

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 ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	319,556	3,239	26,866	81,477	207,974	0	2,557,303	29,826	260,882	564,113	1,702,482	0	2,557,303	29,826	260,882	564,113	1,702,482	0	
Age																			
5 and younger	108,843	0	1,625	0	107,218	0	870,706	0	14,999	0	855,707	0	870,706	0	14,999	0	855,707	0	
6-14	80,547	0	3,236	0	77,311	0	692,258	0	33,183	0	659,075	0	692,258	0	33,183	0	659,075	0	
15-20	39,755	0	2,801	13,563	23,391	0	311,908	0	27,777	96,859	187,272	0	311,908	0	27,777	96,859	187,272	0	
21-44	73,188	27	8,808	64,299	54	0	526,283	151	85,841	439,863	428	0	526,283	151	85,841	439,863	428	0	
45-64	14,009	116	10,280	3,613	0	0	126,207	826	97,995	27,386	0	0	126,207	826	97,995	27,386	0	0	
65-74	1,827	1,713	113	1	0	0	17,263	16,210	1,051	2	0	0	17,263	16,210	1,051	2	0	0	
75-84	1,030	1,027	3	0	0	0	9,639	9,603	36	0	0	0	9,639	9,603	36	0	0	0	
85 and older	357	356	0	1	0	0	3,039	3,036	0	3	0	0	3,039	3,036	0	3	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	189,000	2,118	13,976	70,163	102,743	0	1,480,505	19,547	137,324	484,877	838,757	0	1,480,505	19,547	137,324	484,877	838,757	0	
Male	130,556	1,121	12,890	11,314	105,231	0	1,076,798	10,279	123,558	79,236	863,725	0	1,076,798	10,279	123,558	79,236	863,725	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	143,910	1,043	13,687	38,870	90,310	0	1,154,049	9,284	133,514	275,129	736,122	0	1,154,049	9,284	133,514	275,129	736,122	0	
African American	24,213	77	913	6,392	16,831	0	196,366	688	8,498	47,826	139,354	0	196,366	688	8,498	47,826	139,354	0	
Other/unknown	151,433	2,119	12,266	36,215	100,833	0	1,206,888	19,854	118,870	241,158	827,006	0	1,206,888	19,854	118,870	241,158	827,006	0	
Use of Nursing Facilities^c																			
Entire year	677	250	427	0	0	0	6,795	2,390	4,405	0	0	0	6,795	2,390	4,405	0	0	0	
Part year	505	101	402	2	0	0	4,711	909	3,779	23	0	0	4,711	909	3,779	23	0	0	
None	318,374	2,888	26,037	81,475	207,974	0	2,545,797	26,527	252,698	564,090	1,702,482	0	2,545,797	26,527	252,698	564,090	1,702,482	0	
Maintenance Assistance Status																			
Cash	147,359	2,731	25,711	46,046	72,871	0	1,224,526	25,921	250,562	347,207	600,836	0	1,224,526	25,921	250,562	347,207	600,836	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	131,327	146	5	22,635	108,541	0	991,282	1,010	47	124,340	865,885	0	991,282	1,010	47	124,340	865,885	0	
Other/unknown	40,870	362	1,150	12,796	26,562	0	341,495	2,895	10,273	92,566	235,761	0	341,495	2,895	10,273	92,566	235,761	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	255,926	2,599	21,357	67,235	164,735	0	2,139,011	24,807	218,737	476,046	1,419,421	0	2,139,011	24,807	218,737	476,046	1,419,421	0	
FFS part year, with Rx claims	30,063	386	3,770	8,647	17,260	0	224,255	3,276	29,981	59,962	131,036	0	224,255	3,276	29,981	59,962	131,036	0	
FFS part year, no Rx claims	33,567	254	1,739	5,595	25,979	0	194,037	1,743	12,164	28,105	152,025	0	194,037	1,743	12,164	28,105	152,025	0	

Table ND2

Nondual 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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	52.2 %	5.8	\$360	\$62	\$3,149	11.4 %	319,556
Age							
5 and younger	48.2	2.3	91	40	1,640	5.6	108,843
6-14	43.6	3.4	227	67	1,852	12.2	80,547
15-20	55.3	5.3	363	69	4,248	8.5	39,755
21-44	60.5	8.0	502	63	4,397	11.4	73,188
45-64	76.0	33.7	2,295	68	11,310	20.3	14,009
65-74	72.2	23.7	1,148	48	7,282	15.8	1,827
75-84	70.7	25.8	1,149	45	10,014	11.5	1,030
85 and older	68.1	30.1	1,239	41	16,734	7.4	357
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	72.0	24.6	1,159	47	9,354	12.4	3,239
Disabled	75.5	29.3	2,337	80	15,027	15.6	26,866
Adults	58.7	5.4	242	45	2,601	9.3	81,477
Children	46.3	2.7	139	52	1,733	8.0	207,974
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	54.8	6.3	352	56	3,046	11.5	189,000
Male	48.4	5.2	373	72	3,299	11.3	130,556
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	56.6	7.3	471	65	3,730	12.6	143,910
African American	46.9	4.3	235	55	2,524	9.3	24,213
Other/unknown	48.8	4.8	275	58	2,697	10.2	151,433
Use of Nursing Facilities^f							
Entire year	92.2	77.8	4,906	63	51,068	9.6	677
Part year	95.6	73.1	4,610	63	50,031	9.2	505
None	52.0	5.6	344	62	2,973	11.6	318,374
Maintenance Assistance Status							
Cash	55.5	8.7	569	65	3,929	14.5	147,359
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.3	2.4	96	41	1,506	6.4	131,327
Other/unknown	55.6	6.8	457	68	5,617	8.1	40,870

