

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NEVADA

## LIST OF TABLES

### **OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### **FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### **FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>22,132</b>	<b>13,228</b>	<b>8,621</b>	<b>272</b>	<b>3</b>	<b>8</b>	<b>225,001</b>	<b>134,608</b>	<b>88,731</b>	<b>1,588</b>	<b>17</b>	<b>57</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	8	0	7	0	1	0	75	0	73	0	2	0
15-20	52	0	50	1	1	0	591	0	576	3	12	0
21-44	3,804	1	3,603	200	0	0	37,982	2	36,841	1,139	0	0
45-64	4,362	3	4,297	59	1	2	45,331	21	44,917	366	3	24
65-74	5,628	5,140	470	12	0	6	58,241	53,685	4,443	80	0	33
75-84	5,297	5,159	138	0	0	0	54,227	52,899	1,328	0	0	0
85 and older	2,981	2,925	56	0	0	0	28,554	28,001	553	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	14,545	9,448	4,909	178	2	8	149,252	97,179	50,962	1,049	5	57
Male	7,586	3,780	3,711	94	1	0	75,737	37,429	37,757	539	12	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
<b>Race</b>												
White	14,221	8,033	6,012	166	3	7	142,820	79,486	62,251	1,011	17	55
African American	2,179	841	1,280	58	0	0	22,489	9,036	13,143	310	0	0
Other/unknown	5,732	4,354	1,329	48	0	1	59,692	46,086	13,337	267	0	2
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,210	1,966	244	0	0	0	22,019	19,424	2,595	0	0	0
Part year	1,787	1,534	253	0	0	0	16,369	13,898	2,471	0	0	0
None	18,135	9,728	8,124	272	3	8	186,613	101,286	83,665	1,588	17	57
<b>Maintenance Assistance Status</b>												
Cash	13,980	7,690	6,041	247	2	0	144,955	82,121	61,372	1,457	5	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	754	242	492	12	0	8	7,468	2,525	4,820	66	0	57
Other/unknown	7,398	5,296	2,088	13	1	0	72,578	49,962	22,539	65	12	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	20,650	12,471	7,919	249	3	8	209,877	126,764	81,674	1,365	17	57
Full dual, part year	1,482	757	702	23	0	0	15,124	7,844	7,057	223	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	21,967	13,225	8,555	176	3	8	224,295	134,593	88,331	1,297	17	57
FFS part year, with Rx claims	100	1	44	55	0	0	475	10	287	178	0	0
FFS part year, no Rx claims	65	2	22	41	0	0	231	5	113	113	0	0

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

- 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 2004. 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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>84.4 %</b>	<b>43.4</b>	<b>\$2,543</b>	<b>\$59</b>	<b>\$13,409</b>	<b>19.0 %</b>	<b>22,132</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	87.5	41.4	5,577	135	22,425	24.9	8
15-20	76.9	24.7	2,722	110	17,428	15.6	52
21-44	77.5	29.2	2,788	96	11,655	23.9	3,804
45-64	84.0	52.1	3,701	71	13,577	27.3	4,362
65-74	83.3	42.9	2,198	51	9,328	23.6	5,628
75-84	87.4	45.9	2,159	47	14,266	15.1	5,297
85 and older	90.3	46.0	1,858	40	21,489	8.6	2,981
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	86.7	45.1	2,123	47	14,041	15.1	13,228
Disabled	81.4	41.8	3,230	77	12,749	25.3	8,621
Adults	64.7	15.1	1,250	83	3,693	33.8	272
Children	33.3	28.0	2,455	88	16,734	14.7	3
Unknown	50.0	10.9	413	38	8,478	4.9	8
<b>Gender</b>							
Female	87.3	47.4	2,632	56	13,329	19.7	14,545
Male	78.8	35.8	2,371	66	13,550	17.5	7,586
Unknown	100.0	112.0	13,702	122	116,340	11.8	1
<b>Race</b>							
White	84.9	47.2	2,731	58	15,937	17.1	14,221
African American	83.0	40.5	2,587	64	11,211	23.1	2,179
Other/unknown	83.5	35.3	2,059	58	7,974	25.8	5,732
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.1	74.7	3,156	42	44,668	7.1	2,210
Part year	93.8	57.1	2,545	45	27,451	9.3	1,787
None	81.9	38.3	2,468	65	8,216	30.0	18,135
<b>Maintenance Assistance Status</b>							
Cash	82.8	38.7	2,504	65	6,175	40.5	13,980
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	67.2	17.3	1,023	59	4,547	22.5	754
Other/unknown	89.1	55.1	2,772	50	27,982	9.9	7,398

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>4.3</b>	<b>\$250</b>	<b>19.0 %</b>	<b>15.6 %</b>	<b>17.1 %</b>	<b>11.2 %</b>	<b>26.8 %</b>	<b>22.0 %</b>	<b>7.3 %</b>	<b>\$1,319</b>	<b>22,132</b>	<b>225,001</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	4.4	595	24.9	12.5	0.0	25.0	37.5	25.0	0.0	2,392	8	75
15-20	2.2	240	15.6	23.1	32.7	9.6	21.2	13.5	0.0	1,533	52	591
21-44	2.9	279	23.9	22.5	27.0	12.7	21.7	12.1	4.1	1,167	3,804	37,982
45-64	5.0	356	27.3	16.0	14.8	9.4	25.1	23.9	10.8	1,307	4,362	45,331
65-74	4.1	212	23.6	16.7	17.2	11.6	26.1	21.4	7.0	901	5,628	58,241
75-84	4.5	211	15.1	12.6	13.9	11.0	30.3	25.1	7.1	1,394	5,297	54,227
85 and older	4.8	194	8.6	9.7	13.2	11.3	30.7	27.6	7.5	2,243	2,981	28,554
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.4	209	15.1	13.3	14.8	11.4	28.9	24.4	7.2	1,380	13,228	134,608
Disabled	4.1	314	25.3	18.6	20.5	10.9	23.8	18.6	7.7	1,239	8,621	88,731
Adults	2.6	214	33.8	35.3	21.3	11.4	17.3	12.5	2.2	633	272	1,588
Children	4.9	433	14.7	66.7	0.0	0.0	0.0	33.3	0.0	2,953	3	17
Unknown	1.5	58	4.9	50.0	12.5	12.5	25.0	0.0	0.0	1,190	8	57
<b>Gender</b>												
Female	4.6	257	19.7	12.7	15.4	11.4	27.8	24.4	8.3	1,299	14,545	149,252
Male	3.6	238	17.5	21.2	20.4	10.7	24.9	17.4	5.4	1,357	7,586	75,737
Unknown	9.3	1,142	11.8	0.0	0.0	0.0	0.0	100.0	0.0	9,695	1	12
<b>Race</b>												
White	4.7	272	17.1	15.1	15.3	10.2	26.0	24.3	9.1	1,587	14,221	142,820
African American	3.9	251	23.1	17.0	20.5	11.4	25.2	20.2	5.7	1,086	2,179	22,489
Other/unknown	3.4	198	25.8	16.5	20.3	13.5	29.3	17.0	3.3	766	5,732	59,692
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.5	317	7.1	2.9	4.9	6.2	26.7	39.3	19.9	4,483	2,210	22,019
Part year	6.2	278	9.3	6.2	8.8	8.3	30.2	32.3	14.3	2,997	1,787	16,369
None	3.7	240	30.0	18.1	19.4	12.0	26.4	18.9	5.1	798	18,135	186,613
<b>Maintenance Assistance Status</b>												
Cash	3.7	242	40.5	17.2	19.5	12.3	27.2	18.7	5.1	596	13,980	144,955
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.7	103	22.5	32.8	32.5	12.3	15.1	6.0	1.3	459	754	7,468
Other/unknown	5.6	283	9.9	10.9	11.0	9.0	27.1	29.9	12.1	2,852	7,398	72,578

