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

LIST OF TABLES

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**98,368**	**174**	**9,610**	**43,937**	**44,616**	**31**	**974,862**	**1,777**	**108,204**	**397,321**	**467,255**	**305**
Age												
5 and younger	21,211	0	656	0	20,555	0	219,097	0	7,407	0	211,690	0
6-14	19,697	0	2,299	0	17,398	0	214,208	0	26,221	0	187,987	0
15-20	11,175	0	1,333	3,179	6,663	0	111,979	0	15,149	29,252	67,578	0
21-44	34,736	0	2,432	32,295	0	9	320,470	0	27,072	293,337	0	61
45-64	11,231	0	2,876	8,333	0	22	105,888	0	32,202	73,442	0	244
65-74	179	69	14	96	0	0	1,815	722	153	940	0	0
75-84	81	57	0	24	0	0	828	574	0	254	0	0
85 and older	58	48	0	10	0	0	577	481	0	96	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	62,065	135	4,821	34,245	22,833	31	607,429	1,387	54,654	311,832	239,251	305
Male	36,303	39	4,789	9,692	21,783	0	367,433	390	53,550	85,489	228,004	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	44,272	93	4,598	21,811	17,748	22	430,390	938	51,621	194,916	182,701	214
African American	42,610	51	4,127	18,358	20,065	9	430,823	528	46,676	168,460	215,068	91
Other/unknown	11,486	30	885	3,768	6,803	0	113,649	311	9,907	33,945	69,486	0
Use of Nursing Facilities[c]												
Entire year	119	41	78	0	0	0	1,208	383	825	0	0	0
Part year	79	17	59	3	0	0	766	156	577	33	0	0
None	98,170	116	9,473	43,934	44,616	31	972,888	1,238	106,802	397,288	467,255	305
Maintenance Assistance Status												
Cash	51,210	116	8,231	15,109	27,754	0	537,713	1,217	92,835	150,629	293,032	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,508	0	6	262	3,209	31	30,910	0	21	1,560	29,024	305
Other/unknown	43,650	58	1,373	28,566	13,653	0	406,239	560	15,348	245,132	145,199	0
Managed Care (MC) Status							0					
Fee-for-service (FFS) all year	3,054	0	1	2,979	74	0	23,903	0	12	23,394	497	0
FFS part year, with Rx claims	4,343	3	28	4,184	125	3	16,115	18	78	15,654	345	20
FFS part year, no Rx claims	1,461	0	4	1,367	90	0	7,063	0	13	6,662	388	0
MC all year, with FFS Rx claims	89,510	171	9,577	35,407	44,327	28	927,781	1,759	108,101	351,611	466,025	285

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, DELAWARE, 2004

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	**94.9 %**	**12.9**	**$837**	**$65**	**$958**	**87.4 %**	**98,368**
Age							
5 and younger	97.8	5.9	301	51	301	100.0	21,211
6-14	98.9	8.1	574	71	574	100.0	19,697
15-20	96.4	8.8	564	64	692	81.5	11,175
21-44	90.5	14.4	910	63	1,160	78.4	34,736
45-64	94.6	33.3	2,325	70	2,472	94.1	11,231
65-74	99.4	36.6	2,103	58	2,344	89.7	179
75-84	100.0	39.1	2,155	55	2,155	100.0	81
85 and older	100.0	50.2	2,130	43	2,959	72.0	58
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	100.0	49.1	2,441	50	2,965	82.3	174
Disabled	99.7	34.9	3,097	89	3,123	99.2	9,610
Adults	90.7	14.7	851	58	1,103	77.1	43,937
Children	98.1	6.3	331	53	340	97.4	44,616
Unknown	100.0	24.5	2,054	84	2,956	69.5	31
Gender							
Female	92.6	13.6	811	60	1,001	80.9	62,065
Male	98.9	11.8	883	75	884	99.9	36,303
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	95.3	16.0	1,062	66	1,190	89.3	44,272
African American	94.8	10.7	683	64	803	85.0	42,610
Other/unknown	94.3	9.1	545	60	641	85.0	11,486
Use of Nursing Facilities[f]							
Entire year	100.0	91.0	4,655	51	4,655	100.0	119
Part year	100.0	80.5	4,634	58	5,788	80.1	79
None	94.9	12.8	830	65	950	87.4	98,170
Maintenance Assistance Status							
Cash	98.4	13.4	895	67	953	93.9	51,210
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	97.3	5.3	264	50	327	80.5	3,508
Other/unknown	90.7	13.0	817	63	1,014	80.5	43,650

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. 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 fost 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]
NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.3**	**$85**	**87.4 %**	**5.1 %**	**68.6 %**	**10.4 %**	**10.4 %**	**4.1 %**	**1.4 %**	**$97**	**98,368**	**974,862**
Age												
5 and younger	0.6	29	100.0	2.2	90.1	5.6	2.0	0.2	0.0	29	21,211	219,097
6-14	0.7	53	100.0	1.1	84.3	8.6	5.4	0.6	0.1	53	19,697	214,208
15-20	0.9	56	81.5	3.6	78.5	9.4	6.7	1.2	0.5	69	11,175	111,979
21-44	1.6	99	78.4	9.5	56.7	13.0	13.6	5.1	2.1	126	34,736	320,470
45-64	3.5	247	94.1	5.4	28.8	15.1	28.5	17.0	5.2	262	11,231	105,888
65-74	3.6	207	89.7	0.6	26.3	25.7	22.9	17.9	6.7	231	179	1,815
75-84	3.8	211	100.0	0.0	38.3	7.4	30.9	18.5	4.9	211	81	828
85 and older	5.0	214	72.0	0.0	15.5	10.3	34.5	27.6	12.1	297	58	577
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	4.8	239	82.3	0.0	18.4	17.2	29.9	24.7	9.8	290	174	1,777
Disabled	3.1	275	99.2	0.3	40.7	15.1	25.3	14.5	4.0	277	9,610	108,204
Adults	1.6	94	77.1	9.3	54.7	13.3	14.8	5.6	2.2	122	43,937	397,321
Children	0.6	32	97.4	1.9	88.6	6.5	2.7	0.2	0.0	32	44,616	467,255
Unknown	2.5	209	69.5	0.0	51.6	16.1	19.4	12.9	0.0	301	31	305
Gender												
Female	1.4	83	80.9	7.4	65.0	10.4	10.6	4.7	2.0	102	62,065	607,429
Male	1.2	87	99.9	1.1	74.8	10.3	10.1	3.1	0.5	87	36,303	367,433
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.6	109	89.3	4.7	62.0	12.1	13.4	5.8	2.0	122	44,272	430,390
African American	1.1	68	85.0	5.2	73.4	9.3	8.3	2.8	1.1	79	42,610	430,823
Other/unknown	0.9	55	85.0	5.7	76.6	8.1	6.7	2.2	0.6	65	11,486	113,649
Use of Nursing Facilities[f]												
Entire year	9.0	459	100.0	0.0	1.7	6.7	21.8	45.4	24.4	459	119	1,208
Part year	8.3	478	80.1	0.0	3.8	2.5	22.8	45.6	25.3	597	79	766
None	1.3	84	87.4	5.1	68.8	10.4	10.4	4.0	1.4	96	98,170	972,888
Maintenance Assistance Status												
Cash	1.3	85	93.9	1.6	74.5	9.8	9.1	3.8	1.1	91	51,210	537,713
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	30	80.5	2.7	87.6	6.8	2.5	0.3	0.1	37	3,508	30,910
Other/unknown	1.4	88	80.5	9.3	60.2	11.3	12.5	4.7	1.9	109	43,650	406,239

