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

LIST OF TABLES

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

NONDUAL 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	**54,340**	**1,191**	**20,226**	**11,760**	**21,163**	**0**	**360,125**	**10,545**	**193,177**	**52,740**	**103,663**	**0**
Age												
5 and younger	8,536	0	534	4	7,998	0	34,259	0	3,751	10	30,498	0
6-14	10,045	0	1,679	7	8,359	0	57,584	0	14,173	25	43,386	0
15-20	6,674	0	1,104	869	4,701	0	42,281	0	10,030	2,819	29,432	0
21-44	14,408	2	6,246	8,075	85	0	91,243	13	59,835	31,105	290	0
45-64	12,869	12	10,069	2,787	1	0	118,067	97	99,349	18,620	1	0
65-74	950	454	480	16	0	0	9,344	4,252	4,946	146	0	0
75-84	529	440	87	2	0	0	4,974	4,101	858	15	0	0
85 and older	310	283	27	0	0	0	2,317	2,082	235	0	0	0
Unknown	19	0	0	0	19	0	56	0	0	0	56	0
Gender												
Female	29,271	799	9,298	8,801	10,373	0	184,142	7,031	91,944	34,974	50,193	0
Male	25,069	392	10,928	2,959	10,790	0	175,983	3,514	101,233	17,766	53,470	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	1,303	79	860	215	149	0	10,566	644	8,086	1,118	718	0
African American	46,115	795	17,548	10,258	17,514	0	308,378	6,846	167,191	45,240	89,101	0
Other/unknown	6,922	317	1,818	1,287	3,500	0	41,181	3,055	17,900	6,382	13,844	0
Use of Nursing Facilities[c]												
Entire year	500	195	291	14	0	0	5,403	2,106	3,159	138	0	0
Part year	636	81	531	24	0	0	6,193	725	5,267	201	0	0
None	53,204	915	19,404	11,722	21,163	0	348,529	7,714	184,751	52,401	103,663	0
Maintenance Assistance Status												
Cash	28,480	323	15,403	6,909	5,845	0	208,335	3,211	156,753	28,199	20,172	0
Medically needy	12,446	403	4,259	3,008	4,776	0	62,608	3,023	31,737	11,416	16,432	0
Poverty-related	6,778	159	546	424	5,649	0	25,388	1,444	4,533	1,334	18,077	0
Other/unknown	6,636	306	18	1,419	4,893	0	63,794	2,867	154	11,791	48,982	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	32,720	1,188	18,879	4,602	8,051	0	293,622	10,532	186,653	32,464	63,973	0
FFS part year, with Rx claims	4,578	2	613	1,891	2,072	0	17,889	9	3,486	6,290	8,104	0
FFS part year, no Rx claims	17,042	1	734	5,267	11,040	0	48,614	4	3,038	13,986	31,586	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 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, 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	**40.7 %**	**10.4**	**$1,085**	**$104**	**$10,389**	**10.4 %**	**54,340**
Age							
5 and younger	21.7	0.8	64	78	4,401	1.5	8,536
6-14	24.2	2.3	246	105	4,795	5.1	10,045
15-20	29.4	2.6	242	91	7,991	3.0	6,674
21-44	43.8	9.3	1,265	136	10,688	11.8	14,408
45-64	67.5	27.2	2,631	97	18,518	14.2	12,869
65-74	59.2	25.6	1,727	67	20,838	8.3	950
75-84	46.3	16.6	886	53	17,591	5.0	529
85 and older	20.0	6.6	342	52	13,128	2.6	310
Unknown	0.0	0.0	0	0	0	0.0	19
Basis of Eligibility[e]							
Aged	39.7	13.3	765	57	17,765	4.3	1,191
Disabled	64.4	22.9	2,329	102	19,319	12.1	20,226
Adults	34.1	4.7	680	144	4,107	16.6	11,760
Children	21.9	1.5	138	89	4,930	2.8	21,163
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	42.1	11.2	1,023	91	9,305	11.0	29,271
Male	39.1	9.6	1,157	121	11,655	9.9	25,069
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.1	16.3	1,757	108	15,893	11.1	1,303
African American	41.8	10.6	1,090	103	10,612	10.3	46,115
Other/unknown	32.9	8.1	924	113	7,865	11.7	6,922
Use of Nursing Facilities[f]							
Entire year	24.0	20.7	1,462	71	74,267	2.0	500
Part year	70.1	34.8	3,086	89	87,936	3.5	636
None	40.5	10.1	1,057	105	8,862	11.9	53,204
Maintenance Assistance Status							
Cash	48.2	15.0	1,587	106	12,120	13.1	28,480
Medically needy	30.8	6.1	645	106	9,953	6.5	12,446
Poverty related	19.8	2.7	270	102	3,175	8.5	6,778
Other/unknown	48.4	7.2	584	81	11,147	5.2	6,636

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 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, D.C., 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.6**	**$164**	**10.4 %**	**59.3 %**	**20.6 %**	**5.7 %**	**9.2 %**	**4.4 %**	**0.9 %**	**$1,568**	**54,340**	**360,125**
Age												
5 and younger	0.2	16	1.5	78.3	19.3	1.7	0.7	0.1	0.0	1,097	8,536	34,259
6-14	0.4	43	5.1	75.8	18.6	2.8	2.4	0.4	0.0	836	10,045	57,584
15-20	0.4	38	3.0	70.6	23.4	3.1	2.4	0.6	0.0	1,261	6,674	42,281
21-44	1.5	200	11.8	56.2	23.4	7.0	9.5	3.2	0.7	1,688	14,408	91,243
45-64	3.0	287	14.2	32.5	19.4	10.4	22.1	12.8	2.8	2,018	12,869	118,067
65-74	2.6	176	8.3	40.8	14.8	7.9	21.3	13.5	1.7	2,119	950	9,344
75-84	1.8	94	5.0	53.7	14.7	7.0	17.4	6.6	0.6	1,871	529	4,974
85 and older	0.9	46	2.6	80.0	6.8	3.5	6.8	2.6	0.3	1,756	310	2,317
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	19	56
Basis of Eligibility[e]												
Aged	1.5	86	4.3	60.3	13.3	6.9	13.8	5.1	0.7	2,006	1,191	10,545
Disabled	2.4	244	12.1	35.6	23.8	9.5	18.6	10.2	2.2	2,023	20,226	193,177
Adults	1.1	152	16.6	65.9	20.1	5.8	6.3	1.6	0.2	916	11,760	52,740
Children	0.3	28	2.8	78.1	18.1	2.0	1.5	0.3	0.0	1,007	21,163	103,663
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.8	163	11.0	57.9	21.3	5.6	9.3	4.8	1.1	1,479	29,271	184,142
Male	1.4	165	9.9	60.9	19.8	5.9	9.0	3.8	0.6	1,660	25,069	175,983
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.0	217	11.1	54.9	15.8	6.6	13.8	7.1	1.8	1,960	1,303	10,566
African American	1.6	163	10.3	58.2	21.3	5.9	9.2	4.4	0.9	1,587	46,115	308,378
Other/unknown	1.4	155	11.7	67.1	16.9	4.2	8.0	3.4	0.5	1,322	6,922	41,181
Use of Nursing Facilities[f]												
Entire year	1.9	135	2.0	76.0	1.8	1.0	5.8	8.8	6.6	6,873	500	5,403
Part year	3.6	317	3.5	29.9	19.5	8.8	19.3	14.6	7.9	9,031	636	6,193
None	1.5	161	11.9	59.5	20.8	5.7	9.1	4.2	0.7	1,353	53,204	348,529
Maintenance Assistance Status												
Cash	2.0	217	13.1	51.8	21.1	6.8	12.4	6.5	1.4	1,657	28,480	208,335
Medically needy	1.2	128	6.5	69.2	16.6	4.7	6.4	2.6	0.5	1,979	12,446	62,608
Poverty related	0.7	72	8.5	80.2	13.3	2.4	2.8	1.1	0.2	848	6,778	25,388
Other/unknown	0.8	61	5.2	51.6	33.2	6.3	7.0	1.8	0.1	1,160	6,636	63,794

