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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
NEVADA

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	23,258	14,356	8,565	319	6	12	239,216	147,876	88,982	2,203	56	99
Age												
5 and younger	1	0	1	0	0	0	7	0	7	0	0	0
6-14	5	0	3	0	2	0	42	0	25	0	17	0
15-20	57	0	53	1	3	0	562	0	533	2	27	0
21-44	3,512	0	3,319	191	1	1	35,928	0	34,698	1,206	12	12
45-64	4,715	4	4,638	64	0	9	48,747	30	48,261	382	0	74
65-74	6,220	5,786	422	10	0	2	65,104	60,844	4,167	80	0	13
75-84	5,571	5,454	95	22	0	0	57,929	56,753	948	228	0	0
85 and older	3,177	3,112	34	31	0	0	30,897	30,249	343	305	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	15,145	10,054	4,840	237	2	12	157,008	104,564	50,594	1,727	24	99
Male	8,113	4,302	3,725	82	4	0	82,208	43,312	38,388	476	32	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,717	8,473	6,024	205	3	12	150,414	85,557	63,184	1,538	36	99
African American	2,555	1,049	1,437	67	2	0	25,905	10,941	14,538	411	15	0
Other/unknown	5,986	4,834	1,104	47	1	0	62,897	51,378	11,260	254	5	0
Use of Nursing Facilities^c												
Entire year	2,141	1,863	278	0	0	0	21,069	18,075	2,994	0	0	0
Part year	1,680	1,379	298	3	0	0	16,201	13,196	2,972	33	0	0
None	19,437	11,114	7,989	316	6	12	201,946	116,605	83,016	2,170	56	99
Maintenance Assistance Status												
Cash	14,573	8,716	5,617	238	2	0	152,969	93,901	57,531	1,522	15	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	837	296	513	15	1	12	8,086	3,050	4,850	75	12	99
Other/unknown	7,848	5,344	2,435	66	3	0	78,161	50,925	26,601	606	29	0
Dual Medicare Status^d												
Full dual, all year	21,633	13,563	7,779	273	6	12	222,805	139,622	81,284	1,744	56	99
Full dual, part year	1,625	793	786	46	0	0	16,411	8,254	7,698	459	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	23,113	14,354	8,514	229	4	12	238,617	147,865	88,687	1,918	48	99
FFS part year, with Rx claims	69	0	20	49	0	0	301	0	139	162	0	0
FFS part year, no Rx claims	76	2	31	41	2	0	298	11	156	123	8	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	55.0	16.6	\$234	\$14	\$12,916	1.8	23,258
Age							
5 and younger	100.0	10.0	533	53	737	72.3	1
6-14	40.0	4.6	416	91	1,513	27.5	5
15-20	61.4	15.0	2,099	140	13,578	15.5	57
21-44	54.3	12.9	406	31	13,063	3.1	3,512
45-64	62.9	22.4	334	15	13,150	2.5	4,715
65-74	55.8	19.4	256	13	8,655	3.0	6,220
75-84	52.0	15.0	93	6	13,004	0.7	5,571
85 and older	47.3	9.3	69	8	20,603	0.3	3,177
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	52.5	15.5	145	9	12,871	1.1	14,356
Disabled	59.3	18.7	370	20	13,245	2.8	8,565
Adults	47.3	10.4	536	52	4,904	10.9	319
Children	33.3	12.3	167	14	6,368	2.6	6
Unknown	100.0	43.8	2,373	54	47,685	5.0	12
Gender							
Female	56.5	18.0	226	13	12,469	1.8	15,145
Male	52.1	13.9	250	18	13,751	1.8	8,113
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	55.9	16.8	251	15	15,293	1.6	14,717
African American	55.7	17.3	304	18	10,866	2.8	2,555
Other/unknown	52.4	15.8	163	10	7,946	2.1	5,986
Use of Nursing Facilities^f							
Entire year	56.1	8.9	247	28	44,228	0.6	2,141
Part year	64.2	10.8	219	20	30,122	0.7	1,680
None	54.0	17.9	234	13	7,980	2.9	19,437
Maintenance Assistance Status							
Cash	58.2	19.9	253	13	5,212	4.8	14,573
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.3	8.9	378	42	5,662	6.7	837
Other/unknown	49.7	11.2	185	17	27,996	0.7	7,848

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
				45.0	24.1	7.6	14.3	8.1	0.9	\$1,256		
All	1.6	\$23	1.8	45.0	24.1	7.6	14.3	8.1	0.9	\$1,256	23,258	239,216
Age												
5 and younger	1.4	76	72.3	0.0	100.0	0.0	0.0	0.0	0.0	105	1	7
6-14	0.5	50	27.5	60.0	20.0	20.0	0.0	0.0	0.0	180	5	42
15-20	1.5	213	15.5	38.6	28.1	14.0	15.8	3.5	0.0	1,377	57	562
21-44	1.3	40	3.1	45.7	26.9	8.9	13.7	4.5	0.4	1,277	3,512	35,928
45-64	2.2	32	2.5	37.1	22.9	8.7	18.3	11.5	1.4	1,272	4,715	48,747
65-74	1.9	24	3.0	44.2	21.7	7.6	15.1	10.3	1.1	827	6,220	65,104
75-84	1.4	9	0.7	48.0	23.7	6.8	13.6	7.2	0.7	1,251	5,571	57,929
85 and older	1.0	7	0.3	52.7	28.1	5.9	8.6	4.3	0.4	2,119	3,177	30,897
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	1.5	14	1.1	47.5	23.9	6.9	13.1	7.7	0.8	1,250	14,356	147,876
Disabled	1.8	36	2.8	40.7	24.6	8.8	16.2	8.7	1.0	1,275	8,565	88,982
Adults	1.5	78	10.9	52.7	18.5	7.2	12.9	7.5	1.3	710	319	2,203
Children	1.3	18	2.6	66.7	0.0	0.0	33.3	0.0	0.0	682	6	56
Unknown	5.3	288	5.0	0.0	8.3	16.7	33.3	25.0	16.7	5,780	12	99
Gender												
Female	1.7	22	1.8	43.5	23.9	7.5	14.8	9.2	1.0	1,203	15,145	157,008
Male	1.4	25	1.8	47.9	24.4	7.8	13.3	5.9	0.7	1,357	8,113	82,208
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	25	1.6	44.1	24.9	7.5	14.1	8.4	1.0	1,496	14,717	150,414
African American	1.7	30	2.8	44.3	24.2	7.7	14.8	8.1	0.9	1,072	2,555	25,905
Other/unknown	1.5	16	2.1	47.6	22.1	8.0	14.5	7.2	0.5	756	5,986	62,897
Use of Nursing Facilities^f												
Entire year	0.9	25	0.6	43.9	36.9	7.9	5.8	3.8	1.7	4,494	2,141	21,069
Part year	1.1	23	0.7	35.8	42.2	8.0	8.8	4.0	1.3	3,124	1,680	16,201
None	1.7	23	2.9	46.0	21.1	7.6	15.7	8.9	0.7	768	19,437	201,946
Maintenance Assistance Status												
Cash	1.9	24	4.8	41.8	21.7	8.2	17.7	9.9	0.8	497	14,573	152,969
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	39	6.7	52.7	27.0	8.5	8.4	2.7	0.7	586	837	8,086
Other/unknown	1.1	19	0.7	50.3	28.3	6.4	8.7	5.2	1.0	2,811	7,848	78,161

