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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
D.C.**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY  
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC  
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC  
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY  
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC  
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC  
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP  
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC  
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP  
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC  
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY  
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC  
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC  
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP  
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC  
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY  
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP  
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC  
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC  
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES  
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65  
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER  
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74  
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84  
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>19,196</b>	<b>7,897</b>	<b>10,436</b>	<b>862</b>	<b>1</b>	<b>0</b>	<b>205,384</b>	<b>83,514</b>	<b>113,090</b>	<b>8,771</b>	<b>9</b>	<b>0</b>
<b>Age</b>												
5 and younger	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
15-20	26	0	25	1	0	0	274	0	272	2	0	0
21-44	2,525	7	2,151	366	1	0	26,726	76	22,882	3,759	9	0
45-64	5,014	22	4,618	374	0	0	54,438	217	50,376	3,845	0	0
65-74	5,394	3,078	2,228	88	0	0	57,940	32,652	24,467	821	0	0
75-84	3,937	2,952	958	27	0	0	42,572	31,880	10,410	282	0	0
85 and older	2,300	1,838	456	6	0	0	23,434	18,689	4,683	62	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,857	5,521	5,872	463	1	0	128,046	59,116	64,414	4,507	9	0
Male	7,339	2,376	4,564	399	0	0	77,338	24,398	48,676	4,264	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	1,025	471	511	43	0	0	10,533	4,754	5,325	454	0	0
African American	15,674	6,144	8,837	692	1	0	167,609	65,008	95,692	6,900	9	0
Other/unknown	2,497	1,282	1,088	127	0	0	27,242	13,752	12,073	1,417	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,833	1,646	158	29	0	0	19,409	17,337	1,724	348	0	0
Part year	1,005	769	228	8	0	0	9,939	7,371	2,495	73	0	0
None	16,358	5,482	10,050	825	1	0	176,036	58,806	108,871	8,350	9	0
<b>Maintenance Assistance Status</b>												
Cash	9,480	2,304	6,433	743	0	0	104,241	25,580	70,920	7,741	0	0
Medically needy	3,434	2,361	974	98	1	0	34,060	23,303	9,906	842	9	0
Poverty-related	4,828	2,293	2,533	2	0	0	51,896	24,739	27,145	12	0	0
Other/unknown	1,454	939	496	19	0	0	15,187	9,892	5,119	176	0	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	18,269	7,521	9,900	847	1	0	195,327	79,408	107,311	8,599	9	0
Full dual, part year	927	376	536	15	0	0	10,057	4,106	5,779	172	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	18,945	7,864	10,356	724	1	0	204,014	83,299	112,578	8,128	9	0
FFS part year, with Rx claims	59	12	26	21	0	0	404	97	190	117	0	0
FFS part year, no Rx claims	192	21	54	117	0	0	966	118	322	526	0	0

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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.

Benef(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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx					FFS \$ <sup>c</sup>	of All Medicaid	
						FFS \$ <sup>d</sup>		
<b>All</b>	<b>32.2</b>		<b>3.9</b>	<b>\$252</b>	<b>\$65</b>	<b>\$17,923</b>	<b>1.4</b>	<b>19,196</b>
<b>Age</b>								
5 and younger	0.0		0.0	0	0	0	0.0	0
6-14	0.0		0.0	0	0	0	0.0	0
15-20	34.6		9.1	1,239	136	12,356	10.0	26
21-44	31.1		3.9	381	97	15,233	2.5	2,525
45-64	38.5		6.1	444	73	16,925	2.6	5,014
65-74	32.5		3.5	193	55	13,807	1.4	5,394
75-84	28.6		2.5	97	39	19,836	0.5	3,937
85 and older	24.7		2.1	82	39	29,490	0.3	2,300
Unknown	0.0		0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	27.1		2.2	92	41	19,924	0.5	7,897
Disabled	36.4		5.1	367	72	15,993	2.3	10,436
Adults	27.5		4.0	322	81	22,967	1.4	862
Children	0.0		0.0	0	0	0	0.0	1
Unknown	0.0		0.0	0	0	0	0.0	0
<b>Gender</b>								
Female	33.7		4.0	238	60	17,856	1.3	11,857
Male	29.7		3.7	275	75	18,031	1.5	7,339
Unknown	0.0		0.0	0	0	0	0.0	0
<b>Race</b>								
White	32.4		3.5	208	60	23,035	0.9	1,025
African American	32.1		3.9	257	65	18,209	1.4	15,674
Other/unknown	32.6		3.6	239	67	14,027	1.7	2,497
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	37.5		4.2	144	34	59,472	0.2	1,833
Part year	41.6		4.3	210	49	39,612	0.5	1,005
None	31.0		3.8	267	70	11,934	2.2	16,358
<b>Maintenance Assistance Status</b>								
Cash	34.0		4.4	309	70	15,070	2.1	9,480
Medically needy	36.5		4.6	231	51	46,622	0.5	3,434
Poverty related	27.6		2.7	178	66	6,985	2.5	4,828
Other/unknown	25.2		2.6	172	67	5,054	3.4	1,454

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 I of Table 1 for methodology used to determine nursing facility residence.

Benef(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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.4</b>	<b>\$24</b>	<b>1.4</b>	<b>67.8</b>	<b>26.3</b>	<b>2.4</b>	<b>2.3</b>	<b>1.0</b>	<b>0.2</b>	<b>\$1,675</b>	<b>19,196</b>	<b>205,384</b>
<b>Age</b>												
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	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	0.9	118	10.0	65.4	15.4	3.8	7.7	7.7	0.0	1,172	26	274
21-44	0.4	36	2.5	68.9	24.6	2.9	2.8	0.7	0.2	1,439	2,525	26,726
45-64	0.6	41	2.6	61.5	29.0	3.4	3.7	2.1	0.4	1,559	5,014	54,438
65-74	0.3	18	1.4	67.5	27.1	2.4	2.2	0.6	0.1	1,285	5,394	57,940
75-84	0.2	9	0.5	71.4	25.5	1.7	1.1	0.3	0.2	1,834	3,937	42,572
85 and older	0.2	8	0.3	75.3	22.0	0.9	1.0	0.7	0.0	2,894	2,300	23,434
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	9	0.5	72.9	24.3	1.3	1.0	0.4	0.1	1,884	7,897	83,514
Disabled	0.5	34	2.3	63.6	28.3	3.2	3.3	1.4	0.3	1,476	10,436	113,090
Adults	0.4	32	1.4	72.5	21.0	2.2	2.6	1.5	0.2	2,257	862	8,771
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	9
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	0.4	22	1.3	66.3	27.8	2.3	2.3	1.0	0.2	1,653	11,857	128,046
Male	0.4	26	1.5	70.3	23.8	2.5	2.3	1.0	0.2	1,711	7,339	77,338
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.3	20	0.9	67.6	27.3	2.9	1.3	0.6	0.3	2,242	1,025	10,533
African American	0.4	24	1.4	67.9	26.0	2.4	2.5	1.0	0.2	1,703	15,674	167,609
Other/unknown	0.3	22	1.7	67.4	27.6	2.3	1.7	0.8	0.2	1,286	2,497	27,242
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.4	14	0.2	62.5	31.4	2.6	2.5	0.9	0.1	5,617	1,833	19,409
Part year	0.4	21	0.5	58.4	36.1	1.6	2.2	1.4	0.3	4,005	1,005	9,939
None	0.4	25	2.2	69.0	25.1	2.4	2.3	1.0	0.2	1,109	16,358	176,036
<b>Maintenance Assistance Status</b>												
Cash	0.4	28	2.1	66.0	27.3	2.8	2.5	1.2	0.3	1,371	9,480	104,241
Medically needy	0.5	23	0.5	63.5	29.6	2.6	2.5	1.5	0.3	4,701	3,434	34,060
Poverty related	0.3	17	2.5	72.4	23.6	1.7	1.9	0.5	0.1	650	4,828	51,896
Other/unknown	0.2	17	3.4	74.8	20.8	1.9	2.1	0.3	0.1	484	1,454	15,187

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. This table was produced on 02/11/2010.

