

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
NEVADA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEVADA, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	219,336 (A)	32,682 (E)	186,654 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	206,099 (B)	19,813 (F)	186,286 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	151,618 (C)	19,774 (G)	131,844 (K)
4. Benes who were all-year nursing facility residents ^f	2,650 (D)	2,390 (H)	260 (L)

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- d. The total Medicaid pharmacy reimbursement for Nevada in 2002 was \$94,546,063, of which \$1,159,122 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2002. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2002. All benefit months of such dual eligible beneficiaries, of which 3.0 percent were restricted benefit months without a pharmacy benefit in Nevada, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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}
 NEVADA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	151,618	12,838	27,735	35,495	75,543	7	945,513	128,472	269,515	164,189	383,304	33		
Age														
5 and younger	36,879	1	1,276	0	35,602	0	180,848	12	11,420	0	169,416	0		
6-14	34,570	0	2,896	0	31,674	0	196,855	0	29,349	0	167,506	0		
15-20	14,383	2	1,715	4,399	8,264	3	83,848	13	17,105	20,354	46,362	14		
21-44	38,363	5	9,544	28,807	3	4	226,720	49	93,435	133,197	20	19		
45-64	13,881	92	11,509	2,280	0	0	121,760	746	110,429	10,585	0	0		
65-74	5,566	4,978	580	8	0	0	56,960	51,340	5,570	50	0	0		
75-84	5,044	4,894	150	0	0	0	50,951	49,412	1,539	0	0	0		
85 and older	2,932	2,866	65	1	0	0	27,571	26,900	668	3	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	88,738	9,228	14,556	27,618	37,329	7	557,112	93,551	144,117	130,569	188,842	33		
Male	62,600	3,610	13,174	7,877	37,939	0	387,297	34,921	125,369	33,620	193,387	0		
Unknown	280	0	5	0	275	0	1,104	0	29	0	1,075	0		
Race														
White	90,036	8,771	18,927	21,777	40,557	4	605,755	85,727	182,428	109,987	227,594	19		
African American	23,522	771	5,177	5,655	11,919	0	128,880	8,164	51,496	20,016	49,204	0		
Other/unknown	38,060	3,296	3,631	8,063	23,067	3	210,878	34,581	35,591	34,186	106,506	14		
Use of Nursing Facilities^c														
Entire year	2,650	2,247	401	1	1	0	25,958	21,657	4,293	3	5	0		
Part year	1,987	1,492	490	3	2	0	18,102	13,287	4,776	15	24	0		
None	146,981	9,099	26,844	35,491	75,540	7	901,453	93,528	260,446	164,171	383,275	33		
Maintenance Assistance Status														
Cash	101,711	7,613	24,256	25,587	44,255	0	631,005	80,343	234,137	113,841	202,684	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	24,223	221	402	4,045	19,555	0	119,472	2,276	4,129	16,835	96,232	0		
Other/unknown	25,684	5,004	3,077	5,863	11,733	7	195,036	45,853	31,249	33,513	84,388	33		
Dual Medicare Status^d														
Full dual, all year	18,494	11,275	7,042	176	1	0	187,111	113,163	72,798	1,139	11	0		
Full dual, part year	1,280	650	615	15	0	0	13,212	6,613	6,456	143	0	0		
Non-dual, all year	131,844	913	20,078	35,304	75,542	7	745,190	8,696	190,261	162,907	383,293	33		
Managed Care Status														
FFS all year	99,774	12,837	27,240	17,885	41,806	6	774,123	128,463	266,479	104,212	274,940	29		
FFS part year, with Rx claims	14,424	1	329	6,798	7,296	0	57,894	9	2,283	26,628	28,974	0		
FFS part year, no Rx claims	37,420	0	166	10,812	26,441	1	113,496	0	753	33,349	79,390	4		

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2002. 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}
 NEVADA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	45.6 %	9.9	\$616	\$63	\$4,390	14.0 %	151,618
Age							
5 and younger	31.2	1.3	124	92	1,733	7.1	36,879
6-14	31.7	2.2	153	69	1,876	8.2	34,570
15-20	38.8	3.2	235	75	4,092	5.8	14,383
21-44	50.3	8.5	653	77	4,644	14.1	38,363
45-64	73.9	34.0	2,199	65	10,563	20.8	13,881
65-74	83.4	37.4	1,905	51	8,210	23.2	5,566
75-84	86.1	39.8	1,839	46	11,112	16.5	5,044
85 and older	89.7	39.9	1,608	40	17,529	9.2	2,932
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	85.9	39.1	1,820	47	11,550	15.8	12,838
Disabled	75.7	28.2	2,151	76	11,828	18.2	27,735
Adults	41.6	3.1	131	43	2,030	6.5	35,495
Children	29.7	1.4	76	55	1,550	4.9	75,543
Unknown	28.6	1.1	14	13	3,475	0.4	7
Gender							
Female	49.1	11.7	658	56	4,390	15.0	88,738
Male	40.9	7.3	559	76	4,401	12.7	62,600
Unknown	23.6	1.2	78	65	1,696	4.6	280
Race							
White	51.6	12.4	780	63	5,330	14.6	90,036
African American	38.8	7.3	470	64	3,602	13.1	23,522
Other/unknown	35.8	5.5	318	58	2,651	12.0	38,060
Use of Nursing Facilities^d							
Entire year	96.2	61.1	2,701	44	35,054	7.7	2,650
Part year	93.9	50.4	2,357	47	29,190	8.1	1,987
None	44.1	8.4	555	66	3,501	15.8	146,981

