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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEVADA**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	22,993	14,192	8,519	267	7	8	234,384	144,312	88,068	1,879	57	68
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	7	0	5	0	2	0	83	0	60	0	23	0
15-20	61	0	61	0	0	0	628	0	628	0	0	0
21-44	3,561	0	3,377	181	3	0	36,400	0	35,105	1,264	31	0
45-64	4,580	2	4,516	56	0	6	47,099	7	46,670	368	0	54
65-74	6,132	5,705	415	9	1	2	63,624	59,418	4,114	77	1	14
75-84	5,427	5,310	106	10	1	0	55,892	54,725	1,085	80	2	0
85 and older	3,224	3,175	38	11	0	0	30,646	30,162	394	90	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	15,040	9,986	4,868	174	4	8	154,758	102,580	50,778	1,305	27	68
Male	7,953	4,206	3,651	93	3	0	79,626	41,732	37,290	574	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,730	8,560	5,998	162	3	7	148,972	85,117	62,571	1,191	32	61
African American	2,467	995	1,413	55	4	0	25,155	10,540	14,218	372	25	0
Other/unknown	5,796	4,637	1,108	50	0	1	60,257	48,655	11,279	316	0	7
Use of Nursing Facilities^c												
Entire year	2,171	1,922	248	1	0	0	21,271	18,632	2,638	1	0	0
Part year	1,663	1,389	273	1	0	0	15,823	13,118	2,693	12	0	0
None	19,159	10,881	7,998	265	7	8	197,290	112,562	82,737	1,866	57	68
Maintenance Assistance Status												
Cash	14,441	8,529	5,697	213	2	0	150,377	91,066	57,822	1,476	13	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	827	265	540	13	1	8	7,943	2,635	5,134	95	11	68
Other/unknown	7,725	5,398	2,282	41	4	0	76,064	50,611	25,112	308	33	0
Dual Medicare Status^d												
Full dual, all year	21,403	13,434	7,720	234	7	8	218,361	136,466	80,206	1,564	57	68
Full dual, part year	1,590	758	799	33	0	0	16,023	7,846	7,862	315	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,839	14,192	8,444	188	7	8	233,601	144,312	87,607	1,557	57	68
FFS part year, with Rx claims	77	0	36	41	0	0	421	0	239	182	0	0
FFS part year, no Rx claims	77	0	39	38	0	0	362	0	222	140	0	0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	Percentage with at Least		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
	One Rx								
All	58.3		15.4	\$241	\$16	\$12,227	2.0		22,993
Age									
5 and younger	100.0		26.0	3,768	145	5,089	74.0		1
6-14	85.7		19.9	4,416	222	24,051	18.4		7
15-20	67.2		10.8	517	48	13,232	3.9		61
21-44	56.8		12.3	403	33	12,005	3.4		3,561
45-64	64.7		20.3	362	18	12,373	2.9		4,580
65-74	57.2		17.0	251	15	7,969	3.1		6,132
75-84	57.7		14.6	104	7	12,445	0.8		5,427
85 and older	53.5		10.7	86	8	19,957	0.4		3,224
Unknown	0.0		0.0	0	0	0	0.0		0
Basis of Eligibility^e									
Aged	56.5		14.6	150	10	12,347	1.2		14,192
Disabled	61.3		17.0	378	22	12,290	3.1		8,519
Adults	53.6		11.8	596	51	3,947	15.1		267
Children	42.9		12.4	2,763	222	8,507	32.5		7
Unknown	87.5		43.0	2,130	50	13,834	15.4		8
Gender									
Female	60.3		16.8	236	14	11,805	2.0		15,040
Male	54.5		13.0	249	19	13,027	1.9		7,953
Unknown	0.0		0.0	0	0	0	0.0		0
Race									
White	60.2		16.4	258	16	14,593	1.8		14,730
African American	57.2		15.5	298	19	10,517	2.8		2,467
Other/unknown	53.8		13.1	172	13	6,942	2.5		5,796
Use of Nursing Facilities^f									
Entire year	57.6		10.8	289	27	43,315	0.7		2,171
Part year	68.9		13.5	298	22	28,700	1.0		1,663
None	57.4		16.1	230	14	7,275	3.2		19,159
Maintenance Assistance Status									
Cash	58.3		16.4	259	16	4,796	5.4		14,441
Medically needy	0.0		0.0	0	0	0	0.0		0
Poverty related	44.6		7.8	289	37	3,578	8.1		827
Other/unknown	59.7		14.4	201	14	27,045	0.7		7,725

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	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 Medicaid FFS \$ ^d	Mean \$, All	Beneficiaries	Benefit Months
All	1.5	\$24	2.0	41.7	26.3	9.6	15.6	6.0	0.7	\$1,200	22,993	234,384
Age												
5 and younger	2.2	314	74.0	0.0	0.0	100.0	0.0	0.0	0.0	424	1	12
6-14	1.7	372	18.4	14.3	28.6	14.3	42.9	0.0	0.0	2,028	7	83
15-20	1.0	50	3.9	32.8	42.6	11.5	11.5	1.6	0.0	1,285	61	628
21-44	1.2	40	3.4	43.2	29.9	10.1	13.1	3.3	0.4	1,174	3,561	36,400
45-64	2.0	35	2.9	35.3	25.0	10.1	20.0	8.6	1.0	1,203	4,580	47,099
65-74	1.6	24	3.1	42.8	23.6	9.7	16.4	6.7	0.8	768	6,132	63,624
75-84	1.4	10	0.8	42.3	26.9	9.6	14.6	5.9	0.6	1,208	5,427	55,892
85 and older	1.1	9	0.4	46.5	28.0	8.4	12.5	3.9	0.6	2,100	3,224	30,646
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	1.4	15	1.2	43.5	25.9	9.4	14.8	5.7	0.7	1,214	14,192	144,312
Disabled	1.6	37	3.1	38.7	27.1	10.1	17.0	6.4	0.7	1,189	8,519	88,068
Adults	1.7	85	15.1	46.4	22.5	7.1	16.1	6.4	1.5	561	267	1,879
Children	1.5	339	32.5	57.1	14.3	0.0	28.6	0.0	0.0	1,045	7	57
Unknown	5.1	251	15.4	12.5	12.5	12.5	12.5	37.5	12.5	1,628	8	68
Gender												
Female	1.6	23	2.0	39.7	26.3	9.6	16.9	6.7	0.8	1,147	15,040	154,758
Male	1.3	25	1.9	45.5	26.4	9.8	13.4	4.5	0.5	1,301	7,953	79,626
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	26	1.8	39.8	26.7	9.7	16.2	6.7	0.9	1,443	14,730	148,972
African American	1.5	29	2.8	42.8	25.8	9.6	14.9	6.2	0.7	1,032	2,467	25,155
Other/unknown	1.3	17	2.5	46.2	25.5	9.5	14.5	3.9	0.3	668	5,796	60,257
Use of Nursing Facilities^f												
Entire year	1.1	30	0.7	42.4	33.0	9.2	9.0	4.3	2.1	4,421	2,171	21,271
Part year	1.4	31	1.0	31.1	39.9	9.8	11.5	6.5	1.2	3,016	1,663	15,823
None	1.6	22	3.2	42.6	24.4	9.7	16.8	6.1	0.5	707	19,159	197,290
Maintenance Assistance Status												
Cash	1.6	25	5.4	41.7	24.5	10.1	17.1	6.0	0.5	461	14,441	150,377
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.8	30	8.1	55.4	26.6	7.4	7.3	3.1	0.2	373	827	7,943
Other/unknown	1.5	20	0.7	40.3	29.6	9.0	13.9	6.1	1.1	2,747	7,725	76,064