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 1 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>0.4</b>	<b>\$24</b>	<b>\$65</b>	<b>0.1</b>	<b>\$17</b>	<b>\$154</b>	<b>0.0</b>	<b>\$1</b>	<b>\$91</b>	<b>0.2</b>	<b>\$6</b>	<b>\$24</b>
<b>Age</b>												
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	0.9	118	136	0.5	109	209	0.0	1	65	0.3	8	25
21-44	0.4	36	97	0.1	27	214	0.0	1	124	0.2	7	31
45-64	0.6	41	73	0.2	30	166	0.0	2	90	0.4	10	27
65-74	0.3	18	55	0.1	12	130	0.0	1	91	0.2	5	21
75-84	0.2	9	39	0.1	5	98	0.0	1	72	0.2	3	18
85 and older	0.2	8	39	0.0	5	105	0.0	0	48	0.2	3	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	9	41	0.0	6	111	0.0	0	72	0.2	3	18
Disabled	0.5	34	72	0.1	24	164	0.0	2	95	0.3	8	26
Adults	0.4	32	81	0.1	24	170	0.0	2	91	0.2	7	28
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	0.4	22	60	0.1	15	144	0.0	1	93	0.3	6	23
Male	0.4	26	75	0.1	19	170	0.0	1	86	0.2	6	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	20	60	0.1	13	179	0.0	1	74	0.3	7	25
African American	0.4	24	65	0.1	17	153	0.0	1	92	0.2	6	24
Other/unknown	0.3	22	67	0.1	16	155	0.0	1	86	0.2	5	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.4	14	34	0.1	8	112	0.0	0	42	0.3	5	16
Part year	0.4	21	49	0.1	14	131	0.0	1	83	0.3	6	19
None	0.4	25	70	0.1	18	159	0.0	1	94	0.2	6	26
<b>Maintenance Assistance Status</b>												
Cash	0.4	28	70	0.1	20	163	0.0	1	94	0.3	6	25
Medically needy	0.5	23	51	0.1	15	136	0.0	1	70	0.3	7	22
Poverty related	0.3	17	66	0.1	12	151	0.0	1	93	0.2	4	25
Other/unknown	0.2	17	67	0.1	12	135	0.0	1	96	0.1	4	25

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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.

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.3	0.0	0.2	\$83	\$72	\$1	\$10	\$159	\$209	\$163	\$59	5,146	\$816,121	867	4.5	9,865
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	34	0	0	34	2	68	2	0.0	19
Antineoplastic Agents	0.2	0.1	0.0	0.2	46	29	0	16	199	531	0	94	204	40,671	83	0.4	893
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	29	23	1	5	64	122	66	21	4,433	285,882	876	4.6	9,955
Cardiovascular Agents	0.8	0.3	0.0	0.5	40	26	3	10	50	86	107	22	15,700	783,773	1,753	9.1	19,836
Respiratory Agents	0.3	0.1	0.0	0.2	19	13	1	5	62	109	77	28	5,328	327,760	1,475	7.7	17,049
Gastrointestinal Agents	0.3	0.1	0.0	0.1	27	22	1	4	91	154	179	28	2,425	219,745	723	3.8	8,203
Genitourinary Agents	0.3	0.2	0.0	0.1	20	13	5	2	77	87	105	36	610	47,251	205	1.1	2,342
CNS Drugs	0.5	0.1	0.0	0.4	38	27	2	8	73	243	104	21	14,466	1,052,138	2,456	12.8	27,907
Stimulants/Anti-obesity/Anorexia	0.2	0.1	0.0	0.1	28	25	0	4	118	200	0	32	41	4,845	16	0.1	171
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	71	66	0	5	187	190	0	163	390	73,042	92	0.5	1,029
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	22	8	2	12	56	315	201	35	4,353	244,659	988	5.1	11,255
Neuromuscular Agents	0.5	0.1	0.0	0.4	30	16	1	13	57	181	62	31	6,070	346,850	1,020	5.3	11,671
Nutritional Products	0.4	0.0	0.0	0.3	5	0	0	5	15	22	15	15	5,738	84,879	1,415	7.4	16,019
Hematological Agents	0.4	0.1	0.0	0.4	19	15	0	4	43	236	25	10	6,725	288,876	1,352	7.0	15,101
Topical Products	0.3	0.1	0.0	0.1	20	14	1	5	70	107	75	34	2,396	168,361	734	3.8	8,406
Miscellaneous Products	0.2	0.2	0.0	0.0	66	62	0	4	315	330	0	178	147	46,287	62	0.3	700
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	12	0	0	0	66	0	0	0	45	2,958	22	0.1	252
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>74,219</b>	<b>4,834,166</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 D.C., 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	\$676,693	584	3.0	6,651	0.4	\$282	\$102
ANTIVIRAL	664,284	427	2.2	4,747	0.7	211	140
ANTICONVULSANT	317,203	909	4.7	10,447	0.5	62	30
ANTIHYPERLIPIDEMIC	272,350	818	4.3	9,321	0.3	104	29
ANTIDIABETIC	219,644	920	4.8	10,441	0.3	66	21
ANTIHYPERTENSIVE	195,539	1,389	7.2	15,760	0.3	41	12
ANTIDEPRESSANTS	190,599	760	4.0	8,616	0.3	68	22
HEMATOPOIETIC AGENTS	171,204	1,818	9.5	20,472	0.4	21	8
ANTIASTHMATIC	170,176	641	3.3	7,374	0.3	87	23
CALCIUM BLOCKERS	153,079	700	3.6	7,920	0.3	63	19
Total	3,030,771	8,966	n.a.	101,749	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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



