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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
CONNECTICUT

LIST OF TABLES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	**81,091**	**47,993**	**30,819**	**2,205**	**50**	**24**	**860,347**	**499,343**	**340,381**	**19,976**	**384**	**263**
Age												
5 and younger	3	0	0	0	3	0	19	0	0	0	19	0
6-14	5	0	0	0	5	0	51	0	0	0	51	0
15-20	101	0	80	1	20	0	990	0	814	11	165	0
21-44	13,296	0	11,901	1,376	17	2	144,095	0	131,383	12,565	123	24
45-64	19,265	2	18,559	691	5	8	211,785	24	205,413	6,233	26	89
65-74	15,099	14,677	279	130	0	13	164,118	160,102	2,771	1,096	0	149
75-84	16,285	16,279	0	6	0	0	172,369	172,310	0	59	0	0
85 and older	17,037	17,035	0	1	0	1	166,920	166,907	0	12	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,661	35,214	15,054	1,340	29	24	549,860	368,884	167,931	12,548	234	263
Male	29,430	12,779	15,765	865	21	0	310,487	130,459	172,450	7,428	150	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	56,856	34,670	20,983	1,154	26	23	599,346	353,893	234,607	10,396	199	251
African American	10,946	5,587	4,878	471	9	1	118,322	61,050	52,875	4,318	67	12
Other/unknown	13,289	7,736	4,958	580	15	0	142,679	84,400	52,899	5,262	118	0
Use of Nursing Facilities[c]												
Entire year	18,313	16,840	1,473	0	0	0	184,995	168,589	16,406	0	0	0
Part year	8,403	6,848	1,527	26	0	2	84,320	67,102	16,902	293	0	23
None	54,375	24,305	27,819	2,179	50	22	591,032	263,652	307,073	19,683	384	240
Maintenance Assistance Status												
Cash	12,330	4,770	5,948	1,601	11	0	136,857	53,861	68,115	14,782	99	0
Medically needy	18,252	8,621	9,604	24	3	0	189,083	86,474	102,437	148	24	0
Poverty-related	2,828	1,140	1,621	28	15	24	30,044	11,883	17,610	198	90	263
Other/unknown	47,681	33,462	13,646	552	21	0	504,363	347,125	152,219	4,848	171	0
Dual Medicare Status[d]												
Full dual, all year	74,939	45,180	27,604	2,081	50	24	791,716	468,027	304,439	18,603	384	263
Full dual, part year	6,152	2,813	3,215	124	0	0	68,631	31,316	35,942	1,373	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,450	47,980	30,637	1,772	37	24	856,550	499,225	338,969	17,769	324	263
FFS part year, with Rx claims	516	12	167	327	10	0	3,354	107	1,322	1,874	51	0
FFS part year, no Rx claims	125	1	15	106	3	0	443	11	90	333	9	0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

Dual Eligible Beneficiaries

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	**91.5**	**55.3**	**$4,204**	**$76**	**$28,493**	**14.8**	**81,091**
Age							
5 and younger	66.7	13.3	854	64	146,473	0.6	3
6-14	100.0	53.2	11,698	220	14,497	80.7	5
15-20	80.2	20.4	2,314	113	12,533	18.5	101
21-44	87.9	46.6	4,819	104	23,832	20.2	13,296
45-64	92.9	63.4	5,814	92	31,024	18.7	19,265
65-74	90.4	52.1	3,647	70	19,333	18.9	15,099
75-84	92.2	57.8	3,618	63	28,597	12.7	16,285
85 and older	92.9	53.8	2,967	55	37,364	7.9	17,037
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	91.9	54.7	3,400	62	28,889	11.8	47,993
Disabled	91.5	58.0	5,504	95	29,530	18.6	30,819
Adults	81.4	33.1	3,535	107	5,646	62.6	2,205
Children	78.0	22.5	4,036	179	24,754	16.3	50
Unknown	91.7	41.2	5,104	124	11,000	46.4	24
Gender							
Female	93.1	57.8	4,125	71	27,939	14.8	51,661
Male	88.6	50.9	4,342	85	29,466	14.7	29,430
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.9	59.1	4,401	75	33,675	13.1	56,856
African American	90.7	50.0	4,074	82	20,831	19.6	10,946
Other/unknown	90.4	43.6	3,467	80	12,634	27.4	13,289
Use of Nursing Facilities[f]							
Entire year	94.8	71.6	4,369	61	53,972	8.1	18,313
Part year	95.3	64.3	4,169	65	31,872	13.1	8,403
None	89.7	48.5	4,154	86	19,389	21.4	54,375
Maintenance Assistance Status							
Cash	92.5	57.7	4,827	84	24,745	19.5	12,330
Medically needy	90.7	51.0	4,332	85	15,153	28.6	18,252
Poverty related	75.9	20.2	1,930	96	4,586	42.1	2,828
Other/unknown	92.4	58.5	4,129	71	35,986	11.5	47,681

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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]	Number Beneficiaries	Benefit Months
All	**5.2**	**$396**	**14.8**	**8.5**	**14.0**	**10.2**	**29.1**	**27.9**	**10.3**	**$2,686**	**81,091**	**860,347**
Age												
5 and younger	2.1	135	0.6	33.3	33.3	0.0	33.3	0.0	0.0	23,127	3	19
6-14	5.2	1,147	80.7	0.0	0.0	20.0	40.0	40.0	0.0	1,421	5	51
15-20	2.1	236	18.5	19.8	35.6	16.8	18.8	7.9	1.0	1,279	101	990
21-44	4.3	445	20.2	12.1	22.7	11.7	26.4	19.4	7.7	2,199	13,296	144,095
45-64	5.8	529	18.7	7.1	13.3	9.6	29.2	28.3	12.5	2,822	19,265	211,785
65-74	4.8	336	18.9	9.6	15.8	11.5	29.2	25.1	8.8	1,779	15,099	164,118
75-84	5.5	342	12.7	7.8	11.6	9.5	28.9	30.3	11.8	2,702	16,285	172,369
85 and older	5.5	303	7.9	7.1	8.7	9.0	31.2	34.1	10.0	3,814	17,037	166,920
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	5.3	327	11.8	8.1	11.8	10.0	29.8	30.1	10.3	2,777	47,993	499,343
Disabled	5.2	498	18.6	8.5	16.8	10.4	28.2	25.3	10.8	2,674	30,819	340,381
Adults	3.7	390	62.6	18.6	22.0	11.1	26.7	15.9	5.6	623	2,205	19,976
Children	2.9	526	16.3	22.0	24.0	16.0	20.0	16.0	2.0	3,223	50	384
Unknown	3.8	466	46.4	8.3	25.0	8.3	25.0	33.3	0.0	1,004	24	263
Gender												
Female	5.4	388	14.8	6.9	12.6	10.3	29.8	29.5	11.0	2,625	51,661	549,860
Male	4.8	412	14.7	11.4	16.5	10.0	27.8	25.0	9.2	2,793	29,430	310,487
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	418	13.1	8.1	12.0	9.1	28.5	30.3	12.0	3,195	56,856	599,346
African American	4.6	377	19.6	9.3	17.2	12.0	29.9	23.6	8.1	1,927	10,946	118,322
Other/unknown	4.1	323	27.4	9.6	20.2	13.1	31.0	20.9	5.1	1,177	13,289	142,679
Use of Nursing Facilities[f]												
Entire year	7.1	433	8.1	5.2	4.3	5.4	26.0	40.0	19.1	5,343	18,313	184,995
Part year	6.4	416	13.1	4.7	7.6	7.6	29.7	36.4	14.1	3,176	8,403	84,320
None	4.5	382	21.4	10.3	18.3	12.2	30.0	22.5	6.8	1,784	54,375	591,032
Maintenance Assistance Status												
Cash	5.2	435	19.5	7.5	15.2	10.6	30.6	26.7	9.5	2,229	12,330	136,857
Medically needy	4.9	418	28.6	9.3	16.1	11.6	29.9	23.7	9.4	1,463	18,252	189,083
Poverty related	1.9	182	42.1	24.1	36.8	13.4	17.3	7.4	1.0	432	2,828	30,044
Other/unknown	5.5	390	11.5	7.6	11.6	9.3	29.1	31.0	11.4	3,402	47,681	504,363

