

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

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

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	55,255	1,145	17,895	11,733	24,482	0	350,306	10,597	178,316	44,078	117,315	0
Age												
5 and younger	9,445	0	574	6	8,865	0	38,975	0	4,184	12	34,779	0
6-14	12,138	0	1,449	9	10,680	0	65,855	0	12,561	40	53,254	0
15-20	6,485	0	774	894	4,817	0	39,276	0	7,423	3,121	28,732	0
21-44	15,414	3	5,950	9,359	102	0	96,394	17	60,844	35,112	421	0
45-64	9,965	11	8,501	1,453	0	0	92,447	95	86,637	5,715	0	0
65-74	981	446	524	11	0	0	9,818	4,279	5,463	76	0	0
75-84	546	450	96	0	0	0	5,198	4,209	989	0	0	0
85 and older	263	235	27	1	0	0	2,214	1,997	215	2	0	0
Unknown	18	0	0	0	18	0	129	0	0	0	129	0
Gender												
Female	30,955	735	8,477	9,732	12,011	0	186,526	6,940	86,599	36,242	56,745	0
Male	24,287	410	9,418	2,001	12,458	0	163,720	3,657	91,717	7,836	60,510	0
Unknown	13	0	0	0	13	0	60	0	0	0	60	0
Race												
White	1,136	79	746	142	169	0	9,353	727	7,324	504	798	0
African American	47,499	766	15,218	10,695	20,820	0	300,915	6,804	150,365	40,435	103,311	0
Other/unknown	6,620	300	1,931	896	3,493	0	40,038	3,066	20,627	3,139	13,206	0
Use of Nursing Facilities^c												
Entire year	435	182	239	13	1	0	4,596	1,918	2,530	139	9	0
Part year	522	93	419	10	0	0	5,450	879	4,469	102	0	0
None	54,298	870	17,237	11,710	24,481	0	340,260	7,800	171,317	43,837	117,306	0
Maintenance Assistance Status												
Cash	29,839	439	14,201	8,272	6,927	0	209,668	4,574	148,309	29,931	26,854	0
Medically needy	10,808	348	3,228	2,913	4,319	0	56,078	2,747	26,139	12,218	14,974	0
Poverty-related	9,300	160	454	402	8,284	0	32,314	1,320	3,760	1,345	25,869	0
Other/unknown	5,308	198	12	146	4,952	0	52,246	1,956	108	584	49,598	0
Managed Care Status												
FFS all year	28,742	1,142	16,573	2,843	8,184	0	260,676	10,575	171,398	14,736	63,967	0
FFS part year, with Rx claims	5,679	3	592	2,361	2,723	0	25,076	22	3,629	9,952	11,473	0
FFS part year, no Rx claims	20,834	0	730	6,529	13,575	0	64,554	0	3,289	19,390	41,875	0

Table ND2

Nondual Beneficiaries

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

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	36.7 %	8.5	\$690	\$81	\$8,414	8.2 %	55,255
Age							
5 and younger	22.3	0.9	56	65	3,498	1.6	9,445
6-14	22.8	2.0	161	82	4,258	3.8	12,138
15-20	28.2	2.4	164	69	7,053	2.3	6,485
21-44	40.0	8.0	844	105	8,737	9.7	15,414
45-64	64.5	26.1	1,974	76	17,046	11.6	9,965
65-74	63.1	25.7	1,359	53	17,697	7.7	981
75-84	50.9	18.9	873	46	16,178	5.4	546
85 and older	25.5	8.1	397	49	14,198	2.8	263
Unknown	0.0	0.0	0	0	0	0.0	18
Basis of Eligibility^c							
Aged	46.3	15.0	737	49	18,754	3.9	1,145
Disabled	63.8	22.4	1,876	84	17,534	10.7	17,895
Adults	26.0	1.5	119	77	2,492	4.8	11,733
Children	21.5	1.4	95	70	4,103	2.3	24,482
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	38.1	9.1	655	72	7,467	8.8	30,955
Male	34.8	7.7	735	95	9,625	7.6	24,287
Unknown	0.0	0.0	0	0	455	0.0	13
Race							
White	44.5	15.4	1,333	86	14,615	9.1	1,136
African American	37.0	8.5	693	82	8,413	8.2	47,499
Other/unknown	32.8	7.5	563	75	7,361	7.6	6,620
Use of Nursing Facilities^d							
Entire year	28.5	18.5	1,004	54	66,775	1.5	435
Part year	71.8	39.3	2,785	71	86,857	3.2	522
None	36.4	8.1	668	82	7,192	9.3	54,298
Maintenance Assistance Status							
Cash	43.7	12.2	1,002	82	8,978	11.2	29,839
Medically needy	27.7	5.6	462	82	10,033	4.6	10,808
Poverty related	18.1	1.7	133	77	2,205	6.0	9,300
Other/unknown	47.6	5.4	381	71	12,828	3.0	5,308

