	1.0	87			
75-84	197	8,799	1	16.7	12	1.2	73	2	33.3	24	0.8	70			
85 and older	187	7,904	0	0.0	0	0.0	0	4	50.0	48	0.9	80			
<b>Other Eligibles</b>	328,326	20,584,780	4,229	39.9	44,343	0.8	96	5,174	48.8	53,620	0.8	71			
64 or younger	68	3,078	4	133.3	22	0.7	48	0	0.0	0	0.0	0			
65-74	49,087	3,152,586	584	53.5	6,417	0.9	115	559	51.2	5,917	0.9	75			
75-84	129,166	8,135,767	1,609	44.2	16,998	0.9	101	1,830	50.3	19,170	0.9	72			
85 and older	150,005	9,293,349	2,032	34.6	20,906	0.8	87	2,785	47.5	28,533	0.8	70			
<b>Male</b>	122,756	7,850,665	1,603	42.5	16,784	0.9	104	1,840	48.8	18,845	0.8	72			
<b>Disabled</b>	30,040	2,058,675	307	41.9	3,454	1.0	128	384	52.5	4,383	0.9	78			
64 or younger	28,094	1,929,232	286	41.9	3,263	1.0	127	359	52.6	4,085	0.9	76			
65-74	1,855	123,909	20	43.5	179	1.0	144	24	52.2	286	0.9	94			
75-84	81	5,271	1	33.3	12	0.4	55	1	33.3	12	0.7	83			
85 and older	10	263	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	92,716	5,791,990	1,296	42.6	13,330	0.8	98	1,456	47.9	14,462	0.8	70			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	28,629	1,777,031	346	43.9	3,786	0.9	110	388	49.2	4,119	0.8	69			
75-84	42,386	2,679,033	648	48.7	6,700	0.8	94	643	48.3	6,441	0.8	70			
85 and older	21,701	1,335,926	302	32.8	2,844	0.8	92	425	46.1	3,902	0.9	70			
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

