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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	31,327	13,004	16,816	1,468	6	33	343,339	138,406	190,947	13,578	48	360
Age												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	0	0	0	0	0	0	0	0	0	0	0	0
15-20	43	0	39	0	4	0	401	0	368	0	33	0
21-44	6,009	0	5,234	772	1	2	66,382	0	59,158	7,190	12	22
45-64	8,424	3	7,797	597	1	26	93,901	23	88,087	5,509	3	279
65-74	6,402	3,624	2,687	86	0	5	71,298	39,260	31,216	763	0	59
75-84	5,837	4,947	880	10	0	0	63,691	53,473	10,138	80	0	0
85 and older	4,610	4,430	177	3	0	0	47,642	45,650	1,956	36	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	20,033	9,775	9,420	800	5	33	220,014	104,870	107,285	7,458	41	360
Male	11,294	3,229	7,396	668	1	0	123,325	33,536	83,662	6,120	7	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	19,116	7,055	11,178	851	4	28	211,747	75,615	127,778	8,013	39	302
African American	1,992	502	1,376	112	0	2	22,210	5,519	15,600	1,069	0	22
Other/unknown	10,219	5,447	4,262	505	2	3	109,382	57,272	47,569	4,496	9	36
Use of Nursing Facilities^c												
Entire year	4,124	2,866	1,258	0	0	0	46,307	31,416	14,891	0	0	0
Part year	2,639	2,099	538	2	0	0	25,780	19,944	5,812	24	0	0
None	24,564	8,039	15,020	1,466	6	33	271,252	87,046	170,244	13,554	48	360
Maintenance Assistance Status												
Cash	15,884	4,472	11,398	14	0	0	181,449	50,375	130,971	103	0	0
Medically needy	308	186	122	0	0	0	3,330	1,973	1,357	0	0	0
Poverty-related	361	166	151	9	2	33	3,933	1,850	1,634	75	14	360
Other/unknown	14,774	8,180	5,145	1,445	4	0	154,627	84,208	56,985	13,400	34	0
Dual Medicare Status^d												
Full dual, all year	30,693	12,621	16,571	1,462	6	33	336,272	134,113	188,237	13,514	48	360
Full dual, part year	634	383	245	6	0	0	7,067	4,293	2,710	64	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	30,818	12,995	16,674	1,112	4	33	340,136	138,335	190,003	11,399	39	360
FFS part year, with Rx claims	257	3	95	158	1	0	1,756	30	656	1,063	7	0
FFS part year, no Rx claims	252	6	47	198	1	0	1,447	41	288	1,116	2	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote 1 of Table 1 for methodology used to determine nursing facility residence.
 d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
 Bene(f) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS ^d		
All	52.8		5.3	\$286	\$54	\$18,503	1.5		31,327
Age									
5 and younger	100.0		18.5	248	13	13,253	1.9		2
6-14	0.0		0.0	0	0	0	0.0		0
15-20	58.1		7.0	644	92	15,313	4.2		43
21-44	52.5		5.9	356	61	16,582	2.1		6,009
45-64	59.1		7.3	516	71	21,475	2.4		8,424
65-74	52.1		5.4	247	46	11,410	2.2		6,402
75-84	48.7		3.5	94	27	16,675	0.6		5,837
85 and older	48.2		3.1	70	22	27,773	0.3		4,610
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	47.9		3.5	100	29	19,230	0.5		13,004
Disabled	57.6		6.8	441	64	19,385	2.3		16,816
Adults	41.8		3.3	101	31	1,838	5.5		1,468
Children	50.0		1.5	17	11	21,198	0.1		6
Unknown	87.9		26.2	2,565	98	23,659	10.8		33
Gender									
Female	56.1		5.6	235	42	17,379	1.4		20,033
Male	47.1		4.8	376	78	20,497	1.8		11,294
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	56.5		6.0	272	46	22,550	1.2		19,116
African American	46.5		4.5	258	58	10,106	2.6		1,992
Other/unknown	47.2		4.3	318	75	12,570	2.5		10,219
Use of Nursing Facilities^f									
Entire year	51.0		4.8	123	26	80,493	0.2		4,124
Part year	57.2		4.7	173	37	31,516	0.5		2,639
None	52.7		5.5	325	60	6,698	4.9		24,564
Maintenance Assistance Status									
Cash	53.5		5.7	305	53	11,115	2.7		15,884
Medically needy	58.1		5.4	249	46	34,486	0.7		308
Poverty related	51.5		6.1	428	70	3,830	11.2		361
Other/unknown	52.0		4.8	262	55	26,472	1.0		14,774

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 Medicaid FFS \$ ^d	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.5	\$26	1.5	47.2	44.5	4.8	2.7	0.6	0.2	\$1,688	31,327	343,339
Age												
5 and younger	1.5	21	1.9	0.0	50.0	50.0	0.0	0.0	0.0	1,104	2	24
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	0.8	69	4.2	41.9	44.2	9.3	4.7	0.0	0.0	1,642	43	401
21-44	0.5	32	2.1	47.5	42.7	5.3	3.4	1.0	0.1	1,501	6,009	66,382
45-64	0.7	46	2.4	40.9	47.1	6.5	4.1	1.1	0.3	1,927	8,424	93,901
65-74	0.5	22	2.2	47.9	43.5	5.0	2.9	0.5	0.2	1,025	6,402	71,298
75-84	0.3	9	0.6	51.3	43.9	3.6	1.0	0.1	0.1	1,528	5,837	63,691
85 and older	0.3	7	0.3	51.8	44.4	2.5	1.1	0.2	0.0	2,687	4,610	47,642
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.3	9	0.5	52.1	43.0	3.4	1.3	0.2	0.0	1,807	13,004	138,406
Disabled	0.6	39	2.3	42.4	46.5	5.9	3.8	1.0	0.3	1,707	16,816	190,947
Adults	0.4	11	5.5	58.2	35.1	4.8	1.5	0.3	0.1	199	1,468	13,578
Children	0.2	2	0.1	50.0	50.0	0.0	0.0	0.0	0.0	2,650	6	48
Unknown	2.4	235	10.8	12.1	27.3	24.2	27.3	9.1	0.0	2,169	33	360
Gender												
Female	0.5	21	1.4	43.9	47.3	5.2	2.9	0.6	0.1	1,582	20,033	220,014
Male	0.4	34	1.8	52.9	39.6	4.2	2.4	0.6	0.2	1,877	11,294	123,325
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.5	25	1.2	43.5	47.3	5.4	2.9	0.7	0.2	2,036	19,116	211,747
African American	0.4	23	2.6	53.5	39.2	4.1	2.7	0.5	0.2	906	1,992	22,210
Other/unknown	0.4	30	2.5	52.8	40.3	4.0	2.3	0.5	0.1	1,174	10,219	109,382
Use of Nursing Facilities^f												
Entire year	0.4	11	0.2	49.0	44.4	4.4	1.6	0.4	0.2	7,169	4,124	46,307
Part year	0.5	18	0.5	42.8	50.8	3.9	1.6	0.6	0.3	3,226	2,639	25,780
None	0.5	30	4.9	47.3	43.9	5.0	3.0	0.7	0.1	607	24,564	271,252
Maintenance Assistance Status												
Cash	0.5	27	2.7	46.5	44.5	5.0	3.1	0.8	0.2	973	15,884	181,449
Medically needy	0.5	23	0.7	41.9	49.7	5.2	2.6	0.6	0.0	3,190	308	3,330
Poverty related	0.6	39	11.2	48.5	40.4	5.3	3.9	1.9	0.0	352	361	3,933
Other/unknown	0.5	25	1.0	48.0	44.5	4.7	2.2	0.5	0.2	2,529	14,774	154,627

