

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

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TABLE 11
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	33,855	20,523	12,904	57	14	357	343,724	205,160	136,310	261	100	1,893		
Age														
5 and younger	3	0	2	0	1	0	20	0	17	0	3	0		
6-14	7	0	3	0	4	0	61	0	35	0	26	0		
15-20	51	0	45	0	6	0	370	0	330	0	40	0		
21-44	6,045	0	5,948	36	2	59	63,637	0	63,008	166	20	443		
45-64	6,581	5	6,453	16	0	107	69,107	59	68,365	80	0	603		
65-74	6,468	5,905	452	3	1	107	65,534	60,410	4,543	11	11	559		
75-84	7,145	7,089	0	0	0	56	72,280	72,092	0	0	0	188		
85 and older	7,552	7,523	1	0	0	28	72,704	72,592	12	0	0	100		
Unknown	3	1	0	2	0	0	11	7	0	4	0	0		
Gender														
Female	22,222	15,384	6,631	31	4	192	226,971	155,739	70,070	157	19	986		
Male	11,632	5,159	6,272	26	10	165	116,741	49,421	66,228	104	81	907		
Unknown	1	0	1	0	0	0	12	0	12	0	0	0		
Race														
White	29,692	18,514	10,806	41	13	318	301,086	184,471	114,659	190	89	1,677		
African American	2,381	1,064	1,286	10	1	20	24,386	10,947	13,255	48	11	125		
Other/unknown	1,782	945	812	6	0	19	18,252	9,742	8,396	23	0	91		
Use of Nursing Facilities														
All year	8,494	7,860	622	0	0	12	84,163	77,329	6,788	0	0	46		
Part year	2,811	2,489	319	0	0	3	26,215	22,947	3,250	0	0	18		
None	22,550	10,174	11,963	57	14	342	233,346	104,884	126,272	261	100	1,829		
Maintenance Assistance Status														
Cash	9,610	3,906	5,677	27	0	0	103,496	42,915	60,450	131	0	0		
Medically needy	12,590	10,475	2,084	24	7	0	120,052	98,426	21,471	107	48	0		
Poverty-related	10,999	6,130	4,862	0	7	0	115,038	63,686	51,300	0	52	0		
Other/unknown	656	12	281	6	0	357	5,138	133	3,089	23	0	1,893		
Dual Medicare Status^c														
Full dual, all year	33,266	20,193	12,646	56	14	357	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		
Managed Care Status														
FFS all year	32,427	20,312	11,729	21	10	355	334,152	203,403	128,649	137	81	1,882		
FFS part year, with Rx claims	1,315	189	1,087	34	3	2	8,887	1,631	7,118	116	11	11		
FFS part year, no Rx claims	113	22	88	2	1	0	685	126	543	8	8	0		

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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ ^c	No. of Benef
All	88.4 %	45.6	\$1,957	\$43	\$12,194	16.0 %	\$61	33,855
Age								
5 and younger	100.0	16.3	1,165	71	1,415	82.3	18	3
6-14	85.7	31.7	2,827	89	4,288	65.9	39	7
15-20	80.4	30.4	2,185	72	6,740	32.4	21	51
21-44	86.0	35.6	2,305	65	11,637	19.8	30	6,045
45-64	85.8	48.9	2,428	50	11,829	20.5	60	6,581
65-74	84.0	44.6	1,778	40	8,268	21.5	62	6,468
75-84	90.4	49.2	1,810	37	11,632	15.6	69	7,145
85 and older	94.6	48.1	1,558	32	16,903	9.2	79	7,552
Unknown	66.7	10.7	436	41	5,950	7.3	17	3
Basis of Eligibility								
Aged	90.7	47.7	1,713	36	12,599	13.6	71	20,523
Disabled	86.8	43.4	2,390	55	11,898	20.1	47	12,904
Adults	82.5	22.2	2,036	92	6,777	30.0	14	57
Children	71.4	21.6	1,956	90	3,048	64.2	18	14
Unknown	15.4	5.6	266	47	846	31.4	6	357
Gender								
Female	91.6	49.8	2,006	40	12,259	16.4	67	22,222
Male	82.4	37.5	1,863	50	12,070	15.4	49	11,632
Unknown	100.0	1.0	142	142	1,280	11.1	0	1
Race								
White	88.8	46.8	2,009	43	12,827	15.7	62	29,692
African American	86.3	38.9	1,641	42	7,966	20.6	59	2,381
Other/unknown	85.2	34.1	1,497	44	7,298	20.5	51	1,782
Use of Nursing Facilities								
Entire year	97.2	60.2	2,162	36	25,387	8.5	114	8,494
Part year	95.7	54.5	1,996	37	14,709	13.6	77	2,811
None	84.2	38.9	1,874	48	6,911	27.1	39	22,550
Maintenance Assistance Status								
Cash	90.3	44.0	2,140	49	8,256	25.9	47	9,610
Medically needy	89.3	51.4	1,900	37	21,758	8.7	91	12,590
Poverty related	88.0	41.8	1,910	46	5,222	36.6	42	10,999
Other/unknown	49.4	19.6	1,135	58	3,242	35.0	15	656

