

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

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEBRASKA, 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>	227,395 (A)	35,359 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	226,112 (B)	34,100 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	131,003 (C)	33,855 (G)
4. Benes who were all-year nursing facility residents <sup>f</sup>	8,988 (D)	8,494 (H)

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 Nebraska in 1999 was \$120,178,117, of which \$33,112,538 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/mmcs699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcs99.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 0.8 percent were restricted benefit months without a pharmacy benefit in Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>131,003</b>	<b>21,159</b>	<b>19,338</b>	<b>25,388</b>	<b>63,481</b>	<b>1,637</b>	<b>633,364</b>	<b>210,322</b>	<b>172,056</b>	<b>58,036</b>	<b>182,113</b>	<b>10,837</b>	<b>633,364</b>	<b>210,322</b>	<b>172,056</b>	<b>58,036</b>	<b>182,113</b>	<b>10,837</b>
<b>Age</b>																		
5 and younger	25,163	0	344	124	24,625	70	65,234	0	1,684	484	62,600	466	65,234	0	1,684	484	62,600	466
6-14	25,096	0	633	6	24,321	136	78,783	0	3,290	9	74,720	764	78,783	0	3,290	9	74,720	764
15-20	14,426	0	597	1,345	12,411	73	45,264	0	3,437	3,058	38,394	375	45,264	0	3,437	3,058	38,394	375
21-44	27,354	0	8,726	16,740	1,054	834	128,152	0	79,566	38,096	4,202	6,288	128,152	0	79,566	38,096	4,202	6,288
45-64	10,105	6	8,558	1,228	19	294	84,352	60	79,267	3,156	108	1,761	84,352	60	79,267	3,156	108	1,761
65-74	6,772	6,166	479	4	1	122	67,766	62,235	4,800	12	11	708	67,766	62,235	4,800	12	11	708
75-84	7,342	7,278	0	0	0	64	73,953	73,697	0	0	0	256	73,953	73,697	0	0	0	256
85 and older	7,748	7,708	1	0	0	39	74,546	74,323	12	0	0	211	74,546	74,323	12	0	0	211
Unknown	6,997	1	0	5,941	1,050	5	15,314	7	0	13,221	2,078	8	15,314	7	0	13,221	2,078	8
<b>Gender</b>																		
Female	75,485	15,786	9,831	17,038	31,874	956	384,855	159,193	87,749	39,963	91,513	6,437	384,855	159,193	87,749	39,963	91,513	6,437
Male	52,944	5,354	9,503	6,123	31,300	664	242,780	50,976	84,268	13,309	89,984	4,243	242,780	50,976	84,268	13,309	89,984	4,243
Unknown	2,574	19	4	2,227	307	17	5,729	153	39	4,764	616	157	5,729	153	39	4,764	616	157
<b>Race</b>																		
White	95,468	18,989	15,870	16,495	42,825	1,289	510,439	188,843	144,762	38,768	129,592	8,474	510,439	188,843	144,762	38,768	129,592	8,474
African American	14,277	1,091	1,988	3,387	7,669	142	57,208	11,149	16,172	7,754	21,280	853	57,208	11,149	16,172	7,754	21,280	853
Other/unknown	21,258	1,079	1,480	5,506	12,987	206	65,717	10,330	11,122	11,514	31,241	1,510	65,717	10,330	11,122	11,514	31,241	1,510
<b>Use of Nursing Facilities</b>																		
All year	8,988	8,082	887	0	4	15	89,242	79,648	9,501	0	31	62	89,242	79,648	9,501	0	31	62
Part year	3,120	2,559	538	7	12	4	28,279	23,432	4,731	16	79	21	28,279	23,432	4,731	16	79	21
None	118,895	10,518	17,913	25,381	63,465	1,618	515,843	107,242	157,824	58,020	182,003	10,754	515,843	107,242	157,824	58,020	182,003	10,754
<b>Maintenance Assistance Status</b>																		
Cash	35,754	4,234	10,421	9,162	11,937	0	175,919	45,321	87,475	18,606	24,517	0	175,919	45,321	87,475	18,606	24,517	0
Medically needy	26,746	10,702	2,645	7,606	5,793	0	163,894	100,596	25,268	20,096	17,934	0	163,894	100,596	25,268	20,096	17,934	0
Poverty-related	54,252	6,210	5,892	4,448	37,702	0	234,896	64,270	55,856	10,046	104,724	0	234,896	64,270	55,856	10,046	104,724	0
Other/unknown	14,251	13	380	4,172	8,049	1,637	58,655	135	3,457	9,288	34,938	10,837	58,655	135	3,457	9,288	34,938	10,837
<b>Dual Medicare Status<sup>c</sup></b>																		
Full dual, all year	33,266	20,193	12,646	56	14	357	337,998	201,961	133,789	255	100	1,893	337,998	201,961	133,789	255	100	1,893
Full dual, part year	589	330	258	1	0	0	5,726	3,199	2,521	6	0	0	5,726	3,199	2,521	6	0	0
Non-dual, all year	97,148	636	6,434	25,331	63,467	1,280	289,640	5,162	35,746	57,775	182,013	8,944	289,640	5,162	35,746	57,775	182,013	8,944
<b>Managed Care Status</b>																		
FFS all year	51,715	20,781	14,268	5,857	9,228	1,581	426,699	208,011	150,549	14,141	43,331	10,667	426,699	208,011	150,549	14,141	43,331	10,667
FFS part year, with Rx claims	53,282	332	4,358	13,708	34,853	31	143,016	2,133	18,912	31,391	90,479	101	143,016	2,133	18,912	31,391	90,479	101
FFS part year, no Rx claims	26,006	46	712	5,823	19,400	25	63,649	178	2,595	12,504	48,303	69	63,649	178	2,595	12,504	48,303	69

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 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	65.6 %	15.8	\$665	\$42	\$4,956	13.4 %	\$20	131,003
<b>Age</b>								
5 and younger	64.7	3.7	85	23	1,790	4.7	4	25,163
6-14	52.0	3.4	139	42	1,130	12.3	3	25,096
15-20	56.3	4.7	204	43	2,148	9.5	3	14,426
21-44	68.1	14.1	785	56	5,409	14.5	11	27,354
45-64	79.7	39.7	1,947	49	11,216	17.4	50	10,105
65-74	83.8	44.3	1,775	40	8,728	20.3	62	6,772
75-84	90.1	49.0	1,802	37	11,842	15.2	69	7,342
85 and older	93.6	47.6	1,539	32	16,766	9.2	78	7,748
Unknown	32.0	1.2	26	22	1,089	2.4	1	6,997
<b>Basis of Eligibility</b>								
Aged	90.3	47.3	1,703	36	12,733	13.4	71	21,159
Disabled	83.3	37.3	2,062	55	12,981	15.9	42	19,338
Adults	57.2	5.0	166	33	1,637	10.2	3	25,388
Children	56.7	3.4	107	31	1,352	7.9	3	63,481
Unknown	12.9	2.3	112	49	868	12.8	2	1,637
<b>Gender</b>								
Female	70.4	18.9	752	40	5,300	14.2	24	75,485
Male	60.6	12.0	570	48	4,650	12.3	14	52,944
Unknown	27.7	1.4	43	32	1,169	3.7	2	2,574
<b>Race</b>								
White	68.5	18.8	801	43	5,854	13.7	23	95,468
African American	60.9	10.1	406	40	3,018	13.5	15	14,277
Other/unknown	55.8	5.9	224	38	2,227	10.0	8	21,258
<b>Use of Nursing Facilities</b>								
Entire year	97.3	60.7	2,211	36	26,422	8.4	115	8,988
Part year	95.6	54.7	2,091	38	17,974	11.6	78	3,120
None	62.4	11.4	510	45	2,992	17.1	11	118,895
<b>Maintenance Assistance Status</b>								
Cash	71.1	18.1	860	48	5,421	15.9	20	35,754
Medically needy	73.7	27.4	1,015	37	11,507	8.8	45	26,746
Poverty related	60.7	11.2	474	42	2,159	21.9	11	54,252
Other/unknown	55.2	5.8	243	42	2,143	11.3	4	14,251

