

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 D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	10,202	5,718	4,087	395	2	0	103,917	58,228	42,757	2,919	13	0		
Age														
5 and younger	2	0	1	0	1	4		0	3	0	1	0		
6-14	4	0	4	0	0	0	48	0	48	0	0	0		
15-20	26	0	23	2	1	0	185	0	169	4	12	0		
21-44	2,082	0	1,887	195	0	0	21,084	0	19,618	1,466	0	0		
45-64	2,214	0	2,070	144	0	0	23,031	0	21,979	1,052	0	0		
65-74	1,935	1,785	101	49	0	0	20,044	18,761	930	353	0	0		
75-84	2,142	2,138	0	4	0	0	21,838	21,806	0	32	0	0		
85 and older	1,797	1,795	1	1	0	0	17,683	17,661	10	12	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Gender														
Female	6,808	4,320	2,192	294	2	0	69,628	44,510	23,039	2,066	13	0		
Male	3,394	1,398	1,895	101	0	0	34,289	13,718	19,718	853	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Race														
White	5,945	3,404	2,348	193	0	0	59,972	33,968	24,664	1,340	0	0		
African American	3,529	1,822	1,534	172	1	0	36,911	19,462	16,111	1,326	12	0		
Other/unknown	728	492	205	30	1	0	7,034	4,798	1,982	253	1	0		
Use of Nursing Facilities^c														
Entire year	2,249	2,046	203	0	0	0	22,732	20,539	2,193	0	0	0		
Part year	862	783	79	0	0	0	8,098	7,234	864	0	0	0		
None	7,091	2,889	3,805	395	2	0	73,087	30,455	39,700	2,919	13	0		
Maintenance Assistance Status														
Cash	5,330	2,441	2,628	261	0	0	56,832	26,764	27,951	2,117	0	0		
Medically needy	0	0	0	0	0	0		0	0	0	0	0		
Poverty-related	422	118	302	2	0	0	3,249	1,022	2,220	7	0	0		
Other/unknown	4,450	3,159	1,157	132	2	0	43,836	30,442	12,586	795	13	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		
Managed Care Status														
FFS all year	9,451	5,581	3,597	272	1	0	99,922	57,409	40,086	2,415	12	0		
FFS part year, with Rx claims	679	130	441	107	1	0	3,675	792	2,434	448	1	0		
FFS part year, no Rx claims	72	7	49	16	0	0	320	27	237	56	0	0		

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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	85.9 %	44.2	\$2,540	\$57	\$21,549	11.8 %	10,202
Age							
5 and younger	100.0	35.5	404	11	18,402	2.2	2
6-14	100.0	64.3	7,991	124	16,197	49.3	4
15-20	84.6	31.9	4,327	136	10,050	43.1	26
21-44	84.5	35.5	2,880	81	18,178	15.8	2,082
45-64	86.2	49.1	3,418	70	22,008	15.5	2,214
65-74	86.3	45.8	2,381	52	15,267	15.6	1,935
75-84	85.2	45.2	2,029	45	22,978	8.8	2,142
85 and older	87.7	45.5	1,811	40	30,133	6.0	1,797
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.7	45.7	2,076	46	22,989	9.0	5,718
Disabled	87.1	44.2	3,281	74	21,305	15.4	4,087
Adults	62.3	22.9	1,514	66	3,248	46.6	395
Children	100.0	82.5	17,348	210	18,169	95.5	2
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	87.7	47.0	2,465	52	20,715	11.9	6,808
Male	82.4	38.6	2,691	70	23,223	11.6	3,394
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.6	47.9	2,619	55	25,237	10.4	5,945
African American	85.2	40.3	2,507	62	17,385	14.4	3,529
Other/unknown	83.8	33.2	2,054	62	11,618	17.7	728
Use of Nursing Facilities^d							
Entire year	82.4	54.7	2,207	40	43,055	5.1	2,249
Part year	87.4	45.3	1,945	43	26,790	7.3	862
None	86.9	40.8	2,718	67	14,091	19.3	7,091
Maintenance Assistance Status							
Cash	88.7	42.1	2,652	63	12,875	20.6	5,330
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	79.4	18.5	1,209	65	4,104	29.4	422
Other/unknown	83.2	49.2	2,532	52	33,593	7.5	4,450

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 D.3 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. 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	4.3	\$249	11.8 %	14.1 %	16.0 %	10.5 %	27.6 %	23.1 %	8.8 %	\$2,116	10,202	103,917
Age												
5 and younger	17.8	202	2.2	0.0	0.0	50.0	0.0	0.0	50.0	9,201	2	4
6-14	5.4	666	49.3	0.0	0.0	0.0	50.0	50.0	0.0	1,350	4	48
15-20	4.5	608	43.1	15.4	19.2	7.7	30.8	11.5	15.4	1,413	26	185
21-44	3.5	284	15.8	15.5	22.9	11.6	26.8	16.1	7.2	1,795	2,082	21,084
45-64	4.7	329	15.5	13.8	14.5	9.8	26.2	24.8	11.0	2,116	2,214	23,031
65-74	4.4	230	15.6	13.7	16.1	9.9	28.1	22.7	9.4	1,474	1,935	20,044
75-84	4.4	199	8.8	14.8	13.9	10.4	27.3	25.6	8.1	2,254	2,142	21,838
85 and older	4.6	184	6.0	12.3	12.1	11.0	30.1	26.7	7.9	3,062	1,797	17,683
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	204	9.0	13.3	14.2	10.5	28.6	25.1	8.3	2,258	5,718	58,228
Disabled	4.2	314	15.4	12.9	18.6	10.7	27.2	21.4	9.2	2,037	4,087	42,757
Adults	3.1	205	46.6	37.7	14.4	7.8	16.5	12.7	10.9	440	395	2,919
Children	12.7	2,669	95.5	0.0	0.0	50.0	0.0	0.0	50.0	2,795	2	13
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.6	241	11.9	12.3	14.5	10.2	28.8	24.8	9.3	2,025	6,808	69,628
Male	3.8	266	11.6	17.6	18.8	11.1	25.1	19.7	7.6	2,299	3,394	34,289
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.7	260	10.4	13.4	14.1	9.8	27.3	25.1	10.3	2,502	5,945	59,972
African American	3.9	240	14.4	14.8	17.8	11.5	28.5	20.8	6.7	1,662	3,529	36,911
Other/unknown	3.4	213	17.7	16.2	22.4	11.8	25.7	17.9	6.0	1,202	728	7,034
use of nursing Facilities^d												
Entire year	5.4	218	5.1	17.6	7.3	6.8	24.6	29.6	14.1	4,260	2,249	22,732
Part year	4.8	207	7.3	12.6	13.7	10.2	26.9	28.0	8.6	2,852	862	8,098
None	4.0	264	19.3	13.1	19.0	11.7	28.6	20.5	7.1	1,367	7,091	73,087
Maintenance Assistance Status												
Cash	4.0	249	20.6	11.3	19.0	12.2	29.6	20.9	6.9	1,208	5,330	56,832
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.4	157	29.4	20.6	31.5	10.7	17.5	9.0	10.7	533	422	3,249
Other/unknown	5.0	257	7.5	16.8	10.8	8.4	26.1	27.1	10.9	3,410	4,450	43,836

