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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
COLORADO**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	63,050	37,728	24,673	635	8	6	602,494	359,578	238,648	4,136	71	61
Age												
5 and younger	8	0	7	0	1	0	87	0	78	0	9	0
6-14	11	0	11	0	0	0	107	0	107	0	0	0
15-20	103	0	97	0	6	0	1,041	0	988	0	53	0
21-44	9,774	0	9,363	410	1	0	91,764	0	89,066	2,689	9	0
45-64	14,916	0	14,714	198	0	4	145,433	0	144,105	1,286	0	42
65-74	14,248	13,855	369	22	0	2	135,174	131,861	3,164	130	0	19
75-84	13,449	13,346	98	5	0	0	130,336	129,308	997	31	0	0
85 and older	10,541	10,527	14	0	0	0	98,552	98,409	143	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,740	26,769	12,539	421	5	6	382,651	258,153	121,626	2,764	47	61
Male	23,310	10,959	12,134	214	3	0	219,843	101,425	117,022	1,372	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	28,089	16,516	11,418	150	3	2	282,247	165,024	116,217	958	24	24
African American	1,839	909	886	44	0	0	15,783	8,068	7,468	247	0	0
Other/unknown	33,122	20,303	12,369	441	5	4	304,464	186,486	114,963	2,931	47	37
Use of Nursing Facilities^c												
Entire year	8,225	7,352	873	0	0	0	79,977	70,617	9,360	0	0	0
Part year	4,854	4,211	643	0	0	0	45,260	38,966	6,294	0	0	0
None	49,971	26,165	23,157	635	8	6	477,257	249,995	222,994	4,136	71	61
Maintenance Assistance Status												
Cash	44,732	25,994	18,189	546	3	0	429,598	253,544	172,548	3,474	32	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,153	562	535	48	2	6	11,698	5,907	5,420	304	6	61
Other/unknown	17,165	11,172	5,949	41	3	0	161,198	100,127	60,680	358	33	0
Dual Medicare Status^d												
Full dual, all year	60,766	36,550	23,638	564	8	6	579,222	347,542	228,110	3,438	71	61
Full dual, part year	2,284	1,178	1,035	71	0	0	23,272	12,036	10,538	698	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,875	30,946	19,376	539	8	6	522,026	313,923	204,407	3,564	71	61
FFS part year, with Rx claims	2,877	1,438	1,379	60	0	0	21,468	11,222	9,848	398	0	0
FFS part year, no Rx claims	9,298	5,344	3,918	36	0	0	59,000	34,433	24,393	174	0	0

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.

- 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 1 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 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2009

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		Number of Beneficiaries
						FFS \$ ^d		
All	27.5	4.1	\$260	\$63	\$14,794	1.8		63,050
Age								
5 and younger	62.5	17.9	4,685	262	24,765	18.9		8
6-14	54.5	15.9	2,030	128	8,176	24.8		11
15-20	64.1	20.9	2,110	101	14,225	14.8		103
21-44	30.9	6.2	572	93	13,239	4.3		9,774
45-64	30.8	5.3	344	65	13,942	2.5		14,916
65-74	26.1	4.1	218	53	9,223	2.4		14,248
75-84	24.0	2.7	108	40	15,315	0.7		13,449
85 and older	25.7	2.2	76	35	24,310	0.3		10,541
Unknown	0.0	0.0	0	0	0	0.0		0
Basis of Eligibility^e								
Aged	25.4	3.1	139	45	15,689	0.9		37,728
Disabled	30.5	5.5	417	76	13,716	3.0		24,673
Adults	38.7	13.7	1,216	89	3,551	34.3		635
Children	87.5	27.6	2,037	74	12,771	16.0		8
Unknown	83.3	34.0	5,550	163	12,136	45.7		6
Gender								
Female	28.5	4.2	246	58	14,720	1.7		39,740
Male	25.8	3.9	282	72	14,919	1.9		23,310
Unknown	0.0	0.0	0	0	0	0.0		0
Race								
White	29.3	4.1	246	61	18,204	1.3		28,089
African American	22.9	4.0	313	79	12,539	2.5		1,839
Other/unknown	26.3	4.2	268	64	12,027	2.2		33,122
Use of Nursing Facilities^f								
Entire year	35.9	4.5	209	46	42,361	0.5		8,225
Part year	41.4	5.0	239	47	27,165	0.9		4,854
None	24.8	4.0	270	68	9,055	3.0		49,971
Maintenance Assistance Status								
Cash	26.3	4.1	260	64	11,285	2.3		44,732
Medically needy	0.0	0.0	0	0	0	0.0		0
Poverty related	11.4	1.5	126	84	1,865	6.8		1,153
Other/unknown	31.9	4.4	267	61	24,806	1.1		17,165

Source: Data for this table are from the MAX 2009 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c							Number		
			None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 Medicaid FFS \$ ^d	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	0.4	\$27	1.8	72.5	20.3	2.7	2.7	1.4	0.4	\$1,548	63,050	602,494
Age												
5 and younger	1.6	431	18.9	37.5	50.0	0.0	0.0	0.0	12.5	2,277	8	87
6-14	1.6	209	24.8	45.5	27.3	9.1	9.1	9.1	0.0	841	11	107
15-20	2.1	209	14.8	35.9	27.2	7.8	18.4	8.7	1.9	1,407	103	1,041
21-44	0.7	61	4.3	69.1	19.7	3.7	4.4	2.5	0.7	1,410	9,774	91,764
45-64	0.5	35	2.5	69.2	21.9	3.3	3.2	1.9	0.6	1,430	14,916	145,433
65-74	0.4	23	2.4	73.9	18.7	2.6	3.0	1.4	0.4	972	14,248	135,174
75-84	0.3	11	0.7	76.0	19.3	2.0	1.7	0.7	0.2	1,580	13,449	130,336
85 and older	0.2	8	0.3	74.3	21.8	1.9	1.2	0.7	0.1	2,600	10,541	98,552
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	0.3	15	0.9	74.6	20.0	2.2	2.0	0.9	0.3	1,646	37,728	359,578
Disabled	0.6	43	3.0	69.5	20.9	3.3	3.6	2.0	0.6	1,418	24,673	238,648
Adults	2.1	187	34.3	61.3	12.3	6.3	8.8	8.5	2.8	545	635	4,136
Children	3.1	230	16.0	12.5	37.5	0.0	25.0	25.0	0.0	1,439	8	71
Unknown	3.3	546	45.7	16.7	50.0	0.0	16.7	0.0	16.7	1,194	6	61
Gender												
Female	0.4	26	1.7	71.5	21.2	2.7	2.7	1.4	0.5	1,529	39,740	382,651
Male	0.4	30	1.9	74.2	18.7	2.6	2.7	1.4	0.4	1,582	23,310	219,843
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	24	1.3	70.7	22.5	2.7	2.4	1.3	0.4	1,812	28,089	282,247
African American	0.5	37	2.5	77.1	15.9	1.9	3.1	1.6	0.4	1,461	1,839	15,783
Other/unknown	0.5	29	2.2	73.7	18.6	2.7	3.0	1.5	0.5	1,308	33,122	304,464
Use of Nursing Facilities^f												
Entire year	0.5	22	0.5	64.1	28.3	3.6	2.2	1.0	0.8	4,357	8,225	79,977
Part year	0.5	26	0.9	58.6	32.9	3.3	2.8	1.8	0.7	2,913	4,854	45,260
None	0.4	28	3.0	75.2	17.7	2.5	2.8	1.5	0.3	948	49,971	477,257
Maintenance Assistance Status												
Cash	0.4	27	2.3	73.7	18.9	2.6	2.9	1.4	0.4	1,175	44,732	429,598
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.1	13	6.8	88.6	8.6	0.8	1.5	0.3	0.3	184	1,153	11,698
Other/unknown	0.5	28	1.1	68.1	24.5	3.1	2.3	1.5	0.5	2,641	17,165	161,198

