

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	35,831	20,940	14,776	102	11	2	364,924	208,882	155,412	549	68	13
Age												
5 and younger	2	0	1	0	1	0	24	0	12	0	12	0
6-14	11	0	9	0	2	0	96	0	94	0	2	0
15-20	71	0	65	0	6	0	563	0	522	0	41	0
21-44	6,553	0	6,477	73	2	1	68,375	0	67,988	372	13	2
45-64	8,045	1	8,020	24	0	0	84,971	8	84,827	136	0	0
65-74	6,461	6,254	203	3	0	1	66,464	64,459	1,958	36	0	11
75-84	7,346	7,345	0	1	0	0	74,592	74,589	0	3	0	0
85 and older	7,342	7,340	1	1	0	0	69,839	69,826	11	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,396	15,596	7,734	60	4	2	239,874	157,554	81,981	320	6	13
Male	12,435	5,344	7,042	42	7	0	125,050	51,328	73,431	229	62	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	31,097	18,748	12,260	79	8	2	316,536	186,269	129,761	429	64	13
African American	2,648	1,127	1,509	12	0	0	27,406	11,851	15,474	81	0	0
Other/unknown	2,086	1,065	1,007	11	3	0	20,982	10,762	10,177	39	4	0
Use of Nursing Facilities^c												
Entire year	7,582	6,934	645	3	0	0	74,668	67,522	7,129	17	0	0
Part year	3,077	2,651	426	0	0	0	28,868	24,449	4,419	0	0	0
None	25,172	11,355	13,705	99	11	2	261,388	116,911	143,864	532	68	13
Maintenance Assistance Status												
Cash	9,329	3,398	5,904	27	0	0	100,151	37,055	62,999	97	0	0
Medically needy	12,163	10,352	1,741	66	4	0	114,424	96,123	17,873	401	27	0
Poverty-related	13,912	7,171	6,733	0	6	2	145,656	75,482	70,121	0	40	13
Other/unknown	427	19	398	9	1	0	4,693	222	4,419	51	1	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
Managed Care Status												
FFS all year	34,477	20,797	13,623	49	6	2	357,170	208,063	148,647	386	61	13
FFS part year, with Rx claims	1,253	123	1,083	44	3	0	7,242	714	6,378	146	4	0
FFS part year, no Rx claims	101	20	70	9	2	0	512	105	387	17	3	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 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, 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	91.6 %	53.8	\$2,891	\$54	\$15,638	18.5 %	35,831
Age							
5 and younger	100.0	51.5	1,604	31	16,699	9.6	2
6-14	81.8	28.5	2,578	90	8,915	28.9	11
15-20	88.7	35.0	2,354	67	13,221	17.8	71
21-44	89.0	40.2	3,179	79	14,455	22.0	6,553
45-64	90.7	59.6	3,689	62	15,924	23.2	8,045
65-74	89.0	54.7	2,708	50	11,134	24.3	6,461
75-84	93.0	57.8	2,620	45	14,956	17.5	7,346
85 and older	95.6	55.1	2,196	40	21,057	10.4	7,342
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	92.7	56.0	2,495	45	15,914	15.7	20,940
Disabled	90.0	51.1	3,462	68	15,324	22.6	14,776
Adults	85.3	26.8	1,581	59	5,276	30.0	102
Children	72.7	15.6	1,202	77	8,129	14.8	11
Unknown	50.0	16.5	642	39	15,077	4.3	2
Gender							
Female	94.1	59.0	3,002	51	15,639	19.2	23,396
Male	86.8	44.1	2,681	61	15,636	17.1	12,435
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.9	55.5	2,964	53	16,464	18.0	31,097
African American	90.0	44.9	2,445	54	10,866	22.5	2,648
Other/unknown	87.9	40.5	2,355	58	9,370	25.1	2,086
Use of Nursing Facilities^d							
Entire year	97.7	69.5	3,179	46	33,276	9.6	7,582
Part year	96.3	65.5	3,045	47	21,854	13.9	3,077
None	89.1	47.7	2,785	58	9,565	29.1	25,172
Maintenance Assistance Status							
Cash	90.9	49.1	3,056	62	10,514	29.1	9,329
Medically needy	92.7	63.0	2,896	46	29,340	9.9	12,163
Poverty related	91.0	49.5	2,783	56	7,302	38.1	13,912
Other/unknown	92.3	38.8	2,645	68	8,862	29.8	427

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 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, 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	5.3	\$284	18.5 %	8.4 %	13.0 %	9.2 %	28.2 %	29.7 %	11.5 %	\$1,535	35,831	364,924
Age												
5 and younger	4.3	134	9.6	0.0	0.0	0.0	100.0	0.0	0.0	1,392	2	24
6-14	3.3	295	28.9	18.2	9.1	27.3	27.3	9.1	9.1	1,022	11	96
15-20	4.4	297	17.8	11.3	19.7	5.6	25.4	29.6	8.5	1,667	71	563
21-44	3.9	305	22.0	11.0	23.8	12.3	26.5	19.4	7.1	1,385	6,553	68,375
45-64	5.6	349	23.2	9.3	12.3	8.9	26.3	28.6	14.6	1,508	8,045	84,971
65-74	5.3	263	24.3	11.0	12.8	8.4	27.7	28.1	12.0	1,082	6,461	66,464
75-84	5.7	258	17.5	7.0	9.9	8.7	28.1	33.5	12.9	1,473	7,346	74,592
85 and older	5.8	231	10.4	4.4	7.3	7.8	32.3	37.7	10.5	2,214	7,342	69,839
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	5.6	250	15.7	7.3	9.9	8.3	29.5	33.4	11.7	1,595	20,940	208,882
Disabled	4.9	329	22.6	10.0	17.4	10.4	26.4	24.5	11.2	1,457	14,776	155,412
Adults	5.0	294	30.0	14.7	17.6	11.8	17.6	18.6	19.6	980	102	549
Children	2.5	194	14.8	27.3	9.1	18.2	27.3	9.1	9.1	1,315	11	68
Unknown	2.5	99	4.3	50.0	0.0	0.0	50.0	0.0	0.0	2,320	2	13
Gender												
Female	5.8	293	19.2	5.9	10.7	8.9	28.9	32.4	13.2	1,525	23,396	239,874
Male	4.4	267	17.1	13.2	17.3	9.6	26.9	24.6	8.4	1,555	12,435	125,050
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.5	291	18.0	8.1	11.9	8.9	28.1	30.9	12.1	1,618	31,097	316,536
African American	4.3	236	22.5	10.0	18.7	10.0	29.9	23.6	7.8	1,050	2,648	27,406
Other/unknown	4.0	234	25.1	12.1	22.1	12.2	26.7	19.5	7.5	932	2,086	20,982
use of nursing Facilities^d												
Entire year	7.1	323	9.6	2.3	4.3	5.5	27.7	41.9	18.3	3,379	7,582	74,668
Part year	7.0	325	13.9	3.7	5.3	6.1	26.9	39.6	18.4	2,329	3,077	28,868
None	4.6	268	29.1	10.9	16.6	10.6	28.5	24.8	8.7	921	25,172	261,388
Maintenance Assistance Status												
Cash	4.6	285	29.1	9.1	18.2	11.2	28.3	24.0	9.2	979	9,329	100,151
Medically needy	6.7	308	9.9	7.3	5.1	5.7	26.2	38.8	16.8	3,119	12,163	114,424
Poverty related	4.7	266	38.1	9.0	16.0	10.6	29.9	25.8	8.7	697	13,912	145,656
Other/unknown	3.5	241	29.8	7.7	27.9	14.3	27.6	16.6	5.9	806	427	4,693

Table D4

Dual Eligible Beneficiaries

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 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.

