

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 COLORADO

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	55,829	34,796	20,501	521	8	3	568,975	349,817	216,367	2,696	81	14
Age												
5 and younger	5	0	5	0	0	0	49	0	49	0	0	0
6-14	9	0	9	0	0	0	86	0	86	0	0	0
15-20	78	0	71	0	7	0	785	0	707	0	78	0
21-44	8,473	0	8,201	270	1	1	88,740	0	87,159	1,568	3	10
45-64	12,040	0	11,895	145	0	0	126,673	0	125,870	803	0	0
65-74	12,460	12,064	310	84	0	2	127,746	125,080	2,398	264	0	4
75-84	12,723	12,697	7	19	0	0	129,192	129,067	68	57	0	0
85 and older	10,040	10,034	3	3	0	0	95,703	95,669	30	4	0	0
Unknown	1	1	0	0	0	0		1	0	0	0	0
Gender												
Female	35,805	25,042	10,404	354	2	3	366,121	254,347	109,870	1,866	24	14
Male	20,024	9,754	10,097	167	6	0	202,854	95,470	106,497	830	57	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	30,204	19,312	10,671	216	4	1	307,526	192,021	114,434	1,036	33	2
African American	1,776	954	767	55	0	0	17,863	9,820	7,808	235	0	0
Other/unknown	23,849	14,530	9,063	250	4	2	243,586	147,976	94,125	1,425	48	12
Use of Nursing Facilities^c												
Entire year	8,161	7,364	796	1	0	0	81,657	72,986	8,670	1	0	0
Part year	4,619	4,014	605	0	0	0	42,767	36,620	6,147	0	0	0
None	43,049	23,418	19,100	520	8	3	444,551	240,211	201,550	2,695	81	14
Maintenance Assistance Status												
Cash	39,028	24,193	14,429	406	0	0	407,181	253,199	151,878	2,104	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	646	306	278	59	0	3	6,077	3,091	2,662	310	0	14
Other/unknown	16,155	10,297	5,794	56	8	0	155,717	93,527	61,827	282	81	0
Dual Medicare Status^d												
Full dual, all year	53,511	33,569	19,424	507	8	3	545,487	337,326	205,506	2,560	81	14
Full dual, part year	2,318	1,227	1,077	14	0	0	23,488	12,491	10,861	136	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	54,176	33,908	19,754	503	8	3	560,196	344,919	212,545	2,637	81	14
FFS part year, with Rx claims	1,157	533	611	13	0	0	6,043	2,793	3,209	41	0	0
FFS part year, no Rx claims	496	355	136	5	0	0	2,736	2,105	613	18	0	0

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. 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, 2004

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	81.4 %	45.7	\$2,882	\$63	\$17,194	16.8 %	55,829
Age							
5 and younger	80.0	38.2	3,620	95	22,823	15.9	5
6-14	77.8	56.2	7,183	128	26,613	27.0	9
15-20	71.8	29.1	3,082	106	13,846	22.3	78
21-44	78.7	35.8	3,651	102	17,460	20.9	8,473
45-64	82.2	51.9	4,022	78	18,478	21.8	12,040
65-74	78.5	44.0	2,446	56	11,089	22.1	12,460
75-84	82.7	48.1	2,407	50	16,428	14.7	12,723
85 and older	84.7	45.9	2,004	44	23,991	8.4	10,040
Unknown	0.0	0.0	0	0	51	0.0	1
Basis of Eligibility^e							
Aged	82.2	46.4	2,319	50	16,830	13.8	34,796
Disabled	80.9	45.5	3,890	85	18,184	21.4	20,501
Adults	42.6	11.4	820	72	2,466	33.2	521
Children	75.0	20.3	1,973	97	7,169	27.5	8
Unknown	100.0	34.0	4,131	122	41,282	10.0	3
Gender							
Female	83.9	49.3	2,883	59	16,854	17.1	35,805
Male	77.0	39.4	2,881	73	17,800	16.2	20,024
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	83.6	50.1	3,132	63	20,799	15.1	30,204
African American	76.2	37.6	2,339	62	14,768	15.8	1,776
Other/unknown	79.0	40.9	2,607	64	12,808	20.4	23,849
Use of Nursing Facilities^f							
Entire year	93.4	69.2	3,566	52	42,463	8.4	8,161
Part year	92.1	61.9	3,223	52	26,373	12.2	4,619
None	78.0	39.6	2,716	69	11,418	23.8	43,049
Maintenance Assistance Status							
Cash	80.9	42.9	2,679	63	13,494	19.9	39,028
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	51.9	13.1	827	63	2,837	29.2	646
Other/unknown	83.8	53.9	3,456	64	26,706	12.9	16,155

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	4.5	\$283	16.8 %	18.6 %	15.2 %	9.1 %	24.4 %	23.4 %	9.2 %	\$1,687	55,829	568,975
Age												
5 and younger	3.9	369	15.9	20.0	20.0	0.0	40.0	20.0	0.0	2,329	5	49
6-14	5.9	752	27.0	22.2	11.1	11.1	22.2	11.1	22.2	2,785	9	86
15-20	2.9	306	22.3	28.2	21.8	9.0	23.1	14.1	3.8	1,376	78	785
21-44	3.4	349	20.9	21.3	22.4	11.3	22.8	16.1	6.1	1,667	8,473	88,740
45-64	4.9	382	21.8	17.8	14.2	8.8	22.8	24.5	11.9	1,756	12,040	126,673
65-74	4.3	239	22.1	21.5	15.9	9.1	22.9	21.3	9.2	1,082	12,460	127,746
75-84	4.7	237	14.7	17.3	13.2	8.3	25.8	25.7	9.7	1,618	12,723	129,192
85 and older	4.8	210	8.4	15.3	12.1	8.3	28.0	28.1	8.3	2,517	10,040	95,703
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	51	1	1
Basis of Eligibility^e												
Aged	4.6	231	13.8	17.8	13.9	8.6	25.6	25.0	9.2	1,674	34,796	349,817
Disabled	4.3	369	21.4	19.1	17.5	9.8	22.9	21.1	9.6	1,723	20,501	216,367
Adults	2.2	158	33.2	57.4	15.2	4.6	11.5	9.2	2.1	477	521	2,696
Children	2.0	195	27.5	25.0	25.0	12.5	25.0	12.5	0.0	708	8	81
Unknown	7.3	885	10.0	0.0	33.3	33.3	0.0	33.3	0.0	8,846	3	14
Gender												
Female	4.8	282	17.1	16.1	14.0	8.8	25.5	25.4	10.1	1,648	35,805	366,121
Male	3.9	284	16.2	23.0	17.4	9.5	22.6	19.9	7.7	1,757	20,024	202,854
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	308	15.1	16.4	13.4	8.5	24.7	25.9	11.1	2,043	30,204	307,526
African American	3.7	233	15.8	23.8	16.8	9.0	24.7	19.7	6.1	1,468	1,776	17,863
Other/unknown	4.0	255	20.4	21.0	17.4	9.8	24.1	20.6	7.1	1,254	23,849	243,586
use of nursing Facilities^f												
Entire year	6.9	356	8.4	6.6	7.0	6.1	25.4	36.1	18.8	4,244	8,161	81,657
Part year	6.7	348	12.2	7.9	8.3	6.3	25.0	34.5	17.9	2,848	4,619	42,767
None	3.8	263	23.8	22.0	17.5	9.9	24.2	19.8	6.5	1,106	43,049	444,551
Maintenance Assistance Status												
Cash	4.1	257	19.9	19.1	17.0	9.8	24.9	21.6	7.6	1,293	39,028	407,181
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.4	88	29.2	48.1	24.1	10.1	10.8	5.0	1.9	302	646	6,077
Other/unknown	5.6	359	12.9	16.2	10.6	7.2	23.9	28.6	13.4	2,771	16,155	155,717

