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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, WASHINGTON, 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	108,544	59,326	48,342	818	15	43	1,153,829	619,215	528,422	5,655	154	383
Age												
5 and younger	5	0	3	0	2	0	60	0	36	0	24	0
6-14	21	0	15	0	6	0	223	0	168	0	55	0
15-20	216	0	204	5	7	0	2,407	0	2,310	22	75	0
21-44	20,454	3	19,834	614	0	3	220,938	36	216,471	4,397	0	34
45-64	28,397	22	28,168	182	0	25	310,110	214	308,515	1,140	0	241
65-74	23,262	23,117	118	12	0	15	251,410	250,316	922	64	0	108
75-84	20,470	20,466	0	4	0	0	214,896	214,870	0	26	0	0
85 and older	15,719	15,718	0	1	0	0	153,785	153,779	0	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	67,271	41,451	25,170	595	12	43	717,492	435,054	277,669	4,268	118	383
Male	41,273	17,875	23,172	223	3	0	436,337	184,161	250,753	1,387	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	77,222	38,309	38,288	584	10	31	817,030	391,444	421,211	4,000	106	269
African American	5,453	1,858	3,524	70	0	1	57,571	19,746	37,363	450	0	12
Other/unknown	25,869	19,159	6,530	164	5	11	279,228	208,025	69,848	1,205	48	102
Use of Nursing Facilities^c												
Entire year	8,835	7,951	884	0	0	0	85,379	75,896	9,483	0	0	0
Part year	5,761	4,763	998	0	0	0	57,422	46,903	10,519	0	0	0
None	93,948	46,612	46,460	818	15	43	1,011,028	496,416	508,420	5,655	154	383
Maintenance Assistance Status												
Cash	55,738	26,287	29,283	168	0	0	614,538	294,735	318,794	1,009	0	0
Medically needy	1,576	678	896	2	0	0	16,045	6,981	9,053	11	0	0
Poverty-related	4,073	1,179	2,659	185	7	43	39,865	11,317	26,444	1,652	69	383
Other/unknown	47,157	31,182	15,504	463	8	0	483,381	306,182	174,131	2,983	85	0
Dual Medicare Status^d												
Full dual, all year	101,365	56,533	44,042	732	15	43	1,080,430	591,396	483,723	4,774	154	383
Full dual, part year	7,179	2,793	4,300	86	0	0	73,399	27,819	44,699	881	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,907	58,864	47,423	564	13	43	1,144,372	616,179	523,031	4,640	139	383
FFS part year, with Rx claims	1,367	374	775	216	2	0	8,104	2,501	4,705	883	15	0
FFS part year, no Rx claims	270	88	144	38	0	0	1,353	535	686	132	0	0

Source: Data for this table are from the MAX 2007 file for Washington, 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, WASHINGTON, 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	77.2	31.4	\$279	\$9	\$12,544	2.2	108,544
Age							
5 and younger	100.0	36.4	6,677	183	57,353	11.6	5
6-14	100.0	29.8	5,029	169	32,107	15.7	21
15-20	82.9	17.5	1,206	69	12,806	9.4	216
21-44	75.9	23.3	456	20	9,237	4.9	20,454
45-64	82.1	36.6	416	11	11,896	3.5	28,397
65-74	78.3	34.6	228	7	9,230	2.5	23,262
75-84	76.6	33.4	114	3	14,156	0.8	20,470
85 and older	68.8	25.6	69	3	20,782	0.3	15,719
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	75.2	31.8	146	5	13,986	1.0	59,326
Disabled	79.7	31.2	431	14	10,935	3.9	48,342
Adults	67.8	14.4	739	52	3,179	23.3	818
Children	93.3	36.7	3,821	104	18,111	21.1	15
Unknown	100.0	44.8	2,686	60	9,710	27.7	43
Gender							
Female	79.4	34.9	272	8	13,063	2.1	67,271
Male	73.5	25.8	290	11	11,699	2.5	41,273
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	76.4	32.5	292	9	13,868	2.1	77,222
African American	76.7	26.8	295	11	10,671	2.8	5,453
Other/unknown	79.6	29.3	236	8	8,988	2.6	25,869
Use of Nursing Facilities^f							
Entire year	44.7	5.1	75	15	39,717	0.2	8,835
Part year	73.3	19.9	179	9	25,209	0.7	5,761
None	80.5	34.6	304	9	9,212	3.3	93,948
Maintenance Assistance Status							
Cash	81.1	32.3	354	11	4,778	7.4	55,738
Medically needy	76.3	25.9	621	24	10,630	5.8	1,576
Poverty related	58.4	13.8	422	31	2,395	17.6	4,073
Other/unknown	74.2	32.0	165	5	22,664	0.7	47,157

Source: Data for this table are from the MAX 2007 file for Washington, 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, WASHINGTON, 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
			None	More than 0, but 1 or Less									
All	3.0	\$26	2.2	22.8		23.8	10.1	23.4	16.9	2.9	\$1,180	108,544	1,153,829
Age													
5 and younger	3.0	557	11.6	0.0	40.0	20.0	20.0	20.0	0.0	4,779	5	60	
6-14	2.8	474	15.7	0.0	23.8	28.6	42.9	0.0	4.8	3,024	21	223	
15-20	1.6	108	9.4	17.1	43.5	17.1	18.1	4.2	0.0	1,149	216	2,407	
21-44	2.2	42	4.9	24.1	30.2	12.7	22.3	9.2	1.6	855	20,454	220,938	
45-64	3.4	38	3.5	17.9	21.1	10.6	27.2	19.8	3.4	1,089	28,397	310,110	
65-74	3.2	21	2.5	21.7	23.2	9.5	23.3	19.0	3.4	854	23,262	251,410	
75-84	3.2	11	0.8	23.4	22.0	9.2	22.7	19.2	3.5	1,348	20,470	214,896	
85 and older	2.6	7	0.3	31.2	23.5	8.0	18.7	16.2	2.4	2,124	15,719	153,785	
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	3.0	14	1.0	24.8	22.9	9.0	21.9	18.3	3.2	1,340	59,326	619,215	
Disabled	2.9	39	3.9	20.3	24.9	11.5	25.3	15.4	2.6	1,000	48,342	528,422	
Adults	2.1	107	23.3	32.2	27.3	9.7	16.9	8.4	5.6	460	818	5,655	
Children	3.6	372	21.1	6.7	20.0	6.7	46.7	20.0	0.0	1,764	15	154	
Unknown	5.0	302	27.7	0.0	7.0	7.0	46.5	34.9	4.7	1,090	43	383	
Gender													
Female	3.3	26	2.1	20.6	22.4	9.7	24.1	19.6	3.6	1,225	67,271	717,492	
Male	2.4	27	2.5	26.5	26.1	10.8	22.2	12.6	1.8	1,107	41,273	436,337	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	3.1	28	2.1	23.6	22.7	9.6	22.8	17.9	3.4	1,311	77,222	817,030	
African American	2.5	28	2.8	23.3	29.0	11.2	20.6	13.5	2.3	1,011	5,453	57,571	
Other/unknown	2.7	22	2.6	20.4	26.2	11.6	25.5	14.7	1.6	833	25,869	279,228	
Use of Nursing Facilities^f													
Entire year	0.5	8	0.2	55.3	33.6	4.7	3.8	1.8	0.8	4,110	8,835	85,379	
Part year	2.0	18	0.7	26.7	35.6	9.8	16.3	9.7	1.8	2,529	5,761	57,422	
None	3.2	28	3.3	19.5	22.2	10.7	25.6	18.8	3.2	856	93,948	1,011,028	
Maintenance Assistance Status													
Cash	2.9	32	7.4	18.9	25.2	11.6	25.5	16.2	2.6	433	55,738	614,538	
Medically needy	2.5	61	5.8	23.7	27.0	11.4	22.3	13.5	2.2	1,044	1,576	16,045	
Poverty related	1.4	43	17.6	41.6	29.1	9.4	13.8	5.2	0.8	245	4,073	39,865	
Other/unknown	3.1	16	0.7	25.8	21.6	8.4	21.7	18.9	3.5	2,211	47,157	483,381	

