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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
COLORADO**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	59,043	35,892	22,719	419	10	3	611,709	366,696	242,166	2,743	77	27
Age												
5 and younger	6	0	4	0	2	0	48	0	39	0	9	0
6-14	10	0	10	0	0	0	116	0	116	0	0	0
15-20	88	0	81	0	7	0	941	0	877	0	64	0
21-44	8,985	0	8,742	241	1	1	94,764	0	93,167	1,581	4	12
45-64	13,475	0	13,345	128	0	2	143,921	0	143,025	881	0	15
65-74	13,102	12,679	384	39	0	0	137,372	133,795	3,342	235	0	0
75-84	13,121	12,982	129	10	0	0	135,111	133,723	1,348	40	0	0
85 and older	10,256	10,231	24	1	0	0	99,436	99,178	252	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	37,409	25,659	11,471	271	5	3	388,371	264,363	122,169	1,767	45	27
Male	21,634	10,233	11,248	148	5	0	223,338	102,333	119,997	976	32	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	30,487	18,342	12,007	130	5	3	326,360	193,141	132,257	895	40	27
African American	1,921	972	912	36	1	0	20,260	10,332	9,660	256	12	0
Other/unknown	26,635	16,578	9,800	253	4	0	265,089	163,223	100,249	1,592	25	0
Use of Nursing Facilities^c												
Entire year	8,075	7,276	799	0	0	0	81,556	72,779	8,777	0	0	0
Part year	4,831	4,198	632	1	0	0	46,335	39,588	6,735	12	0	0
None	46,137	24,418	21,288	418	10	3	483,818	254,329	226,654	2,731	77	27
Maintenance Assistance Status												
Cash	40,319	23,477	16,529	312	1	0	426,579	248,355	176,175	2,045	4	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	661	275	332	47	4	3	6,569	2,855	3,350	324	13	27
Other/unknown	18,063	12,140	5,858	60	5	0	178,561	115,486	62,641	374	60	0
Dual Medicare Status^d												
Full dual, all year	55,346	34,461	20,465	407	10	3	573,135	351,827	218,576	2,628	77	27
Full dual, part year	3,697	1,431	2,254	12	0	0	38,574	14,869	23,590	115	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	56,831	34,690	21,738	390	10	3	600,403	360,246	237,390	2,663	77	27
FFS part year, with Rx claims	1,318	659	645	14	0	0	6,965	3,560	3,359	46	0	0
FFS part year, no Rx claims	894	543	336	15	0	0	4,341	2,890	1,417	34	0	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

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	78.5	45.2	\$2,981	\$66	\$17,292	17.2	59,043
Age							
5 and younger	66.7	34.7	3,635	105	18,586	19.6	6
6-14	90.0	80.1	10,707	134	27,689	38.7	10
15-20	76.1	34.7	6,062	175	22,225	27.3	88
21-44	74.0	33.9	3,594	106	16,522	21.8	8,985
45-64	77.3	49.6	4,028	81	17,768	22.7	13,475
65-74	76.0	43.6	2,565	59	11,426	22.4	13,102
75-84	81.0	48.9	2,546	52	17,135	14.9	13,121
85 and older	83.9	46.8	2,122	45	24,980	8.5	10,256
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	81.0	47.0	2,464	52	17,524	14.1	35,892
Disabled	75.1	43.0	3,826	89	17,169	22.3	22,719
Adults	46.5	12.6	938	74	3,175	29.5	419
Children	60.0	70.6	23,239	329	44,627	52.1	10
Unknown	100.0	83.3	6,086	73	44,143	13.8	3
Gender							
Female	81.4	48.9	2,979	61	17,172	17.3	37,409
Male	73.4	38.9	2,985	77	17,499	17.1	21,634
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	81.9	51.8	3,457	67	21,173	16.3	30,487
African American	75.2	38.5	2,588	67	14,362	18.0	1,921
Other/unknown	74.7	38.2	2,465	65	13,060	18.9	26,635
Use of Nursing Facilities^f							
Entire year	93.5	70.5	3,811	54	43,775	8.7	8,075
Part year	92.0	64.2	3,435	54	28,501	12.1	4,831
None	74.4	38.8	2,788	72	11,483	24.3	46,137
Maintenance Assistance Status							
Cash	76.9	41.2	2,744	67	12,956	21.2	40,319
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	37.8	10.4	659	63	2,582	25.5	661
Other/unknown	83.5	55.5	3,594	65	27,507	13.1	18,063

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		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
				None								
All	4.4	\$288	17.2	21.5	14.8	8.6	23.0	22.7	9.3	\$1,669	59,043	611,709
Age												
5 and younger	4.3	454	19.6	33.3	16.7	16.7	0.0	33.3	0.0	2,323	6	48
6-14	6.9	923	38.7	10.0	10.0	0.0	30.0	20.0	30.0	2,387	10	116
15-20	3.2	567	27.3	23.9	33.0	5.7	20.5	13.6	3.4	2,079	88	941
21-44	3.2	341	21.8	26.0	21.5	10.5	21.3	15.4	5.4	1,567	8,985	94,764
45-64	4.6	377	22.7	22.7	13.8	7.9	21.5	22.8	11.2	1,664	13,475	143,921
65-74	4.2	245	22.4	24.0	15.5	8.7	21.7	21.1	9.1	1,090	13,102	137,372
75-84	4.8	247	14.9	19.0	13.2	8.0	24.2	25.0	10.7	1,664	13,121	135,111
85 and older	4.8	219	8.5	16.1	11.3	8.4	26.9	28.4	8.9	2,576	10,256	99,436
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	4.6	241	14.1	19.0	13.6	8.4	24.4	24.8	9.7	1,715	35,892	366,696
Disabled	4.0	359	22.3	24.9	16.7	8.8	21.1	19.7	8.8	1,611	22,719	242,166
Adults	1.9	143	29.5	53.5	16.2	6.9	13.4	8.4	1.7	485	419	2,743
Children	9.2	3,018	52.1	40.0	20.0	0.0	20.0	10.0	10.0	5,796	10	77
Unknown	9.3	676	13.8	0.0	0.0	0.0	66.7	0.0	33.3	4,905	3	27
Gender												
Female	4.7	287	17.3	18.6	13.8	8.5	23.9	24.8	10.4	1,654	37,409	388,371
Male	3.8	289	17.1	26.6	16.6	8.7	21.5	19.2	7.4	1,695	21,634	223,338
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.8	323	16.3	18.1	13.1	8.1	23.5	25.8	11.4	1,978	30,487	326,360
African American	3.6	245	18.0	24.8	18.9	8.5	21.5	19.9	6.3	1,362	1,921	20,260
Other/unknown	3.8	248	18.9	25.3	16.4	9.2	22.6	19.5	7.1	1,312	26,635	265,089
Use of Nursing Facilities ^f												
Entire year	7.0	377	8.7	6.5	6.6	6.1	24.8	36.3	19.6	4,334	8,075	81,556
Part year	6.7	358	12.1	8.0	8.7	6.6	24.1	33.8	18.8	2,972	4,831	46,335
None	3.7	266	24.3	25.6	16.9	9.2	22.6	19.2	6.5	1,095	46,137	483,818
Maintenance Assistance Status												
Cash	3.9	259	21.2	23.1	16.7	9.2	23.2	20.3	7.4	1,225	40,319	426,579
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.0	66	25.5	62.2	18.0	6.5	8.6	3.2	1.5	260	661	6,569
Other/unknown	5.6	364	13.1	16.5	10.5	7.2	23.1	28.8	13.9	2,783	18,063	178,561

