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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	193,358	1,189	14,977	41,282	135,527	383	1,236,948	12,001	137,149	164,368	920,695	2,735
Age												
5 and younger	65,135	0	894	4,821	59,420	0	423,944	0	7,870	21,572	394,502	0
6-14	54,812	0	1,657	7	53,148	0	385,778	0	16,660	22	369,096	0
15-20	25,442	0	1,390	1,899	22,138	15	173,669	0	12,493	6,362	154,745	69
21-44	31,158	0	4,971	25,958	29	200	159,376	0	46,642	111,453	228	1,053
45-64	8,707	0	5,966	2,571	2	168	65,923	0	52,469	11,838	3	1,613
65-74	727	624	99	4	0	0	7,312	6,264	1,015	33	0	0
75-84	430	429	0	1	0	0	4,445	4,444	0	1	0	0
85 and older	136	136	0	0	0	0	1,293	1,293	0	0	0	0
Unknown	6,811	0	0	6,021	790	0	15,208	0	0	13,087	2,121	0
Gender												
Female	104,650	818	7,841	28,422	67,187	382	663,230	8,399	73,216	125,159	453,723	2,733
Male	84,592	371	7,136	8,814	68,270	1	565,303	3,602	63,933	31,009	466,757	2
Unknown	4,116	0	0	4,046	70	0	8,415	0	0	8,200	215	0
Race												
White	115,828	521	10,546	24,448	79,991	322	748,909	5,395	97,433	98,788	545,029	2,264
African American	26,374	127	2,304	6,639	17,284	20	178,705	1,273	21,320	28,498	127,462	152
Other/unknown	51,156	541	2,127	10,195	38,252	41	309,334	5,333	18,396	37,082	248,204	319
Use of Nursing Facilities^c												
Entire year	477	152	319	2	4	0	5,025	1,571	3,407	5	42	0
Part year	516	79	404	23	6	4	3,923	643	3,042	152	43	43
None	192,365	958	14,254	41,257	135,517	379	1,228,000	9,787	130,700	164,211	920,610	2,692
Maintenance Assistance Status												
Cash	40,727	1,015	12,408	10,253	17,051	0	284,328	10,730	120,669	35,948	116,981	0
Medically needy	10,704	102	452	9,815	335	0	43,964	749	2,681	39,556	978	0
Poverty-related	119,026	72	2,022	10,501	106,048	383	736,638	522	12,812	33,816	686,753	2,735
Other/unknown	22,901	0	95	10,713	12,093	0	172,018	0	987	55,048	115,983	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,806	319	3,511	6,981	4,620	375	67,434	3,127	31,424	14,827	15,350	2,706
FFS part year, with Rx claims	62,231	118	2,725	17,717	41,663	8	122,119	376	8,432	33,540	79,742	29
FFS part year, no Rx claims	22,919	28	385	5,188	17,318	0	46,107	67	1,027	9,876	35,137	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	81.2	9.5	\$702	\$74	\$2,837	24.8	193,358
Age							
5 and younger	84.4	5.8	233	40	1,947	12.0	65,135
6-14	79.8	6.3	546	87	1,250	43.6	54,812
15-20	83.4	8.9	949	106	2,457	38.6	25,442
21-44	80.5	14.3	1,094	77	5,270	20.7	31,158
45-64	87.2	42.5	3,218	76	11,248	28.6	8,707
65-74	93.4	52.4	3,461	66	13,629	25.4	727
75-84	92.6	45.3	2,762	61	16,773	16.5	430
85 and older	82.4	38.7	2,117	55	23,194	9.1	136
Unknown	45.7	1.9	74	40	1,211	6.1	6,811
Basis of Eligibility^e							
Aged	92.0	46.2	2,860	62	14,781	19.3	1,189
Disabled	90.9	39.8	3,607	91	16,355	22.1	14,977
Adults	73.6	8.5	458	54	2,365	19.4	41,282
Children	82.4	6.2	435	71	1,362	32.0	135,527
Unknown	62.4	13.8	1,153	84	9,824	11.7	383
Gender							
Female	82.9	10.5	683	65	2,683	25.5	104,650
Male	81.0	8.7	758	87	3,112	24.3	84,592
Unknown	39.2	1.4	46	33	1,094	4.2	4,116
Race							
White	82.7	11.2	885	79	3,351	26.4	115,828
African American	80.9	8.2	530	65	2,317	22.9	26,374
Other/unknown	77.8	6.5	378	58	1,942	19.5	51,156
Use of Nursing Facilities^f							
Entire year	94.8	102.0	6,917	68	70,297	9.8	477
Part year	94.8	83.7	5,986	72	65,297	9.2	516
None	81.1	9.1	673	74	2,502	26.9	192,365
Maintenance Assistance Status							
Cash	82.9	18.3	1,480	81	6,323	23.4	40,727
Medically needy	71.6	11.8	1,204	102	4,982	24.2	10,704
Poverty related	79.6	5.9	344	59	1,578	21.8	119,026
Other/unknown	90.7	12.0	944	79	2,176	43.4	22,901