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

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	0.4	\$27	\$63	0.1	\$18	\$162	0.0	\$2	\$102	0.3	\$7	\$25
Age												
5 and younger	1.6	431	262	0.7	402	547	0.0	4	81	0.9	25	29
6-14	1.6	209	128	0.7	187	282	0.1	2	15	0.8	19	23
15-20	2.1	209	101	0.8	170	210	0.1	9	116	1.2	30	25
21-44	0.7	61	93	0.2	44	221	0.0	3	130	0.4	14	31
45-64	0.5	35	65	0.1	23	180	0.0	2	116	0.4	11	26
65-74	0.4	23	53	0.1	15	122	0.0	1	87	0.3	7	22
75-84	0.3	11	40	0.1	7	101	0.0	1	73	0.2	4	19
85 and older	0.2	8	35	0.0	5	96	0.0	0	57	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	15	45	0.1	9	112	0.0	1	76	0.2	5	20
Disabled	0.6	43	76	0.1	30	199	0.0	2	115	0.4	11	28
Adults	2.1	187	89	0.6	120	206	0.1	18	220	1.4	49	34
Children	3.1	230	74	0.9	162	172	0.1	8	145	2.1	59	28
Unknown	3.3	546	163	1.7	465	273	0.3	55	210	1.4	26	19
Gender												
Female	0.4	26	58	0.1	17	150	0.0	1	95	0.3	7	24
Male	0.4	30	72	0.1	21	181	0.0	2	115	0.3	8	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	24	61	0.1	16	163	0.0	1	96	0.3	7	24
African American	0.5	37	79	0.1	27	212	0.0	2	91	0.3	8	25
Other/unknown	0.5	29	64	0.1	20	158	0.0	2	108	0.3	8	25
Use of Nursing Facilities^e												
Entire year	0.5	22	46	0.1	14	127	0.0	1	65	0.3	7	20
Part year	0.5	26	47	0.1	16	126	0.0	1	67	0.4	8	21
None	0.4	28	68	0.1	19	171	0.0	2	113	0.3	8	26
Maintenance Assistance Status												
Cash	0.4	27	64	0.1	18	160	0.0	1	103	0.3	7	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.1	13	84	0.0	9	200	0.0	1	188	0.1	2	24
Other/unknown	0.5	28	61	0.1	19	165	0.0	2	99	0.3	8	24

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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 1 of Table 1 for methodology used to determine nursing facility residence.
 CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

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 Benef	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$36	\$29	\$1	\$6	\$119	\$330	\$153	\$30	8,683	\$1,035,184	2,819	4.5	29,039
Biologicals	0.4	0.3	0.0	0.1	1,169	1,017	16	136	3238	3,788	877	1,835	39	126,275	9	0.0	108
Antineoplastic Agents	0.4	0.1	0.0	0.3	117	104	0	14	289	755	22	50	689	198,901	171	0.3	1,694
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	32	23	1	7	50	107	34	19	20,676	1,032,574	3,155	5.0	32,371
Cardiovascular Agents	0.9	0.3	0.0	0.6	39	25	3	11	43	82	98	20	38,956	1,694,330	4,319	6.9	43,680
Respiratory Agents	0.5	0.3	0.0	0.2	36	29	1	6	71	107	72	26	11,400	805,211	2,190	3.5	22,579
Gastrointestinal Agents	0.5	0.2	0.0	0.3	34	25	3	5	72	151	288	19	12,061	873,503	2,554	4.1	25,879
Genitourinary Agents	0.4	0.2	0.1	0.1	26	16	6	4	71	90	99	29	3,804	269,746	993	1.6	10,422
CNS Drugs	0.7	0.1	0.0	0.5	39	25	3	11	56	190	113	21	86,507	4,826,791	12,052	19.1	124,970
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	70	64	0	6	144	210	67	33	896	129,159	174	0.3	1,838
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	105	105	0	0	260	260	0	0	2,191	570,568	522	0.8	5,453
Anaesthetics and Anesthetics	0.6	0.1	0.0	0.5	39	15	3	21	61	200	249	38	23,276	1,423,856	3,630	5.8	36,889
Neuromuscular Agents	0.7	0.1	0.0	0.6	48	28	1	18	67	196	80	33	31,550	2,120,772	4,272	6.8	44,434
Nutritional Products	0.4	0.0	0.0	0.4	7	1	0	6	18	32	16	17	5,692	102,796	1,380	2.2	14,205
Hematological Agents	0.5	0.1	0.0	0.4	44	38	0	6	90	329	27	16	6,092	545,362	1,193	1.9	12,327
Topical Products	0.3	0.1	0.0	0.2	19	14	1	5	59	112	59	25	6,514	385,533	1,910	3.0	20,116
Miscellaneous Products	0.5	0.2	0.0	0.2	127	119	0	8	280	515	129	37	728	203,758	159	0.3	1,603
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	42	0	0	0	334	14,058	172	0.3	1,811
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.	260,088	16,358,377	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.1 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 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.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