Source: Data for this table are from the MAX 2007 file for Washington, 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, WASHINGTON, 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	3.0	\$26	\$9	0.9	\$18	\$20	0.1	\$1	\$12	2.0	\$7	\$4
Age												
5 and younger	3.0	557	183	1.2	530	448	0.1	2	36	1.7	23	13
6-14	2.8	474	169	1.3	443	334	0.1	2	19	1.3	27	20
15-20	1.6	108	69	0.6	94	169	0.0	2	50	1.0	12	12
21-44	2.2	42	20	0.7	33	49	0.1	2	27	1.4	8	6
45-64	3.4	38	11	1.0	26	27	0.1	2	17	2.3	10	4
65-74	3.2	21	7	1.0	13	14	0.1	1	9	2.1	7	3
75-84	3.2	11	3	1.0	6	6	0.1	1	5	2.1	5	2
85 and older	2.6	7	3	0.7	3	4	0.1	0	4	1.8	4	2
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.0	14	5	0.9	8	9	0.1	1	6	2.0	5	3
Disabled	2.9	39	14	0.8	29	34	0.1	2	20	1.9	9	5
Adults	2.1	107	52	0.5	82	152	0.1	3	54	1.5	23	15
Children	3.6	372	104	1.5	348	234	0.1	1	15	2.0	23	12
Unknown	5.0	302	60	1.6	247	154	0.1	8	56	3.3	46	14
Gender												
Female	3.3	26	8	1.0	17	18	0.1	1	10	2.2	7	3
Male	2.4	27	11	0.8	20	26	0.1	1	15	1.6	6	4
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.1	28	9	0.9	19	21	0.1	1	12	2.1	7	4
African American	2.5	28	11	0.7	20	29	0.1	2	16	1.7	7	4
Other/unknown	2.7	22	8	0.9	15	17	0.1	1	10	1.7	6	3
Use of Nursing Facilities^e												
Entire year	0.5	8	15	0.1	4	51	0.0	0	21	0.4	3	8
Part year	2.0	18	9	0.5	11	22	0.1	1	10	1.4	6	4
None	3.2	28	9	1.0	20	20	0.1	1	12	2.1	7	3
Maintenance Assistance Status												
Cash	2.9	32	11	0.9	23	25	0.1	2	14	1.9	8	4
Medically needy	2.5	61	24	0.7	47	63	0.1	2	26	1.7	11	7
Poverty related	1.4	43	31	0.4	33	81	0.0	2	35	1.0	8	9
Other/unknown	3.1	16	5	0.9	9	11	0.1	1	7	2.1	6	3

Source: Data for this table are from the MAX 2007 file for Washington, 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, WASHINGTON, 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	0.3	0.0	0.0	0.2	\$4	\$3	\$0	\$1	\$16	\$70	\$30	\$4	107,715	\$1,694,260	36,526	33.7	411,553
Biologicals	0.1	0.1	0.0	0.0	20	20	0	0	208	208	0	0	511	106,452	462	0.4	5,226
Antineoplastic Agents	0.4	0.1	0.0	0.3	16	13	1	2	35	87	517	8	10,471	368,541	2,157	2.0	23,392
Endocrine/Metabolic Drugs	0.9	0.4	0.0	0.5	5	4	0	1	6	12	5	2	376,312	2,328,763	38,159	35.2	425,773
Cardiovascular Agents	1.5	0.4	0.1	1.1	6	3	1	2	4	9	8	2	882,971	3,665,178	52,262	48.1	580,004
Respiratory Agents	0.6	0.3	0.0	0.2	7	5	0	2	12	14	17	7	214,107	2,495,580	31,968	29.5	360,731
Gastrointestinal Agents	0.6	0.2	0.1	0.3	5	4	1	1	9	21	11	2	208,355	1,857,650	32,503	29.9	363,764
Genitourinary Agents	0.5	0.2	0.0	0.2	3	2	0	1	6	9	5	3	65,093	367,801	12,180	11.2	136,554
CNS Drugs	1.1	0.3	0.0	0.7	15	11	0	4	14	35	12	5	605,774	8,585,297	50,958	46.9	559,797
Stimulants/Anti-obesity/Aorexia	0.5	0.3	0.0	0.3	14	13	0	1	26	47	18	5	8,466	223,956	1,420	1.3	15,995
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	10	10	0	0	17	17	3	4	35,003	596,235	5,391	5.0	58,373
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	5	2	0	3	7	41	44	4	323,316	2,173,501	42,131	38.8	469,111
Neuromuscular Agents	0.8	0.3	0.0	0.5	10	7	1	2	13	29	24	5	255,385	3,344,546	29,256	27.0	327,159
Nutritional Products	0.5	0.0	0.0	0.5	2	0	0	2	4	18	8	4	75,135	303,979	13,419	12.4	147,619
Hematological Agents	0.7	0.2	0.0	0.5	6	4	0	2	9	21	5	4	100,495	891,773	13,803	12.7	150,075
Topical Products	0.4	0.1	0.0	0.2	2	2	0	1	6	11	9	3	132,492	834,154	29,845	27.5	339,928
Miscellaneous Products	0.2	0.1	0.0	0.1	15	13	0	1	67	98	77	16	5,305	353,325	2,105	1.9	23,784
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	13	0	0	0	3,319	44,098	1,188	1.1	13,473
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.	3,410,225	30,235,089	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Washington, 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 Washington, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 - e. 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, WASHINGTON, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$5,000,667	22,583	20.8	252,561	0.6	\$33	\$20	
ULCER DRUGS	3,396,031	38,116	35.1	428,970	0.5	15	8	
ANTICONVULSANT	2,912,644	24,046	22.2	270,772	0.6	17	11	
DIAGNOSTIC PRODUCTS	2,318,812	7,749	7.1	87,978	0.4	74	26	
ANTIDEPRESSANTS	1,906,027	44,953	41.4	502,516	0.5	7	4	
ANTIHYPERTENSIVE	1,617,024	32,615	30.0	370,547	0.6	8	4	
ANTIASTHMATIC	1,614,504	31,044	28.6	350,306	0.4	12	5	
ANTIDIABETIC	1,388,352	29,290	27.0	330,333	0.6	7	4	
ANTIVIRAL	1,125,171	3,435	3.2	39,063	0.3	109	29	
ANALGESICS - Narcotic	1,121,873	49,007	45.1	549,503	0.4	5	2	
Total	22,401,105	282,838	n.a.	3,182,549	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Washington, 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.

