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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEBRASKA**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	31,955	17,541	14,275	121	4	14	298,464	160,139	137,359	775	42	149
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	4	0	4	0	0	0	42	0	42	0	0	0
15-20	67	0	64	0	3	0	654	0	624	0	30	0
21-44	5,628	0	5,542	84	1	1	53,068	0	52,517	527	12	12
45-64	8,514	0	8,468	37	0	9	82,544	0	82,199	248	0	97
65-74	5,043	4,847	192	0	0	4	45,377	43,420	1,917	0	0	40
75-84	6,041	6,041	0	0	0	0	55,553	55,553	0	0	0	0
85 and older	6,653	6,653	0	0	0	0	61,166	61,166	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	21,068	13,126	7,845	82	1	14	200,583	123,032	76,791	599	12	149
Male	10,887	4,415	6,430	39	3	0	97,881	37,107	60,568	176	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	27,503	15,607	11,794	85	4	13	257,869	142,500	114,661	527	42	139
African American	2,234	881	1,333	20	0	0	21,168	8,533	12,495	140	0	0
Other/unknown	2,218	1,053	1,148	16	0	1	19,427	9,106	10,203	108	0	10
Use of Nursing Facilities^c												
Entire year	6,623	5,851	772	0	0	0	65,958	57,401	8,557	0	0	0
Part year	3,343	2,860	481	1	0	1	28,257	23,948	4,288	12	0	9
None	21,989	8,830	13,022	120	4	13	204,249	78,790	124,514	763	42	140
Maintenance Assistance Status												
Cash	7,408	2,279	5,082	47	0	0	74,826	22,713	51,785	328	0	0
Medically needy	11,994	10,070	1,868	55	1	0	111,217	92,135	18,730	340	12	0
Poverty-related	12,278	5,184	7,077	0	3	14	109,517	45,216	64,122	0	30	149
Other/unknown	275	8	248	19	0	0	2,904	75	2,722	107	0	0
Dual Medicare Status^d												
Full dual, all year	30,886	17,033	13,714	121	4	14	291,674	156,710	133,998	775	42	149
Full dual, part year	1,069	508	561	0	0	0	6,790	3,429	3,361	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,567	10,976	4,560	15	2	14	151,320	102,450	48,629	68	24	149
FFS part year, with Rx claims	3,344	1,451	1,857	36	0	0	11,542	6,077	5,397	68	0	0
FFS part year, no Rx claims	1,831	903	918	10	0	0	5,525	2,758	2,749	18	0	0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 2006. 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, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx		FFS ^d		
All	54.1	5.6	\$210	\$38	\$15,425	1.4	31,955	
Age								
5 and younger	100.0	41.6	6,208	149	11,564	53.7	5	
6-14	50.0	11.5	422	37	7,843	5.4	4	
15-20	83.6	18.8	1,946	104	16,534	11.8	67	
21-44	62.9	7.8	487	62	13,444	3.6	5,628	
45-64	60.7	7.7	282	37	14,468	2.0	8,514	
65-74	52.6	5.4	157	29	11,279	1.4	5,043	
75-84	48.2	3.6	56	16	15,441	0.4	6,041	
85 and older	44.4	3.0	44	15	21,449	0.2	6,653	
Unknown	0.0	0.0	0	0	0	0.0	0	
Basis of Eligibility^e								
Aged	47.8	3.7	71	19	16,565	0.4	17,541	
Disabled	61.7	7.6	357	47	14,112	2.5	14,275	
Adults	82.6	33.9	2,754	81	5,374	51.2	121	
Children	25.0	3.3	614	189	2,221	27.6	4	
Unknown	71.4	39.6	4,474	113	15,492	28.9	14	
Gender								
Female	55.7	5.7	196	34	14,838	1.3	21,068	
Male	51.1	5.4	239	45	16,561	1.4	10,887	
Unknown	0.0	0.0	0	0	0	0.0	0	
Race								
White	53.8	5.6	198	36	16,544	1.2	27,503	
African American	54.4	5.4	262	48	8,987	2.9	2,234	
Other/unknown	57.4	6.2	310	50	8,030	3.9	2,218	
Use of Nursing Facilities^f								
Entire year	48.6	4.5	84	19	33,734	0.2	6,623	
Part year	55.6	5.0	128	26	21,789	0.6	3,343	
None	55.6	6.0	261	43	8,943	2.9	21,989	
Maintenance Assistance Status								
Cash	62.3	7.8	384	50	8,370	4.6	7,408	
Medically needy	47.0	4.3	91	21	29,663	0.3	11,994	
Poverty related	56.1	5.6	220	39	5,894	3.7	12,278	
Other/unknown	52.0	5.9	334	57	10,023	3.3	275	

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, TN, 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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		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
			None	Less	Less	Less	Less	Less				
All	0.6	\$23	1.4	45.9	41.9	5.3	3.8	1.8	1.5	\$1,651	31,955	298,464
Age												
5 and younger	3.5	517	53.7	0.0	20.0	40.0	20.0	20.0	0.0	964	5	60
6-14	1.1	40	5.4	50.0	25.0	0.0	25.0	0.0	0.0	747	4	42
15-20	1.9	199	11.8	16.4	41.8	11.9	17.9	4.5	7.5	1,694	67	654
21-44	0.8	52	3.6	37.1	44.5	6.2	6.1	3.1	3.0	1,426	5,628	53,068
45-64	0.8	29	2.0	39.3	44.1	6.8	5.0	2.5	2.4	1,492	8,514	82,544
65-74	0.6	17	1.4	47.4	41.0	4.9	3.8	1.8	1.2	1,254	5,043	45,377
75-84	0.4	6	0.4	51.8	40.3	4.7	2.1	0.8	0.4	1,679	6,041	55,553
85 and older	0.3	5	0.2	55.6	38.9	3.4	1.4	0.6	0.2	2,333	6,653	61,166
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	0.4	8	0.4	52.2	40.0	4.2	2.2	0.9	0.5	1,815	17,541	160,139
Disabled	0.8	37	2.5	38.3	44.4	6.6	5.4	2.7	2.5	1,467	14,275	137,359
Adults	5.3	430	51.2	17.4	17.4	8.3	22.3	17.4	17.4	839	121	775
Children	0.3	58	27.6	75.0	25.0	0.0	0.0	0.0	0.0	212	4	42
Unknown	3.7	420	28.9	28.6	7.1	0.0	35.7	28.6	0.0	1,456	14	149
Gender												
Female	0.6	21	1.3	44.3	43.4	5.5	3.6	1.8	1.4	1,558	21,068	200,583
Male	0.6	27	1.4	48.9	38.9	4.8	4.1	1.8	1.5	1,842	10,887	97,881
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.6	21	1.2	46.2	41.8	5.4	3.6	1.6	1.5	1,765	27,503	257,869
African American	0.6	28	2.9	45.6	42.1	4.2	4.3	2.5	1.3	948	2,234	21,168
Other/unknown	0.7	35	3.9	42.6	42.7	5.5	5.0	2.6	1.7	917	2,218	19,427
Use of Nursing Facilities^f												
Entire year	0.5	9	0.2	51.4	40.4	5.3	1.9	0.6	0.3	3,387	6,623	65,958
Part year	0.6	15	0.6	44.4	43.6	6.2	3.7	1.3	0.8	2,578	3,343	28,257
None	0.6	28	2.9	44.4	42.0	5.1	4.3	2.2	1.9	963	21,989	204,249
Maintenance Assistance Status												
Cash	0.8	38	4.6	37.7	47.4	5.8	4.9	2.4	1.9	829	7,408	74,826
Medically needy	0.5	10	0.3	53.0	38.3	5.1	2.4	0.8	0.4	3,199	11,994	111,217
Poverty related	0.6	25	3.7	43.9	42.0	5.2	4.4	2.3	2.2	661	12,278	109,517
Other/unknown	0.6	32	3.3	48.0	41.5	4.4	2.5	1.8	1.8	949	275	2,904

