

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 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	10,299	5,689	4,238	370	2	0	81,947	44,898	34,816	2,215	18	0
Age												
5 and younger	1	0	0	0	1	9	0	0	0	0	9	0
6-14	4	0	3	0	1	0	36	0	27	0	9	0
15-20	19	0	19	0	0	0	120	0	120	0	0	0
21-44	2,150	0	1,934	216	0	0	17,046	0	15,705	1,341	0	0
45-64	2,281	0	2,177	104	0	0	18,707	0	18,100	607	0	0
65-74	1,893	1,744	105	44	0	0	15,216	14,127	864	225	0	0
75-84	2,121	2,116	0	5	0	0	16,949	16,916	0	33	0	0
85 and older	1,830	1,829	0	1	0	0	13,864	13,855	0	9	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	6,793	4,263	2,262	268	0	0	54,145	33,985	18,584	1,576	0	0
Male	3,506	1,426	1,976	102	2	0	27,802	10,913	16,232	639	18	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	6,035	3,429	2,435	170	1	0	47,698	26,581	20,137	971	9	0
African American	3,632	1,847	1,609	175	1	0	29,378	15,131	13,140	1,098	9	0
Other/unknown	632	413	194	25	0	0	4,871	3,186	1,539	146	0	0
Use of Nursing Facilities^c												
Entire year	2,127	1,925	202	0	0	0	16,549	14,882	1,667	0	0	0
Part year	996	886	108	2	0	0	7,540	6,656	870	14	0	0
None	7,176	2,878	3,928	368	2	0	57,858	23,360	32,279	2,201	18	0
Maintenance Assistance Status												
Cash	5,203	2,337	2,679	186	1	0	42,729	19,510	22,036	1,174	9	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	514	153	361	0	0	0	3,878	1,150	2,728	0	0	0
Other/unknown	4,582	3,199	1,198	184	1	0	35,340	24,238	10,052	1,041	9	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
Full dual, part year	953	435	479	39	0	0	7,179	3,236	3,638	305	0	0
Managed Care Status												
FFS all year	1,220	806	339	75	0	0	6,635	3,881	2,338	416	0	0
FFS part year, with Rx claims	8,134	4,349	3,522	261	2	0	67,876	36,795	29,439	1,624	18	0
FFS part year, no Rx claims	945	534	377	34	0	0	7,436	4,222	3,039	175	0	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 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 2002. 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, 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	87.0 %	45.3	\$2,750	\$61	\$24,193	11.4 %	10,299
Age							
5 and younger	100.0	92.0	460	5	98,925	0.5	1
6-14	100.0	73.0	8,271	113	10,952	75.5	4
15-20	89.5	38.7	4,040	104	10,009	40.4	19
21-44	84.9	33.5	2,906	87	17,893	16.2	2,150
45-64	89.2	50.5	3,730	74	24,894	15.0	2,281
65-74	87.7	47.6	2,641	56	17,210	15.3	1,893
75-84	85.9	47.5	2,299	48	26,615	8.6	2,121
85 and older	87.5	47.7	1,955	41	35,272	5.5	1,830
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	87.2	47.7	2,290	48	26,655	8.6	5,689
Disabled	88.0	43.9	3,469	79	22,699	15.3	4,238
Adults	74.1	24.3	1,578	65	3,294	47.9	370
Children	100.0	77.0	1,446	19	52,851	2.7	2
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	89.2	48.3	2,680	56	23,460	11.4	6,793
Male	82.9	39.6	2,884	73	25,612	11.3	3,506
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	87.8	49.9	2,882	58	28,551	10.1	6,035
African American	86.0	39.8	2,624	66	19,170	13.7	3,632
Other/unknown	86.2	33.2	2,204	66	11,442	19.3	632
Use of Nursing Facilities^d							
Entire year	81.7	59.4	2,497	42	51,321	4.9	2,127
Part year	88.9	50.7	2,393	47	35,153	6.8	996
None	88.4	40.4	2,874	71	14,630	19.6	7,176
Maintenance Assistance Status							
Cash	89.2	41.4	2,760	67	13,751	20.1	5,203
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	84.8	21.1	1,494	71	3,591	41.6	514
Other/unknown	84.8	52.5	2,879	55	38,360	7.5	4,582

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 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, 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	5.7	\$346	11.4 %	13.0 %	13.1 %	8.4 %	23.0 %	25.5 %	17.1 %	\$3,041	10,299	81,947
Age												
5 and younger	10.2	51	0.5	0.0	0.0	0.0	0.0	100.0	0.0	10,992	1	9
6-14	8.1	919	75.5	0.0	0.0	0.0	25.0	50.0	25.0	1,217	4	36
15-20	6.1	640	40.4	10.5	15.8	5.3	31.6	10.5	26.3	1,585	19	120
21-44	4.2	367	16.2	15.1	21.6	9.8	23.3	18.3	12.0	2,257	2,150	17,046
45-64	6.2	455	15.0	10.8	12.6	9.3	21.0	26.8	19.5	3,035	2,281	18,707
65-74	5.9	329	15.3	12.3	12.4	7.2	25.2	25.8	17.1	2,141	1,893	15,216
75-84	5.9	288	8.6	14.1	9.9	8.2	22.3	27.8	17.7	3,331	2,121	16,949
85 and older	6.3	258	5.5	12.5	8.0	7.2	23.8	29.2	19.3	4,656	1,830	13,864
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	6.0	290	8.6	12.8	10.1	7.6	23.8	27.6	18.0	3,377	5,689	44,898
Disabled	5.3	422	15.3	12.0	16.8	9.7	22.1	23.4	16.0	2,763	4,238	34,816
Adults	4.1	264	47.9	25.9	15.7	5.7	21.4	15.1	16.2	550	370	2,215
Children	8.6	161	2.7	0.0	0.0	0.0	0.0	100.0	0.0	5,872	2	18
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.1	336	11.4	10.8	11.9	8.1	23.3	27.2	18.6	2,943	6,793	54,145
Male	5.0	364	11.3	17.1	15.4	9.0	22.4	22.1	14.1	3,230	3,506	27,802
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	6.3	365	10.1	12.2	11.4	8.0	21.6	26.2	20.5	3,612	6,035	47,698
African American	4.9	324	13.7	14.0	14.8	8.6	24.8	25.2	12.7	2,370	3,632	29,378
Other/unknown	4.3	286	19.3	13.8	19.3	10.9	25.9	20.1	10.0	1,485	632	4,871
use of nursing Facilities^d												
Entire year	7.6	321	4.9	18.3	3.6	3.9	15.3	30.6	28.3	6,596	2,127	16,549
Part year	6.7	316	6.8	11.1	7.5	7.3	24.5	28.2	21.3	4,644	996	7,540
None	5.0	356	19.6	11.6	16.7	9.9	25.1	23.6	13.2	1,815	7,176	57,858
Maintenance Assistance Status												
Cash	5.0	336	20.1	10.8	16.1	10.0	25.9	24.6	12.6	1,675	5,203	42,729
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.8	198	41.6	15.2	31.9	13.0	16.1	10.1	13.6	476	514	3,878
Other/unknown	6.8	373	7.5	15.2	7.5	6.0	20.5	28.2	22.6	4,974	4,582	35,340

