

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at [ORDI\\_508\\_Compliance@cms.hhs.gov](mailto:ORDI_508_Compliance@cms.hhs.gov).

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
DELAWARE**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>11,275</b>	<b>5,545</b>	<b>4,784</b>	<b>941</b>	<b>3</b>	<b>2</b>	<b>114,977</b>	<b>55,676</b>	<b>50,547</b>	<b>8,702</b>	<b>36</b>	<b>16</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	5	0	4	0	1	0	54	0	42	0	12	0
15-20	21	0	15	5	1	0	232	0	162	58	12	0
21-44	2,444	0	1,979	465	0	0	25,216	0	20,946	4,270	0	0
45-64	2,953	1	2,607	345	0	0	30,641	3	27,400	3,238	0	0
65-74	2,051	1,751	179	119	0	2	21,294	18,199	1,997	1,082	0	16
75-84	2,002	1,997	0	5	0	0	20,477	20,445	0	32	0	0
85 and older	1,799	1,796	0	2	1	0	17,063	17,029	0	22	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	7,502	4,198	2,691	609	2	2	76,743	42,488	28,636	5,579	24	16
Male	3,773	1,347	2,093	332	1	0	38,234	13,188	21,911	3,123	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	6,486	3,333	2,673	478	1	1	65,387	32,639	28,375	4,354	12	7
African American	3,932	1,669	1,869	392	1	1	40,731	17,354	19,674	3,682	12	9
Other/unknown	857	543	242	71	1	0	8,859	5,683	2,498	666	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,009	1,855	153	1	0	0	20,235	18,486	1,739	10	0	0
Part year	902	779	119	3	1	0	7,532	6,386	1,112	22	12	0
None	8,364	2,911	4,512	937	2	2	87,210	30,804	47,696	8,670	24	16
<b>Maintenance Assistance Status</b>												
Cash	5,832	2,407	3,062	362	1	0	64,666	26,712	34,454	3,488	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	728	186	538	2	0	2	4,101	1,021	3,045	19	0	16
Other/unknown	4,715	2,952	1,184	577	2	0	46,210	27,943	13,048	5,195	24	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	10,084	5,101	4,103	875	3	2	108,821	53,442	46,933	8,394	36	16
Full dual, part year	1,191	444	681	66	0	0	6,156	2,234	3,614	308	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	78	11	18	49	0	0	662	68	179	415	0	0
FFS part year, with Rx claims	1,011	358	566	87	0	0	4,940	1,689	2,885	366	0	0
FFS part year, no Rx claims	200	83	100	17	0	0	1,158	505	542	111	0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>97.4</b>	<b>51.0</b>	<b>\$3,409</b>	<b>\$67</b>	<b>\$4,145</b>	<b>82.3</b>	<b>11,275</b>
<b>Age</b>							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	58.8	2,840	48	2,840	100.0	5
15-20	90.5	20.5	1,589	78	3,392	46.8	21
21-44	96.2	36.5	3,553	97	4,026	88.3	2,444
45-64	96.7	53.8	4,506	84	5,198	86.7	2,953
65-74	97.8	53.8	3,105	58	3,702	83.9	2,051
75-84	98.0	57.8	2,830	49	3,797	74.5	2,002
85 and older	99.1	55.8	2,428	44	3,482	69.8	1,799
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	98.2	56.4	2,813	50	3,723	75.6	5,545
Disabled	97.3	48.5	4,282	88	4,919	87.1	4,784
Adults	93.1	32.1	2,499	78	2,714	92.1	941
Children	100.0	14.3	339	24	339	100.0	3
Unknown	100.0	9.0	545	61	545	100.0	2
<b>Gender</b>							
Female	97.4	53.8	3,218	60	3,982	80.8	7,502
Male	97.3	45.5	3,791	83	4,468	84.8	3,773
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	97.5	56.3	3,609	64	4,393	82.2	6,486
African American	97.1	45.1	3,284	73	3,997	82.2	3,932
Other/unknown	97.3	37.5	2,471	66	2,943	84.0	857
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	99.9	76.6	3,563	47	3,634	98.0	2,009
Part year	94.8	50.5	2,478	49	7,944	31.2	902
None	97.1	44.9	3,473	77	3,857	90.0	8,364
<b>Maintenance Assistance Status</b>							
Cash	99.2	46.9	3,281	70	3,385	96.9	5,832
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	83.2	20.3	1,380	68	4,606	30.0	728
Other/unknown	97.3	60.8	3,882	64	5,013	77.4	4,715

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.4  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

POSSIBLE BENEFICIARIES, DELAWARE, 2009												
Number of Rx, Percentage with:											Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
All	5.0	\$334	82.3	2.6	17.0	11.6	30.5	27.1	11.1	\$406	11,275	114,977
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	5.4	263	100.0	0.0	20.0	0.0	0.0	80.0	0.0	263	5	54
15-20	1.9	144	46.8	9.5	52.4	14.3	19.0	0.0	4.8	307	21	232
21-44	3.5	344	88.3	3.8	29.6	14.1	28.7	17.0	6.8	390	2,444	25,216
45-64	5.2	434	86.7	3.3	15.0	11.2	30.8	28.0	11.8	501	2,953	30,641
65-74	5.2	299	83.9	2.2	15.8	12.1	30.9	27.2	11.8	357	2,051	21,294
75-84	5.6	277	74.5	2.0	12.5	10.3	30.7	31.4	13.0	371	2,002	20,477
85 and older	5.9	256	69.8	0.9	9.3	9.8	31.9	34.7	13.3	367	1,799	17,063
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	5.6	280	75.6	1.8	12.2	10.6	31.1	31.4	13.0	371	5,545	55,676
Disabled	4.6	405	87.1	2.7	21.3	11.9	29.9	24.2	10.0	466	4,784	50,547
Adults	3.5	270	92.1	6.9	23.9	16.0	30.4	17.2	5.5	293	941	8,702
Children	1.2	28	100.0	0.0	66.7	0.0	33.3	0.0	0.0	28	3	36
Unknown	1.1	68	100.0	0.0	100.0	0.0	0.0	0.0	0.0	68	2	16
Gender												
Female	5.3	315	80.8	2.6	14.9	11.3	30.0	29.0	12.2	389	7,502	76,743
Male	4.5	374	84.8	2.7	21.3	12.2	31.4	23.4	9.1	441	3,773	38,234
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	358	82.2	2.5	14.5	10.1	28.8	30.2	14.1	436	6,486	65,387
African American	4.4	317	82.2	2.9	19.4	13.1	33.2	23.9	7.5	386	3,932	40,731
Other/unknown	3.6	239	84.0	2.7	25.3	16.8	31.3	18.6	5.4	285	857	8,859
Use of Nursing Facilities <sup>f</sup>												
Entire year	7.6	354	98.0	0.1	4.1	5.7	26.2	41.4	22.4	361	2,009	20,235
Part year	6.0	297	31.2	5.2	9.9	7.3	28.9	32.3	16.4	951	902	7,532
None	4.3	333	90.0	2.9	20.9	13.5	31.7	23.1	7.8	370	8,364	87,210
Maintenance Assistance Status												
Cash	4.2	296	96.9	0.8	21.5	13.9	34.3	23.4	6.1	305	5,832	64,666
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	3.6	245	30.0	16.8	25.5	10.6	14.1	11.5	21.4	818	728	4,101
Other/unknown	6.2	396	77.4	2.7	10.1	9.0	28.4	34.1	15.8	512	4,715	46,210

