

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 COLORADO

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. ANNUAL 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. AVERAGE 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. ANNUAL 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. AVERAGE 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. ANNUAL 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. AVERAGE 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 TABLES

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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					Other/ Unknown	
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children		
All	53,422	33,336	19,713	368	5	0	550,652	337,079	210,689	2,831	53	0
Age												
5 and younger	5	0	4	0	1	0	59	0	47	0	12	0
6-14	11	0	11	0	0	0	123	0	123	0	0	0
15-20	89	0	83	3	3	0	862	0	803	30	29	0
21-44	8,330	0	8,055	274	1	0	88,195	0	86,081	2,102	12	0
45-64	10,963	1	10,879	83	0	0	117,397	12	116,722	663	0	0
65-74	11,940	11,283	649	8	0	0	124,361	117,764	6,561	36	0	0
75-84	12,411	12,384	27	0	0	0	127,298	126,998	300	0	0	0
85 and older	9,672	9,667	5	0	0	0	92,352	92,300	52	0	0	0
Unknown	1	1	0	0	0	5	0	5	0	0	0	0
Gender												
Female	34,444	24,169	10,024	249	2	0	355,881	246,892	107,106	1,859	24	0
Male	18,978	9,167	9,689	119	3	0	194,771	90,187	103,583	972	29	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	33,754	21,125	12,418	208	3	0	344,626	209,307	133,675	1,608	36	0
African American	1,874	1,091	747	36	0	0	19,509	11,313	7,893	303	0	0
Other/unknown	17,794	11,120	6,548	124	2	0	186,517	116,459	69,121	920	17	0
Use of Nursing Facilities^c												
Entire year	8,118	7,333	785	0	0	0	81,245	72,530	8,715	0	0	0
Part year	4,920	4,227	692	1	0	0	46,475	39,321	7,151	3	0	0
None	40,384	21,776	18,236	367	5	0	422,932	225,228	194,823	2,828	53	0
Maintenance Assistance Status												
Cash	34,355	20,519	13,548	287	1	0	363,409	217,083	144,025	2,289	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	645	273	309	63	0	0	6,241	2,864	2,959	418	0	0
Other/unknown	18,422	12,544	5,856	18	4	0	181,002	117,132	63,705	124	41	0
Dual Medicare Status^d												
Full dual, all year	52,133	32,642	19,125	361	5	0	537,440	329,930	204,695	2,762	53	0
Full dual, part year	1,289	694	588	7	0	0	13,212	7,149	5,994	69	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,426	31,852	18,275	295	4	0	529,810	327,102	200,289	2,371	48	0
FFS part year, with Rx claims	2,209	1,022	1,131	55	1	0	16,229	7,396	8,446	382	5	0
FFS part year, no Rx claims	786	461	307	18	0	0	4,612	2,580	1,954	78	0	0

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	85.7 %	45.9	\$2,708	\$59	\$16,751	16.2 %	53,422
Age							
5 and younger	100.0	75.6	6,567	87	35,864	18.3	5
6-14	100.0	61.8	9,994	162	19,230	52.0	11
15-20	73.0	32.4	3,674	113	15,666	23.5	89
21-44	81.0	35.6	3,345	94	17,782	18.8	8,330
45-64	87.6	52.9	3,873	73	18,952	20.4	10,963
65-74	82.9	43.6	2,286	52	10,695	21.4	11,940
75-84	87.2	48.5	2,254	47	15,645	14.4	12,411
85 and older	89.2	46.6	1,924	41	22,261	8.6	9,672
Unknown	100.0	12.0	300	25	4,124	7.3	1
Basis of Eligibility^e							
Aged	86.3	46.2	2,162	47	15,841	13.6	33,336
Disabled	84.8	45.9	3,652	80	18,506	19.7	19,713
Adults	77.7	24.1	1,678	70	5,228	32.1	368
Children	100.0	19.8	1,181	60	15,525	7.6	5
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	88.2	49.5	2,704	55	16,267	16.6	34,444
Male	81.1	39.5	2,715	69	17,630	15.4	18,978
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.7	50.0	2,964	59	19,762	15.0	33,754
African American	83.9	41.1	2,379	58	15,371	15.5	1,874
Other/unknown	83.9	38.7	2,258	58	11,185	20.2	17,794
Use of Nursing Facilities^f							
Entire year	94.5	66.1	3,177	48	38,174	8.3	8,118
Part year	93.7	60.0	2,920	49	25,473	11.5	4,920
None	83.0	40.2	2,588	64	11,382	22.7	40,384
Maintenance Assistance Status							
Cash	85.1	42.4	2,533	60	12,970	19.5	34,355
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	62.0	15.2	1,034	68	3,796	27.2	645
Other/unknown	87.7	53.7	3,094	58	24,255	12.8	18,422

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months										
			Percentage of All Medicaid FFS ^c	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	8.1 %	24.7 %	26.3 %	10.0 %	16.5 %	14.3 %	16.2 %	14.3 %	10.0 %
All	4.5	\$263	16.2 %	14.3 %	16.5 %	10.0 %	26.3 %	24.7 %	8.1 %	\$1,625	53,422	550,652									
Age																					
5 and younger	6.4	557	18.3	0.0	20.0	0.0	0.0	80.0	0.0	3,039	5	59									
6-14	5.5	894	52.0	0.0	18.2	9.1	18.2	45.5	9.1	1,720	11	123									
15-20	3.3	379	23.5	27.0	25.8	9.0	14.6	19.1	4.5	1,618	89	862									
21-44	3.4	316	18.8	19.0	24.5	11.6	23.3	16.4	5.2	1,680	8,330	88,195									
45-64	4.9	362	20.4	12.4	15.3	9.5	26.0	26.2	10.7	1,770	10,963	117,397									
65-74	4.2	220	21.4	17.1	17.6	10.1	24.9	22.7	7.6	1,027	11,940	124,361									
75-84	4.7	220	14.4	12.8	14.5	9.8	27.1	27.1	8.7	1,525	12,411	127,298									
85 and older	4.9	202	8.6	10.8	12.2	9.5	30.1	29.7	7.7	2,331	9,672	92,352									
Unknown	2.4	60	7.3	0.0	0.0	100.0	0.0	0.0	0.0	825	1	5									
Basis of Eligibility^e																					
Aged	4.6	214	13.6	13.7	14.9	9.8	27.2	26.3	8.0	1,567	33,336	337,079									
Disabled	4.3	342	19.7	15.2	18.9	10.3	24.9	22.2	8.4	1,732	19,713	210,689									
Adults	3.1	218	32.1	22.3	29.1	11.1	16.8	17.1	3.5	680	368	2,831									
Children	1.9	111	7.6	0.0	40.0	20.0	40.0	0.0	0.0	1,465	5	53									
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0									
Gender																					
Female	4.8	262	16.6	11.8	14.9	10.0	27.2	27.0	9.0	1,574	34,444	355,881									
Male	3.8	265	15.4	18.9	19.4	10.1	24.6	20.5	6.4	1,718	18,978	194,771									
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0									
Race																					
White	4.9	290	15.0	13.3	14.0	9.2	26.4	27.2	9.9	1,936	33,754	344,626									
African American	4.0	229	15.5	16.1	18.3	10.7	27.0	22.0	5.9	1,477	1,874	19,509									
Other/unknown	3.7	215	20.2	16.1	21.0	11.5	26.0	20.3	5.0	1,067	17,794	186,517									
use of nursing Facilities^f																					
Entire year	6.6	317	8.3	5.5	7.4	6.9	26.5	37.3	16.4	3,814	8,118	81,245									
Part year	6.4	309	11.5	6.3	7.6	7.2	27.6	36.6	14.6	2,697	4,920	46,475									
None	3.8	247	22.7	17.0	19.4	11.0	26.1	20.7	5.7	1,087	40,384	422,932									
Maintenance Assistance Status																					
Cash	4.0	239	19.5	14.9	19.1	11.0	26.5	22.2	6.3	1,226	34,355	363,409									
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0									
Poverty related	1.6	107	27.2	38.0	29.8	11.5	14.0	5.9	0.9	392	645	6,241									
Other/unknown	5.5	315	12.8	12.3	11.3	8.1	26.4	30.0	11.8	2,469	18,422	181,002									