Table D4

Dual Eligible Beneficiaries

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 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, 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	5.7	\$346	\$61	2.7	\$270	\$99	0.4	\$21	\$47	2.5	\$55	\$22
Age												
5 and younger	10.2	51	5	4.3	20	5	2.3	12	5	3.6	20	6
6-14	8.1	919	113	3.6	736	207	1.1	110	96	3.4	73	21
15-20	6.1	640	104	2.2	433	197	0.8	76	93	3.1	130	42
21-44	4.2	367	87	2.2	300	139	0.3	21	71	1.8	45	26
45-64	6.2	455	74	3.1	364	117	0.5	28	62	2.6	62	24
65-74	5.9	329	56	2.9	251	87	0.4	20	47	2.6	58	22
75-84	5.9	288	48	2.7	216	79	0.5	18	35	2.7	54	20
85 and older	6.3	258	41	2.7	189	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	6.0	290	48	2.8	218	79	0.5	18	36	2.8	54	20
Disabled	5.3	422	79	2.7	341	125	0.4	25	66	2.2	56	25
Adults	4.1	264	65	1.9	206	107	0.2	16	65	1.9	42	22
Children	8.6	161	19	3.3	96	29	2.4	44	18	2.8	21	7
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.1	336	56	2.9	259	90	0.5	21	43	2.7	57	21
Male	5.0	364	73	2.5	291	119	0.4	21	57	2.2	51	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	6.3	365	58	3.0	279	94	0.5	24	45	2.8	61	22
African American	4.9	324	66	2.4	261	108	0.3	17	51	2.2	47	22
Other/unknown	4.3	286	66	2.3	233	100	0.3	16	51	1.7	37	22
Use of Nursing Facilities^e												
Entire year	7.6	321	42	3.3	234	71	0.8	23	30	3.6	64	18
Part year	6.7	316	47	3.0	238	79	0.6	21	34	3.1	57	19
None	5.0	356	71	2.5	284	112	0.3	21	61	2.1	52	24
Maintenance Assistance Status												
Cash	5.0	336	67	2.5	263	105	0.4	21	60	2.2	52	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.8	198	71	1.5	158	109	0.2	12	61	1.1	27	24
Other/unknown	6.8	373	55	3.1	290	93	0.6	22	37	3.1	61	20

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 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, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.6	0.4	0.0	0.2	\$79	\$73	\$3	\$4	\$127	\$180	\$84	\$20	28,242	\$3,588,895	5,517	53.6 %	45,262
Biologics	0.1	0.1	0.0	0.1	4	2	0	2	32	44	0	24	197	6,399	178	1.7	1,489
Antineoplastic Agents	0.7	0.3	0.0	0.3	127	95	3	29	189	313	80	88	2,041	386,349	389	3.8	3,042
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.4	49	38	4	7	41	65	20	18	40,498	1,679,533	4,179	40.6	34,306
Cardiovascular Agents	2.1	0.8	0.1	1.2	82	54	5	23	38	65	37	20	108,772	4,160,213	6,223	60.4	50,621
Respiratory Agents	1.0	0.5	0.1	0.4	49	35	6	9	49	65	72	22	38,662	1,889,092	4,673	45.4	38,513
Gastrointestinal Agents	1.0	0.6	0.0	0.4	82	72	2	8	80	118	91	21	36,075	2,887,929	4,282	41.6	35,067
Genitourinary Agents	0.6	0.5	0.0	0.1	34	32	0	2	57	67	29	16	7,237	411,851	1,468	14.3	12,178
CNS Drugs	1.7	0.9	0.1	0.7	129	102	8	18	78	112	101	28	73,760	5,745,005	5,487	53.3	44,571
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.4	36	14	6	16	59	103	66	42	447	26,469	88	0.9	726
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.1	69	65	0	4	129	136	0	66	2,529	325,482	576	5.6	4,718
Analgesics and Anesthetics	1.0	0.5	0.1	0.5	63	50	3	10	63	111	58	20	41,744	2,631,394	5,105	49.6	41,579
Neuromuscular Agents	1.3	0.6	0.1	0.6	81	58	7	16	61	101	51	27	32,987	2,026,821	3,042	29.5	24,999
Nutritional Products	0.8	0.0	0.1	0.7	12	0	1	10	15	19	13	15	11,986	182,728	1,914	18.6	15,554
Hematological Agents	1.0	0.4	0.3	0.3	77	67	5	5	76	168	17	15	15,360	1,161,530	1,859	18.1	15,094
Topical Products	0.6	0.3	0.0	0.3	24	18	2	5	38	54	42	18	23,805	907,542	4,459	43.3	37,175
Miscellaneous Products	0.5	0.2	0.1	0.2	95	68	15	12	185	272	213	64	1,506	278,874	351	3.4	2,926
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	29	0	0	0	777	22,519	248	2.4	2,038
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.	466,625	28,318,625	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 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 2002. 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, 2002

