

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSOURI, 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	1,083,980 (A)	160,376 (E)	923,604 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,070,591 (B)	147,682 (F)	922,909 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	724,843 (C)	147,362 (G)	577,481 (K)
4. Benes who were all-year nursing facility residents ^f	22,920 (D)	21,186 (H)	1,734 (L)

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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 Missouri in 2001 was \$690,694,518, of which \$6,962,251 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 4.0 percent were restricted benefit months without a pharmacy benefit in Missouri, 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 1

All Medicaid Beneficiaries

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MISSOURI, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	724,843	90,626	144,230	175,449	314,538	0		5,935,524	918,421	1,468,003	1,134,130	2,414,970	0	
Age														
5 and younger	116,048	0	719	13	115,316	0		866,738	0	6,482	37	860,219	0	
6-14	145,595	0	2,771	35	142,789	0		1,158,462	0	30,383	136	1,127,943	0	
15-20	79,926	0	4,514	19,231	56,181	0		585,702	0	45,041	115,384	425,277	0	
21-44	207,048	1	60,335	146,464	248	0		1,583,800	12	627,107	955,174	1,507	0	
45-64	82,595	30	72,917	9,647	1	0		798,721	114	735,682	62,921	4	0	
65-74	34,165	32,299	1,816	50	0	0		349,616	335,448	13,761	407	0	0	
75-84	33,027	32,238	782	7	0	0		334,998	328,577	6,357	64	0	0	
85 and older	26,436	26,057	376	2	1	0		257,476	254,267	3,190	7	12	0	
Unknown	3	1	0	0	2	0		11	3	0	0	8	0	
Gender														
Female	432,612	66,506	76,855	136,863	152,388	0		3,551,538	685,416	795,042	897,757	1,173,323	0	
Male	292,228	24,119	67,373	38,586	162,150	0		2,383,963	232,996	672,947	236,373	1,241,647	0	
Unknown	3	1	2	0	0	0		23	9	14	0	0	0	
Race														
White	583,768	72,894	108,623	141,908	260,343	0		4,951,782	732,505	1,101,078	983,379	2,134,820	0	
African American	118,402	14,643	32,822	25,728	45,209	0		837,855	154,452	340,653	110,407	232,343	0	
Other/unknown	22,673	3,089	2,785	7,813	8,986	0		145,887	31,464	26,272	40,344	47,807	0	
Use of Nursing Facilities^c														
Entire year	22,920	20,035	2,881	0	4	0		245,055	212,949	32,058	0	48	0	
Part year	15,652	12,855	2,770	3	24	0		142,524	115,263	27,067	14	180	0	
None	686,271	57,736	138,579	175,446	314,510	0		5,547,945	590,209	1,408,878	1,134,116	2,414,742	0	
Maintenance Assistance Status														
Cash	274,464	23,200	83,230	68,679	99,355	0		2,230,718	267,989	909,632	406,237	646,860	0	
Medically needy	0	0	0	0	0	0		0	0	0	0	0	0	
Poverty-related	171,423	4,298	4,275	20,949	141,901	0		1,352,384	35,418	43,322	90,696	1,182,948	0	
Other/unknown	278,956	63,128	56,725	85,821	73,282	0		2,352,422	615,014	515,049	637,197	585,162	0	
Dual Medicare Status^d														
Full dual, all year	133,641	78,446	53,696	1,458	41	0		1,382,469	809,646	561,017	11,452	354	0	
Full dual, part year	13,721	6,232	7,442	47	0	0		138,269	58,499	79,267	503	0	0	
Non-dual, all year	577,481	5,948	83,092	173,944	314,497	0		4,414,786	50,276	827,719	1,122,175	2,414,616	0	
Managed Care Status														
FFS all year	599,299	90,605	142,520	124,738	241,436	0		5,615,725	918,300	1,458,068	1,000,803	2,238,554	0	
FFS part year, with Rx claims	37,456	17	1,374	17,215	18,850	0		132,440	98	8,459	56,357	67,526	0	
FFS part year, no Rx claims	88,088	4	336	33,496	54,252	0		187,359	23	1,476	76,970	108,890	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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}
 MISSOURI, 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	64.2 %	17.9	\$943	\$53	\$4,432	21.3 %	724,843
Age							
5 and younger	59.6	4.1	134	33	1,596	8.4	116,048
6-14	52.3	4.1	217	53	1,185	18.3	145,595
15-20	55.3	5.2	299	57	2,172	13.8	79,926
21-44	59.9	13.4	883	66	3,831	23.0	207,048
45-64	83.0	46.7	2,725	58	9,252	29.5	82,595
65-74	87.3	51.7	2,387	46	8,833	27.0	34,165
75-84	89.5	54.1	2,250	42	11,983	18.8	33,027
85 and older	90.0	49.8	1,858	37	16,129	11.5	26,436
Unknown	33.3	2.3	75	32	102	73.0	3
Basis of Eligibility^c							
Aged	89.3	52.7	2,213	42	12,199	18.1	90,626
Disabled	84.3	41.9	2,740	65	10,254	26.7	144,230
Adults	51.2	5.0	195	39	1,172	16.7	175,449
Children	54.9	4.1	171	42	1,343	12.7	314,538
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	66.7	20.4	975	48	4,564	21.4	432,612
Male	60.4	14.2	896	63	4,237	21.2	292,228
Unknown	66.7	13.0	751	58	1,090	68.9	3
Race							
White	67.5	19.0	989	52	4,428	22.3	583,768
African American	50.6	14.4	807	56	4,790	16.8	118,402
Other/unknown	50.5	9.5	470	50	2,676	17.6	22,673
Use of Nursing Facilities^d							
Entire year	98.2	73.7	3,175	43	29,199	10.9	22,920
Part year	96.5	56.6	2,582	46	18,508	13.9	15,652
None	62.3	15.2	831	55	3,284	25.3	686,271