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	**5.2**	**$396**	**$76**	**2.3**	**$302**	**$133**	**0.2**	**$19**	**$110**	**2.8**	**$76**	**$27**
Age												
5 and younger	2.1	135	64	1.3	104	79	0.2	3	16	0.6	28	48
6-14	5.2	1,147	220	1.9	929	483	0.6	95	147	2.6	123	46
15-20	2.1	236	113	1.0	197	191	0.1	11	113	1.0	28	30
21-44	4.3	445	104	2.0	346	177	0.2	24	158	2.2	75	34
45-64	5.8	529	92	2.6	402	157	0.2	29	148	3.0	97	33
65-74	4.8	336	70	2.1	258	121	0.1	13	88	2.5	65	26
75-84	5.5	342	63	2.4	261	111	0.2	12	73	2.9	68	24
85 and older	5.5	303	55	2.2	223	102	0.2	13	71	3.1	67	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	5.3	327	62	2.2	247	111	0.2	12	77	2.8	67	24
Disabled	5.2	498	95	2.4	383	162	0.2	27	147	2.7	89	33
Adults	3.7	390	107	1.5	288	187	0.1	30	235	2.0	72	36
Children	2.9	526	179	1.2	386	317	0.2	63	256	1.5	77	52
Unknown	3.8	466	124	1.4	337	238	0.2	31	183	2.2	98	45
Gender												
Female	5.4	388	71	2.3	293	126	0.2	19	102	2.9	76	26
Male	4.8	412	85	2.2	318	147	0.1	18	126	2.5	75	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	418	75	2.4	313	131	0.2	21	111	3.0	83	28
African American	4.6	377	82	2.1	297	145	0.1	14	107	2.4	66	27
Other/unknown	4.1	323	80	1.9	259	134	0.1	10	99	2.0	53	26
Use of Nursing Facilities[e]												
Entire year	7.1	433	61	2.8	319	113	0.2	18	75	4.0	95	24
Part year	6.4	416	65	2.6	308	117	0.2	19	95	3.5	88	25
None	4.5	382	86	2.0	296	145	0.1	19	130	2.3	68	30
Maintenance Assistance Status												
Cash	5.2	435	84	2.4	338	142	0.2	19	117	2.6	77	29
Medically needy	4.9	418	85	2.2	318	146	0.2	24	153	2.6	76	30
Poverty related	1.9	182	96	0.9	139	162	0.1	11	161	1.0	32	33
Other/unknown	5.5	390	71	2.3	296	126	0.2	17	92	3.0	78	26

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$42	$33	$3	$6	$123	$293	$97	$29	161,752	$19,829,250	42,383	52.3	469,601
Biologicals	0.1	0.1	0.0	0.0	57	2	42	12	509	40	6,213	268	1,644	837,523	1,273	1.6	14,788
Antineoplastic Agents	0.5	0.2	0.0	0.4	109	79	0	29	200	527	220	74	16,991	3,395,462	2,998	3.7	31,219
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	56	42	5	10	57	111	52	19	401,526	22,885,968	36,718	45.3	405,321
Cardiovascular Agents	1.8	0.7	0.0	1.1	80	60	0	20	44	82	49	19	1,046,963	46,524,114	53,399	65.9	582,835
Respiratory Agents	0.7	0.5	0.0	0.2	50	45	2	3	72	95	64	16	233,889	16,752,994	30,072	37.1	334,254
Gastrointestinal Agents	0.8	0.5	0.0	0.3	79	66	0	12	99	142	64	37	318,615	31,450,444	36,555	45.1	399,508
Genitourinary Agents	0.6	0.5	0.0	0.1	43	39	0	4	71	86	59	25	87,882	6,281,696	13,246	16.3	146,369
CNS Drugs	1.7	0.9	0.0	0.8	173	141	3	29	102	163	153	36	915,879	93,398,668	49,554	61.1	539,657
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	82	72	1	9	118	161	119	37	11,129	1,311,490	1,431	1.8	16,023
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	146	146	0	0	166	166	0	50	77,175	12,791,138	8,302	10.2	87,493
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	64	27	18	19	80	152	227	35	333,866	26,841,381	38,547	47.5	421,257
Neuromuscular Agents	1.1	0.4	0.0	0.7	84	53	3	29	74	142	66	39	349,498	25,777,765	27,488	33.9	305,843
Nutritional Products	0.6	0.0	0.1	0.6	13	1	1	11	21	77	16	20	86,362	1,786,470	12,748	15.7	135,839
Hematological Agents	0.9	0.3	0.0	0.7	75	65	1	9	79	253	60	13	190,633	15,006,415	18,826	23.2	201,193
Topical Products	0.5	0.2	0.0	0.3	29	21	1	7	57	91	55	28	224,066	12,761,554	38,809	47.9	433,215
Miscellaneous Products	0.4	0.2	0.0	0.2	106	89	6	10	273	460	239	62	10,876	2,970,545	2,543	3.1	28,149
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	16	0	0	0	18,201	299,632	3,353	4.1	36,053
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,486,947	340,902,509	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Connecticut, 0.4 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 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, CONNECTICUT, 2005

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$62,394,916	33,318	41.1	370,282	0.9	$186	$169
ULCER DRUGS	25,714,286	34,207	42.2	376,648	0.6	110	68
ANTIDEPRESSANTS	23,346,040	47,022	58.0	514,681	0.7	62	45
ANTICONVULSANT	21,828,840	24,974	30.8	279,480	0.9	86	78
ANTIHYPERLIPIDEMIC	20,540,318	29,283	36.1	330,441	0.6	98	62
ANALGESICS - Narcotic	16,092,607	41,150	50.7	450,884	0.5	79	36
ANTIDIABETIC	14,596,277	30,682	37.8	341,364	0.7	64	43
ANTIVIRAL	13,021,167	6,289	7.8	69,424	0.4	454	188
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	12,789,928	9,772	12.1	103,400	0.7	166	124
ANTIASTHMATIC	11,440,129	30,272	37.3	334,479	0.4	84	34
Total	221,764,508	286,969		3,171,083	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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