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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				Less than 5, but 10 or More	More than 10
All	4.5	\$193	16.0 %	11.6 %	15.4 %	10.6 %	29.1 %	25.5 %	7.8 %	\$1,201	33,855	343,724
Age												
5 and younger	2.5	175	82.3	0.0	33.3	33.3	33.3	0.0	0.0	212	3	20
6-14	3.6	324	65.9	14.3	0.0	28.6	42.9	14.3	0.0	492	7	61
15-20	4.2	301	32.4	19.6	11.8	15.7	27.5	11.8	13.7	929	51	370
21-44	3.4	219	19.8	14.0	26.1	12.3	25.2	16.3	6.0	1,106	6,045	63,637
45-64	4.7	231	20.5	14.2	15.0	10.0	26.8	24.2	9.8	1,127	6,581	69,107
65-74	4.4	176	21.5	16.0	15.4	10.7	26.6	22.9	8.5	816	6,468	65,534
75-84	4.9	179	15.6	9.6	12.3	10.2	30.3	29.2	8.4	1,150	7,145	72,280
85 and older	5.0	162	9.2	5.4	10.0	10.2	35.0	32.9	6.5	1,756	7,552	72,704
Unknown	2.9	119	7.3	33.3	33.3	0.0	33.3	0.0	0.0	1,623	3	11
Basis of Eligibility												
Aged	4.8	171	13.6	9.3	12.5	10.5	31.3	28.8	7.7	1,260	20,523	205,160
Disabled	4.1	226	20.1	13.2	20.3	11.2	26.2	20.9	8.3	1,126	12,904	136,310
Adults	4.8	445	30.0	17.5	19.3	3.5	17.5	26.3	15.8	1,480	57	261
Children	3.0	274	64.2	28.6	21.4	7.1	21.4	14.3	0.0	427	14	100
Unknown	1.1	50	31.4	84.6	3.4	2.8	4.8	3.4	1.1	160	357	1,893
Gender												
Female	4.9	196	16.4	8.4	13.3	10.8	30.8	28.0	8.8	1,200	22,222	226,971
Male	3.7	186	15.4	17.6	19.3	10.4	25.8	20.9	6.0	1,203	11,632	116,741
Unknown	0.1	12	11.1	0.0	100.0	0.0	0.0	0.0	0.0	107	1	12
Race												
White	4.6	198	15.7	11.2	14.5	10.3	29.2	26.5	8.2	1,265	29,692	301,086
African American	3.8	160	20.6	13.7	19.8	11.9	29.8	19.5	5.3	778	2,381	24,386
Other/unknown	3.3	146	20.5	14.8	23.1	14.6	25.9	16.9	4.7	713	1,782	18,252
Use of Nursing Facilities												
Entire year	6.1	218	8.5	2.8	6.7	7.9	31.6	39.2	11.9	2,562	8,494	84,163
Part year	5.8	214	13.6	4.3	7.5	8.7	32.7	36.2	10.5	1,577	2,811	26,215
None	3.8	181	27.1	15.8	19.6	11.9	27.7	19.0	6.0	668	22,550	233,346
Maintenance Assistance Status												
Cash	4.1	199	25.9	9.7	20.6	11.9	28.6	21.9	7.3	767	9,610	103,496
Medically needy	5.4	199	8.7	10.7	8.3	8.2	29.5	33.2	10.2	2,282	12,590	120,052
Poverty related	4.0	183	36.6	12.0	18.8	12.6	29.8	20.9	5.9	499	10,999	115,038
Other/unknown	2.5	145	35.0	50.6	15.5	6.6	14.8	9.5	3.0	414	656	5,138