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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	0.6	\$23	\$38	0.1	\$15	\$143	0.0	\$2	\$89	0.5	\$6	\$13
Age												
5 and younger	3.5	517	149	1.5	384	253	0.1	8	83	1.9	125	68
6-14	1.1	40	37	0.2	21	98	0.0	9	181	0.8	10	13
15-20	1.9	199	104	0.8	167	207	0.1	13	133	1.0	19	19
21-44	0.8	52	62	0.2	38	190	0.0	4	128	0.6	10	16
45-64	0.8	29	37	0.1	19	132	0.0	2	89	0.6	8	13
65-74	0.6	17	29	0.1	11	110	0.0	1	59	0.5	6	12
75-84	0.4	6	16	0.0	3	70	0.0	0	32	0.3	3	10
85 and older	0.3	5	15	0.0	2	73	0.0	0	31	0.3	3	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	8	19	0.0	4	86	0.0	0	41	0.4	4	10
Disabled	0.8	37	47	0.2	26	160	0.0	3	105	0.6	9	14
Adults	5.3	430	81	2.1	323	157	0.2	31	144	3.0	76	25
Children	0.3	58	189	0.2	56	336	0.0	0	0	0.1	2	17
Unknown	3.7	420	113	1.5	350	232	0.2	10	48	2.0	60	30
Gender												
Female	0.6	21	34	0.1	13	136	0.0	1	79	0.5	6	12
Male	0.6	27	45	0.1	18	156	0.0	2	108	0.5	6	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.6	21	36	0.1	14	142	0.0	1	81	0.5	6	13
African American	0.6	28	48	0.1	18	136	0.0	4	219	0.4	6	14
Other/unknown	0.7	35	50	0.2	26	156	0.0	2	69	0.5	7	14
Use of Nursing Facilities^e												
Entire year	0.5	9	19	0.0	4	91	0.0	0	36	0.4	4	10
Part year	0.6	15	26	0.1	9	111	0.0	1	53	0.5	5	11
None	0.6	28	43	0.1	19	153	0.0	2	99	0.5	7	14
Maintenance Assistance Status												
Cash	0.8	38	50	0.2	26	159	0.0	3	117	0.6	8	15
Medically needy	0.5	10	21	0.1	5	94	0.0	1	44	0.4	4	11
Poverty related	0.6	25	39	0.1	16	152	0.0	2	86	0.5	7	13
Other/unknown	0.6	32	57	0.2	24	160	0.0	1	58	0.4	6	16

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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.meds-span.com/master-drug-database.aspx>.
 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, 2006

Therapeutic Category	Number of Rx per Benefit Month												Total Number of Rx		Total Rx \$		Users ^e	
	Among Users				\$ per Benefit Month Among Users				\$ per Rx									
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Number of Dual Benef	Percentage of Dual Benef	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$28	\$21	\$1	\$6	\$84	\$232	\$155	\$25	3,749	\$316,017	1,355	4.2	11,135	
Biologicals	0.2	0.2	0.0	0.0	45	44	0	1	203	227	0	32	8	1,623	3	0.0	36	
Antineoplastic Agents	0.5	0.2	0.0	0.3	121	109	0	12	238	540	14	41	306	72,875	73	0.2	601	
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	38	30	2	6	53	108	43	15	7,088	378,069	1,255	3.9	9,982	
Cardiovascular Agents	1.0	0.4	0.1	0.5	44	33	4	7	44	77	76	13	13,963	617,380	1,786	5.6	13,959	
Respiratory Agents	0.3	0.1	0.0	0.2	10	5	1	4	32	99	42	17	20,033	648,831	6,310	19.7	64,463	
Gastrointestinal Agents	0.5	0.1	0.0	0.3	27	15	6	5	58	174	288	14	3,097	179,450	807	2.5	6,738	
Genitourinary Agents	0.4	0.2	0.0	0.1	28	21	5	3	69	87	96	25	1,159	80,429	352	1.1	2,823	
CNS Drugs	0.8	0.1	0.0	0.7	23	15	1	6	30	170	104	9	74,463	2,202,273	9,964	31.2	97,471	
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	87	80	1	7	158	230	92	34	520	82,346	117	0.4	950	
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	127	127	0	0	307	307	0	22	636	195,218	198	0.6	1,532	
Analgesics and Anesthetics	0.6	0.1	0.0	0.6	39	15	8	15	60	217	449	28	8,912	537,556	1,694	5.3	13,909	
Neuromuscular Agents	0.8	0.1	0.0	0.7	29	19	1	9	37	204	109	14	25,039	934,206	3,356	10.5	32,107	
Nutritional Products	0.4	0.0	0.0	0.4	7	0	1	5	15	18	17	15	4,702	71,387	1,139	3.6	10,705	
Hematological Agents	0.6	0.1	0.0	0.5	9	5	0	4	16	82	23	8	12,861	201,025	2,247	7.0	22,129	
Topical Products	0.3	0.1	0.0	0.2	16	11	1	4	49	93	56	22	2,338	114,023	826	2.6	7,027	
Miscellaneous Products	0.5	0.3	0.0	0.1	169	157	7	5	347	474	217	42	258	89,641	64	0.2	530	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	36	0	0	0	58	2,067	25	0.1	230	
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.	179,190	6,724,416	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

