

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEBRASKA, 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	268,306 (A)	38,242 (E)	230,064 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	266,225 (B)	36,176 (F)	230,049 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	133,344 (C)	35,831 (G)	97,513 (K)
4. Benes who were all-year nursing facility residents ^f	8,076 (D)	7,582 (H)	494 (L)

Source: Data for this table are from the MAX 2002 file for Nebraska, 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 Nebraska in 2002 was \$199,247,222, of which \$62,862,535 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 0.7 percent were restricted benefit months without a pharmacy benefit in Nebraska, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

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

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

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	133,344	21,490	20,691	29,467	61,596	100	616,387	213,107	190,570	61,110	151,165	435		
Age														
5 and younger	25,064	0	318	72	24,674	0	60,338	0	1,660	207	58,471	0		
6-14	23,070	0	493	2	22,575	0	60,664	0	3,025	3	57,636	0		
15-20	14,006	0	613	690	12,691	12	36,325	0	3,904	1,409	30,976	36		
21-44	28,000	0	8,984	17,933	1,025	58	119,217	0	84,752	32,304	1,946	2,115		
45-64	11,541	1	10,054	1,456	1	29	97,888	8	94,992	2,712	3	173		
65-74	6,744	6,512	228	3	0	1	68,386	66,113	2,226	36	0	11		
75-84	7,538	7,537	0	1	0	0	76,266	76,263	0	3	0	0		
85 and older	7,442	7,440	1	1	0	0	70,736	70,723	11	2	0	0		
Unknown	9,939	0	0	9,309	630	0	26,567	0	0	24,434	2,133	0		
Gender														
Female	75,489	15,950	10,583	17,859	30,997	100	371,018	160,316	98,690	35,739	75,838	435		
Male	53,798	5,540	10,107	7,717	30,434	0	236,258	52,791	91,878	16,764	74,825	0		
Unknown	4,057	0	1	3,891	165	0	9,111	0	2	8,607	502	0		
Race														
White	93,787	19,115	16,828	18,423	39,348	73	488,060	189,594	158,867	38,840	100,456	303		
African American	12,915	1,156	2,157	3,164	6,436	2	53,177	12,105	18,430	6,202	16,438	2		
Other/unknown	26,642	1,219	1,706	7,880	15,812	25	75,150	11,408	13,273	16,068	34,271	130		
Use of Nursing Facilities^c														
Entire year	8,076	7,141	927	5	3	0	79,836	69,711	10,064	30	31	0		
Part year	3,378	2,693	662	10	12	1	30,923	24,751	6,113	17	38	4		
None	121,890	11,656	19,102	29,452	61,581	99	505,628	118,645	174,393	61,063	151,096	431		
Maintenance Assistance Status														
Cash	32,956	3,752	10,230	8,043	10,931	0	166,370	39,747	90,306	13,732	22,585	0		
Medically needy	27,445	10,484	2,098	9,906	4,957	0	147,319	97,279	20,262	18,984	10,794	0		
Poverty-related	61,976	7,234	7,926	8,064	38,652	100	255,431	75,847	75,327	21,403	82,419	435		
Other/unknown	10,967	20	437	3,454	7,056	0	47,267	234	4,675	6,991	35,367	0		
Dual Medicare Status^d														
Full dual, all year	35,203	20,582	14,506	102	11	2	358,901	205,473	152,798	549	68	13		
Full dual, part year	628	358	270	0	0	0	6,023	3,409	2,614	0	0	0		
Non-dual, all year	97,513	550	5,915	29,365	61,565	98	251,463	4,225	35,158	60,561	151,097	422		
Managed Care Status														
FFS all year	52,447	21,188	16,353	7,133	7,677	96	443,766	211,789	172,996	17,106	41,454	421		
FFS part year, with Rx claims	57,326	258	3,807	16,518	36,739	4	122,326	1,160	15,817	31,998	73,337	14		
FFS part year, no Rx claims	23,571	44	531	5,816	17,180	0	50,295	158	1,757	12,006	36,374	0		

