

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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	80,995	48,789	30,407	1,756	30	13	859,448	507,330	335,192	16,505	270	151
Age												
5 and younger	2	0	0	0	2	0	13	0	0	0	13	0
6-14	4	0	0	0	4	0	38	0	0	0	38	0
15-20	87	0	73	1	13	0	839	0	706	5	128	0
21-44	13,285	0	12,144	1,131	10	0	144,761	0	134,005	10,675	81	0
45-64	18,404	0	17,879	518	1	6	202,540	0	197,567	4,892	10	71
65-74	15,350	14,938	311	94	0	7	166,900	163,074	2,914	832	0	80
75-84	16,684	16,673	0	11	0	0	176,002	175,913	0	89	0	0
85 and older	17,179	17,178	0	1	0	0	168,355	168,343	0	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,550	35,707	14,769	1,048	13	13	549,512	374,647	164,768	9,815	131	151
Male	29,445	13,082	15,638	708	17	0	309,936	132,683	170,424	6,690	139	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	57,339	35,628	20,720	965	14	12	604,361	363,670	231,245	9,181	126	139
African American	10,861	5,633	4,876	344	8	0	117,282	61,366	52,598	3,242	76	0
Other/unknown	12,795	7,528	4,811	447	8	1	137,805	82,294	51,349	4,082	68	12
Use of Nursing Facilities^c												
Entire year	18,448	17,017	1,431	0	0	0	188,056	172,017	16,039	0	0	0
Part year	8,044	6,897	1,134	12	1	0	79,584	67,193	12,246	133	12	0
None	54,503	24,875	27,842	1,744	29	13	591,808	268,120	306,907	16,372	258	151
Maintenance Assistance Status												
Cash	12,760	5,147	6,655	953	5	0	143,085	58,157	76,217	8,657	54	0
Medically needy	18,485	8,731	9,708	42	4	0	189,901	87,019	102,566	292	24	0
Poverty-related	2,366	924	1,399	23	7	13	25,794	10,193	15,221	172	57	151
Other/unknown	47,384	33,987	12,645	738	14	0	500,668	351,961	141,188	7,384	135	0
Dual Medicare Status^d												
Full dual, all year	75,468	46,192	27,515	1,718	30	13	797,776	478,188	303,085	16,082	270	151
Full dual, part year	5,527	2,597	2,892	38	0	0	61,672	29,142	32,107	423	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,549	48,781	30,301	1,429	25	13	856,965	507,275	334,482	14,806	251	151
FFS part year, with Rx claims	334	4	83	244	3	0	2,042	29	596	1,400	17	0
FFS part year, no Rx claims	112	4	23	83	2	0	441	26	114	299	2	0

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 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	91.2 %	53.5	\$3,887	\$73	\$26,216	14.8 %	80,995
Age							
5 and younger	100.0	35.5	7,606	214	25,465	29.9	2
6-14	100.0	53.0	8,410	159	10,817	77.7	4
15-20	80.5	26.2	2,705	103	17,598	15.4	87
21-44	87.9	44.6	4,481	101	22,923	19.5	13,285
45-64	92.5	60.2	5,323	88	28,699	18.5	18,404
65-74	90.3	51.8	3,517	68	17,786	19.8	15,350
75-84	92.0	55.9	3,342	60	26,125	12.8	16,684
85 and older	92.5	52.7	2,755	52	33,768	8.2	17,179
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.7	53.6	3,196	60	26,313	12.1	48,789
Disabled	90.9	54.7	5,017	92	27,272	18.4	30,407
Adults	82.5	32.5	3,562	110	5,579	63.9	1,756
Children	76.7	22.7	3,304	146	14,365	23.0	30
Unknown	84.6	34.2	3,193	93	6,027	53.0	13
Gender							
Female	92.9	56.3	3,840	68	25,752	14.9	51,550
Male	88.2	48.6	3,970	82	27,028	14.7	29,445
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.8	57.2	4,071	71	30,807	13.2	57,339
African American	90.4	48.1	3,761	78	19,074	19.7	10,861
Other/unknown	89.5	41.5	3,174	77	11,703	27.1	12,795
Use of Nursing Facilities^f							
Entire year	94.8	69.2	4,025	58	49,172	8.2	18,448
Part year	94.9	63.0	3,844	61	28,867	13.3	8,044
None	89.5	46.8	3,847	82	18,054	21.3	54,503
Maintenance Assistance Status							
Cash	92.4	54.4	4,401	81	23,070	19.1	12,760
Medically needy	89.7	50.1	4,043	81	13,823	29.2	18,485
Poverty related	78.1	19.6	1,738	89	3,691	47.1	2,366
Other/unknown	92.2	56.3	3,796	67	33,022	11.5	47,384

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 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	5.0	\$366	14.8 %	8.8 %	14.2 %	10.4 %	29.7 %	27.2 %	9.7 %	\$2,471	80,995	859,448
Age												
5 and younger	5.5	1,170	29.9	0.0	50.0	0.0	0.0	50.0	0.0	3,918	2	13
6-14	5.6	885	77.7	0.0	0.0	25.0	25.0	50.0	0.0	1,139	4	38
15-20	2.7	281	15.4	19.5	28.7	14.9	24.1	10.3	2.3	1,825	87	839
21-44	4.1	411	19.5	12.1	23.5	11.8	27.1	18.4	7.1	2,104	13,285	144,761
45-64	5.5	484	18.5	7.5	13.8	10.5	29.8	26.9	11.5	2,608	18,404	202,540
65-74	4.8	324	19.8	9.7	15.6	11.1	29.6	25.2	8.8	1,636	15,350	166,900
75-84	5.3	317	12.8	8.0	11.5	9.7	29.7	30.1	11.0	2,477	16,684	176,002
85 and older	5.4	281	8.2	7.5	8.8	9.3	31.6	33.3	9.5	3,446	17,179	168,355
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	5.2	307	12.1	8.3	11.8	10.0	30.3	29.8	9.8	2,531	48,789	507,330
Disabled	5.0	455	18.4	9.1	17.6	11.0	28.8	23.7	9.9	2,474	30,407	335,192
Adults	3.5	379	63.9	17.5	23.4	10.9	27.8	15.9	4.4	594	1,756	16,505
Children	2.5	367	23.0	23.3	40.0	3.3	13.3	20.0	0.0	1,596	30	270
Unknown	2.9	275	53.0	15.4	23.1	23.1	23.1	7.7	7.7	519	13	151
Gender												
Female	5.3	360	14.9	7.1	12.8	10.2	30.6	28.9	10.4	2,416	51,550	549,512
Male	4.6	377	14.7	11.8	16.7	10.7	28.0	24.2	8.5	2,568	29,445	309,936
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.4	386	13.2	8.2	12.1	9.5	29.3	29.6	11.3	2,923	57,339	604,361
African American	4.5	348	19.7	9.6	17.4	11.9	30.5	23.6	7.1	1,766	10,861	117,282
Other/unknown	3.9	295	27.1	10.5	21.1	13.3	30.8	19.6	4.7	1,087	12,795	137,805
use of nursing Facilities^f												
Entire year	6.8	395	8.2	5.2	4.8	5.8	27.1	39.4	17.6	4,824	18,448	188,056
Part year	6.4	389	13.3	5.1	7.1	7.4	30.2	35.3	14.8	2,918	8,044	79,584
None	4.3	354	21.3	10.5	18.5	12.4	30.5	21.9	6.3	1,663	54,503	591,808
Maintenance Assistance Status												
Cash	4.9	393	19.1	7.6	16.4	11.5	31.0	25.0	8.5	2,057	12,760	143,085
Medically needy	4.9	394	29.2	10.3	15.1	11.2	30.0	24.5	9.0	1,346	18,485	189,901
Poverty related	1.8	159	47.1	21.9	38.2	15.1	17.8	6.1	0.8	339	2,366	25,794
Other/unknown	5.3	359	11.5	7.8	12.1	9.5	29.8	29.9	10.8	3,125	47,384	500,668