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. 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.

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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	**1.3**	**$85**	**$65**	**0.6**	**$64**	**$115**	**0.1**	**$5**	**$71**	**0.7**	**$16**	**$23**
Age												
5 and younger	0.6	29	51	0.2	22	112	0.1	2	39	0.3	5	15
6-14	0.7	53	71	0.4	45	105	0.0	2	61	0.3	6	21
15-20	0.9	56	64	0.4	44	106	0.0	3	63	0.4	9	22
21-44	1.6	99	63	0.6	71	117	0.1	7	75	0.9	21	24
45-64	3.5	247	70	1.5	182	121	0.2	16	92	1.9	49	26
65-74	3.6	207	58	1.6	148	93	0.2	20	93	1.8	40	22
75-84	3.8	211	55	1.8	162	91	0.2	9	44	1.8	40	22
85 and older	5.0	214	43	2.1	162	77	0.3	9	35	2.7	43	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.8	239	50	2.1	172	82	0.3	20	73	2.4	46	19
Disabled	3.1	275	89	1.4	220	157	0.2	16	89	1.5	39	26
Adults	1.6	94	58	0.6	66	102	0.1	6	75	0.9	22	24
Children	0.6	32	53	0.3	25	90	0.0	2	45	0.3	5	18
Unknown	2.5	209	84	1.0	168	163	0.0	4	86	1.4	36	26
Gender												
Female	1.4	83	60	0.6	61	106	0.1	5	66	0.7	17	23
Male	1.2	87	75	0.5	68	130	0.1	5	83	0.6	14	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	109	66	0.7	81	114	0.1	7	81	0.9	22	25
African American	1.1	68	64	0.5	52	116	0.1	4	62	0.5	11	21
Other/unknown	0.9	55	60	0.4	42	110	0.1	3	56	0.5	10	21
Use of Nursing Facilities[e]												
Entire year	9.0	459	51	3.3	330	101	0.7	43	60	4.9	85	17
Part year	8.3	478	58	2.8	319	114	0.6	47	76	4.9	111	23
None	1.3	84	65	0.5	63	115	0.1	5	71	0.7	16	23
Maintenance Assistance Status												
Cash	1.3	85	67	0.5	65	120	0.1	5	71	0.7	16	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	30	50	0.2	23	98	0.0	2	44	0.3	5	17
Other/unknown	1.4	88	63	0.6	65	109	0.1	6	73	0.7	17	24

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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 ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
NONDUAL BENEFICIARIES, DELAWARE, 2004

| 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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	$21	$17	$1	$3	$84	$161	$82	$25	152,853	$12,860,104	58,135	59.1 %	605,810
Biologicals	0.3	0.3	0.0	0.0	274	274	0	0	917	928	112	55	1,578	1,446,495	545	0.6	5,273
Antineoplastic Agents	0.4	0.1	0.0	0.3	103	85	1	18	243	748	105	58	2,477	601,245	573	0.6	5,833
Endocrine/Metabolic Drugs	0.4	0.2	0.1	0.2	23	15	3	5	53	87	37	26	118,378	6,283,911	26,940	27.4	276,465
Cardiovascular Agents	1.0	0.5	0.0	0.5	47	37	1	8	47	77	50	16	143,493	6,733,040	14,379	14.6	143,858
Respiratory Agents	0.4	0.3	0.0	0.2	23	20	0	3	54	78	46	17	199,943	10,743,611	44,997	45.7	472,197
Gastrointestinal Agents	0.3	0.1	0.0	0.2	17	8	2	7	49	114	62	29	43,237	2,135,821	12,278	12.5	126,028
Genitourinary Agents	0.2	0.1	0.0	0.1	11	9	1	1	53	69	40	24	16,319	856,975	7,252	7.4	74,715
CNS Drugs	0.8	0.4	0.0	0.4	65	53	3	9	81	135	91	25	182,060	14,801,863	22,496	22.9	226,376
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	53	48	0	5	84	91	91	45	42,045	3,518,218	6,155	6.3	66,800
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.1	119	109	3	7	424	581	107	104	1,445	612,253	519	0.5	5,142
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	22	11	1	10	45	149	255	25	171,995	7,819,318	35,691	36.3	361,324
Neuromuscular Agents	0.6	0.2	0.1	0.3	44	26	10	8	80	132	132	28	77,888	6,207,857	13,853	14.1	140,623
Nutritional Products	0.2	0.1	0.0	0.2	4	1	0	3	20	29	26	17	17,242	339,371	7,609	7.7	78,586
Hematological Agents	0.5	0.2	0.0	0.3	131	124	2	5	262	634	43	19	13,334	3,496,769	2,642	2.7	26,776
Topical Products	0.2	0.1	0.0	0.1	9	6	1	3	43	77	49	21	81,025	3,459,881	35,075	35.7	370,573
Miscellaneous Products	0.2	0.1	0.0	0.1	15	11	2	2	94	111	272	43	4,279	402,267	2,440	2.5	26,196
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	47	0	0	0	1,157	54,043	653	0.7	6,891
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,270,748	82,373,042	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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 2004.

