

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	15,579	9,877	5,606	95	1	0	158,556	99,075	58,916	558	7	0	158,556	99,075	58,916	558	7	0	
Age																			
5 and younger	2	1	1	0	0	0	18	6	12	0	0	0	18	6	12	0	0	0	0
6-14	8	0	7	0	1	0	74	0	67	0	7	0	74	0	67	0	7	0	0
15-20	24	0	23	1	0	0	238	0	233	5	0	0	238	0	233	5	0	0	0
21-44	2,581	2	2,516	63	0	0	26,942	23	26,535	384	0	0	26,942	23	26,535	384	0	0	0
45-64	2,750	29	2,697	24	0	0	28,752	318	28,306	128	0	0	28,752	318	28,306	128	0	0	0
65-74	4,129	3,866	259	4	0	0	42,566	39,839	2,706	21	0	0	42,566	39,839	2,706	21	0	0	0
75-84	3,660	3,590	67	3	0	0	36,654	35,917	717	20	0	0	36,654	35,917	717	20	0	0	0
85 and older	2,425	2,389	36	0	0	0	23,312	22,972	340	0	0	0	23,312	22,972	340	0	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0
Gender																			
Female	10,495	7,209	3,222	64	0	0	108,062	73,345	34,322	395	0	0	108,062	73,345	34,322	395	0	0	0
Male	5,084	2,668	2,384	31	1	0	50,494	25,730	24,594	163	7	0	50,494	25,730	24,594	163	7	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0
Race																			
White	11,697	7,344	4,280	73	0	0	118,367	72,987	44,905	475	0	0	118,367	72,987	44,905	475	0	0	0
African American	1,455	655	785	14	1	0	15,300	6,886	8,361	46	7	0	15,300	6,886	8,361	46	7	0	0
Other/unknown	2,427	1,878	541	8	0	0	24,889	19,202	5,650	37	0	0	24,889	19,202	5,650	37	0	0	0
Use of Nursing Facilities																			
All year	1,982	1,794	188	0	0	0	19,350	17,300	2,050	0	0	0	19,350	17,300	2,050	0	0	0	0
Part year	1,409	1,276	133	0	0	0	13,537	12,206	1,331	0	0	0	13,537	12,206	1,331	0	0	0	0
None	12,188	6,807	5,285	95	1	0	125,669	69,569	55,535	558	7	0	125,669	69,569	55,535	558	7	0	0
Maintenance Assistance Status																			
Cash	10,345	5,863	4,456	26	0	0	107,630	60,989	46,518	123	0	0	107,630	60,989	46,518	123	0	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0	0
Poverty-related	418	151	239	28	0	0	4,146	1,510	2,494	142	0	0	4,146	1,510	2,494	142	0	0	0
Other/unknown	4,813	3,861	911	40	1	0	46,765	36,567	9,904	287	7	0	46,765	36,567	9,904	287	7	0	0
Missing	3	2	0	1	0	0	15	9	0	6	0	0	15	9	0	6	0	0	0
Dual Medicare Status^c																			
Full dual, all year	14,871	9,495	5,290	85	1	0	151,033	95,025	55,533	468	7	0	151,033	95,025	55,533	468	7	0	0
Full dual, part year	708	382	316	10	0	0	7,523	4,050	3,383	90	0	0	7,523	4,050	3,383	90	0	0	0
Managed Care Status																			
FFS all year	15,057	9,425	5,581	50	1	0	155,208	96,103	58,753	345	7	0	155,208	96,103	58,753	345	7	0	0
FFS part year, with Rx claims	416	370	17	29	0	0	2,725	2,450	115	160	0	0	2,725	2,450	115	160	0	0	0
FFS part year, no Rx claims	106	82	8	16	0	0	623	522	48	53	0	0	623	522	48	53	0	0	0

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 11

Dual Eligible Beneficiaries

- a. Table 11 includes the beneficiaries represented by Cells 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. 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. 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 12

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 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	83.2 %	29.8	\$1,367	\$46	\$8,466	16.1 %	\$17	15,579
Age								
5 and younger	100.0	28.0	4,030	144	45,075	8.9	18	2
6-14	75.0	21.6	1,621	75	7,412	21.9	13	8
15-20	83.3	17.0	1,257	74	5,454	23.0	2	24
21-44	78.9	22.7	1,645	73	8,442	19.5	14	2,581
45-64	85.9	35.3	1,856	53	8,004	23.2	29	2,750
65-74	80.7	28.7	1,180	41	5,415	21.8	21	4,129
75-84	84.6	30.9	1,199	39	8,722	13.7	14	3,660
85 and older	87.0	31.4	1,084	35	13,830	7.8	8	2,425
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	83.6	30.1	1,165	39	8,700	13.4	15	9,877
Disabled	83.0	29.5	1,735	59	8,159	21.3	21	5,606
Adults	56.8	8.1	514	64	2,130	24.1	4	95
Children	100.0	27.0	4,201	156	31,013	13.5	0	1
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	86.5	32.9	1,418	43	8,343	17.0	19	10,495
Male	76.6	23.4	1,259	54	8,721	14.4	14	5,084
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	83.5	31.8	1,449	46	9,550	15.2	18	11,697
African American	84.0	28.4	1,401	49	6,589	21.3	23	1,455
Other/unknown	81.3	20.9	950	46	4,369	21.7	13	2,427
Use of Nursing Facilities								
Entire year	92.1	45.6	1,688	37	25,331	6.7	17	1,982
Part year	88.7	38.0	1,394	37	16,640	8.4	14	1,409
None	81.2	26.3	1,311	50	4,779	27.4	18	12,188
Maintenance Assistance Status								
Cash	82.6	26.9	1,341	50	3,932	34.1	18	10,345
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	62.7	9.2	446	49	2,271	19.6	9	418
Other/unknown	86.4	37.8	1,503	40	18,755	8.0	17	4,813
Missing	33.3	4.3	62	14	3,834	1.6	0	3