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

- 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<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.3</b>	<b>\$250</b>	<b>\$59</b>	<b>1.6</b>	<b>\$179</b>	<b>\$109</b>	<b>0.2</b>	<b>\$18</b>	<b>\$93</b>	<b>2.4</b>	<b>\$53</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	4.4	595	135	2.5	548	219	0.1	5	37	1.8	42	24
15-20	2.2	240	110	0.8	193	227	0.1	12	108	1.2	34	28
21-44	2.9	279	96	1.1	204	181	0.2	25	156	1.6	50	31
45-64	5.0	356	71	1.9	244	131	0.2	33	135	2.9	78	27
65-74	4.1	212	51	1.6	154	94	0.2	13	72	2.3	45	20
75-84	4.5	211	47	1.8	153	87	0.2	11	58	2.5	47	18
85 and older	4.8	194	40	1.7	136	81	0.2	10	46	2.9	48	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.4	209	47	1.7	151	89	0.2	12	61	2.5	46	18
Disabled	4.1	314	77	1.5	221	144	0.2	28	137	2.3	64	28
Adults	2.6	214	83	0.9	155	176	0.1	10	110	1.6	49	30
Children	4.9	433	88	2.8	330	117	0.0	0	0	2.1	103	49
Unknown	1.5	58	38	0.5	35	66	0.0	0	0	1.0	23	23
<b>Gender</b>												
Female	4.6	257	56	1.8	180	103	0.2	19	88	2.6	57	22
Male	3.6	238	66	1.4	175	126	0.2	17	108	2.0	46	22
Unknown	9.3	1,142	122	4.7	879	188	2.0	150	75	2.7	114	43
<b>Race</b>												
White	4.7	272	58	1.7	191	111	0.2	20	88	2.7	60	22
African American	3.9	251	64	1.4	171	121	0.2	26	150	2.3	54	23
Other/unknown	3.4	198	58	1.5	152	101	0.1	10	84	1.8	36	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.5	317	42	2.5	220	88	0.4	19	51	4.6	78	17
Part year	6.2	278	45	2.1	192	90	0.3	18	59	3.8	68	18
None	3.7	240	65	1.5	173	116	0.2	18	110	2.1	49	24
<b>Maintenance Assistance Status</b>												
Cash	3.7	242	65	1.5	174	115	0.2	18	116	2.1	49	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.7	103	59	0.6	71	112	0.1	9	106	1.0	24	23
Other/unknown	5.6	283	50	2.0	199	101	0.3	19	67	3.4	65	19