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 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	5.0	\$366	\$73	2.2	\$279	\$127	0.3	\$21	\$80	2.6	\$66	\$26
Age												
5 and younger	5.5	1,170	214	2.5	1,044	424	0.5	38	70	2.5	89	36
6-14	5.6	885	159	2.2	682	316	0.9	141	157	2.5	63	25
15-20	2.7	281	103	1.3	238	185	0.2	14	63	1.2	29	24
21-44	4.1	411	101	1.9	319	171	0.2	29	117	2.0	63	32
45-64	5.5	484	88	2.5	372	150	0.3	31	100	2.7	80	30
65-74	4.8	324	68	2.2	249	116	0.2	16	68	2.4	59	25
75-84	5.3	317	60	2.3	240	105	0.3	15	58	2.7	62	23
85 and older	5.4	281	52	2.1	206	97	0.3	13	52	2.9	62	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.2	307	60	2.2	232	106	0.2	15	59	2.7	61	23
Disabled	5.0	455	92	2.2	352	156	0.3	30	104	2.4	73	30
Adults	3.5	379	110	1.5	285	187	0.2	30	156	1.7	64	37
Children	2.5	367	146	1.1	304	274	0.2	30	127	1.2	33	29
Unknown	2.9	275	93	1.6	224	144	0.1	9	61	1.2	42	34
Gender												
Female	5.3	360	68	2.3	274	120	0.3	20	74	2.7	66	25
Male	4.6	377	82	2.1	290	141	0.2	22	92	2.3	65	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.4	386	71	2.3	291	125	0.3	23	80	2.8	72	26
African American	4.5	348	78	2.0	273	137	0.2	18	80	2.2	58	26
Other/unknown	3.9	295	77	1.9	235	126	0.2	13	77	1.8	46	25
Use of Nursing Facilities^e												
Entire year	6.8	395	58	2.7	290	108	0.4	21	58	3.7	84	23
Part year	6.4	389	61	2.6	293	111	0.3	20	63	3.4	75	22
None	4.3	354	82	2.0	274	138	0.2	21	94	2.1	59	28
Maintenance Assistance Status												
Cash	4.9	393	81	2.2	304	136	0.2	22	89	2.4	66	28
Medically needy	4.9	394	81	2.2	303	138	0.3	25	98	2.4	65	27
Poverty related	1.8	159	89	0.8	122	151	0.1	12	117	0.9	26	29
Other/unknown	5.3	359	67	2.3	272	120	0.3	20	71	2.8	68	25