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.5	\$26	\$54	0.1	\$18	\$157	0.0	\$2	\$106	0.4	\$6	\$18
Age												
5 and younger	1.5	21	13	0.6	13	20	0.0	0	0	0.9	8	9
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	0.8	69	92	0.4	53	139	0.0	3	89	0.3	13	39
21-44	0.5	32	61	0.1	22	161	0.0	3	115	0.4	8	21
45-64	0.7	46	71	0.2	34	220	0.0	3	119	0.5	9	20
65-74	0.5	22	46	0.1	14	112	0.0	2	104	0.3	6	18
75-84	0.3	9	27	0.1	5	76	0.0	1	71	0.2	3	13
85 and older	0.3	7	22	0.1	4	69	0.0	1	58	0.2	3	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	9	29	0.1	5	80	0.0	1	81	0.2	3	13
Disabled	0.6	39	64	0.2	28	183	0.0	3	112	0.4	8	20
Adults	0.4	11	31	0.1	5	80	0.0	1	105	0.3	5	17
Children	0.2	2	11	0.1	1	15	0.0	0	19	0.1	1	6
Unknown	2.4	235	98	1.0	149	153	0.2	42	279	1.3	41	32
Gender												
Female	0.5	21	42	0.1	13	115	0.0	2	102	0.4	6	17
Male	0.4	34	78	0.1	26	233	0.0	2	114	0.3	6	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	25	46	0.1	15	132	0.0	2	113	0.4	7	17
African American	0.4	23	58	0.1	16	147	0.0	2	106	0.3	5	20
Other/unknown	0.4	30	75	0.1	24	209	0.0	1	89	0.3	5	18
Use of Nursing Facilities^e												
Entire year	0.4	11	26	0.1	6	111	0.0	1	72	0.4	4	11
Part year	0.5	18	37	0.1	11	113	0.0	1	77	0.4	5	14
None	0.5	30	60	0.1	21	163	0.0	2	111	0.3	7	19
Maintenance Assistance Status												
Cash	0.5	27	53	0.1	18	136	0.0	2	114	0.4	7	19
Medically needy	0.5	23	46	0.1	17	128	0.0	2	64	0.3	5	14
Poverty related	0.6	39	70	0.2	26	120	0.0	5	181	0.3	9	26
Other/unknown	0.5	25	55	0.1	18	193	0.0	2	92	0.3	5	16