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.6	\$23	\$14	0.5	\$14	\$29	0.1	\$2	\$26	1.1	\$7	\$6
Age												
5 and younger	1.4	76	53	0.1	5	32	0.0	0	0	1.3	72	56
6-14	0.5	50	91	0.5	48	101	0.0	0	0	0.1	2	21
15-20	1.5	213	140	0.6	144	227	0.2	59	383	0.7	11	15
21-44	1.3	40	31	0.4	29	73	0.0	2	49	0.8	9	10
45-64	2.2	32	15	0.6	19	31	0.1	2	32	1.5	11	7
65-74	1.9	24	13	0.6	15	26	0.1	2	26	1.2	7	6
75-84	1.4	9	6	0.5	5	11	0.1	0	8	0.9	3	4
85 and older	1.0	7	8	0.3	4	13	0.0	0	8	0.6	3	5
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.5	14	9	0.5	8	18	0.1	1	16	1.0	5	5
Disabled	1.8	36	20	0.5	23	44	0.1	3	40	1.2	9	8
Adults	1.5	78	52	0.4	48	119	0.0	6	150	1.1	23	22
Children	1.3	18	14	0.5	15	30	0.1	2	29	0.8	1	1
Unknown	5.3	288	54	0.9	169	186	0.1	8	103	4.3	111	26
Gender												
Female	1.7	22	13	0.5	13	25	0.1	2	25	1.1	7	6
Male	1.4	25	18	0.4	17	40	0.1	2	30	0.9	7	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	25	15	0.5	16	32	0.1	2	27	1.1	7	7
African American	1.7	30	18	0.4	18	40	0.1	4	46	1.2	9	7
Other/unknown	1.5	16	10	0.5	10	20	0.1	1	13	0.9	4	5
Use of Nursing Facilities^e												
Entire year	0.9	25	28	0.2	15	94	0.0	1	63	0.7	9	12
Part year	1.1	23	20	0.2	13	56	0.0	1	37	0.8	9	10
None	1.7	23	13	0.5	15	27	0.1	2	25	1.1	6	6
Maintenance Assistance Status												
Cash	1.9	24	13	0.6	15	25	0.1	2	23	1.2	7	6
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.9	39	42	0.2	24	99	0.0	5	128	0.6	11	17
Other/unknown	1.1	19	17	0.3	12	40	0.0	1	28	0.8	6	7

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

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

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.2	\$6	\$4	\$0	\$1	\$22	\$74	\$42	\$8	13,117	\$293,178	4,740	20.4	52,950
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	24	24	0	0	32	775	32	0.1	309
Antineoplastic Agents	0.4	0.1	0.0	0.2	26	23	0	3	73	196	14	14	1,153	84,555	307	1.3	3,200
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	7	6	0	1	9	17	9	3	41,648	392,872	5,171	22.2	57,385
Cardiovascular Agents	1.2	0.3	0.1	0.8	7	3	1	3	6	10	12	3	95,593	541,580	7,116	30.6	77,991
Respiratory Agents	0.6	0.4	0.0	0.2	10	7	1	2	17	21	29	9	29,004	491,154	4,415	19.0	49,593
Gastrointestinal Agents	0.5	0.1	0.0	0.3	6	5	0	1	13	37	8	3	22,251	297,806	4,137	17.8	45,960
Genitourinary Agents	0.4	0.2	0.0	0.1	5	4	0	1	12	15	27	5	6,019	72,715	1,418	6.1	15,893
CNS Drugs	0.9	0.2	0.0	0.6	17	10	1	6	19	48	28	9	67,393	1,300,838	7,213	31.0	78,126
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	17	15	0	2	44	60	9	15	569	24,778	132	0.6	1,458
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	16	16	0	0	36	36	0	32	3,891	140,941	833	3.6	8,656
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	8	2	2	5	13	51	151	8	39,133	519,126	5,753	24.7	63,450
Neuromuscular Agents	0.6	0.2	0.0	0.4	12	7	1	4	19	42	50	9	27,296	515,612	3,875	16.7	42,589
Nutritional Products	0.4	0.0	0.0	0.4	3	0	0	2	7	23	17	6	6,766	45,296	1,536	6.6	16,631
Hematological Agents	0.6	0.2	0.0	0.4	14	10	0	3	23	47	12	9	16,818	386,064	2,619	11.3	28,176
Topical Products	0.3	0.2	0.0	0.2	5	3	0	1	13	22	19	5	13,747	180,484	3,509	15.1	39,568
Miscellaneous Products	0.6	0.4	0.0	0.2	102	78	20	4	169	197	873	23	856	144,759	134	0.6	1,415
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	44	0	0	0	401	17,479	151	0.6	1,641
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.	385,687	5,450,012	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users.

Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

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	\$672,728	2,409	10.4	26,623	0.5	\$54	\$25
ANTICONVULSANT	438,290	3,192	13.7	35,212	0.5	24	12
ANALGESICS - Narcotic	418,235	6,881	29.6	76,104	0.4	15	5
ANTIASTHMATIC	334,383	4,290	18.4	48,073	0.4	19	7
ANTIANKXIETY AGENTS	309,995	4,206	18.1	45,615	0.5	13	7
ANTIDIABETIC	226,698	4,019	17.3	44,925	0.5	11	5
MISC. HEMATOLOGICAL	213,975	1,156	5.0	12,792	0.5	34	17
ANTIHYPERLIPIDEMIC	175,541	4,376	18.8	49,242	0.5	8	4
ANTIDEPRESSANTS	166,881	4,018	17.3	44,558	0.4	9	4
ANTIHYPERTENSIVE	163,142	5,444	23.4	60,362	0.5	6	3
Total	3,119,868	39,991	n.a.	443,506	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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, NEVADA, 2007