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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 Connecticut, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, CONNECTICUT, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per 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	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$40	\$33	\$2	\$5	\$120	\$224	\$120	\$31	154,193	\$18,462,326	41,190	50.9 %	456,836
Biologicals	0.1	0.1	0.0	0.0	68	4	0	64	586	57	61	1,290	811	475,542	606	0.7	6,969
Antineoplastic Agents	0.6	0.1	0.0	0.4	101	68	1	32	182	539	152	76	17,492	3,185,026	3,025	3.7	31,419
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	51	39	2	10	53	97	28	20	375,441	19,828,591	35,282	43.6	389,124
Cardiovascular Agents	1.8	0.7	0.0	1.1	75	52	2	20	42	79	45	19	1,007,499	42,601,865	52,411	64.7	571,723
Respiratory Agents	0.7	0.5	0.0	0.2	45	41	0	4	64	83	48	19	225,555	14,478,191	28,993	35.8	323,297
Gastrointestinal Agents	0.8	0.4	0.0	0.4	75	58	1	15	94	144	45	42	306,153	28,871,924	35,344	43.6	386,496
Genitourinary Agents	0.6	0.4	0.0	0.1	41	37	1	3	69	83	58	25	81,890	5,669,133	12,477	15.4	138,071
CNS Drugs	1.7	0.8	0.1	0.8	161	127	9	26	97	159	96	33	883,346	85,718,573	48,916	60.4	533,526
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	65	54	2	9	96	139	100	35	9,906	953,554	1,311	1.6	14,590
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	133	133	0	0	163	163	0	42	63,852	10,389,710	7,416	9.2	77,849
Analgesics and Anesthetics	0.8	0.4	0.0	0.4	70	55	4	11	86	148	270	25	349,047	30,166,036	39,156	48.3	428,821
Neuromuscular Agents	1.2	0.4	0.2	0.6	85	47	21	17	74	128	104	30	340,420	25,236,372	26,582	32.8	295,644
Nutritional Products	0.6	0.0	0.1	0.6	12	1	1	11	20	90	17	19	85,540	1,686,825	12,615	15.6	134,993
Hematological Agents	0.9	0.2	0.0	0.7	66	57	2	7	70	233	63	11	183,509	12,758,426	18,205	22.5	194,591
Topical Products	0.5	0.2	0.0	0.3	26	17	2	7	51	80	57	26	216,971	11,153,924	38,265	47.2	427,750
Miscellaneous Products	0.4	0.2	0.0	0.2	103	84	8	12	271	473	252	67	10,363	2,807,119	2,455	3.0	27,161
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	9	0	0	0	18	0	0	0	23,379	409,763	4,260	5.3	46,826
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.	4,335,367	314,852,900	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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 Connecticut, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, CONNECTICUT, 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	\$56,711,407	32,783	40.5 %	364,585	0.9	\$174	\$156
ULCER DRUGS	24,049,550	33,183	41.0	365,017	0.6	106	66
ANTIDEPRESSANTS	22,366,075	45,027	55.6	492,960	0.7	62	45
ANTICONVULSANT	21,421,138	24,963	30.8	278,493	0.9	86	77
ANTIHYPERLIPIDEMIC	17,487,990	25,628	31.6	288,603	0.6	96	61
ANALGESICS - Narcotic	17,136,300	39,266	48.5	430,745	0.5	87	40
ANTIDIABETIC	13,187,856	28,511	35.2	316,295	0.7	61	42
ANTIVIRAL	11,229,231	4,858	6.0	54,043	0.5	440	208
NEUROLOGICAL	10,389,710	8,535	10.5	89,668	0.7	163	116
ANALGESICS - ANTI-INFLAMMATORY	9,717,229	25,218	31.1	286,988	0.4	89	34
Total	203,696,486	267,972		2,967,397	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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.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); 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, CONNECTICUT, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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	1,954,774	\$203,696,486	32,783	40.5 %	364,585	0.9	\$156	33,183	41.0 %	365,017	0.6	\$66
Female	1,257,759	123,717,534	19,295	37.4	214,119	0.8	136	22,749	44.1	251,138	0.6	66
Disabled	477,652	55,222,206	8,683	58.8	100,299	0.9	166	6,325	42.8	72,561	0.6	69
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	496	49,851	18	50.0	202	0.8	114	5	13.9	60	0.3	21
21-44	153,212	18,840,938	3,440	65.5	39,557	0.9	164	1,778	33.9	20,587	0.5	65
45-64	319,848	35,943,249	5,185	55.8	60,105	0.9	167	4,468	48.0	51,121	0.6	71
65-74	4,096	388,168	40	22.0	435	0.9	148	74	40.7	793	0.6	75
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	780,107	68,495,328	10,612	28.9	113,820	0.7	110	16,424	44.7	178,577	0.6	65
5 and younger	9	152	0	0.0	0	0.0	0	1	50.0	12	0.7	12
6-14	5	358	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	6,540	0	0.0	0	0.0	0	2	50.0	24	0.1	7
21-44	13,350	2,002,570	218	28.5	2,235	0.5	107	239	31.2	2,577	0.4	47
45-64	4,119	596,668	52	21.6	551	0.5	102	81	33.6	852	0.4	49
65-74	226,339	21,117,390	2,201	22.5	25,050	0.8	144	4,665	47.8	53,176	0.6	66
75-84	267,154	22,999,497	3,429	29.0	37,192	0.7	111	5,391	45.5	59,345	0.6	66
85 and older	269,104	21,772,153	4,712	33.3	48,792	0.7	93	6,045	42.7	62,591	0.7	63
Male	697,015	79,978,952	13,488	45.8	150,466	1.0	183	10,434	35.4	113,879	0.6	66
Disabled	434,840	56,329,672	9,710	62.1	111,254	1.1	206	4,804	30.7	54,304	0.6	68
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	617	83,928	33	89.2	351	0.7	157	3	8.1	28	0.4	47
21-44	176,517	23,621,697	4,651	67.5	53,191	1.1	203	1,628	23.6	18,663	0.6	65
45-64	255,371	32,391,767	4,993	58.2	57,388	1.1	210	3,116	36.3	35,058	0.6	70
65-74	2,335	232,280	33	25.6	324	0.8	149	57	44.2	555	0.6	67
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	262,175	23,649,280	3,778	27.4	39,212	0.7	118	5,630	40.8	59,575	0.6	64
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	9	597	0	0.0	0	0.0	0	1	50.0	5	0.8	10
15-20	75	7,223	2	20.0	24	0.8	125	0	0.0	0	0.0	0
21-44	5,862	782,218	90	23.9	949	0.6	125	108	28.7	1,170	0.4	49
45-64	5,902	794,649	60	21.1	655	0.9	127	89	31.3	930	0.5	57
65-74	102,749	9,851,933	1,249	23.7	13,835	0.8	152	2,023	38.4	22,635	0.6	65
75-84	96,388	8,146,925	1,416	29.2	14,587	0.7	105	2,115	43.7	22,442	0.6	65
85 and older	51,190	4,065,735	961	31.9	9,162	0.7	87	1,294	42.9	12,393	0.7	64
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 Connecticut, released by CMS in 12/2007. 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.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.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, CONNECTICUT, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					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	45,027	55.6 %	492,960	0.7	\$45	24,963	30.8 %	278,493	0.9	\$77	25,628	31.6 %	288,603	0.6	\$61
Female	30,962	60.1	339,713	0.7	46	14,939	29.0	166,812	0.9	72	16,546	32.1	187,157	0.6	61
Disabled	11,377	77.0	130,040	0.7	50	7,847	53.1	89,955	0.9	92	4,321	29.3	49,769	0.6	58
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	12	33.3	141	0.7	38	17	47.2	179	0.7	101	0	0.0	0	0.0	0
21-44	4,014	76.4	45,854	0.8	49	3,016	57.4	34,531	0.9	101	668	12.7	7,644	0.6	52
45-64	7,261	78.1	83,093	0.8	50	4,772	51.3	54,783	0.9	87	3,565	38.3	41,134	0.6	60
65-74	90	49.5	952	0.6	36	42	23.1	462	0.7	54	88	48.4	991	0.6	66
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	19,585	53.2	209,673	0.7	43	7,092	19.3	76,857	0.8	49	12,225	33.2	137,388	0.6	62
5 and younger	1	50.0	1	1.0	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	9	0.6	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	5	0.2	16	2	50.0	24	0.4	84	0	0.0	0	0.0	0
21-44	517	67.6	5,387	0.5	39	287	37.5	2,932	0.7	75	77	10.1	850	0.4	45
45-64	167	69.3	1,744	0.5	39	71	29.5	756	0.7	73	61	25.3	629	0.5	53
65-74	4,461	45.7	50,517	0.7	41	2,212	22.7	25,020	0.7	55	5,112	52.4	58,629	0.6	62
75-84	6,187	52.3	67,080	0.7	44	2,427	20.5	26,500	0.8	47	4,634	39.1	52,163	0.6	63
85 and older	8,250	58.3	84,930	0.8	44	2,093	14.8	21,625	0.8	40	2,341	16.5	25,117	0.7	61
Male	14,065	47.8	153,247	0.7	45	10,024	34.0	111,681	0.9	84	9,082	30.8	101,446	0.6	60
Disabled	8,066	51.6	90,978	0.8	47	6,971	44.6	79,448	1.0	95	4,388	28.1	49,836	0.7	57
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	17	45.9	170	0.8	44	15	40.5	161	0.8	93	2	5.4	16	0.7	39
21-44	3,441	49.9	39,009	0.8	47	3,122	45.3	35,568	1.0	100	1,237	17.9	14,220	0.7	53
45-64	4,561	53.2	51,358	0.8	47	3,802	44.3	43,427	1.0	91	3,089	36.0	35,009	0.7	59
65-74	47	36.4	441	0.7	47	32	24.8	292	0.9	81	60	46.5	591	0.6	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	5,999	43.4	62,269	0.7	42	3,053	22.1	32,233	0.8	57	4,694	34.0	51,610	0.6	62
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	1	50.0	5	1.0	109	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	20.0	24	0.3	12	3	30.0	32	1.0	86	1	10.0	8	0.4	38
21-44	189	50.3	1,980	0.5	37	111	29.5	1,137	0.7	87	78	20.7	829	0.5	50
45-64	140	49.3	1,437	0.8	47	69	24.3	740	0.8	88	96	33.8	1,030	0.5	57
65-74	1,864	35.3	20,510	0.7	42	1,286	24.4	14,235	0.8	61	2,284	43.3	25,803	0.6	62
75-84	2,194	45.3	22,835	0.7	43	1,055	21.8	11,067	0.8	52	1,707	35.2	18,656	0.7	63