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	\$283	\$63	1.7	\$207	\$122	0.3	\$18	\$69	2.5	\$57	\$23
Age												
5 and younger	3.9	369	95	1.6	321	199	0.1	7	111	2.2	42	19
6-14	5.9	752	128	2.2	628	284	0.5	37	81	3.2	86	27
15-20	2.9	306	106	1.4	265	190	0.1	7	48	1.3	34	25
21-44	3.4	349	102	1.4	272	195	0.2	24	108	1.8	53	29
45-64	4.9	382	78	1.9	280	151	0.3	28	94	2.8	74	27
65-74	4.3	239	56	1.7	172	103	0.2	14	61	2.4	52	22
75-84	4.7	237	50	1.8	170	95	0.3	13	50	2.7	54	20
85 and older	4.8	210	44	1.7	145	88	0.3	13	41	2.8	51	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	231	50	1.7	164	96	0.3	14	50	2.6	53	20
Disabled	4.3	369	85	1.7	277	166	0.3	26	98	2.4	65	28
Adults	2.2	158	72	0.8	109	142	0.1	18	125	1.3	32	25
Children	2.0	195	97	0.8	121	155	0.0	0	12	1.2	74	61
Unknown	7.3	885	122	2.6	339	132	0.6	264	462	4.1	283	68
Gender												
Female	4.8	282	59	1.8	205	113	0.3	18	62	2.7	59	22
Male	3.9	284	73	1.5	211	142	0.2	19	85	2.2	55	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.9	308	63	1.9	224	121	0.3	21	68	2.7	62	23
African American	3.7	233	62	1.3	173	129	0.2	14	66	2.2	46	21
Other/unknown	4.0	255	64	1.5	187	123	0.2	16	71	2.3	52	23
Use of Nursing Facilities^e												
Entire year	6.9	356	52	2.5	250	101	0.5	26	54	4.0	81	20
Part year	6.7	348	52	2.4	248	103	0.4	24	54	3.8	76	20
None	3.8	263	69	1.5	195	131	0.2	17	78	2.1	51	24
Maintenance Assistance Status												
Cash	4.1	257	63	1.6	189	120	0.2	16	68	2.3	52	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.4	88	63	0.5	64	126	0.1	6	83	0.8	19	23
Other/unknown	5.6	359	64	2.1	261	126	0.4	26	70	3.1	72	23

