

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 D.C.

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, D.C., 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	18,188	8,236	9,319	630	3	0	193,796	86,955	100,807	6,001	33	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	20	0	17	0	3	0	186	0	153	0	33	0
21-44	2,349	4	2,087	258	0	0	24,538	34	21,959	2,545	0	0
45-64	4,340	26	4,030	284	0	0	46,546	251	43,535	2,760	0	0
65-74	5,119	2,988	2,064	67	0	0	54,978	31,458	23,010	510	0	0
75-84	4,089	3,230	839	20	0	0	44,023	34,661	9,188	174	0	0
85 and older	2,270	1,988	281	1	0	0	23,513	20,551	2,950	12	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,429	5,892	5,202	334	1	0	123,133	62,824	57,176	3,121	12	0
Male	6,759	2,344	4,117	296	2	0	70,663	24,131	43,631	2,880	21	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	1,037	503	507	27	0	0	10,350	4,979	5,127	244	0	0
African American	14,754	6,524	7,703	524	3	0	157,304	68,936	83,429	4,906	33	0
Other/unknown	2,397	1,209	1,109	79	0	0	26,142	13,040	12,251	851	0	0
Use of Nursing Facilities^c												
Entire year	2,109	1,912	161	36	0	0	22,471	20,299	1,762	410	0	0
Part year	1,233	937	269	27	0	0	12,039	8,945	2,824	270	0	0
None	14,846	5,387	8,889	567	3	0	159,286	57,711	96,221	5,321	33	0
Maintenance Assistance Status												
Cash	8,639	2,520	5,626	492	1	0	94,416	27,829	61,821	4,754	12	0
Medically needy	4,014	2,785	1,118	111	0	0	39,739	27,560	11,128	1,051	0	0
Poverty-related	4,322	2,088	2,234	0	0	0	46,927	22,704	24,223	0	0	0
Other/unknown	1,213	843	341	27	2	0	12,714	8,862	3,635	196	21	0
Dual Medicare Status^d												
Full dual, all year	17,702	8,005	9,092	602	3	0	188,535	84,486	98,290	5,726	33	0
Full dual, part year	486	231	227	28	0	0	5,261	2,469	2,517	275	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	18,009	8,221	9,255	530	3	0	192,847	86,842	100,419	5,553	33	0
FFS part year, with Rx claims	123	10	47	66	0	0	733	81	323	329	0	0
FFS part year, no Rx claims	56	5	17	34	0	0	216	32	65	119	0	0

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, D.C., 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	70.9 %	32.4	\$2,439	\$75	\$17,523	13.9 %	18,188
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	51.0	8,057	158	10,746	75.0	1
15-20	60.0	14.9	2,337	157	13,889	16.8	20
21-44	74.4	27.9	3,543	127	15,602	22.7	2,349
45-64	80.9	40.9	3,796	93	17,922	21.2	4,340
65-74	74.6	34.9	2,044	59	13,065	15.6	5,119
75-84	66.3	30.1	1,673	56	18,057	9.3	4,089
85 and older	48.0	19.5	970	50	27,878	3.5	2,270
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	59.0	25.2	1,406	56	19,663	7.2	8,236
Disabled	81.1	39.1	3,336	85	15,471	21.6	9,319
Adults	75.4	27.6	2,649	96	19,900	13.3	630
Children	66.7	23.3	7,736	332	19,866	38.9	3
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	73.2	34.9	2,262	65	17,245	13.1	11,429
Male	66.9	28.1	2,738	97	17,994	15.2	6,759
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	58.0	29.4	2,693	92	22,613	11.9	1,037
African American	71.4	33.0	2,464	75	17,841	13.8	14,754
Other/unknown	73.2	30.1	2,177	72	13,366	16.3	2,397
Use of Nursing Facilities^f							
Entire year	15.8	10.7	592	55	53,930	1.1	2,109
Part year	47.9	20.7	1,297	63	32,652	4.0	1,233
None	80.6	36.5	2,796	77	11,095	25.2	14,846
Maintenance Assistance Status							
Cash	78.6	36.1	2,716	75	12,869	21.1	8,639
Medically needy	37.6	18.8	1,400	75	41,922	3.3	4,014
Poverty related	83.5	38.1	2,959	78	7,516	39.4	4,322
Other/unknown	81.5	31.2	2,050	66	5,587	36.7	1,213

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 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	3.0	\$229	13.9 %	29.1 %	15.6 %	10.2 %	26.2 %	16.3 %	2.6 %	\$1,645	18,188	193,796
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.3	671	75.0	0.0	0.0	0.0	100.0	0.0	0.0	896	1	12
15-20	1.6	251	16.8	40.0	30.0	10.0	15.0	5.0	0.0	1,493	20	186
21-44	2.7	339	22.7	25.6	24.2	12.3	23.5	12.0	2.3	1,494	2,349	24,538
45-64	3.8	354	21.2	19.1	16.8	10.1	28.1	21.2	4.7	1,671	4,340	46,546
65-74	3.3	190	15.6	25.4	14.9	11.0	27.9	18.1	2.6	1,217	5,119	54,978
75-84	2.8	155	9.3	33.7	12.8	9.4	27.3	15.4	1.4	1,677	4,089	44,023
85 and older	1.9	94	3.5	52.0	10.9	7.5	19.4	9.2	1.0	2,691	2,270	23,513
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	2.4	133	7.2	41.0	13.0	9.1	23.3	12.1	1.5	1,862	8,236	86,955
Disabled	3.6	308	21.6	18.9	17.5	10.8	29.0	20.3	3.6	1,430	9,319	100,807
Adults	2.9	278	13.3	24.6	21.9	14.6	21.9	14.1	2.9	2,089	630	6,001
Children	2.1	703	38.9	33.3	0.0	33.3	33.3	0.0	0.0	1,806	3	33
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.2	210	13.1	26.8	14.5	10.0	28.1	17.8	2.8	1,601	11,429	123,133
Male	2.7	262	15.2	33.1	17.5	10.4	22.9	13.8	2.2	1,721	6,759	70,663
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.9	270	11.9	42.0	11.8	7.4	19.8	15.0	4.0	2,266	1,037	10,350
African American	3.1	231	13.8	28.6	15.4	10.0	26.7	16.7	2.6	1,673	14,754	157,304
Other/unknown	2.8	200	16.3	26.8	18.5	12.3	26.0	14.6	1.8	1,226	2,397	26,142
use of nursing Facilities^f												
Entire year	1.0	56	1.1	84.2	1.5	1.3	5.5	5.0	2.5	5,062	2,109	22,471
Part year	2.1	133	4.0	52.1	11.4	6.7	18.3	9.8	1.7	3,344	1,233	12,039
None	3.4	261	25.2	19.4	17.9	11.7	29.8	18.5	2.7	1,034	14,846	159,286
Maintenance Assistance Status												
Cash	3.3	249	21.1	21.4	18.0	11.0	28.2	18.5	2.8	1,178	8,639	94,416
Medically needy	1.9	141	3.3	62.4	6.9	4.9	13.6	9.7	2.5	4,235	4,014	39,739
Poverty related	3.5	273	39.4	16.5	17.5	12.1	32.6	18.7	2.6	692	4,322	46,927
Other/unknown	3.0	196	36.7	18.5	20.4	14.8	30.3	14.5	1.4	533	1,213	12,714