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 e. Please refer to footnote 1 of Table 1 for methodology used to determine nursing facility residence.
 CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Therapeutic Category	Number of Rx per Benefit Month												Users ^e				
	Among Users				\$ per Benefit Month Among Users				\$ per Rx				As a Percentage of Dual Benes		Number of Benefit Months		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$		Number	
Anti-infective Agents	0.2	0.1	0.0	0.1	\$23	\$18	\$2	\$4	\$122	\$297	\$86	\$33	4,150	\$507,161	1,903	6.1	21,620
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	0.2	0.1	0.0	0.1	59	51	0	8	244	482	269	57	477	116,611	184	0.6	1,966
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.1	15	12	1	3	59	106	58	20	7,146	418,128	2,388	7.6	27,097
Cardiovascular Agents	0.4	0.2	0.0	0.2	18	13	2	4	51	74	88	22	16,831	864,843	4,223	13.5	47,926
Respiratory Agents	0.3	0.1	0.0	0.1	12	9	1	2	46	78	68	16	12,295	562,932	4,116	13.1	47,538
Gastrointestinal Agents	0.2	0.1	0.0	0.1	24	17	2	5	100	145	397	39	6,518	649,524	2,324	7.4	26,582
Genitourinary Agents	0.2	0.1	0.0	0.1	13	7	4	1	58	61	94	26	1,369	79,863	560	1.8	6,388
CNS Drugs	0.6	0.1	0.0	0.5	24	15	2	7	41	168	93	15	57,796	2,389,480	8,686	27.7	97,954
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.1	39	35	2	2	137	161	157	36	489	66,950	149	0.5	1,704
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	38	38	0	0	169	171	0	49	597	100,670	238	0.8	2,647
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	20	7	5	9	53	170	207	28	12,540	663,850	2,882	9.2	32,699
Neuromuscular Agents	0.6	0.1	0.0	0.5	18	8	1	8	30	153	92	16	24,265	725,203	3,584	11.4	40,917
Nutritional Products	0.2	0.0	0.0	0.2	4	0	0	3	14	20	24	14	3,757	53,909	1,367	4.4	15,295
Hematological Agents	0.5	0.1	0.0	0.5	58	54	0	3	111	1,013	30	7	12,819	1,417,390	2,203	7.0	24,649
Topical Products	0.2	0.1	0.0	0.1	11	8	1	3	54	90	60	24	4,529	246,619	1,900	6.1	21,840
Miscellaneous Products	0.2	0.1	0.0	0.1	37	28	1	8	196	245	90	123	433	84,935	203	0.6	2,307
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	49	0	0	0	187	9,118	94	0.3	1,086
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.	166,198	8,957,186	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 Rhode Island, 0.6 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.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 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
MISC. HEMATOLOGICAL	\$1,177,951	280	0.9	3,111	0.4	\$1,046	\$379
ANTIPSYCHOTICS	1,110,122	1,356	4.3	15,452	0.3	232	72
ANTICONVULSANT	667,543	3,399	10.9	38,907	0.6	30	17
ANTIDEPRESSANTS	523,070	3,046	9.7	34,674	0.3	56	15
ANTIANKXIETY AGENTS	493,708	6,059	19.3	68,255	0.5	14	7
ULCER DRUGS	482,935	2,068	6.6	23,815	0.2	94	20
ANTHYPERLIPIDEMIC	414,995	2,105	6.7	24,060	0.2	70	17
ANALGESICS - Narcotic	348,410	2,129	6.8	24,045	0.3	56	14
ANTIVIRAL	329,061	242	0.8	2,799	0.2	474	118
ANTIASTHMATIC	301,029	1,725	5.5	19,525	0.2	71	15
Total	5,848,824	22,409	n.a.	254,643	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				MISC. HEMATOLOGICAL				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	95,330	\$5,848,824	280	0.9	3,111	0.4	\$379	1,356	4.3	15,452	0.3	\$72
Female												
All Females	62,694	2,660,857	174	0.9	1,943	0.2	19	731	3.6	8,323	0.3	59
Female, Disabled												
All Ages	43,785	2,147,742	79	0.8	919	0.3	24	575	6.1	6,578	0.3	68
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	52	4,753	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11,401	659,247	6	0.3	72	0.4	38	254	10.8	2,932	0.3	65
45-64	22,746	1,071,190	32	0.7	367	0.3	31	256	5.9	2,934	0.3	72
65-74	7,910	376,559	30	1.6	355	0.3	21	55	2.9	617	0.4	75
75-84	1,451	31,475	9	1.3	108	0.1	5	8	1.2	77	0.2	25
85 and older	225	4,518	2	1.3	17	0.1	15	2	1.3	18	0.1	8
Female, Other Eligibles												
All Ages	18,909	513,115	95	0.9	1,024	0.2	14	156	1.5	1,745	0.2	23
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	1,291	23,595	0	0.0	0	0.0	0	13	2.6	143	0.1	5
45-64	933	40,146	1	0.3	10	0.9	110	11	3.8	120	0.3	54
65-74	5,146	181,500	29	1.2	315	0.2	19	31	1.3	353	0.3	40
75-84	6,467	155,247	34	0.9	376	0.2	10	49	1.3	561	0.2	23
85 and older	5,072	112,627	31	0.8	323	0.2	12	52	1.4	568	0.2	11
Male												
All Males	32,636	3,187,967	106	0.9	1,168	0.6	977	625	5.5	7,129	0.3	87
Male, Disabled												
All Ages	26,960	3,016,503	61	0.8	697	0.8	1,630	568	7.7	6,520	0.3	92
5 and younger	1	49	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	82	15,833	0	0.0	0	0.0	0	3	14.3	26	0.7	100
21-44	10,207	852,692	2	0.1	24	0.3	35	319	11.0	3,692	0.3	98
45-64	14,003	1,977,001	39	1.1	445	1.1	2,531	218	6.3	2,470	0.3	83
65-74	2,406	159,400	17	2.1	197	0.3	35	27	3.3	320	0.3	97
75-84	261	11,528	3	1.5	31	0.5	62	1	0.5	12	0.1	9
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		MISC. HEMATOLOGICAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean	
						Rx per Month	Mean Rx \$ per Benefit Month				Rx per Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	5,676	171,464	45	1.2	471	0.2	11	57	1.5	609	0.3	30
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	601	20,595	2	0.7	13	0.2	10	11	4.1	129	0.5	68
45-64	791	22,816	1	0.3	12	0.2	0	9	2.7	91	0.2	27
65-74	1,890	58,241	23	1.7	250	0.2	12	13	1.0	127	0.2	20
75-84	1,683	51,270	15	1.1	155	0.2	11	15	1.1	176	0.1	14
85 and older	711	18,542	4	0.6	41	0.2	1	9	1.4	86	0.2	23
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIANKXIETY 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
All	3,399	10.9	38,907	0.6	\$17	3,046	9.7	34,674	0.3	\$15	6,059	19.3	68,255	0.5	\$7
Female															
All Females	2,244	11.2	25,643	0.6	15	2,056	10.3	23,506	0.3	14	4,285	21.4	48,244	0.5	7
Female, Disabled															
All Ages	1,689	17.9	19,470	0.6	17	1,450	15.4	16,726	0.3	17	2,352	25.0	27,251	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	4	22.2	48	0.2	27	8	44.4	96	0.2	29	2	11.1	24	0.3	9
21-44	575	24.5	6,654	0.6	24	455	19.4	5,209	0.3	21	565	24.1	6,602	0.5	8
45-64	882	20.2	10,146	0.6	14	762	17.5	8,785	0.3	16	1,187	27.2	13,680	0.6	9
65-74	182	9.8	2,087	0.6	14	199	10.7	2,333	0.3	13	424	22.7	4,976	0.6	8
