

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 MINNESOTA

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

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	665,093 (A)	126,096 (E)	538,997 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	628,251 (B)	99,621 (F)	528,630 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	344,129 (C)	71,285 (G)	272,844 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	12,320 (D)	11,427 (H)	893 (L)

Source: Data for this table are from the MAX 2001 file for Minnesota, 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 Minnesota in 2001 was \$272,010,738, of which \$566,201 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/mmc01.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 4.2 percent were restricted benefit months without a pharmacy benefit in Minnesota, 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<sup>a,b</sup>  
 MINNESOTA, 2001

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>344,129</b>	<b>33,103</b>	<b>88,447</b>	<b>73,798</b>	<b>148,781</b>	<b>0</b>	<b>2,209,795</b>	<b>244,202</b>	<b>932,133</b>	<b>296,302</b>	<b>737,158</b>	<b>0</b>
<b>Age</b>												
5 and younger	62,643	0	2,859	28	59,756	0	312,996	0	27,350	135	285,511	0
6-14	66,904	0	7,938	41	58,925	0	385,736	0	84,136	168	301,432	0
15-20	42,194	0	5,505	7,935	28,754	0	237,241	0	56,912	34,110	146,219	0
21-44	97,530	0	35,567	60,624	1,339	0	621,289	0	376,207	241,129	3,953	0
45-64	40,987	0	35,890	5,096	1	0	401,953	0	381,551	20,400	2	0
65-74	10,217	9,534	636	47	0	0	78,685	72,927	5,554	204	0	0
75-84	11,611	11,559	37	15	0	0	87,497	87,130	296	71	0	0
85 and older	12,033	12,010	15	8	0	0	84,324	84,145	127	52	0	0
Unknown	10	0	0	4	6	0	74	0	0	33	41	0
<b>Gender</b>												
Female	197,074	23,503	43,812	57,411	72,348	0	1,236,690	176,789	467,277	235,570	357,054	0
Male	147,055	9,600	44,635	16,387	76,433	0	973,105	67,413	464,856	60,732	380,104	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	215,868	29,770	65,065	44,039	76,994	0	1,485,877	222,959	696,068	175,684	391,166	0
African American	55,826	996	11,565	13,652	29,613	0	289,248	6,033	114,042	46,011	123,162	0
Other/unknown	72,435	2,337	11,817	16,107	42,174	0	434,670	15,210	122,023	74,607	222,830	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,320	10,147	2,078	14	81	0	91,410	68,711	22,477	21	201	0
Part year	9,888	5,763	2,938	488	699	0	75,039	37,351	30,067	2,794	4,827	0
None	321,921	17,193	83,431	73,296	148,001	0	2,043,346	138,140	879,589	293,487	732,130	0
<b>Maintenance Assistance Status</b>												
Cash	148,357	5,687	56,948	33,828	51,894	0	1,055,750	42,655	619,344	143,428	250,323	0
Medically needy	36,338	17,852	10,063	4,558	3,865	0	275,172	139,752	99,340	18,717	17,363	0
Poverty-related	18,982	598	436	3,037	14,911	0	92,944	5,741	4,270	11,058	71,875	0
Other/unknown	140,452	8,966	21,000	32,375	78,111	0	785,929	56,054	209,179	123,099	397,597	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	65,942	28,599	36,935	386	22	0	611,632	204,904	404,569	1,960	199	0
Full dual, part year	5,343	3,583	1,750	10	0	0	53,355	34,570	18,707	78	0	0
Non-dual, all year	272,844	921	49,762	73,402	148,759	0	1,544,808	4,728	508,857	294,264	736,959	0
<b>Managed Care Status</b>												
FFS all year	197,741	20,032	83,294	29,292	65,123	0	1,729,286	176,652	902,417	167,857	482,360	0
FFS part year, with Rx claims	52,881	11,051	4,075	17,457	20,298	0	231,438	58,775	24,982	61,291	86,390	0
FFS part year, no Rx claims	93,507	2,020	1,078	27,049	63,360	0	249,071	8,775	4,734	67,154	168,408	0

