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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
CONNECTICUT

LIST OF TABLES

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

DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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	**81,211**	**47,527**	**30,962**	**2,646**	**56**	**20**	**860,446**	**494,934**	**340,595**	**24,246**	**453**	**218**
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	6	0	0	0	6	0	55	0	0	0	55	0
15-20	100	0	80	0	20	0	1,018	0	848	0	170	0
21-44	13,106	0	11,496	1,585	22	3	141,630	0	126,790	14,647	157	36
45-64	19,835	2	18,944	875	7	7	216,708	24	208,601	7,937	62	84
65-74	14,949	14,349	415	174	1	10	162,396	156,647	4,082	1,560	9	98
75-84	15,995	15,958	26	11	0	0	168,955	168,592	262	101	0	0
85 and older	17,220	17,218	1	1	0	0	169,684	169,671	12	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,642	34,764	15,142	1,684	32	20	549,673	364,919	168,562	15,725	249	218
Male	29,569	12,763	15,820	962	24	0	310,773	130,015	172,033	8,521	204	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	56,564	34,176	20,975	1,368	26	19	595,268	349,047	233,420	12,344	247	210
African American	11,096	5,543	4,989	555	8	1	119,542	60,505	53,744	5,255	30	8
Other/unknown	13,551	7,808	4,998	723	22	0	145,636	85,382	53,431	6,647	176	0
Use of Nursing Facilities[c]												
Entire year	18,295	16,760	1,534	0	1	0	185,831	168,751	17,071	0	9	0
Part year	8,513	6,941	1,541	31	0	0	85,481	68,180	16,946	355	0	0
None	54,403	23,826	27,887	2,615	55	20	589,134	258,003	306,578	23,891	444	218
Maintenance Assistance Status												
Cash	12,617	4,563	5,824	2,216	14	0	139,160	51,605	66,737	20,702	116	0
Medically needy	15,971	7,824	8,126	16	5	0	162,133	77,195	84,825	89	24	0
Poverty-related	3,580	1,213	2,299	32	16	20	39,382	13,413	25,412	222	117	218
Other/unknown	49,043	33,927	14,713	382	21	0	519,771	352,721	163,621	3,233	196	0
Dual Medicare Status[d]												
Full dual, all year	74,756	44,870	27,274	2,537	55	20	788,414	465,180	299,505	23,067	444	218
Full dual, part year	6,455	2,657	3,688	109	1	0	72,032	29,754	41,090	1,179	9	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,548	47,527	30,839	2,123	39	20	856,797	494,934	339,847	21,432	366	218
FFS part year, with Rx claims	458	0	102	344	12	0	2,806	0	677	2,061	68	0
FFS part year, no Rx claims	205	0	21	179	5	0	843	0	71	753	19	0

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 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 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.

Dual Medicaid Beneficiaries

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	**80.7**	**26.3**	**$727**	**$28**	**$26,976**	**2.7**	**81,211**
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	30.0	2,119	71	22,230	9.5	6
15-20	81.0	24.4	2,468	101	20,752	11.9	100
21-44	82.2	27.0	1,008	37	20,975	4.8	13,106
45-64	86.8	34.1	1,011	30	27,626	3.7	19,835
65-74	82.5	31.2	722	23	18,208	4.0	14,949
75-84	79.5	24.6	535	22	27,609	1.9	15,995
85 and older	72.1	13.9	358	26	37,858	0.9	17,220
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	77.8	22.8	523	23	28,560	1.8	47,527
Disabled	85.6	32.0	1,034	32	26,622	3.9	30,962
Adults	74.8	21.5	763	36	3,120	24.5	2,646
Children	71.4	17.3	1,581	91	13,698	11.5	56
Unknown	90.0	29.2	1,616	55	7,167	22.6	20
Gender							
Female	81.4	27.1	715	26	26,537	2.7	51,642
Male	79.5	24.9	748	30	27,743	2.7	29,569
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	79.1	24.8	691	28	32,381	2.1	56,564
African American	82.5	28.7	820	29	18,980	4.3	11,096
Other/unknown	85.9	30.2	799	26	10,965	7.3	13,551
Use of Nursing Facilities[f]							
Entire year	70.3	8.2	443	54	55,320	0.8	18,295
Part year	82.1	23.3	749	32	30,623	2.4	8,513
None	84.0	32.8	819	25	16,874	4.9	54,403
Maintenance Assistance Status							
Cash	88.4	38.2	861	23	21,516	4.0	12,617
Medically needy	79.3	25.6	757	30	13,718	5.5	15,971
Poverty related	75.0	15.2	587	39	2,911	20.1	3,580
Other/unknown	79.6	24.2	693	29	34,456	2.0	49,043

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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.

Dual Medicaid Beneficiaries

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with:						Mean $, All Medicaid FFS $[d]	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		Beneficiaries	Benefit Months
All	**2.5**	**$69**	**2.7**	**19.3**	**32.5**	**12.3**	**22.9**	**11.4**	**1.5**	**$2,546**	**81,211**	**860,446**
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	3.3	231	9.5	0.0	0.0	33.3	66.7	0.0	0.0	2,425	6	55
15-20	2.4	243	11.9	19.0	33.0	16.0	20.0	10.0	2.0	2,039	100	1,018
21-44	2.5	93	4.8	17.8	30.3	14.5	26.2	9.4	1.9	1,941	13,106	141,630
45-64	3.1	93	3.7	13.2	25.6	13.5	29.8	15.4	2.5	2,529	19,835	216,708
65-74	2.9	67	4.0	17.5	27.0	12.6	26.1	15.3	1.5	1,676	14,949	162,396
75-84	2.3	51	1.9	20.5	34.3	11.9	20.9	11.3	1.1	2,614	15,995	168,955
85 and older	1.4	36	0.9	27.9	45.2	9.6	11.7	5.2	0.5	3,842	17,220	169,684
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	2.2	50	1.8	22.2	36.1	11.3	19.1	10.4	1.0	2,743	47,527	494,934
Disabled	2.9	94	3.9	14.4	27.5	13.9	28.7	13.2	2.3	2,420	30,962	340,595
Adults	2.3	83	24.5	25.2	26.9	13.2	23.9	9.5	1.3	341	2,646	24,246
Children	2.1	195	11.5	28.6	25.0	17.9	14.3	10.7	3.6	1,693	56	453
Unknown	2.7	148	22.6	10.0	30.0	25.0	20.0	15.0	0.0	658	20	218
Gender												
Female	2.5	67	2.7	18.6	32.8	12.1	22.6	12.3	1.6	2,493	51,642	549,673
Male	2.4	71	2.7	20.5	32.0	12.8	23.4	9.9	1.4	2,640	29,569	310,773
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	66	2.1	20.9	34.1	11.7	21.1	10.6	1.6	3,077	56,564	595,268
African American	2.7	76	4.3	17.5	29.6	13.2	25.0	13.2	1.4	1,762	11,096	119,542
Other/unknown	2.8	74	7.3	14.1	28.0	14.4	28.9	13.4	1.2	1,020	13,551	145,636
Use of Nursing Facilities[f]												
Entire year	0.8	44	0.8	29.7	53.6	9.6	5.3	1.4	0.5	5,446	18,295	185,831
Part year	2.3	75	2.4	17.9	38.5	12.0	20.3	10.0	1.3	3,050	8,513	85,481
None	3.0	76	4.9	16.0	24.5	13.3	29.3	15.0	1.9	1,558	54,403	589,134
Maintenance Assistance Status												
Cash	3.5	78	4.0	11.6	21.2	13.1	33.8	17.8	2.4	1,951	12,617	139,160
Medically needy	2.5	75	5.5	20.7	29.7	12.6	24.3	11.2	1.5	1,351	15,971	162,133
Poverty related	1.4	53	20.1	25.0	42.5	13.9	14.7	3.5	0.4	265	3,580	39,382
Other/unknown	2.3	65	2.0	20.4	35.6	11.9	20.3	10.4	1.4	3,251	49,043	519,771

