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

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TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>6,769,852</b>	<b>3,619,115</b>	<b>3,057,779</b>	<b>89,705</b>	<b>1,518</b>	<b>1,735</b>	<b>71,367,471</b>	<b>37,201,048</b>	<b>33,434,704</b>	<b>702,759</b>	<b>13,012</b>	<b>15,948</b>
<b>Age</b>												
5 and younger	349	4	285	0	60	0	3,624	45	3,033	0	546	0
6-14	778	0	647	0	131	0	8,189	0	7,021	0	1,168	0
15-20	10,854	1	10,076	151	626	0	114,957	1	107,939	1,205	5,812	0
21-44	1,024,328	235	974,240	49,326	413	114	11,017,345	1,126	10,614,897	396,922	3,381	1,019
45-64	1,588,308	1,778	1,550,197	35,259	142	932	17,090,119	12,841	16,798,713	268,539	1,195	8,831
65-74	1,645,705	1,267,390	373,298	4,251	79	687	17,472,240	13,208,547	4,226,338	30,797	484	6,074
75-84	1,480,772	1,357,664	122,431	624	51	2	15,614,473	14,219,070	1,390,519	4,578	282	24
85 and older	1,018,752	992,037	26,605	94	16	0	10,046,481	9,759,375	286,244	718	144	0
Unknown	6	6	0	0	0	0	43	43	0	0	0	0
<b>Gender</b>												
Female	4,267,959	2,563,042	1,648,665	53,746	772	1,734	45,200,167	26,575,465	18,172,642	429,522	6,602	15,936
Male	2,501,891	1,056,071	1,409,114	35,959	746	1	26,167,301	10,625,580	15,262,062	273,237	6,410	12
Unknown	2	2	0	0	0	0	3	3	0	0	0	0
<b>Race</b>												
White	3,853,852	2,030,027	1,773,154	48,981	744	946	40,148,045	20,346,974	19,393,046	392,847	6,654	8,524
African American	1,239,760	552,513	664,067	22,422	413	345	13,168,508	5,771,181	7,222,159	168,748	3,326	3,094
Other/unknown	1,676,240	1,036,575	620,558	18,302	361	444	18,050,918	11,082,893	6,819,499	141,164	3,032	4,330
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	757,812	663,648	94,048	104	8	4	7,756,807	6,710,084	1,045,549	1,069	79	26
Part year	487,769	403,852	83,532	361	10	14	4,693,619	3,810,200	879,853	3,336	88	142
None	5,524,271	2,551,615	2,880,199	89,240	1,500	1,717	58,917,045	26,680,764	31,509,302	698,354	12,845	15,780
<b>Maintenance Assistance Status</b>												
Cash	3,293,351	1,462,606	1,799,178	31,347	220	0	36,817,639	16,356,410	20,206,386	253,113	1,730	0
Medically needy	682,836	451,336	218,119	13,131	250	0	6,419,109	4,186,238	2,130,177	100,587	2,107	0
Poverty-related	1,024,450	505,989	512,253	4,040	433	1,735	10,711,195	5,242,021	5,421,878	27,962	3,386	15,948
Other/unknown	1,769,215	1,199,184	528,229	41,187	615	0	17,419,528	11,416,379	5,676,263	321,097	5,789	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	6,416,916	3,436,196	2,890,524	86,966	1,497	1,733	67,662,363	35,288,912	31,667,784	676,927	12,816	15,924
Full dual, part year	352,936	182,919	167,255	2,739	21	2	3,705,108	1,912,136	1,766,920	25,832	196	24
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	6,531,053	3,517,701	2,943,020	67,454	1,259	1,619	69,835,342	36,535,162	32,691,229	582,185	11,601	15,165
FFS part year, with Rx claims	93,519	32,812	49,359	11,072	173	103	540,646	188,287	295,480	55,335	840	704
FFS part year, no Rx claims	101,103	46,194	47,123	7,721	54	11	486,087	219,000	237,170	29,635	218	64

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of		Number of Beneficiaries
					Mean \$, All Medicaid FFS \$ <sup>c</sup>	All Medicaid FFS \$ <sup>d</sup>	
<b>All</b>	<b>40.4</b>	<b>5.4</b>	<b>\$235</b>	<b>\$44</b>	<b>\$12,749</b>	<b>1.8</b>	<b>6,769,852</b>
<b>Age</b>							
5 and younger	66.8	15.0	1,836	122	27,056	6.8	349
6-14	71.5	18.3	3,049	167	20,992	14.5	778
15-20	67.9	13.6	1,945	143	14,922	13.0	10,854
21-44	41.7	5.9	396	67	11,473	3.4	1,024,328
45-64	45.1	6.9	327	47	12,737	2.6	1,588,308
65-74	38.3	5.2	212	41	7,975	2.7	1,645,705
75-84	37.6	4.4	126	29	12,962	1.0	1,480,772
85 and older	38.8	4.2	105	25	21,415	0.5	1,018,752
Unknown	33.3	0.5	6	13	13,572	0.0	6
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	38.2	4.6	142	31	13,635	1.0	3,619,115
Disabled	42.6	6.1	324	53	11,953	2.7	3,057,779
Adults	50.1	11.8	922	78	4,122	22.4	89,705
Children	66.6	16.2	2,136	132	13,993	15.3	1,518
Unknown	71.1	18.8	1,741	93	9,411	18.5	1,735
<b>Gender</b>							
Female	42.3	5.7	227	40	12,756	1.8	4,267,959
Male	37.1	4.8	248	51	12,737	1.9	2,501,891
Unknown	0.0	0.0	0	0	0	0.0	2
<b>Race</b>							
White	43.3	6.3	251	40	15,215	1.6	3,853,852
African American	34.6	4.1	224	55	10,685	2.1	1,239,760
Other/unknown	38.1	4.4	206	47	8,605	2.4	1,676,240
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	46.3	5.3	155	29	40,694	0.4	757,812
Part year	51.6	5.7	192	34	23,711	0.8	487,769
None	38.6	5.4	250	46	7,947	3.1	5,524,271
<b>Maintenance Assistance Status</b>							
Cash	38.2	4.7	225	48	7,420	3.0	3,293,351
Medically needy	36.7	4.4	219	50	26,585	0.8	682,836
Poverty related	39.1	4.3	198	46	7,063	2.8	1,024,450
Other/unknown	46.7	7.7	281	36	20,620	1.4	1,769,215

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV), the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>0.5</b>	<b>\$22</b>	<b>1.8</b>	<b>59.6</b>	<b>30.7</b>	<b>4.0</b>	<b>3.9</b>	<b>1.5</b>	<b>0.3</b>	<b>\$1,209</b>	<b>6,769,852</b>	<b>71,367,471</b>
<b>Age</b>												
5 and younger	1.4	177	6.8	33.2	33.2	11.5	15.8	4.6	1.7	2,606	349	3,624
6-14	1.7	290	14.5	28.5	35.5	10.5	16.6	7.2	1.7	1,994	778	8,189
15-20	1.3	184	13.0	32.1	40.4	10.8	12.0	3.8	0.9	1,409	10,854	114,957
21-44	0.6	37	3.4	58.3	30.8	4.6	4.4	1.5	0.4	1,067	1,024,328	11,017,345
45-64	0.6	30	2.6	54.9	33.0	5.0	4.7	1.9	0.5	1,184	1,588,308	17,090,119
65-74	0.5	20	2.7	61.7	29.1	3.7	3.7	1.4	0.3	751	1,645,705	17,472,240
75-84	0.4	12	1.0	62.4	29.8	3.3	3.2	1.2	0.2	1,229	1,480,772	15,614,473
85 and older	0.4	11	0.5	61.2	30.9	3.5	3.2	1.1	0.1	2,172	1,018,752	10,046,481
Unknown	0.1	1	0.0	66.7	33.3	0.0	0.0	0.0	0.0	1,894	6	43
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	14	1.0	61.8	29.8	3.5	3.4	1.3	0.2	1,327	3,619,115	37,201,048
Disabled	0.6	30	2.7	57.4	32.0	4.5	4.2	1.5	0.4	1,093	3,057,779	33,434,704
Adults	1.5	118	22.4	49.9	22.6	7.1	12.0	6.0	2.3	526	89,705	702,759
Children	1.9	249	15.3	33.4	27.5	12.1	17.5	6.5	3.0	1,633	1,518	13,012
Unknown	2.0	189	18.5	28.9	26.5	13.5	21.2	9.1	0.9	1,024	1,735	15,948
<b>Gender</b>												
Female	0.5	22	1.8	57.7	32.2	4.2	4.0	1.6	0.4	1,204	4,267,959	45,200,167
Male	0.5	24	1.9	62.9	28.2	3.8	3.6	1.3	0.3	1,218	2,501,891	26,167,301
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	3
<b>Race</b>												
White	0.6	24	1.6	56.7	32.0	4.6	4.5	1.8	0.4	1,461	3,853,852	40,148,045
African American	0.4	21	2.1	65.4	27.3	3.1	2.9	1.0	0.3	1,006	1,239,760	13,168,508
Other/unknown	0.4	19	2.4	61.9	30.3	3.3	3.2	1.0	0.2	799	1,676,240	18,050,918
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	15	0.4	53.7	36.0	5.4	3.4	1.1	0.4	3,976	757,812	7,756,807
Part year	0.6	20	0.8	48.4	41.1	4.9	3.9	1.4	0.4	2,464	487,769	4,693,619
None	0.5	23	3.1	61.4	29.0	3.8	3.9	1.5	0.3	745	5,524,271	58,917,045
<b>Maintenance Assistance Status</b>												
Cash	0.4	20	3.0	61.8	30.4	3.4	3.1	1.1	0.3	664	3,293,351	36,817,639
Medically needy	0.5	23	0.8	63.3	28.1	3.8	3.3	1.2	0.3	2,828	682,836	6,419,109
Poverty related	0.4	19	2.8	60.9	31.3	3.9	2.9	0.8	0.2	676	1,024,450	10,711,195
Other/unknown	0.8	29	1.4	53.3	31.9	5.5	6.1	2.7	0.5	2,094	1,769,215	17,419,528

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV), the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>0.5</b>	<b>\$22</b>	<b>\$44</b>	<b>0.1</b>	<b>\$15</b>	<b>\$114</b>	<b>0.0</b>	<b>\$2</b>	<b>\$88</b>	<b>0.4</b>	<b>\$6</b>	<b>\$15</b>
<b>Age</b>												
5 and younger	1.4	177	122	0.6	144	238	0.1	10	130	0.8	23	30
6-14	1.7	290	167	0.8	264	317	0.1	5	77	0.8	21	25
15-20	1.3	184	143	0.5	159	304	0.1	7	106	0.7	18	26
21-44	0.6	37	67	0.2	27	179	0.0	2	113	0.4	7	19
45-64	0.6	30	47	0.2	20	127	0.0	2	101	0.5	8	17
65-74	0.5	20	41	0.1	13	95	0.0	2	86	0.3	5	15
75-84	0.4	12	29	0.1	7	70	0.0	1	66	0.3	4	12
85 and older	0.4	11	25	0.1	7	69	0.0	1	56	0.3	3	11
Unknown	0.1	1	13	0.0	0	0	0.0	0	0	0.1	1	13
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	14	31	0.1	9	76	0.0	1	69	0.3	4	12
Disabled	0.6	30	53	0.1	21	144	0.0	2	101	0.4	7	18
Adults	1.5	118	78	0.5	83	166	0.1	9	147	0.9	25	27
Children	1.9	249	132	0.8	210	265	0.1	11	118	1.0	28	28
Unknown	2.0	189	93	0.7	143	200	0.1	15	164	1.2	30	25
<b>Gender</b>												
Female	0.5	22	40	0.1	14	103	0.0	2	86	0.4	6	15
Male	0.5	24	51	0.1	17	134	0.0	2	93	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.6	24	40	0.1	16	108	0.0	2	88	0.4	6	15
African American	0.4	21	55	0.1	15	144	0.0	1	90	0.3	5	17
Other/unknown	0.4	19	47	0.1	13	109	0.0	1	87	0.3	5	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	15	29	0.1	9	105	0.0	1	63	0.4	5	13
Part year	0.6	20	34	0.1	13	100	0.0	1	68	0.4	6	14
None	0.5	23	46	0.1	16	115	0.0	2	92	0.3	6	16
<b>Maintenance Assistance Status</b>												
Cash	0.4	20	48	0.1	14	124	0.0	1	95	0.3	5	17
Medically needy	0.5	23	50	0.1	16	126	0.0	2	103	0.3	6	18
Poverty related	0.4	19	46	0.1	13	130	0.0	1	92	0.3	5	15
Other/unknown	0.8	29	36	0.2	19	94	0.0	2	77	0.5	7	13

