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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
RHODE ISLAND

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 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	31,265	12,709	16,994	1,515	5	42	340,234	134,221	191,332	14,185	41	455
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	0	17	0	17	0	0	0
15-20	63	0	58	1	4	0	538	0	500	9	29	0
21-44	6,000	0	5,185	813	0	2	65,614	0	57,938	7,658	0	18
45-64	8,629	2	7,991	607	1	28	95,979	21	89,982	5,661	12	303
65-74	6,304	3,542	2,671	79	0	12	69,732	38,145	30,750	703	0	134
75-84	5,723	4,785	925	13	0	0	62,191	51,589	10,468	134	0	0
85 and older	4,543	4,380	161	2	0	0	46,151	44,466	1,665	20	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	19,919	9,525	9,479	869	4	42	217,433	101,443	107,350	8,155	30	455
Male	11,346	3,184	7,515	646	1	0	122,801	32,778	83,982	6,030	11	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	18,748	6,690	11,141	878	4	35	206,837	71,368	126,529	8,531	29	380
African American	2,016	493	1,402	119	0	2	22,036	5,356	15,590	1,073	0	17
Other/unknown	10,501	5,526	4,451	518	1	5	111,361	57,497	49,213	4,581	12	58
Use of Nursing Facilities^c												
Entire year	4,022	2,819	1,203	0	0	0	45,318	31,089	14,229	0	0	0
Part year	2,674	2,050	617	7	0	0	25,531	18,905	6,562	64	0	0
None	24,569	7,840	15,174	1,508	5	42	269,385	84,227	170,541	14,121	41	455
Maintenance Assistance Status												
Cash	15,878	4,372	11,491	15	0	0	179,152	48,839	130,189	124	0	0
Medically needy	283	173	109	1	0	0	2,995	1,798	1,187	10	0	0
Poverty-related	296	88	155	9	2	42	3,143	936	1,675	64	13	455
Other/unknown	14,808	8,076	5,239	1,490	3	0	154,944	82,648	58,281	13,987	28	0
Dual Medicare Status^d												
Full dual, all year	30,672	12,403	16,717	1,505	5	42	333,737	130,874	188,292	14,075	41	455
Full dual, part year	593	306	277	10	0	0	6,497	3,347	3,040	110	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	30,749	12,647	16,805	1,252	3	42	337,091	133,733	190,084	12,794	25	455
FFS part year, with Rx claims	226	12	91	123	0	0	1,435	92	637	706	0	0
FFS part year, no Rx claims	290	50	98	140	2	0	1,708	396	611	685	16	0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 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	39.4	4.2	\$222	\$53	\$19,614	1.1	31,265
Age							
5 and younger	0.0	0.0	0	0	0	0.0	1
6-14	0.0	0.0	0	0	647	0.0	2
15-20	31.7	9.2	573	63	21,657	2.6	63
21-44	40.9	4.7	249	54	16,565	1.5	6,000
45-64	47.7	6.2	461	74	21,991	2.1	8,629
65-74	37.1	4.3	180	42	12,448	1.4	6,304
75-84	32.5	2.2	31	14	18,225	0.2	5,723
85 and older	33.7	2.1	24	12	30,802	0.1	4,543
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	32.8	2.3	44	19	21,485	0.2	12,709
Disabled	44.6	5.7	362	64	19,831	1.8	16,994
Adults	36.2	2.9	69	24	1,683	4.1	1,515
Children	20.0	17.2	2,155	125	9,196	23.4	5
Unknown	81.0	27.8	2,672	96	13,698	19.5	42
Gender							
Female	42.5	4.5	172	38	18,523	0.9	19,919
Male	34.0	3.7	310	84	21,529	1.4	11,346
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	43.3	4.9	191	39	23,885	0.8	18,748
African American	34.6	3.2	150	47	10,277	1.5	2,016
Other/unknown	33.4	3.1	290	93	13,780	2.1	10,501
Use of Nursing Facilities^f							
Entire year	41.4	3.8	59	16	86,624	0.1	4,022
Part year	46.2	3.6	99	28	34,456	0.3	2,674
None	38.4	4.4	262	60	7,029	3.7	24,569
Maintenance Assistance Status							
Cash	39.5	4.6	223	48	11,823	1.9	15,878
Medically needy	46.6	5.9	228	39	41,008	0.6	283
Poverty related	38.5	6.9	522	75	3,263	16.0	296
Other/unknown	39.2	3.7	215	58	27,885	0.8	14,808

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 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	0.4	\$20	1.1	60.6	33.5	3.2	1.9	0.7	0.1	\$1,802	31,265	340,234
Age												
5 and younger	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	12
6-14	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	76	2	17
15-20	1.1	67	2.6	68.3	14.3	6.3	6.3	4.8	0.0	2,536	63	538
21-44	0.4	23	1.5	59.1	33.3	3.9	2.7	0.9	0.1	1,515	6,000	65,614
45-64	0.6	41	2.1	52.3	38.6	4.6	3.3	1.0	0.3	1,977	8,629	95,979
65-74	0.4	16	1.4	62.9	31.1	3.0	1.9	0.9	0.2	1,125	6,304	69,732
75-84	0.2	3	0.2	67.5	30.5	1.6	0.4	0.1	0.0	1,677	5,723	62,191
85 and older	0.2	2	0.1	66.3	31.8	1.6	0.2	0.1	0.0	3,032	4,543	46,151
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	4	0.2	67.2	30.3	1.8	0.5	0.1	0.0	2,034	12,709	134,221
Disabled	0.5	32	1.8	55.4	36.3	4.2	2.9	1.1	0.2	1,761	16,994	191,332
Adults	0.3	7	4.1	63.8	31.0	2.6	2.1	0.5	0.0	180	1,515	14,185
Children	2.1	263	23.4	80.0	0.0	0.0	0.0	20.0	0.0	1,122	5	41
Unknown	2.6	247	19.5	19.0	28.6	9.5	28.6	14.3	0.0	1,264	42	455
Gender												
Female	0.4	16	0.9	57.5	36.2	3.5	1.8	0.7	0.2	1,697	19,919	217,433
Male	0.3	29	1.4	66.0	28.8	2.5	2.0	0.5	0.1	1,989	11,346	122,801
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	17	0.8	56.7	36.4	3.8	2.1	0.8	0.2	2,165	18,748	206,837
African American	0.3	14	1.5	65.4	30.2	1.9	1.9	0.5	0.0	940	2,016	22,036
Other/unknown	0.3	27	2.1	66.6	29.1	2.2	1.6	0.5	0.1	1,299	10,501	111,361
Use of Nursing Facilities^f												
Entire year	0.3	5	0.1	58.6	36.7	3.5	0.7	0.3	0.1	7,688	4,022	45,318
Part year	0.4	10	0.3	53.8	42.1	2.7	0.9	0.4	0.2	3,609	2,674	25,531
None	0.4	24	3.7	61.6	32.1	3.2	2.2	0.7	0.1	641	24,569	269,385
Maintenance Assistance Status												
Cash	0.4	20	1.9	60.5	32.9	3.4	2.2	0.8	0.2	1,048	15,878	179,152
Medically needy	0.6	22	0.6	53.4	39.2	2.8	2.5	1.8	0.4	3,875	283	2,995
Poverty related	0.7	49	16.0	61.5	25.3	3.0	7.1	3.0	0.0	307	296	3,143
Other/unknown	0.4	21	0.8	60.8	34.3	2.9	1.5	0.4	0.1	2,665	14,808	154,944