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 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	4.5	\$193	\$43	1.6	\$118	\$75	0.8	\$36	\$47	1.9	\$30	\$15
Age												
5 and younger	2.5	175	71	1.2	150	130	0.6	16	26	0.7	10	14
6-14	3.6	324	89	2.1	240	116	0.4	67	176	1.2	18	15
15-20	4.2	301	72	1.8	217	120	0.7	54	82	1.6	29	18
21-44	3.4	219	65	1.3	145	109	0.5	42	81	1.4	25	18
45-64	4.7	231	50	1.8	145	82	0.7	44	61	2.0	34	17
65-74	4.4	176	40	1.6	108	66	0.7	31	43	1.9	28	15
75-84	4.9	179	37	1.7	105	63	0.9	34	38	2.1	31	15
85 and older	5.0	162	32	1.5	91	61	1.0	32	32	2.3	30	13
Unknown	2.9	119	41	0.8	63	76	0.5	24	53	1.1	8	8
Basis of Eligibility												
Aged	4.8	171	36	1.6	101	63	0.9	32	37	2.1	30	14
Disabled	4.1	226	55	1.6	146	92	0.6	43	68	1.7	30	17
Adults	4.8	445	92	1.9	225	117	0.7	170	234	2.1	39	19
Children	3.0	274	90	1.0	205	197	0.5	47	91	1.4	21	15
Unknown	1.1	50	47	0.4	32	74	0.2	10	66	0.4	5	13
Gender												
Female	4.9	196	40	1.7	121	70	0.8	36	43	2.1	31	15
Male	3.7	186	50	1.3	113	88	0.7	38	56	1.6	28	17
Unknown	0.1	12	142	0.1	12	142	0.0	0	0	0.0	0	0
Race												
White	4.6	198	43	1.6	121	75	0.8	37	47	2.0	31	16
African American	3.8	160	42	1.4	99	72	0.6	32	51	1.6	22	14
Other/unknown	3.3	146	44	1.2	91	74	0.5	28	51	1.4	21	15
Use of Nursing Facilities												
Entire year	6.1	218	36	1.9	128	67	1.1	40	35	2.7	40	15
Part year	5.8	214	37	2.0	130	65	1.1	38	36	2.5	37	15
None	3.8	181	48	1.4	114	80	0.6	35	57	1.6	25	16
Maintenance Assistance Status												
Cash	4.1	199	49	1.5	124	81	0.7	39	59	1.7	28	16
Medically needy	5.4	199	37	1.7	118	68	1.0	37	37	2.4	36	15
Poverty related	4.0	183	46	1.5	115	77	0.7	34	52	1.7	26	16
Other/unknown	2.5	145	58	1.0	90	86	0.4	35	90	1.0	16	16

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

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

Table 14

Dual Eligible 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 (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.2	\$18	\$15	\$0	\$2	\$51	\$86	\$41	\$12	73,644	\$3,745,858	19,668	58.1 %	210,990
Biologics	0.1	0.0	0.0	0.1	69	1	66	3	481	25	1,411	37	114	54,777	74	0.2	796
Antineoplastic Agents	0.6	0.3	0.1	0.2	103	83	12	9	166	274	111	40	5,208	864,654	815	2.4	8,395
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	26	20	3	3	29	45	18	12	132,953	3,795,713	13,704	40.5	144,578
Cardiovascular Agents	1.7	0.5	0.4	0.8	48	24	15	9	28	48	35	12	349,924	9,885,183	19,870	58.7	207,565
Respiratory Agents	0.8	0.4	0.0	0.4	27	20	1	6	36	55	32	18	112,962	4,114,045	13,965	41.2	149,770
Gastrointestinal Agents	0.8	0.3	0.1	0.3	51	36	8	6	67	109	70	19	107,838	7,204,802	13,343	39.4	141,725
Genitourinary Agents	0.5	0.3	0.0	0.2	20	16	0	4	41	57	35	20	27,688	1,133,381	5,310	15.7	57,140
CNS Drugs	1.3	0.6	0.2	0.6	87	56	20	11	65	98	101	19	241,133	15,712,062	17,233	50.9	181,094
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.1	0.5	23	3	7	13	36	67	66	26	3,045	108,516	457	1.3	4,763
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	72	69	0	2	107	124	24	22	6,196	663,716	909	2.7	9,280
Analgesics and Anesthetics	0.9	0.3	0.1	0.5	34	21	6	7	40	85	67	13	156,587	6,301,319	17,313	51.1	182,807
Neuromuscular Agents	1.0	0.3	0.2	0.5	47	30	7	10	47	90	45	20	94,434	4,475,801	8,856	26.2	95,077
Nutritional Products	0.7	0.0	0.3	0.4	14	1	7	6	21	28	29	15	51,045	1,049,386	7,335	21.7	76,030
Hematological Agents	0.8	0.1	0.5	0.3	26	10	10	5	33	204	23	20	45,300	1,507,950	5,642	16.7	58,757
Topical Products	0.4	0.2	0.1	0.2	13	8	3	2	32	46	36	15	62,776	1,998,360	13,709	40.5	149,148
Miscellaneous Products	0.5	0.1	0.2	0.2	90	46	39	5	196	312	258	31	3,930	769,736	818	2.4	8,568
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	21	0	0	0	42	0	0	0	67,371	2,854,001	12,725	37.6	137,035
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,542,148	66,239,260	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 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/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 (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 15

