

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 COLORADO

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
COLORADO, 2002

Inclusion Criteria (2002)	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>	447,329 (A)	71,944 (E)	375,385 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	428,466 (B)	60,024 (F)	368,442 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	319,687 (C)	52,115 (G)	267,572 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	8,865 (D)	8,223 (H)	642 (L)

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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.
- Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2002 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2002, 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 19 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 19 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.
- The total Medicaid pharmacy reimbursement for Colorado in 2002 was \$211,665,995, of which \$989,272 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.
- Enrollees in prepaid health plans (PHP) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 1.3 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<sup>a,b</sup>  
 COLORADO, 2002

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>319,687</b>	<b>35,825</b>	<b>44,261</b>	<b>67,216</b>	<b>172,329</b>	<b>56</b>	<b>2,067,864</b>	<b>346,062</b>	<b>391,672</b>	<b>323,773</b>	<b>1,006,175</b>	<b>182</b>		
<b>Age</b>														
5 and younger	90,051	0	1,567	0	88,484	0	489,170	0	11,568	0	477,602	0		
6-14	67,183	0	3,103	0	64,080	0	431,405	0	27,627	0	403,778	0		
15-20	34,171	0	2,656	11,805	19,710	0	205,576	0	21,624	59,515	124,437	0		
21-44	69,091	0	16,242	52,784	52	13	395,390	0	144,308	250,695	342	45		
45-64	22,625	1	19,959	2,621	1	43	193,262	4	179,571	13,538	12	137		
65-74	13,158	12,452	700	6	0	0	127,743	121,067	6,651	25	0	0		
75-84	13,209	13,182	27	0	0	0	129,913	129,913	240	0	0	0		
85 and older	10,196	10,189	7	0	0	0	95,390	95,307	83	0	0	0		
Unknown	3	1	0	0	2	0	15	11	0	0	4	0		
<b>Gender</b>														
Female	192,925	25,890	22,891	58,879	85,209	56	1,237,874	252,981	204,377	285,111	495,223	182		
Male	126,762	9,935	21,370	8,337	87,120	0	829,990	93,081	187,295	38,662	510,952	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	154,917	22,475	25,248	31,849	75,312	33	1,066,682	214,513	235,123	153,180	463,758	108		
African American	21,357	1,175	1,636	4,873	13,670	3	121,620	11,339	12,681	21,347	76,244	9		
Other/unknown	143,413	12,175	17,377	30,494	83,347	20	879,562	120,210	143,868	149,246	466,173	65		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	8,865	7,674	1,191	0	0	0	86,010	74,066	11,944	0	0	0		
Part year	5,578	4,533	1,042	3	0	0	50,444	41,054	9,368	22	0	0		
None	305,244	23,618	42,028	67,213	172,329	56	1,931,410	230,942	370,360	323,751	1,006,175	182		
<b>Maintenance Assistance Status</b>														
Cash	154,431	22,576	37,145	36,670	58,040	0	1,044,670	226,349	322,259	179,249	316,813	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	112,102	242	295	20,441	91,068	56	592,442	2,380	2,631	85,327	501,922	182		
Other/unknown	53,154	13,007	6,821	10,105	23,221	0	430,752	117,333	66,782	59,197	187,440	0		
<b>Dual Medicare Status<sup>d</sup></b>														
Full dual, all year	50,762	32,331	18,175	250	6	0	500,243	315,999	182,746	1,437	61	0		
Full dual, part year	1,353	761	587	5	0	0	13,751	7,874	5,838	39	0	0		
Non-dual, all year	267,572	2,733	25,499	66,961	172,323	56	1,553,870	22,189	203,088	322,297	1,006,114	182		
<b>Managed Care Status</b>														
FFS all year	193,169	33,260	33,547	38,016	88,292	54	1,553,985	335,971	349,742	206,658	661,439	175		
FFS part year, with Rx claims	43,070	1,221	5,964	14,301	21,582	2	204,669	6,463	27,380	64,793	106,026	7		
FFS part year, no Rx claims	83,443	1,341	4,748	14,899	62,455	0	309,203	3,625	14,546	52,322	238,710	0		

