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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	117,218	67,949	48,574	647	30	18	1,245,374	713,807	527,074	4,096	272	125
Age												
5 and younger	9	0	6	0	3	0	85	0	63	0	22	0
6-14	18	0	14	0	4	0	150	0	133	0	17	0
15-20	256	0	234	2	20	0	2,268	0	2,058	8	202	0
21-44	19,472	1	19,008	459	3	1	208,632	12	205,388	3,197	31	4
45-64	26,819	6	26,636	166	0	11	292,306	51	291,348	819	0	88
65-74	26,498	23,949	2,523	20	0	6	285,091	258,354	26,632	72	0	33
75-84	26,078	25,966	112	0	0	0	276,760	275,672	1,088	0	0	0
85 and older	18,068	18,027	41	0	0	0	180,082	179,718	364	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,353	50,268	26,567	487	13	18	823,534	531,834	288,164	3,299	112	125
Male	39,863	17,679	22,007	160	17	0	421,837	181,970	238,910	797	160	0
Unknown	2	2	0	0	0	0	3	3	0	0	0	0
Race												
White	66,423	36,997	29,056	345	14	11	699,739	379,200	317,984	2,344	122	89
African American	42,071	23,328	18,454	269	14	6	449,486	249,678	198,060	1,584	135	29
Other/unknown	8,724	7,624	1,064	33	2	1	96,149	84,929	11,030	168	15	7
Use of Nursing Facilities^c												
Entire year	13,278	11,781	1,497	0	0	0	138,176	121,312	16,864	0	0	0
Part year	9,149	8,044	1,105	0	0	0	88,097	76,652	11,445	0	0	0
None	94,791	48,124	45,972	647	30	18	1,019,101	515,843	498,765	4,096	272	125
Maintenance Assistance Status												
Cash	61,516	32,154	29,317	45	0	0	683,810	363,133	320,397	280	0	0
Medically needy	264	137	127	0	0	0	2,736	1,493	1,243	0	0	0
Poverty-related	20,353	10,035	10,176	114	10	18	215,905	107,560	107,270	891	59	125
Other/unknown	35,085	25,623	8,954	488	20	0	342,923	241,621	98,164	2,925	213	0
Dual Medicare Status^d												
Full dual, all year	111,806	64,966	46,173	619	30	18	1,187,188	681,692	501,282	3,817	272	125
Full dual, part year	5,412	2,983	2,401	28	0	0	58,186	32,115	25,792	279	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	113,319	67,230	45,628	416	27	18	1,222,093	708,982	509,700	3,027	259	125
FFS part year, with Rx claims	1,680	277	1,286	114	3	0	11,382	1,992	8,802	575	13	0
FFS part year, no Rx claims	2,219	442	1,660	117	0	0	11,899	2,833	8,572	494	0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx						FFS \$ ^d		
All	50.4		4.6	\$178	\$39	\$11,700	1.5		117,218
Age									
5 and younger	88.9		10.3	470	46	7,354	6.4		9
6-14	83.3		9.1	1,695	186	5,262	32.2		18
15-20	57.8		9.1	900	99	7,661	11.8		256
21-44	50.1		5.1	309	61	11,194	2.8		19,472
45-64	57.3		6.2	248	40	13,084	1.9		26,819
65-74	47.4		4.3	148	35	7,511	2.0		26,498
75-84	47.6		3.6	94	26	11,099	0.9		26,078
85 and older	49.0		3.5	86	24	17,268	0.5		18,068
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	47.7		3.7	104	28	11,463	0.9		67,949
Disabled	54.3		5.7	271	47	12,139	2.2		48,574
Adults	52.9		13.0	901	70	3,940	22.9		647
Children	70.0		9.1	891	98	6,841	13.0		30
Unknown	72.2		22.9	1,748	76	8,120	21.5		18
Gender									
Female	52.4		4.8	176	37	11,144	1.6		77,353
Male	46.7		4.2	183	44	12,780	1.4		39,863
Unknown	0.0		0.0	0	0	0	0.0		2
Race									
White	54.8		5.7	209	37	13,244	1.6		66,423
African American	45.4		3.3	148	45	10,787	1.4		42,071
Other/unknown	41.7		2.7	94	35	4,344	2.2		8,724
Use of Nursing Facilities^f									
Entire year	59.2		6.7	177	26	34,823	0.5		13,278
Part year	64.8		6.0	192	32	21,957	0.9		9,149
None	47.8		4.2	177	42	7,471	2.4		94,791
Maintenance Assistance Status									
Cash	50.3		4.5	181	40	5,770	3.1		61,516
Medically needy	56.1		6.6	302	46	10,100	3.0		264
Poverty related	43.9		3.6	171	47	2,173	7.9		20,353
Other/unknown	54.4		5.4	177	33	27,636	0.6		35,085

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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

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

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

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

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

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

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	0.4	\$17	1.5	49.6	42.7	4.8	2.3	0.5	0.1	\$1,101	117,218	1,245,374
Age												
5 and younger	1.1	50	6.4	11.1	66.7	11.1	11.1	0.0	0.0	779	9	85
6-14	1.1	203	32.2	16.7	44.4	33.3	5.6	0.0	0.0	632	18	150
15-20	1.0	102	11.8	42.2	37.9	8.2	9.8	1.6	0.4	865	256	2,268
21-44	0.5	29	2.8	49.9	41.3	4.8	2.9	0.8	0.2	1,045	19,472	208,632
45-64	0.6	23	1.9	42.7	46.9	6.2	3.2	0.8	0.3	1,201	26,819	292,306
65-74	0.4	14	2.0	52.6	40.5	4.1	2.0	0.6	0.1	698	26,498	285,091
75-84	0.3	9	0.9	52.4	41.6	4.1	1.6	0.2	0.0	1,046	26,078	276,760
85 and older	0.4	9	0.5	51.0	42.6	4.4	1.7	0.2	0.0	1,733	18,068	180,082
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.4	10	0.9	52.3	41.4	4.2	1.7	0.3	0.0	1,091	67,949	713,807
Disabled	0.5	25	2.2	45.7	44.7	5.6	3.0	0.7	0.2	1,119	48,574	527,074
Adults	2.0	142	22.9	47.1	19.8	6.8	14.7	9.7	1.9	622	647	4,096
Children	1.0	98	13.0	30.0	36.7	10.0	23.3	0.0	0.0	755	30	272
Unknown	3.3	252	21.5	27.8	22.2	5.6	16.7	27.8	0.0	1,169	18	125
Gender												
Female	0.5	17	1.6	47.6	44.2	5.1	2.4	0.5	0.1	1,047	77,353	823,534
Male	0.4	17	1.4	53.3	39.7	4.3	2.1	0.5	0.1	1,208	39,863	421,837
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	3
Race												
White	0.5	20	1.6	45.2	44.6	6.2	3.1	0.7	0.2	1,257	66,423	699,739
African American	0.3	14	1.4	54.6	40.6	3.0	1.4	0.4	0.1	1,010	42,071	449,486
Other/unknown	0.2	9	2.2	58.3	38.3	2.5	0.8	0.2	0.0	394	8,724	96,149
Use of Nursing Facilities^f												
Entire year	0.6	17	0.5	40.8	45.1	8.3	5.0	0.6	0.2	3,346	13,278	138,176
Part year	0.6	20	0.9	35.2	52.9	7.3	3.5	0.8	0.2	2,280	9,149	88,097
None	0.4	17	2.4	52.2	41.3	4.1	1.8	0.5	0.1	695	94,791	1,019,101
Maintenance Assistance Status												
Cash	0.4	16	3.1	49.7	43.7	4.3	1.7	0.5	0.1	519	61,516	683,810
Medically needy	0.6	29	3.0	43.9	42.4	6.4	5.7	1.5	0.0	975	264	2,736
Poverty related	0.3	16	7.9	56.1	38.0	3.4	2.0	0.4	0.1	205	20,353	215,905
Other/unknown	0.6	18	0.6	45.6	43.6	6.4	3.6	0.7	0.2	2,828	35,085	342,923

