

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 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. ANNUAL 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. AVERAGE 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. ANNUAL 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. AVERAGE 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. ANNUAL 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. AVERAGE 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 TABLES

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 D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	36,661	20,836	15,572	239	14	0	374,865	209,397	164,118	1,285	65	0						0	
Age																			
5 and younger	3	0	2	0	1	0	31	0	22	0	9	0						0	
6-14	11	0	11	0	0	0	120	0	120	0	0	0						0	
15-20	85	0	76	1	8	0	731	0	701	1	29	0						0	
21-44	6,842	0	6,670	167	5	0	70,940	0	70,021	892	27	0						0	
45-64	8,653	0	8,592	61	0	0	91,454	0	91,133	321	0	0						0	
65-74	6,443	6,213	221	9	0	0	66,968	64,778	2,121	69	0	0						0	
75-84	7,409	7,409	0	0	0	0	75,607	75,607	0	0	0	0						0	
85 and older	7,215	7,214	0	1	0	0	69,014	69,012	0	2	0	0						0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						0	
Gender																			
Female	23,856	15,484	8,235	129	8	0	245,698	157,648	87,279	737	34	0						0	
Male	12,805	5,352	7,337	110	6	0	129,167	51,749	76,839	548	31	0						0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						0	
Race																			
White	31,624	18,570	12,852	193	9	0	323,211	185,985	136,189	994	43	0						0	
African American	2,752	1,108	1,621	19	4	0	28,703	11,733	16,841	112	17	0						0	
Other/unknown	2,285	1,158	1,099	27	1	0	22,951	11,679	11,088	179	5	0						0	
Use of Nursing Facilities^c																			
Entire year	7,273	6,606	665	2	0	0	71,203	63,954	7,235	14	0	0						0	
Part year	3,101	2,668	430	3	0	0	29,713	25,267	4,423	23	0	0						0	
None	26,287	11,562	14,477	234	14	0	273,949	120,176	152,460	1,248	65	0						0	
Maintenance Assistance Status																			
Cash	9,679	3,333	6,293	52	1	0	104,193	36,517	67,359	316	1	0						0	
Medically needy	12,080	10,228	1,787	55	10	0	113,998	95,379	18,235	341	43	0						0	
Poverty-related	14,370	7,257	7,110	0	3	0	151,538	77,297	74,220	0	21	0						0	
Other/unknown	532	18	382	132	0	0	5,136	204	4,304	628	0	0						0	
Dual Medicare Status^d																			
Full dual, all year	36,168	20,538	15,377	239	14	0	370,164	206,576	162,238	1,285	65	0						0	
Full dual, part year	493	298	195	0	0	0	4,701	2,821	1,880	0	0	0						0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	35,094	20,660	14,296	135	3	0	364,488	208,137	155,623	711	17	0						0	
FFS part year, with Rx claims	1,170	120	990	54	6	0	6,786	747	5,888	135	16	0						0	
FFS part year, no Rx claims	86	12	67	6	1	0	423	48	358	11	6	0						0	
MC all year, with FFS Rx claims	311	44	219	44	4	0	3,168	465	2,249	428	26	0						0	

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	91.8 %	54.2	\$3,005	\$56	\$14,101	21.3 %	36,661
Age							
5 and younger	100.0	40.3	3,941	98	7,574	52.0	3
6-14	100.0	39.1	4,516	116	9,685	46.6	11
15-20	82.4	27.6	2,519	91	8,249	30.5	85
21-44	89.3	40.1	3,425	85	9,696	35.3	6,842
45-64	91.1	59.3	3,811	64	12,886	29.6	8,653
65-74	89.6	55.4	2,768	50	11,137	24.9	6,443
75-84	92.8	58.6	2,654	45	15,122	17.5	7,409
85 and older	96.0	56.1	2,214	40	21,414	10.3	7,215
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.9	56.8	2,538	45	16,088	15.8	20,836
Disabled	90.3	51.1	3,649	71	11,609	31.4	15,572
Adults	89.5	24.4	1,757	72	3,806	46.2	239
Children	85.7	22.9	2,932	128	4,606	63.7	14
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	94.3	59.4	3,101	52	14,655	21.2	23,856
Male	87.2	44.4	2,826	64	13,070	21.6	12,805
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.2	55.9	3,091	55	14,809	20.9	31,624
African American	90.7	45.4	2,498	55	10,619	23.5	2,752
Other/unknown	87.6	41.1	2,423	59	8,496	28.5	2,285
Use of Nursing Facilities^f							
Entire year	97.4	70.4	3,319	47	34,210	9.7	7,273
Part year	96.8	66.4	3,064	46	22,715	13.5	3,101
None	89.6	48.2	2,911	60	7,522	38.7	26,287
Maintenance Assistance Status							
Cash	91.6	49.5	3,211	65	7,510	42.8	9,679
Medically needy	92.5	64.1	3,011	47	29,969	10.0	12,080
Poverty related	91.4	49.9	2,886	58	5,572	51.8	14,370
Other/unknown	89.3	30.9	2,305	75	4,126	55.9	532

