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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
D.C.

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**TABLE D.2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>19,075</b>	<b>8,671</b>	<b>9,960</b>	<b>442</b>	<b>1</b>	<b>1</b>	<b>204,680</b>	<b>92,356</b>	<b>108,289</b>	<b>4,011</b>	<b>12</b>	<b>12</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	0	0	0	0	0	0	0	0	0	0	0	0
15-20	31	0	27	3	1	0	309	0	284	13	12	0
21-44	2,476	2	2,330	144	0	0	26,288	24	24,989	1,275	0	0
45-64	5,128	23	4,895	209	0	1	55,306	212	53,161	1,921	0	12
65-74	5,260	3,192	1,999	69	0	0	56,774	34,102	22,054	618	0	0
75-84	3,837	3,252	571	14	0	0	41,775	35,300	6,327	148	0	0
85 and older	2,343	2,202	138	3	0	0	24,228	22,718	1,474	36	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,703	6,146	5,263	292	1	1	126,853	66,142	58,041	2,646	12	12
Male	7,372	2,525	4,697	150	0	0	77,827	26,214	50,248	1,365	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	990	474	500	16	0	0	10,134	4,859	5,128	147	0	0
African American	15,604	6,812	8,382	408	1	1	167,434	72,442	91,269	3,699	12	12
Other/unknown	2,481	1,385	1,078	18	0	0	27,112	15,055	11,892	165	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,692	1,517	156	19	0	0	18,339	16,363	1,748	228	0	0
Part year	883	711	160	12	0	0	9,005	7,113	1,761	131	0	0
None	16,500	6,443	9,644	411	1	1	177,336	68,880	104,780	3,652	12	12
<b>Maintenance Assistance Status</b>												
Cash	7,691	2,206	5,138	347	0	0	84,584	24,400	57,017	3,167	0	0
Medically needy	3,020	2,048	896	76	0	0	30,777	20,978	9,086	713	0	0
Poverty-related	4,675	2,117	2,555	2	0	1	49,492	22,608	26,863	9	0	12
Other/unknown	3,689	2,300	1,371	17	1	0	39,827	24,370	15,323	122	12	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	18,332	8,295	9,605	430	1	1	196,752	88,427	104,433	3,868	12	12
Full dual, part year	743	376	355	12	0	0	7,928	3,929	3,856	143	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	18,866	8,647	9,890	327	1	1	203,451	92,189	107,843	3,395	12	12
FFS part year, with Rx claims	44	6	15	23	0	0	286	42	127	117	0	0
FFS part year, no Rx claims	165	18	55	92	0	0	943	125	319	499	0	0

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>24.7</b>	<b>3.0</b>	<b>\$209</b>	<b>\$70</b>	<b>\$23,040</b>	<b>0.9</b>	<b>19,075</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	0.0	0.0	0	0	0	0.0	0
15-20	32.3	3.6	205	57	15,990	1.3	31
21-44	26.0	3.5	345	98	20,795	1.7	2,476
45-64	31.3	4.8	403	85	24,488	1.6	5,128
65-74	22.6	2.6	146	55	18,160	0.8	5,260
75-84	20.5	1.6	44	28	23,781	0.2	3,837
85 and older	20.1	1.7	55	33	32,078	0.2	2,343
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	20.2	1.7	66	38	25,448	0.3	8,671
Disabled	28.8	4.2	338	81	21,437	1.6	9,960
Adults	19.2	1.7	129	78	12,011	1.1	442
Children	0.0	0.0	0	0	10	0.0	1
Unknown	100.0	2.0	15	8	257	5.8	1
<b>Gender</b>							
Female	25.4	3.1	200	65	22,299	0.9	11,703
Male	23.6	2.9	224	78	24,216	0.9	7,372
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	23.8	2.6	185	71	25,578	0.7	990
African American	25.1	3.1	222	71	23,664	0.9	15,604
Other/unknown	22.5	2.3	138	61	18,099	0.8	2,481
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	35.2	3.4	86	25	65,803	0.1	1,692
Part year	34.2	3.2	154	48	47,265	0.3	883
None	23.1	2.9	225	76	17,358	1.3	16,500
<b>Maintenance Assistance Status</b>							
Cash	25.0	3.5	276	80	15,253	1.8	7,691
Medically needy	32.7	3.8	207	54	53,303	0.4	3,020
Poverty related	21.0	2.0	130	64	10,758	1.2	4,675
Other/unknown	22.2	2.6	172	66	30,063	0.6	3,689

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$20</b>	<b>0.9</b>	<b>75.3</b>	<b>20.0</b>	<b>1.9</b>	<b>1.9</b>	<b>0.7</b>	<b>0.1</b>	<b>\$2,147</b>	<b>19,075</b>	<b>204,680</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
15-20	0.4	21	1.3	67.7	29.0	0.0	0.0	3.2	0.0	1,604	31	309
21-44	0.3	33	1.7	74.0	20.1	2.1	3.0	0.7	0.1	1,959	2,476	26,288
45-64	0.4	37	1.6	68.7	23.8	2.9	2.9	1.4	0.3	2,271	5,128	55,306
65-74	0.2	14	0.8	77.4	18.4	1.8	1.7	0.6	0.1	1,682	5,260	56,774
75-84	0.1	4	0.2	79.5	18.5	1.0	0.8	0.2	0.0	2,184	3,837	41,775
85 and older	0.2	5	0.2	79.9	17.6	1.0	1.2	0.3	0.0	3,102	2,343	24,228
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	6	0.3	79.8	17.8	1.1	1.0	0.3	0.0	2,389	8,671	92,356
Disabled	0.4	31	1.6	71.2	22.1	2.6	2.8	1.1	0.2	1,972	9,960	108,289
Adults	0.2	14	1.1	80.8	15.4	1.8	1.8	0.2	0.0	1,324	442	4,011
Children	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1	1	12
Unknown	0.2	1	5.8	0.0	100.0	0.0	0.0	0.0	0.0	21	1	12
<b>Gender</b>												
Female	0.3	19	0.9	74.6	20.6	1.9	2.0	0.8	0.1	2,057	11,703	126,853
Male	0.3	21	0.9	76.4	19.2	1.7	1.9	0.7	0.1	2,294	7,372	77,827
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.3	18	0.7	76.2	19.7	1.7	2.0	0.3	0.1	2,499	990	10,134
African American	0.3	21	0.9	74.9	20.2	1.9	2.1	0.8	0.1	2,205	15,604	167,434
Other/unknown	0.2	13	0.8	77.5	19.3	1.5	1.2	0.4	0.1	1,656	2,481	27,112
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.3	8	0.1	64.8	29.4	3.5	1.7	0.5	0.1	6,071	1,692	18,339
Part year	0.3	15	0.3	65.8	28.8	2.3	2.6	0.6	0.0	4,635	883	9,005
None	0.3	21	1.3	76.9	18.6	1.7	1.9	0.7	0.1	1,615	16,500	177,336
<b>Maintenance Assistance Status</b>												
Cash	0.3	25	1.8	75.0	19.6	2.0	2.2	0.9	0.2	1,387	7,691	84,584
Medically needy	0.4	20	0.4	67.3	26.1	3.1	2.6	0.8	0.1	5,230	3,020	30,777
Poverty related	0.2	12	1.2	79.0	18.0	1.3	1.2	0.5	0.0	1,016	4,675	49,492
Other/unknown	0.2	16	0.6	77.8	18.5	1.3	1.7	0.5	0.1	2,785	3,689	39,827