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 ND.3 includes beneficiaries represented by Cell K of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a 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	Mean \$, All Medicaid FFS ^d		
All	0.7	\$45	11.4 %	47.8 %	41.2 %	4.6 %	4.3 %	1.7 %	0.5 %	\$394	319,556	2,557,303
Age												
5 and younger	0.3	11	5.6	51.8	45.3	2.0	0.7	0.1	0.0	205	108,843	870,706
6-14	0.4	26	12.2	56.4	37.4	3.2	2.6	0.4	0.0	216	80,547	692,258
15-20	0.7	46	8.5	44.7	43.9	5.8	4.6	0.9	0.1	541	39,755	311,908
21-44	1.1	70	11.4	39.5	42.6	7.7	7.0	2.6	0.6	611	73,188	526,283
45-64	3.7	255	20.3	24.0	20.2	10.6	22.4	16.6	6.3	1,255	14,009	126,207
65-74	2.5	122	15.8	27.8	26.1	12.7	20.5	10.3	2.6	771	1,827	17,263
75-84	2.8	123	11.5	29.3	23.9	10.3	21.7	11.3	3.6	1,070	1,030	9,639
85 and older	3.5	146	7.4	31.9	12.3	9.8	23.0	17.9	5.0	1,966	357	3,039
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	2.7	126	12.4	28.0	24.2	12.0	21.6	11.3	2.9	1,016	3,239	29,826
Disabled	3.0	241	15.6	24.5	26.2	10.9	20.7	13.2	4.6	1,547	26,866	260,882
Adults	0.8	35	9.3	41.3	45.2	7.0	5.0	1.3	0.2	376	81,477	564,113
Children	0.3	17	8.0	53.7	41.8	2.7	1.6	0.2	0.0	212	207,974	1,702,482
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.8	45	11.5	45.2	42.7	5.0	4.5	1.9	0.6	389	189,000	1,480,505
Male	0.6	45	11.3	51.6	38.9	3.9	3.9	1.4	0.3	400	130,556	1,076,798
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	59	12.6	43.4	42.7	5.5	5.4	2.2	0.7	465	143,910	1,154,049
African American	0.5	29	9.3	53.1	38.5	3.9	3.2	1.1	0.2	311	24,213	196,366
Other/unknown	0.6	35	10.2	51.2	40.1	3.8	3.3	1.3	0.3	339	151,433	1,206,888
Use of Nursing Facilities^f												
Entire year	7.8	489	9.6	7.8	5.2	4.9	23.0	33.4	25.7	5,088	677	6,795
Part year	7.8	494	9.2	4.4	7.3	7.5	20.2	35.6	25.0	5,363	505	4,711
None	0.7	43	11.6	48.0	41.3	4.6	4.2	1.6	0.4	372	318,374	2,545,797
Maintenance Assistance Status												
Cash	1.0	69	14.5	44.5	39.6	5.6	6.4	3.0	0.9	473	147,359	1,224,526
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	6.4	52.7	42.9	3.0	1.3	0.1	0.0	200	131,327	991,282
Other/unknown	0.8	55	8.1	44.4	41.5	5.8	6.1	1.7	0.5	672	40,870	341,495

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary	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	0.7	\$45	\$62	0.3	\$36	\$118	0.0	\$1	\$51	0.4	\$8	\$20
Age												
5 and younger	0.3	11	40	0.1	9	89	0.0	0	46	0.2	2	14
6-14	0.4	26	67	0.2	22	108	0.0	1	73	0.2	4	20
15-20	0.7	46	69	0.3	38	121	0.0	1	62	0.3	7	20
21-44	1.1	70	63	0.4	55	129	0.0	2	47	0.6	13	20
45-64	3.7	255	68	1.5	199	131	0.1	6	48	2.1	49	23
65-74	2.5	122	48	1.0	90	88	0.1	3	35	1.4	28	20
75-84	2.8	123	45	1.1	91	82	0.1	2	23	1.6	29	19
85 and older	3.5	146	41	1.5	110	74	0.1	3	27	1.9	32	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.7	126	47	1.1	94	87	0.1	3	31	1.5	28	19
Disabled	3.0	241	80	1.3	195	148	0.1	7	59	1.6	38	24
Adults	0.8	35	45	0.3	26	96	0.0	1	30	0.5	8	17
Children	0.3	17	52	0.1	14	95	0.0	0	55	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.8	45	56	0.3	35	109	0.0	1	46	0.5	9	19
Male	0.6	45	72	0.3	37	133	0.0	1	61	0.3	7	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	59	65	0.4	47	121	0.0	2	53	0.5	10	21
African American	0.5	29	55	0.2	23	108	0.0	1	40	0.3	5	18
Other/unknown	0.6	35	58	0.2	27	115	0.0	1	49	0.3	7	19
Use of Nursing Facilities^e												
Entire year	7.8	489	63	3.2	375	119	0.3	11	43	4.3	103	24
Part year	7.8	494	63	2.9	379	129	0.3	17	51	4.5	97	21
None	0.7	43	62	0.3	34	118	0.0	1	51	0.4	8	20
Maintenance Assistance Status												
Cash	1.0	69	65	0.4	54	126	0.0	2	53	0.6	12	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	41	0.1	10	84	0.0	0	44	0.2	3	15
Other/unknown	0.8	55	68	0.4	46	115	0.0	1	50	0.4	8	20

