

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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	97,513	550	5,915	29,365	61,585	98	251,463	4,225	35,158	60,561	151,097	422		
Age														
5 and younger	25,062	0	317	72	24,673	0	60,314	0	1,648	207	58,459	0		
6-14	23,059	0	484	2	22,573	0	60,568	0	2,931	3	57,634	0		
15-20	13,935	0	548	690	12,685	12	35,762	0	3,382	1,409	30,935	36		
21-44	21,447	0	2,507	17,860	1,023	57	50,842	0	16,764	31,932	1,933	213		
45-64	3,496	0	2,034	1,432	1	29	12,917	0	10,165	2,576	3	173		
65-74	283	258	25	0	0	0	1,922	1,654	268	0	0	0		
75-84	192	192	0	0	0	0	1,674	1,674	0	0	0	0		
85 and older	100	100	0	0	0	0	897	897	0	0	0	0		
Unknown	9,939	0	0	9,309	630	0	26,567	0	0	24,434	2,133	0		
Gender														
Female	52,093	354	2,849	17,799	30,993	98	131,144	2,762	16,709	35,419	75,832	422		
Male	41,363	196	3,065	7,675	30,427	0	111,208	1,463	18,447	16,535	74,763	0		
Unknown	4,057	0	1	3,891	165	0	9,111	0	2	8,607	502	0		
Race														
White	62,690	367	4,568	18,344	39,340	71	171,524	3,325	29,106	38,411	100,392	290		
African American	10,267	29	648	3,152	6,436	2	25,771	254	2,956	6,121	16,438	2		
Other/unknown	24,556	154	699	7,869	15,809	25	54,168	646	3,096	16,029	34,267	130		
Use of Nursing Facilities^c														
Entire year	494	207	282	2	3	0	5,168	2,189	2,935	13	31	0		
Part year	301	42	236	10	12	1	2,055	302	1,694	17	38	4		
None	96,718	301	5,397	29,353	61,570	97	244,240	1,734	30,529	60,531	151,028	418		
Maintenance Assistance Status														
Cash	23,627	354	4,326	8,016	10,931	0	66,219	2,692	27,307	13,635	22,585	0		
Medically needy	15,282	132	357	9,840	4,953	0	32,895	1,156	2,389	18,583	10,767	0		
Poverty-related	48,064	63	1,193	8,064	38,646	98	109,775	365	5,206	21,403	82,379	422		
Other/unknown	10,540	1	39	3,445	7,055	0	42,574	12	256	6,940	35,366	0		
Managed Care Status														
FFS all year	17,970	391	2,730	7,084	7,671	94	86,596	3,726	24,349	16,720	41,393	408		
FFS part year, with Rx claims	56,073	135	2,724	16,474	36,736	4	115,084	446	9,439	31,852	73,333	14		
FFS part year, no Rx claims	23,470	24	461	5,807	17,178	0	49,783	53	1,370	11,989	36,371	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 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, 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	62.6 %	6.5	\$337	\$52	\$3,413	9.9 %	97,513
Age							
5 and younger	68.5	4.1	125	30	2,226	5.6	25,062
6-14	56.8	4.2	248	59	1,597	15.5	23,059
15-20	62.8	5.8	368	63	3,454	10.6	13,935
21-44	68.3	9.5	521	55	5,261	9.9	21,447
45-64	73.8	27.8	1,640	59	13,019	12.6	3,496
65-74	80.2	46.0	2,414	53	24,891	9.7	283
75-84	88.5	51.9	2,569	50	26,526	9.7	192
85 and older	83.0	46.5	1,932	42	24,115	8.0	100
Unknown	43.8	1.9	56	29	1,930	2.9	9,939
Basis of Eligibility^c							
Aged	83.1	46.5	2,276	49	24,144	9.4	550
Disabled	80.2	31.5	2,224	71	23,973	9.3	5,915
Adults	59.6	5.5	234	43	2,155	10.9	29,365
Children	62.2	4.2	186	45	1,846	10.1	61,585
Unknown	46.9	7.6	873	115	7,499	11.6	98
Gender							
Female	67.3	7.3	356	49	3,322	10.7	52,093
Male	59.7	5.9	341	58	3,799	9.0	41,363
Unknown	31.9	0.9	35	38	648	5.3	4,057
Race							
White	64.5	7.5	414	55	3,880	10.7	62,690
African American	61.2	5.6	265	48	3,153	8.4	10,267
Other/unknown	58.4	4.0	169	42	2,329	7.3	24,556
Use of Nursing Facilities^d							
Entire year	97.4	81.6	4,656	57	54,210	8.6	494
Part year	93.4	66.2	3,816	58	59,538	6.4	301
None	62.4	5.9	304	52	2,979	10.2	96,718
Maintenance Assistance Status							
Cash	66.0	10.4	607	59	6,684	9.1	23,627
Medically needy	64.7	7.5	375	50	3,083	12.2	15,282
Poverty related	60.0	4.1	182	44	1,875	9.7	48,064
Other/unknown	64.3	6.7	379	56	3,572	10.6	10,540