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 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 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Bene Mos			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$18	\$1	\$3	\$61	\$104	\$84	\$15	82,103	\$5,035,605	21,290	59.4 %	228,479
Biologics	0.2	0.1	0.0	0.1	141	9	16	116	889	120	1,096	1,758	178	158,160	98	0.3	1,118
Antineoplastic Agents	0.6	0.4	0.0	0.2	156	140	3	13	243	391	95	51	7,349	1,787,376	1,104	3.1	11,474
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	41	32	4	5	38	60	21	14	199,108	7,474,037	17,080	47.7	180,371
Cardiovascular Agents	1.9	0.7	0.2	1.0	59	41	5	14	31	61	27	13	449,056	14,091,237	22,757	63.5	237,996
Respiratory Agents	0.8	0.4	0.1	0.3	41	31	5	6	49	73	69	16	144,453	7,143,029	16,120	45.0	172,794
Gastrointestinal Agents	0.9	0.5	0.0	0.4	67	60	1	6	78	129	94	15	150,155	11,711,591	16,517	46.1	175,048
Genitourinary Agents	0.6	0.5	0.0	0.1	39	36	0	2	64	75	43	17	43,730	2,811,752	6,800	19.0	72,769
CNS Drugs	1.5	0.8	0.1	0.6	120	100	6	14	80	126	90	23	318,744	25,643,775	20,460	57.1	213,378
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	49	35	5	9	82	150	82	31	4,319	354,838	680	1.9	7,223
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	99	98	0	1	130	136	0	20	12,853	1,671,340	1,668	4.7	16,900
Analgesics and Anesthetics	0.9	0.3	0.1	0.5	50	38	3	8	54	113	57	16	197,804	10,677,634	20,289	56.6	213,236
Neuromuscular Agents	1.1	0.4	0.1	0.5	69	51	5	12	65	117	50	23	124,864	8,059,403	10,976	30.6	117,339
Nutritional Products	0.7	0.0	0.0	0.6	10	0	1	9	15	31	22	14	55,229	834,863	7,878	22.0	81,173
Hematological Agents	0.8	0.2	0.2	0.5	38	29	2	6	46	151	15	13	60,565	2,808,678	7,127	19.9	73,857
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	38	59	38	18	75,569	2,877,664	15,541	43.4	168,946
Miscellaneous Products	0.4	0.1	0.1	0.2	68	42	16	9	170	285	246	51	2,485	422,322	581	1.6	6,208
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	16	0	0	0	567	8,947	219	0.6	2,343
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.	1,929,131	103,572,251	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 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	\$14,788,027	10,902	30.4 %	117,320	0.8	\$159	\$126
ULCER DRUGS	9,912,975	17,664	49.3	192,201	0.6	90	52
ANTIDEPRESSANTS	8,283,320	18,490	51.6	197,542	0.7	59	42
ANTICONVULSANT	6,145,940	8,931	24.9	97,567	0.8	76	63
ANALGESICS - Narcotic	4,857,383	21,939	61.2	234,702	0.5	45	21
ANALGESICS - ANTI-INFLAMMATORY	4,634,220	14,297	39.9	158,328	0.4	67	29
ANTIDIABETIC	4,556,820	11,577	32.3	124,095	0.7	49	37
ANTIHYPERTENSIVE	4,413,547	7,088	19.8	78,750	0.7	83	56
ANTIASTHMATIC	3,883,265	13,207	36.9	141,243	0.5	55	27
ANTIHYPERTENSIVE	3,449,937	14,041	39.2	150,097	0.7	32	23
Total	64,925,434	138,136		1,491,845	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 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, NEBRASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	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	923,487	\$64,925,434	10,902	30.4 %	117,320	0.8	\$126	17,664	49.3 %	192,201	0.6	\$52
Female	636,420	42,681,499	6,498	27.8	69,741	0.7	108	12,566	53.7	137,344	0.6	52
Disabled	235,198	18,552,298	3,032	39.2	34,176	0.8	131	4,248	54.9	47,821	0.5	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	29	3,518	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	409	31,414	12	44.4	126	0.7	75	8	29.6	83	0.4	41
21-44	75,646	6,619,191	1,416	45.7	15,876	0.7	125	1,398	45.1	15,700	0.4	47
45-64	155,335	11,644,858	1,571	35.0	17,817	0.8	138	2,782	61.9	31,383	0.5	56
65-74	3,660	246,383	33	29.7	357	0.8	135	58	52.3	633	0.6	49
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	119	6,934	0	0.0	0	0.0	0	2	200.0	22	0.7	86
Other Eligibles	401,222	24,129,201	3,466	22.1	35,565	0.7	85	8,318	53.1	89,523	0.6	51
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	398	29,481	3	6.8	7	0.9	367	5	11.4	48	0.6	80
45-64	234	17,019	0	0.0	0	0.0	0	2	14.3	19	0.4	27
65-74	121,406	7,756,030	777	18.8	8,499	0.7	100	2,336	56.6	26,277	0.5	51
75-84	145,402	8,861,539	1,199	22.4	12,437	0.7	91	2,926	54.7	31,898	0.6	52
85 and older	133,782	7,465,132	1,487	24.3	14,622	0.6	72	3,049	49.8	31,281	0.7	49
Male	287,067	22,243,935	4,404	35.4	47,579	0.9	153	5,098	41.0	54,857	0.6	52
Disabled	167,296	15,181,501	3,192	45.3	35,652	1.0	173	2,673	38.0	30,006	0.6	52
5 and younger	5	364	0	0.0	0	0.0	0	2	200.0	24	0.2	15
6-14	47	4,141	0	0.0	0	0.0	0	4	80.0	47	0.5	59
15-20	502	34,290	12	31.6	109	0.8	118	5	13.2	44	0.7	32
21-44	67,487	7,031,087	1,725	51.1	19,170	0.9	173	1,078	31.9	12,125	0.5	49
45-64	97,136	7,973,217	1,432	40.6	16,111	1.0	175	1,543	43.7	17,331	0.6	54
65-74	2,119	138,402	23	25.0	262	0.8	117	41	44.6	435	0.7	66
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	119,771	7,062,434	1,212	22.5	11,927	0.7	91	2,425	45.0	24,851	0.6	52
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	6	2,510	0	0.0	0	0.0	0	1	33.3	12	0.2	21
21-44	125	7,707	1	3.1	12	1.1	19	2	6.3	13	0.2	20
45-64	122	8,295	0	0.0	0	0.0	0	3	27.3	31	0.8	130
65-74	48,311	3,055,016	433	20.3	4,513	0.7	104	873	41.0	9,312	0.6	54
75-84	46,510	2,639,251	476	23.8	4,596	0.7	83	949	47.5	9,642	0.6	51
85 and older	24,697	1,349,655	302	24.8	2,806	0.7	82	597	49.1	5,841	0.7	48