85 and older	1,609	53.3	15,478	0.7	42	529	17.5	5,022	0.8	45	528	17.5	5,284	0.7	61
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 Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIVIRAL				
	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	39,266	48.5 %	430,745	0.5	\$40	28,511	35.2 %	316,295	0.7	\$42	4,858	6.0 %	54,043	0.5	\$208
Female	27,416	53.2	302,291	0.5	37	19,012	36.9	212,032	0.7	41	2,376	4.6	26,681	0.4	144
Disabled	10,157	68.8	116,423	0.5	51	4,771	32.3	54,267	0.7	47	1,249	8.5	14,298	0.5	218
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	12	33.3	119	0.3	2	3	8.3	36	0.5	29	2	5.6	16	0.2	18
15-20	3,367	64.1	38,691	0.4	52	819	15.6	9,387	0.7	46	502	9.6	5,632	0.5	225
21-44	6,673	71.8	76,455	0.5	52	3,839	41.3	43,649	0.7	48	735	7.9	8,540	0.5	213
45-64	105	57.7	1,158	0.5	22	110	60.4	1,195	0.7	44	10	5.5	110	0.7	297
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	17,259	46.9	185,868	0.5	28	14,241	38.7	157,765	0.7	39	1,127	3.1	12,383	0.2	59
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	2	50.0	17	0.5	4	0	0.0	0	0.0	0	1	25.0	12	0.4	351
15-20	658	86.0	7,026	0.5	95	118	15.4	1,233	0.5	45	118	15.4	1,151	0.5	225
21-44	190	78.8	2,021	0.4	67	69	28.6	687	0.6	56	21	8.7	236	0.6	324
45-64	5,432	55.6	62,144	0.4	22	5,692	58.3	65,015	0.7	44	285	2.9	3,194	0.3	94
65-74	5,427	45.8	59,576	0.5	25	5,206	44.0	57,886	0.7	39	280	2.4	3,126	0.1	12
75-84	5,550	39.2	55,084	0.5	28	3,156	22.3	32,944	0.7	30	422	3.0	4,664	0.1	11
85 and older															
Male	11,850	40.2	128,454	0.5	46	9,499	32.3	104,263	0.7	43	2,482	8.4	27,362	0.6	270
Disabled	6,600	42.2	73,761	0.5	57	3,996	25.6	44,895	0.7	47	2,063	13.2	22,724	0.6	298
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	12	32.4	129	0.2	5	7	18.9	63	0.7	43	0	0.0	0	0.0	0
15-20	2,570	37.3	28,890	0.4	54	970	14.1	11,093	0.7	46	834	12.1	9,041	0.6	300
21-44	3,956	46.1	44,199	0.5	59	2,954	34.4	33,113	0.7	48	1,228	14.3	13,671	0.6	297
45-64	62	48.1	543	0.5	44	65	50.4	626	0.7	46	1	0.8	12	0.1	2
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	5,250	38.0	54,693	0.4	31	5,503	39.9	59,368	0.7	40	419	3.0	4,638	0.3	131
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	10.0	8	1.4	106	0	0.0	0	0.0	0
15-20	261	69.4	2,887	0.5	81	74	19.7	785	0.6	54	35	9.3	403	0.5	202
21-44	181	63.7	1,878	0.7	125	100	35.2	1,054	0.8	65	38	13.4	383	0.5	290
45-64	2,058	39.0	22,828	0.4	26	2,573	48.8	28,718	0.7	42	177	3.4	2,013	0.5	180
65-74	1,731	35.7	17,789	0.4	25	1,974	40.7	21,174	0.7	37	95	2.0	1,055	0.2	39
75-84	1,019	33.8	9,311	0.4	21	781	25.9	7,629	0.7	33	74	2.5	784	0.1	15
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 Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	8,535	10.5 %	89,668	0.7	\$116	25,218	31.1 %	286,988	0.4	\$34	80,995	859,448
Female	6,303	12.2	66,736	0.7	116	17,747	34.4	202,597	0.4	37	51,550	549,512
Disabled	428	2.9	4,912	0.7	388	6,719	45.5	77,630	0.3	31	14,769	164,768
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	16	44.4	161	0.2	3	36	338
21-44	116	2.2	1,345	0.7	521	2,206	42.0	25,461	0.3	20	5,252	58,597
45-64	308	3.3	3,533	0.7	341	4,413	47.5	51,095	0.4	37	9,299	104,034
65-74	4	2.2	34	0.2	50	84	46.2	913	0.4	29	182	1,799
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	5,875	16.0	61,824	0.7	94	11,028	30.0	124,967	0.4	41	36,781	384,744
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
15-20	0	0.0	0	0.0	0	1	25.0	5	0.2	1	4	41
21-44	18	2.4	186	0.5	627	318	41.6	3,413	0.3	22	765	7,203
45-64	6	2.5	67	0.7	732	120	49.8	1,281	0.3	34	241	2,269
65-74	497	5.1	5,529	0.7	101	4,199	43.0	48,854	0.4	38	9,765	107,881
75-84	2,040	17.2	21,526	0.7	91	3,524	29.8	40,346	0.4	43	11,839	126,555
85 and older	3,314	23.4	34,516	0.7	91	2,866	20.2	31,068	0.6	46	14,163	140,761
Male	2,232	7.6	22,932	0.7	117	7,471	25.4	84,391	0.3	26	29,445	309,936
Disabled	320	2.0	3,637	0.8	261	4,266	27.3	48,621	0.3	21	15,638	170,424
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	2.7	12	0.5	68	9	24.3	92	0.1	2	37	368
21-44	91	1.3	1,042	0.7	409	1,641	23.8	18,710	0.2	15	6,892	75,408
45-64	223	2.6	2,538	0.8	204	2,579	30.1	29,442	0.3	25	8,580	93,533
65-74	5	3.9	45	0.9	118	37	28.7	377	0.4	26	129	1,115
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,912	13.8	19,295	0.7	90	3,205	23.2	35,770	0.4	32	13,807	139,512
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	2	17
15-20	0	0.0	0	0.0	0	2	20.0	15	0.1	1	10	92
21-44	3	0.8	32	0.3	225	118	31.4	1,283	0.2	20	376	3,553
45-64	3	1.1	36	0.5	707	101	35.6	1,100	0.3	27	284	2,704
65-74	332	6.3	3,586	0.7	91	1,431	27.1	16,372	0.4	30	5,274	56,105
75-84	851	17.6	8,672	0.7	85	1,068	22.0	11,967	0.4	34	4,845	49,447
85 and older	723	24.0	6,969	0.7	90	485	16.1	5,033	0.5	40	3,016	27,594
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 Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 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	\$395	6.8	18,448	188,056
Age				
0-64	691	8.2	1,399	15,714
65-74	533	8.0	1,938	20,695
75-84	412	7.3	5,311	54,566
85 and older	308	6.0	9,800	97,081
Unknown	0	0.0	0	0
Gender				
Female	375	6.7	13,662	140,187
Male	453	7.0	4,786	47,869
Unknown	0	0.0	0	0
Race				
White	388	6.8	16,551	167,795
African American	448	6.9	1,277	13,655
Other/unknown	454	7	620	6,606
Basis of Eligibility^c				
Aged	367	6.7	17,017	172,017
Disabled	689	8.2	1,431	16,039
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 2004 file for Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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, CONNECTICUT, 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	0.3	0.1	0.0	0.2	\$19	\$14	\$1	\$4	\$64	\$110	\$82	\$26	35,640	\$2,267,102	10,993	59.6 %	116,777
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	36	61	125	28	178	6,405	169	0.9	1,884
Antineoplastic Agents	0.6	0.1	0.0	0.5	95	54	0	41	152	481	110	80	6,942	1,054,570	1,126	6.1	11,105
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	47	37	2	8	42	75	18	15	93,992	3,916,337	7,932	43.0	83,580
Cardiovascular Agents	2.1	0.5	0.0	1.6	59	31	2	27	28	60	32	17	287,974	7,985,560	13,010	70.5	135,137
Respiratory Agents	0.7	0.5	0.0	0.2	43	38	0	5	59	78	44	20	47,622	2,794,115	6,161	33.4	65,580
Gastrointestinal Agents	1.0	0.3	0.0	0.6	68	39	1	28	69	117	35	45	100,932	6,964,458	9,819	53.2	102,571
Genitourinary Agents	0.7	0.5	0.0	0.2	46	41	1	4	64	75	55	26	30,268	1,925,768	3,920	21.2	41,954
CNS Drugs	1.7	0.9	0.1	0.7	156	126	9	21	90	138	77	30	251,553	22,566,997	13,826	74.9	144,859
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.6	46	37	0	9	56	143	22	16	1,746	97,651	208	1.1	2,135
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.9	0.0	0.0	122	122	0	0	138	138	0	6	38,307	5,272,189	4,082	22.1	43,103
Analgesics and Anesthetics	1.0	0.6	0.0	0.4	66	59	1	6	65	105	80	13	81,925	5,361,983	7,979	43.3	81,155
Neuromuscular Agents	1.2	0.3	0.3	0.6	79	35	20	24	63	103	75	38	80,417	5,090,822	6,003	32.5	64,699
Nutritional Products	0.8	0.0	0.1	0.7	12	0	1	11	16	24	15	16	35,803	577,455	4,530	24.6	46,640
Hematological Agents	1.4	0.3	0.0	1.1	67	57	1	9	49	206	60	8	93,072	4,591,914	6,600	35.8	68,640
Topical Products	0.6	0.3	0.0	0.3	29	19	3	7	45	68	54	24	76,219	3,457,392	11,073	60.0	119,881
Miscellaneous Products	0.3	0.1	0.0	0.2	24	17	1	5	93	194	130	34	1,578	146,114	580	3.1	6,203
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	10	0	0	0	13	0	0	0	13,274	177,986	1,709	9.3	18,155
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.	1,277,442	74,254,818	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Connecticut, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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, CONNECTICUT, 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	\$13,955,557	9,515	51.6 %	102,864	0.8	\$165	\$136
ANTIDEPRESSANTS	7,306,736	13,643	74.0	144,823	0.8	61	50
ULCER DRUGS	5,874,451	8,367	45.4	87,516	0.8	84	67
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,272,189	4,653	25.2	49,155	0.8	138	107
ANTICONVULSANT	3,674,763	5,470	29.7	59,161	0.9	66	62
ANALGESICS - Narcotic	3,074,816	7,024	38.1	69,659	0.7	62	44
ANTIDIABETIC	2,327,268	5,920	32.1	63,011	0.8	44	37
ANTIHYPERTENSIVE	2,270,487	3,409	18.5	36,369	0.8	73	62
HEMATOPOIETIC AGENTS	2,139,537	3,163	17.1	33,471	0.7	91	64
ANTIASTHMATIC	2,055,378	6,602	35.8	70,242	0.5	63	29
Total	47,951,182	67,766		716,271	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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); 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, CONNECTICUT, 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	557,643	\$47,951,182	9,515	51.6 %	102,864	0.8	\$136	13,643	74.0 %	144,823	0.8	\$51
