

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

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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	37,360	20,748	16,372	226	7	7	384,136	209,343	173,275	1,417	46	55
Age												
5 and younger	2	0	2	0	0	0	18	0	18	0	0	0
6-14	7	0	7	0	0	0	67	0	67	0	0	0
15-20	80	0	72	1	7	0	624	0	576	2	46	0
21-44	6,930	0	6,779	150	0	1	72,874	0	71,872	999	0	3
45-64	9,328	1	9,262	65	0	0	98,738	12	98,356	370	0	0
65-74	6,428	6,164	249	9	0	6	67,026	64,553	2,376	45	0	52
75-84	7,412	7,412	0	0	0	0	75,942	75,942	0	0	0	0
85 and older	7,173	7,171	1	1	0	0	68,847	68,836	10	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,155	15,377	8,637	131	3	7	249,398	156,891	91,568	869	15	55
Male	13,205	5,371	7,735	95	4	0	134,738	52,452	81,707	548	31	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	32,089	18,392	13,509	175	7	6	329,683	184,898	143,620	1,074	46	45
African American	2,784	1,091	1,664	29	0	0	29,200	11,707	17,291	202	0	0
Other/unknown	2,487	1,265	1,199	22	0	1	25,253	12,738	12,364	141	0	10
Use of Nursing Facilities^c												
Entire year	7,067	6,370	697	0	0	0	69,189	61,647	7,542	0	0	0
Part year	3,122	2,646	476	0	0	0	29,955	25,047	4,908	0	0	0
None	27,171	11,732	15,199	226	7	7	284,992	122,649	160,825	1,417	46	55
Maintenance Assistance Status												
Cash	9,828	3,300	6,461	67	0	0	106,367	36,200	69,726	441	0	0
Medically needy	11,976	10,077	1,854	44	1	0	113,372	94,176	18,940	252	4	0
Poverty-related	15,059	7,350	7,696	0	6	7	159,427	78,733	80,597	0	42	55
Other/unknown	497	21	361	115	0	0	4,970	234	4,012	724	0	0
Dual Medicare Status^d												
Full dual, all year	36,582	20,317	16,026	225	7	7	376,222	204,954	169,760	1,407	46	55
Full dual, part year	778	431	346	1	0	0	7,914	4,389	3,515	10	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	35,698	20,563	15,010	117	1	7	373,272	207,924	164,511	770	12	55
FFS part year, with Rx claims	1,284	130	1,102	47	5	0	7,559	925	6,451	153	30	0
FFS part year, no Rx claims	87	12	68	7	0	0	458	70	366	22	0	0
MC all year, with FFS Rx claims	291	43	192	55	1	0	2,847	424	1,947	472	4	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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, 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	92.1 %	55.9	\$3,331	\$60	\$15,107	22.0 %	37,360
Age							
5 and younger	100.0	56.5	2,811	50	72,011	3.9	2
6-14	85.7	25.6	1,895	74	22,859	8.3	7
15-20	92.5	25.9	2,586	100	13,597	19.0	80
21-44	90.3	41.6	3,820	92	12,006	31.8	6,930
45-64	91.4	60.2	4,261	71	14,946	28.5	9,328
65-74	89.6	57.0	3,039	53	11,527	26.4	6,428
75-84	93.5	60.4	2,860	47	15,231	18.8	7,412
85 and older	95.5	58.7	2,408	41	21,385	11.3	7,173
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	93.0	58.8	2,755	47	16,263	16.9	20,748
Disabled	90.9	52.5	4,076	78	13,800	29.5	16,372
Adults	91.2	29.5	2,225	76	3,945	56.4	226
Children	100.0	37.4	6,026	161	17,095	35.3	7
Unknown	85.7	16.3	1,362	84	2,342	58.2	7
Gender							
Female	94.5	61.1	3,421	56	15,329	22.3	24,155
Male	87.6	46.4	3,167	68	14,701	21.5	13,205
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.3	57.7	3,428	59	15,878	21.6	32,089
African American	91.7	46.1	2,752	60	11,245	24.5	2,784
Other/unknown	89.0	43.0	2,725	63	9,483	28.7	2,487
Use of Nursing Facilities^f							
Entire year	97.7	74.1	3,613	49	33,953	10.6	7,067
Part year	96.1	68.3	3,341	49	23,640	14.1	3,122
None	90.2	49.7	3,257	66	9,225	35.3	27,171
Maintenance Assistance Status							
Cash	92.0	50.5	3,618	72	9,470	38.2	9,828
Medically needy	92.6	67.3	3,307	49	30,323	10.9	11,976
Poverty related	91.7	51.0	3,190	63	6,990	45.6	15,059
Other/unknown	92.4	32.1	2,514	78	5,842	43.0	497

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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, NEBRASKA, 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	5.4	\$324	22.0 %	7.9 %	12.8 %	8.9 %	27.3 %	30.8 %	12.3 %	\$1,469	37,360	384,136
Age												
5 and younger	6.3	312	3.9	0.0	0.0	0.0	50.0	0.0	50.0	8,001	2	18
6-14	2.7	198	8.3	14.3	42.9	14.3	14.3	14.3	0.0	2,388	7	67
15-20	3.3	332	19.0	7.5	25.0	21.3	22.5	7.5	16.3	1,743	80	624
21-44	4.0	363	31.8	9.7	23.8	12.4	26.4	20.2	7.5	1,142	6,930	72,874
45-64	5.7	403	28.5	8.6	12.2	8.4	27.0	29.1	14.7	1,412	9,328	98,738
65-74	5.5	291	26.4	10.4	12.8	9.2	24.4	30.4	12.8	1,106	6,428	67,026
75-84	5.9	279	18.8	6.5	9.2	7.8	28.1	34.6	13.8	1,487	7,412	75,942
85 and older	6.1	251	11.3	4.5	6.3	7.1	30.4	39.9	11.7	2,228	7,173	68,847
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	5.8	273	16.9	7.0	9.3	8.0	27.9	35.2	12.7	1,612	20,748	209,343
Disabled	5.0	385	29.5	9.1	17.2	10.0	26.6	25.4	11.7	1,304	16,372	173,275
Adults	4.7	355	56.4	8.8	12.8	17.3	26.5	21.7	12.8	629	226	1,417
Children	5.7	917	35.3	0.0	14.3	28.6	14.3	0.0	42.9	2,602	7	46
Unknown	2.1	173	58.2	14.3	14.3	57.1	14.3	0.0	0.0	298	7	55
Gender												
Female	5.9	331	22.3	5.5	10.4	8.5	28.1	33.5	14.0	1,485	24,155	249,398
Male	4.5	310	21.5	12.4	17.1	9.8	25.8	25.7	9.2	1,441	13,205	134,738
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.6	334	21.6	7.7	11.7	8.5	27.2	31.9	13.0	1,545	32,089	329,683
African American	4.4	262	24.5	8.3	19.0	11.0	28.9	25.3	7.7	1,072	2,784	29,200
Other/unknown	4.2	268	28.7	11.0	19.8	12.3	26.3	22.2	8.4	934	2,487	25,253
use of nursing Facilities^f												
Entire year	7.6	369	10.6	2.3	3.3	4.7	24.2	43.9	21.6	3,468	7,067	69,189
Part year	7.1	348	14.1	3.9	4.3	5.1	26.9	41.4	18.4	2,464	3,122	29,955
None	4.7	311	35.3	9.8	16.2	10.5	28.1	26.2	9.2	880	27,171	284,992
Maintenance Assistance Status												
Cash	4.7	334	38.2	8.0	18.6	10.8	27.9	25.2	9.6	875	9,828	106,367
Medically needy	7.1	349	10.9	7.4	4.1	5.0	24.1	40.4	19.1	3,203	11,976	113,372
Poverty related	4.8	301	45.6	8.3	15.4	10.6	29.5	27.3	9.0	660	15,059	159,427
Other/unknown	3.2	251	43.0	7.6	26.0	18.7	25.4	17.3	5.0	584	497	4,970