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

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

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

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

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

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

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

TABLE ND.5

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

NONDUAL BENEFICIARIES, D.C., 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	**1.6**	**$164**	**$104**	**0.7**	**$132**	**$201**	**0.1**	**$8**	**$112**	**0.8**	**$23**	**$27**
Age												
5 and younger	0.2	16	78	0.1	13	197	0.0	0	49	0.1	3	19
6-14	0.4	43	105	0.3	38	149	0.0	1	89	0.1	4	26
15-20	0.4	38	91	0.2	33	146	0.0	1	66	0.2	4	24
21-44	1.5	200	136	0.6	169	260	0.1	10	121	0.7	21	29
45-64	3.0	287	97	1.2	225	193	0.1	16	117	1.7	46	28
65-74	2.6	176	67	1.0	135	129	0.1	6	56	1.5	35	24
75-84	1.8	94	53	0.7	66	95	0.1	5	60	1.0	23	24
85 and older	0.9	46	52	0.4	33	90	0.0	2	54	0.5	11	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	1.5	86	57	0.6	63	104	0.1	4	53	0.8	20	24
Disabled	2.4	244	102	1.0	194	200	0.1	13	114	1.3	37	28
Adults	1.1	152	144	0.5	132	272	0.1	7	126	0.5	13	25
Children	0.3	28	89	0.2	24	141	0.0	1	69	0.1	3	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.8	163	91	0.7	128	180	0.1	9	105	1.0	26	26
Male	1.4	165	121	0.6	137	227	0.1	8	122	0.7	20	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.0	217	108	0.9	171	195	0.1	11	90	1.0	34	35
African American	1.6	163	103	0.7	131	200	0.1	9	115	0.9	23	27
Other/unknown	1.4	155	113	0.6	131	210	0.1	6	98	0.7	18	26
Use of Nursing Facilities[e]												
Entire year	1.9	135	71	0.7	104	143	0.2	9	56	1.0	23	22
Part year	3.6	317	89	1.3	241	184	0.2	23	98	2.0	53	26
None	1.5	161	105	0.6	131	203	0.1	8	115	0.8	23	28
Maintenance Assistance Status												
Cash	2.0	217	106	0.8	176	208	0.1	11	112	1.1	30	27
Medically needy	1.2	128	106	0.5	101	211	0.1	8	117	0.7	20	30
Poverty related	0.7	72	102	0.3	56	198	0.0	5	144	0.4	11	29
Other/unknown	0.8	61	81	0.4	49	137	0.0	2	81	0.4	10	26

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 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 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).