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.5	\$24	\$16	0.5	\$15	\$31	0.0	\$2	\$35	1.0	\$7	\$7
Age												
5 and younger	2.2	314	145	1.0	238	238	0.3	39	118	0.8	36	44
6-14	1.7	372	222	0.9	356	384	0.1	1	12	0.7	15	23
15-20	1.0	50	48	0.4	34	91	0.0	2	125	0.7	14	22
21-44	1.2	40	33	0.4	29	73	0.0	2	53	0.8	9	11
45-64	2.0	35	18	0.6	22	36	0.1	3	46	1.3	11	8
65-74	1.6	24	15	0.5	15	29	0.1	2	39	1.0	7	7
75-84	1.4	10	7	0.5	6	12	0.0	1	13	0.9	4	4
85 and older	1.1	9	8	0.3	5	15	0.0	0	12	0.8	4	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.4	15	10	0.5	9	19	0.0	1	22	0.9	5	5
Disabled	1.6	37	22	0.5	24	48	0.1	3	50	1.1	9	9
Adults	1.7	85	51	0.4	49	125	0.1	6	107	1.2	30	24
Children	1.5	339	222	1.0	333	328	0.1	0	3	0.4	6	14
Unknown	5.1	251	50	1.1	157	144	0.1	9	115	3.9	86	22
Gender												
Female	1.6	23	14	0.5	14	27	0.1	2	34	1.1	7	7
Male	1.3	25	19	0.4	17	40	0.0	2	37	0.8	6	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	26	16	0.5	16	33	0.1	2	34	1.1	7	7
African American	1.5	29	19	0.4	17	39	0.0	3	57	1.0	9	9
Other/unknown	1.3	17	13	0.5	11	24	0.0	1	27	0.7	4	6
Use of Nursing Facilities^e												
Entire year	1.1	30	27	0.2	18	77	0.0	2	52	0.8	10	12
Part year	1.4	31	22	0.4	21	56	0.0	1	30	1.0	9	9
None	1.6	22	14	0.5	14	28	0.0	2	34	1.0	6	6
Maintenance Assistance Status												
Cash	1.6	25	16	0.5	16	31	0.0	2	39	1.0	7	7
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.8	30	37	0.2	19	81	0.0	3	85	0.5	8	15
Other/unknown	1.5	20	14	0.4	12	30	0.0	1	23	1.0	7	7

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.2	\$6	\$5	\$0	\$2	\$27	\$91	\$108	\$9	12,615	\$345,713	4,845	21.1	53,773
Biologicals	0.1	0.1	0.0	0.0	18	16	0	2	140	209	0	34	23	3,224	19	0.1	181
Antineoplastic Agents	0.4	0.1	0.0	0.2	23	19	0	4	65	176	0	16	1,281	83,658	350	1.5	3,649
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	6	5	0	1	10	19	8	4	38,165	396,563	5,605	24.4	61,919
Cardiovascular Agents	1.0	0.3	0.0	0.6	8	5	1	2	8	13	32	4	87,711	719,280	7,993	34.8	87,558
Respiratory Agents	0.5	0.3	0.0	0.2	8	6	0	2	15	22	24	7	24,964	373,737	4,474	19.5	49,661
Gastrointestinal Agents	0.4	0.1	0.0	0.3	5	4	0	1	12	28	32	4	19,943	231,852	4,358	19.0	48,205
Genitourinary Agents	0.3	0.2	0.0	0.1	5	3	1	1	14	16	19	6	5,949	81,704	1,526	6.6	17,037
CNS Drugs	0.8	0.2	0.0	0.5	18	12	1	5	23	53	31	10	63,926	1,473,548	7,465	32.5	80,772
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	13	11	0	2	35	45	15	16	562	19,480	132	0.6	1,519
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	21	21	0	0	48	48	63	26	3,830	182,728	844	3.7	8,780
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	9	3	2	4	17	63	106	9	36,571	611,148	6,187	26.9	68,024
Neuromuscular Agents	0.6	0.1	0.0	0.4	11	6	0	4	19	49	39	10	23,623	449,695	3,880	16.9	42,591
Nutritional Products	0.3	0.0	0.0	0.3	2	0	0	2	6	17	16	5	6,984	40,826	1,872	8.1	20,254
Hematological Agents	0.5	0.2	0.0	0.3	9	6	0	3	18	39	11	9	15,597	281,415	2,830	12.3	30,374
Topical Products	0.3	0.1	0.0	0.2	5	3	0	1	14	22	31	7	12,698	182,435	3,512	15.3	39,564
Miscellaneous Products	0.4	0.2	0.0	0.2	44	38	0	6	107	163	22	35	525	55,987	114	0.5	1,272
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	19	0	0	0	240	4,528	107	0.5	1,119
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.	355,207	5,537,521	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$817,299	2,528	11.0	27,943	0.4	\$66	\$29	
ANALGESICS - Narcotic	425,074	6,890	30.0	75,902	0.3	17	6	
ANTICONVULSANT	358,125	2,979	13.0	32,840	0.5	24	11	
ANTIANKXIETY AGENTS	290,491	4,039	17.6	43,786	0.5	14	7	
ANTIHYPERLIPIDEMIC	288,290	4,451	19.4	50,292	0.4	15	6	
ANTIDIABETIC	250,425	4,141	18.0	45,999	0.4	13	5	
ANTIASTHMATIC	241,771	4,336	18.9	48,034	0.3	16	5	
ANTIDEPRESSANTS	228,321	4,495	19.5	49,737	0.4	12	5	
DIAGNOSTIC PRODUCTS	191,143	886	3.9	10,040	0.3	75	19	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	188,896	1,044	4.5	11,058	0.4	48	17	
Total	3,279,835	35,789	n.a.	395,631	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	152,894	\$3,279,835	2,528	11.0	27,943	0.4	\$29	6,890	30.0	75,902	0.3	\$6
Female												
All Females	106,808	2,131,716	1,507	10.0	16,686	0.4	26	4,935	32.8	54,663	0.3	6
Female, Disabled												
All Ages	47,657	1,198,177	907	18.6	10,339	0.4	28	2,350	48.3	26,146	0.4	7
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	13	0	0.0	0	0.0	0	1	25.0	12	0.1	0
15-20	98	6,644	5	16.7	56	0.4	39	7	23.3	76	0.1	1
21-44	12,607	453,066	390	22.9	4,469	0.4	35	655	38.5	7,205	0.3	7
45-64	31,348	613,218	485	17.6	5,517	0.4	19	1,545	56.0	17,240	0.4	7
65-74	2,927	119,893	23	8.8	252	0.8	88	110	42.1	1,236	0.3	17
75-84	572	4,876	3	3.8	33	0.1	1	23	29.1	276	0.3	0
85 and older	103	467	1	2.9	12	0.1	0	9	26.5	101	0.3	0
Female, Other Eligibles												
All Ages	59,151	933,539	600	5.9	6,347	0.4	23	2,585	25.4	28,517	0.3	5
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	9	0	0.0	0	0.0	0	1	100.0	12	0.1	1
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	975	80,357	25	19.5	239	0.4	104	79	61.7	703	0.6	45
45-64	524	30,507	9	25.7	105	0.5	72	32	91.4	320	0.5	31
65-74	26,914	521,486	202	5.5	2,241	0.4	34	1,164	31.4	13,243	0.3	6
75-84	20,883	193,388	219	5.9	2,349	0.4	9	909	24.3	10,190	0.3	1
85 and older	9,854	107,792	145	5.6	1,413	0.4	10	400	15.6	4,049	0.3	1
Male												
All Males	46,086	1,148,119	1,021	12.8	11,257	0.5	35	1,955	24.6	21,239	0.3	5
Male, Disabled												
All Ages	25,603	823,723	822	22.5	9,312	0.5	37	1,075	29.4	11,679	0.3	6
5 and younger	1	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	113	5,064	5	16.1	57	0.5	38	8	25.8	89	0.1	1
21-44	10,583	463,466	458	27.3	5,212	0.5	48	405	24.2	4,518	0.3	5
45-64	13,861	330,082	353	20.1	3,973	0.5	23	615	35.0	6,616	0.4	7
65-74	922	24,647	6	3.9	70	0.3	8	41	26.6	404	0.3	4
75-84	119	414	0	0.0	0	0.0	0	4	14.8	48	0.3	0
85 and older	4	40	0	0.0	0	0.0	0	2	50.0	4	0.8	8