Table D4

Dual Eligible 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 D.4 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.
- 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

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	4.3	\$249	\$57	2.1	\$196	\$91	0.3	\$16	\$48	1.9	\$38	\$20
Age												
5 and younger	17.8	202	11	10.8	153	14	2.0	10	5	5.0	39	8
6-14	5.4	666	124	2.4	551	226	0.9	79	86	2.0	36	18
15-20	4.5	608	136	2.4	501	210	0.5	62	113	1.5	45	29
21-44	3.5	284	81	1.8	230	127	0.2	21	83	1.4	33	23
45-64	4.7	329	70	2.5	264	107	0.3	21	69	1.9	43	22
65-74	4.4	230	52	2.3	180	79	0.3	12	44	1.9	38	20
75-84	4.4	199	45	2.1	149	72	0.4	11	30	2.0	38	19
85 and older	4.6	184	40	2.0	135	67	0.5	12	26	2.1	37	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	204	46	2.1	155	73	0.4	12	32	2.0	38	19
Disabled	4.2	314	74	2.2	253	115	0.3	21	75	1.7	39	23
Adults	3.1	205	66	1.6	163	99	0.2	14	75	1.3	28	22
Children	12.7	2,669	210	6.3	2,483	394	0.9	28	30	5.5	158	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.6	241	52	2.3	187	83	0.4	15	42	2.0	39	20
Male	3.8	266	70	1.9	212	112	0.3	17	63	1.6	37	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.7	260	55	2.3	197	88	0.4	19	48	2.1	43	21
African American	3.9	240	62	2.0	196	98	0.2	11	47	1.6	32	20
Other/unknown	3.4	213	62	1.9	175	92	0.2	10	46	1.3	27	21
Use of Nursing Facilities^e												
Entire year	5.4	218	40	2.4	160	67	0.6	14	26	2.4	44	18
Part year	4.8	207	43	2.1	153	72	0.4	13	29	2.2	41	18
None	4.0	264	67	2.1	211	102	0.2	16	67	1.6	36	22
Maintenance Assistance Status												
Cash	4.0	249	63	2.0	197	96	0.2	16	64	1.6	36	22
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.4	157	65	1.3	130	97	0.1	8	63	0.9	19	21
Other/unknown	5.0	257	52	2.3	199	86	0.4	16	36	2.2	42	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 D.5 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.
- 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos		
															Generic	Generic
Anti-infective Agents	0.5	0.3	0.0	0.1	\$53	\$0	\$2	\$114	\$157	\$76	\$17	27,470	\$3,122,075	5,534	54.2 %	59,168
Biologics	0.1	0.0	0.0	0.1	5	3	2	44	75	0	24	58	2,543	49	0.5	542
Antineoplastic Agents	0.5	0.2	0.1	0.2	100	73	14	188	299	136	70	1,869	350,732	342	3.4	3,521
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	36	31	2	40	63	16	11	37,828	1,523,790	3,951	38.7	41,802
Cardiovascular Agents	1.7	0.7	0.1	0.9	62	41	3	37	58	32	21	105,479	3,888,098	5,928	58.1	62,385
Respiratory Agents	0.8	0.5	0.0	0.4	36	27	0	44	60	36	24	39,716	1,750,877	4,530	44.4	48,506
Gastrointestinal Agents	0.8	0.5	0.0	0.3	64	56	2	79	118	78	20	33,695	2,665,293	3,944	38.7	41,607
Genitourinary Agents	0.4	0.3	0.0	0.1	23	21	0	53	62	25	19	6,277	330,549	1,331	13.0	14,248
CNS Drugs	1.3	0.7	0.1	0.5	93	71	10	73	106	116	24	69,741	5,075,354	5,195	50.9	54,574
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	40	30	4	71	97	71	28	388	27,728	69	0.7	701
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	64	62	0	115	121	0	50	3,537	408,000	605	5.9	6,388
Analgesics and Anesthetics	0.8	0.4	0.1	0.4	47	36	5	60	100	82	17	41,100	2,445,748	4,953	48.5	51,962
Neuromuscular Agents	1.0	0.5	0.1	0.5	60	44	4	58	97	41	25	30,903	1,782,409	2,794	27.4	29,722
Nutritional Products	0.6	0.1	0.2	0.3	10	1	5	16	15	23	12	11,500	183,657	1,814	17.8	18,811
Hematological Agents	0.8	0.3	0.2	0.3	57	50	3	76	182	16	16	14,040	1,071,738	1,762	17.3	18,639
Topical Products	0.5	0.3	0.0	0.2	18	13	2	35	49	38	17	24,926	884,311	4,421	43.3	48,090
Miscellaneous Products	0.4	0.2	0.1	0.2	90	64	13	213	305	216	87	1,767	376,288	393	3.9	4,162
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	29	0	0	0	819	23,761	303	3.0	3,263
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.	451,113	25,912,951	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 D.6 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 2001. 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