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	5.3	\$294	21.3 %	8.2 %	13.0 %	9.2 %	27.9 %	30.2 %	11.4 %	\$1,379	36,661	374,865
Age												
5 and younger	3.9	381	52.0	0.0	0.0	0.0	100.0	0.0	0.0	733	3	31
6-14	3.6	414	46.6	0.0	36.4	18.2	18.2	18.2	9.1	888	11	120
15-20	3.2	293	30.5	17.6	22.4	10.6	28.2	12.9	8.2	959	85	731
21-44	3.9	330	35.3	10.7	23.8	12.8	26.1	19.4	7.2	935	6,842	70,940
45-64	5.6	361	29.6	8.9	12.3	8.7	26.9	29.4	13.8	1,219	8,653	91,454
65-74	5.3	266	24.9	10.4	13.3	8.8	25.9	29.5	12.0	1,072	6,443	66,968
75-84	5.7	260	17.5	7.2	9.4	8.4	28.2	34.0	12.9	1,482	7,409	75,607
85 and older	5.9	232	10.3	4.0	7.0	7.6	32.3	38.6	10.5	2,239	7,215	69,014
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.7	253	15.8	7.1	9.7	8.3	28.9	34.2	11.8	1,601	20,836	209,397
Disabled	4.8	346	31.4	9.7	17.4	10.5	26.5	25.1	10.9	1,102	15,572	164,118
Adults	4.5	327	46.2	10.5	18.0	11.3	27.6	20.1	12.6	708	239	1,285
Children	4.9	632	63.7	14.3	7.1	14.3	35.7	7.1	21.4	992	14	65
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.8	301	21.2	5.7	10.6	8.9	28.6	33.1	13.1	1,423	23,856	245,698
Male	4.4	280	21.6	12.8	17.5	9.9	26.6	24.9	8.4	1,296	12,805	129,167
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.5	302	20.9	7.8	11.9	8.8	28.0	31.5	12.0	1,449	31,624	323,211
African American	4.3	240	23.5	9.3	19.5	11.0	28.6	24.2	7.4	1,018	2,752	28,703
Other/unknown	4.1	241	28.5	12.4	21.2	12.6	25.6	20.1	8.0	846	2,285	22,951
use of nursing Facilities^f												
Entire year	7.2	339	9.7	2.6	3.8	5.3	26.6	43.2	18.6	3,494	7,273	71,203
Part year	6.9	320	13.5	3.2	5.3	6.2	26.8	41.8	16.7	2,371	3,101	29,713
None	4.6	279	38.7	10.4	16.5	10.7	28.4	25.3	8.8	722	26,287	273,949
Maintenance Assistance Status												
Cash	4.6	298	42.8	8.4	18.6	11.2	27.9	24.7	9.2	698	9,679	104,193
Medically needy	6.8	319	10.0	7.5	4.3	5.6	25.8	40.0	16.7	3,176	12,080	113,998
Poverty related	4.7	274	51.8	8.6	16.1	10.7	29.7	26.2	8.7	528	14,370	151,538
Other/unknown	3.2	239	55.9	10.7	26.9	14.8	25.2	16.5	5.8	427	532	5,136

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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
All	5.3	\$294	\$56	2.2	\$236	\$105	0.2	\$8	\$33	2.8	\$50	\$18
Age												
5 and younger	3.9	381	98	1.7	360	207	0.5	9	16	1.6	12	8
6-14	3.6	414	116	1.8	351	197	0.4	41	113	1.4	23	16
15-20	3.2	293	91	1.8	262	143	0.2	5	33	1.2	26	21
21-44	3.9	330	85	1.8	277	154	0.2	9	57	1.9	44	23
45-64	5.6	361	64	2.5	292	119	0.2	10	42	2.9	59	20
65-74	5.3	266	50	2.3	213	92	0.2	6	30	2.8	47	17
75-84	5.7	260	45	2.4	204	85	0.3	6	24	3.1	49	16
85 and older	5.9	232	40	2.2	174	79	0.3	7	21	3.3	50	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	253	45	2.3	197	85	0.3	6	24	3.1	49	16
Disabled	4.8	346	71	2.2	284	131	0.2	10	47	2.5	52	21
Adults	4.5	327	72	2.1	276	134	0.2	9	56	2.3	42	18
Children	4.9	632	128	3.1	606	194	0.1	4	47	1.7	21	12
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.8	301	52	2.5	241	98	0.3	8	30	3.0	52	17
Male	4.4	280	64	1.9	226	121	0.2	8	41	2.3	46	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.5	302	55	2.3	242	104	0.2	8	32	2.9	52	18
African American	4.3	240	55	1.9	195	105	0.2	7	43	2.3	37	16
Other/unknown	4.1	241	59	1.8	196	110	0.2	7	40	2.1	38	18
Use of Nursing Facilities^e												
Entire year	7.2	339	47	2.9	264	92	0.4	8	24	4.0	66	17
Part year	6.9	320	46	2.8	249	91	0.3	8	25	3.8	62	16
None	4.6	279	60	2.0	227	111	0.2	8	39	2.4	45	19
Maintenance Assistance Status												
Cash	4.6	298	65	2.0	243	120	0.2	8	43	2.4	46	20
Medically needy	6.8	319	47	2.7	249	91	0.3	8	24	3.7	62	17
Poverty related	4.7	274	58	2.1	222	107	0.2	7	36	2.5	44	18
Other/unknown	3.2	239	75	1.5	194	127	0.1	9	64	1.5	35	23

