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

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DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>106,560</b>	<b>58,282</b>	<b>47,320</b>	<b>907</b>	<b>18</b>	<b>33</b>	<b>1,137,267</b>	<b>610,709</b>	<b>519,742</b>	<b>6,307</b>	<b>192</b>	<b>317</b>
<b>Age</b>												
5 and younger	8	0	6	0	2	0	76	0	52	0	24	0
6-14	19	0	15	0	4	0	225	0	180	0	45	0
15-20	183	0	168	5	10	0	2,017	0	1,890	28	99	0
21-44	20,543	4	19,835	699	2	3	223,226	43	218,159	4,974	24	26
45-64	27,398	19	27,174	183	0	22	300,042	177	298,474	1,175	0	216
65-74	22,518	22,371	122	17	0	8	244,861	243,693	987	106	0	75
75-84	20,198	20,195	0	3	0	0	213,087	213,063	0	24	0	0
85 and older	15,693	15,693	0	0	0	0	153,733	153,733	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	65,982	40,890	24,421	630	8	33	705,984	430,543	270,359	4,673	92	317
Male	40,578	17,392	22,899	277	10	0	431,283	180,166	249,383	1,634	100	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	75,719	37,831	37,259	595	11	23	804,833	388,773	411,636	4,081	120	223
African American	5,248	1,806	3,369	69	2	2	55,663	19,291	35,923	401	24	24
Other/unknown	25,593	18,645	6,692	243	5	8	276,771	202,645	72,183	1,825	48	70
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,213	8,296	917	0	0	0	88,943	79,160	9,783	0	0	0
Part year	5,934	4,893	1,040	1	0	0	59,668	48,660	11,006	2	0	0
None	91,413	45,093	45,363	906	18	33	988,656	482,889	498,953	6,305	192	317
<b>Maintenance Assistance Status</b>												
Cash	54,509	25,450	28,841	217	1	0	604,340	286,657	316,304	1,367	12	0
Medically needy	1,348	533	813	0	2	0	13,593	5,259	8,310	0	24	0
Poverty-related	4,141	1,192	2,722	186	8	33	40,010	10,991	26,990	1,640	72	317
Other/unknown	46,562	31,107	14,944	504	7	0	479,324	307,802	168,138	3,300	84	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	100,020	55,778	43,347	844	18	33	1,070,682	586,012	478,514	5,647	192	317
Full dual, part year	6,540	2,504	3,973	63	0	0	66,585	24,697	41,228	660	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	105,151	57,960	46,498	642	18	33	1,129,340	608,777	514,743	5,311	192	317
FFS part year, with Rx claims	1,193	265	702	226	0	0	6,960	1,720	4,381	859	0	0
FFS part year, no Rx claims	216	57	120	39	0	0	967	212	618	137	0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx	Mean Number of Rx				FFS \$ <sup>c</sup>	FFS \$ <sup>d</sup>	
<b>All</b>	<b>78.7</b>	<b>27.6</b>	<b>\$314</b>	<b>\$11</b>	<b>\$12,148</b>	<b>2.6</b>	<b>106,560</b>	
<b>Age</b>								
5 and younger	100.0	22.0	1,989	90	17,093	11.6	8	
6-14	100.0	30.3	7,633	252	32,425	23.5	19	
15-20	75.4	16.5	1,254	76	12,937	9.7	183	
21-44	76.3	20.4	519	26	8,947	5.8	20,543	
45-64	82.6	32.0	461	14	11,309	4.1	27,398	
65-74	79.8	30.8	262	9	8,844	3.0	22,518	
75-84	78.8	29.1	125	4	13,955	0.9	20,198	
85 and older	73.6	22.7	83	4	20,184	0.4	15,693	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	77.8	28.0	165	6	13,662	1.2	58,282	
Disabled	80.0	27.2	483	18	10,448	4.6	47,320	
Adults	67.9	15.2	795	52	3,468	22.9	907	
Children	88.9	37.0	5,027	136	20,217	24.9	18	
Unknown	97.0	46.8	2,495	53	10,426	23.9	33	
<b>Gender</b>								
Female	81.1	30.5	298	10	12,682	2.3	65,982	
Male	74.9	22.8	339	15	11,280	3.0	40,578	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Race</b>								
White	78.3	28.2	327	12	13,506	2.4	75,719	
African American	78.5	25.6	374	15	10,029	3.7	5,248	
Other/unknown	80.1	26.2	261	10	8,566	3.0	25,593	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	58.6	5.8	108	19	38,126	0.3	9,213	
Part year	78.9	21.6	233	11	24,469	1.0	5,934	
None	80.7	30.1	339	11	8,730	3.9	91,413	
<b>Maintenance Assistance Status</b>								
Cash	81.4	28.5	416	15	4,648	8.9	54,509	
Medically needy	80.7	25.6	750	29	7,113	10.5	1,348	
Poverty related	53.8	10.9	364	34	2,216	16.4	4,141	
Other/unknown	77.7	28.0	177	6	21,958	0.8	46,562	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>2.6</b>	<b>\$29</b>	<b>2.6</b>	<b>21.3</b>	<b>27.0</b>	<b>12.1</b>	<b>25.1</b>	<b>13.0</b>	<b>1.6</b>	<b>\$1,138</b>	<b>106,560</b>	<b>1,137,267</b>
<b>Age</b>												
5 and younger	2.3	209	11.6	0.0	50.0	12.5	25.0	12.5	0.0	1,799	8	76
6-14	2.6	645	23.5	0.0	26.3	36.8	31.6	5.3	0.0	2,738	19	225
15-20	1.5	114	9.7	24.6	40.4	11.5	19.1	3.8	0.5	1,174	183	2,017
21-44	1.9	48	5.8	23.7	34.8	13.2	20.3	6.9	1.1	823	20,543	223,226
45-64	2.9	42	4.1	17.4	23.6	13.0	28.6	15.1	2.2	1,033	27,398	300,042
65-74	2.8	24	3.0	20.2	24.6	12.0	26.5	14.8	1.9	813	22,518	244,861
75-84	2.8	12	0.9	21.2	24.9	11.1	26.7	14.8	1.4	1,323	20,198	213,087
85 and older	2.3	9	0.4	26.4	28.3	10.3	21.6	12.4	0.9	2,060	15,693	153,733
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	2.7	16	1.2	22.2	25.7	11.2	25.3	14.2	1.4	1,304	58,282	610,709
Disabled	2.5	44	4.6	20.0	28.5	13.1	25.2	11.6	1.7	951	47,320	519,742
Adults	2.2	114	22.9	32.1	26.4	10.3	16.0	11.8	3.5	499	907	6,307
Children	3.5	471	24.9	11.1	11.1	16.7	44.4	16.7	0.0	1,895	18	192
Unknown	4.9	260	23.9	3.0	9.1	18.2	39.4	24.2	6.1	1,085	33	317
<b>Gender</b>												
Female	2.8	28	2.3	18.9	25.6	11.6	26.8	15.3	1.9	1,185	65,982	705,984
Male	2.1	32	3.0	25.1	29.2	12.8	22.5	9.3	1.1	1,061	40,578	431,283
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.6	31	2.4	21.7	26.5	11.5	24.6	13.9	1.8	1,271	75,719	804,833
African American	2.4	35	3.7	21.5	29.1	13.0	23.3	11.8	1.3	946	5,248	55,663
Other/unknown	2.4	24	3.0	19.9	27.9	13.5	27.3	10.6	0.9	792	25,593	276,771
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.6	11	0.3	41.4	44.9	6.3	4.8	1.9	0.6	3,949	9,213	88,943
Part year	2.2	23	1.0	21.1	36.6	12.0	19.2	9.5	1.6	2,433	5,934	59,668
None	2.8	31	3.9	19.3	24.5	12.7	27.6	14.3	1.7	807	91,413	988,656
<b>Maintenance Assistance Status</b>												
Cash	2.6	38	8.9	18.6	27.7	13.4	26.8	12.0	1.6	419	54,509	604,340
Medically needy	2.5	74	10.5	19.3	28.2	13.6	25.1	11.7	2.1	705	1,348	13,593
Poverty related	1.1	38	16.4	46.2	30.6	8.7	10.6	3.5	0.4	229	4,141	40,010
Other/unknown	2.7	17	0.8	22.3	25.7	10.8	24.5	15.0	1.6	2,133	46,562	479,324