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

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTICONVULSANT						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					
	Users as %			Mean			Users as %			Mean			Users as %			Mean		
	No. of Users	No. of Bene Mos among Users	No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Rx	No. of Users	No. of Bene Mos among Users	No. of Rx
<b>All</b>	<b>9,295</b>	<b>61.6 %</b>	<b>96,772</b>	<b>0.9</b>	<b>\$55</b>	<b>0.9</b>	<b>3,996</b>	<b>26.5 %</b>	<b>42,717</b>	<b>1.1</b>	<b>\$54</b>	<b>1,995</b>	<b>13.2 %</b>	<b>20,447</b>	<b>0.9</b>	<b>\$105</b>		
<b>Female</b>	7,159	63.3	74,788	0.9	55	0.9	2,634	23.3	28,222	1.1	51	1,528	13.5	15,922	0.9	107		
<b>Disabled</b>	486	69.0	5,468	0.9	63	0.9	392	55.7	4,419	1.3	74	30	4.3	320	0.7	232		
64 or younger	453	69.9	5,130	0.9	64	0.9	372	57.4	4,190	1.3	75	29	4.5	308	0.7	235		
65-74	25	59.5	242	0.9	57	0.9	18	42.9	205	1.3	65	1	2.4	12	1.2	154		
75-84	4	66.7	48	0.7	34	0.7	2	33.3	24	1.1	31	0	0.0	0	0.0	0		
85 and older	4	50.0	48	0.9	35	0.9	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
<b>Other Eligibles</b>	6,673	62.9	69,320	0.9	54	0.9	2,242	21.1	23,803	1.1	47	1,498	14.1	15,602	0.9	104		
64 or younger	2	66.7	11	0.9	57	0.9	1	33.3	3	1.0	26	0	0.0	0	0.0	0		
65-74	823	75.4	8,908	0.9	58	0.9	480	44.0	5,235	1.1	57	129	11.8	1,392	0.9	101		
75-84	2,503	68.8	26,285	0.9	56	0.9	971	26.7	10,368	1.1	48	576	15.8	5,967	0.9	107		
85 and older	3,345	57.0	34,116	0.9	52	0.9	790	13.5	8,197	1.0	38	793	13.5	8,243	0.8	103		
<b>Male</b>	2,136	56.6	21,984	0.9	56	0.9	1,362	36.1	14,495	1.2	61	467	12.4	4,525	0.9	99		
<b>Disabled</b>	438	59.8	4,898	0.9	61	0.9	473	64.6	5,270	1.3	81	35	4.8	375	0.7	75		
64 or younger	400	58.7	4,476	0.9	61	0.9	440	64.5	4,950	1.4	83	33	4.8	351	0.6	74		
65-74	37	80.4	410	0.9	60	0.9	32	69.6	308	1.1	52	2	4.3	24	0.8	85		
75-84	1	33.3	12	0.8	54	0.8	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	1	100.0	12	0.8	22	0	0.0	0	0.0	0		
<b>Other Eligibles</b>	1,698	55.9	17,086	0.9	55	0.9	889	29.2	9,225	1.1	49	432	14.2	4,150	0.9	101		
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
65-74	478	60.7	5,117	0.9	59	0.9	342	43.4	3,716	1.2	51	64	8.1	645	0.8	98		
75-84	787	59.1	7,954	0.9	54	0.9	369	29.2	3,987	1.1	50	215	16.2	2,097	0.9	100		
85 and older	433	47.0	4,015	0.9	52	0.9	158	17.2	1,522	1.1	40	153	16.6	1,408	0.9	103		
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene among Users	Mean No. of Rx
<b>All</b>	<b>5,966</b>	<b>61,427</b>	<b>0.9</b>	<b>\$33</b>	<b>0.9</b>	<b>5,213</b>	<b>34.6 %</b>	<b>54,523</b>	<b>0.9</b>	<b>\$35</b>	<b>3,746</b>	<b>24.8 %</b>	<b>40,307</b>	<b>0.7</b>	<b>\$40</b>		
<b>Female</b>	4,415	45,452	0.9	32	3,858	34.1	40,555	0.9	34	2,925	25.9	31,411	0.7	42			
<b>Disabled</b>	215	2,359	0.9	33	260	36.9	2,954	0.9	43	211	30.0	2,403	0.6	36			
64 or younger	189	2,074	0.9	33	217	33.5	2,463	0.9	44	201	31.0	2,302	0.6	36			
65-74	17	180	0.8	27	34	81.0	389	0.9	41	9	21.4	89	0.6	43			
75-84	3	36	1.0	38	5	83.3	60	0.9	37	0	0.0	0	0.0	0			
85 and older	6	69	1.2	28	4	50.0	42	0.2	6	1	12.5	12	0.1	0			
<b>Other Eligibles</b>	4,200	43,093	0.9	32	3,598	33.9	37,601	0.8	34	2,714	25.6	29,008	0.7	42			
64 or younger	1	12	1.0	23	2	66.7	24	1.0	34	0	0.0	0	0.0	0			
65-74	508	5,443	0.9	35	665	60.9	7,191	0.9	37	300	27.5	3,329	0.7	44			
75-84	1,585	16,219	0.9	33	1,576	43.3	16,296	0.9	36	1,008	27.7	10,987	0.7	42			
85 and older	2,106	21,419	0.9	30	1,355	23.1	14,090	0.8	30	1,406	24.0	14,692	0.7	42			
<b>Male</b>	1,551	15,975	0.9	34	1,355	35.9	13,968	0.9	36	821	21.8	8,896	0.6	36			
<b>Disabled</b>	262	2,903	0.9	42	258	35.2	2,809	0.9	35	179	24.5	2,071	0.6	30			
64 or younger	246	2,714	0.9	42	232	34.0	2,536	0.9	36	169	24.8	1,955	0.6	29			
65-74	14	168	1.0	42	22	47.8	225	0.8	27	10	21.7	116	0.6	36			
75-84	2	21	1.1	29	4	133.3	48	0.8	49	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			
<b>Other Eligibles</b>	1,289	13,072	0.9	33	1,097	36.1	11,159	0.9	36	642	21.1	6,825	0.6	38			
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	400	4,358	0.9	34	355	45.1	3,790	0.9	37	151	19.2	1,707	0.6	40			