Dual Medicaid Beneficiaries

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	20,483	324,396	199	4.6	1,945	0.4	24	880	20.5	9,560	0.3	3
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	134	4,442	2	3.6	9	0.4	7	17	30.4	118	0.4	8
45-64	144	10,048	2	6.9	15	0.3	56	17	58.6	126	0.6	49
65-74	11,564	207,617	93	4.6	1,004	0.5	32	494	24.5	5,529	0.3	3
75-84	7,087	83,881	70	4.4	625	0.4	16	281	17.7	3,041	0.3	1
85 and older	1,554	18,408	32	5.2	292	0.4	8	71	11.5	746	0.2	1
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIANSIETY AGENTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,979	13.0	32,840	0.5	\$11	4,039	17.6	43,786	0.5	\$7	4,451	19.4	50,292	0.4	\$6
Female															
All Females	1,961	13.0	21,642	0.4	10	2,880	19.1	31,382	0.5	7	3,136	20.9	35,575	0.4	5
Female, Disabled															
All Ages	1,149	23.6	12,938	0.5	12	1,157	23.8	13,031	0.5	8	912	18.7	10,389	0.4	7
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	6.7	24	0.8	55	1	3.3	12	0.1	1	2	6.7	24	0.5	42
21-44	437	25.7	4,914	0.5	18	337	19.8	3,801	0.5	9	116	6.8	1,300	0.3	6
45-64	655	23.7	7,359	0.4	8	755	27.4	8,508	0.5	7	695	25.2	7,915	0.4	6
65-74	45	17.2	522	0.5	23	44	16.9	491	0.6	9	76	29.1	881	0.4	14
75-84	10	12.7	119	0.3	1	14	17.7	152	0.5	5	21	26.6	245	0.4	3
85 and older	0	0.0	0	0.0	0	6	17.6	67	0.2	2	2	5.9	24	0.3	6
Female, Other Eligibles															
All Ages	812	8.0	8,704	0.4	7	1,723	16.9	18,351	0.5	6	2,224	21.9	25,186	0.4	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	30	23.4	264	0.4	24	32	25.0	263	0.5	5	4	3.1	25	0.2	9
45-64	7	20.0	75	0.5	21	13	37.1	136	0.5	5	6	17.1	72	0.5	49
65-74	374	10.1	4,171	0.4	9	585	15.8	6,539	0.5	6	1,102	29.8	12,599	0.4	6
75-84	272	7.3	2,923	0.4	4	598	16.0	6,435	0.5	6	855	22.9	9,736	0.4	3
85 and older	129	5.0	1,271	0.4	4	495	19.3	4,978	0.5	6	257	10.0	2,754	0.4	3
Male															
All Males	1,018	12.8	11,198	0.5	12	1,159	14.6	12,404	0.5	7	1,315	16.5	14,717	0.4	7
Male, Disabled															
All Ages	702	19.2	7,885	0.5	16	585	16.0	6,460	0.5	8	477	13.1	5,386	0.4	9
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	9.7	28	0.3	5	0	0.0	0	0.0	0	1	3.2	12	0.1	5
21-44	333	19.9	3,847	0.5	20	241	14.4	2,765	0.5	8	122	7.3	1,395	0.4	10
45-64	352	20.0	3,867	0.5	11	322	18.3	3,462	0.5	7	307	17.5	3,473	0.4	9
65-74	10	6.5	95	0.6	23	18	11.7	185	0.4	5	42	27.3	452	0.4	10
75-84	4	14.8	48	0.5	1	3	11.1	36	0.5	6	5	18.5	54	0.4	1
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	1	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIANKXIETY AGENTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	316	7.3	3,313	0.4	5	574	13.3	5,944	0.5	6	838	19.5	9,331	0.4	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	10.7	49	0.4	37	4	7.1	34	0.6	4	5	8.9	31	0.5	25
45-64	4	13.8	36	0.3	14	8	27.6	42	0.3	6	1	3.4	2	0.5	44
65-74	181	9.0	1,926	0.4	6	258	12.8	2,804	0.5	6	469	23.3	5,310	0.4	8
75-84	100	6.3	1,070	0.4	2	226	14.2	2,354	0.4	5	314	19.8	3,459	0.4	4
85 and older	25	4.1	232	0.4	3	78	12.7	710	0.5	5	49	8.0	529	0.3	4
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,141	18.0	45,999	0.4	\$5	4,336	18.9	48,034	0.3	\$5	4,495	19.5	49,737	0.4	\$5
Female															
All Females	2,909	19.3	32,554	0.4	5	3,229	21.5	35,996	0.3	5	3,332	22.2	36,973	0.4	4
Female, Disabled															
All Ages	919	18.9	10,361	0.4	7	1,402	28.8	15,775	0.3	7	1,749	35.9	19,860	0.4	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	1	0	0.0	0	0.0	0
15-20	2	6.7	24	0.5	40	4	13.3	39	0.3	5	2	6.7	23	0.2	13
21-44	140	8.2	1,574	0.4	9	297	17.5	3,317	0.3	8	511	30.0	5,820	0.4	9
45-64	682	24.7	7,678	0.4	5	992	36.0	11,191	0.3	6	1,137	41.2	12,880	0.4	3
65-74	73	28.0	831	0.6	25	79	30.3	898	0.4	9	79	30.3	901	0.5	13
75-84	18	22.8	206	0.4	2	23	29.1	246	0.3	1	18	22.8	212	0.4	1
85 and older	4	11.8	48	0.3	1	6	17.6	72	0.2	1	2	5.9	24	0.5	1
Female, Other Eligibles															
All Ages	1,990	19.6	22,193	0.4	4	1,827	18.0	20,221	0.3	4	1,583	15.6	17,113	0.4	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12	9.4	78	0.4	19	20	15.6	188	0.2	11	44	34.4	377	0.5	16
45-64	5	14.3	49	0.5	37	14	40.0	165	0.2	3	18	51.4	190	0.6	24
65-74	1,014	27.4	11,464	0.4	5	874	23.6	9,985	0.3	5	685	18.5	7,698	0.4	4
75-84	743	19.9	8,351	0.4	2	653	17.5	7,209	0.3	2	526	14.1	5,726	0.4	2
85 and older	216	8.4	2,251	0.4	2	266	10.4	2,674	0.3	3	310	12.1	3,122	0.4	3
Male															
All Males	1,232	15.5	13,445	0.4	6	1,107	13.9	12,038	0.3	5	1,163	14.6	12,764	0.4	5
Male, Disabled															
All Ages	462	12.7	5,061	0.4	10	432	11.8	4,695	0.3	7	742	20.3	8,330	0.4	6
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	6.5	24	0.3	1	7	22.6	84	0.3	16	5	16.1	60	0.4	11
21-44	111	6.6	1,219	0.4	9	135	8.1	1,504	0.3	8	348	20.8	3,938	0.4	8
45-64	301	17.1	3,321	0.4	9	251	14.3	2,687	0.3	6	370	21.1	4,128	0.4	5
65-74	46	29.9	479	0.5	16	35	22.7	378	0.3	12	18	11.7	192	0.3	4
75-84	2	7.4	18	0.6	2	3	11.1	30	0.5	1	1	3.7	12	0.8	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					ANTI-DEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	770	17.9	8,384	0.4	4	675	15.7	7,343	0.3	4	421	9.8	4,434	0.4	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	5.4	31	0.1	1	4	7.1	14	0.4	20	7	12.5	55	0.2	5
45-64	6	20.7	29	0.4	48	3	10.3	21	0.2	1	9	31.0	53	0.4	6
65-74	461	22.9	5,088	0.4	4	352	17.5	3,910	0.4	7	209	10.4	2,294	0.4	4
75-84	263	16.6	2,913	0.4	4	246	15.5	2,633	0.3	2	150	9.5	1,605	0.4	2
85 and older	37	6.0	323	0.4	3	70	11.4	765	0.3	1	46	7.5	427	0.3	4
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	DIAGNOSTIC PRODUCTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	886	3.9	10,040	0.3	\$19	1,044	4.5	11,058	0.4	\$17	22,993	234,384	
Female													
All Females	600	4.0	6,873	0.3	20	751	5.0	8,053	0.4	15	15,040	154,758	
Female, Disabled													
All Ages	221	4.5	2,511	0.3	21	113	2.3	1,307	0.3	45	4,868	50,778	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48	
15-20	2	6.7	24	0.3	22	0	0.0	0	0.0	0	30	299	
21-44	48	2.8	548	0.3	20	26	1.5	302	0.2	47	1,701	17,656	
45-64	150	5.4	1,699	0.3	21	70	2.5	813	0.3	51	2,759	28,944	
65-74	15	5.7	168	0.4	25	9	3.4	102	0.3	25	261	2,653	
75-84	6	7.6	72	0.3	27	7	8.9	78	0.3	5	79	822	
85 and older	0	0.0	0	0.0	0	1	2.9	12	0.6	2	34	356	
Female, Other Eligibles													
All Ages	379	3.7	4,362	0.3	19	638	6.3	6,746	0.4	10	10,172	103,980	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
21-44	2	1.6	15	0.1	9	4	3.1	33	0.2	182	128	938	
45-64	1	2.9	12	0.2	12	3	8.6	34	0.1	8	35	289	
65-74	215	5.8	2,472	0.3	20	127	3.4	1,438	0.3	12	3,703	38,940	
75-84	138	3.7	1,605	0.2	17	272	7.3	2,911	0.4	6	3,735	39,037	
85 and older	23	0.9	258	0.3	26	232	9.0	2,330	0.4	10	2,570	24,764	
Male													
All Males	286	3.6	3,167	0.2	17	293	3.7	3,005	0.4	22	7,953	79,626	
Male, Disabled													
All Ages	119	3.3	1,291	0.3	19	66	1.8	709	0.3	52	3,651	37,290	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	2	6.5	24	0.3	24	0	0.0	0	0.0	0	31	329	
21-44	26	1.6	295	0.2	18	18	1.1	210	0.3	100	1,676	17,449	
45-64	83	4.7	883	0.2	18	46	2.6	475	0.3	33	1,757	17,726	
65-74	8	5.2	89	0.4	26	2	1.3	24	0.2	1	154	1,461	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	27	263	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	38	