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.4	\$288	\$66	1.6	\$209	\$131	0.2	\$13	\$78	2.6	\$66	\$25
Age												
5 and younger	4.3	454	105	2.1	427	205	0.1	2	18	2.1	25	12
6-14	6.9	923	134	2.9	809	278	0.4	38	93	3.6	75	21
15-20	3.2	567	175	1.4	506	363	0.1	10	95	1.7	50	29
21-44	3.2	341	106	1.3	264	210	0.1	17	118	1.8	60	33
45-64	4.6	377	81	1.7	274	163	0.2	19	107	2.8	84	30
65-74	4.2	245	59	1.6	176	112	0.1	9	69	2.4	59	24
75-84	4.8	247	52	1.8	178	101	0.2	9	54	2.8	60	21
85 and older	4.8	219	45	1.6	146	92	0.2	10	50	3.0	62	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.6	241	52	1.7	171	102	0.2	10	57	2.8	61	22
Disabled	4.0	359	89	1.5	268	178	0.2	18	110	2.4	73	31
Adults	1.9	143	74	0.6	101	159	0.1	9	141	1.2	33	27
Children	9.2	3,018	329	4.8	2,827	585	0.3	70	233	4.0	122	30
Unknown	9.3	676	73	3.0	395	132	0.3	40	120	5.9	241	41
Gender												
Female	4.7	287	61	1.7	205	121	0.2	13	72	2.8	69	24
Male	3.8	289	77	1.4	216	152	0.1	12	93	2.2	60	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.8	323	67	1.8	233	132	0.2	15	79	2.9	74	26
African American	3.6	245	67	1.3	183	143	0.1	9	75	2.2	53	24
Other/unknown	3.8	248	65	1.4	181	129	0.1	10	77	2.3	56	24
Use of Nursing Facilities^e												
Entire year	7.0	377	54	2.4	261	109	0.3	16	53	4.3	100	23
Part year	6.7	358	54	2.3	248	108	0.3	17	61	4.1	94	23
None	3.7	266	72	1.4	197	141	0.1	12	91	2.2	57	26
Maintenance Assistance Status												
Cash	3.9	259	67	1.5	190	131	0.1	11	81	2.3	58	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.0	66	63	0.3	46	131	0.0	4	76	0.6	17	26
Other/unknown	5.6	364	65	2.0	260	130	0.2	17	73	3.4	87	26

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx					Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$33	\$24	\$3	\$6	\$88	\$215	\$86	\$26	113,691	\$9,953,378	27,632	46.8	305,594
Biologicals	0.2	0.1	0.0	0.1	147	4	13	130	783	46	877	1,609	163	127,704	78	0.1	867
Antineoplastic Agents	0.6	0.1	0.0	0.5	99	73	0	26	165	503	190	56	10,028	1,653,071	1,572	2.7	16,659
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	53	38	4	10	47	98	33	17	300,853	14,150,962	24,577	41.6	268,996
Cardiovascular Agents	1.8	0.6	0.0	1.1	71	50	1	20	40	80	35	18	618,200	24,440,593	31,737	53.8	345,198
Respiratory Agents	0.8	0.5	0.0	0.2	53	46	3	4	71	94	69	19	149,848	10,605,982	17,982	30.5	198,504
Gastrointestinal Agents	0.8	0.2	0.0	0.5	47	37	0	9	60	152	52	18	175,985	10,570,078	20,588	34.9	225,913
Genitourinary Agents	0.6	0.4	0.0	0.2	46	36	1	10	75	87	59	50	63,027	4,729,221	9,354	15.8	103,602
CNS Drugs	1.4	0.7	0.0	0.7	134	109	3	23	95	162	145	31	442,020	41,804,678	28,630	48.5	311,072
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	83	71	2	10	122	207	107	30	7,142	873,061	948	1.6	10,569
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	193	193	0	0	219	220	121	37	41,991	9,206,757	4,464	7.6	47,651
Analgesics and Anesthetics	1.0	0.1	0.1	0.8	58	23	9	26	61	164	160	35	286,509	17,479,010	27,553	46.7	301,587
Neuromuscular Agents	1.1	0.3	0.1	0.7	89	53	5	31	84	167	99	45	195,845	16,438,303	16,625	28.2	183,783
Nutritional Products	0.6	0.0	0.0	0.6	10	0	0	10	17	23	23	17	67,316	1,129,630	10,049	17.0	107,671
Hematological Agents	1.0	0.3	0.0	0.7	64	54	1	9	65	185	41	14	89,597	5,817,612	8,432	14.3	91,136
Topical Products	0.5	0.2	0.0	0.2	23	17	1	5	51	89	52	22	96,781	4,956,155	18,880	32.0	211,345
Miscellaneous Products	0.5	0.2	0.0	0.3	128	106	4	18	253	492	260	65	7,623	1,927,205	1,408	2.4	15,074
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	31	0	0	0	4,371	133,600	1,478	2.5	16,497
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,670,990	175,997,000	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.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 2005.

