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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	117,549	67,038	49,881	601	26	3	1,252,174	705,024	542,733	4,122	266	29
Age												
5 and younger	12	0	9	0	3	0	132	0	101	0	31	0
6-14	15	0	13	0	2	0	169	0	145	0	24	0
15-20	275	0	260	2	13	0	2,431	0	2,254	24	153	0
21-44	19,307	0	18,844	455	8	0	208,376	0	205,096	3,222	58	0
45-64	27,682	7	27,535	137	0	3	302,438	62	301,520	827	0	29
65-74	26,274	23,185	3,082	7	0	0	281,901	249,649	32,203	49	0	0
75-84	25,834	25,729	105	0	0	0	275,434	274,313	1,121	0	0	0
85 and older	18,150	18,117	33	0	0	0	181,293	181,000	293	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,365	49,435	27,437	482	8	3	825,876	523,568	298,772	3,428	79	29
Male	40,184	17,603	22,444	119	18	0	426,298	181,456	243,961	694	187	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	66,146	36,195	29,639	298	12	2	698,669	371,284	325,263	1,967	131	24
African American	42,379	22,989	19,109	268	12	1	454,412	246,653	205,748	1,892	114	5
Other/unknown	9,024	7,854	1,133	35	2	0	99,093	87,087	11,722	263	21	0
Use of Nursing Facilities^c												
Entire year	12,805	11,247	1,558	0	0	0	133,631	115,983	17,648	0	0	0
Part year	9,101	7,969	1,131	1	0	0	87,801	76,111	11,687	3	0	0
None	95,643	47,822	47,192	600	26	3	1,030,742	512,930	513,398	4,119	266	29
Maintenance Assistance Status												
Cash	61,845	31,654	30,146	45	0	0	687,184	355,858	331,036	290	0	0
Medically needy	236	137	99	0	0	0	2,418	1,429	989	0	0	0
Poverty-related	20,015	9,736	10,149	122	5	3	211,421	104,337	106,124	879	52	29
Other/unknown	35,453	25,511	9,487	434	21	0	351,151	243,400	104,584	2,953	214	0
Dual Medicare Status^d												
Full dual, all year	112,097	64,046	47,437	585	26	3	1,193,569	672,821	516,501	3,952	266	29
Full dual, part year	5,452	2,992	2,444	16	0	0	58,605	32,203	26,232	170	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	114,030	66,476	47,176	349	26	3	1,231,414	701,827	526,343	2,949	266	29
FFS part year, with Rx claims	1,334	190	1,016	128	0	0	8,646	1,233	6,810	603	0	0
FFS part year, no Rx claims	2,185	372	1,689	124	0	0	12,114	1,964	9,580	570	0	0

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 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	38.4	3.7	\$106	\$29	\$12,382	0.9	117,549
Age							
5 and younger	91.7	11.4	1,319	116	19,836	6.6	12
6-14	73.3	16.3	1,784	110	10,325	17.3	15
15-20	49.1	9.2	1,082	118	10,011	10.8	275
21-44	37.1	3.9	176	46	11,708	1.5	19,307
45-64	44.1	4.8	135	28	14,147	1.0	27,682
65-74	34.9	3.5	103	29	8,123	1.3	26,274
75-84	36.1	2.9	54	19	11,563	0.5	25,834
85 and older	38.9	2.9	48	17	17,774	0.3	18,150
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	36.2	3.0	61	21	12,020	0.5	67,038
Disabled	41.1	4.5	159	35	12,976	1.2	49,881
Adults	49.6	8.6	657	77	3,480	18.9	601
Children	61.5	11.5	1,865	163	14,354	13.0	26
Unknown	100.0	31.0	2,533	82	6,916	36.6	3
Gender							
Female	40.4	3.8	103	27	11,686	0.9	77,365
Male	34.4	3.3	111	33	13,723	0.8	40,184
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	44.5	4.7	132	28	14,054	0.9	66,146
African American	30.9	2.4	77	33	11,371	0.7	42,379
Other/unknown	28.7	2.0	56	28	4,882	1.1	9,024
Use of Nursing Facilities^f							
Entire year	51.9	5.9	109	19	36,200	0.3	12,805
Part year	58.3	4.9	117	24	22,962	0.5	9,101
None	34.6	3.2	105	32	8,187	1.3	95,643
Maintenance Assistance Status							
Cash	36.9	3.6	116	32	6,119	1.9	61,845
Medically needy	38.6	4.9	255	52	13,344	1.9	236
Poverty related	29.9	2.5	74	30	2,235	3.3	20,015
Other/unknown	45.7	4.4	105	24	29,030	0.4	35,453

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 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	0.3	\$10	0.9	61.6	32.8	3.5	1.6	0.3	0.1	\$1,162	117,549	1,252,174
Age												
5 and younger	1.0	120	6.6	8.3	75.0	8.3	8.3	0.0	0.0	1,803	12	132
6-14	1.4	158	17.3	26.7	46.7	13.3	6.7	6.7	0.0	916	15	169
15-20	1.0	122	10.8	50.9	33.5	6.2	6.5	2.9	0.0	1,133	275	2,431
21-44	0.4	16	1.5	62.9	31.2	3.2	2.0	0.5	0.1	1,085	19,307	208,376
45-64	0.4	12	1.0	55.9	36.8	4.5	2.2	0.6	0.1	1,295	27,682	302,438
65-74	0.3	10	1.3	65.1	29.8	3.1	1.5	0.4	0.1	757	26,274	281,901
75-84	0.3	5	0.5	63.9	31.6	3.2	1.2	0.1	0.0	1,085	25,834	275,434
85 and older	0.3	5	0.3	61.1	34.3	3.4	1.2	0.0	0.0	1,779	18,150	181,293
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	0.3	6	0.5	63.8	31.6	3.2	1.2	0.1	0.0	1,143	67,038	705,024
Disabled	0.4	15	1.2	58.9	34.4	3.9	2.1	0.6	0.1	1,193	49,881	542,733
Adults	1.3	96	18.9	50.4	27.3	8.0	7.2	5.3	1.8	507	601	4,122
Children	1.1	182	13.0	38.5	46.2	7.7	3.8	3.8	0.0	1,403	26	266
Unknown	3.2	262	36.6	0.0	33.3	33.3	0.0	33.3	0.0	715	3	29
Gender												
Female	0.4	10	0.9	59.6	34.6	3.7	1.7	0.3	0.1	1,095	77,365	825,876
Male	0.3	10	0.8	65.6	29.4	3.1	1.5	0.3	0.1	1,294	40,184	426,298
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	13	0.9	55.5	36.8	4.7	2.3	0.5	0.1	1,331	66,146	698,669
African American	0.2	7	0.7	69.1	27.8	2.0	0.8	0.2	0.0	1,061	42,379	454,412
Other/unknown	0.2	5	1.1	71.3	26.4	1.7	0.4	0.2	0.0	445	9,024	99,093
Use of Nursing Facilities^f												
Entire year	0.6	11	0.3	48.1	39.9	7.1	4.5	0.3	0.1	3,469	12,805	133,631
Part year	0.5	12	0.5	41.7	49.5	5.9	2.5	0.3	0.1	2,380	9,101	87,801
None	0.3	10	1.3	65.4	30.2	2.8	1.2	0.3	0.1	760	95,643	1,030,742
Maintenance Assistance Status												
Cash	0.3	10	1.9	63.1	32.0	3.1	1.3	0.4	0.1	551	61,845	687,184
Medically needy	0.5	25	1.9	61.4	29.2	3.8	3.0	2.5	0.0	1,302	236	2,418
Poverty related	0.2	7	3.3	70.1	26.7	2.1	0.8	0.2	0.0	212	20,015	211,421
Other/unknown	0.4	11	0.4	54.3	37.6	5.0	2.6	0.3	0.1	2,931	35,453	351,151