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 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	0.4	\$20	\$53	0.1	\$14	\$235	0.0	\$1	\$129	0.3	\$5	\$15
Age												
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	1.1	67	63	0.4	53	119	0.0	1	56	0.6	13	21
21-44	0.4	23	54	0.1	16	202	0.0	1	140	0.3	6	17
45-64	0.6	41	74	0.1	32	336	0.0	2	138	0.5	8	17
65-74	0.4	16	42	0.1	10	136	0.0	1	119	0.3	5	16
75-84	0.2	3	14	0.0	1	87	0.0	0	81	0.2	2	9
85 and older	0.2	2	12	0.0	1	63	0.0	0	68	0.2	1	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	4	19	0.0	2	99	0.0	0	111	0.2	2	9
Disabled	0.5	32	64	0.1	24	260	0.0	2	135	0.4	7	17
Adults	0.3	7	24	0.0	3	106	0.0	1	71	0.3	3	13
Children	2.1	263	125	1.1	222	207	0.0	0	0	1.0	41	40
Unknown	2.6	247	96	1.0	176	175	0.1	16	146	1.4	55	38
Gender												
Female	0.4	16	38	0.1	10	151	0.0	1	126	0.3	5	15
Male	0.3	29	84	0.1	23	394	0.0	1	136	0.3	4	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	17	39	0.1	11	162	0.0	1	132	0.4	6	15
African American	0.3	14	47	0.1	9	164	0.0	1	120	0.2	4	16
Other/unknown	0.3	27	93	0.1	23	402	0.0	1	124	0.2	4	16
Use of Nursing Facilities^e												
Entire year	0.3	5	16	0.0	3	112	0.0	0	55	0.3	3	8
Part year	0.4	10	28	0.1	7	117	0.0	1	88	0.3	3	11
None	0.4	24	60	0.1	17	250	0.0	1	134	0.3	5	17
Maintenance Assistance Status												
Cash	0.4	20	48	0.1	13	171	0.0	1	132	0.3	6	17
Medically needy	0.6	22	39	0.1	11	166	0.0	1	148	0.5	7	15
Poverty related	0.7	49	75	0.2	33	162	0.0	3	135	0.4	13	30
Other/unknown	0.4	21	58	0.0	16	375	0.0	1	122	0.3	4	13

