

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 MINNESOTA

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

Inclusion Criteria (2002)	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	694,738 (A)	131,924 (E)	562,814 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	655,677 (B)	103,611 (F)	552,066 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	362,839 (C)	70,293 (G)	292,546 (K)
4. Benes who were all-year nursing facility residents ^f	10,018 (D)	9,149 (H)	869 (L)

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

- 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 2002 (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 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.
- d. The total Medicaid pharmacy reimbursement for Minnesota in 2002 was \$316,547,999, of which \$1,328,086 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. 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.
- 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 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.
- 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 2002. All benefit months of such dual eligible beneficiaries, of which 2.3 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^{a,b}
 MINNESOTA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	362,839	28,794	92,987	81,455	159,493	110	2,220,491	204,740	988,000	313,032	714,381	338					
Age																	
5 and younger	64,374	0	2,899	31	61,444	0	300,791	0	28,484	151	272,156	0					
6-14	72,781	0	8,367	51	64,363	0	379,569	0	90,611	268	288,690	0					
15-20	46,032	0	5,767	8,025	32,227	13	244,030	0	61,519	32,981	149,498	32					
21-44	105,211	0	36,356	67,333	1,450	72	647,716	0	387,739	255,765	3,998	214					
45-64	44,717	2	38,710	5,979	1	25	436,121	21	412,313	23,694	1	92					
65-74	9,336	8,484	822	30	0	0	67,562	60,594	6,814	154	0	0					
75-84	9,988	9,939	46	3	0	0	72,586	72,228	351	7	0	0					
85 and older	10,389	10,369	20	0	0	0	72,066	71,897	169	0	0	0					
Unknown	11	0	0	3	8	0	50	0	0	12	38	0					
Gender																	
Female	205,882	20,037	45,866	62,262	77,607	110	1,228,266	145,519	493,217	244,134	345,058	338					
Male	156,957	8,757	47,121	19,193	81,886	0	992,225	59,221	494,783	68,898	369,323	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	225,299	25,249	68,062	49,106	82,829	53	1,474,327	183,393	732,286	185,216	373,231	201					
African American	58,342	953	12,321	14,517	30,545	6	297,500	5,559	123,487	48,794	119,637	23					
Other/unknown	79,198	2,592	12,604	17,832	46,119	51	448,664	15,788	132,227	79,022	221,513	114					
Use of Nursing Facilities^c																	
Entire year	10,018	7,830	2,070	21	97	0	75,450	52,894	22,262	38	256	0					
Part year	10,046	5,553	3,233	546	714	0	77,038	36,412	32,715	3,057	4,854	0					
None	342,775	15,411	87,684	80,888	158,682	110	2,068,003	115,434	933,023	309,937	709,271	338					
Maintenance Assistance Status																	
Cash	147,578	4,677	58,555	33,197	51,149	0	1,047,375	34,686	640,273	135,443	236,973	0					
Medically needy	35,667	13,331	11,430	7,133	3,773	0	261,403	98,183	117,956	28,513	16,751	0					
Poverty-related	24,416	650	695	2,699	20,262	110	113,078	6,002	6,329	9,240	91,169	338					
Other/unknown	155,178	10,136	22,307	38,426	84,309	0	798,635	65,869	223,442	139,836	369,488	0					
Dual Medicare Status^d																	
Full dual, all year	67,223	25,847	40,744	606	26	0	632,837	181,977	446,921	3,732	207	0					
Full dual, part year	3,070	1,990	1,069	11	0	0	29,027	18,055	10,878	94	0	0					
Non-dual, all year	292,546	957	51,174	80,838	159,467	110	1,558,627	4,708	530,201	309,206	714,174	338					
Managed Care Status																	
FFS all year	195,337	18,940	87,614	30,026	58,657	100	1,708,870	167,928	956,215	168,023	416,393	311					
FFS part year, with Rx claims	57,153	7,916	4,401	20,473	24,361	2	220,949	30,557	27,478	66,883	96,027	4					
FFS part year, no Rx claims	110,349	1,938	972	30,956	76,475	8	290,672	6,255	4,307	78,126	201,961	23					

