

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 DELAWARE

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
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
All	11,256	5,562	4,760	932	0	2	113,468	55,992	49,613	7,843	0	20
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	3	0	3	0	0	0	36	0	36	0	0	0
15-20	23	0	21	2	0	0	223	0	204	19	0	0
21-44	2,509	0	2,031	477	0	1	25,332	0	21,158	4,164	0	10
45-64	2,877	0	2,546	330	0	1	29,064	0	26,454	2,600	0	10
65-74	2,036	1,766	159	111	0	0	21,002	18,276	1,761	965	0	0
75-84	2,020	2,010	0	10	0	0	20,602	20,531	0	71	0	0
85 and older	1,788	1,786	0	2	0	0	17,209	17,185	0	24	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	7,467	4,194	2,666	605	0	2	75,711	42,539	28,023	5,129	0	20
Male	3,789	1,368	2,094	327	0	0	37,757	13,453	21,590	2,714	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	6,539	3,333	2,714	490	0	2	64,674	32,423	28,124	4,107	0	20
African American	3,923	1,732	1,821	370	0	0	40,392	18,176	19,167	3,049	0	0
Other/unknown	794	497	225	72	0	0	8,402	5,393	2,322	687	0	0
Use of Nursing Facilities^c												
Entire year	2,054	1,903	151	0	0	0	20,845	19,157	1,688	0	0	0
Part year	875	753	121	1	0	0	7,288	6,127	1,159	2	0	0
None	8,327	2,906	4,488	931	0	2	85,335	30,708	46,766	7,841	0	20
Maintenance Assistance Status												
Cash	5,722	2,362	2,982	378	0	0	62,915	26,200	33,223	3,492	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	834	192	635	5	0	2	4,901	1,161	3,694	26	0	20
Other/unknown	4,700	3,008	1,143	549	0	0	45,652	28,631	12,696	4,325	0	0
Dual Medicare Status^d												
Full dual, all year	9,914	5,065	4,000	847	0	2	106,372	53,458	45,413	7,481	0	20
Full dual, part year	1,342	497	760	85	0	0	7,096	2,534	4,200	362	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	77	1	14	62	0	0	575	4	159	412	0	0
FFS part year, with Rx claims	1,196	420	670	106	0	0	6,071	2,054	3,568	449	0	0
FFS part year, no Rx claims	176	76	79	21	0	0	1,040	468	476	96	0	0
MC all year, with FFS Rx claims	9,807	5,065	3,997	743	0	2	105,782	53,466	45,410	6,886	0	20

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, DELAWARE, 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	97.6 %	52.6	\$3,432	\$65	\$4,111	83.5 %	11,256
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	91.7	4,892	53	4,892	100.0	3
15-20	100.0	24.4	2,011	82	2,321	86.7	23
21-44	95.9	38.2	3,868	101	4,276	90.5	2,509
45-64	97.6	55.7	4,369	78	4,923	88.7	2,877
65-74	97.3	55.0	3,078	56	3,574	86.1	2,036
75-84	98.8	59.1	2,807	48	3,700	75.9	2,020
85 and older	99.1	57.6	2,435	42	3,672	66.3	1,788
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	98.4	57.9	2,794	48	3,691	75.7	5,562
Disabled	98.0	50.8	4,418	87	4,944	89.4	4,760
Adults	90.9	29.9	2,184	73	2,353	92.8	932
Children	0.0	0.0	0	0	0	0.0	0
Unknown	100.0	70.0	11,356	162	11,356	100.0	2
Gender							
Female	97.6	55.3	3,254	59	4,014	81.1	7,467
Male	97.6	47.1	3,781	80	4,303	87.9	3,789
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	97.7	57.1	3,599	63	4,424	81.3	6,539
African American	97.3	47.4	3,284	69	3,799	86.4	3,923
Other/unknown	98.6	41.2	2,787	68	3,086	90.3	794
Use of Nursing Facilities^f							
Entire year	100.0	77.6	3,535	46	3,584	98.6	2,054
Part year	96.7	55.6	2,540	46	7,770	32.7	875
None	97.1	46.1	3,500	76	3,857	90.7	8,327
Maintenance Assistance Status							
Cash	99.2	49.2	3,417	69	3,484	98.1	5,722
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	87.6	21.4	1,877	88	4,672	40.2	834
Other/unknown	97.4	62.1	3,725	60	4,776	78.0	4,700

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, DELAWARE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				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		Beneficiaries	Benefit Months
All	5.2	\$340	83.5 %	2.4 %	16.2 %	11.4 %	30.2 %	27.9 %	11.9 %	\$408	11,256	113,468
Age												
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	7.6	408	100.0	0.0	0.0	0.0	0.0	100.0	0.0	408	3	36
15-20	2.5	207	86.7	0.0	47.8	21.7	8.7	13.0	8.7	239	23	223
21-44	3.8	383	90.5	4.1	27.8	12.7	29.7	18.5	7.2	424	2,509	25,332
45-64	5.5	432	88.7	2.4	14.2	11.4	29.1	29.7	13.1	487	2,877	29,064
65-74	5.3	298	86.1	2.7	15.1	12.5	31.0	27.0	11.7	346	2,036	21,002
75-84	5.8	275	75.9	1.2	12.0	10.3	30.6	31.8	14.0	363	2,020	20,602
85 and older	6.0	253	66.3	0.9	8.8	9.4	31.8	34.8	14.2	382	1,788	17,209
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	278	75.7	1.6	11.6	10.6	31.3	31.5	13.5	367	5,562	55,992
Disabled	4.9	424	89.4	2.0	19.9	12.0	29.4	25.6	11.1	474	4,760	49,613
Adults	3.6	260	92.8	9.1	24.9	13.3	28.3	18.1	6.2	280	932	7,843
Children	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Unknown	7.0	1,136	100.0	0.0	0.0	0.0	50.0	50.0	0.0	1,136	2	20
Gender												
Female	5.5	321	81.1	2.4	14.5	10.9	29.9	29.5	12.8	396	7,467	75,711
Male	4.7	380	87.9	2.4	19.7	12.4	30.9	24.7	9.9	432	3,789	37,757
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.8	364	81.3	2.3	13.7	10.1	28.8	30.5	14.6	447	6,539	64,674
African American	4.6	319	86.4	2.7	18.8	12.2	32.5	25.3	8.4	369	3,923	40,392
Other/unknown	3.9	263	90.3	1.4	24.1	18.3	30.6	19.5	6.2	292	794	8,402
use of nursing Facilities^f												
Entire year	7.6	348	98.6	0.0	4.0	5.2	26.5	42.1	22.1	353	2,054	20,845
Part year	6.7	305	32.7	3.3	7.7	9.6	26.6	31.9	20.9	933	875	7,288
None	4.5	342	90.7	2.9	20.1	13.1	31.5	24.0	8.4	376	8,327	85,335
Maintenance Assistance Status												
Cash	4.5	311	98.1	0.8	20.1	13.6	33.6	24.9	7.1	317	5,722	62,915
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.6	319	40.2	12.4	26.6	12.7	18.7	13.9	15.7	795	834	4,901
Other/unknown	6.4	384	78.0	2.6	9.7	8.5	28.2	34.0	17.0	492	4,700	45,652