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 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 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	0.3	0.0	0.0	0.2	\$34	\$24	\$1	\$9	\$133	\$488	\$229	\$44	2,178	\$289,234	757	2.4	8,581
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	0.5	0.3	0.0	0.2	163	149	0	14	304	465	0	65	313	95,246	52	0.2	583
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	34	27	1	6	70	131	46	23	3,597	253,548	680	2.2	7,519
Cardiovascular Agents	0.7	0.3	0.0	0.4	44	28	5	12	59	98	109	28	8,634	511,716	1,051	3.4	11,525
Respiratory Agents	0.3	0.1	0.0	0.2	14	10	1	3	53	101	76	22	9,165	484,967	2,990	9.6	34,548
Gastrointestinal Agents	0.5	0.2	0.0	0.2	55	39	5	10	119	197	143	46	3,513	418,399	688	2.2	7,668
Genitourinary Agents	0.3	0.2	0.0	0.1	23	18	0	5	67	82	61	40	767	51,220	200	0.6	2,233
CNS Drugs	0.6	0.1	0.0	0.6	20	12	1	7	31	186	110	12	51,582	1,588,771	7,191	23.0	80,493
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	47	41	2	4	113	144	201	35	379	42,786	83	0.3	901
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	73	73	0	0	164	164	0	0	233	38,218	53	0.2	523
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	24	7	5	13	44	269	355	25	9,981	437,914	1,607	5.1	18,022
Neuromuscular Agents	0.7	0.1	0.0	0.7	20	10	2	8	28	186	124	12	24,392	671,181	2,936	9.4	33,416
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	19	26	12	3,408	42,107	1,035	3.3	11,668
Hematological Agents	0.6	0.0	0.0	0.5	94	91	0	3	159	1,880	40	6	11,433	1,822,649	1,742	5.6	19,328
Topical Products	0.3	0.1	0.0	0.2	16	11	1	5	58	114	78	27	1,948	112,896	624	2.0	7,038
Miscellaneous Products	0.5	0.3	0.0	0.2	153	122	3	28	296	388	247	146	190	56,185	33	0.1	368
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	20	0	0	0	98	0	0	0	155	15,153	65	0.2	756
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.	131,868	6,932,190	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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 Rhode Island, 0.7 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, RHODE ISLAND, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users				
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
MISC. HEMATOLOGICAL	\$1,692,048	75	0.2	844	0.9	\$2,247	\$2,005	
ANTIPSYCHOTICS	714,170	553	1.8	6,173	0.5	255	116	
ANTICONVULSANT	635,431	2,910	9.3	33,223	0.7	27	19	
ANTIANKXIETY AGENTS	355,428	5,911	18.9	66,440	0.5	10	5	
ANTIDEPRESSANTS	349,241	1,326	4.2	14,639	0.4	60	24	
ULCER DRUGS	294,199	645	2.1	7,316	0.4	108	40	
ANTIHYPERTENSIVE	279,501	718	2.3	8,044	0.4	81	35	
ANALGESICS - Narcotic	264,500	1,087	3.5	12,152	0.4	57	22	
ANTIASTHMATIC	264,120	756	2.4	8,551	0.3	96	31	
ANTIDIABETIC	187,476	543	1.7	6,031	0.3	95	31	
Total	5,036,114	14,524	n.a.	163,413	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			MISC. HEMATOLOGICAL				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean 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	83,854	\$5,036,114	75	0.2	844	0.9	\$2,005	553	1.8	6,173	0.5	\$116
Female												
All Females	56,238	2,163,615	47	0.2	536	0.5	54	312	1.6	3,483	0.5	106
Female, Disabled												
All Ages	41,002	1,852,481	39	0.4	446	0.5	52	283	3.0	3,184	0.5	112
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	212	24,844	0	0.0	0	0.0	0	5	21.7	60	0.7	181
21-44	9,662	542,815	2	0.1	20	0.8	97	122	5.3	1,343	0.5	118
45-64	21,941	906,444	20	0.4	228	0.5	54	118	2.7	1,333	0.5	101
65-74	7,933	367,705	17	0.9	198	0.5	46	38	2.1	448	0.5	115
75-84	1,140	9,658	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	114	1,015	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	15,236	311,134	8	0.1	90	0.5	63	29	0.3	299	0.3	50
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	1,448	23,840	1	0.2	6	0.2	20	3	0.5	29	0.3	61
45-64	1,223	53,602	1	0.3	12	0.8	100	10	3.4	111	0.3	23
65-74	4,513	149,377	4	0.2	48	0.6	68	10	0.4	109	0.3	82
75-84	4,513	46,027	1	0.0	12	0.1	9	4	0.1	33	0.3	33
85 and older	3,539	38,288	1	0.0	12	0.7	80	2	0.1	17	0.4	38
Male												
All Males	27,616	2,872,499	28	0.2	308	1.6	5,400	241	2.1	2,690	0.5	128
Male, Disabled												
All Ages	23,614	2,799,354	24	0.3	279	1.7	5,957	233	3.1	2,622	0.4	130
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	92	2,430	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8,285	458,386	0	0.0	0	0.0	0	142	5.0	1,606	0.4	104
45-64	12,780	2,198,868	16	0.5	188	2.3	8,820	81	2.3	898	0.5	160
65-74	2,309	137,258	7	0.8	79	0.5	47	10	1.2	118	0.7	266
75-84	146	2,400	1	0.5	12	0.1	10	0	0.0	0	0.0	0
85 and older	2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	4,002	73,145	4	0.1	29	0.4	35	8	0.2	68	0.5	31
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	478	9,122	0	0.0	0	0.0	0	4	1.6	34	0.5	29
45-64	535	11,744	1	0.3	5	0.6	13	2	0.6	15	0.8	25
65-74	1,479	27,813	1	0.1	12	0.5	57	2	0.2	19	0.4	41
75-84	1,077	19,104	2	0.2	12	0.3	21	0	0.0	0	0.0	0
85 and older	433	5,362	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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 Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIANSIETY AGENTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,910	9.3	33,223	0.7	\$19	5,911	18.9	66,440	0.5	\$5	1,326	4.2	14,639	0.4	\$24
Female															
All Females	1,945	9.8	22,156	0.7	19	4,181	21.0	47,023	0.5	5	852	4.3	9,439	0.4	24
Female, Disabled															
All Ages	1,492	15.7	17,164	0.7	21	2,305	24.3	26,764	0.6	6	741	7.8	8,348	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	10	43.5	120	0.7	86	2	8.7	24	1.0	36	6	26.1	72	0.5	17
21-44	473	20.4	5,407	0.7	33	508	21.9	5,890	0.5	5	215	9.3	2,381	0.4	21
45-64	783	17.6	8,992	0.7	16	1,233	27.7	14,317	0.6	6	410	9.2	4,609	0.4	25
65-74	187	10.2	2,200	0.7	17	404	22.0	4,725	0.6	6	110	6.0	1,286	0.5	26
75-84	35	4.9	397	0.6	4	133	18.7	1,541	0.6	5	0	0.0	0	0.0	0
85 and older	4	2.8	48	0.6	8	25	17.2	267	0.3	2	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	453	4.3	4,992	0.7	9	1,876	18.0	20,259	0.5	4	111	1.1	1,091	0.4	26
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	98	17.6	1,035	0.7	8	103	18.5	1,113	0.6	5	16	2.9	143	0.3	32
45-64	44	14.8	420	0.7	18	63	21.1	680	0.6	7	35	11.7	336	0.6	37
65-74	128	5.5	1,483	0.7	10	407	17.4	4,625	0.5	5	41	1.8	474	0.3	18
75-84	111	3.1	1,271	0.6	7	635	18.0	7,112	0.5	4	9	0.3	72	0.5	23
85 and older	72	1.9	783	0.7	7	668	18.0	6,729	0.4	4	10	0.3	66	0.5	14
Male															
All Males	965	8.5	11,067	0.7	20	1,730	15.2	19,417	0.5	6	474	4.2	5,200	0.4	23
Male, Disabled															
All Ages	837	11.1	9,678	0.7	22	1,246	16.6	14,386	0.6	6	444	5.9	4,979	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	11.4	48	0.6	10	2	5.7	24	0.6	3	2	5.7	24	0.2	8
21-44	378	13.2	4,376	0.7	26	424	14.8	4,920	0.5	6	208	7.3	2,368	0.3	19
45-64	409	11.5	4,717	0.8	18	698	19.7	8,010	0.6	7	197	5.6	2,152	0.4	27
65-74	45	5.4	525	0.7	23	102	12.2	1,201	0.6	5	36	4.3	423	0.5	24
75-84	1	0.5	12	2.0	14	19	9.0	219	0.4	4	1	0.5	12	0.3	1
85 and older	0	0.0	0	0.0	0	1	6.3	12	0.2	1	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	128	3.3	1,389	0.6	8	484	12.6	5,031	0.5	4	30	0.8	221	0.4	16
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	27	10.5	239	0.6	7	32	12.4	326	0.6	5	14	5.4	89	0.5	24
45-64	23	6.8	240	0.6	16	45	13.2	460	0.6	5	5	1.5	26	0.3	22
65-74	41	3.2	486	0.7	7	152	11.8	1,677	0.5	5	6	0.5	62	0.4	9
75-84	32	2.5	377	0.5	6	158	12.5	1,684	0.5	4	0	0.0	0	0.0	0
85 and older	5	0.7	47	0.6	11	97	14.5	884	0.4	4	5	0.7	44	0.4	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	645	2.1	7,316	0.4	\$40	718	2.3	8,044	0.4	\$35	1,087	3.5	12,152	0.4	\$22
Female															
All Females	431	2.2	4,895	0.4	42	426	2.1	4,769	0.4	36	675	3.4	7,626	0.4	21
Female, Disabled															
All Ages	363	3.8	4,150	0.4	43	333	3.5	3,801	0.4	36	606	6.4	6,911	0.4	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.3	12	0.4	70	0	0.0	0	0.0	0	7	30.4	84	0.1	1
21-44	69	3.0	779	0.3	41	27	1.2	273	0.5	35	185	8.0	2,077	0.3	11
45-64	199	4.5	2,254	0.4	42	205	4.6	2,347	0.4	34	304	6.8	3,468	0.4	30
65-74	93	5.1	1,093	0.4	46	100	5.5	1,169	0.5	40	110	6.0	1,282	0.4	12
75-84	1	0.1	12	0.2	9	1	0.1	12	0.2	10	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
Female, Other Eligibles															
All Ages	68	0.7	745	0.4	40	93	0.9	968	0.4	34	69	0.7	715	0.4	27
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	3	0.5	22	0.5	52	5	0.9	34	0.2	17	12	2.2	107	0.4	16
45-64	11	3.7	123	0.4	69	8	2.7	86	0.7	59	17	5.7	174	0.5	26
65-74	42	1.8	479	0.3	36	62	2.6	697	0.4	35	33	1.4	367	0.3	34
75-84	7	0.2	77	0.3	18	11	0.3	85	0.2	17	3	0.1	26	0.1	2
85 and older	5	0.1	44	0.6	34	7	0.2	66	0.4	26	4	0.1	41	0.5	7
Male															
All Males	214	1.9	2,421	0.4	36	292	2.6	3,275	0.4	34	412	3.6	4,526	0.4	23
Male, Disabled															
All Ages	194	2.6	2,215	0.4	38	248	3.3	2,810	0.4	34	377	5.0	4,214	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	2	5.7	24	0.3	33	0	0.0	0	0.0	0	4	11.4	48	0.3	2
21-44	69	2.4	784	0.4	36	49	1.7	586	0.4	27	167	5.8	1,865	0.4	21
45-64	86	2.4	967	0.4	42	134	3.8	1,448	0.5	38	175	4.9	1,935	0.4	25
65-74	37	4.4	440	0.3	33	62	7.4	740	0.4	33	31	3.7	366	0.6	40
75-84	0	0.0	0	0.0	0	3	1.4	36	0.3	20	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
Male, Other Eligibles															
All Ages	20	0.5	206	0.2	18	44	1.1	465	0.4	30	35	0.9	312	0.3	8
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	1.2	28	0.4	19	1	0.4	12	0.4	21	10	3.9	83	0.6	6
45-64	2	0.6	20	0.3	3	5	1.5	36	0.4	19	6	1.8	40	0.6	32
65-74	11	0.9	110	0.2	21	25	1.9	273	0.3	24	15	1.2	142	0.1	4
75-84	3	0.2	36	0.2	16	12	0.9	132	0.5	45	4	0.3	47	0.1	1
85 and older	1	0.1	12	0.2	18	1	0.1	12	0.4	45	0	0.0	0	0.0	0
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 Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 2007