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, WASHINGTON, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,617,348	\$22,401,105	22,583	20.8	252,561	0.6	\$20	38,116	35.1	428,970	0.5	\$8
Female												
All Females	1,072,633	12,976,489	12,589	18.7	140,574	0.6	17	26,437	39.3	298,331	0.5	8
Female, Disabled												
All Ages	504,922	8,313,137	8,113	32.2	92,592	0.6	21	10,309	41.0	118,390	0.5	9
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	44	2,169	0	0.0	0	0.0	0	2	40.0	24	0.5	25
15-20	650	31,390	13	14.9	156	0.4	55	19	21.8	227	0.4	12
21-44	142,236	3,183,612	3,342	37.0	38,002	0.5	27	2,790	30.9	31,938	0.4	8
45-64	360,876	5,069,936	4,749	29.7	54,367	0.6	17	7,469	46.8	85,930	0.5	9
65-74	1,116	26,030	9	13.6	67	1.0	8	29	43.9	271	0.6	8
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	567,711	4,663,352	4,476	10.6	47,982	0.6	8	16,128	38.3	179,941	0.6	7
5 and younger	7	625	0	0.0	0	0.0	0	2	200.0	24	0.2	25
6-14	8	133	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	59	4,932	0	0.0	0	0.0	0	5	45.5	59	0.4	18
21-44	3,258	167,944	75	15.4	662	0.5	80	86	17.7	745	0.3	13
45-64	1,921	138,891	18	12.7	138	0.7	201	42	29.6	358	0.6	42
65-74	252,641	2,561,606	1,519	10.3	17,168	0.6	13	6,550	44.4	75,250	0.5	8
75-84	199,092	1,200,656	1,524	10.8	16,473	0.6	3	5,600	39.6	62,956	0.6	6
85 and older	110,725	588,565	1,340	10.7	13,541	0.6	2	3,843	30.6	40,549	0.6	7
Male												
All Males	544,715	9,424,616	9,994	24.2	111,987	0.6	24	11,679	28.3	130,639	0.5	8
Male, Disabled												
All Ages	335,543	7,437,070	8,480	36.6	96,045	0.6	26	5,883	25.4	66,573	0.5	9
5 and younger	4	63	0	0.0	0	0.0	0	2	100.0	24	0.1	2
6-14	35	400	0	0.0	0	0.0	0	4	40.0	48	0.5	2
15-20	980	90,562	30	25.6	359	0.7	159	18	15.4	216	0.5	16
21-44	132,860	3,678,100	4,365	40.4	49,461	0.6	33	2,179	20.2	24,880	0.5	9
45-64	201,063	3,654,312	4,081	33.5	46,192	0.7	18	3,663	30.0	41,269	0.6	10
65-74	601	13,633	4	7.7	33	1.1	76	17	32.7	136	0.4	7
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	209,172	1,987,546	1,514	8.4	15,942	0.6	9	5,796	32.0	64,066	0.5	7
5 and younger	7	1,849	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	150	0	0.0	0	0.0	0	1	100.0	12	0.1	13
15-20	32	253	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	993	49,048	13	9.7	124	0.4	46	18	13.4	150	0.5	12
45-64	934	56,565	9	10.3	92	0.5	95	17	19.5	152	0.9	50
65-74	110,200	1,288,030	727	8.7	8,176	0.6	14	2,836	33.8	32,150	0.5	8
75-84	72,290	440,681	472	7.5	4,886	0.5	3	2,062	32.6	22,786	0.6	6
85 and older	24,715	150,970	293	9.2	2,664	0.5	3	862	27.2	8,816	0.6	7
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 Washington, 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.

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, WASHINGTON, 2007

Beneficiary Characteristics	ANTICONVULSANT					DIAGNOSTIC PRODUCTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	24,046	22.2	270,772	0.6	\$11	7,749	7.1	87,978	0.4	\$26	44,953	41.4	502,516	0.5	\$4
Female															
All Females	15,209	22.6	171,474	0.6	10	5,112	7.6	58,293	0.4	26	31,648	47.0	354,797	0.5	4
Female, Disabled															
All Ages	9,866	39.2	112,485	0.6	13	2,067	8.2	23,558	0.3	26	17,376	69.0	198,110	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	24	27.6	283	0.7	51	2	2.3	24	0.1	4	29	33.3	343	0.3	9
21-44	3,603	39.9	40,814	0.6	18	505	5.6	5,684	0.3	28	5,454	60.3	61,996	0.5	6
45-64	6,228	39.0	71,291	0.6	10	1,552	9.7	17,774	0.3	26	11,865	74.3	135,562	0.5	5
65-74	11	16.7	97	0.9	17	8	12.1	76	0.2	17	28	42.4	209	0.7	13
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	5,343	12.7	58,989	0.6	5	3,045	7.2	34,735	0.4	26	14,272	33.9	156,687	0.6	2
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	2	18.2	16	0.4	59	0	0.0	0	0.0	0
21-44	99	20.4	824	0.5	50	23	4.7	199	0.4	27	159	32.7	1,269	0.5	15
45-64	39	27.5	339	0.7	88	14	9.9	134	0.3	23	89	62.7	783	0.5	25
65-74	2,479	16.8	28,381	0.6	5	1,591	10.8	18,285	0.4	27	5,931	40.2	67,918	0.5	2
75-84	1,755	12.4	19,337	0.6	2	1,031	7.3	11,817	0.4	26	4,699	33.2	51,419	0.6	1
85 and older	971	7.7	10,108	0.6	2	384	3.1	4,284	0.3	23	3,394	27.0	35,298	0.6	1
Male															
All Males	8,837	21.4	99,298	0.7	12	2,637	6.4	29,685	0.4	27	13,305	32.2	147,719	0.5	4
Male, Disabled															
All Ages	6,997	30.2	79,276	0.7	14	1,283	5.5	14,360	0.4	29	9,238	39.9	103,564	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	3	30.0	30	0.3	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	20	17.1	230	0.9	74	2	1.7	17	0.6	52	27	23.1	312	0.7	11
21-44	3,282	30.4	37,311	0.7	18	386	3.6	4,357	0.3	30	4,000	37.1	45,379	0.5	6
45-64	3,687	30.2	41,651	0.7	11	891	7.3	9,957	0.4	28	5,202	42.7	57,806	0.5	5
65-74	5	9.6	54	1.1	3	4	7.7	29	0.6	51	9	17.3	67	0.6	2
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	1,840	10.2	20,022	0.6	4	1,354	7.5	15,325	0.4	26	4,067	22.5	44,155	0.5	2
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	100.0	12	0.8	9	0	0.0	0	0.0	0	2	200.0	24	1.0	6
21-44	21	15.7	168	0.5	24	4	3.0	25	0.5	74	44	32.8	365	0.5	17
45-64	7	8.0	57	0.6	7	3	3.4	28	0.9	64	26	29.9	206	0.4	18
65-74	1,012	12.1	11,403	0.6	6	772	9.2	8,771	0.4	27	1,939	23.1	21,854	0.5	2
75-84	600	9.5	6,420	0.5	2	460	7.3	5,239	0.3	23	1,399	22.1	15,150	0.6	1
85 and older	199	6.3	1,962	0.6	3	115	3.6	1,262	0.4	24	657	20.7	6,556	0.5	1
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 Washington, 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.

