STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
COLORADO

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLES

APPENDIX TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
COLORADO, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	478,343	(A)	72,873	(E)	405,470	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	459,275	(B)	60,367	(F)	398,908	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	372,978	(C)	53,422	(G)	319,556	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	8,795	(D)	8,118	(H)	677	(L)

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Colorado in 2003 was $260,700,545, of which $856,581 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) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 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. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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]

COLORADO, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**372,978**	**36,575**	**46,579**	**81,845**	**207,979**	**0**	**3,107,955**	**366,905**	**471,571**	**566,944**	**1,702,535**	**0**
Age												
5 and younger	108,848	0	1,629	0	107,219	0	870,765	0	15,046	0	855,719	0
6-14	80,558	0	3,247	0	77,311	0	692,381	0	33,306	0	659,075	0
15-20	39,844	0	2,884	13,566	23,394	0	312,770	0	28,580	96,889	187,301	0
21-44	81,518	27	16,863	64,573	55	0	614,478	151	171,922	441,965	440	0
45-64	24,972	117	21,159	3,696	0	0	243,604	838	214,717	28,049	0	0
65-74	13,767	12,996	762	9	0	0	141,624	133,974	7,612	38	0	0
75-84	13,441	13,411	30	0	0	0	136,937	136,601	336	0	0	0
85 and older	10,029	10,023	5	1	0	0	95,391	95,336	52	3	0	0
Unknown	1	1	0	0	0	5 0		5	0	0	0	0
Gender												
Female	223,444	26,287	24,000	70,412	102,745	0	1,836,386	266,439	244,430	486,736	838,781	0
Male	149,534	10,288	22,579	11,433	105,234	0	1,271,569	100,466	227,141	80,208	863,754	0
Unknown	0	0	0	0	0	0 0		0	0	0	0	0
Race												
White	177,664	22,168	26,105	39,078	90,313	0	1,498,675	218,591	267,189	276,737	736,158	0
African American	26,087	1,168	1,660	6,428	16,831	0	215,875	12,001	16,391	48,129	139,354	0
Other/unknown	169,227	13,239	18,814	36,339	100,835	0	1,393,405	136,313	187,991	242,078	827,023	0
Use of Nursing Facilities[c]												
Entire year	8,795	7,583	1,212	0	0	0	88,040	74,920	13,120	0	0	0
Part year	5,425	4,328	1,094	3	0	0	51,186	40,230	10,930	26	0	0
None	358,758	24,664	44,273	81,842	207,979	0	2,968,729	251,755	447,521	566,918	1,702,535	0
Maintenance Assistance Status												
Cash	181,714	23,250	39,259	46,333	72,872	0	1,587,935	243,004	394,587	349,496	600,848	0
Medically needy	0	0	0	0	0	0 0		0	0	0	0	0
Poverty-related	131,972	419	314	22,698	108,541	0	997,523	3,874	3,006	124,758	865,885	0
Other/unknown	59,292	12,906	7,006	12,814	26,566	0	522,497	120,027	73,978	92,690	235,802	0
Dual Medicare Status[d]												
Full dual, all year	52,133	32,642	19,125	361	5	0	537,440	329,930	204,695	2,762	53	0
Full dual, part year	1,289	694	588	7	0	0	13,212	7,149	5,994	69	0	0
Non-dual, all year	319,556	3,239	26,866	81,477	207,974	0	2,557,303	29,826	260,882	564,113	1,702,482	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	306,352	34,451	39,632	67,530	164,739	0	2,668,821	351,909	419,026	478,417	1,419,469	0
FFS part year, with Rx claims	32,272	1,408	4,901	8,702	17,261	0	240,484	10,672	38,427	60,344	131,041	0
FFS part year, no Rx claims	34,353	715	2,046	5,613	25,979	0	198,649	4,323	14,118	28,183	152,025	0

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes 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. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

COLORADO, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**57.0 %**	**11.6**	**$697**	**$60**	**$5,097**	**13.7 %**	**372,978**
Age							
5 and younger	48.2	2.3	92	40	1,641	5.6	108,848
6-14	43.6	3.4	228	67	1,855	12.3	80,558
15-20	55.3	5.3	370	70	4,273	8.7	39,844
21-44	62.6	10.8	792	73	5,765	13.7	81,518
45-64	81.1	42.2	2,988	71	14,665	20.4	24,972
65-74	81.5	41.0	2,135	52	10,242	20.8	13,767
75-84	85.9	46.7	2,169	46	15,214	14.3	13,441
85 and older	88.5	46.0	1,899	41	22,064	8.6	10,029
Unknown	100.0	12.0	300	25	4,124	7.3	1
Basis of Eligibility[e]							
Aged	85.0	44.3	2,073	47	15,266	13.6	36,575
Disabled	79.5	36.4	2,893	80	16,499	17.5	46,579
Adults	58.8	5.4	248	46	2,613	9.5	81,845
Children	46.3	2.7	139	52	1,733	8.0	207,979
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	59.9	13.0	714	55	5,084	14.1	223,444
Male	52.6	9.5	670	70	5,118	13.1	149,534
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	62.3	15.4	945	61	6,776	13.9	177,664
African American	49.6	6.9	389	56	3,447	11.3	26,087
Other/unknown	52.5	8.3	484	58	3,590	13.5	169,227
Use of Nursing Facilities[f]							
Entire year	94.3	67.0	3,310	49	39,167	8.5	8,795
Part year	93.9	61.2	3,078	50	27,759	11.1	5,425
None	55.5	9.5	597	63	3,919	15.2	358,758
Maintenance Assistance Status							
Cash	61.1	15.1	940	62	5,638	16.7	181,714
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	47.4	2.4	101	42	1,517	6.6	131,972
Other/unknown	65.6	21.3	1,276	60	11,408	11.2	59,292

