

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 NEBRASKA

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

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	253,963 (A)	36,824 (E)	217,139 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	252,139 (B)	35,012 (F)	217,127 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	229,895 (C)	34,945 (G)	194,950 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	2,566 (D)	2,416 (H)	150 (L)

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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 Nebraska in 2001 was \$172,690,860, of which \$9,867,135 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 0.7 percent were restricted benefit months without a pharmacy benefit in Nebraska, 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 1

All Medicaid Beneficiaries

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NEBRASKA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>229,895</b>	<b>21,778</b>	<b>26,655</b>	<b>44,785</b>	<b>136,666</b>	<b>11</b>	<b>2,019,177</b>	<b>217,987</b>	<b>272,046</b>	<b>301,011</b>	<b>1,228,107</b>	<b>26</b>		
<b>Age</b>														
5 and younger	51,221	0	658	124	50,439	0	460,047	0	6,583	601	452,863	0		
6-14	58,399	0	1,508	6	56,885	0	547,773	0	15,761	45	531,967	0		
15-20	28,870	0	1,283	926	26,661	0	246,828	0	12,970	5,888	227,970	0		
21-44	44,248	0	11,057	31,207	1,979	5	352,560	0	114,223	225,863	12,463	11		
45-64	14,547	2	11,887	2,647	5	6	139,311	7	119,848	19,412	29	15		
65-74	7,074	6,807	261	6	0	0	73,115	70,428	2,659	28	0	0		
75-84	7,527	7,525	0	2	0	0	75,913	75,889	0	24	0	0		
85 and older	7,445	7,444	1	0	0	0	71,665	71,663	2	0	0	0		
Unknown	10,564	0	0	9,867	697	0	51,965	0	0	49,150	2,815	0		
<b>Gender</b>														
Female	130,236	16,174	14,049	31,360	68,642	11	1,154,046	164,212	144,007	230,672	615,129	26		
Male	96,537	5,603	12,601	10,482	67,851	0	854,828	53,772	128,030	60,733	612,293	0		
Unknown	3,122	1	5	2,943	173	0	10,303	3	9	9,606	685	0		
<b>Race</b>														
White	162,896	19,199	21,390	29,353	92,949	5	1,489,350	191,737	222,879	208,190	866,533	11		
African American	22,795	1,172	2,833	5,145	13,643	2	170,021	12,290	25,767	30,764	101,195	5		
Other/unknown	44,204	1,407	2,432	10,287	30,074	4	359,806	13,960	23,400	62,057	260,379	10		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	2,566	2,290	273	0	3	0	18,964	16,568	2,360	0	36	0		
Part year	9,157	7,848	1,274	17	17	1	95,060	81,009	13,715	157	176	3		
None	218,172	11,640	25,108	44,768	136,646	10	1,905,153	120,410	255,971	300,854	1,227,895	23		
<b>Maintenance Assistance Status</b>														
Cash	52,155	4,210	15,660	11,012	21,273	0	447,992	45,402	159,768	68,397	174,425	0		
Medically needy	39,733	10,444	2,003	17,589	9,697	0	320,851	97,393	19,651	130,734	73,073	0		
Poverty-related	111,470	7,095	8,460	8,490	87,414	11	1,010,450	74,869	86,698	45,405	803,452	26		
Other/unknown	26,537	29	532	7,694	18,282	0	239,884	323	5,929	56,475	177,157	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	34,348	20,424	13,780	128	16	0	355,639	205,208	149,206	1,064	161	0		
Full dual, part year	597	342	255	0	0	0	5,384	3,108	2,276	0	0	0		
Non-dual, all year	194,950	1,012	12,620	44,657	136,650	11	1,658,154	9,671	120,564	299,947	1,227,946	26		
<b>Managed Care Status</b>														
FFS all year	204,709	21,604	24,864	38,300	119,930	11	1,919,991	217,236	263,768	277,568	1,161,393	26		
FFS part year, with Rx claims	18,582	159	1,571	5,094	11,758	0	75,175	693	7,456	18,971	48,055	0		
FFS part year, no Rx claims	6,457	15	208	1,328	4,906	0	23,686	58	783	4,331	18,514	0		