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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$27,036,866	14,287	24.2	157,744	0.9	\$201	\$171
ANTICONVULSANT	13,210,824	14,063	23.8	156,558	0.8	100	84
ANTIDEPRESSANTS	12,078,866	26,149	44.3	286,368	0.7	60	42
ANTIHYPERLIPIDEMIC	10,389,850	15,058	25.5	169,566	0.7	92	61
ANALGESICS - Narcotic	10,380,811	34,057	57.7	375,364	0.5	51	28
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	9,211,254	5,337	9.0	57,129	0.7	219	161
ANTIDIABETIC	8,062,366	16,586	28.1	183,612	0.7	60	44
ANTIASTHMATIC	7,150,935	18,401	31.2	202,933	0.5	78	35
ULCER DRUGS	6,380,893	20,408	34.6	226,909	0.5	52	28
ANTIHYPERTENSIVE	6,044,787	21,742	36.8	240,081	0.7	36	25
Total	109,947,452	186,088		2,056,264	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month
All	1,341,532	\$109,947,452	14,287	24.2	157,744	0.9	\$171	14,063	23.8	156,558	0.8	\$84
Female												
All Females	890,160	68,048,353	8,080	21.6	88,635	0.8	146	8,526	22.8	94,591	0.8	77
Female, Disabled												
All Ages	299,049	30,155,060	3,665	32.0	41,586	0.9	192	4,406	38.4	49,885	0.9	103
5 and younger	54	2,925	0	0.0	0	0.0	0	1	50.0	12	0.6	19
6-14	70	3,951	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	394	30,565	8	25.0	96	0.8	185	11	34.4	128	0.6	42
21-44	82,928	9,865,332	1,475	38.3	16,666	0.9	195	1,614	41.9	18,222	0.9	122
45-64	213,659	20,115,516	2,166	29.8	24,700	0.9	191	2,754	37.9	31,245	0.9	92
65-74	1,922	135,169	16	7.1	124	0.7	118	26	11.6	278	0.8	60
75-84	20	1,549	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	53	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	591,111	37,893,293	4,415	17.0	47,049	0.7	104	4,120	15.9	44,706	0.7	47
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	68	13,114	1	25.0	12	0.8	122	2	50.0	24	1.5	467
21-44	1,526	185,354	28	15.7	235	0.5	78	35	19.7	305	0.8	126
45-64	649	42,245	7	10.0	45	0.6	184	15	21.4	102	0.7	64
65-74	194,636	13,251,811	1,103	13.5	12,144	0.8	124	1,508	18.4	16,791	0.7	57
75-84	223,655	14,428,571	1,652	17.9	17,884	0.7	109	1,506	16.3	16,543	0.7	42
85 and older	170,577	9,972,198	1,624	19.6	16,729	0.7	86	1,054	12.7	10,941	0.7	37
Male												
All Males	451,372	41,899,099	6,207	28.7	69,109	0.9	205	5,537	25.6	61,967	0.9	96
Male, Disabled												
All Ages	244,026	27,772,507	4,448	39.5	50,711	1.0	234	3,807	33.8	43,438	1.0	115
5 and younger	15	1,071	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	59	3,290	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	724	81,708	19	38.8	220	0.8	189	21	42.9	252	0.8	80
21-44	89,294	11,665,867	2,183	44.7	24,820	0.9	229	1,687	34.5	19,362	1.0	132
45-64	153,031	15,949,931	2,238	36.8	25,598	1.0	238	2,094	34.4	23,773	1.0	102
65-74	859	68,060	8	5.0	73	0.6	187	5	3.1	51	1.9	252
75-84	34	2,178	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	10	402	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	207,346	14,126,592	1,759	16.9	18,398	0.8	124	1,730	16.7	18,529	0.7	52
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	57	3,124	1	33.3	12	0.6	60	1	33.3	12	0.5	10
21-44	416	32,735	10	15.4	86	0.3	73	12	18.5	76	0.2	10
45-64	537	33,535	1	1.7	12	0.3	2	7	11.7	79	0.8	81
65-74	91,905	6,689,984	662	14.6	7,311	0.9	158	828	18.2	9,124	0.8	62
75-84	80,139	5,268,031	697	18.5	7,280	0.7	109	621	16.5	6,676	0.7	45
85 and older	34,292	2,099,183	388	20.0	3,697	0.7	90	261	13.4	2,562	0.7	34
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	26,149	44.3	286,368	0.7	\$42	15,058	25.5	169,566	0.7	\$61	34,057	57.7	375,364	0.5	\$28
Female															
All Females	18,482	49.4	202,917	0.7	42	9,889	26.4	111,428	0.7	60	24,063	64.3	265,956	0.6	27
Female, Disabled															
All Ages	6,991	60.9	78,739	0.7	46	2,634	23.0	30,048	0.6	58	8,435	73.5	95,358	0.6	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	150.0	36	0.4	5
6-14	1	25.0	12	1.1	41	0	0.0	0	0.0	0	3	75.0	36	0.1	1
15-20	10	31.3	119	0.8	41	1	3.1	12	0.7	51	13	40.6	143	0.2	3
21-44	2,121	55.0	23,800	0.7	45	404	10.5	4,673	0.6	54	2,613	67.8	29,232	0.5	39
45-64	4,816	66.3	54,386	0.7	46	2,198	30.3	25,075	0.6	58	5,742	79.1	65,287	0.6	38
65-74	41	18.2	405	0.7	31	29	12.9	264	0.6	53	61	27.1	624	0.6	45
75-84	1	1.3	12	0.1	0	2	2.5	24	0.3	43	0	0.0	0	0.0	0
85 and older	1	6.7	5	0.4	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	11,491	44.3	124,178	0.7	40	7,255	28.0	81,380	0.7	61	15,628	60.3	170,598	0.5	21
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	2	50.0	24	1.0	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	66	37.1	564	0.6	44	8	4.5	75	0.5	38	98	55.1	903	0.5	33
45-64	37	52.9	298	0.5	23	10	14.3	88	0.5	54	42	60.0	377	0.4	12
65-74	3,411	41.7	37,875	0.7	37	3,261	39.9	36,917	0.6	60	5,157	63.1	58,277	0.5	22
75-84	4,056	44.0	44,230	0.7	40	2,903	31.5	32,639	0.7	63	5,513	59.8	61,045	0.5	20
85 and older	3,919	47.3	41,187	0.7	42	1,073	12.9	11,661	0.7	61	4,818	58.1	49,996	0.6	21
Male															
All Males	7,667	35.4	83,451	0.7	43	5,169	23.9	58,138	0.7	63	9,994	46.2	109,408	0.5	29
Male, Disabled															
All Ages	4,235	37.7	47,792	0.7	46	2,262	20.1	25,895	0.7	62	5,032	44.7	56,468	0.5	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	33.3	24	0.4	16	0	0.0	0	0.0	0	2	33.3	24	0.1	1
15-20	17	34.7	204	0.6	39	1	2.0	12	1.0	103	15	30.6	165	0.1	1
21-44	1,738	35.5	19,614	0.7	45	621	12.7	7,195	0.7	54	2,029	41.5	22,759	0.5	31
45-64	2,457	40.4	27,762	0.7	46	1,623	26.7	18,501	0.7	65	2,960	48.7	33,317	0.6	43
65-74	21	13.2	188	0.7	58	15	9.4	163	0.5	54	26	16.4	203	0.4	15
75-84	0	0.0	0	0.0	0	2	4.0	24	0.5	35	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

