

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	116,632	68,899	47,041	657	21	14	1,232,884	711,089	517,095	4,379	193	128
Age												
5 and younger	6	0	3	0	3	0	45	0	25	0	20	0
6-14	13	0	10	0	3	0	125	0	105	0	20	0
15-20	223	0	205	5	13	0	2,117	0	1,968	16	133	0
21-44	19,076	1	18,623	448	2	2	208,207	12	204,882	3,269	20	24
45-64	25,848	6	25,638	199	0	5	284,436	59	283,261	1,057	0	59
65-74	26,777	24,353	2,412	5	0	7	283,311	257,848	25,381	37	0	45
75-84	26,631	26,522	109	0	0	0	278,253	277,124	1,129	0	0	0
85 and older	18,058	18,017	41	0	0	0	176,390	176,046	344	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,138	51,110	25,531	471	12	14	815,928	531,324	281,099	3,279	98	128
Male	39,493	17,788	21,510	186	9	0	416,954	179,763	235,996	1,100	95	0
Unknown	1	1	0	0	0	0	2	2	0	0	0	0
Race												
White	66,315	37,614	28,312	370	12	7	696,282	380,336	313,113	2,660	105	68
African American	41,937	23,922	17,743	257	8	7	447,943	252,639	193,626	1,538	80	60
Other/unknown	8,380	7,363	986	30	1	0	88,659	78,114	10,356	181	8	0
Use of Nursing Facilities^c												
Entire year	13,835	12,340	1,494	1	0	0	141,995	125,069	16,922	4	0	0
Part year	9,066	8,001	1,065	0	0	0	85,670	74,710	10,960	0	0	0
None	93,731	48,558	44,482	656	21	14	1,005,219	511,310	489,213	4,375	193	128
Maintenance Assistance Status												
Cash	61,148	32,664	28,436	48	0	0	675,133	359,799	315,004	330	0	0
Medically needy	257	142	115	0	0	0	2,640	1,490	1,150	0	0	0
Poverty-related	19,883	9,978	9,783	102	6	14	212,454	106,581	104,940	760	45	128
Other/unknown	35,344	26,115	8,707	507	15	0	342,657	243,219	96,001	3,289	148	0
Dual Medicare Status^d												
Full dual, all year	111,803	66,099	45,037	632	21	14	1,181,773	681,334	496,014	4,104	193	128
Full dual, part year	4,829	2,800	2,004	25	0	0	51,111	29,755	21,081	275	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	112,064	66,598	44,937	497	18	14	1,204,478	696,246	504,250	3,675	179	128
FFS part year, with Rx claims	3,682	1,955	1,605	120	2	0	23,986	12,890	10,494	596	6	0
FFS part year, no Rx claims	886	346	499	40	1	0	4,420	1,953	2,351	108	8	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 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	88.8	51.9	\$3,341	\$64	\$14,116	23.7	116,632
Age							
5 and younger	83.3	28.3	3,495	123	9,275	37.7	6
6-14	100.0	51.4	9,472	184	13,822	68.5	13
15-20	77.1	24.0	3,323	138	14,601	22.8	223
21-44	84.8	36.4	3,548	97	13,719	25.9	19,076
45-64	89.0	56.7	4,223	75	16,188	26.1	25,848
65-74	88.0	53.4	3,124	59	10,179	30.7	26,777
75-84	90.3	56.0	3,027	54	13,401	22.6	26,631
85 and older	91.7	53.5	2,642	49	18,455	14.3	18,058
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	89.8	54.3	2,947	54	13,568	21.7	68,899
Disabled	87.5	48.9	3,944	81	15,054	26.2	47,041
Adults	77.2	21.5	1,569	73	4,307	36.4	657
Children	90.5	28.8	3,770	131	14,396	26.2	21
Unknown	100.0	35.0	2,675	76	14,481	18.5	14
Gender							
Female	91.0	55.9	3,383	61	13,662	24.8	77,138
Male	84.4	44.2	3,260	74	15,002	21.7	39,493
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	89.4	57.7	3,705	64	15,889	23.3	66,315
African American	87.6	45.4	2,931	65	12,740	23.0	41,937
Other/unknown	90.1	38.5	2,517	65	6,969	36.1	8,380
Use of Nursing Facilities^f							
Entire year	98.0	82.1	4,474	55	36,277	12.3	13,835
Part year	97.6	66.8	3,654	55	23,116	15.8	9,066
None	86.6	46.0	3,144	68	9,974	31.5	93,731
Maintenance Assistance Status							
Cash	91.2	50.8	3,417	67	8,651	39.5	61,148
Medically needy	89.9	45.3	3,773	83	16,545	22.8	257
Poverty related	83.5	39.3	2,626	67	4,608	57.0	19,883
Other/unknown	87.6	61.0	3,610	59	28,900	12.5	35,344

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 2005

DURE ELIGIBLE BENEFICIARIES, VIRGINIA, 2009												
Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			All Medicaid FFS \$ ^c									
All	4.9	\$316	23.7	11.2	13.8	9.6	28.6	27.2	9.5	\$1,335	116,632	1,232,884
Age												
5 and younger	3.8	466	37.7	16.7	33.3	0.0	33.3	16.7	0.0	1,237	6	45
6-14	5.3	985	68.5	0.0	7.7	7.7	53.8	30.8	0.0	1,438	13	125
15-20	2.5	350	22.8	22.9	29.1	15.7	18.8	11.2	2.2	1,538	223	2,117
21-44	3.3	325	25.9	15.2	25.6	12.7	25.9	16.4	4.3	1,257	19,076	208,207
45-64	5.2	384	26.1	11.0	13.3	9.1	27.8	27.9	10.9	1,471	25,848	284,436
65-74	5.0	295	30.7	12.0	12.6	9.4	28.8	27.2	10.0	962	26,777	283,311
75-84	5.4	290	22.6	9.7	10.3	8.9	29.7	30.7	10.7	1,283	26,631	278,253
85 and older	5.5	271	14.3	8.3	9.0	8.3	30.8	32.7	10.8	1,889	18,058	176,390
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	286	21.7	10.2	10.8	8.9	29.7	29.9	10.4	1,315	68,899	711,089
Disabled	4.4	359	26.2	12.5	18.1	10.5	27.1	23.5	8.3	1,370	47,041	517,095
Adults	3.2	236	36.4	22.8	22.4	12.2	25.4	14.3	2.9	646	657	4,379
Children	3.1	410	26.2	9.5	23.8	23.8	23.8	19.0	0.0	1,566	21	193
Unknown	3.8	293	18.5	0.0	28.6	0.0	42.9	28.6	0.0	1,584	14	128
Gender												
Female	5.3	320	24.8	9.0	11.9	9.4	29.5	29.6	10.7	1,292	77,138	815,928
Male	4.2	309	21.7	15.6	17.7	10.0	26.9	22.6	7.3	1,421	39,493	416,954
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Race												
White	5.5	353	23.3	10.6	11.7	8.4	26.7	30.0	12.7	1,513	66,315	696,282
African American	4.3	274	23.0	12.4	16.3	10.6	30.3	24.5	6.0	1,193	41,937	447,943
Other/unknown	3.6	238	36.1	9.9	18.4	14.3	35.8	18.9	2.7	659	8,380	88,659
Use of Nursing Facilities ^f												
Entire year	8.0	436	12.3	2.0	3.5	4.1	24.0	40.3	26.0	3,535	13,835	141,995
Part year	7.1	387	15.8	2.4	5.4	6.4	27.5	40.1	18.3	2,446	9,066	85,670
None	4.3	293	31.5	13.4	16.2	10.7	29.4	24.1	6.3	930	93,731	1,005,219
Maintenance Assistance Status												
Cash	4.6	310	39.5	8.8	15.4	10.8	31.2	26.5	7.2	784	61,148	675,133
Medically needy	4.4	367	22.8	10.1	23.0	9.7	26.5	22.6	8.2	1,611	257	2,640
Poverty related	3.7	246	57.0	16.5	19.9	11.5	28.1	19.7	4.3	431	19,883	212,454
Other/unknown	6.3	372	12.5	12.4	7.6	6.3	24.5	32.7	16.5	2,981	35,344	342,657

