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

LIST OF TABLES

List of Tables

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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	**129,617**	**3,129**	**29,442**	**30,442**	**66,426**	**178**	**569,062**	**30,368**	**303,570**	**68,153**	**165,165**	**1,806**
Age												
5 and younger	23,827	0	0	8	23,819	0	53,925	0	0	10	53,915	0
6-14	25,105	0	1	5	25,099	0	64,293	0	12	10	64,271	0
15-20	17,916	0	850	1,512	15,553	1	52,985	0	7,303	3,332	42,339	11
21-44	39,786	0	11,913	25,881	1,935	57	184,147	0	122,620	56,382	4,609	536
45-64	19,782	1	16,624	3,029	14	114	182,773	2	173,174	8,380	22	1,195
65-74	1,772	1,708	52	6	0	6	16,956	16,408	448	36	0	64
75-84	1,009	1,006	2	1	0	0	10,002	9,986	13	3	0	0
85 and older	414	414	0	0	0	0	3,972	3,972	0	0	0	0
Unknown	6	0	0	0	6	0		0	0	0	9	0
Gender												
Female	76,336	2,227	16,588	23,862	33,481	178	334,892	21,937	175,124	53,902	82,123	1,806
Male	53,281	902	12,854	6,580	32,945	0	234,170	8,431	128,446	14,251	83,042	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	53,086	1,322	13,278	12,965	25,387	134	245,584	13,063	136,248	28,845	66,017	1,411
African American	28,944	530	6,567	6,486	15,338	23	125,867	5,149	67,450	14,958	38,104	206
Other/unknown	47,587	1,277	9,597	10,991	25,701	21	197,611	12,156	99,872	24,350	61,044	189
Use of Nursing Facilities[c]												
Entire year	1,204	370	813	0	21	0	12,894	3,986	8,677	0	231	0
Part year	1,244	167	1,044	15	18	0	12,690	1,679	10,758	81	172	0
None	127,169	2,592	27,585	30,427	66,387	178	543,478	24,703	284,135	68,072	164,762	1,806
Maintenance Assistance Status												
Cash	54,240	410	6,752	18,732	28,346	0	188,499	4,574	75,330	43,921	64,674	0
Medically needy	6,675	309	2,469	1,113	2,784	0	31,857	2,560	18,954	3,065	7,278	0
Poverty-related	33,874	18	54	6,417	27,207	178	80,159	171	352	11,904	65,926	1,806
Other/unknown	34,828	2,392	20,167	4,180	8,089	0	268,547	23,063	208,934	9,263	27,287	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	51,332	3,125	28,724	7,883	11,424	176	392,360	30,345	299,321	20,007	40,893	1,794
FFS part year, with Rx claims	14,259	4	559	5,678	8,018	0	38,475	23	3,491	13,984	20,977	0
FFS part year, no Rx claims	64,026	0	159	16,881	46,984	2	138,227	0	758	34,162	103,295	12

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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL 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	**34.3 %**	**11.4**	**$1,015**	**$89**	**$6,531**	**15.5 %**	**129,617**
Age							
5 and younger	12.7	0.3	18	52	2,614	0.7	23,827
6-14	13.2	1.0	87	86	1,833	4.7	25,105
15-20	21.8	2.1	187	90	3,179	5.9	17,916
21-44	39.9	11.5	1,160	101	8,085	14.4	39,786
45-64	79.9	42.9	3,691	86	15,639	23.6	19,782
65-74	76.7	28.9	2,051	71	12,962	15.8	1,772
75-84	77.4	31.7	1,950	62	16,640	11.7	1,009
85 and older	76.3	36.8	2,144	58	25,407	8.4	414
Unknown	0.0	0.0	0	0	259	0.0	6
Basis of Eligibility[e]							
Aged	76.9	30.7	2,024	66	15,682	12.9	3,129
Disabled	86.0	43.3	3,984	92	19,709	20.2	29,442
Adults	22.4	1.4	100	73	1,986	5.0	30,442
Children	14.6	0.9	69	79	2,327	3.0	66,426
Unknown	83.7	23.4	2,007	86	12,120	16.6	178
Gender							
Female	36.1	12.4	1,020	83	6,125	16.6	76,336
Male	31.6	10.0	1,009	101	7,112	14.2	53,281
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	37.3	14.1	1,242	88	8,192	15.2	53,086
African American	33.3	10.5	977	93	6,376	15.3	28,944
Other/unknown	31.4	8.9	786	89	4,773	16.5	47,587
Use of Nursing Facilities[f]							
Entire year	92.9	89.9	7,173	80	82,287	8.7	1,204
Part year	97.2	85.2	7,702	90	66,702	11.5	1,244
None	33.1	9.9	892	90	5,225	17.1	127,169
Maintenance Assistance Status							
Cash	27.3	7.5	670	89	4,354	15.4	54,240
Medically needy	43.3	12.9	1,150	89	6,427	17.9	6,675
Poverty related	14.4	0.8	60	79	2,550	2.4	33,874
Other/unknown	62.7	27.5	2,457	89	13,814	17.8	34,828

