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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**639,542**	**9,130**	**98,894**	**249,499**	**282,019**	**0**	**3,916,583**	**92,499**	**1,012,991**	**1,522,082**	**1,289,011**	**0**
Age												
5 and younger	114,219	0	3,721	11	110,487	0	473,571	0	36,726	86	436,759	0
6-14	131,927	0	10,195	433	121,299	0	716,013	0	111,234	2,371	602,408	0
15-20	116,211	4	8,192	57,833	50,182	0	752,181	38	86,969	415,658	249,516	0
21-44	216,350	14	35,208	181,077	51	0	1,415,295	125	354,332	1,060,510	328	0
45-64	51,673	94	41,474	10,105	0	0	466,960	860	422,850	43,250	0	0
65-74	5,546	5,426	94	26	0	0	57,286	56,389	766	131	0	0
75-84	2,643	2,632	5	6	0	0	26,732	26,647	54	31	0	0
85 and older	972	960	5	7	0	0	8,533	8,440	60	33	0	0
Unknown	1	0	0	1	0	0	12	0	0	12	0	0
Gender												
Female	410,269	5,873	50,323	214,805	139,268	0	2,605,363	59,493	525,025	1,380,194	640,651	0
Male	229,240	3,249	48,562	34,692	142,737	0	1,311,013	32,952	487,861	141,880	648,320	0
Unknown	33	8	9	2	14	0	207	54	105	8	40	0
Race												
White	358,917	5,158	72,729	107,206	173,824	0	2,153,714	52,954	748,755	539,506	812,499	0
African American	35,625	348	8,745	10,502	16,030	0	208,601	3,529	87,585	46,245	71,242	0
Other/unknown	245,000	3,624	17,420	131,791	92,165	0	1,554,268	36,016	176,651	936,331	405,270	0
Use of Nursing Facilities[c]												
Entire year	880	189	689	2	0	0	8,341	1,863	6,473	5	0	0
Part year	1,897	247	1,606	38	6	0	17,965	2,258	15,452	215	40	0
None	636,765	8,694	96,599	249,459	282,013	0	3,890,277	88,378	991,066	1,521,862	1,288,971	0
Maintenance Assistance Status												
Cash	168,738	6,010	89,626	30,168	42,934	0	1,272,571	63,582	914,486	112,419	182,084	0
Medically needy	1,429	63	1,080	9	277	0	11,489	589	9,463	48	1,389	0
Poverty-related	164,574	58	75	37,663	126,778	0	755,842	408	608	212,857	541,969	0
Other/unknown	304,801	2,999	8,113	181,659	112,030	0	1,876,681	27,920	88,434	1,196,758	563,569	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	365,109	9,116	95,395	161,849	98,749	0	3,080,716	92,405	992,330	1,210,551	785,430	0
FFS part year, with Rx claims	105,574	12	2,898	48,204	54,460	0	381,450	90	17,849	182,884	180,627	0
FFS part year, no Rx claims	168,859	2	601	39,446	128,810	0	454,417	4	2,812	128,647	322,954	0

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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[a, b]
NONDUAL BENEFICIARIES, WASHINGTON, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**42.6 %**	**7.2**	**$453**	**$63**	**$2,918**	**15.5 %**	**639,542**
Age							
5 and younger	35.0	1.4	62	45	1,876	3.3	114,219
6-14	35.0	2.5	212	84	1,448	14.7	131,927
15-20	33.4	2.4	158	65	1,668	9.5	116,211
21-44	45.5	6.7	455	68	3,160	14.4	216,350
45-64	81.2	40.2	2,408	60	9,671	24.9	51,673
65-74	84.5	35.2	1,605	46	8,688	18.5	5,546
75-84	78.7	32.2	1,349	42	9,852	13.7	2,643
85 and older	51.6	21.3	877	41	9,471	9.3	972
Unknown	0.0	0.0	0	0	368	0.0	1
Basis of Eligibility[e]							
Aged	80.1	33.2	1,471	44	9,081	16.2	9,130
Disabled	83.7	33.8	2,394	71	10,555	22.7	98,894
Adults	34.9	2.1	78	37	1,624	4.8	249,499
Children	33.9	1.5	71	46	1,184	6.0	282,019
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	42.6	7.3	406	56	2,772	14.7	410,269
Male	42.7	7.1	537	76	3,178	16.9	229,240
Unknown	45.5	22.2	1,129	51	4,962	22.8	33
Race							
White	49.7	9.6	614	64	3,525	17.4	358,917
African American	47.7	8.2	486	59	3,588	13.6	35,625
Other/unknown	31.5	3.6	212	60	1,930	11.0	245,000
Use of Nursing Facilities[f]							
Entire year	96.8	76.6	5,024	66	64,661	7.8	880
Part year	98.3	77.1	4,967	65	58,547	8.5	1,897
None	42.4	6.9	433	63	2,667	16.2	636,765
Maintenance Assistance Status							
Cash	66.5	19.8	1,331	67	5,993	22.2	168,738
Medically needy	85.6	35.5	2,708	76	15,219	17.8	1,429
Poverty related	38.3	1.5	55	36	1,634	3.3	164,574
Other/unknown	31.5	3.1	172	55	1,850	9.3	304,801

