

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 WASHINGTON

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	98,304	56,189	41,375	728	12	0	1,047,155	584,984	456,661	5,378	132	0
Age												
5 and younger	8	0	8	0	0	0	96	0	96	0	0	0
6-14	14	0	10	0	4	0	150	0	113	0	37	0
15-20	168	2	152	6	8	0	1,842	18	1,691	38	95	0
21-44	19,197	1	18,662	534	0	0	210,812	12	206,722	4,078	0	0
45-64	22,676	82	22,424	170	0	0	249,408	917	247,321	1,170	0	0
65-74	20,551	20,420	117	14	0	0	222,030	221,244	703	83	0	0
75-84	20,155	20,149	2	4	0	0	210,494	210,470	15	9	0	0
85 and older	15,535	15,535	0	0	0	0	152,323	152,323	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	61,623	40,104	21,025	487	7	0	658,082	420,181	234,088	3,741	72	0
Male	36,681	16,085	20,350	241	5	0	389,073	164,803	222,573	1,637	60	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	75,851	41,149	34,216	478	8	0	804,432	421,589	379,268	3,479	96	0
African American	4,560	1,745	2,755	60	0	0	48,659	18,695	29,503	461	0	0
Other/unknown	17,893	13,295	4,404	190	4	0	194,064	144,700	47,890	1,438	36	0
Use of Nursing Facilities^c												
Entire year	9,376	8,566	810	0	0	0	92,523	83,587	8,936	0	0	0
Part year	7,036	6,115	921	0	0	0	68,256	58,509	9,747	0	0	0
None	81,892	41,508	39,644	728	12	0	886,376	442,888	437,978	5,378	132	0
Maintenance Assistance Status												
Cash	49,826	22,868	26,797	161	0	0	551,652	256,916	293,638	1,098	0	0
Medically needy	1,670	663	1,007	0	0	0	17,804	7,115	10,689	0	0	0
Poverty-related	2,615	1,117	1,365	127	6	0	24,890	9,865	13,895	1,070	60	0
Other/unknown	44,193	31,541	12,206	440	6	0	452,809	311,088	138,439	3,210	72	0
Dual Medicare Status^d												
Full dual, all year	94,763	54,440	39,612	699	12	0	1,010,040	567,081	437,758	5,069	132	0
Full dual, part year	3,541	1,749	1,763	29	0	0	37,115	17,903	18,903	309	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	97,851	56,132	41,155	553	11	0	1,044,702	584,664	455,316	4,591	131	0
FFS part year, with Rx claims	388	45	198	144	1	0	2,199	266	1,251	681	1	0
FFS part year, no Rx claims	65	12	22	31	0	0	254	54	94	106	0	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.9 %	50.6	\$2,755	\$55	\$11,651	23.7 %	98,304
Age							
5 and younger	100.0	65.6	11,612	177	90,426	12.8	8
6-14	92.9	45.9	9,297	203	23,324	39.9	14
15-20	75.6	22.6	2,593	115	9,353	27.7	168
21-44	85.0	35.7	2,863	80	8,334	34.4	19,197
45-64	90.0	58.6	3,763	64	10,916	34.5	22,676
65-74	88.9	51.8	2,456	47	8,754	28.1	20,551
75-84	91.9	54.3	2,375	44	13,366	17.8	20,155
85 and older	94.7	51.0	2,033	40	18,402	11.0	15,535
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.7	52.6	2,315	44	13,087	17.7	56,189
Disabled	87.9	48.4	3,380	70	9,847	34.3	41,375
Adults	67.7	17.8	1,190	67	3,201	37.2	728
Children	83.3	41.8	5,181	124	14,499	35.7	12
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.6	56.3	2,846	51	12,327	23.1	61,623
Male	85.4	41.0	2,603	64	10,515	24.8	36,681
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	53.1	2,938	55	12,692	23.2	75,851
African American	88.7	46.0	2,532	55	9,683	26.1	4,560
Other/unknown	89.0	41.2	2,036	49	7,736	26.3	17,893
Use of Nursing Facilities^f							
Entire year	98.0	64.2	3,023	47	37,572	8.0	9,376
Part year	98.2	65.5	3,210	49	23,402	13.7	7,036
None	88.3	47.7	2,686	56	7,673	35.0	81,892
Maintenance Assistance Status							
Cash	88.8	43.8	2,545	58	5,506	46.2	49,826
Medically needy	94.6	54.0	3,534	65	9,225	38.3	1,670
Poverty related	61.8	23.2	1,378	59	3,035	45.4	2,615
Other/unknown	92.7	59.7	3,044	51	19,180	15.9	44,193

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
	Mean Number of Rx	Mean Rx \$	Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	10.1 %	More than 1, but 2 or Less	10.1 %	More than 2, but 5 or Less	28.7 %			
All	4.7	\$259	23.7 %	10.1 %	15.2 %	10.1 %	28.7 %	27.0 %	9.0 %	\$1,094	98,304	1,047,155	
Age													
5 and younger	5.5	968	12.8	0.0	0.0	25.0	12.5	62.5	0.0	7,536	8	96	
6-14	4.3	868	39.9	7.1	0.0	21.4	57.1	7.1	7.1	2,177	14	150	
15-20	2.1	237	27.7	24.4	32.1	11.9	20.2	10.1	1.2	853	168	1,842	
21-44	3.3	261	34.4	15.0	26.6	12.9	25.1	15.8	4.7	759	19,197	210,812	
45-64	5.3	342	34.5	10.0	13.3	8.8	27.2	28.2	12.5	993	22,676	249,408	
65-74	4.8	227	28.1	11.1	14.4	10.3	28.6	26.2	9.4	810	20,551	222,030	
75-84	5.2	227	17.8	8.1	11.1	9.2	30.1	31.9	9.7	1,280	20,155	210,494	
85 and older	5.2	207	11.0	5.3	10.0	9.4	33.6	34.0	7.7	1,877	15,535	152,323	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	5.0	222	17.7	8.3	12.0	9.6	30.5	30.4	9.0	1,257	56,189	584,984	
Disabled	4.4	306	34.3	12.1	19.4	10.7	26.3	22.7	9.0	892	41,375	456,661	
Adults	2.4	161	37.2	32.3	23.9	10.6	19.1	9.8	4.4	433	728	5,378	
Children	3.8	471	35.7	16.7	8.3	8.3	50.0	0.0	16.7	1,318	12	132	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	5.3	267	23.1	7.4	12.6	9.4	29.4	30.4	10.7	1,154	61,623	658,082	
Male	3.9	245	24.8	14.6	19.5	11.3	27.3	21.3	6.0	991	36,681	389,073	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	5.0	277	23.2	9.8	14.1	9.5	27.7	28.7	10.2	1,197	75,851	804,432	
African American	4.3	237	26.1	11.3	19.1	10.4	28.1	23.9	7.2	907	4,560	48,659	
Other/unknown	3.8	188	26.3	11.0	18.6	12.6	32.8	20.8	4.1	713	17,893	194,064	
use of nursing Facilities^f													
Entire year	6.5	306	8.0	2.0	6.3	7.1	28.7	39.8	16.1	3,807	9,376	92,523	
Part year	6.8	331	13.7	1.8	6.3	6.9	30.6	38.9	15.4	2,412	7,036	68,256	
None	4.4	248	35.0	11.7	17.0	10.7	28.5	24.5	7.6	709	81,892	886,376	
Maintenance Assistance Status													
Cash	4.0	230	46.2	11.2	20.2	11.9	29.5	21.5	5.8	497	49,826	551,652	
Medically needy	5.1	332	38.3	5.4	14.7	9.8	31.4	29.5	9.3	865	1,670	17,804	
Poverty related	2.4	145	45.4	38.2	19.8	10.9	17.7	10.6	2.7	319	2,615	24,890	
Other/unknown	5.8	297	15.9	7.3	9.3	8.0	28.3	34.2	12.9	1,872	44,193	452,809	