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 1 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>2.6</b>	<b>\$29</b>	<b>\$11</b>	<b>0.8</b>	<b>\$20</b>	<b>\$25</b>	<b>0.1</b>	<b>\$1</b>	<b>\$18</b>	<b>1.7</b>	<b>\$8</b>	<b>\$5</b>
<b>Age</b>												
5 and younger	2.3	209	90	0.8	187	233	0.0	0	0	1.5	22	15
6-14	2.6	645	252	1.1	615	570	0.0	2	53	1.4	27	19
15-20	1.5	114	76	0.6	97	172	0.1	3	65	0.9	14	16
21-44	1.9	48	26	0.6	37	63	0.1	2	34	1.2	9	8
45-64	2.9	42	14	0.8	28	34	0.1	2	27	2.0	12	6
65-74	2.8	24	9	0.9	16	17	0.1	1	14	1.8	7	4
75-84	2.8	12	4	0.9	7	7	0.1	0	6	1.8	5	3
85 and older	2.3	9	4	0.7	4	6	0.1	0	5	1.6	4	3
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	2.7	16	6	0.9	10	11	0.1	1	9	1.8	6	3
Disabled	2.5	44	18	0.7	32	43	0.1	2	29	1.7	11	6
Adults	2.2	114	52	0.6	83	143	0.1	6	118	1.5	25	16
Children	3.5	471	136	1.4	422	302	0.0	2	90	2.0	47	23
Unknown	4.9	260	53	1.7	208	126	0.1	8	161	3.2	43	14
<b>Gender</b>												
Female	2.8	28	10	0.9	18	21	0.1	1	16	1.9	8	4
Male	2.1	32	15	0.7	23	34	0.1	1	23	1.4	7	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.6	31	12	0.8	21	27	0.1	1	18	1.8	9	5
African American	2.4	35	15	0.7	27	37	0.1	1	17	1.6	8	5
Other/unknown	2.4	24	10	0.9	17	19	0.1	1	18	1.5	7	4
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.6	11	19	0.1	6	57	0.0	1	30	0.5	4	9
Part year	2.2	23	11	0.6	14	25	0.1	1	23	1.5	8	5
None	2.8	31	11	0.9	22	25	0.1	1	18	1.8	8	5
<b>Maintenance Assistance Status</b>												
Cash	2.6	38	15	0.8	27	32	0.1	1	23	1.7	9	5
Medically needy	2.5	74	29	0.8	59	73	0.1	4	58	1.7	12	7
Poverty related	1.1	38	34	0.3	28	81	0.0	2	72	0.8	8	11
Other/unknown	2.7	17	6	0.8	10	13	0.1	1	11	1.9	7	4

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months			
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.3	0.0	0.0	0.2	\$5	\$4	\$0	\$1	\$19	\$88	\$22	\$5	102,291	\$1,988,799	35,115	33.0	396,228
Biologicals	0.1	0.1	0.0	0.0	27	26	0	1	251	300	0	29	348	87,217	292	0.3	3,243
Antineoplastic Agents	0.4	0.1	0.0	0.3	18	13	0	5	46	107	83	20	9,307	431,106	2,158	2.0	23,480
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.5	6	4	0	1	8	16	12	3	320,095	2,492,710	37,297	35.0	418,547
Cardiovascular Agents	1.3	0.4	0.0	0.9	7	5	0	2	6	12	7	2	767,131	4,341,336	52,139	48.9	582,749
Respiratory Agents	0.5	0.3	0.0	0.3	7	5	0	2	14	20	26	8	178,789	2,514,743	29,976	28.1	339,494
Gastrointestinal Agents	0.5	0.2	0.0	0.3	6	5	0	1	12	22	87	3	174,973	2,014,813	31,260	29.3	351,642
Genitourinary Agents	0.4	0.2	0.0	0.2	3	2	0	1	6	10	9	3	53,305	334,064	11,503	10.8	129,864
CNS Drugs	1.0	0.3	0.0	0.6	17	12	1	4	18	41	23	6	535,580	9,417,164	50,850	47.7	561,100
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	16	13	0	2	33	57	24	9	6,890	226,510	1,305	1.2	14,564
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	14	14	0	0	26	26	0	11	25,841	662,217	4,227	4.0	45,909
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	5	2	0	3	9	43	51	5	287,185	2,587,121	42,070	39.5	471,081
Neuromuscular Agents	0.7	0.2	0.0	0.5	12	8	0	4	17	39	13	8	203,666	3,469,750	26,822	25.2	300,997
Nutritional Products	0.5	0.0	0.0	0.4	2	0	0	2	4	14	8	4	66,455	281,856	13,108	12.3	144,645
Hematological Agents	0.6	0.1	0.0	0.4	9	7	0	2	15	54	6	4	88,544	1,362,701	13,434	12.6	147,339
Topical Products	0.3	0.1	0.0	0.2	2	2	0	1	7	13	12	4	110,008	799,869	28,244	26.5	322,429
Miscellaneous Products	0.2	0.1	0.0	0.1	19	17	1	1	87	129	109	17	4,285	370,742	1,752	1.6	19,564
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	15	0	0	0	1,383	21,319	653	0.6	7,454
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>2,936,076</b>	<b>33,404,037</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 Washington, 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	\$5,173,129	21,778	20.4	244,383	0.5	\$42	\$21	
ULCER DRUGS	3,620,515	38,372	36.0	432,401	0.5	17	8	
ANTICONVULSANT	3,062,707	21,349	20.0	241,392	0.6	22	13	
ANTIDEPRESSANTS	2,444,683	45,086	42.3	505,774	0.5	10	5	
ANTIHYPERTENSIVES	1,941,194	29,824	28.0	340,664	0.5	11	6	
DIAGNOSTIC PRODUCTS	1,700,669	6,933	6.5	78,341	0.3	69	22	
ANTIASTHMATIC	1,662,084	28,164	26.4	318,963	0.3	15	5	
ANTIDIABETIC	1,582,116	28,113	26.4	318,432	0.5	10	5	
ANTIVIRAL	1,304,769	3,108	2.9	35,486	0.3	141	37	
ANALGESICS - Narcotic	1,277,422	46,203	43.4	519,678	0.4	7	2	
Total	23,769,288	268,930	n.a.	3,035,514	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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>.

