

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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	34,106	176	2,174	15,400	16,326	30	98,374	832	10,229	53,813	33,368	132
Age												
5 and younger	6,945	0	176	0	6,769	0	13,727	0	530	0	13,197	0
6-14	6,844	0	355	0	6,489	0	13,598	0	1,127	0	12,471	0
15-20	4,732	0	265	1,399	3,068	0	12,770	0	1,032	4,038	7,700	0
21-44	13,368	0	783	12,573	0	12	48,740	0	4,261	44,444	0	35
45-64	2,028	0	589	1,421	0	18	8,664	0	3,245	5,322	0	97
65-74	55	44	6	5	0	0	280	241	34	5	0	0
75-84	63	61	0	2	0	0	301	297	0	4	0	0
85 and older	71	71	0	0	0	0	294	294	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	22,531	124	977	13,218	8,182	30	71,638	607	4,579	49,853	16,467	132
Male	11,575	52	1,197	2,182	8,144	0	26,736	225	5,650	3,960	16,901	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	15,239	102	1,075	7,443	6,595	24	44,518	462	5,100	25,467	13,388	101
African American	14,432	53	951	6,442	6,982	4	42,244	275	4,586	23,116	14,248	19
Other/unknown	4,435	21	148	1,515	2,749	2	11,612	95	543	5,230	5,732	12
Use of Nursing Facilities^c												
Entire year	131	41	90	0	0	0	982	286	696	0	0	0
Part year	92	23	67	2	0	0	609	155	444	10	0	0
None	33,883	112	2,017	15,398	16,326	30	96,783	391	9,089	53,803	33,368	132
Maintenance Assistance Status												
Cash	18,130	61	1,704	6,161	10,204	0	40,564	341	7,548	13,410	19,265	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	1,922	1	4	260	1,628	29	4,025	10	13	653	3,220	129
Other/unknown	14,054	114	466	8,979	4,494	1	53,785	481	2,668	39,750	10,883	3
Managed Care Status												
FFS all year	3,055	85	114	2,268	578	10	19,196	173	441	16,855	1,703	24
FFS part year, with Rx claims	19,882	82	1,641	9,397	8,747	15	51,622	599	8,149	25,615	17,170	89
FFS part year, no Rx claims	11,169	9	419	3,735	7,001	5	27,556	60	1,639	11,343	14,495	19

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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	59.1 %	6.2	\$381	\$61	\$3,705	10.3 %	34,106
Age							
5 and younger	59.5	2.9	119	40	2,055	5.8	6,945
6-14	48.4	2.9	189	65	2,107	9.0	6,844
15-20	57.1	4.3	219	51	4,130	5.3	4,732
21-44	63.9	7.6	474	63	3,798	12.5	13,368
45-64	67.9	21.7	1,602	74	11,348	14.1	2,028
65-74	67.3	35.5	1,956	55	34,435	5.7	55
75-84	63.5	37.5	1,479	39	21,110	7.0	63
85 and older	43.7	20.1	858	43	15,561	5.5	71
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	56.3	30.8	1,360	44	22,432	6.1	176
Disabled	77.1	29.3	2,754	94	27,554	10.0	2,174
Adults	63.2	6.4	314	49	2,039	15.4	15,400
Children	52.9	2.7	117	43	1,895	6.2	16,326
Unknown	56.7	8.8	1,110	126	5,995	18.5	30
Gender							
Female	62.2	6.6	363	55	3,208	11.3	22,531
Male	53.1	5.4	417	77	4,672	8.9	11,575
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	63.5	7.8	461	59	4,310	10.7	15,239
African American	56.7	5.3	358	67	3,497	10.2	14,432
Other/unknown	52.1	3.5	182	53	2,303	7.9	4,435
Use of Nursing Facilities^d							
Entire year	70.2	56.9	2,709	48	69,501	3.9	131
Part year	95.7	78.4	4,019	51	69,759	5.8	92
None	59.0	5.8	362	62	3,271	11.1	33,883
Maintenance Assistance Status							
Cash	60.1	6.5	403	62	4,344	9.3	18,130
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.7	2.7	114	42	1,983	5.7	1,922
Other/unknown	58.4	6.4	390	61	3,116	12.5	14,054

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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	2.2	\$132	10.3 %	40.9 %	21.0 %	9.6 %	13.4 %	7.9 %	7.3 %	\$1,285	34,106	98,374
Age												
5 and younger	1.5	60	5.8	40.5	24.1	11.4	14.6	6.4	2.9	1,040	6,945	13,727
6-14	1.5	95	9.0	51.6	19.5	8.9	11.2	5.1	3.7	1,061	6,844	13,598
15-20	1.6	81	5.3	42.9	21.7	10.3	12.9	7.7	4.6	1,531	4,732	12,770
21-44	2.1	130	12.5	36.1	21.5	9.3	14.0	9.4	9.7	1,042	13,368	48,740
45-64	5.1	375	14.1	32.1	11.3	6.3	13.8	11.9	24.7	2,656	2,028	8,664
65-74	7.0	384	5.7	32.7	7.3	5.5	12.7	16.4	25.5	6,764	55	280
75-84	7.8	310	7.0	36.5	4.8	12.7	7.9	17.5	20.6	4,418	63	301
85 and older	4.9	207	5.5	56.3	7.0	2.8	14.1	9.9	9.9	3,758	71	294
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	6.5	288	6.1	43.8	6.8	7.4	11.4	14.8	15.9	4,745	176	832
Disabled	6.2	585	10.0	22.9	11.8	6.3	19.0	17.1	23.0	5,856	2,174	10,229
