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

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TABLE ND.2 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b} NONDUAL BENEFICIARIES, NEVADA, 2004

			Number of Ber	eficiaries				N	lumber of Ben	efit Months		
Beneficiary						Other/						Other/
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	159,385	696	22,890	37,988	97,667	144	783,860	6,499	220,271	139,606	416,380	1,104
Age												
5 and younger	46,977	0	1,419	0	45,558	0	193,275	0	13,049	0	180,226	0
6-14	42,542	0	3,561	0	38,981	0	208,176	0	35,715	0	172,461	0
15-20	18,554	0	2,183	3,387	12,981	3	97,929	0	21,624	12,992	63,301	12
21-44	38,972	0	6,881	32,040	21	30	183,743	0	66,502	116,942	97	202
45-64	11,436	7	8,746	2,557	15	111	93,224	50	82,576	9,664	44	890
65-74	484	392	87	4	1	0	4,413	3,712	692	8	1	0
75-84	234	224	10	0	0	0	2,141	2,053	88	0	0	0
85 and older	76	73	3	0	0	0	709	684	25	0	0	0
Unknown	110	0	0	0	110	0	250	0	0	0	250	0
Gender												
Female	90,318	464	11,413	30,059	48,238	144	434,403	4,383	112,159	112,145	204,612	1,104
Male	68,541	232	11,477	7,929	48,903	0	347,964	2,116	108,112	27,461	210,275	0
Unknown	526	0	0	0	526	0	1,493	0	0	0	1,493	0
Race												
White	75,618	260	13,195	20,422	41,643	98	425,310	2,439	126,060	84,079	211,976	756
African American	28,123	52	5,146	6,671	16,244	10	123,155	503	50,073	17,842	54,662	75
Other/unknown	55,644	384	4,549	10,895	39,780	36	235,395	3,557	44,138	37,685	149,742	273
Use of Nursing Facilities ^c												
Entire year	306	63	242	0	1	0	3,170	661	2,497	0	12	0
Part year	374	34	324	5	9	2	3,620	325	3,168	32	81	14
None	158,705	599	22,324	37,983	97,657	142	777,070	5,513	214,606	139,574	416,287	1,090
Maintenance Assistance Status												
Cash	104,138	596	21,168	27,185	55,189	0	522,145	5,735	203,644	97,679	215,087	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	28,540	1	1	3,940	24,454	144	105,256	11	4	13,838	90,299	1,104
Other/unknown	26,707	99	1,721	6,863	18,024	0	156,459	753	16,623	28,089	110,994	0
Managed Care (MC) Status						()					
Fee-for-service (FFS) all year	74,965	696	22,146	14,450	37,530	143	554,653	6,499	215,451	75,522	256,078	1,103
FFS part year, with Rx claims	21,855	0	502	9,238	12,115	0	69,572	0	3,542	27,556	38,474	0
FFS part year, no Rx claims	62,565	0	242	14,300	48,022	1	159,635	0	1,278	36,528	121,828	1

Table ND2 Nondual Beneficiaries

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3 ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{9, b} NONDUAL BENEFICIARIES, NEVADA, 2004

Beneficiary	Percentage with at	Mean Number			Mean \$, All Medicaid	Rx \$ as a Percentage of All Medicaid	Number of
Characteristics	Least One Rx	of Rx	Mean Rx \$	\$ per Rx	FFS \$°	FFS \$ ^d	Beneficiaries
All	37.1 %	5.4	\$448	\$82	\$3,354	13.4 %	159,385
Age							
5 and younger	29.8	1.2	198	162	2,127	9.3	46,977
6-14	27.7	2.2	202	93	1,728	11.7	42,542
15-20	36.5	3.2	315	99	3,487	9.0	18,554
21-44	46.3	6.6	527	79	3,848	13.7	38,972
45-64	69.5	32.9	2,273	69	11,737	19.4	11,436
65-74	69.8	30.3	1,576	52	14,586	10.8	484
75-84	62.0	26.0	1,256	48	15,022	8.4	234
85 and older	61.8	30.2	1,222	41	21,287	5.7	76
Unknown	0.0	0.0	0	0	177	0.0	110
Basis of Eligibility ^e							
Aged	66.8	30.1	1,503	50	15,303	9.8	696
Disabled	72.1	26.9	2,485	92	12,876	19.3	22,890
Adults	40.9	2.7	124	46	1,801	6.9	37,988
Children	27.1	1.3	88	69	1,620	5.5	97,667
Unknown	78.5	17.9	1,170	66	17,617	6.6	144
Gender							
Female	39.7	6.0	417	69	3,195	13.1	90,318
Male	33.8	4.7	492	105	3,580	13.7	68,541
Unknown	16.0	0.5	19	40	1,010	1.9	526
Race							
White	44.6	7.6	619	81	4,132	15.0	75,618
African American	32.3	4.7	381	80	3,082	12.4	28,123
Other/unknown	29.3	2.8	250	88	2,433	10.3	55,644
Use of Nursing							
Facilities ^f							
Entire year	97.7	96.2	5,155	54	67,276	7.7	306
Part year	97.3	80.3	4,496	56	81,133	5.5	374
None	36.8	5.1	430	84	3,047	14.1	158,705
Maintenance Assistance Status							
Cash	39.0	6.8	577	84	3,434	16.8	104,138
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	26.7	0.9	42	45	1,504	2.8	28,540
Other/unknown	40.7	4.8	379	80	5,019	7.6	26,707

Table ND3 Nondual Beneficiaries

- a. Table ND.3 includes beneficiaries represented by Cell K 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 fost 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 ND.4 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b} NONDUAL BENEFICIARIES, NEVADA, 2004

					N	umber of Rx, Per	centage with:			_	Numbe	r
Beneficiary Characteristics	Mean Number of Rx	A Mean Rx \$	Rx \$ as a centage of II Medicaid FFS \$°	None	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.1	\$91	13.4 %	62.9 %	24.9 %	4.6 %	4.8 %	2.1 %	0.7 %	\$682	159,385	783,860
Age												
5 and younger	0.3	48	9.3	70.2	25.9	2.6	1.2	0.2	0.0	517	46,977	193,275
6-14	0.4	41	11.7	72.3	22.1	3.1	2.3	0.3	0.0	353	42,542	208,176
15-20	0.6	60	9.0	63.5	28.1	4.5	3.3	0.6	0.1	661	18,554	97,929
21-44	1.4	112	13.7	53.7	27.9	7.2	7.6	3.0	0.7	816	38,972	183,743
45-64	4.0	279	19.4	30.5	16.8	9.7	21.0	15.7	6.3	1,440	11,436	93,224
65-74	3.3	173	10.8	30.2	19.4	12.0	19.8	13.2	5.4	1,600	484	4,413
75-84	2.8	137	8.4	38.0	16.2	8.5	23.5	11.5	2.1	1,642	234	2,141
85 and older	3.2	131	5.7	38.2	10.5	9.2	19.7	15.8	6.6	2,282	76	709
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	78	110	250
Basis of Eligibility ^e												
Aged	3.2	161	9.8	33.2	17.1	10.3	21.8	12.9	4.6	1,639	696	6,499
Disabled	2.8	258	19.3	27.9	27.8	10.3	18.6	11.3	4.0	1,338	22,890	220,271
Adults	0.7	34	6.9	59.1	27.9	6.2	5.1	1.4	0.2	490	37,988	139,606
Children	0.3	21	5.5	72.9	23.1	2.6	1.3	0.1	0.0	380	97,667	416,380
Unknown	2.3	153	6.6	21.5	33.3	16.0	18.8	9.7	0.7	2,298	144	1,104
Gender												
Female	1.3	87	13.1	60.3	26.2	5.0	5.2	2.5	0.8	664	90,318	434,403
Male	0.9	97	13.7	66.2	23.3	4.1	4.3	1.6	0.5	705	68,541	347,964
Unknown	0.2	7	1.9	84.0	13.1	1.7	1.1	0.0	0.0	356	526	1,493
Race												
White	1.4	110	15.0	55.4	28.7	5.6	6.3	3.0	1.0	735	75,618	425,310
African American	1.1	87	12.4	67.7	20.7	4.5	4.6	1.9	0.5	704	28,123	123,155
Other/unknown	0.7	59	10.3	70.7	21.9	3.3	2.8	1.0	0.2	575	55,644	235,395
Use of Nursing Facilities ^f												
Entire year	9.3	498	7.7	2.3	2.3	6.9	21.6	35.3	31.7	6,494	306	3,170
Part year	8.3	465	5.5	2.7	5.9	6.4	23.3	32.9	28.9	8,382	374	3,620
None	1.0	88	14.1	63.2	25.0	4.6	4.7	2.0	0.5	622	158,705	777,070
Maintenance Assistance Status												
Cash	1.4	115	16.8	61.0	24.3	5.0	5.9	2.8	0.9	685	104,138	522,145
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	11	2.8	73.3	22.9	2.5	1.1	0.1	0.0	408	28,540	105,256
Other/unknown	0.8	65	7.6	59.3	29.4	5.2	4.4	1.3	0.4	857	26,707	156,459