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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

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

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

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

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

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

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

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.4	\$17	\$39	0.1	\$10	\$137	0.0	\$2	\$104	0.3	\$5	\$14
Age												
5 and younger	1.1	50	46	0.6	32	55	0.1	9	160	0.4	8	18
6-14	1.1	203	186	0.8	188	249	0.0	5	117	0.3	11	36
15-20	1.0	102	99	0.4	83	196	0.1	6	102	0.5	13	24
21-44	0.5	29	61	0.1	20	203	0.0	3	132	0.4	6	18
45-64	0.6	23	40	0.1	13	139	0.0	3	116	0.4	7	15
65-74	0.4	14	35	0.1	8	113	0.0	2	95	0.3	4	13
75-84	0.3	9	26	0.1	5	99	0.0	1	71	0.3	3	11
85 and older	0.4	9	24	0.1	5	95	0.0	1	64	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	10	28	0.1	6	102	0.0	1	79	0.3	3	11
Disabled	0.5	25	47	0.1	16	164	0.0	3	119	0.4	6	16
Adults	2.0	142	70	0.6	91	157	0.1	18	193	1.4	33	24
Children	1.0	98	98	0.4	86	207	0.0	1	55	0.6	11	20
Unknown	3.3	252	76	1.3	184	144	0.2	30	122	1.8	37	21
Gender												
Female	0.5	17	37	0.1	10	127	0.0	2	105	0.4	5	13
Male	0.4	17	44	0.1	11	157	0.0	2	101	0.3	4	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.5	20	37	0.1	12	133	0.0	2	112	0.4	6	13
African American	0.3	14	45	0.1	10	153	0.0	1	96	0.2	3	13
Other/unknown	0.2	9	35	0.1	5	99	0.0	1	53	0.2	3	15
Use of Nursing Facilities^e												
Entire year	0.6	17	26	0.1	11	111	0.0	1	74	0.5	5	10
Part year	0.6	20	32	0.1	13	120	0.0	2	95	0.5	5	10
None	0.4	17	42	0.1	10	144	0.0	2	108	0.3	5	15
Maintenance Assistance Status												
Cash	0.4	16	40	0.1	10	138	0.0	2	102	0.3	5	14
Medically needy	0.6	29	46	0.1	19	129	0.0	3	106	0.5	7	15
Poverty related	0.3	16	47	0.1	10	158	0.0	2	121	0.3	4	16
Other/unknown	0.6	18	33	0.1	11	126	0.0	2	98	0.4	5	11

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.2	0.0	0.0	0.1	\$17	\$12	\$1	\$3	\$91	\$307	\$95	\$26	9,785	\$895,287	4,942	4.2	53,505
Biologicals	0.1	0.0	0.0	0.1	69	64	0	4	689	3,717	0	54	98	67,542	87	0.1	986
Antineoplastic Agents	0.3	0.1	0.0	0.2	48	41	0	7	181	387	74	42	1,664	300,581	590	0.5	6,250
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	11	9	1	2	48	82	58	17	20,128	958,703	7,627	6.5	83,961
Cardiovascular Agents	0.3	0.1	0.0	0.2	14	7	5	3	46	81	121	15	44,230	2,028,978	12,838	11.0	142,750
Respiratory Agents	0.3	0.1	0.0	0.2	11	7	1	4	42	95	48	21	52,039	2,205,970	17,683	15.1	200,688
Gastrointestinal Agents	0.2	0.1	0.0	0.1	21	16	4	1	104	131	522	15	16,824	1,753,952	7,683	6.6	85,042
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	3	2	65	77	92	32	3,240	212,005	1,704	1.5	18,829
CNS Drugs	0.6	0.1	0.0	0.6	15	8	1	6	24	150	122	10	221,592	5,321,047	31,160	26.6	344,401
Stimulants/Anti-obesity/Anorexia	0.2	0.1	0.0	0.1	26	21	0	4	118	168	97	49	602	70,923	247	0.2	2,726
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	34	33	0	1	204	209	142	108	2,004	408,664	1,112	0.9	12,077
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	12	5	2	5	44	238	208	21	26,596	1,168,451	8,776	7.5	96,806
Neuromuscular Agents	0.5	0.1	0.0	0.4	17	10	1	7	35	187	96	15	52,207	1,830,626	9,351	8.0	104,623
Nutritional Products	0.4	0.0	0.0	0.3	5	0	0	4	14	19	16	13	30,488	416,097	7,390	6.3	80,704
Hematological Agents	0.5	0.1	0.0	0.4	23	19	0	3	46	189	23	9	47,314	2,180,588	8,762	7.5	95,541
Topical Products	0.2	0.1	0.0	0.1	9	6	1	2	58	95	61	27	7,955	458,817	4,590	3.9	50,736
Miscellaneous Products	0.5	0.3	0.0	0.1	128	107	6	15	282	347	237	125	2,105	594,229	426	0.4	4,643
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	32	0	0	0	412	13,156	189	0.2	2,021
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.	539,283	20,885,616	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 Virginia, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$2,239,867	4,426	3.8	48,888	0.2	\$215	\$46
HEMATOPOIETIC AGENTS	1,956,978	15,310	13.1	165,973	0.5	23	12
ULCER DRUGS	1,652,454	10,308	8.8	114,352	0.3	48	14
ANTICONVULSANT	1,639,180	8,658	7.4	97,257	0.5	35	17
ANTIANKXIETY AGENTS	1,638,060	23,154	19.8	256,041	0.6	11	6
COUGH/COLD/ALLERGY	1,372,036	28,746	24.5	327,139	0.2	21	4
ANTIASTHMATIC	1,074,819	6,731	5.7	73,677	0.2	70	15
ANTIHISTAMINES	1,028,759	12,407	10.6	140,781	0.4	18	7
LAXATIVES	1,003,918	29,816	25.4	321,787	0.5	6	3
ANTHYPERLIPIDEMIC	996,283	4,678	4.0	52,638	0.2	102	19
Total	14,602,354	144,234	n.a.	1,598,533	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				HEMATOPOIETIC AGENTS			
	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
All	639,040	\$14,602,354	4,426	3.8	48,888	0.2	\$46	15,310	13.1	165,973	0.5	\$12
Female												
All Females	446,320	9,495,079	2,413	3.1	26,549	0.2	43	11,149	14.4	121,270	0.5	11
Female, Disabled												
All Ages	146,783	4,553,418	1,538	5.8	17,073	0.2	49	2,471	9.3	27,946	0.4	11
5 and younger	1	19	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	93	0	0.0	0	0.0	0	1	16.7	7	0.1	3
15-20	311	36,099	15	14.4	172	0.4	78	8	7.7	67	0.2	27
21-44	41,035	1,580,894	707	7.7	7,723	0.2	53	619	6.7	7,015	0.4	12
45-64	95,872	2,627,487	760	4.9	8,589	0.2	44	1,619	10.5	18,355	0.4	11
65-74	9,122	300,709	56	3.5	589	0.3	52	207	12.8	2,298	0.5	11
75-84	226	4,586	0	0.0	0	0.0	0	13	16.7	156	0.4	3
85 and older	214	3,531	0	0.0	0	0.0	0	4	12.1	48	0.6	31
Female, Other Eligibles												
All Ages	299,537	4,941,661	875	1.7	9,476	0.2	32	8,678	17.1	93,324	0.5	11
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	1,497	1	8.3	12	0.3	84	0	0.0	0	0.0	0
21-44	1,908	139,182	47	12.6	449	0.4	81	32	8.6	319	0.2	11
45-64	579	45,267	8	7.0	71	0.6	172	8	7.0	82	0.4	5
65-74	74,787	1,637,015	288	1.8	3,290	0.3	47	1,821	11.4	20,566	0.5	11
75-84	108,720	1,669,201	282	1.5	3,097	0.2	20	3,228	16.9	34,865	0.5	11
85 and older	113,516	1,449,499	249	1.6	2,557	0.1	15	3,589	23.7	37,492	0.6	10
Male												
All Males	192,720	5,107,275	2,013	5.0	22,339	0.2	50	4,161	10.4	44,703	0.5	15
Male, Disabled												
All Ages	104,108	3,479,641	1,701	7.7	19,101	0.2	52	1,383	6.3	15,456	0.5	21
5 and younger	8	164	0	0.0	0	0.0	0	1	50.0	10	0.2	2
6-14	9	1,782	0	0.0	0	0.0	0	1	12.5	12	0.1	67
15-20	681	84,208	23	17.7	264	0.4	139	4	3.1	40	0.1	5
21-44	36,912	1,702,163	893	9.1	9,958	0.3	64	318	3.3	3,619	0.4	45
45-64	61,692	1,528,340	748	6.7	8,453	0.2	36	955	8.6	10,667	0.5	13
65-74	4,759	162,264	37	4.1	426	0.2	39	99	11.0	1,072	0.6	17
75-84	44	687	0	0.0	0	0.0	0	4	11.8	35	0.5	8
85 and older	3	33	0	0.0	0	0.0	0	1	12.5	1	1.0	1