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	\$2,263,362	1,850	18.0 %	15,411	1.0	\$142	\$147
ULCER DRUGS	1,752,462	2,670	25.9	22,159	0.8	99	79
ANTIVIRAL	1,730,026	680	6.6	5,804	0.8	366	298
ANTIDEPRESSANTS	1,377,608	2,858	27.8	23,744	0.9	64	58
ANTICONVULSANT	1,094,573	1,591	15.4	13,464	1.2	68	81
ANTHYPERLIPIDEMIC	893,323	1,473	14.3	12,732	0.8	88	70
ANALGESICS - Narcotic	887,586	3,586	34.8	30,232	0.5	57	29
ANALGESICS - ANTI-INFLAMMATORY	804,030	2,442	23.7	21,090	0.5	73	38
ANTHYPERTENSIVE	757,450	2,545	24.7	21,267	0.9	41	36
ANTIDIABETIC	725,256	1,862	18.1	15,910	0.9	54	46
Total	12,285,676	21,557		181,813	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 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 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; 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, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	144,742	\$12,285,676	1,850	1.0	18.0 %	15,411	1.0	\$147	2,670	25.9 %	22,159	0.8	\$79
Female													
Disabled													
5 and younger	98,237	7,516,634	1,162	1.0	17.1	9,737	1.0	125	1,935	28.5	16,113	0.8	78
6-14	35,357	3,382,551	428	1.1	18.9	3,753	1.1	171	660	29.2	5,705	0.7	73
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	2,516	0	0.0	0.0	0	0.0	0	1	100.0	9	1.0	15
45-64	61	11,225	0	0.0	0.0	0	0.0	0	3	30.0	27	0.8	75
65-74	10,995	1,147,457	191	1.0	21.1	1,697	1.0	157	202	22.3	1,762	0.6	57
75-84	22,831	2,082,627	224	1.2	17.7	1,943	1.2	177	430	33.9	3,691	0.7	78
85 and older	1,457	138,726	13	1.1	17.3	113	1.1	255	24	32.0	216	0.7	117
Other Eligibles	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
6-14	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
21-44	741	52,374	7	0.8	4.4	50	0.8	88	21	13.2	169	0.5	71
45-64	496	47,016	2	1.6	2.7	18	1.6	68	10	13.7	76	0.9	127
65-74	18,563	1,333,319	130	0.9	11.0	1,136	0.9	121	357	30.2	3,082	0.8	86
75-84	22,994	1,513,086	265	0.9	16.8	2,161	0.9	97	446	28.3	3,683	0.9	80
85 and older	20,086	1,188,288	330	0.9	21.4	2,619	0.9	87	441	28.7	3,398	1.0	75
Male													
Disabled													
5 and younger	46,505	4,769,042	688	1.2	19.6	5,674	1.2	184	735	21.0	6,046	0.8	83
6-14	29,149	3,604,735	434	1.3	22.0	3,733	1.3	225	354	17.9	3,070	0.9	92
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	8	600	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	84	10,533	2	0.7	22.2	12	0.7	81	1	11.1	6	1.0	240
65-74	13,812	1,848,151	250	1.3	24.3	2,172	1.3	225	149	14.5	1,298	0.8	83
75-84	14,945	1,722,959	180	1.3	19.8	1,531	1.3	227	199	21.9	1,721	0.9	98
85 and older	300	22,492	2	1.1	6.7	18	1.1	97	5	16.7	45	1.1	128
Other Eligibles	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
6-14	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
21-44	435	42,716	4	0.7	7.0	36	0.7	252	10	17.5	88	0.5	46
45-64	279	23,875	2	0.7	6.5	12	0.7	172	8	25.8	56	0.5	48
65-74	7,665	538,420	74	1.0	12.2	618	1.0	130	152	25.1	1,252	0.8	72
75-84	6,141	394,871	91	0.9	16.8	704	0.9	96	138	25.4	1,073	0.8	79
85 and older	2,832	164,405	83	0.8	28.5	571	0.8	78	73	25.1	507	0.8	74
Unknown	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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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, 2002

Beneficiary Characteristics	ANTIVIRAL				ANTIDEPRESSANTS				ANTICONVULSANT			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$
All	680	6.6 %	5,804	0.8	2,858	27.8 %	23,744	0.9	1,591	15.4 %	13,464	\$81
Female												
Disabled	252	3.7	2,114	0.7	2,048	30.1	17,005	0.9	1,001	14.7	8,436	71
5 and younger	178	7.9	1,538	0.8	795	35.1	6,890	0.8	509	22.5	4,421	90
6-14	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	1	100.0	9	0.4	0	0.0	0	0.0	0	0.0	0	0
21-44	2	20.0	18	0.7	1	10.0	9	0.1	0	0.0	0	0
45-64	88	9.7	773	0.7	295	32.5	2,573	0.8	218	24.0	1,881	103
65-74	87	6.9	738	0.9	482	38.0	4,155	0.8	277	21.8	2,428	82
75-84	0	0.0	0	0.0	17	22.7	153	1.0	14	18.7	112	48
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	74	1.6	576	0.3	1,253	27.7	10,115	1.0	492	10.9	4,015	51
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
21-44	5	3.1	45	0.2	31	19.5	251	0.6	19	11.9	145	54
45-64	14	19.2	90	0.4	15	20.5	110	0.4	5	6.8	40	30
65-74	16	1.4	144	0.5	294	24.9	2,510	0.9	144	12.2	1,231	57
75-84	14	0.9	104	0.2	442	28.0	3,620	1.0	191	12.1	1,565	50
85 and older	25	1.6	193	0.2	471	30.6	3,624	1.1	133	8.6	1,034	45
Male												
Disabled	428	12.2	3,690	0.9	810	23.1	6,739	0.9	590	16.8	5,028	98
5 and younger	408	20.6	3,513	0.9	509	25.8	4,379	0.9	409	20.7	3,589	116
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	1	11.1	9	2.0	2	22.2	10	1.6	0	0.0	0	0
21-44	246	24.0	2,113	0.8	277	27.0	2,386	0.8	203	19.8	1,781	114
45-64	160	17.6	1,382	1.0	223	24.6	1,922	0.9	202	22.2	1,772	117
65-74	1	3.3	9	0.1	7	23.3	61	0.6	4	13.3	36	144
75-84	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
Other Eligibles	20	1.3	177	0.9	301	19.7	2,360	1.0	181	11.8	1,439	55
5 and younger	1	100.0	9	0.4	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
21-44	1	1.8	9	0.1	10	17.5	89	0.5	7	12.3	62	74
45-64	1	3.2	9	0.2	9	29.0	75	0.5	5	16.1	39	6
65-74	10	1.7	90	1.3	109	18.0	918	0.9	71	11.7	554	64
75-84	5	0.9	42	0.5	102	18.8	807	1.0	72	13.3	568	54
85 and older	2	0.7	18	0.1	71	24.4	471	1.0	26	8.9	216	37
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0

