

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 DELAWARE

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NF RESIDENTS, BY TOP 10 DRUG GROUP

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

### FOR DUAL ELIGIBLE BENEFICIARIES

TABLE 11. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 12. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 13. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 14. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 15. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 16-16D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE 17. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE 18. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NF RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
DELAWARE, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	116,454 (A)	14,038 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	111,031 (B)	10,450 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	46,135 (C)	9,752 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	2,249 (D)	2,115 (H)

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Delaware in 1999 was \$54,924,178, of which \$28,181,310 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 3.0 percent were restricted benefit months without a pharmacy benefit in Delaware, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>46,135</b>	<b>5,938</b>	<b>5,977</b>	<b>15,668</b>	<b>18,552</b>	<b>0</b>	<b>193,351</b>	<b>60,026</b>	<b>51,666</b>	<b>38,381</b>	<b>43,278</b>	<b>0</b>		
<b>Age</b>														
5 and younger	7,764	0	222	0	7,542	0	17,584	0	737	0	16,847	0		
6-14	7,902	0	353	0	7,549	0	17,656	0	1,557	0	16,099	0		
15-20	5,196	0	276	1,459	3,461	0	15,271	0	1,285	3,654	10,332	0		
21-44	14,798	1	2,704	12,093	0	0	55,173	12	25,246	29,915	0	0		
45-64	4,330	0	2,340	1,990	0	0	26,490	0	22,144	4,346	0	0		
65-74	2,132	1,948	80	104	0	0	21,213	20,161	673	379	0	0		
75-84	2,072	2,052	0	20	0	0	20,996	20,916	0	80	0	0		
85 and older	1,941	1,937	2	2	0	0	18,968	18,937	24	7	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	28,627	4,492	2,966	11,739	9,430	0	124,547	45,958	26,191	31,099	21,299	0		
Male	17,508	1,446	3,011	3,929	9,122	0	68,804	14,068	25,475	7,282	21,979	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	20,503	3,153	3,044	7,086	7,220	0	92,118	31,274	27,612	16,802	16,430	0		
African American	18,808	1,773	2,334	6,508	8,193	0	73,200	18,917	19,938	15,469	18,876	0		
Other/unknown	6,824	1,012	599	2,074	3,139	0	28,033	9,835	4,116	6,110	7,972	0		
<b>Use of Nursing Facilities</b>														
All year	2,249	2,021	228	0	0	0	22,693	20,238	2,455	0	0	0		
Part year	916	765	149	2	0	0	8,592	7,224	1,358	10	0	0		
None	42,970	3,152	5,600	15,666	18,552	0	162,066	32,564	47,853	38,371	43,278	0		
<b>Maintenance Assistance Status</b>														
Cash	24,943	2,465	4,042	7,310	11,126	0	99,088	26,639	33,035	15,875	23,539	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	4,303	110	271	638	3,284	0	12,105	1,024	2,103	1,652	7,326	0		
Other/unknown	16,889	3,363	1,664	7,720	4,142	0	82,158	32,363	16,528	20,854	12,413	0		
<b>Dual Medicare Status<sup>c</sup></b>														
Full dual, all year	9,099	5,404	3,455	240	0	0	93,323	55,379	37,056	888	0	0		
Full dual, part year	653	274	326	53	0	0	5,862	2,653	2,720	489	0	0		
Non-dual, all year	36,383	260	2,196	15,375	18,552	0	94,166	1,994	11,890	37,004	43,278	0		
<b>Managed Care Status</b>														
FFS all year	15,127	5,704	4,219	1,698	3,506	0	119,918	58,698	45,161	5,061	10,998	0		
FFS part year, with Rx claims	19,430	204	1,403	9,322	8,501	0	46,137	1,134	5,311	22,109	17,583	0		
FFS part year, no Rx claims	11,578	30	355	4,648	6,545	0	27,296	194	1,194	11,211	14,697	0		

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ <sup>c</sup>	No. of Benes
All	60.9 %	12.3	\$580	\$47	\$6,018	9.6 %	\$15	46,135
<b>Age</b>								
5 and younger	54.6	2.7	82	30	1,607	5.1	3	7,764
6-14	42.3	2.3	122	54	1,514	8.1	2	7,902
15-20	51.0	3.2	132	41	3,446	3.8	3	5,196
21-44	64.0	10.3	609	59	5,290	11.5	11	14,798
45-64	77.2	28.3	1,522	54	12,044	12.6	51	4,330
65-74	82.5	36.0	1,559	43	11,352	13.7	81	2,132
75-84	80.9	39.7	1,490	38	17,940	8.3	37	2,072
85 and older	83.2	39.1	1,258	32	22,397	5.6	13	1,941
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	82.4	38.7	1,455	38	17,452	8.3	44	5,938
Disabled	80.9	33.2	2,165	65	19,523	11.1	50	5,977
Adults	61.3	6.1	254	41	1,898	13.4	7	15,668
Children	47.3	2.2	64	29	1,486	4.3	2	18,552
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	65.7	13.9	594	43	5,894	10.1	18	28,627
Male	53.2	9.6	557	58	6,220	8.9	11	17,508
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	65.8	15.6	707	45	7,948	8.9	15	20,503
African American	58.0	9.6	495	51	4,540	10.9	16	18,808
Other/unknown	54.1	9.4	429	46	4,291	10.0	15	6,824
<b>Use of Nursing Facilities</b>								
Entire year	81.5	50.3	1,803	36	34,283	5.3	3	2,249
Part year	82.2	40.1	1,501	38	23,031	6.5	15	916
None	59.4	9.7	496	51	4,176	11.9	16	42,970
<b>Maintenance Assistance Status</b>								
Cash	61.0	10.9	568	52	3,353	16.9	19	24,943
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	52.9	4.1	142	35	1,744	8.2	6	4,303
Other/unknown	62.8	16.3	708	43	11,041	6.4	13	16,889