Table ND5

Nondual 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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL 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 of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.2	0.1	0.0	0.2	\$11	\$8	\$0	\$3	\$46	\$91	\$83	\$18	244,869	\$11,256,497	101,395	31.7 %	986,430
Biologicals	0.4	0.4	0.0	0.0	531	502	21	8	1269	1,274	979	2,590	1,945	2,467,843	487	0.2	4,645
Antineoplastic Agents	0.6	0.3	0.0	0.2	233	215	5	13	397	666	194	53	4,546	1,802,946	767	0.2	7,744
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	22	16	1	4	44	72	23	21	160,260	7,127,385	32,984	10.3	321,630
Cardiovascular Agents	1.0	0.3	0.0	0.7	36	25	1	11	36	77	31	17	162,634	5,882,811	16,192	5.1	161,206
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	0	4	49	78	39	19	242,916	11,916,793	60,962	19.1	607,046
Gastrointestinal Agents	0.5	0.2	0.0	0.3	36	28	1	7	78	135	208	26	88,057	6,843,945	19,290	6.0	189,762
Genitourinary Agents	0.3	0.2	0.0	0.1	12	10	0	1	45	55	43	18	29,940	1,349,791	12,664	4.0	114,874
CNS Drugs	0.9	0.5	0.0	0.4	89	78	1	10	95	143	118	27	298,463	28,393,872	32,676	10.2	317,593
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	48	40	2	7	71	89	64	32	46,601	3,285,394	6,723	2.1	67,790
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	157	156	0	1	324	340	0	35	2,947	953,488	604	0.2	6,091
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	22	16	1	6	46	160	54	15	232,446	10,653,040	50,430	15.8	479,977
Neuromuscular Agents	0.7	0.3	0.0	0.3	55	45	1	8	80	136	46	26	145,530	11,573,215	20,961	6.6	211,178
Nutritional Products	0.4	0.0	0.0	0.3	9	2	1	6	24	53	25	20	51,646	1,259,213	17,122	5.4	136,453
Hematological Agents	0.8	0.2	0.1	0.5	221	211	1	8	291	905	25	18	18,693	5,433,877	2,483	0.8	24,615
Topical Products	0.2	0.1	0.0	0.2	7	4	0	2	32	67	61	16	117,188	3,728,794	51,594	16.1	516,490
Miscellaneous Products	0.6	0.2	0.1	0.4	91	64	11	16	143	381	209	38	6,269	897,793	987	0.3	9,843
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	5	0	0	0	30	0	0	0	11,544	349,023	7,581	2.4	77,478
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,866,494	115,175,720	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$17,600,789	13,841	4.3 %	142,534	0.7	\$183
ANTICONVULSANT	9,959,695	12,539	3.9	129,580	0.8	101
ANTIDEPRESSANTS	9,074,349	28,074	8.8	276,131	0.5	65
ANTIASTHMATIC	6,780,700	40,886	12.8	413,609	0.3	55
ANALGESICS - Narcotic	5,421,626	54,183	17.0	526,702	0.3	35
ULCER DRUGS	3,852,158	18,711	5.9	189,203	0.3	63
MISC. HEMATOLOGICAL	3,489,613	619	0.2	6,420	0.6	918
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,274,567	7,961	2.5	81,770	0.6	70
ANALGESICS - ANTI-INFLAMMATORY	3,200,491	24,478	7.7	240,049	0.2	56
ANTIDIABETIC	2,940,211	7,293	2.3	72,923	0.7	61
Total	65,594,199	208,585		2,078,921	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