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

- a. Table ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, D.C., 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
All	1.3	\$109	8.2 %	63.3 %	20.5 %	4.8 %	7.1 %	3.6 %	0.7 %	\$1,327	55,255	350,306
Age												
5 and younger	0.2	14	1.6	77.7	19.2	2.0	1.0	0.1	0.0	848	9,445	38,975
6-14	0.4	30	3.8	77.2	18.2	2.2	2.0	0.4	0.0	785	12,138	65,855
15-20	0.4	27	2.3	71.8	23.0	2.7	1.9	0.6	0.0	1,165	6,485	39,276
21-44	1.3	135	9.7	60.0	23.0	6.0	7.3	3.1	0.5	1,397	15,414	96,394
45-64	2.8	213	11.6	35.5	19.7	9.6	20.1	12.3	2.8	1,837	9,965	92,447
65-74	2.6	136	7.7	36.9	18.8	8.2	22.3	12.4	1.4	1,768	981	9,818
75-84	2.0	92	5.4	49.1	15.4	9.7	15.9	9.2	0.7	1,699	546	5,198
85 and older	1.0	47	2.8	74.5	9.1	3.4	9.1	3.4	0.4	1,687	263	2,214
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	18	129
Basis of Eligibility^c												
Aged	1.6	80	3.9	53.7	17.2	8.2	13.8	5.9	1.2	2,026	1,145	10,597
Disabled	2.2	188	10.7	36.2	25.1	9.1	17.5	10.1	2.0	1,760	17,895	178,316
Adults	0.4	32	4.8	74.0	18.9	4.0	2.6	0.4	0.1	663	11,733	44,078
Children	0.3	20	2.3	78.5	18.0	1.9	1.3	0.2	0.0	856	24,482	117,315
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	109	8.8	61.9	21.0	5.0	7.4	4.0	0.8	1,239	30,955	186,526
Male	1.1	109	7.6	65.2	19.8	4.6	6.7	3.1	0.5	1,428	24,287	163,720
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	99	13	60
Race												
White	1.9	162	9.1	55.5	17.1	6.0	12.4	7.2	1.8	1,775	1,136	9,353
African American	1.3	109	8.2	63.0	20.8	4.8	7.0	3.6	0.7	1,328	47,499	300,915
Other/unknown	1.2	93	7.6	67.2	18.5	4.5	6.4	3.0	0.5	1,217	6,620	40,038
Use of Nursing Facilities^d												
Entire year	1.7	95	1.5	71.5	6.7	1.6	4.4	9.4	6.4	6,320	435	4,596
Part year	3.8	267	3.2	28.2	14.2	9.2	21.8	19.2	7.5	8,319	522	5,450
None	1.3	107	9.3	63.6	20.7	4.8	7.0	3.4	0.6	1,148	54,298	340,260
Maintenance Assistance Status												
Cash	1.7	143	11.2	56.3	21.6	6.0	9.8	5.3	1.1	1,278	29,839	209,668
Medically needy	1.1	89	4.6	72.3	15.3	4.0	5.4	2.7	0.5	1,934	10,808	56,078
Poverty related	0.5	38	6.0	81.9	13.6	1.8	1.9	0.7	0.1	635	9,300	32,314
Other/unknown	0.5	39	3.0	52.4	37.0	5.0	4.6	1.0	0.0	1,303	5,308	52,246

Table ND4

Nondual Beneficiaries

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

- a. Table ND.4 includes the beneficiaries represented by Cell K 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.

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.6

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

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos						
	Users			Users													
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
Anti-infective Agents	0.5	0.4	0.0	0.2	\$124	\$120	\$1	\$3	\$228	\$321	\$82	\$17	55,091	\$12,580,877	10,501	19.0 %	101,852
Biologics	0.3	0.3	0.0	0.0	271	255	16	0	914	937	982	33	220	201,154	98	0.2	741
Antineoplastic Agents	0.4	0.1	0.1	0.2	103	59	13	31	243	489	237	126	2,398	583,668	532	1.0	5,640
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	34	22	3	9	49	72	38	29	33,637	1,663,552	4,809	8.7	49,251
Cardiovascular Agents	1.4	0.5	0.1	0.8	54	32	5	17	39	66	42	22	97,534	3,826,549	6,651	12.0	70,920
Respiratory Agents	0.6	0.3	0.0	0.2	32	22	3	5	53	72	75	22	44,899	2,371,865	8,006	14.5	78,038
Gastrointestinal Agents	0.5	0.2	0.0	0.3	30	24	1	7	71	131	75	27	18,671	1,317,229	3,845	7.0	41,081
Genitourinary Agents	0.3	0.2	0.0	0.0	16	15	0	1	55	63	39	15	4,874	265,871	1,700	3.1	16,873
CNS Drugs	1.0	0.5	0.0	0.4	105	90	3	13	110	173	103	31	68,527	7,553,320	6,663	12.1	71,717
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	39	28	4	6	65	81	63	36	5,212	340,250	854	1.5	8,799
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	37	33	0	4	133	143	0	87	732	97,022	231	0.4	2,590
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	20	12	1	7	37	161	62	16	42,992	1,596,585	7,748	14.0	80,063
Neuromuscular Agents	0.7	0.3	0.1	0.4	45	35	3	7	60	110	42	19	37,335	2,245,495	4,591	8.3	50,150
Nutritional Products	0.4	0.0	0.0	0.4	5	0	1	4	12	17	16	12	14,605	176,259	3,353	6.1	34,164
Hematological Agents	0.5	0.2	0.0	0.3	78	73	1	4	151	451	21	13	10,490	1,585,763	1,905	3.4	20,363
Topical Products	0.4	0.2	0.0	0.2	18	11	3	5	47	68	57	26	27,743	1,306,906	7,302	13.2	72,247
Miscellaneous Products	0.3	0.2	0.0	0.1	90	77	4	9	259	327	296	90	1,093	282,908	323	0.6	3,149
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	48	0	0	0	2,941	140,224	1,016	1.8	11,524
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.	468,994	38,135,497	n.a.	n.a.	n.a.

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

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In D.C., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$10,573,499	4,408	47,214	0.5	\$433	\$224	
ANTPSYCHOTICS	5,567,689	4,255	47,678	0.6	201	117	
ANTICONVULSANT	2,028,840	3,811	42,277	0.6	75	48	
ANTIDEPRESSANTS	1,575,467	4,929	53,373	0.5	65	30	
ANTIDIABETIC	1,308,782	3,771	41,246	0.6	54	32	
ANTIASTHMATIC	1,225,254	5,859	59,775	0.4	57	20	
ANTIHYPERTENSIVE	1,157,871	5,314	58,086	0.5	37	20	
ANALGESICS - Narcotic	1,048,044	6,423	68,923	0.4	42	15	
ANTHYPERLIPIDEMIC	1,038,057	1,918	21,359	0.6	88	49	
CALCIUM BLOCKERS	947,289	2,584	28,348	0.6	55	33	
Total	26,470,792	43,272	468,279	n.a.	n.a.	n.a.	