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	No.
				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			
<b>All</b>	3.3	\$138	13.4 %	34.4 %	21.1 %	9.7 %	16.8 %	11.8 %	6.2 %	\$1,025	131,003	633,364
<b>Age</b>												
5 and younger	1.4	33	4.7	35.3	27.2	11.2	14.7	7.6	4.0	690	25,163	65,234
6-14	1.1	44	12.3	48.0	26.1	8.5	10.0	4.5	3.0	360	25,096	78,783
15-20	1.5	65	9.5	43.7	23.6	9.2	12.3	6.5	4.7	685	14,426	45,264
21-44	3.0	168	14.5	31.9	20.1	10.4	17.1	11.4	9.1	1,155	27,354	128,152
45-64	4.8	233	17.4	20.3	13.8	8.9	22.8	20.6	13.7	1,344	10,105	84,352
65-74	4.4	177	20.3	16.2	15.5	10.4	26.3	22.6	8.9	872	6,772	67,766
75-84	4.9	179	15.2	9.9	12.2	10.1	30.2	29.0	8.5	1,176	7,342	73,953
85 and older	4.9	160	9.2	6.4	10.0	10.0	34.6	32.5	6.5	1,743	7,748	74,546
Unknown	0.5	12	2.4	68.0	18.1	5.6	5.7	2.0	0.6	498	6,997	15,314
<b>Basis of Eligibility</b>												
Aged	4.8	171	13.4	9.7	12.5	10.3	31.1	28.5	7.8	1,281	21,159	210,322
Disabled	4.2	232	15.9	16.7	18.8	10.4	23.7	18.9	11.5	1,459	19,338	172,056
Adults	2.2	73	10.2	42.8	18.8	9.2	13.1	8.3	7.9	716	25,388	58,036
Children	1.2	37	7.9	43.3	26.0	9.6	11.9	5.8	3.4	471	63,481	182,113
Unknown	0.3	17	12.8	87.1	6.2	2.0	2.4	1.8	0.5	131	1,637	10,837
<b>Gender</b>												
Female	3.7	148	14.2	29.6	20.5	10.1	18.6	13.8	7.4	1,040	75,485	384,855
Male	2.6	124	12.3	39.4	22.3	9.2	15.0	9.4	4.7	1,014	52,944	242,780
Unknown	0.6	20	3.7	72.3	16.7	4.5	4.2	1.7	0.6	525	2,574	5,729
<b>Race</b>												
White	3.5	150	13.7	31.5	20.5	9.7	18.0	13.4	6.9	1,095	95,468	510,439
African American	2.5	101	13.5	39.1	22.7	9.4	14.9	8.8	5.1	753	14,277	57,208
Other/unknown	1.9	72	10.0	44.2	22.7	9.8	12.9	6.9	3.5	720	21,258	65,717
<b>Use of Nursing Facilities</b>												
Entire year	6.1	223	8.4	2.7	6.8	7.7	31.5	39.0	12.3	2,661	8,988	89,242
Part year	6.0	231	11.6	4.4	7.5	8.4	31.7	35.3	12.7	1,983	3,120	28,279
None	2.6	118	17.1	37.6	22.6	9.8	15.3	9.2	5.5	690	118,895	515,843
<b>Maintenance Assistance Status</b>												
Cash	3.7	175	15.9	28.9	20.4	10.5	19.1	12.9	8.2	1,102	35,754	175,919
Medically needy	4.5	166	8.8	26.3	16.4	8.8	20.6	19.7	8.3	1,878	26,746	163,894
Poverty related	2.6	110	21.9	39.3	23.8	9.8	14.9	8.4	3.8	499	54,252	234,896
Other/unknown	1.4	59	11.3	44.8	21.7	8.5	11.6	7.3	6.0	521	14,251	58,655

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx	No. of Rx	Rx \$ \$ per Rx
<b>All</b>	<b>3.3</b>	<b>\$138</b>	<b>1.2</b>	<b>\$86</b>	<b>0.5</b>	<b>\$24</b>	<b>1.5</b>	<b>\$22</b>
<b>Age</b>								
5 and younger	1.4	33	0.4	20	0.1	2	0.8	9
6-14	1.1	44	0.5	30	0.1	5	0.5	8
15-20	1.5	65	0.6	45	0.2	9	0.7	9
21-44	3.0	168	1.2	113	0.4	30	1.3	21
45-64	4.8	233	1.8	148	0.7	42	2.0	34
65-74	4.4	177	1.6	110	0.7	31	1.9	28
75-84	4.9	179	1.7	105	0.9	34	2.1	31
85 and older	4.9	160	1.5	90	1.0	31	2.2	30
Unknown	0.5	12	0.1	7	0.0	1	0.4	4
<b>Basis of Eligibility</b>								
Aged	4.8	171	1.6	101	0.9	32	2.1	30
Disabled	4.2	232	1.6	151	0.6	42	1.8	31
Adults	2.2	73	0.8	48	0.2	11	1.1	12
Children	1.2	37	0.4	25	0.1	4	0.6	8
Unknown	0.3	17	0.1	12	0.0	3	0.1	2
<b>Gender</b>								
Female	3.7	148	1.3	93	0.6	25	1.6	23
Male	2.6	124	0.9	78	0.4	23	1.2	19
Unknown	0.6	20	0.1	11	0.1	3	0.3	5
<b>Race</b>								
White	3.5	150	1.3	94	0.6	27	1.5	24
African American	2.5	101	0.9	65	0.4	17	1.2	16
Other/unknown	1.9	72	0.7	46	0.2	12	0.9	12
<b>Use of Nursing Facilities</b>								
Entire year	6.1	223	1.9	131	1.1	41	2.7	41
Part year	6.0	231	2.1	142	1.1	40	2.6	39
None	2.6	118	1.0	76	0.4	21	1.2	17
<b>Maintenance Assistance</b>								
<b>Status</b>								
Cash	3.7	175	1.4	112	0.5	31	1.6	25
Medically needy	4.5	166	1.5	99	0.8	30	2.0	29
Poverty related	2.6	110	1.0	69	0.4	19	1.1	17
Other/unknown	1.4	59	0.6	40	0.1	9	0.6	9