Source: Data for this table are from the MAX 2002 file for Minnesota, 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^{a, b}
 MINNESOTA, 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	51.4 %	12.4	\$969	\$70	\$8,515	10.2 %	362,839
Age							
5 and younger	33.5	1.5	101	68	3,163	3.2	64,374
6-14	33.3	3.0	214	72	4,009	5.3	72,781
15-20	41.5	4.1	327	79	5,483	6.0	46,032
21-44	57.2	12.6	1,060	84	9,818	10.8	105,211
45-64	83.5	40.1	2,834	71	18,185	15.6	44,717
65-74	73.6	26.1	1,422	55	12,575	11.3	9,336
75-84	80.9	31.2	1,358	44	16,012	8.5	9,988
85 and older	89.5	33.1	1,256	38	21,013	6.0	10,389
Unknown	54.5	2.3	198	87	3,037	6.5	11
Basis of Eligibility^c							
Aged	81.6	30.2	1,326	44	16,659	8.0	28,794
Disabled	85.8	34.4	2,711	79	21,975	12.3	92,987
Adults	42.5	2.5	141	57	2,320	6.1	81,455
Children	30.5	1.5	85	57	2,365	3.6	159,493
Unknown	39.1	2.4	129	55	3,252	4.0	110
Gender							
Female	53.6	13.5	856	64	7,849	10.9	205,882
Male	48.6	11.1	886	80	9,389	9.4	156,957
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	58.1	16.6	1,150	69	10,800	10.6	225,299
African American	38.2	5.9	414	70	5,012	8.3	58,342
Other/unknown	42.1	5.4	404	75	4,594	8.8	79,198
Use of Nursing Facilities^d							
Entire year	95.3	50.2	2,453	49	35,275	7.0	10,018
Part year	89.6	37.7	2,093	56	24,985	8.4	10,046
None	49.0	10.6	787	74	7,250	10.8	342,775

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	58.0	15.5	1,174	76	10,683	11.0	147,578
Medically needy	68.6	26.4	1,565	59	15,098	10.4	35,667
Poverty related	30.7	1.7	86	52	1,927	4.5	24,416
Other/unknown	44.5	8.0	541	67	5,976	9.1	155,178

Source: Data for this table are from the MAX 2002 file for Minnesota, 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^{a,b}
 MINNESOTA, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services					No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos
			10.2 %	48.6 %	None	More than 0, but 1 or Less	26.7 %	6.7 %	10.1 %	More than 2, but 5 or Less	6.2 %	1.7 %			
All	2.0	\$142	10.2 %	48.6 %	None	26.7 %	6.7 %	10.1 %	6.2 %	1.7 %	\$1,391	362,839	2,220,491		
Age															
5 and younger	0.3	22	3.2	66.5	29.9	2.4	1.1	0.2	0.0	0.0	677	64,374	300,791		
6-14	0.6	41	5.3	66.7	25.5	4.0	3.3	0.4	0.0	0.0	769	72,781	379,569		
15-20	0.8	62	6.0	58.5	30.3	5.6	4.7	0.8	0.1	1,034	46,032	244,030			
21-44	2.0	172	10.8	42.8	30.1	8.8	11.7	5.4	1.2	1,595	105,211	647,716			
45-64	4.1	291	15.6	16.5	20.8	11.2	25.0	19.9	6.6	1,865	44,717	436,121			
65-74	3.6	197	11.3	26.4	19.0	9.7	21.4	17.3	6.2	1,738	9,336	67,562			
75-84	4.3	187	8.5	19.1	13.9	9.4	25.9	24.8	6.9	2,203	9,988	72,586			
85 and older	4.8	181	6.0	10.5	10.6	10.4	33.3	28.9	6.4	3,029	10,389	72,066			
Unknown	0.5	44	6.5	45.5	45.5	9.1	0.0	0.0	0.0	688	11	50			
Basis of Eligibility^c															
Aged	4.2	186	8.0	18.4	14.2	9.8	27.2	24.0	6.5	2,343	28,794	204,740			
Disabled	3.2	255	12.3	14.2	28.8	12.6	24.3	15.6	4.5	2,068	92,987	988,000			
Adults	0.6	37	6.1	57.5	30.5	6.1	4.6	1.0	0.2	604	81,455	313,032			
Children	0.3	19	3.6	69.5	25.9	2.9	1.6	0.1	0.0	528	159,493	714,381			
Unknown	0.8	42	4.0	60.9	26.4	5.5	5.5	1.8	0.0	1,058	110	338			
Gender															
Female	2.3	144	10.9	46.4	27.3	6.7	10.5	7.0	2.1	1,316	205,882	1,228,266			
Male	1.8	140	9.4	51.4	26.1	6.6	9.7	5.1	1.2	1,485	156,957	992,225			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Race															
White	2.5	176	10.6	41.9	26.1	7.8	13.2	8.7	2.4	1,651	225,299	1,474,327			
African American	1.2	81	8.3	61.8	24.8	5.0	5.4	2.4	0.6	983	58,342	297,500			
Other/unknown	1.0	71	8.8	57.9	30.0	4.7	5.0	1.9	0.5	811	79,198	448,664			
Use of Nursing Facilities^d															
Entire year	6.7	326	7.0	4.7	5.5	7.0	29.8	38.3	14.8	4,684	10,018	75,450			
Part year	4.9	273	8.4	10.4	17.1	11.2	27.6	24.3	9.4	3,258	10,046	77,038			
None	1.8	130	10.8	51.0	27.6	6.5	9.0	4.7	1.1	1,202	342,775	2,068,003			