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.5	\$263	\$59	1.9	\$204	\$109	0.2	\$7	\$41	2.4	\$52	\$22
Age												
5 and younger	6.4	557	87	3.2	511	158	0.3	5	17	2.7	39	14
6-14	5.5	894	162	3.0	827	273	0.1	10	93	2.4	55	23
15-20	3.3	379	113	1.6	318	204	0.1	18	122	1.6	44	27
21-44	3.4	316	94	1.5	258	168	0.2	11	72	1.7	46	28
45-64	4.9	362	73	2.1	285	134	0.2	10	53	2.6	65	25
65-74	4.2	220	52	1.8	167	93	0.1	4	33	2.2	48	21
75-84	4.7	220	47	1.9	165	85	0.2	5	28	2.6	50	19
85 and older	4.9	202	41	1.9	148	79	0.2	5	26	2.8	48	17
Unknown	2.4	60	25	0.0	0	0	1.2	39	33	1.2	21	18
Basis of Eligibility^d												
Aged	4.6	214	47	1.9	160	86	0.2	5	29	2.5	48	19
Disabled	4.3	342	80	1.9	273	145	0.2	10	59	2.2	57	26
Adults	3.1	218	70	1.3	175	137	0.0	2	39	1.8	40	22
Children	1.9	111	60	0.6	67	115	0.2	8	33	1.0	36	36
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.8	262	55	2.0	202	100	0.2	6	35	2.6	53	20
Male	3.8	265	69	1.6	206	127	0.1	8	57	2.1	50	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.9	290	59	2.1	225	109	0.2	8	42	2.6	57	22
African American	4.0	229	58	1.6	177	114	0.1	5	40	2.2	45	20
Other/unknown	3.7	215	58	1.6	168	107	0.1	5	38	2.0	42	21
Use of Nursing Facilities^e												
Entire year	6.6	317	48	2.6	238	90	0.2	8	33	3.7	71	19
Part year	6.4	309	49	2.6	234	91	0.2	8	33	3.5	67	19
None	3.8	247	64	1.7	194	117	0.1	7	45	2.0	46	23
Maintenance Assistance Status												
Cash	4.0	239	60	1.7	186	109	0.2	7	43	2.1	47	22
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.6	107	68	0.6	85	134	0.1	3	38	0.9	19	23
Other/unknown	5.5	315	58	2.3	243	108	0.2	8	38	3.0	63	21