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
ULCER DRUGS	\$1,069,255	6,634	20.8	67,254	0.6	\$25	\$16
ANTIPSYCHOTICS	918,234	834	2.6	6,412	0.6	247	143
ANTICONVULSANT	732,232	3,121	9.8	30,255	0.7	33	24
COUGH/COLD/ALLERGY	627,144	12,980	40.6	135,993	0.2	19	5
ANTIANKXIETY AGENTS	450,728	8,138	25.5	81,195	0.7	8	6
ANTIDEPRESSANTS	388,542	1,476	4.6	11,515	0.5	69	34
LAXATIVES	362,626	16,421	51.4	168,461	0.5	4	2
ANTHYPERLIPIDEMIC	235,361	760	2.4	6,154	0.4	90	38
ANTI-DIABETIC	217,491	849	2.7	6,729	0.5	65	32
ANTI-ASTHMATIC	208,377	897	2.8	7,129	0.4	75	29
Total	5,209,990	52,110	n.a.	521,097	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ULCER DRUGS					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	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	255,888	\$5,209,990	6,634	20.8	67,254	0.6	\$16	834	2.6	6,412	0.6	\$143					
Female																	
All Females	176,549	3,332,941	4,654	22.1	47,583	0.6	16	464	2.2	3,708	0.5	124					
Female, Disabled																	
All Ages	66,803	1,899,112	1,642	20.9	17,032	0.6	15	337	4.3	2,633	0.6	143					
5 and younger	8	184	1	50.0	12	0.7	15	0	0.0	0	0.0	0					
6-14	8	455	1	50.0	12	0.5	38	0	0.0	0	0.0	0					
15-20	334	53,132	6	18.2	45	0.7	11	11	33.3	132	0.4	95					
21-44	20,798	779,320	486	17.3	4,901	0.5	14	195	6.9	1,457	0.6	156					
45-64	44,180	998,980	1,118	22.9	11,740	0.6	15	120	2.5	919	0.6	128					
65-74	1,475	67,041	30	25.2	322	0.5	11	11	9.2	125	0.7	160					
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	109,746	1,433,829	3,012	22.8	30,551	0.7	16	127	1.0	1,075	0.4	76					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	777	82,287	18	31.0	191	0.3	17	24	41.4	263	0.4	94					
45-64	465	43,670	12	35.3	122	0.4	25	7	20.6	70	0.4	80					
65-74	24,378	414,406	767	23.9	7,775	0.6	16	30	0.9	242	0.6	114					
75-84	34,236	400,428	987	22.6	10,089	0.7	16	31	0.7	247	0.3	48					
85 and older	49,890	493,038	1,228	22.2	12,374	0.7	17	35	0.6	253	0.3	49					
Male																	
All Males	79,339	1,877,049	1,980	18.2	19,671	0.7	16	370	3.4	2,704	0.7	170					
Male, Disabled																	
All Ages	47,845	1,434,688	1,088	16.9	10,899	0.6	17	320	5.0	2,359	0.7	185					
5 and younger	18	2,158	3	100.0	36	0.4	15	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	359	40,020	8	25.8	57	0.5	12	12	38.7	120	0.6	215					
21-44	18,374	750,898	388	14.2	3,806	0.6	16	231	8.5	1,717	0.7	177					
45-64	28,563	611,051	678	18.9	6,900	0.7	17	73	2.0	474	0.7	193					
65-74	531	30,561	11	15.1	100	0.8	16	4	5.5	48	1.0	331					
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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups							ULCER DRUGS					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles																	
All Ages	31,494	442,361	892	20.0	8,772	0.7	16	50	1.1	345	0.4	66					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	4	593	2	100.0	24	0.2	25	0	0.0	0	0.0	0					
21-44	239	19,507	7	25.0	49	0.4	32	1	3.6	1	8.0	1,708					
45-64	76	6,183	1	8.3	1	1.0	22	0	0.0	0	0.0	0					
65-74	10,493	167,989	295	18.0	2,965	0.7	16	18	1.1	120	0.4	56					
75-84	11,463	146,518	333	20.0	3,386	0.7	17	15	0.9	107	0.4	72					
85 and older	9,219	101,571	254	22.8	2,347	0.7	16	16	1.4	117	0.3	56					
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTICONVULSANT					COUGH/COLD/ALLERGY					ANTI-ANXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,121	9.8	30,255	0.7	\$24	12,980	40.6	135,993	0.2	\$5	8,138	25.5	81,195	0.7	\$6
Female															
All Females	2,022	9.6	19,724	0.7	24	9,354	44.4	98,845	0.2	4	5,836	27.7	58,681	0.6	5
Female, Disabled															
All Ages	1,369	17.5	13,363	0.7	28	4,085	52.1	43,244	0.2	5	2,444	31.2	24,904	0.7	6
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	13	39.4	104	1.2	347	15	45.5	159	0.1	4	8	24.2	71	0.5	7
21-44	580	20.6	5,474	0.7	38	1,466	52.1	15,297	0.2	4	853	30.3	8,356	0.7	6
45-64	757	15.5	7,576	0.8	16	2,544	52.2	27,159	0.2	6	1,544	31.7	16,116	0.7	6
65-74	19	16.0	209	0.8	36	60	50.4	629	0.3	5	39	32.8	361	0.7	7
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	653	4.9	6,361	0.7	14	5,269	39.8	55,601	0.2	4	3,392	25.7	33,777	0.6	5
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	22	37.9	218	0.7	99	38	65.5	304	0.2	4	12	20.7	105	0.4	4
45-64	11	32.4	104	0.7	112	14	41.2	147	0.1	2	9	26.5	83	0.5	7
65-74	241	7.5	2,325	0.8	14	1,373	42.7	14,542	0.3	5	862	26.8	8,806	0.7	5
75-84	222	5.1	2,241	0.6	6	1,797	41.1	19,212	0.2	4	1,121	25.6	11,305	0.6	5
85 and older	157	2.8	1,473	0.7	7	2,047	36.9	21,396	0.2	3	1,388	25.1	13,478	0.6	5
Male															
All Males	1,099	10.1	10,531	0.8	25	3,626	33.3	37,148	0.3	5	2,302	21.1	22,514	0.7	6
Male, Disabled															
All Ages	911	14.2	8,811	0.8	28	2,090	32.5	21,787	0.2	5	1,392	21.6	14,142	0.7	7
5 and younger	1	33.3	12	0.1	134	1	33.3	12	0.1	1	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	9	29.0	98	0.5	57	11	35.5	120	0.2	3	2	6.5	24	1.0	10
21-44	454	16.6	4,368	0.8	38	937	34.4	9,650	0.2	5	560	20.5	5,742	0.7	6
45-64	442	12.3	4,273	0.8	16	1,114	31.0	11,728	0.2	5	816	22.7	8,249	0.7	7
65-74	5	6.8	60	0.6	51	27	37.0	277	0.2	2	14	19.2	127	0.7	10
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, 2006