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 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
All	197,922	\$3,119,868	2,409	10.4	26,623	0.5	\$25	3,192	13.7	35,212	0.5	\$12
Female												
All Females	136,937	1,939,588	1,434	9.5	15,777	0.4	23	2,075	13.7	22,833	0.5	13
Female, Disabled												
All Ages	58,756	1,017,631	964	19.9	10,847	0.4	20	1,277	26.4	14,202	0.5	14
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	184	21,181	10	41.7	111	0.5	153	9	37.5	99	0.5	22
21-44	13,689	374,466	394	24.0	4,406	0.4	22	438	26.7	4,932	0.5	21
45-64	40,547	541,004	542	19.2	6,124	0.5	15	772	27.3	8,515	0.5	10
65-74	3,584	74,896	12	4.7	143	0.5	37	53	20.8	620	0.5	10
75-84	560	5,068	3	5.2	36	0.6	79	4	6.9	33	0.3	1
85 and older	192	1,016	3	9.1	27	0.3	1	1	3.0	3	0.3	4
Female, Other Eligibles												
All Ages	78,181	921,957	470	4.6	4,930	0.5	29	798	7.7	8,631	0.5	11
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	12	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,141	77,999	21	14.1	208	0.5	40	44	29.5	352	0.5	39
45-64	694	46,369	11	22.0	111	0.3	31	16	32.0	107	0.5	59
65-74	38,317	568,475	221	6.0	2,505	0.5	41	409	11.0	4,655	0.5	12
75-84	28,170	157,098	139	3.6	1,376	0.5	12	245	6.3	2,684	0.5	3
85 and older	9,847	71,999	78	3.1	730	0.5	16	84	3.3	833	0.5	6
Male												
All Males	60,985	1,180,280	975	12.0	10,846	0.5	29	1,117	13.8	12,379	0.5	12
Male, Disabled												
All Ages	31,512	880,386	822	22.1	9,333	0.5	30	801	21.5	9,009	0.6	14
5 and younger	4	149	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	121	17,753	6	20.7	72	0.5	128	7	24.1	83	0.6	98
21-44	12,263	521,595	468	27.9	5,270	0.5	39	400	23.8	4,508	0.5	14
45-64	17,391	288,868	340	18.8	3,914	0.5	17	368	20.3	4,135	0.6	12
65-74	1,548	51,287	7	4.2	75	0.4	4	22	13.2	235	0.4	15
75-84	185	734	1	2.7	2	3.5	116	4	10.8	48	0.6	1
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	29,473	299,894	153	3.5	1,513	0.4	25	316	7.2	3,370	0.4	9
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	4	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	176	3,050	3	6.8	27	0.2	1	10	22.7	70	0.4	9
45-64	70	3,646	1	3.7	12	0.1	0	2	7.4	6	0.5	43
65-74	17,061	211,089	82	3.9	871	0.5	34	194	9.3	2,128	0.4	10
75-84	10,207	69,901	53	3.3	510	0.4	15	81	5.0	889	0.5	4
85 and older	1,955	12,204	14	2.3	93	0.4	8	29	4.7	277	0.5	8
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIANXIETY AGENTS				
	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
All	6,881	29.6	76,104	0.4	\$6	4,290	18.4	48,073	0.4	\$7	4,206	18.1	45,615	0.5	\$7
Female															
All Females	4,884	32.2	54,398	0.4	6	3,115	20.6	35,095	0.4	6	3,015	19.9	32,675	0.5	7
Female, Disabled															
All Ages	2,528	52.2	28,235	0.4	6	1,409	29.1	15,942	0.3	7	1,237	25.6	13,740	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	25.0	69	0.2	1	3	12.5	36	0.1	6	0	0.0	0	0.0	0
21-44	680	41.4	7,537	0.3	9	308	18.8	3,395	0.3	7	347	21.1	3,884	0.5	9
45-64	1,670	59.1	18,798	0.4	4	986	34.9	11,248	0.4	6	821	29.0	9,108	0.6	8
65-74	140	54.9	1,495	0.4	6	99	38.8	1,107	0.3	14	51	20.0	556	0.6	7
75-84	20	34.5	218	0.5	3	9	15.5	108	0.4	1	9	15.5	96	0.4	4
85 and older	12	36.4	118	0.4	0	4	12.1	48	0.3	0	9	27.3	96	0.6	8
Female, Other Eligibles															
All Ages	2,356	22.9	26,163	0.3	6	1,706	16.6	19,153	0.4	5	1,778	17.3	18,935	0.5	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	100.0	14	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	90	60.4	672	0.6	56	26	17.4	259	0.3	36	31	20.8	279	0.6	6
45-64	40	80.0	336	0.6	58	21	42.0	176	0.4	28	16	32.0	153	0.7	8
65-74	1,141	30.7	13,050	0.4	6	904	24.4	10,336	0.4	7	644	17.3	7,222	0.5	6
75-84	788	20.4	8,942	0.3	1	594	15.4	6,673	0.4	2	599	15.5	6,447	0.5	7
85 and older	295	11.7	3,149	0.3	1	161	6.4	1,709	0.4	2	488	19.3	4,834	0.5	6
Male															
All Males	1,997	24.6	21,706	0.4	5	1,175	14.5	12,978	0.4	9	1,191	14.7	12,940	0.5	7
Male, Disabled															
All Ages	1,124	30.2	12,235	0.4	7	432	11.6	4,741	0.3	16	620	16.6	7,011	0.5	8
5 and younger	0	0.0	0	0.0	0	1	100.0	7	0.1	5	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	11	37.9	131	0.1	1	2	6.9	24	0.1	6	1	3.4	12	0.1	0
21-44	406	24.2	4,419	0.4	8	121	7.2	1,380	0.3	29	248	14.8	2,822	0.5	9
45-64	653	36.1	7,091	0.4	6	269	14.9	2,915	0.3	10	337	18.6	3,810	0.6	8
65-74	49	29.3	539	0.4	25	34	20.4	355	0.4	23	31	18.6	331	0.5	7
75-84	5	13.5	55	0.3	0	5	13.5	60	0.3	1	3	8.1	36	0.3	4
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	873	19.9	9,471	0.4	3	743	16.9	8,237	0.4	6	571	13.0	5,929	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	50.0	12	0.1	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	40.9	134	0.3	8	7	15.9	65	0.3	1	10	22.7	77	0.4	4
45-64	11	40.7	64	0.5	38	3	11.1	10	0.5	17	1	3.7	3	0.3	2
65-74	534	25.6	5,899	0.4	4	426	20.4	4,837	0.4	8	272	13.0	2,942	0.5	6
75-84	255	15.9	2,831	0.3	2	236	14.7	2,582	0.4	3	206	12.8	2,155	0.5	6
85 and older	54	8.7	531	0.3	1	71	11.4	743	0.4	1	82	13.2	752	0.5	5
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Dual Medicaid Beneficiaries

