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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
NEBRASKA**

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**TABLE D.2**  
**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>31,525</b>	<b>17,035</b>	<b>14,290</b>	<b>179</b>	<b>5</b>	<b>16</b>	<b>296,572</b>	<b>156,327</b>	<b>138,958</b>	<b>1,107</b>	<b>42</b>	<b>138</b>
<b>Age</b>												
5 and younger	6	0	6	0	0	0	72	0	72	0	0	0
6-14	5	0	5	0	0	0	41	0	41	0	0	0
15-20	63	0	60	0	3	0	647	0	619	0	28	0
21-44	5,595	0	5,477	117	1	0	53,160	0	52,391	757	12	0
45-64	8,625	0	8,558	58	0	9	84,355	0	83,960	313	0	82
65-74	5,058	4,862	184	4	1	7	46,220	44,250	1,875	37	2	56
75-84	5,706	5,706	0	0	0	0	53,123	53,123	0	0	0	0
85 and older	6,467	6,467	0	0	0	0	58,954	58,954	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	20,725	12,693	7,906	108	2	16	197,742	118,887	77,969	727	21	138
Male	10,800	4,342	6,384	71	3	0	98,830	37,440	60,989	380	21	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	27,022	15,070	11,797	136	4	15	256,264	138,855	116,444	802	30	133
African American	2,195	841	1,329	25	0	0	20,574	8,140	12,220	214	0	0
Other/unknown	2,308	1,124	1,164	18	1	1	19,734	9,332	10,294	91	12	5
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,296	5,554	741	1	0	0	62,466	54,207	8,247	12	0	0
Part year	3,640	3,104	536	0	0	0	31,196	26,536	4,660	0	0	0
None	21,589	8,377	13,013	178	5	16	202,910	75,584	126,051	1,095	42	138
<b>Maintenance Assistance Status</b>												
Cash	7,201	2,185	4,961	55	0	0	73,114	21,848	50,891	375	0	0
Medically needy	11,903	9,958	1,869	74	2	0	110,458	91,249	18,731	454	24	0
Poverty-related	12,110	4,882	7,210	0	2	16	109,800	43,120	66,526	0	16	138
Other/unknown	311	10	250	50	1	0	3,200	110	2,810	278	2	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	30,466	16,506	13,761	178	5	16	289,693	152,739	135,668	1,106	42	138
Full dual, part year	1,059	529	529	1	0	0	6,879	3,588	3,290	1	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	15,610	10,844	4,727	19	4	16	152,135	101,375	50,525	64	33	138
FFS part year, with Rx claims	3,014	1,290	1,666	58	0	0	10,692	5,555	5,019	118	0	0
FFS part year, no Rx claims	1,902	883	1,000	19	0	0	5,735	2,762	2,944	29	0	0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

**TABLE D.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>53.9</b>	<b>5.5</b>	<b>\$210</b>	<b>\$38</b>	<b>\$16,248</b>	<b>1.3</b>	<b>31,525</b>
<b>Age</b>							
5 and younger	66.7	3.8	719	188	3,346	21.5	6
6-14	40.0	3.0	305	102	2,035	15.0	5
15-20	87.3	18.5	2,493	135	9,723	25.6	63
21-44	61.0	7.7	494	64	14,239	3.5	5,595
45-64	61.1	7.5	285	38	15,291	1.9	8,625
65-74	53.9	5.2	140	27	12,250	1.1	5,058
75-84	48.1	3.5	51	15	16,605	0.3	5,706
85 and older	43.0	2.9	37	13	22,161	0.2	6,467
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	47.6	3.7	65	18	17,470	0.4	17,035
Disabled	61.1	7.4	345	47	14,920	2.3	14,290
Adults	79.3	31.7	3,054	96	6,364	48.0	179
Children	20.0	1.2	1,114	929	2,140	52.1	5
Unknown	81.3	34.2	2,458	72	16,216	15.2	16
<b>Gender</b>							
Female	56.0	5.7	204	36	15,544	1.3	20,725
Male	50.0	5.2	221	43	17,600	1.3	10,800
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	53.9	5.6	203	36	17,456	1.2	27,022
African American	53.0	5.1	253	50	9,649	2.6	2,195
Other/unknown	55.2	5.5	253	46	8,377	3.0	2,308
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	48.6	4.5	79	18	35,283	0.2	6,296
Part year	54.6	4.9	120	25	22,659	0.5	3,640
None	55.4	6.0	263	44	9,616	2.7	21,589
<b>Maintenance Assistance Status</b>							
Cash	61.9	7.4	348	47	8,935	3.9	7,201
Medically needy	47.2	4.4	105	24	30,761	0.3	11,903
Poverty related	55.9	5.5	226	41	6,487	3.5	12,110
Other/unknown	49.8	6.2	392	63	10,218	3.8	311

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

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

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

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

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

**TABLE D.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
				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				
<b>All</b>	<b>0.6</b>	<b>\$22</b>	<b>1.3</b>	<b>46.1</b>	<b>42.4</b>	<b>5.1</b>	<b>3.5</b>	<b>1.7</b>	<b>1.2</b>	<b>\$1,727</b>	<b>31,525</b>	<b>296,572</b>
<b>Age</b>												
5 and younger	0.3	60	21.5	33.3	66.7	0.0	0.0	0.0	0.0	279	6	72
6-14	0.4	37	15.0	60.0	20.0	0.0	20.0	0.0	0.0	248	5	41
15-20	1.8	243	25.6	12.7	47.6	11.1	17.5	7.9	3.2	947	63	647
21-44	0.8	52	3.5	39.0	43.7	6.1	5.5	2.9	2.7	1,499	5,595	53,160
45-64	0.8	29	1.9	38.9	45.7	6.2	4.9	2.4	2.0	1,563	8,625	84,355
65-74	0.6	15	1.1	46.1	43.3	5.2	3.3	1.4	0.8	1,341	5,058	46,220
75-84	0.4	6	0.3	51.9	41.1	4.1	2.0	0.7	0.2	1,784	5,706	53,123
85 and older	0.3	4	0.2	57.0	37.2	3.6	1.5	0.5	0.2	2,431	6,467	58,954
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	7	0.4	52.4	40.2	4.2	2.1	0.8	0.3	1,904	17,035	156,327
Disabled	0.8	35	2.3	38.9	45.4	6.2	5.0	2.5	2.0	1,534	14,290	138,958
Adults	5.1	494	48.0	20.7	15.1	8.9	18.4	14.0	22.9	1,029	179	1,107
Children	0.1	133	52.1	80.0	20.0	0.0	0.0	0.0	0.0	255	5	42
Unknown	4.0	285	15.2	18.8	0.0	6.3	50.0	25.0	0.0	1,880	16	138
<b>Gender</b>												
Female	0.6	21	1.3	44.0	44.2	5.3	3.5	1.6	1.3	1,629	20,725	197,742
Male	0.6	24	1.3	50.0	38.8	4.7	3.7	1.7	1.1	1,923	10,800	98,830
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.6	21	1.2	46.1	42.5	5.1	3.4	1.6	1.2	1,841	27,022	256,264
African American	0.5	27	2.6	47.0	41.7	4.0	4.5	1.6	1.1	1,029	2,195	20,574
Other/unknown	0.6	30	3.0	44.8	41.8	5.9	3.9	1.9	1.7	980	2,308	19,734
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.4	8	0.2	51.4	40.7	5.0	1.9	0.7	0.3	3,556	6,296	62,466
Part year	0.6	14	0.5	45.4	43.6	5.0	3.7	1.3	0.8	2,644	3,640	31,196
None	0.6	28	2.7	44.6	42.6	5.2	4.0	2.0	1.6	1,023	21,589	202,910
<b>Maintenance Assistance Status</b>												
Cash	0.7	34	3.9	38.1	47.8	5.6	4.7	2.5	1.4	880	7,201	73,114
Medically needy	0.5	11	0.3	52.8	38.6	4.9	2.3	1.0	0.5	3,315	11,903	110,458
Poverty related	0.6	25	3.5	44.1	43.0	5.1	4.1	1.9	1.8	715	12,110	109,800
Other/unknown	0.6	38	3.8	50.2	36.7	3.5	3.9	1.3	4.5	993	311	3,200