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, WASHINGTON, 2004

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.2**	**$74**	**15.5 %**	**57.4 %**	**26.8 %**	**5.3 %**	**6.3 %**	**3.2 %**	**1.0 %**	**$476**	**639,542**	**3,916,583**
Age												
5 and younger	0.3	15	3.3	65.0	30.1	3.2	1.5	0.2	0.0	453	114,219	473,571
6-14	0.5	39	14.7	65.0	27.6	3.9	2.9	0.5	0.1	267	131,927	716,013
15-20	0.4	24	9.5	66.6	26.0	3.9	2.9	0.6	0.1	258	116,211	752,181
21-44	1.0	70	14.4	54.5	27.5	6.3	7.5	3.3	0.9	483	216,350	1,415,295
45-64	4.5	267	24.9	18.8	17.5	10.3	24.7	20.8	7.9	1,070	51,673	466,960
65-74	3.4	155	18.5	15.5	23.3	13.2	28.1	16.3	3.6	841	5,546	57,286
75-84	3.2	133	13.7	21.3	22.2	12.2	26.1	14.9	3.4	974	2,643	26,732
85 and older	2.4	100	9.3	48.4	11.1	8.1	18.4	12.6	1.4	1,079	972	8,533
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	31	1	12
Basis of Eligibility[e]												
Aged	3.3	145	16.2	19.9	21.8	12.6	26.7	15.7	3.3	896	9,130	92,499
Disabled	3.3	234	22.7	16.3	28.1	11.6	22.8	15.6	5.5	1,030	98,894	1,012,991
Adults	0.3	13	4.8	65.1	25.1	4.4	3.9	1.2	0.3	266	249,499	1,522,082
Children	0.3	16	6.0	66.1	28.1	3.5	1.9	0.3	0.0	259	282,019	1,289,011
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.1	64	14.7	57.4	27.0	5.0	6.0	3.3	1.2	437	410,269	2,605,363
Male	1.2	94	16.9	57.3	26.4	5.7	6.8	3.1	0.8	556	229,240	1,311,013
Unknown	3.5	180	22.8	54.5	9.1	3.0	15.2	18.2	0.0	791	33	207
Race												
White	1.6	102	17.4	50.3	29.0	6.5	8.2	4.5	1.5	588	358,917	2,153,714
African American	1.4	83	13.6	52.3	28.4	6.7	7.8	3.7	1.1	613	35,625	208,601
Other/unknown	0.6	33	11.0	68.5	23.3	3.2	3.3	1.4	0.3	304	245,000	1,554,268
Use of Nursing Facilities[f]												
Entire year	8.1	530	7.8	3.2	4.5	5.1	23.8	37.2	26.3	6,822	880	8,341
Part year	8.1	525	8.5	1.7	5.9	7.3	23.8	35.3	25.9	6,182	1,897	17,965
None	1.1	71	16.2	57.6	26.9	5.2	6.2	3.1	0.9	437	636,765	3,890,277
Maintenance Assistance Status												
Cash	2.6	176	22.2	33.5	29.0	9.5	15.5	9.5	3.0	795	168,738	1,272,571
Medically needy	4.4	337	17.8	14.4	18.5	11.4	26.7	22.4	6.6	1,893	1,429	11,489
Poverty related	0.3	12	3.3	61.7	32.3	3.8	1.9	0.2	0.0	356	164,574	755,842
Other/unknown	0.5	28	9.3	68.5	22.7	3.6	3.5	1.3	0.4	301	304,801	1,876,681

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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[a, b, c]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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
All	**1.2**	**$74**	**$63**	**0.4**	**$54**	**$136**	**0.1**	**$5**	**$94**	**0.7**	**$15**	**$21**
Age												
5 and younger	0.3	15	45	0.1	11	113	0.0	1	43	0.2	3	14
6-14	0.5	39	84	0.2	31	139	0.0	1	75	0.2	7	30
15-20	0.4	24	65	0.1	19	129	0.0	1	65	0.2	4	20
21-44	1.0	70	68	0.3	51	156	0.1	5	97	0.6	14	21
45-64	4.5	267	60	1.4	186	131	0.2	21	107	2.8	60	21
65-74	3.4	155	46	1.2	112	96	0.1	7	64	2.1	36	17
75-84	3.2	133	42	1.1	96	87	0.1	5	55	2.0	32	16
85 and older	2.4	100	41	0.8	69	91	0.1	5	47	1.5	25	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	3.3	145	44	1.1	104	93	0.1	6	60	2.0	35	17
Disabled	3.3	234	71	1.1	172	153	0.2	16	107	2.0	46	23
Adults	0.3	13	37	0.1	8	85	0.0	1	54	0.2	4	17
Children	0.3	16	46	0.1	12	91	0.0	1	55	0.2	3	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.1	64	56	0.4	45	122	0.1	5	88	0.7	14	20
Male	1.2	94	76	0.4	71	158	0.1	6	106	0.7	17	23
Unknown	3.5	180	51	1.4	138	98	0.1	3	41	2.1	39	19
Race												
White	1.6	102	64	0.5	75	137	0.1	7	101	1.0	21	21
African American	1.4	83	59	0.5	62	136	0.1	5	83	0.9	17	19
Other/unknown	0.6	33	60	0.2	24	131	0.0	2	70	0.4	8	22
Use of Nursing Facilities[e]												
Entire year	8.1	530	66	2.7	369	138	0.6	49	87	4.8	112	23
Part year	8.1	525	65	2.4	364	151	0.4	44	101	5.3	117	22
None	1.1	71	63	0.4	52	136	0.1	5	94	0.7	15	21
Maintenance Assistance Status												
Cash	2.6	176	67	0.9	129	147	0.1	12	105	1.6	35	22
Medically needy	4.4	337	76	1.5	253	166	0.2	23	111	2.7	61	23
Poverty related	0.3	12	36	0.1	8	75	0.0	1	45	0.2	3	15
Other/unknown	0.5	28	55	0.2	20	112	0.0	2	72	0.3	6	20

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Washington, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.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, WASHINGTON, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per 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	$21	$15	$1	$5	$67	$165	$80	$23	361,268	$24,343,656	141,919	22.2 %	1,173,149
Biologicals	0.2	0.2	0.0	0.0	121	90	0	32	695	580	27	1,646	2,998	2,082,612	1,691	0.3	17,153
Antineoplastic Agents	0.6	0.1	0.0	0.4	119	94	1	24	215	629	136	60	12,689	2,725,679	2,317	0.4	22,842
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	33	23	2	8	47	90	34	20	461,502	21,802,127	77,103	12.1	670,652
Cardiovascular Agents	1.4	0.4	0.0	1.0	43	29	1	14	31	74	30	14	661,987	20,820,922	49,040	7.7	480,815
Respiratory Agents	0.6	0.3	0.0	0.3	29	24	0	5	51	91	33	16	390,540	19,818,740	79,302	12.4	691,837
Gastrointestinal Agents	0.6	0.3	0.0	0.3	43	36	2	5	76	129	91	18	259,361	19,762,622	48,162	7.5	461,775
Genitourinary Agents	0.3	0.1	0.0	0.1	15	11	1	3	47	79	41	18	51,748	2,418,005	18,215	2.8	164,415
CNS Drugs	1.2	0.5	0.1	0.6	104	83	5	15	88	174	84	24	866,999	76,050,548	81,322	12.7	734,210
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	62	53	1	8	78	91	89	40	107,565	8,380,161	15,439	2.4	135,321
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	276	276	0	0	499	512	96	35	7,384	3,688,195	1,316	0.2	13,339
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	31	17	2	12	43	163	252	20	672,492	28,700,458	108,360	16.9	913,227
Neuromuscular Agents	0.9	0.3	0.1	0.4	75	44	20	11	88	156	143	26	383,504	33,696,216	46,623	7.3	449,114
Nutritional Products	0.4	0.0	0.0	0.3	6	0	0	5	16	25	17	15	88,081	1,376,821	33,584	5.3	249,936
Hematological Agents	0.7	0.2	0.1	0.4	172	142	2	28	256	690	32	68	54,680	13,976,605	8,321	1.3	81,437
Topical Products	0.3	0.1	0.0	0.2	10	5	1	4	35	76	48	19	201,231	6,960,395	78,475	12.3	691,216
Miscellaneous Products	0.3	0.2	0.0	0.1	46	35	6	6	175	208	279	73	16,199	2,833,531	6,667	1.0	60,998
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	27	0	0	0	6,781	181,793	2,767	0.4	28,780
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,607,009	289,619,086	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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 Washington, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.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 ND.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