Adults	1.8	90	15.4	36.8	21.7	9.4	13.6	8.8	9.7	583	15,400	53,813
Children	1.3	57	6.2	47.1	21.7	10.2	12.4	5.7	2.9	927	16,326	33,368
Unknown	2.0	252	18.5	43.3	26.7	10.0	10.0	3.3	6.7	1,362	30	132
Gender												
Female	2.1	114	11.3	37.8	22.2	9.9	13.7	8.2	8.2	1,009	22,531	71,638
Male	2.3	181	8.9	46.9	18.7	8.9	12.7	7.1	5.7	2,023	11,575	26,736
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.7	158	10.7	36.5	20.2	9.6	14.5	9.3	9.8	1,475	15,239	44,518
African American	1.8	122	10.2	43.3	21.3	9.6	12.8	7.1	6.0	1,195	14,432	42,244
Other/unknown	1.3	70	7.9	47.9	22.8	9.4	11.4	5.3	3.1	880	4,435	11,612
Use of Nursing Facilities^d												
Entire year	7.6	361	3.9	29.8	3.8	3.8	9.2	20.6	32.8	9,272	131	982
Part year	11.8	607	5.8	4.3	6.5	3.3	13.0	19.6	53.3	10,538	92	609
None	2.0	127	11.1	41.0	21.1	9.6	13.4	7.8	7.1	1,145	33,883	96,783
Maintenance Assistance Status												
Cash	2.9	180	9.3	39.9	19.4	10.2	14.6	8.4	7.5	1,941	18,130	40,564
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.3	54	5.7	44.3	24.6	10.8	12.2	5.7	2.5	947	1,922	4,025
Other/unknown	1.7	102	12.5	41.6	22.6	8.6	11.9	7.5	7.7	814	14,054	53,785

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 Delaware, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL 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	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No.	As % of All Benes	No. of Bene Mos			
														Generic	Brand-Name	Generic
Anti-infective Agents	1.0	0.6	0.1	0.4	\$104	\$93	\$5	\$6	\$158	\$78	\$17	31,869	\$3,199,158	11,884	34.8 %	30,745
Biologicals	0.7	0.7	0.0	0.0	510	510	0	0	746	0	18	274	197,970	113	0.3	388
Antineoplastic Agents	0.9	0.5	0.1	0.3	226	193	10	24	361	175	89	471	124,370	126	0.4	550
Endocrine/Metabolic Drugs	1.1	0.6	0.2	0.4	44	29	6	9	51	33	24	21,940	858,803	5,887	17.3	19,518
Cardiovascular Agents	2.2	1.0	0.1	1.1	86	61	4	20	64	38	18	15,971	629,857	2,094	6.1	7,329
Respiratory Agents	1.4	0.7	0.1	0.6	65	48	6	11	66	65	19	31,901	1,494,427	8,921	26.2	22,849
Gastrointestinal Agents	1.3	0.8	0.0	0.5	100	86	4	10	113	160	21	10,491	832,056	2,549	7.5	8,314
Genitourinary Agents	0.7	0.6	0.0	0.1	27	25	0	2	44	67	19	3,419	138,982	1,849	5.4	5,188
CNS Drugs	2.1	1.1	0.1	0.9	148	121	5	23	105	76	26	28,953	2,077,791	4,375	12.8	14,018
Stimulants/Anti-obesity/Anorexia	2.0	1.2	0.2	0.7	120	81	11	27	68	63	42	4,019	237,888	813	2.4	1,982
Miscellaneous Psychological/Neurological Agents	0.6	0.4	0.0	0.2	75	54	0	20	152	0	84	519	64,633	248	0.7	866
Analgesics and Anesthetics	1.4	0.4	0.0	1.0	60	41	3	17	108	61	17	27,818	1,187,642	7,156	21.0	19,802
Neuromuscular Agents	1.6	0.8	0.1	0.7	101	77	8	16	103	54	23	13,038	820,098	2,411	7.1	8,115
Nutritional Products	0.8	0.1	0.1	0.6	17	3	3	10	33	24	18	4,088	84,505	1,978	5.8	5,079
Hematological Agents	1.3	0.4	0.3	0.6	287	272	7	9	689	24	15	2,473	558,292	537	1.6	1,944
Topical Products	0.8	0.3	0.1	0.4	27	17	2	7	54	45	16	13,413	443,684	6,301	18.5	16,691
Miscellaneous Products	0.7	0.4	0.0	0.3	32	28	0	4	73	0	15	666	32,785	405	1.2	1,009
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	21	0	0	0	0	0	0	414	14,771	190	0.6	707
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.	211,737	12,997,712	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIVIRAL	\$1,260,280	499 1.5 %	3,923	0.8	\$403	\$321	
ANTIPSYCHOTICS	361,314	354 1.0	2,336	1.1	145	155	
ANTICONVULSANT	278,022	394 1.2	2,620	1.4	78	106	
ANTIDEPRESSANTS	221,969	654 1.9	3,429	1.0	66	65	
ULCER DRUGS	207,336	486 1.4	2,725	0.8	90	76	
ANALGESICS - Narcotic	148,958	912 2.7	4,112	0.7	53	36	
CONTRACEPTIVES	144,048	955 2.8	6,404	0.6	37	22	
ANTIASTHMATIC	137,768	898 2.6	3,805	0.7	50	36	
ANTIHISTAMINES	91,279	702 2.1	3,500	0.5	49	26	
DERMATOLOGICAL	78,893	1,263 3.7	6,483	0.4	34	12	
Total	2,929,867	7,117	39,337	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 ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	Mean No. of Rx	Mean Rx \$	
All	28,448	\$2,929,867	499	1.5 %	3,923	0.8	\$321	354	1.0 %	2,336	1.1	\$155			
Female	17,207	1,480,487	219	1.0	1,755	0.7	291	175	0.8	1,098	1.1	139			
Disabled	8,675	1,074,401	193	19.8	1,654	0.7	299	108	11.1	782	1.1	156			