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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	**2.6**	**$231**	**15.5 %**	**65.7 %**	**14.0 %**	**5.1 %**	**8.3 %**	**5.1 %**	**1.8 %**	**$1,488**	**129,617**	**569,062**
Age												
5 and younger	0.1	8	0.7	87.3	10.3	1.6	0.7	0.1	0.0	1,155	23,827	53,925
6-14	0.4	34	4.7	86.8	9.1	2.0	1.7	0.4	0.1	716	25,105	64,293
15-20	0.7	63	5.9	78.2	14.7	3.4	2.6	0.9	0.2	1,075	17,916	52,985
21-44	2.5	251	14.4	60.1	17.4	6.4	9.5	4.9	1.7	1,747	39,786	184,147
45-64	4.6	400	23.6	20.1	15.7	10.9	26.0	19.7	7.6	1,693	19,782	182,773
65-74	3.0	214	15.8	23.3	25.9	14.1	21.2	11.6	4.0	1,355	1,772	16,956
75-84	3.2	197	11.7	22.6	20.7	14.3	24.0	14.7	3.8	1,679	1,009	10,002
85 and older	3.8	223	8.4	23.7	14.3	8.2	27.5	21.3	5.1	2,648	414	3,972
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	173	6	9
Basis of Eligibility[e]												
Aged	3.2	209	12.9	23.1	22.9	13.4	23.0	13.6	4.0	1,616	3,129	30,368
Disabled	4.2	386	20.2	14.0	20.9	12.0	26.9	19.0	7.2	1,912	29,442	303,570
Adults	0.6	45	5.0	77.6	13.8	4.0	3.4	1.0	0.2	887	30,442	68,153
Children	0.4	28	3.0	85.4	10.6	2.2	1.5	0.3	0.1	936	66,426	165,165
Unknown	2.3	198	16.6	16.3	35.4	17.4	21.3	8.4	1.1	1,195	178	1,806
Gender												
Female	2.8	232	16.6	63.9	14.6	5.4	8.6	5.5	2.0	1,396	76,336	334,892
Male	2.3	230	14.2	68.4	13.2	4.7	7.8	4.4	1.5	1,618	53,281	234,170
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.1	269	15.2	62.7	13.7	5.4	9.3	6.4	2.6	1,771	53,086	245,584
African American	2.4	225	15.3	66.7	14.5	5.0	7.6	4.5	1.7	1,466	28,944	125,867
Other/unknown	2.1	189	16.5	68.6	14.1	4.9	7.5	3.9	1.0	1,149	47,587	197,611
Use of Nursing Facilities[f]												
Entire year	8.4	670	8.7	7.1	2.8	2.8	19.5	37.3	30.4	7,684	1,204	12,894
Part year	8.4	755	11.5	2.8	5.5	5.9	24.8	32.1	28.9	6,539	1,244	12,690
None	2.3	209	17.1	66.9	14.2	5.1	8.0	4.5	1.3	1,223	127,169	543,478
Maintenance Assistance Status												
Cash	2.2	193	15.4	72.7	12.9	4.1	5.7	3.4	1.2	1,253	54,240	188,499
Medically needy	2.7	241	17.9	56.7	15.2	6.8	11.5	7.6	2.1	1,347	6,675	31,857
Poverty related	0.3	25	2.4	85.6	10.6	2.1	1.4	0.3	0.0	1,077	33,874	80,159
Other/unknown	3.6	319	17.8	37.3	18.8	9.3	18.3	11.8	4.5	1,792	34,828	268,547

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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	**2.6**	**$231**	**$89**	**1.2**	**$182**	**$156**	**0.1**	**$14**	**$102**	**1.3**	**$35**	**$27**
Age												
5 and younger	0.1	8	52	0.0	6	124	0.0	0	41	0.1	2	17
6-14	0.4	34	86	0.2	28	147	0.0	1	59	0.2	5	26
15-20	0.7	63	90	0.3	52	152	0.0	3	77	0.3	8	26
21-44	2.5	251	101	1.1	199	180	0.1	16	112	1.2	36	29
45-64	4.6	400	86	2.1	312	150	0.2	25	104	2.3	63	27
65-74	3.0	214	71	1.4	171	119	0.1	9	69	1.5	35	24
75-84	3.2	197	62	1.5	152	104	0.1	8	58	1.6	37	23
85 and older	3.8	223	58	1.7	172	104	0.2	7	45	2.0	44	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.2	209	66	1.5	164	112	0.1	8	61	1.6	36	23
Disabled	4.2	386	92	1.9	305	161	0.2	24	107	2.1	58	28
Adults	0.6	45	73	0.2	33	141	0.0	3	98	0.3	9	25
Children	0.4	28	79	0.2	22	138	0.0	1	64	0.2	4	24
Unknown	2.3	198	86	0.9	152	170	0.1	7	125	1.4	39	29
Gender												
Female	2.8	232	83	1.2	181	145	0.1	14	96	1.4	37	26
Male	2.3	230	101	1.0	183	176	0.1	14	115	1.1	32	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.1	269	88	1.3	206	154	0.2	18	105	1.5	44	29
African American	2.4	225	93	1.1	181	168	0.1	13	103	1.2	31	25
Other/unknown	2.1	189	89	1.0	153	153	0.1	10	96	1.0	26	26
Use of Nursing Facilities[e]												
Entire year	8.4	670	80	3.3	507	153	0.5	36	78	4.6	127	28
Part year	8.4	755	90	3.4	600	177	0.4	40	90	4.5	115	26
None	2.3	209	90	1.1	165	155	0.1	13	106	1.1	31	27
Maintenance Assistance Status												
Cash	2.2	193	89	1.0	152	156	0.1	11	101	1.1	29	27
Medically needy	2.7	241	89	1.2	190	155	0.1	15	116	1.3	36	27
Poverty related	0.3	25	79	0.1	20	140	0.0	1	74	0.2	4	24
Other/unknown	3.6	319	89	1.6	250	157	0.2	20	103	1.8	48	27