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

- 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 Nevada, 0.2 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.medispain.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users <sup>e</sup>		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$25	\$2	\$5	\$93	\$172	\$138	\$28	41,311	\$3,853,221	10,905	49.3 %	119,349
Biologicals	0.1	0.1	0.0	0.1	104	1	0	103	751	15	45	1,578	427	320,867	273	1.2	3,091
Antineoplastic Agents	0.5	0.1	0.0	0.4	65	34	0	31	135	484	136	76	4,299	581,509	878	4.0	8,941
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	43	32	2	8	43	79	27	17	100,501	4,355,127	9,445	42.7	102,469
Cardiovascular Agents	1.7	0.6	0.0	1.0	64	47	2	15	37	72	43	15	238,958	8,910,676	13,042	58.9	139,631
Respiratory Agents	0.8	0.5	0.0	0.3	46	40	0	6	59	82	46	21	72,973	4,337,982	8,608	38.9	94,272
Gastrointestinal Agents	0.7	0.2	0.0	0.5	33	23	2	9	49	145	63	17	57,128	2,820,780	7,805	35.3	84,506
Genitourinary Agents	0.5	0.3	0.0	0.1	32	27	1	3	65	82	54	24	16,470	1,066,563	3,045	13.8	33,581
CNS Drugs	1.2	0.5	0.0	0.7	93	74	4	15	76	147	83	22	140,493	10,738,662	10,790	48.8	115,281
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	69	57	2	11	133	162	105	70	1,286	170,956	219	1.0	2,477
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	109	109	0	1	152	154	107	42	11,471	1,738,018	1,547	7.0	15,886
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	63	34	9	20	74	163	469	31	106,451	7,858,442	11,586	52.3	125,104
Neuromuscular Agents	0.9	0.2	0.2	0.5	63	30	18	16	70	133	113	30	63,110	4,428,180	6,499	29.4	70,360
Nutritional Products	0.6	0.0	0.0	0.6	9	1	0	9	16	49	15	15	25,444	402,229	4,028	18.2	42,590
Hematological Agents	0.8	0.3	0.1	0.5	51	42	2	6	60	131	38	13	40,330	2,427,069	4,536	20.5	47,879
Topical Products	0.4	0.2	0.0	0.2	23	16	2	5	52	81	57	26	38,089	1,998,093	7,920	35.8	87,317
Miscellaneous Products	0.4	0.2	0.0	0.3	62	49	5	8	140	326	196	31	1,737	242,749	370	1.7	3,921
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	27	0	0	0	1,107	29,564	389	1.8	4,394
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>961,585</b>	<b>56,280,687</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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.medispan.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 Nevada, 0.2 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.medispan.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 2004.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,469,000	4,975	22.5 %	53,654	0.6	\$188	\$121
ANALGESICS - Narcotic	5,451,121	13,914	62.9	151,416	0.5	76	36
ANTIHYPERTENSIVE	3,626,765	6,195	28.0	68,880	0.6	85	53
ANTICONVULSANT	3,465,601	5,149	23.3	55,792	0.7	87	62
ANTIDEPRESSANTS	3,118,550	8,602	38.9	92,754	0.6	53	34
ANTIASTHMATIC	2,568,552	8,311	37.6	90,786	0.4	63	28
ANTIDIABETIC	2,535,477	6,716	30.3	72,474	0.7	52	35
ANTIHYPERTENSIVE	2,199,429	10,228	46.2	111,043	0.6	32	20
ANALGESICS - ANTI-INFLAMMATORY	1,939,783	6,310	28.5	70,847	0.4	73	27
ULCER DRUGS	1,759,340	7,730	34.9	84,545	0.5	42	21
Total	33,133,618	78,130		852,191	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>472,744</b>	<b>\$33,133,618</b>	<b>4,975</b>	<b>22.5 %</b>	<b>53,654</b>	<b>0.6</b>	<b>\$121</b>	<b>13,914</b>	<b>62.9 %</b>	<b>151,416</b>	<b>0.5</b>	<b>\$36</b>
<b>Female</b>	332,859	22,445,541	3,046	20.9	32,961	0.6	106	10,059	69.2	109,893	0.5	34
<b>Disabled</b>	125,096	10,808,553	1,465	29.8	16,449	0.6	127	4,368	89.0	48,780	0.5	51
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	60	2,786	0	0.0	0	0.0	0	2	33.3	24	0.1	1
15-20	280	23,423	7	36.8	84	0.3	68	10	52.6	119	0.1	2
21-44	32,541	3,366,545	647	37.0	7,233	0.6	130	1,382	79.0	15,338	0.5	50
45-64	83,482	6,911,597	763	28.2	8,630	0.6	128	2,679	99.2	30,185	0.6	55
65-74	6,219	371,481	34	11.7	350	0.5	62	211	72.5	2,269	0.5	24
75-84	1,519	91,067	7	7.2	69	0.6	96	54	55.7	541	0.3	10
85 and older	995	41,654	7	15.2	83	0.7	52	30	65.2	304	0.7	22
<b>Other Eligibles</b>	207,763	11,636,988	1,581	16.4	16,512	0.6	85	5,691	59.1	61,113	0.4	21
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	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	970	73,835	20	14.0	173	0.4	95	95	66.4	643	0.6	39
45-64	524	89,770	8	22.9	96	0.3	48	28	80.0	295	0.7	217
65-74	78,572	4,831,786	419	12.3	4,614	0.6	101	2,083	61.4	23,292	0.4	21
75-84	82,311	4,519,213	610	16.6	6,340	0.6	83	2,172	59.2	23,572	0.5	22
85 and older	45,386	2,122,384	524	21.9	5,289	0.6	75	1,313	54.9	13,311	0.4	14
<b>Male</b>	139,814	10,675,993	1,926	25.4	20,657	0.7	144	3,855	50.8	41,523	0.5	40
<b>Disabled</b>	67,762	6,716,509	1,275	34.4	14,386	0.7	171	2,002	53.9	21,872	0.5	57
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	19	1,521	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	183	17,722	4	12.9	48	0.5	108	13	41.9	152	0.3	19
21-44	26,346	3,127,916	720	38.8	8,124	0.7	171	883	47.6	9,688	0.4	53
45-64	37,756	3,359,067	518	32.5	5,862	0.8	178	1,012	63.4	11,051	0.6	64
65-74	2,613	153,845	22	12.3	244	0.5	43	80	44.7	853	0.5	24
75-84	759	51,181	11	26.8	108	0.6	91	13	31.7	120	0.4	32
85 and older	86	5,257	0	0.0	0	0.0	0	1	10.0	8	0.5	5
<b>Other Eligibles</b>	72,052	3,959,484	651	16.8	6,271	0.6	83	1,853	47.8	19,651	0.4	21
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	0.0	0
15-20	72	7,244	1	100.0	12	1.0	188	0	0.0	0	0.0	0
21-44	419	33,094	12	20.7	107	0.2	27	31	53.4	215	0.5	59
45-64	279	17,568	0	0.0	0	0.0	0	19	63.3	161	0.6	49
65-74	33,956	2,000,838	224	12.7	2,321	0.6	95	926	52.5	10,168	0.4	27
75-84	28,685	1,513,165	279	18.7	2,608	0.6	83	668	44.9	7,036	0.4	14
85 and older	8,641	387,575	135	25.4	1,223	0.7	64	209	39.3	2,071	0.4	11
<b>Unknown</b>	71	12,084	3	300.0	36	0.8	191	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. 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 2004. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,195</b>	<b>28.0 %</b>	<b>68,880</b>	<b>0.6</b>	<b>\$53</b>	<b>5,149</b>	<b>23.3 %</b>	<b>55,792</b>	<b>0.7</b>	<b>\$62</b>	<b>8,602</b>	<b>38.9 %</b>	<b>92,754</b>	<b>0.6</b>	<b>\$34</b>
<b>Female</b>	4,354	29.9	48,639	0.6	53	3,414	23.5	36,903	0.7	59	6,349	43.7	68,917	0.6	34
<b>Disabled</b>	1,256	25.6	14,123	0.6	51	1,745	35.5	19,241	0.7	75	2,940	59.9	32,684	0.6	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	1	16.7	12	0.8	68
15-20	1	5.3	11	0.8	58	7	36.8	84	0.5	70	10	52.6	120	0.5	35
21-44	189	10.8	2,122	0.5	43	676	38.7	7,452	0.7	84	978	55.9	10,692	0.6	36
45-64	920	34.1	10,407	0.6	53	989	36.6	10,918	0.7	71	1,812	67.1	20,370	0.6	37
65-74	115	39.5	1,232	0.5	48	46	15.8	512	0.6	46	106	36.4	1,153	0.6	28
75-84	25	25.8	283	0.5	49	14	14.4	155	0.7	55	19	19.6	193	0.6	41
85 and older	6	13.0	68	0.8	59	13	28.3	120	0.6	35	14	30.4	144	0.9	20
<b>Other Eligibles</b>	3,098	32.2	34,516	0.6	54	1,669	17.3	17,662	0.7	41	3,409	35.4	36,233	0.7	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	3.5	33	0.5	34	33	23.1	216	0.5	55	64	44.8	476	0.4	27
45-64	6	17.1	70	0.4	36	11	31.4	110	0.6	62	13	37.1	139	0.6	36
65-74	1,439	42.4	16,193	0.6	54	625	18.4	7,000	0.6	47	1,127	33.2	12,585	0.6	33
75-84	1,281	34.9	14,279	0.6	54	616	16.8	6,517	0.7	40	1,277	34.8	13,733	0.7	30
85 and older	367	15.3	3,941	0.6	50	384	16.0	3,819	0.7	33	928	38.8	9,300	0.7	31
<b>Male</b>	1,841	24.3	20,241	0.6	53	1,733	22.8	18,865	0.8	68	2,252	29.7	23,825	0.6	34
<b>Disabled</b>	679	18.3	7,487	0.6	52	1,099	29.6	12,301	0.8	81	1,234	33.3	13,588	0.6	38
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	3	9.7	36	0.7	109	3	9.7	36	0.6	52
21-44	175	9.4	1,966	0.6	48	569	30.7	6,402	0.8	85	600	32.4	6,636	0.6	38
45-64	448	28.1	4,942	0.6	52	497	31.2	5,557	0.9	78	585	36.7	6,422	0.7	37
65-74	42	23.5	435	0.7	75	20	11.2	203	0.7	65	34	19.0	364	0.8	41
75-84	14	34.1	144	0.5	44	9	22.0	95	0.6	44	12	29.3	130	0.7	41
85 and older	0	0.0	0	0.0	0	1	10.0	8	1.4	68	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,162	30.0	12,754	0.6	53	634	16.4	6,564	0.7	44	1,018	26.3	10,237	0.6	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	2	200.0	24	1.0	79	1	100.0	12	1.0	121	1	100.0	12	1.0	118
21-44	6	10.3	37	0.5	55	11	19.0	87	0.6	80	22	37.9	150	0.4	27
45-64	7	23.3	51	0.3	26	5	16.7	29	0.8	101	11	36.7	98	0.4	19
65-74	641	36.3	7,171	0.6	52	300	17.0	3,170	0.7	48	405	22.9	4,349	0.6	29
75-84	427	28.7	4,648	0.7	54	240	16.1	2,487	0.7	42	396	26.6	3,918	0.7	30
85 and older	79	14.8	823	0.7	55	77	14.5	779	0.6	27	183	34.4	1,710	0.6	25
<b>Unknown</b>	0	0.0	0	0.0	0	2	200.0	24	1.2	174	1	100.0	12	1.1	85