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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, UNITED STATES, 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	0.2	0.1	0.0	0.2	51	46	2	3	448	606	2,234	87	1,102,564	\$109,100,126	417,760	6.2	4,491,772
Biologicals	0.1	0.1	0.0	0.0	76	62	1	14	234	582	250	64	7,642	3,420,873	6,166	0.1	66,952
Antineoplastic Agents	0.3	0.1	0.0	0.2	22	17	1	4	44	87	44	14	123,008	28,789,878	36,908	0.5	376,925
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	29	18	5	6	34	60	97	12	2,567,939	111,991,052	470,669	7.0	5,051,860
Cardiovascular Agents	0.8	0.3	0.0	0.5	14	10	1	3	44	86	54	18	6,779,614	230,981,464	753,224	11.1	8,045,644
Respiratory Agents	0.3	0.1	0.0	0.2	26	22	1	2	73	120	293	14	2,349,427	103,207,151	679,575	10.0	7,622,634
Gastrointestinal Agents	0.4	0.2	0.0	0.2	15	11	3	2	50	63	72	18	1,518,317	110,092,447	392,636	5.8	4,232,507
Genitourinary Agents	0.3	0.2	0.0	0.1	23	15	2	7	36	138	88	13	404,363	20,139,328	121,976	1.8	1,312,947
CNS Drugs	0.6	0.1	0.0	0.5	45	40	1	4	118	161	94	31	10,498,793	379,292,063	1,496,640	22.1	16,341,494
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	55	54	0	1	153	155	111	94	69,334	8,191,801	16,867	0.2	183,188
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	20	8	3	9	45	167	209	23	259,885	39,725,766	70,418	1.0	719,910
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	22	12	1	9	39	137	78	19	2,544,590	113,879,165	538,955	8.0	5,769,437
Neuromuscular Agents	0.6	0.1	0.0	0.5	5	1	1	4	14	23	16	12	3,451,673	132,904,492	541,536	8.0	5,945,722
Nutritional Products	0.4	0.0	0.0	0.3	1	1	4	14	23	16	12	12	1,138,569	15,505,548	267,793	4.0	2,890,437
Hematological Agents	0.5	0.1	0.0	0.4	20	16	0	4	42	209	22	10	2,484,783	104,267,940	470,292	6.9	5,139,271
Topical Products	0.3	0.1	0.0	0.2	13	10	1	3	46	79	57	19	1,022,733	47,245,991	329,058	4.9	3,579,314
Miscellaneous Products	0.4	0.2	0.0	0.1	79	70	3	6	226	340	167	48	131,812	29,807,399	34,692	0.5	376,072
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	41	0	0	0	46,864	1,944,167	19,952	0.3	217,551
<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>36,501,910</b>	<b>1,590,486,651</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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 the U.S., 0.5 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, UNITED STATES, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$176,009,714	245,285	3.6	2,640,536	0.4	\$169	\$67
ANTICONVULSANT	115,823,983	487,623	7.2	5,410,994	0.5	40	21
ANTIHYPERLIPIDEMIC	104,621,714	384,463	5.7	4,219,236	0.4	71	25
ULCER DRUGS	100,091,284	499,722	7.4	5,486,621	0.3	53	18
ANTIDEPRESSANTS	82,191,997	464,706	6.9	4,979,837	0.4	46	17
ANTI ANXIETY AGENTS	80,163,370	1,035,052	15.3	11,415,803	0.5	14	7
ANTIDIABETIC	78,335,562	400,178	5.9	4,316,121	0.4	51	18
ANTIVIRAL	70,332,513	46,745	0.7	505,455	0.3	452	139
ANTI ASTHMATIC	63,417,814	322,231	4.8	3,474,902	0.3	65	18
ANALGESICS - Narcotic	60,797,870	483,237	7.1	5,163,530	0.3	40	12
Total	931,785,821	4,369,242	n.a.	47,613,035	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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, UNITED STATES, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>19,210,594</b>	<b>\$931,785,821</b>	<b>245,285</b>	<b>3.6</b>	<b>2,640,536</b>	<b>0.4</b>	<b>\$67</b>	<b>487,623</b>	<b>7.2</b>	<b>5,410,994</b>	<b>0.5</b>	<b>\$21</b>
<b>Female</b>												
All Females	12,658,768	551,498,689	135,109	3.2	1,450,390	0.4	59	307,018	7.2	3,413,146	0.5	20
<b>Female, Disabled</b>												
All Ages	6,455,087	334,954,402	84,794	5.1	944,094	0.4	68	199,278	12.1	2,252,785	0.5	23
5 and younger	242	20,339	0	0.0	0	0.0	0	3	3.1	30	0.4	47
6-14	971	138,401	1	0.4	11	0.1	11	25	8.8	292	0.4	65
15-20	29,024	3,317,095	935	22.0	10,755	0.5	115	990	23.3	11,381	0.6	83
21-44	1,751,913	108,067,450	36,512	8.3	404,331	0.4	75	69,392	15.7	780,388	0.5	30
45-64	3,762,682	173,412,501	41,237	4.9	459,423	0.4	58	109,773	13.0	1,240,570	0.6	19
65-74	757,511	45,464,063	5,436	2.2	62,156	0.4	92	15,380	6.3	177,627	0.5	18
75-84	126,943	3,927,435	551	0.6	6,181	0.3	37	3,194	3.5	36,714	0.5	9
85 and older	25,801	607,118	122	0.5	1,237	0.2	23	521	2.3	5,783	0.5	8
<b>Female, Other Eligibles</b>												
All Ages	6,203,679	216,544,261	50,315	1.9	506,296	0.3	43	107,740	4.1	1,160,361	0.5	14
5 and younger	37	2,420	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	159	26,715	1	1.7	12	1.0	46	2	3.3	14	0.2	92
15-20	2,737	387,477	93	21.8	939	0.6	145	75	17.6	746	0.6	70
21-44	239,007	20,225,774	4,454	13.0	42,920	0.4	95	7,130	20.8	68,092	0.5	53
45-64	151,741	12,641,940	1,664	8.6	15,170	0.5	104	3,349	17.2	31,630	0.5	48
65-74	2,162,952	84,195,388	13,801	1.7	149,901	0.4	51	39,777	4.9	444,055	0.5	13
75-84	2,113,595	61,287,459	15,043	1.6	151,433	0.3	28	35,787	3.7	391,388	0.5	9
85 and older	1,533,451	37,777,088	15,259	1.9	145,921	0.3	27	21,620	2.7	224,436	0.5	9
<b>Male</b>												
All Males	6,551,826	380,287,132	110,176	4.4	1,190,146	0.4	76	180,605	7.2	1,997,848	0.6	24
<b>Male, Disabled</b>												
All Ages	4,456,226	287,745,527	88,748	6.3	985,137	0.4	81	141,089	10.0	1,585,055	0.6	26
5 and younger	445	50,021	1	0.5	8	0.6	286	15	7.9	164	0.4	51
6-14	1,098	164,292	6	1.7	72	0.3	69	25	6.9	273	0.7	43
15-20	36,496	5,370,984	1,559	26.8	17,897	0.6	154	1,208	20.8	13,783	0.6	96
21-44	1,667,195	129,202,962	47,453	8.9	525,602	0.4	91	62,276	11.7	700,980	0.6	32
45-64	2,402,358	130,821,791	36,857	5.2	408,744	0.4	63	70,363	9.9	787,272	0.6	20
65-74	312,840	20,993,219	2,673	2.1	30,557	0.4	94	6,271	4.9	71,895	0.5	20
75-84	32,456	1,057,830	174	0.6	1,986	0.3	50	865	2.9	9,997	0.5	9
85 and older	3,338	84,428	25	0.6	271	0.3	24	66	1.7	691	0.5	9

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, UNITED STATES, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	2,095,599	92,541,593	21,428	2.0	205,009	0.4	52	39,516	3.6	412,793	0.5	17
5 and younger	116	9,191	0	0.0	0	0.0	0	4	9.8	44	0.4	7
6-14	144	18,785	0	0.0	0	0.0	0	1	1.4	6	0.5	6
15-20	2,667	378,911	97	27.6	1,084	0.6	168	61	17.4	676	0.8	106
21-44	107,131	10,988,170	1,892	12.0	17,544	0.5	123	2,783	17.7	25,987	0.5	57
45-64	110,279	10,624,719	1,122	6.0	10,099	0.5	118	2,192	11.7	20,172	0.5	48
65-74	927,327	39,344,723	7,454	1.6	77,804	0.4	51	17,757	3.8	193,302	0.5	14
75-84	667,512	22,644,009	6,794	1.7	63,072	0.3	33	12,104	3.0	127,045	0.5	10
85 and older	280,423	8,533,085	4,069	2.2	35,406	0.3	30	4,614	2.5	45,561	0.5	9
<b>Unknown</b>	3	38	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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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, UNITED STATES, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ULCER DRUGS					ANTIDEPRESSANTS				
	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>384,463</b>	<b>5.7</b>	<b>4,219,236</b>	<b>0.4</b>	<b>\$25</b>	<b>499,722</b>	<b>7.4</b>	<b>5,486,621</b>	<b>0.3</b>	<b>\$18</b>	<b>464,706</b>	<b>6.9</b>	<b>4,979,837</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>															
All Females	246,123	5.8	2,719,535	0.4	25	338,554	7.9	3,734,739	0.3	18	317,274	7.4	3,414,038	0.4	16
<b>Female, Disabled</b>															
All Ages	93,482	5.7	1,043,579	0.3	27	148,923	9.0	1,678,234	0.3	20	179,996	10.9	1,990,411	0.3	18
5 and younger	2	2.1	24	0.2	14	28	29.2	289	0.4	22	0	0.0	0	0.0	0
6-14	14	4.9	154	0.3	27	78	27.5	843	0.4	24	6	2.1	70	0.5	15
15-20	88	2.1	1,001	0.3	29	687	16.1	7,900	0.3	23	1,209	28.4	13,825	0.4	23
21-44	11,180	2.5	124,249	0.3	24	32,231	7.3	361,183	0.3	19	59,488	13.5	655,481	0.3	19
45-64	58,045	6.9	643,811	0.3	25	80,929	9.6	904,890	0.3	20	103,298	12.3	1,139,509	0.4	17
65-74	21,161	8.6	240,009	0.3	35	28,078	11.5	323,486	0.3	20	14,648	6.0	166,748	0.4	21
75-84	2,688	2.9	30,971	0.2	19	6,006	6.5	69,637	0.3	11	1,105	1.2	12,272	0.2	10
85 and older	304	1.3	3,360	0.2	17	886	3.9	10,006	0.3	11	242	1.1	2,506	0.2	10
<b>Female, Other Eligibles</b>															
All Ages	152,641	5.8	1,675,956	0.4	23	189,631	7.2	2,056,505	0.4	17	137,278	5.2	1,423,627	0.4	14
5 and younger	0	0.0	0	0.0	0	10	43.5	73	0.4	18	0	0.0	0	0.0	0
6-14	1	1.7	12	0.8	72	14	23.3	141	0.4	38	0	0.0	0	0.0	0
15-20	12	2.8	125	0.3	25	84	19.7	867	0.3	16	107	25.1	1,035	0.5	30
21-44	1,711	5.0	16,562	0.4	35	4,811	14.0	47,088	0.4	30	11,716	34.1	111,952	0.4	31
45-64	2,886	14.9	26,084	0.5	45	3,593	18.5	33,952	0.4	32	6,418	33.1	59,523	0.5	37
65-74	69,545	8.6	765,780	0.3	23	65,303	8.1	723,461	0.3	19	43,894	5.5	480,199	0.4	13
75-84	56,249	5.9	628,391	0.4	22	64,123	6.7	708,966	0.3	16	40,586	4.3	427,093	0.3	10
85 and older	22,237	2.8	239,002	0.4	22	51,693	6.4	541,957	0.4	15	34,557	4.3	343,825	0.3	10
<b>Male</b>															
All Males	138,340	5.5	1,499,701	0.4	25	161,168	6.4	1,751,882	0.4	18	147,432	5.9	1,565,799	0.4	17
<b>Male, Disabled</b>															
All Ages	71,186	5.1	784,515	0.3	26	91,013	6.5	1,012,766	0.4	19	103,803	7.4	1,135,178	0.4	18
5 and younger	4	2.1	47	0.1	4	62	32.8	686	0.3	18	1	0.5	9	0.1	1
6-14	16	4.4	178	0.3	20	72	19.8	802	0.4	26	11	3.0	127	0.3	15
15-20	112	1.9	1,253	0.4	30	727	12.5	8,414	0.3	26	1,256	21.6	14,456	0.5	26
21-44	16,377	3.1	182,109	0.3	24	27,504	5.2	307,140	0.3	20	45,360	8.5	499,536	0.4	19
45-64	44,023	6.2	480,546	0.3	25	49,375	7.0	543,840	0.4	19	51,923	7.3	561,769	0.4	16
65-74	9,913	7.7	111,823	0.3	35	11,515	9.0	131,580	0.3	21	4,995	3.9	56,475	0.4	21
75-84	701	2.3	8,100	0.2	19	1,609	5.3	18,649	0.3	12	230	0.8	2,550	0.2	11
85 and older	40	1.0	459	0.3	21	149	3.9	1,655	0.4	12	27	0.7	256	0.3	9