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	4.7	\$259	\$55	2.0	\$205	\$104	0.1	\$4	\$33	2.6	\$49	\$18
Age												
5 and younger	5.5	968	177	2.8	893	321	0.3	39	157	2.4	35	14
6-14	4.3	868	203	2.1	674	328	0.2	143	668	2.0	51	25
15-20	2.1	237	115	0.9	205	228	0.1	5	64	1.1	26	24
21-44	3.3	261	80	1.4	218	152	0.1	4	50	1.7	38	22
45-64	5.3	342	64	2.2	275	123	0.1	5	43	3.0	62	21
65-74	4.8	227	47	2.0	176	89	0.1	3	31	2.7	47	18
75-84	5.2	227	44	2.1	176	82	0.1	4	25	2.9	48	17
85 and older	5.2	207	40	2.0	158	78	0.2	4	22	3.0	45	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.0	222	44	2.1	171	83	0.1	4	26	2.8	47	17
Disabled	4.4	306	70	1.9	250	134	0.1	5	46	2.4	51	21
Adults	2.4	161	67	1.0	127	128	0.0	2	44	1.4	33	24
Children	3.8	471	124	1.6	381	240	0.2	28	174	2.0	62	31
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.3	267	51	2.2	210	97	0.1	4	31	3.0	52	18
Male	3.9	245	64	1.6	198	122	0.1	4	39	2.1	43	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.0	277	55	2.1	220	107	0.1	4	34	2.8	52	19
African American	4.3	237	55	1.7	190	111	0.1	3	30	2.5	44	18
Other/unknown	3.8	188	49	1.6	149	91	0.1	3	30	2.1	36	17
Use of Nursing Facilities^e												
Entire year	6.5	306	47	2.7	239	89	0.2	6	29	3.6	61	17
Part year	6.8	331	49	2.7	259	94	0.2	6	29	3.8	65	17
None	4.4	248	56	1.8	198	108	0.1	4	35	2.5	46	19
Maintenance Assistance Status												
Cash	4.0	230	58	1.7	185	110	0.1	3	38	2.2	42	19
Medically needy	5.1	332	65	2.2	274	125	0.1	5	40	2.7	52	19
Poverty related	2.4	145	59	1.0	118	115	0.1	2	30	1.3	25	19
Other/unknown	5.8	297	51	2.4	233	98	0.2	6	31	3.3	58	18