Female	402,900	33,899,742	6,818	49.9	73,974	0.8	128	10,144	74.2	108,169	0.8	50
Disabled	34,484	3,872,119	614	93.0	7,151	1.1	204	602	91.2	6,925	0.9	59
64 or younger	33,823	3,809,256	605	93.5	7,055	1.1	204	591	91.3	6,803	0.9	59
65-74	661	62,863	9	69.2	96	0.8	185	11	84.6	122	0.8	39
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	368,416	30,027,623	6,204	47.7	66,823	0.8	120	9,542	73.4	101,244	0.8	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	47,565	4,373,812	799	75.0	9,084	0.9	174	921	86.4	10,326	0.9	54
75-84	126,429	10,479,141	1,988	53.6	21,767	0.8	130	2,962	79.9	31,922	0.8	51
85 and older	194,422	15,174,670	3,417	41.5	35,972	0.7	100	5,659	68.8	58,996	0.8	48
Male	154,743	14,051,440	2,697	56.4	28,890	0.9	155	3,499	73.1	36,654	0.8	51
Disabled	35,809	4,111,105	674	87.4	7,851	1.1	231	599	77.7	6,806	0.9	59
64 or younger	34,963	4,037,577	663	88.2	7,728	1.1	233	585	77.8	6,656	0.9	59
65-74	846	73,528	11	57.9	123	1.0	109	14	73.7	150	0.8	61
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	118,934	9,940,335	2,023	50.4	21,039	0.8	126	2,900	72.2	29,848	0.8	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	31,723	2,987,305	526	62.6	5,782	0.9	173	632	75.2	6,924	0.8	55
75-84	51,197	4,123,972	862	53.8	8,990	0.8	121	1,197	74.7	12,449	0.8	49
85 and older	36,014	2,829,058	635	40.4	6,267	0.7	92	1,071	68.1	10,475	0.8	46
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 Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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, CONNECTICUT, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	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	8,367	45.4 %	87,516	0.8	\$67	4,653	25.2 %	49,155	0.8	\$107	5,470	29.7 %	59,161	0.9	\$62
Female	6,095	44.6	64,210	0.8	66	3,497	25.6	37,334	0.8	106	3,575	26.2	38,877	0.9	57
Disabled	345	52.3	3,812	0.9	76	97	14.7	1,124	0.8	386	523	79.2	5,989	1.1	90
64 or younger	333	51.5	3,678	0.9	77	97	15.0	1,124	0.8	386	511	79.0	5,855	1.1	91
65-74	12	92.3	134	0.7	66	0	0.0	0	0.0	0	12	92.3	134	1.1	74
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	5,750	44.2	60,398	0.8	66	3,400	26.1	36,210	0.8	97	3,052	23.5	32,888	0.9	51
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	548	51.4	6,041	0.8	71	170	15.9	1,941	0.8	103	555	52.1	6,213	1.0	64
75-84	1,711	46.1	18,215	0.8	69	1,089	29.4	11,572	0.8	98	1,167	31.5	12,739	0.9	53
85 and older	3,491	42.4	36,142	0.8	63	2,141	26.0	22,697	0.8	96	1,330	16.2	13,936	0.8	44
Male	2,272	47.5	23,306	0.8	70	1,156	24.2	11,821	0.8	112	1,895	39.6	20,284	1.0	72
Disabled	363	47.1	4,035	0.8	76	52	6.7	607	0.7	409	537	69.6	6,156	1.1	93
64 or younger	351	46.7	3,915	0.8	77	49	6.5	571	0.7	427	531	70.6	6,084	1.1	92
65-74	12	63.2	120	0.9	74	3	15.8	36	0.9	125	6	31.6	72	1.5	134
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	1,909	47.5	19,271	0.8	68	1,104	27.5	11,214	0.8	96	1,358	33.8	14,128	0.9	62
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	418	49.8	4,551	0.8	70	146	17.4	1,567	0.8	106	450	53.6	4,934	1.0	76
75-84	782	48.8	8,034	0.8	67	490	30.6	5,023	0.8	96	570	35.6	5,949	0.9	58
85 and older	709	45.1	6,686	0.8	68	468	29.8	4,624	0.8	93	338	21.5	3,245	0.9	49
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 Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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, CONNECTICUT, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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	7,024	38.1 %	69,659	0.7	\$44	5,920	32.1 %	63,011	0.8	\$37	3,409	18.5 %	36,369	0.8	\$62
Female	5,338	39.1	53,516	0.7	43	4,146	30.3	44,401	0.8	36	2,386	17.5	25,651	0.9	63
Disabled	303	45.9	3,343	1.1	77	257	38.9	2,954	0.9	47	187	28.3	2,163	0.8	64
64 or younger	295	45.6	3,265	1.1	77	247	38.2	2,847	0.9	47	182	28.1	2,106	0.8	64
65-74	8	61.5	78	0.9	91	10	76.9	107	0.8	42	5	38.5	57	1.0	93
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	5,035	38.7	50,173	0.7	41	3,889	29.9	41,447	0.8	36	2,199	16.9	23,488	0.9	63
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	484	45.4	5,254	0.9	54	610	57.2	6,852	0.9	41	340	31.9	3,820	0.9	67
75-84	1,510	40.7	15,644	0.8	48	1,547	41.7	16,626	0.8	37	870	23.5	9,311	0.9	64
85 and older	3,041	37.0	29,275	0.6	35	1,732	21.1	17,969	0.8	32	989	12.0	10,357	0.9	60
Male	1,686	35.2	16,143	0.7	47	1,774	37.1	18,610	0.8	39	1,023	21.4	10,718	0.8	61
Disabled	294	38.1	3,265	1.0	80	289	37.5	3,244	0.8	48	201	26.1	2,298	0.8	65
64 or younger	289	38.4	3,223	1.0	80	278	37.0	3,121	0.8	48	193	25.7	2,202	0.8	64
65-74	5	26.3	42	0.6	11	11	57.9	123	1.0	57	8	42.1	96	1.0	91
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	1,392	34.7	12,878	0.6	39	1,485	37.0	15,366	0.8	37	822	20.5	8,420	0.8	60
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	295	35.1	3,060	0.7	54	381	45.4	4,211	0.8	40	224	26.7	2,409	0.9	66
75-84	569	35.5	5,262	0.7	40	696	43.4	7,262	0.8	37	392	24.5	3,980	0.8	58
85 and older	528	33.6	4,556	0.6	27	408	26.0	3,893	0.8	34	206	13.1	2,031	0.8	57
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 Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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, CONNECTICUT, 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIASTHMATIC					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	3,163	17.1 %	33,471	0.7	\$64	6,602	35.8 %	70,242	0.5	\$29	18,448	188,056
Female	2,304	16.9	24,610	0.7	63	4,793	35.1	51,577	0.5	28	13,662	140,187
Disabled	82	12.4	909	0.6	106	263	39.8	3,020	0.5	37	660	7,402
64 or younger	79	12.2	876	0.6	107	260	40.2	2,984	0.5	37	647	7,261
65-74	3	23.1	33	0.2	73	3	23.1	36	0.8	63	13	141
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	2,222	17.1	23,701	0.7	62	4,530	34.8	48,557	0.4	28	13,002	132,785
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	203	19.0	2,238	0.7	97	441	41.4	4,864	0.5	34	1,066	11,529
75-84	609	16.4	6,624	0.7	80	1,400	37.8	15,143	0.5	33	3,708	38,687
85 and older	1,410	17.1	14,839	0.7	48	2,689	32.7	28,550	0.4	24	8,228	82,569
Male	859	17.9	8,861	0.7	65	1,809	37.8	18,665	0.5	32	4,786	47,869
Disabled	116	15.0	1,317	0.7	66	268	34.8	3,051	0.6	40	771	8,637
64 or younger	112	14.9	1,269	0.7	64	257	34.2	2,919	0.6	39	752	8,453
65-74	4	21.1	48	0.5	112	11	57.9	132	0.8	48	19	184
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	743	18.5	7,544	0.7	65	1,541	38.4	15,614	0.5	31	4,015	39,232
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	164	19.5	1,762	0.8	83	326	38.8	3,475	0.5	32	840	8,841
75-84	291	18.2	3,002	0.7	45	667	41.6	6,782	0.5	33	1,603	15,879
85 and older	288	18.3	2,780	0.7	76	548	34.9	5,357	0.4	27	1,572	14,512
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 Connecticut, released by CMS in 12/2007. 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 8,044 beneficiaries who were in nursing facilities for part of their enrollment and their 79,584 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}
CONNECTICUT, 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	40,810	50.4 %	4.5	364,243	\$110	\$8,945,939	\$25	2.8 %	80,995
Age									
5 and younger	1	50.0	10.5	21	517	1,034	49	6.8	2
6-14	4	100.0	5.8	23	142	569	25	1.7	4
15-20	37	42.5	2.4	209	74	6,420	31	2.7	87
21-44	6,394	48.1	4.6	60,764	126	1,667,530	27	2.8	13,285
45-64	10,422	56.6	6.1	111,948	168	3,085,946	28	3.2	18,404
65-74	7,618	49.6	4.2	63,965	103	1,582,468	25	2.9	15,350
75-84	8,160	48.9	4.0	66,892	88	1,476,347	22	2.6	16,684
85 and older	8,174	47.6	3.5	60,421	66	1,125,625	19	2.4	17,179
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	23,765	48.7	3.9	189,794	85	4,136,332	22	2.7	48,789
Disabled	16,242	53.4	5.6	169,021	154	4,668,746	28	3.1	30,407
Adults	784	44.6	3.0	5,303	77	134,558	25	2.2	1,756
Children	14	46.7	3.7	111	193	5,785	52	5.8	30
Unknown	5	38.5	1.1	14	40	518	37	1.2	13
Gender									
Female	27,599	53.5	4.8	245,453	114	5,863,824	24	3.0	51,550
Male	13,211	44.9	4.0	118,790	105	3,082,115	26	2.6	29,445
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	29,483	51.4	4.9	278,122	112	6,414,623	23	2.7	57,339
African American	5,102	47.0	4.0	43,298	113	1,227,546	28	3.0	10,861
Other/unknown	6,225	48.7	3.3	42,823	102	1,303,770	30	3.2	12,795
Use of Nursing Facilities^d									
Entire year	8,869	48.1	4.2	78,180	74	1,365,958	17	1.8	18,448
Part year	4,839	60.2	5.1	40,930	122	984,619	24	3.2	8,044
None	27,102	49.7	4.5	245,133	121	6,595,362	27	3.1	54,503
Maintenance Assistance Status									
Cash	6,857	53.7	5.7	72,711	140	1,792,257	25	3.2	12,760
Medically needy	9,025	48.8	4.2	78,081	108	2,004,631	26	2.7	18,485
Poverty related	825	34.9	1.7	4,083	46	109,146	27	2.7	2,366
Other/unknown	24,103	50.9	4.4	209,368	106	5,039,905	24	2.8	47,384