75-84	41	6.1	478	0.5	5	20	3.0	231	0.2	5	148	21.9	1,687	0.5	7
85 and older	5	3.2	57	0.9	9	6	3.8	72	0.2	4	26	16.5	282	0.4	5
Female, Other Eligibles															
All Ages	555	5.2	6,173	0.5	10	606	5.7	6,780	0.2	7	1,933	18.2	20,993	0.5	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	91	18.1	985	0.6	9	45	8.9	464	0.2	6	89	17.7	890	0.5	7
45-64	41	14.2	450	0.6	16	42	14.5	437	0.3	13	53	18.3	505	0.6	8
65-74	157	6.5	1,786	0.5	12	161	6.7	1,829	0.2	8	414	17.3	4,687	0.5	6
75-84	161	4.4	1,810	0.5	8	182	5.0	2,071	0.2	6	691	19.0	7,620	0.5	6
85 and older	105	2.8	1,142	0.5	8	176	4.6	1,979	0.2	6	686	18.1	7,291	0.4	5
Male															
All Males	1,155	10.2	13,264	0.6	21	990	8.8	11,168	0.3	17	1,774	15.7	20,011	0.5	8
Male, Disabled															
All Ages	989	13.4	11,415	0.6	22	841	11.4	9,631	0.3	19	1,237	16.7	14,370	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	5	23.8	60	0.7	203	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	442	15.3	5,088	0.6	29	401	13.9	4,632	0.3	19	433	15.0	5,039	0.5	8
45-64	488	14.2	5,644	0.6	15	369	10.7	4,186	0.3	21	675	19.6	7,803	0.6	9
65-74	48	5.8	551	0.5	20	66	8.0	753	0.3	18	111	13.5	1,312	0.6	6
75-84	6	2.9	72	0.6	6	5	2.5	60	0.1	2	18	8.8	216	0.5	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIANSIETY AGENTS				
	Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean	
		as %		Benefit Months	Rx per		Mean Rx \$		as %	Benefit Months		Rx per		Mean Rx \$	as %
		Dual	Among Users	Benefit	Benefit		Dual	Among Users	Benefit	Benefit		Dual	Among Users	Benefit	Benefit
		Benes		Month	Month		Benes		Month	Month		Benes		Month	Month
Male, Other Eligibles															
All Ages	166	4.3	1,849	0.5	10	149	3.8	1,537	0.2	6	537	13.8	5,641	0.5	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	26	9.6	293	0.6	17	22	8.1	226	0.3	7	35	12.9	385	0.6	6
45-64	28	8.3	302	0.6	15	29	8.6	322	0.2	4	57	16.9	576	0.7	8
65-74	48	3.6	536	0.6	7	39	3.0	392	0.2	4	158	12.0	1,723	0.5	7
75-84	47	3.5	522	0.5	7	31	2.3	326	0.2	8	169	12.7	1,799	0.5	6
85 and older	17	2.6	196	0.3	9	28	4.3	271	0.2	6	118	18.3	1,158	0.4	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,068	6.6	23,815	0.2	\$20	2,105	6.7	24,060	0.2	\$17	2,129	6.8	24,045	0.3	\$15
Female															
All Females	1,462	7.3	16,856	0.2	20	1,356	6.8	15,537	0.2	16	1,405	7.0	15,923	0.3	13
Female, Disabled															
All Ages	909	9.6	10,548	0.2	24	776	8.2	8,974	0.3	20	1,069	11.3	12,199	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	11.1	24	0.1	1	0	0.0	0	0.0	0	3	16.7	36	0.1	1
21-44	167	7.1	1,924	0.2	22	77	3.3	892	0.3	19	312	13.3	3,509	0.3	18
45-64	465	10.7	5,357	0.2	25	394	9.0	4,507	0.3	20	525	12.0	5,967	0.3	16
65-74	218	11.7	2,587	0.3	27	260	13.9	3,054	0.3	23	201	10.8	2,368	0.2	8
75-84	45	6.7	525	0.2	12	43	6.4	497	0.2	7	25	3.7	286	0.2	6
85 and older	12	7.6	131	0.1	11	2	1.3	24	0.1	3	3	1.9	33	0.1	1
Female, Other Eligibles															
All Ages	553	5.2	6,308	0.2	12	580	5.5	6,563	0.2	11	336	3.2	3,724	0.2	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	11	2.2	131	0.1	5	5	1.0	57	0.1	5	25	5.0	247	0.3	14
45-64	12	4.2	128	0.2	21	17	5.9	177	0.4	20	27	9.3	292	0.2	14
65-74	158	6.6	1,834	0.2	15	223	9.3	2,500	0.2	15	125	5.2	1,446	0.2	8
75-84	211	5.8	2,427	0.1	10	231	6.4	2,684	0.2	8	101	2.8	1,135	0.1	7
85 and older	161	4.3	1,788	0.2	14	104	2.7	1,145	0.2	7	58	1.5	604	0.2	4
Male															
All Males	606	5.4	6,959	0.2	22	749	6.6	8,523	0.3	19	724	6.4	8,122	0.3	17
Male, Disabled															
All Ages	443	6.0	5,155	0.2	25	515	7.0	5,933	0.3	22	610	8.2	6,930	0.3	19
5 and younger	1	100.0	12	0.1	4	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	4.8	12	0.3	3	1	4.8	12	0.5	44	1	4.8	12	0.2	1
21-44	140	4.8	1,647	0.3	27	111	3.8	1,299	0.3	21	279	9.7	3,147	0.3	16
45-64	207	6.0	2,376	0.2	23	277	8.1	3,156	0.3	22	273	7.9	3,103	0.3	24
65-74	82	10.0	974	0.3	27	114	13.9	1,328	0.3	25	55	6.7	644	0.2	15
75-84	12	5.9	134	0.1	10	12	5.9	138	0.2	16	2	1.0	24	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean		Number of Users	Users	Number of	Mean	
		as %		Bene	Rx per		Benefit		as %	Bene		Rx per		Benefit	as %
Male, Other Eligibles															
All Ages	163	4.2	1,804	0.2	14	234	6.0	2,590	0.2	13	114	2.9	1,192	0.2	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	8	3.0	84	0.2	7	14	5.2	157	0.1	2	15	5.5	170	0.2	9
45-64	11	3.3	119	0.1	11	23	6.8	221	0.2	5	25	7.4	274	0.2	7
65-74	56	4.3	608	0.2	15	104	7.9	1,148	0.2	17	38	2.9	384	0.2	4
75-84	61	4.6	679	0.2	17	69	5.2	797	0.2	16	22	1.7	240	0.2	6
85 and older	27	4.2	314	0.1	9	24	3.7	267	0.1	2	14	2.2	124	0.2	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	242	0.8	2,799	0.2	\$118	1,725	5.5	19,525	0.2	\$15	31,327	343,339
Female												
All Females	106	0.5	1,241	0.2	53	1,212	6.1	13,826	0.2	15	20,033	220,014
Female, Disabled												
All Ages	75	0.8	885	0.2	72	831	8.8	9,608	0.2	18	9,420	107,285
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	5.6	12	0.3	33	3	16.7	36	0.1	1	18	178
21-44	22	0.9	262	0.2	27	150	6.4	1,717	0.2	10	2,344	26,493
45-64	35	0.8	407	0.2	95	446	10.2	5,155	0.2	19	4,357	49,339
65-74	15	0.8	180	0.2	98	203	10.9	2,378	0.3	21	1,866	21,719
75-84	2	0.3	24	0.1	6	25	3.7	274	0.1	8	676	7,782
85 and older	0	0.0	0	0.0	0	4	2.5	48	0.2	9	158	1,762
Female, Other Eligibles												
All Ages	31	0.3	356	0.1	7	381	3.6	4,218	0.2	11	10,613	112,729
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	3	26
21-44	2	0.4	24	0.3	6	22	4.4	218	0.2	4	504	4,751
45-64	1	0.3	12	0.1	0	20	6.9	213	0.3	26	289	2,679
65-74	4	0.2	47	0.1	11	132	5.5	1,518	0.2	12	2,399	26,151
75-84	6	0.2	72	0.1	8	118	3.3	1,340	0.2	9	3,630	39,627
85 and older	18	0.5	201	0.1	5	89	2.3	929	0.2	10	3,788	39,495
Male												
All Males	136	1.2	1,558	0.3	169	513	4.5	5,699	0.2	15	11,294	123,325
Male, Disabled												
All Ages	120	1.6	1,366	0.3	188	401	5.4	4,556	0.3	17	7,396	83,662
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	4.8	12	0.3	3	1	4.8	12	0.4	39	21	190
21-44	54	1.9	594	0.3	131	139	4.8	1,614	0.2	11	2,890	32,665
45-64	58	1.7	681	0.4	252	175	5.1	1,923	0.3	21	3,440	38,748
65-74	6	0.7	67	0.2	103	73	8.9	857	0.2	14	821	9,497
75-84	1	0.5	12	0.1	6	13	6.4	150	0.3	26	204	2,356
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	194