	All Top 10 Drug Groups			ANTIPSYCHOTICS					ULCER DRUGS				
Beneficiary Characteristics	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,086,877**	**$221,764,508**	**33,318**	**41.1**	**370,282**	**0.9**	**$169**	**34,207**	**42.2**	**376,648**	**0.6**	**$68**
Female												
All Females	1,335,891	133,617,508	19,688	38.1	217,995	0.8	147	23,456	45.4	258,648	0.6	68
Female, Disabled												
All Ages	519,388	61,455,784	8,865	58.9	101,896	1.0	188	6,661	44.2	76,104	0.6	72
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	324	55,222	14	41.2	156	0.9	263	4	11.8	39	0.4	37
21-44	158,164	20,310,506	3,367	64.7	38,600	1.0	187	1,830	35.1	20,914	0.6	68
45-64	356,349	40,588,334	5,419	56.2	62,423	1.0	190	4,738	49.1	54,211	0.6	74
65-74	4,551	501,722	65	38.2	717	0.7	139	89	52.4	940	0.6	76
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	816,503	72,161,724	10,823	29.6	116,099	0.7	110	16,795	45.9	182,544	0.6	66
5 and younger	3	257	0	0.0	0	0.0	0	1	33.3	12	0.3	21
6-14	20	1,308	0	0.0	0	0.0	0	3	75.0	34	0.3	32
15-20	171	25,154	8	66.7	85	0.8	144	3	25.0	36	0.4	30
21-44	17,904	2,355,001	310	32.8	3,154	0.6	127	291	30.8	3,172	0.4	50
45-64	6,719	957,612	92	26.7	971	0.5	129	132	38.4	1,369	0.4	48
65-74	228,878	21,344,724	2,299	23.8	26,221	0.8	142	4,708	48.7	53,683	0.5	67
75-84	281,253	24,319,314	3,406	29.4	37,347	0.7	111	5,494	47.4	60,703	0.6	68
85 and older	281,555	23,158,354	4,708	33.5	48,321	0.6	90	6,163	43.9	63,535	0.7	66
Male												
All Males	750,986	88,147,000	13,630	46.3	152,287	1.0	200	10,751	36.5	118,000	0.6	69
Male, Disabled												
All Ages	468,270	62,165,577	9,858	62.5	112,972	1.1	227	5,064	32.1	57,505	0.7	72
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	673	88,853	25	54.3	269	0.7	183	2	4.3	24	0.9	59
21-44	179,968	24,512,434	4,525	67.6	51,767	1.1	222	1,637	24.5	18,746	0.6	66
45-64	284,675	37,249,528	5,265	59.1	60,459	1.1	232	3,374	37.8	38,234	0.7	75
65-74	2,954	314,762	43	39.4	477	1.0	221	51	46.8	501	0.6	62
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

Dual Eligible Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles												
All Ages	282,716	25,981,423	3,772	27.6	39,315	0.7	122	5,687	41.6	60,495	0.6	66
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	75	10,130	8	88.9	56	0.8	149	0	0.0	0	0.0	0
21-44	6,795	997,714	131	29.0	1,305	0.8	145	121	26.8	1,285	0.4	52
45-64	6,737	900,190	73	20.2	726	0.8	139	107	29.6	1,018	0.5	64
65-74	109,362	10,554,628	1,244	24.2	13,798	0.8	155	2,070	40.2	23,003	0.6	64
75-84	103,202	8,899,982	1,295	27.6	13,542	0.7	112	2,136	45.4	22,633	0.6	68
85 and older	56,544	4,618,772	1,021	34.1	9,888	0.6	86	1,253	41.9	12,556	0.7	68
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 Connecticut, released by CMS in 10/2008. 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

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	47,022	58.0	514,681	0.7	$45	24,974	30.8	279,480	0.9	$78	29,283	36.1	330,441	0.6	$62
Female															
All Females	32,436	62.8	355,804	0.7	45	15,147	29.3	169,591	0.9	73	18,886	36.6	213,579	0.6	62
Female, Disabled															
All Ages	11,950	79.4	135,971	0.8	50	7,908	52.5	90,408	1.0	96	5,030	33.4	57,708	0.6	61
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	13	38.2	138	0.6	29	10	29.4	102	0.5	75	0	0.0	0	0.0	0
21-44	4,027	77.3	45,635	0.8	50	2,910	55.9	33,259	1.0	110	785	15.1	9,055	0.6	56
45-64	7,819	81.1	89,216	0.8	51	4,925	51.1	56,350	1.0	88	4,164	43.2	47,772	0.6	62
65-74	91	53.5	982	0.7	49	63	37.1	697	0.8	85	81	47.6	881	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
Female, Other Eligibles															
All Ages	20,486	56.0	219,833	0.7	42	7,239	19.8	79,183	0.7	46	13,856	37.9	155,871	0.6	63
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.3	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	50.0	49	0.6	78	4	33.3	37	0.9	121	0	0.0	0	0.0	0
21-44	692	73.3	7,163	0.6	41	388	41.1	4,041	0.7	77	103	10.9	1,050	0.5	46
45-64	254	73.8	2,543	0.6	44	115	33.4	1,159	0.7	75	99	28.8	1,008	0.5	55
65-74	4,463	46.2	50,737	0.6	41	2,236	23.1	25,446	0.7	50	5,524	57.1	63,493	0.6	61
75-84	6,433	55.5	70,575	0.7	43	2,404	20.8	26,744	0.8	44	5,245	45.3	59,351	0.6	64
85 and older	8,637	61.5	88,754	0.7	43	2,092	14.9	21,756	0.7	37	2,885	20.5	30,969	0.7	63
Male															
All Males	14,586	49.6	158,877	0.8	45	9,827	33.4	109,889	1.0	87	10,397	35.3	116,862	0.7	62
Male, Disabled															
All Ages	8,420	53.4	94,810	0.8	48	6,851	43.5	78,258	1.0	100	5,008	31.8	57,348	0.7	62
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	17	37.0	204	0.9	52	22	47.8	228	0.6	66	0	0.0	0	0.0	0
21-44	3,407	50.9	38,448	0.8	48	2,929	43.8	33,583	1.0	106	1,372	20.5	15,886	0.7	58
45-64	4,953	55.6	55,739	0.8	48	3,864	43.3	44,073	1.0	96	3,583	40.2	40,922	0.7	63
65-74	43	39.4	419	0.8	42	36	33.0	374	1.0	51	53	48.6	540	0.7	72
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

Dual Eligible Beneficiaries

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	6,166	45.1	64,067	0.7	41	2,976	21.8	31,631	0.8	54	5,389	39.4	59,514	0.6	63
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	7	77.8	66	0.4	26	1	11.1	2	0.5	6	0	0.0	0	0.0	0
21-44	185	41.0	1,907	0.6	39	125	27.7	1,229	0.8	89	89	19.7	980	0.4	43
45-64	172	47.5	1,647	0.6	39	100	27.6	972	0.8	75	144	39.8	1,342	0.6	61
65-74	1,910	37.1	21,178	0.7	41	1,265	24.6	14,064	0.8	58	2,550	49.5	29,024	0.6	62
75-84	2,200	46.8	22,866	0.7	42	1,013	21.6	10,644	0.8	48	1,917	40.8	21,127	0.7	66
85 and older	1,692	56.6	16,403	0.7	41	472	15.8	4,720	0.7	43	689	23.0	7,041	0.7	63
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 Connecticut, released by CMS in 10/2008. 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.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