75-84	575	5,738	0.9	31	509	38.2	5,169	0.9	37	290	21.8	3,193	0.6	35			
85 and older	314	2,976	1.0	33	233	25.3	2,200	0.8	32	201	21.8	1,925	0.7	40			
<b>Unknown</b>	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 Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Rx	No. of Residents	No. of Rx			
<b>All</b>	<b>6,871</b>	<b>45.6 %</b>	<b>69,575</b>	<b>0.6</b>	<b>\$23</b>	<b>5,705</b>	<b>37.8 %</b>	<b>58,810</b>	<b>0.6</b>	<b>\$27</b>	<b>15,078</b>	<b>152,626</b>
<b>Female</b>	5,358	47.4	54,471	0.7	23	4,148	36.7	42,829	0.5	25	11,306	114,770
<b>Disabled</b>	357	50.7	3,934	0.8	29	256	36.4	2,763	0.7	33	704	7,814
64 or younger	325	50.2	3,604	0.8	30	239	36.9	2,598	0.7	35	648	7,222
65-74	24	57.1	246	0.4	20	14	33.3	129	0.2	7	42	444
75-84	4	66.7	48	0.2	3	2	33.3	24	0.2	8	6	61
85 and older	4	50.0	36	0.2	6	1	12.5	12	0.1	1	8	87
<b>Other Eligibles</b>	5,001	47.2	50,537	0.6	23	3,892	36.7	40,066	0.5	25	10,602	106,956
64 or younger	0	0.0	0	0.0	0	3	100.0	9	0.4	25	3	23
65-74	611	56.0	6,511	0.8	35	484	44.3	5,242	0.7	34	1,092	11,601
75-84	1,780	48.9	18,319	0.7	25	1,458	40.1	14,831	0.6	27	3,639	37,147
85 and older	2,610	44.5	25,707	0.6	18	1,947	33.2	19,984	0.5	21	5,868	58,185
<b>Male</b>	1,513	40.1	15,104	0.6	23	1,557	41.3	15,981	0.6	30	3,772	37,856
<b>Disabled</b>	338	46.2	3,710	0.7	39	248	33.9	2,798	0.7	36	732	8,188
64 or younger	321	47.1	3,537	0.7	39	236	34.6	2,654	0.7	36	662	7,670
65-74	17	37.0	173	0.8	36	12	26.1	144	0.9	35	46	473
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	1,175	38.7	11,394	0.6	18	1,309	43.1	13,183	0.6	29	3,040	29,668
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	309	39.2	3,275	0.6	25	307	39.0	3,308	0.6	26	788	8,385
75-84	494	37.1	4,831	0.6	16	593	44.6	6,050	0.7	32	1,331	13,018
85 and older	372	40.4	3,288	0.5	14	409	44.4	3,825	0.5	25	921	8,265
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 9,034 beneficiaries who were in nursing facilities for part of their enrollment and their 83,977 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](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<sup>a,b</sup>  
 VIRGINIA, 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	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	Part D Excl Rx as % of All Dual Rx \$	Total No. of Benes
			Excl Rx	Bene						
<b>All</b>	<b>48,541</b>	<b>44.0 %</b>	<b>3.0</b>	<b>333,848</b>	<b>\$102</b>	<b>\$11,243,063</b>	<b>\$34</b>	<b>3.8 %</b>	<b>\$110,435</b>	
<b>Age</b>										
5 and younger	4	40.0	1.0	10	17	168	17	0.3	10	
6-14	4	20.0	0.2	4	6	118	30	0.1	20	
15-20	54	26.0	1.0	203	33	6,912	34	0.7	208	
21-44	7,327	39.7	2.6	47,093	92	1,687,864	36	3.2	18,435	
45-64	10,656	46.7	3.5	80,845	139	3,182,238	39	4.2	22,837	
65-74	10,379	41.6	2.9	71,218	92	2,304,393	32	3.8	24,939	
75-84	11,396	44.0	3.1	79,236	95	2,471,405	31	3.9	25,882	
85 and older	8,721	48.2	3.1	55,239	88	1,589,965	29	4.0	18,103	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	29,474	44.2	3.0	198,314	91	6,099,485	31	3.9	66,704	
Disabled	18,902	43.7	3.1	134,727	118	5,124,158	38	3.8	43,269	
Adults	156	36.1	1.8	775	41	17,840	23	3.0	432	
Children	9	31.0	1.1	32	54	1,580	49	0.3	29	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
<b>Gender</b>										
Female	34,319	46.9	3.2	233,454	98	7,198,463	31	3.6	73,222	
Male	14,222	38.2	2.7	100,394	109	4,044,600	40	4.2	37,213	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	31,691	49.5	3.8	242,918	122	7,792,027	32	4.1	64,083	
African American	14,482	35.9	2.0	80,686	77	3,117,603	39	3.4	40,353	
Other/unknown	2,368	39.5	1.7	10,244	56	333,433	33	2.9	5,999	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	9,134	60.6	5.3	80,323	149	2,253,654	28	4.4	15,078	
Part year	5,563	61.6	4.6	41,361	167	1,505,077	36	5.9	9,034	
None	33,844	39.2	2.5	212,164	87	7,484,332	35	3.4	86,323	
<b>Maintenance Assistance Status</b>										
Cash	25,507	42.9	2.8	165,954	95	5,651,936	34	3.4	59,430	
Medically needy	1,386	41.5	2.6	8,845	160	535,347	61	6.2	3,341	
Poverty related	5,746	34.8	2.0	32,562	62	1,019,099	31	3.5	16,497	
Other/unknown	15,902	51.0	4.1	126,487	130	4,036,681	32	4.4	31,167	

