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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	38,042	20,909	16,981	141	7	4	285,032	162,421	121,591	934	50	36
Age												
5 and younger	3	0	3	0	0	0	25	0	25	0	0	0
6-14	6	0	4	0	2	0	41	0	23	0	18	0
15-20	73	0	69	0	4	0	542	0	512	0	30	0
21-44	7,049	0	6,957	91	0	1	50,214	0	49,613	589	0	12
45-64	9,783	0	9,734	46	0	3	70,223	0	69,868	331	0	24
65-74	6,526	6,307	214	4	1	0	44,926	43,360	1,550	14	2	0
75-84	7,430	7,430	0	0	0	0	57,152	57,152	0	0	0	0
85 and older	7,172	7,172	0	0	0	0	61,909	61,909	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,530	15,454	8,978	92	2	4	186,003	122,204	63,094	661	8	36
Male	13,512	5,455	8,003	49	5	0	99,029	40,217	58,497	273	42	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	32,498	18,429	13,953	105	7	4	248,561	145,764	102,025	686	50	36
African American	2,865	1,117	1,724	24	0	0	18,954	7,716	11,079	159	0	0
Other/unknown	2,679	1,363	1,304	12	0	0	17,517	8,941	8,487	89	0	0
Use of Nursing Facilities^c												
Entire year	6,894	6,153	741	0	0	0	67,874	59,703	8,171	0	0	0
Part year	3,408	2,897	510	1	0	0	29,642	25,112	4,528	2	0	0
None	27,740	11,859	15,730	140	7	4	187,516	77,606	108,892	932	50	36
Maintenance Assistance Status												
Cash	9,844	3,291	6,488	65	0	0	66,669	21,940	44,274	455	0	0
Medically needy	12,084	10,180	1,859	44	1	0	113,926	94,532	19,083	304	7	0
Poverty-related	15,697	7,420	8,268	0	5	4	101,293	45,846	55,370	0	41	36
Other/unknown	417	18	366	32	1	0	3,144	103	2,864	175	2	0
Dual Medicare Status^d												
Full dual, all year	37,190	20,443	16,595	141	7	4	277,874	158,570	118,284	934	50	36
Full dual, part year	852	466	386	0	0	0	7,158	3,851	3,307	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,948	11,893	5,029	19	3	4	159,632	109,026	50,478	71	21	36
FFS part year, with Rx claims	19,106	8,284	10,759	59	4	0	110,694	49,010	61,455	200	29	0
FFS part year, no Rx claims	1,301	632	666	3	0	0	6,939	3,346	3,581	12	0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	92.0	58.0	\$3,591	\$62	\$17,202	20.9	38,042
Age							
5 and younger	100.0	38.0	3,186	84	27,795	11.5	3
6-14	83.3	28.8	2,366	82	30,982	7.6	6
15-20	89.0	32.6	3,280	101	14,424	22.7	73
21-44	90.7	42.7	4,100	96	16,074	25.5	7,049
45-64	91.6	62.9	4,740	75	18,165	26.1	9,783
65-74	89.2	58.1	3,165	55	12,658	25.0	6,526
75-84	92.9	63.2	3,023	48	16,146	18.7	7,430
85 and older	95.5	61.0	2,505	41	22,238	11.3	7,172
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	92.6	60.8	2,876	47	17,186	16.7	20,909
Disabled	91.3	54.7	4,479	82	17,319	25.9	16,981
Adults	94.3	36.8	2,889	79	5,545	52.1	141
Children	85.7	26.0	3,092	119	8,809	35.1	7
Unknown	50.0	26.0	2,628	101	25,793	10.2	4
Gender							
Female	94.2	63.1	3,664	58	17,059	21.5	24,530
Male	87.9	48.6	3,460	71	17,461	19.8	13,512
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	92.4	60.1	3,686	61	18,127	20.3	32,498
African American	91.0	46.9	3,121	67	12,602	24.8	2,865
Other/unknown	88.9	44.6	2,942	66	10,904	27.0	2,679
Use of Nursing Facilities^f							
Entire year	97.6	79.0	3,914	50	35,383	11.1	6,894
Part year	96.2	70.0	3,398	49	24,278	14.0	3,408
None	90.1	51.3	3,535	69	11,814	29.9	27,740
Maintenance Assistance Status							
Cash	92.1	51.7	3,811	74	12,384	30.8	9,844
Medically needy	92.5	71.1	3,518	50	31,649	11.1	12,084
Poverty related	91.5	52.4	3,527	67	9,295	37.9	15,697
Other/unknown	92.8	35.3	2,954	84	9,913	29.8	417

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid		More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			FFS \$ ^c	None								
All	7.7	\$479	20.9	8.0	8.1	6.1	19.6	30.0	28.1	\$2,296	38,042	285,032
Age												
5 and younger	4.6	382	11.5	0.0	0.0	33.3	0.0	66.7	0.0	3,335	3	25
6-14	4.2	346	7.6	16.7	16.7	0.0	50.0	0.0	16.7	4,534	6	41
15-20	4.4	442	22.7	11.0	23.3	6.8	23.3	17.8	17.8	1,943	73	542
21-44	6.0	576	25.5	9.3	16.4	9.5	21.1	21.9	21.9	2,256	7,049	50,214
45-64	8.8	660	26.1	8.4	7.8	5.4	16.6	25.6	36.2	2,531	9,783	70,223
65-74	8.4	460	25.0	10.8	7.1	5.3	16.9	27.8	32.0	1,839	6,526	44,926
75-84	8.2	393	18.7	7.1	5.4	5.0	18.8	34.2	29.5	2,099	7,430	57,152
85 and older	7.1	290	11.3	4.5	4.3	5.4	25.6	42.0	18.3	2,576	7,172	61,909
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	7.8	370	16.7	7.4	5.5	5.3	20.6	34.9	26.4	2,213	20,909	162,421
Disabled	7.6	626	25.9	8.7	11.4	7.1	18.4	24.1	30.3	2,419	16,981	121,591
Adults	5.6	436	52.1	5.7	10.6	11.3	31.2	23.4	17.7	837	141	934
Children	3.6	433	35.1	14.3	14.3	0.0	42.9	28.6	0.0	1,233	7	50
Unknown	2.9	292	10.2	50.0	25.0	0.0	0.0	25.0	0.0	2,866	4	36
Gender												
Female	8.3	483	21.5	5.8	6.2	5.5	19.7	31.9	30.9	2,250	24,530	186,003
Male	6.6	472	19.8	12.1	11.7	7.1	19.5	26.6	23.0	2,382	13,512	99,029
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	7.9	482	20.3	7.6	7.6	5.8	19.5	30.8	28.7	2,370	32,498	248,561
African American	7.1	472	24.8	9.0	11.8	6.7	20.1	26.7	25.7	1,905	2,865	18,954
Other/unknown	6.8	450	27.0	11.1	11.2	8.4	21.1	24.6	23.7	1,668	2,679	17,517
Use of Nursing Facilities ^f												
Entire year	8.0	398	11.1	2.4	2.8	4.3	22.0	43.5	24.9	3,594	6,894	67,874
Part year	8.0	391	14.0	3.8	4.0	4.4	21.7	40.5	25.6	2,791	3,408	29,642
None	7.6	523	29.9	9.9	10.0	6.7	18.8	25.4	29.2	1,748	27,740	187,516
Maintenance Assistance Status												
Cash	7.6	563	30.8	7.9	11.8	7.1	19.1	25.0	29.1	1,829	9,844	66,669
Medically needy	7.5	373	11.1	7.5	3.7	4.5	21.8	40.8	21.8	3,357	12,084	113,926
Poverty related	8.1	547	37.9	8.5	8.9	6.5	18.3	25.3	32.6	1,441	15,697	101,293
Other/unknown	4.7	392	29.8	7.2	22.5	13.4	21.6	17.3	18.0	1,315	417	3,144