Beneficiary Characteristics	ANTICONVULSANT					COUGH/COLD/ALLERGY					ANTI-ANXIETY AGENTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	188	4.2	1,720	0.6	13	1,536	34.5	15,361	0.3	5	910	20.4	8,372	0.6	5
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	4	14.3	31	0.8	155	12	42.9	62	0.4	14	5	17.9	28	0.7	4
45-64	2	16.7	14	1.6	213	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	90	5.5	807	0.7	9	522	31.9	5,329	0.3	6	317	19.4	3,006	0.7	6
75-84	65	3.9	605	0.6	8	563	33.8	5,712	0.3	5	341	20.5	3,177	0.6	5
85 and older	27	2.4	263	0.7	5	439	39.4	4,258	0.3	5	247	22.2	2,161	0.6	4
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					LAXATIVES					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,476	4.6	11,515	0.5	\$34	16,421	51.4	168,461	0.5	\$2	760	2.4	6,154	0.4	\$38
Female															
All Females	979	4.6	7,794	0.5	34	11,658	55.3	120,312	0.5	2	424	2.0	3,342	0.4	38
Female, Disabled															
All Ages	669	8.5	5,352	0.5	38	2,402	30.6	25,931	0.5	2	245	3.1	2,041	0.4	41
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	1	50.0	7	0.3	0	0	0.0	0	0.0	0
15-20	8	24.2	71	0.7	36	3	9.1	36	0.4	10	0	0.0	0	0.0	0
21-44	319	11.3	2,516	0.5	37	606	21.5	6,481	0.5	3	62	2.2	484	0.5	37
45-64	322	6.6	2,560	0.5	40	1,746	35.8	18,928	0.5	2	169	3.5	1,396	0.4	43
65-74	20	16.8	205	0.4	26	46	38.7	479	0.5	2	14	11.8	161	0.5	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	310	2.3	2,442	0.4	25	9,256	70.0	94,381	0.5	2	179	1.4	1,301	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	40	69.0	389	0.5	45	7	12.1	57	0.1	1	4	6.9	44	0.5	42
45-64	32	94.1	325	0.6	44	3	8.8	31	0.1	3	4	11.8	45	0.4	38
65-74	85	2.6	593	0.5	29	1,320	41.1	13,611	0.5	2	81	2.5	615	0.5	38
75-84	71	1.6	521	0.3	10	2,782	63.6	28,464	0.5	2	53	1.2	332	0.3	20
85 and older	82	1.5	614	0.3	13	5,144	92.9	52,218	0.5	2	37	0.7	265	0.4	32
Male															
All Males	497	4.6	3,721	0.5	33	4,763	43.7	48,149	0.5	2	336	3.1	2,812	0.4	39
Male, Disabled															
All Ages	390	6.1	3,008	0.6	38	2,053	31.9	22,189	0.6	3	223	3.5	1,930	0.4	42
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	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	16	51.6	179	0.5	29	3	9.7	36	0.4	2	4	12.9	48	0.4	23
21-44	212	7.8	1,665	0.6	40	631	23.1	6,816	0.6	3	72	2.6	626	0.4	37
45-64	157	4.4	1,116	0.5	38	1,388	38.6	15,006	0.6	3	137	3.8	1,169	0.5	46
65-74	5	6.8	48	0.5	25	30	41.1	319	0.5	2	10	13.7	87	0.4	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					LAXATIVES					ANTHYPERLIPIDEMIC				
	Number of Users	Users	Number of Benefit Months	Mean		Number of Users	Users	Number of Benefit Months	Mean		Number of Users	Users	Number of Benefit Months	Mean	
		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	107	2.4	713	0.4	13	2,710	60.8	25,960	0.5	2	113	2.5	882	0.4	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	10	35.7	65	0.7	28	1	3.6	1	1.0	39	10	35.7	46	0.7	75
45-64	2	16.7	4	1.0	71	1	8.3	12	0.1	1	1	8.3	12	1.2	111
65-74	40	2.4	243	0.3	8	700	42.8	6,946	0.5	3	51	3.1	457	0.4	36
75-84	30	1.8	225	0.4	12	1,031	61.9	9,696	0.5	2	42	2.5	304	0.2	19
85 and older	25	2.2	176	0.3	13	977	87.8	9,305	0.5	2	9	0.8	63	0.3	14
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	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	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	849	2.7	6,729	0.5	\$32	897	2.8	7,129	0.4	\$29	31,955	298,464
Female												
All Females	532	2.5	4,374	0.5	29	604	2.9	4,877	0.4	29	21,068	200,583
Female, Disabled												
All Ages	276	3.5	2,351	0.5	34	384	4.9	3,230	0.4	32	7,845	76,791
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	33	312
21-44	85	3.0	676	0.4	25	123	4.4	910	0.3	23	2,815	26,905
45-64	170	3.5	1,455	0.6	38	241	4.9	2,099	0.4	34	4,874	48,328
65-74	21	17.6	220	0.6	34	20	16.8	221	0.6	50	119	1,203
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	256	1.9	2,023	0.4	23	220	1.7	1,647	0.4	24	13,223	123,792
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	12
21-44	5	8.6	48	0.8	79	24	41.4	217	0.4	37	58	418
45-64	5	14.7	56	0.4	62	14	41.2	157	0.2	18	34	290
65-74	112	3.5	894	0.5	29	87	2.7	596	0.5	33	3,215	29,855
75-84	74	1.7	579	0.3	12	47	1.1	313	0.3	16	4,375	41,408
85 and older	60	1.1	446	0.4	15	48	0.9	364	0.2	10	5,540	51,809
Male												
All Males	317	2.9	2,355	0.5	38	293	2.7	2,252	0.4	29	10,887	97,881
Male, Disabled												
All Ages	195	3.0	1,526	0.6	46	196	3.0	1,615	0.4	31	6,430	60,568
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
15-20	2	6.5	24	0.9	34	2	6.5	24	0.3	7	31	312
21-44	46	1.7	335	0.6	53	70	2.6	566	0.4	30	2,727	25,612
45-64	144	4.0	1,154	0.6	43	119	3.3	968	0.4	32	3,594	33,871
65-74	3	4.1	13	0.8	119	5	6.8	57	0.3	23	73	714
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, 2006