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 Nebraska, 4.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all 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>  
 NEBRASKA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx			Total Rx \$			As % of All Benes			No. of Bene Mos	
	Users			Users			Users			Users			Users				
	Total	Patented	Off-Patent	Brand-Name	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Patented	Off-Patent	Brand-Name	Total		Patented
Anti-infective Agents	0.5	0.2	0.0	0.3	\$21	\$17	\$0	\$3	\$40	\$70	\$37	\$11	171,966	\$6,837,090	58,560	44.7 %	330,877
Biologics	0.2	0.1	0.0	0.1	109	66	39	4	554	598	1,411	69	264	146,231	168	0.1	1,347
Antineoplastic Agents	0.7	0.3	0.1	0.2	113	90	14	9	174	288	120	42	6,015	1,045,938	1,002	0.8	9,236
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	29	21	4	4	30	47	21	12	170,978	5,143,420	24,109	18.4	180,109
Cardiovascular Agents	1.7	0.5	0.4	0.8	48	24	14	9	28	48	35	12	382,467	10,823,539	23,871	18.2	225,680
Respiratory Agents	0.8	0.4	0.0	0.4	29	21	1	7	34	54	24	16	193,524	6,513,656	39,222	29.9	227,999
Gastrointestinal Agents	0.8	0.4	0.1	0.3	53	38	9	6	68	108	72	19	128,230	8,671,791	18,854	14.4	163,524
Genitourinary Agents	0.5	0.3	0.0	0.2	20	16	0	4	39	52	37	19	36,102	1,407,878	9,395	7.2	70,431
CNS Drugs	1.4	0.6	0.2	0.6	92	60	21	11	65	97	100	18	312,063	20,318,961	27,223	20.8	221,571
Stimulants/Anti-obesity/Anorexia	1.2	0.4	0.1	0.7	44	15	7	22	38	40	56	34	16,448	625,419	2,644	2.0	14,241
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	71	69	0	3	106	124	24	23	6,517	691,838	999	0.8	9,694
Analgesics and Anesthetics	0.9	0.2	0.1	0.6	33	20	6	7	36	84	63	12	208,890	7,611,972	33,951	25.9	233,144
Neuromuscular Agents	1.1	0.4	0.2	0.5	56	38	8	10	51	93	45	19	131,442	6,673,838	14,090	10.8	119,907
Nutritional Products	0.7	0.0	0.2	0.4	13	1	6	6	20	27	29	15	63,455	1,250,840	14,151	10.8	95,470
Hematological Agents	0.8	0.1	0.5	0.3	31	14	12	5	40	264	25	20	49,421	1,955,679	6,543	5.0	63,087
Topical Products	0.5	0.2	0.1	0.2	14	8	3	3	29	46	35	14	101,446	2,984,074	33,076	25.2	212,364
Miscellaneous Products	0.5	0.2	0.1	0.2	95	51	38	6	192	316	259	30	4,995	960,091	1,079	0.8	10,111
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	21	0	0	0	41	0	0	0	84,008	3,403,324	20,489	15.6	165,522
<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.	2,068,231	87,065,579	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 Nebraska, 4.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/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>  
 NEBRASKA, 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	
ANTIPSYCHOTICS	\$8,718,620	9.935	102,898	0.8	\$109	\$85	
ANTIDEPRESSANTS	6,595,174	17.295	173,516	0.7	58	38	
ULCER DRUGS	6,293,843	14,347	148,768	0.5	79	42	
ANTICONVULSANT	4,638,421	8,565	89,640	0.9	61	52	
ANALGESICS - Narcotic	3,270,508	21,225	208,043	0.5	34	16	
ANTIHYPERTENSIVE	2,921,236	11,782	122,535	0.7	34	24	
ANALGESICS - ANTI-INFLAMMATORY	2,850,018	14,786	149,604	0.4	49	19	
ANTIDIABETIC	2,714,396	8,737	90,850	0.8	39	30	
ANTIASTHMATIC	2,571,152	13,694	130,977	0.5	38	20	
CALCIUM BLOCKERS	2,351,124	6,513	68,455	0.7	46	34	

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Mos among Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>780,236</b>	<b>\$42,924,492</b>	<b>9,935</b>	<b>7.6 %</b>	<b>0.8</b>	<b>102,898</b>	<b>7.6 %</b>	<b>0.8</b>	<b>\$85</b>	<b>17,295</b>	<b>13.2 %</b>	<b>173,516</b>	<b>0.7</b>	<b>\$38</b>	
<b>Female</b>	529,176	27,561,157	5,876	8.0	0.7	61,032	8.0	0.7	68	12,146	16.6	122,561	0.7	37	
<b>Disabled</b>	184,094	11,712,365	2,576	26.2	0.8	27,976	26.2	0.8	95	4,759	48.4	51,171	0.6	42	
5 and younger	383	12,814	0	0.0	0.0	0	0.0	0.0	0	1	0.6	5	0.6	21	
6-14	985	73,177	16	6.8	0.8	133	6.8	0.8	121	21	8.9	168	0.7	30	
15-20	1,805	142,677	36	13.6	1.2	302	13.6	1.2	122	39	14.7	330	0.7	42	
21-44	65,880	4,657,717	1,231	30.1	0.8	13,343	30.1	0.8	100	2,040	49.9	21,879	0.6	45	
45-64	107,652	6,454,180	1,241	25.9	0.8	13,598	25.9	0.8	92	2,523	52.7	27,349	0.6	41	
65-74	7,389	371,800	52	17.9	0.6	600	17.9	0.6	41	135	46.6	1,440	0.7	41	
75-84	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	
<b>Other Eligibles</b>	344,959	15,844,735	3,288	5.2	0.6	33,028	5.2	0.6	45	7,382	11.7	71,375	0.7	34	
5 and younger	1,435	60,789	13	0.1	0.6	57	0.1	0.6	26	16	0.1	50	0.6	31	
6-14	3,100	135,672	58	0.5	0.6	418	0.5	0.6	47	176	1.5	1,241	0.6	26	
15-20	3,710	185,895	105	1.3	0.7	664	1.3	0.7	65	291	3.6	1,674	0.6	39	
21-44	6,915	255,767	81	0.6	0.6	351	0.6	0.6	37	577	4.0	2,307	0.7	42	
45-64	1,195	47,887	10	1.0	0.3	69	1.0	0.3	10	65	6.7	331	0.6	36	
65-74	92,083	4,543,692	707	17.0	0.7	7,621	17.0	0.7	63	1,504	36.1	16,580	0.6	32	
75-84	118,600	5,506,241	1,052	19.5	0.6	11,072	19.5	0.6	46	2,219	41.2	23,594	0.7	33	
85 and older	117,921	5,108,792	1,262	19.8	0.5	12,776	19.8	0.5	33	2,534	39.7	25,598	0.7	35	
<b>Male</b>	250,522	15,339,855	4,044	8.0	0.9	41,759	8.0	0.9	109	5,136	10.2	50,863	0.7	40	
<b>Disabled</b>	142,153	10,329,760	2,715	28.6	1.0	29,279	28.6	1.0	134	2,786	29.3	29,547	0.6	44	
5 and younger	419	17,895	2	1.1	1.1	14	1.1	1.1	26	1	0.5	9	0.7	19	
6-14	1,723	109,846	52	13.1	1.0	372	13.1	1.0	83	34	8.6	225	0.8	29	
15-20	2,323	196,733	59	17.8	1.1	521	17.8	1.1	135	53	16.0	455	0.8	50	
21-44	65,798	5,388,500	1,563	33.7	1.0	16,907	33.7	1.0	143	1,430	30.9	15,173	0.7	47	
45-64	67,946	4,397,823	996	26.5	1.0	10,982	26.5	1.0	125	1,200	31.9	12,902	0.6	42	
65-74	3,921	218,569	43	22.8	1.0	483	22.8	1.0	105	65	34.4	747	0.6	36	
75-84	0	0	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
85 and older	23	394	0	0.0	0.0	0	0.0	0.0	0	3	300.0	36	0.1	3	
<b>Other Eligibles</b>	108,261	5,007,096	1,325	3.2	0.6	12,469	3.2	0.6	50	2,344	5.7	21,302	0.7	33	
5 and younger	1,555	40,923	10	0.1	0.5	64	0.1	0.5	31	20	0.2	110	0.5	20	
6-14	5,200	235,090	143	1.2	0.7	1,136	1.2	0.7	61	283	2.3	2,160	0.6	22	
15-20	3,592	215,619	107	1.9	0.8	800	1.9	0.8	82	239	4.2	1,471	0.6	38	
21-44	1,564	66,857	23	0.5	1.1	105	0.5	1.1	109	96	2.2	402	0.6	33	
45-64	660	27,730	5	0.9	1.1	39	0.9	1.1	77	26	4.5	157	0.6	37	
65-74	35,445	1,719,020	305	14.3	0.7	3,207	14.3	0.7	60	541	25.4	5,694	0.6	31	
75-84	37,693	1,697,343	399	20.5	0.6	3,964	20.5	0.6	44	661	34.0	6,713	0.7	34	
85 and older	22,552	1,004,514	333	24.4	0.5	3,154	24.4	0.5	35	478	35.1	4,595	0.7	37	
<b>Unknown</b>	769	30,536	31	0.4	0.6	146	0.4	0.6	49	24	0.3	121	0.7	41	