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, WASHINGTON, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	32,615	30.0	370,547	0.6	\$4	31,044	28.6	350,306	0.4	\$5	29,290	27.0	330,333	0.6	\$4
Female															
All Females	21,126	31.4	240,525	0.6	4	21,287	31.6	241,555	0.4	4	19,538	29.0	220,928	0.6	4
Female, Disabled															
All Ages	6,855	27.2	78,885	0.5	5	10,411	41.4	119,586	0.3	5	6,871	27.3	78,658	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	1	20.0	12	0.6	8	3	60.0	36	0.6	35	0	0.0	0	0.0	0
15-20	2	2.3	17	0.1	1	22	25.3	251	0.1	7	2	2.3	24	0.5	2
21-44	1,077	11.9	12,400	0.4	6	2,861	31.7	32,689	0.3	6	1,358	15.0	15,585	0.5	7
45-64	5,745	36.0	66,170	0.5	5	7,500	47.0	86,355	0.3	5	5,489	34.4	62,861	0.5	5
65-74	30	45.5	286	0.6	24	25	37.9	255	0.5	21	22	33.3	188	0.8	24
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	14,271	33.9	161,640	0.6	3	10,876	25.8	121,969	0.4	3	12,667	30.1	142,270	0.6	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	1	20.0	12	0.1	0	0	0.0	0	0.0	0
15-20	2	18.2	16	0.3	8	0	0.0	0	0.0	0	2	18.2	16	1.5	138
21-44	18	3.7	152	0.3	15	73	15.0	586	0.3	15	47	9.7	386	0.4	20
45-64	31	21.8	242	0.7	38	32	22.5	284	0.3	24	42	29.6	382	0.7	48
65-74	6,780	45.9	78,043	0.6	5	5,296	35.9	60,706	0.4	4	6,143	41.6	70,110	0.6	4
75-84	5,369	38.0	60,793	0.6	3	3,714	26.3	41,826	0.4	2	4,681	33.1	52,697	0.6	2
85 and older	2,071	16.5	22,394	0.7	2	1,760	14.0	18,555	0.4	1	1,752	14.0	18,679	0.6	2
Male															
All Males	11,489	27.8	130,022	0.6	5	9,757	23.6	108,751	0.4	5	9,752	23.6	109,405	0.6	5
Male, Disabled															
All Ages	5,084	21.9	57,795	0.5	6	4,850	20.9	54,616	0.4	6	4,418	19.1	49,920	0.6	7
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	20.0	24	0.1	0	0	0.0	0	0.0	0
15-20	4	3.4	48	0.6	12	18	15.4	204	0.2	8	5	4.3	53	0.4	22
21-44	1,379	12.8	15,866	0.5	6	1,651	15.3	18,884	0.3	6	1,195	11.1	13,649	0.6	9
45-64	3,681	30.2	41,699	0.6	6	3,154	25.9	35,300	0.4	6	3,198	26.2	36,038	0.6	6
65-74	20	38.5	182	0.5	5	24	46.2	192	0.5	5	20	38.5	180	0.6	15
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	6,405	35.4	72,227	0.6	4	4,907	27.1	54,135	0.4	5	5,334	29.5	59,485	0.6	3
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	12	9.0	92	0.6	30	22	16.4	138	0.3	17	9	6.7	50	0.9	150
45-64	18	20.7	159	0.6	26	22	25.3	218	0.4	38	19	21.8	180	0.6	48
65-74	3,422	40.8	39,049	0.6	5	2,545	30.4	28,668	0.5	7	2,902	34.6	32,882	0.6	4
75-84	2,299	36.3	25,919	0.6	3	1,681	26.6	18,497	0.4	2	1,887	29.8	21,049	0.6	2
85 and older	654	20.6	7,008	0.7	2	637	20.1	6,614	0.4	2	517	16.3	5,324	0.6	1
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 Washington, 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, WASHINGTON, 2007

Beneficiary Characteristics	ANTIVIRAL					ANALGESICS - Narcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	3,435	3.2	39,063	0.3	\$29	49,007	45.1	549,503	0.4	\$2	108,544	1,153,829
Female												
All Females	1,949	2.9	22,355	0.2	15	34,065	50.6	383,571	0.4	2	67,271	717,492
Female, Disabled												
All Ages	1,249	5.0	14,411	0.3	21	17,955	71.3	204,707	0.4	2	25,170	277,669
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	20.0	12	0.1	16	2	40.0	24	0.1	1	5	60
15-20	3	3.4	36	0.2	1	43	49.4	502	0.2	1	87	999
21-44	486	5.4	5,579	0.3	25	6,003	66.4	68,089	0.4	3	9,038	98,892
45-64	757	4.7	8,760	0.3	19	11,878	74.4	135,811	0.5	2	15,973	177,177
65-74	2	3.0	24	0.1	1	29	43.9	281	0.7	4	66	529
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	700	1.7	7,944	0.2	3	16,110	38.3	178,864	0.4	1	42,101	439,823
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.1	1	1	12
6-14	1	20.0	6	0.7	20	2	40.0	18	0.2	1	5	43
15-20	2	18.2	16	0.1	37	2	18.2	24	0.1	1	11	85
21-44	22	4.5	185	0.2	20	294	60.5	2,612	0.4	7	486	3,618
45-64	3	2.1	33	0.1	9	104	73.2	863	0.5	11	142	1,047
65-74	334	2.3	3,868	0.2	4	7,023	47.6	80,417	0.4	1	14,765	161,175
75-84	208	1.5	2,422	0.2	1	5,336	37.7	59,617	0.4	1	14,142	149,850
85 and older	130	1.0	1,414	0.2	1	3,347	26.7	35,289	0.4	1	12,549	123,993
Male												
All Males	1,486	3.6	16,708	0.3	48	14,942	36.2	165,932	0.4	3	41,273	436,337
Male, Disabled												
All Ages	1,242	5.4	13,912	0.3	55	9,587	41.4	106,904	0.4	4	23,172	250,753
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	0	2	24
6-14	0	0.0	0	0.0	0	1	10.0	12	0.1	0	10	108
15-20	12	10.3	144	0.2	35	43	36.8	501	0.2	1	117	1,311
21-44	572	5.3	6,510	0.3	51	4,093	37.9	45,982	0.4	3	10,796	117,579
45-64	657	5.4	7,254	0.3	60	5,435	44.6	60,267	0.4	4	12,195	131,338
65-74	1	1.9	4	0.8	1	14	26.9	130	0.7	29	52	393
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	244	1.3	2,796	0.2	10	5,355	29.6	59,028	0.3	1	18,101	185,584
5 and younger	1	100.0	12	0.5	153	1	100.0	12	0.1	1	1	12
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	1	12
21-44	2	1.5	15	0.5	82	87	64.9	628	0.7	25	134	849
45-64	1	1.1	3	1.3	1,626	50	57.5	418	0.7	21	87	548
65-74	133	1.6	1,556	0.2	12	2,837	33.9	32,069	0.3	1	8,379	89,313
75-84	88	1.4	999	0.2	1	1,738	27.5	19,273	0.3	1	6,328	65,046
85 and older	19	0.6	211	0.1	0	642	20.3	6,628	0.3	1	3,170	29,792
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 Washington, 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.