Dual Medicaid Beneficiaries

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, CONNECTICUT, 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	**2.5**	**$69**	**$28**	**1.0**	**$49**	**$49**	**0.1**	**$6**	**$53**	**1.4**	**$13**	**$10**
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	3.3	231	71	1.3	147	114	0.4	38	100	1.6	46	29
15-20	2.4	243	101	1.0	193	191	0.1	13	95	1.2	36	29
21-44	2.5	93	37	1.0	69	66	0.1	7	68	1.3	16	12
45-64	3.1	93	30	1.3	65	52	0.1	9	65	1.7	19	11
65-74	2.9	67	23	1.2	48	39	0.1	5	43	1.5	13	9
75-84	2.3	51	22	1.0	37	38	0.1	4	37	1.3	10	8
85 and older	1.4	36	26	0.5	26	51	0.1	3	40	0.8	7	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	2.2	50	23	0.9	37	41	0.1	4	40	1.2	10	8
Disabled	2.9	94	32	1.2	67	57	0.1	8	64	1.6	18	11
Adults	2.3	83	36	0.9	60	65	0.1	10	105	1.3	14	10
Children	2.1	195	91	0.9	149	170	0.1	9	105	1.2	37	32
Unknown	2.7	148	55	0.8	76	91	0.1	5	62	1.8	67	38
Gender												
Female	2.5	67	26	1.0	48	46	0.1	6	53	1.4	13	10
Male	2.4	71	30	1.0	52	53	0.1	5	53	1.3	14	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	66	28	0.9	46	49	0.1	6	54	1.3	14	10
African American	2.7	76	29	1.1	57	52	0.1	6	54	1.4	13	9
Other/unknown	2.8	74	26	1.3	57	45	0.1	5	46	1.4	12	9
Use of Nursing Facilities[e]												
Entire year	0.8	44	54	0.2	31	135	0.0	3	70	0.5	10	18
Part year	2.3	75	32	0.9	55	63	0.1	5	50	1.3	15	11
None	3.0	76	25	1.3	54	43	0.1	7	51	1.6	14	9
Maintenance Assistance Status												
Cash	3.5	78	23	1.5	56	38	0.1	7	46	1.8	15	8
Medically needy	2.5	75	30	1.0	53	51	0.1	8	71	1.4	14	10
Poverty related	1.4	53	39	0.6	38	65	0.1	5	78	0.7	10	14
Other/unknown	2.3	65	29	0.9	47	52	0.1	5	48	1.3	13	10

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$13	$10	$0	$2	$50	$144	$59	$12	68,353	$3,418,473	23,721	29.2	269,435
Biologicals	0.1	0.1	0.0	0.0	71	68	1	3	618	666	879	211	349	215,699	259	0.3	3,030
Antineoplastic Agents	0.4	0.1	0.0	0.2	37	33	0	4	99	237	100	19	5,857	580,030	1,433	1.8	15,604
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	12	10	1	2	17	33	20	5	205,244	3,503,357	25,030	30.8	283,312
Cardiovascular Agents	1.3	0.5	0.1	0.7	16	10	2	3	13	20	32	5	506,334	6,368,621	35,943	44.3	404,459
Respiratory Agents	0.5	0.3	0.0	0.2	12	10	0	2	23	30	38	9	125,290	2,854,440	21,289	26.2	241,844
Gastrointestinal Agents	0.5	0.4	0.0	0.2	25	21	2	2	47	58	316	13	144,759	6,874,294	24,822	30.6	280,139
Genitourinary Agents	0.4	0.3	0.0	0.1	9	7	2	1	22	25	34	8	37,132	809,729	7,756	9.6	88,643
CNS Drugs	1.1	0.4	0.1	0.6	30	20	2	8	29	49	37	13	450,530	12,887,670	38,543	47.5	427,067
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	37	35	0	2	78	101	43	18	5,211	405,203	961	1.2	10,910
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	44	44	0	0	87	88	0	24	19,490	1,702,918	3,480	4.3	38,683
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	18	8	5	5	33	78	171	12	153,259	5,089,487	25,475	31.4	286,685
Neuromuscular Agents	0.8	0.2	0.0	0.5	18	9	1	8	22	38	40	15	176,230	3,915,139	19,616	24.2	221,660
Nutritional Products	0.4	0.0	0.1	0.4	6	0	1	5	14	23	15	13	40,118	551,428	8,433	10.4	92,544
Hematological Agents	0.6	0.1	0.0	0.4	36	33	0	3	63	237	13	6	87,452	5,469,813	13,710	16.9	150,698
Topical Products	0.4	0.2	0.0	0.2	11	8	1	2	30	49	50	12	99,334	3,028,264	24,374	30.0	278,376
Miscellaneous Products	0.3	0.2	0.0	0.1	65	59	3	3	218	320	176	27	6,012	1,312,817	1,799	2.2	20,091
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	25	0	0	0	1,553	38,870	726	0.9	8,278
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,132,507	59,026,252	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 Connecticut, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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.

Dual Medicaid Beneficiaries

		Users			Among Users		
Top 10 Drug Groups	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	$6,534,594	19,430	23.9	220,601	0.6	$48	$30
ULCER DRUGS	5,460,596	23,109	28.5	262,282	0.4	48	21
HEMATOPOIETIC AGENTS	4,229,190	10,233	12.6	112,580	0.5	74	38
ANTICONVULSANT	3,435,295	18,050	22.2	204,507	0.7	25	17
ANALGESICS - Narcotic	3,063,402	25,012	30.8	281,856	0.3	35	11
ANTIHYPERLIPIDEMIC	2,983,729	23,202	28.6	265,736	0.5	23	11
ANTIDEPRESSANTS	2,745,937	27,597	34.0	310,657	0.5	18	9
ANTIDIABETIC	2,275,768	22,449	27.6	254,158	0.5	19	9
ANTIANXIETY AGENTS	2,253,058	19,807	24.4	217,757	0.5	20	10
ANTIVIRAL	2,100,014	3,319	4.1	37,132	0.3	198	57
Total	35,081,583	192,208	n.a.	2,167,266	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.

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.