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 Nebraska, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	0.4	0.2	0.0	0.2	\$25	\$20	\$0	\$4	\$69	\$119	\$78	\$24	84,938	\$5,889,749	21,845	59.6 %	234,978
Biologics	0.2	0.1	0.0	0.1	134	3	0	131	866	43	0	1,567	176	152,369	100	0.3	1,136
Antineoplastic Agents	0.6	0.3	0.0	0.3	141	126	2	13	251	434	127	51	6,773	1,698,122	1,164	3.2	12,016
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	45	37	3	5	41	70	19	13	206,498	8,556,848	17,778	48.5	188,191
Cardiovascular Agents	1.9	0.7	0.1	1.1	63	48	1	14	33	65	17	13	472,770	15,602,778	23,544	64.2	246,813
Respiratory Agents	0.8	0.4	0.0	0.4	38	31	1	6	50	83	51	17	131,068	6,598,561	16,150	44.1	173,234
Gastrointestinal Agents	0.8	0.2	0.0	0.6	35	22	1	13	44	119	89	21	143,693	6,324,177	16,698	45.5	178,479
Genitourinary Agents	0.6	0.5	0.0	0.1	43	41	0	2	71	81	39	21	45,865	3,251,992	6,978	19.0	75,425
CNS Drugs	1.5	0.8	0.0	0.6	135	117	3	15	89	140	90	24	338,073	30,182,546	21,323	58.2	222,851
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	64	53	3	8	107	166	90	34	5,152	551,090	820	2.2	8,616
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	112	111	0	1	152	157	0	23	14,516	2,202,111	1,959	5.3	19,643
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	51	40	1	10	56	132	58	16	200,576	11,187,431	20,748	56.6	219,057
Neuromuscular Agents	1.0	0.5	0.1	0.5	76	59	3	14	73	131	41	27	134,527	9,865,538	12,033	32.8	129,106
Nutritional Products	0.7	0.0	0.0	0.6	10	0	0	10	15	27	22	15	56,198	863,411	7,969	21.7	83,135
Hematological Agents	0.8	0.2	0.1	0.5	48	41	1	6	57	178	14	11	63,941	3,617,845	7,316	20.0	75,959
Topical Products	0.4	0.2	0.0	0.2	18	13	1	4	41	63	40	20	75,836	3,119,491	15,746	43.0	171,584
Miscellaneous Products	0.3	0.1	0.0	0.2	56	39	10	8	163	377	228	39	2,165	353,288	605	1.7	6,261
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	46	0	0	0	2,916	134,650	947	2.6	10,503
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,985,681	110,151,997	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 Nebraska, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	\$18,287,070	12,254	33.4 %	130,941	0.8	\$181
ANTIDEPRESSANTS	9,378,394	20,019	54.6	211,662	0.7	62
ANTICONVULSANT	7,727,326	9,925	27.1	107,352	0.8	87
ANALGESICS - Narcotic	5,503,188	22,968	62.6	244,230	0.5	48
ANTHYPERLIPIDEMIC	5,501,738	8,520	23.2	93,718	0.7	87
ANTI-DIABETIC	5,216,390	12,123	33.1	129,725	0.8	53
ANALGESICS - ANTI-INFLAMMATORY	4,435,023	12,672	34.6	138,593	0.5	67
ANTI-ASTHMATIC	4,403,429	14,094	38.4	150,431	0.5	62
ULCER DRUGS	4,225,628	17,080	46.6	185,650	0.5	42
ANTI-HYPERTENSIVE	3,652,204	14,911	40.7	159,407	0.7	32
Total	68,330,390	144,566		1,551,709	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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.medispan.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	968,901	\$68,330,390	12,254	33.4 %	130,941	0.8	\$140	20,019	54.6 %	211,662	0.7	\$44					
Female	666,390	44,377,164	7,306	30.6	77,842	0.7	122	14,335	60.1	152,270	0.7	44					
Disabled	257,544	20,743,925	3,622	44.0	39,713	0.8	148	6,428	78.1	70,001	0.7	47					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	44	3,630	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	299	25,732	6	18.8	47	0.6	113	12	37.5	108	0.7	55					
21-44	82,108	7,577,979	1,775	55.3	19,142	0.7	144	2,521	78.5	27,207	0.6	48					
45-64	170,852	12,874,489	1,807	37.3	20,159	0.8	153	3,828	79.1	42,016	0.7	47					
65-74	4,241	262,095	34	23.4	365	0.7	123	67	46.2	670	0.8	37					
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	408,846	23,633,239	3,684	23.6	38,129	0.7	94	7,907	50.6	82,269	0.7	41					
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	96	24,136	5	100.0	11	4.5	1,864	5	100.0	19	1.3	151					
21-44	1,552	137,358	30	29.1	193	0.7	171	68	66.0	429	0.6	54					
45-64	280	19,575	6	23.1	42	0.7	111	23	88.5	134	0.6	40					
65-74	122,696	7,730,429	823	20.1	9,010	0.7	114	2,081	50.9	22,796	0.7	39					
75-84	149,686	8,698,451	1,267	23.6	13,329	0.7	96	2,683	49.9	28,368	0.7	41					
85 and older	134,536	7,023,290	1,553	25.8	15,544	0.6	79	3,047	50.6	30,523	0.8	43					
Male	302,511	23,953,226	4,948	38.6	53,099	0.9	166	5,684	44.4	59,392	0.7	45					
Disabled	180,660	16,997,581	3,636	49.6	40,311	0.9	188	3,477	47.4	37,841	0.7	48					
5 and younger	19	644	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	27	1,183	0	0.0	0	0.0	0	1	20.0	12	0.9	77					
15-20	749	64,269	14	31.8	142	1.0	160	19	43.2	207	0.7	37					
21-44	71,391	7,887,345	1,932	55.9	21,222	0.9	191	1,659	48.0	17,850	0.7	50					
45-64	106,904	8,949,282	1,668	44.5	18,738	1.0	185	1,773	47.3	19,548	0.7	46					
65-74	1,570	94,858	22	28.9	209	0.6	81	25	32.9	224	0.7	40					
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	121,851	6,955,645	1,312	24.0	12,788	0.7	97	2,207	40.4	21,551	0.7	41					
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	27	3,398	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	650	55,166	7	10.1	42	0.5	130	26	37.7	130	0.7	67					
45-64	449	23,190	5	14.3	36	0.4	21	23	65.7	143	0.6	29					
65-74	49,837	3,079,904	477	22.3	4,996	0.8	119	752	35.2	7,909	0.7	39					
75-84	46,947	2,593,379	507	24.9	4,950	0.6	87	812	39.9	8,018	0.8	42					
85 and older	23,941	1,200,608	316	26.6	2,764	0.6	78	594	50.0	5,351	0.8	41					
Unknown	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 Nebraska, released by CMS in 05/2007. 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.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.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean per Rx \$ per Benefit Month
All	9,925	27.1 %	107,352	0.8	\$72	22,968	62.6 %	244,230	0.5	\$23	8,520	23.2 %	93,718	0.7	\$59
Female	6,239	26.2	67,441	0.8	69	16,690	70.0	178,480	0.5	22	5,766	24.2	63,771	0.7	59
Disabled	3,581	43.5	39,197	0.8	86	6,750	82.0	73,725	0.5	21	1,978	24.0	21,905	0.6	56
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	2	33.3	24	0.9	121	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	34.4	112	0.7	72	12	37.5	118	0.3	23	1	3.1	12	0.8	58
21-44	1,530	47.6	16,576	0.8	95	2,471	77.0	26,509	0.4	19	363	11.3	3,977	0.6	46
45-64	2,005	41.4	22,147	0.8	79	4,178	86.3	46,300	0.5	22	1,561	32.2	17,359	0.7	58
65-74	33	22.8	338	0.9	70	89	61.4	798	0.5	14	53	36.6	557	0.8	62
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,658	17.0	28,244	0.7	46	9,940	63.6	104,755	0.5	23	3,788	24.2	41,866	0.7	60
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	20.0	1	11.0	524	3	60.0	3	1.0	10	0	0.0	0	0.0	0
21-44	35	34.0	243	1.1	185	88	85.4	568	0.6	14	8	7.8	78	0.4	59
45-64	6	23.1	22	0.6	52	12	46.2	96	0.5	22	4	15.4	32	0.5	57
65-74	881	21.6	9,805	0.7	53	2,765	67.7	30,569	0.5	21	1,542	37.7	17,309	0.7	61
75-84	998	18.6	10,672	0.7	42	3,433	63.9	36,954	0.5	24	1,610	30.0	17,745	0.7	60
85 and older	737	12.2	7,501	0.8	37	3,639	60.4	36,565	0.5	24	624	10.4	6,702	0.7	57
Male	3,686	28.8	39,911	0.9	77	6,278	49.0	65,750	0.4	24	2,754	21.5	29,947	0.7	59
Disabled	2,786	38.0	30,874	0.9	86	3,637	49.6	39,115	0.4	26	1,522	20.7	16,813	0.7	59
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	1	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	23	52.3	252	0.8	95	11	25.0	118	0.9	16	0	0.0	0	0.0	0
21-44	1,370	39.6	15,054	0.9	95	1,501	43.4	15,968	0.4	26	417	12.1	4,633	0.7	56
45-64	1,368	36.5	15,310	0.9	77	2,091	55.7	22,730	0.5	27	1,093	29.1	12,037	0.7	60
65-74	25	32.9	258	1.0	68	33	43.4	287	0.3	10	12	15.8	143	0.5	36
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	900	16.5	9,037	0.8	47	2,641	48.3	26,635	0.4	20	1,232	22.5	13,134	0.7	60
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	2	50.0	2	12.5	1,691	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	26.1	109	0.8	109	42	60.9	263	0.9	46	11	15.9	28	0.9	70
45-64	10	28.6	64	0.4	33	21	60.0	153	0.7	19	8	22.9	49	0.4	45
65-74	399	18.7	4,207	0.8	52	1,003	47.0	10,651	0.4	18	625	29.3	6,871	0.7	59
75-84	337	16.6	3,426	0.8	44	1,000	49.1	10,247	0.4	19	495	24.3	5,273	0.7	62
85 and older	134	11.3	1,229	0.8	33	575	48.4	5,321	0.5	21	93	7.8	913	0.8	62
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	
All	12,123	33.1%	129,725	0.8	12,672	34.6%	138,593	0.5	14,094	38.4%	150,431	0.5	\$29