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$8	0.5	8,835	85,379
Age				
0-64	22	0.8	871	9,383
65-74	21	0.9	1,126	11,282
75-84	5	0.5	2,543	24,476
85 and older	3	0.4	4,295	40,238
Unknown	0	0.0	0	0
Gender				
Female	6	0.5	6,339	62,040
Male	11	0.6	2,496	23,339
Unknown	0	0.0	0	0
Race				
White	7	0.5	7,460	72,021
African American	8	0.5	216	2,305
Other/unknown	14	0.6	1,159	11,053
Basis of Eligibility^c				
Aged	6	0.5	7,951	75,896
Disabled	24	0.9	884	9,483
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 Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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, WASHINGTON, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$4	\$3	\$0	\$2	\$16	\$36	\$4	\$8	901	\$14,026	374	4.2	3,136
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	23	23	0	0	24	542	23	0.3	215
Antineoplastic Agents	0.4	0.1	0.0	0.3	18	11	0	7	46	204	14	21	175	8,109	59	0.7	442
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	12	10	0	2	22	46	34	6	2,308	50,844	504	5.7	4,121
Cardiovascular Agents	0.9	0.1	0.1	0.7	8	4	1	3	9	30	13	5	5,172	47,692	754	8.5	6,080
Respiratory Agents	0.3	0.1	0.0	0.2	6	3	0	2	19	38	19	12	1,304	25,091	446	5.0	4,204
Gastrointestinal Agents	0.4	0.1	0.0	0.3	11	6	2	3	24	64	39	9	1,466	35,404	408	4.6	3,280
Genitourinary Agents	0.4	0.2	0.0	0.2	7	4	0	2	19	27	23	11	555	10,363	194	2.2	1,583
CNS Drugs	0.6	0.1	0.0	0.5	9	4	0	4	14	61	34	8	15,534	215,641	2,619	29.6	25,176
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.4	2	0	0	2	5	5	0	5	23	110	5	0.1	54
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	22	22	0	0	40	40	0	0	731	29,532	167	1.9	1,369
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	11	6	0	5	18	173	10	9	2,076	37,351	424	4.8	3,301
Neuromuscular Agents	0.8	0.1	0.0	0.7	14	7	0	7	17	71	54	10	4,753	81,250	578	6.5	5,711
Nutritional Products	0.5	0.0	0.0	0.4	4	0	0	3	9	20	13	8	2,276	21,209	536	6.1	5,009
Hematological Agents	0.7	0.0	0.0	0.7	7	3	0	4	9	76	8	6	6,846	64,447	982	11.1	9,349
Topical Products	0.3	0.1	0.0	0.2	6	4	0	1	16	29	23	7	913	14,966	313	3.5	2,663
Miscellaneous Products	0.1	0.1	0.0	0.0	3	3	0	0	24	28	0	3	90	2,131	71	0.8	712
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	10	0	0	0	61	625	25	0.3	258
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.	45,208	659,333	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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 Washington, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, WASHINGTON, 2007

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ULCER DRUGS	\$176,982	1,229	13.9	12,299	0.6	\$25	\$14	
ANTI-ANXIETY AGENTS	87,219	1,993	22.6	19,944	0.5	8	4	
ANTICONVULSANTS	76,644	538	6.1	5,470	0.8	18	14	
ANTI-PSYCHOTICS	64,269	258	2.9	2,275	0.4	64	28	
HEMATOPOIETIC AGENTS	48,612	933	10.6	9,361	0.7	8	5	
HYPNOTICS	37,041	288	3.3	2,883	0.7	20	13	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	29,532	194	2.2	1,641	0.4	40	18	
ANTI-DEPRESSANTS	27,146	592	6.7	4,968	0.4	13	5	
ANTI-DIABETIC	26,411	347	3.9	2,988	0.4	20	9	
COUGH/COLD/ALLERGY	25,436	532	6.0	5,529	0.3	16	5	
Total	599,292	6,904	n.a.	67,358	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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.

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, WASHINGTON, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ULCER DRUGS				ANTIANKXIETY AGENTS				
	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	36,668	\$599,292	1,229	13.9	12,299	0.6	\$14	1,993	22.6	19,944	0.5	\$4
Female												
All Females	25,743	381,314	888	14.0	9,022	0.6	14	1,454	22.9	14,694	0.5	4
Female, Disabled												
All Ages	3,594	80,449	66	15.0	731	0.5	16	164	37.4	1,751	0.7	7
64 or younger	3,510	75,108	64	14.9	707	0.6	17	162	37.7	1,746	0.7	7
65-74	84	5,341	2	22.2	24	0.3	9	2	22.2	5	0.6	4
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	22,149	300,865	822	13.9	8,291	0.6	13	1,290	21.9	12,943	0.5	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,356	94,477	102	15.4	1,112	0.6	18	193	29.1	2,008	0.6	5
75-84	7,131	82,264	242	13.9	2,490	0.5	12	411	23.5	4,152	0.5	4
85 and older	10,662	124,124	478	13.7	4,689	0.6	13	686	19.7	6,783	0.4	3
Male												
All Males	10,925	217,978	341	13.7	3,277	0.6	17	539	21.6	5,250	0.6	5
Male, Disabled												
All Ages	3,309	89,256	76	17.1	811	0.6	25	161	36.2	1,755	0.7	8
64 or younger	3,255	86,398	75	17.0	799	0.6	25	160	36.3	1,743	0.7	8
65-74	54	2,858	1	25.0	12	0.5	13	1	25.0	12	0.8	5
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	7,616	128,722	265	12.9	2,466	0.6	14	378	18.4	3,495	0.5	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,546	70,721	70	15.6	718	0.5	17	94	20.9	950	0.7	5
75-84	2,632	31,180	89	11.2	832	0.5	12	143	18.0	1,273	0.5	3
85 and older	2,438	26,821	106	13.2	916	0.6	15	141	17.5	1,272	0.4	3
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 Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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, WASHINGTON, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					HEMATOPOIETIC AGENTS				
	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	538	6.1	5,470	0.8	\$14	258	2.9	2,275	0.4	\$28	933	10.6	9,361	0.7	\$5
Female															
All Females	373	5.9	3,803	0.8	11	159	2.5	1,478	0.4	16	650	10.3	6,741	0.6	4
Female, Disabled															
All Ages	83	18.9	884	0.9	18	12	2.7	120	0.4	48	48	10.9	545	0.6	4
64 or younger	81	18.8	869	0.9	17	12	2.8	120	0.4	48	47	10.9	533	0.6	4
65-74	2	22.2	15	1.7	94	0	0.0	0	0.0	0	1	11.1	12	0.1	11
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	290	4.9	2,919	0.7	9	147	2.5	1,358	0.4	13	602	10.2	6,196	0.7	4
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	63	9.5	676	0.8	18	29	4.4	302	0.5	46	87	13.1	937	0.7	10
75-84	115	6.6	1,188	0.7	6	52	3.0	479	0.4	6	161	9.2	1,673	0.6	4
85 and older	112	3.2	1,055	0.7	7	66	1.9	577	0.3	2	354	10.1	3,586	0.6	3
Male															
All Males	165	6.6	1,667	0.8	20	99	4.0	797	0.6	51	283	11.3	2,620	0.7	7
Male, Disabled															
All Ages	54	12.1	607	0.9	27	19	4.3	188	0.9	116	38	8.5	373	0.6	11
64 or younger	53	12.0	595	0.9	28	18	4.1	176	0.9	110	37	8.4	372	0.6	11
65-74	1	25.0	12	0.9	7	1	25.0	12	1.3	206	1	25.0	1	1.0	4
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	111	5.4	1,060	0.8	17	80	3.9	609	0.4	32	245	11.9	2,247	0.7	7
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	43	9.6	442	0.9	29	24	5.3	178	0.7	85	55	12.2	509	0.7	15
75-84	44	5.5	423	0.6	6	31	3.9	260	0.4	15	105	13.2	980	0.7	4
85 and older	24	3.0	195	0.9	11	25	3.1	171	0.3	1	85	10.5	758	0.7	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 2007 file for Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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, WASHINGTON, 2007