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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<sup>a, b</sup>  
 NEBRASKA, 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	71.6 %	14.3	\$708	\$50	\$4,453	15.9 %	229,895
<b>Age</b>							
5 and younger	74.4	4.9	140	28	1,750	8.0	51,221
6-14	63.2	4.7	254	54	1,478	17.2	58,399
15-20	65.7	6.3	344	54	2,759	12.5	28,870
21-44	75.5	15.6	941	60	5,605	16.8	44,248
45-64	85.5	46.7	2,676	57	12,442	21.5	14,547
65-74	88.7	52.4	2,441	47	10,755	22.7	7,074
75-84	92.0	55.7	2,342	42	13,596	17.2	7,527
85 and older	95.7	53.7	2,005	37	19,071	10.5	7,445
Unknown	42.3	2.0	50	25	1,771	2.8	10,564
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.2	54.0	2,256	42	14,530	15.5	21,778
Disabled	87.0	41.8	2,698	65	14,854	18.2	26,655
Adults	65.5	7.7	330	43	2,128	15.5	44,785
Children	67.3	4.8	197	41	1,580	12.5	136,666
Unknown	36.4	5.4	159	30	8,958	1.8	11
<b>Gender</b>							
Female	75.4	17.1	808	47	4,699	17.2	130,236
Male	67.9	10.9	596	55	4,236	14.1	96,537
Unknown	27.9	0.9	22	25	871	2.5	3,122
<b>Race</b>							
White	74.5	17.0	856	50	5,193	16.5	162,896
African American	67.6	10.5	500	48	3,291	15.2	22,795
Other/unknown	63.1	6.3	272	43	2,327	11.7	44,204
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	93.7	52.0	2,137	41	25,044	8.5	2,566
Part year	98.4	71.1	3,075	43	29,229	10.5	9,157
None	70.2	11.5	592	52	3,171	18.7	218,172

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
<b>Maintenance Assistance Status</b>							
Cash	75.1	19.1	1,080	56	6,073	17.8	52,155
Medically needy	75.9	24.5	1,053	43	9,707	10.8	39,733
Poverty related	68.4	9.9	479	49	2,123	22.6	111,470
Other/unknown	71.8	8.3	427	52	3,188	13.4	26,537

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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<sup>a,b</sup>  
 NEBRASKA, 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	1.6	\$81	15.9 %	28.4 %	46.2 %	7.4 %	9.3 %	6.3 %	2.5 %	\$507	229,895	2,019,177
<b>Age</b>												
5 and younger	0.6	16	8.0	25.6	64.4	6.0	2.9	0.8	0.4	195	51,221	460,047
6-14	0.5	27	17.2	36.8	54.0	4.7	3.6	0.7	0.3	158	58,399	547,773
15-20	0.7	40	12.5	34.3	51.0	7.2	5.5	1.5	0.5	323	28,870	246,828
21-44	2.0	118	16.8	24.5	41.2	11.5	13.7	6.5	2.6	703	44,248	352,560
45-64	4.9	280	21.5	14.5	17.1	10.0	24.4	22.8	11.2	1,299	14,547	139,311
65-74	5.1	236	22.7	11.3	14.3	10.1	26.4	27.1	10.7	1,041	7,074	73,115
75-84	5.5	232	17.2	8.0	10.4	9.7	28.5	31.4	12.0	1,348	7,527	75,913
85 and older	5.6	208	10.5	4.3	8.4	9.1	33.0	35.5	9.8	1,981	7,445	71,665
Unknown	0.4	10	2.8	57.7	36.3	3.7	1.8	0.3	0.1	360	10,564	51,965
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	5.4	225	15.5	7.8	10.9	9.6	29.4	31.5	10.8	1,452	21,778	217,987
Disabled	4.1	264	18.2	13.0	22.7	11.2	24.9	19.6	8.5	1,455	26,655	272,046
Adults	1.2	49	15.5	34.5	43.3	9.7	8.4	2.8	1.3	317	44,785	301,011
Children	0.5	22	12.5	32.7	57.3	5.5	3.4	0.8	0.3	176	136,666	1,228,107
Unknown	2.3	67	1.8	63.6	0.0	9.1	9.1	18.2	0.0	3,790	11	26
<b>Gender</b>												
Female	1.9	91	17.2	24.6	45.8	8.0	10.6	7.8	3.2	530	130,236	1,154,046
Male	1.2	67	14.1	32.1	47.5	6.6	7.8	4.4	1.6	478	96,537	854,828
Unknown	0.3	7	2.5	72.1	22.9	3.0	1.6	0.3	0.1	264	3,122	10,303
<b>Race</b>												
White	1.9	94	16.5	25.5	45.7	7.8	10.6	7.5	2.9	568	162,896	1,489,350
African American	1.4	67	15.2	32.4	42.1	7.5	9.7	5.5	2.8	441	22,795	170,021
Other/unknown	0.8	33	11.7	36.9	50.0	5.6	4.5	2.1	0.9	286	44,204	359,806
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.0	289	8.5	6.3	5.3	6.9	26.2	37.0	18.3	3,389	2,566	18,964
Part year	6.9	296	10.5	1.6	5.7	6.7	29.1	39.6	17.3	2,816	9,157	95,060
None	1.3	68	18.7	29.8	48.4	7.4	8.3	4.5	1.7	363	218,172	1,905,153