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.0</b>	<b>\$334</b>	<b>\$67</b>	<b>2.0</b>	<b>\$250</b>	<b>\$126</b>	<b>0.2</b>	<b>\$15</b>	<b>\$68</b>	<b>2.8</b>	<b>\$70</b>	<b>\$25</b>
<b>Age</b>												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	5.4	263	48	1.6	162	100	0.6	8	13	3.2	94	29
15-20	1.9	144	78	0.6	96	150	0.1	3	56	1.2	44	38
21-44	3.5	344	97	1.5	266	183	0.1	15	109	1.9	63	32
45-64	5.2	434	84	2.1	329	155	0.2	19	93	2.9	86	30
65-74	5.2	299	58	2.1	221	105	0.2	12	65	2.9	66	23
75-84	5.6	277	49	2.2	201	91	0.3	11	44	3.2	65	20
85 and older	5.9	256	44	2.2	182	84	0.3	12	38	3.4	62	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.6	280	50	2.2	203	93	0.3	12	47	3.2	65	20
Disabled	4.6	405	88	1.9	313	165	0.2	17	94	2.5	75	30
Adults	3.5	270	78	1.3	185	141	0.1	15	118	2.0	71	35
Children	1.2	28	24	0.6	19	30	0.0	0	0	0.6	10	17
Unknown	1.1	68	61	0.4	40	92	0.0	0	0	0.7	28	41
<b>Gender</b>												
Female	5.3	315	60	2.0	230	113	0.2	15	63	3.0	70	24
Male	4.5	374	83	1.9	290	154	0.2	14	80	2.4	69	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.6	358	64	2.2	260	119	0.3	18	67	3.1	80	26
African American	4.4	317	73	1.8	248	140	0.2	11	74	2.4	58	24
Other/unknown	3.6	239	66	1.5	186	120	0.1	7	62	2.0	46	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.6	354	47	2.8	251	91	0.4	17	40	4.4	85	19
Part year	6.0	297	49	2.2	213	95	0.3	14	46	3.5	70	20
None	4.3	333	77	1.8	253	141	0.2	14	90	2.4	66	28
<b>Maintenance Assistance Status</b>												
Cash	4.2	296	70	1.7	222	128	0.1	12	83	2.4	62	26
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	3.6	245	68	1.4	171	118	0.1	15	103	2.0	59	30
Other/unknown	6.2	396	64	2.4	297	124	0.3	18	57	3.5	82	24

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.5	0.2	0.0	0.2	\$78	\$69	\$3	\$5	\$171	\$332	\$89	\$26	32,723	\$5,595,300	6,830	60.6	72,117
Biologicals	0.1	0.0	0.0	0.1	4	1	0	2	34	59	0	27	154	5,220	130	1.2	1,367
Antineoplastic Agents	0.5	0.2	0.0	0.4	104	79	0	25	205	523	11	71	2,220	455,845	431	3.8	4,387
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	49	35	5	8	51	96	46	17	54,245	2,764,698	5,444	48.3	56,805
Cardiovascular Agents	1.7	0.7	0.0	1.0	73	54	0	19	42	79	43	18	140,798	5,937,578	7,820	69.4	80,860
Respiratory Agents	0.7	0.4	0.0	0.3	44	36	3	4	59	85	65	16	40,945	2,435,082	5,283	46.9	55,867
Gastrointestinal Agents	0.7	0.3	0.0	0.5	40	30	1	9	55	120	51	19	37,521	2,055,696	4,947	43.9	51,811
Genitourinary Agents	0.5	0.4	0.0	0.1	33	28	1	4	64	79	66	27	10,626	684,214	1,950	17.3	20,843
CNS Drugs	1.3	0.6	0.0	0.7	107	87	2	18	80	135	117	27	92,481	7,433,839	6,744	59.8	69,671
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.3	52	42	2	8	82	112	195	33	515	42,224	77	0.7	806
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	158	157	0	1	262	269	119	76	4,031	1,057,398	637	5.6	6,672
Analgesics and Anesthetics	0.8	0.1	0.1	0.6	49	17	7	25	62	153	143	39	51,953	3,217,486	6,309	56.0	65,334
Neuromuscular Agents	1.0	0.3	0.1	0.6	74	43	4	27	74	139	72	43	42,903	3,196,157	4,115	36.5	43,351
Nutritional Products	0.6	0.0	0.0	0.6	9	0	0	8	15	21	15	15	12,877	189,901	2,130	18.9	21,849
Hematological Agents	0.8	0.4	0.1	0.4	66	59	2	5	79	164	17	15	21,962	1,729,466	2,546	22.6	26,202
Topical Products	0.5	0.2	0.0	0.3	22	16	1	6	46	72	52	22	26,998	1,232,783	5,154	45.7	55,428
Miscellaneous Products	0.5	0.3	0.0	0.2	105	91	0	14	221	312	75	78	1,793	396,816	357	3.2	3,766
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	36	0	0	0	278	10,077	108	1.0	1,182
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>575,023</b>	<b>38,439,780</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.medispain.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, 0.2 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.medispain.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 2005.

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.