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	88,612	1,627,634	312	1.7	3,238	0.2	35	2,778	15.6	29,247	0.6	11
5 and younger	22	863	0	0.0	0	0.0	0	5	250.0	51	0.2	9
6-14	4	139	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	51	2,486	1	10.0	12	0.8	90	0	0.0	0	0.0	0
21-44	557	49,107	18	19.6	117	0.4	115	0	0.0	0	0.0	0
45-64	223	22,524	4	5.8	23	0.9	272	1	1.4	9	0.7	3
65-74	34,906	724,798	142	1.8	1,595	0.2	37	925	11.6	10,154	0.5	12
75-84	35,535	587,687	110	1.6	1,152	0.2	23	1,155	16.9	12,169	0.6	11
85 and older	17,314	240,030	37	1.3	339	0.1	20	692	24.0	6,864	0.6	10
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTI-ANXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	10,308	8.8	114,352	0.3	\$15	8,658	7.4	97,257	0.5	\$17	23,154	19.8	256,041	0.6	\$6
Female															
All Females	7,115	9.2	78,980	0.3	14	5,609	7.3	62,819	0.5	16	16,558	21.4	182,774	0.6	6
Female, Disabled															
All Ages	2,718	10.2	30,518	0.3	18	3,647	13.7	41,189	0.5	20	6,633	25.0	75,511	0.6	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	16.7	12	0.1	6	0	0.0	0	0.0	0
15-20	11	10.6	114	0.3	36	13	12.5	144	0.4	90	12	11.5	119	0.3	15
21-44	763	8.3	8,553	0.3	18	1,448	15.7	16,294	0.4	25	2,099	22.7	23,765	0.5	8
45-64	1,718	11.1	19,335	0.3	17	2,056	13.3	23,319	0.5	15	4,191	27.1	47,933	0.6	8
65-74	217	13.4	2,428	0.3	23	123	7.6	1,348	0.5	19	316	19.5	3,546	0.6	5
75-84	5	6.4	51	0.3	17	6	7.7	72	0.3	13	7	9.0	71	0.5	9
85 and older	4	12.1	37	0.4	11	0	0.0	0	0.0	0	8	24.2	77	0.8	8
Female, Other Eligibles															
All Ages	4,397	8.7	48,462	0.3	12	1,962	3.9	21,630	0.5	9	9,925	19.5	107,263	0.6	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	8.3	12	0.2	2	1	8.3	12	1.4	33	0	0.0	0	0.0	0
21-44	71	19.1	677	0.4	40	86	23.1	818	0.5	50	87	23.4	757	0.6	8
45-64	23	20.2	194	0.4	44	13	11.4	105	0.4	30	21	18.4	195	0.7	12
65-74	1,356	8.5	15,423	0.3	13	798	5.0	9,055	0.5	9	3,004	18.8	33,833	0.6	6
75-84	1,555	8.1	17,266	0.3	11	700	3.7	7,761	0.5	6	3,618	18.9	39,537	0.6	5
85 and older	1,391	9.2	14,890	0.4	11	364	2.4	3,879	0.5	5	3,195	21.1	32,941	0.6	4
Male															
All Males	3,193	8.0	35,372	0.3	15	3,049	7.6	34,438	0.5	19	6,596	16.5	73,267	0.6	7
Male, Disabled															
All Ages	1,746	7.9	19,684	0.3	16	2,464	11.2	28,197	0.5	21	4,031	18.3	46,018	0.6	8
5 and younger	2	100.0	19	0.3	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12.5	7	0.3	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	19	14.6	217	0.4	44	32	24.6	354	0.5	82	14	10.8	157	0.7	7
21-44	631	6.5	7,165	0.3	16	1,197	12.3	13,696	0.5	26	1,557	15.9	17,852	0.6	8
45-64	981	8.8	11,012	0.3	16	1,157	10.4	13,260	0.5	13	2,309	20.7	26,321	0.7	8
65-74	111	12.3	1,252	0.3	21	78	8.6	887	0.5	29	148	16.4	1,652	0.6	7
75-84	1	2.9	12	0.1	1	0	0.0	0	0.0	0	3	8.8	36	0.1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTI-ANXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,447	8.1	15,688	0.3	13	585	3.3	6,241	0.5	11	2,565	14.4	27,249	0.6	5
5 and younger	2	100.0	24	0.2	3	0	0.0	0	0.0	0	1	50.0	12	0.1	1
6-14	1	50.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	10.0	3	0.7	17	1	10.0	12	1.0	19
21-44	26	28.3	246	0.4	54	30	32.6	253	0.4	40	21	22.8	172	0.7	5
45-64	15	21.7	120	0.4	35	14	20.3	121	0.5	63	8	11.6	69	0.5	4
65-74	634	8.0	7,162	0.3	13	299	3.8	3,340	0.5	10	1,112	14.0	12,289	0.6	6
75-84	520	7.6	5,646	0.3	11	183	2.7	1,939	0.5	7	1,011	14.8	10,600	0.6	4
85 and older	249	8.7	2,478	0.4	12	58	2.0	585	0.5	5	411	14.3	4,095	0.5	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIASTHMATIC					ANTIHISTAMINES				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	28,746	24.5	327,139	0.2	\$4	6,731	5.7	73,677	0.2	\$15	12,407	10.6	140,781	0.4	\$7
Female															
All Females	20,854	27.0	237,563	0.2	4	4,737	6.1	52,064	0.2	14	8,868	11.5	100,356	0.4	7
Female, Disabled															
All Ages	7,460	28.1	86,865	0.2	4	2,003	7.5	22,327	0.2	16	3,491	13.1	40,179	0.4	7
5 and younger	1	25.0	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	22	21.2	245	0.1	2	9	8.7	108	0.2	9	14	13.5	154	0.2	3
21-44	2,333	25.3	27,202	0.1	4	525	5.7	5,799	0.2	14	1,105	12.0	12,668	0.4	6
45-64	4,660	30.1	54,334	0.2	5	1,278	8.3	14,361	0.2	16	2,175	14.0	25,112	0.4	7
65-74	426	26.3	4,874	0.2	5	186	11.5	2,031	0.3	22	191	11.8	2,173	0.4	7
75-84	15	19.2	171	0.2	2	4	5.1	21	0.2	17	3	3.8	36	0.4	11
85 and older	3	9.1	27	0.4	4	1	3.0	7	0.1	7	3	9.1	36	0.2	1
Female, Other Eligibles															
All Ages	13,394	26.4	150,698	0.2	4	2,734	5.4	29,737	0.2	13	5,377	10.6	60,177	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	8.3	12	0.1	2	0	0.0	0	0.0	0	2	16.7	24	0.2	2
21-44	82	22.0	777	0.1	3	73	19.6	632	0.3	23	68	18.3	632	0.3	4
45-64	21	18.4	195	0.2	3	13	11.4	126	0.5	42	14	12.3	131	0.4	7
65-74	3,914	24.4	45,334	0.2	5	1,009	6.3	11,288	0.2	16	1,571	9.8	18,023	0.4	7
75-84	4,842	25.3	54,926	0.2	4	908	4.7	9,982	0.2	12	2,031	10.6	22,895	0.4	7
85 and older	4,534	29.9	49,454	0.2	3	731	4.8	7,709	0.2	11	1,691	11.2	18,472	0.4	8
Male															
All Males	7,892	19.8	89,576	0.2	5	1,994	5.0	21,613	0.2	15	3,539	8.9	40,425	0.4	8
Male, Disabled															
All Ages	3,765	17.1	43,740	0.2	4	985	4.5	10,827	0.2	16	2,079	9.4	24,149	0.4	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	12.5	12	0.1	1	1	12.5	12	0.1	17	0	0.0	0	0.0	0
15-20	16	12.3	192	0.2	4	15	11.5	180	0.4	28	16	12.3	179	0.3	5
21-44	1,443	14.8	16,875	0.2	4	336	3.4	3,666	0.2	14	837	8.6	9,784	0.4	8
45-64	2,111	18.9	24,471	0.2	5	551	4.9	6,054	0.2	16	1,151	10.3	13,340	0.4	8
65-74	190	21.0	2,145	0.2	5	79	8.7	879	0.3	21	73	8.1	833	0.4	7
75-84	4	11.8	45	0.1	2	3	8.8	36	0.1	1	1	2.9	12	0.6	15
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12.5	1	1.0	28