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 Colorado, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$28	\$24	\$0	\$4	102,811	\$8,239,147	26,855	50.3 %	292,805
Biologics	0.2	0.0	0.0	0.2	207	27	30	150	63	54,497	29	0.1	263
Antineoplastic Agents	0.6	0.3	0.0	0.3	160	141	2	17	10,474	2,919,507	1,707	3.2	18,194
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	42	31	2	9	274,579	10,774,284	23,645	44.3	255,119
Cardiovascular Agents	1.7	0.6	0.0	1.1	57	38	1	19	549,765	18,639,658	30,370	56.8	324,932
Respiratory Agents	0.8	0.5	0.0	0.3	44	38	0	6	152,808	8,646,972	18,038	33.8	196,080
Gastrointestinal Agents	0.7	0.3	0.0	0.5	47	34	1	13	174,399	10,940,913	21,527	40.3	232,746
Genitourinary Agents	0.6	0.4	0.0	0.1	34	32	0	3	54,313	3,235,922	8,592	16.1	94,023
CNS Drugs	1.4	0.7	0.0	0.6	117	97	3	17	407,815	34,937,215	27,818	52.1	297,966
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	52	38	4	10	4,910	409,909	725	1.4	7,899
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	118	117	0	0	22,126	3,643,646	2,924	5.5	30,934
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	59	45	2	12	272,894	17,327,273	27,243	51.0	293,364
Neuromuscular Agents	1.0	0.5	0.1	0.5	77	58	2	17	184,445	13,685,159	16,158	30.2	176,785
Nutritional Products	0.6	0.0	0.0	0.6	12	0	1	10	65,742	1,192,186	9,793	18.3	103,119
Hematological Agents	0.9	0.3	0.1	0.6	52	42	2	8	78,078	4,313,424	7,802	14.6	82,355
Topical Products	0.4	0.2	0.0	0.2	18	13	1	4	86,460	3,588,428	18,102	33.9	200,676
Miscellaneous Products	0.6	0.2	0.0	0.3	146	113	10	23	7,615	1,790,238	1,190	2.2	12,299
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	19	0	0	0	4,943	329,866	1,550	2.9	17,402
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,454,240	144,668,244	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 Colorado, 0.4 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$20,995,667	13,953	26.1 %	151,748	0.8	\$167
ANTIDEPRESSANTS	11,239,259	24,352	45.6	262,903	0.7	62
ANTICONVULSANT	10,727,626	13,048	24.4	143,260	0.9	87
ANALGESICS - Narcotic	9,519,764	31,828	59.6	344,894	0.5	54
ULCER DRUGS	7,614,088	24,957	46.7	274,276	0.5	61
ANTIHYPERTENSIVE	6,498,587	10,480	19.6	116,842	0.7	85
ANTIDIABETIC	6,413,052	14,846	27.8	161,566	0.7	55
ANALGESICS - ANTI-INFLAMMATORY	6,224,803	14,917	27.9	166,465	0.4	84
ASTHMATIC	5,611,425	18,370	34.4	198,953	0.5	61
ANTIHYPERTENSIVE	5,243,001	20,437	38.3	222,023	0.7	34
Total	90,087,272	187,188		2,042,930	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,243,203	\$90,087,272	13,953	26.1 %	151,748	0.8	\$138	24,352	45.6 %	262,903	0.7	\$43					
Female																	
Disabled																	
5 and younger	834,822	57,345,145	8,065	23.4	86,996	0.8	118	17,400	50.5	187,491	0.7	42					
6-14	283,661	24,627,869	3,454	34.5	38,579	0.8	154	6,653	66.4	73,919	0.7	45					
15-20	24	2,259	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	61	2,215	0	0.0	0	0.0	0	2	40.0	24	0.6	37					
45-64	570	46,478	15	38.5	165	0.8	101	15	38.5	139	0.4	40					
65-74	81,031	7,935,295	1,476	42.1	16,521	0.8	150	2,124	60.6	23,548	0.6	46					
75-84	189,962	15,832,255	1,897	31.5	21,203	0.9	158	4,306	71.4	48,003	0.7	45					
85 and older	11,788	796,271	66	15.4	690	0.9	136	203	47.3	2,181	0.7	38					
Other Eligibles																	
5 and younger	178	11,512	0	0.0	0	0.0	0	3	23.1	24	0.6	20					
6-14	47	1,584	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	551,161	32,717,276	4,611	18.9	48,417	0.7	90	10,747	44.0	113,572	0.7	41					
21-44	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					
65-74	76	8,657	2	50.0	24	0.3	62	1	25.0	12	0.8	61					
75-84	2,904	226,065	47	23.3	418	0.5	87	110	54.5	1,009	0.5	37					
85 and older	785	54,057	12	27.9	115	0.5	45	20	46.5	204	0.7	64					
Male																	
Disabled																	
5 and younger	408,381	32,742,127	5,888	31.0	64,752	0.9	166	6,952	36.6	75,412	0.7	44					
6-14	226,598	21,832,999	4,116	42.5	46,650	1.0	192	3,937	40.6	44,333	0.7	46					
15-20	48	1,330	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	93	3,788	0	0.0	0	0.0	0	1	16.7	12	0.9	64					
45-64	842	69,937	18	40.9	190	0.7	145	12	27.3	137	0.8	67					
65-74	87,648	9,606,062	2,097	46.1	23,678	0.9	194	1,716	37.7	19,394	0.7	46					
75-84	132,659	11,777,963	1,973	40.7	22,459	1.0	191	2,149	44.3	24,144	0.7	45					
85 and older	5,156	364,266	27	12.3	311	0.9	141	59	26.8	646	0.8	52					
Other Eligibles																	
5 and younger	141	9,145	1	7.1	12	0.8	138	0	0.0	0	0.0	0					
6-14	11	508	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	181,783	10,909,128	1,772	19.1	18,102	0.8	98	3,015	32.5	31,079	0.7	41					
21-44	1	81	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					
65-74	6	210	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	1,036	69,988	10	13.7	98	0.4	46	36	49.3	378	0.4	18					
85 and older	438	31,355	2	4.9	16	0.1	2	13	31.7	98	0.4	31					
Unknown																	
5 and younger	76,924	4,940,340	571	14.5	6,197	0.9	129	1,044	26.4	11,209	0.7	40					
6-14	70,938	4,100,102	734	21.3	7,516	0.7	87	1,205	35.0	12,429	0.7	42					
15-20	32,440	1,767,052	455	25.6	4,275	0.7	75	717	40.3	6,965	0.7	42					
21-44	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					
65-74	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					
85 and older	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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	13,048	24.4 %	143,260	0.9	\$75	31,828	59.6 %	344,894	0.5	\$28	24,957	46.7 %	274,276	0.5	\$28
Female															
Disabled	7,916	23.0	86,545	0.8	69	22,616	65.7	245,548	0.5	27	17,599	51.1	193,776	0.4	27
5 and younger	4,228	42.2	47,059	0.9	89	7,900	78.8	88,447	0.5	38	5,049	50.4	57,033	0.4	29
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	150.0	35	0.6	62
15-20	0	0.0	0	0.0	0	1	20.0	12	0.1	1	0	0.0	0	0.0	0
21-44	14	35.9	128	0.9	93	21	53.8	231	0.3	12	11	28.2	123	0.5	34
45-64	1,651	47.1	18,513	0.9	103	2,420	69.1	27,015	0.5	36	1,292	36.9	14,724	0.4	28
65-74	2,460	40.8	27,293	0.8	82	5,153	85.5	57,824	0.5	39	3,480	57.7	39,207	0.4	29
75-84	102	23.8	1,113	0.8	64	297	69.2	3,275	0.5	26	256	59.7	2,866	0.4	26
85 and older	1	7.7	12	0.1	1	7	53.8	78	0.5	12	6	46.2	66	0.6	72
Other Eligibles	3,688	15.1	39,486	0.7	45	14,716	60.3	157,101	0.5	21	12,550	51.4	136,743	0.5	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	75.0	36	1.3	156	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	53	26.2	471	0.7	89	185	91.6	1,707	0.6	27	60	29.7	559	0.4	27