Dual Eligible Beneficiaries



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,505,648	3,512	31.1	36,562	0.7	\$175	\$123
ANTIVIRAL	4,398,541	1,330	11.8	14,466	0.6	510	304
ANTIHYPERLIPIDEMIC	2,623,856	4,360	38.7	46,936	0.6	95	56
ANTICONVULSANT	2,584,238	3,430	30.4	36,290	0.8	89	71
ANTIDEPRESSANTS	2,412,753	6,274	55.6	64,529	0.7	57	37
ANALGESICS - Narcotic	1,918,781	7,377	65.4	77,168	0.4	57	25
ANTIDIABETIC	1,743,823	4,023	35.7	42,560	0.6	63	41
ULCER DRUGS	1,627,382	4,710	41.8	49,954	0.5	64	33
ANTIASTHMATIC	1,433,056	4,706	41.7	49,333	0.4	69	29
ANTIHYPERTENSIVE	1,292,403	5,543	49.2	58,664	0.6	37	22
Total	24,540,481	45,265		476,462	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>275,394</b>	<b>\$24,540,481</b>	<b>3,512</b>	<b>31.1</b>	<b>36,562</b>	<b>0.7</b>	<b>\$123</b>	<b>1,330</b>	<b>11.8</b>	<b>14,466</b>	<b>0.6</b>	<b>\$304</b>
<b>Female</b>												
All Females	186,713	14,370,420	2,224	29.6	22,989	0.7	107	567	7.6	6,116	0.5	208
<b>Female, Disabled</b>												
All Ages	72,324	7,074,347	928	34.5	9,964	0.7	134	387	14.4	4,282	0.6	270
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	30	3,820	0	0.0	0	0.0	0	1	50.0	12	0.4	190
15-20	37	3,636	2	28.6	24	0.3	77	0	0.0	0	0.0	0
21-44	19,568	2,213,731	406	41.2	4,228	0.7	134	174	17.7	1,930	0.5	220
45-64	49,023	4,558,400	497	31.6	5,437	0.7	132	207	13.2	2,280	0.6	320
65-74	3,666	294,760	23	18.5	275	0.9	184	5	4.0	60	0.1	6
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	114,389	7,296,073	1,296	26.9	13,025	0.6	86	180	3.7	1,834	0.2	62
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	17	996	2	40.0	24	0.1	10	0	0.0	0	0.0	0
21-44	4,397	382,671	87	26.9	843	0.4	76	21	6.5	178	0.4	92
45-64	3,606	308,287	45	22.4	434	0.5	88	9	4.5	57	0.4	363
65-74	33,435	2,307,467	215	17.1	2,317	0.7	105	41	3.3	459	0.3	92
75-84	39,371	2,407,478	396	26.5	4,089	0.7	86	53	3.5	564	0.2	55
85 and older	33,563	1,889,174	551	36.0	5,318	0.6	81	56	3.7	576	0.1	6
<b>Male</b>												
All Males	88,681	10,170,061	1,288	34.1	13,573	0.8	151	763	20.2	8,350	0.7	375
<b>Male, Disabled</b>												
All Ages	52,276	7,541,157	850	40.6	9,391	0.8	172	676	32.3	7,426	0.7	393
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	393	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	130	13,733	6	75.0	54	1.1	168	0	0.0	0	0.0	0
21-44	22,426	3,424,425	493	49.6	5,403	0.8	170	310	31.2	3,423	0.7	377
45-64	28,411	4,001,024	337	32.6	3,766	0.8	172	366	35.4	4,003	0.7	407
65-74	1,305	101,582	14	25.5	168	1.1	235	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

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIVIRAL				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of	Mean	Mean \$ per Benefit Month
					Benefit Months Among Users	of Rx per Rx Month				Benefit Months Among Users	of Rx per Rx Month	
Male, Other Eligibles												
All Ages	36,405	2,628,904	438	26.1	4,182	0.7	103	87	5.2	924	0.4	225
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,273	258,257	38	27.0	391	0.5	97	13	9.2	138	0.7	429
45-64	2,629	270,782	23	15.9	215	0.5	146	4	2.8	40	0.6	683
65-74	14,835	1,116,044	132	21.5	1,303	0.8	128	35	5.7	369	0.6	283
75-84	11,484	694,216	150	29.5	1,447	0.7	85	20	3.9	219	0.2	74
85 and older	5,184	289,605	95	35.3	826	0.7	84	15	5.6	158	0.1	7
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTICONVULSANT					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Rx per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Rx per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Rx per Month
<b>All</b>	<b>4,360</b>	<b>38.7</b>	<b>46,936</b>	<b>0.6</b>	<b>\$56</b>	<b>3,430</b>	<b>30.4</b>	<b>36,290</b>	<b>0.8</b>	<b>\$71</b>	<b>6,274</b>	<b>55.6</b>	<b>64,529</b>	<b>0.7</b>	<b>\$37</b>
<b>Female</b>															
All Females	2,959	39.4	31,970	0.6	56	2,182	29.1	23,173	0.8	63	4,543	60.6	46,685	0.6	37
<b>Female, Disabled</b>															
All Ages	1,008	37.5	11,059	0.6	56	1,102	41.0	12,092	0.8	78	1,835	68.2	19,462	0.6	36
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	28.6	24	0.1	11	1	14.3	12	0.5	48	1	14.3	12	0.1	1
21-44	174	17.7	1,912	0.5	44	418	42.4	4,513	0.8	92	648	65.8	6,646	0.5	33
45-64	755	48.0	8,216	0.6	58	652	41.4	7,201	0.8	71	1,129	71.8	12,139	0.6	37
65-74	77	62.1	907	0.6	60	31	25.0	366	0.7	56	57	46.0	665	0.6	33
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,951	40.6	20,911	0.6	56	1,080	22.4	11,081	0.7	47	2,708	56.3	27,223	0.7	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	24	0.2	12
21-44	38	11.7	384	0.4	39	102	31.5	957	0.6	60	228	70.4	2,123	0.5	32
45-64	92	45.8	874	0.5	47	58	28.9	570	0.6	72	143	71.1	1,310	0.5	29
65-74	787	62.6	8,576	0.6	57	286	22.8	2,981	0.7	50	595	47.3	6,352	0.7	38
75-84	711	47.6	7,744	0.6	58	341	22.8	3,569	0.8	41	773	51.8	7,898	0.7	40
85 and older	323	21.1	3,333	0.7	55	293	19.2	3,004	0.8	43	967	63.2	9,516	0.8	39
<b>Male</b>															
All Males	1,401	37.1	14,966	0.6	56	1,248	33.1	13,117	0.9	85	1,731	45.9	17,844	0.7	38
<b>Male, Disabled</b>															
All Ages	699	33.4	7,546	0.6	57	815	38.9	8,873	0.9	103	1,012	48.4	10,868	0.7	40
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	12.5	12	0.1	7	4	50.0	34	0.7	41	5	62.5	48	0.6	34
21-44	248	24.9	2,725	0.6	55	381	38.3	4,147	0.9	106	494	49.7	5,376	0.6	40
45-64	433	41.9	4,625	0.6	59	411	39.7	4,506	1.0	103	496	48.0	5,252	0.7	39
65-74	17	30.9	184	0.4	42	19	34.5	186	1.0	38	17	30.9	192	0.7	42
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

