

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 COLORADO

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
COLORADO, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	418,983 (A)	69,641 (E)	349,342 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	389,344 (B)	58,742 (F)	330,602 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	304,170 (C)	51,558 (G)	252,612 (K)
4. Benes who were all-year nursing facility residents ^f	9,153 (D)	8,532 (H)	621 (L)

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for Colorado in 2001 was \$185,413,733, of which \$557,428 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mrcer01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 1.4 percent were restricted benefit months without a pharmacy benefit in Colorado, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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}
 COLORADO, 2001

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	304,170	35,845	45,092	61,261	161,856	116	2,003,009	347,669	406,469	288,854	959,206	811						
Age																		
5 and younger	81,675	0	1,586	0	80,083	6	456,846	0	12,263	0	444,556	27						
6-14	66,440	0	3,405	0	63,024	11	426,681	0	30,183	0	396,427	71						
15-20	32,171	0	2,620	10,854	18,692	5	192,198	0	22,589	51,714	117,857	38						
21-44	65,026	0	17,094	47,803	55	74	380,071	0	155,274	223,849	362	586						
45-64	22,265	0	19,662	2,594	0	9	192,601	0	179,312	13,251	0	38						
65-74	13,257	12,548	693	7	0	9	130,231	123,663	6,512	29	0	27						
75-84	12,987	12,962	22	2	0	1	128,022	127,770	234	6	0	12						
85 and older	10,347	10,335	10	1	0	1	96,355	96,236	102	5	0	12						
Unknown	2	0	0	0	2	0	4	0	0	0	4	0						
Gender																		
Female	183,631	25,901	23,170	54,421	80,097	42	1,196,334	254,309	211,900	258,230	471,642	253						
Male	120,539	9,944	21,922	6,840	81,759	74	806,675	93,360	194,569	30,624	487,564	558						
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						
Race																		
White	145,446	22,608	25,851	27,683	69,241	63	1,026,183	216,333	242,977	132,553	433,846	474						
African American	20,501	1,186	1,699	4,409	13,194	13	121,034	11,533	13,956	19,920	75,528	97						
Other/unknown	138,223	12,051	17,542	29,169	79,421	40	855,792	119,803	149,536	136,381	449,832	240						
Use of Nursing Facilities^c																		
Entire year	9,153	8,000	1,153	0	0	0	89,801	77,960	11,841	0	0	0						
Part year	5,578	4,501	1,070	5	0	2	50,033	40,446	9,548	33	0	6						
None	289,439	23,344	42,869	61,256	161,856	114	1,863,175	229,263	385,080	288,821	959,206	805						
Maintenance Assistance Status																		
Cash	148,286	22,901	38,424	33,891	53,070	0	1,032,398	230,938	341,632	164,248	295,580	0						
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0						
Poverty-related	106,731	218	258	19,443	86,812	0	569,239	2,189	2,401	78,365	486,284	0						
Other/unknown	49,153	12,726	6,410	7,927	21,974	116	401,372	114,542	62,436	46,241	177,342	811						
Dual Medicare Status^d																		
Full dual, all year	50,211	32,378	17,514	305	5	9	498,509	316,943	179,845	1,623	41	57						
Full dual, part year	1,347	764	578	5	0	0	13,759	7,894	5,812	53	0	0						
Non-dual, all year	252,612	2,703	27,000	60,951	161,851	107	1,490,741	22,832	220,812	287,178	959,165	754						
Managed Care Status																		
FFS all year	194,256	33,314	34,231	36,986	89,610	115	1,528,578	337,039	356,323	187,519	646,888	809						
FFS part year, with Rx claims	33,127	937	4,697	11,135	16,358	0	176,267	5,221	27,813	53,442	89,791	0						
FFS part year, no Rx claims	76,787	1,594	6,164	13,140	55,888	1	298,164	5,409	22,333	47,893	222,527	2						