	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIVIRAL				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**41,150**	**50.7**	**450,884**	**0.5**	**$36**	**30,682**	**37.8**	**341,364**	**0.7**	**$43**	**6,289**	**7.8**	**69,424**	**0.4**	**$188**
Female															
All Females	28,525	55.2	313,841	0.5	34	20,375	39.4	227,803	0.7	42	3,514	6.8	39,028	0.3	119
Female, Disabled															
All Ages	10,613	70.5	121,250	0.5	47	5,194	34.5	59,062	0.7	50	1,427	9.5	16,097	0.5	236
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	10	29.4	120	0.2	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,376	64.8	38,576	0.4	45	895	17.2	10,369	0.7	47	565	10.9	6,326	0.5	234
45-64	7,115	73.8	81,330	0.5	48	4,185	43.4	47,460	0.7	50	851	8.8	9,651	0.5	239
65-74	112	65.9	1,224	0.4	49	114	67.1	1,233	0.7	48	11	6.5	120	0.3	148
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	17,912	48.9	192,591	0.5	26	15,181	41.5	168,741	0.7	39	2,087	5.7	22,931	0.2	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.2	2	0	0.0	0	0.0	0	1	25.0	12	0.3	4
15-20	2	16.7	10	0.2	1	4	33.3	47	0.5	61	0	0.0	0	0.0	0
21-44	839	88.9	8,861	0.5	63	149	15.8	1,555	0.5	47	127	13.5	1,317	0.5	200
45-64	282	82.0	2,929	0.5	69	116	33.7	1,179	0.5	54	38	11.0	426	0.6	317
65-74	5,416	56.0	61,926	0.4	21	5,993	62.0	68,395	0.6	43	326	3.4	3,707	0.2	75
75-84	5,591	48.3	61,729	0.5	23	5,539	47.8	62,138	0.7	39	564	4.9	6,355	0.1	13
85 and older	5,781	41.2	57,124	0.5	27	3,380	24.1	35,427	0.7	32	1,031	7.3	11,114	0.1	8
Male															
All Males	12,625	42.9	137,043	0.4	39	10,307	35.0	113,561	0.7	45	2,775	9.4	30,396	0.5	275
Male, Disabled															
All Ages	7,026	44.6	78,467	0.5	48	4,398	27.9	49,407	0.7	50	2,111	13.4	23,238	0.6	327
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	10	21.7	114	0.3	18	2	4.3	24	1.3	254	0	0.0	0	0.0	0
21-44	2,635	39.4	29,403	0.4	47	1,079	16.1	12,309	0.8	52	760	11.4	8,368	0.6	313
45-64	4,332	48.6	48,425	0.5	49	3,271	36.7	36,592	0.7	49	1,344	15.1	14,795	0.6	335
65-74	49	45.0	525	0.7	41	46	42.2	482	0.7	44	7	6.4	75	0.9	403
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

Dual Eligible Beneficiaries

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	5,599	41.0	58,576	0.4	28	5,909	43.2	64,154	0.7	41	664	4.9	7,158	0.3	108
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	22.2	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	308	68.3	3,170	0.5	71	81	18.0	850	0.6	64	37	8.2	378	0.6	373
45-64	253	69.9	2,563	0.6	108	150	41.4	1,347	0.6	47	27	7.5	272	0.6	444
65-74	2,252	43.7	25,103	0.4	21	2,811	54.6	31,632	0.6	42	244	4.7	2,756	0.4	160
75-84	1,739	37.0	18,109	0.4	22	2,049	43.6	22,038	0.7	39	191	4.1	2,079	0.2	26
85 and older	1,044	34.9	9,595	0.4	20	818	27.3	8,287	0.7	34	165	5.5	1,673	0.1	10
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 Connecticut, released by CMS in 10/2008. 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.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

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	9,772	12.1	103,400	0.7	$124	30,272	37.3	334,479	0.4	$34	81,091	860,347
Female												
All Females	7,286	14.1	77,534	0.7	124	21,113	40.9	234,250	0.4	34	51,661	549,860
Female, Disabled												
All Ages	514	3.4	5,924	0.7	392	7,599	50.5	87,278	0.4	35	15,054	167,931
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	5	14.7	60	0.2	11	34	345
21-44	136	2.6	1,559	0.7	535	2,257	43.3	25,896	0.3	27	5,207	58,199
45-64	370	3.8	4,283	0.7	346	5,256	54.5	60,475	0.4	38	9,643	107,674
65-74	8	4.7	82	0.5	63	81	47.6	847	0.4	32	170	1,713
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	6,772	18.5	71,610	0.7	102	13,514	36.9	146,972	0.4	33	36,607	381,929
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	3	4	39
15-20	0	0.0	0	0.0	0	2	16.7	21	0.2	30	12	102
21-44	25	2.6	272	0.6	557	380	40.3	4,103	0.3	25	944	8,833
45-64	8	2.3	77	0.6	769	171	49.7	1,778	0.4	30	344	3,249
65-74	580	6.0	6,562	0.7	103	4,198	43.4	47,447	0.4	35	9,669	106,243
75-84	2,280	19.7	24,344	0.8	100	4,303	37.1	47,418	0.4	36	11,585	124,311
85 and older	3,879	27.6	40,355	0.8	99	4,459	31.7	46,193	0.4	29	14,046	139,133
Male												
All Males	2,486	8.4	25,866	0.8	123	9,159	31.1	100,229	0.4	36	29,430	310,487
Male, Disabled												
All Ages	412	2.6	4,666	0.8	233	4,134	26.2	46,877	0.4	33	15,765	172,450
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	12	26.1	132	0.5	34	46	469
21-44	131	2.0	1,511	0.6	272	1,375	20.5	15,528	0.4	28	6,694	73,184
45-64	279	3.1	3,135	0.8	215	2,695	30.2	30,719	0.4	36	8,916	97,739
65-74	2	1.8	20	0.9	124	52	47.7	498	0.6	55	109	1,058
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

Dual Eligible Beneficiaries

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,074	15.2	21,200	0.8	99	5,025	36.8	53,352	0.4	38	13,665	138,037
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	74
21-44	7	1.6	78	0.7	882	107	23.7	1,072	0.3	24	451	3,879
45-64	3	0.8	24	0.5	396	131	36.2	1,251	0.4	36	362	3,123
65-74	359	7.0	3,905	0.7	96	1,906	37.0	21,133	0.5	38	5,151	55,104
75-84	894	19.0	9,186	0.7	95	1,825	38.8	19,330	0.5	40	4,700	48,058
85 and older	811	27.1	8,007	0.8	96	1,056	35.3	10,566	0.4	33	2,991	27,787
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 Connecticut, released by CMS in 10/2008. 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.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.

