

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 DELAWARE

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
DELAWARE, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	136,542 (A)	16,595 (E)	119,947 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	126,967 (B)	11,030 (F)	115,937 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	46,061 (C)	10,202 (G)	35,859 (K)
4. Benes who were all-year nursing facility residents ^f	2,410 (D)	2,249 (H)	161 (L)

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Delaware in 2001 was \$83,979,577, of which \$47,047,721 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 3.6 percent were restricted benefit months without a pharmacy benefit in Delaware, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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^{a,b}
 DELAWARE, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	46,061	5,997	6,288	15,314	18,462	0	209,692	59,820	55,855	51,750	42,267	0		
Age														
5 and younger	7,803	0	181	0	7,622	0	17,052	0	599	0	16,453	0		
6-14	7,726	0	338	0	7,388	0	17,468	0	1,433	0	16,035	0		
15-20	4,994	0	290	1,253	3,451	0	14,974	0	1,493	3,705	9,776	0		
21-44	15,205	0	2,700	12,504	1	0	66,575	0	25,237	41,335	3	0		
45-64	4,167	0	2,674	1,493	0	0	32,400	0	26,117	6,283	0	0		
65-74	2,014	1,853	104	57	0	0	20,496	19,155	966	375	0	0		
75-84	2,220	2,214	0	6	0	0	22,279	22,239	0	40	0	0		
85 and older	1,932	1,930	1	1	0	0	18,448	18,426	10	12	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	29,502	4,507	3,185	12,491	9,319	0	140,818	45,619	28,996	45,351	20,852	0		
Male	16,559	1,490	3,103	2,823	9,143	0	68,874	14,201	26,859	6,399	21,415	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	21,852	3,556	3,413	7,417	7,466	0	107,946	34,850	31,289	24,638	17,169	0		
African American	18,378	1,889	2,487	6,119	7,883	0	80,370	19,892	21,855	20,862	17,761	0		
Other/unknown	5,831	552	388	1,778	3,113	0	21,376	5,078	2,711	6,250	7,337	0		
Use of Nursing Facilities^c														
Entire year	2,410	2,106	304	0	0	0	24,309	21,095	3,214	0	0	0		
Part year	941	803	137	1	0	0	8,689	7,391	1,292	6	0	0		
None	42,710	3,088	5,847	15,313	18,462	0	176,694	31,334	51,349	51,744	42,267	0		
Maintenance Assistance Status														
Cash	31,942	2,528	4,416	10,217	14,781	0	121,946	27,263	38,500	24,797	31,386	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	2,348	121	305	218	1,704	0	7,567	1,046	2,235	539	3,747	0		
Other/unknown	11,771	3,348	1,567	4,879	1,977	0	80,179	31,511	15,120	26,414	7,134	0		
Dual Medicare Status^d														
Full dual, all year	9,437	5,392	3,681	362	2	0	97,128	55,085	39,458	2,572	13	0		
Full dual, part year	765	326	406	33	0	0	6,789	3,143	3,299	347	0	0		
Non-dual, all year	35,859	279	2,201	14,919	18,460	0	105,775	1,592	13,098	48,831	42,254	0		
Managed Care Status														
FFS all year	17,926	5,824	4,672	3,996	3,434	0	142,247	58,905	49,948	22,475	10,919	0		
FFS part year, with Rx claims	18,235	162	1,355	8,031	8,687	0	44,213	876	5,177	20,469	17,691	0		
FFS part year, no Rx claims	9,900	11	261	3,287	6,341	0	23,232	39	730	8,806	13,657	0		

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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^{a, b}
 DELAWARE, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	61.0 %	14.0	\$902	\$57	\$7,386	10.9 %	46,061
Age							
5 and younger	54.7	2.7	105	38	1,689	6.2	7,803
6-14	44.8	2.8	133	48	1,723	7.7	7,726
15-20	52.4	3.9	204	52	3,912	5.2	4,994
21-44	62.3	10.8	753	70	5,730	13.1	15,205
45-64	73.6	34.9	2,437	70	16,681	14.6	4,167
65-74	85.3	44.9	2,327	52	15,668	14.9	2,014
75-84	83.8	44.5	1,998	45	22,644	8.8	2,220
85 and older	84.1	43.6	1,733	40	28,849	6.0	1,932
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	84.8	44.5	2,023	45	22,649	8.9	5,997
Disabled	83.4	38.3	2,960	77	22,919	12.9	6,288
Adults	57.1	5.9	278	47	1,899	14.6	15,314
Children	48.9	2.5	105	41	1,690	6.2	18,462
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	64.1	15.3	794	52	7,079	11.2	29,502
Male	55.6	11.7	815	69	7,934	10.3	16,559
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.1	17.8	970	55	9,692	10.0	21,852
African American	59.0	11.7	729	62	5,943	12.3	18,378
Other/unknown	52.1	7.0	401	58	3,294	12.2	5,831
Use of Nursing Facilities^d							
Entire year	81.6	54.6	2,206	40	44,722	4.9	2,410
Part year	87.7	45.8	2,060	45	28,370	7.3	941
None	59.3	11.0	695	63	4,817	14.4	42,710