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	\$2,627,874	2,029	3.2	20,519	0.6	\$232	\$128
ANTICONVULSANT	1,856,421	3,915	6.2	41,485	0.6	71	45
ANTIDEPRESSANTS	997,830	3,520	5.6	35,374	0.4	65	28
ANTIANKIETY AGENTS	934,918	8,599	13.6	90,446	0.5	20	10
ANALGESICS - Narcotic	867,007	3,779	6.0	38,681	0.4	54	22
ANTHYPERLIPIDEMIC	803,910	2,008	3.2	20,918	0.4	95	38
ANTIDIABETIC	659,328	2,162	3.4	21,869	0.5	65	30
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	568,946	605	1.0	6,316	0.3	261	90
ANTIVIRAL	550,891	365	0.6	3,816	0.3	471	144
ANTIASTHMATIC	536,442	1,870	3.0	19,178	0.3	84	28
Total	10,403,567	28,852	n.a.	298,602	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Benef(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.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Bsns	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 Bsns	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	144,697	\$10,403,567	2,029	3.2	20,519	0.6	\$128	3,915	6.2	41,485	0.6	\$45
Female												
All Females	92,630	6,042,323	1,071	2.7	11,057	0.5	112	2,408	6.1	25,564	0.6	41
Female, Disabled												
All Ages	44,849	3,653,038	621	5.0	6,361	0.6	139	1,464	11.7	15,696	0.6	51
5 and younger	18	5,990	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	213	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	439	37,303	13	35.1	143	0.8	106	15	40.5	170	0.5	59
21-44	17,021	1,793,439	331	7.9	3,440	0.6	148	615	14.6	6,612	0.7	73
45-64	26,527	1,756,367	272	3.4	2,718	0.6	129	821	10.3	8,795	0.6	34
65-74	836	59,707	5	2.2	60	0.8	167	13	5.8	119	0.5	28
75-84	2	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	47,781	2,389,285	450	1.7	4,696	0.4	76	944	3.5	9,868	0.6	26
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	70	8,558	7	175.0	83	0.4	63	4	100.0	48	0.3	39
21-44	2,333	215,517	45	14.9	415	0.5	127	48	15.9	443	0.7	83
45-64	1,453	157,905	13	11.8	102	0.6	175	25	22.7	218	0.6	70
65-74	19,635	1,114,424	141	1.6	1,575	0.5	113	415	4.7	4,389	0.6	30
75-84	13,763	526,868	126	1.3	1,303	0.3	42	280	3.0	3,037	0.5	16
85 and older	10,527	366,013	118	1.4	1,218	0.3	38	172	2.0	1,733	0.5	11
Male												
All Males	52,067	4,361,244	958	4.1	9,462	0.6	147	1,507	6.5	15,921	0.7	51
Male, Disabled												
All Ages	35,184	3,300,848	751	6.2	7,442	0.6	164	1,158	9.5	12,336	0.7	56
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	3,168	1	14.3	12	0.4	70	0	0.0	0	0.0	0
15-20	551	81,246	25	41.7	300	0.6	171	20	33.3	235	0.7	75
21-44	16,258	1,811,340	447	8.7	4,402	0.7	177	564	11.0	5,989	0.7	72
45-64	18,200	1,395,576	278	4.1	2,728	0.6	143	571	8.5	6,085	0.6	40
65-74	162	9,518	0	0.0	0	0.0	0	3	2.1	27	0.7	68
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, b, c
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	16,883	1,060,396	207	1.9	2,020	0.4	83	349	3.1	3,585	0.5	32
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	794	104,335	17	15.6	141	0.7	271	19	17.4	172	0.6	114
45-64	514	97,339	2	2.2	24	0.5	143	5	5.4	55	0.9	95
65-74	8,235	501,225	96	1.9	945	0.4	80	178	3.6	1,870	0.6	34
75-84	5,428	286,152	67	1.7	697	0.3	51	106	2.7	1,113	0.5	20
85 and older	1,909	71,308	25	1.2	213	0.4	64	41	2.0	375	0.5	12
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene M(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-ANXIETY AGENTS					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	3,520	5.6	35,374	0.4	\$28	8,599	13.6	90,446	0.5	\$10	3,779	6.0	38,681	0.4	\$22
Female															
All Females	2,399	6.0	24,249	0.4	28	5,877	14.8	62,038	0.5	10	2,533	6.4	26,004	0.4	22
Female, Disabled															
All Ages	1,138	9.1	11,515	0.5	35	2,064	16.5	22,389	0.5	12	1,242	9.9	12,612	0.5	26
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	1	25.0	12	0.3	10	0	0.0	0	0.0	0	1	25.0	12	0.1	1
15-20	11	29.7	123	0.6	41	7	18.9	75	0.4	5	25	67.6	285	0.3	6
21-44	478	11.3	4,781	0.5	39	634	15.0	6,857	0.5	12	527	12.5	5,296	0.4	29
45-64	624	7.8	6,383	0.5	31	1,402	17.6	15,249	0.6	12	667	8.4	6,806	0.5	23
65-74	24	10.6	216	0.6	28	20	8.8	196	0.5	8	21	9.3	201	0.8	53
75-84	0	0.0	0	0.0	0	1	1.5	12	0.2	2	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,261	4.6	12,734	0.4	22	3,813	14.0	39,649	0.5	9	1,291	4.7	13,392	0.4	18
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	3	75.0	34	0.5	41	0	0.0	0	0.0	0	2	50.0	23	0.1	1
21-44	116	38.4	1,083	0.5	43	43	14.2	407	0.5	6	138	45.7	1,375	0.6	26
45-64	68	61.8	623	0.5	35	16	14.5	161	0.6	13	77	70.0	732	0.8	92
65-74	443	5.0	4,657	0.4	22	1,149	12.9	12,352	0.5	10	504	5.7	5,474	0.3	14
75-84	323	3.4	3,287	0.3	18	1,302	13.9	13,579	0.5	9	294	3.1	3,086	0.4	9
85 and older	308	3.6	3,050	0.3	15	1,303	15.3	13,150	0.5	7	276	3.2	2,702	0.3	11
Male															
All Males	1,121	4.8	11,125	0.5	29	2,722	11.7	28,408	0.5	12	1,246	5.3	12,677	0.4	24
Male, Disabled															
All Ages	705	5.8	7,092	0.5	33	1,516	12.5	16,475	0.6	15	770	6.3	7,884	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	0	0.0	0	0.0	0
15-20	13	21.7	154	0.7	44	3	5.0	34	0.5	5	11	18.3	120	0.2	4
21-44	361	7.0	3,610	0.5	37	564	11.0	6,088	0.6	14	373	7.2	3,858	0.4	19
45-64	328	4.9	3,292	0.5	29	943	14.0	10,294	0.6	15	376	5.6	3,805	0.5	38
65-74	3	2.1	36	0.1	4	6	4.2	59	0.8	12	10	7.0	101	0.3	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIANKXIETY AGENTS					ANALGESICS - Narcotic				
	Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean	
		as % of Dual Benefit Months		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benefit Months		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benefit Months		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	416	3.7	4,033	0.4	22	1,206	10.8	11,933	0.5	8	476	4.3	4,793	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	34	31.2	301	0.5	37	9	8.3	88	0.5	10	52	47.7	494	0.6	45
45-64	14	15.2	123	0.5	45	4	4.3	25	0.7	4	38	41.3	356	0.7	41
65-74	171	3.4	1,718	0.4	20	484	9.7	5,003	0.5	9	227	4.6	2,327	0.3	16
75-84	145	3.6	1,423	0.4	20	421	10.6	4,203	0.5	9	112	2.8	1,170	0.4	10
85 and older	52	2.6	468	0.3	17	288	14.3	2,614	0.4	5	47	2.3	446	0.3	6
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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 Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	2,008	3.2	20,918	0.4	\$38	2,162	3.4	21,869	0.5	\$30	605	1.0	6,316	0.3	\$90
Female															
All Females	1,256	3.2	13,118	0.4	39	1,443	3.6	14,739	0.5	30	379	1.0	4,000	0.3	106
Female, Disabled															
All Ages	402	3.2	4,143	0.5	42	522	4.2	5,400	0.5	35	64	0.5	707	0.4	377
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	92	2.2	968	0.5	44	114	2.7	1,161	0.4	30	24	0.6	264	0.4	285
45-64	289	3.6	2,990	0.4	40	385	4.8	4,043	0.5	35	39	0.5	431	0.3	444
65-74	21	9.3	185	0.6	56	23	10.2	196	0.8	52	1	0.4	12	0.1	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	854	3.1	8,975	0.4	37	921	3.4	9,339	0.4	28	315	1.2	3,293	0.3	48
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	2.0	72	0.4	37	18	6.0	184	0.7	68	2	0.7	19	0.5	747
45-64	16	14.5	156	0.4	57	24	21.8	196	0.6	63	3	2.7	29	0.2	262
65-74	490	5.5	5,200	0.4	39	486	5.5	4,961	0.5	32	65	0.7	720	0.4	55
75-84	247	2.6	2,564	0.4	36	275	2.9	2,823	0.4	21	101	1.1	994	0.3	33
85 and older	95	1.1	983	0.3	27	118	1.4	1,175	0.3	14	144	1.7	1,531	0.3	41
Male															
All Males	752	3.2	7,800	0.4	38	719	3.1	7,130	0.5	30	226	1.0	2,316	0.4	63
Male, Disabled															
All Ages	332	2.7	3,429	0.5	40	306	2.5	2,969	0.5	37	71	0.6	746	0.4	106
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	3	5.0	36	0.5	28	2	3.3	21	1.2	90	0	0.0	0	0.0	0
21-44	116	2.3	1,186	0.5	40	94	1.8	903	0.6	52	25	0.5	246	0.4	96
45-64	207	3.1	2,153	0.4	39	209	3.1	2,040	0.5	30	46	0.7	500	0.5	111
65-74	6	4.2	54	0.8	84	1	0.7	5	0.8	18	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean		Number of Users	Users	Number of Benefit Months Among Users	Mean	
		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	420	3.8	4,371	0.4	37	413	3.7	4,161	0.4	25	155	1.4	1,570	0.4	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	3.7	41	0.4	42	11	10.1	89	0.4	17	1	0.9	12	0.1	3
45-64	8	8.7	89	0.4	25	6	6.5	44	0.9	108	0	0.0	0	0.0	0
65-74	251	5.0	2,619	0.4	39	234	4.7	2,420	0.5	29	33	0.7	309	0.4	46
75-84	130	3.3	1,348	0.4	37	128	3.2	1,291	0.3	18	79	2.0	853	0.4	49
85 and older	27	1.3	274	0.2	20	34	1.7	317	0.4	19	42	2.1	396	0.3	28
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(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 Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean			
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	365	0.6	3,816	0.3	\$144	1,870	3.0	19,178	0.3	\$28	63,050	602,494
Female												
All Females	202	0.5	2,165	0.2	98	1,236	3.1	12,786	0.3	26	39,740	382,651
Female, Disabled												
All Ages	96	0.8	1,064	0.3	178	590	4.7	6,181	0.3	28	12,539	121,626
5 and younger	2	66.7	24	0.7	249	0	0.0	0	0.0	0	3	30
6-14	1	25.0	12	0.2	8	0	0.0	0	0.0	0	4	40
15-20	2	5.4	19	0.7	116	10	27.0	117	0.3	26	37	376
21-44	52	1.2	586	0.4	262	217	5.1	2,252	0.3	31	4,216	40,035
45-64	37	0.5	399	0.3	67	344	4.3	3,640	0.3	26	7,977	78,433
65-74	2	0.9	24	0.1	15	19	8.4	172	0.4	41	226	1,924
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	65	678
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	110
Female, Other Eligibles												
All Ages	106	0.4	1,101	0.1	21	646	2.4	6,605	0.3	24	27,201	261,025
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
21-44	11	3.6	107	0.2	9	47	15.6	453	0.3	25	302	2,003
45-64	2	1.8	18	0.3	5	20	18.2	201	0.2	23	110	744
65-74	37	0.4	385	0.2	48	322	3.6	3,365	0.3	25	8,908	85,575
75-84	20	0.2	222	0.1	6	167	1.8	1,633	0.3	23	9,363	91,997
85 and older	36	0.4	369	0.1	6	90	1.1	953	0.3	23	8,514	80,668
Male												
All Males	163	0.7	1,651	0.4	205	634	2.7	6,392	0.4	32	23,310	219,843
Male, Disabled												
All Ages	118	1.0	1,203	0.4	210	325	2.7	3,276	0.4	35	12,134	117,022
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
6-14	2	28.6	24	0.3	97	0	0.0	0	0.0	0	7	67
15-20	1	1.7	12	0.3	14	7	11.7	75	0.3	23	60	612
21-44	70	1.4	708	0.4	210	140	2.7	1,391	0.4	31	5,147	49,031
45-64	44	0.7	458	0.4	220	172	2.6	1,748	0.5	40	6,737	65,672
65-74	1	0.7	1	1.0	621	6	4.2	62	0.3	17	143	1,240
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	33	319
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	45	0.4	448	0.3	193	309	2.8	3,116	0.3	28	11,176	102,821
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	100.0	15	0.2	3	0	0.0	0	0.0	0	2	15
21-44	3	2.8	24	0.3	216	11	10.1	121	0.5	32	109	695
45-64	2	2.2	13	3.8	4,706	1	1.1	4	0.5	35	92	584
65-74	17	0.3	178	0.2	33	158	3.2	1,669	0.4	31	4,971	46,435
75-84	15	0.4	161	0.2	85	111	2.8	1,086	0.3	23	3,988	37,342
85 and older	6	0.3	57	0.1	6	28	1.4	236	0.3	22	2,013	17,741
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