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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIVIRAL				
	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	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
<b>All</b>	<b>36,799</b>	<b>\$3,030,771</b>	<b>584</b>	<b>3.0</b>	<b>6,651</b>	<b>0.4</b>	<b>\$102</b>	<b>427</b>	<b>2.2</b>	<b>4,747</b>	<b>0.7</b>	<b>\$140</b>					
<b>Female</b>																	
All Females	22,503	1,659,666	309	2.6	3,532	0.4	96	150	1.3	1,662	0.7	168					
<b>Female, Disabled</b>																	
All Ages	15,285	1,325,866	248	4.2	2,850	0.3	100	128	2.2	1,433	0.7	172					
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	158	25,937	6	66.7	72	0.5	133	6	66.7	72	0.6	102					
21-44	2,355	292,592	66	7.1	755	0.4	107	50	5.4	538	0.8	190					
45-64	7,497	654,280	117	4.9	1,339	0.3	99	63	2.6	715	0.8	185					
65-74	3,766	266,209	50	3.6	582	0.3	93	9	0.7	108	0.2	40					
75-84	1,254	72,320	7	0.9	84	0.2	87	0	0.0	0	0.0	0					
85 and older	255	14,528	2	0.5	18	0.1	31	0	0.0	0	0.0	0					
<b>Female, Other Eligibles</b>																	
All Ages	7,218	333,800	61	1.0	682	0.5	79	22	0.4	229	0.7	143					
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	0.0	0					
21-44	287	30,164	8	4.0	94	0.5	149	4	2.0	22	0.4	206					
45-64	515	46,155	6	2.9	72	0.6	115	14	6.7	159	0.7	142					
65-74	1,976	101,679	16	0.9	185	0.2	55	3	0.2	36	1.2	155					
75-84	2,333	83,649	14	0.6	164	0.4	41	0	0.0	0	0.0	0					
85 and older	2,107	72,153	17	1.1	167	0.7	86	1	0.1	12	0.1	2					
<b>Male</b>																	
All Males	14,296	1,371,105	275	3.7	3,119	0.4	108	277	3.8	3,085	0.6	125					
<b>Male, Disabled</b>																	
All Ages	10,469	1,124,855	229	5.0	2,600	0.4	112	225	4.9	2,564	0.6	124					
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	0.0	0					
21-44	1,964	272,211	84	6.9	937	0.3	99	66	5.4	767	0.6	121					
45-64	6,534	723,180	125	5.6	1,444	0.4	131	136	6.1	1,555	0.6	137					
65-74	1,855	126,746	20	2.3	219	0.3	42	23	2.7	242	0.4	57					
75-84	98	2,540	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	18	178	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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	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
<b>Male, Other Eligibles</b>												
All Ages	3,827	246,250	46	1.7	519	0.4	92	52	1.9	521	0.7	127
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	0.0	0
21-44	477	65,185	15	8.7	180	0.5	160	22	12.7	201	0.6	92
45-64	528	50,876	5	2.7	60	0.2	41	8	4.3	78	1.4	254
65-74	1,560	87,895	18	1.4	201	0.3	46	16	1.2	170	0.6	145
75-84	964	37,924	6	0.8	65	0.5	113	6	0.8	72	0.3	46
85 and older	298	4,370	2	0.7	13	0.2	2	0	0.0	0	0.0	0
<b>Unknown</b>	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 D.C., released by CMS in 4/2009. 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.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit per 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 per 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 per Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>909</b>	<b>4.7</b>	<b>10,447</b>	<b>0.5</b>	<b>\$30</b>	<b>818</b>	<b>4.3</b>	<b>9,321</b>	<b>0.3</b>	<b>\$29</b>	<b>920</b>	<b>4.8</b>	<b>10,441</b>	<b>0.3</b>	<b>\$21</b>
<b>Female</b>															
All Females	539	4.5	6,210	0.5	27	551	4.6	6,305	0.3	29	625	5.3	7,116	0.3	19
<b>Female, Disabled</b>															
All Ages	419	7.1	4,850	0.5	30	388	6.6	4,471	0.3	29	458	7.8	5,276	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	55.6	60	0.6	111	0	0.0	0	0.0	0	4	44.4	48	0.4	11
21-44	95	10.2	1,110	0.4	37	13	1.4	155	0.3	29	33	3.6	385	0.4	27
45-64	215	9.0	2,470	0.5	31	160	6.7	1,822	0.3	31	185	7.8	2,084	0.3	23
65-74	72	5.2	835	0.4	22	149	10.9	1,733	0.2	27	170	12.4	1,971	0.3	15
75-84	26	3.3	303	0.4	18	59	7.4	678	0.2	27	60	7.5	716	0.3	14
85 and older	6	1.6	72	0.3	11	7	1.8	83	0.2	14	6	1.6	72	0.1	4
<b>Female, Other Eligibles</b>															
All Ages	120	2.0	1,360	0.5	13	163	2.7	1,834	0.3	29	167	2.8	1,840	0.3	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	2.5	56	0.5	25	5	2.5	58	0.7	49	7	3.5	78	0.4	19
45-64	9	4.3	102	0.5	10	4	1.9	48	1.0	103	5	2.4	60	0.4	47
65-74	42	2.3	470	0.5	14	67	3.7	752	0.2	28	69	3.8	752	0.3	23
75-84	44	2.0	496	0.4	10	63	2.9	729	0.2	24	59	2.7	655	0.3	19
85 and older	20	1.3	236	0.6	15	24	1.6	247	0.3	23	27	1.8	295	0.4	17
<b>Male</b>															
All Males	370	5.0	4,237	0.5	36	267	3.6	3,016	0.3	31	295	4.0	3,325	0.4	25
<b>Male, Disabled</b>															
All Ages	297	6.5	3,410	0.5	36	190	4.2	2,162	0.3	33	223	4.9	2,547	0.3	25
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	75	6.1	882	0.5	46	13	1.1	140	0.3	29	27	2.2	315	0.3	26
45-64	174	7.8	1,970	0.5	32	109	4.9	1,242	0.4	39	132	5.9	1,475	0.4	28
65-74	47	5.5	546	0.5	34	66	7.7	756	0.2	25	61	7.1	721	0.3	18
75-84	1	0.6	12	0.9	9	2	1.2	24	0.1	7	3	1.9	36	0.1	4
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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERTENSIVE					ANTIDIABETIC				
	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
<b>Male, Other Eligibles</b>															
All Ages	73	2.6	827	0.6	35	77	2.8	854	0.3	24	72	2.6	778	0.4	26
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	11	6.4	132	0.5	51	5	2.9	60	0.3	11	5	2.9	60	1.1	95
45-64	16	8.6	191	0.8	71	7	3.8	74	0.3	36	7	3.8	66	0.4	24
65-74	32	2.4	350	0.5	22	48	3.6	523	0.2	24	40	3.0	431	0.3	19
75-84	8	1.0	94	0.4	7	15	1.9	179	0.3	28	16	2.0	182	0.4	20
85 and older	6	2.0	60	0.4	11	2	0.7	18	0.1	8	4	1.3	39	0.4	15
<b>Unknown</b>	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 D.C., released by CMS in 4/2009. 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.