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 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, 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	2.5	\$131	9.9 %	37.4 %	21.0 %	10.1 %	14.9 %	8.8 %	7.9 %	\$1,324	97,513	251,463
Age												
5 and younger	1.7	52	5.6	31.5	25.8	11.4	16.8	9.0	5.5	925	25,062	60,314
6-14	1.6	94	15.5	43.2	22.5	9.8	13.1	6.4	5.0	608	23,059	60,568
15-20	2.3	143	10.6	37.2	20.3	10.3	15.0	9.2	7.9	1,346	13,935	35,762
21-44	4.0	220	9.9	31.7	15.9	9.9	17.1	11.8	13.5	2,219	21,447	50,842
45-64	7.5	444	12.6	26.2	9.8	7.7	15.0	15.0	26.3	3,524	3,496	12,917
65-74	6.8	355	9.7	19.8	7.4	6.7	21.9	25.8	18.4	3,665	283	1,922
75-84	5.9	295	9.7	11.5	11.5	11.5	24.0	23.4	18.2	3,042	192	1,674
85 and older	5.2	215	8.0	17.0	7.0	8.0	29.0	28.0	11.0	2,688	100	897
Unknown	0.7	21	2.9	56.2	21.5	8.3	8.9	3.4	1.6	722	9,939	26,567
Basis of Eligibility^c												
Aged	6.1	296	9.4	16.9	8.9	8.9	23.6	24.4	17.3	3,143	550	4,225
Disabled	5.3	374	9.3	19.8	15.2	8.6	19.7	16.0	20.7	4,033	5,915	35,158
Adults	2.7	114	10.9	40.4	17.5	9.6	14.0	8.8	9.8	1,045	29,365	60,561
Children	1.7	76	10.1	37.8	23.3	10.5	14.8	8.0	5.7	753	61,585	151,097
Unknown	1.8	203	11.6	53.1	27.6	5.1	8.2	3.1	3.1	1,741	98	422
Gender												
Female	2.9	141	10.7	32.7	20.9	10.5	16.1	10.2	9.7	1,319	52,093	131,144
Male	2.2	127	9.0	40.3	21.2	9.9	14.4	7.9	6.4	1,413	41,363	111,208
Unknown	0.4	15	5.3	68.1	19.2	6.4	4.8	1.3	0.2	289	4,057	9,111
Race												
White	2.8	151	10.7	35.5	20.9	9.8	15.3	9.4	9.2	1,418	62,690	171,524
African American	2.2	106	8.4	38.8	20.3	9.9	14.8	8.9	7.3	1,256	10,267	25,771
Other/unknown	1.8	77	7.3	41.6	21.3	10.9	14.0	7.4	4.8	1,056	24,556	54,168
Use of Nursing Facilities^d												
Entire year	7.8	445	8.6	2.6	4.7	5.9	25.5	34.0	27.3	5,182	494	5,168
Part year	9.7	559	6.4	6.6	4.7	5.0	16.6	28.9	38.2	8,721	301	2,055
None	2.3	120	10.2	37.6	21.1	10.1	14.8	8.6	7.7	1,180	96,718	244,240
Maintenance Assistance Status												
Cash	3.7	217	9.1	34.0	18.4	10.4	16.2	10.8	10.2	2,385	23,627	66,219
Medically needy	3.5	174	12.2	35.3	17.1	9.8	15.8	10.2	11.8	1,432	15,282	32,895
Poverty related	1.8	80	9.7	40.0	22.7	10.1	14.3	7.5	5.4	821	48,064	109,775
Other/unknown	1.7	94	10.6	35.7	24.2	9.5	13.6	8.4	8.5	884	10,540	42,574

Table ND4

Nondual 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 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.

TABLE ND.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.5	\$131	1.1	\$52	0.2	\$10	1.2	\$20
Age								
5 and younger	1.7	52	0.6	30	0.1	5	1.0	12
6-14	1.6	94	0.8	59	0.1	9	0.7	12
15-20	2.3	143	1.1	63	0.2	11	1.0	18
21-44	4.0	220	1.7	55	0.3	15	2.0	32
45-64	7.5	444	3.4	59	0.5	26	3.7	67
65-74	6.8	355	3.0	53	0.5	19	3.2	53
75-84	5.9	295	2.5	50	0.4	19	3.0	47
85 and older	5.2	215	2.1	42	0.4	11	2.7	39
Unknown	0.7	21	0.2	29	0.0	1	0.5	6
Basis of Eligibility^d								
Aged	6.1	296	2.6	49	0.5	17	3.0	46
Disabled	5.3	374	2.5	71	0.4	23	2.4	49
Adults	2.7	114	1.0	43	0.2	8	1.5	19
Children	1.7	76	0.7	45	0.1	7	0.8	13
Unknown	1.8	203	0.8	115	0.1	6	0.9	13
Gender								
Female	2.9	141	1.2	49	0.2	11	1.5	23
Male	2.2	127	1.0	58	0.2	9	1.0	18
Unknown	0.4	15	0.1	38	0.0	1	0.3	3
Race								
White	2.8	151	1.2	55	0.2	11	1.3	22
African American	2.2	106	0.9	48	0.1	8	1.2	17
Other/unknown	1.8	77	0.7	42	0.1	6	1.0	14
Use of Nursing Facilities^e								
Entire year	7.8	445	3.4	57	0.6	26	3.8	63
Part year	9.7	559	4.0	58	0.7	30	4.9	94
None	2.3	120	1.0	52	0.2	9	1.2	18
Maintenance Assistance Status								
Cash	3.7	217	1.6	59	0.3	14	1.9	32
Medically needy	3.5	174	1.5	50	0.2	12	1.7	25
Poverty related	1.8	80	0.8	44	0.1	7	0.9	14
Other/unknown	1.7	94	0.8	56	0.1	7	0.7	12