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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, NEBRASKA, 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	5.4	\$324	\$60	2.1	\$245	\$119	0.4	\$22	\$63	3.0	\$56	\$19
Age												
5 and younger	6.3	312	50	2.9	200	69	0.6	52	94	2.8	61	21
6-14	2.7	198	74	0.8	114	150	0.5	54	116	1.4	30	21
15-20	3.3	332	100	1.6	263	167	0.2	25	153	1.6	43	27
21-44	4.0	363	92	1.7	290	175	0.3	25	94	2.0	48	24
45-64	5.7	403	71	2.2	304	137	0.4	31	86	3.1	67	22
65-74	5.5	291	53	2.1	221	103	0.3	18	55	3.0	53	18
75-84	5.9	279	47	2.2	207	94	0.4	18	46	3.3	54	16
85 and older	6.1	251	41	2.0	179	89	0.4	15	36	3.6	56	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	273	47	2.1	202	95	0.4	17	45	3.3	54	16
Disabled	5.0	385	78	2.0	298	150	0.3	29	88	2.6	59	22
Adults	4.7	355	76	2.0	282	143	0.2	27	118	2.5	46	18
Children	5.7	917	161	1.9	769	407	0.4	84	194	3.4	64	19
Unknown	2.1	173	84	1.3	157	123	0.0	0	17	0.8	16	21
Gender												
Female	5.9	331	56	2.2	250	112	0.4	23	58	3.3	59	18
Male	4.5	310	68	1.7	237	136	0.3	21	74	2.5	52	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	334	59	2.1	252	119	0.4	23	62	3.1	58	19
African American	4.4	262	60	1.7	200	121	0.3	18	73	2.5	44	18
Other/unknown	4.2	268	63	1.6	206	125	0.3	19	73	2.3	44	19
Use of Nursing Facilities^e												
Entire year	7.6	369	49	2.6	269	104	0.5	24	44	4.4	76	17
Part year	7.1	348	49	2.6	255	100	0.5	23	49	4.1	70	17
None	4.7	311	66	1.9	239	127	0.3	22	73	2.6	50	20
Maintenance Assistance Status												
Cash	4.7	334	72	1.9	260	139	0.3	22	78	2.5	52	21
Medically needy	7.1	349	49	2.5	256	103	0.5	23	46	4.1	70	17
Poverty related	4.8	301	63	1.9	229	121	0.3	22	72	2.6	50	19
Other/unknown	3.2	251	78	1.4	195	140	0.2	19	92	1.6	38	23

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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 Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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				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	0.4	0.1	0.0	0.2	\$25	\$19	\$2	\$5	\$70	\$134	\$93	\$23	85,277	\$5,937,800	21,821	58.4 %	235,242
Biologicals	0.3	0.1	0.0	0.3	574	39	0	536	1794	575	0	2,119	57	102,233	15	0.0	178
Antineoplastic Agents	0.6	0.1	0.0	0.4	82	62	2	18	142	534	145	40	6,773	958,912	1,138	3.0	11,740
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	53	43	3	7	48	87	22	15	213,507	10,268,926	18,142	48.6	193,096
Cardiovascular Agents	2.0	0.7	0.1	1.1	70	52	3	15	36	73	30	13	506,979	18,165,050	24,525	65.6	258,498
Respiratory Agents	0.8	0.4	0.0	0.3	44	37	1	6	58	94	39	18	128,899	7,454,819	15,682	42.0	169,081
Gastrointestinal Agents	0.8	0.1	0.1	0.6	32	18	3	12	42	176	47	19	135,833	5,725,578	16,534	44.3	177,238
Genitourinary Agents	0.6	0.4	0.0	0.1	47	40	3	4	75	88	77	31	49,520	3,716,229	7,299	19.5	78,917
CNS Drugs	1.6	0.8	0.1	0.7	147	123	7	18	94	162	85	24	359,935	33,947,337	22,005	58.9	230,814
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	81	72	2	7	131	185	109	35	6,549	858,937	989	2.6	10,589
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	160	160	0	0	198	201	0	24	22,123	4,384,525	2,672	7.2	27,328
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	55	40	3	12	60	150	230	18	210,071	12,535,853	21,390	57.3	226,633
Neuromuscular Agents	1.1	0.3	0.2	0.5	87	49	22	16	82	152	109	30	144,045	11,742,205	12,525	33.5	134,735
Nutritional Products	0.7	0.0	0.0	0.7	11	0	0	11	17	31	21	16	58,303	962,887	8,183	21.9	85,209
Hematological Agents	0.9	0.2	0.1	0.6	45	36	3	6	52	158	40	11	70,185	3,680,115	7,831	21.0	82,151
Topical Products	0.4	0.2	0.0	0.2	20	14	2	5	45	74	53	22	79,811	3,618,074	16,258	43.5	177,364
Miscellaneous Products	0.3	0.1	0.0	0.2	38	23	5	9	117	365	188	40	2,388	278,502	707	1.9	7,417
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	15	0	0	0	7,004	108,244	1,201	3.2	13,022
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.	2,087,259	124,446,226	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, NEBRASKA, 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	\$22,018,668	12,968	34.7 %	139,264	0.8	\$202	\$158
ANTICONVULSANT	9,463,962	10,867	29.1	117,991	0.8	98	80
ANTIDEPRESSANTS	9,395,470	21,482	57.5	228,224	0.7	58	41
ANTIHYPERTENSIVE	6,947,425	10,361	27.7	114,250	0.7	90	61
ANALGESICS - Narcotic	6,595,897	24,249	64.9	259,039	0.5	53	25
ANTIDIABETIC	6,302,286	12,936	34.6	138,893	0.8	59	45
ANTIASTHMATIC	5,335,454	15,248	40.8	163,059	0.5	68	33
NEUROLOGICAL	4,360,026	3,092	8.3	31,771	0.7	197	137
ANALGESICS - ANTI-INFLAMMATORY	4,254,697	12,462	33.4	136,243	0.5	67	31
ANTIHYPERTENSIVE	4,058,782	15,923	42.6	170,628	0.7	33	24
Total	78,732,667	139,588		1,499,362	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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.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); 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					ANTICONVULSANT				
	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	959,714	\$78,732,667	12,968	34.7 %	139,264	0.8	\$158	10,867	29.1 %	117,991	0.8	\$80
Female	651,241	50,704,357	7,558	31.3	80,947	0.7	141	6,757	28.0	73,092	0.8	78
Disabled	260,080	25,297,928	3,998	46.3	44,070	0.8	170	4,016	46.5	43,899	0.8	96
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	17	642	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	444	37,750	15	44.1	87	1.0	135	10	29.4	70	1.3	166
21-44	81,912	9,192,647	1,851	56.9	20,172	0.7	169	1,666	51.2	18,041	0.8	107
45-64	172,846	15,673,687	2,087	40.3	23,330	0.8	170	2,296	44.3	25,326	0.8	88
65-74	4,844	391,910	45	27.8	481	0.8	201	44	27.2	462	0.9	69
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	17	1,292	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	391,161	25,406,429	3,560	22.9	36,877	0.7	106	2,741	17.7	29,193	0.8	51
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	20	548	0	0.0	0	0.0	0	1	25.0	2	2.5	171
21-44	1,421	145,709	34	34.3	225	0.7	162	31	31.3	229	0.9	119
45-64	228	15,784	1	3.7	9	0.1	17	5	18.5	23	0.5	59
65-74	116,238	8,160,718	807	20.0	9,029	0.7	124	893	22.1	9,926	0.8	61
75-84	143,862	9,310,939	1,175	22.0	12,147	0.7	112	1,019	19.0	10,955	0.8	49
85 and older	129,392	7,772,731	1,543	25.8	15,467	0.7	89	792	13.2	8,058	0.8	38
Male	308,473	28,028,310	5,410	41.0	58,317	0.9	183	4,110	31.1	44,899	0.9	84
Disabled	186,745	20,157,378	4,035	52.2	44,708	0.9	205	3,105	40.1	34,639	0.9	93
5 and younger	28	804	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	355	21,892	11	28.9	86	0.7	102	13	34.2	127	0.9	49
21-44	71,935	8,943,040	2,118	60.0	23,260	0.9	204	1,504	42.6	16,638	0.9	100
45-64	112,682	11,050,828	1,885	46.2	21,139	1.0	208	1,568	38.5	17,668	0.9	88
65-74	1,741	140,783	21	24.1	223	0.9	192	20	23.0	206	1.1	79
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	121,728	7,870,932	1,375	25.1	13,609	0.7	109	1,005	18.4	10,260	0.8	53
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	47	2,313	0	0.0	0	0.0	0	2	50.0	12	0.5	70
21-44	592	55,828	11	21.2	95	0.5	77	19	36.5	131	0.8	105
45-64	540	34,065	4	10.3	29	0.9	29	16	41.0	83	0.9	134
65-74	49,590	3,357,201	505	23.6	5,378	0.8	129	406	19.0	4,390	0.8	59
75-84	47,236	3,003,701	531	25.8	5,170	0.7	101	377	18.3	3,903	0.8	51
85 and older	23,723	1,417,824	324	27.5	2,937	0.7	87	185	15.7	1,741	0.8	38
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 11/2007. This table was produced on 03/25/2008.