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	62.7	20.3	1,104	54	4,376	25.2	274,464
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	61.1	5.8	260	45	1,463	17.8	171,423
Other/unknown	67.5	23.0	1,205	52	6,312	19.1	278,956

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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}
 MISSOURI, 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	2.2	\$115	21.3 %	35.8 %	35.3 %	7.0 %	11.0 %	8.2 %	2.6 %	\$541	724,843	5,935,524
Age												
5 and younger	0.5	18	8.4	40.4	52.5	5.1	1.9	0.2	0.0	214	116,048	866,738
6-14	0.5	27	18.3	47.7	44.7	4.3	2.8	0.4	0.1	149	145,595	1,158,462
15-20	0.7	41	13.8	44.7	43.5	6.5	4.2	0.9	0.2	296	79,926	585,702
21-44	1.7	115	23.0	40.1	34.7	8.2	10.3	5.2	1.4	501	207,048	1,583,800
45-64	4.8	282	29.5	17.0	15.9	9.7	25.1	23.2	9.1	957	82,595	798,721
65-74	5.1	233	27.0	12.7	13.2	9.6	27.9	27.1	9.5	863	34,165	349,616
75-84	5.3	222	18.8	10.5	10.2	8.9	29.3	31.5	9.5	1,181	33,027	334,998
85 and older	5.1	191	11.5	10.0	9.4	9.5	32.3	31.4	7.3	1,656	26,436	257,476
Unknown	0.6	20	73.0	66.7	0.0	33.3	0.0	0.0	0.0	28	3	11
Basis of Eligibility^c												
Aged	5.2	218	18.1	10.7	11.0	9.3	29.7	30.3	9.0	1,204	90,626	918,421
Disabled	4.1	269	26.7	15.7	21.3	10.9	24.8	20.1	7.3	1,007	144,230	1,468,003
Adults	0.8	30	16.7	48.8	38.2	6.7	5.0	1.2	0.2	181	175,449	1,134,130
Children	0.5	22	12.7	45.1	47.2	4.8	2.5	0.3	0.1	175	314,538	2,414,970
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.5	119	21.4	33.3	34.8	7.3	11.8	9.5	3.2	556	432,612	3,551,538
Male	1.7	110	21.2	39.6	36.1	6.6	9.7	6.2	1.8	519	292,228	2,383,963
Unknown	1.7	98	68.9	33.3	33.3	0.0	0.0	33.3	0.0	142	3	23
Race												
White	2.2	117	22.3	32.5	37.6	7.2	11.0	8.7	3.0	522	583,768	4,951,782
African American	2.0	114	16.8	49.4	24.8	6.7	11.2	6.5	1.4	677	118,402	837,855
Other/unknown	1.5	73	17.6	49.5	31.2	6.4	8.1	3.9	0.9	416	22,673	145,887
Use of Nursing Facilities^d												
Entire year	6.9	297	10.9	1.8	5.0	6.2	28.6	41.3	17.1	2,731	22,920	245,055
Part year	6.2	284	13.9	3.5	8.0	9.0	31.6	35.3	12.5	2,033	15,652	142,524
None	1.9	103	25.3	37.7	37.0	7.0	9.9	6.5	1.9	406	686,271	5,547,945

Table 4

All Medicaid Beneficiaries

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 or Less			
Maintenance												
Assistance Status												
Cash	2.5	136	25.2	37.3	30.9	7.8	12.4	8.8	2.8	538	274,464	2,230,718
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.7	33	17.8	38.9	50.2	5.5	3.6	1.4	0.3	186	171,423	1,352,384
Other/unknown	2.7	143	19.1	32.5	30.5	7.2	14.0	11.8	3.9	749	278,956	2,352,422