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

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

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

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, 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 All Benes	Number of Benefit Months
Anti-infective Agents	0.6	0.4	0.0	0.2	$182	$161	$9	$12	$301	$424	$241	$62	68,151	$20,543,079	11,322	20.8 %	112,726
Biologicals	0.3	0.3	0.0	0.0	270	269	0	1	928	994	119	76	238	220,968	117	0.2	817
Antineoplastic Agents	0.4	0.1	0.0	0.3	90	48	1	40	227	725	240	125	2,406	545,306	573	1.1	6,062
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	38	27	2	10	55	106	34	26	37,972	2,104,535	5,378	9.9	54,861
Cardiovascular Agents	1.4	0.5	0.0	0.9	61	42	1	18	43	80	42	21	124,985	5,377,734	8,404	15.5	88,425
Respiratory Agents	0.6	0.3	0.0	0.2	34	29	0	5	59	85	41	22	48,675	2,850,052	8,265	15.2	83,257
Gastrointestinal Agents	0.4	0.2	0.0	0.3	35	25	1	9	81	159	58	35	21,476	1,739,459	4,716	8.7	50,002
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	2	2	65	87	50	23	4,842	315,827	1,748	3.2	17,480
CNS Drugs	1.0	0.6	0.0	0.4	145	127	3	14	141	229	95	33	89,735	12,686,719	8,161	15.0	87,783
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	61	56	0	5	93	104	55	42	7,726	721,566	1,146	2.1	11,873
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.1	103	92	2	9	312	374	117	135	1,168	364,403	316	0.6	3,521
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	29	17	3	9	53	214	237	19	51,590	2,739,353	9,237	17.0	95,595
Neuromuscular Agents	0.7	0.2	0.1	0.4	57	35	13	9	77	142	109	23	45,363	3,482,359	5,585	10.3	60,754
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	6	14	19	18	13	17,511	240,168	4,015	7.4	40,513
Hematological Agents	0.5	0.2	0.0	0.3	114	108	2	4	207	511	39	14	13,498	2,795,555	2,329	4.3	24,613
Topical Products	0.4	0.1	0.0	0.2	21	12	2	7	56	91	72	33	29,922	1,684,138	8,028	14.8	80,567
Miscellaneous Products	0.4	0.2	0.0	0.1	118	90	8	20	322	439	536	135	1,609	518,012	443	0.8	4,404
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	16	0	0	0	502	7,823	173	0.3	1,986
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.	567,369	58,937,056	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 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 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, D.C., 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
ANTIVIRAL	$18,132,647	5,890	10.8 %	62,412	0.6	$508	$291
ANTIPSYCHOTICS	10,083,771	6,086	11.2	68,002	0.6	256	148
ANTICONVULSANT	3,150,828	4,566	8.4	50,248	0.6	99	63
ANTIDEPRESSANTS	2,076,786	6,595	12.1	71,364	0.5	63	29
HEMATOPOIETIC AGENTS	1,716,239	2,378	4.4	24,457	0.3	211	70
ANTIHYPERLIPIDEMIC	1,696,509	3,059	5.6	33,496	0.5	96	51
ANTIDIABETIC	1,661,575	4,642	8.5	49,460	0.6	59	34
ANTIASTHMATIC	1,644,469	6,729	12.4	69,124	0.3	68	24
ANALGESICS - Narcotic	1,634,536	7,491	13.8	80,030	0.4	57	20
ANTIHYPERTENSIVE	1,411,621	6,904	12.7	74,114	0.5	35	19
Total	43,208,981	54,340		582,707	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 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, D.C., 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	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	**286,390**	**$43,208,981**	**5,890**	**10.8 %**	**62,412**	**0.6**	**$291**	**6,086**	**11.2 %**	**68,002**	**0.6**	**$148**
Female	160,976	21,059,357	2,519	8.6	26,866	0.5	266	3,195	10.9	35,795	0.5	139
Disabled	136,997	17,692,558	1,814	19.5	20,275	0.5	266	2,712	29.2	30,673	0.6	145
5 and younger	164	22,814	4	1.7	48	0.2	79	0	0.0	0	0.0	0
6-14	990	157,025	25	5.0	282	0.5	222	38	7.6	317	0.5	112
15-20	957	115,375	11	2.7	102	0.3	138	59	14.5	610	0.4	93
21-44	33,035	5,531,268	810	28.1	9,008	0.5	229	1,022	35.4	11,496	0.5	134
45-64	95,985	11,369,845	959	19.6	10,775	0.6	300	1,530	31.2	17,507	0.6	154
65-74	5,173	454,814	5	1.8	60	0.5	256	58	20.4	683	0.7	179
75-84	625	38,015	0	0.0	0	0.0	0	5	7.9	60	0.7	103
85 and older	68	3,402	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	23,979	3,366,799	705	3.5	6,591	0.6	267	483	2.4	5,122	0.5	98
5 and younger	499	29,372	14	0.4	121	0.4	75	2	0.1	24	0.6	56
6-14	2,677	324,254	30	0.7	354	0.6	194	143	3.5	1,547	0.6	102
15-20	2,834	316,392	42	1.3	402	0.3	86	169	5.4	1,912	0.4	76
21-44	5,955	1,297,458	430	6.7	3,745	0.5	264	90	1.4	846	0.6	137
45-64	7,948	1,137,461	176	11.5	1,826	0.7	345	58	3.8	575	0.5	110
65-74	1,835	128,166	12	4.2	131	0.5	211	12	4.2	123	0.4	45
75-84	1,891	114,358	1	0.3	12	0.1	3	7	2.4	71	0.6	140
85 and older	340	19,338	0	0.0	0	0.0	0	2	0.9	24	0.7	135
Male	125,414	22,149,624	3,371	13.5	35,546	0.6	309	2,891	11.5	32,207	0.6	159
Disabled	100,156	16,697,678	2,250	20.6	24,311	0.6	296	2,301	21.1	25,660	0.6	169
5 and younger	369	37,335	3	1.0	24	0.4	149	0	0.0	0	0.0	0
6-14	2,752	376,520	41	3.5	447	0.7	303	159	13.5	1,599	0.4	80
15-20	1,928	292,498	23	3.3	175	0.5	228	111	15.9	1,106	0.7	139
21-44	27,212	5,159,994	982	29.2	10,354	0.5	226	846	25.2	9,414	0.6	165
45-64	65,064	10,601,070	1,192	23.1	13,208	0.6	351	1,145	22.2	13,082	0.6	186
65-74	2,486	209,599	9	4.6	103	0.7	295	36	18.5	411	0.8	167
75-84	275	17,770	0	0.0	0	0.0	0	3	12.5	36	0.3	62
85 and older	70	2,892	0	0.0	0	0.0	0	1	16.7	12	0.3	49
Other Eligibles	25,258	5,451,946	1,121	7.9	11,235	0.7	337	590	4.2	6,547	0.6	121
5 and younger	694	63,009	20	0.5	142	0.5	150	7	0.2	72	0.2	20
6-14	4,895	572,615	13	0.3	156	0.5	302	274	6.5	3,032	0.6	116
15-20	2,691	374,781	13	0.5	137	0.3	107	185	7.6	2,065	0.5	109
21-44	6,917	2,358,021	651	38.0	6,528	0.7	318	78	4.6	883	0.7	167
45-64	7,957	1,895,313	416	32.9	4,179	0.7	377	35	2.8	384	0.6	128
65-74	1,179	121,888	8	4.3	93	0.8	592	7	3.8	75	1.0	160
75-84	724	51,088	0	0.0	0	0.0	0	3	2.1	27	0.9	170
85 and older	201	15,231	0	0.0	0	0.0	0	1	1.6	9	0.4	58
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 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, D.C., 2004