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

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ULCER DRUGS				
	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,379,952</b>	<b>\$23,769,288</b>	<b>21,778</b>	<b>20.4</b>	<b>244,383</b>	<b>0.5</b>	<b>\$21</b>	<b>38,372</b>	<b>36.0</b>	<b>432,401</b>	<b>0.5</b>	<b>\$8</b>					
<b>Female</b>																	
All Females	913,223	13,778,437	12,034	18.2	135,028	0.5	18	26,633	40.4	300,757	0.5	8					
<b>Female, Disabled</b>																	
All Ages	419,401	8,669,176	7,436	30.4	85,439	0.5	23	9,933	40.7	114,137	0.4	9					
5 and younger	5	9	0	0.0	0	0.0	0	1	33.3	12	0.1	0					
6-14	47	661	0	0.0	0	0.0	0	2	28.6	24	0.7	13					
15-20	831	61,288	17	21.5	204	0.6	102	28	35.4	322	0.4	16					
21-44	119,233	3,270,554	3,020	34.2	34,589	0.5	28	2,713	30.7	31,159	0.4	9					
45-64	298,315	5,309,787	4,391	28.5	50,556	0.5	19	7,159	46.4	82,341	0.5	9					
65-74	970	26,877	8	11.4	90	0.9	29	30	42.9	279	0.5	11					
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					
<b>Female, Other Eligibles</b>																	
All Ages	493,822	5,109,261	4,598	11.1	49,589	0.5	10	16,700	40.2	186,620	0.5	8					
5 and younger	10	387	0	0.0	0	0.0	0	2	200.0	24	0.4	16					
6-14	11	993	0	0.0	0	0.0	0	1	33.3	9	1.0	108					
15-20	95	9,415	2	28.6	24	0.5	55	3	42.9	35	0.4	7					
21-44	4,137	283,040	98	18.8	901	0.5	104	90	17.3	822	0.3	19					
45-64	1,862	94,797	26	19.4	221	0.4	34	44	32.8	371	0.6	31					
65-74	215,878	2,787,742	1,488	10.4	16,926	0.5	17	6,437	45.1	74,227	0.5	8					
75-84	171,424	1,218,270	1,535	11.0	16,692	0.5	4	5,824	41.6	65,581	0.5	7					
85 and older	100,405	714,617	1,449	11.5	14,825	0.5	3	4,299	34.1	45,551	0.6	8					
<b>Male</b>																	
All Males	466,729	9,990,851	9,744	24.0	109,355	0.5	25	11,739	28.9	131,644	0.5	9					
<b>Male, Disabled</b>																	
All Ages	288,569	8,003,542	8,231	35.9	93,397	0.5	28	5,870	25.6	66,564	0.5	10					
5 and younger	6	36	0	0.0	0	0.0	0	2	66.7	21	0.1	1					
6-14	33	2,196	1	12.5	12	0.8	170	1	12.5	12	0.3	2					
15-20	544	35,454	14	15.7	168	1.0	108	9	10.1	106	0.4	12					
21-44	117,160	4,029,439	4,317	39.2	48,744	0.5	34	2,207	20.1	25,276	0.4	11					
45-64	170,210	3,917,623	3,897	33.2	44,452	0.5	20	3,634	30.9	40,996	0.5	10					
65-74	616	18,794	2	3.8	21	1.0	2	17	32.7	153	0.5	11					
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					

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	All Top 10 Drug Groups								ANTIPSYCHOTICS					ULCER DRUGS			
	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	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>																	
All Ages	178,160	1,987,309	1,513	8.6	15,958	0.5	9	5,869	33.2	65,080	0.5	8					
5 and younger	1	22	0	0.0	0	0.0	0	1	100.0	12	0.1	2					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	49	11,905	4	50.0	48	0.3	169	3	37.5	22	0.5	23					
21-44	1,059	82,084	20	10.7	164	0.6	136	31	16.6	220	0.4	10					
45-64	871	41,635	7	7.8	49	0.4	102	22	24.4	191	0.7	36					
65-74	93,223	1,202,934	673	8.3	7,456	0.5	10	2,789	34.4	31,665	0.5	8					
75-84	61,396	498,023	511	8.2	5,282	0.5	4	2,093	33.7	23,242	0.5	7					
85 and older	21,561	150,706	298	9.7	2,959	0.5	3	930	30.3	9,728	0.5	7					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					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
<b>All</b>	<b>21,349</b>	<b>20.0</b>	<b>241,392</b>	<b>0.6</b>	<b>\$13</b>	<b>45,086</b>	<b>42.3</b>	<b>505,774</b>	<b>0.5</b>	<b>\$5</b>	<b>29,824</b>	<b>28.0</b>	<b>340,664</b>	<b>0.5</b>	<b>\$6</b>
<b>Female</b>															
All Females	13,426	20.3	151,949	0.6	13	31,598	47.9	355,519	0.5	5	19,232	29.1	220,285	0.5	5
<b>Female, Disabled</b>															
All Ages	8,560	35.1	98,127	0.6	16	16,736	68.5	191,562	0.5	6	6,077	24.9	70,091	0.5	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	1	14.3	12	0.8	6	1	14.3	12	0.9	18	0	0.0	0	0.0	0
15-20	28	35.4	326	0.8	76	38	48.1	433	0.4	11	2	2.5	24	0.3	0
21-44	3,176	36.0	36,370	0.6	21	5,247	59.4	59,972	0.4	7	897	10.2	10,308	0.4	10
45-64	5,343	34.6	61,298	0.6	13	11,413	74.0	130,802	0.5	6	5,150	33.4	59,488	0.5	6
65-74	12	17.1	121	0.3	5	37	52.9	343	0.5	12	28	40.0	271	0.5	16
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
<b>Female, Other Eligibles</b>															
All Ages	4,866	11.7	53,822	0.5	6	14,862	35.8	163,957	0.5	3	13,155	31.7	150,194	0.5	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	3	42.9	36	0.5	18	1	14.3	12	0.3	11
21-44	92	17.7	852	0.7	80	213	40.9	1,875	0.5	21	20	3.8	180	0.5	23
45-64	22	16.4	197	0.6	27	72	53.7	619	0.6	23	23	17.2	228	0.7	51
65-74	2,130	14.9	24,419	0.5	6	5,853	41.0	67,060	0.5	3	6,304	44.1	72,914	0.5	6
75-84	1,664	11.9	18,481	0.5	3	4,915	35.1	54,527	0.5	2	4,945	35.3	56,588	0.5	3
85 and older	958	7.6	9,873	0.5	3	3,806	30.1	39,840	0.5	2	1,862	14.7	20,272	0.6	2
<b>Male</b>															
All Males	7,923	19.5	89,443	0.6	13	13,488	33.2	150,255	0.5	6	10,592	26.1	120,379	0.5	7
<b>Male, Disabled</b>															
All Ages	6,184	27.0	70,432	0.6	15	9,343	40.8	105,190	0.5	7	4,694	20.5	53,552	0.5	9
5 and younger	0	0.0	0	0.0	0	1	33.3	9	0.1	1	0	0.0	0	0.0	0
6-14	1	12.5	12	0.6	3	1	12.5	12	0.5	4	0	0.0	0	0.0	0
15-20	8	9.0	96	0.9	76	19	21.3	222	0.7	32	3	3.4	30	0.3	4
21-44	2,938	26.7	33,491	0.6	18	4,147	37.7	46,799	0.5	7	1,313	11.9	15,012	0.4	8
45-64	3,223	27.4	36,698	0.6	12	5,163	44.0	58,023	0.5	7	3,358	28.6	38,299	0.5	9
65-74	14	26.9	135	0.7	13	12	23.1	125	0.5	2	20	38.5	211	0.5	21
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

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					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
<b>Male, Other Eligibles</b>															
All Ages	1,739	9.8	19,011	0.5	5	4,145	23.4	45,065	0.5	2	5,898	33.4	66,827	0.5	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	12.5	12	0.9	30	3	37.5	18	0.3	7	0	0.0	0	0.0	0
21-44	18	9.6	139	0.6	60	54	28.9	400	0.5	28	22	11.8	161	0.5	24
45-64	8	8.9	67	0.5	29	27	30.0	230	0.5	17	21	23.3	187	0.6	35
65-74	900	11.1	10,129	0.5	5	1,940	23.9	21,862	0.5	3	3,197	39.4	36,581	0.5	6
75-84	597	9.6	6,477	0.5	4	1,434	23.1	15,564	0.5	2	2,109	34.0	23,950	0.5	4
85 and older	215	7.0	2,187	0.5	3	687	22.4	6,991	0.5	2	549	17.9	5,948	0.5	2
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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.