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, UNITED STATES, 2006

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ULCER DRUGS					ANTIDEPRESSANTS				
	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	67,154	6.1	715,186	0.4	24	70,155	6.4	739,116	0.3	17	43,629	4.0	430,621	0.4	15
5 and younger	1	2.4	12	0.1	4	17	41.5	179	0.3	18	0	0.0	0	0.0	0
6-14	5	7.0	59	0.3	21	18	25.4	175	0.3	23	1	1.4	9	0.3	3
15-20	17	4.8	174	0.6	40	72	20.5	743	0.4	28	83	23.6	920	0.5	28
21-44	1,628	10.3	15,217	0.4	39	2,169	13.8	20,243	0.4	35	4,243	26.9	39,681	0.4	32
45-64	3,000	16.0	26,359	0.5	45	2,578	13.8	23,272	0.4	31	3,747	20.0	34,210	0.5	34
65-74	34,369	7.3	370,286	0.3	24	29,751	6.4	322,094	0.3	17	15,560	3.3	164,426	0.3	12
75-84	22,173	5.5	241,451	0.4	22	24,036	6.0	257,414	0.3	15	12,724	3.2	125,015	0.3	10
85 and older	5,961	3.2	61,628	0.4	23	11,514	6.2	114,996	0.4	15	7,271	3.9	66,360	0.3	10
<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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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, UNITED STATES, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTIDIABETIC					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of 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>1,035,052</b>	<b>15.3</b>	<b>11,415,803</b>	<b>0.5</b>	<b>\$7</b>	<b>400,178</b>	<b>5.9</b>	<b>4,316,121</b>	<b>0.4</b>	<b>\$18</b>	<b>46,745</b>	<b>0.7</b>	<b>505,455</b>	<b>0.3</b>	<b>\$139</b>
<b>Female</b>															
All Females	727,461	17.0	8,041,041	0.5	7	262,784	6.2	2,864,590	0.4	18	21,210	0.5	232,407	0.3	101
<b>Female, Disabled</b>															
All Ages	317,706	19.3	3,622,427	0.5	8	111,907	6.8	1,240,131	0.4	22	14,568	0.9	161,768	0.3	122
5 and younger	6	6.3	66	0.2	2	2	2.1	24	0.2	16	9	9.4	102	0.4	103
6-14	11	3.9	132	0.3	4	6	2.1	72	0.6	39	37	13.0	407	0.4	208
15-20	490	11.5	5,533	0.3	6	199	4.7	2,283	0.5	41	193	4.5	2,206	0.3	135
21-44	82,563	18.7	937,213	0.5	7	15,826	3.6	174,377	0.4	23	5,963	1.3	65,892	0.3	123
45-64	184,558	21.9	2,102,191	0.5	8	66,522	7.9	731,597	0.4	21	7,387	0.9	81,955	0.3	124
65-74	34,983	14.3	404,764	0.5	8	25,635	10.5	289,664	0.4	25	927	0.4	10,618	0.2	97
75-84	11,949	13.0	137,872	0.5	8	3,371	3.7	38,280	0.2	13	48	0.1	551	0.1	29
85 and older	3,146	13.8	34,656	0.5	7	346	1.5	3,834	0.2	9	4	0.0	37	0.1	9
<b>Female, Other Eligibles</b>															
All Ages	409,754	15.6	4,418,605	0.5	6	150,877	5.8	1,624,459	0.4	14	6,642	0.3	70,639	0.2	53
5 and younger	1	4.3	6	0.2	1	0	0.0	0	0.0	0	1	4.3	12	0.3	93
6-14	1	1.7	12	0.2	1	1	1.7	1	1.0	15	8	13.3	61	0.6	266
15-20	42	9.8	448	0.3	5	28	6.6	312	0.5	35	49	11.5	521	0.4	238
21-44	6,147	17.9	59,661	0.5	7	2,505	7.3	23,480	0.5	36	1,041	3.0	9,990	0.3	131
45-64	3,182	16.4	30,514	0.5	8	3,289	16.9	29,359	0.5	38	509	2.6	4,903	0.4	206
65-74	114,345	14.2	1,283,015	0.5	7	70,173	8.7	765,978	0.4	16	2,221	0.3	24,504	0.2	38
75-84	146,894	15.4	1,607,579	0.5	6	51,566	5.4	563,492	0.3	12	1,557	0.2	17,310	0.1	13
85 and older	139,142	17.3	1,437,370	0.5	6	23,315	2.9	241,837	0.3	10	1,256	0.2	13,338	0.1	8
<b>Male</b>															
All Males	307,591	12.3	3,374,762	0.5	8	137,394	5.5	1,451,531	0.4	19	25,535	1.0	273,048	0.3	172
<b>Male, Disabled</b>															
All Ages	190,101	13.5	2,147,712	0.5	8	71,324	5.1	770,420	0.4	22	22,004	1.6	237,386	0.4	177
5 and younger	4	2.1	42	0.1	1	0	0.0	0	0.0	0	17	9.0	204	0.3	102
6-14	13	3.6	140	0.6	14	9	2.5	104	0.4	27	42	11.6	464	0.4	227
15-20	475	8.2	5,422	0.4	7	182	3.1	2,030	0.5	38	138	2.4	1,565	0.3	185
21-44	66,772	12.5	757,693	0.5	8	15,090	2.8	164,571	0.4	24	9,913	1.9	106,367	0.4	175
45-64	107,515	15.2	1,210,203	0.6	8	44,832	6.3	478,604	0.4	21	11,113	1.6	119,948	0.4	177
65-74	12,230	9.5	139,276	0.5	8	10,350	8.1	115,443	0.4	25	764	0.6	8,635	0.4	190
75-84	2,735	9.0	31,035	0.5	7	818	2.7	9,186	0.2	13	17	0.1	203	0.1	28
85 and older	357	9.2	3,901	0.5	8	43	1.1	482	0.3	10	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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-DIABETIC					ANTI-VIRAL				
	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	117,489	10.8	1,227,047	0.5	6	66,070	6.0	681,111	0.4	16	3,531	0.3	35,662	0.3	140
5 and younger	3	7.3	36	0.1	1	0	0.0	0	0.0	0	5	12.2	48	0.2	78
6-14	2	2.8	6	0.3	5	1	1.4	12	0.2	13	8	11.3	87	0.2	127
15-20	34	9.7	383	0.4	9	10	2.8	108	0.6	59	24	6.8	228	0.3	213
21-44	2,212	14.0	20,783	0.5	8	1,509	9.6	13,331	0.5	46	519	3.3	4,518	0.5	279
45-64	2,005	10.7	18,881	0.5	9	2,999	16.0	25,047	0.5	41	581	3.1	5,458	0.6	362
65-74	45,293	9.7	493,634	0.5	7	34,608	7.4	365,143	0.3	16	1,520	0.3	16,066	0.3	93
75-84	43,420	10.7	455,336	0.5	6	20,522	5.1	215,124	0.3	13	614	0.2	6,580	0.2	27
85 and older	24,520	13.2	237,988	0.4	5	6,421	3.5	62,346	0.3	12	260	0.1	2,677	0.1	10
<b>Unknown</b>	2	25.0	12	0.3	3	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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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, UNITED STATES, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>322,231</b>	<b>4.8</b>	<b>3,474,902</b>	<b>0.3</b>	<b>\$18</b>	<b>483,237</b>	<b>7.1</b>	<b>5,163,530</b>	<b>0.3</b>	<b>\$12</b>	<b>6,769,852</b>	<b>71,367,471</b>
<b>Female</b>												
All Females	215,944	5.1	2,344,961	0.3	18	319,901	7.5	3,449,818	0.3	11	4,267,954	45,200,127
<b>Female, Disabled</b>												
All Ages	111,679	6.8	1,239,754	0.3	19	178,913	10.9	1,972,410	0.3	12	1,648,665	18,172,642
5 and younger	13	13.5	132	0.2	7	15	15.6	146	0.2	2	96	1,012
6-14	29	10.2	340	0.3	17	42	14.8	467	0.1	1	284	3,061
15-20	723	17.0	8,382	0.2	16	1,369	32.2	15,656	0.2	3	4,255	45,493
21-44	27,075	6.1	299,761	0.2	16	58,912	13.3	646,073	0.3	13	442,162	4,834,864
45-64	65,503	7.8	724,140	0.3	19	100,301	11.9	1,102,444	0.3	12	841,963	9,202,932
65-74	16,512	6.7	186,640	0.3	24	16,443	6.7	187,323	0.3	10	245,023	2,789,856
75-84	1,571	1.7	17,618	0.2	12	1,564	1.7	17,444	0.2	5	92,137	1,049,756
85 and older	253	1.1	2,741	0.2	14	267	1.2	2,857	0.2	7	22,745	245,668
<b>Female, Other Eligibles</b>												
All Ages	104,265	4.0	1,105,207	0.3	17	140,988	5.4	1,477,408	0.3	9	2,619,289	27,027,485
5 and younger	0	0.0	0	0.0	0	2	8.7	24	0.1	1	23	177
6-14	11	18.3	125	0.2	19	6	10.0	69	0.1	1	60	533
15-20	55	12.9	578	0.2	15	166	38.9	1,663	0.2	3	427	3,812
21-44	5,045	14.7	48,180	0.3	24	14,023	40.8	134,479	0.4	24	34,333	280,594
45-64	3,681	19.0	33,879	0.4	29	6,995	36.0	65,939	0.4	26	19,419	151,137
65-74	42,002	5.2	459,972	0.3	18	49,957	6.2	547,661	0.3	7	804,309	8,480,458
75-84	32,355	3.4	348,397	0.3	16	40,844	4.3	438,553	0.3	5	954,430	10,097,499
85 and older	21,116	2.6	214,076	0.3	14	28,995	3.6	289,020	0.3	6	806,288	8,013,275
<b>Male</b>												
All Males	106,287	4.2	1,129,941	0.3	19	163,336	6.5	1,713,712	0.3	14	2,501,890	26,167,298
<b>Male, Disabled</b>												
All Ages	57,901	4.1	632,279	0.3	20	111,793	7.9	1,198,965	0.3	15	1,409,114	15,262,062
5 and younger	35	18.5	372	0.2	15	18	9.5	196	0.1	1	189	2,021
6-14	57	15.7	622	0.2	17	41	11.3	464	0.1	1	363	3,960
15-20	757	13.0	8,871	0.3	22	1,153	19.8	13,218	0.2	5	5,821	62,446
21-44	16,952	3.2	187,380	0.3	16	44,441	8.4	480,458	0.3	14	532,078	5,780,033
45-64	31,743	4.5	341,223	0.3	20	58,677	8.3	620,880	0.3	16	708,234	7,595,781
65-74	7,801	6.1	87,633	0.3	26	7,140	5.6	80,213	0.3	13	128,275	1,436,482
75-84	530	1.7	5,919	0.2	16	295	1.0	3,283	0.2	5	30,294	340,763
85 and older	26	0.7	259	0.2	14	28	0.7	253	0.2	4	3,860	40,576

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, UNITED STATES, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>Male, Other Eligibles</b>												
All Ages	48,386	4.4	497,662	0.3	18	51,543	4.7	514,747	0.3	13	1,092,776	10,905,236
5 and younger	12	29.3	123	0.2	15	6	14.6	64	0.1	1	41	414
6-14	14	19.7	128	0.3	17	9	12.7	81	0.1	1	71	635
15-20	32	9.1	304	0.5	35	85	24.2	889	0.2	2	351	3,206
21-44	1,599	10.1	14,935	0.3	26	6,051	38.4	55,349	0.5	42	15,755	121,854
45-64	2,063	11.0	18,999	0.4	32	5,104	27.3	46,431	0.5	35	18,692	140,269
65-74	22,106	4.7	233,986	0.3	18	22,007	4.7	232,113	0.3	7	468,097	4,765,442
75-84	15,647	3.9	162,710	0.3	17	12,605	3.1	128,195	0.2	5	403,910	4,126,454
85 and older	6,913	3.7	66,477	0.3	16	5,676	3.1	51,625	0.3	5	185,859	1,746,962
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	46