Table D7B

Dual Eligible Beneficiaries

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 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 2002. 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 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); 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, 2002

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					ANALGESICS - Narcotic					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	1,473	14.3 %	12,732	0.8	\$70	3,566	34.8 %	30,232	0.5	\$29	2,442	23.7 %	21,090	0.5	\$36
Female	1,036	15.3	8,966	0.8	70	2,663	39.2	22,416	0.5	28	1,824	26.9	15,777	0.5	42
Disabled	340	15.0	2,933	0.8	69	1,099	48.6	9,489	0.5	38	734	32.4	6,441	0.4	32
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	1	10.0	9	0.1	14	2	20.0	18	0.2	1	1	10.0	8	0.1	1
21-44	51	5.6	432	0.7	61	394	43.4	3,413	0.5	32	264	29.1	2,307	0.3	17
45-64	264	20.8	2,282	0.8	71	665	52.4	5,717	0.6	40	443	34.9	3,898	0.5	40
65-74	24	32.0	210	0.6	64	38	50.7	341	0.7	52	26	34.7	228	0.6	46
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	696	15.4	6,033	0.8	71	1,564	34.5	12,927	0.5	20	1,090	24.1	9,336	0.6	48
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	5	3.1	45	0.7	53	45	28.3	352	0.4	9	19	11.9	165	0.4	18
45-64	5	6.8	37	0.7	69	24	32.9	192	0.5	27	15	20.5	108	0.4	25
65-74	279	23.6	2,452	0.8	77	484	40.9	4,246	0.5	18	354	29.9	3,117	0.5	46
75-84	294	18.6	2,552	0.8	71	531	33.7	4,501	0.5	21	382	24.2	3,286	0.6	50
85 and older	113	7.3	947	0.8	58	480	31.2	3,636	0.6	24	320	20.8	2,660	0.8	52
Male	437	12.5	3,766	0.9	70	923	26.3	7,816	0.5	34	618	17.6	5,313	0.5	27
Disabled	219	11.1	1,917	0.9	74	528	26.7	4,625	0.6	42	374	18.9	3,305	0.4	21
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	5	55.6	31	0.3	5	0	0.0	0	0.0	0
21-44	75	7.3	658	0.9	68	265	25.8	2,325	0.5	46	196	19.1	1,697	0.4	16
45-64	141	15.5	1,232	0.9	77	251	27.6	2,206	0.6	40	171	18.8	1,545	0.5	26
65-74	3	10.0	27	1.0	95	7	23.3	63	0.2	6	7	23.3	63	0.5	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	218	14.2	1,849	0.8	65	395	25.8	3,191	0.5	23	244	15.9	2,008	0.5	37
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	3	5.3	27	0.5	30	19	33.3	147	0.5	71	13	22.8	105	0.4	30
45-64	5	16.1	39	0.7	72	20	64.5	168	0.5	50	7	22.6	53	0.3	22
65-74	131	21.6	1,116	0.8	63	162	26.7	1,330	0.5	21	109	18.0	930	0.5	37
75-84	67	12.3	567	0.9	70	133	24.5	1,089	0.4	17	75	13.8	616	0.6	41
85 and older	12	4.1	100	0.9	67	61	21.0	457	0.4	15	40	13.7	304	0.6	35
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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 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); 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, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTIDIABETIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Users	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos									
All	2,545	24.7 %	21,267	0.9	\$36	1,862	18.1 %	15,910	0.9	\$46	10,299	81,947					
Female	1,803	26.5	15,179	0.9	36	1,377	20.3	11,855	0.8	44	6,793	54,145					
Disabled	433	19.1	3,754	0.8	34	409	18.1	3,557	0.8	52	2,262	18,584					
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	1	9					
15-20	3	30.0	27	0.6	27	0	0.0	0	0.0	0	10	57					
21-44	76	8.4	623	0.7	28	83	9.2	708	0.7	63	907	7,357					
45-64	332	26.2	2,914	0.8	34	294	23.2	2,561	0.8	49	1,269	10,536					
65-74	22	29.3	190	1.0	51	32	42.7	288	0.9	54	75	625					
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	1,370	30.2	11,425	0.9	37	968	21.4	8,298	0.9	40	4,531	35,561					
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	19	11.9	142	0.4	19	9	5.7	81	0.6	28	159	973					
45-64	9	12.3	79	0.6	23	8	11.0	71	1.1	62	73	405					
65-74	431	36.5	3,804	0.8	37	388	32.8	3,393	0.9	45	1,182	9,649					
75-84	492	31.2	4,118	0.9	38	373	23.6	3,185	0.8	39	1,578	12,753					
85 and older	419	27.2	3,282	1.0	35	190	12.3	1,568	0.9	33	1,539	11,781					
Male	742	21.2	6,088	0.9	35	485	13.8	4,055	0.9	51	3,506	27,802					
Disabled	301	15.2	2,578	0.9	36	214	10.8	1,877	0.9	58	1,976	16,232					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	2	100.0	18	0.4	33	0	0.0	0	0.0	0	2	18					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	63					
21-44	96	9.3	825	0.9	38	64	6.2	558	1.0	70	1,027	8,348					
45-64	199	21.9	1,699	0.8	34	148	16.3	1,301	0.8	53	908	7,564					
65-74	4	13.3	36	0.8	31	2	6.7	18	0.9	42	30	239					
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	441	28.8	3,510	0.9	34	271	17.7	2,178	0.9	44	1,530	11,570					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	9	15.8	73	1.0	40	4	7.0	36	1.5	81	57	368					
45-64	6	19.4	54	0.7	37	6	19.4	52	0.5	33	31	202					
65-74	181	29.9	1,477	0.9	38	132	21.8	1,085	0.9	50	606	4,703					
75-84	171	31.5	1,350	0.8	30	92	16.9	727	0.9	45	543	4,196					
85 and older	74	25.4	556	1.0	33	37	12.7	278	0.7	18	291	2,083					
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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 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); 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, 2002