Source: Data for this table are from the MAX 2007 file for D.C., 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 CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>0.3</b>	<b>\$20</b>	<b>\$70</b>	<b>0.1</b>	<b>\$14</b>	<b>\$197</b>	<b>0.0</b>	<b>\$1</b>	<b>\$77</b>	<b>0.2</b>	<b>\$5</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
15-20	0.4	21	57	0.1	15	124	0.0	0	6	0.2	5	23
21-44	0.3	33	98	0.1	24	240	0.0	1	104	0.2	7	33
45-64	0.4	37	85	0.1	27	223	0.0	1	77	0.3	9	29
65-74	0.2	14	55	0.1	8	148	0.0	1	77	0.2	5	25
75-84	0.1	4	28	0.0	2	101	0.0	0	48	0.1	2	16
85 and older	0.2	5	33	0.0	3	108	0.0	0	63	0.1	2	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.2	6	38	0.0	4	132	0.0	0	61	0.1	2	18
Disabled	0.4	31	81	0.1	22	212	0.0	1	82	0.3	8	29
Adults	0.2	14	78	0.1	11	172	0.0	0	61	0.1	3	25
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	0.2	1	8	0.0	0	0	0.0	0	0	0.2	1	8
<b>Gender</b>												
Female	0.3	19	65	0.1	13	188	0.0	1	75	0.2	5	25
Male	0.3	21	78	0.1	15	210	0.0	1	81	0.2	5	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	18	71	0.0	13	266	0.0	1	49	0.2	5	25
African American	0.3	21	71	0.1	14	196	0.0	1	80	0.2	6	27
Other/unknown	0.2	13	61	0.1	9	176	0.0	1	69	0.1	3	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.3	8	25	0.0	4	94	0.0	0	43	0.3	4	15
Part year	0.3	15	48	0.1	9	166	0.0	1	68	0.2	5	20
None	0.3	21	76	0.1	15	204	0.0	1	79	0.2	5	28
<b>Maintenance Assistance Status</b>												
Cash	0.3	25	80	0.1	18	218	0.0	1	78	0.2	6	27
Medically needy	0.4	20	54	0.1	13	172	0.0	1	69	0.3	7	23
Poverty related	0.2	12	64	0.0	8	175	0.0	1	95	0.1	4	29
Other/unknown	0.2	16	66	0.1	11	176	0.0	1	70	0.2	4	25