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, 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 CHARACTERISTICS<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.6</b>	<b>\$22</b>	<b>\$38</b>	<b>0.1</b>	<b>\$15</b>	<b>\$168</b>	<b>0.0</b>	<b>\$1</b>	<b>\$87</b>	<b>0.5</b>	<b>\$7</b>	<b>\$13</b>
<b>Age</b>												
5 and younger	0.3	60	188	0.0	14	491	0.0	0	8	0.3	46	166
6-14	0.4	37	102	0.1	31	424	0.0	0	0	0.3	6	21
15-20	1.8	243	135	0.8	217	257	0.1	7	81	0.9	19	22
21-44	0.8	52	64	0.2	37	221	0.0	4	136	0.6	11	18
45-64	0.8	29	38	0.1	19	161	0.0	2	77	0.6	9	14
65-74	0.6	15	27	0.1	9	116	0.0	1	63	0.5	6	12
75-84	0.4	6	15	0.0	2	72	0.0	0	35	0.3	3	9
85 and older	0.3	4	13	0.0	1	61	0.0	0	28	0.3	3	9
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	7	18	0.0	3	88	0.0	0	45	0.4	4	10
Disabled	0.8	35	47	0.1	24	189	0.0	2	95	0.6	9	15
Adults	5.1	494	96	1.8	355	200	0.1	36	252	3.2	103	32
Children	0.1	133	929	0.1	133	929	0.0	0	0	0.0	0	0
Unknown	4.0	285	72	1.3	217	162	0.3	21	63	2.3	47	20
<b>Gender</b>												
Female	0.6	21	36	0.1	14	163	0.0	1	80	0.5	6	13
Male	0.6	24	43	0.1	16	178	0.0	2	100	0.5	7	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.6	21	36	0.1	14	166	0.0	1	75	0.5	7	13
African American	0.5	27	50	0.1	17	177	0.0	4	202	0.4	7	15
Other/unknown	0.6	30	46	0.1	21	177	0.0	2	80	0.5	7	14
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.4	8	18	0.0	4	89	0.0	0	36	0.4	4	10
Part year	0.6	14	25	0.1	8	113	0.0	1	52	0.5	6	11
None	0.6	28	44	0.1	19	184	0.0	2	97	0.5	7	15
<b>Maintenance Assistance Status</b>												
Cash	0.7	34	47	0.1	24	178	0.0	2	112	0.6	8	15
Medically needy	0.5	11	24	0.1	6	112	0.0	1	63	0.4	5	12
Poverty related	0.6	25	41	0.1	17	191	0.0	1	77	0.5	7	14
Other/unknown	0.6	38	63	0.1	28	192	0.0	1	105	0.4	8	19

