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

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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,900	3,625	3,197	66	7	5	72,695	36,619	35,357	596	82	41
Age												
5 and younger	1	0	0	0	1	0	12	0	0	0	12	0
6-14	5	0	1	0	4	0	60	0	12	0	48	0
15-20	20	0	18	0	2	0	206	0	184	0	22	0
21-44	1,531	0	1,493	38	0	0	16,903	0	16,586	317	0	0
45-64	1,688	0	1,660	26	0	2	18,617	0	18,346	256	0	15
65-74	1,152	1,128	19	2	0	3	12,299	12,068	182	23	0	26
75-84	1,236	1,230	6	0	0	0	12,483	12,436	47	0	0	0
85 and older	1,267	1,267	0	0	0	0	12,115	12,115	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	4,382	2,620	1,723	34	0	5	46,161	26,709	19,101	310	0	41
Male	2,518	1,005	1,474	32	7	0	26,534	9,910	16,256	286	82	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,041	3,167	2,804	58	7	5	63,263	31,570	31,044	526	82	41
African American	73	26	46	1	0	0	827	291	525	11	0	0
Other/unknown	786	432	347	7	0	0	8,605	4,758	3,788	59	0	0
Use of Nursing Facilities^c												
Entire year	1,452	1,356	96	0	0	0	14,719	13,688	1,031	0	0	0
Part year	707	623	84	0	0	0	6,381	5,529	852	0	0	0
None	4,741	1,646	3,017	66	7	5	51,595	17,402	33,474	596	82	41
Maintenance Assistance Status												
Cash	2,470	839	1,583	48	0	0	26,932	9,374	17,109	449	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	77	23	41	4	4	5	744	240	399	18	46	41
Other/unknown	4,353	2,763	1,573	14	3	0	45,019	27,005	17,849	129	36	0
Dual Medicare Status^d												
Full dual, all year	6,678	3,488	3,112	66	7	5	70,375	35,169	34,487	596	82	41
Full dual, part year	222	137	85	0	0	0	2,320	1,450	870	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	6,900	3,625	3,197	66	7	5	72,695	36,619	35,357	596	82	41
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	Percentage with at Least		Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage	Number of Beneficiaries
	One Rx						of All Medicaid FFS \$ ^d	
All	34.9	4.4	\$254	\$58	\$23,596	1.1	6,900	
Age								
5 and younger	100.0	15.0	147	10	524	28.1	1	
6-14	100.0	17.6	2,228	127	3,915	56.9	5	
15-20	80.0	16.3	2,019	124	25,504	7.9	20	
21-44	37.9	5.8	486	84	24,785	2.0	1,531	
45-64	39.8	5.6	334	59	25,184	1.3	1,688	
65-74	31.6	4.5	219	49	17,536	1.2	1,152	
75-84	30.1	2.5	61	24	22,548	0.3	1,236	
85 and older	31.3	2.4	51	21	26,641	0.2	1,267	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	30.9	3.0	102	34	22,482	0.5	3,625	
Disabled	38.6	5.4	373	69	25,167	1.5	3,197	
Adults	63.6	25.1	2,484	99	8,257	30.1	66	
Children	100.0	19.1	2,518	132	37,404	6.7	7	
Unknown	100.0	18.4	1,545	84	10,162	15.2	5	
Gender								
Female	36.8	4.7	265	56	22,630	1.2	4,382	
Male	31.5	3.7	234	63	25,277	0.9	2,518	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	35.8	4.5	267	59	24,751	1.1	6,041	
African American	27.4	4.1	341	84	12,111	2.8	73	
Other/unknown	28.9	3.2	142	44	15,786	0.9	786	
Use of Nursing Facilities^f								
Entire year	36.2	3.7	98	26	37,400	0.3	1,452	
Part year	38.3	3.4	104	30	23,532	0.4	707	
None	34.0	4.7	324	69	19,378	1.7	4,741	
Maintenance Assistance Status								
Cash	32.4	5.0	323	64	6,312	5.1	2,470	
Medically needy	0.0	0.0	0	0	0	0.0	0	
Poverty related	48.1	6.0	483	81	9,429	5.1	77	
Other/unknown	36.1	4.0	211	53	33,654	0.6	4,353	

Source: Data for this table are from the MAX 2006 file for Wyoming, 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.

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

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
				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			
All	0.4	\$24	1.1	65.1	26.8	3.6	3.1	1.1	0.2	\$2,240	6,900	72,695
Age												
5 and younger	1.3	12	28.1	0.0	100.0	0.0	0.0	0.0	0.0	44	1	12
6-14	1.5	186	56.9	0.0	60.0	0.0	40.0	0.0	0.0	326	5	60
15-20	1.6	196	7.9	20.0	30.0	25.0	25.0	0.0	0.0	2,476	20	206
21-44	0.5	44	2.0	62.1	27.5	4.5	3.9	1.6	0.5	2,245	1,531	16,903
45-64	0.5	30	1.3	60.2	30.6	3.7	3.5	1.8	0.2	2,283	1,688	18,617
65-74	0.4	21	1.2	68.4	23.5	3.5	3.1	1.1	0.3	1,643	1,152	12,299
75-84	0.2	6	0.3	69.9	24.2	3.3	2.1	0.5	0.0	2,233	1,236	12,483
85 and older	0.3	5	0.2	68.7	26.2	2.5	2.2	0.4	0.0	2,786	1,267	12,115
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.3	10	0.5	69.1	24.7	3.1	2.4	0.6	0.1	2,226	3,625	36,619
Disabled	0.5	34	1.5	61.4	29.1	4.2	3.6	1.5	0.3	2,276	3,197	35,357
Adults	2.8	275	30.1	36.4	30.3	4.5	12.1	12.1	4.5	914	66	596
Children	1.6	215	6.7	0.0	57.1	0.0	42.9	0.0	0.0	3,193	7	82
Unknown	2.2	189	15.2	0.0	40.0	40.0	20.0	0.0	0.0	1,239	5	41
Gender												
Female	0.5	25	1.2	63.2	28.3	4.1	2.9	1.2	0.3	2,148	4,382	46,161
Male	0.4	22	0.9	68.5	24.1	2.8	3.5	1.0	0.0	2,399	2,518	26,534
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	26	1.1	64.2	27.3	3.8	3.3	1.2	0.2	2,364	6,041	63,263
African American	0.4	30	2.8	72.6	23.3	0.0	2.7	1.4	0.0	1,069	73	827
Other/unknown	0.3	13	0.9	71.1	23.5	2.3	2.0	0.9	0.1	1,442	786	8,605
Use of Nursing Facilities^f												
Entire year	0.4	10	0.3	63.8	27.8	4.5	2.9	0.9	0.1	3,689	1,452	14,719
Part year	0.4	12	0.4	61.7	29.7	4.2	3.5	0.8	0.0	2,607	707	6,381
None	0.4	30	1.7	66.0	26.1	3.2	3.1	1.3	0.3	1,781	4,741	51,595
Maintenance Assistance Status												
Cash	0.5	30	5.1	67.6	24.0	3.4	3.0	1.6	0.4	579	2,470	26,932
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	50	5.1	51.9	32.5	6.5	9.1	0.0	0.0	976	77	744
Other/unknown	0.4	20	0.6	63.9	28.3	3.7	3.1	0.9	0.1	3,254	4,353	45,019