Beneficiary Characteristics	HYPNOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	288	3.3	2,883	0.7	\$13	194	2.2	1,641	0.4	\$18	592	6.7	4,968	0.4	\$6
Female															
All Females	190	3.0	1,903	0.6	15	134	2.1	1,195	0.4	21	435	6.9	3,732	0.4	5
Female, Disabled															
All Ages	38	8.7	399	0.9	7	5	1.1	60	0.6	301	36	8.2	334	0.5	21
64 or younger	38	8.8	399	0.9	7	4	0.9	48	0.5	341	34	7.9	310	0.5	19
65-74	0	0.0	0	0.0	0	1	11.1	12	1.0	142	2	22.2	24	0.8	50
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	152	2.6	1,504	0.6	17	129	2.2	1,135	0.4	6	399	6.8	3,398	0.4	3
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	32	4.8	335	0.7	19	11	1.7	103	0.6	31	69	10.4	668	0.5	11
75-84	55	3.1	550	0.5	20	52	3.0	428	0.4	2	134	7.7	1,166	0.3	1
85 and older	65	1.9	619	0.5	13	66	1.9	604	0.4	5	196	5.6	1,564	0.3	1
Male															
All Males	98	3.9	980	0.7	10	60	2.4	446	0.5	10	157	6.3	1,236	0.5	8
Male, Disabled															
All Ages	42	9.4	479	0.8	8	2	0.4	24	0.3	25	19	4.3	198	0.6	22
64 or younger	42	9.5	479	0.8	8	2	0.5	24	0.3	25	18	4.1	186	0.5	23
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.8	8
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	56	2.7	501	0.6	11	58	2.8	422	0.5	9	138	6.7	1,038	0.4	5
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	17	3.8	149	0.6	13	7	1.6	54	0.7	51	41	9.1	307	0.6	12
75-84	24	3.0	223	0.6	13	24	3.0	161	0.4	3	52	6.5	419	0.4	2
85 and older	15	1.9	129	0.7	5	27	3.3	207	0.5	3	45	5.6	312	0.4	1
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 Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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, WASHINGTON, 2007

Beneficiary Characteristics	ANTIDIABETIC					COUGH/COLD/ALLERGY							
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
All	347	3.9	2,988	0.4	\$9	532	6.0	5,529	0.3	\$5	8,835	85,379	
Female													
All Females	218	3.4	1,923	0.4	8	402	6.3	4,191	0.3	4	6,339	62,040	
Female, Disabled													
All Ages	27	6.2	266	0.5	11	23	5.2	241	0.4	6	439	4,752	
64 or younger	26	6.0	254	0.5	9	23	5.3	241	0.4	6	430	4,679	
65-74	1	11.1	12	1.4	56	0	0.0	0	0.0	0	9	73	
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	191	3.2	1,657	0.4	7	379	6.4	3,950	0.3	4	5,900	57,288	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	52	7.8	533	0.6	20	51	7.7	598	0.3	4	664	6,803	
75-84	77	4.4	624	0.4	2	112	6.4	1,145	0.3	6	1,747	17,262	
85 and older	62	1.8	500	0.3	1	216	6.2	2,207	0.2	4	3,489	33,223	
Male													
All Males	129	5.2	1,065	0.5	11	130	5.2	1,338	0.3	5	2,496	23,339	
Male, Disabled													
All Ages	22	4.9	224	0.4	13	19	4.3	207	0.4	8	445	4,731	
64 or younger	22	5.0	224	0.4	13	19	4.3	207	0.4	8	441	4,704	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	27	
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	107	5.2	841	0.5	10	111	5.4	1,131	0.3	5	2,051	18,608	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	31	6.9	262	0.8	29	33	7.3	336	0.4	7	449	4,379	
75-84	33	4.1	259	0.4	2	36	4.5	357	0.2	4	796	7,214	
85 and older	43	5.3	320	0.4	2	42	5.2	438	0.2	4	806	7,015	
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 Washington, 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 5,761 beneficiaries who were in nursing facilities for part of their enrollment and their 57,422 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}
WASHINGTON, 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	66,035	60.8	8.5	926,623	\$73	\$7,929,550	\$9	26.2	108,544	
Age										
5 and younger	5	100.0	12.4	62	193	964	16	2.9	5	
6-14	19	90.5	11.0	231	228	4,786	21	4.5	21	
15-20	93	43.1	3.1	677	38	8,300	12	3.2	216	
21-44	9,883	48.3	4.8	97,727	45	926,789	9	9.9	20,454	
45-64	17,946	63.2	9.0	255,167	82	2,325,907	9	19.7	28,397	
65-74	14,705	63.2	9.3	215,760	79	1,848,445	9	34.9	23,262	
75-84	13,394	65.4	10.2	208,468	82	1,681,995	8	72.0	20,470	
85 and older	9,990	63.6	9.4	148,531	72	1,132,364	8	104.9	15,719	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	38,013	64.1	9.6	572,014	78	4,655,748	8	53.9	59,326	
Disabled	27,672	57.2	7.3	352,499	67	3,253,732	9	15.6	48,342	
Adults	307	37.5	2.1	1,707	20	16,251	10	2.7	818	
Children	12	80.0	8.3	125	109	1,640	13	2.9	15	
Unknown	31	72.1	6.5	278	51	2,179	8	1.9	43	
Gender										
Female	43,867	65.2	9.5	638,890	81	5,423,871	8	29.7	67,271	
Male	22,168	53.7	7.0	287,733	61	2,505,679	9	21.0	41,273	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	46,078	59.7	8.4	647,826	73	5,603,823	9	24.9	77,222	
African American	3,233	59.3	7.2	39,171	57	309,031	8	19.2	5,453	
Other/unknown	16,724	64.6	9.3	239,626	78	2,016,696	8	33.1	25,869	
Use of Nursing Facilities^d										
Entire year	4,429	50.1	3.7	33,087	45	397,390	12	60.3	8,835	
Part year	4,088	71.0	8.5	48,827	73	422,199	9	41.0	5,761	
None	57,518	61.2	9.0	844,709	76	7,109,961	8	24.9	93,948	
Maintenance Assistance Status										
Cash	32,944	59.1	7.7	427,426	67	3,754,280	9	19.0	55,738	
Medically needy	907	57.6	5.6	8,817	53	83,819	10	8.6	1,576	
Poverty related	1,459	35.8	2.3	9,511	22	88,594	9	5.2	4,073	
Other/unknown	30,725	65.2	10.2	480,869	85	4,002,857	8	51.4	47,157	