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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.medi-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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Off-Brand-Brand-		Patent Generic	Total	Off-Brand-Brand-		Patent Generic	Total	Off-Brand-Brand-		Patent Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name			Patented Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$27	\$18	\$2	\$6	\$83	\$258	\$186	\$27	3,266	\$269,760	1,177	3.7	10,173
Biologicals	1.5	1.5	0.0	0.0	2,615	2,615	0	0	1743	1,743	0	0	9	15,688	1	0.0	6
Antineoplastic Agents	0.4	0.2	0.0	0.2	168	151	3	14	381	843	168	57	266	101,303	73	0.2	604
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	38	31	1	6	56	115	33	15	6,023	336,274	1,129	3.6	8,862
Cardiovascular Agents	1.1	0.3	0.1	0.7	42	25	8	10	39	90	68	14	12,317	485,233	1,493	4.7	11,477
Respiratory Agents	0.3	0.0	0.0	0.2	11	6	1	4	36	118	45	18	18,609	666,080	6,037	19.1	62,352
Gastrointestinal Agents	0.5	0.1	0.0	0.3	31	17	4	10	67	197	154	28	2,687	179,494	674	2.1	5,875
Genitourinary Agents	0.4	0.2	0.0	0.1	29	21	2	6	73	89	160	40	1,031	74,820	329	1.0	2,618
CNS Drugs	0.7	0.1	0.0	0.7	22	16	0	6	30	193	123	10	72,682	2,172,949	9,850	31.2	97,041
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	104	99	0	5	179	235	75	30	592	105,824	124	0.4	1,020
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	185	185	0	0	369	369	0	14	643	237,140	170	0.5	1,279
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	32	9	6	17	48	284	439	28	8,594	416,701	1,561	5.0	13,099
Neuromuscular Agents	0.8	0.1	0.0	0.7	31	20	2	10	38	200	207	14	27,004	1,027,233	3,398	10.8	33,152
Nutritional Products	0.4	0.0	0.0	0.4	7	1	1	5	15	18	17	15	4,831	74,716	1,201	3.8	11,356
Hematological Agents	0.6	0.1	0.0	0.5	13	8	0	4	21	129	26	7	13,712	286,930	2,268	7.2	22,415
Topical Products	0.3	0.1	0.0	0.2	16	12	0	4	53	109	45	22	1,917	101,602	722	2.3	6,297
Miscellaneous Products	0.4	0.1	0.0	0.2	122	103	8	10	338	775	180	57	189	63,932	65	0.2	526
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	83	2,518	39	0.1	372
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	174,455	6,618,197	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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, 0.7 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 2007. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$965,755	719	2.3	5,668	0.6	\$281	\$170
ULCER DRUGS	927,175	5,181	16.4	53,013	0.7	26	17
ANTICONVULSANT	832,115	3,234	10.3	31,714	0.8	34	26
COUGH/COLD/ALLERGY	601,721	12,484	39.6	131,905	0.2	19	5
ANTIANKXIETY AGENTS	446,204	8,182	26.0	81,812	0.6	8	5
ANTIDEPRESSANTS	365,507	1,296	4.1	10,312	0.5	70	35
LAXATIVES	351,950	15,440	49.0	157,967	0.5	4	2
ANTIDIABETIC	215,813	821	2.6	6,407	0.5	71	34
ANTIASTHMATIC	213,601	824	2.6	6,573	0.4	86	32
ANALGESICS - NonNarcotic	199,494	12,263	38.9	124,465	0.6	3	2
<b>Total</b>	<b>5,119,335</b>	<b>60,444</b>	<b>n.a.</b>	<b>609,836</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Months of Rx per Benefit Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months of Rx per Benefit Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>313,860</b>	<b>\$5,119,335</b>	<b>719</b>	<b>2.3</b>	<b>5,668</b>	<b>0.6</b>	<b>\$170</b>	<b>5,181</b>	<b>16.4</b>	<b>53,013</b>	<b>0.7</b>	<b>\$18</b>
<b>Female</b>												
All Females	219,715	3,344,812	428	2.1	3,305	0.6	161	3,586	17.3	36,800	0.7	17
<b>Female, Disabled</b>												
All Ages	72,951	1,880,047	294	3.7	2,296	0.6	180	1,338	16.9	13,930	0.6	17
5 and younger	6	90	0	0.0	0	0.0	0	1	50.0	12	0.3	7
6-14	4	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	224	50,692	5	21.7	38	1.0	688	4	17.4	37	0.5	25
21-44	20,983	759,629	152	5.4	1,190	0.6	192	417	14.8	4,244	0.5	15
45-64	50,345	1,040,140	130	2.6	1,014	0.5	147	898	18.1	9,438	0.6	17
65-74	1,389	29,488	7	6.9	54	0.8	160	18	17.6	199	0.6	13
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	146,764	1,464,765	134	1.0	1,009	0.6	118	2,248	17.5	22,870	0.7	18
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	1,225	137,771	37	48.7	311	0.6	167	26	34.2	216	0.4	16
45-64	424	43,102	9	22.5	80	0.4	143	11	27.5	90	0.5	39
65-74	29,470	410,504	32	1.0	261	0.7	157	576	18.0	6,055	0.7	17
75-84	44,265	388,308	22	0.5	140	0.4	58	715	17.3	7,510	0.7	18
85 and older	71,380	485,080	34	0.6	217	0.4	30	920	17.1	8,999	0.8	18
<b>Male</b>												
All Males	94,145	1,774,523	291	2.7	2,363	0.6	184	1,595	14.8	16,213	0.7	18
<b>Male, Disabled</b>												
All Ages	52,292	1,327,378	248	3.9	2,077	0.7	198	932	14.6	9,803	0.7	18
5 and younger	33	387	0	0.0	0	0.0	0	2	50.0	24	0.8	12
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	402	64,750	23	62.2	247	0.6	173	1	2.7	12	0.5	38
21-44	18,528	678,986	146	5.5	1,189	0.7	214	339	12.8	3,560	0.6	16
45-64	32,614	565,271	79	2.2	641	0.6	178	573	15.9	6,029	0.7	19
65-74	715	17,984	0	0.0	0	0.0	0	17	20.7	178	0.7	19
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	41,853	447,145	43	1.0	286	0.5	84	663	15.0	6,410	0.7	18
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	305	28,677	7	16.7	15	1.9	462	11	26.2	62	0.8	27
45-64	215	23,367	0	0.0	0	0.0	0	7	25.9	31	0.3	19
65-74	13,753	168,228	11	0.7	98	0.3	61	222	13.3	2,293	0.7	17
75-84	14,727	130,996	19	1.2	131	0.3	52	239	15.2	2,331	0.8	19
85 and older	12,853	95,877	6	0.5	42	0.8	98	184	16.7	1,693	0.8	18
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTICONVULSANT					COUGH/ COLD/ ALLERGY					ANTIANKXIETY 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
<b>All</b>	<b>3,234</b>	<b>10.3</b>	<b>31,714</b>	<b>0.8</b>	<b>\$26</b>	<b>12,484</b>	<b>39.6</b>	<b>131,905</b>	<b>0.2</b>	<b>\$5</b>	<b>8,182</b>	<b>26.0</b>	<b>81,812</b>	<b>0.6</b>	<b>\$6</b>
<b>Female</b>															
All Females	2,119	10.2	20,692	0.8	25	9,021	43.5	95,685	0.2	4	5,871	28.3	58,951	0.6	5
<b>Female, Disabled</b>															
All Ages	1,432	18.1	14,037	0.8	29	4,073	51.5	43,780	0.2	5	2,530	32.0	25,981	0.7	6
5 and younger	0	0.0	0	0.0	0	1	50.0	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	5	21.7	60	1.0	324	9	39.1	97	0.1	2	3	13.0	25	0.5	4
21-44	597	21.1	5,667	0.7	37	1,440	51.0	15,018	0.2	3	864	30.6	8,606	0.6	6
45-64	814	16.4	8,142	0.8	20	2,568	51.8	28,010	0.2	5	1,628	32.9	16,976	0.7	6
65-74	16	15.7	168	0.8	24	55	53.9	643	0.3	5	35	34.3	374	0.6	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	687	5.4	6,655	0.7	18	4,948	38.6	51,905	0.2	4	3,341	26.1	32,970	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	45	59.2	348	0.9	111	31	40.8	233	0.2	4	20	26.3	152	0.7	6
45-64	23	57.5	181	0.7	83	17	42.5	150	0.2	3	12	30.0	103	0.5	4
65-74	272	8.5	2,672	0.8	16	1,355	42.3	14,366	0.3	5	900	28.1	9,269	0.6	5
75-84	199	4.8	2,024	0.7	6	1,641	39.7	17,453	0.3	5	1,082	26.2	10,790	0.6	5
85 and older	148	2.8	1,430	0.7	6	1,904	35.5	19,703	0.2	4	1,327	24.7	12,656	0.6	5
<b>Male</b>															
All Males	1,115	10.3	11,022	0.8	29	3,463	32.1	36,220	0.2	5	2,311	21.4	22,861	0.7	6
<b>Male, Disabled</b>															
All Ages	922	14.4	9,310	0.8	30	1,930	30.2	20,652	0.2	5	1,414	22.1	14,489	0.7	7
5 and younger	0	0.0	0	0.0	0	4	100.0	48	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	15	40.5	168	0.5	75	9	24.3	75	0.2	5	5	13.5	53	0.1	1
21-44	450	17.0	4,453	0.8	42	784	29.5	8,374	0.2	5	544	20.5	5,619	0.7	6
45-64	449	12.5	4,613	0.8	18	1,110	30.8	11,907	0.2	5	846	23.5	8,616	0.7	7
65-74	8	9.8	76	0.6	29	23	28.0	248	0.3	5	19	23.2	201	0.6	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
<b>Male, Other Eligibles</b>															
All Ages	193	4.4	1,712	0.7	19	1,533	34.7	15,568	0.3	5	897	20.3	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	8	19.0	47	0.6	97	12	28.6	85	0.3	6	7	16.7	48	1.0	6
45-64	10	37.0	47	1.6	282	7	25.9	33	0.2	8	5	18.5	24	1.5	12
65-74	84	5.0	816	0.7	10	554	33.2	5,775	0.3	6	319	19.1	3,082	0.6	6
75-84	62	3.9	586	0.6	7	556	35.3	5,727	0.3	5	325	20.6	3,099	0.6	5
85 and older	29	2.6	216	0.6	8	404	36.7	3,948	0.3	5	241	21.9	2,119	0.5	4