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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
All	7.7	\$479	\$62	2.9	\$369	\$127	0.3	\$24	\$74	4.5	\$86	\$19
Age												
5 and younger	4.6	382	84	1.8	283	157	0.2	16	103	2.6	83	32
6-14	4.2	346	82	2.0	304	152	0.1	14	146	2.1	28	13
15-20	4.4	442	101	2.0	355	176	0.2	35	157	2.1	52	24
21-44	6.0	576	96	2.5	470	185	0.3	30	113	3.2	76	24
45-64	8.8	660	75	3.5	514	149	0.4	36	99	4.9	110	22
65-74	8.4	460	55	3.2	355	110	0.3	19	59	4.9	85	18
75-84	8.2	393	48	3.0	294	97	0.3	17	51	4.8	81	17
85 and older	7.1	290	41	2.2	201	90	0.3	17	49	4.5	72	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	7.8	370	47	2.8	274	99	0.3	17	52	4.7	79	17
Disabled	7.6	626	82	3.1	496	161	0.3	33	103	4.2	96	23
Adults	5.6	436	79	2.1	325	152	0.2	35	180	3.2	76	24
Children	3.6	433	119	1.2	305	254	0.5	95	190	1.9	33	17
Unknown	2.9	292	101	0.8	256	330	0.2	8	47	1.9	28	14
Gender												
Female	8.3	483	58	3.1	369	120	0.4	25	68	4.9	90	18
Male	6.6	472	71	2.6	369	144	0.3	23	87	3.8	80	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	7.9	482	61	2.9	370	126	0.3	24	70	4.6	88	19
African American	7.1	472	67	2.7	364	137	0.3	34	125	4.1	74	18
Other/unknown	6.8	450	66	2.7	353	132	0.3	22	75	3.8	75	20
Use of Nursing Facilities^e												
Entire year	8.0	398	50	2.7	287	107	0.4	20	55	5.0	90	18
Part year	8.0	391	49	2.8	285	103	0.3	19	57	4.9	87	18
None	7.6	523	69	3.0	412	137	0.3	27	84	4.3	84	20
Maintenance Assistance Status												
Cash	7.6	563	74	3.1	447	146	0.3	29	92	4.3	87	20
Medically needy	7.5	373	50	2.6	271	106	0.3	18	55	4.6	83	18
Poverty related	8.1	547	67	3.2	429	134	0.3	28	83	4.6	90	20
Other/unknown	4.7	392	84	2.1	321	155	0.2	19	89	2.4	51	21

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	0.3	\$33	\$24	\$4	\$6	\$66	\$157	\$84	\$19	93,928	\$6,199,783	23,206	61.0	185,564
Biologicals	0.3	0.0	0.2	0.1	699	0	696	2	2286	15	3,578	30	11	25,151	5	0.0	36
Antineoplastic Agents	0.8	0.2	0.0	0.6	125	104	1	20	162	510	149	35	7,386	1,200,093	1,201	3.2	9,595
Endocrine/Metabolic Drugs	1.6	0.6	0.2	0.7	79	60	8	11	51	100	39	14	232,160	11,785,965	19,106	50.2	149,413
Cardiovascular Agents	2.7	1.1	0.1	1.6	107	86	2	19	39	79	22	12	537,640	20,893,245	25,152	66.1	195,525
Respiratory Agents	1.1	0.6	0.0	0.5	68	59	1	8	64	107	52	16	139,712	8,924,397	16,640	43.7	130,539
Gastrointestinal Agents	1.0	0.1	0.0	0.8	41	27	1	13	41	180	56	16	128,939	5,251,699	15,635	41.1	128,132
Genitourinary Agents	0.8	0.6	0.0	0.2	61	53	2	6	76	92	93	32	52,819	4,032,662	7,703	20.2	65,762
CNS Drugs	2.1	1.1	0.0	1.0	207	185	3	19	99	171	115	19	379,343	37,478,197	22,783	59.9	180,992
Stimulants/Anti-obesity/Anorexia	0.9	0.6	0.0	0.3	145	134	3	9	153	214	126	28	7,799	1,192,740	1,109	2.9	8,213
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	204	204	0	0	196	198	0	18	27,888	5,468,953	2,944	7.7	26,757
Analgesics and Anesthetics	1.3	0.2	0.1	1.0	75	29	16	30	58	151	243	29	215,218	12,439,801	21,657	56.9	165,786
Neuromuscular Agents	1.5	0.5	0.1	0.9	120	79	6	35	81	170	75	37	155,986	12,700,835	13,421	35.3	105,454
Nutritional Products	0.9	0.0	0.0	0.8	13	0	0	13	16	25	20	15	60,015	931,238	8,398	22.1	69,703
Hematological Agents	1.1	0.3	0.1	0.8	57	46	2	10	50	147	31	12	75,855	3,819,035	8,297	21.8	67,177
Topical Products	0.6	0.2	0.0	0.3	28	20	1	7	46	81	48	21	84,622	3,932,356	17,017	44.7	142,057
Miscellaneous Products	0.4	0.1	0.0	0.2	41	28	5	8	105	210	218	35	2,752	287,941	805	2.1	6,967
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	9	0	0	0	16	0	0	0	3,536	55,238	667	1.8	6,242
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,205,609	136,619,329	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nebraska, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	\$25,162,551	13,350	35.1	107,600	1.1	\$220	\$234
ANTICONVULSANT	10,255,524	11,526	30.3	92,539	1.1	98	111
ANTIDEPRESSANTS	9,294,117	22,332	58.7	177,507	1.0	55	52
ANTIHYPERTENSIVE	8,612,361	12,244	32.2	90,618	1.0	94	95
ANTIDIABETIC	7,115,888	13,942	36.6	108,035	1.1	62	66
ANALGESICS - Narcotic	7,002,567	25,150	66.1	188,666	0.7	52	37
ANTIASTHMATIC	6,597,347	17,005	44.7	131,367	0.7	75	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,439,460	3,540	9.3	32,533	0.9	195	167
ANTIHYPERTENSIVE	4,377,637	16,454	43.3	126,777	1.0	35	35
MISC. ENDOCRINE	3,596,609	4,769	12.5	40,442	0.8	105	89
Total	87,454,061	140,312		1,096,084	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Rx \$ per Month	Mean Benefit per Rx \$ per Month
All	1,004,962	\$87,454,061	13,350	35.1	107,600	1.1	\$234	11,526	30.3	92,539	1.1	\$111
Female												
All Females	682,546	56,070,635	7,823	31.9	64,364	1.0	203	7,246	29.5	57,585	1.1	107
Female, Disabled												
All Ages	271,780	28,888,407	4,238	47.2	30,231	1.2	295	4,300	47.9	31,217	1.3	152
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	271	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	354	61,015	12	42.9	98	1.1	306	7	25.0	51	1.2	213
21-44	81,928	10,080,325	1,941	57.6	12,928	1.2	301	1,716	51.0	12,167	1.3	176
45-64	184,546	18,303,374	2,238	41.2	16,801	1.2	292	2,535	46.7	18,649	1.3	137
65-74	4,938	443,422	47	31.8	404	1.2	251	42	28.4	350	1.1	58
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	410,766	27,182,228	3,585	23.1	34,133	0.8	122	2,946	18.9	26,368	0.9	55
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	987	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,003	95,812	29	50.0	260	0.7	111	33	56.9	260	0.9	109
45-64	382	37,061	6	17.6	72	0.2	24	7	20.6	64	0.4	37
65-74	120,730	8,670,927	862	20.7	7,611	0.9	170	967	23.2	8,105	1.0	73
75-84	152,583	10,101,333	1,169	21.9	11,374	0.8	119	1,060	19.8	9,645	0.9	53
85 and older	136,055	8,276,108	1,519	25.5	14,816	0.7	100	879	14.8	8,294	0.8	37
Male												
All Males	322,416	31,383,426	5,527	40.9	43,236	1.2	279	4,280	31.7	34,954	1.2	117
Male, Disabled												
All Ages	198,418	23,014,235	4,240	53.0	31,345	1.4	337	3,236	40.4	25,769	1.2	138
5 and younger	25	511	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	645	1	50.0	4	1.3	156	0	0.0	0	0.0	0
15-20	651	77,894	32	78.0	222	1.1	242	19	46.3	155	1.3	67
21-44	73,887	9,957,437	2,140	59.6	15,095	1.3	353	1,534	42.7	12,039	1.3	154
45-64	122,097	12,797,849	2,043	47.5	15,836	1.4	324	1,660	38.6	13,390	1.2	125
65-74	1,751	179,899	24	36.4	188	1.4	269	23	34.8	185	1.2	88
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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT				
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	Number of Rx per Benefit Month				Benefit Months Among Users	Number of Rx per Benefit Month	
Male, Other Eligibles												
All Ages	123,998	8,369,191	1,287	23.4	11,891	0.8	126	1,044	19.0	9,185	0.9	58
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	11	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	2,535	0	0.0	0	0.0	0	1	33.3	7	1.6	300
21-44	422	34,919	7	20.6	60	0.3	33	12	35.3	91	0.7	107
45-64	263	22,665	1	6.7	9	1.3	519	4	26.7	25	0.3	25
65-74	49,302	3,494,885	438	20.4	4,129	1.0	163	423	19.7	3,721	1.0	72