		Users			Among 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	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$47,128,838	33,460	5.2 %	347,637	0.7	$202	$136
ANTICONVULSANT	29,903,411	33,198	5.2	341,227	0.7	118	88
ANTIDEPRESSANTS	24,890,482	81,239	12.7	775,023	0.6	56	32
ANALGESICS - Narcotic	16,199,442	117,470	18.4	1,070,800	0.4	36	15
ULCER DRUGS	14,980,485	47,547	7.4	474,246	0.5	67	32
ANTIASTHMATIC	13,775,195	69,361	10.8	648,580	0.4	56	21
ANTIVIRAL	11,542,208	8,674	1.4	83,230	0.4	327	139
ANTIDIABETIC	9,788,977	24,378	3.8	245,626	0.7	55	40
MISC. HEMATOLOGICAL	9,191,120	2,314	0.4	24,232	0.6	620	379
ANTIHYPERLIPIDEMIC	9,097,133	19,406	3.0	205,197	0.6	70	44
Total	186,497,291	437,047		4,215,798	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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).

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.

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[a, b, c]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**2,195,815**	**$186,497,291**	**33,460**	**5.2 %**	**347,637**	**0.7**	**$136**	**33,198**	**5.2 %**	**341,227**	**0.7**	**$88**
Female	1,381,859	102,833,945	17,717	4.3	184,114	0.6	122	19,978	4.9	204,572	0.7	85
Disabled	1,094,382	88,471,971	14,567	28.9	158,882	0.7	130	16,083	32.0	176,746	0.8	91
5 and younger	4,950	455,564	7	0.4	81	0.7	98	147	9.4	1,604	0.8	141
6-14	18,629	2,004,571	302	8.9	3,466	0.6	112	673	19.7	7,732	0.9	127
15-20	24,201	2,356,698	628	19.6	6,880	0.6	110	725	22.6	8,053	0.8	106
21-44	356,442	31,693,821	6,838	37.7	73,571	0.6	130	6,725	37.1	73,251	0.8	94
45-64	689,894	51,945,108	6,788	28.3	74,862	0.7	133	7,811	32.6	86,092	0.7	82
65-74	262	15,925	4	7.1	22	0.9	158	2	3.6	14	1.3	84
75-84	4	284	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	287,477	14,361,974	3,150	0.9	25,232	0.5	69	3,895	1.1	27,826	0.6	52
5 and younger	8,674	382,099	20	0.0	221	0.3	50	97	0.2	816	0.5	40
6-14	23,731	1,364,941	447	0.7	4,571	0.5	74	414	0.7	3,603	0.7	61
15-20	30,587	1,406,302	607	0.8	5,107	0.5	63	439	0.5	3,623	0.5	54
21-44	127,395	5,470,236	1,458	1.0	9,218	0.4	50	2,129	1.4	12,333	0.5	50
45-64	19,680	1,056,687	139	2.1	872	0.6	62	306	4.7	1,745	0.6	57
65-74	51,947	3,256,345	300	8.6	3,339	0.7	124	336	9.7	3,818	0.6	58
75-84	20,392	1,144,471	107	6.5	1,144	0.5	75	134	8.1	1,469	0.5	31
85 and older	5,071	280,893	72	10.3	760	0.5	58	40	5.7	419	0.7	35
Male	813,545	83,633,529	15,739	6.9	163,478	0.7	151	13,215	5.8	136,604	0.8	91
Disabled	679,895	75,704,613	13,731	28.3	146,066	0.7	159	11,370	23.4	122,243	0.8	94
5 and younger	7,708	685,310	45	2.1	485	0.4	64	222	10.3	2,427	0.8	132
6-14	37,781	9,338,091	1,216	17.9	13,797	0.6	116	1,131	16.7	12,904	0.8	119
15-20	34,532	4,536,268	1,250	25.1	13,820	0.6	138	1,024	20.6	11,598	0.8	104
21-44	238,270	29,782,562	6,979	40.9	72,303	0.7	168	4,838	28.3	50,807	0.8	97
45-64	361,323	31,343,678	4,237	24.2	45,626	0.8	165	4,152	23.7	44,486	0.7	80
65-74	281	18,704	4	10.5	35	0.6	101	3	7.9	21	0.9	22
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	133,650	7,928,916	2,008	1.1	17,412	0.6	87	1,845	1.0	14,361	0.7	64
5 and younger	13,723	675,938	34	0.1	327	0.5	77	144	0.3	1,149	0.7	82
6-14	33,308	2,316,615	953	1.5	9,220	0.6	87	635	1.0	5,486	0.7	72
15-20	18,452	1,125,326	546	2.0	4,634	0.6	90	351	1.3	2,837	0.7	61
21-44	22,791	1,059,069	260	0.9	1,180	0.5	74	399	1.4	1,895	0.6	61
45-64	8,043	482,541	37	1.0	192	0.5	81	99	2.7	559	0.6	41
65-74	25,874	1,587,690	105	5.3	1,100	0.5	101	148	7.5	1,699	0.6	47
75-84	9,631	573,199	50	5.1	534	0.5	71	53	5.4	591	0.6	48
85 and older	1,828	108,538	23	8.5	225	0.6	68	16	5.9	145	0.8	59
Unknown	411	29,817	4	11.8	45	1.3	158	5	14.7	51	1.1	36

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 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, WASHINGTON, 2004