Table ND4 Nondual Beneficiaries

- a. Table ND.4 includes the beneficiaries represented by Cell K 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 ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{6, b, c}

NONDUAL BENEFICIARIES, NEVADA, 2004

Beneficiary		All Rx		Patented Br	and-Name	Drugs	Off-Patent B	Brand-Name	Drugs	Gen	eric Drugs	
<u>-</u>	Number			Number			Number			Number		
Beneficiary Characteristics	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx	of Rx	Rx\$	\$ per Rx
All	1.1	\$91	\$82	0.4	\$69	\$167	0.0	\$6	\$129	0.6	\$16	\$25
Age												
5 and younger	0.3	48	162	0.1	44	475	0.0	1	49	0.2	3	17
6-14	0.4	41	93	0.2	36	153	0.0	1	82	0.2	4	23
15-20	0.6	60	99	0.3	50	183	0.0	2	86	0.3	7	24
21-44	1.4	112	79	0.5	81	165	0.1	9	141	0.9	22	26
45-64	4.0	279	69	1.4	189	133	0.2	27	152	2.4	62	26
65-74	3.3	173	52	1.3	122	95	0.1	11	97	1.9	40	21
75-84	2.8	137	48	1.2	104	86	0.1	6	62	1.5	28	18
85 and older	3.2	131	41	1.1	94	86	0.1	5	57	2.0	31	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility ^d												
Aged	3.2	161	50	1.3	117	92	0.1	9	85	1.8	35	19
Disabled	2.8	258	92	1.1	196	185	0.1	20	147	1.6	43	27
Adults	0.7	34	46	0.2	21	100	0.0	2	81	0.5	10	21
Children	0.3	21	69	0.1	17	134	0.0	1	60	0.2	3	19
Unknown	2.3	153	66	0.8	114	146	0.1	5	67	1.5	33	22
Gender												
Female	1.3	87	69	0.4	62	138	0.1	7	122	0.7	18	24
Male	0.9	97	105	0.4	78	211	0.0	6	143	0.5	13	25
Unknown	0.2	7	40	0.0	5	126	0.0	0	38	0.1	2	15
Race												
White	1.4	110	81	0.5	83	162	0.1	8	122	8.0	20	25
African American	1.1	87	80	0.4	62	156	0.0	9	196	0.6	16	26
Other/unknown	0.7	59	88	0.3	48	191	0.0	3	101	0.4	9	22
Use of Nursing Facilities ^e												
Entire year	9.3	498	54	2.9	329	113	0.4	38	91	5.9	131	22
Part year	8.3	465	56	2.5	320	131	0.4	30	83	5.5	114	21
None	1.0	88	84	0.4	67	169	0.0	6	133	0.6	15	25
Maintenance Assistance												
Status												
Cash	1.4	115	84	0.5	86	173	0.1	8	140	0.8	20	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	11	45	0.1	8	103	0.0	1	48	0.2	3	17
Other/unknown	0.8	65	80	0.4	52	149	0.0	3	86	0.4	9	22

Table ND5 Nondual Beneficiaries

- a. Table ND.5 includes the beneficiaries represented by Cell K 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

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

NONDUAL BENEFICIARIES, NEVADA, 2004

		er of Rx	•		\$ per Benefit Month Among Users Φ Φ					\$ pe	r Rx			_		Users ^e	
Therapeutic Category	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	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$25	\$20	\$1	\$4	\$83	\$179	\$93	\$24	81,955	\$6,814,031	33,479	21.0 %	268,258
Biologicals	0.4	0.3	0.0	0.0	439	406	0	32	1191	1,177	0	1,385	1,832	2,181,255	573	0.4	4,972
Antineoplastic Agents	0.5	0.1	0.0	0.4	103	79	2	22	197	691	150	56	2,752	543,080	528	0.3	5,287
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	32	24	2	6	53	102	39	20	67,524	3,590,572	12,930	8.1	110,849
Cardiovascular Agents	1.2	0.5	0.0	8.0	47	35	1	12	38	76	51	15	108,369	4,125,854	9,225	5.8	87,581
Respiratory Agents	0.6	0.3	0.0	0.2	32	26	0	6	58	87	37	23	106,959	6,197,777	23,569	14.8	192,693
Gastrointestinal Agents	0.5	0.1	0.0	0.3	38	28	3	7	72	200	80	19	36,601	2,628,898	7,427	4.7	70,058
Genitourinary Agents	0.3	0.2	0.0	0.1	18	14	1	3	57	79	46	24	9,662	552,698	3,740	2.3	30,166
CNS Drugs	1.1	0.5	0.0	0.6	111	94	4	13	102	192	106	24	153,468	15,727,374	15,232	9.6	141,640
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.5	0.0	0.1	61	55	2	5	95	105	90	46	20,337	1,932,202	3,204	2.0	31,565
, ,	0.4	0.4	0.0	0.0	155	151	1	3	351	381	102	86	1,916	672,251	426	0.3	4,335
Neurological Agents Analgesics and Anesthetics	0.7	0.1	0.0	0.6	57	28	10	19	82	247	499	34	122,367	10,004,996	21,209	13.3	175,197
Neuromuscular Agents	0.8	0.3	0.1	0.5	69	42	14	12	84	160	143	27	77,631	6,546,825	9,910	6.2	95,184
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	15	21	16	14	18,477	275,035	6,945	4.4	50,831
Hematological Agents	0.7	0.2	0.1	0.4	331	323	3	6	489	1,325	52	15	15,082	7,381,880	2,259	1.4	22,271
Topical Products	0.3	0.1	0.0	0.2	13	8	1	4	47	88	59	24	37,958	1,769,706	15,966	10.0	135,099
Miscellaneous Products	0.6	0.2	0.1	0.3	100	67	16	16	159	275	302	50	2,774	441,393	456	0.3	4,436
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	36	0	0	0	968	34,977	470	0.3	4,807
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.	866,632	71,420,804	n.a.	n.a.	n.a.

- 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).

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 ND6 Nondual Beneficiaries

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.

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.