Dual Eligible Beneficiaries

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	**$433**	**7.1**	**18,313**	**184,995**
Age				
0-64	764	8.8	1,427	15,916
65-74	589	8.5	1,852	19,687
75-84	451	7.6	5,164	52,874
85 and older	336	6.2	9,870	96,518
Unknown	0	0.0	0	0
Gender				
Female	411	7.0	13,549	137,638
Male	496	7.4	4,764	47,357
Unknown	0	0.0	0	0
Race				
White	425	7.1	16,402	164,759
African American	495	7.3	1,287	13,730
Other/unknown	488	7.1	624	6,506
Basis of Eligibility[c]				
Aged	401	6.9	16,840	168,589
Disabled	759	8.8	1,473	16,406
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Dual Eligible Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d, e]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per 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	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$19	$12	$3	$4	$60	$123	$93	$23	37,713	$2,265,051	11,222	61.3	118,772
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	36	62	0	31	463	16,439	442	2.4	5,073
Antineoplastic Agents	0.6	0.1	0.0	0.5	93	56	0	37	153	435	250	78	6,625	1,016,433	1,123	6.1	10,938
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	51	36	8	8	44	81	51	14	99,857	4,427,521	8,219	44.9	86,270
Cardiovascular Agents	2.2	0.6	0.0	1.6	65	39	0	26	30	64	35	16	298,767	8,847,068	13,219	72.2	136,567
Respiratory Agents	0.7	0.5	0.0	0.2	49	44	1	3	69	88	56	17	47,611	3,277,719	6,420	35.1	67,529
Gastrointestinal Agents	1.0	0.4	0.0	0.5	70	46	0	23	72	111	50	43	102,281	7,352,227	10,138	55.4	105,358
Genitourinary Agents	0.7	0.6	0.0	0.2	48	44	0	4	67	79	45	26	32,807	2,187,464	4,256	23.2	45,237
CNS Drugs	1.7	1.0	0.0	0.8	159	134	1	25	91	140	68	32	252,900	23,021,907	13,929	76.1	144,975
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	61	53	0	8	78	168	0	17	1,842	143,845	220	1.2	2,358
Miscellaneous Psychological/ Neurological Agents	1.0	1.0	0.0	0.0	137	137	0	0	141	141	0	6	47,498	6,681,939	4,647	25.4	48,682
Analgesics and Anesthetics	1.0	0.2	0.2	0.6	61	22	21	18	61	93	136	30	80,421	4,909,554	7,969	43.5	80,197
Neuromuscular Agents	1.2	0.3	0.1	0.8	72	35	2	34	62	114	37	43	78,168	4,818,086	6,235	34.0	66,864
Nutritional Products	0.8	0.0	0.1	0.7	12	0	1	11	16	18	13	16	35,182	553,645	4,585	25.0	46,624
Hematological Agents	1.4	0.3	0.0	1.1	89	79	0	10	64	257	35	9	96,603	6,197,605	6,776	37.0	69,709
Topical Products	0.7	0.3	0.0	0.3	33	24	2	8	50	77	53	25	78,549	3,963,413	11,102	60.6	119,089
Miscellaneous Products	0.3	0.1	0.0	0.2	27	21	1	5	101	235	176	27	1,703	171,674	621	3.4	6,416
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	9	0	0	0	12	0	0	0	12,205	152,442	1,660	9.1	17,268
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,311,195	80,004,032	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 8,403 beneficiaries who were in nursing facilities for part of their enrollment and their 84,320 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 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

In Connecticut, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

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

		Users					Among Users
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$14,156,897	9,559	52.2	103,179	0.8	$171	$137
ANTIDEPRESSANTS	7,470,321	14,375	78.5	152,744	0.8	60	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,681,939	5,467	29.9	57,666	0.8	141	116
ULCER DRUGS	6,120,904	8,680	47.4	91,001	0.8	87	67
ANTICONVULSANT	3,461,965	5,453	29.8	59,240	0.9	64	58
HEMATOPOIETIC AGENTS	3,423,984	3,308	18.1	34,852	0.7	138	98
ANALGESICS - Narcotic	3,090,834	7,444	40.6	73,681	0.7	57	42
ANTIHYPERLIPIDEMIC	3,053,972	4,277	23.4	46,092	0.9	78	66
ANTIDIABETIC	2,649,754	6,430	35.1	68,967	0.8	46	38
ANTIASTHMATIC	2,530,945	6,816	37.2	71,137	0.5	76	36
Total	52,641,515	71,809		758,559	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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 8,403 beneficiaries who were in nursing facilities for part of their enrollment and their 84,320 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, CONNECTICUT, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**587,225**	**$52,641,515**	**9,559**	**52.2**	**103,179**	**0.8**	**$137**	**14,375**	**78.5**	**152,744**	**0.8**	**$49**
Female												
All Females	423,201	37,143,053	6,837	50.5	73,969	0.8	128	10,750	79.3	114,829	0.8	49
Female, Disabled												
All Ages	37,809	4,429,480	656	93.3	7,577	1.1	219	664	94.5	7,611	0.9	61
64 or younger	37,006	4,343,398	644	94.2	7,445	1.1	219	647	94.6	7,419	0.9	61
65-74	803	86,082	12	63.2	132	0.6	189	17	89.5	192	0.7	51
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	385,392	32,713,573	6,181	48.1	66,392	0.7	118	10,086	78.5	107,218	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	47,822	4,552,787	755	76.1	8,629	0.9	176	910	91.7	10,249	0.9	57
75-84	133,144	11,372,961	2,034	56.3	22,414	0.8	126	3,107	86.0	33,918	0.8	49
85 and older	204,426	16,787,825	3,392	41.2	35,349	0.7	98	6,069	73.6	63,051	0.8	46
Male												
All Males	164,024	15,498,462	2,722	57.1	29,210	0.9	161	3,625	76.1	37,915	0.8	49
Male, Disabled												
All Ages	37,987	4,387,454	673	87.4	7,776	1.1	246	621	80.6	6,992	0.9	57
64 or younger	36,658	4,248,090	643	86.5	7,436	1.1	248	601	80.9	6,787	0.9	57
65-74	1,329	139,364	30	111.1	340	1.0	197	20	74.1	205	0.9	49
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	126,037	11,111,008	2,049	51.3	21,434	0.8	130	3,004	75.2	30,923	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	33,893	3,294,074	531	65.2	5,918	0.9	180	666	81.8	7,387	0.8	52
75-84	52,001	4,524,266	800	51.5	8,468	0.8	126	1,176	75.8	12,153	0.8	48
85 and older	40,143	3,292,668	718	44.1	7,048	0.7	92	1,162	71.4	11,383	0.8	45
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 Connecticut, released by CMS in 10/2008. 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 8,403 beneficiaries who were in nursing facilities for part of their enrollment and their 84,320 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.