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.4	\$24	\$58	0.1	\$17	\$182	0.0	\$1	\$116	0.3	\$6	\$19
Age												
5 and younger	1.3	12	10	0.2	7	42	0.0	0	0	1.1	5	5
6-14	1.5	186	127	1.1	174	163	0.2	3	19	0.2	5	21
15-20	1.6	196	124	0.6	166	265	0.1	13	128	0.8	17	20
21-44	0.5	44	84	0.2	34	221	0.0	1	104	0.4	8	24
45-64	0.5	30	59	0.1	19	187	0.0	2	184	0.4	9	22
65-74	0.4	21	49	0.1	14	147	0.0	1	81	0.3	6	17
75-84	0.2	6	24	0.0	3	89	0.0	0	56	0.2	2	12
85 and older	0.3	5	21	0.0	3	81	0.0	0	50	0.2	3	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	10	34	0.1	6	122	0.0	1	69	0.2	3	14
Disabled	0.5	34	69	0.1	24	201	0.0	2	148	0.4	8	22
Adults	2.8	275	99	0.9	212	240	0.0	3	98	1.9	61	33
Children	1.6	215	132	1.0	204	204	0.1	2	18	0.5	6	13
Unknown	2.2	189	84	0.5	74	160	0.0	2	71	1.7	29	17
Gender												
Female	0.5	25	56	0.1	17	178	0.0	2	134	0.3	7	20
Male	0.4	22	63	0.1	17	189	0.0	1	77	0.3	5	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	26	59	0.1	18	184	0.0	1	120	0.3	6	19
African American	0.4	30	84	0.1	25	335	0.0	0	25	0.3	5	17
Other/unknown	0.3	13	44	0.1	8	132	0.0	1	84	0.2	4	20
Use of Nursing Facilities^e												
Entire year	0.4	10	26	0.1	5	104	0.0	1	64	0.3	4	12
Part year	0.4	12	30	0.1	7	107	0.0	1	80	0.3	4	14
None	0.4	30	69	0.1	21	198	0.0	2	129	0.3	7	22
Maintenance Assistance Status												
Cash	0.5	30	64	0.1	22	194	0.0	1	82	0.3	7	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	50	81	0.2	36	188	0.0	1	67	0.4	8	20
Other/unknown	0.4	20	53	0.1	13	170	0.0	1	147	0.3	6	19