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 0.2 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.medispn.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	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			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$31	\$24	\$2	\$5	\$87	\$164	\$100	\$27	100,703	\$8,783,973	25,721	46.1 %	281,194
Biologicals	0.1	0.0	0.0	0.1	124	3	75	46	925	575	13,166	374	165	152,666	109	0.2	1,230
Antineoplastic Agents	0.6	0.1	0.0	0.5	81	51	1	29	140	476	174	62	9,548	1,334,725	1,573	2.8	16,476
Endocrine/Metabolic Drugs	1.1	0.4	0.2	0.5	48	35	3	10	44	87	20	18	281,432	12,284,184	23,645	42.4	255,231
Cardiovascular Agents	1.8	0.6	0.0	1.2	64	42	2	20	37	75	40	18	582,754	21,291,773	30,741	55.1	330,425
Respiratory Agents	0.8	0.6	0.0	0.2	51	46	0	5	65	84	38	21	147,358	9,624,681	17,151	30.7	186,914
Gastrointestinal Agents	0.8	0.2	0.0	0.5	45	31	2	13	59	151	50	24	170,796	10,117,345	20,545	36.8	223,385
Genitourinary Agents	0.6	0.4	0.0	0.2	38	33	2	3	64	83	52	21	57,743	3,719,363	8,862	15.9	96,771
CNS Drugs	1.4	0.6	0.1	0.7	127	98	8	21	89	152	92	30	428,471	38,093,845	27,924	50.0	299,804
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	68	55	4	10	102	176	111	31	6,270	640,938	860	1.5	9,380
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	187	187	0	0	225	227	84	30	34,360	7,730,398	3,905	7.0	41,325
Analgesics and Anesthetics	1.0	0.3	0.0	0.6	63	46	3	15	65	145	172	23	286,281	18,519,233	27,298	48.9	294,302
Neuromuscular Agents	1.1	0.3	0.2	0.6	92	50	23	19	83	149	116	33	189,885	15,764,732	15,676	28.1	171,567
Nutritional Products	0.6	0.0	0.0	0.6	11	0	1	10	18	28	25	17	64,737	1,148,224	9,668	17.3	102,381
Hematological Agents	1.0	0.3	0.0	0.7	62	51	2	9	62	187	50	13	86,881	5,410,385	8,143	14.6	86,658
Topical Products	0.5	0.2	0.0	0.2	21	15	2	5	46	80	54	20	91,782	4,264,219	18,250	32.7	201,970
Miscellaneous Products	0.6	0.2	0.0	0.4	141	112	6	24	235	538	251	64	7,901	1,859,012	1,253	2.2	13,156
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	25	0	0	0	6,513	165,412	1,912	3.4	21,202
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.	2,553,580	160,905,108	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.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, 0.2 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 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$23,956,856	13,954	25.0 %	153,123	0.9	\$179	\$156
ANTICONVULSANT	12,643,404	13,291	23.8	146,847	0.9	99	86
ANTIDEPRESSANTS	11,745,542	24,786	44.4	269,421	0.7	61	44
ANALGESICS - Narcotic	10,518,110	32,395	58.0	352,908	0.5	56	30
ANTIHYPERTENSIVE	8,253,852	12,649	22.7	141,535	0.7	88	58
NEUROLOGICAL	7,681,489	4,411	7.9	47,000	0.7	224	163
ANTIDIABETIC	6,980,775	15,158	27.2	165,950	0.7	57	42
ANTIASTHMATIC	6,380,766	17,288	31.0	188,999	0.5	70	34
ULCER DRUGS	6,330,850	20,860	37.4	230,790	0.5	53	27
ANALGESICS - ANTI-INFLAMMATORY	6,325,887	14,392	25.8	161,934	0.4	89	39
Total	100,817,531	169,184		1,858,507	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	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
All	1,175,004	\$100,817,531	13,954	25.0 %	153,123	0.9	\$157	13,291	23.8 %	146,847	0.9	\$86
Female	784,599	64,083,886	7,948	22.2	86,674	0.8	133	8,043	22.5	88,727	0.8	81
Disabled	278,475	29,313,364	3,581	34.4	40,443	0.9	173	4,196	40.3	47,245	0.9	106
5 and younger	9	205	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	23	1,790	0	0.0	0	0.0	0	1	25.0	8	0.4	10
15-20	359	31,724	8	25.8	96	0.7	130	12	38.7	141	0.8	80
21-44	81,469	9,901,756	1,495	41.6	16,755	0.8	175	1,610	44.8	18,184	0.9	122
45-64	193,687	19,139,896	2,060	31.4	23,401	0.9	173	2,540	38.7	28,594	0.9	97
65-74	2,907	236,020	18	8.9	191	0.8	84	32	15.8	309	0.8	62
75-84	12	935	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	9	1,038	0	0.0	0	0.0	0	1	33.3	9	0.6	73
Other Eligibles	506,124	34,770,522	4,367	17.2	46,231	0.8	98	3,847	15.1	41,482	0.8	52
5 and younger	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
15-20	8	148	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,604	119,510	35	17.2	229	0.5	115	30	14.7	219	1.1	109
45-64	693	73,121	7	8.1	66	0.7	167	9	10.5	75	0.7	117
65-74	169,340	12,309,998	1,090	13.9	12,033	0.8	117	1,406	17.9	15,543	0.8	62
75-84	190,843	13,190,142	1,682	18.6	17,961	0.7	99	1,447	16.0	15,810	0.7	49
85 and older	143,636	9,077,603	1,553	19.0	15,942	0.7	84	955	11.7	9,835	0.8	40
Male	390,405	36,733,645	6,006	30.0	66,449	1.0	187	5,248	26.2	58,120	0.9	94
Disabled	219,815	24,632,872	4,295	42.5	48,745	1.0	214	3,660	36.2	41,364	1.0	111
5 and younger	20	1,283	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	34	3,204	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	584	70,404	15	37.5	180	1.0	282	12	30.0	136	1.2	60
21-44	87,554	10,933,114	2,171	47.1	24,497	1.0	213	1,656	36.0	18,749	1.0	123
45-64	130,514	13,540,137	2,099	39.4	23,968	1.0	214	1,980	37.1	22,395	1.0	101
65-74	1,108	84,352	10	9.3	100	1.3	187	12	11.1	84	1.4	76
75-84	1	378	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	170,590	12,100,773	1,711	17.2	17,704	0.8	112	1,588	16.0	16,756	0.8	54
5 and younger	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
15-20	43	3,972	2	40.0	24	1.0	139	0	0.0	0	0.0	0
21-44	537	39,738	3	4.4	19	1.6	263	14	20.6	112	0.6	89
45-64	409	27,391	0	0.0	0	0.0	0	2	3.4	24	0.5	36
65-74	74,962	5,689,926	639	14.9	7,001	0.9	144	759	17.7	8,394	0.8	64
75-84	65,038	4,453,032	661	18.1	6,856	0.7	96	558	15.3	5,867	0.8	46
85 and older	29,601	1,886,714	406	21.9	3,804	0.7	81	255	13.8	2,359	0.8	39
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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 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	24,786	44.4 %	269,421	0.7	\$44	32,395	58.0 %	352,908	0.5	\$30	12,649	22.7 %	141,535	0.7	\$58
Female	17,482	48.8	190,571	0.7	44	23,066	64.4	252,558	0.5	29	8,367	23.4	93,773	0.7	58
Disabled	6,669	64.1	75,026	0.7	46	8,059	77.5	90,744	0.6	41	2,239	21.5	25,274	0.6	56
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	10	32.3	112	0.6	39	14	45.2	140	0.2	2	2	6.5	24	0.6	31
21-44	2,088	58.1	23,612	0.6	46	2,532	70.4	28,492	0.5	47	357	9.9	4,059	0.6	52
45-64	4,503	68.6	50,623	0.7	47	5,431	82.8	61,315	0.6	39	1,835	28.0	20,764	0.6	56
65-74	67	33.2	672	0.6	30	82	40.6	797	0.6	56	41	20.3	387	0.7	64
75-84	1	20.0	7	0.1	15	0	0.0	0	0.0	0	3	60.0	28	0.2	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	6
Other Eligibles	10,813	42.6	115,545	0.7	42	15,007	59.1	161,814	0.5	23	6,128	24.1	68,499	0.7	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.7	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	81	39.7	577	0.6	45	114	55.9	919	0.7	27	6	2.9	52	0.5	28
45-64	31	36.0	261	0.6	48	33	38.4	304	0.6	19	7	8.1	62	0.8	84
65-74	3,186	40.5	35,445	0.7	38	4,759	60.6	53,411	0.5	23	2,755	35.1	30,989	0.7	60
75-84	3,952	43.6	42,434	0.7	42	5,416	59.7	59,145	0.5	22	2,525	27.9	28,342	0.7	60
85 and older	3,562	43.5	36,816	0.8	45	4,685	57.2	48,035	0.6	24	835	10.2	9,054	0.7	58
Male	7,304	36.5	78,850	0.7	44	9,329	46.6	100,350	0.5	31	4,282	21.4	47,762	0.7	58
Disabled	4,034	40.0	44,890	0.7	46	4,719	46.7	52,480	0.6	41	1,868	18.5	21,078	0.7	56
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	40.0	24	0.1	1	0	0.0	0	0.0	0
15-20	14	35.0	158	0.9	46	10	25.0	120	0.2	3	2	5.0	24	0.5	34
21-44	1,755	38.1	19,646	0.7	45	1,969	42.8	22,297	0.5	36	522	11.3	6,033	0.7	50
45-64	2,252	42.2	24,975	0.7	46	2,702	50.7	29,734	0.6	45	1,324	24.8	14,863	0.7	58
65-74	13	12.0	111	0.9	62	35	32.4	293	0.6	12	19	17.6	146	0.7	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	32
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	3,270	32.9	33,960	0.7	41	4,610	46.4	47,870	0.5	20	2,414	24.3	26,684	0.7	60
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	20.0	12	0.6	45	4	80.0	48	0.1	0	0	0.0	0	0.0	0
21-44	25	36.8	144	0.7	43	46	67.6	308	0.8	40	3	4.4	19	1.3	141
45-64	11	18.6	107	0.5	37	25	42.4	215	0.7	48	4	6.8	41	1.2	90
65-74	1,266	29.5	13,828	0.7	40	1,862	43.4	20,240	0.5	22	1,286	30.0	14,489	0.6	59
75-84	1,248	34.2	12,972	0.7	42	1,747	47.8	18,333	0.5	20	919	25.2	10,066	0.7	60
85 and older	719	38.8	6,897	0.7	42	926	50.0	8,726	0.5	16	202	10.9	2,069	0.8	65
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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 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, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIASTHMATIC				
	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 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	4,411	7.9 %	47,000	0.7	\$163	15,158	27.2 %	165,950	0.7	\$42	17,288	31.0 %	188,999	0.5	\$34
Female	3,107	8.7	33,287	0.7	166	10,322	28.8	113,673	0.7	42	11,969	33.4	131,899	0.5	33
Disabled	406	3.9	4,665	0.7	595	2,578	24.8	28,783	0.7	50	4,006	38.5	45,110	0.4	33
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	3	75.0	36	0.4	30
15-20	0	0.0	0	0.0	0	1	3.2	12	0.1	2	5	16.1	60	0.6	25
21-44	133	3.7	1,523	0.6	567	467	13.0	5,252	0.7	53	1,067	29.7	12,154	0.4	29
45-64	272	4.1	3,130	0.7	611	2,055	31.3	22,993	0.7	50	2,855	43.5	32,190	0.5	34
65-74	1	0.5	12	0.2	37	53	26.2	502	0.8	48	76	37.6	670	0.5	36
75-84	0	0.0	0	0.0	0	1	20.0	12	0.2	9	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.2	16	0	0.0	0	0.0	0
Other Eligibles	2,701	10.6	28,622	0.7	96	7,744	30.5	84,890	0.7	39	7,963	31.4	86,789	0.5	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	1.0	11	0.5	84	12	5.9	99	0.6	35	27	13.2	197	0.3	24
45-64	1	1.2	11	1.1	1,484	7	8.1	51	0.8	75	10	11.6	75	0.3	12
65-74	339	4.3	3,687	0.7	113	3,163	40.3	35,230	0.7	43	2,787	35.5	31,152	0.5	36
75-84	1,133	12.5	11,909	0.7	94	3,103	34.2	34,238	0.7	38	2,921	32.2	32,137	0.5	35
85 and older	1,226	15.0	13,004	0.8	93	1,459	17.8	15,272	0.7	32	2,218	27.1	23,228	0.5	29
Male	1,304	6.5	13,713	0.7	157	4,836	24.2	52,277	0.7	43	5,319	26.6	57,100	0.5	35
Disabled	310	3.1	3,514	0.7	328	1,838	18.2	20,298	0.8	49	2,004	19.8	22,415	0.5	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	100.0	36	0.3	23
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	2.5	12	0.2	10	6	15.0	72	0.3	15
21-44	120	2.6	1,368	0.7	341	457	9.9	5,066	0.8	48	687	14.9	7,664	0.5	30
45-64	188	3.5	2,122	0.7	322	1,359	25.5	15,079	0.8	49	1,276	23.9	14,339	0.5	33
65-74	2	1.9	24	0.7	96	21	19.4	141	0.7	53	32	29.6	304	0.7	44
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	994	10.0	10,199	0.7	98	2,998	30.2	31,979	0.7	39	3,315	33.4	34,685	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	4.4	20	1.0	19	6	8.8	36	0.5	22
21-44	0	0.0	0	0.0	0	3	5.1	36	0.5	56	5	8.5	55	0.9	52
45-64	217	5.1	2,361	0.7	121	1,469	34.2	16,062	0.7	41	1,352	31.5	14,695	0.5	38
65-74	448	12.3	4,684	0.7	90	1,147	31.4	12,238	0.7	38	1,254	34.3	13,175	0.5	36
75-84	329	17.8	3,154	0.8	92	376	20.3	3,623	0.7	32	698	37.7	6,724	0.5	31
85 and older															
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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 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, 2004

