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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
CALIFORNIA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	980,082	557,306	412,903	9,362	67	444	10,625,315	5,967,801	4,586,356	66,492	499	4,167
Age												
5 and younger	15	0	13	0	2	0	160	0	136	0	24	0
6-14	39	0	33	0	6	0	349	0	324	0	25	0
15-20	719	0	665	5	49	0	7,855	0	7,437	30	388	0
21-44	89,570	0	85,779	3,767	10	14	968,683	0	941,970	26,520	62	131
45-64	189,126	9	184,554	4,375	0	188	2,033,872	97	2,000,322	31,532	0	1,921
65-74	320,780	221,742	97,774	1,022	0	242	3,476,806	2,336,582	1,131,166	6,943	0	2,115
75-84	260,750	223,738	36,835	177	0	0	2,888,657	2,462,779	424,543	1,335	0	0
85 and older	119,083	111,817	7,250	16	0	0	1,248,933	1,168,343	80,458	132	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	574,405	350,132	219,419	4,378	32	444	6,272,765	3,774,678	2,462,492	31,193	235	4,167
Male	405,677	207,174	193,484	4,984	35	0	4,352,550	2,193,123	2,123,864	35,299	264	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	372,759	175,375	193,662	3,508	25	189	3,994,518	1,815,492	2,149,308	27,759	212	1,747
African American	91,293	32,333	57,598	1,300	12	50	973,155	333,251	631,422	7,925	83	474
Other/unknown	516,030	349,598	161,643	4,554	30	205	5,657,642	3,819,058	1,805,626	30,808	204	1,946
Use of Nursing Facilities^c												
Entire year	51,613	43,771	7,834	8	0	0	523,950	440,039	83,863	48	0	0
Part year	43,623	31,322	12,250	47	0	4	432,334	300,659	131,222	416	0	37
None	884,846	482,213	392,819	9,307	67	440	9,669,031	5,227,103	4,371,271	66,028	499	4,130
Maintenance Assistance Status												
Cash	653,742	332,767	312,855	8,109	11	0	7,421,822	3,772,746	3,590,583	58,423	70	0
Medically needy	136,776	110,374	25,814	558	30	0	1,294,042	1,051,205	239,800	2,885	152	0
Poverty-related	154,573	98,629	55,416	81	3	444	1,549,551	983,644	561,255	459	26	4,167
Other/unknown	34,991	15,536	18,818	614	23	0	359,900	160,206	194,718	4,725	251	0
Dual Medicare Status^d												
Full dual, all year	965,086	546,569	408,774	9,234	66	443	10,484,467	5,866,309	4,547,897	65,619	487	4,155
Full dual, part year	14,996	10,737	4,129	128	1	1	140,848	101,492	38,459	873	12	12
Managed Care (MC) Status												
Fee-for-service (FFS) all year	952,689	544,516	402,189	5,504	42	438	10,484,418	5,899,922	4,528,686	51,296	389	4,125
FFS part year, with Rx claims	10,093	4,274	4,475	1,327	15	2	61,797	27,435	27,818	6,463	69	12
FFS part year, no Rx claims	17,300	8,516	6,239	2,531	10	4	79,100	40,444	29,852	8,733	41	30

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	31.9	2.4	\$143	\$59	\$8,937	1.6	980,082
Age							
5 and younger	73.3	14.8	818	55	28,167	2.9	15
6-14	53.8	8.4	1,019	122	15,081	6.8	39
15-20	56.9	9.1	3,182	350	17,453	18.2	719
21-44	31.2	3.1	289	94	10,295	2.8	89,570
45-64	35.6	3.4	216	63	9,590	2.3	189,126
65-74	31.5	2.5	155	61	5,282	2.9	320,780
75-84	30.6	1.7	63	37	8,921	0.7	260,750
85 and older	30.0	1.5	43	28	16,704	0.3	119,083
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	28.7	1.7	77	46	8,567	0.9	557,306
Disabled	36.2	3.4	229	68	9,575	2.4	412,903
Adults	30.8	3.3	311	95	3,029	10.3	9,362
Children	43.3	7.3	1,174	160	10,245	11.5	67
Unknown	45.5	7.9	938	119	4,529	20.7	444
Gender							
Female	33.7	2.5	137	55	9,443	1.5	574,405
Male	29.4	2.3	152	67	8,221	1.9	405,677
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	31.8	2.9	163	57	11,825	1.4	372,759
African American	29.1	2.4	173	71	10,793	1.6	91,293
Other/unknown	32.4	2.1	124	59	6,523	1.9	516,030
Use of Nursing Facilities^f							
Entire year	40.0	3.5	129	37	45,670	0.3	51,613
Part year	46.7	3.4	142	42	24,546	0.6	43,623
None	30.7	2.3	144	63	6,025	2.4	884,846
Maintenance Assistance Status							
Cash	33.6	2.5	144	59	7,111	2.0	653,742
Medically needy	34.1	3.3	198	61	23,045	0.9	136,776
Poverty related	23.8	1.6	101	63	4,422	2.3	154,573
Other/unknown	27.3	2.0	116	56	7,853	1.5	34,991

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, CALIFORNIA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.2	\$13	1.6	68.1	28.4	1.8	1.3	0.3	0.0	\$824	980,082	10,625,315
Age												
5 and younger	1.4	77	2.9	26.7	26.7	13.3	6.7	0.0	2,641	15	160	
6-14	0.9	114	6.8	46.2	30.8	7.7	7.7	2.6	5.1	1,685	39	349
15-20	0.8	291	18.2	43.1	39.2	6.8	8.2	1.9	0.7	1,598	719	7,855
21-44	0.3	27	2.8	68.8	26.1	2.5	2.0	0.5	0.1	952	89,570	968,683
45-64	0.3	20	2.3	64.4	30.3	2.9	1.9	0.5	0.1	892	189,126	2,033,872
65-74	0.2	14	2.9	68.5	27.7	1.8	1.5	0.4	0.1	487	320,780	3,476,806
75-84	0.2	6	0.7	69.4	28.9	1.1	0.5	0.1	0.0	805	260,750	2,888,657
85 and older	0.1	4	0.3	70.0	28.3	1.1	0.4	0.1	0.0	1,593	119,083	1,248,933
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	0.2	7	0.9	71.3	26.5	1.2	0.7	0.2	0.0	800	557,306	5,967,801
Disabled	0.3	21	2.4	63.8	31.2	2.6	1.9	0.5	0.1	862	412,903	4,586,356
Adults	0.5	44	10.3	69.2	22.1	3.3	3.9	1.2	0.1	426	9,362	66,492
Children	1.0	158	11.5	56.7	19.4	6.0	13.4	3.0	1.5	1,376	67	499
Unknown	0.8	100	20.7	54.5	25.9	7.7	10.4	1.6	0.0	483	444	4,167
Gender												
Female	0.2	13	1.5	66.3	30.2	1.8	1.3	0.3	0.1	865	574,405	6,272,765
Male	0.2	14	1.9	70.6	26.0	1.8	1.2	0.3	0.0	766	405,677	4,352,550
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	15	1.4	68.2	27.7	2.2	1.4	0.5	0.1	1,104	372,759	3,994,518
African American	0.2	16	1.6	70.9	25.4	1.9	1.4	0.4	0.1	1,013	91,293	973,155
Other/unknown	0.2	11	1.9	67.6	29.5	1.5	1.1	0.2	0.0	595	516,030	5,657,642
Use of Nursing Facilities^f												
Entire year	0.3	13	0.3	60.0	34.4	3.3	1.5	0.6	0.2	4,499	51,613	523,950
Part year	0.3	14	0.6	53.3	42.0	2.6	1.4	0.7	0.1	2,477	43,623	432,334
None	0.2	13	2.4	69.3	27.4	1.7	1.2	0.3	0.0	551	884,846	9,669,031
Maintenance Assistance Status												
Cash	0.2	13	2.0	66.4	30.4	1.6	1.1	0.3	0.0	626	653,742	7,421,822
Medically needy	0.3	21	0.9	65.9	27.9	3.1	2.3	0.6	0.1	2,436	136,776	1,294,042
Poverty related	0.2	10	2.3	76.2	21.4	1.4	0.9	0.2	0.0	441	154,573	1,549,551
Other/unknown	0.2	11	1.5	72.7	24.5	1.6	1.1	0.2	0.0	764	34,991	359,900