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$19	\$12	\$0	\$7	\$75	\$217	\$91	\$35	1,056	\$79,046	406	5.9	4,218
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.4	0.1	0.0	0.3	75	68	0	7	203	819	0	25	116	23,511	29	0.4	312
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	40	20	7	13	73	103	268	40	2,031	147,842	362	5.2	3,707
Cardiovascular Agents	0.8	0.2	0.0	0.6	40	25	4	11	51	130	97	20	3,564	182,226	461	6.7	4,566
Respiratory Agents	0.3	0.1	0.0	0.2	19	14	0	4	57	122	72	20	2,143	122,160	582	8.4	6,520
Gastrointestinal Agents	0.4	0.2	0.0	0.2	41	33	3	5	100	161	794	25	985	98,626	231	3.3	2,390
Genitourinary Agents	0.3	0.1	0.0	0.1	19	14	3	2	66	100	93	20	319	20,995	109	1.6	1,081
CNS Drugs	0.6	0.1	0.0	0.5	27	20	1	6	42	184	96	12	10,507	444,704	1,530	22.2	16,386
Stimulants/Anti-obesity/Aorexia	0.5	0.4	0.0	0.1	68	66	0	3	136	167	0	24	112	15,180	23	0.3	222
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	150	150	0	0	419	419	0	0	243	101,826	72	1.0	678
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	43	29	1	14	74	563	88	27	2,566	190,910	432	6.3	4,437
Neuromuscular Agents	0.6	0.1	0.0	0.5	37	25	0	12	58	191	38	23	3,730	215,186	536	7.8	5,802
Nutritional Products	0.3	0.0	0.0	0.3	7	2	0	4	20	86	18	14	709	14,411	210	3.0	2,154
Hematological Agents	0.4	0.0	0.0	0.4	14	9	0	5	34	218	25	13	1,472	49,313	327	4.7	3,491
Topical Products	0.2	0.1	0.0	0.1	11	8	0	3	53	106	22	21	422	22,336	191	2.8	1,975
Miscellaneous Products	0.5	0.2	0.0	0.3	62	48	0	14	130	249	0	48	116	15,038	23	0.3	242
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	26	0	0	0	106	0	0	0	72	7,608	26	0.4	293
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.	30,163	1,750,918	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 Wyoming, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 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	\$234,888	193	2.8	1,979	0.5	\$256	\$119
ANTICONVULSANT	199,449	499	7.2	5,485	0.6	62	36
ANTIDEPRESSANTS	122,697	470	6.8	4,864	0.4	66	25
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	101,826	76	1.1	719	0.3	419	142
ANALGESICS - Narcotic	95,864	500	7.2	5,170	0.4	51	19
ANTIASTHMATIC	85,318	281	4.1	2,870	0.3	87	30
ANALGESICS - ANTI-INFLAMMATORY	76,708	146	2.1	1,618	0.3	170	47
ULCER DRUGS	75,425	265	3.8	2,734	0.4	77	28
DIETARY PRODUCTS	73,478	123	1.8	1,399	0.5	104	53
MISC. ENDOCRINE	68,709	57	0.8	576	0.3	349	119
Total	1,134,362	2,610	n.a.	27,414	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS					ANTICONVULSANT				
	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
All	11,418	\$1,134,362	193	2.8	1,979	0.5	\$119	499	7.2	5,485	0.6	\$36					
Female																	
All Females	7,461	732,677	94	2.1	942	0.4	106	329	7.5	3,608	0.6	33					
Female, Disabled																	
All Ages	4,657	495,550	65	3.8	698	0.4	126	220	12.8	2,476	0.6	40					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	59	7,479	1	10.0	12	0.7	85	2	20.0	24	0.8	232					
21-44	2,154	232,041	39	5.6	415	0.5	157	99	14.2	1,091	0.7	54					
45-64	2,317	247,942	24	2.4	259	0.3	84	117	11.8	1,337	0.6	22					
65-74	127	8,088	1	6.3	12	0.3	11	2	12.5	24	1.5	170					
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					
Female, Other Eligibles																	
All Ages	2,804	237,127	29	1.1	244	0.3	46	109	4.1	1,132	0.5	18					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	356	67,667	1	4.8	11	0.5	132	6	28.6	69	0.7	72					
45-64	307	20,441	1	7.1	12	1.0	100	5	35.7	58	0.4	41					
65-74	1,117	96,733	8	1.1	76	0.3	28	42	5.6	440	0.5	22					
75-84	557	29,051	10	1.2	56	0.3	66	34	4.0	336	0.6	9					
85 and older	467	23,235	9	0.9	89	0.3	31	22	2.1	229	0.4	4					
Male																	
All Males	3,957	401,685	99	3.9	1,037	0.5	131	170	6.8	1,877	0.6	43					
Male, Disabled																	
All Ages	2,946	328,702	77	5.2	864	0.5	146	144	9.8	1,627	0.6	43					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	38	4,702	1	12.5	12	0.8	151	1	12.5	12	0.3	12					
21-44	1,740	232,533	59	7.4	690	0.5	149	83	10.4	963	0.6	50					
45-64	1,168	91,467	17	2.5	162	0.4	133	60	9.0	652	0.6	33					
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	1,011	72,983	22	2.1	173	0.4	52	26	2.5	250	0.5	43