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

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

c. In 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); 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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 \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.5	\$110	24.8	18.8	47.8	10.2	12.0	6.3	4.8	\$444	193,358	1,236,948
Age												
5 and younger	0.9	36	12.0	15.6	55.7	9.8	10.5	5.3	3.2	299	65,135	423,944
6-14	0.9	78	43.6	20.2	55.9	8.8	9.1	3.4	2.6	178	54,812	385,778
15-20	1.3	139	38.6	16.6	50.7	11.5	12.1	5.2	3.9	360	25,442	173,669
21-44	2.8	214	20.7	19.5	30.6	12.5	16.9	10.7	9.8	1,030	31,158	159,376
45-64	5.6	425	28.6	12.8	16.6	9.9	22.5	20.0	18.3	1,486	8,707	65,923
65-74	5.2	344	25.4	6.6	17.3	12.7	26.4	21.6	15.4	1,355	727	7,312
75-84	4.4	267	16.5	7.4	23.3	11.2	30.2	18.4	9.5	1,623	430	4,445
85 and older	4.1	223	9.1	17.6	19.9	14.7	16.9	22.1	8.8	2,440	136	1,293
Unknown	0.8	33	6.1	54.3	21.8	9.1	10.0	3.6	1.2	542	6,811	15,208
Basis of Eligibility^e												
Aged	4.6	283	19.3	8.0	20.4	12.9	26.6	20.5	11.6	1,465	1,189	12,001
Disabled	4.3	394	22.1	9.1	26.1	11.1	22.9	17.2	13.6	1,786	14,977	137,149
Adults	2.1	115	19.4	26.4	30.3	11.9	14.9	8.6	7.9	594	41,282	164,368
Children	0.9	64	32.0	17.6	55.9	9.5	9.8	4.3	2.9	201	135,527	920,695
Unknown	1.9	161	11.7	37.6	26.6	14.1	15.7	5.2	0.8	1,376	383	2,735
Gender												
Female	1.7	108	25.5	17.1	47.0	10.5	12.5	7.2	5.8	423	104,650	663,230
Male	1.3	113	24.3	19.0	50.3	9.9	11.5	5.5	3.9	466	84,592	565,303
Unknown	0.7	22	4.2	60.8	20.8	7.5	8.1	2.3	0.6	535	4,116	8,415
Race												
White	1.7	137	26.4	17.3	46.4	10.7	12.8	7.1	5.8	518	115,828	748,909
African American	1.2	78	22.9	19.1	51.2	9.2	11.0	5.6	3.9	342	26,374	178,705
Other/unknown	1.1	63	19.5	22.2	49.4	9.4	10.8	5.0	3.3	321	51,156	309,334
Use of Nursing Facilities^f												
Entire year	9.7	657	9.8	5.2	3.8	2.7	13.2	33.8	41.3	6,673	477	5,025
Part year	11.0	787	9.2	5.2	4.7	3.5	15.3	24.2	47.1	8,589	516	3,923
None	1.4	105	26.9	18.9	48.1	10.2	12.0	6.2	4.6	392	192,365	1,228,000
Maintenance Assistance Status												
Cash	2.6	212	23.4	17.1	39.0	10.5	15.8	10.0	7.6	906	40,727	284,328
Medically needy	2.9	293	24.2	28.4	26.0	11.2	14.8	9.9	9.6	1,213	10,704	43,964
Poverty related	0.9	56	21.8	20.4	52.3	9.5	9.9	4.7	3.3	255	119,026	736,638
Other/unknown	1.6	126	43.4	9.3	50.8	12.7	14.7	6.6	5.9	290	22,901	172,018

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL 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
All	1.5	\$110	\$74	0.5	\$82	\$170	0.1	\$6	\$88	0.9	\$22	\$24
Age												
5 and younger	0.9	36	40	0.2	17	111	0.1	3	56	0.7	15	23
6-14	0.9	78	87	0.4	62	153	0.0	3	82	0.4	12	27
15-20	1.3	139	106	0.5	117	217	0.0	4	102	0.7	18	25
21-44	2.8	214	77	0.9	161	185	0.1	11	121	1.8	42	23
45-64	5.6	425	76	1.8	320	177	0.2	24	109	3.6	81	23
65-74	5.2	344	66	1.7	260	150	0.2	20	85	3.2	64	20
75-84	4.4	267	61	1.5	200	137	0.2	13	68	2.7	54	20
85 and older	4.1	223	55	1.3	166	132	0.1	10	73	2.7	47	18
Unknown	0.8	33	40	0.1	11	114	0.0	1	87	0.7	21	29
Basis of Eligibility^d												
Aged	4.6	283	62	1.5	211	142	0.2	16	78	2.9	56	20
Disabled	4.3	394	91	1.5	306	198	0.2	21	119	2.6	66	25
Adults	2.1	115	54	0.5	78	143	0.1	6	96	1.5	31	20
Children	0.9	64	71	0.3	47	159	0.0	3	68	0.6	14	24
Unknown	1.9	161	84	0.6	126	208	0.1	9	109	1.2	27	22
Gender												
Female	1.7	108	65	0.5	77	153	0.1	6	91	1.1	25	23
Male	1.3	113	87	0.5	89	192	0.1	5	84	0.8	20	25
Unknown	0.7	22	33	0.1	8	87	0.0	1	98	0.6	13	23
Race												
White	1.7	137	79	0.6	104	175	0.1	7	90	1.1	26	24
African American	1.2	78	65	0.4	57	159	0.0	4	94	0.8	18	22
Other/unknown	1.1	63	58	0.3	42	153	0.1	4	77	0.7	16	22
Use of Nursing Facilities^e												
Entire year	9.7	657	68	2.9	488	168	0.3	24	89	6.5	144	22
Part year	11.0	787	72	3.3	566	172	0.4	34	95	7.4	186	25
None	1.4	105	74	0.5	79	170	0.1	5	88	0.9	21	24
Maintenance Assistance Status												
Cash	2.6	212	81	0.9	161	184	0.1	11	107	1.6	39	24
Medically needy	2.9	293	102	0.8	243	289	0.1	9	98	1.9	41	21
Poverty related	0.9	56	59	0.3	37	137	0.0	3	70	0.6	15	24
Other/unknown	1.6	126	79	0.6	101	158	0.1	5	91	0.9	20	22

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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>.