45-64	11	25.6	114	0.8	93	41	95.3	398	0.4	27	17	39.5	165	0.3	22
65-74	1,240	16.9	13,718	0.8	53	4,461	60.8	49,799	0.5	20	3,928	53.5	44,334	0.4	27
75-84	1,462	16.3	15,708	0.7	42	5,441	60.8	59,113	0.5	20	4,757	53.2	52,060	0.5	26
85 and older	919	11.7	9,439	0.8	35	4,588	58.2	46,084	0.6	23	3,788	48.0	39,625	0.5	27
Male															
Disabled	5,132	27.0	56,715	0.9	84	9,212	48.5	99,346	0.5	29	7,358	38.8	80,500	0.5	29
5 and younger	3,657	37.7	41,281	1.0	98	4,815	49.7	53,717	0.5	37	3,371	34.8	38,216	0.5	31
6-14	0	0.0	0	0.0	0	2	100.0	24	0.1	0	2	100.0	24	0.4	8
15-20	0	0.0	0	0.0	0	4	66.7	48	0.1	1	4	66.7	48	0.8	26
21-44	18	40.9	192	0.9	91	27	61.4	301	0.8	28	13	29.5	137	0.3	18
45-64	1,678	36.9	18,967	1.0	106	2,008	44.1	22,594	0.5	33	1,230	27.0	14,035	0.4	30
65-74	1,918	39.5	21,646	1.0	91	2,676	55.2	29,677	0.5	40	2,025	41.7	22,921	0.5	31
75-84	43	19.5	476	0.9	71	95	43.2	1,045	0.5	48	92	41.8	991	0.5	38
85 and older	0	0.0	0	0.0	0	3	21.4	28	0.5	34	3	21.4	36	0.3	32
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.4	15
5 and younger	1,475	15.9	15,434	0.8	47	4,397	47.3	45,629	0.4	19	3,987	42.9	42,284	0.5	28
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	7
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	0	0.0	0	0.0	0	1	50.0	5	0.4	3	1	50.0	6	0.3	17
45-64	22	30.1	204	0.4	34	67	91.8	674	0.7	53	15	20.5	149	0.4	30
65-74	6	14.6	53	0.5	56	28	68.3	229	0.5	52	10	24.4	87	0.3	22
75-84	668	16.9	7,270	0.8	55	1,736	43.9	18,904	0.4	20	1,556	38.9	16,906	0.5	28
85 and older	547	15.9	5,753	0.8	41	1,674	48.6	17,415	0.5	18	1,593	46.3	16,877	0.5	27
Unknown	232	13.0	2,154	0.7	36	891	50.1	8,402	0.5	17	831	46.7	8,247	0.5	29
	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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month
All	10,480	19.6 %	116,842	0.7	\$56	14,846	27.8 %	161,566	0.7	\$40	14,917	27.9 %	166,465	0.4
Female	6,971	20.2	77,889	0.7	56	10,159	29.5	111,062	0.7	39	10,793	31.3	120,505	0.5
Disabled	1,920	19.2	21,457	0.6	54	2,617	26.1	29,036	0.7	46	3,679	36.7	41,509	0.4
5 and younger	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	2	40.0	24	0.6	26	0	0.0	0	0.0
15-20	1	2.6	12	1.1	38	1	2.6	12	0.4	11	6	15.4	69	0.2
21-44	299	8.5	3,364	0.6	50	434	12.4	4,787	0.7	51	1,047	29.9	11,797	0.3
45-64	1,491	24.7	16,660	0.6	54	1,987	33.0	22,111	0.7	45	2,441	40.5	27,609	0.4
65-74	124	28.9	1,367	0.7	62	192	44.8	2,090	0.7	45	179	41.7	1,963	0.5
75-84	5	38.5	54	0.6	29	0	0.0	0	0.0	0	5	38.5	60	0.4
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.8	9	1	25.0	11	0.1
Other Eligibles	5,051	20.7	56,432	0.7	56	7,542	30.9	82,026	0.7	37	7,114	29.1	78,996	0.5
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0
21-44	11	5.4	102	0.5	42	22	10.9	207	0.6	29	58	28.7	529	0.3
45-64	10	23.3	89	0.6	41	5	11.6	28	1.3	52	11	25.6	118	0.5
65-74	2,315	31.5	25,935	0.6	56	2,892	39.4	32,009	0.7	40	2,651	36.1	29,868	0.4
75-84	2,069	23.1	23,293	0.7	57	3,186	35.6	35,153	0.7	36	2,648	29.6	29,774	0.5
85 and older	646	8.2	7,013	0.7	57	1,437	18.2	14,629	0.7	30	1,746	22.1	18,707	0.6
Male	3,509	18.5	38,953	0.7	56	4,687	24.7	50,504	0.7	41	4,124	21.7	45,960	0.4
Disabled	1,551	16.0	17,450	0.7	54	1,863	19.2	20,738	0.8	46	2,023	20.9	22,922	0.4
5 and younger	0	0.0	0	0.0	0	1	50.0	12	1.0	17	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
15-20	1	2.3	8	0.1	9	0	0.0	0	0.0	0	8	18.2	92	0.3
21-44	441	9.7	5,034	0.6	47	437	9.6	4,916	0.7	45	784	17.2	8,821	0.3
45-64	1,039	21.4	11,658	0.7	56	1,342	27.7	14,884	0.8	47	1,190	24.5	13,566	0.4
65-74	69	31.4	738	0.7	58	80	36.4	890	0.8	50	39	17.7	419	0.4
75-84	1	7.1	12	1.0	123	3	21.4	36	0.5	12	1	7.1	12	0.8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2
Other Eligibles	1,958	21.1	21,503	0.7	57	2,824	30.4	29,766	0.7	37	2,101	22.6	23,038	0.4
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0
21-44	9	12.3	80	0.5	42	10	13.7	68	0.6	35	25	34.2	244	0.3
45-64	9	22.0	75	0.6	42	11	26.8	83	0.8	48	14	34.1	111	0.4
65-74	1,046	26.5	11,611	0.6	58	1,337	33.8	14,423	0.7	41	953	24.1	10,713	0.4
75-84	734	21.3	8,049	0.7	56	1,105	32.1	11,645	0.7	35	767	22.3	8,601	0.4
85 and older	160	9.0	1,688	0.7	58	361	20.3	3,547	0.7	31	342	19.2	3,369	0.6
Unknown	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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	18,370	34.4 %	198,953	0.5	20,437	38.3 %	222,023	0.7	53,422	550,652
Female	12,813	37.2	139,535	0.5	14,022	40.7	152,577	0.7	34,443	355,876
Disabled	4,215	42.0	47,136	0.4	2,605	26.0	28,855	0.6	10,024	107,106
5 and younger	1	50.0	12	0.1	1	50.0	12	0.1	2	23
6-14	0	0.0	0	0.0	3	60.0	36	0.9	5	51
15-20	13	33.3	147	0.3	6	15.4	57	0.8	39	361
21-44	1,116	31.8	12,543	0.4	399	11.4	4,506	0.6	3,504	37,470
45-64	2,878	47.7	32,297	0.5	1,987	33.0	21,967	0.6	6,028	64,630
65-74	204	47.6	2,101	0.6	202	47.1	2,213	0.7	429	4,385
75-84	3	23.1	36	0.2	4	30.8	42	0.5	13	146
85 and older	0	0.0	0	0.0	3	75.0	22	1.0	4	40
Other Eligibles	8,598	35.2	92,399	0.5	11,417	46.8	123,722	0.7	24,419	248,770
5 and younger	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
15-20	1	25.0	12	0.2	1	25.0	12	0.9	4	48
21-44	56	27.7	498	0.4	28	13.9	223	0.5	202	1,494
45-64	7	16.3	80	0.3	12	27.9	122	0.7	43	349
65-74	2,840	38.7	31,493	0.5	3,519	47.9	38,909	0.7	7,340	77,419
75-84	3,184	35.6	34,420	0.5	4,501	50.3	49,671	0.7	8,943	92,955
85 and older	2,510	31.8	25,896	0.4	3,356	42.6	34,785	0.8	7,887	76,505
Male	5,557	29.3	59,418	0.5	6,415	33.8	69,446	0.7	18,978	194,771
Disabled	2,112	21.8	23,539	0.5	2,256	23.3	25,082	0.7	9,689	103,583
5 and younger	4	200.0	48	0.3	1	50.0	12	0.8	2	24
6-14	1	16.7	12	0.2	4	66.7	48	0.8	6	72
15-20	5	11.4	57	0.5	10	22.7	118	0.7	44	442
21-44	689	15.1	7,790	0.4	606	13.3	6,772	0.6	4,551	48,611
45-64	1,301	26.8	14,457	0.5	1,532	31.6	16,992	0.7	4,851	52,092
65-74	108	49.1	1,127	0.7	96	43.6	1,056	0.7	220	2,176
75-84	4	28.6	48	0.4	7	50.0	84	0.6	14	154
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	1	12
Other Eligibles	3,445	37.1	35,879	0.5	4,159	44.8	44,364	0.7	9,289	91,188
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	12
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	1	50.0	5	0.4	2	11
21-44	2	2.7	24	0.1	14	19.2	139	0.5	73	620
45-64	5	12.2	49	0.3	11	26.8	80	0.7	41	326
65-74	1,334	33.8	14,506	0.5	1,777	45.0	19,426	0.6	3,951	40,381
75-84	1,354	39.3	13,992	0.5	1,674	48.6	18,014	0.7	3,441	34,043
85 and older	750	42.1	7,308	0.5	682	38.3	6,700	0.7	1,780	15,795
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	1	5