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Washington, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users ^e			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$27	\$22	\$0	\$5	\$72	\$137	\$67	\$22	219,052	53,365	54.3 %	592,491
Biologics	0.1	0.1	0.0	0.0	9	2	0	6	90	32	0	288	2,790	2,476	2.5	28,310
Antineoplastic Agents	0.5	0.2	0.0	0.3	110	89	1	20	216	431	107	68	17,170	3,704,000	3.2	33,572
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.6	41	32	1	8	37	66	21	14	547,180	20,219,011	45.7	492,386
Cardiovascular Agents	1.9	0.6	0.0	1.2	58	37	1	20	31	64	18	16	1,180,018	36,621,169	59.7	636,434
Respiratory Agents	0.7	0.4	0.0	0.3	34	29	0	5	50	77	57	17	286,803	14,463,716	38.5	424,294
Gastrointestinal Agents	0.8	0.4	0.0	0.4	57	51	0	6	71	112	83	18	384,775	27,309,109	44.3	478,512
Genitourinary Agents	0.5	0.4	0.0	0.2	31	28	0	3	58	74	35	18	90,580	5,262,206	15.6	169,721
CNS Drugs	1.4	0.7	0.0	0.7	109	94	1	14	79	135	62	22	840,878	66,697,644	57.3	611,873
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.5	44	18	4	22	68	128	92	47	7,910	537,682	1.1	12,162
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	118	118	0	0	172	174	0	15	28,953	4,966,035	4.1	41,919
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	51	39	1	11	56	132	69	19	550,312	30,740,925	56.0	604,023
Neuromuscular Agents	1.0	0.4	0.1	0.5	72	57	2	13	73	129	41	27	340,000	24,850,157	31.9	346,832
Nutritional Products	0.7	0.0	0.0	0.6	10	0	1	10	16	24	15	16	129,150	2,065,191	18.8	197,394
Hematological Agents	0.8	0.2	0.1	0.5	52	45	1	6	64	183	18	12	138,127	8,773,814	16.0	168,000
Topical Products	0.4	0.2	0.0	0.2	16	11	0	5	38	65	43	19	190,668	7,305,826	40.9	452,442
Miscellaneous Products	0.2	0.1	0.0	0.1	24	16	3	5	105	156	268	46	8,050	842,526	3.2	35,441
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	15	0	0	0	61	0	0	0	9,082	550,567	3.3	37,160
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.	4,971,498	270,863,669	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 0.4 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$39,842,368	28,301	28.8 %	312,345	0.8	\$168
ANTIDEPRESSANTS	23,924,973	57,578	58.6	631,882	0.7	56
ULCER DRUGS	22,114,970	43,863	44.6	486,318	0.6	75
ANTICONVULSANT	20,180,131	24,887	25.3	276,697	0.8	91
ANALGESICS - Narcotic	17,586,317	64,833	66.0	717,667	0.5	50
ANTIHYPERTENSIVE	13,567,384	23,075	23.5	259,918	0.7	75
ANTIDIABETIC	11,898,312	30,507	31.0	337,080	0.8	46
ANALGESICS - ANTI-INFLAMMATORY	10,845,829	32,679	33.2	371,010	0.4	71
ANTIASTHMATIC	9,981,239	35,428	36.0	395,416	0.4	59
ANTIHYPERTENSIVE	8,666,591	38,278	38.9	422,902	0.7	30
Total	178,608,114	379,429		4,211,235	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month
All	2,587,933	\$178,608,114	28,301	28.8 %	312,345	0.8	\$128	57,578	58.6 %	631,862	0.7	\$38				
Female	1,744,478	114,458,507	16,361	26.6	180,044	0.7	109	40,373	65.5	443,675	0.7	38				
Disabled	689,028	53,577,813	8,068	38.4	92,507	0.7	128	18,114	86.2	205,933	0.7	41				
5 and younger	95	4,085	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	72	3,743	0	0.0	0	0.0	0	1	20.0	12	1.1	83				
15-20	638	35,817	4	6.0	39	0.7	73	26	38.8	280	0.5	33				
21-44	201,081	17,046,102	3,639	45.0	41,552	0.7	123	6,261	77.5	71,236	0.6	40				
45-64	486,374	36,448,201	4,420	34.5	50,880	0.8	132	11,793	92.1	134,163	0.7	42				
65-74	768	39,865	5	7.7	36	0.6	81	33	50.8	242	0.7	33				
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	1,055,450	60,880,694	8,293	20.4	87,537	0.7	89	22,259	54.8	237,742	0.7	35				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	4	120	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	12	541	0	0.0	0	0.0	0	1	12.5	12	0.2	3				
21-44	3,458	238,881	51	12.9	469	0.4	62	200	50.8	1,649	0.5	35				
45-64	2,938	188,682	24	18.8	259	0.5	71	96	75.0	897	0.6	35				
65-74	386,103	23,313,642	1,986	15.1	22,144	0.7	102	7,061	53.6	78,972	0.7	33				
75-84	390,439	22,336,645	3,151	21.9	33,312	0.7	91	7,908	55.0	84,676	0.7	36				
85 and older	272,496	14,802,183	3,081	24.7	31,353	0.6	78	6,993	56.0	71,536	0.7	37				
Male	843,455	64,149,607	11,940	32.6	132,301	0.8	153	17,205	46.9	188,207	0.7	38				
Disabled	484,198	43,841,751	9,016	44.3	102,445	0.9	170	10,637	52.3	119,178	0.7	40				
5 and younger	54	1,533	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	11	573	0	0.0	0	0.0	0	1	20.0	5	0.2	16				
15-20	678	77,792	16	18.8	185	0.6	122	17	20.0	187	0.5	32				
21-44	209,495	21,182,090	5,209	49.2	59,161	0.8	168	5,280	49.9	59,474	0.6	40				
45-64	273,437	22,550,553	3,786	39.3	43,059	0.9	174	5,330	55.4	59,432	0.7	41				
65-74	523	29,210	5	9.6	40	0.4	93	9	17.3	80	0.5	15				
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	359,257	20,307,856	2,924	17.9	29,856	0.7	94	6,568	40.2	69,029	0.7	33				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	51	2,753	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	93	5,462	3	37.5	36	0.7	50	3	37.5	36	0.7	45				
21-44	1,837	173,164	25	17.7	222	0.5	99	58	41.1	505	0.6	34				
45-64	1,953	153,285	29	23.4	315	0.6	130	48	38.7	479	0.5	26				
65-74	169,220	9,940,799	942	13.0	10,383	0.8	122	2,664	36.7	29,553	0.6	32				
75-84	127,823	6,963,900	1,140	19.8	11,370	0.7	79	2,376	41.2	24,730	0.7	34				
85 and older	58,280	3,068,493	785	25.8	7,530	0.7	76	1,419	46.7	13,726	0.7	35				
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	43,863	44.6 %	486,318	\$46	0.6	24,887	25.3 %	276,697	0.8	\$73	64,833	66.0 %	717,667	0.5	\$25
Female	30,558	49.6	339,352	46	0.6	15,501	25.2	172,892	0.8	69	45,233	73.4	501,987	0.5	25
Disabled	10,306	49.0	117,651	46	0.6	8,881	42.2	101,188	0.8	84	19,445	92.5	222,117	0.5	28
5 and younger	5	125.0	60	43	0.9	1	25.0	12	0.9	13	1	25.0	12	0.2	1
6-14	5	100.0	60	44	0.7	1	20.0	12	0.5	3	3	60.0	36	0.2	1
15-20	17	25.4	196	24	0.4	13	19.4	146	0.6	63	42	62.7	463	0.2	2
21-44	3,066	37.9	35,168	38	0.5	3,590	44.4	40,828	0.8	89	6,846	84.7	78,264	0.4	22
45-64	7,183	56.1	81,983	50	0.6	5,268	41.2	60,146	0.8	82	12,532	97.9	143,207	0.5	32
65-74	30	46.2	184	44	0.6	8	12.3	44	0.6	34	21	32.3	135	0.9	18
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	20,252	49.9	221,701	46	0.6	6,620	16.3	71,704	0.8	47	25,788	63.5	279,870	0.5	22
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	5	0.1	0	0.0	0	0.0	0	1	33.3	12	0.1	1
15-20	1	12.5	12	3	0.2	0	0.0	0	0.0	0	3	37.5	36	0.1	1
21-44	71	18.0	644	35	0.4	72	18.3	623	0.6	72	269	66.3	2,415	0.4	20
45-64	53	41.4	546	41	0.6	26	20.3	244	0.7	96	86	67.2	925	0.7	40
65-74	7,262	55.1	82,439	45	0.6	2,403	18.2	27,080	0.8	57	8,926	67.7	100,714	0.5	21
75-84	7,224	50.2	79,394	47	0.6	2,533	17.6	27,415	0.7	42	9,129	63.4	99,481	0.5	21
85 and older	5,639	45.1	58,642	48	0.7	1,586	12.7	16,342	0.8	36	7,374	59.0	76,287	0.5	24
Male	13,305	36.3	146,966	44	0.6	9,386	25.6	103,805	0.8	80	19,600	53.4	215,680	0.5	24
Disabled	6,377	31.3	72,029	44	0.6	6,974	34.3	78,630	0.9	90	11,914	58.5	133,565	0.5	29
5 and younger	4	100.0	48	8	0.3	0	0.0	0	0.0	0	2	50.0	24	0.1	0
6-14	1	20.0	12	2	0.1	0	0.0	0	0.0	0	1	20.0	5	0.4	2
15-20	19	22.4	222	22	0.5	15	17.6	174	1.0	200	30	35.3	338	0.2	1
21-44	2,745	25.9	31,321	41	0.5	3,629	34.3	40,923	0.8	92	5,832	55.1	66,003	0.4	23
45-64	3,595	37.4	40,333	48	0.6	3,328	34.6	37,517	0.9	87	6,026	62.6	67,034	0.6	35
65-74	13	25.0	93	32	0.5	2	3.8	16	0.5	49	23	44.2	161	0.4	14
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	6,928	42.4	74,937	43	0.6	2,412	14.8	25,175	0.8	49	7,686	47.1	82,115	0.4	17
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	200.0	24	18	0.4	1	100.0	12	0.1	9	0	0.0	0	0.0	0
15-20	2	25.0	24	1.1	0.4	1	12.5	12	0.1	3	2	25.0	24	0.3	6
21-44	31	22.0	264	40	0.5	31	22.0	269	0.8	92	96	68.1	896	0.6	61
45-64	27	21.8	284	36	0.5	19	15.3	177	0.6	35	73	58.9	696	0.5	48
65-74	3,095	42.7	34,777	42	0.6	1,065	14.7	11,745	0.8	58	3,532	48.7	39,544	0.4	18
75-84	2,512	43.6	26,984	45	0.6	900	15.6	9,209	0.7	42	2,617	45.4	27,653	0.4	15
85 and older	1,259	41.4	12,580	45	0.7	395	13.0	3,751	0.8	38	1,366	44.9	13,302	0.5	16
Unknown	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month		
All	23,075	23.5 %	259,918	0.7	\$52	30,507	31.0 %	337,080	0.8	\$35	32,679	33.2 %	371,010	0.4	\$29