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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
<b>All</b>	<b>1,389</b>	<b>7.2</b>	<b>15,760</b>	<b>0.3</b>	<b>\$12</b>	<b>760</b>	<b>4.0</b>	<b>8,616</b>	<b>0.3</b>	<b>\$22</b>	<b>1,818</b>	<b>9.5</b>	<b>20,472</b>	<b>0.4</b>	<b>\$8</b>
<b>Female</b>															
All Females	915	7.7	10,417	0.3	13	500	4.2	5,688	0.3	21	1,186	10.0	13,478	0.4	6
<b>Female, Disabled</b>															
All Ages	657	11.2	7,561	0.3	13	424	7.2	4,871	0.3	21	554	9.4	6,444	0.3	6
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	11.1	12	0.3	7	5	55.6	60	0.3	12	1	11.1	12	0.2	2
21-44	52	5.6	573	0.3	12	91	9.8	1,037	0.4	27	76	8.2	849	0.2	2
45-64	274	11.5	3,141	0.3	14	228	9.6	2,626	0.3	21	239	10.0	2,804	0.3	5
65-74	235	17.1	2,728	0.3	11	72	5.2	841	0.2	14	140	10.2	1,655	0.4	10
75-84	81	10.2	951	0.2	11	21	2.6	234	0.4	20	64	8.0	740	0.3	2
85 and older	14	3.7	156	0.2	8	7	1.8	73	0.2	15	34	8.9	384	0.3	11
<b>Female, Other Eligibles</b>															
All Ages	258	4.3	2,856	0.3	12	76	1.3	817	0.4	25	632	10.6	7,034	0.4	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	2.5	58	0.4	9	5	2.5	51	0.5	86	15	7.5	175	0.4	2
45-64	11	5.2	124	0.5	19	7	3.3	76	0.4	5	20	9.5	240	0.5	3
65-74	98	5.3	1,087	0.3	12	21	1.1	244	0.3	17	156	8.5	1,793	0.4	5
75-84	91	4.1	1,022	0.3	11	17	0.8	187	0.3	12	223	10.2	2,523	0.4	4
85 and older	53	3.4	565	0.4	13	26	1.7	259	0.6	35	218	14.1	2,303	0.5	9
<b>Male</b>															
All Males	474	6.5	5,343	0.3	12	260	3.5	2,928	0.3	24	632	8.6	6,994	0.4	13
<b>Male, Disabled</b>															
All Ages	356	7.8	4,093	0.3	13	220	4.8	2,510	0.3	24	335	7.3	3,779	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	36	2.9	411	0.3	13	50	4.1	579	0.3	24	63	5.2	722	0.3	14
45-64	208	9.3	2,388	0.4	14	144	6.4	1,637	0.3	27	184	8.2	2,072	0.4	21
65-74	101	11.8	1,170	0.3	11	26	3.0	294	0.2	12	73	8.5	810	0.4	17
75-84	11	6.8	124	0.3	12	0	0.0	0	0.0	0	11	6.8	127	0.3	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	5.4	48	0.4	4

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					HEMATOPOIETIC AGENTS				
	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
<b>Male, Other Eligibles</b>															
All Ages	118	4.3	1,250	0.3	10	40	1.4	418	0.3	20	297	10.7	3,215	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	2.9	51	0.5	12	8	4.6	87	0.4	39	11	6.4	114	0.5	3
45-64	7	3.8	74	0.4	14	10	5.4	120	0.4	18	17	9.1	195	0.5	33
65-74	76	5.7	805	0.3	10	16	1.2	158	0.3	12	117	8.8	1,253	0.4	5
75-84	25	3.2	273	0.3	10	2	0.3	19	0.4	26	113	14.4	1,251	0.5	8
85 and older	5	1.7	47	0.2	6	4	1.3	34	0.5	10	39	12.9	402	0.5	4
<b>Unknown</b>	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 D.C., released by CMS in 4/2009. 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.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTIASTHMATIC					CALCIUM BLOCKERS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>641</b>	<b>3.3</b>	<b>7,374</b>	<b>0.3</b>	<b>\$23</b>	<b>700</b>	<b>3.6</b>	<b>7,920</b>	<b>0.3</b>	<b>\$19</b>	<b>19,196</b>	<b>205,384</b>
<b>Female</b>												
All Females	464	3.9	5,352	0.3	23	488	4.1	5,601	0.3	19	11,857	128,046
<b>Female, Disabled</b>												
All Ages	397	6.8	4,610	0.3	24	347	5.9	4,023	0.3	19	5,872	64,414
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	44.4	48	0.2	21	0	0.0	0	0.0	0	9	99
21-44	74	8.0	829	0.2	14	26	2.8	283	0.3	21	929	10,099
45-64	177	7.4	2,072	0.3	30	118	5.0	1,347	0.4	24	2,383	26,174
65-74	111	8.1	1,301	0.3	21	143	10.4	1,692	0.3	17	1,373	15,315
75-84	25	3.1	288	0.2	14	46	5.8	544	0.3	19	796	8,757
85 and older	6	1.6	72	0.1	47	14	3.7	157	0.2	11	382	3,970
<b>Female, Other Eligibles</b>												
All Ages	67	1.1	742	0.3	22	141	2.4	1,578	0.3	18	5,985	63,632
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	1	2
21-44	3	1.5	36	0.4	12	1	0.5	12	0.4	16	201	1,906
45-64	6	2.9	72	0.3	27	4	1.9	48	0.3	23	210	2,114
65-74	17	0.9	204	0.2	23	45	2.5	503	0.3	19	1,835	19,776
75-84	25	1.1	287	0.4	24	62	2.8	704	0.3	17	2,196	23,959
85 and older	16	1.0	143	0.3	16	29	1.9	311	0.3	17	1,542	15,875
<b>Male</b>												
All Males	177	2.4	2,022	0.2	22	212	2.9	2,319	0.3	20	7,339	77,338
<b>Male, Disabled</b>												
All Ages	140	3.1	1,602	0.3	25	152	3.3	1,696	0.3	21	4,564	48,676
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	16	173
21-44	16	1.3	179	0.2	10	11	0.9	123	0.4	23	1,222	12,783
45-64	84	3.8	956	0.3	28	84	3.8	939	0.3	22	2,235	24,202
65-74	40	4.7	467	0.3	24	53	6.2	596	0.3	21	855	9,152
75-84	0	0.0	0	0.0	0	4	2.5	38	0.2	9	162	1,653
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	74	713

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTIASTHMATIC						CALCIUM BLOCKERS						
	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
<b>Male, Other Eligibles</b>													
All Ages	37	1.3	420	0.2	13	60	2.2	623	0.3	18	2,775	28,662	
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	0	0	
21-44	2	1.2	24	0.1	12	1	0.6	12	0.1	5	173	1,938	
45-64	0	0.0	0	0.0	0	5	2.7	50	0.5	26	186	1,948	
65-74	28	2.1	315	0.1	8	35	2.6	372	0.3	19	1,331	13,697	
75-84	7	0.9	81	0.2	33	13	1.7	143	0.3	16	783	8,203	
85 and older	0	0.0	0	0.0	0	6	2.0	46	0.4	14	302	2,876	
<b>Unknown</b>	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 D.C., released by CMS in 4/2009. 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.



TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>\$14</b>	<b>0.4</b>	<b>1,833</b>	<b>19,409</b>
<b>Age</b>				
0-64	23	0.6	150	1,688
65-74	23	0.6	294	3,167
75-84	8	0.3	625	6,804
85 and older	13	0.4	764	7,750
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	12	0.4	1,279	13,527
Male	17	0.5	554	5,882
Unknown	0	0.0	0	0
<b>Race</b>				
White	7	0.4	173	1,730
African American	15	0.4	1,519	16,104
Other/unknown	8	0.3	141	1,575
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	12	0.4	1,646	17,337
Disabled	27	0.6	158	1,724
Adults	20	0.6	29	348
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.2	\$72	\$63	\$0	\$8	\$154	\$279	\$0	\$35	179	\$27,519	36	2.0	383
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	0.1	0.0	0.2	40	24	0	16	119	251	0	67	25	2,963	7	0.4	74
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	30	25	1	4	45	78	82	12	274	12,195	38	2.1	408
Cardiovascular Agents	1.2	0.4	0.0	0.8	35	22	1	13	30	58	28	16	804	23,979	66	3.6	691
Respiratory Agents	0.3	0.0	0.0	0.2	8	2	1	5	31	51	82	24	171	5,268	60	3.3	651
Gastrointestinal Agents	0.5	0.3	0.0	0.2	39	35	0	5	73	117	10	20	217	15,840	37	2.0	402
Genitourinary Agents	0.4	0.2	0.1	0.1	23	15	6	2	64	71	95	26	24	1,533	6	0.3	67
CNS Drugs	0.6	0.1	0.0	0.5	18	9	0	8	32	129	50	18	2,139	68,961	351	19.1	3,867
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	92	92	0	0	121	121	0	0	167	20,258	21	1.1	221
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	21	2	0	18	30	44	1	30	186	5,613	27	1.5	271
Neuromuscular Agents	0.7	0.1	0.0	0.6	22	8	0	13	32	100	30	23	606	19,540	79	4.3	902
Nutritional Products	0.5	0.0	0.0	0.5	9	1	0	8	18	22	17	17	474	8,309	82	4.5	900
Hematological Agents	0.7	0.0	0.0	0.7	14	7	0	6	19	162	17	9	2,236	43,045	284	15.5	3,113
Topical Products	0.4	0.2	0.1	0.2	20	12	3	4	49	65	61	26	172	8,421	42	2.3	427
Miscellaneous Products	0.2	0.2	0.0	0.0	6	6	0	0	32	32	0	0	12	378	5	0.3	59
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	32	0	0	0	11	356	6	0.3	64
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.	7,697	264,178	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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 D.C., 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.  
 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	\$32,127	390	21.3	4,318	0.6	\$12	\$7	
ANTIPSYCHOTICS	30,836	43	2.3	465	0.5	139	66	
ANTI-ANXIETY AGENTS	23,247	282	15.4	3,089	0.4	18	8	
ANTIVIRAL	21,770	8	0.4	96	0.7	346	227	
ANALGESICS - NonNarcotic	21,207	786	42.9	8,943	0.4	6	2	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	20,258	23	1.3	245	0.7	121	83	
ANTICONVULSANT	14,149	73	4.0	831	0.6	28	17	
ULCER DRUGS	13,068	29	1.6	307	0.4	97	43	
MINERALS & ELECTROLYTES	10,744	197	10.7	2,231	0.6	8	5	
ANTIDEPRESSANTS	10,545	41	2.2	428	0.5	46	25	
Total	197,951	1,872	n.a.	20,953	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. This table was produced on 02/11/2010.