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	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		
All	20,860	37.4 %	230,790	0.5	\$27	14,392	25.8 %	161,934	0.4	\$39	55,829	568,975
Female	14,580	40.7	161,984	0.5	27	10,465	29.2	117,997	0.5	44	35,804	366,120
Disabled	4,249	40.8	48,292	0.5	28	3,470	33.4	39,583	0.4	42	10,404	109,870
5 and younger	1	50.0	12	0.8	17	0	0.0	0	0.0	0	2	21
6-14	1	25.0	12	0.6	52	0	0.0	0	0.0	0	4	39
15-20	7	22.6	74	0.4	16	1	3.2	12	0.1	1	31	298
21-44	1,166	32.4	13,270	0.4	26	987	27.4	11,287	0.3	25	3,596	38,157
45-64	3,005	45.8	34,197	0.5	29	2,431	37.1	27,735	0.4	48	6,561	69,683
65-74	67	33.2	711	0.5	34	49	24.3	530	0.4	72	202	1,598
75-84	1	20.0	7	0.1	3	2	40.0	19	0.2	10	5	44
85 and older	1	33.3	9	0.1	14	0	0.0	0	0.0	0	3	30
Other Eligibles	10,331	40.7	113,692	0.5	27	6,995	27.5	78,414	0.5	44	25,400	256,250
5 and younger	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
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
21-44	32	15.7	262	0.3	17	35	17.2	292	0.3	11	204	1,222
45-64	15	17.4	130	0.3	24	17	19.8	151	0.5	36	86	480
65-74	3,314	42.2	37,514	0.5	28	2,659	33.8	30,319	0.4	47	7,857	81,727
75-84	3,880	42.8	42,955	0.5	27	2,616	28.9	29,573	0.5	42	9,065	93,485
85 and older	3,090	37.7	32,831	0.6	25	1,668	20.4	18,079	0.6	44	8,186	79,312
Male	6,280	31.4	68,806	0.5	28	3,927	19.6	43,937	0.4	27	20,024	202,854
Disabled	2,841	28.1	31,897	0.5	30	1,822	18.0	20,779	0.4	20	10,097	106,497
5 and younger	1	33.3	12	0.8	36	0	0.0	0	0.0	0	3	28
6-14	3	60.0	36	0.9	89	0	0.0	0	0.0	0	5	47
15-20	8	20.0	88	0.5	21	3	7.5	36	0.1	1	40	409
21-44	1,052	22.8	11,989	0.5	30	748	16.2	8,462	0.3	15	4,605	49,002
45-64	1,752	32.8	19,554	0.6	30	1,060	19.9	12,159	0.4	24	5,334	56,187
65-74	25	23.1	218	0.6	54	11	10.2	122	0.3	25	108	800
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	3,439	34.6	36,909	0.5	27	2,105	21.2	23,158	0.4	33	9,927	96,357
5 and younger	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
15-20	1	20.0	12	0.3	4	1	20.0	12	0.3	2	5	54
21-44	8	11.8	55	0.4	32	8	11.8	58	0.2	13	68	359
45-64	6	10.2	62	0.6	31	7	11.9	82	0.5	22	59	323
65-74	1,427	33.2	15,910	0.5	28	978	22.8	11,051	0.4	31	4,293	43,621
75-84	1,307	35.8	14,098	0.6	26	813	22.3	8,954	0.4	33	3,651	35,639
85 and older	690	37.3	6,772	0.6	27	298	16.1	3,001	0.6	43	1,851	16,361
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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, 2004