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

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Mos among Users	Mean No. of Rx	Mean Rx \$
All	234,192	\$26,470,792	4,408	8.0 %	47,214	0.5	\$224	4,255	7.7 %	47,678	0.6	\$117					
Female	136,760	13,806,675	2,178	7.0	23,274	0.5	208	2,190	7.1	24,748	0.5	108					
Disabled	120,490	12,133,558	1,700	20.1	18,789	0.5	215	1,874	22.1	21,440	0.6	114					
5 and younger	201	15,860	1	0.4	5	0.6	488	0	0.0	0	0.0	0					
6-14	948	125,539	35	7.2	357	0.8	210	19	3.9	174	0.5	69					
15-20	853	83,797	4	1.3	21	0.2	68	36	11.7	360	0.6	88					
21-44	30,822	4,198,688	895	32.3	9,838	0.5	189	801	28.9	9,143	0.5	115					
45-64	80,099	7,223,995	748	17.6	8,364	0.5	249	967	22.8	11,151	0.6	116					
65-74	6,275	407,671	17	5.1	204	0.3	155	40	12.0	480	0.5	107					
75-84	1,198	72,655	0	0.0	0	0.0	0	10	13.2	120	0.5	95					
85 and older	94	5,353	0	0.0	0	0.0	0	1	5.3	12	1.1	10					
Other Eligibles	16,270	1,673,117	478	2.1	4,485	0.4	176	316	1.4	3,308	0.5	66					
5 and younger	455	35,032	19	0.4	163	0.5	85	0	0.0	0	0.0	0					
6-14	2,995	336,455	59	1.1	617	0.6	202	126	2.4	1,384	0.5	78					
15-20	2,312	245,620	54	1.7	517	0.3	114	102	3.2	1,157	0.4	61					
21-44	3,868	632,949	286	3.6	2,614	0.5	194	42	0.5	300	0.4	34					
45-64	1,676	158,595	54	5.2	502	0.4	167	14	1.4	114	0.6	72					
65-74	2,169	119,993	4	1.5	48	0.3	23	11	4.1	113	0.6	98					
75-84	2,343	125,337	2	0.7	24	0.1	10	15	5.1	176	0.4	53					
85 and older	452	19,136	0	0.0	0	0.0	0	6	3.4	64	0.3	38					
Male	97,432	12,664,117	2,230	9.2	23,940	0.5	240	2,065	8.5	22,930	0.6	126					
Disabled	85,802	11,636,647	2,047	21.7	22,495	0.6	243	1,689	17.9	19,021	0.6	136					
5 and younger	478	45,667	6	1.8	72	0.7	159	4	1.2	46	0.7	83					
6-14	2,309	293,425	38	4.0	456	0.8	269	104	10.8	1,027	0.6	85					
15-20	1,279	155,607	12	2.6	128	0.7	315	54	11.6	557	0.6	110					
21-44	27,047	4,318,503	988	31.0	10,759	0.5	201	712	22.4	8,089	0.6	136					
45-64	51,971	6,593,485	991	23.3	10,936	0.6	281	796	18.7	9,088	0.6	142					
65-74	2,501	218,608	12	6.3	144	1.1	514	18	9.4	202	0.8	167					
75-84	157	8,659	0	0.0	0	0.0	0	1	5.0	12	0.5	4					
85 and older	60	2,693	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	11,630	1,027,470	183	1.2	1,445	0.5	180	376	2.5	3,909	0.5	81					
5 and younger	772	57,557	13	0.3	108	0.7	113	0	0.0	0	0.0	0					
6-14	4,963	477,779	56	1.0	597	0.7	203	237	4.4	2,470	0.5	79					
15-20	2,350	206,608	20	0.8	195	0.3	94	113	4.5	1,180	0.6	88					
21-44	397	79,704	61	3.8	312	0.5	214	8	0.5	65	0.2	40					
45-64	637	59,438	27	6.2	161	0.4	217	4	0.9	43	0.6	79					
65-74	1,367	80,103	4	2.1	48	0.4	135	9	4.7	91	0.6	68					
75-84	927	50,810	2	1.3	24	0.1	2	4	2.5	48	0.3	93					
85 and older	217	15,471	0	0.0	0	0.0	0	1	1.7	12	0.5	152					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIDIABETIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx	Mean No. of Rx
All	3,811	6.9 %	42,277	\$48	0.6	4,929	8.9 %	53,373	\$30	0.5	3,771	6.8 %	41,246	\$32	0.6
Female	2,073	6.7	23,035	45	0.6	3,161	10.2	34,214	28	0.4	2,486	8.0	27,145	32	0.6
Disabled	1,808	21.3	20,447	46	0.6	2,534	29.9	28,370	29	0.4	2,134	25.2	24,225	33	0.6
5 and younger	5	2.1	38	58	0.4	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	29	6.0	291	63	0.7	18	3.7	193	33	0.5	1	0.2	1	46	1.0
15-20	31	10.0	331	77	0.8	27	8.7	275	25	0.4	0	0.0	0	0	0.0
21-44	697	25.2	7,959	50	0.6	894	32.3	9,918	30	0.4	324	11.7	3,695	28	0.5
45-64	996	23.4	11,238	42	0.6	1,514	35.6	17,035	29	0.4	1,631	38.4	18,436	34	0.6
65-74	45	13.5	534	37	0.6	72	21.6	845	23	0.4	157	47.1	1,841	31	0.6
75-84	5	6.6	56	55	0.8	9	11.8	104	18	0.4	21	27.6	252	33	0.5
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	265	1.2	2,588	39	0.5	627	2.8	5,844	25	0.4	352	1.6	2,920	25	0.5
5 and younger	3	0.1	9	13	0.6	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	68	1.3	705	30	0.4	153	2.9	1,647	32	0.5	3	0.1	24	9	0.2
15-20	70	2.2	803	60	0.5	154	4.8	1,689	26	0.4	20	0.6	184	37	0.6
21-44	61	0.8	470	32	0.4	202	2.6	1,378	20	0.3	106	1.3	620	21	0.4
45-64	25	2.4	187	27	0.4	54	5.2	430	20	0.3	81	7.9	507	26	0.5
65-74	17	6.4	186	37	0.7	24	9.0	265	24	0.4	67	25.2	728	24	0.5
75-84	17	5.8	186	14	0.3	28	9.6	310	20	0.4	65	22.3	745	29	0.7
85 and older	4	2.2	42	17	0.6	12	6.7	125	22	0.4	10	5.6	112	12	0.5
Male	1,738	7.2	19,242	52	0.7	1,768	7.3	19,159	32	0.5	1,285	5.3	14,101	32	0.6
Disabled	1,521	16.1	17,056	53	0.7	1,363	14.5	15,023	33	0.5	1,135	12.1	12,769	32	0.6
5 and younger	15	4.5	129	60	0.6	1	0.3	12	91	1.1	0	0.0	0	0	0.0
6-14	66	6.9	645	41	0.6	74	7.7	742	38	0.4	2	0.2	24	34	0.5
15-20	42	9.0	440	59	0.8	39	8.4	422	34	0.5	1	0.2	12	4	0.1
21-44	603	18.9	6,893	64	0.8	511	16.1	5,644	35	0.5	237	7.4	2,649	28	0.6
45-64	761	17.9	8,570	46	0.7	709	16.7	7,879	31	0.5	848	19.9	9,555	33	0.6
65-74	31	16.2	343	51	0.8	27	14.1	311	26	0.5	41	21.5	457	36	0.7
75-84	2	10.0	24	11	0.1	1	5.0	12	70	1.0	4	20.0	48	52	0.8
85 and older	1	12.5	12	1	0.1	1	12.5	1	28	1.0	2	25.0	24	33	0.6
Other Eligibles	217	1.5	2,186	38	0.6	405	2.7	4,136	29	0.5	150	1.0	1,332	29	0.6
5 and younger	8	0.2	64	26	0.3	4	0.1	27	12	0.2	0	0.0	0	0	0.0
6-14	115	2.1	1,209	35	0.5	217	4.0	2,299	31	0.5	5	0.1	17	39	0.7
15-20	61	2.4	606	50	0.7	137	5.4	1,374	27	0.6	12	0.5	133	35	0.5
21-44	8	0.5	56	24	0.4	12	0.8	87	19	0.3	24	1.5	121	18	0.4
45-64	4	0.9	47	24	1.2	8	1.8	69	13	0.3	34	7.9	260	25	0.6
65-74	10	5.2	94	34	0.8	16	8.4	163	26	0.5	37	19.4	386	36	0.6
75-84	9	5.7	86	29	0.7	9	5.7	93	13	0.2	35	22.2	379	24	0.5
85 and older	2	3.4	24	22	0.5	2	3.4	24	49	0.9	3	5.2	36	40	0.5
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table ND7B
 Nondual Beneficiaries