Source: Data for this table are from the MAX 2002 file for Nebraska, 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}
 NEBRASKA, 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	70.4 %	19.2	\$1,023	\$53	\$6,698	15.3 %	133,344
Age							
5 and younger	68.5	4.1	125	30	2,227	5.6	25,064
6-14	56.8	4.2	249	59	1,600	15.6	23,070
15-20	62.9	6.0	378	63	3,504	10.8	14,006
21-44	73.1	16.7	1,143	69	7,412	15.4	28,000
45-64	85.6	50.0	3,068	61	15,044	20.4	11,541
65-74	88.6	54.4	2,696	50	11,711	23.0	6,744
75-84	92.9	57.7	2,619	45	15,251	17.2	7,538
85 and older	95.4	55.0	2,192	40	21,098	10.4	7,442
Unknown	43.8	1.9	56	29	1,930	2.9	9,939
Basis of Eligibility^c							
Aged	92.5	55.7	2,490	45	16,124	15.4	21,490
Disabled	87.2	45.5	3,108	68	17,796	17.5	20,691
Adults	59.7	5.5	239	43	2,166	11.0	29,467
Children	62.2	4.2	186	45	1,847	10.1	61,596
Unknown	47.0	7.8	868	112	7,650	11.3	100
Gender							
Female	75.6	23.3	1,176	50	7,139	16.5	75,489
Male	66.0	14.7	882	60	6,535	13.5	53,798
Unknown	31.9	0.9	35	38	648	5.3	4,057
Race							
White	73.6	23.4	1,259	54	8,053	15.6	93,787
African American	67.1	13.6	712	52	4,735	15.0	12,915
Other/unknown	60.7	6.9	340	50	2,881	11.8	26,642
Use of Nursing Facilities^d							
Entire year	97.7	70.3	3,269	47	34,556	9.5	8,076
Part year	96.1	65.6	3,113	48	25,212	12.3	3,378
None	67.9	14.5	816	56	4,339	18.8	121,890

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	73.0	21.3	1,300	61	7,768	16.7	32,956
Medically needy	77.1	32.1	1,492	47	14,719	10.1	27,445
Poverty related	66.9	14.3	766	54	3,093	24.8	61,976
Other/unknown	65.4	8.0	467	59	3,778	12.4	10,967

Source: Data for this table are from the MAX 2002 file for Nebraska, 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}
 NEBRASKA, 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	4.2	\$221	15.3 %	29.6 %	18.8 %	9.8 %	18.5 %	14.4 %	8.9 %	\$1,449	133,344	616,387
Age												
5 and younger	1.7	52	5.6	31.5	25.8	11.4	16.8	9.0	5.5	925	25,064	60,338
6-14	1.6	95	15.6	43.2	22.5	9.8	13.1	6.4	5.0	609	23,070	60,664
15-20	2.3	146	10.8	37.1	20.3	10.2	15.1	9.3	7.9	1,351	14,006	36,325
21-44	3.9	269	15.4	26.9	17.8	10.5	19.3	13.6	12.0	1,741	28,000	119,217
45-64	5.9	362	20.4	14.4	11.6	8.5	22.9	24.5	18.2	1,774	11,541	97,888
65-74	5.4	266	23.0	11.4	12.6	8.3	27.4	28.0	12.2	1,155	6,744	68,386
75-84	5.7	259	17.2	7.1	10.0	8.7	28.0	33.2	13.0	1,507	7,538	76,266
85 and older	5.8	231	10.4	4.6	7.3	7.8	32.2	37.5	10.5	2,220	7,442	70,736
Unknown	0.7	21	2.9	56.2	21.5	8.3	8.9	3.4	1.6	722	9,939	26,567
Basis of Eligibility^c												
Aged	5.6	251	15.4	7.5	9.9	8.3	29.3	33.1	11.9	1,626	21,490	213,107
Disabled	4.9	337	17.5	12.8	16.7	9.9	24.5	22.1	13.9	1,932	20,691	190,570
Adults	2.7	115	11.0	40.3	17.5	9.6	14.0	8.8	9.8	1,045	29,467	61,110
Children	1.7	76	10.1	37.8	23.3	10.5	14.8	8.0	5.7	753	61,596	151,165
Unknown	1.8	200	11.3	53.0	27.0	5.0	9.0	3.0	3.0	1,759	100	435
Gender												
Female	4.7	239	16.5	24.4	17.7	10.0	20.1	17.0	10.8	1,453	75,489	371,018
Male	3.4	201	13.5	34.0	20.3	9.8	17.3	11.7	6.9	1,488	53,798	236,258
Unknown	0.4	15	5.3	68.1	19.2	6.4	4.8	1.3	0.2	289	4,057	9,111
Race												
White	4.5	242	15.6	26.4	17.9	9.5	19.5	16.5	10.2	1,547	93,787	488,060
African American	3.3	173	15.0	32.9	20.0	10.0	17.9	11.9	7.4	1,150	12,915	53,177
Other/unknown	2.4	121	11.8	39.3	21.4	11.0	15.0	8.3	5.0	1,021	26,642	75,150
Use of Nursing Facilities^d												
Entire year	7.1	331	9.5	2.3	4.3	5.5	27.6	41.4	18.9	3,496	8,076	79,836
Part year	7.2	340	12.3	3.9	5.2	6.0	26.0	38.7	20.2	2,754	3,378	30,923
None	3.5	197	18.8	32.1	20.2	10.2	17.7	12.0	7.9	1,046	121,890	505,628

