

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 DELAWARE

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>10,980</b>	<b>5,467</b>	<b>4,426</b>	<b>1,086</b>	<b>1</b>	<b>0</b>	<b>111,260</b>	<b>54,811</b>	<b>46,671</b>	<b>9,770</b>	<b>8</b>	<b>0</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	5	0	5	0	0	0	52	0	52	0	0	0
15-20	35	0	31	3	1	0	341	0	314	19	8	0
21-44	2,440	0	1,934	506	0	0	25,069	0	20,395	4,674	0	0
45-64	2,749	2	2,310	437	0	0	28,086	18	24,278	3,790	0	0
65-74	2,022	1,748	146	128	0	0	20,614	17,807	1,632	1,175	0	0
75-84	2,015	2,005	0	10	0	0	20,632	20,533	0	99	0	0
85 and older	1,714	1,712	0	2	0	0	16,466	16,453	0	13	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	7,276	4,177	2,429	670	0	0	73,884	41,985	25,876	6,023	0	0
Male	3,704	1,290	1,997	416	1	0	37,376	12,826	20,795	3,747	8	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	6,354	3,258	2,514	582	0	0	63,377	31,582	26,514	5,281	0	0
African American	3,854	1,745	1,686	422	1	0	39,905	18,256	17,889	3,752	8	0
Other/unknown	772	464	226	82	0	0	7,978	4,973	2,268	737	0	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,966	1,824	142	0	0	0	19,826	18,291	1,535	0	0	0
Part year	874	757	114	3	0	0	7,488	6,382	1,079	27	0	0
None	8,140	2,886	4,170	1,083	1	0	83,946	30,138	44,057	9,743	8	0
<b>Maintenance Assistance Status</b>												
Cash	5,529	2,322	2,868	339	0	0	61,180	25,833	32,159	3,188	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	654	187	464	3	0	0	3,575	992	2,555	28	0	0
Other/unknown	4,797	2,958	1,094	744	1	0	46,505	27,986	11,957	6,554	8	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	9,863	4,992	3,850	1,020	1	0	105,632	52,560	43,608	9,456	8	0
Full dual, part year	1,117	475	576	66	0	0	5,628	2,251	3,063	314	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	58	0	4	54	0	0	476	0	42	434	0	0
FFS part year, with Rx claims	973	399	486	88	0	0	4,626	1,810	2,446	370	0	0
FFS part year, no Rx claims	190	76	90	24	0	0	1,142	434	574	134	0	0
MC all year, with FFS Rx claims	9,759	4,992	3,846	920	1	0	105,016	52,567	43,609	8,832	8	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	97.6 %	51.3	\$3,278	\$64	\$3,914	83.8 %	10,980
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	58.0	2,798	48	2,798	100.0	5
15-20	94.3	45.8	5,200	114	5,842	89.0	35
21-44	96.1	39.7	3,563	90	3,948	90.3	2,440
45-64	97.2	56.0	4,213	75	4,669	90.2	2,749
65-74	98.0	53.0	3,055	58	3,624	84.3	2,022
75-84	98.8	55.6	2,730	49	3,629	75.2	2,015
85 and older	98.5	53.1	2,245	42	3,298	68.1	1,714
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	98.5	54.5	2,691	49	3,560	75.6	5,467
Disabled	97.6	51.3	4,173	81	4,633	90.1	4,426
Adults	93.0	34.7	2,585	75	2,769	93.4	1,086
Children	100.0	47.0	3,220	69	3,220	100.0	1
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	97.6	53.9	3,162	59	3,860	81.9	7,276
Male	97.5	46.1	3,506	76	4,020	87.2	3,704
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	98.0	55.7	3,449	62	4,190	82.3	6,354
African American	97.0	46.4	3,110	67	3,662	84.9	3,854
Other/unknown	97.3	39.4	2,708	69	2,902	93.3	772
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	99.9	70.3	3,041	43	3,088	98.5	1,966
Part year	96.1	53.3	2,570	48	7,485	34.3	874
None	97.2	46.4	3,412	74	3,730	91.5	8,140
<b>Maintenance Assistance Status</b>							
Cash	99.0	48.3	3,328	69	3,398	97.9	5,529
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	86.7	25.2	1,798	71	4,543	39.6	654
Other/unknown	97.5	58.3	3,423	59	4,423	77.4	4,797

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.3 includes beneficiaries represented by Cell G of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	More than 10	Benefit Months
			Percentage of All Medicaid FFS <sup>c</sup>	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				
<b>All</b>	<b>5.1</b>	<b>\$324</b>	<b>83.8 %</b>	<b>2.4 %</b>	<b>17.1 %</b>	<b>11.2 %</b>	<b>31.2 %</b>	<b>26.5 %</b>	<b>11.5 %</b>	<b>\$386</b>	<b>10,980</b>	<b>111,260</b>
<b>Age</b>												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	5.6	269	100.0	0.0	0.0	0.0	60.0	40.0	0.0	269	5	52
15-20	4.7	534	89.0	5.7	22.9	5.7	34.3	20.0	11.4	600	35	341
21-44	3.9	347	90.3	3.9	27.2	13.2	29.7	18.1	8.0	384	2,440	25,069
45-64	5.5	412	90.2	2.8	14.6	10.5	30.9	27.5	13.6	457	2,749	28,086
65-74	5.2	300	84.3	2.0	16.2	10.6	31.8	27.6	11.8	356	2,022	20,614
75-84	5.4	267	75.2	1.2	14.6	11.5	30.9	28.8	13.0	354	2,015	20,632
85 and older	5.5	234	68.1	1.5	10.8	10.2	33.4	33.0	11.1	343	1,714	16,466
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.4	268	75.6	1.5	13.7	10.7	31.9	29.8	12.4	355	5,467	54,811
Disabled	4.9	396	90.1	2.4	20.1	11.5	30.5	23.8	11.8	439	4,426	46,671
Adults	3.9	287	93.4	7.0	22.0	13.4	30.4	21.1	6.2	308	1,086	9,770
Children	5.9	403	100.0	0.0	0.0	0.0	0.0	100.0	0.0	403	1	8
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	5.3	311	81.9	2.4	15.2	10.7	31.0	28.2	12.5	380	7,276	73,884
Male	4.6	347	87.2	2.5	20.8	12.4	31.5	23.2	9.6	398	3,704	37,376
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.6	346	82.3	2.0	15.0	10.0	30.1	29.1	13.8	420	6,354	63,377
African American	4.5	300	84.9	3.0	19.0	12.4	33.4	23.5	8.8	354	3,854	39,905
Other/unknown	3.8	262	93.3	2.7	25.6	15.9	29.4	19.8	6.5	281	772	7,978
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.0	302	98.5	0.1	6.7	6.1	29.5	40.1	17.7	306	1,966	19,826
Part year	6.2	300	34.3	3.9	10.8	7.9	26.4	31.8	19.2	874	874	7,488
None	4.5	331	91.5	2.8	20.3	12.9	32.1	22.7	9.2	362	8,140	83,946
<b>Maintenance Assistance Status</b>												
Cash	4.4	301	97.9	1.0	21.2	13.3	34.2	23.5	6.8	307	5,529	61,180
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	4.6	329	39.6	13.3	24.0	9.2	16.1	9.8	27.7	831	654	3,575
Other/unknown	6.0	353	77.4	2.5	11.4	9.1	29.9	32.3	14.8	456	4,797	46,505