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIEPILEPTIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx \$ per Month
<b>Male, Other Eligibles</b>															
All Ages	702	41.8	7,420	0.6	55	433	25.8	4,244	0.8	48	719	42.8	6,976	0.7	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	41	29.1	422	0.4	41	40	28.4	408	0.6	73	56	39.7	589	0.5	38
45-64	78	53.8	768	0.5	46	35	24.1	311	0.6	57	65	44.8	597	0.5	29
65-74	341	55.4	3,640	0.6	59	164	26.7	1,643	0.9	55	215	35.0	2,141	0.7	38
75-84	188	36.9	2,065	0.6	54	127	25.0	1,311	0.7	37	229	45.0	2,310	0.7	36
85 and older	54	20.1	525	0.7	53	67	24.9	571	0.7	32	154	57.2	1,339	0.7	39
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ULCER DRUGS				
	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
<b>All</b>	<b>7,377</b>	<b>65.4</b>	<b>77,168</b>	<b>0.4</b>	<b>\$25</b>	<b>4,023</b>	<b>35.7</b>	<b>42,560</b>	<b>0.6</b>	<b>\$41</b>	<b>4,710</b>	<b>41.8</b>	<b>49,954</b>	<b>0.5</b>	<b>\$33</b>
<b>Female</b>															
All Females	5,333	71.1	56,141	0.4	23	2,856	38.1	30,562	0.6	40	3,406	45.4	36,336	0.5	32
<b>Female, Disabled</b>															
All Ages	2,311	85.9	25,135	0.5	30	923	34.3	10,122	0.6	45	1,231	45.7	13,582	0.4	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	3	150.0	36	0.1	1	0	0.0	0	0.0	0	2	100.0	24	0.9	63
15-20	3	42.9	36	0.3	3	1	14.3	12	0.1	1	3	42.9	36	0.2	22
21-44	795	80.7	8,579	0.4	25	179	18.2	1,943	0.5	39	347	35.2	3,800	0.4	26
45-64	1,415	90.0	15,421	0.5	34	681	43.3	7,453	0.6	46	806	51.2	8,853	0.5	34
65-74	95	76.6	1,063	0.4	20	62	50.0	714	0.7	51	73	58.9	869	0.4	34
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	3,022	62.8	31,006	0.4	17	1,933	40.2	20,440	0.7	38	2,175	45.2	22,754	0.5	32
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	40.0	24	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	292	90.1	2,770	0.5	35	41	12.7	353	0.7	66	69	21.3	722	0.3	21
45-64	166	82.6	1,657	0.5	28	69	34.3	668	0.5	33	60	29.9	569	0.4	33
65-74	896	71.3	9,734	0.4	13	747	59.4	8,070	0.6	41	587	46.7	6,420	0.5	34
75-84	901	60.3	9,497	0.4	15	689	46.1	7,361	0.7	37	728	48.8	7,739	0.6	33
85 and older	765	50.0	7,324	0.4	16	387	25.3	3,988	0.7	32	731	47.8	7,304	0.6	30
<b>Male</b>															
All Males	2,044	54.2	21,027	0.5	31	1,167	30.9	11,998	0.7	43	1,304	34.6	13,618	0.5	35
<b>Male, Disabled</b>															
All Ages	1,140	54.5	11,914	0.5	34	508	24.3	5,158	0.6	47	638	30.5	6,974	0.5	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	6	0.2	2	0	0.0	0	0.0	0	1	50.0	6	0.5	64
15-20	3	37.5	22	0.1	1	0	0.0	0	0.0	0	2	25.0	24	0.5	56
21-44	506	50.9	5,379	0.5	30	144	14.5	1,510	0.6	44	248	24.9	2,785	0.5	32
45-64	597	57.7	6,126	0.5	40	346	33.5	3,447	0.7	50	371	35.9	3,976	0.6	40
65-74	33	60.0	381	0.2	7	18	32.7	201	0.4	26	16	29.1	183	0.5	38
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

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						ANTIDIABETIC					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>																
All Ages	904	53.8	9,113	0.4	26		659	39.2	6,840	0.7	40	666	39.6	6,644	0.5	33
5 and younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	105	74.5	1,079	0.5	44		36	25.5	375	0.5	40	37	26.2	378	0.4	28
45-64	123	84.8	1,227	0.5	67		65	44.8	693	0.5	36	37	25.5	352	0.5	33
65-74	303	49.3	3,119	0.4	19		306	49.8	3,191	0.7	46	241	39.2	2,436	0.5	35
75-84	250	49.1	2,571	0.4	13		185	36.3	1,916	0.7	35	223	43.8	2,320	0.6	33
85 and older	123	45.7	1,117	0.4	12		67	24.9	665	0.7	32	128	47.6	1,158	0.6	33
<b>Unknown</b>	0	0.0	0	0.0	0		0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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 benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIASTHMATIC					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		
<b>All</b>	<b>4,706</b>	<b>41.7</b>	<b>49,333</b>	<b>0.4</b>	<b>\$29</b>	<b>5,543</b>	<b>49.2</b>	<b>58,664</b>	<b>0.6</b>	<b>\$22</b>	<b>11,275</b>	<b>114,977</b>
<b>Female</b>												
All Females	3,465	46.2	36,476	0.4	29	3,869	51.6	41,269	0.6	23	7,502	76,743
<b>Female, Disabled</b>												
All Ages	1,388	51.6	15,115	0.4	30	1,060	39.4	11,581	0.5	22	2,691	28,636
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	2	24
15-20	1	14.3	12	0.1	1	1	14.3	12	0.1	1	7	84
21-44	382	38.8	4,190	0.3	20	167	17.0	1,763	0.5	18	985	10,399
45-64	918	58.4	9,881	0.4	33	812	51.6	8,886	0.6	22	1,573	16,723
65-74	87	70.2	1,032	0.5	40	80	64.5	920	0.5	20	124	1,406
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	2,077	43.2	21,361	0.4	29	2,809	58.4	29,688	0.6	23	4,811	48,107
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	3	60.0	36	0.2	12	0	0.0	0	0.0	0	5	59
21-44	85	26.2	744	0.3	23	67	20.7	610	0.4	15	324	2,917
45-64	77	38.3	774	0.3	38	80	39.8	774	0.5	19	201	1,861
65-74	599	47.7	6,519	0.5	36	884	70.3	9,753	0.6	24	1,257	13,172
75-84	673	45.1	6,962	0.5	29	986	66.0	10,641	0.6	24	1,493	15,420
85 and older	640	41.8	6,326	0.4	22	792	51.8	7,910	0.6	22	1,530	14,666
<b>Male</b>												
All Males	1,241	32.9	12,857	0.4	28	1,674	44.4	17,395	0.6	21	3,773	38,234
<b>Male, Disabled</b>												
All Ages	544	26.0	5,855	0.4	30	716	34.2	7,557	0.6	20	2,093	21,911
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	2	18
15-20	1	12.5	2	1.0	116	0	0.0	0	0.0	0	8	78
21-44	201	20.2	2,217	0.3	21	238	23.9	2,452	0.6	20	994	10,547
45-64	305	29.5	3,204	0.4	34	445	43.0	4,736	0.6	20	1,034	10,677
65-74	37	67.3	432	0.6	41	33	60.0	369	0.6	18	55	591
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

Dual Eligible Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIASTHMATIC						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 Users	Users as % of Dual Benes	Mean						
				Rx per Benefit Month	Rx \$ per Benefit Month			Rx per Benefit Month	Rx \$ per Benefit Month					
Male, Other Eligibles														
All Ages	697	41.5	7,002	0.4	27	958	57.0	9,838	0.6	21	1,680	16,323		
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0		
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11		
21-44	40	28.4	407	0.3	16	60	42.6	612	0.4	20	141	1,353		
45-64	41	28.3	411	0.3	20	78	53.8	737	0.5	21	145	1,380		
65-74	244	39.7	2,532	0.4	29	417	67.8	4,410	0.6	22	615	6,125		
75-84	231	45.4	2,374	0.5	32	281	55.2	2,986	0.6	20	509	5,057		
85 and older	141	52.4	1,278	0.4	19	122	45.4	1,093	0.7	22	269	2,397		
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

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
<b>All</b>	<b>\$354</b>	<b>7.6</b>	<b>2,009</b>	<b>20,235</b>
<b>Age</b>				
0-64	684	9.6	141	1,610
65-74	425	9.0	239	2,477
75-84	353	7.9	621	6,340
85 and older	282	6.8	1,008	9,808
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	353	7.6	1,517	15,424
Male	356	7.6	492	4,811
Unknown	0	0.0	0	0
<b>Race</b>				
White	360	7.8	1,518	15,183
African American	335	7	445	4,599
Other/unknown	320	7.7	46	453
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	325	7.5	1,855	18,486
Disabled	659	9.3	153	1,739
Adults	67	3.2	1	10
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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.