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	DIAGNOSTIC PRODUCTS					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,933</b>	<b>6.5</b>	<b>78,341</b>	<b>0.3</b>	<b>\$22</b>	<b>28,164</b>	<b>26.4</b>	<b>318,963</b>	<b>0.3</b>	<b>\$5</b>	<b>28,113</b>	<b>26.4</b>	<b>318,432</b>	<b>0.5</b>	<b>\$5</b>
<b>Female</b>															
All Females	4,666	7.1	53,119	0.3	21	19,123	29.0	217,613	0.3	5	18,729	28.4	213,013	0.5	5
<b>Female, Disabled</b>															
All Ages	1,835	7.5	20,849	0.3	24	9,034	37.0	103,826	0.3	6	6,276	25.7	72,091	0.5	7
5 and younger	0	0.0	0	0.0	0	2	66.7	18	0.2	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	2.5	18	0.3	25	23	29.1	269	0.1	7	3	3.8	30	0.5	50
21-44	426	4.8	4,837	0.3	27	2,515	28.5	28,804	0.3	6	1,170	13.2	13,473	0.5	9
45-64	1,396	9.0	15,890	0.3	23	6,475	42.0	74,570	0.3	6	5,076	32.9	58,321	0.5	6
65-74	10	14.3	92	0.3	20	19	27.1	165	0.3	13	27	38.6	267	0.6	28
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
<b>Female, Other Eligibles</b>															
All Ages	2,831	6.8	32,270	0.3	20	10,089	24.3	113,787	0.3	4	12,453	30.0	140,922	0.5	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	2	28.6	23	0.4	55	2	28.6	24	0.3	11	5	71.4	57	0.3	13
21-44	26	5.0	261	0.3	28	98	18.8	903	0.3	17	36	6.9	336	0.6	50
45-64	19	14.2	159	0.4	25	32	23.9	291	0.4	30	42	31.3	405	0.8	48
65-74	1,504	10.5	17,356	0.3	21	4,833	33.8	55,530	0.4	5	5,954	41.7	68,535	0.5	5
75-84	947	6.8	10,775	0.3	18	3,375	24.1	38,277	0.3	2	4,628	33.1	52,347	0.5	2
85 and older	333	2.6	3,696	0.3	18	1,749	13.9	18,762	0.3	2	1,788	14.2	19,242	0.5	2
<b>Male</b>															
All Males	2,267	5.6	25,222	0.3	23	9,041	22.3	101,350	0.4	6	9,384	23.1	105,419	0.5	5
<b>Male, Disabled</b>															
All Ages	1,122	4.9	12,444	0.3	24	4,395	19.2	49,654	0.3	8	4,207	18.4	47,506	0.5	8
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	2	25.0	24	0.2	1	0	0.0	0	0.0	0
15-20	1	1.1	12	0.9	32	9	10.1	108	0.1	3	1	1.1	12	2.1	41
21-44	364	3.3	4,097	0.3	25	1,536	14.0	17,487	0.3	7	1,168	10.6	13,408	0.5	10
45-64	748	6.4	8,256	0.3	24	2,839	24.2	31,959	0.4	9	3,015	25.7	33,873	0.5	7
65-74	9	17.3	79	0.4	29	9	17.3	76	0.7	57	23	44.2	213	0.6	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	DIAGNOSTIC PRODUCTS					ANTIASTHMATIC					ANTIDIABETIC				
	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
<b>Male, Other Eligibles</b>															
All Ages	1,145	6.5	12,778	0.3	21	4,646	26.3	51,696	0.4	4	5,177	29.3	57,913	0.5	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	9	4.8	42	0.6	80	9	4.8	80	0.3	13	28	15.0	146	0.7	47
45-64	7	7.8	36	0.5	24	22	24.4	166	0.3	19	24	26.7	206	0.5	23
65-74	669	8.2	7,497	0.3	23	2,465	30.4	28,034	0.4	6	2,822	34.8	32,010	0.5	4
75-84	373	6.0	4,266	0.3	18	1,577	25.4	17,385	0.4	3	1,782	28.7	20,110	0.5	2
85 and older	87	2.8	937	0.3	16	573	18.7	6,031	0.4	2	521	17.0	5,441	0.5	2
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - Narcotic						
	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
<b>All</b>	<b>3,108</b>	<b>2.9</b>	<b>35,486</b>	<b>0.3</b>	<b>\$37</b>	<b>46,203</b>	<b>43.4</b>	<b>519,678</b>	<b>0.4</b>	<b>\$3</b>	<b>106,560</b>	<b>1,137,267</b>
<b>Female</b>												
All Females	1,610	2.4	18,447	0.2	16	31,933	48.4	361,040	0.4	2	65,982	705,984
<b>Female, Disabled</b>												
All Ages	1,026	4.2	11,780	0.3	23	16,171	66.2	185,163	0.4	3	24,421	270,359
5 and younger	1	33.3	6	0.2	0	0	0.0	0	0.0	0	3	30
6-14	2	28.6	24	0.4	1	1	14.3	12	0.1	0	7	84
15-20	4	5.1	41	0.4	38	36	45.6	417	0.2	1	79	900
21-44	411	4.7	4,694	0.3	23	5,448	61.7	62,294	0.4	3	8,831	97,471
45-64	608	3.9	7,015	0.3	22	10,657	69.1	122,161	0.4	3	15,431	171,275
65-74	0	0.0	0	0.0	0	29	41.4	279	0.5	3	70	599
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
<b>Female, Other Eligibles</b>												
All Ages	584	1.4	6,667	0.2	5	15,762	37.9	175,877	0.3	1	41,561	435,625
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
6-14	0	0.0	0	0.0	0	1	33.3	9	0.2	3	3	33
15-20	2	28.6	23	0.2	208	2	28.6	24	0.2	1	7	60
21-44	13	2.5	105	0.3	31	314	60.3	2,834	0.4	7	521	4,010
45-64	5	3.7	39	0.1	44	99	73.9	839	0.5	13	134	969
65-74	260	1.8	3,048	0.3	6	6,613	46.3	76,293	0.3	1	14,281	156,999
75-84	191	1.4	2,194	0.1	1	5,251	37.5	59,055	0.3	1	13,990	148,868
85 and older	113	0.9	1,258	0.1	1	3,481	27.6	36,811	0.3	1	12,624	124,674
<b>Male</b>												
All Males	1,498	3.7	17,039	0.3	59	14,270	35.2	158,638	0.4	3	40,578	431,283
<b>Male, Disabled</b>												
All Ages	1,304	5.7	14,833	0.3	64	9,232	40.3	103,068	0.4	4	22,899	249,383
5 and younger	1	33.3	12	0.2	1	1	33.3	12	0.1	0	3	22
6-14	0	0.0	0	0.0	0	4	50.0	48	0.1	1	8	96
15-20	4	4.5	48	0.1	0	20	22.5	236	0.2	1	89	990
21-44	660	6.0	7,513	0.3	64	3,987	36.2	44,812	0.3	4	11,004	120,688
45-64	639	5.4	7,260	0.3	64	5,205	44.3	57,832	0.4	5	11,743	127,199
65-74	0	0.0	0	0.0	0	15	28.8	128	0.4	2	52	388
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