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				ANALGESICS - Narcotic						
	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>14,347</b>	<b>11.0 %</b>	<b>148,768</b>	<b>0.5</b>	<b>\$42</b>	<b>8,565</b>	<b>6.5 %</b>	<b>89,640</b>	<b>0.9</b>	<b>\$52</b>	<b>21,225</b>	<b>16.2 %</b>	<b>208,043</b>	<b>0.5</b>	<b>\$16</b>
<b>Female</b>	10,022	13.7	104,728	0.5	42	4,889	6.7	51,121	0.8	47	15,420	21.1	152,493	0.5	16
<b>Disabled</b>	3,193	32.5	34,593	0.5	43	2,865	29.1	30,940	0.8	57	4,935	50.2	52,952	0.5	15
5 and younger	20	12.7	187	0.5	18	16	10.2	128	0.9	42	12	7.6	116	0.1	1
6-14	17	7.2	183	0.4	33	48	20.3	451	0.9	84	17	7.2	170	0.1	1
15-20	19	7.2	144	0.5	30	67	25.3	659	1.1	108	28	10.6	219	0.2	2
21-44	1,093	26.7	11,817	0.5	41	1,375	33.6	14,920	0.9	63	1,904	46.5	20,435	0.4	14
45-64	1,906	39.8	20,784	0.5	44	1,309	27.3	14,261	0.8	48	2,804	58.5	30,193	0.5	16
65-74	138	47.6	1,478	0.5	43	50	17.2	521	0.8	39	170	58.6	1,819	0.6	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
<b>Other Eligibles</b>	6,825	10.8	70,121	0.6	42	2,023	3.2	20,179	0.8	31	10,463	16.5	99,475	0.5	16
5 and younger	71	0.6	420	0.5	20	24	0.2	201	1.0	149	99	0.8	500	0.2	2
6-14	59	0.5	424	0.3	21	100	0.8	895	0.8	49	99	0.8	580	0.2	2
15-20	99	1.2	542	0.4	31	83	1.0	627	0.9	54	334	4.1	1,600	0.3	2
21-44	247	1.7	1,062	0.4	33	97	0.7	395	0.8	42	1,059	7.4	4,087	0.5	6
45-64	39	4.0	197	0.5	47	11	1.1	47	0.7	22	95	9.8	463	0.6	9
65-74	1,682	40.4	18,735	0.5	41	540	13.0	5,918	0.8	32	2,161	51.9	23,653	0.5	16
75-84	2,227	41.3	24,058	0.6	43	672	12.5	7,091	0.7	28	3,019	56.0	32,035	0.5	16
85 and older	2,401	37.7	24,683	0.6	43	496	7.8	5,005	0.7	23	3,597	56.4	36,557	0.5	18
<b>Male</b>	4,309	8.5	43,938	0.5	43	3,669	7.3	38,495	0.9	58	5,743	11.4	55,281	0.4	16
<b>Disabled</b>	2,157	22.7	23,196	0.5	43	2,678	28.2	29,140	0.9	65	2,893	30.4	30,325	0.4	17
5 and younger	14	7.5	126	0.3	17	25	13.4	215	0.7	46	8	4.3	81	0.1	1
6-14	24	6.1	243	0.5	50	55	13.9	503	1.2	94	14	3.5	136	0.2	1
15-20	19	5.7	213	0.5	47	93	28.0	885	1.1	93	23	6.9	219	0.1	2
21-44	893	19.3	9,704	0.5	42	1,513	32.7	16,596	1.0	71	1,350	29.1	14,199	0.4	15
45-64	1,152	30.6	12,309	0.5	44	947	25.2	10,427	0.9	55	1,434	38.1	15,038	0.5	18
65-74	54	28.6	589	0.6	54	45	23.8	514	0.8	34	64	33.9	652	0.5	20
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	1.0	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,142	5.2	20,716	0.6	42	991	2.4	9,355	0.8	36	2,830	6.9	24,900	0.4	14
5 and younger	67	0.5	376	0.3	12	36	0.3	254	0.5	30	112	0.9	532	0.2	2
6-14	64	0.5	545	0.4	20	118	1.0	1,059	0.7	44	107	0.9	594	0.2	2
15-20	64	1.1	407	0.4	30	97	1.7	802	1.1	69	156	2.8	863	0.2	3
21-44	61	1.4	243	0.5	40	40	0.9	157	0.6	40	232	5.4	819	0.6	12
45-64	21	3.6	96	0.4	34	12	2.1	101	0.6	20	33	5.7	124	0.9	13
65-74	649	30.5	6,795	0.5	44	312	14.7	3,367	0.8	34	805	37.8	8,399	0.4	15
75-84	711	36.5	7,285	0.6	44	260	13.4	2,502	0.9	30	771	39.6	7,878	0.5	15
85 and older	505	37.1	4,969	0.6	43	116	8.5	1,113	0.7	29	614	45.0	5,691	0.5	16
<b>Unknown</b>	30	0.4	142	0.6	37	8	0.1	26	0.8	37	104	1.4	391	0.4	5