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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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); 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.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS							ANTIPSYCHOTICS				
	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 \$
<b>All</b>	<b>10,390</b>	<b>\$197,951</b>	<b>390</b>	<b>21.3</b>	<b>4,318</b>	<b>0.6</b>	<b>\$7</b>	<b>43</b>	<b>2.3</b>	<b>465</b>	<b>0.5</b>	<b>\$66</b>
<b>Female</b>												
All Females	7,553	128,078	257	20.1	2,815	0.6	8	25	2.0	267	0.6	77
<b>Female, Disabled</b>												
All Ages	567	12,663	17	25.4	204	0.6	5	3	4.5	36	0.6	141
64 or younger	351	4,031	13	27.7	156	0.6	5	0	0.0	0	0.0	0
65-74	145	8,169	3	27.3	36	0.4	4	3	27.3	36	0.6	141
75-84	49	307	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	22	156	1	20.0	12	0.7	3	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	6,986	115,415	240	19.8	2,611	0.6	9	22	1.8	231	0.6	67
64 or younger	65	970	2	11.8	24	0.5	8	1	5.9	12	0.3	26
65-74	725	9,430	26	21.5	296	0.6	6	2	1.7	23	0.2	3
75-84	2,586	33,851	80	18.0	901	0.6	5	4	0.9	48	0.3	36
85 and older	3,610	71,164	132	21.0	1,390	0.6	12	15	2.4	148	0.7	90
<b>Male</b>												
All Males	2,837	69,873	133	24.0	1,503	0.6	6	18	3.2	198	0.4	52
<b>Male, Disabled</b>												
All Ages	567	21,305	23	25.3	260	0.6	5	3	3.3	30	0.3	44
64 or younger	443	18,285	21	30.0	240	0.6	5	1	1.4	12	0.2	50
65-74	96	2,719	1	6.7	8	1.1	10	2	13.3	18	0.4	40
75-84	28	301	1	25.0	12	0.1	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
<b>Male, Other Eligibles</b>												
All Ages	2,270	48,568	110	23.8	1,243	0.7	6	15	3.2	168	0.4	54
64 or younger	143	2,839	2	12.5	24	0.8	8	0	0.0	0	0.0	0
65-74	834	31,738	36	24.5	401	0.7	7	9	6.1	108	0.4	63
75-84	807	9,336	48	27.7	564	0.6	6	5	2.9	54	0.4	41
85 and older	486	4,655	24	18.9	254	0.6	5	1	0.8	6	0.3	2
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIVIRAL					ANALGESICS - NonNarcotic				
	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 \$
<b>All</b>	<b>282</b>	<b>15.4</b>	<b>3,089</b>	<b>0.4</b>	<b>\$8</b>	<b>8</b>	<b>0.4</b>	<b>96</b>	<b>0.7</b>	<b>\$227</b>	<b>786</b>	<b>42.9</b>	<b>8,943</b>	<b>0.4</b>	<b>\$2</b>
<b>Female</b>															
All Females	202	15.8	2,221	0.4	8	1	0.1	12	0.1	2	583	45.6	6,654	0.4	3
<b>Female, Disabled</b>															
All Ages	17	25.4	194	0.7	14	0	0.0	0	0.0	0	33	49.3	389	0.5	3
64 or younger	13	27.7	146	0.8	17	0	0.0	0	0.0	0	19	40.4	221	0.5	3
65-74	4	36.4	48	0.2	4	0	0.0	0	0.0	0	9	81.8	108	0.3	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	100.0	48	0.5	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	1.0	8
<b>Female, Other Eligibles</b>															
All Ages	185	15.3	2,027	0.4	7	1	0.1	12	0.1	2	550	45.4	6,265	0.4	3
64 or younger	3	17.6	36	0.3	6	0	0.0	0	0.0	0	5	29.4	50	0.5	3
65-74	21	17.4	244	0.6	13	0	0.0	0	0.0	0	49	40.5	545	0.5	3
75-84	80	18.0	880	0.4	8	0	0.0	0	0.0	0	217	48.9	2,526	0.4	3
85 and older	81	12.9	867	0.3	5	1	0.2	12	0.1	2	279	44.3	3,144	0.5	3
<b>Male</b>															
All Males	80	14.4	868	0.4	7	7	1.3	84	0.7	259	203	36.6	2,289	0.3	2
<b>Male, Disabled</b>															
All Ages	16	17.6	169	0.5	7	4	4.4	48	0.6	193	33	36.3	384	0.3	2
64 or younger	12	17.1	125	0.6	8	4	5.7	48	0.6	193	24	34.3	288	0.3	2
65-74	2	13.3	20	0.1	2	0	0.0	0	0.0	0	7	46.7	72	0.4	2
75-84	2	50.0	24	0.5	7	0	0.0	0	0.0	0	2	50.0	24	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
<b>Male, Other Eligibles</b>															
All Ages	64	13.8	699	0.4	7	3	0.6	36	0.9	347	170	36.7	1,905	0.3	2
64 or younger	3	18.8	32	1.4	30	0	0.0	0	0.0	0	7	43.8	84	0.3	2
65-74	21	14.3	243	0.4	9	3	2.0	36	0.9	347	42	28.6	486	0.4	2
75-84	25	14.5	291	0.2	4	0	0.0	0	0.0	0	71	41.0	815	0.3	2
85 and older	15	11.8	133	0.3	5	0	0.0	0	0.0	0	50	39.4	520	0.4	2
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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); 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ULCER DRUGS				
	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 \$
<b>All</b>	23	1.3	245	0.7	\$83	73	4.0	831	0.6	\$17	29	1.6	307	0.4	\$43
<b>Female</b>															
All Females	18	1.4	192	0.7	90	40	3.1	464	0.5	14	21	1.6	215	0.5	45
<b>Female, Disabled</b>															
All Ages	2	3.0	24	0.5	66	5	7.5	60	0.4	9	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	1	2.1	12	0.5	10	0	0.0	0	0.0	0
65-74	2	18.2	24	0.5	66	3	27.3	36	0.4	12	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	1	20.0	12	0.2	2	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	16	1.3	168	0.8	94	35	2.9	404	0.5	14	21	1.7	215	0.5	45
64 or younger	0	0.0	0	0.0	0	1	5.9	12	0.1	1	0	0.0	0	0.0	0
65-74	1	0.8	12	0.9	70	5	4.1	60	0.8	13	2	1.7	23	0.3	21
75-84	4	0.9	45	0.8	95	18	4.1	200	0.5	13	7	1.6	78	0.4	50
85 and older	11	1.7	111	0.8	96	11	1.7	132	0.6	19	12	1.9	114	0.5	46
<b>Male</b>															
All Males	5	0.9	53	0.5	56	33	6.0	367	0.7	21	8	1.4	92	0.4	38
<b>Male, Disabled</b>															
All Ages	0	0.0	0	0.0	0	11	12.1	122	0.8	33	3	3.3	32	0.6	57
64 or younger	0	0.0	0	0.0	0	5	7.1	60	0.8	45	2	2.9	24	0.5	62
65-74	0	0.0	0	0.0	0	5	33.3	50	0.7	24	1	6.7	8	0.8	43
75-84	0	0.0	0	0.0	0	1	25.0	12	0.9	9	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
<b>Male, Other Eligibles</b>															
All Ages	5	1.1	53	0.5	56	22	4.8	245	0.7	16	5	1.1	60	0.3	28
64 or younger	0	0.0	0	0.0	0	3	18.8	36	1.1	30	0	0.0	0	0.0	0
65-74	2	1.4	24	0.6	71	13	8.8	145	0.7	16	5	3.4	60	0.3	28
75-84	2	1.2	23	0.2	28	3	1.7	36	0.5	6	0	0.0	0	0.0	0
85 and older	1	0.8	6	1.2	106	3	2.4	28	0.4	9	0	0.0	0	0.0	0
<b>Unknown</b>	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 D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTIDEPRESSANTS							
	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	
<b>All</b>	<b>197</b>	<b>10.7</b>	<b>2,231</b>	<b>0.6</b>	<b>\$5</b>	<b>41</b>	<b>2.2</b>	<b>428</b>	<b>0.5</b>	<b>\$25</b>	<b>1,833</b>	<b>19,409</b>	
<b>Female</b>													
All Females	163	12.7	1,842	0.6	5	27	2.1	278	0.6	28	1,279	13,527	
<b>Female, Disabled</b>													
All Ages	7	10.4	84	0.8	6	2	3.0	24	0.2	16	67	719	
64 or younger	2	4.3	24	0.6	4	0	0.0	0	0.0	0	47	534	
65-74	3	27.3	36	0.9	6	2	18.2	24	0.2	16	11	121	
75-84	2	50.0	24	1.0	7	0	0.0	0	0.0	0	4	48	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	16	
<b>Female, Other Eligibles</b>													
All Ages	156	12.9	1,758	0.6	5	25	2.1	254	0.6	29	1,212	12,808	
64 or younger	3	17.6	26	0.5	3	0	0.0	0	0.0	0	17	183	
65-74	8	6.6	96	0.6	4	2	1.7	23	0.3	21	121	1,280	
75-84	52	11.7	612	0.7	5	4	0.9	43	0.4	16	444	4,876	
85 and older	93	14.8	1,024	0.6	5	19	3.0	188	0.7	33	630	6,469	
<b>Male</b>													
All Males	34	6.1	389	0.6	5	14	2.5	150	0.4	18	554	5,882	
<b>Male, Disabled</b>													
All Ages	4	4.4	48	0.4	3	6	6.6	68	0.4	25	91	1,005	
64 or younger	3	4.3	36	0.5	4	4	5.7	48	0.4	31	70	791	
65-74	0	0.0	0	0.0	0	2	13.3	20	0.3	11	15	151	
75-84	1	25.0	12	0.2	1	0	0.0	0	0.0	0	4	39	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24	
<b>Male, Other Eligibles</b>													
All Ages	30	6.5	341	0.6	5	8	1.7	82	0.5	12	463	4,877	
64 or younger	1	6.3	12	0.1	2	2	12.5	24	0.5	19	16	180	
65-74	5	3.4	60	0.7	10	2	1.4	24	0.5	8	147	1,615	
75-84	14	8.1	160	0.7	4	0	0.0	0	0.0	0	173	1,841	
85 and older	10	7.9	109	0.5	4	4	3.1	34	0.5	10	127	1,241	
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1,005 beneficiaries who were in nursing facilities for part of their enrollment and their 9,939 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.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 D.C., 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
<b>All</b>	<b>6,463</b>	<b>33.7</b>	<b>2.1</b>	<b>40,851</b>	<b>\$23</b>	<b>\$433,940</b>	<b>\$11</b>	<b>9.0</b>	<b>19,196</b>
<b>Age</b>									
5 and younger	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
15-20	4	15.4	1.0	27	22	584	22	1.8	26
21-44	598	23.7	1.3	3,211	19	48,097	15	5.0	2,525
45-64	1,817	36.2	2.3	11,444	29	146,709	13	6.6	5,014
65-74	1,874	34.7	2.1	11,366	21	111,829	10	10.7	5,394
75-84	1,428	36.3	2.4	9,403	21	83,061	9	21.7	3,937
85 and older	742	32.3	2.3	5,400	19	43,660	8	23.1	2,300
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	2,619	33.2	2.1	16,925	19	152,300	9	21.1	7,897
Disabled	3,622	34.7	2.1	22,404	25	262,779	12	6.9	10,436
Adults	222	25.8	1.8	1,522	22	18,861	12	6.8	862
Children	0	0.0	0.0	0	0	0	0	0.0	1
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	4,345	36.6	2.4	28,110	25	296,173	11	10.5	11,857
Male	2,118	28.9	1.7	12,741	19	137,767	11	6.8	7,339
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	310	30.2	2.2	2,279	30	30,536	13	14.3	1,025
African American	5,350	34.1	2.1	33,572	22	347,506	10	8.6	15,674
Other/unknown	803	32.2	2.0	5,000	22	55,898	11	9.4	2,497
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	915	49.9	4.7	8,572	42	76,093	9	28.8	1,833
Part year	453	45.1	2.5	2,542	26	25,729	10	12.2	1,005
None	5,095	31.1	1.8	29,737	20	332,118	11	7.6	16,358
<b>Maintenance Assistance Status</b>									
Cash	3,181	33.6	2.1	19,982	23	219,738	11	7.5	9,480
Medically needy	1,462	42.6	3.4	11,507	34	115,593	10	14.6	3,434
Poverty related	1,453	30.1	1.6	7,524	16	79,405	11	9.2	4,828
Other/unknown	367	25.2	1.3	1,838	13	19,204	10	7.7	1,454