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
Maintenance Assistance Status												
Cash	4.2	258	16.7	27.0	18.4	10.6	19.6	14.5	9.9	1,539	32,956	166,370
Medically needy	6.0	278	10.1	22.9	11.8	8.0	20.4	22.9	14.1	2,742	27,445	147,319
Poverty related	3.5	186	24.8	33.1	21.2	10.2	17.8	11.6	6.1	750	61,976	255,431
Other/unknown	1.9	108	12.4	34.6	24.4	9.7	14.2	8.7	8.4	877	10,967	47,267

Source: Data for this table are from the MAX 2002 file for Nebraska, 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 4

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	4.2	258	1.9	205	0.3	16	2.0	37
Medically needy	6.0	278	2.5	215	0.5	18	3.0	45
Poverty related	3.5	186	1.6	146	0.3	12	1.7	27
Other/unknown	1.9	108	0.9	86	0.1	8	0.8	14

Source: Data for this table are from the MAX 2002 file for Nebraska, 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 Nebraska, 0.4 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}
 NEBRASKA, 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Bene			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.6	0.3	0.0	0.3	\$27	\$21	\$2	\$4	\$49	\$80	\$81	\$15	184,695	\$9,091,799	62,231	46.7 %	335,572
Biologics	0.2	0.1	0.0	0.1	135	19	11	104	745	173	1,096	1,784	288	214,470	178	0.1	1,592
Antineoplastic Agents	0.7	0.4	0.0	0.3	170	154	4	12	255	411	93	49	8,433	2,152,410	1,334	1.0	12,652
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	44	34	4	6	39	62	23	15	247,652	9,623,911	29,404	22.1	216,449
Cardiovascular Agents	1.9	0.7	0.2	1.1	59	41	5	14	31	61	27	13	488,948	15,320,668	27,492	20.6	258,469
Respiratory Agents	1.0	0.4	0.1	0.4	45	32	5	7	46	72	61	16	243,695	11,160,799	45,349	34.0	250,216
Gastrointestinal Agents	0.9	0.5	0.0	0.4	69	62	2	6	78	127	101	15	180,983	14,157,087	24,490	18.4	204,124
Genitourinary Agents	0.6	0.5	0.0	0.1	38	36	0	2	61	72	42	17	54,706	3,314,870	11,444	8.6	86,855
CNS Drugs	1.6	0.9	0.1	0.7	129	108	6	15	81	125	90	22	412,183	33,275,158	32,725	24.5	258,254
Stimulants/Anti-obesity/Anorexia	1.2	0.7	0.1	0.4	88	64	10	15	73	92	72	39	22,183	1,623,691	3,370	2.5	18,400
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	101	100	0	1	132	138	0	20	13,608	1,791,526	1,804	1.4	17,781
Analgesics and Anesthetics	1.0	0.3	0.1	0.6	49	37	3	9	49	114	55	15	266,302	13,118,139	40,696	30.5	266,727
Neuromuscular Agents	1.2	0.5	0.1	0.5	81	63	6	12	69	120	53	22	170,189	11,763,487	17,135	12.9	144,601
Nutritional Products	0.7	0.0	0.0	0.6	10	0	1	9	15	33	21	14	73,577	1,071,135	17,353	13.0	106,290
Hematological Agents	0.8	0.2	0.2	0.5	49	40	2	6	58	200	15	13	66,006	3,842,446	8,221	6.2	78,881
Topical Products	0.5	0.2	0.0	0.3	19	12	2	5	36	57	51	17	120,797	4,326,311	37,097	27.8	232,304
Miscellaneous Products	0.4	0.2	0.1	0.2	70	42	17	10	157	261	247	48	3,346	524,914	801	0.6	7,507
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	18	0	0	0	652	11,866	269	0.2	2,687
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.	2,558,243	136,384,687	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Nebraska, 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 Nebraska, 0.4 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}
 NEBRASKA, 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
ANTIPSYCHOTICS	\$17,409,373	13,083	9.8 %	136,223	0.8	\$160
ULCER DRUGS	10,763,375	20,036	15.0	209,357	0.6	89
ANTIDEPRESSANTS	9,431,419	22,102	16.6	221,488	0.7	59
ANTICONVULSANT	8,526,498	11,432	8.6	120,919	0.9	82
ANALGESICS - Narcotic	5,301,880	25,932	19.4	254,643	0.5	45
ANALGESICS - ANTI-INFLAMMATORY	4,910,503	16,995	12.7	173,580	0.4	65
ANTI-DIABETIC	4,866,008	12,558	9.4	130,999	0.8	49
ANTIHYPERLIPIDEMIC	4,606,909	7,538	5.7	82,207	0.7	82
ASTHMATIC	4,425,087	16,657	12.5	161,417	0.5	55
ANTIHYPERTENSIVE	3,628,250	15,104	11.3	158,535	0.7	32
Total	73,869,302	161,437		1,649,368	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Nebraska, 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.