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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 CHARACTERISTICS^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2007

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	0.2	\$13	\$59	0.0	\$8	\$192	0.0	\$1	\$127	0.2	\$4	\$23
Age												
5 and younger	1.4	77	55	0.3	55	201	0.1	2	39	1.0	18	18
6-14	0.9	114	122	0.3	80	301	0.1	4	41	0.6	30	52
15-20	0.8	291	350	0.3	266	801	0.1	7	116	0.4	17	40
21-44	0.3	27	94	0.1	19	290	0.0	2	153	0.2	6	29
45-64	0.3	20	63	0.1	12	218	0.0	2	134	0.3	7	26
65-74	0.2	14	61	0.1	9	160	0.0	2	122	0.2	4	24
75-84	0.2	6	37	0.0	3	138	0.0	1	109	0.1	3	19
85 and older	0.1	4	28	0.0	2	114	0.0	0	98	0.1	2	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	7	46	0.0	4	144	0.0	1	114	0.1	3	20
Disabled	0.3	21	68	0.1	13	220	0.0	2	134	0.2	6	25
Adults	0.5	44	95	0.1	29	240	0.0	5	142	0.3	10	32
Children	1.0	158	160	0.4	125	331	0.1	14	99	0.5	19	41
Unknown	0.8	100	119	0.3	74	230	0.1	12	136	0.4	14	33
Gender												
Female	0.2	13	55	0.0	7	173	0.0	1	124	0.2	4	23
Male	0.2	14	67	0.0	9	220	0.0	1	132	0.2	4	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	15	57	0.0	9	183	0.0	2	129	0.2	5	24
African American	0.2	16	71	0.0	11	274	0.0	1	134	0.2	4	24
Other/unknown	0.2	11	59	0.0	7	186	0.0	1	124	0.1	3	23
Use of Nursing Facilities^e												
Entire year	0.3	13	37	0.0	6	133	0.0	1	92	0.3	6	20
Part year	0.3	14	42	0.0	7	154	0.0	1	109	0.3	6	21
None	0.2	13	63	0.0	8	198	0.0	1	129	0.2	4	24
Maintenance Assistance Status												
Cash	0.2	13	59	0.0	7	200	0.0	1	128	0.2	4	23
Medically needy	0.3	21	61	0.1	13	158	0.0	2	116	0.2	5	22
Poverty related	0.2	10	63	0.0	6	227	0.0	1	141	0.1	3	25
Other/unknown	0.2	11	56	0.0	6	204	0.0	1	137	0.2	4	25

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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, CALIFORNIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	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	As a Percentage of Dual Benes	Number of Benefit Months			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$36	\$27	\$4	\$4	\$147	\$405	\$122	\$29	59,406	\$8,712,215	22,773	2.3	244,637
Biologicals	0.1	0.1	0.0	0.0	48	48	0	0	392	392	0	0	506	198,587	422	0.0	4,096
Antineoplastic Agents	0.3	0.1	0.0	0.2	143	126	1	17	472	972	329	99	5,283	2,492,637	1,706	0.2	17,383
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	44	35	2	8	89	156	86	32	121,167	10,842,184	23,295	2.4	244,041
Cardiovascular Agents	0.7	0.2	0.1	0.4	57	31	16	10	76	129	111	27	293,806	22,329,196	37,786	3.9	391,891
Respiratory Agents	0.2	0.0	0.0	0.2	7	3	0	4	35	125	107	22	309,645	10,861,792	125,136	12.8	1,453,920
Gastrointestinal Agents	0.3	0.1	0.0	0.2	31	28	1	2	106	199	261	16	112,207	11,848,370	33,978	3.5	379,395
Genitourinary Agents	0.3	0.2	0.0	0.1	29	24	2	3	98	114	133	41	18,090	1,767,162	5,761	0.6	61,830
CNS Drugs	0.5	0.1	0.0	0.4	25	13	2	10	49	216	136	22	737,806	36,089,226	128,758	13.1	1,443,372
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	71	65	1	5	194	226	154	67	2,125	412,671	505	0.1	5,777
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	76	76	0	0	222	222	149	101	7,450	1,655,325	2,132	0.2	21,645
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	21	7	4	10	57	338	361	30	110,456	6,311,918	27,987	2.9	299,233
Neuromuscular Agents	0.5	0.0	0.0	0.5	24	9	1	14	47	212	138	31	247,786	11,706,892	43,868	4.5	495,340
Nutritional Products	0.2	0.0	0.0	0.2	6	2	0	4	26	44	27	22	14,274	373,956	5,732	0.6	62,333
Hematological Agents	0.4	0.0	0.0	0.4	13	8	0	5	34	533	41	14	256,749	8,844,469	59,211	6.0	668,339
Topical Products	0.3	0.1	0.0	0.1	17	13	0	4	60	100	80	24	49,924	2,998,504	16,123	1.6	177,796
Miscellaneous Products	0.2	0.1	0.0	0.1	26	23	1	2	143	391	312	21	17,641	2,529,130	8,761	0.9	97,081
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	94	0	0	0	6,193	580,963	3,178	0.3	36,395
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,370,514	140,555,197	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 California, 2.7 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 2007. 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, CALIFORNIA, 2007