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.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.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	ANTIDEPRESSANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	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	21,482	57.5 %	228,224	0.7	\$41	10,361	27.7 %	114,250	0.7	\$61	24,249	64.9 %	259,039	0.5	\$26
Female	15,232	63.1	162,145	0.7	41	6,889	28.5	76,303	0.7	60	17,497	72.4	187,800	0.5	25
Disabled	7,055	81.7	76,559	0.7	47	2,435	28.2	26,769	0.6	59	7,502	86.9	81,675	0.5	26
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	1	25.0	6	0.2	1
15-20	19	55.9	128	0.9	51	2	5.9	24	0.5	44	16	47.1	103	0.3	3
21-44	2,661	81.9	28,653	0.6	47	437	13.4	4,797	0.6	51	2,677	82.3	28,803	0.4	25
45-64	4,289	82.7	46,835	0.7	47	1,924	37.1	21,177	0.7	60	4,704	90.7	51,685	0.5	28
65-74	86	53.1	943	0.6	34	72	44.4	771	0.7	61	103	63.6	1,068	0.4	18
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	1	100.0	10	0.1	1
Other Eligibles	8,177	52.7	85,586	0.7	36	4,454	28.7	49,534	0.7	61	9,995	64.4	106,125	0.5	25
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	4	0.5	21	0	0.0	0	0.0	0	3	75.0	6	0.8	9
21-44	67	67.7	451	0.7	50	7	7.1	60	0.4	25	76	76.8	577	0.6	44
45-64	17	63.0	127	0.4	40	8	29.6	43	0.6	53	20	74.1	141	0.3	2
65-74	2,130	52.7	23,582	0.7	37	1,807	44.7	20,370	0.7	62	2,753	68.1	30,467	0.5	23
75-84	2,751	51.4	29,049	0.7	36	1,847	34.5	20,630	0.7	62	3,468	64.8	37,484	0.5	23
85 and older	3,210	53.6	32,373	0.8	35	785	13.1	8,431	0.7	59	3,675	61.3	37,450	0.5	27
Male	6,250	47.3	66,079	0.7	42	3,472	26.3	37,947	0.7	62	6,752	51.1	71,239	0.4	26
Disabled	3,912	50.6	42,809	0.7	45	1,945	25.1	21,709	0.7	61	4,060	52.5	43,998	0.5	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	18	0.2	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.1	1
15-20	11	28.9	95	0.8	33	1	2.6	6	0.2	4	12	31.6	92	0.2	1
21-44	1,827	51.8	19,871	0.7	46	511	14.5	5,728	0.6	58	1,602	45.4	17,369	0.4	23
45-64	2,045	50.2	22,562	0.7	44	1,408	34.5	15,752	0.7	61	2,402	58.9	26,107	0.5	35
65-74	29	33.3	281	0.7	37	25	28.7	223	1.0	87	40	46.0	388	0.5	22
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	2,338	42.7	23,270	0.7	36	1,527	27.9	16,238	0.7	63	2,692	49.2	27,241	0.4	19
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	25.0	6	0.5	5	1	25.0	6	0.2	22	2	50.0	12	0.3	4
21-44	31	59.6	249	0.6	45	5	9.6	34	0.7	36	33	63.5	233	0.6	32
45-64	24	61.5	160	0.8	35	12	30.8	79	0.6	47	22	56.4	142	0.5	20
65-74	798	37.4	8,383	0.7	37	754	35.3	8,251	0.7	62	1,032	48.3	10,942	0.4	14
75-84	887	43.1	8,822	0.7	35	613	29.8	6,463	0.7	66	973	47.3	9,942	0.4	20
85 and older	597	50.6	5,650	0.8	35	142	12.0	1,405	0.7	58	630	53.4	5,970	0.5	25
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 11/2007. This table was produced on 03/25/2008.