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 Medicaid Beneficiaries

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**1,055,343**	**$35,081,583**	**19,430**	**23.9**	**220,601**	**0.6**	**$30**	**23,109**	**28.5**	**262,282**	**0.4**	**$21**
Female												
All Females	665,699	21,489,066	10,242	19.8	116,438	0.6	27	15,581	30.2	177,916	0.4	21
Female, Disabled												
All Ages	302,774	10,577,452	6,851	45.2	79,017	0.6	29	5,403	35.7	62,198	0.4	20
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	629	43,516	17	54.8	203	1.2	121	3	9.7	36	0.3	21
21-44	92,080	3,767,091	2,634	52.4	30,185	0.6	36	1,460	29.0	16,798	0.4	19
45-64	205,085	6,507,742	4,139	42.2	47,945	0.6	25	3,839	39.2	44,249	0.4	21
65-74	4,936	258,210	60	22.7	672	0.8	70	99	37.5	1,091	0.5	41
75-84	44	893	1	5.3	12	0.3	0	2	10.5	24	0.1	10
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	362,925	10,911,614	3,391	9.3	37,421	0.5	22	10,178	27.9	115,718	0.4	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	1,344	0	0.0	0	0.0	0	3	75.0	36	0.4	34
15-20	132	15,524	5	50.0	60	0.8	131	2	20.0	20	0.7	13
21-44	14,376	525,243	350	30.6	3,563	0.5	23	271	23.7	2,898	0.3	15
45-64	6,078	234,300	87	18.5	828	0.5	38	159	33.8	1,721	0.3	14
65-74	140,931	3,945,598	1,218	12.9	14,041	0.5	29	3,853	40.8	44,570	0.4	21
75-84	120,416	3,529,193	931	8.2	10,356	0.5	17	3,371	29.8	38,726	0.4	20
85 and older	80,962	2,660,412	800	5.7	8,573	0.3	16	2,519	17.9	27,747	0.4	24
Male												
All Males	389,644	13,592,517	9,188	31.1	104,163	0.7	32	7,528	25.5	84,366	0.4	21
Male, Disabled												
All Ages	267,066	9,731,358	7,918	50.1	90,533	0.7	34	4,040	25.5	45,715	0.5	20
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	615	93,568	25	51.0	298	0.9	203	2	4.1	24	0.3	30
21-44	104,939	4,091,355	3,732	57.7	42,553	0.7	38	1,326	20.5	15,152	0.4	19
45-64	159,899	5,452,577	4,134	45.2	47,413	0.7	29	2,680	29.3	30,201	0.5	21
65-74	1,596	93,103	27	17.9	269	0.6	112	32	21.2	338	0.5	25
75-84	17	755	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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles												
All Ages	122,578	3,861,159	1,270	9.2	13,630	0.5	22	3,488	25.4	38,651	0.4	21
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	583	0	0.0	0	0.0	0	1	50.0	12	0.3	48
15-20	126	31,544	3	30.0	29	0.8	362	2	20.0	11	0.2	11
21-44	4,142	143,417	114	24.4	1,094	0.5	32	91	19.5	924	0.4	13
45-64	5,176	286,362	60	14.3	632	0.5	23	110	26.1	1,116	0.4	18
65-74	57,843	1,650,454	546	10.7	6,317	0.5	24	1,485	29.1	16,931	0.4	21
75-84	39,502	1,101,876	348	7.5	3,631	0.4	15	1,240	26.7	13,695	0.5	21
85 and older	15,784	646,923	199	6.4	1,927	0.3	18	559	18.0	5,962	0.4	26
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					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	**10,233**	**12.6**	**112,580**	**0.5**	**$38**	**18,050**	**22.2**	**204,507**	**0.7**	**$17**	**25,012**	**30.8**	**281,856**	**0.3**	**$11**
Female															
All Females	7,106	13.8	78,545	0.5	38	10,802	20.9	122,737	0.6	16	17,121	33.2	194,512	0.3	10
Female, Disabled															
All Ages	1,556	10.3	17,939	0.5	41	6,570	43.4	75,607	0.7	20	7,602	50.2	87,006	0.3	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	4	12.9	48	0.2	1	7	22.6	83	1.0	76	3	9.7	36	1.3	31
21-44	468	9.3	5,388	0.5	71	2,358	46.9	27,176	0.7	24	2,306	45.9	26,286	0.3	16
45-64	1,062	10.8	12,273	0.5	28	4,140	42.2	47,616	0.7	17	5,174	52.8	59,351	0.3	14
65-74	21	8.0	218	0.4	17	64	24.2	720	0.6	29	117	44.3	1,315	0.3	7
75-84	1	5.3	12	0.1	0	1	5.3	12	1.0	31	2	10.5	18	0.1	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	5,550	15.2	60,606	0.5	38	4,232	11.6	47,130	0.5	11	9,519	26.1	107,506	0.3	7
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	4	100.0	48	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	30.0	36	1.4	174	0	0.0	0	0.0	0
21-44	105	9.2	1,153	0.2	10	415	36.3	4,240	0.6	20	716	62.6	7,661	0.3	21
45-64	44	9.4	447	0.4	29	125	26.6	1,258	0.5	16	284	60.4	2,998	0.4	20
65-74	1,232	13.1	14,023	0.4	32	1,648	17.5	19,031	0.6	12	3,750	39.7	43,438	0.3	5
75-84	1,754	15.5	19,473	0.5	50	1,301	11.5	14,681	0.5	9	2,979	26.3	34,145	0.3	5
85 and older	2,411	17.1	25,462	0.6	33	740	5.2	7,884	0.5	8	1,790	12.7	19,264	0.3	7
Male															
All Males	3,127	10.6	34,035	0.5	36	7,248	24.5	81,770	0.7	18	7,891	26.7	87,344	0.3	12
Male, Disabled															
All Ages	1,116	7.1	12,631	0.5	35	5,655	35.7	64,347	0.7	19	4,850	30.7	53,947	0.3	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	4.1	24	0.4	455	17	34.7	200	0.6	67	14	28.6	145	0.1	1
21-44	249	3.8	2,842	0.5	55	2,471	38.2	28,304	0.7	22	1,776	27.5	19,825	0.3	13
45-64	849	9.3	9,604	0.5	29	3,136	34.3	35,518	0.7	16	3,010	32.9	33,456	0.3	14
65-74	16	10.6	161	0.5	6	30	19.9	313	0.6	42	50	33.1	521	0.3	7
75-84	0	0.0	0	0.0	0	1	14.3	12	0.9	11	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

	HEMATOPOIETIC AGENTS					ANTICONVULSANT					ANALGESICS - Narcotic				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	2,011	14.6	21,404	0.5	37	1,593	11.6	17,423	0.5	11	3,041	22.1	33,397	0.3	10
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	1	50.0	12	0.1	1
15-20	3	30.0	18	0.3	557	4	40.0	38	1.2	229	6	60.0	59	0.2	4
21-44	10	2.1	112	0.3	21	112	24.0	1,109	0.6	17	231	49.5	2,332	0.3	16
45-64	23	5.5	237	0.3	44	97	23.0	962	0.6	14	212	50.4	2,195	0.5	61
65-74	635	12.5	7,024	0.5	33	774	15.2	8,819	0.5	11	1,425	28.0	16,190	0.3	4
75-84	728	15.7	7,689	0.5	33	451	9.7	4,899	0.5	9	870	18.7	9,639	0.3	7
85 and older	612	19.7	6,324	0.6	44	155	5.0	1,596	0.5	8	296	9.5	2,970	0.3	4
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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.

	ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS					ANTIDIABETIC				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**23,202**	**28.6**	**265,736**	**0.5**	**$11**	**27,597**	**34.0**	**310,657**	**0.5**	**$9**	**22,449**	**27.6**	**254,158**	**0.5**	**$9**
Female															
All Females	14,852	28.8	170,751	0.5	11	18,531	35.9	209,284	0.5	9	14,776	28.6	168,293	0.5	9
Female, Disabled															
All Ages	4,421	29.2	50,819	0.5	11	9,600	63.4	109,789	0.5	10	4,353	28.7	49,699	0.5	10
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	3.2	12	1.3	66	22	71.0	261	0.7	34	3	9.7	36	0.2	10
21-44	674	13.4	7,699	0.5	10	3,137	62.4	35,792	0.5	10	755	15.0	8,705	0.5	8
45-64	3,610	36.8	41,564	0.5	11	6,342	64.7	72,620	0.5	9	3,422	34.9	39,026	0.5	9
65-74	134	50.8	1,520	0.5	28	97	36.7	1,092	0.7	28	172	65.2	1,920	0.6	26
75-84	2	10.5	24	0.4	2	2	10.5	24	0.1	6	1	5.3	12	0.1	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	10,431	28.6	119,932	0.5	11	8,931	24.5	99,495	0.4	8	10,423	28.6	118,594	0.5	8
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	3	30.0	27	0.4	27	1	10.0	12	0.3	6
21-44	120	10.5	1,278	0.4	9	674	59.0	7,022	0.5	8	159	13.9	1,699	0.4	9
45-64	121	25.7	1,269	0.4	13	258	54.9	2,707	0.4	9	139	29.6	1,399	0.4	9
65-74	4,732	50.1	54,685	0.5	12	3,135	33.2	36,109	0.5	8	4,869	51.6	55,998	0.5	9
75-84	3,846	34.0	44,598	0.5	11	2,689	23.7	30,212	0.5	7	3,703	32.7	42,438	0.5	7
85 and older	1,612	11.4	18,102	0.5	11	2,172	15.4	23,418	0.4	9	1,552	11.0	17,048	0.4	7
Male															
All Males	8,350	28.2	94,985	0.5	11	9,066	30.7	101,373	0.5	9	7,673	25.9	85,865	0.5	10
Male, Disabled															
All Ages	4,336	27.4	49,549	0.5	11	6,504	41.1	73,679	0.5	9	3,618	22.9	40,659	0.5	11
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	15	30.6	177	0.9	36	1	2.0	12	0.3	25
21-44	1,207	18.7	13,992	0.5	10	2,702	41.8	30,669	0.6	10	897	13.9	10,313	0.5	11
45-64	3,077	33.7	35,020	0.5	11	3,755	41.1	42,501	0.5	8	2,669	29.2	29,775	0.5	11
65-74	49	32.5	501	0.5	24	32	21.2	332	0.6	30	51	33.8	559	0.5	20
75-84	3	42.9	36	0.1	17	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

	ANTIHYPERLIPIDEMIC					ANTIDEPRESSANTS					ANTIDIABETIC				
Beneficiary Characteristics	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
Male, Other Eligibles															
All Ages	4,014	29.2	45,436	0.5	11	2,562	18.6	27,694	0.4	8	4,055	29.5	45,206	0.5	9
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	10.0	5	0.2	0	2	20.0	11	0.5	7	2	20.0	24	0.5	59
21-44	80	17.1	770	0.4	7	172	36.8	1,645	0.4	8	68	14.6	637	0.5	14
45-64	136	32.3	1,387	0.4	13	162	38.5	1,663	0.5	7	149	35.4	1,536	0.5	9
65-74	2,045	40.1	23,637	0.5	11	1,047	20.5	11,929	0.4	7	2,188	42.9	24,910	0.5	9
75-84	1,384	29.8	15,575	0.5	11	768	16.5	8,284	0.4	7	1,264	27.2	14,114	0.5	7
85 and older	368	11.8	4,062	0.5	12	411	13.2	4,162	0.4	10	384	12.4	3,985	0.4	8
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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.

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIVIRAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**19,807**	**24.4**	**217,757**	**0.5**	**$10**	**3,319**	**4.1**	**37,132**	**0.3**	**$57**	**81,211**	**860,446**
Female												
All Females	13,806	26.7	152,102	0.5	10	1,632	3.2	18,584	0.3	44	51,642	549,673
Female, Disabled												
All Ages	4,949	32.7	56,947	0.5	12	1,018	6.7	11,722	0.3	59	15,142	168,562
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	4	12.9	48	0.8	14	0	0.0	0	0.0	0	31	332
21-44	1,511	30.1	17,351	0.5	11	373	7.4	4,189	0.3	52	5,028	56,241
45-64	3,375	34.4	38,905	0.6	13	642	6.6	7,497	0.3	64	9,800	109,125
65-74	58	22.0	631	0.7	15	3	1.1	36	0.2	9	264	2,671
75-84	1	5.3	12	1.0	7	0	0.0	0	0.0	0	19	193
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	8,857	24.3	95,155	0.5	9	614	1.7	6,862	0.2	17	36,500	381,111
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	4	39
15-20	1	10.0	12	0.4	25	1	10.0	8	0.3	4	10	79
21-44	292	25.5	3,087	0.4	8	107	9.4	1,159	0.3	30	1,143	10,716
45-64	115	24.5	1,220	0.5	13	45	9.6	489	0.3	36	470	4,320
65-74	2,209	23.4	25,146	0.5	10	183	1.9	2,147	0.2	18	9,437	104,068
75-84	2,748	24.3	29,931	0.5	9	149	1.3	1,639	0.1	9	11,326	121,187
85 and older	3,492	24.7	35,759	0.5	8	129	0.9	1,420	0.1	8	14,110	140,702
Male												
All Males	6,001	20.3	65,655	0.5	11	1,687	5.7	18,548	0.3	69	29,569	310,773
Male, Disabled												
All Ages	3,598	22.7	40,769	0.6	12	1,407	8.9	15,495	0.3	74	15,820	172,033
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	5	10.2	52	0.6	22	0	0.0	0	0.0	0	49	516
21-44	1,272	19.7	14,572	0.6	13	495	7.7	5,404	0.3	77	6,468	70,549
45-64	2,284	25.0	25,766	0.6	12	910	10.0	10,067	0.3	73	9,144	99,476
65-74	35	23.2	355	0.5	10	2	1.3	24	0.1	24	151	1,411
75-84	2	28.6	24	0.1	1	0	0.0	0	0.0	0	7	69
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

Dual Medicaid Beneficiaries

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIVIRAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,403	17.5	24,886	0.5	8	280	2.0	3,053	0.2	45	13,749	138,740
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	2	16
15-20	3	30.0	29	0.8	17	0	0.0	0	0.0	0	10	91
21-44	90	19.3	890	0.4	9	30	6.4	290	0.2	13	467	4,124
45-64	77	18.3	823	0.6	9	31	7.4	319	0.3	136	421	3,787
65-74	779	15.3	8,590	0.5	10	130	2.6	1,464	0.3	54	5,097	54,246
75-84	826	17.8	8,579	0.5	8	61	1.3	669	0.2	15	4,643	47,506
85 and older	628	20.2	5,975	0.4	6	28	0.9	311	0.1	6	3,109	28,970
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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; $ = Medicaid reimbursement.