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	\$22	0.5	8,225	79,977
Age				
0-64	59	1.1	859	9,255
65-74	49	0.8	1,023	10,084
75-84	16	0.4	2,456	23,761
85 and older	8	0.3	3,887	36,877
Unknown	0	0.0	0	0
Gender				
Female	17	0.4	5,798	56,875
Male	33	0.6	2,427	23,102
Unknown	0	0.0	0	0
Race				
White	18	0.4	4,800	49,225
African American	24	0.4	172	1,687
Other/unknown	28	0.5	3,253	29,065
Basis of Eligibility^c				
Aged	17	0.4	7,352	70,617
Disabled	59	1.1	873	9,360
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users						\$ per Rx			Users				
	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.2	0.1	0.0	0.1	\$11	\$7	\$1	\$4	\$53	\$103	\$118	\$25	889	\$46,780	390	4.7	4,107
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.3	0.0	0.0	0.3	19	0	0	18	60	52	0	60	65	3,902	23	0.3	209
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	23	18	1	4	43	94	26	14	2,588	112,299	451	5.5	4,855
Cardiovascular Agents	0.7	0.2	0.0	0.5	24	13	2	9	34	71	79	18	4,688	158,725	633	7.7	6,685
Respiratory Agents	0.4	0.3	0.0	0.1	27	24	1	2	67	94	61	18	1,004	67,262	237	2.9	2,503
Gastrointestinal Agents	0.5	0.1	0.0	0.3	20	14	1	5	44	107	103	15	1,808	79,361	383	4.7	3,987
Genitourinary Agents	0.3	0.2	0.0	0.1	21	13	3	4	71	84	73	46	481	34,101	150	1.8	1,636
CNS Drugs	0.6	0.1	0.0	0.5	28	17	1	10	44	148	78	19	15,018	654,177	2,262	27.5	23,322
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	46	41	0	5	79	199	0	14	97	7,621	16	0.2	165
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	54	54	0	0	140	140	0	0	753	105,309	181	2.2	1,956
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	23	9	0	14	39	115	55	28	2,555	100,291	417	5.1	4,370
Neuromuscular Agents	0.7	0.1	0.0	0.6	32	16	1	15	43	156	72	25	3,999	173,860	516	6.3	5,494
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	15	14	26	15	810	12,187	249	3.0	2,536
Hematological Agents	0.6	0.1	0.0	0.5	41	37	0	5	69	441	27	9	1,706	118,254	273	3.3	2,850
Topical Products	0.3	0.1	0.0	0.2	16	12	2	3	54	110	48	18	769	41,362	235	2.9	2,552
Miscellaneous Products	0.3	0.1	0.0	0.2	15	14	0	2	53	173	0	7	99	5,205	33	0.4	341
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	28	0	0	0	63	1,769	39	0.5	395
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.	37,392	1,722,465	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In Colorado, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$313,965	337	4.1	3,652	0.4	\$199	\$86	
ANTIANKXIETY AGENTS	185,355	1,775	21.6	18,256	0.5	19	10	
ANTICONVULSANT	136,733	476	5.8	5,168	0.7	40	26	
ANTIDEPRESSANTS	130,785	567	6.9	6,028	0.4	61	22	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	105,019	215	2.6	2,314	0.3	140	45	
ANTICOAGULANTS	96,952	161	2.0	1,635	0.7	84	59	
ANTIDIABETIC	79,265	292	3.6	3,122	0.5	55	25	
ANTHYPERLIPIDEMIC	75,717	208	2.5	2,242	0.4	83	34	
ANALGESICS - Narcotic	63,255	387	4.7	4,016	0.5	33	16	
ANTIASTHMATIC	56,061	212	2.6	2,170	0.3	78	26	
Total	1,243,107	4,630	n.a.	48,603	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