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

- a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				ANALGESICS - Narcotic						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	5,859	10.6 %	59,775	0.4	\$21	5,314	9.6 %	58,086	0.5	\$20	6,423	11.6 %	68,923	0.4	\$15
Female	3,787	12.2	39,471	0.4	21	3,238	10.5	35,398	0.5	21	4,208	13.6	44,909	0.4	14
Disabled	2,767	32.6	31,335	0.4	23	2,777	32.8	31,490	0.5	21	3,408	40.2	38,609	0.4	15
5 and younger	51	21.5	446	0.4	24	1	0.4	4	1.5	23	4	1.7	29	0.3	3
6-14	84	17.2	847	0.3	15	5	1.0	44	0.4	6	15	3.1	165	0.2	3
15-20	50	16.2	555	0.3	29	9	2.9	101	0.4	11	25	8.1	286	0.1	1
21-44	728	26.3	8,260	0.3	19	417	15.1	4,730	0.5	17	980	35.4	11,041	0.3	15
45-64	1,710	40.2	19,520	0.4	25	2,076	48.9	23,475	0.6	21	2,250	53.0	25,502	0.4	16
65-74	112	33.6	1,331	0.4	18	217	65.2	2,528	0.6	25	114	34.2	1,352	0.3	9
75-84	29	38.2	340	0.4	16	49	64.5	572	0.6	22	20	26.3	234	0.3	4
85 and older	3	15.8	36	0.6	40	3	15.8	36	0.8	20	0	0.0	0	0.0	0
Other Eligibles	1,020	4.5	8,136	0.3	14	461	2.1	3,908	0.6	20	800	3.6	6,300	0.2	4
5 and younger	191	4.4	1,426	0.3	15	0	0.0	0	0.0	0	3	0.1	32	0.1	1
6-14	255	4.8	1,931	0.3	15	39	0.7	424	0.6	5	16	0.3	117	0.1	2
15-20	167	5.2	1,619	0.2	9	4	0.1	35	0.3	15	87	2.7	827	0.1	1
21-44	238	3.0	1,613	0.3	13	114	1.4	687	0.4	12	488	6.2	3,445	0.2	5
45-64	83	8.1	545	0.3	16	104	10.1	548	0.5	17	102	9.9	707	0.4	5
65-74	45	16.9	533	0.4	24	90	33.8	1,006	0.5	22	43	16.2	490	0.2	3
75-84	36	12.3	422	0.3	16	87	29.8	957	0.7	30	49	16.8	562	0.2	7
85 and older	5	2.8	47	0.7	21	23	12.9	251	0.6	21	12	6.7	120	0.2	4
Male	2,072	8.5	20,304	0.4	20	2,076	8.6	22,688	0.5	19	2,215	9.1	24,014	0.4	18
Disabled	1,249	13.3	13,723	0.4	22	1,796	19.1	19,914	0.5	20	2,015	21.4	22,239	0.4	19
5 and younger	83	24.6	761	0.3	27	7	2.1	68	0.5	19	4	1.2	27	0.3	3
6-14	160	16.6	1,720	0.3	15	36	3.7	341	0.5	6	22	2.3	251	0.1	1
15-20	52	11.2	615	0.3	15	9	1.9	101	0.5	13	22	4.7	222	0.2	8
21-44	248	7.8	2,718	0.4	20	341	10.7	3,780	0.5	18	703	22.1	7,707	0.3	16
45-64	641	15.1	7,142	0.4	24	1,333	31.3	14,822	0.5	20	1,211	28.5	13,434	0.4	23
65-74	57	29.8	671	0.5	23	62	32.5	706	0.7	24	45	23.6	513	0.2	5
75-84	8	40.0	96	0.4	30	4	20.0	48	0.6	25	4	20.0	48	0.1	1
85 and older	0	0.0	0	0.0	0	4	50.0	48	0.2	7	4	50.0	37	0.3	2
Other Eligibles	823	5.5	6,581	0.3	16	280	1.9	2,774	0.6	16	200	1.3	1,775	0.2	4
5 and younger	306	6.7	2,172	0.3	20	10	0.2	118	0.2	1	11	0.2	87	0.2	2
6-14	356	6.6	2,920	0.3	14	85	1.6	918	0.6	6	30	0.6	245	0.1	1
15-20	104	4.1	967	0.2	10	16	0.6	150	0.6	9	46	1.8	455	0.1	1
21-44	12	0.8	60	0.3	18	21	1.3	96	0.4	13	40	2.5	247	0.2	8
45-64	9	2.1	70	0.2	16	40	9.2	290	0.5	18	23	5.3	180	0.3	2
65-74	18	9.4	185	0.3	18	52	27.2	574	0.7	28	30	15.7	329	0.2	6
75-84	15	9.5	176	0.5	41	45	28.5	503	0.5	20	19	12.0	221	0.2	4
85 and older	3	5.2	31	0.2	11	11	19.0	125	0.7	35	1	1.7	11	0.3	115
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual Beneficiaries