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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.



TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 D.C., 2006

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
<b>All</b>	<b>0.2</b>	<b>\$2</b>	<b>\$11</b>	<b>\$0</b>	<b>\$1</b>	<b>205,384</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	0
15-20	0.1	2	22	0	0	274
21-44	0.1	2	15	0	1	26,726
45-64	0.2	3	13	0	1	54,438
65-74	0.2	2	10	0	1	57,940
75-84	0.2	2	9	0	1	42,572
85 and older	0.2	2	8	0	1	23,434
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	9	0	1	83,514
Disabled	0.2	2	12	0	1	113,090
Adults	0.2	2	12	0	1	8,771
Children	0.0	0	0	0	0	9
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	2	11	0	1	128,046
Male	0.2	2	11	0	1	77,338
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	3	13	0	2	10,533
African American	0.2	2	10	0	1	167,609
Other/unknown	0.2	2	11	0	1	27,242
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.4	4	9	0	1	19,409
Part year	0.3	3	10	0	1	9,939
None	0.2	2	11	0	1	176,036
<b>Maintenance Assistance Status</b>						
Cash	0.2	2	11	0	1	104,241
Medically needy	0.3	3	10	0	1	34,060
Poverty related	0.1	2	11	0	1	51,896
Other/unknown	0.1	1	10	0	0	15,187

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
D.C., 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
<b>All</b>	<b>8,214</b>	<b>\$53</b>	<b>\$433,940</b>	<b>100.0</b>	<b>40,851</b>	<b>\$11</b>	<b>100.0</b>
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	269	1,074	0.2	18	60	0.0
Cough and cold medications	912	70	64,280	14.8	1,771	36	4.3
Vitamins and minerals	1,367	59	80,447	18.5	5,502	15	13.5
Non-prescription drugs	3,799	27	104,470	24.1	21,859	5	53.5
Barbiturates	153	60	9,178	2.1	1,453	6	3.6
Benzodiazepines	1,935	89	171,734	39.6	10,157	17	24.9
Other Part D Excl Rx Drugs	44	63	2,757	0.6	91	30	0.2

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 D.C., 2006

Total Number of Dual Eligible Beneficiaries: 19,196  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$4,834,166  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$251

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,019	67.8	\$0	0.0
1-500	4,694	24.5	497,615	10.3
501-1,000	479	2.5	342,401	7.1
1,001-1,500	233	1.2	284,530	5.9
1,501-2,000	149	0.8	257,361	5.3
2,001-2,500	99	0.5	220,935	4.6
2,501-3,000	91	0.5	246,595	5.1
3,001-3,500	71	0.4	229,601	4.7
3,501-4,000	55	0.3	206,627	4.3
4,001-4,500	38	0.2	160,035	3.3
4,501-5,000	38	0.2	180,012	3.7
5,001-5,500	22	0.1	113,896	2.4
5,501-6,000	25	0.1	143,191	3.0
6,001-6,500	21	0.1	130,421	2.7
6,501-7,000	19	0.1	128,742	2.7
7,001-7,500	12	0.1	87,364	1.8
7,501-8,000	8	0.0	61,987	1.3
8,001-8,500	12	0.1	98,973	2.0
8,501-9,000	18	0.1	157,728	3.3
9,001-9,500	10	0.1	92,191	1.9
9,501-10,000	7	0.0	68,988	1.4
10,001+	76	0.4	1,124,973	23.3

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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<sup>a, b, c</sup>  
 D.C., 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 6,794  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,971,391  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$437

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	4,281	63.0	\$0	0.0	
1-500	1,708	25.1	177,806	6.0	
501-1,000	212	3.1	152,713	5.1	
1,001-1,500	114	1.7	139,305	4.7	
1,501-2,000	81	1.2	138,039	4.6	
2,001-2,500	55	0.8	121,712	4.1	
2,501-3,000	53	0.8	142,298	4.8	
3,001-3,500	47	0.7	152,210	5.1	
3,501-4,000	31	0.5	116,512	3.9	
4,001-4,500	24	0.4	101,727	3.4	
4,501-5,000	20	0.3	94,779	3.2	
5,001-5,500	17	0.3	88,486	3.0	
5,501-6,000	16	0.2	91,566	3.1	
6,001-6,500	15	0.2	93,615	3.2	
6,501-7,000	14	0.2	94,794	3.2	
7,001-7,500	10	0.1	72,952	2.5	
7,501-8,000	6	0.1	46,841	1.6	
8,001-8,500	8	0.1	66,423	2.2	
8,501-9,000	15	0.2	131,906	4.4	
9,001-9,500	4	0.1	37,431	1.3	
9,501-10,000	6	0.1	59,069	2.0	
10,001+	57	0.8	851,207	28.6	

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 D.C., 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 11,631  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,614,887  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$138