	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ULCER DRUGS				
Beneficiary Characteristics	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**81,239**	**12.7 %**	**775,023**	**0.6**	**$32**	**117,470**	**18.4 %**	**1,070,800**	**0.4**	**$15**	**47,547**	**7.4 %**	**474,246**	**0.5**	**$32**
Female	55,399	13.5	521,697	0.6	33	79,854	19.5	722,941	0.4	14	31,561	7.7	315,664	0.5	32
Disabled	35,934	71.4	389,886	0.6	36	41,585	82.6	456,526	0.5	19	21,177	42.1	234,820	0.5	35
5 and younger	10	0.6	100	0.3	5	190	12.2	2,183	0.1	1	303	19.4	3,243	0.4	26
6-14	484	14.2	5,426	0.5	25	464	13.6	5,312	0.1	2	340	10.0	3,883	0.5	36
15-20	1,035	32.2	11,334	0.5	28	1,205	37.5	13,370	0.2	3	476	14.8	5,355	0.3	24
21-44	13,666	75.4	147,292	0.6	35	16,739	92.3	182,690	0.4	16	6,478	35.7	71,606	0.4	30
45-64	20,728	86.6	225,658	0.6	37	22,975	95.9	252,881	0.5	23	13,573	56.7	150,687	0.5	38
65-74	11	19.6	76	0.6	39	12	21.4	90	0.5	9	7	12.5	46	0.3	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19,465	5.4	131,811	0.5	24	38,269	10.6	266,415	0.3	5	10,384	2.9	80,844	0.4	21
5 and younger	17	0.0	145	0.3	7	787	1.4	6,041	0.2	1	609	1.1	3,735	0.3	15
6-14	1,140	1.9	10,350	0.5	22	2,047	3.4	17,433	0.1	1	650	1.1	5,483	0.2	11
15-20	2,825	3.5	21,956	0.4	19	6,178	7.7	46,218	0.2	2	1,156	1.4	8,918	0.2	10
21-44	12,094	7.9	70,310	0.4	24	24,926	16.3	157,856	0.4	6	4,753	3.1	30,099	0.3	17
45-64	1,560	23.8	8,591	0.6	30	1,828	27.9	10,874	0.5	13	674	10.3	4,018	0.5	35
65-74	1,184	34.1	13,416	0.5	25	1,606	46.2	18,190	0.3	7	1,677	48.2	18,991	0.4	29
75-84	498	30.2	5,515	0.5	22	706	42.8	7,824	0.3	5	696	42.2	7,789	0.5	30
85 and older	147	21.1	1,528	0.6	26	191	27.4	1,979	0.4	10	169	24.3	1,811	0.6	35
Male	25,832	11.3	253,242	0.6	31	37,608	16.4	347,772	0.4	18	15,981	7.0	158,522	0.5	32
Disabled	20,143	41.5	210,329	0.6	32	24,867	51.2	261,732	0.5	22	11,730	24.2	125,745	0.5	34
5 and younger	38	1.8	418	0.5	20	261	12.1	2,932	0.1	1	411	19.0	4,372	0.4	26
6-14	1,109	16.3	12,667	0.6	27	791	11.7	9,180	0.1	1	422	6.2	4,851	0.5	39
15-20	1,276	25.6	14,237	0.5	30	1,206	24.2	13,504	0.2	3	482	9.7	5,460	0.4	26
21-44	8,019	47.0	81,093	0.6	34	9,684	56.7	99,688	0.4	19	3,738	21.9	39,337	0.5	32
45-64	9,693	55.3	101,849	0.6	32	12,914	73.7	136,365	0.5	28	6,668	38.1	71,661	0.5	36
65-74	8	21.1	65	0.8	24	11	28.9	63	0.9	83	9	23.7	64	0.5	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,689	3.1	42,913	0.5	24	12,741	7.1	86,040	0.3	5	4,251	2.4	32,777	0.4	24
5 and younger	48	0.1	397	0.4	14	1,106	2.0	8,684	0.1	1	768	1.4	4,996	0.3	17
6-14	1,627	2.6	14,633	0.5	23	2,090	3.4	17,635	0.1	2	529	0.9	4,447	0.3	14
15-20	1,307	4.7	10,314	0.5	24	2,620	9.4	19,436	0.2	2	469	1.7	3,642	0.3	14
21-44	1,620	5.8	7,849	0.5	27	4,880	17.3	23,082	0.5	10	958	3.4	4,556	0.4	31
45-64	409	11.2	2,155	0.6	25	935	25.6	4,932	0.6	16	325	8.9	1,735	0.4	30
65-74	463	23.5	5,228	0.5	23	717	36.4	7,906	0.3	6	805	40.9	8,974	0.5	28
75-84	169	17.1	1,865	0.5	21	323	32.7	3,641	0.2	3	336	34.0	3,787	0.5	31
85 and older	46	17.0	472	0.6	28	70	25.8	724	0.3	3	61	22.5	640	0.6	36
Unknown	8	23.5	84	0.6	32	8	23.5	87	0.3	34	5	14.7	60	0.7	58

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 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, WASHINGTON, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIVIRAL					ANTIDIABETIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**69,361**	**10.8 %**	**648,580**	**0.4**	**$21**	**8,674**	**1.4 %**	**83,230**	**0.4**	**$139**	**24,378**	**3.8 %**	**245,626**	**0.7**	**$40**
Female	41,805	10.2	396,605	0.4	21	5,628	1.4	52,794	0.3	86	15,882	3.9	161,716	0.7	40
Disabled	24,083	47.9	267,307	0.4	25	2,609	5.2	28,923	0.4	130	11,334	22.5	124,438	0.7	42
5 and younger	610	39.2	6,677	0.3	18	26	1.7	290	0.2	37	8	0.5	88	1.0	62
6-14	897	26.3	10,198	0.3	23	49	1.4	546	0.4	131	67	2.0	770	0.7	50
15-20	713	22.2	8,078	0.3	19	73	2.3	840	0.3	73	119	3.7	1,252	0.6	38
21-44	7,524	41.5	83,091	0.3	19	1,208	6.7	13,242	0.4	137	2,338	12.9	25,671	0.7	37
45-64	14,325	59.8	159,170	0.5	28	1,252	5.2	13,993	0.4	128	8,798	36.7	96,626	0.7	44
65-74	14	25.0	93	0.6	29	1	1.8	12	0.1	6	4	7.1	31	0.8	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	17,722	4.9	129,298	0.3	14	3,019	0.8	23,871	0.3	34	4,548	1.3	37,278	0.7	31
5 and younger	3,342	6.1	23,207	0.2	11	70	0.1	587	0.2	22	25	0.0	199	0.9	48
6-14	3,950	6.6	31,061	0.3	12	184	0.3	1,616	0.3	34	182	0.3	1,298	0.8	49
15-20	2,549	3.2	19,436	0.3	10	502	0.6	4,227	0.2	18	200	0.2	1,334	0.6	38
21-44	5,666	3.7	34,679	0.3	13	2,057	1.3	15,639	0.3	34	1,563	1.0	8,860	0.5	26
45-64	754	11.5	4,519	0.4	22	110	1.7	716	0.4	104	581	8.9	3,138	0.6	28
65-74	973	28.0	11,092	0.4	27	70	2.0	794	0.3	66	1,402	40.3	15,809	0.7	31
75-84	368	22.3	4,107	0.4	26	16	1.0	173	0.2	11	511	31.0	5,745	0.8	33
85 and older	120	17.2	1,197	0.4	23	10	1.4	119	0.1	5	84	12.1	895	0.7	29
Male	27,544	12.0	251,840	0.4	21	3,046	1.3	30,436	0.6	230	8,493	3.7	83,874	0.7	40
Disabled	13,680	28.2	148,940	0.4	25	2,509	5.2	26,163	0.6	256	6,344	13.1	66,704	0.7	42
5 and younger	1,019	47.1	11,448	0.3	18	31	1.4	344	0.2	27	3	0.1	28	0.3	19
6-14	1,699	25.0	19,389	0.3	19	77	1.1	879	0.3	68	65	1.0	689	0.8	62
15-20	829	16.6	9,334	0.3	16	36	0.7	416	0.2	31	75	1.5	813	0.8	55
21-44	3,146	18.4	33,586	0.4	21	1,250	7.3	12,619	0.6	259	1,456	8.5	15,106	0.7	42
45-64	6,978	39.8	75,124	0.5	31	1,115	6.4	11,905	0.6	280	4,737	27.0	49,997	0.7	42
65-74	9	23.7	59	0.5	35	0	0.0	0	0.0	0	8	21.1	71	0.6	31
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	13,864	7.7	102,900	0.3	16	537	0.3	4,273	0.3	70	2,149	1.2	17,170	0.7	34
5 and younger	5,083	9.1	35,452	0.3	13	85	0.2	636	0.2	5	35	0.1	164	0.7	49
6-14	5,144	8.4	39,439	0.3	13	126	0.2	1,113	0.2	39	141	0.2	1,030	0.8	44
15-20	1,514	5.4	11,133	0.3	12	83	0.3	731	0.3	39	115	0.4	793	0.8	59
21-44	846	3.0	4,098	0.4	17	152	0.5	913	0.5	89	509	1.8	2,314	0.7	36
45-64	249	6.8	1,257	0.5	39	40	1.1	302	0.6	331	348	9.5	1,723	0.7	30
65-74	673	34.2	7,636	0.5	35	39	2.0	445	0.3	92	706	35.8	7,871	0.7	32
75-84	304	30.8	3,327	0.5	31	10	1.0	112	0.2	18	259	26.2	2,873	0.6	26
85 and older	51	18.8	558	0.4	33	2	0.7	21	0.4	17	36	13.3	402	0.7	28
Unknown	12	35.3	135	0.4	25	0	0.0	0	0.0	0	3	8.8	36	0.6	16