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	**$44**	**0.8**	**18,295**	**185,831**
Age				
0-64	84	1.2	1,487	16,577
65-74	80	1.3	1,934	20,533
75-84	42	0.8	5,090	52,020
85 and older	30	0.6	9,784	96,701
Unknown	0	0.0	0	0
Gender				
Female	40	0.8	13,513	138,332
Male	54	0.9	4,782	47,499
Unknown	0	0.0	0	0
Race				
White	41	0.8	16,308	164,544
African American	61	0.9	1,328	14,291
Other/unknown	72	1.1	659	6,996
Basis of Eligibility[c]				
Aged	39	0.8	16,760	168,751
Disabled	89	1.3	1,534	17,071
Adults	0	0.0	0	0
Children	0	0.0	1	9
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 ebecause 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 Medicaid 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, CONNECTICUT, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	
Anti-infective Agents	0.2	0.1	0.0	0.1	$16	$13	$0	$3	$86	$133	$85	$36	3,249	$278,609	1,617	8.8	17,228
Biologicals	0.1	0.1	0.0	0.0	5	4	0	1	49	54	0	35	50	2,437	40	0.2	455
Antineoplastic Agents	0.2	0.1	0.0	0.2	75	64	0	11	323	1,033	0	65	393	127,043	181	1.0	1,699
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	19	14	2	2	51	92	109	13	5,033	254,538	1,297	7.1	13,462
Cardiovascular Agents	0.5	0.2	0.0	0.4	16	9	2	5	28	55	65	14	13,184	372,083	2,323	12.7	23,991
Respiratory Agents	0.3	0.2	0.0	0.1	16	14	0	2	53	83	47	17	7,130	375,531	2,109	11.5	22,800
Gastrointestinal Agents	0.4	0.2	0.0	0.1	37	26	2	8	98	111	307	64	10,842	1,062,325	2,683	14.7	28,944
Genitourinary Agents	0.3	0.2	0.0	0.1	19	15	3	1	64	72	75	23	2,724	174,975	832	4.5	9,026
CNS Drugs	0.6	0.1	0.0	0.5	22	13	1	8	38	112	70	18	42,977	1,620,524	6,992	38.2	72,938
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	31	29	0	1	99	142	0	14	131	12,933	42	0.2	422
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	54	54	0	0	151	151	0	0	3,602	545,694	935	5.1	10,091
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	28	11	7	10	66	93	148	37	6,714	441,990	1,510	8.3	15,681
Neuromuscular Agents	0.7	0.1	0.0	0.6	19	6	0	13	29	95	29	22	10,937	315,701	1,519	8.3	16,364
Nutritional Products	0.4	0.0	0.1	0.3	6	0	1	5	16	15	13	17	7,028	114,046	1,924	10.5	19,834
Hematological Agents	0.7	0.1	0.0	0.6	44	41	0	3	65	473	13	6	26,664	1,740,112	3,714	20.3	39,207
Topical Products	0.3	0.1	0.1	0.1	18	11	5	3	67	118	63	26	8,871	598,300	3,054	16.7	33,076
Miscellaneous Products	0.2	0.1	0.0	0.1	14	13	0	1	80	132	0	13	713	57,041	369	2.0	3,951
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	21	0	0	0	92	1,964	45	0.2	454
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.	150,334	8,095,846	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 Connecticut, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.10
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 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
HEMATOPOIETIC AGENTS	$1,605,345	3,320	18.1	35,325	0.7	$70	$45
ULCER DRUGS	862,910	2,245	12.3	24,428	0.4	100	35
ANTIPSYCHOTICS	560,654	1,107	6.1	11,974	0.3	161	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	545,694	1,086	5.9	11,641	0.3	151	47
ANTIANXIETY AGENTS	522,202	5,106	27.9	52,884	0.5	19	10
DERMATOLOGICAL	449,808	2,896	15.8	31,309	0.2	71	14
ANTIDEPRESSANTS	333,317	2,136	11.7	22,555	0.3	52	15
ANTIASTHMATIC	288,448	1,811	9.9	19,340	0.2	64	15
ANTICONVULSANT	260,949	1,393	7.6	15,102	0.7	27	17
ANALGESICS - Narcotic	246,585	1,058	5.8	10,498	0.4	61	23
Total	5,675,912	22,158	n.a.	235,056	n.a.	n.a.	n.a.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC AGENTS					ULCER DRUGS				
	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	**97,662**	**$5,675,912**	**3,320**	**18.1**	**35,325**	**0.7**	**$45**	**2,245**	**12.3**	**24,428**	**0.4**	**$35**
Female												
All Females	70,617	4,027,733	2,383	17.6	25,450	0.7	45	1,540	11.4	16,902	0.3	35
Female, Disabled												
All Ages	7,009	509,924	85	11.7	969	0.7	50	107	14.8	1,236	0.4	38
64 or younger	6,364	456,702	81	11.6	941	0.7	52	96	13.8	1,115	0.4	35
65-74	645	53,222	4	14.3	28	0.8	4	11	39.3	121	0.7	73
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	63,608	3,517,809	2,298	18.0	24,481	0.7	45	1,433	11.2	15,666	0.3	35
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9,158	671,311	211	20.2	2,331	0.7	84	194	18.5	2,234	0.4	44
75-84	19,560	1,128,269	627	17.6	6,713	0.6	52	429	12.0	4,747	0.3	36
85 and older	34,890	1,718,229	1,460	17.9	15,437	0.7	37	810	9.9	8,685	0.3	32
Male												
All Males	27,045	1,648,179	937	19.6	9,875	0.7	46	705	14.7	7,526	0.4	36
Male, Disabled												
All Ages	7,504	515,568	136	16.8	1,534	0.7	64	165	20.4	1,882	0.4	34
64 or younger	7,132	483,258	127	16.1	1,435	0.7	68	161	20.4	1,843	0.4	34
65-74	372	32,310	9	45.0	99	0.6	7	4	20.0	39	0.6	32
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	19,541	1,132,611	801	20.2	8,341	0.6	42	540	13.6	5,644	0.4	36
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,741	371,175	163	19.4	1,732	0.7	62	139	16.5	1,528	0.4	42
75-84	7,427	418,808	302	19.9	3,134	0.6	44	226	14.9	2,340	0.4	35
85 and older	6,373	342,628	336	20.8	3,475	0.6	32	175	10.8	1,776	0.3	32
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 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.

	ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIANXIETY AGENTS				
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 $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**1,107**	**6.1**	**11,974**	**0.3**	**$47**	**1,086**	**5.9**	**11,641**	**0.3**	**$47**	**5,106**	**27.9**	**52,884**	**0.5**	**$10**
Female															
All Females	731	5.4	8,024	0.3	46	811	6.0	8,785	0.3	46	3,901	28.9	40,654	0.5	10
Female, Disabled															
All Ages	113	15.6	1,293	0.3	73	27	3.7	324	0.3	319	277	38.3	3,113	0.6	14
64 or younger	99	14.2	1,140	0.3	70	27	3.9	324	0.3	319	263	37.8	2,970	0.6	14
65-74	14	50.0	153	0.6	90	0	0.0	0	0.0	0	14	50.0	143	0.7	18
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	618	4.8	6,731	0.3	41	784	6.1	8,461	0.3	36	3,624	28.3	37,541	0.5	9
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	109	10.4	1,273	0.4	93	45	4.3	499	0.4	72	342	32.7	3,841	0.6	14
75-84	186	5.2	2,002	0.3	40	253	7.1	2,714	0.3	37	1,063	29.8	11,117	0.6	11
85 and older	323	4.0	3,456	0.2	23	486	5.9	5,248	0.3	31	2,219	27.2	22,583	0.5	8
Male															
All Males	376	7.9	3,950	0.3	48	275	5.8	2,856	0.3	50	1,205	25.2	12,230	0.5	11
Male, Disabled															
All Ages	114	14.1	1,331	0.3	63	21	2.6	251	0.4	250	264	32.6	2,988	0.7	18
64 or younger	106	13.4	1,235	0.3	57	18	2.3	215	0.4	272	258	32.7	2,916	0.7	18
65-74	8	40.0	96	0.5	136	3	15.0	36	0.8	117	6	30.0	72	0.4	10
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	262	6.6	2,619	0.3	40	254	6.4	2,605	0.3	30	941	23.7	9,242	0.5	9
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	76	9.0	862	0.4	63	27	3.2	284	0.3	29	212	25.2	2,266	0.5	11
75-84	86	5.7	849	0.3	33	113	7.4	1,167	0.3	31	347	22.8	3,436	0.5	9
85 and older	100	6.2	908	0.2	25	114	7.1	1,154	0.3	30	382	23.7	3,540	0.4	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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 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, CONNECTICUT, 2006