Dual Medicaid Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	DIAGNOSTIC PRODUCTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
Male, Other Eligibles													
All Ages	167	3.9	1,876	0.2	16	227	5.3	2,296	0.4	13	4,302	42,336	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
21-44	1	1.8	3	0.3	31	0	0.0	0	0.0	0	56	357	
45-64	2	6.9	12	0.2	16	1	3.4	1	1.0	281	29	140	
65-74	103	5.1	1,155	0.2	15	67	3.3	719	0.4	17	2,014	20,570	
75-84	56	3.5	646	0.2	18	101	6.4	1,033	0.4	11	1,586	15,770	
85 and older	5	0.8	60	0.1	10	58	9.4	543	0.4	9	616	5,488	
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

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	\$30	1.1	2,171	21,271
Age				
0-64	63	1.5	216	2,309
65-74	59	1.6	334	3,415
75-84	23	1.0	707	6,882
85 and older	14	0.9	914	8,665
Unknown	0	0.0	0	0
Gender				
Female	28	1.1	1,501	14,772
Male	34	1.1	670	6,499
Unknown	0	0.0	0	0
Race				
White	27	1	1,908	18,579
African American	40	1.6	103	1,119
Other/unknown	52	1.7	160	1,573
Basis of Eligibility^c				
Aged	25	1.0	1,922	18,632
Disabled	65	1.6	248	2,638
Adults	478	19.0	1	1
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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.