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL 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 $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	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					
Anti-infective Agents	0.5	0.2	0.0	0.2	$97	$85	$4	$7	$204	$347	$173	$36	93,574	$19,110,729	21,697	16.7 %	197,020
Biologicals	0.2	0.1	0.0	0.0	48	34	0	14	304	255	64	609	494	150,323	306	0.2	3,114
Antineoplastic Agents	0.5	0.1	0.0	0.4	112	84	1	27	230	692	303	75	4,016	924,016	799	0.6	8,242
Endocrine/Metabolic Drugs	0.9	0.3	0.1	0.4	52	38	3	11	61	114	39	24	119,927	7,305,738	14,477	11.2	140,805
Cardiovascular Agents	1.4	0.6	0.0	0.7	67	51	2	14	48	83	47	18	245,697	11,726,021	16,609	12.8	174,597
Respiratory Agents	0.7	0.4	0.0	0.3	45	40	0	5	63	90	43	19	110,917	6,933,053	16,379	12.6	153,073
Gastrointestinal Agents	0.7	0.4	0.0	0.3	71	59	1	10	105	153	50	39	89,882	9,457,178	12,844	9.9	133,761
Genitourinary Agents	0.4	0.3	0.0	0.1	27	22	1	3	64	85	45	24	16,356	1,052,502	4,025	3.1	39,489
CNS Drugs	1.6	0.8	0.1	0.8	166	135	6	25	102	168	96	32	354,989	36,239,145	21,683	16.7	217,790
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	65	55	1	9	95	115	73	46	7,901	748,642	1,492	1.2	11,447
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	242	241	0	0	353	357	0	22	4,102	1,446,495	559	0.4	5,987
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	68	48	7	13	88	171	349	28	154,666	13,684,316	20,645	15.9	201,503
Neuromuscular Agents	1.1	0.4	0.2	0.5	82	48	20	14	78	132	123	26	152,667	11,850,892	13,760	10.6	143,786
Nutritional Products	0.6	0.0	0.1	0.5	15	2	1	12	26	95	15	25	22,679	597,852	4,877	3.8	40,286
Hematological Agents	0.7	0.2	0.0	0.5	143	134	1	8	196	617	76	16	31,142	6,117,623	4,108	3.2	42,668
Topical Products	0.4	0.1	0.0	0.2	21	13	2	6	54	97	62	27	58,966	3,178,811	15,141	11.7	147,934
Miscellaneous Products	0.4	0.2	0.0	0.2	82	62	6	14	207	363	293	70	4,655	964,657	1,333	1.0	11,707
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	34	0	0	0	3,588	122,805	946	0.7	10,449
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.	1,476,218	131,610,798	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$24,760,566	15,287	11.8 %	162,905	0.8	$184	$152
ANTIVIRAL	14,895,258	5,236	4.0	54,962	0.6	473	271
ANTICONVULSANT	10,638,021	12,926	10.0	137,522	0.8	93	77
ANALGESICS - Narcotic	8,574,366	21,099	16.3	215,779	0.4	94	40
ANTIDEPRESSANTS	8,502,924	21,673	16.7	224,219	0.6	60	38
ULCER DRUGS	7,711,337	12,595	9.7	133,819	0.5	112	58
ANTIDIABETIC	5,411,300	11,406	8.8	121,948	0.6	69	44
ANTIHYPERLIPIDEMIC	5,054,173	8,403	6.5	92,362	0.6	95	55
ANTIASTHMATIC	4,523,969	16,975	13.1	163,820	0.4	69	28
ANALGESICS - ANTI-INFLAMMATORY	3,474,233	15,584	12.0	161,304	0.3	73	22
Total	93,546,147	141,184		1,468,640	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**826,306**	**$93,546,147**	**15,287**	**11.8 %**	**162,905**	**0.8**	**$152**	**5,236**	**4.0 %**	**54,962**	**0.6**	**$271**
Female	524,710	55,013,813	8,802	11.5	95,157	0.8	136	2,774	3.6	29,183	0.5	246
Disabled	462,552	49,372,474	7,704	46.4	86,282	0.8	138	2,401	14.5	26,986	0.5	254
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	3,228	356,253	120	34.4	1,149	0.7	133	5	1.4	46	0.3	144
21-44	153,827	17,722,889	3,490	55.8	38,511	0.8	133	1,174	18.8	13,044	0.5	245
45-64	304,681	31,224,434	4,090	41.1	46,576	0.8	143	1,221	12.3	13,886	0.6	263
65-74	816	68,898	4	10.3	46	0.8	191	1	2.6	10	0.2	23
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	62,158	5,641,339	1,098	1.8	8,875	0.7	117	373	0.6	2,197	0.4	151
5 and younger	903	65,862	0	0.0	0	0.0	0	8	0.1	17	0.5	52
6-14	4,478	472,415	123	1.0	923	0.7	131	18	0.1	95	0.5	140
15-20	6,650	614,592	224	2.3	1,621	1.0	147	48	0.5	275	0.5	92
21-44	13,453	1,216,389	323	1.5	1,829	0.6	92	218	1.0	1,122	0.5	195
45-64	6,637	623,500	81	4.0	658	0.5	83	37	1.8	203	0.6	237
65-74	16,086	1,537,296	182	15.1	2,048	0.8	152	23	1.9	259	0.3	78
75-84	9,599	785,059	87	12.3	993	0.6	83	13	1.8	135	0.1	45
85 and older	4,352	326,226	78	24.4	803	0.7	81	8	2.5	91	0.1	7
Male	301,596	38,532,334	6,485	12.2	67,748	0.9	174	2,462	4.6	25,779	0.6	299
Disabled	272,366	35,490,497	5,609	43.6	61,446	0.9	178	2,363	18.4	25,219	0.6	300
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	47	1,810	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4,602	559,072	208	41.5	1,961	0.8	148	5	1.0	60	0.3	163
