

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 MINNESOTA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MINNESOTA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	591,427 (A)	96,760 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	580,323 (B)	89,946 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	321,604 (C)	66,137 (G)
4. Benes who were all-year nursing facility residents ^f	15,931 (D)	15,040 (H)

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Minnesota in 1999 was \$196,256,328, of which \$1,632,361 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 3.0 percent were restricted benefit months without a pharmacy benefit in Minnesota, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MINNESOTA, 1999

Beneficiary Characteristics	No. of Beneficiaries							No. of Beneficiaries by Age Group											
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	321,604	33,669	78,497	66,432	143,006	0	2,142,225	259,572	818,276	291,042	773,335	0	2,142,225	259,572	818,276	291,042	773,335	0	
Age																			
5 and younger	60,960	0	2,494	20	58,446	0	324,207	0	23,823	104	300,280	0	324,207	0	23,823	104	300,280	0	
6-14	66,274	0	7,532	39	58,703	0	414,039	0	79,644	155	334,240	0	414,039	0	79,644	155	334,240	0	
15-20	37,279	0	4,544	7,846	24,889	0	217,653	0	47,029	34,825	135,799	0	217,653	0	47,029	34,825	135,799	0	
21-44	88,061	0	32,894	54,199	968	0	583,732	0	344,108	236,608	3,016	0	583,732	0	344,108	236,608	3,016	0	
45-64	34,517	2	30,232	4,283	0	0	335,502	22	316,321	19,159	0	0	335,502	22	316,321	19,159	0	0	
65-74	9,621	8,858	725	38	0	0	77,158	70,347	6,642	169	0	0	77,158	70,347	6,642	169	0	0	
75-84	11,660	11,598	57	5	0	0	91,546	91,011	526	9	0	0	91,546	91,011	526	9	0	0	
85 and older	13,231	13,211	19	1	0	0	98,378	98,192	183	3	0	0	98,378	98,192	183	3	0	0	
Unknown	1	0	0	1	0	0	10	0	0	10	0	0	10	0	0	10	0	0	
Gender																			
Female	186,016	24,212	39,038	53,269	69,497	0	1,217,148	190,260	412,426	238,829	375,633	0	1,217,148	190,260	412,426	238,829	375,633	0	
Male	135,588	9,457	39,459	13,163	73,509	0	925,077	69,312	405,850	52,213	397,702	0	925,077	69,312	405,850	52,213	397,702	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	207,781	30,482	58,157	40,417	78,725	0	1,500,693	238,567	615,729	185,220	461,177	0	1,500,693	238,567	615,729	185,220	461,177	0	
African American	51,855	770	10,504	12,053	28,528	0	261,037	4,820	102,227	38,258	115,732	0	261,037	4,820	102,227	38,258	115,732	0	
Other/unknown	61,968	2,417	9,836	13,962	35,753	0	380,495	16,185	100,320	67,564	196,426	0	380,495	16,185	100,320	67,564	196,426	0	
Use of Nursing Facilities																			
All year	15,931	13,782	2,145	0	4	0	119,007	96,581	22,402	0	24	0	119,007	96,581	22,402	0	24	0	
Part year	6,402	4,571	1,811	15	5	0	53,020	34,592	18,310	86	32	0	53,020	34,592	18,310	86	32	0	
None	299,271	15,316	74,541	66,417	142,997	0	1,970,198	128,399	777,564	290,956	773,279	0	1,970,198	128,399	777,564	290,956	773,279	0	
Maintenance Assistance Status																			
Cash	152,131	6,846	54,471	33,868	56,946	0	1,075,049	56,410	586,708	149,374	282,557	0	1,075,049	56,410	586,708	149,374	282,557	0	
Medically needy	11,372	4,813	5,815	178	566	0	99,059	41,327	55,582	344	1,806	0	99,059	41,327	55,582	344	1,806	0	
Poverty-related	1,433	737	595	44	57	0	13,492	7,520	5,760	105	107	0	13,492	7,520	5,760	105	107	0	
Other/unknown	156,668	21,273	17,616	32,342	85,437	0	954,625	154,315	170,226	141,219	488,865	0	954,625	154,315	170,226	141,219	488,865	0	
Dual Medicare Status^c																			
Full dual, all year	62,570	30,820	31,337	392	21	0	573,938	235,431	335,821	2,518	168	0	573,938	235,431	335,821	2,518	168	0	
Full dual, part year	3,567	1,935	1,619	13	0	0	35,715	19,064	16,532	119	0	0	35,715	19,064	16,532	119	0	0	
Non-dual, all year	255,467	914	45,541	66,027	142,985	0	1,532,572	5,077	465,923	288,405	773,167	0	1,532,572	5,077	465,923	288,405	773,167	0	
Managed Care Status																			
FFS all year	200,216	24,119	74,926	29,758	71,413	0	1,746,095	216,772	797,713	183,146	548,464	0	1,746,095	216,772	797,713	183,146	548,464	0	
FFS part year, with Rx claims	43,704	8,173	2,857	14,271	18,403	0	186,973	38,003	17,472	51,879	79,619	0	186,973	38,003	17,472	51,879	79,619	0	
FFS part year, no Rx claims	77,684	1,377	714	22,403	53,190	0	209,157	4,797	3,091	56,017	145,252	0	209,157	4,797	3,091	56,017	145,252	0	

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 1/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benef
All	54.5 %	11.8	\$605	\$51	\$6,898	8.8 %	\$18	321,604
Age								
5 and younger	40.0	1.8	68	37	2,383	2.8	2	60,960
6-14	38.1	3.0	205	68	2,584	7.9	3	66,274
15-20	43.3	3.7	194	53	3,704	5.2	3	37,279
21-44	59.2	12.1	787	65	8,051	9.8	14	88,061
45-64	82.4	34.9	1,872	54	14,800	12.7	57	34,517
65-74	74.6	26.2	1,055	40	11,171	9.4	48	9,621
75-84	84.4	31.9	1,086	34	14,786	7.3	58	11,660
85 and older	91.1	33.7	979	29	19,970	4.9	69	13,231
Unknown	100.0	8.0	316	40	7,270	4.3	0	1
Basis of Eligibility								
Aged	84.4	31.0	1,031	33	15,826	6.5	59	33,669
Disabled	84.0	29.6	1,839	62	16,667	11.0	43	78,497
Adults	44.2	2.6	98	37	1,992	4.9	3	66,432
Children	36.2	1.7	64	37	1,713	3.7	1	143,006
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	56.9	12.9	585	45	6,585	8.9	20	186,016
Male	51.4	10.3	633	62	7,329	8.6	15	135,588
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	62.8	15.7	805	51	8,767	9.2	23	207,781
African American	36.7	4.6	268	58	3,721	7.2	8	51,855
Other/unknown	41.9	4.7	218	46	3,292	6.6	9	61,968
Use of Nursing Facilities								
Entire year	94.7	44.3	1,564	35	27,958	5.6	99	15,931
Part year	91.6	42.7	1,726	40	25,589	6.7	80	6,402
None	51.6	9.4	530	56	5,377	9.9	12	299,271
Maintenance Assistance Status								
Cash	55.8	12.8	755	59	7,064	10.7	18	152,131
Medically needy	66.8	23.8	1,358	57	8,788	15.5	32	11,372
Poverty related	43.9	6.6	376	57	1,954	19.2	7	1,433
Other/unknown	52.6	10.0	407	41	6,646	6.1	17	156,668