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, DELAWARE, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	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	5.2	\$340	\$65	2.2	\$256	\$118	0.3	\$22	\$66	2.7	\$62	\$23
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	7.6	408	53	2.5	214	86	1.3	36	29	3.9	158	40
15-20	2.5	207	82	1.1	162	142	0.1	11	75	1.2	35	28
21-44	3.8	383	101	1.6	299	183	0.2	27	115	1.9	58	30
45-64	5.5	432	78	2.4	330	139	0.3	29	87	2.8	73	26
65-74	5.3	298	56	2.3	218	96	0.3	19	61	2.8	62	22
75-84	5.8	275	48	2.4	200	85	0.4	16	41	3.0	59	19
85 and older	6.0	253	42	2.3	183	78	0.4	15	34	3.2	55	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	278	48	2.3	202	87	0.4	17	44	3.0	59	20
Disabled	4.9	424	87	2.1	328	156	0.3	28	95	2.5	67	27
Adults	3.6	260	73	1.5	183	122	0.2	22	109	1.9	55	30
Children	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Unknown	7.0	1,136	162	2.3	964	429	0.1	11	114	4.7	160	34
Gender												
Female	5.5	321	59	2.3	238	106	0.4	20	57	2.8	63	22
Male	4.7	380	80	2.0	292	144	0.3	26	87	2.4	61	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.8	364	63	2.3	267	114	0.4	26	65	3.0	70	23
African American	4.6	319	69	2.0	249	124	0.3	17	69	2.3	52	22
Other/unknown	3.9	263	68	1.8	200	113	0.2	15	68	1.9	49	26
Use of Nursing Facilities^e												
Entire year	7.6	348	46	2.9	255	87	0.6	22	36	4.1	71	17
Part year	6.7	305	46	2.5	213	85	0.5	22	46	3.6	69	19
None	4.5	342	76	2.0	260	132	0.3	22	87	2.3	59	26
Maintenance Assistance Status												
Cash	4.5	311	69	1.9	235	121	0.2	19	77	2.3	57	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.6	319	88	1.5	244	161	0.2	23	102	1.9	53	28
Other/unknown	6.4	384	60	2.6	286	111	0.5	26	57	3.3	70	21