Female	15,140	24.6	170,618	0.7	52	20,741	33.7	229,644	0.8	35	22,746	36.9	258,817	0.4	33
Disabled	4,680	22.3	53,431	0.7	51	6,315	30.0	71,887	0.8	43	9,627	45.8	110,809	0.4	29
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	3	4.5	24	0.3	23	5	7.5	60	0.8	50	18	26.9	214	0.1	3
21-44	738	9.1	8,404	0.6	44	1,216	15.0	13,914	0.7	39	3,310	41.0	38,048	0.3	18
45-64	3,923	30.6	44,889	0.7	52	5,076	39.7	57,812	0.8	44	6,284	49.1	72,438	0.4	36
65-74	16	24.6	114	0.7	65	18	27.7	101	0.7	30	15	23.1	109	0.3	17
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	10,460	25.8	117,187	0.7	53	14,426	35.5	157,757	0.8	32	13,119	32.3	148,008	0.5	36
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	11	2.8	94	0.5	31	29	7.4	273	0.5	19	90	22.8	870	0.2	17
45-64	26	20.3	284	0.7	53	37	28.9	368	0.8	36	56	43.8	563	0.4	20
65-74	4,971	37.7	56,679	0.7	53	6,236	47.3	70,077	0.8	35	5,538	42.0	63,912	0.4	34
75-84	4,082	28.4	45,544	0.7	53	5,522	38.4	60,223	0.8	31	4,600	32.0	51,979	0.5	37
85 and older	1,370	11.0	14,586	0.7	53	2,602	20.8	26,816	0.8	26	2,835	22.7	30,684	0.6	38
Male	7,935	21.6	89,300	0.7	53	9,766	26.6	107,436	0.8	35	9,933	27.1	112,193	0.4	21
Disabled	3,502	17.2	39,842	0.7	52	4,092	20.1	45,951	0.8	41	5,557	27.3	62,949	0.3	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	4.7	48	0.6	40	0	0.0	0	0.0	0	7	8.2	84	0.1	1
21-44	1,057	10.0	12,208	0.6	48	1,193	11.3	13,511	0.8	42	2,703	25.5	30,724	0.3	14
45-64	2,429	25.2	27,477	0.7	54	2,885	30.0	32,308	0.8	40	2,840	29.5	32,099	0.4	22
65-74	12	23.1	109	0.6	54	14	26.9	132	0.9	37	7	13.5	42	0.4	22
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	4,433	27.1	49,458	0.7	53	5,674	34.7	61,485	0.8	31	4,376	26.8	49,244	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12.5	12	0.1	0
21-44	12	8.5	106	0.7	51	16	11.3	132	0.8	74	35	24.8	348	0.4	60
45-64	31	25.0	303	0.7	58	35	28.2	331	0.6	33	25	20.2	252	0.3	11
65-74	2,446	33.7	27,713	0.7	53	2,867	39.5	32,064	0.8	34	2,279	31.4	26,183	0.4	22
75-84	1,570	27.2	17,351	0.7	53	2,042	35.4	21,846	0.7	29	1,462	25.4	16,533	0.4	24
85 and older	374	12.3	3,985	0.7	51	714	23.5	7,112	0.8	27	574	18.9	5,916	0.5	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	35,428	36.0 %	395,416	0.4	\$25	38,278	38.9 %	422,902	0.7	\$21	98,304	1,047,155
Female	24,244	39.3	271,591	0.4	25	25,591	41.5	282,779	0.7	21	61,623	658,082
Disabled	10,236	48.7	117,410	0.4	24	5,671	27.0	64,568	0.7	19	21,025	234,088
5 and younger	3	75.0	36	0.4	35	2	50.0	24	0.6	4	4	48
6-14	0	0.0	0	0.0	0	1	20.0	12	0.2	2	5	60
15-20	20	29.9	236	0.3	15	5	7.5	60	0.6	21	67	724
21-44	3,072	38.0	35,251	0.3	18	1,023	12.7	11,703	0.6	15	8,082	90,285
45-64	7,124	55.7	81,784	0.4	26	4,625	36.1	52,665	0.7	20	12,801	142,556
65-74	17	26.2	103	0.4	22	15	23.1	104	0.8	24	65	412
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	14,008	34.5	154,181	0.4	26	19,920	49.1	218,211	0.7	22	40,598	423,994
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
15-20	2	25.0	6	0.7	74	0	0.0	0	0.0	0	8	64
21-44	85	21.6	739	0.3	16	26	6.6	208	0.5	12	394	3,068
45-64	39	30.5	436	0.4	24	37	28.9	378	0.7	18	128	1,150
65-74	5,790	43.9	65,464	0.5	28	6,963	52.8	78,790	0.7	22	13,180	143,664
75-84	5,027	34.9	55,057	0.4	26	7,595	52.8	83,519	0.7	22	14,390	151,764
85 and older	3,065	24.5	32,479	0.4	22	5,299	42.4	55,316	0.8	21	12,495	124,259
Male	11,184	30.5	123,825	0.5	26	12,687	34.6	140,123	0.7	20	36,681	389,073
Disabled	5,181	25.5	58,368	0.4	25	4,627	22.7	51,763	0.7	19	20,350	222,573
5 and younger	3	75.0	36	0.5	26	2	50.0	24	0.8	8	4	48
6-14	2	40.0	24	0.3	19	0	0.0	0	0.0	0	5	53
15-20	11	12.9	126	0.3	26	9	10.6	99	0.6	37	85	967
21-44	2,050	19.4	23,318	0.4	19	1,435	13.6	16,141	0.6	17	10,580	116,437
45-64	3,100	32.2	34,766	0.5	29	3,163	32.9	35,342	0.7	19	9,623	104,765
65-74	15	28.8	98	0.4	26	18	34.6	157	0.6	25	52	291
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	6,003	36.8	65,457	0.5	28	8,060	49.4	88,360	0.7	20	16,331	166,500
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	100.0	12	0.1	1	4	400.0	48	0.8	46	1	12
15-20	0	0.0	0	0.0	0	2	25.0	24	0.3	5	8	87
21-44	32	22.7	278	0.4	19	27	19.1	220	0.5	14	141	1,022
45-64	31	25.0	338	0.5	26	42	33.9	402	0.7	25	124	937
65-74	2,758	38.0	31,291	0.5	30	3,695	50.9	41,825	0.7	20	7,254	77,663
75-84	2,133	37.0	23,001	0.5	26	3,037	52.7	33,171	0.7	20	5,763	58,715
85 and older	1,048	34.5	10,537	0.4	24	1,253	41.2	12,670	0.8	19	3,040	28,064
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.5	9,376
All	\$306				92,523
Age					
0-64	494	7.6	808		8,941
65-74	397	7.5	1,056		10,681
75-84	308	6.8	3,076		30,536
85 and older	243	5.8	4,436		42,365
Unknown	0	0.0	0		0
Gender					
Female	299	6.5	6,862		68,563
Male	327	6.4	2,514		23,960
Unknown	0	0.0	0		0
Race					
White	305	6.5	8,458		83,145
African American	387	7	199		2,097
Other/unknown	302	6.1	719		7,281
Basis of Eligibility^c					
Aged	286	6.4	8,566		83,587
Disabled	493	7.6	810		8,936
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 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months					
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$15	\$0	\$4	\$43	\$16	\$43	\$71	\$43	\$16	29,512	\$1,257,131	6,386	68.1 %	66,181
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	25	0	25	25	0	25	383	9,579	332	3.5	3,601
Antineoplastic Agents	0.5	0.1	0.0	0.4	99	65	1	33	190	92	104	435	104	92	2,209	420,673	464	4.9	4,242
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.7	39	30	2	8	32	12	20	59	20	12	61,263	1,930,867	4,889	52.1	49,191
Cardiovascular Agents	2.0	0.4	0.1	1.5	45	22	1	21	22	14	17	55	17	14	127,573	2,853,824	6,482	69.1	63,994
Respiratory Agents	0.6	0.3	0.0	0.3	31	24	1	7	51	26	42	70	42	26	18,464	939,446	2,905	31.0	30,050
Gastrointestinal Agents	1.0	0.5	0.0	0.5	61	51	0	10	60	19	74	103	74	19	49,052	2,951,229	4,791	51.1	48,235
Genitourinary Agents	0.6	0.5	0.0	0.2	36	31	0	4	55	24	42	68	42	24	15,059	834,111	2,223	23.7	23,209
CNS Drugs	1.5	1.0	0.0	0.5	112	101	2	10	73	18	105	105	52	18	108,035	7,852,245	6,950	74.1	69,917
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.1	0.8	17	0	2	15	19	19	0	0	30	19	778	15,140	93	1.0	886
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	108	108	0	0	139	8	140	140	0	8	6,785	946,221	873	9.3	8,726
Analgesics and Anesthetics	1.2	0.6	0.0	0.6	61	52	1	8	51	14	40	91	40	14	62,440	3,156,298	5,171	55.2	51,548
Neuromuscular Agents	1.2	0.5	0.0	0.6	68	45	2	21	58	33	45	91	45	33	42,819	2,462,616	3,451	36.8	36,020
Nutritional Products	0.8	0.0	0.1	0.7	12	0	1	11	15	16	13	11	13	16	22,455	343,647	2,885	30.8	28,611
Hematological Agents	1.1	0.3	0.1	0.7	52	43	1	7	48	10	167	140	14	10	27,289	1,301,430	2,537	27.1	25,115
Topical Products	0.5	0.2	0.0	0.3	19	13	1	6	38	20	42	63	42	20	26,053	978,263	4,751	50.7	50,327
Miscellaneous Products	0.2	0.0	0.0	0.2	9	1	2	6	39	31	277	34	277	31	1,044	40,730	440	4.7	4,538
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	51	0	0	0	0	0	915	46,848	319	3.4	3,433
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.	n.a.	n.a.	602,128	28,340,298	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Washington, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	Nursing Facility Residents	As a Percentage of All-Year Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,322,924	3,743	39.9 %	39,107	0.8	\$139	\$111	
ANTIDEPRESSANTS	3,274,458	6,799	72.5	69,814	0.9	55	47	
ULCER DRUGS	2,520,260	4,398	46.9	44,995	0.8	70	56	
ANALGESICS - Narcotic	2,210,159	5,408	57.7	54,678	0.9	47	40	
ANTICONVULSANT	1,666,107	2,677	28.6	28,366	1.0	61	59	
ANTI-DIABETIC	1,017,784	3,004	32.0	30,985	0.9	36	33	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	946,221	840	9.0	8,565	0.8	139	110	
ANALGESICS - ANTI-INFLAMMATORY	863,375	1,634	17.4	17,332	0.7	73	50	
MISC. ENDOCRINE	739,840	1,610	17.2	16,953	0.7	64	44	
ANTHYPERTENSIVE	698,629	3,338	35.6	33,888	0.9	24	21	
Total	18,259,757	33,451		344,683	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	287,894	\$18,259,757	3,743	39.9 %	39,107	0.8	\$111	6,799	72.5 %	69,814	0.9	\$47	
Female	213,556	13,401,499	2,659	38.7	28,034	0.8	106	5,083	74.1	52,361	0.8	46	