Unknown

0 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 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					LAXATIVES					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,296</b>	<b>4.1</b>	<b>10,312</b>	<b>0.5</b>	<b>\$35</b>	<b>15,440</b>	<b>49.0</b>	<b>157,967</b>	<b>0.5</b>	<b>\$2</b>	<b>821</b>	<b>2.6</b>	<b>6,407</b>	<b>0.5</b>	<b>\$34</b>
<b>Female</b>															
All Females	893	4.3	7,026	0.5	37	10,919	52.7	111,577	0.5	2	531	2.6	4,300	0.4	32
<b>Female, Disabled</b>															
All Ages	588	7.4	4,796	0.5	42	2,332	29.5	25,198	0.5	3	271	3.4	2,272	0.5	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	34.8	96	0.7	32	4	17.4	48	0.1	2	2	8.7	16	0.1	11
21-44	261	9.2	2,221	0.5	40	598	21.2	6,444	0.5	3	58	2.1	431	0.5	38
45-64	308	6.2	2,351	0.5	45	1,680	33.9	18,169	0.5	2	204	4.1	1,745	0.5	41
65-74	11	10.8	128	0.6	21	50	49.0	537	0.6	3	7	6.9	80	0.7	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	305	2.4	2,230	0.5	27	8,587	67.0	86,379	0.5	2	260	2.0	2,028	0.4	22
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	63	82.9	495	0.6	61	11	14.5	109	0.2	2	9	11.8	78	0.6	24
45-64	33	82.5	277	0.4	32	5	12.5	55	0.1	3	4	10.0	26	0.5	51
65-74	81	2.5	659	0.5	22	1,276	39.8	13,294	0.5	2	112	3.5	943	0.5	32
75-84	48	1.2	295	0.3	10	2,572	62.3	25,938	0.5	2	77	1.9	549	0.3	15
85 and older	80	1.5	504	0.4	9	4,723	88.0	46,983	0.5	2	58	1.1	432	0.2	7
<b>Male</b>															
All Males	403	3.7	3,286	0.5	32	4,521	41.9	46,390	0.6	2	290	2.7	2,107	0.5	38
<b>Male, Disabled</b>															
All Ages	298	4.7	2,623	0.5	31	2,007	31.4	21,735	0.6	3	165	2.6	1,296	0.6	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	17	45.9	181	0.4	30	4	10.8	48	0.2	1	0	0.0	0	0.0	0
21-44	151	5.7	1,371	0.5	31	603	22.7	6,669	0.6	3	43	1.6	370	0.5	43
45-64	126	3.5	1,023	0.6	31	1,363	37.8	14,613	0.6	3	108	3.0	814	0.6	38
65-74	4	4.9	48	0.4	19	37	45.1	405	0.4	2	14	17.1	112	0.7	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	105	2.4	663	0.5	35	2,514	56.9	24,655	0.5	2	125	2.8	811	0.5	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	35.7	75	0.9	89	2	4.8	24	0.1	1	7	16.7	19	1.6	271
45-64	8	29.6	46	0.8	106	0	0.0	0	0.0	0	4	14.8	18	2.5	213
65-74	25	1.5	220	0.4	39	701	42.0	7,321	0.6	3	63	3.8	468	0.5	32
75-84	41	2.6	242	0.4	8	910	57.7	8,873	0.5	2	26	1.6	135	0.4	13
85 and older	16	1.5	80	0.5	10	901	81.9	8,437	0.5	2	25	2.3	171	0.3	6
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - NonNarcotic						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>824</b>	<b>2.6</b>	<b>6,573</b>	<b>0.4</b>	<b>\$33</b>	<b>12,263</b>	<b>38.9</b>	<b>124,465</b>	<b>0.6</b>	<b>\$2</b>	<b>31,525</b>	<b>296,572</b>
<b>Female</b>												
All Females	534	2.6	4,566	0.3	31	8,815	42.5	89,521	0.6	2	20,725	197,742
<b>Female, Disabled</b>												
All Ages	330	4.2	3,062	0.3	33	1,492	18.9	16,100	0.5	2	7,906	77,969
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	0	2	24
6-14	0	0.0	0	0.0	0	2	100.0	24	0.2	0	2	24
15-20	5	21.7	59	0.2	10	0	0.0	0	0.0	0	23	253
21-44	104	3.7	946	0.3	26	305	10.8	3,208	0.3	2	2,823	27,153
45-64	211	4.3	1,949	0.4	39	1,146	23.1	12,443	0.5	2	4,954	49,402
65-74	10	9.8	108	0.2	10	38	37.3	413	0.6	3	102	1,113
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	204	1.6	1,504	0.3	25	7,323	57.1	73,421	0.6	2	12,819	119,773
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	21
21-44	35	46.1	245	0.4	40	3	3.9	25	0.2	1	76	544
45-64	9	22.5	67	0.2	28	5	12.5	30	0.2	2	40	264
65-74	77	2.4	624	0.4	28	1,100	34.3	11,536	0.5	2	3,205	30,085
75-84	53	1.3	351	0.4	20	2,217	53.7	22,312	0.6	2	4,129	39,203
85 and older	30	0.6	217	0.3	11	3,998	74.5	39,518	0.7	2	5,367	49,656
<b>Male</b>												
All Males	290	2.7	2,007	0.5	37	3,448	31.9	34,944	0.5	1	10,800	98,830
<b>Male, Disabled</b>												
All Ages	188	2.9	1,438	0.5	36	1,216	19.0	13,068	0.5	1	6,384	60,989
5 and younger	0	0.0	0	0.0	0	3	75.0	36	0.3	1	4	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	17
15-20	6	16.2	66	0.3	30	2	5.4	18	0.7	2	37	366
21-44	79	3.0	675	0.4	31	301	11.3	3,266	0.3	1	2,654	25,238
45-64	96	2.7	626	0.6	43	889	24.7	9,549	0.5	1	3,604	34,558
65-74	7	8.5	71	0.4	35	21	25.6	199	0.3	1	82	762
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	102	2.3	569	0.4	37	2,232	50.5	21,876	0.6	1	4,416	37,841
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	7
21-44	6	14.3	19	1.1	147	4	9.5	48	0.1	1	42	225
45-64	5	18.5	14	0.5	20	1	3.7	11	0.1	0	27	131
65-74	52	3.1	332	0.5	47	598	35.8	6,201	0.5	1	1,669	14,260
75-84	23	1.5	105	0.4	18	832	52.8	8,241	0.6	1	1,577	13,920
85 and older	16	1.5	99	0.2	7	797	72.5	7,375	0.6	1	1,100	9,298
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$8</b>	<b>0.4</b>	<b>6,296</b>	<b>62,466</b>
<b>Age</b>				
0-64	18	0.8	718	8,029
65-74	17	0.7	834	8,670
75-84	5	0.4	1,675	16,551
85 and older	4	0.3	3,069	29,216
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	8	0.4	4,564	45,420
Male	9	0.5	1,732	17,046
Unknown	0	0.0	0	0
<b>Race</b>				
White	8	0.4	5,900	58,429
African American	8	0.5	196	2,036
Other/unknown	21	0.7	200	2,001
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.4	5,554	54,207
Disabled	20	0.8	741	8,247
Adults	5	1.0	1	12
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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<sup>a, b, c, d, e</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$9	\$5	\$0	\$4	\$31	\$83	\$32	\$17	255	\$7,819	112	1.8	869
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	0.6	0.3	0.0	0.3	101	83	0	19	157	265	0	56	31	4,869	10	0.2	48
Endocrine/Metabolic Drugs	0.6	0.3	0.0	0.3	28	24	0	4	43	80	11	12	580	25,191	124	2.0	905
Cardiovascular Agents	1.0	0.2	0.1	0.7	25	12	4	9	25	65	49	13	1,332	33,351	189	3.0	1,347
Respiratory Agents	0.3	0.0	0.0	0.2	6	2	0	4	24	83	38	17	2,057	49,777	756	12.0	8,126
Gastrointestinal Agents	0.5	0.1	0.0	0.4	19	12	1	7	39	175	103	16	351	13,626	86	1.4	707
Genitourinary Agents	0.5	0.3	0.0	0.2	28	18	1	9	57	67	76	44	243	13,928	70	1.1	501
CNS Drugs	0.7	0.0	0.0	0.7	10	5	0	5	14	108	63	8	13,634	190,417	1,946	30.9	19,593
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	19	16	0	3	36	64	0	12	28	1,012	6	0.1	53
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	64	64	0	0	127	127	0	0	188	23,790	60	1.0	371
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	12	1	0	11	23	90	6	21	473	10,657	116	1.8	886
Neuromuscular Agents	0.9	0.0	0.0	0.9	15	4	1	11	17	115	99	12	3,105	52,731	340	5.4	3,411
Nutritional Products	0.5	0.0	0.1	0.3	6	1	1	4	13	14	17	12	1,037	13,469	240	3.8	2,303
Hematological Agents	0.7	0.1	0.0	0.7	7	3	0	4	10	60	24	6	4,507	46,308	621	9.9	6,328
Topical Products	0.3	0.1	0.0	0.2	10	6	0	3	32	57	49	18	217	7,050	89	1.4	728
Miscellaneous Products	0.3	0.0	0.0	0.3	4	0	0	4	15	9	0	15	22	322	9	0.1	78
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	20	0	0	0	12	242	10	0.2	108
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	28,072	494,559	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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.medi-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.medi-span.com/master-drug-database.aspx>.
- In Nebraska, 0.7 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