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$7,522,933	8,234	24.3 %	89,116	0.8	\$109
ULCER DRUGS	5,783,757	12,646	37.4	136,836	0.5	79
ANTIDEPRESSANTS	5,743,953	14,254	42.1	153,550	0.7	57
ANTICONVULSANT	3,221,333	6,541	19.3	71,573	0.8	56
ANALGESICS - Narcotic	3,066,021	17,688	52.2	189,380	0.5	35
ANTIHYPERTENSIVE	2,769,384	10,908	32.2	116,014	0.7	34
ANALGESICS - ANTI-INFLAMMATORY	2,681,464	12,083	35.7	134,199	0.4	51
ANTIDIABETIC	2,549,778	8,068	23.8	86,091	0.8	39
CALCIUM BLOCKERS	2,253,420	6,140	18.1	65,835	0.7	46
ANTIASTHMATIC	2,243,624	10,530	31.1	112,275	0.5	39

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 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 16A
 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	693,359	\$37,835,667	8,234	24.3 %	89,116	0.8	\$84	12,646	37.4 %	136,836	0.5	\$42					
Female	480,410	24,806,912	5,007	22.5	54,098	0.7	66	9,019	40.6	97,907	0.5	42					
Disabled	157,535	9,933,304	2,088	31.5	23,714	0.8	95	2,787	42.0	31,195	0.5	42					
5 and younger	23	2,061	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	8	530	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	203	17,902	2	9.5	18	5.7	539	4	19.0	29	0.2	6					
21-44	55,885	3,895,702	1,016	36.7	11,488	0.8	97	955	34.5	10,678	0.4	39					
45-64	94,906	5,689,668	1,025	28.7	11,692	0.8	93	1,695	47.5	19,068	0.5	44					
65-74	6,510	327,441	45	16.5	516	0.5	39	133	48.7	1,420	0.5	42					
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					
Other Eligibles	322,861	14,872,916	2,919	18.7	30,384	0.6	43	6,231	40.0	66,705	0.6	42					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	23	803	0	0.0	0	0.0	0	2	200.0	10	0.9	27					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	302	17,465	4	8.9	46	0.8	51	12	26.7	141	0.2	29					
45-64	373	15,808	4	6.9	42	0.1	2	7	12.1	75	0.6	44					
65-74	89,395	4,392,553	658	16.5	7,068	0.7	60	1,643	41.2	18,356	0.5	41					
75-84	116,213	5,389,805	999	19.0	10,541	0.6	45	2,189	41.6	23,677	0.6	43					
85 and older	116,555	5,056,482	1,254	20.1	12,687	0.5	33	2,378	38.1	24,446	0.6	43					
Male	212,948	13,028,613	3,226	27.7	35,006	0.9	113	3,627	31.2	38,929	0.5	42					
Disabled	119,336	8,718,141	2,221	35.4	25,048	1.1	141	1,806	28.8	20,319	0.5	42					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	35	525	0	0.0	0	0.0	0	1	50.0	12	0.9	18					
15-20	326	29,823	8	33.3	73	1.1	161	2	8.3	24	0.3	13					
21-44	54,026	4,455,142	1,282	40.3	14,417	1.1	150	746	23.5	8,453	0.5	40					
45-64	61,166	4,019,106	889	30.8	10,080	1.0	129	1,006	34.8	11,274	0.5	43					
65-74	3,760	213,151	42	23.5	478	1.0	106	50	27.9	544	0.7	57					
75-84	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	1	100.0	12	1.0	17					
Other Eligibles	93,612	4,310,472	1,005	18.8	9,958	0.6	45	1,821	34.0	18,610	0.6	43					
5 and younger	1	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	21	2,823	1	33.3	12	0.1	1	1	33.3	12	0.8	31					
15-20	53	3,379	1	25.0	12	0.7	76	1	25.0	12	0.1	7					
21-44	212	18,719	5	9.6	43	1.8	175	3	5.8	36	0.3	22					
45-64	145	6,827	2	2.9	20	0.8	15	3	4.3	28	0.2	41					
65-74	33,943	1,621,358	279	13.8	2,927	0.7	55	620	30.6	6,513	0.5	43					
75-84	37,086	1,671,330	388	20.5	3,834	0.6	44	696	36.8	7,123	0.6	45					
85 and older	22,151	985,997	329	25.0	3,110	0.5	35	497	37.8	4,886	0.6	42					
Unknown	15	834	1	25.0	12	0.1	12	1	25.0	7	0.6	60					