Female	8,412	35.3	90,582	0.8	9,225	38.7	101,126	0.5	9,813	41.1	105,671	0.5	29
Disabled	2,574	31.3	28,015	0.7	3,500	42.5	38,600	0.4	3,860	46.9	42,027	0.4	30
5 and younger	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
15-20	0	0.0	0	0.0	8	25.0	71	0.2	11	34.4	117	0.3	17
21-44	519	16.2	5,694	0.7	1,230	38.3	13,362	0.4	1,213	37.8	13,047	0.4	25
45-64	1,992	41.1	21,681	0.8	2,203	45.5	24,539	0.5	2,556	52.8	28,082	0.5	32
65-74	63	43.4	640	0.8	59	40.7	628	0.5	80	55.2	781	0.6	36
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	5,838	37.4	62,567	0.8	5,725	36.6	62,526	0.5	5,953	38.1	63,644	0.5	28
5 and younger	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
15-20	0	0.0	0	0.0	2	40.0	2	1.0	0	0.0	0	0.0	0
21-44	13	12.6	107	0.6	35	34.0	217	0.4	40	38.8	324	0.5	22
45-64	6	23.1	64	0.4	4	15.4	25	0.5	10	38.5	46	0.3	22
65-74	2,119	51.8	23,432	0.8	1,695	41.5	19,010	0.5	1,998	48.9	22,193	0.5	33
75-84	2,259	42.0	24,246	0.8	1,997	37.2	22,242	0.5	2,054	38.2	22,142	0.5	29
85 and older	1,441	23.9	14,718	0.8	1,992	33.1	21,030	0.6	1,851	30.7	18,939	0.4	23
Male	3,711	29.0	39,143	0.8	3,447	26.9	37,467	0.4	4,281	33.4	44,760	0.5	30
Disabled	1,680	22.9	18,242	0.7	1,912	26.1	21,229	0.4	1,871	25.5	20,106	0.5	30
5 and younger	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	1	20.0	12	0.1	1	0.0	0	0.0	0
15-20	2	4.5	8	2.3	6	13.6	62	0.3	12	27.3	134	0.5	20
21-44	368	10.6	4,052	0.7	777	22.5	8,576	0.3	621	18.0	6,777	0.4	24
45-64	1,276	34.0	13,842	0.7	1,097	29.2	12,284	0.4	1,211	32.3	12,943	0.5	33
65-74	34	44.7	340	0.6	31	40.8	295	0.4	27	35.5	252	0.5	34
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	2,031	37.1	20,901	0.8	1,535	28.1	16,238	0.5	2,410	44.1	24,654	0.5	31
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	1	1.4	3	1.0	17	24.6	108	0.5	16	23.2	74	0.4	10
45-64	11	31.4	82	0.9	8	22.9	60	0.3	14	40.0	112	0.4	23
65-74	896	42.0	9,657	0.7	609	28.5	6,755	0.4	927	43.4	9,867	0.5	34
75-84	792	38.9	8,122	0.8	541	26.6	5,813	0.5	947	46.5	9,836	0.5	29
85 and older	331	27.8	3,037	0.8	360	30.3	3,502	0.6	506	42.6	4,765	0.5	27
Unknown	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 Nebraska, released by CMS in 05/2007. 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(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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ULCER DRUGS				ANTIHYPERTENSIVE					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of 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
All	17,080	46.6 %	185,650	0.5	14,911	40.7 %	159,407	0.7	36,661	374,865
Female	12,155	51.0	132,678	0.5	10,479	43.9	112,947	0.7	23,856	245,698
Disabled	4,445	54.0	49,422	0.5	2,455	29.8	27,002	0.7	8,235	87,279
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0
6-14	0	0.0	0	0.0	2	33.3	20	1.2	6	65
15-20	6	18.8	34	0.6	1	3.1	12	0.3	32	299
21-44	1,378	42.9	15,088	0.4	459	14.3	5,062	0.6	3,211	33,824
45-64	2,988	61.7	33,571	0.5	1,913	39.5	21,106	0.7	4,841	51,664
65-74	73	50.3	729	0.6	80	55.2	802	0.8	145	1,427
75-84	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
Other Eligibles	7,710	49.4	83,256	0.6	8,024	51.4	85,945	0.7	15,621	158,419
5 and younger	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
15-20	0	0.0	0	0.0	2	40.0	6	1.0	5	15
21-44	29	28.2	192	0.5	13	12.6	102	0.6	103	611
45-64	6	23.1	29	0.6	6	23.1	44	0.4	26	128
65-74	2,128	52.1	23,813	0.5	2,195	53.7	24,412	0.7	4,087	43,246
75-84	2,733	50.9	30,062	0.6	3,050	56.8	33,086	0.7	5,374	55,856
85 and older	2,814	46.7	29,160	0.6	2,758	45.8	28,295	0.8	6,026	58,563
Male	4,925	38.5	52,972	0.6	4,432	34.6	46,460	0.7	12,805	129,167
Disabled	2,662	36.3	29,578	0.5	1,876	25.6	20,160	0.7	7,337	76,839
5 and younger	1	50.0	12	0.1	3	150.0	30	0.6	2	22
6-14	3	60.0	36	0.3	1	20.0	7	0.6	5	55
15-20	6	13.6	47	0.4	8	18.2	62	0.6	44	402
21-44	1,063	30.7	11,779	0.5	490	14.2	5,284	0.6	3,459	36,197
45-64	1,560	41.6	17,414	0.6	1,343	35.8	14,462	0.7	3,751	39,469
65-74	29	38.2	290	0.6	31	40.8	315	0.7	76	694
75-84	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
Other Eligibles	2,263	41.4	23,394	0.6	2,556	46.7	26,300	0.7	5,468	52,328
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	9
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0
15-20	0	0.0	0	0.0	1	25.0	7	0.3	4	15
21-44	16	23.2	108	0.5	16	23.2	68	0.8	69	308
45-64	6	17.1	49	0.2	11	31.4	87	0.6	35	193
65-74	841	39.4	9,204	0.5	1,066	49.9	11,475	0.7	2,135	21,601
75-84	833	40.9	8,699	0.6	953	46.8	9,950	0.7	2,035	19,751
85 and older	567	47.7	5,334	0.7	509	42.8	4,713	0.7	1,189	10,451
Unknown	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 Nebraska, released by CMS in 05/2007. 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	
				7.2	71,203
All	\$339		7,273		71,203
Age					
0-64	520	8.1	648		7,076
65-74	461	8.5	833		8,648
75-84	360	7.7	2,074		20,247
85 and older	260	6.4	3,718		35,232
Unknown	0	0.0	0		0
Gender					
Female	328	7.1	5,316		52,505
Male	370	7.3	1,957		18,698
Unknown	0	0.0	0		0
Race					
White	338	7.2	6,883		67,262
African American	356	7	222		2,314
Other/unknown	374	7.3	168		1,627
Basis of Eligibility^c					
Aged	319	7.1	6,606		63,954
Disabled	521	8.1	665		7,235
Adults	100	3.9	2		14
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$16	\$0	\$4	\$56	\$89	\$80	\$23	18,906	\$1,061,883	5,041	69.3 %	52,159
Biologics	0.1	0.0	0.0	0.1	3	0	0	2	23	12	0	25	11	258	10	0.1	102
Antineoplastic Agents	0.6	0.3	0.0	0.3	121	98	2	21	200	371	147	64	1,800	359,653	304	4.2	2,970
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.5	47	38	3	6	37	66	16	11	49,329	1,814,144	3,832	52.7	38,714
Cardiovascular Agents	2.2	0.6	0.1	1.5	51	32	2	18	24	55	13	12	120,410	2,833,141	5,567	76.5	55,402
Respiratory Agents	0.7	0.3	0.0	0.4	32	24	1	8	45	85	51	18	24,699	1,102,389	3,282	45.1	33,930
Gastrointestinal Agents	1.0	0.2	0.0	0.8	32	17	0	14	31	81	45	18	43,161	1,353,194	4,185	57.5	42,898
Genitourinary Agents	0.7	0.6	0.0	0.1	49	46	0	3	68	78	40	24	16,304	1,105,800	2,132	29.3	22,394
CNS Drugs	1.6	1.0	0.0	0.6	127	112	2	13	78	111	72	22	87,768	6,837,827	5,348	73.5	53,722
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.5	28	19	0	10	46	132	26	20	905	41,194	148	2.0	1,451
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	115	114	0	0	138	139	0	22	7,416	1,021,259	914	12.6	8,904
Analgesics and Anesthetics	1.0	0.4	0.0	0.5	60	52	1	7	60	118	36	14	42,560	2,566,311	4,260	58.6	42,728
Neuromuscular Agents	1.2	0.5	0.1	0.7	72	45	4	23	59	99	36	35	31,282	1,848,103	2,463	33.9	25,740
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	12	15	32	16	15	21,052	320,994	2,515	34.6	25,263
Hematological Agents	1.1	0.2	0.2	0.7	45	37	1	7	42	158	9	10	21,840	916,540	2,031	27.9	20,250
Topical Products	0.5	0.2	0.0	0.3	20	14	1	6	39	61	42	20	23,523	908,543	4,205	57.8	44,657
Miscellaneous Products	0.3	0.1	0.0	0.2	13	6	0	7	46	101	0	32	522	24,243	181	2.5	1,835
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	38	0	0	0	575	21,751	144	2.0	1,569
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.	512,063	24,137,227	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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 Nebraska, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	
			46.7 %						
ANTIPSYCHOTICS	\$4,034,445	3,394	46.7 %	35,205	0.8	\$150	\$115		
ANTIDEPRESSANTS	2,447,731	4,858	66.8	49,703	0.9	57	49		
ANALGESICS - Narcotic	1,516,938	4,288	59.0	42,893	0.6	61	35		
ANTICONVULSANT	1,183,442	1,891	26.0	20,006	1.0	62	59		
ANTIDIABETIC	1,067,096	2,739	37.7	28,093	0.9	45	38		
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,021,259	907	12.5	8,917	0.8	138	115		
ANALGESICS - ANTI-INFLAMMATORY	960,814	2,260	31.1	23,736	0.6	65	40		
ULCER DRUGS	864,768	3,690	50.7	38,155	0.7	32	23		
ASTHMA/TIC	746,755	3,006	41.3	30,794	0.5	49	24		
URINARY ANTISPASMODICS	743,920	1,092	15.0	11,583	0.8	80	64		
Total	14,587,168	28,125		289,085	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	Number of Users	Users as % of All-Year Nursing Facility Residents	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
All	211,629	\$14,587,168	3,394	46.7 %	35,205	0.8	\$115	4,858	66.8 %	49,703	0.9	\$49	
Female	152,358	10,335,699	2,338	44.0	24,466	0.7	110	3,545	66.7	36,622	0.9	50	
Disabled	13,274	1,068,685	196	63.0	2,132	0.8	163	264	84.9	2,835	0.9	53	