5 and younger	2	84	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	419	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	1,843	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	69	3,532	1	5.9	12	0.3	60	1	5.9	7	0.6	62
45-64	135	8,860	1	7.1	11	0.2	18	2	14.3	20	0.8	111
65-74	426	35,002	10	2.6	57	0.6	107	10	2.6	95	0.5	66
75-84	255	14,956	7	1.9	71	0.2	19	8	2.1	75	0.5	9
85 and older	114	8,287	3	1.2	22	0.3	33	5	2.1	53	0.2	22
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	470	6.8	4,864	0.4	\$25	76	1.1	719	0.3	\$142	500	7.2	5,170	0.4	\$19
Female															
All Females	323	7.4	3,364	0.4	26	50	1.1	460	0.4	145	315	7.2	3,311	0.4	24
Female, Disabled															
All Ages	190	11.0	2,087	0.4	29	11	0.6	127	0.5	437	191	11.1	2,110	0.3	11
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	20.0	24	0.5	20	0	0.0	0	0.0	0	3	30.0	36	0.2	1
21-44	88	12.6	945	0.4	34	5	0.7	59	0.3	100	89	12.8	966	0.3	10
45-64	98	9.9	1,097	0.3	25	6	0.6	68	0.6	730	94	9.5	1,054	0.3	11
65-74	2	12.5	21	0.1	1	0	0.0	0	0.0	0	5	31.3	54	0.5	27
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
Female, Other Eligibles															
All Ages	133	5.0	1,277	0.4	22	39	1.5	333	0.3	34	124	4.7	1,201	0.5	46
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	14	66.7	140	0.5	25	0	0.0	0	0.0	0	17	81.0	195	0.8	224
45-64	11	78.6	119	0.6	54	0	0.0	0	0.0	0	8	57.1	96	1.0	28
65-74	44	5.9	488	0.5	24	7	0.9	53	0.3	35	42	5.6	476	0.3	11
75-84	35	4.1	283	0.3	13	20	2.3	170	0.3	32	25	2.9	191	0.4	8
85 and older	29	2.8	247	0.3	11	12	1.2	110	0.3	37	32	3.1	243	0.4	7
Male															
All Males	147	5.8	1,500	0.4	23	26	1.0	259	0.3	135	185	7.3	1,859	0.3	9
Male, Disabled															
All Ages	96	6.5	1,033	0.4	24	5	0.3	58	0.5	474	118	8.0	1,266	0.3	10
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	0.6	90	0	0.0	0	0.0	0	3	37.5	19	0.4	4
21-44	58	7.3	655	0.4	26	4	0.5	48	0.4	536	66	8.3	763	0.2	7
45-64	37	5.5	366	0.3	18	1	0.1	10	1.1	173	49	7.3	484	0.4	15
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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	51	4.9	467	0.3	21	21	2.0	201	0.3	37	67	6.4	593	0.4	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	0	0.0	0	0.0	0	1	25.0	12	0.1	1
15-20	1	50.0	10	0.4	33	0	0.0	0	0.0	0	1	50.0	10	0.1	1
21-44	2	11.8	14	0.3	24	0	0.0	0	0.0	0	14	82.4	135	0.4	12
45-64	5	35.7	52	0.4	34	1	7.1	11	0.4	141	5	35.7	37	1.7	23
65-74	16	4.2	140	0.6	34	1	0.3	3	0.7	75	21	5.5	189	0.3	5
75-84	16	4.2	158	0.2	11	11	2.9	104	0.3	35	14	3.7	120	0.3	7
85 and older	11	4.5	93	0.2	12	8	3.3	83	0.2	26	11	4.5	90	0.2	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	281	4.1	2,870	0.3	\$30	146	2.1	1,618	0.3	\$47	265	3.8	2,734	0.4	\$28
Female															
All Females	192	4.4	1,967	0.3	30	94	2.1	1,041	0.3	62	170	3.9	1,775	0.4	30
Female, Disabled															
All Ages	106	6.2	1,131	0.3	30	62	3.6	697	0.3	41	85	4.9	946	0.4	32
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	20.0	18	0.2	5	3	30.0	36	0.2	3	2	20.0	24	0.1	6
21-44	43	6.2	466	0.3	30	30	4.3	335	0.3	76	33	4.7	363	0.4	31
45-64	59	5.9	623	0.3	29	28	2.8	317	0.2	10	47	4.7	523	0.4	35
65-74	2	12.5	24	1.0	70	1	6.3	9	0.8	7	3	18.8	36	0.7	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
Female, Other Eligibles															
All Ages	86	3.2	836	0.3	30	32	1.2	344	0.3	105	85	3.2	829	0.4	27
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	7	33.3	83	0.5	65	4	19.0	48	0.2	116	7	33.3	82	0.4	37
45-64	4	28.6	48	0.6	20	2	14.3	24	0.6	38	5	35.7	60	1.0	97
65-74	38	5.1	407	0.4	38	11	1.5	131	0.4	224	30	4.0	340	0.4	24
75-84	19	2.2	134	0.2	14	10	1.2	95	0.2	3	18	2.1	126	0.2	13
85 and older	18	1.8	164	0.2	8	5	0.5	46	0.2	3	25	2.4	221	0.3	17
Male															
All Males	89	3.5	903	0.3	30	52	2.1	577	0.3	21	95	3.8	959	0.3	23
Male, Disabled															
All Ages	44	3.0	474	0.4	38	35	2.4	389	0.3	25	58	3.9	615	0.3	24
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	4	50.0	39	0.3	41
21-44	26	3.3	297	0.3	35	21	2.6	238	0.2	37	26	3.3	297	0.3	20
45-64	18	2.7	177	0.5	42	14	2.1	151	0.4	6	28	4.2	279	0.3	26
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