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

- a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	ANTIHYPERTENSIVE				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	Users as % of All Benes	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Bene Mos	
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$												No. of Bene Mos
All	1,918	3.5 %	21,359	0.6	\$49	2,584	4.7 %	28,348	0.6	\$33		2,584	28,348	0.6		28,348	\$33	0.6	55,255	350,306
Female																				
Disabled																				
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0	0	0	0	0	0.0	0	0	0	0	0	0
15-20	2	0.6	24	0.4	23	2	0.6	24	0.4	18	309	2	24	0.4	309	2	18	487	487	4,221
21-44	98	3.5	1,113	0.5	40	186	6.7	2,087	0.5	28	2,767	186	2,087	0.5	2,767	186	28	2,767	28,849	
45-64	798	18.8	9,052	0.6	52	1,068	25.1	12,175	0.6	34	4,249	1,068	12,175	0.6	4,249	1,068	34	4,249	44,349	
65-74	112	33.6	1,310	0.6	48	119	35.7	1,416	0.7	46	333	119	1,416	0.7	333	119	46	333	3,594	
75-84	17	22.4	200	0.6	65	31	40.8	366	0.8	44	76	31	366	0.8	76	31	44	76	807	
85 and older	3	15.8	36	0.8	72	1	5.3	12	0.5	40	19	1	12	0.5	19	1	40	19	153	
Other Eligibles																				
5 and younger	158	0.7	1,464	0.6	48	260	1.2	2,070	0.5	28	22,467	260	2,070	0.5	22,467	260	28	22,467	99,846	
6-14	0	0.0	0	0.0	0	1	0.0	2	0.5	22	4,314	1	2	0.5	22	1	22	4,314	16,890	
15-20	0	0.0	0	0.0	0	2	0.0	17	0.1	4	5,316	2	17	0.1	4	2	4	5,316	26,006	
21-44	23	0.3	141	0.5	41	79	1.0	506	0.4	20	7,877	79	506	0.4	7,877	79	20	7,877	29,340	
45-64	34	3.3	199	0.5	48	63	6.1	324	0.6	28	1,031	63	324	0.6	1,031	63	28	1,031	4,076	
65-74	42	15.8	465	0.6	50	49	18.4	518	0.6	33	266	49	518	0.6	266	49	33	266	2,558	
75-84	50	17.1	570	0.6	51	50	17.1	556	0.6	31	292	50	556	0.6	292	50	31	292	2,871	
85 and older	7	3.9	67	0.5	36	12	6.7	123	0.5	21	178	12	123	0.5	178	12	21	178	1,500	
Male																				
Disabled																				
5 and younger	658	7.0	7,465	0.6	47	837	8.9	9,418	0.6	33	24,280	837	9,418	0.6	9,418	837	33	24,280	163,672	
6-14	0	0.0	0	0.0	0	1	0.3	11	0.6	9	337	1	11	0.6	9	1	9	337	2,506	
15-20	1	0.1	7	0.1	9	3	0.3	32	0.2	10	962	3	32	0.2	10	3	10	962	8,340	
21-44	127	4.0	1,455	0.5	41	147	4.6	1,651	0.5	31	3,183	147	1,651	0.5	3,183	147	31	3,183	4,475	
45-64	503	11.8	5,703	0.6	48	635	14.9	7,139	0.6	33	4,252	635	7,139	0.6	4,252	635	33	4,252	31,995	
65-74	24	12.6	264	0.7	56	46	24.1	525	0.7	36	191	46	525	0.7	191	46	36	191	42,288	
75-84	2	10.0	24	0.3	31	1	5.0	12	1.0	20	182	1	12	1.0	20	1	20	182	1,869	
85 and older	0	0.0	0	0.0	0	3	37.5	36	0.7	40	8	3	36	0.7	40	3	40	8	62	
Other Eligibles																				
5 and younger	72	0.5	695	0.5	42	78	0.5	763	0.7	34	14,862	78	763	0.7	14,862	78	34	14,862	71,955	
6-14	0	0.0	0	0.0	0	1	0.0	4	0.3	11	4,544	1	4	0.3	11	1	11	4,544	17,841	
15-20	3	0.1	27	0.5	49	1	0.0	12	0.1	5	5,373	1	12	0.1	5	1	5	5,373	27,288	
21-44	5	0.2	40	0.6	44	1	0.0	6	0.2	13	2,518	1	6	0.2	13	1	13	2,518	15,248	
45-64	6	0.4	23	0.3	25	8	0.5	33	0.4	16	1,587	8	33	0.4	16	8	16	1,587	6,210	
65-74	9	2.1	49	0.5	54	16	3.7	129	0.6	25	433	16	129	0.6	433	16	25	433	1,734	
75-84	24	12.6	268	0.5	41	27	14.1	307	0.8	47	191	27	307	0.8	191	27	47	191	1,797	
85 and older	20	12.7	234	0.4	41	19	12.0	213	0.6	28	158	19	213	0.6	158	19	28	158	1,338	
Unknown																				
5 and younger	5	8.6	54	0.5	48	5	8.6	59	0.6	35	58	5	59	0.6	58	5	35	58	499	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	189
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0	0	0	0	0