64 or younger	13,028	1,042,770	189	62.2	2,048	0.8	162	260	85.5	2,797	0.9	53	
65-74	246	25,915	7	100.0	84	0.5	188	4	57.1	38	1.1	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	
Other Eligibles	139,084	9,267,014	2,142	42.8	22,334	0.7	105	3,281	65.6	33,787	0.9	50	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	20,608	1,603,603	340	71.4	3,783	0.8	140	382	80.3	4,168	0.9	57	
75-84	47,604	3,230,379	731	50.8	7,710	0.8	112	1,093	75.9	11,328	0.9	50	
85 and older	70,872	4,433,032	1,071	34.7	10,841	0.7	88	1,806	58.5	18,291	0.9	48	
Male	59,271	4,251,469	1,056	54.0	10,739	0.8	125	1,313	67.1	13,081	0.9	48	
Disabled	14,466	1,270,633	273	77.1	3,051	0.9	165	260	73.4	2,903	0.9	51	
64 or younger	14,112	1,246,489	263	76.5	2,971	0.9	168	250	72.7	2,806	0.9	51	
65-74	354	24,144	10	100.0	80	0.3	29	10	100.0	97	1.0	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	
Other Eligibles	44,805	2,980,836	783	48.8	7,688	0.8	110	1,053	65.7	10,178	0.8	47	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	12,870	966,902	246	72.4	2,596	0.9	139	264	77.6	2,701	0.9	49	
75-84	18,360	1,177,992	310	48.9	3,056	0.7	100	414	65.3	4,101	0.8	47	
85 and older	13,575	835,942	227	36.1	2,036	0.7	86	375	59.6	3,376	0.8	46	
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 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIDIABETIC				
	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 \$
All	4,288	59.0 %	42,893	0.6	\$35	1,891	26.0 %	20,006	1.0	\$59	2,739	37.7 %	28,093	0.9	\$38
Female	3,314	62.3	33,391	0.6	36	1,234	23.2	12,978	0.9	55	1,931	36.3	20,050	0.9	38
Disabled	209	67.2	2,258	0.5	28	217	69.8	2,376	1.1	89	130	41.8	1,378	0.9	44
64 or younger	202	66.4	2,177	0.5	29	212	69.7	2,326	1.1	91	127	41.8	1,344	0.9	44
65-74	7	100.0	81	0.3	6	5	71.4	50	0.8	33	3	42.9	34	0.8	32
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	3,105	62.0	31,133	0.6	36	1,017	20.3	10,602	0.9	47	1,801	36.0	18,672	0.8	37
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	351	73.7	3,695	0.7	47	197	41.4	2,171	1.0	70	317	66.6	3,504	0.9	44
75-84	951	66.0	9,731	0.6	39	402	27.9	4,206	0.9	44	706	49.0	7,303	0.9	39
85 and older	1,803	58.4	17,707	0.6	33	418	13.5	4,225	0.8	38	778	25.2	7,865	0.8	33
Male	974	49.8	9,502	0.5	34	657	33.6	7,028	1.0	67	808	41.3	8,043	0.9	38
Disabled	172	48.6	1,839	0.5	36	251	70.9	2,841	1.1	85	121	34.2	1,293	0.8	41
64 or younger	164	47.7	1,767	0.5	37	246	71.5	2,793	1.1	86	116	33.7	1,240	0.8	42
65-74	8	80.0	72	0.4	21	5	50.0	48	1.0	77	5	50.0	53	0.4	21
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	802	50.0	7,663	0.5	34	406	25.3	4,187	0.9	54	687	42.9	6,750	0.9	38
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	166	48.8	1,686	0.5	38	152	44.7	1,652	1.0	68	194	57.1	2,085	0.9	41
75-84	330	52.1	3,212	0.6	33	168	26.5	1,729	0.9	51	312	49.2	3,039	0.9	38
85 and older	306	48.6	2,765	0.5	32	86	13.7	806	0.8	34	181	28.8	1,626	0.8	34
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANALGESICS - ANTI-INFLAMMATORY				ULCER DRUGS							
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx
All	907	12.5 %	\$115	0.8	2,260	31.1 %	\$41	0.6	3,690	50.7 %	\$41	0.7	38,155	50.7 %	\$23	0.7
Female	667	12.5	112	0.8	1,698	31.9	42	0.6	2,656	50.0	42	0.7	27,583	50.0	22	0.7
Disabled	23	7.4	254	0.6	102	32.8	19	0.6	186	59.8	19	0.7	2,017	59.8	27	0.7
64 or younger	22	7.2	267	0.6	101	33.2	19	0.6	181	59.5	19	0.7	1,958	59.5	26	0.7
65-74	1	14.3	5	0.1	1	14.3	26	0.4	5	71.4	26	0.8	59	71.4	65	0.8
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	644	12.9	107	0.8	1,596	31.9	44	0.6	2,470	49.4	44	0.7	25,566	49.4	21	0.7
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	61	12.8	112	0.8	170	35.7	48	0.6	260	54.6	48	0.7	2,784	54.6	20	0.7
75-84	210	14.6	104	0.8	486	33.7	41	0.6	769	53.4	41	0.7	8,144	53.4	24	0.7
85 and older	373	12.1	108	0.9	940	30.4	44	0.7	1,441	46.6	44	0.7	14,638	46.6	20	0.7
Male	240	12.3	122	0.8	562	28.7	35	0.6	1,034	52.8	35	0.7	10,572	52.8	26	0.7
Disabled	19	5.4	286	0.8	95	26.8	18	0.4	230	65.0	18	0.8	2,597	65.0	34	0.8
64 or younger	17	4.9	305	0.8	92	26.7	18	0.4	220	64.0	18	0.8	2,506	64.0	34	0.8
65-74	2	20.0	150	0.3	3	30.0	6	0.4	10	100.0	6	0.7	91	100.0	49	0.7
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other Eligibles	221	13.8	106	0.8	467	29.1	39	0.6	804	50.2	39	0.7	7,975	50.2	23	0.7
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
65-74	35	10.3	101	0.8	109	32.1	35	0.6	179	52.6	35	0.7	1,926	52.6	24	0.7
75-84	102	16.1	109	0.9	168	26.5	36	0.6	317	50.0	36	0.7	3,191	50.0	23	0.7
85 and older	84	13.4	105	0.8	190	30.2	45	0.6	308	49.0	45	0.8	2,858	49.0	22	0.8
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				URINARY ANTISPASMODICS				Benefit Months Among All-Year Nursing Facility Residents			
	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 \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	3,006	41.3 %	30,794	0.5	\$24	1,092	15.0 %	11,583	0.8	\$64	7,273	71,203
Female	2,045	38.5	21,286	0.5	22	849	16.0	9,037	0.8	65	5,316	52,505
Disabled	150	48.2	1,586	0.5	25	80	25.7	880	0.9	68	311	3,375
64 or younger	147	48.4	1,569	0.5	25	79	26.0	869	0.9	68	304	3,301
65-74	3	42.9	17	0.2	4	1	14.3	11	1.0	74	7	74
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,895	37.9	19,700	0.5	22	769	15.4	8,157	0.8	64	5,005	49,130
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	247	51.9	2,645	0.6	26	95	20.0	1,050	0.8	66	476	5,007
75-84	652	45.3	6,749	0.5	25	236	16.4	2,494	0.8	66	1,440	14,377
85 and older	996	32.2	10,306	0.4	19	438	14.2	4,613	0.8	63	3,089	29,746
Male	961	49.1	9,508	0.6	29	243	12.4	2,546	0.8	63	1,957	18,698
Disabled	138	39.0	1,544	0.6	31	55	15.5	647	0.8	70	354	3,860
64 or younger	132	38.4	1,492	0.5	32	54	15.7	635	0.8	69	344	3,775
65-74	6	60.0	52	0.7	20	1	10.0	12	0.8	74	10	85
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	823	51.3	7,964	0.6	28	188	11.7	1,899	0.8	61	1,603	14,838
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	181	53.2	1,840	0.6	32	51	15.0	545	0.8	61	340	3,482
75-84	351	55.4	3,472	0.6	28	78	12.3	783	0.8	57	634	5,870
85 and older	291	46.3	2,652	0.6	26	59	9.4	571	0.8	66	629	5,486
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 2003 file for Nebraska, released by CMS in 05/2007. 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 3,101 beneficiaries who were in nursing facilities for part of their enrollment and their 29,713 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^{a,b}
 NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$ of Beneficiaries	Total Number of Beneficiaries
All	26,856	73.3 %	13.5	494,005	\$113	\$4,144,347	\$8	3.8 %	36,661	
Age										
5 and younger	3	100.0	9.3	28	92	276	10	2.3	3	
6-14	9	81.8	11.0	121	119	1,309	11	2.6	11	
15-20	47	55.3	3.6	304	33	2,842	9	1.3	85	
21-44	4,174	61.0	6.8	46,333	87	595,388	13	2.5	6,842	
45-64	6,157	71.2	11.5	99,696	129	1,112,822	11	3.4	8,653	
65-74	4,440	68.9	11.1	71,741	96	620,881	9	3.5	6,443	
75-84	5,650	76.3	15.7	116,299	112	832,369	7	4.2	7,409	
85 and older	6,376	88.4	22.0	158,983	136	978,460	6	6.1	7,215	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	16,310	78.3	16.5	344,789	116	2,412,888	7	4.6	20,836	
Disabled	10,408	66.8	9.5	148,488	111	1,723,349	12	3.0	15,572	
Adults	130	54.4	2.9	691	33	7,831	11	1.9	239	
Children	8	57.1	2.6	37	20	279	8	0.7	14	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	18,711	78.4	15.2	362,967	128	3,053,779	8	4.1	23,856	
Male	8,145	63.6	10.2	131,038	85	1,090,568	8	3.0	12,805	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	23,591	74.6	14.4	454,073	119	3,772,249	8	3.9	31,624	
African American	1,842	66.9	8.5	23,291	79	216,121	9	3.1	2,752	
Other/unknown	1,423	62.3	7.3	16,641	68	155,977	9	2.8	2,285	
Use of Nursing Facilities^d										
Entire year	6,951	95.6	29.6	215,160	186	1,349,710	6	5.6	7,273	
Part year	2,897	93.4	21.0	65,149	147	455,669	7	4.8	3,101	
None	17,008	64.7	8.1	213,696	89	2,338,968	11	3.1	26,287	
Maintenance Assistance Status										
Cash	6,531	67.5	8.9	86,348	98	950,765	11	3.1	9,679	
Medically needy	10,762	89.1	25.1	302,607	160	1,933,525	6	5.3	12,080	
Poverty related	9,277	64.6	7.2	102,861	86	1,237,975	12	3.0	14,370	
Other/unknown	286	53.8	4.1	2,189	42	22,082	10	1.8	532	