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	\$356	6.9	8,161	81,657
Age				
0-64	686	8.8	789	8,607
65-74	450	8.3	994	10,378
75-84	354	7.1	2,524	25,131
85 and older	256	6.0	3,854	37,541
Unknown	0	0.0	0	0
Gender				
Female	338	6.9	5,810	58,691
Male	403	7.1	2,351	22,966
Unknown	0	0.0	0	0
Race				
White	349	6.9	6,137	62,069
African American	331	6.5	191	2,042
Other/unknown	385	7	1,833	17,546
Basis of Eligibility^c				
Aged	318	6.7	7,364	72,986
Disabled	684	8.8	796	8,670
Adults	667	4.0	1	1
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$14	\$2	\$5	\$54	\$87	\$92	\$24	21,130	\$1,147,393	5,127	62.8 %	54,420
Biologicals	0.1	0.0	0.0	0.1	110	0	105	5	887	0	13,166	44	109	96,680	78	1.0	875
Antineoplastic Agents	0.7	0.0	0.0	0.6	67	20	2	45	100	469	251	73	2,178	217,410	324	4.0	3,243
Endocrine/Metabolic Drugs	1.3	0.4	0.3	0.6	44	31	5	8	35	73	17	15	55,523	1,930,673	4,185	51.3	44,078
Cardiovascular Agents	2.0	0.4	0.0	1.6	54	27	2	25	26	64	38	16	114,003	3,014,419	5,380	65.9	56,261
Respiratory Agents	0.8	0.5	0.0	0.2	46	41	0	4	59	76	26	19	25,293	1,479,884	3,074	37.7	32,498
Gastrointestinal Agents	1.0	0.2	0.1	0.8	37	18	2	17	37	112	35	21	41,562	1,519,896	3,846	47.1	40,732
Genitourinary Agents	0.7	0.5	0.0	0.2	43	37	2	4	62	79	45	22	14,679	916,492	1,991	24.4	21,327
CNS Drugs	1.7	0.9	0.1	0.7	145	112	11	22	85	124	75	33	104,217	8,817,510	5,747	70.4	60,755
Stimulants/Anti-obesity/Anorexia	0.9	0.3	0.0	0.5	45	38	0	7	53	119	33	13	1,010	53,052	108	1.3	1,170
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	138	138	0	0	146	146	0	9	14,692	2,141,964	1,456	17.8	15,494
Analgesics and Anesthetics	1.2	0.5	0.0	0.7	59	47	1	12	48	101	68	16	58,399	2,827,890	4,627	56.7	47,817
Neuromuscular Agents	1.3	0.4	0.2	0.7	90	41	22	27	66	111	87	37	38,974	2,588,769	2,682	32.9	28,881
Nutritional Products	0.8	0.0	0.0	0.7	12	0	1	11	16	13	26	15	19,657	308,556	2,471	30.3	25,761
Hematological Agents	1.6	0.3	0.0	1.3	59	46	2	11	37	150	56	9	29,333	1,092,500	1,758	21.5	18,396
Topical Products	0.5	0.2	0.0	0.3	21	14	2	6	41	73	46	19	21,663	888,699	3,844	47.1	41,481
Miscellaneous Products	0.4	0.0	0.0	0.3	9	1	1	7	25	105	119	21	1,160	28,876	310	3.8	3,201
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	27	0	0	0	1,067	29,118	342	4.2	3,686
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.	564,649	29,099,781	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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.medspan.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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Colorado, 0.2 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$5,388,874	3,448	42.2 %	37,679	1.0	\$140	\$143
ANTIDEPRESSANTS	3,104,126	5,293	64.9	56,622	0.9	62	55
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,139,192	1,636	20.0	17,480	0.8	146	122
ANTICONVULSANT	1,829,863	2,446	30.0	26,642	1.0	69	69
ANALGESICS - Narcotic	1,789,832	5,091	62.4	52,524	0.8	42	34
ANTIASTHMATIC	1,108,782	3,225	39.5	34,146	0.5	62	32
ULCER DRUGS	1,021,128	3,614	44.3	38,757	0.7	37	26
ANTIDIABETIC	946,788	2,272	27.8	24,171	0.9	43	39
ANTIHYPERTENSIVE	938,238	3,281	40.2	34,660	0.9	31	27
ANALGESICS - ANTI-INFLAMMATORY	795,891	1,481	18.1	15,910	0.7	76	50
Total	19,062,714	31,787		338,591	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2004