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 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	4.9	\$316	\$64	1.9	\$240	\$128	0.2	\$15	\$85	2.9	\$62	\$22
Age												
5 and younger	3.8	466	123	2.3	439	194	0.0	1	45	1.5	26	18
6-14	5.3	985	184	2.8	903	323	0.2	5	29	2.4	78	32
15-20	2.5	350	138	1.1	297	259	0.1	22	158	1.2	31	25
21-44	3.3	325	97	1.3	250	198	0.1	19	136	1.9	56	29
45-64	5.2	384	75	1.9	287	150	0.2	20	110	3.0	76	25
65-74	5.0	295	59	2.0	226	115	0.2	11	70	2.9	58	20
75-84	5.4	290	54	2.1	222	106	0.2	11	60	3.1	57	19
85 and older	5.5	271	49	2.0	200	101	0.2	14	59	3.3	57	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.3	286	54	2.0	217	108	0.2	11	63	3.1	57	19
Disabled	4.4	359	81	1.7	272	163	0.2	20	118	2.6	67	26
Adults	3.2	236	73	1.1	176	166	0.1	10	107	2.1	50	24
Children	3.1	410	131	1.6	358	229	0.1	19	135	1.4	33	24
Unknown	3.8	293	76	1.5	250	167	0.1	2	41	2.3	40	18
Gender												
Female	5.3	320	61	2.0	241	121	0.2	15	79	3.1	64	21
Male	4.2	309	74	1.6	237	146	0.1	14	99	2.4	57	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.5	353	64	2.0	262	129	0.2	19	87	3.2	71	22
African American	4.3	274	65	1.6	214	132	0.1	10	80	2.5	51	20
Other/unknown	3.6	238	65	1.8	193	109	0.1	7	69	1.8	38	21
Use of Nursing Facilities^e												
Entire year	8.0	436	55	2.9	322	110	0.4	24	66	4.7	90	19
Part year	7.1	387	55	2.6	290	111	0.3	21	67	4.1	76	18
None	4.3	293	68	1.7	224	135	0.1	13	95	2.5	56	23
Maintenance Assistance Status												
Cash	4.6	310	67	1.8	237	132	0.1	13	92	2.7	59	22
Medically needy	4.4	367	83	1.8	260	143	0.2	54	268	2.4	54	23
Poverty related	3.7	246	67	1.4	187	136	0.1	11	101	2.2	48	22
Other/unknown	6.3	372	59	2.3	278	119	0.3	20	72	3.7	75	20

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 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	0.3	0.1	0.0	0.2	\$28	\$19	\$3	\$5	\$80	\$248	\$76	\$23	240,498	\$19,263,925	62,539	53.6	695,855
Biologicals	0.1	0.0	0.0	0.1	220	51	81	88	1728	1,783	5,508	1,044	517	893,402	357	0.3	4,060
Antineoplastic Agents	0.5	0.1	0.0	0.4	87	58	0	29	170	512	87	73	27,230	4,626,163	5,156	4.4	53,167
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.6	53	39	4	9	51	103	47	17	592,710	30,208,034	52,125	44.7	573,920
Cardiovascular Agents	1.9	0.7	0.0	1.2	81	61	0	19	42	87	23	15	1,651,129	68,551,344	77,752	66.7	848,578
Respiratory Agents	0.7	0.4	0.0	0.3	43	37	1	5	61	98	55	18	373,727	22,946,291	47,942	41.1	532,784
Gastrointestinal Agents	0.8	0.5	0.0	0.3	70	64	0	6	86	131	54	18	476,561	41,102,526	53,444	45.8	587,418
Genitourinary Agents	0.5	0.4	0.0	0.1	37	32	1	4	69	83	63	31	108,657	7,518,741	18,221	15.6	202,254
CNS Drugs	1.4	0.6	0.0	0.8	121	98	2	20	88	171	126	26	923,102	81,325,082	61,727	52.9	672,814
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.4	59	44	2	14	93	163	131	39	8,968	835,062	1,270	1.1	14,115
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	146	144	0	1	166	168	124	69	90,546	15,057,796	9,874	8.5	103,368
Analgesics and Anesthetics	0.8	0.1	0.1	0.6	41	15	12	14	52	172	205	22	514,732	26,830,889	59,888	51.3	661,089
Neuromuscular Agents	1.0	0.3	0.1	0.6	74	43	5	26	77	162	78	41	376,721	29,007,509	35,280	30.2	392,605
Nutritional Products	0.6	0.0	0.0	0.6	10	0	0	10	16	26	17	16	175,270	2,852,828	25,522	21.9	275,990
Hematological Agents	0.9	0.3	0.1	0.4	78	69	2	7	90	198	26	16	232,468	21,009,583	25,088	21.5	270,317
Topical Products	0.5	0.2	0.0	0.2	25	17	1	6	54	83	55	28	240,830	13,041,862	47,173	40.4	526,771
Miscellaneous Products	0.5	0.2	0.0	0.2	146	123	6	17	310	542	254	77	14,577	4,518,860	2,889	2.5	31,044
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	20	0	0	0	5,061	99,214	1,441	1.2	16,184
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.	6,053,304	389,689,111	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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.medspan.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 Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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, VIRGINIA, 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	\$53,383,866	31,943	27.4	351,457	0.8	\$199	\$152
ULCER DRUGS	32,709,136	52,380	44.9	578,958	0.6	91	56
ANTIHYPERLIPIDEMIC	31,431,855	39,576	33.9	446,326	0.7	107	70
ANTICONVULSANT	23,954,375	29,772	25.5	332,116	0.8	92	72
ANTIDEPRESSANTS	23,111,339	54,021	46.3	592,354	0.7	59	39
ANTIDIABETIC	20,228,441	44,985	38.6	498,572	0.7	58	41
ANTIASTHMATIC	17,320,480	46,789	40.1	517,886	0.5	74	33
ANALGESICS - Narcotic	15,561,683	72,555	62.2	806,574	0.4	46	19
ANTIHYPERTENSIVE	15,277,570	57,134	49.0	632,684	0.7	35	24
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	15,110,944	12,449	10.7	130,525	0.7	165	116
Total	248,089,689	441,604		4,887,452	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, VIRGINIA, 2005