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 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. 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 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 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				More than 10
All	2.9	\$134	16.1 %	16.8 %	24.7 %	15.8 %	26.6 %	13.3 %	2.8 %	\$832	15,579	158,556
Age												
5 and younger	3.1	448	8.9	0.0	0.0	50.0	50.0	0.0	0.0	5,008	2	18
6-14	2.3	175	21.9	25.0	12.5	25.0	25.0	12.5	0.0	801	8	74
15-20	1.7	127	23.0	16.7	37.5	20.8	20.8	4.2	0.0	550	24	238
21-44	2.2	158	19.5	21.1	33.1	15.0	21.5	8.3	1.2	809	2,581	26,942
45-64	3.4	178	23.2	14.1	24.0	14.8	28.1	15.0	4.0	766	2,750	28,752
65-74	2.8	114	21.8	19.3	24.4	16.3	25.2	12.1	2.7	525	4,129	42,566
75-84	3.1	120	13.7	15.4	22.5	16.4	27.7	15.0	3.0	871	3,660	36,654
85 and older	3.3	113	7.8	13.0	20.6	15.8	31.3	16.4	2.8	1,439	2,425	23,312
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	3.0	116	13.4	16.4	22.8	16.2	27.5	14.2	2.8	867	9,877	99,075
Disabled	2.8	165	21.3	17.0	28.0	15.2	25.1	12.0	2.7	776	5,606	58,916
Adults	1.4	88	24.1	43.2	28.4	8.4	18.9	1.1	0.0	363	95	558
Children	3.9	600	13.5	0.0	0.0	0.0	100.0	0.0	0.0	4,430	1	7
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.2	138	17.0	13.5	23.3	16.4	28.5	15.2	3.1	810	10,495	108,062
Male	2.4	127	14.4	23.4	27.8	14.5	22.8	9.5	2.0	878	5,084	50,494
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.1	143	15.2	16.5	22.7	14.9	27.8	14.8	3.3	944	11,697	118,367
African American	2.7	133	21.3	16.0	28.5	16.1	25.8	12.0	1.6	627	1,455	15,300
Other/unknown	2.0	93	21.7	18.7	32.3	19.7	21.8	6.9	0.7	426	2,427	24,889
Use of Nursing Facilities												
Entire year	4.7	173	6.7	7.9	13.6	12.1	33.4	25.7	7.3	2,595	1,982	19,350
Part year	4.0	145	8.4	11.3	18.7	13.2	30.3	21.2	5.3	1,732	1,409	13,537
None	2.5	127	27.4	18.8	27.3	16.7	25.1	10.4	1.7	464	12,188	125,669
Maintenance Assistance Status												
Cash	2.6	129	34.1	17.4	27.2	17.3	25.7	10.6	1.8	378	10,345	107,630
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	45	19.6	37.3	43.3	8.9	7.9	2.2	0.5	229	418	4,146
Other/unknown	3.9	155	8.0	13.6	17.8	13.2	30.3	20.1	5.0	1,930	4,813	46,765
Missing	0.9	12	2	66.7	0.0	33.3	0.0	0.0	0.0	767	3	15

Table 13

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 13 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.

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 14

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 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	2.9	\$134	\$46	1.1	\$82	\$77	0.5	\$23	\$51	1.3	\$24	\$18
Age												
5 and younger	3.1	448	144	0.8	379	488	0.5	29	58	1.8	40	22
6-14	2.3	175	75	0.7	105	150	0.9	61	70	0.7	8	11
15-20	1.7	127	74	0.7	80	111	0.4	31	76	0.4	10	23
21-44	2.2	158	73	0.8	108	132	0.3	23	84	1.0	22	22
45-64	3.4	178	53	1.3	109	86	0.5	30	66	1.5	30	20
65-74	2.8	114	41	1.1	69	65	0.4	19	46	1.2	21	18
75-84	3.1	120	39	1.1	69	63	0.5	22	41	1.3	22	17
85 and older	3.3	113	35	1.0	62	60	0.6	23	38	1.5	23	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	3.0	116	39	1.1	68	63	0.5	21	42	1.3	22	17
Disabled	2.8	165	59	1.1	106	101	0.4	26	71	1.3	26	21
Adults	1.4	88	64	0.5	56	118	0.2	19	92	0.7	11	17
Children	3.9	600	156	0.9	182	212	1.6	382	243	1.0	33	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.2	138	43	1.2	83	71	0.5	24	49	1.4	25	18
Male	2.4	127	54	0.8	80	95	0.4	21	57	1.1	21	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.1	143	46	1.1	87	77	0.5	25	51	1.4	25	18
African American	2.7	133	49	1.0	82	83	0.4	24	55	1.2	22	19
Other/unknown	2.0	93	46	0.8	58	73	0.3	15	48	0.8	15	18
Use of Nursing Facilities												
Entire year	4.7	173	37	1.5	101	66	0.8	31	40	2.2	36	16
Part year	4.0	145	37	1.3	85	65	0.6	24	39	1.9	30	16
None	2.5	127	50	1.0	79	82	0.4	22	56	1.1	21	19
Maintenance Assistance Status												
Cash	0.9	45	49	1.0	80	81	0.4	22	57	1.1	21	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.9	155	40	0.3	27	81	0.1	8	63	0.4	8	18
Other/unknown	0.9	12	14	1.3	92	70	0.6	27	42	1.8	30	17
Missing	2.6	129	50	0.0	0	0	0.5	6	12	0.4	7	17