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	16	0.4	192	0.1	33	112	2.9	1,143	0.2	11	3,898	39,663
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	7
21-44	3	1.1	36	0.1	2	6	2.2	72	0.1	3	271	2,473
45-64	4	1.2	48	0.3	110	8	2.4	91	0.2	2	338	3,135
65-74	4	0.3	48	0.1	10	36	2.7	344	0.2	15	1,316	13,931
75-84	3	0.2	36	0.1	14	47	3.5	478	0.2	10	1,327	13,926
85 and older	2	0.3	24	0.1	6	15	2.3	158	0.2	14	645	6,191
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$11	0.4	4,124	46,307
Age				
0-64	19	0.5	996	11,799
65-74	17	0.5	454	5,213
75-84	9	0.4	1,003	11,040
85 and older	6	0.3	1,671	18,255
Unknown	0	0.0	0	0
Gender				
Female	10	0.4	2,895	32,450
Male	13	0.4	1,229	13,857
Unknown	0	0.0	0	0
Race				
White	10	0.4	2,830	32,338
African American	18	0.5	96	1,123
Other/unknown	12	0.4	1,198	12,846
Basis of Eligibility^c				
Aged	7	0.4	2,866	31,416
Disabled	19	0.5	1,258	14,891
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users				
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	0.2	0.1	0.0	\$16	\$13	\$1	\$94	\$198	\$22	177	\$16,674	94	2.3	1,060
Biologicals	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.2	0.1	0.0	41	26	0	196	269	135	42	8,213	20	0.5	200
Endocrine/Metabolic Drugs	0.3	0.1	0.0	16	10	3	50	71	166	424	21,312	118	2.9	1,349
Cardiovascular Agents	0.4	0.1	0.0	14	9	1	33	61	49	1,015	33,416	210	5.1	2,345
Respiratory Agents	0.3	0.1	0.0	14	10	1	45	84	72	683	30,768	190	4.6	2,177
Gastrointestinal Agents	0.2	0.1	0.0	17	13	0	71	132	24	488	34,500	173	4.2	2,008
Genitourinary Agents	0.2	0.1	0.1	16	8	7	67	63	113	157	10,568	59	1.4	665
CNS Drugs	0.5	0.0	0.0	12	6	1	24	136	76	7,250	170,557	1,205	29.2	13,764
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	71	67	2	147	190	44	30	4,404	6	0.1	62
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	22	22	0	103	103	0	158	16,238	66	1.6	747
Analgesics and Anesthetics	0.3	0.1	0.0	14	7	1	49	119	67	327	16,173	102	2.5	1,135
Neuromuscular Agents	0.7	0.1	0.0	17	8	0	23	151	75	2,378	55,621	283	6.9	3,262
Nutritional Products	0.3	0.0	0.0	3	0	0	10	8	21	809	8,344	254	6.2	2,872
Hematological Agents	0.8	0.0	0.0	7	4	0	10	161	9	4,989	47,522	576	14.0	6,478
Topical Products	0.2	0.1	0.0	10	6	2	50	91	67	561	27,868	230	5.6	2,691
Miscellaneous Products	0.1	0.1	0.0	6	6	0	49	63	0	39	1,914	28	0.7	311
Unknown Therapeutic Category	0.2	0.0	0.0	11	0	0	47	0	0	68	3,194	25	0.6	292
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.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 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 Rhode Island, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$61,654	86	2.1	1,004	0.3	\$196	\$61
ANTIANKXIETY AGENTS	57,038	925	22.4	10,534	0.5	11	5
ANTICONVULSANT	52,656	280	6.8	3,232	0.7	23	16
HEMATOPOIETIC AGENTS	48,812	946	22.9	10,679	0.7	7	5
ANTIHISTAMINES	32,911	409	9.9	4,808	0.5	14	7
ANTIDEPRESSANTS	32,472	230	5.6	2,612	0.3	47	12
DERMATOLOGICAL	26,494	366	8.9	4,340	0.2	36	6
ULCER DRUGS	23,616	136	3.3	1,577	0.2	73	15
MINERALS & ELECTROLYTES	20,289	672	16.3	7,750	0.5	5	3
HYPNOTICS	19,393	219	5.3	2,550	0.5	15	8
Total	375,335	4,269	n.a.	49,086	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,790 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	24,388	\$375,335	86	2.1	1,004	0.3	\$61	925	22.4	10,534	0.5	\$5					
Female																	
All Females	17,521	245,138	50	1.7	580	0.3	50	649	22.4	7,367	0.5	6					
Female, Disabled																	
All Ages	5,558	124,722	25	4.2	300	0.4	74	212	35.2	2,520	0.5	7					
64 or younger	3,999	88,078	16	3.7	192	0.3	47	165	38.6	1,968	0.5	6					
65-74	939	29,288	8	9.3	96	0.5	122	27	31.4	315	0.6	7					
75-84	436	5,774	1	1.8	12	0.7	116	17	30.9	204	0.4	6					
85 and older	184	1,582	0	0.0	0	0.0	0	3	9.1	33	0.7	10					
Female, Other Eligibles																	
All Ages	11,963	120,416	25	1.1	280	0.3	25	437	19.1	4,847	0.5	5					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	1,173	14,250	2	1.2	24	0.5	50	41	24.3	484	0.5	6					
75-84	3,575	38,966	9	1.3	102	0.3	45	139	20.4	1,535	0.5	5					
85 and older	7,215	67,200	14	1.0	154	0.2	7	257	17.8	2,828	0.5	5					
Male																	
All Males	6,867	130,197	36	2.9	424	0.3	77	276	22.5	3,167	0.5	5					
Male, Disabled																	
All Ages	4,299	96,714	28	4.3	336	0.3	92	177	27.0	2,104	0.4	5					
64 or younger	3,792	88,398	26	4.6	312	0.3	91	160	28.2	1,900	0.4	5					
65-74	321	6,878	2	3.9	24	0.4	104	12	23.5	144	0.4	4					
75-84	186	1,438	0	0.0	0	0.0	0	5	15.2	60	0.3	4					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	2,568	33,483	8	1.4	88	0.2	21	99	17.3	1,063	0.5	5					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	543	5,812	0	0.0	0	0.0	0	15	10.1	164	0.6	10					
75-84	1,162	16,389	5	2.1	59	0.1	14	48	20.4	525	0.6	5					
85 and older	863	11,282	3	1.6	29	0.2	34	36	18.9	374	0.3	3					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 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.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	ANTICONVULSANT					HEMATOPOIETIC AGENTS					ANTIHISTAMINES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	280	6.8	3,232	0.7	\$16	946	22.9	10,679	0.7	\$5	409	9.9	4,808	0.5	\$7
Female															
All Females	174	6.0	1,978	0.7	18	705	24.4	7,927	0.7	4	264	9.1	3,093	0.5	7
Female, Disabled															
All Ages	88	14.6	1,036	0.7	23	105	17.4	1,257	0.6	11	99	16.4	1,188	0.5	7
64 or younger	67	15.7	799	0.7	23	65	15.2	780	0.6	16	82	19.2	984	0.5	7
65-74	16	18.6	177	0.8	24	17	19.8	204	0.6	3	11	12.8	132	0.5	6
75-84	4	7.3	48	0.9	4	10	18.2	120	0.6	5	6	10.9	72	0.5	7
85 and older	1	3.0	12	0.9	16	13	39.4	153	0.6	3	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	86	3.8	942	0.7	12	600	26.2	6,670	0.7	3	165	7.2	1,905	0.5	7
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16	9.5	183	0.8	14	37	21.9	435	0.8	3	16	9.5	192	0.5	7
75-84	28	4.1	302	0.7	9	182	26.8	1,999	0.7	3	46	6.8	517	0.5	6
85 and older	42	2.9	457	0.7	13	381	26.4	4,236	0.7	3	103	7.1	1,196	0.5	7
Male															
All Males	106	8.6	1,254	0.7	14	241	19.6	2,752	0.7	6	145	11.8	1,715	0.5	7
Male, Disabled															
All Ages	82	12.5	972	0.7	16	88	13.4	1,056	0.7	4	112	17.1	1,326	0.5	7
64 or younger	76	13.4	900	0.7	16	72	12.7	864	0.6	4	103	18.1	1,218	0.5	7
65-74	5	9.8	60	0.5	8	7	13.7	84	0.9	4	6	11.8	72	0.6	9
75-84	1	3.0	12	2.0	15	9	27.3	108	0.7	4	3	9.1	36	0.3	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
Male, Other Eligibles															
All Ages	24	4.2	282	0.6	9	153	26.7	1,696	0.7	7	33	5.8	389	0.5	7
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9	6.1	108	0.5	5	30	20.3	339	0.7	4	7	4.7	84	0.4	6
75-84	10	4.3	114	0.8	8	58	24.7	648	0.7	11	12	5.1	140	0.6	8
85 and older	5	2.6	60	0.5	18	65	34.2	709	0.7	5	14	7.4	165	0.5	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 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(g) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					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 \$
All	230	5.6	2,612	0.3	\$12	366	8.9	4,340	0.2	\$6	136	3.3	1,577	0.2	\$15
Female															
All Females	161	5.6	1,845	0.2	11	222	7.7	2,627	0.2	8	92	3.2	1,070	0.2	13
Female, Disabled															
All Ages	45	7.5	525	0.4	23	145	24.1	1,740	0.2	7	35	5.8	417	0.2	16
64 or younger	31	7.2	363	0.4	24	116	27.1	1,392	0.2	7	22	5.1	264	0.2	13
65-74	10	11.6	114	0.4	27	20	23.3	240	0.2	11	11	12.8	129	0.2	20
75-84	2	3.6	24	0.3	5	5	9.1	60	0.1	6	1	1.8	12	0.6	53
85 and older	2	6.1	24	0.2	6	4	12.1	48	0.1	5	1	3.0	12	0.2	1
Female, Other Eligibles															
All Ages	116	5.1	1,320	0.2	6	77	3.4	887	0.2	9	57	2.5	653	0.2	11
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	11	6.5	132	0.2	5	6	3.6	69	0.1	4	3	1.8	36	0.3	21
75-84	47	6.9	535	0.2	7	26	3.8	302	0.2	14	19	2.8	228	0.2	8
85 and older	58	4.0	653	0.2	6	45	3.1	516	0.1	6	35	2.4	389	0.2	11
Male															
All Males	69	5.6	767	0.3	16	144	11.7	1,713	0.2	4	44	3.6	507	0.2	20
Male, Disabled															
All Ages	45	6.9	534	0.4	19	121	18.4	1,446	0.2	3	29	4.4	329	0.3	19
64 or younger	41	7.2	486	0.3	18	106	18.7	1,266	0.2	3	26	4.6	300	0.3	20
65-74	4	7.8	48	0.5	31	9	17.6	108	0.1	3	2	3.9	24	0.1	12
75-84	0	0.0	0	0.0	0	6	18.2	72	0.1	3	1	3.0	5	0.2	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	24	4.2	233	0.2	7	23	4.0	267	0.2	6	15	2.6	178	0.2	21
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	2.0	20	0.2	11	8	5.4	96	0.1	3	4	2.7	48	0.1	18
75-84	7	3.0	71	0.3	10	7	3.0	76	0.2	7	4	1.7	47	0.3	33
85 and older	14	7.4	142	0.2	5	8	4.2	95	0.2	9	7	3.7	83	0.2	15
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 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.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					HYPNOTICS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	672	16.3	7,750	0.5	\$3	219	5.3	2,550	0.5	\$8	4,124	46,307
Female												
All Females	553	19.1	6,399	0.6	3	120	4.1	1,399	0.6	11	2,895	32,450
Female, Disabled												
All Ages	188	31.2	2,256	0.5	3	55	9.1	651	0.5	4	602	7,118
64 or younger	131	30.6	1,572	0.5	3	42	9.8	495	0.5	5	428	5,063
65-74	31	36.0	372	0.5	4	7	8.1	84	0.6	3	86	1,014
75-84	19	34.5	228	0.6	3	6	10.9	72	0.3	2	55	653
85 and older	7	21.2	84	0.5	3	0	0.0	0	0.0	0	33	388
Female, Other Eligibles												
All Ages	365	15.9	4,143	0.6	2	65	2.8	748	0.6	17	2,293	25,332
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	29	17.2	347	0.7	3	8	4.7	96	0.6	22	169	1,917
75-84	96	14.1	1,119	0.6	2	16	2.4	190	0.6	11	680	7,516
85 and older	240	16.6	2,677	0.6	2	41	2.8	462	0.6	19	1,444	15,899
Male												
All Males	119	9.7	1,351	0.5	3	99	8.1	1,151	0.4	3	1,229	13,857
Male, Disabled												
All Ages	63	9.6	749	0.5	3	80	12.2	954	0.4	3	656	7,773
64 or younger	54	9.5	648	0.5	3	72	12.7	858	0.4	3	568	6,736
65-74	6	11.8	72	0.4	3	4	7.8	48	0.8	4	51	609
75-84	3	9.1	29	0.4	2	4	12.1	48	0.6	5	33	389
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
Male, Other Eligibles												
All Ages	56	9.8	602	0.5	2	19	3.3	197	0.4	4	573	6,084
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	14	9.5	168	0.4	2	7	4.7	76	0.3	1	148	1,673
75-84	28	11.9	282	0.6	2	10	4.3	106	0.4	5	235	2,482
85 and older	14	7.4	152	0.5	2	2	1.1	15	0.2	11	190	1,929
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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 2,639 beneficiaries who were in nursing facilities for part of their enrollment and their 25,780 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 the 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.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 RHODE ISLAND, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	16,494	52.7	4.7	146,407	\$44	\$1,393,026	\$10	15.6	31,327	
Age										
5 and younger	1	50.0	6.0	12	72	144	12	29.0	2	
6-14	0	0.0	0.0	0	0	0	0	0.0	0	
15-20	14	32.6	0.7	30	8	358	12	1.3	43	
21-44	2,768	46.1	4.0	23,936	43	261,186	11	12.2	6,009	
45-64	4,922	58.4	6.0	50,621	63	533,749	11	12.3	8,424	
65-74	3,492	54.5	4.5	28,766	41	262,347	9	16.6	6,402	
75-84	3,006	51.5	4.1	24,086	33	195,190	8	35.7	5,837	
85 and older	2,291	49.7	4.1	18,956	30	140,052	7	43.6	4,610	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	6,413	49.3	3.9	50,283	31	408,640	8	31.4	13,004	
Disabled	9,508	56.5	5.5	92,215	56	937,228	10	12.6	16,816	
Adults	554	37.7	2.6	3,823	31	45,762	12	30.9	1,468	
Children	2	33.3	1.0	6	5	29	5	28.2	6	
Unknown	17	51.5	2.4	80	41	1,367	17	1.6	33	
Gender										
Female	11,407	56.9	5.1	103,131	49	983,616	10	20.9	20,033	
Male	5,087	45.0	3.8	43,276	36	409,410	9	9.6	11,294	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	10,462	54.7	5.4	103,929	53	1,022,661	10	19.7	19,116	
African American	996	50.0	3.5	7,033	31	62,006	9	12.1	1,992	
Other/unknown	5,036	49.3	3.5	35,445	30	308,359	9	9.5	10,219	
Use of Nursing Facilities^d										
Entire year	2,350	57.0	7.5	30,960	52	213,250	7	42.0	4,124	
Part year	1,549	58.7	4.4	11,482	36	95,990	8	21.0	2,639	
None	12,595	51.3	4.2	103,965	44	1,083,786	10	13.6	24,564	
Maintenance Assistance Status										
Cash	8,788	55.3	4.9	77,256	46	734,047	10	15.1	15,884	
Medically needy	155	50.3	4.3	1,316	45	13,851	11	18.1	308	
Poverty related	133	36.8	1.5	531	21	7,549	14	4.9	361	
Other/unknown	7,418	50.2	4.6	67,304	43	637,579	9	16.4	14,774	