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, DELAWARE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users ^e		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.5	0.3	0.0	0.2	\$74	\$64	\$4	\$6	\$158	\$255	\$139	\$30	33,389	\$5,284,215	6,814	60.5 %	71,427
Biologicals	0.1	0.0	0.0	0.1	4	2	0	2	31	36	110	28	243	7,639	201	1.8	2,108
Antineoplastic Agents	0.5	0.1	0.0	0.4	120	94	0	26	237	638	161	73	2,171	514,616	437	3.9	4,288
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.4	47	36	3	8	49	86	23	19	53,438	2,622,936	5,377	47.8	55,721
Cardiovascular Agents	1.8	0.8	0.1	1.0	75	56	3	17	42	74	45	17	144,883	6,033,167	7,804	69.3	80,026
Respiratory Agents	0.8	0.5	0.0	0.3	44	39	0	5	56	77	42	18	47,176	2,654,984	5,698	50.6	59,711
Gastrointestinal Agents	0.7	0.1	0.1	0.5	27	12	2	13	40	116	36	25	33,643	1,338,402	4,760	42.3	49,485
Genitourinary Agents	0.5	0.4	0.0	0.1	33	28	2	3	64	77	54	24	10,572	676,322	1,935	17.2	20,542
CNS Drugs	1.4	0.6	0.1	0.7	112	88	6	18	82	137	94	27	95,222	7,834,172	6,869	61.0	70,019
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	36	28	3	5	89	117	136	37	504	44,811	120	1.1	1,233
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.5	0.0	0.0	185	183	0	2	341	354	110	69	3,060	1,043,747	552	4.9	5,645
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	51	32	3	17	61	131	219	29	54,100	3,304,676	6,297	55.9	64,610
Neuromuscular Agents	1.0	0.3	0.2	0.5	78	41	20	17	76	129	108	32	43,817	3,332,313	4,101	36.4	42,585
Nutritional Products	0.6	0.0	0.0	0.6	10	0	0	9	16	19	16	16	13,743	216,228	2,181	19.4	22,348
Hematological Agents	0.9	0.4	0.1	0.4	74	66	3	6	82	186	20	14	22,679	1,867,436	2,452	21.8	25,169
Topical Products	0.5	0.2	0.0	0.3	22	14	2	5	42	66	50	21	29,432	1,241,765	5,374	47.7	57,496
Miscellaneous Products	0.5	0.3	0.0	0.2	137	119	2	16	286	413	148	89	1,883	539,223	376	3.3	3,936
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	16	0	0	0	41	0	0	0	1,672	69,027	422	3.7	4,450
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.	591,627	38,625,679	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispan.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.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, DELAWARE, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,329,093	3,703	32.9 %	38,734	0.7	\$172	\$112
ANTIVIRAL	3,777,970	1,373	12.2	14,632	0.6	461	258
ANTIDEPRESSANTS	2,747,738	6,307	56.0	63,882	0.7	64	43
ANTICONVULSANT	2,649,094	3,449	30.6	36,193	0.8	90	73
ANTIHYPERLIPIDEMIC	2,385,929	3,972	35.3	42,261	0.6	93	56
ANALGESICS - Narcotic	1,852,611	7,386	65.6	76,823	0.4	54	24
ANTIDIABETIC	1,710,230	4,048	36.0	42,359	0.7	61	40
ANTIASTHMATIC	1,492,884	4,882	43.4	50,625	0.5	64	29
ANTIHYPERTENSIVE	1,433,388	5,474	48.6	56,878	0.6	40	25
MISC. HEMATOLOGICAL	1,203,874	1,292	11.5	13,460	0.7	137	89
Total	23,582,811	41,886		435,847	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.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); 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, 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 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	262,189	\$23,582,811	3,703	32.9 %	38,734	0.7	\$112	1,373	12.2 %	14,632	0.6	\$258
Female	176,738	13,823,444	2,291	30.7	24,058	0.6	99	556	7.4	5,911	0.4	177
Disabled	68,885	6,692,683	933	35.0	10,316	0.6	123	371	13.9	3,921	0.5	239
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	16	4,647	0	0.0	0	0.0	0	2	100.0	24	0.5	191
15-20	129	12,656	2	20.0	24	0.7	154	0	0.0	0	0.0	0
21-44	19,401	2,177,155	415	41.7	4,514	0.6	117	154	15.5	1,606	0.5	238
45-64	46,014	4,228,168	490	31.7	5,491	0.7	125	211	13.7	2,243	0.6	246
65-74	3,325	270,057	26	22.6	287	0.8	174	4	3.5	48	0.1	5
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	107,853	7,130,761	1,358	28.3	13,742	0.6	81	185	3.9	1,990	0.2	55
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	4,626	400,877	86	25.6	846	0.4	62	26	7.7	242	0.3	76
21-44	3,198	261,098	37	19.2	342	0.5	55	9	4.7	87	0.3	183
45-64	31,982	2,224,998	245	19.2	2,624	0.6	94	41	3.2	438	0.3	76
65-74	37,319	2,402,240	416	27.7	4,230	0.7	88	50	3.3	570	0.2	58
75-84	30,728	1,841,548	574	38.4	5,700	0.6	73	59	3.9	653	0.1	13
85 and older												
Male	85,451	9,759,367	1,412	37.3	14,676	0.7	133	817	21.6	8,721	0.7	313
Disabled	49,546	7,189,313	935	44.7	10,043	0.7	150	744	35.5	7,960	0.7	324
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	124	7,181	1	9.1	12	0.8	74	0	0.0	0	0.0	0
21-44	22,231	3,632,152	558	53.9	6,036	0.7	149	384	37.1	4,018	0.7	310
45-64	26,102	3,476,077	360	35.9	3,815	0.8	154	360	35.9	3,942	0.7	339
65-74	1,089	73,903	16	36.4	180	0.7	105	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	35,905	2,570,054	477	28.1	4,633	0.6	98	73	4.3	761	0.4	196
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,268	244,901	49	34.5	423	0.5	132	7	4.9	52	0.3	291
45-64	2,191	207,075	20	14.5	144	0.4	110	11	8.0	110	0.4	286
65-74	14,700	1,110,639	128	21.3	1,401	0.7	125	29	4.8	332	0.6	254
75-84	11,034	687,566	159	30.6	1,555	0.7	88	21	4.0	228	0.3	77
85 and older	5,712	319,873	121	41.4	1,110	0.5	63	5	1.7	39	0.1	9
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	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	6,307	56.0 %	63,882	0.7	\$43	3,449	30.6 %	36,193	0.8	\$73	3,972	35.3 %	42,261	0.6	\$57
Female	4,506	60.3	45,955	0.7	43	2,176	29.1	22,668	0.8	68	2,711	36.3	29,074	0.6	56
Disabled	1,891	70.9	19,768	0.6	42	1,113	41.7	12,063	0.8	83	938	35.2	10,213	0.6	54
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	10	100.0	110	0.6	55	3	30.0	26	0.3	45	0	0.0	0	0.0	0
21-44	670	67.3	6,793	0.6	42	434	43.6	4,616	0.8	99	171	17.2	1,770	0.5	45
45-64	1,153	74.7	12,237	0.6	42	648	42.0	7,122	0.8	73	688	44.6	7,552	0.6	56
65-74	58	50.4	628	0.7	43	28	24.3	299	0.7	47	79	68.7	891	0.5	58
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	2,615	54.5	26,187	0.7	43	1,063	22.1	10,605	0.8	51	1,773	36.9	18,861	0.6	57
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	260	77.4	2,597	0.5	40	123	36.6	1,123	0.5	64	47	14.0	448	0.4	39
45-64	145	75.1	1,221	0.6	41	60	31.1	502	0.6	80	78	40.4	676	0.5	44
65-74	584	45.8	6,257	0.7	43	268	21.0	2,848	0.7	55	712	55.8	7,686	0.6	58
75-84	750	50.0	7,581	0.8	44	342	22.8	3,505	0.8	44	660	44.0	7,227	0.6	59
85 and older	876	58.6	8,531	0.8	43	270	18.0	2,627	0.8	43	276	18.4	2,824	0.7	57
Male	1,801	47.5	17,927	0.7	44	1,273	33.6	13,525	0.9	83	1,261	33.3	13,187	0.6	57
Disabled	1,048	50.0	10,799	0.7	47	851	40.6	9,232	0.9	98	650	31.0	6,851	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	27.3	36	0.7	52	3	27.3	36	1.2	53	1	9.1	12	0.8	59
21-44	557	53.8	5,814	0.7	46	424	40.9	4,652	0.8	98	237	22.9	2,564	0.6	54
45-64	475	47.4	4,822	0.7	48	409	40.8	4,364	1.0	99	399	39.8	4,148	0.6	58
65-74	13	29.5	127	0.6	29	15	34.1	180	1.2	53	13	29.5	127	0.7	67
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	753	44.4	7,128	0.7	41	422	24.9	4,293	0.8	51	611	36.0	6,336	0.6	58
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	86	60.6	811	0.5	39	49	34.5	476	0.5	56	39	27.5	389	0.5	45
21-44	58	42.0	482	0.6	38	36	26.1	289	0.6	67	60	43.5	525	0.5	53
45-64	209	34.7	2,206	0.7	41	148	24.6	1,644	0.8	58	290	48.2	3,177	0.7	60
65-74	230	44.2	2,164	0.7	42	121	23.3	1,232	0.8	42	174	33.5	1,798	0.7	59
75-84	170	58.2	1,465	0.8	40	68	23.3	652	0.9	39	48	16.4	447	0.8	54
85 and older															
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.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); 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, DELAWARE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	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	7,386	65.6 %	76,823	0.4	\$24	4,048	36.0 %	42,359	0.7	\$40	4,882	43.4 %	50,625	0.5	\$30
Female	5,296	70.9	55,454	0.4	23	2,888	38.7	30,486	0.7	39	3,572	47.8	37,096	0.5	29
Disabled	2,352	88.2	25,162	0.5	30	952	35.7	10,101	0.6	46	1,436	53.9	15,451	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	60.0	50	0.4	3	0	0.0	0	0.0	0	5	50.0	17	0.8	71
21-44	847	85.1	8,952	0.4	25	174	17.5	1,825	0.6	40	419	42.1	4,489	0.3	22
45-64	1,415	91.6	15,228	0.5	35	704	45.6	7,444	0.6	46	927	60.0	10,012	0.5	32
65-74	83	72.2	920	0.3	11	74	64.3	832	0.7	53	85	73.9	933	0.5	34
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	2,944	61.3	30,292	0.4	17	1,936	40.3	20,385	0.7	36	2,136	44.5	21,645	0.5	29
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	303	90.2	3,067	0.4	27	54	16.1	551	0.4	38	104	31.0	993	0.3	22
45-64	181	93.8	1,663	0.5	29	69	35.8	597	0.5	38	61	31.6	518	0.4	25
65-74	840	65.9	9,260	0.4	15	736	57.7	7,740	0.7	40	616	48.3	6,692	0.5	36
75-84	867	57.8	9,049	0.4	15	680	45.3	7,391	0.7	35	738	49.2	7,378	0.5	29
85 and older	753	50.3	7,253	0.5	16	397	26.5	4,106	0.7	31	617	41.2	6,064	0.5	22
Male	2,090	55.2	21,369	0.4	27	1,160	30.6	11,873	0.7	43	1,310	34.6	13,529	0.5	31
Disabled	1,180	56.4	12,269	0.5	31	488	23.3	5,032	0.7	50	589	28.1	6,322	0.4	31
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	18.2	10	0.3	3	1	9.1	7	0.6	44	3	27.3	31	0.4	32
21-44	576	55.6	6,073	0.4	31	159	15.3	1,650	0.7	49	217	20.9	2,366	0.4	24
45-64	576	57.5	5,896	0.5	31	315	31.4	3,247	0.7	50	349	34.8	3,720	0.5	36
65-74	26	59.1	290	0.5	36	13	29.5	128	0.9	48	20	45.5	205	0.5	30
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	910	53.7	9,100	0.4	22	672	39.6	6,841	0.7	39	721	42.5	7,207	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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	133	93.7	1,373	0.5	47	25	17.6	240	0.5	42	34	23.9	309	0.5	33