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
DIAGNOSTIC PRODUCTS	\$38,589,448	99,894	10.2	1,146,919	0.3	\$100	\$34
DIETARY PRODUCTS	17,725,636	10,906	1.1	120,899	0.6	261	147
ANTIPSYCHOTICS	14,215,473	10,456	1.1	111,694	0.4	298	127
ANTICONVULSANT	10,861,508	43,028	4.4	487,472	0.5	47	22
ANTIHYPERTENSIVE	9,876,155	22,483	2.3	245,582	0.3	132	40
ANTI-ANXIETY AGENTS	9,655,612	79,647	8.1	896,939	0.4	26	11
ULCER DRUGS	9,214,252	32,977	3.4	371,975	0.2	101	25
ANALGESICS - NonNarcotic	9,101,775	282,135	28.8	3,300,659	0.3	9	3
COUGH/COLD/ALLERGY	7,268,123	212,270	21.7	2,488,845	0.2	18	3
ANTIDIABETIC	6,898,581	21,763	2.2	228,959	0.3	91	30
Total	133,406,563	815,559	n.a.	9,399,943	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		DIAGNOSTIC PRODUCTS					DIETARY PRODUCTS				
	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	2,719,268	\$133,406,563	99,894	10.2	1,146,919	0.3	\$34	10,906	1.1	120,899	0.6	\$147
Female												
All Females	1,666,048	77,151,932	61,477	10.7	708,801	0.3	34	5,851	1.0	65,168	0.6	138
Female, Disabled												
All Ages	798,148	41,980,285	26,141	11.9	304,999	0.3	35	2,769	1.3	31,147	0.6	137
5 and younger	17	2,467	0	0.0	0	0.0	0	3	50.0	34	0.3	71
6-14	26	2,143	0	0.0	0	0.0	0	2	12.5	24	0.3	41
15-20	1,225	195,823	7	2.4	84	0.3	40	11	3.8	125	0.4	105
21-44	75,654	5,959,865	1,458	4.3	16,830	0.3	33	299	0.9	3,414	0.5	152
45-64	281,793	15,716,522	9,210	10.2	106,169	0.3	33	1,099	1.2	12,358	0.5	133
65-74	311,607	15,690,389	10,783	17.2	127,201	0.4	37	739	1.2	8,298	0.6	147
75-84	110,276	3,697,249	4,078	15.3	47,751	0.4	36	436	1.6	4,867	0.6	126
85 and older	17,550	715,827	605	10.0	6,964	0.4	36	180	3.0	2,027	0.6	130
Female, Other Eligibles												
All Ages	867,900	35,171,647	35,336	10.0	403,802	0.3	33	3,082	0.9	34,021	0.6	139
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	109	27,160	0	0.0	0	0.0	0	1	3.7	12	0.3	64
21-44	3,589	332,457	85	3.8	814	0.4	44	17	0.8	166	0.4	125
45-64	3,644	295,871	119	6.3	1,134	0.3	30	15	0.8	136	0.6	144
65-74	312,078	13,914,758	13,888	10.7	158,474	0.3	31	590	0.5	6,444	0.5	139
75-84	377,543	13,827,437	14,959	10.7	173,098	0.3	33	1,221	0.9	13,621	0.6	138
85 and older	170,937	6,773,964	6,285	7.8	70,282	0.4	36	1,238	1.5	13,642	0.6	140
Male												
All Males	1,053,220	56,254,631	38,417	9.5	438,118	0.3	34	5,055	1.2	55,731	0.6	157
Male, Disabled												
All Ages	557,660	36,049,921	17,532	9.1	202,104	0.3	35	3,070	1.6	34,344	0.6	164
5 and younger	39	5,063	0	0.0	0	0.0	0	4	57.1	30	0.8	138
6-14	35	7,747	0	0.0	0	0.0	0	2	11.8	24	0.7	246
15-20	1,558	308,922	6	1.6	71	0.6	73	13	3.4	154	0.5	199
21-44	104,376	10,389,553	1,875	3.6	21,628	0.3	36	637	1.2	7,257	0.5	160
45-64	251,508	15,834,043	8,892	9.4	101,352	0.3	34	1,670	1.8	18,645	0.6	165
65-74	154,722	7,925,417	5,234	14.9	61,358	0.4	36	539	1.5	5,993	0.6	162
75-84	41,611	1,399,109	1,410	13.9	16,383	0.4	38	168	1.7	1,859	0.6	154
85 and older	3,811	180,067	115	9.4	1,312	0.4	37	37	3.0	382	0.6	229
Male, Other Eligibles												
All Ages	495,560	20,204,710	20,885	9.8	236,014	0.3	32	1,985	0.9	21,387	0.6	146
5 and younger	12	797	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	60	7,956	1	3.7	12	1.9	226	0	0.0	0	0.0	0
21-44	2,260	220,783	82	5.3	788	0.3	39	9	0.6	90	0.4	70
45-64	4,870	414,970	255	9.5	2,352	0.3	35	36	1.3	334	0.6	153
65-74	195,273	8,520,537	9,337	10.1	105,005	0.3	31	541	0.6	5,798	0.5	135
75-84	218,369	8,198,382	8,638	10.3	99,036	0.3	33	891	1.1	9,718	0.6	144
85 and older	74,716	2,841,285	2,572	8.3	28,821	0.4	33	508	1.6	5,447	0.6	161
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					ANTIHYPERTENSIVE				
	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	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	10,456	1.1	111,694	0.4	\$127	43,028	4.4	487,472	0.5	\$22	22,483	2.3	245,582	0.3	\$40
Female															
All Females	5,082	0.9	54,170	0.4	112	25,582	4.5	290,914	0.5	20	13,100	2.3	143,884	0.3	40
Female, Disabled															
All Ages	3,984	1.8	44,077	0.4	123	17,678	8.1	202,596	0.5	24	6,328	2.9	72,387	0.3	40
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	3	18.8	36	0.1	19	1	6.3	12	0.1	7
15-20	65	22.6	753	0.6	129	61	21.2	723	0.5	84	2	0.7	24	0.2	12
21-44	1,456	4.3	15,879	0.4	126	3,934	11.7	44,255	0.5	34	359	1.1	3,914	0.3	35
45-64	1,598	1.8	17,229	0.4	118	8,689	9.6	98,956	0.5	22	2,595	2.9	28,636	0.3	37
65-74	857	1.4	10,139	0.4	127	3,883	6.2	45,698	0.4	20	3,273	5.2	38,683	0.3	43
75-84	7	0.0	73	0.5	84	964	3.6	11,278	0.4	9	90	0.3	1,034	0.3	35
85 and older	1	0.0	4	0.3	10	144	2.4	1,650	0.4	9	8	0.1	84	0.3	28
Female, Other Eligibles															
All Ages	1,098	0.3	10,093	0.3	62	7,904	2.2	88,318	0.4	12	6,772	1.9	71,497	0.3	41
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	7	25.9	66	0.5	138	8	29.6	96	0.5	142	0	0.0	0	0.0	0
21-44	86	3.8	821	0.3	80	269	12.0	2,529	0.4	46	33	1.5	298	0.3	37
45-64	41	2.2	378	0.3	83	156	8.3	1,481	0.4	33	99	5.3	841	0.4	48
65-74	432	0.3	4,361	0.3	75	3,052	2.3	34,138	0.4	13	4,625	3.6	48,424	0.3	40
75-84	293	0.2	2,606	0.3	51	3,091	2.2	35,433	0.4	9	1,721	1.2	18,951	0.3	42
85 and older	239	0.3	1,861	0.3	34	1,328	1.6	14,641	0.4	8	294	0.4	2,983	0.3	36
Male															
All Males	5,374	1.3	57,524	0.5	142	17,446	4.3	196,558	0.5	25	9,383	2.3	101,698	0.3	40
Male, Disabled															
All Ages	4,664	2.4	51,263	0.5	151	13,660	7.1	155,144	0.5	29	5,123	2.6	57,675	0.3	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5.9	12	0.5	42
15-20	113	30.0	1,324	0.5	131	82	21.8	946	0.5	82	7	1.9	80	0.3	33
21-44	2,595	5.0	28,696	0.5	157	4,707	9.0	53,211	0.5	38	749	1.4	8,311	0.3	37
45-64	1,547	1.6	16,388	0.4	145	6,842	7.2	77,181	0.6	24	2,507	2.7	27,309	0.3	38
65-74	408	1.2	4,843	0.5	141	1,678	4.8	19,681	0.5	22	1,802	5.1	21,288	0.3	44
75-84	1	0.0	12	0.1	51	327	3.2	3,855	0.4	9	56	0.6	663	0.3	32
85 and older	0	0.0	0	0.0	0	24	2.0	270	0.4	7	1	0.1	12	0.5	32
Male, Other Eligibles															
All Ages	710	0.3	6,261	0.3	73	3,786	1.8	41,414	0.4	14	4,260	2.0	44,023	0.3	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	3.7	12	0.1	37	3	11.1	27	0.3	42	0	0.0	0	0.0	0
21-44	46	3.0	407	0.4	109	110	7.1	1,060	0.4	49	62	4.0	534	0.3	36
45-64	43	1.6	401	0.3	89	146	5.4	1,386	0.4	30	171	6.3	1,553	0.3	43