21-44	108,005	14,773,569	3,001	53.1	32,955	0.9	181	912	16.1	9,456	0.5	265
45-64	159,434	20,137,701	2,397	35.9	26,494	0.9	175	1,446	21.6	15,703	0.7	322
65-74	278	18,345	3	23.1	36	1.8	53	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	29,230	3,041,837	876	2.2	6,302	0.8	144	99	0.2	560	0.6	246
5 and younger	1,434	95,056	7	0.1	45	0.4	54	6	0.0	23	0.3	13
6-14	7,827	940,199	315	2.4	2,191	0.7	155	17	0.1	98	0.7	180
15-20	6,379	723,079	313	4.4	2,260	0.9	156	16	0.2	66	0.5	227
21-44	2,494	246,250	94	1.5	409	0.6	154	31	0.5	110	0.6	346
45-64	1,497	178,832	27	2.3	127	0.5	98	15	1.3	121	0.9	369
65-74	5,580	519,223	62	12.1	687	0.8	141	8	1.6	85	0.4	204
75-84	3,032	262,443	26	8.6	281	0.5	75	5	1.7	50	0.3	96
85 and older	987	76,755	32	34.0	302	0.5	57	1	1.1	7	0.1	23
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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**12,926**	**10.0 %**	**137,522**	**0.8**	**$77**	**21,099**	**16.3 %**	**215,779**	**0.4**	**$40**	**21,673**	**16.7 %**	**224,219**	**0.6**	**$38**
Female	7,864	10.3	83,867	0.8	73	14,201	18.6	146,109	0.4	34	14,826	19.4	153,892	0.6	38
Disabled	6,682	40.3	74,496	0.8	72	11,356	68.5	128,023	0.4	35	12,419	74.9	138,030	0.6	38
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	98	28.1	961	0.9	113	85	24.4	867	0.2	3	123	35.2	1,170	0.5	34
21-44	2,974	47.5	32,901	0.8	82	4,132	66.0	46,257	0.4	35	4,755	76.0	52,221	0.6	37
45-64	3,600	36.2	40,543	0.8	64	7,113	71.6	80,644	0.4	36	7,523	75.7	84,462	0.6	39
65-74	10	25.6	91	0.6	46	26	66.7	255	0.4	17	18	46.2	177	0.6	38
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	1,182	2.0	9,371	0.8	78	2,845	4.8	18,086	0.4	22	2,407	4.0	15,862	0.6	38
5 and younger	19	0.2	121	0.9	160	17	0.1	76	0.2	1	4	0.0	11	0.5	39
6-14	171	1.4	1,597	1.0	123	51	0.4	368	0.2	2	106	0.9	591	0.8	47
15-20	215	2.2	1,916	1.1	105	289	2.9	1,342	0.3	3	299	3.0	1,659	0.7	36
21-44	415	1.9	2,179	0.6	61	1,460	6.7	6,432	0.5	38	1,121	5.2	5,190	0.6	36
45-64	119	5.9	806	0.6	69	369	18.4	2,717	0.4	22	345	17.2	2,451	0.5	37
65-74	126	10.4	1,444	0.7	47	343	28.4	3,810	0.3	12	249	20.6	2,804	0.6	34
75-84	78	11.0	900	0.7	50	229	32.4	2,480	0.3	13	166	23.5	1,906	0.6	39
85 and older	39	12.2	408	0.6	26	87	27.2	861	0.3	18	117	36.6	1,250	0.7	45
Male	5,062	9.5	53,655	0.9	85	6,898	12.9	69,670	0.5	53	6,847	12.9	70,327	0.6	38
Disabled	4,305	33.5	47,384	0.9	83	5,942	46.2	64,436	0.5	55	5,995	46.6	64,901	0.6	38
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	200.0	24	1.1	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	159	31.7	1,573	0.9	89	74	14.8	750	0.3	12	127	25.3	1,161	0.7	47
21-44	2,151	38.0	23,884	0.9	95	2,166	38.3	23,524	0.4	47	2,487	44.0	26,895	0.6	39
45-64	1,989	29.8	21,877	0.8	69	3,697	55.3	40,113	0.5	60	3,379	50.6	36,821	0.6	37
65-74	4	30.8	26	1.3	93	5	38.5	49	1.8	180	2	15.4	24	1.1	61
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	757	1.9	6,271	0.9	99	956	2.4	5,234	0.4	21	852	2.1	5,426	0.6	35
5 and younger	27	0.2	263	1.0	126	29	0.2	134	0.2	3	5	0.0	33	0.8	41
6-14	271	2.1	2,614	0.9	112	64	0.5	435	0.2	2	170	1.3	1,150	0.7	37
15-20	231	3.2	1,823	1.0	118	187	2.6	877	0.3	3	258	3.6	1,551	0.7	37
21-44	105	1.7	434	0.7	63	357	5.8	1,138	0.6	25	194	3.1	734	0.5	31
45-64	38	3.3	195	0.6	44	120	10.4	555	0.6	80	74	6.4	313	0.6	36
65-74	49	9.6	558	0.7	44	98	19.1	1,075	0.4	23	81	15.8	909	0.5	28
75-84	28	9.3	301	0.6	46	79	26.2	837	0.2	12	46	15.3	483	0.6	35
85 and older	8	8.5	83	0.7	68	22	23.4	183	0.3	4	24	25.5	253	0.9	41
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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**12,595**	**9.7 %**	**133,819**	**0.5**	**$58**	**11,406**	**8.8 %**	**121,948**	**0.6**	**$44**	**8,403**	**6.5 %**	**92,362**	**0.6**	**$55**
Female	8,417	11.0	90,124	0.5	57	7,702	10.1	83,224	0.6	45	5,497	7.2	60,894	0.6	55
Disabled	6,805	41.0	76,304	0.5	57	6,336	38.2	71,109	0.6	46	4,531	27.3	51,351	0.6	54
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	42	12.0	444	0.4	49	18	5.2	196	0.6	34	2	0.6	22	0.5	36
21-44	2,010	32.1	22,529	0.5	50	1,073	17.1	12,089	0.6	40	582	9.3	6,602	0.6	48
45-64	4,737	47.7	53,169	0.5	61	5,217	52.5	58,508	0.7	47	3,929	39.5	44,540	0.6	55
65-74	16	41.0	162	0.6	73	28	71.8	316	0.6	47	18	46.2	187	0.6	57