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 14

Dual Eligible Beneficiaries

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 other than the original patent holder. In Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all 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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	No. Dual Benes	As % of Benes	No. of Bene Mos			
														Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$16	\$1	\$3	\$67	\$101	\$22	24,045	\$1,611,791	7,548	48.4 %	82,850
Biologics	0.1	0.1	0.0	0.0	61	8	44	10	565	92	5,559	96	54,242	76	0.5	888
Antineoplastic Agents	0.4	0.1	0.1	0.2	63	40	14	9	142	269	133	2,328	329,940	513	3.3	5,217
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	21	15	1	4	26	40	17	48,474	1,262,232	5,550	35.6	60,194
Cardiovascular Agents	1.3	0.4	0.3	0.5	42	22	12	7	33	49	37	108,874	3,548,463	8,019	51.5	85,191
Respiratory Agents	0.6	0.3	0.0	0.3	23	17	1	5	38	54	40	33,647	1,262,545	5,051	32.4	55,104
Gastrointestinal Agents	0.5	0.2	0.1	0.2	41	27	8	6	75	116	80	26,478	1,989,951	4,480	28.8	48,560
Genitourinary Agents	0.3	0.2	0.0	0.1	15	12	0	3	42	59	40	5,804	242,883	1,512	9.7	16,602
CNS Drugs	0.9	0.4	0.1	0.4	58	40	11	7	64	107	107	66,757	4,244,045	6,822	43.8	73,632
Stimulants/Anti-obesity/Anorexia	0.4	0.1	0.1	0.2	24	3	13	8	59	42	119	115	6,804	26	0.2	285
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	49	47	0	1	117	131	121	1,621	190,224	353	2.3	3,873
Analgesics and Anesthetics	0.7	0.2	0.1	0.4	29	17	5	7	45	107	72	51,218	2,282,190	7,211	46.3	78,422
Neuromuscular Agents	0.8	0.2	0.1	0.4	39	23	5	11	51	105	44	29,245	1,503,680	3,499	22.5	38,592
Nutritional Products	0.5	0.0	0.2	0.3	11	0	5	5	20	22	24	15,144	302,568	2,669	17.1	28,232
Hematological Agents	0.7	0.1	0.2	0.3	29	14	8	7	44	122	33	12,095	530,503	1,717	11.0	18,360
Topical Products	0.4	0.2	0.1	0.1	13	8	3	2	35	48	42	18,917	654,124	4,609	29.6	50,802
Miscellaneous Products	0.6	0.2	0.1	0.2	128	78	36	14	215	347	282	1,704	366,761	274	1.8	2,872
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	20	0	0	0	52	0	0	17,267	905,662	4,055	26.0	44,404
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.	463,829	21,288,608	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 15 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 therapeutic category during 1999. 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/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 Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$2,048,930	2,683	17.2 %	29,340	0.5	\$133	\$70
ULCER DRUGS	1,655,995	4,409	28.3	48,184	0.4	81	34
ANTIDEPRESSANTS	1,566,687	4,787	30.7	51,956	0.5	57	30
ANALGESICS - Narcotic	1,288,213	7,737	49.7	85,013	0.4	39	15
ANTICONVULSANT	1,106,723	2,503	16.1	27,577	0.6	62	40
ANTIHYPERTENSIVE	1,091,991	4,884	31.3	52,654	0.6	36	21
ANALGESICS - ANTI-INFLAMMATORY	850,027	4,300	27.6	48,414	0.3	58	18
CALCIUM BLOCKERS	837,424	2,730	17.5	29,303	0.6	47	29
ANTIDIABETIC	780,292	3,199	20.5	34,444	0.6	37	23
ANTIASTHMATIC	779,936	4,392	28.2	46,995	0.4	37	17