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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NONDUAL BENEFICIARIES, DELAWARE, 2004

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIVIRAL	$6,555,315	3,245	3.3 %	33,884	0.4	$458	$193
ANTIPSYCHOTICS	6,314,844	6,543	6.7	69,215	0.5	189	91
ANTIDEPRESSANTS	5,723,363	18,502	18.8	187,113	0.4	70	31
ANTIASTHMATIC	5,319,920	30,084	30.6	321,994	0.3	63	17
ANTICONVULSANT	4,532,788	7,466	7.6	77,988	0.6	105	58
ANALGESICS - Narcotic	3,928,800	32,898	33.4	339,017	0.3	42	12
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,265,627	6,919	7.0	75,944	0.5	84	43
ANTIHYPERLIPIDEMIC	2,580,797	5,402	5.5	55,987	0.5	97	46
ANTIDIABETIC	2,464,301	5,804	5.9	58,591	0.6	71	42
DERMATOLOGICAL	2,201,941	30,839	31.4	332,630	0.1	45	7
Total	42,887,696	147,702		1,552,363	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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

TABLE ND.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]
NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIVIRAL					ANTIPSYCHOTICS				
	Number of Rx	Rx $	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**499,373**	**$42,887,696**	**3,245**	**3.3 %**	**33,884**	**0.4**	**$194**	**6,543**	**6.7 %**	**69,215**	**0.5**	**$91**
Female	305,187	24,427,389	2,117	3.4	22,218	0.4	147	3,700	6.0	39,251	0.4	80
Disabled	88,784	9,058,297	608	12.6	6,954	0.5	225	1,417	29.4	16,455	0.6	110
5 and younger	1,386	109,662	5	1.8	60	0.7	101	3	1.1	36	0.2	55
6-14	7,154	655,338	23	3.3	276	0.6	198	110	15.6	1,297	0.5	93
15-20	5,066	498,990	13	2.3	156	0.3	132	136	24.5	1,570	0.5	98
21-44	26,574	2,951,304	290	20.3	3,269	0.5	200	533	37.3	6,112	0.6	113
45-64	48,335	4,824,473	277	15.0	3,193	0.5	260	634	34.4	7,428	0.6	112
65-74	269	18,530	0	0.0	0	0.0	0	1	9.1	12	1.5	324
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	216,403	15,369,092	1,509	2.6	15,264	0.3	111	2,283	4.0	22,796	0.4	58
5 and younger	15,508	707,341	35	0.3	384	0.1	4	14	0.1	158	0.3	52
6-14	21,977	1,490,754	58	0.7	663	0.2	23	200	2.3	2,230	0.4	76
15-20	15,511	978,458	141	2.1	1,438	0.2	43	253	3.8	2,662	0.4	58
21-44	107,255	7,566,899	1,029	4.0	10,231	0.3	102	1,401	5.4	13,738	0.3	53
45-64	53,303	4,438,217	242	4.3	2,503	0.4	229	379	6.7	3,615	0.4	66
65-74	1,447	96,902	2	1.7	24	0.1	7	11	9.3	111	0.7	57
75-84	818	49,785	1	1.7	9	0.2	12	10	16.9	117	0.4	54
85 and older	584	40,736	1	2.2	12	0.1	5	15	32.6	165	0.6	83
Male	194,186	18,460,307	1,128	3.1	11,666	0.5	283	2,843	7.8	29,964	0.5	106
Disabled	67,256	8,248,288	612	12.8	6,627	0.6	321	1,322	27.6	14,927	0.6	130
5 and younger	2,610	204,870	5	1.3	60	0.8	100	21	5.5	244	0.5	69
6-14	17,867	1,705,542	29	1.8	342	0.4	120	429	26.9	4,830	0.6	110
15-20	7,525	741,931	8	1.0	90	0.2	10	222	28.5	2,505	0.5	113
21-44	16,801	2,674,379	259	25.8	2,714	0.7	367	388	38.7	4,381	0.7	160
45-64	22,361	2,914,155	311	30.1	3,421	0.6	317	262	25.3	2,967	0.6	137
65-74	92	7,411	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	126,930	10,212,019	516	1.6	5,039	0.4	232	1,521	4.8	15,037	0.4	83
5 and younger	18,378	931,301	40	0.4	447	0.1	5	38	0.4	401	0.3	50
6-14	35,436	2,839,217	41	0.5	427	0.3	91	451	5.2	5,013	0.5	97
15-20	11,741	944,238	32	1.0	329	0.2	47	259	8.1	2,649	0.4	74
21-44	35,371	3,067,469	265	4.2	2,573	0.4	241	562	8.9	5,050	0.4	74
45-64	25,148	2,360,544	136	5.0	1,240	0.6	398	204	7.5	1,869	0.5	94
65-74	362	37,668	0	0.0	0	0.0	0	3	6.4	36	0.1	13
75-84	296	22,004	0	0.0	0	0.0	0	2	9.1	3	0.7	20
85 and older	198	9,578	2	16.7	23	0.1	18	2	16.7	16	1.4	58
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 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 ND.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]

NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ANTICONVULSANT				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**18,502**	**18.8 %**	**187,113**	**0.4**	**$31**	**30,084**	**30.6 %**	**321,994**	**0.3**	**$17**	**7,466**	**7.6 %**	**77,988**	**0.6**	**$58**
Female	13,761	22.2	139,543	0.4	31	16,865	27.2	179,837	0.3	17	4,744	7.6	49,310	0.5	54
Disabled	2,669	55.4	30,690	0.5	37	2,839	58.9	32,640	0.4	27	1,559	32.3	17,820	0.7	70
5 and younger	1	0.4	7	0.1	2	236	85.2	2,707	0.3	23	36	13.0	383	0.5	73
6-14	92	13.0	1,088	0.5	26	414	58.6	4,753	0.3	26	153	21.6	1,789	0.8	80
15-20	174	31.4	1,994	0.5	28	241	43.4	2,786	0.3	17	145	26.1	1,630	0.7	85
21-44	1,036	72.5	11,853	0.5	38	672	47.0	7,641	0.3	21	598	41.8	6,867	0.7	71
45-64	1,358	73.7	15,658	0.6	39	1,262	68.5	14,585	0.4	34	624	33.9	7,115	0.7	65
65-74	8	72.7	90	0.6	20	14	127.3	168	0.4	22	3	27.3	36	0.6	57
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	11,092	19.4	108,853	0.4	29	14,026	24.5	147,197	0.2	15	3,185	5.6	31,490	0.4	45
5 and younger	5	0.0	48	0.3	10	3,557	35.3	38,745	0.2	11	34	0.3	347	0.4	35
6-14	313	3.6	3,409	0.4	19	3,050	35.1	33,641	0.2	14	107	1.2	1,165	0.4	54
15-20	867	13.0	8,810	0.3	20	1,234	18.5	12,900	0.2	11	244	3.7	2,498	0.4	41
21-44	7,390	28.5	72,398	0.4	28	4,496	17.3	45,203	0.3	16	2,039	7.9	20,031	0.4	41
45-64	2,463	43.8	23,654	0.5	38	1,615	28.7	15,969	0.4	25	733	13.0	7,180	0.5	57
65-74	17	14.4	182	0.7	33	43	36.4	416	0.6	41	12	10.2	111	0.9	91
75-84	13	22.0	131	0.8	41	17	28.8	174	0.5	23	9	15.3	79	0.6	41
85 and older	24	52.2	221	0.7	48	14	30.4	149	0.4	20	7	15.2	79	0.7	43
Male	4,741	13.1	47,570	0.4	30	13,219	36.4	142,157	0.3	16	2,722	7.5	28,678	0.6	65
Disabled	1,293	27.0	14,580	0.5	35	2,163	45.2	24,584	0.3	22	1,186	24.8	13,306	0.7	81
5 and younger	2	0.5	24	0.5	4	397	104.7	4,573	0.3	24	57	15.0	554	0.7	77
6-14	223	14.0	2,557	0.5	26	850	53.4	9,706	0.3	16	296	18.6	3,372	0.7	84
15-20	193	24.8	2,202	0.5	29	279	35.9	3,248	0.3	18	169	21.7	1,897	0.7	63
21-44	408	40.7	4,534	0.5	38	233	23.2	2,496	0.4	24	374	37.3	4,218	0.8	95
45-64	465	45.0	5,245	0.6	38	399	38.6	4,504	0.5	32	290	28.0	3,265	0.7	72
65-74	2	66.7	18	1.1	36	5	166.7	57	0.4	38	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,448	10.9	32,990	0.4	27	11,056	35.1	117,573	0.2	15	1,536	4.9	15,372	0.5	50
5 and younger	6	0.1	71	0.2	9	4,670	44.6	50,533	0.2	12	56	0.5	659	0.4	38
6-14	376	4.3	4,150	0.4	23	3,832	44.1	41,826	0.2	16	191	2.2	2,155	0.6	60
15-20	380	11.9	3,924	0.4	26	906	28.5	9,529	0.2	13	136	4.3	1,443	0.5	76
21-44	1,793	28.3	16,276	0.4	27	1,044	16.5	9,770	0.3	22	757	11.9	7,116	0.4	43
45-64	879	32.1	8,420	0.5	32	582	21.3	5,656	0.4	28	385	14.1	3,869	0.5	51
65-74	4	8.5	48	0.3	12	11	23.4	130	0.4	32	5	10.6	59	0.5	22
75-84	6	27.3	58	0.9	73	10	45.5	118	0.7	60	4	18.2	47	0.9	54
85 and older	4	33.3	43	0.8	25	1	8.3	11	0.1	2	2	16.7	24	0.6	16
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 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 ND.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]

NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**32,898**	**33.4 %**	**339,017**	**0.3**	**$12**	**6,919**	**7.0 %**	**75,944**	**0.5**	**$43**	**5,402**	**5.5 %**	**55,987**	**0.5**	**$46**
Female	23,816	38.4	247,243	0.3	10	2,101	3.4	23,122	0.5	39	3,424	5.5	35,763	0.5	47
Disabled	3,324	68.9	38,302	0.4	19	451	9.4	5,275	0.5	42	1,029	21.3	11,848	0.5	50
5 and younger	34	12.3	378	0.2	1	8	2.9	89	0.3	20	1	0.4	12	0.1	0
6-14	70	9.9	818	0.1	1	277	39.2	3,229	0.6	46	2	0.3	24	0.3	18
15-20	151	27.2	1,747	0.1	2	108	19.5	1,283	0.4	38	1	0.2	12	0.5	29
21-44	1,239	86.7	14,282	0.3	17	39	2.7	460	0.4	43	181	12.7	2,083	0.4	42
45-64	1,817	98.6	20,927	0.4	23	19	1.0	214	0.3	17	837	45.4	9,639	0.5	52
65-74	13	118.2	150	0.3	6	0	0.0	0	0.0	0	7	63.6	78	0.4	44
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	20,492	35.8	208,941	0.2	8	1,650	2.9	17,847	0.5	38	2,395	4.2	23,915	0.5	45
5 and younger	242	2.4	2,786	0.1	1	64	0.6	743	0.3	22	0	0.0	0	0.0	0
6-14	595	6.8	6,645	0.1	1	990	11.4	11,078	0.5	40	3	0.0	31	0.3	18
15-20	2,108	31.7	21,566	0.1	2	282	4.2	2,893	0.5	41	16	0.2	186	0.4	35
21-44	14,147	54.5	143,997	0.2	8	267	1.0	2,684	0.4	33	799	3.1	7,827	0.4	35
45-64	3,293	58.6	32,822	0.3	15	47	0.8	449	0.4	36	1,486	26.4	14,904	0.5	49
65-74	51	43.2	529	0.3	5	0	0.0	0	0.0	0	55	46.6	611	0.5	49
75-84	39	66.1	416	0.3	9	0	0.0	0	0.0	0	26	44.1	274	0.5	56
85 and older	17	37.0	180	0.2	4	0	0.0	0	0.0	0	10	21.7	82	0.9	77
Male	9,082	25.0	91,774	0.3	17	4,818	13.3	52,822	0.5	45	1,978	5.4	20,224	0.5	45
Disabled	1,688	35.2	18,964	0.4	28	1,424	29.7	16,188	0.6	47	585	12.2	6,727	0.6	51
5 and younger	45	11.9	527	0.1	1	42	11.1	487	0.4	24	1	0.3	12	0.7	30
6-14	143	9.0	1,669	0.1	1	1,000	62.8	11,312	0.6	50	0	0.0	0	0.0	0
15-20	154	19.8	1,741	0.1	2	328	42.2	3,751	0.5	45	8	1.0	94	0.2	17
21-44	492	49.1	5,435	0.4	27	47	4.7	554	0.4	38	155	15.5	1,738	0.6	46
45-64	852	82.4	9,574	0.5	39	7	0.7	84	0.4	32	418	40.4	4,850	0.5	53
65-74	2	66.7	18	0.8	89	0	0.0	0	0.0	0	3	100.0	33	1.0	91
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	7,394	23.5	72,810	0.3	14	3,394	10.8	36,634	0.5	44	1,393	4.4	13,497	0.4	43
5 and younger	309	2.9	3,488	0.1	1	188	1.8	2,059	0.3	22	2	0.0	23	0.3	51
6-14	584	6.7	6,530	0.1	1	2,574	29.6	27,988	0.5	45	6	0.1	61	0.1	9
15-20	831	26.1	8,696	0.1	2	513	16.1	5,484	0.5	45	12	0.4	135	0.2	17
21-44	3,987	62.9	37,700	0.3	16	105	1.7	957	0.3	34	520	8.2	5,091	0.4	37
45-64	1,659	60.7	16,131	0.4	22	14	0.5	146	0.5	51	822	30.1	7,843	0.5	47
65-74	10	21.3	117	0.4	120	0	0.0	0	0.0	0	21	44.7	227	0.6	61
75-84	7	31.8	74	0.3	13	0	0.0	0	0.0	0	8	36.4	93	0.5	51
85 and older	7	58.3	74	0.7	50	0	0.0	0	0.0	0	2	16.7	24	1.0	82
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 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 ND.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]
NONDUAL BENEFICIARIES, DELAWARE, 2004