Dual Medicaid Beneficiaries

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name 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 Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	\$17	\$10	\$0	\$6	\$51	\$24	570	\$28,786	194	8.9	1,721			
Biologicals	0.1	0.0	0.0	0.1	3	0	3	31	19	6	184	6	0.3	56			
Antineoplastic Agents	0.5	0.0	0.0	0.4	22	4	18	48	105	0	43	122	5,914	35	1.6	269	
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	12	8	3	20	51	20	8	1,212	24,218	235	10.8	2,056	
Cardiovascular Agents	1.0	0.2	0.0	0.8	19	7	8	19	36	89	10	3,618	67,082	406	18.7	3,600	
Respiratory Agents	0.3	0.1	0.0	0.3	7	4	3	21	52	33	13	675	14,299	215	9.9	2,020	
Gastrointestinal Agents	0.6	0.1	0.0	0.5	12	5	7	20	51	27	14	1,140	22,749	216	9.9	1,873	
Genitourinary Agents	0.5	0.2	0.1	0.2	20	12	6	2	41	56	71	11	324	13,300	76	3.5	651
CNS Drugs	0.9	0.2	0.0	0.7	23	14	8	25	83	28	11	8,337	208,656	940	43.3	9,249	
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	24	24	0	0	71	71	0	0	17	1,200	5	0.2	51
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	50	50	0	0	88	88	0	0	695	61,493	142	6.5	1,225
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	16	7	1	8	24	184	75	13	1,228	29,305	214	9.9	1,814
Neuromuscular Agents	0.8	0.1	0.0	0.6	22	13	0	9	28	96	0	15	1,517	43,121	211	9.7	1,961
Nutritional Products	0.4	0.0	0.0	0.4	4	0	4	10	11	14	10	711	7,090	193	8.9	1,749	
Hematological Agents	0.7	0.1	0.0	0.6	18	13	5	24	97	14	9	2,419	58,977	345	15.9	3,295	
Topical Products	0.5	0.2	0.1	0.2	26	15	7	53	83	47	33	735	39,252	162	7.5	1,496	
Miscellaneous Products	0.2	0.0	0.0	0.1	3	2	1	16	74	0	6	7	110	4	0.2	41	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	17	0	0	0	49	0	0	0	50	2,439	17	0.8	142
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.	23,383	628,175	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 In Nevada, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$86,574	158	7.3	1,490	0.5	\$122	\$58	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	61,528	155	7.1	1,408	0.5	88	44	
ANTI-ANXIETY AGENTS	56,869	643	29.6	6,483	0.7	12	9	
DERMATOLOGICAL	38,060	307	14.1	3,113	0.3	48	12	
HYPNOTICS	38,476	258	11.9	2,647	0.7	19	15	
ANTICONVULSANTS	31,439	172	7.9	1,671	0.7	27	19	
ANTIDEPRESSANTS	26,770	245	11.3	2,340	0.4	26	11	
ANTIHYPERLIPIDEMIC	23,718	103	4.7	966	0.4	62	25	
ANTICOAGULANTS	22,302	72	3.3	644	1.0	34	35	
MISC. HEMATOLOGICAL	20,855	72	3.3	667	0.5	66	31	
Total	406,591	2,185	n.a.	21,429	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	12,366	\$406,591	158	7.3	1,490	0.5	\$58	155	7.1	1,408	0.5	\$44
Female												
All Females	8,435	275,471	106	7.1	997	0.5	62	112	7.5	1,023	0.5	48
Female, Disabled												
All Ages	1,172	54,702	8	7.5	67	0.8	84	1	0.9	12	3.3	1,677
64 or younger	870	39,896	6	7.1	46	0.5	38	1	1.2	12	3.3	1,677
65-74	234	14,124	2	18.2	21	1.4	186	0	0.0	0	0.0	0
75-84	66	628	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	54	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	7,263	220,769	98	7.0	930	0.5	60	111	8.0	1,011	0.5	29
64 or younger	4	81	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,517	90,841	23	13.1	231	0.6	149	16	9.1	166	0.5	58
75-84	2,620	65,439	39	8.5	370	0.5	38	39	8.5	330	0.5	23
85 and older	3,122	64,408	36	4.7	329	0.4	23	56	7.4	515	0.4	23
Male												
All Males	3,931	131,120	52	7.8	493	0.5	51	43	6.4	385	0.5	32
Male, Disabled												
All Ages	1,352	64,184	16	11.3	159	0.6	104	2	1.4	14	0.4	43
64 or younger	1,310	63,305	15	11.5	147	0.6	110	2	1.5	14	0.4	43
65-74	13	498	1	16.7	12	0.4	34	0	0.0	0	0.0	0
75-84	25	333	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	4	48	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	2,579	66,936	36	6.8	334	0.4	26	41	7.8	371	0.5	32
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,014	25,489	11	7.8	121	0.4	18	8	5.7	89	0.5	47
75-84	1,078	29,735	15	6.3	117	0.4	46	18	7.5	175	0.5	33
85 and older	487	11,712	10	6.8	96	0.4	11	15	10.2	107	0.4	18
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					DERMATOLOGICAL					HYPNOTICS				
	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	643	29.6	6,483	0.7	\$9	307	14.1	3,113	0.3	\$12	258	11.9	2,647	0.7	\$15
Female															
All Females	441	29.4	4,473	0.7	9	209	13.9	2,148	0.2	6	175	11.7	1,826	0.8	16
Female, Disabled															
All Ages	38	35.8	435	0.9	12	30	28.3	320	0.2	7	23	21.7	251	0.9	6
64 or younger	30	35.7	343	0.8	12	23	27.4	240	0.2	7	18	21.4	207	0.8	5
65-74	4	36.4	45	1.1	12	5	45.5	57	0.2	8	3	27.3	30	1.2	14
75-84	3	50.0	35	1.1	13	1	16.7	11	0.1	1	2	33.3	14	1.6	8
85 and older	1	20.0	12	0.1	4	1	20.0	12	0.1	1	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	403	28.9	4,038	0.7	8	179	12.8	1,828	0.2	6	152	10.9	1,575	0.8	17
64 or younger	0	0.0	0	0.0	0	1	50.0	1	1.0	64	0	0.0	0	0.0	0
65-74	54	30.7	577	0.8	10	27	15.3	298	0.3	10	23	13.1	240	0.7	17
75-84	127	27.8	1,286	0.8	10	68	14.9	714	0.2	6	58	12.7	614	0.8	18
85 and older	222	29.2	2,175	0.6	7	83	10.9	815	0.2	4	71	9.3	721	0.8	16
Male															
All Males	202	30.1	2,010	0.7	9	98	14.6	965	0.3	26	83	12.4	821	0.7	12
Male, Disabled															
All Ages	51	35.9	530	0.8	11	34	23.9	381	0.5	56	26	18.3	275	0.7	7
64 or younger	48	36.9	494	0.8	11	29	22.3	331	0.6	63	26	20.0	275	0.7	7
65-74	1	16.7	12	0.5	6	1	16.7	12	0.2	2	0	0.0	0	0.0	0
75-84	1	25.0	12	1.4	18	3	75.0	36	0.2	3	0	0.0	0	0.0	0