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	\$321	7.6	2,127	16,549
Age				
0-64	386	7.4	192	1,585
65-74	382	8.7	254	2,023
75-84	329	7.8	686	5,338
85 and older	286	7.3	995	7,603
Unknown	0	0.0	0	0
Gender				
Female	330	8.0	1,562	12,240
Male	296	6.6	565	4,309
Unknown	0	0.0	0	0
Race				
White	329	8.1	1,550	11,981
African American	299	6.5	525	4,207
Other/unknown	327	7.2	52	361
Basis of Eligibility^c				
Aged	314	7.7	1,925	14,882
Disabled	379	7.4	202	1,667
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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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, 2002

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	Generic	No.	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Generic						
Anti-infective Agents	0.6	0.4	0.0	0.2	\$28	\$22	\$3	\$3	\$47	\$60	\$78	\$18	6,144	\$289,899	1,272	59.8 %	10,209
Biologics	0.1	0.0	0.0	0.1	3	0	0	2	23	13	0	27	85	1,950	84	3.9	701
Antineoplastic Agents	0.8	0.3	0.1	0.5	132	85	2	45	156	251	30	100	779	121,498	125	5.9	921
Endocrine/Metabolic Drugs	1.4	0.6	0.4	0.5	39	28	5	6	27	50	14	12	9,292	251,949	806	37.9	6,451
Cardiovascular Agents	2.9	0.8	0.2	1.9	77	40	7	31	26	49	28	16	30,858	813,048	1,331	62.6	10,506
Respiratory Agents	1.1	0.5	0.1	0.6	41	25	4	12	36	54	52	20	8,352	302,374	915	43.0	7,425
Gastrointestinal Agents	1.4	0.8	0.0	0.6	84	71	1	11	58	92	50	17	11,236	652,812	986	46.4	7,807
Genitourinary Agents	0.7	0.6	0.0	0.1	37	34	1	2	49	58	22	16	2,084	102,685	345	16.2	2,807
CNS Drugs	2.1	1.3	0.1	0.6	127	108	6	13	61	81	54	20	21,220	1,289,176	1,282	60.3	10,178
Stimulants/Anti-obesity/Anorexia	1.1	0.1	0.3	0.7	32	6	12	13	29	68	45	18	132	3,845	15	0.7	122
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	76	76	0	0	110	111	0	30	1,066	117,302	192	9.0	1,549
Analgesics and Anesthetics	1.2	0.6	0.1	0.5	60	50	3	7	49	78	32	13	8,624	418,926	886	41.7	7,014
Neuromuscular Agents	1.8	0.7	0.2	0.8	80	42	11	27	46	64	45	31	7,899	360,973	558	26.2	4,512
Nutritional Products	1.0	0.0	0.1	1.0	13	0	1	12	13	20	11	13	4,749	60,831	576	27.1	4,552
Hematological Agents	1.5	0.5	0.6	0.4	72	60	9	3	48	112	14	10	6,131	294,565	513	24.1	4,093
Topical Products	0.8	0.3	0.1	0.4	24	15	2	7	30	45	40	17	7,096	213,489	1,091	51.3	8,952
Miscellaneous Products	0.3	0.1	0.0	0.2	7	3	0	5	25	39	0	21	255	6,410	111	5.2	892
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	13	0	0	0	24	0	0	0	397	9,683	89	4.2	726
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.	126,399	5,311,415	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 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.
- 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.

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, 2002

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	\$437,935	605	28.4 %	4,825	0.9	\$101	\$91
ANTIDEPRESSANTS	413,777	734	34.5	5,791	1.3	56	71
ULCER DRUGS	408,871	608	28.6	4,717	1.1	77	87
ANTICONVULSANT	174,200	314	14.8	2,502	1.6	43	70
ANTIHYPERTENSIVE	161,276	503	23.6	3,881	1.2	34	42
ANALGESICS - ANTI-INFLAMMATORY	157,593	335	15.7	2,744	0.9	64	57
ANALGESICS - Narcotic	150,968	628	29.5	4,827	0.8	41	31
CALCIUM BLOCKERS	136,549	316	14.9	2,551	1.3	42	54
ANTIASTHMATIC	137,242	624	29.3	4,821	0.8	36	28
MISC. HEMATOLOGICAL	115,500	153	7.2	1,158	1.3	79	100
Total	2,293,911	4,820		37,817	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 2002. 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 2002 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, 2002