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16 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 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 16A
 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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	218,942	\$12,006,218	2,683	0.5	17.2 %	29,340	0.5	\$70	4,409	28.3 %	48,184	0.4	\$34
Female	158,258	8,295,157	1,705	0.5	16.2	18,639	0.5	57	3,283	31.3	36,062	0.4	35
Disabled	54,770	3,510,344	726	0.5	22.5	8,240	0.5	81	964	29.9	10,830	0.4	35
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	22	1,159	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	99	8,943	4	0.4	44.4	47	0.4	57	1	11.1	12	0.1	8
21-44	16,162	1,273,586	350	0.6	29.4	3,977	0.6	94	273	22.9	3,096	0.3	30
45-64	34,817	2,058,987	350	0.5	19.7	3,968	0.5	71	613	34.6	6,873	0.4	37
65-74	2,557	119,195	13	0.5	7.8	150	0.5	23	46	27.7	517	0.4	28
75-84	705	31,164	7	0.3	14.3	84	0.3	18	20	40.8	230	0.4	36
85 and older	408	17,310	2	0.1	6.7	14	0.1	8	11	36.7	102	0.3	14
Other Eligibles	103,488	4,784,813	979	0.4	13.5	10,399	0.4	38	2,319	31.9	25,232	0.4	34
5 and younger	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
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	324	22,889	12	0.5	23.5	99	0.5	83	6	11.8	62	0.3	33
45-64	655	34,013	6	1.2	18.8	72	1.2	153	4	12.5	48	0.5	40
65-74	37,883	1,835,501	261	0.5	10.2	2,865	0.5	41	777	30.3	8,643	0.4	35
75-84	38,997	1,781,359	365	0.4	13.7	3,873	0.4	34	917	34.5	9,942	0.4	33
85 and older	25,629	1,111,051	335	0.5	17.0	3,490	0.5	35	615	31.3	6,537	0.5	36
Male	60,684	3,711,061	978	0.6	19.2	10,701	0.6	93	1,126	22.1	12,122	0.4	34
Disabled	29,150	2,244,657	625	0.6	26.2	7,119	0.6	116	437	18.3	4,912	0.4	35
5 and younger	2	138	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	16	488	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	94	7,345	1	0.9	7.1	12	0.9	182	2	14.3	19	0.4	77
21-44	14,569	1,336,917	426	0.7	32.2	4,820	0.7	124	193	14.6	2,213	0.4	32
45-64	12,687	822,804	187	0.6	20.3	2,170	0.6	103	214	23.2	2,395	0.4	38
65-74	1,380	57,877	10	0.5	10.8	105	0.5	44	20	21.5	206	0.4	37
75-84	280	13,356	0	0.0	0.0	0	0.0	0	6	33.3	67	0.3	30
85 and older	122	5,732	1	0.6	16.7	12	0.6	42	2	33.3	12	0.5	33
Other Eligibles	31,534	1,466,404	353	0.5	13.1	3,582	0.5	46	689	25.5	7,210	0.4	33
5 and younger	10	339	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	247	0	0.0	0.0	0	0.0	0	1	100.0	7	0.4	23
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	49	2,504	0	0.0	0.0	0	0.0	0	3	21.4	19	0.4	35
45-64	215	8,780	0	0.0	0.0	0	0.0	0	4	19.0	39	0.5	32
65-74	15,128	715,560	132	0.5	10.1	1,394	0.5	55	307	23.5	3,250	0.4	33
75-84	11,561	544,423	144	0.5	15.4	1,488	0.5	44	262	28.0	2,759	0.4	35
85 and older	4,566	194,551	77	0.4	18.2	700	0.4	33	112	26.5	1,136	0.5	31
Unknown	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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16A 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 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_mdmb.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 16B
 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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	4,787	30.7 %	51,956	0.5	\$30	7,737	49.7 %	85,013	0.4	\$15	2,503	16.1 %	27,577	0.6	\$40
Female	3,559	33.9	38,757	0.5	30	5,719	54.5	63,077	0.4	15	1,575	15.0	17,261	0.6	36
Disabled	1,593	49.4	17,821	0.5	34	2,281	70.8	25,831	0.4	18	863	26.8	9,764	0.6	45
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	5	55.6	46	0.3	23	1	11.1	12	0.1	1	9	100.0	100	0.6	51
21-44	593	49.8	6,576	0.5	37	790	66.3	8,859	0.3	15	409	34.3	4,638	0.7	54
45-64	939	52.9	10,584	0.5	34	1,373	77.4	15,627	0.4	20	424	23.9	4,791	0.6	37
65-74	37	22.3	411	0.5	25	80	48.2	907	0.3	7	15	9.0	173	0.7	30
75-84	9	18.4	108	0.6	26	23	46.9	276	0.4	9	3	6.1	26	0.5	9
85 and older	10	33.3	96	0.5	21	14	46.7	150	0.5	12	3	10.0	36	0.9	42
Other Eligibles	1,966	27.0	20,936	0.5	26	3,438	47.3	37,246	0.4	13	712	9.8	7,497	0.6	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	35.3	151	0.5	27	21	41.2	180	0.4	14	8	15.7	62	0.8	51
45-64	13	40.6	156	0.8	43	17	53.1	197	0.6	14	8	25.0	89	0.7	16
65-74	694	27.1	7,663	0.5	26	1,292	50.4	14,538	0.4	13	255	9.9	2,737	0.6	27
75-84	708	26.6	7,485	0.5	25	1,250	47.0	13,585	0.4	14	273	10.3	2,874	0.6	23
85 and older	533	27.1	5,481	0.6	27	858	43.6	8,746	0.5	12	168	8.5	1,735	0.6	23
Male	1,228	24.2	13,199	0.5	31	2,018	39.7	21,936	0.4	16	928	18.3	10,316	0.7	47
Disabled	661	27.7	7,415	0.5	34	1,058	44.4	11,848	0.4	18	616	25.8	7,072	0.7	56
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	1	25.0	6	0.3	3	0	0.0	0	0.0	0
15-20	2	14.3	17	0.7	50	4	28.6	35	0.1	1	4	28.6	38	0.6	26
21-44	371	28.0	4,156	0.5	35	499	37.7	5,569	0.3	20	417	31.5	4,841	0.7	61
45-64	267	28.9	3,011	0.5	34	497	53.8	5,603	0.4	17	184	19.9	2,062	0.7	45
65-74	18	19.4	195	0.4	20	44	47.3	496	0.5	14	10	10.8	119	0.7	24
75-84	2	11.1	24	0.9	64	8	44.4	91	0.2	4	0	0.0	0	0.0	0
85 and older	1	16.7	12	0.2	6	5	83.3	48	0.5	27	1	16.7	12	0.9	46
Other Eligibles	567	21.0	5,784	0.5	27	960	35.6	10,088	0.4	13	312	11.6	3,244	0.6	27
5 and younger	0	0.0	0	0.0	0	1	100.0	6	0.8	18	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	5	35.7	53	0.2	9	6	42.9	42	0.5	18	2	14.3	8	0.4	13
45-64	5	23.8	41	0.6	56	9	42.9	81	0.6	7	1	4.8	12	0.8	25
65-74	211	16.2	2,193	0.5	26	459	35.1	4,871	0.4	15	140	10.7	1,529	0.7	31
75-84	239	25.6	2,451	0.5	29	330	35.3	3,495	0.4	12	110	11.8	1,095	0.6	27
85 and older	107	25.4	1,046	0.5	26	155	36.7	1,593	0.4	11	59	14.0	600	0.6	17
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table 16B