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a,b}
 NEBRASKA, 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	1.3	\$11	\$8	\$0	\$2	374,865
Age						
5 and younger	0.9	9	10	0	0	31
6-14	1.0	11	11	0	0	120
15-20	0.4	4	9	0	0	731
21-44	0.7	8	13	0	3	70,940
45-64	1.1	12	11	0	4	91,454
65-74	1.1	9	9	0	2	66,968
75-84	1.5	11	7	0	2	75,607
85 and older	2.3	14	6	0	2	69,014
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.6	12	7	0	2	209,397
Disabled	0.9	11	12	0	3	164,118
Adults	0.5	6	11	0	2	1,285
Children	0.6	4	8	0	1	65
Unknown	0.0	0	0	0	0	0
Gender						
Female	1.5	12	8	0	3	245,698
Male	1.0	8	8	0	2	129,167
Unknown	0.0	0	0	0	0	0
Race						
White	1.4	12	8	0	3	323,211
African American	0.8	8	9	0	1	28,703
Other/unknown	0.7	7	9	0	2	22,951
Use of Nursing Facilities^d						
Entire year	3.0	19	6	0	3	71,203
Part year	2.2	15	7	0	3	29,713
None	0.8	9	11	0	2	273,949
Maintenance Assistance Status						
Cash	0.8	9	11	0	3	104,193
Medically needy	2.7	17	6	0	3	113,998
Poverty related	0.7	8	12	0	2	151,538
Other/unknown	0.4	4	10	0	1	5,136