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, D.C., 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	3.0	\$229	\$75	1.3	\$177	\$139	0.1	\$11	\$81	1.6	\$41	\$25
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.3	671	158	2.7	630	236	0.0	0	0	1.6	41	26
15-20	1.6	251	157	0.7	218	328	0.1	9	68	0.8	24	30
21-44	2.7	339	127	1.2	280	234	0.2	21	124	1.3	39	30
45-64	3.8	354	93	1.6	279	175	0.2	19	97	2.0	56	28
65-74	3.3	190	59	1.3	140	105	0.1	8	61	1.8	42	24
75-84	2.8	155	56	1.2	115	97	0.1	6	58	1.5	35	23
85 and older	1.9	94	50	0.7	67	91	0.1	4	44	1.1	23	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.4	133	56	1.0	98	98	0.1	5	56	1.3	30	23
Disabled	3.6	308	85	1.5	242	161	0.2	16	93	1.9	51	26
Adults	2.9	278	96	1.3	218	170	0.2	20	101	1.4	40	28
Children	2.1	703	332	1.5	688	445	0.1	3	45	0.5	12	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.2	210	65	1.3	157	117	0.1	10	73	1.8	43	25
Male	2.7	262	97	1.2	211	183	0.1	12	97	1.4	38	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.9	270	92	1.3	215	164	0.2	15	79	1.4	41	28
African American	3.1	231	75	1.3	178	139	0.1	11	83	1.7	42	25
Other/unknown	2.8	200	72	1.2	156	129	0.1	9	72	1.4	35	25
Use of Nursing Facilities^e												
Entire year	1.0	56	55	0.4	40	104	0.1	3	42	0.5	12	23
Part year	2.1	133	63	0.8	97	120	0.1	7	60	1.2	29	24
None	3.4	261	77	1.4	202	141	0.1	13	85	1.8	46	26
Maintenance Assistance Status												
Cash	3.3	249	75	1.4	192	139	0.1	12	82	1.8	44	25
Medically needy	1.9	141	75	0.8	108	142	0.1	7	61	1.0	26	26
Poverty related	3.5	273	78	1.5	211	143	0.1	14	93	1.9	48	26
Other/unknown	3.0	196	66	1.3	147	116	0.1	9	77	1.6	39	25