Bene Mo(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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	828,459	\$65,594,199	13,841	4.3 %	142,534	0.7	12,539	3.9 %	129,580	0.8	\$77				
Female	510,727	34,954,978	7,206	3.8	73,377	0.6	7,249	3.8	74,205	0.7	72				
Disabled	237,839	20,005,521	3,454	24.7	36,877	0.7	4,016	28.7	43,245	0.8	84				
5 and younger	1,771	134,695	3	0.4	36	0.1	71	9.8	786	0.7	86				
6-14	7,722	684,586	110	9.2	1,188	0.7	285	23.8	3,224	0.9	90				
15-20	9,821	1,028,362	249	23.0	2,754	0.6	323	29.8	3,495	0.8	105				
21-44	74,359	6,748,540	1,440	31.3	15,136	0.7	1,568	34.1	16,689	0.9	94				
45-64	143,201	11,341,576	1,639	26.1	17,633	0.8	1,757	27.9	18,921	0.8	71				
65-74	932	64,753	13	17.8	130	0.9	12	16.4	130	0.8	61				
75-84	33	3,009	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				
Other Eligibles	272,888	14,949,457	3,752	2.1	36,500	0.5	3,233	1.8	30,960	0.5	55				
5 and younger	14,788	686,545	28	0.1	265	0.6	117	0.2	1,230	0.5	38				
6-14	38,939	2,948,537	830	2.2	8,832	0.6	447	1.2	4,737	0.6	62				
15-20	40,603	2,465,586	929	4.0	9,291	0.5	524	2.2	5,121	0.6	71				
21-44	141,557	6,704,981	1,596	2.8	14,509	0.3	1,768	3.1	16,113	0.5	52				
45-64	17,296	972,513	166	6.5	1,527	0.4	226	8.9	2,131	0.5	42				
65-74	9,885	603,335	69	6.3	751	0.7	71	6.5	800	0.6	44				
75-84	6,918	400,434	79	12.4	826	0.7	57	8.9	604	0.7	35				
85 and older	2,902	167,526	55	22.8	499	0.7	23	9.5	224	0.7	29				
Male	317,732	30,639,221	6,635	5.1	69,157	0.8	5,290	4.1	55,375	0.8	83				
Disabled	159,619	18,700,379	3,467	26.9	36,883	0.9	3,386	26.3	36,701	0.9	96				
5 and younger	2,961	325,646	11	1.2	123	0.5	80	8.9	868	0.8	141				
6-14	19,839	2,171,174	544	26.7	6,015	0.8	481	23.6	5,462	0.9	102				
15-20	17,678	2,746,490	544	31.7	5,873	0.8	498	29.0	5,467	0.9	94				
21-44	55,585	6,837,646	1,468	34.9	15,457	0.9	1,438	34.2	15,620	1.0	107				
45-64	63,196	6,594,752	895	22.4	9,371	0.9	882	22.1	9,214	0.8	71				
65-74	360	24,671	5	12.5	44	0.6	7	17.5	70	0.8	46				
75-84	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				
Other Eligibles	158,113	11,938,842	3,168	2.7	32,274	0.6	1,904	1.6	18,674	0.6	59				
5 and younger	24,502	1,340,639	85	0.2	916	0.4	212	0.4	2,217	0.5	44				
6-14	69,471	5,684,944	1,591	4.1	16,777	0.6	758	1.9	7,796	0.7	62				
15-20	34,456	3,184,098	1,230	9.1	12,262	0.7	535	4.0	5,105	0.7	69				
21-44	16,739	968,504	183	2.3	1,580	0.4	265	3.3	2,236	0.5	49				
45-64	5,103	318,135	15	1.3	134	0.4	69	5.8	623	0.5	52				
65-74	4,586	271,365	32	5.2	312	0.9	38	6.2	427	0.7	35				
75-84	2,384	114,709	23	5.9	198	0.7	21	5.4	212	0.6	23				
85 and older	872	56,448	9	7.8	95	0.6	6	5.2	58	0.7	20				
Unknown	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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}
NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTIASTHMATIC						ANALGESICS - Narcotic					
	Number of Users	Users as % of All Benes	Mean		Number of Users	Users as % of All Benes	Number of Users	Users as % of All Benes	Mean		Number of Users	Users as % of All Benes	Number of Users	Users as % of All Benes	Mean		Number of Users	Users as % of All Benes
			Benefit Months Among	of Rx per Benefit Month					Benefit Months Among	of Rx per Benefit Month					Benefit Months Among	of Rx per Benefit Month		
All	28,074	8.8 %	276,131	0.5	\$33	40,886	12.8 %	413,609	0.3	\$16	54,183	17.0 %	526,702	0.3	\$10			
Female	20,363	10.8	198,511	0.5	32	22,239	11.8	222,372	0.3	16	41,736	22.1	401,648	0.3	10			
Disabled	6,528	46.7	69,682	0.6	39	4,992	35.7	54,208	0.4	25	8,695	62.2	94,808	0.5	26			
5 and younger	2	0.3	22	0.7	24	209	28.8	2,321	0.3	18	59	8.1	664	0.1	1			
6-14	118	9.9	1,286	0.6	29	320	26.8	3,634	0.4	21	149	12.5	1,707	0.2	2			
15-20	283	26.1	3,099	0.6	38	258	23.8	2,902	0.4	20	303	28.0	3,444	0.2	4			
21-44	2,236	48.6	23,742	0.6	38	1,359	29.5	14,791	0.4	21	3,023	65.7	32,776	0.4	23			
45-64	3,859	61.3	41,236	0.6	40	2,838	45.1	30,488	0.5	29	5,131	81.6	55,898	0.5	30			
65-74	30	41.1	297	0.6	42	7	9.6	60	0.3	12	29	39.7	307	0.3	12			
75-84	0	0.0	0	0.0	0	1	33.3	12	1.3	123	1	33.3	12	0.1	1			
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	13,835	7.9	128,829	0.4	28	17,247	9.9	168,164	0.3	13	33,041	18.9	306,840	0.2	5			
5 and younger	31	0.1	315	0.3	15	4,534	8.6	45,978	0.2	10	991	1.9	10,482	0.1	1			
6-14	1,237	3.2	12,752	0.5	29	4,159	10.9	42,933	0.3	15	1,885	4.9	19,858	0.1	1			
15-20	2,477	10.6	23,694	0.4	28	2,429	10.3	23,213	0.3	11	5,718	24.4	54,106	0.2	2			
21-44	8,715	15.4	78,755	0.4	27	5,337	9.5	48,210	0.3	14	22,472	39.8	203,095	0.3	5			
45-64	930	36.6	8,623	0.5	31	443	17.5	4,120	0.3	18	1,249	49.2	11,587	0.4	13			
65-74	201	18.3	2,206	0.5	23	173	15.8	1,945	0.4	22	377	34.4	4,129	0.3	8			
75-84	149	23.3	1,570	0.6	32	128	20.0	1,329	0.5	25	245	38.3	2,611	0.3	7			
85 and older	95	39.4	914	0.7	42	44	18.3	436	0.3	14	104	43.2	972	0.5	17			
Male	7,711	5.9	77,620	0.6	36	18,647	14.3	191,237	0.3	17	12,447	9.5	125,054	0.3	13			
Disabled	3,299	25.6	34,796	0.6	40	3,110	24.1	33,663	0.4	27	4,368	33.9	45,943	0.5	26			
5 and younger	9	1.0	96	0.3	10	366	40.7	4,006	0.3	24	76	8.5	877	0.1	1			
6-14	321	15.7	3,542	0.6	37	696	34.1	7,934	0.4	23	214	10.5	2,458	0.1	2			
15-20	413	24.0	4,523	0.6	44	375	21.8	4,175	0.4	26	338	19.7	3,725	0.2	4			
21-44	1,146	27.3	12,018	0.7	44	555	13.2	5,993	0.5	24	1,458	34.7	15,253	0.4	27			
45-64	1,407	35.3	14,598	0.6	37	1,106	27.7	11,436	0.5	33	2,269	56.9	23,525	0.6	32			
65-74	3	7.5	19	0.6	58	12	30.0	119	0.3	21	13	32.5	105	0.5	59			
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	4,412	3.7	42,824	0.5	32	15,537	13.2	157,574	0.3	15	8,079	6.9	79,111	0.2	5			
5 and younger	71	0.1	788	0.3	15	7,345	13.4	74,580	0.2	13	1,256	2.3	13,144	0.1	1			
6-14	1,624	4.1	16,743	0.5	31	5,898	15.1	60,455	0.3	16	1,829	4.7	19,108	0.1	1			
15-20	1,589	11.8	15,117	0.5	36	1,467	10.9	14,880	0.3	15	1,926	14.3	19,099	0.1	1			
21-44	768	9.7	6,705	0.4	27	457	5.8	4,017	0.3	18	2,303	29.1	20,363	0.3	12			
45-64	234	19.6	2,174	0.4	25	166	13.9	1,499	0.4	24	449	37.7	4,005	0.4	16			
65-74	58	9.4	588	0.6	33	103	16.7	1,066	0.4	20	183	29.7	1,993	0.3	9			
75-84	44	11.3	452	0.5	24	62	16.0	698	0.3	15	102	26.3	1,075	0.3	5			
85 and older	24	20.7	257	0.7	42	39	33.6	379	0.3	22	31	26.7	324	0.3	20			
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Table ND7B