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 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, WASHINGTON, 2004

	MISC. HEMATOLOGICAL					ANTIHYPERLIPIDEMIC						
Beneficiary Characteristics	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**2,314**	**0.4 %**	**24,232**	**0.6**	**$379**	**19,406**	**3.0 %**	**205,197**	**0.6**	**$44**	**639,542**	**3,916,583**
Female	1,232	0.3	13,405	0.6	71	11,912	2.9	127,886	0.6	44	410,268	2,605,351
Disabled	958	1.9	10,683	0.6	71	9,090	18.1	100,658	0.6	45	50,323	525,025
5 and younger	0	0.0	0	0.0	0	5	0.3	55	0.3	19	1,558	15,482
6-14	2	0.1	24	0.1	1	4	0.1	48	0.3	20	3,411	37,440
15-20	3	0.1	36	0.3	9	18	0.6	190	0.3	15	3,212	33,959
21-44	95	0.5	1,053	0.5	102	1,507	8.3	16,694	0.5	37	18,131	187,575
45-64	858	3.6	9,570	0.6	68	7,547	31.5	83,611	0.7	46	23,947	249,994
65-74	0	0.0	0	0.0	0	8	14.3	54	0.7	47	56	485
75-84	0	0.0	0	0.0	0	1	33.3	6	0.7	47	3	30
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
Other Eligibles	274	0.1	2,722	0.6	72	2,822	0.8	27,228	0.6	42	359,945	2,080,326
5 and younger	0	0.0	0	0.0	0	5	0.0	49	0.1	2	54,378	213,929
6-14	1	0.0	12	0.7	11	7	0.0	58	0.5	33	60,196	299,936
15-20	1	0.0	4	0.5	9	19	0.0	161	0.4	33	80,031	527,900
21-44	30	0.0	141	0.6	74	492	0.3	2,916	0.4	25	152,978	948,895
45-64	26	0.4	170	0.4	174	359	5.5	2,151	0.6	36	6,542	30,699
65-74	109	3.1	1,253	0.6	69	1,401	40.3	15,814	0.6	43	3,476	36,261
75-84	81	4.9	869	0.6	60	486	29.5	5,480	0.7	49	1,648	16,691
85 and older	26	3.7	273	0.7	60	53	7.6	599	0.7	49	696	6,015
Male	1,079	0.5	10,800	0.6	763	7,483	3.3	77,191	0.6	45	229,240	1,311,013
Disabled	846	1.7	8,675	0.6	925	5,912	12.2	63,283	0.6	46	48,562	487,861
5 and younger	2	0.1	24	0.2	12	3	0.1	28	0.2	7	2,163	21,244
6-14	12	0.2	136	1.5	38,157	9	0.1	87	0.4	19	6,784	73,794
15-20	7	0.1	76	0.8	7,691	17	0.3	201	0.5	31	4,980	53,010
21-44	80	0.5	773	0.6	2,247	1,254	7.3	13,360	0.6	39	17,074	166,721
45-64	744	4.2	7,654	0.6	67	4,624	26.4	49,573	0.7	48	17,521	172,787
65-74	1	2.6	12	1.0	23	5	13.2	34	0.5	24	38	281
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	233	0.1	2,125	0.6	100	1,571	0.9	13,908	0.6	42	180,678	823,152
5 and younger	0	0.0	0	0.0	0	6	0.0	47	0.1	3	56,109	222,893
6-14	2	0.0	24	0.5	3,691	19	0.0	137	0.3	15	61,533	304,826
15-20	3	0.0	21	0.2	29	17	0.1	87	0.5	22	27,987	137,306
21-44	15	0.1	61	0.4	56	290	1.0	1,385	0.5	30	28,163	112,066
45-64	42	1.1	174	0.6	61	264	7.2	1,331	0.6	35	3,657	13,411
65-74	110	5.6	1,225	0.6	57	686	34.8	7,690	0.6	45	1,970	20,209
75-84	51	5.2	545	0.6	55	258	26.1	2,895	0.6	43	988	9,983
85 and older	10	3.7	75	0.7	76	31	11.4	336	0.5	34	271	2,458
Unknown	3	8.8	27	0.9	106	11	32.4	120	0.6	41	34	219