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 Nebraska, 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, NEBRASKA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANALGESICS - Narcotic				
	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	18,490	51.6 %	197,542	0.7	\$42	8,931	24.9 %	97,567	0.8	\$63	21,939	61.2 %	234,702	0.5	\$21
Female	13,240	56.6	141,690	0.7	42	5,531	23.6	60,360	0.8	60	16,018	68.5	172,527	0.5	20
Disabled	5,721	74.0	63,797	0.7	44	3,154	40.8	35,326	0.8	74	6,065	78.4	67,815	0.5	19
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	2	50.0	24	1.0	127	1	25.0	12	0.1	1
15-20	16	59.3	147	1.0	72	8	29.6	71	0.7	59	14	51.9	131	0.2	3
21-44	2,305	74.4	25,632	0.6	44	1,369	44.2	15,331	0.8	84	2,282	73.6	25,480	0.4	17
45-64	3,333	74.2	37,265	0.7	44	1,740	38.7	19,489	0.8	67	3,701	82.4	41,464	0.5	20
65-74	66	59.5	742	0.7	36	35	31.5	411	1.0	65	64	57.7	695	0.5	19
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	1	100.0	11	0.6	44	0	0.0	0	0.0	0	3	300.0	33	0.8	9
Other Eligibles	7,519	48.0	77,893	0.7	39	2,377	15.2	25,034	0.8	40	9,953	63.5	104,712	0.5	22
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	17	38.6	125	0.5	33	8	18.2	49	0.6	57	30	68.2	267	0.3	7
45-64	7	50.0	73	0.7	55	1	7.1	7	0.9	326	7	50.0	61	0.6	45
65-74	1,983	48.0	21,641	0.7	37	797	19.3	8,789	0.7	44	2,808	68.0	31,277	0.4	19
75-84	2,564	47.9	26,788	0.7	40	912	17.0	9,559	0.8	38	3,332	62.3	35,604	0.5	22
85 and older	2,948	48.1	29,266	0.8	41	659	10.8	6,630	0.8	36	3,776	61.7	37,503	0.5	23
Male	5,250	42.2	55,852	0.7	43	3,400	27.3	37,207	0.9	68	5,921	47.6	62,175	0.4	22
Disabled	3,165	44.9	35,044	0.7	46	2,542	36.1	28,412	0.9	76	3,337	47.4	36,517	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	1
6-14	1	20.0	12	1.0	106	0	0.0	0	0.0	0	1	20.0	12	0.1	1
15-20	19	50.0	156	0.8	48	13	34.2	133	1.1	76	11	28.9	106	0.5	5
21-44	1,551	45.9	17,216	0.7	46	1,260	37.3	14,075	0.9	84	1,430	42.3	15,767	0.4	26
45-64	1,575	44.6	17,464	0.7	45	1,252	35.5	14,021	0.9	70	1,865	52.9	20,337	0.5	23
65-74	19	20.7	196	0.6	37	17	18.5	183	1.2	42	29	31.5	283	0.4	28
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,085	38.7	20,808	0.7	39	858	15.9	8,795	0.8	41	2,584	47.9	25,658	0.4	18
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	2	66.7	24	0.1	1
21-44	9	28.1	56	0.6	43	4	12.5	32	0.6	75	12	37.5	102	0.5	19
45-64	1	9.1	12	0.9	6	1	9.1	12	0.1	6	7	63.6	43	0.4	5
65-74	726	34.1	7,754	0.7	37	387	18.2	4,042	0.8	46	979	45.9	10,338	0.4	19
75-84	797	39.9	7,834	0.7	39	332	16.6	3,454	0.8	38	1,001	50.1	9,837	0.4	17
85 and older	552	45.4	5,152	0.8	43	134	11.0	1,255	0.8	30	583	47.9	5,314	0.5	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-HYPERLIPIDEMIC				
	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	14,297	39.9 %	158,328	0.4	\$29	11,577	32.3 %	124,095	0.7	\$37	7,088	19.8 %	78,750	0.7	\$56
Female															
Disabled	10,413	44.5	115,660	0.5	32	8,097	34.6	87,401	0.7	36	4,820	20.6	53,774	0.7	57
5 and younger	4,239	54.8	48,276	0.4	24	2,332	30.2	26,223	0.7	41	1,565	20.2	17,540	0.7	55
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	7	25.9	72	0.2	7	1	3.7	12	0.3	24	1	3.7	10	0.3	20
45-64	1,496	48.3	16,912	0.3	19	477	15.4	5,380	0.7	37	286	9.2	3,206	0.6	48
65-74	2,685	59.8	30,714	0.4	27	1,796	40.0	20,202	0.7	42	1,247	27.8	13,974	0.7	56
75-84	50	45.0	567	0.6	35	55	49.5	596	0.8	45	31	27.9	350	0.8	60
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	1	100.0	11	1.2	88	3	300.0	33	1.2	64	0	0.0	0	0.0	0
5 and younger	6,174	39.4	67,384	0.5	37	5,765	36.8	61,178	0.8	34	3,255	20.8	36,234	0.7	58
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	7	15.9	71	0.3	9	10	22.7	90	0.9	60	4	9.1	28	0.8	127
45-64	7	50.0	64	0.3	10	8	57.1	95	0.6	29	2	14.3	24	1.0	99
65-74	1,844	44.7	20,766	0.5	36	2,114	51.2	23,099	0.7	38	1,382	33.5	15,568	0.7	59
75-84	2,148	40.2	23,734	0.5	37	2,171	40.6	23,347	0.8	34	1,364	25.5	15,265	0.7	58
85 and older	2,168	35.4	22,749	0.6	38	1,462	23.9	14,547	0.8	29	503	8.2	5,349	0.7	54
Male															
Disabled	3,884	31.2	42,668	0.4	23	3,480	28.0	36,694	0.7	38	2,268	18.2	24,976	0.7	55
5 and younger	2,288	32.5	25,805	0.3	17	1,537	21.8	16,935	0.7	42	1,252	17.8	14,022	0.7	53
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	20.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	10.5	39	0.3	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	925	27.4	10,450	0.3	13	329	9.7	3,707	0.7	41	355	10.5	4,047	0.6	48
65-74	1,341	38.0	15,116	0.4	20	1,161	32.9	12,701	0.7	43	874	24.8	9,721	0.7	55
75-84	17	18.5	188	0.4	36	47	51.1	527	0.8	38	23	25.0	254	0.6	44
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1,596	29.6	16,863	0.5	33	1,943	36.0	19,759	0.8	34	1,016	18.8	10,954	0.7	58
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	33.3	12	0.2	187	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	6.3	17	0.1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	3	27.3	30	0.2	9	4	36.4	26	1.0	71	4	36.4	27	0.6	50
65-74	667	31.3	7,317	0.4	31	832	39.0	8,787	0.8	37	522	24.5	5,695	0.7	60
75-84	569	28.5	6,049	0.5	32	757	37.9	7,633	0.8	33	420	21.0	4,504	0.7	55
85 and older	354	29.1	3,438	0.6	40	350	28.8	3,313	0.8	29	70	5.8	728	0.8	62
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 Nebraska, 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, NEBRASKA, 2002