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 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	281,280	\$19,062,714	3,448	42.2 %	37,679	1.0	\$143	5,293	64.9 %	56,622	0.9	\$55
Female	196,195	12,874,630	2,280	39.2	24,889	1.0	132	3,791	65.2	40,686	0.9	54
Disabled	19,500	1,973,733	280	83.1	3,234	1.6	262	282	83.7	3,164	0.9	65
64 or younger	19,377	1,968,422	280	84.1	3,234	1.6	262	279	83.8	3,144	0.9	65
65-74	123	5,311	0	0.0	0	0.0	0	3	75.0	20	0.8	49
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	176,695	10,900,897	2,000	36.5	21,655	0.9	113	3,509	64.1	37,522	0.9	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	27,490	1,893,184	354	63.9	3,977	1.0	148	404	72.9	4,504	0.9	55
75-84	63,641	4,120,128	768	44.4	8,299	0.9	117	1,272	73.6	13,638	0.9	54
85 and older	85,564	4,887,585	878	27.5	9,379	0.8	95	1,833	57.4	19,380	0.9	52
Male	85,085	6,188,084	1,168	49.7	12,790	1.1	164	1,502	63.9	15,936	0.9	57
Disabled	23,948	2,335,737	393	85.6	4,541	1.4	246	326	71.0	3,655	1.0	67
64 or younger	23,820	2,327,015	391	85.7	4,517	1.5	247	325	71.3	3,643	1.0	67
65-74	128	8,722	2	66.7	24	0.6	83	1	33.3	12	1.2	68
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	61,137	3,852,347	775	41.0	8,249	0.9	119	1,176	62.2	12,281	0.9	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	17,737	1,198,168	212	49.0	2,353	1.2	162	291	67.2	3,138	0.9	55
75-84	26,829	1,690,411	356	44.7	3,815	0.8	107	537	67.5	5,641	0.9	55
85 and older	16,571	963,768	207	31.2	2,081	0.8	93	348	52.5	3,502	0.9	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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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 2004 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.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, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANALGESICS - Narcotic				
	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	1,636	20.0 %	17,480	0.8	\$122	2,446	30.0 %	26,642	1.0	\$69	5,091	62.4 %	52,524	0.8	\$34
Female	1,162	20.0	12,566	0.8	121	1,512	26.0	16,541	1.0	63	3,812	65.6	39,877	0.8	36
Disabled	42	12.5	493	0.9	579	255	75.7	2,902	1.1	103	243	72.1	2,658	1.1	46
64 or younger	42	12.6	493	0.9	579	254	76.3	2,890	1.1	104	238	71.5	2,632	1.1	45
65-74	0	0.0	0	0.0	0	1	25.0	12	1.0	26	5	125.0	26	1.8	75
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	1,120	20.5	12,073	0.8	102	1,257	23.0	13,639	0.9	55	3,569	65.2	37,219	0.8	35
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	107	19.3	1,164	0.8	112	283	51.1	3,148	1.0	75	413	74.5	4,574	1.1	42
75-84	441	25.5	4,700	0.8	101	517	29.9	5,621	0.9	54	1,130	65.4	11,935	0.9	40
85 and older	572	17.9	6,209	0.8	102	457	14.3	4,870	0.9	43	2,026	63.5	20,710	0.7	31
Male	474	20.2	4,914	0.9	126	934	39.7	10,101	1.1	78	1,279	54.4	12,647	0.8	30
Disabled	36	7.8	407	0.8	419	352	76.7	3,995	1.2	103	218	47.5	2,374	1.0	49
64 or younger	35	7.7	395	0.8	427	350	76.8	3,971	1.2	103	216	47.4	2,350	1.0	50
65-74	1	33.3	12	1.2	170	2	66.7	24	1.4	93	2	66.7	24	0.7	5
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	438	23.2	4,507	0.9	100	582	30.8	6,106	1.0	61	1,061	56.1	10,273	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	67	15.5	721	0.8	97	215	49.7	2,337	1.1	79	220	50.8	2,262	0.8	31
75-84	222	27.9	2,301	0.9	102	239	30.0	2,534	0.9	54	444	55.8	4,389	0.7	27
85 and older	149	22.5	1,485	0.9	97	128	19.3	1,235	0.9	42	397	59.9	3,622	0.6	19
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANTIASTHMATIC					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	3,225	39.5 %	34,146	0.5	\$33	3,614	44.3 %	38,757	0.7	\$26	2,272	27.8 %	24,171	0.9	\$39
Female	2,200	37.9	23,638	0.5	32	2,536	43.6	27,473	0.7	26	1,565	26.9	16,788	0.9	38
Disabled	150	44.5	1,673	0.5	34	171	50.7	1,971	0.8	27	132	39.2	1,448	0.9	45
64 or younger	145	43.5	1,642	0.5	34	167	50.2	1,944	0.8	27	130	39.0	1,440	0.9	45
65-74	5	125.0	31	0.4	19	4	100.0	27	0.6	23	2	50.0	8	1.6	61
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	2,050	37.5	21,965	0.5	32	2,365	43.2	25,502	0.7	26	1,433	26.2	15,340	0.9	38
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	289	52.2	3,114	0.6	38	291	52.5	3,241	0.7	30	264	47.7	2,956	1.0	45
75-84	672	38.9	7,287	0.5	36	774	44.8	8,369	0.7	26	611	35.4	6,489	0.9	38
85 and older	1,089	34.1	11,564	0.4	27	1,300	40.7	13,892	0.7	25	558	17.5	5,895	0.9	34
Male	1,025	43.6	10,508	0.6	34	1,078	45.9	11,284	0.7	27	707	30.1	7,383	0.9	41
Disabled	175	38.1	1,949	0.5	31	226	49.2	2,497	0.8	30	126	27.5	1,397	1.1	54
64 or younger	173	37.9	1,925	0.5	31	225	49.3	2,485	0.8	30	126	27.6	1,397	1.1	54
65-74	2	66.7	24	0.1	5	1	33.3	12	1.3	42	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	850	44.9	8,559	0.6	35	852	45.0	8,787	0.7	26	581	30.7	5,986	0.9	38
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	221	51.0	2,388	0.7	44	201	46.4	2,188	0.8	29	153	35.3	1,633	0.9	41
75-84	316	39.7	3,147	0.5	32	354	44.5	3,679	0.7	26	294	36.9	3,099	0.8	36
85 and older	313	47.2	3,024	0.5	30	297	44.8	2,920	0.7	25	134	20.2	1,254	0.9	40
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. 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) = 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, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					Benefit Months Among All-Year Nursing Facility Residents	
	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	Nursing Facility Residents
All	3,281	40.2 %	34,660	0.9	\$27	1,481	18.1 %	15,910	0.7	\$50	8,161	81,657
Female	2,332	40.1	24,690	0.9	28	1,084	18.7	11,820	0.7	52	5,810	58,691
Disabled	89	26.4	973	0.8	30	54	16.0	614	0.4	22	337	3,726
64 or younger	87	26.1	967	0.8	30	54	16.2	614	0.4	22	333	3,699
65-74	2	50.0	6	1.2	62	0	0.0	0	0.0	0	4	27
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	2,243	41.0	23,717	0.9	28	1,030	18.8	11,206	0.7	54	5,473	54,965
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	244	44.0	2,688	0.9	28	108	19.5	1,216	0.7	66	554	5,891
75-84	744	43.1	7,956	0.9	29	320	18.5	3,530	0.7	59	1,728	17,517
85 and older	1,255	39.3	13,073	0.9	27	602	18.9	6,460	0.7	49	3,191	31,557
Male	949	40.4	9,970	0.8	26	397	16.9	4,090	0.6	44	2,351	22,966
Disabled	150	32.7	1,674	0.8	25	72	15.7	824	0.5	28	459	4,944
64 or younger	149	32.7	1,662	0.8	25	72	15.8	824	0.5	28	456	4,908
65-74	1	33.3	12	1.4	76	0	0.0	0	0.0	0	3	36
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	799	42.2	8,296	0.8	26	325	17.2	3,266	0.7	48	1,892	18,022
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	188	43.4	2,068	0.9	27	67	15.5	699	0.6	45	433	4,424
75-84	380	47.7	3,993	0.9	26	147	18.5	1,463	0.7	44	796	7,614
85 and older	231	34.8	2,235	0.8	25	111	16.7	1,104	0.7	55	663	5,984
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 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 4,619 beneficiaries who were in nursing facilities for part of their enrollment and their 42,767 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 2004. 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 2004 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); 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, 2004

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 Rx	Part D Excluded Rx \$ per Beneficiary	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
All	20,434	36.6 %	3.2	176,611	\$59	\$3,311,355	\$19	2.1 %	55,829
Age									
5 and younger	2	40.0	5.8	29	124	622	21	3.4	5
6-14	6	66.7	15.7	141	500	4,502	32	7.0	9
15-20	24	30.8	2.6	203	40	3,117	15	1.3	78
21-44	2,469	29.1	2.6	21,713	62	524,876	24	1.7	8,473
45-64	4,585	38.1	3.8	46,083	85	1,021,530	22	2.1	12,040
65-74	4,148	33.3	2.9	35,535	51	630,869	18	2.1	12,460
75-84	4,941	38.8	3.2	40,206	51	643,396	16	2.1	12,723
85 and older	4,259	42.4	3.3	32,701	48	482,443	15	2.4	10,040
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	13,268	38.1	3.1	107,969	50	1,749,577	16	2.2	34,796
Disabled	7,086	34.6	3.3	68,219	76	1,552,550	23	1.9	20,501
Adults	78	15.0	0.8	418	18	9,172	22	2.1	521
Children	1	12.5	0.1	1	2	16	16	0.1	8
Unknown	1	33.3	1.3	4	13	40	10	0.3	3
Gender									
Female	14,221	39.7	3.5	123,953	63	2,250,973	18	2.2	35,805
Male	6,213	31.0	2.6	52,658	53	1,060,382	20	1.8	20,024
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	12,076	40.0	3.5	107,213	68	2,048,147	19	2.2	30,204
African American	564	31.8	2.2	3,931	39	68,741	17	1.7	1,776
Other/unknown	7,794	32.7	2.7	65,467	50	1,194,467	18	1.9	23,849
Use of Nursing Facilities^d									
Entire year	4,108	50.3	4.6	37,421	88	715,383	19	2.5	8,161
Part year	2,680	58.0	4.5	20,613	72	331,963	16	2.2	4,619
None	13,646	31.7	2.8	118,577	53	2,264,009	19	1.9	43,049
Maintenance Assistance Status									
Cash	13,362	34.2	2.9	114,302	52	2,035,762	18	1.9	39,028
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	110	17.0	1.0	632	15	9,624	15	1.8	646
Other/unknown	6,962	43.1	3.8	61,677	78	1,265,969	21	2.3	16,155