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. 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.
  - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.1</b>	<b>\$324</b>	<b>\$64</b>	<b>2.5</b>	<b>\$262</b>	<b>\$105</b>	<b>0.2</b>	<b>\$7</b>	<b>\$39</b>	<b>2.4</b>	<b>\$55</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	5.6	269	48	2.3	233	102	0.8	11	14	2.4	25	10
15-20	4.7	534	114	2.2	416	191	0.3	22	85	2.3	90	40
21-44	3.9	347	90	2.0	291	147	0.1	8	68	1.8	47	27
45-64	5.5	412	75	2.8	340	120	0.2	8	49	2.5	64	26
65-74	5.2	300	58	2.6	236	91	0.2	6	36	2.4	57	23
75-84	5.4	267	49	2.6	208	80	0.2	5	23	2.6	54	21
85 and older	5.5	234	42	2.5	181	73	0.2	5	20	2.8	48	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.4	268	49	2.6	210	81	0.2	5	25	2.7	54	20
Disabled	4.9	396	81	2.5	328	131	0.2	9	59	2.2	58	26
Adults	3.9	287	75	2.0	237	119	0.1	3	40	1.8	47	26
Children	5.9	403	69	4.5	356	79	0.0	0	0	1.4	47	34
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.3	311	59	2.6	249	96	0.2	6	33	2.5	56	22
Male	4.6	347	76	2.3	288	125	0.1	7	55	2.1	52	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.6	346	62	2.7	277	102	0.2	8	37	2.7	61	23
African American	4.5	300	67	2.3	247	109	0.1	5	44	2.1	48	23
Other/unknown	3.8	262	69	2.0	219	107	0.1	3	29	1.7	40	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.0	302	43	3.2	234	74	0.3	7	21	3.5	61	17
Part year	6.2	300	48	2.9	237	83	0.3	6	23	3.1	57	18
None	4.5	331	74	2.3	271	117	0.1	7	52	2.1	53	26
<b>Maintenance Assistance Status</b>												
Cash	4.4	301	69	2.2	243	110	0.1	7	52	2.0	51	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.6	329	71	2.5	271	109	0.1	5	50	2.0	53	26
Other/unknown	6.0	353	59	2.9	286	99	0.2	7	29	2.9	60	21

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.8 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic	Total	Off-Patent	Brand-Name	Generic					
Anti-infective Agents	0.5	0.3	0.0	0.2	\$64	\$59	\$0	\$5	\$138	\$198	\$100	\$29	32,675	\$4,493,598	6,644	60.5 %	69,691
Biologics	0.1	0.0	0.0	0.1	3	2	0	2	32	59	0	23	205	6,461	187	1.7	1,959
Antineoplastic Agents	0.5	0.2	0.0	0.3	142	120	0	22	295	611	99	78	2,177	642,826	453	4.1	4,522
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	44	35	2	7	46	71	17	21	49,458	2,289,572	5,021	45.7	52,289
Cardiovascular Agents	1.7	0.7	0.0	1.0	72	52	0	19	41	70	23	19	133,880	5,495,193	7,444	67.8	76,760
Respiratory Agents	0.8	0.5	0.0	0.3	41	34	1	6	52	71	74	20	47,035	2,432,018	5,627	51.2	59,099
Gastrointestinal Agents	0.8	0.4	0.0	0.4	57	45	0	12	73	111	77	31	40,209	2,924,839	4,959	45.2	51,545
Genitourinary Agents	0.5	0.4	0.0	0.1	30	29	0	1	62	71	33	19	8,866	549,794	1,702	15.5	18,070
CNS Drugs	1.3	0.7	0.0	0.6	108	90	3	14	81	122	124	25	89,939	7,316,265	6,630	60.4	67,865
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.4	47	27	1	18	77	122	80	49	900	69,383	139	1.3	1,489
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	71	65	0	6	178	192	0	98	1,860	331,141	463	4.2	4,665
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	53	43	0	10	64	126	41	21	52,951	3,414,622	6,203	56.5	64,016
Neuromuscular Agents	1.0	0.5	0.1	0.5	70	53	2	15	70	114	38	32	40,639	2,864,520	3,913	35.6	40,711
Nutritional Products	0.6	0.0	0.0	0.5	9	0	0	8	15	20	14	15	13,007	199,202	2,155	19.6	22,113
Hematological Agents	0.8	0.3	0.1	0.3	54	47	2	5	69	145	15	15	18,197	1,264,448	2,277	20.7	23,290
Topical Products	0.5	0.3	0.0	0.2	22	17	1	4	43	63	44	19	28,558	1,221,037	5,278	48.1	56,205
Miscellaneous Products	0.4	0.2	0.0	0.2	110	91	7	12	278	429	247	79	1,511	420,677	365	3.3	3,809
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	17	0	0	0	69	0	0	0	855	58,748	313	2.9	3,401
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	562,922	35,994,344	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - 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, 0.8 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,051,906	3,568	32.5 %	37,169	0.7	\$165
ANTIVIRAL	3,059,242	1,192	10.9	13,114	0.6	408
ANTIDEPRESSANTS	2,569,381	5,932	54.0	60,717	0.6	65
ULCER DRUGS	2,506,344	5,234	47.7	55,312	0.5	93
ANTICONVULSANT	2,251,693	3,331	30.3	34,728	0.8	81
ANTIHYPERTENSIVE	2,000,238	3,392	30.9	36,276	0.6	92
ANALGESICS - Narcotic	1,788,244	7,120	64.8	74,114	0.4	57
ANTIDIABETIC	1,541,253	3,845	35.0	40,496	0.6	59
ANTIHYPERTENSIVE	1,366,098	5,162	47.0	53,786	0.6	41
ASTHMATIC	1,327,620	4,768	43.4	49,498	0.5	57
Total	22,462,019	43,544		455,210	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

**TABLE D.7A**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED**  
**AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003**