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERTENSIVE				No. of Bene Mos			
	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 Bene Mos
All	13,207	36.9 %	141,243	0.5	\$28	14,041	39.2 %	150,097	0.7	\$23	35,831	364,924
Female	9,077	38.8	98,343	0.5	27	9,905	42.3	106,241	0.7	24	23,396	239,874
Disabled	3,412	44.1	38,096	0.5	28	2,188	28.3	24,591	0.7	23	7,734	81,981
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	1	25.0	9	0.6	51	4	35
15-20	5	18.5	59	0.3	23	5	18.5	59	0.4	17	27	218
21-44	1,099	35.5	12,089	0.4	24	420	13.6	4,759	0.6	20	3,099	32,699
45-64	2,259	50.3	25,423	0.5	30	1,712	38.1	19,212	0.7	24	4,492	47,877
65-74	46	41.4	492	0.6	33	49	44.1	541	0.8	30	111	1,141
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	3	300.0	33	0.2	11	1	100.0	11	1.0	76	1	11
Other Eligibles	5,665	36.2	60,247	0.5	27	7,717	49.3	81,650	0.7	24	15,662	157,893
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	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	5
21-44	15	34.1	158	0.3	21	6	13.6	36	1.0	40	44	212
45-64	3	21.4	36	0.2	5	4	28.6	47	0.4	9	14	89
65-74	1,957	47.4	21,559	0.5	30	2,215	53.7	24,398	0.7	25	4,127	43,418
75-84	1,915	35.8	20,530	0.5	28	2,868	53.6	30,805	0.7	25	5,349	55,229
85 and older	1,775	29.0	17,964	0.5	22	2,624	42.8	26,364	0.8	23	6,124	58,939
Male	4,130	33.2	42,900	0.5	28	4,136	33.3	43,856	0.7	21	12,435	125,050
Disabled	1,717	24.4	18,785	0.5	27	1,719	24.4	18,922	0.7	21	7,042	73,431
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	12
6-14	0	0.0	0	0.0	0	1	20.0	12	0.7	8	5	59
15-20	2	5.3	15	0.7	51	11	28.9	88	0.6	9	38	304
21-44	577	17.1	6,331	0.4	23	457	13.5	5,120	0.6	19	3,378	35,289
45-64	1,109	31.4	12,188	0.5	29	1,218	34.5	13,350	0.7	22	3,528	36,950
65-74	29	31.5	251	0.7	43	32	34.8	352	0.9	21	92	817
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	2,413	44.7	24,115	0.6	29	2,417	44.8	24,934	0.7	21	5,393	51,619
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	1
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	36
21-44	0	0.0	0	0.0	0	3	9.4	27	0.2	9	32	175
45-64	1	9.1	2	1.5	26	4	36.4	17	1.2	25	11	55
65-74	908	42.6	9,489	0.6	33	932	43.7	10,010	0.7	22	2,131	21,088
75-84	974	48.8	9,667	0.6	28	961	48.1	9,905	0.7	21	1,997	19,363
85 and older	530	43.5	4,957	0.5	22	517	42.5	4,975	0.8	19	1,217	10,889
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 Nebraska, 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, NEBRASKA, 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	\$323	7.1	7,582	74,668
Age				
0-64	483	8.1	625	6,907
65-74	428	8.4	874	8,830
75-84	350	7.6	2,145	21,048
85 and older	254	6.3	3,938	37,883
Unknown	0	0.0	0	0
Gender				
Female	313	7.0	5,565	55,152
Male	351	7.2	2,017	19,516
Unknown	0	0.0	0	0
Race				
White	321	7.1	7,187	70,708
African American	331	6.9	229	2,288
Other/unknown	395	7.4	166	1,672
Basis of Eligibility^c				
Aged	306	6.9	6,934	67,522
Disabled	487	8.1	645	7,129
Adults	100	3.6	3	17
Children	0	0.0	0	0
Unknown	0	0.0	0	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 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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, NEBRASKA, 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	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$15	\$2	\$2	\$54	\$85	\$76	\$15	19,602	\$1,054,934	5,295	69.8 %	55,064		
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	34	35	0	25	8	273	8	0.1	96		
Antineoplastic Agents	0.7	0.4	0.0	0.3	136	113	5	18	188	284	157	62	2,301	433,385	321	4.2	3,177		
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	42	32	4	5	33	57	17	11	49,494	1,624,126	3,865	51.0	39,079		
Cardiovascular Agents	2.1	0.5	0.3	1.4	48	27	6	16	22	51	22	12	122,336	2,735,531	5,707	75.3	57,014		
Respiratory Agents	0.8	0.3	0.1	0.4	35	23	5	7	43	71	67	17	29,234	1,258,706	3,460	45.6	35,767		
Gastrointestinal Agents	1.0	0.5	0.0	0.5	61	52	1	8	58	107	59	14	46,016	2,656,509	4,291	56.6	43,894		
Genitourinary Agents	0.7	0.6	0.0	0.1	45	42	0	3	61	72	42	18	16,487	1,010,546	2,141	28.2	22,425		
CNS Drugs	1.6	1.0	0.1	0.6	113	97	6	10	71	101	73	18	87,316	6,202,891	5,440	71.7	54,888		
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	26	13	1	12	36	127	39	20	1,089	39,343	151	2.0	1,533		
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.0	104	104	0	0	121	123	0	16	6,768	817,370	784	10.3	7,857		
Analgesics and Anesthetics	1.0	0.5	0.1	0.5	55	46	3	6	56	101	43	13	44,792	2,486,380	4,524	59.7	45,075		
Neuromuscular Agents	1.3	0.5	0.2	0.7	70	41	8	21	53	91	46	31	31,420	1,678,168	2,285	30.1	23,883		
Nutritional Products	0.8	0.0	0.1	0.8	12	0	1	11	15	52	20	14	22,169	324,578	2,645	34.9	26,388		
Hematological Agents	1.0	0.2	0.2	0.6	40	30	3	7	38	144	12	12	21,884	833,449	2,107	27.8	21,038		
Topical Products	0.5	0.2	0.0	0.3	19	13	1	5	36	58	34	18	25,308	907,595	4,505	59.4	47,933		
Miscellaneous Products	0.3	0.1	0.0	0.2	19	13	0	6	60	121	37	28	557	33,591	168	2.2	1,782		
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	12	0	0	0	317	3,933	118	1.6	1,229		
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.	527,098	24,101,308	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 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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 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.