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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				6.4 %
All	2.9	\$138	9.6 %	39.1 %	19.7 %	9.6 %	15.7 %	9.6 %	6.4 %	\$1,436	46,135	193,351
<b>Age</b>												
5 and younger	1.2	36	5.1	45.4	24.3	10.0	12.3	5.4	2.6	709	7,764	17,584
6-14	1.0	55	8.1	57.7	18.9	8.0	8.9	4.0	2.4	677	7,902	17,656
15-20	1.1	45	3.8	49.0	22.7	9.4	10.5	5.5	3.0	1,173	5,196	15,271
21-44	2.8	163	11.5	36.0	20.2	9.8	15.9	9.5	8.6	1,419	14,798	55,173
45-64	4.6	249	12.6	22.8	12.9	9.0	21.2	17.5	16.6	1,969	4,330	26,490
65-74	3.6	157	13.7	17.5	17.8	11.6	27.6	18.9	6.5	1,141	2,132	21,213
75-84	3.9	147	8.3	19.1	14.5	11.4	27.9	20.0	7.1	1,770	2,072	20,996
85 and older	4.0	129	5.6	16.8	13.8	10.0	31.1	22.3	5.9	2,292	1,941	18,968
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility</b>												
Aged	3.8	144	8.3	17.6	15.3	11.1	29.1	20.6	6.2	1,726	5,938	60,026
Disabled	3.8	251	11.1	19.1	18.4	11.6	24.1	16.9	10.0	2,259	5,977	51,666
Adults	2.5	104	13.4	38.7	19.3	9.1	14.0	8.8	10.1	775	15,668	38,381
Children	0.9	27	4.3	52.7	21.7	8.8	10.2	4.4	2.2	637	18,552	43,278
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	3.2	137	10.1	34.3	20.4	10.2	17.1	10.7	7.3	1,355	28,627	124,547
Male	2.5	142	8.9	46.8	18.4	8.6	13.4	7.9	4.8	1,583	17,508	68,804
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.5	157	8.9	34.2	18.8	9.7	17.2	11.6	8.5	1,769	20,503	92,118
African American	2.5	127	10.9	42.0	20.2	9.8	14.9	8.2	4.9	1,167	18,808	73,200
Other/unknown	2.3	104	10.0	45.9	20.7	8.6	13.4	7.5	4.0	1,045	6,824	28,033
<b>Use of Nursing Facilities</b>												
Entire year	5.0	179	5.3	18.5	7.3	7.2	27.5	28.6	10.8	3,398	2,249	22,693
Part year	4.3	160	6.5	17.8	14.6	7.9	29.9	21.4	8.4	2,455	916	8,592
None	2.6	132	11.9	40.6	20.4	9.7	14.8	8.4	6.1	1,107	42,970	162,066
<b>Maintenance Assistance Status</b>												
Cash	2.7	143	16.9	39.0	20.0	10.4	16.2	8.9	5.5	844	24,943	99,088
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.5	51	8.2	47.1	24.7	9.4	10.6	5.1	3.1	620	4,303	12,105
Other/unknown	3.4	146	6.4	37.2	17.9	8.4	16.2	11.9	8.5	2,270	16,889	82,158

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>All</b>	<b>2.9</b>	<b>\$138</b>	<b>1.1</b>	<b>\$95</b>	<b>0.4</b>	<b>\$18</b>	<b>1.3</b>	<b>\$20</b>
<b>Age</b>								
5 and younger	1.2	36	0.3	25	0.0	1	0.8	9
6-14	1.0	55	0.4	42	0.1	4	0.5	8
15-20	1.1	45	0.5	30	0.1	6	0.5	8
21-44	2.8	163	1.1	120	0.3	19	1.2	19
45-64	4.6	249	2.0	174	0.6	32	1.9	32
65-74	3.6	157	1.5	102	0.5	23	1.5	26
75-84	3.9	147	1.4	89	0.6	24	1.7	28
85 and older	4.0	129	1.3	75	0.7	22	1.8	26
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility</b>								
Aged	3.8	144	1.4	89	0.6	23	1.7	26
Disabled	3.8	251	1.6	183	0.5	30	1.6	28
Adults	2.5	104	1.0	72	0.3	13	1.2	16
Children	0.9	27	0.3	18	0.0	2	0.5	7
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	3.2	137	1.2	91	0.4	19	1.4	21
Male	2.5	142	1.0	102	0.3	16	1.1	19
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	3.5	157	1.3	103	0.5	23	1.5	25
African American	2.5	127	1.0	92	0.3	14	1.1	16
Other/unknown	2.3	104	0.9	73	0.3	13	1.0	15
<b>Use of Nursing Facilities</b>								
Entire year	5.0	179	1.7	109	0.9	28	2.2	34
Part year	4.3	160	1.5	99	0.7	24	1.8	31
None	2.6	132	1.1	92	0.3	16	1.1	18
<b>Maintenance Assistance Status</b>								
Cash	2.7	143	1.1	101	0.3	18	1.2	20
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	1.5	51	0.5	31	0.1	6	0.7	11
Other/unknown	3.4	146	1.3	97	0.5	20	1.4	23

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C 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.

Table 5

All Medicaid Beneficiaries

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 other than the original patent holder. In Delaware, 3.7 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 combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DELAWARE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic							
Anti-infective Agents	0.6	0.4	0.0	0.3	\$54	\$1	\$3	\$84	\$133	\$58	\$12	55,301	\$4,628,376	17,275	37.4 %	85,703
Biologics	0.2	0.1	0.0	0.0	46	0	1	308	382	0	20	532	163,900	380	0.8	3,531
Antineoplastic Agents	0.6	0.2	0.1	0.2	85	55	11	149	272	126	51	1,916	285,463	389	0.8	3,353
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	28	21	4	30	48	20	11	44,335	1,350,407	8,083	17.5	48,862
Cardiovascular Agents	1.6	0.6	0.3	0.7	55	31	13	34	55	41	15	101,224	3,424,508	7,418	16.1	62,549
Respiratory Agents	0.9	0.4	0.0	0.5	32	22	1	9	52	31	19	56,378	1,983,524	12,103	26.2	61,999
Gastrointestinal Agents	0.8	0.4	0.1	0.3	53	42	5	66	100	74	21	33,959	2,248,007	5,394	11.7	42,181
Genitourinary Agents	0.5	0.3	0.0	0.1	16	13	0	35	43	29	19	7,481	262,536	2,812	6.1	16,353
CNS Drugs	1.3	0.6	0.2	0.6	77	53	15	59	94	91	16	79,359	4,666,555	8,379	18.2	60,718
Stimulants/Anti-obesity/Anorexia	1.4	0.6	0.2	0.6	53	23	9	37	39	48	31	3,214	117,432	742	1.6	2,222
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.0	54	50	2	106	114	105	26	2,348	247,718	613	1.3	4,610
Analgesics and Anesthetics	0.9	0.2	0.1	0.6	31	18	6	36	88	64	13	54,361	1,960,559	11,100	24.1	62,818
Neuromuscular Agents	1.1	0.4	0.2	0.5	61	41	8	54	99	42	23	36,622	1,990,872	4,516	9.8	32,691
Nutritional Products	0.6	0.0	0.2	0.4	11	1	5	17	14	22	14	15,280	255,632	3,806	8.2	24,322
Hematological Agents	0.7	0.1	0.2	0.4	42	28	6	57	211	29	20	12,391	708,420	2,078	4.5	17,065
Topical Products	0.6	0.2	0.1	0.3	17	10	3	29	42	34	14	35,776	1,035,205	10,066	21.8	60,290
Miscellaneous Products	0.5	0.2	0.1	0.2	80	51	24	174	237	272	30	2,285	398,169	738	1.6	4,986
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	22	0	0	45	0	0	0	22,601	1,015,585	6,313	13.7	47,021
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	565,363	26,742,868	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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.