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIASTHMATIC					ANTIHISTAMINES				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit		Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit		Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit	
		Benes		Month	Month		Benes		Month	Month		Benes		Month	Month
Male, Other Eligibles															
All Ages	4,127	23.1	45,836	0.2	5	1,009	5.7	10,786	0.2	14	1,460	8.2	16,276	0.4	8
5 and younger	0	0.0	0	0.0	0	3	150.0	36	0.1	9	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	50.0	3	0.3	14	1	50.0	12	0.2	8
15-20	4	40.0	48	0.1	4	1	10.0	12	0.7	67	1	10.0	12	1.0	10
21-44	20	21.7	170	0.2	5	14	15.2	133	0.3	23	15	16.3	148	0.3	6
45-64	2	2.9	6	0.3	11	6	8.7	28	0.2	17	0	0.0	0	0.0	0
65-74	1,635	20.5	18,509	0.2	5	460	5.8	5,097	0.2	14	595	7.5	6,801	0.4	8
75-84	1,685	24.6	18,824	0.3	5	365	5.3	3,935	0.2	16	589	8.6	6,566	0.4	7
85 and older	781	27.1	8,279	0.2	4	159	5.5	1,542	0.2	12	259	9.0	2,737	0.4	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	LAXATIVES					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit		
All	29,816	25.4	321,787	0.5	\$3	4,678	4.0	52,638	0.2	\$19	117,218	1,245,374
Female												
All Females	21,161	27.4	227,694	0.5	3	3,144	4.1	35,427	0.2	19	77,353	823,534
Female, Disabled												
All Ages	3,771	14.2	43,091	0.5	3	1,239	4.7	13,855	0.2	24	26,567	288,164
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	44
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	50
15-20	4	3.8	48	0.3	5	1	1.0	12	0.1	3	104	892
21-44	814	8.8	9,442	0.5	3	186	2.0	2,120	0.2	20	9,239	99,130
45-64	2,650	17.1	30,247	0.5	3	885	5.7	9,871	0.2	24	15,484	169,670
65-74	281	17.4	3,111	0.4	3	161	9.9	1,802	0.3	30	1,619	17,293
75-84	9	11.5	96	0.4	1	5	6.4	41	0.1	13	78	787
85 and older	13	39.4	147	0.6	5	1	3.0	9	0.2	19	33	298
Female, Other Eligibles												
All Ages	17,390	34.2	184,603	0.5	3	1,905	3.8	21,572	0.2	15	50,786	535,370
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	117
21-44	19	5.1	177	0.2	3	14	3.8	109	0.4	50	372	2,685
45-64	6	5.3	42	0.2	2	22	19.3	185	0.5	63	114	672
65-74	2,809	17.5	31,193	0.5	3	897	5.6	10,267	0.2	18	16,016	174,331
75-84	6,189	32.4	66,110	0.5	3	690	3.6	7,881	0.1	12	19,120	205,239
85 and older	8,367	55.2	87,081	0.5	3	282	1.9	3,130	0.1	11	15,149	152,323
Male												
All Males	8,655	21.7	94,093	0.5	3	1,534	3.8	17,211	0.2	20	39,863	421,837
Male, Disabled												
All Ages	3,364	15.3	38,420	0.5	4	858	3.9	9,718	0.2	22	22,007	238,910
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
6-14	0	0.0	0	0.0	0	1	12.5	12	0.3	50	8	83
15-20	8	6.2	86	0.4	11	0	0.0	0	0.0	0	130	1,166
21-44	927	9.5	10,833	0.5	4	237	2.4	2,689	0.2	20	9,769	106,258
45-64	2,255	20.2	25,568	0.6	4	557	5.0	6,301	0.2	21	11,152	121,678
65-74	171	18.9	1,908	0.5	3	63	7.0	716	0.3	35	904	9,339
75-84	2	5.9	24	0.2	4	0	0.0	0	0.0	0	34	301
85 and older	1	12.5	1	1.0	4	0	0.0	0	0.0	0	8	66

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	LAXATIVES					ANTIHYPERLIPIDEMIC					Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit			
Male, Other Eligibles													
All Ages	5,291	29.6	55,673	0.5	3	676	3.8	7,493	0.2	17	17,856	182,927	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15	
15-20	1	10.0	3	1.0	9	0	0.0	0	0.0	0	10	93	
21-44	3	3.3	31	0.1	1	14	15.2	131	0.4	51	92	559	
45-64	4	5.8	48	0.3	4	13	18.8	76	0.5	45	69	286	
65-74	1,751	22.0	19,052	0.5	3	378	4.7	4,208	0.2	19	7,958	84,126	
75-84	2,218	32.4	23,519	0.5	3	219	3.2	2,537	0.1	12	6,845	70,432	
85 and older	1,314	45.7	13,020	0.5	3	52	1.8	541	0.1	13	2,878	27,395	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3	