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 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 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total Rx \$				Users				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos	Users			
														Brand-Name	Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	1.0	0.4	0.1	0.5	\$38	\$26	\$5	\$7	\$40	\$60	\$79	\$15	102,592	\$4,056,194	40,941	42.0 %	107,093
Biologicals	0.2	0.2	0.0	0.0	119	43	0	76	512	225	0	1,887	110	56,310	80	0.1	474
Antineoplastic Agents	0.9	0.5	0.1	0.3	310	293	6	10	337	539	86	34	1,084	365,034	230	0.2	1,178
Endocrine/Metabolic Drugs	1.3	0.6	0.3	0.5	60	43	7	9	44	71	28	19	48,544	2,149,874	12,324	12.6	36,078
Cardiovascular Agents	1.9	0.7	0.1	1.1	60	43	4	14	31	61	31	12	39,892	1,229,431	4,735	4.9	20,473
Respiratory Agents	1.3	0.5	0.1	0.6	52	35	7	10	40	70	53	16	99,242	4,017,770	29,229	30.0	77,422
Gastrointestinal Agents	1.1	0.6	0.0	0.4	84	76	3	6	79	118	131	15	30,828	2,445,496	7,973	8.2	29,076
Genitourinary Agents	0.8	0.6	0.0	0.2	36	32	0	3	46	56	40	16	10,976	503,118	4,644	4.8	14,086
CNS Drugs	2.1	1.2	0.1	0.8	170	150	5	15	82	121	95	19	93,439	7,631,383	12,265	12.6	44,876
Stimulants/Anti-obesity/Anorexia	1.6	1.0	0.2	0.4	114	82	13	18	71	83	70	44	17,864	1,268,853	2,690	2.8	11,177
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.1	136	135	0	1	159	173	0	15	755	120,186	136	0.1	881
Analgesics and Anesthetics	1.3	0.3	0.0	1.0	46	31	2	12	36	123	48	13	68,498	2,440,505	20,407	20.9	53,491
Neuromuscular Agents	1.7	0.9	0.1	0.6	136	115	8	13	82	127	63	20	45,325	3,704,084	6,159	6.3	27,262
Nutritional Products	0.7	0.0	0.0	0.7	9	1	1	8	13	35	17	12	18,348	236,272	9,475	9.7	25,117
Hematological Agents	1.1	0.3	0.2	0.6	206	196	3	7	190	707	15	12	5,441	1,033,768	1,094	1.1	5,024
Topical Products	0.7	0.3	0.0	0.4	23	13	3	6	32	52	70	16	45,228	1,448,647	21,556	22.1	63,358
Miscellaneous Products	0.7	0.2	0.1	0.3	79	42	22	15	119	185	248	42	861	102,592	220	0.2	1,299
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	34	0	0	0	85	2,919	50	0.1	344
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.	629,112	32,812,436	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 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 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$2,621,346	2,181 2.2 %	18,903	0.9	\$160	\$139	
ANTICONVULSANT	2,380,558	2,501 2.6	23,352	1.0	101	102	
ANTIDEPRESSANTS	1,148,099	3,612 3.7	23,946	0.8	60	48	
ULCER DRUGS	850,400	2,372 2.4	17,156	0.6	81	50	
ANTIASTHMATIC	541,822	3,450 3.5	20,174	0.5	51	27	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	529,754	1,106 1.1	9,151	0.8	70	58	
ANALGESICS - Narcotic	444,497	3,993 4.1	19,941	0.5	44	22	
MISC. HEMATOLOGICAL	434,504	113 0.1	863	0.8	654	503	
MISC. ENDOCRINE	385,518	358 0.4	3,545	0.7	153	109	
ANTIHISTAMINES	370,478	2,805 2.9	18,481	0.4	48	20	
Total	9,706,976	22,491	155,512	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 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, NEBRASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	No. of Rx	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 \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	108,562	\$9,706,976	2,181	2.2 %	18,903	0.9	\$139	2,501	2.6 %	23,352	1.0	\$102					
Female																	
Disabled																	
5 and younger	55,495	4,630,298	999	2.0	8,280	0.9	134	1,225	2.5	11,020	1.0	101					
6-14	31,294	2,981,725	549	19.3	5,009	0.9	157	768	27.0	7,605	1.1	110					
15-20	574	48,818	0	0.0	0	0.0	0	23	16.3	247	0.8	125					
21-44	1,562	161,884	13	7.3	102	0.8	141	60	33.5	681	1.0	119					
45-64	1,782	337,013	32	15.2	309	1.0	214	61	29.0	607	1.1	154					
65-74	12,831	1,173,918	249	21.3	2,218	0.9	145	369	31.5	3,695	1.2	117					
75-84	13,781	1,196,601	237	21.0	2,164	1.0	160	246	21.8	2,267	1.0	83					
85 and older	764	63,491	18	90.0	216	1.1	186	9	45.0	108	1.0	59					
Other Eligibles																	
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	23,917	1,638,860	440	0.9	3,234	0.8	99	453	1.0	3,390	0.9	81					
21-44	1,591	78,886	5	0.0	24	0.7	49	28	0.2	280	0.7	50					
45-64	6,068	507,285	89	0.8	869	0.6	77	139	1.3	1,381	0.8	101					
65-74	4,265	302,548	106	1.4	822	0.8	85	83	1.1	733	0.8	77					
75-84	5,958	303,783	124	0.9	339	0.8	94	134	0.9	313	1.3	97					
85 and older	749	41,902	16	1.7	85	0.3	31	11	1.2	34	1.2	55					
Male																	
Disabled																	
5 and younger	52,673	5,066,856	1,165	3.0	10,581	0.9	143	1,269	3.3	12,316	1.0	103					
6-14	30,112	3,208,833	697	22.7	6,481	0.9	160	841	27.4	8,648	1.1	114					
15-20	879	136,102	2	1.1	3	1.3	214	34	19.3	358	0.9	92					
21-44	2,583	278,005	57	18.7	502	0.8	164	93	30.5	1,014	1.0	125					
45-64	3,406	476,847	98	29.0	879	1.0	143	103	30.5	1,059	1.0	115					
65-74	15,493	1,649,106	378	28.3	3,625	1.0	171	461	34.5	4,954	1.1	120					
75-84	7,656	660,941	159	17.6	1,436	0.8	142	147	16.2	1,227	1.0	91					
85 and older	95	7,832	3	60.0	36	0.7	101	3	60.0	36	0.9	49					
Other Eligibles																	
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	22,335	1,851,709	462	1.3	4,073	0.8	117	427	1.2	3,665	0.8	77					
21-44	2,172	123,507	8	0.1	58	0.3	29	38	0.3	406	0.8	67					
45-64	10,778	870,237	239	2.1	2,292	0.7	103	191	1.7	1,909	0.8	71					
65-74	4,935	558,375	141	2.5	1,193	0.8	137	111	1.9	857	0.8	91					
75-84	1,470	79,491	32	0.7	81	1.0	164	48	1.1	124	1.1	97					
85 and older	365	19,798	2	0.4	14	0.3	20	8	1.5	35	1.1	151					
Unknown																	
	1,156	90,114	15	16.7	179	1.0	154	15	16.7	167	1.1	86					
	980	77,952	18	23.7	181	1.1	144	12	15.8	129	0.9	57					
	479	32,235	7	23.3	75	1.2	99	4	13.3	38	0.7	22					
	904	25,849	33	0.3	106	0.4	10	12	0.1	44	0.5	43					