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 \$ 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	3,014,447	\$248,089,689	31,943	27.4	351,457	0.8	\$152	52,380	44.9	578,958	0.6	\$57
Female												
All Females	2,096,310	164,813,131	19,111	24.8	208,884	0.7	133	37,332	48.4	413,091	0.6	56
Female, Disabled												
All Ages	737,204	69,318,069	8,828	34.6	100,744	0.7	156	12,360	48.4	141,410	0.6	57
5 and younger	14	474	0	0.0	0	0.0	0	1	33.3	12	1.0	36
6-14	28	1,522	0	0.0	0	0.0	0	3	75.0	34	0.2	11
15-20	1,173	157,609	37	39.4	368	0.6	133	21	22.3	230	0.4	50
21-44	186,982	20,572,802	3,635	41.2	41,728	0.6	149	3,319	37.6	38,291	0.5	48
45-64	495,867	44,607,285	4,878	32.7	55,629	0.7	161	8,104	54.3	92,851	0.6	60
65-74	51,089	3,835,656	267	17.0	2,911	0.9	175	865	55.2	9,468	0.6	60
75-84	1,589	114,189	7	9.0	70	0.6	94	31	39.7	358	0.6	66
85 and older	462	28,532	4	12.5	38	0.9	69	16	50.0	166	0.6	38
Female, Other Eligibles												
All Ages	1,359,106	95,495,062	10,283	19.9	108,140	0.7	112	24,972	48.4	271,681	0.6	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	98	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	215	26,654	8	66.7	76	0.9	148	2	16.7	20	0.4	7
21-44	4,120	355,625	83	23.7	839	0.4	102	101	28.9	992	0.4	42
45-64	1,673	126,891	13	10.6	129	0.5	132	50	40.7	446	0.4	37
65-74	459,039	33,333,746	2,502	15.4	27,583	0.8	135	8,103	49.8	91,208	0.6	56
75-84	541,627	37,876,419	3,954	20.1	41,938	0.8	112	9,676	49.2	106,233	0.6	56
85 and older	352,425	23,775,629	3,723	24.5	37,575	0.7	96	7,040	46.3	72,782	0.7	57
Male												
All Males	918,137	83,276,558	12,832	32.5	142,573	0.8	179	15,048	38.1	165,867	0.6	57
Male, Disabled												
All Ages	508,955	53,901,677	9,291	43.2	106,057	0.8	199	7,375	34.3	83,936	0.6	58
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	102	5,591	0	0.0	0	0.0	0	5	83.3	60	0.3	13
15-20	1,269	187,100	35	31.5	391	0.7	259	22	19.8	257	0.5	43
21-44	192,734	23,449,444	4,547	46.4	51,804	0.8	202	2,696	27.5	31,124	0.6	55
45-64	291,888	28,589,471	4,542	42.4	52,042	0.9	197	4,273	39.9	48,462	0.6	60
65-74	22,294	1,620,098	162	19.2	1,760	0.8	140	365	43.2	3,885	0.7	62
75-84	573	44,556	5	16.1	60	0.8	180	10	32.3	118	0.5	45
85 and older	95	5,417	0	0.0	0	0.0	0	4	44.4	30	0.4	21

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, VIRGINIA, 2005

DOSE ELIGIBLE BENEFICIARIES, VIRGINIA, 2005												
All Top 10 Drug Groups					ANTIPSYCHOTICS				ULCER DRUGS			
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Mean	Mean \$ per Benefit Month	Mean \$ per Benefit Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	409,182	29,374,881	3,541	19.7	36,516	0.8	122	7,673	42.7	81,931	0.6	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	19	195	0	0.0	0	0.0	0	1	100.0	12	0.2	1
15-20	45	2,218	1	16.7	12	0.4	70	2	33.3	23	0.5	6
21-44	1,261	105,041	18	17.5	159	0.7	151	29	28.2	267	0.6	57
45-64	740	60,581	14	16.1	97	0.5	148	19	21.8	156	0.4	47
65-74	192,275	14,253,538	1,455	18.0	15,816	0.8	144	3,427	42.4	37,840	0.6	56
75-84	158,148	11,152,880	1,414	20.6	14,363	0.8	114	2,962	43.1	31,592	0.6	56
85 and older	56,694	3,800,428	639	22.7	6,069	0.7	84	1,233	43.7	12,041	0.7	57
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 Virginia, released by CMS in 11/2008. 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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVES					ANTICONVULSANTS					ANTIDEPRESSANTS				
	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	39,576	33.9	446,326	0.7	\$70	29,772	25.5	332,116	0.8	\$72	54,021	46.3	592,354	0.7	\$39
Female															
All Females	27,793	36.0	313,612	0.7	71	19,104	24.8	212,876	0.8	66	39,306	51.0	431,374	0.7	39
Female, Disabled															
All Ages	8,514	33.3	97,640	0.6	65	10,271	40.2	117,386	0.8	84	17,465	68.4	198,723	0.6	39
5 and younger	1	33.3	1	1.0	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	5.3	60	0.7	47	22	23.4	244	0.9	127	37	39.4	393	0.5	35
21-44	1,153	13.1	13,342	0.5	57	3,841	43.5	44,245	0.8	96	5,831	66.0	66,430	0.5	37
45-64	6,380	42.7	73,413	0.6	66	6,030	40.4	68,712	0.8	77	10,828	72.6	123,445	0.6	41
65-74	934	59.6	10,359	0.6	71	364	23.2	4,040	0.7	58	745	47.5	8,194	0.6	37
75-84	36	46.2	423	0.6	68	9	11.5	105	0.5	21	16	20.5	183	0.6	33
85 and older	5	15.6	42	0.7	67	5	15.6	40	0.5	79	8	25.0	78	0.4	28
Female, Other Eligibles															
All Ages	19,279	37.4	215,972	0.7	73	8,833	17.1	95,490	0.7	44	21,841	42.3	232,651	0.7	39
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	8.3	8	0.1	18	4	33.3	40	1.1	220	6	50.0	56	1.0	74
21-44	23	6.6	215	0.4	41	103	29.4	945	0.5	49	208	59.4	1,937	0.4	31
45-64	31	25.2	225	0.5	55	32	26.0	271	0.6	77	69	56.1	616	0.5	30
65-74	8,368	51.4	94,471	0.6	71	3,349	20.6	37,295	0.7	49	6,435	39.5	71,671	0.7	38
75-84	7,990	40.7	89,910	0.7	74	3,387	17.2	36,848	0.8	42	8,122	41.3	87,324	0.7	39
85 and older	2,866	18.9	31,143	0.7	74	1,958	12.9	20,091	0.8	37	7,001	46.1	71,047	0.8	41
Male															
All Males	11,783	29.8	132,714	0.7	70	10,668	27.0	119,240	0.8	83	14,715	37.3	160,980	0.7	39
Male, Disabled															
All Ages	5,581	25.9	64,202	0.7	68	7,658	35.6	87,556	0.9	95	9,089	42.3	103,134	0.6	39
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	5	83.3	57	0.6	58	0	0.0	0	0.0	0	2	33.3	24	0.1	2
15-20	5	4.5	51	0.4	36	32	28.8	359	0.8	141	34	30.6	378	0.6	31
21-44	1,580	16.1	18,392	0.6	63	3,583	36.6	41,138	0.9	109	4,159	42.5	47,657	0.6	39
45-64	3,603	33.6	41,422	0.7	70	3,839	35.8	43,807	0.9	84	4,594	42.9	51,854	0.7	39
65-74	378	44.7	4,173	0.7	73	200	23.7	2,204	0.8	53	290	34.3	3,103	0.6	36
75-84	9	29.0	103	0.5	56	4	12.9	48	0.8	16	9	29.0	106	0.5	25
85 and older	1	11.1	4	1.0	139	0	0.0	0	0.0	0	1	11.1	12	1.0	86