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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	**4,566**	**8.4 %**	**50,248**	**0.6**	**$63**	**6,595**	**12.1 %**	**71,364**	**0.5**	**$29**	**2,378**	**4.4 %**	**24,457**	**0.3**	**$70**
Female	2,523	8.6	27,863	0.6	59	4,141	14.2	44,887	0.5	29	1,507	5.1	15,096	0.3	61
Disabled	2,176	23.4	24,388	0.6	59	3,411	36.7	37,982	0.5	30	1,060	11.4	11,858	0.3	69
5 and younger	1	0.4	3	0.3	59	0	0.0	0	0.0	0	6	2.6	66	0.6	131
6-14	37	7.4	351	0.6	83	26	5.2	239	0.5	26	18	3.6	190	0.4	32
15-20	40	9.8	418	0.7	54	43	10.6	442	0.3	19	18	4.4	194	0.1	3
21-44	779	27.0	8,636	0.6	64	1,116	38.7	12,379	0.4	29	342	11.9	3,761	0.3	86
45-64	1,263	25.8	14,327	0.6	56	2,153	43.9	24,057	0.5	31	632	12.9	7,137	0.3	65
65-74	51	17.9	593	0.7	54	64	22.5	757	0.5	29	39	13.7	456	0.5	49
75-84	4	6.3	48	0.2	7	7	11.1	84	0.7	23	2	3.2	24	0.2	3
85 and older	1	4.8	12	0.1	12	2	9.5	24	0.2	13	3	14.3	30	0.1	1
Other Eligibles	347	1.7	3,475	0.6	60	730	3.7	6,905	0.4	25	447	2.2	3,238	0.3	30
5 and younger	2	0.1	15	0.9	26	1	0.0	12	0.8	24	31	0.8	200	0.3	2
6-14	59	1.4	595	0.6	58	97	2.4	1,023	0.5	37	8	0.2	93	0.2	2
15-20	75	2.4	833	0.6	78	184	5.9	1,989	0.4	22	116	3.7	889	0.2	2
21-44	96	1.5	861	0.6	64	192	3.0	1,362	0.4	23	197	3.1	1,113	0.3	2
45-64	84	5.5	841	0.6	48	194	12.6	1,843	0.4	25	64	4.2	616	0.3	149
65-74	16	5.6	170	0.6	26	28	9.8	304	0.4	19	17	6.0	179	0.4	2
75-84	14	4.7	148	0.5	64	24	8.1	271	0.4	26	12	4.1	138	0.3	10
85 and older	1	0.5	12	0.7	7	10	4.5	101	0.5	21	2	0.9	10	0.6	6
Male	2,043	8.2	22,385	0.7	67	2,454	9.8	26,477	0.5	29	871	3.5	9,361	0.4	85
Disabled	1,754	16.1	19,305	0.7	66	1,940	17.8	20,986	0.5	29	754	6.9	8,168	0.4	93
5 and younger	12	3.9	80	0.5	59	2	0.7	24	0.4	24	4	1.3	33	0.3	2
6-14	81	6.9	795	0.5	46	85	7.2	828	0.5	29	16	1.4	162	0.4	64
15-20	52	7.5	523	0.8	88	45	6.5	436	0.5	45	11	1.6	90	0.5	87
21-44	599	17.8	6,593	0.7	76	577	17.2	6,176	0.5	30	161	4.8	1,707	0.4	74
45-64	975	18.9	10,905	0.6	61	1,203	23.3	13,216	0.5	28	537	10.4	5,891	0.4	102
65-74	32	16.4	379	0.8	51	23	11.8	246	0.6	23	20	10.3	231	0.4	27
75-84	2	8.3	18	0.2	19	5	20.8	60	0.5	18	5	20.8	54	0.5	84
85 and older	1	16.7	12	0.4	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	289	2.0	3,080	0.7	76	514	3.6	5,491	0.5	29	117	0.8	1,193	0.3	34
5 and younger	7	0.2	45	0.6	70	3	0.1	26	0.4	28	20	0.5	160	0.2	1
6-14	97	2.3	1,082	0.6	65	169	4.0	1,867	0.5	29	6	0.1	63	0.1	1
15-20	63	2.6	701	0.7	89	123	5.0	1,330	0.5	32	7	0.3	75	0.3	90
21-44	52	3.0	530	0.9	115	81	4.7	778	0.5	37	6	0.4	70	0.4	2
45-64	54	4.3	564	0.6	56	119	9.4	1,278	0.4	24	64	5.1	704	0.3	36
65-74	9	4.9	94	0.7	46	11	5.9	132	0.4	19	6	3.2	49	0.6	23
75-84	6	4.1	52	0.4	22	7	4.8	71	0.3	16	7	4.8	67	0.6	109
85 and older	1	1.6	12	0.9	27	1	1.6	9	0.1	1	1	1.6	5	0.2	1
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 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.

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, D.C., 2004

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					ANTIASTHMATIC				
	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	3,059	5.6 %	33,496	0.5	$51	4,642	8.5 %	49,460	0.6	$34	6,729	12.4 %	69,124	0.3	$24
Female	1,801	6.2	19,865	0.5	52	2,876	9.8	30,896	0.6	35	4,273	14.6	44,786	0.4	24
Disabled	1,508	16.2	16,925	0.5	52	2,388	25.7	26,503	0.6	36	3,138	33.7	35,136	0.4	26
5 and younger	0	0.0	0	0.0	0	2	0.9	22	0.1	9	49	21.4	471	0.2	21
6-14	0	0.0	0	0.0	0	1	0.2	2	1.0	62	90	17.9	914	0.2	18
15-20	1	0.2	3	0.3	44	6	1.5	55	0.3	14	49	12.0	508	0.3	22
21-44	158	5.5	1,765	0.4	41	340	11.8	3,781	0.5	31	761	26.4	8,624	0.3	20
45-64	1,221	24.9	13,647	0.5	53	1,918	39.1	21,219	0.6	37	2,056	41.9	23,067	0.4	29
65-74	110	38.6	1,294	0.6	60	99	34.7	1,180	0.6	36	109	38.2	1,282	0.4	26
75-84	16	25.4	192	0.7	76	19	30.2	228	0.5	23	16	25.4	192	0.4	21
85 and older	2	9.5	24	0.1	12	3	14.3	16	0.2	5	8	38.1	78	0.4	27
Other Eligibles	293	1.5	2,940	0.5	49	488	2.4	4,393	0.6	30	1,135	5.7	9,650	0.3	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	187	4.8	1,380	0.2	13
6-14	0	0.0	0	0.0	0	5	0.1	40	0.4	21	206	5.0	1,692	0.2	14
15-20	3	0.1	31	0.3	21	12	0.4	103	0.3	16	191	6.1	1,857	0.2	11
21-44	31	0.5	227	0.4	45	93	1.4	540	0.5	29	264	4.1	1,936	0.3	18
45-64	146	9.5	1,401	0.5	49	240	15.6	2,180	0.6	31	217	14.1	1,974	0.3	25
65-74	57	20.0	646	0.5	50	67	23.5	697	0.6	28	33	11.6	383	0.5	34
75-84	47	15.9	545	0.6	55	63	21.3	749	0.6	32	32	10.8	368	0.3	19
85 and older	9	4.1	90	0.4	40	8	3.6	84	0.7	33	5	2.3	60	0.5	23
Male	1,258	5.0	13,631	0.5	49	1,766	7.0	18,564	0.5	31	2,456	9.8	24,338	0.3	23
Disabled	1,048	9.6	11,500	0.5	49	1,493	13.7	16,013	0.6	32	1,591	14.6	16,977	0.4	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	100	32.8	914	0.3	31
6-14	0	0.0	0	0.0	0	3	0.3	36	0.3	7	230	19.6	2,331	0.2	17
15-20	0	0.0	0	0.0	0	2	0.3	24	0.4	37	86	12.3	924	0.3	24
21-44	186	5.5	2,023	0.5	43	262	7.8	2,700	0.5	34	306	9.1	3,263	0.3	20
45-64	814	15.8	8,943	0.5	49	1,156	22.4	12,462	0.6	32	819	15.9	8,996	0.4	28
65-74	42	21.5	465	0.6	57	63	32.3	716	0.5	26	45	23.1	492	0.5	31
75-84	5	20.8	57	0.8	71	5	20.8	51	0.4	17	5	20.8	57	0.5	17
85 and older	1	16.7	12	0.7	51	2	33.3	24	0.9	13	0	0.0	0	0.0	0
Other Eligibles	210	1.5	2,131	0.5	50	273	1.9	2,551	0.5	27	865	6.1	7,361	0.3	19
5 and younger	0	0.0	0	0.0	0	1	0.0	2	1.0	140	272	6.7	1,999	0.3	17
6-14	0	0.0	0	0.0	0	5	0.1	31	0.5	30	335	7.9	2,680	0.3	16
15-20	1	0.0	12	0.5	67	12	0.5	116	0.6	54	85	3.5	885	0.3	17
21-44	46	2.7	407	0.6	52	35	2.0	255	0.4	17	43	2.5	360	0.4	26
45-64	111	8.8	1,150	0.5	48	161	12.7	1,555	0.5	27	97	7.7	1,046	0.3	24
65-74	29	15.7	293	0.5	52	32	17.3	319	0.5	33	10	5.4	117	0.3	29
75-84	19	13.0	228	0.6	52	24	16.4	247	0.5	21	18	12.3	214	0.6	54
85 and older	4	6.3	41	0.8	81	3	4.8	26	0.9	37	5	7.9	60	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 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.