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$17	0.6	13,278	138,176
Age				
0-64	37	1.2	1,347	15,207
65-74	27	0.8	1,768	18,979
75-84	14	0.6	4,267	44,654
85 and older	11	0.5	5,896	59,336
Unknown	0	0.0	0	0
Gender				
Female	16	0.6	9,926	103,262
Male	20	0.7	3,352	34,914
Unknown	0	0.0	0	0
Race				
White	17	0.7	9,358	95,949
African American	17	0.5	3,727	40,137
Other/unknown	12	0.4	193	2,090
Basis of Eligibility^c				
Aged	14	0.6	11,781	121,312
Disabled	40	1.2	1,497	16,864
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	\$19	\$13	\$1	\$4	\$88	\$241	\$113	\$29	800	\$70,006	355	2.7	3,697
Biologicals	0.1	0.0	0.0	0.1	5	0	0	5	56	0	0	56	46	2,580	42	0.3	483
Antineoplastic Agents	0.2	0.0	0.0	0.2	35	19	0	16	189	761	120	101	134	25,386	74	0.6	722
Endocrine/Metabolic Drugs	0.2	0.1	0.0	0.1	10	8	1	1	46	81	75	11	1,650	76,253	678	5.1	7,442
Cardiovascular Agents	0.4	0.1	0.0	0.2	13	6	4	3	37	72	99	13	3,934	144,134	1,016	7.7	11,153
Respiratory Agents	0.3	0.1	0.0	0.2	12	7	1	4	39	79	39	20	6,123	241,032	1,832	13.8	20,272
Gastrointestinal Agents	0.2	0.1	0.0	0.1	16	12	2	1	80	124	395	14	1,924	154,248	886	6.7	9,785
Genitourinary Agents	0.2	0.1	0.0	0.1	12	7	3	2	61	76	88	30	488	29,667	219	1.6	2,380
CNS Drugs	0.9	0.1	0.0	0.8	13	7	1	5	14	85	71	7	41,870	594,669	4,429	33.4	47,347
Stimulants/Anti-obesity/Anorexia	0.2	0.0	0.0	0.2	2	0	0	2	14	0	0	14	9	126	5	0.0	60
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	26	25	0	0	156	156	0	176	648	101,236	349	2.6	3,950
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	8	2	3	3	27	95	131	11	1,666	44,833	552	4.2	5,917
Neuromuscular Agents	0.8	0.0	0.0	0.7	14	4	1	9	18	135	97	12	7,310	133,679	849	6.4	9,394
Nutritional Products	0.4	0.0	0.0	0.4	6	0	0	5	14	18	22	13	6,119	84,716	1,291	9.7	13,633
Hematological Agents	0.7	0.1	0.0	0.6	27	22	0	4	37	178	20	7	15,180	566,799	1,960	14.8	21,113
Topical Products	0.2	0.1	0.0	0.1	9	5	1	3	51	74	59	30	1,076	55,148	564	4.2	6,111
Miscellaneous Products	0.2	0.1	0.0	0.1	35	25	6	3	141	346	141	25	132	18,596	51	0.4	531
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	25	0	0	0	179	4,414	84	0.6	892
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.	89,288	2,347,522	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

In Virginia, 0.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Users		Among Users			
			As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
HEMATOPOIETIC AGENTS	\$620,308	4,399	33.1	47,054	0.7	\$19	\$13	
LAXATIVES	507,805	12,767	96.2	139,151	0.6	6	4	
ANALGESICS - NonNarcotic	458,780	14,415	108.6	155,546	0.7	4	3	
MULTIVITAMINS	374,955	8,519	64.2	91,418	0.8	5	4	
DERMATOLOGICAL	342,312	11,219	84.5	124,922	0.2	11	3	
ULCER DRUGS	284,386	1,818	13.7	20,088	0.5	29	14	
MINERALS & ELECTROLYTES	262,906	5,264	39.6	56,367	0.7	7	5	
ANTIHISTAMINES	241,031	2,540	19.1	28,273	0.5	18	9	
COUGH/COLD/ALLERGY	227,806	6,103	46.0	67,905	0.3	13	3	
ANTIANKXIETY AGENTS	197,921	3,387	25.5	35,762	0.8	7	6	
Total	3,518,210	70,431	n.a.	766,486	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC AGENTS					LAXATIVES				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	428,605	\$3,518,210	4,399	33.1	47,054	0.7	\$13	12,767	96.2	139,151	0.6	\$4
Female												
All Females	327,312	2,658,029	3,322	33.5	35,542	0.7	13	9,771	98.4	106,370	0.6	4
Female, Disabled												
All Ages	27,990	258,268	213	28.9	2,427	0.7	12	905	122.8	10,424	0.6	4
64 or younger	25,280	227,745	184	27.8	2,089	0.7	9	824	124.3	9,510	0.6	4
65-74	2,470	27,773	25	37.3	290	0.7	26	74	110.4	830	0.5	4
75-84	69	297	1	50.0	12	1.0	1	0	0.0	0	0.0	0
85 and older	171	2,453	3	60.0	36	0.7	40	7	140.0	84	0.8	7
Female, Other Eligibles												
All Ages	299,322	2,399,761	3,109	33.8	33,115	0.7	13	8,866	96.5	95,946	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	34,474	310,575	314	32.3	3,443	0.7	18	995	102.4	11,045	0.6	4
75-84	104,916	861,535	1,076	34.5	11,414	0.7	15	3,077	98.6	33,553	0.5	4
85 and older	159,932	1,227,651	1,719	33.7	18,258	0.7	10	4,794	94.1	51,348	0.6	4
Male												
All Males	101,293	860,181	1,077	32.1	11,512	0.7	15	2,996	89.4	32,781	0.6	4
Male, Disabled												
All Ages	25,450	223,275	182	23.9	2,046	0.7	15	763	100.4	8,723	0.6	4
64 or younger	22,878	192,988	159	23.3	1,799	0.7	11	699	102.3	7,991	0.6	4
65-74	2,538	30,157	21	28.8	244	0.9	50	63	86.3	731	0.6	4
75-84	29	50	1	33.3	2	0.5	1	0	0.0	0	0.0	0
85 and older	5	80	1	100.0	1	1.0	1	1	100.0	1	1.0	4
Male, Other Eligibles												
All Ages	75,843	636,906	895	34.5	9,466	0.7	15	2,233	86.1	24,058	0.6	4
64 or younger	28	269	0	0.0	0	0.0	0	2	200.0	24	0.5	7
65-74	20,143	180,769	208	31.7	2,245	0.7	20	620	94.5	6,805	0.6	4
75-84	33,929	283,369	402	35.2	4,336	0.7	14	967	84.7	10,566	0.6	4
85 and older	21,743	172,499	285	35.9	2,885	0.7	11	644	81.2	6,663	0.6	4
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2006