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 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	0.3	\$10	\$29	0.0	\$6	\$145	0.0	\$1	\$98	0.3	\$3	\$12
Age												
5 and younger	1.0	120	116	0.6	106	177	0.0	1	60	0.4	13	31
6-14	1.4	158	110	0.7	137	203	0.1	6	66	0.7	15	23
15-20	1.0	122	118	0.5	106	227	0.0	4	115	0.5	13	23
21-44	0.4	16	46	0.1	11	213	0.0	1	132	0.3	4	15
45-64	0.4	12	28	0.0	7	143	0.0	1	108	0.4	5	12
65-74	0.3	10	29	0.0	5	125	0.0	1	91	0.3	3	12
75-84	0.3	5	19	0.0	2	96	0.0	0	67	0.2	2	9
85 and older	0.3	5	17	0.0	2	96	0.0	0	65	0.3	2	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	6	21	0.0	3	105	0.0	1	71	0.2	2	10
Disabled	0.4	15	35	0.1	9	169	0.0	1	113	0.4	5	13
Adults	1.3	96	77	0.3	63	227	0.0	10	238	0.9	23	25
Children	1.1	182	163	0.6	166	294	0.0	3	103	0.5	14	26
Unknown	3.2	262	82	0.9	136	152	0.4	85	189	1.9	41	22
Gender												
Female	0.4	10	27	0.0	5	132	0.0	1	102	0.3	4	11
Male	0.3	10	33	0.0	7	172	0.0	1	90	0.3	3	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	13	28	0.0	7	143	0.0	1	111	0.4	5	12
African American	0.2	7	33	0.0	5	156	0.0	1	85	0.2	2	11
Other/unknown	0.2	5	28	0.0	3	107	0.0	0	38	0.1	2	14
Use of Nursing Facilities^e												
Entire year	0.6	11	19	0.0	6	120	0.0	1	56	0.5	4	8
Part year	0.5	12	24	0.1	8	131	0.0	1	59	0.4	4	9
None	0.3	10	32	0.0	6	152	0.0	1	108	0.3	3	13
Maintenance Assistance Status												
Cash	0.3	10	32	0.0	6	151	0.0	1	102	0.3	4	13
Medically needy	0.5	25	52	0.1	21	183	0.0	0	28	0.4	4	11
Poverty related	0.2	7	30	0.0	4	151	0.0	1	96	0.2	3	13
Other/unknown	0.4	11	24	0.0	6	134	0.0	1	89	0.4	4	9

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Bene(s)	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.0	0.0	0.2	\$26	\$18	\$2	\$6	\$89	\$402	\$173	\$26	3,950	\$350,865	1,304	1.1	13,468
Biologicals	0.1	0.1	0.0	0.0	46	46	0	0	498	498	0	0	85	42,347	81	0.1	925
Antineoplastic Agents	0.4	0.2	0.0	0.2	91	85	0	5	247	462	18	30	1,479	365,770	371	0.3	4,029
Endocrine/Metabolic Drugs	0.5	0.3	0.0	0.2	24	21	0	3	50	73	37	15	10,693	537,316	2,144	1.8	22,675
Cardiovascular Agents	0.9	0.2	0.1	0.6	30	15	6	10	34	82	79	15	16,912	577,123	1,910	1.6	19,124
Respiratory Agents	0.3	0.1	0.0	0.2	12	5	1	5	43	101	83	24	41,392	1,792,868	13,627	11.6	154,964
Gastrointestinal Agents	0.4	0.1	0.1	0.2	49	23	15	11	118	201	169	52	5,377	635,367	1,239	1.1	13,017
Genitourinary Agents	0.4	0.2	0.0	0.2	28	18	2	9	76	95	88	53	1,378	104,797	353	0.3	3,750
CNS Drugs	0.7	0.0	0.0	0.7	12	5	1	6	17	144	148	8	204,215	3,385,521	26,052	22.2	287,857
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	57	52	0	6	137	176	16	48	423	57,822	96	0.1	1,006
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	57	55	0	2	192	194	0	145	626	120,389	204	0.2	2,120
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	20	7	4	10	42	349	303	21	14,664	613,321	2,846	2.4	30,148
Neuromuscular Agents	0.7	0.0	0.0	0.6	18	10	2	6	26	220	143	10	47,256	1,234,898	6,189	5.3	68,509
Nutritional Products	0.4	0.0	0.0	0.4	5	1	0	4	13	23	16	12	31,545	400,020	6,638	5.6	73,428
Hematological Agents	0.6	0.1	0.0	0.5	18	14	0	3	31	161	28	7	44,632	1,371,417	7,047	6.0	76,956
Topical Products	0.3	0.1	0.0	0.2	21	15	1	5	73	144	69	28	2,411	175,681	793	0.7	8,429
Miscellaneous Products	0.6	0.5	0.0	0.1	179	161	6	12	285	334	240	98	2,361	672,766	336	0.3	3,762
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	65	0	0	0	221	14,338	84	0.1	949
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.	429,620	12,452,626	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Virginia, 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 Virginia, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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, VIRGINIA, 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
ANTIANKXIETY AGENTS	\$1,440,315	21,923	18.7	242,668	0.6	\$9	\$6
HEMATOPOIETIC AGENTS	1,403,895	15,221	12.9	164,635	0.5	16	9
COUGH/COLD/ALLERGY	1,377,782	26,085	22.2	296,998	0.2	22	5
ANTICONVULSANT	1,124,157	6,095	5.2	67,812	0.7	25	17
ANTIPSYCHOTICS	1,005,132	846	0.7	8,744	0.5	251	115
ULCER DRUGS	948,804	5,884	5.0	64,642	0.5	31	15
ANALGESICS - NonNarcotic	942,807	31,458	26.8	335,405	0.6	5	3
LAXATIVES	933,898	27,370	23.3	294,543	0.5	6	3
ANTIHISTAMINES	890,425	10,422	8.9	118,260	0.4	17	8
MULTIVITAMINS	827,000	19,625	16.7	208,569	0.7	6	4
Total	10,894,215	164,929	n.a.	1,802,276	n.a.	n.a.	n.a.