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

Dual Medicaid Beneficiaries

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, UNITED STATES, 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>\$15</b>	<b>0.5</b>	<b>757,812</b>	<b>7,756,807</b>
<b>Age</b>				
0-64	36	0.9	70,501	786,042
65-74	27	0.7	101,084	1,074,172
75-84	12	0.5	235,501	2,407,870
85 and older	9	0.4	350,724	3,488,719
Unknown	3	0.3	2	4
<b>Gender</b>				
Female	13	0.5	549,098	5,656,776
Male	20	0.6	208,714	2,100,031
Unknown	0	0.0	0	0
<b>Race</b>				
White	14	0.5	578,957	5,878,635
African American	18	0.5	95,865	1,026,402
Other/unknown	17	0.5	82,990	851,770
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	12	0.5	663,648	6,710,084
Disabled	34	0.9	94,048	1,045,549
Adults	134	0.8	104	1,069
Children	24	0.4	8	79
Unknown	217	4.0	4	26

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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, UNITED STATES, 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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.2	\$18	\$13	\$1	\$4	\$71	\$165	\$92	\$27	59,935	\$4,275,472	25,344	3.3	241,237
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	30	23	0	34	1,899	56,051	1,787	0.2	18,625
Antineoplastic Agents	0.3	0.0	0.0	0.2	38	13	0	25	141	512	168	103	13,507	1,900,711	5,507	0.7	50,020
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	17	12	1	3	41	84	56	13	128,327	5,242,760	32,203	4.2	310,176
Cardiovascular Agents	0.6	0.2	0.0	0.4	20	11	3	6	31	61	86	14	344,004	10,500,445	55,528	7.3	533,728
Respiratory Agents	0.3	0.1	0.0	0.2	10	6	0	3	35	83	46	16	144,600	4,997,660	47,539	6.3	505,000
Gastrointestinal Agents	0.4	0.2	0.0	0.2	22	18	1	4	63	111	188	20	120,341	7,578,763	34,088	4.5	337,057
Genitourinary Agents	0.3	0.2	0.0	0.1	16	11	2	3	55	70	76	26	38,158	2,080,851	13,385	1.8	130,910
CNS Drugs	0.7	0.1	0.0	0.6	16	9	1	7	23	112	72	11	1,691,246	38,412,767	224,228	29.6	2,354,113
Stimulants/Anti-obesity/Anorexia	0.3	0.2	0.0	0.2	28	26	0	3	82	151	30	14	2,193	179,403	640	0.1	6,332
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	44	44	0	0	124	124	46	90	64,743	8,031,276	19,080	2.5	182,087
Analgesics and Anesthetics	0.4	0.1	0.0	0.4	16	5	3	7	36	98	134	20	118,023	4,241,920	28,218	3.7	268,732
Neuromuscular Agents	0.7	0.1	0.0	0.7	19	8	0	11	26	124	58	16	360,312	9,283,153	45,802	6.0	482,457
Nutritional Products	0.4	0.0	0.0	0.4	5	1	1	4	13	18	13	12	190,173	2,406,326	43,264	5.7	440,589
Hematological Agents	0.7	0.1	0.0	0.6	14	9	0	5	21	165	19	7	650,211	13,589,798	92,048	12.1	974,844
Topical Products	0.3	0.1	0.0	0.2	13	8	3	3	46	84	58	19	86,590	3,953,562	30,023	4.0	299,856
Miscellaneous Products	0.2	0.1	0.0	0.2	10	7	0	3	43	109	131	17	10,615	459,038	4,688	0.6	47,884
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	9,274	199,417	3,056	0.4	32,157
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.	4,034,151	117,389,373	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2006).  
 In the U.S., 0.5 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, UNITED STATES, 2006

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,700,848	26,903	3.6	265,946	0.4	\$156	\$55
ANTI-ANXIETY AGENTS	13,740,544	176,028	23.2	1,868,074	0.6	11	7
HEMATOPOIETIC AGENTS	11,367,014	118,693	15.7	1,281,701	0.6	14	9
ULCER DRUGS	9,191,914	51,813	6.8	539,172	0.4	42	17
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	8,112,060	23,996	3.2	229,190	0.3	121	35
ANTICONVULSANT	7,734,749	42,820	5.7	456,619	0.7	24	17
ANTIDEPRESSANTS	5,786,381	40,781	5.4	398,114	0.3	47	15
DERMATOLOGICAL	5,201,458	117,075	15.4	1,272,850	0.2	17	4
ANTIDIABETIC	4,390,013	30,253	4.0	305,659	0.3	42	14
HYPNOTICS	4,179,040	34,875	4.6	377,914	0.7	15	11
Total	84,404,021	663,237	n.a.	6,995,239	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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.

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</sup>, b, c, d  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIANSXIETY 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 \$
<b>All</b>	<b>3,541,353</b>	<b>\$84,404,021</b>	<b>26,903</b>	<b>3.6</b>	<b>265,946</b>	<b>0.4</b>	<b>\$55</b>	<b>176,028</b>	<b>23.2</b>	<b>1,868,074</b>	<b>0.6</b>	<b>\$7</b>
<b>Female</b>												
All Females	2,517,152	56,265,132	17,446	3.2	173,337	0.3	51	130,332	23.7	1,387,470	0.6	7
<b>Female, Disabled</b>												
All Ages	374,126	12,340,115	2,592	5.5	29,223	0.5	102	14,158	29.8	160,722	0.8	10
64 or younger	282,871	8,902,623	1,709	5.3	18,990	0.5	94	10,791	33.7	122,968	0.8	10
65-74	59,659	2,827,848	741	10.0	8,621	0.6	127	1,815	24.6	20,668	0.7	11
75-84	22,585	461,479	109	2.1	1,276	0.4	72	1,065	20.5	11,997	0.7	9
85 and older	9,011	148,165	33	1.1	336	0.3	40	487	16.6	5,089	0.6	8
<b>Female, Other Eligibles</b>												
All Ages	2,143,026	43,925,017	14,854	3.0	144,114	0.3	41	116,174	23.2	1,226,748	0.6	7
64 or younger	472	18,358	6	7.5	62	0.3	70	19	23.8	204	0.5	7
65-74	337,605	9,456,500	2,637	5.3	27,921	0.4	80	14,675	29.7	161,163	0.7	9
75-84	757,244	15,250,094	5,388	3.3	51,678	0.3	35	39,787	24.6	423,880	0.7	7
85 and older	1,047,705	19,200,065	6,823	2.3	64,453	0.3	28	61,693	21.2	641,501	0.6	6
<b>Male</b>												
All Males	1,024,201	28,138,889	9,457	4.5	92,609	0.4	64	45,696	21.9	480,604	0.6	8
<b>Male, Disabled</b>												
All Ages	362,488	11,816,933	2,935	6.3	32,808	0.5	93	13,243	28.5	150,230	0.8	11
64 or younger	315,149	9,921,647	2,416	6.3	26,736	0.4	88	11,815	30.8	134,326	0.8	11
65-74	38,708	1,698,174	457	8.1	5,362	0.6	117	1,055	18.6	11,769	0.7	11
75-84	7,397	171,840	51	2.5	593	0.4	91	309	15.4	3,431	0.6	8
85 and older	1,234	25,272	11	2.1	117	0.2	16	64	12.3	704	0.6	7
<b>Male, Other Eligibles</b>												
All Ages	661,712	16,321,944	6,522	4.0	59,801	0.3	48	32,452	20.0	330,371	0.6	7
64 or younger	522	57,231	2	2.0	11	0.2	26	19	19.4	209	0.7	11
65-74	209,050	5,917,554	1,951	5.1	19,709	0.4	69	8,777	22.7	94,177	0.6	8
75-84	267,269	6,216,290	2,696	4.0	24,046	0.3	40	13,323	20.0	136,189	0.6	7
85 and older	184,871	4,130,869	1,873	3.3	16,035	0.3	32	10,333	18.2	99,796	0.5	5
<b>Unknown</b>	<b>1</b>	<b>12</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>1</b>	<b>50.0</b>	<b>3</b>	<b>0.3</b>	<b>4</b>

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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, UNITED STATES, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean		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 Rx	Mean Rx \$				Number of Rx	Mean Rx \$
<b>All</b>	<b>118,693</b>	<b>15.7</b>	<b>1,281,701</b>	<b>0.6</b>	<b>\$9</b>	<b>51,813</b>	<b>6.8</b>	<b>539,172</b>	<b>0.4</b>	<b>\$17</b>	<b>23,996</b>	<b>3.2</b>	<b>229,190</b>	<b>0.3</b>	<b>\$35</b>
<b>Female</b>															
All Females	85,593	15.6	928,364	0.6	8	36,709	6.7	384,046	0.4	16	16,939	3.1	163,991	0.3	34
<b>Female, Disabled</b>															
All Ages	6,875	14.5	78,451	0.6	15	3,806	8.0	42,769	0.4	25	924	1.9	10,243	0.4	97
64 or younger	4,757	14.9	54,530	0.7	16	2,780	8.7	31,194	0.4	24	706	2.2	7,777	0.3	108
65-74	1,039	14.1	11,826	0.6	15	717	9.7	8,137	0.5	32	156	2.1	1,767	0.5	75
75-84	688	13.2	7,751	0.6	7	218	4.2	2,482	0.4	18	46	0.9	522	0.4	33
85 and older	391	13.3	4,344	0.6	9	91	3.1	956	0.4	13	16	0.5	177	0.2	21
<b>Female, Other Eligibles</b>															
All Ages	78,718	15.7	849,913	0.6	8	32,903	6.6	341,277	0.4	15	16,015	3.2	153,748	0.3	30
64 or younger	16	20.0	186	0.5	5	7	8.8	68	0.6	47	3	3.8	31	0.3	30
65-74	8,277	16.7	91,885	0.6	11	4,254	8.6	45,803	0.4	20	1,500	3.0	14,889	0.3	46
75-84	25,890	16.0	281,456	0.6	8	10,890	6.7	113,651	0.4	15	6,279	3.9	59,762	0.3	29
85 and older	44,535	15.3	476,386	0.6	7	17,752	6.1	181,755	0.4	14	8,233	2.8	79,066	0.3	28
<b>Male</b>															
All Males	33,100	15.9	353,337	0.6	10	15,104	7.2	155,126	0.4	19	7,057	3.4	65,199	0.3	38
<b>Male, Disabled</b>															
All Ages	6,676	14.3	75,289	0.7	14	3,824	8.2	42,507	0.4	25	915	2.0	10,076	0.4	62
64 or younger	5,480	14.3	61,840	0.7	13	3,248	8.5	36,115	0.4	24	760	2.0	8,331	0.3	61
65-74	868	15.3	9,827	0.7	18	453	8.0	5,054	0.5	31	130	2.3	1,478	0.5	70
75-84	273	13.6	3,041	0.6	6	98	4.9	1,073	0.4	16	18	0.9	198	0.4	56
85 and older	55	10.5	581	0.6	14	25	4.8	265	0.4	13	7	1.3	69	0.3	29
<b>Male, Other Eligibles</b>															
All Ages	26,424	16.3	278,048	0.6	9	11,280	7.0	112,619	0.4	17	6,142	3.8	55,123	0.3	34
64 or younger	10	10.2	112	0.6	171	9	9.2	90	0.3	11	4	4.1	48	0.3	351
65-74	6,529	16.9	71,340	0.7	10	2,944	7.6	31,094	0.4	19	1,150	3.0	10,934	0.3	40
75-84	10,661	16.0	112,720	0.6	9	4,602	6.9	45,790	0.4	16	2,777	4.2	24,850	0.3	33
85 and older	9,224	16.3	93,876	0.6	9	3,725	6.6	35,645	0.4	15	2,211	3.9	19,291	0.3	31
<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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 benefit months were excluded from the analysis.  
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					DERMATOLOGICAL				
	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>42,820</b>	<b>5.7</b>	<b>456,619</b>	<b>0.7</b>	<b>\$17</b>	<b>40,781</b>	<b>5.4</b>	<b>398,114</b>	<b>0.3</b>	<b>\$15</b>	<b>117,075</b>	<b>15.4</b>	<b>1,272,850</b>	<b>0.2</b>	<b>\$4</b>
<b>Female</b>															
All Females	28,453	5.2	303,529	0.7	15	28,696	5.2	281,855	0.3	14	82,120	15.0	896,844	0.2	4
<b>Female, Disabled</b>															
All Ages	6,517	13.7	74,130	0.8	25	3,309	7.0	36,410	0.4	26	10,096	21.3	116,250	0.3	5
64 or younger	5,238	16.4	59,565	0.9	25	2,583	8.1	28,158	0.4	25	7,159	22.4	82,564	0.2	5
65-74	954	12.9	10,898	0.8	30	600	8.1	6,824	0.5	29	1,780	24.1	20,617	0.3	6
75-84	262	5.0	2,981	0.7	13	88	1.7	1,019	0.3	16	807	15.5	9,179	0.3	4
85 and older	63	2.1	686	0.6	8	38	1.3	409	0.2	14	350	11.9	3,890	0.3	4
<b>Female, Other Eligibles</b>															
All Ages	21,936	4.4	229,399	0.7	12	25,387	5.1	245,445	0.3	12	72,024	14.4	780,594	0.2	4
64 or younger	6	7.5	72	1.2	11	8	10.0	81	0.6	34	7	8.8	53	0.4	35
65-74	5,119	10.4	55,964	0.8	18	3,598	7.3	37,132	0.4	19	8,433	17.1	93,997	0.2	5
75-84	8,550	5.3	89,326	0.7	11	9,027	5.6	86,310	0.3	12	23,430	14.5	254,915	0.3	4
85 and older	8,261	2.8	84,037	0.6	9	12,754	4.4	121,922	0.2	10	40,154	13.8	431,629	0.2	4
<b>Male</b>															
All Males	14,367	6.9	153,090	0.7	20	12,085	5.8	116,259	0.3	16	34,955	16.7	376,006	0.2	4
<b>Male, Disabled</b>															
All Ages	6,524	14.0	73,748	0.8	26	3,241	7.0	35,574	0.4	24	9,808	21.1	112,332	0.2	5
64 or younger	5,864	15.3	66,296	0.8	26	2,865	7.5	31,316	0.4	24	8,161	21.3	93,569	0.2	5
65-74	577	10.2	6,523	0.8	29	342	6.0	3,872	0.5	28	1,272	22.4	14,577	0.3	4
75-84	74	3.7	848	0.7	13	26	1.3	299	0.3	15	307	15.3	3,460	0.3	3
85 and older	9	1.7	81	0.6	10	8	1.5	87	0.2	4	68	13.0	726	0.3	4
<b>Male, Other Eligibles</b>															
All Ages	7,843	4.8	79,342	0.6	15	8,844	5.5	80,685	0.3	13	25,147	15.5	263,674	0.2	4
64 or younger	10	10.2	112	0.7	40	12	12.2	109	0.4	12	19	19.4	219	0.2	24
65-74	3,163	8.2	33,866	0.7	19	2,332	6.0	23,459	0.3	17	6,129	15.9	67,030	0.2	4
75-84	3,077	4.6	30,481	0.6	12	3,630	5.4	32,323	0.3	12	10,379	15.6	108,696	0.2	4
85 and older	1,593	2.8	14,883	0.5	11	2,870	5.1	24,794	0.3	11	8,620	15.2	87,729	0.2	4
<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 the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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, UNITED STATES, 2006