TABLE ND.7 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c} NONDUAL BENEFICIARIES, NEVADA, 2004

			Users		Ar	mong Users	
Top 10 Drug Groups	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx: \$ per Rx	\$ per Benefit Month
ANTIPSYCHOTICS	\$10,755,569	7,468	4.7 %	79,260	0.6	\$236	\$136
ANALGESICS - Narcotic	7,946,838	24,432	15.3	215,476	0.4	90	37
MISC. HEMATOLOGICAL	6,615,798	840	0.5	8,725	0.6	1,314	758
ANTICONVULSANT	5,629,475	7,388	4.6	75,693	0.7	114	74
ANTIDEPRESSANTS	3,787,499	12,485	7.8	119,897	0.5	62	32
ANTIASTHMATIC	3,710,050	18,107	11.4	160,225	0.4	65	23
ANTIVIRAL	3,151,458	1,827	1.1	17,568	0.5	377	179
PASSIVE IMMUNIZING AGENTS	2,174,461	406	0.3	3,044	0.5	1,321	714
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,930,681	3,750	2.4	37,716	0.5	95	51
ANTIHYPERLIPIDEMIC	1,733,275	3,507	2.2	35,876	0.6	87	48
Total	47,435,104	80,210		753,480	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.

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.

a. Table ND.7 includes the beneficiaries represented by Cell K 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

TABLE ND.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 $^{\rm e,\,b,\,c}$ NONDUAL BENEFICIARIES, NEVADA, 2004

	All Top 10 Dru	ig Groups		ANTIPS	SYCHOTICS				ANALGES	SICS - Narcot	ic	
Beneficiary Characteristics	Number of Rx	Rx\$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month
All	356,737	\$47,435,104	7,468	4.7 %	79,260	0.6	\$136	24,432	15.3 %	215,476	0.4	\$37
Female	210,808	22,511,997	3,766	4.2	39,346	0.5	121	17,013	18.8	147,100	0.4	35
Disabled	153,934	18,205,770	2,606	22.8	28,937	0.6	134	7,947	69.6	86,500	0.5	54
	1,914	788,851	7	1.1	67	0.6	170	38	6.1	432	0.1	1
5 and younger	6,787	775,193	148	12.2	1,717	0.5	129	130	10.7	1,422	0.2	2
6-14	4,830	1,002,972	178	21.9	1,971	0.6	146	226	27.9	2,412	0.2	4
15-20	49,491	6,311,599	1,073	28.9	11,680	0.6	141	2,913	78.6	31,691	0.4	57
21-44	90,434	9,292,449	1,196	23.9	13,454	0.6	128	4,608	92.0	50,225	0.5	56
45-64	388	26,144	3	6.8	36	0.3	38	29	65.9	282	0.4	25
65-74	78	8,069	1	16.7	12	1.8	328	3	50.0	36	0.9	54
75-84	12	493	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	56,874	4,306,227	1,160	1.5	10,409	0.4	84	9,066	11.5	60,600	0.3	9
Other Eligibles	2,972	490,699	11	0.1	102	0.3	44	186	0.8	1,441	0.1	2
5 and younger	9,366	886,013	275	1.4	2,988	0.5	102	495	2.6	3,964	0.2	2
6-14	7,077	619,960	247	2.5	2,554	0.4	89	1,197	12.0	9,138	0.2	2
15-20	28,563	1,657,083	501	2.0	3,652	0.4	65	6,312	24.8	39,534	0.3	10
21-44	5,039	351,141	62	3.5	469	0.3	57	696	39.2	4,539	0.4	18
45-64	2,497	208,217	31	12.0	341	0.9	141	111	43.0	1,232	0.5	39
65-74	1,021	72,764	24	15.5	219	0.8	69	45	29.0	498	0.4	16
75-84	339	20,350	9	17.3	84	0.5	72	24	46.2	254	0.3	7
85 and older	000	20,000	J	17.0	04	0.0	12	27	40.2	204	0.0	•
Male	145,892	24,917,701	3,702	5.4	39,914	0.6	150	7,417	10.8	68,365	0.4	40
Disabled	108,324	20,481,063	2,627	22.9	29,084	0.6	160	4,575	39.9	48,103	0.5	54
F d	2,586	5,675,933	21	2.6	217	0.4	91	59	7.4	628	0.1	1
5 and younger	14,285	2,099,423	511	21.8	5,683	0.5	146	221	9.4	2,462	0.1	2
6-14	8,777	1,587,020	422	30.8	4,761	0.5	141	248	18.1	2,696	0.2	5
15-20	34,491	5,447,362	1,034	32.6	11,420	0.7	185	1,463	46.1	15,168	0.4	53
21-44	48,012	5,657,399	638	17.1	6,991	0.6	146	2,569	68.7	27,011	0.6	65
45-64	165	13,482	1	2.3	12	0.4	76	15	34.9	138	0.4	12
65-74	8	444	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	37,568	4,436,638	1,075	1.9	10,830	0.5	125	2,842	5.0	20,262	0.3	8
_	5,116	796,734	41	0.2	387	0.4	77	322	1.4	2,506	0.1	1
5 and younger	17,596	2,192,918	570	2.9	5,940	0.6	135	543	2.7	4,585	0.1	2
6-14	7,598	960,934	364	5.7	3,708	0.5	123	553	8.7	4,684	0.2	2
15-20	4,341	258,820	70	1.1	489	0.4	74	1,140	17.3	6,394	0.4	15
21-44	1,214	93,758	7	0.8	37	0.3	27	207	22.7	1,261	0.4	24
45-64	1,253	95,679	15	10.8	180	0.4	67	48	34.5	535	0.6	41
65-74	256	21,829	2	2.9	24	0.6	239	19	27.5	198	0.3	11
75-84	194	15,966	6	28.6	65	0.5	134	10	47.6	99	0.3	8
85 and older		•				0.0				30	0.0	
Unknown	37	5,406	0	0.0	0	0.0	0	2	0.3	11	0.3	3

Table ND7A Nondual Beneficiaries

- a. Table ND.7A includes the beneficiaries represented by Cell K 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 ND7A Nondual Beneficiaries