Nondual Beneficiaries

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

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ULCER DRUGS				MISC. HEMATOLOGICAL				STIMULANTS/ANTI-OBESITY/ANOREXIANTS			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	18,711	5.9%	189,203	\$20	619	0.2%	6,420	\$544	7,961	2.5%	81,770	\$40
Female	12,794	6.8	129,594	20	363	0.2	3,806	65	2,333	1.2	24,110	39
Disabled	5,136	36.7	56,110	27	236	1.7	2,506	65	442	3.2	4,773	47
5 and younger	120	16.5	1,231	17	2	0.3	19	47	3	0.4	33	29
6-14	122	10.2	1,390	25	2	0.2	24	599	126	10.5	1,364	41
15-20	130	12.0	1,474	28	3	0.3	36	26	71	6.6	765	43
21-44	1,408	30.6	15,371	25	29	0.6	302	57	108	2.3	1,151	46
45-64	3,322	52.8	36,280	27	198	3.1	2,110	61	133	2.1	1,456	56
65-74	33	45.2	352	32	2	2.7	15	83	1	1.4	4	28
75-84	1	33.3	12	9	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
Other Eligibles	7,658	4.4	73,484	15	127	0.1	1,300	63	1,891	1.1	19,337	37
5 and younger	1,017	1.9	9,045	10	1	0.0	12	9	74	0.1	762	21
6-14	603	1.6	6,541	11	1	0.0	12	511	1,262	3.3	13,111	38
15-20	1,027	4.4	10,150	11	2	0.0	24	48	303	1.3	3,135	35
21-44	3,764	6.7	34,864	15	18	0.0	188	47	223	0.4	2,053	43
45-64	482	19.0	4,640	21	22	0.9	179	53	23	0.9	219	30
65-74	401	36.6	4,418	19	37	3.4	401	69	1	0.1	12	27
75-84	258	40.4	2,732	21	35	5.5	379	58	2	0.3	24	2
85 and older	106	44.0	1,094	24	11	4.6	105	62	3	1.2	21	47
Male	5,917	4.5	59,609	22	256	0.2	2,614	1,241	5,628	4.3	57,660	41
Disabled	2,823	21.9	30,211	29	191	1.5	1,975	1,608	898	7.0	9,652	45
5 and younger	162	18.0	1,727	19	2	0.2	24	2,325	19	2.1	192	25
6-14	193	9.5	2,257	37	4	0.2	44	2,166	499	24.5	5,347	43
15-20	189	11.0	2,060	28	5	0.3	55	12,765	212	12.3	2,319	52
21-44	862	20.5	9,230	32	25	0.6	239	3,342	106	2.5	1,133	46
45-64	1,404	35.2	14,820	27	154	3.9	1,603	950	62	1.6	661	40
65-74	13	32.5	117	12	1	2.5	10	12	0	0.0	0	0
75-84	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
Other Eligibles	3,094	2.6	29,398	15	65	0.1	639	108	4,730	4.0	48,008	40
5 and younger	1,257	2.3	11,259	11	4	0.0	37	648	189	0.3	1,988	19
6-14	470	1.2	4,948	14	1	0.0	12	11	3,706	9.5	37,823	40
15-20	390	2.9	3,890	13	1	0.0	12	7	777	5.8	7,665	46
21-44	527	6.6	4,702	21	7	0.1	61	48	43	0.5	388	39
45-64	148	12.4	1,401	27	6	0.5	50	72	14	1.2	132	35
65-74	166	26.9	1,767	17	22	3.6	227	107	0	0.0	0	0
75-84	107	27.6	1,117	19	18	4.6	184	52	1	0.3	12	2
85 and older	29	25.0	314	30	6	5.2	56	76	0	0.0	0	0
Unknown	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0