45-64	99	71.7	883	0.6	49	50	36.2	470	0.6	40	26	18.8	253	0.6	41
65-74	305	50.7	3,204	0.4	13	323	53.7	3,385	0.7	44	261	43.4	2,778	0.5	31
75-84	242	46.5	2,460	0.4	12	196	37.7	1,976	0.6	31	245	47.1	2,382	0.6	31
85 and older	131	44.9	1,180	0.5	16	78	26.7	770	0.7	31	155	53.1	1,485	0.4	23
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.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); 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, DELAWARE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	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	5,474	48.6 %	56,878	0.6	\$25	1,292	11.5 %	13,460	0.7	\$89	11,256	113,468
Female	3,799	50.9	39,759	0.6	26	937	12.5	9,856	0.7	72	7,467	75,711
Disabled	1,103	41.4	11,744	0.6	24	200	7.5	2,124	0.6	68	2,666	28,023
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	1	50.0	12	0.1	4	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	98
15-20	198	19.9	2,002	0.5	20	24	2.4	262	0.4	49	995	10,337
21-44	830	53.8	8,950	0.6	25	158	10.2	1,668	0.6	67	1,544	16,284
45-64	74	64.3	780	0.6	28	18	15.7	194	0.7	98	115	1,280
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	2,696	56.2	28,015	0.7	26	737	15.4	7,732	0.7	74	4,801	47,688
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	10
15-20	64	19.0	576	0.5	18	7	2.1	77	0.4	44	336	2,930
21-44	91	47.2	738	0.5	21	11	5.7	93	0.7	78	193	1,527
45-64	868	68.1	9,299	0.6	26	180	14.1	1,938	0.6	73	1,275	13,226
65-74	948	63.2	10,108	0.7	27	266	17.7	2,772	0.7	75	1,500	15,466
75-84	725	48.5	7,294	0.7	27	273	18.2	2,852	0.7	74	1,496	14,529
85 and older												
Male	1,675	44.2	17,119	0.6	24	355	9.4	3,604	0.6	136	3,789	37,757
Disabled	734	35.1	7,545	0.6	23	95	4.5	950	0.6	332	2,094	21,590
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	3	27.3	36	0.5	14	0	0.0	0	0.0	0	11	106
15-20	249	24.0	2,556	0.6	22	11	1.1	114	0.3	2,194	1,036	10,821
21-44	458	45.7	4,687	0.6	24	77	7.7	765	0.7	79	1,002	10,170
45-64	24	54.5	266	0.7	22	7	15.9	71	0.5	68	44	481
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	941	55.5	9,574	0.7	25	260	15.3	2,654	0.6	66	1,695	16,167
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
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	1	9
15-20	46	32.4	437	0.6	27	3	2.1	27	0.3	54	142	1,244
21-44	75	54.3	622	0.5	26	8	5.8	82	0.6	67	138	1,083
45-64	398	66.1	4,253	0.7	25	112	18.6	1,236	0.6	71	602	6,015
65-74	295	56.7	3,030	0.6	23	82	15.8	807	0.6	61	520	5,136
75-84	127	43.5	1,232	0.8	26	55	18.8	502	0.7	64	292	2,680
85 and older												
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispn.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, 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
All	\$348	7.6	2,054	20,845
Age				
0-64	733	9.2	140	1,576
65-74	429	9.3	258	2,715
75-84	331	7.9	665	6,762
85 and older	276	6.8	991	9,792
Unknown	0	0.0	0	0
Gender				
Female	349	7.7	1,539	15,693
Male	347	7.6	515	5,152
Unknown	0	0.0	0	0
Race				
White	355	7.7	1,517	15,233
African American	329	7.3	497	5,142
Other/unknown	335	8.4	40	470
Basis of Eligibility^c				
Aged	316	7.5	1,903	19,157
Disabled	714	9.2	151	1,688
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 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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, DELAWARE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$13	\$3	\$4	\$50	\$74	\$76	\$20	6,277	\$312,425	1,521	74.1 %	16,047
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	24	14	110	28	148	3,616	132	6.4	1,493
Antineoplastic Agents	0.5	0.1	0.0	0.4	88	55	0	33	161	443	0	77	716	115,251	133	6.5	1,311
Endocrine/Metabolic Drugs	1.2	0.5	0.2	0.5	40	32	4	5	35	66	16	12	12,407	434,888	1,033	50.3	10,739
Cardiovascular Agents	2.3	0.7	0.1	1.5	63	40	3	21	28	56	32	14	38,603	1,074,862	1,662	80.9	16,995
Respiratory Agents	0.8	0.5	0.0	0.4	36	29	0	6	42	65	21	16	10,141	427,736	1,150	56.0	12,046
Gastrointestinal Agents	1.0	0.1	0.1	0.7	30	14	3	12	31	105	28	18	11,965	373,646	1,191	58.0	12,485
Genitourinary Agents	0.6	0.4	0.0	0.1	34	29	2	3	57	68	49	23	3,740	212,698	582	28.3	6,260
CNS Drugs	1.6	0.9	0.1	0.7	110	88	6	16	67	99	69	25	26,565	1,788,167	1,583	77.1	16,311
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.6	0.1	0.1	0.4	27	19	3	5	42	141	35	13	58	2,461	8	0.4	90
Neurological Agents	0.6	0.6	0.0	0.0	248	248	0	0	389	390	0	6	1,536	597,533	229	11.1	2,406
Analgesics and Anesthetics	0.9	0.4	0.0	0.5	42	35	1	6	45	80	49	12	10,676	475,244	1,108	53.9	11,332
Neuromuscular Agents	1.3	0.4	0.3	0.7	65	28	17	21	50	78	59	31	10,184	508,389	748	36.4	7,791
Nutritional Products	0.8	0.0	0.0	0.8	10	0	0	10	13	28	12	13	5,592	71,644	666	32.4	6,891
Hematological Agents	1.4	0.5	0.3	0.6	67	58	3	6	49	127	11	10	10,257	504,004	728	35.4	7,537
Topical Products	0.7	0.3	0.0	0.4	24	16	2	6	35	58	41	18	9,360	330,928	1,307	63.6	14,024
Miscellaneous Products	0.3	0.0	0.0	0.2	11	3	0	8	44	88	0	36	328	14,398	120	5.8	1,276
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	16	0	0	0	859	13,368	178	8.7	1,924
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.	159,412	7,261,258	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.medispain.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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Delaware, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = 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, DELAWARE, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$908,173	1,011	49.2 %	10,578	0.6	\$132	\$86
ANTIDEPRESSANTS	768,003	1,528	74.4	15,700	0.9	57	49
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	597,533	264	12.9	2,764	0.6	389	216
ANTICONVULSANT	363,546	691	33.6	7,158	1.0	51	51
MISC. HEMATOLOGICAL	312,350	374	18.2	3,903	0.8	97	80
ANTIASTHMATIC	278,360	1,084	52.8	11,130	0.6	43	25
ANALGESICS - Narcotic	274,113	1,099	53.5	11,085	0.6	38	25
ANTIHYPERTENSIVE	266,646	422	20.5	4,451	0.8	72	60
ANTIHYPERTENSIVE	251,932	941	45.8	9,778	0.8	30	26
ULCER DRUGS	246,689	1,114	54.2	11,838	0.5	40	21
Total	4,267,345	8,528		88,385	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.medispn.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, 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 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	64,041	\$4,267,345	1,011	49.2 %	10,578	0.6	\$86	1,528	74.4 %	15,700	0.9	\$49
Female	47,388	3,259,049	755	49.1	8,001	0.6	85	1,159	75.3	12,050	0.9	49
Disabled	3,751	656,778	30	40.0	341	0.7	122	66	88.0	730	0.9	52
64 or younger	3,464	640,399	27	39.1	314	0.8	124	60	87.0	671	1.0	53
65-74	287	16,379	3	50.0	27	0.4	100	6	100.0	59	0.7	46
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	43,637	2,602,271	725	49.5	7,660	0.6	83	1,093	74.7	11,320	0.9	49
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,595	403,248	82	53.2	849	0.7	106	145	94.2	1,524	0.9	52
75-84	16,106	965,075	250	51.8	2,727	0.7	89	378	78.3	3,969	0.9	50
85 and older	20,936	1,233,948	393	47.5	4,084	0.6	75	570	68.9	5,827	0.8	47
Male	16,653	1,008,296	256	49.7	2,577	0.6	90	369	71.7	3,650	0.9	49
Disabled	3,155	223,184	30	39.5	326	0.6	116	61	80.3	690	0.9	54
64 or younger	2,890	206,630	27	38.0	290	0.6	117	59	83.1	673	0.9	55
65-74	265	16,554	3	60.0	36	1.0	101	2	40.0	17	0.5	14
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	13,498	785,112	226	51.5	2,251	0.7	86	308	70.2	2,960	0.9	48
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,126	255,982	51	54.8	561	0.7	115	72	77.4	807	0.9	51
75-84	5,418	312,105	94	51.6	922	0.7	94	120	65.9	1,120	0.8	49
85 and older	3,954	217,025	81	49.4	768	0.5	56	116	70.7	1,033	0.8	44
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.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, DELAWARE, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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 \$
All	264	12.9 %	2,764	0.6	\$216	691	33.6 %	7,158	1.0	\$51	374	18.2 %	3,903	0.8	\$80
Female	196	12.7	2,080	0.6	264	479	31.1	4,896	1.0	46	271	17.6	2,870	0.8	84
Disabled	10	13.3	120	1.0	3,651	56	74.7	631	1.2	69	10	13.3	109	1.0	86
64 or younger	10	14.5	120	1.0	3,651	50	72.5	577	1.2	70	9	13.0	97	1.0	89
65-74	0	0.0	0	0.0	0	6	100.0	54	1.1	51	1	16.7	12	0.6	67
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	186	12.7	1,960	0.5	56	423	28.9	4,265	0.9	43	261	17.8	2,761	0.8	84
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	14	9.1	152	0.5	72	70	45.5	691	1.0	50	37	24.0	420	0.9	95
75-84	76	15.7	775	0.5	55	175	36.2	1,784	0.9	44	78	16.1	800	0.8	86
85 and older	96	11.6	1,033	0.5	55	178	21.5	1,790	0.9	39	146	17.7	1,541	0.9	79
Male	68	13.2	684	0.5	72	212	41.2	2,262	1.1	61	103	20.0	1,033	0.8	70
Disabled	4	5.3	48	0.4	286	55	72.4	626	1.3	86	16	21.1	181	0.7	77
64 or younger	3	4.2	36	0.5	375	50	70.4	566	1.2	84	13	18.3	152	0.8	79
65-74	1	20.0	12	0.2	19	5	100.0	60	1.6	98	3	60.0	29	0.6	64
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	64	14.6	636	0.5	56	157	35.8	1,636	1.0	52	87	19.8	852	0.8	68
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	6	6.5	68	0.5	42	56	60.2	635	1.1	61	24	25.8	272	0.9	93
75-84	36	19.8	349	0.5	59	61	33.5	599	1.0	46	30	16.5	280	0.7	57
85 and older	22	13.4	219	0.6	57	40	24.4	402	1.0	45	33	20.1	300	0.7	58
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.medispn.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, DELAWARE, 2003