TABLE ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,

BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}

NONDUAL BENEFICIARIES, NEVADA, 2004

		MISC. HE	MATOLOGICA	\L			ANTICO	NVULSANT				ANTIDE	PRESSANTS		
Beneficiary Characteristics	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	of Rx	Mean Rx \$ per
All	840	0.5 %	8,725	0.6	\$758	7,388	4.6 %	75,693	0.7	\$74	12,485	7.8 %	119,897	0.5	
Female	461	0.5	4,870	0.6	144	4,399	4.9	44,221	0.6	70	8,926	9.9	83.686	0.5	32
Disabled	382	3.3	4,163	0.6	158	3,223	28.2	35,107	0.7	74	5,001	43.8	54,870	0.6	35
	1	0.2	11	0.5	4,738	51	8.2	586	0.6	64	5	0.8	52	0.7	15
5 and younger	2	0.2	24	0.7	678	232	19.1	2,566	0.8	93	98	8.1	1,085	0.5	23
6-14	3	0.4	36	0.9	9,796	206	25.4	2,251	0.7	104	163	20.1	1,780	0.4	28
15-20	40	1.1	444	0.5	50	1,298	35.0	14,089	0.7	76	1,873	50.5	20,476	0.5	35
21-44 45-64	330	6.6	3,579	0.6	60	1,430	28.5	15,549	0.6	65	2,841	56.7	31,272	0.6	36
45-64 65-74	6	13.6	69	0.4	33	6	13.6	66	0.6	48	19	43.2	181	0.6	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	12	1.0	78
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	1.0	
85 and older Other Eligibles	79	0.1	707	0.6	62	1,176	1.5	9,114	0.5	54	3,925	5.0	28,816	0.4	26
5 and younger	0	0.0	0	0.0	0	34	0.2	302	0.3	28	12	0.1	129	0.5	11
6-14	0	0.0	0	0.0	0	169	0.9	1,672	0.6	73	286	1.5	2,947	0.4	20
15-20	0	0.0	0	0.0	0	147	1.5	1,401	0.5	74	485	4.9	4,478	0.4	23
21-44	16	0.1	100	0.3	34	652	2.6	4,331	0.5	44	2,644	10.4	17,706	0.4	27
45-64	15	0.8	63	0.5	58	119	6.7	789	0.5	44	414	23.3	2,677	0.5	34
65-74	25	9.7	294	0.7	64	35	13.6	397	0.9	52	49	19.0	522	0.6	30
75-84	14	9.0	152	0.7	78	15	9.7	165	0.5	40	25	16.1	265	0.3	13
85 and older	9	17.3	98	0.8	63	5	9.6	57	0.3	12	10	19.2	92	0.6	20
Male	379	0.6	3,855	0.6	1,534	2,989	4.4	31,472	0.7	81	3,559	5.2	36,211	0.5	31
Disabled	330	2.9	3,415	0.6	1,626	2,423	21.1	26,416	0.7	85	2,481	21.6	26,863	0.5	
Disabled	2	0.3	24	2.5	,	83	10.4	899	0.6	72	4	0.5	48	0.2	
5 and younger	2	0.1	17	0.9	5,306	413	17.6	4,566	0.7	95	205	8.7	2,262	0.5	
6-14	3	0.2	25	0.3	10,860	293	21.4	3,245	0.7	95	220	16.0	2,427	0.5	33
15-20	25	0.8	249	0.4	383	890	28.0	9.730	0.8	96	933	29.4	9.998	0.6	38
21-44	296	7.9	3,076	0.6	65	741	19.8	7,946	0.7	62	1,116	29.9	12,103	0.5	32
45-64	2	4.7	24	0.3	34	3	7.0	30	0.6	87	3	7.0	25	0.2	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	49	0.1	440	0.5	818	566	1.0	5,056	0.5	62	1,078	1.9	9,348	0.4	25
_	1	0.0	9	1.0	5,668	27	0.1	240	0.5	43	22	0.1	215	0.4	18
5 and younger	2	0.0	16	0.9	14,086	227	1.1	2,192	0.6	74	362	1.8	3,565	0.4	21
6-14	1	0.0	12	0.2	5,121	146	2.3	1,534	0.5	70	320	5.0	3,094	0.5	30
15-20	8	0.1	55	0.3	34	102	1.5	571	0.4	32	270	4.1	1,677	0.4	23
21-44	10	1.1	54	0.6	65	40	4.4	271	0.4	32	70	7.7	434	0.4	26
45-64	18	12.9	196	0.5	57	15	10.8	175	0.7	28	19	13.7	208	0.6	32
65-74	7	10.1	74	0.5	55	4	5.8	24	0.4	50	10	14.5	106	0.4	18
75-84	2	9.5	24	0.5	56	5	23.8	49	0.9	49	5	23.8	49	0.8	33
85 and older	•	0.0	0	0.0	0	0	0.0	^	0.0	0	0	0.0	•	0.0	^
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

- a. Table ND.7B includes the beneficiaries represented by Cell K 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 ND7B Nondual Beneficiaries

TABLE ND.7C MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE $^{a,\,b,\,c}$ NONDUAL BENEFICIARIES, NEVADA, 2004

Beneficiary	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per Benefit	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per Benefit	Number of	Users as % of All	Number of Benefit Months Among	of Rx	Mean Rx \$ per
Characteristics	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month	Users	Benes	Users	Month	Month
All	18,107	11.4 %	160,225	0.4	\$23	1,827	1.1 %	17,568	0.5	\$179	406	0.3 %	3,044	0.5	\$714
Female	10,117	11.2	90,691	0.4	24	975	1.1	9,087	0.4	140	205	0.2	1,513	0.5	698
Disabled	4,999	43.8	54,754	0.4	28	579	5.1	6,334	0.4	162	97	8.0	979	0.5	749
5 1	291	47.0	3,141	0.3	25	9	1.5	103	0.3	52	91	14.7	907	0.5	661
5 and younger	421	34.7	4,718	0.3	24	24	2.0	252	0.5	109	3	0.2	36	0.2	387
6-14	185	22.8	2,044	0.3	18	14	1.7	161	0.3	70	2	0.2	24	0.1	109
15-20	1,291	34.8	14,238	0.4	23	245	6.6	2,654	0.5	162	1	0.0	12	6.2	9,762
21-44	2,783	55.6	30,320	0.5	32	287	5.7	3,164	0.4	174	0	0.0	0	0.0	0
45-64	27	61.4	281	0.2	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	16.7	12	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	5,118	6.5	35,937	0.3	17	396	0.5	2,753	0.3	89	108	0.1	534	0.6	604
Other Eligibles	1,419	6.5	9,592	0.2	13	13	0.1	104	0.8	246	102	0.5	485	0.6	662
5 and younger	1,153	6.0	8,842	0.3	18	46	0.2	427	0.3	75	0	0.0	0	0.0	0
6-14	554	5.6	4,401	0.3	18	60	0.6	477	0.2	41	3	0.0	16	0.2	19
15-20	1,645	6.5	10,309	0.3	17	243	1.0	1,475	0.3	87	3	0.0	33	0.1	36
21-44	246	13.8	1,691	0.4	22	27	1.5	195	0.4	194	0	0.0	0	0.0	0
45-64	65	25.2	726	0.5	28	5	1.9	51	0.2	12	0	0.0	0	0.0	0
65-74	27	17.4	290	0.4	16	2	1.3	24	0.1	9	0	0.0	0	0.0	0
75-84	9	17.3	86	0.4	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	ŭ			0		· ·	0.0	ū	0.0	· ·	ŭ	0.0	ŭ	0.0	ŭ
Male	7,969	11.6	69,392	0.3	23	852	1.2	8,481	0.6	222	200	0.3	1,525	0.5	731
Disabled	3,420	29.8	36,652	0.4	27	731	6.4	7,560	0.6	234	86	0.7	834	0.6	841
E d	450	56.3	4,756	0.3	25	7	0.9	82	0.1	14	77	9.6	736	0.5	770
5 and younger	857	36.5	9,531	0.3	22	27	1.2	287	0.5	85	7	0.3	74	0.7	1,466
6-14	269	19.6	2,922	0.3	24	16	1.2	188	0.6	168	1	0.1	12	1.0	1,773
15-20	490	15.4	5,210	0.4	27	372	11.7	3,690	0.6	229	1	0.0	12	0.2	398
21-44	1,341	35.9	14,141	0.5	31	308	8.2	3,301	0.6	262	0	0.0	0	0.0	0
45-64	11	25.6	79	0.3	27	1	2.3	12	0.1	14	0	0.0	0	0.0	0
65-74	2	50.0	13	0.2	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	4,549	8.0	32,740	0.3	18	121	0.2	921	0.4	126	114	0.2	691	0.5	599
_	2,152	9.3	15,070	0.2	17	19	0.1	99	0.2	8	114	0.5	691	0.5	599
5 and younger	1,628	8.2	12,300	0.3	19	55	0.3	527	0.4	145	0	0.0	0	0.0	0
6-14	409	6.4	3,222	0.3	19	16	0.3	138	0.3	57	0	0.0	0	0.0	0
15-20	241	3.7	1,151	0.4	25	23	0.3	101	0.5	132	0	0.0	0	0.0	
21-44	54	5.9	316	0.5	22	5	0.5	28	0.6	587	0	0.0	0	0.0	
45-64	47	33.8	492	0.4	29	1	0.7	12	0.1	1	0	0.0	0	0.0	
65-74	14	20.3	141	0.3	19	2	2.9	16	0.2	45	0	0.0	0	0.0	0
75-84	4	19.0	48	0.5	9	0	0.0	0	0.0	0	0	0.0	0	0.0	
85 and older Unknown	21	3.3	142	0.2	13	0	0.0	0	0.0	0	1	0.2	6	0.5	585