85 and older	1	50.0	12	0.1	1	1	50.0	2	0.5	9	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	151	28.6	1,480	0.7	8	64	12.1	584	0.2	7	57	10.8	546	0.7	15
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	51	36.2	516	0.9	12	26	18.4	262	0.2	4	9	6.4	94	1.2	35
75-84	67	27.9	656	0.6	6	20	8.3	155	0.3	12	34	14.2	330	0.6	11
85 and older	33	22.4	308	0.6	6	18	12.2	167	0.2	9	14	9.5	122	0.4	11
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC				
	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	172	7.9	1,671	0.7	\$19	245	11.3	2,340	0.4	\$11	103	4.7	966	0.4	\$25
Female															
All Females	103	6.9	981	0.7	22	173	11.5	1,628	0.4	12	65	4.3	590	0.4	19
Female, Disabled															
All Ages	15	14.2	145	1.1	34	15	14.2	161	0.7	33	7	6.6	72	0.5	40
64 or younger	13	15.5	122	1.1	10	10	11.9	105	0.7	35	3	3.6	30	0.3	23
65-74	1	9.1	12	2.5	303	4	36.4	45	0.8	36	4	36.4	42	0.7	51
75-84	1	16.7	11	0.2	2	1	16.7	11	0.2	2	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
Female, Other Eligibles															
All Ages	88	6.3	836	0.7	20	158	11.3	1,467	0.4	10	58	4.2	518	0.3	16
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	18	10.2	193	0.8	50	23	13.1	253	0.5	19	9	5.1	99	0.4	47
75-84	38	8.3	359	0.7	13	53	11.6	473	0.4	7	24	5.3	202	0.3	11
85 and older	32	4.2	284	0.6	10	82	10.8	741	0.4	8	25	3.3	217	0.3	8
Male															
All Males	69	10.3	690	0.6	14	72	10.7	712	0.4	11	38	5.7	376	0.4	33
Male, Disabled															
All Ages	31	21.8	340	0.7	20	10	7.0	111	0.5	27	13	9.2	142	0.4	37
64 or younger	31	23.8	340	0.7	20	10	7.7	111	0.5	27	13	10.0	142	0.4	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
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	38	7.2	350	0.6	8	62	11.7	601	0.4	8	25	4.7	234	0.5	31
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	16	11.3	147	0.8	11	20	14.2	198	0.5	13	6	4.3	67	0.6	48
75-84	13	5.4	121	0.4	5	26	10.8	262	0.4	5	17	7.1	158	0.4	23
85 and older	9	6.1	82	0.6	6	16	10.9	141	0.4	5	2	1.4	9	0.3	25
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	ANTICOAGULANTS					MISC. HEMATOLOGICAL							
	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	72	3.3	644	1.0	\$35	72	3.3	667	0.5	\$31	2,171	21,271	
Female													
All Females	51	3.4	449	1.1	41	45	3.0	400	0.5	35	1,501	14,772	
Female, Disabled													
All Ages	6	5.7	62	1.4	85	4	3.8	42	0.4	37	106	1,162	
64 or younger	5	6.0	60	1.4	88	3	3.6	30	0.2	3	84	926	
65-74	0	0.0	0	0.0	0	1	9.1	12	0.9	120	11	115	
75-84	1	16.7	2	0.5	2	0	0.0	0	0.0	0	6	61	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60	
Female, Other Eligibles													
All Ages	45	3.2	387	1.0	34	41	2.9	358	0.5	35	1,395	13,610	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	7	
65-74	9	5.1	108	1.6	77	6	3.4	70	0.8	90	176	1,790	
75-84	18	3.9	150	0.9	14	15	3.3	125	0.5	30	457	4,561	
85 and older	18	2.4	129	0.8	20	20	2.6	163	0.4	15	760	7,252	
Male													
All Males	21	3.1	195	0.9	21	27	4.0	267	0.4	25	670	6,499	
Male, Disabled													
All Ages	6	4.2	58	0.7	7	8	5.6	96	0.4	31	142	1,476	
64 or younger	5	3.8	56	0.6	6	8	6.2	96	0.4	31	130	1,376	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	56	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	30	
85 and older	1	50.0	2	1.0	12	0	0.0	0	0.0	0	2	14	
Male, Other Eligibles													
All Ages	15	2.8	137	1.0	27	19	3.6	171	0.4	22	528	5,023	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	2	1.4	24	1.4	15	4	2.8	32	0.6	36	141	1,454	
75-84	8	3.3	72	1.0	23	11	4.6	109	0.4	14	240	2,230	
85 and older	5	3.4	41	0.7	41	4	2.7	30	0.4	35	147	1,339	
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 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.
 a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,663 beneficiaries who were in nursing facilities for part of their enrollment and their 15,823 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	7,943	34.5	2.7	62,429	\$30	\$679,406	\$11	12.3	22,993
Age									
5 and younger	1	100.0	6.0	6	180	180	30	4.8	1
6-14	4	57.1	4.0	28	42	292	10	0.9	7
15-20	12	19.7	1.2	73	21	1,257	17	4.0	61
21-44	1,032	29.0	2.2	7,750	29	102,044	13	7.1	3,561
45-64	1,849	40.4	3.7	16,748	41	188,328	11	11.4	4,580
65-74	1,889	30.8	2.3	14,176	25	155,090	11	10.1	6,132
75-84	1,888	34.8	2.6	14,179	26	139,388	10	24.8	5,427
85 and older	1,268	39.3	2.9	9,469	29	92,827	10	33.3	3,224
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,847	34.2	2.5	36,120	26	370,212	10	17.4	14,192
Disabled	2,999	35.2	3.0	25,660	36	302,733	12	9.4	8,519
Adults	89	33.3	2.1	568	21	5,584	10	3.5	267
Children	2	28.6	2.7	19	26	183	10	0.9	7
Unknown	6	75.0	7.8	62	87	694	11	4.1	8
Gender									
Female	5,523	36.7	2.9	43,489	32	479,574	11	13.5	15,040
Male	2,420	30.4	2.4	18,940	25	199,832	11	10.1	7,953
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	5,698	38.7	3.3	48,732	36	536,104	11	14.1	14,730
African American	779	31.6	2.3	5,598	23	56,008	10	7.6	2,467
Other/unknown	1,466	25.3	1.4	8,099	15	87,294	11	8.8	5,796
Use of Nursing Facilities^d									
Entire year	1,218	56.1	5.2	11,182	62	134,373	12	21.4	2,171
Part year	970	58.3	4.4	7,273	46	77,189	11	15.6	1,663
None	5,755	30.0	2.3	43,974	24	467,844	11	10.6	19,159
Maintenance Assistance Status									
Cash	4,191	29.0	1.9	27,144	23	325,494	12	8.7	14,441
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	186	22.5	1.0	851	13	10,764	13	4.5	827
Other/unknown	3,566	46.2	4.5	34,434	44	343,148	10	22.1	7,725