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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	1,084	52.8 %	11,130	0.6	\$25	1,099	53.5 %	11,085	0.6	\$25	422	20.5 %	4,451	0.8	\$60
Female	781	50.7	8,094	0.6	24	825	53.6	8,356	0.7	26	313	20.3	3,319	0.8	60
Disabled	38	50.7	420	1.2	40	46	61.3	488	1.3	74	21	28.0	242	0.7	54
64 or younger	32	46.4	364	1.1	37	43	62.3	465	1.3	77	18	26.1	206	0.7	53
65-74	6	100.0	56	1.6	60	3	50.0	23	1.0	16	3	50.0	36	0.7	56
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	743	50.8	7,674	0.5	23	779	53.2	7,868	0.6	23	292	19.9	3,077	0.8	60
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	80	51.9	813	0.7	30	97	63.0	1,018	0.9	33	53	34.4	558	0.9	72
75-84	283	58.6	2,991	0.6	24	269	55.7	2,807	0.7	25	123	25.5	1,303	0.8	58
85 and older	380	45.9	3,870	0.5	20	413	49.9	4,043	0.5	19	116	14.0	1,216	0.8	57
Male	303	58.8	3,036	0.6	29	274	53.2	2,729	0.6	21	109	21.2	1,132	0.9	60
Disabled	45	59.2	503	0.6	27	56	73.7	617	0.7	26	19	25.0	212	0.8	61
64 or younger	42	59.2	474	0.6	26	50	70.4	559	0.7	27	17	23.9	195	0.8	55
65-74	3	60.0	29	0.2	32	6	120.0	58	0.6	15	2	40.0	17	1.3	121
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	258	58.8	2,533	0.6	29	218	49.7	2,112	0.6	19	90	20.5	920	0.9	60
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	60	64.5	668	0.6	31	55	59.1	565	0.4	16	34	36.6	382	1.0	66
75-84	98	53.8	925	0.8	35	90	49.5	881	0.7	20	35	19.2	341	0.8	51
85 and older	100	61.0	940	0.5	22	73	44.5	666	0.5	21	21	12.8	197	0.9	65
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.medispn.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, DELAWARE, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ULCER DRUGS					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	Nursing Facility Residents
All	941	45.8 %	9,778	0.8	\$26	1,114	54.2 %	11,838	0.5	\$21	2,054	20,845
Female	686	44.6	7,165	0.9	26	846	55.0	9,014	0.5	20	1,539	15,693
Disabled	32	42.7	340	0.9	29	37	49.3	410	0.6	27	75	819
64 or younger	27	39.1	307	1.0	30	32	46.4	354	0.7	28	69	760
65-74	5	83.3	33	0.6	19	5	83.3	56	0.2	18	6	59
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	654	44.7	6,825	0.9	26	809	55.3	8,604	0.5	20	1,464	14,874
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	99	64.3	1,040	0.9	28	102	66.2	1,114	0.5	20	154	1,597
75-84	216	44.7	2,263	0.9	25	285	59.0	3,077	0.5	20	483	4,995
85 and older	339	41.0	3,522	0.8	27	422	51.0	4,413	0.5	20	827	8,282
Male	255	49.5	2,613	0.8	25	268	52.0	2,824	0.5	22	515	5,152
Disabled	25	32.9	275	0.9	43	41	53.9	471	0.5	28	76	869
64 or younger	23	32.4	258	0.8	43	40	56.3	459	0.5	28	71	816
65-74	2	40.0	17	1.6	45	1	20.0	12	1.3	15	5	53
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	230	52.4	2,338	0.8	22	227	51.7	2,353	0.5	21	439	4,283
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	66	71.0	755	0.9	23	60	64.5	671	0.5	17	93	1,006
75-84	102	56.0	953	0.8	20	81	44.5	859	0.6	25	182	1,767
85 and older	62	37.8	630	0.8	27	86	52.4	823	0.5	21	164	1,510
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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 875 beneficiaries who were in nursing facilities for part of their enrollment and their 7,288 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.medispn.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}
DELAWARE, 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 Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	7,320	65.0 %	6.5	73,576	\$90	\$1,015,635	\$14	2.6 %	11,256
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	3	100.0	47.3	142	428	1,284	9	8.7	3
15-20	12	52.2	5.3	121	142	3,258	27	7.0	23
21-44	1,515	60.4	5.4	13,425	91	229,131	17	2.4	2,509
45-64	2,006	69.7	8.0	23,103	118	339,377	15	2.7	2,877
65-74	1,345	66.1	7.0	14,224	88	179,585	13	2.9	2,036
75-84	1,342	66.4	6.5	13,125	78	158,147	12	2.8	2,020
85 and older	1,097	61.4	5.3	9,436	59	104,853	11	2.4	1,788
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	3,614	65.0	6.3	34,887	75	418,647	12	2.7	5,562
Disabled	3,196	67.1	7.4	35,422	113	538,172	15	2.6	4,760
Adults	508	54.5	3.5	3,250	63	58,614	18	2.9	932
Children	0	0.0	0.0	0	0	0	0	0.0	0
Unknown	2	100.0	8.5	17	101	202	12	0.9	2
Gender									
Female	5,053	67.7	6.9	51,370	93	697,184	14	2.9	7,467
Male	2,267	59.8	5.9	22,206	84	318,451	14	2.2	3,789
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	4,270	65.3	7.1	46,189	101	661,653	14	2.8	6,539
African American	2,520	64.2	5.9	23,225	76	297,031	13	2.3	3,923
Other/unknown	530	66.8	5.2	4,162	72	56,951	14	2.6	794
Use of Nursing Facilities^d									
Entire year	1,282	62.4	5.8	11,923	73	150,608	13	2.1	2,054
Part year	596	68.1	5.7	4,957	66	57,660	12	2.6	875
None	5,442	65.4	6.8	56,696	97	807,367	14	2.8	8,327
Maintenance Assistance Status									
Cash	3,883	67.9	7.2	41,133	99	565,650	14	2.9	5,722
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	399	47.8	2.4	1,987	40	33,031	17	2.1	834
Other/unknown	3,038	64.6	6.5	30,456	89	416,954	14	2.4	4,700