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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 Delaware, 3.7 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DELAWARE, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$2,259,249	1,333	2.9 %	14,253	0.5	\$294	
ANTIPSYCHOTICS	1,879,860	2,473	5.4	26,438	0.7	103	
ULCER DRUGS	1,405,965	3,442	7.5	36,765	0.5	77	
ANTICONVULSANT	1,387,820	2,079	4.5	22,163	0.9	69	
ANTIDEPRESSANTS	1,282,553	3,519	7.6	36,189	0.6	56	
ANTIHYPERTENSIVE	798,129	3,146	6.8	33,780	0.6	37	
CALCIUM BLOCKERS	732,910	2,048	4.4	22,081	0.7	51	
ANTIASTHMATIC	684,344	3,721	8.1	35,331	0.5	40	
ANTIHYPERTENSIVE	670,498	1,323	2.9	14,764	0.6	77	
ANALGESICS - Narcotic	658,646	5,029	10.9	51,371	0.4	34	

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a,b,c</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean No. of Benes among Users	Users as % of All Benes	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean No. of Benes among Users	Users as % of All Benes	No. of Users	Users as % of All Benes	Mean No. of Rx
<b>All</b>	<b>168,406</b>	<b>\$11,759,974</b>	<b>1,333</b>	<b>2.9 %</b>	<b>0.5</b>	<b>14,253</b>	<b>2.9 %</b>	<b>2,473</b>	<b>5.4 %</b>	<b>\$159</b>	<b>5.4 %</b>	<b>26,438</b>	<b>5.4 %</b>	<b>0.7</b>	
<b>Female</b>	112,499	6,763,642	498	1.7	0.5	5,283	1.7	1,554	5.4	127	5.4	16,631	5.4	0.6	
<b>Disabled</b>	42,717	3,290,742	380	12.8	0.5	4,166	12.8	586	19.8	151	19.8	6,577	19.8	0.8	
5 and younger	123	6,920	5	5.4	1.0	43	5.4	0	0.0	104	0.0	0	0.0	0.0	
6-14	332	24,491	15	12.0	0.4	172	12.0	1	0.8	65	0.8	5	0.8	1.2	
15-20	438	32,390	1	1.0	1.0	12	1.0	12	12.0	2	12.0	118	12.0	0.6	
21-44	16,990	1,508,143	233	18.6	0.5	2,532	18.6	296	23.7	161	23.7	3,314	23.7	0.8	
45-64	23,955	1,684,366	125	9.3	0.5	1,395	9.3	271	20.2	148	20.2	3,078	20.2	0.8	
65-74	870	54,137	1	1.9	0.3	12	1.9	6	11.1	8	11.1	62	11.1	0.5	
75-84	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
85 and older	9	295	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
<b>Other Eligibles</b>	69,782	3,472,900	118	0.5	0.2	1,117	0.5	968	3.8	38	3.8	10,054	3.8	0.6	
5 and younger	150	3,596	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
6-14	234	8,229	2	0.1	0.2	14	0.1	1	0.0	3	0.0	2	0.0	3.0	
15-20	553	23,771	8	0.3	0.3	28	0.3	24	0.8	40	0.8	180	0.8	0.6	
21-44	1,411	71,366	24	0.3	0.5	137	0.3	21	0.2	102	0.2	83	0.2	0.6	
45-64	329	18,175	0	0.0	0.0	0	0.0	3	0.2	0	0.2	11	0.2	0.9	
65-74	20,882	1,161,471	30	2.1	0.3	348	2.1	191	13.7	62	13.7	2,115	13.7	0.6	
75-84	24,443	1,216,966	25	1.6	0.1	263	1.6	310	19.9	9	19.9	3,327	19.9	0.6	
85 and older	21,780	969,326	29	1.8	0.1	327	1.8	418	25.7	6	25.7	4,336	25.7	0.5	
<b>Male</b>	55,907	4,996,332	835	4.8	0.6	8,970	4.8	919	5.2	177	5.2	9,807	5.2	0.8	
<b>Disabled</b>	36,973	4,057,807	800	26.6	0.6	8,660	26.6	645	21.4	179	21.4	7,147	21.4	0.8	
5 and younger	117	9,073	2	1.6	1.7	16	1.6	0	0.0	225	0.0	0	0.0	0.0	
6-14	740	277,044	7	3.1	0.3	84	3.1	13	5.7	86	5.7	86	5.7	1.0	
15-20	495	33,077	0	0.0	0.0	0	0.0	6	3.4	0	3.4	49	3.4	0.6	
21-44	19,928	2,349,409	546	37.6	0.6	5,861	37.6	406	27.9	178	27.9	4,580	27.9	0.8	
45-64	15,281	1,367,111	244	24.5	0.6	2,687	24.5	215	21.6	184	21.6	2,372	21.6	0.8	
65-74	396	21,399	1	3.8	0.1	12	3.8	5	19.2	2	19.2	60	19.2	1.0	
75-84	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
85 and older	16	694	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	
<b>Other Eligibles</b>	18,934	938,525	35	0.2	0.5	310	0.2	274	1.9	122	1.9	2,660	1.9	0.6	
5 and younger	237	7,067	2	0.1	1.4	5	0.1	0	0.0	237	0.0	0	0.0	0.0	
6-14	360	17,641	0	0.0	0.0	0	0.0	13	0.3	0	0.3	77	0.3	0.6	
15-20	308	19,506	0	0.0	0.0	0	0.0	13	0.8	0	0.8	109	0.8	0.5	
21-44	370	18,220	5	0.2	0.6	9	0.2	5	0.2	115	0.2	12	0.2	0.7	
45-64	109	6,323	2	0.3	1.0	3	0.3	1	0.1	330	0.1	12	0.1	0.1	
65-74	8,050	437,574	18	2.7	0.6	210	2.7	79	12.1	160	12.1	814	12.1	0.7	
75-84	6,183	281,239	5	1.0	0.2	52	1.0	94	18.1	13	18.1	982	18.1	0.7	
85 and older	3,317	150,955	3	1.0	0.1	31	1.0	69	21.9	7	21.9	654	21.9	0.6	
<b>Unknown</b>	0	0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