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.0	0.0	0.3	\$16	\$6	\$2	\$8	\$45	\$169	\$102	\$28	291,051	\$13,045,674	110,702	57.3	833,318
Biologicals	0.2	0.2	0.0	0.0	108	108	0	0	629	629	0	0	131	82,413	76	0.0	765
Antineoplastic Agents	0.6	0.2	0.0	0.4	168	146	1	20	259	764	160	45	3,452	894,659	623	0.3	5,339
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	32	22	1	9	58	118	36	26	145,161	8,355,549	34,322	17.8	261,741
Cardiovascular Agents	1.2	0.3	0.1	0.8	45	27	6	12	38	94	70	14	146,052	5,568,974	14,878	7.7	123,083
Respiratory Agents	0.5	0.2	0.0	0.2	30	23	1	5	62	113	36	22	286,072	17,804,620	76,982	39.8	600,358
Gastrointestinal Agents	0.4	0.1	0.0	0.3	28	11	4	14	65	140	129	43	69,528	4,538,781	21,244	11.0	161,045
Genitourinary Agents	0.4	0.1	0.0	0.2	23	13	1	9	59	102	66	36	24,356	1,433,976	9,485	4.9	63,357
CNS Drugs	1.2	0.6	0.0	0.6	152	137	2	13	126	222	134	23	277,112	34,862,983	29,415	15.2	228,874
Stimulants/Anti-obesity/Anorexia	0.9	0.8	0.0	0.1	112	107	1	4	123	137	56	32	85,680	10,496,251	10,923	5.6	94,117
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	277	277	0	0	391	399	0	17	3,531	1,381,080	577	0.3	4,989
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	17	7	1	8	33	272	303	18	182,681	6,042,230	50,594	26.2	365,123
Neuromuscular Agents	1.0	0.5	0.1	0.4	110	86	11	13	115	184	188	31	123,851	14,299,806	16,037	8.3	129,587
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	10	15	18	10	42,073	419,838	19,041	9.8	122,120
Hematological Agents	0.8	0.2	0.0	0.5	427	418	1	9	554	1,754	35	17	16,515	9,150,006	2,789	1.4	21,412
Topical Products	0.3	0.1	0.0	0.2	13	8	1	4	46	99	72	20	139,145	6,402,805	62,938	32.5	501,479
Miscellaneous Products	0.5	0.3	0.0	0.3	143	119	5	19	262	453	165	73	3,571	933,929	757	0.4	6,547
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	45	0	0	0	1,566	70,924	1,081	0.6	8,873
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,841,528	135,784,498	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Top 10 Drug Groups	Users			Among Users				
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$20,542,788	11,797	6.1	106,271	0.7	\$262	\$193	
ANTICONVULSANT	10,994,564	10,536	5.4	91,464	0.8	142	120	
ANTIASTHMATIC	9,375,019	38,863	20.1	308,386	0.4	86	30	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	8,396,068	10,302	5.3	88,498	0.8	121	95	
MISC. HEMATOLOGICAL	7,715,278	534	0.3	4,642	0.7	2,336	1,662	
ANTIDEPRESSANTS	5,712,121	19,915	10.3	151,430	0.6	60	38	
DERMATOLOGICAL	3,255,603	48,407	25.0	391,160	0.2	43	8	
ANTIDIABETIC	2,858,311	5,528	2.9	45,384	0.8	82	63	
CEPHALOSPORINS	2,587,020	33,222	17.2	260,856	0.2	57	10	
ANALGESICS - Narcotic	2,211,622	35,374	18.3	239,018	0.4	26	9	
Total	73,648,394	214,478	n.a.	1,687,109	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	674,226	\$73,648,394	11,797	6.1	106,271	0.7	\$193	10,536	5.4	91,464	0.8	\$120
Female												
All Females	373,381	33,598,476	5,792	5.6	50,014	0.7	179	6,311	6.1	52,524	0.8	117
Female, Disabled												
All Ages	138,685	15,286,484	2,389	30.5	23,453	0.8	219	2,884	36.8	28,606	0.9	132
5 and younger	1,400	131,335	7	1.9	73	0.5	76	39	10.8	348	0.8	146
6-14	5,242	657,201	86	14.8	821	0.8	186	158	27.2	1,671	1.0	176
15-20	5,493	624,861	120	22.7	970	0.9	182	165	31.2	1,619	1.0	161
45-64	46,314	5,844,545	1,065	39.9	10,360	0.8	214	1,182	44.3	11,668	1.0	152
45-64	78,160	7,782,876	1,078	29.7	10,863	0.8	226	1,320	36.4	13,072	0.9	105
65-74	2,076	245,666	33	47.8	366	1.0	342	20	29.0	228	0.9	114
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	233,786	18,280,390	3,395	3.6	26,535	0.6	143	3,421	3.6	23,902	0.7	99
5 and younger	42,212	2,216,468	114	0.4	772	0.4	91	142	0.5	1,085	0.5	70
6-14	54,301	5,351,688	868	3.3	7,945	0.7	163	502	1.9	4,690	0.7	114
15-20	39,981	3,558,159	978	7.3	9,002	0.6	125	718	5.4	6,174	0.6	92
21-44	73,051	5,139,670	1,156	5.3	6,318	0.6	140	1,690	7.8	9,173	0.8	103
45-64	13,042	1,017,029	136	6.9	929	0.6	114	258	13.0	1,592	0.8	106
65-74	6,428	597,701	76	17.0	834	0.9	212	73	16.3	751	0.9	69
75-84	3,665	305,345	47	16.7	515	1.0	190	31	11.0	359	0.9	61
85 and older	1,106	94,330	20	21.7	220	0.8	214	7	7.6	78	0.9	41
Male												
All Males	299,523	40,010,410	5,985	7.2	56,215	0.8	207	4,208	5.1	38,899	0.9	125
Male, Disabled												
All Ages	98,642	13,902,896	2,285	32.0	22,310	0.9	261	2,133	29.9	21,115	1.0	146
5 and younger	2,372	203,308	21	3.9	140	0.8	169	48	9.0	475	0.8	123
6-14	11,888	1,817,038	357	33.1	3,668	0.7	188	259	24.0	2,751	0.8	151
15-20	11,743	2,106,514	353	41.0	3,289	0.9	265	269	31.2	2,619	1.0	170
21-44	35,684	5,878,161	981	42.7	9,754	1.0	288	963	41.9	9,789	1.0	164
45-64	36,506	3,845,359	564	24.2	5,360	0.9	264	589	25.2	5,421	0.9	102
65-74	449	52,516	9	30.0	99	0.9	284	5	16.7	60	1.0	121
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	200,000	26,072,055	3,688	4.9	33,877	0.7	171	2,068	2.7	17,773	0.7	99
5 and younger	51,175	3,163,315	156	0.5	1,148	0.5	107	206	0.6	1,665	0.6	89
6-14	87,750	10,750,372	1,868	6.9	17,478	0.7	182	839	3.1	7,893	0.7	93
15-20	44,373	10,898,436	1,394	13.0	13,692	0.7	162	643	6.0	6,087	0.7	111
21-44	9,774	711,032	182	4.1	834	0.7	156	266	6.0	1,205	0.8	105
45-64	2,851	207,913	25	3.3	116	0.8	209	53	7.0	268	0.8	84
65-74	2,196	163,822	35	19.3	323	0.9	143	33	18.2	333	0.9	73
75-84	1,502	148,281	21	14.1	233	1.0	183	23	15.4	262	0.8	87
85 and older	379	28,884	7	15.9	53	1.3	260	5	11.4	60	0.8	55
Unknown	3,113	106,569	40	0.5	96	0.6	72	30	0.4	68	0.9	95