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, WASHINGTON, 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
All	**$530**	**8.1**	**880**	**8,341**
Age				
0-64	582	8.4	690	6,468
65-74	444	7.8	82	831
75-84	311	6.8	58	552
85 and older	234	5.4	50	490
Unknown	0	0.0	0	0
Gender				
Female	517	8.3	490	4,897
Male	549	7.7	390	3,444
Unknown	0	0.0	0	0
Race				
White	548	8.4	620	5,925
African American	531	8.5	67	638
Other/unknown	469	7.1	193	1,778
Basis of Eligibility[c]				
Aged	351	6.9	189	1,863
Disabled	581	8.4	689	6,473
Adults	1,134	5.0	2	5
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						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 $	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.2	0.1	0.4	$74	$53	$8	$13	$113	$224	$143	$36	3,804	$429,086	567	64.4 %	5,807
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	27	29	15	27	42	1,129	39	4.4	414
Antineoplastic Agents	0.7	0.2	0.0	0.5	287	238	0	49	418	1,070	0	105	219	91,468	34	3.9	319
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	53	41	3	8	40	71	22	14	5,737	228,553	424	48.2	4,328
Cardiovascular Agents	1.9	0.5	0.0	1.4	54	35	1	19	28	67	22	14	10,161	283,412	536	60.9	5,211
Respiratory Agents	0.7	0.4	0.0	0.4	43	32	0	10	60	92	14	29	2,180	130,131	300	34.1	3,040
Gastrointestinal Agents	1.1	0.4	0.0	0.7	60	45	1	14	56	116	44	21	5,616	314,580	524	59.5	5,215
Genitourinary Agents	0.7	0.3	0.1	0.4	37	20	3	14	53	78	49	37	1,675	89,096	223	25.3	2,392
CNS Drugs	1.9	0.9	0.1	0.9	169	139	11	19	89	156	79	22	12,467	1,115,538	668	75.9	6,603
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.0	0.6	17	5	0	12	25	169	7	19	71	1,764	11	1.3	105
Miscellaneous Psychological/ Neurological Agents	0.9	0.9	0.0	0.0	233	233	0	0	271	271	0	0	549	148,575	60	6.8	637
Analgesics and Anesthetics	1.8	0.4	0.0	1.3	80	46	4	30	45	114	110	22	8,439	378,295	508	57.7	4,755
Neuromuscular Agents	1.6	0.4	0.3	0.9	134	59	42	34	85	150	138	38	8,607	731,523	527	59.9	5,442
Nutritional Products	0.7	0.0	0.0	0.7	20	0	0	20	27	34	12	28	2,043	55,732	280	31.8	2,745
Hematological Agents	1.1	0.3	0.1	0.7	116	107	1	8	108	384	10	11	2,909	314,793	302	34.3	2,713
Topical Products	0.5	0.1	0.0	0.4	21	10	2	9	38	77	45	24	2,669	102,717	472	53.6	4,983
Miscellaneous Products	0.2	0.0	0.0	0.2	5	0	0	5	22	18	5	23	113	2,504	54	6.1	532
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	17	0	0	0	121	2,087	34	3.9	346
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.	67,422	4,420,983	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 Washington, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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 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, WASHINGTON, 2004

		Users			Among Users		
Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	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	$730,361	429	48.8 %	4,572	0.9	$183	$160
ANTICONVULSANT	620,496	533	60.6	5,595	1.1	103	111
ANTIDEPRESSANTS	346,851	657	74.7	6,876	0.9	58	50
ANALGESICS - Narcotic	314,002	597	67.8	5,657	1.3	43	56
ULCER DRUGS	251,550	527	59.9	5,403	0.8	59	47
ANTIDIABETIC	149,920	371	42.2	3,779	0.9	42	40
HEMATOPOIETIC AGENTS	145,905	94	10.7	916	0.6	259	159
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	148,575	65	7.4	702	0.8	271	212
ANTICOAGULANTS	115,642	226	25.7	2,009	1.0	60	58
ANTIHYPERLIPIDEMIC	120,290	187	21.3	2,007	0.8	72	60
Total	2,943,592	3,686		37,516	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

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, WASHINGTON, 2004

	All Top 10 Drug Groups		ANTIPSYCHOTICS					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	**35,918**	**$2,943,592**	**429**	**48.8 %**	**4,572**	**0.9**	**$160**	**533**	**60.6 %**	**5,595**	**1.1**	**$111**
Female	21,516	1,739,868	254	51.8	2,740	0.9	166	305	62.2	3,282	1.1	112
Disabled	16,744	1,419,864	194	54.2	2,089	0.9	170	256	71.5	2,749	1.1	115
64 or younger	16,744	1,419,864	194	54.2	2,089	0.9	170	256	71.5	2,749	1.1	115
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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,772	320,004	60	45.5	651	0.9	150	49	37.1	533	1.1	99
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,394	189,104	35	64.8	386	1.0	184	30	55.6	329	1.2	121
75-84	1,439	76,536	17	45.9	178	0.7	91	14	37.8	153	1.0	70
85 and older	939	54,364	8	19.5	87	0.8	123	5	12.2	51	1.1	44
Male	14,402	1,203,724	175	44.9	1,832	0.9	151	228	58.5	2,313	1.0	109
Disabled	12,793	1,086,671	154	46.5	1,631	0.9	151	209	63.1	2,103	1.0	114
64 or younger	12,717	1,084,944	153	46.5	1,619	0.9	151	208	63.2	2,091	1.0	114
65-74	76	1,727	1	50.0	12	1.0	44	1	50.0	12	0.8	10
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,609	117,053	21	35.6	201	0.9	155	19	32.2	210	1.0	62
64 or younger	14	487	0	0.0	0	0.0	0	1	33.3	2	0.5	5
65-74	1,067	80,940	11	42.3	109	1.1	212	14	53.8	160	1.1	59
75-84	404	28,546	10	47.6	92	0.7	89	3	14.3	36	0.7	46
85 and older	124	7,080	0	0.0	0	0.0	0	1	11.1	12	1.7	160
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 Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 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, WASHINGTON, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					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 $
All	**657**	**74.7 %**	**6,876**	**0.9**	**$50**	**597**	**67.8 %**	**5,657**	**1.3**	**$56**	**527**	**59.9 %**	**5,403**	**0.8**	**$47**
Female	403	82.2	4,274	0.9	51	353	72.0	3,556	1.1	42	295	60.2	3,131	0.8	45
Disabled	303	84.6	3,205	0.9	54	272	76.0	2,692	1.2	49	222	62.0	2,342	0.8	44
64 or younger	303	84.6	3,205	0.9	54	272	76.0	2,692	1.2	49	222	62.0	2,342	0.8	44
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	100	75.8	1,069	0.9	44	81	61.4	864	0.7	19	73	55.3	789	0.8	46
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	48	88.9	522	0.9	50	34	63.0	342	0.9	18	27	50.0	284	0.8	44
75-84	27	73.0	292	0.9	33	23	62.2	251	0.8	33	21	56.8	228	0.8	41
85 and older	25	61.0	255	0.9	44	24	58.5	271	0.4	9	25	61.0	277	0.8	52
Male	254	65.1	2,602	0.8	49	244	62.6	2,101	1.7	79	232	59.5	2,272	0.8	49
Disabled	227	68.6	2,328	0.8	50	222	67.1	1,881	1.8	87	201	60.7	1,938	0.8	52
64 or younger	226	68.7	2,316	0.8	50	221	67.2	1,880	1.8	87	201	61.1	1,938	0.8	52
65-74	1	50.0	12	2.0	38	1	50.0	1	3.0	42	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	27	45.8	274	1.0	47	22	37.3	220	0.5	11	31	52.5	334	0.8	36
64 or younger	1	33.3	3	0.3	2	2	66.7	4	0.5	6	2	66.7	5	0.6	63
65-74	17	65.4	187	1.2	56	10	38.5	109	0.4	18	17	65.4	197	0.7	34
75-84	6	28.6	48	0.7	41	8	38.1	83	0.5	4	9	42.9	96	0.8	41
85 and older	3	33.3	36	0.5	12	2	22.2	24	0.8	6	3	33.3	36	0.8	30
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 Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 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, WASHINGTON, 2004