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Overall Performance, 2017-2018																						
Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users								\$ per Rx						Users			
Therapeutic Category	Total	Patented Brand-Name			Off-Patent Brand-Name			Generic	Total	Patented Brand-Name			Off-Patent Brand-Name			Generic	Total	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
		Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic			Patented Brand-Name	Off-Patent Brand-Name	Generic										
Anti-infective Agents	0.4	0.1	0.0	0.2	\$17	\$10	\$2	\$4	\$43	\$75	\$79	\$19	5,915	\$252,652	1,466	73.0	15,263					
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	26	18	0	26	86	2,251	78	3.9	847					
Antineoplastic Agents	0.6	0.1	0.0	0.4	93	60	0	34	166	413	0	81	756	125,395	133	6.6	1,343					
Endocrine/Metabolic Drugs	1.2	0.4	0.2	0.6	43	30	6	7	36	73	29	12	12,623	453,100	1,026	51.1	10,516					
Cardiovascular Agents	2.1	0.6	0.0	1.5	58	35	1	22	27	61	32	14	36,009	979,361	1,650	82.1	16,856					
Respiratory Agents	0.8	0.4	0.0	0.4	36	29	3	5	45	75	52	13	8,595	383,585	1,014	50.5	10,546					
Gastrointestinal Agents	1.0	0.3	0.0	0.7	38	27	1	11	37	90	33	15	13,331	495,581	1,248	62.1	12,891					
Genitourinary Agents	0.6	0.4	0.0	0.2	34	29	0	4	58	69	122	28	3,635	211,817	583	29.0	6,223					
CNS Drugs	1.7	0.9	0.0	0.8	108	87	1	19	64	96	66	25	26,733	1,707,650	1,543	76.8	15,868					
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.5	50	42	0	8	55	111	0	15	65	3,581	6	0.3	72					
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	170	170	0	0	250	250	0	0	2,078	519,244	285	14.2	3,056					
Analgesics and Anesthetics	1.0	0.2	0.1	0.6	43	15	9	18	45	78	76	29	10,259	457,550	1,066	53.1	10,742					
Neuromuscular Agents	1.3	0.4	0.1	0.8	68	33	4	31	53	89	39	39	10,185	540,308	747	37.2	7,910					
Nutritional Products	0.8	0.0	0.0	0.8	10	0	0	10	13	29	13	13	4,988	64,675	632	31.5	6,448					
Hematological Agents	1.2	0.5	0.3	0.5	77	68	4	5	62	143	14	11	9,361	584,246	738	36.7	7,590					
Topical Products	0.7	0.3	0.0	0.4	26	19	1	7	39	64	43	19	8,957	351,117	1,263	62.9	13,428					
Miscellaneous Products	0.3	0.1	0.0	0.2	20	11	0	8	71	144	0	41	339	23,945	117	5.8	1,226					
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	18	0	0	0	54	964	22	1.1	226					
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.	153,969	7,157,022	n.a.	n.a.	n.a.					

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$882,617	920	45.8	9,646	0.7	\$130	\$92
ANTIDEPRESSANTS	745,164	1,646	81.9	17,187	0.8	52	43
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	519,244	328	16.3	3,533	0.6	250	147
ULCER DRUGS	389,696	1,143	56.9	11,997	0.7	49	32
ANTICONVULSANT	376,399	681	33.9	7,222	1.0	54	52
MISC. HEMATOLOGICAL	316,974	381	19.0	3,942	0.8	97	80
ANALGESICS - Narcotic	288,289	1,114	55.5	11,205	0.6	40	26
ANTHYPERLIPIDEMIC	280,555	463	23.0	4,949	0.8	73	57
ANTIASTHMATIC	260,111	1,059	52.7	10,984	0.5	47	24
ANTIDIABETIC	236,397	585	29.1	6,104	0.8	47	39
Total	4,295,446	8,320		86,769	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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 2005. 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 2005 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.