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, NEBRASKA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	12,936	34.6 %	138,893	0.8	\$45	15,248	40.8 %	163,059	0.5	\$33	3,092	8.3 %	31,771	0.7	\$137
Female	8,801	36.4	95,103	0.8	45	10,484	43.4	112,772	0.5	33	2,255	9.3	23,462	0.7	140
Disabled	2,778	32.2	30,131	0.7	52	4,336	50.2	46,841	0.4	33	367	4.2	4,040	0.6	350
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	5.9	8	2.3	128	12	35.3	81	0.6	31	0	0.0	0	0.0	0
15-20	553	17.0	5,954	0.7	47	1,349	41.5	14,373	0.4	27	115	3.5	1,258	0.5	336
21-44	2,136	41.2	23,218	0.8	53	2,891	55.8	31,506	0.5	35	244	4.7	2,686	0.7	366
45-64	85	52.5	931	0.8	59	84	51.9	881	0.7	45	8	4.9	96	0.7	83
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	200.0	20	0.6	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	6,023	38.8	64,972	0.8	42	6,148	39.6	65,931	0.5	32	1,888	12.2	19,422	0.7	97
Other Eligibles	0	0.0	0	0.0	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	0.0	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	8	8.1	22	1.2	97	38	38.4	291	0.5	26	4	4.0	26	1.0	652
21-44	11	40.7	85	0.5	29	7	25.9	46	0.4	18	0	0.0	0	0.0	0
45-64	2,164	53.5	24,289	0.8	46	2,044	50.6	22,635	0.5	37	233	5.8	2,511	0.7	125
65-74	2,324	43.4	25,258	0.8	42	2,161	40.4	23,132	0.5	34	710	13.3	7,258	0.7	87
75-84	1,516	25.3	15,318	0.8	36	1,898	31.7	19,827	0.5	25	941	15.7	9,627	0.7	95
85 and older	4,135	31.3	43,790	0.8	46	4,764	36.1	50,287	0.5	33	837	6.3	8,309	0.7	129
Male	1,948	25.2	21,255	0.7	51	2,189	28.3	23,857	0.5	33	196	2.5	2,140	0.6	225
Disabled	0	0.0	0	0.0	0	4	200.0	36	0.5	16	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	0.0	0	0.0	0
6-14	3	7.9	23	1.8	73	3	7.9	28	0.5	42	0	0.0	0	0.0	0
15-20	444	12.6	4,820	0.8	49	741	21.0	8,084	0.4	26	72	2.0	769	0.5	275
21-44	1,475	36.2	16,160	0.7	52	1,413	34.7	15,475	0.5	36	121	3.0	1,335	0.7	201
45-64	26	29.9	252	1.0	84	28	32.2	234	0.5	40	3	3.4	36	0.4	41
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2,187	40.0	22,535	0.8	41	2,575	47.1	26,430	0.5	34	641	11.7	6,169	0.7	95
Other Eligibles	0	0.0	0	0.0	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	0.0	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	3.8	12	1.2	71	9	17.3	81	0.3	12	2	3.8	14	0.2	19
21-44	13	33.3	106	0.7	40	12	30.8	65	0.4	14	0	0.0	0	0.0	0
45-64	971	45.5	10,501	0.8	44	994	46.5	10,635	0.5	36	142	6.6	1,465	0.7	95
65-74	837	40.7	8,568	0.8	38	1,015	49.3	10,427	0.5	34	296	14.4	2,857	0.7	94
75-84	364	30.8	3,348	0.8	39	543	46.0	5,210	0.5	30	201	17.0	1,833	0.7	97
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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, NEBRASKA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					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	12,462	33.4 %	136,243	0.5	\$31	15,923	42.6 %	170,628	0.7	\$24	37,360	384,136
Female	9,045	37.4	99,074	0.5	35	11,008	45.6	118,676	0.7	25	24,155	249,398
Disabled	3,553	41.1	39,114	0.4	28	2,679	31.0	29,312	0.7	24	8,637	91,568
	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	4	100.0	42	0.4	15	4	31
6-14	9	26.5	58	0.6	42	2	5.9	17	0.6	31	34	258
15-20	1,237	38.0	13,486	0.3	25	483	14.9	5,371	0.6	21	3,251	34,393
21-44	2,238	43.2	24,866	0.5	29	2,101	40.5	22,933	0.7	25	5,185	55,258
45-64	69	42.6	704	0.5	51	88	54.3	939	0.8	29	162	1,618
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	1	100.0	10	0.5	43	1	10
85 and older	5,492	35.4	59,960	0.5	39	8,329	53.7	89,364	0.7	25	15,518	157,830
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	1	25.0	2	1.0	13	1	25.0	2	3.0	23	4	17
15-20	31	31.3	223	0.4	19	13	13.1	83	0.6	21	99	682
21-44	6	22.2	53	0.4	4	6	22.2	36	0.6	18	27	161
45-64	1,616	40.0	18,181	0.5	41	2,215	54.8	24,723	0.7	26	4,043	42,997
65-74	1,971	36.8	21,899	0.5	39	3,162	59.1	34,462	0.7	26	5,353	55,702
75-84	1,867	31.2	19,602	0.6	38	2,932	48.9	30,058	0.8	24	5,992	58,271
85 and older	3,417	25.9	37,169	0.4	22	4,915	37.2	51,952	0.7	21	13,205	134,738
Male	1,957	25.3	21,713	0.4	15	2,170	28.1	23,439	0.7	22	7,735	81,707
Disabled	1	50.0	6	0.3	11	1	50.0	6	0.8	23	2	18
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.2	1	3	36
6-14	2	5.3	14	0.2	2	6	15.8	62	0.5	12	38	318
15-20	784	22.2	8,716	0.3	14	568	16.1	6,150	0.6	20	3,528	37,479
21-44	1,148	28.2	12,797	0.4	16	1,564	38.4	16,926	0.7	22	4,077	43,098
45-64	22	25.3	180	0.4	18	30	34.5	283	0.8	31	87	758
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	1,460	26.7	15,456	0.5	32	2,745	50.2	28,513	0.7	21	5,470	53,031
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	4	100.0	24	1.3	47	4	31
15-20	13	25.0	107	0.5	113	8	15.4	56	0.6	12	52	320
21-44	6	15.4	53	0.3	14	15	38.5	106	0.7	38	39	221
45-64	569	26.6	6,161	0.5	30	1,141	53.4	12,386	0.7	21	2,136	21,653
65-74	536	26.0	5,830	0.5	30	1,049	50.9	10,901	0.7	21	2,059	20,240
75-84	336	28.5	3,305	0.5	34	528	44.7	5,040	0.8	19	1,180	10,566
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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, 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
All	\$369	7.6	7,067	69,189
Age				
0-64	580	8.4	676	7,362
65-74	482	8.9	832	8,465
75-84	391	8.1	1,979	19,196
85 and older	283	6.8	3,580	34,166
Unknown	0	0.0	0	0
Gender				
Female	353	7.5	5,120	50,535
Male	411	7.7	1,947	18,654
Unknown	0	0.0	0	0
Race				
White	368	7.6	6,639	64,957
African American	388	7.3	221	2,257
Other/unknown	396	7.6	207	1,975
Basis of Eligibility^c				
Aged	343	7.5	6,370	61,647
Disabled	580	8.5	697	7,542
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 Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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				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	0.1	0.0	0.2	\$20	\$13	\$2	\$5	\$55	\$95	\$97	\$23	17,732	\$970,941	4,750	67.2 %	49,330
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	13	0	29	5	97	5	0.1	60
Antineoplastic Agents	0.6	0.1	0.0	0.6	56	31	1	23	86	414	77	42	1,787	154,431	288	4.1	2,767
Endocrine/Metabolic Drugs	1.3	0.6	0.2	0.6	55	44	3	7	42	79	19	13	48,270	2,043,409	3,694	52.3	37,197
Cardiovascular Agents	2.3	0.5	0.2	1.6	56	34	3	19	25	62	22	12	124,979	3,107,276	5,551	78.5	55,262
Respiratory Agents	0.8	0.3	0.0	0.5	39	29	1	9	50	96	46	20	23,791	1,192,051	2,987	42.3	30,936
Gastrointestinal Agents	1.0	0.1	0.1	0.8	30	13	4	14	30	147	36	17	42,870	1,292,242	4,161	58.9	42,481
Genitourinary Agents	0.8	0.5	0.1	0.2	53	43	4	6	70	83	68	34	17,014	1,192,300	2,143	30.3	22,394
CNS Drugs	1.7	0.9	0.1	0.7	131	110	6	16	78	124	64	22	89,609	6,946,545	5,279	74.7	52,869
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.7	0.2	0.0	0.5	35	25	0	9	52	138	0	19	1,004	52,028	145	2.1	1,498
Neurological Agents	0.9	0.9	0.0	0.0	144	144	0	0	159	160	0	16	10,647	1,691,671	1,169	16.5	11,767
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	62	53	1	8	60	125	65	14	42,627	2,576,853	4,157	58.8	41,729
Neuromuscular Agents	1.3	0.3	0.3	0.7	83	37	20	26	64	119	77	36	31,906	2,047,449	2,383	33.7	24,686
Nutritional Products	0.9	0.0	0.0	0.8	14	0	0	13	16	44	15	16	21,616	348,843	2,513	35.6	25,222
Hematological Agents	1.1	0.2	0.1	0.8	42	32	3	8	38	142	35	10	23,012	877,132	2,093	29.6	20,871
Topical Products	0.5	0.2	0.0	0.3	23	14	2	7	42	72	46	22	23,488	987,050	4,104	58.1	43,444
Miscellaneous Products	0.3	0.0	0.0	0.2	8	1	1	6	30	40	291	26	436	12,922	165	2.3	1,711
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	9	0	0	0	15	0	0	0	2,731	40,187	401	5.7	4,280
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.	523,524	25,533,427	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = 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	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	\$4,522,883	3,334	47.2 %	34,757	0.8	\$162	\$130
ANTIDEPRESSANTS	2,131,151	4,988	70.6	51,109	0.9	49	42
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,691,671	1,349	19.1	13,639	0.8	159	124
ANALGESICS - Narcotic	1,568,367	4,200	59.4	42,172	0.6	62	37
ANTICONVULSANT	1,364,569	1,974	27.9	20,761	0.9	69	66
ANTIDIABETIC	1,264,623	2,821	39.9	28,864	0.9	50	44
ANTIASTHMATIC	871,159	3,060	43.3	31,392	0.5	54	28
ANALGESICS - ANTI-INFLAMMATORY	851,451	2,114	29.9	22,171	0.6	61	38
ULCER DRUGS	835,162	3,824	54.1	39,249	0.8	28	21
URINARY ANTISPASMODICS	770,635	1,059	15.0	11,104	0.8	83	69
Total	15,871,671	28,723		295,218	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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.medispain.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 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	222,319	\$15,871,671	3,334	47.2 %	34,757	0.8	\$130	4,988	70.6 %	51,109	0.9	\$42
Female	158,378	11,044,098	2,229	43.5	23,259	0.8	124	3,615	70.6	37,139	0.9	42
Disabled	14,880	1,433,057	223	69.0	2,452	0.8	171	300	92.9	3,302	0.9	46
64 or younger	14,358	1,370,210	206	66.2	2,284	0.8	170	291	93.6	3,213	0.9	46
65-74	522	62,847	17	141.7	168	0.8	187	9	75.0	89	0.5	20
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	143,498	9,611,041	2,006	41.8	20,807	0.8	119	3,315	69.1	33,837	0.9	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	20,571	1,574,918	324	72.0	3,611	0.8	143	415	92.2	4,443	0.8	46
75-84	47,622	3,324,306	661	48.5	6,840	0.8	131	1,015	74.5	10,326	0.9	44
85 and older	75,305	4,711,817	1,021	34.2	10,356	0.7	102	1,885	63.1	19,068	0.9	39
Male	63,941	4,827,573	1,105	56.8	11,498	0.8	142	1,373	70.5	13,970	0.9	42
Disabled	16,135	1,571,493	313	83.7	3,488	0.9	192	281	75.1	3,089	0.9	48
64 or younger	15,915	1,555,287	306	83.8	3,424	0.9	192	275	75.3	3,036	0.9	48
65-74	220	16,206	7	77.8	64	1.0	178	6	66.7	53	0.9	51
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	47,806	3,256,080	792	50.3	8,010	0.8	121	1,092	69.4	10,881	0.8	40
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14,141	1,047,789	255	70.6	2,787	0.9	149	287	79.5	3,020	0.9	40
75-84	19,273	1,289,569	310	50.2	3,088	0.8	113	460	74.6	4,527	0.8	41
85 and older	14,392	918,722	227	38.2	2,135	0.7	93	345	58.0	3,334	0.8	38
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 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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.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	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - Narcotic					ANTICONVULSANT				
	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	1,349	19.1 %	13,639	0.8	\$124	4,200	59.4 %	42,172	0.6	\$37	1,974	27.9 %	20,761	0.9	\$66
Female	980	19.1	10,122	0.8	123	3,179	62.1	32,185	0.6	39	1,260	24.6	13,213	0.9	62
Disabled	47	14.6	539	0.7	496	219	67.8	2,392	0.6	33	237	73.4	2,608	1.1	95
64 or younger	47	15.1	539	0.7	496	213	68.5	2,332	0.6	34	225	72.3	2,493	1.1	92
65-74	0	0.0	0	0.0	0	6	50.0	60	0.5	16	12	100.0	115	1.2	166
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	933	19.4	9,583	0.8	102	2,960	61.7	29,793	0.6	40	1,023	21.3	10,605	0.9	53
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	83	18.4	887	0.7	113	312	69.3	3,250	0.7	39	217	48.2	2,337	1.0	73
75-84	316	23.2	3,243	0.8	99	835	61.3	8,435	0.7	45	387	28.4	3,995	0.9	58
85 and older	534	17.9	5,453	0.8	103	1,813	60.7	18,108	0.6	37	419	14.0	4,273	0.9	39
Male	369	19.0	3,517	0.8	126	1,021	52.4	9,987	0.5	31	714	36.7	7,548	1.0	73
Disabled	28	7.5	325	0.8	345	194	51.9	2,054	0.5	29	261	69.8	2,960	1.1	95
64 or younger	28	7.7	325	0.8	345	186	51.0	1,987	0.5	30	258	70.7	2,924	1.1	96
65-74	0	0.0	0	0.0	0	8	88.9	67	0.3	6	3	33.3	36	1.1	26
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	341	21.7	3,192	0.8	104	827	52.6	7,933	0.5	31	453	28.8	4,588	0.9	59
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	68	18.8	663	0.7	102	191	52.9	1,991	0.5	21	161	44.6	1,716	1.0	73
75-84	150	24.3	1,398	0.8	103	311	50.4	2,922	0.5	31	181	29.3	1,816	0.9	58
85 and older	123	20.7	1,131	0.8	107	325	54.6	3,020	0.6	38	111	18.7	1,056	0.8	39
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 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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, NEBRASKA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANALGESICS - ANTI-INFLAMMATORY				
	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	2,821	39.9 %	28,864	0.9	\$44	3,060	43.3 %	31,392	0.5	\$28	2,114	29.9 %	22,171	0.6	\$38
Female	1,974	38.6	20,413	0.9	44	2,016	39.4	20,984	0.5	26	1,582	30.9	16,673	0.6	41
Disabled	155	48.0	1,650	1.0	56	145	44.9	1,590	0.5	25	115	35.6	1,280	0.6	13
64 or younger	149	47.9	1,584	1.0	57	137	44.1	1,509	0.5	26	111	35.7	1,241	0.6	12
65-74	6	50.0	66	0.7	38	8	66.7	81	0.6	8	4	33.3	39	0.6	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,819	37.9	18,763	0.9	43	1,871	39.0	19,394	0.5	26	1,467	30.6	15,393	0.6	43
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	317	70.4	3,407	0.9	47	225	50.0	2,417	0.6	33	167	37.1	1,844	0.6	44
75-84	698	51.2	7,253	0.9	47	639	46.9	6,458	0.5	28	436	32.0	4,686	0.6	42
85 and older	804	26.9	8,103	0.8	38	1,007	33.7	10,519	0.5	23	864	28.9	8,863	0.7	43
Male	847	43.5	8,451	0.9	43	1,044	53.6	10,408	0.6	32	532	27.3	5,498	0.6	32
Disabled	140	37.4	1,571	0.8	43	194	51.9	2,132	0.6	37	99	26.5	1,111	0.5	12
64 or younger	138	37.8	1,565	0.8	43	190	52.1	2,104	0.6	37	97	26.6	1,097	0.5	13
65-74	2	22.2	6	0.7	25	4	44.4	28	0.4	9	2	22.2	14	0.1	1
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	707	44.9	6,880	0.9	43	850	54.0	8,276	0.6	30	433	27.5	4,387	0.6	36
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	216	59.8	2,279	1.0	47	191	52.9	1,951	0.6	29	100	27.7	1,049	0.6	33
75-84	307	49.8	2,940	0.9	41	363	58.8	3,526	0.6	31	163	26.4	1,677	0.6	37
85 and older	184	30.9	1,661	0.8	39	296	49.7	2,799	0.5	30	170	28.6	1,661	0.6	38
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 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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, NEBRASKA, 2003