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 No. of Rx
			605	28.4 %	4,825												
All	40,579	\$2,293,911	605	28.4 %	4,825	0.9	\$91	734	34.5 %	5,791	1.3	\$72					
Female	31,020	1,750,525	459	29.4	3,711	0.9	91	570	36.5	4,523	1.3	72					
Disabled	2,215	121,946	22	23.9	184	0.9	88	36	39.1	301	1.3	71					
64 or younger	2,142	117,922	21	24.4	179	0.9	89	36	41.9	301	1.2	68					
65-74	73	4,024	1	16.7	5	0.6	40	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					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	28,805	1,628,579	437	29.7	3,527	0.9	91	534	36.3	4,222	1.3	72					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	3,506	202,306	52	40.3	456	0.8	80	54	41.9	434	1.5	88					
75-84	10,285	582,358	148	30.0	1,174	0.9	91	188	38.1	1,519	1.3	79					
85 and older	15,014	843,915	237	27.9	1,897	0.9	94	292	34.4	2,269	1.2	65					
Male	9,559	543,386	146	25.8	1,114	0.9	89	164	29.0	1,268	1.2	68					
Disabled	2,196	135,405	19	17.3	148	1.0	114	33	30.0	276	1.3	77					
64 or younger	2,118	130,663	19	17.9	148	0.9	108	33	31.1	276	1.3	77					
65-74	78	4,742	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					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	7,363	407,981	127	27.9	966	0.9	86	131	28.8	992	1.2	66					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	2,274	117,721	32	27.8	259	0.8	78	41	35.7	345	1.0	47					
75-84	3,078	178,593	49	25.4	382	0.9	87	50	25.9	413	1.3	76					
85 and older	2,011	111,667	46	31.3	325	1.0	90	40	27.2	234	1.4	77					
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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANTIHYPERTENSIVE					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	608	28.6 %	\$87	314	14.8 %	1.6	503	23.6 %	\$70	3,881	1.2	\$42						
Female	468	30.0	84	216	13.8	1.5	376	24.1	60	2,952	1.2	41						
Disabled	27	29.3	105	29	31.5	1.7	9	9.8	69	78	1.7	80						
64 or younger	26	30.2	109	27	31.4	1.7	9	10.5	70	78	1.4	65						
65-74	1	16.7	19	2	33.3	0.7	0	0.0	38	0	0.0	0						
75-84	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						
Other Eligibles	441	30.0	83	187	12.7	1.5	367	25.0	59	2,874	1.2	40						
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0						
65-74	41	31.8	110	26	20.2	1.7	32	24.8	80	278	1.4	46						
75-84	162	32.9	78	78	15.8	1.4	107	21.7	59	839	1.3	46						
85 and older	238	28.1	82	83	9.8	1.4	228	26.9	51	1,757	1.1	36						
Male	140	24.8	95	98	17.3	1.8	127	22.5	91	929	1.3	44						
Disabled	21	19.1	145	29	26.4	2.1	19	17.3	139	118	1.5	54						
64 or younger	21	19.8	145	26	24.5	2.2	19	17.9	140	118	1.5	54						
65-74	0	0.0	0	3	75.0	1.6	0	0.0	131	0	0.0	0						
75-84	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						
Other Eligibles	119	26.2	86	69	15.2	1.7	108	23.7	68	811	1.2	42						
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0						
65-74	40	34.8	68	26	22.6	1.9	26	22.6	84	194	1.6	59						
75-84	44	22.8	106	25	13.0	1.6	52	26.9	69	404	1.1	35						
85 and older	35	23.8	81	18	12.2	1.5	30	20.4	46	213	1.3	41						
Unknown	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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 2002. 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 2002 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, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANALGESICS - Narcotic						CALCIUM BLOCKERS					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	335	15.7 %	0.9	2,744	0.9	\$57	628	29.5 %	4,827	0.8	\$31	316	14.9 %	2,551	1.3	\$54		
Female	269	17.2	0.9	2,218	0.9	61	503	32.2	3,876	0.8	33	252	16.1	2,035	1.3	54		
Disabled	13	14.1	0.9	109	0.9	51	27	29.3	207	1.7	72	9	9.8	72	1.4	62		
64 or younger	12	14.0	0.9	100	0.9	56	27	31.4	207	1.6	67	9	10.5	72	1.4	62		
65-74	1	16.7	0.1	9	0.1	1	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		
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	256	17.4	0.9	2,109	0.9	61	476	32.4	3,669	0.7	31	243	16.5	1,963	1.3	53		
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		
65-74	22	17.1	0.9	189	0.9	46	56	43.4	453	0.9	41	24	18.6	194	1.3	56		
75-84	76	15.4	1.0	622	1.0	65	162	32.9	1,316	0.7	26	91	18.5	728	1.2	49		
85 and older	158	18.6	0.9	1,298	0.9	61	258	30.4	1,900	0.7	32	128	15.1	1,041	1.4	56		
Male	66	11.7	0.7	526	0.7	45	125	22.1	951	0.7	24	64	11.3	516	1.2	53		
Disabled	11	10.0	0.9	99	0.9	55	26	23.6	217	1.1	43	9	8.2	74	1.2	59		
64 or younger	10	9.4	0.9	90	0.9	60	25	23.6	208	1.1	45	9	8.5	74	1.2	59		
65-74	1	25.0	0.4	9	0.4	3	1	25.0	9	0.2	3	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		
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	55	12.1	0.7	427	0.7	42	99	21.8	734	0.6	19	55	12.1	442	1.2	52		
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		
65-74	14	12.2	0.8	108	0.8	44	27	23.5	192	0.7	15	11	9.6	84	1.6	75		
75-84	20	10.4	0.8	172	0.8	51	43	22.3	345	0.6	27	28	14.5	236	1.1	45		
85 and older	21	14.3	0.6	147	0.6	31	29	19.7	197	0.4	8	16	10.9	122	1.3	51		
Unknown	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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 2002. 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 2002 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).
- Benefit 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, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					MISC. HEMATOLOGICAL						
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF	Mos among Users		No. of Users	Residents	NF	Mos among Users			
All	624	29.3 %	4,821	0.8	\$29	153	7.2 %	1,158	1.3	\$100	2,127	16,549
Female	435	27.8	3,459	0.8	28	118	7.6	900	1.2	97	1,562	12,240
Disabled	24	26.1	199	1.2	41	5	5.4	39	1.7	148	92	740
64 or younger	24	27.9	199	1.2	41	5	5.8	39	1.7	148	86	690
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	50
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	411	28.0	3,260	0.8	27	113	7.7	861	1.2	95	1,470	11,500
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	39	30.2	340	0.7	25	15	11.6	123	1.5	121	129	1,048
75-84	139	28.2	1,129	1.1	39	41	8.3	319	1.0	82	493	3,883
85 and older	233	27.5	1,791	0.6	19	57	6.7	419	1.3	97	848	6,569
Male	189	33.5	1,362	0.8	31	35	6.2	258	1.4	109	565	4,309
Disabled	20	18.2	174	1.6	53	3	2.7	21	1.4	114	110	927
64 or younger	17	16.0	147	1.7	61	3	2.8	21	1.4	114	106	895
65-74	3	75.0	27	0.9	10	0	0.0	0	0.0	0	4	32
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	169	37.1	1,188	0.7	27	32	7.0	237	1.4	109	455	3,382
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	49	42.6	346	1.0	34	4	3.5	27	3.7	273	115	893
75-84	70	36.3	513	0.6	22	15	7.8	129	1.1	82	193	1,455
85 and older	50	34.0	329	0.7	28	13	8.8	81	1.1	98	147	1,034
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 2002 file for Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 996 beneficiaries who were in nursing facilities for part of their enrollment and their 7,540 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 2002. 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 2002 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2002