Beneficiary Characteristics	ANTIDIABETIC					HYPNOTICS						
	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>30,253</b>	<b>4.0</b>	<b>305,659</b>	<b>0.3</b>	<b>\$14</b>	<b>34,875</b>	<b>4.6</b>	<b>377,914</b>	<b>0.7</b>	<b>\$11</b>	<b>757,812</b>	<b>7,756,807</b>
<b>Female</b>												
All Females	20,106	3.7	205,631	0.3	14	23,038	4.2	250,206	0.7	12	549,097	5,656,775
<b>Female, Disabled</b>												
All Ages	2,785	5.9	30,660	0.5	23	4,320	9.1	49,576	0.9	10	47,510	530,157
64 or younger	1,871	5.8	20,396	0.5	23	3,346	10.5	38,442	0.9	10	31,984	358,308
65-74	738	10.0	8,315	0.6	26	571	7.7	6,578	0.8	10	7,383	83,166
75-84	134	2.6	1,470	0.3	13	294	5.6	3,357	0.8	11	5,205	57,695
85 and older	42	1.4	479	0.2	7	109	3.7	1,199	0.8	8	2,938	30,988
<b>Female, Other Eligibles</b>												
All Ages	17,321	3.5	174,971	0.3	12	18,718	3.7	200,630	0.7	12	501,587	5,126,618
64 or younger	6	7.5	51	0.5	12	5	6.3	55	0.5	28	80	806
65-74	3,680	7.4	38,620	0.4	18	3,507	7.1	38,900	0.8	11	49,425	526,224
75-84	7,077	4.4	71,391	0.3	11	7,091	4.4	76,283	0.7	12	161,560	1,672,982
85 and older	6,558	2.3	64,909	0.3	10	8,115	2.8	85,392	0.6	13	290,522	2,926,606
<b>Male</b>												
All Males	10,147	4.9	100,028	0.4	16	11,837	5.7	127,708	0.8	10	208,713	2,100,028
<b>Male, Disabled</b>												
All Ages	2,687	5.8	29,352	0.5	23	4,619	9.9	52,532	0.8	9	46,538	515,392
64 or younger	2,267	5.9	24,654	0.5	23	4,058	10.6	46,245	0.9	9	38,339	425,920
65-74	374	6.6	4,242	0.6	27	444	7.8	5,042	0.9	7	5,675	62,568
75-84	38	1.9	368	0.3	16	107	5.3	1,172	0.8	10	2,002	21,520
85 and older	8	1.5	88	0.2	9	10	1.9	73	0.5	4	522	5,384
<b>Male, Other Eligibles</b>												
All Ages	7,460	4.6	70,676	0.3	13	7,218	4.5	75,176	0.7	11	162,175	1,584,636
64 or younger	9	9.2	95	0.7	61	4	4.1	43	0.7	21	98	1,008
65-74	2,470	6.4	25,323	0.4	17	2,437	6.3	26,620	0.8	10	38,601	402,214
75-84	3,157	4.7	29,010	0.3	12	2,964	4.4	30,756	0.7	10	66,734	655,673
85 and older	1,824	3.2	16,248	0.3	11	1,813	3.2	17,757	0.6	12	56,742	525,741
<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>2</b>	<b>4</b>

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 487,769 beneficiaries who were in nursing facilities for part of their enrollment and their 4,693,619 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>  
 UNITED STATES, 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>2,865,383</b>	<b>42.3</b>	<b>4.1</b>	<b>27,437,765</b>	<b>\$44</b>	<b>\$300,145,339</b>	<b>\$11</b>	<b>18.9</b>	<b>6,769,852</b>
<b>Age</b>									
5 and younger	225	64.5	6.9	2,403	258	90,200	38	14.1	349
6-14	490	63.0	6.7	5,213	135	105,243	20	4.4	778
15-20	3,695	34.0	2.2	23,502	44	477,967	20	2.3	10,854
21-44	366,552	35.8	3.0	3,045,137	39	39,441,479	13	9.7	1,024,328
45-64	709,878	44.7	4.5	7,193,298	54	85,439,030	12	16.5	1,588,308
65-74	697,309	42.4	3.8	6,201,414	41	67,248,492	11	19.3	1,645,705
75-84	644,674	43.5	4.2	6,247,511	43	63,472,454	10	34.2	1,480,772
85 and older	442,557	43.4	4.6	4,719,257	43	43,870,281	9	41.0	1,018,752
Unknown	3	50.0	5.0	30	32	193	6	507.9	6
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	1,513,528	41.8	4.0	14,611,216	40	144,372,537	10	28.2	3,619,115
Disabled	1,320,051	43.2	4.1	12,628,844	50	152,833,151	12	15.5	3,057,779
Adults	30,506	34.0	2.1	189,443	31	2,769,652	15	3.4	89,705
Children	618	40.7	3.1	4,661	77	116,568	25	3.6	1,518
Unknown	680	39.2	2.1	3,601	31	53,431	15	1.8	1,735
<b>Gender</b>									
Female	1,913,151	44.8	4.4	18,704,881	47	199,251,336	11	20.5	4,267,959
Male	952,232	38.1	3.5	8,732,884	40	100,894,003	12	16.3	2,501,891
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Race</b>									
White	1,660,183	43.1	4.7	17,942,732	48	186,034,517	10	19.2	3,853,852
African American	429,345	34.6	2.7	3,378,522	30	37,363,071	11	13.4	1,239,760
Other/unknown	775,855	46.3	3.6	6,116,511	46	76,747,751	13	22.2	1,676,240
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	380,164	50.2	7.2	5,442,178	66	49,742,093	9	42.4	757,812
Part year	274,452	56.3	5.6	2,736,574	55	26,702,374	10	28.5	487,769
None	2,210,767	40.0	3.5	19,259,013	40	223,700,872	12	16.2	5,524,271
<b>Maintenance Assistance Status</b>									
Cash	1,427,236	43.3	3.8	12,370,491	45	149,071,800	12	20.1	3,293,351
Medically needy	280,259	41.0	4.1	2,824,682	47	31,801,250	11	21.3	682,836
Poverty related	363,293	35.5	2.7	2,768,613	31	31,484,980	11	15.5	1,024,450
Other/unknown	794,595	44.9	5.4	9,473,979	50	87,787,309	9	17.7	1,769,215

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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 excluded 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 or 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>  
 UNITED STATES, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.4</b>	<b>\$4</b>	<b>\$11</b>	<b>\$0</b>	<b>\$2</b>	<b>71,367,471</b>
<b>Age</b>						
5 and younger	0.7	25	38	0	0	3,624
6-14	0.6	13	20	0	0	8,189
15-20	0.2	4	20	0	1	114,957
21-44	0.3	4	13	0	2	11,017,345
45-64	0.4	5	12	0	2	17,090,119
65-74	0.4	4	11	0	1	17,472,240
75-84	0.4	4	10	0	1	15,614,473
85 and older	0.5	4	9	0	1	10,046,481
Unknown	0.7	4	6	0	0	43
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	4	10	0	1	37,201,048
Disabled	0.4	5	12	0	2	33,434,704
Adults	0.3	4	15	0	2	702,759
Children	0.4	9	25	0	1	13,012
Unknown	0.2	3	15	0	1	15,948
<b>Gender</b>						
Female	0.4	4	11	0	2	45,200,167
Male	0.3	4	12	0	1	26,167,301
Unknown	0.0	0	0	0	0	3
<b>Race</b>						
White	0.4	5	10	0	2	40,148,045
African American	0.3	3	11	0	1	13,168,508
Other/unknown	0.3	4	13	0	1	18,050,918
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	6	9	0	2	7,756,807
Part year	0.6	6	10	0	2	4,693,619
None	0.3	4	12	0	1	58,917,045
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	12	0	1	36,817,639
Medically needy	0.4	5	11	0	2	6,419,109
Poverty related	0.3	3	11	0	1	10,711,195
Other/unknown	0.5	5	9	0	2	17,419,528

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 excluded 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>  
 UNITED STATES, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>3,811,270</b>	<b>\$79</b>	<b>\$300,145,339</b>	<b>100.0</b>	<b>27,437,765</b>	<b>\$11</b>	<b>100.0</b>
Anorexia or weight loss/gain	243	182	44,247	0.0	833	53	0.0
Fertility drugs	18	118	2,130	0.0	38	56	0.0
Drugs for cosmetic purposes	201	18	3,643	0.0	332	11	0.0
Cough and cold medications	399,694	52	20,729,525	6.9	890,129	23	3.2
Vitamins and minerals	250,071	54	13,384,040	4.5	1,050,285	13	3.8
Non-prescription drugs	1,759,013	82	144,212,743	48.0	16,171,133	9	58.9
Barbiturates	50,346	70	3,532,852	1.2	493,685	7	1.8
Benzodiazepines	1,292,360	86	110,869,773	36.9	8,632,766	13	31.5
Other Part D Excl Rx Drugs	59,324	124	7,366,386	2.5	198,564	37	0.7

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 excluded several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 UNITED STATES, 2006

Total Number of Dual Eligible Beneficiaries: 6,769,852  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,590,486,651  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$234