Source: Data for this table are from the MAX 2001 file for Minnesota, 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<sup>a, b</sup>  
 MINNESOTA, 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	53.1 %	12.4	\$789	\$64	\$8,012	9.8 %	344,129
<b>Age</b>							
5 and younger	35.8	1.6	78	47	2,856	2.7	62,643
6-14	35.4	3.1	213	68	3,443	6.2	66,904
15-20	42.5	4.0	281	70	4,918	5.7	42,194
21-44	58.0	12.5	990	79	9,230	10.7	97,530
45-64	83.0	38.2	2,512	66	16,885	14.9	40,987
65-74	74.8	25.8	1,302	50	11,802	11.0	10,217
75-84	83.1	30.0	1,226	41	15,210	8.1	11,611
85 and older	90.6	31.9	1,117	35	20,843	5.4	12,033
Unknown	60.0	0.9	27	30	3,334	0.8	10
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	83.4	29.4	1,202	41	16,221	7.4	33,103
Disabled	84.7	32.4	2,377	74	19,793	12.0	88,447
Adults	42.8	2.5	125	50	2,140	5.8	73,798
Children	32.7	1.7	82	50	2,094	3.9	148,781
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	55.5	13.5	781	58	7,463	10.5	197,074
Male	49.9	11.0	800	73	8,748	9.1	147,055
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	60.4	16.6	1,041	63	10,252	10.2	215,868
African American	37.4	5.3	366	69	4,480	8.2	55,826
Other/unknown	43.5	5.2	362	70	4,057	8.9	72,435
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	94.5	46.6	2,056	44	33,410	6.2	12,320
Part year	89.4	35.7	1,847	52	22,684	8.1	9,888
None	50.4	10.4	708	68	6,589	10.7	321,921

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
<b>Maintenance Assistance Status</b>							
Cash	57.4	14.5	1,034	71	9,262	11.2	148,357
Medically needy	72.5	26.8	1,362	51	15,618	8.7	36,338
Poverty related	34.0	1.7	77	46	1,692	4.5	18,982
Other/unknown	46.2	7.9	478	61	5,577	8.6	140,452

Source: Data for this table are from the MAX 2001 file for Minnesota, 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<sup>a,b</sup>  
 MINNESOTA, 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	1.9	\$123	9.8 %	46.9 %	28.5 %	6.7 %	10.2 %	6.1 %	1.7 %	\$1,248	344,129	2,209,795
<b>Age</b>												
5 and younger	0.3	16	2.7	64.2	32.4	2.2	1.0	0.2	0.0	572	62,643	312,996
6-14	0.5	37	6.2	64.6	27.7	4.1	3.1	0.4	0.0	597	66,904	385,736
15-20	0.7	50	5.7	57.5	32.3	5.3	4.1	0.8	0.1	875	42,194	237,241
21-44	2.0	155	10.7	42.0	31.4	8.7	11.6	5.2	1.1	1,449	97,530	621,289
45-64	3.9	256	14.9	17.0	22.4	11.1	24.9	18.6	6.0	1,722	40,987	401,953
65-74	3.4	169	11.0	25.2	21.7	9.7	21.1	16.8	5.6	1,533	10,217	78,685
75-84	4.0	163	8.1	16.9	17.2	9.6	26.7	23.2	6.5	2,018	11,611	87,497
85 and older	4.5	159	5.4	9.4	13.1	11.4	31.7	28.0	6.3	2,974	12,033	84,324
Unknown	0.1	4	0.8	40.0	60.0	0.0	0.0	0.0	0.0	451	10	74
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.0	163	7.4	16.6	17.0	10.3	26.9	23.1	6.2	2,199	33,103	244,202
Disabled	3.1	226	12.0	15.3	30.2	12.6	23.6	14.2	4.0	1,878	88,447	932,133
Adults	0.6	31	5.8	57.2	31.7	5.7	4.2	0.9	0.1	533	73,798	296,302
Children	0.3	17	3.9	67.3	28.4	2.8	1.4	0.1	0.0	423	148,781	737,158
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.1	124	10.5	44.5	29.1	6.8	10.6	7.0	2.0	1,189	197,074	1,236,690
Male	1.7	121	9.1	50.1	27.7	6.5	9.6	5.0	1.2	1,322	147,055	973,105
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.4	151	10.2	39.6	28.1	7.9	13.4	8.7	2.4	1,490	215,868	1,485,877
African American	1.0	71	8.2	62.6	25.2	4.7	5.0	2.1	0.5	865	55,826	289,248
Other/unknown	0.9	60	8.9	56.5	32.3	4.5	4.6	1.7	0.5	676	72,435	434,670
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.3	277	6.2	5.5	6.7	7.8	30.4	36.2	13.5	4,503	12,320	91,410
Part year	4.7	243	8.1	10.6	17.7	11.3	27.9	24.1	8.3	2,989	9,888	75,039
None	1.6	112	10.7	49.6	29.6	6.5	8.9	4.4	1.0	1,038	321,921	2,043,346