Table ND7C Nondual Beneficiaries

- a. Table ND.7C includes the beneficiaries represented by Cell K 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 ND7C Nondual Beneficiaries

TABLE ND.7D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c} NONDUAL BENEFICIARIES, NEVADA, 2004

	STIMULA	NTS/ANTI-	OBESITY/AN	OREXIAN	ITS		ANTIHYP	PERLIPIDEMI	С			
Beneficiary Characteristics	Number of Users 3,750	Users as % of All Benes 2.4 %	Number of Benefit Months Among Users 37,716	of Rx	Mean Rx \$ per Benefit Month	Number of Users 3.507	Users as % of All Benes 2.2 %	Number of Benefit Months Among Users 35,876	of Rx	Mean Rx \$ per Benefit Month	Number of Beneficiaries 159,385	Number of Benefit Months 783,860
Female	1,101	1.2	11,262	0.5	52	2,151	2.4	22,175	0.5	49	90,265	434,302
	421	3.7	4,655	0.5	57	1,739	15.2	19.112	0.6	50	11,413	112,159
Disabled	5	0.8	44	0.9	64	0	0.0	0	0.0	0	619	,
5 and younger	206	17.0	2,308	0.5	49	3	0.2	36	0.7	28	1,214	12,292
6-14	38	4.7	396	0.5	48	4	0.5	41	0.5	28	811	7,962
15-20	107	2.9	1,190	0.5	71	265	7.1	2,911	0.5	39	3,707	36,634
21-44	65	1.3	717	0.5	63	1,450	28.9	15,928	0.6	53	5,009	49,025
45-64	0	0.0	0	0.0	0	16	36.4	184	0.3	20	44	377
65-74	0	0.0	0	0.0	0	1	16.7	12	0.9	103	6	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	
85 and older Other Eligibles	680	0.9	6,607	0.5	48	412	0.5	3,063	0.5	38	78,852	
Other Eligibles	16	0.1	178	0.4	27	5	0.0	48	0.1	5	21,954	86,918
5 and younger	445	2.3	4,343	0.6	47	2	0.0	24	0.5	36	19,188	84,527
6-14	113	1.1	1,261	0.5	53	2	0.0	18	0.3	14	9,976	44,351
15-20	84	0.3	638	0.4	43	140	0.5	822	0.4	31	25,492	94,612
21-44	21	1.2	177	0.5	73	132	7.4	755	0.5	38	1,777	7,350
45-64	1	0.4	10	0.2	67	82	31.8	873	0.5	41	258	2,422
65-74	0	0.0	0	0.0	0	43	27.7	464	0.6	50	155	1,489
75-84	0	0.0	0	0.0	0	6	11.5	59	0.6	48	52	,
85 and older	O	0.0	Ü	0.0	O	· ·	11.0	00	0.0	40	02	717
Male	2,649	3.9	26,454	0.5	51	1,356	2.0	13,701	0.6	48	68,489	347,828
Disabled	966	8.4	10,526	0.5	50	1,143	10.0	12,249	0.6	48	11,477	108,112
E and various	21	2.6	200	0.5	34	2	0.3	24	0.2	8	800	7,259
5 and younger	657	28.0	7,077	0.5	49	2	0.1	24	0.7	47	2,347	23,423
6-14	203	14.8	2,309	0.5	52	8	0.6	88	0.5	23	1,372	13,662
15-20	56	1.8	597	0.6	60	235	7.4	2,553	0.5	41	3,174	29,868
21-44	29	0.8	343	0.4	45	884	23.7	9,443	0.6	51	3,737	33,551
45-64	0	0.0	0	0.0	0	11	25.6	109	0.5	43	43	315
65-74	0	0.0	0	0.0	0	1	25.0	8	0.6	44	4	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older Other Eligibles	1,683	3.0	15,928	0.6	52	213	0.4	1,452	0.5	43	57,012	239,716
_	89	0.4	865	0.4	40	4	0.0	48	0.3	23	23,087	91,861
5 and younger	1,273	6.4	11,903	0.6	51	2	0.0	24	0.5	36	19,793	87,934
6-14	294	4.6	2,974	0.6	56	3	0.0	36	0.4	19	6,391	31,921
15-20	20	0.3	138	0.6	85	90	1.4	461	0.4	36	6,599	22,629
21-44	7	0.8	48	0.6	45	63	6.9	345	0.5	41	913	3,298
45-64	0	0.0	0	0.0	0	42	30.2	449	0.6	55	139	1,299
65-74	0	0.0	0	0.0	0	8	11.6	77	0.6	42	69	564
75-84	0	0.0	0	0.0	0	1	4.8	12	0.9	56	21	210
85 and older Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	631	1,730
GIIKIIOWII	U	0.0	0	0.0	U	U	0.0	U	0.0	U	031	1,730

Table ND7D Nondual Beneficiaries

- a. Table ND.7D includes the beneficiaries represented by Cell K 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 Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Table ND7D Nondual Beneficiaries

TABLE ND.8 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC^{a, b} NONDUAL BENEFICIARIES, NEVADA, 2004

Beneficiary		Number of Rx per Benefit	Number of All-Year Nursing	Benefit Months Among All- Year Nursing Facility
Characteristics	Rx \$ per Benefit Month	Month	Facility Residents	Residents
All	\$498	9.3	306	3,170
Age				
0-64	526	9.5	239	2,483
65-74	489	10.0	32	336
75-84	311	8.0	20	194
85 and older	294	6.4	15	157
Unknown	0	0.0	0	0
Gender				
Female	477	10.1	153	1,587
Male	518	8.5	153	1,583
Unknown	0	0.0	0	0
Race				
White	491	9.1	223	2,358
African American	467	9.3	36	350
Other/unknown	554	10.1	47	462
Basis of Eligibility ^c				
Aged	396	8.7	63	661
Disabled	527	9.5	242	2,497
Adults	0	0.0	0	0
Children	105	3.0	1	12
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.

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.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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.