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

COLORADO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: 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	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.4**	**$84**	**13.7 %**	**43.0 %**	**37.7 %**	**5.3 %**	**7.4 %**	**5.0 %**	**1.6 %**	**$612**	**372,978**	**3,107,955**
Age												
5 and younger	0.3	11	5.6	51.8	45.3	2.0	0.7	0.1	0.0	205	108,848	870,765
6-14	0.4	27	12.3	56.4	37.4	3.2	2.6	0.4	0.1	216	80,558	692,381
15-20	0.7	47	8.7	44.7	43.8	5.8	4.7	0.9	0.1	544	39,844	312,770
21-44	1.4	105	13.7	37.4	40.7	8.1	8.6	4.0	1.1	765	81,518	614,478
45-64	4.3	306	20.4	18.9	18.0	10.1	24.0	20.8	8.2	1,503	24,972	243,604
65-74	4.0	208	20.8	18.5	18.7	10.5	24.3	21.1	6.9	996	13,767	141,624
75-84	4.6	213	14.3	14.1	15.2	9.8	26.7	25.9	8.3	1,493	13,441	136,937
85 and older	4.8	200	8.6	11.5	12.2	9.5	29.9	29.3	7.6	2,320	10,029	95,391
Unknown	2.4	60	7.3	0.0	0.0	100.0	0.0	0.0	0.0	825	1	5
Basis of Eligibility[e]												
Aged	4.4	207	13.6	15.0	15.8	10.0	26.7	25.0	7.5	1,522	36,575	366,905
Disabled	3.6	286	17.5	20.5	23.1	10.7	22.5	17.0	6.2	1,630	46,579	471,571
Adults	0.8	36	9.5	41.2	45.1	7.1	5.0	1.3	0.3	377	81,845	566,944
Children	0.3	17	8.0	53.7	41.8	2.7	1.6	0.2	0.0	212	207,979	1,702,535
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.6	87	14.1	40.1	38.5	5.8	8.0	5.8	1.9	619	223,444	1,836,386
Male	1.1	79	13.1	47.4	36.5	4.7	6.5	3.8	1.1	602	149,534	1,271,569
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.8	112	13.9	37.7	37.3	6.2	9.4	7.0	2.5	803	177,664	1,498,675
African American	0.8	47	11.3	50.4	37.1	4.4	4.9	2.6	0.6	417	26,087	215,875
Other/unknown	1.0	59	13.5	47.5	38.1	4.6	5.7	3.3	0.8	436	169,227	1,393,405
Use of Nursing Facilities[f]												
Entire year	6.7	331	8.5	5.7	7.2	6.7	26.3	37.0	17.1	3,913	8,795	88,040
Part year	6.5	326	11.1	6.1	7.6	7.3	26.9	36.5	15.6	2,942	5,425	51,186
None	1.1	72	15.2	44.5	38.9	5.3	6.7	3.7	1.0	474	358,758	2,968,729
Maintenance Assistance Status												
Cash	1.7	108	16.7	38.9	35.7	6.7	10.2	6.7	1.9	645	181,714	1,587,935
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	13	6.6	52.6	42.8	3.0	1.4	0.2	0.0	201	131,972	997,523
Other/unknown	2.4	145	11.2	34.4	32.1	6.5	12.4	10.5	4.0	1,295	59,292	522,497