Table ND7A

Nondual 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 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, NEBRASKA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene among Mos	Mean No. of Rx	Mean Rx \$
All	3,612	3.7 %	23,946	0.8	\$48	2,372	2.4 %	17,156	0.6	\$50	3,450	3.5 %	20,174	0.5	\$27
Female	2,239	4.6	13,450	0.8	50	1,384	2.8	9,643	0.6	49	1,853	3.8	10,297	0.5	28
Disabled	824	28.9	6,944	0.8	52	617	21.7	5,623	0.7	52	583	20.5	4,748	0.5	29
5 and younger	1	0.7	12	0.6	5	24	17.0	222	0.5	36	31	22.0	311	0.5	17
6-14	8	4.5	93	0.6	9	39	21.8	442	0.6	39	38	21.2	423	0.4	25
15-20	33	15.7	298	0.9	47	19	9.0	173	0.6	44	30	14.3	260	0.5	20
21-44	359	30.7	3,051	0.8	54	210	17.9	1,879	0.7	57	180	15.4	1,365	0.6	28
45-64	409	36.3	3,343	0.9	53	317	28.1	2,811	0.7	52	296	26.2	2,293	0.6	32
65-74	14	70.0	147	0.9	50	8	40.0	96	0.8	44	8	40.0	96	1.2	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	1,395	3.0	6,417	0.8	47	742	1.6	3,935	0.6	45	1,244	2.7	5,430	0.5	28
5 and younger	17	0.1	83	0.5	17	89	0.7	584	0.4	23	262	2.2	1,141	0.5	27
6-14	169	1.5	1,458	0.6	28	83	0.8	660	0.5	44	277	2.5	1,626	0.4	24
15-20	325	4.2	1,838	0.6	35	126	1.6	651	0.4	34	196	2.6	821	0.5	26
21-44	696	4.8	1,619	1.0	67	279	1.9	677	0.7	65	370	2.6	788	0.9	41
45-64	73	7.9	191	1.1	75	49	5.3	145	0.7	68	40	4.3	83	1.1	58
65-74	52	31.0	552	0.9	59	45	26.8	454	0.6	51	41	24.4	395	0.4	26
75-84	47	40.5	498	0.8	56	48	41.4	520	0.6	48	44	37.9	426	0.7	33
85 and older	16	22.9	178	0.9	68	23	32.9	244	0.7	48	14	20.0	150	0.4	12
Male	1,345	3.5	10,414	0.8	46	960	2.5	7,443	0.6	51	1,561	4.1	9,780	0.5	26
Disabled	593	19.3	5,206	0.9	54	513	16.7	4,763	0.6	56	470	15.3	4,036	0.6	25
5 and younger	1	0.6	12	0.5	4	34	19.3	365	0.5	32	63	35.8	596	0.4	26
6-14	27	8.9	215	0.7	31	48	15.7	538	0.4	38	64	21.0	583	0.4	18
15-20	59	17.5	517	0.7	40	33	9.8	335	0.7	62	41	12.1	435	0.5	23
21-44	301	22.5	2,789	0.9	59	195	14.6	1,940	0.6	57	123	9.2	1,126	0.5	19
45-64	204	22.5	1,661	0.8	52	199	22.0	1,537	0.7	66	179	19.8	1,296	0.8	35
65-74	1	20.0	12	1.0	104	4	80.0	48	0.5	25	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	744	2.1	5,185	0.7	38	425	1.2	2,608	0.5	43	1,055	3.0	5,614	0.5	26
5 and younger	25	0.2	125	0.5	24	109	0.9	608	0.5	28	372	2.9	1,691	0.5	26
6-14	280	2.4	2,507	0.6	34	84	0.7	733	0.4	23	380	3.3	2,170	0.4	22
15-20	241	4.2	1,670	0.7	41	57	1.0	378	0.5	41	151	2.6	940	0.4	24
21-44	123	2.7	278	0.9	50	91	2.0	188	0.8	84	73	1.6	163	0.9	46
45-64	22	4.1	75	1.0	29	19	3.5	56	0.5	57	19	3.5	54	1.1	49
65-74	23	25.6	226	0.9	49	28	31.1	278	0.7	58	22	24.4	203	1.1	57
75-84	15	19.7	126	1.1	59	24	31.6	238	0.8	61	25	32.9	240	0.6	30
85 and older	15	50.0	178	0.9	46	13	43.3	129	0.9	92	13	43.3	153	0.4	21
Unknown	56	0.6	194	0.5	25	75	0.7	227	0.4	17	98	1.0	346	0.4	12

Table ND7B
 Nondual 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 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, NEBRASKA, 2002

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ANALGESICS - Narcotic				MISC. HEMATOLOGICAL			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$
All	1,106	1.1 %	9,151	0.8	3,993	4.1 %	19,941	0.5	113	0.1 %	863	0.8
Female												
Disabled												
5 and younger	45	1.6	371	0.7	700	24.6	5,468	0.6	34	1.2	251	0.8
6-14	0	0.0	0	0.0	9	6.4	77	0.2	0	0.0	0	0.0
15-20	9	5.0	78	0.6	17	9.5	203	0.2	0	0.0	0	0.0
21-44	15	1.3	130	0.7	248	21.2	1,820	0.4	3	0.3	20	1.0
45-64	12	1.1	98	0.5	391	34.7	3,042	0.7	29	2.6	221	0.7
65-74	0	0.0	0	0.0	13	65.0	145	0.4	1	5.0	1	1.0
75-84	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
Other Eligibles												
5 and younger	296	0.6	2,666	0.8	1,754	3.8	6,358	0.5	23	0.0	206	0.8
6-14	9	0.1	50	0.3	106	0.9	454	0.3	0	0.0	0	0.0
15-20	221	2.0	2,074	0.8	103	0.9	610	0.2	0	0.0	0	0.0
21-44	47	0.6	474	0.7	298	3.9	1,236	0.3	0	0.0	0	0.0
45-64	16	0.1	37	1.5	1,039	7.2	2,502	0.8	2	0.0	4	0.5
65-74	0	0.0	0	0.0	88	9.5	326	0.7	2	0.2	6	1.2
75-84	1	0.6	9	0.1	44	26.2	454	0.4	6	3.6	57	0.7
85 and older	2	1.7	22	1.3	50	43.1	502	0.5	4	3.4	37	0.9
Male												
Disabled												
5 and younger	763	2.0	6,110	0.8	1,353	3.5	7,528	0.4	56	0.1	406	0.7
6-14	91	3.0	713	0.9	518	16.9	4,024	0.5	42	1.4	297	0.8
15-20	2	1.1	13	0.2	14	8.0	144	0.1	1	0.6	12	0.8
21-44	34	11.1	221	1.0	27	8.9	242	0.2	0	0.0	0	0.0
45-64	24	7.1	207	0.8	22	6.5	223	0.2	2	0.6	21	1.5
65-74	24	1.8	234	0.9	197	14.7	1,654	0.4	6	0.4	52	0.8
75-84	7	0.8	38	0.6	258	28.5	1,761	0.7	33	3.6	212	0.7
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles												
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15-20	670	1.9	5,394	0.8	783	2.2	3,324	0.4	14	0.0	109	0.6
21-44	21	0.2	109	0.6	118	0.9	593	0.3	1	0.0	12	0.1
45-64	508	4.4	4,064	0.9	87	0.8	672	0.2	0	0.0	0	0.0
65-74	136	2.4	1,200	0.7	171	3.0	740	0.3	1	0.0	1	11.0
75-84	4	0.1	9	1.4	311	6.8	710	0.9	2	0.0	8	0.3
85 and older	0	0.0	0	0.0	46	8.6	151	0.9	1	0.2	2	1.0
Unknown												
5 and younger	1	1.1	12	1.2	26	28.9	252	0.4	4	4.4	43	0.5
6-14	0	0.0	0	0.0	16	21.1	141	0.6	4	5.3	31	0.4
15-20	0	0.0	0	0.0	8	26.7	65	0.2	1	3.3	12	1.0
21-44	4	0.0	7	0.9	238	2.4	767	0.4	0	0.0	0	0.0
45-64	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
75-84	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
Total												
All												
Female												
Male												
Other Eligibles												
Unknown												