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 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	14,254	42.1 %	153,550	0.7	\$37	6,541	19.3 %	71,573	0.8	\$45	17,688	52.2 %	189,380	0.5	\$16
Female	10,271	46.2	110,794	0.7	37	3,891	17.5	42,415	0.8	41	13,073	58.8	140,374	0.5	16
Disabled	4,105	61.9	45,950	0.6	41	2,223	33.5	24,854	0.8	49	4,364	65.8	48,798	0.5	15
5 and younger	0	0.0	0	0.0	0	2	200.0	24	1.0	86	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.8	2	10.0	1,087	3	14.3	24	1.0	41	7	33.3	79	0.1	1
21-44	1,774	64.1	19,774	0.6	43	1,066	38.5	11,929	0.8	56	1,718	62.0	19,219	0.4	14
45-64	2,207	61.9	24,874	0.6	40	1,112	31.2	12,462	0.8	44	2,478	69.5	27,775	0.5	15
65-74	123	45.1	1,300	0.7	42	40	14.7	415	0.7	37	161	59.0	1,725	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,165	39.5	64,837	0.7	34	1,668	10.7	17,561	0.7	28	8,707	55.9	91,562	0.5	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	200.0	10	0.6	31	0	0.0	0	0.0	0	1	100.0	5	0.4	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	10	22.2	104	0.5	49	5	11.1	51	0.8	46	20	44.4	198	0.2	3
45-64	11	19.0	101	0.7	30	4	6.9	17	0.5	24	18	31.0	188	0.6	11
65-74	1,463	36.7	16,157	0.6	32	521	13.1	5,714	0.8	32	2,135	53.5	23,391	0.5	15
75-84	2,176	41.4	23,188	0.7	33	652	12.4	6,881	0.7	28	2,969	56.5	31,552	0.5	16
85 and older	2,503	40.1	25,277	0.7	35	486	7.8	4,898	0.7	24	3,564	57.1	36,228	0.5	18
Male	3,983	34.2	42,756	0.6	39	2,650	22.8	29,158	0.9	51	4,615	39.7	49,006	0.4	16
Disabled	2,312	36.9	25,845	0.6	43	1,980	31.6	22,371	0.9	58	2,450	39.1	27,312	0.4	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	1.7	21	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	25.0	56	0.6	62	11	45.8	118	1.4	104	3	12.5	34	0.2	6
21-44	1,184	37.3	13,221	0.6	45	1,100	34.6	12,446	0.9	61	1,162	36.6	12,985	0.4	15
45-64	1,055	36.5	11,797	0.6	41	827	28.6	9,326	0.9	54	1,224	42.4	13,664	0.4	18
65-74	63	35.2	723	0.6	36	42	23.5	481	0.8	35	61	34.1	629	0.5	21
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	3	300.0	36	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,671	31.2	16,911	0.7	34	670	12.5	6,787	0.8	31	2,165	40.4	21,694	0.5	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	8	0.1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	17.3	88	0.5	25	5	9.6	52	0.4	47	8	15.4	79	0.5	50
45-64	8	11.4	70	0.6	33	7	10.0	75	0.6	19	5	7.1	38	0.5	11
65-74	528	26.1	5,563	0.6	30	289	14.3	3,120	0.8	32	788	38.9	8,231	0.4	15
75-84	654	34.6	6,641	0.7	34	257	13.6	2,466	0.9	29	756	40.0	7,719	0.5	16
85 and older	471	35.8	4,541	0.7	37	112	8.5	1,074	0.7	29	608	46.3	5,627	0.5	16
Unknown	1	25.0	7	0.4	3	0	0.0	0	0.0	0	2	50.0	14	0.2	1