5 and younger	84	8,002	3	4.5	27	1.1	194	0	0.0	0	0.0	0			
6-14	457	41,497	7	6.1	63	1.3	334	2	1.7	8	1.3	89			
15-20	483	35,966	0	0.0	0	0.0	0	11	12.9	79	1.5	179			
21-44	3,257	475,433	115	30.2	982	0.7	295	46	12.1	320	1.0	150			
45-64	4,394	513,503	68	20.9	582	0.7	307	49	15.0	375	1.1	156			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	8,532	406,086	26	0.1	101	0.9	166	67	0.3	316	1.0	99			
5 and younger	385	16,024	6	0.2	25	1.4	229	0	0.0	0	0.0	0			
6-14	442	20,733	1	0.0	2	0.5	30	2	0.1	11	2.2	164			
15-20	1,187	57,364	3	0.1	9	0.6	59	15	0.5	75	0.9	97			
21-44	5,191	231,001	13	0.1	45	1.0	227	26	0.2	74	0.8	103			
45-64	375	22,910	1	0.1	2	0.5	19	8	0.7	28	0.6	41			
65-74	281	19,706	1	3.3	9	0.1	14	3	10.0	27	2.3	137			
75-84	413	21,304	0	0.0	0	0.0	0	7	15.9	55	0.8	76			
85 and older	258	17,044	1	1.9	9	0.1	3	6	11.3	46	0.9	121			
Male	11,241	1,449,380	280	2.4	2,168	0.8	346	179	1.5	1,238	1.1	168			
Disabled	8,382	1,269,676	276	23.1	2,162	0.8	346	122	10.2	921	1.0	168			
5 and younger	103	8,195	2	1.8	18	1.2	186	1	0.9	6	0.3	41			
6-14	330	27,015	6	2.5	54	0.1	61	9	3.8	51	0.9	83			
15-20	583	53,745	0	0.0	0	0.0	0	20	11.1	129	1.1	199			
21-44	4,479	718,097	161	40.0	1,263	0.8	333	53	13.2	441	1.1	202			
45-64	2,834	455,906	107	40.7	827	1.0	388	38	14.4	285	0.8	112			
65-74	53	6,718	0	0.0	0	0.0	0	1	50.0	9	1.2	390			
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	2,859	179,704	4	0.0	6	1.5	272	57	0.5	317	1.2	169			
5 and younger	512	20,996	1	0.0	1	1.0	46	0	0.0	0	0.0	0			
6-14	673	45,213	2	0.1	3	0.7	31	16	0.5	74	1.7	251			
15-20	960	76,744	0	0.0	0	0.0	0	33	2.2	221	0.9	141			
21-44	418	21,435	1	0.1	2	2.5	690	4	0.2	9	1.4	155			
45-64	99	5,811	0	0.0	0	0.0	0	1	0.4	2	1.5	32			
65-74	65	3,116	0	0.0	0	0.0	0	1	5.3	1	1.0	164			
75-84	57	3,195	0	0.0	0	0.0	0	2	10.5	10	1.2	51			
85 and older	75	3,194	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
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 ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ULCER DRUGS				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx No. of	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx No. of	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx No. of	Mean Rx \$
All	394	1.2 %	2,620	1.4	\$106	654	1.9 %	3,429	1.0	\$65	486	1.4 %	2,725	0.8	\$76
Female	200	0.9	1,273	1.2	91	436	1.9	2,109	1.0	66	306	1.4	1,643	0.9	78
Disabled	132	13.5	1,025	1.2	94	172	17.6	1,208	1.0	68	129	13.2	926	1.0	93
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	9.1	37	0.5	29
6-14	6	5.2	51	1.2	59	5	4.3	16	0.9	41	6	5.2	54	1.6	122
15-20	8	9.4	63	1.5	98	8	9.4	59	1.2	110	1	1.2	1	15.0	1,197
21-44	50	13.1	383	1.2	77	75	19.7	502	0.8	60	42	11.0	318	0.8	77
45-64	68	20.9	528	1.2	109	84	25.8	631	1.1	71	74	22.7	516	1.0	102
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	68	0.3	248	1.1	78	264	1.2	901	1.0	63	177	0.8	717	0.7	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	0.4	43	0.6	24
6-14	1	0.0	2	3.0	130	5	0.2	11	2.8	172	4	0.1	7	0.9	69
15-20	21	0.7	102	0.8	59	47	1.6	210	0.8	51	16	0.5	88	0.5	42
21-44	38	0.4	99	1.1	68	164	1.5	439	1.0	70	94	0.9	291	0.6	55
45-64	2	0.2	5	3.2	270	26	2.2	87	1.0	74	13	1.1	42	1.2	128
65-74	4	13.3	33	1.2	122	6	20.0	46	1.1	65	7	23.3	53	0.9	101
75-84	1	2.3	6	3.5	149	8	18.2	60	1.0	27	20	45.5	137	0.8	56
85 and older	1	1.9	1	2.0	60	8	15.1	48	0.9	51	9	17.0	56	0.8	52
Male	194	1.7	1,347	1.5	121	218	1.9	1,320	1.0	63	180	1.6	1,082	0.8	73
Disabled	151	12.6	1,145	1.5	122	125	10.4	922	0.9	61	113	9.4	853	0.9	80
5 and younger	1	0.9	2	7.0	992	0	0.0	0	0.0	0	4	3.6	18	1.4	83
6-14	7	2.9	44	1.4	146	9	3.8	70	0.6	58	4	1.7	36	0.7	80
15-20	15	8.3	95	1.4	89	14	7.8	89	1.0	78	7	3.9	46	1.0	49
21-44	86	21.4	671	1.5	138	60	14.9	459	0.9	63	52	12.9	439	0.8	85
45-64	41	15.6	330	1.5	92	40	15.2	286	0.9	53	45	17.1	311	0.9	79
65-74	1	50.0	3	0.7	16	2	100.0	18	0.8	85	1	50.0	3	0.3	4
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	43	0.4	202	1.5	113	93	0.9	398	1.1	67	67	0.6	229	0.6	45
5 and younger	3	0.1	6	1.5	57	0	0.0	0	0.0	0	18	0.5	44	0.7	31
6-14	8	0.2	24	2.0	103	16	0.5	68	1.5	86	6	0.2	24	0.3	21
15-20	16	1.1	125	1.5	138	42	2.8	226	0.9	55	11	0.7	61	0.5	10