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL					ANTIHYPERTENSIVE				
	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
All	4,019	17.3	44,925	0.5	\$5	1,156	5.0	12,792	0.5	\$17	4,376	18.8	49,242	0.5	\$4
Female															
All Females	2,784	18.4	31,370	0.5	5	745	4.9	8,331	0.5	7	3,056	20.2	34,459	0.5	3
Female, Disabled															
All Ages	887	18.3	10,126	0.5	6	158	3.3	1,775	0.5	10	914	18.9	10,375	0.4	4
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.2	12	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	148	9.0	1,650	0.4	8	14	0.9	146	0.4	19	119	7.3	1,352	0.4	4
45-64	650	23.0	7,467	0.5	6	121	4.3	1,378	0.5	8	704	24.9	8,004	0.4	4
65-74	74	29.0	842	0.5	13	18	7.1	200	0.5	15	71	27.8	805	0.5	10
75-84	12	20.7	144	0.7	3	5	8.6	51	0.5	2	16	27.6	180	0.4	1
85 and older	2	6.1	11	0.4	1	0	0.0	0	0.0	0	4	12.1	34	0.6	2
Female, Other Eligibles															
All Ages	1,897	18.4	21,244	0.5	4	587	5.7	6,556	0.5	6	2,142	20.8	24,084	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	5.4	57	0.4	11	0	0.0	0	0.0	0	5	3.4	42	0.5	3
45-64	10	20.0	78	0.7	60	3	6.0	20	0.2	11	10	20.0	90	0.6	31
65-74	1,010	27.2	11,465	0.5	6	239	6.4	2,729	0.5	9	1,061	28.6	12,087	0.5	4
75-84	696	18.0	7,767	0.5	2	240	6.2	2,723	0.5	3	843	21.8	9,455	0.5	2
85 and older	173	6.9	1,877	0.4	1	105	4.2	1,084	0.4	4	223	8.8	2,410	0.5	2
Male															
All Males	1,235	15.2	13,555	0.5	5	411	5.1	4,461	0.5	36	1,320	16.3	14,783	0.5	4
Male, Disabled															
All Ages	480	12.9	5,237	0.4	7	105	2.8	1,111	0.5	118	476	12.8	5,318	0.4	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	124	7.4	1,347	0.4	8	6	0.4	60	0.3	1,829	113	6.7	1,287	0.4	5
45-64	322	17.8	3,519	0.4	6	83	4.6	896	0.5	17	317	17.5	3,534	0.4	5
65-74	31	18.6	335	0.6	18	15	9.0	143	0.6	42	41	24.6	437	0.5	12
75-84	3	8.1	36	0.6	2	1	2.7	12	0.7	2	5	13.5	60	0.4	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	755	17.2	8,318	0.5	4	306	7.0	3,350	0.5	8	844	19.2	9,465	0.5	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	4.5	2	1.0	118	1	2.3	1	1.0	129	5	11.4	32	0.5	11
45-64	3	11.1	10	0.6	14	0	0.0	0	0.0	0	2	7.4	10	0.7	3
65-74	438	21.0	4,999	0.5	4	172	8.2	1,930	0.5	11	480	23.0	5,450	0.5	4
75-84	279	17.4	3,035	0.5	4	95	5.9	1,039	0.5	6	300	18.7	3,375	0.5	2
85 and older	33	5.3	272	0.4	4	38	6.1	380	0.5	2	57	9.2	598	0.5	2
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE						
	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	4,018	17.3	44,558	0.4	\$4	5,444	23.4	60,362	0.5	\$3	23,258	239,216
Female												
All Females	2,944	19.4	32,759	0.4	4	3,766	24.9	41,975	0.5	3	15,145	157,008
Female, Disabled												
All Ages	1,719	35.5	19,293	0.4	4	1,030	21.3	11,543	0.4	4	4,840	50,594
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	2	22
15-20	6	25.0	72	0.3	16	2	8.3	24	1.6	22	24	239
21-44	492	30.0	5,505	0.4	5	160	9.8	1,751	0.3	2	1,641	17,103
45-64	1,135	40.1	12,751	0.4	3	740	26.2	8,337	0.4	3	2,827	29,701
65-74	76	29.8	850	0.5	6	106	41.6	1,186	0.5	7	255	2,596
75-84	8	13.8	96	0.4	1	17	29.3	195	0.5	1	58	602
85 and older	2	6.1	19	0.5	1	5	15.2	50	0.6	1	33	331
Female, Other Eligibles												
All Ages	1,225	11.9	13,466	0.5	4	2,736	26.6	30,432	0.5	2	10,305	106,414
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	1	50.0	12	0.1	0	2	100.0	24	0.3	0	2	14
21-44	32	21.5	319	0.4	18	20	13.4	148	0.4	7	149	978
45-64	23	46.0	177	0.4	16	14	28.0	100	0.5	4	50	363
65-74	644	17.3	7,398	0.5	4	1,224	33.0	13,903	0.5	3	3,712	39,633
75-84	375	9.7	4,031	0.5	2	1,082	28.0	12,097	0.5	2	3,869	40,635
85 and older	150	5.9	1,529	0.4	3	394	15.6	4,160	0.5	2	2,522	24,779
Male												
All Males	1,074	13.2	11,799	0.4	4	1,678	20.7	18,387	0.5	3	8,113	82,208
Male, Disabled												
All Ages	731	19.6	8,262	0.4	5	603	16.2	6,455	0.4	4	3,725	38,388
5 and younger	0	0.0	0	0.0	0	1	100.0	7	0.4	17	1	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
15-20	2	6.9	19	0.2	1	4	13.8	44	0.4	4	29	294
21-44	346	20.6	3,911	0.4	6	152	9.1	1,609	0.4	4	1,678	17,595
45-64	364	20.1	4,136	0.4	3	385	21.3	4,126	0.4	3	1,811	18,560
65-74	16	9.6	170	0.4	9	56	33.5	609	0.6	8	167	1,571
75-84	3	8.1	26	0.6	3	5	13.5	60	0.7	1	37	346
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Male, Other Eligibles												
All Ages	343	7.8	3,537	0.4	3	1,075	24.5	11,932	0.5	2	4,388	43,820
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	5
15-20	0	0.0	0	0.0	0	1	50.0	12	0.3	0	2	15
21-44	7	15.9	50	0.4	2	6	13.6	31	0.4	2	44	252
45-64	2	7.4	4	1.0	104	4	14.8	16	0.6	12	27	123
65-74	189	9.1	2,064	0.4	4	597	28.6	6,694	0.5	3	2,086	21,304
75-84	118	7.3	1,210	0.4	2	393	24.5	4,414	0.5	2	1,607	16,346
85 and older	27	4.3	209	0.3	3	74	11.9	765	0.5	1	621	5,775
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