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
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	\$9	\$14	\$0	\$3	113,468
Age						
5 and younger	0.0	0	0	0	0	0
6-14	3.9	36	9	0	0	36
15-20	0.5	15	27	0	8	223
21-44	0.5	9	17	0	3	25,332
45-64	0.8	12	15	0	4	29,064
65-74	0.7	9	13	0	2	21,002
75-84	0.6	8	12	0	2	20,602
85 and older	0.5	6	11	0	2	17,209
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	7	12	0	2	55,992
Disabled	0.7	11	15	0	3	49,613
Adults	0.4	7	18	0	3	7,843
Children	0.0	0	0	0	0	0
Unknown	0.9	10	12	0	6	20
Gender						
Female	0.7	9	14	0	3	75,711
Male	0.6	8	14	0	2	37,757
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	10	14	0	4	64,674
African American	0.6	7	13	0	1	40,392
Other/unknown	0.5	7	14	0	1	8,402
Use of Nursing Facilities^d						
Entire year	0.6	7	13	0	2	20,845
Part year	0.7	8	12	0	3	7,288
None	0.7	9	14	0	3	85,335
Maintenance Assistance Status						
Cash	0.7	9	14	0	2	62,915
Medically needy	0.0	0	0	0	0	0
Poverty related	0.4	7	17	0	2	4,901
Other/unknown	0.7	9	14	0	3	45,652