Dual Eligible Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**5,467**	**29.9**	**57,666**	**0.8**	**$116**	**8,680**	**47.4**	**91,001**	**0.8**	**$67**	**5,453**	**29.8**	**59,240**	**0.9**	**$58**
Female															
All Females	4,157	30.7	44,206	0.8	115	6,344	46.8	66,594	0.8	67	3,661	27.0	39,918	0.9	54
Female, Disabled															
All Ages	97	13.8	1,115	0.8	478	358	50.9	4,003	0.8	71	570	81.1	6,534	1.0	87
64 or younger	93	13.6	1,081	0.8	491	348	50.9	3,894	0.8	71	553	80.8	6,349	1.0	87
65-74	4	21.1	34	0.5	66	10	52.6	109	0.8	73	17	89.5	185	0.8	68
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	4,060	31.6	43,091	0.8	106	5,986	46.6	62,591	0.8	66	3,091	24.1	33,384	0.9	48
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	181	18.2	2,064	0.8	115	555	55.9	6,191	0.8	71	532	53.6	5,998	0.9	63
75-84	1,287	35.6	13,847	0.8	108	1,795	49.7	19,243	0.8	68	1,166	32.3	12,918	0.9	49
85 and older	2,592	31.4	27,180	0.8	104	3,636	44.1	37,157	0.8	65	1,393	16.9	14,468	0.8	40
Male															
All Males	1,310	27.5	13,460	0.8	118	2,336	49.0	24,407	0.8	69	1,792	37.6	19,322	1.0	68
Male, Disabled															
All Ages	63	8.2	686	0.9	383	411	53.4	4,654	0.8	73	515	66.9	5,943	1.1	88
64 or younger	61	8.2	666	0.9	391	393	52.9	4,474	0.8	74	497	66.9	5,751	1.1	89
65-74	2	7.4	20	0.9	124	18	66.7	180	0.7	61	18	66.7	192	1.1	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,247	31.2	12,774	0.8	104	1,925	48.2	19,753	0.8	69	1,277	32.0	13,379	0.9	59
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	174	21.4	1,883	0.8	110	419	51.5	4,573	0.8	69	442	54.3	4,842	0.9	77
75-84	518	33.4	5,382	0.8	105	803	51.7	8,181	0.8	69	525	33.8	5,448	0.9	52
85 and older	555	34.1	5,509	0.8	102	703	43.2	6,999	0.8	68	310	19.0	3,089	0.8	45
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 Connecticut, released by CMS in 10/2008. 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 8,403 beneficiaries who were in nursing facilities for part of their enrollment and their 84,320 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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	**3,308**	**18.1**	**34,852**	**0.7**	**$98**	**7,444**	**40.6**	**73,681**	**0.7**	**$42**	**4,277**	**23.4**	**46,092**	**0.9**	**$66**
Female															
All Females	2,372	17.5	25,104	0.7	95	5,672	41.9	56,419	0.7	42	2,937	21.7	31,845	0.9	66
Female, Disabled															
All Ages	85	12.1	965	0.7	168	331	47.1	3,649	1.1	73	230	32.7	2,636	0.9	67
64 or younger	83	12.1	955	0.7	166	323	47.2	3,553	1.1	73	224	32.7	2,567	0.9	67
65-74	2	10.5	10	1.0	403	8	42.1	96	0.7	62	6	31.6	69	1.0	93
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,287	17.8	24,139	0.7	92	5,341	41.6	52,770	0.7	40	2,707	21.1	29,209	0.9	66
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	172	17.3	1,889	0.8	159	487	49.1	5,256	1.0	57	390	39.3	4,419	0.9	71
75-84	636	17.6	6,816	0.7	101	1,568	43.4	16,235	0.8	43	1,085	30.0	11,862	0.9	68
85 and older	1,479	17.9	15,434	0.7	80	3,286	39.9	31,279	0.6	35	1,232	14.9	12,928	0.8	64
Male															
All Males	936	19.6	9,748	0.7	107	1,772	37.2	17,262	0.7	42	1,340	28.1	14,247	0.9	66
Male, Disabled															
All Ages	121	15.7	1,387	0.7	113	289	37.5	3,206	1.1	80	267	34.7	3,064	0.9	67
64 or younger	116	15.6	1,327	0.7	109	277	37.3	3,078	1.1	80	255	34.3	2,931	0.9	67
65-74	5	18.5	60	0.5	199	12	44.4	128	1.0	74	12	44.4	133	0.9	67
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	815	20.4	8,361	0.7	106	1,483	37.1	14,056	0.6	34	1,073	26.9	11,183	0.9	66
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	178	21.9	1,968	0.7	117	321	39.4	3,337	0.7	39	290	35.6	3,232	0.9	70
75-84	293	18.9	3,056	0.7	119	583	37.6	5,633	0.6	36	473	30.5	4,974	0.9	65
85 and older	344	21.1	3,337	0.7	88	579	35.6	5,086	0.6	28	310	19.0	2,977	0.8	62
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 Connecticut, released by CMS in 10/2008. 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 8,403 beneficiaries who were in nursing facilities for part of their enrollment and their 84,320 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					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	**6,430**	**35.1**	**68,967**	**0.8**	**$38**	**6,816**	**37.2**	**71,137**	**0.5**	**$36**	**18,313**	**184,995**
Female												
All Females	4,405	32.5	47,369	0.8	38	4,952	36.5	51,947	0.4	34	13,549	137,638
Female, Disabled												
All Ages	305	43.4	3,464	0.9	45	298	42.4	3,361	0.6	50	703	7,815
64 or younger	291	42.5	3,302	0.9	44	294	43.0	3,313	0.6	50	684	7,613
65-74	14	73.7	162	1.0	67	4	21.1	48	0.3	27	19	202
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	4,100	31.9	43,905	0.8	37	4,654	36.2	48,586	0.4	33	12,846	129,823
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	606	61.1	6,776	0.9	44	431	43.4	4,658	0.5	42	992	10,683
75-84	1,610	44.6	17,490	0.8	38	1,391	38.5	14,706	0.5	40	3,612	37,637
85 and older	1,884	22.9	19,639	0.8	34	2,832	34.4	29,222	0.4	28	8,242	81,503
Male												
All Males	2,025	42.5	21,598	0.8	40	1,864	39.1	19,190	0.5	39	4,764	47,357
Male, Disabled												
All Ages	350	45.5	3,908	0.9	50	271	35.2	3,046	0.6	46	770	8,591
64 or younger	339	45.6	3,778	0.9	51	256	34.5	2,891	0.6	45	743	8,303
65-74	11	40.7	130	0.7	27	15	55.6	155	0.6	48	27	288
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	1,675	41.9	17,690	0.8	38	1,593	39.9	16,144	0.5	38	3,994	38,766
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	482	59.2	5,367	0.8	42	305	37.5	3,212	0.6	43	814	8,514
75-84	713	45.9	7,407	0.8	38	686	44.2	7,011	0.5	43	1,552	15,237
85 and older	480	29.5	4,916	0.8	33	602	37.0	5,921	0.4	30	1,628	15,015
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

AMONG DUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

CONNECTICUT, 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 $	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	**41,772**	**51.5**	**4.7**	**381,258**	**$118**	**$9,601,498**	**$25**	**2.8**	**81,091**
Age									
5 and younger	2	66.7	3.3	10	181	543	54	21.2	3
6-14	5	100.0	6.6	33	134	670	20	1.1	5
15-20	28	27.7	2.5	255	243	24,555	96	10.5	101
21-44	6,518	49.0	4.8	63,596	137	1,827,196	29	2.9	13,296
45-64	11,184	58.1	6.6	126,276	191	3,683,484	29	3.3	19,265
65-74	7,560	50.1	4.2	63,115	101	1,532,284	24	2.8	15,099
75-84	8,200	50.4	4.1	66,526	83	1,358,986	20	2.3	16,285
85 and older	8,275	48.6	3.6	61,447	69	1,173,780	19	2.3	17,037
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	23,844	49.7	3.9	189,446	84	4,022,621	21	2.5	47,993
Disabled	16,930	54.9	6.0	184,618	175	5,387,064	29	3.2	30,819
Adults	966	43.8	3.2	6,961	82	180,453	26	2.3	2,205
Children	21	42.0	3.2	158	174	8,678	55	4.3	50
Unknown	11	45.8	3.1	75	112	2,682	36	2.2	24
Gender									
Female	28,188	54.6	4.9	255,362	120	6,188,886	24	2.9	51,661
Male	13,584	46.2	4.3	125,896	116	3,412,612	27	2.7	29,430
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	29,760	52.3	5.1	287,354	120	6,829,726	24	2.7	56,856
African American	5,352	48.9	4.2	45,742	120	1,314,622	29	2.9	10,946
Other/unknown	6,660	50.1	3.6	48,162	110	1,457,150	30	3.2	13,289
Use of Nursing Facilities[d]									
Entire year	8,956	48.9	4.2	76,078	71	1,301,437	17	1.6	18,313
Part year	5,233	62.3	5.4	45,588	130	1,091,710	24	3.1	8,403
None	27,583	50.7	4.8	259,592	133	7,208,351	28	3.2	54,375
Maintenance Assistance Status									
Cash	6,919	56.1	6.3	77,967	145	1,784,173	23	3.0	12,330
Medically needy	9,159	50.2	4.3	78,655	122	2,235,331	28	2.8	18,252
Poverty related	980	34.7	1.8	5,053	42	119,164	24	2.2	2,828
Other/unknown	24,714	51.8	4.6	219,583	115	5,462,830	25	2.8	47,681