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,180	70.3	\$0	0.0
1-500	2,834	24.4	304,190	18.8
501-1,000	246	2.1	173,317	10.7
1,001-1,500	113	1.0	138,174	8.6
1,501-2,000	62	0.5	108,643	6.7
2,001-2,500	35	0.3	78,972	4.9
2,501-3,000	38	0.3	104,297	6.5
3,001-3,500	23	0.2	74,026	4.6
3,501-4,000	23	0.2	86,451	5.4
4,001-4,500	13	0.1	54,189	3.4
4,501-5,000	17	0.1	80,522	5.0
5,001-5,500	5	0.0	25,410	1.6
5,501-6,000	7	0.1	40,401	2.5
6,001-6,500	5	0.0	30,633	1.9
6,501-7,000	4	0.0	27,218	1.7
7,001-7,500	2	0.0	14,412	0.9
7,501-8,000	2	0.0	15,146	0.9
8,001-8,500	2	0.0	16,247	1.0
8,501-9,000	2	0.0	17,226	1.1
9,001-9,500	6	0.1	54,760	3.4
9,501-10,000	1	0.0	9,919	0.6
10,001+	11	0.1	160,734	10.0

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 D.C., 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 5,394  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,042,243  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$193

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,639	67.5	\$0	0.0
1-500	1,348	25.0	162,085	15.6
501-1,000	159	2.9	111,796	10.7
1,001-1,500	77	1.4	93,882	9.0
1,501-2,000	44	0.8	77,424	7.4
2,001-2,500	22	0.4	49,829	4.8
2,501-3,000	23	0.4	62,245	6.0
3,001-3,500	13	0.2	41,579	4.0
3,501-4,000	16	0.3	60,301	5.8
4,001-4,500	10	0.2	41,833	4.0
4,501-5,000	11	0.2	52,001	5.0
5,001-5,500	2	0.0	10,351	1.0
5,501-6,000	6	0.1	34,410	3.3
6,001-6,500	4	0.1	24,464	2.3
6,501-7,000	3	0.1	20,439	2.0
7,001-7,500	1	0.0	7,331	0.7
7,501-8,000	1	0.0	7,532	0.7
8,001-8,500	1	0.0	8,221	0.8
8,501-9,000	1	0.0	8,648	0.8
9,001-9,500	5	0.1	45,708	4.4
9,501-10,000	0	0.0	0	0.0
10,001+	8	0.1	122,164	11.7

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 D.C., 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,937  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$383,249  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$97

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,810	71.4	\$0	0.0
1-500	982	24.9	98,506	25.7
501-1,000	61	1.5	42,948	11.2
1,001-1,500	26	0.7	32,452	8.5
1,501-2,000	16	0.4	27,556	7.2
2,001-2,500	7	0.2	16,224	4.2
2,501-3,000	11	0.3	30,999	8.1
3,001-3,500	4	0.1	12,610	3.3
3,501-4,000	6	0.2	22,156	5.8
4,001-4,500	2	0.1	8,231	2.1
4,501-5,000	3	0.1	14,303	3.7
5,001-5,500	1	0.0	5,018	1.3
5,501-6,000	1	0.0	5,991	1.6
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,779	1.8
7,001-7,500	1	0.0	7,081	1.8
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,578	2.2
9,001-9,500	1	0.0	9,052	2.4
9,501-10,000	1	0.0	9,919	2.6
10,001+	2	0.1	24,846	6.5

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 D.C., 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,300  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$189,395  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$82

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,731	75.3	\$0	0.0
1-500	504	21.9	43,599	23.0
501-1,000	26	1.1	18,573	9.8
1,001-1,500	10	0.4	11,840	6.3
1,501-2,000	2	0.1	3,663	1.9
2,001-2,500	6	0.3	12,919	6.8
2,501-3,000	4	0.2	11,053	5.8
3,001-3,500	6	0.3	19,837	10.5
3,501-4,000	1	0.0	3,994	2.1
4,001-4,500	1	0.0	4,125	2.2
4,501-5,000	3	0.1	14,218	7.5
5,001-5,500	2	0.1	10,041	5.3
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,169	3.3
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	1	0.0	7,614	4.0
8,001-8,500	1	0.0	8,026	4.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,724	7.2

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>19,454</b>	<b>7,897</b>	<b>10,450</b>	<b>1,106</b>	<b>1</b>	<b>0</b>	<b>209,617</b>	<b>83,679</b>	<b>113,639</b>	<b>12,290</b>	<b>9</b>	<b>0</b>
<b>Age</b>												
5 and younger	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
15-20	31	0	30	1	0	0	358	0	356	2	0	0
21-44	2,615	7	2,160	447	1	0	28,290	76	23,198	5,007	9	0
45-64	5,101	22	4,618	461	0	0	55,836	217	50,498	5,121	0	0
65-74	5,459	3,078	2,228	153	0	0	58,972	32,809	24,494	1,669	0	0
75-84	3,947	2,952	958	37	0	0	42,710	31,888	10,410	412	0	0
85 and older	2,301	1,838	456	7	0	0	23,451	18,689	4,683	79	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	12,009	5,521	5,875	612	1	0	130,679	59,197	64,686	6,787	9	0
Male	7,445	2,376	4,575	494	0	0	78,938	24,482	48,953	5,503	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	1,029	471	511	47	0	0	10,611	4,761	5,325	525	0	0
African American	15,904	6,144	8,849	910	1	0	171,433	65,148	96,210	10,066	9	0
Other/unknown	2,521	1,282	1,090	149	0	0	27,573	13,770	12,104	1,699	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,833	1,646	158	29	0	0	19,409	17,337	1,724	348	0	0
Part year	1,005	769	228	8	0	0	9,947	7,375	2,499	73	0	0
None	16,616	5,482	10,064	1,069	1	0	180,261	58,967	109,416	11,869	9	0
<b>Maintenance Assistance Status</b>												
Cash	9,685	2,304	6,447	934	0	0	107,534	25,649	71,290	10,595	0	0
Medically needy	3,465	2,361	974	129	1	0	34,526	23,308	9,922	1,287	9	0
Poverty related	4,829	2,293	2,533	3	0	0	52,071	24,777	27,268	26	0	0
Other/unknown	1,475	939	496	40	0	0	15,486	9,945	5,159	382	0	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	18,527	7,521	9,914	1,091	1	0	199,532	79,564	107,841	12,118	9	0
Full dual, part year	927	376	536	15	0	0	10,085	4,115	5,798	172	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	18,945	7,864	10,356	724	1	0	204,014	83,299	112,578	8,128	9	0
FFS part year, with Rx claims	59	12	26	21	0	0	684	144	303	237	0	0
FFS part year, no Rx claims	192	21	54	117	0	0	2,142	236	600	1,306	0	0
MC all year, with Rx claims	1	0	0	1	0	0	12	0	0	12	0	0
MC all year, no Rx claims	257	0	14	243	0	0	2,765	0	158	2,607	0	0

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>19,454</b>	<b>209,617</b>	<b>19,196</b>	<b>205,384</b>	<b>0</b>	<b>4,233</b>
Fee-for-service (FFS) all year	18,945	204,014	18,945	204,014	0	0
FFS part year, with Rx claims	59	684	59	404	0	280
FFS part year, with no Rx claims	192	2,142	192	966	0	1,176
Managed care (MC) all year, with Rx claims	1	12	0	0	0	12
MC all year, with no Rx claims	257	2,765	0	0	0	2,765

Source: Data for this table are from the MAX 2006 file for D.C., released by CMS in 4/2009. 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