Dual Medicaid Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

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	\$25	0.9	2,141	21,069
Age				
0-64	47	1.4	241	2,618
65-74	49	1.4	349	3,539
75-84	19	0.8	710	6,953
85 and older	12	0.6	841	7,959
Unknown	0	0.0	0	0
Gender				
Female	25	0.9	1,459	14,334
Male	25	0.9	682	6,735
Unknown	0	0.0	0	0
Race				
White	24	0.9	1,877	18,405
African American	25	0.8	111	1,143
Other/unknown	45	1.2	153	1,521
Basis of Eligibility^c				
Aged	21	0.8	1,863	18,075
Disabled	52	1.5	278	2,994
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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, NEVADA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									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	
																	\$38
Anti-infective Agents	0.6	0.1	0.0	0.4	\$38	\$21	\$3	\$14	\$64	\$156	\$139	\$32	481	\$30,781	113	5.3	812
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	33	33	0	0	8	266	8	0.4	77
Antineoplastic Agents	0.3	0.1	0.0	0.3	33	13	0	20	96	235	0	70	38	3,634	16	0.7	110
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.5	27	20	2	4	34	72	42	9	797	26,793	132	6.2	1,003
Cardiovascular Agents	1.2	0.1	0.1	1.0	21	6	4	11	18	63	64	10	2,179	38,317	236	11.0	1,811
Respiratory Agents	0.4	0.1	0.0	0.3	9	3	0	6	23	50	61	18	646	15,006	161	7.5	1,583
Gastrointestinal Agents	0.6	0.1	0.0	0.4	20	12	3	5	36	100	67	12	682	24,224	146	6.8	1,183
Genitourinary Agents	0.5	0.2	0.0	0.2	15	10	1	4	34	53	35	16	160	5,362	50	2.3	355
CNS Drugs	0.9	0.1	0.0	0.8	21	12	0	8	23	93	60	11	7,691	180,277	884	41.3	8,635
Stimulants/Anti-obesity/Anorexia	0.3	0.3	0.0	0.0	10	10	0	0	33	35	0	8	11	361	5	0.2	37
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	85	85	0	0	116	116	0	0	566	65,571	103	4.8	772
Analgesics and Anesthetics	0.8	0.0	0.0	0.8	15	2	0	13	17	166	26	15	767	13,391	117	5.5	905
Neuromuscular Agents	0.9	0.2	0.0	0.7	33	19	1	12	38	111	128	18	1,446	54,367	179	8.4	1,655
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	12	13	22	12	414	5,060	118	5.5	1,016
Hematological Agents	0.8	0.1	0.0	0.7	13	7	0	6	17	103	36	9	2,840	48,616	384	17.9	3,749
Topical Products	0.4	0.2	0.0	0.2	15	9	1	4	35	56	51	17	355	12,352	100	4.7	843
Miscellaneous Products	0.3	0.0	0.0	0.3	3	1	0	2	9	35	0	6	22	193	10	0.5	70
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	21	0	0	0	115	0	0	0	41	4,708	22	1.0	222
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.	19,144	529,279	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In Nevada, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	\$65,949	116	5.4	901	0.6	\$114	\$73	
ANTIPSYCHOTICS	66,112	102	4.8	884	0.6	134	75	
ANTI-ANXIETY AGENTS	56,358	660	30.8	6,499	0.7	12	9	
ANTICONVULSANT	46,188	165	7.7	1,585	0.8	38	29	
HYPNOTICS	41,220	238	11.1	2,428	0.7	23	17	
HEMATOPOIETIC AGENTS	26,110	394	18.4	4,075	0.6	10	6	
ANTIDIABETIC	19,602	98	4.6	816	0.6	38	24	
ANTIDEPRESSANTS	16,597	148	6.9	1,216	0.6	23	14	
ULCER DRUGS	16,455	138	6.4	1,167	0.4	32	14	
ANTICOAGULANTS	11,431	55	2.6	470	0.9	26	24	
Total	366,022	2,114	n.a.	20,041	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Medicaid Beneficiaries