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,036,013	59.6	\$0	0.0
1-500	2,186,541	32.3	227,125,021	14.3
501-1,000	201,356	3.0	143,215,263	9.0
1,001-1,500	96,369	1.4	118,303,644	7.4
1,501-2,000	58,966	0.9	102,212,765	6.4
2,001-2,500	39,852	0.6	89,131,572	5.6
2,501-3,000	28,734	0.4	78,685,842	4.9
3,001-3,500	21,492	0.3	69,609,553	4.4
3,501-4,000	16,625	0.2	62,171,831	3.9
4,001-4,500	13,156	0.2	55,791,892	3.5
4,501-5,000	10,387	0.2	49,244,641	3.1
5,001-5,500	8,327	0.1	43,653,325	2.7
5,501-6,000	6,892	0.1	39,571,857	2.5
6,001-6,500	5,714	0.1	35,681,532	2.2
6,501-7,000	4,888	0.1	32,968,722	2.1
7,001-7,500	4,029	0.1	29,197,570	1.8
7,501-8,000	3,473	0.1	26,882,863	1.7
8,001-8,500	2,980	0.0	24,569,132	1.5
8,501-9,000	2,630	0.0	22,990,774	1.4
9,001-9,500	2,294	0.0	21,215,601	1.3
9,501-10,000	1,900	0.0	18,524,522	1.2
10,001+	17,234	0.3	299,738,729	18.8

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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>  
 UNITED STATES, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 2,535,445  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$860,738,140  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$339

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			Age < 65		
\$0	1,428,942		56.4	\$0	0.0
1-500	849,226		33.5	93,176,502	10.8
501-1,000	84,867		3.3	60,445,428	7.0
1,001-1,500	42,137		1.7	51,850,794	6.0
1,501-2,000	26,854		1.1	46,581,744	5.4
2,001-2,500	18,685		0.7	41,792,573	4.9
2,501-3,000	14,013		0.6	38,408,283	4.5
3,001-3,500	10,837		0.4	35,099,765	4.1
3,501-4,000	8,618		0.3	32,250,069	3.7
4,001-4,500	7,045		0.3	29,876,000	3.5
4,501-5,000	5,588		0.2	26,492,283	3.1
5,001-5,500	4,631		0.2	24,283,430	2.8
5,501-6,000	4,000		0.2	22,969,600	2.7
6,001-6,500	3,343		0.1	20,877,482	2.4
6,501-7,000	2,936		0.1	19,803,304	2.3
7,001-7,500	2,564		0.1	18,583,963	2.2
7,501-8,000	2,210		0.1	17,102,446	2.0
8,001-8,500	1,935		0.1	15,961,444	1.9
8,501-9,000	1,724		0.1	15,068,741	1.8
9,001-9,500	1,578		0.1	14,594,661	1.7
9,501-10,000	1,282		0.1	12,502,880	1.5
10,001+	12,430		0.5	223,016,748	25.9

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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<sup>a, b</sup>  
 UNITED STATES, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 4,145,229  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$642,168,745  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$154

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	2,563,748		61.8	\$0	0.0
1-500	1,314,933		31.7	130,771,387	20.4
501-1,000	110,959		2.7	78,750,007	12.3
1,001-1,500	50,829		1.2	62,243,316	9.7
1,501-2,000	29,664		0.7	51,373,804	8.0
2,001-2,500	19,282		0.5	43,120,584	6.7
2,501-3,000	13,236		0.3	36,204,706	5.6
3,001-3,500	9,381		0.2	30,393,632	4.7
3,501-4,000	7,026		0.2	26,254,280	4.1
4,001-4,500	5,246		0.1	22,254,417	3.5
4,501-5,000	4,052		0.1	19,205,960	3.0
5,001-5,500	3,123		0.1	16,365,256	2.5
5,501-6,000	2,414		0.1	13,857,214	2.2
6,001-6,500	1,917		0.0	11,966,309	1.9
6,501-7,000	1,532		0.0	10,332,730	1.6
7,001-7,500	1,167		0.0	8,452,397	1.3
7,501-8,000	975		0.0	7,551,622	1.2
8,001-8,500	806		0.0	6,636,392	1.0
8,501-9,000	684		0.0	5,981,779	0.9
9,001-9,500	534		0.0	4,939,267	0.8
9,501-10,000	440		0.0	4,286,612	0.7
10,001+	3,281		0.1	51,227,074	8.0

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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>  
 UNITED STATES, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,645,705  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$349,202,632  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$212

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,015,956		61.7	\$0	0.0
1-500	495,450		30.1	52,894,240	15.1
501-1,000	50,103		3.0	35,655,616	10.2
1,001-1,500	24,438		1.5	29,991,818	8.6
1,501-2,000	15,118		0.9	26,215,754	7.5
2,001-2,500	10,105		0.6	22,633,605	6.5
2,501-3,000	7,389		0.4	20,229,675	5.8
3,001-3,500	5,383		0.3	17,449,475	5.0
3,501-4,000	4,130		0.3	15,441,148	4.4
4,001-4,500	3,224		0.2	13,678,112	3.9
4,501-5,000	2,551		0.2	12,090,395	3.5
5,001-5,500	1,964		0.1	10,291,241	2.9
5,501-6,000	1,591		0.1	9,137,745	2.6
6,001-6,500	1,304		0.1	8,142,195	2.3
6,501-7,000	1,058		0.1	7,135,604	2.0
7,001-7,500	815		0.0	5,905,284	1.7
7,501-8,000	668		0.0	5,172,372	1.5
8,001-8,500	605		0.0	4,981,101	1.4
8,501-9,000	520		0.0	4,548,122	1.3
9,001-9,500	388		0.0	3,587,277	1.0
9,501-10,000	341		0.0	3,321,514	1.0
10,001+	2,604		0.2	40,700,339	11.7

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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<sup>a, b</sup>  
 UNITED STATES, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 1,480,772  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$185,841,890  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$125

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	924,330	62.4	\$0	0.0
1-500	473,722	32.0	46,338,498	24.9
501-1,000	37,000	2.5	26,218,443	14.1
1,001-1,500	16,416	1.1	20,088,761	10.8
1,501-2,000	9,169	0.6	15,861,756	8.5
2,001-2,500	5,873	0.4	13,112,157	7.1
2,501-3,000	3,791	0.3	10,351,793	5.6
3,001-3,500	2,654	0.2	8,593,878	4.6
3,501-4,000	1,917	0.1	7,155,576	3.9
4,001-4,500	1,341	0.1	5,691,554	3.1
4,501-5,000	1,033	0.1	4,898,683	2.6
5,001-5,500	808	0.1	4,233,487	2.3
5,501-6,000	569	0.0	3,264,594	1.8
6,001-6,500	416	0.0	2,594,001	1.4
6,501-7,000	335	0.0	2,260,170	1.2
7,001-7,500	251	0.0	1,815,139	1.0
7,501-8,000	217	0.0	1,682,473	0.9
8,001-8,500	141	0.0	1,159,731	0.6
8,501-9,000	133	0.0	1,162,353	0.6
9,001-9,500	98	0.0	907,596	0.5
9,501-10,000	69	0.0	672,514	0.4
10,001+	489	0.0	7,778,733	4.2

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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>  
 UNITED STATES, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,018,752  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$107,124,223  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$105

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			+		
\$0	623,462		61.2	\$0	0.0
1-500	345,761		33.9	31,538,649	29.4
501-1,000	23,856		2.3	16,875,948	15.8
1,001-1,500	9,975		1.0	12,162,737	11.4
1,501-2,000	5,377		0.5	9,296,294	8.7
2,001-2,500	3,304		0.3	7,374,822	6.9
2,501-3,000	2,056		0.2	5,623,238	5.2
3,001-3,500	1,344		0.1	4,350,279	4.1
3,501-4,000	979		0.1	3,657,556	3.4
4,001-4,500	681		0.1	2,884,751	2.7
4,501-5,000	468		0.0	2,216,882	2.1
5,001-5,500	351		0.0	1,840,528	1.7
5,501-6,000	254		0.0	1,454,875	1.4
6,001-6,500	197		0.0	1,230,113	1.1
6,501-7,000	139		0.0	936,956	0.9
7,001-7,500	101		0.0	731,974	0.7
7,501-8,000	90		0.0	696,777	0.7
8,001-8,500	60		0.0	495,560	0.5
8,501-9,000	31		0.0	271,304	0.3
9,001-9,500	48		0.0	444,394	0.4
9,501-10,000	30		0.0	292,584	0.3
10,001+	188		0.0	2,748,002	2.6

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.  
 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.

NATIONAL COMPARISON TABLE N.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx			Among All-Year Nursing Facility Residents <sup>f</sup>		
						Patented Brand-Name <sup>d</sup>	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ <sup>e</sup>	Number of Rx per Benefit Month	Rx \$ per Benefit Month
<b>All States</b>	<b>6,769,852</b>	<b>71,367,471</b>	<b>40.4</b>	<b>0.5</b>	<b>\$22</b>	<b>26.1</b>	<b>3.6</b>	<b>70.2</b>	<b>1.8</b>	<b>0.5</b>	<b>\$15</b>
Alabama	101,532	1,083,336	42.7	0.4	12	12.4	2.0	85.5	1.2	0.5	9
Alaska	13,338	143,490	27.1	0.4	23	26.5	6.2	67.3	1.4	0.2	6
Arizona	40,034	326,949	0.4	0.0	0	20.9	1.7	77.5	0.1	0.0	0
Arkansas	75,689	794,768	51.6	0.4	25	25.5	4.3	70.1	2.0	0.8	34
California	969,691	10,482,463	33.6	0.3	16	23.5	3.3	73.1	2.0	0.4	16
Colorado	63,050	602,494	27.5	0.4	27	26.1	3.3	70.4	1.8	0.5	22
Connecticut	81,211	860,446	80.7	2.5	69	40.9	4.4	54.7	2.7	0.8	44
Delaware	7,082	70,237	75.7	1.0	66	28.3	3.4	68.3	32.4	0.8	18
D.C.	19,196	205,384	32.2	0.4	24	29.9	3.1	66.9	1.4	0.4	14
Florida	316,856	3,258,326	36.8	0.4	16	18.3	3.0	78.4	1.5	0.7	14
Georgia	161,488	1,716,405	32.8	0.4	22	26.8	4.3	68.7	2.4	0.5	17
Hawaii	29,734	313,916	70.3	1.5	22	41.6	3.0	55.3	2.1	0.2	6
Idaho	23,039	245,076	37.5	0.4	20	21.1	2.1	76.7	1.4	0.3	7
Illinois	334,535	3,287,335	35.8	0.5	20	21.5	3.4	75.0	2.2	0.6	18
Indiana	116,866	1,233,521	42.2	0.5	26	21.3	3.1	75.4	1.8	0.5	11
Iowa	67,324	721,527	42.1	0.4	16	15.8	3.9	80.2	1.1	0.4	7
Kansas	49,148	512,125	47.5	0.4	20	23.6	2.6	73.7	1.3	0.4	11
Kentucky	97,214	1,031,439	47.6	0.6	17	15.2	1.6	83.1	1.6	1.0	14
Louisiana	108,356	1,187,773	38.5	0.4	22	25.1	4.0	70.8	2.1	0.7	24
Maine											

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2006. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

## Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx				Among All-Year Nursing Facility Residents <sup>f</sup>		
						Patented Brand-Name <sup>d</sup>	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ <sup>e</sup>		Number of Rx per Benefit Month	Rx \$ per Benefit Month
Maryland	101,967	1,017,546	38.0	0.3	15	23.2	3.5	73.2	0.9	0.6	16	
Massachusetts	231,631	2,502,227	54.8	0.5	20	18.6	1.6	79.6	1.4	0.5	10	
Michigan	230,528	2,391,683	32.6	0.3	8	12.6	2.0	85.4	1.1	0.3	5	
Minnesota	76,893	728,861	30.5	0.3	19	19.8	3.3	76.4	0.8	0.4	11	
Mississippi	91,067	1,003,480	28.8	0.3	16	21.6	1.4	76.9	1.5	0.3	9	
Missouri	166,495	1,691,719	45.4	0.6	28	19.5	3.7	76.7	2.9	0.5	14	
Montana	16,558	160,137	29.3	0.3	16	13.6	3.3	83.0	1.1	0.3	6	
Nebraska	31,955	298,464	54.1	0.6	23	17.2	3.1	79.7	1.4	0.5	9	
Nevada	22,993	234,384	58.3	1.5	24	32.2	3.2	64.6	2.0	1.1	30	
New Hampshire	22,523	231,369	40.9	0.5	20	13.1	2.6	84.3	1.1	0.5	7	
New Jersey	142,203	1,503,458	77.7	1.1	68	35.0	7.1	57.8	3.9	1.1	45	
New Mexico	38,860	410,665	10.3	0.1	4	23.1	4.6	71.9	0.3	0.5	15	
New York	625,497	6,710,699	30.1	0.3	25	31.9	4.4	63.4	1.0	0.2	6	
North Carolina	241,608	2,680,855	44.2	0.4	21	23.3	3.4	73.1	2.5	0.5	9	
North Dakota	12,935	129,588	38.0	0.3	14	18.8	2.9	78.2	0.6	0.4	8	
Ohio	238,591	2,443,133	45.8	0.7	32	23.2	3.5	72.9	1.7	0.7	17	
Oklahoma	93,953	992,764	29.6	0.3	16	20.6	2.1	77.1	1.7	0.5	17	
Oregon	33,706	309,370	38.9	0.4	14	14.9	2.1	82.9	1.0	0.5	10	
Pennsylvania	314,787	3,280,047	39.6	0.5	12	23.5	2.6	73.7	1.0	0.5	11	
Rhode Island	31,327	343,339	52.8	0.5	26	23.6	3.9	72.4	1.5	0.4	11	
South Carolina	131,496	1,434,384	40.6	0.4	15	19.1	2.6	78.1	2.3	0.4	8	
South Dakota	14,278	150,385	33.1	0.3	11	15.7	3.1	81.1	0.7	0.4	7	
Tennessee	244,359	2,628,211	10.2	0.2	14	27.2	3.9	68.9	2.0	0.2	9	
Texas	382,152	4,114,036	49.4	0.4	21	26.8	4.9	68.2	2.2	0.7	28	
Utah	28,607	293,053	46.8	0.6	34	23.4	2.3	74.3	3.6	0.7	24	
Vermont	31,569	331,562	79.8	2.0	76	33.3	5.0	61.6	8.5	0.9	32	
Virginia	117,218	1,245,374	50.4	0.4	17	17.5	4.0	78.4	1.5	0.6	17	

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2006. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

## Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c

	Number of Beneficiaries	Number of Benefit Months	Percentage of Beneficiaries with One or More Rx	Number of Rx per Benefit Month	Rx \$ per Benefit Month	Percentage of All Rx			Among All-Year Nursing Facility Residents <sup>f</sup>		
						Patented Brand-Name <sup>d</sup>	Off-Patent Brand-Name	Generic	Rx \$ as a Percentage of Total Medicaid \$ <sup>e</sup>	Number of Rx per Benefit Month	Rx \$ per Benefit Month
Washington	106,560	1,137,267	78.7	2.6	29	31.0	2.5	66.5	2.6	0.6	11
West Virginia	50,261	540,791	43.6	0.6	25	18.9	3.2	77.8	2.1	0.5	6
Wisconsin	214,992	2,278,915	58.0	1.4	58	30.3	4.5	65.2	6.4	0.6	12
Wyoming	6,900	72,695	34.9	0.4	24	22.3	2.5	75.0	1.1	0.4	10

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.5, except for the last two columns, includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. The last two columns include beneficiaries represented by Cell H of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

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. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. 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.

f. All-year nursing facility residents are beneficiaries who resided in nursing facilities throughout their Medicaid enrollment in 2006. Part-year residents were excluded from the analysis. See footnote f of Table 1 for more information about how we determined all-year nursing facility residents.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; NF = nursing facility.

Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c,d

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
<b>All States</b>	<b>100</b>	<b>52.1</b>	<b>46.8</b>	<b>1.0</b>	<b>0.0</b>	<b>\$22</b>	<b>\$14</b>	<b>\$30</b>	<b>\$118</b>	<b>\$249</b>	<b>100</b>	<b>32.2</b>	<b>62.2</b>	<b>5.2</b>	<b>0.2</b>
Alabama	100	34.5	64.6	0.8	0.0	12	4	15	96	3	100	11.2	82.1	6.3	0.0
Alaska	100	47.6	51.4	0.9	0.0	23	6	34	276	728	100	12.5	75.6	11.4	0.2
Arizona	100	56.3	41.4	2.3	0.0	0	0	0	1	282	100	1.7	80.9	8.3	9.2
Arkansas	100	59.1	39.4	1.4	0.0	25	16	36	72	129	100	37.8	57.6	4.2	0.1
California	100	56.2	43.1	0.7	0.0	16	9	25	53	276	100	30.3	67.2	2.2	0.1
Colorado	100	59.7	39.6	0.7	0.0	27	15	43	187	230	100	32.0	63.0	4.7	0.1
Connecticut	100	57.5	39.6	2.8	0.1	69	50	94	83	195	100	42.1	54.3	3.4	0.1
Delaware	100	41.3	48.0	10.6	0.1	66	17	76	214	32	100	10.5	55.3	34.0	0.0
D.C.	100	40.7	55.1	4.3	0.0	24	9	34	32	0	100	14.9	79.3	5.7	0.0
Florida	100	55.4	44.2	0.4	0.0	16	10	24	145	297	100	32.8	63.7	3.3	0.2
Georgia	100	41.9	57.6	0.5	0.0	22	9	29	212	242	100	17.9	76.6	4.5	0.2
Hawaii	100	67.2	32.6	0.1	0.0	22	14	38	54	0	100	41.9	57.7	0.3	0.0
Idaho	100	48.7	50.5	0.7	0.0	20	9	27	285	0	100	21.8	67.5	10.7	0.0
Illinois	100	43.9	54.2	1.9	0.1	20	7	28	81	195	100	14.8	76.6	7.7	0.8
Indiana	100	50.1	49.8	0.2	0.0	26	8	44	129	120	100	15.8	83.3	0.8	0.1
Iowa	100	47.6	51.0	1.3	0.0	16	8	21	99	142	100	22.9	68.1	8.3	0.2
Kansas	100	51.5	48.0	0.4	0.0	20	10	29	175	267	100	26.4	69.5	3.7	0.4
Kentucky	100	34.8	64.5	0.6	0.0	17	8	20	179	27	100	16.2	77.1	6.6	0.0
Louisiana	100	56.6	43.0	0.4	0.0	22	14	30	174	26	100	36.0	59.9	3.3	0.0
Maine															
Maryland	100	50.0	48.3	1.7	0.0	15	11	18	19	140	100	38.0	59.4	2.1	0.1
Massachusetts	100	51.2	48.1	0.7	0.0	20	11	28	80	51	100	28.0	69.2	2.8	0.0
Michigan	100	50.4	49.0	0.6	0.0	8	3	12	103	288	100	18.9	72.7	7.4	0.7
Minnesota	100	21.4	76.8	1.8	0.0	19	9	21	34	100	100	10.6	85.9	3.3	0.1

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

## Dual Medicaid Beneficiaries



NATIONAL COMPARISON TABLE N.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT BY BASIS OF ELIGIBILITY, ALL STATES COMBINED AND BY STATE  
 DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c,d

	Share of Benefit Months (percent)					Medicaid Rx \$ per Benefit Month (dollars)					Share of Total Medicaid Rx \$ (percent)				
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children
Mississippi	100	47.0	52.3	0.7	0.0	16	6	24	98	49	100	16.5	79.0	4.4	0.0
Missouri	100	50.4	49.1	0.4	0.0	28	10	45	163	583	100	17.9	78.8	2.5	0.5
Montana	100	47.2	43.9	8.9	0.1	16	5	27	15	150	100	13.6	77.0	8.7	0.7
Nebraska	100	53.7	46.0	0.3	0.0	23	8	37	430	58	100	18.4	75.7	5.0	0.0
Nevada	100	61.6	37.6	0.8	0.0	24	15	37	85	339	100	38.3	58.1	2.9	0.3
New Hampshire	100	46.7	48.8	4.4	0.0	20	8	28	58	239	100	17.8	68.7	13.1	0.4
New Jersey	100	55.5	44.3	0.1	0.0	68	48	93	134	298	100	39.4	60.3	0.2	0.1
New Mexico	100	41.3	57.7	0.9	0.0	4	4	3	9	31	100	50.5	44.8	2.3	0.1
New York	100	51.8	46.4	1.7	0.0	25	9	35	216	372	100	19.4	65.6	14.8	0.2
North Carolina	100	54.9	44.4	0.8	0.0	21	7	34	318	168	100	17.5	70.9	11.5	0.1
North Dakota	100	58.2	41.3	0.5	0.0	14	7	22	98	38	100	30.3	66.4	3.2	0.1
Ohio	100	52.5	46.3	1.2	0.0	32	15	49	126	307	100	24.5	70.6	4.6	0.3
Oklahoma	100	56.1	43.1	0.7	0.0	16	8	26	135	285	100	26.2	67.2	5.5	0.2
Oregon	100	61.3	38.2	0.4	0.0	14	6	24	226	114	100	27.6	65.8	5.9	0.1
Pennsylvania	100	55.4	44.3	0.3	0.0	12	7	16	146	93	100	35.9	59.9	3.5	0.0
Rhode Island	100	40.3	55.6	4.0	0.0	26	9	39	11	2	100	14.5	82.9	1.7	0.0
South Carolina	100	48.7	50.2	1.1	0.0	15	4	22	165	179	100	14.3	73.4	11.9	0.0
South Dakota	100	46.4	52.9	0.7	0.0	11	4	15	131	968	100	17.0	72.5	8.3	1.4
Tennessee	100	27.4	70.8	1.8	0.0	14	5	15	84	317	100	10.6	77.7	10.6	0.3
Texas	100	68.5	31.2	0.3	0.1	21	15	32	187	268	100	48.4	48.2	2.5	0.7
Utah	100	42.6	56.6	0.8	0.0	34	12	47	321	39	100	15.2	77.0	7.6	0.0
Vermont	100	57.0	41.1	1.9	0.0	76	62	86	261	759	100	46.7	46.4	6.6	0.2
Virginia	100	57.3	42.3	0.3	0.0	17	10	25	142	98	100	33.9	63.0	2.8	0.1
Washington	100	53.7	45.7	0.6	0.0	29	16	44	114	471	100	28.9	68.5	2.2	0.3
West Virginia	100	44.6	54.7	0.6	0.0	25	8	36	264	14	100	14.3	79.0	6.7	0.0
Wisconsin	100	65.5	32.2	2.3	0.0	58	78	20	34	66	100	87.6	11.0	1.3	0.0
Wyoming	100	50.4	48.6	0.8	0.1	24	10	34	275	215	100	21.1	68.1	9.4	1.0

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.6 includes beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to states.

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. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

## Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.7  
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c

	ANTI- PSYCHOTICS	ANTI- CONVULSANT	ANTI- HYPERLIPIDEMIC	ULCER DRUGS	ANTI- DEPRESSANTS	ANTI- ANXIETYAGENTS	ANTI- DIABETIC	ANTI-VIRAL	ANTI- ASTHMATIC	ANALGESICS NARCOTIC
<b>All States</b>	1	2	3	4	5	6	7	8	9	10
Alabama	2	3	8	9	6	1	4	.	10	.
Alaska	1	2	7	5	4	3	8	10	.	6
Arizona	8	.	.	5	.	.	7	1	.	.
Arkansas	1	2	6	4	5	3	8	.	10	.
California	2	5	4	6	.	7	9	8	.	.
Colorado	1	2	6	.	3	4	7	9	10	5
Connecticut	1	4	6	2	7	9	8	10	.	5
Delaware	2	3	5	7	6	10	8	1	.	4
D.C.	1	3	4	.	7	.	5	2	9	.
Florida	1	5	6	4	7	2	8	3	9	.
Georgia	1	2	3	7	4	.	5	6	8	10
Hawaii	1	3	2	4	.	7	5	.	8	10
Idaho	1	2	8	5	3	4	9	.	6	7
Illinois	1	3	2	.	7	8	5	4	6	.
Indiana	1	3	7	4	5	9	8	.	.	6
Iowa	1	3	6	9	4	2	10	.	7	.
Kansas	1	2	5	3	4	7	6	.	9	8
Kentucky	3	2	6	1	.	4	5	.	8	.
Louisiana	1	3	7	5	8	2	6	.	.	9
Maine	.	.	.	.	.	.	.	.	.	.
Maryland	1	4	2	5	8	9	7	3	.	10
Massachusetts	1	2	5	4	6	9	10	3	8	.
Michigan	2	1	.	5	7	3	.	.	.	10
Minnesota	1	2	7	4	3	5	9	.	.	.