Beneficiary Characteristics	DERMATOLOGICAL					ANTIDEPRESSANTS					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	**2,896**	**15.8**	**31,309**	**0.2**	**$14**	**2,136**	**11.7**	**22,555**	**0.3**	**$15**	**1,811**	**9.9**	**19,340**	**0.2**	**$15**
Female															
All Females	2,036	15.1	22,051	0.2	14	1,555	11.5	16,506	0.3	15	1,289	9.5	13,857	0.2	14
Female, Disabled															
All Ages	176	24.3	2,023	0.2	15	125	17.3	1,430	0.3	20	88	12.2	1,007	0.4	27
64 or younger	163	23.4	1,878	0.2	15	112	16.1	1,297	0.3	17	79	11.4	906	0.3	21
65-74	13	46.4	145	0.2	9	13	46.4	133	0.6	42	9	32.1	101	0.8	76
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,860	14.5	20,028	0.2	14	1,430	11.2	15,076	0.3	14	1,201	9.4	12,850	0.2	13
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	221	21.1	2,501	0.2	16	161	15.4	1,791	0.4	20	148	14.1	1,624	0.2	18
75-84	530	14.8	5,682	0.2	15	434	12.2	4,506	0.3	14	354	9.9	3,884	0.2	13
85 and older	1,109	13.6	11,845	0.2	13	835	10.2	8,779	0.3	13	699	8.6	7,342	0.2	11
Male															
All Males	860	18.0	9,258	0.2	15	581	12.1	6,049	0.3	15	522	10.9	5,483	0.3	18
Male, Disabled															
All Ages	181	22.3	2,080	0.2	18	133	16.4	1,512	0.3	18	89	11.0	1,050	0.3	20
64 or younger	176	22.3	2,025	0.2	18	125	15.8	1,416	0.3	16	84	10.6	990	0.3	20
65-74	5	25.0	55	0.1	8	8	40.0	96	0.7	45	5	25.0	60	0.2	16
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	679	17.1	7,178	0.2	14	448	11.3	4,537	0.3	14	433	10.9	4,433	0.3	18
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	181	21.5	1,989	0.2	14	107	12.7	1,187	0.3	19	105	12.5	1,140	0.3	24
75-84	251	16.5	2,642	0.2	13	171	11.3	1,701	0.3	12	184	12.1	1,882	0.2	14
85 and older	247	15.3	2,547	0.2	15	170	10.5	1,649	0.3	13	144	8.9	1,411	0.3	17
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.

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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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, CONNECTICUT, 2006

	ANTICONVULSANT					ANALGESICS - Narcotic						
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	1,393	7.6	15,102	0.7	$17	1,058	5.8	10,498	0.4	$24	18,295	185,831
Female												
All Females	933	6.9	10,116	0.7	17	788	5.8	7,946	0.4	24	13,513	138,332
Female, Disabled												
All Ages	194	26.8	2,269	0.8	25	67	9.3	750	0.6	40	724	8,149
64 or younger	183	26.3	2,141	0.8	21	61	8.8	692	0.5	43	696	7,872
65-74	11	39.3	128	0.9	101	6	21.4	58	0.6	9	28	277
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	739	5.8	7,847	0.6	15	721	5.6	7,196	0.4	23	12,789	130,183
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
65-74	171	16.3	1,900	0.7	22	100	9.6	1,043	0.4	21	1,046	11,311
75-84	284	8.0	3,029	0.6	15	207	5.8	2,131	0.4	32	3,571	37,043
85 and older	284	3.5	2,918	0.6	11	414	5.1	4,022	0.3	18	8,171	81,820
Male												
All Males	460	9.6	4,986	0.6	17	270	5.6	2,552	0.4	21	4,782	47,499
Male, Disabled												
All Ages	179	22.1	2,050	0.7	21	73	9.0	779	0.5	34	810	8,922
64 or younger	170	21.5	1,942	0.7	20	72	9.1	767	0.5	32	790	8,696
65-74	9	45.0	108	0.8	45	1	5.0	12	0.8	151	20	226
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	281	7.1	2,936	0.6	15	197	5.0	1,773	0.4	15	3,972	38,577
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	110	13.1	1,212	0.7	19	64	7.6	669	0.4	17	840	8,719
75-84	115	7.6	1,189	0.5	12	68	4.5	613	0.4	16	1,519	14,977
85 and older	56	3.5	535	0.4	13	65	4.0	491	0.3	12	1,613	14,881
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 Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 8,513 beneficiaries who were in nursing facilities for part of their enrollment and their 85,481 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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	**37,486**	**46.2**	**3.9**	**315,694**	**$81**	**$6,562,121**	**$21**	**11.1**	**81,211**
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	5	83.3	10.7	64	697	4,183	65	32.9	6
15-20	36	36.0	2.5	250	58	5,824	23	2.4	100
21-44	5,889	44.9	4.1	53,824	96	1,262,805	23	9.6	13,106
45-64	10,706	54.0	5.6	110,927	122	2,427,937	22	12.1	19,835
65-74	6,834	45.7	3.7	55,464	76	1,138,692	21	10.5	14,949
75-84	7,109	44.4	3.3	53,021	60	962,949	18	11.3	15,995
85 and older	6,907	40.1	2.4	42,144	44	759,731	18	12.3	17,220
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	20,613	43.4	3.1	148,827	60	2,828,822	19	11.4	47,527
Disabled	15,723	50.8	5.2	159,942	116	3,586,490	22	11.2	30,962
Adults	1,116	42.2	2.5	6,683	52	138,441	21	6.9	2,646
Children	25	44.6	3.1	175	113	6,334	36	7.2	56
Unknown	9	45.0	3.4	67	102	2,034	30	6.3	20
Gender									
Female	25,323	49.0	4.0	208,909	79	4,097,891	20	11.1	51,642
Male	12,163	41.1	3.6	106,785	83	2,464,230	23	11.1	29,569
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	26,163	46.3	4.1	232,207	79	4,458,027	19	11.4	56,564
African American	4,855	43.8	3.5	38,957	93	1,035,727	27	11.4	11,096
Other/unknown	6,468	47.7	3.3	44,530	79	1,068,367	24	9.9	13,551
Use of Nursing Facilities[d]									
Entire year	7,291	39.9	2.6	48,008	48	872,696	18	10.8	18,295
Part year	4,602	54.1	4.1	35,200	80	684,215	19	10.7	8,513
None	25,593	47.0	4.3	232,486	92	5,005,210	22	11.2	54,403
Maintenance Assistance Status									
Cash	6,753	53.5	5.9	74,023	119	1,498,037	20	13.8	12,617
Medically needy	6,998	43.8	3.4	54,622	74	1,179,052	22	9.8	15,971
Poverty related	1,258	35.1	1.6	5,847	38	134,594	23	6.4	3,580
Other/unknown	22,477	45.8	3.7	181,202	76	3,750,438	21	11.0	49,043