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	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$2,635,818	2,529	24.8 %	27,482	0.7	\$130	\$96	
ULCER DRUGS	2,186,924	3,704	36.3	40,442	0.6	95	54	
ANTIVIRAL	1,994,962	944	9.3	10,638	0.6	333	188	
ANTIDEPRESSANTS	1,691,772	3,919	38.4	42,190	0.6	63	40	
ANTICONVULSANT	1,340,958	2,148	21.1	23,835	0.9	66	56	
ANALGESICS - Narcotic	1,125,027	5,050	49.5	55,162	0.4	52	20	
ANTIHYPERTENSIVE	1,090,097	1,915	18.8	21,660	0.6	85	50	
ANALGESICS - ANTI-INFLAMMATORY	1,060,635	3,394	33.3	37,928	0.4	72	28	
ANTIDIABETIC	988,337	2,758	27.0	30,441	0.6	51	32	
ANTIHYPERTENSIVE	971,181	3,574	35.0	39,194	0.6	40	25	
Total	15,085,711	29,935		328,972	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 D.7 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 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 (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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	189,791	\$15,085,711	2,529	\$96	24.8 %	27,482	0.7	\$96	36.3 %	3,704	0.6	\$54
Female	129,981	9,295,509	1,591	82	23.4	17,251	0.7	82	39.5	2,687	0.6	54
Disabled	46,787	4,102,611	619	107	28.2	7,068	0.8	107	40.7	893	0.5	54
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	0.0	0
15-20	60	7,845	1	355	8.3	10	1.0	355	33.3	4	0.2	15
21-44	15,310	1,440,968	299	105	34.4	3,390	0.8	105	31.6	275	0.5	45
45-64	29,680	2,513,175	310	108	25.1	3,560	0.8	108	47.1	581	0.5	57
65-74	1,737	140,623	9	102	12.2	108	0.5	102	44.6	33	0.6	74
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	83,194	5,192,898	972	65	21.1	10,183	0.7	65	38.9	1,794	0.6	54
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	0.0	0
15-20	38	17,535	0	0	0.0	0	0.0	0	33.3	1	1.0	224
21-44	1,157	97,809	22	59	15.0	208	0.4	59	17.7	26	0.4	52
45-64	735	63,614	1	97	1.0	12	0.3	97	17.2	17	0.6	93
65-74	26,140	1,800,858	171	94	13.6	1,882	0.8	94	41.5	521	0.6	60
75-84	29,751	1,774,282	373	60	23.6	3,895	0.6	60	39.9	631	0.6	51
85 and older	25,373	1,438,800	405	58	26.5	4,186	0.6	58	39.1	598	0.7	52
Male	59,810	5,790,202	938	119	27.6	10,231	0.8	119	30.0	1,017	0.6	54
Disabled	38,479	4,470,215	643	142	33.9	7,199	0.9	142	27.8	527	0.6	58
5 and younger	3	15	0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	13	482	0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	93	13,046	1	60	9.1	12	1.1	60	9.1	1	0.5	24
21-44	18,821	2,370,589	405	148	39.8	4,511	0.9	148	22.2	226	0.5	54
45-64	19,169	2,060,873	232	135	27.8	2,628	0.9	135	35.2	294	0.6	61
65-74	380	25,210	5	110	18.5	48	0.6	110	22.2	6	0.8	56
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	21,331	1,319,987	295	63	19.7	3,032	0.6	63	32.7	490	0.6	49
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	0.0	0
15-20	0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	542	56,148	6	246	12.5	63	0.5	246	25.0	12	0.5	38
45-64	382	30,880	1	136	2.2	2	2.5	136	20.0	9	0.5	50
65-74	9,451	630,815	90	75	15.5	922	0.6	75	33.0	191	0.6	53
75-84	7,627	430,572	124	51	22.2	1,279	0.6	51	34.0	190	0.5	49
85 and older	3,329	171,572	74	52	27.6	766	0.7	52	32.8	88	0.6	41
Unknown	0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0

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

a. Table D.7A 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 2001. 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 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 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, DELAWARE, 2001

Beneficiary Characteristics	ANTIVIRAL					ANTIDEPRESSANTS					ANTICONVULSANT				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	944	9.3 %	10,638	0.6	0.6	3,919	38.4 %	42,190	0.6	0.6	2,148	21.1 %	23,835	0.9	\$56
Female															
Disabled	317	4.7	3,598	0.4	0.4	2,820	41.4	30,377	0.6	0.6	1,293	19.0	14,367	0.8	51
5 and younger	235	10.7	2,715	0.5	0.5	1,101	50.2	12,356	0.6	0.6	670	30.6	7,639	0.8	66
6-14	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0.0	2	16.7	22	0.6	0.6	2	16.7	22	0.7	140
21-44	116	13.3	1,350	0.5	0.5	441	50.7	4,876	0.6	0.6	300	34.5	3,389	0.9	75
45-64	117	9.5	1,341	0.5	0.5	630	51.1	7,151	0.6	0.6	350	28.4	4,037	0.8	58
65-74	2	2.7	24	0.1	0.1	28	37.8	307	0.6	0.6	18	24.3	191	1.0	62
75-84	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
Other Eligibles	82	1.8	883	0.2	0.2	1,719	37.2	18,021	0.7	0.7	623	13.5	6,728	0.8	35
5 and younger	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
15-20	1	33.3	12	1.0	1.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
21-44	8	5.4	52	0.3	0.3	59	40.1	549	0.5	0.5	23	15.6	211	0.5	36
45-64	2	2.0	24	0.5	0.5	18	18.2	184	0.5	0.5	8	8.1	79	0.5	29
65-74	27	2.2	315	0.3	0.3	422	33.6	4,666	0.6	0.6	180	14.3	2,024	0.7	39
75-84	22	1.4	233	0.1	0.1	604	38.2	6,300	0.7	0.7	250	15.8	2,662	0.8	35
85 and older	22	1.4	247	0.1	0.1	616	40.3	6,322	0.8	0.8	162	10.6	1,752	0.8	29
Male															
Disabled	627	18.5	7,040	0.6	0.6	1,099	32.4	11,813	0.6	0.6	855	25.2	9,468	0.9	64
5 and younger	594	31.3	6,674	0.6	0.6	723	38.2	8,020	0.6	0.6	632	33.4	7,116	1.0	74
6-14	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.1	0.1	3	0.0	0	0.0	0.0	0	0.0	0	0.0	0
21-44	3	27.3	36	0.5	0.5	206	9.1	12	0.9	0.9	2	18.2	6	1.8	116
45-64	366	36.0	4,117	0.6	0.6	393	38.6	4,351	0.6	0.6	330	32.4	3,707	0.9	69
65-74	224	26.8	2,509	0.7	0.7	321	38.4	3,572	0.6	0.6	294	35.2	3,349	1.1	80
75-84	0	0.0	0	0.0	0.0	8	29.6	85	0.9	0.9	6	22.2	54	1.0	45
85 and older	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
5 and younger	0	0.0	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	0.0	0
15-20	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0
21-44	3	6.3	18	0.3	0.3	15	31.3	171	0.5	0.5	10	20.8	113	0.5	28
45-64	2	4.4	20	0.2	0.2	8	17.8	85	0.3	0.3	5	11.1	42	0.4	21
65-74	20	3.5	238	0.5	0.5	130	22.5	1,388	0.7	0.7	92	15.9	1,033	0.8	39
75-84	5	0.9	54	0.1	0.1	131	23.4	1,309	0.7	0.7	84	15.0	831	0.8	31
85 and older	3	1.1	36	0.1	0.1	92	34.3	840	0.7	0.7	32	11.9	333	0.9	29
Unknown	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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 D.7B 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 2001. 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 2001. 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 D.7C
 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, DELAWARE, 2001