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	1,612	2.7	13,820	0.5	55	1,366	2.3	12,115	0.6	39	966	1.6	9,543	0.5	56
5 and younger	86	0.7	381	0.5	37	3	0.0	12	0.7	116	0	0.0	0	0.0	0
6-14	87	0.7	767	0.5	50	29	0.2	121	0.7	45	2	0.0	24	1.0	72
15-20	113	1.1	734	0.4	48	44	0.4	243	0.5	42	2	0.0	15	0.6	13
21-44	384	1.8	2,110	0.4	42	234	1.1	1,023	0.6	39	86	0.4	478	0.5	41
45-64	182	9.1	1,436	0.4	55	203	10.1	1,443	0.6	42	150	7.5	989	0.5	52
65-74	420	34.8	4,602	0.5	58	522	43.2	5,616	0.6	41	456	37.7	4,968	0.5	57
75-84	231	32.7	2,583	0.6	63	261	37.0	2,873	0.6	36	218	30.9	2,491	0.6	59
85 and older	109	34.1	1,207	0.7	59	70	21.9	784	0.7	30	52	16.3	578	0.6	55
Male	4,178	7.8	43,695	0.5	59	3,704	7.0	38,724	0.6	44	2,906	5.5	31,468	0.6	55
Disabled	3,502	27.2	38,256	0.5	59	3,184	24.8	34,700	0.7	44	2,553	19.9	28,318	0.6	55
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	1.4	89	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	53	10.6	589	0.5	52	14	2.8	137	0.8	72	6	1.2	66	0.5	35
21-44	1,169	20.7	12,901	0.6	58	616	10.9	6,680	0.7	48	534	9.4	5,967	0.6	49
45-64	2,276	34.1	24,740	0.5	59	2,553	38.2	27,871	0.6	43	2,010	30.1	22,249	0.6	56
65-74	3	23.1	14	0.8	72	1	7.7	12	1.2	59	3	23.1	36	0.8	40
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	676	1.7	5,439	0.6	64	520	1.3	4,024	0.6	42	353	0.9	3,150	0.5	58
5 and younger	103	0.8	471	0.5	32	0	0.0	0	0.0	0	1	0.0	5	0.2	15
6-14	120	0.9	1,200	0.8	104	23	0.2	89	0.7	50	1	0.0	2	0.5	33
15-20	58	0.8	479	0.6	69	37	0.5	158	0.9	81	3	0.0	29	0.3	36
21-44	103	1.7	401	0.4	52	75	1.2	222	0.6	40	47	0.8	195	0.5	48
45-64	44	3.8	212	0.6	63	81	7.0	377	0.6	40	58	5.0	267	0.6	67
65-74	134	26.2	1,477	0.5	56	174	34.0	1,806	0.6	40	151	29.5	1,656	0.5	58
75-84	91	30.2	947	0.4	45	114	37.9	1,215	0.6	41	82	27.2	886	0.5	58
85 and older	23	24.5	252	0.5	60	16	17.0	157	0.7	44	10	10.6	110	0.8	60
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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	**16,975**	**13.1 %**	**163,820**	**0.4**	**$28**	**15,584**	**12.0 %**	**161,304**	**0.3**	**$22**	**129,617**	**569,062**
Female	11,813	15.5	118,699	0.4	27	11,027	14.4	114,334	0.3	23	76,333	334,888
Disabled	9,064	54.6	102,324	0.4	27	8,656	52.2	98,326	0.3	23	16,588	175,124
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	94	26.9	949	0.3	15	66	18.9	648	0.2	3	349	2,983
21-44	2,855	45.6	32,068	0.3	23	2,843	45.4	32,115	0.3	17	6,259	65,842
45-64	6,106	61.4	69,208	0.4	30	5,726	57.6	65,345	0.3	26	9,940	105,943
65-74	9	23.1	99	0.3	11	21	53.8	218	0.4	29	39	355
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	2,749	4.6	16,375	0.4	25	2,371	4.0	16,008	0.3	23	59,745	159,764
5 and younger	347	3.0	1,181	0.4	25	50	0.4	156	0.3	4	11,659	26,386
6-14	547	4.5	2,353	0.4	28	73	0.6	365	0.4	10	12,226	30,713
15-20	370	3.7	1,772	0.3	20	284	2.9	1,228	0.3	4	9,909	25,439
21-44	740	3.4	3,526	0.4	22	964	4.4	4,141	0.3	10	21,712	48,483
45-64	222	11.1	1,736	0.5	31	290	14.5	2,178	0.3	31	2,005	6,739
65-74	275	22.8	3,070	0.4	29	405	33.5	4,492	0.3	28	1,208	11,782
75-84	169	23.9	1,866	0.4	25	240	34.0	2,720	0.4	33	706	7,079
85 and older	79	24.7	871	0.3	18	65	20.3	728	0.5	50	320	3,143
Male	5,162	9.7	45,121	0.4	29	4,557	8.6	46,970	0.3	18	53,278	234,165
Disabled	3,186	24.8	34,961	0.4	29	3,842	29.9	42,753	0.3	18	12,854	128,446
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	200.0	24	0.1	3	0	0.0	0	0.0	0	1	12
15-20	71	14.2	722	0.3	16	43	8.6	442	0.1	1	501	4,320
21-44	1,044	18.5	11,497	0.4	25	1,333	23.6	14,657	0.2	14	5,654	56,778
45-64	2,064	30.9	22,694	0.5	32	2,465	36.9	27,642	0.3	21	6,684	67,231
65-74	5	38.5	24	0.5	23	1	7.7	12	0.1	7	13	93
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,976	4.9	10,160	0.4	29	715	1.8	4,217	0.3	20	40,424	105,719
5 and younger	530	4.4	1,677	0.5	25	58	0.5	171	0.4	4	12,168	27,539
6-14	783	6.1	3,934	0.5	30	67	0.5	370	0.2	3	12,878	33,568
15-20	294	4.1	1,568	0.3	18	147	2.1	709	0.3	10	7,157	20,243
21-44	110	1.8	372	0.5	28	204	3.3	729	0.3	25	6,161	13,044
45-64	36	3.1	160	0.4	33	65	5.6	305	0.4	21	1,153	2,860
65-74	129	25.2	1,400	0.5	36	106	20.7	1,164	0.3	25	512	4,726
75-84	80	26.6	891	0.5	44	53	17.6	603	0.3	21	301	2,910
85 and older	14	14.9	158	0.4	31	15	16.0	166	0.6	55	94	829
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	9

