

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 DELAWARE

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
DELAWARE, 2002

Inclusion Criteria (2002)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	150,189 (A)	18,734 (E)	131,455 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	138,246 (B)	11,596 (F)	126,650 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	44,405 (C)	10,299 (G)	34,106 (K)
4. Benes who were all-year nursing facility residents ^f	2,258 (D)	2,127 (H)	131 (L)

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Delaware in 2002 was \$101,514,426, of which \$60,198,089 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. Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. All benefit months of such dual eligible beneficiaries, of which 5.9 percent were restricted benefit months without a pharmacy benefit in Delaware, were used in the dual tables.
- Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DELAWARE, 2002

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	44,405	5,865	6,412	15,770	16,328	30	180,321	45,730	45,045	56,028	33,386	132	180,321	45,730	45,045	56,028	33,386	132	
Age																			
5 and younger	6,946	0	176	0	6,770	0	13,736	0	530	0	13,206	0	13,736	0	530	0	13,206	0	0
6-14	6,848	0	358	0	6,490	0	13,634	0	1,154	0	12,480	0	13,634	0	1,154	0	12,480	0	0
15-20	4,751	0	284	1,399	3,068	0	12,890	0	1,152	4,038	7,700	0	12,890	0	1,152	4,038	7,700	0	0
21-44	15,518	0	2,717	12,789	0	12	65,786	0	19,966	45,785	0	35	65,786	0	19,966	45,785	0	35	0
45-64	4,309	0	2,766	1,525	0	18	27,371	0	21,345	5,929	0	97	27,371	0	21,345	5,929	0	97	0
65-74	1,948	1,788	111	49	0	0	15,496	14,368	898	230	0	0	15,496	14,368	898	230	0	0	0
75-84	2,184	2,177	0	7	0	0	17,250	17,213	0	37	0	0	17,250	17,213	0	37	0	0	0
85 and older	1,901	1,900	0	1	0	0	14,158	14,149	0	9	0	0	14,158	14,149	0	9	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender																			
Female	29,324	4,387	3,239	13,486	8,182	30	125,783	34,592	23,163	51,429	16,467	132	125,783	34,592	23,163	51,429	16,467	132	0
Male	15,081	1,478	3,173	2,284	8,146	0	54,538	11,138	21,882	4,599	16,919	0	54,538	11,138	21,882	4,599	16,919	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	21,274	3,531	3,510	7,613	6,596	24	92,216	27,043	25,237	26,438	13,397	101	92,216	27,043	25,237	26,438	13,397	101	0
African American	18,064	1,900	2,560	6,617	6,993	4	71,622	15,406	17,726	24,214	14,257	19	71,622	15,406	17,726	24,214	14,257	19	0
Other/unknown	5,067	434	342	1,540	2,749	2	16,483	3,281	2,082	5,376	5,732	12	16,483	3,281	2,082	5,376	5,732	12	0
Use of Nursing Facilities^c																			
Entire year	2,258	1,966	292	0	0	0	17,531	15,168	2,363	0	0	0	17,531	15,168	2,363	0	0	0	0
Part year	1,088	909	175	4	0	0	8,149	6,811	1,314	24	0	0	8,149	6,811	1,314	24	0	0	0
None	41,059	2,990	5,945	15,766	16,328	30	154,641	23,751	41,368	56,004	33,386	132	154,641	23,751	41,368	56,004	33,386	132	0
Maintenance Assistance Status																			
Cash	23,333	2,398	4,383	6,347	10,205	0	83,293	19,851	29,584	14,584	19,274	0	83,293	19,851	29,584	14,584	19,274	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	2,436	154	365	260	1,628	29	7,903	1,160	2,741	653	3,220	129	7,903	1,160	2,741	653	3,220	129	0
Other/unknown	18,636	3,313	1,664	9,163	4,495	1	89,125	24,719	12,720	40,791	10,892	3	89,125	24,719	12,720	40,791	10,892	3	0
Dual Medicare Status^d																			
Full dual, all year	9,346	5,254	3,759	331	2	0	74,768	41,662	31,178	1,910	18	0	74,768	41,662	31,178	1,910	18	0	0
Full dual, part year	953	435	479	39	0	0	7,179	3,236	3,638	305	0	0	7,179	3,236	3,638	305	0	0	0
Non-dual, all year	34,106	176	2,174	15,400	16,326	30	98,374	832	10,229	53,813	33,388	132	98,374	832	10,229	53,813	33,388	132	0
Managed Care Status																			
FFS all year	4,275	891	453	2,343	578	10	25,831	4,054	2,779	17,271	1,703	24	25,831	4,054	2,779	17,271	1,703	24	0
FFS part year, with Rx claims	28,016	4,431	5,163	9,658	8,749	15	119,498	37,394	37,588	27,239	17,188	89	119,498	37,394	37,588	27,239	17,188	89	0
FFS part year, no Rx claims	12,114	543	796	3,769	7,001	5	34,992	4,282	4,678	11,518	14,495	19	34,992	4,282	4,678	11,518	14,495	19	0