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, NEBRASKA, 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	\$3,454,988	3,240	42.7 %	33,826	0.8	\$132	\$102
ANTIDEPRESSANTS	2,367,933	4,795	63.2	49,275	0.9	56	48
ULCER DRUGS	2,248,457	4,005	52.8	41,251	0.8	72	55
ANALGESICS - Narcotic	1,384,256	4,615	60.9	45,663	0.6	54	30
ANTICONVULSANT	1,046,573	1,846	24.3	19,501	1.0	55	54
ANALGESICS - ANTI-INFLAMMATORY	1,037,832	2,522	33.3	26,487	0.6	64	39
ANTIDIABETIC	952,098	2,707	35.7	27,574	0.9	40	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	817,370	781	10.3	7,850	0.9	121	104
ANTHYPERTENSIVE	740,314	3,080	40.6	31,174	0.9	27	24
ASTHMATIC	700,717	2,967	39.1	30,021	0.5	43	23
Total	14,750,538	30,558		312,622	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 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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, NEBRASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$		
All	235,059	\$14,750,538	3,240	42.7 %	\$102	33,826	0.8	\$102	0.8	4,795	63.2 %	49,275	0.9	\$48	
Female	168,537	10,510,858	2,244	40.3	98	23,390	0.7	98	0.7	3,549	63.8	36,580	0.9	48	
Disabled	12,981	957,064	180	59.8	159	2,028	0.9	159	0.9	220	73.1	2,554	0.9	53	
64 or younger	12,067	888,159	169	58.9	155	1,896	0.9	155	0.9	212	73.9	2,459	0.9	54	
65-74	787	61,084	11	84.6	204	132	0.9	204	0.9	7	53.8	84	0.7	30	
75-84	0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	
85 and older	127	7,821	0	0.0	0	0	0.0	0	0.0	1	100.0	11	0.6	44	
Other Eligibles	155,556	9,553,794	2,064	39.2	92	21,362	0.7	92	0.7	3,329	63.2	34,026	0.9	48	
64 or younger	20	1,453	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	
65-74	21,296	1,437,468	317	64.7	113	3,444	0.8	113	0.8	389	79.4	4,173	0.9	55	
75-84	52,534	3,314,545	727	48.2	100	7,607	0.8	100	0.8	1,109	73.6	11,350	0.9	49	
85 and older	81,706	4,800,328	1,020	31.2	80	10,311	0.7	80	0.7	1,831	56.1	18,503	0.8	46	
Male	66,522	4,239,680	996	49.4	111	10,436	0.8	111	0.8	1,246	61.8	12,695	0.9	47	
Disabled	14,983	1,160,060	274	79.7	136	3,139	0.9	136	0.9	237	68.9	2,702	0.9	48	
64 or younger	14,497	1,125,385	268	79.5	135	3,067	0.9	135	0.9	234	69.4	2,666	0.9	48	
65-74	486	34,675	6	85.7	209	72	1.1	209	1.1	3	42.9	36	0.8	50	
75-84	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	
Other Eligibles	51,539	3,079,620	722	43.2	100	7,297	0.8	100	0.8	1,009	60.3	9,993	0.9	47	
64 or younger	0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	
65-74	14,643	938,958	211	58.0	124	2,264	0.9	124	0.9	253	69.5	2,649	0.9	48	
75-84	20,792	1,212,502	303	47.5	90	3,047	0.8	90	0.8	401	62.9	3,897	0.8	46	
85 and older	16,104	928,160	208	31.0	89	1,986	0.7	89	0.7	355	52.9	3,447	0.9	47	
Unknown	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 Nebraska, 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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, NEBRASKA, 2002