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit		Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
		Month	Month		Year	Year
All	\$317	6.6	6.6	8,118		81,245
Age						
0-64	571	7.9		740		8,211
65-74	400	7.7		976		10,245
75-84	318	6.9		2,553		25,567
85 and older	238	5.8		3,849		37,222
Unknown	0	0.0		0		0
Gender						
Female	303	6.6		5,867		59,031
Male	355	6.7		2,251		22,214
Unknown	0	0.0		0		0
Race						
White	316	6.6		6,606		65,828
African American	311	6.4		231		2,385
Other/unknown	326	6.5		1,281		13,032
Basis of Eligibility^c						
Aged	288	6.4		7,333		72,530
Disabled	564	7.9		785		8,715
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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$15	\$1	\$3	\$49	\$58	\$18	22,514	\$1,111,916	5,652	69.6 %	59,705
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	27	0	27	12	318	10	0.1	85
Antineoplastic Agents	0.6	0.2	0.0	0.4	108	75	3	30	178	374	152	2,094	372,442	332	4.1	3,452
Endocrine/Metabolic Drugs	1.3	0.4	0.1	0.7	38	27	2	10	31	60	17	54,240	1,656,738	4,116	50.7	43,066
Cardiovascular Agents	2.0	0.4	0.0	1.5	48	24	1	24	24	56	23	108,481	2,639,980	5,298	65.3	54,498
Respiratory Agents	0.8	0.5	0.0	0.3	39	32	0	7	50	69	48	26,507	1,324,441	3,223	39.7	33,916
Gastrointestinal Agents	1.0	0.3	0.0	0.8	41	23	0	18	40	90	69	41,806	1,683,802	3,947	48.6	41,230
Genitourinary Agents	0.7	0.5	0.0	0.2	38	34	0	3	57	70	33	13,447	767,030	1,894	23.3	20,250
CNS Drugs	1.7	1.1	0.0	0.5	137	119	3	15	83	110	90	98,796	8,177,636	5,730	70.6	59,764
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.5	35	28	1	6	46	116	44	662	30,566	92	1.1	877
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	109	109	0	0	129	129	0	8,863	1,144,768	1,003	12.4	10,514
Analgesics and Anesthetics	1.2	0.4	0.0	0.7	56	44	2	10	48	102	40	53,056	2,568,957	4,502	55.5	45,956
Neuromuscular Agents	1.1	0.5	0.1	0.6	68	45	2	21	60	94	47	39,282	2,356,519	3,210	39.5	34,700
Nutritional Products	0.8	0.0	0.0	0.7	12	0	1	12	16	15	24	20,326	332,065	2,613	32.2	26,730
Hematological Agents	1.4	0.3	0.2	1.0	49	38	2	9	34	126	11	24,610	833,562	1,652	20.3	16,995
Topical Products	0.5	0.2	0.0	0.3	17	12	1	5	36	62	37	20,043	713,636	3,835	47.2	41,410
Miscellaneous Products	0.3	0.0	0.0	0.3	10	6	0	4	35	185	64	983	33,933	350	4.3	3,492
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	45	0	0	903	41,051	250	3.1	2,737
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.	536,625	25,789,360	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Colorado, 0.4 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 = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Top 10 Drug Groups in Nursing Facilities	Users						Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
			Nursing Facility Residents	%					
ANTIPSYCHOTICS	\$4,968,665	3,559	43.8	38,247	1.0	\$133	\$130		
ANTIDEPRESSANTS	2,910,934	5,172	63.7	54,441	0.9	62	53		
ANALGESICS - Narcotic	1,610,954	4,887	60.2	49,804	0.8	42	32		
ANTICONVULSANT	1,580,331	2,356	29.0	25,455	1.0	62	62		
ULCER DRUGS	1,250,245	4,366	53.8	46,468	0.6	45	27		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,144,768	1,005	12.4	10,547	0.8	129	109		
ANTIASTHMATIC	982,639	3,588	44.2	37,805	0.5	54	26		
ANTIHYPERTENSIVE	870,922	3,193	39.3	33,077	0.9	30	26		
ANALGESICS - ANTI-INFLAMMATORY	840,382	1,581	19.5	16,844	0.7	76	50		
ANTIDIABETIC	834,938	2,203	27.1	23,041	0.9	41	36		
Total	16,994,778	31,910		335,729	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users
All	263,206	\$16,994,778	3,559	43.8 %	38,247	1.0	\$130	5,172	63.7 %	0.9	54,441	\$54
Female	185,461	11,703,255	2,364	40.3	25,361	0.9	123	3,813	65.0	0.9	40,059	53
Disabled	17,741	1,621,887	278	80.6	3,161	1.4	242	265	76.8	0.9	2,969	60
64 or younger	16,324	1,511,381	257	81.6	2,909	1.5	250	246	78.1	0.9	2,769	60
65-74	1,417	110,506	21	70.0	252	1.1	156	19	63.3	0.9	200	63
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	167,720	10,081,368	2,086	37.8	22,200	0.9	106	3,548	64.3	0.8	37,090	52
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	23,740	1,605,278	330	63.2	3,636	1.0	127	393	75.3	0.8	4,307	51
75-84	63,550	3,890,130	778	42.9	8,339	0.9	113	1,315	72.5	0.9	13,963	54
85 and older	80,430	4,585,960	978	30.7	10,225	0.8	92	1,840	57.8	0.8	18,820	51
Male	77,745	5,291,523	1,195	53.1	12,886	1.0	144	1,359	60.4	0.9	14,382	55
Disabled	22,000	1,932,339	382	86.8	4,380	1.3	215	298	67.7	0.9	3,386	63
64 or younger	21,170	1,884,701	374	88.0	4,284	1.3	217	290	68.2	0.9	3,290	63
65-74	830	47,638	8	53.3	96	0.8	116	8	53.3	1.1	96	76
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	55,745	3,359,184	813	44.9	8,506	0.9	108	1,061	58.6	0.9	10,996	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0.0	0	0
65-74	15,689	1,033,399	199	48.7	2,280	1.2	153	239	58.4	0.9	2,601	53
75-84	24,216	1,448,563	368	49.9	3,884	0.8	96	484	65.6	0.9	5,055	54
85 and older	15,840	877,222	246	37.0	2,342	0.8	83	338	50.9	0.9	3,340	50
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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	4,887	60.2 %	49,804	0.8	\$32	2,356	29.0 %	25,455	1.0	\$62	4,366	53.8 %	46,468	0.6	\$27
Female	3,750	63.9	38,348	0.8	34	1,455	24.8	15,728	1.0	57	3,170	54.0	33,834	0.6	26
Disabled	236	68.4	2,674	0.9	37	247	71.6	2,813	1.1	93	211	61.2	2,425	0.6	25
64 or younger	218	69.2	2,465	0.8	36	230	73.0	2,619	1.1	96	189	60.0	2,168	0.6	26
65-74	18	60.0	209	1.1	51	17	56.7	194	1.1	63	22	73.3	257	0.6	19
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,514	63.6	35,674	0.8	34	1,208	21.9	12,915	0.9	50	2,959	53.6	31,409	0.6	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	361	69.2	4,034	0.9	41	261	50.0	2,887	1.0	65	354	67.8	3,994	0.6	29
75-84	1,174	64.7	12,107	0.8	36	513	28.3	5,516	0.9	51	1,017	56.0	10,817	0.6	27
85 and older	1,979	62.1	19,533	0.7	31	434	13.6	4,512	0.9	38	1,588	49.9	16,598	0.6	26
Male	1,137	50.5	11,456	0.7	27	901	40.0	9,727	1.1	70	1,196	53.1	12,634	0.6	29
Disabled	185	42.0	2,076	0.8	33	346	78.6	3,985	1.2	95	259	58.9	2,943	0.7	30
64 or younger	177	41.6	1,989	0.8	33	336	79.1	3,865	1.2	95	254	59.8	2,883	0.7	30
65-74	8	53.3	87	0.8	27	10	66.7	120	1.5	94	5	33.3	60	0.8	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	952	52.6	9,380	0.7	25	555	30.6	5,742	0.9	52	937	51.7	9,691	0.6	28
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	184	45.0	1,894	0.8	37	189	46.2	2,103	1.0	70	204	49.9	2,198	0.7	29
75-84	417	56.5	4,172	0.7	28	244	33.1	2,542	0.9	45	402	54.5	4,130	0.6	26
85 and older	351	52.9	3,314	0.6	16	122	18.4	1,097	0.8	36	331	49.8	3,363	0.6	30
Unknown	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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users
All	1,005	12.4 %	\$109	0.8	10,547	3,588	44.2 %	\$26	0.5	37,805	3,193	39.3 %	\$26	0.9	33,077
Female	728	12.4	109	0.8	7,725	2,480	42.3	26	0.5	26,338	2,298	39.2	26	0.9	23,841
Disabled	24	7.0	312	0.8	284	163	47.2	29	0.5	1,860	98	28.4	29	0.8	1,088
64 or younger	22	7.0	287	0.8	260	151	47.9	29	0.5	1,727	82	26.0	29	0.8	927
65-74	2	6.7	580	1.0	24	12	40.0	30	0.8	133	16	53.3	30	0.7	161
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	704	12.7	101	0.8	7,441	2,317	42.0	25	0.5	24,478	2,200	39.8	25	0.9	22,753
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	67	12.8	107	0.8	738	292	55.9	33	0.5	3,228	201	38.5	33	0.9	2,143
75-84	239	13.2	106	0.9	2,534	786	43.3	29	0.5	8,411	778	42.9	29	0.9	8,188
85 and older	398	12.5	98	0.8	4,169	1,239	38.9	21	0.4	12,839	1,221	38.3	21	0.9	12,422
Male	277	12.3	107	0.9	2,822	1,108	49.2	27	0.5	11,467	895	39.8	27	0.9	9,236
Disabled	20	4.5	163	0.8	227	178	40.5	29	0.5	1,961	139	31.6	29	0.9	1,571
64 or younger	20	4.7	163	0.8	227	167	39.3	29	0.5	1,829	126	29.6	29	0.9	1,415
65-74	0	0.0	0	0.0	0	11	73.3	34	0.8	132	13	86.7	34	1.0	156
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	257	14.2	102	0.9	2,595	930	51.4	26	0.5	9,506	756	41.7	26	0.9	7,665
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	48	11.7	92	0.9	497	226	55.3	28	0.6	2,454	168	41.1	28	0.9	1,775
75-84	119	16.1	105	0.8	1,252	353	47.8	26	0.5	3,591	352	47.7	26	0.9	3,621
85 and older	90	13.6	104	0.9	846	351	52.9	25	0.5	3,461	236	35.5	25	0.9	2,269
Unknown	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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	1,581	19.5 %	16,844	0.7	\$50	2,203	27.1 %	23,041	0.9	\$36	8,118	81,245
Female	1,177	20.1	12,591	0.7	52	1,536	26.2	16,186	0.9	35	5,867	59,031
Disabled	62	18.0	702	0.6	35	119	34.5	1,346	0.9	45	345	3,818
64 or younger	55	17.5	629	0.6	35	111	35.2	1,250	0.9	44	315	3,485
65-74	7	23.3	73	0.7	39	8	26.7	96	0.9	64	30	333
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,115	20.2	11,889	0.7	53	1,417	25.7	14,840	0.9	34	5,522	55,213
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	138	26.4	1,544	0.6	71	227	43.5	2,471	1.0	43	522	5,519
75-84	359	19.8	3,811	0.6	55	652	35.9	6,916	0.8	34	1,815	18,436
85 and older	618	19.4	6,534	0.7	48	538	16.9	5,453	0.8	30	3,185	31,258
Male	404	17.9	4,253	0.6	43	667	29.6	6,855	0.9	39	2,251	22,214
Disabled	68	15.5	765	0.6	44	125	28.4	1,396	1.0	48	440	4,897
64 or younger	67	15.8	753	0.6	45	118	27.8	1,312	1.0	48	425	4,726
65-74	1	6.7	12	0.2	1	7	46.7	84	0.9	48	15	171
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	336	18.6	3,488	0.7	43	542	29.9	5,459	0.9	37	1,811	17,317
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	68	16.6	749	0.7	47	145	35.5	1,463	1.1	47	409	4,222
75-84	130	17.6	1,434	0.6	38	279	37.8	2,849	0.9	34	738	7,131
85 and older	138	20.8	1,305	0.7	46	118	17.8	1,147	0.9	30	664	5,964
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 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 4,920 beneficiaries who were in nursing facilities for part of their enrollment and their 46,475 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries with D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$		Total Number of Beneficiaries
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	2.2 %	
All	20,868	39.1 %	3.3	173,823	\$60	\$3,181,218	\$18			53,422	
Age											
5 and younger	5	100.0	10.6	53	456	2,279	43	6.9	5		
6-14	5	45.5	3.3	36	93	1,021	28	0.9	11		
15-20	29	32.6	1.9	171	50	4,487	26	1.4	89		
21-44	2,450	29.4	2.5	21,157	61	508,613	24	1.8	8,330		
45-64	4,571	41.7	4.0	43,341	81	890,043	21	2.1	10,963		
65-74	4,301	36.0	3.0	35,287	53	627,144	18	2.3	11,940		
75-84	5,132	41.4	3.3	40,843	51	637,128	16	2.3	12,411		
85 and older	4,375	45.2	3.4	32,935	53	510,503	16	2.7	9,672		
Unknown	0	0.0	0.0	0	0	0	0	0.0	1		
Basis of Eligibility^c											
Aged	13,548	40.6	3.2	106,743	52	1,734,157	16	2.4	33,336		
Disabled	7,224	36.6	3.4	66,527	73	1,438,331	22	2.0	19,713		
Adults	95	25.8	1.5	552	24	8,709	16	1.4	368		
Children	1	20.0	0.2	1	4	21	21	0.4	5		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Gender											
Female	14,649	42.5	3.6	122,459	64	2,193,354	18	2.4	34,444		
Male	6,219	32.8	2.7	51,364	52	987,864	19	1.9	18,978		
Unknown	0	0.0	0.0	0	0	0	0	0.0	0		
Race											
White	14,340	42.5	3.7	123,552	67	2,259,886	18	2.3	33,754		
African American	646	34.5	2.6	4,876	54	101,693	21	2.3	1,874		
Other/unknown	5,882	33.1	2.6	45,395	46	819,639	18	2.0	17,794		
Use of Nursing Facilities^d											
Entire year	4,150	51.1	4.6	36,963	75	609,037	16	2.4	8,118		
Part year	2,898	58.9	4.5	22,142	79	389,892	18	2.7	4,920		
None	13,820	34.2	2.8	114,718	54	2,182,289	19	2.1	40,384		
Maintenance Assistance Status											
Cash	12,359	36.0	3.0	101,748	54	1,858,125	18	2.1	34,355		
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0		
Poverty related	121	18.8	1.0	657	18	11,616	18	1.7	645		
Other/unknown	8,388	45.5	3.9	71,418	71	1,311,477	18	2.3	18,422		