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	Less than 5, but 10 or More	More than 10			
All	1.8	\$91	8.8 %	45.5 %	30.8 %	6.5 %	9.9 %	5.8 %	1.5 %	\$1,036	321,604	2,142,225
Age												
5 and younger	0.3	13	2.8	60.0	36.2	2.5	1.1	0.2	0.0	448	60,960	324,207
6-14	0.5	33	7.9	61.9	31.3	3.7	2.6	0.3	0.0	414	66,274	414,039
15-20	0.6	33	5.2	56.7	34.3	4.9	3.4	0.6	0.1	634	37,279	217,653
21-44	1.8	119	9.8	40.8	33.6	8.5	11.3	4.8	1.0	1,215	88,061	583,732
45-64	3.6	193	12.7	17.6	24.2	11.7	24.4	17.2	4.9	1,523	34,517	335,502
65-74	3.3	132	9.4	25.4	20.4	10.9	21.8	16.3	5.1	1,393	9,621	77,158
75-84	4.1	138	7.3	15.6	15.3	10.3	28.5	23.5	6.8	1,883	11,660	91,546
85 and older	4.5	132	4.9	8.9	11.9	10.7	34.1	28.5	5.9	2,686	13,231	98,378
Unknown	0.8	32	4.3	0.0	100.0	0.0	0.0	0.0	0.0	727	1	10
Basis of Eligibility												
Aged	4.0	134	6.5	15.6	15.3	10.6	29.0	23.5	6.0	2,053	33,669	259,572
Disabled	2.8	176	11.0	16.0	32.2	12.7	22.8	13.0	3.3	1,599	78,497	818,276
Adults	0.6	22	4.9	55.8	34.0	5.5	3.8	0.8	0.1	455	66,432	291,042
Children	0.3	12	3.7	63.8	32.1	2.7	1.3	0.1	0.0	317	143,006	773,335
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.0	89	8.9	43.1	31.1	6.7	10.6	6.7	1.8	1,006	186,016	1,217,148
Male	1.5	93	8.6	48.6	30.3	6.3	9.0	4.7	1.0	1,074	135,588	925,077
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.2	112	9.2	37.2	31.7	7.8	13.1	8.1	2.1	1,214	207,781	1,500,693
African American	0.9	53	7.2	63.3	25.8	4.5	4.3	1.7	0.4	739	51,855	261,037
Other/unknown	0.8	36	6.6	58.1	31.7	4.0	4.2	1.7	0.3	536	61,968	380,495
Use of Nursing Facilities												
Entire year	5.9	209	5.6	5.3	7.6	8.4	32.1	34.9	11.7	3,743	15,931	119,007
Part year	5.2	208	6.7	8.4	12.9	10.1	31.5	26.9	10.1	3,090	6,402	53,020
None	1.4	81	9.9	48.4	32.4	6.4	8.3	3.8	0.7	817	299,271	1,970,198
Maintenance Assistance Status												
Cash	1.8	107	10.7	44.2	31.5	7.2	10.6	5.4	1.2	1,000	152,131	1,075,049
Medically needy	2.7	156	15.5	33.2	21.3	10.4	19.8	12.1	3.2	1,009	11,372	99,059
Poverty related	0.7	40	19.2	56.1	28.4	6.7	7.1	1.3	0.4	208	1,433	13,492
Other/unknown	1.6	67	6.1	47.4	30.8	5.7	8.7	5.9	1.6	1,091	156,668	954,625

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 1/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MINNESOTA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.8	\$91	0.6	\$57	0.3	\$17	0.8	\$13
Age								
5 and younger	0.3	13	0.1	9	0.0	1	0.2	3
6-14	0.5	33	0.2	24	0.1	4	0.2	5
15-20	0.6	33	0.3	20	0.1	8	0.3	5
21-44	1.8	119	0.7	78	0.3	24	0.8	14
45-64	3.6	193	1.3	121	0.5	37	1.6	28
65-74	3.3	132	1.1	78	0.5	24	1.4	24
75-84	4.1	138	1.3	78	0.7	27	1.9	28
85 and older	4.5	132	1.2	69	0.9	27	2.2	29
Unknown	0.8	32	0.5	28	0.1	1	0.1	1
Basis of Eligibility								
Aged	4.0	134	1.2	74	0.7	26	1.9	27
Disabled	2.8	176	1.1	114	0.4	34	1.2	23
Adults	0.6	22	0.2	14	0.1	4	0.3	4
Children	0.3	12	0.1	8	0.0	1	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.0	89	0.7	56	0.3	17	0.9	14
Male	1.5	93	0.5	60	0.2	18	0.7	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.2	112	0.8	70	0.3	22	1.0	16
African American	0.9	53	0.3	36	0.1	8	0.4	7
Other/unknown	0.8	36	0.3	23	0.1	6	0.4	6
Use of Nursing Facilities								
Entire year	5.9	209	1.7	118	1.0	40	2.8	42
Part year	5.2	208	1.7	128	0.8	35	2.4	37
None	1.4	81	0.5	52	0.2	15	0.6	11
Maintenance Assistance Status								
Cash	1.8	107	0.7	70	0.3	20	0.8	14
Medically needy	2.7	156	1.0	97	0.5	31	1.1	22
Poverty related	0.7	40	0.3	25	0.1	9	0.3	5
Other/unknown	1.6	67	0.6	40	0.3	13	0.8	12

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C 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.