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 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	**0.4**	**$11**	**$25**	**$0**	**$4**	**860,347**
Age						
5 and younger	0.5	29	54	0	0	19
6-14	0.6	13	20	0	0	51
15-20	0.3	25	96	0	3	990
21-44	0.4	13	29	0	5	144,095
45-64	0.6	17	29	0	7	211,785
65-74	0.4	9	24	0	3	164,118
75-84	0.4	8	20	0	2	172,369
85 and older	0.4	7	19	0	2	166,920
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.4	8	21	0	3	499,343
Disabled	0.5	16	29	0	6	340,381
Adults	0.3	9	26	0	4	19,976
Children	0.4	23	55	0	1	384
Unknown	0.3	10	36	0	4	263
Gender						
Female	0.5	11	24	0	4	549,860
Male	0.4	11	27	0	4	310,487
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	11	24	0	5	599,346
African American	0.4	11	29	0	2	118,322
Other/unknown	0.3	10	30	0	2	142,679
Use of Nursing Facilities[d]						
Entire year	0.4	7	17	0	4	184,995
Part year	0.5	13	24	0	4	84,320
None	0.4	12	28	0	4	591,032
Maintenance Assistance Status						
Cash	0.6	13	23	0	5	136,857
Medically needy	0.4	12	28	0	5	189,083
Poverty related	0.2	4	24	0	2	30,044
Other/unknown	0.4	11	25	0	4	504,363

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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 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.

Dual Eligible Beneficiaries

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS[a,b,c]
CONNECTICUT, 2005

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	**59,942**	**$160**	**$9,601,498**	**100.0**	**381,258**	**$25**	**100.0**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	95	190	0.0	4	48	0.0
Drugs for cosmetic purposes	33	28	913	0.0	69	13	0.0
Cough and cold medications	8,857	75	665,281	6.9	22,715	29	6.0
Vitamins and minerals	12,477	115	1,435,579	15.0	83,063	17	21.8
Non-prescription drugs	14,598	185	2,706,645	28.2	95,841	28	25.1
Barbiturates	702	73	50,971	0.5	7,931	6	2.1
Benzodiazepines	21,722	157	3,415,431	35.6	164,545	21	43.2
Other Part D Excl Rx Drugs	1,551	855	1,326,488	13.8	7,090	187	1.9

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 2005

Total Number of Dual Eligible Beneficiaries: 81,091
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: $340,902,509
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: $4,203

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	6,923	8.5	$0	0.0
1-500	9,653	11.9	2,089,974	0.6
501-1,000	6,573	8.1	4,893,181	1.4
1,001-1,500	5,895	7.3	7,331,820	2.2
1,501-2,000	5,198	6.4	9,064,610	2.7
2,001-2,500	4,753	5.9	10,678,228	3.1
2,501-3,000	4,302	5.3	11,810,176	3.5
3,001-3,500	4,011	4.9	13,045,482	3.8
3,501-4,000	3,622	4.5	13,572,752	4.0
4,001-4,500	3,250	4.0	13,807,663	4.1
4,501-5,000	2,948	3.6	13,983,713	4.1
5,001-5,500	2,596	3.2	13,619,874	4.0
5,501-6,000	2,350	2.9	13,523,004	4.0
6,001-6,500	2,008	2.5	12,545,228	3.7
6,501-7,000	1,807	2.2	12,191,461	3.6
7,001-7,500	1,647	2.0	11,933,102	3.5
7,501-8,000	1,453	1.8	11,251,751	3.3
8,001-8,500	1,232	1.5	10,163,457	3.0
8,501-9,000	1,112	1.4	9,732,008	2.9
9,001-9,500	968	1.2	8,947,594	2.6
9,501-10,000	871	1.1	8,489,079	2.5
10,001+	7,919	9.8	128,228,352	37.6

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 30,540
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: $168,459,062
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: $5,516

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	2,609	8.5	0	0.0
1-500	3,675	12.0	730,655	0.4
501-1,000	2,074	6.8	1,532,624	0.9
1,001-1,500	1,737	5.7	2,154,514	1.3
1,501-2,000	1,555	5.1	2,708,056	1.6
2,001-2,500	1,390	4.6	3,126,364	1.9
2,501-3,000	1,230	4.0	3,373,590	2.0
3,001-3,500	1,183	3.9	3,847,600	2.3
3,501-4,000	1,117	3.7	4,186,419	2.5
4,001-4,500	970	3.2	4,123,244	2.4
4,501-5,000	991	3.2	4,700,954	2.8
5,001-5,500	857	2.8	4,500,231	2.7
5,501-6,000	900	2.9	5,178,385	3.1
6,001-6,500	819	2.7	5,125,739	3.0
6,501-7,000	673	2.2	4,541,966	2.7
7,001-7,500	705	2.3	5,112,452	3.0
7,501-8,000	646	2.1	5,006,325	3.0
8,001-8,500	567	1.9	4,681,460	2.8
8,501-9,000	534	1.7	4,672,395	2.8
9,001-9,500	485	1.6	4,480,992	2.7
9,501-10,000	461	1.5	4,497,183	2.7
10,001+	5,362	17.6	90,177,914	53.5

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 48,421
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: $164,536,003
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: $3,398

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65 +	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	3,930	8.1	0	0.0
1-500	5,560	11.5	1,280,258	0.8
501-1,000	4,320	8.9	3,232,275	2.0
1,001-1,500	4,000	8.3	4,979,135	3.0
1,501-2,000	3,526	7.3	6,154,821	3.7
2,001-2,500	3,265	6.7	7,331,646	4.5
2,501-3,000	2,989	6.2	8,208,879	5.0
3,001-3,500	2,762	5.7	8,982,828	5.5
3,501-4,000	2,449	5.1	9,177,607	5.6
4,001-4,500	2,237	4.6	9,500,680	5.8
4,501-5,000	1,905	3.9	9,036,240	5.5
5,001-5,500	1,696	3.5	8,893,711	5.4
5,501-6,000	1,413	2.9	8,130,302	4.9
6,001-6,500	1,161	2.4	7,245,594	4.4
6,501-7,000	1,104	2.3	7,446,556	4.5
7,001-7,500	910	1.9	6,587,883	4.0
7,501-8,000	789	1.6	6,105,828	3.7
8,001-8,500	646	1.3	5,324,878	3.2
8,501-9,000	553	1.1	4,840,869	2.9
9,001-9,500	465	1.0	4,300,472	2.6
9,501-10,000	398	0.8	3,875,112	2.4
10,001+	2,343	4.8	33,900,429	20.6

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 15,099
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: $55,058,694
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: $3,646