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. 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 2004. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>8,311</b>	<b>37.6 %</b>	<b>90,786</b>	<b>0.4</b>	<b>\$28</b>	<b>6,716</b>	<b>30.3 %</b>	<b>72,474</b>	<b>0.7</b>	<b>\$35</b>	<b>10,228</b>	<b>46.2 %</b>	<b>111,043</b>	<b>0.6</b>	<b>\$20</b>
<b>Female</b>	5,983	41.1	65,817	0.4	28	4,626	31.8	50,322	0.7	35	7,171	49.3	78,222	0.6	21
<b>Disabled</b>	2,314	47.1	25,898	0.5	32	1,291	26.3	14,212	0.7	41	1,632	33.2	17,898	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	33.3	24	0.3	3	0	0.0	0	0.0	0	3	50.0	36	0.7	34
15-20	5	26.3	60	0.3	17	3	15.8	36	0.5	45	4	21.1	47	0.8	13
21-44	537	30.7	5,981	0.4	28	230	13.2	2,510	0.6	42	258	14.8	2,742	0.5	16
45-64	1,577	58.4	17,839	0.5	33	923	34.2	10,232	0.7	42	1,141	42.2	12,683	0.6	21
65-74	156	53.6	1,629	0.5	36	98	33.7	1,055	0.6	33	158	54.3	1,698	0.6	22
75-84	27	27.8	279	0.6	42	29	29.9	291	0.7	33	48	49.5	465	0.7	21
85 and older	10	21.7	86	0.3	16	8	17.4	88	0.6	34	20	43.5	227	0.8	24
<b>Other Eligibles</b>	3,669	38.1	39,919	0.4	26	3,335	34.6	36,110	0.7	33	5,539	57.5	60,324	0.6	21
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	20	14.0	158	0.4	20	7	4.9	34	0.6	22	13	9.1	76	0.4	9
45-64	9	25.7	98	0.2	7	7	20.0	73	0.4	17	6	17.1	71	0.5	17
65-74	1,468	43.3	16,516	0.5	30	1,475	43.5	16,373	0.7	35	1,996	58.8	22,320	0.6	21
75-84	1,335	36.4	14,545	0.4	25	1,332	36.3	14,371	0.7	32	2,251	61.3	24,566	0.6	21
85 and older	837	35.0	8,602	0.4	19	514	21.5	5,259	0.7	29	1,273	53.2	13,291	0.7	19
<b>Male</b>	2,328	30.7	24,969	0.5	29	2,090	27.6	22,152	0.7	35	3,057	40.3	32,821	0.6	18
<b>Disabled</b>	830	22.4	9,195	0.4	28	727	19.6	7,954	0.6	39	989	26.7	10,744	0.6	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	2	200.0	20	0.8	74
15-20	7	22.6	84	0.3	25	0	0.0	0	0.0	0	4	12.9	44	0.6	34
21-44	298	16.1	3,271	0.4	28	173	9.3	1,948	0.6	41	259	14.0	2,827	0.5	16
45-64	461	28.9	5,132	0.5	28	477	29.9	5,193	0.7	39	610	38.2	6,669	0.6	18
65-74	46	25.7	518	0.5	35	55	30.7	566	0.5	28	78	43.6	835	0.6	18
75-84	14	34.1	148	0.2	19	21	51.2	239	0.6	30	29	70.7	282	0.6	20
85 and older	4	40.0	42	0.4	53	1	10.0	8	1.1	47	7	70.0	67	0.4	8
<b>Other Eligibles</b>	1,498	38.7	15,774	0.5	29	1,363	35.2	14,198	0.7	32	2,068	53.4	22,077	0.6	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.0	18
21-44	9	15.5	61	0.6	35	5	8.6	23	0.7	18	9	15.5	70	0.7	19
45-64	7	23.3	42	0.5	20	7	23.3	47	0.6	25	8	26.7	61	0.4	16
65-74	652	36.9	7,139	0.5	29	687	38.9	7,324	0.6	33	989	56.0	10,836	0.6	18
75-84	649	43.6	6,791	0.5	30	508	34.1	5,255	0.7	33	811	54.5	8,630	0.6	18
85 and older	181	34.0	1,741	0.4	24	156	29.3	1,549	0.7	28	250	47.0	2,468	0.7	16
<b>Unknown</b>	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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. 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 2004. 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); 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ULCER DRUGS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>6,310</b>	<b>28.5 %</b>	<b>70,847</b>	<b>0.4</b>	<b>\$27</b>	<b>7,730</b>	<b>34.9 %</b>	<b>84,545</b>	<b>0.5</b>	<b>\$21</b>	<b>22,132</b>	<b>225,001</b>
<b>Female</b>	4,686	32.2	52,845	0.4	30	5,586	38.4	61,594	0.5	21	14,545	149,252
<b>Disabled</b>	1,763	35.9	20,008	0.4	31	1,787	36.4	20,132	0.4	24	4,909	50,962
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	3	50.0	32	0.5	21	6	63
6-14	4	21.1	48	0.3	6	8	42.1	96	0.4	34	19	224
15-20	547	31.3	6,177	0.3	24	414	23.7	4,652	0.4	20	1,749	17,993
21-44	1,071	39.7	12,270	0.4	34	1,214	44.9	13,794	0.5	26	2,701	28,491
45-64	103	35.4	1,096	0.4	24	100	34.4	1,073	0.4	22	291	2,792
65-74	24	24.7	263	0.5	41	27	27.8	261	0.5	27	97	929
75-84	14	30.4	154	0.6	32	21	45.7	224	0.5	21	46	470
85 and older	2,923	30.3	32,837	0.4	30	3,799	39.4	41,462	0.5	19	9,636	98,290
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
15-20	29	20.3	226	0.3	7	14	9.8	99	0.3	6	143	815
21-44	11	31.4	121	0.3	26	8	22.9	63	0.2	11	35	256
45-64	1,204	35.5	13,752	0.4	31	1,368	40.3	15,425	0.5	21	3,393	35,884
65-74	1,148	31.3	13,033	0.4	29	1,459	39.8	15,995	0.5	19	3,670	38,146
75-84	531	22.2	5,705	0.5	30	950	39.7	9,880	0.6	19	2,393	23,184
85 and older												
<b>Male</b>	1,624	21.4	18,002	0.3	20	2,144	28.3	22,951	0.5	20	7,586	75,737
<b>Disabled</b>	782	21.1	8,715	0.3	15	865	23.3	9,602	0.5	23	3,711	37,757
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	1	100.0	10	0.4	4	1	10
6-14	2	6.5	24	0.2	1	3	9.7	34	0.4	8	31	352
15-20	354	19.1	3,906	0.2	9	340	18.3	3,815	0.5	23	1,854	18,848
21-44	379	23.8	4,275	0.4	21	472	29.6	5,230	0.6	24	1,595	16,414
45-64	33	18.4	366	0.3	17	34	19.0	355	0.5	22	179	1,651
65-74	12	29.3	120	0.3	22	12	29.3	135	0.4	26	41	399
75-84	2	20.0	24	0.5	62	3	30.0	23	0.3	3	10	83
85 and older	842	21.7	9,287	0.4	24	1,279	33.0	13,349	0.5	18	3,875	37,980
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	12
15-20	16	27.6	115	0.3	4	7	12.1	46	0.5	6	58	326
21-44	7	23.3	59	0.3	7	5	16.7	28	0.3	8	30	158
45-64	402	22.8	4,528	0.3	24	577	32.7	6,298	0.5	17	1,765	17,914
65-74	340	22.8	3,782	0.3	24	494	33.2	5,110	0.6	20	1,489	14,753
75-84	77	14.5	803	0.4	24	196	36.8	1,867	0.6	18	532	4,817
85 and older												
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

- 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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