75-84	49,011	3,242,804	505	24.3	4,792	0.8	117	414	19.9	3,707	0.9	51
85 and older	24,974	1,571,372	336	27.5	2,901	0.7	90	190	15.5	1,634	0.8	37
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 Nebraska, 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.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.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANTIDIABETIC				
	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
All	22,332	58.7	177,507	1.0	\$52	12,244	32.2	90,618	1.0	\$95	13,942	36.6	108,035	1.1	\$66
Female															
All Females	15,842	64.6	126,548	1.0	52	7,958	32.4	58,738	1.0	96	9,407	38.3	73,826	1.1	65
Female, Disabled															
All Ages	7,457	83.1	51,653	1.1	74	2,860	31.9	19,605	1.0	100	3,020	33.6	20,774	1.1	85
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	11	39.3	85	0.8	66	1	3.6	6	1.8	201	2	7.1	24	0.5	23
21-44	2,732	81.1	18,350	1.0	76	525	15.6	3,493	1.0	88	607	18.0	3,930	1.1	84
45-64	4,635	85.3	32,605	1.1	73	2,261	41.6	15,561	1.1	103	2,347	43.2	16,331	1.2	86
65-74	79	53.4	613	0.9	68	73	49.3	545	1.1	98	64	43.2	489	1.3	94
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
Female, Other Eligibles															
All Ages	8,385	53.9	74,895	0.9	38	5,098	32.8	39,133	1.0	94	6,387	41.1	53,052	1.0	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	6	1.2	117	1	100.0	6	1.0	48	0	0.0	0	0.0	0
21-44	48	82.8	359	0.6	58	4	6.9	31	1.0	92	4	6.9	42	0.4	11
45-64	25	73.5	209	0.5	49	8	23.5	88	0.3	25	4	11.8	48	0.5	50
65-74	2,199	52.9	17,171	1.0	46	2,003	48.1	13,943	1.1	105	2,420	58.2	17,784	1.1	71
75-84	2,860	53.5	25,800	0.9	39	2,113	39.5	16,520	1.0	94	2,415	45.1	20,753	1.0	55
85 and older	3,252	54.7	31,350	0.8	33	969	16.3	8,545	0.9	75	1,544	25.9	14,425	0.9	42
Male															
All Males	6,490	48.0	50,959	1.0	52	4,286	31.7	31,880	1.0	94	4,535	33.6	34,209	1.1	68
Male, Disabled															
All Ages	4,135	51.7	30,305	1.0	62	2,435	30.4	17,838	1.0	95	2,230	27.9	16,017	1.1	79
5 and younger	0	0.0	0	0.0	0	1	50.0	10	0.4	4	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	15	36.6	100	1.2	87	2	4.9	18	0.4	13	1	2.4	5	1.8	210
21-44	1,840	51.3	13,149	1.0	64	685	19.1	5,156	0.9	81	500	13.9	3,506	1.1	80
45-64	2,258	52.5	16,852	1.0	60	1,718	39.9	12,444	1.0	101	1,698	39.5	12,251	1.1	78
65-74	22	33.3	204	0.8	54	29	43.9	210	1.0	96	31	47.0	255	1.2	104
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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean \$ per Rx
Male, Other Eligibles															
All Ages	2,355	42.7	20,654	0.8	38	1,851	33.6	14,042	1.0	93	2,305	41.8	18,192	1.0	59
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	1
15-20	1	33.3	7	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	52.9	138	0.5	47	11	32.4	63	0.7	93	8	23.5	38	1.2	156
45-64	4	26.7	38	0.8	73	6	40.0	58	0.7	81	13	86.7	90	1.0	62
65-74	797	37.0	6,786	0.9	43	883	41.0	6,417	1.0	99	1,008	46.8	7,620	1.1	69
75-84	910	43.7	8,178	0.8	36	750	36.0	5,910	0.9	91	874	42.0	7,140	1.0	53
85 and older	625	51.1	5,507	0.8	35	201	16.4	1,594	0.9	79	401	32.8	3,292	0.9	50
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Benefit Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	25,150	66.1	188,666	0.7	\$37	17,005	44.7	131,367	0.7	\$50	3,540	9.3	32,533	0.9	\$167
Female															
All Females	18,106	73.8	137,864	0.7	36	11,609	47.3	89,507	0.7	50	2,578	10.5	24,082	0.9	170
Female, Disabled															
All Ages	7,800	86.9	50,950	0.8	49	4,873	54.3	32,736	0.7	59	406	4.5	3,366	0.9	498
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	28.6	52	0.5	6	8	28.6	60	0.3	19	0	0.0	0	0.0	0
21-44	2,759	81.9	17,367	0.7	46	1,497	44.5	9,548	0.7	50	121	3.6	929	0.7	512
45-64	4,938	90.9	32,802	0.9	51	3,273	60.3	22,459	0.8	62	274	5.0	2,353	1.0	495
65-74	95	64.2	729	0.8	61	95	64.2	669	0.9	72	11	7.4	84	1.2	413
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
Female, Other Eligibles															
All Ages	10,306	66.3	86,914	0.6	28	6,736	43.3	56,771	0.6	45	2,172	14.0	20,716	0.8	117
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	52	89.7	357	0.5	11	32	55.2	167	0.7	55	0	0.0	0	0.0	0
45-64	23	67.6	187	0.6	67	13	38.2	111	0.2	10	1	2.9	3	1.0	1,282
65-74	2,894	69.6	21,340	0.7	28	2,228	53.6	16,138	0.8	62	291	7.0	2,617	0.9	159
75-84	3,589	67.1	30,176	0.7	29	2,353	44.0	20,497	0.6	48	829	15.5	7,897	0.9	112
85 and older	3,748	63.0	34,854	0.6	28	2,110	35.5	19,858	0.5	28	1,051	17.7	10,199	0.8	110
Male															
All Males	7,044	52.1	50,802	0.7	40	5,396	39.9	41,860	0.7	50	962	7.1	8,451	0.9	159
Male, Disabled															
All Ages	4,269	53.3	28,771	0.8	52	2,522	31.5	18,341	0.7	56	235	2.9	1,903	0.9	300
5 and younger	3	150.0	32	0.1	1	4	200.0	46	0.1	7	0	0.0	0	0.0	0
6-14	1	50.0	6	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	26.8	71	0.3	2	7	17.1	77	0.4	37	0	0.0	0	0.0	0
21-44	1,661	46.3	10,783	0.7	38	856	23.8	6,130	0.6	44	82	2.3	579	0.8	364
45-64	2,569	59.7	17,701	0.9	62	1,627	37.8	11,862	0.8	62	149	3.5	1,300	0.9	263
65-74	24	36.4	178	0.6	59	28	42.4	226	0.8	74	4	6.1	24	1.3	753
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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic										ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month					
Male, Other Eligibles																				
All Ages	2,775	50.4	22,031	0.6	24	2,874	52.2	23,519	0.7	46	727	13.2	6,548	0.9	117					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	3	100.0	24	0.2	1	2	66.7	14	0.2	21	0	0.0	0	0.0	0					
21-44	31	91.2	207	0.5	11	9	26.5	54	0.7	31	1	2.9	4	0.5	74					
45-64	7	46.7	31	0.5	13	9	60.0	49	0.4	31	0	0.0	0	0.0	0					
65-74	1,044	48.5	7,685	0.6	22	1,044	48.5	7,865	0.8	57	140	6.5	1,212	0.9	125					
75-84	1,017	48.9	8,298	0.6	22	1,130	54.3	9,640	0.7	46	345	16.6	3,129	0.9	115					
85 and older	673	55.1	5,786	0.6	29	680	55.6	5,897	0.6	34	241	19.7	2,203	0.9	117					
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC. ENDOCRINE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	16,454	43.3	126,777	1.0	\$35	4,769	12.5	40,442	0.8	\$89	38,042	285,032
Female												
All Females	11,390	46.4	88,842	1.0	36	4,204	17.1	35,601	0.9	85	24,530	186,003
Female, Disabled												
All Ages	2,855	31.8	19,780	1.0	40	914	10.2	7,261	0.9	109	8,978	63,094
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	3	150.0	36	0.4	8	0	0.0	0	0.0	0	2	13
15-20	4	14.3	24	1.4	51	2	7.1	20	0.8	510	28	224
21-44	525	15.6	3,548	0.9	36	156	4.6	1,192	0.9	124	3,367	23,490
45-64	2,238	41.2	15,520	1.1	41	720	13.3	5,784	0.9	105	5,432	38,300
65-74	85	57.4	652	1.0	43	36	24.3	265	1.1	97	148	1,064
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	8,535	54.9	69,062	1.0	35	3,290	21.2	28,340	0.8	79	15,552	122,909
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	6
21-44	4	6.9	37	0.5	5	1	1.7	12	1.0	88	58	420
45-64	8	23.5	45	0.8	17	0	0.0	0	0.0	0	34	263
65-74	2,352	56.5	16,523	1.1	42	782	18.8	5,861	1.0	95	4,160	28,446
75-84	3,175	59.4	25,406	1.0	38	1,231	23.0	10,391	0.9	80	5,349	41,535
85 and older	2,996	50.4	27,051	0.9	28	1,276	21.4	12,076	0.8	70	5,950	52,239
Male												
All Males	5,064	37.5	37,935	1.0	31	565	4.2	4,841	0.8	119	13,512	99,029
Male, Disabled												
All Ages	2,313	28.9	16,406	1.0	35	323	4.0	2,685	0.9	149	8,003	58,497
5 and younger	2	100.0	20	0.6	7	0	0.0	0	0.0	0	2	22
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
15-20	2	4.9	12	1.4	9	1	2.4	12	1.0	67	41	288
21-44	615	17.1	4,338	1.0	35	139	3.9	1,074	0.9	178	3,590	26,123
45-64	1,665	38.7	11,838	1.1	35	182	4.2	1,593	0.9	130	4,302	31,568
65-74	29	43.9	198	1.2	50	1	1.5	6	0.7	55	66	486
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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTHYPERTENSIVE						MISC. ENDOCRINE					
	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 Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	2,751	49.9	21,529	0.9	28	242	4.4	2,156	0.7	82	5,509	40,532
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	50.0	12	0.1	0	0	0.0	0	0.0	0	2	18
15-20	2	66.7	20	0.3	5	0	0.0	0	0.0	0	3	24
21-44	7	20.6	29	0.7	20	1	2.9	1	2.0	145	34	181
45-64	9	60.0	65	0.8	37	0	0.0	0	0.0	0	15	92
65-74	1,119	52.0	8,334	1.0	33	84	3.9	717	0.7	89	2,152	14,930
75-84	1,084	52.1	8,599	0.9	27	92	4.4	829	0.8	85	2,081	15,617
85 and older	529	43.3	4,470	0.9	23	65	5.3	609	0.7	69	1,222	9,670
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 Nebraska, 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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
All	\$398	8.0	6,894	67,874
Age				
0-64	650	9.0	729	8,027
65-74	520	9.5	792	8,173
75-84	409	8.5	1,933	18,719
85 and older	299	7.1	3,440	32,955
Unknown	0	0.0	0	0
Gender				
Female	375	7.9	4,980	49,579
Male	459	8.3	1,914	18,295
Unknown	0	0.0	0	0
Race				
White	395	8	6,478	63,726
African American	463	7.9	207	2,188
Other/unknown	412	7.8	209	1,960
Basis of Eligibility^c				
Aged	363	7.9	6,153	59,703
Disabled	651	9.0	741	8,171
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$18	\$11	\$3	\$4	\$47	\$94	\$86	\$17	19,376	\$910,223	4,941	71.7	51,587
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.1	0.0	0.5	74	53	0	21	112	417	48	40	2,037	227,693	316	4.6	3,062
Endocrine/Metabolic Drugs	1.4	0.5	0.2	0.6	59	42	9	8	44	88	37	13	52,505	2,301,325	3,775	54.8	38,692
Cardiovascular Agents	2.4	0.6	0.1	1.6	62	42	2	19	26	66	18	11	129,166	3,406,888	5,456	79.1	54,711
Respiratory Agents	0.8	0.3	0.0	0.5	42	34	1	7	52	105	54	16	26,209	1,370,743	3,140	45.5	32,789
Gastrointestinal Agents	1.0	0.1	0.0	0.9	30	15	1	15	29	155	51	16	40,875	1,202,086	3,878	56.3	39,983
Genitourinary Agents	0.8	0.5	0.0	0.2	56	47	1	8	71	86	81	34	17,674	1,252,566	2,145	31.1	22,490
CNS Drugs	1.7	1.0	0.0	0.8	136	123	1	13	78	129	53	16	91,679	7,196,589	5,223	75.8	52,962
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.0	0.4	55	47	0	7	80	195	17	17	1,148	92,311	165	2.4	1,686
Miscellaneous Psychological/Neurological Agents	1.1	1.0	0.0	0.0	168	168	0	0	160	161	0	15	13,535	2,169,287	1,289	18.7	12,878
Analgesics and Anesthetics	1.1	0.2	0.1	0.8	57	18	12	27	54	95	153	34	43,765	2,344,140	4,071	59.1	41,242
Neuromuscular Agents	1.3	0.3	0.1	0.9	84	44	4	35	63	132	56	39	34,177	2,163,685	2,484	36.0	25,856
Nutritional Products	0.9	0.0	0.0	0.8	13	0	0	13	15	40	17	15	21,563	333,465	2,482	36.0	24,987
Hematological Agents	1.1	0.2	0.0	0.8	43	32	1	9	38	132	24	11	24,083	911,291	2,130	30.9	21,424
Topical Products	0.6	0.2	0.0	0.3	24	16	1	7	42	77	47	21	24,757	1,046,210	4,140	60.1	43,966
Miscellaneous Products	0.3	0.1	0.0	0.2	12	8	0	4	46	87	23	24	726	33,602	261	3.8	2,756
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	15	0	0	0	1,518	22,831	272	3.9	2,846
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.	544,793	26,984,935	n.a.	n.a.	n.a.