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 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	0.8	\$7	\$9	\$0	\$1	1,153,829
Age						
5 and younger	1.0	16	16	0	0	60
6-14	1.0	21	21	0	0	223
15-20	0.3	3	12	0	1	2,407
21-44	0.4	4	9	0	1	220,938
45-64	0.8	8	9	0	2	310,110
65-74	0.9	7	9	0	1	251,410
75-84	1.0	8	8	0	1	214,896
85 and older	1.0	7	8	0	1	153,785
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.9	8	8	0	1	619,215
Disabled	0.7	6	9	0	2	528,422
Adults	0.3	3	10	0	1	5,655
Children	0.8	11	13	0	0	154
Unknown	0.7	6	8	0	2	383
Gender						
Female	0.9	8	8	0	1	717,492
Male	0.7	6	9	0	1	436,337
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	7	9	0	2	817,030
African American	0.7	5	8	0	1	57,571
Other/unknown	0.9	7	8	0	1	279,228
Use of Nursing Facilities^d						
Entire year	0.4	5	12	0	2	85,379
Part year	0.9	7	9	0	2	57,422
None	0.8	7	8	0	1	1,011,028
Maintenance Assistance Status						
Cash	0.7	6	9	0	1	614,538
Medically needy	0.5	5	10	0	2	16,045
Poverty related	0.2	2	9	0	1	39,865
Other/unknown	1.0	8	8	0	2	483,381

Source: Data for this table are from the MAX 2007 file for Washington, 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}
WASHINGTON, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	101,536	\$78	\$7,929,550	100.0	926,623	\$9	100.0
Anorexia or weight loss/gain	7	6	40	0.0	8	5	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	35	3	108	0.0	54	2	0.0
Cough and cold medications	10,217	38	385,149	4.9	25,981	15	2.8
Vitamins and minerals	12,120	21	258,571	3.3	66,948	4	7.2
Non-prescription drugs	52,044	109	5,653,290	71.3	646,230	9	69.7
Barbiturates	610	73	44,479	0.6	6,304	7	0.7
Benzodiazepines	24,961	61	1,523,154	19.2	175,649	9	19.0
Other Part D Excl Rx Drugs	1,542	42	64,759	0.8	5,449	12	0.6

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Dual Eligible Beneficiaries: 108,544
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$30,235,089
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24,773	22.8	\$0	0.0
1-500	76,619	70.6	7,488,267	24.8
501-1,000	2,164	2.0	1,529,266	5.1
1,001-1,500	1,079	1.0	1,332,608	4.4
1,501-2,000	702	0.6	1,220,289	4.0
2,001-2,500	503	0.5	1,124,267	3.7
2,501-3,000	421	0.4	1,157,288	3.8
3,001-3,500	319	0.3	1,032,262	3.4
3,501-4,000	245	0.2	911,764	3.0
4,001-4,500	214	0.2	908,681	3.0
4,501-5,000	194	0.2	920,338	3.0
5,001-5,500	177	0.2	928,622	3.1
5,501-6,000	146	0.1	838,854	2.8
6,001-6,500	109	0.1	679,843	2.2
6,501-7,000	86	0.1	579,391	1.9
7,001-7,500	92	0.1	668,014	2.2
7,501-8,000	79	0.1	611,727	2.0
8,001-8,500	61	0.1	504,138	1.7
8,501-9,000	66	0.1	575,008	1.9
9,001-9,500	43	0.0	396,981	1.3
9,501-10,000	43	0.0	419,531	1.4
10,001+	409	0.4	6,407,950	21.2

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 48,224
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$20,761,179
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$430

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	9,787	20.3	\$0	0.0	
1-500	33,552	69.6	3,297,753	15.9	
501-1,000	1,276	2.6	909,818	4.4	
1,001-1,500	693	1.4	858,580	4.1	
1,501-2,000	488	1.0	846,150	4.1	
2,001-2,500	356	0.7	798,987	3.8	
2,501-3,000	296	0.6	814,961	3.9	
3,001-3,500	243	0.5	787,845	3.8	
3,501-4,000	185	0.4	689,142	3.3	
4,001-4,500	149	0.3	633,405	3.1	
4,501-5,000	144	0.3	682,343	3.3	
5,001-5,500	143	0.3	749,557	3.6	
5,501-6,000	115	0.2	661,093	3.2	
6,001-6,500	75	0.2	468,078	2.3	
6,501-7,000	62	0.1	418,607	2.0	
7,001-7,500	69	0.1	501,210	2.4	
7,501-8,000	66	0.1	511,172	2.5	
8,001-8,500	45	0.1	371,976	1.8	
8,501-9,000	54	0.1	471,182	2.3	
9,001-9,500	37	0.1	341,266	1.6	
9,501-10,000	36	0.1	351,090	1.7	
10,001+	353	0.7	5,596,964	27.0	

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 59,451
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$8,710,222
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$146

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,724	24.8	\$0	0.0
1-500	42,688	71.8	4,140,605	47.5
501-1,000	824	1.4	571,984	6.6
1,001-1,500	350	0.6	429,116	4.9
1,501-2,000	189	0.3	329,905	3.8
2,001-2,500	134	0.2	296,848	3.4
2,501-3,000	110	0.2	301,196	3.5
3,001-3,500	69	0.1	222,251	2.6
3,501-4,000	51	0.1	188,954	2.2
4,001-4,500	56	0.1	237,469	2.7
4,501-5,000	43	0.1	204,377	2.3
5,001-5,500	29	0.0	153,152	1.8
5,501-6,000	28	0.0	160,581	1.8
6,001-6,500	28	0.0	174,203	2.0
6,501-7,000	22	0.0	147,632	1.7
7,001-7,500	20	0.0	145,306	1.7
7,501-8,000	10	0.0	77,164	0.9
8,001-8,500	11	0.0	91,033	1.0
8,501-9,000	11	0.0	94,851	1.1
9,001-9,500	4	0.0	37,303	0.4
9,501-10,000	6	0.0	58,617	0.7
10,001+	44	0.1	647,675	7.4