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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups								ANTI-ANXIETY AGENTS					HEMATOPOIETIC AGENTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	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	912,599	\$10,894,215	21,923	18.7	242,668	0.6	\$6	15,221	12.9	164,635	0.5	\$9						
Female																		
All Females	643,870	7,209,178	15,691	20.3	173,614	0.6	6	11,082	14.3	120,427	0.5	8						
Female, Disabled																		
All Ages	167,359	2,929,209	6,380	23.3	72,746	0.6	8	2,389	8.7	27,429	0.5	10						
5 and younger	7	413	1	20.0	10	0.1	1	2	40.0	20	0.2	14						
6-14	29	313	0	0.0	0	0.0	0	2	28.6	24	0.5	7						
15-20	557	39,423	8	7.2	96	0.4	3	12	10.8	118	0.3	3						
21-44	42,654	962,452	1,903	20.7	21,709	0.6	7	584	6.3	6,753	0.4	8						
45-64	110,777	1,646,788	4,076	25.5	46,520	0.7	8	1,564	9.8	17,968	0.5	11						
65-74	12,856	274,992	381	19.0	4,281	0.6	6	208	10.4	2,347	0.5	11						
75-84	308	2,723	8	10.4	94	0.4	8	15	19.5	177	0.5	4						
85 and older	171	2,105	3	12.0	36	0.5	15	2	8.0	22	0.7	3						
Female, Other Eligibles																		
All Ages	476,511	4,279,969	9,311	18.6	100,868	0.6	5	8,693	17.4	92,998	0.6	7						
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
6-14	10	109	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
15-20	5	66	1	20.0	12	0.1	0	0	0.0	0	0.0	0						
21-44	1,104	59,283	70	18.2	611	0.6	10	21	5.5	174	0.2	3						
45-64	288	14,341	12	12.0	97	0.6	5	6	6.0	38	0.5	2						
65-74	91,009	1,051,152	2,709	17.6	30,347	0.6	5	1,713	11.1	19,204	0.5	8						
75-84	175,385	1,524,159	3,415	18.0	37,513	0.6	5	3,266	17.2	35,523	0.6	6						
85 and older	208,710	1,630,859	3,104	20.6	32,288	0.6	4	3,687	24.4	38,059	0.6	8						
Male																		
All Males	268,729	3,685,037	6,232	15.5	69,054	0.6	6	4,139	10.3	44,208	0.6	10						
Male, Disabled																		
All Ages	125,905	2,237,727	3,848	17.1	43,970	0.7	7	1,326	5.9	14,857	0.5	12						
5 and younger	37	4,956	0	0.0	0	0.0	0	5	125.0	54	0.4	86						
6-14	27	260	1	16.7	12	0.1	1	0	0.0	0	0.0	0						
15-20	689	109,568	11	7.4	108	0.6	10	5	3.4	57	0.1	11						
21-44	37,092	1,047,410	1,388	14.4	15,975	0.6	7	278	2.9	3,166	0.5	28						
45-64	79,873	942,287	2,293	19.9	26,211	0.7	7	913	7.9	10,206	0.6	7						
65-74	8,075	132,007	150	14.0	1,616	0.7	7	121	11.3	1,328	0.6	12						
75-84	107	1,212	5	17.9	48	0.3	1	4	14.3	46	0.6	6						
85 and older	5	27	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
Male, Other Eligibles																		
All Ages	142,824	1,447,310	2,384	13.4	25,084	0.6	5	2,813	15.9	29,351	0.6	10						
5 and younger	3	176	0	0.0	0	0.0	0	1	33.3	8	0.1	15						
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
15-20	178	26,784	0	0.0	0	0.0	0	1	10.0	12	0.1	15						
21-44	336	35,176	15	19.0	97	0.6	4	2	2.5	24	0.3	1						
45-64	161	2,367	10	21.3	81	0.7	6	1	2.1	11	0.6	33						
65-74	49,791	537,030	996	12.7	11,021	0.6	6	899	11.5	9,817	0.5	9						
75-84	59,186	575,211	923	13.7	9,620	0.6	4	1,178	17.4	12,171	0.6	12						
85 and older	33,169	270,566	440	14.6	4,265	0.5	4	731	24.2	7,308	0.6	7						
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 Virginia, 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, VIRGINIA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	26,085	22.2	296,998	0.2	\$5	6,095	5.2	67,812	0.7	\$17	846	0.7	8,744	0.5	\$115
Female															
All Females	18,977	24.5	216,050	0.2	5	4,023	5.2	44,535	0.6	14	477	0.6	4,937	0.4	96
Female, Disabled															
All Ages	6,934	25.3	80,752	0.2	5	2,662	9.7	29,822	0.6	17	358	1.3	3,756	0.4	104
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	12	10.8	130	0.2	5	23	20.7	269	0.8	82	8	7.2	80	0.6	133
21-44	2,123	23.0	24,725	0.1	4	1,037	11.3	11,544	0.6	23	200	2.2	2,090	0.4	98
45-64	4,314	27.0	50,337	0.2	5	1,464	9.2	16,468	0.7	12	127	0.8	1,324	0.4	93
65-74	475	23.7	5,449	0.2	6	135	6.7	1,507	0.7	20	23	1.1	262	0.6	205
75-84	5	6.5	57	0.1	2	3	3.9	34	0.7	4	0	0.0	0	0.0	0
85 and older	4	16.0	42	0.3	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	12,043	24.1	135,298	0.2	4	1,361	2.7	14,713	0.7	8	119	0.2	1,181	0.3	71
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	53	13.8	549	0.2	5	71	18.5	583	0.4	27	33	8.6	302	0.3	91
45-64	14	14.0	120	0.3	9	12	12.0	87	0.3	44	3	3.0	15	0.6	295
65-74	3,292	21.4	37,926	0.2	5	517	3.4	5,809	0.7	8	50	0.3	549	0.4	82
75-84	4,542	23.9	51,630	0.2	5	483	2.5	5,199	0.7	6	24	0.1	238	0.2	21
85 and older	4,142	27.4	45,073	0.2	4	278	1.8	3,035	0.7	6	9	0.1	77	0.2	24
Male															
All Males	7,108	17.7	80,948	0.2	5	2,072	5.2	23,277	0.7	22	369	0.9	3,807	0.5	139
Male, Disabled															
All Ages	3,418	15.2	39,778	0.2	5	1,665	7.4	18,930	0.7	24	323	1.4	3,322	0.5	140
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.2	16	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	16.7	12	0.2	4	0	0.0	0	0.0	0
15-20	12	8.1	144	0.1	4	24	16.1	278	0.6	105	30	20.1	341	0.7	220
21-44	1,214	12.6	14,226	0.2	4	796	8.3	9,098	0.7	32	198	2.1	2,060	0.6	155
45-64	1,969	17.1	22,843	0.2	6	787	6.8	8,929	0.7	13	76	0.7	705	0.3	74
65-74	219	20.4	2,517	0.3	7	56	5.2	601	0.7	20	19	1.8	216	0.7	94
75-84	4	14.3	48	0.1	4	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
Male, Other Eligibles															
All Ages	3,690	20.8	41,170	0.3	5	407	2.3	4,347	0.7	13	46	0.3	485	0.5	132
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	10.0	12	0.1	3	6	60.0	72	0.9	206	7	70.0	84	0.8	126
21-44	8	10.1	68	0.1	4	20	25.3	161	0.6	67	6	7.6	47	0.8	394
45-64	1	2.1	12	0.2	2	5	10.6	37	0.2	17	0	0.0	0	0.0	0
65-74	1,426	18.2	16,244	0.2	5	210	2.7	2,331	0.7	8	27	0.3	304	0.4	98
75-84	1,499	22.2	16,725	0.3	5	127	1.9	1,347	0.7	7	4	0.1	40	0.4	109
85 and older	755	25.0	8,109	0.3	5	39	1.3	399	0.6	8	2	0.1	10	0.5	64
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 Virginia, 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, VIRGINIA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - NonNarcotic					LAXATIVES				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	5,884	5.0	64,642	0.5	\$15	31,458	26.8	335,405	0.6	\$3	27,370	23.3	294,543	0.5	\$3
Female															
All Females	3,991	5.2	43,809	0.5	15	22,285	28.8	236,860	0.6	3	19,573	25.3	210,106	0.5	3
Female, Disabled															
All Ages	1,437	5.2	16,006	0.4	16	3,347	12.2	38,166	0.5	3	3,260	11.9	37,192	0.5	3
5 and younger	1	20.0	10	0.1	4	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	13	11.7	131	0.3	22	6	5.4	64	0.2	3	12	10.8	131	0.4	4
21-44	406	4.4	4,546	0.4	14	665	7.2	7,626	0.4	3	674	7.3	7,779	0.5	4
45-64	842	5.3	9,402	0.4	14	2,336	14.6	26,618	0.5	3	2,277	14.2	25,990	0.5	3
65-74	172	8.6	1,881	0.5	32	321	16.0	3,646	0.5	3	281	14.0	3,132	0.4	3
75-84	2	2.6	24	0.2	6	8	10.4	96	0.6	3	5	6.5	60	0.5	3
85 and older	1	4.0	12	0.1	2	11	44.0	116	0.5	4	11	44.0	100	0.4	3
Female, Other Eligibles															
All Ages	2,554	5.1	27,803	0.5	14	18,938	37.9	198,694	0.6	3	16,313	32.7	172,914	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.6	3
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	24	0.1	2
21-44	34	8.9	328	0.3	13	19	4.9	179	0.4	5	12	3.1	112	0.1	2
45-64	13	13.0	111	0.4	29	7	7.0	67	0.3	5	4	4.0	38	0.2	2
65-74	644	4.2	7,132	0.4	17	2,859	18.6	31,475	0.5	3	2,479	16.1	27,435	0.5	3
75-84	930	4.9	10,263	0.5	13	6,801	35.9	72,373	0.6	3	5,866	30.9	63,214	0.5	3
85 and older	933	6.2	9,969	0.5	13	9,252	61.3	94,600	0.6	3	7,949	52.6	82,079	0.5	3
Male															
All Males	1,893	4.7	20,833	0.5	15	9,173	22.8	98,545	0.5	3	7,797	19.4	84,437	0.5	3
Male, Disabled															
All Ages	986	4.4	11,104	0.5	15	3,031	13.5	34,662	0.5	2	2,975	13.3	34,029	0.5	4
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	2	33.3	24	0.5	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	8.7	145	0.4	10	2	1.3	24	0.3	1	8	5.4	96	0.3	2
21-44	316	3.3	3,578	0.4	14	626	6.5	7,333	0.4	2	734	7.6	8,584	0.5	4
45-64	559	4.8	6,265	0.5	15	2,152	18.6	24,521	0.5	2	2,046	17.7	23,351	0.5	4
65-74	96	8.9	1,092	0.5	25	244	22.7	2,730	0.7	3	183	17.0	1,956	0.6	4
75-84	0	0.0	0	0.0	0	4	14.3	42	0.4	2	4	14.3	42	0.3	3
85 and older	0	0.0	0	0.0	0	3	37.5	12	0.3	2	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	907	5.1	9,729	0.5	14	6,142	34.6	63,883	0.6	3	4,822	27.2	50,408	0.5	3
5 and younger	1	33.3	8	0.1	6	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	3	30.0	36	0.6	17	0	0.0	0	0.0	0	3	30.0	36	0.5	15
21-44	15	19.0	146	0.5	28	2	2.5	8	0.3	4	5	6.3	51	0.2	2
45-64	7	14.9	55	0.4	8	7	14.9	71	0.6	3	4	8.5	46	0.4	4
65-74	360	4.6	3,985	0.5	16	1,909	24.4	20,902	0.5	2	1,536	19.6	16,807	0.5	3
75-84	357	5.3	3,818	0.5	13	2,601	38.5	27,000	0.6	3	2,042	30.2	21,243	0.5	3
85 and older	164	5.4	1,681	0.5	12	1,623	53.8	15,902	0.6	3	1,232	40.8	12,225	0.5	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 2007

Beneficiary Characteristics	ANTI-HISTAMINES					MULTIVITAMINS							
	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	10,422	8.9	118,260	0.4	\$8	19,625	16.7	208,569	0.7	\$4	117,549	1,252,174	
Female													
All Females	7,434	9.6	84,197	0.4	7	13,633	17.6	144,667	0.7	4	77,365	825,876	
Female, Disabled													
All Ages	2,867	10.4	33,103	0.4	7	2,043	7.4	23,203	0.7	4	27,437	298,772	
5 and younger	1	20.0	12	0.2	8	0	0.0	0	0.0	0	5	56	
6-14	0	0.0	0	0.0	0	2	28.6	24	0.6	6	7	73	
15-20	15	13.5	148	0.4	10	9	8.1	97	0.5	5	111	933	
21-44	867	9.4	10,023	0.4	7	438	4.8	5,069	0.6	5	9,212	99,930	
45-64	1,765	11.0	20,457	0.4	7	1,420	8.9	16,094	0.7	4	15,992	175,452	
65-74	215	10.7	2,421	0.5	8	167	8.3	1,840	0.6	4	2,008	21,231	
75-84	3	3.9	36	0.6	10	4	5.2	48	0.7	5	77	867	
85 and older	1	4.0	6	0.2	2	3	12.0	31	0.6	3	25	230	
Female, Other Eligibles													
All Ages	4,567	9.1	51,094	0.4	8	11,590	23.2	121,464	0.7	4	49,928	527,104	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	1	100.0	12	0.3	7	0	0.0	0	0.0	0	1	12	
15-20	0	0.0	0	0.0	0	2	40.0	24	0.1	1	5	60	
21-44	37	9.6	343	0.2	5	17	4.4	121	0.2	3	384	2,806	
45-64	11	11.0	101	0.4	8	6	6.0	45	0.5	2	100	640	
65-74	1,238	8.1	14,387	0.4	7	1,720	11.2	18,792	0.6	4	15,368	167,003	
75-84	1,747	9.2	19,665	0.5	8	4,138	21.8	44,118	0.6	4	18,970	204,141	
85 and older	1,533	10.2	16,586	0.4	8	5,707	37.8	58,364	0.7	4	15,100	152,442	
Male													
All Males	2,988	7.4	34,063	0.5	8	5,992	14.9	63,902	0.6	4	40,184	426,298	
Male, Disabled													
All Ages	1,756	7.8	20,320	0.5	8	2,094	9.3	23,630	0.7	4	22,444	243,961	
5 and younger	0	0.0	0	0.0	0	3	75.0	30	0.4	3	4	45	
6-14	0	0.0	0	0.0	0	2	33.3	24	0.5	3	6	72	
15-20	20	13.4	231	0.4	6	6	4.0	60	0.2	2	149	1,321	
21-44	668	6.9	7,815	0.5	8	481	5.0	5,529	0.7	4	9,632	105,166	
45-64	980	8.5	11,295	0.5	8	1,461	12.7	16,445	0.7	4	11,543	126,068	
65-74	85	7.9	952	0.5	9	137	12.8	1,500	0.6	4	1,074	10,972	
75-84	2	7.1	24	0.7	18	4	14.3	42	0.4	2	28	254	
85 and older	1	12.5	3	0.3	2	0	0.0	0	0.0	0	8	63	
Male, Other Eligibles													
All Ages	1,232	6.9	13,743	0.4	8	3,898	22.0	40,272	0.6	4	17,740	182,337	
5 and younger	0	0.0	0	0.0	0	1	33.3	11	0.1	1	3	31	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	0	0.0	0	0.0	0	1	10.0	9	0.4	5	10	117	
21-44	8	10.1	76	0.4	11	6	7.6	55	0.3	2	79	474	
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	47	278	
65-74	498	6.4	5,703	0.5	8	1,164	14.9	12,659	0.6	4	7,824	82,695	
75-84	491	7.3	5,472	0.4	8	1,710	25.3	17,800	0.6	4	6,759	70,172	
85 and older	235	7.8	2,492	0.4	7	1,016	33.7	9,738	0.7	4	3,017	28,558	
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 Virginia, 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, VIRGINIA, 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
All	\$11	0.6	12,805	133,631
Age				
0-64	20	1.0	1,366	15,482
65-74	18	0.7	1,725	18,624
75-84	9	0.5	4,066	42,581
85 and older	7	0.4	5,648	56,944
Unknown	0	0.0	0	0
Gender				
Female	10	0.6	9,539	99,481
Male	12	0.6	3,266	34,150
Unknown	0	0.0	0	0
Race				
White	11	0.6	8,989	92,400
African American	10	0.4	3,616	39,028
Other/unknown	11	0.4	200	2,203
Basis of Eligibility^c				
Aged	8	0.5	11,247	115,983
Disabled	24	1.0	1,558	17,648
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 Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Name	Total	Name	Total	Name	Total	Name	Total	Name							
Anti-infective Agents	0.4	0.1	0.0	0.3	\$47	\$37	\$1	\$10	\$115	\$363	\$121	\$32	253	\$29,208	60	0.5	624
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	38	38	0	0	43	1,627	43	0.3	488
Antineoplastic Agents	0.3	0.2	0.0	0.2	124	112	0	12	363	694	0	68	53	19,230	17	0.1	155
Endocrine/Metabolic Drugs	0.4	0.3	0.0	0.1	26	24	0	2	59	85	16	11	606	35,613	133	1.0	1,375
Cardiovascular Agents	1.2	0.2	0.1	0.9	39	19	5	15	32	89	58	16	1,262	40,030	98	0.8	1,033
Respiratory Agents	0.3	0.0	0.0	0.2	11	3	2	5	35	74	64	23	4,590	162,021	1,388	10.8	15,356
Gastrointestinal Agents	0.6	0.3	0.1	0.3	65	50	8	7	102	190	137	23	718	73,521	106	0.8	1,131
Genitourinary Agents	0.4	0.2	0.0	0.1	25	20	0	4	67	91	0	30	73	4,925	20	0.2	200
CNS Drugs	0.9	0.1	0.0	0.9	10	5	0	5	11	92	39	5	38,956	420,922	3,862	30.2	41,400
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	88	86	0	2	146	145	0	178	124	18,096	22	0.2	206
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	25	8	10	7	42	399	254	12	528	21,953	82	0.6	864
Neuromuscular Agents	1.1	0.0	0.0	1.1	17	6	0	11	15	189	75	10	6,613	98,143	529	4.1	5,828
Nutritional Products	0.5	0.0	0.0	0.4	5	1	0	4	12	18	15	11	6,615	77,138	1,318	10.3	14,288
Hematological Agents	0.8	0.1	0.0	0.7	21	16	0	4	26	184	29	6	14,468	374,714	1,672	13.1	17,920
Topical Products	0.4	0.1	0.1	0.2	26	14	4	7	59	95	67	32	228	13,387	52	0.4	522
Miscellaneous Products	0.3	0.1	0.0	0.2	33	11	1	21	123	185	31	114	22	2,703	9	0.1	82
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	79	0	0	0	391	0	0	0	16	6,254	7	0.1	79
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.	75,168	1,399,485	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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 Virginia, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 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	Rx \$ per Rx	Rx \$ per Benefit Month
LAXATIVES	\$493,941	12,005	93.8	130,928	0.6	\$7	\$4
ANALGESICS - NonNarcotic	482,702	13,833	108.0	149,165	0.7	5	3
HEMATOPOIETIC AGENTS	457,954	4,385	34.2	46,684	0.7	13	10
MULTIVITAMINS	373,249	8,180	63.9	87,771	0.8	5	4
DERMATOLOGICAL	255,061	9,375	73.2	104,334	0.2	11	2
MINERALS & ELECTROLYTES	252,262	4,730	36.9	50,966	0.7	7	5
ULCER DRUGS	252,091	1,462	11.4	16,062	0.6	26	16
COUGH/COLD/ALLERGY	250,776	5,718	44.7	63,948	0.3	15	4
ANTIHISTAMINES	208,806	2,267	17.7	25,324	0.5	18	8
HYPNOTICS	176,561	802	6.3	8,938	1.0	20	20
Total	3,203,403	62,757	n.a.	684,120	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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.

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					ANALGESICS - NonNarcotic				
	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	390,556	\$3,203,403	12,005	93.8	130,928	0.6	\$4	13,833	108.0	149,165	0.7	\$3
Female												
All Females	296,697	2,397,239	9,174	96.2	100,101	0.6	4	10,400	109.0	111,951	0.7	3
Female, Disabled												
All Ages	27,868	245,017	858	109.7	9,895	0.6	4	737	94.2	8,495	0.7	4
64 or younger	24,285	210,636	757	112.3	8,754	0.6	4	611	90.7	7,043	0.7	4
65-74	3,421	33,260	96	96.0	1,087	0.5	4	118	118.0	1,362	0.7	3
75-84	64	348	0	0.0	0	0.0	0	4	100.0	48	0.5	2
85 and older	98	773	5	125.0	54	0.6	5	4	100.0	42	0.7	7
Female, Other Eligibles												
All Ages	268,829	2,152,222	8,316	95.0	90,206	0.6	4	9,663	110.3	103,456	0.7	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	28,889	252,451	849	94.0	9,508	0.5	4	946	104.8	10,480	0.7	3
75-84	93,978	744,249	2,921	98.2	32,264	0.6	4	3,376	113.4	36,781	0.7	3
85 and older	145,962	1,155,522	4,546	93.2	48,434	0.6	4	5,341	109.5	56,195	0.7	3
Male												
All Males	93,859	806,164	2,831	86.7	30,827	0.6	4	3,433	105.1	37,214	0.7	3
Male, Disabled												
All Ages	23,537	187,822	734	94.6	8,447	0.6	4	710	91.5	8,184	0.6	3
64 or younger	20,598	164,711	665	96.2	7,669	0.6	4	605	87.6	6,987	0.6	3
65-74	2,939	23,111	69	81.2	778	0.6	4	105	123.5	1,197	0.7	3
75-84	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
Male, Other Eligibles												
All Ages	70,322	618,342	2,097	84.2	22,380	0.6	4	2,723	109.4	29,030	0.7	3
64 or younger	30	275	1	100.0	12	1.1	15	1	100.0	12	1.1	5
65-74	18,763	164,383	569	89.3	6,369	0.6	4	705	110.7	7,876	0.6	3
75-84	31,387	293,138	940	86.6	9,960	0.6	4	1,188	109.4	12,784	0.7	3
85 and older	20,142	160,546	587	76.6	6,039	0.6	4	829	108.2	8,358	0.7	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 Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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, VIRGINIA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					MULTIVITAMINS					DERMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	4,385	34.2	46,684	0.7	\$10	8,180	63.9	87,771	0.8	\$4	9,375	73.2	104,334	0.2	\$2
Female															
All Females	3,294	34.5	35,142	0.7	9	6,104	64.0	65,485	0.8	4	6,988	73.3	77,745	0.2	3
Female, Disabled															
All Ages	199	25.4	2,298	0.7	12	476	60.9	5,441	0.8	5	678	86.7	7,886	0.2	3
64 or younger	161	23.9	1,846	0.7	11	420	62.3	4,800	0.8	5	583	86.5	6,802	0.2	3
65-74	34	34.0	404	0.7	14	53	53.0	605	0.8	4	90	90.0	1,030	0.2	4
75-84	3	75.0	36	0.7	4	1	25.0	12	1.0	6	3	75.0	36	0.1	1
85 and older	1	25.0	12	1.0	4	2	50.0	24	0.7	3	2	50.0	18	0.2	2
Female, Other Eligibles															
All Ages	3,095	35.3	32,844	0.7	9	5,628	64.3	60,044	0.8	4	6,310	72.1	69,859	0.2	2
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	305	33.8	3,387	0.7	11	568	62.9	6,272	0.8	4	671	74.3	7,663	0.2	3
75-84	1,059	35.6	11,467	0.7	7	1,848	62.1	20,039	0.8	4	2,161	72.6	24,330	0.2	2
85 and older	1,731	35.5	17,990	0.7	9	3,212	65.8	33,733	0.8	4	3,478	71.3	37,866	0.2	2
Male															
All Males	1,091	33.4	11,542	0.7	13	2,076	63.6	22,286	0.8	4	2,387	73.1	26,589	0.2	2
Male, Disabled															
All Ages	191	24.6	2,174	0.7	7	460	59.3	5,270	0.8	4	599	77.2	6,982	0.2	2
64 or younger	164	23.7	1,867	0.7	6	413	59.8	4,744	0.8	4	527	76.3	6,136	0.2	2
65-74	27	31.8	307	0.9	9	47	55.3	526	0.9	5	72	84.7	846	0.2	2
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
Male, Other Eligibles															
All Ages	900	36.1	9,368	0.7	14	1,616	64.9	17,016	0.8	4	1,788	71.8	19,607	0.2	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.2	2
65-74	219	34.4	2,420	0.7	13	406	63.7	4,478	0.8	4	419	65.8	4,777	0.2	2
75-84	383	35.3	3,981	0.7	18	713	65.7	7,667	0.8	4	828	76.2	9,110	0.2	2
85 and older	298	38.9	2,967	0.7	10	497	64.9	4,871	0.8	4	539	70.4	5,696	0.2	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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, VIRGINIA, 2007