TABLE D 10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIANXIETY AGENTS				
	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	24,049	\$1,243,107	337	4.1	3,652	0.4	\$86	1,775	21.6	18,256	0.5	\$10					
Female																	
All Females	15,116	667,780	193	3.3	2,143	0.4	84	1,233	21.3	12,734	0.5	9					
Female, Disabled																	
All Ages	2,686	153,570	24	6.8	269	0.7	196	110	31.0	1,203	0.6	15					
64 or younger	2,560	142,735	23	6.7	257	0.7	198	107	31.1	1,173	0.7	15					
65-74	126	10,835	1	9.1	12	0.9	167	3	27.3	30	0.4	6					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	12,430	514,210	169	3.1	1,874	0.3	67	1,123	20.6	11,531	0.5	9					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,005	194,069	39	6.7	452	0.5	169	145	24.9	1,550	0.7	12					
75-84	4,543	156,299	59	3.5	642	0.3	34	377	22.5	3,876	0.5	10					
85 and older	4,882	163,842	71	2.2	780	0.3	35	601	18.9	6,105	0.5	7					
Male																	
All Males	8,933	575,327	144	5.9	1,509	0.5	90	542	22.3	5,522	0.6	12					
Male, Disabled																	
All Ages	4,242	265,987	61	11.8	659	0.6	109	179	34.6	1,978	0.7	17					
64 or younger	4,242	265,987	61	11.8	659	0.6	109	179	34.8	1,978	0.7	17					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	4,691	309,340	83	4.3	850	0.4	74	363	19.0	3,544	0.5	9					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	1,674	177,116	37	8.7	383	0.5	93	93	21.8	945	0.6	11					
75-84	2,118	98,607	32	4.1	347	0.4	65	148	18.9	1,505	0.5	11					
85 and older	899	33,617	14	2.0	120	0.3	39	122	17.5	1,094	0.4	5					
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene M(b) = benefit month(s); BQE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D 10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	476	5.8	5,168	0.7	\$27	567	6.9	6,028	0.4	\$22	215	2.6	2,314	0.3	\$45
Female															
All Females	287	4.9	3,144	0.6	22	393	6.8	4,198	0.3	19	130	2.2	1,405	0.3	39
Female, Disabled															
All Ages	65	18.3	715	0.7	27	63	17.7	677	0.5	30	3	0.8	30	0.5	232
64 or younger	64	18.6	703	0.7	28	62	18.0	665	0.5	29	3	0.9	30	0.5	232
65-74	1	9.1	12	0.1	2	1	9.1	12	1.1	49	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	222	4.1	2,429	0.6	20	330	6.1	3,521	0.3	17	127	2.3	1,375	0.3	35
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	69	11.8	762	0.7	35	62	10.6	695	0.4	18	15	2.6	180	0.4	71
75-84	83	5.0	927	0.6	15	117	7.0	1,225	0.3	18	50	3.0	492	0.3	26
85 and older	70	2.2	740	0.5	12	151	4.7	1,601	0.3	16	62	1.9	703	0.3	31
Male															
All Males	189	7.8	2,024	0.7	34	174	7.2	1,830	0.4	28	85	3.5	909	0.4	56
Male, Disabled															
All Ages	97	18.7	1,073	0.8	42	55	10.6	589	0.6	45	17	3.3	177	0.4	99
64 or younger	97	18.8	1,073	0.8	42	55	10.7	589	0.6	45	17	3.3	177	0.4	99
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	92	4.8	951	0.6	24	119	6.2	1,241	0.4	20	68	3.6	732	0.4	45
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	38	8.9	403	0.5	29	35	8.2	363	0.4	23	12	2.8	119	0.4	55
75-84	32	4.1	341	0.7	24	59	7.5	627	0.3	18	37	4.7	411	0.4	49
85 and older	22	3.1	207	0.6	14	25	3.6	251	0.3	20	19	2.7	202	0.3	31
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene M(b) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D-10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANTICOAGULANTS					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	161	2.0	1,635	0.7	\$59	292	3.6	3,122	0.5	\$25	208	2.5	2,242	0.4	\$34
Female															
All Females	108	1.9	1,086	0.6	12	186	3.2	1,971	0.4	21	120	2.1	1,295	0.4	34
Female, Disabled															
All Ages	11	3.1	110	1.5	30	23	6.5	248	0.7	45	13	3.7	137	0.7	58
64 or younger	11	3.2	110	1.5	30	20	5.8	212	0.6	34	12	3.5	125	0.7	56
65-74	0	0.0	0	0.0	0	3	27.3	36	1.6	108	1	9.1	12	0.9	72
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	97	1.8	976	0.6	10	163	3.0	1,723	0.4	18	107	2.0	1,158	0.4	31
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	20	3.4	213	0.9	14	35	6.0	367	0.5	32	30	5.1	339	0.5	46
75-84	31	1.9	300	0.7	13	83	5.0	892	0.4	15	47	2.8	494	0.4	26
85 and older	46	1.4	463	0.3	7	45	1.4	464	0.3	13	30	0.9	325	0.3	22
Male															
All Males	53	2.2	549	0.8	153	106	4.4	1,151	0.5	32	88	3.6	947	0.4	34
Male, Disabled															
All Ages	18	3.5	200	1.3	56	34	6.6	382	0.8	59	27	5.2	285	0.5	40
64 or younger	18	3.5	200	1.3	56	34	6.6	382	0.8	59	27	5.2	285	0.5	40
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	35	1.8	349	0.5	208	72	3.8	769	0.4	19	61	3.2	662	0.3	32
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	8	1.9	74	0.6	952	27	6.3	301	0.5	29	29	6.8	320	0.4	39
75-84	19	2.4	212	0.5	9	31	4.0	303	0.3	8	22	2.8	232	0.4	25
85 and older	8	1.1	63	0.5	6	14	2.0	165	0.4	20	10	1.4	110	0.3	26
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene M(b) = benefit month(s); BQE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					Benefit Months Among All-Year	
	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	Nursing Facility Residents
All	387	4.7	4,016	0.5	\$16	212	2.6	2,170	0.3	\$26	8,225	79,977
Female												
All Females	282	4.9	2,920	0.5	14	123	2.1	1,292	0.3	23	5,798	56,875
Female, Disabled												
All Ages	41	11.5	435	0.8	21	16	4.5	146	0.5	34	355	3,804
64 or younger	41	11.9	435	0.8	21	15	4.4	134	0.4	13	344	3,717
65-74	0	0.0	0	0.0	0	1	9.1	12	1.9	274	11	87
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	241	4.4	2,485	0.4	12	107	2.0	1,146	0.2	21	5,443	53,071
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	44	7.5	487	0.5	17	34	5.8	360	0.3	23	583	5,807
75-84	79	4.7	822	0.4	9	41	2.5	431	0.3	25	1,672	16,477
85 and older	118	3.7	1,176	0.4	13	32	1.0	355	0.2	15	3,188	30,787
Male												
All Males	105	4.3	1,096	0.5	22	89	3.7	878	0.4	31	2,427	23,102
Male, Disabled												
All Ages	29	5.6	324	0.8	42	30	5.8	303	0.5	40	518	5,556
64 or younger	29	5.6	324	0.8	42	30	5.8	303	0.5	40	515	5,538
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	76	4.0	772	0.5	14	59	3.1	575	0.3	26	1,909	17,546
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	27	6.3	274	0.4	16	20	4.7	217	0.4	38	426	4,172
75-84	32	4.1	333	0.5	13	33	4.2	318	0.3	17	784	7,284
85 and older	17	2.4	165	0.4	10	6	0.9	40	0.3	24	699	6,090
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 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006. A total of 4,854 beneficiaries who were in nursing facilities for part of their enrollment and their 45,260 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Benefit Month(s) = benefit month(s); DOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
COLORADO, 2006