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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 2002. 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>  
 COLORADO, 2002

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	49.1 %	11.4	\$659	\$58	\$5,429	12.1 %	319,687
<b>Age</b>							
5 and younger	35.1	1.6	67	41	1,737	3.8	90,051
6-14	35.2	2.9	184	64	1,988	9.3	67,183
15-20	48.3	4.3	281	66	4,385	6.4	34,171
21-44	54.1	9.3	694	75	5,954	11.7	69,091
45-64	76.6	39.5	2,643	67	14,686	18.0	22,625
65-74	79.4	40.6	2,094	52	9,994	21.0	13,158
75-84	84.3	46.8	2,160	46	15,027	14.4	13,209
85 and older	86.3	45.8	1,848	40	21,773	8.5	10,196
Unknown	33.3	4.0	145	36	2,536	5.7	3
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	83.1	44.2	2,036	46	15,143	13.4	35,825
Disabled	74.4	33.2	2,466	74	16,288	15.1	44,261
Adults	48.8	3.4	148	44	2,288	6.5	67,216
Children	35.6	2.1	108	52	1,843	5.9	172,329
Unknown	78.6	8.1	625	77	10,331	6.1	56
<b>Gender</b>							
Female	52.1	12.8	681	53	5,322	12.8	192,925
Male	44.5	9.3	625	67	5,590	11.2	126,762
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	55.6	15.6	916	59	7,257	12.6	154,917
African American	37.7	6.1	336	55	3,808	8.8	21,357
Other/unknown	43.7	7.6	430	56	3,694	11.6	143,413
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	91.9	64.9	3,092	48	37,290	8.3	8,865
Part year	91.7	58.3	2,840	49	27,168	10.5	5,578
None	47.0	9.0	549	61	4,106	13.4	305,244

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	53.1	14.8	886	60	6,077	14.6	154,431
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	37.2	1.7	64	39	1,452	4.4	112,102
Other/unknown	62.5	22.0	1,254	57	11,930	10.5	53,154

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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>  
 COLORADO, 2002

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	1.8	\$102	12.1 %	50.9 %	29.0 %	5.3 %	7.7 %	5.2 %	1.9 %	\$839	319,687	2,067,864
<b>Age</b>												
5 and younger	0.3	12	3.8	64.9	31.9	2.2	0.9	0.1	0.0	320	90,051	489,170
6-14	0.5	29	9.3	64.8	29.0	3.2	2.5	0.4	0.1	310	67,183	431,405
15-20	0.7	47	6.4	51.7	37.4	5.6	4.4	0.8	0.1	729	34,171	205,576
21-44	1.6	121	11.7	45.9	33.3	7.2	8.2	4.0	1.3	1,040	69,091	395,390
45-64	4.6	309	18.0	23.4	15.8	9.6	22.7	19.6	8.9	1,719	22,625	193,262
65-74	4.2	216	21.0	20.6	16.9	10.3	24.8	19.8	7.6	1,030	13,158	127,743
75-84	4.8	220	14.4	15.7	13.7	10.1	26.4	25.1	9.0	1,528	13,209	129,913
85 and older	4.9	198	8.5	13.7	11.7	9.5	29.4	27.3	8.5	2,327	10,196	95,390
Unknown	0.8	29	5.7	66.7	33.3	0.0	0.0	0.0	0.0	507	3	15
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	4.6	211	13.4	16.9	14.3	10.0	26.7	23.8	8.3	1,568	35,825	346,062
Disabled	3.8	279	15.1	25.6	20.8	10.1	21.2	15.8	6.5	1,841	44,261	391,672
Adults	0.7	31	6.5	51.2	37.3	6.0	4.2	1.1	0.2	475	67,216	323,773
Children	0.4	19	5.9	64.4	31.0	2.8	1.6	0.2	0.0	316	172,329	1,006,175
Unknown	2.5	192	6.1	21.4	30.4	10.7	26.8	7.1	3.6	3,179	56	182
<b>Gender</b>												
Female	2.0	106	12.8	47.9	30.0	5.6	8.3	5.9	2.3	830	192,925	1,237,874
Male	1.4	95	11.2	55.5	27.6	4.8	6.8	4.1	1.3	854	126,762	829,990
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	2.3	133	12.6	44.4	29.6	6.0	9.8	7.3	3.0	1,054	154,917	1,066,682
African American	1.1	59	8.8	62.3	25.3	4.0	5.1	2.5	0.8	669	21,357	121,620
Other/unknown	1.2	70	11.6	56.3	29.0	4.6	5.8	3.3	0.9	602	143,413	879,562
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	6.7	319	8.3	8.1	6.1	6.9	27.0	34.6	17.3	3,844	8,865	86,010
Part year	6.4	314	10.5	8.3	7.8	7.6	26.8	33.3	16.2	3,004	5,578	50,444
None	1.4	87	13.4	53.0	30.1	5.2	6.8	3.8	1.2	649	305,244	1,931,410