Table 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	10,908	32.2 %	116,014	0.7	\$24	12,083	35.7 %	134,199	0.4	\$20	8,068	23.8 %	86,091	0.8	\$30
Female	7,646	34.4	81,512	0.7	24	8,940	40.2	99,520	0.4	22	5,679	25.6	61,077	0.8	29
Disabled	1,498	22.6	16,605	0.6	24	3,152	47.5	35,517	0.4	21	1,456	22.0	16,110	0.7	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	9.5	24	0.2	5	2	9.5	16	0.6	206	0	0.0	0	0.0	0
21-44	296	10.7	3,302	0.6	23	1,150	41.5	12,902	0.3	16	303	10.9	3,394	0.7	30
45-64	1,086	30.5	12,021	0.6	24	1,888	52.9	21,399	0.4	24	1,049	29.4	11,593	0.8	37
65-74	114	41.8	1,258	0.7	24	112	41.0	1,200	0.4	21	104	38.1	1,123	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
Other Eligibles	6,148	39.4	64,907	0.7	24	5,787	37.1	63,996	0.4	22	4,223	27.1	44,967	0.8	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	100.0	5	1.2	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	4.4	17	0.6	19	7	15.6	82	0.4	18	3	6.7	35	0.9	14
45-64	6	10.3	62	0.6	24	9	15.5	91	0.5	24	5	8.6	50	0.6	29
65-74	1,609	40.3	17,622	0.7	24	1,695	42.5	19,214	0.4	23	1,465	36.7	16,033	0.8	31
75-84	2,242	42.7	23,956	0.7	24	2,081	39.6	23,098	0.4	22	1,609	30.6	17,266	0.8	27
85 and older	2,288	36.7	23,245	0.8	23	1,995	32.0	21,511	0.5	21	1,141	18.3	11,583	0.8	23
Male	3,262	28.0	34,502	0.7	25	3,143	27.0	34,679	0.4	16	2,389	20.5	25,014	0.7	30
Disabled	1,216	19.4	13,499	0.7	25	1,728	27.6	19,645	0.3	13	971	15.5	10,584	0.7	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	8.3	24	0.5	4	1	4.2	12	0.4	3	0	0.0	0	0.0	0
21-44	344	10.8	3,863	0.6	22	748	23.5	8,450	0.3	9	229	7.2	2,465	0.7	33
45-64	809	28.0	8,939	0.7	26	933	32.3	10,678	0.4	15	699	24.2	7,634	0.7	36
65-74	60	33.5	661	0.7	26	46	25.7	505	0.5	23	43	24.0	485	0.8	38
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
Other Eligibles	2,046	38.2	21,003	0.7	24	1,415	26.4	15,034	0.4	19	1,418	26.5	14,430	0.7	27
5 and younger	1	100.0	3	0.3	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	6	0.2	11	1	33.3	6	0.3	334	0	0.0	0	0.0	0
15-20	2	50.0	24	1.3	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1	1.9	2	0.5	15	7	13.5	46	0.3	37	1	1.9	7	0.1	2
45-64	1	1.4	6	0.3	3	7	10.0	52	0.2	7	1	1.4	6	0.8	5
65-74	739	36.5	7,933	0.6	24	531	26.2	5,964	0.4	17	586	28.9	6,185	0.7	29
75-84	809	42.8	8,387	0.7	24	497	26.3	5,321	0.4	21	544	28.8	5,554	0.8	26
85 and older	492	37.4	4,642	0.8	25	372	28.3	3,645	0.4	20	286	21.8	2,678	0.7	23
Unknown	0	0.0	0	0.0	0	1	25.0	7	0.6	34	0	0.0	0	0.0	0

Table 16C

Dual Eligible 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 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIASTHMATIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	6,140	18.1 %	65,835	0.7	\$34	10,530	31.1 %	112,275	0.5	\$20	33,855	343,724
Female	4,664	21.0	50,025	0.8	34	7,031	31.6	75,961	0.5	20	22,220	226,962
Disabled	879	13.3	9,626	0.7	34	2,440	36.8	27,031	0.5	19	6,631	70,070
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	1	100.0	12	0.7	44	0	0.0	0	0.0	0	1	12
15-20	4	19.0	42	0.6	31	0	0.0	0	0.0	0	21	135
21-44	183	6.6	2,009	0.6	29	829	29.9	9,264	0.4	16	2,769	29,295
45-64	635	17.8	6,973	0.7	35	1,513	42.4	16,757	0.5	20	3,566	37,894
65-74	56	20.5	590	0.8	43	98	35.9	1,010	0.7	28	273	2,722
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
Other Eligibles	3,785	24.3	40,399	0.8	34	4,591	29.5	48,930	0.5	20	15,589	156,892
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
21-44	2	4.4	15	0.3	20	9	20.0	99	0.1	3	45	305
45-64	4	6.9	42	0.5	40	3	5.2	24	0.2	5	58	323
65-74	1,037	26.0	11,458	0.7	35	1,579	39.6	17,580	0.6	23	3,990	41,338
75-84	1,377	26.2	14,962	0.8	35	1,621	30.8	17,242	0.5	21	5,256	54,106
85 and older	1,365	21.9	13,922	0.8	33	1,379	22.1	13,985	0.4	15	6,237	60,812
Male	1,476	12.7	15,810	0.7	34	3,499	30.1	36,314	0.5	21	11,631	116,739
Disabled	633	10.1	7,089	0.7	35	1,334	21.3	14,589	0.5	19	6,272	66,228
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
6-14	1	50.0	12	0.3	5	0	0.0	0	0.0	0	2	23
15-20	2	8.3	24	0.8	68	2	8.3	13	0.2	2	24	195
21-44	176	5.5	1,995	0.7	35	481	15.1	5,351	0.4	17	3,178	33,701
45-64	422	14.6	4,708	0.7	35	780	27.0	8,496	0.5	21	2,887	30,471
65-74	32	17.9	350	0.7	37	70	39.1	717	0.6	23	179	1,821
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	0.2	6	1	12
Other Eligibles	843	15.7	8,721	0.7	34	2,165	40.4	21,725	0.6	22	5,359	50,511
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	1	33.3	12	0.7	32	0	0.0	0	0.0	0	3	21
15-20	1	25.0	12	1.0	126	0	0.0	0	0.0	0	4	37
21-44	0	0.0	0	0.0	0	1	1.9	12	0.1	5	52	324
45-64	1	1.4	12	0.3	68	0	0.0	0	0.0	0	70	419
65-74	337	16.6	3,601	0.7	36	807	39.8	8,370	0.6	23	2,026	19,653
75-84	344	18.2	3,558	0.7	34	834	44.2	8,367	0.6	22	1,889	18,174
85 and older	159	12.1	1,526	0.8	30	523	39.8	4,976	0.5	18	1,314	11,880
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	23