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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^{a,b}
 RHODE ISLAND, 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
All	0.4	\$4	\$10	\$0	\$2	343,339
Age						
5 and younger	0.5	6	12	0	0	24
6-14	0.0	0	0	0	0	0
15-20	0.1	1	12	0	0	401
21-44	0.4	4	11	0	2	66,382
45-64	0.5	6	11	0	3	93,901
65-74	0.4	4	9	0	2	71,298
75-84	0.4	3	8	0	1	63,691
85 and older	0.4	3	7	0	1	47,642
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	3	8	0	1	138,406
Disabled	0.5	5	10	0	3	190,947
Adults	0.3	3	12	0	2	13,578
Children	0.1	1	5	0	0	48
Unknown	0.2	4	17	0	2	360
Gender						
Female	0.5	4	10	0	2	220,014
Male	0.4	3	9	0	2	123,325
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	5	10	0	3	211,747
African American	0.3	3	9	0	1	22,210
Other/unknown	0.3	3	9	0	1	109,382
Use of Nursing Facilities^d						
Entire year	0.7	5	7	0	2	46,307
Part year	0.4	4	8	0	2	25,780
None	0.4	4	10	0	2	271,252
Maintenance Assistance Status						
Cash	0.4	4	10	0	2	181,449
Medically needy	0.4	4	11	0	3	3,330
Poverty related	0.1	2	14	0	1	3,933
Other/unknown	0.4	4	9	0	2	154,627