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	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>11,782</b>	<b>9.0 %</b>	<b>122,555</b>	<b>0.7</b>	<b>\$24</b>	<b>14,786</b>	<b>11.3 %</b>	<b>149,604</b>	<b>0.4</b>	<b>\$19</b>	<b>8,737</b>	<b>6.7 %</b>	<b>90,850</b>	<b>0.8</b>	<b>\$30</b>
<b>Female</b>	8,068	11.0	84,624	0.7	24	10,708	14.6	109,460	0.4	21	6,103	8.3	64,167	0.8	30
<b>Disabled</b>	1,712	17.4	18,208	0.7	24	3,598	36.6	39,279	0.4	21	1,695	17.2	17,979	0.8	35
5 and younger	1	0.6	12	0.1	0	12	7.6	112	0.2	2	0	0.0	0	0.0	0
6-14	5	2.1	43	1.1	23	14	5.9	125	0.3	4	0	0.0	0	0.0	0
15-20	9	3.4	93	0.4	10	29	10.9	247	0.3	19	4	1.5	22	0.9	22
21-44	336	8.2	3,569	0.6	23	1,322	32.3	14,365	0.3	15	328	8.0	3,549	0.7	31
45-64	1,240	25.9	13,149	0.7	24	2,103	43.9	23,160	0.4	24	1,247	26.0	13,170	0.8	36
65-74	121	41.7	1,342	0.7	25	118	40.7	1,270	0.4	20	116	40.0	1,238	0.8	33
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>	6,355	10.0	66,413	0.7	24	7,105	11.2	70,166	0.4	21	4,407	7.0	46,186	0.8	28
5 and younger	5	0.0	18	0.6	11	135	1.1	559	0.4	3	6	0.1	35	0.9	18
6-14	25	0.2	260	0.7	11	118	1.0	624	0.3	4	7	0.1	31	1.5	63
15-20	6	0.1	46	0.7	18	294	3.6	1,480	0.3	4	11	0.1	53	1.5	47
21-44	59	0.4	210	0.9	29	643	4.5	2,543	0.4	9	72	0.5	292	1.0	40
45-64	26	2.7	121	0.9	31	62	6.4	314	0.4	15	20	2.1	98	1.1	44
65-74	1,642	39.5	17,948	0.7	24	1,719	41.3	19,446	0.4	23	1,498	36.0	16,369	0.8	31
75-84	2,266	42.0	24,186	0.7	24	2,118	39.3	23,491	0.4	22	1,639	30.4	17,582	0.8	27
85 and older	2,326	36.5	23,624	0.8	23	2,016	31.6	21,709	0.5	21	1,154	18.1	11,726	0.8	23
<b>Male</b>	3,703	7.3	37,829	0.7	24	4,042	8.0	40,000	0.4	15	2,625	5.2	26,630	0.7	30
<b>Disabled</b>	1,434	15.1	15,152	0.7	25	2,025	21.3	22,040	0.3	13	1,110	11.7	11,676	0.7	35
5 and younger	2	1.1	11	1.7	30	15	8.0	150	0.3	3	1	0.5	8	2.6	30
6-14	21	5.3	118	1.1	21	17	4.3	140	0.2	3	4	1.0	26	0.8	53
15-20	10	3.0	71	0.7	8	22	6.6	194	0.3	9	0	0.0	0	0.0	0
21-44	407	8.8	4,428	0.6	22	889	19.2	9,611	0.3	9	257	5.5	2,691	0.8	34
45-64	931	24.7	9,834	0.7	26	1,033	27.4	11,411	0.4	15	801	21.3	8,418	0.7	35
65-74	62	32.8	678	0.7	26	49	25.9	534	0.5	22	47	24.9	533	0.8	36
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	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,269	5.5	22,677	0.7	24	2,006	4.9	17,918	0.4	18	1,512	3.7	14,949	0.7	27
5 and younger	9	0.1	76	0.6	9	147	1.2	579	0.4	4	4	0.0	29	1.3	36
6-14	93	0.7	781	0.8	10	116	0.9	694	0.3	9	10	0.1	48	1.0	27
15-20	24	0.4	189	0.7	12	143	2.5	770	0.3	4	8	0.1	31	1.3	42
21-44	36	0.8	103	0.7	27	136	3.2	447	0.5	15	23	0.5	64	0.9	28
45-64	22	3.8	122	0.6	22	32	5.6	172	0.5	14	20	3.5	70	1.0	36
65-74	760	35.7	8,128	0.7	24	547	25.7	6,118	0.4	17	603	28.3	6,345	0.7	29
75-84	823	42.3	8,539	0.7	24	507	26.1	5,433	0.4	21	553	28.4	5,644	0.8	26
85 and older	502	36.8	4,739	0.8	25	378	27.7	3,705	0.4	20	291	21.3	2,718	0.7	23
<b>Unknown</b>	12	0.2	85	0.6	20	52	0.7	201	0.4	10	13	0.2	60	1.0	25

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				CALCIUM BLOCKERS				Mean Rx \$	Mean No. of Rx	Mean No. of Bene among Users	Users as % of All Benes	No. of Users	No. of Bene among Users	Users as % of All Benes	Mean Rx \$	Mean No. of Rx	Mean No. of Bene among Users	Users as % of All Benes	No. of Bene
	No. of Users	No. of Bene among Users	Users as % of All Benes	No. of Users	No. of Bene among Users	Users as % of All Benes	No. of Users	No. of Bene among Users												
<b>All</b>	<b>13,694</b>	<b>130,977</b>	<b>10.5 %</b>	<b>6,513</b>	<b>68,455</b>	<b>5.0 %</b>	<b>0.5</b>	<b>\$20</b>	<b>0.7</b>	<b>\$34</b>	<b>131,003</b>	<b>633,364</b>								
<b>Female</b>	8,700	85,693	11.9	4,894	51,627	6.7	0.5	20	0.8	34	73,102	379,414								
<b>Disabled</b>	2,847	30,119	29.0	997	10,495	10.1	0.5	20	0.7	35	9,831	87,749								
5 and younger	21	189	13.4	0	0	0.0	0.7	20	0.0	0	157	827								
6-14	37	378	15.6	1	12	0.4	0.4	16	0.8	49	237	1,422								
15-20	35	296	13.2	6	55	2.3	0.6	26	0.8	43	265	1,490								
21-44	934	9,979	22.8	207	2,197	5.1	0.4	17	0.6	30	4,092	36,857								
45-64	1,711	18,161	35.7	724	7,605	15.1	0.5	21	0.7	36	4,790	44,266								
65-74	109	1,116	37.6	59	626	20.3	0.7	28	0.8	45	290	2,887								
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>	5,840	55,520	9.2	3,893	41,119	6.2	0.5	20	0.8	34	63,271	291,665								
5 and younger	290	1,404	2.4	2	11	0.0	0.4	11	0.9	25	11,852	29,883								
6-14	270	1,683	2.2	4	29	0.0	0.4	13	0.6	6	12,046	37,466								
15-20	202	1,047	2.5	4	24	0.0	0.4	13	0.8	35	8,158	23,988								
21-44	360	1,433	2.5	39	177	0.3	0.6	18	0.7	29	14,323	37,332								
45-64	47	184	4.9	21	118	2.2	0.6	17	0.8	40	967	3,072								
65-74	1,599	17,774	38.4	1,058	11,671	25.4	0.6	23	0.7	36	4,161	42,534								
75-84	1,675	17,812	31.1	1,387	15,050	25.7	0.5	21	0.8	35	5,389	55,262								
85 and older	1,397	14,183	21.9	1,378	14,039	21.6	0.4	15	0.8	33	6,375	62,128								
<b>Male</b>	4,976	45,190	9.9	1,614	16,775	3.2	0.5	20	0.7	34	50,488	237,291								
<b>Disabled</b>	1,680	17,211	17.7	721	7,767	7.6	0.5	20	0.7	35	9,503	84,268								
5 and younger	40	344	21.4	0	0	0.0	0.4	12	0.0	0	187	857								
6-14	52	467	13.1	2	22	0.5	0.5	17	0.5	23	396	1,868								
15-20	36	287	10.8	7	53	2.1	0.5	23	0.6	39	332	1,947								
21-44	568	6,016	12.3	204	2,226	4.4	0.4	17	0.7	35	4,633	42,697								
45-64	909	9,320	24.1	474	5,099	12.6	0.5	22	0.7	35	3,765	34,974								
65-74	74	765	39.2	34	367	18.0	0.6	23	0.7	37	189	1,913								
75-84	0	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0								
85 and older	1	12	100.0	0	0	0.0	0.2	6	0.0	0	1	12								
<b>Other Eligibles</b>	3,277	27,928	8.0	892	9,003	2.2	0.5	20	0.7	34	40,985	153,023								
5 and younger	402	1,949	3.2	5	25	0.0	0.4	10	0.6	19	12,606	32,585								
6-14	464	2,875	3.7	1	12	0.0	0.4	15	0.8	32	12,411	38,013								
15-20	138	881	2.4	2	17	0.0	0.5	17	0.9	102	5,662	17,812								
21-44	57	162	1.3	11	32	0.3	0.8	25	0.9	33	4,292	11,233								
45-64	18	65	3.1	14	67	2.4	0.6	16	0.7	51	576	2,004								
65-74	834	8,576	39.2	344	3,662	16.2	0.6	23	0.7	36	2,129	20,404								
75-84	838	8,415	43.1	353	3,649	18.1	0.6	22	0.7	34	1,946	18,647								
85 and older	526	5,005	38.6	162	1,539	11.9	0.5	18	0.8	29	1,363	12,325								
<b>Unknown</b>	50	199	0.7	10	71	0.1	0.5	17	0.8	23	7,413	16,659								