Dual Eligible Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS					ANTIDEPRESSANTS			
Beneficiary Characteristics	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	62,989	\$4,295,446	920	45.8	9,646	0.7	\$92	1,646	81.9	17,187	0.8	\$43
Female												
All Females	47,860	3,302,470	709	46.7	7,546	0.7	90	1,275	84.0	13,450	0.8	43
Female, Disabled												
All Ages	4,632	577,459	37	48.7	440	0.8	120	84	110.5	977	0.9	46
64 or younger	4,398	557,099	34	47.2	404	0.8	117	79	109.7	917	0.9	46
65-74	234	20,360	3	75.0	36	0.8	159	5	125.0	60	0.8	54
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
Female, Other Eligibles												
All Ages	43,228	2,725,011	672	46.6	7,106	0.7	88	1,191	82.7	12,473	0.8	43
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,125	407,849	67	50.8	775	0.8	111	142	107.6	1,609	0.8	42
75-84	15,585	978,067	229	50.4	2,518	0.7	90	383	84.4	4,007	0.9	46
85 and older	21,518	1,339,095	376	44.0	3,813	0.7	81	666	77.9	6,857	0.8	42
Male												
All Males	15,129	992,976	211	42.9	2,100	0.7	99	371	75.4	3,737	0.8	44
Male, Disabled												
All Ages	3,294	251,526	28	36.4	310	0.7	140	66	85.7	751	0.9	51
64 or younger	3,081	236,773	26	37.7	286	0.6	134	64	92.8	727	0.9	51
65-74	213	14,753	2	25.0	24	1.0	217	2	25.0	24	1.1	67
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
Male, Other Eligibles												
All Ages	11,835	741,450	183	44.1	1,790	0.7	92	305	73.5	2,986	0.8	42
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,541	231,951	47	49.5	489	0.8	101	67	70.5	654	0.9	50
75-84	5,112	315,389	76	45.5	737	0.7	93	134	80.2	1,376	0.8	39
85 and older	3,182	194,110	60	39.2	564	0.7	81	104	68.0	956	0.8	41
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					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 \$
<b>All</b>	<b>328</b>	<b>16.3</b>	<b>3,533</b>	<b>0.6</b>	<b>\$147</b>	<b>1,143</b>	<b>56.9</b>	<b>11,997</b>	<b>0.7</b>	<b>\$33</b>	<b>681</b>	<b>33.9</b>	<b>7,222</b>	<b>1.0</b>	<b>\$52</b>
<b>Female</b>															
All Females	260	17.1	2,868	0.6	157	877	57.8	9,327	0.7	32	485	32.0	5,234	0.9	49
<b>Female, Disabled</b>															
All Ages	8	10.5	92	1.2	3,011	48	63.2	572	0.6	35	65	85.5	736	1.1	72
64 or younger	8	11.1	92	1.2	3,011	44	61.1	524	0.7	35	60	83.3	676	1.2	75
65-74	0	0.0	0	0.0	0	4	100.0	48	0.5	32	5	125.0	60	0.8	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	252	17.5	2,776	0.6	63	829	57.5	8,755	0.7	31	420	29.1	4,498	0.9	45
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	21	15.9	236	0.7	67	95	72.0	1,069	0.6	32	70	53.0	757	1.0	63
75-84	85	18.7	958	0.5	61	283	62.3	3,059	0.7	33	153	33.7	1,644	0.9	44
85 and older	146	17.1	1,582	0.5	63	451	52.7	4,627	0.7	30	197	23.0	2,097	0.9	40
<b>Male</b>															
All Males	68	13.8	665	0.6	103	266	54.1	2,670	0.7	36	196	39.8	1,988	1.1	60
<b>Male, Disabled</b>															
All Ages	4	5.2	43	0.9	616	56	72.7	633	0.7	44	48	62.3	545	1.3	92
64 or younger	4	5.8	43	0.9	616	52	75.4	585	0.7	43	42	60.9	489	1.3	97
65-74	0	0.0	0	0.0	0	4	50.0	48	0.7	57	6	75.0	56	1.3	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	64	15.4	622	0.6	68	210	50.6	2,037	0.7	33	148	35.7	1,443	1.0	48
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	9	9.5	72	0.8	73	51	53.7	484	0.7	33	54	56.8	541	1.2	57
75-84	31	18.6	338	0.6	75	88	52.7	888	0.7	35	50	29.9	537	0.9	46
85 and older	24	15.7	212	0.6	55	71	46.4	665	0.7	30	44	28.8	365	0.8	39
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>381</b>	<b>19.0</b>	<b>3,942</b>	<b>0.8</b>	<b>\$80</b>	<b>1,114</b>	<b>55.5</b>	<b>11,205</b>	<b>0.6</b>	<b>\$26</b>	<b>463</b>	<b>23.0</b>	<b>4,949</b>	<b>0.8</b>	<b>\$57</b>
<b>Female</b>															
All Females	284	18.7	2,943	0.8	81	852	56.2	8,680	0.6	27	342	22.5	3,663	0.8	58
<b>Female, Disabled</b>															
All Ages	14	18.4	168	0.9	90	63	82.9	720	1.0	63	28	36.8	329	0.8	66
64 or younger	13	18.1	156	0.9	89	62	86.1	708	1.0	64	26	36.1	305	0.7	64
65-74	1	25.0	12	0.9	101	1	25.0	12	0.1	1	2	50.0	24	1.0	100
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	270	18.7	2,775	0.8	81	789	54.8	7,960	0.6	23	314	21.8	3,334	0.8	57
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	40	30.3	456	0.8	81	100	75.8	1,103	0.8	33	48	36.4	542	0.8	64
75-84	91	20.0	958	0.9	83	260	57.3	2,714	0.7	24	128	28.2	1,350	0.8	56
85 and older	139	16.3	1,361	0.8	79	429	50.2	4,143	0.5	21	138	16.1	1,442	0.8	55
<b>Male</b>															
All Males	97	19.7	999	0.8	78	262	53.3	2,525	0.6	23	121	24.6	1,286	0.8	53
<b>Male, Disabled</b>															
All Ages	14	18.2	168	0.7	73	50	64.9	537	0.7	24	21	27.3	243	0.7	57
64 or younger	13	18.8	156	0.7	72	44	63.8	472	0.8	27	21	30.4	243	0.7	57
65-74	1	12.5	12	0.8	88	6	75.0	65	0.3	4	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
<b>Male, Other Eligibles</b>															
All Ages	83	20.0	831	0.8	79	212	51.1	1,988	0.6	22	100	24.1	1,043	0.8	52
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	25	26.3	260	0.8	89	54	56.8	508	0.8	27	39	41.1	424	0.8	59
75-84	33	19.8	323	0.8	84	77	46.1	763	0.6	24	41	24.6	437	0.7	46
85 and older	25	16.3	248	0.8	61	81	52.9	717	0.4	17	20	13.1	182	0.8	53
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANITIASTHMATIC						ANTIDIABETIC					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>1,059</b>	<b>52.7</b>	<b>10,984</b>	<b>0.5</b>	<b>\$24</b>	<b>585</b>	<b>29.1</b>	<b>6,104</b>	<b>0.8</b>	<b>\$39</b>	<b>2,009</b>	<b>20,235</b>
<b>Female</b>												
All Females	800	52.7	8,373	0.5	22	434	28.6	4,584	0.8	38	1,517	15,424
<b>Female, Disabled</b>												
All Ages	59	77.6	694	0.9	39	34	44.7	388	0.9	52	76	879
64 or younger	56	77.8	658	0.8	37	33	45.8	376	0.9	50	72	831
65-74	3	75.0	36	1.2	72	1	25.0	12	1.1	122	4	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	741	51.4	7,679	0.5	21	400	27.8	4,196	0.8	36	1,441	14,545
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	86	65.2	953	0.5	26	54	40.9	603	0.9	40	132	1,431
75-84	239	52.6	2,487	0.6	23	152	33.5	1,583	0.8	38	454	4,682
85 and older	416	48.7	4,239	0.4	19	194	22.7	2,010	0.8	34	855	8,432
<b>Male</b>												
All Males	259	52.6	2,611	0.6	28	151	30.7	1,520	0.8	42	492	4,811
<b>Male, Disabled</b>												
All Ages	30	39.0	338	0.6	26	37	48.1	414	0.8	42	77	860
64 or younger	29	42.0	326	0.6	22	37	53.6	414	0.8	42	69	779
65-74	1	12.5	12	1.9	129	0	0.0	0	0.0	0	8	81
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	229	55.2	2,273	0.5	28	114	27.5	1,106	0.8	42	415	3,951
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	40	42.1	393	0.6	41	41	43.2	394	0.9	52	95	917
75-84	96	57.5	1,013	0.6	31	46	27.5	450	0.9	35	167	1,658
85 and older	93	60.8	867	0.4	19	27	17.6	262	0.7	38	153	1,376
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 902 beneficiaries who were in nursing facilities for part of their enrollment and their 7,532 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
DELAWARE, 2005