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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^{a,b,c}
 RHODE ISLAND, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx	\$ per Rx	Excluded Rx
All	23,300	\$60	\$1,393,026	100.0	146,407	\$10	100.0
Anorexia or weight loss/gain	8	126	1,010	0.1	19	53	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	2,755	56	154,045	11.1	6,262	25	4.3
Vitamins and minerals	1,284	40	50,769	3.6	3,616	14	2.5
Non-prescription drugs	10,562	35	366,238	26.3	74,579	5	50.9
Barbiturates	219	78	17,019	1.2	2,365	7	1.6
Benzodiazepines	7,932	95	751,868	54.0	56,943	13	38.9
Other Part D Excl Rx Drugs	540	96	52,077	3.7	2,623	20	1.8

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.

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.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 31,327
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$8,957,186
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$285

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,773	47.2	\$0	0.0
1-500	13,849	44.2	1,473,945	16.5
501-1,000	1,123	3.6	794,529	8.9
1,001-1,500	469	1.5	578,969	6.5
1,501-2,000	275	0.9	473,893	5.3
2,001-2,500	157	0.5	350,600	3.9
2,501-3,000	136	0.4	372,057	4.2
3,001-3,500	91	0.3	292,507	3.3
3,501-4,000	66	0.2	244,894	2.7
4,001-4,500	60	0.2	255,444	2.9
4,501-5,000	38	0.1	178,848	2.0
5,001-5,500	41	0.1	215,254	2.4
5,501-6,000	27	0.1	154,736	1.7
6,001-6,500	19	0.1	119,636	1.3
6,501-7,000	22	0.1	148,476	1.7
7,001-7,500	20	0.1	144,516	1.6
7,501-8,000	18	0.1	138,831	1.5
8,001-8,500	13	0.0	107,748	1.2
8,501-9,000	12	0.0	105,993	1.2
9,001-9,500	6	0.0	55,265	0.6
9,501-10,000	10	0.0	97,384	1.1
10,001+	102	0.3	2,653,661	29.6

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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.

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 13,072
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$6,239,804
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$481

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	5,533	42.3	\$0	0.0	
1-500	5,854	44.8	693,163	11.0	
501-1,000	658	5.0	469,587	7.5	
1,001-1,500	272	2.1	336,645	5.3	
1,501-2,000	175	1.3	301,951	4.8	
2,001-2,500	100	0.8	222,783	3.5	
2,501-3,000	91	0.7	248,398	3.9	
3,001-3,500	50	0.4	160,622	2.5	
3,501-4,000	49	0.4	182,369	2.9	
4,001-4,500	39	0.3	165,721	2.6	
4,501-5,000	30	0.2	141,053	2.2	
5,001-5,500	29	0.2	152,530	2.4	
5,501-6,000	18	0.1	102,994	1.6	
6,001-6,500	14	0.1	87,628	1.4	
6,501-7,000	12	0.1	81,793	1.3	
7,001-7,500	13	0.1	93,559	1.5	
7,501-8,000	14	0.1	108,255	1.7	
8,001-8,500	10	0.1	83,006	1.3	
8,501-9,000	9	0.1	79,716	1.3	
9,001-9,500	5	0.0	46,190	0.7	
9,501-10,000	8	0.1	77,757	1.2	
10,001+	89	0.7	2,464,084	39.1	

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 16,849
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,446,768
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$145