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16B 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 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 16C
 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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,884	31.3 %	52,654	0.6	\$21	4,300	27.6 %	48,414	0.3	\$18	2,730	17.5 %	29,303	0.6	\$29
Female	3,459	33.0	37,594	0.6	21	3,308	31.5	37,314	0.3	19	2,076	19.8	22,472	0.6	28
Disabled	718	22.3	8,012	0.5	20	1,123	34.9	12,979	0.3	20	421	13.1	4,662	0.6	31
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	3	100.0	36	0.4	22	0	0.0	0	0.0	0	1	33.3	12	0.5	32
15-20	1	11.1	5	0.6	5	1	11.1	12	0.1	1	0	0.0	0	0.0	0
21-44	108	9.1	1,220	0.5	17	344	28.9	3,933	0.2	17	67	5.6	771	0.6	35
45-64	506	28.5	5,616	0.5	20	696	39.2	8,070	0.3	22	294	16.6	3,219	0.6	30
65-74	71	42.8	813	0.6	23	61	36.7	712	0.3	17	34	20.5	392	0.6	28
75-84	22	44.9	242	0.5	16	14	28.6	168	0.3	15	14	28.6	152	0.8	35
85 and older	7	23.3	80	0.5	15	7	23.3	84	0.3	24	11	36.7	116	0.8	43
Other Eligibles	2,741	37.7	29,582	0.6	21	2,185	30.0	24,335	0.3	19	1,655	22.8	17,810	0.6	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	2.0	12	0.8	23	8	15.7	69	0.3	13	2	3.9	14	0.8	46
45-64	9	28.1	101	0.5	21	11	34.4	116	0.5	26	5	15.6	60	0.8	51
65-74	962	37.5	10,553	0.6	21	898	35.0	10,153	0.3	17	556	21.7	6,133	0.6	29
75-84	1,093	41.1	11,931	0.6	21	830	31.2	9,307	0.3	19	664	25.0	7,093	0.6	26
85 and older	676	34.4	6,985	0.6	21	438	22.3	4,690	0.4	21	428	21.8	4,510	0.6	26
Male	1,425	28.0	15,060	0.6	21	992	19.5	11,100	0.3	13	654	12.9	6,831	0.6	30
Disabled	454	19.0	4,927	0.5	20	453	19.0	5,162	0.3	11	230	9.6	2,438	0.6	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	12
6-14	4	100.0	30	0.2	5	0	0.0	0	0.0	0	2	50.0	18	0.4	18
15-20	7	50.0	84	0.1	4	0	0.0	0	0.0	0	4	28.6	41	0.7	37
21-44	157	11.8	1,723	0.5	14	210	15.8	2,378	0.2	6	76	5.7	831	0.6	35
45-64	234	25.4	2,528	0.6	24	202	21.9	2,318	0.3	13	117	12.7	1,218	0.6	35
65-74	33	35.5	359	0.6	21	29	31.2	344	0.4	19	23	24.7	246	0.6	29
75-84	13	72.2	149	0.6	24	10	55.6	104	0.3	19	5	27.8	54	0.6	28
85 and older	6	100.0	54	0.5	26	2	33.3	18	0.3	2	2	33.3	18	0.7	27
Other Eligibles	971	36.0	10,133	0.6	21	539	20.0	5,938	0.3	14	424	15.7	4,393	0.6	28
5 and younger	0	0.0	0	0.0	0	1	100.0	6	0.8	38	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	7	0.3	13
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	7.1	12	0.1	2	2	14.3	18	0.2	8	1	7.1	5	0.2	6
45-64	5	23.8	45	0.8	22	4	19.0	36	0.1	5	2	9.5	24	0.8	63
65-74	464	35.5	4,892	0.6	20	256	19.6	2,875	0.3	13	207	15.8	2,168	0.6	28
75-84	355	38.0	3,681	0.6	23	196	21.0	2,148	0.3	16	159	17.0	1,678	0.6	28
85 and older	146	34.6	1,503	0.6	20	80	19.0	855	0.3	18	54	12.8	511	0.6	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 16C 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 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 16D
 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}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-ASTHMATIC				Mean Rx \$	Mean No. of Rx	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$			
All	3,199	20.5 %	34,444	0.6	4,392	28.2 %	46,955	0.4	\$17	15,579	158,556
Female											
Disabled	2,347	22.4	25,532	0.6	3,239	30.9	34,980	0.4	16	10,495	108,062
5 and younger	660	20.5	7,369	0.6	1,086	33.7	12,117	0.5	17	3,222	34,322
6-14	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	3	36
21-44	117	9.8	1,315	0.6	240	20.2	2,698	0.4	14	1,191	12,611
45-64	476	26.8	5,290	0.6	760	42.8	8,454	0.5	18	1,774	18,942
65-74	49	29.5	576	0.6	65	39.2	759	0.5	23	166	1,805
75-84	14	28.6	140	0.6	11	22.4	122	0.3	9	49	529
85 and older	4	13.3	48	0.6	10	33.3	84	0.3	11	30	299
Other Eligibles	1,687	23.2	18,163	0.6	2,153	29.6	22,863	0.4	16	7,273	73,740
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	5
21-44	2	3.9	24	0.6	2	3.9	12	0.7	18	51	321
45-64	7	21.9	84	0.7	9	28.1	78	0.2	9	32	307
65-74	728	28.4	7,986	0.6	888	34.6	9,708	0.5	19	2,564	26,945
75-84	643	24.2	6,927	0.6	802	30.2	8,383	0.4	15	2,658	27,053
85 and older	307	15.6	3,142	0.6	452	23.0	4,682	0.4	10	1,967	19,109
Male											
Disabled	852	16.8	8,912	0.6	1,153	22.7	12,015	0.5	18	5,084	50,494
5 and younger	313	13.1	3,356	0.6	398	16.7	4,278	0.4	16	2,384	24,594
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	4	31
21-44	100	7.5	1,034	0.6	150	11.3	1,639	0.4	2	14	133
45-64	184	19.9	2,020	0.6	191	20.7	2,059	0.5	14	1,325	13,924
65-74	24	25.8	254	0.7	42	45.2	424	0.4	18	923	9,364
75-84	3	16.7	36	0.6	9	50.0	108	0.5	15	93	901
85 and older	2	33.3	12	1.0	5	83.3	36	0.4	12	6	188
Other Eligibles	539	20.0	5,556	0.6	755	28.0	7,737	0.5	19	2,700	25,900
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	1	6
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	1	7
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0
21-44	1	7.1	5	1.2	4	19.0	42	0.1	2	14	86
45-64	2	9.5	24	2.2	4	19.0	42	0.1	2	21	139
65-74	268	20.5	2,846	0.6	397	30.4	4,083	0.5	23	1,306	12,915
75-84	211	22.6	2,128	0.6	250	26.7	2,527	0.4	14	935	8,884
85 and older	57	13.5	553	0.6	104	24.6	1,085	0.5	14	422	3,863
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 16D 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 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 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 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	\$173	4.7	1,982	19,350
Age				
0-64	277	6.3	163	1,785
65-74	231	5.9	288	2,836
75-84	168	4.5	625	6,090
85 and older	136	4.0	906	8,639
Unknown	0	0.0	0	0
Gender				
Female	161	4.6	1,416	13,962
Male	204	4.8	566	5,388
Unknown	0	0.0	0	0
Race				
White	173	4.7	1,788	17,354
African American	156	3.8	87	924
Other/unknown	194	4.9	107	1,072
Basis of Eligibility				
Aged	162	4.5	1,794	17,300
Disabled	268	6.1	188	2,050
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 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 1,409 beneficiaries who were in nursing facilities for part of their enrollment and their 13,537 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 18