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	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	5,050	49.5 %	55,162	0.4	\$20	1,915	18.8 %	21,660	0.6	\$50	3,394	33.3 %	37,928	0.4	\$28
Female	3,644	53.5	40,147	0.4	18	1,372	20.2	15,531	0.6	50	2,509	36.9	28,172	0.4	31
Disabled	1,502	68.5	17,125	0.4	23	426	19.4	4,915	0.6	48	998	45.5	11,451	0.3	26
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	5	41.7	52	0.1	1	2	16.7	24	0.2	12	0	0.0	0	0.0	0
21-44	540	62.1	6,137	0.3	18	72	8.3	808	0.5	41	359	41.3	4,145	0.3	14
45-64	910	73.7	10,418	0.4	26	330	26.7	3,830	0.6	49	605	49.0	6,921	0.4	32
65-74	47	63.5	518	0.4	23	22	29.7	253	0.6	64	34	45.9	385	0.4	39
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	2,142	46.4	23,022	0.4	15	946	20.5	10,616	0.6	51	1,511	32.7	16,721	0.5	34
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	70	47.6	730	0.4	24	5	3.4	60	0.6	41	39	26.5	410	0.3	17
45-64	32	32.3	342	0.5	36	9	9.1	80	0.5	55	25	25.3	245	0.3	21
65-74	670	53.4	7,635	0.3	12	424	33.8	4,880	0.6	54	533	42.5	6,090	0.4	34
75-84	702	44.3	7,478	0.4	13	375	23.7	4,141	0.6	49	516	32.6	5,741	0.5	36
85 and older	668	43.7	6,837	0.4	20	133	8.7	1,455	0.6	45	398	26.0	4,235	0.5	35
Male	1,406	41.4	15,015	0.4	26	543	16.0	6,129	0.6	51	885	26.1	9,756	0.3	20
Disabled	844	44.5	9,241	0.4	32	298	15.7	3,406	0.6	51	533	28.1	5,988	0.3	15
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	33.3	12	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	18.2	24	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	449	44.1	4,870	0.4	28	107	10.5	1,254	0.6	46	284	27.9	3,190	0.3	11
45-64	379	45.3	4,203	0.5	35	189	22.6	2,128	0.7	54	244	29.2	2,752	0.3	18
65-74	13	48.1	132	0.5	43	2	7.4	24	1.0	103	5	18.5	46	0.4	40
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	562	37.5	5,774	0.4	17	245	16.3	2,723	0.6	52	352	23.5	3,768	0.4	28
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	31	64.6	307	0.4	32	4	8.3	48	0.3	19	18	37.5	199	0.3	21
45-64	25	55.6	257	0.5	44	7	15.6	75	0.7	70	19	42.2	185	0.2	19
65-74	232	40.1	2,510	0.4	17	144	24.9	1,614	0.7	54	147	25.4	1,633	0.4	31
75-84	185	33.1	1,872	0.3	12	80	14.3	889	0.7	50	111	19.9	1,209	0.4	25
85 and older	89	33.2	828	0.4	13	10	3.7	97	0.5	34	57	21.3	542	0.5	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible 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 D.7C 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 2001. 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 2001. 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 D.7D
 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, DELAWARE, 2001

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HYPERTENSIVE				Mean Rx \$	No. of Bene Mos		
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx				
All	2,758	27.0 %	30,441	0.6	\$33	3,574	35.0 %	39,194	0.6	\$25	10,202	103,917
Female	2,085	30.6	23,150	0.6	32	2,565	37.7	28,243	0.6	25	6,808	69,628
Disabled	611	27.9	6,916	0.6	38	597	27.2	6,702	0.6	24	2,192	23,039
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	0	12
15-20	0	0.0	0	0.0	0	2	16.7	16	0.2	8	12	100
21-44	123	14.1	1,398	0.6	38	102	11.7	1,113	0.5	21	870	9,110
45-64	459	37.2	5,181	0.6	37	454	36.8	5,123	0.6	24	1,234	13,121
65-74	29	39.2	337	0.8	42	39	52.7	450	0.7	34	74	686
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
Other Eligibles	1,474	31.9	16,234	0.6	30	1,968	42.6	21,541	0.6	25	4,616	46,589
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	33.3	12	1.2	91	3	16
21-44	14	9.5	167	0.4	30	18	12.2	182	0.4	17	147	1,031
45-64	17	17.2	156	0.6	44	21	21.2	219	0.5	21	99	694
65-74	643	51.2	7,290	0.7	33	684	54.5	7,786	0.6	25	1,255	13,227
75-84	534	33.7	5,806	0.6	27	704	44.5	7,680	0.6	26	1,583	16,400
85 and older	266	17.4	2,815	0.7	25	540	35.3	5,662	0.7	26	1,528	15,220
Male	673	19.8	7,291	0.6	34	1,009	29.7	10,951	0.6	24	3,394	34,289
Disabled	281	14.8	3,151	0.7	41	414	21.8	4,568	0.6	25	1,895	19,718
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	1	33.3	12	0.8	36	3	36
15-20	0	0.0	0	0.0	0	1	9.1	12	2.3	177	11	69
21-44	94	9.2	1,059	0.7	44	142	14.0	1,606	0.6	25	1,017	10,508
45-64	185	22.1	2,071	0.7	41	260	31.1	2,841	0.6	24	836	8,858
65-74	2	7.4	21	0.3	11	10	37.0	97	0.8	25	27	244
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	392	26.2	4,140	0.6	29	595	39.7	6,383	0.6	23	1,499	14,571
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	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
21-44	5	10.4	60	1.0	64	13	27.1	138	0.5	21	48	435
45-64	8	17.8	75	0.3	16	6	13.3	72	0.5	23	45	358
65-74	192	33.2	2,093	0.6	31	260	44.9	2,877	0.6	24	579	5,887
75-84	138	24.7	1,422	0.6	28	228	40.8	2,439	0.6	23	559	5,438
85 and older	49	18.3	490	0.6	20	88	32.8	857	0.7	22	268	2,453
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible 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 D.7D 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 2001. 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 2001. 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 D.8
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001**

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	5.4	2,249	22,732
Age				
0-64	275	5.5	194	2,096
65-74	241	5.6	287	2,820
75-84	224	5.6	753	7,577
85 and older	197	5.2	1,015	10,239
Unknown	0	0.0	0	0
Gender				
Female	220	5.6	1,654	16,921
Male	215	4.8	595	5,811
Unknown	0	0.0	0	0
Race				
White	223	5.7	1,651	16,558
African American	204	4.6	517	5,459
Other/unknown	219	5.6	81	715
Basis of Eligibility^c				
Aged	212	5.4	2,046	20,539
Disabled	274	5.6	203	2,193
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 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.

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.

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 D.9
 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, DELAWARE, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Rx \$	Patented	Off-Patent	No.	As % of Dual All-Year NF Residents		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic	Brand-Name	Generic			
Anti-infective Agents	0.4	0.3	0.0	0.1	\$20	\$17	\$0	\$2	\$47	\$62	\$53	\$16	5,930	1,307	\$277,516	58.1	13,842
Biologics	0.1	0.0	0.0	0.1	2	0	0	2	22	0	0	22	27	27	587	1.2	300
Antineoplastic Agents	0.7	0.2	0.2	0.2	98	61	22	15	146	268	111	60	697	95	101,447	4.2	1,039
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	28	21	3	4	26	47	12	10	8,713	786	225,921	34.9	8,196
Cardiovascular Agents	2.1	0.7	0.2	1.3	53	28	4	22	25	42	21	17	30,015	1,373	747,818	61.0	14,021
Respiratory Agents	0.9	0.3	0.0	0.5	30	17	0	13	34	50	19	24	8,937	949	305,979	42.2	10,153
Gastrointestinal Agents	1.1	0.5	0.0	0.5	62	51	2	10	57	93	51	19	10,298	895	584,200	39.8	9,406
Genitourinary Agents	0.5	0.4	0.0	0.1	23	21	0	2	44	52	20	15	1,875	338	81,934	15.0	3,617
CNS Drugs	1.6	1.0	0.1	0.5	90	77	4	9	58	76	69	19	20,400	1,263	1,183,284	56.2	13,129
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	20	8	8	5	27	38	62	11	69	9	1,894	0.4	94
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	82	82	0	0	105	106	0	11	1,815	216	190,438	9.6	2,312
Analgesics and Anesthetics	0.9	0.5	0.1	0.3	42	35	3	4	46	70	39	11	8,532	906	388,753	40.3	9,320
Neuromuscular Agents	1.3	0.5	0.2	0.7	56	30	5	21	43	66	29	32	7,321	542	317,840	24.1	5,666
Nutritional Products	0.8	0.0	0.3	0.5	10	0	5	5	13	12	17	11	4,720	576	60,739	25.6	5,883
Hematological Agents	1.1	0.3	0.4	0.3	49	40	6	3	46	121	14	10	5,762	518	263,533	23.0	5,331
Topical Products	0.6	0.3	0.1	0.3	17	11	2	4	29	44	36	15	7,284	1,145	212,847	50.9	12,343
Miscellaneous Products	0.2	0.1	0.0	0.2	7	2	0	5	32	40	0	29	301	130	9,559	5.8	1,367
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	26	0	0	0	328	104	8,571	4.6	1,125
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.	123,024	n.a.	4,962,860	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 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 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.
- 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 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.