	ANTIDIABETIC					HEMATOPOIETIC AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
Beneficiary Characteristics	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**371**	**42.2 %**	**3,779**	**0.9**	**$40**	**94**	**10.7 %**	**916**	**0.6**	**$159**	**65**	**7.4 %**	**702**	**0.8**	**$212**
Female	222	45.3	2,371	1.0	41	52	10.6	531	0.6	111	37	7.6	400	0.9	284
Disabled	163	45.5	1,739	1.0	43	35	9.8	351	0.6	138	21	5.9	248	0.9	413
64 or younger	163	45.5	1,739	1.0	43	35	9.8	351	0.6	138	21	5.9	248	0.9	413
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	59	44.7	632	0.9	34	17	12.9	180	0.6	59	16	12.1	152	0.8	74
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	32	59.3	339	0.7	34	9	16.7	84	0.6	92	1	1.9	12	1.1	27
75-84	16	43.2	161	1.3	43	5	13.5	60	0.6	2	11	29.7	102	0.7	64
85 and older	11	26.8	132	0.9	24	3	7.3	36	0.7	75	4	9.8	38	1.0	113
Male	149	38.2	1,408	0.9	38	42	10.8	385	0.6	226	28	7.2	302	0.7	116
Disabled	115	34.7	1,066	0.9	39	37	11.2	334	0.6	220	17	5.1	189	0.7	144
64 or younger	113	34.3	1,042	0.9	39	37	11.2	334	0.6	220	17	5.2	189	0.7	144
65-74	2	100.0	24	0.9	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	34	57.6	342	0.8	37	5	8.5	51	0.7	265	11	18.6	113	0.6	68
64 or younger	1	33.3	3	1.0	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	22	84.6	230	0.8	37	4	15.4	42	0.8	322	2	7.7	24	0.6	81
75-84	11	52.4	109	0.6	38	0	0.0	0	0.0	0	6	28.6	56	0.6	58
85 and older	0	0.0	0	0.0	0	1	11.1	9	0.1	0	3	33.3	33	0.7	75
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 Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 ND.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, WASHINGTON, 2004

	ANTICOAGULANTS					ANTIHYPERLIPIDEMIC						
Beneficiary Characteristics	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**226**	**25.7 %**	**2,009**	**1.0**	**$58**	**187**	**21.3 %**	**2,007**	**0.8**	**$60**	**880**	**8,341**
Female	120	24.5	1,122	1.0	58	114	23.3	1,247	0.8	62	490	4,897
Disabled	95	26.5	850	1.0	64	88	24.6	962	0.8	64	358	3,578
64 or younger	95	26.5	850	1.0	64	88	24.6	962	0.8	64	358	3,578
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	25	18.9	272	1.1	39	26	19.7	285	0.8	55	132	1,319
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	15	27.8	164	1.1	48	13	24.1	136	0.7	47	54	539
75-84	4	10.8	42	1.9	20	10	27.0	113	1.0	69	37	362
85 and older	6	14.6	66	0.5	28	3	7.3	36	0.9	41	41	418
Male	106	27.2	887	0.9	57	73	18.7	760	0.8	57	390	3,444
Disabled	95	28.7	797	0.9	63	56	16.9	566	0.8	57	331	2,895
64 or younger	95	28.9	797	0.9	63	55	16.7	554	0.8	58	329	2,882
65-74	0	0.0	0	0.0	0	1	50.0	12	0.5	8	2	13
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	11	18.6	90	0.4	6	17	28.8	194	0.8	58	59	549
64 or younger	3	100.0	7	0.6	6	0	0.0	0	0.0	0	3	8
65-74	5	19.2	57	0.5	5	9	34.6	101	0.8	52	26	279
75-84	3	14.3	26	0.3	8	7	33.3	81	0.7	61	21	190
85 and older	0	0.0	0	0.0	0	1	11.1	12	1.2	82	9	72
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 Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 1,897 beneficiaries who were in nursing facilities for part of their enrollment and their 17,965 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 ND.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC[a,b]

WASHINGTON, 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 Nondual Rx $	Total Number of Beneficiaries
All	**115,309**	**18.0 %**	**1.1**	**695,874**	**$14**	**$8,708,394**	**$13**	**3.0 %**	**639,542**
Age									
5 and younger	16,943	14.8	0.3	38,183	4	450,280	12	6.4	114,219
6-14	15,889	12.0	0.3	43,458	5	674,350	16	2.4	131,927
15-20	10,867	9.4	0.3	30,523	4	422,764	14	2.3	116,211
21-44	37,267	17.2	0.9	192,450	12	2,613,911	14	2.7	216,350
45-64	28,702	55.5	6.3	323,449	76	3,942,139	12	3.2	51,673
65-74	3,637	65.6	7.8	43,092	71	391,472	9	4.4	5,546
75-84	1,620	61.3	7.5	19,893	64	169,819	9	4.8	2,643
85 and older	384	39.5	5.0	4,826	45	43,659	9	5.1	972
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility[c]									
Aged	5,669	62.1	7.5	68,128	67	607,390	9	4.5	9,130
Disabled	51,985	52.6	5.1	502,137	69	6,837,902	14	2.9	98,894
Adults	24,471	9.8	0.2	58,838	2	583,031	10	3.0	249,499
Children	33,184	11.8	0.2	66,771	2	680,071	10	3.4	282,019
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	74,046	18.0	1.1	461,191	14	5,772,905	13	3.5	410,269
Male	41,251	18.0	1.0	234,563	13	2,933,894	13	2.4	229,240
Unknown	12	36.4	3.6	120	48	1,595	13	4.3	33
Race									
White	73,554	20.5	1.3	482,338	17	6,278,289	13	2.8	358,917
African American	7,576	21.3	1.3	45,127	18	644,989	14	3.7	35,625
Other/unknown	34,179	14.0	0.7	168,409	7	1,785,116	11	3.4	245,000
Use of Nursing Facilities[d]									
Entire year	604	68.6	7.1	6,211	144	126,439	20	2.9	880
Part year	1,613	85.0	11.9	22,559	189	359,396	16	3.8	1,897
None	113,092	17.8	1.0	667,104	13	8,222,559	12	3.0	636,765
Maintenance Assistance Status									
Cash	63,493	37.6	3.0	508,907	37	6,173,471	12	2.7	168,738
Medically needy	808	56.5	4.6	6,592	61	87,512	13	2.3	1,429
Poverty related	19,192	11.7	0.2	37,419	2	355,465	9	4.0	164,574
Other/unknown	31,816	10.4	0.5	142,956	7	2,091,946	15	4.0	304,801