Disabled	17,165	1,335,724	185	46.3	2,098	0.9	164	345	86.3	3,816	0.9	51	
64 or younger	17,152	1,334,659	185	46.5	2,098	0.9	164	343	86.2	3,809	0.9	51	
65-74	13	1,065	0	0.0	0	0.0	0	2	100.0	7	0.9	115	
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	196,391	12,065,775	2,474	38.3	25,936	0.8	101	4,738	73.3	48,545	0.8	46	
64 or younger	38	1,795	0	0.0	0	0.0	0	1	100.0	12	1.0	41	
65-74	25,540	1,749,610	292	46.6	3,182	0.9	132	544	86.9	5,630	0.9	50	
75-84	75,441	4,664,679	958	43.7	9,984	0.8	106	1,728	78.9	18,005	0.9	47	
85 and older	95,372	5,649,691	1,224	33.6	12,770	0.7	90	2,465	67.6	24,898	0.8	44	
Male	74,338	4,858,258	1,084	43.1	11,073	0.8	122	1,716	68.3	17,453	0.9	49	
Disabled	16,856	1,397,110	209	51.0	2,383	0.9	176	316	77.1	3,557	0.9	59	
64 or younger	16,823	1,395,812	208	51.0	2,374	0.9	176	316	77.5	3,557	0.9	59	
65-74	33	1,298	1	50.0	9	0.1	16	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	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Other Eligibles	57,482	3,461,148	875	41.6	8,690	0.8	108	1,400	66.5	13,896	0.9	47	
64 or younger	39	2,465	1	100.0	12	0.9	79	1	100.0	12	0.5	6	
65-74	14,845	1,017,443	194	45.5	2,092	0.9	148	293	68.8	3,010	0.9	54	
75-84	25,003	1,431,248	379	42.8	3,728	0.8	94	605	68.4	6,137	0.9	46	
85 and older	17,595	1,009,992	301	38.0	2,858	0.8	95	501	63.3	4,737	0.9	42	
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	4,398	46.9 %	44,995	0.8	\$56	5,408	57.7 %	54,678	0.9	\$40	2,677	28.6 %	28,366	1.0	\$59
Female	3,216	46.9	33,053	0.8	55	4,220	61.5	43,278	0.9	42	1,809	26.4	19,285	0.9	54
Disabled	182	45.5	2,014	0.8	62	257	64.2	2,825	1.0	51	271	67.7	3,073	1.1	82
64 or younger	180	45.2	2,007	0.8	62	257	64.6	2,825	1.0	51	270	67.8	3,067	1.1	82
65-74	2	100.0	7	0.7	18	0	0.0	0	0.0	0	1	50.0	6	0.3	22
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	3,034	47.0	31,039	0.8	55	3,963	61.3	40,453	0.8	41	1,538	23.8	16,212	0.9	49
64 or younger	2	200.0	24	0.5	48	1	100.0	12	0.1	1	0	0.0	0	0.0	0
65-74	332	53.0	3,454	0.8	62	409	65.3	4,222	1.0	48	283	45.2	3,053	1.0	63
75-84	1,068	48.7	11,086	0.8	56	1,387	63.3	14,422	0.9	42	691	31.5	7,358	0.9	49
85 and older	1,632	44.8	16,475	0.8	53	2,166	59.4	21,797	0.8	40	564	15.5	5,801	0.9	41
Male	1,182	47.0	11,942	0.8	58	1,188	47.3	11,400	0.8	34	868	34.5	9,081	1.0	69
Disabled	231	56.3	2,529	0.8	72	231	56.3	2,528	1.1	52	286	69.8	3,234	1.1	95
64 or younger	229	56.1	2,517	0.8	72	230	56.4	2,519	1.2	52	286	70.1	3,234	1.1	95
65-74	2	100.0	12	0.7	64	1	50.0	9	0.1	1	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
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	951	45.2	9,413	0.8	55	957	45.5	8,872	0.7	29	582	27.7	5,847	1.0	55
64 or younger	1	100.0	12	0.2	21	0	0.0	0	0.0	0	2	200.0	24	0.8	46
65-74	216	50.7	2,235	0.8	57	215	50.5	2,152	0.9	41	187	43.9	2,053	1.0	62
75-84	416	47.0	4,201	0.8	54	401	45.3	3,778	0.7	26	253	28.6	2,473	0.9	52
85 and older	318	40.2	2,965	0.8	55	341	43.1	2,942	0.7	25	140	17.7	1,297	0.9	47
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,004	32.0 %	30,985	0.9	\$33	840	9.0 %	8,565	0.8	\$111	1,634	17.4 %	17,332	0.7	\$50
Female	2,138	31.2	22,219	0.9	33	611	8.9	6,338	0.8	109	1,297	18.9	13,846	0.7	52
Disabled	175	43.8	1,964	1.0	45	29	7.3	304	0.6	310	87	21.8	973	0.5	41
64 or younger	175	44.0	1,964	1.0	45	29	7.3	304	0.6	310	87	21.9	973	0.5	41
65-74	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
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	1,963	30.4	20,255	0.9	32	582	9.0	6,034	0.8	98	1,210	18.7	12,873	0.7	53
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	324	51.8	3,515	0.9	38	50	8.0	529	0.8	162	116	18.5	1,258	0.7	58
75-84	849	38.7	8,638	0.9	33	248	11.3	2,627	0.8	90	430	19.6	4,594	0.7	58
85 and older	790	21.7	8,102	0.9	29	284	7.8	2,878	0.8	94	664	18.2	7,021	0.7	49
Male	866	34.4	8,766	0.9	32	229	9.1	2,227	0.8	116	337	13.4	3,486	0.6	41
Disabled	101	24.6	1,103	0.9	38	15	3.7	168	0.9	276	55	13.4	621	0.5	35
64 or younger	99	24.3	1,085	0.9	39	15	3.7	168	0.9	276	55	13.5	621	0.5	35
65-74	2	100.0	18	1.0	18	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
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	765	36.4	7,663	0.9	31	214	10.2	2,059	0.8	103	282	13.4	2,865	0.7	42
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	185	43.4	1,951	1.0	37	33	7.7	338	0.8	127	60	14.1	681	0.7	44
75-84	371	41.9	3,710	0.9	28	103	11.6	1,038	0.8	96	124	14.0	1,303	0.6	38
85 and older	209	26.4	2,002	0.8	31	78	9.8	683	0.8	101	98	12.4	881	0.7	46
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	MISC. ENDOCRINE				ANTIHYPERTENSIVE				Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	% of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	1,610	17.2 %	0.7	\$44	3,338	35.6 %	0.9	\$21	9,376	92,523
Female	1,433	20.9	0.7	44	2,413	35.2	0.8	21	6,862	68,563
Disabled	61	15.3	0.6	39	110	27.5	0.8	21	400	4,418
64 or younger	61	15.3	0.6	39	110	27.6	0.8	21	398	4,411
65-74	0	0.0	0.0	0	0	0.0	0.0	0	2	7
75-84	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
Other Eligibles	1,372	21.2	0.7	45	2,303	35.6	0.9	21	6,462	64,145
64 or younger	0	0.0	0.0	0	1	100.0	1.0	12	1	12
65-74	125	20.0	0.7	62	254	40.6	0.8	23	626	6,447
75-84	445	20.3	0.7	43	835	38.1	0.9	21	2,191	22,150
85 and older	802	22.0	0.7	43	1,213	33.3	0.8	20	3,644	35,536
Male	177	7.0	0.6	38	925	36.8	0.9	21	2,514	23,960
Disabled	38	9.3	0.5	36	123	30.0	0.8	17	410	4,518
64 or younger	38	9.3	0.5	36	121	29.7	0.8	17	408	4,506
65-74	0	0.0	0.0	0	2	100.0	0.8	11	2	12
75-84	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
Other Eligibles	139	6.6	0.6	39	802	38.1	0.9	21	2,104	19,442
64 or younger	0	0.0	0.0	0	1	100.0	0.2	8	1	12
65-74	22	5.2	0.6	36	179	42.0	0.9	25	426	4,215
75-84	53	6.0	0.6	38	364	41.1	0.9	20	885	8,386
85 and older	64	8.1	0.7	40	258	32.6	0.9	21	792	6,829
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 7,036 beneficiaries who were in nursing facilities for part of their enrollment and their 68,256 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx \$		\$ per Part D Excluded Rx	Total Part D Excluded Rx \$	Part D Excluded Rx as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
					7.8	\$80				
All	62,306	63.4 %	7.8	764,410	\$80	\$7,908,890	\$10	\$7,908,890	2.9 %	98,304
Age										
5 and younger	8	100.0	37.8	302	1,070	8,559	28	8,559	9.2	8
6-14	13	92.9	23.6	330	437	6,122	19	6,122	4.7	14
15-20	72	42.9	4.3	725	78	13,021	18	13,021	3.0	168
21-44	9,978	52.0	4.8	92,181	63	1,202,964	13	1,202,964	2.2	19,197
45-64	14,782	65.2	8.4	189,950	99	2,248,423	12	2,248,423	2.6	22,676
65-74	13,495	65.7	8.4	172,762	81	1,663,286	10	1,663,286	3.3	20,551
75-84	13,660	67.8	8.7	175,701	80	1,611,492	9	1,611,492	3.4	20,155
85 and older	10,298	66.3	8.5	132,459	74	1,155,023	9	1,155,023	3.7	15,535
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Basis of Eligibility^c										
Aged	37,465	66.7	8.6	481,285	79	4,434,642	9	4,434,642	3.4	56,189
Disabled	24,575	59.4	6.8	281,429	83	3,419,986	12	3,419,986	2.4	41,375
Adults	256	35.2	2.1	1,541	70	50,779	33	50,779	5.9	728
Children	10	83.3	12.9	155	290	3,483	22	3,483	5.6	12
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Gender										
Female	41,891	68.0	8.7	536,221	89	5,454,248	10	5,454,248	3.1	61,623
Male	20,415	55.7	6.2	228,189	67	2,454,642	11	2,454,642	2.6	36,681
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Race										
White	47,375	62.5	7.7	587,075	82	6,193,051	11	6,193,051	2.8	75,851
African American	2,917	64.0	7.1	32,434	82	373,691	12	373,691	3.2	4,560
Other/unknown	12,014	67.1	8.1	144,901	75	1,342,148	9	1,342,148	3.7	17,893
Use of Nursing Facilities^d										
Entire year	5,036	53.7	4.5	41,977	61	576,529	14	576,529	2.0	9,376
Part year	5,308	75.4	8.2	57,890	95	671,490	12	671,490	3.0	7,036
None	51,962	63.5	8.1	664,543	81	6,660,871	10	6,660,871	3.0	81,892
Maintenance Assistance Status										
Cash	30,276	60.8	6.7	331,808	69	3,455,531	10	3,455,531	2.7	49,826
Medically needy	1,089	65.2	6.6	11,020	72	120,545	11	120,545	2.0	1,670
Poverty related	958	36.6	2.9	7,518	30	79,488	11	79,488	2.2	2,615
Other/unknown	29,983	67.8	9.4	414,064	96	4,253,326	10	4,253,326	3.2	44,193