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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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	**$670**	**8.4**	**1,204**	**12,894**
Age				
0-64	790	9.1	826	8,854
65-74	563	8.1	116	1,273
75-84	378	7.0	120	1,297
85 and older	295	5.9	142	1,470
Unknown	0	0.0	0	0
Gender				
Female	618	8.3	704	7,692
Male	746	8.5	500	5,202
Unknown	0	0.0	0	0
Race				
White	628	8.3	746	8,025
African American	831	9.2	286	3,004
Other/unknown	588	7.6	172	1,865
Basis of Eligibility[c]				
Aged	400	6.9	370	3,986
Disabled	812	9.3	813	8,677
Adults	0	0.0	0	0
Children	3	0.1	21	231
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, 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		Number of Benefit Months
	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 All-Year Nursing Facility Residents	
Anti-infective Agents	0.6	0.3	0.0	0.3	###	$86	$8	$10	$164	$263	$186	$39	4,953	$814,647	723	60.0 %	7,820
Biologicals	0.1	0.0	0.0	0.1	4	1	0	3	38	53	0	34	23	885	18	1.5	212
Antineoplastic Agents	0.6	0.1	0.0	0.5	107	55	0	51	168	556	0	96	364	61,116	58	4.8	572
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.7	76	61	2	13	58	106	29	19	7,907	455,578	554	46.0	6,016
Cardiovascular Agents	2.1	0.6	0.1	1.5	68	40	2	26	32	66	37	18	17,648	561,551	755	62.7	8,242
Respiratory Agents	0.8	0.6	0.0	0.2	51	46	0	5	63	83	31	18	4,353	272,848	492	40.9	5,346
Gastrointestinal Agents	1.2	0.4	0.0	0.8	92	56	1	35	77	138	38	46	8,835	681,661	698	58.0	7,441
Genitourinary Agents	0.8	0.5	0.0	0.2	48	42	1	6	63	79	39	26	1,882	117,818	219	18.2	2,443
CNS Drugs	2.3	1.1	0.1	1.1	264	216	9	40	114	192	76	36	24,379	2,771,788	969	80.5	10,504
Stimulants/Anti-obesity/Anorexia	1.0	0.4	0.0	0.6	82	67	0	15	79	152	0	25	150	11,880	16	1.3	145
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	197	197	0	0	223	223	0	0	1,389	309,839	141	11.7	1,570
Analgesics and Anesthetics	1.4	0.7	0.0	0.7	111	91	3	16	77	130	129	22	9,339	716,187	614	51.0	6,470
Neuromuscular Agents	1.6	0.4	0.3	0.8	107	48	30	29	69	114	93	36	11,121	765,386	644	53.5	7,131
Nutritional Products	1.0	0.0	0.1	0.9	21	0	1	20	21	11	13	22	3,222	67,948	306	25.4	3,185
Hematological Agents	1.4	0.3	0.0	1.1	152	138	0	13	109	447	58	12	6,368	696,028	443	36.8	4,581
Topical Products	0.7	0.3	0.1	0.3	38	25	4	9	56	93	57	27	5,316	300,207	705	58.6	7,830
Miscellaneous Products	0.4	0.1	0.0	0.3	26	19	0	8	74	306	0	26	265	19,489	74	6.1	742
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	11	0	0	0	15	0	0	0	729	10,877	87	7.2	984
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.	108,243	8,635,733	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In 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 ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, 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	$2,063,675	943	78.3 %	10,466	1.0	$196	$197
ANTICONVULSANT	641,109	706	58.6	7,770	1.1	78	83
ANTIDEPRESSANTS	552,593	942	78.2	10,402	0.9	62	53
ULCER DRUGS	490,531	657	54.6	7,021	0.8	85	70
HEMATOPOIETIC AGENTS	444,778	275	22.8	2,748	0.7	218	162
ANALGESICS - Narcotic	434,637	574	47.7	5,904	1.0	72	74
ANTIVIRAL	425,272	173	14.4	1,700	0.6	400	250
ANTIDIABETIC	327,191	644	53.5	7,172	0.9	52	46
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	309,839	157	13.0	1,741	0.8	223	178
DERMATOLOGICAL	215,993	1,129	93.8	12,682	0.3	63	17
Total	5,905,618	6,200		67,606	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE [a, b, c, d]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**53,715**	**$5,905,618**	**943**	**78.3 %**	**10,466**	**1.0**	**$197**	**706**	**58.6 %**	**7,770**	**1.1**	**$83**
Female	31,665	3,285,294	555	78.8	6,265	1.0	186	395	56.1	4,391	1.1	81
Disabled	22,324	2,512,498	388	93.0	4,419	1.0	206	307	73.6	3,379	1.1	88
64 or younger	22,222	2,495,341	388	93.9	4,419	1.0	206	303	73.4	3,356	1.1	89
65-74	102	17,157	0	0.0	0	0.0	0	4	100.0	23	0.7	42
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	9,341	772,796	167	58.2	1,846	0.8	139	88	30.7	1,012	1.0	57
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,160	311,585	71	101.4	807	1.0	202	36	51.4	427	1.1	59
75-84	3,381	261,056	48	50.5	550	0.7	101	33	34.7	389	1.0	63
85 and older	2,800	200,155	48	41.7	489	0.7	77	19	16.5	196	0.8	38
Male	22,050	2,620,324	388	77.6	4,201	1.0	213	311	62.2	3,379	1.0	84
Disabled	19,275	2,398,185	325	82.1	3,541	1.1	232	282	71.2	3,063	1.1	88
64 or younger	19,059	2,383,068	323	82.4	3,517	1.1	233	279	71.2	3,049	1.1	88
65-74	216	15,117	2	50.0	24	2.2	60	3	75.0	14	1.7	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	2,775	222,139	63	60.6	660	0.8	113	29	27.9	316	0.8	50
64 or younger	14	569	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,392	116,985	31	81.6	344	0.9	146	13	34.2	141	0.8	43
75-84	625	46,778	8	32.0	96	0.7	116	9	36.0	103	0.8	40
85 and older	744	57,807	24	88.9	220	0.6	59	7	25.9	72	0.7	77
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					HEMATOPOIETIC AGENTS				
	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	**942**	**78.2 %**	**10,402**	**0.9**	**$53**	**657**	**54.6 %**	**7,021**	**0.8**	**$70**	**275**	**22.8 %**	**2,748**	**0.7**	**$162**
Female	593	84.2	6,633	0.9	53	379	53.8	4,142	0.8	70	145	20.6	1,540	0.7	123
Disabled	405	97.1	4,494	0.9	55	236	56.6	2,579	0.8	69	89	21.3	942	0.7	157
64 or younger	400	96.9	4,471	0.9	55	233	56.4	2,563	0.8	69	85	20.6	911	0.7	148
65-74	5	125.0	23	0.6	36	3	75.0	16	0.6	51	4	100.0	31	1.0	422
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	188	65.5	2,139	0.8	49	143	49.8	1,563	0.8	72	56	19.5	598	0.7	69
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	49	70.0	579	0.8	47	40	57.1	447	0.8	76	11	15.7	112	0.8	61
75-84	64	67.4	731	0.9	53	51	53.7	551	0.9	71	26	27.4	278	0.7	111
85 and older	75	65.2	829	0.8	47	52	45.2	565	0.8	68	19	16.5	208	0.8	18
Male	349	69.8	3,769	0.9	53	278	55.6	2,879	0.8	70	130	26.0	1,208	0.8	211
Disabled	297	75.0	3,201	0.9	55	230	58.1	2,360	0.8	72	108	27.3	999	0.8	243
64 or younger	295	75.3	3,177	0.9	55	227	57.9	2,346	0.8	72	106	27.0	986	0.8	246
65-74	2	50.0	24	1.1	61	3	75.0	14	0.8	72	2	50.0	13	1.0	4
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	52	50.0	568	0.8	40	48	46.2	519	0.7	61	22	21.2	209	0.7	61
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	20	52.6	224	0.8	42	27	71.1	294	0.8	70	6	15.8	58	0.6	16
75-84	14	56.0	145	0.6	35	11	44.0	109	0.7	57	11	44.0	110	0.7	50
85 and older	18	66.7	199	0.9	43	10	37.0	116	0.6	43	5	18.5	41	0.8	154
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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 ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY

AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**574**	**47.7 %**	**5,904**	**1.0**	**$74**	**173**	**14.4 %**	**1,700**	**0.6**	**$250**	**644**	**53.5 %**	**7,172**	**0.9**	**$46**
Female	321	45.6	3,322	1.0	60	87	12.4	940	0.6	199	399	56.7	4,414	0.9	46
Disabled	223	53.5	2,360	1.1	73	75	18.0	798	0.7	233	251	60.2	2,814	0.9	47
64 or younger	217	52.5	2,316	1.1	74	75	18.2	798	0.7	233	249	60.3	2,796	0.9	47
65-74	6	150.0	44	0.3	6	0	0.0	0	0.0	0	2	50.0	18	0.8	55
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	98	34.1	962	0.6	29	12	4.2	142	0.1	8	148	51.6	1,600	0.9	42
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	16	22.9	170	0.4	19	3	4.3	36	0.1	10	52	74.3	604	1.0	53
75-84	39	41.1	387	0.9	37	3	3.2	36	0.1	7	59	62.1	584	0.9	41
85 and older	43	37.4	405	0.5	25	6	5.2	70	0.1	7	37	32.2	412	0.8	29
Male	253	50.6	2,582	1.1	91	86	17.2	760	0.7	313	245	49.0	2,758	0.8	46
Disabled	220	55.6	2,244	1.2	101	84	21.2	741	0.7	320	205	51.8	2,315	0.9	47
64 or younger	217	55.4	2,219	1.2	99	84	21.4	741	0.7	320	205	52.3	2,315	0.9	47
65-74	3	75.0	25	3.2	349	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	33	31.7	338	0.5	20	2	1.9	19	0.4	49	40	38.5	443	0.8	38
64 or younger	1	7.1	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16	42.1	174	0.6	14	1	2.6	12	0.5	64	17	44.7	201	0.8	39
75-84	6	24.0	59	0.7	69	0	0.0	0	0.0	0	11	44.0	122	0.7	32
85 and older	10	37.0	93	0.2	2	1	3.7	7	0.1	23	12	44.4	120	0.8	41
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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 ND10C   Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, CONNECTICUT, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					DERMATOLOGICAL					All-Year Nursing Facility Residents	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	157	13.0 %	1,741	0.8	$178	1,129	93.8 %	12,682	0.3	$17	1,204	12,894
Female	100	14.2	1,133	0.8	197	699	99.3	7,968	0.2	15	704	7,692
Disabled	31	7.4	360	0.8	404	481	115.3	5,507	0.2	16	417	4,576
64 or younger	31	7.5	360	0.8	404	476	115.3	5,450	0.2	17	413	4,548
65-74	0	0.0	0	0.0	0	5	125.0	57	0.1	4	4	28
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	69	24.0	773	0.8	100	218	76.0	2,461	0.2	11	287	3,116
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	84
65-74	14	20.0	166	0.6	73	65	92.9	756	0.2	10	70	791
75-84	23	24.2	251	0.8	100	67	70.5	768	0.3	11	95	1,032
85 and older	32	27.8	356	0.9	113	86	74.8	937	0.2	11	115	1,209
Male	57	11.4	608	0.8	143	430	86.0	4,714	0.3	21	500	5,202
Disabled	32	8.1	352	0.7	178	354	89.4	3,871	0.3	22	396	4,101
64 or younger	31	7.9	340	0.7	183	352	89.8	3,847	0.3	22	392	4,075
65-74	1	25.0	12	0.2	26	2	50.0	24	0.3	7	4	26
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	25	24.0	256	0.9	96	76	73.1	843	0.4	19	104	1,101
64 or younger	0	0.0	0	0.0	0	3	21.4	36	0.4	16	14	147
65-74	7	18.4	73	0.7	104	35	92.1	405	0.5	28	38	428
75-84	6	24.0	57	0.8	85	18	72.0	207	0.2	9	25	265
85 and older	12	44.4	126	0.9	97	20	74.1	195	0.3	11	27	261
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,244 beneficiaries who were in nursing facilities for part of their enrollment and their 12,690 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 ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, 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 Nondual Rx $	Total Number of Beneficiaries
All	**19,252**	**14.9 %**	**1.2**	**152,955**	**$40**	**$5,222,328**	**$34**	**4.0 %**	**129,617**
Age									
5 and younger	796	3.3	0.1	1,685	6	154,040	91	36.9	23,827
6-14	705	2.8	0.2	5,036	24	595,890	118	27.4	25,105
15-20	778	4.3	0.2	3,904	13	238,828	61	7.1	17,916
21-44	6,562	16.5	1.3	51,133	43	1,697,406	33	3.7	39,786
45-64	9,298	47.0	4.2	83,930	119	2,352,017	28	3.2	19,782
65-74	586	33.1	2.2	3,866	58	102,161	26	2.8	1,772
75-84	367	36.4	2.3	2,295	60	60,305	26	3.1	1,009
85 and older	160	38.6	2.7	1,106	52	21,681	20	2.4	414
Unknown	0	0.0	0.0	0	0	0	0	0.0	6
Basis of Eligibility[c]									
Aged	1,083	34.6	2.3	7,081	57	179,750	25	2.8	3,129
Disabled	14,548	49.4	4.5	131,989	136	4,014,602	30	3.4	29,442
Adults	1,470	4.8	0.1	4,346	4	127,307	29	4.2	30,442
Children	2,081	3.1	0.1	9,151	13	893,128	98	19.5	66,426
Unknown	70	39.3	2.2	388	42	7,541	19	2.1	178
Gender									
Female	12,641	16.6	1.3	98,184	39	2,943,229	30	3.8	76,336
Male	6,611	12.4	1.0	54,771	43	2,279,099	42	4.2	53,281
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	8,946	16.9	1.6	82,776	49	2,591,570	31	3.9	53,086
African American	3,905	13.5	1.0	28,913	39	1,140,527	39	4.0	28,944
Other/unknown	6,401	13.5	0.9	41,266	31	1,490,231	36	4.0	47,587
Use of Nursing Facilities[d]									
Entire year	677	56.2	6.9	8,302	145	174,831	21	2.0	1,204
Part year	948	76.2	9.0	11,211	265	329,512	29	3.4	1,244
None	17,627	13.9	1.0	133,442	37	4,717,985	35	4.2	127,169
Maintenance Assistance Status									
Cash	5,680	10.5	0.8	45,399	25	1,358,730	30	3.7	54,240
Medically needy	1,255	18.8	1.2	7,684	32	214,733	28	2.8	6,675
Poverty related	911	2.7	0.1	2,874	6	193,447	67	9.5	33,874
Other/unknown	11,406	32.7	2.8	96,998	99	3,455,418	36	4.0	34,828