Dual Eligible Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,432	33.0	35,659	0.7	39	2,907	28.0	32,243	0.7	64	4,962	47.8	52,940	0.5	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.3	17	1	33.3	12	1.3	120	1	33.3	12	0.1	1
21-44	18	27.7	149	0.5	26	5	7.7	37	0.6	23	31	47.7	249	0.7	38
45-64	15	25.0	154	0.4	32	7	11.7	63	0.8	67	22	36.7	227	0.7	21
65-74	1,307	28.8	14,159	0.7	39	1,521	33.5	17,265	0.7	64	2,108	46.4	23,360	0.5	21
75-84	1,363	36.1	14,292	0.7	39	1,081	28.7	11,900	0.7	66	1,909	50.6	20,542	0.5	19
85 and older	728	37.5	6,893	0.7	42	292	15.0	2,966	0.7	62	891	45.9	8,550	0.5	16
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,337	9.0	57,129	0.7	\$161	16,586	28.1	183,612	0.7	\$44	18,401	31.2	202,933	0.5	\$35
Female															
All Females	3,743	10.0	40,320	0.7	161	11,264	30.1	124,990	0.7	44	12,762	34.1	141,361	0.4	35
Female, Disabled															
All Ages	473	4.1	5,431	0.7	526	2,888	25.2	32,591	0.7	50	4,212	36.7	48,025	0.4	33
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.3	27	1	50.0	12	1.3	138
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	0.2	61
15-20	0	0.0	0	0.0	0	1	3.1	11	0.1	13	6	18.8	72	0.4	9
21-44	145	3.8	1,653	0.6	544	536	13.9	6,065	0.7	51	1,099	28.5	12,529	0.3	26
45-64	321	4.4	3,694	0.7	528	2,312	31.8	26,142	0.7	50	3,059	42.1	34,921	0.5	35
65-74	7	3.1	84	0.6	83	36	16.0	337	0.7	43	45	20.0	467	0.4	33
75-84	0	0.0	0	0.0	0	1	1.3	12	0.3	7	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
Female, Other Eligibles															
All Ages	3,270	12.6	34,889	0.8	104	8,376	32.3	92,399	0.7	41	8,550	33.0	93,336	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	2.8	55	0.6	795	15	8.4	106	0.9	136	22	12.4	191	0.4	37
45-64	3	4.3	21	0.4	67	10	14.3	92	0.6	36	12	17.1	99	0.4	16
65-74	407	5.0	4,411	0.7	114	3,491	42.7	39,132	0.7	45	3,088	37.8	34,634	0.5	39
75-84	1,305	14.2	13,972	0.8	104	3,283	35.6	36,215	0.7	40	3,092	33.5	33,984	0.5	38
85 and older	1,550	18.7	16,430	0.8	98	1,577	19.0	16,854	0.8	34	2,336	28.2	24,428	0.4	29
Male															
All Males	1,594	7.4	16,809	0.7	163	5,322	24.6	58,622	0.7	45	5,639	26.1	61,572	0.5	37
Male, Disabled															
All Ages	392	3.5	4,541	0.7	313	2,039	18.1	22,947	0.8	51	2,187	19.4	24,741	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	150.0	36	0.2	20
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	2.0	12	0.3	11	11	22.4	132	0.5	47
21-44	133	2.7	1,524	0.6	309	438	9.0	4,919	0.7	51	704	14.4	7,961	0.4	26
45-64	256	4.2	2,981	0.7	319	1,586	26.1	17,872	0.8	52	1,444	23.7	16,368	0.5	38
65-74	3	1.9	36	0.6	57	11	6.9	108	0.8	29	23	14.5	220	0.5	36
75-84	0	0.0	0	0.0	0	3	6.0	36	0.5	30	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22.2	24	0.4	17

Dual Eligible Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL																ANTIDIABETIC				ANTIASTHMATIC			
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month								
Male, Other Eligibles																							
All Ages	1,202	11.6	12,268	0.8	107	3,283	31.6	35,675	0.7	41	3,452	33.2	36,831	0.5	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1								
21-44	2	3.1	17	0.2	12	9	13.8	96	0.7	97	1	1.5	1	1.0	18								
45-64	0	0.0	0	0.0	0	7	11.7	81	1.2	122	3	5.0	21	0.3	2								
65-74	260	5.7	2,837	0.7	132	1,568	34.5	17,698	0.7	42	1,470	32.4	16,330	0.5	42								
75-84	549	14.6	5,651	0.7	97	1,267	33.6	13,526	0.7	40	1,295	34.3	13,629	0.5	36								
85 and older	391	20.1	3,763	0.8	105	432	22.2	4,274	0.7	32	682	35.1	6,838	0.5	33								
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	20,408	34.6	226,909	0.5	\$28	21,742	36.8	240,081	0.7	\$25	59,043	611,709
Female												
All Females	14,143	37.8	157,506	0.5	28	14,777	39.5	163,482	0.7	26	37,409	388,371
Female, Disabled												
All Ages	4,047	35.3	46,260	0.5	28	2,738	23.9	30,932	0.6	23	11,471	122,169
5 and younger	1	50.0	9	0.1	8	1	50.0	12	0.7	12	2	21
6-14	3	75.0	35	0.8	48	3	75.0	35	0.6	9	4	47
15-20	4	12.5	48	0.9	9	3	9.4	36	0.4	7	32	331
21-44	1,073	27.8	12,166	0.5	24	480	12.5	5,451	0.6	21	3,853	40,808
45-64	2,934	40.4	33,693	0.5	29	2,218	30.5	25,066	0.7	24	7,261	77,977
65-74	32	14.2	309	0.5	23	31	13.8	308	0.6	15	225	2,006
75-84	0	0.0	0	0.0	0	2	2.5	24	0.3	18	79	821
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	15	158
Female, Other Eligibles												
All Ages	10,096	38.9	111,246	0.5	28	12,039	46.4	132,550	0.7	27	25,938	266,202
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
21-44	25	14.0	248	0.3	20	9	5.1	67	0.7	13	178	1,155
45-64	10	14.3	78	0.3	22	19	27.1	172	0.6	20	70	489
65-74	3,324	40.7	37,586	0.5	30	3,801	46.5	42,890	0.7	26	8,175	86,658
75-84	3,702	40.1	41,020	0.5	29	4,664	50.6	51,739	0.7	28	9,221	95,973
85 and older	3,035	36.6	32,314	0.6	25	3,546	42.8	37,682	0.7	26	8,289	81,882
Male												
All Males	6,265	29.0	69,403	0.6	28	6,965	32.2	76,599	0.7	24	21,634	223,338
Male, Disabled												
All Ages	2,732	24.3	31,020	0.6	30	2,457	21.8	27,393	0.7	23	11,248	119,997
5 and younger	1	50.0	12	0.7	30	0	0.0	0	0.0	0	2	18
6-14	3	50.0	36	0.6	68	3	50.0	36	0.7	12	6	69
15-20	11	22.4	132	0.5	15	8	16.3	96	0.8	28	49	546
21-44	971	19.9	11,021	0.5	32	626	12.8	7,005	0.7	23	4,889	52,359
45-64	1,731	28.5	19,686	0.6	28	1,799	29.6	20,043	0.7	23	6,084	65,048
65-74	15	9.4	133	0.5	13	20	12.6	201	0.7	21	159	1,336
75-84	0	0.0	0	0.0	0	1	2.0	12	0.5	21	50	527
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	94