Table 4

All Medicaid Beneficiaries



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 or Less			
<b>Maintenance</b>												
<b>Assistance Status</b>												
Cash	2.2	126	17.8	24.9	40.1	8.9	13.6	8.6	3.9	707	52,155	447,992
Medically needy	3.0	130	10.8	24.1	34.3	8.9	14.1	13.1	5.5	1,202	39,733	320,851
Poverty related	1.1	53	22.6	31.6	51.8	5.7	6.1	3.7	1.1	234	111,470	1,010,450
Other/unknown	0.9	47	13.4	28.2	52.5	8.6	7.6	2.2	0.8	353	26,537	239,884

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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<sup>a, b, c</sup>  
 NEBRASKA, 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	1.6	\$81	0.8	\$63	0.1	\$43	0.7	\$12
<b>Age</b>								
5 and younger	0.6	16	0.2	11	0.0	48	0.3	4
6-14	0.5	27	0.3	23	0.0	82	0.2	4
15-20	0.7	40	0.4	33	0.0	85	0.3	5
21-44	2.0	118	0.9	93	0.1	99	0.9	16
45-64	4.9	280	2.4	219	0.4	93	2.1	40
65-74	5.1	236	2.4	183	0.4	77	2.3	37
75-84	5.5	232	2.5	176	0.5	72	2.5	39
85 and older	5.6	208	2.2	152	0.6	68	2.7	40
Unknown	0.4	10	0.1	7	0.0	57	0.3	3
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	5.4	225	2.4	170	0.5	72	2.5	39
Disabled	4.1	264	2.0	208	0.3	104	1.8	36
Adults	1.2	49	0.5	39	0.1	73	0.6	8
Children	0.5	22	0.3	17	0.0	67	0.2	4
Unknown	2.3	67	0.8	54	0.0	63	1.4	14
<b>Gender</b>								
Female	1.9	91	0.9	71	0.2	79	0.9	14
Male	1.2	67	0.6	53	0.1	90	0.6	10
Unknown	0.3	7	0.1	4	0.0	59	0.2	2
<b>Race</b>								
White	1.9	94	0.9	73	0.1	83	0.8	14
African American	1.4	67	0.6	52	0.1	81	0.7	10
Other/unknown	0.8	33	0.3	26	0.1	75	0.4	6
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	7.0	289	2.9	214	0.7	74	3.4	55
Part year	6.9	296	2.9	223	0.7	76	3.2	51
None	1.3	68	0.6	53	0.1	84	0.6	10