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTICONVULSANT						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	
All	4,005	52.8 %	0.8	4,615	60.9 %	0.6	1,846	24.3 %	1,198	19,501	1.0	1,846	24.3 %	1,198	19,501	1.0	1,846	24.3 %	1,198
Female	2,869	51.6	0.8	3,528	63.4	0.6	1,198	21.5	1,198	12,578	1.0	1,198	21.5	1,198	12,578	1.0	1,198	21.5	1,198
Disabled	166	55.1	0.8	166	55.1	0.6	201	66.8	201	2,309	1.2	201	66.8	201	2,309	1.2	201	66.8	201
64 or younger	157	54.7	0.8	153	53.3	0.6	188	65.5	188	2,153	1.2	188	65.5	188	2,153	1.2	188	65.5	188
65-74	7	53.8	0.9	10	76.9	0.8	13	100.0	13	156	1.3	13	100.0	13	156	1.3	13	100.0	13
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	200.0	0.7	3	300.0	0.8	33	0.0	33	0	0.0	33	0.0	33	0	0.0	33	0.0	33
Other Eligibles	2,703	51.3	0.8	3,362	63.9	0.6	997	18.9	997	10,269	0.9	997	18.9	997	10,269	0.9	997	18.9	997
64 or younger	0	0.0	0.0	2	200.0	1.2	16	0.0	16	0	0.0	16	0.0	16	0	0.0	16	0.0	16
65-74	274	55.9	0.8	334	68.2	0.7	207	42.2	207	2,242	1.0	207	42.2	207	2,242	1.0	207	42.2	207
75-84	807	53.6	0.8	1,003	66.6	0.6	374	24.8	374	3,829	0.9	374	24.8	374	3,829	0.9	374	24.8	374
85 and older	1,622	49.7	0.7	2,023	61.9	0.6	416	12.7	416	4,198	0.9	416	12.7	416	4,198	0.9	416	12.7	416
Male	1,136	56.3	0.8	1,087	53.9	0.5	648	32.1	648	6,923	1.0	648	32.1	648	6,923	1.0	648	32.1	648
Disabled	223	64.8	0.9	177	51.5	0.5	238	69.2	238	2,694	1.2	238	69.2	238	2,694	1.2	238	69.2	238
64 or younger	216	64.1	0.9	172	51.0	0.5	235	69.7	235	2,658	1.2	235	69.7	235	2,658	1.2	235	69.7	235
65-74	7	100.0	1.1	5	71.4	0.2	3	42.9	3	36	1.1	3	42.9	3	36	1.1	3	42.9	3
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	913	54.6	0.7	910	54.4	0.5	410	24.5	410	4,229	0.9	410	24.5	410	4,229	0.9	410	24.5	410
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	194	53.3	0.7	204	56.0	0.5	158	43.4	158	1,690	1.0	158	43.4	158	1,690	1.0	158	43.4	158
75-84	361	56.6	0.8	381	59.7	0.5	171	26.8	171	1,750	0.9	171	26.8	171	1,750	0.9	171	26.8	171
85 and older	358	53.4	0.7	325	48.4	0.5	81	12.1	81	789	0.9	81	12.1	81	789	0.9	81	12.1	81
Unknown	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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, NEBRASKA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,522	33.3 %	26,487	0.6	\$39	2,707	35.7 %	27,574	0.9	\$35	781	10.3 %	7,850	0.9	\$104
Female	1,926	34.6	20,339	0.6	40	1,895	34.1	19,458	0.9	34	584	10.5	5,977	0.8	101
Disabled	117	38.9	1,359	0.5	20	104	34.6	1,182	0.9	44	11	3.7	113	0.9	96
64 or younger	111	38.7	1,288	0.5	19	89	31.0	1,005	0.9	41	10	3.5	102	0.9	98
65-74	5	38.5	60	0.8	20	12	92.3	144	1.0	56	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
85 and older	1	100.0	11	1.2	88	3	300.0	33	1.2	64	1	100.0	11	0.7	81
Other Eligibles	1,809	34.4	18,980	0.6	42	1,791	34.0	18,276	0.9	34	573	10.9	5,864	0.8	101
64 or younger	1	100.0	8	0.1	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	181	36.9	1,966	0.6	45	296	60.4	3,019	0.9	43	47	9.6	469	0.9	109
75-84	518	34.4	5,498	0.7	43	669	44.4	6,999	0.9	35	195	12.9	1,951	0.9	104
85 and older	1,109	34.0	11,508	0.6	41	826	25.3	8,258	0.8	30	331	10.1	3,444	0.8	98
Male	596	29.5	6,148	0.6	35	812	40.3	8,116	0.9	35	197	9.8	1,873	0.9	115
Disabled	117	34.0	1,361	0.4	20	104	30.2	1,141	0.8	38	13	3.8	139	0.7	220
64 or younger	114	33.8	1,325	0.4	19	94	27.9	1,021	0.8	39	12	3.6	127	0.7	240
65-74	3	42.9	36	0.8	59	10	142.9	120	0.8	30	1	14.3	12	0.2	16
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	479	28.6	4,787	0.6	40	708	42.3	6,975	0.9	34	184	11.0	1,734	0.9	107
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	112	30.8	1,168	0.5	32	199	54.7	1,984	1.0	38	30	8.2	304	0.9	105
75-84	174	27.3	1,751	0.6	39	310	48.6	3,050	0.8	34	87	13.6	822	0.9	103
85 and older	193	28.8	1,868	0.7	45	199	29.7	1,941	0.8	31	67	10.0	608	0.9	113
Unknown	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 Nebraska, 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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.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, NEBRASKA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	NF Residents	Users		Mos among Users	Mos among Users	Residents	Users			
All	3,080	40.6 %	31,174	0.9	\$24	2,967	39.1 %	30,021	0.5	\$23	7,582	74,668
Female	2,224	40.0	22,623	0.9	25	1,976	35.5	20,294	0.5	21	5,565	55,152
Disabled	98	32.6	1,146	0.9	28	123	40.9	1,367	0.6	23	301	3,354
64 or younger	91	31.7	1,073	0.8	27	119	41.5	1,322	0.6	24	287	3,197
65-74	6	46.2	62	1.1	37	1	7.7	12	0.1	1	13	146
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	100.0	11	1.0	76	3	300.0	33	0.2	11	1	11
Other Eligibles	2,126	40.4	21,477	0.9	24	1,853	35.2	18,927	0.5	21	5,264	51,798
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8
65-74	206	42.0	2,233	0.9	26	266	54.3	2,765	0.6	25	490	5,004
75-84	686	45.5	7,008	0.9	25	557	37.0	5,777	0.5	24	1,507	15,049
85 and older	1,234	37.8	12,236	0.9	24	1,030	31.5	10,385	0.5	19	3,266	31,737
Male	856	42.4	8,551	0.9	22	991	49.1	9,727	0.6	27	2,017	19,516
Disabled	112	32.6	1,257	0.8	25	139	40.4	1,521	0.6	29	344	3,775
64 or younger	106	31.5	1,185	0.8	25	136	40.4	1,485	0.6	29	337	3,702
65-74	6	85.7	72	1.1	23	3	42.9	36	0.8	18	7	73
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	744	44.5	7,294	0.9	21	852	50.9	8,206	0.6	27	1,673	15,741
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	180	49.5	1,905	1.0	25	215	59.1	2,170	0.7	34	364	3,607
75-84	303	47.5	2,920	0.9	20	339	53.1	3,237	0.6	26	638	5,999
85 and older	261	38.9	2,469	0.9	20	298	44.4	2,799	0.6	23	671	6,135
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 Nebraska, 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 3,077 beneficiaries who were in nursing facilities for part of their enrollment and their 28,868 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}
 NEBRASKA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
		72.9 %	13.1	13.1	\$112					
All	26,110	72.9 %	13.1	13.1	\$112	470,234	\$4,017,269	\$9	3.9 %	35,831
Age										
5 and younger	2	100.0	12.5	12.5	195	25	390	16	12.2	2
6-14	7	63.6	12.5	138	128	1,405	1,405	10	5.0	11
15-20	36	50.7	4.0	284	43	3,072	3,072	11	1.8	71
21-44	4,040	61.7	6.8	44,267	96	629,032	629,032	14	3.0	6,553
45-64	5,613	69.8	11.3	90,686	135	1,083,603	1,083,603	12	3.7	8,045
65-74	4,339	67.2	10.6	68,744	93	600,194	600,194	9	3.4	6,461
75-84	5,583	76.0	15.0	110,199	106	775,275	775,275	7	4.0	7,346
85 and older	6,490	88.4	21.2	155,891	126	924,298	924,298	6	5.7	7,342
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Basis of Eligibility^c										
Aged	16,271	77.7	15.9	332,579	109	2,279,777	2,279,777	7	4.4	20,940
Disabled	9,786	66.2	9.3	137,309	117	1,732,584	1,732,584	13	3.4	14,776
Adults	48	47.1	3.1	314	44	4,497	4,497	14	2.8	102
Children	5	45.5	2.9	32	37	411	411	13	3.1	11
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	2
Gender										
Female	18,203	77.8	14.8	345,512	127	2,960,465	2,960,465	9	4.2	23,396
Male	7,907	63.6	10.0	124,722	85	1,056,804	1,056,804	8	3.2	12,435
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0
Race										
White	23,021	74.0	14.0	433,838	117	3,628,147	3,628,147	8	3.9	31,097
African American	1,782	67.3	8.2	21,726	78	205,768	205,768	9	3.2	2,648
Other/unknown	1,307	62.7	7.0	14,670	88	183,354	183,354	12	3.7	2,086
Use of Nursing Facilities^d										
Entire year	7,261	95.8	28.6	217,082	172	1,304,534	1,304,534	6	5.4	7,582
Part year	2,862	93.0	19.8	60,793	131	404,146	404,146	7	4.3	3,077
None	15,987	63.5	7.6	192,359	92	2,308,589	2,308,589	12	3.3	25,172
Maintenance Assistance Status										
Cash	6,218	66.7	8.5	79,651	101	941,956	941,956	12	3.3	9,329
Medically needy	10,829	89.0	24.0	291,644	148	1,803,890	1,803,890	6	5.1	12,163
Poverty related	8,816	63.4	7.0	96,832	90	1,246,113	1,246,113	13	3.2	13,912
Other/unknown	247	57.8	4.9	2,107	59	25,310	25,310	12	2.2	427