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
<b>All</b>	<b>\$317</b>	<b>7.5</b>	<b>2,210</b>	<b>22,019</b>
<b>Age</b>				
0-64	577	10.0	208	2,270
65-74	381	8.2	326	3,367
75-84	309	7.6	780	7,773
85 and older	230	6.4	896	8,609
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	304	7.4	1,555	15,622
Male	349	7.6	655	6,397
Unknown	0	0.0	0	0
<b>Race</b>				
White	313	7.5	1,930	19,084
African American	328	7.1	80	898
Other/unknown	351	7.6	200	2,037
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	286	7.2	1,966	19,424
Disabled	545	10.1	244	2,595
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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$25	\$15	\$3	\$7	\$60	\$100	\$173	\$27	5,799	\$348,162	1,338	60.5 %	14,024
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	18	15	24	30	141	2,555	138	6.2	1,553
Antineoplastic Agents	0.5	0.0	0.0	0.5	68	29	0	39	126	726	0	78	1,053	132,569	202	9.1	1,950
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	44	33	2	9	33	69	18	12	14,585	485,353	1,065	48.2	10,918
Cardiovascular Agents	2.1	0.5	0.1	1.6	48	26	2	20	23	57	34	12	35,711	803,840	1,646	74.5	16,758
Respiratory Agents	0.8	0.4	0.0	0.4	38	30	0	8	47	78	15	18	8,064	376,063	943	42.7	9,876
Gastrointestinal Agents	1.2	0.2	0.0	0.9	32	17	2	13	28	85	37	15	12,944	359,982	1,084	49.0	11,201
Genitourinary Agents	0.6	0.4	0.0	0.2	36	29	1	5	56	74	44	23	3,058	170,167	448	20.3	4,736
CNS Drugs	1.6	0.8	0.1	0.8	102	81	5	15	62	103	52	21	27,128	1,691,574	1,628	73.7	16,611
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.4	79	74	0	5	93	160	0	12	82	7,659	10	0.5	97
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	126	126	0	0	122	122	0	37	4,668	571,310	457	20.7	4,543
Analgesics and Anesthetics	1.2	0.4	0.0	0.8	45	31	1	13	37	80	84	16	15,001	558,267	1,218	55.1	12,449
Neuromuscular Agents	1.4	0.4	0.3	0.8	73	30	19	24	53	84	76	31	12,464	662,364	858	38.8	9,029
Nutritional Products	0.8	0.0	0.0	0.8	12	1	0	11	14	42	9	14	7,072	101,425	817	37.0	8,331
Hematological Agents	1.4	0.4	0.1	0.9	63	53	2	8	44	118	17	9	10,734	468,217	742	33.6	7,473
Topical Products	0.5	0.2	0.0	0.3	18	11	2	5	36	58	47	20	6,227	225,789	1,145	51.8	12,379
Miscellaneous Products	0.3	0.0	0.0	0.2	7	4	0	3	26	115	88	12	285	7,520	97	4.4	1,059
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	19	0	0	0	100	1,930	31	1.4	342
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.	165,116	6,974,746	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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.medspan.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 Nevada, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,047,554	997	45.1 %	10,359	0.8	\$133	\$101
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	571,566	539	24.4	5,390	0.9	122	106
ANTIDEPRESSANTS	539,276	1,316	59.5	13,696	0.9	44	39
ANTICONVULSANT	518,468	830	37.6	8,917	1.0	57	58
ANALGESICS - Narcotic	394,666	1,345	60.9	13,606	0.9	34	29
ANTIDIABETIC	280,992	784	35.5	8,051	0.9	39	35
MISC. HEMATOLOGICAL	268,287	318	14.4	3,271	0.9	88	82
ULCER DRUGS	259,685	1,133	51.3	11,829	0.8	27	22
ANTIHYPERTENSIVE	215,955	1,144	51.8	11,807	0.8	22	18
ANTIASTHMATIC	215,260	968	43.8	10,145	0.5	42	21
Total	4,311,709	9,374		97,071	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>80,598</b>	<b>\$4,311,709</b>	<b>997</b>	<b>45.1 %</b>	<b>10,359</b>	<b>0.8</b>	<b>\$101</b>	<b>539</b>	<b>24.4 %</b>	<b>5,390</b>	<b>0.9</b>	<b>\$106</b>
<b>Female</b>	55,039	2,910,691	648	41.7	6,809	0.7	96	383	24.6	3,911	0.9	113
<b>Disabled</b>	5,772	388,548	51	44.3	581	0.7	116	18	15.7	206	1.3	391
64 or younger	5,035	359,841	44	46.8	508	0.7	119	14	14.9	168	1.4	461
65-74	180	8,026	3	42.9	25	0.5	70	0	0.0	0	0.0	0
75-84	155	8,563	1	16.7	12	0.9	256	1	16.7	2	1.0	38
85 and older	402	12,118	3	37.5	36	0.8	68	3	37.5	36	0.9	82
<b>Other Eligibles</b>	49,267	2,522,143	597	41.5	6,228	0.7	94	365	25.3	3,705	0.9	98
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,734	530,873	114	64.4	1,226	0.7	124	42	23.7	360	0.9	142
75-84	20,656	1,045,987	245	46.6	2,584	0.8	88	147	27.9	1,540	0.9	96
85 and older	19,877	945,283	238	32.3	2,418	0.7	85	176	23.9	1,805	0.9	90
<b>Male</b>	25,559	1,401,018	349	53.3	3,550	0.8	111	156	23.8	1,479	0.8	87
<b>Disabled</b>	7,695	509,559	97	75.2	1,070	0.9	147	14	10.9	139	0.8	160
64 or younger	7,066	472,987	84	74.3	934	1.0	162	8	7.1	88	0.8	206
65-74	505	28,196	10	90.9	116	0.6	38	4	36.4	38	0.8	58
75-84	123	8,235	3	75.0	20	0.9	81	1	25.0	12	0.9	147
85 and older	1	141	0	0.0	0	0.0	0	1	100.0	1	1.0	141
<b>Other Eligibles</b>	17,864	891,459	252	47.9	2,480	0.8	96	142	27.0	1,340	0.8	80
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,213	296,520	72	55.0	776	0.8	119	30	22.9	332	0.7	88
75-84	8,526	419,013	119	48.8	1,137	0.7	95	75	30.7	671	0.8	85
85 and older	4,125	175,926	61	40.4	567	0.8	66	37	24.5	337	0.7	62
<b>Unknown</b>	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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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 2004 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.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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 \$
<b>All</b>	<b>1,316</b>	<b>59.5 %</b>	<b>13,696</b>	<b>0.9</b>	<b>\$39</b>	<b>830</b>	<b>37.6 %</b>	<b>8,917</b>	<b>1.0</b>	<b>\$58</b>	<b>1,345</b>	<b>60.9 %</b>	<b>13,606</b>	<b>0.9</b>	<b>\$29</b>
<b>Female</b>	941	60.5	9,864	0.9	40	537	34.5	5,761	1.0	55	987	63.5	10,036	0.8	27
<b>Disabled</b>	90	78.3	979	0.9	48	83	72.2	929	1.2	92	98	85.2	1,075	1.1	33
64 or younger	80	85.1	894	0.8	50	79	84.0	903	1.2	94	84	89.4	950	1.0	32
65-74	3	42.9	20	0.8	32	1	14.3	1	2.0	26	3	42.9	29	2.4	99
75-84	3	50.0	17	0.6	21	0	0.0	0	0.0	0	6	100.0	36	0.7	21
85 and older	4	50.0	48	1.9	34	3	37.5	25	0.7	31	5	62.5	60	1.8	25
<b>Other Eligibles</b>	851	59.1	8,885	0.9	39	454	31.5	4,832	1.0	48	889	61.7	8,961	0.8	26
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	122	68.9	1,328	0.9	42	115	65.0	1,285	1.0	60	129	72.9	1,392	0.9	31
75-84	329	62.5	3,525	0.9	40	190	36.1	2,020	1.0	45	323	61.4	3,334	0.9	33
85 and older	400	54.3	4,032	0.9	37	149	20.2	1,527	0.8	41	437	59.4	4,235	0.6	18
<b>Male</b>	375	57.3	3,832	0.9	38	293	44.7	3,156	1.1	64	358	54.7	3,570	1.0	36
<b>Disabled</b>	89	69.0	955	1.1	44	119	92.2	1,333	1.2	83	81	62.8	850	1.6	85
64 or younger	79	69.9	849	1.1	44	111	98.2	1,255	1.2	81	74	65.5	786	1.7	89
65-74	9	81.8	94	1.2	35	7	63.6	74	1.0	122	7	63.6	64	0.8	34
75-84	1	25.0	12	1.1	80	1	25.0	4	1.3	75	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
<b>Other Eligibles</b>	286	54.4	2,877	0.9	36	174	33.1	1,823	1.0	50	277	52.7	2,720	0.7	21
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	80	61.1	865	0.9	41	61	46.6	631	1.0	60	69	52.7	644	1.0	31
75-84	128	52.5	1,286	0.9	35	82	33.6	854	0.9	50	127	52.0	1,279	0.7	18
85 and older	78	51.7	726	0.8	33	31	20.5	338	0.8	31	81	53.6	797	0.6	17
<b>Unknown</b>	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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL					ULCER DRUGS				
	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 \$
<b>All</b>	<b>784</b>	<b>35.5 %</b>	<b>8,051</b>	<b>0.9</b>	<b>\$35</b>	<b>318</b>	<b>14.4 %</b>	<b>3,271</b>	<b>0.9</b>	<b>\$82</b>	<b>1,133</b>	<b>51.3 %</b>	<b>11,829</b>	<b>0.8</b>	<b>\$22</b>
<b>Female</b>	506	32.5	5,180	0.9	35	211	13.6	2,169	0.9	83	775	49.8	8,226	0.8	21
<b>Disabled</b>	50	43.5	531	1.0	44	16	13.9	182	0.9	76	64	55.7	705	0.8	20
64 or younger	46	48.9	521	1.0	45	9	9.6	108	0.9	78	51	54.3	588	0.8	21
65-74	0	0.0	0	0.0	0	2	28.6	24	0.6	71	7	100.0	69	0.7	11
75-84	3	50.0	6	0.8	23	3	50.0	26	0.9	68	4	66.7	24	0.3	21
85 and older	1	12.5	4	1.3	19	2	25.0	24	1.0	80	2	25.0	24	1.0	13
<b>Other Eligibles</b>	456	31.7	4,649	0.9	34	195	13.5	1,987	0.9	84	711	49.4	7,521	0.8	21
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	117	66.1	1,253	0.8	34	33	18.6	349	0.9	98	106	59.9	1,147	0.8	22
75-84	184	35.0	1,863	1.0	38	86	16.3	883	0.9	86	265	50.4	2,833	0.8	21
85 and older	155	21.1	1,533	0.9	29	76	10.3	755	0.8	75	340	46.2	3,541	0.8	21
<b>Male</b>	278	42.4	2,871	0.9	35	107	16.3	1,102	1.0	80	358	54.7	3,603	0.9	24
<b>Disabled</b>	51	39.5	551	1.0	55	20	15.5	226	1.4	99	77	59.7	820	1.1	31
64 or younger	49	43.4	529	1.0	56	15	13.3	174	1.5	93	71	62.8	750	1.1	32
65-74	2	18.2	22	0.8	30	3	27.3	36	1.0	122	4	36.4	46	1.1	15
75-84	0	0.0	0	0.0	0	2	50.0	16	0.9	110	2	50.0	24	0.8	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	227	43.2	2,320	0.9	30	87	16.5	876	0.9	75	281	53.4	2,783	0.8	22
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	60	45.8	628	0.8	32	20	15.3	211	0.9	83	74	56.5	799	0.8	22
75-84	106	43.4	1,077	0.9	28	44	18.0	441	0.9	75	128	52.5	1,262	0.9	22
85 and older	61	40.4	615	0.9	31	23	15.2	224	0.9	68	79	52.3	722	0.7	25
<b>Unknown</b>	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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>1,144</b>	<b>51.8 %</b>	<b>11,807</b>	<b>0.8</b>	<b>\$18</b>	<b>968</b>	<b>43.8 %</b>	<b>10,145</b>	<b>0.5</b>	<b>\$21</b>	<b>2,210</b>	<b>22,019</b>
<b>Female</b>	798	51.3	8,289	0.9	19	666	42.8	7,089	0.5	21	1,555	15,622
<b>Disabled</b>	42	36.5	465	0.9	25	50	43.5	564	0.5	17	115	1,227
64 or younger	34	36.2	402	0.8	26	40	42.6	464	0.5	17	94	1,057
65-74	1	14.3	12	0.9	12	3	42.9	28	0.3	7	7	58
75-84	5	83.3	27	1.0	22	3	50.0	24	1.8	55	6	44
85 and older	2	25.0	24	2.7	18	4	50.0	48	0.1	2	8	68
<b>Other Eligibles</b>	756	52.5	7,824	0.8	19	616	42.8	6,525	0.5	21	1,440	14,395
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	111	62.7	1,183	0.8	24	102	57.6	1,097	0.5	20	177	1,849
75-84	295	56.1	3,050	0.9	18	236	44.9	2,554	0.6	26	526	5,374
85 and older	350	47.6	3,591	0.8	18	278	37.8	2,874	0.4	17	736	7,166
<b>Male</b>	346	52.8	3,518	0.8	16	302	46.1	3,056	0.6	23	655	6,397
<b>Disabled</b>	50	38.8	545	0.9	22	54	41.9	589	0.6	27	129	1,368
64 or younger	40	35.4	445	0.9	23	48	42.5	519	0.7	28	113	1,207
65-74	6	54.5	68	0.6	8	3	27.3	34	0.4	24	11	120
75-84	4	100.0	32	1.1	34	3	75.0	36	0.2	16	4	40
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
<b>Other Eligibles</b>	296	56.3	2,973	0.8	15	248	47.1	2,467	0.5	22	526	5,029
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	76	58.0	797	0.8	14	59	45.0	656	0.6	23	131	1,340
75-84	156	63.9	1,562	0.8	15	129	52.9	1,265	0.5	24	244	2,315
85 and older	64	42.4	614	0.9	15	60	39.7	546	0.4	15	151	1,374
<b>Unknown</b>	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 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A total of 1,787 beneficiaries who were in nursing facilities for part of their enrollment and their 16,369 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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<sup>a,b</sup>  
NEVADA, 2004