Beneficiary Characteristics	ANTIASTHMATIC					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	756	2.4	8,551	0.3	\$31	543	1.7	6,031	0.3	\$31	31,265	340,234
Female												
All Females	521	2.6	5,930	0.3	34	371	1.9	4,169	0.3	34	19,919	217,433
Female, Disabled												
All Ages	449	4.7	5,134	0.3	34	289	3.0	3,299	0.3	36	9,479	107,350
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	3	13.0	36	0.1	8	1	4.3	12	0.3	36	23	199
21-44	103	4.4	1,140	0.2	42	20	0.9	215	0.5	52	2,320	26,153
45-64	212	4.8	2,395	0.3	30	166	3.7	1,886	0.3	34	4,445	50,249
65-74	131	7.1	1,563	0.4	36	100	5.5	1,162	0.4	36	1,833	21,192
75-84	0	0.0	0	0.0	0	2	0.3	24	0.1	22	713	8,059
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	145	1,498
Female, Other Eligibles												
All Ages	72	0.7	796	0.3	31	82	0.8	870	0.3	26	10,440	110,083
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	27
21-44	2	0.4	22	0.6	14	0	0.0	0	0.0	0	557	5,251
45-64	14	4.7	158	0.4	38	6	2.0	56	0.4	28	298	2,838
65-74	46	2.0	547	0.3	28	64	2.7	686	0.3	29	2,340	25,501
75-84	6	0.2	41	0.3	23	9	0.3	98	0.3	11	3,530	38,431
85 and older	4	0.1	28	0.5	72	3	0.1	30	0.2	6	3,711	38,035
Male												
All Males	235	2.1	2,621	0.3	25	172	1.5	1,862	0.3	25	11,346	122,801
Male, Disabled												
All Ages	217	2.9	2,447	0.3	26	126	1.7	1,396	0.3	26	7,515	83,982
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
15-20	6	17.1	72	0.3	11	0	0.0	0	0.0	0	35	301
21-44	71	2.5	798	0.3	18	13	0.5	148	0.4	30	2,865	31,785
45-64	108	3.0	1,211	0.3	30	74	2.1	784	0.4	27	3,546	39,733
65-74	30	3.6	342	0.3	30	37	4.4	440	0.3	22	838	9,558
75-84	2	0.9	24	0.1	4	2	0.9	24	0.4	14	212	2,409
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	167
Male, Other Eligibles												
All Ages	18	0.5	174	0.2	12	46	1.2	466	0.3	24	3,831	38,819
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
21-44	0	0.0	0	0.0	0	3	1.2	36	0.2	40	258	2,425
45-64	6	1.8	54	0.2	5	6	1.8	38	0.8	63	340	3,159
65-74	7	0.5	62	0.3	22	26	2.0	261	0.2	14	1,293	13,481
75-84	5	0.4	58	0.1	8	9	0.7	107	0.3	33	1,268	13,292
85 and older	0	0.0	0	0.0	0	2	0.3	24	0.5	14	671	6,451
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 Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 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-Year Nursing Facility Residents
All	\$5	0.3	4,022	45,318
Age				
0-64	10	0.5	965	11,448
65-74	8	0.4	488	5,576
75-84	3	0.3	985	10,872
85 and older	2	0.2	1,584	17,422
Unknown	0	0.0	0	0
Gender				
Female	5	0.3	2,803	31,429
Male	7	0.4	1,219	13,889
Unknown	0	0.0	0	0
Race				
White	5	0.3	2,674	30,591
African American	17	0.5	103	1,166
Other/unknown	5	0.3	1,245	13,561
Basis of Eligibility^c				
Aged	3	0.3	2,819	31,089
Disabled	10	0.5	1,203	14,229
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 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	Total Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents
Anti-infective Agents	0.3	0.0	0.0	0.3	\$19	\$15	\$0	\$4	\$63	\$452	\$0	\$15	55	\$3,464	17	0.4	181
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	0.5	0.0	0.0	0.5	75	0	0	75	149	0	0	149	12	1,792	2	0.0	24
Endocrine/Metabolic Drugs	1.2	0.7	0.0	0.5	57	50	1	7	47	70	99	13	150	7,031	12	0.3	123
Cardiovascular Agents	1.8	0.4	0.1	1.3	59	35	6	18	32	90	52	14	572	18,479	29	0.7	312
Respiratory Agents	0.3	0.1	0.0	0.2	7	3	0	4	27	61	68	18	423	11,606	132	3.3	1,565
Gastrointestinal Agents	0.6	0.1	0.0	0.6	30	11	1	17	46	129	108	31	101	4,607	13	0.3	156
Genitourinary Agents	0.8	0.5	0.0	0.3	55	34	0	21	73	69	0	79	65	4,725	9	0.2	86
CNS Drugs	0.5	0.0	0.0	0.5	7	3	0	4	13	139	23	7	6,212	82,018	1,010	25.1	11,489
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	70	50	0	20	119	198	0	60	14	1,669	2	0.0	24
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	80	80	0	0	125	125	0	0	36	4,496	7	0.2	56
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	7	2	0	5	17	37	25	14	133	2,322	30	0.7	343
Neuromuscular Agents	0.9	0.1	0.0	0.9	19	9	1	9	21	176	144	11	2,052	42,823	193	4.8	2,236
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	2	8	8	17	8	837	6,779	228	5.7	2,642
Hematological Agents	0.8	0.0	0.0	0.8	5	2	0	3	7	196	10	5	4,209	27,914	485	12.1	5,463
Topical Products	0.5	0.2	0.0	0.2	30	25	0	4	64	106	0	20	164	10,570	32	0.8	357
Miscellaneous Products	0.5	0.3	0.2	0.1	66	21	41	4	122	73	247	44	13	1,587	2	0.0	24
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	37	0	0	0	113	0	0	0	47	5,299	12	0.3	144
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.	15,095	237,181	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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 Rhode Island, 0.7 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, RHODE ISLAND, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTICONVULSANT	\$41,826	195	4.8	2,260	0.9	\$21	\$19
ANTIANSIETY AGENTS	34,663	881	21.9	9,989	0.5	7	3
HEMATOPOIETIC AGENTS	33,062	890	22.1	10,109	0.6	5	3
ANTI-HISTAMINES	30,441	398	9.9	4,693	0.5	13	6
ANTI-PSYCHOTICS	25,753	14	0.3	153	0.6	299	168
LAXATIVES	16,445	491	12.2	5,869	0.7	4	3
MINERALS & ELECTROLYTES	15,836	571	14.2	6,705	0.5	4	2
HYPNOTICS	13,835	182	4.5	2,163	0.5	14	6
MULTIVITAMINS	13,337	795	19.8	9,324	0.5	3	1
DERMATOLOGICAL	10,642	194	4.8	2,292	0.2	24	5
Total	235,840	4,611	n.a.	53,557	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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, RHODE ISLAND, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIANKXIETY AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	29,161	\$235,840	195	4.8	2,260	0.9	\$19	881	21.9	9,989	0.5	\$4
Female												
All Females	19,622	149,054	120	4.3	1,377	0.9	18	614	21.9	6,913	0.5	4
Female, Disabled												
All Ages	7,175	69,554	55	9.7	646	0.9	26	189	33.4	2,237	0.5	4
64 or younger	5,556	53,233	42	10.0	490	0.9	28	150	35.9	1,794	0.5	4
65-74	851	11,259	5	7.1	60	0.9	39	21	30.0	243	0.7	4
75-84	624	3,906	7	13.2	84	0.8	5	14	26.4	162	0.7	6
85 and older	144	1,156	1	4.0	12	1.1	20	4	16.0	38	0.1	2
Female, Other Eligibles												
All Ages	12,447	79,500	65	2.9	731	0.8	12	425	19.0	4,676	0.5	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,649	11,568	17	8.4	204	0.8	13	61	30.2	688	0.6	4
75-84	3,508	26,815	22	3.3	246	0.8	11	149	22.6	1,672	0.5	3
85 and older	7,290	41,117	26	1.9	281	0.8	12	215	15.6	2,316	0.5	3
Male												
All Males	9,539	86,786	75	6.2	883	1.0	19	267	21.9	3,076	0.5	4
Male, Disabled												
All Ages	6,316	68,716	57	8.9	675	1.0	22	166	26.1	1,971	0.5	4
64 or younger	5,456	57,625	51	9.3	603	1.0	21	155	28.3	1,839	0.5	4
65-74	622	10,123	5	9.3	60	1.2	42	8	14.8	96	0.5	5
75-84	235	953	1	3.1	12	2.0	14	3	9.4	36	0.1	1
85 and older	3	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	3,223	18,070	18	3.1	208	0.8	8	101	17.4	1,105	0.6	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,025	6,780	9	5.6	108	0.7	7	35	21.6	386	0.6	4
75-84	1,390	7,522	7	2.9	84	0.8	6	43	17.8	482	0.5	3
85 and older	808	3,768	2	1.1	16	0.9	23	23	12.9	237	0.5	3
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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, RHODE ISLAND, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTI-HISTAMINES					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 \$
All	890	22.1	10,109	0.6	\$3	398	9.9	4,693	0.5	\$7	14	0.3	153	0.6	\$168
Female															
All Females	647	23.1	7,355	0.6	3	249	8.9	2,931	0.5	7	7	0.2	69	0.3	98
Female, Disabled															
All Ages	98	17.3	1,147	0.6	3	103	18.2	1,236	0.6	7	5	0.9	60	0.3	106
64 or younger	64	15.3	754	0.5	3	83	19.9	996	0.6	7	2	0.5	24	0.3	159
65-74	11	15.7	127	0.6	3	10	14.3	120	0.6	8	3	4.3	36	0.3	71
75-84	16	30.2	192	0.5	2	7	13.2	84	0.6	8	0	0.0	0	0.0	0
85 and older	7	28.0	74	0.8	3	3	12.0	36	0.3	4	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	549	24.5	6,208	0.6	4	146	6.5	1,695	0.5	6	2	0.1	9	0.4	40
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	38	18.8	449	0.6	3	17	8.4	204	0.5	7	0	0.0	0	0.0	0
75-84	157	23.9	1,820	0.6	6	43	6.5	492	0.5	7	2	0.3	9	0.4	40
85 and older	354	25.7	3,939	0.6	3	86	6.2	999	0.4	6	0	0.0	0	0.0	0
Male															
All Males	243	19.9	2,754	0.6	3	149	12.2	1,762	0.5	6	7	0.6	84	0.7	226
Male, Disabled															
All Ages	76	11.9	906	0.6	3	114	17.9	1,357	0.5	7	6	0.9	72	0.8	254
64 or younger	62	11.3	738	0.6	3	105	19.2	1,249	0.5	6	4	0.7	48	0.9	295
65-74	6	11.1	72	0.7	3	7	13.0	84	0.6	11	2	3.7	24	0.7	172
75-84	7	21.9	84	0.6	3	2	6.3	24	0.2	1	0	0.0	0	0.0	0
85 and older	1	25.0	12	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	167	28.7	1,848	0.6	3	35	6.0	405	0.4	6	1	0.2	12	0.4	62
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	34	21.0	390	0.6	3	10	6.2	114	0.4	6	1	0.6	12	0.4	62
75-84	77	31.8	875	0.7	3	15	6.2	179	0.5	6	0	0.0	0	0.0	0
85 and older	56	31.5	583	0.7	3	10	5.6	112	0.4	4	0	0.0	0	0.0	0
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 Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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, RHODE ISLAND, 2007