Table D9

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.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$546,029	761	33.8 %	8,057	0.7	\$93	\$68
ANTIDEPRESSANTS	510,345	1,048	46.6	10,967	0.9	53	47
ULCER DRUGS	489,491	839	37.3	8,774	0.8	73	56
ANTICONVULSANT	213,150	466	20.7	5,004	1.0	42	43
ANTIASTHMATIC	206,306	846	37.6	8,766	0.7	35	24
ANTIHYPERTENSIVE	197,340	673	29.9	7,029	0.9	32	28
ANALGESICS - ANTI-INFLAMMATORY	195,810	499	22.2	5,293	0.6	60	37
CALCIUM BLOCKERS	194,272	469	20.9	4,866	0.9	43	40
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	190,438	215	9.6	2,319	0.8	105	82
ANALGESICS - Narcotic	188,931	860	38.2	8,843	0.6	39	21
Total	2,932,112	6,676		69,918	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean Rx \$
			NF	Residents	Users												
All	53,730	\$2,932,112	761	33.8 %	8,057	0.7	\$68	1,048	46.6 %	10,967	0.9	\$47					
Female	40,688	2,211,082	575	34.8	6,147	0.7	69	825	49.9	8,718	0.9	47					
Disabled	2,519	147,642	23	25.8	245	0.9	92	49	55.1	517	0.9	48					
64 or younger	2,362	139,052	23	27.1	245	0.9	92	46	54.1	481	0.9	46					
65-74	157	8,590	0	0.0	0	0.0	0	3	75.0	36	0.7	66					
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	38,169	2,063,440	552	35.3	5,902	0.7	68	776	49.6	8,201	0.9	47					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,976	236,508	59	39.3	629	0.9	99	75	50.0	809	0.9	59					
75-84	14,778	784,408	215	39.3	2,315	0.7	66	294	53.7	3,092	0.9	48					
85 and older	19,415	1,042,524	278	32.0	2,958	0.7	62	407	46.9	4,300	0.8	45					
Male	13,042	721,030	186	31.3	1,910	0.7	65	223	37.5	2,249	0.9	43					
Disabled	3,432	210,681	29	25.4	321	0.8	82	48	42.1	533	1.0	51					
64 or younger	3,274	201,856	27	24.8	297	0.8	88	46	42.2	509	1.0	52					
65-74	158	8,825	2	40.0	24	0.1	1	2	40.0	24	1.0	26					
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	9,610	510,349	157	32.6	1,589	0.7	62	175	36.4	1,716	0.8	41					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,068	165,483	38	29.7	372	0.7	71	50	39.1	525	0.9	42					
75-84	3,909	209,017	68	33.0	685	0.7	62	63	30.6	643	0.8	38					
85 and older	2,633	135,849	51	34.7	532	0.7	56	62	42.2	548	0.8	43					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTI-ASTHMATIC								
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %					
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx			
All	839	8,774	0.8	456	5,004	1.0	466	20.7 %	5,004	1.0	\$56	466	20.7 %	5,004	1.0	\$43	846	37.6 %	8,766	0.7	\$24
Female	648	6,872	0.8	319	3,463	1.0	319	19.3	3,463	1.0	36	319	19.3	3,463	1.0	36	621	37.5	6,503	0.6	20
Disabled	45	488	0.9	39	418	1.1	39	43.8	418	1.1	50	39	43.8	418	1.1	50	32	36.0	328	0.8	30
64 or younger	43	464	0.8	37	394	1.1	37	43.5	394	1.1	48	37	43.5	394	1.1	48	32	37.6	328	0.8	30
65-74	2	24	1.0	2	24	0.7	2	50.0	24	0.7	72	2	50.0	24	0.7	72	0	0.0	0	0.0	0
75-84	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	603	6,384	0.8	280	3,045	1.0	280	17.9	3,045	1.0	35	280	17.9	3,045	1.0	35	589	37.6	6,175	0.6	19
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	56	592	0.8	49	533	1.0	49	32.7	533	1.0	36	49	32.7	533	1.0	36	38	25.3	405	0.6	18
75-84	212	2,207	0.8	116	1,235	1.0	116	21.2	1,235	1.0	38	116	21.2	1,235	1.0	38	215	39.3	2,319	0.7	25
85 and older	335	3,585	0.8	115	1,277	0.9	115	13.2	1,277	0.9	31	115	13.2	1,277	0.9	31	336	38.7	3,451	0.5	15
Male	191	1,902	0.7	147	1,541	1.2	147	24.7	1,541	1.2	57	147	24.7	1,541	1.2	57	225	37.8	2,263	0.9	35
Disabled	44	478	0.8	47	525	1.4	47	41.2	525	1.4	87	47	41.2	525	1.4	87	41	36.0	469	1.4	60
64 or younger	42	454	0.8	46	513	1.4	46	42.2	513	1.4	87	46	42.2	513	1.4	87	38	34.9	433	1.5	62
65-74	2	24	0.6	1	12	1.2	1	20.0	12	1.2	104	1	20.0	12	1.2	104	3	60.0	36	0.8	44
75-84	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	147	1,424	0.7	100	1,016	1.0	100	20.8	1,016	1.0	41	100	20.8	1,016	1.0	41	184	38.3	1,794	0.8	29
64 or younger	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	39	365	0.9	37	393	1.0	37	28.9	393	1.0	46	37	28.9	393	1.0	46	56	43.8	573	1.1	41
75-84	65	683	0.7	41	408	1.0	41	19.9	408	1.0	38	41	19.9	408	1.0	38	68	33.0	649	0.5	18
85 and older	43	376	0.6	22	215	1.2	22	15.0	215	1.2	37	22	15.0	215	1.2	37	60	40.8	572	0.7	27
Unknown	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					CALCIUM BLOCKERS						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Residents	Mean No. of Rx
All	673	29.9 %	0.9	\$28	0.9	499	22.2 %	0.6	\$37	0.6	469	20.9 %	\$40	4,866	0.9	\$40	
Female	491	29.7	0.9	29	0.9	398	24.1	0.6	38	0.6	365	22.1	40	3,849	0.9	40	
Disabled	13	14.6	1.0	43	1.0	14	15.7	0.6	42	0.6	12	13.5	47	122	1.0	47	
64 or younger	10	11.8	1.1	50	1.1	13	15.3	0.6	39	0.6	10	11.8	52	98	1.0	52	
65-74	3	75.0	0.4	20	0.4	1	25.0	0.8	65	0.8	2	50.0	26	24	1.0	26	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	478	30.5	0.9	28	0.9	384	24.5	0.6	38	0.6	353	22.6	39	3,727	0.9	39	
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
65-74	52	34.7	0.8	25	0.8	30	20.0	0.6	34	0.6	33	22.0	42	351	0.9	42	
75-84	159	29.1	0.9	30	0.9	138	25.2	0.7	40	0.7	123	22.5	41	1,324	1.0	41	
85 and older	267	30.8	0.9	28	0.9	216	24.9	0.6	37	0.6	197	22.7	38	2,052	0.9	38	
Male	182	30.6	0.8	26	0.8	101	17.0	0.6	33	0.6	104	17.5	41	1,017	0.9	41	
Disabled	22	19.3	0.8	21	0.8	25	21.9	0.4	22	0.4	12	10.5	55	135	1.0	55	
64 or younger	19	17.4	0.9	23	0.9	25	22.9	0.4	22	0.4	10	9.2	53	111	1.0	53	
65-74	3	60.0	0.5	11	0.5	0	0.0	0.0	0	0.0	2	40.0	64	24	1.3	64	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	160	33.3	0.8	27	0.8	76	15.8	0.6	38	0.6	92	19.1	39	882	0.9	39	
64 or younger	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	
65-74	43	33.6	0.8	26	0.8	18	14.1	0.6	40	0.6	18	14.1	48	164	1.0	48	
75-84	81	39.3	0.8	26	0.8	26	12.6	0.6	33	0.6	46	22.3	39	444	0.9	39	
85 and older	36	24.5	0.8	28	0.8	32	21.8	0.7	41	0.7	28	19.0	34	274	0.9	34	
Unknown	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0	0.0	0	