Dual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	45	4.3	429	0.3	21	17	1.6	188	0.3	11	37	3.5	344	0.3	22
5 and younger	1	100.0	12	0.1	3	0	0.0	0	0.0	0	1	100.0	12	0.1	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	34
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	0	0.0	0	0.0	0	1	5.9	12	0.1	1	2	11.8	19	0.1	15
45-64	2	14.3	18	0.2	4	3	21.4	29	0.4	11	4	28.6	37	0.4	51
65-74	22	5.7	209	0.4	28	5	1.3	60	0.3	16	15	3.9	143	0.4	28
75-84	13	3.4	124	0.3	17	6	1.6	70	0.3	8	9	2.4	74	0.3	9
85 and older	7	2.9	66	0.2	15	2	0.8	17	0.2	17	5	2.1	47	0.2	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	DIETARY PRODUCTS					MISC. ENDOCRINE						
	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 Beneficiaries	Number of Benefit Months
All	123	1.8	1,399	0.5	\$53	57	0.8	576	0.3	\$119	6,900	72,695
Female												
All Females	69	1.6	782	0.4	52	46	1.0	468	0.3	137	4,382	46,161
Female, Disabled												
All Ages	29	1.7	339	0.5	64	11	0.6	129	0.4	434	1,723	19,101
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	111
21-44	6	0.9	72	0.5	112	3	0.4	33	0.3	35	698	7,721
45-64	23	2.3	267	0.5	51	8	0.8	96	0.4	571	993	11,057
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	155
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	45
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	40	1.5	443	0.4	43	35	1.3	339	0.3	24	2,659	27,060
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	0	0.0	0	0.0	0	0	0.0	0	0.0	0	21	163
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	150
65-74	16	2.1	191	0.4	44	12	1.6	128	0.4	37	748	8,062
75-84	12	1.4	130	0.4	50	10	1.2	88	0.2	17	852	8,783
85 and older	12	1.2	122	0.3	34	13	1.3	123	0.2	15	1,024	9,902
Male												
All Males	54	2.1	617	0.6	53	11	0.4	108	0.4	44	2,518	26,534
Male, Disabled												
All Ages	34	2.3	401	0.7	57	5	0.3	60	0.5	37	1,474	16,256
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	73
21-44	10	1.3	120	0.9	53	3	0.4	36	0.4	37	795	8,865
45-64	24	3.6	281	0.6	58	2	0.3	24	0.5	38	667	7,289
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	DIETARY PRODUCTS					MISC. ENDOCRINE					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		
Male, Other Eligibles												
All Ages	20	1.9	216	0.4	46	6	0.6	48	0.3	51	1,044	10,278
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	4	48
15-20	0	0.0	0	0.0	0	1	50.0	10	0.3	150	2	22
21-44	1	5.9	7	0.1	16	0	0.0	0	0.0	0	17	154
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	121
65-74	9	2.3	101	0.4	52	2	0.5	15	0.7	50	385	4,055
75-84	8	2.1	91	0.4	36	3	0.8	23	0.1	9	378	3,653
85 and older	2	0.8	17	0.9	73	0	0.0	0	0.0	0	243	2,213
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$10	0.4	1,452	14,719
Age				
0-64	28	0.6	95	1,019
65-74	18	0.6	197	2,023
75-84	8	0.3	455	4,586
85 and older	6	0.3	705	7,091
Unknown	0	0.0	0	0
Gender				
Female	8	0.4	1,045	10,707
Male	14	0.4	407	4,012
Unknown	0	0.0	0	0
Race				
White	10	0.4	1,382	13,941
African American	0	0	7	73
Other/unknown	7	0.3	63	705
Basis of Eligibility^c				
Aged	8	0.3	1,356	13,688
Disabled	34	0.8	96	1,031
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 Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 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	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	\$6	\$3	\$0	\$3	\$28	\$68	\$96	\$15	97	\$2,720	52	3.6	429
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.2	0.1	0.0	0.1	29	19	0	10	129	252	0	68	12	1,548	5	0.3	54
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.2	13	9	1	3	34	78	30	12	236	8,019	69	4.8	618
Cardiovascular Agents	0.8	0.1	0.0	0.6	23	11	2	10	30	78	83	17	664	19,844	104	7.2	879
Respiratory Agents	0.3	0.1	0.0	0.2	17	13	0	3	54	108	77	18	199	10,819	62	4.3	640
Gastrointestinal Agents	0.4	0.1	0.0	0.3	17	12	0	5	46	119	0	19	133	6,129	42	2.9	368
Genitourinary Agents	0.3	0.1	0.0	0.1	12	8	2	2	47	82	75	16	65	3,034	28	1.9	255
CNS Drugs	0.7	0.0	0.0	0.6	13	6	1	6	18	124	75	9	2,428	44,826	355	24.4	3,585
Stimulants/Anti-obesity/Anorexia	0.2	0.2	0.0	0.0	59	59	0	0	315	315	0	0	3	945	2	0.1	16
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	55	55	0	0	141	141	0	0	111	15,669	34	2.3	287
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	8	2	0	7	20	100	61	17	191	3,844	54	3.7	464
Neuromuscular Agents	0.5	0.0	0.0	0.5	13	4	0	8	24	113	37	16	380	9,027	71	4.9	720
Nutritional Products	0.4	0.0	0.0	0.4	7	2	0	4	16	54	20	11	235	3,713	60	4.1	555
Hematological Agents	0.5	0.0	0.0	0.5	9	4	0	5	17	85	19	11	568	9,890	106	7.3	1,109
Topical Products	0.2	0.1	0.0	0.1	7	5	0	2	35	61	69	15	39	1,375	25	1.7	205
Miscellaneous Products	0.1	0.1	0.0	0.0	1	1	0	0	7	8	0	5	4	29	4	0.3	47
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	21	0	0	0	6	124	4	0.3	45
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.	5,371	141,555	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 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 Wyoming, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 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	
ANTI-ANXIETY AGENTS	\$17,506	275	18.9	2,913	0.7	\$9	\$6	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	15,669	37	2.5	311	0.4	141	50	
ANTI-PSYCHOTICS	14,127	35	2.4	269	0.3	154	53	
ANTI-DEPRESSANTS	10,596	67	4.6	576	0.3	59	18	
ANTI-ASTHMATIC	8,209	42	2.9	359	0.3	77	23	
ANTI-HYPERLIPIDEMIC	7,618	23	1.6	209	0.4	99	36	
ANTI-CONVULSANT	6,692	61	4.2	628	0.5	20	11	
ULCER DRUGS	5,957	42	2.9	351	0.4	48	17	
HEMATOPOIETIC AGENTS	4,834	93	6.4	1,011	0.5	11	5	
ANTI-DIABETIC	3,802	25	1.7	238	0.3	49	16	
Total	95,010	700	n.a.	6,865	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 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.