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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}
 COLORADO, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	47.6 %	11.1	\$608	\$55	\$5,310	11.4 %	304,170
Age							
5 and younger	34.3	1.6	57	35	1,841	3.1	81,675
6-14	33.2	2.6	158	61	1,887	8.4	66,440
15-20	46.2	3.8	242	63	4,237	5.7	32,171
21-44	51.5	9.3	666	71	5,854	11.4	65,026
45-64	73.0	36.5	2,337	64	13,817	16.9	22,265
65-74	78.0	38.0	1,842	49	9,368	19.7	13,257
75-84	82.9	43.8	1,924	44	14,157	13.6	12,987
85 and older	86.2	43.2	1,660	39	19,989	8.3	10,347
Unknown	0.0	0.0	0	0	3	0.0	2
Basis of Eligibility^c							
Aged	82.2	41.5	1,813	44	14,130	12.8	35,845
Disabled	70.8	30.3	2,151	71	15,236	14.1	45,092
Adults	46.0	3.2	134	42	2,030	6.6	61,261
Children	34.0	1.9	91	47	1,834	4.9	161,856
Unknown	18.1	3.2	172	53	4,065	4.2	116
Gender							
Female	50.5	12.5	632	51	5,153	12.3	183,631
Male	43.2	8.9	570	64	5,550	10.3	120,539
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	54.8	15.5	865	56	7,264	11.9	145,446
African American	35.6	5.9	314	53	3,632	8.6	20,501
Other/unknown	41.7	7.2	381	53	3,504	10.9	138,223
Use of Nursing Facilities^d							
Entire year	91.9	61.8	2,756	45	34,447	8.0	9,153
Part year	90.2	55.2	2,546	46	24,267	10.5	5,578
None	45.4	8.6	503	58	4,024	12.5	289,439

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	51.4	14.5	827	57	5,968	13.9	148,286
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	35.9	1.6	53	34	1,444	3.7	106,731
Other/unknown	61.2	21.3	1,150	54	11,722	9.8	49,153

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 COLORADO, 2001

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	More than 5, but 10 or Less				More than 10
All	1.7	\$92	11.4 %	52.4 %	28.2 %	5.1 %	7.6 %	5.0 %	1.6 %	\$806	304,170	2,003,009
Age												
5 and younger	0.3	10	3.1	65.7	31.5	2.0	0.8	0.1	0.0	329	81,675	456,846
6-14	0.4	25	8.4	66.8	27.8	2.9	2.1	0.3	0.0	294	66,440	426,681
15-20	0.6	40	5.7	53.8	36.5	5.2	3.7	0.6	0.1	709	32,171	192,198
21-44	1.6	114	11.4	48.5	31.7	6.8	8.0	3.9	1.1	1,002	65,026	380,071
45-64	4.2	270	16.9	27.0	16.8	9.5	21.6	17.9	7.1	1,597	22,265	192,601
65-74	3.9	188	19.7	22.0	17.7	11.0	24.6	18.6	6.2	954	13,257	130,231
75-84	4.4	195	13.6	17.1	14.8	10.3	26.6	23.7	7.6	1,436	12,987	128,022
85 and older	4.6	178	8.3	13.8	12.5	10.4	30.3	26.0	6.9	2,147	10,347	96,355
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1	2	4
Basis of Eligibility^c												
Aged	4.3	187	12.8	17.8	15.2	10.6	27.0	22.5	6.9	1,457	35,845	347,669
Disabled	3.4	239	14.1	29.2	21.7	10.0	20.0	14.1	5.0	1,690	45,092	406,469
Adults	0.7	28	6.6	54.0	35.6	5.5	3.6	1.0	0.2	431	61,261	288,854
Children	0.3	15	4.9	66.0	30.1	2.4	1.4	0.1	0.0	310	161,856	959,206
Unknown	0.5	25	4.2	81.9	9.5	3.4	1.7	3.4	0.0	581	116	811
Gender												
Female	1.9	97	12.3	49.5	29.1	5.4	8.2	5.8	2.0	791	183,631	1,196,334
Male	1.3	85	10.3	56.8	27.0	4.7	6.7	3.8	1.1	829	120,539	806,675
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	123	11.9	45.2	29.0	6.0	9.9	7.3	2.6	1,030	145,446	1,026,183
African American	1.0	53	8.6	64.4	24.0	3.8	4.7	2.3	0.7	615	20,501	121,034
Other/unknown	1.2	62	10.9	58.3	28.0	4.4	5.6	3.0	0.7	566	138,223	855,792
Use of Nursing Facilities^d												
Entire year	6.3	281	8.0	8.1	7.8	7.4	28.0	33.7	15.0	3,511	9,153	89,801
Part year	6.1	284	10.5	9.8	7.9	7.9	27.5	32.8	14.1	2,706	5,578	50,033
None	1.3	78	12.5	54.6	29.3	5.0	6.6	3.6	0.9	625	289,439	1,863,175