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	12,831	20.4	1.4	86,068	\$25	\$1,594,518	\$19	9.7	63,050
Age									
5 and younger	4	50.0	3.0	24	56	445	19	1.2	8
6-14	5	45.5	3.0	33	51	564	17	2.5	11
15-20	25	24.3	1.9	196	28	2,850	15	1.3	103
21-44	1,871	19.1	1.5	14,472	35	340,098	24	6.1	9,774
45-64	3,550	23.8	1.9	27,843	39	583,292	21	11.4	14,916
65-74	2,652	18.6	1.2	17,403	20	291,540	17	9.4	14,248
75-84	2,593	19.3	1.2	15,480	17	222,166	14	15.3	13,449
85 and older	2,131	20.2	1.0	10,617	15	153,563	14	19.2	10,541
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	7,329	19.4	1.1	43,160	18	661,875	15	12.6	37,728
Disabled	5,395	21.9	1.7	42,165	37	922,222	22	9.0	24,673
Adults	101	15.9	1.1	691	15	9,411	14	1.2	635
Children	5	62.5	5.3	42	123	984	23	6.0	8
Unknown	1	16.7	1.7	10	4	26	3	0.1	6
Gender									
Female	8,547	21.5	1.4	56,126	25	1,003,254	18	10.3	39,740
Male	4,284	18.4	1.3	29,942	25	591,264	20	9.0	23,310
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	6,405	22.8	1.6	45,927	30	851,761	19	12.4	28,089
African American	248	13.5	0.8	1,432	10	18,598	13	3.2	1,839
Other/unknown	6,178	18.7	1.2	38,709	22	724,159	19	8.1	33,122
Use of Nursing Facilities^d									
Entire year	2,242	27.3	1.8	14,719	31	254,742	17	14.8	8,225
Part year	1,714	35.3	1.9	9,160	33	160,533	18	13.9	4,854
None	8,875	17.8	1.2	62,189	24	1,179,243	19	8.7	49,971
Maintenance Assistance Status									
Cash	8,451	18.9	1.3	56,932	22	986,493	17	8.5	44,732
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	79	6.9	0.3	319	4	4,526	14	3.1	1,153
Other/unknown	4,301	25.1	1.7	28,817	35	603,499	21	13.2	17,165