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	1,447	9.6	0	0.0
1-500	1,737	11.5	392,336	0.7
501-1,000	1,224	8.1	917,853	1.7
1,001-1,500	1,182	7.8	1,475,389	2.7
1,501-2,000	998	6.6	1,744,209	3.2
2,001-2,500	1,004	6.6	2,260,503	4.1
2,501-3,000	879	5.8	2,412,081	4.4
3,001-3,500	821	5.4	2,670,743	4.9
3,501-4,000	710	4.7	2,657,669	4.8
4,001-4,500	660	4.4	2,797,903	5.1
4,501-5,000	568	3.8	2,691,516	4.9
5,001-5,500	502	3.3	2,635,692	4.8
5,501-6,000	426	2.8	2,452,986	4.5
6,001-6,500	336	2.2	2,097,859	3.8
6,501-7,000	364	2.4	2,448,117	4.4
7,001-7,500	258	1.7	1,869,196	3.4
7,501-8,000	255	1.7	1,973,970	3.6
8,001-8,500	206	1.4	1,695,583	3.1
8,501-9,000	174	1.2	1,524,311	2.8
9,001-9,500	170	1.1	1,571,249	2.9
9,501-10,000	144	1.0	1,404,855	2.6
10,001+	1,034	6.8	15,364,674	27.9

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 16,285
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: $58,923,186
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: $3,618

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	1,269	7.8	0	0.0
1-500	1,600	9.8	366,767	0.6
501-1,000	1,360	8.4	1,027,364	1.7
1,001-1,500	1,238	7.6	1,539,590	2.6
1,501-2,000	1,165	7.2	2,031,202	3.4
2,001-2,500	1,095	6.7	2,456,850	4.2
2,501-3,000	1,007	6.2	2,764,596	4.7
3,001-3,500	920	5.6	2,995,441	5.1
3,501-4,000	842	5.2	3,164,925	5.4
4,001-4,500	774	4.8	3,290,297	5.6
4,501-5,000	649	4.0	3,083,263	5.2
5,001-5,500	616	3.8	3,228,737	5.5
5,501-6,000	542	3.3	3,118,730	5.3
6,001-6,500	453	2.8	2,821,505	4.8
6,501-7,000	434	2.7	2,931,546	5.0
7,001-7,500	357	2.2	2,582,451	4.4
7,501-8,000	300	1.8	2,320,655	3.9
8,001-8,500	264	1.6	2,178,465	3.7
8,501-9,000	229	1.4	2,003,020	3.4
9,001-9,500	169	1.0	1,565,891	2.7
9,501-10,000	155	1.0	1,508,838	2.6
10,001+	847	5.2	11,943,053	20.3

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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]
CONNECTICUT, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 17,037
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: $50,554,123
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: $2,967

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85 +	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	1,214	7.1	0	0.0
1-500	2,223	13.0	521,155	1.0
501-1,000	1,736	10.2	1,287,058	2.5
1,001-1,500	1,580	9.3	1,964,156	3.9
1,501-2,000	1,363	8.0	2,379,410	4.7
2,001-2,500	1,166	6.8	2,614,293	5.2
2,501-3,000	1,103	6.5	3,032,202	6.0
3,001-3,500	1,021	6.0	3,316,644	6.6
3,501-4,000	897	5.3	3,355,013	6.6
4,001-4,500	803	4.7	3,412,480	6.8
4,501-5,000	688	4.0	3,261,461	6.5
5,001-5,500	578	3.4	3,029,282	6.0
5,501-6,000	445	2.6	2,558,586	5.1
6,001-6,500	372	2.2	2,326,230	4.6
6,501-7,000	306	1.8	2,066,893	4.1
7,001-7,500	295	1.7	2,136,236	4.2
7,501-8,000	234	1.4	1,811,203	3.6
8,001-8,500	176	1.0	1,450,830	2.9
8,501-9,000	150	0.9	1,313,538	2.6
9,001-9,500	126	0.7	1,163,332	2.3
9,501-10,000	99	0.6	961,419	1.9
10,001+	462	2.7	6,592,702	13.0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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.

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

DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	**81,349**	**47,993**	**30,820**	**2,451**	**61**	**24**	**866,273**	**499,376**	**341,025**	**25,039**	**570**	**263**
Age												
5 and younger	4	0	0	0	4	0	48	0	0	0	48	0
6-14	5	0	0	0	5	0	60	0	0	0	60	0
15-20	105	0	80	1	24	0	1,100	0	839	11	250	0
21-44	13,467	0	11,902	1,541	22	2	147,751	0	131,710	15,846	171	24
45-64	19,340	2	18,559	765	6	8	213,678	24	205,696	7,828	41	89
65-74	15,105	14,677	279	136	0	13	164,332	160,132	2,780	1,271	0	149
75-84	16,286	16,279	0	7	0	0	172,381	172,310	0	71	0	0
85 and older	17,037	17,035	0	1	0	1	166,923	166,910	0	12	0	1
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,847	35,214	15,054	1,520	35	24	553,896	368,907	168,368	16,025	333	263
Male	29,502	12,779	15,766	931	26	0	312,377	130,469	172,657	9,014	237	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	56,997	34,670	20,983	1,288	33	23	602,543	353,908	234,988	13,099	297	251
African American	11,007	5,587	4,879	528	12	1	119,640	61,061	52,972	5,466	129	12
Other/unknown	13,345	7,736	4,958	635	16	0	144,090	84,407	53,065	6,474	144	0
Use of Nursing Facilities[c]												
Entire year	18,313	16,840	1,473	0	0	0	185,007	168,592	16,415	0	0	0
Part year	8,403	6,848	1,527	26	0	2	84,370	67,109	16,935	303	0	23
None	54,633	24,305	27,820	2,425	61	22	596,896	263,675	307,675	24,736	570	240
Maintenance Assistance Status												
Cash	12,534	4,770	5,948	1,802	14	0	140,874	53,867	68,206	18,654	147	0
Medically needy	18,253	8,621	9,604	24	4	0	189,371	86,492	102,695	154	30	0
Poverty related	2,830	1,140	1,621	28	17	24	30,118	11,885	17,653	203	114	263
Other/unknown	47,732	33,462	13,647	597	26	0	505,910	347,132	152,471	6,028	279	0
Dual Status[d]												
Full dual, all year	75,197	45,180	27,605	2,327	61	24	797,569	468,058	305,021	23,657	570	263
Full dual, part year	6,152	2,813	3,215	124	0	0	68,704	31,318	36,004	1,382	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,450	47,980	30,637	1,772	37	24	856,550	499,225	338,969	17,769	324	263
FFS part year, with Rx claims	516	12	167	327	10	0	5,685	139	1,907	3,526	113	0
FFS part year, no Rx claims	125	1	15	106	3	0	1,243	12	138	1,067	26	0
MC all year, with Rx claims	2	0	0	2	0	0	24	0	0	24	0	0
MC all year, no Rx claims	256	0	1	244	11	0	2,771	0	11	2,653	107	0

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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, CONNECTICUT, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**81,349**	**866,273**	**81,091**	**860,347**	**0**	**5,926**
Fee-for-service (FFS) all year	80,450	856,550	80,450	856,550	0	0
FFS part year, with Rx claims	516	5,685	516	3,354	0	2,331
FFS part year, with no Rx claims	125	1,243	125	443	0	800
Managed care (MC) all year, with Rx claims	2	24	0	0	0	24
MC all year, with no Rx claims	256	2,771	0	0	0	2,771

Source: Data for this table are from the MAX 2005 file for Connecticut, released by CMS in 10/2008. 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