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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 D.C., 0.3 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.medispain.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, D.C., 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	0.5	0.3	0.0	0.2	\$113	\$100	\$6	\$7	\$245	\$369	\$200	\$45	33,514	\$8,213,930	6,367	35.0 %	72,734
Biologicals	0.1	0.0	0.0	0.1	7	2	0	5	74	72	119	73	35	2,595	30	0.2	357
Antineoplastic Agents	0.4	0.1	0.0	0.3	81	43	5	33	192	369	273	115	3,035	582,678	643	3.5	7,183
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.5	50	36	2	12	57	107	30	26	51,725	2,961,818	5,222	28.7	59,294
Cardiovascular Agents	1.8	0.7	0.0	1.0	82	57	2	24	45	77	45	22	204,537	9,194,491	9,923	54.6	112,316
Respiratory Agents	0.7	0.5	0.0	0.2	42	37	0	4	63	82	45	20	39,225	2,475,202	5,171	28.4	59,338
Gastrointestinal Agents	0.5	0.2	0.0	0.3	42	33	1	9	83	153	44	31	29,697	2,453,365	5,125	28.2	58,342
Genitourinary Agents	0.4	0.3	0.0	0.1	30	27	2	2	75	85	62	26	6,810	508,967	1,458	8.0	16,906
CNS Drugs	1.0	0.5	0.0	0.5	126	108	3	16	130	223	92	34	60,510	7,850,565	5,460	30.0	62,065
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	48	37	5	6	97	140	117	32	380	36,679	68	0.4	767
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.4	0.0	0.0	83	79	1	2	173	177	104	112	3,105	536,048	567	3.1	6,459
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	28	16	2	9	49	161	190	20	45,241	2,204,783	6,935	38.1	79,374
Neuromuscular Agents	0.8	0.2	0.2	0.4	54	29	16	9	71	135	104	24	32,441	2,298,816	3,732	20.5	42,650
Nutritional Products	0.5	0.0	0.0	0.5	8	0	1	7	15	15	17	15	21,680	320,631	3,619	19.9	41,357
Hematological Agents	0.6	0.3	0.1	0.3	73	66	2	5	117	244	46	16	19,965	2,341,732	2,830	15.6	32,049
Topical Products	0.5	0.3	0.0	0.2	32	23	2	7	61	81	72	33	35,761	2,186,353	5,855	32.2	67,688
Miscellaneous Products	0.3	0.2	0.0	0.2	80	59	6	14	234	393	336	84	758	177,262	199	1.1	2,222
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	15	0	0	0	812	11,879	242	1.3	2,769
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.	589,231	44,357,794	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 D.C., 0.3 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, D.C., 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
ANTIVIRAL	\$6,760,769	2,161	11.9 %	24,184	0.6	\$482	\$280
ANTIPSYCHOTICS	6,032,469	3,271	18.0	37,517	0.6	251	161
ANTIHYPERTENSIVE	3,109,787	4,782	26.3	54,971	0.6	97	57
ANTIDIABETIC	2,449,142	9,038	49.7	103,186	0.6	41	24
CALCIUM BLOCKERS	2,344,917	5,778	31.8	66,080	0.6	58	35
ANTICONVULSANT	2,071,539	4,636	25.5	52,911	0.7	59	39
ULCER DRUGS	2,000,312	2,964	16.3	33,763	0.7	90	59
ANTIASTHMATIC	1,446,365	4,632	25.5	52,962	0.4	77	27
ANTIDEPRESSANTS	1,402,261	4,205	23.1	47,988	0.4	74	29
	1,313,634	3,771	20.7	42,957	0.5	61	31
Total	28,931,195	45,238		516,519	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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.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); 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, D.C., 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	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	287,212	\$28,931,195	2,161	11.9 %	24,184	0.6	\$280	3,271	18.0 %	37,517	0.6	\$161
Female	191,500	16,088,538	697	6.1	7,884	0.5	250	1,720	15.0	19,761	0.6	141
Disabled	112,058	10,582,599	541	10.4	6,140	0.5	261	1,284	24.7	14,844	0.6	156
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	50	9,477	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12,992	1,924,147	195	22.2	2,198	0.5	221	408	46.4	4,677	0.6	153
45-64	49,033	5,141,320	282	13.9	3,242	0.6	306	620	30.5	7,181	0.7	169
65-74	31,784	2,266,085	49	3.7	520	0.4	202	131	10.0	1,555	0.6	143
75-84	14,581	1,022,896	15	2.1	180	0.3	114	91	12.6	1,045	0.7	135
85 and older	3,618	218,674	0	0.0	0	0.0	0	34	14.0	386	0.4	47
Other Eligibles	79,442	5,505,939	156	2.5	1,744	0.5	208	436	7.0	4,917	0.6	95
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	31	9,101	0	0.0	0	0.0	0	3	300.0	36	0.8	244
21-44	1,765	279,722	41	27.7	437	0.6	308	41	27.7	443	0.6	116
45-64	2,134	242,839	26	17.3	274	0.6	329	28	18.7	297	0.8	119
65-74	29,731	2,088,605	49	2.7	558	0.4	162	122	6.6	1,391	0.6	109
75-84	33,267	2,146,912	33	1.4	391	0.4	116	153	6.3	1,743	0.6	90
85 and older	12,514	738,760	7	0.4	84	0.1	20	89	5.3	1,007	0.5	63
Male	95,712	12,842,657	1,464	21.7	16,300	0.6	294	1,551	22.9	17,756	0.7	183
Disabled	68,815	10,487,003	1,285	31.2	14,472	0.6	294	1,337	32.5	15,333	0.7	191
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	849	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	25	7,077	0	0.0	0	0.0	0	1	25.0	12	1.1	543
21-44	17,354	3,495,531	557	46.1	6,246	0.6	259	514	42.5	5,843	0.6	194
45-64	36,794	5,821,312	661	33.1	7,474	0.7	327	731	36.6	8,429	0.7	192
65-74	12,269	1,002,218	64	8.5	722	0.6	253	67	8.9	778	0.8	188
75-84	1,949	136,782	2	1.7	18	0.3	168	19	16.1	217	0.7	131
85 and older	412	23,234	1	2.6	12	0.1	13	5	12.8	54	0.6	18
Other Eligibles	26,897	2,355,654	179	6.8	1,828	0.6	297	214	8.1	2,423	0.6	132
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	4	998	1	50.0	12	0.1	71	0	0.0	0	0.0	0
21-44	1,621	245,265	37	32.5	333	0.6	252	37	32.5	411	0.8	175
45-64	2,354	316,830	42	26.3	472	0.7	333	34	21.3	405	0.7	108
65-74	13,794	1,143,982	72	5.9	707	0.5	315	73	6.0	835	0.7	168
75-84	7,639	562,489	24	2.9	270	0.6	285	49	5.9	539	0.5	98
85 and older	1,485	86,090	3	1.0	34	0.1	13	21	6.7	233	0.4	51
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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	4,782	26.3 %	54,971	0.6	\$57	9,038	49.7 %	103,186	0.6	\$24	5,778	31.8 %	66,080	0.6	\$36
Female	3,485	30.5	40,169	0.6	58	6,313	55.2	72,348	0.6	25	4,210	36.8	48,267	0.6	36
Disabled	1,776	34.1	20,546	0.6	58	3,295	63.3	38,007	0.6	24	2,371	45.6	27,444	0.6	37
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	23.1	26	0.3	27	0	0.0	0	0.0	0
21-44	77	8.8	878	0.5	47	233	26.5	2,583	0.5	21	156	17.7	1,762	0.6	34
45-64	725	35.7	8,387	0.6	56	1,282	63.1	14,853	0.6	23	1,038	51.1	11,997	0.6	39
65-74	624	47.5	7,219	0.6	60	1,108	84.3	12,879	0.6	26	815	62.0	9,501	0.6	36
75-84	289	40.1	3,364	0.6	60	517	71.7	5,977	0.6	26	302	41.9	3,504	0.7	35
85 and older	61	25.2	698	0.6	58	152	62.8	1,689	0.6	28	60	24.8	680	0.6	24
Other Eligibles	1,709	27.4	19,623	0.6	58	3,018	48.5	34,341	0.6	25	1,839	29.5	20,823	0.6	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	13	8.8	139	0.7	62	30	20.3	303	0.6	20	26	17.6	290	0.7	44
45-64	32	21.3	339	0.6	55	54	36.0	558	0.6	22	38	25.3	389	0.6	44
65-74	714	38.8	8,110	0.6	61	1,080	58.7	12,156	0.6	25	812	44.2	9,067	0.6	36
75-84	730	30.3	8,484	0.6	57	1,323	54.8	15,256	0.6	26	750	31.1	8,651	0.6	33
85 and older	220	13.1	2,551	0.6	52	531	31.7	6,068	0.6	23	213	12.7	2,426	0.6	27
Male	1,297	19.2	14,802	0.6	54	2,725	40.3	30,838	0.6	22	1,568	23.2	17,813	0.6	35
Disabled	817	19.8	9,389	0.5	53	1,757	42.7	20,014	0.6	22	999	24.3	11,434	0.6	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	116	9.6	1,321	0.5	45	309	25.6	3,529	0.5	21	154	12.7	1,732	0.5	35
45-64	414	20.7	4,780	0.5	53	934	46.7	10,554	0.6	22	535	26.8	6,079	0.6	37
65-74	247	33.0	2,826	0.6	55	431	57.5	4,975	0.6	21	269	35.9	3,144	0.6	35
75-84	33	28.0	379	0.6	57	63	53.4	717	0.7	29	39	33.1	456	0.6	29
85 and older	7	17.9	83	0.5	63	20	51.3	239	0.6	30	2	5.1	23	0.7	41
Other Eligibles	480	18.2	5,413	0.6	55	968	36.6	10,824	0.6	22	569	21.5	6,379	0.6	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	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	12	10.5	142	0.4	38	25	21.9	266	0.8	31	8	7.0	94	0.8	38
45-64	26	16.3	257	0.7	47	47	29.4	485	0.6	23	47	29.4	514	0.6	34
65-74	277	22.8	3,119	0.6	58	547	45.0	6,133	0.5	21	319	26.2	3,617	0.6	36
75-84	141	16.8	1,637	0.6	57	292	34.9	3,320	0.6	23	166	19.8	1,835	0.5	31
85 and older	24	7.7	258	0.4	37	57	18.2	620	0.6	18	29	9.3	319	0.4	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 2004