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
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 2006.
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.
Benefit(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 COLORADO, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month		Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
		\$3	\$19			
All	0.1			\$0	\$2	602,494
Age						
5 and younger	0.3	5	19	0	0	87
6-14	0.3	5	17	0	0	107
15-20	0.2	3	15	0	1	1,041
21-44	0.2	4	24	0	3	91,764
45-64	0.2	4	21	0	3	145,433
65-74	0.1	2	17	0	2	135,174
75-84	0.1	2	14	0	1	130,336
85 and older	0.1	2	14	0	1	98,552
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	2	15	0	2	359,578
Disabled	0.2	4	22	0	3	238,648
Adults	0.2	2	14	0	2	4,136
Children	0.6	14	23	0	1	71
Unknown	0.2	0	3	0	0	61
Gender						
Female	0.1	3	18	0	2	382,651
Male	0.1	3	20	0	2	219,843
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	19	0	2	282,247
African American	0.1	1	13	0	1	15,783
Other/unknown	0.1	2	19	0	2	304,464
Use of Nursing Facilities^d						
Entire year	0.2	3	17	0	3	79,977
Part year	0.2	4	18	0	3	45,260
None	0.1	2	19	0	2	477,257
Maintenance Assistance Status						
Cash	0.1	2	17	0	2	429,598
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	14	0	0	11,698
Other/unknown	0.2	4	21	0	3	161,198

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 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 1 on Table 1 for methodology used to determine use of nursing facilities.
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 COLORADO, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	14,057	\$113	\$1,594,518	100.0	86,068	\$19	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	4	22	86	0.0	13	7	0.0
Cough and cold medications	134	85	11,456	0.7	332	35	0.4
Vitamins and minerals	1,302	62	80,090	5.0	5,109	16	5.9
Non-prescription drugs	1,452	40	58,123	3.6	7,915	7	9.2
Barbiturates	312	79	24,520	1.5	2,820	9	3.3
Benzodiazepines	10,583	119	1,259,116	79.0	68,692	18	79.8
Other Part D Excl Rx Drugs	270	597	161,127	10.1	1,187	136	1.4

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 a. Table D.13 includes the beneficiaries represented by Cell C of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.
 Benef(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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 COLORADO, 2006

Total Number of Dual Eligible Beneficiaries: 63,050
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$16,358,377
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$259

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	45,698	72.5	\$0	0.0
1-500	12,706	20.2	1,462,918	8.9
501-1,000	1,499	2.4	1,074,235	6.6
1,001-1,500	711	1.1	874,765	5.3
1,501-2,000	449	0.7	777,067	4.8
2,001-2,500	341	0.5	763,332	4.7
2,501-3,000	239	0.4	654,398	4.0
3,001-3,500	197	0.3	639,580	3.9
3,501-4,000	160	0.3	598,159	3.7
4,001-4,500	145	0.2	615,095	3.8
4,501-5,000	132	0.2	624,786	3.8
5,001-5,500	87	0.1	455,268	2.8
5,501-6,000	75	0.1	430,876	2.6
6,001-6,500	62	0.1	387,134	2.4
6,501-7,000	54	0.1	365,912	2.2
7,001-7,500	50	0.1	361,678	2.2
7,501-8,000	38	0.1	294,399	1.8
8,001-8,500	45	0.1	370,896	2.3
8,501-9,000	29	0.0	252,383	1.5
9,001-9,500	26	0.0	240,148	1.5
9,501-10,000	25	0.0	244,067	1.5
10,001+	282	0.4	4,871,281	29.8

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 COLORADO, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 24,192
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,179,108
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$420

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	16,744		69.2	\$0	0.0
1-500	4,970		20.5	626,816	6.2
501-1,000	734		3.0	530,913	5.2
1,001-1,500	340		1.4	420,919	4.1
1,501-2,000	204		0.8	354,767	3.5
2,001-2,500	176		0.7	392,483	3.9
2,501-3,000	130		0.5	356,081	3.5
3,001-3,500	115		0.5	373,401	3.7
3,501-4,000	84		0.3	314,382	3.1
4,001-4,500	86		0.4	365,259	3.6
4,501-5,000	76		0.3	358,258	3.5
5,001-5,500	48		0.2	251,635	2.5
5,501-6,000	45		0.2	258,007	2.5
6,001-6,500	42		0.2	263,119	2.6
6,501-7,000	38		0.2	257,027	2.5
7,001-7,500	29		0.1	209,881	2.1
7,501-8,000	23		0.1	178,141	1.8
8,001-8,500	33		0.1	272,272	2.7
8,501-9,000	20		0.1	174,640	1.7
9,001-9,500	16		0.1	148,120	1.5
9,501-10,000	19		0.1	185,667	1.8
10,001+	220		0.9	3,887,320	38.2

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 COLORADO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+ 38,238
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$5,358,799
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$140

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	28,587	74.8	\$0	0.0
1-500	7,649	20.0	822,038	15.3
501-1,000	728	1.9	517,457	9.7
1,001-1,500	353	0.9	432,210	8.1
1,501-2,000	237	0.6	408,132	7.6
2,001-2,500	155	0.4	349,036	6.5
2,501-3,000	98	0.3	267,100	5.0
3,001-3,500	72	0.2	234,217	4.4
3,501-4,000	67	0.2	249,663	4.7
4,001-4,500	51	0.1	215,739	4.0
4,501-5,000	50	0.1	238,150	4.4
5,001-5,500	34	0.1	177,433	3.3
5,501-6,000	25	0.1	144,255	2.7
6,001-6,500	17	0.0	105,397	2.0
6,501-7,000	14	0.0	95,044	1.8
7,001-7,500	17	0.0	122,063	2.3
7,501-8,000	13	0.0	100,376	1.9
8,001-8,500	9	0.0	74,062	1.4
8,501-9,000	7	0.0	60,258	1.1
9,001-9,500	9	0.0	82,814	1.5
9,501-10,000	4	0.0	39,015	0.7
10,001+	42	0.1	624,340	11.7

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2008. This table was produced on 02/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 COLORADO, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 14,248
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,107,102
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$218