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DELAWARE, 2002

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	65.6 %	15.3	\$930	\$61	\$8,457	11.0 %	44,405
Age							
5 and younger	59.5	3.0	119	40	2,069	5.8	6,946
6-14	48.5	2.9	193	66	2,112	9.2	6,848
15-20	57.3	4.5	234	53	4,154	5.6	4,751
21-44	66.8	11.2	811	73	5,751	14.1	15,518
45-64	79.2	36.9	2,729	74	18,519	14.7	4,309
65-74	87.2	47.2	2,621	56	17,697	14.8	1,948
75-84	85.2	47.2	2,275	48	26,456	8.6	2,184
85 and older	85.8	46.7	1,914	41	34,535	5.5	1,901
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	86.2	47.2	2,262	48	26,528	8.5	5,865
Disabled	84.3	38.9	3,227	83	24,345	13.3	6,412
Adults	63.5	6.8	343	51	2,068	16.6	15,770
Children	52.9	2.7	117	43	1,901	6.2	16,328
Unknown	56.7	8.8	1,110	126	5,995	18.5	30
Gender							
Female	68.5	16.3	900	55	7,900	11.4	29,324
Male	60.0	13.3	991	74	9,540	10.4	15,081
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	70.4	19.8	1,148	58	11,187	10.3	21,274
African American	62.6	12.3	813	66	6,648	12.2	18,064
Other/unknown	56.4	7.2	435	61	3,443	12.6	5,067
Use of Nursing Facilities^d							
Entire year	81.0	59.3	2,509	42	52,376	4.8	2,258
Part year	89.4	53.1	2,531	48	38,079	6.6	1,088
None	64.1	11.9	801	68	5,256	15.2	41,059

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	66.6	14.2	928	65	6,441	14.4	23,333
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	61.9	6.6	405	61	2,322	17.4	2,436
Other/unknown	64.9	17.7	1,002	57	11,782	8.5	18,636