TABLE ND.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
NONDUAL BENEFICIARIES, D.C., 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE						
	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 Beneficiaries	Number of Benefit Months
All	7,491	13.8 %	80,030	0.4	$20	6,904	12.7 %	74,114	0.5	$19	54,340	360,125
Female	4,690	16.0	49,960	0.4	21	3,985	13.6	42,834	0.5	20	29,263	184,118
Disabled	3,786	40.7	42,484	0.4	23	3,245	34.9	36,009	0.5	20	9,298	91,944
5 and younger	2	0.9	24	0.4	3	0	0.0	0	0.0	0	229	1,620
6-14	14	2.8	149	0.3	3	9	1.8	91	0.5	6	503	4,264
15-20	29	7.1	292	0.1	2	10	2.5	74	0.3	11	407	3,652
21-44	1,029	35.7	11,458	0.3	22	467	16.2	5,082	0.5	15	2,886	28,658
45-64	2,592	52.9	29,162	0.4	24	2,551	52.0	28,334	0.6	21	4,904	49,893
65-74	104	36.5	1,207	0.3	28	181	63.5	2,118	0.6	25	285	3,047
75-84	13	20.6	156	0.3	5	24	38.1	288	0.5	18	63	638
85 and older	3	14.3	36	0.4	10	3	14.3	22	0.2	6	21	172
Other Eligibles	904	4.5	7,476	0.2	7	740	3.7	6,825	0.5	19	19,965	92,174
5 and younger	8	0.2	58	0.2	2	4	0.1	39	0.6	6	3,930	14,928
6-14	20	0.5	200	0.1	1	38	0.9	428	0.6	6	4,122	21,168
15-20	97	3.1	847	0.1	1	11	0.4	110	0.4	6	3,127	16,695
21-44	427	6.6	2,874	0.2	10	132	2.0	877	0.5	15	6,449	22,894
45-64	270	17.6	2,622	0.3	7	352	22.9	3,122	0.6	21	1,536	9,417
65-74	39	13.7	402	0.2	2	83	29.1	895	0.5	22	285	2,679
75-84	36	12.2	410	0.3	3	100	33.8	1,132	0.6	22	296	2,809
85 and older	7	3.2	63	0.2	5	20	9.1	222	0.6	26	220	1,584
Male	2,801	11.2	30,070	0.3	20	2,919	11.6	31,280	0.5	18	25,058	175,951
Disabled	2,366	21.7	25,711	0.4	22	2,372	21.7	25,675	0.5	19	10,928	101,233
5 and younger	4	1.3	27	0.1	2	3	1.0	27	0.8	5	305	2,131
6-14	24	2.0	281	0.2	2	51	4.3	505	0.5	7	1,176	9,909
15-20	30	4.3	296	0.2	3	11	1.6	126	0.7	10	697	6,378
21-44	698	20.8	7,360	0.3	18	410	12.2	4,281	0.5	18	3,360	31,177
45-64	1,558	30.2	17,149	0.4	25	1,810	35.0	19,754	0.5	19	5,165	49,456
65-74	41	21.0	474	0.3	8	73	37.4	828	0.6	19	195	1,899
75-84	8	33.3	88	0.4	11	11	45.8	118	0.7	24	24	220
85 and older	3	50.0	36	0.4	10	3	50.0	36	0.5	21	6	63
Other Eligibles	435	3.1	4,359	0.2	8	547	3.9	5,605	0.5	14	14,130	74,718
5 and younger	6	0.1	62	0.1	1	7	0.2	66	0.4	20	4,072	15,580
6-14	28	0.7	271	0.1	1	103	2.4	1,166	0.6	7	4,244	22,243
15-20	61	2.5	598	0.1	1	13	0.5	145	0.5	7	2,443	15,556
21-44	100	5.8	830	0.2	3	40	2.3	287	0.6	19	1,713	8,514
45-64	179	14.2	1,940	0.3	12	278	22.0	2,814	0.5	15	1,264	9,301
65-74	34	18.4	360	0.3	8	62	33.5	647	0.6	23	185	1,719
75-84	15	10.3	164	0.3	11	35	24.0	386	0.5	17	146	1,307
85 and older	12	19.0	134	0.4	36	9	14.3	94	0.6	31	63	498
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	56

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 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.

