

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSOURI, 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	1,128,690 (A)	169,094 (E)	959,596 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	1,114,896 (B)	155,967 (F)	958,929 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	731,116 (C)	155,495 (G)	575,621 (K)
4. Benes who were all-year nursing facility residents ^f	22,726 (D)	21,007 (H)	1,719 (L)

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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 Missouri in 2002 was \$840,171,724, of which \$14,046,276 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 3.8 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 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 MISSOURI, 2002

Beneficiary Characteristics	No. of Beneficiaries						No. of Beneficiaries by Age Group						Other/Unknown
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	731,116	93,230	153,715	181,986	302,185	0	6,209,740	934,900	1,555,466	1,235,251	2,484,123	0	
Age													
5 and younger	116,211	0	730	7	115,474	0	901,490	0	6,335	39	895,116	0	
6-14	134,584	0	2,742	46	131,796	0	1,177,363	0	30,134	254	1,146,975	0	
15-20	78,757	0	4,666	19,459	54,632	0	606,190	0	46,608	119,171	440,411	0	
21-44	215,187	0	63,286	151,645	256	0	1,690,173	0	650,141	1,038,518	1,514	0	
45-64	91,246	0	80,506	10,737	3	0	882,940	0	806,343	76,570	27	0	
65-74	35,457	34,275	1,106	76	0	0	361,497	351,642	9,273	582	0	0	
75-84	33,682	33,244	422	15	1	0	339,544	335,291	4,132	115	6	0	
85 and older	25,970	25,711	257	1	1	0	250,481	247,967	2,500	2	12	0	
Unknown	22	0	0	0	22	0	62	0	0	0	62	0	
Gender													
Female	433,926	67,930	81,418	138,616	145,962	0	3,676,391	692,761	839,391	941,996	1,202,243	0	
Male	297,184	25,299	72,292	43,370	156,223	0	2,533,311	242,134	716,042	293,255	1,281,880	0	
Unknown	6	1	5	0	0	0	38	5	33	0	0	0	
Race													
White	589,771	74,310	115,235	146,225	254,001	0	5,174,422	741,622	1,161,264	1,056,526	2,215,010	0	
African American	111,373	15,205	34,044	23,799	38,325	0	828,089	156,197	352,873	107,881	211,138	0	
Other/unknown	29,972	3,715	4,436	11,962	9,859	0	207,229	37,081	41,329	70,844	57,975	0	
Use of Nursing Facilities^c													
Entire year	22,726	19,560	3,165	0	1	0	240,933	205,956	34,965	0	12	0	
Part year	15,728	12,759	2,946	12	11	0	143,523	114,002	29,331	113	77	0	
None	692,662	60,911	147,604	181,974	302,173	0	5,825,284	614,942	1,491,170	1,235,138	2,484,034	0	
Maintenance Assistance Status													
Cash	424,837	22,345	84,872	138,187	179,433	0	3,685,513	257,651	929,016	988,723	1,510,123	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	77,604	2,955	3,010	21,411	50,228	0	520,096	20,042	28,860	90,610	380,584	0	
Other/unknown	228,675	67,930	65,833	22,388	72,524	0	2,004,131	657,207	597,590	155,918	593,416	0	
Dual Medicare Status^d													
Full dual, all year	140,764	81,011	57,741	1,968	44	0	1,444,072	825,402	602,589	15,681	400	0	
Full dual, part year	14,731	6,521	8,095	114	1	0	149,022	61,326	86,431	1,253	12	0	
Non-dual, all year	575,621	5,698	87,879	179,904	302,140	0	4,616,646	48,172	866,446	1,218,317	2,483,711	0	
Managed Care Status													
FFS all year	605,450	93,209	151,876	123,938	236,427	0	5,868,809	934,757	1,545,021	1,053,815	2,335,216	0	
FFS part year, with Rx claims	36,538	20	1,414	20,502	14,602	0	141,171	135	8,740	77,894	54,402	0	
FFS part year, no Rx claims	89,128	1	425	37,546	51,156	0	199,760	8	1,705	103,542	94,505	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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}
 MISSOURI, 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	67.4 %	19.5	\$1,130	\$58	\$4,827	23.4 %	731,116
Age							
5 and younger	61.8	4.4	166	38	1,739	9.6	116,211
6-14	58.5	4.9	289	59	1,354	21.3	134,584
15-20	58.2	5.9	384	65	2,382	16.1	78,757
21-44	63.9	14.8	1,038	70	4,199	24.7	215,187
45-64	82.9	47.9	3,052	64	9,876	30.9	91,246
65-74	85.5	53.0	2,663	50	9,081	29.3	35,457
75-84	88.4	55.9	2,552	46	12,218	20.9	33,682
85 and older	89.5	52.0	2,137	41	16,135	13.2	25,970
Unknown	0.0	0.0	0	0	0	0.0	22
Basis of Eligibility^c							
Aged	87.8	54.1	2,493	46	12,187	20.5	93,230
Disabled	83.5	43.1	3,063	71	10,844	28.3	153,715
Adults	56.9	6.6	300	45	1,492	20.1	181,986
Children	59.2	4.7	226	48	1,505	15.0	302,185
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	70.1	22.3	1,170	53	4,971	23.5	433,926
Male	63.4	15.5	1,072	69	4,617	23.2	297,184
Unknown	83.3	10.0	1,013	101	4,022	25.2	6
Race							
White	70.2	20.5	1,177	57	4,777	24.6	589,771
African American	55.6	16.5	1,012	61	5,586	18.1	111,373
Other/unknown	55.8	11.7	638	54	2,990	21.3	29,972
Use of Nursing Facilities^d							
Entire year	98.4	78.0	3,744	48	29,609	12.6	22,726
Part year	96.6	60.2	2,969	49	19,588	15.2	15,728
None	65.7	16.7	1,002	60	3,679	27.2	692,662