Beneficiary Characteristics	No. of Benefes with at Least One Part D Excl Rx	% Benefes 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 Dual Rx \$	Total No. of Benefes
		57.2 %	5.2	\$73	\$14					
All	5,887	57.2 %	5.2	\$73	\$14	53,590	\$751,993	\$14	2.7 %	10,299
Age										
5 and younger	1	100.0	31.0	333	11	31	333	11	72.4	1
6-14	4	100.0	16.3	289	18	65	1,155	18	3.5	4
15-20	13	68.4	9.3	197	21	176	3,742	21	4.9	19
21-44	1,152	53.6	4.6	76	17	9,803	163,059	17	2.6	2,150
45-64	1,461	64.1	7.0	102	15	15,893	233,163	15	2.7	2,281
65-74	1,103	58.3	5.2	70	14	9,812	133,157	14	2.7	1,893
75-84	1,186	55.9	4.6	59	13	9,855	124,149	13	2.5	2,121
85 and older	967	52.8	4.3	51	12	7,955	93,235	12	2.6	1,830
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Basis of Eligibility^c										
Aged	3,171	55.7	4.7	59	13	26,836	338,429	13	2.6	5,689
Disabled	2,537	59.9	6.0	93	15	25,409	393,293	15	2.7	4,238
Adults	177	47.8	3.5	53	15	1,292	19,636	15	3.4	370
Children	2	100.0	26.5	318	12	53	635	12	22.0	2
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Gender										
Female	4,111	60.5	5.5	77	14	37,615	522,422	14	2.9	6,793
Male	1,776	50.7	4.6	65	14	15,975	229,571	14	2.3	3,506
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Race										
White	3,489	57.8	5.8	83	14	34,817	498,688	14	2.9	6,035
African American	2,041	56.2	4.5	60	13	16,402	218,680	13	2.3	3,632
Other/unknown	357	56.5	3.8	55	15	2,371	34,625	15	2.5	632
Use of Nursing Facilities^d										
Entire year	1,020	48.0	4.3	59	14	9,139	125,353	14	2.4	2,127
Part year	569	57.1	4.3	54	12	4,306	53,810	12	2.3	996
None	4,298	59.9	5.6	80	14	40,145	572,830	14	2.8	7,176
Maintenance Assistance Status										
Cash	3,134	60.2	5.5	78	14	28,831	404,824	14	2.8	5,203
Medically needy	0	0.0	0.0	0	0	0	0	0	0.0	0
Poverty related	257	50.0	2.6	44	17	1,355	22,437	17	2.9	514
Other/unknown	2,496	54.5	5.1	71	14	23,404	324,732	14	2.5	4,582

Table D11

Dual Eligible Beneficiaries

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 2002

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
	0.7	\$9	\$14	\$0	\$3	81,947
Age						
5 and younger	3.4	37	11	0	0	9
6-14	1.8	32	18	0	0	36
15-20	1.5	31	21	2	2	120
21-44	0.6	10	17	0	4	17,046
45-64	0.8	12	15	0	4	18,707
65-74	0.6	9	14	0	2	15,216
75-84	0.6	7	13	0	2	16,949
85 and older	0.6	7	12	0	2	13,864
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	8	13	0	2	44,898
Disabled	0.7	11	15	0	4	34,816
Adults	0.6	9	15	0	2	2,215
Children	2.9	35	12	0	0	18
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.7	10	14	0	3	54,145
Male	0.6	8	14	0	3	27,802
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	10	14	0	4	47,698
African American	0.6	7	13	0	1	29,378
Other/unknown	0.5	7	15	0	2	4,871
Use of Nursing Facilities^d						
Entire year	0.6	8	14	0	3	16,549
Part year	0.6	7	12	0	2	7,540
None	0.7	10	14	0	3	57,858
Maintenance Assistance Status						
Cash	0.7	9	14	0	3	42,729
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	6	17	0	2	3,878
Other/unknown	0.7	9	14	0	3	35,340

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 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 DELAWARE, 2002

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	9,423	\$80	\$751,993	100.0 %	53,590	\$14	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	13	15	199	0.0	19	10	0.0
Cough and cold medications	2,110	84	176,383	23.5	6,186	29	11.5
Vitamins and minerals	1,857	96	177,696	23.6	11,608	15	21.7
Non-prescription drugs	2,718	51	138,302	18.4	19,233	7	35.9
Barbiturates	138	66	9,053	1.2	1,423	6	2.7
Benzodiazepines	2,359	100	235,096	31.3	14,398	16	26.9
Other Part D Excl Rx Drugs	228	67	15,264	2.0	723	21	1.3