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a,b,c}
 NEBRASKA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	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
				Excluded Rx \$	100.0 %			
All	48,045	\$86	\$4,144,347	100.0 %	100.0 %	494,005	\$8	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0
Fertility drugs	1	72	72	0.0	0.0	2	36	0.0
Drugs for cosmetic purposes	11	10	111	0.0	0.0	12	9	0.0
Cough and cold medications	8,763	60	526,128	12.7	12.7	28,829	18	5.8
Vitamins and minerals	7,685	110	849,173	20.5	20.5	54,547	16	11.0
Non-prescription drugs	21,029	75	1,573,163	38.0	38.0	334,031	5	67.6
Barbiturates	391	49	19,287	0.5	0.5	3,752	5	0.8
Benzodiazepines	9,242	99	912,579	22.0	22.0	68,181	13	13.8
Other Part D Excl Rx Drugs	923	286	263,834	6.4	6.4	4,651	57	0.9

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries 36,661
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$110,151,997
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,005

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,015	8.2 %	\$0	0.0 %
1-500	5,946	16.2	1,264,254	1.1
501-1,000	3,846	10.5	2,848,772	2.6
1,001-1,500	3,312	9.0	4,118,835	3.7
1,501-2,000	2,756	7.5	4,820,475	4.4
2,001-2,500	2,502	6.8	5,616,199	5.1
2,501-3,000	2,196	6.0	6,020,285	5.5
3,001-3,500	1,873	5.1	6,077,215	5.5
3,501-4,000	1,598	4.4	5,971,221	5.4
4,001-4,500	1,386	3.8	5,882,308	5.3
4,501-5,000	1,152	3.1	5,461,387	5.0
5,001-5,500	1,025	2.8	5,383,489	4.9
5,501-6,000	901	2.5	5,172,323	4.7
6,001-6,500	742	2.0	4,632,261	4.2
6,501-7,000	626	1.7	4,220,728	3.8
7,001-7,500	509	1.4	3,685,475	3.3
7,501-8,000	442	1.2	3,420,117	3.1
8,001-8,500	369	1.0	3,044,037	2.8
8,501-9,000	306	0.8	2,677,036	2.4
9,001-9,500	263	0.7	2,434,626	2.2
9,501-10,000	204	0.6	1,986,960	1.8
10,001+	1,692	4.6	25,413,994	23.1