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

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS 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	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.3**	**$9**	**$34**	**$0**	**$3**	**569,062**
Age						
5 and younger	0.0	3	91	0	0	53,925
6-14	0.1	9	118	0	1	64,293
15-20	0.1	5	61	0	1	52,985
21-44	0.3	9	33	0	3	184,147
45-64	0.5	13	28	0	4	182,773
65-74	0.2	6	26	0	1	16,956
75-84	0.2	6	26	0	1	10,002
85 and older	0.3	5	20	0	2	3,972
Unknown	0.0	0	0	0	0	9
Basis of Eligibility[c]						
Aged	0.2	6	25	0	1	30,368
Disabled	0.4	13	30	0	4	303,570
Adults	0.1	2	29	0	1	68,153
Children	0.1	5	98	0	0	165,165
Unknown	0.2	4	19	0	2	1,806
Gender						
Female	0.3	9	30	0	3	334,892
Male	0.2	10	42	0	2	234,170
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	11	31	0	4	245,584
African American	0.2	9	39	0	1	125,867
Other/unknown	0.2	8	36	0	2	197,611
Use of Nursing Facilities[d]						
Entire year	0.6	14	21	0	7	12,894
Part year	0.9	26	29	0	6	12,690
None	0.2	9	35	0	2	543,478
Maintenance Assistance Status						
Cash	0.2	7	30	0	2	188,499
Medically needy	0.2	7	28	0	2	31,857
Poverty related	0.0	2	67	0	0	80,159
Other/unknown	0.4	13	36	0	4	268,547

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 beneficaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[a,b,c]

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	**27,925**	**$187**	**$5,222,328**	**100.0 %**	**152,955**	**$34**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	4	145	579	0.0	13	45	0.0
Drugs for cosmetic purposes	17	16	266	0.0	29	9	0.0
Cough and cold medications	5,733	66	377,008	7.2	12,889	29	8.4
Vitamins and minerals	3,245	121	392,735	7.5	19,724	20	12.9
Non-prescription drugs	8,724	297	2,589,116	49.6	44,158	59	28.9
Barbiturates	432	66	28,612	0.5	4,571	6	3.0
Benzodiazepines	8,670	167	1,447,204	27.7	66,843	22	43.7
Other Part D Excl Rx Drugs	1,100	352	386,808	7.4	4,728	82	3.1

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 ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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	**424,296**	**3,129**	**29,454**	**109,700**	**281,835**	**178**	**4,245,364**	**30,390**	**307,302**	**1,061,273**	**2,844,585**	**1,814**
Age												
5 and younger	93,869	0	0	11	93,858	0	913,415	0	0	75	913,340	0
6-14	121,805	0	1	14	121,790	0	1,288,945	0	12	128	1,288,805	0
15-20	63,094	0	858	1,871	60,364	1	616,052	0	8,812	11,293	595,935	12
21-44	111,902	0	11,916	94,176	5,753	57	1,084,280	0	124,050	913,598	46,089	543
45-64	30,401	1	16,625	13,597	64	114	311,434	2	173,965	135,867	405	1,195
65-74	1,795	1,708	52	29	0	6	17,238	16,430	450	294	0	64
75-84	1,010	1,006	2	2	0	0	10,017	9,986	13	18	0	0
85 and older	414	414	0	0	0	0	3,972	3,972	0	0	0	0
Unknown	6	0	0	0	6	0	11	0	0	0	11	0
Gender												
Female	247,159	2,227	16,594	87,167	140,993	178	2,478,781	21,945	177,627	850,248	1,427,147	1,814
Male	177,137	902	12,860	22,533	140,842	0	1,766,583	8,445	129,675	211,025	1,417,438	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	171,261	1,322	13,283	48,248	108,274	134	1,701,725	13,067	137,640	469,133	1,080,466	1,419
African American	101,300	530	6,570	24,096	70,081	23	1,030,949	5,162	68,287	238,524	718,770	206
Other/unknown	151,735	1,277	9,601	37,356	103,480	21	1,512,690	12,161	101,375	353,616	1,045,349	189
Use of Nursing Facilities[c]												
Entire year	1,204	370	813	0	21	0	12,894	3,986	8,677	0	231	0
Part year	1,244	167	1,044	15	18	0	12,860	1,679	10,850	138	193	0
None	421,848	2,592	27,597	109,685	281,796	178	4,219,610	24,725	287,775	1,061,135	2,844,161	1,814
Maintenance Assistance Status												
Cash	186,237	410	6,756	58,425	120,646	0	1,890,595	4,574	75,549	562,571	1,247,901	0
Medically needy	8,551	309	2,472	1,575	4,195	0	56,681	2,565	19,489	8,619	26,008	0
Poverty related	91,237	18	54	7,684	83,303	178	802,684	171	352	33,303	767,044	1,814
Other/unknown	138,271	2,392	20,172	42,016	73,691	0	1,495,404	23,080	211,912	456,780	803,632	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	51,332	3,125	28,724	7,883	11,424	176	392,360	30,345	299,321	20,007	40,893	1,794
FFS part year, with Rx claims	14,259	4	559	5,678	8,018	0	126,173	45	6,239	46,834	73,055	0
FFS part year, no Rx claims	64,026	0	159	16,881	46,984	2	538,939	0	1,629	132,521	404,769	20
MC all year, with Rx claims	955	0	0	298	657	0	10,988	0	0	3,500	7,488	0
MC all year, no Rx claims	293,724	0	12	78,960	214,752	0	3,176,904	0	113	858,411	2,318,380	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, CONNECTICUT, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	**424,296**	**4,245,364**	**129,617**	**569,062**	**0**	**3,676,302**
Fee-for-service (FFS) all year	51,332	392,360	51,332	392,360	0	0
FFS part year, with Rx claims	14,259	126,173	14,259	38,475	0	87,698
FFS part year, with no Rx claims	64,026	538,939	64,026	138,227	0	400,712
Managed care (MC) all year, with Rx claims	955	10,988	0	0	0	10,988
MC all year, with no Rx claims	293,724	3,176,904	0	0	0	3,176,904

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