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	61.4	11.5	697	61	4,899	14.2	31,942
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	53.1	5.1	286	56	1,932	14.8	2,348
Other/unknown	61.5	22.7	1,189	53	15,225	7.8	11,771

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

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

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	3.1	\$176	10.9 %	39.0 %	19.4 %	9.2 %	15.4 %	10.5 %	6.5 %	\$1,623	46,061	209,692
Age												
5 and younger	1.2	48	6.2	45.3	24.0	9.8	12.4	5.7	2.8	773	7,803	17,052
6-14	1.2	59	7.7	55.2	20.1	7.9	9.5	4.4	2.9	762	7,726	17,468
15-20	1.3	68	5.2	47.6	21.2	9.4	12.1	5.5	4.2	1,305	4,994	14,974
21-44	2.5	172	13.1	37.7	20.1	9.4	15.1	9.7	8.0	1,309	15,205	66,575
45-64	4.5	313	14.6	26.4	13.2	8.1	19.2	18.6	14.5	2,145	4,167	32,400
65-74	4.4	229	14.9	14.7	15.9	9.9	27.6	22.7	9.2	1,540	2,014	20,496
75-84	4.4	199	8.8	16.2	13.6	10.1	26.7	25.1	8.3	2,256	2,220	22,279
85 and older	4.6	182	6.0	15.9	11.4	10.5	29.1	25.5	7.6	3,021	1,932	18,448
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	4.5	203	8.9	15.2	13.8	10.3	28.0	24.5	8.2	2,271	5,997	59,820
Disabled	4.3	333	12.9	16.6	17.5	10.5	24.1	19.6	11.8	2,580	6,288	55,855
Adults	1.7	82	14.6	42.9	19.5	8.8	12.6	8.1	8.3	562	15,314	51,750
Children	1.1	46	6.2	51.1	21.8	8.7	10.8	4.8	2.7	738	18,462	42,267
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.2	166	11.2	35.9	19.7	9.3	16.3	11.5	7.3	1,483	29,502	140,818
Male	2.8	196	10.3	44.4	18.9	9.1	13.8	8.8	5.1	1,907	16,559	68,874
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.6	196	10.0	34.9	18.5	9.0	16.5	12.6	8.5	1,962	21,852	107,946
African American	2.7	167	12.3	41.0	19.6	9.6	15.4	9.3	5.1	1,359	18,378	80,370
Other/unknown	1.9	109	12.2	47.9	21.9	8.7	11.4	6.5	3.6	899	5,831	21,376
Use of Nursing Facilities^d												
Entire year	5.4	219	4.9	18.4	7.1	6.6	24.2	29.3	14.4	4,434	2,410	24,309
Part year	5.0	223	7.3	12.3	13.3	9.8	26.6	27.7	10.3	3,073	941	8,689
None	2.7	168	14.4	40.7	20.2	9.3	14.7	9.0	6.0	1,164	42,710	176,694

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	Bene Mos
				None	More than 0, but 1 or Less	More than 2, but 5 or Less		More than 5, but 10 or Less	Benes			
						Less	More than 2, but 5 or Less					
Maintenance Assistance Status												
Cash	3.0	183	14.2	38.6	19.9	9.9	15.6	9.7	6.2	1,283	31,942	121,946
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.6	89	14.8	46.9	25.2	8.9	10.4	4.8	3.8	600	2,348	7,567
Other/unknown	3.3	175	7.8	38.5	16.9	7.2	15.9	13.6	7.8	2,235	11,771	80,179

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

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.

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

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

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^{a, b, c}
 DELAWARE, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	3.1	\$176	1.5	\$140	0.2	\$49	1.3	\$26
Age								
5 and younger	1.2	48	0.5	39	0.0	74	0.7	8
6-14	1.2	59	0.7	48	0.0	71	0.5	9
15-20	1.3	68	0.7	52	0.1	76	0.6	12
21-44	2.5	172	1.2	140	0.2	113	1.1	21
45-64	4.5	313	2.3	254	0.3	108	1.9	40
65-74	4.4	229	2.3	179	0.3	79	1.8	37
75-84	4.4	199	2.1	150	0.4	72	2.0	38
85 and older	4.6	182	2.0	133	0.5	67	2.1	36
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.5	203	2.1	154	0.4	73	2.0	37
Disabled	4.3	333	2.2	272	0.3	122	1.8	40
Adults	1.7	82	0.9	64	0.1	74	0.8	14
Children	1.1	46	0.6	37	0.0	68	0.5	7
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	3.2	166	1.6	130	0.2	83	1.4	26
Male	2.8	196	1.4	159	0.2	113	1.2	26
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.6	196	1.7	151	0.3	87	1.6	32
African American	2.7	167	1.4	138	0.1	100	1.1	21
Other/unknown	1.9	109	1.0	91	0.1	91	0.8	14
Use of Nursing Facilities^e								
Entire year	5.4	219	2.4	159	0.6	67	2.5	45
Part year	5.0	223	2.2	168	0.5	76	2.3	41
None	2.7	168	1.4	136	0.1	99	1.1	23