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL						
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	**5,804**	**5.9 %**	**58,591**	**0.6**	**$42**	**30,839**	**31.4 %**	**332,630**	**0.1**	**$7**	**98,368**	**974,862**
Female	3,879	6.2	39,814	0.6	42	18,981	30.6	204,028	0.1	7	62,065	607,429
Disabled	1,228	25.5	14,138	0.6	45	2,313	48.0	26,964	0.2	9	4,821	54,654
5 and younger	4	1.4	46	0.6	74	133	48.0	1,537	0.1	4	277	3,115
6-14	20	2.8	224	0.6	56	313	44.3	3,686	0.2	7	707	8,151
15-20	24	4.3	261	0.5	50	254	45.8	2,940	0.1	6	555	6,345
21-44	238	16.7	2,785	0.5	36	638	44.6	7,442	0.2	9	1,429	16,076
45-64	937	50.9	10,768	0.6	46	971	52.7	11,317	0.2	10	1,842	20,847
65-74	5	45.5	54	0.7	50	4	36.4	42	0.1	3	11	120
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	2,651	4.6	25,676	0.6	40	16,668	29.1	177,064	0.1	7	57,244	552,775
5 and younger	11	0.1	132	0.5	34	5,275	52.4	57,081	0.1	4	10,074	104,188
6-14	45	0.5	440	0.6	47	3,378	38.8	37,696	0.1	6	8,701	94,639
15-20	85	1.3	926	0.5	41	1,765	26.5	18,608	0.1	8	6,658	63,980
21-44	1,140	4.4	10,890	0.5	36	4,696	18.1	47,655	0.2	8	25,968	238,002
45-64	1,289	22.9	12,450	0.6	43	1,464	26.0	15,026	0.2	10	5,620	49,678
65-74	49	41.5	505	0.7	41	44	37.3	511	0.2	9	118	1,219
75-84	24	40.7	250	0.8	41	25	42.4	266	0.2	7	59	613
85 and older	8	17.4	83	0.7	22	21	45.7	221	0.2	6	46	456
Male	1,925	5.3	18,777	0.6	43	11,858	32.7	128,602	0.1	6	36,303	367,433
Disabled	524	10.9	5,908	0.6	44	1,801	37.6	20,903	0.2	8	4,789	53,550
5 and younger	2	0.5	8	1.9	148	209	55.1	2,428	0.2	6	379	4,292
6-14	39	2.4	463	0.7	66	523	32.9	6,126	0.1	5	1,592	18,070
15-20	29	3.7	327	0.6	49	257	33.0	2,992	0.2	9	778	8,804
21-44	113	11.3	1,274	0.6	47	372	37.1	4,309	0.2	10	1,003	10,996
45-64	341	33.0	3,836	0.6	41	440	42.6	5,048	0.2	11	1,034	11,355
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,401	4.4	12,869	0.6	43	10,057	31.9	107,699	0.1	6	31,514	313,883
5 and younger	2	0.0	24	1.0	70	4,868	46.4	52,446	0.1	5	10,481	107,502
6-14	38	0.4	378	0.6	54	2,412	27.7	26,897	0.1	5	8,697	93,348
15-20	49	1.5	521	0.5	48	1,023	32.1	11,082	0.2	10	3,184	32,850
21-44	564	8.9	5,216	0.6	43	1,116	17.6	10,741	0.2	9	6,336	55,396
45-64	735	26.9	6,610	0.6	42	602	22.0	6,136	0.2	9	2,735	24,008
65-74	8	17.0	60	0.6	34	15	31.9	160	0.2	8	47	443
75-84	3	13.6	36	0.6	26	14	63.6	168	0.2	9	22	215
85 and older	2	16.7	24	1.0	24	7	58.3	69	0.3	8	12	121
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 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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; $ = Medicaid reimbursement.