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	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		
Male, Other Eligibles												
All Ages	122	2.7	829	0.4	25	97	2.2	637	0.4	25	4,457	37,313
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	2	18
21-44	5	17.9	38	0.9	53	8	28.6	50	0.5	63	28	133
45-64	1	8.3	12	2.4	126	1	8.3	3	0.3	5	12	55
65-74	53	3.2	417	0.4	30	39	2.4	242	0.4	30	1,636	13,605
75-84	43	2.6	222	0.4	14	23	1.4	152	0.4	19	1,666	14,145
85 and older	20	1.8	140	0.3	10	26	2.3	190	0.3	15	1,113	9,357
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	\$9	0.5	6,623	65,958
Age				
0-64	21	0.8	754	8,371
65-74	13	0.7	776	8,082
75-84	7	0.4	1,791	17,489
85 and older	5	0.3	3,302	32,016
Unknown	0	0.0	0	0
Gender				
Female	8	0.4	4,829	48,606
Male	11	0.5	1,794	17,352
Unknown	0	0.0	0	0
Race				
White	8	0.4	6,226	61,891
African American	12	0.5	209	2,220
Other/unknown	12	0.5	188	1,847
Basis of Eligibility^c				
Aged	6	0.4	5,851	57,401
Disabled	23	0.8	772	8,557
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents		Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name				Off-Patent Brand-Name	Number of Residents	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$10	\$0	\$6	\$61	\$121	\$116	\$35	251	\$15,380	118	1.8	945		
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	0.3	0.0	0.0	0.2	10	4	0	5	36	248	0	21	15	545	7	0.1	57		
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	29	24	1	4	47	83	14	13	672	31,660	146	2.2	1,110		
Cardiovascular Agents	0.8	0.2	0.0	0.5	23	15	2	5	29	60	50	11	1,504	43,380	250	3.8	1,927		
Respiratory Agents	0.3	0.0	0.0	0.3	7	3	1	4	25	92	35	15	2,445	60,741	763	11.5	8,148		
Gastrointestinal Agents	0.4	0.0	0.0	0.4	10	3	1	7	24	72	124	17	415	9,930	121	1.8	983		
Genitourinary Agents	0.3	0.2	0.0	0.1	19	15	1	2	58	74	75	21	153	8,933	64	1.0	481		
CNS Drugs	0.7	0.0	0.0	0.7	9	4	0	5	13	110	60	8	14,617	196,325	2,076	31.3	21,120		
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.2	19	17	0	2	62	199	0	7	7	434	5	0.1	23		
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	47	47	0	0	120	120	0	0	245	29,336	77	1.2	626		
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	22	5	0	17	46	94	80	39	571	26,113	146	2.2	1,169		
Neuromuscular Agents	0.8	0.0	0.0	0.8	16	7	0	9	20	164	21	12	3,152	63,569	380	5.7	3,902		
Nutritional Products	0.5	0.0	0.0	0.4	6	1	1	4	12	25	19	10	1,127	13,521	247	3.7	2,415		
Hematological Agents	0.7	0.1	0.0	0.6	7	3	0	4	11	55	20	7	4,279	45,430	625	9.4	6,474		
Topical Products	0.4	0.1	0.0	0.2	13	8	1	5	37	72	55	19	320	11,731	110	1.7	877		
Miscellaneous Products	0.1	0.1	0.0	0.1	5	4	0	1	34	66	0	11	7	240	5	0.1	51		
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	22	0	0	0	17	379	8	0.1	73		
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.	29,797	557,647	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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.med-span.com/master-drug-database.aspx>.
 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.med-span.com/master-drug-database.aspx>.
 In Nebraska, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^a, b, c, d
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ULCER DRUGS	\$286,738	1,568	23.7	16,335	0.8	\$23	\$18
LAXATIVES	182,192	7,326	110.6	77,642	0.6	4	2
COUGH/COLD/ALLERGY	122,497	2,822	42.6	30,557	0.3	15	4
ANALGESICS - NonNarcotic	101,571	5,523	83.4	57,466	0.7	3	2
ANTIANKXIETY AGENTS	99,557	1,876	28.3	19,217	0.6	8	5
MULTIVITAMINS	61,845	3,556	53.7	37,101	0.8	2	2
OPHTHALMIC	59,558	1,999	30.2	21,640	0.4	8	3
ANTIPSYCHOTICS	59,487	97	1.5	802	0.4	193	74
MINERALS & ELECTROLYTES	57,376	1,984	30.0	20,655	0.8	4	3
ANTICONVULSANT	51,102	367	5.5	3,756	0.8	17	14
Total	1,081,923	27,118	n.a.	285,171	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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; n.a. = not applicable.