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WASHINGTON, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.7	\$8	\$10	\$0	\$2	1,047,155
Age						
5 and younger	3.1	89	28	0	0	96
6-14	2.2	41	19	0	2	150
15-20	0.4	7	18	0	1	1,842
21-44	0.4	6	13	0	2	210,812
45-64	0.8	9	12	0	3	249,408
65-74	0.8	7	10	0	1	222,030
75-84	0.8	8	9	0	1	210,494
85 and older	0.9	8	9	0	1	152,323
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.8	8	9	0	1	584,984
Disabled	0.6	7	12	0	2	456,661
Adults	0.3	9	33	0	2	5,378
Children	1.2	26	22	0	0	132
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.8	8	10	0	2	658,082
Male	0.6	6	11	0	1	389,073
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	8	11	0	2	804,432
African American	0.7	8	12	0	1	48,659
Other/unknown	0.7	7	9	0	1	194,064
Use of Nursing Facilities^d						
Entire year	0.5	6	14	0	2	92,523
Part year	0.8	10	12	0	2	68,256
None	0.7	8	10	0	2	886,376
Maintenance Assistance Status						
Cash	0.6	6	10	0	1	551,652
Medically needy	0.6	7	11	0	2	17,804
Poverty related	0.3	3	11	0	1	24,890
Other/unknown	0.9	9	10	0	2	452,809