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

TABLE 7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANTIDEPRESSANTS				
	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>3,442</b>	<b>7.5 %</b>	<b>36,765</b>	<b>0.5</b>	<b>\$38</b>	<b>2,079</b>	<b>4.5 %</b>	<b>22,163</b>	<b>0.9</b>	<b>\$63</b>	<b>3,519</b>	<b>7.6 %</b>	<b>36,189</b>	<b>0.6</b>	<b>\$35</b>
<b>Female</b>	2,487	8.7	26,593	0.5	38	1,183	4.1	12,648	0.9	48	2,504	8.7	25,771	0.6	35
<b>Disabled</b>	881	29.7	9,804	0.4	39	688	23.2	7,575	0.9	58	999	33.7	10,963	0.6	36
5 and younger	6	6.5	40	0.9	36	2	2.2	12	0.7	20	0	0.0	0	0.0	0
6-14	11	8.8	105	0.6	44	7	5.6	68	1.0	53	0	0.0	0	0.0	0
15-20	5	5.0	60	0.4	57	10	10.0	88	0.9	63	12	12.0	120	1.1	81
21-44	327	26.2	3,694	0.4	36	363	29.0	4,031	0.9	63	465	37.2	5,128	0.6	36
45-64	514	38.3	5,729	0.5	41	292	21.7	3,245	0.9	53	511	38.0	5,641	0.6	35
65-74	18	33.3	176	0.4	46	14	25.9	131	0.8	40	11	20.4	74	0.8	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,606	6.3	16,789	0.5	37	495	1.9	5,073	0.8	32	1,505	5.9	14,808	0.7	35
5 and younger	6	6.2	17	1.1	37	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	0.1	12	0.5	18	1	0.0	4	3.3	121	14	0.4	47	0.8	43
15-20	5	0.2	23	0.6	27	14	0.4	102	0.6	25	44	1.4	255	0.7	33
21-44	72	0.8	300	0.4	28	28	0.3	121	0.8	44	112	1.2	423	0.6	41
45-64	10	0.8	50	0.6	47	4	0.3	17	0.8	34	14	1.1	67	0.7	36
65-74	482	34.5	5,371	0.4	36	155	11.1	1,709	0.8	33	355	25.4	3,925	0.6	29
75-84	511	32.9	5,503	0.5	40	172	11.1	1,870	0.9	34	470	30.2	4,904	0.7	35
85 and older	516	31.8	5,513	0.6	35	121	7.5	1,250	0.8	29	496	30.5	5,187	0.8	38
<b>Male</b>	955	5.5	10,172	0.5	39	896	5.1	9,515	1.0	82	1,015	5.8	10,418	0.6	36
<b>Disabled</b>	515	17.1	5,669	0.5	42	679	22.6	7,429	1.0	97	650	21.6	7,076	0.6	37
5 and younger	4	3.1	41	0.3	37	2	1.6	14	0.4	115	1	0.8	3	0.7	4
6-14	7	3.1	53	1.3	115	22	9.6	196	1.1	1,187	10	4.4	71	0.5	34
15-20	7	4.0	75	0.6	49	24	13.6	193	0.9	68	18	10.2	118	0.4	32
21-44	239	16.4	2,688	0.5	41	382	26.3	4,286	1.0	72	389	26.8	4,302	0.6	41
45-64	251	25.2	2,749	0.5	41	244	24.5	2,690	1.0	60	230	23.1	2,558	0.6	32
65-74	6	23.1	51	0.6	34	5	19.2	50	1.2	68	2	7.7	24	0.3	25
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	1	100.0	12	0.9	45	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	440	3.0	4,503	0.5	36	217	1.5	2,086	0.8	30	365	2.5	3,342	0.6	34
5 and younger	6	0.2	19	0.9	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	12	0.3	68	0.6	33	16	0.4	108	0.6	34
15-20	3	0.2	26	0.2	3	16	0.9	91	0.5	29	33	1.9	238	0.4	28
21-44	20	0.7	91	0.4	31	6	0.2	12	1.5	101	24	0.8	108	0.5	24
45-64	5	0.7	40	0.2	21	2	0.3	4	0.8	48	5	0.7	12	0.8	30
65-74	166	25.3	1,839	0.5	37	83	12.7	922	0.8	32	107	16.3	1,103	0.6	32
75-84	153	29.5	1,683	0.5	34	67	12.9	687	1.0	31	107	20.7	1,053	0.7	36
85 and older	87	27.6	805	0.6	40	31	9.8	302	0.7	21	73	23.2	720	0.7	36
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					CALCIUM BLOCKERS					ANTI-ASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>3,146</b>	<b>6.8 %</b>	<b>33,780</b>	<b>0.6</b>	<b>\$24</b>	<b>2,048</b>	<b>4.4 %</b>	<b>22,081</b>	<b>0.7</b>	<b>\$33</b>	<b>3,721</b>	<b>8.1 %</b>	<b>35,331</b>	<b>0.5</b>	<b>\$19</b>
<b>Female</b>	2,217	7.7	24,097	0.6	24	1,585	5.5	17,106	0.7	33	2,560	8.9	25,017	0.5	18
<b>Disabled</b>	554	18.7	6,104	0.6	23	361	12.2	3,951	0.6	35	883	29.8	9,534	0.5	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	14.0	61	0.6	13
6-14	2	1.6	13	0.4	5	0	0.0	0	0.0	0	12	9.6	98	1.1	45
15-20	4	4.0	41	0.6	11	2	2.0	16	0.3	31	7	7.0	67	1.3	49
21-44	123	9.8	1,318	0.5	20	68	5.4	753	0.5	30	311	24.9	3,449	0.4	20
45-64	404	30.1	4,505	0.6	24	272	20.3	2,995	0.6	35	511	38.0	5,550	0.4	19
65-74	20	37.0	215	0.7	29	19	35.2	187	0.6	42	29	53.7	309	0.5	19
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	1	100.0	12	0.8	25	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,663	6.5	17,993	0.7	24	1,224	4.8	13,155	0.7	33	1,677	6.5	15,483	0.5	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	65	1.8	262	0.5	11
6-14	5	0.1	13	0.6	11	1	0.0	2	1.0	86	78	2.1	206	0.7	23
15-20	4	0.1	31	1.0	6	1	0.0	5	0.2	7	48	1.5	140	0.6	24
21-44	20	0.2	58	1.0	39	18	0.2	78	0.8	39	103	1.1	458	0.4	14
45-64	9	0.7	52	0.8	28	7	0.5	24	1.3	87	19	1.5	65	0.4	17
65-74	567	40.6	6,357	0.6	24	405	29.0	4,493	0.6	33	488	34.9	5,323	0.5	19