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

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 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	\$4,906,260	3,279	47.6	34,192	0.8	\$175	\$143
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,169,287	1,575	22.8	15,825	0.9	160	137
ANTIDEPRESSANTS	1,994,410	5,081	73.7	52,338	0.9	44	38
ANALGESICS - Narcotic	1,517,729	4,317	62.6	43,758	0.6	54	35
ANTICONVULSANT	1,448,765	2,069	30.0	21,925	1.0	69	66
ANTIDIABETIC	1,413,436	2,811	40.8	29,064	0.9	52	49
ANTIASTHMATIC	1,045,630	3,425	49.7	35,203	0.5	56	30
ANTIHYPERTENSIVE	997,996	1,375	19.9	14,309	0.8	83	70
URINARY ANTISPASMODICS	860,230	1,108	16.1	11,756	0.8	87	73
MISC. ENDOCRINE	815,697	1,155	16.8	12,223	0.8	89	67
Total	17,169,440	26,195		270,593	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	213,235	\$17,169,440	3,279	47.6	34,192	0.8	\$144	1,575	22.8	15,825	0.9	\$137
Female												
All Females	151,102	11,854,841	2,208	44.3	23,090	0.8	137	1,162	23.3	11,880	0.8	134
Female, Disabled												
All Ages	15,934	1,826,517	240	69.4	2,754	0.9	209	50	14.5	546	0.8	548
64 or younger	15,454	1,763,675	230	68.2	2,634	0.9	207	49	14.5	534	0.9	547
65-74	480	62,842	10	111.1	120	1.1	256	1	11.1	12	0.4	588
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	135,168	10,028,324	1,968	42.5	20,336	0.8	127	1,112	24.0	11,334	0.8	114
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	21,195	1,770,066	332	73.1	3,619	0.9	169	105	23.1	1,082	0.8	132
75-84	46,455	3,491,199	647	48.0	6,762	0.8	128	406	30.1	4,120	0.9	113
85 and older	67,518	4,767,059	989	34.9	9,955	0.8	112	601	21.2	6,132	0.8	112
Male												
All Males	62,133	5,314,599	1,071	56.0	11,102	0.9	157	413	21.6	3,945	0.9	146
Male, Disabled												
All Ages	17,827	1,916,789	325	82.3	3,726	0.9	207	36	9.1	398	0.8	367
64 or younger	17,702	1,908,806	322	82.1	3,690	0.9	209	36	9.2	398	0.8	367
65-74	125	7,983	3	100.0	36	0.7	42	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
Male, Other Eligibles												
All Ages	44,306	3,397,810	746	49.1	7,376	0.8	132	377	24.8	3,547	0.9	121
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13,000	1,071,118	212	65.0	2,321	1.0	171	53	16.3	504	0.9	119
75-84	18,113	1,380,148	316	54.1	3,156	0.8	125	177	30.3	1,652	0.9	119
85 and older	13,193	946,544	218	35.8	1,899	0.7	94	147	24.1	1,391	0.9	124
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 Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,081	73.7	52,338	0.9	\$38	4,317	62.6	43,758	0.6	\$35	2,069	30.0	21,925	1.0	\$66
Female															
All Females	3,668	73.7	38,083	0.9	38	3,192	64.1	32,597	0.7	35	1,301	26.1	13,853	1.0	61
Female, Disabled															
All Ages	340	98.3	3,792	0.9	52	237	68.5	2,599	0.6	35	231	66.8	2,654	1.2	105
64 or younger	330	97.9	3,672	0.9	50	232	68.8	2,539	0.6	36	228	67.7	2,618	1.2	106
65-74	10	111.1	120	0.9	96	5	55.6	60	0.8	9	3	33.3	36	0.7	19
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
Female, Other Eligibles															
All Ages	3,328	71.8	34,291	0.9	36	2,955	63.8	29,998	0.7	36	1,070	23.1	11,199	0.9	51
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	401	88.3	4,334	0.9	39	318	70.0	3,397	0.7	33	224	49.3	2,516	1.0	76
75-84	1,053	78.1	10,899	0.9	38	881	65.3	9,086	0.7	38	370	27.4	3,887	0.9	54
85 and older	1,874	66.2	19,058	0.9	35	1,756	62.0	17,515	0.7	35	476	16.8	4,796	0.8	36
Male															
All Males	1,413	73.8	14,255	0.9	39	1,125	58.8	11,161	0.6	33	768	40.1	8,072	1.0	74
Male, Disabled															
All Ages	328	83.0	3,711	0.9	43	250	63.3	2,766	0.6	41	297	75.2	3,362	1.1	99
64 or younger	325	82.9	3,675	0.9	44	248	63.3	2,742	0.6	41	294	75.0	3,326	1.1	100
65-74	3	100.0	36	0.8	25	2	66.7	24	0.2	2	3	100.0	36	0.6	19
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
Male, Other Eligibles															
All Ages	1,085	71.4	10,544	0.9	38	875	57.6	8,395	0.6	30	471	31.0	4,710	0.9	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	261	80.1	2,803	0.9	37	202	62.0	2,039	0.5	27	161	49.4	1,710	1.0	73
75-84	437	74.8	4,199	0.9	38	318	54.5	3,086	0.5	27	201	34.4	2,002	0.9	51
85 and older	387	63.5	3,542	0.9	38	355	58.3	3,270	0.6	35	109	17.9	998	0.9	41
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIIDIABETIC					ANTIASTHMATIC					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,811	40.8	29,064	0.9	\$49	3,425	49.7	35,203	0.5	\$30	1,375	19.9	14,309	0.8	\$70
Female															
All Females	1,921	38.6	20,408	0.9	48	2,241	45.0	23,341	0.5	28	902	18.1	9,531	0.8	68
Female, Disabled															
All Ages	155	44.8	1,685	1.0	64	150	43.4	1,695	0.4	32	103	29.8	1,151	0.8	67
64 or younger	149	44.2	1,613	1.0	65	147	43.6	1,659	0.4	32	99	29.4	1,103	0.8	65
65-74	6	66.7	72	1.1	46	3	33.3	36	0.3	45	4	44.4	48	1.0	108
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
Female, Other Eligibles															
All Ages	1,766	38.1	18,723	0.9	47	2,091	45.1	21,646	0.5	27	799	17.2	8,380	0.8	68
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	314	69.2	3,490	1.0	54	280	61.7	2,926	0.6	32	151	33.3	1,713	0.9	75
75-84	648	48.0	7,050	0.9	48	691	51.2	7,348	0.6	32	346	25.6	3,664	0.8	66
85 and older	804	28.4	8,183	0.9	43	1,120	39.6	11,372	0.4	23	302	10.7	3,003	0.8	66
Male															
All Males	890	46.5	8,656	0.9	50	1,184	61.9	11,862	0.6	34	473	24.7	4,778	0.9	73
Male, Disabled															
All Ages	176	44.6	1,943	0.9	57	222	56.2	2,491	0.6	41	120	30.4	1,347	0.8	70
64 or younger	174	44.4	1,919	0.9	56	221	56.4	2,479	0.6	41	119	30.4	1,335	0.8	70
65-74	2	66.7	24	0.8	98	1	33.3	12	0.1	1	1	33.3	12	1.0	111
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
Male, Other Eligibles															
All Ages	714	47.0	6,713	0.9	48	962	63.3	9,371	0.6	32	353	23.2	3,431	0.9	75
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	216	66.3	2,247	1.0	50	161	49.4	1,656	0.6	34	125	38.3	1,293	0.9	75
75-84	278	47.6	2,566	1.0	48	420	71.9	4,198	0.6	32	160	27.4	1,568	0.9	77
85 and older	220	36.1	1,900	0.8	45	381	62.6	3,517	0.6	32	68	11.2	570	0.8	68
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	URINARY ANTISPASMODICS						MISC. ENDOCRINE					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	1,108	16.1	11,756	0.8	\$73	1,155	16.8	12,223	0.8	\$67	6,894	67,874
Female												
All Females	850	17.1	9,092	0.9	74	1,027	20.6	10,894	0.8	66	4,980	49,579
Female, Disabled												
All Ages	103	29.8	1,184	0.9	84	69	19.9	774	0.8	63	346	3,788
64 or younger	102	30.3	1,172	0.9	84	65	19.3	726	0.8	64	337	3,680
65-74	1	11.1	12	0.1	8	4	44.4	48	0.6	44	9	108
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	747	16.1	7,908	0.8	72	958	20.7	10,120	0.7	66	4,634	45,791
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	90	19.8	1,001	0.8	70	83	18.3	905	0.8	68	454	4,725
75-84	242	17.9	2,590	0.9	71	287	21.3	3,070	0.7	65	1,349	13,338
85 and older	415	14.7	4,317	0.8	73	588	20.8	6,145	0.7	67	2,831	27,728
Male												
All Males	258	13.5	2,664	0.8	72	128	6.7	1,329	0.8	74	1,914	18,295
Male, Disabled												
All Ages	67	17.0	757	0.9	82	32	8.1	369	0.8	69	395	4,383
64 or younger	66	16.8	745	0.9	81	32	8.2	369	0.8	69	392	4,347
65-74	1	33.3	12	1.0	97	0	0.0	0	0.0	0	3	36
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	191	12.6	1,907	0.8	68	96	6.3	960	0.7	75	1,519	13,912
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	53	16.3	560	0.8	80	22	6.7	222	0.8	92	326	3,304
75-84	76	13.0	748	0.7	54	41	7.0	420	0.8	64	584	5,381
85 and older	62	10.2	599	0.8	76	33	5.4	318	0.7	79	609	5,227
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 Nebraska, 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 3,408 beneficiaries who were in nursing facilities for part of their enrollment and their 29,642 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
DELAWARE, 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
All	28,479	74.9	15.1	575,136	\$127	\$4,833,762	\$8	3.5	38,042
Age									
5 and younger	3	100.0	24.7	74	550	1,650	22	17.3	3
6-14	4	66.7	12.2	73	153	915	13	6.4	6
15-20	42	57.5	6.1	444	45	3,267	7	1.4	73
21-44	4,553	64.6	8.1	57,098	85	601,470	11	2.1	7,049
45-64	7,203	73.6	13.1	128,482	137	1,335,417	10	2.9	9,783
65-74	4,512	69.1	12.4	80,774	112	731,613	9	3.5	6,526
75-84	5,787	77.9	17.7	131,800	137	1,019,577	8	4.5	7,430
85 and older	6,375	88.9	24.6	176,391	159	1,139,853	6	6.3	7,172
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	16,512	79.0	18.5	385,866	137	2,857,893	7	4.8	20,909
Disabled	11,865	69.9	11.1	188,521	116	1,967,470	10	2.6	16,981
Adults	96	68.1	4.8	673	54	7,593	11	1.9	141
Children	5	71.4	9.7	68	82	575	8	2.7	7
Unknown	1	25.0	2.0	8	58	231	29	2.2	4
Gender									
Female	19,512	79.5	17.0	417,150	142	3,475,801	8	3.9	24,530
Male	8,967	66.4	11.7	157,986	101	1,357,961	9	2.9	13,512
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	24,716	76.1	16.2	525,463	134	4,341,488	8	3.6	32,498
African American	1,960	68.4	9.3	26,664	97	278,293	10	3.1	2,865
Other/unknown	1,803	67.3	8.6	23,009	80	213,981	9	2.7	2,679
Use of Nursing Facilities^d									
Entire year	6,605	95.8	32.8	225,893	212	1,462,624	6	5.4	6,894
Part year	3,182	93.4	23.1	78,764	168	573,659	7	5.0	3,408
None	18,692	67.4	9.8	270,479	101	2,797,479	10	2.9	27,740
Maintenance Assistance Status									
Cash	6,865	69.7	10.3	101,250	103	1,011,574	10	2.7	9,844
Medically needy	10,824	89.6	28.1	338,970	186	2,252,292	7	5.3	12,084
Poverty related	10,531	67.1	8.5	132,765	99	1,547,523	12	2.8	15,697
Other/unknown	259	62.1	5.2	2,151	54	22,373	10	1.8	417