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

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	38,863	20.1	308,386	0.4	\$30	10,302	5.3	88,498	0.8	\$95	534	0.3	4,642	0.7	\$1,662
Female															
All Females	20,227	19.7	159,623	0.4	31	3,402	3.3	28,726	0.7	94	307	0.3	2,751	0.7	97
Female, Disabled															
All Ages	3,579	45.6	35,524	0.5	45	416	5.3	4,025	0.7	107	210	2.7	1,951	0.7	96
5 and younger	159	44.0	1,508	0.3	31	6	1.7	57	0.4	69	1	0.3	12	0.3	2
6-14	200	34.5	2,168	0.4	30	103	17.8	1,054	0.8	79	0	0.0	0	0.0	0
15-20	156	29.5	1,541	0.4	32	72	13.6	638	0.9	99	1	0.2	12	0.1	13
21-44	998	37.4	9,771	0.4	38	137	5.1	1,320	0.6	109	26	1.0	247	0.6	85
45-64	2,019	55.6	20,009	0.5	52	97	2.7	944	0.7	141	178	4.9	1,632	0.8	99
65-74	47	68.1	527	0.7	61	1	1.4	12	0.9	196	4	5.8	48	0.6	84
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	16,554	17.4	123,880	0.3	27	2,986	3.1	24,701	0.8	92	97	0.1	800	0.6	102
5 and younger	5,582	18.1	43,453	0.2	20	112	0.4	879	0.5	51	2	0.0	24	0.1	7
6-14	4,633	17.7	37,501	0.3	28	1,817	6.9	15,577	0.8	93	1	0.0	12	0.1	14
15-20	2,358	17.7	18,842	0.3	26	654	4.9	5,952	0.6	74	1	0.0	2	0.5	72
21-44	3,209	14.7	17,864	0.4	30	354	1.6	1,960	0.8	153	21	0.1	137	0.6	83
45-64	498	25.2	3,443	0.5	49	47	2.4	309	0.8	175	28	1.4	168	0.7	86
65-74	165	36.9	1,690	0.6	62	1	0.2	12	1.0	23	23	5.1	230	0.5	76
75-84	82	29.2	814	0.6	47	1	0.4	12	0.7	12	19	6.8	204	0.8	179
85 and older	27	29.3	273	0.4	34	0	0.0	0	0.0	0	2	2.2	23	0.5	67
Male															
All Males	18,544	22.5	148,547	0.3	30	6,900	8.4	59,772	0.8	95	227	0.3	1,891	0.7	3,938
Male, Disabled															
All Ages	2,124	29.8	20,255	0.5	46	730	10.2	7,099	0.9	108	165	2.3	1,429	0.7	670
5 and younger	258	48.4	2,487	0.4	32	13	2.4	110	0.4	69	0	0.0	0	0.0	0
6-14	390	36.2	4,077	0.4	38	334	31.0	3,392	0.8	99	1	0.1	12	0.6	9,743
15-20	242	28.1	2,286	0.4	38	231	26.8	2,129	0.9	120	5	0.6	57	0.3	4,794
21-44	390	17.0	3,718	0.5	43	111	4.8	1,066	0.9	116	18	0.8	138	0.9	3,330
45-64	836	35.8	7,610	0.6	59	41	1.8	402	0.8	101	139	6.0	1,208	0.7	87
65-74	8	26.7	77	0.6	46	0	0.0	0	0.0	0	2	6.7	14	1.2	170
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	16,327	21.6	128,096	0.3	28	6,169	8.2	52,671	0.8	93	62	0.1	462	0.8	14,049
5 and younger	7,827	24.2	59,954	0.3	22	308	1.0	2,412	0.5	57	7	0.0	46	0.9	3,450
6-14	6,081	22.6	49,520	0.4	32	4,375	16.3	36,781	0.8	96	4	0.0	31	0.9	24,924
15-20	1,842	17.2	15,400	0.3	29	1,417	13.2	13,137	0.7	92	2	0.0	13	2.5	424,847
21-44	386	8.8	1,755	0.6	40	59	1.3	280	0.8	113	10	0.2	41	1.0	148
45-64	94	12.3	485	0.5	40	8	1.0	46	1.2	256	19	2.5	127	0.7	90
65-74	42	23.2	415	0.6	57	2	1.1	15	1.2	111	10	5.5	90	0.9	107
75-84	49	32.9	513	0.5	61	0	0.0	0	0.0	0	7	4.7	81	0.5	75
85 and older	6	13.6	54	0.4	13	0	0.0	0	0.0	0	3	6.8	33	0.8	88
Unknown	279	3.5	631	0.7	40	1	0.0	2	3.0	726	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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					DERMATOLOGICAL					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	19,915	10.3	151,430	0.6	\$38	48,407	25.0	391,160	0.2	\$8	5,528	2.9	45,384	0.8	\$63
Female															
All Females	13,822	13.4	101,828	0.6	40	27,620	26.9	219,347	0.2	9	3,729	3.6	31,525	0.7	59
Female, Disabled															
All Ages	3,828	48.8	37,206	0.7	47	3,310	42.2	34,198	0.2	10	1,941	24.8	18,862	0.8	60
5 and younger	5	1.4	60	0.2	9	142	39.3	1,380	0.2	4	2	0.6	24	0.5	34
6-14	66	11.4	650	0.7	21	251	43.3	2,650	0.2	7	12	2.1	93	0.7	50
15-20	138	26.1	1,292	0.7	31	195	36.9	1,963	0.2	9	17	3.2	163	0.7	44
21-44	1,443	54.0	13,914	0.7	48	1,190	44.6	12,525	0.2	9	429	16.1	3,978	0.7	58
45-64	2,140	58.9	20,886	0.7	49	1,494	41.1	15,298	0.2	12	1,431	39.4	14,041	0.8	61
65-74	36	52.2	404	0.7	29	38	55.1	382	0.2	4	50	72.5	563	0.8	52
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	9,910	10.4	64,452	0.6	36	24,198	25.5	184,902	0.2	8	1,761	1.9	12,591	0.7	58
5 and younger	473	1.5	2,850	0.4	15	10,684	34.7	82,794	0.2	5	98	0.3	603	0.5	29
6-14	889	3.4	7,766	0.6	19	5,824	22.2	47,746	0.2	9	118	0.4	927	0.9	98
15-20	2,126	15.9	17,184	0.5	25	3,444	25.8	27,726	0.2	12	130	1.0	964	0.6	59
21-44	5,457	25.0	29,714	0.6	46	3,562	16.3	20,617	0.3	14	752	3.5	4,563	0.7	61
45-64	737	37.2	4,603	0.7	55	354	17.9	2,425	0.3	19	331	16.7	2,049	0.7	54
65-74	144	32.2	1,466	0.7	35	157	35.1	1,687	0.2	10	212	47.4	2,233	0.7	54
75-84	53	18.9	553	0.7	31	130	46.3	1,429	0.3	16	97	34.5	999	0.8	51
85 and older	31	33.7	316	0.7	33	43	46.7	478	0.2	8	23	25.0	253	0.8	40
Male															
All Males	5,996	7.3	49,379	0.7	33	20,656	25.0	171,502	0.2	8	1,750	2.1	13,734	0.8	71
Male, Disabled															
All Ages	2,057	28.8	19,204	0.8	43	2,458	34.4	25,204	0.2	11	997	14.0	8,969	0.8	72
5 and younger	5	0.9	41	0.3	3	223	41.8	2,127	0.2	6	2	0.4	24	0.3	40
6-14	174	16.2	1,830	0.7	22	358	33.2	3,770	0.2	7	12	1.1	132	0.4	57
15-20	209	24.3	1,941	0.8	34	320	37.2	3,371	0.2	17	33	3.8	328	0.7	100
21-44	787	34.2	7,532	0.8	47	858	37.3	9,101	0.2	11	205	8.9	1,875	0.9	70
45-64	873	37.4	7,761	0.8	47	692	29.6	6,751	0.2	10	738	31.6	6,530	0.9	72
65-74	9	30.0	99	0.9	57	7	23.3	84	0.2	9	7	23.3	80	0.8	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	3,862	5.1	30,026	0.6	26	18,098	24.0	146,083	0.2	8	728	1.0	4,693	0.8	70
5 and younger	503	1.6	2,818	0.4	17	10,394	32.2	80,536	0.2	5	138	0.4	803	0.5	30
6-14	1,264	4.7	11,272	0.6	20	4,549	16.9	38,713	0.2	7	102	0.4	774	0.8	97
15-20	1,336	12.5	12,075	0.6	28	2,604	24.3	23,234	0.2	14	85	0.8	735	0.8	98
21-44	551	12.5	2,482	0.6	48	327	7.4	1,587	0.3	43	182	4.1	723	1.1	79
45-64	132	17.3	651	0.7	50	65	8.5	343	0.3	9	121	15.9	601	0.9	83
65-74	41	22.7	375	0.9	40	81	44.8	851	0.2	12	50	27.6	538	0.7	50
75-84	24	16.1	238	0.7	19	54	36.2	586	0.2	4	47	31.5	488	0.6	48
85 and older	11	25.0	115	1.0	46	24	54.5	233	0.2	8	3	6.8	31	0.9	14
Unknown	258	3.2	542	0.9	32	343	4.3	773	0.5	15	101	1.3	269	1.1	75