21-44	9	0.5	18	1.1	107	20	1.2	40	1.3	92	19	1.1	48	0.8	71
45-64	3	1.1	6	0.8	28	8	2.9	18	1.3	71	8	2.9	16	1.1	150
65-74	2	10.5	13	1.4	39	2	10.5	10	1.0	13	4	21.1	27	0.4	46
75-84	2	10.5	10	0.7	13	4	21.1	27	1.4	95	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	5.6	9	3.0	88	1	5.6	9	0.7	79
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					CONTRACEPTIVES					ANTI-ASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	912	2.7 %	4,112	0.7	\$36	955	2.8 %	6,404	0.6	\$23	898	2.6 %	3,805	0.7	\$36
Female	598	2.7	2,606	0.7	45	955	4.2	6,404	0.6	23	504	2.2	2,158	0.7	36
Disabled	175	17.9	1,291	0.8	72	25	2.6	167	1.0	37	165	16.9	1,159	0.8	39
5 and younger	1	1.5	4	0.8	5	0	0.0	0	0.0	0	5	7.6	32	0.4	32
6-14	0	0.0	0	0.0	0	3	2.6	27	0.3	13	18	15.7	97	1.3	71
15-20	3	3.5	22	0.4	10	8	9.4	38	1.0	37	14	16.5	103	0.6	32
21-44	82	21.5	551	0.6	32	12	3.1	93	1.3	48	48	12.6	350	0.7	36
45-64	89	27.3	674	0.9	107	2	0.6	9	0.2	7	80	24.5	577	0.8	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	423	2.0	1,355	0.7	20	930	4.3	6,237	0.6	22	339	1.6	999	0.7	32
5 and younger	3	0.1	8	0.4	2	0	0.0	0	0.0	0	70	2.2	168	0.7	30
6-14	14	0.4	31	0.5	8	2	0.1	3	1.3	60	77	2.4	174	0.9	40
15-20	56	1.9	176	0.4	4	171	5.8	893	0.5	21	48	1.6	170	0.5	22
21-44	293	2.7	872	0.8	19	746	6.9	5,270	0.6	22	111	1.0	307	0.7	35
45-64	32	2.8	83	0.9	32	11	0.9	71	0.6	18	12	1.0	22	1.9	94
65-74	9	30.0	67	0.7	32	0	0.0	0	0.0	0	1	3.3	8	0.6	40
75-84	8	18.2	71	0.5	21	0	0.0	0	0.0	0	12	27.3	96	0.9	35
85 and older	8	15.1	47	1.0	68	0	0.0	0	0.0	0	8	15.1	54	0.2	4
Male	314	2.7	1,506	0.6	21	0	0.0	0	0.0	0	394	3.4	1,647	0.7	36
Disabled	157	13.1	1,130	0.6	22	0	0.0	0	0.0	0	111	9.3	761	0.8	38
5 and younger	2	1.8	3	1.0	8	0	0.0	0	0.0	0	7	6.4	14	1.9	56
6-14	3	1.3	19	0.2	7	0	0.0	0	0.0	0	21	8.8	121	0.7	29
15-20	6	3.3	32	0.2	6	0	0.0	0	0.0	0	12	6.7	89	0.9	54
21-44	83	20.6	604	0.6	21	0	0.0	0	0.0	0	36	9.0	290	0.8	40
45-64	61	23.2	466	0.6	25	0	0.0	0	0.0	0	33	12.5	229	0.6	33
65-74	2	100.0	6	0.7	5	0	0.0	0	0.0	0	2	100.0	18	0.7	49
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	157	1.5	376	0.8	19	0	0.0	0	0.0	0	283	2.7	886	0.6	35
5 and younger	11	0.3	26	0.5	6	0	0.0	0	0.0	0	125	3.5	267	0.7	44
6-14	9	0.3	17	0.6	5	0	0.0	0	0.0	0	80	2.4	244	0.8	35
15-20	25	1.7	80	0.4	4	0	0.0	0	0.0	0	59	3.9	324	0.4	25
21-44	95	5.5	203	1.0	25	0	0.0	0	0.0	0	14	0.8	26	1.7	78
45-64	14	5.0	27	1.4	55	0	0.0	0	0.0	0	2	0.7	3	1.0	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10.5	13	0.2	2
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	3	16.7	23	0.5	5	0	0.0	0	0.0	0	1	5.6	9	0.2	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANTHISTAMINES				DERMATOLOGICAL							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Bene Mos	
All	702	2.1%	3,500	0.5	\$26	1,263	3.7%	6,483	0.4	\$12	34,106	98,374
Female	426	1.9	2,063	0.5	25	704	3.1	3,536	0.4	12	22,531	71,638
Disabled	136	13.9	1,084	0.5	26	259	26.5	2,115	0.3	11	977	4,579
5 and younger	3	4.5	19	0.4	9	7	10.6	40	0.2	6	66	190
6-14	5	4.3	28	0.9	47	11	9.6	90	0.4	11	115	396
15-20	6	7.1	33	1.4	60	12	14.1	82	0.4	13	85	349
21-44	60	15.7	486	0.4	21	115	30.2	943	0.3	9	381	1,892
45-64	62	19.0	518	0.5	28	114	35.0	960	0.3	13	326	1,730
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	22
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	290	1.3	979	0.5	25	445	2.1	1,421	0.4	13	21,554	67,059
5 and younger	31	1.0	70	0.6	17	142	4.4	348	0.5	9	3,246	6,300
6-14	57	1.8	143	0.6	38	84	2.6	220	0.5	16	3,212	6,072
15-20	41	1.4	165	0.5	18	70	2.4	218	0.4	14	2,964	7,778
21-44	134	1.2	431	0.5	24	100	0.9	319	0.4	15	10,846	41,407
45-64	10	0.9	29	0.9	58	12	1.0	25	0.8	34	1,159	4,891
65-74	4	13.3	35	0.6	24	10	33.3	82	0.2	3	30	168
75-84	8	18.2	68	0.3	16	16	36.4	131	0.3	8	44	246
85 and older	5	9.4	38	0.5	15	11	20.8	78	0.7	26	53	197
Male	276	2.4	1,437	0.5	27	559	4.8	2,947	0.4	12	11,575	26,736
Disabled	117	9.8	916	0.5	27	260	21.7	2,077	0.3	11	1,197	5,650
5 and younger	2	1.8	5	1.4	41	3	2.7	13	0.3	8	110	340
6-14	6	2.5	19	1.3	65	11	4.6	72	0.4	17	240	731
15-20	12	6.7	92	0.3	15	24	13.3	153	0.3	26	180	683
21-44	68	16.9	562	0.5	28	130	32.3	1,085	0.3	9	402	2,369
45-64	29	11.0	238	0.5	27	92	35.0	754	0.3	10	263	1,515
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	12