TABLE D.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$
All	13,590	\$366,022	116	5.4	901	0.6	\$73	102	4.8	884	0.6	\$75
Female												
All Females	9,384	255,490	86	5.9	681	0.7	57	67	4.6	592	0.6	95
Female, Disabled												
All Ages	1,585	45,245	12	9.3	130	0.8	94	11	8.5	102	0.5	60
64 or younger	1,232	26,300	7	6.5	70	0.5	48	10	9.3	90	0.6	67
65-74	283	18,168	5	50.0	60	1.0	147	1	10.0	12	0.3	6
75-84	37	324	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	33	453	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	7,799	210,245	74	5.6	551	0.6	49	56	4.2	490	0.7	102
64 or younger	23	406	0	0.0	0	0.0	0	1	100.0	6	0.2	2
65-74	1,823	73,022	13	7.1	130	0.4	29	18	9.9	192	0.7	155
75-84	2,832	71,598	36	7.8	255	0.7	58	22	4.8	181	0.6	71
85 and older	3,121	65,219	25	3.6	166	0.7	51	15	2.2	111	0.7	66
Male												
All Males	4,206	110,532	30	4.4	220	0.6	122	35	5.1	292	0.4	35
Male, Disabled												
All Ages	1,390	53,647	2	1.3	22	0.9	806	8	5.4	92	0.3	48
64 or younger	1,289	49,933	2	1.5	22	0.9	806	8	6.1	92	0.3	48
65-74	85	3,548	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	16	166	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	2,816	56,885	28	5.3	198	0.6	46	27	5.1	200	0.4	28
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,013	19,985	4	2.8	36	0.4	19	6	4.1	43	0.6	37
75-84	1,142	26,158	11	4.6	83	0.7	69	13	5.5	115	0.3	30
85 and older	661	10,742	13	8.7	79	0.5	34	8	5.3	42	0.5	16
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	ANTIANXIETY AGENTS					ANTICONVULSANT					HYPNOTICS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	660	30.8	6,499	0.7	\$9	165	7.7	1,585	0.8	\$29	238	11.1	2,428	0.7	\$17
Female															
All Females	459	31.5	4,489	0.7	9	92	6.3	901	0.8	32	158	10.8	1,647	0.8	20
Female, Disabled															
All Ages	50	38.8	511	0.8	9	25	19.4	256	0.9	31	28	21.7	307	0.9	13
64 or younger	42	38.9	425	0.8	10	22	20.4	220	0.9	20	26	24.1	283	0.9	14
65-74	3	30.0	29	0.4	4	3	30.0	36	1.2	104	1	10.0	12	1.0	7
75-84	2	33.3	24	0.8	9	0	0.0	0	0.0	0	1	16.7	12	0.8	5
85 and older	3	60.0	33	1.0	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	409	30.8	3,978	0.7	9	67	5.0	645	0.8	32	130	9.8	1,340	0.7	21
64 or younger	1	100.0	6	3.0	45	1	100.0	6	0.5	15	0	0.0	0	0.0	0
65-74	60	33.0	613	0.8	10	22	12.1	248	0.9	53	33	18.1	329	0.8	15
75-84	146	31.7	1,420	0.8	11	25	5.4	217	0.6	19	46	10.0	470	0.7	15
85 and older	202	29.4	1,939	0.6	7	19	2.8	174	0.8	18	51	7.4	541	0.7	31
Male															
All Males	201	29.5	2,010	0.7	8	73	10.7	684	0.7	26	80	11.7	781	0.7	11
Male, Disabled															
All Ages	52	34.9	585	0.8	9	32	21.5	353	0.8	33	19	12.8	199	1.1	16
64 or younger	48	36.4	557	0.8	10	28	21.2	316	0.8	31	17	12.9	182	1.1	17
65-74	3	25.0	16	0.3	6	4	33.3	37	0.7	47	2	16.7	17	0.6	5
75-84	1	20.0	12	0.4	9	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	149	28.0	1,425	0.6	8	41	7.7	331	0.6	19	61	11.4	582	0.6	9
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	46	31.7	462	0.7	9	19	13.1	153	0.5	19	17	11.7	166	0.5	15
75-84	67	28.2	629	0.6	8	10	4.2	92	0.8	16	31	13.0	301	0.6	8
85 and older	36	24.0	334	0.6	6	12	8.0	86	0.4	22	13	8.7	115	0.5	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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIDIABETIC					ANTIDEPRESSANTS				
	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	394	18.4	4,075	0.6	\$6	98	4.6	816	0.6	\$24	148	6.9	1,216	0.6	\$14
Female															
All Females	272	18.6	2,820	0.6	7	61	4.2	534	0.6	24	96	6.6	818	0.6	15
Female, Disabled															
All Ages	19	14.7	215	0.6	5	15	11.6	135	0.9	33	14	10.9	136	0.6	15
64 or younger	16	14.8	179	0.7	6	10	9.3	75	0.9	18	11	10.2	100	0.4	10
65-74	1	10.0	12	0.1	0	5	50.0	60	1.0	51	3	30.0	36	1.1	29
75-84	2	33.3	24	0.3	2	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	253	19.0	2,605	0.6	7	46	3.5	399	0.5	20	82	6.2	682	0.6	14
64 or younger	0	0.0	0	0.0	0	1	100.0	6	0.2	7	0	0.0	0	0.0	0
65-74	32	17.6	336	0.7	5	13	7.1	143	0.6	29	20	11.0	205	0.5	14
75-84	92	20.0	980	0.6	7	27	5.9	217	0.5	16	32	6.9	247	0.6	17
85 and older	129	18.8	1,289	0.7	8	5	0.7	33	0.6	15	30	4.4	230	0.8	12
Male															
All Males	122	17.9	1,255	0.7	5	37	5.4	282	0.6	25	52	7.6	398	0.5	12
Male, Disabled															
All Ages	24	16.1	273	0.6	6	6	4.0	69	0.7	29	14	9.4	128	0.5	14
64 or younger	20	15.2	225	0.6	6	5	3.8	60	0.6	23	12	9.1	111	0.5	9
65-74	2	16.7	24	0.7	6	1	8.3	9	1.9	74	2	16.7	17	0.6	49
75-84	2	40.0	24	0.5	2	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	98	18.4	982	0.7	5	31	5.8	213	0.6	24	38	7.1	270	0.6	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	27	18.6	280	0.7	4	15	10.3	145	0.5	18	15	10.3	122	0.7	15
75-84	32	13.4	324	0.7	7	10	4.2	43	0.8	49	18	7.6	115	0.5	7
85 and older	39	26.0	378	0.7	5	6	4.0	25	0.7	13	5	3.3	33	0.5	11
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTICOAGULANTS					Benefit Months Among All-Year Nursing Facility Residents	
	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	138	6.4	1,167	0.4	\$14	55	2.6	470	0.9	\$24	2,141	21,069
Female												
All Females	92	6.3	762	0.5	14	32	2.2	263	1.0	20	1,459	14,334
Female, Disabled												
All Ages	18	14.0	169	0.3	6	9	7.0	87	1.0	18	129	1,377
64 or younger	16	14.8	145	0.3	4	8	7.4	75	0.7	9	108	1,143
65-74	2	20.0	24	0.5	18	1	10.0	12	3.0	70	10	113
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	64
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	57
Female, Other Eligibles												
All Ages	74	5.6	593	0.5	16	23	1.7	176	1.0	22	1,330	12,957
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6
65-74	21	11.5	207	0.5	19	10	5.5	81	1.5	35	182	1,847
75-84	25	5.4	192	0.5	15	8	1.7	55	0.6	10	461	4,537
85 and older	28	4.1	194	0.5	13	5	0.7	40	0.6	13	686	6,567
Male												
All Males	46	6.7	405	0.4	15	23	3.4	207	0.9	29	682	6,735
Male, Disabled												
All Ages	12	8.1	144	0.3	13	8	5.4	96	0.7	40	149	1,617
64 or younger	12	9.1	144	0.3	13	8	6.1	96	0.7	40	132	1,469
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	106
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	42
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	34	6.4	261	0.5	16	15	2.8	111	1.0	20	533	5,118
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	10	6.9	79	0.6	19	8	5.5	46	1.9	22	145	1,473
75-84	16	6.7	120	0.5	19	6	2.5	57	0.4	21	238	2,310
85 and older	8	5.3	62	0.4	7	1	0.7	8	0.3	2	150	1,335
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,680 beneficiaries who were in nursing facilities for part of their enrollment and their 16,201 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEVADA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	7,949	34.2	2.9	67,483	\$32	\$750,194	\$11	13.8	23,258
Age									
5 and younger	1	100.0	7.0	7	472	472	67	88.6	1
6-14	2	40.0	0.4	2	5	23	12	1.1	5
15-20	12	21.1	1.8	101	20	1,135	11	0.9	57
21-44	1,030	29.3	2.3	8,099	29	103,505	13	7.3	3,512
45-64	1,920	40.7	3.9	18,548	46	216,644	12	13.8	4,715
65-74	1,947	31.3	2.5	15,827	27	170,708	11	10.7	6,220
75-84	1,828	32.8	2.7	14,919	27	149,861	10	29.0	5,571
85 and older	1,209	38.1	3.1	9,980	34	107,846	11	49.0	3,177
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,763	33.2	2.7	38,869	28	408,252	11	19.6	14,356
Disabled	3,077	35.9	3.3	27,928	39	335,324	12	10.6	8,565
Adults	99	31.0	1.9	593	18	5,752	10	3.4	319
Children	1	16.7	2.7	16	12	69	4	6.9	6
Unknown	9	75.0	6.4	77	66	797	10	2.8	12
Gender									
Female	5,495	36.3	3.1	47,290	35	535,610	11	15.7	15,145
Male	2,454	30.2	2.5	20,193	26	214,584	11	10.6	8,113
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	5,652	38.4	3.5	51,778	40	582,178	11	15.7	14,717
African American	816	31.9	2.6	6,595	26	67,605	10	8.7	2,555
Other/unknown	1,481	24.7	1.5	9,110	17	100,411	11	10.3	5,986
Use of Nursing Facilities^d									
Entire year	1,217	56.8	6.0	12,782	72	154,262	12	29.1	2,141
Part year	1,013	60.3	4.6	7,783	49	82,599	11	22.4	1,680
None	5,719	29.4	2.4	46,918	26	513,333	11	11.3	19,437
Maintenance Assistance Status									
Cash	4,257	29.2	2.1	30,557	25	357,708	12	9.7	14,573
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	202	24.1	1.2	983	14	11,727	12	3.7	837
Other/unknown	3,490	44.5	4.6	35,943	49	380,759	11	26.2	7,848