Table ND7C
 Nondual 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 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, NEBRASKA, 2002

Beneficiary Characteristics	MISC. ENDOCRINE				ANTI-HISTAMINES						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	358	0.4 %	3,545	0.7	\$109	2.9 %	18,481	0.4	\$20	97,513	251,463
Female	194	0.4	1,962	0.7	89	3.2	9,568	0.4	19	49,166	122,350
Disabled	104	3.7	1,075	0.8	83	15.9	4,345	0.4	20	2,849	16,709
5 and younger	3	2.1	30	1.3	83	12.8	204	0.3	10	141	777
6-14	9	5.0	105	1.2	283	17.3	351	0.3	13	179	1,208
15-20	4	1.9	45	0.6	43	11.4	234	0.5	27	210	1,231
21-44	27	2.3	278	0.8	67	17.6	2,019	0.4	23	1,171	7,416
45-64	60	5.3	605	0.6	60	14.8	1,475	0.5	17	1,128	5,869
65-74	1	5.0	12	0.6	44	30.0	62	0.4	18	20	208
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	90	0.2	887	0.7	95	2.3	5,006	0.4	19	46,317	105,641
5 and younger	10	0.1	109	0.7	45	1.8	879	0.4	13	11,920	28,106
6-14	21	0.2	201	0.6	144	2.7	1,947	0.3	19	11,048	28,302
15-20	11	0.1	117	0.8	199	2.5	928	0.4	20	7,683	18,469
21-44	2	0.0	11	1.5	99	1.9	659	0.7	28	14,387	26,189
45-64	6	0.6	13	0.8	122	2.4	57	0.7	31	925	1,813
65-74	15	8.9	160	0.7	43	11.9	196	0.4	21	168	1,070
75-84	19	16.4	211	0.8	67	17.2	238	0.3	17	116	1,085
85 and older	6	8.6	65	0.8	49	12.9	102	0.4	5	70	607
Male	163	0.4	1,582	0.7	134	3.0	8,723	0.4	21	38,256	102,073
Disabled	58	1.9	615	0.9	129	13.6	4,320	0.4	21	3,065	18,447
5 and younger	3	1.7	35	1.0	36	10.2	158	0.2	7	176	871
6-14	11	3.6	108	0.6	38	17.4	512	0.4	21	305	1,723
15-20	14	4.1	147	0.9	258	15.4	579	0.5	32	338	2,151
21-44	23	1.7	250	1.0	117	15.3	2,229	0.4	22	1,336	9,348
45-64	7	0.8	75	0.7	96	9.8	842	0.4	13	905	4,294
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	5	60
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	105	0.3	967	0.5	137	2.0	4,245	0.4	22	35,191	83,626
5 and younger	10	0.1	95	0.5	77	1.7	966	0.4	15	12,674	30,089
6-14	66	0.6	583	0.5	78	2.9	2,291	0.4	24	11,527	29,335
15-20	20	0.4	199	0.6	372	1.7	625	0.4	24	5,704	13,911
21-44	2	0.0	8	0.6	181	0.5	38	1.0	40	4,553	7,889
45-64	0	0.0	0	0.0	0	0.7	29	0.6	11	537	939
65-74	2	2.2	22	1.2	74	11.1	118	0.3	14	90	584
75-84	5	6.6	60	0.7	41	15.8	118	0.6	37	76	589
85 and older	0	0.0	0	0.0	0	16.7	60	0.1	5	30	290
Unknown	1	0.0	1	1.0	137	2.0	565	0.4	12	10,091	27,040