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL					
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
<b>All</b>	<b>261,578</b>	<b>\$22,462,019</b>	<b>3,568</b>	<b>32.5 %</b>	<b>37,169</b>	<b>0.7</b>	<b>\$109</b>	<b>1,192</b>	<b>10.9 %</b>	<b>13,114</b>	<b>0.6</b>	<b>\$233</b>				
<b>Female</b>	175,026	13,557,076	2,222	30.5	22,970	0.6	95	437	6.0	4,829	0.5	197				
<b>Disabled</b>	66,674	6,325,225	909	37.4	9,861	0.7	119	317	13.1	3,518	0.5	238				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	25	2,498	0	0.0	0	0.0	0	1	50.0	12	0.3	183				
15-20	231	22,419	2	12.5	24	0.9	202	3	18.8	33	0.5	63				
21-44	20,429	2,109,730	435	46.8	4,589	0.6	115	147	15.8	1,636	0.4	190				
45-64	43,036	3,932,630	444	32.2	4,920	0.7	121	164	11.9	1,813	0.7	288				
65-74	2,953	257,948	28	27.5	328	0.7	150	2	2.0	24	0.1	6				
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				
<b>Other Eligibles</b>	108,352	7,231,851	1,313	27.1	13,109	0.6	76	120	2.5	1,311	0.2	85				
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	2	70	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
21-44	4,880	469,162	88	26.6	814	0.4	84	21	6.3	213	0.3	120				
45-64	5,603	493,100	40	16.0	396	0.4	72	13	5.2	149	0.4	177				
65-74	32,379	2,277,370	228	17.8	2,412	0.7	99	25	2.0	265	0.4	139				
75-84	36,837	2,345,576	427	28.0	4,333	0.6	76	25	1.6	300	0.2	33				
85 and older	28,651	1,646,573	530	36.3	5,154	0.6	65	36	2.5	384	0.1	32				
<b>Male</b>	86,552	8,904,943	1,346	36.3	14,199	0.7	132	755	20.4	8,285	0.6	255				
<b>Disabled</b>	50,205	6,325,270	879	44.0	9,515	0.8	151	711	35.6	7,811	0.6	257				
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	331	27,764	5	33.3	53	0.9	130	3	20.0	32	0.3	227				
21-44	23,365	3,268,990	504	50.1	5,469	0.8	158	410	40.8	4,563	0.6	245				
45-64	25,442	2,928,351	358	38.5	3,853	0.8	142	293	31.5	3,156	0.7	269				
65-74	1,067	100,165	12	27.3	140	0.7	131	5	11.4	60	0.9	475				
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				
<b>Other Eligibles</b>	36,347	2,579,673	467	27.4	4,684	0.6	94	44	2.6	474	0.6	224				
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	32	2,444	1	50.0	8	1.0	142	0	0.0	0	0.0	0				
21-44	3,034	319,379	82	46.9	797	0.5	101	10	5.7	120	0.7	257				
45-64	3,445	273,285	27	14.3	223	0.5	66	4	2.1	39	0.4	62				
65-74	13,887	1,036,118	127	21.3	1,312	0.7	129	22	3.7	240	0.6	245				
75-84	11,008	688,119	148	30.2	1,501	0.7	80	7	1.4	63	0.6	221				
85 and older	4,941	260,328	82	32.3	843	0.6	64	1	0.4	12	0.1	12				
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 1/01/2007.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>5,932</b>	<b>54.0 %</b>	<b>60,717</b>	<b>\$42</b>	<b>0.6</b>	<b>5,234</b>	<b>47.7 %</b>	<b>55,312</b>	<b>\$45</b>	<b>0.5</b>	<b>3,331</b>	<b>30.3 %</b>	<b>34,728</b>	<b>\$65</b>	<b>0.8</b>
<b>Female</b>	4,216	57.9	43,202	42	0.6	3,709	51.0	39,349	45	0.5	2,064	28.4	21,493	59	0.8
<b>Disabled</b>	1,716	70.6	18,149	41	0.6	1,297	53.4	14,111	46	0.5	1,044	43.0	11,080	72	0.8
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	2	100.0	24	10	0.8	0	0.0	0	0	0.0
15-20	7	43.8	74	23	0.4	9	56.3	98	34	0.4	1	6.3	12	0.3	19
21-44	664	71.5	6,868	38	0.6	391	42.1	4,128	40	0.4	446	48.0	4,704	79	0.8
45-64	996	72.2	10,654	43	0.6	838	60.7	9,204	47	0.5	574	41.6	6,093	68	0.8
65-74	49	48.0	553	45	0.6	57	55.9	657	57	0.4	23	22.5	271	40	0.6
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
<b>Other Eligibles</b>	2,500	51.6	25,053	42	0.7	2,412	49.8	25,238	45	0.5	1,020	21.0	10,413	45	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	1	50.0	12	5	0.1	0	0.0	0	0	0.0	0	0.0	0	0	0.0
21-44	264	79.8	2,553	40	0.5	108	32.6	1,067	36	0.3	120	36.3	1,143	56	0.5
45-64	189	75.6	1,747	47	0.6	137	54.8	1,250	48	0.4	64	25.6	620	74	0.7
65-74	579	45.3	6,120	40	0.6	689	53.9	7,486	47	0.5	277	21.7	2,962	48	0.6
75-84	726	47.6	7,361	44	0.7	784	51.4	8,337	46	0.5	325	21.3	3,288	42	0.8
85 and older	741	50.8	7,260	43	0.8	694	47.5	7,098	44	0.6	234	16.0	2,400	34	0.8
<b>Male</b>	1,716	46.3	17,515	44	0.7	1,525	41.2	15,963	45	0.5	1,267	34.2	13,235	74	0.9
<b>Disabled</b>	980	49.1	10,314	46	0.7	772	38.7	8,365	47	0.5	815	40.8	8,685	90	0.9
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	4	26.7	44	63	0.9	6	40.0	72	24	0.5	5	33.3	45	1.2	44
21-44	520	51.7	5,514	47	0.7	321	31.9	3,476	46	0.5	387	38.5	4,193	94	0.9
45-64	442	47.5	4,616	45	0.7	427	45.9	4,641	48	0.5	404	43.4	4,269	89	1.0
65-74	14	31.8	140	32	0.5	18	40.9	176	52	0.5	19	43.2	178	60	1.0
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
<b>Other Eligibles</b>	736	43.1	7,201	40	0.6	753	44.1	7,598	44	0.5	452	26.5	4,550	44	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	1	50.0	8	67	1.0	0	0.0	0	0	0.0	1	50.0	8	2.0	97
21-44	107	61.1	1,088	33	0.5	57	32.6	589	40	0.4	72	41.1	690	59	0.6
45-64	96	50.8	967	36	0.5	75	39.7	693	43	0.4	53	28.0	497	43	0.4
65-74	196	32.8	1,967	43	0.7	267	44.7	2,815	45	0.5	143	24.0	1,512	50	0.8
75-84	210	42.9	2,004	45	0.8	242	49.4	2,387	45	0.5	123	25.1	1,281	35	0.8
85 and older	126	49.6	1,167	37	0.7	112	44.1	1,114	41	0.5	60	23.6	562	29	0.8