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

Beneficiary Characteristics	ANTIANSXIETY AGENTS							MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,480	\$95,010	275	18.9	2,913	0.7	\$6	37	2.5	311	0.4	\$50
Female												
All Females	2,492	55,016	195	18.7	2,093	0.7	6	22	2.1	168	0.4	40
Female, Disabled												
All Ages	250	7,239	12	24.5	144	0.8	7	0	0.0	0	0.0	0
64 or younger	205	5,251	11	22.9	132	0.8	7	0	0.0	0	0.0	0
65-74	45	1,988	1	100.0	12	0.8	8	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
Female, Other Eligibles												
All Ages	2,242	47,777	183	18.4	1,949	0.7	6	22	2.2	168	0.4	40
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	452	13,846	22	19.8	251	0.9	9	3	2.7	12	0.4	38
75-84	650	15,534	52	16.8	565	0.6	6	12	3.9	87	0.4	39
85 and older	1,140	18,397	109	18.9	1,133	0.7	6	7	1.2	69	0.4	42
Male												
All Males	988	39,994	80	19.7	820	0.6	5	15	3.7	143	0.3	62
Male, Disabled												
All Ages	241	15,310	16	34.0	169	0.6	5	1	2.1	12	0.8	363
64 or younger	241	15,310	16	34.0	169	0.6	5	1	2.1	12	0.8	363
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	747	24,684	64	17.8	651	0.6	5	14	3.9	131	0.3	35
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	296	7,849	25	29.4	267	0.7	7	0	0.0	0	0.0	0
75-84	303	10,867	28	19.2	276	0.5	5	8	5.5	70	0.4	44
85 and older	148	5,968	11	8.5	108	0.4	3	6	4.7	61	0.1	24
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	35	2.4	269	0.3	\$53	67	4.6	576	0.3	\$18	42	2.9	359	0.3	\$23
Female															
All Females	15	1.4	113	0.3	42	43	4.1	374	0.3	18	23	2.2	208	0.3	26
Female, Disabled															
All Ages	0	0.0	0	0.0	0	3	6.1	36	0.4	31	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	2	4.2	24	0.5	45	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	100.0	12	0.2	1	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
Female, Other Eligibles															
All Ages	15	1.5	113	0.3	42	40	4.0	338	0.3	16	23	2.3	208	0.3	26
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	2.7	24	0.3	25	6	5.4	63	0.4	33	5	4.5	57	0.7	69
75-84	7	2.3	40	0.2	57	17	5.5	135	0.3	13	4	1.3	18	0.3	29
85 and older	5	0.9	49	0.4	38	17	3.0	140	0.3	12	14	2.4	133	0.2	7
Male															
All Males	20	4.9	156	0.4	60	24	5.9	202	0.3	20	19	4.7	151	0.3	19
Male, Disabled															
All Ages	4	8.5	30	0.7	148	3	6.4	32	0.5	42	1	2.1	7	0.3	3
64 or younger	4	8.5	30	0.7	148	3	6.4	32	0.5	42	1	2.1	7	0.3	3
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	16	4.4	126	0.3	40	21	5.8	170	0.3	15	18	5.0	144	0.3	19
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	6	7.1	33	0.5	89	5	5.9	22	0.7	34	7	8.2	45	0.3	18
75-84	7	4.8	71	0.2	19	10	6.8	97	0.2	12	8	5.5	75	0.3	22
85 and older	3	2.3	22	0.3	33	6	4.7	51	0.2	13	3	2.3	24	0.3	14
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONSULTANT					ULCER DRUGS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	23	1.6	209	0.4	\$36	61	4.2	628	0.5	\$11	42	2.9	351	0.4	\$17
Female															
All Females	11	1.1	107	0.4	44	44	4.2	450	0.6	10	30	2.9	238	0.4	17
Female, Disabled															
All Ages	3	6.1	36	0.8	73	5	10.2	60	0.9	9	4	8.2	48	0.5	12
64 or younger	1	2.1	12	1.0	90	4	8.3	48	1.0	10	2	4.2	24	0.5	14
65-74	2	200.0	24	0.8	65	1	100.0	12	0.2	6	2	200.0	24	0.5	10
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
Female, Other Eligibles															
All Ages	8	0.8	71	0.2	30	39	3.9	390	0.5	10	26	2.6	190	0.3	19
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	2	1.8	24	0.3	48	14	12.6	148	0.6	12	2	1.8	24	0.5	41
75-84	5	1.6	40	0.2	20	17	5.5	158	0.6	10	9	2.9	52	0.3	13
85 and older	1	0.2	7	0.1	19	8	1.4	84	0.3	4	15	2.6	114	0.3	16
Male															
All Males	12	2.9	102	0.3	28	17	4.2	178	0.4	14	12	2.9	113	0.4	17
Male, Disabled															
All Ages	2	4.3	20	0.6	60	9	19.1	94	0.5	10	3	6.4	32	0.5	38
64 or younger	2	4.3	20	0.6	60	9	19.1	94	0.5	10	3	6.4	32	0.5	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	10	2.8	82	0.2	21	8	2.2	84	0.4	17	9	2.5	81	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	4	4.7	29	0.3	24	3	3.5	29	0.4	10	3	3.5	30	0.4	6
75-84	5	3.4	41	0.2	17	2	1.4	24	0.6	4	4	2.7	30	0.3	14
85 and older	1	0.8	12	0.2	25	3	2.3	31	0.3	34	2	1.6	21	0.1	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	HEMATOPOIETIC AGENTS						ANTIDIABETIC						Benefit Months Among All-Year	
	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	Nursing Facility Residents	
All	93	6.4	1,011	0.5	\$5		25	1.7	238	0.3	\$16	1,452	14,719	
Female														
All Females	64	6.1	710	0.5	4		15	1.4	158	0.3	13	1,045	10,707	
Female, Disabled														
All Ages	3	6.1	36	0.3	11		2	4.1	24	0.3	38	49	543	
64 or younger	3	6.3	36	0.3	11		2	4.2	24	0.3	38	48	531	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	1	12	
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	
Female, Other Eligibles														
All Ages	61	6.1	674	0.5	4		13	1.3	134	0.3	8	996	10,164	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	
65-74	5	4.5	60	0.5	3		3	2.7	30	0.5	13	111	1,169	
75-84	16	5.2	184	0.5	5		8	2.6	84	0.2	7	309	3,157	
85 and older	40	6.9	430	0.5	4		2	0.3	20	0.4	6	576	5,838	
Male														
All Males	29	7.1	301	0.4	6		10	2.5	80	0.4	23	407	4,012	
Male, Disabled														
All Ages	4	8.5	38	0.5	4		1	2.1	12	0.7	66	47	488	
64 or younger	4	8.5	38	0.5	4		1	2.1	12	0.7	66	47	488	
65-74	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	
Male, Other Eligibles														
All Ages	25	6.9	263	0.4	6		9	2.5	68	0.3	15	360	3,524	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	
65-74	7	8.2	72	0.4	5		1	1.2	12	0.4	4	85	842	
75-84	10	6.8	98	0.4	8		2	1.4	18	0.3	19	146	1,429	
85 and older	8	6.2	93	0.5	4		6	4.7	38	0.3	17	129	1,253	
Unknown	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0	