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTICONVULSANT					ULCER DRUGS				
	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	4,636	25.5 %	52,911	0.7	\$39	2,964	16.3 %	33,763	0.7	\$59	4,632	25.5 %	52,962	0.4	\$27
Female	3,344	29.3	38,330	0.7	39	1,682	14.7	19,273	0.6	55	3,251	28.4	37,352	0.4	28
Disabled	1,716	33.0	19,759	0.7	40	1,228	23.6	14,233	0.6	60	1,781	34.2	20,577	0.4	28
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	91	10.4	1,015	0.6	37	293	33.3	3,337	0.7	82	206	23.4	2,370	0.3	24
21-44	631	31.1	7,262	0.7	40	622	30.6	7,197	0.6	64	727	35.8	8,421	0.4	29
45-64	590	44.9	6,875	0.7	41	205	15.6	2,433	0.5	32	485	36.9	5,630	0.4	26
65-74	304	42.2	3,491	0.7	40	86	11.9	1,010	0.5	33	277	38.4	3,203	0.4	29
75-84	100	41.3	1,116	0.7	39	21	8.7	244	0.3	30	84	34.7	929	0.4	28
85 and older	1,628	26.1	18,571	0.7	39	454	7.3	5,040	0.6	41	1,470	23.6	16,775	0.4	28
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	3.4	60	0.5	32	34	23.0	354	0.9	95	38	25.7	397	0.3	26
21-44	29	19.3	284	0.8	42	37	24.7	389	0.8	71	24	16.0	248	0.4	34
45-64	594	32.3	6,703	0.7	40	154	8.4	1,744	0.6	35	517	28.1	5,932	0.3	29
65-74	705	29.2	8,182	0.7	39	170	7.0	1,894	0.5	31	598	24.8	6,881	0.3	26
75-84	295	17.6	3,342	0.6	34	59	3.5	659	0.6	37	293	17.5	3,317	0.4	30
85 and older															
Male	1,292	19.1	14,581	0.6	39	1,282	19.0	14,490	0.7	65	1,381	20.4	15,610	0.4	27
Disabled	807	19.6	9,194	0.6	39	1,016	24.7	11,549	0.7	67	900	21.9	10,274	0.4	26
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	100.0	12	1.0	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	50.0	20	0.4	10	0	0.0	0	0.0	0
21-44	126	10.4	1,417	0.6	43	338	28.0	3,770	0.8	74	186	15.4	2,091	0.3	24
45-64	418	20.9	4,733	0.6	40	542	27.1	6,204	0.7	70	473	23.7	5,413	0.4	28
65-74	216	28.8	2,509	0.6	34	118	15.8	1,379	0.6	41	203	27.1	2,334	0.4	26
75-84	35	29.7	392	0.7	40	15	12.7	164	0.6	41	31	26.3	358	0.4	24
85 and older	11	28.2	131	0.6	36	1	2.6	12	2.3	34	7	17.9	78	0.6	34
Other Eligibles	485	18.4	5,387	0.7	38	266	10.1	2,941	0.7	55	481	18.2	5,336	0.4	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	7.9	86	0.7	58	47	41.2	533	0.9	96	9	7.9	91	0.4	34
45-64	23	14.4	234	0.7	41	36	22.5	406	0.7	80	27	16.9	306	0.4	29
65-74	274	22.5	3,055	0.7	38	111	9.1	1,208	0.7	46	255	21.0	2,851	0.4	26
75-84	149	17.8	1,673	0.6	37	58	6.9	643	0.6	33	153	18.3	1,699	0.3	25
85 and older	29	9.3	327	0.8	40	14	4.5	151	0.3	10	37	11.8	389	0.4	39
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					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	4,205	23.1 %	47,988	0.4	\$29	3,771	20.7 %	42,957	0.5	\$31	18,188	193,796
Female	3,057	26.7	35,015	0.4	30	2,533	22.2	28,891	0.5	30	11,429	123,133
Disabled	1,984	38.1	22,891	0.4	30	1,739	33.4	19,983	0.5	32	5,202	57,176
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	4	30.8	47	0.5	75	0	0.0	0	0.0	0	13	114
21-44	225	25.6	2,558	0.3	24	364	41.4	4,128	0.5	33	879	9,365
45-64	859	42.3	9,986	0.4	31	892	43.9	10,236	0.5	34	2,032	22,354
65-74	612	46.5	7,042	0.4	33	293	22.3	3,447	0.5	27	1,315	14,811
75-84	258	35.8	2,964	0.4	27	142	19.7	1,646	0.4	24	721	7,978
85 and older	26	10.7	294	0.4	21	48	19.8	526	0.4	26	242	2,554
Other Eligibles	1,073	17.2	12,124	0.4	29	794	12.8	8,908	0.5	28	6,227	65,957
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	2	200.0	24	0.1	13	0	0.0	0	0.0	0	1	12
21-44	30	20.3	284	0.3	17	56	37.8	539	0.4	29	148	1,401
45-64	24	16.0	244	0.3	23	35	23.3	377	0.6	42	150	1,448
65-74	424	23.1	4,788	0.4	31	257	14.0	2,869	0.5	27	1,839	19,570
75-84	424	17.6	4,881	0.4	28	283	11.7	3,272	0.5	27	2,413	26,083
85 and older	169	10.1	1,903	0.4	28	163	9.7	1,851	0.5	27	1,676	17,443
Male	1,148	17.0	12,973	0.4	28	1,238	18.3	14,066	0.5	31	6,759	70,663
Disabled	708	17.2	8,077	0.4	27	976	23.7	11,107	0.5	31	4,117	43,631
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	1	12
15-20	0	0.0	0	0.0	0	2	50.0	24	0.2	15	4	39
21-44	108	8.9	1,234	0.3	21	323	26.7	3,700	0.5	37	1,208	12,594
45-64	357	17.9	4,068	0.4	26	527	26.4	5,928	0.5	30	1,998	21,181
65-74	208	27.8	2,386	0.4	31	108	14.4	1,273	0.4	24	749	8,199
75-84	29	24.6	317	0.7	46	14	11.9	158	0.4	26	118	1,210
85 and older	6	15.4	72	0.3	14	2	5.1	24	0.2	4	39	396
Other Eligibles	440	16.7	4,896	0.4	31	262	9.9	2,959	0.5	29	2,642	27,032
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	21
21-44	11	9.6	108	0.5	43	15	13.2	164	0.8	49	114	1,178
45-64	41	25.6	467	0.4	29	28	17.5	336	0.6	33	160	1,563
65-74	200	16.4	2,240	0.4	28	112	9.2	1,247	0.5	29	1,216	12,398
75-84	156	18.6	1,775	0.4	33	76	9.1	850	0.5	28	837	8,752
85 and older	32	10.2	306	0.4	29	31	9.9	362	0.5	23	313	3,120
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, D.C., 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	\$56	1.0	2,109	22,471