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 WASHINGTON, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
				Excluded Rx \$	100.0 %			
All	101,117	\$78	\$7,908,890	100.0 %	764,410	\$10	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	59	21	1,250	0.0	122	10	0.0	
Cough and cold medications	13,170	50	652,388	8.2	36,098	18	4.7	
Vitamins and minerals	18,094	112	2,030,233	25.7	127,448	16	16.7	
Non-prescription drugs	44,211	70	3,113,224	39.4	440,563	7	57.6	
Barbiturates	744	68	50,778	0.6	7,271	7	1.0	
Benzodiazepines	21,785	79	1,713,483	21.7	141,612	12	18.5	
Other Part D Excl Rx Drugs	3,054	114	347,534	4.4	11,296	31	1.5	

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 WASHINGTON, 2003

Total Number of Dual Eligible Beneficiaries 98,304
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$270,863,669
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,755

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,913	10.1 %	\$0	0.0 %
1-500	17,641	17.9	3,677,314	1.4
501-1,000	10,731	10.9	7,934,841	2.9
1,001-1,500	8,914	9.1	11,092,719	4.1
1,501-2,000	7,470	7.6	13,035,495	4.8
2,001-2,500	6,296	6.4	14,130,175	5.2
2,501-3,000	5,486	5.6	15,051,870	5.6
3,001-3,500	4,846	4.9	15,711,982	5.8
3,501-4,000	4,113	4.2	15,400,944	5.7
4,001-4,500	3,389	3.4	14,374,773	5.3
4,501-5,000	2,873	2.9	13,626,208	5.0
5,001-5,500	2,419	2.5	12,678,805	4.7
5,501-6,000	2,053	2.1	11,802,923	4.4
6,001-6,500	1,739	1.8	10,844,782	4.0
6,501-7,000	1,427	1.5	9,617,314	3.6
7,001-7,500	1,223	1.2	8,854,971	3.3
7,501-8,000	1,029	1.0	7,965,651	2.9
8,001-8,500	842	0.9	6,951,308	2.6
8,501-9,000	731	0.7	6,396,513	2.4
9,001-9,500	645	0.7	5,963,423	2.2
9,501-10,000	519	0.5	5,059,053	1.9
10,001+	4,005	4.1	60,692,605	22.4

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003.

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}
 WASHINGTON, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 41,256
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$139,759,818
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,388

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	12.0 %		
\$0	4,944	18.7	0	1,453,845	1.0
1-500	7,729	8.9	0	2,704,472	1.9
501-1,000	3,675	7.2	0	3,674,256	2.6
1,001-1,500	2,950	5.9	0	4,236,983	3.0
1,501-2,000	2,429	5.2	0	4,789,883	3.4
2,001-2,500	2,133	4.5	0	5,109,067	3.7
2,501-3,000	1,859	4.1	0	5,465,034	3.9
3,001-3,500	1,683	3.7	0	5,679,008	4.1
3,501-4,000	1,516	3.3	0	5,778,530	4.1
4,001-4,500	1,361	3.0	0	5,861,548	4.2
4,501-5,000	1,235	2.6	0	5,613,069	4.0
5,001-5,500	1,071	2.3	0	5,387,170	3.9
5,501-6,000	937	2.1	0	5,465,058	3.9
6,001-6,500	876	1.7	0	4,748,203	3.4
6,501-7,000	705	1.7	0	4,946,713	3.5
7,001-7,500	683	1.5	0	4,649,552	3.3
7,501-8,000	600	1.3	0	4,268,786	3.1
8,001-8,500	517	1.1	0	4,113,247	2.9
8,501-9,000	470	1.0	0	3,863,099	2.8
9,001-9,500	418	0.9	0	3,490,344	2.5
9,501-10,000	358	7.5	0	48,461,951	34.7
10,001+	3,107				

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 WASHINGTON, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 56,241
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$129,908,542
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,310

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,735	8.4 %	0	0.0 %
1-500	9,667	17.2	2,176,589	1.7
501-1,000	6,975	12.4	5,172,718	4.0
1,001-1,500	5,908	10.5	7,347,732	5.7
1,501-2,000	5,011	8.9	8,747,009	6.7
2,001-2,500	4,143	7.4	9,295,830	7.2
2,501-3,000	3,601	6.4	9,871,197	7.6
3,001-3,500	3,148	5.6	10,198,095	7.9
3,501-4,000	2,587	4.6	9,684,422	7.5
4,001-4,500	2,011	3.6	8,523,379	6.6
4,501-5,000	1,626	2.9	7,707,418	5.9
5,001-5,500	1,341	2.4	7,028,924	5.4
5,501-6,000	1,110	2.0	6,381,963	4.9
6,001-6,500	857	1.5	5,342,141	4.1
6,501-7,000	716	1.3	4,828,711	3.7
7,001-7,500	535	1.0	3,871,945	3.0
7,501-8,000	426	0.8	3,293,231	2.5
8,001-8,500	323	0.6	2,665,682	2.1
8,501-9,000	260	0.5	2,274,356	1.8
9,001-9,500	224	0.4	2,072,409	1.6
9,501-10,000	161	0.3	1,568,709	1.2
10,001+	876	1.6	11,856,082	9.1

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 WASHINGTON, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 20,551
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$50,469,380
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,456