TABLE ND.8

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

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL 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	**$135**	**1.9**	**500**	**5,403**
Age				
0-64	204	2.7	290	3,128
65-74	54	1.2	81	890
75-84	47	0.8	80	908
85 and older	5	0.2	49	477
Unknown	0	0.0	0	0
Gender				
Female	113	1.6	251	2,675
Male	157	2.2	249	2,728
Unknown	0	0.0	0	0
Race				
White	38	0.6	33	344
African American	144	2	424	4,561
Other/unknown	125	2.1	43	498
Basis of Eligibility[c]				
Aged	43	0.8	195	2,106
Disabled	191	2.5	291	3,159
Adults	272	4.4	14	138
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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9

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

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

NONDUAL BENEFICIARIES, 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		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	1.4	0.8	0.1	0.5	###	$264	$17	$20	$212	$335	$183	$37	1,131	$240,183	74	14.8 %	798
Biologicals	0.1	0.0	0.0	0.0	4	3	0	1	51	73	0	29	2	102	2	0.4	24
Antineoplastic Agents	0.5	0.0	0.0	0.5	74	0	0	74	137	0	0	137	54	7,418	10	2.0	100
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.7	55	38	3	15	45	81	25	23	516	23,204	39	7.8	419
Cardiovascular Agents	2.1	0.8	0.0	1.3	79	52	0	26	38	66	21	21	1,977	75,052	87	17.4	952
Respiratory Agents	0.9	0.4	0.0	0.5	42	34	0	8	47	81	11	17	401	18,890	43	8.6	448
Gastrointestinal Agents	1.0	0.5	0.0	0.5	59	46	3	10	57	97	99	19	817	46,882	73	14.6	793
Genitourinary Agents	0.5	0.3	0.0	0.2	30	22	1	7	59	83	47	33	136	8,030	24	4.8	267
CNS Drugs	1.5	0.8	0.0	0.6	118	102	3	13	81	131	65	21	1,300	105,311	85	17.0	890
Stimulants/Anti-obesity/Anorexia	0.1	0.0	0.1	0.0	3	0	3	0	33	0	33	0	1	33	1	0.2	12
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	102	102	0	0	120	120	0	0	51	6,137	5	1.0	60
Analgesics and Anesthetics	1.7	0.3	0.0	1.4	47	33	1	12	28	120	58	9	1,218	34,337	66	13.2	727
Neuromuscular Agents	1.5	0.6	0.4	0.6	106	55	26	26	69	100	62	44	1,000	68,782	60	12.0	647
Nutritional Products	0.8	0.0	0.0	0.8	16	0	0	16	20	4	0	20	440	8,830	53	10.6	565
Hematological Agents	1.5	0.4	0.5	0.6	120	101	9	9	79	285	18	14	847	66,967	55	11.0	559
Topical Products	0.6	0.2	0.1	0.2	27	15	7	5	45	59	70	22	457	20,620	72	14.4	765
Miscellaneous Products	0.2	0.0	0.0	0.2	5	0	0	4	23	11	0	26	15	343	7	1.4	75
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	16	0	0	0	2	31	1	0.2	4
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.	10,365	731,152	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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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 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 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, 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
ANTIVIRAL	$170,074	43	8.6 %	481	0.8	$424	$354
ANTIPSYCHOTICS	75,084	59	11.8	648	0.8	147	116
ANTICONVULSANT	52,037	60	12.0	662	1.0	76	79
HEMATOPOIETIC AGENTS	41,337	45	9.0	438	0.8	118	94
ULCER DRUGS	31,718	63	12.6	687	0.6	74	46
MISC. ANTI-INFECTIVES	30,498	50	10.0	510	0.5	125	60
ANALGESICS - Narcotic	26,479	79	15.8	857	1.1	27	31
ANTIDEPRESSANTS	24,652	69	13.8	735	0.7	45	34
ANTICOAGULANTS	23,954	41	8.2	426	1.2	48	56
ANTIDIABETIC	23,897	61	12.2	728	0.8	41	33
Total	499,730	570		6,172	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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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.

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, D.C., 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	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	**5,217**	**$499,730**	**43**	**8.6 %**	**481**	**0.8**	**$354**	**59**	**11.8 %**	**648**	**0.8**	**$116**
Female	2,249	213,788	18	7.2	212	0.7	262	25	10.0	284	0.8	127
Disabled	1,626	171,481	17	15.5	200	0.7	277	13	11.8	140	1.1	135
64 or younger	1,592	167,080	17	16.8	200	0.7	277	11	10.9	116	1.2	156
65-74	34	4,401	0	0.0	0	0.0	0	2	22.2	24	0.5	36
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	623	42,307	1	0.7	12	0.2	2	12	8.5	144	0.5	118
64 or younger	262	16,758	0	0.0	0	0.0	0	5	41.7	60	0.6	101
65-74	113	7,639	1	2.9	12	0.2	2	4	11.8	48	0.4	48
75-84	210	17,059	0	0.0	0	0.0	0	3	5.3	36	0.8	243
85 and older	38	851	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male	2,968	285,942	25	10.0	269	1.0	426	34	13.7	364	0.8	108
Disabled	2,643	256,280	22	12.2	233	0.9	435	29	16.0	313	0.7	97
64 or younger	2,469	247,114	22	13.1	233	0.9	435	24	14.3	268	0.7	97
65-74	174	9,166	0	0.0	0	0.0	0	5	41.7	45	0.8	99
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	325	29,662	3	4.4	36	1.3	369	5	7.4	51	1.0	170
64 or younger	120	16,172	3	33.3	36	1.3	369	1	11.1	12	1.3	107
65-74	124	6,525	0	0.0	0	0.0	0	3	11.5	27	0.6	106
75-84	81	6,965	0	0.0	0	0.0	0	1	4.5	12	1.6	377
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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.10B

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

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

NONDUAL BENEFICIARIES, D.C., 2004

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					ULCER DRUGS				
	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	**60**	**12.0 %**	**662**	**1.0**	**$79**	**45**	**9.0 %**	**438**	**0.8**	**$94**	**63**	**12.6 %**	**687**	**0.6**	**$46**
Female	26	10.4	290	1.1	86	21	8.4	216	0.8	58	31	12.4	349	0.6	51
Disabled	19	17.3	208	1.2	97	17	15.5	176	0.9	71	15	13.6	159	0.7	62
64 or younger	17	16.8	184	1.3	96	16	15.8	164	0.9	76	15	14.9	159	0.7	62
65-74	2	22.2	24	0.4	106	1	11.1	12	0.5	3	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	7	5.0	82	0.9	58	4	2.8	40	0.4	2	16	11.3	190	0.5	41
64 or younger	5	41.7	58	0.9	54	0	0.0	0	0.0	0	4	33.3	46	0.7	50
65-74	2	5.9	24	0.8	69	2	5.9	24	0.3	1	4	11.8	48	0.5	44
75-84	0	0.0	0	0.0	0	1	1.8	12	0.3	2	7	12.3	84	0.5	35
85 and older	0	0.0	0	0.0	0	1	2.6	4	1.3	10	1	2.6	12	0.2	31
Male	34	13.7	372	1.0	73	24	9.6	222	0.8	130	32	12.9	338	0.6	42
Disabled	30	16.6	330	1.0	77	20	11.0	192	0.8	145	25	13.8	266	0.7	46
64 or younger	26	15.5	287	1.0	81	19	11.3	180	0.8	154	25	14.9	266	0.7	46
65-74	4	33.3	43	1.3	50	1	8.3	12	1.2	7	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	4	5.9	42	0.8	40	4	5.9	30	0.7	36	7	10.3	72	0.5	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11.1	12	1.3	37
65-74	3	11.5	30	0.8	34	4	15.4	30	0.7	36	5	19.2	48	0.4	20
75-84	1	4.5	12	0.6	55	0	0.0	0	0.0	0	1	4.5	12	0.3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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 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, D.C., 2004