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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.
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 Medicaid Beneficiaries

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazapine $ per Benefit Month	Number of Benefit Months
All	**0.4**	**$8**	**$21**	**$0**	**$4**	**860,446**
Age						
5 and younger	0.0	0	0	0	0	0
6-14	1.2	76	65	0	0	55
15-20	0.2	6	23	0	2	1,018
21-44	0.4	9	23	0	4	141,630
45-64	0.5	11	22	0	6	216,708
65-74	0.3	7	21	0	3	162,396
75-84	0.3	6	18	0	3	168,955
85 and older	0.2	4	18	0	2	169,684
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.3	6	19	0	3	494,934
Disabled	0.5	11	22	0	5	340,595
Adults	0.3	6	21	0	3	24,246
Children	0.4	14	36	0	2	453
Unknown	0.3	9	30	0	5	218
Gender						
Female	0.4	7	20	0	4	549,673
Male	0.3	8	23	0	3	310,773
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	19	0	4	595,268
African American	0.3	9	27	0	2	119,542
Other/unknown	0.3	7	24	0	2	145,636
Use of Nursing Facilities[d]						
Entire year	0.3	5	18	0	4	185,831
Part year	0.4	8	19	0	4	85,481
None	0.4	8	22	0	4	589,134
Maintenance Assistance Status						
Cash	0.5	11	20	0	4	139,160
Medically needy	0.3	7	22	0	4	162,133
Poverty related	0.1	3	23	0	2	39,382
Other/unknown	0.3	7	21	0	3	519,771

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 beneficaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS[a,b,c]
CONNECTICUT, 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	**51,650**	**$127**	**$6,562,121**	**100.0**	**315,694**	**$21**	**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	29	8	235	0.0	50	5	0.0
Cough and cold medications	6,713	56	376,204	5.7	15,976	24	5.1
Vitamins and minerals	8,015	53	428,556	6.5	37,121	12	11.8
Non-prescription drugs	13,729	164	2,246,775	34.2	93,728	24	29.7
Barbiturates	655	71	46,806	0.7	7,199	7	2.3
Benzodiazepines	21,402	144	3,072,505	46.8	156,893	20	49.7
Other Part D Excl Rx Drugs	1,107	353	391,040	6.0	4,727	83	1.5

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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.
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 Medicaid Beneficiaries

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES[a, b]
CONNECTICUT, 2006

Total Number of Dual Eligible Beneficiaries: 81,211
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: $59,026,252
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: $726

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	15,668	19.3	$0	0.0
1-500	39,780	49.0	6,586,055	11.2
501-1,000	11,036	13.6	7,936,630	13.4
1,001-1,500	5,305	6.5	6,501,610	11.0
1,501-2,000	2,808	3.5	4,852,096	8.2
2,001-2,500	1,724	2.1	3,842,822	6.5
2,501-3,000	1,122	1.4	3,063,961	5.2
3,001-3,500	781	1.0	2,535,256	4.3
3,501-4,000	526	0.6	1,964,506	3.3
4,001-4,500	386	0.5	1,634,113	2.8
4,501-5,000	305	0.4	1,443,382	2.4
5,001-5,500	214	0.3	1,122,291	1.9
5,501-6,000	186	0.2	1,067,792	1.8
6,001-6,500	149	0.2	931,393	1.6
6,501-7,000	133	0.2	895,630	1.5
7,001-7,500	112	0.1	811,853	1.4
7,501-8,000	113	0.1	874,225	1.5
8,001-8,500	103	0.1	847,472	1.4
8,501-9,000	67	0.1	585,922	1.0
9,001-9,500	79	0.1	731,296	1.2
9,501-10,000	77	0.1	750,973	1.3
10,001+	537	0.7	10,046,974	17.0

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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]
CONNECTICUT, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 30,520
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: $31,439,865
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: $1,030

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	4,352	14.3	$0	0.0
1-500	14,247	46.7	2,420,647	7.7
501-1,000	4,437	14.5	3,215,657	10.2
1,001-1,500	2,362	7.7	2,908,491	9.3
1,501-2,000	1,348	4.4	2,333,119	7.4
2,001-2,500	864	2.8	1,931,873	6.1
2,501-3,000	620	2.0	1,697,530	5.4
3,001-3,500	444	1.5	1,441,487	4.6
3,501-4,000	307	1.0	1,144,107	3.6
4,001-4,500	243	0.8	1,028,340	3.3
4,501-5,000	179	0.6	846,781	2.7
5,001-5,500	128	0.4	672,778	2.1
5,501-6,000	113	0.4	648,964	2.1
6,001-6,500	82	0.3	511,486	1.6
6,501-7,000	77	0.3	517,687	1.6
7,001-7,500	72	0.2	522,636	1.7
7,501-8,000	63	0.2	485,655	1.5
8,001-8,500	73	0.2	601,747	1.9
8,501-9,000	46	0.2	401,861	1.3
9,001-9,500	58	0.2	536,730	1.7
9,501-10,000	47	0.2	458,035	1.5
10,001+	358	1.2	7,114,254	22.6

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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.

Dual Medicaid Beneficiaries

Total Number of Dual Eligible Beneficiaries, Age 65+: 48,164
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: $25,506,198
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: $529

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	10,695	22.2	$0	0.0
1-500	24,392	50.6	3,994,825	15.7
501-1,000	6,324	13.1	4,525,557	17.7
1,001-1,500	2,788	5.8	3,404,326	13.3
1,501-2,000	1,380	2.9	2,379,200	9.3
2,001-2,500	798	1.7	1,772,656	6.9
2,501-3,000	469	1.0	1,276,400	5.0
3,001-3,500	299	0.6	970,842	3.8
3,501-4,000	194	0.4	725,370	2.8
4,001-4,500	135	0.3	572,632	2.2
4,501-5,000	109	0.2	517,044	2.0
5,001-5,500	76	0.2	397,394	1.6
5,501-6,000	65	0.1	373,118	1.5
6,001-6,500	55	0.1	344,493	1.4
6,501-7,000	50	0.1	337,226	1.3
7,001-7,500	37	0.1	267,521	1.0
7,501-8,000	49	0.1	380,905	1.5
8,001-8,500	27	0.1	221,387	0.9
8,501-9,000	18	0.0	157,989	0.6
9,001-9,500	19	0.0	176,056	0.7
9,501-10,000	29	0.1	283,113	1.1
10,001+	156	0.3	2,428,144	9.5

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 14,949
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: $10,793,457
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: $722