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

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	\$19	\$0	\$3	568,975
Age						
5 and younger	0.6	13	21	0	0	49
6-14	1.6	52	32	0	0	86
15-20	0.3	4	15	0	2	785
21-44	0.2	6	24	0	4	88,740
45-64	0.4	8	22	0	4	126,673
65-74	0.3	5	18	0	2	127,746
75-84	0.3	5	16	0	2	129,192
85 and older	0.3	5	15	0	2	95,703
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	0.3	5	16	0	2	349,817
Disabled	0.3	7	23	0	4	216,367
Adults	0.2	3	22	0	3	2,696
Children	0.0	0	16	0	0	81
Unknown	0.3	3	10	0	2	14
Gender						
Female	0.3	6	18	0	3	366,121
Male	0.3	5	20	0	3	202,854
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	7	19	0	3	307,526
African American	0.2	4	17	0	2	17,863
Other/unknown	0.3	5	18	0	3	243,586
Use of Nursing Facilities^d						
Entire year	0.5	9	19	0	3	81,657
Part year	0.5	8	16	0	3	42,767
None	0.3	5	19	0	3	444,551
Maintenance Assistance Status						
Cash	0.3	5	18	0	3	407,181
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	15	0	1	6,077
Other/unknown	0.4	8	21	0	4	155,717

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	25,760	\$129	\$3,311,355	100.0 %	176,611	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	212	212	0.0	5	42	0.0
Drugs for cosmetic purposes	18	14	246	0.0	33	7	0.0
Cough and cold medications	526	131	69,102	2.1	1,829	38	1.0
Vitamins and minerals	9,649	118	1,139,544	34.4	65,047	18	36.8
Non-prescription drugs	2,199	59	129,722	3.9	12,323	11	7.0
Barbiturates	373	79	29,616	0.9	3,982	7	2.3
Benzodiazepines	12,085	134	1,622,037	49.0	88,782	18	50.3
Other Part D Excl Rx Drugs	909	353	320,876	9.7	4,610	70	2.6

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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, 2004

Total Number of Dual Eligible Beneficiaries	55,829
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$160,905,108
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,882

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,385	18.6 %	\$0	0.0 %
1-500	8,707	15.6	1,808,773	1.1
501-1,000	5,062	9.1	3,757,181	2.3
1,001-1,500	4,250	7.6	5,283,783	3.3
1,501-2,000	3,669	6.6	6,395,654	4.0
2,001-2,500	3,127	5.6	7,034,119	4.4
2,501-3,000	2,669	4.8	7,331,336	4.6
3,001-3,500	2,391	4.3	7,756,099	4.8
3,501-4,000	2,090	3.7	7,824,792	4.9
4,001-4,500	1,727	3.1	7,325,766	4.6
4,501-5,000	1,572	2.8	7,450,023	4.6
5,001-5,500	1,301	2.3	6,812,526	4.2
5,501-6,000	1,088	1.9	6,255,625	3.9
6,001-6,500	918	1.6	5,729,413	3.6
6,501-7,000	783	1.4	5,278,289	3.3
7,001-7,500	699	1.3	5,067,053	3.1
7,501-8,000	603	1.1	4,668,752	2.9
8,001-8,500	526	0.9	4,335,086	2.7
8,501-9,000	475	0.9	4,155,818	2.6
9,001-9,500	416	0.7	3,844,216	2.4
9,501-10,000	358	0.6	3,492,667	2.2
10,001+	3,013	5.4	49,298,137	30.6

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	20,181
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$79,231,917
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,926

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,772	18.7 %	0	0.0 %
1-500	3,263	16.2	629,035	0.8
501-1,000	1,574	7.8	1,163,617	1.5
1,001-1,500	1,166	5.8	1,443,168	1.8
1,501-2,000	1,034	5.1	1,799,218	2.3
2,001-2,500	859	4.3	1,932,878	2.4
2,501-3,000	765	3.8	2,104,139	2.7
3,001-3,500	685	3.4	2,219,967	2.8
3,501-4,000	604	3.0	2,262,738	2.9
4,001-4,500	570	2.8	2,422,908	3.1
4,501-5,000	525	2.6	2,489,085	3.1
5,001-5,500	484	2.4	2,538,406	3.2
5,501-6,000	402	2.0	2,315,504	2.9
6,001-6,500	377	1.9	2,353,263	3.0
6,501-7,000	324	1.6	2,187,516	2.8
7,001-7,500	325	1.6	2,358,190	3.0
7,501-8,000	281	1.4	2,178,480	2.7
8,001-8,500	258	1.3	2,125,218	2.7
8,501-9,000	263	1.3	2,303,007	2.9
9,001-9,500	234	1.2	2,162,416	2.7
9,501-10,000	209	1.0	2,041,897	2.6
10,001+	2,207	10.9	38,201,267	48.2

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	35,223
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$81,222,333
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,306

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,413	18.2 %	0	0.0 %
1-500	5,343	15.2	1,161,887	1.4
501-1,000	3,466	9.8	2,577,205	3.2
1,001-1,500	3,057	8.7	3,807,501	4.7
1,501-2,000	2,626	7.5	4,580,807	5.6
2,001-2,500	2,253	6.4	5,067,532	6.2
2,501-3,000	1,896	5.4	5,205,378	6.4
3,001-3,500	1,702	4.8	5,523,595	6.8
3,501-4,000	1,480	4.2	5,540,201	6.8
4,001-4,500	1,153	3.3	4,886,021	6.0
4,501-5,000	1,041	3.0	4,933,037	6.1
5,001-5,500	817	2.3	4,274,120	5.3
5,501-6,000	684	1.9	3,928,468	4.8
6,001-6,500	537	1.5	3,351,376	4.1
6,501-7,000	458	1.3	3,083,925	3.8
7,001-7,500	372	1.1	2,694,346	3.3
7,501-8,000	321	0.9	2,482,663	3.1
8,001-8,500	267	0.8	2,201,557	2.7
8,501-9,000	209	0.6	1,826,705	2.2
9,001-9,500	180	0.5	1,663,287	2.0
9,501-10,000	149	0.4	1,450,770	1.8
10,001+	799	2.3	10,981,952	13.5

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	12,460
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$30,474,420
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,446