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
<b>All</b>	<b>7,116</b>	<b>63.1</b>	<b>5.9</b>	<b>66,552</b>	<b>\$75</b>	<b>\$846,061</b>	<b>\$13</b>	<b>2.2</b>	<b>11,275</b>
<b>Age</b>									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	4	80.0	28.4	142	410	2,052	14	14.5	5
15-20	12	57.1	2.9	60	35	739	12	2.2	21
21-44	1,453	59.5	4.9	11,960	70	171,647	14	2.0	2,444
45-64	2,002	67.8	7.2	21,177	101	296,908	14	2.2	2,953
65-74	1,336	65.1	6.2	12,772	73	149,860	12	2.4	2,051
75-84	1,245	62.2	5.8	11,553	65	129,883	11	2.3	2,002
85 and older	1,064	59.1	4.9	8,888	53	94,972	11	2.2	1,799
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	3,457	62.3	5.7	31,477	64	355,318	11	2.3	5,545
Disabled	3,144	65.7	6.6	31,712	92	440,789	14	2.2	4,784
Adults	515	54.7	3.6	3,363	53	49,954	15	2.1	941
Children	0	0.0	0.0	0	0	0	0	0.0	3
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Gender</b>									
Female	4,934	65.8	6.2	46,459	77	576,821	12	2.4	7,502
Male	2,182	57.8	5.3	20,093	71	269,240	13	1.9	3,773
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	4,154	64.0	6.5	41,931	85	552,464	13	2.4	6,486
African American	2,418	61.5	5.3	20,828	63	247,601	12	1.9	3,932
Other/unknown	544	63.5	4.4	3,793	54	45,996	12	2.2	857
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,169	58.2	5.4	10,818	67	133,829	12	1.9	2,009
Part year	566	62.7	4.7	4,244	53	48,036	11	2.1	902
None	5,381	64.3	6.2	51,490	79	664,196	13	2.3	8,364
<b>Maintenance Assistance Status</b>									
Cash	3,871	66.4	6.3	36,461	77	448,746	12	2.3	5,832
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	343	47.1	2.3	1,709	35	25,687	15	2.6	728
Other/unknown	2,902	61.5	6.0	28,382	79	371,628	13	2.0	4,715

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
DELAWARE, 2005

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
<b>All</b>	<b>0.6</b>	<b>\$7</b>	<b>\$13</b>	<b>\$0</b>	<b>\$2</b>	<b>114,977</b>
<b>Age</b>						
5 and younger	0.0	0	0	0	0	0
6-14	2.6	38	14	0	0	54
15-20	0.3	3	12	0	0	232
21-44	0.5	7	14	0	3	25,216
45-64	0.7	10	14	0	4	30,641
65-74	0.6	7	12	0	2	21,294
75-84	0.6	6	11	0	2	20,477
85 and older	0.5	6	11	0	2	17,063
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	6	11	0	2	55,676
Disabled	0.6	9	14	0	3	50,547
Adults	0.4	6	15	0	2	8,702
Children	0.0	0	0	0	0	36
Unknown	0.0	0	0	0	0	16
<b>Gender</b>						
Female	0.6	8	12	0	2	76,743
Male	0.5	7	13	0	2	38,234
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	8	13	0	3	65,387
African American	0.5	6	12	0	1	40,731
Other/unknown	0.4	5	12	0	1	8,859
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	7	12	0	2	20,235
Part year	0.6	6	11	0	2	7,532
None	0.6	8	13	0	2	87,210
<b>Maintenance Assistance Status</b>						
Cash	0.6	7	12	0	2	64,666
Medically needy	0.0	0	0	0	0	0
Poverty related	0.4	6	15	0	2	4,101
Other/unknown	0.6	8	13	0	3	46,210

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
DELAWARE, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>11,185</b>	<b>\$76</b>	<b>\$846,061</b>	<b>100.0</b>	<b>66,552</b>	<b>\$13</b>	<b>100.0</b>	
Anorexia or weight loss/gain	1	625	625	0.1	6	104	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	6	34	201	0.0	21	10	0.0	
Cough and cold medications	2,132	77	163,714	19.4	5,666	29	8.5	
Vitamins and minerals	2,061	90	184,714	21.8	12,609	15	18.9	
Non-prescription drugs	3,573	55	197,517	23.3	26,641	7	40.0	
Barbiturates	123	81	9,985	1.2	1,341	7	2.0	
Benzodiazepines	3,061	90	276,205	32.6	19,511	14	29.3	
Other Part D Excl Rx Drugs	228	57	13,100	1.5	757	17	1.1	

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 11,275  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$38,439,780  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,409

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	295	2.6	\$0	0.0
1-500	2,064	18.3	449,593	1.2
501-1,000	1,262	11.2	937,297	2.4
1,001-1,500	1,011	9.0	1,256,185	3.3
1,501-2,000	900	8.0	1,562,392	4.1
2,001-2,500	797	7.1	1,784,500	4.6
2,501-3,000	651	5.8	1,784,397	4.6
3,001-3,500	594	5.3	1,927,898	5.0
3,501-4,000	508	4.5	1,905,783	5.0
4,001-4,500	423	3.8	1,794,540	4.7
4,501-5,000	339	3.0	1,608,946	4.2
5,001-5,500	314	2.8	1,653,085	4.3
5,501-6,000	273	2.4	1,565,883	4.1
6,001-6,500	251	2.2	1,566,377	4.1
6,501-7,000	180	1.6	1,216,792	3.2
7,001-7,500	151	1.3	1,094,643	2.8
7,501-8,000	166	1.5	1,283,870	3.3
8,001-8,500	119	1.1	982,693	2.6
8,501-9,000	101	0.9	885,855	2.3
9,001-9,500	81	0.7	749,686	2.0
9,501-10,000	84	0.7	815,425	2.1
10,001+	711	6.3	11,613,940	30.2

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 4,605  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$19,875,982  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,316

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	130	2.8		0	0.0
1-500	890	19.3		179,660	0.9
501-1,000	450	9.8		334,549	1.7
1,001-1,500	341	7.4		420,493	2.1
1,501-2,000	301	6.5		519,950	2.6
2,001-2,500	277	6.0		621,505	3.1
2,501-3,000	229	5.0		624,822	3.1
3,001-3,500	189	4.1		612,784	3.1
3,501-4,000	191	4.1		717,328	3.6
4,001-4,500	148	3.2		627,405	3.2
4,501-5,000	126	2.7		596,149	3.0
5,001-5,500	126	2.7		664,129	3.3
5,501-6,000	112	2.4		641,647	3.2
6,001-6,500	114	2.5		710,867	3.6
6,501-7,000	81	1.8		546,477	2.7
7,001-7,500	75	1.6		542,915	2.7
7,501-8,000	86	1.9		664,250	3.3
8,001-8,500	59	1.3		488,061	2.5
8,501-9,000	58	1.3		508,745	2.6
9,001-9,500	50	1.1		463,065	2.3
9,501-10,000	42	0.9		408,141	2.1
10,001+	530	11.5		8,983,040	45.2

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 5,852  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$16,401,394  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,802

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+ Pharmacy Reimbursement		
\$0	103	1.8	0	0.0
1-500	974	16.6	227,593	1.4
501-1,000	704	12.0	520,752	3.2
1,001-1,500	595	10.2	743,063	4.5
1,501-2,000	535	9.1	930,718	5.7
2,001-2,500	470	8.0	1,052,541	6.4
2,501-3,000	394	6.7	1,082,768	6.6
3,001-3,500	366	6.3	1,188,222	7.2
3,501-4,000	295	5.0	1,106,651	6.7
4,001-4,500	255	4.4	1,081,226	6.6
4,501-5,000	185	3.2	879,121	5.4
5,001-5,500	179	3.1	942,238	5.7
5,501-6,000	144	2.5	826,232	5.0
6,001-6,500	124	2.1	774,103	4.7
6,501-7,000	92	1.6	622,835	3.8
7,001-7,500	67	1.1	485,590	3.0
7,501-8,000	75	1.3	580,735	3.5
8,001-8,500	55	0.9	453,564	2.8
8,501-9,000	37	0.6	324,649	2.0
9,001-9,500	28	0.5	258,933	1.6
9,501-10,000	30	0.5	291,293	1.8
10,001+	145	2.5	2,028,567	12.4