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Bene Mos		
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less		Mean \$, All Services	
					More than 1 or Less	Less	More than 2, but 5 or Less	Less				More than 5, but 10 or Less
<b>Maintenance Assistance Status</b>												
Cash	2.0	145	11.2	42.6	30.7	7.5	11.3	6.3	1.6	1,302	148,357	1,055,750
Medically needy	3.5	180	8.7	27.5	20.5	8.8	20.8	17.3	5.1	2,063	36,338	275,172
Poverty related	0.3	16	4.5	66.0	29.5	2.7	1.5	0.2	0.0	346	18,982	92,944
Other/unknown	1.4	85	8.6	53.8	28.1	5.8	7.4	3.9	1.1	997	140,452	785,929

Source: Data for this table are from the MAX 2001 file for Minnesota, 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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 MINNESOTA, 2001

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
<b>All</b>	<b>1.9</b>	<b>\$123</b>	<b>0.9</b>	<b>\$93</b>	<b>0.2</b>	<b>\$104</b>	<b>0.63</b>	<b>\$20</b>
<b>Age</b>								
5 and younger	0.3	16	0.1	11	0.0	77	46	4
6-14	0.5	37	0.3	28	0.0	95	72	7
15-20	0.7	50	0.4	39	0.1	104	77	7
21-44	2.0	155	0.9	119	0.2	128	84	23
45-64	3.9	256	1.8	194	0.3	107	69	41
65-74	3.4	169	1.5	124	0.3	82	45	32
75-84	4.0	163	1.7	117	0.4	69	33	33
85 and older	4.5	159	1.7	111	0.5	65	25	35
Unknown	0.1	4	0.1	3	0.0	55	0	1
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.0	163	1.6	117	0.4	71	32	33
Disabled	3.1	226	1.5	173	0.2	118	76	34
Adults	0.6	31	0.2	20	0.0	81	71	8
Children	0.3	17	0.2	12	0.0	73	59	4
Unknown	0.0	0	0.0	0	0.0	0	0	0
<b>Gender</b>								
Female	2.1	124	1.0	93	0.2	95	58	21
Male	1.7	121	0.8	92	0.1	119	73	20
Unknown	0.0	0	0.0	0	0.0	0	0	0
<b>Race</b>								
White	2.4	151	1.1	115	0.2	103	61	24
African American	1.0	71	0.5	57	0.1	120	63	10
Other/unknown	0.9	60	0.4	41	0.1	105	84	14
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.3	277	2.5	199	0.6	80	33	58
Part year	4.7	243	2.0	184	0.4	91	44	42
None	1.6	112	0.8	85	0.1	109	71	18

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	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.0	145	1.0	110	0.2	12	0.9	23
Medically needy	3.5	180	1.5	132	0.3	15	1.7	33
Poverty related	0.3	16	0.2	11	0.0	1	0.2	3
Other/unknown	1.4	85	0.7	65	0.1	7	0.6	14

Source: Data for this table are from the MAX 2001 file for Minnesota, 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 Minnesota, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.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<sup>a, b, c, d</sup>  
 MINNESOTA, 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos		
																Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.2	\$18	\$15	\$0	\$3	\$57	\$97	\$117	\$17	297,674	\$16,849,879	101,863	29.6 %	945,568
Biologics	0.1	0.1	0.0	0.0	66	38	12	17	475	397	2,010	432	4,377	2,080,087	3,027	0.9	31,413
Antineoplastic Agents	0.6	0.3	0.1	0.2	141	120	7	14	238	378	115	66	13,831	3,297,800	2,416	0.7	23,348
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.2	31	24	4	3	42	64	26	13	362,863	15,092,939	51,928	15.1	490,245
Cardiovascular Agents	1.3	0.5	0.1	0.7	44	30	3	12	33	59	30	16	661,570	21,983,114	52,622	15.3	496,932
Respiratory Agents	0.6	0.4	0.0	0.2	34	26	1	7	53	67	45	30	317,994	16,741,777	51,128	14.9	489,687
Gastrointestinal Agents	0.7	0.4	0.0	0.3	56	46	3	6	84	128	110	23	261,625	22,049,668	40,611	11.8	395,947
Genitourinary Agents	0.4	0.3	0.0	0.2	20	16	0	3	45	63	38	19	64,609	2,926,863	15,223	4.4	146,544
CNS Drugs	1.3	0.7	0.1	0.5	125	94	13	18	96	139	133	34	945,122	90,601,289	75,168	21.8	723,158
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	35	26	2	7	56	66	49	35	66,387	3,689,985	10,797	3.1	104,472
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	44	39	0	5	119	132	45	69	18,320	2,186,311	5,216	1.5	49,907
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	33	23	3	7	52	108	75	17	411,546	21,279,372	69,089	20.1	646,983
Neuromuscular Agents	1.0	0.5	0.1	0.4	73	59	4	10	70	114	45	22	421,243	29,457,735	39,274	11.4	403,834
Nutritional Products	0.5	0.0	0.1	0.3	12	1	4	6	22	24	32	18	94,750	2,095,469	21,168	6.2	182,141
Hematological Agents	0.7	0.1	0.2	0.4	88	70	5	13	121	518	28	32	88,273	10,638,738	13,112	3.8	120,871
Topical Products	0.3	0.1	0.0	0.2	11	6	1	3	32	53	38	18	205,545	6,624,170	62,027	18.0	606,623
Miscellaneous Products	0.7	0.2	0.1	0.3	128	88	22	18	196	357	228	58	18,102	3,545,713	2,705	0.8	27,599
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	31	0	0	0	9,944	303,628	3,919	1.1	39,858
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,263,775	271,444,537	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Minnesota, 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](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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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<sup>a, b, c</sup>  
 MINNESOTA, 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	\$52,769,874	37,991	397,049	0.8	\$162	\$133
ANTIDEPRESSANTS	30,763,589	76,734	751,136	0.6	68	41
ANTICONVULSANT	26,204,707	35,816	379,896	0.8	83	69
ULCER DRUGS	18,328,250	40,324	398,545	0.5	90	46
ANALGESICS - Narcotic	10,497,917	66,632	644,971	0.4	44	16
ANTIASTHMATIC	9,837,349	49,069	471,038	0.4	52	21
ANTIDIABETIC	8,199,421	23,522	227,048	0.7	52	36
ANALGESICS - ANTI-INFLAMMATORY	7,811,865	45,861	452,748	0.3	55	17
MISC. HEMATOLOGICAL	7,423,537	3,230	30,066	0.6	445	247
ANTIHYPERLIPIDEMIC	6,809,710	13,893	143,028	0.6	80	48
Total	178,646,219	393,072	3,895,525	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Minnesota, 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](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.