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,683	21.5 %	0	0.0 %
1-500	1,894	15.2	394,345	1.3
501-1,000	1,168	9.4	862,918	2.8
1,001-1,500	924	7.4	1,147,787	3.8
1,501-2,000	829	6.7	1,439,790	4.7
2,001-2,500	678	5.4	1,520,569	5.0
2,501-3,000	570	4.6	1,564,012	5.1
3,001-3,500	541	4.3	1,751,466	5.7
3,501-4,000	464	3.7	1,736,718	5.7
4,001-4,500	387	3.1	1,638,710	5.4
4,501-5,000	361	2.9	1,708,436	5.6
5,001-5,500	280	2.2	1,466,446	4.8
5,501-6,000	248	2.0	1,424,445	4.7
6,001-6,500	212	1.7	1,323,635	4.3
6,501-7,000	186	1.5	1,252,527	4.1
7,001-7,500	129	1.0	936,218	3.1
7,501-8,000	121	1.0	935,192	3.1
8,001-8,500	103	0.8	848,174	2.8
8,501-9,000	91	0.7	797,234	2.6
9,001-9,500	81	0.7	748,632	2.5
9,501-10,000	75	0.6	731,687	2.4
10,001+	435	3.5	6,245,479	20.5

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	12,723
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$30,629,556
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,407

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,198	17.3 %	0	0.0 %
1-500	1,773	13.9	390,135	1.3
501-1,000	1,182	9.3	887,113	2.9
1,001-1,500	1,082	8.5	1,354,810	4.4
1,501-2,000	970	7.6	1,696,412	5.5
2,001-2,500	847	6.7	1,908,834	6.2
2,501-3,000	734	5.8	2,016,821	6.6
3,001-3,500	646	5.1	2,100,263	6.9
3,501-4,000	591	4.6	2,213,327	7.2
4,001-4,500	438	3.4	1,856,534	6.1
4,501-5,000	390	3.1	1,848,850	6.0
5,001-5,500	339	2.7	1,769,222	5.8
5,501-6,000	262	2.1	1,504,674	4.9
6,001-6,500	194	1.5	1,210,271	4.0
6,501-7,000	191	1.5	1,285,483	4.2
7,001-7,500	159	1.2	1,150,341	3.8
7,501-8,000	126	1.0	976,467	3.2
8,001-8,500	115	0.9	947,883	3.1
8,501-9,000	79	0.6	689,049	2.2
9,001-9,500	78	0.6	721,519	2.4
9,501-10,000	54	0.4	525,270	1.7
10,001+	275	2.2	3,576,278	11.7

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	10,040
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$20,118,357
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,004

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,532	15.3 %	0	0.0 %
1-500	1,676	16.7	377,407	1.9
501-1,000	1,116	11.1	827,174	4.1
1,001-1,500	1,051	10.5	1,304,904	6.5
1,501-2,000	827	8.2	1,444,605	7.2
2,001-2,500	728	7.3	1,638,129	8.1
2,501-3,000	592	5.9	1,624,545	8.1
3,001-3,500	515	5.1	1,671,866	8.3
3,501-4,000	425	4.2	1,590,156	7.9
4,001-4,500	328	3.3	1,390,777	6.9
4,501-5,000	290	2.9	1,375,751	6.8
5,001-5,500	198	2.0	1,038,452	5.2
5,501-6,000	174	1.7	999,349	5.0
6,001-6,500	131	1.3	817,470	4.1
6,501-7,000	81	0.8	545,915	2.7
7,001-7,500	84	0.8	607,787	3.0
7,501-8,000	74	0.7	571,004	2.8
8,001-8,500	49	0.5	405,500	2.0
8,501-9,000	39	0.4	340,422	1.7
9,001-9,500	21	0.2	193,136	1.0
9,501-10,000	20	0.2	193,813	1.0
10,001+	89	0.9	1,160,195	5.8

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	62,198	38,325	23,285	577	8	3	650,736	394,533	252,913	3,195	81	14
Age												
5 and younger	5	0	5	0	0	0	49	0	49	0	0	0
6-14	9	0	9	0	0	0	86	0	86	0	0	0
15-20	93	0	86	0	7	0	964	0	886	0	78	0
21-44	9,718	0	9,409	307	1	1	105,216	0	103,286	1,917	3	10
45-64	13,559	0	13,395	164	0	0	146,371	0	145,418	953	0	0
65-74	14,503	14,046	371	84	0	2	154,012	150,654	3,090	264	0	4
75-84	13,784	13,758	7	19	0	0	142,486	142,361	68	57	0	0
85 and older	10,526	10,520	3	3	0	0	101,551	101,517	30	4	0	0
Unknown	1	1	0	0	0	0		1	0	0	0	0
Gender												
Female	39,862	27,519	11,949	389	2	3	418,216	285,808	130,155	2,215	24	14
Male	22,336	10,806	11,336	188	6	0	232,520	108,725	122,758	980	57	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	32,858	20,655	11,962	236	4	1	340,849	208,628	130,957	1,229	33	2
African American	2,105	1,119	929	57	0	0	21,935	11,847	9,828	260	0	0
Other/unknown	27,235	16,551	10,394	284	4	2	287,952	174,058	112,128	1,706	48	12
Use of Nursing Facilities^c												
Entire year	8,421	7,586	834	1	0	0	84,671	75,543	9,127	1	0	0
Part year	4,820	4,170	650	0	0	0	45,342	38,603	6,739	0	0	0
None	48,957	26,569	21,801	576	8	3	520,723	280,387	237,047	3,194	81	14
Maintenance Assistance Status												
Cash	44,485	27,289	16,737	459	0	0	477,336	292,723	182,054	2,559	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	671	325	283	60	0	3	6,500	3,375	2,777	334	0	14
Other/unknown	17,042	10,711	6,265	58	8	0	166,900	98,435	68,082	302	81	0
Dual Status^d												
Full dual, all year	59,826	37,057	22,195	563	8	3	626,128	381,314	241,660	3,059	81	14
Full dual, part year	2,372	1,268	1,090	14	0	0	24,608	13,219	11,253	136	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	54,176	33,908	19,754	503	8	3	560,196	344,919	212,545	2,637	81	14
FFS part year, with Rx claims	1,157	533	611	13	0	0	13,098	5,945	7,057	96	0	0
FFS part year, no Rx claims	496	355	136	5	0	0	5,235	3,747	1,451	37	0	0
MC all year, with Rx claims	502	243	253	6	0	0	5,718	2,739	2,916	63	0	0
MC all year, no Rx claims	5,867	3,286	2,531	50	0	0	66,489	37,183	28,944	362	0	0

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. 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, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	62,198	650,736	55,829	568,975	0	81,761
Fee-for-service (FFS) all year	54,176	560,196	54,176	560,196	0	0
FFS part year, with Rx claims	1,157	13,098	1,157	6,043	0	7,055
FFS part year, with no Rx claims	496	5,235	496	2,736	0	2,499
Managed care (MC) all year, with Rx claims	502	5,718	0	0	0	5,718
MC all year, with no Rx claims	5,867	66,489	0	0	0	66,489

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.