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 2,051  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$6,368,131  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,104

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	46	2.2	0	0.0	
1-500	316	15.4	70,662	1.1	
501-1,000	224	10.9	163,333	2.6	
1,001-1,500	190	9.3	237,696	3.7	
1,501-2,000	195	9.5	340,653	5.3	
2,001-2,500	175	8.5	395,102	6.2	
2,501-3,000	130	6.3	356,597	5.6	
3,001-3,500	117	5.7	380,979	6.0	
3,501-4,000	103	5.0	388,711	6.1	
4,001-4,500	96	4.7	406,115	6.4	
4,501-5,000	59	2.9	280,826	4.4	
5,001-5,500	55	2.7	288,142	4.5	
5,501-6,000	49	2.4	280,396	4.4	
6,001-6,500	46	2.2	287,396	4.5	
6,501-7,000	36	1.8	243,740	3.8	
7,001-7,500	33	1.6	238,450	3.7	
7,501-8,000	34	1.7	264,252	4.1	
8,001-8,500	24	1.2	198,179	3.1	
8,501-9,000	14	0.7	122,828	1.9	
9,001-9,500	17	0.8	157,006	2.5	
9,501-10,000	13	0.6	126,507	2.0	
10,001+	79	3.9	1,140,561	17.9	

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 2,002  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$5,664,675  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,829

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41	2.0	0	0.0
1-500	323	16.1	75,012	1.3
501-1,000	217	10.8	165,150	2.9
1,001-1,500	201	10.0	251,135	4.4
1,501-2,000	159	7.9	275,928	4.9
2,001-2,500	163	8.1	364,278	6.4
2,501-3,000	149	7.4	410,580	7.2
3,001-3,500	129	6.4	417,551	7.4
3,501-4,000	103	5.1	384,712	6.8
4,001-4,500	93	4.6	393,370	6.9
4,501-5,000	74	3.7	351,831	6.2
5,001-5,500	85	4.2	447,798	7.9
5,501-6,000	53	2.6	304,634	5.4
6,001-6,500	43	2.1	268,386	4.7
6,501-7,000	30	1.5	204,069	3.6
7,001-7,500	25	1.2	182,199	3.2
7,501-8,000	24	1.2	185,232	3.3
8,001-8,500	18	0.9	148,161	2.6
8,501-9,000	13	0.6	114,369	2.0
9,001-9,500	5	0.2	46,486	0.8
9,501-10,000	11	0.5	106,619	1.9
10,001+	43	2.1	567,175	10.0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 1,799  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$4,368,588  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,428

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	16	0.9	0	0.0
1-500	335	18.6	81,919	1.9
501-1,000	263	14.6	192,269	4.4
1,001-1,500	204	11.3	254,232	5.8
1,501-2,000	181	10.1	314,137	7.2
2,001-2,500	132	7.3	293,161	6.7
2,501-3,000	115	6.4	315,591	7.2
3,001-3,500	120	6.7	389,692	8.9
3,501-4,000	89	4.9	333,228	7.6
4,001-4,500	66	3.7	281,741	6.4
4,501-5,000	52	2.9	246,464	5.6
5,001-5,500	39	2.2	206,298	4.7
5,501-6,000	42	2.3	241,202	5.5
6,001-6,500	35	1.9	218,321	5.0
6,501-7,000	26	1.4	175,026	4.0
7,001-7,500	9	0.5	64,941	1.5
7,501-8,000	17	0.9	131,251	3.0
8,001-8,500	13	0.7	107,224	2.5
8,501-9,000	10	0.6	87,452	2.0
9,001-9,500	6	0.3	55,441	1.3
9,501-10,000	6	0.3	58,167	1.3
10,001+	23	1.3	320,831	7.3

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>12,596</b>	<b>6,207</b>	<b>5,276</b>	<b>1,108</b>	<b>3</b>	<b>2</b>	<b>132,888</b>	<b>63,412</b>	<b>59,030</b>	<b>10,394</b>	<b>36</b>	<b>16</b>
<b>Age</b>												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	5	0	4	0	1	0	54	0	42	0	12	0
15-20	30	0	23	6	1	0	347	0	265	70	12	0
21-44	2,767	1	2,232	534	0	0	30,189	11	25,023	5,155	0	0
45-64	3,216	1	2,827	388	0	0	35,234	9	31,574	3,651	0	0
65-74	2,315	1,960	190	163	0	2	24,746	21,192	2,126	1,412	0	16
75-84	2,256	2,241	0	15	0	0	23,230	23,146	0	84	0	0
85 and older	2,007	2,004	0	2	1	0	19,088	19,054	0	22	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	8,170	4,604	2,871	691	2	2	86,612	47,530	32,465	6,577	24	16
Male	4,426	1,603	2,405	417	1	0	46,276	15,882	26,565	3,817	12	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	7,206	3,719	2,933	552	1	1	74,980	36,965	32,887	5,109	12	7
African American	4,436	1,898	2,073	463	1	1	47,749	20,172	23,153	4,403	12	9
Other/unknown	954	590	270	93	1	0	10,159	6,275	2,990	882	12	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,355	2,125	229	1	0	0	23,239	20,689	2,540	10	0	0
Part year	983	850	129	3	1	0	9,281	7,875	1,362	32	12	0
None	9,258	3,232	4,918	1,104	2	2	100,368	34,848	55,128	10,352	24	16
<b>Maintenance Assistance Status</b>												
Cash	6,482	2,657	3,402	422	1	0	71,790	29,363	38,191	4,224	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	728	186	538	2	0	2	7,919	1,980	5,904	19	0	16
Other/unknown	5,386	3,364	1,336	684	2	0	53,179	32,069	14,935	6,151	24	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	11,405	5,763	4,595	1,042	3	2	120,018	58,698	51,596	9,672	36	16
Full dual, part year	1,191	444	681	66	0	0	12,870	4,714	7,434	722	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	78	11	18	49	0	0	662	68	179	415	0	0
FFS part year, with Rx claims	1,011	358	566	87	0	0	11,119	3,884	6,271	964	0	0
FFS part year, no Rx claims	200	83	100	17	0	0	1,965	794	997	174	0	0
MC all year, with Rx claims	9,986	5,093	4,100	788	3	2	108,217	53,414	46,941	7,810	36	16
MC all year, no Rx claims	1,321	662	492	167	0	0	10,925	5,252	4,642	1,031	0	0

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>12,596</b>	<b>132,888</b>	<b>11,275</b>	<b>114,977</b>	<b>0</b>	<b>17,911</b>
Fee-for-service (FFS) all year	78	662	78	662	0	0
FFS part year, with Rx claims	1,011	11,119	1,011	4,940	0	6,179
FFS part year, with no Rx claims	200	1,965	200	1,158	0	807
Managed care (MC) all year, with Rx claims	9,986	108,217	9,986	108,217	0	0
MC all year, with no Rx claims	1,321	10,925	0	0	0	10,925

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries