

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 WASHINGTON

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
WASHINGTON, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	899,702 (A)	104,903 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	890,790 (B)	96,186 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	625,983 (C)	96,030 (G)
4. Benes who were all-year nursing facility residents ^f	13,109 (D)	12,116 (H)

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Washington in 1999 was \$331,483,267, of which \$18,981,469 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 3.5 percent were restricted benefit months without a pharmacy benefit in Washington, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 WASHINGTON, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	625,983	64,400	118,695	138,287	304,600	1	3,690,144	646,455	1,224,623	636,911	1,182,154	1		
Age														
5 and younger	131,408	3	3,168	11	128,226	0	479,738	14	30,467	34	449,223	0		
6-14	138,660	0	8,736	43	129,881	0	633,370	0	93,472	179	539,719	0		
15-20	70,655	2	5,717	18,482	46,454	0	344,820	10	58,388	93,406	193,016	0		
21-44	161,845	5	48,508	113,292	39	1	1,020,072	19	500,619	519,237	196	1		
45-64	58,966	244	52,300	6,422	0	0	566,005	2,506	539,632	23,867	0	0		
65-74	26,415	26,132	252	31	0	0	273,279	271,228	1,890	161	0	0		
75-84	22,117	22,102	11	4	0	0	220,987	220,846	119	22	0	0		
85 and older	15,917	15,912	3	2	0	0	151,873	151,832	36	5	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	373,770	44,560	60,456	117,649	151,105	0	2,244,320	453,138	634,446	568,609	588,127	0		
Male	252,178	19,837	58,212	20,637	153,491	1	1,445,466	193,281	589,868	68,300	594,016	1		
Unknown	35	3	27	1	4	0	358	36	309	2	11	0		
Race														
White	434,177	49,324	94,143	91,730	198,979	1	2,596,720	487,681	975,398	385,943	747,697	1		
African American	40,641	1,992	8,970	9,185	20,494	0	228,680	20,454	90,246	36,001	81,979	0		
Other/unknown	151,165	13,084	15,582	37,372	85,127	0	864,744	138,320	158,979	214,967	352,478	0		
Use of Nursing Facilities														
All year	13,109	11,574	1,527	5	3	0	125,059	109,688	15,346	17	8	0		
Part year	7,700	5,712	1,950	31	7	0	71,425	51,984	19,244	161	36	0		
None	605,174	47,114	115,218	138,251	304,590	1	3,493,660	484,783	1,190,033	636,733	1,182,110	1		
Maintenance Assistance Status														
Cash	232,004	25,100	91,203	44,462	71,239	0	1,653,948	277,487	945,963	161,603	268,895	0		
Medically needy	13,683	5,784	7,744	74	81	0	124,780	52,779	71,238	293	470	0		
Poverty-related	184,017	3,809	3,771	57,014	119,423	0	825,676	32,727	34,084	332,374	426,491	0		
Other/unknown	196,279	29,707	15,977	36,737	113,857	1	1,085,740	283,462	173,338	142,641	486,298	1		
Dual Medicare Status^c														
Full dual, all year	89,070	53,359	35,272	428	11	0	906,196	531,835	371,534	2,724	103	0		
Full dual, part year	6,960	3,161	3,783	16	0	0	75,162	33,952	41,026	184	0	0		
Non-dual, all year	529,953	7,880	79,640	137,843	304,599	1	2,708,786	80,668	812,063	634,003	1,182,051	1		
Managed Care Status														
FFS all year	303,739	64,364	115,906	55,944	67,524	1	2,632,660	646,262	1,207,149	328,284	450,964	1		
FFS part year, with Rx claims	94,405	27	2,322	40,384	51,672	0	380,377	158	15,007	166,439	198,773	0		
FFS part year, no Rx claims	227,839	9	467	41,959	185,404	0	677,107	35	2,467	142,188	532,417	0		

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 WASHINGTON, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	45.3 %	10.9	\$499	\$46	\$2,947	16.9 %	\$20	625,983
Age								
5 and younger	24.9	0.9	24	28	1,343	1.8	2	131,408
6-14	24.0	1.4	82	59	970	8.4	2	138,660
15-20	36.0	2.1	114	53	1,637	6.9	3	70,655
21-44	55.5	10.0	591	59	3,123	18.9	14	161,845
45-64	81.8	39.0	1,856	48	6,247	29.7	83	58,966
65-74	81.7	37.1	1,402	38	5,217	26.9	91	26,415
75-84	84.4	38.9	1,347	35	8,719	15.4	74	22,117
85 and older	87.7	37.0	1,143	31	13,417	8.5	53	15,917
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	84.3	37.9	1,325	35	8,458	15.7	76	64,400
Disabled	81.7	32.2	1,784	55	5,961	29.9	59	118,695
Adults	45.3	2.2	62	28	2,273	2.7	4	138,287
Children	22.9	0.8	23	29	913	2.5	1	304,600
Unknown	0.0	0.0	0	0	0	0.0	0	1
Gender								
Female	48.8	12.3	506	41	3,208	15.8	24	373,770
Male	40.1	8.7	490	56	2,559	19.1	16	252,178
Unknown	80.0	33.0	1,320	40	5,710	23.1	21	35
Race								
White	46.8	12.7	592	47	3,220	18.4	22	434,177
African American	40.7	8.3	370	44	2,587	14.3	20	40,641
Other/unknown	42.3	6.5	268	42	2,259	11.8	15	151,165
Use of Nursing Facilities								
Entire year	95.5	50.9	1,864	37	30,940	6.0	74	13,109
Part year	96.2	54.1	2,199	41	21,291	10.3	102	7,700
None	43.6	9.5	448	47	2,107	21.3	18	605,174
Maintenance Assistance Status								
Cash	58.4	16.5	809	49	3,225	25.1	31	232,004
Medically needy	86.6	39.2	2,170	55	7,206	30.1	72	13,683
Poverty related	28.1	1.3	40	31	1,328	3.0	2	184,017
Other/unknown	43.0	11.2	447	40	3,840	11.6	21	196,279

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos
				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			
All	1.8	\$85	16.9 %	54.7 %	24.9 %	5.6 %	8.3 %	5.0 %	\$500	625,983	3,690,144
Age											
5 and younger	0.2	7	1.8	75.1	22.3	1.8	0.7	0.1	368	131,408	479,738
6-14	0.3	18	8.4	76.0	20.3	2.2	1.3	0.2	212	138,660	633,370
15-20	0.4	23	6.9	64.0	29.4	3.9	2.3	0.3	335	70,655	344,820
21-44	1.6	94	18.9	44.5	33.2	7.8	9.2	4.2	496	161,845	1,020,072
45-64	4.1	193	29.7	18.2	19.7	11.0	25.3	18.8	651	58,966	566,005
65-74	3.6	136	26.9	18.3	20.9	12.0	25.7	17.8	504	26,415	273,279
75-84	3.9	135	15.4	15.6	17.7	11.3	28.6	21.1	873	22,117	220,987
85 and older	3.9	120	8.5	12.3	17.4	12.3	31.7	22.0	1,406	15,917	151,873
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility											
Aged	3.8	132	15.7	15.7	18.9	11.9	28.2	20.0	843	64,400	646,455
Disabled	3.1	173	29.9	18.3	28.0	11.9	22.5	14.4	578	118,695	1,224,623
Adults	0.5	13	2.7	54.7	35.0	5.6	3.7	0.8	494	138,287	636,911
Children	0.2	6	2.5	77.1	20.4	1.7	0.7	0.1	235	304,600	1,182,154
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0	1	1
Gender											
Female	2.1	84	15.8	51.2	26.4	5.8	8.9	5.8	534	373,770	2,244,320
Male	1.5	85	19.1	59.9	22.7	5.1	7.4	3.9	446	252,178	1,445,466
Unknown	3.2	129	23.1	20.0	22.9	14.3	22.9	20.0	558	35	358
Race											
White	2.1	99	18.4	53.2	23.6	5.9	9.3	6.0	538	434,177	2,596,720
African American	1.5	66	14.3	59.3	24.2	5.0	6.8	3.7	460	40,641	228,680
Other/unknown	1.1	47	11.8	57.7	28.7	4.8	5.9	2.4	395	151,165	864,744
Use of Nursing Facilities											
Entire year	5.3	195	6.0	4.5	12.0	10.3	33.0	29.9	3,243	13,109	125,059
Part year	5.8	237	10.3	3.8	11.4	11.2	31.6	29.3	2,295	7,700	71,425
None	1.6	78	21.3	56.4	25.4	5.4	7.5	4.2	365	605,174	3,493,660
Maintenance Assistance Status											
Cash	2.3	114	25.1	41.6	27.6	8.3	13.2	7.3	452	232,004	1,653,948
Medically needy	4.3	238	30.1	13.4	17.2	12.4	28.5	21.7	790	13,683	124,780
Poverty related	0.3	9	3.0	71.9	24.6	2.3	1.1	0.2	296	184,017	825,676
Other/unknown	2.0	81	11.6	57.0	22.6	4.9	8.0	5.6	694	196,279	1,085,740

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 WASHINGTON, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx
All	1.8	\$85	0.7	\$55	0.2	\$13	0.9	\$15
Age								
5 and younger	0.2	7	0.1	4	0.0	1	0.1	2
6-14	0.3	18	0.1	11	0.0	2	0.2	5
15-20	0.4	23	0.2	17	0.1	3	0.2	3
21-44	1.6	94	0.6	63	0.2	16	0.8	13
45-64	4.1	193	1.5	125	0.4	31	2.0	33
65-74	3.6	136	1.3	86	0.4	20	1.7	25
75-84	3.9	135	1.4	82	0.5	21	1.9	27
85 and older	3.9	120	1.2	70	0.6	19	2.0	27
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	3.8	132	1.3	81	0.5	20	1.8	26
Disabled	3.1	173	1.2	114	0.4	28	1.5	27
Adults	0.5	13	0.1	8	0.1	2	0.3	3
Children	0.2	6	0.1	4	0.0	1	0.1	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.1	84	0.7	54	0.2	13	1.0	15
Male	1.5	85	0.5	56	0.2	14	0.7	14
Unknown	3.2	129	1.4	87	0.4	19	1.4	21
Race								
White	2.1	99	0.8	64	0.3	16	1.0	17
African American	1.5	66	0.5	44	0.2	9	0.8	11
Other/unknown	1.1	47	0.4	30	0.1	7	0.6	9
Use of Nursing Facilities								
Entire year	5.3	195	1.8	118	0.7	28	2.7	45
Part year	5.8	237	2.0	148	0.7	33	2.9	49
None	1.6	78	0.6	50	0.2	12	0.8	13
Maintenance Assistance								
Status								
Cash	2.3	114	0.8	74	0.3	18	1.1	19
Medically needy	4.3	238	1.7	162	0.5	37	2.0	34
Poverty related	0.3	9	0.1	5	0.0	2	0.2	2
Other/unknown	2.0	81	0.7	51	0.3	12	1.0	16

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C 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.

Table 5

All Medicaid Beneficiaries

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 other than the original patent holder. In Washington, 4.0 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 WASHINGTON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
																Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$19	\$16	\$0	\$2	\$56	\$109	\$50	\$12	469,930	\$26,307,947	159,438	25.5%	1,397,114	
Biologics	0.1	0.1	0.0	0.0	23	10	7	7	208	116	2,390	281	3,973	827,432	3,300	0.5	36,287	
Antineoplastic Agents	0.5	0.2	0.1	0.2	101	76	17	9	187	342	125	46	23,187	4,339,028	4,179	0.7	42,875	
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	26	19	3	4	30	46	26	11	685,455	20,526,084	82,836	13.2	796,604	
Cardiovascular Agents	1.5	0.5	0.3	0.7	43	25	9	9	29	47	35	13	1,188,222	34,682,966	77,096	12.3	805,481	
Respiratory Agents	0.6	0.3	0.0	0.3	23	17	0	5	36	54	23	18	541,577	19,543,589	91,038	14.5	853,856	
Gastrointestinal Agents	0.6	0.3	0.1	0.3	44	32	5	7	70	115	90	24	414,387	28,878,794	62,944	10.1	649,105	
Genitourinary Agents	0.4	0.2	0.0	0.2	13	10	0	3	36	50	29	18	88,133	3,175,544	24,785	4.0	240,672	
CNS Drugs	1.2	0.5	0.2	0.5	82	52	21	10	69	110	115	18	1,195,518	82,811,209	101,351	16.2	1,004,707	
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	26	7	4	15	40	43	53	37	44,715	1,789,636	8,049	1.3	68,304	
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	79	76	0	3	131	164	83	20	10,988	1,437,948	1,760	0.3	18,270	
Analgesics and Anesthetics	0.7	0.1	0.1	0.5	25	15	5	6	36	107	74	12	783,618	28,516,301	121,395	19.4	1,130,666	
Neuromuscular Agents	0.9	0.3	0.1	0.4	45	30	5	10	51	97	40	22	491,993	25,256,102	54,595	8.7	560,945	
Nutritional Products	0.5	0.0	0.1	0.4	8	0	3	5	16	20	25	13	183,432	2,959,891	42,702	6.8	363,934	
Hematological Agents	0.7	0.1	0.3	0.4	63	38	10	15	85	448	36	40	120,488	10,291,987	15,898	2.5	164,030	
Topical Products	0.3	0.1	0.0	0.2	9	5	2	2	27	46	36	14	303,198	8,308,029	93,794	15.0	885,903	
Miscellaneous Products	0.6	0.2	0.1	0.3	115	74	31	10	193	322	295	39	23,072	4,455,894	3,815	0.6	38,634	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	36	0	0	0	234,322	8,393,417	64,520	10.3	655,107	
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.	6,806,208	312,501,798	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.
- 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/products/product_mddb.asp (May 13 2003).
- 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 Washington, 4.0 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/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 WASHINGTON, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$43,716,893	40,027	6.4 %	427,465	0.8	\$128	
ANTIDEPRESSANTS	30,153,623	92,216	14.7	946,294	0.6	53	
ULCER DRUGS	22,987,607	59,625	9.5	633,604	0.5	75	
ANTICONVULSANT	20,701,081	36,985	5.9	395,891	0.8	68	
ANALGESICS - Narcotic	16,117,920	128,804	20.6	1,256,101	0.4	33	
ANTIASTHMATIC	12,080,592	70,426	11.3	696,456	0.4	39	
ANTIVIRAL	11,581,508	9,895	1.6	102,794	0.4	263	
ANTIDIABETIC	11,268,668	33,126	5.3	356,592	0.8	41	
ANTIHYPERTENSIVE	10,350,867	40,423	6.5	434,959	0.7	34	
ANALGESICS - ANTI-INFLAMMATORY	9,915,422	69,097	11.0	693,437	0.3	44	

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 WASHINGTON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,175,389	\$188,874,181	40,027	6.4 %	427,465	0.8	\$102	92,216	14.7 %	946,294	0.6	\$32					
Female	2,047,252	110,664,129	22,427	6.0	239,309	0.7	81	62,659	16.8	642,279	0.6	32					
Disabled	1,195,881	73,617,175	14,583	24.1	162,274	0.8	97	36,934	61.1	406,649	0.6	35					
5 and younger	3,884	203,167	7	0.5	84	0.6	46	13	1.0	152	0.2	13					
6-14	12,791	701,823	128	4.1	1,468	0.6	57	331	10.6	3,783	0.5	23					
15-20	13,698	903,509	286	12.4	3,044	0.6	68	540	23.4	5,860	0.5	31					
21-44	419,732	28,205,630	7,249	31.1	80,259	0.8	102	14,978	64.2	163,112	0.6	34					
45-64	745,144	43,576,226	6,903	22.8	77,335	0.8	95	21,058	69.6	233,600	0.6	36					
65-74	631	26,786	10	7.8	84	0.3	19	13	10.2	133	0.5	14					
75-84	1	34	0	0.0	0	0.0	0	1	14.3	9	0.1	4					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	851,371	37,046,954	7,844	2.5	77,035	0.6	47	25,725	8.2	235,630	0.6	27					
5 and younger	5,225	122,408	11	0.0	74	0.2	7	16	0.0	152	0.4	18					
6-14	11,898	493,126	133	0.2	1,121	0.5	48	691	1.1	5,931	0.5	21					
15-20	17,185	486,949	282	0.7	1,890	0.4	26	1,262	3.0	9,042	0.4	20					
21-44	74,622	2,073,152	862	0.9	4,810	0.3	20	6,108	6.4	33,488	0.4	20					
45-64	12,020	504,209	95	2.4	679	0.4	36	726	18.3	4,420	0.5	26					
65-74	299,959	14,427,485	1,999	11.9	22,081	0.7	65	6,285	37.5	70,517	0.6	28					
75-84	257,702	11,558,555	2,333	15.3	24,463	0.6	50	5,796	37.9	61,921	0.7	30					
85 and older	172,760	7,381,070	2,129	17.2	21,917	0.6	34	4,841	39.1	50,159	0.7	30					
Male	1,127,599	78,179,105	17,593	7.0	188,072	0.9	129	29,543	11.7	303,862	0.6	32					
Disabled	808,743	64,290,141	14,418	24.8	157,529	0.9	145	21,219	36.5	227,579	0.6	33					
5 and younger	6,081	306,138	12	0.6	135	0.5	14	32	1.7	329	0.5	9					
6-14	26,285	1,490,617	436	7.8	4,949	0.6	68	885	15.8	9,812	0.5	29					
15-20	20,619	1,588,632	528	15.5	5,576	0.7	99	687	20.1	7,447	0.5	32					
21-44	364,494	34,926,428	8,814	35.0	96,566	1.0	158	10,128	40.2	108,079	0.6	34					
45-64	390,850	25,959,271	4,624	21.0	50,274	0.9	133	9,476	43.1	101,863	0.6	33					
65-74	413	19,040	4	3.2	29	0.3	17	11	8.9	49	0.9	51					
75-84	1	15	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					
Other Eligibles	318,856	13,888,964	3,175	1.6	30,543	0.6	50	8,324	4.3	76,283	0.6	27					
5 and younger	7,631	186,226	14	0.0	117	0.3	23	36	0.1	299	0.3	10					
6-14	17,799	710,583	259	0.4	2,297	0.5	54	1,115	1.7	9,381	0.5	22					
15-20	8,579	388,076	213	0.9	1,634	0.6	65	630	2.7	4,684	0.5	25					
21-44	13,114	458,605	142	0.8	731	0.5	47	865	5.0	4,144	0.4	22					
45-64	5,722	243,684	32	1.2	236	0.5	49	249	9.2	1,513	0.5	25					
65-74	129,471	6,008,816	871	9.2	9,250	0.7	63	2,276	24.2	24,592	0.6	26					
75-84	94,032	4,113,408	1,037	15.2	10,415	0.6	44	2,027	29.7	20,807	0.7	30					
85 and older	42,508	1,779,566	607	17.3	5,863	0.6	38	1,126	32.0	10,863	0.7	31					
Unknown	538	30,947	7	20.0	84	0.5	44	14	40.0	153	0.5	23					

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 WASHINGTON, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				ANALGESICS - Narcotic						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	59,625	9.5 %	633,604	0.5	\$36	36,985	5.9 %	395,891	0.8	\$52	128,804	20.6 %	1,256,101	0.4	\$13
Female	40,546	10.8	433,025	0.5	36	21,460	5.7	230,183	0.8	50	89,053	23.8	866,103	0.4	12
Disabled	20,711	34.3	232,692	0.5	37	15,623	25.8	173,297	0.8	55	42,780	70.8	474,119	0.4	14
5 and younger	160	12.6	1,734	0.4	21	137	10.8	1,470	0.8	64	126	9.9	1,358	0.1	1
6-14	158	5.0	1,837	0.4	30	510	16.3	5,826	0.8	49	371	11.8	4,268	0.1	2
15-20	230	10.0	2,562	0.3	25	452	19.6	5,060	0.8	61	637	27.6	7,024	0.2	4
21-44	6,647	28.5	74,411	0.4	32	7,511	32.2	82,750	0.8	57	17,673	75.7	194,732	0.4	12
45-64	13,497	44.6	151,978	0.5	40	7,006	23.1	78,122	0.8	52	23,937	79.1	266,460	0.4	16
65-74	19	14.8	170	0.4	40	7	5.5	69	0.3	6	36	28.1	277	0.6	24
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
Other Eligibles	19,835	6.3	200,333	0.5	35	5,837	1.9	56,886	0.7	34	46,273	14.8	391,984	0.4	10
5 and younger	206	0.3	1,144	0.3	12	43	0.1	301	0.6	47	483	0.8	3,242	0.2	1
6-14	245	0.4	1,776	0.2	10	209	0.3	1,877	0.6	37	1,110	1.7	8,075	0.2	1
15-20	628	1.5	4,212	0.2	9	219	0.5	1,528	0.5	37	4,103	9.8	27,512	0.2	1
21-44	2,705	2.8	17,519	0.2	14	859	0.9	4,693	0.5	31	17,111	17.8	107,586	0.3	3
45-64	409	10.3	2,847	0.4	29	118	3.0	886	0.6	34	1,007	25.4	6,720	0.4	9
65-74	6,760	40.4	76,717	0.5	37	1,794	10.7	19,923	0.8	39	8,660	51.7	96,531	0.4	12
75-84	5,332	34.9	58,677	0.6	39	1,649	10.8	17,730	0.8	33	7,642	50.0	81,190	0.5	16
85 and older	3,550	28.6	37,441	0.6	42	946	7.6	9,948	0.7	26	6,157	49.7	61,128	0.5	20
Male	19,068	7.6	200,456	0.5	36	15,522	6.2	165,672	0.8	56	39,735	15.8	389,809	0.4	14
Disabled	11,612	19.9	126,969	0.5	38	12,665	21.8	138,641	0.8	60	25,721	44.2	274,704	0.4	16
5 and younger	201	10.6	2,110	0.4	22	183	9.7	2,016	0.9	71	222	11.7	2,424	0.1	1
6-14	234	4.2	2,692	0.4	27	837	14.9	9,539	0.8	54	550	9.8	6,287	0.1	2
15-20	239	7.0	2,664	0.4	34	713	20.9	7,851	0.9	68	665	19.5	7,341	0.2	4
21-44	4,393	17.5	47,951	0.5	36	6,610	26.3	72,528	0.8	62	11,938	47.4	127,643	0.4	16
45-64	6,531	29.7	71,456	0.5	40	4,314	19.6	46,645	0.8	56	12,320	56.0	130,949	0.4	18
65-74	14	11.3	96	0.4	37	8	6.5	62	0.3	16	26	21.0	160	0.6	23
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
Other Eligibles	7,456	3.8	73,487	0.5	34	2,857	1.5	27,031	0.8	37	14,014	7.2	115,105	0.4	9
5 and younger	288	0.4	1,732	0.3	14	69	0.1	485	0.7	33	608	0.9	3,997	0.2	1
6-14	199	0.3	1,549	0.3	14	368	0.6	3,164	0.6	40	1,043	1.6	7,666	0.2	1
15-20	182	0.8	1,125	0.3	14	206	0.9	1,566	0.7	51	1,114	4.8	7,315	0.2	2
21-44	576	3.3	2,600	0.4	25	217	1.3	1,084	0.5	35	2,880	16.7	12,989	0.4	7
45-64	220	8.1	1,462	0.4	26	50	1.8	324	0.6	28	588	21.7	3,576	0.5	11
65-74	2,868	30.4	31,999	0.5	35	938	10.0	10,197	0.8	39	3,731	39.6	40,256	0.4	11
75-84	2,108	30.9	22,757	0.5	36	713	10.4	7,282	0.8	33	2,587	37.9	25,945	0.4	11
85 and older	1,015	28.9	10,263	0.6	38	296	8.4	2,929	0.8	31	1,463	41.6	13,361	0.4	12
Unknown	11	31.4	123	0.6	53	3	8.6	36	1.1	16	16	45.7	189	0.5	11

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 WASHINGTON, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTIVIRAL				ANTI-DIABETIC			
	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx	No. of Users	Users as % of All Bene	No. of Bene among Users	Mean No. of Rx
All	70,426	11.3 %	696,456	0.4	9,895	1.6 %	102,794	0.4	33,126	5.3 %	356,592	0.8
Female	45,451	12.2	456,059	0.4	4,751	1.3	48,034	0.3	22,588	6.0	245,676	0.8
Disabled	22,861	37.8	255,551	0.5	2,575	4.3	28,755	0.4	10,602	17.5	119,095	0.8
5 and younger	401	31.5	4,359	0.3	18	1.4	206	0.3	8	0.6	84	0.7
6-14	568	18.1	6,457	0.4	41	1.3	480	0.4	16	0.5	175	1.5
15-20	403	17.5	4,426	0.3	51	2.2	549	0.2	43	1.9	487	0.8
21-44	7,396	31.7	82,247	0.4	1,319	5.7	14,498	0.4	2,111	9.0	23,817	0.7
45-64	14,071	46.5	157,908	0.5	1,146	3.8	13,022	0.3	8,403	27.8	94,373	0.8
65-74	22	17.2	154	0.4	0	0.0	0	0.0	21	16.4	159	0.6
75-84	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
Other Eligibles	22,590	7.2	200,508	0.4	2,176	0.7	19,279	0.2	11,986	3.8	126,581	0.8
5 and younger	2,146	3.4	12,862	0.3	68	0.1	482	0.2	7	0.0	36	0.6
6-14	1,761	2.7	12,217	0.3	103	0.2	875	0.4	45	0.1	367	0.9
15-20	1,457	3.5	9,705	0.3	172	0.4	1,230	0.2	59	0.1	345	0.8
21-44	4,110	4.3	24,407	0.3	668	0.7	4,180	0.3	727	0.8	4,374	0.5
45-64	426	10.8	2,862	0.4	35	0.9	234	0.3	246	6.2	1,580	0.7
65-74	5,809	34.7	65,315	0.5	339	2.0	3,803	0.2	5,291	31.6	59,451	0.8
75-84	4,389	28.7	47,383	0.5	367	2.4	4,040	0.1	3,926	25.7	42,829	0.8
85 and older	2,492	20.1	25,757	0.4	424	3.4	4,435	0.1	1,685	13.6	17,599	0.8
Male	24,960	9.9	240,235	0.5	5,141	2.0	54,724	0.5	10,536	4.2	110,892	0.8
Disabled	12,286	21.1	134,828	0.5	4,459	7.7	48,652	0.6	5,845	10.0	63,423	0.8
5 and younger	690	36.4	7,475	0.3	28	1.5	324	0.4	0	0.0	0	0.0
6-14	1,041	18.6	11,741	0.3	43	0.8	468	0.3	17	0.3	165	1.5
15-20	416	12.2	4,651	0.3	29	0.8	319	0.2	43	1.3	463	0.8
21-44	3,499	13.9	38,511	0.4	3,007	11.9	32,514	0.6	1,471	5.8	16,084	0.8
45-64	6,621	30.1	72,336	0.6	1,351	6.1	15,024	0.6	4,299	19.5	46,589	0.8
65-74	18	14.5	112	0.4	1	0.8	3	0.3	15	12.1	122	0.6
75-84	1	25.0	2	0.5	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
Other Eligibles	12,674	6.5	105,407	0.4	682	0.4	6,072	0.2	4,691	2.4	47,469	0.7
5 and younger	3,117	4.8	18,124	0.3	67	0.1	411	0.3	9	0.0	73	0.4
6-14	2,139	3.3	14,879	0.3	85	0.1	586	0.3	58	0.1	359	1.0
15-20	609	2.6	4,054	0.3	34	0.1	196	0.2	39	0.2	236	0.9
21-44	462	2.7	1,993	0.4	62	0.4	274	0.6	168	1.0	851	0.5
45-64	162	6.0	1,079	0.4	19	0.7	102	0.6	167	6.2	1,037	0.6
65-74	3,117	33.1	33,993	0.6	164	1.7	1,826	0.3	2,263	24.0	24,622	0.8
75-84	2,163	31.7	22,639	0.5	140	2.1	1,507	0.1	1,451	21.3	15,210	0.8
85 and older	905	25.7	8,646	0.5	111	3.2	1,170	0.1	536	15.2	5,081	0.7
Unknown	15	42.9	162	0.6	3	8.6	36	1.3	2	5.7	24	1.1

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 WASHINGTON, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	40,423	6.5 %	434,959	0.7	\$24	69,097	11.0 %	693,437	0.3	\$14	625,983	3,690,144
Female	24,831	6.6	270,098	0.7	24	48,335	12.9	483,058	0.3	16	373,770	2,244,320
Disabled	9,672	16.0	107,958	0.7	24	23,250	38.5	261,311	0.4	18	60,456	634,446
5 and younger	30	2.4	302	0.7	11	45	3.5	490	0.2	3	1,274	12,250
6-14	139	4.4	1,567	0.6	11	185	5.9	2,144	0.2	12	3,131	33,799
15-20	50	2.2	592	0.6	16	352	15.3	3,928	0.2	3	2,304	23,765
21-44	1,814	7.8	20,179	0.6	20	8,749	37.5	97,580	0.3	12	23,332	244,209
45-64	7,621	25.2	85,160	0.7	25	13,910	45.9	157,086	0.4	21	30,277	319,308
65-74	18	14.1	158	0.6	14	9	7.0	83	0.5	16	128	998
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	81
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Other Eligibles	15,159	4.8	162,140	0.7	24	25,085	8.0	221,747	0.3	14	313,314	1,609,874
5 and younger	27	0.0	232	0.6	15	463	0.7	2,526	0.2	2	62,881	220,244
6-14	152	0.2	1,321	0.6	11	766	1.2	5,158	0.2	3	64,189	266,912
15-20	41	0.1	299	0.5	10	2,475	5.9	16,858	0.2	2	41,790	192,112
21-44	438	0.5	2,414	0.4	10	8,676	9.0	56,907	0.2	3	96,081	462,787
45-64	226	5.7	1,537	0.6	19	681	17.2	4,266	0.4	14	3,960	16,178
65-74	5,751	34.4	64,793	0.7	25	5,963	35.6	68,308	0.4	20	16,739	176,186
75-84	5,146	33.7	56,284	0.7	25	3,964	25.9	44,831	0.4	21	15,278	155,338
85 and older	3,378	27.3	35,260	0.8	24	2,097	16.9	22,893	0.4	19	12,396	120,117
Male	15,586	6.2	164,789	0.7	24	20,749	8.2	210,226	0.3	11	252,178	1,445,466
Disabled	8,216	14.1	89,139	0.7	23	12,907	22.2	141,452	0.3	11	58,212	589,868
5 and younger	50	2.6	526	0.8	11	86	4.5	934	0.2	3	1,894	18,217
6-14	586	10.5	6,589	0.7	14	188	3.4	2,185	0.1	2	5,605	59,673
15-20	177	5.2	1,956	0.6	17	369	10.8	4,124	0.2	6	3,412	34,611
21-44	2,046	8.1	21,978	0.6	22	5,650	22.5	61,500	0.3	9	25,164	256,278
45-64	5,346	24.3	58,013	0.7	25	6,601	30.0	72,616	0.4	14	22,009	220,159
65-74	11	8.9	77	0.5	17	13	10.5	93	0.4	12	124	892
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,370	3.8	75,650	0.7	24	7,842	4.0	68,774	0.3	11	193,966	855,598
5 and younger	49	0.1	360	0.5	7	478	0.7	2,807	0.2	2	65,355	229,016
6-14	535	0.8	4,344	0.6	11	572	0.9	3,915	0.2	2	65,735	272,986
15-20	79	0.3	629	0.5	15	724	3.1	4,697	0.2	2	23,148	94,320
21-44	181	1.0	851	0.6	16	1,360	7.9	6,435	0.3	6	17,256	56,666
45-64	184	6.8	1,135	0.6	18	323	11.9	1,932	0.3	9	2,705	10,193
65-74	3,092	32.8	33,948	0.7	25	2,527	26.8	28,491	0.3	12	9,422	95,179
75-84	2,253	33.0	24,393	0.7	25	1,345	19.7	15,042	0.4	15	6,827	65,518
85 and older	997	28.3	9,990	0.7	24	513	14.6	5,455	0.4	17	3,518	31,720
Unknown	6	17.1	72	0.5	15	13	37.1	153	0.2	20	35	358

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 WASHINGTON, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$195	5.3	13,109	125,059
Age				
0-64	318	6.7	1,537	15,405
65-74	259	6.5	1,600	15,830
75-84	193	5.4	4,174	39,590
85 and older	144	4.5	5,798	54,234
Unknown	0	0.0	0	0
Gender				
Female	185	5.3	8,908	86,808
Male	219	5.4	4,200	38,239
Unknown	303	6.3	1	12
Race				
White	194	5.3	11,981	114,097
African American	215	5.3	295	2,958
Other/unknown	207	5.1	833	8,004
Basis of Eligibility				
Aged	178	5.1	11,574	109,688
Disabled	316	6.6	1,527	15,346
Adults	1,064	13.9	5	17
Children	40	2.0	3	8
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 WASHINGTON, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Brand-Name	Total	Brand-Name	Generic	Brand-Name									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$15	\$0	\$2	\$42	\$70	\$35	\$11	34,719	\$1,474,319	8,353	63.7 %	84,468
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	13	9	0	18	926	11,970	876	6.7	9,764
Antineoplastic Agents	0.6	0.2	0.3	0.2	76	33	37	6	134	218	148	36	2,451	327,287	458	3.5	4,291
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	22	15	1	6	20	35	15	10	56,105	1,111,739	4,986	38.0	50,579
Cardiovascular Agents	1.8	0.5	0.4	0.9	37	16	9	12	21	36	24	12	132,070	2,756,439	7,559	57.7	74,767
Respiratory Agents	0.7	0.3	0.0	0.4	30	14	1	15	42	50	25	37	25,270	1,051,124	3,470	26.5	34,930
Gastrointestinal Agents	0.9	0.3	0.1	0.5	49	32	4	13	54	96	66	26	46,420	2,522,452	5,095	38.9	51,628
Genitourinary Agents	0.6	0.3	0.0	0.3	23	14	0	9	38	55	28	26	14,275	547,672	2,223	17.0	23,516
CNS Drugs	1.4	0.7	0.1	0.6	78	57	12	9	55	82	81	16	117,748	6,484,607	8,247	62.9	82,924
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.6	16	1	3	13	25	48	58	21	440	10,831	73	0.6	672
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	82	82	0	0	113	114	0	38	1,719	194,304	239	1.8	2,366
Analgesics and Anesthetics	1.0	0.4	0.1	0.5	41	29	6	6	41	78	54	11	63,002	2,565,332	6,540	49.9	62,611
Neuromuscular Agents	1.3	0.4	0.2	0.7	57	29	11	18	45	78	46	27	54,020	2,452,613	4,083	31.1	43,053
Nutritional Products	0.8	0.0	0.2	0.6	13	0	3	9	17	12	20	16	28,867	484,986	3,926	29.9	38,458
Hematological Agents	1.0	0.1	0.2	0.7	30	15	5	11	30	190	22	15	24,937	740,231	2,544	19.4	24,722
Topical Products	0.5	0.2	0.1	0.3	14	7	3	3	27	43	38	13	38,275	1,050,467	7,054	53.8	75,018
Miscellaneous Products	0.3	0.0	0.0	0.2	9	4	1	4	31	101	81	18	1,663	52,333	601	4.6	5,637
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	25	0	0	0	23,718	599,715	5,511	42.0	56,738
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.	666,625	24,438,421	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Washington, 4.0 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 WASHINGTON, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$2,950,425	6,883	52.5 %	71,153	0.8	\$49	\$41
ANTIPSYCHOTICS	2,645,927	4,037	30.8	42,196	0.7	84	63
ANALGESICS - Narcotic	2,112,573	6,772	51.7	64,539	0.7	44	33
ULCER DRUGS	2,038,742	4,283	32.7	44,446	0.7	62	46
ANTICONVULSANT	1,623,229	3,107	23.7	33,211	1.0	49	49
ANTIHYPERTENSIVE	925,696	3,331	25.4	34,008	0.9	30	27
ANTIASTHMATIC	861,951	3,683	28.1	36,559	0.5	45	24
ANTIANKXIETY AGENTS	831,942	3,610	27.5	37,132	0.6	38	22
DERMATOLOGICAL	770,702	10,568	80.6	114,782	0.3	24	7
ANTIIDIABETIC	735,051	2,838	21.6	28,946	0.9	28	25

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d} WASHINGTON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Residents	NF	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	
All	335,658	\$15,496,238	6,863	52.5 %	71,153	0.8	\$42	4,037	30.8 %	42,196	0.7	\$63			
Female	224,289	10,179,948	4,791	53.8	50,108	0.8	40	2,648	29.7	28,013	0.7	61			
Disabled	28,299	1,544,479	444	60.0	4,774	0.9	51	280	37.8	3,087	0.8	100			
64 or younger	28,288	1,544,241	443	60.0	4,765	0.9	51	280	37.9	3,087	0.8	100			
65-74	10	204	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	1	34	1	100.0	9	0.1	4	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			
Other Eligibles	195,990	8,635,469	4,347	53.2	45,334	0.8	39	2,368	29.0	24,926	0.7	56			
64 or younger	80	7,173	2	50.0	6	0.7	23	2	50.0	15	0.9	302			
65-74	34,216	1,658,959	594	65.3	6,370	0.9	47	377	41.4	4,106	0.9	83			
75-84	73,259	3,231,239	1,549	57.3	16,012	0.9	41	895	33.1	9,364	0.7	59			
85 and older	88,435	3,738,098	2,202	48.4	22,946	0.8	36	1,094	24.0	11,441	0.7	44			
Male	111,320	5,313,391	2,092	49.8	21,045	0.9	44	1,388	33.0	14,171	0.8	66			
Disabled	28,742	1,673,120	449	57.1	4,664	0.9	52	349	44.3	3,672	0.8	92			
64 or younger	28,711	1,672,193	449	57.1	4,664	0.9	52	348	44.3	3,662	0.8	93			
65-74	31	927	0	0.0	0	0.0	0	1	100.0	10	0.7	39			
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			
Other Eligibles	82,578	3,640,271	1,643	48.1	16,381	0.9	42	1,039	30.4	10,499	0.7	57			
64 or younger	267	17,332	5	55.6	46	0.9	56	4	44.4	48	1.1	86			
65-74	23,449	1,126,858	383	55.7	4,055	0.9	48	251	36.5	2,637	0.8	69			
75-84	36,659	1,611,284	748	50.8	7,480	0.9	42	475	32.3	4,826	0.8	57			
85 and older	22,203	884,797	507	40.7	4,800	0.8	38	309	24.8	2,988	0.6	46			
Unknown	49	2,899	0	0.0	0	0.0	0	1	100.0	12	0.2	2			

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 WASHINGTON, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANTIANKXIETY AGENTS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	3,331	25.4 %	0.9	\$27	0.9	3,663	28.1 %	0.5	\$24	0.5	3,610	27.5 %	0.6	\$22	
Female	2,143	24.1	0.9	26	0.9	2,293	25.7	0.5	22	0.5	2,442	27.4	0.6	22	
Disabled	149	20.1	0.9	27	0.9	236	31.9	0.6	27	0.6	296	40.0	0.7	25	
64 or younger	149	20.2	0.9	27	0.9	236	32.0	0.6	27	0.6	296	40.1	0.7	25	
65-74	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	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	0	
Other Eligibles	1,994	24.4	0.9	26	0.9	2,057	25.2	0.5	21	0.5	2,146	26.3	0.6	21	
64 or younger	4	100.0	2.3	56	2.3	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
65-74	261	28.7	0.9	27	0.9	304	33.4	0.7	32	0.7	331	36.4	0.6	24	
75-84	717	26.5	0.9	27	0.9	742	27.5	0.5	23	0.5	739	27.4	0.6	22	
85 and older	1,012	22.2	0.9	25	0.9	1,011	22.2	0.4	16	0.4	1,076	23.6	0.5	19	
Male	1,188	28.3	0.9	29	0.9	1,389	33.1	0.6	27	0.6	1,167	27.8	0.6	25	
Disabled	176	22.4	0.9	29	0.9	228	29.0	0.7	30	0.7	312	39.6	0.8	36	
64 or younger	176	22.4	0.9	29	0.9	228	29.0	0.7	30	0.7	311	39.6	0.8	36	
65-74	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	100.0	0.1	0	
75-84	0	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	0	
Other Eligibles	1,012	29.7	0.9	29	0.9	1,161	34.0	0.6	27	0.6	855	25.1	0.5	20	
64 or younger	4	44.4	0.8	42	0.8	0	0.0	0.0	0	0.0	3	33.3	1.0	65	
65-74	224	32.6	0.9	30	0.9	284	41.3	0.8	40	0.8	183	26.6	0.6	22	
75-84	461	31.3	0.9	29	0.9	545	37.0	0.5	23	0.5	373	25.4	0.5	21	
85 and older	323	25.9	0.9	28	0.9	332	26.7	0.5	20	0.5	296	23.8	0.5	16	
Unknown	0	0.0	0.0	0	0.0	1	100.0	0.3	5	0.3	1	100.0	0.3	4	

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 WASHINGTON, 1999

Beneficiary Characteristics	DERMATOLOGICAL					ANTIDIABETIC						
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	NF Residents	No. of Users	NF Residents			
All	10,568	80.6 %	114,782	0.3	\$7	2,838	21.6 %	28,946	0.9	\$25	13,109	125,059
Female	6,867	77.1	75,293	0.3	7	1,866	20.9	19,531	0.9	25	8,908	86,808
Disabled	884	119.5	9,992	0.3	8	157	21.2	1,654	1.0	32	740	7,685
64 or younger	884	119.8	9,992	0.3	8	156	21.1	1,646	1.0	32	738	7,668
65-74	0	0.0	0	0.0	0	1	100.0	8	1.0	23	1	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	5,983	73.2	65,301	0.3	6	1,709	20.9	17,877	0.9	24	8,168	79,123
64 or younger	2	50.0	15	0.3	5	1	25.0	3	0.7	16	4	24
65-74	850	93.4	9,509	0.3	7	340	37.4	3,521	0.9	30	910	9,190
75-84	2,074	76.8	22,679	0.3	6	748	27.7	7,884	0.9	25	2,701	26,277
85 and older	3,057	67.1	33,098	0.3	6	620	13.6	6,469	0.8	21	4,553	43,632
Male	3,700	88.1	39,477	0.3	7	972	23.1	9,415	0.9	26	4,200	38,239
Disabled	837	106.4	9,195	0.3	9	153	19.4	1,503	0.9	31	787	7,661
64 or younger	836	106.4	9,185	0.3	9	153	19.5	1,503	0.9	31	786	7,651
65-74	1	100.0	10	0.2	4	0	0.0	0	0.0	0	1	10
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
Other Eligibles	2,863	83.9	30,282	0.3	7	819	24.0	7,912	0.9	25	3,413	30,578
64 or younger	5	55.6	40	0.3	6	2	22.2	21	0.8	17	9	62
65-74	687	99.9	7,515	0.3	8	208	30.2	2,077	1.0	30	688	6,622
75-84	1,225	83.3	12,980	0.3	7	397	27.0	3,923	0.9	24	1,471	13,292
85 and older	946	76.0	9,747	0.3	6	212	17.0	1,891	0.9	22	1,245	10,602
Unknown	1	100.0	12	0.1	4	0	0.0	0	0.0	0	1	12

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 7,700 beneficiaries who were in nursing facilities for part of their enrollment and their 71,425 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
WASHINGTON, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	890,790	64,429	118,838	181,464	526,058	8,418,011	646,989	1,239,183	1,474,078	5,057,760	1
Age											
5 and younger	200,478	3	3,193	13	197,269	1,857,529	14	33,182	72	1,824,261	0
6-14	248,811	0	8,758	45	240,008	2,508,747	0	96,204	274	2,412,269	0
15-20	114,776	2	5,725	20,307	88,742	1,042,655	13	59,548	162,060	821,034	0
21-44	198,441	5	48,558	149,838	39	1,721,286	19	505,502	1,215,568	196	1
45-64	63,798	244	52,338	11,216	0	640,982	2,510	542,702	95,770	0	0
65-74	26,429	26,138	252	39	0	273,642	271,445	1,890	307	0	0
75-84	22,133	22,118	11	4	0	221,186	221,045	119	22	0	0
85 and older	15,924	15,919	3	2	0	151,984	151,943	36	5	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	516,979	44,583	60,541	152,101	259,754	4,856,797	453,492	642,754	1,259,003	2,501,548	0
Male	373,773	19,843	58,270	29,362	266,297	3,560,806	193,461	596,120	215,063	2,556,161	1
Unknown	38	3	27	1	7	408	36	309	12	51	0
Race											
White	615,594	49,341	94,249	123,641	348,362	5,820,616	488,014	986,052	1,005,736	3,340,813	1
African American	60,345	2,001	8,985	13,428	35,931	573,313	20,597	91,620	112,057	349,039	0
Other/unknown	214,851	13,087	15,604	44,395	141,765	2,024,082	138,378	161,511	356,285	1,367,908	0
Use of Nursing Facilities											
All year	13,109	11,574	1,527	5	3	125,065	109,688	15,349	20	8	0
Part year	7,702	5,712	1,950	33	7	71,632	52,000	19,307	272	53	0
None	869,979	47,143	115,361	181,426	526,048	8,221,314	485,301	1,204,527	1,473,786	5,057,699	1
Maintenance Assistance Status											
Cash	297,833	25,104	91,336	63,523	117,870	2,878,729	277,669	959,608	512,149	1,129,303	0
Medically needy	13,713	5,784	7,747	100	82	125,412	52,779	71,557	542	534	0
Poverty related	291,557	3,809	3,771	58,211	225,766	2,747,958	32,730	34,164	443,239	2,237,825	0
Other/unknown	287,687	29,732	15,984	59,630	182,340	2,665,912	283,811	173,854	518,148	1,690,098	1
Dual Status^c											
Full dual, all year	89,226	53,387	35,285	542	12	909,465	532,253	372,392	4,705	115	0
Full dual, part year	6,960	3,161	3,783	16	0	75,216	33,952	41,080	184	0	0
Non-dual, all year	794,604	7,881	79,770	180,906	526,046	7,433,330	80,784	825,711	1,469,189	5,057,645	1
Managed Care Status											
FFS all year	303,739	64,364	115,906	55,944	67,524	2,632,660	646,262	1,207,149	328,284	450,964	1
FFS part year, with Rx claims	94,405	27	2,322	40,384	51,672	920,635	295	25,582	379,384	515,374	0
FFS part year, no Rx claims	227,839	9	467	41,959	185,404	2,202,626	103	4,938	384,512	1,813,073	0
MC all year, with Rx claims	6,571	1	75	3,140	3,355	70,577	12	840	32,720	37,005	0
MC all year, no Rx claims	258,236	28	68	40,037	218,103	2,591,513	317	674	349,178	2,241,344	0

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 WASHINGTON, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	890,790	8,418,011	625,983	3,690,144	264,807	4,727,867
FFS all year	303,739	2,632,660	303,739	2,632,660	0	0
FFS part year, with Rx claims	94,405	920,635	94,405	380,377	0	540,258
FFS part year, with no Rx claims	227,839	2,202,626	227,839	677,107	0	1,525,519
MC all year, with Rx claims	6,571	70,577	0	0	6,571	70,577
MC all year, with no Rx claims	258,236	2,591,513	0	0	258,236	2,591,513

Source: Data for this table are from the MAX 1999 file for Washington, released by CMS in 10/2003. This table was produced on 06/25/2004.

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