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	66.8	16.5	947	57	3,598	26.3	424,837
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.5	6.2	340	55	1,858	18.3	77,604
Other/unknown	71.5	29.8	1,738	58	8,118	21.4	228,675

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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}
 MISSOURI, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services						No. of Rx, % with:				Mean \$, All Services	Benes	Bene Mos
			23.4 %	32.6 %	None	More than 0, but 1 or Less	7.5 %	11.5 %	More than 2, but 5 or Less	8.8 %	More than 10	3.0 %			
All	2.3	\$133	23.4 %	32.6 %	None	More than 0, but 1 or Less	7.5 %	11.5 %	8.8 %	More than 10	3.0 %	\$568	731,116	6,209,740	
Age															
5 and younger	0.6	21	9.6	38.2		54.4	5.3	1.9	0.1	0.0	0.0	224	116,211	901,490	
6-14	0.6	33	21.3	41.5		49.8	4.8	3.3	0.5	0.1	0.1	155	134,584	1,177,363	
15-20	0.8	50	16.1	41.8		45.5	7.0	4.6	1.0	0.2	0.2	310	78,757	606,190	
21-44	1.9	132	24.7	36.1		35.9	9.1	11.6	5.7	1.6	1.6	535	215,187	1,690,173	
45-64	4.9	315	30.9	17.1		15.5	9.7	24.5	23.3	9.8	9.8	1,021	91,246	882,940	
65-74	5.2	261	29.3	14.5		12.4	9.2	26.3	27.5	10.2	10.2	891	35,457	361,497	
75-84	5.5	253	20.9	11.6		9.7	8.4	27.9	31.7	10.7	10.7	1,212	33,682	339,544	
85 and older	5.4	222	13.2	10.5		8.5	8.7	30.8	32.9	8.7	8.7	1,673	25,970	250,481	
Unknown	0.0	0	0.0	100.0		0.0	0.0	0.0	0.0	0.0	0.0	0	22	62	
Basis of Eligibility^c															
Aged	5.4	249	20.5	12.2		10.3	8.7	28.1	30.6	10.1	10.1	1,215	93,230	934,900	
Disabled	4.3	303	28.3	16.5		20.3	10.6	24.3	20.4	7.9	7.9	1,072	153,715	1,555,466	
Adults	1.0	44	20.1	43.1		40.2	8.0	6.7	1.7	0.2	0.2	220	181,986	1,235,251	
Children	0.6	28	15.0	40.8		50.7	5.3	2.8	0.4	0.1	0.1	183	302,185	2,484,123	
Unknown	0.0	0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender															
Female	2.6	138	23.5	29.9		35.8	7.9	12.5	10.2	3.7	3.7	587	433,926	3,676,391	
Male	1.8	126	23.2	36.6		37.6	7.0	10.2	6.7	2.1	2.1	542	297,184	2,533,311	
Unknown	1.6	160	25.2	16.7		50.0	0.0	33.3	0.0	0.0	0.0	635	6	38	
Race															
White	2.3	134	24.6	29.8		38.6	7.6	11.5	9.2	3.4	3.4	545	589,771	5,174,422	
African American	2.2	136	18.1	44.4		26.8	7.3	12.0	7.7	1.7	1.7	751	111,373	828,089	
Other/unknown	1.7	92	21.3	44.2		32.3	7.5	9.7	5.0	1.2	1.2	433	29,972	207,229	
Use of Nursing Facilities^d															
Entire year	7.4	353	12.6	1.6		4.0	5.5	26.2	42.8	19.9	19.9	2,793	22,726	240,933	
Part year	6.6	325	15.2	3.4		7.8	8.0	30.2	36.1	14.6	14.6	2,147	15,728	143,523	
None	2.0	119	27.2	34.3		38.3	7.6	10.6	7.0	2.2	2.2	437	692,662	5,825,284	

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				
Maintenance Assistance Status												
Cash	1.9	109	26.3	33.2	40.3	7.9	10.1	6.3	2.1	415	424,837	3,685,513
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.9	51	18.3	41.5	45.4	6.0	4.6	1.9	0.6	277	77,604	520,096
Other/unknown	3.4	198	21.4	28.5	26.6	7.3	16.5	15.6	5.5	926	228,675	2,004,131