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	159	1.5	521	0.6	27	299	2.9	870	0.5	15	10,378	21,086
5 and younger	44	1.2	104	0.7	23	146	4.1	356	0.5	13	3,523	6,897
6-14	65	2.0	223	0.5	29	74	2.3	196	0.4	13	3,277	6,399
15-20	32	2.1	135	0.5	26	44	2.9	205	0.4	16	1,503	3,960
21-44	11	0.6	18	0.9	40	21	1.2	46	0.7	40	1,739	3,072
45-64	3	1.1	9	0.4	15	6	2.1	9	0.7	18	280	528
65-74	2	10.5	19	0.5	35	7	36.8	49	0.3	8	19	78
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	19	55
85 and older	2	11.1	13	0.5	23	1	5.6	9	0.3	5	18	97
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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	\$361	7.6	131	982
Age				
0-64	395	7.8	87	675
65-74	161	4.4	12	88
75-84	329	8.0	15	119
85 and older	350	8.4	17	100
Unknown	0	0.0	0	0
Gender				
Female	432	8.5	77	569
Male	264	6.3	54	413
Unknown	0	0.0	0	0
Race				
White	354	7.7	65	465
African American	383	7.8	60	479
Other/unknown	180	3.9	6	38
Basis of Eligibility^c				
Aged	308	7.6	41	286
Disabled	383	7.6	90	696
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL 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 Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos			
		Generic	Generic		Generic	Generic		Generic	Generic		Generic	Generic		%				
Anti-infective Agents	0.8	0.4	0.1	0.3	\$36	\$28	\$4	\$4	\$4	\$47	\$70	\$58	\$15	413	\$19,535	69	52.7	543
Biologicals	0.2	0.1	0.0	0.1	4	3	0	1	22	24	0	17	9	198	198	7	5.3	49
Antineoplastic Agents	0.4	0.0	0.1	0.2	93	55	13	26	255	2,244	106	117	15	3,831	3,831	5	3.8	41
Endocrine/Metabolic Drugs	2.1	1.1	0.2	0.7	112	93	5	13	53	82	22	18	521	27,567	27,567	32	24.4	247
Cardiovascular Agents	3.1	0.9	0.3	1.9	87	44	10	33	28	51	37	17	1,494	42,390	42,390	64	48.9	489
Respiratory Agents	1.4	0.6	0.1	0.7	52	35	2	15	36	54	33	20	514	18,655	18,655	47	35.9	359
Gastrointestinal Agents	1.5	0.9	0.0	0.5	93	82	1	11	63	89	57	19	676	42,877	42,877	62	47.3	460
Genitourinary Agents	0.9	0.8	0.0	0.1	52	49	0	3	56	63	12	20	121	6,773	6,773	15	11.5	131
CNS Drugs	2.2	1.3	0.1	0.8	131	111	5	15	58	86	46	18	1,067	62,269	62,269	64	48.9	477
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	97	96	0	1	95	96	0	52	61	5,817	5,817	7	5.3	60
Analgesics and Anesthetics	1.7	0.7	0.1	0.9	92	74	4	14	54	110	27	16	619	33,316	33,316	48	36.6	362
Neuromuscular Agents	2.2	1.1	0.4	0.7	138	109	14	15	61	97	32	22	853	52,347	52,347	51	38.9	380
Nutritional Products	0.9	0.1	0.1	0.8	14	1	1	13	15	10	15	16	166	2,572	2,572	24	18.3	178
Hematological Agents	1.7	0.5	0.7	0.6	85	70	12	4	49	154	16	7	540	26,388	26,388	41	31.3	309
Topical Products	0.7	0.2	0.1	0.5	20	11	2	7	27	56	47	14	328	8,961	8,961	55	42.0	442
Miscellaneous Products	0.2	0.0	0.0	0.2	2	1	0	1	10	42	0	5	15	154	154	9	6.9	71
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	16	0	0	0	31	0	0	0	39	1,221	1,221	10	7.6	75
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.	n.a.	7,451	354,871	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.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}
 NONDUAL 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
ANTICONVULSANT	\$35,012	38	29.0 %	298	1.8	\$65	\$117
ULCER DRUGS	28,648	40	30.5	301	1.1	86	95
ANTIPSYCHOTICS	24,499	28	21.4	206	1.1	110	119
ANTIDEPRESSANTS	17,918	29	22.1	209	1.7	51	86
ANALGESICS - Narcotic	20,364	31	23.7	232	1.6	55	88
ANTICOAGULANTS	10,346	20	15.3	147	1.5	47	70
MISC. ENDOCRINE	13,929	8	6.1	69	1.6	130	202
ANTIHYPERTENSIVE	9,169	28	21.4	220	1.4	30	42
ANTIASTHMATIC	8,873	32	24.4	236	0.9	41	38
ANALGESICS - ANTI-INFLAMMATORY	7,235	14	10.7	103	1.0	72	70
Total	175,993	268		2,021	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.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} NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTICONVULSANT					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Residents	NF	No. of Bene Mos among Users	Mean No. of Rx	Users as %	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
			2,762	\$175,993	38										
Female	1,747	123,557	18	23.4	145	1.8	26	33.8	197	1.2	114				
Disabled	1,211	93,830	16	33.3	135	1.7	16	33.3	119	1.3	132				
64 or younger	1,211	93,830	16	34.8	135	1.7	16	34.8	119	1.3	132				