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a,b}
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
All	2.0	\$17	\$8	\$0	\$2	285,032
Age						
5 and younger	3.0	66	22	0	2	25
6-14	1.8	22	13	0	0	41
15-20	0.8	6	7	0	0	542
21-44	1.1	12	11	0	3	50,214
45-64	1.8	19	10	0	4	70,223
65-74	1.8	16	9	0	2	44,926
75-84	2.3	18	8	0	2	57,152
85 and older	2.8	18	6	0	1	61,909
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	2.4	18	7	0	2	162,421
Disabled	1.6	16	10	0	3	121,591
Adults	0.7	8	11	0	3	934
Children	1.4	12	8	0	0	50
Unknown	0.2	6	29	0	1	36
Gender						
Female	2.2	19	8	0	2	186,003
Male	1.6	14	9	0	2	99,029
Unknown	0.0	0	0	0	0	0
Race						
White	2.1	17	8	0	2	248,561
African American	1.4	15	10	0	1	18,954
Other/unknown	1.3	12	9	0	2	17,517
Use of Nursing Facilities^d						
Entire year	3.3	22	6	0	2	67,874
Part year	2.7	19	7	0	2	29,642
None	1.4	15	10	0	3	187,516
Maintenance Assistance Status						
Cash	1.5	15	10	0	3	66,669
Medically needy	3.0	20	7	0	2	113,926
Poverty related	1.3	15	12	0	3	101,293
Other/unknown	0.7	7	10	0	1	3,144

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a,b,c}
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	
All	50,703	\$95	\$4,833,762	100.0	575,136	\$8	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	35	35	0.0	1	35	0.0	
Drugs for cosmetic purposes	21	19	395	0.0	34	12	0.0	
Cough and cold medications	7,665	60	459,880	9.5	22,366	21	3.9	
Vitamins and minerals	8,059	113	909,154	18.8	57,809	16	10.1	
Non-prescription drugs	23,715	112	2,646,031	54.7	412,450	6	71.7	
Barbiturates	362	61	22,043	0.5	3,603	6	0.6	
Benzodiazepines	10,060	66	664,314	13.7	75,124	9	13.1	
Other Part D Excl Rx Drugs	820	161	131,910	2.7	3,749	35	0.7	

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries: 38,042
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$136,619,329
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,591

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,041	8.0	\$0	0.0
1-500	5,707	15.0	1,183,706	0.9
501-1,000	3,723	9.8	2,764,322	2.0
1,001-1,500	2,950	7.8	3,678,515	2.7
1,501-2,000	2,654	7.0	4,636,666	3.4
2,001-2,500	2,341	6.2	5,261,819	3.9
2,501-3,000	2,092	5.5	5,750,504	4.2
3,001-3,500	1,772	4.7	5,734,254	4.2
3,501-4,000	1,689	4.4	6,343,024	4.6
4,001-4,500	1,502	3.9	6,370,503	4.7
4,501-5,000	1,277	3.4	6,044,728	4.4
5,001-5,500	1,143	3.0	5,997,023	4.4
5,501-6,000	1,008	2.6	5,784,651	4.2
6,001-6,500	827	2.2	5,165,101	3.8
6,501-7,000	718	1.9	4,840,360	3.5
7,001-7,500	603	1.6	4,365,073	3.2
7,501-8,000	538	1.4	4,170,221	3.1
8,001-8,500	472	1.2	3,894,736	2.9
8,501-9,000	438	1.2	3,828,766	2.8
9,001-9,500	346	0.9	3,195,704	2.3
9,501-10,000	335	0.9	3,263,643	2.4
10,001+	2,866	7.5	44,346,010	32.5

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b, c}
 DELAWARE, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 16,767
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$75,104,254
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,479

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	1,474	8.8	0	0.0
1-500	2,712	16.2	514,929	0.7
501-1,000	1,372	8.2	1,007,112	1.3
1,001-1,500	1,075	6.4	1,332,357	1.8
1,501-2,000	910	5.4	1,592,571	2.1
2,001-2,500	829	4.9	1,860,537	2.5
2,501-3,000	736	4.4	2,018,613	2.7
3,001-3,500	629	3.8	2,035,294	2.7
3,501-4,000	585	3.5	2,191,992	2.9
4,001-4,500	559	3.3	2,371,763	3.2
4,501-5,000	511	3.0	2,423,482	3.2
5,001-5,500	489	2.9	2,567,798	3.4
5,501-6,000	428	2.6	2,457,157	3.3
6,001-6,500	382	2.3	2,391,330	3.2
6,501-7,000	339	2.0	2,285,786	3.0
7,001-7,500	309	1.8	2,238,197	3.0
7,501-8,000	274	1.6	2,127,028	2.8
8,001-8,500	276	1.6	2,279,765	3.0
8,501-9,000	261	1.6	2,283,923	3.0
9,001-9,500	202	1.2	1,867,217	2.5
9,501-10,000	218	1.3	2,124,477	2.8
10,001+	2,197	13.1	35,132,926	46.8

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 21,128
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$61,078,797
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,890

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	1,557	7.4	0	0.0
1-500	2,953	14.0	659,350	1.1
501-1,000	2,338	11.1	1,748,343	2.9
1,001-1,500	1,864	8.8	2,333,282	3.8
1,501-2,000	1,735	8.2	3,028,431	5.0
2,001-2,500	1,506	7.1	3,388,071	5.5
2,501-3,000	1,350	6.4	3,716,367	6.1
3,001-3,500	1,136	5.4	3,676,166	6.0
3,501-4,000	1,098	5.2	4,128,989	6.8
4,001-4,500	938	4.4	3,977,226	6.5
4,501-5,000	765	3.6	3,616,510	5.9
5,001-5,500	649	3.1	3,403,544	5.6
5,501-6,000	578	2.7	3,315,647	5.4
6,001-6,500	442	2.1	2,755,132	4.5
6,501-7,000	379	1.8	2,554,574	4.2
7,001-7,500	292	1.4	2,112,227	3.5
7,501-8,000	260	1.2	2,011,774	3.3
8,001-8,500	195	0.9	1,606,837	2.6
8,501-9,000	173	0.8	1,509,931	2.5
9,001-9,500	142	0.7	1,310,124	2.1
9,501-10,000	117	0.6	1,139,166	1.9
10,001+	661	3.1	9,087,106	14.9

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,526
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$20,652,368
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$3,164