Table 5

All Medicaid Beneficiaries

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 Minnesota, 4.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MINNESOTA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Users							
	Total	Patented	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
														Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$12	\$0	\$2	\$45	\$59	\$11	301,073	\$13,496,182	103,638	32.2	958,838
Biologicals	0.1	0.1	0.0	0.0	37	13	8	17	298	157	2,130	4,482	1,335,367	3,365	1.0	35,629
Antineoplastic Agents	0.6	0.3	0.1	0.2	118	99	9	10	215	378	117	10,650	2,284,782	2,019	0.6	19,345
Endocrine/Metabolic Drugs	0.7	0.3	0.2	0.2	21	14	4	3	31	49	24	290,916	8,959,643	45,538	14.2	430,007
Cardiovascular Agents	1.3	0.4	0.3	0.6	38	21	10	8	29	52	38	569,298	16,743,469	46,459	14.4	435,126
Respiratory Agents	0.6	0.3	0.0	0.3	25	18	0	6	39	55	32	271,863	10,733,366	45,172	14.0	433,186
Gastrointestinal Agents	0.6	0.3	0.1	0.3	43	28	7	8	68	106	85	205,742	14,071,296	33,637	10.5	329,976
Genitourinary Agents	0.4	0.2	0.0	0.2	13	8	0	4	33	48	31	53,979	1,763,304	14,242	4.4	136,950
CNS Drugs	1.2	0.5	0.2	0.5	99	64	27	8	81	121	113	779,496	62,903,425	65,496	20.4	632,931
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.1	0.3	22	8	4	10	37	39	46	52,078	1,934,073	8,901	2.8	87,065
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	39	35	2	1	104	124	92	10,501	1,088,844	2,914	0.9	27,700
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	21	11	5	5	36	91	67	319,471	11,566,063	59,109	18.4	555,068
Neuromuscular Agents	1.0	0.4	0.2	0.4	59	42	7	10	57	96	41	359,692	20,448,328	33,998	10.6	349,028
Nutritional Products	0.6	0.0	0.2	0.4	11	0	5	6	19	16	28	108,082	2,078,607	21,502	6.7	191,730
Hematological Agents	0.7	0.1	0.3	0.4	102	76	18	9	142	1,208	61	78,069	11,076,433	11,741	3.7	108,370
Topical Products	0.3	0.1	0.1	0.2	9	4	2	2	26	45	33	197,595	5,191,816	60,986	19.0	593,993
Miscellaneous Products	0.6	0.2	0.1	0.3	100	60	28	12	158	301	201	16,705	2,635,065	2,591	0.8	26,229
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	39	0	0	160,086	6,313,904	42,202	13.1	419,503
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.	3,789,778	194,623,967	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Minnesota, 4.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MINNESOTA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$35,630,492	30,551	316,770	0.8	\$133	\$112	
ANTIDEPRESSANTS	21,913,204	62,904	617,814	0.6	60	35	
ANTICONVULSANT	17,852,126	29,365	311,319	0.9	67	57	
ULCER DRUGS	11,056,520	32,493	324,540	0.5	73	34	
MISC. HEMATOLOGICAL	8,653,813	2,318	21,452	0.5	753	403	
ANTIASTHMATIC	6,386,135	42,429	405,177	0.4	37	16	
ANALGESICS - Narcotic	6,058,199	52,692	509,317	0.4	33	12	
ANTIHYPERTENSIVE	4,874,401	22,781	217,491	0.6	35	22	
ANTIDIABETIC	4,856,764	17,941	171,680	0.7	39	28	
ANTIANSIETY AGENTS	4,484,583	22,798	231,412	0.5	39	19	

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 MINNESOTA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,797,677	\$121,766,237	30,551	9.5 %	316,770	0.8	\$113	62,904	19.6 %	617,814	0.6	\$36					
Female	1,089,068	63,976,868	16,631	8.9	171,510	0.8	96	41,958	22.6	408,575	0.6	35					
Disabled	690,490	47,196,756	11,653	29.9	129,820	0.8	112	23,602	60.5	259,381	0.6	39					
5 and younger	3,866	195,389	9	0.9	108	0.5	52	16	1.6	160	0.5	7					
6-14	13,350	605,545	135	5.1	1,528	0.6	45	369	14.0	4,045	0.5	20					
15-20	13,049	715,073	250	13.8	2,705	0.6	64	571	31.4	6,304	0.5	26					
21-44	279,722	21,256,126	5,820	35.9	64,669	0.8	116	11,052	68.2	120,876	0.6	40					
45-64	372,680	24,028,632	5,336	31.6	59,852	0.9	113	11,405	67.5	126,090	0.6	40					
65-74	7,323	367,001	98	22.5	898	0.8	68	182	41.8	1,832	0.7	34					
75-84	326	21,418	4	11.4	48	0.9	136	6	17.1	62	0.9	60					
85 and older	174	7,572	1	9.1	12	0.6	44	1	9.1	12	1.3	13					
Other Eligibles	398,578	16,780,112	4,978	3.4	41,690	0.6	45	18,356	12.5	149,194	0.6	28					
5 and younger	4,299	90,993	18	0.1	176	0.3	11	22	0.1	207	0.4	9					
6-14	12,070	481,382	163	0.6	1,729	0.5	32	925	3.2	9,253	0.4	20					
15-20	15,323	671,562	364	1.9	3,018	0.4	28	1,836	9.5	16,085	0.4	23					
21-44	47,567	1,932,286	646	1.5	4,354	0.3	21	5,308	12.2	37,241	0.4	25					
45-64	7,459	371,666	50	1.9	434	0.5	66	631	24.2	4,299	0.5	28					
65-74	70,988	3,347,481	762	13.7	6,785	0.8	72	1,963	35.3	17,790	0.6	31					
75-84	112,747	4,809,984	1,339	16.2	11,242	0.7	51	3,477	42.1	29,518	0.7	32					
85 and older	128,125	5,074,758	1,636	15.7	13,952	0.6	40	4,194	40.3	34,801	0.8	33					
Male	708,609	57,789,369	13,920	10.3	145,260	0.9	132	20,946	15.4	209,239	0.6	36					
Disabled	545,994	49,577,465	11,382	28.8	124,651	1.0	145	14,126	35.8	152,290	0.6	39					
5 and younger	5,394	361,823	14	0.9	123	0.4	34	45	3.0	471	0.4	9					
6-14	29,626	6,661,294	452	9.2	5,191	0.6	48	1,077	22.0	12,096	0.5	22					
15-20	20,487	1,994,246	454	16.7	4,955	0.7	74	729	26.7	7,999	0.6	30					
21-44	250,514	23,580,748	6,486	38.9	70,495	1.0	162	6,757	40.5	72,231	0.6	43					
45-64	235,616	16,743,453	3,918	29.4	43,264	1.0	140	5,443	40.8	58,781	0.6	39					
65-74	4,157	225,999	54	18.6	575	0.8	70	71	24.5	678	0.7	26					
75-84	163	8,474	3	13.6	36	0.5	16	2	9.1	24	0.9	65					
85 and older	37	1,428	1	12.5	12	1.0	49	2	25.0	10	1.0	42					
Other Eligibles	162,615	8,211,904	2,538	2.6	20,609	0.7	55	6,820	7.1	56,949	0.6	28					
5 and younger	6,890	1,222,527	16	0.1	152	0.3	18	55	0.2	492	0.4	17					
6-14	22,061	922,051	349	1.2	3,456	0.5	47	1,677	5.6	16,177	0.5	22					
15-20	14,173	761,923	404	3.0	3,582	0.6	55	1,273	9.6	11,347	0.5	27					
21-44	9,698	421,676	118	1.0	791	0.4	37	713	6.0	4,614	0.4	25					
45-64	3,364	160,270	21	1.3	140	0.5	51	154	9.2	1,078	0.5	27					
65-74	32,772	1,647,468	456	13.6	3,690	0.8	86	826	24.7	6,891	0.6	31					
75-84	40,979	1,783,936	676	20.2	5,140	0.7	56	1,183	35.4	9,174	0.8	34					
85 and older	32,678	1,292,053	498	17.8	3,658	0.7	37	939	33.6	7,176	0.8	34					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MINNESOTA, 1999