Age				
0-64	172	3.0	150	1,652
65-74	67	1.1	369	4,009
75-84	48	0.9	734	7,836
85 and older	36	0.7	856	8,974
Unknown	0	0.0	0	0
Gender				
Female	46	0.9	1,464	15,615
Male	77	1.3	645	6,856
Unknown	0	0.0	0	0
Race				
White	90	1.5	177	1,738
African American	53	1	1,766	18,890
Other/unknown	51	0.6	166	1,843
Basis of Eligibility^c				
Aged	45	0.8	1,912	20,299
Disabled	155	2.7	161	1,762
Adults	137	2.7	36	410
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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, D.C., 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	\$42	\$33	\$3	\$6	\$100	\$152	\$125	\$33	876	\$87,245	186	8.8 %	2,054
Biologicals	0.1	0.0	0.0	0.1	7	0	0	7	81	0	0	81	17	1,369	17	0.8	201
Antineoplastic Agents	0.4	0.1	0.0	0.3	93	57	0	36	228	729	0	109	130	29,657	30	1.4	319
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	32	23	2	6	35	64	17	15	1,420	50,395	144	6.8	1,595
Cardiovascular Agents	1.9	0.5	0.1	1.3	60	32	2	26	32	63	25	21	5,506	178,214	269	12.8	2,961
Respiratory Agents	0.7	0.4	0.0	0.3	38	33	0	5	54	77	13	18	904	48,805	114	5.4	1,273
Gastrointestinal Agents	0.9	0.4	0.0	0.5	52	41	1	10	56	100	25	20	1,970	109,731	196	9.3	2,122
Genitourinary Agents	0.5	0.3	0.0	0.1	32	28	1	3	63	81	36	21	297	18,662	51	2.4	587
CNS Drugs	1.3	0.6	0.0	0.6	99	80	3	16	78	126	69	27	3,152	245,766	221	10.5	2,476
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.4	16	8	0	7	33	191	0	17	21	701	4	0.2	45
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	109	109	0	0	149	149	0	0	465	69,428	57	2.7	636
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	51	37	0	14	43	93	23	18	1,869	79,905	144	6.8	1,552
Neuromuscular Agents	1.3	0.4	0.4	0.6	68	24	22	22	51	66	59	37	1,988	101,535	135	6.4	1,486
Nutritional Products	0.7	0.0	0.0	0.7	12	0	0	11	17	6	34	17	931	16,036	125	5.9	1,383
Hematological Agents	1.2	0.5	0.2	0.5	111	100	5	6	92	211	20	12	1,734	159,033	130	6.2	1,437
Topical Products	0.6	0.3	0.1	0.3	25	15	4	7	42	54	61	25	1,202	50,111	180	8.5	1,982
Miscellaneous Products	0.2	0.0	0.0	0.1	4	1	0	4	26	20	0	27	25	648	14	0.7	150
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	17	0	0	0	25	425	5	0.2	60
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.	22,532	1,247,666	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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 D.C., 0.3 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, D.C., 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	\$156,555	133	6.3 %	1,542	0.7	\$149	\$102
ULCER DRUGS	86,745	171	8.1	1,842	0.6	73	47
HEMATOPOIETIC AGENTS	84,361	96	4.6	1,050	0.8	106	80
ANTIDEPRESSANTS	77,407	198	9.4	2,251	0.7	52	34
ANTICONVULSANT	70,217	131	6.2	1,409	1.0	51	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	69,428	59	2.8	660	0.7	149	105
ANALGESICS - Narcotic	52,679	159	7.5	1,677	0.8	39	31
CALCIUM BLOCKERS	46,906	111	5.3	1,234	0.8	49	38
ANTIDIABETIC	43,812	158	7.5	1,783	0.7	36	25
ANTICOAGULANTS	44,061	67	3.2	718	0.9	66	61
Total	732,171	1,283		14,166	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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, D.C., 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	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	10,529	\$732,171	133	6.3 %	1,542	0.7	\$102	171	8.1 %	1,842	0.6	\$47
Female	6,136	428,006	77	5.3	899	0.7	100	111	7.6	1,205	0.6	51
Disabled	806	67,398	4	5.8	48	0.5	116	20	29.0	215	0.6	59
64 or younge ^r	561	51,540	2	5.0	24	0.4	151	13	32.5	149	0.6	63
65-74	82	1,858	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	103	10,056	0	0.0	0	0.0	0	5	41.7	42	0.9	68
85 and older	60	3,944	2	33.3	24	0.7	81	2	33.3	24	0.6	20
Other Eligibles	5,330	360,608	73	5.2	851	0.7	100	91	6.5	990	0.6	49
64 or younge ^r	228	8,409	4	18.2	45	1.3	75	0	0.0	0	0.0	0
65-74	811	60,227	16	9.5	192	0.8	142	11	6.5	129	0.6	60
75-84	2,095	133,523	20	4.0	228	0.9	106	43	8.6	467	0.6	46
85 and older	2,196	158,449	33	4.7	386	0.5	78	37	5.3	394	0.7	49
Male	4,393	304,165	56	8.7	643	0.6	103	60	9.3	637	0.7	40
Disabled	1,261	79,439	15	16.3	169	0.7	134	14	15.2	160	0.8	29
64 or younge ^r	1,003	68,434	13	19.1	151	0.6	133	12	17.6	136	0.8	31
65-74	141	5,323	1	5.0	6	2.3	228	1	5.0	12	0.4	3
75-84	73	4,961	1	33.3	12	1.0	87	0	0.0	0	0.0	0
85 and older	44	721	0	0.0	0	0.0	0	1	100.0	12	1.1	25
Other Eligibles	3,132	224,726	41	7.4	474	0.6	92	46	8.3	477	0.6	44
64 or younge ^r	229	11,456	0	0.0	0	0.0	0	4	20.0	42	0.6	56
65-74	1,356	102,327	15	8.8	175	0.8	129	16	9.4	173	0.7	47
75-84	1,111	70,700	17	7.8	198	0.6	81	20	9.2	199	0.5	31
85 and older	436	40,243	9	6.2	101	0.4	50	6	4.1	63	0.9	70
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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, D.C., 2004