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	706	10.8		0	0.0
1-500	926	14.2		194,441	0.9
501-1,000	620	9.5		462,697	2.2
1,001-1,500	487	7.5		609,485	3.0
1,501-2,000	440	6.7		766,031	3.7
2,001-2,500	386	5.9		867,638	4.2
2,501-3,000	368	5.6		1,011,640	4.9
3,001-3,500	323	4.9		1,048,786	5.1
3,501-4,000	317	4.9		1,190,590	5.8
4,001-4,500	289	4.4		1,224,905	5.9
4,501-5,000	229	3.5		1,082,430	5.2
5,001-5,500	212	3.2		1,113,609	5.4
5,501-6,000	198	3.0		1,136,658	5.5
6,001-6,500	136	2.1		846,053	4.1
6,501-7,000	136	2.1		913,632	4.4
7,001-7,500	99	1.5		715,607	3.5
7,501-8,000	95	1.5		733,756	3.6
8,001-8,500	64	1.0		527,485	2.6
8,501-9,000	53	0.8		462,703	2.2
9,001-9,500	56	0.9		518,533	2.5
9,501-10,000	56	0.9		545,074	2.6
10,001+	330	5.1		4,680,615	22.7

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,430
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$22,460,583
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$3,023

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	529	7.1	0	0.0
1-500	987	13.3	218,738	1.0
501-1,000	747	10.1	559,812	2.5
1,001-1,500	626	8.4	783,291	3.5
1,501-2,000	612	8.2	1,073,274	4.8
2,001-2,500	529	7.1	1,188,351	5.3
2,501-3,000	461	6.2	1,267,942	5.6
3,001-3,500	412	5.5	1,328,880	5.9
3,501-4,000	407	5.5	1,531,780	6.8
4,001-4,500	341	4.6	1,446,365	6.4
4,501-5,000	301	4.1	1,423,184	6.3
5,001-5,500	242	3.3	1,270,017	5.7
5,501-6,000	210	2.8	1,203,404	5.4
6,001-6,500	175	2.4	1,089,157	4.8
6,501-7,000	139	1.9	938,568	4.2
7,001-7,500	116	1.6	840,373	3.7
7,501-8,000	104	1.4	805,483	3.6
8,001-8,500	89	1.2	734,992	3.3
8,501-9,000	71	1.0	619,616	2.8
9,001-9,500	49	0.7	451,752	2.0
9,501-10,000	43	0.6	419,115	1.9
10,001+	240	3.2	3,266,489	14.5

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
 DELAWARE, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,172
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$17,965,846
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,505

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	322	4.5	0	0.0
1-500	1,040	14.5	246,171	1.4
501-1,000	971	13.5	725,834	4.0
1,001-1,500	751	10.5	940,506	5.2
1,501-2,000	683	9.5	1,189,126	6.6
2,001-2,500	591	8.2	1,332,082	7.4
2,501-3,000	521	7.3	1,436,785	8.0
3,001-3,500	401	5.6	1,298,500	7.2
3,501-4,000	374	5.2	1,406,619	7.8
4,001-4,500	308	4.3	1,305,956	7.3
4,501-5,000	235	3.3	1,110,896	6.2
5,001-5,500	195	2.7	1,019,918	5.7
5,501-6,000	170	2.4	975,585	5.4
6,001-6,500	131	1.8	819,922	4.6
6,501-7,000	104	1.5	702,374	3.9
7,001-7,500	77	1.1	556,247	3.1
7,501-8,000	61	0.9	472,535	2.6
8,001-8,500	42	0.6	344,360	1.9
8,501-9,000	49	0.7	427,612	2.4
9,001-9,500	37	0.5	339,839	1.9
9,501-10,000	18	0.3	174,977	1.0
10,001+	91	1.3	1,140,002	6.3

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^{a, b}
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
All	38,117	20,926	17,035	145	7	4	401,007	211,694	187,925	1,283	69	36
Age												
5 and younger	3	0	3	0	0	0	30	0	30	0	0	0
6-14	6	0	4	0	2	0	54	0	30	0	24	0
15-20	77	0	73	0	4	0	867	0	824	0	43	0
21-44	7,088	0	6,994	93	0	1	78,085	0	77,202	871	0	12
45-64	9,796	0	9,746	47	0	3	107,917	0	107,499	394	0	24
65-74	6,542	6,321	215	5	1	0	68,548	66,188	2,340	18	2	0
75-84	7,433	7,433	0	0	0	0	76,492	76,492	0	0	0	0
85 and older	7,172	7,172	0	0	0	0	69,014	69,014	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,551	15,460	8,992	93	2	4	259,014	158,509	99,592	863	14	36
Male	13,566	5,466	8,043	52	5	0	141,993	53,185	88,333	420	55	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	32,555	18,443	13,993	108	7	4	341,835	185,963	154,819	948	69	36
African American	2,875	1,117	1,734	24	0	0	31,128	11,871	19,036	221	0	0
Other/unknown	2,687	1,366	1,308	13	0	0	28,044	13,860	14,070	114	0	0
Use of Nursing Facilities^c												
Entire year	6,894	6,153	741	0	0	0	67,905	59,732	8,173	0	0	0
Part year	3,408	2,897	510	1	0	0	32,807	27,411	5,394	2	0	0
None	27,815	11,876	15,784	144	7	4	300,295	124,551	174,358	1,281	69	36
Maintenance Assistance Status												
Cash	9,894	3,298	6,530	66	0	0	109,669	36,182	72,895	592	0	0
Medically needy	12,087	10,181	1,859	46	1	0	115,127	95,304	19,432	384	7	0
Poverty related	15,716	7,429	8,278	0	5	4	171,433	80,019	91,318	0	60	36
Other/unknown	420	18	368	33	1	0	4,778	189	4,280	307	2	0
Dual Status^d												
Full dual, all year	37,265	20,460	16,649	145	7	4	392,070	206,944	183,738	1,283	69	36
Full dual, part year	852	466	386	0	0	0	8,937	4,750	4,187	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	16,948	11,893	5,029	19	3	4	159,632	109,026	50,478	71	21	36
FFS part year, with Rx claims	19,106	8,284	10,759	59	4	0	219,332	95,017	123,741	526	48	0
FFS part year, no Rx claims	1,301	632	666	3	0	0	13,630	6,507	7,100	23	0	0
MC all year, with Rx claims	687	100	527	60	0	0	7,767	1,039	6,077	651	0	0
MC all year, no Rx claims	75	17	54	4	0	0	646	105	529	12	0	0

Source: Data for this table are from the MAX 2005 file for Nebraska, 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^a
 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
All	38,117	401,007	38,042	285,032	0	115,975
Fee-for-service (FFS) all year	16,948	159,632	16,948	159,632	0	0
FFS part year, with Rx claims	19,106	219,332	19,106	110,694	0	108,638
FFS part year, with no Rx claims	1,301	13,630	1,301	6,939	0	6,691
Managed care (MC) all year, with Rx claims	687	7,767	687	7,767	0	0
MC all year, with no Rx claims	75	646	0	0	0	646

Source: Data for this table are from the MAX 2005 file for Nebraska, 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