Table 16D

Dual Eligible 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 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 (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 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	\$218	6.1	8,494	84,163
Age				
0-64	321	6.6	548	6,024
65-74	298	7.5	896	9,026
75-84	240	6.6	2,377	23,700
85 and older	177	5.5	4,673	45,413
Unknown	0	0.0	0	0
Gender				
Female	212	6.0	6,284	62,917
Male	238	6.2	2,210	21,246
Unknown	0	0.0	0	0
Race				
White	218	6.1	8,094	80,161
African American	198	5.4	230	2,327
Other/unknown	247	6.5	170	1,675
Basis of Eligibility				
Aged	209	6.0	7,860	77,329
Disabled	318	6.7	622	6,788
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	235	6.3	12	46

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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,811 beneficiaries who were in nursing facilities for part of their enrollment and their 26,215 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 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users					
	Total	Patented	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.3	0.2	0.0	0.2	\$0	\$13	\$15	\$2	\$2	\$34	21,532	\$949,076	5,954	70.1 %	62,157
Biologics	0.1	0.0	0.0	0.1	1	2	2	2	22	0	48	1,139	46	0.5	515
Antineoplastic Agents	0.7	0.3	0.1	0.2	69	92	137	8	39	115	1,774	242,443	257	3.0	2,629
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	19	26	24	4	10	14	39,861	968,423	3,643	42.9	37,027
Cardiovascular Agents	1.9	0.4	0.5	1.0	15	40	21	11	11	26	119,907	2,502,613	6,173	72.7	62,202
Respiratory Agents	0.8	0.3	0.0	0.5	14	24	32	9	21	23	28,531	915,836	3,631	42.7	37,701
Gastrointestinal Agents	0.9	0.4	0.2	0.4	36	53	57	8	19	61	39,248	2,220,283	4,067	47.9	41,724
Genitourinary Agents	0.6	0.3	0.0	0.3	18	24	39	5	19	35	12,379	484,200	1,964	23.1	20,597
CNS Drugs	1.4	0.7	0.2	0.5	52	73	53	8	16	79	75,836	4,055,462	5,474	64.4	55,840
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	1	15	21	2	19	31	1,282	27,308	182	2.1	1,871
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	79	81	109	2	29	0	3,329	361,208	437	5.1	4,452
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	26	38	39	7	12	54	46,582	1,823,704	4,762	56.1	48,377
Neuromuscular Agents	1.1	0.3	0.3	0.6	23	49	44	12	22	50	26,491	1,156,265	2,273	26.8	23,725
Nutritional Products	0.8	0.0	0.3	0.5	1	16	20	8	15	29	24,671	496,023	2,979	35.1	30,094
Hematological Agents	1.0	0.0	0.6	0.3	7	24	25	6	19	19	20,465	514,289	2,118	24.9	21,538
Topical Products	0.5	0.2	0.1	0.2	8	15	31	3	14	38	24,875	766,644	4,805	56.6	51,635
Miscellaneous Products	0.3	0.0	0.0	0.2	2	8	30	1	21	103	687	20,693	255	3.0	2,585
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	0	20	35	0	0	0	24,188	857,914	4,079	48.0	42,706
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	511,686	18,363,523	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,811 beneficiaries who were in nursing facilities for part of their enrollment and their 26,215 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 (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 (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 18

Dual Eligible 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.