Table ND7C

Nondual Beneficiaries

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

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 Mo(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 ND.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}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTI-DIABETIC					
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	24,478	7.7 %	240,049	0.2	7,293	2.3 %	72,923	0.7	319,556	2,557,303
Female	18,989	10.0	184,337	0.2	5,216	2.8	52,158	0.6	189,000	1,480,505
Disabled	4,240	30.3	46,444	0.4	2,746	19.6	29,330	0.7	13,976	137,324
5 and younger	10	1.4	92	0.2	0	0.0	0	0.0	726	6,613
6-14	35	2.9	397	0.2	18	1.5	202	0.9	1,196	12,348
15-20	146	13.5	1,641	0.2	29	2.7	336	0.4	1,083	10,774
21-44	1,332	28.9	14,608	0.3	492	10.7	5,292	0.6	4,604	45,145
45-64	2,691	42.8	29,410	0.4	2,185	34.7	23,280	0.7	6,291	61,684
65-74	26	35.6	296	0.3	21	28.8	208	0.7	73	724
75-84	0	0.0	0	0.0	1	33.3	12	1.3	3	36
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	14,749	8.4	137,893	0.2	2,470	1.4	22,828	0.6	175,024	1,343,181
5 and younger	653	1.2	6,577	0.1	17	0.0	182	0.7	52,440	418,158
6-14	792	2.1	8,256	0.2	102	0.3	1,048	0.8	38,142	324,938
15-20	2,844	12.1	27,053	0.2	167	0.7	1,570	0.6	23,473	175,006
21-44	9,188	16.3	83,075	0.2	1,249	2.2	10,611	0.5	56,454	386,997
45-64	653	25.7	6,243	0.3	338	13.3	3,077	0.6	2,538	19,507
65-74	386	35.2	4,181	0.4	375	34.2	3,963	0.6	1,097	10,486
75-84	194	30.4	2,117	0.4	181	28.3	1,932	0.7	639	6,006
85 and older	39	16.2	391	0.5	41	17.0	445	0.7	241	2,083
Male	5,489	4.2	55,712	0.2	2,077	1.6	20,765	0.7	130,556	1,076,798
Disabled	1,776	13.8	19,268	0.3	1,313	10.2	13,466	0.7	12,890	123,558
5 and younger	11	1.2	122	0.2	2	0.2	24	0.9	899	8,386
6-14	55	2.7	625	0.3	18	0.9	196	0.7	2,040	20,835
15-20	121	7.0	1,351	0.2	30	1.7	351	0.8	1,718	17,003
21-44	585	13.9	6,339	0.3	285	6.8	2,928	0.7	4,204	40,696
45-64	991	24.8	10,702	0.4	964	24.2	9,853	0.7	3,989	36,311
65-74	13	32.5	129	0.5	14	35.0	114	0.6	40	327
75-84	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
Other Eligibles	3,713	3.2	36,444	0.2	764	0.6	7,299	0.7	117,666	953,240
5 and younger	805	1.5	8,066	0.1	34	0.1	345	0.6	54,778	437,549
6-14	586	1.5	6,117	0.1	102	0.3	983	0.8	39,169	334,137
15-20	947	7.0	9,324	0.2	75	0.6	723	0.9	13,481	109,125
21-44	848	10.7	7,510	0.2	211	2.7	1,862	0.6	7,926	53,445
45-64	223	18.7	2,034	0.3	116	9.7	1,035	0.6	1,191	8,705
65-74	194	31.4	2,210	0.3	146	23.7	1,513	0.7	617	5,726
75-84	87	22.4	925	0.3	69	17.8	734	0.7	388	3,597
85 and older	23	19.8	258	0.4	11	9.5	104	0.5	116	956
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$489	7.8	677	6,795
Age				
0-64	607	8.5	417	4,302
65-74	400	7.5	66	687
75-84	271	6.6	95	920
85 and older	212	5.3	99	886
Unknown	0	0.0	0	0
Gender				
Female	492	7.9	397	3,995
Male	485	7.5	280	2,800
Unknown	0	0.0	0	0
Race				
White	506	7.8	484	4,834
African American	441	8.3	23	227
Other/unknown	447	7.5	170	1,734
Basis of Eligibility^c				
Aged	275	6.3	250	2,390
Disabled	605	8.6	427	4,405
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e} NONDUAL BENEFICIARIES, 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.3	0.0	0.2	\$42	\$36	\$1	\$5	\$87	\$134	\$72	\$23	\$184,879	420	62.0 %	4,438
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.4	0.0	0.3	259	230	0	29	378	569	0	104	67,349	26	3.8	260
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.7	56	39	2	15	39	65	19	21	182,530	307	45.3	3,284
Cardiovascular Agents	1.8	0.5	0.0	1.3	48	28	1	20	27	62	24	15	199,101	397	58.6	4,106
Respiratory Agents	1.0	0.6	0.0	0.4	54	44	1	8	52	73	70	20	127,251	226	33.4	2,375
Gastrointestinal Agents	1.1	0.2	0.0	0.9	48	26	1	21	42	104	45	25	182,131	363	53.6	3,800
Genitourinary Agents	0.9	0.6	0.0	0.3	44	39	1	5	52	67	36	19	71,752	148	21.9	1,622
CNS Drugs	2.4	1.4	0.0	0.9	251	208	6	37	106	149	119	40	1,337,994	503	74.3	5,326
Stimulants/Anti-obesity/Anorexia	0.9	0.3	0.0	0.6	54	42	0	12	58	145	0	19	10,769	18	2.7	200
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	200	200	0	0	259	259	0	0	109,483	51	7.5	548
Analgesics and Anesthetics	1.3	0.4	0.1	0.8	56	41	3	12	44	106	36	15	206,608	361	53.3	3,706
Neuromuscular Agents	1.6	0.7	0.1	0.9	112	81	2	29	71	123	33	34	468,498	381	56.3	4,169
Nutritional Products	0.8	0.0	0.0	0.8	19	5	0	14	23	201	13	18	35,394	174	25.7	1,841
Hematological Agents	1.7	0.2	0.1	1.3	48	34	2	12	28	147	13	9	67,479	139	20.5	1,402
Topical Products	0.5	0.2	0.0	0.3	19	12	2	5	40	73	47	19	62,653	295	43.6	3,232
Miscellaneous Products	0.4	0.0	0.0	0.4	12	10	0	2	27	199	0	5	4,808	39	5.8	401
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	40	0	0	0	2,571	21	3.1	220
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,321,250	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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
ANTIPSYCHOTICS	\$1,039,723	482	71.2 %	5,226	1.3	\$155	\$199
ANTICONVULSANT	338,338	353	52.1	3,925	1.1	76	86
ANTIDEPRESSANTS	263,506	470	69.4	5,032	0.9	60	52
ULCER DRUGS	132,827	431	63.7	4,619	0.6	46	29
ANTI-DIABETIC	123,411	245	36.2	2,629	1.0	49	47
ANALGESICS - Narcotic	112,182	394	58.2	4,079	0.8	33	28
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	109,483	50	7.4	541	0.8	259	202
ANTI-ASTHMATIC	97,143	263	38.8	2,801	0.6	57	35
ANALGESICS - ANTI-INFLAMMATORY	69,511	126	18.6	1,355	0.6	85	51
ANTIVIRAL	68,272	139	20.5	1,520	0.2	213	45
Total	2,354,396	2,953		31,727	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	27,655	\$2,354,396	482	71.2 %	5,226	1.3	\$199	353	52.1 %	3,925	1.1	\$86					
Female	16,201	1,369,052	272	68.5	3,004	1.2	195	195	49.1	2,161	1.2	89					
Disabled	11,655	1,067,392	188	85.1	2,117	1.4	222	153	69.2	1,720	1.2	99					
64 or younger	11,308	1,036,432	179	84.4	2,035	1.4	224	150	70.8	1,684	1.2	99					
65-74	330	29,142	9	112.5	82	1.0	155	3	37.5	36	1.5	103					
75-84	17	1,818	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	4,546	301,660	84	47.7	887	0.9	131	42	23.9	441	0.9	51					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	1,207	100,913	25	78.1	289	0.8	206	14	43.8	152	1.0	58					
75-84	1,869	117,475	33	50.0	363	0.9	110	18	27.3	187	0.9	58					
85 and older	1,470	83,272	26	33.3	235	0.8	73	10	12.8	102	0.9	30					
Male	11,454	985,344	210	75.0	2,222	1.3	204	158	56.4	1,764	1.1	82					
Disabled	9,408	861,644	176	85.4	1,901	1.4	215	142	68.9	1,594	1.1	87					
64 or younger	9,399	861,394	176	85.9	1,901	1.4	215	141	68.8	1,582	1.1	87					
65-74	9	250	0	0.0	0	0.0	0	1	100.0	12	0.8	21					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	2,046	123,700	34	45.9	321	1.0	142	16	21.6	170	1.0	40					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	855	59,466	19	76.0	169	1.2	198	6	24.0	72	1.3	76					
75-84	743	32,598	8	28.6	78	0.9	73	7	25.0	62	0.8	15					
85 and older	448	31,636	7	33.3	74	0.7	87	3	14.3	36	0.6	11					
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	470	69.4 %	5,032	0.9	\$52	431	63.7 %	4,619	0.6	\$29	245	36.2 %	2,629	1.0	\$47
Female															
Disabled	301	75.8	3,265	0.9	53	260	65.5	2,772	0.6	27	154	38.8	1,643	0.9	40
64 or younger	184	83.3	2,051	0.9	57	165	74.7	1,754	0.6	29	103	46.6	1,078	0.9	43
65-74	179	84.4	2,008	0.9	55	154	72.6	1,647	0.6	29	99	46.7	1,046	0.9	42
75-84	5	62.5	43	1.3	119	11	137.5	107	0.6	23	4	50.0	32	0.8	49
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	117	66.5	1,214	0.8	47	95	54.0	1,018	0.5	25	51	29.0	565	0.8	33
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	26	81.3	295	0.8	36	21	65.6	234	0.6	17	12	37.5	138	0.9	37
75-84	40	60.6	420	0.8	48	38	57.6	407	0.5	28	23	34.8	258	0.8	34
85 and older	51	65.4	499	0.9	52	36	46.2	377	0.6	27	16	20.5	169	0.7	29
Male															
Disabled	169	60.4	1,767	0.9	51	171	61.1	1,847	0.7	31	91	32.5	986	1.1	59
64 or younger	131	63.6	1,377	0.9	51	132	64.1	1,437	0.6	33	67	32.5	709	1.2	72
65-74	131	63.9	1,377	0.9	51	132	64.4	1,437	0.6	33	67	32.7	709	1.2	72
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	38	51.4	390	0.9	54	39	52.7	410	0.7	23	24	32.4	277	1.0	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	13	52.0	117	1.1	63	12	48.0	117	0.9	21	7	28.0	84	0.9	16
75-84	11	39.3	125	0.9	49	22	78.6	233	0.6	21	15	53.6	169	1.0	36
85 and older	14	66.7	148	0.8	51	5	23.8	60	0.8	33	2	9.5	24	1.1	18
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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=09e0ffed-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 ND10B