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	3,533	34.0	38,383	0.5	27	4,508	43.4	49,206	0.7	24	10,386	103,341
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	33.3	12	0.8	5	3	100.0	36	0.4	16	3	25
21-44	6	9.2	62	0.4	25	4	6.2	41	0.3	11	65	442
45-64	7	11.7	67	0.4	14	7	11.7	72	0.9	36	60	407
65-74	1,505	33.1	16,915	0.5	28	2,018	44.4	22,666	0.7	25	4,543	47,372
75-84	1,356	36.0	14,727	0.6	27	1,774	47.0	19,449	0.7	24	3,771	37,790
85 and older	658	33.9	6,600	0.6	26	702	36.1	6,942	0.7	21	1,943	17,302
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

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	\$377	7.0	8,075	81,556
Age				
0-64	711	8.5	790	8,718
65-74	480	8.3	954	10,004
75-84	376	7.3	2,483	24,980
85 and older	274	6.1	3,848	37,854
Unknown	0	0.0	0	0
Gender				
Female	358	6.9	5,735	58,446
Male	427	7.1	2,340	23,110
Unknown	0	0.0	0	0
Race				
White	379	7.1	5,540	58,451
African American	369	6.4	169	1,862
Other/unknown	375	6.8	2,366	21,243
Basis of Eligibility^c				
Aged	337	6.8	7,276	72,779
Disabled	710	8.5	799	8,777
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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.