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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^{a, b, c}
 MISSOURI, 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	2.2	\$115	1.0	\$89	0.2	\$8	1.0	\$18
Age								
5 and younger	0.5	18	0.2	14	0.1	1	0.3	3
6-14	0.5	27	0.3	23	0.0	1	0.2	3
15-20	0.7	41	0.4	33	0.0	2	0.3	6
21-44	1.7	115	0.8	93	0.1	8	0.8	15
45-64	4.8	282	2.3	218	0.3	20	2.2	43
65-74	5.1	233	2.3	175	0.4	16	2.4	42
75-84	5.3	222	2.3	164	0.4	15	2.6	42
85 and older	5.1	191	2.0	136	0.5	15	2.6	39
Unknown	0.6	20	0.0	0	0.2	5	0.5	16
Basis of Eligibility^d								
Aged	5.2	218	2.2	161	0.4	16	2.5	41
Disabled	4.1	269	1.9	213	0.3	18	1.9	38
Adults	0.8	30	0.3	23	0.0	2	0.4	5
Children	0.5	22	0.3	18	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.5	119	1.1	91	0.2	8	1.2	20
Male	1.7	110	0.8	87	0.1	7	0.8	16
Unknown	1.7	98	0.3	39	0.2	5	1.2	54
Race								
White	2.2	117	1.0	90	0.2	8	1.1	18
African American	2.0	114	0.9	91	0.1	6	1.0	17
Other/unknown	1.5	73	0.7	58	0.1	4	0.7	11
Use of Nursing Facilities^e								
Entire year	6.9	297	2.9	219	0.6	21	3.4	57
Part year	6.2	284	2.6	211	0.5	21	3.1	51
None	1.9	103	0.9	80	0.1	7	0.9	16

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 \$
Maintenance Assistance Status								
Cash	2.5	136	1.1	105	0.2	9	1.2	21
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.7	33	0.3	26	0.1	2	0.3	5
Other/unknown	2.7	143	1.2	110	0.2	10	1.3	22

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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.
- The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 Missouri, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdldb.asp (May 13 2003).
- 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.
- 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}
 MISSOURI, 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 No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos
		Generic	Generic		Generic	Generic		Generic	Generic					
Anti-infective Agents	0.3	0.2	0.0	\$17	\$15	\$0	\$56	\$95	\$52	\$12	\$57,589,584	321,762	44.4 %	3,371,346
Biologics	0.1	0.1	0.0	32	26	1	256	234	1,626	343	4,164,849	11,900	1.6	129,474
Antineoplastic Agents	0.6	0.3	0.1	152	116	23	242	400	189	60	13,144,163	8,433	1.2	86,679
Endocrine/Metabolic Drugs	0.7	0.4	0.1	30	25	2	41	61	23	12	50,225,708	159,767	22.0	1,685,562
Cardiovascular Agents	1.6	0.7	0.1	55	37	4	33	55	30	17	82,635,949	142,830	19.7	1,514,847
Respiratory Agents	0.5	0.3	0.0	24	19	1	43	62	20	20	61,609,270	245,936	33.9	2,611,328
Gastrointestinal Agents	0.6	0.2	0.0	32	23	2	55	119	79	17	40,468,163	118,167	16.3	1,265,750
Genitourinary Agents	0.4	0.3	0.0	18	17	0	50	64	30	15	9,175,295	47,315	6.5	499,992
CNS Drugs	1.2	0.6	0.1	94	73	9	79	124	117	23	170,188,533	172,969	23.9	1,815,183
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	35	27	2	56	65	56	35	4,462,920	12,046	1.7	126,105
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	78	76	0	116	126	35	19	6,941,118	8,498	1.2	89,406
Analgesics and Anesthetics	0.6	0.2	0.0	33	25	2	52	105	82	15	72,220,589	208,082	28.7	2,197,633
Neuromuscular Agents	0.8	0.3	0.1	47	37	2	57	106	37	20	47,993,988	94,391	13.0	1,012,401
Nutritional Products	0.5	0.0	0.1	8	0	3	18	19	26	15	7,055,390	83,387	11.5	844,241
Hematological Agents	0.8	0.2	0.1	70	60	3	91	245	20	19	31,328,619	42,490	5.9	447,303
Topical Products	0.3	0.1	0.0	9	7	1	34	57	37	14	17,378,415	171,427	23.7	1,846,296
Miscellaneous Products	0.4	0.1	0.1	60	39	14	160	311	257	36	5,656,318	9,267	1.3	94,433
Unknown Therapeutic Category	0.3	0.0	0.0	6	0	0	25	0	0	0	1,493,396	20,708	2.9	229,861
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.	683,732,267	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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 Missouri, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/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}
 MISSOURI, 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	\$86,897,893	10.4 %	823,708	0.7	\$156	\$105
ANTIDEPRESSANTS	65,401,950	23.6	1,833,843	0.5	66	36
ANTICONVULSANT	39,119,530	9.5	748,467	0.7	71	52
ANALGESICS - ANTI-INFLAMMATORY	33,583,789	20.7	1,642,994	0.3	65	20
ANALGESICS - Narcotic	32,559,521	30.0	2,347,181	0.3	42	14
ANTIASTHMATIC	30,918,790	21.1	1,649,882	0.4	51	19
ULCER DRUGS	30,595,771	19.1	1,520,326	0.4	56	20
ANTIDIABETIC	28,459,866	10.0	784,276	0.7	54	36
ANTIHYPERTENSIVE	23,673,307	5.9	473,535	0.6	79	50
ANTIHYPERTENSIVE	22,948,455	12.9	1,005,997	0.6	35	23
Total	394,158,872	1,183,358	12,830,209	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Missouri, released by CMS in 07/2005. 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.