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ULCER DRUGS					COUGH/COLD/ALLERGY				
	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	4,730	36.9	50,966	0.7	\$5	1,462	11.4	16,062	0.6	\$16	5,718	44.7	63,948	0.3	\$4
Female															
All Females	3,984	41.8	42,849	0.8	5	1,044	10.9	11,460	0.6	16	4,384	46.0	49,119	0.3	4
Female, Disabled															
All Ages	328	41.9	3,785	0.7	5	102	13.0	1,171	0.6	20	362	46.3	4,246	0.3	4
64 or younger	281	41.7	3,240	0.7	5	85	12.6	978	0.6	20	321	47.6	3,762	0.3	4
65-74	47	47.0	545	0.7	6	17	17.0	193	0.4	20	40	40.0	478	0.3	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	6	0.3	2
Female, Other Eligibles															
All Ages	3,656	41.7	39,064	0.8	5	942	10.8	10,289	0.6	15	4,022	45.9	44,873	0.3	4
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	353	39.1	3,937	0.8	5	102	11.3	1,094	0.6	15	472	52.3	5,337	0.3	5
75-84	1,245	41.8	13,501	0.8	5	356	12.0	3,922	0.6	16	1,382	46.4	15,650	0.3	4
85 and older	2,058	42.2	21,626	0.8	5	484	9.9	5,273	0.6	15	2,168	44.4	23,886	0.2	3
Male															
All Males	746	22.8	8,117	0.7	5	418	12.8	4,602	0.6	16	1,334	40.8	14,829	0.3	5
Male, Disabled															
All Ages	176	22.7	2,038	0.7	5	115	14.8	1,337	0.6	17	262	33.8	3,022	0.4	6
64 or younger	147	21.3	1,698	0.7	5	97	14.0	1,121	0.6	16	227	32.9	2,614	0.4	6
65-74	29	34.1	340	0.7	5	18	21.2	216	0.6	20	35	41.2	408	0.2	2
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
Male, Other Eligibles															
All Ages	570	22.9	6,079	0.7	5	303	12.2	3,265	0.6	16	1,072	43.1	11,807	0.3	5
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	163	25.6	1,783	0.7	5	96	15.1	1,058	0.6	16	271	42.5	3,111	0.3	4
75-84	263	24.2	2,870	0.7	5	131	12.1	1,385	0.6	17	455	41.9	5,050	0.3	5
85 and older	144	18.8	1,426	0.7	5	76	9.9	822	0.6	14	346	45.2	3,646	0.3	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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, VIRGINIA, 2007

Beneficiary Characteristics	ANTI-HISTAMINES						HYPNOTICS						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		
All	2,267	17.7	25,324	0.5	\$8	802	6.3	8,938	1.0	\$20	12,805	133,631	
Female													
All Females	1,762	18.5	19,671	0.5	8	553	5.8	6,169	0.9	21	9,539	99,481	
Female, Disabled													
All Ages	212	27.1	2,479	0.5	9	112	14.3	1,272	1.5	9	782	8,803	
64 or younger	179	26.6	2,102	0.5	9	103	15.3	1,170	1.5	9	674	7,565	
65-74	32	32.0	371	0.5	8	8	8.0	90	1.0	6	100	1,148	
75-84	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	48	
85 and older	1	25.0	6	0.2	2	0	0.0	0	0.0	0	4	42	
Female, Other Eligibles													
All Ages	1,550	17.7	17,192	0.5	8	441	5.0	4,897	0.8	25	8,757	90,678	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	190	21.0	2,137	0.5	8	81	9.0	944	1.0	23	903	9,675	
75-84	567	19.1	6,368	0.5	9	169	5.7	1,918	0.8	22	2,976	31,334	
85 and older	793	16.3	8,687	0.4	8	191	3.9	2,035	0.7	28	4,878	49,669	
Male													
All Males	505	15.5	5,653	0.5	8	249	7.6	2,769	1.1	16	3,266	34,150	
Male, Disabled													
All Ages	147	18.9	1,676	0.5	8	94	12.1	1,091	1.3	10	776	8,845	
64 or younger	135	19.5	1,538	0.5	8	88	12.7	1,027	1.3	10	691	7,905	
65-74	12	14.1	138	0.5	8	6	7.1	64	1.5	5	85	940	
75-84	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	
Male, Other Eligibles													
All Ages	358	14.4	3,977	0.4	8	155	6.2	1,678	1.0	20	2,490	25,305	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
65-74	96	15.1	1,108	0.5	8	59	9.3	665	0.9	15	637	6,861	
75-84	154	14.2	1,715	0.4	8	65	6.0	713	1.1	23	1,086	11,199	
85 and older	108	14.1	1,154	0.4	8	31	4.0	300	0.7	22	766	7,233	
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 Virginia, 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 9,101 beneficiaries who were in nursing facilities for part of their enrollment and their 87,801 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}
VIRGINIA, 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	58,682	49.9	9.0	1,053,471	\$77	\$9,047,188	\$9	72.7	117,549	
Age										
5 and younger	8	66.7	3.9	47	109	1,304	28	8.2	12	
6-14	7	46.7	5.7	86	126	1,889	22	7.1	15	
15-20	83	30.2	2.5	701	36	9,783	14	3.3	275	
21-44	7,527	39.0	4.2	81,422	45	874,617	11	25.7	19,307	
45-64	14,175	51.2	7.8	215,231	77	2,121,869	10	57.0	27,682	
65-74	11,475	43.7	6.9	180,829	61	1,611,874	9	59.4	26,274	
75-84	13,452	52.1	10.8	278,644	86	2,230,758	8	159.6	25,834	
85 and older	11,955	65.9	16.3	296,511	121	2,195,094	7	252.2	18,150	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	35,384	52.8	10.9	733,582	87	5,820,874	8	142.3	67,038	
Disabled	23,072	46.3	6.4	318,679	64	3,208,335	10	40.6	49,881	
Adults	215	35.8	1.9	1,141	27	16,234	14	4.1	601	
Children	9	34.6	2.3	61	63	1,637	27	3.4	26	
Unknown	2	66.7	2.7	8	36	108	14	1.4	3	
Gender										
Female	40,618	52.5	9.7	751,644	83	6,398,120	9	80.0	77,365	
Male	18,064	45.0	7.5	301,827	66	2,649,068	9	59.5	40,184	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	37,518	56.7	11.4	750,924	98	6,496,345	9	74.6	66,146	
African American	18,364	43.3	6.5	275,885	52	2,198,586	8	67.7	42,379	
Other/unknown	2,800	31.0	3.0	26,662	39	352,257	13	70.3	9,024	
Use of Nursing Facilities^d										
Entire year	12,425	97.0	34.8	445,069	252	3,222,209	7	230.2	12,805	
Part year	8,663	95.2	22.5	204,543	159	1,448,703	7	136.4	9,101	
None	37,594	39.3	4.2	403,859	46	4,376,276	11	43.8	95,643	
Maintenance Assistance Status										
Cash	26,584	43.0	5.1	314,046	53	3,279,764	10	45.7	61,845	
Medically needy	110	46.6	11.0	2,593	81	19,181	7	31.8	236	
Poverty related	6,383	31.9	2.5	51,003	27	549,207	11	36.9	20,015	
Other/unknown	25,605	72.2	19.3	685,829	147	5,199,036	8	139.3	35,453	