Dual Eligible Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

DUPLICATE BENEFICIARIES, COLORADO, 2009																	
	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$5,733,258	3,439	42.6	37,439	1.0	\$160	\$153
ANTIDEPRESSANTS	3,062,920	5,510	68.2	59,245	0.8	61	52
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,785,510	1,982	24.5	21,081	0.8	155	132
ANTICONVULSANT	1,717,668	2,445	30.3	26,786	0.9	69	64
ANALGESICS - Narcotic	1,637,721	5,078	62.9	53,393	0.8	37	31
ANTIASTHMATIC	1,197,158	3,197	39.6	34,197	0.5	71	35
ANTIDIABETIC	1,080,318	2,386	29.5	25,511	0.9	45	42
ANTIHYPERTENSIVE	951,784	3,332	41.3	35,417	0.8	32	27
MISC. ENDOCRINE	881,052	1,474	18.3	15,874	0.7	79	56
Total	20,112,998	30,264		324,488	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS					ANTIDEPRESSANTS			
Beneficiary Characteristics	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	267,647	\$20,112,998	3,439	42.6	37,439	1.0	\$153	5,510	68.2	59,245	0.8	\$52
Female												
All Females	188,409	13,600,131	2,252	39.3	24,520	0.9	140	3,974	69.3	42,944	0.8	51
Female, Disabled												
All Ages	18,357	2,085,405	280	85.6	3,227	1.4	270	276	84.4	3,190	0.9	66
64 or younger	18,154	2,072,430	279	87.2	3,215	1.4	271	271	84.7	3,131	0.9	67
65-74	203	12,975	1	14.3	12	1.3	134	5	71.4	59	1.1	37
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
Female, Other Eligibles												
All Ages	170,052	11,514,726	1,972	36.5	21,293	0.8	121	3,698	68.4	39,754	0.8	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	25,880	1,982,264	323	59.2	3,583	1.0	166	439	80.4	4,829	0.9	56
75-84	62,604	4,374,775	712	41.9	7,902	0.9	129	1,263	74.4	13,764	0.9	53
85 and older	81,568	5,157,687	937	29.6	9,808	0.8	97	1,996	63.1	21,161	0.8	47
Male												
All Males	79,238	6,512,867	1,187	50.7	12,919	1.0	178	1,536	65.6	16,301	0.8	53
Male, Disabled												
All Ages	22,339	2,497,584	423	89.6	4,863	1.3	257	339	71.8	3,887	0.9	62
64 or younger	22,313	2,495,138	423	90.0	4,863	1.3	257	338	71.9	3,875	0.9	62
65-74	26	2,446	0	0.0	0	0.0	0	1	50.0	12	0.9	111
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
Male, Other Eligibles												
All Ages	56,899	4,015,283	764	40.9	8,056	0.9	130	1,197	64.1	12,414	0.8	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	15,654	1,169,848	205	51.4	2,266	1.0	157	269	67.4	2,913	0.9	54
75-84	25,760	1,844,313	345	43.9	3,701	0.9	133	539	68.7	5,714	0.8	49
85 and older	15,485	1,001,122	214	31.3	2,089	0.7	95	389	56.9	3,787	0.8	48
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,982	24.5	21,081	0.8	\$132	2,445	30.3	26,786	0.9	\$64	5,078	62.9	53,393	0.8	\$31
Female															
All Females	1,421	24.8	15,258	0.8	131	1,525	26.6	16,665	0.9	60	3,824	66.7	40,380	0.9	32
Female, Disabled															
All Ages	39	11.9	448	0.9	725	242	74.0	2,820	1.0	98	220	67.3	2,496	1.2	44
64 or younger	38	11.9	436	0.9	737	238	74.4	2,774	1.0	99	215	67.2	2,438	1.2	44
65-74	1	14.3	12	1.1	274	4	57.1	46	1.0	61	5	71.4	58	0.4	9
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
Female, Other Eligibles															
All Ages	1,382	25.6	14,810	0.8	113	1,283	23.7	13,845	0.9	52	3,604	66.6	37,884	0.8	31
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	111	20.3	1,169	0.8	133	271	49.6	3,038	1.0	77	411	75.3	4,533	1.1	38
75-84	514	30.3	5,611	0.9	116	499	29.4	5,465	0.9	49	1,187	69.9	12,715	0.8	32
85 and older	757	23.9	8,030	0.8	108	513	16.2	5,342	0.8	41	2,006	63.4	20,636	0.8	28
Male															
All Males	561	24.0	5,823	0.9	136	920	39.3	10,121	1.0	72	1,254	53.6	13,013	0.8	28
Male, Disabled															
All Ages	46	9.7	521	0.8	375	342	72.5	3,897	1.1	100	222	47.0	2,474	0.8	34
64 or younger	46	9.8	521	0.8	375	342	72.8	3,897	1.1	100	221	47.0	2,462	0.8	35
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.2	1
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
Male, Other Eligibles															
All Ages	515	27.6	5,302	0.9	113	578	30.9	6,224	0.9	54	1,032	55.2	10,539	0.7	26
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	77	19.3	863	0.9	112	204	51.1	2,250	1.0	67	220	55.1	2,400	0.9	29
75-84	247	31.5	2,579	0.9	111	248	31.6	2,689	0.8	47	432	55.0	4,512	0.8	30
85 and older	191	27.9	1,860	0.9	115	126	18.4	1,285	0.9	44	380	55.6	3,627	0.7	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,197	39.6	34,197	0.5	\$35	2,386	29.5	25,511	0.9	\$42	1,421	17.6	15,545	0.8	\$69
Female															
All Females	2,234	39.0	23,992	0.5	34	1,645	28.7	17,551	1.0	43	876	15.3	9,627	0.8	68
Female, Disabled															
All Ages	128	39.1	1,463	0.5	42	138	42.2	1,559	1.0	50	94	28.7	1,091	0.9	66
64 or younger	128	40.0	1,463	0.5	42	135	42.2	1,543	1.0	50	93	29.1	1,079	0.9	66
65-74	0	0.0	0	0.0	0	3	42.9	16	0.9	65	1	14.3	12	0.4	31
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
Female, Other Eligibles															
All Ages	2,106	38.9	22,529	0.5	33	1,507	27.9	15,992	1.0	42	782	14.5	8,536	0.8	68
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	272	49.8	3,012	0.5	42	275	50.4	2,970	1.1	50	161	29.5	1,789	0.8	69
75-84	728	42.9	7,812	0.5	39	615	36.2	6,533	1.0	43	338	19.9	3,702	0.8	70
85 and older	1,106	35.0	11,705	0.4	27	617	19.5	6,489	0.9	38	283	8.9	3,045	0.8	65
Male															
All Males	963	41.2	10,205	0.5	38	741	31.7	7,960	0.9	42	545	23.3	5,918	0.8	70
Male, Disabled															
All Ages	157	33.3	1,841	0.6	42	131	27.8	1,506	1.1	52	155	32.8	1,788	0.8	67
64 or younger	156	33.2	1,829	0.6	42	131	27.9	1,506	1.1	52	154	32.8	1,776	0.8	67
65-74	1	50.0	12	0.5	30	0	0.0	0	0.0	0	1	50.0	12	0.6	62
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
Male, Other Eligibles															
All Ages	806	43.1	8,364	0.5	37	610	32.7	6,454	0.9	39	390	20.9	4,130	0.8	72
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	209	52.4	2,249	0.6	45	126	31.6	1,399	1.0	49	115	28.8	1,293	0.9	79
75-84	319	40.6	3,376	0.5	34	307	39.1	3,247	0.9	38	189	24.1	1,987	0.9	73
85 and older	278	40.6	2,739	0.5	34	177	25.9	1,808	0.8	34	86	12.6	850	0.8	57
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE						MISC. ENDOCRINE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	3,332	41.3	35,417	0.8	\$27	1,474	18.3	15,874	0.7	\$56	8,075	81,556
Female												
All Females	2,371	41.3	25,292	0.8	28	1,321	23.0	14,218	0.7	55	5,735	58,446
Female, Disabled												
All Ages	88	26.9	997	0.8	32	60	18.3	701	0.7	70	327	3,657
64 or younger	86	26.9	984	0.8	32	59	18.4	689	0.7	70	320	3,612
65-74	2	28.6	13	0.8	25	1	14.3	12	0.9	67	7	45
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
Female, Other Eligibles												
All Ages	2,283	42.2	24,295	0.8	27	1,261	23.3	13,517	0.7	55	5,408	54,789
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	235	43.0	2,623	0.8	27	121	22.2	1,334	0.8	64	546	5,754
75-84	768	45.2	8,231	0.8	28	387	22.8	4,120	0.7	57	1,698	17,351
85 and older	1,280	40.5	13,441	0.8	27	753	23.8	8,063	0.7	52	3,164	31,684
Male												
All Males	961	41.1	10,125	0.8	25	153	6.5	1,656	0.7	57	2,340	23,110
Male, Disabled												
All Ages	168	35.6	1,865	0.8	25	23	4.9	273	0.7	53	472	5,120
64 or younger	168	35.7	1,865	0.8	25	23	4.9	273	0.7	53	470	5,106
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
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
Male, Other Eligibles												
All Ages	793	42.5	8,260	0.8	25	130	7.0	1,383	0.7	57	1,868	17,990
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	182	45.6	1,996	0.9	27	20	5.0	202	0.7	53	399	4,191
75-84	369	47.0	3,937	0.8	25	57	7.3	639	0.7	68	785	7,629
85 and older	242	35.4	2,327	0.8	24	53	7.7	542	0.6	47	684	6,170
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 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 4,831 beneficiaries who were in nursing facilities for part of their enrollment and their 46,335 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
COLORADO, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	20,931	35.5	3.1	181,299	\$56	\$3,311,874	\$18	1.9	59,043
Age									
5 and younger	2	33.3	3.8	23	32	194	8	0.9	6
6-14	7	70.0	15.8	158	623	6,229	39	5.8	10
15-20	28	31.8	3.2	281	65	5,681	20	1.1	88
21-44	2,505	27.9	2.4	22,009	56	503,995	23	1.6	8,985
45-64	4,883	36.2	3.6	48,466	76	1,029,406	21	1.9	13,475
65-74	4,176	31.9	2.7	35,529	47	618,003	17	1.8	13,102
75-84	5,001	38.1	3.1	41,199	50	652,021	16	2.0	13,121
85 and older	4,329	42.2	3.3	33,634	48	496,345	15	2.3	10,256
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	13,451	37.5	3.1	109,943	49	1,756,786	16	2.0	35,892
Disabled	7,406	32.6	3.1	70,860	68	1,545,034	22	1.8	22,719
Adults	70	16.7	0.9	384	19	8,050	21	2.0	419
Children	2	20.0	9.9	99	168	1,680	17	0.7	10
Unknown	2	66.7	4.3	13	108	324	25	1.8	3
Gender									
Female	14,520	38.8	3.4	126,328	61	2,286,304	18	2.1	37,409
Male	6,411	29.6	2.5	54,971	47	1,025,570	19	1.6	21,634
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	11,853	38.9	3.6	109,162	66	2,019,738	19	1.9	30,487
African American	596	31.0	2.4	4,532	46	87,855	19	1.8	1,921
Other/unknown	8,482	31.8	2.5	67,605	45	1,204,281	18	1.8	26,635
Use of Nursing Facilities^d									
Entire year	4,045	50.1	4.5	36,656	75	605,689	17	2.0	8,075
Part year	2,876	59.5	4.6	22,312	73	353,169	16	2.1	4,831
None	14,010	30.4	2.7	122,331	51	2,353,016	19	1.8	46,137
Maintenance Assistance Status									
Cash	12,955	32.1	2.7	110,714	49	1,982,826	18	1.8	40,319
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	93	14.1	0.7	490	15	9,635	20	2.2	661
Other/unknown	7,883	43.6	3.9	70,095	73	1,319,413	19	2.0	18,063