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 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
Maintenance Assistance Status												
Cash	2.2	166	11.0	42.0	29.8	7.7	11.8	6.8	1.8	1,505	147,578	1,047,375
Medically needy	3.6	214	10.4	31.4	19.1	8.6	19.7	16.2	5.1	2,060	35,667	261,403
Poverty related	0.4	19	4.5	69.3	26.0	2.6	1.7	0.4	0.0	416	24,416	113,078
Other/unknown	1.6	105	9.1	55.5	25.7	5.9	7.7	4.2	1.1	1,161	155,178	798,635

Source: Data for this table are from the MAX 2002 file for Minnesota, 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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MINNESOTA, 2002

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
All	2.0	\$142	0.9	\$108	0.2	\$62	1.0	\$23
Age								
5 and younger	0.3	22	0.1	17	0.0	1	0.2	4
6-14	0.6	41	0.3	32	0.1	4	0.2	6
15-20	0.8	62	0.4	49	0.1	5	0.3	8
21-44	2.0	172	0.9	133	0.2	13	0.9	26
45-64	4.1	291	1.8	220	0.3	22	2.0	48
65-74	3.6	197	1.5	144	0.3	15	1.7	37
75-84	4.3	187	1.7	134	0.4	15	2.2	38
85 and older	4.8	181	1.7	128	0.5	15	2.5	38
Unknown	0.5	44	0.1	10	0.1	20	0.3	13
Basis of Eligibility^d								
Aged	4.2	186	1.7	134	0.4	15	2.2	37
Disabled	3.2	255	1.5	198	0.3	19	1.5	38
Adults	0.6	37	0.2	23	0.1	4	0.4	10
Children	0.3	19	0.2	13	0.0	2	0.1	4
Unknown	0.8	42	0.3	31	0.0	3	0.4	8
Gender								
Female	2.3	144	1.0	107	0.2	11	1.1	25
Male	1.8	140	0.8	108	0.2	10	0.8	21
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.5	176	1.1	135	0.2	13	1.2	27
African American	1.2	81	0.5	63	0.1	6	0.6	13
Other/unknown	1.0	71	0.4	47	0.1	7	0.5	17
Use of Nursing Facilities^e								
Entire year	6.7	326	2.6	237	0.7	24	3.4	65
Part year	4.9	273	2.0	206	0.4	18	2.5	48
None	1.8	130	0.8	99	0.1	10	0.8	21

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	2.2	166	1.0	125	0.2	13	1.0	27
Medically needy	3.6	214	1.5	161	0.3	16	1.8	37
Poverty related	0.4	19	0.2	13	0.0	2	0.2	3
Other/unknown	1.6	105	0.7	81	0.1	8	0.7	16