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					MISC. HEMATOLOGICAL				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
All	29,365	9.1 %	311,319	0.9	\$57	32,493	10.1 %	324,540	0.5	\$34	2,318	0.7 %	21,452	0.5	\$403
Female	15,962	8.6	167,815	0.8	52	21,223	11.4	211,386	0.5	34	1,435	0.8	13,390	0.5	40
Disabled	12,290	31.5	137,331	0.8	57	11,303	29.0	126,015	0.4	35	415	1.1	4,501	0.4	44
5 and younger	162	16.3	1,767	0.6	32	195	19.6	2,073	0.4	15	7	0.7	67	0.9	929
6-14	595	22.5	6,757	0.7	39	223	8.5	2,590	0.4	18	4	0.2	46	0.3	95
15-20	496	27.3	5,627	0.8	43	197	10.8	2,215	0.4	21	2	0.1	13	0.8	6
21-44	5,944	36.7	66,437	0.9	64	4,114	25.4	45,809	0.4	32	59	0.4	642	0.5	38
45-64	5,006	29.6	55,892	0.9	54	6,408	37.9	71,640	0.5	37	330	2.0	3,609	0.4	28
65-74	83	19.1	811	0.9	37	155	35.6	1,570	0.4	37	13	3.0	124	0.6	48
75-84	2	5.7	24	0.4	12	7	20.0	77	0.6	61	0	0.0	0	0.0	0
85 and older	2	18.2	16	1.8	29	4	36.4	41	0.9	41	0	0.0	0	0.0	0
Other Eligibles	3,672	2.5	30,484	0.7	29	9,920	6.7	85,371	0.5	32	1,020	0.7	8,889	0.6	38
5 and younger	52	0.2	473	0.4	13	204	0.7	1,441	0.3	10	0	0.0	0	0.0	0
6-14	199	0.7	1,827	0.5	36	200	0.7	1,927	0.2	13	0	0.0	0	0.0	0
15-20	242	1.2	2,020	0.5	26	419	2.2	3,492	0.2	10	1	0.0	2	0.5	47
21-44	727	1.7	4,849	0.5	26	1,712	3.9	12,935	0.2	17	7	0.0	56	0.3	26
45-64	96	3.7	670	0.6	35	290	11.1	2,020	0.3	29	6	0.2	25	0.3	19
65-74	730	13.1	6,666	0.8	35	1,518	27.3	14,269	0.5	35	203	3.7	1,914	0.4	29
75-84	849	10.3	7,475	0.8	27	2,497	30.2	22,600	0.6	38	373	4.5	3,204	0.6	41
85 and older	777	7.5	6,504	0.8	25	3,080	29.6	26,687	0.6	38	430	4.1	3,688	0.6	41
Male	13,403	9.9	143,504	0.9	64	11,270	8.3	113,154	0.5	35	883	0.7	8,062	0.5	1,007
Disabled	11,322	28.7	125,938	0.9	68	7,636	19.4	83,704	0.5	36	379	1.0	4,010	0.5	1,727
5 and younger	204	13.6	2,154	0.5	28	223	14.9	2,443	0.4	16	7	0.5	69	0.5	2,624
6-14	931	19.0	10,500	0.7	38	316	6.5	3,640	0.4	20	26	0.5	294	1.0	18,213
15-20	704	25.8	7,952	0.8	59	225	8.3	2,532	0.4	30	8	0.3	96	1.2	7,108
21-44	5,661	33.9	62,933	1.0	74	3,027	18.1	33,242	0.5	37	62	0.4	639	0.5	957
45-64	3,761	28.2	41,787	1.0	69	3,743	28.1	40,834	0.5	38	269	2.0	2,830	0.4	33
65-74	57	19.7	564	1.2	87	94	32.4	935	0.5	39	7	2.4	82	0.2	13
75-84	3	13.6	36	0.7	37	8	36.4	78	0.5	29	0	0.0	0	0.0	0
85 and older	1	12.5	12	0.9	23	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,081	2.2	17,566	0.7	36	3,634	3.8	29,450	0.5	32	504	0.5	4,052	0.6	294
5 and younger	63	0.2	467	0.5	19	267	0.9	2,007	0.3	11	1	0.0	12	3.9	88,721
6-14	394	1.3	3,911	0.6	29	151	0.5	1,442	0.3	18	0	0.0	0	0.0	0
15-20	312	2.3	2,767	0.6	42	209	1.6	1,708	0.2	19	1	0.0	1	1.0	9
21-44	227	1.9	1,433	0.5	37	387	3.3	2,638	0.3	26	9	0.1	37	0.2	20
45-64	38	2.3	284	0.5	41	135	8.1	882	0.4	32	12	0.7	94	0.4	26
65-74	439	13.1	3,793	0.9	49	793	23.7	6,791	0.5	35	137	4.1	1,263	0.4	26
75-84	376	11.2	3,047	0.9	34	882	26.4	7,396	0.6	38	164	4.9	1,267	0.6	33
85 and older	232	8.3	1,864	0.8	24	810	29.0	6,586	0.6	40	180	6.4	1,378	0.6	35
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 MINNESOTA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - Narcotic				ANTI-HYPERTENSIVE						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	42,429	13.2 %	405,177	0.4	\$16	52,692	16.4 %	509,317	0.4	\$12	22,781	7.1 %	217,491	0.6	\$22
Female	25,868	13.9	248,132	0.4	16	36,445	19.6	351,955	0.4	11	13,528	7.3	127,975	0.6	23
Disabled	12,428	31.8	137,396	0.4	17	17,546	44.9	194,860	0.4	12	5,194	13.3	57,080	0.6	23
5 and younger	359	36.1	3,784	0.3	9	56	5.6	611	0.1	1	25	2.5	270	0.5	6
6-14	638	24.2	7,217	0.3	12	194	7.4	2,224	0.1	1	159	6.0	1,747	0.6	10
15-20	401	22.1	4,510	0.3	10	339	18.6	3,800	0.2	2	63	3.5	744	0.5	10
21-44	4,385	27.1	48,377	0.4	13	7,924	48.9	87,560	0.3	11	1,046	6.5	11,622	0.6	21
45-64	6,461	38.2	71,711	0.5	21	8,867	52.4	99,012	0.4	15	3,774	22.3	41,395	0.6	24
65-74	170	39.1	1,649	0.6	24	154	35.4	1,529	0.4	13	114	26.2	1,183	0.6	24
75-84	8	22.9	76	0.2	6	9	25.7	88	0.2	2	12	34.3	107	0.6	15
85 and older	6	54.5	72	1.0	62	3	27.3	36	0.3	4	1	9.1	12	0.1	2
Other Eligibles	13,440	9.1	110,736	0.4	15	18,899	12.9	157,095	0.4	9	8,334	5.7	70,895	0.7	23
5 and younger	1,864	6.6	15,263	0.2	4	221	0.8	1,955	0.1	1	32	0.1	293	0.5	14
6-14	1,466	5.1	12,229	0.3	8	531	1.8	5,004	0.1	1	187	0.6	1,835	0.6	9
15-20	1,217	6.3	9,727	0.3	8	1,815	9.4	14,573	0.2	1	45	0.2	406	0.5	9
21-44	2,828	6.5	19,477	0.3	9	7,515	17.3	57,302	0.2	4	326	0.8	2,000	0.4	17