Beneficiary Characteristics	LAXATIVES					MINERALS & ELECTROLYTES					HYPNOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	491	12.2	5,869	0.7	\$3	571	14.2	6,705	0.5	\$2	182	4.5	2,163	0.5	\$6
Female															
All Females	240	8.6	2,871	0.7	3	464	16.6	5,455	0.5	2	94	3.4	1,107	0.5	10
Female, Disabled															
All Ages	209	36.9	2,508	0.7	3	176	31.1	2,111	0.5	3	54	9.5	648	0.5	6
64 or younger	169	40.4	2,028	0.7	3	134	32.1	1,608	0.5	3	46	11.0	552	0.5	7
65-74	20	28.6	240	0.7	3	25	35.7	300	0.6	4	5	7.1	60	0.5	2
75-84	17	32.1	204	0.7	3	14	26.4	168	0.5	3	2	3.8	24	0.1	0
85 and older	3	12.0	36	0.6	5	3	12.0	35	0.5	4	1	4.0	12	0.1	9
Female, Other Eligibles															
All Ages	31	1.4	363	0.8	3	288	12.9	3,344	0.5	2	40	1.8	459	0.6	15
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	21	10.4	252	0.9	4	36	17.8	432	0.5	2	4	2.0	48	0.5	16
75-84	5	0.8	60	0.6	1	85	12.9	992	0.5	2	8	1.2	96	0.6	9
85 and older	5	0.4	51	0.7	1	167	12.1	1,920	0.6	2	28	2.0	315	0.7	16
Male															
All Males	251	20.6	2,998	0.7	3	107	8.8	1,250	0.5	3	88	7.2	1,056	0.4	3
Male, Disabled															
All Ages	212	33.3	2,544	0.7	3	59	9.3	708	0.5	3	76	11.9	912	0.4	3
64 or younger	182	33.3	2,184	0.7	3	49	9.0	588	0.6	4	67	12.2	804	0.3	3
65-74	23	42.6	276	0.8	4	6	11.1	72	0.5	3	6	11.1	72	0.7	4
75-84	7	21.9	84	0.9	2	4	12.5	48	0.1	1	3	9.4	36	1.0	5
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	39	6.7	454	0.7	2	48	8.2	542	0.4	2	12	2.1	144	0.4	6
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	26	16.0	306	0.7	2	15	9.3	180	0.4	2	8	4.9	96	0.5	2
75-84	13	5.4	148	0.7	2	19	7.9	219	0.3	1	4	1.7	48	0.4	13
85 and older	0	0.0	0	0.0	0	14	7.9	143	0.4	1	0	0.0	0	0.0	0
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 Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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, RHODE ISLAND, 2007