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs		
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	
Maintenance Assistance Status									
Cash	3.0	183	1.5	146	96	10	62	1.3	26
Medically needy	0.0	0	0.0	0	0	0	0	0.0	0
Poverty related	1.6	89	0.8	73	90	4	55	0.7	12
Other/unknown	3.3	175	1.6	136	86	11	38	1.5	28
									19

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

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.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

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

CMS = 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^{a, b, c, d}
 DELAWARE, 2001

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 No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.7	0.4	0.0	0.2	\$67	\$64	\$0	\$3	\$103	\$150	\$77	\$14	59,841	\$6,186,753	17,184	37.3 %	91,759	
Biologics	0.4	0.4	0.0	0.0	310	309	0	1	745	836	252	24	375	279,477	169	0.4	901	
Antineoplastic Agents	0.5	0.2	0.1	0.2	108	78	16	14	199	320	153	71	2,284	453,395	456	1.0	4,181	
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.3	37	31	3	4	39	58	20	14	56,311	2,201,253	8,987	19.5	59,093	
Cardiovascular Agents	1.7	0.7	0.1	0.9	63	41	3	18	37	58	32	20	119,650	4,380,459	7,823	17.0	69,975	
Respiratory Agents	1.0	0.5	0.0	0.4	42	32	1	9	43	60	36	22	69,872	3,010,136	12,979	28.2	72,160	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	66	58	2	7	78	116	85	20	42,282	3,301,591	6,029	13.1	49,822	
Genitourinary Agents	0.5	0.4	0.0	0.1	23	21	0	2	48	56	25	20	9,131	435,280	2,887	6.3	18,987	
CNS Drugs	1.4	0.7	0.1	0.6	99	75	10	13	72	105	114	23	94,962	6,824,779	9,072	19.7	69,263	
Stimulants/Anti-obesity/Anorexia	1.4	1.0	0.1	0.4	79	64	4	11	55	64	56	31	4,125	228,121	807	1.8	2,886	
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	63	60	0	3	113	119	28	59	3,982	449,729	812	1.8	7,159	
Analgesics and Anesthetics	0.9	0.4	0.1	0.5	47	35	5	8	53	99	84	15	64,450	3,388,525	11,437	24.8	71,479	
Neuromuscular Agents	1.1	0.5	0.1	0.5	64	47	4	12	57	96	41	23	42,450	2,428,043	4,902	10.6	38,080	
Nutritional Products	0.6	0.1	0.2	0.4	11	2	4	5	17	26	23	13	15,771	274,497	3,854	8.4	24,382	
Hematological Agents	0.8	0.3	0.2	0.3	64	55	3	6	83	198	16	20	16,140	1,331,957	2,291	5.0	20,896	
Topical Products	0.6	0.3	0.0	0.3	20	13	2	4	33	49	38	17	39,536	1,320,908	10,781	23.4	67,270	
Miscellaneous Products	0.4	0.2	0.0	0.2	76	55	10	11	170	231	216	67	2,347	399,560	775	1.7	5,251	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	33	0	0	0	1,149	37,393	537	1.2	4,174	
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.	644,658	36,931,856	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

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 2001. 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 (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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^{a, b, c}
 DELAWARE, 2001

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene. Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$3,661,790	1,735	3.8 %	18,490	0.6	\$342	\$198
ANTIPSYCHOTICS	3,109,133	3,059	6.6	31,714	0.7	132	98
ULCER DRUGS	2,427,246	4,311	9.4	44,890	0.6	94	54
ANTIDEPRESSANTS	1,978,122	4,903	10.6	48,730	0.6	63	41
ANTICONVULSANT	1,714,803	2,741	6.0	28,881	0.9	68	59
ANALGESICS - Narcotic	1,290,844	6,203	13.5	62,065	0.4	52	21
ANTHYPERLIPIDEMIC	1,157,284	2,061	4.5	22,981	0.6	84	50
ANALGESICS - ANTI-INFLAMMATORY	1,150,443	4,317	9.4	43,399	0.4	68	27
ASTHMATIC	1,104,263	4,979	10.8	47,252	0.5	46	23
ANTI-DIABETIC	1,057,005	2,992	6.5	32,142	0.6	51	33
Total	18,650,933	37,301		380,544	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Delaware, released by CMS in 03/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.