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	\$224,522	1,096	17.4	11,588	0.8	\$24	\$19	
LAXATIVES	164,195	6,475	102.8	68,082	0.6	4	2	
COUGH/COLD/ALLERGY	119,286	2,671	42.4	29,019	0.3	16	4	
ANALGESICS - NonNarcotic	96,425	5,004	79.5	51,913	0.7	3	2	
ANTIANSXIETY AGENTS	93,019	1,768	28.1	17,966	0.6	8	5	
ANTIPSYCHOTICS	65,942	86	1.4	689	0.5	179	96	
OPHTHALMIC	61,231	1,805	28.7	19,540	0.4	8	3	
MULTIVITAMINS	58,304	3,196	50.8	33,413	0.8	2	2	
MINERALS & ELECTROLYTES	52,863	1,840	29.2	19,203	0.8	3	3	
HEMATOPOIETIC AGENTS	47,564	1,453	23.1	15,080	0.7	5	3	
Total	983,351	25,394	n.a.	266,493	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			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 \$
<b>All</b>	<b>163,049</b>	<b>\$983,351</b>	<b>1,096</b>	<b>17.4</b>	<b>11,588</b>	<b>0.8</b>	<b>\$19</b>	<b>6,475</b>	<b>102.8</b>	<b>68,082</b>	<b>0.6</b>	<b>\$2</b>
<b>Female</b>												
All Females	122,589	726,181	797	17.5	8,419	0.8	19	4,780	104.7	50,297	0.6	2
<b>Female, Disabled</b>												
All Ages	12,103	96,826	77	21.0	889	0.9	20	464	126.8	5,363	0.6	3
64 or younger	11,761	86,576	76	21.7	883	0.9	20	446	127.1	5,191	0.6	3
65-74	342	10,250	1	6.7	6	1.2	24	18	120.0	172	0.5	4
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	110,486	629,355	720	17.2	7,530	0.8	19	4,316	102.8	44,934	0.6	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	13,469	105,857	96	20.5	1,068	0.8	18	487	104.1	5,386	0.6	2
75-84	30,080	177,781	208	17.9	2,214	0.8	19	1,123	96.7	11,780	0.6	2
85 and older	66,937	345,717	416	16.2	4,248	0.8	19	2,706	105.3	27,768	0.6	2
<b>Male</b>												
All Males	40,460	257,170	299	17.3	3,169	0.8	20	1,695	97.9	17,785	0.6	3
<b>Male, Disabled</b>												
All Ages	10,518	81,382	76	20.3	874	0.8	20	424	113.1	4,835	0.7	3
64 or younger	10,341	79,869	73	19.9	848	0.8	20	416	113.4	4,749	0.7	3
65-74	177	1,513	3	37.5	26	0.6	21	8	100.0	86	0.4	3
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	29,942	175,788	223	16.4	2,295	0.9	20	1,271	93.7	12,950	0.6	2
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,889	46,495	60	17.5	663	0.8	19	298	86.9	3,327	0.6	3
75-84	10,998	69,375	85	16.5	887	0.9	22	464	90.3	4,651	0.5	3
85 and older	11,055	59,918	78	15.6	745	0.9	20	509	101.8	4,972	0.6	2
<b>Unknown</b>	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 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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 2007 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.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	COUGH/COLD/ALLERGY					ANALGESICS - NonNarcotic					ANTIANKXIETY AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>2,671</b>	<b>42.4</b>	<b>29,019</b>	<b>0.3</b>	<b>\$4</b>	<b>5,004</b>	<b>79.5</b>	<b>51,913</b>	<b>0.7</b>	<b>\$2</b>	<b>1,768</b>	<b>28.1</b>	<b>17,966</b>	<b>0.6</b>	<b>\$5</b>
<b>Female</b>															
All Females	1,972	43.2	21,520	0.3	4	3,714	81.4	38,535	0.7	2	1,300	28.5	13,174	0.6	5
<b>Female, Disabled</b>															
All Ages	207	56.6	2,399	0.3	5	249	68.0	2,909	0.6	2	144	39.3	1,615	0.7	6
64 or younger	203	57.8	2,357	0.3	5	239	68.1	2,813	0.6	2	141	40.2	1,591	0.7	6
65-74	4	26.7	42	0.2	2	10	66.7	96	0.6	1	3	20.0	24	0.7	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,765	42.0	19,121	0.2	4	3,465	82.5	35,626	0.7	2	1,156	27.5	11,559	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	233	49.8	2,672	0.3	6	359	76.7	4,030	0.7	2	177	37.8	1,911	0.7	5
75-84	527	45.4	5,724	0.3	4	936	80.6	9,732	0.7	2	320	27.6	3,274	0.6	5
85 and older	1,005	39.1	10,725	0.2	3	2,170	84.5	21,864	0.7	2	659	25.7	6,374	0.6	5
<b>Male</b>															
All Males	699	40.4	7,499	0.3	4	1,290	74.5	13,378	0.7	2	468	27.0	4,792	0.7	6
<b>Male, Disabled</b>															
All Ages	152	40.5	1,715	0.3	5	236	62.9	2,685	0.6	2	129	34.4	1,430	0.8	7
64 or younger	146	39.8	1,662	0.3	5	231	62.9	2,625	0.6	2	127	34.6	1,416	0.8	7
65-74	6	75.0	53	0.3	6	5	62.5	60	0.1	0	2	25.0	14	0.3	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	547	40.3	5,784	0.3	4	1,054	77.7	10,693	0.7	2	339	25.0	3,362	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	142	41.4	1,621	0.3	4	252	73.5	2,809	0.6	2	85	24.8	903	0.7	6
75-84	205	39.9	2,183	0.3	4	388	75.5	3,905	0.7	2	134	26.1	1,349	0.6	5
85 and older	200	40.0	1,980	0.3	5	414	82.8	3,979	0.7	2	120	24.0	1,110	0.6	4
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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 2007 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.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTIPSYCHOTICS					OPHTHALMIC					MULTIVITAMINS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>86</b>	<b>1.4</b>	<b>689</b>	<b>0.5</b>	<b>\$96</b>	<b>1,805</b>	<b>28.7</b>	<b>19,540</b>	<b>0.4</b>	<b>\$3</b>	<b>3,196</b>	<b>50.8</b>	<b>33,413</b>	<b>0.8</b>	<b>\$2</b>
<b>Female</b>															
All Females	64	1.4	499	0.6	103	1,418	31.1	15,336	0.4	3	2,395	52.5	25,060	0.8	2
<b>Female, Disabled</b>															
All Ages	17	4.6	172	0.6	129	97	26.5	1,118	0.4	3	207	56.6	2,424	0.8	2
64 or younger	10	2.8	118	0.5	114	91	25.9	1,052	0.3	3	200	57.0	2,363	0.8	2