Beneficiary Characteristics	MISC. ANTI-INFECTIVES					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	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	**50**	**10.0 %**	**510**	**0.5**	**$60**	**79**	**15.8 %**	**857**	**1.1**	**$31**	**69**	**13.8 %**	**735**	**0.7**	**$34**
Female	25	10.0	275	0.4	62	30	12.0	324	0.9	36	36	14.3	404	0.8	36
Disabled	20	18.2	215	0.4	79	25	22.7	264	1.0	44	23	20.9	252	0.8	37
64 or younger	20	19.8	215	0.4	79	25	24.8	264	1.0	44	22	21.8	240	0.8	34
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11.1	12	0.5	79
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5	3.5	60	0.2	2	5	3.5	60	0.3	4	13	9.2	152	0.8	35
64 or younger	0	0.0	0	0.0	0	2	16.7	24	0.2	1	5	41.7	56	1.1	51
65-74	1	2.9	12	0.2	2	0	0.0	0	0.0	0	1	2.9	12	0.5	41
75-84	3	5.3	36	0.1	1	3	5.3	36	0.4	5	5	8.8	60	0.5	30
85 and older	1	2.6	12	0.4	4	0	0.0	0	0.0	0	2	5.3	24	0.7	8
Male	25	10.0	235	0.6	57	49	19.7	533	1.3	28	33	13.3	331	0.7	31
Disabled	23	12.7	214	0.6	63	41	22.7	449	1.4	32	30	16.6	295	0.7	28
64 or younger	23	13.7	214	0.6	63	40	23.8	437	1.5	33	26	15.5	257	0.6	26
65-74	0	0.0	0	0.0	0	1	8.3	12	0.1	4	4	33.3	38	0.9	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2	2.9	21	0.8	6	8	11.8	84	0.5	5	3	4.4	36	1.0	50
64 or younger	1	11.1	12	1.3	10	2	22.2	24	0.4	4	1	11.1	12	1.4	79
65-74	1	3.8	9	0.1	1	4	15.4	36	0.4	6	1	3.8	12	0.8	5
75-84	0	0.0	0	0.0	0	2	9.1	24	0.7	6	1	4.5	12	0.9	67
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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 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, D.C., 2004

Beneficiary Characteristics	ANTICOAGULANTS					ANTIDIABETIC					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	**41**	**8.2 %**	**426**	**1.2**	**$56**	**61**	**12.2 %**	**728**	**0.8**	**$33**	**500**	**5,403**
Female	19	7.6	218	0.8	59	29	11.6	344	0.8	32	251	2,675
Disabled	11	10.0	130	0.9	80	13	11.8	156	0.9	42	110	1,183
64 or younger	11	10.9	130	0.9	80	13	12.9	156	0.9	42	101	1,082
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	101
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	8	5.7	88	0.7	28	16	11.3	188	0.8	25	141	1,492
64 or younger	3	25.0	36	0.7	19	4	33.3	44	1.3	40	12	113
65-74	1	2.9	12	0.5	13	4	11.8	48	0.6	18	34	380
75-84	3	5.3	36	0.7	39	8	14.0	96	0.7	21	57	647
85 and older	1	2.6	4	2.5	51	0	0.0	0	0.0	0	38	352
Male	22	8.8	208	1.5	54	32	12.9	384	0.7	33	249	2,728
Disabled	20	11.0	187	1.6	58	30	16.6	360	0.7	34	181	1,976
64 or younger	19	11.3	175	1.5	58	29	17.3	348	0.8	35	168	1,837
65-74	1	8.3	12	2.4	55	1	8.3	12	0.3	11	12	127
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	2	2.9	21	1.1	16	2	2.9	24	0.8	17	68	752
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	96
65-74	1	3.8	9	1.1	10	1	3.8	12	0.7	22	26	282
75-84	1	4.5	12	1.1	21	1	4.5	12	0.8	13	22	249
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	125
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 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 636 beneficiaries who were in nursing facilities for part of their enrollment and their 6,193 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]

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 Nondual Rx $	Total Number of Beneficiaries
All	**8,565**	**15.8 %**	**0.9**	**50,746**	**$13**	**$728,995**	**$14**	**1.2 %**	**54,340**
Age									
5 and younger	556	6.5	0.1	910	2	17,583	19	3.2	8,536
6-14	302	3.0	0.1	524	1	13,730	26	0.6	10,045
15-20	305	4.6	0.1	521	1	8,983	17	0.6	6,674
21-44	2,115	14.7	0.7	10,399	12	170,260	16	0.9	14,408
45-64	4,760	37.0	2.7	34,306	37	471,279	14	1.4	12,869
65-74	354	37.3	3.1	2,971	35	33,244	11	2.0	950
75-84	138	26.1	1.7	909	20	10,633	12	2.3	529
85 and older	35	11.3	0.7	206	11	3,283	16	3.1	310
Unknown	0	0.0	0.0	0	0	0	0	0.0	19
Basis of Eligibility[c]									
Aged	261	21.9	1.4	1,701	17	20,483	12	2.2	1,191
Disabled	6,276	31.0	2.2	43,492	31	624,576	14	1.3	20,226
Adults	1,117	9.5	0.3	4,079	5	56,390	14	0.7	11,760
Children	911	4.3	0.1	1,474	1	27,546	19	0.9	21,163
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	5,144	17.6	1.0	30,729	16	454,412	15	1.5	29,271
Male	3,421	13.6	0.8	20,017	11	274,583	14	0.9	25,069
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	270	20.7	1.7	2,246	32	41,461	18	1.8	1,303
African American	7,355	15.9	0.9	42,884	13	609,691	14	1.2	46,115
Other/unknown	940	13.6	0.8	5,616	11	77,843	14	1.2	6,922
Use of Nursing Facilities[d]									
Entire year	74	14.8	1.5	731	24	12,193	17	1.7	500
Part year	304	47.8	3.7	2,369	47	30,114	13	1.5	636
None	8,187	15.4	0.9	47,646	13	686,688	14	1.2	53,204
Maintenance Assistance Status									
Cash	5,928	20.8	1.4	40,013	20	580,386	15	1.3	28,480
Medically needy	1,413	11.4	0.5	6,381	7	86,548	14	1.1	12,446
Poverty related	394	5.8	0.2	1,500	3	22,218	15	1.2	6,778
Other/unknown	830	12.5	0.4	2,852	6	39,843	14	1.0	6,636