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 CHARACTERISTIC[a,b]

WASHINGTON, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.2**	**$2**	**$13**	**$0**	**$1**	**3,916,583**
Age						
5 and younger	0.1	1	12	0	0	473,571
6-14	0.1	1	16	0	0	716,013
15-20	0.0	1	14	0	0	752,181
21-44	0.1	2	14	0	1	1,415,295
45-64	0.7	8	12	0	2	466,960
65-74	0.8	7	9	0	1	57,286
75-84	0.7	6	9	0	0	26,732
85 and older	0.6	5	9	0	0	8,533
Unknown	0.0	0	0	0	0	12
Basis of Eligibility[c]						
Aged	0.7	7	9	0	0	92,499
Disabled	0.5	7	14	0	2	1,012,991
Adults	0.0	0	10	0	0	1,522,082
Children	0.1	1	10	0	0	1,289,011
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	2	13	0	1	2,605,363
Male	0.2	2	13	0	1	1,311,013
Unknown	0.6	8	13	0	1	207
Race						
White	0.2	3	13	0	1	2,153,714
African American	0.2	3	14	0	0	208,601
Other/unknown	0.1	1	11	0	0	1,554,268
Use of Nursing Facilities[d]						
Entire year	0.7	15	20	0	4	8,341
Part year	1.3	20	16	0	5	17,965
None	0.2	2	12	0	1	3,890,277
Maintenance Assistance Status						
Cash	0.4	5	12	0	1	1,272,571
Medically needy	0.6	8	13	0	2	11,489
Poverty related	0.0	0	9	0	0	755,842
Other/unknown	0.1	1	15	0	0	1,876,681

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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]

WASHINGTON, 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
All	**156,156**	**$56**	**$8,708,394**	**100.0 %**	**695,874**	**$13**	**100.0 %**
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	47	94	0.0	4	24	0.0
Drugs for cosmetic purposes	243	15	3,674	0.0	373	10	0.1
Cough and cold medications	24,562	28	697,742	8.0	47,987	15	6.9
Vitamins and minerals	10,586	98	1,034,354	11.9	50,972	20	7.3
Non-prescription drugs	89,232	44	3,940,927	45.3	425,704	9	61.2
Barbiturates	997	61	61,010	0.7	7,882	8	1.1
Benzodiazepines	25,525	84	2,151,718	24.7	146,487	15	21.1
Other Part D Excl Rx Drugs	5,009	163	818,875	9.4	16,465	50	2.4

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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.

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.

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, WASHINGTON, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	**1,041,208**	**9,133**	**99,102**	**310,642**	**622,331**	**0**	**9,550,415**	**92,571**	**1,032,561**	**2,570,297**	**5,854,986**	**0**
Age												
5 and younger	236,444	0	3,748	12	232,684	0	2,170,923	0	40,285	93	2,130,545	0
6-14	289,414	0	10,238	436	278,740	0	2,836,370	0	116,439	2,645	2,717,286	0
15-20	179,730	4	8,210	60,660	110,856	0	1,583,699	40	89,368	487,464	1,006,827	0
21-44	268,045	15	35,273	232,706	51	0	2,303,422	148	359,904	1,943,042	328	0
45-64	58,401	94	41,529	16,778	0	0	563,244	861	425,685	136,698	0	0
65-74	5,558	5,428	94	36	0	0	57,469	56,424	766	279	0	0
75-84	2,643	2,632	5	6	0	0	26,743	26,658	54	31	0	0
85 and older	972	960	5	7	0	0	8,533	8,440	60	33	0	0
Unknown	1	0	0	1	0	0	12	0	0	12	0	0
Gender												
Female	624,103	5,873	50,439	261,330	306,461	0	5,709,936	59,504	535,354	2,216,327	2,898,751	0
Male	417,057	3,252	48,654	49,310	315,841	0	3,840,127	33,013	497,102	353,962	2,956,050	0
Unknown	48	8	9	2	29	0	352	54	105	8	185	0
Race												
White	606,639	5,160	72,875	150,924	377,680	0	5,639,583	53,001	761,826	1,288,209	3,536,547	0
African American	64,711	349	8,776	16,715	38,871	0	618,160	3,541	90,149	145,391	379,079	0
Other/unknown	369,858	3,624	17,451	143,003	205,780	0	3,292,672	36,029	180,586	1,136,697	1,939,360	0
Use of Nursing Facilities[c]												
Entire year	880	189	689	2	0	0	8,344	1,863	6,476	5	0	0
Part year	1,910	247	1,607	48	8	0	18,329	2,258	15,520	468	83	0
None	1,038,418	8,697	96,806	310,592	622,323	0	9,523,742	88,450	1,010,565	2,569,824	5,854,903	0
Maintenance Assistance Status												
Cash	248,782	6,012	89,829	47,952	104,989	0	2,464,830	63,642	933,298	417,208	1,050,682	0
Medically needy	1,454	63	1,085	9	297	0	13,370	589	10,030	59	2,692	0
Poverty related	334,840	58	75	39,073	295,634	0	3,087,848	408	612	336,215	2,750,613	0
Other/unknown	456,132	3,000	8,113	223,608	221,411	0	3,984,367	27,932	88,621	1,816,815	2,050,999	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	365,109	9,116	95,395	161,849	98,749	0	3,080,716	92,405	992,330	1,210,551	785,430	0
FFS part year, with Rx claims	105,574	12	2,898	48,204	54,460	0	1,000,254	135	32,264	445,831	522,024	0
FFS part year, no Rx claims	168,859	2	601	39,446	128,810	0	1,445,019	6	6,003	332,768	1,106,242	0
MC all year, with Rx claims	32,458	1	110	10,899	21,448	0	356,858	12	1,203	118,699	236,944	0
MC all year, no Rx claims	369,208	2	98	50,244	318,864	0	3,667,568	13	761	462,448	3,204,346	0

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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, WASHINGTON, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**1,041,208**	**9,550,415**	**639,542**	**3,916,583**	**0**	**5,633,832**
Fee-for-service (FFS) all year	365,109	3,080,716	365,109	3,080,716	0	0
FFS part year, with Rx claims	105,574	1,000,254	105,574	381,450	0	618,804
FFS part year, with no Rx claims	168,859	1,445,019	168,859	454,417	0	990,602
Managed care (MC) all year, with Rx claims	32,458	356,858	0	0	0	356,858
MC all year, with no Rx claims	369,208	3,667,568	0	0	0	3,667,568

Source: Data for this table are from the MAX 2004 file for Washington, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.