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 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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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, 2002

Total Number of Dual Eligible Beneficiaries 10,299
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$28,318,625
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,750

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,334	13.0 %	\$0	0.0 %
1-500	1,605	15.6	372,512	1.3
501-1,000	1,094	10.6	805,255	2.8
1,001-1,500	889	8.6	1,106,828	3.9
1,501-2,000	785	7.6	1,371,182	4.8
2,001-2,500	716	7.0	1,609,190	5.7
2,501-3,000	552	5.4	1,519,699	5.4
3,001-3,500	489	4.7	1,576,749	5.6
3,501-4,000	404	3.9	1,511,164	5.3
4,001-4,500	365	3.5	1,550,907	5.5
4,501-5,000	310	3.0	1,469,603	5.2
5,001-5,500	276	2.7	1,443,960	5.1
5,501-6,000	203	2.0	1,167,337	4.1
6,001-6,500	182	1.8	1,134,695	4.0
6,501-7,000	151	1.5	1,020,482	3.6
7,001-7,500	116	1.1	838,436	3.0
7,501-8,000	107	1.0	825,926	2.9
8,001-8,500	82	0.8	675,971	2.4
8,501-9,000	79	0.8	690,344	2.4
9,001-9,500	62	0.6	574,498	2.0
9,501-10,000	68	0.7	662,922	2.3
10,001+	430	4.2	6,390,965	22.6

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. 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 2002.

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, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 1,830
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$3,578,274
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,955

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 12.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	229	12.5 %	0	0.0 %
1-500	295	16.1	76,559	2.1
501-1,000	254	13.9	188,587	5.3
1,001-1,500	185	10.1	232,142	6.5
1,501-2,000	167	9.1	293,639	8.2
2,001-2,500	139	7.6	312,603	8.7
2,501-3,000	122	6.7	336,893	9.4
3,001-3,500	104	5.7	334,219	9.3
3,501-4,000	73	4.0	271,463	7.6
4,001-4,500	55	3.0	234,537	6.6
4,501-5,000	46	2.5	218,067	6.1
5,001-5,500	41	2.2	213,855	6.0
5,501-6,000	24	1.3	138,802	3.9
6,001-6,500	29	1.6	181,452	5.1
6,501-7,000	19	1.0	129,498	3.6
7,001-7,500	9	0.5	64,327	1.8
7,501-8,000	13	0.7	100,671	2.8
8,001-8,500	4	0.2	32,691	0.9
8,501-9,000	8	0.4	68,562	1.9
9,001-9,500	2	0.1	18,694	0.5
9,501-10,000	12	0.7	131,013	3.7
10,001+				

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. 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 2002.

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, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries by Age Group					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	11,596	5,919	4,581	1,092	4	121,335	60,411	51,101	9,775	48	0
Age											
5 and younger	2	0	0	0	2	24	0	0	0	24	0
6-14	6	0	5	0	1	72	0	60	0	12	0
15-20	37	0	33	3	1	416	0	370	34	12	0
21-44	2,606	0	2,116	490	0	28,141	0	23,607	4,534	0	0
45-64	2,697	0	2,302	395	0	29,169	0	25,656	3,513	0	0
65-74	2,140	1,831	125	184	0	22,599	19,650	1,408	1,541	0	0
75-84	2,222	2,203	0	19	0	22,705	22,564	0	141	0	0
85 and older	1,886	1,885	0	1	0	18,209	18,197	0	12	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	7,524	4,422	2,462	638	2	79,102	45,648	27,583	5,847	24	0
Male	4,072	1,497	2,119	454	2	42,233	14,763	23,518	3,928	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	6,722	3,584	2,607	529	2	69,559	35,676	29,151	4,708	24	0
African American	4,122	1,899	1,754	468	1	44,163	20,291	19,575	4,285	12	0
Other/unknown	752	436	220	95	1	7,613	4,444	2,375	782	12	0
Use of Nursing Facilities^c											
Entire year	2,215	2,013	202	0	0	21,978	19,771	2,207	0	0	0
Part year	1,015	904	109	2	0	9,791	8,612	1,162	17	0	0
None	8,366	3,002	4,270	1,090	4	89,566	32,028	47,732	9,758	48	0
Maintenance Assistance Status											
Cash	5,680	2,405	2,988	286	1	62,849	26,634	33,303	2,900	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	515	154	361	0	0	5,578	1,641	3,937	0	0	0
Other/unknown	5,401	3,360	1,232	806	3	52,908	32,136	13,861	6,875	36	0
Dual Status^d											
Full dual, all year	10,641	5,483	4,102	1,052	4	111,250	55,963	45,898	9,341	48	0
Full dual, part year	955	436	479	40	0	10,085	4,448	5,203	434	0	0
Managed Care Status											
FFS all year	1,220	806	339	75	0	6,635	3,881	2,338	416	0	0
FFS part year, with Rx claims	8,134	4,349	3,522	261	2	93,916	49,933	41,132	2,827	24	0
FFS part year, no Rx claims	945	534	377	34	0	10,273	5,783	4,189	301	0	0
MC all year, with Rx claims	1,021	135	278	607	1	9,181	626	2,934	5,609	12	0
MC all year, no Rx claims	276	95	65	115	1	1,330	188	508	622	12	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 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 2002. 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, 2002

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	11,596	121,335	10,299	81,947	0	39,388		
FFS all year	1,220	6,635	1,220	6,635	0	0		
FFS part year, with Rx claims	8,134	93,916	8,134	67,876	0	26,040		
FFS part year, with no Rx claims	945	10,273	945	7,436	0	2,837		
MC all year, with Rx claims	1,021	9,181	0	0	0	9,181		
MC all year, with no Rx claims	276	1,330	0	0	0	1,330		

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. 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.