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

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	CEPHALOSPORINS					ANALGESICS - Narcotic						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	33,222	17.2	260,856	0.2	\$10	35,374	18.3	239,018	0.4	\$9	193,358	1,236,948
Female												
All Females	18,047	17.6	139,980	0.2	9	23,873	23.2	160,869	0.4	9	102,807	658,655
Female, Disabled												
All Ages	1,675	21.4	16,996	0.2	6	4,513	57.6	42,956	0.5	19	7,841	73,216
5 and younger	151	41.8	1,504	0.2	12	39	10.8	387	0.1	1	361	3,268
6-14	179	30.9	1,958	0.1	12	69	11.9	737	0.1	1	580	5,685
15-20	115	21.7	1,127	0.1	6	130	24.6	1,243	0.2	1	529	4,755
21-44	537	20.1	5,446	0.1	5	1,603	60.0	14,925	0.4	19	2,671	25,327
45-64	680	18.7	6,807	0.2	4	2,635	72.6	25,283	0.6	21	3,631	33,448
65-74	13	18.8	154	0.1	2	37	53.6	381	0.7	35	69	733
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	16,266	17.1	122,739	0.2	10	19,215	20.2	117,623	0.3	6	94,966	585,439
5 and younger	7,045	22.9	54,478	0.2	12	3,279	10.7	20,271	0.2	2	30,774	200,344
6-14	4,209	16.0	34,479	0.2	11	1,291	4.9	10,500	0.1	1	26,249	181,456
15-20	2,013	15.1	15,394	0.2	6	3,097	23.2	21,537	0.2	2	13,357	86,218
21-44	2,643	12.1	15,446	0.2	6	10,128	46.5	54,719	0.4	8	21,787	98,546
45-64	257	13.0	1,883	0.2	5	1,049	53.0	6,732	0.5	13	1,979	10,452
65-74	54	12.1	563	0.2	8	206	46.1	2,168	0.4	25	447	4,610
75-84	33	11.7	370	0.1	6	136	48.4	1,399	0.4	13	281	2,921
85 and older	12	13.0	126	0.1	6	29	31.5	297	0.6	28	92	892
Male												
All Males	15,052	18.2	120,603	0.2	11	11,053	13.4	77,135	0.3	9	82,586	560,207
Male, Disabled												
All Ages	1,247	17.5	12,678	0.2	9	2,435	34.1	21,451	0.5	23	7,136	63,933
5 and younger	187	35.1	1,871	0.2	11	73	13.7	647	0.1	1	533	4,602
6-14	261	24.2	2,836	0.1	10	92	8.5	976	0.1	1	1,077	10,975
15-20	161	18.7	1,639	0.2	8	131	15.2	1,271	0.3	4	861	7,738
21-44	338	14.7	3,478	0.2	4	739	32.1	6,465	0.4	19	2,300	21,315
45-64	296	12.7	2,811	0.2	11	1,389	59.5	11,985	0.6	29	2,335	19,021
65-74	4	13.3	43	0.1	9	11	36.7	107	0.5	14	30	282
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	13,698	18.2	107,698	0.2	11	8,463	11.2	55,336	0.2	4	75,450	496,274
5 and younger	8,059	24.9	61,801	0.2	12	3,691	11.4	23,190	0.2	2	32,314	212,853
6-14	3,838	14.3	32,323	0.1	11	1,259	4.7	10,332	0.1	1	26,906	187,662
15-20	1,369	12.8	11,383	0.2	5	1,633	15.3	13,112	0.2	2	10,695	74,958
21-44	328	7.5	1,436	0.3	7	1,449	32.9	6,072	0.6	16	4,399	14,187
45-64	66	8.7	345	0.3	11	321	42.1	1,596	0.6	19	762	3,002
65-74	21	11.6	221	0.1	2	62	34.3	559	0.6	10	181	1,687
75-84	12	8.1	138	0.1	6	41	27.5	409	0.4	35	149	1,524
85 and older	5	11.4	51	0.1	4	7	15.9	66	0.4	5	44	401
Unknown	336	4.2	745	0.5	12	748	9.4	1,652	0.6	5	7,965	18,086