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
CONNECTICUT, 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	0.4	\$10	\$25	\$0	\$4	859,448
Age						
5 and younger	1.6	80	49	0	0	13
6-14	0.6	15	25	0	0	38
15-20	0.2	8	31	0	1	839
21-44	0.4	12	27	0	5	144,761
45-64	0.6	15	28	0	6	202,540
65-74	0.4	9	25	0	3	166,900
75-84	0.4	8	22	0	2	176,002
85 and older	0.4	7	19	0	2	168,355
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	8	22	0	2	507,330
Disabled	0.5	14	28	0	6	335,192
Adults	0.3	8	25	0	4	16,505
Children	0.4	21	52	0	1	270
Unknown	0.1	3	37	0	3	151
Gender						
Female	0.4	11	24	0	4	549,512
Male	0.4	10	26	0	3	309,936
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	11	23	0	4	604,361
African American	0.4	10	28	0	2	117,282
Other/unknown	0.3	9	30	0	2	137,805
Use of Nursing Facilities^d						
Entire year	0.4	7	17	0	4	188,056
Part year	0.5	12	24	0	4	79,584
None	0.4	11	27	0	4	591,808
Maintenance Assistance Status						
Cash	0.5	13	25	0	4	143,085
Medically needy	0.4	11	26	0	4	189,901
Poverty related	0.2	4	27	0	2	25,794
Other/unknown	0.4	10	24	0	3	500,668