Beneficiary Characteristics	ULCER DRUGS					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	Nursing Facility Residents
All	3,824	54.1 %	39,249	0.8	\$21	1,059	15.0 %	11,104	0.8	\$69	7,067	69,189
Female	2,725	53.2	28,052	0.8	20	810	15.8	8,502	0.8	70	5,120	50,535
Disabled	201	62.2	2,231	0.7	24	84	26.0	891	0.9	74	323	3,510
64 or younger	198	63.7	2,201	0.7	24	78	25.1	836	0.9	74	311	3,399
65-74	3	25.0	30	0.3	19	6	50.0	55	1.0	76	12	111
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	2,524	52.6	25,821	0.8	20	726	15.1	7,611	0.8	69	4,797	47,025
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	265	58.9	2,819	0.8	21	91	20.2	981	0.9	73	450	4,658
75-84	745	54.7	7,673	0.8	22	213	15.6	2,275	0.9	72	1,362	13,468
85 and older	1,514	50.7	15,329	0.8	19	422	14.1	4,355	0.8	67	2,985	28,899
Male	1,099	56.4	11,197	0.8	24	249	12.8	2,602	0.8	69	1,947	18,654
Disabled	228	61.0	2,557	0.8	33	66	17.6	779	0.8	70	374	4,032
64 or younger	224	61.4	2,519	0.8	34	66	18.1	779	0.8	70	365	3,963
65-74	4	44.4	38	0.9	9	0	0.0	0	0.0	0	9	69
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	871	55.4	8,640	0.7	21	183	11.6	1,823	0.8	68	1,573	14,622
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	202	56.0	2,072	0.8	21	43	11.9	445	0.9	73	361	3,627
75-84	357	57.9	3,508	0.7	21	84	13.6	818	0.8	63	617	5,728
85 and older	312	52.4	3,060	0.8	22	56	9.4	560	0.8	70	595	5,267
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 11/2007. This table was produced on 03/25/2008.