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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}
 MISSOURI, 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 \$
All	2.3	\$133	1.0	\$103	0.2	\$9	1.1	\$22
Age								
5 and younger	0.6	21	0.2	16	0.1	2	0.3	4
6-14	0.6	33	0.3	25	0.1	4	0.2	4
15-20	0.8	50	0.4	39	0.1	4	0.3	8
21-44	1.9	132	0.8	106	0.1	7	0.9	19
45-64	4.9	315	2.2	247	0.3	18	2.4	50
65-74	5.2	261	2.2	196	0.4	17	2.6	48
75-84	5.5	253	2.3	187	0.4	18	2.8	48
85 and older	5.4	222	2.0	158	0.5	18	2.9	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.4	249	2.2	183	0.4	18	2.7	47
Disabled	4.3	303	1.9	242	0.3	16	2.1	45
Adults	1.0	44	0.4	33	0.1	3	0.5	8
Children	0.6	28	0.3	21	0.1	3	0.2	4
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.6	138	1.1	105	0.2	9	1.3	24
Male	1.8	126	0.8	100	0.1	7	0.9	19
Unknown	1.6	160	0.8	143	0.1	5	0.7	12
Race								
White	2.3	134	1.0	103	0.2	9	1.1	22
African American	2.2	136	1.0	108	0.2	8	1.1	21
Other/unknown	1.7	92	0.8	72	0.1	6	0.8	15
Use of Nursing Facilities^e								
Entire year	7.4	353	2.9	263	0.6	24	3.8	65
Part year	6.6	325	2.7	245	0.5	22	3.4	58
None	2.0	119	0.9	93	0.1	8	1.0	19

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	1.9	109	0.8	84	0.1	7	0.9	18
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.9	51	0.4	39	0.1	4	0.4	8
Other/unknown	3.4	198	1.5	154	0.3	13	1.7	32

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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 Missouri, 0.5 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_mddeb.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}
 MISSOURI, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users			
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Bene Mos
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Generic	Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	\$20	\$16	\$1	\$2	\$65	\$80	\$16	1,083,779	339,721	46.5%
Biologics	0.1	0.1	0.0	40	29	2	10	327	1,374	673	16,387	12,048	1.6
Antineoplastic Agents	0.6	0.3	0.1	173	144	13	15	280	479	197	55,831	8,734	1.2
Endocrine/Metabolic Drugs	0.7	0.4	0.1	33	26	3	4	46	70	29	1,347,636	175,658	24.0
Cardiovascular Agents	1.6	0.6	0.1	60	40	5	15	36	65	34	2,691,931	153,566	21.0
Respiratory Agents	0.6	0.3	0.1	27	20	3	3	50	72	52	1,577,208	266,666	36.5
Gastrointestinal Agents	0.6	0.2	0.0	32	24	2	6	55	134	100	803,341	129,287	17.7
Genitourinary Agents	0.4	0.3	0.0	22	21	0	1	59	72	41	207,124	51,679	7.1
CNS Drugs	1.2	0.6	0.0	99	83	3	13	83	136	81	2,397,530	190,736	26.1
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.1	43	28	7	8	66	78	69	92,146	13,307	1.8
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	90	89	0	1	129	136	50	76,530	10,468	1.4
Analgesics and Anesthetics	0.7	0.2	0.0	37	27	2	7	57	124	69	1,577,900	227,655	31.1
Neuromuscular Agents	0.8	0.3	0.1	54	41	4	9	66	120	57	940,239	107,613	14.7
Nutritional Products	0.5	0.0	0.1	8	0	1	7	19	27	20	395,720	86,336	11.8
Hematological Agents	0.8	0.3	0.1	75	64	3	8	97	224	24	390,871	47,672	6.5
Topical Products	0.3	0.1	0.0	11	7	1	2	39	64	49	552,066	182,845	25.0
Miscellaneous Products	0.4	0.2	0.1	68	44	15	9	165	268	294	36,365	8,370	1.1
Unknown Therapeutic Category	0.2	0.0	0.0	5	0	0	0	23	0	0	48,950	18,896	2.6
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.	14,291,554	826,125,448	n.a.

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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 Missouri, 0.5 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, 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	\$108,967,120	11.8 %	943,616	0.6	\$178	\$115		
ANTIDEPRESSANTS	72,283,153	26.5	2,083,814	0.5	64	35		
ANTICONVULSANT	50,250,757	10.7	858,261	0.7	83	59		
ANALGESICS - Narcotic	42,021,055	34.4	2,730,303	0.3	47	15		
ANALGESICS - ANTI-INFLAMMATORY	38,625,637	21.7	1,748,126	0.3	70	22		
ANTIASTHMATIC	37,820,278	22.7	1,808,480	0.4	58	21		
ANTIDIABETIC	32,527,180	10.7	852,273	0.7	57	38		
ANTIHYPERTENSIVE	30,828,637	7.1	577,652	0.6	85	53		
ULCER DRUGS	30,148,875	18.8	1,502,345	0.4	53	20		
ANTIHYPERTENSIVE	26,681,864	14.1	1,122,506	0.6	37	24		
Total	470,154,556		14,227,376	n.a.	n.a.	n.a.		

Source: Data for this table are from the MAX 2002 file for Missouri, released by CMS in 05/2006. 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_mdmb.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.