Table 4

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 2, but 5 or Less		More than 5, but 10 or Less	Bene Mos			
						Less	More than 2, but 5 or Less					
Maintenance												
Assistance Status												
Cash	2.1	119	13.9	48.6	25.9	6.4	10.5	6.6	2.0	857	148,286	1,032,398
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	10	3.7	64.1	32.2	2.6	1.0	0.1	0.0	271	106,731	569,239
Other/unknown	2.6	141	9.8	38.8	26.6	6.8	13.1	10.8	4.0	1,436	49,153	401,372

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

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.

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 of Table 1 for methodology used to determine nursing facility residence.

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}
 COLORADO, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.7	\$92	0.7	\$69	0.1	\$7	0.8	\$16
Age								
5 and younger	0.3	10	0.1	7	0.0	0	0.2	2
6-14	0.4	25	0.2	19	0.0	1	0.2	4
15-20	0.6	40	0.3	32	0.0	3	0.3	6
21-44	1.6	114	0.7	87	0.1	11	0.8	16
45-64	4.2	270	1.9	203	0.3	22	2.0	45
65-74	3.9	188	1.8	139	0.3	13	1.8	35
75-84	4.4	195	1.9	142	0.4	14	2.1	39
85 and older	4.6	178	1.8	124	0.5	15	2.3	40
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	4.3	187	1.8	135	0.4	14	2.0	38
Disabled	3.4	239	1.5	181	0.3	21	1.5	36
Adults	0.7	28	0.2	20	0.0	2	0.4	6
Children	0.3	15	0.1	12	0.0	1	0.2	3
Unknown	0.5	25	0.2	18	0.0	1	0.3	6
Gender								
Female	1.9	97	0.8	72	0.2	8	0.9	17
Male	1.3	85	0.6	64	0.1	7	0.6	14
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.2	123	1.0	91	0.2	10	1.0	21
African American	1.0	53	0.4	40	0.1	4	0.5	10
Other/unknown	1.2	62	0.5	46	0.1	4	0.6	11
Use of Nursing Facilities^e								
Entire year	6.3	281	2.6	198	0.6	23	3.1	60
Part year	6.1	284	2.5	205	0.6	22	3.0	56
None	1.3	78	0.6	59	0.1	6	0.6	13

Table 5

All Medicaid Beneficiaries

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	\$ per Rx	No. of Rx	\$ per Rx
Maintenance Assistance Status								
Cash	2.1	119	0.9	57	0.2	96	1.0	20
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	10	0.1	34	0.0	67	0.2	14
Other/unknown	2.6	141	1.1	54	0.2	92	1.2	20

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

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.

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 Colorado, 0.2 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).