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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTICONVULSANT					ANTIDEPRESSANTS				
	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	6,202	34.5	68,512	0.7	72	3,010	16.7	31,684	0.8	50	5,626	31.3	57,846	0.7	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	16.7	12	0.3	4
21-44	11	10.7	95	0.4	53	33	32.0	254	0.4	43	55	53.4	497	0.4	25
45-64	22	25.3	128	0.4	40	18	20.7	159	0.6	40	30	34.5	243	0.5	31
65-74	3,299	40.8	37,161	0.7	72	1,523	18.8	16,488	0.8	55	2,272	28.1	24,613	0.7	37
75-84	2,372	34.5	25,973	0.7	73	1,107	16.1	11,640	0.8	46	2,147	31.2	21,965	0.7	38
85 and older	498	17.7	5,155	0.7	75	329	11.7	3,143	0.8	41	1,121	39.8	10,516	0.7	39
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - Narcotic				
	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	44,985	38.6	498,572	0.7	\$41	46,789	40.1	517,886	0.5	\$33	72,555	62.2	806,574	0.4	\$19
Female															
All Females	32,798	42.5	364,719	0.7	41	33,146	43.0	368,502	0.4	33	52,675	68.3	586,768	0.4	18
Female, Disabled															
All Ages	9,978	39.1	113,615	0.7	44	12,858	50.4	147,451	0.4	32	22,714	89.0	260,327	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	1	2	50.0	13	0.2	2
15-20	12	12.8	139	0.5	41	26	27.7	278	0.5	58	44	46.8	466	0.3	48
21-44	1,613	18.3	18,417	0.6	40	3,323	37.6	38,534	0.3	23	7,406	83.9	84,946	0.4	23
45-64	7,259	48.6	83,126	0.7	45	8,567	57.4	98,211	0.4	34	14,005	93.8	160,745	0.4	24
65-74	1,058	67.5	11,537	0.7	42	910	58.1	10,056	0.5	41	1,194	76.2	13,430	0.4	15
75-84	32	41.0	366	0.7	43	27	34.6	313	0.4	35	47	60.3	543	0.2	3
85 and older	4	12.5	30	0.8	22	4	12.5	47	0.1	3	15	46.9	172	0.3	3
Female, Other Eligibles															
All Ages	22,820	44.2	251,104	0.7	39	20,288	39.3	221,051	0.5	34	29,961	58.1	326,441	0.4	14
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	50.0	4	0.8	11	0	0.0	0	0.0	0	1	50.0	4	0.3	8
15-20	1	8.3	12	0.9	37	3	25.0	17	0.5	42	1	8.3	8	0.1	1
21-44	49	14.0	468	0.4	34	101	28.9	977	0.3	18	323	92.3	2,933	0.4	17
45-64	35	28.5	250	0.4	36	42	34.1	342	0.4	29	91	74.0	818	0.5	20
65-74	9,167	56.3	102,480	0.7	43	7,521	46.2	84,126	0.5	37	10,153	62.4	114,395	0.4	13
75-84	9,250	47.1	102,404	0.7	38	7,551	38.4	82,813	0.5	34	11,473	58.4	126,976	0.4	14
85 and older	4,317	28.4	45,486	0.7	33	5,070	33.4	52,776	0.4	28	7,919	52.1	81,307	0.5	15
Male															
All Males	12,187	30.9	133,853	0.7	41	13,643	34.5	149,384	0.5	35	19,880	50.3	219,806	0.4	22
Male, Disabled															
All Ages	5,223	24.3	59,243	0.7	44	5,895	27.4	66,753	0.4	33	12,000	55.8	135,878	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	66.7	48	0.1	1
15-20	5	4.5	56	0.7	31	17	15.3	191	0.2	17	36	32.4	426	0.2	1
21-44	1,350	13.8	15,586	0.6	44	1,896	19.4	21,608	0.4	27	5,167	52.8	59,080	0.4	28
45-64	3,476	32.4	39,412	0.7	44	3,565	33.3	40,410	0.5	35	6,284	58.7	70,828	0.5	28
65-74	373	44.1	3,983	0.7	42	404	47.8	4,400	0.5	41	499	59.1	5,376	0.4	13
75-84	12	38.7	142	0.8	44	13	41.9	144	0.4	36	7	22.6	84	0.5	26
85 and older	7	77.8	64	0.6	15	0	0.0	0	0.0	0	3	33.3	36	0.5	45

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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					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
Male, Other Eligibles															
All Ages	6,964	38.7	74,610	0.7	39	7,748	43.1	82,631	0.5	37	7,880	43.8	83,928	0.4	14
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	1	16.7	12	0.3	4	0	0.0	0	0.0	0
21-44	18	17.5	155	0.6	47	13	12.6	126	0.2	8	94	91.3	811	0.5	25
45-64	18	20.7	114	0.5	30	10	11.5	85	0.5	43	43	49.4	281	0.6	23
65-74	3,471	42.9	37,941	0.7	40	3,425	42.3	37,696	0.5	39	3,831	47.3	42,157	0.4	17
75-84	2,646	38.5	28,374	0.7	38	3,059	44.5	32,289	0.5	36	2,786	40.5	29,735	0.4	11
85 and older	811	28.8	8,026	0.7	33	1,240	44.0	12,423	0.5	33	1,126	39.9	10,944	0.4	11
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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.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.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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	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	57,134	49.0	632,684	0.7	\$24	12,449	10.7	130,525	0.7	\$116	116,632	1,232,884
Female												
All Females	40,632	52.7	450,080	0.7	25	9,422	12.2	99,180	0.7	119	77,138	815,928
Female, Disabled												
All Ages	10,508	41.2	119,542	0.6	23	1,159	4.5	13,188	0.5	240	25,531	281,099
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
6-14	3	75.0	26	0.7	43	0	0.0	0	0.0	0	4	36
15-20	7	7.4	74	0.8	31	2	2.1	11	0.5	281	94	873
21-44	1,727	19.6	19,773	0.5	19	318	3.6	3,668	0.4	289	8,829	97,125
45-64	7,569	50.7	86,398	0.6	23	756	5.1	8,611	0.5	235	14,924	165,361
65-74	1,137	72.6	12,528	0.7	25	71	4.5	781	0.5	83	1,567	16,560
75-84	49	62.8	575	0.7	27	3	3.8	27	0.8	109	78	839
85 and older	16	50.0	168	0.7	20	9	28.1	90	0.6	76	32	280
Female, Other Eligibles												
All Ages	30,124	58.4	330,538	0.7	26	8,263	16.0	85,992	0.8	100	51,607	534,829
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
6-14	1	50.0	4	0.8	5	0	0.0	0	0.0	0	2	8
15-20	3	25.0	28	0.7	36	0	0.0	0	0.0	0	12	82
21-44	64	18.3	578	0.4	12	7	2.0	80	0.4	290	350	2,649
45-64	45	36.6	349	0.5	18	0	0.0	0	0.0	0	123	712
65-74	10,507	64.6	117,610	0.7	26	1,125	6.9	12,268	0.7	95	16,272	173,454
75-84	12,268	62.4	135,840	0.7	27	3,459	17.6	36,073	0.7	99	19,649	207,673
85 and older	7,236	47.6	76,129	0.7	25	3,672	24.2	37,571	0.8	104	15,197	150,235
Male												
All Males	16,502	41.8	182,604	0.7	22	3,027	7.7	31,345	0.7	106	39,493	416,954
Male, Disabled												
All Ages	7,076	32.9	80,203	0.6	21	727	3.4	8,181	0.4	130	21,510	235,996
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	6	100.0	66	0.6	21	0	0.0	0	0.0	0	6	69
15-20	28	25.2	309	0.5	17	0	0.0	0	0.0	0	111	1,095
21-44	2,083	21.3	23,818	0.6	20	230	2.3	2,621	0.3	151	9,794	107,757
45-64	4,416	41.2	50,037	0.7	22	440	4.1	4,961	0.5	125	10,714	117,900
65-74	526	62.2	5,809	0.7	23	54	6.4	563	0.6	80	845	8,821
75-84	14	45.2	146	0.6	16	3	9.7	36	0.8	97	31	290
85 and older	3	33.3	18	0.8	35	0	0.0	0	0.0	0	9	64