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 COLORADO, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$6	\$18	\$0	\$3	550,652
Age						
5 and younger	0.9	39	43	0	0	59
6-14	0.3	8	28	0	0	123
15-20	0.2	5	26	0	3	862
21-44	0.2	6	24	0	4	88,195
45-64	0.4	8	21	0	4	117,397
65-74	0.3	5	18	0	2	124,361
75-84	0.3	5	16	0	2	127,298
85 and older	0.4	6	16	0	2	92,352
Unknown	0.0	0	0	0	0	5
Basis of Eligibility^c						
Aged	0.3	5	16	0	2	337,079
Disabled	0.3	7	22	0	4	210,689
Adults	0.2	3	16	0	2	2,831
Children	0.0	0	21	0	0	53
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	6	18	0	3	355,881
Male	0.3	5	19	0	3	194,771
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	18	0	3	344,626
African American	0.2	5	21	0	2	19,509
Other/unknown	0.2	4	18	0	2	186,517
Use of Nursing Facilities^d						
Entire year	0.5	7	16	0	3	81,245
Part year	0.5	8	18	0	3	46,475
None	0.3	5	19	0	3	422,932
Maintenance Assistance Status						
Cash	0.3	5	18	0	2	363,409
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	18	0	1	6,241
Other/unknown	0.4	7	18	0	3	181,002