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$95	1.7	435	4,596
Age				
0-64	144	2.4	244	2,551
65-74	46	1.3	78	834
75-84	31	0.7	63	698
85 and older	21	0.6	50	513
Unknown	0	0.0	0	0
Gender				
Female	79	1.7	213	2,329
Male	111	1.8	222	2,267
Unknown	0	0.0	0	0
Race				
White	102	1.8	32	361
African American	94	1.7	361	3,761
Other/unknown	97	2	42	474
Basis of Eligibility^c				
Aged	33	0.9	182	1,918
Disabled	140	2.4	239	2,530
Adults	142	2.3	13	139
Children	0	0.0	1	9
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, D.C., 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	
Anti-infective Agents	0.8	0.6	0.0	0.2	0.2	\$3	\$166	\$205	\$67	\$18	564	\$93,495	68	15.6 %	678
Biologics	0.1	0.1	0.0	0.0	0.0	0	23	23	0	0	5	115	5	1.1	60
Antineoplastic Agents	0.8	0.0	0.1	0.7	106	0	125	0	148	122	104	13,044	15	3.4	123
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	30	17	26	41	15	20	432	11,368	36	8.3	379
Cardiovascular Agents	1.7	0.4	0.2	1.1	54	24	31	56	32	21	1,250	38,599	70	16.1	717
Respiratory Agents	0.7	0.3	0.0	0.3	26	19	39	66	47	14	276	10,749	39	9.0	416
Gastrointestinal Agents	1.1	0.4	0.0	0.7	49	31	45	81	105	20	812	36,356	75	17.2	745
Genitourinary Agents	0.7	0.5	0.0	0.1	32	31	48	56	0	8	77	3,693	11	2.5	117
CNS Drugs	1.4	0.7	0.1	0.6	96	80	68	111	82	17	1,156	79,129	81	18.6	828
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.1	30	28	89	113	0	15	8	708	2	0.5	24
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	98	98	110	110	0	0	50	5,509	6	1.4	56
Analgesics and Anesthetics	1.6	0.3	0.1	1.1	56	44	36	137	29	8	674	24,113	41	9.4	428
Neuromuscular Agents	1.8	0.7	0.4	0.8	77	48	41	68	34	21	1,251	51,899	65	14.9	678
Nutritional Products	0.9	0.0	0.0	0.9	18	0	19	0	11	20	376	7,214	40	9.2	401
Hematological Agents	1.4	0.4	0.4	0.5	110	97	80	220	16	12	527	42,378	41	9.4	385
Topical Products	0.6	0.3	0.1	0.2	25	18	43	58	49	16	360	15,327	62	14.3	607
Miscellaneous Products	0.2	0.1	0.0	0.1	3	1	21	28	0	18	19	401	11	2.5	117
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	14	0	28	0	0	0	92	2,549	22	5.1	187
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.	8,033	436,646	n.a.	n.a.	n.a.

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

- a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In D.C., 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIVIRAL	\$69,883	36	8.3 %	336	0.8	\$256	\$208
ANTIPSYCHOTICS	48,794	53	12.2	554	0.6	147	88
ANTICONVULSANT	41,179	65	14.9	641	1.3	48	64
ANTIDEPRESSANTS	25,421	60	13.8	591	0.8	52	43
ULCER DRUGS	24,849	62	14.3	614	0.7	56	40
ANALGESICS - Narcotic	22,966	46	10.6	478	1.2	42	48
ANTICOAGULANTS	17,957	29	6.7	283	0.9	71	63
HEMATOPOIETIC AGENTS	16,306	24	5.5	247	0.7	92	66
CALCIUM BLOCKERS	13,093	23	5.3	227	1.0	58	58
ANTINEOPLASTICS	13,044	15	3.4	123	0.8	125	106
Total	293,492	413		4,094	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.10A