Source: Data for this table are from the MAX 2006 file for Wyoming, 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 707 beneficiaries who were in nursing facilities for part of their enrollment and their 6,381 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries	
All	2,377	34.4	2.7	18,869	\$46	\$316,687	\$17	18.1	6,900	
Age										
5 and younger	1	100.0	8.0	8	67	67	8	45.6	1	
6-14	3	60.0	5.4	27	156	780	29	7.0	5	
15-20	10	50.0	3.4	67	101	2,012	30	5.0	20	
21-44	518	33.8	2.8	4,290	51	77,379	18	10.4	1,531	
45-64	727	43.1	4.0	6,783	69	117,154	17	20.8	1,688	
65-74	403	35.0	2.7	3,113	51	58,285	19	23.1	1,152	
75-84	372	30.1	2.0	2,485	29	35,262	14	47.0	1,236	
85 and older	343	27.1	1.7	2,096	20	25,748	12	40.0	1,267	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	1,107	30.5	2.1	7,533	32	116,193	15	31.5	3,625	
Disabled	1,236	38.7	3.5	11,061	61	196,541	18	16.5	3,197	
Adults	26	39.4	3.3	215	43	2,869	13	1.7	66	
Children	6	85.7	6.0	42	136	954	23	5.4	7	
Unknown	2	40.0	3.6	18	26	130	7	1.7	5	
Gender										
Female	1,614	36.8	3.0	13,026	47	207,153	16	17.8	4,382	
Male	763	30.3	2.3	5,843	44	109,534	19	18.6	2,518	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	2,153	35.6	2.9	17,453	49	294,291	17	18.2	6,041	
African American	18	24.7	2.2	161	23	1,689	10	6.8	73	
Other/unknown	206	26.2	1.6	1,255	26	20,707	16	18.6	786	
Use of Nursing Facilities^d										
Entire year	393	27.1	1.9	2,791	18	26,699	10	18.9	1,452	
Part year	264	37.3	2.2	1,558	30	20,902	13	28.5	707	
None	1,720	36.3	3.1	14,520	57	269,086	19	17.5	4,741	
Maintenance Assistance Status										
Cash	735	29.8	2.0	5,021	32	78,588	16	9.9	2,470	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	22	28.6	1.2	92	34	2,591	28	7.0	77	
Other/unknown	1,620	37.2	3.2	13,756	54	235,508	17	25.7	4,353	

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a,b}
 WYOMING, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$4	\$17	\$0	\$1	72,695
Age						
5 and younger	0.7	6	8	0	0	12
6-14	0.5	13	29	0	0	60
15-20	0.3	10	30	0	0	206
21-44	0.3	5	18	0	1	16,903
45-64	0.4	6	17	0	1	18,617
65-74	0.3	5	19	0	1	12,299
75-84	0.2	3	14	0	1	12,483
85 and older	0.2	2	12	0	1	12,115
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	15	0	1	36,619
Disabled	0.3	6	18	0	1	35,357
Adults	0.4	5	13	0	2	596
Children	0.5	12	23	0	0	82
Unknown	0.4	3	7	0	3	41
Gender						
Female	0.3	4	16	0	1	46,161
Male	0.2	4	19	0	1	26,534
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	5	17	0	1	63,263
African American	0.2	2	10	0	1	827
Other/unknown	0.1	2	16	0	1	8,605
Use of Nursing Facilities^d						
Entire year	0.2	2	10	0	1	14,719
Part year	0.2	3	13	0	1	6,381
None	0.3	5	19	0	1	51,595
Maintenance Assistance Status						
Cash	0.2	3	16	0	1	26,932
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	3	28	0	0	744
Other/unknown	0.3	5	17	0	1	45,019

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a,b,c}
WYOMING, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	3,084	\$103	\$316,687	100.0	18,869	\$17	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	3	20	59	0.0	6	10	0.0
Cough and cold medications	393	38	15,028	4.7	827	18	4.4
Vitamins and minerals	180	50	8,994	2.8	619	15	3.3
Non-prescription drugs	1,077	192	206,997	65.4	8,030	26	42.6
Barbiturates	56	65	3,641	1.1	475	8	2.5
Benzodiazepines	1,347	60	80,886	25.5	8,834	9	46.8
Other Part D Excl Rx Drugs	28	39	1,082	0.3	78	14	0.4

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 WYOMING, 2006

Total Number of Dual Eligible Beneficiaries: 6,900
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$1,750,918
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$253

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,493	65.1	\$0	0.0
1-500	1,929	28.0	170,856	9.8
501-1,000	151	2.2	108,289	6.2
1,001-1,500	70	1.0	87,348	5.0
1,501-2,000	43	0.6	73,946	4.2
2,001-2,500	39	0.6	87,259	5.0
2,501-3,000	23	0.3	63,252	3.6
3,001-3,500	20	0.3	65,304	3.7
3,501-4,000	18	0.3	68,544	3.9
4,001-4,500	16	0.2	68,335	3.9
4,501-5,000	17	0.2	80,256	4.6
5,001-5,500	11	0.2	58,374	3.3
5,501-6,000	8	0.1	45,077	2.6
6,001-6,500	10	0.1	61,604	3.5
6,501-7,000	4	0.1	27,276	1.6
7,001-7,500	5	0.1	36,546	2.1
7,501-8,000	5	0.1	38,662	2.2
8,001-8,500	5	0.1	40,929	2.3
8,501-9,000	4	0.1	35,053	2.0
9,001-9,500	2	0.0	18,470	1.1
9,501-10,000	1	0.0	9,506	0.5
10,001+	26	0.4	506,032	28.9

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^a, b, c
 WYOMING, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 3,172
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$1,175,311
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$370

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	1,948	61.4		\$0	0.0
1-500	927	29.2		86,378	7.3
501-1,000	73	2.3		53,358	4.5
1,001-1,500	46	1.5		58,179	5.0
1,501-2,000	26	0.8		44,725	3.8
2,001-2,500	25	0.8		55,646	4.7
2,501-3,000	17	0.5		46,822	4.0
3,001-3,500	13	0.4		41,903	3.6
3,501-4,000	14	0.4		53,159	4.5
4,001-4,500	12	0.4		50,870	4.3
4,501-5,000	13	0.4		61,455	5.2
5,001-5,500	8	0.3		42,415	3.6
5,501-6,000	6	0.2		33,742	2.9
6,001-6,500	8	0.3		49,477	4.2
6,501-7,000	2	0.1		13,762	1.2
7,001-7,500	1	0.0		7,378	0.6
7,501-8,000	4	0.1		30,928	2.6
8,001-8,500	4	0.1		32,721	2.8
8,501-9,000	3	0.1		26,397	2.2
9,001-9,500	1	0.0		9,423	0.8
9,501-10,000	1	0.0		9,506	0.8
10,001+	20	0.6		367,067	31.2