75-84	603	38.8	6,668	0.6	24	436	28.1	4,726	0.7	34	478	30.8	4,953	0.5	20
85 and older	455	28.0	4,814	0.7	23	356	21.9	3,827	0.7	30	398	24.5	4,076	0.4	14
<b>Male</b>	929	5.3	9,683	0.6	23	463	2.6	4,975	0.6	34	1,161	6.6	10,314	0.6	22
<b>Disabled</b>	400	13.3	4,368	0.6	25	189	6.3	2,092	0.7	38	399	13.3	4,281	0.6	24
5 and younger	1	0.8	3	1.0	24	0	0.0	0	0.0	0	12	9.3	92	0.7	25
6-14	9	3.9	82	1.1	15	1	0.4	12	1.0	75	24	10.5	148	1.3	57
15-20	6	3.4	54	0.6	21	3	1.7	33	0.9	68	16	9.1	172	0.7	25
21-44	151	10.4	1,710	0.6	25	64	4.4	717	0.5	32	168	11.6	1,896	0.5	19
45-64	225	22.6	2,439	0.6	25	112	11.2	1,244	0.8	40	171	17.2	1,902	0.6	26
65-74	8	30.8	80	0.6	24	9	34.6	86	0.9	45	7	26.9	59	1.6	79
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	1	100.0	12	0.4	13
<b>Other Eligibles</b>	529	3.6	5,315	0.6	22	274	1.9	2,883	0.6	31	762	5.3	6,033	0.5	20
5 and younger	2	0.1	6	1.0	9	0	0.0	0	0.0	0	120	3.1	371	0.5	14
6-14	16	0.4	74	0.5	6	0	0.0	0	0.0	0	86	2.3	284	0.6	22
15-20	6	0.3	55	0.4	12	0	0.0	0	0.0	0	33	1.9	174	0.3	7
21-44	15	0.5	105	0.5	21	3	0.1	21	0.5	56	19	0.6	83	0.4	12
45-64	9	1.3	40	0.7	22	4	0.6	13	0.8	45	6	0.9	36	0.3	11
65-74	229	35.0	2,445	0.6	22	123	18.8	1,327	0.6	34	229	35.0	2,493	0.6	24
75-84	168	32.4	1,757	0.7	23	106	20.5	1,139	0.7	27	156	30.1	1,524	0.5	16
85 and older	84	26.7	833	0.7	23	38	12.1	383	0.7	29	113	35.9	1,068	0.5	20
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic						
	Users as % of All Benes		No. of Bene Mos among Users		Mean Rx \$	Users as % of All Benes		No. of Bene Mos among Users		Mean Rx \$	No. of Bene Mos	
	No. of Users	2.9 %	14,764	0.6	0.6	1,323	10.9 %	5,029	0.4	0.4	46,135	193,351
<b>Female</b>												
<b>Disabled</b>												
5 and younger	0	0.0	0	0.0	0	0	2	0.1	6	4	93	301
6-14	0	0.0	0	0.0	0	1	0.1	10	0.1	0	125	584
15-20	0	0.0	0	0.0	0	6	0.0	42	0.3	3	100	414
21-44	52	4.2	612	0.5	38	632	50.6	7,059	0.3	10	1,250	11,537
45-64	257	19.1	2,921	0.6	43	769	57.3	8,643	0.4	17	1,343	12,900
65-74	14	25.9	153	0.7	55	29	53.7	278	0.2	13	54	443
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	1	12
<b>Other Eligibles</b>	646	2.5	7,169	0.6	48	2,242	8.7	21,605	0.4	11	25,661	98,356
5 and younger	0	0.0	0	0.0	0	4	0.1	11	0.4	2	3,680	8,189
6-14	0	0.0	0	0.0	0	7	0.2	19	0.5	3	3,796	8,062
15-20	0	0.0	0	0.0	0	61	1.9	209	0.4	3	3,199	8,324
21-44	7	0.1	32	0.7	38	257	2.8	949	0.5	10	9,118	24,411
45-64	10	0.8	59	0.7	71	23	1.8	124	0.7	11	1,293	3,087
65-74	330	23.6	3,718	0.6	49	641	45.9	7,169	0.3	11	1,397	14,235
75-84	227	14.6	2,555	0.6	49	663	42.7	7,142	0.4	11	1,554	15,965
85 and older	72	4.4	805	0.6	38	586	36.1	5,982	0.5	12	1,624	16,083
<b>Male</b>	354	2.0	3,909	0.6	44	1,348	7.7	13,728	0.4	15	17,508	68,804
<b>Disabled</b>	199	6.6	2,269	0.6	45	840	27.9	9,082	0.4	16	3,011	25,475
5 and younger	0	0.0	0	0.0	0	3	2.3	15	0.2	1	129	436
6-14	0	0.0	0	0.0	0	4	1.8	43	0.1	1	228	973
15-20	0	0.0	0	0.0	0	7	4.0	56	0.2	1	176	871
21-44	79	5.4	926	0.6	41	451	31.0	4,933	0.4	15	1,454	13,709
45-64	120	12.0	1,343	0.6	49	367	36.8	3,975	0.4	18	997	9,244
65-74	0	0.0	0	0.0	0	8	30.8	60	0.2	2	26	230
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	1	12
<b>Other Eligibles</b>	155	1.1	1,640	0.6	42	508	3.5	4,646	0.4	12	14,497	43,329
5 and younger	0	0.0	0	0.0	0	2	0.1	11	0.2	2	3,862	8,658
6-14	0	0.0	0	0.0	0	12	0.3	34	0.4	3	3,753	8,037
15-20	0	0.0	0	0.0	0	21	1.2	119	0.2	5	1,721	5,662
21-44	7	0.2	40	0.4	16	66	2.2	211	0.7	23	2,976	5,516
45-64	2	0.3	4	2.3	143	6	0.9	38	0.7	40	697	1,259
65-74	88	13.4	966	0.7	48	202	30.8	2,231	0.4	13	655	6,305
75-84	46	8.9	522	0.5	37	114	22.0	1,203	0.3	10	518	5,031
85 and older	12	3.8	108	0.4	15	85	27.0	799	0.3	13	315	2,861
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
<b>All</b>	<b>\$179</b>	<b>5.0</b>	<b>2,249</b>	<b>22,693</b>
<b>Age</b>				
0-64	305	4.6	218	2,356
65-74	166	4.6	252	2,529
75-84	188	5.5	680	6,760
85 and older	149	4.8	1,099	11,048
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	171	5.1	1,689	17,246
Male	204	4.5	560	5,447
Unknown	0	0.0	0	0
<b>Race</b>				
White	172	5.3	1,411	13,983
African American	215	4.3	427	4,537
Other/unknown	160	4.8	411	4,173
<b>Basis of Eligibility</b>				
Aged	164	5.0	2,021	20,238
Disabled	300	4.6	228	2,455
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 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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.