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	46.6	10.4	697	67	3,644	19.1	101,711
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	29.6	1.4	66	47	1,557	4.2	24,223
Other/unknown	56.8	15.6	815	52	10,013	8.1	25,684

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				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	1.6	\$99	14.0 %	54.4 %	27.3 %	5.3 %	7.6 %	4.3 %	1.2 %	\$704	151,618	945,513
Age												
5 and younger	0.3	25	7.1	68.8	28.2	2.0	0.8	0.1	0.0	353	36,879	180,848
6-14	0.4	27	8.2	68.3	26.9	2.7	1.9	0.3	0.0	329	34,570	196,855
15-20	0.5	40	5.8	61.2	31.8	3.9	2.5	0.5	0.1	702	14,383	83,848
21-44	1.4	111	14.1	49.7	31.2	7.0	8.2	3.2	0.7	786	38,363	226,720
45-64	3.9	251	20.8	26.1	19.2	10.3	22.4	16.1	5.9	1,204	13,881	121,760
65-74	3.7	186	23.2	16.6	21.2	11.9	26.5	18.7	5.1	802	5,566	56,960
75-84	3.9	182	16.5	13.9	16.5	11.9	31.4	21.3	5.1	1,100	5,044	50,951
85 and older	4.2	171	9.2	10.3	15.0	11.6	33.3	24.1	5.7	1,864	2,932	27,571
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.9	182	15.8	14.1	17.9	11.8	29.9	21.0	5.3	1,154	12,838	128,472
Disabled	2.9	221	18.2	24.3	28.1	11.0	20.4	12.3	3.9	1,217	27,735	269,515
Adults	0.7	28	6.5	58.4	31.4	5.3	3.9	0.9	0.1	439	35,495	164,189
Children	0.3	15	4.9	70.3	26.6	2.0	1.0	0.1	0.0	306	75,543	383,304
Unknown	0.2	3	0.4	71.4	28.6	0.0	0.0	0.0	0.0	737	7	33
Gender												
Female	1.9	105	15.0	50.9	28.1	5.7	8.5	5.3	1.6	699	88,738	557,112
Male	1.2	90	12.7	59.1	26.2	4.7	6.5	2.9	0.6	711	62,600	387,297
Unknown	0.3	20	4.6	76.4	21.4	1.8	0.0	0.4	0.0	430	280	1,104
Race												
White	1.8	116	14.6	48.4	29.2	6.0	9.2	5.5	1.7	792	90,036	605,755
African American	1.3	86	13.1	61.2	24.6	4.7	5.7	3.0	0.8	657	23,522	128,880
Other/unknown	1.0	58	12.0	64.2	24.3	3.8	5.2	2.1	0.3	478	38,060	210,878
Use of Nursing Facilities^d												
Entire year	6.2	276	7.7	3.8	5.7	8.0	32.2	36.3	14.0	3,579	2,650	25,958
Part year	5.5	259	8.1	6.1	10.7	9.8	33.3	29.1	11.0	3,204	1,987	18,102
None	1.4	91	15.8	55.9	27.9	5.1	6.9	3.4	0.8	571	146,981	901,453

Table 4

All Medicaid Beneficiaries

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				
Maintenance Assistance Status												
Cash	1.7	112	19.1	53.4	26.8	5.9	8.4	4.4	1.1	587	101,711	631,005
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	4.2	70.4	26.6	1.9	1.0	0.2	0.0	316	24,223	119,472
Other/unknown	2.1	107	8.1	43.2	29.6	6.0	11.0	7.6	2.5	1,319	25,684	195,036

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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.