65-74	7	46.7	54	0.8	160	6	40.0	66	0.5	4	7	46.7	61	0.7	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
<b>Female, Other Eligibles</b>															
All Ages	47	1.1	327	0.6	89	1,321	31.5	14,218	0.4	3	2,188	52.1	22,636	0.8	2
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	18	3.8	137	0.8	160	110	23.5	1,230	0.4	3	226	48.3	2,487	0.8	2
75-84	5	0.4	17	0.9	166	335	28.9	3,730	0.4	3	578	49.8	6,082	0.8	2
85 and older	24	0.9	173	0.3	26	876	34.1	9,258	0.4	3	1,384	53.9	14,067	0.8	2
<b>Male</b>															
All Males	22	1.3	190	0.4	77	387	22.3	4,204	0.3	3	801	46.2	8,353	0.8	2
<b>Male, Disabled</b>															
All Ages	15	4.0	134	0.5	96	77	20.5	881	0.3	3	181	48.3	2,045	0.8	3
64 or younger	15	4.1	134	0.5	96	75	20.4	857	0.4	3	175	47.7	1,983	0.8	3
65-74	0	0.0	0	0.0	0	2	25.0	24	0.2	3	6	75.0	62	0.6	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
<b>Male, Other Eligibles</b>															
All Ages	7	0.5	56	0.3	33	310	22.8	3,323	0.3	3	620	45.7	6,308	0.8	2
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	0.6	22	0.3	25	57	16.6	634	0.4	3	151	44.0	1,670	0.8	2
75-84	4	0.8	25	0.2	38	106	20.6	1,169	0.3	2	225	43.8	2,239	0.8	2
85 and older	1	0.2	9	0.6	37	147	29.4	1,520	0.3	3	244	48.8	2,399	0.8	2
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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 2007 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.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	MINERALS & ELECTROLYTES					HEMATOPOIETIC AGENTS						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>1,840</b>	<b>29.2</b>	<b>19,203</b>	<b>0.8</b>	<b>\$3</b>	<b>1,453</b>	<b>23.1</b>	<b>15,080</b>	<b>0.7</b>	<b>\$3</b>	<b>6,296</b>	<b>62,466</b>
<b>Female</b>												
All Females	1,524	33.4	15,917	0.8	3	1,063	23.3	11,042	0.7	3	4,564	45,420
<b>Female, Disabled</b>												
All Ages	137	37.4	1,585	0.8	4	80	21.9	907	0.6	3	366	4,124
64 or younger	133	37.9	1,549	0.8	4	76	21.7	870	0.6	3	351	3,980
65-74	4	26.7	36	0.9	6	4	26.7	37	0.7	1	15	144
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	1,387	33.0	14,332	0.8	3	983	23.4	10,135	0.7	3	4,198	41,296
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	164	35.0	1,850	0.8	3	104	22.2	1,155	0.7	4	468	4,924
75-84	367	31.6	3,897	0.8	3	298	25.7	3,156	0.7	4	1,161	11,660
85 and older	856	33.3	8,585	0.8	3	581	22.6	5,824	0.6	3	2,569	24,712
<b>Male</b>												
All Males	316	18.2	3,286	0.7	3	390	22.5	4,038	0.7	3	1,732	17,046
<b>Male, Disabled</b>												
All Ages	84	22.4	958	0.7	3	72	19.2	804	0.7	3	375	4,123
64 or younger	82	22.3	934	0.7	3	67	18.3	754	0.7	3	367	4,049
65-74	2	25.0	24	0.5	4	5	62.5	50	0.9	2	8	74
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	232	17.1	2,328	0.7	3	318	23.4	3,234	0.7	4	1,357	12,923
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	54	15.7	552	0.7	3	76	22.2	848	0.7	4	343	3,528
75-84	98	19.1	981	0.7	3	133	25.9	1,310	0.6	4	514	4,891
85 and older	80	16.0	795	0.7	2	109	21.8	1,076	0.7	3	500	4,504
<b>Unknown</b>	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 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A total of 3,640 beneficiaries who were in nursing facilities for part of their enrollment and their 31,196 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 2007. 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 2007 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<sup>a,b</sup>  
NEBRASKA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>25,428</b>	<b>80.7</b>	<b>15.0</b>	<b>473,024</b>	<b>\$106</b>	<b>\$3,332,237</b>	<b>\$7</b>	<b>50.3</b>	<b>31,525</b>
<b>Age</b>									
5 and younger	6	100.0	14.5	87	676	4,055	47	94.0	6
6-14	4	80.0	11.2	56	70	349	6	22.9	5
15-20	35	55.6	3.8	242	45	2,843	12	1.8	63
21-44	4,029	72.0	8.7	48,652	81	453,658	9	16.4	5,595
45-64	6,924	80.3	13.5	116,553	115	994,345	9	40.5	8,625
65-74	3,950	78.1	13.4	67,792	100	503,657	7	71.2	5,058
75-84	4,783	83.8	17.0	97,156	107	610,916	6	210.0	5,706
85 and older	5,697	88.1	22.0	142,486	118	762,414	5	320.5	6,467
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	14,269	83.8	17.9	304,610	109	1,853,869	6	167.9	17,035
Disabled	11,029	77.2	11.7	167,412	103	1,464,869	9	29.8	14,290
Adults	119	66.5	5.1	921	72	12,831	14	2.3	179
Children	1	20.0	1.2	6	2	12	2	0.2	5
Unknown	10	62.5	4.7	75	41	656	9	1.7	16
<b>Gender</b>									
Female	17,443	84.2	16.4	339,166	112	2,326,469	7	55.0	20,725
Male	7,985	73.9	12.4	133,858	93	1,005,768	8	42.2	10,800
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	22,063	81.6	16.0	433,486	111	3,001,547	7	54.8	27,022
African American	1,683	76.7	8.9	19,541	75	165,251	8	29.8	2,195
Other/unknown	1,682	72.9	8.7	19,997	72	165,439	8	28.4	2,308
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	5,773	91.7	28.4	178,873	155	977,479	5	197.6	6,296
Part year	3,252	89.3	19.4	70,786	112	406,041	6	92.9	3,640
None	16,403	76.0	10.3	223,365	90	1,948,717	9	34.3	21,589
<b>Maintenance Assistance Status</b>									
Cash	5,934	82.4	11.5	82,765	99	711,492	9	28.4	7,201
Medically needy	10,154	85.3	24.0	285,401	134	1,596,067	6	127.2	11,903
Poverty related	9,143	75.5	8.5	103,022	83	1,008,952	10	36.9	12,110
Other/unknown	197	63.3	5.9	1,836	51	15,726	9	12.9	311