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

TABLE 9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DELAWARE, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.3	0.0	0.1	\$22	\$20	\$0	\$2	\$54	\$73	\$52	\$15	5,465	\$296,829	1,290	57.4 %	13,591
Biologicals	0.1	0.1	0.0	0.0	1	0	0	1	14	9	0	19	126	1,707	118	5.2	1,312
Antineoplastic Agents	0.6	0.1	0.2	0.2	47	12	26	9	79	92	118	36	401	31,757	64	2.8	675
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.3	24	18	4	3	23	48	11	8	7,777	178,367	708	31.5	7,354
Cardiovascular Agents	2.0	0.5	0.5	1.1	45	19	13	14	22	38	28	13	26,992	604,752	1,306	58.1	13,341
Respiratory Agents	0.7	0.3	0.0	0.4	25	13	1	11	35	42	28	30	6,160	216,487	836	37.2	8,728
Gastrointestinal Agents	1.0	0.4	0.1	0.4	50	34	6	10	51	80	55	21	9,030	456,826	859	38.2	9,068
Genitourinary Agents	0.5	0.3	0.0	0.2	15	11	0	3	32	45	12	17	1,331	43,187	271	12.0	2,919
CNS Drugs	1.4	0.7	0.1	0.5	65	48	10	7	47	67	67	13	17,426	817,949	1,221	54.3	12,610
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.1	0.6	13	1	5	7	16	12	45	11	112	1,845	14	0.6	140
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	74	73	0	0	103	105	0	24	769	79,493	107	4.8	1,081
Analgesics and Anesthetics	0.9	0.3	0.1	0.5	31	20	5	6	36	71	49	12	7,332	260,932	824	36.6	8,495
Neuromuscular Agents	1.3	0.4	0.3	0.6	97	67	13	17	75	188	41	27	6,135	458,918	452	20.1	4,748
Nutritional Products	0.8	0.0	0.3	0.5	10	0	5	5	13	11	17	10	5,525	71,944	673	29.9	6,952
Hematological Agents	1.0	0.1	0.4	0.5	29	14	8	7	29	155	19	15	4,550	133,552	445	19.8	4,548
Topical Products	0.6	0.3	0.1	0.3	18	10	4	3	28	41	36	12	7,986	222,764	1,160	51.6	12,497
Miscellaneous Products	0.3	0.1	0.0	0.2	6	2	0	4	23	25	0	23	337	7,860	129	5.7	1,302
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	16	0	0	0	30	0	0	0	5,650	170,182	974	43.3	10,463
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	113,104	4,055,351	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003). In Delaware, 3.7 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DELAWARE, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$368,572	876	39.0 %	9,115	0.8	\$48	\$40
ANTICONVULSANT	365,985	340	15.1	3,597	1.1	96	102
ULCER DRUGS	342,455	746	33.2	7,972	0.7	60	43
ANTI PSYCHOTICS	327,519	725	32.2	7,626	0.6	72	43
ANTIHYPERTENSIVE	170,039	611	27.2	6,355	0.9	30	27
ANALGESICS - Narcotic	155,535	784	34.9	8,002	0.6	34	19
CALCIUM BLOCKERS	149,842	438	19.5	4,561	0.9	38	33
ANTI ASTHMATIC	138,790	684	30.4	6,818	0.5	38	20
DERMATOLOGICAL	136,822	1,498	66.6	16,434	0.3	30	8
ANTIANGINAL AGENTS	129,147	413	18.4	4,276	0.8	36	30