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a,b</sup>  
 VIRGINIA, 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	\$10	\$34	\$0	\$3	1,157,456
<b>All</b>						
<b>Age</b>						
5 and younger	0.1	2	17	0	0	75
6-14	0.0	1	30	0	0	171
15-20	0.1	4	34	0	1	1,798
21-44	0.2	9	36	0	3	194,761
45-64	0.3	13	39	0	4	246,019
65-74	0.3	9	32	0	2	266,142
75-84	0.3	9	31	0	2	271,444
85 and older	0.3	9	29	0	2	177,044
Unknown	0.0	0	0	0	0	2
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	9	31	0	2	690,898
Disabled	0.3	11	38	0	3	463,956
Adults	0.3	8	23	0	3	2,358
Children	0.1	7	49	0	1	237
Unknown	0.0	0	0	0	0	7
<b>Gender</b>						
Female	0.3	9	31	0	3	771,142
Male	0.3	10	40	0	3	386,314
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	12	32	0	4	665,660
African American	0.2	7	39	0	1	427,349
Other/unknown	0.2	5	33	0	1	64,447
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	15	28	0	3	152,626
Part year	0.5	18	36	0	3	83,977
None	0.2	8	35	0	3	920,853
<b>Maintenance Assistance Status</b>						
Cash	0.3	9	34	0	3	654,080
Medically needy	0.3	18	61	0	2	30,371
Poverty related	0.2	6	31	0	2	170,845
Other/unknown	0.4	13	32	0	3	302,160