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEVADA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.3	\$3	\$11	\$0	\$2	239,216
Age						
5 and younger	1.0	67	67	0	0	7
6-14	0.0	1	12	0	0	42
15-20	0.2	2	11	0	0	562
21-44	0.2	3	13	0	2	35,928
45-64	0.4	4	12	0	3	48,747
65-74	0.2	3	11	0	1	65,104
75-84	0.3	3	10	0	1	57,929
85 and older	0.3	3	11	0	2	30,897
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	11	0	1	147,876
Disabled	0.3	4	12	0	2	88,982
Adults	0.3	3	10	0	2	2,203
Children	0.3	1	4	0	0	56
Unknown	0.8	8	10	0	5	99
Gender						
Female	0.3	3	11	0	2	157,008
Male	0.2	3	11	0	1	82,208
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	11	0	2	150,414
African American	0.3	3	10	0	1	25,905
Other/unknown	0.1	2	11	0	1	62,897
Use of Nursing Facilities^d						
Entire year	0.6	7	12	0	5	21,069
Part year	0.5	5	11	0	3	16,201
None	0.2	3	11	0	1	201,946
Maintenance Assistance Status						
Cash	0.2	2	12	0	1	152,969
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	12	0	1	8,086
Other/unknown	0.5	5	11	0	3	78,161

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
NEVADA, 2007

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	11,114	\$67	\$750,194	100.0	67,483	\$11	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	5	5	27	0.0	9	3	0.0
Cough and cold medications	1,431	61	86,915	11.6	3,231	27	4.8
Vitamins and minerals	1,317	24	31,766	4.2	5,655	6	8.4
Non-prescription drugs	3,276	56	183,111	24.4	24,373	8	36.1
Barbiturates	164	67	10,942	1.5	1,522	7	2.3
Benzodiazepines	4,721	89	422,325	56.3	32,002	13	47.4
Other Part D Excl Rx Drugs	200	76	15,108	2.0	691	22	1.0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 NEVADA, 2007

Total Number of Dual Eligible Beneficiaries: 23,258
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$5,450,012
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$234

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,476	45.0	\$0	0.0
1-500	11,290	48.5	1,106,907	20.3
501-1,000	511	2.2	356,224	6.5
1,001-1,500	237	1.0	287,592	5.3
1,501-2,000	158	0.7	276,957	5.1
2,001-2,500	83	0.4	185,635	3.4
2,501-3,000	76	0.3	209,380	3.8
3,001-3,500	65	0.3	209,418	3.8
3,501-4,000	55	0.2	206,051	3.8
4,001-4,500	50	0.2	212,357	3.9
4,501-5,000	43	0.2	204,190	3.7
5,001-5,500	26	0.1	136,561	2.5
5,501-6,000	25	0.1	143,233	2.6
6,001-6,500	11	0.0	68,731	1.3
6,501-7,000	14	0.1	94,260	1.7
7,001-7,500	16	0.1	115,626	2.1
7,501-8,000	16	0.1	123,942	2.3
8,001-8,500	14	0.1	115,353	2.1
8,501-9,000	3	0.0	26,573	0.5
9,001-9,500	11	0.0	101,304	1.9
9,501-10,000	9	0.0	87,696	1.6
10,001+	69	0.3	1,182,022	21.7

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEVADA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 8,014
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,923,272
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$364

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	3,252	40.6	\$0	0.0	
1-500	3,998	49.9	425,322	14.5	
501-1,000	246	3.1	170,138	5.8	
1,001-1,500	113	1.4	138,097	4.7	
1,501-2,000	77	1.0	134,744	4.6	
2,001-2,500	45	0.6	100,213	3.4	
2,501-3,000	38	0.5	104,801	3.6	
3,001-3,500	39	0.5	126,428	4.3	
3,501-4,000	34	0.4	127,627	4.4	
4,001-4,500	31	0.4	131,834	4.5	
4,501-5,000	20	0.2	94,932	3.2	
5,001-5,500	15	0.2	79,042	2.7	
5,501-6,000	15	0.2	85,919	2.9	
6,001-6,500	6	0.1	37,545	1.3	
6,501-7,000	3	0.0	20,146	0.7	
7,001-7,500	9	0.1	65,689	2.2	
7,501-8,000	10	0.1	77,377	2.6	
8,001-8,500	8	0.1	65,583	2.2	
8,501-9,000	1	0.0	8,966	0.3	
9,001-9,500	7	0.1	64,408	2.2	
9,501-10,000	5	0.1	48,836	1.7	
10,001+	42	0.5	815,625	27.9	

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEVADA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 14,968
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,326,703
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$155