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

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

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	3.8	\$229	11.0 %	34.4 %	19.2 %	9.3 %	15.6 %	11.9 %	9.6 %	\$2,083	44,405	180,321
Age												
5 and younger	1.5	60	5.8	40.5	24.1	11.4	14.6	6.4	2.9	1,046	6,946	13,736
6-14	1.5	97	9.2	51.5	19.5	8.9	11.2	5.2	3.7	1,061	6,848	13,634
15-20	1.6	86	5.6	42.7	21.6	10.3	13.0	7.7	4.7	1,531	4,751	12,890
21-44	2.6	191	14.1	33.2	21.5	9.3	15.3	10.6	10.0	1,357	15,518	65,786
45-64	5.8	430	14.7	20.8	12.0	7.9	17.6	19.8	21.9	2,915	4,309	27,371
65-74	5.9	330	14.8	12.8	12.3	7.1	24.8	25.6	17.4	2,225	1,948	15,496
75-84	6.0	288	8.6	14.8	9.8	8.3	21.8	27.5	17.8	3,350	2,184	17,250
85 and older	6.3	257	5.5	14.2	8.0	7.0	23.4	28.5	18.9	4,637	1,901	14,158
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	6.1	290	8.5	13.8	10.0	7.6	23.4	27.3	18.0	3,402	5,865	45,730
Disabled	5.5	459	13.3	15.7	15.1	8.5	21.1	21.3	18.3	3,465	6,412	45,045
Adults	1.9	97	16.6	36.5	21.6	9.3	13.8	8.9	9.9	582	15,770	56,028
Children	1.3	57	6.2	47.1	21.7	10.2	12.4	5.7	2.9	930	16,328	33,386
Unknown	2.0	252	18.5	43.3	26.7	10.0	10.0	3.3	6.7	1,362	30	132
Gender												
Female	3.8	210	11.4	31.5	19.8	9.5	15.9	12.6	10.6	1,842	29,324	125,763
Male	3.7	274	10.4	40.0	17.9	8.9	14.9	10.6	7.7	2,638	15,081	54,538
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.6	265	10.3	29.6	17.7	9.2	16.5	14.1	12.9	2,581	21,274	92,216
African American	3.1	205	12.2	37.4	20.0	9.4	15.2	10.7	7.3	1,677	18,064	71,622
Other/unknown	2.2	134	12.6	43.6	22.4	9.6	13.2	7.2	4.0	1,058	5,067	16,483
Use of Nursing Facilities^d												
Entire year	7.6	323	4.8	19.0	3.6	3.9	14.9	30.0	28.6	6,746	2,258	17,531
Part year	7.1	338	6.6	10.6	7.4	7.0	23.5	27.5	24.0	5,084	1,088	8,149
None	3.1	213	15.2	35.9	20.3	9.7	15.4	10.5	8.2	1,396	41,059	154,641

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	Bene	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				
Maintenance Assistance Status												
Cash	4.0	260	14.4	33.4	18.7	10.2	17.1	12.0	8.7	1,804	23,333	83,293
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.0	125	17.4	38.1	26.1	11.2	13.1	6.6	4.8	716	2,436	7,903
Other/unknown	3.7	210	8.5	35.1	18.9	8.0	14.1	12.6	11.4	2,464	18,636	89,125

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DELAWARE, 2002

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	3.8	\$229	\$61	1.8	\$180	\$100	0.3	\$14	\$49	1.7	\$35	\$21
Age												
5 and younger	1.5	60	40	0.7	47	71	0.1	4	43	0.7	10	13
6-14	1.5	97	66	0.8	78	101	0.1	8	69	0.6	11	19
15-20	1.6	86	53	0.8	63	78	0.1	8	68	0.7	16	22
21-44	2.6	191	73	1.3	154	121	0.2	11	60	1.2	26	23
45-64	5.8	430	74	2.9	346	117	0.4	25	60	2.4	58	24
65-74	5.9	330	56	2.9	252	86	0.4	20	46	2.6	58	22
75-84	6.0	288	48	2.8	216	78	0.5	18	35	2.7	54	20
85 and older	6.3	257	41	2.7	188	70	0.6	17	29	3.0	52	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	6.1	290	48	2.8	218	78	0.5	18	36	2.8	54	20
Disabled	5.5	459	83	2.8	377	133	0.4	25	64	2.3	57	25
Adults	1.9	97	51	0.9	72	81	0.1	7	52	0.9	18	20
Children	1.3	57	43	0.6	43	67	0.1	5	58	0.6	9	16
Unknown	2.0	252	126	1.4	239	171	0.1	5	72	0.5	8	15
Gender												
Female	3.8	210	55	1.8	161	90	0.3	13	46	1.7	35	21
Male	3.7	274	74	1.8	223	122	0.3	15	58	1.6	36	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.6	265	58	2.1	203	95	0.4	17	48	2.0	44	22
African American	3.1	205	66	1.5	166	109	0.2	11	51	1.4	28	21
Other/unknown	2.2	134	61	1.1	108	97	0.2	8	51	0.9	18	19
Use of Nursing Facilities^e												
Entire year	7.6	323	42	3.3	237	72	0.8	23	30	3.5	64	18
Part year	7.1	338	48	3.1	255	81	0.6	22	34	3.3	61	19
None	3.1	213	68	1.6	169	108	0.2	12	59	1.4	31	23