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					ANTI-DIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>3,392</b>	<b>30.9 %</b>	<b>36,276</b>	<b>\$55</b>	<b>0.6</b>	<b>7,120</b>	<b>64.8 %</b>	<b>74,114</b>	<b>0.4</b>	<b>\$24</b>	<b>3,845</b>	<b>35.0 %</b>	<b>40,496</b>	<b>0.6</b>	<b>\$38</b>
<b>Female</b>	2,330	32.0	24,898	55	0.6	5,088	69.9	53,278	0.4	23	2,750	37.8	29,329	0.6	37
<b>Disabled</b>	767	31.6	8,403	54	0.6	2,089	86.0	22,396	0.4	29	844	34.7	9,228	0.6	41
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	1	50.0	12	0.2	1	0	0.0	0	0.0	0
15-20	2	12.5	24	24	0.2	14	87.5	135	0.5	45	4	25.0	36	0.1	10
21-44	127	13.7	1,369	46	0.5	771	83.0	8,090	0.4	25	172	18.5	1,900	0.5	38
45-64	575	41.7	6,270	55	0.6	1,238	89.7	13,395	0.5	33	603	43.7	6,567	0.6	41
65-74	63	61.8	740	58	0.5	65	63.7	764	0.4	15	65	63.7	725	0.6	46
75-84	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,563	32.2	16,495	56	0.6	2,999	61.9	30,882	0.4	18	1,906	39.3	20,101	0.7	34
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	1	50.0	12	0.1	1	0	0.0	0	0.0	0
21-44	36	10.9	365	31	0.4	330	99.7	3,239	0.4	35	42	12.7	377	0.6	40
45-64	94	37.6	917	49	0.5	245	98.0	2,387	0.5	37	123	49.2	1,220	0.6	42
65-74	652	51.0	6,850	58	0.6	836	65.4	9,017	0.4	14	751	58.7	8,003	0.7	37
75-84	578	37.9	6,270	58	0.6	869	57.0	9,176	0.4	14	665	43.6	7,158	0.6	33
85 and older	203	13.9	2,093	54	0.7	718	49.2	7,051	0.4	15	325	22.3	3,343	0.7	28
<b>Male</b>	1,062	28.7	11,378	55	0.6	2,032	54.9	20,836	0.4	27	1,095	29.6	11,167	0.7	42
<b>Disabled</b>	516	25.8	5,639	55	0.6	1,120	56.1	11,616	0.4	30	444	22.2	4,633	0.7	47
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	6.7	12	11	0.2	5	33.3	56	0.1	3	0	0.0	0	0.0	0
21-44	183	18.2	2,070	51	0.6	585	58.2	6,128	0.4	29	146	14.5	1,515	0.8	55
45-64	318	34.2	3,390	57	0.6	518	55.7	5,297	0.5	33	285	30.6	2,972	0.6	44
65-74	14	31.8	167	61	0.6	12	27.3	135	0.3	4	13	29.5	146	0.6	29
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
<b>Other Eligibles</b>	546	32.0	5,739	54	0.6	912	53.4	9,220	0.4	23	651	38.1	6,534	0.6	39
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	32	18.3	334	39	0.4	137	78.3	1,396	0.5	43	26	14.9	246	0.5	34
45-64	70	37.0	711	50	0.5	163	86.2	1,640	0.4	38	79	41.8	730	0.7	52
65-74	264	44.2	2,827	57	0.6	291	48.7	2,981	0.3	15	319	53.4	3,176	0.6	42
75-84	143	29.2	1,494	57	0.7	214	43.7	2,211	0.5	15	173	35.3	1,832	0.7	35
85 and older	37	14.6	373	44	0.6	107	42.1	992	0.5	15	54	21.3	550	0.6	20
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTI-ASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
<b>All</b>	<b>5,162</b>	<b>47.0 %</b>	<b>53,786</b>	<b>0.6</b>	<b>\$25</b>	<b>4,768</b>	<b>43.4 %</b>	<b>49,498</b>	<b>0.5</b>	<b>\$27</b>	<b>10,980</b>	<b>111,260</b>
<b>Female</b>	3,569	49.1	37,377	0.6	26	3,475	47.8	36,360	0.4	26	7,276	73,884
<b>Disabled</b>	941	38.7	10,105	0.6	25	1,330	54.8	14,382	0.4	27	2,429	25,876
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.1	4	0	0.0	0	0.0	0	2	24
15-20	6	37.5	69	0.3	16	5	31.3	60	0.4	35	16	156
21-44	173	18.6	1,860	0.5	19	428	46.1	4,558	0.4	23	929	9,862
45-64	693	50.2	7,402	0.6	26	821	59.5	8,887	0.5	29	1,380	14,656
65-74	68	66.7	762	0.6	28	76	74.5	877	0.4	30	102	1,178
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
<b>Other Eligibles</b>	2,628	54.2	27,272	0.6	26	2,145	44.3	21,978	0.5	25	4,847	48,008
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13
21-44	58	17.5	601	0.5	18	123	37.2	1,198	0.3	17	331	3,043
45-64	134	53.6	1,303	0.5	26	104	41.6	1,025	0.4	30	250	2,178
65-74	868	67.9	9,153	0.6	28	633	49.5	6,604	0.5	30	1,279	13,050
75-84	892	58.5	9,476	0.6	27	718	47.1	7,505	0.5	25	1,525	15,678
85 and older	676	46.3	6,739	0.7	25	567	38.8	5,646	0.4	19	1,460	14,046
<b>Male</b>	1,593	43.0	16,409	0.6	24	1,293	34.9	13,138	0.5	30	3,704	37,376
<b>Disabled</b>	670	33.6	7,032	0.6	25	583	29.2	5,917	0.5	30	1,997	20,795
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	3	28
15-20	6	40.0	68	0.8	32	12	80.0	144	0.6	32	15	158
21-44	213	21.2	2,268	0.6	26	203	20.2	2,046	0.4	22	1,005	10,533
45-64	424	45.6	4,397	0.6	24	343	36.9	3,534	0.6	34	930	9,622
65-74	27	61.4	299	0.6	22	25	56.8	193	0.8	40	44	454
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
<b>Other Eligibles</b>	923	54.1	9,377	0.6	24	710	41.6	7,221	0.6	30	1,707	16,581
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
21-44	53	30.3	516	0.5	23	49	28.0	487	0.4	28	175	1,631
45-64	100	52.9	951	0.5	22	44	23.3	451	0.5	34	189	1,630
65-74	399	66.8	4,075	0.6	24	256	42.9	2,700	0.6	32	597	5,932
75-84	250	51.0	2,592	0.6	24	223	45.5	2,236	0.6	31	490	4,954
85 and older	121	47.6	1,243	0.7	26	138	54.3	1,347	0.6	20	254	2,420
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				7.0	1,966
<b>All</b>	<b>\$302</b>		<b>1,966</b>		<b>19,826</b>
<b>Age</b>					
0-64	465	8.9	133		1,462
65-74	372	8.0	240		2,476
75-84	323	7.4	645		6,498
85 and older	243	6.1	948		9,390
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	295	7.0	1,483		15,020
Male	323	7.0	483		4,806
Unknown	0	0.0	0		0
<b>Race</b>					
White	299	7	1,459		14,448
African American	306	6.8	466		4,967
Other/unknown	338	8	41		411
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	288	6.8	1,824		18,291
Disabled	465	8.9	142		1,535
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 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

**TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
																	Patented Brand-Name
Anti-infective Agents	0.4	0.3	0.0	0.2	\$19	\$15	\$0	\$4	\$44	\$59	\$60	\$21	6,309	\$279,874	1,402	71.3 %	14,759
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	23	17	0	23	99	2,232	95	4.8	1,031
Antineoplastic Agents	0.5	0.2	0.0	0.4	107	73	0	34	202	480	113	91	643	130,148	127	6.5	1,213
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	34	26	3	6	31	54	13	13	10,402	321,670	908	46.2	9,390
Cardiovascular Agents	2.2	0.7	0.0	1.5	61	36	1	24	28	53	22	16	34,214	942,715	1,522	77.4	15,520
Respiratory Agents	0.8	0.4	0.0	0.4	30	23	1	6	38	59	57	16	9,038	340,249	1,084	55.1	11,251
Gastrointestinal Agents	1.0	0.5	0.0	0.5	53	45	0	8	51	88	63	15	12,018	618,717	1,120	57.0	11,613
Genitourinary Agents	0.6	0.5	0.0	0.1	31	30	0	2	55	61	21	20	2,695	147,699	448	22.8	4,708
CNS Drugs	1.5	1.0	0.0	0.5	101	91	1	9	67	90	46	20	22,360	1,488,900	1,443	73.4	14,737
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.1	0.6	32	17	3	11	37	105	40	18	132	4,853	13	0.7	154
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	82	82	0	0	144	144	0	170	667	96,372	114	5.8	1,175
Analgesics and Anesthetics	0.9	0.5	0.0	0.4	42	36	0	5	45	78	12	12	9,558	427,793	1,009	51.3	10,237
Neuromuscular Agents	1.3	0.6	0.1	0.6	67	41	4	22	51	74	32	35	9,012	460,551	653	33.2	6,832
Nutritional Products	0.8	0.0	0.0	0.7	10	0	0	9	13	29	11	13	4,776	61,472	606	30.8	6,165
Hematological Agents	1.1	0.4	0.3	0.4	55	47	3	4	48	110	12	10	7,378	351,598	626	31.8	6,427
Topical Products	0.7	0.3	0.0	0.3	22	16	1	5	34	51	42	17	8,537	289,837	1,223	62.2	13,117
Miscellaneous Products	0.2	0.0	0.0	0.2	4	1	0	3	20	33	0	17	233	4,551	109	5.5	1,168
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	0	44	0	0	0	228	10,075	58	3.0	654
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>138,299</b>	<b>5,979,306</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Delaware, 0.8 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 = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$740,687	892	45.4 %	9,352	0.7	\$122	\$79
ANTIDEPRESSANTS	650,240	1,312	66.7	13,540	0.8	58	48
ULCER DRUGS	513,300	1,074	54.6	11,276	0.6	72	46
ANTICONVULSANT	318,058	621	31.6	6,578	1.0	49	48
MISC. HEMATOLOGICAL	229,417	339	17.2	3,472	0.8	86	66
ANTIHYPERTENSIVE	228,594	859	43.7	8,847	0.8	32	26
CALCIUM BLOCKERS	222,443	587	29.9	6,109	0.9	42	36
ANALGESICS - Narcotic	214,862	1,022	52.0	10,315	0.6	36	21
ANTIHYPERLIPIDEMIC	208,081	358	18.2	3,783	0.8	72	55
ANTIASTHMATIC	205,644	981	49.9	10,055	0.6	37	20
Total	3,531,326	8,045		83,327	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
<b>All</b>	<b>60,498</b>	<b>\$3,531,326</b>	<b>892</b>	<b>45.4 %</b>	<b>9,352</b>	<b>0.7</b>	<b>\$79</b>	<b>1,312</b>	<b>66.7 %</b>	<b>13,540</b>	<b>0.8</b>	<b>\$48</b>
<b>Female</b>	45,295	2,615,704	668	45.0	7,028	0.6	79	995	67.1	10,438	0.8	48
<b>Disabled</b>	3,876	225,970	28	39.4	330	0.8	122	71	100.0	813	0.8	45
64 or younger	3,643	205,306	26	39.4	306	0.8	110	66	100.0	761	0.8	44
65-74	233	20,664	2	40.0	24	1.0	269	5	100.0	52	0.8	49
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
<b>Other Eligibles</b>	41,419	2,389,734	640	45.3	6,698	0.6	77	924	65.4	9,625	0.8	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,541	336,536	74	56.5	782	0.7	97	115	87.8	1,270	0.8	49
75-84	15,698	936,252	227	48.5	2,410	0.7	85	336	71.8	3,518	0.9	54
85 and older	20,180	1,116,946	339	41.7	3,506	0.6	67	473	58.2	4,837	0.8	44
<b>Male</b>	15,203	915,622	224	46.4	2,324	0.7	80	317	65.6	3,102	0.8	49
<b>Disabled</b>	2,703	166,515	25	35.2	290	0.5	69	58	81.7	571	0.8	48
64 or younger	2,607	161,093	24	35.8	278	0.5	68	56	83.6	565	0.8	48
65-74	96	5,422	1	25.0	12	1.4	100	2	50.0	6	0.5	56
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
<b>Other Eligibles</b>	12,500	749,107	199	48.3	2,034	0.7	81	259	62.9	2,531	0.8	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,485	225,968	47	47.0	490	0.8	107	63	63.0	626	0.8	50
75-84	5,771	343,017	96	54.2	958	0.7	83	120	67.8	1,153	0.9	54
85 and older	3,244	180,122	56	41.5	586	0.6	56	76	56.3	752	0.8	41
<b>Unknown</b>	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 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table D10A