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 WYOMING, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 3,655
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$391,475
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$107

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,522	69.0	\$0	0.0
1-500	982	26.9	82,475	21.1
501-1,000	70	1.9	49,261	12.6
1,001-1,500	23	0.6	28,025	7.2
1,501-2,000	14	0.4	23,864	6.1
2,001-2,500	13	0.4	29,498	7.5
2,501-3,000	4	0.1	11,040	2.8
3,001-3,500	5	0.1	16,593	4.2
3,501-4,000	3	0.1	11,589	3.0
4,001-4,500	3	0.1	13,120	3.4
4,501-5,000	3	0.1	14,228	3.6
5,001-5,500	2	0.1	10,531	2.7
5,501-6,000	2	0.1	11,335	2.9
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.0	6,994	1.8
7,001-7,500	3	0.1	21,828	5.6
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,656	2.2
9,001-9,500	1	0.0	9,047	2.3
9,501-10,000	0	0.0	0	0.0
10,001+	3	0.1	43,391	11.1

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 WYOMING, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,152
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$252,004
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$218

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	788	68.4	\$0	0.0
1-500	292	25.3	25,340	10.1
501-1,000	21	1.8	15,477	6.1
1,001-1,500	6	0.5	7,690	3.1
1,501-2,000	8	0.7	13,970	5.5
2,001-2,500	8	0.7	17,363	6.9
2,501-3,000	3	0.3	8,342	3.3
3,001-3,500	4	0.3	13,103	5.2
3,501-4,000	3	0.3	11,589	4.6
4,001-4,500	3	0.3	13,120	5.2
4,501-5,000	3	0.3	14,228	5.6
5,001-5,500	2	0.2	10,531	4.2
5,501-6,000	2	0.2	11,335	4.5
6,001-6,500	0	0.0	0	0.0
6,501-7,000	1	0.1	6,994	2.8
7,001-7,500	3	0.3	21,828	8.7
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.1	8,656	3.4
9,001-9,500	1	0.1	9,047	3.6
9,501-10,000	0	0.0	0	0.0
10,001+	3	0.3	43,391	17.2

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 WYOMING, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 1,236
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$75,028
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$60

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	864	69.9	\$0	0.0
1-500	325	26.3	27,395	36.5
501-1,000	30	2.4	20,731	27.6
1,001-1,500	12	1.0	14,628	19.5
1,501-2,000	1	0.1	1,576	2.1
2,001-2,500	3	0.2	7,208	9.6
2,501-3,000	0	0.0	0	0.0
3,001-3,500	1	0.1	3,490	4.7
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	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	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
 WYOMING, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,267
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$64,443
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$50

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	870	68.7	\$0	0.0
1-500	365	28.8	29,740	46.1
501-1,000	19	1.5	13,053	20.3
1,001-1,500	5	0.4	5,707	8.9
1,501-2,000	5	0.4	8,318	12.9
2,001-2,500	2	0.2	4,927	7.6
2,501-3,000	1	0.1	2,698	4.2
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	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	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	
All	6,900	3,625	3,197	66	7	5	72,695	36,619	35,357	596	82	41	
Age													
5 and younger	1	0	0	0	1	0	12	0	0	0	12	0	
6-14	5	0	1	0	4	0	60	0	12	0	48	0	
15-20	20	0	18	0	2	0	206	0	184	0	22	0	
21-44	1,531	0	1,493	38	0	0	16,903	0	16,586	317	0	0	
45-64	1,688	0	1,660	26	0	2	18,617	0	18,346	256	0	15	
65-74	1,152	1,128	19	2	0	3	12,299	12,068	182	23	0	26	
75-84	1,236	1,230	6	0	0	0	12,483	12,436	47	0	0	0	
85 and older	1,267	1,267	0	0	0	0	12,115	12,115	0	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Gender													
Female	4,382	2,620	1,723	34	0	5	46,161	26,709	19,101	310	0	41	
Male	2,518	1,005	1,474	32	7	0	26,534	9,910	16,256	286	82	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
Race													
White	6,041	3,167	2,804	58	7	5	63,263	31,570	31,044	526	82	41	
African American	73	26	46	1	0	0	827	291	525	11	0	0	
Other/unknown	786	432	347	7	0	0	8,605	4,758	3,788	59	0	0	
Use of Nursing Facilities^c													
Entire year	1,452	1,356	96	0	0	0	14,719	13,688	1,031	0	0	0	
Part year	707	623	84	0	0	0	6,381	5,529	852	0	0	0	
None	4,741	1,646	3,017	66	7	5	51,595	17,402	33,474	596	82	41	
Maintenance Assistance Status													
Cash	2,470	839	1,583	48	0	0	26,932	9,374	17,109	449	0	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty related	77	23	41	4	4	5	744	240	399	18	46	41	
Other/unknown	4,353	2,763	1,573	14	3	0	45,019	27,005	17,849	129	36	0	
Dual Status^d													
Full dual, all year	6,678	3,488	3,112	66	7	5	70,375	35,169	34,487	596	82	41	
Full dual, part year	222	137	85	0	0	0	2,320	1,450	870	0	0	0	
Managed Care (MC) Status													
Fee-for-service (FFS) all year	6,900	3,625	3,197	66	7	5	72,695	36,619	35,357	596	82	41	
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	

Source: Data for this table are from the MAX 2006 file for Wyoming, 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^a
 DUAL ELIGIBLE BENEFICIARIES, WYOMING, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	6,900	72,695	6,900	72,695	0	0
Fee-for-service (FFS) all year	6,900	72,695	6,900	72,695	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Wyoming, 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