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<sup>a</sup>, b, c  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>Male, Other Eligibles</b>												
All Ages	194	1.1	2,206	0.2	30	5,038	28.5	55,570	0.3	1	17,679	181,900
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	25.0	19	0.4	146	3	37.5	27	0.1	1	8	67
21-44	6	3.2	50	0.6	285	82	43.9	522	0.6	17	187	1,057
45-64	1	1.1	12	0.2	197	54	60.0	461	0.6	14	90	599
65-74	109	1.3	1,266	0.2	34	2,640	32.5	29,755	0.3	1	8,115	86,875
75-84	55	0.9	637	0.2	7	1,638	26.4	18,319	0.3	1	6,208	64,219
85 and older	21	0.7	222	0.1	0	621	20.2	6,486	0.3	1	3,069	29,059
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>\$11</b>	<b>0.6</b>	<b>9,213</b>	<b>88,943</b>
<b>Age</b>				
0-64	28	0.9	908	9,706
65-74	19	0.8	1,103	11,200
75-84	9	0.6	2,714	26,425
85 and older	7	0.5	4,488	41,612
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	10	0.6	6,583	64,014
Male	14	0.6	2,630	24,929
Unknown	0	0.0	0	0
<b>Race</b>				
White	11	0.6	7,842	75,541
African American	20	0.6	226	2,350
Other/unknown	13	0.7	1,145	11,052
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	9	0.6	8,296	79,160
Disabled	29	1.0	917	9,783
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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.

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	0.2	0.1	0.0	0.2	\$8	\$5	\$0	\$2	\$33	\$91	\$30	\$14	1,412	\$46,728	696	7.6	6,039
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	33	20	0	35	32	1,053	29	0.3	319
Antineoplastic Agents	0.3	0.0	0.0	0.2	23	3	2	18	84	114	213	76	237	19,908	116	1.3	880
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	6	4	1	1	19	38	49	5	3,189	59,782	1,109	12.0	10,199
Cardiovascular Agents	0.5	0.1	0.0	0.3	6	3	0	2	12	34	16	6	7,143	88,597	1,687	18.3	15,621
Respiratory Agents	0.3	0.1	0.0	0.2	8	5	0	2	28	50	60	14	1,859	52,330	684	7.4	6,694
Gastrointestinal Agents	0.3	0.1	0.0	0.2	7	5	0	1	26	65	46	8	2,132	55,796	915	9.9	8,338
Genitourinary Agents	0.2	0.1	0.0	0.1	4	2	0	2	16	22	21	12	865	13,868	379	4.1	3,545
CNS Drugs	0.6	0.1	0.0	0.5	10	5	0	4	17	66	41	8	17,550	303,571	3,245	35.2	31,255
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.2	2	1	0	1	6	13	2	6	55	350	20	0.2	207
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	18	18	0	0	60	60	0	0	825	49,572	300	3.3	2,821
Analgesics and Anesthetics	0.4	0.0	0.0	0.3	5	1	0	3	13	45	32	10	3,018	39,942	957	10.4	8,575
Neuromuscular Agents	0.5	0.1	0.0	0.4	13	6	0	7	26	93	37	16	4,487	115,692	901	9.8	8,854
Nutritional Products	0.3	0.0	0.0	0.2	3	0	0	2	9	11	11	9	1,937	17,282	730	7.9	6,795
Hematological Agents	0.6	0.0	0.0	0.6	8	5	0	3	13	134	8	6	7,172	92,812	1,205	13.1	11,709
Topical Products	0.2	0.1	0.0	0.1	5	2	1	1	21	35	32	10	1,471	30,358	703	7.6	6,683
Miscellaneous Products	0.1	0.1	0.0	0.1	10	2	1	7	67	25	33	144	104	6,956	72	0.8	708
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	15	0	0	0	55	839	29	0.3	265
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.	53,543	995,436	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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 Washington, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	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	
ULCER DRUGS	\$284,155	2,174	23.6	21,888	0.5	\$25	\$13	
ANTIPSYCHOTICS	117,203	577	6.3	5,479	0.3	80	21	
ANTICONVULSANT	101,924	727	7.9	7,333	0.5	27	14	
ANTIANSXIETY AGENTS	93,741	2,070	22.5	20,539	0.5	9	5	
HEMATOPOIETIC AGENTS	65,470	910	9.9	9,218	0.6	11	7	
ANTIDEPRESSANTS	54,530	1,348	14.6	12,701	0.2	18	4	
ANTIDIABETIC	48,832	799	8.7	7,613	0.3	24	6	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	49,572	336	3.6	3,205	0.3	60	15	
ANTIASTHMATIC	38,619	528	5.7	5,041	0.2	39	8	
HYPNOTICS	38,095	298	3.2	3,066	0.7	18	12	
Total	892,141	9,767	n.a.	96,083	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ULCER DRUGS							ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>42,427</b>	<b>\$892,141</b>	<b>2,174</b>	<b>23.6</b>	<b>21,888</b>	<b>0.5</b>	<b>\$13</b>	<b>577</b>	<b>6.3</b>	<b>5,479</b>	<b>0.3</b>	<b>\$21</b>
<b>Female</b>												
All Females	29,997	619,634	1,554	23.6	15,683	0.5	13	412	6.3	3,978	0.3	21
<b>Female, Disabled</b>												
All Ages	3,617	93,395	103	24.1	1,107	0.5	12	40	9.3	412	0.2	17
64 or younger	3,488	90,338	102	24.1	1,095	0.5	12	38	9.0	388	0.2	15
65-74	129	3,057	1	20.0	12	1.0	24	2	40.0	24	1.4	43
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
<b>Female, Other Eligibles</b>												
All Ages	26,380	526,239	1,451	23.6	14,576	0.5	13	372	6.0	3,566	0.3	21
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,304	124,922	170	26.6	1,783	0.5	13	69	10.8	738	0.3	52
75-84	8,914	167,198	465	24.9	4,787	0.5	13	117	6.3	1,116	0.3	15
85 and older	13,162	234,119	816	22.4	8,006	0.5	13	186	5.1	1,712	0.2	12
<b>Male</b>												
All Males	12,430	272,507	620	23.6	6,205	0.5	13	165	6.3	1,501	0.3	23
<b>Male, Disabled</b>												
All Ages	3,674	112,295	127	26.0	1,346	0.5	15	43	8.8	448	0.2	43
64 or younger	3,658	111,825	125	25.8	1,332	0.5	15	43	8.9	448	0.2	43
65-74	16	470	2	50.0	14	0.4	9	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
<b>Male, Other Eligibles</b>												
All Ages	8,756	160,212	493	23.0	4,859	0.5	13	122	5.7	1,053	0.3	14
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,409	47,678	112	24.7	1,198	0.5	14	23	5.1	213	0.3	19
75-84	3,467	65,662	204	24.1	2,019	0.5	13	53	6.3	432	0.4	16
85 and older	2,880	46,872	177	21.1	1,642	0.5	12	46	5.5	408	0.3	9
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTICONVULSANT					ANTIANKXIETY AGENTS					HEMATOPOIETIC AGENTS				
	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean
		of All-Year					of All-Year					of All-Year			
Residents	Benefit Months	Number	Rx	Rx \$	Residents	Benefit Months	Number	Rx	Rx \$	Residents	Benefit Months	Number	Rx	Rx \$	
<b>All</b>	<b>727</b>	<b>7.9</b>	<b>7,333</b>	<b>0.5</b>	<b>\$14</b>	<b>2,070</b>	<b>22.5</b>	<b>20,539</b>	<b>0.5</b>	<b>\$5</b>	<b>910</b>	<b>9.9</b>	<b>9,218</b>	<b>0.6</b>	<b>\$7</b>
<b>Female</b>															
All Females	487	7.4	4,920	0.5	13	1,497	22.7	14,950	0.5	4	639	9.7	6,517	0.7	7
<b>Female, Disabled</b>															
All Ages	81	18.9	869	0.7	25	156	36.4	1,713	0.6	7	39	9.1	422	0.7	25
64 or younger	81	19.1	869	0.7	25	154	36.4	1,689	0.7	7	38	9.0	412	0.7	26
65-74	0	0.0	0	0.0	0	2	40.0	24	0.3	2	1	20.0	10	0.9	5
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
<b>Female, Other Eligibles</b>															
All Ages	406	6.6	4,051	0.5	10	1,341	21.8	13,237	0.5	4	600	9.7	6,095	0.6	6
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	82	12.8	863	0.6	17	172	26.9	1,770	0.7	6	59	9.2	615	0.7	11
75-84	176	9.4	1,788	0.4	9	436	23.4	4,487	0.5	4	176	9.4	1,810	0.6	7
85 and older	148	4.1	1,400	0.5	8	733	20.1	6,980	0.4	4	365	10.0	3,670	0.6	5
<b>Male</b>															
All Males	240	9.1	2,413	0.5	16	573	21.8	5,589	0.6	5	271	10.3	2,701	0.6	7
<b>Male, Disabled</b>															
All Ages	86	17.6	916	0.6	27	162	33.1	1,766	0.7	8	37	7.6	383	0.6	7
64 or younger	84	17.3	906	0.5	27	162	33.4	1,766	0.7	8	37	7.6	383	0.6	7
65-74	2	50.0	10	1.0	34	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
<b>Male, Other Eligibles</b>															
All Ages	154	7.2	1,497	0.5	10	411	19.2	3,823	0.5	4	234	10.9	2,318	0.6	7
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	55	12.1	578	0.5	8	114	25.1	1,153	0.5	4	56	12.3	575	0.7	12
75-84	66	7.8	640	0.5	12	160	18.9	1,455	0.5	4	86	10.2	861	0.7	5
85 and older	33	3.9	279	0.4	7	137	16.3	1,215	0.5	4	92	11.0	882	0.6	5
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.  
 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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,348</b>	<b>14.6</b>	<b>12,701</b>	<b>0.2</b>	<b>\$4</b>	<b>799</b>	<b>8.7</b>	<b>7,613</b>	<b>0.3</b>	<b>\$6</b>	<b>336</b>	<b>3.6</b>	<b>3,205</b>	<b>0.3</b>	<b>\$16</b>
<b>Female</b>															
All Females	974	14.8	9,236	0.2	4	560	8.5	5,428	0.3	6	253	3.8	2,490	0.2	14
<b>Female, Disabled</b>															
All Ages	78	18.2	787	0.3	8	44	10.3	459	0.4	12	12	2.8	122	0.3	66
64 or younger	76	18.0	763	0.3	7	40	9.5	411	0.4	10	12	2.8	122	0.3	66
65-74	2	40.0	24	0.9	20	4	80.0	48	1.0	24	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
<b>Female, Other Eligibles</b>															
All Ages	896	14.6	8,449	0.2	4	516	8.4	4,969	0.2	6	241	3.9	2,368	0.2	11
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	126	19.7	1,271	0.2	6	109	17.0	1,098	0.3	9	24	3.8	260	0.3	19
75-84	286	15.3	2,778	0.2	3	210	11.2	2,103	0.2	5	76	4.1	719	0.3	10
85 and older	484	13.3	4,400	0.2	3	197	5.4	1,768	0.2	5	141	3.9	1,389	0.2	10
<b>Male</b>															
All Males	374	14.2	3,465	0.3	5	239	9.1	2,185	0.3	8	83	3.2	715	0.3	22
<b>Male, Disabled</b>															
All Ages	81	16.6	839	0.2	8	43	8.8	430	0.4	18	7	1.4	73	0.4	151
64 or younger	81	16.7	839	0.2	8	43	8.9	430	0.4	18	7	1.4	73	0.4	151
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
<b>Male, Other Eligibles</b>															
All Ages	293	13.7	2,626	0.3	4	196	9.2	1,755	0.3	5	76	3.5	642	0.3	8
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	67	14.8	624	0.2	4	56	12.3	530	0.3	8	5	1.1	51	0.2	6
75-84	125	14.8	1,121	0.2	4	69	8.1	638	0.3	4	39	4.6	333	0.3	8
85 and older	101	12.0	881	0.3	4	71	8.5	587	0.3	3	32	3.8	258	0.3	7
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.  
 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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 2006