Table ND7D

Nondual 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 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, 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	\$445	7.8	494	5,168
Age				
0-64	520	8.5	271	2,798
65-74	441	7.8	77	830
75-84	353	6.9	92	960
85 and older	243	5.7	54	580
Unknown	0	0.0	0	0
Gender				
Female	461	8.4	303	3,248
Male	419	6.8	190	1,918
Unknown	0	0.0	1	2
Race				
White	439	7.7	400	4,172
African American	404	7.9	40	446
Other/unknown	521	8.7	54	550
Basis of Eligibility^c				
Aged	344	6.8	207	2,189
Disabled	517	8.5	282	2,935
Adults	1,516	23.2	2	13
Children	363	6.6	3	31
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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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, NEBRASKA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos					
	Patented			Off-Patent								Generic	Total	Patented	Off-Patent	Generic
	Total	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Generic										
Anti-infective Agents	0.5	0.2	0.0	0.2	\$31	\$2	\$4	\$69	\$83	\$20	1,656	\$113,996	338	68.4 %	3,658	
Biologicals	0.1	0.1	0.0	0.0	2	0	0	23	0	0	10	234	9	1.8	108	
Antineoplastic Agents	0.6	0.4	0.0	0.1	140	133	0	237	302	7	132	31,218	22	4.5	223	
Endocrine/Metabolic Drugs	1.4	0.7	0.3	0.5	57	46	6	39	63	21	3,705	146,133	235	47.6	2,575	
Cardiovascular Agents	2.0	0.6	0.2	1.3	51	32	4	25	56	23	6,687	167,190	313	63.4	3,305	
Respiratory Agents	1.0	0.4	0.1	0.6	41	27	5	41	73	62	2,791	114,276	258	52.2	2,760	
Gastrointestinal Agents	1.2	0.6	0.0	0.7	73	63	1	60	113	32	3,612	215,222	272	55.1	2,943	
Genitourinary Agents	0.7	0.5	0.0	0.2	41	37	1	56	70	51	1,157	65,011	145	29.4	1,585	
CNS Drugs	2.1	1.2	0.1	0.8	187	164	7	91	135	86	8,305	751,879	378	76.5	4,022	
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	34	25	5	55	110	46	79	4,343	12	2.4	129	
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	114	114	0	150	150	0	250	37,560	29	5.9	329	
Analgesics and Anesthetics	0.9	0.4	0.1	0.5	53	42	4	56	109	52	2,764	155,303	278	56.3	2,914	
Neuromuscular Agents	1.6	0.7	0.2	0.8	123	93	10	75	143	50	4,699	351,752	259	52.4	2,869	
Nutritional Products	0.8	0.0	0.1	0.7	19	7	1	24	193	20	1,281	30,979	156	31.6	1,618	
Hematological Agents	1.1	0.2	0.2	0.6	41	32	3	38	141	12	1,313	49,947	121	24.5	1,212	
Topical Products	0.5	0.2	0.0	0.3	19	12	1	36	57	38	1,790	63,568	312	63.2	3,403	
Miscellaneous Products	0.2	0.1	0.0	0.1	4	4	0	18	27	0	54	998	24	4.9	243	
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	20	0	0	18	364	16	3.2	174	
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.	40,303	2,299,973	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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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 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, 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	\$509,251	325	65.8 %	3,564	0.9	\$161	\$143
ANTICONVULSANT	261,113	270	54.7	2,998	1.1	80	87
ANTIDEPRESSANTS	197,615	329	66.6	3,535	0.9	63	56
ULCER DRUGS	178,108	292	59.1	3,156	0.7	76	56
ANTI-DIABETIC	97,338	208	42.1	2,292	0.9	48	42
ANALGESICS - Narcotic	82,800	274	55.5	2,846	0.5	55	29
MUSCULOSKELETAL THERAPY AGENTS	61,911	67	13.6	751	1.0	86	82
ANTI-ASTHMATIC	63,830	236	47.8	2,418	0.7	40	26
ANALGESICS - ANTI-INFLAMMATORY	50,744	183	37.0	2,064	0.5	50	25
ANTI-HYPERTENSIVE	49,500	177	35.8	1,921	0.9	29	26
Total	1,552,210	2,361		25,545	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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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, NEBRASKA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %			Mean Rx \$	No. of Users	Users as %		
			No. of Rx	Rx \$	Mean No. of Rx			Residents	NF	Mos among Users			Residents	NF	Mos among Users
All	20,432	\$1,552,210	325	65.8 %	3,564	0.9	\$143	270	54.7 %	2,998	1.1	\$87			
Female	13,625	997,789	209	69.0	2,350	0.9	148	168	55.4	1,916	1.1	78			
Disabled	8,368	637,905	129	80.1	1,448	0.9	153	120	74.5	1,374	1.1	88			
64 or younger	7,546	577,795	115	78.2	1,280	0.9	147	112	76.2	1,278	1.1	91			
65-74	822	60,110	14	100.0	168	1.0	193	8	57.1	96	1.0	55			
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	5,257	359,884	80	56.3	902	0.9	140	48	33.8	542	1.0	54			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	2,040	151,483	34	77.3	400	1.0	158	25	56.8	284	1.0	64			
75-84	2,296	154,584	35	57.4	380	0.9	133	17	27.9	195	1.0	44			
85 and older	921	53,817	11	29.7	122	0.7	105	6	16.2	63	0.9	39			
Male	6,807	554,421	116	61.1	1,214	0.9	133	102	53.7	1,082	1.1	102			
Disabled	4,712	408,726	85	70.8	874	0.8	134	74	61.7	789	1.2	104			
64 or younger	4,619	399,108	83	70.3	850	0.8	133	73	61.9	777	1.2	103			
65-74	93	9,618	2	100.0	24	0.9	151	1	50.0	12	1.1	113			
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	2,095	145,695	31	44.3	340	1.1	132	28	40.0	293	1.0	99			
64 or younger	278	23,896	2	40.0	24	0.6	66	9	180.0	93	1.1	121			
65-74	586	42,667	9	52.9	107	0.9	137	8	47.1	89	1.2	134			
75-84	744	51,233	13	41.9	134	1.2	158	8	25.8	84	1.0	67			
85 and older	487	27,899	7	41.2	75	1.2	99	3	17.6	27	0.7	14			
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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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, NEBRASKA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS						ANTIDIABETIC					
	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	329	66.6 %	0.9	3,535	0.9	\$56	292	59.1 %	0.7	3,156	0.7	\$56	208	42.1 %	0.9	2,292	0.9	\$43
Female	220	72.6	0.9	2,405	0.9	56	188	62.0	0.7	2,081	0.7	49	149	49.2	0.9	1,646	0.9	48
Disabled	134	83.2	0.9	1,468	0.9	54	120	74.5	0.7	1,311	0.7	49	74	46.0	0.9	842	0.9	46
64 or younger	125	85.0	0.9	1,371	0.9	54	116	78.9	0.7	1,263	0.7	50	60	40.8	0.9	674	0.9	46
65-74	9	64.3	0.9	97	0.9	49	4	28.6	0.9	48	0.9	21	14	100.0	0.9	168	0.9	43
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
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
Other Eligibles	86	60.6	0.9	937	0.9	58	68	47.9	0.7	770	0.7	50	75	52.8	0.9	804	0.9	51
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
65-74	35	79.5	0.9	390	0.9	53	23	52.3	0.6	267	0.6	45	28	63.6	1.0	325	1.0	49
75-84	38	62.3	0.9	400	0.9	60	27	44.3	0.8	300	0.8	59	34	55.7	1.1	323	1.1	64
85 and older	13	35.1	0.9	147	0.9	67	18	48.6	0.6	203	0.6	43	13	35.1	0.7	156	0.7	30
Male	109	57.4	0.9	1,130	0.9	57	104	54.7	0.8	1,075	0.8	71	59	31.1	0.7	646	0.7	27
Disabled	73	60.8	0.9	756	0.9	60	77	64.2	0.8	808	0.8	71	38	31.7	0.7	427	0.7	28
64 or younger	72	61.0	0.9	744	0.9	59	75	63.6	0.8	784	0.8	72	36	30.5	0.7	403	0.7	28
65-74	1	50.0	1.0	12	1.0	104	2	100.0	0.5	24	0.5	40	2	100.0	0.5	24	0.5	41
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
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
Other Eligibles	36	51.4	1.0	374	1.0	50	27	38.6	0.8	267	0.8	69	21	30.0	0.8	219	0.8	25
64 or younger	3	60.0	1.1	36	1.1	7	3	60.0	0.2	20	0.2	10	0	0.0	0.0	0	0.0	0
65-74	12	70.6	1.0	107	1.0	55	6	35.3	0.6	56	0.6	60	3	17.6	0.9	31	0.9	28
75-84	10	32.3	1.1	100	1.1	57	11	35.5	0.8	112	0.8	62	12	38.7	0.7	126	0.7	24
85 and older	11	64.7	0.9	131	0.9	51	7	41.2	1.0	79	1.0	101	6	35.3	0.9	62	0.9	27
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