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic

Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
NEBRASKA, 2007

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
<b>All</b>	<b>1.6</b>	<b>\$11</b>	<b>\$7</b>	<b>\$0</b>	<b>\$2</b>	<b>296,572</b>
<b>Age</b>						
5 and younger	1.2	56	47	0	0	72
6-14	1.4	9	6	0	0	41
15-20	0.4	4	12	0	0	647
21-44	0.9	9	9	0	3	53,160
45-64	1.4	12	9	0	3	84,355
65-74	1.5	11	7	0	2	46,220
75-84	1.8	12	6	0	2	53,123
85 and older	2.4	13	5	0	1	58,954
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.9	12	6	0	2	156,327
Disabled	1.2	11	9	0	3	138,958
Adults	0.8	12	14	0	3	1,107
Children	0.1	0	2	0	0	42
Unknown	0.5	5	9	0	2	138
<b>Gender</b>						
Female	1.7	12	7	0	2	197,742
Male	1.4	10	8	0	2	98,830
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	1.7	12	7	0	2	256,264
African American	0.9	8	8	0	1	20,574
Other/unknown	1.0	8	8	0	2	19,734
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.9	16	5	0	2	62,466
Part year	2.3	13	6	0	2	31,196
None	1.1	10	9	0	2	202,910
<b>Maintenance Assistance Status</b>						
Cash	1.1	10	9	0	3	73,114
Medically needy	2.6	14	6	0	2	110,458
Poverty related	0.9	9	10	0	2	109,800
Other/unknown	0.6	5	9	0	2	3,200

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
NEBRASKA, 2007

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	
<b>All</b>	<b>37,986</b>	<b>\$88</b>	<b>\$3,332,237</b>	<b>100.0</b>	<b>473,024</b>	<b>\$7</b>	<b>100.0</b>
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	4	9	35	0.0	4	9	0.0
Cough and cold medications	5,007	52	260,189	7.8	13,266	20	2.8
Vitamins and minerals	1,047	61	63,504	1.9	4,188	15	0.9
Non-prescription drugs	21,121	109	2,293,407	68.8	374,165	6	79.1
Barbiturates	336	71	23,957	0.7	3,533	7	0.7
Benzodiazepines	10,160	66	667,025	20.0	76,822	9	16.2
Other Part D Excl Rx Drugs	311	78	24,120	0.7	1,046	23	0.2

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 NEBRASKA, 2007

Total Number of Dual Eligible Beneficiaries: 31,525  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$6,618,197  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$209

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,525	46.1	\$0	0.0
1-500	15,417	48.9	1,225,790	18.5
501-1,000	508	1.6	356,278	5.4
1,001-1,500	199	0.6	248,350	3.8
1,501-2,000	143	0.5	248,672	3.8
2,001-2,500	121	0.4	269,106	4.1
2,501-3,000	100	0.3	275,251	4.2
3,001-3,500	70	0.2	228,122	3.4
3,501-4,000	55	0.2	205,557	3.1
4,001-4,500	38	0.1	160,100	2.4
4,501-5,000	47	0.1	222,274	3.4
5,001-5,500	36	0.1	190,236	2.9
5,501-6,000	24	0.1	137,741	2.1
6,001-6,500	22	0.1	137,302	2.1
6,501-7,000	20	0.1	134,782	2.0
7,001-7,500	17	0.1	123,161	1.9
7,501-8,000	13	0.0	101,246	1.5
8,001-8,500	11	0.0	91,161	1.4
8,501-9,000	12	0.0	104,362	1.6
9,001-9,500	13	0.0	120,422	1.8
9,501-10,000	9	0.0	86,977	1.3
10,001+	125	0.4	1,951,307	29.5

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b, c</sup>  
 NEBRASKA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,106  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$4,806,580  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$340

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	5,506	39.0	\$0	0.0	
1-500	7,476	53.0	689,893	14.4	
501-1,000	324	2.3	227,782	4.7	
1,001-1,500	143	1.0	178,045	3.7	
1,501-2,000	105	0.7	182,444	3.8	
2,001-2,500	96	0.7	214,624	4.5	
2,501-3,000	71	0.5	195,915	4.1	
3,001-3,500	53	0.4	172,701	3.6	
3,501-4,000	45	0.3	168,048	3.5	
4,001-4,500	22	0.2	92,988	1.9	
4,501-5,000	32	0.2	151,191	3.1	
5,001-5,500	25	0.2	131,522	2.7	
5,501-6,000	16	0.1	92,530	1.9	
6,001-6,500	17	0.1	105,573	2.2	
6,501-7,000	13	0.1	87,640	1.8	
7,001-7,500	12	0.1	86,958	1.8	
7,501-8,000	10	0.1	78,202	1.6	
8,001-8,500	8	0.1	66,417	1.4	
8,501-9,000	9	0.1	78,357	1.6	
9,001-9,500	12	0.1	111,327	2.3	
9,501-10,000	8	0.1	77,386	1.6	
10,001+	103	0.7	1,617,037	33.6	

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- 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<sup>a, b</sup>  
 NEBRASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 17,231  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,235,725  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$71