Nondual Beneficiaries

TABLE ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTI-ASTHMATIC				
	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	394	58.2 %	4,079	0.8	\$28	50	7.4 %	541	0.8	\$202	263	38.8 %	2,801	0.6	\$35
Female	263	66.2	2,755	0.8	24	39	9.8	433	0.8	228	139	35.0	1,468	0.6	33
Disabled	161	72.9	1,755	0.8	28	16	7.2	188	0.7	412	94	42.5	1,023	0.6	36
64 or younger	154	72.6	1,679	0.8	27	15	7.1	176	0.6	431	91	42.9	1,003	0.6	36
65-74	6	75.0	64	0.6	45	0	0.0	0	0.0	0	3	37.5	20	0.3	16
75-84	1	100.0	12	0.1	1	1	100.0	12	1.1	144	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	102	58.0	1,000	0.7	19	23	13.1	245	0.9	86	45	25.6	445	0.7	25
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	20	62.5	210	0.9	24	3	9.4	36	0.8	70	8	25.0	96	1.0	43
75-84	41	62.1	399	0.7	10	12	18.2	123	1.0	104	24	36.4	248	0.7	22
85 and older	41	52.6	391	0.7	25	8	10.3	86	0.7	69	13	16.7	101	0.3	14
Male	131	46.8	1,324	0.9	34	11	3.9	108	0.8	100	124	44.3	1,333	0.6	37
Disabled	102	49.5	1,015	0.9	35	7	3.4	60	0.8	67	84	40.8	888	0.8	47
64 or younger	102	49.8	1,015	0.9	35	7	3.4	60	0.8	67	84	41.0	888	0.8	47
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	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	29	39.2	309	1.0	33	4	5.4	48	0.9	142	40	54.1	445	0.3	18
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	9	36.0	108	1.4	38	0	0.0	0	0.0	0	13	52.0	145	0.4	24
75-84	10	35.7	93	1.1	8	1	3.6	12	0.9	243	12	42.9	144	0.3	17
85 and older	10	47.6	108	0.5	48	3	14.3	36	0.9	108	15	71.4	156	0.2	14
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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 ND10C

Nondual Beneficiaries

TABLE ND.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, COLORADO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIVIRAL							
	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	126	18.6 %	1,355	0.6	\$51	139	20.5 %	1,520	0.2	\$45	677	6,795
Female	82	20.7	860	0.6	57	80	20.2	910	0.1	16	397	3,995
Disabled	56	25.3	595	0.6	69	42	19.0	483	0.1	25	221	2,318
64 or younger	55	25.9	591	0.6	69	37	17.5	423	0.2	28	212	2,227
65-74	1	12.5	4	1.3	84	3	37.5	36	0.1	2	8	79
75-84	0	0.0	0	0.0	0	2	200.0	24	0.1	4	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	26	14.8	265	0.5	28	38	21.6	427	0.1	6	176	1,677
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	9	28.1	101	0.3	8	7	21.9	84	0.1	2	32	346
75-84	6	9.1	66	0.5	37	14	21.2	167	0.2	10	66	635
85 and older	11	14.1	98	0.6	43	17	21.8	176	0.1	4	78	696
Male	44	15.7	495	0.6	42	59	21.1	610	0.3	88	280	2,800
Disabled	30	14.6	340	0.6	40	42	20.4	420	0.4	126	206	2,087
64 or younger	30	14.6	340	0.6	40	42	20.5	420	0.4	126	205	2,075
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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	14	18.9	155	0.7	46	17	23.0	190	0.1	4	74	713
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	20.0	60	0.5	19	6	24.0	62	0.1	8	25	250
75-84	5	17.9	47	0.8	57	5	17.9	60	0.1	3	28	273
85 and older	4	19.0	48	1.0	70	6	28.6	68	0.1	3	21	190
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 505 beneficiaries who were in nursing facilities for part of their enrollment and their 4,711 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
				Part D Excluded Rx	Rx \$ per Beneficiary				
All	35,069	11.0 %	0.4	126,635	\$9	\$3,000,766	\$24	2.6 %	319,556
Age									
5 and younger	12,297	11.3	0.2	24,704	5	548,946	22	5.5	108,843
6-14	7,514	9.3	0.2	19,697	7	550,306	28	3.0	80,547
15-20	3,757	9.5	0.2	9,305	6	251,683	27	1.7	39,755
21-44	6,370	8.7	0.5	33,602	11	769,305	23	2.1	73,188
45-64	4,330	30.9	2.5	34,445	58	814,997	24	2.5	14,009
65-74	434	23.8	1.4	2,484	19	33,985	14	1.6	1,827
75-84	268	26.0	1.7	1,706	22	22,388	13	1.9	1,030
85 and older	99	27.7	1.9	692	26	9,156	13	2.1	357
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	816	25.2	1.5	4,837	19	62,723	13	1.7	3,239
Disabled	7,541	28.1	2.3	62,683	67	1,808,178	29	2.9	26,866
Adults	5,682	7.0	0.2	19,350	4	331,124	17	1.7	81,477
Children	21,030	10.1	0.2	39,765	4	798,741	20	2.8	207,974
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	20,546	10.9	0.4	79,057	9	1,769,881	22	2.7	189,000
Male	14,523	11.1	0.4	47,578	9	1,230,885	26	2.5	130,556
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	17,308	12.0	0.5	70,123	12	1,721,604	25	2.5	143,910
African American	1,548	6.4	0.2	4,802	4	88,170	18	1.6	24,213
Other/unknown	16,213	10.7	0.3	51,710	8	1,190,992	23	2.9	151,433
Use of Nursing Facilities^d									
Entire year	343	50.7	5.3	3,591	109	73,577	20	2.2	677
Part year	331	65.5	6.1	3,067	129	65,235	21	2.8	505
None	34,395	10.8	0.4	119,977	9	2,861,954	24	2.6	318,374
Maintenance Assistance Status									
Cash	19,495	13.2	0.6	91,884	15	2,281,288	25	2.7	147,359
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	11,405	8.7	0.2	20,244	3	387,389	19	3.1	131,327
Other/unknown	4,169	10.2	0.4	14,507	8	332,089	23	1.8	40,870