Beneficiary Characteristics	ANTIASTHMATIC					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
<b>All</b>	<b>528</b>	<b>5.7</b>	<b>5,041</b>	<b>0.2</b>	<b>\$8</b>	<b>298</b>	<b>3.2</b>	<b>3,066</b>	<b>0.7</b>	<b>\$12</b>	<b>9,213</b>	<b>88,943</b>	
<b>Female</b>													
All Females	384	5.8	3,771	0.2	8	186	2.8	1,966	0.7	14	6,583	64,014	
<b>Female, Disabled</b>													
All Ages	30	7.0	298	0.3	18	43	10.0	483	1.0	10	428	4,650	
64 or younger	30	7.1	298	0.3	18	43	10.2	483	1.0	10	423	4,597	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	53	
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	
<b>Female, Other Eligibles</b>													
All Ages	354	5.8	3,473	0.2	7	143	2.3	1,483	0.6	15	6,155	59,364	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	58	9.1	634	0.2	10	24	3.8	249	0.8	18	640	6,549	
75-84	118	6.3	1,174	0.2	7	53	2.8	545	0.6	15	1,867	18,551	
85 and older	178	4.9	1,665	0.2	5	66	1.8	689	0.5	15	3,648	34,264	
<b>Male</b>													
All Males	144	5.5	1,270	0.2	8	112	4.3	1,100	0.7	10	2,630	24,929	
<b>Male, Disabled</b>													
All Ages	23	4.7	229	0.2	9	50	10.2	521	0.9	8	489	5,133	
64 or younger	23	4.7	229	0.2	9	50	10.3	521	0.9	8	485	5,109	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	24	
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	
<b>Male, Other Eligibles</b>													
All Ages	121	5.7	1,041	0.2	8	62	2.9	579	0.6	11	2,141	19,796	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	24	5.3	208	0.3	9	23	5.1	215	0.7	10	454	4,574	
75-84	54	6.4	472	0.2	9	20	2.4	177	0.5	10	847	7,874	
85 and older	43	5.1	361	0.3	6	19	2.3	187	0.6	14	840	7,348	
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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 5,934 beneficiaries who were in nursing facilities for part of their enrollment and their 59,668 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<sup>a,b</sup>  
 WASHINGTON, 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	
<b>All</b>	<b>66,538</b>	<b>62.4</b>	<b>8.6</b>	<b>921,542</b>	<b>\$80</b>	<b>\$8,549,287</b>	<b>\$9</b>	<b>25.6</b>	<b>106,560</b>	
<b>Age</b>										
5 and younger	8	100.0	15.5	124	411	3,287	27	20.7	8	
6-14	19	100.0	19.5	371	368	6,986	19	4.8	19	
15-20	80	43.7	4.3	787	54	9,936	13	4.3	183	
21-44	10,110	49.2	5.0	102,094	54	1,119,359	11	10.5	20,543	
45-64	17,643	64.4	9.2	251,013	93	2,555,415	10	20.2	27,398	
65-74	14,757	65.5	9.4	211,085	83	1,866,885	9	31.7	22,518	
75-84	13,625	67.5	10.2	205,175	87	1,751,382	9	69.6	20,198	
85 and older	10,296	65.6	9.6	150,893	79	1,236,037	8	94.5	15,693	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	38,611	66.2	9.7	566,359	83	4,847,935	9	50.3	58,282	
Disabled	27,561	58.2	7.5	352,873	78	3,671,603	10	16.1	47,320	
Adults	329	36.3	2.1	1,922	23	21,274	11	3.0	907	
Children	14	77.8	12.4	223	384	6,918	31	7.6	18	
Unknown	23	69.7	5.0	165	47	1,557	9	1.9	33	
<b>Gender</b>										
Female	44,174	66.9	9.6	636,505	89	5,849,108	9	29.8	65,982	
Male	22,364	55.1	7.0	285,037	67	2,700,179	9	19.6	40,578	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	46,493	61.4	8.6	648,707	82	6,192,178	10	25.0	75,719	
African American	3,238	61.7	7.5	39,515	63	329,239	8	16.8	5,248	
Other/unknown	16,807	65.7	9.1	233,320	79	2,027,870	9	30.4	25,593	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	4,910	53.3	3.9	36,249	56	512,520	14	51.5	9,213	
Part year	4,386	73.9	9.0	53,651	87	518,302	10	37.5	5,934	
None	57,242	62.6	9.1	831,642	82	7,518,465	9	24.2	91,413	
<b>Maintenance Assistance Status</b>										
Cash	32,945	60.4	7.7	417,297	72	3,933,278	9	17.4	54,509	
Medically needy	808	59.9	5.9	7,904	64	86,854	11	8.6	1,348	
Poverty related	1,500	36.2	2.1	8,802	24	98,358	11	6.5	4,141	
Other/unknown	31,285	67.2	10.5	487,539	95	4,430,797	9	53.9	46,562	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a,b</sup>  
 WASHINGTON, 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
<b>All</b>	<b>0.8</b>	<b>\$8</b>	<b>\$9</b>	<b>\$0</b>	<b>\$2</b>	<b>1,137,267</b>
<b>Age</b>						
5 and younger	1.6	43	27	0	0	76
6-14	1.6	31	19	0	2	225
15-20	0.4	5	13	0	1	2,017
21-44	0.5	5	11	0	2	223,226
45-64	0.8	9	10	0	3	300,042
65-74	0.9	8	9	0	1	244,861
75-84	1.0	8	9	0	1	213,087
85 and older	1.0	8	8	0	1	153,733
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	8	9	0	1	610,709
Disabled	0.7	7	10	0	2	519,742
Adults	0.3	3	11	0	1	6,307
Children	1.2	36	31	0	2	192
Unknown	0.5	5	9	0	2	317
<b>Gender</b>						
Female	0.9	8	9	0	2	705,984
Male	0.7	6	9	0	1	431,283
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.8	8	10	0	2	804,833
African American	0.7	6	8	0	1	55,663
Other/unknown	0.8	7	9	0	1	276,771
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.4	6	14	0	2	88,943
Part year	0.9	9	10	0	3	59,668
None	0.8	8	9	0	2	988,656
<b>Maintenance Assistance Status</b>						
Cash	0.7	7	9	0	1	604,340
Medically needy	0.6	6	11	0	2	13,593
Poverty related	0.2	2	11	0	1	40,010
Other/unknown	1.0	9	9	0	2	479,324