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, NEVADA, 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	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$14	\$0	\$4	\$56	\$73	\$30	4,264	\$240,634	1,209	61.0 %	12,759
Biologicals	0.1	0.1	0.0	0.0	1	1	0	1	15	9	30	21	318	21	1.1	242
Antineoplastic Agents	0.5	0.0	0.2	0.3	41	7	21	13	88	196	51	685	60,368	155	7.8	1,477
Endocrine/Metabolic Drugs	1.0	0.3	0.0	0.6	20	13	1	6	21	39	11	7,260	152,805	722	36.4	7,526
Cardiovascular Agents	1.5	0.4	0.4	0.7	36	16	13	8	24	39	12	19,127	462,042	1,247	62.9	12,735
Respiratory Agents	0.6	0.2	0.0	0.3	17	10	0	6	28	46	18	4,275	119,643	699	35.3	7,245
Gastrointestinal Agents	0.8	0.3	0.2	0.3	51	31	11	9	65	105	27	5,984	387,310	729	36.8	7,579
Genitourinary Agents	0.4	0.2	0.0	0.2	16	11	0	5	36	58	18	1,449	52,046	306	15.4	3,233
CNS Drugs	1.1	0.6	0.1	0.4	58	46	7	5	53	79	13	13,809	736,297	1,212	61.2	12,600
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	4	0	0	4	14	0	14	7	100	2	0.1	24
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	50	50	0	0	103	104	26	319	32,783	63	3.2	654
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	34	21	6	6	34	73	11	9,483	326,596	933	47.1	9,609
Neuromuscular Agents	1.1	0.3	0.2	0.5	46	24	10	12	43	78	22	6,987	299,156	611	30.8	6,551
Nutritional Products	0.7	0.0	0.2	0.5	13	0	4	9	20	17	20	4,363	87,335	648	32.7	6,707
Hematological Agents	1.1	0.1	0.4	0.5	34	14	11	9	31	107	17	3,743	117,566	332	16.8	3,457
Topical Products	0.5	0.2	0.1	0.2	14	8	4	3	30	44	13	5,322	158,401	1,026	51.8	10,992
Miscellaneous Products	0.2	0.0	0.0	0.2	5	1	1	3	27	51	18	115	3,148	57	2.9	595
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	35	0	0	3,108	108,897	708	35.7	7,526
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.	90,321	3,345,445	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 1,409 beneficiaries who were in nursing facilities for part of their enrollment and their 13,537 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 Nevada, 3.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 18