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

Beneficiary Characteristics	All Top 10 Drug Groups											
	ANTIVIRAL					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,715	\$293,492	36	8.3 %	336	0.8	\$208	53	12.2 %	554	0.6	\$88
Female	1,753	119,683	8	3.8	96	0.4	134	21	9.9	233	0.5	61
Disabled	1,214	86,181	5	5.6	60	0.6	210	10	11.2	109	0.7	87
64 or younger	1,103	77,159	5	6.2	60	0.6	210	5	6.2	49	0.9	111
65-74	111	9,022	0	0.0	0	0.0	0	5	62.5	60	0.5	69
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	539	33,502	3	2.4	36	0.2	9	11	8.9	124	0.4	37
64 or younger	213	19,765	0	0.0	0	0.0	0	2	20.0	24	1.2	128
65-74	95	3,958	3	8.8	36	0.2	9	3	8.8	36	0.3	19
75-84	124	5,477	0	0.0	0	0.0	0	4	8.9	48	0.1	8
85 and older	107	4,302	0	0.0	0	0.0	0	2	5.7	16	0.4	33
Male	1,962	173,809	28	12.6	240	1.0	238	32	14.4	321	0.7	108
Disabled	1,663	158,992	26	17.3	216	1.1	264	26	17.3	249	0.7	111
64 or younger	1,650	158,781	26	17.9	216	1.1	264	26	17.9	249	0.7	111
65-74	13	211	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	299	14,817	2	2.8	24	0.1	2	6	8.3	72	0.6	96
64 or younger	43	716	0	0.0	0	0.0	0	1	12.5	12	0.5	27
65-74	193	6,531	0	0.0	0	0.0	0	3	9.7	36	0.7	61
75-84	42	5,915	2	11.1	24	0.1	2	2	11.1	24	0.4	183
85 and older	21	1,655	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	65	14.9 %	1.3	\$64	0.8	60	13.8 %	0.8	\$43	0.8	62	14.3 %	0.7	\$41	
Female	26	12.2	1.3	67	0.8	34	16.0	0.8	43	0.8	29	13.6	0.8	49	
Disabled	15	16.9	1.4	81	0.9	21	23.6	0.9	42	1.0	13	14.6	1.0	77	
64 or younger	14	17.3	1.5	88	0.9	20	24.7	0.9	41	1.0	11	13.6	1.0	73	
65-74	1	12.5	0.1	3	0.8	1	12.5	0.8	51	1.0	2	25.0	1.0	98	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
Other Eligibles	11	8.9	1.1	50	0.7	13	10.5	0.7	44	0.6	16	12.9	0.6	24	
64 or younger	5	50.0	1.1	79	1.2	3	30.0	1.2	109	1.1	1	10.0	1.1	45	
65-74	2	5.9	1.7	56	0.4	5	14.7	0.4	26	0.3	3	8.8	0.3	8	
75-84	3	6.7	0.6	6	0.1	1	2.2	0.1	7	0.9	5	11.1	0.9	40	
85 and older	1	2.9	1.5	32	0.8	4	11.4	0.8	26	0.5	7	20.0	0.5	15	
Male	39	17.6	1.4	62	0.8	26	11.7	0.8	44	0.6	33	14.9	0.6	32	
Disabled	32	21.3	1.4	69	0.8	22	14.7	0.8	44	0.6	31	20.7	0.6	34	
64 or younger	32	22.1	1.4	69	0.8	21	14.5	0.8	46	0.6	31	21.4	0.6	34	
65-74	0	0.0	0.0	0	0.1	1	20.0	0.1	7	0.0	0	0.0	0.0	0	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
Other Eligibles	7	9.7	1.4	36	1.1	4	5.6	1.1	42	0.5	2	2.8	0.5	6	
64 or younger	1	12.5	2.3	23	0.0	0	0.0	0.0	0	0.8	1	12.5	0.8	13	
65-74	4	12.9	1.1	28	1.1	2	6.5	1.1	31	0.4	1	3.2	0.4	3	
75-84	2	11.1	1.6	72	1.0	1	5.6	1.0	80	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	1.1	1	6.7	1.1	50	0.0	0	0.0	0.0	0	
Unknown	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTICOAGULANTS						HEMATOPOIETIC AGENTS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$	No. of Users	No. of Bene Users	Mean Rx \$
All	46	10.6 %	\$48	29	6.7 %	\$64	24	5.5 %	\$64	24	5.5 %	\$64	24	5.5 %	\$64	24	5.5 %	\$66
Female	20	9.4	88	19	8.9	44	12	5.6	44	12	5.6	44	12	5.6	44	12	5.6	73
Disabled	13	14.6	79	7	7.9	58	8	9.0	58	8	9.0	58	8	9.0	58	8	9.0	103
64 or younger	13	16.0	79	6	7.4	58	8	9.9	58	8	9.9	58	8	9.9	58	8	9.9	103
65-74	0	0.0	0	1	12.5	55	0	0.0	55	0	0.0	55	0	0.0	55	0	0.0	0
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	7	5.6	111	12	9.7	34	4	3.2	34	4	3.2	34	4	3.2	34	4	3.2	3
64 or younger	2	20.0	377	5	50.0	33	3	30.0	33	3	30.0	33	3	30.0	33	3	30.0	4
65-74	0	0.0	0	1	2.9	3	1	2.9	3	1	2.9	3	1	2.9	3	1	2.9	0
75-84	1	2.2	1	2	4.4	38	0	0.0	38	0	0.0	38	0	0.0	38	0	0.0	0
85 and older	4	11.4	2	4	11.4	45	0	0.0	45	0	0.0	45	0	0.0	45	0	0.0	0
Male	26	11.7	19	10	4.5	105	12	5.4	105	12	5.4	105	12	5.4	105	12	5.4	57
Disabled	24	16.0	21	7	4.7	170	10	6.7	170	10	6.7	170	10	6.7	170	10	6.7	73
64 or younger	24	16.6	21	7	4.8	170	9	6.2	170	9	6.2	170	9	6.2	170	9	6.2	83
65-74	0	0.0	0	0	0.0	0	1	20.0	0	1	20.0	0	1	20.0	0	1	20.0	11
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	2	2.8	3	3	4.2	7	2	2.8	7	2	2.8	7	2	2.8	7	2	2.8	3
64 or younger	1	12.5	1	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	1	3.2	5	3	9.7	7	2	6.5	7	2	6.5	7	2	6.5	7	2	6.5	3
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Unknown	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTINEOPLASTICS					Mean Rx \$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents
	Users as %		No. of Bene Mos among Users		Mean No. of Rx	Users as %		No. of Bene Mos among Users		Mean No. of Rx				
	No. of Users	Residents	No. of Users	Residents		No. of Users	Residents	No. of Users	Residents					
All	23	5.3 %	227	1.0	\$58	15	3.4 %	123	0.8	\$106	435	4,596		
Female	10	4.7	98	0.8	53	5	2.3	40	0.7	86	213	2,329		
Disabled	8	9.0	92	0.8	55	3	3.4	26	0.4	47	89	976		
64 or younger	6	7.4	68	0.9	56	3	3.7	26	0.4	47	81	880		
65-74	2	25.0	24	0.5	52	0	0.0	0	0.0	0	8	96		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
Other Eligibles	2	1.6	6	0.8	22	2	1.6	14	1.1	158	124	1,353		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	103		
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	34	358		
75-84	1	2.2	2	1.0	24	2	4.4	14	1.1	158	45	518		
85 and older	1	2.9	4	0.8	21	0	0.0	0	0.0	0	35	374		
Male	13	5.9	129	1.1	61	10	4.5	83	0.9	116	222	2,267		
Disabled	9	6.0	94	1.1	64	9	6.0	71	1.0	121	150	1,554		
64 or younger	9	6.2	94	1.1	64	9	6.2	71	1.0	121	145	1,494		
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
Other Eligibles	4	5.6	35	1.2	54	1	1.4	12	0.7	88	72	713		
64 or younger	1	12.5	4	1.0	12	0	0.0	0	0.0	0	8	74		
65-74	3	9.7	31	1.2	59	0	0.0	0	0.0	0	31	320		
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	180		
85 and older	0	0.0	0	0.0	0	1	6.7	12	0.7	88	15	139		
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 522 beneficiaries who were in nursing facilities for part of their enrollment and their 5,450 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 D.C., 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
All	7,797	14.1 %	0.8	43,488	\$13	\$722,609	\$17	1.9 %	55,255
Age									
5 and younger	681	7.2	0.1	1,106	2	22,245	20	4.2	9,445
6-14	468	3.9	0.1	963	2	23,211	24	1.2	12,138
15-20	393	6.1	0.1	897	5	31,441	35	2.9	6,485
21-44	2,184	14.2	0.7	10,616	13	207,919	20	1.6	15,414
45-64	3,546	35.6	2.6	25,930	39	389,346	15	2.0	9,965
65-74	348	35.5	2.7	2,663	32	31,027	12	2.3	981
75-84	146	26.7	2.0	1,110	27	14,606	13	3.1	546
85 and older	31	11.8	0.8	203	11	2,814	14	2.7	263
Unknown	0	0.0	0.0	0	0	0	0	0.0	18
Basis of Eligibility^c									
Aged	250	21.8	1.4	1,565	17	19,357	12	2.3	1,145
Disabled	5,702	31.9	2.1	38,414	34	615,983	16	1.8	17,895
Adults	639	5.4	0.1	1,364	2	27,297	20	2.0	11,733
Children	1,206	4.9	0.1	2,145	2	59,972	28	2.6	24,482
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	4,797	15.5	0.9	27,156	15	454,821	17	2.2	30,955
Male	3,000	12.4	0.7	16,332	11	267,788	16	1.5	24,287
Unknown	0	0.0	0.0	0	0	0	0	0.0	13
Race									
White	234	20.6	1.7	1,896	34	38,596	20	2.5	1,136
African American	6,661	14.0	0.8	36,456	13	596,443	16	1.8	47,499
Other/unknown	902	13.6	0.8	5,136	13	87,570	17	2.3	6,620
Use of Nursing Facilities^d									
Entire year	59	13.6	1.7	747	25	10,890	15	2.5	435
Part year	243	46.6	3.5	1,828	55	28,969	16	2.0	522
None	7,495	13.8	0.8	40,913	13	682,750	17	1.9	54,298
Maintenance Assistance Status									
Cash	5,634	18.9	1.2	35,039	19	553,843	16	1.9	29,839
Medically needy	1,089	10.1	0.5	5,396	9	97,748	18	2.0	10,808
Poverty related	453	4.9	0.2	1,424	3	25,407	18	2.1	9,300
Other/unknown	621	11.7	0.3	1,629	9	45,611	28	2.3	5,308