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$1	\$24	\$0	\$0	2,557,303
Age						
5 and younger	0.0	1	22	0	0	870,706
6-14	0.0	1	28	0	0	692,258
15-20	0.0	1	27	0	0	311,908
21-44	0.1	1	23	0	1	526,283
45-64	0.3	6	24	0	3	126,207
65-74	0.1	2	14	0	1	17,263
75-84	0.2	2	13	0	1	9,639
85 and older	0.2	3	13	0	1	3,039
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	13	0	1	29,826
Disabled	0.2	7	29	0	3	260,882
Adults	0.0	1	17	0	0	564,113
Children	0.0	0	20	0	0	1,702,482
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	22	0	0	1,480,505
Male	0.0	1	26	0	0	1,076,798
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	25	0	1	1,154,049
African American	0.0	0	18	0	0	196,366
Other/unknown	0.0	1	23	0	0	1,206,888
Use of Nursing Facilities^d						
Entire year	0.5	11	20	0	5	6,795
Part year	0.7	14	21	0	6	4,711
None	0.0	1	24	0	0	2,545,797
Maintenance Assistance Status						
Cash	0.1	2	25	0	1	1,224,526
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	19	0	0	991,282
Other/unknown	0.0	1	23	0	0	341,495

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
COLORADO, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
All	38,176	\$79	\$3,000,766	100.0 %	126,635	\$24	100.0 %	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	4	66	264	0.0	7	38	0.0	0.0
Drugs for cosmetic purposes	93	14	1,270	0.0	142	9	0.1	0.1
Cough and cold medications	23,225	35	809,290	27.0	41,124	20	32.5	32.5
Vitamins and minerals	2,705	148	400,049	13.3	20,588	19	16.3	16.3
Non-prescription drugs	1,019	33	33,760	1.1	3,321	10	2.6	2.6
Barbiturates	519	54	27,949	0.9	3,789	7	3.0	3.0
Benzodiazepines	8,876	118	1,045,263	34.8	49,296	21	38.9	38.9
Other Part D Excl Rx Drugs	1,735	394	682,921	22.8	8,368	82	6.6	6.6

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

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

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	398,908	4,011	37,054	94,983	262,860	0	3,572,029	40,033	394,510	728,924	2,408,562	0
Age												
5 and younger	135,171	0	1,986	0	133,185	0	1,208,178	0	19,743	0	1,188,435	0
6-14	105,276	0	4,397	0	100,879	0	1,013,049	0	48,253	0	964,796	0
15-20	48,478	0	3,685	16,051	28,742	0	420,097	0	39,054	126,029	255,014	0
21-44	86,745	27	12,190	74,474	54	0	697,196	151	131,623	565,105	317	0
45-64	19,209	116	14,638	4,455	0	0	192,870	826	154,271	37,773	0	0
65-74	2,318	2,164	153	1	0	0	23,642	22,134	1,506	2	0	0
75-84	1,312	1,306	5	1	0	0	13,409	13,337	60	12	0	0
85 and older	399	398	0	1	0	0	3,588	3,585	0	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	233,169	2,610	19,474	81,341	129,744	0	2,047,538	26,125	210,367	624,323	1,186,723	0
Male	165,739	1,401	17,580	13,642	133,116	0	1,524,491	13,908	184,143	104,601	1,221,839	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	173,680	1,224	17,883	45,204	109,369	0	1,538,121	11,627	189,919	352,240	984,335	0
African American	31,039	100	1,498	7,860	21,581	0	293,638	1,008	16,041	68,479	208,110	0
Other/unknown	194,189	2,687	17,673	41,919	131,910	0	1,740,270	27,398	188,550	308,205	1,216,117	0
Use of Nursing Facilities^c												
Entire year	788	271	517	0	0	0	8,256	2,689	5,567	0	0	0
Part year	585	113	470	2	0	0	5,750	1,065	4,661	24	0	0
None	397,535	3,627	36,067	94,981	262,860	0	3,558,023	36,279	384,282	728,900	2,408,562	0
Maintenance Assistance Status												
Cash	188,580	3,471	35,735	55,369	94,005	0	1,776,533	35,769	382,086	469,652	889,026	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	164,553	146	5	24,905	139,497	0	1,385,057	1,010	47	144,694	1,239,306	0
Other/unknown	45,775	394	1,314	14,709	29,358	0	410,439	3,254	12,377	114,578	280,230	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	255,926	2,599	21,357	67,235	164,735	0	2,138,768	24,767	218,702	476,042	1,419,257	0
FFS part year, with Rx claims	30,063	386	3,770	8,647	17,260	0	327,793	4,403	43,510	89,000	190,880	0
FFS part year, no Rx claims	33,576	259	1,742	5,596	25,979	0	326,749	2,642	17,754	48,986	257,367	0
MC all year, with Rx claims	850	15	120	221	494	0	9,513	147	1,419	2,479	5,468	0
MC all year, no Rx claims	78,493	752	10,065	13,284	54,392	0	769,206	8,074	113,125	112,417	535,590	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, COLORADO, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Benefit Months
All	398,908	3,572,029	319,556	2,557,303	1,014,726
Fee-for-service (FFS) all year	255,926	2,138,768	255,926	2,139,011	-243
FFS part year, with Rx claims	30,063	327,793	30,063	224,255	103,538
FFS part year, with no Rx claims	33,576	326,749	33,567	194,037	132,712
Managed care (MC) all year, with Rx claims	850	9,513	0	0	9,513
MC all year, with no Rx claims	78,493	769,206	0	0	769,206

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