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,530	73.9	\$0	0.0
1-500	2,620	18.4	319,026	10.3
501-1,000	377	2.6	269,328	8.7
1,001-1,500	186	1.3	228,020	7.3
1,501-2,000	127	0.9	220,642	7.1
2,001-2,500	84	0.6	189,307	6.1
2,501-3,000	46	0.3	126,011	4.1
3,001-3,500	53	0.4	173,309	5.6
3,501-4,000	33	0.2	123,662	4.0
4,001-4,500	34	0.2	144,078	4.6
4,501-5,000	29	0.2	138,012	4.4
5,001-5,500	17	0.1	88,808	2.9
5,501-6,000	17	0.1	97,716	3.1
6,001-6,500	14	0.1	86,459	2.8
6,501-7,000	10	0.1	67,950	2.2
7,001-7,500	11	0.1	78,835	2.5
7,501-8,000	6	0.0	46,188	1.5
8,001-8,500	5	0.0	41,046	1.3
8,501-9,000	5	0.0	43,084	1.4
9,001-9,500	5	0.0	45,946	1.5
9,501-10,000	2	0.0	19,722	0.6
10,001+	37	0.3	559,953	18.0

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 COLORADO, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 13,449
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,450,923
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$107

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,224	76.0	\$0	0.0
1-500	2,645	19.7	278,333	19.2
501-1,000	210	1.6	150,962	10.4
1,001-1,500	103	0.8	128,286	8.8
1,501-2,000	83	0.6	141,568	9.8
2,001-2,500	43	0.3	96,263	6.6
2,501-3,000	33	0.2	89,261	6.2
3,001-3,500	15	0.1	48,000	3.3
3,501-4,000	24	0.2	88,675	6.1
4,001-4,500	11	0.1	46,256	3.2
4,501-5,000	12	0.1	57,016	3.9
5,001-5,500	14	0.1	72,909	5.0
5,501-6,000	7	0.1	40,698	2.8
6,001-6,500	0	0.0	0	0.0
6,501-7,000	3	0.0	20,392	1.4
7,001-7,500	4	0.0	28,484	2.0
7,501-8,000	6	0.0	46,258	3.2
8,001-8,500	2	0.0	16,576	1.1
8,501-9,000	2	0.0	17,174	1.2
9,001-9,500	3	0.0	27,830	1.9
9,501-10,000	2	0.0	19,233	1.3
10,001+	3	0.0	36,689	2.5

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 COLORADO, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+ 10,541
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$800,774
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,833	74.3	\$0	0.0
1-500	2,384	22.6	224,679	28.1
501-1,000	141	1.3	97,167	12.1
1,001-1,500	64	0.6	75,904	9.5
1,501-2,000	27	0.3	45,922	5.7
2,001-2,500	28	0.3	63,466	7.9
2,501-3,000	19	0.2	51,828	6.5
3,001-3,500	4	0.0	12,908	1.6
3,501-4,000	10	0.1	37,326	4.7
4,001-4,500	6	0.1	25,405	3.2
4,501-5,000	9	0.1	43,122	5.4
5,001-5,500	3	0.0	15,716	2.0
5,501-6,000	1	0.0	5,841	0.7
6,001-6,500	3	0.0	18,938	2.4
6,501-7,000	1	0.0	6,702	0.8
7,001-7,500	2	0.0	14,744	1.8
7,501-8,000	1	0.0	7,930	1.0
8,001-8,500	2	0.0	16,440	2.1
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,038	1.1
9,501-10,000	0	0.0	0	0.0
10,001+	2	0.0	27,698	3.5

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

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	66,755	39,982	26,117	642	8	6	704,635	417,338	282,563	4,602	71	61
Age												
5 and younger	8	0	7	0	1	0	87	0	78	0	9	0
6-14	11	0	11	0	0	0	115	0	115	0	0	0
15-20	108	0	102	0	6	0	1,188	0	1,135	0	53	0
21-44	10,295	0	9,878	416	1	0	109,731	0	106,772	2,950	9	0
45-64	15,829	0	15,626	199	0	4	171,419	0	169,903	1,474	0	42
65-74	15,301	14,896	381	22	0	2	164,764	161,181	3,417	147	0	19
75-84	14,234	14,131	98	5	0	0	149,610	148,579	1,000	31	0	0
85 and older	10,969	10,955	14	0	0	0	107,721	107,578	143	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	42,170	28,390	13,342	427	5	6	447,016	298,549	145,239	3,120	47	61
Male	24,585	11,592	12,775	215	3	0	257,619	118,789	137,324	1,482	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	29,573	17,339	12,076	153	3	2	319,866	184,092	134,658	1,068	24	24
African American	2,067	1,046	977	44	0	0	22,259	11,418	10,546	295	0	0
Other/unknown	35,115	21,597	13,064	445	5	4	362,510	221,828	137,359	3,239	47	37
Use of Nursing Facilities^c												
Entire year	8,405	7,508	897	0	0	0	84,251	74,281	9,970	0	0	0
Part year	5,004	4,350	654	0	0	0	49,034	42,238	6,796	0	0	0
None	53,346	28,124	24,566	642	8	6	571,350	300,819	265,797	4,602	71	61
Maintenance Assistance Status												
Cash	47,849	27,937	19,357	552	3	0	516,698	304,063	208,737	3,866	32	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	1,154	563	535	48	2	6	12,239	6,218	5,625	329	6	61
Other/unknown	17,752	11,482	6,225	42	3	0	175,698	107,057	68,201	407	33	0
Dual Status^d												
Full dual, all year	64,468	38,801	25,082	571	8	6	680,574	404,813	271,735	3,894	71	61
Full dual, part year	2,287	1,181	1,035	71	0	0	24,061	12,525	10,828	708	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	50,875	30,946	19,376	539	8	6	522,026	313,923	204,407	3,564	71	61
FFS part year, with Rx claims	2,877	1,438	1,379	60	0	0	33,351	16,586	16,104	661	0	0
FFS part year, no Rx claims	9,298	5,344	3,918	36	0	0	107,840	61,732	45,780	328	0	0
MC all year, with Rx claims	7	2	5	0	0	0	78	24	54	0	0	0
MC all year, no Rx claims	3,698	2,252	1,439	7	0	0	41,340	25,073	16,218	49	0	0

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.
 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 1 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 2006. 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.
 Beneficiary(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A-4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, COLORADO, 2006

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	66,755	704,635	63,050	602,494	0	102,141
Fee-for-service (FFS) all year	50,875	522,026	50,875	522,026	0	0
FFS part year, with Rx claims	2,877	33,351	2,877	21,468	0	11,883
FFS part year, with no Rx claims	9,298	107,840	9,298	59,000	0	48,840
Managed care (MC) all year, with Rx claims	7	78	0	0	0	78
MC all year, with no Rx claims	3,698	41,340	0	0	0	41,340

Source: Data for this table are from the MAX 2006 file for Colorado, released by CMS in 9/2009. This table was produced on 03/22/2010.

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.