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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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, NEBRASKA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					MUSCULOSKELETAL THERAPY AGENTS					ANTI-ASTHMATIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	
All	274	2,846	0.5	\$29	0.5	67	751	1.0	\$82	1.0	236	2,418	0.7	\$26	
Female	185	1,994	0.5	25	0.5	39	430	0.9	36	0.9	149	1,596	0.6	26	
Disabled	110	1,198	0.5	28	0.5	33	358	0.9	40	0.9	76	813	0.7	28	
64 or younger	101	1,101	0.6	30	0.6	32	346	0.9	41	0.9	71	753	0.6	28	
65-74	9	97	0.4	7	0.4	1	12	1.1	9	1.1	5	60	1.6	23	
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	75	796	0.5	20	0.5	6	72	0.7	18	0.7	73	783	0.5	25	
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	23	261	0.4	11	0.4	3	36	0.8	26	0.8	29	309	0.4	25	
75-84	34	350	0.5	20	0.5	2	24	0.7	4	0.7	35	366	0.7	28	
85 and older	18	185	0.7	32	0.7	1	12	0.7	21	0.7	9	108	0.2	10	
Male	89	852	0.5	40	0.5	28	321	1.0	144	1.0	87	822	0.8	27	
Disabled	62	601	0.5	45	0.5	25	285	1.0	143	1.0	60	568	0.7	25	
64 or younger	62	601	0.5	45	0.5	25	285	1.0	143	1.0	60	568	0.7	25	
65-74	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	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	27	251	0.5	26	0.5	3	36	1.3	154	1.3	27	254	0.8	32	
64 or younger	5	38	1.2	113	1.2	2	24	1.9	230	1.9	4	43	0.6	12	
65-74	11	101	0.4	4	0.4	0	0	0.0	0	0.0	8	61	1.2	54	
75-84	7	78	0.4	25	0.4	1	12	0.2	2	0.2	10	90	0.5	25	
85 and older	4	34	0.1	2	0.1	0	0	0.0	0	0.0	5	60	0.8	35	
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 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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).
- 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, NEBRASKA, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
All	183	37.0 %	2,064	0.5	\$25	177	35.8 %	1,921	0.9	\$26	494	5,168
Female	128	42.2	1,442	0.5	27	118	38.9	1,326	0.9	30	303	3,248
Disabled	77	47.8	884	0.5	24	62	38.5	695	0.9	33	161	1,730
64 or younger	74	50.3	848	0.5	23	53	36.1	587	0.9	30	147	1,573
65-74	3	21.4	36	0.7	46	9	64.3	108	1.0	51	14	157
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	51	35.9	558	0.6	31	56	39.4	631	0.9	26	142	1,518
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	17	38.6	192	0.5	25	17	38.6	193	0.9	24	44	482
75-84	24	39.3	260	0.6	35	23	37.7	252	0.9	27	61	639
85 and older	10	27.0	106	0.7	33	16	43.2	186	1.0	25	37	397
Male	55	28.9	622	0.4	19	59	31.1	595	0.8	17	190	1,918
Disabled	37	30.8	423	0.4	15	37	30.8	374	0.8	19	120	1,203
64 or younger	35	29.7	399	0.4	15	35	29.7	350	0.8	18	118	1,179
65-74	2	100.0	24	0.3	26	2	100.0	24	0.6	33	2	24
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	18	25.7	199	0.5	28	22	31.4	221	0.9	15	70	715
64 or younger	2	40.0	24	0.3	15	0	0.0	0	0.0	0	5	44
65-74	4	23.5	37	0.4	27	8	47.1	90	1.0	14	17	167
75-84	9	29.0	102	0.7	35	9	29.0	76	0.7	12	31	321
85 and older	3	17.6	36	0.4	17	5	29.4	55	1.1	19	17	183
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	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. 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 301 beneficiaries who were in nursing facilities for part of their enrollment and their 2,055 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 ND10D

Nondual Beneficiaries

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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		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 Nondual Rx \$	Total No. of Benes
			Excl Rx	Bene						
All	32,746	33.6 %	1.3	124,694	\$16	\$1,524,625	\$12	4.6 %	97,513	
Age										
5 and younger	11,733	46.8	1.4	34,001	15	369,431	11	11.8	25,062	
6-14	6,240	27.1	0.6	14,731	11	246,850	17	4.3	23,059	
15-20	3,706	26.6	0.8	10,454	13	174,433	17	3.4	13,935	
21-44	7,013	32.7	1.5	32,365	20	426,827	13	3.8	21,447	
45-64	1,639	46.9	5.6	19,511	59	205,808	11	3.6	3,496	
65-74	177	62.5	12.9	3,642	95	26,805	7	3.9	283	
75-84	139	72.4	17.2	3,304	138	26,469	8	5.4	192	
85 and older	81	81.0	20.4	2,041	140	14,032	7	7.3	100	
Unknown	2,018	20.3	0.5	4,645	3	33,970	7	6.1	9,939	
Basis of Eligibility^c										
Aged	376	68.4	15.1	8,332	115	63,503	8	5.1	550	
Disabled	3,310	56.0	7.0	41,462	80	471,130	11	3.6	5,915	
Adults	7,889	26.9	0.7	21,269	10	292,690	14	4.3	29,365	
Children	21,153	34.3	0.9	53,523	11	695,621	13	6.1	61,585	
Unknown	18	18.4	1.1	108	17	1,681	16	2.0	98	
Gender										
Female	18,991	36.5	1.4	73,115	18	918,985	13	5.0	52,093	
Male	13,348	32.3	1.2	50,965	15	601,412	12	4.3	41,363	
Unknown	407	10.0	0.2	614	1	4,228	7	3.0	4,057	
Race										
White	20,552	32.8	1.4	85,548	17	1,086,899	13	4.2	62,690	
African American	3,414	33.3	1.1	11,631	13	131,722	11	4.8	10,267	
Other/unknown	8,780	35.8	1.1	27,515	12	306,004	11	7.4	24,556	
Use of Nursing Facilities^d										
Entire year	473	95.7	30.9	15,269	236	116,339	8	5.1	494	
Part year	274	91.0	17.2	5,175	190	57,043	11	5.0	301	
None	31,999	33.1	1.1	104,250	14	1,351,243	13	4.6	96,718	
Maintenance Assistance Status										
Cash	9,221	39.0	2.3	54,318	26	617,713	11	4.3	23,627	
Medically needy	4,398	28.8	1.2	18,374	15	226,895	12	4.0	15,282	
Poverty related	15,722	32.7	0.9	42,480	11	544,358	13	6.2	48,064	
Other/unknown	3,405	32.3	0.9	9,522	13	135,659	14	3.4	10,540	