Beneficiary Characteristics	MULTIVITAMINS					DERMATOLOGICAL					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	795	19.8	9,324	0.5	\$1	194	4.8	2,292	0.2	\$5	4,022	45,318
Female												
All Females	532	19.0	6,239	0.5	2	104	3.7	1,212	0.2	7	2,803	31,429
Female, Disabled												
All Ages	199	35.2	2,382	0.3	1	83	14.7	988	0.2	7	566	6,688
64 or younger	164	39.2	1,968	0.3	1	71	17.0	844	0.2	6	418	4,965
65-74	18	25.7	216	0.4	2	9	12.9	108	0.2	16	70	817
75-84	15	28.3	174	0.4	2	2	3.8	24	0.1	0	53	624
85 and older	2	8.0	24	0.7	2	1	4.0	12	0.2	0	25	282
Female, Other Eligibles												
All Ages	333	14.9	3,857	0.6	2	21	0.9	224	0.2	8	2,237	24,741
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	26	12.9	312	0.6	3	7	3.5	84	0.2	2	202	2,297
75-84	79	12.0	921	0.6	2	5	0.8	60	0.1	1	658	7,241
85 and older	228	16.6	2,624	0.6	2	9	0.7	80	0.2	19	1,377	15,203
Male												
All Males	263	21.6	3,085	0.4	1	90	7.4	1,080	0.2	2	1,219	13,889
Male, Disabled												
All Ages	182	28.6	2,169	0.3	1	76	11.9	912	0.2	2	637	7,541
64 or younger	157	28.7	1,874	0.3	1	67	12.2	804	0.2	3	547	6,483
65-74	16	29.6	192	0.3	2	9	16.7	108	0.2	1	54	631
75-84	9	28.1	103	0.3	1	0	0.0	0	0.0	0	32	379
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
Male, Other Eligibles												
All Ages	81	13.9	916	0.5	2	14	2.4	168	0.1	2	582	6,348
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	26	16.0	308	0.4	2	9	5.6	108	0.1	2	162	1,831
75-84	33	13.6	377	0.5	2	4	1.7	48	0.1	1	242	2,628
85 and older	22	12.4	231	0.7	2	1	0.6	12	0.1	0	178	1,889
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 Rhode Island, released by CMS in 4/2010. 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 2,674 beneficiaries who were in nursing facilities for part of their enrollment and their 25,531 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}
RHODE ISLAND, 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	15,894	50.8	4.6	142,344	\$36	\$1,138,621	\$8	16.4	31,265
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	1
6-14	1	50.0	0.5	1	2	3	3	0.0	2
15-20	12	19.0	2.0	129	29	1,853	14	5.1	63
21-44	2,675	44.6	4.0	23,719	37	219,220	9	14.7	6,000
45-64	4,991	57.8	6.0	51,510	51	440,514	9	11.1	8,629
65-74	3,285	52.1	4.4	27,876	34	214,601	8	18.9	6,304
75-84	2,768	48.4	3.9	22,258	27	155,987	7	88.3	5,723
85 and older	2,162	47.6	3.7	16,851	23	106,443	6	95.9	4,543
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	5,921	46.6	3.6	45,972	25	323,644	7	58.4	12,709
Disabled	9,366	55.1	5.4	92,180	45	771,442	8	12.5	16,994
Adults	580	38.3	2.7	4,044	28	42,490	11	40.7	1,515
Children	2	40.0	4.6	23	37	186	8	1.7	5
Unknown	25	59.5	3.0	125	20	859	7	0.8	42
Gender									
Female	10,984	55.1	5.0	99,234	40	793,069	8	23.2	19,919
Male	4,910	43.3	3.8	43,110	30	345,552	8	9.8	11,346
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,985	53.3	5.4	100,957	44	824,304	8	23.0	18,748
African American	943	46.8	3.2	6,548	24	49,214	8	16.3	2,016
Other/unknown	4,966	47.3	3.3	34,839	25	265,103	8	8.7	10,501
Use of Nursing Facilities^d									
Entire year	2,190	54.5	7.1	28,651	42	168,606	6	71.1	4,022
Part year	1,540	57.6	4.4	11,744	32	85,253	7	32.1	2,674
None	12,164	49.5	4.1	101,949	36	884,762	9	13.8	24,569
Maintenance Assistance Status									
Cash	8,502	53.5	4.8	76,366	38	602,158	8	17.0	15,878
Medically needy	154	54.4	5.2	1,458	40	11,272	8	17.5	283
Poverty related	108	36.5	1.7	501	13	3,935	8	2.5	296
Other/unknown	7,130	48.1	4.3	64,019	35	521,256	8	16.4	14,808