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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	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		
Male, Other Eligibles												
All Ages	9,426	52.4	102,401	0.7	22	2,300	12.8	23,164	0.7	97	17,983	180,958
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	2	200.0	24	0.7	8	0	0.0	0	0.0	0	1	12
15-20	1	16.7	11	1.9	104	0	0.0	0	0.0	0	6	67
21-44	22	21.4	184	0.9	29	8	7.8	82	0.2	52	103	676
45-64	34	39.1	162	0.5	18	3	3.4	29	0.1	110	87	463
65-74	4,480	55.4	49,912	0.7	23	562	6.9	6,100	0.7	91	8,092	84,474
75-84	3,633	52.9	39,365	0.7	23	1,066	15.5	10,887	0.7	98	6,873	69,451
85 and older	1,254	44.5	12,743	0.7	21	661	23.4	6,066	0.8	103	2,820	25,811
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	\$436	8.0	13,835	141,995
Age				
0-64	583	8.9	1,350	15,331
65-74	538	9.4	1,893	20,287
75-84	455	8.4	4,399	45,373
85 and older	351	7.0	6,193	61,004
Unknown	0	0.0	0	0
Gender				
Female	427	8.0	10,422	106,869
Male	464	8.1	3,413	35,126
Unknown	0	0.0	0	0
Race				
White	450	8.3	9,885	99,856
African American	402	7.2	3,748	40,025
Other/unknown	405	6.7	202	2,114
Basis of Eligibility^c				
Aged	417	7.9	12,340	125,069
Disabled	576	8.9	1,494	16,922
Adults	1,766	9.5	1	4
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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, VIRGINIA, 2005

DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003																	
	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, VIRGINIA, 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	\$8,596,390	5,821	42.1	62,051	0.9	\$151	\$139
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,108,893	4,375	31.6	45,533	0.9	149	134
ANTIDEPRESSANTS	5,447,777	9,880	71.4	104,245	0.9	57	52
ULCER DRUGS	5,125,712	7,535	54.5	79,046	0.9	75	65
ANTICONVULSANT	3,120,841	4,282	31.0	46,416	1.1	61	67
ANTIHYPERLIPIDEMIC	2,803,522	2,909	21.0	31,474	0.9	101	89
ANTIDIABETIC	2,666,000	5,949	43.0	64,025	0.9	45	42
ANTIASTHMATIC	2,236,535	6,258	45.2	66,126	0.5	62	34
ANALGESICS - Narcotic	2,042,474	7,204	52.1	74,572	0.7	38	27
MISC. HEMATOLOGICAL	1,975,085	1,981	14.3	20,482	0.9	108	96
Total	40,123,229	56,194		593,970	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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, VIRGINIA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	509,436	\$40,123,229	5,821	42.1	62,051	0.9	\$139	4,375	31.6	45,533	0.9	\$134
Female												
All Females	378,121	29,554,150	4,310	41.4	45,924	0.9	134	3,466	33.3	36,293	0.9	135
Female, Disabled												
All Ages	34,544	3,358,578	291	39.7	3,395	1.0	185	109	14.9	1,246	0.9	579
64 or younger	31,002	3,074,912	250	37.8	2,912	1.0	177	97	14.7	1,102	0.9	642
65-74	3,403	273,586	39	61.9	459	1.1	240	10	15.9	120	0.8	102
75-84	62	5,460	1	33.3	12	1.0	157	0	0.0	0	0.0	0
85 and older	77	4,620	1	20.0	12	0.4	63	2	40.0	24	0.5	66
Female, Other Eligibles												
All Ages	343,577	26,195,572	4,019	41.5	42,529	0.9	130	3,357	34.6	35,047	0.9	119
64 or younger	20	2,180	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	54,815	4,202,394	552	52.6	6,020	1.0	160	267	25.4	2,848	0.9	132
75-84	134,554	10,331,737	1,547	47.6	16,571	0.9	137	1,230	37.8	12,813	0.9	115
85 and older	154,188	11,659,261	1,920	35.6	19,938	0.9	115	1,860	34.5	19,386	0.9	119
Male												
All Males	131,315	10,569,079	1,511	44.3	16,127	0.9	152	909	26.6	9,240	0.9	133
Male, Disabled												
All Ages	36,655	3,076,252	342	44.9	3,899	1.1	197	80	10.5	884	0.8	245
64 or younger	33,053	2,803,326	309	45.0	3,536	1.1	201	63	9.2	685	0.8	283
65-74	3,455	262,284	33	46.5	363	1.0	157	15	21.1	175	0.9	116
75-84	133	9,604	0	0.0	0	0.0	0	2	100.0	24	0.6	83
85 and older	14	1,038	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	94,660	7,492,827	1,169	44.1	12,228	0.9	137	829	31.3	8,356	0.9	121
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	31,529	2,583,679	370	52.2	4,067	1.0	163	174	24.5	1,896	0.9	116
75-84	42,032	3,336,108	540	47.3	5,690	0.9	138	384	33.6	3,953	0.9	122
85 and older	21,099	1,573,040	259	32.3	2,471	0.8	92	271	33.8	2,507	0.9	122
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 Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					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	9,880	71.4	104,245	0.9	\$52	7,535	54.5	79,046	0.9	\$65	4,282	31.0	46,416	1.1	\$67
Female															
All Females	7,578	72.7	80,143	0.9	52	5,623	54.0	59,118	0.9	64	2,948	28.3	31,839	1.1	62
Female, Disabled															
All Ages	572	78.0	6,491	1.0	61	392	53.5	4,464	0.9	69	480	65.5	5,416	1.3	98
64 or younger	517	78.1	5,897	1.0	63	360	54.4	4,122	0.9	70	437	66.0	4,957	1.3	102
65-74	52	82.5	558	0.9	38	25	39.7	264	0.9	61	42	66.7	447	1.2	63
75-84	1	33.3	12	1.0	80	4	133.3	42	0.6	57	1	33.3	12	1.0	16
85 and older	2	40.0	24	0.4	23	3	60.0	36	0.6	34	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	7,006	72.3	73,652	0.9	51	5,231	54.0	54,654	0.9	63	2,468	25.5	26,423	1.0	55
64 or younger	0	0.0	0	0.0	0	1	100.0	4	1.0	142	1	100.0	4	0.8	54
65-74	856	81.5	9,420	1.0	58	635	60.5	7,008	0.9	65	568	54.1	6,261	1.1	65
75-84	2,568	79.0	27,351	0.9	51	1,867	57.4	19,760	0.9	65	1,033	31.8	11,224	1.0	56
85 and older	3,582	66.5	36,881	0.9	50	2,728	50.6	27,882	0.9	62	866	16.1	8,934	0.9	46
Male															
All Males	2,302	67.4	24,102	0.9	53	1,912	56.0	19,928	0.9	68	1,334	39.1	14,577	1.2	78
Male, Disabled															
All Ages	560	73.6	6,312	1.0	56	440	57.8	4,940	0.9	77	512	67.3	5,906	1.3	100
64 or younger	509	74.1	5,771	1.0	56	397	57.8	4,481	0.9	79	469	68.3	5,394	1.3	102
65-74	49	69.0	517	1.0	53	41	57.7	435	1.0	64	40	56.3	476	1.2	84
75-84	1	50.0	12	1.1	76	2	100.0	24	1.0	60	3	150.0	36	0.7	12
85 and older	1	100.0	12	1.0	86	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	1,742	65.7	17,790	0.9	52	1,472	55.5	14,988	0.8	65	822	31.0	8,671	1.1	63
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	515	72.6	5,519	0.9	54	429	60.5	4,596	0.9	66	326	46.0	3,608	1.1	75
75-84	738	64.6	7,606	0.9	51	624	54.6	6,466	0.8	64	376	32.9	3,960	1.1	54
85 and older	489	61.0	4,665	0.9	50	419	52.3	3,926	0.9	66	120	15.0	1,103	1.1	56
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 Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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.medspan.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, VIRGINIA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIASTHMATIC				
	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	2,909	21.0	31,474	0.9	\$89	5,949	43.0	64,025	0.9	\$42	6,258	45.2	66,126	0.5	\$34
Female															
All Females	2,033	19.5	22,045	0.9	89	4,407	42.3	47,581	0.9	41	4,583	44.0	48,677	0.5	32
Female, Disabled															
All Ages	187	25.5	2,139	0.9	94	348	47.5	3,976	1.0	47	288	39.3	3,301	0.6	36
64 or younger	162	24.5	1,868	0.9	94	299	45.2	3,469	1.0	46	264	39.9	3,049	0.6	37
65-74	25	39.7	271	0.9	93	49	77.8	507	1.1	55	23	36.5	240	0.6	24
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	1	20.0	12	0.1	1
Female, Other Eligibles															
All Ages	1,846	19.1	19,906	0.9	88	4,059	41.9	43,605	0.9	41	4,295	44.3	45,376	0.5	32
64 or younger	0	0.0	0	0.0	0	2	200.0	8	0.9	107	0	0.0	0	0.0	0
65-74	325	31.0	3,665	0.9	93	749	71.3	8,309	1.0	50	548	52.2	6,001	0.7	39
75-84	833	25.6	9,063	0.9	88	1,738	53.4	18,729	0.9	41	1,600	49.2	16,917	0.5	36
85 and older	688	12.8	7,178	0.9	86	1,570	29.1	16,559	0.9	36	2,147	39.9	22,458	0.5	28
Male															
All Males	876	25.7	9,429	0.9	90	1,542	45.2	16,444	1.0	43	1,675	49.1	17,449	0.6	38
Male, Disabled															
All Ages	215	28.3	2,420	0.9	88	331	43.5	3,694	1.1	45	298	39.2	3,334	0.6	36
64 or younger	188	27.4	2,128	0.9	88	287	41.8	3,184	1.1	45	270	39.3	3,007	0.6	37
65-74	26	36.6	280	0.9	90	41	57.7	474	1.1	40	26	36.6	303	0.6	25
75-84	1	50.0	12	1.1	143	3	150.0	36	1.1	87	2	100.0	24	0.1	1
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	661	24.9	7,009	0.9	91	1,211	45.7	12,750	0.9	42	1,377	51.9	14,115	0.6	38
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	254	35.8	2,852	0.9	89	403	56.8	4,416	1.0	43	342	48.2	3,689	0.6	43
75-84	299	26.2	3,144	0.9	92	542	47.5	5,744	0.9	45	625	54.7	6,528	0.6	38
85 and older	108	13.5	1,013	0.9	89	266	33.2	2,590	0.8	34	410	51.2	3,898	0.6	35
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 Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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, VIRGINIA, 2005