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a,b,c</sup>  
 VIRGINIA, 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
<b>All</b>	<b>62,979</b>	<b>\$179</b>	<b>\$11,243,063</b>	<b>100.0 %</b>	<b>333,848</b>	<b>\$34</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	3,462	359	1,241,781	11.0	8,534	146	2.6
Fertility drugs	23	10,760	247,481	2.2	70	3,535	0.0
Drugs for cosmetic purposes	1,128	1,130	1,274,296	11.3	6,551	195	2.0
Cough and cold medications	782	327	255,977	2.3	2,092	122	0.6
Vitamins and minerals	248	793	196,640	1.7	495	397	0.1
Non-prescription drugs	32,232	148	4,765,224	42.4	141,701	34	42.4
Barbiturates	272	19	5,115	0.0	387	13	0.1
Benzodiazepines	24,671	124	3,067,862	27.3	173,435	18	52.0
Other Part D Excl Rx Drugs	161	1,172	188,687	1.7	583	324	0.2

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b</sup>  
 VIRGINIA, 2002

Total Number of Dual Eligible Beneficiaries 110,435  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$293,888,899  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,661

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,618	11.4 %	\$0	0.0 %
1-500	17,420	15.8	3,820,934	1.3
501-1,000	11,840	10.7	8,791,125	3.0
1,001-1,500	10,222	9.3	12,717,675	4.3
1,501-2,000	8,656	7.8	15,087,888	5.1
2,001-2,500	7,482	6.8	16,791,711	5.7
2,501-3,000	6,594	6.0	18,101,396	6.2
3,001-3,500	5,662	5.1	18,360,622	6.2
3,501-4,000	4,740	4.3	17,743,107	6.0
4,001-4,500	3,958	3.6	16,808,839	5.7
4,501-5,000	3,419	3.1	16,222,903	5.5
5,001-5,500	2,744	2.5	14,378,143	4.9
5,501-6,000	2,458	2.2	14,120,206	4.8
6,001-6,500	1,970	1.8	12,298,794	4.2
6,501-7,000	1,628	1.5	10,980,006	3.7
7,001-7,500	1,368	1.2	9,911,879	3.4
7,501-8,000	1,167	1.1	9,038,745	3.1
8,001-8,500	983	0.9	8,107,592	2.8
8,501-9,000	839	0.8	7,338,317	2.5
9,001-9,500	634	0.6	5,857,427	2.0
9,501-10,000	549	0.5	5,346,167	1.8
10,001+	3,484	3.2	52,065,423	17.7

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b, c</sup>  
 VIRGINIA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

41,019  
 \$128,358,289  
 \$3,129

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,714	13.9%	0	0	0.0%
1-500	7,079	17.3	1,446,351	1.1	1.1
501-1,000	3,811	9.3	2,820,147	2.2	2.2
1,001-1,500	3,058	7.5	3,800,139	3.0	3.0
1,501-2,000	2,572	6.3	4,489,276	3.5	3.5
2,001-2,500	2,246	5.5	5,044,526	3.9	3.9
2,501-3,000	1,990	4.9	5,457,342	4.3	4.3
3,001-3,500	1,687	4.1	5,470,002	4.3	4.3
3,501-4,000	1,565	3.8	5,864,559	4.6	4.6
4,001-4,500	1,326	3.2	5,632,901	4.4	4.4
4,501-5,000	1,166	2.8	5,544,441	4.3	4.3
5,001-5,500	1,038	2.5	5,441,641	4.2	4.2
5,501-6,000	912	2.2	5,238,018	4.1	4.1
6,001-6,500	815	2.0	5,084,750	4.0	4.0
6,501-7,000	737	1.8	4,964,792	3.9	3.9
7,001-7,500	624	1.5	4,521,927	3.5	3.5
7,501-8,000	571	1.4	4,426,111	3.4	3.4
8,001-8,500	526	1.3	4,338,491	3.4	3.4
8,501-9,000	434	1.1	3,799,936	3.0	3.0
9,001-9,500	336	0.8	3,108,412	2.4	2.4
9,501-10,000	327	0.8	3,185,034	2.5	2.5
10,001+	2,485	6.1	38,679,493	30.1	30.1

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b</sup>  
 VIRGINIA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 68,924  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$164,355,419  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,385

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+ 9.9%	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,814		0	0.0%
1-500	10,182	14.8	2,340,211	1.4
501-1,000	7,966	11.6	5,926,000	3.6
1,001-1,500	7,126	10.3	8,869,728	5.4
1,501-2,000	6,055	8.8	10,547,618	6.4
2,001-2,500	5,215	7.6	11,700,039	7.1
2,501-3,000	4,589	6.7	12,604,259	7.7
3,001-3,500	3,962	5.7	12,848,879	7.8
3,501-4,000	3,163	4.6	11,833,931	7.2
4,001-4,500	2,623	3.8	11,137,666	6.8
4,501-5,000	2,243	3.3	10,630,681	6.5
5,001-5,500	1,705	2.5	8,931,049	5.4
5,501-6,000	1,540	2.2	8,847,832	5.4
6,001-6,500	1,153	1.7	7,201,572	4.4
6,501-7,000	886	1.3	5,980,990	3.6
7,001-7,500	742	1.1	5,375,149	3.3
7,501-8,000	594	0.9	4,597,476	2.8
8,001-8,500	454	0.7	3,744,412	2.3
8,501-9,000	403	0.6	3,521,081	2.1
9,001-9,500	295	0.4	2,721,184	1.7
9,501-10,000	222	0.3	2,161,133	1.3
10,001+	992	1.4	12,834,529	7.8