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2006. The Medicaid reimbursement amounts do not reflect federally required rebates from

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

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

## Dual Medicaid Beneficiaries

NATIONAL COMPARISON TABLE N.7  
TOP 10 DRUG GROUPS RANKED BY TOTAL MEDICAID PHARMACY REIMBURSEMENT, ALL STATES COMBINED AND BY STATE  
DUAL ELIGIBLE BENEFICIARIES, 2006a,b,c

	ANTI- PSYCHOTICS	ANTI- CONVULSANT	ANTI- HYPERLIPIDEMIC	ULCER DRUGS	ANTI- DEPRESSANTS	ANTI- ANXIETYAGENTS	ANTI- DIABETIC	ANTI-VIRAL	ANTI- ASTHMATIC	ANALGESICS NARCOTIC
Mississippi	1	2	6	9	7	4	3	8	10	.
Missouri	1	2	9	.	3	4	10	.	7	6
Montana	3	4	.	5	6	2	.	.	9	7
Nebraska	2	3	8	1	6	5	9	.	10	.
Nevada	1	3	5	.	8	4	6	.	7	2
New Hampshire	1	3	9	7	4	2	.	.	8	5
New Jersey	1	6	3	2	.	.	5	4	.	10
New Mexico	1	8	5	2	4	.	3	.	10	.
New York	1	3	4	6	7	9	5	2	10	.
North Carolina	1	3	7	2	4	5	9	.	10	6
North Dakota	1	2	7	10	4	3	6	.	5	.
Ohio	1	2	6	3	4	5	9	10	7	8
Oklahoma	1	2	8	5	4	.	7	9	10	6
Oregon	3	4	.	2	7	1	8	.	.	5
Pennsylvania	3	1	9	.	6	2	7	.	.	8
Rhode Island	2	3	7	6	4	5	.	9	10	8
South Carolina	1	3	5	.	7	2	8	4	.	6
South Dakota	2	1	.	4	5	3	10	.	6	7
Tennessee	1	3	5	10	6	.	4	7	8	2
Texas	1	2	3	6	7	4	5	.	.	.
Utah	1	2	9	7	3	6	8	.	10	5
Vermont	3	5	1	2	4	.	7	.	6	8
Virginia	1	4	10	3	.	5	.	.	7	.
Washington	1	3	5	2	4	.	8	9	7	10
West Virginia	2	1	6	5	4	3	7	.	9	8
Wisconsin	10	.	1	2	.	.	5	.	3	.
Wyoming	1	2	.	8	3	.	.	.	6	5

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table N.7 is based on beneficiaries represented by Cell G of Table 1 in the national table set and the table set for each state.

b. Dual eligible beneficiaries included in this table are those who had Medicare benefits as well as Medicaid fee-for-service pharmacy benefit coverage during at least one month of their

Medicaid enrollment in 2006. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in each state for 2006. The Medicaid reimbursement amounts do not reflect federally required rebates from drug manufacturers to states. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract.

## Dual Medicaid Beneficiaries

APPENDIX TABLE A.4  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a</sup>, b  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006

	Number of Beneficiaries				Number of Benefit Months					
	All	Aged	Adults	Children	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>7,188,912</b>	<b>3,826,981</b>	<b>116,403</b>	<b>1,662</b>	<b>77,050,642</b>	<b>39,905,186</b>	<b>36,043,879</b>	<b>1,068,503</b>	<b>15,768</b>	<b>17,306</b>
<b>Age</b>										
5 and younger	387	5	0	69	4,239	57	3,477	0	705	0
6-14	852	0	0	150	9,383	0	7,910	0	1,473	0
15-20	12,317	1	173	709	138,857	8	129,742	1,619	7,488	0
21-44	1,098,963	271	61,577	443	12,122,003	2,202	11,539,186	575,603	3,877	1,135
45-64	1,681,045	1,861	46,924	143	18,395,392	14,716	17,944,442	425,371	1,284	9,579
75-84	1,566,504	1,435,568	915	51	16,696,652	15,204,917	1,484,021	7,405	285	24
Unknown	6	6	0	0	43	43	0	0	0	0
<b>Gender</b>										
Female	4,525,900	2,702,644	67,995	842	48,715,799	28,399,801	19,657,332	633,263	8,109	17,294
Male	2,663,010	1,124,335	48,408	820	28,334,840	11,505,382	16,386,547	435,240	7,659	12
Unknown	2	2	0	0	3	3	0	0	0	0
<b>Race</b>										
White	4,058,417	2,126,378	61,865	805	42,866,392	21,569,486	20,717,869	562,123	7,803	9,111
African American	1,288,259	565,341	27,182	452	13,935,553	5,971,725	7,712,916	243,551	4,050	3,311
Other/unknown	1,842,236	1,135,262	27,356	405	20,248,697	12,363,975	7,613,094	262,829	3,915	4,884
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	773,369	678,464	106	8	7,942,839	6,886,950	1,054,686	1,098	79	26
Part year	494,198	409,516	364	10	4,807,111	3,905,036	898,141	3,704	88	142
None	5,921,345	2,739,001	115,933	1,644	64,300,692	29,113,200	34,091,052	1,063,701	15,601	17,138
<b>Maintenance Assistance Status</b>										
Cash	3,559,473	1,576,563	48,850	250	40,428,379	17,872,292	22,066,322	487,286	2,479	0
Medically needy	713,600	475,556	13,980	281	6,817,330	4,477,308	2,220,632	116,696	2,694	0
Poverty related	1,085,669	543,212	4,251	451	11,581,830	5,718,968	5,810,303	31,371	3,882	17,306
Other/unknown	1,830,170	1,231,650	49,322	680	18,223,103	11,836,618	5,946,622	433,150	6,713	0
<b>Dual Status<sup>d</sup></b>										

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table A.4 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

## Dual Medicaid Beneficiaries



APPENDIX TABLE A.4  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006

	Number of Beneficiaries				Number of Benefit Months					
	All	Aged	Adults	Children	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
Full dual, all year	6,835,574	3,643,897	113,637	1,641	73,245,255	37,947,002	34,225,392	1,040,019	15,560	17,282
Full dual, part year	353,338	183,084	2,766	21	3,805,387	1,958,184	1,818,487	28,484	208	24
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	6,531,053	3,517,701	67,454	1,259	69,835,546	36,535,283	32,691,311	582,186	11,601	15,165
FFS part year, with Rx claims	93,519	32,812	11,072	173	1,039,480	362,539	557,895	115,982	1,917	1,147
FFS part year, no Rx claims	101,103	46,194	7,721	54	1,067,152	478,404	513,503	74,592	533	120
MC all year, with Rx claims	85,843	40,521	5,447	63	980,428	461,813	460,428	57,444	716	27
MC all year, no Rx claims	377,392	189,753	24,707	113	4,128,034	2,067,147	1,820,742	238,297	1,001	847

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Table A.4 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.5  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFIT<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 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>7,188,912</b>	<b>77,050,642</b>	<b>6,769,852</b>	<b>71,367,471</b>	<b>41,666</b>	<b>5,683,171</b>
Fee-for-service (FFS) all year	6,531,053	69,835,546	6,531,053	69,835,342	0	204
FFS part year, with Rx claims	93,519	1,039,480	93,519	540,646	0	498,834
FFS part year, with no Rx claims	101,103	1,067,152	101,103	486,087	0	581,065
Managed care (MC) all year, with Rx claims	85,843	980,428	44,177	505,396	41,666	475,032
MC all year, with no Rx claims	377,392	4,128,034	0	0	0	4,128,034
Unknown	2	2	0	0	0	2

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.6  
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006a,b

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
<b>All States</b>	<b>7,188,912</b>	<b>6.4</b>	<b>3,826,981</b>	<b>230,274</b>	<b>6.0</b>	<b>3,360,110</b>	<b>232,873</b>	<b>6.9</b>
Alabama	104,609	2.9	37,486	1,088	2.9	67,083	1,989	3.0
Alaska	13,338	0.0	6,452	0	0.0	6,881	0	0.0
Arizona	114,102	64.9	51,497	27,545	53.5	62,600	46,520	74.3
Arkansas	75,689	0.0	44,678	0	0.0	30,974	0	0.0
California	1,139,383	14.9	639,131	87,026	13.6	499,669	82,585	16.5
Colorado	66,755	5.6	39,982	2,254	5.6	26,767	1,451	5.4
Connecticut	81,610	0.5	47,536	9	0.0	34,054	390	1.1
Delaware	12,751	89.0	6,123	5,635	92.0	6,626	5,712	86.2
D.C.	19,454	1.3	7,897	0	0.0	11,557	258	2.2
Florida	343,970	7.9	192,880	12,178	6.3	151,076	14,936	9.9
Georgia	161,491	0.0	69,985	0	0.0	91,340	3	0.0
Hawaii	29,931	0.7	20,019	0	0.0	9,910	197	2.0
Idaho	23,039	0.0	11,714	0	0.0	11,325	0	0.0
Illinois	334,628	0.1	167,336	117	0.1	167,259	85	0.1
Indiana	117,383	0.4	61,493	4	0.0	55,874	513	0.9
Iowa	67,324	0.0	33,462	0	0.0	33,850	0	0.0
Kansas	49,371	0.5	26,529	134	0.5	22,837	89	0.4
Kentucky	110,662	12.2	38,965	2,899	7.4	71,688	10,549	14.7
Louisiana	108,356	0.0	62,570	0	0.0	45,731	0	0.0
Maine								
Maryland	104,191	2.1	51,749	140	0.3	52,427	2,084	4.0

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.



APPENDIX TABLE A.6  
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006a,b

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
Massachusetts	232,347	0.3	121,543	32	0.0	110,804	684	0.6
Michigan	234,431	1.7	117,204	222	0.2	117,193	3,681	3.1
Minnesota	116,859	34.2	62,806	38,769	61.7	54,042	1,196	2.2
Mississippi	91,067	0.0	43,599	0	0.0	47,460	0	0.0
Missouri	166,864	0.2	84,956	1	0.0	81,874	368	0.4
Montana	16,558	0.0	8,213	0	0.0	8,344	0	0.0
Nebraska	38,505	46.1	20,729	7,399	35.7	17,762	10,364	58.3
Nevada	23,057	0.3	14,192	0	0.0	8,857	64	0.7
New Hampshire	22,523	0.0	10,892	0	0.0	11,631	0	0.0
New Jersey	155,918	8.8	84,240	3,678	4.4	71,654	10,037	14.0
New Mexico	39,298	1.1	16,389	27	0.2	22,899	411	1.8
New York	627,056	1.4	331,016	2,897	0.9	296,009	6,152	2.1
North Carolina	241,608	0.0	133,601	0	0.0	108,007	1	0.0
North Dakota	12,935	0.0	7,781	0	0.0	5,154	0	0.0
Ohio	239,272	0.3	128,483	0	0.0	110,789	681	0.6
Oklahoma	93,953	0.0	53,558	0	0.0	40,294	0	0.0
Oregon	63,088	46.6	35,727	14,826	41.5	27,345	14,556	53.2
Pennsylvania	320,948	1.9	176,959	678	0.4	143,916	5,483	3.8
Rhode Island	31,579	0.8	13,004	0	0.0	18,542	252	1.4
South Carolina	131,583	0.1	64,892	0	0.0	66,657	87	0.1
South Dakota	14,278	0.0	7,077	0	0.0	7,196	0	0.0
Tennessee	244,359	0.0	74,803	0	0.0	169,387	0	0.0
Texas	392,692	7.6	268,974	21,096	7.8	123,600	8,927	7.2
Utah	28,653	0.5	12,676	128	1.0	15,973	16	0.1
Vermont	31,569	0.0	18,298	0	0.0	13,268	0	0.0
Virginia	118,237	0.9	68,025	76	0.1	50,194	943	1.9
Washington	107,670	1.0	58,601	319	0.5	49,036	791	1.6

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.

## Dual Medicaid Beneficiaries

APPENDIX TABLE A.6  
MANAGED CARE PENETRATION RATES, ALL STATES COMBINED AND BY STATE, BY BASIS OF ELIGIBILITY  
DUAL ELIGIBLE BENEFICIARIES, UNITED STATES, 2006a,b

	All Duals		Aged			Disabled/Adults/Children		
	Number of Beneficiaries	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year	Number of Beneficiaries	Number of Beneficiaries Enrolled in MC all Year	Percentage of Beneficiaries Enrolled in MC all Year
West Virginia	50,270	0.2	22,914	0	0.0	27,355	109	0.4
Wisconsin	216,798	0.8	144,720	1,097	0.8	72,070	709	1.0
Wyoming	6,900	0.0	3,625	0	0.0	3,270	0	0.0

Source: Data for this table are from the MAX 2006 file for the U.S., released by CMS in 1/2010. This table was produced on 03/29/2010.

a. Appendix Table A.6 was derived from data contained in Appendix Table A.4 for each state.

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.

CMS = Centers for Medicare & Medicaid Services; D.C. = District of Columbia; MAX = Medicaid Analytic Extract; MC = managed care.

Dual Medicaid Beneficiaries