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
VIRGINIA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.8	\$7	\$9	\$0	\$2	1,252,174
Age						
5 and younger	0.4	10	28	0	0	132
6-14	0.5	11	22	0	0	169
15-20	0.3	4	14	0	0	2,431
21-44	0.4	4	11	0	1	208,376
45-64	0.7	7	10	0	2	302,438
65-74	0.6	6	9	0	1	281,901
75-84	1.0	8	8	0	1	275,434
85 and older	1.6	12	7	0	1	181,293
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	8	8	0	1	705,024
Disabled	0.6	6	10	0	2	542,733
Adults	0.3	4	14	0	1	4,122
Children	0.2	6	27	0	0	266
Unknown	0.3	4	14	0	1	29
Gender						
Female	0.9	8	9	0	2	825,876
Male	0.7	6	9	0	1	426,298
Unknown	0.0	0	0	0	0	0
Race						
White	1.1	9	9	0	2	698,669
African American	0.6	5	8	0	1	454,412
Other/unknown	0.3	4	13	0	1	99,093
Use of Nursing Facilities^d						
Entire year	3.3	24	7	0	2	133,631
Part year	2.3	16	7	0	2	87,801
None	0.4	4	11	0	1	1,030,742
Maintenance Assistance Status						
Cash	0.5	5	10	0	1	687,184
Medically needy	1.1	8	7	0	1	2,418
Poverty related	0.2	3	11	0	1	211,421
Other/unknown	2.0	15	8	0	2	351,151

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
VIRGINIA, 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	
All	87,468	\$103	\$9,047,188	100.0	1,053,471	\$9	100.0
Anorexia or weight loss/gain	1	311	311	0.0	3	104	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	11	11	0.0	1	11	0.0
Cough and cold medications	10,205	74	758,380	8.4	25,533	30	2.4
Vitamins and minerals	6,258	58	364,504	4.0	29,774	12	2.8
Non-prescription drugs	41,766	139	5,815,958	64.3	771,930	8	73.3
Barbiturates	1,235	76	94,296	1.0	15,019	6	1.4
Benzodiazepines	26,747	72	1,919,252	21.2	206,413	9	19.6
Other Part D Excl Rx Drugs	1,255	75	94,476	1.0	4,798	20	0.5

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries: 117,549
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$12,452,626
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$105

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	72,461	61.6	\$0	0.0
1-500	41,469	35.3	3,315,674	26.6
501-1,000	1,451	1.2	1,019,019	8.2
1,001-1,500	589	0.5	727,480	5.8
1,501-2,000	382	0.3	664,854	5.3
2,001-2,500	231	0.2	511,958	4.1
2,501-3,000	160	0.1	439,070	3.5
3,001-3,500	121	0.1	391,229	3.1
3,501-4,000	93	0.1	345,963	2.8
4,001-4,500	75	0.1	317,512	2.5
4,501-5,000	72	0.1	337,839	2.7
5,001-5,500	61	0.1	319,161	2.6
5,501-6,000	46	0.0	263,626	2.1
6,001-6,500	41	0.0	255,500	2.1
6,501-7,000	36	0.0	243,163	2.0
7,001-7,500	31	0.0	223,811	1.8
7,501-8,000	22	0.0	170,441	1.4
8,001-8,500	21	0.0	172,663	1.4
8,501-9,000	16	0.0	139,851	1.1
9,001-9,500	15	0.0	138,272	1.1
9,501-10,000	13	0.0	126,532	1.0
10,001+	143	0.1	2,329,008	18.7

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 46,661
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$7,019,765
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$150

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	27,446	58.8	\$0	0.0	
1-500	17,216	36.9	1,470,055	20.9	
501-1,000	737	1.6	521,867	7.4	
1,001-1,500	303	0.6	374,049	5.3	
1,501-2,000	201	0.4	351,667	5.0	
2,001-2,500	138	0.3	305,534	4.4	
2,501-3,000	106	0.2	290,424	4.1	
3,001-3,500	75	0.2	242,459	3.5	
3,501-4,000	58	0.1	216,253	3.1	
4,001-4,500	46	0.1	194,455	2.8	
4,501-5,000	49	0.1	229,763	3.3	
5,001-5,500	39	0.1	203,886	2.9	
5,501-6,000	29	0.1	166,513	2.4	
6,001-6,500	28	0.1	174,994	2.5	
6,501-7,000	23	0.0	155,535	2.2	
7,001-7,500	19	0.0	137,659	2.0	
7,501-8,000	15	0.0	115,893	1.7	
8,001-8,500	15	0.0	123,240	1.8	
8,501-9,000	10	0.0	87,149	1.2	
9,001-9,500	7	0.0	64,585	0.9	
9,501-10,000	10	0.0	97,571	1.4	
10,001+	91	0.2	1,496,214	21.3	

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 70,258
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,981,911
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$70