Beneficiary Characteristics	ANALGESICS - NonNarcotic					MULTIVITAMINS					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 \$
All	14,415	108.6	155,546	0.7	\$3	8,519	64.2	91,418	0.8	\$4	11,219	84.5	124,922	0.2	\$3
Female															
All Females	10,799	108.8	116,493	0.7	3	6,372	64.2	68,308	0.8	4	8,377	84.4	93,262	0.2	3
Female, Disabled															
All Ages	707	95.9	8,131	0.6	3	478	64.9	5,465	0.8	4	761	103.3	8,850	0.3	4
64 or younger	626	94.4	7,220	0.6	3	427	64.4	4,891	0.8	4	689	103.9	8,010	0.3	4
65-74	75	111.9	839	0.6	2	50	74.6	562	0.8	4	63	94.0	732	0.3	3
75-84	2	100.0	24	1.4	4	0	0.0	0	0.0	0	4	200.0	48	0.1	1
85 and older	4	80.0	48	0.7	3	1	20.0	12	1.0	5	5	100.0	60	0.1	1
Female, Other Eligibles															
All Ages	10,092	109.8	108,362	0.7	3	5,894	64.1	62,843	0.8	4	7,616	82.9	84,412	0.2	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,071	110.2	11,890	0.7	3	612	63.0	6,756	0.7	4	859	88.4	9,700	0.3	3
75-84	3,550	113.8	38,565	0.7	3	1,999	64.1	21,626	0.8	4	2,542	81.5	28,510	0.2	3
85 and older	5,471	107.3	57,907	0.7	3	3,283	64.4	34,461	0.8	4	4,215	82.7	46,202	0.2	3
Male															
All Males	3,616	107.9	39,053	0.6	3	2,147	64.1	23,110	0.8	4	2,842	84.8	31,660	0.2	3
Male, Disabled															
All Ages	738	97.1	8,420	0.6	3	474	62.4	5,408	0.8	4	694	91.3	7,995	0.2	3
64 or younger	648	94.9	7,408	0.6	2	424	62.1	4,820	0.8	4	611	89.5	7,082	0.2	3
65-74	85	116.4	983	0.7	3	48	65.8	564	0.8	4	81	111.0	910	0.2	3
75-84	4	133.3	28	0.5	1	2	66.7	24	0.5	1	1	33.3	2	0.5	3
85 and older	1	100.0	1	1.0	2	0	0.0	0	0.0	0	1	100.0	1	1.0	45
Male, Other Eligibles															
All Ages	2,878	111.0	30,633	0.7	3	1,673	64.5	17,702	0.8	4	2,148	82.9	23,665	0.2	3
64 or younger	1	100.0	12	0.6	3	0	0.0	0	0.0	0	3	300.0	36	0.1	1
65-74	740	112.8	8,156	0.6	3	432	65.9	4,719	0.8	4	526	80.2	5,925	0.2	2
75-84	1,250	109.5	13,469	0.7	3	738	64.6	7,921	0.7	4	974	85.3	10,840	0.2	3
85 and older	887	111.9	8,996	0.7	3	503	63.4	5,062	0.8	4	645	81.3	6,864	0.2	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

Beneficiary Characteristics	ULCER DRUGS					MINERALS & ELECTROLYTES					ANTIHISTAMINES				
	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$	Number of Users	Users as %	Number of	Mean	Mean Rx \$
		of All-Year					of All-Year					Benefit Months			
All	1,818	13.7	20,088	0.5	\$14	5,264	39.6	56,367	0.7	\$5	2,540	19.1	28,273	0.5	\$9
Female															
All Females	1,340	13.5	14,796	0.5	14	4,390	44.2	46,973	0.7	5	1,950	19.6	21,766	0.5	9
Female, Disabled															
All Ages	128	17.4	1,485	0.5	20	343	46.5	3,918	0.7	5	241	32.7	2,828	0.5	8
64 or younger	111	16.7	1,286	0.5	19	314	47.4	3,597	0.7	5	217	32.7	2,542	0.5	9
65-74	17	25.4	199	0.5	24	26	38.8	285	0.7	6	22	32.8	262	0.5	7
75-84	0	0.0	0	0.0	0	1	50.0	12	1.2	9	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	40.0	24	0.7	5	2	40.0	24	0.2	1
Female, Other Eligibles															
All Ages	1,212	13.2	13,311	0.5	13	4,047	44.0	43,055	0.7	5	1,709	18.6	18,938	0.5	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	145	14.9	1,625	0.5	16	400	41.2	4,398	0.7	5	223	22.9	2,488	0.5	8
75-84	417	13.4	4,619	0.5	14	1,418	45.4	15,328	0.7	5	634	20.3	7,022	0.5	9
85 and older	650	12.8	7,067	0.5	13	2,229	43.7	23,329	0.7	5	852	16.7	9,428	0.5	9
Male															
All Males	478	14.3	5,292	0.5	15	874	26.1	9,394	0.6	5	590	17.6	6,507	0.5	9
Male, Disabled															
All Ages	130	17.1	1,485	0.5	19	219	28.8	2,512	0.6	4	165	21.7	1,887	0.5	9
64 or younger	112	16.4	1,270	0.5	19	199	29.1	2,280	0.6	4	155	22.7	1,778	0.5	9
65-74	18	24.7	215	0.4	16	20	27.4	232	0.6	4	9	12.3	108	0.8	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	1	1.0	28
Male, Other Eligibles															
All Ages	348	13.4	3,807	0.5	13	655	25.3	6,882	0.6	5	425	16.4	4,620	0.5	9
64 or younger	1	100.0	12	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	97	14.8	1,092	0.5	14	163	24.8	1,791	0.7	5	112	17.1	1,233	0.5	9
75-84	155	13.6	1,720	0.5	13	300	26.3	3,187	0.6	4	191	16.7	2,115	0.4	8
85 and older	95	12.0	983	0.5	14	192	24.2	1,904	0.6	5	122	15.4	1,272	0.5	9
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTI-ANXIETY AGENTS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	6,103	46.0	67,905	0.3	\$3	3,387	25.5	35,762	0.8	\$6	13,278	138,176
Female												
All Females	4,661	47.0	52,038	0.2	3	2,607	26.3	27,464	0.8	6	9,926	103,262
Female, Disabled												
All Ages	338	45.9	3,911	0.2	3	240	32.6	2,726	1.1	9	737	8,338
64 or younger	300	45.2	3,463	0.2	3	216	32.6	2,470	1.1	9	663	7,510
65-74	34	50.7	400	0.2	2	23	34.3	244	0.8	6	67	744
75-84	3	150.0	36	0.2	1	0	0.0	0	0.0	0	2	24
85 and older	1	20.0	12	0.3	1	1	20.0	12	0.1	1	5	60
Female, Other Eligibles												
All Ages	4,323	47.0	48,127	0.2	3	2,367	25.8	24,738	0.8	5	9,189	94,924
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	484	49.8	5,496	0.3	4	303	31.2	3,253	0.9	7	972	10,452
75-84	1,502	48.1	16,862	0.3	3	828	26.5	8,753	0.8	5	3,120	32,835
85 and older	2,337	45.9	25,769	0.2	3	1,236	24.2	12,732	0.7	5	5,097	51,637
Male												
All Males	1,442	43.0	15,867	0.3	4	780	23.3	8,298	0.8	6	3,352	34,914
Male, Disabled												
All Ages	288	37.9	3,329	0.3	4	232	30.5	2,650	1.1	7	760	8,526
64 or younger	250	36.6	2,882	0.3	4	218	31.9	2,489	1.1	8	683	7,685
65-74	38	52.1	447	0.2	2	14	19.2	161	0.9	6	73	814
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	26
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Male, Other Eligibles												
All Ages	1,154	44.5	12,538	0.3	4	548	21.1	5,648	0.7	5	2,592	26,388
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
65-74	279	42.5	3,069	0.3	4	137	20.9	1,515	0.8	6	656	6,969
75-84	510	44.7	5,629	0.3	4	253	22.2	2,606	0.7	5	1,142	11,769
85 and older	365	46.0	3,840	0.3	3	158	19.9	1,527	0.6	4	793	7,638
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 9,149 beneficiaries who were in nursing facilities for part of their enrollment and their 88,097 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^{a,b}
 VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	62,543	53.4	9.5	1,113,632	\$83	\$9,726,829	\$9	46.6	117,218	
Age										
5 and younger	6	66.7	4.1	37	111	995	27	23.5	9	
6-14	9	50.0	2.0	36	81	1,461	41	4.8	18	
15-20	76	29.7	1.9	485	24	6,021	12	2.6	256	
21-44	8,232	42.3	4.6	88,727	52	1,013,951	11	16.8	19,472	
45-64	14,787	55.1	8.4	224,109	86	2,296,617	10	34.5	26,819	
65-74	12,640	47.7	7.4	197,350	68	1,796,586	9	45.7	26,498	
75-84	14,367	55.1	11.2	291,901	89	2,324,223	8	94.4	26,078	
85 and older	12,426	68.8	17.2	310,987	127	2,286,975	7	147.5	18,068	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	38,117	56.1	11.5	781,519	92	6,227,466	8	88.0	67,949	
Disabled	24,181	49.8	6.8	330,579	72	3,481,683	11	26.4	48,574	
Adults	227	35.1	2.2	1,446	25	16,354	11	2.8	647	
Children	10	33.3	1.4	42	20	591	14	2.2	30	
Unknown	8	44.4	2.6	46	41	735	16	2.3	18	
Gender										
Female	43,368	56.1	10.2	792,719	89	6,877,814	9	50.6	77,353	
Male	19,175	48.1	8.1	320,913	71	2,849,015	9	39.0	39,863	
Unknown	0	0.0	0.0	0	0	0	0	0.0	2	
Race										
White	39,641	59.7	11.9	789,982	105	6,983,532	9	50.4	66,423	
African American	19,808	47.1	7.1	297,134	57	2,399,012	8	38.6	42,071	
Other/unknown	3,094	35.5	3.0	26,516	39	344,285	13	42.0	8,724	
Use of Nursing Facilities^d										
Entire year	12,928	97.4	35.6	473,055	255	3,380,640	7	144.0	13,278	
Part year	8,663	94.7	22.7	208,084	164	1,496,279	7	85.1	9,149	
None	40,952	43.2	4.6	432,493	51	4,849,910	11	28.9	94,791	
Maintenance Assistance Status										
Cash	28,734	46.7	5.3	325,892	57	3,523,073	11	31.7	61,516	
Medically needy	131	49.6	10.2	2,686	83	21,846	8	27.4	264	
Poverty related	7,353	36.1	2.7	55,946	33	662,830	12	19.1	20,353	
Other/unknown	26,325	75.0	20.8	729,108	157	5,519,080	8	88.9	35,085	