ANALGESICS - Narcotic						MISC. HEMATOLOGICAL						
Beneficiary Characteristics	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	7,204	52.1	74,572	0.7	\$27	1,981	14.3	20,482	0.9	\$96	13,835	141,995
Female												
All Females	5,674	54.4	58,790	0.7	28	1,444	13.9	14,815	0.9	96	10,422	106,869
Female, Disabled												
All Ages	413	56.3	4,727	0.9	40	71	9.7	816	0.9	101	733	8,323
64 or younger	376	56.8	4,301	0.9	41	54	8.2	622	0.9	104	662	7,541
65-74	34	54.0	392	1.1	23	16	25.4	182	0.9	98	63	688
75-84	1	33.3	10	0.2	3	0	0.0	0	0.0	0	3	34
85 and older	2	40.0	24	0.7	11	1	20.0	12	0.8	22	5	60
Female, Other Eligibles												
All Ages	5,261	54.3	54,063	0.7	27	1,373	14.2	13,999	0.9	96	9,689	98,546
64 or younger	1	100.0	4	0.5	6	1	100.0	4	1.0	130	1	4
65-74	685	65.2	7,632	0.8	35	175	16.7	1,958	0.9	100	1,050	11,255
75-84	1,897	58.3	19,857	0.8	32	475	14.6	4,820	0.9	98	3,252	33,707
85 and older	2,678	49.7	26,570	0.6	22	722	13.4	7,217	0.9	93	5,386	53,580
Male												
All Males	1,530	44.8	15,782	0.7	24	537	15.7	5,667	0.9	97	3,413	35,126
Male, Disabled												
All Ages	374	49.1	4,147	0.9	43	77	10.1	839	1.0	106	761	8,599
64 or younger	332	48.3	3,710	0.9	43	63	9.2	702	1.0	105	687	7,786
65-74	41	57.7	425	0.8	53	14	19.7	137	1.0	111	71	777
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	1	100.0	12	0.2	1	0	0.0	0	0.0	0	1	12
Male, Other Eligibles												
All Ages	1,156	43.6	11,635	0.6	17	460	17.3	4,828	0.9	96	2,652	26,527
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	358	50.5	3,786	0.7	20	128	18.1	1,435	0.9	105	709	7,567
75-84	458	40.1	4,708	0.6	15	185	16.2	1,967	0.9	93	1,142	11,608
85 and older	340	42.4	3,141	0.6	15	147	18.4	1,426	0.8	89	801	7,352
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 Virginia, released by CMS in 11/2008. 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 9,066 beneficiaries who were in nursing facilities for part of their enrollment and their 85,670 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.medspan.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}
VIRGINIA, 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	74,923	64.2	11.4	1,331,981	\$131	\$15,299,986	\$11	3.9	116,632
Age									
5 and younger	3	50.0	3.5	21	58	346	16	1.7	6
6-14	9	69.2	6.5	84	375	4,871	58	4.0	13
15-20	83	37.2	3.3	734	51	11,413	16	1.5	223
21-44	9,802	51.4	5.7	108,534	111	2,115,269	19	3.1	19,076
45-64	16,806	65.0	9.9	256,365	141	3,632,341	14	3.3	25,848
65-74	16,207	60.5	9.5	253,658	111	2,978,273	12	3.6	26,777
75-84	17,980	67.5	13.4	357,692	132	3,508,122	10	4.4	26,631
85 and older	14,033	77.7	19.7	354,893	169	3,049,351	9	6.4	18,058
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	46,578	67.6	13.7	942,490	134	9,248,658	10	4.6	68,899
Disabled	28,034	59.6	8.2	387,315	128	6,016,948	16	3.2	47,041
Adults	290	44.1	3.1	2,046	49	32,043	16	3.1	657
Children	13	61.9	3.2	68	49	1,036	15	1.3	21
Unknown	8	57.1	4.4	62	93	1,301	21	3.5	14
Gender									
Female	52,834	68.5	12.6	972,183	144	11,142,758	11	4.3	77,138
Male	22,089	55.9	9.1	359,798	105	4,157,228	12	3.2	39,493
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	45,602	68.8	13.9	924,457	159	10,538,057	11	4.3	66,315
African American	24,916	59.4	8.8	369,650	99	4,160,143	11	3.4	41,937
Other/unknown	4,405	52.6	4.5	37,874	72	601,786	16	2.9	8,380
Use of Nursing Facilities^d									
Entire year	13,488	97.5	37.8	523,451	308	4,262,454	8	6.9	13,835
Part year	8,727	96.3	24.9	225,598	211	1,912,469	8	5.8	9,066
None	52,708	56.2	6.2	582,932	97	9,125,063	16	3.1	93,731
Maintenance Assistance Status									
Cash	37,141	60.7	7.4	452,241	109	6,667,653	15	3.2	61,148
Medically needy	153	59.5	10.4	2,667	493	126,596	47	13.1	257
Poverty related	10,018	50.4	4.6	91,745	73	1,442,535	16	2.8	19,883
Other/unknown	27,611	78.1	22.2	785,328	200	7,063,202	9	5.5	35,344