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 = 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}
 COLORADO, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
																0.3	0.1	0.0	0.2
Anti-infective Agents	0.3	0.1	0.0	0.2	0.0	0.2	\$17	\$15	\$0	\$2	\$55	\$98	\$92	\$14	248,408	\$13,568,632	85,713	28.2 %	797,255
Biologics	0.4	0.4	0.0	0.0	0.0	0.0	500	449	26	24	1210	1,248	869	1,075	801	969,550	225	0.1	1,939
Antineoplastic Agents	0.6	0.3	0.1	0.2	1.8	16	148	118	16	14	243	426	140	66	14,467	3,520,539	2,330	0.8	23,734
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.3	31	25	31	25	2	4	36	58	20	13	344,852	12,534,151	40,240	13.2	401,371
Cardiovascular Agents	1.5	0.6	0.1	0.8	48	30	48	30	3	14	33	55	30	17	586,112	19,067,366	38,785	12.8	399,860
Respiratory Agents	0.6	0.3	0.0	0.3	28	21	28	21	0	6	47	66	30	26	299,302	14,204,946	52,749	17.3	510,825
Gastrointestinal Agents	0.7	0.4	0.0	0.3	60	49	60	49	4	7	82	130	96	23	237,801	19,519,133	31,675	10.4	323,446
Genitourinary Agents	0.4	0.3	0.0	0.1	20	17	20	17	0	3	45	59	40	17	65,480	2,939,028	15,723	5.2	147,040
CNS Drugs	1.2	0.6	0.1	0.5	95	71	95	71	12	13	81	116	126	27	538,114	43,583,479	45,917	15.1	457,323
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	37	23	37	23	2	12	54	79	44	35	32,388	1,762,881	4,871	1.6	48,213
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	86	84	86	84	0	1	134	143	53	28	13,979	1,873,977	2,167	0.7	21,888
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	39	28	39	28	4	7	53	115	83	17	376,067	20,021,491	53,138	17.5	510,806
Neuromuscular Agents	1.0	0.4	0.1	0.5	63	49	63	49	4	11	63	111	39	23	257,422	16,271,230	24,961	8.2	256,526
Nutritional Products	0.5	0.0	0.2	0.3	14	2	14	2	5	7	26	105	27	21	96,059	2,484,063	21,770	7.2	178,784
Hematological Agents	1.0	0.2	0.3	0.5	61	49	61	49	4	8	62	252	13	17	87,245	5,425,279	8,726	2.9	89,519
Topical Products	0.3	0.1	0.0	0.2	10	7	10	7	1	3	32	57	37	16	149,067	4,812,062	47,210	15.5	464,988
Miscellaneous Products	0.6	0.2	0.1	0.3	114	74	114	74	17	22	195	377	245	71	10,401	2,031,481	1,804	0.6	17,868
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	9	0	0	0	36	0	0	0	7,464	267,017	2,749	0.9	28,551
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.	n.a.	n.a.	3,365,429	184,856,305	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

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 2001. 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 Colorado, 0.2 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}
 COLORADO, 2001

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	\$23,546,428	19,702	6.5 %	205,093	0.8	\$145
ANTIDEPRESSANTS	15,844,942	38,633	12.7	388,686	0.6	66
ULCER DRUGS	15,801,729	31,433	10.3	326,409	0.5	90
ANTICONVULSANT	13,119,427	19,920	6.5	208,578	0.8	75
ANALGESICS - Narcotic	10,922,934	57,489	18.9	563,418	0.4	46
ANTIASTHMATIC	8,245,350	41,132	13.5	408,576	0.4	49
ANALGESICS - ANTI-INFLAMMATORY	7,099,768	28,903	9.5	294,927	0.4	66
ANTIDIABETIC	6,604,985	17,828	5.9	186,807	0.7	50
ANTIHYPERTENSIVE	6,015,072	24,360	8.0	256,050	0.7	35
ANTIHYPERTENSIVE	5,144,455	9,455	3.1	102,815	0.6	79
Total	112,345,090	288,855		2,941,359	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Colorado, released by CMS in 03/2005. This table was produced on 09/19/2006.

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 2001. 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 2001. 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.