TABLE ND.8

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BENEFICIARY CHARACTERISTIC[a, b]

NONDUAL BENEFICIARIES, DELAWARE, 2004

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	**$459**	**9.0**	**119**	**1,208**
Age				
0-64	546	9.9	78	825
65-74	554	11.9	5	48
75-84	249	6.8	14	120
85 and older	220	6.0	22	215
Unknown	0	0.0	0	0
Gender				
Female	492	9.6	76	778
Male	399	7.7	43	430
Unknown	0	0.0	0	0
Race				
White	431	8.4	68	669
African American	521	10.2	46	488
Other/unknown	234	4.7	5	51
Basis of Eligibility[c]				
Aged	271	7.0	41	383
Disabled	546	9.9	78	825
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 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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.

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY [a, b, c, d, e]

NONDUAL BENEFICIARIES, DELAWARE, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users		Number of Benefit Months
	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	As a Percentage of All-Year Nursing Facility Residents	
Anti-infective Agents	0.6	0.3	0.1	0.3	$56	$47	$4	$5	$88	$142	$68	$20	532	$46,623	82	68.9 %	840
Biologicals	0.1	0.1	0.0	0.1	2	1	0	1	19	13	0	23	9	167	7	5.9	79
Antineoplastic Agents	0.6	0.2	0.0	0.4	123	99	0	24	219	579	0	61	23	5,032	4	3.4	41
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.5	68	58	2	8	54	91	17	17	680	36,880	51	42.9	539
Cardiovascular Agents	2.4	0.9	0.1	1.5	72	51	2	19	30	58	29	13	2,064	61,652	83	69.7	857
Respiratory Agents	1.2	0.6	0.0	0.6	44	36	0	8	37	64	31	13	750	27,875	59	49.6	632
Gastrointestinal Agents	1.2	0.2	0.1	0.9	39	21	4	15	32	99	27	16	1,022	32,392	78	65.5	826
Genitourinary Agents	0.7	0.4	0.0	0.3	40	33	1	7	56	86	42	22	262	14,647	32	26.9	362
CNS Drugs	1.8	1.0	0.1	0.8	129	103	4	21	70	108	70	26	1,651	115,315	87	73.1	896
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.1	0.2	7	0	4	3	27	0	42	20	3	82	1	0.8	12
Miscellaneous Psychological/ Neurological Agents	0.5	0.5	0.0	0.0	175	175	0	0	350	350	0	0	36	12,606	6	5.0	72
Analgesics and Anesthetics	1.5	0.5	0.0	0.9	67	53	1	12	45	106	54	13	923	41,580	61	51.3	625
Neuromuscular Agents	1.7	0.5	0.5	0.7	138	67	49	22	83	146	97	32	1,175	97,529	68	57.1	707
Nutritional Products	0.8	0.0	0.0	0.8	11	0	0	11	14	30	0	14	348	4,832	41	34.5	437
Hematological Agents	1.7	0.4	0.2	1.1	92	78	3	11	53	185	11	10	701	36,895	41	34.5	401
Topical Products	0.7	0.2	0.1	0.4	23	13	3	7	33	57	44	17	569	18,724	78	65.5	830
Miscellaneous Products	0.1	0.0	0.0	0.1	2	0	0	2	20	33	0	18	8	160	8	6.7	84
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	10	0	0	0	14	0	0	0	71	989	9	7.6	97
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.	10,827	553,980	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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 2004. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

In Delaware, 0.3 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 ND.10

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,

BY TOP-10 DRUG GROUP[a, b, c, d]

NONDUAL BENEFICIARIES, DELAWARE, 2004

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
ANTICONVULSANT	$75,155	74	62.2 %	790	1.2	$81	$95
ANTIPSYCHOTICS	55,039	51	42.9	558	0.6	160	99
ANTIDEPRESSANTS	53,020	83	69.7	878	0.9	65	60
ANALGESICS - Narcotic	28,001	76	63.9	794	0.9	41	35
ANTIVIRAL	25,189	13	10.9	144	0.6	283	175
ULCER DRUGS	23,808	73	61.3	733	0.7	50	32
ANTIHYPERLIPIDEMIC	21,420	30	25.2	330	0.9	72	65
MISC. ENDOCRINE	18,816	19	16.0	194	0.8	115	97
ANTIASTHMATIC	18,233	57	47.9	614	0.9	34	30
ANTIDIABETIC	14,953	42	35.3	478	0.7	46	31
Total	333,634	518		5,513	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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 2004. 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 2004 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					ANTIPSYCHOTICS				
	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	**4,661**	**$333,634**	**74**	**62.2 %**	**790**	**1.2**	**$95**	**51**	**42.9 %**	**558**	**0.6**	**$99**
Female	3,285	239,768	47	61.8	513	1.2	109	40	52.6	463	0.6	103
Disabled	2,373	188,457	38	92.7	423	1.2	111	25	61.0	291	0.6	124
	2,373	188,457	38	92.7	423	1.2	111	25	61.0	291	0.6	124
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older / Other Eligibles	912	51,311	9	25.7	90	1.1	100	15	42.9	172	0.6	68
	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	221	14,059	1	20.0	12	4.8	575	1	20.0	11	0.5	82
65-74	291	13,133	5	50.0	42	0.3	11	5	50.0	58	0.5	63
75-84	400	24,119	3	15.0	36	0.8	45	9	45.0	103	0.6	69
85 and older												
Male	1,376	93,866	27	62.8	277	1.1	70	11	25.6	95	0.7	77
Disabled	1,265	89,235	25	67.6	253	1.1	74	8	21.6	78	0.5	82
	1,265	89,235	25	67.6	253	1.1	74	8	21.6	78	0.5	82
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older / Other Eligibles	111	4,631	2	33.3	24	1.0	21	3	50.0	17	1.4	57
	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	60	3,205	1	25.0	12	1.0	19	1	25.0	1	1.0	45
75-84	51	1,426	1	50.0	12	1.1	23	2	100.0	16	1.4	58
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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.