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

COLORADO, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.4**	**$84**	**$60**	**0.6**	**$66**	**$113**	**0.0**	**$2**	**$45**	**0.8**	**$16**	**$21**
Age												
5 and younger	0.3	11	40	0.1	9	89	0.0	0	46	0.2	2	14
6-14	0.4	27	67	0.2	22	109	0.0	1	73	0.2	4	20
15-20	0.7	47	70	0.3	39	122	0.0	1	63	0.3	7	20
21-44	1.4	105	73	0.6	84	143	0.1	3	57	0.8	18	22
45-64	4.3	306	71	1.8	241	132	0.2	8	51	2.3	57	24
65-74	4.0	208	52	1.7	158	93	0.1	4	33	2.1	45	21
75-84	4.6	213	46	1.9	160	84	0.2	5	28	2.5	48	19
85 and older	4.8	200	41	1.9	147	79	0.2	5	26	2.8	47	17
Unknown	2.4	60	25	0.0	0	0	1.2	39	33	1.2	21	18
Basis of Eligibility[d]												
Aged	4.4	207	47	1.8	155	86	0.2	5	29	2.4	47	19
Disabled	3.6	286	80	1.6	230	146	0.1	9	59	1.9	47	25
Adults	0.8	36	46	0.3	27	97	0.0	1	31	0.5	8	17
Children	0.3	17	52	0.1	14	95	0.0	0	55	0.2	3	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	87	55	0.6	67	104	0.1	2	39	0.9	17	20
Male	1.1	79	70	0.5	63	130	0.0	2	59	0.6	13	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.8	112	61	0.8	88	114	0.1	3	46	1.0	21	21
African American	0.8	47	56	0.3	37	111	0.0	1	40	0.5	9	19
Other/unknown	1.0	59	58	0.4	46	111	0.0	2	44	0.6	11	20
Use of Nursing Facilities[e]												
Entire year	6.7	331	49	2.7	248	93	0.2	8	34	3.8	74	20
Part year	6.5	326	50	2.6	247	95	0.2	8	35	3.6	70	19
None	1.1	72	63	0.5	57	117	0.0	2	48	0.6	13	21
Maintenance Assistance Status												
Cash	1.7	108	62	0.7	84	117	0.1	3	47	0.9	20	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	42	0.1	10	85	0.0	0	44	0.2	3	15
Other/unknown	2.4	145	60	1.0	114	109	0.1	4	40	1.3	27	21

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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 = Centers for Medicare & 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]

COLORADO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$15	$12	$0	$3	$56	$108	$80	$19	347,680	$19,495,644	128,250	34.4 %	1,279,235
Biologicals	0.4	0.4	0.0	0.0	514	476	22	16	1256	1,270	998	1,284	2,008	2,522,340	516	0.1	4,908
Antineoplastic Agents	0.6	0.3	0.0	0.3	182	163	3	16	314	574	159	57	15,020	4,722,453	2,474	0.7	25,938
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.3	31	23	2	6	41	70	19	19	434,839	17,901,669	56,629	15.2	576,749
Cardiovascular Agents	1.5	0.5	0.0	1.0	50	33	1	16	34	70	27	17	712,399	24,522,469	46,562	12.5	486,138
Respiratory Agents	0.5	0.3	0.0	0.2	26	21	0	4	52	77	46	20	395,724	20,563,765	79,000	21.2	803,126
Gastrointestinal Agents	0.6	0.2	0.0	0.4	42	31	1	10	68	131	159	26	262,456	17,784,858	40,817	10.9	422,508
Genitourinary Agents	0.4	0.3	0.0	0.1	22	20	0	2	54	68	38	18	84,253	4,585,713	21,256	5.7	208,897
CNS Drugs	1.1	0.6	0.0	0.5	103	87	2	13	90	137	122	27	706,278	63,331,087	60,494	16.2	615,559
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	49	40	2	7	72	93	66	32	51,511	3,695,303	7,448	2.0	75,689
Miscellaneous Psychological/ Neurological Agents	0.7	0.7	0.0	0.0	124	124	0	0	183	187	0	28	25,073	4,597,134	3,528	0.9	37,025
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	36	27	1	8	55	147	68	18	505,340	27,980,313	77,673	20.8	773,341
Neuromuscular Agents	0.9	0.4	0.0	0.4	65	51	2	12	77	132	45	29	329,975	25,258,374	37,119	10.0	387,963
Nutritional Products	0.5	0.0	0.0	0.4	10	1	1	8	21	51	25	19	117,388	2,451,399	26,915	7.2	239,572
Hematological Agents	0.9	0.3	0.1	0.6	91	81	2	8	101	315	19	15	96,771	9,747,301	10,285	2.8	106,970
Topical Products	0.3	0.1	0.0	0.2	10	7	0	3	36	68	49	17	203,648	7,317,222	69,696	18.7	717,166
Miscellaneous Products	0.6	0.2	0.0	0.4	121	91	10	20	194	437	237	53	13,884	2,688,031	2,177	0.6	22,142
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	41	0	0	0	16,487	678,889	9,131	2.4	94,880
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.	4,320,734	259,843,964	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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]

COLORADO, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$38,596,456	27,794	7.5 %	294,282	0.8	$174	$131
ANTICONVULSANT	20,687,321	25,587	6.9	272,840	0.8	94	76
ANTIDEPRESSANTS	20,313,608	52,426	14.1	539,034	0.6	63	38
ANALGESICS - Narcotic	14,941,390	86,011	23.1	871,596	0.4	45	17
ANTIASTHMATIC	12,392,125	59,256	15.9	612,562	0.4	58	20
ULCER DRUGS	11,466,246	43,668	11.7	463,479	0.4	61	25
ANALGESICS - ANTI-INFLAMMATORY	9,425,294	39,395	10.6	406,514	0.3	72	23
ANTIDIABETIC	9,353,263	22,139	5.9	234,489	0.7	56	40
ANTIHYPERLIPIDEMIC	8,565,614	14,710	3.9	161,052	0.6	85	53
ANTIHYPERTENSIVE	6,932,250	29,744	8.0	317,224	0.7	33	22
Total	152,673,567	400,730		4,173,072	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Colorado, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.