45-64	289	11.1	1,988	0.4	13	566	21.7	4,373	0.3	8	175	6.7	1,158	0.5	20
65-74	1,704	30.7	16,453	0.6	24	1,815	32.7	17,209	0.5	17	1,562	28.1	14,263	0.6	22
75-84	2,150	26.0	19,210	0.6	24	2,755	33.4	25,233	0.5	16	2,805	34.0	24,851	0.7	24
85 and older	1,922	18.5	16,389	0.6	21	3,681	35.3	31,446	0.6	17	3,202	30.7	26,089	0.8	24
Male	16,561	12.2	157,045	0.4	15	16,247	12.0	157,362	0.4	14	9,253	6.8	89,516	0.6	22
Disabled	7,827	19.8	85,406	0.5	17	10,401	26.4	111,185	0.4	16	5,191	13.2	55,972	0.6	22
5 and younger	599	39.9	6,528	0.3	10	106	7.1	1,192	0.1	1	67	4.5	688	0.5	8
6-14	1,212	24.8	13,710	0.4	14	317	6.5	3,615	0.1	1	564	11.5	6,294	0.6	11
15-20	474	17.4	5,314	0.4	14	295	10.8	3,274	0.2	3	163	6.0	1,833	0.6	16
21-44	2,065	12.4	22,442	0.4	14	4,903	29.4	52,136	0.3	18	1,296	7.8	13,957	0.6	24
45-64	3,374	25.3	36,334	0.6	22	4,711	35.4	50,300	0.4	16	3,001	22.5	32,211	0.6	25
65-74	99	34.1	1,030	0.7	30	66	22.8	632	0.3	10	97	33.4	961	0.6	25
75-84	4	18.2	48	0.8	42	3	13.6	36	0.1	1	2	9.1	16	0.3	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12.5	12	0.1	3
Other Eligibles	8,734	9.1	71,639	0.4	13	5,846	6.1	46,177	0.3	8	4,062	4.2	33,544	0.7	21
5 and younger	2,719	9.0	22,267	0.2	5	345	1.1	3,046	0.1	1	60	0.2	512	0.6	9
6-14	1,995	6.7	16,606	0.3	9	535	1.8	4,936	0.1	1	618	2.1	5,905	0.6	10
15-20	688	5.2	5,830	0.3	10	711	5.3	5,577	0.2	2	125	0.9	1,240	0.6	11
21-44	409	3.5	2,561	0.4	11	1,570	13.3	10,490	0.3	6	152	1.3	884	0.5	18
45-64	115	6.9	692	0.4	15	304	18.2	1,970	0.5	15	130	7.8	826	0.5	20
65-74	898	26.9	7,947	0.6	25	760	22.7	6,701	0.4	11	955	28.6	8,155	0.6	23
75-84	1,089	32.5	8,839	0.7	26	835	25.0	6,890	0.5	15	1,113	33.3	8,938	0.7	24
85 and older	821	29.4	6,897	0.6	24	786	28.1	6,567	0.5	15	909	32.5	7,084	0.8	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 MINNESOTA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTI-ANXIETY AGENTS				No. of Bene Mos		
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx \$			
All	17,941	5.6 %	171,680	0.7	22,798	7.1 %	231,412	0.5	\$19	321,604	2,142,225
Female	12,058	6.5	115,662	0.7	14,958	8.0	150,293	0.5	19	186,016	1,217,148
Disabled	5,866	15.0	64,199	0.7	8,611	22.1	96,546	0.5	21	39,038	412,426
5 and younger	2	0.2	14	0.8	63	6.3	689	0.3	6	994	9,493
6-14	23	0.9	264	1.0	194	7.4	2,207	0.3	13	2,639	27,900
15-20	22	1.2	249	0.7	179	9.8	2,040	0.4	11	1,818	19,047
21-44	1,466	9.0	15,978	0.7	3,835	23.7	43,059	0.5	22	16,200	171,769
45-64	4,175	24.7	45,951	0.7	4,263	25.2	47,796	0.5	22	16,906	179,736
65-74	176	40.5	1,729	0.7	66	15.2	633	0.6	17	435	4,054
75-84	2	5.7	14	0.1	10	28.6	110	0.7	36	35	319
85 and older	0	0.0	0	0.0	1	9.1	12	0.3	12	11	108
Other Eligibles	6,192	4.2	51,463	0.7	6,347	4.3	53,747	0.5	14	146,978	804,722
5 and younger	8	0.0	53	0.5	94	0.3	821	0.1	1	28,382	146,136
6-14	52	0.2	362	1.1	160	0.6	1,625	0.3	12	28,968	163,537
15-20	72	0.4	509	0.9	258	1.3	2,155	0.2	8	19,409	98,770
21-44	623	1.4	3,913	0.6	1,277	2.9	9,239	0.3	8	43,381	193,528
45-64	239	9.2	1,569	0.6	165	6.3	1,209	0.4	11	2,611	12,431
65-74	1,596	28.7	14,379	0.7	817	14.7	7,513	0.6	18	5,554	45,240
75-84	2,095	25.4	18,335	0.7	1,610	19.5	14,270	0.6	15	8,257	66,478
85 and older	1,507	14.5	12,343	0.8	1,966	18.9	16,915	0.6	16	10,416	78,602
Male	5,883	4.3	56,018	0.7	7,840	5.8	81,119	0.5	21	135,587	925,067
Disabled	3,606	9.1	38,367	0.7	5,778	14.6	64,146	0.5	22	39,459	405,850
5 and younger	0	0.0	0	0.0	72	4.8	770	0.3	6	1,500	14,330
6-14	29	0.6	303	1.0	330	6.7	3,817	0.4	14	4,893	51,744
15-20	36	1.3	395	0.9	221	8.1	2,550	0.4	14	2,726	27,982
21-44	923	5.5	9,765	0.8	2,785	16.7	31,062	0.5	24	16,694	172,339
45-64	2,551	19.1	27,251	0.7	2,326	17.5	25,541	0.5	23	13,326	136,585
65-74	66	22.8	648	0.7	41	14.1	380	0.5	11	290	2,588
75-84	0	0.0	0	0.0	3	13.6	26	0.4	20	22	207
85 and older	1	12.5	5	0.6	0	0.0	0	0.0	0	8	75
Other Eligibles	2,277	2.4	17,651	0.7	2,062	2.1	16,973	0.5	15	96,128	519,217
5 and younger	19	0.1	122	0.9	115	0.4	1,063	0.2	3	30,084	154,248
6-14	23	0.1	199	1.1	227	0.8	2,231	0.3	17	29,774	170,858
15-20	57	0.4	362	1.0	146	1.1	1,278	0.4	17	13,326	71,854
21-44	199	1.7	1,299	0.7	196	1.7	1,253	0.3	13	11,786	46,096
45-64	156	9.3	816	0.6	52	3.1	305	0.6	12	1,674	6,750
65-74	644	19.3	5,447	0.7	335	10.0	2,844	0.5	16	3,342	25,276
75-84	734	21.9	5,975	0.7	513	15.3	4,223	0.6	15	3,346	24,542
85 and older	445	15.9	3,431	0.8	478	17.1	3,776	0.6	15	2,796	19,593
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	1	10