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c, d</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>					
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months		
Anti-infective Agents	0.5	0.3	0.0	0.2	\$112	\$92	\$1	\$20	\$206	\$273	\$325	\$96	3,553	\$733,599	583	3.1	6,553
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.3	0.1	0.0	0.2	53	37	0	16	180	605	0	69	145	26,043	44	0.2	489
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	45	37	1	6	74	132	182	19	3,314	244,066	491	2.6	5,449
Cardiovascular Agents	1.1	0.3	0.1	0.8	53	24	7	22	46	95	67	28	11,366	528,058	902	4.7	9,949
Respiratory Agents	0.3	0.1	0.0	0.2	19	13	1	5	66	119	74	30	3,621	239,523	1,082	5.7	12,529
Gastrointestinal Agents	0.3	0.2	0.0	0.2	36	29	1	6	111	187	97	37	1,577	174,622	434	2.3	4,815
Genitourinary Agents	0.3	0.2	0.0	0.1	22	16	0	6	80	104	141	48	364	29,233	118	0.6	1,347
CNS Drugs	0.5	0.1	0.0	0.4	39	28	1	10	72	279	119	24	11,896	858,827	1,938	10.2	22,154
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.2	25	20	0	5	74	134	0	27	34	2,516	10	0.1	101
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	72	66	0	6	209	213	0	170	227	47,455	62	0.3	657
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	30	17	0	12	68	556	94	30	3,205	217,258	651	3.4	7,318
Neuromuscular Agents	0.6	0.1	0.0	0.5	32	18	2	12	57	199	152	26	5,573	315,354	856	4.5	9,745
Nutritional Products	0.4	0.0	0.0	0.4	6	1	0	5	15	46	16	14	4,691	71,414	1,021	5.4	11,648
Hematological Agents	0.5	0.1	0.0	0.4	23	19	0	4	50	331	24	10	5,657	280,529	1,065	5.6	12,094
Topical Products	0.3	0.2	0.0	0.2	27	19	2	7	79	116	113	39	1,793	140,928	458	2.4	5,162
Miscellaneous Products	0.2	0.2	0.0	0.0	117	115	0	2	560	616	0	89	142	79,576	60	0.3	683
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	47	0	0	0	51	2,421	19	0.1	227
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	57,209	3,991,422	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for D.C., 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 D.C., 0.2 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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
ANTIVIRAL	\$591,713	226	1.2	2,581	0.8	\$279	\$229
ANTIPSYCHOTICS	561,221	371	1.9	4,278	0.4	310	131
ANTICONVULSANT	294,319	793	4.2	9,018	0.5	61	33
ANTIHYPERTENSIVE	194,314	458	2.4	5,027	0.4	95	39
ANTIDIABETIC	189,849	488	2.6	5,402	0.4	79	35
HEMATOPOIETIC AGENTS	141,396	1,528	8.0	17,411	0.4	20	8
ANTIHYPERTENSIVE	137,909	782	4.1	8,659	0.4	40	16
ANTIASTHMATIC	135,124	398	2.1	4,517	0.3	102	30
ANTIDEPRESSANTS	132,643	482	2.5	5,461	0.4	66	24
ANTIANSIETY AGENTS	117,896	1,340	7.0	15,334	0.4	19	8
Total	2,496,384	6,866	n.a.	77,688	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>33,235</b>	<b>\$2,496,384</b>	<b>226</b>	<b>1.2</b>	<b>2,581</b>	<b>0.8</b>	<b>\$229</b>	<b>371</b>	<b>1.9</b>	<b>4,278</b>	<b>0.4</b>	<b>\$131</b>
<b>Female</b>												
All Females	21,080	1,386,480	100	0.9	1,158	0.9	275	201	1.7	2,298	0.4	111
<b>Female, Disabled</b>												
All Ages	13,681	1,161,607	84	1.6	975	0.9	306	175	3.3	2,039	0.4	119
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	39	4,116	0	0.0	0	0.0	0	1	5.6	12	0.5	72
21-44	2,440	254,206	32	3.1	384	0.7	169	77	7.5	902	0.3	90
45-64	7,650	725,216	44	1.8	505	1.1	430	85	3.4	982	0.4	146
65-74	2,853	158,900	8	0.7	86	0.8	184	12	1.0	143	0.4	116
75-84	646	18,676	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	53	493	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	7,399	224,873	16	0.2	183	0.7	112	26	0.4	259	0.4	51
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	129	11,380	5	4.4	51	0.8	148	5	4.4	23	0.3	102
45-64	174	11,866	5	3.8	60	0.8	137	2	1.5	24	0.9	46
65-74	2,347	88,826	5	0.3	60	0.5	79	5	0.3	58	0.2	27
75-84	2,464	51,807	1	0.0	12	0.1	2	2	0.1	24	0.4	37
85 and older	2,285	60,994	0	0.0	0	0.0	0	12	0.6	130	0.5	55
<b>Male</b>												
All Males	12,155	1,109,904	126	1.7	1,423	0.8	192	170	2.3	1,980	0.5	155
<b>Male, Disabled</b>												
All Ages	9,440	1,010,122	116	2.5	1,309	0.8	195	156	3.3	1,819	0.5	163
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,426	320,018	41	3.1	467	0.8	146	60	4.6	704	0.4	144
45-64	5,572	579,054	66	2.7	737	0.8	204	87	3.6	1,007	0.5	188
65-74	1,369	109,502	9	1.1	105	0.9	345	9	1.1	108	0.3	42
75-84	70	1,470	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	3	78	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	2,715	99,782	10	0.4	114	0.4	160	14	0.5	161	0.4	67
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	24	1,991	2	6.1	18	0.3	55	1	3.0	12	0.3	41
45-64	130	4,181	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,390	72,949	8	0.6	96	0.4	180	7	0.5	77	0.5	116
75-84	782	15,235	0	0.0	0	0.0	0	4	0.5	48	0.3	25
85 and older	389	5,426	0	0.0	0	0.0	0	2	0.6	24	0.3	6
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIHYPERLIPIDEMIC					ANTIDIABETIC				
	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
<b>All</b>	<b>793</b>	<b>4.2</b>	<b>9,018</b>	<b>0.5</b>	<b>\$33</b>	<b>458</b>	<b>2.4</b>	<b>5,027</b>	<b>0.4</b>	<b>\$39</b>	<b>488</b>	<b>2.6</b>	<b>5,402</b>	<b>0.4</b>	<b>\$35</b>
<b>Female</b>															
All Females	471	4.0	5,355	0.5	29	285	2.4	3,116	0.4	39	311	2.7	3,501	0.5	37
<b>Female, Disabled</b>															
All Ages	359	6.8	4,134	0.5	33	190	3.6	2,160	0.4	39	222	4.2	2,536	0.5	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	96	9.4	1,110	0.5	36	13	1.3	147	0.3	26	35	3.4	416	0.3	25
45-64	210	8.5	2,407	0.5	35	104	4.2	1,183	0.4	41	122	4.9	1,387	0.5	46
65-74	47	4.0	548	0.5	24	65	5.5	746	0.4	37	61	5.2	685	0.4	36
75-84	5	1.1	57	0.4	9	7	1.5	79	0.6	55	4	0.9	48	0.7	37
85 and older	1	0.9	12	0.2	3	1	0.9	5	0.2	12	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	112	1.7	1,221	0.6	16	95	1.5	956	0.4	38	89	1.4	965	0.4	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	3.5	46	0.4	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	4	3.0	37	0.6	8	3	2.3	12	0.3	20	3	2.3	14	0.5	42
65-74	38	2.0	405	0.5	17	44	2.3	476	0.4	42	48	2.5	549	0.5	36
75-84	43	1.8	482	0.7	19	24	1.0	271	0.4	33	26	1.1	284	0.3	19
85 and older	23	1.2	251	0.6	9	24	1.3	197	0.5	34	12	0.6	118	0.6	40
<b>Male</b>															
All Males	322	4.4	3,663	0.5	38	173	2.3	1,911	0.4	39	177	2.4	1,901	0.4	32
<b>Male, Disabled</b>															
All Ages	262	5.6	3,017	0.5	43	146	3.1	1,634	0.4	40	137	2.9	1,472	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	89	6.8	1,039	0.5	56	19	1.5	206	0.4	41	22	1.7	245	0.6	54
45-64	152	6.3	1,756	0.6	37	94	3.9	1,053	0.4	42	84	3.5	892	0.4	27
65-74	19	2.3	211	0.5	23	32	3.9	368	0.4	32	30	3.7	328	0.4	38
75-84	1	0.9	7	0.9	6	1	0.9	7	0.3	26	1	0.9	7	0.1	1
85 and older	1	4.5	4	0.5	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	60	2.2	646	0.5	15	27	1.0	277	0.4	33	40	1.5	429	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	3.0	4	1.0	18	1	3.0	6	0.2	19	0	0.0	0	0.0	0
45-64	6	5.9	70	0.6	15	2	2.0	12	0.2	15	3	3.0	22	0.4	32
65-74	29	2.2	323	0.6	20	17	1.3	182	0.4	34	25	1.9	277	0.4	29
75-84	18	2.1	182	0.4	11	6	0.7	65	0.4	37	11	1.3	118	0.3	14
85 and older	6	1.7	67	0.3	6	1	0.3	12	0.3	21	1	0.3	12	0.3	3
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE					ANTIASTHMATIC				
	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
<b>All</b>	<b>1,528</b>	<b>8.0</b>	<b>17,411</b>	<b>0.4</b>	<b>\$8</b>	<b>782</b>	<b>4.1</b>	<b>8,659</b>	<b>0.4</b>	<b>\$16</b>	<b>398</b>	<b>2.1</b>	<b>4,517</b>	<b>0.3</b>	<b>\$30</b>
<b>Female</b>															
All Females	991	8.5	11,314	0.4	6	452	3.9	4,998	0.4	18	254	2.2	2,907	0.3	28
<b>Female, Disabled</b>															
All Ages	422	8.0	4,944	0.4	7	317	6.0	3,627	0.4	18	218	4.1	2,561	0.3	28
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	3	16.7	36	0.4	22	2	11.1	24	0.7	101
21-44	75	7.3	894	0.3	3	41	4.0	459	0.4	13	53	5.2	611	0.2	16
45-64	195	7.9	2,256	0.4	12	178	7.2	2,037	0.4	19	111	4.5	1,308	0.3	29
65-74	111	9.4	1,302	0.4	3	89	7.6	1,028	0.4	19	48	4.1	570	0.3	33