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	44,704	63.6	\$0	0.0
1-500	24,045	34.2	1,819,438	36.5
501-1,000	672	1.0	465,883	9.4
1,001-1,500	271	0.4	334,018	6.7
1,501-2,000	174	0.2	301,339	6.0
2,001-2,500	85	0.1	188,172	3.8
2,501-3,000	47	0.1	129,767	2.6
3,001-3,500	41	0.1	132,787	2.7
3,501-4,000	33	0.0	122,011	2.4
4,001-4,500	27	0.0	114,842	2.3
4,501-5,000	20	0.0	93,801	1.9
5,001-5,500	22	0.0	115,275	2.3
5,501-6,000	15	0.0	85,687	1.7
6,001-6,500	11	0.0	67,916	1.4
6,501-7,000	11	0.0	74,156	1.5
7,001-7,500	12	0.0	86,152	1.7
7,501-8,000	6	0.0	46,989	0.9
8,001-8,500	6	0.0	49,423	1.0
8,501-9,000	6	0.0	52,702	1.1
9,001-9,500	7	0.0	64,273	1.3
9,501-10,000	3	0.0	28,961	0.6
10,001+	40	0.1	608,319	12.2

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 26,274
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,714,120
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	17,097	65.1	\$0	0.0
1-500	8,404	32.0	676,145	24.9
501-1,000	277	1.1	193,785	7.1
1,001-1,500	126	0.5	155,978	5.7
1,501-2,000	88	0.3	152,499	5.6
2,001-2,500	51	0.2	113,104	4.2
2,501-3,000	30	0.1	82,753	3.0
3,001-3,500	29	0.1	94,449	3.5
3,501-4,000	22	0.1	81,105	3.0
4,001-4,500	22	0.1	93,801	3.5
4,501-5,000	16	0.1	75,145	2.8
5,001-5,500	20	0.1	104,540	3.9
5,501-6,000	11	0.0	62,936	2.3
6,001-6,500	9	0.0	55,336	2.0
6,501-7,000	9	0.0	60,944	2.2
7,001-7,500	11	0.0	79,072	2.9
7,501-8,000	5	0.0	39,167	1.4
8,001-8,500	4	0.0	32,967	1.2
8,501-9,000	6	0.0	52,702	1.9
9,001-9,500	5	0.0	45,794	1.7
9,501-10,000	2	0.0	19,266	0.7
10,001+	30	0.1	442,632	16.3

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 25,834
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,397,477
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$54

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,515	63.9	\$0	0.0
1-500	8,878	34.4	682,137	48.8
501-1,000	234	0.9	161,411	11.6
1,001-1,500	82	0.3	101,154	7.2
1,501-2,000	54	0.2	94,044	6.7
2,001-2,500	22	0.1	48,198	3.4
2,501-3,000	8	0.0	22,102	1.6
3,001-3,500	8	0.0	25,830	1.8
3,501-4,000	8	0.0	29,864	2.1
4,001-4,500	2	0.0	8,438	0.6
4,501-5,000	2	0.0	9,266	0.7
5,001-5,500	2	0.0	10,735	0.8
5,501-6,000	3	0.0	17,032	1.2
6,001-6,500	2	0.0	12,580	0.9
6,501-7,000	2	0.0	13,212	0.9
7,001-7,500	1	0.0	7,080	0.5
7,501-8,000	1	0.0	7,822	0.6
8,001-8,500	2	0.0	16,456	1.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,225	0.7
9,501-10,000	1	0.0	9,695	0.7
10,001+	6	0.0	111,196	8.0

Source: Data for this table are from the MAX 2007 file for Virginia, 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}
 VIRGINIA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 18,150
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$870,314
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$48

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,092	61.1	\$0	0.0
1-500	6,763	37.3	461,156	53.0
501-1,000	161	0.9	110,687	12.7
1,001-1,500	63	0.3	76,886	8.8
1,501-2,000	32	0.2	54,796	6.3
2,001-2,500	12	0.1	26,870	3.1
2,501-3,000	9	0.0	24,912	2.9
3,001-3,500	4	0.0	12,508	1.4
3,501-4,000	3	0.0	11,042	1.3
4,001-4,500	3	0.0	12,603	1.4
4,501-5,000	2	0.0	9,390	1.1
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,719	0.7
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	0	0.0	0	0.0
9,001-9,500	1	0.0	9,254	1.1
9,501-10,000	0	0.0	0	0.0
10,001+	4	0.0	54,491	6.3

Source: Data for this table are from the MAX 2007 file for Virginia, 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, VIRGINIA, 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	118,274	67,099	50,450	696	26	3	1,278,877	708,817	563,421	6,344	266	29
Age												
5 and younger	12	0	9	0	3	0	137	0	106	0	31	0
6-14	15	0	13	0	2	0	180	0	156	0	24	0
15-20	286	0	271	2	13	0	3,183	0	3,006	24	153	0
21-44	19,704	0	19,173	523	8	0	219,506	0	214,638	4,810	58	0
45-64	27,891	8	27,717	163	0	3	310,274	74	308,741	1,430	0	29
65-74	26,366	23,229	3,129	8	0	0	287,844	252,404	35,360	80	0	0
75-84	25,847	25,742	105	0	0	0	276,281	275,160	1,121	0	0	0
85 and older	18,153	18,120	33	0	0	0	181,472	181,179	293	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	77,797	49,473	27,757	556	8	3	842,540	526,070	311,205	5,157	79	29
Male	40,477	17,626	22,693	140	18	0	436,337	182,747	252,216	1,187	187	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	66,450	36,222	29,862	352	12	2	709,945	372,892	333,813	3,085	131	24
African American	42,748	23,004	19,431	300	12	1	467,363	247,626	216,760	2,858	114	5
Other/unknown	9,076	7,873	1,157	44	2	0	101,569	88,299	12,848	401	21	0
Use of Nursing Facilities^c												
Entire year	12,805	11,247	1,558	0	0	0	133,633	115,984	17,649	0	0	0
Part year	9,102	7,969	1,132	1	0	0	87,938	76,157	11,769	12	0	0
None	96,367	47,883	47,760	695	26	3	1,057,306	516,676	534,003	6,332	266	29
Maintenance Assistance Status												
Cash	62,447	31,706	30,690	51	0	0	707,435	359,175	347,777	483	0	0
Medically needy	236	137	99	0	0	0	2,477	1,451	1,026	0	0	0
Poverty related	20,037	9,745	10,162	122	5	3	215,343	104,780	109,475	1,007	52	29
Other/unknown	35,554	25,511	9,499	523	21	0	353,622	243,411	105,143	4,854	214	0
Dual Status^d												
Full dual, all year	112,822	64,107	48,006	680	26	3	1,219,480	676,534	536,486	6,165	266	29
Full dual, part year	5,452	2,992	2,444	16	0	0	59,397	32,283	26,935	179	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	114,030	66,476	47,176	349	26	3	1,231,414	701,827	526,343	2,949	266	29
FFS part year, with Rx claims	1,334	190	1,016	128	0	0	14,859	2,116	11,481	1,262	0	0
FFS part year, no Rx claims	2,185	372	1,689	124	0	0	24,529	4,225	19,062	1,242	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	724	61	569	94	0	0	8,063	649	6,535	879	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 Virginia, 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, VIRGINIA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	118,274	1,278,877	117,549	1,252,174	0	26,703
Fee-for-service (FFS) all year	114,030	1,231,414	114,030	1,231,414	0	0
FFS part year, with Rx claims	1,334	14,859	1,334	8,646	0	6,213
FFS part year, with no Rx claims	2,185	24,529	2,185	12,114	0	12,415
Managed care (MC) all year, with Rx claims	1	12	0	0	0	12
MC all year, with no Rx claims	724	8,063	0	0	0	8,063

Source: Data for this table are from the MAX 2007 file for Virginia, 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