Table D11

Dual Eligible Beneficiaries

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 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}
 NEBRASKA, 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
All	1.3	\$11	\$9	\$0	\$2	364,924
Age						
5 and younger	1.0	16	16	0	0	24
6-14	1.4	15	10	0	0	96
15-20	0.5	5	11	0	1	563
21-44	0.6	9	14	0	3	68,375
45-64	1.1	13	12	0	3	84,971
65-74	1.0	9	9	0	2	66,464
75-84	1.5	10	7	0	2	74,592
85 and older	2.2	13	6	0	1	69,839
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.6	11	7	0	2	208,882
Disabled	0.9	11	13	0	3	155,412
Adults	0.6	8	14	0	2	549
Children	0.5	6	13	0	0	68
Unknown	0.0	0	0	0	0	13
Gender						
Female	1.4	12	9	0	2	239,874
Male	1.0	8	8	0	2	125,050
Unknown	0.0	0	0	0	0	0
Race						
White	1.4	11	8	0	2	316,536
African American	0.8	8	9	0	1	27,406
Other/unknown	0.7	9	12	0	2	20,982
Use of Nursing Facilities^d						
Entire year	2.9	17	6	0	2	74,668
Part year	2.1	14	7	0	2	28,868
None	0.7	9	12	0	2	261,388
Maintenance Assistance Status						
Cash	0.8	9	12	0	3	100,151
Medically needy	2.5	16	6	0	2	114,424
Poverty related	0.7	9	13	0	2	145,656
Other/unknown	0.4	5	12	0	1	4,693

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 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}
 NEBRASKA, 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	46,470	\$86	\$4,017,269	100.0 %	470,234	\$9	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	14	14	189	0.0	17	11	0.0
Cough and cold medications	8,706	88	766,200	19.1	30,221	25	6.4
Vitamins and minerals	7,557	107	809,727	20.2	53,166	15	11.3
Non-prescription drugs	20,266	66	1,335,986	33.3	317,250	4	67.5
Barbiturates	399	51	20,459	0.5	3,787	5	0.8
Benzodiazepines	8,612	97	835,468	20.8	61,484	14	13.1
Other Part D Excl Rx Drugs	916	272	249,240	6.2	4,309	58	0.9

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 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}
 NEBRASKA, 2002

Total Number of Dual Eligible Beneficiaries 35,831
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$103,572,251
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,891

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,022	8.4 %	\$0	0.0 %
1-500	5,764	16.1	1,237,392	1.2
501-1,000	3,779	10.5	2,817,435	2.7
1,001-1,500	3,138	8.8	3,902,902	3.8
1,501-2,000	2,797	7.8	4,891,323	4.7
2,001-2,500	2,472	6.9	5,546,497	5.4
2,501-3,000	2,165	6.0	5,941,904	5.7
3,001-3,500	1,855	5.2	6,016,609	5.8
3,501-4,000	1,672	4.7	6,263,654	6.0
4,001-4,500	1,316	3.7	5,593,697	5.4
4,501-5,000	1,187	3.3	5,630,010	5.4
5,001-5,500	1,048	2.9	5,492,421	5.3
5,501-6,000	850	2.4	4,874,658	4.7
6,001-6,500	735	2.1	4,594,583	4.4
6,501-7,000	608	1.7	4,093,889	4.0
7,001-7,500	533	1.5	3,861,608	3.7
7,501-8,000	405	1.1	3,131,516	3.0
8,001-8,500	354	1.0	2,913,995	2.8
8,501-9,000	285	0.8	2,492,990	2.4
9,001-9,500	232	0.6	2,142,991	2.1
9,501-10,000	215	0.6	2,093,501	2.0
10,001+	1,399	3.9	20,038,676	19.3

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. 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 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEBRASKA, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 14,572
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$50,537,567
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,468

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	10.0 %		
\$0	1,455	10.0 %	0		0.0 %
1-500	2,513	17.2	491,106		1.0
501-1,000	1,271	8.7	940,525		1.9
1,001-1,500	1,076	7.4	1,342,774		2.7
1,501-2,000	911	6.3	1,594,948		3.2
2,001-2,500	813	5.6	1,823,791		3.6
2,501-3,000	689	4.7	1,897,616		3.8
3,001-3,500	638	4.4	2,070,541		4.1
3,501-4,000	594	4.1	2,225,014		4.4
4,001-4,500	490	3.4	2,086,099		4.1
4,501-5,000	439	3.0	2,086,867		4.1
5,001-5,500	454	3.1	2,381,807		4.7
5,501-6,000	373	2.6	2,138,098		4.2
6,001-6,500	323	2.2	2,018,322		4.0
6,501-7,000	295	2.0	1,986,435		3.9
7,001-7,500	260	1.8	1,882,910		3.7
7,501-8,000	229	1.6	1,769,814		3.5
8,001-8,500	212	1.5	1,746,247		3.5
8,501-9,000	178	1.2	1,556,324		3.1
9,001-9,500	139	1.0	1,284,459		2.5
9,501-10,000	149	1.0	1,450,783		2.9
10,001+	1,071	7.3	15,763,087		31.2

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. 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.

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

SUPPLEMENTAL TABLE 1B
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
NEBRASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 21,149
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$52,865,819
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,500

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,548	7.3%	0	0.0%
1-500	3,217	15.2	740,483	1.4
501-1,000	2,495	11.8	1,867,453	3.5
1,001-1,500	2,052	9.7	2,548,249	4.8
1,501-2,000	1,881	8.9	3,287,822	6.2
2,001-2,500	1,655	7.8	3,713,744	7.0
2,501-3,000	1,469	6.9	4,024,709	7.6
3,001-3,500	1,214	5.7	3,936,160	7.4
3,501-4,000	1,075	5.1	4,027,529	7.6
4,001-4,500	825	3.9	3,503,589	6.6
4,501-5,000	746	3.5	3,533,818	6.7
5,001-5,500	591	2.8	3,095,004	5.9
5,501-6,000	477	2.3	2,736,560	5.2
6,001-6,500	411	1.9	2,570,260	4.9
6,501-7,000	312	1.5	2,100,911	4.0
7,001-7,500	273	1.3	1,978,698	3.7
7,501-8,000	176	0.8	1,361,702	2.6
8,001-8,500	141	0.7	1,159,345	2.2
8,501-9,000	107	0.5	936,666	1.8
9,001-9,500	93	0.4	858,532	1.6
9,501-10,000	66	0.3	642,718	1.2
10,001+	325	1.5	4,241,867	8.0

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. 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 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEBRASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 6,461
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$17,498,288
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,708