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 3,122 beneficiaries who were in nursing facilities for part of their enrollment and their 29,955 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}
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 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	27,554	73.8 %	14.3	533,550	\$122	\$4,544,085	\$9	3.7 %	37,360
Age									
5 and younger	2	100.0	24.5	49	376	751	15	13.4	2
6-14	6	85.7	6.6	46	111	776	17	5.9	7
15-20	46	57.5	5.6	446	53	4,270	10	2.1	80
21-44	4,343	62.7	7.6	52,356	93	642,780	12	2.4	6,930
45-64	6,716	72.0	12.3	114,934	131	1,219,979	11	3.1	9,328
65-74	4,417	68.7	11.7	75,020	106	682,343	9	3.5	6,428
75-84	5,714	77.1	16.6	123,377	125	923,736	7	4.4	7,412
85 and older	6,310	88.0	23.3	167,322	149	1,069,450	6	6.2	7,173
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	16,252	78.3	17.5	363,000	128	2,647,810	7	4.6	20,748
Disabled	11,160	68.2	10.4	169,669	115	1,884,167	11	2.8	16,372
Adults	135	59.7	3.4	777	47	10,715	14	2.1	226
Children	5	71.4	12.1	85	119	834	10	2.0	7
Unknown	2	28.6	2.7	19	80	559	29	5.9	7
Gender									
Female	19,047	78.9	16.1	388,597	136	3,289,799	8	4.0	24,155
Male	8,507	64.4	11.0	144,953	95	1,254,286	9	3.0	13,205
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	24,054	75.0	15.3	489,676	128	4,096,514	8	3.7	32,089
African American	1,885	67.7	8.7	24,190	94	262,792	11	3.4	2,784
Other/unknown	1,615	64.9	7.9	19,684	74	184,779	9	2.7	2,487
Use of Nursing Facilities^d									
Entire year	6,739	95.4	31.0	218,993	198	1,396,564	6	5.5	7,067
Part year	2,932	93.9	22.3	69,472	168	525,096	8	5.0	3,122
None	17,883	65.8	9.0	245,085	97	2,622,425	11	3.0	27,171
Maintenance Assistance Status									
Cash	6,725	68.4	9.7	95,389	108	1,066,334	11	3.0	9,828
Medically needy	10,668	89.1	26.6	318,416	174	2,089,309	7	5.3	11,976
Poverty related	9,881	65.6	7.8	117,559	91	1,365,903	12	2.8	15,059
Other/unknown	280	56.3	4.4	2,186	45	22,539	10	1.8	497