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,098	47.4	\$0	0.0
1-500	7,193	48.1	669,310	28.8
501-1,000	249	1.7	175,056	7.5
1,001-1,500	120	0.8	144,629	6.2
1,501-2,000	72	0.5	126,341	5.4
2,001-2,500	36	0.2	80,972	3.5
2,501-3,000	35	0.2	96,358	4.1
3,001-3,500	26	0.2	82,990	3.6
3,501-4,000	19	0.1	70,864	3.0
4,001-4,500	16	0.1	67,468	2.9
4,501-5,000	23	0.2	109,258	4.7
5,001-5,500	10	0.1	52,208	2.2
5,501-6,000	10	0.1	57,314	2.5
6,001-6,500	4	0.0	24,787	1.1
6,501-7,000	11	0.1	74,114	3.2
7,001-7,500	5	0.0	35,683	1.5
7,501-8,000	6	0.0	46,565	2.0
8,001-8,500	5	0.0	41,474	1.8
8,501-9,000	2	0.0	17,607	0.8
9,001-9,500	3	0.0	27,694	1.2
9,501-10,000	3	0.0	29,276	1.3
10,001+	22	0.1	296,735	12.8

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEVADA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,220
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,590,205
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$255

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,748	44.2	\$0	0.0
1-500	3,051	49.1	299,292	18.8
501-1,000	111	1.8	78,945	5.0
1,001-1,500	65	1.0	79,693	5.0
1,501-2,000	46	0.7	80,624	5.1
2,001-2,500	27	0.4	60,149	3.8
2,501-3,000	32	0.5	88,113	5.5
3,001-3,500	19	0.3	60,917	3.8
3,501-4,000	17	0.3	63,407	4.0
4,001-4,500	13	0.2	54,591	3.4
4,501-5,000	21	0.3	99,980	6.3
5,001-5,500	7	0.1	36,374	2.3
5,501-6,000	8	0.1	45,683	2.9
6,001-6,500	4	0.1	24,787	1.6
6,501-7,000	9	0.1	60,864	3.8
7,001-7,500	4	0.1	28,496	1.8
7,501-8,000	6	0.1	46,565	2.9
8,001-8,500	4	0.1	33,072	2.1
8,501-9,000	2	0.0	17,607	1.1
9,001-9,500	2	0.0	18,538	1.2
9,501-10,000	3	0.0	29,276	1.8
10,001+	21	0.3	283,232	17.8

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEVADA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,571
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$516,280
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$92

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,675	48.0	\$0	0.0
1-500	2,738	49.1	253,194	49.0
501-1,000	82	1.5	57,019	11.0
1,001-1,500	23	0.4	27,310	5.3
1,501-2,000	22	0.4	38,706	7.5
2,001-2,500	7	0.1	16,011	3.1
2,501-3,000	1	0.0	2,813	0.5
3,001-3,500	7	0.1	22,073	4.3
3,501-4,000	2	0.0	7,457	1.4
4,001-4,500	2	0.0	8,857	1.7
4,501-5,000	2	0.0	9,278	1.8
5,001-5,500	2	0.0	10,433	2.0
5,501-6,000	2	0.0	11,631	2.3
6,001-6,500	0	0.0	0	0.0
6,501-7,000	2	0.0	13,250	2.6
7,001-7,500	1	0.0	7,187	1.4
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.0	8,402	1.6
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.0	9,156	1.8
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	13,503	2.6

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEVADA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 3,177
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$220,218
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$69

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,675	52.7	\$0	0.0
1-500	1,404	44.2	116,824	53.0
501-1,000	56	1.8	39,092	17.8
1,001-1,500	32	1.0	37,626	17.1
1,501-2,000	4	0.1	7,011	3.2
2,001-2,500	2	0.1	4,812	2.2
2,501-3,000	2	0.1	5,432	2.5
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,020	1.8
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,401	2.5
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 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	23,316	14,356	8,565	377	6	12	240,496	147,889	89,228	3,218	62	99
Age												
5 and younger	1	0	1	0	0	0	7	0	7	0	0	0
6-14	5	0	3	0	2	0	44	0	25	0	19	0
15-20	57	0	53	1	3	0	572	0	533	8	31	0
21-44	3,548	0	3,319	227	1	1	36,750	0	34,829	1,897	12	12
45-64	4,735	4	4,638	84	0	9	49,157	30	48,371	682	0	74
65-74	6,222	5,786	422	12	0	2	65,139	60,857	4,172	97	0	13
75-84	5,571	5,454	95	22	0	0	57,930	56,753	948	229	0	0
85 and older	3,177	3,112	34	31	0	0	30,897	30,249	343	305	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	15,181	10,054	4,840	273	2	12	157,863	104,568	50,772	2,400	24	99
Male	8,135	4,302	3,725	104	4	0	82,633	43,321	38,456	818	38	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	14,745	8,473	6,024	233	3	12	151,031	85,566	63,330	2,000	36	99
African American	2,572	1,049	1,437	84	2	0	26,257	10,945	14,581	712	19	0
Other/unknown	5,999	4,834	1,104	60	1	0	63,208	51,378	11,317	506	7	0
Use of Nursing Facilities^c												
Entire year	2,141	1,863	278	0	0	0	21,069	18,075	2,994	0	0	0
Part year	1,680	1,379	298	3	0	0	16,201	13,196	2,972	33	0	0
None	19,495	11,114	7,989	374	6	12	203,226	116,618	83,262	3,185	62	99
Maintenance Assistance Status												
Cash	14,625	8,716	5,617	290	2	0	153,998	93,914	57,609	2,456	19	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	838	296	513	16	1	12	8,275	3,050	5,018	96	12	99
Other/unknown	7,853	5,344	2,435	71	3	0	78,223	50,925	26,601	666	31	0
Dual Status^d												
Full dual, all year	21,691	13,563	7,779	331	6	12	223,884	139,635	81,362	2,726	62	99
Full dual, part year	1,625	793	786	46	0	0	16,612	8,254	7,866	492	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	23,113	14,354	8,514	229	4	12	238,617	147,865	88,687	1,918	48	99
FFS part year, with Rx claims	69	0	20	49	0	0	678	0	226	452	0	0
FFS part year, no Rx claims	76	2	31	41	2	0	705	24	315	352	14	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	58	0	0	58	0	0	496	0	0	496	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of

their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, NEVADA, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	23,316	240,496	23,258	239,216	0	1,280
Fee-for-service (FFS) all year	23,113	238,617	23,113	238,617	0	0
FFS part year, with Rx claims	69	678	69	301	0	377
FFS part year, with no Rx claims	76	705	76	298	0	407
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	58	496	0	0	0	496

Source: Data for this table are from the MAX 2007 file for Nevada, released by CMS in 4/2010. This table was produced on 10/06/2010.

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