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
CONNECTICUT, 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	58,840	\$152	\$8,945,939	100.0 %	364,243	\$25	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	4	113	450	0.0	10	45	0.0
Drugs for cosmetic purposes	41	16	665	0.0	67	10	0.0
Cough and cold medications	9,265	83	768,437	8.6	24,955	31	6.9
Vitamins and minerals	12,469	116	1,440,340	16.1	83,989	17	23.1
Non-prescription drugs	13,229	194	2,572,026	28.8	77,812	33	21.4
Barbiturates	745	65	48,667	0.5	8,346	6	2.3
Benzodiazepines	21,346	149	3,188,199	35.6	161,041	20	44.2
Other Part D Excl Rx Drugs	1,741	533	927,155	10.4	8,023	116	2.2

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Dual Eligible Beneficiaries	80,995
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$314,852,900
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,887

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,105	8.8 %	\$0	0.0 %
1-500	9,875	12.2	2,158,246	0.7
501-1,000	7,034	8.7	5,241,987	1.7
1,001-1,500	6,082	7.5	7,571,202	2.4
1,501-2,000	5,412	6.7	9,452,883	3.0
2,001-2,500	4,902	6.1	11,002,599	3.5
2,501-3,000	4,529	5.6	12,439,398	4.0
3,001-3,500	4,128	5.1	13,401,435	4.3
3,501-4,000	3,772	4.7	14,144,524	4.5
4,001-4,500	3,418	4.2	14,511,888	4.6
4,501-5,000	2,932	3.6	13,921,539	4.4
5,001-5,500	2,566	3.2	13,461,302	4.3
5,501-6,000	2,282	2.8	13,111,060	4.2
6,001-6,500	1,995	2.5	12,456,924	4.0
6,501-7,000	1,735	2.1	11,707,835	3.7
7,001-7,500	1,499	1.9	10,849,374	3.4
7,501-8,000	1,332	1.6	10,318,851	3.3
8,001-8,500	1,141	1.4	9,405,834	3.0
8,501-9,000	934	1.2	8,165,883	2.6
9,001-9,500	928	1.1	8,580,818	2.7
9,501-10,000	735	0.9	7,158,940	2.3
10,001+	6,659	8.2	105,790,378	33.6

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	30,096
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$151,540,200
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$5,035

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,725	9.1 %	0	0.0 %
1-500	3,775	12.5	764,043	0.5
501-1,000	2,215	7.4	1,654,944	1.1
1,001-1,500	1,841	6.1	2,292,913	1.5
1,501-2,000	1,588	5.3	2,777,558	1.8
2,001-2,500	1,448	4.8	3,244,256	2.1
2,501-3,000	1,309	4.3	3,593,445	2.4
3,001-3,500	1,197	4.0	3,888,674	2.6
3,501-4,000	1,123	3.7	4,210,047	2.8
4,001-4,500	1,078	3.6	4,574,770	3.0
4,501-5,000	969	3.2	4,599,523	3.0
5,001-5,500	882	2.9	4,625,058	3.1
5,501-6,000	807	2.7	4,637,338	3.1
6,001-6,500	788	2.6	4,922,229	3.2
6,501-7,000	675	2.2	4,550,429	3.0
7,001-7,500	643	2.1	4,653,774	3.1
7,501-8,000	582	1.9	4,508,979	3.0
8,001-8,500	519	1.7	4,276,054	2.8
8,501-9,000	483	1.6	4,223,125	2.8
9,001-9,500	494	1.6	4,569,340	3.0
9,501-10,000	416	1.4	4,052,497	2.7
10,001+	4,539	15.1	74,921,204	49.4

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	49,213
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$157,082,351
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$3,192

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,101	8.3 %	0	0.0 %
1-500	5,758	11.7	1,331,187	0.8
501-1,000	4,641	9.4	3,459,314	2.2
1,001-1,500	4,143	8.4	5,158,480	3.3
1,501-2,000	3,735	7.6	6,519,738	4.2
2,001-2,500	3,370	6.8	7,570,327	4.8
2,501-3,000	3,162	6.4	8,685,816	5.5
3,001-3,500	2,867	5.8	9,305,258	5.9
3,501-4,000	2,597	5.3	9,739,032	6.2
4,001-4,500	2,291	4.7	9,729,579	6.2
4,501-5,000	1,938	3.9	9,202,496	5.9
5,001-5,500	1,646	3.3	8,635,554	5.5
5,501-6,000	1,448	2.9	8,318,280	5.3
6,001-6,500	1,179	2.4	7,360,348	4.7
6,501-7,000	1,036	2.1	6,996,345	4.5
7,001-7,500	832	1.7	6,022,454	3.8
7,501-8,000	734	1.5	5,686,651	3.6
8,001-8,500	605	1.2	4,989,415	3.2
8,501-9,000	437	0.9	3,819,564	2.4
9,001-9,500	419	0.9	3,872,797	2.5
9,501-10,000	309	0.6	3,009,246	1.9
10,001+	1,965	4.0	27,670,470	17.6

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	15,350
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$53,987,110
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,517