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
RHODE ISLAND, 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	0.4	\$3	\$8	\$0	\$2	340,234
Age						
5 and younger	0.0	0	0	0	0	12
6-14	0.1	0	3	0	0	17
15-20	0.2	3	14	0	2	538
21-44	0.4	3	9	0	2	65,614
45-64	0.5	5	9	0	2	95,979
65-74	0.4	3	8	0	1	69,732
75-84	0.4	3	7	0	1	62,191
85 and older	0.4	2	6	0	1	46,151
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	2	7	0	1	134,221
Disabled	0.5	4	8	0	2	191,332
Adults	0.3	3	11	0	2	14,185
Children	0.6	5	8	0	4	41
Unknown	0.3	2	7	0	1	455
Gender						
Female	0.5	4	8	0	2	217,433
Male	0.4	3	8	0	1	122,801
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	4	8	0	2	206,837
African American	0.3	2	8	0	1	22,036
Other/unknown	0.3	2	8	0	1	111,361
Use of Nursing Facilities^d						
Entire year	0.6	4	6	0	1	45,318
Part year	0.5	3	7	0	2	25,531
None	0.4	3	9	0	2	269,385
Maintenance Assistance Status						
Cash	0.4	3	8	0	2	179,152
Medically needy	0.5	4	8	0	2	2,995
Poverty related	0.2	1	8	0	1	3,143
Other/unknown	0.4	3	8	0	2	154,944

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
RHODE ISLAND, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Total Number Rx. \$ per Rx
All	22,241	\$51	\$1,138,621	100.0	142,344	\$8	100.0
Anorexia or weight loss/gain	5	194	970	0.1	17	57	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	10	10	0.0	1	10	0.0
Cough and cold medications	2,424	60	144,825	12.7	5,347	27	3.8
Vitamins and minerals	949	40	37,763	3.3	3,174	12	2.2
Non-prescription drugs	10,415	34	350,883	30.8	73,529	5	51.7
Barbiturates	205	70	14,401	1.3	2,339	6	1.6
Benzodiazepines	7,726	70	542,916	47.7	55,493	10	39.0
Other Part D Excl Rx Drugs	516	91	46,853	4.1	2,444	19	1.7

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
 RHODEISLAND, 2007

Total Number of Dual Eligible Beneficiaries: 31,265
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$6,932,190
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$221

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,939	60.6	\$0	0.0
1-500	10,924	34.9	831,622	12.0
501-1,000	423	1.4	307,842	4.4
1,001-1,500	224	0.7	277,046	4.0
1,501-2,000	140	0.4	243,664	3.5
2,001-2,500	92	0.3	208,903	3.0
2,501-3,000	78	0.2	212,520	3.1
3,001-3,500	64	0.2	206,824	3.0
3,501-4,000	52	0.2	194,113	2.8
4,001-4,500	43	0.1	182,686	2.6
4,501-5,000	37	0.1	174,450	2.5
5,001-5,500	29	0.1	152,718	2.2
5,501-6,000	25	0.1	144,135	2.1
6,001-6,500	25	0.1	156,530	2.3
6,501-7,000	24	0.1	160,619	2.3
7,001-7,500	14	0.0	101,707	1.5
7,501-8,000	8	0.0	62,355	0.9
8,001-8,500	17	0.1	140,601	2.0
8,501-9,000	10	0.0	87,303	1.3
9,001-9,500	15	0.0	138,314	2.0
9,501-10,000	7	0.0	68,004	1.0
10,001+	75	0.2	2,880,234	41.5

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
 RHODEISLAND, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 13,237
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$5,312,128
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$401

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,196	54.4	\$0	0.0
1-500	5,107	38.6	453,596	8.5
501-1,000	253	1.9	184,003	3.5
1,001-1,500	155	1.2	191,346	3.6
1,501-2,000	99	0.7	169,978	3.2
2,001-2,500	54	0.4	122,494	2.3
2,501-3,000	60	0.5	163,875	3.1
3,001-3,500	45	0.3	145,054	2.7
3,501-4,000	43	0.3	160,958	3.0
4,001-4,500	27	0.2	114,962	2.2
4,501-5,000	21	0.2	98,844	1.9
5,001-5,500	20	0.2	105,289	2.0
5,501-6,000	15	0.1	87,201	1.6
6,001-6,500	13	0.1	81,585	1.5
6,501-7,000	15	0.1	100,705	1.9
7,001-7,500	9	0.1	65,347	1.2
7,501-8,000	4	0.0	31,443	0.6
8,001-8,500	14	0.1	115,371	2.2
8,501-9,000	10	0.1	87,303	1.6
9,001-9,500	11	0.1	101,625	1.9
9,501-10,000	6	0.0	58,470	1.1
10,001+	60	0.5	2,672,679	50.3

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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^{a, b}
 RHODEISLAND,2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 16,570
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,423,977
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$85