Dual Eligible 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.

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, NEVADA, 1999

Beneficiary Characteristics	No. of Benes				No. of Bene Mos			
	All	Aged	Disabled	Unknown	All	Aged	Disabled	Unknown
All	15,626	9,904	5,606	0	161,365	101,416	59,012	0
Age								
5 and younger	2	1	1	0	24	12	12	0
6-14	8	0	7	1	74	0	67	7
15-20	24	0	23	1	238	0	233	5
21-44	2,599	2	2,516	81	27,291	23	26,589	679
45-64	2,752	29	2,697	26	28,853	318	28,340	195
65-74	4,134	3,871	259	4	43,395	40,657	2,707	31
75-84	3,675	3,605	67	3	37,762	37,020	722	20
85 and older	2,432	2,396	36	0	23,728	23,386	342	0
Unknown	0	0	0	0	0	0	0	0
Gender								
Female	10,528	7,227	3,222	79	110,013	74,964	34,405	644
Male	5,098	2,677	2,384	36	51,352	26,452	24,607	286
Unknown	0	0	0	0	0	0	0	0
Race								
White	11,726	7,363	4,280	83	119,996	74,372	44,959	665
African American	1,464	656	785	22	15,652	7,076	8,390	179
Other/unknown	2,436	1,885	541	10	25,717	19,968	5,663	86
Use of Nursing Facilities								
All year	1,982	1,794	188	0	19,369	17,318	2,051	0
Part year	1,411	1,278	133	0	13,800	12,454	1,346	0
None	12,233	6,832	5,285	115	128,196	71,644	55,615	930
Maintenance Assistance Status								
Cash	10,372	5,885	4,456	31	109,853	63,056	46,552	245
Medically needy	0	0	0	0	0	0	0	0
Poverty related	422	151	239	32	4,243	1,521	2,533	189
Other/unknown	4,829	3,866	911	51	47,254	36,830	9,927	490
Missing	3	2	0	1	15	9	0	6
Dual Status^c								
Full dual, all year	14,918	9,522	5,290	105	153,768	97,349	55,590	822
Full dual, part year	708	382	316	10	7,597	4,067	3,422	108
Managed Care Status								
FFS all year	15,057	9,425	5,581	50	155,208	96,103	58,753	345
FFS part year, with Rx claims	416	370	17	29	4,770	4,290	174	306
FFS part year, no Rx claims	106	82	8	16	1,135	929	85	121
MC all year, with Rx claims	3	3	0	0	7	7	0	0
MC all year, no Rx claims	44	24	0	20	245	87	0	158

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos in Cell G of Table 1		Bene Mos in Cell H 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	15,626	161,365	15,579	158,556	47	2,809
FFS all year	15,057	155,208	15,057	155,208	0	0
FFS part year, with Rx claims	416	4,770	416	2,725	0	2,045
FFS part year, with no Rx claims	106	1,135	106	623	0	512
MC all year, with Rx claims	3	7	0	0	3	7
MC all year, with no Rx claims	44	245	0	0	44	245

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEVADA, 1999

Total Number of Dual Eligible Beneficiaries 15,579
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$21,288,608
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,367