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

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL										ANALGESICS - Narcotic													
	Users as %					Users as %					Users as %					Users as %								
	No. of Users	No. of All-Year Residents	NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx	No. of Bene Mos among Users	NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx	No. of Bene Mos among Users	NF Residents	No. of Bene Mos among Users	Mean Rx	No. of Rx	Mean Rx	No. of Bene Mos among Users	NF Residents	No. of Bene Mos among Users		
All	215	9.6 %	2,319	0.8	\$82	860	38.2 %	8,943	0.6	\$21	2,249	22,732	172	10.4	1,877	0.8	78	658	39.8	6,944	0.5	21	1,654	16,921
Female	172	10.4	1,877	0.8	78	658	39.8	6,944	0.5	21	1,654	16,921	2	2.2	16	0.5	290	45	50.6	462	0.8	26	89	950
Disabled	2	2.2	16	0.5	290	45	50.6	462	0.8	26	89	950	2	2.4	16	0.5	290	42	49.4	426	0.7	24	85	902
64 or younger	2	2.4	16	0.5	290	42	49.4	426	0.7	24	85	902	0	0.0	0	0.0	0	3	75.0	36	1.1	43	4	48
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	170	10.9	1,861	0.8	76	613	39.2	6,382	0.5	20	1,565	15,971	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	15	10.0	154	0.8	75	46	30.7	523	0.7	24	150	1,496	15	10.0	154	0.8	75	46	30.7	523	0.7	24	150	1,496
75-84	77	14.1	845	0.8	79	199	36.4	2,105	0.5	17	547	5,595	77	14.1	845	0.8	79	199	36.4	2,105	0.5	17	547	5,595
85 and older	78	9.0	862	0.7	73	368	42.4	3,754	0.5	22	868	8,880	78	9.0	862	0.7	73	368	42.4	3,754	0.5	22	868	8,880
Male	43	7.2	442	0.8	101	202	33.9	1,999	0.6	24	595	5,811	8	7.0	96	0.6	151	36	31.6	405	0.8	34	114	1,243
Disabled	8	7.0	96	0.6	151	36	31.6	405	0.8	34	114	1,243	7	6.4	84	0.6	160	35	32.1	393	0.8	32	109	1,194
64 or younger	7	6.4	84	0.6	160	35	32.1	393	0.8	32	109	1,194	1	20.0	12	0.8	83	1	20.0	12	1.5	89	5	49
65-74	1	20.0	12	0.8	83	1	20.0	12	1.5	89	5	49	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	35	7.3	346	0.8	88	166	34.5	1,594	0.5	21	481	4,568	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	6	4.7	63	1.0	108	58	45.3	553	0.7	29	128	1,227	6	4.7	63	1.0	108	58	45.3	553	0.7	29	128	1,227
75-84	14	6.8	142	0.9	101	64	31.1	614	0.5	22	206	1,982	14	6.8	142	0.9	101	64	31.1	614	0.5	22	206	1,982
85 and older	15	10.2	141	0.6	65	44	29.9	427	0.4	10	147	1,359	15	10.2	141	0.6	65	44	29.9	427	0.4	10	147	1,359
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 862 beneficiaries who were in nursing facilities for part of their enrollment and their 8,098 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
			5.9	59,745					
All	6,289	61.6 %	5.9	59,745	\$85	\$868,889	\$15	3.4 %	10,202
Age									
5 and younger	2	100.0	14.0	28	198	396	14	49.1	2
6-14	4	100.0	12.5	50	942	3,766	75	11.8	4
15-20	13	50.0	4.2	109	109	2,821	26	2.5	26
21-44	1,193	57.3	4.7	9,883	91	190,297	19	3.2	2,082
45-64	1,430	64.6	7.0	15,399	106	234,655	15	3.1	2,214
65-74	1,183	61.1	5.7	11,032	82	159,413	14	3.5	1,935
75-84	1,285	60.0	5.6	12,001	70	150,211	13	3.5	2,142
85 and older	1,179	65.6	6.3	11,243	71	127,330	11	3.9	1,797
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	3,563	62.3	5.9	33,519	74	424,674	13	3.6	5,718
Disabled	2,548	62.3	6.1	24,931	103	419,486	17	3.1	4,087
Adults	176	44.6	3.2	1,253	60	23,736	19	4.0	395
Children	2	100.0	21.0	42	497	993	24	2.9	2
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	4,442	65.2	6.3	42,819	89	607,950	14	3.6	6,808
Male	1,847	54.4	5.0	16,926	77	260,939	15	2.9	3,394
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	3,760	63.2	6.6	39,133	97	578,509	15	3.7	5,945
African American	2,115	59.9	5.0	17,570	68	238,446	14	2.7	3,529
Other/unknown	414	56.9	4.2	3,042	71	51,934	17	3.5	728
Use of Nursing Facilities^d									
Entire year	1,385	61.6	6.9	15,415	82	185,102	12	3.7	2,249
Part year	588	68.2	5.7	4,951	68	58,214	12	3.5	862
None	4,316	60.9	5.6	39,379	88	625,573	16	3.2	7,091
Maintenance Assistance Status									
Cash	3,299	61.9	5.6	29,737	88	469,473	16	3.3	5,330
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	206	48.8	2.5	1,059	53	22,471	21	4.4	422
Other/unknown	2,784	62.6	6.5	28,949	85	376,945	13	3.3	4,450