65-74	313	0.3	2,945	0.3	73	1,637	1.8	17,853	0.4	14	2,662	2.9	27,215	0.3	40
75-84	205	0.2	1,784	0.4	73	1,452	1.7	16,366	0.4	11	1,173	1.4	12,827	0.3	41
85 and older	102	0.3	712	0.3	38	438	1.4	4,722	0.4	9	191	0.6	1,882	0.3	39
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					ULCER DRUGS					ANALGESICS - NonNarcotic				
	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	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	79,647	8.1	896,939	0.4	\$11	32,977	3.4	371,975	0.2	\$25	282,135	28.8	3,300,659	0.3	\$3
Female															
All Females	52,442	9.1	592,905	0.4	11	22,199	3.9	252,210	0.2	24	173,293	30.2	2,032,828	0.3	3
Female, Disabled															
All Ages	25,917	11.8	299,507	0.4	12	11,010	5.0	127,299	0.3	27	64,010	29.2	755,169	0.3	3
5 and younger	0	0.0	0	0.0	0	1	16.7	12	0.1	2	2	33.3	22	0.3	2
6-14	2	12.5	24	0.1	1	1	6.3	12	0.2	24	3	18.8	36	0.3	2
15-20	22	7.6	258	0.3	12	38	13.2	446	0.3	35	24	8.3	288	0.2	1
21-44	4,016	11.9	45,993	0.4	12	1,026	3.0	11,560	0.2	25	2,111	6.3	24,537	0.2	2
45-64	11,953	13.3	137,468	0.5	13	3,988	4.4	44,806	0.3	28	14,856	16.5	173,188	0.3	3
65-74	6,784	10.8	79,439	0.4	11	4,987	8.0	59,022	0.3	31	31,393	50.1	372,649	0.3	3
75-84	2,570	9.6	29,928	0.4	10	850	3.2	10,075	0.2	4	13,632	51.1	161,341	0.3	3
85 and older	570	9.5	6,397	0.4	9	119	2.0	1,366	0.3	4	1,989	33.0	23,108	0.3	3
Female, Other Eligibles															
All Ages	26,525	7.5	293,398	0.4	9	11,189	3.2	124,911	0.2	20	109,283	30.8	1,277,659	0.3	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	6	22.2	64	0.4	56	0	0.0	0	0.0	0
21-44	216	9.6	2,128	0.4	12	120	5.3	1,135	0.2	35	94	4.2	853	0.2	4
45-64	192	10.2	1,856	0.4	13	125	6.7	1,219	0.3	41	141	7.5	1,338	0.3	3
65-74	7,789	6.0	87,890	0.4	9	5,603	4.3	61,676	0.2	25	40,762	31.3	472,537	0.3	2
75-84	10,481	7.5	118,003	0.4	9	4,010	2.9	46,113	0.2	16	49,248	35.2	581,028	0.3	3
85 and older	7,847	9.7	83,521	0.4	9	1,325	1.6	14,704	0.2	10	19,038	23.6	221,903	0.3	3
Male															
All Males	27,205	6.7	304,034	0.4	11	10,778	2.7	119,765	0.3	28	108,842	26.8	1,267,831	0.3	3
Male, Disabled															
All Ages	16,459	8.5	187,768	0.4	13	5,769	3.0	65,180	0.3	32	40,860	21.1	478,132	0.3	3
5 and younger	0	0.0	0	0.0	0	3	42.9	27	0.2	27	1	14.3	12	0.2	1
6-14	1	5.9	12	0.7	87	1	5.9	12	0.3	25	0	0.0	0	0.0	0
15-20	31	8.2	368	0.3	9	25	6.6	288	0.4	37	17	4.5	204	0.1	1
21-44	4,349	8.3	49,777	0.4	14	1,115	2.1	12,556	0.3	34	3,200	6.1	37,377	0.3	2
45-64	8,749	9.3	99,187	0.5	13	2,502	2.6	27,266	0.3	32	15,163	16.0	174,960	0.3	3
65-74	2,527	7.2	29,246	0.4	11	1,901	5.4	22,403	0.3	33	16,600	47.3	196,271	0.3	3
75-84	708	7.0	8,149	0.4	10	200	2.0	2,369	0.2	5	5,421	53.4	63,970	0.3	3
85 and older	94	7.7	1,029	0.4	11	22	1.8	259	0.2	7	458	37.4	5,338	0.3	3
Male, Other Eligibles															
All Ages	10,746	5.1	116,266	0.3	8	5,009	2.4	54,585	0.2	23	67,982	32.0	789,699	0.3	3
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.3	29	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	7.4	17	0.3	3	0	0.0	0	0.0	0
21-44	94	6.1	948	0.4	10	65	4.2	635	0.3	51	84	5.4	807	0.3	2
45-64	117	4.3	1,128	0.4	11	136	5.1	1,220	0.3	41	298	11.1	2,724	0.3	3
65-74	3,910	4.2	43,098	0.3	9	2,522	2.7	27,210	0.2	25	26,297	28.3	302,482	0.3	2
75-84	4,446	5.3	48,774	0.3	8	1,814	2.2	20,413	0.2	19	30,973	36.9	363,826	0.3	3
85 and older	2,179	7.0	22,318	0.3	8	468	1.5	5,066	0.2	14	10,330	33.1	119,860	0.3	3
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTIDIABETIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	212,270	21.7	2,488,845	0.2	\$3	21,763	2.2	228,959	0.3	\$30	980,082	10,625,315
Female												
All Females	133,137	23.2	1,564,446	0.2	3	12,795	2.2	136,580	0.3	31	574,405	6,272,765
Female, Disabled												
All Ages	55,858	25.5	658,905	0.2	3	6,871	3.1	77,213	0.3	33	219,419	2,462,492
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	70
6-14	1	6.3	12	0.1	1	0	0.0	0	0.0	0	16	154
15-20	45	15.6	540	0.1	2	6	2.1	72	0.3	14	288	3,234
21-44	5,167	15.3	60,341	0.2	3	442	1.3	4,815	0.4	36	33,663	370,493
45-64	17,849	19.8	208,708	0.2	3	3,062	3.4	32,896	0.3	30	90,080	985,718
65-74	22,422	35.8	266,661	0.2	3	3,314	5.3	38,978	0.4	34	62,656	727,945
75-84	9,058	33.9	107,360	0.2	3	44	0.2	426	0.3	25	26,686	308,015
85 and older	1,316	21.8	15,283	0.2	3	3	0.0	26	0.1	5	6,024	66,863
Female, Other Eligibles												
All Ages	77,279	21.8	905,541	0.2	3	5,924	1.7	59,367	0.3	28	354,986	3,810,273
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	3	6
15-20	2	7.4	12	0.2	2	0	0.0	0	0.0	0	27	213
21-44	191	8.5	1,935	0.2	3	48	2.1	407	0.3	27	2,243	15,862
45-64	219	11.7	2,310	0.2	2	101	5.4	838	0.4	46	1,879	14,101
65-74	28,889	22.2	336,704	0.1	3	4,217	3.2	42,281	0.3	27	130,246	1,386,037
75-84	33,981	24.3	401,568	0.2	3	1,283	0.9	13,381	0.3	29	139,924	1,549,471
85 and older	13,997	17.4	163,012	0.2	3	275	0.3	2,460	0.3	21	80,664	844,583
Male												
All Males	79,133	19.5	924,399	0.2	3	8,968	2.2	92,379	0.3	30	405,677	4,352,550
Male, Disabled												
All Ages	32,401	16.7	379,917	0.2	3	5,334	2.8	58,499	0.3	31	193,484	2,123,864
5 and younger	1	14.3	12	0.5	17	0	0.0	0	0.0	0	7	66
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	170
15-20	43	11.4	509	0.1	2	11	2.9	123	0.4	42	377	4,203
21-44	5,164	9.9	60,502	0.2	3	687	1.3	7,514	0.4	34	52,116	571,477
45-64	12,818	13.6	149,033	0.2	4	2,982	3.2	31,451	0.3	29	94,474	1,014,604
65-74	10,644	30.3	125,856	0.2	3	1,632	4.6	19,171	0.3	33	35,118	403,221
75-84	3,433	33.8	40,578	0.2	3	20	0.2	222	0.3	40	10,149	116,528
85 and older	298	24.3	3,427	0.2	3	2	0.2	18	0.2	7	1,226	13,595
Male, Other Eligibles												
All Ages	46,732	22.0	544,482	0.2	3	3,634	1.7	33,880	0.3	28	212,193	2,228,686
5 and younger	1	50.0	12	0.1	1	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
15-20	1	3.7	12	0.1	1	2	7.4	24	1.0	151	27	205
21-44	96	6.2	929	0.2	3	61	3.9	481	0.4	46	1,548	10,851
45-64	254	9.4	2,488	0.2	3	210	7.8	1,593	0.4	38	2,693	19,449
65-74	17,924	19.3	207,545	0.2	3	2,415	2.6	22,579	0.3	26	92,760	959,603
75-84	21,162	25.2	248,830	0.2	3	811	1.0	8,071	0.3	30	83,991	914,643
85 and older	7,294	23.4	84,666	0.2	3	135	0.4	1,132	0.3	20	31,169	323,892
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

Dual Medicaid Beneficiaries

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, CALIFORNIA, 2007

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	\$13	0.3	51,613	523,950
Age				
0-64	26	0.6	5,191	56,386
65-74	30	0.6	7,747	80,483
75-84	9	0.3	16,421	167,104
85 and older	6	0.2	22,254	219,977
Unknown	0	0.0	0	0
Gender				
Female	11	0.3	34,979	359,227
Male	16	0.4	16,634	164,723
Unknown	0	0.0	0	0
Race				
White	12	0.3	31,277	314,097
African American	18	0.4	5,040	52,241
Other/unknown	13	0.4	15,296	157,612
Basis of Eligibility^c				
Aged	9	0.3	43,771	440,039
Disabled	32	0.6	7,834	83,863
Adults	1	0.1	8	48
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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, CALIFORNIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$13	\$2	\$8	\$82	\$156	\$113	\$44	1,570	\$128,973	650	1.3	5,736
Biologicals	0.1	0.1	0.0	0.0	4	4	0	0	32	32	0	0	169	5,416	153	0.3	1,400
Antineoplastic Agents	0.4	0.0	0.0	0.3	64	28	0	36	171	878	0	104	409	69,769	136	0.3	1,092
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	35	26	1	8	47	93	44	18	5,026	238,721	794	1.5	6,778
Cardiovascular Agents	1.1	0.2	0.2	0.7	44	14	16	14	42	78	81	20	11,293	470,684	1,236	2.4	10,595
Respiratory Agents	0.2	0.0	0.0	0.2	8	4	0	4	36	116	68	22	6,045	216,413	2,465	4.8	26,877
Gastrointestinal Agents	0.5	0.2	0.0	0.3	37	31	1	6	71	134	118	19	4,416	313,172	865	1.7	8,375
Genitourinary Agents	0.4	0.2	0.0	0.1	28	20	2	6	71	83	91	47	979	69,653	280	0.5	2,468
CNS Drugs	0.6	0.1	0.0	0.5	23	12	0	10	42	139	96	23	77,280	3,226,222	13,204	25.6	139,780
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	43	37	0	6	91	243	0	19	25	2,276	6	0.0	53
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	64	64	0	0	142	142	0	0	1,314	186,285	379	0.7	2,930
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	25	6	9	10	47	198	247	22	2,998	141,100	643	1.2	5,652
Neuromuscular Agents	0.7	0.1	0.0	0.7	27	9	1	18	38	139	101	28	17,134	642,527	2,205	4.3	23,448
Nutritional Products	0.2	0.1	0.0	0.2	5	2	0	3	19	28	23	16	1,825	34,695	735	1.4	7,354
Hematological Agents	0.7	0.0	0.0	0.7	11	4	0	7	17	390	15	11	46,504	772,527	6,636	12.9	70,220
Topical Products	0.4	0.1	0.0	0.2	14	8	0	6	40	73	73	24	1,802	71,656	527	1.0	5,023
Miscellaneous Products	0.2	0.0	0.0	0.2	3	1	0	2	17	60	213	12	2,346	38,989	1,252	2.4	13,225
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	26	0	0	0	128	0	0	0	361	46,257	159	0.3	1,762
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.	181,496	6,675,335	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 California, 2.7 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, CALIFORNIA, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
DIAGNOSTIC PRODUCTS	\$4,359,851	7,924	15.4	88,085	0.6	\$85	\$49	
MEDICAL DEVICES	1,539,138	7,573	14.7	84,223	0.6	32	18	
ANTI-ANXIETY AGENTS	1,232,988	10,300	20.0	110,024	0.4	25	11	
HYPNOTICS	976,305	3,781	7.3	40,902	0.5	44	24	
ANTI-PSYCHOTICS	832,500	734	1.4	6,695	0.5	232	124	
HEMATOPOIETIC AGENTS	653,840	6,233	12.1	67,259	0.6	15	10	
ANTI-CONVULSANT	560,303	2,171	4.2	23,380	0.7	36	24	
ULCER DRUGS	252,012	799	1.5	8,019	0.4	75	31	
ANTI-DIABETIC	203,842	728	1.4	6,795	0.6	52	30	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	186,285	384	0.7	3,058	0.4	142	61	
Total	10,797,064	40,627	n.a.	438,440	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 2007 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, CALIFORNIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		DIAGNOSTIC PRODUCTS					MEDICAL DEVICES				
	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	241,055	\$10,797,064	7,924	15.4	88,085	0.6	\$50	7,573	14.7	84,223	0.6	\$18
Female												
All Females	158,201	6,940,648	5,121	14.6	57,077	0.6	50	4,946	14.1	55,183	0.6	18
Female, Disabled												
All Ages	31,214	1,631,356	819	20.0	9,302	0.6	52	768	18.8	8,725	0.6	19
64 or younger	16,592	758,504	351	16.1	4,049	0.6	50	317	14.5	3,676	0.6	18
65-74	7,761	568,465	198	28.5	2,266	0.6	52	190	27.4	2,178	0.6	20
75-84	4,817	223,375	187	25.2	2,062	0.6	55	178	24.0	1,951	0.6	19
85 and older	2,044	81,012	83	17.8	925	0.6	50	83	17.8	920	0.6	18
Female, Other Eligibles												
All Ages	126,987	5,309,292	4,302	13.9	47,775	0.6	49	4,178	13.5	46,458	0.6	18
64 or younger	1	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	23,550	1,143,958	735	21.7	8,349	0.6	53	719	21.3	8,175	0.6	20
75-84	48,749	2,045,964	1,742	17.1	19,481	0.6	50	1,692	16.6	18,954	0.6	19
85 and older	54,687	2,119,355	1,825	10.5	19,945	0.6	47	1,767	10.2	19,329	0.6	17
Male												
All Males	82,854	3,856,416	2,803	16.9	31,008	0.6	49	2,627	15.8	29,040	0.6	18
Male, Disabled												
All Ages	26,081	1,311,688	625	16.7	6,992	0.6	49	566	15.1	6,310	0.6	19
64 or younger	20,351	898,246	453	15.1	5,147	0.6	50	411	13.7	4,654	0.6	19
65-74	4,211	355,161	105	24.2	1,148	0.6	48	94	21.7	1,028	0.6	18
75-84	1,181	46,448	56	23.7	577	0.5	44	50	21.2	508	0.6	18
85 and older	338	11,833	11	14.1	120	0.7	54	11	14.1	120	0.7	19
Male, Other Eligibles												
All Ages	56,773	2,544,728	2,178	16.9	24,016	0.6	49	2,061	16.0	22,730	0.6	18
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	19,615	960,126	701	21.7	7,903	0.6	51	648	20.0	7,294	0.6	19
75-84	23,356	1,018,331	926	17.7	10,219	0.6	49	869	16.6	9,600	0.6	18
85 and older	13,802	566,271	551	12.5	5,894	0.6	47	544	12.4	5,836	0.6	17
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 2007 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, CALIFORNIA, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					HYPNOTICS					ANTI-PSYCHOTICS				
	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	10,300	20.0	110,024	0.4	\$11	3,781	7.3	40,902	0.5	\$24	734	1.4	6,695	0.5	\$124
Female															
All Females	7,115	20.3	76,605	0.4	11	2,438	7.0	26,592	0.5	27	420	1.2	3,825	0.5	117
Female, Disabled															
All Ages	1,100	26.9	12,253	0.5	16	459	11.2	5,230	0.6	19	138	3.4	1,548	0.7	193
64 or younger	648	29.7	7,319	0.6	17	290	13.3	3,332	0.6	15	62	2.8	655	0.6	169
65-74	209	30.1	2,302	0.5	16	90	13.0	1,033	0.7	26	74	10.7	877	0.8	214
75-84	155	20.9	1,694	0.5	12	56	7.5	627	0.6	23	1	0.1	12	0.3	64
85 and older	88	18.8	938	0.3	8	23	4.9	238	0.5	26	1	0.2	4	0.3	10
Female, Other Eligibles															
All Ages	6,015	19.5	64,352	0.4	10	1,979	6.4	21,362	0.5	29	282	0.9	2,277	0.4	66
64 or younger	1	33.3	2	0.5	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	915	27.0	10,052	0.5	13	359	10.6	3,942	0.5	24	66	2.0	634	0.6	146
75-84	2,085	20.4	22,596	0.4	11	752	7.4	8,232	0.5	28	95	0.9	729	0.4	34
85 and older	3,014	17.4	31,702	0.4	9	868	5.0	9,188	0.5	31	121	0.7	914	0.4	35
Male															
All Males	3,185	19.1	33,419	0.4	11	1,343	8.1	14,310	0.6	19	314	1.9	2,870	0.5	134
Male, Disabled															
All Ages	957	25.5	10,565	0.5	14	494	13.2	5,451	0.7	14	120	3.2	1,308	0.6	170
64 or younger	772	25.7	8,597	0.5	15	399	13.3	4,436	0.7	14	83	2.8	865	0.5	121
65-74	116	26.7	1,245	0.4	15	68	15.7	750	0.6	14	37	8.5	443	0.7	265
75-84	53	22.5	547	0.3	8	25	10.6	241	0.6	18	0	0.0	0	0.0	0
85 and older	16	20.5	176	0.5	12	2	2.6	24	0.6	6	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	2,228	17.3	22,854	0.4	10	849	6.6	8,859	0.5	22	194	1.5	1,562	0.5	103
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	647	20.0	7,024	0.4	12	286	8.8	3,085	0.6	21	77	2.4	731	0.5	132
75-84	902	17.2	9,269	0.4	9	338	6.4	3,548	0.5	21	76	1.4	574	0.5	99
85 and older	679	15.4	6,561	0.3	8	225	5.1	2,226	0.5	26	41	0.9	257	0.4	32
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 2007 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, CALIFORNIA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,233	12.1	67,259	0.6	\$10	2,171	4.2	23,380	0.7	\$24	799	1.5	8,019	0.4	\$31
Female															
All Females	4,007	11.5	43,560	0.6	9	1,340	3.8	14,441	0.7	23	474	1.4	4,774	0.4	28
Female, Disabled															
All Ages	522	12.8	5,843	0.7	18	443	10.8	5,073	0.8	35	136	3.3	1,517	0.5	40
64 or younger	270	12.4	2,999	0.7	15	297	13.6	3,388	0.8	30	74	3.4	797	0.5	35
65-74	80	11.5	905	0.6	30	105	15.1	1,222	0.8	57	46	6.6	546	0.6	59
75-84	104	14.0	1,168	0.7	23	35	4.7	391	0.7	18	13	1.8	145	0.3	7
85 and older	68	14.6	771	0.6	6	6	1.3	72	0.5	8	3	0.6	29	0.8	8
Female, Other Eligibles															
All Ages	3,485	11.3	37,717	0.6	8	897	2.9	9,368	0.6	17	338	1.1	3,257	0.4	22
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	396	11.7	4,370	0.6	11	252	7.4	2,762	0.7	25	80	2.4	831	0.5	38
75-84	1,198	11.7	13,154	0.6	8	340	3.3	3,515	0.6	14	114	1.1	1,074	0.3	19
85 and older	1,891	10.9	20,193	0.6	7	305	1.8	3,091	0.6	12	144	0.8	1,352	0.3	15
Male															
All Males	2,226	13.4	23,699	0.6	11	831	5.0	8,939	0.7	25	325	2.0	3,245	0.4	37
Male, Disabled															
All Ages	505	13.5	5,559	0.6	19	438	11.7	4,905	0.7	29	139	3.7	1,485	0.5	44
64 or younger	391	13.0	4,324	0.6	14	370	12.3	4,117	0.7	25	105	3.5	1,077	0.4	40
65-74	75	17.3	813	0.6	52	60	13.8	703	0.8	58	32	7.4	384	0.6	57
75-84	28	11.9	301	0.7	7	6	2.5	72	0.8	15	1	0.4	12	0.1	1
85 and older	11	14.1	121	0.6	7	2	2.6	13	0.2	4	1	1.3	12	0.1	1
Male, Other Eligibles															
All Ages	1,721	13.4	18,140	0.6	8	393	3.0	4,034	0.6	21	186	1.4	1,760	0.4	31
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	464	14.3	4,958	0.7	12	183	5.7	2,030	0.6	23	86	2.7	916	0.4	36
75-84	717	13.7	7,687	0.6	7	154	2.9	1,492	0.6	20	62	1.2	544	0.4	25
85 and older	540	12.3	5,495	0.6	7	56	1.3	512	0.6	13	38	0.9	300	0.3	27
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 2007 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, CALIFORNIA, 2007

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
All	728	1.4	6,795	0.6	\$30	384	0.7	3,058	0.4	\$61	51,613	523,950	
Female													
All Females	395	1.1	3,743	0.6	29	230	0.7	1,841	0.4	55	34,979	359,227	
Female, Disabled													
All Ages	112	2.7	1,253	0.7	35	11	0.3	126	0.6	87	4,087	43,749	
64 or younger	59	2.7	651	0.6	34	7	0.3	84	0.3	52	2,184	23,906	
65-74	51	7.3	589	0.8	36	4	0.6	42	1.0	158	694	7,382	
75-84	2	0.3	13	0.5	41	0	0.0	0	0.0	0	742	7,757	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	467	4,704	
Female, Other Eligibles													
All Ages	283	0.9	2,490	0.5	26	219	0.7	1,715	0.4	53	30,892	315,478	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	5	
65-74	101	3.0	1,054	0.6	36	28	0.8	270	0.4	120	3,383	35,692	
75-84	99	1.0	756	0.5	22	85	0.8	673	0.3	37	10,200	106,059	
85 and older	83	0.5	680	0.4	16	106	0.6	772	0.4	44	17,306	173,722	
Male													
All Males	333	2.0	3,052	0.6	31	154	0.9	1,217	0.5	69	16,634	164,723	
Male, Disabled													
All Ages	132	3.5	1,391	0.6	38	23	0.6	244	0.5	143	3,747	40,114	
64 or younger	99	3.3	995	0.6	30	16	0.5	160	0.5	166	2,999	32,432	
65-74	33	7.6	396	0.8	58	7	1.6	84	0.7	100	434	4,529	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	236	2,373	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	78	780	
Male, Other Eligibles													
All Ages	201	1.6	1,661	0.5	25	131	1.0	973	0.4	51	12,887	124,609	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	43	
65-74	103	3.2	934	0.6	31	27	0.8	245	0.5	54	3,236	32,880	
75-84	65	1.2	496	0.5	17	59	1.1	409	0.5	55	5,243	50,915	
85 and older	33	0.7	231	0.4	18	45	1.0	319	0.4	42	4,403	40,771	
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 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 43,623 beneficiaries who were in nursing facilities for part of their enrollment and their 432,334 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 2007. 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 2007 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}
CALIFORNIA, 2007

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	468,009	47.8	3.5	3,452,831	\$68	\$66,282,268	\$19	47.2	980,082
Age									
5 and younger	12	80.0	9.5	143	398	5,964	42	48.6	15
6-14	18	46.2	8.1	317	411	16,041	51	40.4	39
15-20	256	35.6	2.2	1,611	106	76,296	47	3.3	719
21-44	30,700	34.3	2.3	204,871	56	4,999,444	24	19.3	89,570
45-64	85,075	45.0	3.5	666,220	75	14,250,036	21	34.9	189,126
65-74	160,268	50.0	3.5	1,126,618	59	18,864,805	17	37.8	320,780
75-84	136,319	52.3	4.0	1,038,502	71	18,560,638	18	112.6	260,750
85 and older	55,361	46.5	3.5	414,549	80	9,509,044	23	184.9	119,083
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	261,200	46.9	3.2	1,805,124	61	33,757,315	19	79.2	557,306
Disabled	203,989	49.4	4.0	1,634,640	78	32,249,714	20	34.1	412,903
Adults	2,636	28.2	1.3	12,179	28	258,550	21	8.9	9,362
Children	21	31.3	2.1	144	29	1,966	14	2.5	67
Unknown	163	36.7	1.7	744	33	14,723	20	3.5	444
Gender									
Female	289,480	50.4	3.8	2,193,239	71	41,002,464	19	52.1	574,405
Male	178,529	44.0	3.1	1,259,592	62	25,279,804	20	40.9	405,677
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	155,746	41.8	3.5	1,295,995	70	26,077,227	20	42.8	372,759
African American	37,454	41.0	2.9	262,583	69	6,277,088	24	39.7	91,293
Other/unknown	274,809	53.3	3.7	1,894,253	66	33,927,953	18	53.1	516,030
Use of Nursing Facilities^d									
Entire year	20,701	40.1	3.4	173,324	135	6,973,936	40	104.5	51,613
Part year	24,615	56.4	3.9	172,073	103	4,499,380	26	72.6	43,623
None	422,693	47.8	3.5	3,107,434	62	54,808,952	18	42.9	884,846
Maintenance Assistance Status									
Cash	354,007	54.2	4.2	2,726,149	74	48,541,160	18	51.8	653,742
Medically needy	51,942	38.0	2.5	348,453	73	9,976,803	29	36.8	136,776
Poverty related	49,109	31.8	1.9	290,517	38	5,895,214	20	37.8	154,573
Other/unknown	12,951	37.0	2.5	87,712	53	1,869,091	21	46.2	34,991

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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}
CALIFORNIA, 2007

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	0.3	\$6	\$19	\$0	\$2	10,625,315
Age						
5 and younger	0.9	37	42	0	0	160
6-14	0.9	46	51	1	3	349
15-20	0.2	10	47	0	1	7,855
21-44	0.2	5	24	0	2	968,683
45-64	0.3	7	21	0	3	2,033,872
65-74	0.3	5	17	0	1	3,476,806
75-84	0.4	6	18	0	1	2,888,657
85 and older	0.3	8	23	0	2	1,248,933
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	6	19	0	1	5,967,801
Disabled	0.4	7	20	0	2	4,586,356
Adults	0.2	4	21	0	2	66,492
Children	0.3	4	14	0	0	499
Unknown	0.2	4	20	0	1	4,167
Gender						
Female	0.3	7	19	0	2	6,272,765
Male	0.3	6	20	0	2	4,352,550
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	7	20	0	3	3,994,518
African American	0.3	6	24	0	1	973,155
Other/unknown	0.3	6	18	0	1	5,657,642
Use of Nursing Facilities^d						
Entire year	0.3	13	40	0	4	523,950
Part year	0.4	10	26	0	4	432,334
None	0.3	6	18	0	1	9,669,031
Maintenance Assistance Status						
Cash	0.4	7	18	0	2	7,421,822
Medically needy	0.3	8	29	0	3	1,294,042
Poverty related	0.2	4	20	0	1	1,549,551
Other/unknown	0.2	5	21	0	2	359,900

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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}
CALIFORNIA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Total Number Rx. \$ per Rx
All	628,408	\$105	\$66,282,268	100.0	3,452,831	\$19	100.0
Anorexia or weight loss/gain	39	210	8,186	0.0	115	71	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	105,643	47	5,017,211	7.6	233,681	21	6.8
Vitamins and minerals	4,884	67	326,125	0.5	12,081	27	0.3
Non-prescription drugs	379,668	111	42,112,870	63.5	2,416,002	17	70.0
Barbiturates	4,516	93	418,405	0.6	38,662	11	1.1
Benzodiazepines	131,730	137	18,033,607	27.2	747,564	24	21.7
Other Part D Excl Rx Drugs	1,928	190	365,864	0.6	4,726	77	0.1

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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}
 CALIFORNIA, 2007

Total Number of Dual Eligible Beneficiaries: 980,082
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$140,555,197
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$143

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	667,526	68.1	\$0	0.0
1-500	271,938	27.7	25,823,875	18.4
501-1,000	14,330	1.5	10,039,192	7.1
1,001-1,500	6,174	0.6	7,598,432	5.4
1,501-2,000	4,068	0.4	7,033,950	5.0
2,001-2,500	2,866	0.3	6,407,530	4.6
2,501-3,000	2,216	0.2	6,059,737	4.3
3,001-3,500	1,780	0.2	5,771,012	4.1
3,501-4,000	1,413	0.1	5,280,424	3.8
4,001-4,500	1,167	0.1	4,948,906	3.5
4,501-5,000	894	0.1	4,231,490	3.0
5,001-5,500	792	0.1	4,151,343	3.0
5,501-6,000	663	0.1	3,801,620	2.7
6,001-6,500	558	0.1	3,485,651	2.5
6,501-7,000	437	0.0	2,947,380	2.1
7,001-7,500	389	0.0	2,813,917	2.0
7,501-8,000	307	0.0	2,377,716	1.7
8,001-8,500	260	0.0	2,141,657	1.5
8,501-9,000	248	0.0	2,166,328	1.5
9,001-9,500	206	0.0	1,903,608	1.4
9,501-10,000	180	0.0	1,754,009	1.2
10,001+	1,670	0.2	29,817,420	21.2

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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}
 CALIFORNIA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 271,044
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$66,024,448
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$243

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	177,996	65.7	\$0	0.0	
1-500	75,340	27.8	9,017,510	13.7	
501-1,000	6,511	2.4	4,527,978	6.9	
1,001-1,500	2,495	0.9	3,056,045	4.6	
1,501-2,000	1,577	0.6	2,730,940	4.1	
2,001-2,500	1,115	0.4	2,492,441	3.8	
2,501-3,000	913	0.3	2,496,404	3.8	
3,001-3,500	707	0.3	2,293,822	3.5	
3,501-4,000	578	0.2	2,162,068	3.3	
4,001-4,500	502	0.2	2,133,685	3.2	
4,501-5,000	366	0.1	1,730,185	2.6	
5,001-5,500	333	0.1	1,744,589	2.6	
5,501-6,000	287	0.1	1,646,220	2.5	
6,001-6,500	248	0.1	1,546,753	2.3	
6,501-7,000	206	0.1	1,391,643	2.1	
7,001-7,500	173	0.1	1,251,756	1.9	
7,501-8,000	156	0.1	1,210,888	1.8	
8,001-8,500	134	0.0	1,104,640	1.7	
8,501-9,000	130	0.0	1,135,556	1.7	
9,001-9,500	119	0.0	1,099,133	1.7	
9,501-10,000	96	0.0	936,008	1.4	
10,001+	1,062	0.4	20,316,184	30.8	

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 CALIFORNIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 700,613
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$71,468,482
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$102

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	483,865	69.1	\$0	0.0
1-500	194,719	27.8	16,589,170	23.2
501-1,000	7,543	1.1	5,311,831	7.4
1,001-1,500	3,554	0.5	4,387,881	6.1
1,501-2,000	2,392	0.3	4,129,373	5.8
2,001-2,500	1,702	0.2	3,806,439	5.3
2,501-3,000	1,248	0.2	3,413,297	4.8
3,001-3,500	1,030	0.1	3,336,585	4.7
3,501-4,000	797	0.1	2,976,644	4.2
4,001-4,500	643	0.1	2,721,695	3.8
4,501-5,000	514	0.1	2,434,776	3.4
5,001-5,500	441	0.1	2,311,479	3.2
5,501-6,000	355	0.1	2,034,248	2.8
6,001-6,500	298	0.0	1,863,266	2.6
6,501-7,000	224	0.0	1,508,742	2.1
7,001-7,500	198	0.0	1,432,137	2.0
7,501-8,000	139	0.0	1,074,532	1.5
8,001-8,500	117	0.0	962,413	1.3
8,501-9,000	111	0.0	969,973	1.4
9,001-9,500	85	0.0	786,112	1.1
9,501-10,000	78	0.0	759,414	1.1
10,001+	560	0.1	8,658,475	12.1

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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}
 CALIFORNIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 320,780
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$49,846,140
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$155

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	219,585	68.5	\$0	0.0
1-500	85,529	26.7	7,668,289	15.4
501-1,000	4,818	1.5	3,428,148	6.9
1,001-1,500	2,464	0.8	3,041,756	6.1
1,501-2,000	1,701	0.5	2,943,639	5.9
2,001-2,500	1,302	0.4	2,913,330	5.8
2,501-3,000	950	0.3	2,595,606	5.2
3,001-3,500	817	0.3	2,649,938	5.3
3,501-4,000	623	0.2	2,325,257	4.7
4,001-4,500	488	0.2	2,066,070	4.1
4,501-5,000	410	0.1	1,943,281	3.9
5,001-5,500	332	0.1	1,741,168	3.5
5,501-6,000	279	0.1	1,597,917	3.2
6,001-6,500	240	0.1	1,502,075	3.0
6,501-7,000	174	0.1	1,172,753	2.4
7,001-7,500	162	0.1	1,171,984	2.4
7,501-8,000	118	0.0	911,362	1.8
8,001-8,500	91	0.0	748,229	1.5
8,501-9,000	93	0.0	812,520	1.6
9,001-9,500	68	0.0	629,753	1.3
9,501-10,000	60	0.0	584,799	1.2
10,001+	476	0.1	7,398,266	14.8

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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}
 CALIFORNIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 260,750
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$16,479,752
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$63

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	180,877	69.4	\$0	0.0
1-500	75,062	28.8	6,109,757	37.1
501-1,000	1,927	0.7	1,337,026	8.1
1,001-1,500	782	0.3	968,540	5.9
1,501-2,000	520	0.2	894,964	5.4
2,001-2,500	327	0.1	731,557	4.4
2,501-3,000	259	0.1	710,029	4.3
3,001-3,500	170	0.1	548,727	3.3
3,501-4,000	148	0.1	554,303	3.4
4,001-4,500	140	0.1	591,136	3.6
4,501-5,000	89	0.0	420,517	2.6
5,001-5,500	96	0.0	501,874	3.0
5,501-6,000	64	0.0	367,437	2.2
6,001-6,500	52	0.0	323,796	2.0
6,501-7,000	42	0.0	282,655	1.7
7,001-7,500	32	0.0	231,365	1.4
7,501-8,000	17	0.0	131,873	0.8
8,001-8,500	25	0.0	205,737	1.2
8,501-9,000	16	0.0	140,105	0.9
9,001-9,500	16	0.0	146,929	0.9
9,501-10,000	14	0.0	136,253	0.8
10,001+	75	0.0	1,145,172	6.9

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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}
 CALIFORNIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 119,083
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$5,142,590
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$43

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	83,403	70.0	\$0	0.0
1-500	34,128	28.7	2,811,124	54.7
501-1,000	798	0.7	546,657	10.6
1,001-1,500	308	0.3	377,585	7.3
1,501-2,000	171	0.1	290,770	5.7
2,001-2,500	73	0.1	161,552	3.1
2,501-3,000	39	0.0	107,662	2.1
3,001-3,500	43	0.0	137,920	2.7
3,501-4,000	26	0.0	97,084	1.9
4,001-4,500	15	0.0	64,489	1.3
4,501-5,000	15	0.0	70,978	1.4
5,001-5,500	13	0.0	68,437	1.3
5,501-6,000	12	0.0	68,894	1.3
6,001-6,500	6	0.0	37,395	0.7
6,501-7,000	8	0.0	53,334	1.0
7,001-7,500	4	0.0	28,788	0.6
7,501-8,000	4	0.0	31,297	0.6
8,001-8,500	1	0.0	8,447	0.2
8,501-9,000	2	0.0	17,348	0.3
9,001-9,500	1	0.0	9,430	0.2
9,501-10,000	4	0.0	38,362	0.7
10,001+	9	0.0	115,037	2.2

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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, CALIFORNIA, 2007

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	1,158,028	648,363	491,060	18,003	91	511	12,769,419	7,038,021	5,542,307	183,298	905	4,888
Age												
5 and younger	22	0	20	0	2	0	244	0	220	0	24	0
6-14	66	0	54	0	12	0	741	0	611	0	130	0
15-20	987	0	918	6	63	0	11,277	0	10,566	63	648	0
21-44	113,860	0	106,870	6,958	14	18	1,273,617	0	1,202,567	70,782	103	165
45-64	227,915	11	219,027	8,652	0	225	2,509,611	112	2,418,797	88,346	0	2,356
65-74	377,078	260,419	114,299	2,092	0	268	4,154,577	2,796,195	1,334,859	21,156	0	2,367
75-84	301,837	259,793	41,771	273	0	0	3,378,049	2,891,097	484,200	2,752	0	0
85 and older	136,263	128,140	8,101	22	0	0	1,441,303	1,350,617	90,487	199	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	679,060	406,777	263,208	8,522	42	511	7,535,253	4,442,688	3,000,329	86,943	405	4,888
Male	478,968	241,586	227,852	9,481	49	0	5,234,166	2,595,333	2,541,978	96,355	500	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	433,916	200,835	226,897	5,937	31	216	4,710,642	2,099,249	2,549,558	59,523	297	2,015
African American	105,185	35,184	67,230	2,702	13	56	1,149,241	368,208	752,533	27,842	118	540
Other/unknown	618,927	412,344	196,933	9,364	47	239	6,909,536	4,570,564	2,240,216	95,933	490	2,333
Use of Nursing Facilities^c												
Entire year	52,905	44,704	8,193	8	0	0	537,936	449,818	88,059	59	0	0
Part year	44,556	31,915	12,588	49	0	4	449,457	311,457	137,428	535	0	37
None	1,060,567	571,744	470,279	17,946	91	507	11,782,026	6,276,746	5,316,820	182,704	905	4,851
Maintenance Assistance Status												
Cash	779,250	390,020	373,440	15,770	20	0	8,969,943	4,467,218	4,339,474	163,042	209	0
Medically needy	158,812	127,303	30,450	1,018	41	0	1,529,307	1,229,462	290,853	8,631	361	0
Poverty related	178,005	113,037	64,372	81	4	511	1,830,755	1,153,430	671,875	516	46	4,888
Other/unknown	41,961	18,003	22,798	1,134	26	0	439,414	187,911	240,105	11,109	289	0
Dual Status^d												
Full dual, all year	1,142,999	637,602	486,923	17,874	90	510	12,612,884	6,925,776	5,499,392	181,947	893	4,876
Full dual, part year	15,029	10,761	4,137	129	1	1	156,535	112,245	42,915	1,351	12	12
Managed Care (MC) Status												
Fee-for-service (FFS) all year	952,689	544,516	402,189	5,504	42	438	10,484,418	5,899,922	4,528,686	51,296	389	4,125
FFS part year, with Rx claims	10,093	4,274	4,475	1,327	15	2	113,855	48,440	51,252	13,973	170	20
FFS part year, no Rx claims	17,300	8,516	6,239	2,531	10	4	186,112	91,860	68,685	25,426	93	48
MC all year, with Rx claims	5,859	2,892	2,680	276	11	0	68,001	33,524	31,232	3,120	125	0
MC all year, no Rx claims	172,087	88,165	75,477	8,365	13	67	1,917,033	964,275	862,452	89,483	128	695
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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, CALIFORNIA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	1,158,028	12,769,419	980,082	10,625,315	0	2,144,104
Fee-for-service (FFS) all year	952,689	10,484,418	952,689	10,484,418	0	0
FFS part year, with Rx claims	10,093	113,855	10,093	61,797	0	52,058
FFS part year, with no Rx claims	17,300	186,112	17,300	79,100	0	107,012
Managed care (MC) all year, with Rx claims	5,859	68,001	0	0	0	68,001
MC all year, with no Rx claims	172,087	1,917,033	0	0	0	1,917,033

Source: Data for this table are from the MAX 2007 file for California, released by CMS in 3/2010. This table was produced on 10/06/2010.

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