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
COLORADO, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$5	\$18	\$0	\$3	611,709
Age						
5 and younger	0.5	4	8	0	0	48
6-14	1.4	54	39	0	0	116
15-20	0.3	6	20	0	3	941
21-44	0.2	5	23	0	4	94,764
45-64	0.3	7	21	0	4	143,921
65-74	0.3	4	17	0	2	137,372
75-84	0.3	5	16	0	2	135,111
85 and older	0.3	5	15	0	2	99,436
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	5	16	0	2	366,696
Disabled	0.3	6	22	0	4	242,166
Adults	0.1	3	21	0	2	2,743
Children	1.3	22	17	0	0	77
Unknown	0.5	12	25	0	2	27
Gender						
Female	0.3	6	18	0	3	388,371
Male	0.2	5	19	0	3	223,338
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	19	0	3	326,360
African American	0.2	4	19	0	2	20,260
Other/unknown	0.3	5	18	0	2	265,089
Use of Nursing Facilities^d						
Entire year	0.4	7	17	0	3	81,556
Part year	0.5	8	16	0	3	46,335
None	0.3	5	19	0	3	483,818
Maintenance Assistance Status						
Cash	0.3	5	18	0	3	426,579
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	20	0	1	6,569
Other/unknown	0.4	7	19	0	3	178,561

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
COLORADO, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	26,414	\$125	\$3,311,874	100.0	181,299	\$18	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	88	88	0.0	2	44	0.0	
Drugs for cosmetic purposes	22	28	610	0.0	57	11	0.0	
Cough and cold medications	614	115	70,707	2.1	1,698	42	0.9	
Vitamins and minerals	10,026	111	1,115,773	33.7	66,979	17	36.9	
Non-prescription drugs	2,332	67	155,471	4.7	13,509	12	7.5	
Barbiturates	355	88	31,219	0.9	3,907	8	2.2	
Benzodiazepines	12,269	139	1,699,645	51.3	91,780	19	50.6	
Other Part D Excl Rx Drugs	795	300	238,361	7.2	3,367	71	1.9	

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 COLORADO, 2005

Total Number of Dual Eligible Beneficiaries: 59,043
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$175,997,000
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,980

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,713	21.5	\$0	0.0
1-500	8,770	14.9	1,783,326	1.0
501-1,000	4,997	8.5	3,721,236	2.1
1,001-1,500	4,050	6.9	5,036,504	2.9
1,501-2,000	3,552	6.0	6,181,058	3.5
2,001-2,500	3,048	5.2	6,853,638	3.9
2,501-3,000	2,585	4.4	7,098,233	4.0
3,001-3,500	2,332	3.9	7,567,841	4.3
3,501-4,000	2,080	3.5	7,796,209	4.4
4,001-4,500	1,775	3.0	7,536,474	4.3
4,501-5,000	1,586	2.7	7,511,677	4.3
5,001-5,500	1,407	2.4	7,378,277	4.2
5,501-6,000	1,141	1.9	6,559,284	3.7
6,001-6,500	1,028	1.7	6,415,115	3.6
6,501-7,000	938	1.6	6,324,583	3.6
7,001-7,500	759	1.3	5,499,524	3.1
7,501-8,000	695	1.2	5,376,435	3.1
8,001-8,500	617	1.0	5,085,895	2.9
8,501-9,000	512	0.9	4,481,935	2.5
9,001-9,500	467	0.8	4,310,695	2.4
9,501-10,000	374	0.6	3,639,328	2.1
10,001+	3,617	6.1	59,839,733	34.0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 COLORADO, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 22,182
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$86,588,542
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,903

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,237	23.6	0	0.0
1-500	3,368	15.2	624,737	0.7
501-1,000	1,570	7.1	1,157,298	1.3
1,001-1,500	1,143	5.2	1,414,762	1.6
1,501-2,000	1,020	4.6	1,772,784	2.0
2,001-2,500	834	3.8	1,877,179	2.2
2,501-3,000	774	3.5	2,127,128	2.5
3,001-3,500	662	3.0	2,151,424	2.5
3,501-4,000	615	2.8	2,304,810	2.7
4,001-4,500	544	2.5	2,318,106	2.7
4,501-5,000	551	2.5	2,610,030	3.0
5,001-5,500	520	2.3	2,729,670	3.2
5,501-6,000	399	1.8	2,291,647	2.6
6,001-6,500	385	1.7	2,405,864	2.8
6,501-7,000	369	1.7	2,488,384	2.9
7,001-7,500	314	1.4	2,274,797	2.6
7,501-8,000	315	1.4	2,437,664	2.8
8,001-8,500	279	1.3	2,300,650	2.7
8,501-9,000	256	1.2	2,240,227	2.6
9,001-9,500	243	1.1	2,243,519	2.6
9,501-10,000	212	1.0	2,061,632	2.4
10,001+	2,572	11.6	44,756,230	51.7

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 COLORADO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 36,479
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$88,767,673
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,433

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	7,293	20.0	0	0.0
1-500	5,313	14.6	1,143,206	1.3
501-1,000	3,404	9.3	2,547,124	2.9
1,001-1,500	2,891	7.9	3,602,378	4.1
1,501-2,000	2,523	6.9	4,392,391	4.9
2,001-2,500	2,204	6.0	4,953,754	5.6
2,501-3,000	1,799	4.9	4,938,747	5.6
3,001-3,500	1,665	4.6	5,400,843	6.1
3,501-4,000	1,463	4.0	5,483,696	6.2
4,001-4,500	1,230	3.4	5,214,266	5.9
4,501-5,000	1,033	2.8	4,892,069	5.5
5,001-5,500	884	2.4	4,632,665	5.2
5,501-6,000	739	2.0	4,250,313	4.8
6,001-6,500	640	1.8	3,990,559	4.5
6,501-7,000	568	1.6	3,829,257	4.3
7,001-7,500	440	1.2	3,188,709	3.6
7,501-8,000	380	1.0	2,938,771	3.3
8,001-8,500	334	0.9	2,752,433	3.1
8,501-9,000	254	0.7	2,224,410	2.5
9,001-9,500	224	0.6	2,067,176	2.3
9,501-10,000	162	0.4	1,577,696	1.8
10,001+	1,036	2.8	14,747,210	16.6

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 COLORADO, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 13,102
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$33,604,700
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,564