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup> DELAWARE, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTICONVULSANT				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	
<b>All</b>	<b>47,719</b>	<b>\$2,284,706</b>	<b>876</b>	<b>39.0 %</b>	<b>9,115</b>	<b>0.8</b>	<b>340</b>	<b>15.1 %</b>	<b>3,597</b>	<b>1.1</b>	<b>\$102</b>				
<b>Female</b>	36,566	1,579,254	703	41.6	7,375	0.9	217	12.8	2,305	1.0	37				
<b>Disabled</b>	2,432	116,954	34	31.8	369	1.0	31	29.0	326	1.2	57				
64 or younger	2,347	110,829	33	32.4	364	0.9	29	28.4	302	1.2	60				
65-74	85	6,125	1	20.0	5	1.4	2	40.0	24	1.0	18				
75-84	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				
<b>Other Eligibles</b>	34,134	1,462,300	669	42.3	7,006	0.8	186	11.8	1,979	1.0	34				
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
65-74	3,010	152,110	58	41.7	631	0.8	22	15.8	245	1.2	43				
75-84	12,133	533,806	244	48.7	2,559	0.8	88	17.6	950	1.0	36				
85 and older	18,991	776,384	367	39.0	3,816	0.9	76	8.1	784	0.9	29				
<b>Male</b>	11,153	705,452	173	30.9	1,740	0.8	123	22.0	1,292	1.2	217				
<b>Disabled</b>	2,746	359,809	31	25.6	355	0.9	41	33.9	446	1.5	565				
64 or younger	2,635	354,774	30	25.9	343	0.9	40	34.5	434	1.5	581				
65-74	83	3,789	1	25.0	12	0.4	1	25.0	12	0.8	16				
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
85 and older	28	1,246	0	0.0	0	0.0	0	0.0	0	0.0	0				
<b>Other Eligibles</b>	8,407	345,643	142	32.3	1,385	0.8	82	18.7	846	1.0	34				
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
65-74	2,090	83,386	36	34.6	327	0.8	29	27.9	322	1.0	37				
75-84	3,621	151,146	58	32.4	565	0.7	35	19.6	336	1.1	37				
85 and older	2,696	111,111	48	30.8	493	0.9	18	11.5	188	0.8	22				
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTIPSYCHOTICS						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean No. of Rx	No. of Users	Mean No. of Rx	No. of Bene Mos among Residents	Mean No. of Rx	Mean No. of Rx	No. of Users	Mean No. of Rx	No. of Bene Mos among Residents	Mean No. of Rx	Mean No. of Rx	No. of Users	Mean No. of Rx	No. of Bene Mos among Residents	Mean No. of Rx
<b>All</b>	<b>746</b>	<b>33.2 %</b>	<b>0.7</b>	<b>\$43</b>	<b>725</b>	<b>32.2 %</b>	<b>0.6</b>	<b>\$43</b>	<b>611</b>	<b>27.2 %</b>	<b>0.9</b>	<b>\$27</b>		<b>6,355</b>	<b>0.9</b>	<b>\$27</b>		
<b>Female</b>																		
<b>Disabled</b>	575	34.0	0.7	42	575	34.0	0.6	43	454	26.9	0.9	27		4,816	0.9	27		
64 or younger	36	33.6	0.9	69	20	18.7	0.6	59	19	17.8	0.9	39		211	0.9	39		
65-74	35	34.3	0.9	69	17	16.7	0.6	50	18	17.6	1.0	41		199	1.0	41		
75-84	1	20.0	1.0	42	3	60.0	0.5	101	1	20.0	0.3	6		12	0.3	6		
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0		0	0.0	0		
<b>Other Eligibles</b>	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0		0	0.0	0		
64 or younger	539	34.1	0.7	40	555	35.1	0.6	43	435	27.5	0.9	26		4,605	0.9	26		
65-74	44	31.7	0.6	47	57	41.0	0.7	53	42	30.2	0.8	26		460	0.8	26		
75-84	174	34.7	0.7	44	186	37.1	0.6	46	151	30.1	0.9	28		1,577	0.9	28		
85 and older	321	34.1	0.7	37	312	33.1	0.5	39	242	25.7	0.9	25		2,568	0.9	25		
<b>Male</b>																		
<b>Disabled</b>	171	30.5	0.8	46	150	26.8	0.6	42	157	28.0	0.9	27		1,539	0.9	27		
64 or younger	41	33.9	0.8	56	24	19.8	0.7	53	26	21.5	0.9	31		277	0.9	31		
65-74	39	33.6	0.8	58	22	19.0	0.8	59	22	19.0	1.0	33		231	1.0	33		
75-84	1	25.0	0.8	29	2	50.0	0.1	1	4	100.0	0.7	24		46	0.7	24		
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0		0	0.0	0		
<b>Other Eligibles</b>	130	29.6	0.7	43	126	28.7	0.6	40	131	29.8	0.8	26		1,262	0.8	26		
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0		0	0.0	0		
65-74	23	22.1	0.7	40	26	25.0	0.6	35	25	24.0	0.8	27		218	0.8	27		
75-84	58	32.4	0.7	42	58	32.4	0.6	43	67	37.4	0.8	26		663	0.8	26		
85 and older	49	31.4	0.8	46	42	26.9	0.6	40	39	25.0	0.9	27		381	0.9	27		
<b>Unknown</b>	0	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 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					CALCIUM BLOCKERS					ANTI-ASTHMATIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	
<b>All</b>	<b>784</b>	<b>8,002</b>	<b>0.6</b>	<b>\$19</b>	<b>0.9</b>	<b>438</b>	<b>4,561</b>	<b>0.9</b>	<b>\$33</b>	<b>0.9</b>	<b>684</b>	<b>6,818</b>	<b>0.5</b>	<b>\$20</b>	
<b>Female</b>	618	6,315	0.6	18	0.9	351	3,696	0.9	33	0.9	493	5,036	0.5	20	
<b>Disabled</b>	31	306	0.7	21	0.9	13	143	0.9	37	0.9	34	342	1.3	51	
64 or younger	28	286	0.7	22	0.9	12	131	0.9	37	0.9	34	342	1.3	51	
65-74	3	20	0.5	16	1.2	1	12	1.2	41	1.2	0	0	0.0	0	
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
<b>Other Eligibles</b>	587	6,009	0.6	18	0.9	338	3,553	0.9	33	0.9	459	4,694	0.5	18	
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	40	439	0.5	14	0.8	27	278	0.8	37	0.8	40	401	0.6	26	
75-84	205	2,112	0.6	22	0.9	115	1,162	0.9	34	0.9	160	1,559	0.6	25	
85 and older	342	3,458	0.5	15	0.9	196	2,113	0.9	31	0.9	259	2,734	0.4	13	
<b>Male</b>	166	1,687	0.6	25	0.8	87	865	0.8	33	0.8	191	1,782	0.6	22	
<b>Disabled</b>	37	371	0.8	51	0.8	13	137	0.8	42	0.8	23	227	0.8	41	
64 or younger	36	359	0.9	53	0.9	11	115	0.9	38	0.9	22	215	0.8	43	
65-74	1	12	0.1	1	2	2	22	2	64	2	0	0	0.0	0	
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	1	100.0	0.4	13	
<b>Other Eligibles</b>	129	1,316	0.5	18	0.8	74	728	0.8	31	0.8	168	1,555	0.5	19	
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	46	482	0.7	17	0.7	16	145	0.7	43	0.7	41	412	0.6	25	
75-84	35	362	0.5	22	0.8	41	413	0.8	27	0.8	70	624	0.5	17	
85 and older	48	472	0.4	16	0.8	17	170	0.8	32	0.8	57	519	0.5	16	
<b>Unknown</b>	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 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE<sup>a, b, c, d</sup>  
 DELAWARE, 1999