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>11,209</b>	<b>50.6 %</b>	<b>4.5</b>	<b>100,523</b>	<b>\$86</b>	<b>\$1,895,897</b>	<b>\$19</b>	<b>3.4 %</b>	<b>22,132</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	6	75.0	8.8	70	170	1,356	19	3.0	8
15-20	23	44.2	3.2	168	56	2,922	17	2.1	52
21-44	1,575	41.4	3.5	13,214	100	382,080	29	3.6	3,804
45-64	2,380	54.6	5.7	24,777	142	619,810	25	3.8	4,362
65-74	2,716	48.3	3.9	22,018	59	331,186	15	2.7	5,628
75-84	2,799	52.8	4.6	24,251	66	351,381	14	3.1	5,297
85 and older	1,710	57.4	5.4	16,025	69	207,162	13	3.7	2,981
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	6,929	52.4	4.5	59,986	65	857,187	14	3.1	13,228
Disabled	4,195	48.7	4.7	40,103	120	1,031,546	26	3.7	8,621
Adults	84	30.9	1.6	431	26	7,140	17	2.1	272
Children	0	0.0	0.0	0	0	0	0	0.0	3
Unknown	1	12.5	0.4	3	3	24	8	0.7	8
<b>Gender</b>									
Female	7,960	54.7	5.0	73,029	98	1,421,852	19	3.7	14,545
Male	3,248	42.8	3.6	27,475	62	473,626	17	2.6	7,586
Unknown	1	100.0	19.0	19	419	419	22	3.1	1
<b>Race</b>									
White	7,442	52.3	5.2	73,484	95	1,350,557	18	3.5	14,221
African American	1,063	48.8	4.2	9,138	68	147,746	16	2.6	2,179
Other/unknown	2,704	47.2	3.1	17,901	69	397,594	22	3.4	5,732
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,435	64.9	7.7	17,042	97	213,304	13	3.1	2,210
Part year	1,229	68.8	6.2	11,138	90	160,249	14	3.5	1,787
None	8,545	47.1	4.0	72,343	84	1,522,344	21	3.4	18,135
<b>Maintenance Assistance Status</b>									
Cash	6,602	47.2	3.7	51,030	85	1,184,792	23	3.4	13,980
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	243	32.2	1.5	1,094	22	16,726	15	2.2	754
Other/unknown	4,364	59.0	6.5	48,399	94	694,379	14	3.4	7,398