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.9	\$8	\$9	\$0	\$2	1,245,374
Age						
5 and younger	0.4	12	27	1	0	85
6-14	0.2	10	41	0	0	150
15-20	0.2	3	12	0	1	2,268
21-44	0.4	5	11	0	2	208,632
45-64	0.8	8	10	0	2	292,306
65-74	0.7	6	9	0	1	285,091
75-84	1.1	8	8	0	1	276,760
85 and older	1.7	13	7	0	1	180,082
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.1	9	8	0	1	713,807
Disabled	0.6	7	11	0	2	527,074
Adults	0.4	4	11	0	2	4,096
Children	0.2	2	14	0	0	272
Unknown	0.4	6	16	0	1	125
Gender						
Female	1.0	8	9	0	2	823,534
Male	0.8	7	9	0	2	421,837
Unknown	0.0	0	0	0	0	3
Race						
White	1.1	10	9	0	2	699,739
African American	0.7	5	8	0	1	449,486
Other/unknown	0.3	4	13	0	1	96,149
Use of Nursing Facilities^d						
Entire year	3.4	24	7	0	2	138,176
Part year	2.4	17	7	0	2	88,097
None	0.4	5	11	0	2	1,019,101
Maintenance Assistance Status						
Cash	0.5	5	11	0	2	683,810
Medically needy	1.0	8	8	0	1	2,736
Poverty related	0.3	3	12	0	1	215,905
Other/unknown	2.1	16	8	0	2	342,923

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	94,336	\$103	\$9,726,829	100.0	1,113,632	\$9	100.0
Anorexia or weight loss/gain	1	103	103	0.0	1	103	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	15	74	0.0	8	9	0.0
Cough and cold medications	12,102	70	842,647	8.7	30,380	28	2.7
Vitamins and minerals	6,983	56	392,095	4.0	29,107	13	2.6
Non-prescription drugs	44,340	138	6,122,729	62.9	820,578	7	73.7
Barbiturates	1,318	75	98,354	1.0	15,350	6	1.4
Benzodiazepines	28,142	77	2,158,413	22.2	213,410	10	19.2
Other Part D Excl Rx Drugs	1,445	78	112,414	1.2	4,798	23	0.4

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries: 117,218
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$20,885,616
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$178

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	58,092	49.6	\$0	0.0
1-500	51,254	43.7	5,550,529	26.6
501-1,000	3,940	3.4	2,757,239	13.2
1,001-1,500	1,408	1.2	1,710,595	8.2
1,501-2,000	670	0.6	1,156,222	5.5
2,001-2,500	413	0.4	922,075	4.4
2,501-3,000	288	0.2	792,310	3.8
3,001-3,500	195	0.2	632,276	3.0
3,501-4,000	162	0.1	604,588	2.9
4,001-4,500	110	0.1	466,353	2.2
4,501-5,000	95	0.1	450,362	2.2
5,001-5,500	77	0.1	403,409	1.9
5,501-6,000	67	0.1	383,899	1.8
6,001-6,500	64	0.1	399,175	1.9
6,501-7,000	49	0.0	331,516	1.6
7,001-7,500	29	0.0	210,335	1.0
7,501-8,000	30	0.0	232,253	1.1
8,001-8,500	28	0.0	231,506	1.1
8,501-9,000	24	0.0	209,061	1.0
9,001-9,500	19	0.0	175,513	0.8
9,501-10,000	17	0.0	165,793	0.8
10,001+	187	0.2	3,100,607	14.8

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 45,898
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$12,302,652
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$268

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	20,964	45.7	\$0	0.0	
1-500	20,454	44.6	2,361,381	19.2	
501-1,000	2,007	4.4	1,421,266	11.6	
1,001-1,500	802	1.7	977,627	7.9	
1,501-2,000	410	0.9	706,636	5.7	
2,001-2,500	278	0.6	617,812	5.0	
2,501-3,000	198	0.4	545,058	4.4	
3,001-3,500	126	0.3	406,540	3.3	
3,501-4,000	108	0.2	403,465	3.3	
4,001-4,500	83	0.2	351,091	2.9	
4,501-5,000	62	0.1	294,146	2.4	
5,001-5,500	54	0.1	282,662	2.3	
5,501-6,000	40	0.1	228,895	1.9	
6,001-6,500	45	0.1	281,275	2.3	
6,501-7,000	27	0.1	182,946	1.5	
7,001-7,500	21	0.0	152,621	1.2	
7,501-8,000	16	0.0	123,333	1.0	
8,001-8,500	15	0.0	123,903	1.0	
8,501-9,000	21	0.0	182,801	1.5	
9,001-9,500	17	0.0	157,340	1.3	
9,501-10,000	11	0.0	107,316	0.9	
10,001+	139	0.3	2,394,538	19.5	

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65+: 70,644
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$7,942,228
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$112