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				
<b>Maintenance Assistance Status</b>												
Cash	2.2	131	14.6	46.9	26.7	6.5	10.6	6.9	2.4	898	154,431	1,044,670
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	12	4.4	62.8	32.9	2.9	1.3	0.1	0.0	275	112,102	592,442
Other/unknown	2.7	155	10.5	37.5	27.7	6.6	12.9	10.8	4.5	1,472	53,154	430,752

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

- 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>  
 COLORADO, 2002

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>All</b>	<b>1.8</b>	<b>\$102</b>	<b>0.7</b>	<b>\$76</b>	<b>0.1</b>	<b>\$7</b>	<b>0.9</b>	<b>\$18</b>
<b>Age</b>								
5 and younger	0.3	12	0.1	9	0.0	1	0.2	2
6-14	0.5	29	0.2	22	0.0	3	0.2	4
15-20	0.7	47	0.3	37	0.1	3	0.3	7
21-44	1.6	121	0.7	92	0.1	10	0.8	19
45-64	4.6	309	2.0	232	0.3	22	2.3	55
65-74	4.2	216	1.8	159	0.3	14	2.1	43
75-84	4.8	220	2.0	159	0.4	15	2.4	45
85 and older	4.9	198	1.8	138	0.4	15	2.6	44
Unknown	0.8	29	0.0	0	0.5	22	0.3	7
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.6	211	1.9	152	0.4	14	2.3	44
Disabled	3.8	279	1.6	213	0.3	21	1.8	45
Adults	0.7	31	0.2	22	0.0	2	0.4	7
Children	0.4	19	0.2	14	0.0	2	0.2	3
Unknown	2.5	192	0.8	161	0.1	6	1.6	26
<b>Gender</b>								
Female	2.0	106	0.8	78	0.2	8	1.0	20
Male	1.4	95	0.6	72	0.1	7	0.7	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.3	133	0.9	99	0.2	10	1.1	24
African American	1.1	59	0.4	44	0.1	4	0.6	11
Other/unknown	1.2	70	0.5	52	0.1	5	0.6	13
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.7	319	2.6	228	0.6	23	3.5	67
Part year	6.4	314	2.6	230	0.5	22	3.3	62
None	1.4	87	0.6	65	0.1	6	0.7	15

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	2.2	131	0.9	98	0.2	9	1.1	24
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	12	0.1	8	0.0	1	0.2	3
Other/unknown	2.7	155	1.1	116	0.2	11	1.4	28

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

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, 0.3 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](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<sup>a, b, c, d</sup>  
 COLORADO, 2002