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
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	1.4	\$12	\$9	\$0	\$2	384,136
Age						
5 and younger	2.7	42	15	0	0	18
6-14	0.7	12	17	0	0	67
15-20	0.7	7	10	0	1	624
21-44	0.7	9	12	0	2	72,874
45-64	1.2	12	11	0	3	98,738
65-74	1.1	10	9	0	2	67,026
75-84	1.6	12	7	0	1	75,942
85 and older	2.4	16	6	0	1	68,847
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.7	13	7	0	1	209,343
Disabled	1.0	11	11	0	2	173,275
Adults	0.5	8	14	0	3	1,417
Children	1.8	18	10	0	2	46
Unknown	0.3	10	29	0	0	55
Gender						
Female	1.6	13	8	0	2	249,398
Male	1.1	9	9	0	2	134,738
Unknown	0.0	0	0	0	0	0
Race						
White	1.5	12	8	0	2	329,683
African American	0.8	9	11	0	1	29,200
Other/unknown	0.8	7	9	0	1	25,253
Use of Nursing Facilities^d						
Entire year	3.2	20	6	0	2	69,189
Part year	2.3	18	8	0	2	29,955
None	0.9	9	11	0	2	284,992
Maintenance Assistance Status						
Cash	0.9	10	11	0	2	106,367
Medically needy	2.8	18	7	0	2	113,372
Poverty related	0.7	9	12	0	2	159,427
Other/unknown	0.4	5	10	0	1	4,970

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
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
All	48,803	\$93	\$4,544,085	100.0 %	533,550	\$9	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	1	210	210	0.0	6	35	0.0
Drugs for cosmetic purposes	24	24	577	0.0	57	10	0.0
Cough and cold medications	7,309	74	538,697	11.9	22,924	23	4.3
Vitamins and minerals	7,894	120	950,037	20.9	56,652	17	10.6
Non-prescription drugs	22,587	93	2,093,076	46.1	373,662	6	70.0
Barbiturates	375	54	20,210	0.4	3,749	5	0.7
Benzodiazepines	9,694	75	723,439	15.9	72,048	10	13.5
Other Part D Excl Rx Drugs	919	237	217,839	4.8	4,452	49	0.8

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries	37,360
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$124,446,226
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,331

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,959	7.9 %	\$0	0.0 %
1-500	5,754	15.4	1,203,409	1.0
501-1,000	3,701	9.9	2,745,136	2.2
1,001-1,500	3,137	8.4	3,902,310	3.1
1,501-2,000	2,681	7.2	4,686,316	3.8
2,001-2,500	2,540	6.8	5,706,702	4.6
2,501-3,000	2,197	5.9	6,031,786	4.8
3,001-3,500	1,840	4.9	5,974,889	4.8
3,501-4,000	1,610	4.3	6,018,394	4.8
4,001-4,500	1,458	3.9	6,186,657	5.0
4,501-5,000	1,223	3.3	5,800,223	4.7
5,001-5,500	1,081	2.9	5,672,370	4.6
5,501-6,000	914	2.4	5,249,373	4.2
6,001-6,500	796	2.1	4,969,954	4.0
6,501-7,000	670	1.8	4,520,581	3.6
7,001-7,500	564	1.5	4,086,220	3.3
7,501-8,000	521	1.4	4,033,648	3.2
8,001-8,500	420	1.1	3,466,000	2.8
8,501-9,000	371	1.0	3,243,946	2.6
9,001-9,500	313	0.8	2,891,204	2.3
9,501-10,000	287	0.8	2,797,664	2.2
10,001+	2,323	6.2	35,259,444	28.3

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
 NEBRASKA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	16,122
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$65,907,732
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,088

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,465	9.1 %	0	0.0 %
1-500	2,665	16.5	509,459	0.8
501-1,000	1,365	8.5	999,794	1.5
1,001-1,500	1,118	6.9	1,384,442	2.1
1,501-2,000	965	6.0	1,686,221	2.6
2,001-2,500	868	5.4	1,952,046	3.0
2,501-3,000	759	4.7	2,087,667	3.2
3,001-3,500	633	3.9	2,058,523	3.1
3,501-4,000	571	3.5	2,133,055	3.2
4,001-4,500	557	3.5	2,364,935	3.6
4,501-5,000	490	3.0	2,323,556	3.5
5,001-5,500	425	2.6	2,232,413	3.4
5,501-6,000	394	2.4	2,262,605	3.4
6,001-6,500	362	2.2	2,260,718	3.4
6,501-7,000	328	2.0	2,213,344	3.4
7,001-7,500	277	1.7	2,005,635	3.0
7,501-8,000	256	1.6	1,983,771	3.0
8,001-8,500	226	1.4	1,864,490	2.8
8,501-9,000	237	1.5	2,073,594	3.1
9,001-9,500	188	1.2	1,738,657	2.6
9,501-10,000	182	1.1	1,775,583	2.7
10,001+	1,791	11.1	27,997,224	42.5

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	21,013
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$58,003,942
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,760

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,475	7.0 %	0	0.0 %
1-500	3,017	14.4	680,484	1.2
501-1,000	2,308	11.0	1,724,770	3.0
1,001-1,500	1,995	9.5	2,489,357	4.3
1,501-2,000	1,705	8.1	2,982,037	5.1
2,001-2,500	1,659	7.9	3,725,174	6.4
2,501-3,000	1,435	6.8	3,935,611	6.8
3,001-3,500	1,201	5.7	3,896,757	6.7
3,501-4,000	1,030	4.9	3,851,420	6.6
4,001-4,500	896	4.3	3,800,846	6.6
4,501-5,000	729	3.5	3,458,071	6.0
5,001-5,500	655	3.1	3,434,535	5.9
5,501-6,000	520	2.5	2,986,768	5.1
6,001-6,500	428	2.0	2,672,222	4.6
6,501-7,000	341	1.6	2,300,387	4.0
7,001-7,500	285	1.4	2,065,884	3.6
7,501-8,000	264	1.3	2,042,338	3.5
8,001-8,500	193	0.9	1,593,188	2.7
8,501-9,000	133	0.6	1,161,518	2.0
9,001-9,500	122	0.6	1,125,321	1.9
9,501-10,000	103	0.5	1,002,692	1.7
10,001+	519	2.5	7,074,562	12.2

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	6,428
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$19,532,393
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$3,039