Table ND11

Nondual 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 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}
 NEBRASKA, 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	0.5	\$6	\$12	\$0	\$1	251,463
Age						
5 and younger	0.6	6	11	0	0	60,314
6-14	0.2	4	17	0	0	60,568
15-20	0.3	5	17	0	0	35,762
21-44	0.6	8	13	0	2	50,842
45-64	1.5	16	11	0	4	12,917
65-74	1.9	14	7	0	2	1,922
75-84	2.0	16	8	0	1	1,674
85 and older	2.3	16	7	0	3	897
Unknown	0.2	1	7	0	0	26,567
Basis of Eligibility^c						
Aged	2.0	15	8	0	2	4,225
Disabled	1.2	13	11	0	4	35,158
Adults	0.4	5	14	0	1	60,561
Children	0.4	5	13	0	0	151,097
Unknown	0.3	4	16	0	1	422
Gender						
Female	0.6	7	13	0	1	131,144
Male	0.5	5	12	0	1	111,208
Unknown	0.1	0	7	0	0	9,111
Race						
White	0.5	6	13	0	1	171,524
African American	0.5	5	11	0	0	25,771
Other/unknown	0.5	6	11	0	1	54,168
Use of Nursing Facilities^d						
Entire year	3.0	23	8	0	5	5,168
Part year	2.5	28	11	0	6	2,055
None	0.4	6	13	0	1	244,240
Maintenance Assistance Status						
Cash	0.8	9	11	0	2	66,219
Medically needy	0.6	7	12	0	1	32,895
Poverty related	0.4	5	13	0	0	109,775
Other/unknown	0.2	3	14	0	0	42,574

Table ND12

Nondual 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 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}
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	44,142	\$35	\$1,524,625	100.0 %	124,694	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	411	411	0.0	3	137	0.0
Drugs for cosmetic purposes	24	13	307	0.0	30	10	0.0
Cough and cold medications	19,996	40	800,496	52.5	38,252	21	30.7
Vitamins and minerals	2,779	40	110,602	7.3	6,895	16	5.5
Non-prescription drugs	17,356	18	312,865	20.5	61,777	5	49.5
Barbiturates	289	54	15,497	1.0	2,417	6	1.9
Benzodiazepines	2,967	77	229,709	15.1	13,572	17	10.9
Other Part D Excl Rx Drugs	730	75	54,738	3.6	1,748	31	1.4

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 ND.13 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. 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, NEBRASKA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	230,049	1,242	14,622	51,251	162,836	98	13,022	153,019	395,815	1,622,231	446
Age											
5 and younger	61,049	0	770	115	60,164	0	0	8,100	591	608,176	0
6-14	69,783	0	1,737	7	68,039	0	0	19,226	58	696,973	0
15-20	33,884	0	1,395	956	31,521	12	0	15,043	7,488	296,693	37
21-44	43,887	0	5,370	35,987	2,473	57	0	56,539	299,654	17,364	226
45-64	8,512	0	5,300	3,181	2	29	0	53,566	25,925	7	183
65-74	769	717	50	2	0	0	7,558	545	6	0	0
75-84	383	383	0	0	0	0	4,053	0	0	0	0
85 and older	142	142	0	0	0	0	1,411	0	0	0	0
Unknown	11,640	0	0	11,003	637	0	0	0	62,093	3,018	0
Gender											
Female	125,893	837	7,798	35,649	81,511	98	8,862	82,929	304,623	813,194	446
Male	99,788	405	6,823	11,414	81,146	0	4,160	70,088	77,692	808,291	0
Unknown	4,368	0	1	4,188	179	0	0	2	13,500	746	0
Race											
White	148,269	621	10,570	32,468	104,539	71	6,545	110,648	251,938	1,041,561	314
African American	30,002	96	2,226	6,993	20,685	2	1,078	23,897	62,938	216,759	2
Other/unknown	51,778	525	1,826	11,790	37,612	25	5,399	18,474	80,939	363,911	130
Use of Nursing Facilities^c											
Entire year	500	208	285	2	5	0	2,204	2,967	13	55	0
Part year	400	55	305	19	20	1	529	3,092	189	205	4
None	229,149	979	14,032	51,230	162,811	97	10,289	146,960	395,613	1,621,971	442
Maintenance Assistance Status											
Cash	54,120	1,010	11,774	13,606	27,730	0	10,961	126,444	107,095	274,738	0
Medically needy	30,845	132	379	20,224	10,110	0	1,172	2,817	166,604	82,116	0
Poverty related	117,506	97	2,345	9,798	105,168	98	856	22,431	59,006	1,053,644	446
Other/unknown	27,578	3	124	7,623	19,828	0	33	1,327	63,110	211,733	0
Managed Care Status											
FFS all year	17,970	391	2,730	7,084	7,671	94	3,726	24,349	16,720	41,393	408
FFS part year, with Rx claims	56,073	135	2,724	16,474	36,736	4	1,188	26,214	136,089	361,093	38
FFS part year, no Rx claims	23,470	24	461	5,807	17,178	0	153	3,616	34,010	133,823	0
MC all year, with Rx claims	102,020	631	7,765	17,933	75,691	0	7,316	89,263	182,804	846,889	0
MC all year, no Rx claims	30,516	61	942	3,953	25,560	0	639	9,577	26,192	239,033	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.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, NEBRASKA, 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	230,049	2,184,533	97,513	251,463	0	1,933,070
FFS all year	17,970	86,596	17,970	86,596	0	0
FFS part year, with Rx claims	56,073	524,622	56,073	115,084	0	409,538
FFS part year, with no Rx claims	23,470	171,602	23,470	49,783	0	121,819
MC all year, with Rx claims	102,020	1,126,272	0	0	0	1,126,272
MC all year, with no Rx claims	30,516	275,441	0	0	0	275,441

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.