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a,b,c</sup>  
WASHINGTON, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
<b>All</b>	<b>102,294</b>	<b>\$84</b>	<b>\$8,549,287</b>	<b>100.0</b>		<b>921,542</b>	<b>\$9</b>	<b>100.0</b>	
Anorexia or weight loss/gain	1	5	5	0.0		1	5	0.0	
Fertility drugs	1	5	5	0.0		1	5	0.0	
Drugs for cosmetic purposes	30	5	161	0.0		43	4	0.0	
Cough and cold medications	9,981	40	399,420	4.7		25,785	15	2.8	
Vitamins and minerals	12,340	20	252,607	3.0		62,167	4	6.7	
Non-prescription drugs	53,478	108	5,796,421	67.8		652,865	9	70.8	
Barbiturates	670	72	48,033	0.6		6,556	7	0.7	
Benzodiazepines	24,273	82	1,981,525	23.2		168,960	12	18.3	
Other Part D Excl Rx Drugs	1,520	47	71,110	0.8		5,164	14	0.6	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 WASHINGTON, 2006

Total Number of Dual Eligible Beneficiaries: 106,560  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$33,404,037  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$313

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	22,664	21.3	\$0	0.0
1-500	75,196	70.6	7,339,638	22.0
501-1,000	2,860	2.7	1,994,958	6.0
1,001-1,500	1,324	1.2	1,626,560	4.9
1,501-2,000	865	0.8	1,501,250	4.5
2,001-2,500	638	0.6	1,427,647	4.3
2,501-3,000	475	0.4	1,301,628	3.9
3,001-3,500	385	0.4	1,250,218	3.7
3,501-4,000	294	0.3	1,101,393	3.3
4,001-4,500	252	0.2	1,070,070	3.2
4,501-5,000	217	0.2	1,030,898	3.1
5,001-5,500	187	0.2	980,978	2.9
5,501-6,000	145	0.1	832,581	2.5
6,001-6,500	122	0.1	762,100	2.3
6,501-7,000	115	0.1	774,323	2.3
7,001-7,500	95	0.1	689,601	2.1
7,501-8,000	83	0.1	642,104	1.9
8,001-8,500	73	0.1	601,158	1.8
8,501-9,000	62	0.1	539,937	1.6
9,001-9,500	45	0.0	417,905	1.3
9,501-10,000	48	0.0	467,109	1.4
10,001+	415	0.4	7,051,981	21.1

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b, c</sup>  
 WASHINGTON, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 47,198  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$22,805,237  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$483

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	9,411	19.9	\$0	0.0	
1-500	32,119	68.1	3,198,867	14.0	
501-1,000	1,622	3.4	1,138,813	5.0	
1,001-1,500	771	1.6	949,275	4.2	
1,501-2,000	546	1.2	945,404	4.1	
2,001-2,500	434	0.9	971,120	4.3	
2,501-3,000	327	0.7	897,541	3.9	
3,001-3,500	281	0.6	912,472	4.0	
3,501-4,000	208	0.4	778,340	3.4	
4,001-4,500	178	0.4	757,240	3.3	
4,501-5,000	152	0.3	720,945	3.2	
5,001-5,500	141	0.3	739,576	3.2	
5,501-6,000	113	0.2	648,725	2.8	
6,001-6,500	99	0.2	618,009	2.7	
6,501-7,000	96	0.2	646,246	2.8	
7,001-7,500	78	0.2	565,846	2.5	
7,501-8,000	69	0.1	533,763	2.3	
8,001-8,500	63	0.1	519,033	2.3	
8,501-9,000	55	0.1	478,706	2.1	
9,001-9,500	41	0.1	380,884	1.7	
9,501-10,000	40	0.1	389,507	1.7	
10,001+	354	0.8	6,014,925	26.4	

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 WASHINGTON, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 58,409  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$9,711,207  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$166