Dual Eligible Beneficiaries

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,074</b>	<b>54.6 %</b>	<b>11,276</b>	<b>0.6</b>	<b>\$46</b>	<b>621</b>	<b>31.6 %</b>	<b>6,578</b>	<b>1.0</b>	<b>\$48</b>	<b>339</b>	<b>17.2 %</b>	<b>3,472</b>	<b>0.8</b>	<b>\$66</b>
<b>Female</b>	810	54.6	8,567	0.6	45	428	28.9	4,583	0.9	43	252	17.0	2,604	0.8	67
<b>Disabled</b>	48	67.6	554	0.7	55	56	78.9	637	1.3	70	14	19.7	153	0.8	72
64 or younger	45	68.2	518	0.6	53	54	81.8	613	1.3	71	12	18.2	129	0.9	75
65-74	3	60.0	36	0.7	76	2	40.0	24	0.6	29	2	40.0	24	0.6	61
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
<b>Other Eligibles</b>	762	54.0	8,013	0.6	45	372	26.3	3,946	0.9	39	238	16.9	2,451	0.8	66
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	85	64.9	918	0.7	50	57	43.5	635	0.9	45	34	26.0	368	0.8	69
75-84	280	59.8	2,934	0.6	45	166	35.5	1,733	0.9	43	71	15.2	738	0.8	68
85 and older	397	48.8	4,161	0.7	43	149	18.3	1,578	0.8	31	133	16.4	1,345	0.8	64
<b>Male</b>	264	54.7	2,709	0.6	46	193	40.0	1,995	1.1	61	87	18.0	868	0.8	65
<b>Disabled</b>	42	59.2	446	0.6	45	51	71.8	537	1.3	101	7	9.9	61	0.7	49
64 or younger	40	59.7	440	0.6	45	44	65.7	498	1.3	103	6	9.0	57	0.7	50
65-74	2	50.0	6	0.7	84	7	175.0	39	1.3	68	1	25.0	4	0.5	35
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
<b>Other Eligibles</b>	222	53.9	2,263	0.6	47	142	34.5	1,458	1.0	46	80	19.4	807	0.8	66
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	57	57.0	621	0.6	43	46	46.0	499	1.2	66	28	28.0	292	0.7	64
75-84	102	57.6	1,000	0.6	50	59	33.3	600	0.9	39	30	16.9	280	0.9	67
85 and older	63	46.7	642	0.5	45	37	27.4	359	0.8	30	22	16.3	235	0.8	67
<b>Unknown</b>	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 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					CALCIUM BLOCKERS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>859</b>	<b>43.7 %</b>	<b>8,847</b>	<b>0.8</b>	<b>\$26</b>	<b>587</b>	<b>29.9 %</b>	<b>6,109</b>	<b>0.9</b>	<b>\$36</b>	<b>1,022</b>	<b>52.0 %</b>	<b>10,315</b>	<b>0.6</b>	<b>\$21</b>
<b>Female</b>	630	42.5	6,587	0.8	27	463	31.2	4,805	0.9	36	809	54.6	8,168	0.6	21
<b>Disabled</b>	37	52.1	392	0.9	38	23	32.4	248	0.9	40	47	66.2	545	0.9	28
64 or younger	33	50.0	360	0.9	37	20	30.3	220	0.9	38	46	69.7	533	0.9	29
65-74	4	80.0	32	1.1	48	3	60.0	28	1.1	57	1	20.0	12	0.1	1
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
<b>Other Eligibles</b>	593	42.0	6,195	0.8	26	440	31.2	4,557	0.9	36	762	54.0	7,623	0.5	20
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	76	58.0	827	0.8	28	42	32.1	442	0.9	37	74	56.5	762	0.8	22
75-84	178	38.0	1,898	0.9	27	146	31.2	1,594	0.9	38	273	58.3	2,797	0.6	22
85 and older	339	41.7	3,470	0.8	25	252	31.0	2,521	0.9	35	415	51.0	4,064	0.5	18
<b>Male</b>	229	47.4	2,260	0.8	24	124	25.7	1,304	0.9	37	213	44.1	2,147	0.6	22
<b>Disabled</b>	29	40.8	274	0.7	28	13	18.3	125	0.9	44	42	59.2	443	0.7	24
64 or younger	28	41.8	270	0.7	28	12	17.9	121	0.9	45	41	61.2	439	0.7	24
65-74	1	25.0	4	1.0	19	1	25.0	4	0.8	34	1	25.0	4	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
<b>Other Eligibles</b>	200	48.5	1,986	0.8	24	111	26.9	1,179	0.9	36	171	41.5	1,704	0.6	22
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	58	58.0	557	0.7	23	25	25.0	284	0.8	34	34	34.0	340	0.4	17
75-84	82	46.3	821	0.8	23	50	28.2	554	0.9	40	81	45.8	856	0.7	24
85 and older	60	44.4	608	0.8	25	36	26.7	341	0.9	33	56	41.5	508	0.5	21
<b>Unknown</b>	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 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC				ANTIASTHMATIC				Benefit Months Among All-Year Nursing Facility Residents		
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Number of Benefit Months Among Users	All-Year Nursing Facility Residents	Mean Rx \$	
<b>All</b>	<b>358</b>	<b>18.2 %</b>	<b>0.8</b>	<b>3,783</b>	<b>981</b>	<b>49.9 %</b>	<b>0.6</b>	<b>10,055</b>	<b>1,966</b>	<b>\$21</b>	<b>19,826</b>
<b>Female</b>	259	17.5	0.8	2,753	720	48.6	0.5	7,480	1,483	18	15,020
<b>Disabled</b>	18	25.4	0.8	199	34	47.9	1.1	375	71	29	797
64 or younger	15	22.7	0.9	163	31	47.0	1.1	355	66	26	745
65-74	3	60.0	0.6	36	3	60.0	1.2	20	5	79	52
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
<b>Other Eligibles</b>	241	17.1	0.8	2,554	686	48.6	0.5	7,105	1,412	17	14,223
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0
65-74	45	34.4	0.9	439	73	55.7	0.5	789	131	15	1,374
75-84	107	22.9	0.7	1,196	241	51.5	0.6	2,550	468	19	4,741
85 and older	89	10.9	0.8	919	372	45.8	0.4	3,766	813	16	8,108
<b>Male</b>	99	20.5	0.7	1,030	261	54.0	0.7	2,575	483	29	4,806
<b>Disabled</b>	10	14.1	0.8	110	35	49.3	1.2	297	71	43	738
64 or younger	10	14.9	0.8	110	30	44.8	1.2	284	67	44	717
65-74	0	0.0	0.0	0	5	125.0	1.0	13	4	28	21
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
<b>Other Eligibles</b>	89	21.6	0.7	920	226	54.9	0.6	2,278	412	27	4,068
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0
65-74	31	31.0	0.6	352	63	63.0	0.6	695	100	30	1,029
75-84	40	22.6	0.8	397	87	49.2	0.7	873	177	29	1,757
85 and older	18	13.3	0.8	171	76	56.3	0.5	710	135	21	1,282
<b>Unknown</b>	0	0.0	0.0	0	0	0.0	0.0	0	0	0	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 874 beneficiaries who were in nursing facilities for part of their enrollment and their 7,488 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries with		Percentage of Beneficiaries with		Number of Part D Excluded Rx		Total Part D Excluded Rx \$		Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries		Total Number of Beneficiaries
	at Least One Part D Excluded Rx	at Least One Part D Excluded Rx	at Least One Part D Excluded Rx	at Least One Part D Excluded Rx	per Beneficiary	per Beneficiary	Excluded Rx \$	Excluded Rx \$	per Part D Excluded Rx	2.6 %	
<b>All</b>	<b>7,093</b>	<b>64.6 %</b>	<b>6.1</b>	<b>67,176</b>	<b>\$85</b>	<b>\$930,148</b>	<b>\$14</b>	<b>2.6 %</b>	<b>10,980</b>		
<b>Age</b>											
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0	0	
6-14	4	80.0	33.0	165	543	2,717	16	19.4	5	5	
15-20	22	62.9	7.7	270	163	5,712	21	3.1	35	35	
21-44	1,506	61.7	5.3	12,907	87	212,548	16	2.4	2,440	2,440	
45-64	1,908	69.4	7.5	20,681	112	308,383	15	2.7	2,749	2,749	
65-74	1,340	66.3	6.3	12,736	78	157,833	12	2.6	2,022	2,022	
75-84	1,265	62.8	5.7	11,495	72	145,164	13	2.6	2,015	2,015	
85 and older	1,048	61.1	5.2	8,922	57	97,791	11	2.5	1,714	1,714	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
<b>Basis of Eligibility<sup>c</sup></b>											
Aged	3,491	63.9	5.8	31,550	70	380,805	12	2.6	5,467	5,467	
Disabled	2,984	67.4	7.1	31,372	109	480,232	15	2.6	4,426	4,426	
Adults	618	56.9	3.9	4,254	64	69,111	16	2.5	1,086	1,086	
Children	0	0.0	0.0	0	0	0	0	0.0	1	1	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
<b>Gender</b>											
Female	4,880	67.1	6.4	46,540	87	630,403	14	2.7	7,276	7,276	
Male	2,213	59.7	5.6	20,636	81	299,745	15	2.3	3,704	3,704	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	0	
<b>Race</b>											
White	4,123	64.9	6.6	42,186	96	608,218	14	2.8	6,354	6,354	
African American	2,487	64.5	5.5	21,363	71	273,615	13	2.3	3,854	3,854	
Other/unknown	483	62.6	4.7	3,627	63	48,315	13	2.3	772	772	
<b>Use of Nursing Facilities<sup>d</sup></b>											
Entire year	1,187	60.4	5.2	10,285	70	136,836	13	2.3	1,966	1,966	
Part year	599	68.5	5.7	4,955	66	57,774	12	2.6	874	874	
None	5,307	65.2	6.4	51,936	90	735,538	14	2.6	8,140	8,140	
<b>Maintenance Assistance Status</b>											
Cash	3,747	67.8	6.6	36,544	90	495,639	14	2.7	5,529	5,529	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	0	
Poverty related	335	51.2	2.8	1,805	44	28,962	16	2.5	654	654	
Other/unknown	3,011	62.8	6.0	28,827	85	405,547	14	2.5	4,797	4,797	