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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 <sup>a, b</sup>  
 VIRGINIA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74      24,939  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$61,255,130  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$2,456

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,043	12.2 %	0	0.0 %
1-500	3,701	14.8	826,900	1.3
501-1,000	2,677	10.7	1,990,938	3.3
1,001-1,500	2,377	9.5	2,957,105	4.8
1,501-2,000	2,053	8.2	3,572,178	5.8
2,001-2,500	1,762	7.1	3,958,815	6.5
2,501-3,000	1,600	6.4	4,395,930	7.2
3,001-3,500	1,327	5.3	4,313,079	7.0
3,501-4,000	1,053	4.2	3,942,569	6.4
4,001-4,500	893	3.6	3,790,977	6.2
4,501-5,000	823	3.3	3,902,670	6.4
5,001-5,500	619	2.5	3,243,805	5.3
5,501-6,000	589	2.4	3,387,853	5.5
6,001-6,500	439	1.8	2,739,266	4.5
6,501-7,000	337	1.4	2,277,120	3.7
7,001-7,500	304	1.2	2,202,027	3.6
7,501-8,000	243	1.0	1,879,466	3.1
8,001-8,500	183	0.7	1,510,972	2.5
8,501-9,000	175	0.7	1,531,720	2.5
9,001-9,500	140	0.6	1,291,207	2.1
9,501-10,000	103	0.4	1,003,387	1.6
10,001+	498	2.0	6,537,146	10.7

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b</sup>  
 VIRGINIA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 25,882  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$63,735,083  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,463

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,453	9.5 %	0	0.0 %
1-500	3,474	13.4	803,336	1.3
501-1,000	2,953	11.4	2,206,432	3.5
1,001-1,500	2,656	10.3	3,306,902	5.2
1,501-2,000	2,314	8.9	4,030,363	6.3
2,001-2,500	2,020	7.8	4,531,588	7.1
2,501-3,000	1,763	6.8	4,837,517	7.6
3,001-3,500	1,542	6.0	4,996,222	7.8
3,501-4,000	1,238	4.8	4,630,930	7.3
4,001-4,500	1,049	4.1	4,452,927	7.0
4,501-5,000	868	3.4	4,114,612	6.5
5,001-5,500	679	2.6	3,552,055	5.6
5,501-6,000	612	2.4	3,510,845	5.5
6,001-6,500	462	1.8	2,886,291	4.5
6,501-7,000	364	1.4	2,455,360	3.9
7,001-7,500	293	1.1	2,122,301	3.3
7,501-8,000	251	1.0	1,941,382	3.0
8,001-8,500	185	0.7	1,525,023	2.4
8,501-9,000	157	0.6	1,370,758	2.2
9,001-9,500	105	0.4	969,577	1.5
9,501-10,000	75	0.3	729,787	1.1
10,001+	369	1.4	4,760,875	7.5

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b</sup>  
 VIRGINIA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 18,103  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$39,365,206  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,175

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,318	7.3 %	0	0.0 %
1-500	3,007	16.6	709,975	1.8
501-1,000	2,336	12.9	1,728,630	4.4
1,001-1,500	2,093	11.6	2,605,721	6.6
1,501-2,000	1,688	9.3	2,945,077	7.5
2,001-2,500	1,433	7.9	3,209,636	8.2
2,501-3,000	1,226	6.8	3,370,812	8.6
3,001-3,500	1,093	6.0	3,539,578	9.0
3,501-4,000	872	4.8	3,260,432	8.3
4,001-4,500	681	3.8	2,893,762	7.4
4,501-5,000	552	3.0	2,613,399	6.6
5,001-5,500	407	2.2	2,135,189	5.4
5,501-6,000	339	1.9	1,949,134	5.0
6,001-6,500	252	1.4	1,576,015	4.0
6,501-7,000	185	1.0	1,248,510	3.2
7,001-7,500	145	0.8	1,050,821	2.7
7,501-8,000	100	0.6	776,628	2.0
8,001-8,500	86	0.5	708,417	1.8
8,501-9,000	71	0.4	618,603	1.6
9,001-9,500	50	0.3	460,400	1.2
9,501-10,000	44	0.2	427,959	1.1
10,001+	125	0.7	1,536,508	3.9