65-74	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
75-84	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
85 and older	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
Other Eligibles	536	29,727	2	6.9	10	3.2	10	34.5	78	1.1	86				
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
65-74	105	6,324	1	20.0	9	1.3	3	60.0	26	0.9	79				
75-84	277	14,290	0	0.0	0	0.0	4	33.3	34	1.1	79				
85 and older	154	9,113	1	8.3	1	2.0	3	25.0	18	1.4	109				
Male	1,015	52,436	20	37.0	153	1.8	14	25.9	104	0.9	60				
Disabled	844	47,007	17	40.5	139	1.9	12	28.6	91	1.0	56				
64 or younger	836	46,893	16	39.0	136	1.9	11	26.8	88	1.0	57				
65-74	8	114	1	100.0	3	0.7	1	100.0	3	0.3	4				
75-84	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				
Other Eligibles	171	5,429	3	25.0	14	1.1	2	16.7	13	0.8	90				
64 or younger	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0				
65-74	24	1,037	1	25.0	4	2.0	1	25.0	4	1.0	116				
75-84	38	1,080	2	66.7	10	0.7	0	0.0	0	0.0	0				
85 and older	109	3,312	0	0.0	0	0.0	1	20.0	9	0.7	79				
Unknown	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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANTI-PSYCHOTICS						ANTIDEPRESSANTS						ANALGESICS - Narcotic					
	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	28	21.4 %	1.1	206	1.1	\$119	29	22.1 %	1.7	209	1.7	\$86	31	23.7 %	1.6	232	1.6	\$88
Female	18	23.4	1.1	137	1.1	116	19	24.7	1.6	128	1.6	92	20	26.0	1.7	145	1.7	116
Disabled	10	20.8	1.1	78	1.1	141	10	20.8	2.3	66	2.3	142	8	16.7	2.6	63	2.6	203
64 or younger	10	21.7	1.1	78	1.1	141	10	21.7	2.3	66	2.3	142	8	17.4	2.6	63	2.6	203
65-74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	8	27.6	1.1	59	1.1	84	9	31.0	0.9	62	0.9	38	12	41.4	1.0	82	1.0	50
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	1	20.0	1.2	9	1.2	47	2	40.0	0.8	17	0.8	39	2	40.0	1.2	17	1.2	37
75-84	4	33.3	1.2	31	1.2	99	3	25.0	0.6	26	0.6	9	4	33.3	0.8	36	0.8	39
85 and older	3	25.0	0.8	19	0.8	77	4	33.3	1.4	19	1.4	77	6	50.0	1.1	29	1.1	72
Male	10	18.5	1.1	69	1.1	124	10	18.5	1.7	81	1.7	76	11	20.4	1.4	87	1.4	40
Disabled	7	16.7	0.8	58	0.8	127	7	16.7	1.6	63	1.6	79	9	21.4	1.6	69	1.6	49
64 or younger	7	17.1	0.8	58	0.8	127	7	17.1	1.6	63	1.6	79	7	17.1	1.7	63	1.7	53
65-74	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	200.0	0	6	0.7	5
75-84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
Other Eligibles	3	25.0	2.2	11	2.2	109	3	25.0	2.3	18	2.3	66	2	16.7	0.6	18	0.6	5
64 or younger	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	1	25.0	1.0	1	1.0	164	1	25.0	1.0	1	1.0	6	0	0.0	0	0	0.0	0
75-84	2	66.7	1.2	10	1.2	51	1	33.3	1.8	8	1.8	49	0	0.0	0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	1	20.0	3.0	9	3.0	88	2	40.0	0.6	18	0.6	5
Unknown	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANTICOAGULANTS						MISC. ENDOCRINE						ANTIHYPERTENSIVE										
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %							
	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean No. of Rx	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	Mean No. of Rx		
All	20	15.3 %	1.5	\$70	8	6.1 %	1.6	\$202	28	21.4 %	2.8	\$42	220	1.4	\$42	220	1.4	28	21.4 %	2.8	\$42	220	1.4
Female	13	16.9	1.5	28	7	9.1	1.7	224	20	26.0	1.7	224	148	1.3	45	148	1.3	20	26.0	1.7	224	148	1.3
Disabled	8	16.7	1.9	32	4	8.3	2.4	376	10	20.8	2.4	376	73	1.6	50	73	1.6	8	16.7	1.9	32	73	1.6
64 or younger	8	17.4	1.9	32	4	8.7	2.4	376	10	21.7	2.4	376	73	1.6	50	73	1.6	8	17.4	1.9	32	73	1.6
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
Other Eligibles	5	17.2	0.8	20	3	10.3	0.7	38	10	34.5	0.7	38	75	1.0	40	75	1.0	5	17.2	0.8	20	75	1.0
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
75-84	2	16.7	1.2	22	2	16.7	0.6	32	4	33.3	0.6	32	35	1.2	56	35	1.2	2	16.7	1.2	22	35	1.2
85 and older	3	25.0	0.3	17	1	8.3	1.0	48	3	25.0	1.0	48	15	1.5	48	15	1.5	3	25.0	0.3	17	15	1.5
Male	7	13.0	1.5	136	1	1.9	0.9	56	8	14.8	0.9	56	72	1.5	35	72	1.5	7	13.0	1.5	136	72	1.5
Disabled	5	11.9	1.2	163	0	0.0	0.0	0	7	16.7	0.0	0	63	1.3	35	63	1.3	5	11.9	1.2	163	63	1.3
64 or younger	5	12.2	1.2	163	0	0.0	0.0	0	7	17.1	0.0	0	63	1.3	35	63	1.3	5	12.2	1.2	163	63	1.3