Beneficiary Characteristics	DERMATOLOGICAL					ANTIANGINAL AGENTS						
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	Residents		NF	Residents	No. of Users	Residents			
All	1,498	66.6 %	16,434	0.3	\$8	413	18.4 %	4,276	0.8	\$30	2,249	22,693
<b>Female</b>	1,175	69.6	13,003	0.3	8	321	19.0	3,315	0.8	31	1,689	17,246
<b>Disabled</b>	64	59.8	729	0.3	9	6	5.6	67	0.7	22	107	1,138
64 or younger	62	60.8	714	0.3	9	6	5.9	67	0.7	22	102	1,094
65-74	2	40.0	15	0.3	24	0	0.0	0	0.0	0	5	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	1,111	70.2	12,274	0.3	8	315	19.9	3,248	0.8	31	1,582	16,108
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	85	61.2	926	0.3	13	24	17.3	263	0.6	26	139	1,452
75-84	329	65.7	3,604	0.3	8	93	18.6	940	0.9	35	501	5,062
85 and older	697	74.0	7,744	0.3	8	198	21.0	2,045	0.8	30	942	9,594
<b>Male</b>	323	57.7	3,431	0.3	8	92	16.4	961	0.8	27	560	5,447
<b>Disabled</b>	74	61.2	843	0.3	10	8	6.6	96	0.8	24	121	1,317
64 or younger	73	62.9	831	0.3	10	6	5.2	72	0.9	22	116	1,262
65-74	1	25.0	12	0.3	11	1	25.0	12	0.4	14	4	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	1	100.0	12	1.0	46	1	12
<b>Other Eligibles</b>	249	56.7	2,588	0.3	8	84	19.1	865	0.8	27	439	4,130
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	58	55.8	616	0.3	10	15	14.4	159	0.8	29	104	990
75-84	93	52.0	1,008	0.3	8	38	21.2	384	0.7	24	179	1,698
85 and older	98	62.8	964	0.3	7	31	19.9	322	0.9	31	156	1,442
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 916 beneficiaries who were in nursing facilities for part of their enrollment and their 8,592 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 1999. 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 1999 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/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DELAWARE, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries by Age					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	
<b>All</b>	<b>111,031</b>	<b>6,204</b>	<b>14,239</b>	<b>35,482</b>	<b>55,106</b>	<b>1,040,191</b>	<b>64,212</b>	<b>157,507</b>	<b>312,289</b>	<b>506,183</b>	<b>0</b>
<b>Age</b>											
5 and younger	24,279	0	928	0	23,351	218,122	0	10,068	0	208,054	0
6-14	26,209	0	2,589	0	23,620	253,945	0	29,503	0	224,442	0
15-20	12,378	0	1,504	2,739	8,135	115,120	0	16,722	24,711	73,687	0
21-44	31,977	1	4,865	27,111	0	290,312	12	53,554	236,746	0	0
45-64	9,618	1	4,233	5,384	0	95,018	12	46,403	48,603	0	0
65-74	2,418	2,091	118	209	0	25,856	22,739	1,233	1,884	0	0
75-84	2,186	2,153	0	33	0	22,485	22,209	0	276	0	0
85 and older	1,966	1,958	2	6	0	19,333	19,240	24	69	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	65,845	4,682	6,998	26,429	27,736	626,421	48,948	78,115	244,087	255,271	0
Male	45,186	1,522	7,241	9,053	27,370	413,770	15,264	79,392	68,202	250,912	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	46,239	3,220	6,869	15,966	20,184	423,703	32,430	76,375	137,116	177,782	0
African American	50,523	1,852	5,802	15,672	27,197	489,106	20,162	64,586	143,311	261,047	0
Other/unknown	14,269	1,132	1,568	3,844	7,725	127,382	11,620	16,546	31,862	67,354	0
<b>Use of Nursing Facilities</b>											
All year	2,249	2,021	228	0	0	22,699	20,238	2,461	0	0	0
Part year	924	765	157	2	0	8,881	7,254	1,606	21	0	0
None	107,858	3,418	13,854	35,480	55,106	1,008,611	36,720	153,440	312,268	506,183	0
<b>Maintenance Assistance Status</b>											
Cash	70,782	2,730	11,166	18,189	38,697	692,935	30,525	123,272	167,345	371,793	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	9,036	111	273	786	7,866	69,241	1,265	3,047	5,035	59,894	0
Other/unknown	31,213	3,363	2,800	16,507	8,543	278,015	32,422	31,188	139,909	74,496	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	9,794	5,444	3,662	688	0	103,205	56,414	40,616	6,175	0	0
Full dual, part year	656	275	328	53	0	7,185	2,943	3,681	561	0	0
Non-dual, all year	100,581	485	10,249	34,741	55,106	929,801	4,855	113,210	305,553	506,183	0
<b>Managed Care Status</b>											
FFS all year	15,127	5,704	4,219	1,698	3,506	119,918	58,698	45,161	5,061	10,998	0
FFS part year, with Rx claims	19,430	204	1,403	9,322	8,501	177,569	2,157	14,105	83,906	77,401	0
FFS part year, no Rx claims	11,578	30	355	4,648	6,545	85,572	294	3,093	31,967	50,218	0
MC all year, with Rx claims	46,728	221	6,877	14,856	24,774	505,032	2,572	80,310	155,376	266,774	0
MC all year, no Rx claims	18,168	45	1,385	4,958	11,780	152,100	491	14,838	35,979	100,792	0

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

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

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DELAWARE, 1999

	Bene Mos in Cell B of Table 1		Benes and		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>111,031</b>	<b>1,040,191</b>	<b>46,135</b>	<b>193,351</b>	<b>64,896</b>	<b>846,840</b>		
FFS all year	15,127	119,918	15,127	119,918	0	0		
FFS part year, with Rx claims	19,430	177,569	19,430	46,137	0	131,432		
FFS part year, with no Rx claims	11,578	85,572	11,578	27,296	0	58,276		
MC all year, with Rx claims	46,728	505,032	0	0	46,728	505,032		
MC all year, with no Rx claims	18,168	152,100	0	0	18,168	152,100		

Source: Data for this table are from the MAX 1999 file for Delaware, released by CMS in 12/2003. This table was produced on 06/25/2004.

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