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>111,398</b>	<b>66,848</b>	<b>43,956</b>	<b>563</b>	<b>30</b>	<b>1</b>	<b>1,179,884</b>	<b>694,921</b>	<b>480,904</b>	<b>3,797</b>	<b>255</b>	<b>7</b>
<b>Age</b>												
5 and younger	10	0	6	0	4	0	75	0	50	0	25	0
6-14	22	0	16	0	6	0	213	0	170	0	43	0
15-20	221	0	205	3	13	0	2,292	0	2,138	14	140	0
21-44	18,873	0	18,420	446	7	0	204,481	0	201,465	2,969	47	0
45-64	23,169	32	23,025	111	0	1	253,103	274	252,034	788	0	7
65-74	25,087	23,008	2,076	3	0	0	270,308	247,417	22,865	26	0	0
75-84	25,909	25,743	166	0	0	0	272,228	270,422	1,806	0	0	0
85 and older	18,106	18,064	42	0	0	0	177,182	176,806	376	0	0	0
Unknown	1	1	0	0	0	2		2	0	0	0	0
<b>Gender</b>												
Female	73,799	49,925	23,452	414	7	1	784,569	524,112	257,528	2,867	55	7
Male	37,599	16,923	20,504	149	23	0	395,315	170,809	223,376	930	200	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	64,436	37,616	26,469	334	16	1	673,953	381,718	289,966	2,134	128	7
African American	40,919	23,948	16,739	220	12	0	440,176	255,415	183,045	1,607	109	0
Other/unknown	6,043	5,284	748	9	2	0	65,755	57,788	7,893	56	18	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	15,078	13,642	1,436	0	0	0	152,628	136,625	16,003	0	0	0
Part year	9,034	8,140	894	0	0	0	84,092	75,068	9,024	0	0	0
None	87,286	45,066	41,626	563	30	1	943,164	483,228	455,877	3,797	255	7
<b>Maintenance Assistance Status</b>												
Cash	60,252	32,085	28,122	45	0	0	673,912	360,186	313,419	307	0	0
Medically needy	3,341	1,896	1,444	1	0	0	30,417	17,534	12,871	12	0	0
Poverty related	16,501	9,264	7,122	103	11	1	171,557	96,593	74,270	615	72	7
Other/unknown	31,304	23,603	7,268	414	19	0	303,998	220,608	80,344	2,863	183	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	104,017	62,606	40,824	556	30	1	1,100,541	649,692	446,864	3,723	255	7
Full dual, part year	7,381	4,242	3,132	7	0	0	79,343	45,229	34,040	74	0	0
<b>Managed Care Status</b>												
FFS all year	107,282	66,008	40,947	299	27	1	1,136,166	685,806	448,296	1,836	221	7
FFS part year, with Rx claims	2,546	577	1,858	109	2	0	27,958	6,377	20,619	940	22	0
FFS part year, no Rx claims	607	119	464	24	0	0	5,940	1,161	4,602	177	0	0
MC all year, with Rx claims	38	8	19	11	0	0	391	86	208	97	0	0
MC all year, no Rx claims	925	136	668	120	1	0	9,429	1,491	7,179	747	12	0



Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) and		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	No. of Bene(s)	No. of Bene Mos
<b>All</b>	<b>111,398</b>	<b>1,179,884</b>	<b>110,435</b>	<b>1,157,456</b>	<b>0</b>	<b>22,428</b>		
FFS all year	107,282	1,136,166	107,282	1,136,166	0	0		
FFS part year, with Rx claims	2,546	27,958	2,546	18,188	0	9,770		
FFS part year, with no Rx claims	607	5,940	607	3,102	0	2,838		
MC all year, with Rx claims	38	391	0	0	0	391		
MC all year, with no Rx claims	925	9,429	0	0	0	9,429		

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. 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.