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

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEVADA, 2002

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	1.6	\$99	\$63	0.7	\$73	\$109	0.1	\$6	\$61	0.8	\$20	\$24
Age												
5 and younger	0.3	25	92	0.1	22	234	0.0	1	48	0.2	3	15
6-14	0.4	27	69	0.2	21	114	0.0	2	74	0.2	4	23
15-20	0.5	40	75	0.2	31	126	0.0	4	80	0.3	6	23
21-44	1.4	111	77	0.6	83	143	0.1	7	80	0.8	20	26
45-64	3.9	251	65	1.6	179	111	0.2	15	65	2.0	56	28
65-74	3.7	186	51	1.6	135	82	0.2	11	48	1.8	40	23
75-84	3.9	182	46	1.7	131	75	0.3	11	42	1.9	40	21
85 and older	4.2	171	40	1.7	118	69	0.3	12	37	2.2	41	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.9	182	47	1.7	130	77	0.3	12	43	1.9	40	21
Disabled	2.9	221	76	1.2	166	134	0.2	14	75	1.5	42	28
Adults	0.7	28	43	0.2	19	84	0.0	2	49	0.4	7	19
Children	0.3	15	55	0.1	11	101	0.0	1	63	0.1	3	18
Unknown	0.2	3	13	0.0	1	38	0.0	0	0	0.2	2	9
Gender												
Female	1.9	105	56	0.8	75	96	0.1	7	56	0.9	23	24
Male	1.2	90	76	0.5	70	139	0.1	6	73	0.6	15	25
Unknown	0.3	20	65	0.1	16	143	0.0	1	62	0.2	3	14
Race												
White	1.8	116	63	0.8	85	111	0.1	8	61	0.9	23	25
African American	1.3	86	64	0.5	63	118	0.1	6	65	0.7	17	24
Other/unknown	1.0	58	58	0.5	43	95	0.1	3	57	0.5	11	23
Use of Nursing Facilities^e												
Entire year	6.2	276	44	2.5	193	78	0.4	17	40	3.3	64	20
Part year	5.5	259	47	2.1	177	83	0.4	20	45	3.0	62	21
None	1.4	91	66	0.6	67	115	0.1	6	65	0.7	18	25

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	1.7	112	0.7	67	0.1	116	0.9	22
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	13	0.1	47	0.0	96	0.2	3
Other/unknown	2.1	107	0.9	52	0.1	91	1.1	22

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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.

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, 0.3 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).

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

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = 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}
 NEVADA, 2002

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. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$23	\$18	\$2	\$3	\$76	\$131	\$87	\$19	112,330	\$8,517,042	41,615	27.4 %	377,565
Biologicals	0.3	0.2	0.0	0.0	340	231	0	108	1,257	954	645	3,981	1,620	2,036,946	583	0.4	5,991
Antineoplastic Agents	0.5	0.2	0.0	0.3	95	70	1	23	193	356	116	82	5,992	1,153,479	1,246	0.8	12,192
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	33	23	3	7	42	64	32	21	146,456	6,218,068	19,438	12.8	190,773
Cardiovascular Agents	1.4	0.5	0.1	0.7	53	34	4	15	38	63	37	20	275,675	10,487,070	19,155	12.6	197,547
Respiratory Agents	0.6	0.3	0.0	0.2	29	21	3	6	51	70	72	24	153,536	7,850,713	29,114	19.2	267,507
Gastrointestinal Agents	0.6	0.3	0.0	0.3	46	37	1	7	83	142	122	26	72,640	6,048,038	12,786	8.4	131,772
Genitourinary Agents	0.4	0.3	0.0	0.1	19	17	0	2	54	67	39	18	19,971	1,087,432	5,905	3.9	56,616
CNS Drugs	1.0	0.5	0.0	0.5	89	70	5	14	85	136	114	29	237,470	20,222,769	22,729	15.0	227,017
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	42	27	6	9	76	87	78	54	11,538	873,501	1,984	1.3	20,609
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	60	59	0	1	120	124	0	53	6,350	764,850	1,226	0.8	12,760
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	44	30	3	12	63	156	84	24	199,944	12,503,907	29,900	19.7	284,065
Neuromuscular Agents	0.8	0.3	0.1	0.5	53	37	4	12	65	122	71	27	112,583	7,297,330	13,586	9.0	138,245
Nutritional Products	0.4	0.0	0.0	0.4	7	0	1	6	16	19	18	16	38,325	608,423	10,015	6.6	91,303
Hematological Agents	0.7	0.3	0.1	0.3	93	85	3	5	128	293	22	17	34,058	4,364,485	4,566	3.0	47,136
Topical Products	0.3	0.1	0.0	0.2	13	9	1	3	43	65	61	21	59,830	2,544,004	20,288	13.4	196,298
Miscellaneous Products	0.5	0.2	0.1	0.3	89	59	17	13	178	368	265	47	3,944	703,689	779	0.5	7,924
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	38	0	0	0	2,789	105,195	1,028	0.7	10,976
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.	1,495,051	93,386,941	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 Nevada, 0.3 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}
 NEVADA, 2002

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	\$11,405,047	10,306	6.8 %	109,426	0.6	\$184	\$104	
ANALGESICS - Narcotic	8,484,877	34,211	22.6	336,358	0.4	61	25	
ANTIDEPRESSANTS	6,677,012	18,830	12.4	191,403	0.5	67	35	
ANTICONVULSANT	5,726,385	10,145	6.7	106,615	0.7	82	54	
ULCER DRUGS	4,570,279	13,890	9.2	147,181	0.4	81	31	
ANTIASTHMATIC	4,251,912	21,343	14.1	207,633	0.4	54	20	
ANTIVIRAL	3,514,171	2,555	1.7	25,952	0.4	317	135	
ANTIHYPERTENSIVE	3,284,164	6,550	4.3	70,972	0.6	81	46	
MISC. HEMATOLOGICAL	3,191,433	2,350	1.5	24,710	0.5	237	129	
ANTIDIABETIC	3,158,741	9,147	6.0	95,068	0.6	52	33	
Total	54,264,021	129,327		1,315,318	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Nevada, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.