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 MINNESOTA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$209	5.9	15,931	119,007
Age				
0-64	391	7.7	2,061	21,707
65-74	249	6.7	1,304	9,246
75-84	188	5.9	4,262	29,311
85 and older	147	5.2	8,304	58,743
Unknown	0	0.0	0	0
Gender				
Female	195	5.9	11,212	83,782
Male	244	6.0	4,719	35,225
Unknown	0	0.0	0	0
Race				
White	206	5.9	15,071	112,669
African American	384	8.1	238	1,927
Other/unknown	218	5.4	622	4,411
Basis of Eligibility				
Aged	168	5.5	13,782	96,581
Disabled	387	7.6	2,145	22,402
Adults	0	0.0	0	0
Children	530	9.1	4	24
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 MINNESOTA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$15	\$1	\$2	\$42	\$68	\$44	\$11	33,586	\$1,415,466	9,024	56.6 %	79,937
Biologicals	0.1	0.1	0.0	0.1	3	1	0	2	24	11	0	41	1,186	28,994	1,025	6.4	9,653
Antineoplastic Agents	0.8	0.3	0.1	0.3	119	97	10	12	154	281	102	36	1,941	299,829	322	2.0	2,519
Endocrine/Metabolic Drugs	1.1	0.4	0.3	0.4	22	14	4	4	20	37	13	10	50,457	995,083	5,760	36.2	45,334
Cardiovascular Agents	1.9	0.4	0.5	1.0	38	15	12	10	20	36	27	10	154,256	3,031,488	10,528	66.1	80,125
Respiratory Agents	1.0	0.5	0.0	0.5	38	23	0	15	37	48	22	28	34,609	1,279,623	3,884	24.4	33,443
Gastrointestinal Agents	0.9	0.3	0.1	0.5	51	32	9	11	55	93	64	24	42,694	2,362,855	5,540	34.8	45,944
Genitourinary Agents	0.6	0.2	0.0	0.4	19	11	0	8	31	48	31	21	13,563	424,775	2,555	16.0	22,793
CNS Drugs	1.6	0.7	0.2	0.7	94	63	20	10	59	91	91	15	123,666	7,340,147	9,721	61.0	78,442
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.2	0.6	20	1	8	12	26	87	43	20	788	20,508	112	0.7	1,031
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	85	84	1	0	108	112	78	16	2,798	303,189	475	3.0	3,556
Analgesics and Anesthetics	0.9	0.2	0.1	0.6	30	17	6	7	33	74	48	12	50,210	1,632,293	6,524	41.0	54,312
Neuromuscular Agents	1.3	0.4	0.3	0.7	56	30	12	15	43	78	43	22	51,959	2,213,074	4,417	27.7	39,445
Nutritional Products	0.9	0.0	0.2	0.6	14	0	6	8	15	15	24	12	36,703	567,182	5,061	31.8	40,996
Hematological Agents	1.1	0.1	0.4	0.6	29	12	9	8	27	163	20	13	29,913	795,539	3,481	21.9	27,483
Topical Products	0.6	0.2	0.1	0.3	15	7	4	4	25	40	33	13	40,759	1,001,341	7,563	47.5	67,301
Miscellaneous Products	0.4	0.1	0.0	0.3	20	8	4	8	50	150	108	26	1,949	96,589	539	3.4	4,930
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	19	0	0	0	32	0	0	0	34,942	1,112,959	6,532	41.0	57,409
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.	705,979	24,920,934	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Minnesota, 4.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 MINNESOTA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$3,841,686	4,746	29.8 %	42,257	0.9	\$101	\$91
ANTIDEPRESSANTS	2,746,571	8,209	51.5	67,990	0.9	47	40
ULCER DRUGS	1,907,164	5,149	32.3	43,747	0.7	62	44
ANTICONVULSANT	1,502,231	3,176	19.9	29,783	1.1	46	50
ANALGESICS - Narcotic	1,039,426	5,612	35.2	47,556	0.7	33	22
ANTIASTHMATIC	989,346	4,273	26.8	36,088	0.7	37	27
ANTIHYPERTENSIVE	976,214	4,650	29.2	36,003	0.9	30	27
ANTIDIABETIC	686,370	3,233	20.3	26,194	1.0	27	26
ANTIANKXIETY AGENTS	680,317	3,800	23.9	33,125	0.7	30	21
CALCIUM BLOCKERS	677,036	2,470	15.5	19,265	0.9	39	35