Source: Data for this table are from the MAX 2002 file for Minnesota, 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 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_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}
 MINNESOTA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic		Off-Patent Brand-Name	Generic									
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$16	\$2	\$3	\$67	\$118	\$88	\$20	297,636	\$19,805,542	101,716	28.0%	932,883	
Biologics	0.2	0.1	0.0	0.0	93	50	17	26	613	477	2,448	657	4,156	2,547,021	2,644	0.7	27,384	
Antineoplastic Agents	0.6	0.3	0.0	0.2	180	163	3	14	299	498	90	59	14,508	4,331,800	2,475	0.7	24,054	
Endocrine/Metabolic Drugs	0.8	0.3	0.2	0.3	36	26	5	5	47	73	31	21	394,064	18,355,630	54,236	14.9	509,296	
Cardiovascular Agents	1.4	0.4	0.1	0.8	48	30	5	12	36	72	37	16	690,323	24,540,725	53,872	14.8	511,107	
Respiratory Agents	0.7	0.4	0.1	0.2	39	29	5	5	58	76	80	24	334,050	19,526,382	52,942	14.6	501,107	
Gastrointestinal Agents	0.7	0.4	0.0	0.3	55	46	2	7	82	119	154	25	283,399	23,153,007	43,248	11.9	424,084	
Genitourinary Agents	0.5	0.3	0.0	0.2	24	21	0	3	53	71	41	19	68,851	3,653,169	15,939	4.4	152,636	
CNS Drugs	1.3	0.7	0.1	0.6	137	110	7	20	102	151	119	36	1,032,438	105,086,800	80,387	22.2	768,319	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	43	26	7	9	66	83	63	43	71,804	4,748,520	12,173	3.4	111,026	
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	49	42	0	7	136	150	0	88	23,420	3,180,148	6,719	1.9	64,863	
Analgesics and Anesthetics	0.7	0.2	0.0	0.4	36	24	4	9	55	136	73	21	446,050	24,468,169	71,901	19.8	671,228	
Neuromuscular Agents	1.0	0.5	0.1	0.4	83	68	5	10	80	130	58	24	447,319	35,918,474	42,038	11.6	431,670	
Nutritional Products	0.5	0.0	0.1	0.4	11	0	1	9	21	34	21	21	81,603	1,752,419	19,504	5.4	165,193	
Hematological Agents	0.7	0.2	0.1	0.4	103	93	3	6	141	573	25	14	90,649	12,754,488	13,287	3.7	124,152	
Topical Products	0.3	0.1	0.0	0.2	12	7	1	4	36	58	50	19	206,119	7,320,654	62,045	17.1	603,720	
Miscellaneous Products	0.7	0.2	0.1	0.3	142	92	30	21	209	388	257	64	18,006	3,770,938	2,588	0.7	26,558	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	33	0	0	0	9,374	306,027	3,914	1.1	39,511	
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.	4,513,769	315,219,913	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Minnesota, 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 (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 (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MINNESOTA, 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	\$64,908,683	42,947	11.8 %	451,403	0.8	\$180	\$144	
ANTIDEPRESSANTS	32,928,691	84,185	23.2	819,005	0.6	67	40	
ANTICONVULSANT	31,840,331	38,386	10.6	406,164	0.8	95	78	
ULCER DRUGS	18,094,019	42,249	11.6	421,951	0.5	83	43	
ANALGESICS - Narcotic	12,736,704	73,355	20.2	710,728	0.4	48	18	
ANTIASTHMATIC	10,686,727	50,162	13.8	478,816	0.4	56	22	
ANTIDIABETIC	9,465,920	24,780	6.8	239,699	0.7	56	39	
MISC. HEMATOLOGICAL	9,051,146	3,528	1.0	32,626	0.6	480	277	
ANTHYPERLIPIDEMIC	8,808,796	16,465	4.5	169,980	0.6	85	52	
ANTIVIRAL	7,267,129	6,468	1.8	63,876	0.3	343	114	
Total	205,788,146	382,525		3,794,248	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for Minnesota, 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 (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.