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	4.0	260	2.0	204	0.3	16	1.8	40
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	2.0	125	1.0	98	0.1	8	0.9	18
Other/unknown	3.7	210	1.7	164	0.3	13	1.7	33

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DELAWARE, 2002

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. of Bene Mos	As % of All Benes					
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.8	0.5	0.0	0.3	\$89	\$81	\$4	\$5	\$113	\$169	\$81	\$18	60,111	\$6,788,053	17,401	39.2 %	76,007	
Biologics	0.3	0.2	0.0	0.1	109	107	0	2	434	584	0	24	471	204,369	291	0.7	1,877	
Antineoplastic Agents	0.7	0.3	0.0	0.3	142	110	4	28	203	325	100	88	2,512	510,719	515	1.2	3,592	
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.4	47	35	5	8	41	60	25	20	62,438	2,538,336	10,066	22.7	53,824	
Cardiovascular Agents	2.2	0.8	0.1	1.2	83	55	5	23	38	65	37	20	124,743	4,790,070	8,317	18.7	57,950	
Respiratory Agents	1.1	0.6	0.1	0.5	55	40	6	10	48	65	69	21	70,563	3,383,519	13,594	30.6	61,362	
Gastrointestinal Agents	1.1	0.6	0.0	0.4	86	74	3	9	80	117	105	21	46,566	3,719,985	6,831	15.4	43,381	
Genitourinary Agents	0.6	0.5	0.0	0.1	32	29	0	2	52	59	34	17	10,656	550,833	3,317	7.5	17,366	
CNS Drugs	1.8	1.0	0.1	0.7	134	107	7	19	76	110	96	27	102,713	7,822,796	9,862	22.2	58,589	
Stimulants/Anti-obesity/Anorexia	1.6	0.9	0.2	0.6	98	63	10	24	59	70	64	42	4,466	264,357	901	2.0	2,708	
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	70	64	0	6	128	138	0	74	3,048	390,115	824	1.9	5,584	
Analgesics and Anesthetics	1.1	0.4	0.1	0.7	62	47	3	12	55	110	59	19	69,562	3,819,036	12,261	27.6	61,381	
Neuromuscular Agents	1.4	0.6	0.1	0.6	86	62	7	16	62	101	52	26	46,025	2,846,919	5,453	12.3	33,114	
Nutritional Products	0.8	0.0	0.1	0.6	13	1	1	10	17	28	16	16	16,074	267,233	3,892	8.8	20,633	
Hematological Agents	1.0	0.4	0.3	0.4	101	90	5	6	96	226	17	15	17,833	1,719,822	2,396	5.4	17,038	
Topical Products	0.7	0.3	0.0	0.3	25	17	2	5	36	54	43	17	37,218	1,351,226	10,760	24.2	53,866	
Miscellaneous Products	0.6	0.3	0.1	0.2	79	58	11	10	143	202	213	48	2,172	311,659	756	1.7	3,935	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	31	0	0	0	1,191	37,290	438	1.0	2,745	
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.	678,362	41,316,337	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DELAWARE, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$2,990,306	1,179	2.7 %	9,727	\$380	\$307	
ANTIPSYCHOTICS	2,624,676	2,204	5.0	17,747	142	148	
ULCER DRUGS	1,959,798	3,156	7.1	24,884	98	79	
ANTIDEPRESSANTS	1,599,577	3,512	7.9	27,173	64	59	
ANTICONVULSANT	1,372,595	1,985	4.5	16,084	70	85	
ANALGESICS - Narcotic	1,036,544	4,498	10.1	34,344	56	30	
ANTHYPERLIPIDEMIC	957,123	1,602	3.6	13,527	87	71	
ANALGESICS - ANTI-INFLAMMATORY	876,194	3,192	7.2	24,406	69	36	
ANTIASTHMATIC	843,146	3,544	8.0	25,742	51	33	
ANTIHYPERTENSIVE	807,813	2,819	6.3	22,747	40	36	
Total	15,067,772	27,691		216,381	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.