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	3,145	24.0		0	0.0
1-500	1,941	14.8		392,047	1.2
501-1,000	1,071	8.2		803,408	2.4
1,001-1,500	909	6.9		1,135,981	3.4
1,501-2,000	799	6.1		1,389,093	4.1
2,001-2,500	676	5.2		1,524,859	4.5
2,501-3,000	544	4.2		1,499,585	4.5
3,001-3,500	535	4.1		1,738,051	5.2
3,501-4,000	461	3.5		1,729,136	5.1
4,001-4,500	415	3.2		1,761,747	5.2
4,501-5,000	338	2.6		1,602,311	4.8
5,001-5,500	328	2.5		1,718,664	5.1
5,501-6,000	237	1.8		1,362,274	4.1
6,001-6,500	217	1.7		1,352,111	4.0
6,501-7,000	209	1.6		1,407,511	4.2
7,001-7,500	169	1.3		1,224,848	3.6
7,501-8,000	145	1.1		1,117,639	3.3
8,001-8,500	129	1.0		1,064,139	3.2
8,501-9,000	111	0.8		971,958	2.9
9,001-9,500	91	0.7		841,166	2.5
9,501-10,000	82	0.6		800,125	2.4
10,001+	550	4.2		8,168,047	24.3

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 COLORADO, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 13,121
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$33,400,044
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,545

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,492	19.0	0	0.0
1-500	1,738	13.2	374,369	1.1
501-1,000	1,188	9.1	890,722	2.7
1,001-1,500	1,012	7.7	1,263,595	3.8
1,501-2,000	902	6.9	1,572,064	4.7
2,001-2,500	826	6.3	1,852,803	5.5
2,501-3,000	703	5.4	1,927,810	5.8
3,001-3,500	619	4.7	2,006,015	6.0
3,501-4,000	572	4.4	2,144,219	6.4
4,001-4,500	467	3.6	1,980,231	5.9
4,501-5,000	405	3.1	1,920,027	5.7
5,001-5,500	309	2.4	1,623,252	4.9
5,501-6,000	310	2.4	1,786,056	5.3
6,001-6,500	280	2.1	1,746,783	5.2
6,501-7,000	239	1.8	1,612,363	4.8
7,001-7,500	168	1.3	1,216,515	3.6
7,501-8,000	154	1.2	1,193,810	3.6
8,001-8,500	136	1.0	1,119,404	3.4
8,501-9,000	95	0.7	831,292	2.5
9,001-9,500	86	0.7	793,899	2.4
9,501-10,000	55	0.4	534,112	1.6
10,001+	365	2.8	5,010,703	15.0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 COLORADO, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 10,256
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$21,762,929
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,122

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,656	16.1	0	0.0
1-500	1,634	15.9	376,790	1.7
501-1,000	1,145	11.2	852,994	3.9
1,001-1,500	970	9.5	1,202,802	5.5
1,501-2,000	822	8.0	1,431,234	6.6
2,001-2,500	702	6.8	1,576,092	7.2
2,501-3,000	552	5.4	1,511,352	6.9
3,001-3,500	511	5.0	1,656,777	7.6
3,501-4,000	430	4.2	1,610,341	7.4
4,001-4,500	348	3.4	1,472,288	6.8
4,501-5,000	290	2.8	1,369,731	6.3
5,001-5,500	247	2.4	1,290,749	5.9
5,501-6,000	192	1.9	1,101,983	5.1
6,001-6,500	143	1.4	891,665	4.1
6,501-7,000	120	1.2	809,383	3.7
7,001-7,500	103	1.0	747,346	3.4
7,501-8,000	81	0.8	627,322	2.9
8,001-8,500	69	0.7	568,890	2.6
8,501-9,000	48	0.5	421,160	1.9
9,001-9,500	47	0.5	432,111	2.0
9,501-10,000	25	0.2	243,459	1.1
10,001+	121	1.2	1,568,460	7.2

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	65,371	39,357	25,560	440	11	3	698,107	413,364	281,526	3,101	89	27
Age												
5 and younger	6	0	4	0	2	0	48	0	39	0	9	0
6-14	11	0	11	0	0	0	128	0	128	0	0	0
15-20	105	0	97	0	8	0	1,174	0	1,098	0	76	0
21-44	10,229	0	9,974	253	1	1	112,523	0	110,683	1,824	4	12
45-64	15,051	0	14,913	136	0	2	165,282	0	164,280	987	0	15
65-74	15,112	14,664	408	40	0	0	164,200	160,265	3,691	244	0	0
75-84	14,169	14,030	129	10	0	0	149,370	147,982	1,348	40	0	0
85 and older	10,688	10,663	24	1	0	0	105,382	105,117	259	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,427	28,098	13,033	288	5	3	443,525	297,440	143,964	2,049	45	27
Male	23,944	11,259	12,527	152	6	0	254,582	115,924	137,562	1,052	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	33,266	19,695	13,423	140	5	3	363,233	210,759	151,376	1,031	40	27
African American	2,276	1,139	1,098	38	1	0	24,925	12,471	12,165	277	12	0
Other/unknown	29,829	18,523	11,039	262	5	0	309,949	190,134	117,985	1,793	37	0
Use of Nursing Facilities^c												
Entire year	8,304	7,461	843	0	0	0	84,467	75,139	9,328	0	0	0
Part year	5,025	4,362	662	1	0	0	48,971	41,738	7,221	12	0	0
None	52,042	27,534	24,055	439	11	3	564,669	296,487	264,977	3,089	89	27
Maintenance Assistance Status												
Cash	45,775	26,551	18,892	331	1	0	500,316	289,191	208,756	2,365	4	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	666	277	333	49	4	3	6,767	2,968	3,416	343	13	27
Other/unknown	18,930	12,529	6,335	60	6	0	191,024	121,205	69,354	393	72	0
Dual Status^d												
Full dual, all year	61,656	37,911	23,304	427	11	3	658,908	398,090	257,727	2,975	89	27
Full dual, part year	3,715	1,446	2,256	13	0	0	39,199	15,274	23,799	126	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	56,831	34,690	21,738	390	10	3	600,403	360,246	237,390	2,663	77	27
FFS part year, with Rx claims	1,318	659	645	14	0	0	15,053	7,471	7,452	130	0	0
FFS part year, no Rx claims	894	543	336	15	0	0	9,726	5,846	3,745	135	0	0
MC all year, with Rx claims	238	105	132	1	0	0	2,737	1,205	1,529	3	0	0
MC all year, no Rx claims	6,090	3,360	2,709	20	1	0	70,188	38,596	31,410	170	12	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	65,371	698,107	59,043	611,709	0	86,398
Fee-for-service (FFS) all year	56,831	600,403	56,831	600,403	0	0
FFS part year, with Rx claims	1,318	15,053	1,318	6,965	0	8,088
FFS part year, with no Rx claims	894	9,726	894	4,341	0	5,385
Managed care (MC) all year, with Rx claims	238	2,737	0	0	0	2,737
MC all year, with no Rx claims	6,090	70,188	0	0	0	70,188

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Eligible Beneficiaries