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	2,614	17.5	$0	0.0
1-500	7,097	47.5	1,296,015	12.0
501-1,000	2,382	15.9	1,704,198	15.8
1,001-1,500	1,068	7.1	1,310,237	12.1
1,501-2,000	574	3.8	987,602	9.2
2,001-2,500	331	2.2	735,766	6.8
2,501-3,000	211	1.4	579,189	5.4
3,001-3,500	146	1.0	473,977	4.4
3,501-4,000	100	0.7	374,800	3.5
4,001-4,500	69	0.5	292,864	2.7
4,501-5,000	49	0.3	231,914	2.1
5,001-5,500	36	0.2	187,877	1.7
5,501-6,000	33	0.2	189,628	1.8
6,001-6,500	33	0.2	206,155	1.9
6,501-7,000	27	0.2	182,813	1.7
7,001-7,500	22	0.1	159,279	1.5
7,501-8,000	21	0.1	163,859	1.5
8,001-8,500	14	0.1	114,848	1.1
8,501-9,000	10	0.1	87,707	0.8
9,001-9,500	12	0.1	111,586	1.0
9,501-10,000	22	0.1	213,997	2.0
10,001+	78	0.5	1,189,146	11.0

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 15,995
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: $8,555,766
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: $534

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	3,277	20.5	$0	0.0
1-500	8,143	50.9	1,396,555	16.3
501-1,000	2,263	14.1	1,617,742	18.9
1,001-1,500	1,001	6.3	1,219,467	14.3
1,501-2,000	485	3.0	834,879	9.8
2,001-2,500	259	1.6	574,037	6.7
2,501-3,000	164	1.0	441,121	5.2
3,001-3,500	95	0.6	310,305	3.6
3,501-4,000	59	0.4	220,507	2.6
4,001-4,500	37	0.2	157,611	1.8
4,501-5,000	45	0.3	214,142	2.5
5,001-5,500	25	0.2	131,106	1.5
5,501-6,000	19	0.1	109,687	1.3
6,001-6,500	13	0.1	81,860	1.0
6,501-7,000	12	0.1	80,608	0.9
7,001-7,500	8	0.1	58,002	0.7
7,501-8,000	19	0.1	147,511	1.7
8,001-8,500	10	0.1	81,923	1.0
8,501-9,000	5	0.0	43,637	0.5
9,001-9,500	3	0.0	27,381	0.3
9,501-10,000	5	0.0	49,286	0.6
10,001+	48	0.3	758,399	8.9

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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

Total Number of Dual Eligible Beneficiaries, Age 85+: 17,220
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: $6,156,975
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: $357

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	4,804	27.9	$0	0.0
1-500	9,152	53.1	1,302,255	21.2
501-1,000	1,679	9.8	1,203,617	19.5
1,001-1,500	719	4.2	874,622	14.2
1,501-2,000	321	1.9	556,719	9.0
2,001-2,500	208	1.2	462,853	7.5
2,501-3,000	94	0.5	256,090	4.2
3,001-3,500	58	0.3	186,560	3.0
3,501-4,000	35	0.2	130,063	2.1
4,001-4,500	29	0.2	122,157	2.0
4,501-5,000	15	0.1	70,988	1.2
5,001-5,500	15	0.1	78,411	1.3
5,501-6,000	13	0.1	73,803	1.2
6,001-6,500	9	0.1	56,478	0.9
6,501-7,000	11	0.1	73,805	1.2
7,001-7,500	7	0.0	50,240	0.8
7,501-8,000	9	0.1	69,535	1.1
8,001-8,500	3	0.0	24,616	0.4
8,501-9,000	3	0.0	26,645	0.4
9,001-9,500	4	0.0	37,089	0.6
9,501-10,000	2	0.0	19,830	0.3
10,001+	30	0.2	480,599	7.8

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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

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, CONNECTICUT, 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	**81,610**	**47,536**	**31,046**	**2,944**	**64**	**20**	**868,346**	**495,040**	**342,107**	**30,360**	**621**	**218**
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	7	0	0	0	7	0	73	0	0	0	73	0
15-20	104	0	80	0	24	0	1,143	0	874	0	269	0
21-44	13,327	0	11,530	1,769	25	3	146,016	0	127,480	18,301	199	36
45-64	19,993	2	18,994	983	7	7	219,722	24	209,397	10,146	71	84
65-74	14,963	14,357	415	180	1	10	162,732	156,743	4,082	1,800	9	98
75-84	15,995	15,958	26	11	0	0	168,966	168,592	262	112	0	0
85 and older	17,221	17,219	1	1	0	0	169,694	169,681	12	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	51,920	34,771	15,191	1,901	37	20	555,279	365,003	169,576	20,112	370	218
Male	29,690	12,765	15,855	1,043	27	0	313,067	130,037	172,531	10,248	251	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	56,811	34,180	21,048	1,534	30	19	599,730	349,093	234,532	15,590	305	210
African American	11,166	5,547	4,995	613	10	1	121,099	60,553	53,932	6,527	79	8
Other/unknown	13,633	7,809	5,003	797	24	0	147,517	85,394	53,643	8,243	237	0
Use of Nursing Facilities[c]												
Entire year	18,295	16,760	1,534	0	1	0	185,831	168,751	17,071	0	9	0
Part year	8,523	6,944	1,548	31	0	0	85,603	68,214	17,025	364	0	0
None	54,792	23,832	27,964	2,913	63	20	596,912	258,075	308,011	29,996	612	218
Maintenance Assistance Status												
Cash	12,916	4,565	5,850	2,485	16	0	145,013	51,629	67,084	26,137	163	0
Medically needy	16,009	7,827	8,160	17	5	0	162,758	77,231	85,380	112	35	0
Poverty related	3,590	1,213	2,308	33	16	20	39,617	13,413	25,598	243	145	218
Other/unknown	49,095	33,931	14,728	409	27	0	520,958	352,767	164,045	3,868	278	0
Dual Status[d]												
Full dual, all year	75,134	44,879	27,340	2,832	63	20	795,953	465,286	300,707	29,131	611	218
Full dual, part year	6,476	2,657	3,706	112	1	0	72,393	29,754	41,400	1,229	10	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	80,548	47,527	30,839	2,123	39	20	856,797	494,934	339,847	21,432	366	218
FFS part year, with Rx claims	458	0	102	344	12	0	5,166	0	1,161	3,870	135	0
FFS part year, no Rx claims	205	0	21	179	5	0	2,075	0	201	1,821	53	0
MC all year, with Rx claims	98	9	81	8	0	0	1,083	106	881	96	0	0
MC all year, no Rx claims	301	0	3	290	8	0	3,225	0	17	3,141	67	0

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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 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 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; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]
DUAL ELIGIBLE BENEFICIARIES, CONNECTICUT, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**81,610**	**868,346**	**81,211**	**860,446**	**0**	**7,900**
Fee-for-service (FFS) all year	80,548	856,797	80,548	856,797	0	0
FFS part year, with Rx claims	458	5,166	458	2,806	0	2,360
FFS part year, with no Rx claims	205	2,075	205	843	0	1,232
Managed care (MC) all year, with Rx claims	98	1,083	0	0	0	1,083
MC all year, with no Rx claims	301	3,225	0	0	0	3,225

Source: Data for this table are from the MAX 2006 file for Connecticut, released by CMS in 6/2009. This table was produced on 02/11/2010.
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.

Dual Medicaid Beneficiaries