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 23,262
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$5,293,204
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$227

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,039	21.7	\$0	0.0
1-500	16,808	72.3	1,714,740	32.4
501-1,000	487	2.1	342,849	6.5
1,001-1,500	250	1.1	306,389	5.8
1,501-2,000	135	0.6	235,876	4.5
2,001-2,500	96	0.4	212,463	4.0
2,501-3,000	88	0.4	240,833	4.5
3,001-3,500	56	0.2	180,428	3.4
3,501-4,000	41	0.2	151,978	2.9
4,001-4,500	46	0.2	195,499	3.7
4,501-5,000	28	0.1	133,057	2.5
5,001-5,500	27	0.1	142,701	2.7
5,501-6,000	25	0.1	142,950	2.7
6,001-6,500	24	0.1	149,515	2.8
6,501-7,000	17	0.1	114,442	2.2
7,001-7,500	18	0.1	130,977	2.5
7,501-8,000	8	0.0	61,605	1.2
8,001-8,500	10	0.0	82,715	1.6
8,501-9,000	9	0.0	77,618	1.5
9,001-9,500	4	0.0	37,303	0.7
9,501-10,000	6	0.0	58,617	1.1
10,001+	40	0.2	580,649	11.0

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 20,470
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$2,337,203
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$114

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,787	23.4	\$0	0.0
1-500	15,201	74.3	1,513,956	64.8
501-1,000	248	1.2	169,651	7.3
1,001-1,500	77	0.4	93,766	4.0
1,501-2,000	44	0.2	76,740	3.3
2,001-2,500	30	0.1	65,838	2.8
2,501-3,000	19	0.1	51,832	2.2
3,001-3,500	11	0.1	35,241	1.5
3,501-4,000	7	0.0	26,111	1.1
4,001-4,500	7	0.0	29,099	1.2
4,501-5,000	14	0.1	66,544	2.8
5,001-5,500	2	0.0	10,451	0.4
5,501-6,000	3	0.0	17,631	0.8
6,001-6,500	4	0.0	24,688	1.1
6,501-7,000	5	0.0	33,190	1.4
7,001-7,500	2	0.0	14,329	0.6
7,501-8,000	2	0.0	15,559	0.7
8,001-8,500	1	0.0	8,318	0.4
8,501-9,000	2	0.0	17,233	0.7
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	4	0.0	67,026	2.9

Source: Data for this table are from the MAX 2007 file for Washington, 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}
 WASHINGTON, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 15,719
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$1,079,815
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$68

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,898	31.2	\$0	0.0
1-500	10,679	67.9	911,909	84.5
501-1,000	89	0.6	59,484	5.5
1,001-1,500	23	0.1	28,961	2.7
1,501-2,000	10	0.1	17,289	1.6
2,001-2,500	8	0.1	18,547	1.7
2,501-3,000	3	0.0	8,531	0.8
3,001-3,500	2	0.0	6,582	0.6
3,501-4,000	3	0.0	10,865	1.0
4,001-4,500	3	0.0	12,871	1.2
4,501-5,000	1	0.0	4,776	0.4
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 2007 file for Washington, 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, WASHINGTON, 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	109,822	59,760	48,693	1,311	15	43	1,175,534	626,221	536,451	12,318	161	383
Age												
5 and younger	5	0	3	0	2	0	60	0	36	0	24	0
6-14	21	0	15	0	6	0	238	0	177	0	61	0
15-20	216	0	204	5	7	0	2,423	0	2,325	22	76	0
21-44	20,973	3	20,013	954	0	3	230,285	36	221,106	9,109	0	34
45-64	28,720	22	28,340	333	0	25	315,406	223	311,882	3,060	0	241
65-74	23,479	23,332	118	14	0	15	254,954	253,826	925	95	0	108
75-84	20,603	20,599	0	4	0	0	217,115	217,089	0	26	0	0
85 and older	15,805	15,804	0	1	0	0	155,053	155,047	0	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,089	41,747	25,364	923	12	43	731,912	439,920	282,655	8,829	125	383
Male	41,733	18,013	23,329	388	3	0	443,622	186,301	253,796	3,489	36	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	78,121	38,553	38,569	958	10	31	831,968	395,192	427,378	9,017	112	269
African American	5,593	1,905	3,556	131	0	1	59,968	20,479	38,202	1,275	0	12
Other/unknown	26,108	19,302	6,568	222	5	11	283,598	210,550	70,871	2,026	49	102
Use of Nursing Facilities^c												
Entire year	8,844	7,959	885	0	0	0	85,495	76,000	9,495	0	0	0
Part year	5,766	4,767	999	0	0	0	57,619	47,086	10,533	0	0	0
None	95,212	47,034	46,809	1,311	15	43	1,032,420	503,135	516,423	12,318	161	383
Maintenance Assistance Status												
Cash	56,498	26,470	29,567	461	0	0	627,582	297,932	324,753	4,897	0	0
Medically needy	1,578	678	898	2	0	0	16,433	7,011	9,411	11	0	0
Poverty related	4,079	1,180	2,664	185	7	43	40,791	11,374	27,240	1,718	76	383
Other/unknown	47,667	31,432	15,564	663	8	0	490,728	309,904	175,047	5,692	85	0
Dual Status^d												
Full dual, all year	102,636	56,965	44,388	1,225	15	43	1,101,010	598,276	490,786	11,404	161	383
Full dual, part year	7,186	2,795	4,305	86	0	0	74,524	27,945	45,665	914	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	106,907	58,864	47,423	564	13	43	1,144,372	616,179	523,031	4,640	139	383
FFS part year, with Rx claims	1,367	374	775	216	2	0	14,845	4,268	8,324	2,231	22	0
FFS part year, no Rx claims	270	88	144	38	0	0	2,661	916	1,424	321	0	0
MC all year, with Rx claims	582	193	198	191	0	0	6,633	2,227	2,267	2,139	0	0
MC all year, no Rx claims	696	241	153	302	0	0	7,023	2,631	1,405	2,987	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 Washington, 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, WASHINGTON, 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	109,822	1,175,534	108,544	1,153,829	0	21,705
Fee-for-service (FFS) all year	106,907	1,144,372	106,907	1,144,372	0	0
FFS part year, with Rx claims	1,367	14,845	1,367	8,104	0	6,741
FFS part year, with no Rx claims	270	2,661	270	1,353	0	1,308
Managed care (MC) all year, with Rx claims	582	6,633	0	0	0	6,633
MC all year, with no Rx claims	696	7,023	0	0	0	7,023

Source: Data for this table are from the MAX 2007 file for Washington, 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