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,838	65.4	\$0	0.0
1-500	5,319	32.1	334,080	23.5
501-1,000	152	0.9	111,028	7.8
1,001-1,500	59	0.4	73,737	5.2
1,501-2,000	36	0.2	64,982	4.6
2,001-2,500	34	0.2	77,526	5.4
2,501-3,000	16	0.1	43,082	3.0
3,001-3,500	18	0.1	58,767	4.1
3,501-4,000	7	0.0	25,547	1.8
4,001-4,500	13	0.1	55,142	3.9
4,501-5,000	16	0.1	75,606	5.3
5,001-5,500	9	0.1	47,429	3.3
5,501-6,000	7	0.0	39,560	2.8
6,001-6,500	10	0.1	62,357	4.4
6,501-7,000	8	0.0	53,404	3.8
7,001-7,500	5	0.0	36,360	2.6
7,501-8,000	3	0.0	23,398	1.6
8,001-8,500	2	0.0	16,912	1.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	4	0.0	36,689	2.6
9,501-10,000	1	0.0	9,534	0.7
10,001+	13	0.1	178,837	12.6

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
 RHODEISLAND,2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,304
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,136,348
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$180

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,967	62.9	\$0	0.0
1-500	2,006	31.8	157,041	13.8
501-1,000	101	1.6	76,129	6.7
1,001-1,500	49	0.8	61,713	5.4
1,501-2,000	29	0.5	52,528	4.6
2,001-2,500	30	0.5	68,641	6.0
2,501-3,000	13	0.2	34,897	3.1
3,001-3,500	16	0.3	52,521	4.6
3,501-4,000	7	0.1	25,547	2.2
4,001-4,500	11	0.2	46,559	4.1
4,501-5,000	15	0.2	70,741	6.2
5,001-5,500	9	0.1	47,429	4.2
5,501-6,000	7	0.1	39,560	3.5
6,001-6,500	10	0.2	62,357	5.5
6,501-7,000	7	0.1	46,810	4.1
7,001-7,500	5	0.1	36,360	3.2
7,501-8,000	2	0.0	15,543	1.4
8,001-8,500	2	0.0	16,912	1.5
8,501-9,000	0	0.0	0	0.0
9,001-9,500	4	0.1	36,689	3.2
9,501-10,000	1	0.0	9,534	0.8
10,001+	13	0.2	178,837	15.7

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
 RHODEISLAND, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,723
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$176,681
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$30

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,861	67.5	\$0	0.0
1-500	1,806	31.6	104,362	59.1
501-1,000	34	0.6	22,792	12.9
1,001-1,500	9	0.2	10,893	6.2
1,501-2,000	4	0.1	7,254	4.1
2,001-2,500	3	0.1	6,863	3.9
2,501-3,000	2	0.0	5,474	3.1
3,001-3,500	1	0.0	3,090	1.7
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,494	2.5
4,501-5,000	1	0.0	4,865	2.8
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	1	0.0	6,594	3.7
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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}
 RHODEISLAND,2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 4,543
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$110,948
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$24

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,010	66.3	\$0	0.0
1-500	1,507	33.2	72,677	65.5
501-1,000	17	0.4	12,107	10.9
1,001-1,500	1	0.0	1,131	1.0
1,501-2,000	3	0.1	5,200	4.7
2,001-2,500	1	0.0	2,022	1.8
2,501-3,000	1	0.0	2,711	2.4
3,001-3,500	1	0.0	3,156	2.8
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,089	3.7
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	1	0.0	7,855	7.1
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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, RHODE ISLAND, 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	31,474	12,710	17,020	1,697	5	42	344,839	134,455	192,568	17,312	49	455
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	2	0	2	0	0	0	17	0	17	0	0	0
15-20	72	0	67	1	4	0	829	0	780	12	37	0
21-44	6,126	0	5,198	926	0	2	68,212	0	58,624	9,570	0	18
45-64	8,697	2	7,995	671	1	28	97,244	21	90,181	6,727	12	303
65-74	6,310	3,543	2,671	84	0	12	69,983	38,214	30,790	845	0	134
75-84	5,723	4,785	925	13	0	0	62,315	51,684	10,496	135	0	0
85 and older	4,543	4,380	161	2	0	0	46,227	44,536	1,668	23	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	20,039	9,525	9,496	972	4	42	220,232	101,628	108,152	9,960	37	455
Male	11,435	3,185	7,524	725	1	0	124,607	32,827	84,416	7,352	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	18,854	6,690	11,155	970	4	35	209,176	71,448	127,154	10,157	37	380
African American	2,026	493	1,402	129	0	2	22,365	5,393	15,691	1,264	0	17
Other/unknown	10,594	5,527	4,463	598	1	5	113,298	57,614	49,723	5,891	12	58
Use of Nursing Facilities^c												
Entire year	4,022	2,819	1,203	0	0	0	45,318	31,089	14,229	0	0	0
Part year	2,674	2,050	617	7	0	0	25,580	18,919	6,578	83	0	0
None	24,778	7,841	15,200	1,690	5	42	273,941	84,447	171,761	17,229	49	455
Maintenance Assistance Status												
Cash	15,928	4,372	11,517	39	0	0	180,673	48,936	131,307	430	0	0
Medically needy	283	173	109	1	0	0	2,996	1,798	1,188	10	0	0
Poverty related	297	88	155	10	2	42	3,170	937	1,688	77	13	455
Other/unknown	14,966	8,077	5,239	1,647	3	0	158,000	82,784	58,385	16,795	36	0
Dual Status^d												
Full dual, all year	30,881	12,404	16,743	1,687	5	42	338,328	131,107	189,515	17,202	49	455
Full dual, part year	593	306	277	10	0	0	6,511	3,348	3,053	110	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	30,749	12,647	16,805	1,252	3	42	337,091	133,733	190,084	12,794	25	455
FFS part year, with Rx claims	226	12	91	123	0	0	2,538	133	1,074	1,331	0	0
FFS part year, no Rx claims	290	50	98	140	2	0	3,067	581	1,111	1,351	24	0
MC all year, with Rx claims	17	0	2	15	0	0	164	0	24	140	0	0
MC all year, no Rx claims	192	1	24	167	0	0	1,979	8	275	1,696	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 Rhode Island, released by CMS in 4/2010. 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.

Dual Medicaid Beneficiaries

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, RHODE ISLAND, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Benefit Months		Benefit Months	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	31,474	344,839	31,265	340,234	0	4,605
Fee-for-service (FFS) all year	30,749	337,091	30,749	337,091	0	0
FFS part year, with Rx claims	226	2,538	226	1,435	0	1,103
FFS part year, with no Rx claims	290	3,067	290	1,708	0	1,359
Managed care (MC) all year, with Rx claims	17	164	0	0	0	164
MC all year, with no Rx claims	192	1,979	0	0	0	1,979

Source: Data for this table are from the MAX 2007 file for Rhode Island, released by CMS in 4/2010. 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