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, 2006

Beneficiary Characteristics	ULCER DRUGS							LAXATIVES				
	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	170,269	\$1,081,923	1,568	23.7	16,335	0.8	\$18	7,326	110.6	77,642	0.6	\$2
Female												
All Females	128,445	796,935	1,130	23.4	11,874	0.8	17	5,438	112.6	58,015	0.6	2
Female, Disabled												
All Ages	12,435	119,857	105	27.8	1,230	0.7	17	516	136.5	5,963	0.6	3
64 or younger	12,236	118,567	103	28.0	1,206	0.7	17	511	138.9	5,907	0.6	3
65-74	199	1,290	2	20.0	24	0.8	13	5	50.0	56	0.4	2
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	116,010	677,078	1,025	23.0	10,644	0.8	18	4,922	110.6	52,052	0.5	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	12,937	89,248	122	27.1	1,342	0.8	16	509	113.1	5,674	0.6	2
75-84	31,882	193,650	287	22.9	2,933	0.8	18	1,303	104.0	13,772	0.5	2
85 and older	71,191	394,180	616	22.4	6,369	0.8	18	3,110	113.2	32,606	0.5	2
Male												
All Males	41,824	284,988	438	24.4	4,461	0.8	18	1,888	105.2	19,627	0.6	3
Male, Disabled												
All Ages	11,010	83,735	96	24.4	1,078	0.8	17	461	117.0	5,251	0.7	3
64 or younger	10,823	82,865	94	24.4	1,054	0.8	17	451	116.8	5,131	0.7	3
65-74	187	870	2	25.0	24	0.7	15	10	125.0	120	0.4	1
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	30,814	201,253	342	24.4	3,383	0.8	18	1,427	101.9	14,376	0.6	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,972	48,012	71	23.1	766	0.8	19	282	91.6	2,980	0.6	3
75-84	11,783	76,137	136	25.3	1,372	0.8	18	527	98.0	5,234	0.6	3
85 and older	12,059	77,104	135	24.4	1,245	0.8	18	618	111.6	6,162	0.5	2
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medicapn.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	COUGH/COLD/ALLERGY						ANALGESICS - NonNarcotic						ANTIANSXIETY AGENTS					
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx Mean Rx \$		Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx Mean Rx \$		Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx Mean Rx \$	
	Number of Users						Number of Users						Number of Users					
All	2,822	42.6	30,557	0.3	\$4	5,523	83.4	57,466	0.7	\$2	1,876	28.3	19,217	0.6	\$5			
Female																		
All Females	2,103	43.5	23,006	0.3	4	4,111	85.1	43,045	0.7	2	1,369	28.3	14,103	0.6	5			
Female, Disabled																		
All Ages	190	50.3	2,181	0.3	5	280	74.1	3,210	0.6	2	134	35.4	1,506	0.7	7			
64 or younger	180	48.9	2,081	0.3	5	271	73.6	3,102	0.6	2	129	35.1	1,456	0.7	7			
65-74	10	100.0	100	0.2	2	9	90.0	108	0.6	2	5	50.0	50	0.3	2			
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	1,913	43.0	20,825	0.2	4	3,831	86.1	39,835	0.7	2	1,235	27.7	12,597	0.6	5			
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	217	48.2	2,437	0.3	5	366	81.3	3,999	0.6	2	159	35.3	1,761	0.7	5			
75-84	581	46.4	6,339	0.3	4	1,059	84.5	11,146	0.7	2	362	28.9	3,684	0.6	5			
85 and older	1,115	40.6	12,049	0.2	3	2,406	87.6	24,690	0.7	2	714	26.0	7,152	0.6	5			
Male																		
All Males	719	40.1	7,551	0.3	5	1,412	78.7	14,421	0.6	2	507	28.3	5,114	0.7	6			
Male, Disabled																		
All Ages	151	38.3	1,737	0.3	4	251	63.7	2,904	0.6	2	141	35.8	1,569	0.8	7			
64 or younger	145	37.6	1,665	0.3	5	246	63.7	2,844	0.6	2	140	36.3	1,557	0.8	7			
65-74	6	75.0	72	0.2	2	5	62.5	60	0.8	1	1	12.5	12	0.2	1			
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Male, Other Eligibles																		
All Ages	568	40.6	5,814	0.3	5	1,161	82.9	11,517	0.6	2	366	26.1	3,545	0.6	5			
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	112	36.4	1,207	0.3	5	237	76.9	2,551	0.6	2	86	27.9	865	0.7	6			
75-84	213	39.6	2,225	0.3	5	439	81.6	4,389	0.7	2	143	26.6	1,437	0.6	5			
85 and older	243	43.9	2,382	0.3	5	485	87.5	4,577	0.6	2	137	24.7	1,243	0.6	4			
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.mdi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	MULTIVITAMINS					OPHTHALMIC					ANTIPSYCHOTICS				
	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean
		of All-Year					of All-Year					Benefit Months			
		Nursing Facility Residents	Among Users		\$		Nursing Facility Residents	Among Users		\$		Nursing Facility Residents	Among Users		\$
All	3,556	53.7	37,101	0.8	\$2	1,999	30.2	21,640	0.4	\$3	97	1.5	802	0.4	\$74
Female															
All Females	2,649	54.9	27,690	0.8	2	1,555	32.2	16,953	0.4	3	60	1.2	496	0.4	89
Female, Disabled															
All Ages	226	59.8	2,574	0.7	2	103	27.2	1,166	0.3	3	17	4.5	147	0.7	172
64 or younger	224	60.9	2,554	0.7	2	100	27.2	1,134	0.3	3	17	4.6	147	0.7	172
65-74	2	20.0	20	0.7	7	3	30.0	32	0.5	2	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	2,423	54.4	25,116	0.8	2	1,452	32.6	15,787	0.4	3	43	1.0	349	0.3	53
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	236	52.4	2,589	0.7	2	115	25.6	1,313	0.3	3	9	2.0	84	0.4	62
75-84	642	51.2	6,699	0.8	2	390	31.1	4,212	0.4	3	16	1.3	127	0.3	57
85 and older	1,545	56.2	15,828	0.8	2	947	34.5	10,262	0.4	3	18	0.7	138	0.3	45
Male															
All Males	907	50.6	9,411	0.8	2	444	24.7	4,687	0.3	3	37	2.1	306	0.3	51
Male, Disabled															
All Ages	212	53.8	2,384	0.8	2	81	20.6	916	0.3	3	14	3.6	122	0.2	39
64 or younger	207	53.6	2,324	0.8	2	81	21.0	916	0.3	3	14	3.6	122	0.2	39
65-74	5	62.5	60	0.8	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	695	49.6	7,027	0.7	2	363	25.9	3,771	0.3	2	23	1.6	184	0.4	59
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	148	48.1	1,614	0.7	2	62	20.1	674	0.3	2	4	1.3	39	0.4	52
75-84	263	48.9	2,726	0.8	2	131	24.3	1,359	0.3	2	8	1.5	56	0.4	51
85 and older	284	51.3	2,687	0.8	2	170	30.7	1,738	0.4	3	11	2.0	89	0.3	67
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 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.mdi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	MINERALS & ELECTROLYTES					ANTICONVULSANT					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents Among Users	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,984	30.0	20,655	0.8	\$3	367	5.5	3,756	0.8	\$14	6,623	65,958
Female												
All Females	1,656	34.3	17,341	0.8	3	252	5.2	2,558	0.8	13	4,829	48,606
Female, Disabled												
All Ages	158	41.8	1,806	0.8	4	60	15.9	625	0.8	26	378	4,239
64 or younger	157	42.7	1,794	0.8	4	58	15.8	605	0.8	26	368	4,144
65-74	1	10.0	12	1.0	2	2	20.0	20	1.0	9	10	95
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	1,498	33.7	15,535	0.8	3	192	4.3	1,933	0.7	9	4,451	44,367
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	167	37.1	1,843	0.8	3	44	9.8	461	0.8	14	450	4,804
75-84	415	33.1	4,254	0.8	3	63	5.0	633	0.7	7	1,253	12,494
85 and older	916	33.3	9,438	0.8	3	85	3.1	839	0.7	9	2,748	27,069
Male												
All Males	328	18.3	3,314	0.7	3	115	6.4	1,198	0.8	15	1,794	17,352
Male, Disabled												
All Ages	72	18.3	802	0.8	4	54	13.7	578	0.9	20	394	4,318
64 or younger	71	18.4	790	0.8	4	53	13.7	566	0.9	20	386	4,227
65-74	1	12.5	12	1.0	8	1	12.5	12	0.3	1	8	91
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	256	18.3	2,512	0.7	2	61	4.4	620	0.8	10	1,400	13,034
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	62	20.1	626	0.8	3	27	8.8	280	0.8	13	308	3,092
75-84	97	18.0	1,003	0.7	2	17	3.2	163	0.8	9	538	4,995
85 and older	97	17.5	883	0.7	2	17	3.1	177	0.7	6	554	4,947
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Sources: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A total of 3,343 beneficiaries who were in nursing facilities for part of their enrollment and their 28,257 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEBRASKA, 2006