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
VIRGINIA, 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	1.1	\$12	\$11	\$0	\$3	1,232,884
Age						
5 and younger	0.5	8	16	0	0	45
6-14	0.7	39	58	0	0	125
15-20	0.3	5	16	0	2	2,117
21-44	0.5	10	19	0	4	208,207
45-64	0.9	13	14	0	4	284,436
65-74	0.9	11	12	0	2	283,311
75-84	1.3	13	10	0	2	278,253
85 and older	2.0	17	9	0	2	176,390
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.3	13	10	0	2	711,089
Disabled	0.7	12	16	0	4	517,095
Adults	0.5	7	16	0	3	4,379
Children	0.4	5	15	0	0	193
Unknown	0.5	10	21	0	3	128
Gender						
Female	1.2	14	11	0	3	815,928
Male	0.9	10	12	0	3	416,954
Unknown	0.0	0	0	0	0	2
Race						
White	1.3	15	11	0	4	696,282
African American	0.8	9	11	0	1	447,943
Other/unknown	0.4	7	16	0	1	88,659
Use of Nursing Facilities^d						
Entire year	3.7	30	8	0	3	141,995
Part year	2.6	22	8	0	3	85,670
None	0.6	9	16	0	3	1,005,219
Maintenance Assistance Status						
Cash	0.7	10	15	0	3	675,133
Medically needy	1.0	48	47	0	2	2,640
Poverty related	0.4	7	16	0	2	212,454
Other/unknown	2.3	21	9	0	3	342,657

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
VIRGINIA, 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	Total Number Rx.
All	129,673	\$118	\$15,299,986	100.0	1,331,981	\$11	100.0	1,331,981
Anorexia or weight loss/gain	6	243	1,455	0.0	19	77	0.0	19
Fertility drugs	12	52	625	0.0	15	42	0.0	15
Drugs for cosmetic purposes	62	54	3,337	0.0	126	26	0.0	126
Cough and cold medications	19,529	78	1,518,440	9.9	52,071	29	3.9	52,071
Vitamins and minerals	24,659	111	2,746,971	18.0	168,506	16	12.7	168,506
Non-prescription drugs	50,114	130	6,504,841	42.5	843,283	8	63.3	843,283
Barbiturates	1,380	70	97,146	0.6	15,958	6	1.2	15,958
Benzodiazepines	31,062	115	3,559,537	23.3	241,471	15	18.1	241,471
Other Part D Excl Rx Drugs	2,849	305	867,634	5.7	10,532	82	0.8	10,532

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Dual Eligible Beneficiaries: 116,632
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$389,689,111
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,341

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,070	11.2	\$0	0.0
1-500	17,131	14.7	3,634,271	0.9
501-1,000	10,476	9.0	7,780,622	2.0
1,001-1,500	9,003	7.7	11,210,071	2.9
1,501-2,000	8,125	7.0	14,207,803	3.6
2,001-2,500	7,179	6.2	16,124,369	4.1
2,501-3,000	6,357	5.5	17,458,982	4.5
3,001-3,500	5,563	4.8	18,044,461	4.6
3,501-4,000	5,018	4.3	18,799,882	4.8
4,001-4,500	4,273	3.7	18,136,780	4.7
4,501-5,000	3,972	3.4	18,835,668	4.8
5,001-5,500	3,269	2.8	17,131,867	4.4
5,501-6,000	2,906	2.5	16,692,014	4.3
6,001-6,500	2,610	2.2	16,297,942	4.2
6,501-7,000	2,209	1.9	14,893,621	3.8
7,001-7,500	1,911	1.6	13,846,657	3.6
7,501-8,000	1,642	1.4	12,708,867	3.3
8,001-8,500	1,439	1.2	11,861,277	3.0
8,501-9,000	1,200	1.0	10,497,160	2.7
9,001-9,500	1,040	0.9	9,615,280	2.5
9,501-10,000	951	0.8	9,270,448	2.4
10,001+	7,288	6.2	112,641,069	28.9

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 44,479
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$176,542,505
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,969

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	5,636	12.7	0	0.0	
1-500	7,352	16.5	1,439,992	0.8	
501-1,000	3,532	7.9	2,604,956	1.5	
1,001-1,500	2,934	6.6	3,651,412	2.1	
1,501-2,000	2,481	5.6	4,330,273	2.5	
2,001-2,500	2,235	5.0	5,015,246	2.8	
2,501-3,000	1,925	4.3	5,285,845	3.0	
3,001-3,500	1,746	3.9	5,666,733	3.2	
3,501-4,000	1,510	3.4	5,660,486	3.2	
4,001-4,500	1,363	3.1	5,789,617	3.3	
4,501-5,000	1,388	3.1	6,589,090	3.7	
5,001-5,500	1,090	2.5	5,707,021	3.2	
5,501-6,000	1,007	2.3	5,788,308	3.3	
6,001-6,500	971	2.2	6,068,720	3.4	
6,501-7,000	911	2.0	6,147,616	3.5	
7,001-7,500	810	1.8	5,872,236	3.3	
7,501-8,000	715	1.6	5,538,295	3.1	
8,001-8,500	671	1.5	5,530,790	3.1	
8,501-9,000	569	1.3	4,976,113	2.8	
9,001-9,500	525	1.2	4,853,511	2.7	
9,501-10,000	482	1.1	4,700,390	2.7	
10,001+	4,626	10.4	75,325,855	42.7	

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 71,466
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$211,983,511
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,966

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	7,281	10.2	0	0.0
1-500	9,565	13.4	2,154,931	1.0
501-1,000	6,859	9.6	5,112,974	2.4
1,001-1,500	6,025	8.4	7,505,966	3.5
1,501-2,000	5,614	7.9	9,825,093	4.6
2,001-2,500	4,919	6.9	11,051,917	5.2
2,501-3,000	4,408	6.2	12,106,918	5.7
3,001-3,500	3,798	5.3	12,315,676	5.8
3,501-4,000	3,492	4.9	13,079,589	6.2
4,001-4,500	2,904	4.1	12,321,082	5.8
4,501-5,000	2,578	3.6	12,218,443	5.8
5,001-5,500	2,173	3.0	11,392,889	5.4
5,501-6,000	1,894	2.7	10,874,844	5.1
6,001-6,500	1,629	2.3	10,166,779	4.8
6,501-7,000	1,297	1.8	8,739,315	4.1
7,001-7,500	1,098	1.5	7,952,843	3.8
7,501-8,000	922	1.3	7,131,714	3.4
8,001-8,500	764	1.1	6,297,631	3.0
8,501-9,000	629	0.9	5,503,442	2.6
9,001-9,500	513	0.7	4,743,273	2.2
9,501-10,000	467	0.7	4,550,792	2.1
10,001+	2,637	3.7	36,937,400	17.4

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 26,777
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$83,658,054
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,124

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	3,204	12.0		0	0.0
1-500	3,592	13.4		788,257	0.9
501-1,000	2,338	8.7		1,742,183	2.1
1,001-1,500	2,078	7.8		2,592,162	3.1
1,501-2,000	1,956	7.3		3,420,328	4.1
2,001-2,500	1,748	6.5		3,928,555	4.7
2,501-3,000	1,589	5.9		4,362,294	5.2
3,001-3,500	1,358	5.1		4,401,625	5.3
3,501-4,000	1,263	4.7		4,730,867	5.7
4,001-4,500	1,046	3.9		4,435,952	5.3
4,501-5,000	959	3.6		4,543,786	5.4
5,001-5,500	772	2.9		4,045,920	4.8
5,501-6,000	684	2.6		3,931,213	4.7
6,001-6,500	603	2.3		3,762,863	4.5
6,501-7,000	492	1.8		3,316,006	4.0
7,001-7,500	447	1.7		3,234,435	3.9
7,501-8,000	348	1.3		2,693,071	3.2
8,001-8,500	318	1.2		2,622,655	3.1
8,501-9,000	254	0.9		2,220,503	2.7
9,001-9,500	217	0.8		2,005,542	2.4
9,501-10,000	194	0.7		1,889,300	2.3
10,001+	1,317	4.9		18,990,537	22.7

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 26,631
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$80,616,641
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,027

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,570	9.7	0	0.0
1-500	3,255	12.2	735,053	0.9
501-1,000	2,485	9.3	1,850,194	2.3
1,001-1,500	2,252	8.5	2,811,969	3.5
1,501-2,000	2,109	7.9	3,687,809	4.6
2,001-2,500	1,887	7.1	4,238,448	5.3
2,501-3,000	1,678	6.3	4,600,249	5.7
3,001-3,500	1,450	5.4	4,703,659	5.8
3,501-4,000	1,392	5.2	5,215,128	6.5
4,001-4,500	1,159	4.4	4,913,866	6.1
4,501-5,000	990	3.7	4,696,694	5.8
5,001-5,500	856	3.2	4,490,029	5.6
5,501-6,000	751	2.8	4,311,511	5.3
6,001-6,500	641	2.4	4,001,704	5.0
6,501-7,000	525	2.0	3,538,409	4.4
7,001-7,500	426	1.6	3,089,271	3.8
7,501-8,000	362	1.4	2,800,168	3.5
8,001-8,500	294	1.1	2,421,962	3.0
8,501-9,000	238	0.9	2,087,139	2.6
9,001-9,500	192	0.7	1,775,964	2.2
9,501-10,000	179	0.7	1,745,637	2.2
10,001+	940	3.5	12,901,778	16.0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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}
 VIRGINIA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 18,058
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$47,708,816
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,642

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,507	8.3	0	0.0
1-500	2,718	15.1	631,621	1.3
501-1,000	2,036	11.3	1,520,597	3.2
1,001-1,500	1,695	9.4	2,101,835	4.4
1,501-2,000	1,549	8.6	2,716,956	5.7
2,001-2,500	1,284	7.1	2,884,914	6.0
2,501-3,000	1,141	6.3	3,144,375	6.6
3,001-3,500	990	5.5	3,210,392	6.7
3,501-4,000	837	4.6	3,133,594	6.6
4,001-4,500	699	3.9	2,971,264	6.2
4,501-5,000	629	3.5	2,977,963	6.2
5,001-5,500	545	3.0	2,856,940	6.0
5,501-6,000	459	2.5	2,632,120	5.5
6,001-6,500	385	2.1	2,402,212	5.0
6,501-7,000	280	1.6	1,884,900	4.0
7,001-7,500	225	1.2	1,629,137	3.4
7,501-8,000	212	1.2	1,638,475	3.4
8,001-8,500	152	0.8	1,253,014	2.6
8,501-9,000	137	0.8	1,195,800	2.5
9,001-9,500	104	0.6	961,767	2.0
9,501-10,000	94	0.5	915,855	1.9
10,001+	380	2.1	5,045,085	10.6

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 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	117,811	69,054	47,876	844	23	14	1,269,419	724,633	537,209	7,217	232	128
Age												
5 and younger	9	0	4	0	5	0	82	0	37	0	45	0
6-14	14	0	11	0	3	0	142	0	122	0	20	0
15-20	248	0	229	6	13	0	2,763	0	2,577	39	147	0
21-44	19,677	1	19,084	588	2	2	220,398	12	214,952	5,390	20	24
45-64	26,183	7	25,926	245	0	5	292,146	66	290,293	1,728	0	59
65-74	26,950	24,467	2,471	5	0	7	294,164	266,347	27,712	60	0	45
75-84	26,663	26,553	110	0	0	0	282,498	281,326	1,172	0	0	0
85 and older	18,067	18,026	41	0	0	0	177,226	176,882	344	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,886	51,227	26,006	626	13	14	840,060	541,187	292,926	5,699	120	128
Male	39,924	17,826	21,870	218	10	0	429,357	183,444	244,283	1,518	112	0
Unknown	1	1	0	0	0	0	2	2	0	0	0	0
Race												
White	66,761	37,662	28,623	456	13	7	709,164	384,222	320,806	3,940	128	68
African American	42,583	23,980	18,237	350	9	7	465,085	256,871	205,094	2,968	92	60
Other/unknown	8,467	7,412	1,016	38	1	0	95,170	83,540	11,309	309	12	0
Use of Nursing Facilities^c												
Entire year	13,835	12,340	1,494	1	0	0	141,995	125,069	16,922	4	0	0
Part year	9,066	8,001	1,065	0	0	0	85,893	74,863	11,030	0	0	0
None	94,910	48,713	45,317	843	23	14	1,041,531	524,701	509,257	7,213	232	128
Maintenance Assistance Status												
Cash	62,133	32,817	29,259	57	0	0	706,757	372,969	333,313	475	0	0
Medically needy	257	142	115	0	0	0	2,737	1,520	1,217	0	0	0
Poverty related	19,891	9,978	9,784	107	8	14	214,096	106,766	106,242	877	83	128
Other/unknown	35,530	26,117	8,718	680	15	0	345,829	243,378	96,437	5,865	149	0
Dual Status^d												
Full dual, all year	112,982	66,254	45,872	819	23	14	1,217,443	694,783	515,368	6,932	232	128
Full dual, part year	4,829	2,800	2,004	25	0	0	51,976	29,850	21,841	285	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	112,064	66,598	44,937	497	18	14	1,204,478	696,246	504,250	3,675	179	128
FFS part year, with Rx claims	3,682	1,955	1,605	120	2	0	42,428	22,946	18,184	1,281	17	0
FFS part year, no Rx claims	886	346	499	40	1	0	9,510	3,846	5,287	365	12	0
MC all year, with Rx claims	4	1	0	3	0	0	26	5	0	21	0	0
MC all year, no Rx claims	1,175	154	835	184	2	0	12,977	1,590	9,488	1,875	24	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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, VIRGINIA, 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	117,811	1,269,419	116,632	1,232,884	0	36,535
Fee-for-service (FFS) all year	112,064	1,204,478	112,064	1,204,478	0	0
FFS part year, with Rx claims	3,682	42,428	3,682	23,986	0	18,442
FFS part year, with no Rx claims	886	9,510	886	4,420	0	5,090
Managed care (MC) all year, with Rx claims	4	26	0	0	0	26
MC all year, with no Rx claims	1,175	12,977	0	0	0	12,977

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. 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