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,487	9.7 %	0	0.0 %
1-500	1,731	11.3	394,776	0.7
501-1,000	1,264	8.2	939,099	1.7
1,001-1,500	1,159	7.6	1,440,690	2.7
1,501-2,000	1,099	7.2	1,920,549	3.6
2,001-2,500	1,031	6.7	2,315,060	4.3
2,501-3,000	900	5.9	2,471,706	4.6
3,001-3,500	865	5.6	2,806,457	5.2
3,501-4,000	798	5.2	2,990,931	5.5
4,001-4,500	685	4.5	2,907,945	5.4
4,501-5,000	602	3.9	2,863,609	5.3
5,001-5,500	471	3.1	2,470,443	4.6
5,501-6,000	453	3.0	2,603,553	4.8
6,001-6,500	357	2.3	2,229,113	4.1
6,501-7,000	344	2.2	2,324,636	4.3
7,001-7,500	269	1.8	1,949,807	3.6
7,501-8,000	283	1.8	2,191,912	4.1
8,001-8,500	194	1.3	1,604,295	3.0
8,501-9,000	157	1.0	1,369,347	2.5
9,001-9,500	159	1.0	1,470,443	2.7
9,501-10,000	114	0.7	1,110,258	2.1
10,001+	928	6.0	13,612,481	25.2

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	16,684
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$55,765,282
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$3,342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,329	8.0 %	0	0.0 %
1-500	1,698	10.2	390,351	0.7
501-1,000	1,480	8.9	1,113,577	2.0
1,001-1,500	1,313	7.9	1,638,358	2.9
1,501-2,000	1,254	7.5	2,184,380	3.9
2,001-2,500	1,189	7.1	2,669,261	4.8
2,501-3,000	1,116	6.7	3,062,391	5.5
3,001-3,500	990	5.9	3,217,024	5.8
3,501-4,000	864	5.2	3,243,434	5.8
4,001-4,500	802	4.8	3,408,749	6.1
4,501-5,000	699	4.2	3,316,818	5.9
5,001-5,500	606	3.6	3,178,861	5.7
5,501-6,000	540	3.2	3,100,822	5.6
6,001-6,500	440	2.6	2,749,579	4.9
6,501-7,000	402	2.4	2,713,536	4.9
7,001-7,500	314	1.9	2,271,769	4.1
7,501-8,000	282	1.7	2,183,581	3.9
8,001-8,500	232	1.4	1,911,196	3.4
8,501-9,000	185	1.1	1,619,490	2.9
9,001-9,500	163	1.0	1,505,246	2.7
9,501-10,000	114	0.7	1,111,797	2.0
10,001+	672	4.0	9,175,062	16.5

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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}
 CONNECTICUT, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	17,179
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$47,329,959
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,755

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,285	7.5 %	0	0.0 %
1-500	2,329	13.6	546,060	1.2
501-1,000	1,897	11.0	1,406,638	3.0
1,001-1,500	1,671	9.7	2,079,432	4.4
1,501-2,000	1,382	8.0	2,414,809	5.1
2,001-2,500	1,150	6.7	2,586,006	5.5
2,501-3,000	1,146	6.7	3,151,719	6.7
3,001-3,500	1,012	5.9	3,281,777	6.9
3,501-4,000	935	5.4	3,504,667	7.4
4,001-4,500	804	4.7	3,412,885	7.2
4,501-5,000	637	3.7	3,022,069	6.4
5,001-5,500	569	3.3	2,986,250	6.3
5,501-6,000	455	2.6	2,613,905	5.5
6,001-6,500	382	2.2	2,381,656	5.0
6,501-7,000	290	1.7	1,958,173	4.1
7,001-7,500	249	1.4	1,800,878	3.8
7,501-8,000	169	1.0	1,311,158	2.8
8,001-8,500	179	1.0	1,473,924	3.1
8,501-9,000	95	0.6	830,727	1.8
9,001-9,500	97	0.6	897,108	1.9
9,501-10,000	81	0.5	787,191	1.7
10,001+	365	2.1	4,882,927	10.3

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	81,199	48,789	30,407	1,952	38	13	863,798	507,364	335,639	20,261	383	151
Age												
5 and younger	3	0	0	0	3	0	25	0	0	0	25	0
6-14	5	0	0	0	5	0	55	0	0	0	55	0
15-20	92	0	73	2	17	0	937	0	735	12	190	0
21-44	13,401	0	12,144	1,246	11	0	147,428	0	134,240	13,091	97	0
45-64	18,475	0	17,879	588	2	6	203,898	0	197,750	6,061	16	71
65-74	15,360	14,938	311	104	0	7	167,097	163,108	2,914	995	0	80
75-84	16,684	16,673	0	11	0	0	176,003	175,913	0	90	0	0
85 and older	17,179	17,178	0	1	0	0	168,355	168,343	0	12	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	51,684	35,707	14,769	1,175	20	13	552,389	374,673	165,087	12,266	212	151
Male	29,515	13,082	15,638	777	18	0	311,409	132,691	170,552	7,995	171	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	57,456	35,628	20,720	1,076	20	12	606,714	363,674	231,455	11,237	209	139
African American	10,900	5,633	4,876	381	10	0	118,213	61,375	52,721	4,017	100	0
Other/unknown	12,843	7,528	4,811	495	8	1	138,871	82,315	51,463	5,007	74	12
Use of Nursing Facilities^c												
Entire year	18,448	17,017	1,431	0	0	0	188,056	172,017	16,039	0	0	0
Part year	8,044	6,897	1,134	12	1	0	79,595	67,194	12,255	134	12	0
None	54,707	24,875	27,842	1,940	37	13	596,147	268,153	307,345	20,127	371	151
Maintenance Assistance Status												
Cash	12,904	5,147	6,655	1,094	8	0	145,499	58,164	76,238	11,007	90	0
Medically needy	18,486	8,731	9,708	43	4	0	190,080	87,023	102,720	311	26	0
Poverty related	2,369	924	1,399	24	9	13	25,943	10,196	15,334	185	77	151
Other/unknown	47,440	33,987	12,645	791	17	0	502,276	351,981	141,347	8,758	190	0
Dual Status^d												
Full dual, all year	75,672	46,192	27,515	1,914	38	13	802,003	478,219	303,412	19,838	383	151
Full dual, part year	5,527	2,597	2,892	38	0	0	61,795	29,145	32,227	423	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,549	48,781	30,301	1,429	25	13	856,965	507,275	334,482	14,806	251	151
FFS part year, with Rx claims	334	4	83	244	3	0	3,648	47	920	2,651	30	0
FFS part year, no Rx claims	112	4	23	83	2	0	1,132	42	237	838	15	0
MC all year, with Rx claims	2	0	0	2	0	0	20	0	0	20	0	0
MC all year, no Rx claims	202	0	0	194	8	0	2,033	0	0	1,946	87	0

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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, CONNECTICUT, 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	81,199	863,798	80,995	859,448	0	4,350
Fee-for-service (FFS) all year	80,549	856,965	80,549	856,965	0	0
FFS part year, with Rx claims	334	3,648	334	2,042	0	1,606
FFS part year, with no Rx claims	112	1,132	112	441	0	691
Managed care (MC) all year, with Rx claims	2	20	0	0	0	20
MC all year, with no Rx claims	202	2,033	0	0	0	2,033

Source: Data for this table are from the MAX 2004 file for Connecticut, released by CMS in 12/2007. 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.