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	0.1	0.0	0.2	\$18	\$14	\$1	\$2	\$56	\$103	\$81	\$15	256,020	\$14,424,265	90,607	28.3 %	823,444
Biologics	0.4	0.4	0.0	0.0	512	455	39	18	1201	1,193	1,396	1,049	1,489	1,787,674	405	0.1	3,493
Antineoplastic Agents	0.6	0.3	0.1	0.3	167	144	6	16	272	474	117	64	14,884	4,049,320	2,421	0.8	24,286
Endocrine/Metabolic Drugs	0.9	0.4	0.1	0.4	35	24	3	7	39	64	25	18	376,206	14,605,895	43,460	13.6	422,603
Cardiovascular Agents	1.5	0.5	0.1	0.9	51	31	5	15	33	65	36	17	636,901	21,263,995	40,855	12.8	413,726
Respiratory Agents	0.6	0.3	0.0	0.2	30	21	3	5	51	72	71	22	316,699	16,044,675	56,337	17.6	534,771
Gastrointestinal Agents	0.8	0.4	0.0	0.3	65	55	2	8	85	133	119	24	260,856	22,286,641	34,604	10.8	345,010
Genitourinary Agents	0.5	0.3	0.0	0.1	23	21	0	2	50	64	39	16	71,841	3,591,146	16,859	5.3	154,637
CNS Drugs	1.2	0.7	0.1	0.5	102	81	6	15	84	123	113	30	583,766	49,016,482	49,561	15.5	478,556
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.1	0.3	43	27	6	10	61	85	65	34	37,530	2,288,848	5,540	1.7	52,885
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	102	101	0	1	148	153	94	32	19,138	2,838,194	2,728	0.9	27,815
Analgesics and Anesthetics	0.8	0.2	0.0	0.5	43	31	3	9	56	134	68	18	409,213	22,903,387	57,355	17.9	537,584
Neuromuscular Agents	1.0	0.4	0.1	0.5	69	52	5	12	68	117	60	24	278,141	18,965,048	27,319	8.5	272,959
Nutritional Products	0.6	0.0	0.1	0.5	12	1	1	9	21	58	27	19	107,204	2,258,406	23,565	7.4	189,592
Hematological Agents	1.0	0.2	0.2	0.6	68	56	3	9	69	232	16	17	93,353	6,466,954	9,367	2.9	94,949
Topical Products	0.3	0.1	0.0	0.2	11	7	1	3	33	59	47	16	159,811	5,352,236	50,279	15.7	484,005
Miscellaneous Products	0.6	0.2	0.1	0.4	120	83	17	21	185	394	233	56	12,174	2,252,197	1,938	0.6	18,797
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	30	0	0	0	9,341	281,360	3,545	1.1	36,637
<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.	3,644,567	210,676,723	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 Colorado, 0.3 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](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>  
 COLORADO, 2002

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	\$27,960,720	22,238	7.0 %	224,652	0.8	\$157	\$124
ULCER DRUGS	17,805,161	34,104	10.7	347,318	0.6	92	51
ANTIDEPRESSANTS	16,888,747	42,218	13.2	412,687	0.6	64	41
ANTICONVULSANT	15,292,593	21,658	6.8	221,357	0.8	81	69
ANALGESICS - Narcotic	12,644,599	62,980	19.7	607,527	0.4	48	21
ANTIASTHMATIC	9,157,193	43,617	13.6	423,326	0.4	53	22
ANALGESICS - ANTI-INFLAMMATORY	7,889,411	30,131	9.4	299,868	0.4	70	26
ANTIDIABETIC	7,626,387	19,390	6.1	198,507	0.7	53	38
ANTIHYPERTENSIVE	6,441,586	26,119	8.2	270,483	0.7	35	24
ANTIHYPERTENSIVE	6,434,102	11,306	3.5	120,243	0.6	83	54
Total	128,140,499	313,761		3,125,988	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Colorado, released by CMS in 07/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. 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.