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDEPRESSANTS					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	96	4.6 %	1,050	0.8	\$80	198	9.4 %	2,251	0.7	\$34	131	6.2 %	1,409	1.0	\$50
Female	56	3.8	622	0.7	79	116	7.9	1,333	0.7	32	62	4.2	676	1.0	50
Disabled	4	5.8	43	0.7	81	18	26.1	205	0.6	30	7	10.1	78	1.0	85
64 or younger	4	10.0	43	0.7	81	13	32.5	148	0.6	31	5	12.5	57	0.8	105
65-74	0	0.0	0	0.0	0	2	18.2	21	0.5	26	1	9.1	9	2.4	32
75-84	0	0.0	0	0.0	0	1	8.3	12	1.2	23	1	8.3	12	0.9	29
85 and older	0	0.0	0	0.0	0	2	33.3	24	0.6	30	0	0.0	0	0.0	0
Other Eligibles	52	3.7	579	0.7	79	98	7.0	1,128	0.7	32	55	3.9	598	1.0	45
64 or younger	1	4.5	12	1.2	30	4	18.2	47	1.1	36	5	22.7	48	0.6	12
65-74	7	4.2	84	0.8	25	8	4.8	96	0.8	49	13	7.7	152	1.2	40
75-84	16	3.2	187	0.7	69	40	8.0	460	0.7	33	20	4.0	223	1.0	57
85 and older	28	4.0	296	0.7	103	46	6.5	525	0.6	28	17	2.4	175	0.9	44
Male	40	6.2	428	0.9	82	82	12.7	918	0.6	38	69	10.7	733	0.9	50
Disabled	9	9.8	84	0.9	31	24	26.1	274	0.6	33	20	21.7	208	1.0	63
64 or younger	8	11.8	72	1.0	35	21	30.9	238	0.6	36	15	22.1	160	0.9	74
65-74	1	5.0	12	0.5	3	1	5.0	12	0.5	18	3	15.0	24	1.2	22
75-84	0	0.0	0	0.0	0	1	33.3	12	0.2	6	1	33.3	12	1.0	37
85 and older	0	0.0	0	0.0	0	1	100.0	12	0.3	1	1	100.0	12	2.3	34
Other Eligibles	31	5.6	344	0.8	95	58	10.5	644	0.7	41	49	8.9	525	0.9	44
64 or younger	1	5.0	12	0.1	33	2	10.0	24	0.7	49	6	30.0	63	0.8	75
65-74	12	7.1	137	1.3	116	22	12.9	245	0.6	37	13	7.6	142	1.2	47
75-84	10	4.6	101	0.5	36	23	10.6	247	0.6	42	26	12.0	280	0.8	41
85 and older	8	5.5	94	0.7	134	11	7.5	128	0.8	42	4	2.7	40	0.5	11
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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, D.C., 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					CALCIUM BLOCKERS				
	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	59	2.8 %	660	0.7	\$105	159	7.5 %	1,677	0.8	\$31	111	5.3 %	1,234	0.8	\$38
Female	44	3.0	502	0.7	109	91	6.2	961	0.8	24	67	4.6	725	0.8	35
Disabled	6	8.7	72	0.8	237	13	18.8	148	1.2	21	5	7.2	45	1.0	36
64 or younger	2	5.0	24	0.6	428	13	32.5	148	1.2	21	2	5.0	21	0.8	36
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9.1	9	1.1	35
75-84	3	25.0	36	1.1	180	0	0.0	0	0.0	0	1	8.3	3	1.0	34
85 and older	1	16.7	12	0.3	29	0	0.0	0	0.0	0	1	16.7	12	1.1	37
Other Eligibles	38	2.7	430	0.7	88	78	5.6	813	0.7	25	62	4.4	680	0.8	35
64 or younger	0	0.0	0	0.0	0	3	13.6	35	0.1	2	1	4.5	12	0.8	46
65-74	6	3.6	72	0.6	79	7	4.2	78	0.7	17	7	4.2	81	0.9	38
75-84	9	1.8	99	0.7	88	38	7.6	407	0.8	29	24	4.8	260	0.7	34
85 and older	23	3.3	259	0.7	90	30	4.3	293	0.7	25	30	4.3	327	0.8	35
Male	15	2.3	158	0.8	93	68	10.5	716	0.8	41	44	6.8	509	0.8	42
Disabled	3	3.3	36	0.8	106	25	27.2	264	1.0	43	12	13.0	141	0.9	48
64 or younger	1	1.5	12	1.2	150	21	30.9	222	1.0	47	9	13.2	105	1.0	48
65-74	1	5.0	12	0.3	22	2	10.0	18	0.3	3	2	10.0	24	0.7	38
75-84	1	33.3	12	1.0	146	2	66.7	24	1.0	37	1	33.3	12	1.0	64
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	12	2.2	122	0.8	89	43	7.8	452	0.7	40	32	5.8	368	0.7	40
64 or younger	0	0.0	0	0.0	0	7	35.0	81	0.2	2	2	10.0	21	0.3	5
65-74	5	2.9	48	0.8	98	16	9.4	181	0.8	33	14	8.2	161	0.8	36
75-84	3	1.4	30	0.8	90	16	7.4	148	0.9	57	10	4.6	117	0.7	44
85 and older	4	2.7	44	0.7	80	4	2.7	42	0.6	79	6	4.1	69	0.9	53
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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, D.C., 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTICOAGULANTS					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	158	7.5 %	1,783	0.7	\$25	67	3.2 %	718	0.9	\$61	2,109	22,471
Female	102	7.0	1,153	0.7	26	34	2.3	352	0.7	49	1,464	15,615
Disabled	11	15.9	123	0.7	31	3	4.3	33	1.8	218	69	746
64 or younger	9	22.5	99	0.7	35	2	5.0	24	1.6	287	40	434
65-74	2	18.2	24	0.8	16	1	9.1	9	2.4	36	11	115
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	134
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	63
Other Eligibles	91	6.5	1,030	0.7	26	31	2.2	319	0.6	32	1,395	14,869
64 or younger	6	27.3	69	0.9	27	0	0.0	0	0.0	0	22	241
65-74	5	3.0	57	0.9	32	3	1.8	30	0.6	14	168	1,854
75-84	46	9.2	521	0.7	29	11	2.2	124	0.6	22	502	5,407
85 and older	34	4.8	383	0.8	20	17	2.4	165	0.5	42	703	7,367
Male	56	8.7	630	0.6	22	33	5.1	366	1.2	73	645	6,856
Disabled	8	8.7	96	0.8	35	6	6.5	68	1.0	35	92	1,016
64 or younger	3	4.4	36	0.9	44	5	7.4	56	1.0	40	68	750
65-74	5	25.0	60	0.8	30	1	5.0	12	0.9	11	20	218
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	48	8.7	534	0.5	19	27	4.9	298	1.2	82	553	5,840
64 or younger	6	30.0	69	0.5	17	5	25.0	57	1.3	24	20	227
65-74	14	8.2	156	0.5	17	12	7.1	144	1.4	145	170	1,822
75-84	23	10.6	249	0.5	18	10	4.6	97	0.9	23	217	2,259
85 and older	5	3.4	60	0.7	30	0	0.0	0	0.0	0	146	1,532
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 D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1,233 beneficiaries who were in nursing facilities for part of their enrollment and their 12,039 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}
D.C., 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	7,498	41.2 %	3.3	60,042	\$43	\$781,695	\$13	1.8 %	18,188
Age									
5 and younger	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	1
15-20	7	35.0	1.1	21	18	351	17	0.8	20
21-44	834	35.5	2.4	5,723	44	102,598	18	1.2	2,349
45-64	2,162	49.8	4.2	18,084	61	263,714	15	1.6	4,340
65-74	2,290	44.7	3.6	18,436	42	216,318	12	2.1	5,119
75-84	1,600	39.1	3.2	13,034	35	144,542	11	2.1	4,089
85 and older	605	26.7	2.1	4,744	24	54,172	11	2.5	2,270
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	2,746	33.3	2.5	20,677	29	241,576	12	2.1	8,236
Disabled	4,533	48.6	4.1	37,775	55	513,457	14	1.7	9,319
Adults	218	34.6	2.5	1,588	42	26,646	17	1.6	630
Children	1	33.3	0.7	2	5	16	8	0.1	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	5,080	44.4	3.6	41,349	48	546,394	13	2.1	11,429
Male	2,418	35.8	2.8	18,693	35	235,301	13	1.3	6,759
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	309	29.8	2.7	2,790	39	40,068	14	1.4	1,037
African American	6,213	42.1	3.3	49,414	44	641,823	13	1.8	14,754
Other/unknown	976	40.7	3.3	7,838	42	99,804	13	1.9	2,397
Use of Nursing Facilities^d									
Entire year	180	8.5	0.8	1,668	12	24,577	15	2.0	2,109
Part year	417	33.8	2.2	2,743	27	33,145	12	2.1	1,233
None	6,901	46.5	3.7	55,631	49	723,973	13	1.7	14,846
Maintenance Assistance Status									
Cash	4,013	46.5	3.9	33,522	49	424,177	13	1.8	8,639
Medically needy	882	22.0	1.7	6,936	26	102,571	15	1.8	4,014
Poverty related	2,095	48.5	3.7	16,108	50	214,096	13	1.7	4,322
Other/unknown	508	41.9	2.9	3,476	34	40,851	12	1.6	1,213