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.6	\$8	\$14	\$0	\$3	111,260
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	3.2	52	16	0	0	52
15-20	0.8	17	21	0	0	341
21-44	0.5	8	16	0	3	25,069
45-64	0.7	11	15	0	4	28,086
65-74	0.6	8	12	0	2	20,614
75-84	0.6	7	13	0	2	20,632
85 and older	0.5	6	11	0	2	16,466
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	7	12	0	2	54,811
Disabled	0.7	10	15	0	4	46,671
Adults	0.4	7	16	0	3	9,770
Children	0.0	0	0	0	0	8
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.6	9	14	0	3	73,884
Male	0.6	8	15	0	3	37,376
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.7	10	14	0	4	63,377
African American	0.5	7	13	0	1	39,905
Other/unknown	0.5	6	13	0	1	7,978
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	7	13	0	2	19,826
Part year	0.7	8	12	0	2	7,488
None	0.6	9	14	0	3	83,946
<b>Maintenance Assistance Status</b>						
Cash	0.6	8	14	0	2	61,180
Medically needy	0.0	0	0	0	0	0
Poverty related	0.5	8	16	0	3	3,575
Other/unknown	0.6	9	14	0	3	46,505

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 DELAWARE, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
<b>All</b>	<b>11,409</b>	<b>\$82</b>	<b>\$930,148</b>	<b>100.0 %</b>	<b>67,176</b>	<b>\$14</b>	<b>100.0 %</b>
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	10	19	192	0.0	19	10	0.0
Cough and cold medications	2,635	81	214,434	23.1	7,661	28	11.4
Vitamins and minerals	2,087	93	194,066	20.9	12,753	15	19.0
Non-prescription drugs	3,305	57	187,127	20.1	25,222	7	37.5
Barbiturates	145	64	9,213	1.0	1,464	6	2.2
Benzodiazepines	2,957	103	304,011	32.7	19,123	16	28.5
Other Part D Excl Rx Drugs	270	78	21,105	2.3	934	23	1.4

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries 10,980  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$35,994,344  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	264	2.4 %	\$0	0.0 %
1-500	1,924	17.5	430,912	1.2
501-1,000	1,275	11.6	950,304	2.6
1,001-1,500	1,028	9.4	1,272,763	3.5
1,501-2,000	848	7.7	1,477,125	4.1
2,001-2,500	786	7.2	1,764,242	4.9
2,501-3,000	677	6.2	1,857,078	5.2
3,001-3,500	551	5.0	1,787,549	5.0
3,501-4,000	521	4.7	1,954,683	5.4
4,001-4,500	421	3.8	1,780,432	4.9
4,501-5,000	388	3.5	1,842,479	5.1
5,001-5,500	311	2.8	1,630,962	4.5
5,501-6,000	283	2.6	1,622,902	4.5
6,001-6,500	234	2.1	1,462,974	4.1
6,501-7,000	167	1.5	1,127,923	3.1
7,001-7,500	165	1.5	1,194,609	3.3
7,501-8,000	146	1.3	1,126,994	3.1
8,001-8,500	107	1.0	880,539	2.4
8,501-9,000	106	1.0	927,595	2.6
9,001-9,500	82	0.7	759,296	2.1
9,501-10,000	72	0.7	701,495	1.9
10,001+	624	5.7	9,441,488	26.2

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 DELAWARE, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 4,280  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$17,881,276  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,178

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	105	2.5 %	0	0.0 %
1-500	752	17.6	162,907	0.9
501-1,000	437	10.2	324,901	1.8
1,001-1,500	341	8.0	423,064	2.4
1,501-2,000	253	5.9	441,603	2.5
2,001-2,500	254	5.9	572,018	3.2
2,501-3,000	244	5.7	667,747	3.7
3,001-3,500	170	4.0	552,998	3.1
3,501-4,000	174	4.1	656,638	3.7
4,001-4,500	154	3.6	650,806	3.6
4,501-5,000	148	3.5	703,176	3.9
5,001-5,500	132	3.1	690,944	3.9
5,501-6,000	113	2.6	646,710	3.6
6,001-6,500	97	2.3	605,845	3.4
6,501-7,000	82	1.9	554,824	3.1
7,001-7,500	81	1.9	586,226	3.3
7,501-8,000	78	1.8	602,680	3.4
8,001-8,500	55	1.3	452,325	2.5
8,501-9,000	63	1.5	551,475	3.1
9,001-9,500	48	1.1	444,883	2.5
9,501-10,000	43	1.0	418,399	2.3
10,001+	456	10.7	7,171,107	40.1

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.



SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74      2,022  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74      \$6,176,580  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74      \$3,055

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41	2.0%	0	0.0%
1-500	310	15.3	67,539	1.1
501-1,000	227	11.2	167,878	2.7
1,001-1,500	193	9.5	242,506	3.9
1,501-2,000	171	8.5	298,197	4.8
2,001-2,500	158	7.8	356,059	5.8
2,501-3,000	139	6.9	382,957	6.2
3,001-3,500	117	5.8	379,955	6.2
3,501-4,000	111	5.5	415,367	6.7
4,001-4,500	90	4.5	381,501	6.2
4,501-5,000	73	3.6	345,864	5.6
5,001-5,500	50	2.5	262,638	4.3
5,501-6,000	58	2.9	333,147	5.4
6,001-6,500	50	2.5	313,124	5.1
6,501-7,000	35	1.7	237,127	3.8
7,001-7,500	35	1.7	254,209	4.1
7,501-8,000	29	1.4	222,647	3.6
8,001-8,500	16	0.8	132,014	2.1
8,501-9,000	20	1.0	174,688	2.8
9,001-9,500	14	0.7	129,213	2.1
9,501-10,000	10	0.5	97,309	1.6
10,001+	75	3.7	982,641	15.9

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+      1,714  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+      \$3,847,001  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+      \$2,245

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 1.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	25	1.5 %	0	0.0 %
1-500	337	19.7	79,362	2.1
501-1,000	246	14.4	185,437	4.8
1,001-1,500	217	12.7	267,853	7.0
1,501-2,000	160	9.3	274,864	7.1
2,001-2,500	142	8.3	318,020	8.3
2,501-3,000	111	6.5	305,490	7.9
3,001-3,500	86	5.0	276,995	7.2
3,501-4,000	74	4.3	275,072	7.2
4,001-4,500	70	4.1	295,149	7.7
4,501-5,000	53	3.1	253,036	6.6
5,001-5,500	44	2.6	229,879	6.0
5,501-6,000	44	2.6	252,119	6.6
6,001-6,500	37	2.2	230,673	6.0
6,501-7,000	16	0.9	106,982	2.8
7,001-7,500	11	0.6	78,962	2.1
7,501-8,000	7	0.4	54,665	1.4
8,001-8,500	7	0.4	57,033	1.5
8,501-9,000	7	0.4	61,327	1.6
9,001-9,500	1	0.1	9,269	0.2
9,501-10,000	1	0.1	9,956	0.3
10,001+	18	1.1	224,858	5.8

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>12,332</b>	<b>6,157</b>	<b>4,925</b>	<b>1,248</b>	<b>0</b>	<b>129,458</b>	<b>63,417</b>	<b>54,611</b>	<b>11,410</b>	<b>0</b>
<b>Age</b>										
5 and younger	0	0	0	0	0		0	0	0	0
6-14	6	0	5	0	1	64	0	52	0	12
15-20	39	0	35	3	1	420	0	382	30	8
21-44	2,778	0	2,204	574	0	30,041	0	24,522	5,519	0
45-64	3,014	2	2,518	494	0	32,137	18	27,797	4,322	0
65-74	2,260	1,935	163	162	0	24,182	20,931	1,858	1,393	0
75-84	2,280	2,267	0	13	0	23,742	23,609	0	133	0
85 and older	1,955	1,953	0	2	0	18,872	18,859	0	13	0
Unknown	0	0	0	0	0		0	0	0	0
<b>Gender</b>										
Female	7,977	4,606	2,623	747	1	84,197	47,695	29,426	7,064	12
Male	4,355	1,551	2,302	501	1	45,261	15,722	25,185	4,346	8
Unknown	0	0	0	0	0		0	0	0	0
<b>Race</b>										
White	7,120	3,673	2,785	662	0	73,612	36,600	31,000	6,012	0
African American	4,345	1,964	1,892	488	1	46,755	21,242	20,972	4,533	8
Other/unknown	867	520	248	98	1	9,091	5,575	2,639	865	12
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	2,359	2,146	213	0	0	23,627	21,320	2,307	0	0
Part year	956	832	121	3	0	9,109	7,825	1,249	35	0
None	9,017	3,179	4,591	1,245	2	96,722	34,272	51,055	11,375	20
<b>Maintenance Assistance Status</b>										
Cash	6,148	2,547	3,220	381	0	67,812	28,410	35,691	3,711	0
Medically needy	0	0	0	0	0		0	0	0	0
Poverty related	655	188	464	3	0	7,276	2,081	5,167	28	0
Other/unknown	5,529	3,422	1,241	864	2	54,370	32,926	13,753	7,671	20
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	11,215	5,682	4,349	1,182	2	117,290	58,348	48,225	10,697	20
Full dual, part year	1,117	475	576	66	0	12,168	5,069	6,386	713	0
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	58	0	4	54	0	476	0	42	434	0
FFS part year, with Rx claims	973	399	486	88	0	10,682	4,305	5,435	942	0
FFS part year, no Rx claims	190	76	90	24	0	1,955	764	955	236	0
MC all year, with Rx claims	9,759	4,992	3,846	920	1	105,016	52,567	43,609	8,832	8
MC all year, no Rx claims	1,352	690	499	162	1	11,329	5,781	4,570	966	12



Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>12,332</b>	<b>129,458</b>	<b>111,260</b>	<b>10,980</b>	<b>111,260</b>	<b>0</b>	<b>18,198</b>
Fee-for-service (FFS) all year	58	476	476	58	476	0	0
FFS part year, with Rx claims	973	10,682	4,626	973	4,626	0	6,056
FFS part year, with no Rx claims	190	1,955	1,142	190	1,142	0	813
Managed care (MC) all year, with Rx claims	9,759	105,016	105,016	9,759	105,016	0	0
MC all year, with no Rx claims	1,352	11,329	0	0	0	0	11,329

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.