TABLE ND.9 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY NONDUAL BENEFICIARIES, NEVADA, 2004

		er of Ro	ong Use			er Bene Among	Users	th		\$ per				_		Users	
Therapeutic Category	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	Total Number of Rx	Total Rx \$	P Number of Users	As a ercentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	8.0	0.4	0.0	0.4	\$94	\$59	\$8	\$26	\$111	\$159	\$213	\$60	1,699	\$188,919	188	61.4 %	2,014
Biologicals	0.1	0.1	0.0	0.0	39	39	0	0	340	371	0	32	54	18,335	40	13.1	472
Antineoplastic Agents	0.7	0.0	0.0	0.7	75	0	0	75	112	0	0	112	148	16,593	22	7.2	220
Endocrine/Metabolic Drugs	1.4	0.5	0.1	8.0	53	40	2	11	39	77	27	14	1,575	61,116	113	36.9	1,150
Cardiovascular Agents	2.2	0.6	0.0	1.6	59	37	2	20	27	63	39	13	4,146	112,036	178	58.2	1,890
Respiratory Agents	1.6	0.6	0.0	1.0	57	39	0	18	36	65	38	19	2,461	88,923	149	48.7	1,557
Gastrointestinal Agents	1.5	0.2	0.1	1.2	47	19	7	20	32	101	77	17	2,730	86,649	177	57.8	1,836
Genitourinary Agents	0.9	0.7	0.0	0.2	51	48	0	3	57	73	22	14	506	28,743	52	17.0	559
CNS Drugs	2.1	0.9	0.1	1.1	160	132	5	23	76	140	67	21	5,238	397,180	238	77.8	2,481
Stimulants/Anti-obesity/Anorexia	1.6	0.0	0.0	1.6	40	0	0	40	25	0	0	25	40	1,012	3	1.0	25
Miscellaneous Psychological/							_										
Neurological Agents	1.3	1.3			199	199	0	0	153	153	0	0	404	61,815	28	9.2	311
Analgesics and Anesthetics	1.8	0.4	0.1	1.3	89	54	5	30	50	125	95	23	3,061	152,376	164	53.6	1,707
Neuromuscular Agents	1.9	0.4	0.2		117	48	29	40	62	115	124	32	3,716	229,720	177	57.8	1,971
Nutritional Products	1.0	0.0	0.0	1.0	14	0	0	14	14	5	9	14	951	13,607	96	31.4	978
Hematological Agents	1.6	0.5	0.0	1.1	82	69	1	12	52	152	37	11	1,667	86,093	103	33.7	1,054
Topical Products	0.5	0.2	0.1	0.3	18	8	3	7	36	52	50	24	898	32,648	161	52.6	1,806
Miscellaneous Products	0.3	0.0	0.0	0.3	4	2	0	3	13	37	0	9	125	1,630	36	11.8	366
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	1	0	0	0	7	0	0	0	3	21	2	0.7	24
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.	29,422	1,577,416	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.

Table ND9 Nondual Beneficiaries

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In 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 ND9 Nondual Beneficiaries

TABLE ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP-10 DRUG GROUP^{a, b, c, d}

NONDUAL BENEFICIARIES, NEVADA, 2004

			Users			Among Users			
		Number of	As a Percentage of All-Year	Number of	Number of Dyner		Dy f nor Donofit		
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Number of Users	Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month		
ANTIPSYCHOTICS	\$282,519	176	57.5 %	1,939	0.9	\$167	\$146		
ANTICONVULSANT	196,570	202	66.0	2,253	1.2	71	87		
ANALGESICS - Narcotic	129,481	206	67.3	2,076	1.2	50	62		
ANTIDEPRESSANTS	87,722	183	59.8	1,957	0.9	51	45		
ANTIASTHMATIC	66,170	186	60.8	1,989	1.0	35	33		
MISC PSYCHOTHERAPEUTIC AND									
NEUROLOGICAL	61,815	34	11.1	372	1.1	153	166		
ULCER DRUGS	48,884	177	57.8	1,875	0.8	32	26		
ANTIDIABETIC	43,582	102	33.3	1,001	0.9	47	44		
MISC. ANTI-INFECTIVES	39,927	110	35.9	1,176	0.4	85	34		
AMINOGLYCOSIDES	37,270	17	5.6	190	1.2	170	196		
Total	993,940	1,393		14,828	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.

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.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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).

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST

AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}

NONDUAL BENEFICIARIES, NEVADA, 2004

	All Top 10 Drug	g Groups		ANTIPS	SYCHOTICS			ANTICONVULSANT				
Beneficiary Characteristics	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 \$
All	14,218	\$993,940	176	57.5 %	1,939	0.9	\$146	202	66.0 %	2,253	1.2	\$87
Female	7,401	486,282	81	52.9	878	0.9	140	101	66.0	1,106	1.3	86
Disabled	5,881	390,054	54	50.5	597	0.9	140	82	76.6	889	1.3	91
	5,774	382,191	53	51.0	585	0.9	137	82	78.8	889	1.3	91
64 or younger	4	61	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	91	7,309	1	100.0	12	1.8	328	0	0.0	0	0.0	0
75-84	12	493	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	1,520	96,228	27	58.7	281	1.0	140	19	41.3	217	1.2	66
•	13	730	0	0.0	0	0.0	0	1	100.0	12	1.0	60
64 or younger	868	58,473	11	61.1	122	1.0	199	12	66.7	134	1.4	64
65-74	392	21,311	10	58.8	99	1.4	107	4	23.5	47	1.0	97
75-84	247	15,714	6	60.0	60	0.6	75	2	20.0	24	0.6	18
85 and older Male	0.047	507,658	05	62.1	1.001	0.8	150	101	66.0	4 4 4 7	1.2	88
	6,817 6,118	469,523	95 86	63.7	1,061 960	0.8	150	92	68.1	1,147 1,046	1.2	92
Disabled	6,118	469,523 469,523	86	64.2	960	0.9	156	92	68.7	1,046	1.2	92
64 or younger	0,118	409,523		0.0	0	0.9	0	0	0.0	1,040	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	699	38,135		50.0	101	0.0	91		50.0	101	1.1	52
Other Eligibles	0	38,135	9	0.0	0	0.0	91	9	0.0	0	0.0	52 0
64 or younger		-	7	58.3	84	0.0				72		46
65-74	489 69	24,111 2,623	0	0.0	0	0.0	50 0	6	50.0 0.0	0	1.1 0.0	46
75-84	141	,	2	50.0	17	0.0	292	3	75.0	29	0.0	68
85 and older	141	11,401	2	50.0	17	0.9	292	3	75.0	29	0.9	80
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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).

TABLE ND.10B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEVADA, 2004

		ANALGES	SICS - Narcot	ic			ANTIDE	PRESSANTS	3		ANTIASTHMATIC				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	of Rx	Mean Rx \$
All	206	67.3 %	2,076	1.2	\$62	183	59.8 %	1,957	0.9	\$45	186	60.8 %	1,989	1.0	\$33
Female Disabled 64 or younge 65-74 75-84 85 and older Other Eligibles 64 or younge 65-74 75-84	111 86 82 2 2 0 25 0 14 7	72.5 80.4 78.8 200.0 200.0 0.0 54.3 0.0 77.8 41.2 40.0	1,110 842 816 2 24 0 268 0 168 58	1.2 1.2 1.5 1.0 0.0 0.9 0.0 1.0 0.9	59 64 64 20 74 0 45 0 60 18 21	105 87 84 1 1 1 18 0 8 4	68.6 81.3 80.8 100.0 100.0 100.0 39.1 0.0 44.4 23.5 60.0	1,099 914 889 1 12 12 185 0 96 33	0.9 1.0 1.0 1.0 1.0 0.6 0.0 0.6 0.4	41 44 44 21 78 41 27 0 33 13	92 67 66 0 1 0 25 0 9	60.1 62.6 63.5 0.0 100.0 0.0 54.3 0.0 50.0 58.8 60.0	977 747 735 0 12 0 230 0 90 86	0.9 1.0 1.0 0.0 0.1 0.0 0.6 0.0 1.1 0.3	32 36 36 0 2 0 18 0 34 10 3
85 and older Male Disabled 64 or younge 65-74 75-84 85 and older Other Eligibles 64 or younge 65-74 75-84 85 and older	95 83 83 0 0 0 12 0 8 1	62.1 61.5 61.9 0.0 0.0 0.0 66.7 0.0 66.7 50.0 75.0	966 850 850 0 0 116 0 89 12	1.3 1.3 1.3 0.0 0.0 0.0 1.4 0.0 1.4 2.3 0.7	66 66 66 0 0 0 61 0 55 133 41	78 68 68 0 0 0 10 0 6 1	51.0 50.4 50.7 0.0 0.0 0.0 55.6 0.0 50.0 75.0	858 756 756 0 0 102 0 65 8	0.7 0.8 0.8 0.0 0.0 0.0 1.0 0.0 0.9 1.0	50 50 50 0 0 0 0 50 0 50 0 51 42 51	94 85 85 0 0 0 9 0 8 0	61.4 63.0 63.4 0.0 0.0 50.0 0.0 66.7 0.0 25.0	1,012 904 904 0 0 108 0 96 0	1.0 1.1 1.1 0.0 0.0 0.0 0.7 0.0 0.7 0.0 0.7	35 36 36 0 0 0 27 0 29 0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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).