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 COLORADO, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Rx \$	Total Number Rx.	Number Rx as a Percentage of All Part D Excluded Rx	
			Excluded Rx \$	100.0 %			\$ per Rx	100.0 %
All	27,208	\$117	\$3,181,218	100.0 %	\$3,181,218	173,823	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0	0.0
Fertility drugs	1	80	80	0.0	80	2	40	0.0
Drugs for cosmetic purposes	11	20	221	0.0	221	28	8	0.0
Cough and cold medications	3,043	72	220,259	6.9	220,259	10,330	21	5.9
Vitamins and minerals	9,717	117	1,136,705	35.7	1,136,705	64,897	18	37.3
Non-prescription drugs	1,524	33	49,553	1.6	49,553	7,800	6	4.5
Barbiturates	397	67	26,458	0.8	26,458	4,070	7	2.3
Benzodiazepines	11,591	128	1,488,328	46.8	1,488,328	81,781	18	47.0
Other Part D Excl Rx Drugs	924	281	259,614	8.2	259,614	4,915	53	2.8

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 COLORADO, 2003

Total Number of Dual Eligible Beneficiaries 53,422
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$144,668,244
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,708

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,637	14.3 %	\$0	0.0 %
1-500	9,500	17.8	1,956,381	1.4
501-1,000	5,589	10.5	4,140,179	2.9
1,001-1,500	4,502	8.4	5,579,820	3.9
1,501-2,000	3,778	7.1	6,585,974	4.6
2,001-2,500	3,280	6.1	7,346,803	5.1
2,501-3,000	2,832	5.3	7,780,028	5.4
3,001-3,500	2,340	4.4	7,596,240	5.3
3,501-4,000	2,046	3.8	7,666,077	5.3
4,001-4,500	1,715	3.2	7,278,608	5.0
4,501-5,000	1,464	2.7	6,956,493	4.8
5,001-5,500	1,213	2.3	6,360,565	4.4
5,501-6,000	977	1.8	5,614,562	3.9
6,001-6,500	840	1.6	5,237,660	3.6
6,501-7,000	725	1.4	4,888,437	3.4
7,001-7,500	593	1.1	4,296,839	3.0
7,501-8,000	547	1.0	4,234,104	2.9
8,001-8,500	466	0.9	3,840,576	2.7
8,501-9,000	370	0.7	3,237,668	2.2
9,001-9,500	328	0.6	3,028,471	2.1
9,501-10,000	254	0.5	2,478,248	1.7
10,001+	2,426	4.5	38,564,511	26.7

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1A

MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 COLORADO, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 19,032
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$70,171,432
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,687

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		15.1 %	0		
\$0	2,883				0.0 %
1-500	3,392	17.8		654,738	0.9
501-1,000	1,584	8.3		1,165,564	1.7
1,001-1,500	1,278	6.7		1,584,976	2.3
1,501-2,000	1,030	5.4		1,788,943	2.5
2,001-2,500	890	4.7		1,998,349	2.8
2,501-3,000	793	4.2		2,182,292	3.1
3,001-3,500	719	3.8		2,336,948	3.3
3,501-4,000	631	3.3		2,366,456	3.4
4,001-4,500	575	3.0		2,436,618	3.5
4,501-5,000	479	2.5		2,275,933	3.2
5,001-5,500	434	2.3		2,276,073	3.2
5,501-6,000	395	2.1		2,273,768	3.2
6,001-6,500	370	1.9		2,305,343	3.3
6,501-7,000	326	1.7		2,198,760	3.1
7,001-7,500	285	1.5		2,067,713	2.9
7,501-8,000	302	1.6		2,334,948	3.3
8,001-8,500	242	1.3		1,995,666	2.8
8,501-9,000	224	1.2		1,958,001	2.8
9,001-9,500	198	1.0		1,826,380	2.6
9,501-10,000	153	0.8		1,491,703	2.1
10,001+	1,849	9.7		30,652,260	43.7

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 COLORADO, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 34,023
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$73,875,186
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,171

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,677	13.7%	0	0.0%
1-500	5,989	17.6	1,284,977	1.7
501-1,000	3,959	11.6	2,942,630	4.0
1,001-1,500	3,199	9.4	3,963,851	5.4
1,501-2,000	2,733	8.0	4,770,137	6.5
2,001-2,500	2,381	7.0	5,327,698	7.2
2,501-3,000	2,031	6.0	5,575,644	7.5
3,001-3,500	1,612	4.7	5,230,414	7.1
3,501-4,000	1,409	4.1	5,277,509	7.1
4,001-4,500	1,131	3.3	4,804,162	6.5
4,501-5,000	980	2.9	4,656,473	6.3
5,001-5,500	774	2.3	4,057,679	5.5
5,501-6,000	581	1.7	3,334,827	4.5
6,001-6,500	464	1.4	2,894,371	3.9
6,501-7,000	396	1.2	2,669,266	3.6
7,001-7,500	306	0.9	2,214,567	3.0
7,501-8,000	242	0.7	1,875,952	2.5
8,001-8,500	222	0.7	1,828,296	2.5
8,501-9,000	144	0.4	1,262,228	1.7
9,001-9,500	127	0.4	1,174,739	1.6
9,501-10,000	99	0.3	967,039	1.3
10,001+	567	1.7	7,762,727	10.5