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	668	10.4 %	0	0.0 %
1-500	923	14.4	194,496	1.0
501-1,000	631	9.8	466,577	2.4
1,001-1,500	533	8.3	664,676	3.4
1,501-2,000	432	6.7	756,963	3.9
2,001-2,500	408	6.3	916,509	4.7
2,501-3,000	366	5.7	1,004,183	5.1
3,001-3,500	301	4.7	978,191	5.0
3,501-4,000	291	4.5	1,088,707	5.6
4,001-4,500	275	4.3	1,168,527	6.0
4,501-5,000	234	3.6	1,108,506	5.7
5,001-5,500	205	3.2	1,074,767	5.5
5,501-6,000	169	2.6	967,491	5.0
6,001-6,500	170	2.6	1,060,846	5.4
6,501-7,000	125	1.9	844,615	4.3
7,001-7,500	106	1.6	768,811	3.9
7,501-8,000	114	1.8	882,882	4.5
8,001-8,500	73	1.1	600,351	3.1
8,501-9,000	53	0.8	463,201	2.4
9,001-9,500	45	0.7	415,135	2.1
9,501-10,000	40	0.6	389,719	2.0
10,001+	266	4.1	3,717,240	19.0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	7,412
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$21,200,385
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,860

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	482	6.5 %	0	0.0 %
1-500	965	13.0	215,152	1.0
501-1,000	788	10.6	587,571	2.8
1,001-1,500	662	8.9	828,433	3.9
1,501-2,000	612	8.3	1,070,185	5.0
2,001-2,500	620	8.4	1,393,909	6.6
2,501-3,000	525	7.1	1,438,339	6.8
3,001-3,500	448	6.0	1,456,706	6.9
3,501-4,000	393	5.3	1,471,087	6.9
4,001-4,500	327	4.4	1,384,060	6.5
4,501-5,000	281	3.8	1,334,380	6.3
5,001-5,500	253	3.4	1,328,071	6.3
5,501-6,000	191	2.6	1,098,357	5.2
6,001-6,500	137	1.8	855,013	4.0
6,501-7,000	124	1.7	834,556	3.9
7,001-7,500	108	1.5	781,797	3.7
7,501-8,000	93	1.3	718,614	3.4
8,001-8,500	78	1.1	646,238	3.0
8,501-9,000	53	0.7	462,783	2.2
9,001-9,500	48	0.6	442,737	2.1
9,501-10,000	46	0.6	448,206	2.1
10,001+	178	2.4	2,404,191	11.3

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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}
 NEBRASKA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	7,173
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$17,271,164
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,408

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	325	4.5 %	0	0.0 %
1-500	1,129	15.7	270,836	1.6
501-1,000	889	12.4	670,622	3.9
1,001-1,500	800	11.2	996,248	5.8
1,501-2,000	661	9.2	1,154,889	6.7
2,001-2,500	631	8.8	1,414,756	8.2
2,501-3,000	544	7.6	1,493,089	8.6
3,001-3,500	452	6.3	1,461,860	8.5
3,501-4,000	346	4.8	1,291,626	7.5
4,001-4,500	294	4.1	1,248,259	7.2
4,501-5,000	214	3.0	1,015,185	5.9
5,001-5,500	197	2.7	1,031,697	6.0
5,501-6,000	160	2.2	920,920	5.3
6,001-6,500	121	1.7	756,363	4.4
6,501-7,000	92	1.3	621,216	3.6
7,001-7,500	71	1.0	515,276	3.0
7,501-8,000	57	0.8	440,842	2.6
8,001-8,500	42	0.6	346,599	2.0
8,501-9,000	27	0.4	235,534	1.4
9,001-9,500	29	0.4	267,449	1.5
9,501-10,000	17	0.2	164,767	1.0
10,001+	75	1.0	953,131	5.5

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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, NEBRASKA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	37,415	20,754	16,418	229	7	7	391,475	209,934	179,676	1,735	75	55
Age												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	7	0	7	0	0	0	73	0	73	0	0	0
15-20	83	0	75	1	7	0	892	0	805	12	75	0
21-44	6,966	0	6,813	152	0	1	76,263	0	75,056	1,204	0	3
45-64	9,337	1	9,271	65	0	0	101,588	12	101,121	455	0	0
65-74	6,433	6,168	249	10	0	6	67,756	65,054	2,587	63	0	52
75-84	7,414	7,414	0	0	0	0	76,008	76,008	0	0	0	0
85 and older	7,173	7,171	1	1	0	0	68,871	68,860	10	1	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	24,170	15,379	8,649	132	3	7	253,758	157,290	95,288	1,090	35	55
Male	13,245	5,375	7,769	97	4	0	137,717	52,644	84,388	645	40	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	32,134	18,397	13,546	178	7	6	335,394	185,283	148,685	1,306	75	45
African American	2,788	1,091	1,668	29	0	0	30,109	11,743	18,118	248	0	0
Other/unknown	2,493	1,266	1,204	22	0	1	25,972	12,908	12,873	181	0	10
Use of Nursing Facilities^c												
Entire year	7,067	6,370	697	0	0	0	69,190	61,647	7,543	0	0	0
Part year	3,122	2,646	476	0	0	0	30,048	25,073	4,975	0	0	0
None	27,226	11,738	15,245	229	7	7	292,237	123,214	167,158	1,735	75	55
Maintenance Assistance Status												
Cash	9,863	3,304	6,492	67	0	0	109,395	36,526	72,278	591	0	0
Medically needy	11,978	10,077	1,854	46	1	0	113,527	94,184	19,000	339	4	0
Poverty related	15,075	7,352	7,710	0	6	7	163,386	78,990	84,270	0	71	55
Other/unknown	499	21	362	116	0	0	5,167	234	4,128	805	0	0
Dual Status^d												
Full dual, all year	36,637	20,323	16,072	228	7	7	383,482	205,530	176,097	1,725	75	55
Full dual, part year	778	431	346	1	0	0	7,993	4,404	3,579	10	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	35,698	20,563	15,010	117	1	7	373,272	207,924	164,511	770	12	55
FFS part year, with Rx claims	1,284	130	1,102	47	5	0	14,102	1,439	12,161	443	59	0
FFS part year, no Rx claims	87	12	68	7	0	0	817	112	660	45	0	0
MC all year, with Rx claims	291	43	192	55	1	0	2,847	424	1,947	472	4	0
MC all year, no Rx claims	55	6	46	3	0	0	437	35	397	5	0	0

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

- 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, NEBRASKA, 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	37,415	391,475	37,360	384,136	0	7,339
Fee-for-service (FFS) all year	35,698	373,272	35,698	373,272	0	0
FFS part year, with Rx claims	1,284	14,102	1,284	7,559	0	6,543
FFS part year, with no Rx claims	87	817	87	458	0	359
Managed care (MC) all year, with Rx claims	291	2,847	291	2,847	0	0
MC all year, with no Rx claims	55	437	0	0	0	437

Source: Data for this table are from the MAX 2003 file for Nebraska, released by CMS in 11/2007. This table was produced on 03/25/2008.

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.