TABLE ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEVADA, 2004

	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ULCE	R DRUGS			ANTIDIABETIC				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Users	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	Mean Number of Rx	Mean Rx \$
All	34	11.1 %	372	1.1	\$166	177	57.8 %	1,875	8.0	\$26	102	33.3 %	1,001	0.9	\$44
Female	21	13.7	238	1.3	190	99	64.7	1,053	0.9	26	49	32.0	506	1.0	49
Disabled	12	11.2	136	1.6	274	72	67.3	763	0.9	31	39	36.4	395	1.0	44
r 64 or younge	12	11.5	136	1.6	274	71	68.3	751	0.9	31	37	35.6	371	1.0	45
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	100.0	12	1.1	11	2	200.0	24	8.0	21
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	9	19.6	102	0.8	77	27	58.7	290	0.8	14	10	21.7	111	1.1	65
r 64 or younge	0	0.0 22.2	0	0.0 0.6	0 83	0	0.0 83.3	190	0.0	0	0	0.0 27.8	0	0.0 0.7	0 13
65-74	•	11.8	48	1.6	61	15	63.3 52.9	180 84	0.8 0.9	15 14	5	27.8 5.9	60	1.3	238
75-84	2	30.0	24 30	0.7	80	9	30.0	26	0.9	14	4	5.9 40.0	48	1.5	∠36 119
85 and older	3	30.0	30	0.7	00	3	30.0	20	0.9	11	4	40.0	40	1.5	
Male	13	8.5	134	8.0	125	78	51.0	822	0.7	26	53	34.6	495	8.0	38
Disabled	12	8.9	122	8.0	123	72	53.3	750	0.7	27	40	29.6	360	0.9	37
r 64 or younge	12	9.0	122	8.0	123	72	53.7	750	0.7	27	40	29.9	360	0.9	37
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older Other Eligibles	1	5.6	12	1.0	142	6	33.3	72	8.0	11	13	72.2	135	0.8	42
r 64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0 0.0	0 0	5	41.7 0.0	60 0	0.8 0.0	12	9	75.0 200.0	87	0.8 0.7	57 14
75-84	1	0.0 25.0	0 12	1.0	142	0	0.0 25.0	12	1.1	0 10	0	0.0	48 0	0.7	0
85 and older	ı	25.0	12	1.0	142	ļ	20.0	12	1.1	10	U	0.0	U	0.0	U
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 ND10C Nondual Beneficiaries

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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).

TABLE ND.10D DICAID PHARMACY BENEFIT LISE AND REIMBURSEMENT PER BENEFI

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^{6, b, c, d}
NONDUAL BENEFICIARIES, NEVADA, 2004

		MISC. AN	Π-INFECTIVE	S			AMINO	SLYCOSIDES	3			
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents 35.9 %	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 \$ \$196	All-Year Nursing Y Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
All	110		1,176		•					•		3,170
Female	52	34.0	562	0.3	22	6	3.9	69	1.1	232	153	1,587
Disabled	38	35.5	404	0.3	25	6	5.6	69	1.1	232	107	1,112
64 or younger	38	36.5	404	0.3	25	6	5.8	69	1.1	232	104	1,087
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	14	30.4	158	0.2	15	0	0.0	0	0.0	0	46	475
64 or younger	1	100.0	12	0.1	1	0	0.0	0	0.0	0	1	12
65-74	6	33.3	72	0.4	25	0	0.0	0	0.0	0	18	197
75-84	4	23.5	38	0.2	12	0	0.0	0	0.0	0	17	162
85 and older	3	30.0	36	0.1	1	0	0.0	0	0.0	0	10	104
Male	58	37.9	614	0.5	45	11	7.2	121	1.2	176	153	1,583
Disabled	55	40.7	578	0.5	47	11	8.1	121	1.2	176	135	1,385
	55	41.0	578	0.5	47	11	8.2	121	1.2	176	134	1,384
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older Other Eligibles	3	16.7	36	0.7	14	0	0.0	0	0.0	0	18	198
_	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	1	8.3	12	0.1	1	0	0.0	0	0.0	0	12	137
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20
75-84 85 and older	2	50.0	24	1.0	20	0	0.0	0	0.0	0	4	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 374 beneficiaries who were in nursing facilities for part of their enrollment and their 3,620 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).

TABLE ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}

NEVADA, 2004

	Number of	Percentage of							
		Beneficiaries with at	Number of Part	Total Number Pa	art D Excluded			Part D Excluded Rx	
Beneficiary	at Least One Part	Least One Part D	D Excluded Rx	Part D	Rx \$ per	Total Part D		as a Percentage of	Total Number of
Characteristics	D Excluded Rx	Excluded Rx	per Beneficiary	Excluded Rx	Beneficiary	Excluded Rx \$	Excluded Rx	All Nondual Rx \$	Beneficiaries
All	20,373	12.8 %	0.6	89,367	\$12	\$1,963,061	\$22	2.7 %	159,385
Age									
5 and younger	5,082	10.8	0.2	9,011	5	222,468	25	2.4	46,977
6-14	3,218	7.6	0.2	7,405	7	312,735	42	3.6	42,542
15-20	1,433	7.7	0.2	4,144	6	112,953	27	1.9	18,554
21-44	5,736	14.7	0.7	27,625	16	628,614	23	3.1	38,972
45-64	4,619	40.4	3.4	39,055	57	654,446	17	2.5	11,436
65-74	183	37.8	2.6	1,270	37	17,690	14	2.3	484
75-84	75	32.1	2.7	626	51	11,872	19	4.0	234
85 and older	27	35.5	3.0	231	30	2,283	10	2.5	76
Unknown	0	0.0	0.0	0	0	0	0	0.0	110
Basis of Eligibility ^c									
Aged	253	36.4	2.8	1,918	41	28,311	15	2.7	696
Disabled	8,641	37.8	2.9	65,271	64	1,475,671	23	2.6	22,890
Adults	3,699	9.7	0.2	9,405	4	170,443	18	3.6	37,988
Children	7,731	7.9	0.1	12,530	3	285,254	23	3.3	97,667
Unknown	49	34.0	1.7	243	23	3,382	14	2.0	144
Gender									
Female	12,495	13.8	0.6	57,140	13	1,215,270	21	3.2	90,318
Male	7,850	11.5	0.5	32,177	11	746,711	23	2.2	68,541
Unknown	28	5.3	0.1	50	2	1,080	22	11.0	526
Race									
White	11,841	15.7	0.8	59,575	17	1,251,448	21	2.7	75,618
African American	3,029	10.8	0.5	12,874	13	371,888	29	3.5	28,123
Other/unknown	5,503	9.9	0.3	16,918	6	339,725	20	2.4	55,644
Use of Nursing									
Facilities ^d									
Entire year	198	64.7	10.6	3,257	135	41,351	13	2.6	306
Part year	303	81.0	10.2	3,820	155	58,028	15	3.5	374
None	19,872	12.5	0.5	82,290	12	1,863,682	23	2.7	158,705
Maintenance									
Assistance Status									
Cash	15,159	14.6	0.7	74,217	16	1,630,068	22	2.7	104,138
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,939	6.8	0.1	2,996	2	58,069	19	4.9	28,540
Other/unknown	3,275	12.3	0.5	12,154	10	274,924	23	2.7	26,707