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,971	22.2	\$0	0.0
1-500	42,686	73.1	4,086,746	42.1
501-1,000	1,149	2.0	791,983	8.2
1,001-1,500	514	0.9	630,173	6.5
1,501-2,000	283	0.5	493,350	5.1
2,001-2,500	190	0.3	425,830	4.4
2,501-3,000	139	0.2	379,564	3.9
3,001-3,500	91	0.2	296,055	3.0
3,501-4,000	73	0.1	274,252	2.8
4,001-4,500	63	0.1	266,395	2.7
4,501-5,000	53	0.1	252,943	2.6
5,001-5,500	42	0.1	220,435	2.3
5,501-6,000	25	0.0	144,213	1.5
6,001-6,500	18	0.0	112,765	1.2
6,501-7,000	17	0.0	114,447	1.2
7,001-7,500	16	0.0	116,300	1.2
7,501-8,000	8	0.0	62,292	0.6
8,001-8,500	8	0.0	65,730	0.7
8,501-9,000	7	0.0	61,231	0.6
9,001-9,500	2	0.0	18,479	0.2
9,501-10,000	6	0.0	57,945	0.6
10,001+	48	0.1	840,079	8.7

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 WASHINGTON, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,518  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,887,557  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$261

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,551	20.2	\$0	0.0
1-500	16,126	71.6	1,607,986	27.3
501-1,000	630	2.8	441,345	7.5
1,001-1,500	352	1.6	432,367	7.3
1,501-2,000	207	0.9	362,546	6.2
2,001-2,500	148	0.7	330,662	5.6
2,501-3,000	112	0.5	307,114	5.2
3,001-3,500	74	0.3	240,364	4.1
3,501-4,000	58	0.3	218,276	3.7
4,001-4,500	52	0.2	220,567	3.7
4,501-5,000	45	0.2	213,836	3.6
5,001-5,500	33	0.1	172,883	2.9
5,501-6,000	20	0.1	115,634	2.0
6,001-6,500	14	0.1	87,713	1.5
6,501-7,000	16	0.1	107,546	1.8
7,001-7,500	14	0.1	101,874	1.7
7,501-8,000	5	0.0	38,969	0.7
8,001-8,500	8	0.0	65,730	1.1
8,501-9,000	5	0.0	43,860	0.7
9,001-9,500	2	0.0	18,479	0.3
9,501-10,000	4	0.0	38,446	0.7
10,001+	42	0.2	721,360	12.3

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 WASHINGTON, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 20,198  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,515,106  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$124

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,272	21.2	\$0	0.0
1-500	15,287	75.7	1,485,515	59.1
501-1,000	324	1.6	219,047	8.7
1,001-1,500	128	0.6	156,270	6.2
1,501-2,000	55	0.3	94,564	3.8
2,001-2,500	37	0.2	84,055	3.3
2,501-3,000	21	0.1	56,566	2.2
3,001-3,500	13	0.1	42,131	1.7
3,501-4,000	14	0.1	52,268	2.1
4,001-4,500	11	0.1	45,828	1.8
4,501-5,000	7	0.0	34,392	1.4
5,001-5,500	6	0.0	31,475	1.3
5,501-6,000	5	0.0	28,579	1.1
6,001-6,500	4	0.0	25,052	1.0
6,501-7,000	1	0.0	6,901	0.3
7,001-7,500	1	0.0	7,399	0.3
7,501-8,000	3	0.0	23,323	0.9
8,001-8,500	0	0.0	0	0.0
8,501-9,000	2	0.0	17,371	0.7
9,001-9,500	0	0.0	0	0.0
9,501-10,000	2	0.0	19,499	0.8
10,001+	5	0.0	84,871	3.4

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 WASHINGTON, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,693  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,308,544  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$83

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,148	26.4	\$0	0.0
1-500	11,273	71.8	993,245	75.9
501-1,000	195	1.2	131,591	10.1
1,001-1,500	34	0.2	41,536	3.2
1,501-2,000	21	0.1	36,240	2.8
2,001-2,500	5	0.0	11,113	0.8
2,501-3,000	6	0.0	15,884	1.2
3,001-3,500	4	0.0	13,560	1.0
3,501-4,000	1	0.0	3,708	0.3
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,715	0.4
5,001-5,500	3	0.0	16,077	1.2
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,027	0.5
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+	1	0.0	33,848	2.6

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>107,670</b>	<b>58,601</b>	<b>47,523</b>	<b>1,495</b>	<b>18</b>	<b>33</b>	<b>1,156,361</b>	<b>615,898</b>	<b>525,581</b>	<b>14,373</b>	<b>192</b>	<b>317</b>
<b>Age</b>												
5 and younger	8	0	6	0	2	0	76	0	52	0	24	0
6-14	19	0	15	0	4	0	225	0	180	0	45	0
15-20	183	0	168	5	10	0	2,038	0	1,890	49	99	0
21-44	21,070	4	19,941	1,120	2	3	232,343	43	221,447	10,803	24	26
45-64	27,658	19	27,270	347	0	22	304,790	177	301,024	3,373	0	216
65-74	22,672	22,521	123	20	0	8	247,407	246,220	988	124	0	75
75-84	20,300	20,297	0	3	0	0	214,798	214,774	0	24	0	0
85 and older	15,760	15,760	0	0	0	0	154,684	154,684	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	66,707	41,106	24,525	1,035	8	33	718,387	434,008	273,777	10,193	92	317
Male	40,963	17,495	22,998	460	10	0	437,974	181,890	251,804	4,180	100	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	76,507	38,023	37,425	1,025	11	23	818,288	391,803	416,219	9,923	120	223
African American	5,378	1,851	3,386	137	2	2	57,788	19,943	36,457	1,340	24	24
Other/unknown	25,785	18,727	6,712	333	5	8	280,285	204,152	72,905	3,110	48	70
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	9,215	8,298	917	0	0	0	88,986	79,194	9,792	0	0	0
Part year	5,939	4,896	1,042	1	0	0	59,920	48,853	11,057	10	0	0
None	92,516	45,407	45,564	1,494	18	33	1,007,455	487,851	504,732	14,363	192	317
<b>Maintenance Assistance Status</b>												
Cash	55,166	25,567	29,013	585	1	0	615,642	288,742	320,688	6,200	12	0
Medically needy	1,349	533	814	0	2	0	13,863	5,272	8,567	0	24	0
Poverty related	4,150	1,193	2,729	187	8	33	40,703	11,028	27,554	1,732	72	317
Other/unknown	47,005	31,308	14,967	723	7	0	486,153	310,856	168,772	6,441	84	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	101,122	56,097	43,542	1,432	18	33	1,089,102	591,135	483,759	13,699	192	317
Full dual, part year	6,548	2,504	3,981	63	0	0	67,259	24,763	41,822	674	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	105,151	57,960	46,498	642	18	33	1,129,340	608,777	514,743	5,311	192	317
FFS part year, with Rx claims	1,193	265	702	226	0	0	12,662	2,995	7,481	2,186	0	0
FFS part year, no Rx claims	216	57	120	39	0	0	2,154	577	1,225	352	0	0
MC all year, with Rx claims	436	114	111	211	0	0	4,953	1,332	1,196	2,425	0	0
MC all year, no Rx claims	674	205	92	377	0	0	7,252	2,217	936	4,099	0	0

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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
<b>All</b>	<b>107,670</b>	<b>1,156,361</b>	<b>106,560</b>	<b>1,137,267</b>	<b>0</b>	<b>19,094</b>
Fee-for-service (FFS) all year	105,151	1,129,340	105,151	1,129,340	0	0
FFS part year, with Rx claims	1,193	12,662	1,193	6,960	0	5,702
FFS part year, with no Rx claims	216	2,154	216	967	0	1,187
Managed care (MC) all year, with Rx claims	436	4,953	0	0	0	4,953
MC all year, with no Rx claims	674	7,252	0	0	0	7,252

Source: Data for this table are from the MAX 2006 file for Washington, released by CMS in 7/2009. This table was produced on 02/12/2010.

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