65-74	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
Other Eligibles	2	16.7	2.8	42	1	8.3	0.9	56	1	8.3	0.9	56	9	2.6	34	9	2.6	2	16.7	2.8	42	9	2.6
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
65-74	1	25.0	2.3	31	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	1	25.0	2.3	31	0	0.0
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	0.0
85 and older	1	20.0	3.1	48	1	20.0	0.9	56	1	20.0	0.9	56	9	2.0	28	9	2.0	1	20.0	3.1	48	9	2.0
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0	0	0.0	0	0.0	0.0	0	0	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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.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}
 NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY					Bene Mos among All-Year NF Residents	
	Users as % of All-Year NF Residents		No. of Bene Mos among Users		Mean Rx	Users as % of All-Year NF Residents		No. of Bene Mos among Users		Mean Rx		
	No. of Users	%	No. of Users	%	No. of Rx	No. of Users	%	No. of Users	%	No. of Rx		
All	32	24.4 %	236	0.9	\$38	14	10.7 %	103	1.0	\$70	131	982
Female	20	26.0	145	1.1	48	9	11.7	64	0.8	72	77	569
Disabled	11	22.9	80	1.2	58	4	8.3	36	0.7	44	48	367
64 or younger	11	23.9	80	1.2	58	4	8.7	36	0.7	44	46	349
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	9	31.0	65	1.0	36	5	17.2	28	1.0	107	29	202
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	20.0	8	0.1	1	1	20.0	9	1.1	164	5	44
75-84	3	25.0	27	2.1	81	1	8.3	9	1.1	113	12	97
85 and older	5	41.7	30	0.2	5	3	25.0	10	0.9	50	12	61
Male	12	22.2	91	0.6	21	5	9.3	39	1.2	68	54	413
Disabled	11	26.2	87	0.7	21	5	11.9	39	1.2	68	42	329
64 or younger	11	26.8	87	0.7	21	4	9.8	36	1.3	73	41	326
65-74	0	0.0	0	0.0	0	1	100.0	3	0.3	7	1	3
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	8.3	4	0.3	3	0	0.0	0	0.0	0	12	84
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	25.0	4	0.3	3	0	0.0	0	0.0	0	4	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	22
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	39
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 92 beneficiaries who were in nursing facilities for part of their enrollment and their 609 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DELAWARE, 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	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nonduals Rx \$		Total No. of Benes
								23.2 %	3.3 %	
All	7,922	23.2 %	0.7	24,683	\$13	\$429,988	\$17		3.3 %	34,106
Age										
5 and younger	2,067	29.8	0.6	3,893	8	54,317	14		6.6	6,945
6-14	918	13.4	0.3	1,769	4	29,146	16		2.3	6,844
15-20	776	16.4	0.4	1,753	8	39,518	23		3.8	4,732
21-44	3,301	24.7	0.9	11,718	16	211,551	18		3.3	13,368
45-64	798	39.3	2.5	5,048	44	88,371	18		2.7	2,028
65-74	24	43.6	4.1	223	66	3,640	16		3.4	55
75-84	23	36.5	3.3	205	41	2,593	13		2.8	63
85 and older	15	21.1	1.0	74	12	852	12		1.4	71
Unknown	0	0.0	0.0	0	0	0	0		0.0	0
Basis of Eligibility^c										
Aged	57	32.4	2.5	439	28	4,881	11		2.0	176
Disabled	978	45.0	3.8	8,183	60	130,362	16		2.2	2,174
Adults	3,589	23.3	0.7	10,297	13	205,862	20		4.3	15,400
Children	3,292	20.2	0.4	5,747	5	88,561	15		4.6	16,326
Unknown	6	20.0	0.6	17	11	322	19		1.0	30
Gender										
Female	5,465	24.3	0.8	16,942	14	304,989	18		3.7	22,531
Male	2,457	21.2	0.7	7,741	11	124,999	16		2.6	11,575
Unknown	0	0.0	0.0	0	0	0	0		0.0	0
Race										
White	3,789	24.9	0.9	13,891	17	260,848	19		3.7	15,239
African American	3,011	20.9	0.6	8,250	9	134,702	16		2.6	14,432
Other/unknown	1,122	25.3	0.6	2,542	8	34,438	14		4.3	4,435
Use of Nursing Facilities^d										
Entire year	54	41.2	3.8	496	62	8,166	16		2.3	131
Part year	67	72.8	8.4	773	136	12,540	16		3.4	92
None	7,801	23.0	0.7	23,414	12	409,282	17		3.3	33,883
Maintenance Assistance Status										
Cash	4,434	24.5	0.8	14,982	14	246,431	16		3.4	18,130
Medically needy	0	0.0	0.0	0	0	0	0		0.0	0
Poverty related	431	22.4	0.4	765	6	11,652	15		5.3	1,922
Other/unknown	3,057	21.8	0.6	8,936	12	171,905	19		3.1	14,054

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.3	\$4	\$17	\$0	\$1	98,374
Age						
5 and younger	0.3	4	14	0	0	13,727
6-14	0.1	2	16	0	0	13,598
15-20	0.1	3	23	0	0	12,770