Table D11

Dual Eligible 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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
 - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH
 BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.6	\$8	\$15	\$0	\$2	103,917
Age						
5 and younger	7.0	99	14	0	0	4
6-14	1.0	78	75	0	0	48
15-20	0.6	15	26	0	0	185
21-44	0.5	9	19	0	4	21,084
45-64	0.7	10	15	0	4	23,031
65-74	0.6	8	14	0	2	20,044
75-84	0.5	7	13	0	1	21,838
85 and older	0.6	7	11	0	1	17,683
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	7	13	0	2	58,228
Disabled	0.6	10	17	0	4	42,757
Adults	0.4	8	19	0	3	2,919
Children	3.2	76	24	0	0	13
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.6	9	14	0	3	69,628
Male	0.5	8	15	0	2	34,289
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	10	15	0	3	59,972
African American	0.5	6	14	0	1	36,911
Other/unknown	0.4	7	17	0	1	7,034
Use of Nursing Facilities^d						
Entire year	0.7	8	12	0	2	22,732
Part year	0.6	7	12	0	2	8,098
None	0.5	9	16	0	3	73,087
Maintenance Assistance Status						
Cash	0.5	8	16	0	3	56,832
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	7	21	0	3	3,249
Other/unknown	0.7	9	13	0	2	43,836

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 DELAWARE, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	9,963	\$87	\$868,889	100.0 %	59,745	\$15	100.0 %
Anorexia or weight loss/gain	39	223	8,714	1.0	105	83	0.2
Fertility drugs	12	32	378	0.0	14	27	0.0
Drugs for cosmetic purposes	43	400	17,206	2.0	137	126	0.2
Cough and cold medications	2,082	87	181,668	20.9	6,301	29	10.5
Vitamins and minerals	1,747	99	173,340	19.9	10,954	16	18.3
Non-prescription drugs	3,495	60	210,511	24.2	26,432	8	44.2
Barbiturates	137	67	9,242	1.1	1,422	6	2.4
Benzodiazepines	2,200	115	253,519	29.2	13,687	19	22.9
Other Part D Excl Rx Drugs	208	69	14,311	1.6	693	21	1.2

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility, those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 DELAWARE, 2001

Total Number of Dual Eligible Beneficiaries 10,202
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$25,912,951
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,540

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,434	14.1 %	\$0	0.0 %
1-500	1,696	16.6	366,625	1.4
501-1,000	1,078	10.6	801,164	3.1
1,001-1,500	961	9.4	1,191,292	4.6
1,501-2,000	773	7.6	1,349,650	5.2
2,001-2,500	693	6.8	1,552,303	6.0
2,501-3,000	568	5.6	1,559,120	6.0
3,001-3,500	446	4.4	1,450,180	5.6
3,501-4,000	403	4.0	1,509,282	5.8
4,001-4,500	336	3.3	1,427,360	5.5
4,501-5,000	278	2.7	1,317,160	5.1
5,001-5,500	237	2.3	1,241,851	4.8
5,501-6,000	195	1.9	1,121,032	4.3
6,001-6,500	139	1.4	867,835	3.3
6,501-7,000	145	1.4	979,476	3.8
7,001-7,500	93	0.9	674,450	2.6
7,501-8,000	91	0.9	705,434	2.7
8,001-8,500	77	0.8	634,361	2.4
8,501-9,000	72	0.7	630,167	2.4
9,001-9,500	61	0.6	563,806	2.2
9,501-10,000	49	0.5	477,211	1.8
10,001+	377	3.7	5,493,192	21.2

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. 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 2001.

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

SUPPLEMENTAL TABLE 1A
MEDIACAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
DELAWARE, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 3,985
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$13,119,328
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,292

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		Age < 65	Age < 65		Age < 65	Age < 65
\$0	514	12.9 %	0	0	0.0 %	0.0 %
1-500	694	17.4	141,551	141,551	1.1	1.1
501-1,000	363	9.1	271,063	271,063	2.1	2.1
1,001-1,500	306	7.7	375,510	375,510	2.9	2.9
1,501-2,000	257	6.4	450,826	450,826	3.4	3.4
2,001-2,500	236	5.9	528,884	528,884	4.0	4.0
2,501-3,000	171	4.3	470,545	470,545	3.6	3.6
3,001-3,500	153	3.8	501,177	501,177	3.8	3.8
3,501-4,000	132	3.3	493,152	493,152	3.8	3.8
4,001-4,500	129	3.2	547,309	547,309	4.2	4.2
4,501-5,000	120	3.0	570,319	570,319	4.3	4.3
5,001-5,500	107	2.7	560,840	560,840	4.3	4.3
5,501-6,000	86	2.2	495,237	495,237	3.8	3.8
6,001-6,500	60	1.5	373,724	373,724	2.8	2.8
6,501-7,000	75	1.9	508,255	508,255	3.9	3.9
7,001-7,500	51	1.3	369,092	369,092	2.8	2.8
7,501-8,000	50	1.3	387,338	387,338	3.0	3.0
8,001-8,500	46	1.2	379,036	379,036	2.9	2.9
8,501-9,000	49	1.2	429,484	429,484	3.3	3.3
9,001-9,500	49	1.2	452,921	452,921	3.5	3.5
9,501-10,000	35	0.9	341,214	341,214	2.6	2.6
10,001+	302	7.6	4,471,851	4,471,851	34.1	34.1

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. 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 2001.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 DELAWARE, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 5,874
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$12,206,021
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,078

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
			13.7 %			0.0 %
\$0	802		13.7 %	0		0.0 %
1-500	929		15.8	210,462		1.7
501-1,000	687		11.7	509,730		4.2
1,001-1,500	633		10.8	788,691		6.5
1,501-2,000	505		8.6	880,417		7.2
2,001-2,500	442		7.5	989,904		8.1
2,501-3,000	389		6.6	1,066,649		8.7
3,001-3,500	285		4.9	922,769		7.6
3,501-4,000	263		4.5	985,903		8.1
4,001-4,500	199		3.4	845,870		6.9
4,501-5,000	153		2.6	723,277		5.9
5,001-5,500	124		2.1	650,330		5.3
5,501-6,000	101		1.7	580,420		4.8
6,001-6,500	75		1.3	468,794		3.8
6,501-7,000	66		1.1	444,275		3.6
7,001-7,500	38		0.6	275,984		2.3
7,501-8,000	39		0.7	302,435		2.5
8,001-8,500	30		0.5	247,173		2.0
8,501-9,000	23		0.4	200,683		1.6
9,001-9,500	10		0.2	92,171		0.8
9,501-10,000	14		0.2	135,997		1.1
10,001+	67		1.1	884,087		7.2