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d} MINNESOTA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Rx	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Rx
All	316,190	\$15,046,361	4,746	29.8 %	0.9	42,257	0.9	\$91		8,209	51.5 %	0.9	\$40	67,990	0.9	\$40
Female	213,457	9,690,183	3,006	26.8	0.8	26,910	0.8	81		5,958	53.1	0.9	40	49,484	0.9	40
Disabled	44,114	2,885,367	671	64.8	1.1	7,365	1.1	159		759	73.3	0.9	49	8,164	0.9	49
64 or younger	42,402	2,800,561	646	66.0	1.2	7,119	1.2	161		726	74.2	0.9	49	7,870	0.9	49
65-74	1,555	77,625	23	47.9	0.9	222	0.9	83		31	64.6	0.8	45	280	0.8	45
75-84	60	4,679	2	40.0	0.8	24	0.8	82		1	20.0	1.5	150	2	1.5	150
85 and older	97	2,502	0	0.0	0.0	0	0.0	0		1	25.0	1.3	13	12	1.3	13
Other Eligibles	169,343	6,804,816	2,335	22.9	0.7	19,545	0.7	52		5,199	51.1	0.9	38	41,320	0.9	38
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	17,998	817,189	261	37.1	0.9	2,187	0.9	83		463	65.9	0.9	45	3,726	0.9	45
75-84	54,728	2,254,762	814	28.2	0.8	6,659	0.8	57		1,705	59.1	0.9	39	13,153	0.9	39
85 and older	96,617	3,732,865	1,260	19.1	0.7	10,699	0.7	41		3,031	46.0	0.8	37	24,441	0.8	37
Male	102,733	5,356,178	1,740	36.9	1.0	15,347	1.0	109		2,251	47.7	0.9	42	18,506	0.9	42
Disabled	46,013	3,000,699	719	64.8	1.2	7,921	1.2	159		622	56.1	0.9	47	6,563	0.9	47
64 or younger	44,899	2,953,732	695	64.5	1.2	7,670	1.2	163		602	55.8	0.9	48	6,367	0.9	48
65-74	1,018	42,622	22	81.5	0.7	227	0.7	44		20	74.1	0.9	33	196	0.9	33
75-84	73	3,483	1	50.0	1.3	12	1.3	22		0	0.0	0.0	0	0	0.0	0
85 and older	23	862	1	50.0	1.0	12	1.0	49		0	0.0	0.0	0	0	0.0	0
Other Eligibles	56,720	2,355,479	1,021	28.3	0.8	7,426	0.8	55		1,629	45.1	0.9	39	11,943	0.9	39
64 or younger	125	8,911	3	75.0	0.2	28	0.2	5		4	100.0	0.5	36	40	0.5	36
65-74	10,309	483,771	194	36.9	0.9	1,406	0.9	82		278	52.9	0.9	43	2,069	0.9	43
75-84	23,736	988,609	458	33.5	0.8	3,381	0.8	57		693	50.7	0.9	39	5,038	0.9	39
85 and older	22,550	874,188	366	21.4	0.7	2,611	0.7	38		654	38.2	0.9	36	4,796	0.9	36
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 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 MINNESOTA, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTICONVULSANT						ANALGESICS - Narcotic					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	5,149	32.3 %	\$44	3,176	19.9 %	1.1	29,783	1.1	\$50	5,612	35.2 %	0.7	47,556	0.7	\$22			
Female	3,541	31.6	42	1,921	17.1	1.1	17,663	1.1	46	4,176	37.2	0.7	35,326	0.7	23			
Disabled	447	43.1	46	649	62.6	1.2	7,027	1.2	69	465	44.9	0.7	4,789	0.7	30			
64 or younger	430	43.9	46	620	63.3	1.2	6,790	1.2	69	442	45.1	0.7	4,590	0.7	30			
65-74	16	33.3	38	26	54.2	1.2	209	1.2	45	21	43.8	0.7	185	0.7	34			
75-84	0	0.0	0	1	20.0	0.2	12	0.2	4	1	20.0	1.0	2	1.0	16			
85 and older	1	25.0	24	2	50.0	1.8	16	1.8	29	1	25.0	0.2	12	0.2	1			
Other Eligibles	3,094	30.4	41	1,272	12.5	0.9	10,636	0.9	31	3,711	36.5	0.7	30,537	0.7	22			
64 or younger	0	0.0	0	0	0.0	0.0	0	0.0	0	0	0.0	0.0	0	0.0	0			
65-74	241	34.3	43	235	33.4	1.1	1,964	1.1	44	262	37.3	0.9	2,243	0.9	33			
75-84	901	31.2	43	459	15.9	1.0	3,902	1.0	33	1,019	35.3	0.8	8,173	0.8	25			
85 and older	1,952	29.6	40	578	8.8	0.9	4,770	0.9	25	2,430	36.9	0.6	20,121	0.6	19			
Male	1,608	34.1	47	1,255	26.6	1.1	12,120	1.1	57	1,436	30.4	0.6	12,230	0.6	19			
Disabled	494	44.5	54	718	64.7	1.2	7,939	1.2	67	398	35.9	0.7	4,070	0.7	24			
64 or younger	475	44.1	55	704	65.3	1.2	7,815	1.2	67	391	36.3	0.7	4,034	0.7	24			
65-74	17	63.0	42	12	44.4	1.3	100	1.3	67	7	25.9	0.8	36	0.8	26			
75-84	2	100.0	46	1	50.0	0.8	12	0.8	12	0	0.0	0.0	0	0.0	0			
85 and older	0	0.0	0	1	50.0	0.9	12	0.9	23	0	0.0	0.0	0	0.0	0			
Other Eligibles	1,114	30.9	43	537	14.9	1.0	4,181	1.0	38	1,038	28.8	0.6	8,160	0.6	17			
64 or younger	4	100.0	168	3	75.0	1.9	12	1.9	133	1	25.0	0.6	12	0.6	11			
65-74	201	38.2	43	157	29.8	1.1	1,224	1.1	47	143	27.2	0.6	1,002	0.6	13			
75-84	425	31.1	42	224	16.4	1.0	1,761	1.0	39	396	28.9	0.6	3,041	0.6	15			
85 and older	484	28.3	44	153	8.9	0.8	1,184	0.8	26	498	29.1	0.6	4,105	0.6	19			
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 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 MINNESOTA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-HYPERTENSIVE					ANTI-DIABETIC				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	4,273	26.8 %	36,088	0.7	\$27	4,650	29.2 %	36,003	0.9	\$27	3,233	20.3 %	26,194	1.0	\$26
Female	2,700	24.1	22,808	0.7	26	3,197	28.5	24,679	0.9	27	2,209	19.7	17,871	1.0	26
Disabled	425	41.0	4,374	0.8	32	227	21.9	2,406	0.9	28	285	27.5	3,001	1.1	36
64 or younger	403	41.2	4,171	0.8	31	215	22.0	2,301	0.8	28	257	26.3	2,725	1.1	36
65-74	17	35.4	163	1.0	37	10	20.8	101	1.0	43	28	58.3	276	0.9	34
75-84	2	40.0	4	1.0	54	2	40.0	4	3.0	136	0	0.0	0	0.0	0
85 and older	3	75.0	36	0.7	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,275	22.4	18,434	0.7	25	2,970	29.2	22,273	0.9	26	1,924	18.9	14,870	0.9	24
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	236	33.6	2,034	0.9	32	194	27.6	1,497	0.9	25	247	35.1	1,916	1.0	27
75-84	771	26.7	5,873	0.7	28	886	30.7	6,463	0.9	27	752	26.0	5,797	0.9	25
85 and older	1,268	19.3	10,527	0.6	22	1,890	28.7	14,313	0.9	26	925	14.0	7,157	0.9	22
Male	1,573	33.3	13,280	0.8	30	1,453	30.8	11,324	0.9	29	1,024	21.7	8,323	1.0	27
Disabled	434	39.1	4,551	0.8	30	312	28.1	3,248	0.9	30	275	24.8	2,783	1.0	30
64 or younger	413	38.3	4,369	0.8	30	294	27.3	3,100	0.9	30	262	24.3	2,664	1.1	31
65-74	18	66.7	146	0.9	33	18	66.7	148	0.9	31	13	48.1	119	0.9	20
75-84	3	150.0	36	1.0	55	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
Other Eligibles	1,139	31.6	8,729	0.8	29	1,141	31.6	8,076	0.9	28	749	20.7	5,540	0.9	26
64 or younger	3	75.0	12	2.2	62	1	25.0	4	0.8	10	0	0.0	0	0.0	0
65-74	183	34.8	1,361	0.8	29	172	32.7	1,270	1.0	33	120	22.8	904	1.0	30
75-84	479	35.0	3,523	0.9	32	475	34.7	3,235	0.9	27	343	25.1	2,546	0.9	26
85 and older	474	27.7	3,833	0.7	26	493	28.8	3,567	0.9	27	286	16.7	2,090	0.9	23
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 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 MINNESOTA, 1999