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]

NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIVIRAL				
	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	83	69.7 %	878	0.9	$60	76	63.9 %	794	0.9	$35	13	10.9 %	144	0.6	$175
Female	58	76.3	617	0.9	58	49	64.5	533	0.9	39	10	13.2	108	0.5	98
Disabled	37	90.2	411	1.0	65	31	75.6	345	1.0	52	9	22.0	99	0.5	106
64 or younger	37	90.2	411	1.0	65	31	75.6	345	1.0	52	9	22.0	99	0.5	106
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	21	60.0	206	0.8	43	18	51.4	188	0.7	13	1	2.9	9	0.2	12
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	3	60.0	34	1.2	77	3	60.0	36	1.8	14	0	0.0	0	0.0	0
75-84	8	80.0	78	0.8	37	8	80.0	84	0.6	23	1	10.0	9	0.2	12
85 and older	10	50.0	94	0.6	36	7	35.0	68	0.2	1	0	0.0	0	0.0	0
Male	25	58.1	261	1.0	67	27	62.8	261	0.8	29	3	7.0	36	1.1	405
Disabled	21	56.8	224	1.0	71	25	67.6	245	0.9	30	3	8.1	36	1.1	405
64 or younger	21	56.8	224	1.0	71	25	67.6	245	0.9	30	3	8.1	36	1.1	405
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4	66.7	37	0.9	40	2	33.3	16	0.2	12	0	0.0	0	0.0	0
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	3	75.0	25	1.0	54	1	25.0	12	0.2	16	0	0.0	0	0.0	0
75-84	1	50.0	12	0.8	9	1	50.0	4	0.3	2	0	0.0	0	0.0	0
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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.

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]
NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERLIPIDEMIC					MISC. ENDOCRINE				
	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	**73**	**61.3 %**	**733**	**0.7**	**$33**	**30**	**25.2 %**	**330**	**0.9**	**$65**	**19**	**16.0 %**	**194**	**0.8**	**$97**
Female	53	69.7	546	0.7	32	20	26.3	219	0.9	59	17	22.4	177	0.8	100
Disabled	34	82.9	354	0.6	34	10	24.4	120	0.9	58	7	17.1	75	1.0	175
64 or younger	34	82.9	354	0.6	34	10	24.4	120	0.9	58	7	17.1	75	1.0	175
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19	54.3	192	0.7	27	10	28.6	99	1.0	61	10	28.6	102	0.7	44
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	2	40.0	23	0.2	13	3	60.0	35	0.8	54	1	20.0	12	0.1	2
75-84	10	100.0	92	0.6	29	0	0.0	0	0.0	0	2	20.0	17	0.9	53
85 and older	7	35.0	77	1.0	29	7	35.0	64	1.0	64	7	35.0	73	0.8	49
Male	20	46.5	187	0.7	35	10	23.3	111	0.9	77	2	4.7	17	1.1	69
Disabled	18	48.6	171	0.6	32	10	27.0	111	0.9	77	1	2.7	12	1.1	70
64 or younger	18	48.6	171	0.6	32	10	27.0	111	0.9	77	1	2.7	12	1.1	70
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2	33.3	16	1.2	69	0	0.0	0	0.0	0	1	16.7	5	1.0	66
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	25.0	12	1.2	84	0	0.0	0	0.0	0	1	25.0	5	1.0	66
85 and older	1	50.0	4	1.3	25	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 Delaware, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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 ND.10D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]
NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDIABETIC					All-Year Nursing Facility Residents	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	**57**	**47.9 %**	**614**	**0.9**	**$30**	**42**	**35.3 %**	**478**	**0.7**	**$31**	**119**	**1,208**
Female	40	52.6	453	0.9	28	25	32.9	284	0.6	32	76	778
Disabled	29	70.7	339	1.1	34	15	36.6	180	0.6	37	41	441
	29	70.7	339	1.1	34	15	36.6	180	0.6	37	41	441
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older **Other Eligibles**	11	31.4	114	0.4	9	10	28.6	104	0.7	24	35	337
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	0	0.0	0	0.0	0	2	40.0	12	1.4	77	5	48
65-74	7	70.0	66	0.5	3	4	40.0	44	0.6	9	10	90
75-84	4	20.0	48	0.3	17	4	20.0	48	0.5	25	20	199
85 and older												
Male	17	39.5	161	0.7	36	17	39.5	194	0.7	30	43	430
Disabled	16	43.2	149	0.8	38	17	45.9	194	0.7	30	37	384
	16	43.2	149	0.8	38	17	45.9	194	0.7	30	37	384
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older **Other Eligibles**	1	16.7	12	0.1	5	0	0.0	0	0.0	0	6	46
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	25.0	12	0.1	5	0	0.0	0	0.0	0	4	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 79 beneficiaries who were in nursing facilities for part of their enrollment and their 766 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.

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS, 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 Nondual Rx $	Total Number of Beneficiaries
All	**38,748**	**39.4 %**	**1.5**	**143,464**	**$25**	**$2,468,868**	**$17**	**3.0 %**	**98,368**
Age									
5 and younger	9,890	46.6	1.0	20,185	14	306,054	15	4.8	21,211
6-14	5,636	28.6	0.6	11,636	12	246,208	21	2.2	19,697
15-20	3,153	28.2	0.7	7,553	14	154,674	20	2.5	11,175
21-44	13,575	39.1	1.6	56,714	29	1,017,901	18	3.2	34,736
45-64	6,313	56.2	4.1	46,223	65	729,069	16	2.8	11,231
65-74	99	55.3	3.6	640	51	9,086	14	2.4	179
75-84	46	56.8	3.2	259	37	2,988	12	1.7	81
85 and older	36	62.1	4.4	254	50	2,888	11	2.3	58
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	104	59.8	4.0	690	47	8,182	12	1.9	174
Disabled	5,192	54.0	4.3	41,329	73	703,517	17	2.4	9,610
Adults	17,265	39.3	1.6	70,462	28	1,234,183	18	3.3	43,937
Children	16,173	36.2	0.7	30,896	12	521,856	17	3.5	44,616
Unknown	14	45.2	2.8	87	36	1,130	13	1.8	31
Gender									
Female	25,141	40.5	1.6	98,274	27	1,694,112	17	3.4	62,065
Male	13,607	37.5	1.2	45,190	21	774,756	17	2.4	36,303
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	17,927	40.5	1.8	80,374	34	1,501,451	19	3.2	44,272
African American	15,781	37.0	1.2	49,405	18	764,469	15	2.6	42,610
Other/unknown	5,040	43.9	1.2	13,685	18	202,948	15	3.2	11,486
Use of Nursing Facilities[d]									
Entire year	78	65.5	7.4	885	110	13,130	15	2.4	119
Part year	68	86.1	8.8	696	140	11,098	16	3.0	79
None	38,602	39.3	1.4	141,883	25	2,444,640	17	3.0	98,170
Maintenance Assistance Status									
Cash	21,365	41.7	1.6	81,553	27	1,378,971	17	3.0	51,210
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,351	38.5	0.7	2,606	11	37,675	14	4.1	3,508
Other/unknown	16,032	36.7	1.4	59,305	24	1,052,222	18	3.0	43,650