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	36,823	52.1	\$0	0.0
1-500	30,612	43.3	3,163,175	39.8
501-1,000	1,883	2.7	1,299,444	16.4
1,001-1,500	587	0.8	709,788	8.9
1,501-2,000	237	0.3	409,354	5.2
2,001-2,500	126	0.2	284,827	3.6
2,501-3,000	78	0.1	214,954	2.7
3,001-3,500	59	0.1	192,995	2.4
3,501-4,000	45	0.1	167,417	2.1
4,001-4,500	25	0.0	106,520	1.3
4,501-5,000	24	0.0	114,175	1.4
5,001-5,500	19	0.0	99,427	1.3
5,501-6,000	22	0.0	126,463	1.6
6,001-6,500	14	0.0	86,811	1.1
6,501-7,000	19	0.0	128,353	1.6
7,001-7,500	7	0.0	50,534	0.6
7,501-8,000	8	0.0	62,427	0.8
8,001-8,500	11	0.0	90,874	1.1
8,501-9,000	3	0.0	26,260	0.3
9,001-9,500	2	0.0	18,173	0.2
9,501-10,000	4	0.0	38,878	0.5
10,001+	36	0.1	551,379	6.9

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 65-74: 26,498
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$3,929,735
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$148

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,947	52.6	\$0	0.0
1-500	11,031	41.6	1,228,001	31.2
501-1,000	782	3.0	543,345	13.8
1,001-1,500	260	1.0	314,297	8.0
1,501-2,000	142	0.5	245,730	6.3
2,001-2,500	76	0.3	169,743	4.3
2,501-3,000	51	0.2	140,937	3.6
3,001-3,500	36	0.1	117,898	3.0
3,501-4,000	31	0.1	115,565	2.9
4,001-4,500	19	0.1	81,164	2.1
4,501-5,000	19	0.1	90,601	2.3
5,001-5,500	15	0.1	78,915	2.0
5,501-6,000	15	0.1	86,026	2.2
6,001-6,500	10	0.0	62,068	1.6
6,501-7,000	14	0.1	94,861	2.4
7,001-7,500	6	0.0	43,239	1.1
7,501-8,000	7	0.0	54,636	1.4
8,001-8,500	6	0.0	49,791	1.3
8,501-9,000	3	0.0	26,260	0.7
9,001-9,500	2	0.0	18,173	0.5
9,501-10,000	3	0.0	28,927	0.7
10,001+	23	0.1	339,558	8.6

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 75-84: 26,078
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,461,666
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$94

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	13,666	52.4	\$0	0.0
1-500	11,367	43.6	1,155,489	46.9
501-1,000	686	2.6	469,189	19.1
1,001-1,500	193	0.7	235,260	9.6
1,501-2,000	59	0.2	101,659	4.1
2,001-2,500	37	0.1	85,129	3.5
2,501-3,000	13	0.0	35,958	1.5
3,001-3,500	12	0.0	39,829	1.6
3,501-4,000	10	0.0	36,735	1.5
4,001-4,500	5	0.0	21,120	0.9
4,501-5,000	2	0.0	9,696	0.4
5,001-5,500	1	0.0	5,019	0.2
5,501-6,000	6	0.0	34,639	1.4
6,001-6,500	2	0.0	12,058	0.5
6,501-7,000	5	0.0	33,492	1.4
7,001-7,500	1	0.0	7,295	0.3
7,501-8,000	1	0.0	7,791	0.3
8,001-8,500	3	0.0	24,625	1.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	9	0.0	146,683	6.0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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

Total Number of Dual Eligible Beneficiaries, Age 85+: 18,068
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,550,827
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$85

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,210	51.0	\$0	0.0
1-500	8,214	45.5	779,685	50.3
501-1,000	415	2.3	286,910	18.5
1,001-1,500	134	0.7	160,231	10.3
1,501-2,000	36	0.2	61,965	4.0
2,001-2,500	13	0.1	29,955	1.9
2,501-3,000	14	0.1	38,059	2.5
3,001-3,500	11	0.1	35,268	2.3
3,501-4,000	4	0.0	15,117	1.0
4,001-4,500	1	0.0	4,236	0.3
4,501-5,000	3	0.0	13,878	0.9
5,001-5,500	3	0.0	15,493	1.0
5,501-6,000	1	0.0	5,798	0.4
6,001-6,500	2	0.0	12,685	0.8
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	2	0.0	16,458	1.1
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,951	0.6
10,001+	4	0.0	65,138	4.2

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	118,237	68,025	49,337	826	31	18	1,276,390	717,462	551,469	7,031	303	125
Age												
5 and younger	11	0	7	0	4	0	114	0	77	0	37	0
6-14	18	0	14	0	4	0	167	0	150	0	17	0
15-20	281	0	258	3	20	0	3,107	0	2,875	14	218	0
21-44	20,039	1	19,440	594	3	1	223,562	12	218,082	5,433	31	4
45-64	27,104	6	26,881	206	0	11	301,532	51	299,926	1,467	0	88
65-74	26,613	24,000	2,584	23	0	6	290,101	261,044	28,907	117	0	33
75-84	26,099	25,987	112	0	0	0	277,573	276,485	1,088	0	0	0
85 and older	18,072	18,031	41	0	0	0	180,234	179,870	364	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,981	50,325	26,993	631	14	18	842,818	534,304	302,615	5,641	133	125
Male	40,254	17,698	22,344	195	17	0	433,569	183,155	248,854	1,390	170	0
Unknown	2	2	0	0	0	0	3	3	0	0	0	0
Race												
White	66,818	37,026	29,328	439	14	11	712,039	380,561	327,552	3,703	134	89
African American	42,632	23,354	18,915	342	15	6	465,899	250,896	211,839	2,981	154	29
Other/unknown	8,787	7,645	1,094	45	2	1	98,452	86,005	12,078	347	15	7
Use of Nursing Facilities^c												
Entire year	13,278	11,781	1,497	0	0	0	138,176	121,312	16,864	0	0	0
Part year	9,150	8,044	1,106	0	0	0	88,202	76,692	11,510	0	0	0
None	95,809	48,200	46,734	826	31	18	1,050,012	519,458	523,095	7,031	303	125
Maintenance Assistance Status												
Cash	62,352	32,229	30,066	57	0	0	708,417	366,276	341,631	510	0	0
Medically needy	264	137	127	0	0	0	2,839	1,512	1,327	0	0	0
Poverty related	20,358	10,035	10,176	118	11	18	218,841	107,953	109,662	1,011	90	125
Other/unknown	35,263	25,624	8,968	651	20	0	346,293	241,721	98,849	5,510	213	0
Dual Status^d												
Full dual, all year	112,825	65,042	46,936	798	31	18	1,217,287	685,256	524,874	6,729	303	125
Full dual, part year	5,412	2,983	2,401	28	0	0	59,103	32,206	26,595	302	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	113,319	67,230	45,628	416	27	18	1,222,093	708,982	509,700	3,027	259	125
FFS part year, with Rx claims	1,680	277	1,286	114	3	0	18,742	2,945	14,573	1,192	32	0
FFS part year, no Rx claims	2,219	442	1,660	117	0	0	24,873	4,780	18,810	1,283	0	0
MC all year, with Rx claims	8	3	2	3	0	0	91	36	24	31	0	0
MC all year, no Rx claims	1,011	73	761	176	1	0	10,591	719	8,362	1,498	12	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

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

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

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	118,237	1,276,390	117,218	1,245,374	0	31,016
Fee-for-service (FFS) all year	113,319	1,222,093	113,319	1,222,093	0	0
FFS part year, with Rx claims	1,680	18,742	1,680	11,382	0	7,360
FFS part year, with no Rx claims	2,219	24,873	2,219	11,899	0	12,974
Managed care (MC) all year, with Rx claims	8	91	0	0	0	91
MC all year, with no Rx claims	1,011	10,591	0	0	0	10,591

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

Dual Medicaid Beneficiaries