Table ND11 Nondual Beneficiaries

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTICa,b NEVADA, 2004

Beneficiary	Number Rx per	Rx \$ per		Barbiturate \$ per Ber	nzodiazepine \$ per	Number of
Characteristics	Benefit Month	Benefit Month	\$ per Rx	Benefit Month	Benefit Month	Benefit Months
All	0.1	\$3	\$22	\$0	\$1	783,860
Age						
5 and younger	0.0	1	25	0	0	193,275
6-14	0.0	2	42	0	1	208,176
15-20	0.0	1	27	0	0	97,929
21-44	0.2	3	23	0	1	183,743
45-64	0.4	7	17	0	3	93,224
65-74	0.3	4	14	0	1	4,413
75-84	0.3	6	19	0	1	2,141
85 and older	0.3	3	10	0	2	709
Unknown	0.0	0	0	0	0	250
Basis of Eligibility ^c						
Aged	0.3	4	15	0	1	6,499
Disabled	0.3	7	23	0	3	220,271
Adults	0.1	1	18	0	0	139,606
Children	0.0	1	23	0	0	416,380
Unknown	0.2	3	14	0	2	1,104
Gender						
Female	0.1	3	21	0	1	434,403
Male	0.1	2	23	0	1	347,964
Unknown	0.0	1	22	0	0	1,493
Race						
White	0.1	3	21	0	1	425,310
African American	0.1	3	29	0	1	123,155
Other/unknown	0.1	1	20	0	0	235,395
Use of Nursing						
Facilities ^d						
Entire year	1.0	13	13	1	5	3,170
Part year	1.1	16	15	0	6	3,620
None	0.1	2	23	0	1	777,070
Maintenance						
Assistance Status						
Cash	0.1	3	22	0	1	522,145
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	19	0	0	105,256
Other/unknown	0.1	2	23	0	0	156,459

Table ND12 Nondual Beneficiaries

- a. Table ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 beneficaries 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 ND.13 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c} NEVADA. 2004

	Rx \$ as a Percentage of All										
Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Part D Excluded Rx				
All	26,239	\$75	\$1,963,061	100.0 %	89,367	\$22	100.0 %				
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0				
Fertility drugs	8	57	455	0.0	12	38	0.0				
Drugs for cosmetic purposes	18	12	212	0.0	19	11	0.0				
Cough and cold medications	11,196	49	550,051	28.0	19,307	28	21.6				
Vitamins and minerals	2,653	72	190,450	9.7	11,099	17	12.4				
Non-prescription drugs	4,936	59	292,495	14.9	16,225	18	18.2				
Barbiturates	412	70	28,928	1.5	3,192	9	3.6				
Benzodiazepines	6,208	106	658,820	33.6	37,067	18	41.5				
Other Part D Excl Rx Drugs	808	299	241,650	12.3	2,446	99	2.7				

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.

- 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.

a. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEVADA, 2004

Beneficiary			Number of Ber	neficiaries				N	lumber of Ben	efit Months		
Characteristics	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	218,793	696	22,890	51,743	143,320	144	1,821,455	6,499	223,666	380,575	1,209,608	1,107
Age												
5 and younger	67,512	0	1,419	0	66,093	0	548,812	0	14,227	0	534,585	0
6-14	61,736	0	3,561	0	58,175	0	551,450	0	36,862	0	514,588	0
15-20	25,390	0	2,183	4,326	18,878	3	213,565	0	21,928	31,817	159,808	12
21-44	50,686	0	6,881	43,750	25	30	388,882	0	67,031	321,468	181	202
45-64	12,545	7	8,746	3,662	19	111	111,132	50	82,813	27,273	103	893
65-74	485	392	87	5	1	0	4,422	3,712	692	17	1	0
75-84	234	224	10	0	0	0	2,141	2,053	88	0	0	0
85 and older	76	73	3	0	0	0	709	684	25	0	0	0
Unknown	129	0	0	0	129	0	342	0	0	0	342	0
Gender												
Female	124,287	464	11,413	41,415	70,851	144	1,032,716	4,383	113,799	313,681	599,746	1,107
Male	93,736	232	11,477	10,328	71,699	0	785,014	2,116	109,867	66,894	606,137	0
Unknown	770	0	0	0	770	0	3,725	0	0	0	3,725	0
Race												
White	95,855	260	13,195	26,146	56,156	98	788,901	2,439	127,212	189,089	469,405	756
African American	45,480	52	5,146	10,706	29,566	10	412,346	503	51,630	86,180	273,955	78
Other/unknown	77,458	384	4,549	14,891	57,598	36	620,208	3,557	44,824	105,306	466,248	273
Use of Nursing Facilities ^c												
Entire year	306	63	242	0	1	0	3,170	661	2,497	0	12	0
Part year	374	34	324	5	9	2	3,655	325	3,193	32	91	14
None	218,113	599	22,324	51,738	143,310	142	1,814,630	5,513	217,976	380,543	1,209,505	1,093
Maintenance Assistance Status												
Cash	139,054	596	21,168	35,689	81,601	0	1,168,156	5,735	207,002	259,354	696,065	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	41,863	1	1	4,991	36,726	144	324,530	11	12	29,746	293,654	1,107
Other/unknown	37,876	99	1,721	11,063	24,993	0	328,769	753	16,652	91,475	219,889	0
Managed Care (MC) Status							0					
Fee-for-service (FFS) all year	74,965	696	22,146	14,450	37,530	143	554,653	6,499	215,451	75,522	256,078	1,103
FFS part year, with Rx claims	21,855	0	502	9,238	12,115	0	198,313	0	5,651	79,085	113,577	0
FFS part year, no Rx claims	62,565	0	242	14,300	48,022	1	546,738	0	2,564	115,886	428,284	4
MC all year, with Rx claims	2,440	0	0	1,070	1,370	0	22,032	0	0	9,232	12,800	0
MC all year, no Rx claims	56,968	0	0	12,685	44,283	0	499,719	0	0	100,850	398,869	0

- a. Table A.1 includes the beneficiaries represented by Cell J 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.

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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a NONDUAL BENEFICIARIES, NEVADA, 2004

	Beneficiaries Benefit Months in Ce	II J of Table 1	Included in Cell K o		Excluded from Cell K of Table 1		
	Number of Nu Beneficiaries	mber of Benefit Months	Number of Nur Beneficiaries	nber of Benefit Months	Number of Nu Beneficiaries	mber of Benefit Months	
All	218,793	1,821,455	159,385	783,860	0	1,037,595	
Fee-for-service (FFS) all year	74,965	554,653	74,965	554,653	0	0	
FFS part year, with Rx claims	21,855	198,313	21,855	69,572	0	128,741	
FFS part year, with no Rx claims	62,565	546,738	62,565	159,635	0	387,103	
Managed care (MC) all year, with Rx claims	2,440	22,032	0	0	0	22,032	
MC all year, with no Rx claims	56,968	499,719	0	0	0	499,719	

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.

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.

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