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. 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 2001.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 DELAWARE, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74 1,935
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$4,606,833
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,381

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	265	13.7 %	0	0.0 %
1-500	283	14.6	63,528	1.4
501-1,000	194	10.0	143,368	3.1
1,001-1,500	188	9.7	238,180	5.2
1,501-2,000	153	7.9	264,377	5.7
2,001-2,500	156	8.1	349,244	7.6
2,501-3,000	125	6.5	342,463	7.4
3,001-3,500	84	4.3	269,339	5.8
3,501-4,000	84	4.3	315,944	6.9
4,001-4,500	82	4.2	346,571	7.5
4,501-5,000	64	3.3	303,630	6.6
5,001-5,500	42	2.2	219,839	4.8
5,501-6,000	35	1.8	200,712	4.4
6,001-6,500	30	1.6	188,416	4.1
6,501-7,000	36	1.9	242,883	5.3
7,001-7,500	22	1.1	159,868	3.5
7,501-8,000	16	0.8	124,074	2.7
8,001-8,500	17	0.9	140,446	3.0
8,501-9,000	11	0.6	96,009	2.1
9,001-9,500	7	0.4	64,309	1.4
9,501-10,000	4	0.2	38,901	0.8
10,001+	37	1.9	494,732	10.7

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. 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 2001.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 DELAWARE, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 2,142
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$4,345,385
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,029

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	316	14.8 %	0	0.0 %
1-500	311	14.5	73,835	1.7
501-1,000	254	11.9	189,546	4.4
1,001-1,500	242	11.3	301,563	6.9
1,501-2,000	192	9.0	336,128	7.7
2,001-2,500	143	6.7	321,580	7.4
2,501-3,000	132	6.2	362,147	8.3
3,001-3,500	120	5.6	389,999	9.0
3,501-4,000	111	5.2	417,108	9.6
4,001-4,500	65	3.0	276,647	6.4
4,501-5,000	61	2.8	287,899	6.6
5,001-5,500	48	2.2	252,245	5.8
5,501-6,000	38	1.8	218,913	5.0
6,001-6,500	19	0.9	118,604	2.7
6,501-7,000	21	1.0	141,065	3.2
7,001-7,500	11	0.5	79,768	1.8
7,501-8,000	9	0.4	69,719	1.6
8,001-8,500	11	0.5	90,192	2.1
8,501-9,000	10	0.5	87,178	2.0
9,001-9,500	2	0.1	18,506	0.4
9,501-10,000	5	0.2	48,852	1.1
10,001+	21	1.0	263,891	6.1

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. 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 2001.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 DELAWARE, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 1,797
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$3,253,803
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,811

Annual Pharmacy Reimbursement per Beneficiary \$0	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 12.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
1-500	221	18.6	0	0.0 %
501-1,000	335	13.3	73,099	2.2
1,001-1,500	239	11.3	176,816	5.4
1,501-2,000	203	8.9	248,948	7.7
2,001-2,500	160	8.0	279,912	8.6
2,501-3,000	143	7.3	319,080	9.8
3,001-3,500	132	4.5	362,039	11.1
3,501-4,000	81	3.8	263,431	8.1
4,001-4,500	68	2.9	252,851	7.8
4,501-5,000	52	1.6	222,652	6.8
5,001-5,500	28	1.9	131,748	4.0
5,501-6,000	34	1.6	178,246	5.5
6,001-6,500	28	1.4	160,795	4.9
6,501-7,000	26	0.5	161,774	5.0
7,001-7,500	9	0.3	60,327	1.9
7,501-8,000	5	0.8	36,348	1.1
8,001-8,500	14	0.1	108,642	3.3
8,501-9,000	2	0.1	16,535	0.5
9,001-9,500	2	0.1	17,496	0.5
9,501-10,000	1	0.3	9,356	0.3
10,001+	5	0.5	48,244	1.5
	9		125,464	3.9

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. 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 2001.

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

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, DELAWARE, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	11,030	5,751	4,312	965	2	0	59,105	47,653	8,632	19	0
Age											
5 and younger	3	0	2	0	1	0	0	24	0	7	0
6-14	6	0	6	0	0	0	0	72	0	0	0
15-20	33	0	29	3	1	0	0	312	27	12	0
21-44	2,426	0	2,023	403	0	0	0	22,355	3,736	0	0
45-64	2,524	0	2,137	387	0	0	0	23,633	3,409	0	0
65-74	2,083	1,811	114	158	0	0	19,511	1,247	1,352	0	0
75-84	2,158	2,145	0	13	0	0	21,927	0	96	0	0
85 and older	1,797	1,795	1	1	0	0	17,667	10	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	7,236	4,342	2,313	579	2	0	45,121	25,883	5,247	19	0
Male	3,794	1,409	1,999	386	0	0	13,984	21,770	3,385	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	6,362	3,420	2,463	479	0	0	34,343	27,230	4,214	0	0
African American	3,870	1,829	1,629	411	1	0	19,789	18,136	3,717	12	0
Other/unknown	798	502	220	75	1	0	4,973	2,287	701	7	0
Use of Nursing Facilities^c											
Entire year	2,249	2,046	203	0	0	0	20,539	2,193	0	0	0
Part year	863	783	79	1	0	0	7,237	872	11	0	0
None	7,918	2,922	4,030	964	2	0	31,329	44,588	8,621	19	0
Maintenance Assistance Status											
Cash	5,652	2,473	2,804	375	0	0	27,405	31,262	3,770	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	422	118	302	2	0	0	1,252	3,074	19	0	0
Other/unknown	4,956	3,160	1,206	588	2	0	30,448	13,317	4,843	19	0
Dual Status^d											
Full dual, all year	10,265	5,425	3,906	932	2	0	55,722	43,461	8,266	19	0
Full dual, part year	765	326	406	33	0	0	3,383	4,192	366	0	0
Managed Care Status											
FFS all year	9,451	5,581	3,597	272	1	0	57,409	40,086	2,415	12	0
FFS part year, with Rx claims	679	130	441	107	1	0	1,309	4,697	1,011	7	0
FFS part year, no Rx claims	72	7	49	16	0	0	46	474	127	0	0
MC all year, with Rx claims	713	26	198	489	0	0	273	2,159	4,572	0	0
MC all year, no Rx claims	115	7	27	81	0	0	68	237	507	0	0

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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 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. 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^a
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2001

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos	No. of Bene(s)	No. of Bene Mos
All	11,030	115,409	10,202	103,917	0	11,492		
FFS all year	9,451	99,922	9,451	99,922	0	0		
FFS part year, with Rx claims	679	7,024	679	3,675	0	3,349		
FFS part year, with no Rx claims	72	647	72	320	0	327		
MC all year, with Rx claims	713	7,004	0	0	0	7,004		
MC all year, with no Rx claims	115	812	0	0	0	812		

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.