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Nebraska, 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>  
 NEBRASKA, 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>\$223</b>	<b>6.1</b>	<b>8,988</b>	<b>89,242</b>
<b>Age</b>				
0-64	333	6.8	810	8,664
65-74	298	7.4	970	9,841
75-84	239	6.5	2,460	24,576
85 and older	177	5.5	4,748	46,161
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	216	6.1	6,597	66,202
Male	242	6.2	2,378	22,931
Unknown	486	9.8	13	109
<b>Race</b>				
White	223	6.1	8,521	84,566
African American	205	5.6	258	2,611
Other/unknown	254	6.4	209	2,065
<b>Basis of Eligibility</b>				
Aged	210	6.0	8,082	79,648
Disabled	329	6.9	887	9,501
Adults	0	0.0	0	0
Children	555	13.6	4	31
Unknown	425	6.6	15	62

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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>  
 NEBRASKA, 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	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	Users			
														Patented Brand-Name	Off-Patent Brand-Name	Generic	
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$14	\$0	\$2	\$46	\$74	\$38	\$12	23,030	\$1,049,864	6,309	70.2 %	65,956
Biologicals	0.1	0.0	0.0	0.1	3	1	0	1	28	35	0	24	73	2,079	64	0.7	702
Antineoplastic Agents	0.7	0.3	0.1	0.2	95	71	16	7	139	208	113	38	1,861	259,459	269	3.0	2,737
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	27	19	4	4	25	43	14	10	42,355	1,043,693	3,857	42.9	39,255
Cardiovascular Agents	1.9	0.4	0.5	1.0	40	16	13	11	21	38	27	11	125,232	2,635,333	6,462	71.9	65,189
Respiratory Agents	0.8	0.3	0.0	0.5	25	15	0	10	32	52	23	21	30,680	986,502	3,854	42.9	40,078
Gastrointestinal Agents	1.0	0.4	0.2	0.4	54	36	10	8	57	98	61	20	42,326	2,412,426	4,337	48.3	44,541
Genitourinary Agents	0.6	0.3	0.0	0.3	24	18	0	6	39	57	35	20	13,193	516,114	2,084	23.2	21,869
CNS Drugs	1.4	0.7	0.2	0.5	75	54	12	9	54	78	81	16	82,150	4,462,710	5,836	64.9	59,662
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	14	1	2	12	21	56	31	19	1,334	28,322	193	2.1	1,968
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	81	79	0	2	109	116	0	29	3,411	370,148	454	5.1	4,590
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	37	26	5	7	39	83	54	12	48,981	1,911,604	5,027	55.9	51,086
Neuromuscular Agents	1.2	0.3	0.3	0.6	51	26	14	12	44	82	48	21	30,568	1,353,218	2,524	28.1	26,409
Nutritional Products	0.8	0.0	0.3	0.5	17	1	8	8	20	39	28	15	25,763	523,890	3,113	34.6	31,462
Hematological Agents	1.0	0.0	0.6	0.3	24	7	11	6	26	171	19	19	21,456	549,364	2,220	24.7	22,551
Topical Products	0.5	0.2	0.1	0.2	15	8	4	3	31	45	38	14	26,574	821,646	5,111	56.9	54,969
Miscellaneous Products	0.3	0.0	0.0	0.2	8	2	1	5	29	56	103	22	811	23,837	285	3.2	2,883
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	20	0	0	0	36	0	0	0	25,967	922,190	4,355	48.5	45,624
<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.	545,765	19,872,399	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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 Nebraska, 4.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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>  
 NEBRASKA, 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	\$1,986,301	4,742	52.8 %	49,233	0.8	\$52	\$40
ULCER DRUGS	1,864,795	3,748	41.7	38,621	0.7	70	48
ANTIPSYCHOTICS	1,840,144	3,180	35.4	33,450	0.7	83	55
ANALGESICS - Narcotic	1,195,439	5,122	57.0	51,933	0.6	39	23
ANTIHYPERTENSIVE	828,408	3,192	35.5	32,488	0.8	31	25
ANTICONVULSANT	770,637	1,767	19.7	18,475	0.9	44	42
ANALGESICS - ANTI-INFLAMMATORY	673,451	2,849	31.7	30,694	0.5	43	22
ANTIIDIABETIC	658,856	2,399	26.7	24,681	0.8	31	27
ANTIASTHMATIC	633,242	2,925	32.5	29,630	0.6	35	21
CALCIUM BLOCKERS	574,876	1,609	17.9	16,373	0.9	40	35

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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> NEBRASKA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Mean No. of Users	Residents	NF Mos among Users	Mean Rx \$	No. of Users	Residents	NF Mos among Users	Mean No. of Rx
<b>All</b>	<b>230,973</b>	<b>\$11,026,149</b>	<b>4,742</b>	<b>52.8 %</b>	<b>49,233</b>	<b>0.8</b>	<b>\$40</b>	<b>3,748</b>	<b>41.7 %</b>	<b>38,621</b>	<b>0.7</b>	<b>\$48</b>
<b>Female</b>	168,124	7,929,723	3,540	53.7	36,934	0.8	40	2,690	40.8	27,916	0.7	48
<b>Disabled</b>	16,022	957,921	302	66.4	3,324	0.8	48	203	44.6	2,195	0.7	54
64 or younger	14,190	863,671	267	65.3	2,962	0.8	49	179	43.8	1,969	0.7	51
65-74	1,832	94,250	35	76.1	362	0.8	41	24	52.2	226	0.8	76
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>	152,102	6,971,802	3,238	52.7	33,610	0.8	39	2,487	40.5	25,721	0.7	47
64 or younger	122	4,823	6	85.7	54	0.6	32	2	28.6	24	0.5	25
65-74	20,045	1,054,918	358	66.7	3,786	0.8	46	248	46.2	2,690	0.7	50
75-84	50,824	2,381,653	1,040	61.1	10,982	0.8	41	741	43.5	7,741	0.7	50
85 and older	81,111	3,530,408	1,834	47.1	18,788	0.8	37	1,496	38.4	15,266	0.7	46
<b>Male</b>	62,543	3,082,671	1,193	50.2	12,225	0.8	41	1,051	44.2	10,647	0.7	50
<b>Disabled</b>	14,359	862,630	245	56.8	2,661	0.8	48	213	49.4	2,315	0.8	60
64 or younger	12,826	786,558	217	55.4	2,335	0.8	50	196	50.0	2,123	0.7	61
65-74	1,510	75,678	25	65.8	290	0.7	37	16	42.1	180	0.8	54
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	23	394	3	300.0	36	0.1	3	1	100.0	12	1.0	17
<b>Other Eligibles</b>	48,184	2,220,041	948	48.7	9,564	0.8	39	838	43.0	8,332	0.7	47
64 or younger	89	5,926	0	0.0	0	0.0	0	1	100.0	12	0.7	67
65-74	11,474	581,733	205	58.9	2,121	0.8	38	164	47.1	1,674	0.7	53
75-84	20,712	928,943	398	52.8	4,090	0.8	40	339	45.0	3,394	0.7	46
85 and older	15,909	703,439	345	40.9	3,353	0.8	39	334	39.6	3,252	0.7	45
<b>Unknown</b>	306	13,755	9	69.2	74	0.9	45	7	53.8	58	0.8	44

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ANTIPSYCHOTICS						ANALGESICS - Narcotic						ANTIHYPERTENSIVE						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	
<b>All</b>	<b>3,180</b>	<b>35.4 %</b>	<b>0.7</b>	<b>5,122</b>	<b>57.0 %</b>	<b>0.6</b>	<b>51,933</b>	<b>0.6</b>	<b>\$55</b>	<b>3,981</b>	<b>60.3</b>	<b>0.6</b>	<b>40,736</b>	<b>0.6</b>	<b>24</b>	<b>2,262</b>	<b>34.3</b>	<b>0.8</b>	<b>\$26</b>
<b>Female</b>	2,214	33.6	0.7	3,981	60.3	0.6	40,736	0.6	53	3,981	60.3	0.6	40,736	0.6	24	2,262	34.3	0.8	25
<b>Disabled</b>	231	50.8	0.8	244	53.6	0.6	2,642	0.6	98	244	53.6	0.6	2,642	0.6	25	106	23.3	0.9	33
64 or younger	212	51.8	0.9	217	53.1	0.6	2,358	0.6	102	217	53.1	0.6	2,358	0.6	21	89	21.8	0.9	33
65-74	19	41.3	0.7	27	58.7	1.0	284	1.0	48	27	58.7	1.0	284	1.0	57	17	37.0	0.9	36
75-84	0	0.0	0.0	0	0.0	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	0.0	0	0	0.0	0.0	0
<b>Other Eligibles</b>	1,983	32.3	0.6	3,737	60.8	0.6	38,094	0.6	48	3,737	60.8	0.6	38,094	0.6	24	2,156	35.1	0.8	24
64 or younger	1	14.3	0.1	3	42.9	0.4	18	0.4	1	3	42.9	0.4	18	0.4	10	1	14.3	1.0	30
65-74	287	53.4	0.8	321	59.8	0.7	3,348	0.7	81	321	59.8	0.7	3,348	0.7	31	187	34.8	0.8	27
75-84	697	40.9	0.7	1,076	63.2	0.6	11,101	0.6	51	1,076	63.2	0.6	11,101	0.6	25	652	67.14	0.8	25
85 and older	998	25.6	0.5	2,337	60.0	0.6	23,627	0.6	35	2,337	60.0	0.6	23,627	0.6	22	1,316	33.8	0.8	24
<b>Male</b>	961	40.4	0.7	1,130	47.5	0.5	11,089	0.5	59	1,130	47.5	0.5	11,089	0.5	21	924	38.9	0.8	27
<b>Disabled</b>	251	58.2	0.8	184	42.7	0.6	1,855	0.6	88	184	42.7	0.6	1,855	0.6	23	134	31.1	0.9	31
64 or younger	226	57.7	0.8	166	42.3	0.6	1,668	0.6	89	166	42.3	0.6	1,668	0.6	25	110	28.1	0.9	33
65-74	25	65.8	1.0	18	47.4	0.6	187	0.6	82	18	47.4	0.6	187	0.6	9	23	60.5	0.8	23
75-84	0	0.0	0.0	0	0.0	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	0.0	0	1	100.0	0.3	2
<b>Other Eligibles</b>	710	36.5	0.6	946	48.6	0.5	9,234	0.5	48	946	48.6	0.5	9,234	0.5	21	790	40.6	0.8	27
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	0	0	0.0	0.0	0
65-74	168	48.3	0.8	172	49.4	0.5	1,748	0.5	70	172	49.4	0.5	1,748	0.5	24	163	46.8	0.8	28
75-84	291	38.6	0.6	366	48.5	0.6	3,674	0.6	44	366	48.5	0.6	3,674	0.6	22	326	43.2	0.9	27
85 and older	251	29.7	0.6	408	48.3	0.5	3,812	0.5	37	408	48.3	0.5	3,812	0.5	17	301	35.7	0.8	26
<b>Unknown</b>	5	38.5	0.6	11	84.6	0.5	108	0.5	45	11	84.6	0.5	108	0.5	11	6	46.2	0.7	26

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene NF	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene NF	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene NF	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	Mean No. of Rx
<b>All</b>	<b>1,767</b>	<b>19.7 %</b>	<b>0.9</b>	<b>\$42</b>	<b>0.9</b>	<b>2,849</b>	<b>31.7 %</b>	<b>0.5</b>	<b>\$22</b>	<b>0.5</b>	<b>2,399</b>	<b>26.7 %</b>	<b>\$27</b>	<b>24,681</b>	<b>0.8</b>	<b>\$27</b>	
<b>Female</b>	1,133	17.2	0.9	39	0.9	2,169	32.9	0.5	22	0.5	1,717	26.0	27	17,920	0.9	27	
<b>Disabled</b>	253	55.6	1.1	63	1.1	163	35.8	0.5	19	0.5	135	29.7	33	1,470	0.9	33	
64 or younger	238	58.2	1.1	64	1.1	149	36.4	0.5	18	0.5	114	27.9	32	1,255	0.8	32	
65-74	15	32.6	0.9	40	0.9	14	30.4	0.5	25	0.5	21	45.7	38	215	1.1	38	
75-84	0	0.0	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	0.0	0	
<b>Other Eligibles</b>	880	14.3	0.9	32	0.9	2,006	32.7	0.5	23	0.5	1,582	25.8	26	16,450	0.9	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	0.0	0	
65-74	167	31.1	0.9	39	0.9	189	35.2	0.5	25	0.5	230	42.8	33	2,476	0.9	33	
75-84	349	20.5	0.9	34	0.9	605	35.5	0.5	23	0.5	614	36.1	27	6,454	0.9	27	
85 and older	364	9.3	0.8	26	0.8	1,212	31.1	0.5	23	0.5	738	18.9	23	7,520	0.8	23	
<b>Male</b>	630	26.5	1.0	47	1.0	677	28.5	0.5	20	0.5	680	28.6	27	6,745	0.8	27	
<b>Disabled</b>	242	56.1	1.1	59	1.1	133	30.9	0.5	18	0.5	103	23.9	22	1,071	0.7	22	
64 or younger	223	56.9	1.1	61	1.1	119	30.4	0.5	17	0.5	81	20.7	22	822	0.8	22	
65-74	19	50.0	0.7	32	0.7	14	36.8	0.6	30	0.6	22	57.9	24	249	0.7	24	
75-84	0	0.0	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	0.0	0	
<b>Other Eligibles</b>	388	19.9	0.9	39	0.9	544	27.9	0.5	21	0.5	577	29.6	28	5,674	0.8	28	
64 or younger	3	300.0	0.9	111	0.9	1	100.0	0.2	3	0.2	0	0.0	0	0	0.0	0	
65-74	138	39.7	1.0	45	1.0	92	26.4	0.5	21	0.5	127	36.5	30	1,330	0.8	30	
75-84	160	21.2	1.0	35	1.0	207	27.5	0.5	22	0.5	280	37.1	29	2,791	0.9	29	
85 and older	87	10.3	0.8	31	0.8	244	28.9	0.5	20	0.5	170	20.1	23	1,553	0.8	23	
<b>Unknown</b>	4	30.8	0.8	40	0.8	3	23.1	0.4	24	0.4	2	15.4	23	16	0.9	23	

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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>  
 NEBRASKA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		All-Year NF Residents
	No. of Users	Residents	NF Residents	Users		Mos among Users	Rx \$	No. of Users	Residents			
<b>All</b>	<b>2,925</b>	<b>32.5 %</b>	<b>29,630</b>	<b>0.6</b>	<b>\$21</b>	<b>1,609</b>	<b>17.9 %</b>	<b>16,373</b>	<b>0.9</b>	<b>\$35</b>	<b>8,988</b>	<b>89,242</b>
<b>Female</b>	1,884	28.6	19,543	0.6	21	1,278	19.4	13,044	0.9	35	6,597	66,202
<b>Disabled</b>	133	29.2	1,377	0.8	28	57	12.5	622	0.8	38	455	4,893
64 or younger	109	26.7	1,154	0.7	26	51	12.5	562	0.8	37	409	4,430
65-74	24	52.2	223	1.0	38	6	13.0	60	1.0	43	46	463
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>	1,751	28.5	18,166	0.6	20	1,221	19.9	12,422	0.9	35	6,142	61,309
64 or younger	3	42.9	36	1.6	53	0	0.0	0	0.0	0	7	47
65-74	222	41.3	2,413	1.0	34	121	22.5	1,264	0.9	42	537	5,555
75-84	580	34.1	6,106	0.6	24	375	22.0	3,931	0.9	36	1,703	17,330
85 and older	946	24.3	9,611	0.4	15	725	18.6	7,227	0.9	33	3,895	38,377
<b>Male</b>	1,036	43.6	10,028	0.7	23	328	13.8	3,294	0.8	36	2,378	22,931
<b>Disabled</b>	146	33.9	1,424	0.7	21	63	14.6	684	0.8	41	431	4,596
64 or younger	130	33.2	1,247	0.7	22	52	13.3	557	0.9	42	392	4,163
65-74	15	39.5	165	0.4	13	11	28.9	127	0.8	38	38	421
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	12	0.2	6	0	0.0	0	0.0	0	1	12
<b>Other Eligibles</b>	890	45.7	8,604	0.7	23	265	13.6	2,610	0.8	34	1,947	18,335
64 or younger	2	200.0	24	2.0	45	0	0.0	0	0.0	0	1	12
65-74	174	50.0	1,715	0.8	27	58	16.7	599	0.8	36	348	3,398
75-84	373	49.5	3,600	0.7	24	123	16.3	1,230	0.8	35	754	7,224
85 and older	341	40.4	3,265	0.6	20	84	10.0	781	0.9	32	844	7,701
<b>Unknown</b>	5	38.5	59	0.2	10	3	23.1	35	0.9	26	13	109

Source: Data for this table are from the MAX 1999 file for Nebraska, 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 3,120 beneficiaries who were in nursing facilities for part of their enrollment and their 28,279 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>  
NEBRASKA, 1999

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries by Age					Children	Adults	Disabled	All	Aged	Children	Adults	Unknown
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown								
<b>All</b>	<b>226,112</b>	<b>21,807</b>	<b>27,848</b>	<b>43,555</b>	<b>2,191</b>	<b>2,138,378</b>	<b>219,221</b>	<b>296,891</b>	<b>347,979</b>	<b>1,259,752</b>	<b>14,535</b>							
<b>Age</b>																		
5 and younger	50,887	0	748	177	214	493,655	0	7,898	1,488	482,767	1,502							
6-14	56,910	0	1,922	7	309	570,523	0	21,233	46	547,015	2,229							
15-20	26,754	0	1,322	2,049	112	246,169	0	14,098	18,551	212,917	603							
21-44	47,333	0	11,754	32,648	1,013	424,976	0	125,722	279,839	12,265	7,150							
45-64	14,320	9	11,576	2,396	313	144,559	95	122,258	20,200	138	1,868							
65-74	7,262	6,608	525	6	122	74,776	68,336	5,670	51	11	708							
75-84	7,509	7,445	0	0	64	76,212	75,956	0	0	0	256							
85 and older	7,784	7,744	1	0	39	75,050	74,827	12	0	0	211							
Unknown	7,353	1	0	6,272	5	32,458	7	0	27,804	4,639	8							
<b>Gender</b>																		
Female	129,724	16,237	14,673	32,325	1,284	1,241,162	165,368	157,977	281,085	628,077	8,655							
Male	93,360	5,551	13,171	8,779	880	885,028	53,700	138,875	56,940	629,806	5,707							
Unknown	3,028	19	4	2,451	27	12,188	153	39	9,954	1,869	173							
<b>Race</b>																		
White	158,467	19,262	21,804	29,022	1,618	1,501,811	192,789	233,786	233,938	830,876	10,422							
African American	29,950	1,159	3,565	6,621	285	300,693	12,058	38,053	59,361	189,041	2,180							
Other/unknown	37,695	1,386	2,479	7,912	288	335,874	14,374	25,052	54,680	239,835	1,933							
<b>Use of Nursing Facilities</b>																		
All year	8,995	8,083	892	0	15	89,330	79,661	9,553	0	54	62							
Part year	3,200	2,569	595	16	4	30,254	23,774	6,120	157	182	21							
None	213,917	11,155	26,361	43,539	2,172	2,018,794	115,786	281,218	347,822	1,259,516	14,452							
<b>Maintenance Assistance Status</b>																		
Cash	68,048	4,843	17,702	16,820	0	665,568	53,416	190,725	139,358	282,069	0							
Medically needy	36,178	10,703	2,759	13,759	0	318,247	100,669	27,840	113,995	75,743	0							
Poverty related	92,019	6,248	6,909	4,831	0	862,404	64,991	73,240	25,057	699,116	0							
Other/unknown	29,867	13	478	8,145	2,191	292,159	145	5,086	69,569	202,824	14,535							
<b>Dual Status<sup>c</sup></b>																		
Full dual, all year	33,511	20,243	12,816	77	358	346,713	203,034	140,987	652	143	1,897							
Full dual, part year	589	330	258	1	0	5,776	3,201	2,569	6	0	0							
Non-dual, all year	192,012	1,234	14,774	43,477	1,833	1,785,889	12,986	153,335	347,321	1,259,609	12,638							
<b>Managed Care Status</b>																		
FFS all year	51,715	20,781	14,268	5,857	1,581	426,699	208,011	150,549	14,141	43,331	10,667							
FFS part year, with Rx claims	53,282	332	4,358	13,708	31	509,768	3,478	44,792	119,469	341,824	205							
FFS part year, no Rx claims	26,006	46	712	5,823	25	193,321	377	5,932	36,490	150,396	126							
MC all year, with Rx claims	72,428	551	7,465	14,534	321	805,898	6,403	85,587	152,549	558,625	2,734							
MC all year, no Rx claims	22,681	97	1,045	3,633	233	202,692	952	10,031	25,330	165,576	803							

Source: Data for this table are from the MAX 1999 file for Nebraska, 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  
 NEBRASKA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		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
<b>All</b>	<b>226,112</b>	<b>2,138,378</b>	<b>131,003</b>	<b>633,364</b>	<b>95,109</b>	<b>1,505,014</b>
FFS all year	51,715	426,699	51,715	426,699	0	0
FFS part year, with Rx claims	53,282	509,768	53,282	143,016	0	366,752
FFS part year, with no Rx claims	26,006	193,321	26,006	63,649	0	129,672
MC all year, with Rx claims	72,428	805,898	0	0	72,428	805,898
MC all year, with no Rx claims	22,681	202,692	0	0	22,681	202,692

Source: Data for this table are from the MAX 1999 file for Nebraska, 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.