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	26,126	81.8	15.4		490,914	\$111	\$3,562,842	\$7	53.0	31,955
Age										
5 and younger	5	100.0	23.0	115	676	3,380	29	10.9	5	
6-14	4	100.0	14.8	59	181	724	12	42.9	4	
15-20	42	62.7	5.0	338	52	3,481	10	2.7	67	
21-44	4,141	73.6	8.8	49,794	84	473,385	10	17.3	5,628	
45-64	6,893	81.0	13.5	114,913	120	1,018,891	9	42.4	8,514	
65-74	3,983	79.0	13.6	68,379	107	539,854	8	68.3	5,043	
75-84	5,084	84.2	17.5	105,910	113	683,402	6	203.7	6,041	
85 and older	5,974	89.8	22.8	151,406	126	839,725	6	285.3	6,653	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	14,874	84.8	18.4	322,922	116	2,040,976	6	165.0	17,541	
Disabled	11,167	78.2	11.7	167,345	106	1,513,771	9	29.7	14,275	
Adults	75	62.0	4.5	547	59	7,102	13	2.1	121	
Children	3	75.0	8.8	35	37	148	4	6.0	4	
Unknown	7	50.0	4.6	65	60	845	13	1.3	14	
Gender										
Female	17,958	85.2	16.8	353,467	119	2,502,238	7	60.6	21,068	
Male	8,168	75.0	12.6	137,447	97	1,060,604	8	40.8	10,887	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	22,645	82.3	16.3	448,873	116	3,200,793	7	58.7	27,503	
African American	1,795	80.3	9.8	21,909	87	193,595	9	33.1	2,234	
Other/unknown	1,686	76.0	9.1	20,132	76	168,454	8	24.5	2,218	
Use of Nursing Facilities^d										
Entire year	6,179	93.3	29.7	196,757	165	1,092,230	6	195.9	6,623	
Part year	3,052	91.3	20.0	66,894	120	401,511	6	93.8	3,343	
None	16,895	76.8	10.3	227,263	94	2,069,101	9	36.1	21,989	
Maintenance Assistance Status										
Cash	6,176	83.4	11.5	85,389	103	760,430	9	26.7	7,408	
Medically needy	10,360	86.4	24.9	298,148	142	1,703,830	6	156.8	11,994	
Poverty related	9,407	76.6	8.6	105,641	88	1,083,854	10	40.1	12,278	
Other/unknown	183	66.5	6.3	1,736	54	14,728	8	16.0	275	

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 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.
 Benef(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEBRASKA, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	1.6	\$12	\$7	\$0	\$2	298,464
Age						
5 and younger	1.9	56	29	0	0	60
6-14	1.4	17	12	0	0	42
15-20	0.5	5	10	0	1	654
21-44	0.9	9	10	0	3	53,068
45-64	1.4	12	9	0	3	82,544
65-74	1.5	12	8	0	2	45,377
75-84	1.9	12	6	0	2	55,553
85 and older	2.5	14	6	0	1	61,166
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	2.0	13	6	0	2	160,139
Disabled	1.2	11	9	0	3	137,359
Adults	0.7	9	13	0	3	775
Children	0.8	4	4	0	0	42
Unknown	0.4	6	13	0	2	149
Gender						
Female	1.8	12	7	0	2	200,583
Male	1.4	11	8	0	2	97,881
Unknown	0.0	0	0	0	0	0
Race						
White	1.7	12	7	0	2	257,869
African American	1.0	9	9	0	1	21,168
Other/unknown	1.0	9	8	0	2	19,427
Use of Nursing Facilities^d						
Entire year	3.0	17	6	0	2	65,958
Part year	2.4	14	6	0	2	28,257
None	1.1	10	9	0	2	204,249
Maintenance Assistance Status						
Cash	1.1	10	9	0	3	74,826
Medically needy	2.7	15	6	0	2	111,217
Poverty related	1.0	10	10	0	2	109,517
Other/unknown	0.6	5	8	0	1	2,904

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 2006.

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.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 NEBRASKA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Total Number Rx.
All	39,137	\$91	\$3,562,842	100.0	490,914	\$7	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	5,312	55	293,687	8.2	14,609	20	3.0
Vitamins and minerals	1,048	62	64,720	1.8	4,298	15	0.9
Non-prescription drugs	22,052	113	2,500,647	70.2	390,978	6	79.6
Barbiturates	352	69	24,198	0.7	3,515	7	0.7
Benzodiazepines	10,114	66	664,702	18.7	76,658	9	15.6
Other Part D Excl Rx Drugs	259	57	14,888	0.4	856	17	0.2

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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.
 Benefit(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}
 NEBRASKA, 2006

Total Number of Dual Eligible Beneficiaries: 31,955
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$6,724,416
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$210

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,659	45.9	\$0	0.0
1-500	15,505	48.5	1,243,547	18.5
501-1,000	591	1.8	422,358	6.3
1,001-1,500	269	0.8	332,447	4.9
1,501-2,000	163	0.5	283,186	4.2
2,001-2,500	126	0.4	282,358	4.2
2,501-3,000	100	0.3	277,249	4.1
3,001-3,500	72	0.2	231,913	3.4
3,501-4,000	72	0.2	268,163	4.0
4,001-4,500	58	0.2	245,890	3.7
4,501-5,000	43	0.1	205,072	3.0
5,001-5,500	28	0.1	145,996	2.2
5,501-6,000	32	0.1	182,804	2.7
6,001-6,500	29	0.1	181,303	2.7
6,501-7,000	18	0.1	122,082	1.8
7,001-7,500	20	0.1	144,568	2.1
7,501-8,000	23	0.1	178,442	2.7
8,001-8,500	13	0.0	107,869	1.6
8,501-9,000	18	0.1	157,362	2.3
9,001-9,500	9	0.0	82,673	1.2
9,501-10,000	11	0.0	106,882	1.6
10,001+	96	0.3	1,522,252	22.6

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 NEBRASKA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,083
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$4,914,960
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$349

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	5,414	38.4		\$0	0.0
1-500	7,363	52.3		683,194	13.9
501-1,000	403	2.9		290,494	5.9
1,001-1,500	183	1.3		227,328	4.6
1,501-2,000	123	0.9		212,865	4.3
2,001-2,500	98	0.7		218,891	4.5
2,501-3,000	85	0.6		235,656	4.8
3,001-3,500	51	0.4		164,751	3.4
3,501-4,000	54	0.4		201,400	4.1
4,001-4,500	43	0.3		182,252	3.7
4,501-5,000	35	0.2		167,415	3.4
5,001-5,500	22	0.2		114,794	2.3
5,501-6,000	26	0.2		148,647	3.0
6,001-6,500	26	0.2		162,818	3.3
6,501-7,000	12	0.1		81,319	1.7
7,001-7,500	15	0.1		108,810	2.2
7,501-8,000	18	0.1		139,525	2.8
8,001-8,500	8	0.1		66,409	1.4
8,501-9,000	14	0.1		122,753	2.5
9,001-9,500	6	0.0		55,415	1.1
9,501-10,000	7	0.0		67,703	1.4
10,001+	77	0.5		1,262,521	25.7

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 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.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 NEBRASKA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 17,737
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,420,469
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$80

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,218	52.0	0	0.0
1-500	8,108	45.7	555,101	39.1
501-1,000	178	1.0	124,039	8.7
1,001-1,500	80	0.5	97,901	6.9
1,501-2,000	36	0.2	63,340	4.5
2,001-2,500	23	0.1	51,991	3.7
2,501-3,000	12	0.1	33,120	2.3
3,001-3,500	14	0.1	44,910	3.2
3,501-4,000	13	0.1	48,180	3.4
4,001-4,500	13	0.1	55,241	3.9
4,501-5,000	3	0.0	14,240	1.0
5,001-5,500	5	0.0	26,185	1.8
5,501-6,000	5	0.0	28,385	2.0
6,001-6,500	1	0.0	6,079	0.4
6,501-7,000	4	0.0	27,168	1.9
7,001-7,500	4	0.0	28,708	2.0
7,501-8,000	3	0.0	23,505	1.7
8,001-8,500	3	0.0	24,894	1.8
8,501-9,000	2	0.0	17,573	1.2
9,001-9,500	1	0.0	9,102	0.6
9,501-10,000	2	0.0	19,383	1.4
10,001+	9	0.1	121,424	8.5