Nondual Beneficiaries

Table ND11

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

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 D.C., 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$2	\$17	\$0	\$0	350,306
Age						
5 and younger	0.0	1	20	0	0	38,975
6-14	0.0	0	24	0	0	65,855
15-20	0.0	1	35	0	0	39,276
21-44	0.1	2	20	0	1	96,394
45-64	0.3	4	15	0	1	92,447
65-74	0.3	3	12	0	1	9,818
75-84	0.2	3	13	0	0	5,198
85 and older	0.1	1	14	0	0	2,214
Unknown	0.0	0	0	0	0	129
Basis of Eligibility^c						
Aged	0.1	2	12	0	0	10,597
Disabled	0.2	3	16	0	1	178,316
Adults	0.0	1	20	0	0	44,078
Children	0.0	1	28	0	0	117,315
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	17	0	1	186,526
Male	0.1	2	16	0	0	163,720
Unknown	0.0	0	0	0	0	60
Race						
White	0.2	4	20	0	2	9,353
African American	0.1	2	16	0	0	300,915
Other/unknown	0.1	2	17	0	1	40,038
Use of Nursing Facilities^d						
Entire year	0.2	2	15	0	0	4,596
Part year	0.3	5	16	0	1	5,450
None	0.1	2	17	0	0	340,260
Maintenance Assistance Status						
Cash	0.2	3	16	0	1	209,668
Medically needy	0.1	2	18	0	0	56,078
Poverty related	0.0	1	18	0	0	32,314
Other/unknown	0.0	1	28	0	0	52,246

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

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 D.C., 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	10,719	\$67	\$722,609	100.0 %	43,488	\$17	100.0 %
Anorexia or weight loss/gain	14	110	1,541	0.2	29	53	0.1
Fertility drugs	1	57	57	0.0	1	57	0.0
Drugs for cosmetic purposes	9	36	322	0.0	16	20	0.0
Cough and cold medications	3,133	95	299,039	41.4	7,160	42	16.5
Vitamins and minerals	2,607	61	157,728	21.8	12,688	12	29.2
Non-prescription drugs	2,597	16	40,340	5.6	9,224	4	21.2
Barbiturates	281	58	16,389	2.3	2,694	6	6.2
Benzodiazepines	1,854	93	172,086	23.8	10,992	16	25.3
Other Part D Excl Rx Drugs	223	157	35,107	4.9	684	51	1.6

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

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, D.C., 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	132,331	1,145	20,110	33,854	77,222	1,359,977	10,606	212,878	339,990	796,503	0
Age											
5 and younger	28,364	0	760	19	27,585	0	0	8,022	121	269,869	0
6-14	39,330	0	2,663	24	36,643	0	0	30,794	169	392,700	0
15-20	16,117	0	1,492	1,961	12,664	0	0	17,061	19,360	131,986	0
21-44	33,856	3	6,044	27,499	310	0	0	63,010	276,702	1,811	0
45-64	12,846	11	8,504	4,331	0	0	0	87,321	43,466	0	0
65-74	989	446	524	19	0	0	0	5,466	166	0	0
75-84	546	450	96	0	0	0	0	989	0	0	0
85 and older	263	235	27	1	0	0	0	215	6	0	0
Unknown	20	0	0	0	20	0	0	0	0	137	0
Gender											
Female	78,410	735	9,235	29,739	38,701	0	0	99,382	303,622	400,570	0
Male	53,907	410	10,875	4,115	38,507	0	0	113,496	36,368	395,847	0
Unknown	14	0	0	0	14	0	0	0	0	86	0
Race											
White	1,436	79	750	282	325	0	0	7,404	2,463	2,860	0
African American	117,371	766	17,277	31,133	68,195	0	0	182,708	313,695	708,603	0
Other/unknown	13,524	300	2,083	2,439	8,702	0	0	22,766	23,832	85,040	0
Use of Nursing Facilities^c											
Entire year	435	182	239	13	1	0	0	2,530	139	9	0
Part year	522	93	419	10	0	0	0	4,487	103	0	0
None	131,374	870	19,452	33,831	77,221	0	0	205,861	339,748	796,494	0
Maintenance Assistance Status											
Cash	77,074	439	16,404	24,341	35,890	0	0	182,415	249,571	388,648	0
Medically needy	25,182	348	3,237	8,364	13,233	0	0	26,461	80,573	122,338	0
Poverty related	23,861	160	457	650	22,594	0	0	3,894	4,991	226,165	0
Other/unknown	6,214	198	12	499	5,505	0	0	108	4,855	59,352	0
Managed Care Status											
FFS all year	28,742	1,142	16,573	2,843	8,184	0	0	171,398	14,736	63,967	0
FFS part year, with Rx claims	5,679	3	592	2,361	2,723	0	0	6,902	22,848	27,215	0
FFS part year, no Rx claims	20,834	0	730	6,529	13,575	0	0	8,266	60,653	128,956	0
MC all year, with Rx claims	217	0	23	45	149	0	0	270	516	1,486	0
MC all year, no Rx claims	76,859	0	2,192	22,076	52,591	0	0	26,042	241,237	574,879	0

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

a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, D.C., 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	132,331	1,359,977	55,255	350,306	0	1,009,671
FFS all year	28,742	260,676	28,742	260,676	0	0
FFS part year, with Rx claims	5,679	56,996	5,679	25,076	0	31,920
FFS part year, with no Rx claims	20,834	197,875	20,834	64,554	0	133,321
MC all year, with Rx claims	217	2,272	0	0	0	2,272
MC all year, with no Rx claims	76,859	842,158	0	0	0	842,158

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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