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 COLORADO, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 11,940
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$27,296,773
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,286

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,044	17.1 %	0	0.0 %
1-500	2,154	18.0	436,037	1.6
501-1,000	1,262	10.6	937,826	3.4
1,001-1,500	979	8.2	1,211,099	4.4
1,501-2,000	858	7.2	1,494,796	5.5
2,001-2,500	725	6.1	1,624,752	6.0
2,501-3,000	667	5.6	1,823,663	6.7
3,001-3,500	516	4.3	1,676,522	6.1
3,501-4,000	418	3.5	1,569,752	5.8
4,001-4,500	367	3.1	1,559,688	5.7
4,501-5,000	339	2.8	1,614,128	5.9
5,001-5,500	265	2.2	1,389,525	5.1
5,501-6,000	207	1.7	1,187,320	4.3
6,001-6,500	161	1.3	1,004,551	3.7
6,501-7,000	157	1.3	1,058,940	3.9
7,001-7,500	133	1.1	962,444	3.5
7,501-8,000	101	0.8	783,012	2.9
8,001-8,500	106	0.9	872,292	3.2
8,501-9,000	61	0.5	536,029	2.0
9,001-9,500	64	0.5	593,187	2.2
9,501-10,000	43	0.4	419,619	1.5
10,001+	313	2.6	4,541,591	16.6

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 COLORADO, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 12,411
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$27,973,362
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,254

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,591	12.8 %	0	0.0 %
1-500	2,004	16.1	439,934	1.6
501-1,000	1,424	11.5	1,058,685	3.8
1,001-1,500	1,158	9.3	1,435,182	5.1
1,501-2,000	1,013	8.2	1,770,504	6.3
2,001-2,500	939	7.6	2,096,159	7.5
2,501-3,000	747	6.0	2,054,775	7.3
3,001-3,500	613	4.9	1,988,851	7.1
3,501-4,000	570	4.6	2,137,019	7.6
4,001-4,500	414	3.3	1,765,112	6.3
4,501-5,000	395	3.2	1,876,695	6.7
5,001-5,500	324	2.6	1,695,888	6.1
5,501-6,000	241	1.9	1,385,198	5.0
6,001-6,500	194	1.6	1,211,512	4.3
6,501-7,000	155	1.2	1,044,606	3.7
7,001-7,500	132	1.1	955,540	3.4
7,501-8,000	92	0.7	713,717	2.6
8,001-8,500	79	0.6	650,563	2.3
8,501-9,000	61	0.5	533,563	1.9
9,001-9,500	35	0.3	322,522	1.2
9,501-10,000	39	0.3	382,482	1.4
10,001+	191	1.5	2,454,855	8.8

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 COLORADO, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 9,672
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$18,605,051
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,924

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 10.8 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,042		0	0.0 %
1-500	1,831	18.9	409,006	2.2
501-1,000	1,273	13.2	946,119	5.1
1,001-1,500	1,062	11.0	1,317,570	7.1
1,501-2,000	862	8.9	1,504,837	8.1
2,001-2,500	717	7.4	1,606,787	8.6
2,501-3,000	617	6.4	1,697,206	9.1
3,001-3,500	483	5.0	1,565,041	8.4
3,501-4,000	421	4.4	1,570,738	8.4
4,001-4,500	350	3.6	1,479,362	8.0
4,501-5,000	246	2.5	1,165,650	6.3
5,001-5,500	185	1.9	972,266	5.2
5,501-6,000	133	1.4	762,309	4.1
6,001-6,500	109	1.1	678,308	3.6
6,501-7,000	84	0.9	565,720	3.0
7,001-7,500	41	0.4	296,583	1.6
7,501-8,000	49	0.5	379,223	2.0
8,001-8,500	37	0.4	305,441	1.6
8,501-9,000	22	0.2	192,636	1.0
9,001-9,500	28	0.3	259,030	1.4
9,501-10,000	17	0.2	164,938	0.9
10,001+	63	0.7	766,281	4.1

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	60,367	37,272	22,640	450	0	639,803	386,860	249,076	3,814	53	0
Age											
5 and younger	5	0	4	0	0	59	0	47	0	12	0
6-14	11	0	11	0	0	123	0	123	0	0	0
15-20	110	0	104	3	0	1,128	0	1,062	30	36	0
21-44	9,581	0	9,250	330	0	105,040	0	102,240	2,795	5	0
45-64	12,486	1	12,376	109	0	137,060	12	136,097	951	0	0
65-74	14,107	13,238	861	8	0	152,195	143,027	9,130	38	0	0
75-84	13,667	13,638	29	0	0	143,299	142,975	324	0	0	0
85 and older	10,399	10,394	5	0	0	100,894	100,841	53	0	0	0
Unknown	1	1	0	0	5	0	5	0	0	0	0
Gender											
Female	38,938	26,975	11,659	302	0	413,571	282,317	128,692	2,538	24	0
Male	21,429	10,297	10,981	148	0	226,232	104,543	120,384	1,276	29	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	37,345	23,092	13,993	257	0	391,100	234,135	154,753	2,183	29	0
African American	2,338	1,360	933	45	0	25,272	14,637	10,214	421	0	0
Other/unknown	20,684	12,820	7,714	148	0	223,431	138,088	84,109	1,210	24	0
Use of Nursing Facilities^c											
Entire year	8,412	7,586	826	0	0	84,617	75,344	9,273	0	0	0
Part year	5,131	4,404	726	1	0	49,315	41,634	7,678	3	0	0
None	46,824	25,282	21,088	449	0	505,871	269,882	232,125	3,811	53	0
Maintenance Assistance Status											
Cash	39,930	23,615	15,952	362	0	434,853	256,343	175,321	3,177	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	648	273	310	65	0	6,666	3,022	3,206	438	0	0
Other/unknown	19,789	13,384	6,378	23	0	198,284	127,495	70,549	199	41	0
Dual Status^d											
Full dual, all year	59,075	36,577	22,050	443	0	625,987	379,404	242,789	3,741	53	0
Full dual, part year	1,292	695	590	7	0	13,816	7,456	6,287	73	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	50,426	31,852	18,275	295	0	529,408	326,734	200,262	2,371	41	0
FFS part year, with Rx claims	2,212	1,025	1,131	55	0	25,052	11,578	12,901	561	12	0
FFS part year, no Rx claims	838	511	309	18	0	8,685	5,408	3,144	133	0	0
MC all year, with Rx claims	69	34	33	2	0	817	397	396	24	0	0
MC all year, no Rx claims	6,822	3,850	2,892	80	0	75,841	42,743	32,373	725	0	0

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Included in Cell G of Table 1 Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	60,367	53,422	550,652	6,876	89,151
Fee-for-service (FFS) all year	50,426	50,426	529,810	0	-402
FFS part year, with Rx claims	2,212	2,209	16,229	3	8,823
FFS part year, with no Rx claims	838	786	4,612	52	4,073
Managed care (MC) all year, with Rx claims	69	0	0	0	817
MC all year, with no Rx claims	6,822	1	1	6,821	75,840

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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