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,978	52.1	0	0.0
1-500	7,900	45.8	530,038	42.9
501-1,000	168	1.0	116,830	9.5
1,001-1,500	48	0.3	59,987	4.9
1,501-2,000	32	0.2	55,511	4.5
2,001-2,500	20	0.1	43,638	3.5
2,501-3,000	21	0.1	57,876	4.7
3,001-3,500	11	0.1	35,726	2.9
3,501-4,000	7	0.0	26,297	2.1
4,001-4,500	12	0.1	50,154	4.1
4,501-5,000	8	0.0	37,939	3.1
5,001-5,500	7	0.0	37,238	3.0
5,501-6,000	3	0.0	17,073	1.4
6,001-6,500	3	0.0	19,118	1.5
6,501-7,000	1	0.0	6,571	0.5
7,001-7,500	2	0.0	14,521	1.2
7,501-8,000	1	0.0	7,718	0.6
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	1	0.0	9,591	0.8
10,001+	8	0.0	109,899	8.9

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b</sup>  
 NEBRASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 5,058  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$706,987  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$139

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,331	46.1	\$0	0.0
1-500	2,523	49.9	186,357	26.4
501-1,000	73	1.4	50,334	7.1
1,001-1,500	26	0.5	32,348	4.6
1,501-2,000	18	0.4	30,734	4.3
2,001-2,500	18	0.4	39,517	5.6
2,501-3,000	15	0.3	40,683	5.8
3,001-3,500	8	0.2	25,998	3.7
3,501-4,000	6	0.1	22,308	3.2
4,001-4,500	11	0.2	46,137	6.5
4,501-5,000	5	0.1	23,491	3.3
5,001-5,500	6	0.1	32,058	4.5
5,501-6,000	3	0.1	17,073	2.4
6,001-6,500	3	0.1	19,118	2.7
6,501-7,000	1	0.0	6,571	0.9
7,001-7,500	1	0.0	7,052	1.0
7,501-8,000	1	0.0	7,718	1.1
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	1	0.0	9,591	1.4
10,001+	8	0.2	109,899	15.5

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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<sup>a, b</sup>  
 NEBRASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 5,706  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$290,847  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$51

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,963	51.9	\$0	0.0
1-500	2,652	46.5	177,647	61.1
501-1,000	60	1.1	42,658	14.7
1,001-1,500	12	0.2	14,899	5.1
1,501-2,000	8	0.1	14,163	4.9
2,001-2,500	1	0.0	2,093	0.7
2,501-3,000	3	0.1	8,485	2.9
3,001-3,500	3	0.1	9,728	3.3
3,501-4,000	1	0.0	3,989	1.4
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,536	1.6
5,001-5,500	1	0.0	5,180	1.8
5,501-6,000	0	0.0	0	0.0
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	7,469	2.6
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

- 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 2007.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 NEBRASKA, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 6,467  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$237,891  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$36

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,684	57.0	\$0	0.0
1-500	2,725	42.1	166,034	69.8
501-1,000	35	0.5	23,838	10.0
1,001-1,500	10	0.2	12,740	5.4
1,501-2,000	6	0.1	10,614	4.5
2,001-2,500	1	0.0	2,028	0.9
2,501-3,000	3	0.0	8,708	3.7
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,017	1.7
4,501-5,000	2	0.0	9,912	4.2
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
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+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007.

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

All Medicaid Beneficiaries

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL BENEFICIARIES, NEBRASKA, 2007**

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>38,563</b>	<b>20,417</b>	<b>17,932</b>	<b>193</b>	<b>5</b>	<b>16</b>	<b>407,899</b>	<b>207,854</b>	<b>198,061</b>	<b>1,804</b>	<b>42</b>	<b>138</b>
<b>Age</b>												
5 and younger	6	0	6	0	0	0	72	0	72	0	0	0
6-14	5	0	5	0	0	0	48	0	48	0	0	0
15-20	71	0	68	0	3	0	803	0	775	0	28	0
21-44	7,151	0	7,025	125	1	0	79,313	0	78,131	1,170	12	0
45-64	10,664	0	10,591	64	0	9	117,251	0	116,572	597	0	82
65-74	6,608	6,359	237	4	1	7	69,868	67,310	2,463	37	2	56
75-84	7,051	7,051	0	0	0	0	73,013	73,013	0	0	0	0
85 and older	7,007	7,007	0	0	0	0	67,531	67,531	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	24,666	15,014	9,522	112	2	16	261,659	154,482	105,945	1,073	21	138
Male	13,897	5,403	8,410	81	3	0	146,240	53,372	92,116	731	21	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	32,535	17,809	14,563	144	4	15	343,556	180,566	161,519	1,308	30	133
African American	2,995	1,102	1,867	26	0	0	32,666	11,849	20,528	289	0	0
Other/unknown	3,033	1,506	1,502	23	1	1	31,677	15,439	16,014	207	12	5
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,300	5,557	742	1	0	0	62,585	54,311	8,262	12	0	0
Part year	3,711	3,168	543	0	0	0	36,145	30,403	5,742	0	0	0
None	28,552	11,692	16,647	192	5	16	309,169	123,140	184,057	1,792	42	138
<b>Maintenance Assistance Status</b>												
Cash	9,743	3,161	6,524	58	0	0	108,763	34,855	73,359	549	0	0
Medically needy	11,914	9,962	1,871	79	2	0	113,675	93,603	19,360	688	24	0
Poverty related	16,467	7,280	9,169	0	2	16	180,375	79,237	100,984	0	16	138
Other/unknown	439	14	368	56	1	0	5,086	159	4,358	567	2	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	37,504	19,888	17,403	192	5	16	396,602	202,272	192,358	1,792	42	138
Full dual, part year	1,059	529	529	1	0	0	11,297	5,582	5,703	12	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	15,610	10,844	4,727	19	4	16	152,135	101,375	50,525	64	33	138
FFS part year, with Rx claims	3,014	1,290	1,666	58	0	0	31,222	13,607	17,047	568	0	0
FFS part year, no Rx claims	1,902	883	1,000	19	0	0	17,613	8,132	9,322	159	0	0
MC all year, with Rx claims	10,999	4,018	6,897	83	1	0	128,010	46,635	80,470	896	9	0
MC all year, no Rx claims	7,038	3,382	3,642	14	0	0	78,919	38,105	40,697	117	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of

their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1	Benefit Months	Beneficiaries	Benefit Months	Beneficiaries	Benefit Months
<b>All</b>	<b>38,563</b>	<b>407,899</b>	<b>31,525</b>	<b>296,572</b>	<b>0</b>	<b>111,327</b>
Fee-for-service (FFS) all year	15,610	152,135	15,610	152,135	0	0
FFS part year, with Rx claims	3,014	31,222	3,014	10,692	0	20,530
FFS part year, with no Rx claims	1,902	17,613	1,902	5,735	0	11,878
Managed care (MC) all year, with Rx claims	10,999	128,010	10,999	128,010	0	0
MC all year, with no Rx claims	7,038	78,919	0	0	0	78,919

Source: Data for this table are from the MAX 2007 file for Nebraska, released by CMS in 3/2010. This table was produced on 10/06/2010.

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