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	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>Maintenance Assistance Status</b>								
Cash	2.2	126	1.1	56	0.2	9	1.0	18
Medically needy	3.0	130	1.3	43	0.3	10	1.4	22
Poverty related	1.1	53	0.5	49	0.1	3	0.5	8
Other/unknown	0.9	47	0.5	52	0.1	2	0.4	6

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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 Nebraska, 0.5 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\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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<sup>a, b, c, d</sup>  
 NEBRASKA, 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Bene Mos			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$12	\$10	\$0	\$2	\$41	\$66	\$48	\$11	343,734	\$14,067,484	116,755	50.8 %	1,167,002
Biologics	0.2	0.1	0.0	0.0	84	11	31	41	490	106	1,202	1,070	355	173,913	207	0.1	2,065
Antineoplastic Agents	0.6	0.3	0.1	0.2	134	119	9	7	212	345	112	34	9,707	2,055,209	1,505	0.7	15,285
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	26	21	2	3	38	57	21	13	294,064	11,215,910	43,112	18.8	434,312
Cardiovascular Agents	1.6	0.6	0.1	0.9	48	32	3	12	30	54	26	14	520,997	15,615,767	31,958	13.9	327,944
Respiratory Agents	0.5	0.2	0.0	0.2	20	15	1	4	42	63	21	20	408,849	17,218,892	87,032	37.9	876,950
Gastrointestinal Agents	0.6	0.4	0.0	0.3	49	43	2	3	77	120	82	13	199,766	15,295,863	30,479	13.3	310,540
Genitourinary Agents	0.4	0.3	0.0	0.1	20	19	0	1	51	63	42	13	57,449	2,918,190	14,654	6.4	145,952
CNS Drugs	1.1	0.6	0.1	0.4	88	68	8	12	78	112	109	27	503,640	39,202,078	44,320	19.3	444,623
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	43	34	2	7	62	76	56	35	51,094	3,182,107	7,094	3.1	74,103
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	86	84	0	1	122	132	25	21	11,302	1,373,586	1,561	0.7	16,059
Analgesics and Anesthetics	0.6	0.2	0.0	0.3	27	20	2	4	45	94	67	13	348,140	15,661,695	60,564	26.3	590,748
Neuromuscular Agents	0.9	0.4	0.1	0.4	52	42	3	7	61	105	41	20	200,817	12,328,638	22,785	9.9	235,717
Nutritional Products	0.4	0.0	0.1	0.3	7	0	3	4	18	22	30	15	87,297	1,608,844	24,139	10.5	234,713
Hematological Agents	0.8	0.2	0.2	0.4	46	36	4	6	59	238	17	16	66,889	3,978,734	8,385	3.6	85,755
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	34	55	36	16	179,288	6,036,591	66,189	28.8	676,136
Miscellaneous Products	0.4	0.2	0.1	0.2	67	45	16	7	173	269	249	43	5,029	869,414	1,233	0.5	12,889
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	21	0	0	0	993	20,810	583	0.3	6,290
<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.	3,289,410	162,823,725	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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](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, 0.5 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, 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
ANTIPSYCHOTICS	\$19,188,046	17.772	190,664	0.7	\$141	\$101
ANTIDEPRESSANTS	14,670,887	17.0	411,129	0.6	64	36
ULCER DRUGS	12,898,584	12.4	302,146	0.5	87	43
ANTICONVULSANT	9,959,796	7.3	181,573	0.7	74	55
ANTIASTHMATIC	7,652,179	18.5	451,313	0.3	50	17
ANALGESICS - ANTI-INFLAMMATORY	6,875,216	17.7	430,765	0.3	55	16
ANALGESICS - Narcotic	6,469,156	22.9	546,189	0.3	36	12
ANTIDIABETIC	5,782,883	6.3	152,972	0.7	52	38
ANTIHYPERTENSIVE	4,216,401	8.151	88,830	0.6	75	47
ANTIHISTAMINES	4,106,891	33.195	359,652	0.2	47	11
Total	91,820,039	293.698	3,115,253	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Nebraska, released by CMS in 07/2005. 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\\_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.