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a,b</sup>  
NEVADA, 2004

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
<b>All</b>	<b>0.4</b>	<b>\$8</b>	<b>\$19</b>	<b>\$0</b>	<b>\$2</b>	<b>225,001</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	0.9	18	19	0	0	75
15-20	0.3	5	17	1	0	591
21-44	0.3	10	29	0	3	37,982
45-64	0.5	14	25	0	4	45,331
65-74	0.4	6	15	0	2	58,241
75-84	0.4	6	14	0	2	54,227
85 and older	0.6	7	13	0	2	28,554
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	6	14	0	2	134,608
Disabled	0.5	12	26	0	3	88,731
Adults	0.3	4	17	0	2	1,588
Children	0.0	0	0	0	0	17
Unknown	0.1	0	8	0	0	57
<b>Gender</b>						
Female	0.5	10	19	0	2	149,252
Male	0.4	6	17	0	2	75,737
Unknown	1.6	35	22	0	30	12
<b>Race</b>						
White	0.5	9	18	0	3	142,820
African American	0.4	7	16	0	2	22,489
Other/unknown	0.3	7	22	0	1	59,692
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	10	13	0	3	22,019
Part year	0.7	10	14	0	3	16,369
None	0.4	8	21	0	2	186,613
<b>Maintenance Assistance Status</b>						
Cash	0.4	8	23	0	2	144,955
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	15	0	1	7,468
Other/unknown	0.7	10	14	0	3	72,578

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a,b,c</sup>  
NEVADA, 2004

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
<b>All</b>	<b>17,353</b>	<b>\$109</b>	<b>\$1,895,897</b>	<b>100.0 %</b>	<b>100,523</b>	<b>\$19</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	4	58	230	0.0	10	23	0.0
Drugs for cosmetic purposes	8	13	100	0.0	10	10	0.0
Cough and cold medications	3,094	89	276,799	14.6	8,255	34	8.2
Vitamins and minerals	3,962	97	384,331	20.3	25,098	15	25.0
Non-prescription drugs	4,054	77	311,588	16.4	25,404	12	25.3
Barbiturates	200	80	15,939	0.8	2,002	8	2.0
Benzodiazepines	5,607	94	529,236	27.9	38,018	14	37.8
Other Part D Excl Rx Drugs	424	891	377,674	19.9	1,726	219	1.7

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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<sup>a, b</sup>  
 NEVADA, 2004

Total Number of Dual Eligible Beneficiaries	22,132
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$56,280,687
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,543

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,461	15.6 %	\$0	0.0 %
1-500	4,205	19.0	884,592	1.6
501-1,000	2,436	11.0	1,796,722	3.2
1,001-1,500	1,902	8.6	2,353,311	4.2
1,501-2,000	1,560	7.0	2,722,123	4.8
2,001-2,500	1,322	6.0	2,961,639	5.3
2,501-3,000	1,086	4.9	2,983,709	5.3
3,001-3,500	890	4.0	2,891,813	5.1
3,501-4,000	794	3.6	2,972,755	5.3
4,001-4,500	589	2.7	2,507,247	4.5
4,501-5,000	543	2.5	2,569,665	4.6
5,001-5,500	462	2.1	2,418,569	4.3
5,501-6,000	389	1.8	2,235,058	4.0
6,001-6,500	322	1.5	2,007,805	3.6
6,501-7,000	293	1.3	1,975,386	3.5
7,001-7,500	241	1.1	1,745,893	3.1
7,501-8,000	210	0.9	1,626,761	2.9
8,001-8,500	172	0.8	1,414,940	2.5
8,501-9,000	139	0.6	1,217,290	2.2
9,001-9,500	137	0.6	1,263,665	2.2
9,501-10,000	126	0.6	1,226,092	2.2
10,001+	853	3.9	14,505,652	25.8

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a, b, c</sup>  
 NEVADA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	7,957
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$26,592,047
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,470	18.5 %	0	0.0 %
1-500	1,543	19.4	305,048	1.1
501-1,000	672	8.4	492,827	1.9
1,001-1,500	534	6.7	658,286	2.5
1,501-2,000	413	5.2	720,564	2.7
2,001-2,500	369	4.6	824,167	3.1
2,501-3,000	328	4.1	901,252	3.4
3,001-3,500	260	3.3	843,822	3.2
3,501-4,000	227	2.9	851,612	3.2
4,001-4,500	192	2.4	816,315	3.1
4,501-5,000	179	2.2	847,399	3.2
5,001-5,500	165	2.1	863,299	3.2
5,501-6,000	163	2.0	935,500	3.5
6,001-6,500	141	1.8	877,017	3.3
6,501-7,000	134	1.7	902,525	3.4
7,001-7,500	110	1.4	798,920	3.0
7,501-8,000	104	1.3	807,047	3.0
8,001-8,500	93	1.2	764,974	2.9
8,501-9,000	80	1.0	700,260	2.6
9,001-9,500	78	1.0	720,382	2.7
9,501-10,000	76	1.0	740,073	2.8
10,001+	626	7.9	11,220,758	42.2

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a, b</sup>  
 NEVADA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	13,906
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$29,345,652
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,110

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,897	13.6 %	0	0.0 %
1-500	2,585	18.6	566,987	1.9
501-1,000	1,734	12.5	1,282,014	4.4
1,001-1,500	1,350	9.7	1,673,481	5.7
1,501-2,000	1,137	8.2	1,983,706	6.8
2,001-2,500	944	6.8	2,118,170	7.2
2,501-3,000	755	5.4	2,074,740	7.1
3,001-3,500	623	4.5	2,025,287	6.9
3,501-4,000	566	4.1	2,117,284	7.2
4,001-4,500	394	2.8	1,677,691	5.7
4,501-5,000	362	2.6	1,712,687	5.8
5,001-5,500	296	2.1	1,550,113	5.3
5,501-6,000	226	1.6	1,299,558	4.4
6,001-6,500	180	1.3	1,124,414	3.8
6,501-7,000	157	1.1	1,059,678	3.6
7,001-7,500	127	0.9	918,302	3.1
7,501-8,000	106	0.8	819,714	2.8
8,001-8,500	77	0.6	633,507	2.2
8,501-9,000	59	0.4	517,030	1.8
9,001-9,500	59	0.4	543,283	1.9
9,501-10,000	50	0.4	486,019	1.7
10,001+	222	1.6	3,161,987	10.8