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEVADA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$3	\$11	\$0	\$2	234,384
Age						
5 and younger	0.5	15	30	0	0	12
6-14	0.3	4	10	0	0	83
15-20	0.1	2	17	0	0	628
21-44	0.2	3	13	0	2	36,400
45-64	0.4	4	11	0	2	47,099
65-74	0.2	2	11	0	1	63,624
75-84	0.3	2	10	0	1	55,892
85 and older	0.3	3	10	0	2	30,646
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	10	0	1	144,312
Disabled	0.3	3	12	0	2	88,068
Adults	0.3	3	10	0	2	1,879
Children	0.3	3	10	0	0	57
Unknown	0.9	10	11	0	6	68
Gender						
Female	0.3	3	11	0	2	154,758
Male	0.2	3	11	0	1	79,626
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	11	0	2	148,972
African American	0.2	2	10	0	1	25,155
Other/unknown	0.1	1	11	0	1	60,257
Use of Nursing Facilities^d						
Entire year	0.5	6	12	0	4	21,271
Part year	0.5	5	11	0	3	15,823
None	0.2	2	11	0	1	197,290
Maintenance Assistance Status						
Cash	0.2	2	12	0	1	150,377
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	13	0	1	7,943
Other/unknown	0.5	5	10	0	3	76,064

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEVADA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$					Excluded Rx
All	11,264	\$60	\$679,406	100.0		62,429	\$11		100.0
Anorexia or weight loss/gain	0	0	0	0.0		0	0		0.0
Fertility drugs	0	0	0	0.0		0	0		0.0
Drugs for cosmetic purposes	4	7	27	0.0		10	3		0.0
Cough and cold medications	1,424	45	64,316	9.5		3,037	21		4.9
Vitamins and minerals	1,731	21	35,849	5.3		6,494	6		10.4
Non-prescription drugs	3,161	51	162,455	23.9		21,614	8		34.6
Barbiturates	168	57	9,544	1.4		1,466	7		2.3
Benzodiazepines	4,613	86	395,872	58.3		29,315	14		47.0
Other Part D Excl Rx Drugs	163	70	11,343	1.7		493	23		0.8

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEVADA, 2006

Total Number of Dual Eligible Beneficiaries: 22,993
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$5,537,521
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$240

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,596	41.7	\$0	0.0
1-500	11,669	50.8	1,094,711	19.8
501-1,000	650	2.8	462,275	8.3
1,001-1,500	283	1.2	351,363	6.3
1,501-2,000	185	0.8	322,045	5.8
2,001-2,500	111	0.5	250,977	4.5
2,501-3,000	79	0.3	217,996	3.9
3,001-3,500	73	0.3	235,381	4.3
3,501-4,000	52	0.2	194,823	3.5
4,001-4,500	43	0.2	181,605	3.3
4,501-5,000	37	0.2	173,918	3.1
5,001-5,500	29	0.1	153,275	2.8
5,501-6,000	25	0.1	143,544	2.6
6,001-6,500	17	0.1	106,303	1.9
6,501-7,000	21	0.1	142,683	2.6
7,001-7,500	16	0.1	115,734	2.1
7,501-8,000	11	0.0	85,499	1.5
8,001-8,500	7	0.0	58,271	1.1
8,501-9,000	13	0.1	113,547	2.1
9,001-9,500	6	0.0	55,971	1.0
9,501-10,000	5	0.0	48,429	0.9
10,001+	65	0.3	1,029,171	18.6

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEVADA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 7,960
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,965,982
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$372

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	3,065	38.5	\$0	0.0	
1-500	4,074	51.2	405,222	13.7	
501-1,000	241	3.0	171,345	5.8	
1,001-1,500	122	1.5	152,261	5.1	
1,501-2,000	93	1.2	162,139	5.5	
2,001-2,500	61	0.8	138,478	4.7	
2,501-3,000	50	0.6	138,427	4.7	
3,001-3,500	38	0.5	123,077	4.1	
3,501-4,000	25	0.3	92,499	3.1	
4,001-4,500	27	0.3	114,170	3.8	
4,501-5,000	21	0.3	98,266	3.3	
5,001-5,500	19	0.2	100,555	3.4	
5,501-6,000	12	0.2	68,667	2.3	
6,001-6,500	13	0.2	81,504	2.7	
6,501-7,000	14	0.2	95,629	3.2	
7,001-7,500	10	0.1	71,907	2.4	
7,501-8,000	7	0.1	54,675	1.8	
8,001-8,500	6	0.1	49,875	1.7	
8,501-9,000	7	0.1	61,614	2.1	
9,001-9,500	6	0.1	55,971	1.9	
9,501-10,000	4	0.1	38,847	1.3	
10,001+	45	0.6	690,854	23.3	