21-44	0.2	4	18	0	1	48,740
45-64	0.6	10	18	0	3	8,664
65-74	0.8	13	16	0	2	280
75-84	0.7	9	13	0	2	301
85 and older	0.3	3	12	0	1	294
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	6	11	0	2	832
Disabled	0.8	13	16	0	5	10,229
Adults	0.2	4	20	0	1	53,813
Children	0.2	3	15	0	0	33,368
Unknown	0.1	2	19	0	1	132
Gender						
Female	0.2	4	18	0	1	71,638
Male	0.3	5	16	0	1	26,736
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	6	19	0	2	44,518
African American	0.2	3	16	0	0	42,244
Other/unknown	0.2	3	14	0	0	11,612
Use of Nursing Facilities^d						
Entire year	0.5	8	16	0	3	982
Part year	1.3	21	16	1	6	609
None	0.2	4	17	0	1	96,783
Maintenance Assistance Status						
Cash	0.4	6	16	0	1	40,564
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	15	0	0	4,025
Other/unknown	0.2	3	19	0	1	53,785

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{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	10,013	\$43	\$429,988	100.0 %	24,683	\$17	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	20	13	260	0.1	26	10	0.1
Cough and cold medications	4,588	48	219,234	51.0	7,959	28	32.2
Vitamins and minerals	636	51	32,294	7.5	1,894	17	7.7
Non-prescription drugs	2,919	19	55,855	13.0	7,319	8	29.7
Barbiturates	69	70	4,829	1.1	698	7	2.8
Benzodiazepines	1,387	67	93,264	21.7	5,860	16	23.7
Other Part D Excl Rx Drugs	394	62	24,252	5.6	927	26	3.8

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, DELAWARE, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	126,650	454	10,812	49,901	65,445	38	1,170,734	4,226	118,594	436,976	610,736	202
Age												
5 and younger	28,572	0	881	0	27,691	0	259,961	0	9,353	0	250,608	0
6-14	30,474	0	2,697	0	27,777	0	300,060	0	30,527	0	269,533	0
15-20	15,463	0	1,566	3,920	9,976	1	142,031	0	17,060	34,385	90,585	1
21-44	40,377	0	2,857	37,506	1	13	362,080	0	30,919	331,100	10	51
45-64	11,109	0	2,770	8,315	0	24	100,516	0	30,293	70,073	0	150
65-74	345	194	41	110	0	0	3,450	2,027	442	981	0	0
75-84	204	160	0	44	0	0	1,895	1,517	0	378	0	0
85 and older	106	100	0	6	0	0	741	682	0	59	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	73,894	321	5,231	35,500	32,804	38	701,605	3,040	57,948	332,840	307,575	202
Male	52,756	133	5,581	14,401	32,641	0	469,129	1,186	60,646	104,136	303,161	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	53,780	189	5,224	23,467	24,873	27	488,175	1,555	57,260	204,125	225,088	147
African American	57,777	138	4,653	21,748	31,229	9	547,873	1,331	51,311	192,487	302,704	40
Other/unknown	15,093	127	935	4,686	9,343	2	134,686	1,340	10,023	40,364	82,944	15
Use of Nursing Facilities^c												
Entire year	137	44	93	0	0	0	1,324	378	946	0	0	0
Part year	104	23	79	2	0	0	1,048	225	804	19	0	0
None	126,409	387	10,640	49,899	65,445	38	1,168,362	3,623	116,844	436,957	610,736	202
Maintenance Assistance Status												
Cash	64,394	332	9,004	16,744	38,314	0	619,230	3,592	98,915	156,503	360,220	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	6,337	1	4	433	5,862	37	49,784	12	39	2,855	46,679	199
Other/unknown	55,919	121	1,804	32,724	21,269	1	501,720	622	19,640	277,618	203,837	3
Managed Care Status												
FFS all year	3,055	85	114	2,268	578	10	19,196	173	441	16,855	1,703	24
FFS part year, with Rx claims	19,882	82	1,641	9,397	8,747	15	191,485	914	17,284	91,687	81,467	133
FFS part year, no Rx claims	11,169	9	419	3,735	7,001	5	87,933	86	3,646	30,468	53,701	32
MC all year, with Rx claims	63,970	245	7,304	24,530	31,887	4	666,217	2,775	84,151	239,936	339,347	8
MC all year, no Rx claims	28,574	33	1,334	9,971	17,232	4	205,903	278	13,072	58,030	134,518	5

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.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, DELAWARE, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	126,650	1,170,734	34,106	98,374	0	1,072,360
FFS all year	3,055	19,196	3,055	19,196	0	0
FFS part year, with Rx claims	19,882	191,485	19,882	51,622	0	139,863
FFS part year, with no Rx claims	11,169	87,933	11,169	27,556	0	60,377
MC all year, with Rx claims	63,970	666,217	0	0	0	666,217
MC all year, with no Rx claims	28,574	205,903	0	0	0	205,903

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.