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
DELAWARE, 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
All	11,781	\$86	\$1,015,635	100.0 %	73,576	\$14	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	15	19	289	0.0	35	8	0.0
Cough and cold medications	2,437	85	207,754	20.5	6,904	30	9.4
Vitamins and minerals	2,106	99	207,676	20.4	13,487	15	18.3
Non-prescription drugs	3,757	69	261,067	25.7	30,468	9	41.4
Barbiturates	138	74	10,234	1.0	1,472	7	2.0
Benzodiazepines	3,058	95	290,269	28.6	20,267	14	27.5
Other Part D Excl Rx Drugs	270	142	38,346	3.8	943	41	1.3

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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}
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries	11,256
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$38,625,679
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,432

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	268	2.4 %	\$0	0.0 %
1-500	1,873	16.6	396,789	1.0
501-1,000	1,350	12.0	1,000,380	2.6
1,001-1,500	1,043	9.3	1,300,540	3.4
1,501-2,000	959	8.5	1,669,399	4.3
2,001-2,500	775	6.9	1,743,531	4.5
2,501-3,000	684	6.1	1,878,016	4.9
3,001-3,500	618	5.5	2,006,593	5.2
3,501-4,000	494	4.4	1,844,601	4.8
4,001-4,500	464	4.1	1,972,357	5.1
4,501-5,000	335	3.0	1,592,636	4.1
5,001-5,500	314	2.8	1,644,512	4.3
5,501-6,000	281	2.5	1,614,409	4.2
6,001-6,500	240	2.1	1,498,649	3.9
6,501-7,000	186	1.7	1,256,315	3.3
7,001-7,500	160	1.4	1,158,600	3.0
7,501-8,000	150	1.3	1,161,157	3.0
8,001-8,500	120	1.1	987,401	2.6
8,501-9,000	99	0.9	864,338	2.2
9,001-9,500	83	0.7	767,880	2.0
9,501-10,000	62	0.6	604,014	1.6
10,001+	698	6.2	11,663,562	30.2

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b, c}
 DELAWARE, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	4,601
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$20,461,361
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,447

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	96	2.1 %	0	0.0 %
1-500	803	17.5	163,382	0.8
501-1,000	493	10.7	362,920	1.8
1,001-1,500	387	8.4	479,726	2.3
1,501-2,000	334	7.3	576,430	2.8
2,001-2,500	252	5.5	566,641	2.8
2,501-3,000	229	5.0	628,869	3.1
3,001-3,500	194	4.2	630,138	3.1
3,501-4,000	167	3.6	624,611	3.1
4,001-4,500	174	3.8	741,535	3.6
4,501-5,000	127	2.8	604,938	3.0
5,001-5,500	128	2.8	671,611	3.3
5,501-6,000	125	2.7	718,903	3.5
6,001-6,500	103	2.2	643,403	3.1
6,501-7,000	86	1.9	582,155	2.8
7,001-7,500	80	1.7	578,578	2.8
7,501-8,000	79	1.7	612,400	3.0
8,001-8,500	60	1.3	494,595	2.4
8,501-9,000	53	1.2	462,572	2.3
9,001-9,500	50	1.1	462,690	2.3
9,501-10,000	42	0.9	408,755	2.0
10,001+	539	11.7	9,446,509	46.2

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	5,844
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$16,291,050
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,788

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	94	1.6 %	0	0.0 %
1-500	870	14.9	194,296	1.2
501-1,000	758	13.0	563,126	3.5
1,001-1,500	575	9.8	719,408	4.4
1,501-2,000	568	9.7	991,930	6.1
2,001-2,500	478	8.2	1,077,590	6.6
2,501-3,000	421	7.2	1,155,228	7.1
3,001-3,500	393	6.7	1,276,013	7.8
3,501-4,000	299	5.1	1,116,032	6.9
4,001-4,500	257	4.4	1,089,918	6.7
4,501-5,000	192	3.3	912,048	5.6
5,001-5,500	174	3.0	909,865	5.6
5,501-6,000	139	2.4	797,708	4.9
6,001-6,500	125	2.1	781,264	4.8
6,501-7,000	88	1.5	593,784	3.6
7,001-7,500	71	1.2	514,928	3.2
7,501-8,000	64	1.1	494,063	3.0
8,001-8,500	54	0.9	443,935	2.7
8,501-9,000	41	0.7	358,590	2.2
9,001-9,500	32	0.5	295,932	1.8
9,501-10,000	18	0.3	175,666	1.1
10,001+	133	2.3	1,829,726	11.2

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	2,036
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$6,267,625
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,078