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

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$657	9.7	477	5,025
Age				
0-64	753	10.7	307	3,249
65-74	624	9.7	62	655
75-84	462	7.8	56	612
85 and older	317	5.6	52	509
Unknown	0	0.0	0	0
Gender				
Female	679	10.2	289	3,151
Male	620	8.7	188	1,874
Unknown	0	0.0	0	0
Race				
White	649	9.4	360	3,834
African American	756	10.2	52	535
Other/unknown	619	10.7	65	656
Basis of Eligibility^c				
Aged	437	7.3	152	1,571
Disabled	755	10.8	319	3,407
Adults	792	10.2	2	5
Children	902	9.2	4	42
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.0	0.3	\$39	\$29	\$2	\$9	\$78	\$193	\$139	\$26	1,833	\$143,822	343	71.9	3,686
Biologicals	0.6	0.6	0.0	0.0	1,355	1,355	0	0	2190	2,190	0	0	13	28,464	2	0.4	21
Antineoplastic Agents	0.8	0.2	0.0	0.6	65	42	0	22	80	253	0	35	130	10,431	14	2.9	161
Endocrine/Metabolic Drugs	1.7	0.7	0.1	0.9	96	78	3	15	56	110	45	16	4,683	262,990	255	53.5	2,741
Cardiovascular Agents	2.4	0.5	0.2	1.8	68	34	10	24	28	75	66	13	8,671	244,068	328	68.8	3,572
Respiratory Agents	1.2	0.4	0.0	0.8	70	56	0	13	57	129	33	17	3,104	177,179	239	50.1	2,547
Gastrointestinal Agents	1.2	0.1	0.0	1.0	48	17	6	25	40	115	241	25	3,559	143,095	279	58.5	2,969
Genitourinary Agents	0.8	0.4	0.1	0.4	63	42	3	17	74	99	64	47	1,449	107,809	157	32.9	1,709
CNS Drugs	2.3	1.1	0.0	1.2	268	238	1	29	119	226	70	24	9,320	1,107,813	386	80.9	4,137
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.5	77	69	0	8	89	196	0	15	186	16,561	20	4.2	216
Miscellaneous Psychological/Neurological Agents	1.1	1.1	0.0	0.0	236	236	0	0	220	223	0	4	567	124,517	51	10.7	528
Analgesics and Anesthetics	1.2	0.1	0.0	1.2	45	9	2	34	37	150	151	29	3,703	135,468	284	59.5	2,990
Neuromuscular Agents	1.9	0.6	0.1	1.2	164	114	10	39	86	183	149	32	5,879	503,125	280	58.7	3,077
Nutritional Products	0.9	0.0	0.0	0.9	12	1	0	12	13	19	5	13	1,420	18,796	143	30.0	1,533
Hematological Agents	1.3	0.3	0.0	1.0	126	107	0	19	95	330	4	19	1,814	172,480	137	28.7	1,365
Topical Products	0.6	0.2	0.0	0.5	29	18	1	10	45	110	54	21	2,132	95,004	297	62.3	3,299
Miscellaneous Products	0.4	0.1	0.0	0.4	22	10	0	13	53	161	0	35	117	6,247	25	5.2	279
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	52	1,462	26	5.5	247
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	48,632	3,299,331	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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
ANTIPSYCHOTICS	\$886,017	322	67.5	3,618	1.0	\$249	\$245
ANTICONVULSANT	410,786	306	64.2	3,397	1.2	99	121
ANTIDIABETIC	206,937	285	59.7	3,063	1.0	65	68
ANTIDEPRESSANTS	190,011	384	80.5	4,200	0.9	48	45
ANTIASTHMATIC	152,065	292	61.2	3,032	0.8	62	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	124,517	59	12.4	624	0.9	220	200
ULCER DRUGS	99,131	300	62.9	3,246	0.9	35	31
ANALGESICS - Narcotic	94,686	327	68.6	3,342	0.8	36	28
ANTICOAGULANTS	85,521	85	17.8	809	1.3	81	106
ANTIHYPERTENSIVE	80,387	142	29.8	1,624	0.9	55	49
Total	2,330,058	2,502	n.a.	26,955	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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.

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	25,887	\$2,330,058	322	67.5	3,618	1.0	\$245	306	64.2	3,397	1.2	\$121
Female												
All Females	16,927	1,525,321	213	73.7	2,467	1.0	245	186	64.4	2,087	1.2	109
Female, Disabled												
All Ages	12,559	1,164,404	143	77.7	1,664	1.0	264	154	83.7	1,749	1.2	118
64 or younger	11,398	1,060,096	131	78.0	1,526	1.0	255	150	89.3	1,701	1.2	119
65-74	1,161	104,308	12	75.0	138	1.0	367	4	25.0	48	1.2	100
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	4,368	360,917	70	66.7	803	0.9	205	32	30.5	338	1.1	60
64 or younger	99	11,742	1	50.0	8	1.8	352	0	0.0	0	0.0	0
65-74	1,433	123,699	23	88.5	266	0.9	202	12	46.2	112	1.2	50
75-84	1,741	143,810	32	78.0	363	0.9	196	16	39.0	184	1.1	72
85 and older	1,095	81,666	14	38.9	166	0.8	222	4	11.1	42	1.0	32
Male												
All Males	8,960	804,737	109	58.0	1,151	1.0	245	120	63.8	1,310	1.3	140
Male, Disabled												
All Ages	7,214	662,616	72	53.3	799	1.0	274	98	72.6	1,087	1.3	146
64 or younger	7,089	644,025	70	52.6	775	1.0	270	97	72.9	1,075	1.3	144
65-74	125	18,591	2	100.0	24	0.7	415	1	50.0	12	1.0	359
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	1,746	142,121	37	69.8	352	1.1	179	22	41.5	223	1.2	112
64 or younger	147	8,572	2	50.0	16	1.8	141	4	100.0	32	1.0	94
65-74	728	49,834	18	100.0	160	0.9	124	11	61.1	110	1.2	78
75-84	572	58,380	13	86.7	146	1.1	200	5	33.3	57	1.3	198
85 and older	299	25,335	4	25.0	30	1.4	388	2	12.5	24	1.0	85
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 benefit months were excluded from the analysis.
- 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.
- Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, b, c, d
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-DEPRESSANTS					ANTI-ASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	285	59.7	3,063	1.0	\$68	384	80.5	4,200	0.9	\$45	292	61.2	3,032	0.8	\$50
Female															
All Females	193	66.8	2,101	1.1	71	255	88.2	2,832	1.0	45	177	61.2	1,908	0.8	60
Female, Disabled															
All Ages	130	70.7	1,427	1.1	73	192	104.3	2,137	1.0	48	121	65.8	1,301	0.9	60
64 or younger	107	63.7	1,168	1.1	76	175	104.2	1,944	1.0	50	104	61.9	1,109	0.9	60
65-74	23	143.8	259	0.9	58	17	106.3	193	0.8	27	17	106.3	192	1.0	60
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	63	60.0	674	1.0	67	63	60.0	695	0.9	37	56	53.3	607	0.7	58
64 or younger	0	0.0	0	0.0	0	1	50.0	8	1.6	71	3	150.0	24	1.5	246
65-74	21	80.8	221	1.1	90	22	84.6	243	0.9	41	16	61.5	180	0.8	67
75-84	30	73.2	313	1.0	61	20	48.8	227	0.9	26	22	53.7	249	0.6	39
85 and older	12	33.3	140	1.0	44	20	55.6	217	0.8	43	15	41.7	154	0.6	51
Male															
All Males	92	48.9	962	1.0	60	129	68.6	1,368	0.9	45	115	61.2	1,124	0.8	34
Male, Disabled															
All Ages	63	46.7	664	1.0	66	104	77.0	1,121	0.9	49	92	68.1	949	0.8	38
64 or younger	63	47.4	664	1.0	66	102	76.7	1,097	0.9	50	92	69.2	949	0.8	38
65-74	0	0.0	0	0.0	0	2	100.0	24	0.9	9	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	29	54.7	298	0.8	47	25	47.2	247	0.9	27	23	43.4	175	0.5	12
64 or younger	3	75.0	9	0.3	25	1	25.0	4	0.3	1	5	125.0	22	0.6	12
65-74	11	61.1	132	0.9	53	13	72.2	123	1.0	25	5	27.8	33	0.3	12
75-84	13	86.7	135	0.7	48	5	33.3	59	0.9	19	10	66.7	93	0.5	12
85 and older	2	12.5	22	1.2	13	6	37.5	61	0.8	41	3	18.8	27	0.5	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	59	12.4	624	0.9	\$200	300	62.9	3,246	0.9	\$31	327	68.6	3,342	0.8	\$28
Female															
All Females	34	11.8	350	0.9	198	185	64.0	2,070	0.9	25	207	71.6	2,246	0.8	27
Female, Disabled															
All Ages	21	11.4	215	1.0	246	124	67.4	1,371	0.9	29	146	79.3	1,596	0.8	23
64 or younger	21	12.5	215	1.0	246	113	67.3	1,262	0.9	30	136	81.0	1,498	0.8	19
65-74	0	0.0	0	0.0	0	11	68.8	109	0.8	20	10	62.5	98	1.5	85
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	13	12.4	135	0.8	122	61	58.1	699	0.9	18	61	58.1	650	0.6	38
64 or younger	0	0.0	0	0.0	0	2	100.0	18	1.9	134	2	100.0	16	0.1	3
65-74	3	11.5	36	0.9	145	16	61.5	185	1.0	19	16	61.5	166	0.7	52
75-84	5	12.2	47	0.9	140	19	46.3	223	0.9	13	28	68.3	299	0.6	28
85 and older	5	13.9	52	0.6	88	24	66.7	273	0.8	15	15	41.7	169	0.7	45
Male															
All Males	25	13.3	274	0.9	202	115	61.2	1,176	0.9	40	120	63.8	1,096	0.8	31
Male, Disabled															
All Ages	13	9.6	149	0.7	254	91	67.4	989	0.9	42	94	69.6	895	0.9	37
64 or younger	11	8.3	125	0.7	273	89	66.9	965	0.9	43	91	68.4	859	0.9	38
65-74	2	100.0	24	1.0	156	2	100.0	24	1.0	8	3	150.0	36	0.8	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	12	22.6	125	1.0	139	24	45.3	187	1.0	28	26	49.1	201	0.4	5
64 or younger	0	0.0	0	0.0	0	5	125.0	33	0.9	27	5	125.0	30	0.3	3
65-74	6	33.3	63	1.0	116	6	33.3	38	1.1	20	11	61.1	75	0.4	4
75-84	2	13.3	24	1.3	180	5	33.3	35	1.3	53	4	26.7	39	0.6	6
85 and older	4	25.0	38	0.9	151	8	50.0	81	0.8	22	6	37.5	57	0.4	6
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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.