APPENDIX TABLE A.3
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	34,100	20,573	13,074	78	17	352,489	206,235	143,556	658	143	1,897
Age											
5 and younger	4	0	2	0	2	32	0	17	0	15	0
6-14	7	0	3	0	4	61	0	35	0	26	0
15-20	55	0	48	0	7	598	0	530	0	68	0
21-44	6,157	0	6,042	52	3	67,892	0	66,991	434	23	444
45-64	6,643	5	6,511	20	0	71,778	59	70,931	182	0	606
65-74	6,530	5,951	467	4	1	66,948	61,300	5,040	38	11	559
75-84	7,149	7,093	0	0	0	72,438	72,250	0	0	0	188
85 and older	7,552	7,523	1	0	0	72,731	72,619	12	0	0	100
Unknown	3	1	0	2	0	11	7	0	4	0	0
Gender											
Female	22,347	15,396	6,709	45	4	232,061	156,445	74,175	418	33	990
Male	11,752	5,177	6,364	33	13	120,416	49,790	69,369	240	110	907
Unknown	1	0	1	0	0	12	0	12	0	0	0
Race											
White	29,864	18,542	10,932	57	15	307,938	185,166	120,492	480	120	1,680
African American	2,423	1,074	1,314	13	1	25,482	11,135	14,117	93	11	126
Other/unknown	1,813	957	828	8	1	19,069	9,934	8,947	85	12	91
Use of Nursing Facilities											
All year	8,494	7,860	622	0	0	84,183	77,329	6,808	0	0	46
Part year	2,813	2,490	320	0	0	26,343	22,996	3,329	0	0	18
None	22,793	10,223	12,132	78	17	241,963	105,910	133,419	658	143	1,833
Maintenance Assistance Status											
Cash	9,810	3,952	5,816	42	0	109,142	43,750	65,023	369	0	0
Medically needy	12,600	10,475	2,088	28	9	120,720	98,459	21,957	225	79	0
Poverty related	11,028	6,134	4,887	0	7	117,241	63,893	53,296	0	52	0
Other/unknown	662	12	283	8	1	5,386	133	3,280	64	12	1,897
Dual Status^c											
Full dual, all year	33,511	20,243	12,816	77	17	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
Managed Care Status											
FFS all year	32,427	20,312	11,729	21	10	334,152	203,403	128,649	137	81	1,882
FFS part year, with Rx claims	1,315	189	1,087	34	3	14,850	2,121	12,359	329	27	14
FFS part year, no Rx claims	113	22	88	2	1	1,109	188	896	16	9	0
MC all year, with Rx claims	200	39	140	17	3	2,070	448	1,429	166	26	1
MC all year, no Rx claims	45	11	30	4	0	308	75	223	10	0	0

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.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G 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
All	34,100	352,489	33,855	343,724	245	8,765		
FFS all year	32,427	334,152	32,427	334,152	0	0		
FFS part year, with Rx claims	1,315	14,850	1,315	8,887	0	5,963		
FFS part year, with no Rx claims	113	1,109	113	685	0	424		
MC all year, with Rx claims	200	2,070	0	0	200	2,070		
MC all year, with no Rx claims	45	308	0	0	45	308		

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.

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SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEBRASKA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 7,552
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$11,766,015
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,558

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	406	5.4 %	0	0.0 %
1-500	1,666	22.1	400,738	3.4
501-1,000	1,379	18.3	1,016,739	8.6
1,001-1,500	1,044	13.8	1,292,630	11.0
1,501-2,000	811	10.7	1,412,822	12.0
2,001-2,500	660	8.7	1,480,832	12.6
2,501-3,000	491	6.5	1,347,286	11.5
3,001-3,500	323	4.3	1,047,101	8.9
3,501-4,000	246	3.3	920,692	7.8
4,001-4,500	143	1.9	607,394	5.2
4,501-5,000	125	1.7	592,562	5.0
5,001-5,500	83	1.1	436,843	3.7
5,501-6,000	58	0.8	332,634	2.8
6,001-6,500	33	0.4	206,484	1.8
6,501-7,000	24	0.3	160,892	1.4
7,001-7,500	19	0.3	137,930	1.2
7,501-8,000	13	0.2	100,453	0.9
8,001-8,500	11	0.1	90,727	0.8
8,501-9,000	2	0.0	17,352	0.1
9,001-9,500	3	0.0	27,680	0.2
9,501-10,000	2	0.0	19,426	0.2
10,001+	10	0.1	116,798	1.0

Source: Data for this table are from the MAX 1999 file for Nebraska, released by CMS in 12/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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