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,290	11.1 %	0	0.0 %
1-500	3,444	16.8	735,628	1.5
501-1,000	2,305	11.2	1,706,086	3.4
1,001-1,500	1,952	9.5	2,433,342	4.8
1,501-2,000	1,710	8.3	2,990,204	5.9
2,001-2,500	1,400	6.8	3,130,523	6.2
2,501-3,000	1,217	5.9	3,336,010	6.6
3,001-3,500	1,053	5.1	3,414,391	6.8
3,501-4,000	879	4.3	3,284,891	6.5
4,001-4,500	717	3.5	3,033,860	6.0
4,501-5,000	630	3.1	2,986,584	5.9
5,001-5,500	483	2.4	2,533,752	5.0
5,501-6,000	446	2.2	2,566,522	5.1
6,001-6,500	352	1.7	2,193,930	4.3
6,501-7,000	300	1.5	2,022,862	4.0
7,001-7,500	240	1.2	1,736,695	3.4
7,501-8,000	180	0.9	1,389,434	2.8
8,001-8,500	152	0.7	1,255,020	2.5
8,501-9,000	108	0.5	943,049	1.9
9,001-9,500	100	0.5	925,739	1.8
9,501-10,000	93	0.5	905,462	1.8
10,001+	500	2.4	6,945,396	13.8

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 WASHINGTON, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 20,155
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$47,858,318
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,375

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,627	8.1%	0	0.0%
1-500	3,156	15.7	720,701	1.5
501-1,000	2,388	11.8	1,774,235	3.7
1,001-1,500	2,088	10.4	2,595,615	5.4
1,501-2,000	1,834	9.1	3,203,789	6.7
2,001-2,500	1,541	7.6	3,461,649	7.2
2,501-3,000	1,367	6.8	3,743,660	7.8
3,001-3,500	1,217	6.0	3,942,996	8.2
3,501-4,000	1,015	5.0	3,807,854	8.0
4,001-4,500	773	3.8	3,278,913	6.9
4,501-5,000	616	3.1	2,917,805	6.1
5,001-5,500	538	2.7	2,817,836	5.9
5,501-6,000	412	2.0	2,367,969	4.9
6,001-6,500	323	1.6	2,011,867	4.2
6,501-7,000	285	1.4	1,922,661	4.0
7,001-7,500	189	0.9	1,367,513	2.9
7,501-8,000	158	0.8	1,223,573	2.6
8,001-8,500	123	0.6	1,014,663	2.1
8,501-9,000	105	0.5	920,365	1.9
9,001-9,500	84	0.4	776,589	1.6
9,501-10,000	45	0.2	438,497	0.9
10,001+	271	1.3	3,549,568	7.4

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 WASHINGTON, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,535
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$31,580,844
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,033

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	818		0	0.0 %
1-500	3,067	19.7	720,260	2.3
501-1,000	2,282	14.7	1,692,397	5.4
1,001-1,500	1,868	12.0	2,318,775	7.3
1,501-2,000	1,467	9.4	2,553,016	8.1
2,001-2,500	1,202	7.7	2,703,658	8.6
2,501-3,000	1,017	6.5	2,791,527	8.8
3,001-3,500	878	5.7	2,840,708	9.0
3,501-4,000	693	4.5	2,591,677	8.2
4,001-4,500	521	3.4	2,210,606	7.0
4,501-5,000	380	2.4	1,803,029	5.7
5,001-5,500	320	2.1	1,677,336	5.3
5,501-6,000	252	1.6	1,447,472	4.6
6,001-6,500	182	1.2	1,136,344	3.6
6,501-7,000	131	0.8	883,188	2.8
7,001-7,500	106	0.7	767,737	2.4
7,501-8,000	88	0.6	680,224	2.2
8,001-8,500	48	0.3	395,999	1.3
8,501-9,000	47	0.3	410,942	1.3
9,001-9,500	40	0.3	370,081	1.2
9,501-10,000	23	0.1	224,750	0.7
10,001+	105	0.7	1,361,118	4.3

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

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 2003.

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

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, WASHINGTON, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	98,714	56,319	41,396	985	14	1,053,837	586,723	458,035	8,923	156	0
Age											
5 and younger	8	0	8	0	0	96	0	96	0	0	0
6-14	14	0	10	0	4	159	0	113	0	46	0
15-20	170	2	152	6	10	1,868	18	1,702	38	110	0
21-44	19,393	1	18,669	723	0	214,190	12	207,500	6,678	0	0
45-64	22,757	82	22,438	237	0	250,925	924	247,906	2,095	0	0
65-74	20,589	20,457	117	15	0	222,588	221,788	703	97	0	0
75-84	20,207	20,201	2	4	0	211,187	211,157	15	15	0	0
85 and older	15,576	15,576	0	0	0	152,824	152,824	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	61,881	40,199	21,039	634	9	662,287	421,411	234,998	5,782	96	0
Male	36,833	16,120	20,357	351	5	391,550	165,312	223,037	3,141	60	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	76,144	41,229	34,227	680	8	809,254	422,653	380,283	6,222	96	0
African American	4,619	1,777	2,762	80	0	49,640	19,142	29,750	748	0	0
Other/unknown	17,951	13,313	4,407	225	6	194,943	144,928	48,002	1,953	60	0
Use of Nursing Facilities^c											
Entire year	9,376	8,566	810	0	0	92,523	83,587	8,936	0	0	0
Part year	7,037	6,116	921	0	0	68,308	58,555	9,753	0	0	0
None	82,301	41,637	39,665	985	14	893,006	444,581	439,346	8,923	156	0
Maintenance Assistance Status											
Cash	49,960	22,870	26,805	285	0	554,538	256,967	294,653	2,918	0	0
Medically needy	1,670	663	1,007	0	0	17,942	7,117	10,825	0	0	0
Poverty related	2,618	1,117	1,366	127	8	25,067	9,865	13,949	1,169	84	0
Other/unknown	44,466	31,669	12,218	573	6	456,290	312,774	138,608	4,836	72	0
Dual Status^d											
Full dual, all year	95,172	54,570	39,632	956	14	1,016,652	568,808	439,074	8,614	156	0
Full dual, part year	3,542	1,749	1,764	29	0	37,185	17,915	18,961	309	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	97,851	56,132	41,155	553	11	1,044,702	584,664	455,316	4,591	131	0
FFS part year, with Rx claims	388	45	198	144	1	4,267	525	2,258	1,474	10	0
FFS part year, no Rx claims	65	12	22	31	0	631	119	227	285	0	0
MC all year, with Rx claims	53	3	2	48	0	550	26	24	500	0	0
MC all year, no Rx claims	357	127	19	209	2	3,687	1,389	210	2,073	15	0

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. 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 = Centers for Medicare & 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^a
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	98,714	1,053,837	98,304	1,047,155	0	6,682
Fee-for-service (FFS) all year	97,851	1,044,702	97,851	1,044,702	0	0
FFS part year, with Rx claims	388	4,267	388	2,199	0	2,068
FFS part year, with no Rx claims	65	631	65	254	0	377
Managed care (MC) all year, with Rx claims	53	550	0	0	0	550
MC all year, with no Rx claims	357	3,687	0	0	0	3,687

Source: Data for this table are from the MAX 2003 file for Washington, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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