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG NONDUALS 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	Benzodiazepine $ per Benefit Month	Number of Benefit Months
All	**0.1**	**$3**	**$17**	**$0**	**$1**	**974,862**
Age						
5 and younger	0.1	1	15	0	0	219,097
6-14	0.1	1	21	0	0	214,208
15-20	0.1	1	20	0	0	111,979
21-44	0.2	3	18	0	1	320,470
45-64	0.4	7	16	0	2	105,888
65-74	0.4	5	14	0	1	1,815
75-84	0.3	4	12	0	1	828
85 and older	0.4	5	11	0	2	577
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.4	5	12	0	1	1,777
Disabled	0.4	7	17	0	2	108,204
Adults	0.2	3	18	0	1	397,321
Children	0.1	1	17	0	0	467,255
Unknown	0.3	4	13	0	1	305
Gender						
Female	0.2	3	17	0	1	607,429
Male	0.1	2	17	0	1	367,433
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	19	0	1	430,390
African American	0.1	2	15	0	0	430,823
Other/unknown	0.1	2	15	0	0	113,649
Use of Nursing Facilities[d]						
Entire year	0.7	11	15	1	4	1,208
Part year	0.9	14	16	0	6	766
None	0.1	3	17	0	1	972,888
Maintenance Assistance Status						
Cash	0.2	3	17	0	1	537,713
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	14	0	0	30,910
Other/unknown	0.1	3	18	0	1	406,239

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 ND.12 includes the beneficaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 beneficaries 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 ND.13

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

FOR SELECTED DRUG CATEGORIES AMONG NONDUALS[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	**50,541**	**$49**	**$2,468,868**	**100.0 %**	**143,464**	**$17**	**100.0 %**
Anorexia or weight loss/gain	3	144	432	0.0	6	72	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	100	11	1,104	0.0	139	8	0.1
Cough and cold medications	21,637	51	1,103,584	44.7	40,419	27	28.2
Vitamins and minerals	3,324	49	164,255	6.7	9,702	17	6.8
Non-prescription drugs	16,164	28	451,635	18.3	47,479	10	33.1
Barbiturates	224	63	14,024	0.6	1,978	7	1.4
Benzodiazepines	7,714	84	644,280	26.1	40,157	16	28.0
Other Part D Excl Rx Drugs	1,375	65	89,554	3.6	3,584	25	2.5

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. Table ND.13 includes the beneficaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a, b]

NONDUAL 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	141,661	204	11,437	58,341	71,635	44	1,340,695	1,995	125,364	528,683	684,280	373
Age												
5 and younger	31,227	0	827	0	30,400	0	291,083	0	8,838	0	282,245	0
6-14	32,618	0	2,808	0	29,810	0	326,888	0	31,273	0	295,615	0
15-20	17,738	0	1,751	4,559	11,423	5	167,322	0	19,054	41,834	106,416	18
21-44	45,830	1	2,879	42,935	1	14	424,184	2	31,331	392,755	1	95
45-64	13,857	0	3,155	10,676	1	25	127,512	0	34,707	92,542	3	260
65-74	224	80	17	127	0	0	2,107	804	161	1,142	0	0
75-84	98	67	0	31	0	0	956	657	0	299	0	0
85 and older	69	56	0	13	0	0	643	532	0	111	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	82,653	156	5,459	40,993	36,001	44	803,737	1,528	60,626	395,432	345,778	373
Male	59,008	48	5,978	17,348	35,634	0	536,958	467	64,738	133,251	338,502	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	59,888	109	5,403	27,749	26,597	30	557,717	1,067	58,964	249,843	247,590	253
African American	63,663	57	5,015	25,144	33,436	11	617,116	550	55,339	230,290	330,842	95
Other/unknown	18,110	38	1,019	5,448	11,602	3	165,862	378	11,061	48,550	105,848	25
Use of Nursing Facilities[c]												
Entire year	148	44	104	0	0	0	1,535	408	1,127	0	0	0
Part year	92	19	70	3	0	0	891	190	668	33	0	0
None	141,421	141	11,263	58,338	71,635	44	1,338,269	1,397	123,569	528,650	684,280	373
Maintenance Assistance Status												
Cash	74,817	138	9,726	19,797	45,156	0	728,952	1,379	106,770	190,485	430,318	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	5,972	0	6	418	5,504	44	46,106	0	39	2,575	43,119	373
Other/unknown	60,872	66	1,705	38,126	20,975	0	565,637	616	18,555	335,623	210,843	0
Managed Care (MC) Status							0					
Fee-for-service (FFS) all year	3,054	0	1	2,979	74	0	23,903	0	12	23,394	497	0
FFS part year, with Rx claims	4,343	3	28	4,184	125	3	48,288	36	309	46,493	1,422	28
FFS part year, no Rx claims	1,461	0	4	1,367	90	0	14,778	0	24	13,869	885	0
MC all year, with Rx claims	89,510	171	9,577	35,407	44,327	28	927,781	1,759	108,101	351,611	466,025	285
MC all year, no Rx claims	43,293	30	1,827	14,404	27,019	13	325,945	200	16,918	93,316	215,451	60

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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(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.2

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

NONDUAL BENEFICIARIES, DELAWARE, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	**141,661**	**1,340,695**	**98,368**	**974,862**	**0**	**365,833**
Fee-for-service (FFS) all year	3,054	23,903	3,054	23,903	0	0
FFS part year, with Rx claims	4,343	48,288	4,343	16,115	0	32,173
FFS part year, with no Rx claims	1,461	14,778	1,461	7,063	0	7,715
Managed care (MC) all year, with Rx claims	89,510	927,781	89,510	927,781	0	0
MC all year, with no Rx claims	43,293	325,945	0	0	0	325,945

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.