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
D.C., 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	\$4	\$13	\$0	\$1	193,796
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	12
15-20	0.1	2	17	1	0	186
21-44	0.2	4	18	0	2	24,538
45-64	0.4	6	15	0	1	46,546
65-74	0.3	4	12	0	1	54,978
75-84	0.3	3	11	0	1	44,023
85 and older	0.2	2	11	0	0	23,513
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	12	0	0	86,955
Disabled	0.4	5	14	0	1	100,807
Adults	0.3	4	17	0	1	6,001
Children	0.1	0	8	0	0	33
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.3	4	13	0	1	123,133
Male	0.3	3	13	0	1	70,663
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	14	0	1	10,350
African American	0.3	4	13	0	1	157,304
Other/unknown	0.3	4	13	0	1	26,142
Use of Nursing Facilities^d						
Entire year	0.1	1	15	0	0	22,471
Part year	0.2	3	12	0	1	12,039
None	0.3	5	13	0	1	159,286
Maintenance Assistance Status						
Cash	0.4	4	13	0	1	94,416
Medically needy	0.2	3	15	0	1	39,739
Poverty related	0.3	5	13	0	1	46,927
Other/unknown	0.3	3	12	0	1	12,714

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
D.C., 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	11,013	\$71	\$781,695	100.0 %	60,042	\$13	100.0 %
Anorexia or weight loss/gain	2	376	751	0.1	8	94	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	6	80	478	0.1	25	19	0.0
Cough and cold medications	1,795	97	173,671	22.2	4,668	37	7.8
Vitamins and minerals	3,568	89	318,726	40.8	21,520	15	35.8
Non-prescription drugs	3,565	24	83,897	10.7	21,687	4	36.1
Barbiturates	142	80	11,419	1.5	1,457	8	2.4
Benzodiazepines	1,769	99	174,362	22.3	10,084	17	16.8
Other Part D Excl Rx Drugs	166	111	18,391	2.4	593	31	1.0

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 D.C., 2004

Total Number of Dual Eligible Beneficiaries	18,188
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$44,357,794
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,439

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,295	29.1 %	\$0	0.0 %
1-500	2,363	13.0	512,223	1.2
501-1,000	1,455	8.0	1,070,890	2.4
1,001-1,500	1,262	6.9	1,563,764	3.5
1,501-2,000	1,134	6.2	1,978,511	4.5
2,001-2,500	1,022	5.6	2,300,884	5.2
2,501-3,000	837	4.6	2,296,160	5.2
3,001-3,500	720	4.0	2,328,824	5.3
3,501-4,000	600	3.3	2,243,083	5.1
4,001-4,500	524	2.9	2,220,197	5.0
4,501-5,000	413	2.3	1,961,836	4.4
5,001-5,500	365	2.0	1,916,610	4.3
5,501-6,000	294	1.6	1,691,863	3.8
6,001-6,500	210	1.2	1,309,030	3.0
6,501-7,000	172	0.9	1,155,893	2.6
7,001-7,500	170	0.9	1,231,413	2.8
7,501-8,000	147	0.8	1,138,553	2.6
8,001-8,500	134	0.7	1,106,169	2.5
8,501-9,000	109	0.6	956,674	2.2
9,001-9,500	92	0.5	851,951	1.9
9,501-10,000	83	0.5	810,812	1.8
10,001+	787	4.3	13,712,454	30.9

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 D.C., 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	6,135
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$23,254,967
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,791

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,291	21.0 %	0	0.0 %
1-500	834	13.6	166,324	0.7
501-1,000	462	7.5	336,310	1.4
1,001-1,500	365	5.9	452,412	1.9
1,501-2,000	306	5.0	535,994	2.3
2,001-2,500	316	5.2	711,461	3.1
2,501-3,000	268	4.4	737,079	3.2
3,001-3,500	236	3.8	762,952	3.3
3,501-4,000	195	3.2	729,362	3.1
4,001-4,500	188	3.1	793,758	3.4
4,501-5,000	153	2.5	729,160	3.1
5,001-5,500	146	2.4	765,842	3.3
5,501-6,000	126	2.1	724,065	3.1
6,001-6,500	112	1.8	698,178	3.0
6,501-7,000	93	1.5	624,433	2.7
7,001-7,500	97	1.6	702,036	3.0
7,501-8,000	84	1.4	651,797	2.8
8,001-8,500	85	1.4	700,188	3.0
8,501-9,000	69	1.1	604,383	2.6
9,001-9,500	50	0.8	463,397	2.0
9,501-10,000	55	0.9	537,690	2.3
10,001+	604	9.8	10,828,146	46.6

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 D.C., 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	11,478
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$19,508,301
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,700

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,858	33.6 %	0	0.0 %
1-500	1,416	12.3	328,048	1.7
501-1,000	941	8.2	696,436	3.6
1,001-1,500	861	7.5	1,067,125	5.5
1,501-2,000	795	6.9	1,385,921	7.1
2,001-2,500	681	5.9	1,533,325	7.9
2,501-3,000	550	4.8	1,507,069	7.7
3,001-3,500	472	4.1	1,527,251	7.8
3,501-4,000	389	3.4	1,453,808	7.5
4,001-4,500	324	2.8	1,375,820	7.1
4,501-5,000	251	2.2	1,189,868	6.1
5,001-5,500	206	1.8	1,082,287	5.5
5,501-6,000	160	1.4	921,907	4.7
6,001-6,500	92	0.8	572,784	2.9
6,501-7,000	71	0.6	477,982	2.5
7,001-7,500	69	0.6	499,757	2.6
7,501-8,000	59	0.5	455,969	2.3
8,001-8,500	44	0.4	364,947	1.9
8,501-9,000	35	0.3	308,066	1.6
9,001-9,500	38	0.3	351,141	1.8
9,501-10,000	23	0.2	224,355	1.2
10,001+	143	1.2	2,184,435	11.2