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 7,409
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$19,659,856
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,654

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	532	7.2 %	0	0.0 %
1-500	1,023	13.8	225,213	1.1
501-1,000	791	10.7	591,578	3.0
1,001-1,500	745	10.1	928,544	4.7
1,501-2,000	638	8.6	1,117,112	5.7
2,001-2,500	594	8.0	1,330,931	6.8
2,501-3,000	538	7.3	1,476,769	7.5
3,001-3,500	430	5.8	1,398,414	7.1
3,501-4,000	373	5.0	1,395,158	7.1
4,001-4,500	354	4.8	1,502,317	7.6
4,501-5,000	257	3.5	1,220,296	6.2
5,001-5,500	226	3.1	1,188,528	6.0
5,501-6,000	174	2.3	998,845	5.1
6,001-6,500	161	2.2	1,005,151	5.1
6,501-7,000	116	1.6	782,917	4.0
7,001-7,500	91	1.2	660,543	3.4
7,501-8,000	65	0.9	501,895	2.6
8,001-8,500	55	0.7	454,627	2.3
8,501-9,000	32	0.4	281,138	1.4
9,001-9,500	32	0.4	295,850	1.5
9,501-10,000	23	0.3	224,643	1.1
10,001+	159	2.1	2,079,387	10.6

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	36,709	20,845	15,610	240	0	381,641	210,087	169,814	1,632	108	0
Age											
5 and younger	3	0	2	0	0	31	0	22	0	9	0
6-14	11	0	11	0	0	132	0	132	0	0	0
15-20	85	0	76	1	8	946	0	865	9	72	0
21-44	6,867	0	6,694	168	5	74,400	0	73,187	1,186	27	0
45-64	8,667	0	8,606	61	0	93,676	0	93,311	365	0	0
65-74	6,450	6,220	221	9	0	67,728	65,361	2,297	70	0	0
75-84	7,411	7,411	0	0	0	75,696	75,696	0	0	0	0
85 and older	7,215	7,214	0	1	0	69,032	69,030	0	2	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	23,873	15,489	8,247	129	8	249,637	158,156	90,471	946	64	0
Male	12,836	5,356	7,363	111	6	132,004	51,931	79,343	686	44	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	31,657	18,574	12,880	194	9	328,283	186,463	140,507	1,247	66	0
African American	2,758	1,108	1,627	19	4	29,580	11,758	17,635	151	36	0
Other/unknown	2,294	1,163	1,103	27	1	23,778	11,866	11,672	234	6	0
Use of Nursing Facilities^c											
Entire year	7,273	6,606	665	2	0	71,206	63,954	7,238	14	0	0
Part year	3,101	2,668	430	3	0	29,899	25,319	4,548	32	0	0
None	26,335	11,571	14,515	235	14	280,536	120,814	158,028	1,586	108	0
Maintenance Assistance Status											
Cash	9,715	3,340	6,322	52	1	107,462	36,901	70,081	468	12	0
Medically needy	12,080	10,228	1,787	55	10	114,169	95,384	18,299	412	74	0
Poverty related	14,380	7,259	7,118	0	3	154,654	77,598	77,034	0	22	0
Other/unknown	534	18	383	133	0	5,356	204	4,400	752	0	0
Dual Status^d											
Full dual, all year	36,216	20,547	15,415	240	14	376,898	207,260	167,898	1,632	108	0
Full dual, part year	493	298	195	0	0	4,743	2,827	1,916	0	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	35,094	20,660	14,296	135	3	364,488	208,137	155,623	711	17	0
FFS part year, with Rx claims	1,170	120	990	54	6	12,816	1,308	10,999	456	53	0
FFS part year, no Rx claims	86	12	67	6	1	771	95	637	27	12	0
MC all year, with Rx claims	311	44	219	44	4	3,168	465	2,249	428	26	0
MC all year, no Rx claims	48	9	38	1	0	398	82	306	10	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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^a
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2003

Beneficiary Characteristics	Beneficiaries and			Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries	Benefit Months in Cell J of Table 1 Number of Beneficiaries
All	36,709	381,641	36,661	374,865	6,776
Fee-for-service (FFS) all year	35,094	364,488	35,094	364,488	0
FFS part year, with Rx claims	1,170	12,816	1,170	6,786	6,030
FFS part year, with no Rx claims	86	771	86	423	348
Managed care (MC) all year, with Rx claims	311	3,168	311	3,168	0
MC all year, with no Rx claims	48	398	0	0	398

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 05/2007. 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.