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 NEBRASKA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 5,043
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$790,684
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$156

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,389	47.4	\$0	0.0
1-500	2,442	48.4	190,215	24.1
501-1,000	68	1.3	48,793	6.2
1,001-1,500	34	0.7	43,038	5.4
1,501-2,000	20	0.4	35,236	4.5
2,001-2,500	14	0.3	31,485	4.0
2,501-3,000	9	0.2	24,650	3.1
3,001-3,500	8	0.2	25,851	3.3
3,501-4,000	12	0.2	44,501	5.6
4,001-4,500	12	0.2	51,022	6.5
4,501-5,000	3	0.1	14,240	1.8
5,001-5,500	4	0.1	21,103	2.7
5,501-6,000	3	0.1	16,832	2.1
6,001-6,500	1	0.0	6,079	0.8
6,501-7,000	4	0.1	27,168	3.4
7,001-7,500	2	0.0	14,307	1.8
7,501-8,000	3	0.1	23,505	3.0
8,001-8,500	3	0.1	24,894	3.1
8,501-9,000	1	0.0	8,757	1.1
9,001-9,500	1	0.0	9,102	1.2
9,501-10,000	2	0.0	19,383	2.5
10,001+	8	0.2	110,523	14.0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 NEBRASKA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 6,041
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$335,432
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$55

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,132	51.8	\$0	0.0
1-500	2,799	46.3	190,691	56.8
501-1,000	57	0.9	38,497	11.5
1,001-1,500	27	0.4	32,143	9.6
1,501-2,000	11	0.2	19,833	5.9
2,001-2,500	6	0.1	13,521	4.0
2,501-3,000	1	0.0	2,916	0.9
3,001-3,500	4	0.1	12,386	3.7
3,501-4,000	1	0.0	3,679	1.1
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	1	0.0	5,636	1.7
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,314	2.2
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,816	2.6
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEBRASKA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 6,653
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$294,353
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$44

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,697	55.6	\$0	0.0
1-500	2,867	43.1	174,195	59.2
501-1,000	53	0.8	36,749	12.5
1,001-1,500	19	0.3	22,720	7.7
1,501-2,000	5	0.1	8,271	2.8
2,001-2,500	3	0.0	6,985	2.4
2,501-3,000	2	0.0	5,554	1.9
3,001-3,500	2	0.0	6,673	2.3
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,219	1.4
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,082	1.7
5,501-6,000	1	0.0	5,917	2.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	1	0.0	7,087	2.4
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	10,901	3.7

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.
 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 2006.
 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 BENEFICIARIES, NEBRASKA, 2006

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	38,505	20,729	17,629	129	4	14	406,281	210,484	194,468	1,138	42	149
Age												
5 and younger	5	0	5	0	0	0	60	0	60	0	0	0
6-14	4	0	4	0	0	0	43	0	43	0	0	0
15-20	78	0	75	0	3	0	895	0	865	0	30	0
21-44	7,158	0	7,066	90	1	1	79,117	0	78,282	811	12	12
45-64	10,300	0	10,252	39	0	9	113,219	0	112,795	327	0	97
65-74	6,494	6,263	227	0	0	4	68,669	66,206	2,423	0	0	40
75-84	7,325	7,325	0	0	0	0	75,159	75,159	0	0	0	0
85 and older	7,141	7,141	0	0	0	0	69,119	69,119	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	24,715	15,297	9,320	83	1	14	262,076	157,627	103,512	776	12	149
Male	13,790	5,432	8,309	46	3	0	144,205	52,857	90,956	362	30	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	32,736	18,230	14,397	92	4	13	344,724	184,335	159,395	813	42	139
African American	2,931	1,111	1,799	21	0	0	31,903	11,914	19,805	184	0	0
Other/unknown	2,838	1,388	1,433	16	0	1	29,654	14,235	15,268	141	0	10
Use of Nursing Facilities^c												
Entire year	6,631	5,858	773	0	0	0	66,090	57,498	8,592	0	0	0
Part year	3,398	2,909	487	1	0	1	32,949	27,603	5,325	12	0	9
None	28,476	11,962	16,369	128	4	13	307,242	125,383	180,551	1,126	42	140
Maintenance Assistance Status												
Cash	9,824	3,212	6,564	48	0	0	109,532	35,346	73,748	438	0	0
Medically needy	12,004	10,073	1,872	58	1	0	114,326	94,470	19,376	468	12	0
Poverty related	16,302	7,429	8,856	0	3	14	178,110	80,507	97,424	0	30	149
Other/unknown	375	15	337	23	0	0	4,313	161	3,920	232	0	0
Dual Status^d												
Full dual, all year	37,436	20,221	17,068	129	4	14	395,108	205,179	188,600	1,138	42	149
Full dual, part year	1,069	508	561	0	0	0	11,173	5,305	5,868	0	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,567	10,976	4,560	15	2	14	151,320	102,450	48,629	68	24	149
FFS part year, with Rx claims	3,344	1,451	1,857	36	0	0	34,668	15,171	19,155	342	0	0
FFS part year, no Rx claims	1,831	903	918	10	0	0	16,884	8,200	8,622	62	0	0
MC all year, with Rx claims	11,213	4,211	6,940	60	2	0	130,077	48,854	80,584	621	18	0
MC all year, no Rx claims	6,550	3,188	3,354	8	0	0	73,332	35,809	37,478	45	0	0

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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 2006. 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 BENEFICIARIES, NEBRASKA, 2006

Beneficiary Characteristics	Beneficiaries and					
	Benefit Months in Cell F of Table 1	Included in Cell G of Table 1	Excluded from Cell G of Table 1	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries
All	38,505	406,281	31,955	298,464	0	107,817
Fee-for-service (FFS) all year	15,567	151,320	15,567	151,320	0	0
FFS part year, with Rx claims	3,344	34,668	3,344	11,542	0	23,126
FFS part year, with no Rx claims	1,831	16,884	1,831	5,525	0	11,359
Managed care (MC) all year, with Rx claims	11,213	130,077	11,213	130,077	0	0
MC all year, with no Rx claims	6,550	73,332	0	0	0	73,332

Source: Data for this table are from the MAX 2006 file for Nebraska, released by CMS in 3/2010. This table was produced on 02/12/2010.

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.

All Medicaid Beneficiaries