75-84	35	7.6	420	0.4	4	6	1.3	67	0.6	40	4	0.9	48	0.6	53
85 and older	6	5.2	72	0.6	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	569	8.8	6,370	0.4	5	135	2.1	1,371	0.4	16	36	0.6	346	0.3	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	7	6.2	73	0.2	1	2	1.8	24	0.1	1	3	2.7	23	0.2	17
45-64	6	4.5	63	0.2	2	5	3.8	36	0.3	8	0	0.0	0	0.0	0
65-74	130	6.7	1,499	0.4	3	69	3.6	729	0.4	16	15	0.8	164	0.3	35
75-84	205	8.5	2,315	0.4	4	27	1.1	285	0.4	13	8	0.3	79	0.2	16
85 and older	221	11.9	2,420	0.4	8	32	1.7	297	0.5	20	10	0.5	80	0.4	15
<b>Male</b>															
All Males	537	7.3	6,097	0.4	12	330	4.5	3,661	0.4	14	144	2.0	1,610	0.3	34
<b>Male, Disabled</b>															
All Ages	283	6.0	3,247	0.4	19	270	5.7	3,039	0.4	14	121	2.6	1,381	0.3	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	51	3.9	600	0.4	53	37	2.8	432	0.5	15	18	1.4	204	0.2	27
45-64	158	6.5	1,803	0.4	8	173	7.1	1,928	0.3	13	72	3.0	810	0.3	29
65-74	65	7.9	741	0.4	18	59	7.2	672	0.4	15	31	3.8	367	0.3	34
75-84	8	7.1	95	0.2	3	1	0.9	7	0.3	4	0	0.0	0	0.0	0
85 and older	1	4.5	8	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	254	9.5	2,850	0.4	4	60	2.2	622	0.4	13	23	0.9	229	0.4	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	3.0	12	0.5	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	7	6.9	66	0.4	2	3	3.0	24	0.3	6	2	2.0	10	0.5	61
65-74	102	7.7	1,163	0.4	5	41	3.1	432	0.3	13	16	1.2	180	0.5	63
75-84	99	11.5	1,127	0.4	3	11	1.3	106	0.4	9	5	0.6	39	0.3	40
85 and older	45	12.9	482	0.5	4	5	1.4	60	0.6	25	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIANXIETY AGENTS						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>482</b>	<b>2.5</b>	<b>5,461</b>	<b>0.4</b>	<b>\$24</b>	<b>1,340</b>	<b>7.0</b>	<b>15,334</b>	<b>0.4</b>	<b>\$8</b>	<b>19,075</b>	<b>204,680</b>
<b>Female</b>												
All Females	314	2.7	3,552	0.4	24	978	8.4	11,223	0.4	7	11,703	126,853
<b>Female, Disabled</b>												
All Ages	257	4.9	2,986	0.4	26	512	9.7	5,929	0.4	8	5,263	58,041
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	1	5.6	12	0.1	3	1	5.6	9	0.1	1	18	181
21-44	82	8.0	946	0.3	27	69	6.8	787	0.4	14	1,022	11,087
45-64	139	5.6	1,608	0.4	26	284	11.5	3,271	0.4	7	2,470	27,156
65-74	32	2.7	384	0.5	24	107	9.1	1,258	0.4	8	1,178	13,202
75-84	3	0.7	36	0.5	28	48	10.5	568	0.5	7	459	5,166
85 and older	0	0.0	0	0.0	0	3	2.6	36	0.1	2	116	1,249
<b>Female, Other Eligibles</b>												
All Ages	57	0.9	566	0.4	15	466	7.2	5,294	0.4	6	6,440	68,812
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	25
21-44	5	4.4	33	0.2	9	10	8.8	95	0.3	3	113	1,035
45-64	4	3.0	30	0.6	9	10	7.6	117	0.3	6	132	1,213
65-74	17	0.9	187	0.4	22	133	6.9	1,533	0.4	6	1,931	20,948
75-84	11	0.5	130	0.2	9	178	7.4	2,059	0.4	6	2,405	26,313
85 and older	20	1.1	186	0.5	15	135	7.3	1,490	0.4	7	1,855	19,278
<b>Male</b>												
All Males	168	2.3	1,909	0.4	25	362	4.9	4,111	0.4	9	7,372	77,827
<b>Male, Disabled</b>												
All Ages	153	3.3	1,745	0.4	26	234	5.0	2,690	0.4	11	4,697	50,248
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	103
21-44	61	4.7	693	0.3	26	55	4.2	620	0.5	14	1,308	13,902
45-64	83	3.4	946	0.4	27	132	5.4	1,511	0.4	11	2,425	26,005
65-74	9	1.1	106	0.3	19	38	4.6	452	0.3	5	821	8,852
75-84	0	0.0	0	0.0	0	9	8.0	107	0.4	9	112	1,161
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	22	225
<b>Male, Other Eligibles</b>												
All Ages	15	0.6	164	0.3	10	128	4.8	1,421	0.3	5	2,675	27,579
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	1	3.0	6	0.2	37	2	6.1	12	0.2	6	33	264
45-64	2	2.0	24	0.3	18	7	6.9	84	0.4	11	101	932
65-74	8	0.6	86	0.3	8	58	4.4	654	0.3	5	1,330	13,772
75-84	3	0.3	36	0.1	6	34	3.9	382	0.3	4	861	9,135
85 and older	1	0.3	12	0.8	5	27	7.7	289	0.3	5	350	3,476
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
<b>All</b>	<b>\$8</b>	<b>0.3</b>	<b>1,692</b>	<b>18,339</b>
<b>Age</b>				
0-64	19	0.6	132	1,495
65-74	10	0.4	266	3,034
75-84	5	0.3	570	6,229
85 and older	8	0.3	724	7,581
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.3	1,196	12,866
Male	8	0.3	496	5,473
Unknown	0	0.0	0	0
<b>Race</b>				
White	3	0.2	144	1,526
African American	9	0.3	1,390	15,100
Other/unknown	6	0.3	158	1,713
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.3	1,517	16,363
Disabled	20	0.6	156	1,748
Adults	27	0.7	19	228
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE D.9**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx			Users		
	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Off-Brand-Name Generic	Total	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.2	0.1	0.0	0.1	\$16	\$13	\$0	\$3	\$74	\$177	\$0	\$23	39	\$2,899	17	1.0	184	
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
Antineoplastic Agents	0.3	0.1	0.0	0.2	33	22	0	11	131	262	0	65	12	1,566	4	0.2	48	
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	24	1	3	56	104	112	11	169	9,454	31	1.8	343	
Cardiovascular Agents	1.1	0.2	0.1	0.8	36	13	3	20	32	58	37	24	576	18,478	47	2.8	520	
Respiratory Agents	0.2	0.0	0.0	0.2	6	1	0	4	29	55	45	24	118	3,404	49	2.9	576	
Gastrointestinal Agents	0.4	0.2	0.0	0.2	29	22	2	5	73	112	123	26	138	10,103	32	1.9	353	
Genitourinary Agents	0.8	0.8	0.0	0.1	55	54	0	1	68	72	0	16	13	878	2	0.1	16	
CNS Drugs	0.5	0.0	0.0	0.4	11	3	0	7	23	96	107	17	1,464	33,917	280	16.5	3,149	
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	8	0	0	8	23	0	0	23	4	92	1	0.1	12	
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	74	74	0	0	120	120	0	0	62	7,425	10	0.6	101	
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	12	0	0	11	20	77	2	20	93	1,860	16	0.9	160	
Neuromuscular Agents	0.7	0.0	0.0	0.7	13	2	0	11	18	79	12	16	758	13,906	95	5.6	1,074	
Nutritional Products	0.6	0.1	0.0	0.5	12	4	0	7	21	74	17	15	523	10,790	80	4.7	922	
Hematological Agents	0.6	0.0	0.0	0.6	10	5	0	5	16	123	21	9	1,707	26,806	242	14.3	2,748	
Topical Products	0.3	0.2	0.0	0.1	13	8	1	3	49	54	56	36	73	3,546	27	1.6	282	
Miscellaneous Products	0.1	0.1	0.0	0.0	6	6	0	0	54	54	0	0	8	429	6	0.4	70	
Unknown Therapeutic Category	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>5,757</b>	<b>145,553</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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 D.C., 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 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	
HEMATOPOIETIC AGENTS	\$21,056	317	18.7	3,561	0.5	\$11	\$6	
ANTI-ANXIETY AGENTS	17,725	220	13.0	2,479	0.4	18	7	
ANALGESICS - NonNarcotic	14,488	459	27.1	5,074	0.5	6	3	
ANTICONVULSANT	13,524	94	5.6	1,058	0.7	18	13	
ANTI-PSYCHOTICS	9,564	19	1.1	228	0.5	93	42	
ANTI-DIABETIC	8,938	31	1.8	348	0.4	61	26	
ULCER DRUGS	8,282	26	1.5	289	0.3	94	29	
MINERALS & ELECTROLYTES	8,112	154	9.1	1,752	0.6	7	5	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,425	11	0.7	113	0.5	120	66	
ANTI-HYPERLIPIDEMIC	6,755	17	1.0	181	0.5	68	37	
Total	115,869	1,348	n.a.	15,083	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	All Top 10 Drug Groups		HEMATOPOIETIC AGENTS					ANTI-ANXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>7,758</b>	<b>\$115,869</b>	<b>317</b>	<b>18.7</b>	<b>3,561</b>	<b>0.5</b>	<b>\$6</b>	<b>220</b>	<b>13.0</b>	<b>2,479</b>	<b>0.4</b>	<b>\$7</b>
<b>Female</b>												
All Females	5,700	86,559	202	16.9	2,227	0.5	7	158	13.2	1,773	0.4	7
<b>Female, Disabled</b>												
All Ages	513	11,957	16	24.2	187	0.6	7	13	19.7	146	0.7	12
64 or younger	270	5,052	13	30.2	151	0.5	6	10	23.3	110	0.6	10
65-74	196	6,583	3	20.0	36	0.8	11	3	20.0	36	0.9	19
75-84	27	166	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	20	156	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	5,187	74,602	186	16.5	2,040	0.5	7	145	12.8	1,627	0.4	7
64 or younger	39	302	0	0.0	0	0.0	0	2	20.0	24	0.1	1
65-74	527	9,027	21	18.1	235	0.5	5	18	15.5	214	0.5	11
75-84	1,752	21,847	56	14.0	627	0.6	8	54	13.5	610	0.4	7
85 and older	2,869	43,426	109	18.0	1,178	0.5	7	71	11.7	779	0.4	6
<b>Male</b>												
All Males	2,058	29,310	115	23.2	1,334	0.6	4	62	12.5	706	0.4	7
<b>Male, Disabled</b>												
All Ages	503	10,965	19	21.1	218	0.7	4	9	10.0	108	0.7	8
64 or younger	364	7,785	13	19.4	150	0.8	5	8	11.9	96	0.7	9
65-74	117	2,852	6	33.3	68	0.6	4	1	5.6	12	0.2	5
75-84	17	109	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	219	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	1,555	18,345	96	23.6	1,116	0.5	4	53	13.1	598	0.3	7
64 or younger	83	2,998	3	25.0	36	0.5	3	3	25.0	36	0.8	25
65-74	394	4,351	22	18.8	256	0.5	4	21	17.9	248	0.3	4
75-84	610	6,779	47	28.5	545	0.5	4	15	9.1	157	0.2	6
85 and older	468	4,217	24	21.4	279	0.6	5	14	12.5	157	0.3	6
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANALGESICS - NonNarcotic					ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>459</b>	<b>27.1</b>	<b>5,074</b>	<b>0.5</b>	<b>\$3</b>	<b>94</b>	<b>5.6</b>	<b>1,058</b>	<b>0.7</b>	<b>\$13</b>	<b>19</b>	<b>1.1</b>	<b>228</b>	<b>0.5</b>	<b>\$42</b>
<b>Female</b>															
All Females	365	30.5	4,042	0.5	3	56	4.7	655	0.7	13	13	1.1	156	0.5	47
<b>Female, Disabled</b>															
All Ages	21	31.8	241	0.4	2	13	19.7	151	0.5	13	3	4.5	36	0.3	7
64 or younger	9	20.9	97	0.5	2	9	20.9	103	0.6	14	1	2.3	12	0.1	9
65-74	7	46.7	84	0.3	2	3	20.0	36	0.6	16	2	13.3	24	0.4	6
75-84	4	133.3	48	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	20.0	12	0.8	5	1	20.0	12	0.2	3	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	344	30.4	3,801	0.5	3	43	3.8	504	0.8	12	10	0.9	120	0.5	60
64 or younger	3	30.0	36	0.4	2	1	10.0	12	0.4	7	0	0.0	0	0.0	0
65-74	28	24.1	322	0.4	2	7	6.0	77	0.6	10	2	1.7	24	0.3	9
75-84	115	28.8	1,288	0.5	3	20	5.0	235	0.9	15	1	0.3	12	0.7	72
85 and older	198	32.7	2,155	0.5	3	15	2.5	180	0.7	10	7	1.2	84	0.6	72
<b>Male</b>															
All Males	94	19.0	1,032	0.5	3	38	7.7	403	0.7	13	6	1.2	72	0.4	30
<b>Male, Disabled</b>															
All Ages	16	17.8	184	0.5	3	9	10.0	95	0.9	18	5	5.6	60	0.4	35
64 or younger	10	14.9	120	0.5	3	4	6.0	48	0.9	25	2	3.0	24	0.7	26
65-74	4	22.2	40	0.6	3	3	16.7	36	1.0	12	3	16.7	36	0.3	41
75-84	2	66.7	24	0.5	3	1	33.3	7	0.9	6	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	50.0	4	0.5	18	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	78	19.2	848	0.5	3	29	7.1	308	0.6	12	1	0.2	12	0.1	5
64 or younger	1	8.3	2	0.5	3	3	25.0	36	0.7	22	0	0.0	0	0.0	0
65-74	21	17.9	235	0.4	2	11	9.4	124	0.7	12	0	0.0	0	0.0	0
75-84	29	17.6	308	0.5	3	11	6.7	104	0.4	10	0	0.0	0	0.0	0
85 and older	27	24.1	303	0.5	3	4	3.6	44	0.4	6	1	0.9	12	0.1	5
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					MINERALS & ELECTROLYTES				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>31</b>	<b>1.8</b>	<b>348</b>	<b>0.4</b>	<b>\$26</b>	<b>26</b>	<b>1.5</b>	<b>289</b>	<b>0.3</b>	<b>\$29</b>	<b>154</b>	<b>9.1</b>	<b>1,752</b>	<b>0.6</b>	<b>\$5</b>
<b>Female</b>															
All Females	21	1.8	238	0.4	28	20	1.7	217	0.3	25	134	11.2	1,524	0.6	4
<b>Female, Disabled</b>															
All Ages	5	7.6	60	0.3	30	4	6.1	43	0.4	43	7	10.6	84	0.7	6
64 or younger	1	2.3	12	0.2	10	2	4.7	19	0.3	32	0	0.0	0	0.0	0
65-74	4	26.7	48	0.3	35	2	13.3	24	0.5	52	4	26.7	48	0.8	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.6	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.8	6
<b>Female, Other Eligibles</b>															
All Ages	16	1.4	178	0.5	28	16	1.4	174	0.3	21	127	11.2	1,440	0.6	4
64 or younger	0	0.0	0	0.0	0	1	10.0	12	0.1	1	2	20.0	24	0.6	4
65-74	4	3.4	40	0.5	21	3	2.6	28	0.3	26	9	7.8	108	0.6	5
75-84	4	1.0	48	0.3	11	3	0.8	36	0.1	11	39	9.8	432	0.6	4
85 and older	8	1.3	90	0.6	39	9	1.5	98	0.4	25	77	12.7	876	0.6	4
<b>Male</b>															
All Males	10	2.0	110	0.4	20	6	1.2	72	0.2	39	20	4.0	228	0.7	6
<b>Male, Disabled</b>															
All Ages	4	4.4	48	0.1	11	3	3.3	36	0.3	55	3	3.3	36	0.8	11
64 or younger	2	3.0	24	0.1	5	1	1.5	12	0.5	153	3	4.5	36	0.8	11
65-74	2	11.1	24	0.2	17	2	11.1	24	0.1	5	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	6	1.5	62	0.6	27	3	0.7	36	0.2	23	17	4.2	192	0.7	5
64 or younger	1	8.3	12	0.6	49	1	8.3	12	0.3	51	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	1.7	24	0.2	3
75-84	5	3.0	50	0.6	22	0	0.0	0	0.0	0	6	3.6	70	0.8	5
85 and older	0	0.0	0	0.0	0	2	1.8	24	0.2	9	9	8.0	98	0.8	6
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, D.C., 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIHYPERLIPIDEMIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>11</b>	<b>0.7</b>	<b>113</b>	<b>0.5</b>	<b>\$66</b>	<b>17</b>	<b>1.0</b>	<b>181</b>	<b>0.5</b>	<b>\$37</b>	<b>1,692</b>	<b>18,339</b>
<b>Female</b>												
All Females	10	0.8	109	0.5	67	12	1.0	125	0.6	39	1,196	12,866
<b>Female, Disabled</b>												
All Ages	1	1.5	12	0.3	56	5	7.6	55	0.3	22	66	741
64 or younger	0	0.0	0	0.0	0	2	4.7	19	0.3	26	43	485
65-74	1	6.7	12	0.3	56	3	20.0	36	0.2	20	15	180
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	40
<b>Female, Other Eligibles</b>												
All Ages	9	0.8	97	0.6	68	7	0.6	70	0.8	52	1,130	12,125
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	115
65-74	1	0.9	4	1.3	191	2	1.7	16	0.6	66	116	1,324
75-84	3	0.8	36	0.4	44	1	0.3	12	0.6	62	399	4,366
85 and older	5	0.8	57	0.6	75	4	0.7	42	0.9	44	605	6,320
<b>Male</b>												
All Males	1	0.2	4	0.8	37	5	1.0	56	0.5	34	496	5,473
<b>Male, Disabled</b>												
All Ages	1	1.1	4	0.8	37	3	3.3	36	0.6	48	90	1,007
64 or younger	0	0.0	0	0.0	0	3	4.5	36	0.6	48	67	770
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	199
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	24
85 and older	1	50.0	4	0.8	37	0	0.0	0	0.0	0	2	14
<b>Male, Other Eligibles</b>												
All Ages	0	0.0	0	0.0	0	2	0.5	20	0.3	8	406	4,466
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	125
65-74	0	0.0	0	0.0	0	2	1.7	20	0.3	8	117	1,331
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	165	1,803
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	112	1,207
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for D.C., 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 883 beneficiaries who were in nursing facilities for part of their enrollment and their 9,005 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<sup>a,b</sup>  
D.C., 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
<b>All</b>	<b>5,242</b>	<b>27.5</b>	<b>1.8</b>	<b>33,780</b>	<b>\$18</b>	<b>\$349,960</b>	<b>\$10</b>	<b>8.8</b>	<b>19,075</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	0	0.0	0.0	0	0	0	0	0.0	0
15-20	6	19.4	0.6	20	5	170	9	2.7	31
21-44	509	20.6	1.1	2,713	16	38,747	14	4.5	2,476
45-64	1,588	31.0	2.0	10,070	24	123,078	12	6.0	5,128
65-74	1,416	26.9	1.7	8,843	16	83,698	9	10.9	5,260
75-84	1,086	28.3	1.9	7,398	16	62,930	9	37.0	3,837
85 and older	637	27.2	2.0	4,736	18	41,337	9	32.1	2,343
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	2,300	26.5	1.8	15,508	16	137,299	9	24.0	8,671
Disabled	2,860	28.7	1.8	17,880	21	206,659	12	6.1	9,960
Adults	81	18.3	0.9	391	14	5,993	15	10.5	442
Children	0	0.0	0.0	0	0	0	0	0.0	1
Unknown	1	100.0	1.0	1	9	9	9	60.0	1
<b>Gender</b>									
Female	3,481	29.7	2.0	23,142	21	240,416	10	10.3	11,703
Male	1,761	23.9	1.4	10,638	15	109,544	10	6.6	7,372
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	240	24.2	1.9	1,897	23	22,390	12	12.3	990
African American	4,328	27.7	1.8	27,668	18	281,915	10	8.1	15,604
Other/unknown	674	27.2	1.7	4,215	18	45,655	11	13.3	2,481
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	664	39.2	3.7	6,241	35	60,038	10	41.2	1,692
Part year	357	40.4	2.3	2,046	22	19,820	10	14.6	883
None	4,221	25.6	1.5	25,493	16	270,102	11	7.3	16,500
<b>Maintenance Assistance Status</b>									
Cash	2,143	27.9	1.7	13,405	19	148,712	11	7.0	7,691
Medically needy	1,025	33.9	2.7	8,073	26	79,850	10	12.8	3,020
Poverty related	1,128	24.1	1.3	6,105	13	58,473	10	9.6	4,675
Other/unknown	946	25.6	1.7	6,197	17	62,925	10	9.9	3,689

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a,b</sup>**  
**D.C., 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
<b>All</b>	<b>0.2</b>	<b>\$2</b>	<b>\$10</b>	<b>\$0</b>	<b>\$1</b>	<b>204,680</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.0	0	0	0	0	0
15-20	0.1	1	9	0	0	309
21-44	0.1	1	14	0	1	26,288
45-64	0.2	2	12	0	1	55,306
65-74	0.2	1	9	0	1	56,774
75-84	0.2	2	9	0	0	41,775
85 and older	0.2	2	9	0	1	24,228
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	1	9	0	0	92,356
Disabled	0.2	2	12	0	1	108,289
Adults	0.1	1	15	0	1	4,011
Children	0.0	0	0	0	0	12
Unknown	0.1	1	9	0	1	12
<b>Gender</b>						
Female	0.2	2	10	0	1	126,853
Male	0.1	1	10	0	1	77,827
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	2	12	0	1	10,134
African American	0.2	2	10	0	1	167,434
Other/unknown	0.2	2	11	0	1	27,112
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	3	10	0	1	18,339
Part year	0.2	2	10	0	1	9,005
None	0.1	2	11	0	1	177,336
<b>Maintenance Assistance Status</b>						
Cash	0.2	2	11	0	1	84,584
Medically needy	0.3	3	10	0	1	30,777
Poverty related	0.1	1	10	0	0	49,492
Other/unknown	0.2	2	10	0	1	39,827

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a,b,c</sup>**  
**D.C., 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	
<b>All</b>	<b>6,460</b>	<b>\$54</b>	<b>\$349,960</b>	<b>100.0</b>	<b>33,780</b>	<b>\$10</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	404	807	0.2	12	67	0.0
Cough and cold medications	720	77	55,447	15.8	1,424	39	4.2
Vitamins and minerals	972	61	59,725	17.1	4,342	14	12.9
Non-prescription drugs	2,966	28	82,970	23.7	17,863	5	52.9
Barbiturates	135	55	7,467	2.1	1,167	6	3.5
Benzodiazepines	1,649	87	142,854	40.8	8,938	16	26.5
Other Part D Excl Rx Drugs	16	43	690	0.2	34	20	0.1

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>  
 D.C., 2007

Total Number of Dual Eligible Beneficiaries: 19,075  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$3,991,422  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$209

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,367	75.3	\$0	0.0
1-500	3,683	19.3	323,750	8.1
501-1,000	288	1.5	201,966	5.1
1,001-1,500	150	0.8	187,358	4.7
1,501-2,000	116	0.6	199,939	5.0
2,001-2,500	90	0.5	201,404	5.0
2,501-3,000	61	0.3	168,482	4.2
3,001-3,500	44	0.2	143,088	3.6
3,501-4,000	37	0.2	138,399	3.5
4,001-4,500	23	0.1	96,699	2.4
4,501-5,000	26	0.1	122,382	3.1
5,001-5,500	22	0.1	115,888	2.9
5,501-6,000	14	0.1	79,548	2.0
6,001-6,500	12	0.1	74,480	1.9
6,501-7,000	10	0.1	66,968	1.7
7,001-7,500	13	0.1	93,755	2.3
7,501-8,000	12	0.1	93,457	2.3
8,001-8,500	11	0.1	90,664	2.3
8,501-9,000	5	0.0	43,972	1.1
9,001-9,500	7	0.0	64,593	1.6
9,501-10,000	6	0.0	58,490	1.5
10,001+	78	0.4	1,426,140	35.7

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b, c</sup>  
 D.C., 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 7,252  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,875,898  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$396

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	5,074	70.0	\$0	0.0	
1-500	1,516	20.9	144,476	5.0	
501-1,000	167	2.3	118,426	4.1	
1,001-1,500	86	1.2	106,192	3.7	
1,501-2,000	75	1.0	128,671	4.5	
2,001-2,500	59	0.8	131,993	4.6	
2,501-3,000	38	0.5	105,800	3.7	
3,001-3,500	29	0.4	93,893	3.3	
3,501-4,000	23	0.3	85,875	3.0	
4,001-4,500	17	0.2	71,350	2.5	
4,501-5,000	19	0.3	89,740	3.1	
5,001-5,500	16	0.2	84,401	2.9	
5,501-6,000	10	0.1	56,942	2.0	
6,001-6,500	9	0.1	55,901	1.9	
6,501-7,000	8	0.1	53,419	1.9	
7,001-7,500	11	0.2	79,255	2.8	
7,501-8,000	9	0.1	70,468	2.5	
8,001-8,500	8	0.1	65,859	2.3	
8,501-9,000	4	0.1	35,208	1.2	
9,001-9,500	5	0.1	46,004	1.6	
9,501-10,000	6	0.1	58,490	2.0	
10,001+	63	0.9	1,193,535	41.5	

Source: Data for this table are from the MAX 2007 file for D.C., 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 D.C., 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 11,440  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,064,158  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$93

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,993	78.6	\$0	0.0
1-500	2,103	18.4	171,949	16.2
501-1,000	113	1.0	78,194	7.3
1,001-1,500	60	0.5	76,298	7.2
1,501-2,000	39	0.3	67,788	6.4
2,001-2,500	29	0.3	65,216	6.1
2,501-3,000	23	0.2	62,682	5.9
3,001-3,500	15	0.1	49,195	4.6
3,501-4,000	14	0.1	52,524	4.9
4,001-4,500	6	0.1	25,349	2.4
4,501-5,000	7	0.1	32,642	3.1
5,001-5,500	6	0.1	31,487	3.0
5,501-6,000	3	0.0	17,059	1.6
6,001-6,500	3	0.0	18,579	1.7
6,501-7,000	2	0.0	13,549	1.3
7,001-7,500	2	0.0	14,500	1.4
7,501-8,000	2	0.0	15,165	1.4
8,001-8,500	3	0.0	24,805	2.3
8,501-9,000	1	0.0	8,764	0.8
9,001-9,500	2	0.0	18,589	1.7
9,501-10,000	0	0.0	0	0.0
10,001+	14	0.1	219,824	20.7

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>  
 D.C., 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 5,260  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$765,428  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$145

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,070	77.4	\$0	0.0
1-500	958	18.2	83,969	11.0
501-1,000	72	1.4	50,830	6.6
1,001-1,500	39	0.7	49,704	6.5
1,501-2,000	23	0.4	39,967	5.2
2,001-2,500	20	0.4	44,965	5.9
2,501-3,000	13	0.2	35,891	4.7
3,001-3,500	12	0.2	39,574	5.2
3,501-4,000	11	0.2	41,587	5.4
4,001-4,500	3	0.1	12,840	1.7
4,501-5,000	7	0.1	32,642	4.3
5,001-5,500	5	0.1	26,402	3.4
5,501-6,000	2	0.0	11,473	1.5
6,001-6,500	3	0.1	18,579	2.4
6,501-7,000	1	0.0	6,886	0.9
7,001-7,500	2	0.0	14,500	1.9
7,501-8,000	2	0.0	15,165	2.0
8,001-8,500	3	0.1	24,805	3.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,158	1.2
9,501-10,000	0	0.0	0	0.0
10,001+	13	0.2	206,491	27.0

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>  
 D.C., 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 3,837  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$169,935  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$44

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,052	79.5	\$0	0.0
1-500	718	18.7	54,681	32.2
501-1,000	31	0.8	20,809	12.2
1,001-1,500	10	0.3	12,269	7.2
1,501-2,000	8	0.2	13,972	8.2
2,001-2,500	5	0.1	11,290	6.6
2,501-3,000	5	0.1	12,981	7.6
3,001-3,500	3	0.1	9,621	5.7
3,501-4,000	1	0.0	3,645	2.1
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,085	3.0
5,501-6,000	1	0.0	5,586	3.3
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,663	3.9
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,333	7.8

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>  
 D.C., 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,343  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$128,795  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$55

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,871	79.9	\$0	0.0
1-500	427	18.2	33,299	25.9
501-1,000	10	0.4	6,555	5.1
1,001-1,500	11	0.5	14,325	11.1
1,501-2,000	8	0.3	13,849	10.8
2,001-2,500	4	0.2	8,961	7.0
2,501-3,000	5	0.2	13,810	10.7
3,001-3,500	0	0.0	0	0.0
3,501-4,000	2	0.1	7,292	5.7
4,001-4,500	3	0.1	12,509	9.7
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,764	6.8
9,001-9,500	1	0.0	9,431	7.3
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for D.C., 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>19,313</b>	<b>8,671</b>	<b>9,982</b>	<b>657</b>	<b>2</b>	<b>1</b>	<b>208,248</b>	<b>92,462</b>	<b>108,893</b>	<b>6,862</b>	<b>19</b>	<b>12</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	0	0	0	0	0	0	0	0	0	0	0	0
15-20	42	0	35	5	2	0	457	0	393	45	19	0
21-44	2,570	2	2,344	224	0	0	27,689	24	25,267	2,398	0	0
45-64	5,208	23	4,895	289	0	1	56,512	212	53,329	2,959	0	12
65-74	5,308	3,192	1,999	117	0	0	57,519	34,193	22,103	1,223	0	0
75-84	3,842	3,252	571	19	0	0	41,838	35,310	6,327	201	0	0
85 and older	2,343	2,202	138	3	0	0	24,233	22,723	1,474	36	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	11,849	6,146	5,270	431	1	1	129,155	66,217	58,344	4,570	12	12
Male	7,464	2,525	4,712	226	1	0	79,093	26,245	50,549	2,292	7	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	997	474	500	23	0	0	10,209	4,859	5,128	222	0	0
African American	15,813	6,812	8,402	596	2	1	170,658	72,538	91,830	6,259	19	12
Other/unknown	2,503	1,385	1,080	38	0	0	27,381	15,065	11,935	381	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,692	1,517	156	19	0	0	18,339	16,363	1,748	228	0	0
Part year	883	711	160	12	0	0	9,009	7,117	1,761	131	0	0
None	16,738	6,443	9,666	626	2	1	180,900	68,982	105,384	6,503	19	12
<b>Maintenance Assistance Status</b>												
Cash	7,877	2,206	5,159	512	0	0	87,297	24,414	57,401	5,482	0	0
Medically needy	3,052	2,048	896	107	1	0	31,184	20,982	9,122	1,073	7	0
Poverty related	4,676	2,117	2,555	3	0	1	49,691	22,656	27,002	21	0	12
Other/unknown	3,708	2,300	1,372	35	1	0	40,076	24,410	15,368	286	12	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	18,570	8,295	9,627	645	2	1	200,293	88,516	105,027	6,719	19	12
Full dual, part year	743	376	355	12	0	0	7,955	3,946	3,866	143	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	18,866	8,647	9,890	327	1	1	203,451	92,189	107,843	3,395	12	12
FFS part year, with Rx claims	44	6	15	23	0	0	511	70	174	267	0	0
FFS part year, no Rx claims	165	18	55	92	0	0	1,787	203	621	963	0	0
MC all year, with Rx claims	1	0	0	1	0	0	12	0	0	12	0	0
MC all year, no Rx claims	237	0	22	214	1	0	2,487	0	255	2,225	7	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 D.C., 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<sup>a</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, D.C., 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
<b>All</b>	<b>19,313</b>	<b>208,248</b>	<b>19,075</b>	<b>204,680</b>	<b>0</b>	<b>3,568</b>
Fee-for-service (FFS) all year	18,866	203,451	18,866	203,451	0	0
FFS part year, with Rx claims	44	511	44	286	0	225
FFS part year, with no Rx claims	165	1,787	165	943	0	844
Managed care (MC) all year, with Rx claims	1	12	0	0	0	12
MC all year, with no Rx claims	237	2,487	0	0	0	2,487

Source: Data for this table are from the MAX 2007 file for D.C., 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