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 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS 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	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$2**	**$14**	**$0**	**$1**	**360,125**
Age						
5 and younger	0.0	1	19	0	0	34,259
6-14	0.0	0	26	0	0	57,584
15-20	0.0	0	17	0	0	42,281
21-44	0.1	2	16	0	1	91,243
45-64	0.3	4	14	0	1	118,067
65-74	0.3	4	11	0	1	9,344
75-84	0.2	2	12	0	0	4,974
85 and older	0.1	1	16	0	0	2,317
Unknown	0.0	0	0	0	0	56
Basis of Eligibility[c]						
Aged	0.2	2	12	0	0	10,545
Disabled	0.2	3	14	0	1	193,177
Adults	0.1	1	14	0	0	52,740
Children	0.0	0	19	0	0	103,663
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	2	15	0	1	184,142
Male	0.1	2	14	0	0	175,983
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	18	0	2	10,566
African American	0.1	2	14	0	1	308,378
Other/unknown	0.1	2	14	0	0	41,181
Use of Nursing Facilities[d]						
Entire year	0.1	2	17	0	0	5,403
Part year	0.4	5	13	0	1	6,193
None	0.1	2	14	0	1	348,529
Maintenance Assistance Status						
Cash	0.2	3	15	0	1	208,335
Medically needy	0.1	1	14	0	0	62,608
Poverty related	0.1	1	15	0	0	25,388
Other/unknown	0.0	1	14	0	0	63,794

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 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.

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

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[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	**11,910**	**$61**	**$728,995**	**100.0 %**	**50,746**	**$14**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	13	63	817	0.1	29	28	0.1
Cough and cold medications	2,842	71	203,092	27.9	5,948	34	11.7
Vitamins and minerals	3,276	69	225,857	31.0	16,214	14	32.0
Non-prescription drugs	3,296	16	52,463	7.2	13,555	4	26.7
Barbiturates	243	63	15,262	2.1	2,247	7	4.4
Benzodiazepines	1,999	102	204,137	28.0	11,965	17	23.6
Other Part D Excl Rx Drugs	241	114	27,367	3.8	788	35	1.6

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. 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, 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	**141,804**	**1,191**	**22,945**	**37,701**	**79,967**	**0**	**1,464,733**	**10,568**	**234,254**	**385,945**	**833,966**	**0**
Age												
5 and younger	28,945	0	822	9	28,114	0	284,650	0	8,282	93	276,275	0
6-14	39,701	0	3,101	10	36,590	0	432,870	0	35,512	97	397,261	0
15-20	18,913	0	2,008	1,882	15,023	0	199,697	0	22,262	18,294	159,141	0
21-44	35,578	2	6,348	29,008	220	0	361,554	13	62,154	298,155	1,232	0
45-64	16,848	12	10,072	6,763	1	0	169,124	97	99,992	69,034	1	0
65-74	957	454	480	23	0	0	9,449	4,275	4,953	221	0	0
75-84	533	440	87	6	0	0	5,016	4,101	864	51	0	0
85 and older	310	283	27	0	0	0	2,317	2,082	235	0	0	0
Unknown	19	0	0	0	19	0	56	0	0	0	56	0
Gender												
Female	83,335	799	10,247	32,086	40,203	0	868,306	7,046	106,699	333,809	420,752	0
Male	58,469	392	12,698	5,615	39,764	0	596,427	3,522	127,555	52,136	413,214	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	1,665	79	866	375	345	0	15,371	644	8,177	3,394	3,156	0
African American	124,685	795	20,104	34,223	69,563	0	1,296,364	6,853	206,040	352,075	731,396	0
Other/unknown	15,454	317	1,975	3,103	10,059	0	152,998	3,071	20,037	30,476	99,414	0
Use of Nursing Facilities[c]												
Entire year	500	195	291	14	0	0	5,403	2,106	3,159	138	0	0
Part year	636	81	531	24	0	0	6,266	725	5,322	219	0	0
None	140,668	915	22,123	37,663	79,967	0	1,453,064	7,737	225,773	385,588	833,966	0
Maintenance Assistance Status												
Cash	78,618	323	18,101	24,478	35,716	0	845,805	3,211	197,135	257,365	388,094	0
Medically needy	31,809	403	4,278	10,471	16,657	0	298,125	3,023	32,303	103,924	158,875	0
Poverty related	23,196	159	548	716	21,773	0	236,445	1,444	4,661	5,705	224,635	0
Other/unknown	8,181	306	18	2,036	5,821	0	84,358	2,890	155	18,951	62,362	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	32,720	1,188	18,879	4,602	8,051	0	293,622	10,532	186,653	32,464	63,973	0
FFS part year, with Rx claims	4,578	2	613	1,891	2,072	0	44,459	24	7,130	17,373	19,932	0
FFS part year, no Rx claims	17,042	1	734	5,267	11,040	0	154,571	12	8,391	46,477	99,691	0
MC all year, with Rx claims	75	0	4	13	58	0	671	0	47	151	473	0
MC all year, no Rx claims	87,389	0	2,715	25,928	58,746	0	971,410	0	32,033	289,480	649,897	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.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.

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]
NONDUAL BENEFICIARIES, D.C., 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	**141,804**	**1,464,733**	**54,340**	**360,125**	**0**	**1,104,608**
Fee-for-service (FFS) all year	32,720	293,622	32,720	293,622	0	0
FFS part year, with Rx claims	4,578	44,459	4,578	17,889	0	26,570
FFS part year, with no Rx claims	17,042	154,571	17,042	48,614	0	105,957
Managed care (MC) all year, with Rx claims	75	671	0	0	0	671
MC all year, with no Rx claims	87,389	971,410	0	0	0	971,410

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