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	54	2.7 %	0	0.0 %
1-500	290	14.2	64,323	1.0
501-1,000	249	12.2	183,945	2.9
1,001-1,500	179	8.8	224,551	3.6
1,501-2,000	173	8.5	300,264	4.8
2,001-2,500	165	8.1	370,655	5.9
2,501-3,000	157	7.7	431,064	6.9
3,001-3,500	120	5.9	389,635	6.2
3,501-4,000	94	4.6	349,881	5.6
4,001-4,500	81	4.0	344,182	5.5
4,501-5,000	72	3.5	342,119	5.5
5,001-5,500	62	3.0	325,342	5.2
5,501-6,000	53	2.6	304,202	4.9
6,001-6,500	60	2.9	374,306	6.0
6,501-7,000	36	1.8	242,844	3.9
7,001-7,500	29	1.4	211,363	3.4
7,501-8,000	24	1.2	185,383	3.0
8,001-8,500	17	0.8	139,433	2.2
8,501-9,000	22	1.1	193,465	3.1
9,001-9,500	15	0.7	139,044	2.2
9,501-10,000	12	0.6	116,842	1.9
10,001+	72	3.5	1,034,782	16.5

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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}
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	2,020
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$5,670,530
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,807

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	24	1.2 %	0	0.0 %
1-500	284	14.1	63,750	1.1
501-1,000	247	12.2	186,896	3.3
1,001-1,500	191	9.5	239,636	4.2
1,501-2,000	211	10.4	367,509	6.5
2,001-2,500	159	7.9	361,802	6.4
2,501-3,000	150	7.4	411,341	7.3
3,001-3,500	143	7.1	463,149	8.2
3,501-4,000	119	5.9	442,212	7.8
4,001-4,500	106	5.2	448,870	7.9
4,501-5,000	72	3.6	341,437	6.0
5,001-5,500	64	3.2	334,287	5.9
5,501-6,000	48	2.4	275,091	4.9
6,001-6,500	35	1.7	220,356	3.9
6,501-7,000	29	1.4	196,154	3.5
7,001-7,500	24	1.2	173,680	3.1
7,501-8,000	21	1.0	161,410	2.8
8,001-8,500	23	1.1	188,862	3.3
8,501-9,000	13	0.6	113,329	2.0
9,001-9,500	14	0.7	129,208	2.3
9,501-10,000	3	0.1	29,558	0.5
10,001+	40	2.0	521,993	9.2

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b}
 DELAWARE, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	1,788
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$4,352,895
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,435

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16	0.9 %	0	0.0 %
1-500	296	16.6	66,223	1.5
501-1,000	262	14.7	192,285	4.4
1,001-1,500	205	11.5	255,221	5.9
1,501-2,000	184	10.3	324,157	7.4
2,001-2,500	154	8.6	345,133	7.9
2,501-3,000	114	6.4	312,823	7.2
3,001-3,500	130	7.3	423,229	9.7
3,501-4,000	86	4.8	323,939	7.4
4,001-4,500	70	3.9	296,866	6.8
4,501-5,000	48	2.7	228,492	5.2
5,001-5,500	48	2.7	250,236	5.7
5,501-6,000	38	2.1	218,415	5.0
6,001-6,500	30	1.7	186,602	4.3
6,501-7,000	23	1.3	154,786	3.6
7,001-7,500	18	1.0	129,885	3.0
7,501-8,000	19	1.1	147,270	3.4
8,001-8,500	14	0.8	115,640	2.7
8,501-9,000	6	0.3	51,796	1.2
9,001-9,500	3	0.2	27,680	0.6
9,501-10,000	3	0.2	29,266	0.7
10,001+	21	1.2	272,951	6.3

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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, DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	12,486	6,177	5,219	1,087	1	2	131,805	64,063	58,260	9,450	12	20
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	4	0	3	0	1	0	48	0	36	0	12	0
15-20	28	0	25	3	0	0	304	0	280	24	0	0
21-44	2,785	1	2,244	539	0	1	30,083	12	25,069	4,992	0	10
45-64	3,150	0	2,767	382	0	1	33,959	0	30,824	3,125	0	10
65-74	2,274	1,949	180	145	0	0	24,473	21,248	2,051	1,174	0	0
75-84	2,257	2,242	0	15	0	0	23,340	23,230	0	110	0	0
85 and older	1,988	1,985	0	3	0	0	19,598	19,573	0	25	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	8,112	4,580	2,847	682	1	2	86,184	47,939	32,119	6,094	12	20
Male	4,374	1,597	2,372	405	0	0	45,621	16,124	26,141	3,356	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	7,226	3,699	2,968	557	0	2	74,936	37,153	32,973	4,790	0	20
African American	4,376	1,935	2,000	441	0	0	47,316	20,939	22,526	3,851	0	0
Other/unknown	884	543	251	89	1	0	9,553	5,971	2,761	809	12	0
Use of Nursing Facilities^c												
Entire year	2,389	2,171	217	1	0	0	24,076	21,629	2,446	1	0	0
Part year	948	819	128	1	0	0	9,048	7,707	1,331	10	0	0
None	9,149	3,187	4,874	1,085	1	2	98,681	34,727	54,483	9,439	12	20
Maintenance Assistance Status												
Cash	6,329	2,587	3,314	428	0	0	69,955	28,871	36,860	4,224	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	835	192	635	6	0	2	9,332	2,142	7,122	48	0	20
Other/unknown	5,322	3,398	1,270	653	1	0	52,518	33,050	14,278	5,178	12	0
Dual Status^d												
Full dual, all year	11,144	5,680	4,459	1,002	1	2	117,074	58,748	49,760	8,534	12	20
Full dual, part year	1,342	497	760	85	0	0	14,731	5,315	8,500	916	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	77	1	14	62	0	0	575	4	159	412	0	0
FFS part year, with Rx claims	1,196	420	670	106	0	0	13,219	4,524	7,557	1,138	0	0
FFS part year, no Rx claims	176	76	79	21	0	0	1,793	779	822	192	0	0
MC all year, with Rx claims	9,807	5,065	3,997	743	0	2	105,782	53,466	45,410	6,886	0	20
MC all year, no Rx claims	1,230	615	459	155	1	0	10,436	5,290	4,312	822	12	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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(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, DELAWARE, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	12,486	131,805	11,256	113,468	0	18,337
Fee-for-service (FFS) all year	77	575	77	575	0	0
FFS part year, with Rx claims	1,196	13,219	1,196	6,071	0	7,148
FFS part year, with no Rx claims	176	1,793	176	1,040	0	753
Managed care (MC) all year, with Rx claims	9,807	105,782	9,807	105,782	0	0
MC all year, with no Rx claims	1,230	10,436	0	0	0	10,436

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.