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	710	11.0 %	0	0.0 %
1-500	975	15.1	209,711	1.2
501-1,000	659	10.2	490,122	2.8
1,001-1,500	477	7.4	589,041	3.4
1,501-2,000	520	8.0	910,292	5.2
2,001-2,500	444	6.9	997,163	5.7
2,501-3,000	433	6.7	1,185,048	6.8
3,001-3,500	315	4.9	1,023,473	5.8
3,501-4,000	291	4.5	1,092,412	6.2
4,001-4,500	272	4.2	1,158,589	6.6
4,501-5,000	222	3.4	1,052,073	6.0
5,001-5,500	181	2.8	944,718	5.4
5,501-6,000	151	2.3	868,611	5.0
6,001-6,500	164	2.5	1,026,120	5.9
6,501-7,000	116	1.8	781,402	4.5
7,001-7,500	116	1.8	840,833	4.8
7,501-8,000	74	1.1	572,965	3.3
8,001-8,500	68	1.1	558,143	3.2
8,501-9,000	50	0.8	437,625	2.5
9,001-9,500	33	0.5	305,083	1.7
9,501-10,000	27	0.4	262,663	1.5
10,001+	163	2.5	2,192,201	12.5

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. 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 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEBRASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 7,346
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$19,247,003
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,620

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	512	7.0 %	0	0.0 %
1-500	1,003	13.7	233,073	1.2
501-1,000	812	11.1	608,156	3.2
1,001-1,500	715	9.7	891,375	4.6
1,501-2,000	672	9.1	1,176,907	6.1
2,001-2,500	564	7.7	1,267,148	6.6
2,501-3,000	527	7.2	1,444,789	7.5
3,001-3,500	453	6.2	1,464,042	7.6
3,501-4,000	391	5.3	1,463,873	7.6
4,001-4,500	301	4.1	1,274,317	6.6
4,501-5,000	271	3.7	1,282,724	6.7
5,001-5,500	239	3.3	1,253,845	6.5
5,501-6,000	192	2.6	1,099,438	5.7
6,001-6,500	141	1.9	881,070	4.6
6,501-7,000	121	1.6	815,365	4.2
7,001-7,500	88	1.2	637,500	3.3
7,501-8,000	68	0.9	525,912	2.7
8,001-8,500	44	0.6	362,638	1.9
8,501-9,000	42	0.6	367,732	1.9
9,001-9,500	40	0.5	369,299	1.9
9,501-10,000	28	0.4	273,176	1.4
10,001+	122	1.7	1,554,624	8.1

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. 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}
 NEBRASKA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 7,342
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$16,120,528
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,196

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 4.4 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	326		0	0.0 %
1-500	1,239	16.9	297,699	1.8
501-1,000	1,024	13.9	769,175	4.8
1,001-1,500	860	11.7	1,067,833	6.6
1,501-2,000	689	9.4	1,200,623	7.4
2,001-2,500	647	8.8	1,449,433	9.0
2,501-3,000	509	6.9	1,394,872	8.7
3,001-3,500	446	6.1	1,448,645	9.0
3,501-4,000	393	5.4	1,471,244	9.1
4,001-4,500	252	3.4	1,070,683	6.6
4,501-5,000	253	3.4	1,199,021	7.4
5,001-5,500	171	2.3	896,441	5.6
5,501-6,000	134	1.8	768,511	4.8
6,001-6,500	106	1.4	663,070	4.1
6,501-7,000	75	1.0	504,144	3.1
7,001-7,500	69	0.9	500,365	3.1
7,501-8,000	34	0.5	262,825	1.6
8,001-8,500	29	0.4	238,564	1.5
8,501-9,000	15	0.2	131,309	0.8
9,001-9,500	20	0.3	184,150	1.1
9,501-10,000	11	0.1	106,879	0.7
10,001+	40	0.5	495,042	3.1

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. 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, NEBRASKA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown	
All	36,176	20,980	15,030	151	13	2	375,119	209,981	163,768	1,252	105	13
Age												
5 and younger	2	0	1	0	1	0	24	0	12	0	12	0
6-14	12	0	10	0	2	0	122	0	109	0	13	0
15-20	83	0	76	0	7	0	873	0	812	0	61	0
21-44	6,722	0	6,612	106	3	1	73,366	0	72,450	895	19	2
45-64	8,158	1	8,118	39	0	0	88,486	8	88,170	308	0	0
65-74	6,500	6,283	212	4	0	1	67,629	65,370	2,204	44	0	11
75-84	7,356	7,355	0	1	0	0	74,757	74,754	0	3	0	0
85 and older	7,343	7,341	1	1	0	0	69,862	69,849	11	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	23,598	15,627	7,876	88	5	2	245,830	158,297	86,734	760	26	13
Male	12,578	5,353	7,154	63	8	0	129,289	51,684	77,034	492	79	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	31,354	18,766	12,456	120	10	2	324,255	186,949	136,194	1,009	90	13
African American	2,688	1,127	1,544	17	0	0	28,767	11,951	16,667	149	0	0
Other/unknown	2,134	1,087	1,030	14	3	0	22,097	11,081	10,907	94	15	0
Use of Nursing Facilities^c												
Entire year	7,582	6,934	645	3	0	0	74,671	67,524	7,130	17	0	0
Part year	3,081	2,651	430	0	0	0	29,020	24,480	4,540	0	0	0
None	25,513	11,395	13,955	148	13	2	271,428	117,977	152,098	1,235	105	13
Maintenance Assistance Status												
Cash	9,554	3,429	6,080	45	0	0	105,514	37,707	67,496	311	0	0
Medically needy	12,189	10,352	1,743	88	6	0	114,882	96,136	17,938	769	39	0
Poverty related	13,990	7,180	6,802	0	6	2	149,671	75,916	73,681	0	61	13
Other/unknown	443	19	405	18	1	0	5,052	222	4,653	172	5	0
Dual Status^d												
Full dual, all year	35,548	20,622	14,760	151	13	2	369,052	206,564	161,118	1,252	105	13
Full dual, part year	628	358	270	0	0	0	6,067	3,417	2,650	0	0	0
Managed Care Status												
FFS all year	34,477	20,797	13,623	49	6	2	357,170	208,063	148,647	386	61	13
FFS part year, with Rx claims	1,253	123	1,083	44	3	0	13,786	1,299	12,077	381	29	0
FFS part year, no Rx claims	101	20	70	9	2	0	909	199	641	61	8	0
MC all year, with Rx claims	305	38	225	41	1	0	2,941	407	2,145	384	5	0
MC all year, no Rx claims	40	2	29	8	1	0	313	13	258	40	2	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 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, NEBRASKA, 2002

Beneficiary Characteristics	Bene(s) in Cell F of Table 1		Bene(s) 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
All	36,176	375,119	35,831	364,924	0	10,195
FFS all year	34,477	357,170	34,477	357,170	0	0
FFS part year, with Rx claims	1,253	13,786	1,253	7,242	0	6,544
FFS part year, with no Rx claims	101	909	101	512	0	397
MC all year, with Rx claims	305	2,941	0	0	0	2,941
MC all year, with no Rx claims	40	313	0	0	0	313

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. 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.