Nondual Beneficiaries

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

Beneficiary Characteristics	ANTICOAGULANTS					ANTIHYPERLIPIDEMIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	85	17.8	809	1.3	\$106	142	29.8	1,624	0.9	\$50	477	5,025
Female												
All Females	57	19.7	558	1.3	122	94	32.5	1,084	0.9	49	289	3,151
Female, Disabled												
All Ages	43	23.4	425	1.4	154	67	36.4	785	0.9	49	184	2,038
64 or younger	40	23.8	401	1.3	158	59	35.1	689	0.9	50	168	1,857
65-74	3	18.8	24	2.3	91	8	50.0	96	0.9	47	16	181
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	14	13.3	133	1.3	18	27	25.7	299	0.9	46	105	1,113
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
65-74	4	15.4	40	0.8	17	11	42.3	125	0.8	34	26	282
75-84	5	12.2	42	1.1	28	10	24.4	102	0.9	60	41	451
85 and older	5	13.9	51	1.9	9	6	16.7	72	0.9	48	36	362
Male												
All Males	28	14.9	251	1.2	70	48	25.5	540	0.9	51	188	1,874
Male, Disabled												
All Ages	21	15.6	200	1.3	75	36	26.7	414	0.9	54	135	1,369
64 or younger	21	15.8	200	1.3	75	36	27.1	414	0.9	54	133	1,345
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	7	13.2	51	1.0	50	12	22.6	126	0.7	42	53	505
64 or younger	4	100.0	29	0.7	58	2	50.0	24	0.4	6	4	29
65-74	2	11.1	19	1.4	44	3	16.7	27	1.0	63	18	168
75-84	0	0.0	0	0.0	0	6	40.0	63	0.7	44	15	161
85 and older	1	6.3	3	1.3	16	1	6.3	12	1.0	61	16	147
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

- a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 516 beneficiaries who were in nursing facilities for part of their enrollment and their 3,923 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Nondual Rx \$	Total Number of Beneficiaries
All	79,332	41.0	1.6	310,590	\$16	\$3,117,104	\$10	2.3	193,358
Age									
5 and younger	30,915	47.5	1.3	84,777	9	595,581	7	3.9	65,135
6-14	19,922	36.3	0.9	50,378	10	550,250	11	1.8	54,812
15-20	9,043	35.5	1.1	27,770	12	317,466	11	1.3	25,442
21-44	12,369	39.7	2.1	66,598	24	745,729	11	2.2	31,158
45-64	5,207	59.8	7.4	64,489	86	749,279	12	2.7	8,707
65-74	527	72.5	11.5	8,346	116	83,992	10	3.3	727
75-84	300	69.8	10.3	4,411	106	45,585	10	3.8	430
85 and older	105	77.2	15.9	2,168	127	17,247	8	6.0	136
Unknown	944	13.9	0.2	1,653	2	11,975	7	2.4	6,811
Basis of Eligibility^c									
Aged	851	71.6	10.9	12,918	108	128,232	10	3.8	1,189
Disabled	9,137	61.0	7.2	108,360	80	1,202,005	11	2.2	14,977
Adults	13,800	33.4	1.1	45,562	12	508,003	11	2.7	41,282
Children	55,430	40.9	1.1	143,265	9	1,273,402	9	2.2	135,527
Unknown	114	29.8	1.3	485	14	5,462	11	1.2	383
Gender									
Female	45,062	43.1	1.8	186,351	19	1,946,637	10	2.7	104,650
Male	33,875	40.0	1.5	123,587	14	1,165,520	9	1.8	84,592
Unknown	395	9.6	0.2	652	1	4,947	8	2.6	4,116
Race									
White	45,377	39.2	1.7	199,102	19	2,163,100	11	2.1	115,828
African American	10,787	40.9	1.4	36,433	12	322,275	9	2.3	26,374
Other/unknown	23,168	45.3	1.5	75,055	12	631,729	8	3.3	51,156
Use of Nursing Facilities^d									
Entire year	454	95.2	34.6	16,520	255	121,800	7	3.7	477
Part year	474	91.9	19.3	9,972	164	84,611	8	2.7	516
None	78,404	40.8	1.5	284,098	15	2,910,693	10	2.2	192,365
Maintenance Assistance Status									
Cash	19,820	48.7	3.3	136,206	35	1,428,352	10	2.4	40,727
Medically needy	3,642	34.0	1.9	19,904	21	220,614	11	1.7	10,704
Poverty related	46,403	39.0	1.0	123,211	10	1,131,758	9	2.8	119,026
Other/unknown	9,467	41.3	1.4	31,269	15	336,380	11	1.6	22,901

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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
All	0.3	\$3	\$10	\$0	\$0	1,236,948
Age						
5 and younger	0.2	1	7	0	0	423,944
6-14	0.1	1	11	0	0	385,778
15-20	0.2	2	11	0	0	173,669
21-44	0.4	5	11	0	1	159,376
45-64	1.0	11	12	0	2	65,923
65-74	1.1	11	10	0	1	7,312
75-84	1.0	10	10	0	1	4,445
85 and older	1.7	13	8	0	1	1,293
Unknown	0.1	1	7	0	0	15,208
Basis of Eligibility^c						
Aged	1.1	11	10	0	1	12,001
Disabled	0.8	9	11	0	2	137,149
Adults	0.3	3	11	0	1	164,368
Children	0.2	1	9	0	0	920,695
Unknown	0.2	2	11	0	0	2,735
Gender						
Female	0.3	3	10	0	0	663,230
Male	0.2	2	9	0	0	565,303
Unknown	0.1	1	8	0	0	8,415
Race						
White	0.3	3	11	0	0	748,909
African American	0.2	2	9	0	0	178,705
Other/unknown	0.2	2	8	0	0	309,334
Use of Nursing Facilities^d						
Entire year	3.3	24	7	0	3	5,025
Part year	2.5	22	8	0	4	3,923
None	0.2	2	10	0	0	1,228,000
Maintenance Assistance Status						
Cash	0.5	5	10	0	1	284,328
Medically needy	0.5	5	11	0	1	43,964
Poverty related	0.2	2	9	0	0	736,638
Other/unknown	0.2	2	11	0	0	172,018

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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	
All	101,445	\$31	\$3,117,104	100.0	310,590	\$10	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	226	14	3,209	0.1	313	10	0.1
Cough and cold medications	29,090	30	871,618	28.0	49,026	18	15.8
Vitamins and minerals	6,477	29	190,538	6.1	16,251	12	5.2
Non-prescription drugs	56,945	28	1,614,759	51.8	198,994	8	64.1
Barbiturates	354	48	16,833	0.5	2,920	6	0.9
Benzodiazepines	7,504	49	365,391	11.7	40,783	9	13.1
Other Part D Excl Rx Drugs	849	64	54,756	1.8	2,303	24	0.7

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

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.

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	219,762	1,268	15,937	44,241	157,933	383	2,033,274	13,713	165,882	302,435	1,548,479	2,765
Age												
5 and younger	71,364	0	951	5,288	65,125	0	696,778	0	10,037	40,969	645,772	0
6-14	66,287	0	1,833	10	64,444	0	663,829	0	20,344	93	643,392	0
15-20	31,064	0	1,533	2,002	27,514	15	285,850	0	16,387	14,527	254,859	77
21-44	33,654	0	5,278	28,126	50	200	262,766	0	55,886	205,462	345	1,073
45-64	9,187	0	6,238	2,778	3	168	83,695	0	62,153	19,920	7	1,615
65-74	777	669	104	4	0	0	8,450	7,342	1,075	33	0	0
75-84	456	455	0	1	0	0	4,935	4,923	0	12	0	0
85 and older	144	144	0	0	0	0	1,448	1,448	0	0	0	0
Unknown	6,829	0	0	6,032	797	0	25,523	0	0	21,419	4,104	0
Gender												
Female	117,228	868	8,173	30,236	77,569	382	1,086,549	9,525	86,406	227,270	760,585	2,763
Male	98,207	400	7,764	9,758	80,284	1	933,515	4,188	79,476	62,295	787,554	2
Unknown	4,327	0	0	4,247	80	0	13,210	0	0	12,870	340	0
Race												
White	129,839	552	11,124	26,079	91,762	322	1,195,537	6,063	115,970	177,918	893,292	2,294
African American	31,455	133	2,544	7,202	21,556	20	305,150	1,419	26,849	53,685	223,045	152
Other/unknown	58,468	583	2,269	10,960	44,615	41	532,587	6,231	23,063	70,832	432,142	319
Use of Nursing Facilities^c												
Entire year	478	152	320	2	4	0	5,070	1,581	3,436	5	48	0
Part year	517	80	404	23	6	4	5,203	837	4,026	236	61	43
None	218,767	1,036	15,213	44,216	157,923	379	2,023,001	11,295	158,420	302,194	1,548,370	2,722
Maintenance Assistance Status												
Cash	45,004	1,083	13,285	11,013	19,623	0	423,516	12,156	143,820	71,702	195,838	0
Medically needy	11,428	102	454	10,501	371	0	74,000	774	2,850	68,504	1,872	0
Poverty related	135,948	83	2,097	10,979	122,406	383	1,275,964	783	18,091	61,513	1,192,812	2,765
Other/unknown	27,382	0	101	11,748	15,533	0	259,794	0	1,121	100,716	157,957	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	15,806	319	3,511	6,981	4,620	375	67,434	3,127	31,424	14,827	15,350	2,706
FFS part year, with Rx claims	62,231	118	2,725	17,717	41,663	8	577,913	1,123	25,877	139,348	411,506	59
FFS part year, no Rx claims	22,919	28	385	5,188	17,318	0	167,605	213	2,796	27,570	137,026	0
MC all year, with Rx claims	92,402	724	8,356	11,396	71,926	0	1,001,288	8,431	96,266	106,125	790,466	0
MC all year, no Rx claims	26,404	79	960	2,959	22,406	0	219,034	819	9,519	14,565	194,131	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEBRASKA, 2007

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Benefit Months in Cell J of Table 1	Benefit Months in Cell J of Table 1	Benefit Months in Cell J of Table 1	Benefit Months in Cell J of Table 1	Benefit Months in Cell J of Table 1
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	219,762	2,033,274	193,358	1,236,948	0	796,326
Fee-for-service (FFS) all year	15,806	67,434	15,806	67,434	0	0
FFS part year, with Rx claims	62,231	577,913	62,231	122,119	0	455,794
FFS part year, with no Rx claims	22,919	167,605	22,919	46,107	0	121,498
Managed care (MC) all year, with Rx claims	92,402	1,001,288	92,402	1,001,288	0	0
MC all year, with no Rx claims	26,404	219,034	0	0	0	219,034

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

All Medicaid Beneficiaries