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,451	50.2	\$0	0.0
1-500	7,463	44.3	722,816	29.5
501-1,000	417	2.5	291,357	11.9
1,001-1,500	186	1.1	227,967	9.3
1,501-2,000	95	0.6	163,800	6.7
2,001-2,500	54	0.3	120,932	4.9
2,501-3,000	43	0.3	118,075	4.8
3,001-3,500	37	0.2	119,005	4.9
3,501-4,000	14	0.1	51,910	2.1
4,001-4,500	19	0.1	81,166	3.3
4,501-5,000	7	0.0	32,924	1.3
5,001-5,500	11	0.1	57,611	2.4
5,501-6,000	8	0.0	46,021	1.9
6,001-6,500	5	0.0	32,008	1.3
6,501-7,000	10	0.1	66,683	2.7
7,001-7,500	6	0.0	43,891	1.8
7,501-8,000	3	0.0	22,729	0.9
8,001-8,500	3	0.0	24,742	1.0
8,501-9,000	2	0.0	17,600	0.7
9,001-9,500	1	0.0	9,075	0.4
9,501-10,000	2	0.0	19,627	0.8
10,001+	12	0.1	176,829	7.2

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,402
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,579,367
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$246

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,068	47.9	\$0	0.0
1-500	2,739	42.8	303,514	19.2
501-1,000	218	3.4	154,875	9.8
1,001-1,500	127	2.0	156,085	9.9
1,501-2,000	65	1.0	112,233	7.1
2,001-2,500	39	0.6	86,530	5.5
2,501-3,000	32	0.5	87,259	5.5
3,001-3,500	30	0.5	96,525	6.1
3,501-4,000	10	0.2	36,972	2.3
4,001-4,500	15	0.2	63,966	4.1
4,501-5,000	4	0.1	18,654	1.2
5,001-5,500	9	0.1	47,399	3.0
5,501-6,000	8	0.1	46,021	2.9
6,001-6,500	5	0.1	32,008	2.0
6,501-7,000	8	0.1	53,451	3.4
7,001-7,500	4	0.1	29,191	1.8
7,501-8,000	3	0.0	22,729	1.4
8,001-8,500	2	0.0	16,588	1.1
8,501-9,000	1	0.0	8,836	0.6
9,001-9,500	1	0.0	9,075	0.6
9,501-10,000	2	0.0	19,627	1.2
10,001+	12	0.2	176,829	11.2

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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.

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,837
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$546,812
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$93

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,994	51.3	\$0	0.0
1-500	2,631	45.1	252,057	46.1
501-1,000	121	2.1	82,165	15.0
1,001-1,500	35	0.6	42,831	7.8
1,501-2,000	17	0.3	29,456	5.4
2,001-2,500	11	0.2	24,813	4.5
2,501-3,000	10	0.2	28,016	5.1
3,001-3,500	5	0.1	16,201	3.0
3,501-4,000	2	0.0	7,352	1.3
4,001-4,500	4	0.1	17,200	3.1
4,501-5,000	1	0.0	4,891	0.9
5,001-5,500	2	0.0	10,212	1.9
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	2	0.0	14,700	2.7
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,154	1.5
8,501-9,000	1	0.0	8,764	1.6
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 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.

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

Total Number of Dual Eligible Beneficiaries, Age 85+ 4,610
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$321,589
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$69

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,389	51.8	\$0	0.0
1-500	2,093	45.4	167,245	52.0
501-1,000	78	1.7	54,317	16.9
1,001-1,500	24	0.5	29,051	9.0
1,501-2,000	13	0.3	22,111	6.9
2,001-2,500	4	0.1	9,589	3.0
2,501-3,000	1	0.0	2,800	0.9
3,001-3,500	2	0.0	6,279	2.0
3,501-4,000	2	0.0	7,586	2.4
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.0	9,379	2.9
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	2	0.0	13,232	4.1
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	31,579	13,004	16,874	1,662	6	33	348,171	138,434	192,355	16,959	63	360
Age												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	0	0	0	0	0	0	0	0	0	0	0	0
15-20	57	0	52	1	4	0	662	0	602	12	48	0
21-44	6,165	0	5,268	894	1	2	69,278	0	59,997	9,247	12	22
45-64	8,500	3	7,808	662	1	26	95,408	23	88,417	6,686	3	279
65-74	6,407	3,624	2,687	91	0	5	71,443	39,288	31,221	875	0	59
75-84	5,837	4,947	880	10	0	0	63,702	53,473	10,138	91	0	0
85 and older	4,611	4,430	177	4	0	0	47,654	45,650	1,956	48	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	20,170	9,775	9,453	904	5	33	222,869	104,894	108,196	9,368	51	360
Male	11,409	3,229	7,421	758	1	0	125,302	33,540	84,159	7,591	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	19,240	7,055	11,206	947	4	28	214,370	75,618	128,587	9,824	39	302
African American	2,011	502	1,384	123	0	2	22,573	5,524	15,779	1,248	0	22
Other/unknown	10,328	5,447	4,284	592	2	3	111,228	57,292	47,989	5,887	24	36
Use of Nursing Facilities^c												
Entire year	4,124	2,866	1,258	0	0	0	46,307	31,416	14,891	0	0	0
Part year	2,639	2,099	538	2	0	0	25,784	19,944	5,816	24	0	0
None	24,816	8,039	15,078	1,660	6	33	276,080	87,074	171,648	16,935	63	360
Maintenance Assistance Status												
Cash	15,965	4,472	11,456	37	0	0	183,008	50,391	132,221	396	0	0
Medically needy	308	186	122	0	0	0	3,340	1,973	1,367	0	0	0
Poverty related	364	166	151	12	2	33	4,011	1,854	1,672	101	24	360
Other/unknown	14,942	8,180	5,145	1,613	4	0	157,812	84,216	57,095	16,462	39	0
Dual Status^d												
Full dual, all year	30,945	12,621	16,629	1,656	6	33	341,055	134,137	189,607	16,888	63	360
Full dual, part year	634	383	245	6	0	0	7,116	4,297	2,748	71	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	30,818	12,995	16,674	1,112	4	33	340,136	138,335	190,003	11,399	39	360
FFS part year, with Rx claims	257	3	95	158	1	0	2,921	35	1,127	1,747	12	0
FFS part year, no Rx claims	252	6	47	198	1	0	2,548	64	533	1,939	12	0
MC all year, with Rx claims	18	0	7	11	0	0	193	0	84	109	0	0
MC all year, no Rx claims	234	0	51	183	0	0	2,373	0	608	1,765	0	0

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
 a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote 1 of Table 1 for methodology used to determine nursing facility residence.
 d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

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

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	31,579	348,171	31,327	343,339	0	4,832
Fee-for-service (FFS) all year	30,818	340,136	30,818	340,136	0	0
FFS part year, with Rx claims	257	2,921	257	1,756	0	1,165
FFS part year, with no Rx claims	252	2,548	252	1,447	0	1,101
Managed care (MC) all year, with Rx claims	18	193	0	0	0	193
MC all year, with no Rx claims	234	2,373	0	0	0	2,373

Source: Data for this table are from the MAX 2006 file for Rhode Island, released by CMS in 10/2009. This table was produced on 03/24/2010.
^a Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Benefic(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