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEVADA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 14,783
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,377,092
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$160

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,421	43.4	\$0	0.0
1-500	7,509	50.8	677,749	28.5
501-1,000	396	2.7	282,295	11.9
1,001-1,500	149	1.0	184,238	7.8
1,501-2,000	87	0.6	150,848	6.3
2,001-2,500	48	0.3	107,951	4.5
2,501-3,000	28	0.2	76,575	3.2
3,001-3,500	32	0.2	102,569	4.3
3,501-4,000	26	0.2	98,661	4.2
4,001-4,500	13	0.1	54,724	2.3
4,501-5,000	15	0.1	70,664	3.0
5,001-5,500	7	0.0	36,749	1.5
5,501-6,000	10	0.1	57,467	2.4
6,001-6,500	4	0.0	24,799	1.0
6,501-7,000	6	0.0	40,364	1.7
7,001-7,500	6	0.0	43,827	1.8
7,501-8,000	3	0.0	23,154	1.0
8,001-8,500	1	0.0	8,396	0.4
8,501-9,000	4	0.0	34,645	1.5
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,582	0.4
10,001+	17	0.1	291,835	12.3

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEVADA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,132
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,536,287
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$250

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,625	42.8	\$0	0.0
1-500	3,018	49.2	287,446	18.7
501-1,000	179	2.9	127,172	8.3
1,001-1,500	80	1.3	99,523	6.5
1,501-2,000	49	0.8	86,113	5.6
2,001-2,500	37	0.6	83,839	5.5
2,501-3,000	17	0.3	46,600	3.0
3,001-3,500	28	0.5	90,113	5.9
3,501-4,000	22	0.4	83,903	5.5
4,001-4,500	13	0.2	54,724	3.6
4,501-5,000	13	0.2	61,064	4.0
5,001-5,500	7	0.1	36,749	2.4
5,501-6,000	8	0.1	46,328	3.0
6,001-6,500	4	0.1	24,799	1.6
6,501-7,000	3	0.0	20,117	1.3
7,001-7,500	5	0.1	36,413	2.4
7,501-8,000	2	0.0	15,491	1.0
8,001-8,500	1	0.0	8,396	0.5
8,501-9,000	3	0.0	26,080	1.7
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,582	0.6
10,001+	17	0.3	291,835	19.0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEVADA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,427
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$562,168
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$103

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,297	42.3	\$0	0.0
1-500	2,901	53.5	256,907	45.7
501-1,000	134	2.5	97,050	17.3
1,001-1,500	40	0.7	49,385	8.8
1,501-2,000	24	0.4	40,480	7.2
2,001-2,500	8	0.1	17,247	3.1
2,501-3,000	8	0.1	21,587	3.8
3,001-3,500	3	0.1	9,392	1.7
3,501-4,000	3	0.1	11,118	2.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.0	9,600	1.7
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,513	1.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	3	0.1	20,247	3.6
7,001-7,500	1	0.0	7,414	1.3
7,501-8,000	1	0.0	7,663	1.4
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,565	1.5
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEVADA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,224
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$278,637
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$86

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,499	46.5	\$0	0.0
1-500	1,590	49.3	133,396	47.9
501-1,000	83	2.6	58,073	20.8
1,001-1,500	29	0.9	35,330	12.7
1,501-2,000	14	0.4	24,255	8.7
2,001-2,500	3	0.1	6,865	2.5
2,501-3,000	3	0.1	8,388	3.0
3,001-3,500	1	0.0	3,064	1.1
3,501-4,000	1	0.0	3,640	1.3
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,626	2.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	23,057	14,192	8,519	330	8	8	235,651	144,312	88,384	2,828	59	68
Age												
5 and younger	1	0	1	0	0	0	12	0	12	0	0	0
6-14	7	0	5	0	2	0	83	0	60	0	23	0
15-20	61	0	61	0	0	0	644	0	644	0	0	0
21-44	3,608	0	3,377	228	3	0	37,270	0	35,295	1,944	31	0
45-64	4,596	2	4,516	72	0	6	47,465	7	46,771	633	0	54
65-74	6,133	5,705	415	9	2	2	63,639	59,418	4,123	81	3	14
75-84	5,427	5,310	106	10	1	0	55,892	54,725	1,085	80	2	0
85 and older	3,224	3,175	38	11	0	0	30,646	30,162	394	90	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	15,082	9,986	4,868	215	5	8	155,616	102,580	51,032	1,907	29	68
Male	7,975	4,206	3,651	115	3	0	80,035	41,732	37,352	921	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,763	8,560	5,998	195	3	7	149,670	85,117	62,720	1,740	32	61
African American	2,484	995	1,413	72	4	0	25,514	10,540	14,335	614	25	0
Other/unknown	5,810	4,637	1,108	63	1	1	60,467	48,655	11,329	474	2	7
Use of Nursing Facilities^c												
Entire year	2,171	1,922	248	1	0	0	21,271	18,632	2,638	1	0	0
Part year	1,663	1,389	273	1	0	0	15,823	13,118	2,693	12	0	0
None	19,223	10,881	7,998	328	8	8	198,557	112,562	83,053	2,815	59	68
Maintenance Assistance Status												
Cash	14,497	8,529	5,697	268	3	0	151,342	91,066	57,938	2,323	15	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	827	265	540	13	1	8	8,153	2,635	5,332	107	11	68
Other/unknown	7,733	5,398	2,282	49	4	0	76,156	50,611	25,114	398	33	0
Dual Status^d												
Full dual, all year	21,467	13,434	7,720	297	8	8	219,407	136,466	80,319	2,495	59	68
Full dual, part year	1,590	758	799	33	0	0	16,244	7,846	8,065	333	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	22,839	14,192	8,444	188	7	8	233,601	144,312	87,607	1,557	57	68
FFS part year, with Rx claims	77	0	36	41	0	0	770	0	382	388	0	0
FFS part year, no Rx claims	77	0	39	38	0	0	748	0	395	353	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	64	0	0	63	1	0	532	0	0	530	2	0

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	23,057	235,651	22,993	234,384	0	1,267
Fee-for-service (FFS) all year	22,839	233,601	22,839	233,601	0	0
FFS part year, with Rx claims	77	770	77	421	0	349
FFS part year, with no Rx claims	77	748	77	362	0	386
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	64	532	0	0	0	532

Source: Data for this table are from the MAX 2006 file for Nevada, released by CMS in 9/2009. This table was produced on 02/11/2010.

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

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

Dual Medicaid Beneficiaries