Beneficiary Characteristics	ANTIANXIETY AGENTS					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean	Users as %		No. of Bene		Mean		All-Year NF Residents
	No. of Users	Residents	NF Residents	Users		Mos among Users	Rx	No. of Users	Residents			
All	3,800	23.9 %	33,125	0.7	\$21	2,470	15.5 %	19,265	0.9	\$35	15,931	119,007
Female	2,688	24.0	23,331	0.7	20	1,841	16.4	14,153	0.9	35	11,212	83,782
Disabled	433	41.8	4,693	0.7	23	128	12.4	1,378	0.9	39	1,036	10,905
64 or younger	415	42.4	4,538	0.7	23	116	11.8	1,260	0.9	39	979	10,441
65-74	14	29.2	117	0.8	18	11	22.9	106	0.8	41	48	382
75-84	4	80.0	38	0.5	41	0	0.0	0	0.0	0	5	42
85 and older	0	0.0	0	0.0	0	1	25.0	12	1.0	6	4	40
Other Eligibles	2,255	22.2	18,638	0.7	19	1,713	16.8	12,775	0.9	34	10,176	72,877
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	182	25.9	1,542	0.9	22	107	15.2	851	0.9	36	703	5,124
75-84	708	24.5	5,656	0.7	19	540	18.7	3,918	0.9	35	2,887	20,332
85 and older	1,365	20.7	11,440	0.6	18	1,066	16.2	8,006	0.9	34	6,586	47,421
Male	1,112	23.6	9,794	0.7	23	629	13.3	5,112	0.9	37	4,719	35,225
Disabled	400	36.1	4,314	0.7	29	147	13.3	1,566	0.9	44	1,109	11,497
64 or younger	392	36.4	4,292	0.7	30	142	13.2	1,532	0.9	44	1,078	11,242
65-74	8	29.6	62	0.5	4	5	18.5	34	0.8	39	27	220
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	16
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
Other Eligibles	712	19.7	5,480	0.6	17	482	13.4	3,546	0.9	33	3,610	23,728
64 or younger	2	50.0	16	0.9	51	0	0.0	0	0.0	0	4	24
65-74	93	17.7	708	0.7	21	73	13.9	543	0.9	36	526	3,520
75-84	297	21.7	2,273	0.7	18	187	13.7	1,392	0.9	32	1,368	8,921
85 and older	320	18.7	2,483	0.6	16	222	13.0	1,611	0.9	33	1,712	11,263
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 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 6,402 beneficiaries who were in nursing facilities for part of their enrollment and their 53,020 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
MINNESOTA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	580,323	57,823	79,381	136,405	306,714	0	5,350,521	577,087	840,851	1,139,747	2,792,836	0
Age												
5 and younger	117,738	0	2,502	22	115,214	0	1,018,777	0	25,628	180	992,969	0
6-14	138,521	0	7,541	51	130,929	0	1,344,835	0	81,576	423	1,262,836	0
15-20	72,043	0	4,552	10,129	57,362	0	650,481	0	47,827	82,581	520,073	0
21-44	146,699	0	33,129	110,361	3,209	0	1,286,628	0	351,747	917,923	16,958	0
45-64	46,324	2	30,603	15,719	0	0	460,807	22	323,046	137,739	0	0
65-74	16,772	15,729	929	114	0	0	175,020	164,480	9,698	842	0	0
75-84	19,575	19,471	97	7	0	0	196,852	195,782	1,032	38	0	0
85 and older	22,650	22,621	28	1	0	0	217,111	216,803	297	11	0	0
Unknown	1	0	0	1	0	0	10	0	0	10	0	0
Gender												
Female	335,143	42,172	39,516	103,424	150,031	0	3,101,426	426,101	425,143	879,227	1,370,955	0
Male	245,180	15,651	39,865	32,981	156,683	0	2,249,095	150,986	415,708	260,520	1,421,881	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	367,440	50,607	58,816	87,667	170,350	0	3,405,840	502,029	629,751	726,208	1,547,852	0
African American	91,399	1,771	10,610	21,657	57,361	0	841,220	18,156	106,590	189,580	526,894	0
Other/unknown	121,484	5,445	9,955	27,081	79,003	0	1,103,461	56,902	104,510	223,959	718,090	0
Use of Nursing Facilities												
All year	27,811	25,611	2,196	0	4	0	266,277	243,258	22,981	0	38	0
Part year	8,046	6,184	1,834	21	7	0	80,305	61,293	18,758	189	65	0
None	544,466	26,028	75,351	136,384	306,703	0	5,003,939	272,536	799,112	1,139,558	2,792,733	0
Maintenance Assistance Status												
Cash	239,410	17,469	55,027	54,716	112,198	0	2,359,219	195,477	603,049	485,495	1,075,198	0
Medically needy	11,436	4,833	5,854	183	566	0	101,293	42,412	56,274	386	2,221	0
Poverty related	1,442	737	596	50	59	0	14,086	7,912	5,927	120	127	0
Other/unknown	328,035	34,784	17,904	81,456	193,891	0	2,875,923	331,286	175,601	653,746	1,715,290	0
Dual Status^c												
Full dual, all year	86,375	53,878	31,628	831	38	0	885,517	537,077	341,106	7,031	303	0
Full dual, part year	3,571	1,936	1,620	14	1	0	37,629	20,682	16,787	148	12	0
Non-dual, all year	490,377	2,009	46,133	135,560	306,675	0	4,427,375	19,328	482,958	1,132,568	2,792,521	0
Managed Care Status												
FFS all year	200,216	24,119	74,926	29,758	71,413	0	1,746,095	216,772	797,713	183,146	548,464	0
FFS part year, with Rx claims	43,704	8,173	2,857	14,271	18,403	0	426,118	85,060	29,735	130,065	181,258	0
FFS part year, no Rx claims	77,684	1,377	714	22,403	53,190	0	690,425	13,321	6,844	190,606	479,654	0
MC all year, with Rx claims	246	17	33	37	159	0	1,568	129	168	215	1,056	0
MC all year, no Rx claims	258,473	24,137	851	69,936	163,549	0	2,486,315	261,805	6,391	635,715	1,582,404	0

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and 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
 MINNESOTA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	580,323	5,350,521	321,604	2,142,225	258,719	3,208,296
FFS all year	200,216	1,746,095	200,216	1,746,095	0	0
FFS part year, with Rx claims	43,704	426,118	43,704	186,973	0	239,145
FFS part year, with no Rx claims	77,684	690,425	77,684	209,157	0	481,268
MC all year, with Rx claims	246	1,568	0	0	246	1,568
MC all year, with no Rx claims	258,473	2,486,315	0	0	258,473	2,486,315

Source: Data for this table are from the MAX 1999 file for Minnesota, released by CMS in 11/2003. This table was produced on 06/25/2004.

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