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,613	16.8 %	\$0	0.0 %
1-500	4,518	29.0	928,963	4.4
501-1,000	2,357	15.1	1,713,159	8.0
1,001-1,500	1,568	10.1	1,935,780	9.1
1,501-2,000	1,056	6.8	1,841,553	8.7
2,001-2,500	786	5.0	1,763,332	8.3
2,501-3,000	610	3.9	1,665,323	7.8
3,001-3,500	448	2.9	1,454,554	6.8
3,501-4,000	321	2.1	1,190,367	5.6
4,001-4,500	273	1.8	1,158,998	5.4
4,501-5,000	182	1.2	862,955	4.1
5,001-5,500	155	1.0	811,294	3.8
5,501-6,000	96	0.6	551,988	2.6
6,001-6,500	105	0.7	655,013	3.1
6,501-7,000	87	0.6	584,976	2.7
7,001-7,500	66	0.4	478,471	2.2
7,501-8,000	52	0.3	403,692	1.9
8,001-8,500	35	0.2	288,201	1.4
8,501-9,000	38	0.2	332,314	1.6
9,001-9,500	29	0.2	268,341	1.3
9,501-10,000	31	0.2	301,369	1.4
10,001+	153	1.0	2,097,965	9.9

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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

SUPPLEMENTAL TABLE 1A

MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
NEVADA, 1999

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 5,244
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$9,278,122
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$1,769

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	898	17.1%	0	0.0%
1-500	1,488	28.4	286,858	3.1
501-1,000	656	12.5	473,675	5.1
1,001-1,500	421	8.0	518,938	5.6
1,501-2,000	302	5.8	529,345	5.7
2,001-2,500	253	4.8	566,828	6.1
2,501-3,000	211	4.0	575,385	6.2
3,001-3,500	163	3.1	529,931	5.7
3,501-4,000	125	2.4	460,814	5.0
4,001-4,500	114	2.2	485,948	5.2
4,501-5,000	98	1.9	466,672	5.0
5,001-5,500	70	1.3	366,603	4.0
5,501-6,000	57	1.1	327,459	3.5
6,001-6,500	50	1.0	311,533	3.4
6,501-7,000	53	1.0	356,330	3.8
7,001-7,500	44	0.8	319,776	3.4
7,501-8,000	34	0.6	263,893	2.8
8,001-8,500	21	0.4	173,394	1.9
8,501-9,000	23	0.4	201,089	2.2
9,001-9,500	19	0.4	175,238	1.9
9,501-10,000	21	0.4	204,036	2.2
10,001+	123	2.3	1,684,377	18.2

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 10/26/2004.

- 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 1999.
- 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 12 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and over are included in Supplemental Tables 1B through 1D, depending on their age.

SUPPLEMENTAL TABLE 1B

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
NEVADA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74 4,129
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$4,871,018
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,180

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	795	19.3 %	0	0.0
1-500	1,175	28.5	246,931	5.1
501-1,000	651	15.8	477,169	9.8
1,001-1,500	424	10.3	524,657	10.8
1,501-2,000	288	7.0	501,037	10.3
2,001-2,500	206	5.0	461,482	9.5
2,501-3,000	149	3.6	408,269	8.4
3,001-3,500	95	2.3	308,667	6.3
3,501-4,000	80	1.9	298,404	6.1
4,001-4,500	71	1.7	299,967	6.2
4,501-5,000	32	0.8	151,467	3.1
5,001-5,500	40	1.0	210,291	4.3
5,501-6,000	21	0.5	120,951	2.5
6,001-6,500	27	0.7	167,884	3.4
6,501-7,000	17	0.4	114,699	2.4
7,001-7,500	9	0.2	65,484	1.3
7,501-8,000	11	0.3	85,952	1.8
8,001-8,500	8	0.2	65,354	1.3
8,501-9,000	1	0.0	8,748	0.2
9,001-9,500	5	0.1	46,507	1.0
9,501-10,000	9	0.2	87,729	1.8
10,001+	15	0.4	219,369	4.5

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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

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SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEVADA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 2,425
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$2,628,094
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,084

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 13.0 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	316		0	0.0 %
1-500	777	32.0	163,128	6.2
501-1,000	420	17.3	303,856	11.6
1,001-1,500	298	12.3	367,269	14.0
1,501-2,000	180	7.4	312,962	11.9
2,001-2,500	127	5.2	286,137	10.9
2,501-3,000	97	4.0	262,280	10.0
3,001-3,500	75	3.1	243,219	9.3
3,501-4,000	45	1.9	167,330	6.4
4,001-4,500	27	1.1	114,210	4.3
4,501-5,000	20	0.8	94,052	3.6
5,001-5,500	15	0.6	78,169	3.0
5,501-6,000	2	0.1	11,616	0.4
6,001-6,500	4	0.2	25,190	1.0
6,501-7,000	4	0.2	26,829	1.0
7,001-7,500	5	0.2	35,776	1.4
7,501-8,000	1	0.0	7,603	0.3
8,001-8,500	6	0.2	52,663	2.0
8,501-9,000	2	0.1	18,258	0.7
9,001-9,500	1	0.0	9,604	0.4
9,501-10,000	3	0.1	47,943	1.8
10,001+				

Source: Data for this table are from the MAX 1999 file for Nevada, released by CMS in 12/2003. This table was produced on 10/26/2004.

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 1999.

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