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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 <sup>a, b</sup>  
 NEVADA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	5,628
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$12,371,786
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,198

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	939	16.7 %	0	0.0 %
1-500	1,024	18.2	217,929	1.8
501-1,000	633	11.2	460,533	3.7
1,001-1,500	467	8.3	576,708	4.7
1,501-2,000	417	7.4	728,396	5.9
2,001-2,500	347	6.2	779,009	6.3
2,501-3,000	288	5.1	793,803	6.4
3,001-3,500	242	4.3	787,082	6.4
3,501-4,000	247	4.4	924,902	7.5
4,001-4,500	153	2.7	650,033	5.3
4,501-5,000	144	2.6	679,935	5.5
5,001-5,500	130	2.3	680,062	5.5
5,501-6,000	98	1.7	563,551	4.6
6,001-6,500	77	1.4	482,672	3.9
6,501-7,000	71	1.3	478,429	3.9
7,001-7,500	51	0.9	369,232	3.0
7,501-8,000	55	1.0	425,472	3.4
8,001-8,500	39	0.7	319,983	2.6
8,501-9,000	30	0.5	263,516	2.1
9,001-9,500	34	0.6	313,779	2.5
9,501-10,000	22	0.4	214,853	1.7
10,001+	120	2.1	1,661,907	13.4

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

- 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 2004.
- 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<sup>a, b</sup>  
 NEVADA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	5,297
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$11,435,024
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,159

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	668	12.6 %	0	0.0 %
1-500	916	17.3	201,707	1.8
501-1,000	658	12.4	493,490	4.3
1,001-1,500	547	10.3	675,177	5.9
1,501-2,000	463	8.7	806,979	7.1
2,001-2,500	387	7.3	868,806	7.6
2,501-3,000	313	5.9	858,953	7.5
3,001-3,500	246	4.6	799,803	7.0
3,501-4,000	229	4.3	855,476	7.5
4,001-4,500	140	2.6	596,821	5.2
4,501-5,000	143	2.7	678,481	5.9
5,001-5,500	107	2.0	558,971	4.9
5,501-6,000	89	1.7	512,670	4.5
6,001-6,500	70	1.3	435,973	3.8
6,501-7,000	60	1.1	405,249	3.5
7,001-7,500	49	0.9	354,766	3.1
7,501-8,000	40	0.8	308,946	2.7
8,001-8,500	31	0.6	255,503	2.2
8,501-9,000	25	0.5	218,504	1.9
9,001-9,500	17	0.3	156,269	1.4
9,501-10,000	20	0.4	193,316	1.7
10,001+	79	1.5	1,199,164	10.5

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a, b</sup>  
 NEVADA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	2,981
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$5,538,842
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,858

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	290	9.7 %	0	0.0 %
1-500	645	21.6	147,351	2.7
501-1,000	443	14.9	327,991	5.9
1,001-1,500	336	11.3	421,596	7.6
1,501-2,000	257	8.6	448,331	8.1
2,001-2,500	210	7.0	470,355	8.5
2,501-3,000	154	5.2	421,984	7.6
3,001-3,500	135	4.5	438,402	7.9
3,501-4,000	90	3.0	336,906	6.1
4,001-4,500	101	3.4	430,837	7.8
4,501-5,000	75	2.5	354,271	6.4
5,001-5,500	59	2.0	311,080	5.6
5,501-6,000	39	1.3	223,337	4.0
6,001-6,500	33	1.1	205,769	3.7
6,501-7,000	26	0.9	176,000	3.2
7,001-7,500	27	0.9	194,304	3.5
7,501-8,000	11	0.4	85,296	1.5
8,001-8,500	7	0.2	58,021	1.0
8,501-9,000	4	0.1	35,010	0.6
9,001-9,500	8	0.3	73,235	1.3
9,501-10,000	8	0.3	77,850	1.4
10,001+	23	0.8	300,916	5.4

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004.

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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>22,192</b>	<b>13,228</b>	<b>8,621</b>	<b>332</b>	<b>3</b>	<b>8</b>	<b>226,292</b>	<b>134,621</b>	<b>89,004</b>	<b>2,593</b>	<b>17</b>	<b>57</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	8	0	7	0	1	0	77	0	75	0	2	0
15-20	52	0	50	1	1	0	597	0	578	7	12	0
21-44	3,845	1	3,603	241	0	0	38,843	2	37,010	1,831	0	0
45-64	4,380	3	4,297	77	1	2	45,706	21	45,017	641	3	24
65-74	5,629	5,140	470	13	0	6	58,288	53,698	4,443	114	0	33
75-84	5,297	5,159	138	0	0	0	54,227	52,899	1,328	0	0	0
85 and older	2,981	2,925	56	0	0	0	28,554	28,001	553	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	14,581	9,448	4,909	214	2	8	150,096	97,180	51,164	1,690	5	57
Male	7,610	3,780	3,711	118	1	0	76,184	37,441	37,828	903	12	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
<b>Race</b>												
White	14,244	8,033	6,012	189	3	7	143,414	79,487	62,400	1,455	17	55
African American	2,195	841	1,280	74	0	0	22,872	9,037	13,216	619	0	0
Other/unknown	5,753	4,354	1,329	69	0	1	60,006	46,097	13,388	519	0	2
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,210	1,966	244	0	0	0	22,019	19,424	2,595	0	0	0
Part year	1,787	1,534	253	0	0	0	16,372	13,898	2,474	0	0	0
None	18,195	9,728	8,124	332	3	8	187,901	101,299	83,935	2,593	17	57
<b>Maintenance Assistance Status</b>												
Cash	14,028	7,690	6,041	295	2	0	145,978	82,133	61,492	2,348	5	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	754	242	492	12	0	8	7,634	2,526	4,973	78	0	57
Other/unknown	7,410	5,296	2,088	25	1	0	72,680	49,962	22,539	167	12	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	20,710	12,471	7,919	309	3	8	211,005	126,775	81,791	2,365	17	57
Full dual, part year	1,482	757	702	23	0	0	15,287	7,846	7,213	228	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	21,967	13,225	8,555	176	3	8	224,295	134,593	88,331	1,297	17	57
FFS part year, with Rx claims	100	1	44	55	0	0	975	11	463	501	0	0
FFS part year, no Rx claims	65	2	22	41	0	0	561	17	210	334	0	0
MC all year, with Rx claims	12	0	0	12	0	0	84	0	0	84	0	0
MC all year, no Rx claims	48	0	0	48	0	0	377	0	0	377	0	0

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2004

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
<b>All</b>	<b>22,192</b>	<b>226,292</b>	<b>22,132</b>	<b>225,001</b>	<b>0</b>	<b>1,291</b>
Fee-for-service (FFS) all year	21,967	224,295	21,967	224,295	0	0
FFS part year, with Rx claims	100	975	100	475	0	500
FFS part year, with no Rx claims	65	561	65	231	0	330
Managed care (MC) all year, with Rx claims	12	84	0	0	0	84
MC all year, with no Rx claims	48	377	0	0	0	377

Source: Data for this table are from the MAX 2004 file for Nevada, released by CMS in 01/2008. This table was produced on 09/23/2008.

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.