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 D.C., 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	5,119
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$10,464,919
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,044

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,302	25.4 %	0	0.0 %
1-500	731	14.3	166,252	1.6
501-1,000	419	8.2	311,714	3.0
1,001-1,500	406	7.9	502,379	4.8
1,501-2,000	391	7.6	683,844	6.5
2,001-2,500	314	6.1	703,209	6.7
2,501-3,000	270	5.3	740,837	7.1
3,001-3,500	255	5.0	826,685	7.9
3,501-4,000	187	3.7	698,140	6.7
4,001-4,500	162	3.2	690,134	6.6
4,501-5,000	133	2.6	628,873	6.0
5,001-5,500	114	2.2	597,902	5.7
5,501-6,000	79	1.5	455,304	4.4
6,001-6,500	46	0.9	287,091	2.7
6,501-7,000	47	0.9	316,048	3.0
7,001-7,500	35	0.7	253,325	2.4
7,501-8,000	40	0.8	309,907	3.0
8,001-8,500	29	0.6	240,496	2.3
8,501-9,000	24	0.5	210,709	2.0
9,001-9,500	24	0.5	221,964	2.1
9,501-10,000	11	0.2	108,123	1.0
10,001+	100	2.0	1,511,983	14.4

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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}
 D.C., 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	4,089
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$6,840,973
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,673

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,376	33.7 %	0	0.0 %
1-500	458	11.2	105,374	1.5
501-1,000	333	8.1	245,710	3.6
1,001-1,500	326	8.0	404,854	5.9
1,501-2,000	293	7.2	510,280	7.5
2,001-2,500	260	6.4	588,334	8.6
2,501-3,000	206	5.0	563,796	8.2
3,001-3,500	165	4.0	534,581	7.8
3,501-4,000	145	3.5	541,203	7.9
4,001-4,500	122	3.0	516,376	7.5
4,501-5,000	90	2.2	428,711	6.3
5,001-5,500	78	1.9	411,200	6.0
5,501-6,000	57	1.4	327,510	4.8
6,001-6,500	34	0.8	211,265	3.1
6,501-7,000	20	0.5	135,193	2.0
7,001-7,500	26	0.6	188,679	2.8
7,501-8,000	16	0.4	123,003	1.8
8,001-8,500	13	0.3	108,040	1.6
8,501-9,000	10	0.2	88,460	1.3
9,001-9,500	13	0.3	119,953	1.8
9,501-10,000	9	0.2	87,283	1.3
10,001+	39	1.0	601,168	8.8

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 D.C., 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	2,270
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$2,202,409
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$970

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,180	52.0 %	0	0.0 %
1-500	227	10.0	56,422	2.6
501-1,000	189	8.3	139,012	6.3
1,001-1,500	129	5.7	159,892	7.3
1,501-2,000	111	4.9	191,797	8.7
2,001-2,500	107	4.7	241,782	11.0
2,501-3,000	74	3.3	202,436	9.2
3,001-3,500	52	2.3	165,985	7.5
3,501-4,000	57	2.5	214,465	9.7
4,001-4,500	40	1.8	169,310	7.7
4,501-5,000	28	1.2	132,284	6.0
5,001-5,500	14	0.6	73,185	3.3
5,501-6,000	24	1.1	139,093	6.3
6,001-6,500	12	0.5	74,428	3.4
6,501-7,000	4	0.2	26,741	1.2
7,001-7,500	8	0.4	57,753	2.6
7,501-8,000	3	0.1	23,059	1.0
8,001-8,500	2	0.1	16,411	0.7
8,501-9,000	1	0.0	8,897	0.4
9,001-9,500	1	0.0	9,224	0.4
9,501-10,000	3	0.1	28,949	1.3
10,001+	4	0.2	71,284	3.2

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	18,446	8,237	9,332	874	3	0	197,619	87,029	101,308	9,249	33	0
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	1	0	1	0	0	0	12	0	12	0	0	0
15-20	29	0	26	0	3	0	317	0	284	0	33	0
21-44	2,451	4	2,091	356	0	0	26,144	34	22,224	3,886	0	0
45-64	4,426	26	4,030	370	0	0	47,756	251	43,630	3,875	0	0
65-74	5,175	2,989	2,064	122	0	0	55,766	31,526	23,020	1,220	0	0
75-84	4,094	3,230	839	25	0	0	44,110	34,666	9,188	256	0	0
85 and older	2,270	1,988	281	1	0	0	23,514	20,552	2,950	12	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,605	5,893	5,208	503	1	0	125,698	62,877	57,483	5,326	12	0
Male	6,841	2,344	4,124	371	2	0	71,921	24,152	43,825	3,923	21	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	1,038	503	507	28	0	0	10,395	4,979	5,127	289	0	0
African American	14,987	6,525	7,712	747	3	0	160,786	69,001	83,867	7,885	33	0
Other/unknown	2,421	1,209	1,113	99	0	0	26,438	13,049	12,314	1,075	0	0
Use of Nursing Facilities^c												
Entire year	2,109	1,912	161	36	0	0	22,471	20,299	1,762	410	0	0
Part year	1,233	937	269	27	0	0	12,044	8,945	2,829	270	0	0
None	15,104	5,388	8,902	811	3	0	163,104	57,785	96,717	8,569	33	0
Maintenance Assistance Status												
Cash	8,852	2,520	5,639	692	1	0	97,531	27,844	62,191	7,484	12	0
Medically needy	4,050	2,785	1,118	147	0	0	40,225	27,570	11,168	1,487	0	0
Poverty related	4,323	2,089	2,234	0	0	0	47,051	22,738	24,313	0	0	0
Other/unknown	1,221	843	341	35	2	0	12,812	8,877	3,636	278	21	0
Dual Status^d												
Full dual, all year	17,960	8,006	9,105	846	3	0	192,301	84,547	98,786	8,935	33	0
Full dual, part year	486	231	227	28	0	0	5,318	2,482	2,522	314	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	18,009	8,221	9,255	530	3	0	192,847	86,842	100,419	5,553	33	0
FFS part year, with Rx claims	123	10	47	66	0	0	1,404	120	549	735	0	0
FFS part year, no Rx claims	56	5	17	34	0	0	583	55	184	344	0	0
MC all year, with Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, no Rx claims	258	1	13	244	0	0	2,785	12	156	2,617	0	0

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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, D.C., 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	18,446	197,619	18,188	193,796	0	3,823
Fee-for-service (FFS) all year	18,009	192,847	18,009	192,847	0	0
FFS part year, with Rx claims	123	1,404	123	733	0	671
FFS part year, with no Rx claims	56	583	56	216	0	367
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	258	2,785	0	0	0	2,785

Source: Data for this table are from the MAX 2004 file for D.C., released by CMS in 02/2008. This table was produced on 03/06/2008.

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.