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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MINNESOTA, 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]	732,983	(A)	133,713	(E)	599,270	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	697,198	(B)	107,711	(F)	589,487	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	415,347	(C)	74,553	(G)	340,794	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	4,851	(D)	4,325	(H)	526	(L)

Source: Data for this table are from the MAX 2003 file for Minnesota, 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 Minnesota in 2003 was $356,586,343, of which $3,935,794 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]

MINNESOTA, 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	**415,347**	**30,241**	**98,579**	**95,581**	**190,946**	**0**	**2,289,445**	**199,894**	**1,038,835**	**331,186**	**719,530**	**0**
Age												
5 and younger	76,250	0	3,072	7	73,171	0	295,077	0	28,884	27	266,166	0
6-14	86,355	0	8,844	33	77,478	0	392,783	0	94,731	107	297,945	0
15-20	52,850	23	6,174	8,349	38,304	0	246,323	127	64,905	31,009	150,282	0
21-44	119,407	181	37,817	79,420	1,989	0	679,714	975	400,183	273,428	5,128	0
45-64	49,532	73	41,720	7,739	0	0	469,748	569	442,699	26,480	0	0
65-74	9,861	8,955	881	25	0	0	65,449	58,397	6,938	114	0	0
75-84	10,142	10,092	46	4	0	0	69,191	68,864	316	11	0	0
85 and older	10,942	10,917	24	1	0	0	71,141	70,962	178	1	0	0
Unknown	8	0	1	3	4	0	19	0	1	9	9	0
Gender												
Female	235,780	21,199	48,485	72,638	93,458	0	1,264,341	142,638	517,683	255,106	348,914	0
Male	179,567	9,042	50,094	22,943	97,488	0	1,025,104	57,256	521,152	76,080	370,616	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	248,053	25,921	71,360	56,664	94,108	0	1,501,920	177,278	764,510	194,127	366,005	0
African American	74,879	1,288	13,676	19,049	40,866	0	319,909	5,907	134,164	56,146	123,692	0
Other/unknown	92,415	3,032	13,543	19,868	55,972	0	467,616	16,709	140,161	80,913	229,833	0
Use of Nursing Facilities[c]												
Entire year	4,851	3,715	1,051	19	66	0	30,801	19,727	10,898	34	142	0
Part year	13,918	9,167	3,901	357	493	0	105,541	60,945	40,057	1,735	2,804	0
None	396,578	17,359	93,627	95,205	190,387	0	2,153,103	119,222	987,880	329,417	716,584	0
Maintenance Assistance Status												
Cash	264,834	5,251	61,173	75,274	123,136	0	1,443,052	30,296	663,880	273,264	475,612	0
Medically needy	21,474	10,025	6,597	3,858	994	0	141,669	65,143	60,515	13,729	2,282	0
Poverty-related	47,292	5,704	11,089	3,633	26,866	0	265,358	38,299	109,931	12,371	104,757	0
Other/unknown	81,747	9,261	19,720	12,816	39,950	0	439,366	66,156	204,509	31,822	136,879	0
Dual Medicare Status[d]												
Full dual, all year	71,260	26,782	43,659	797	22	0	658,609	174,049	479,627	4,823	110	0
Full dual, part year	3,293	2,124	1,157	12	0	0	31,602	19,651	11,844	107	0	0
Non-dual, all year	340,794	1,335	53,763	94,772	190,924	0	1,599,234	6,194	547,364	326,256	719,420	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	186,458	16,496	91,729	26,753	51,480	0	1,598,570	139,913	1,000,747	134,710	323,200	0
FFS part year, with Rx claims	78,889	11,404	5,504	28,669	33,312	0	310,599	52,610	32,434	96,456	129,099	0
FFS part year, no Rx claims	150,000	2,341	1,346	40,159	106,154	0	380,276	7,371	5,654	100,020	267,231	0

Source: Data for this table are from the MAX 2003 file for Minnesota, 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]

MINNESOTA, 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	**48.3 %**	**11.6**	**$849**	**$73**	**$8,085**	**10.5 %**	**415,347**
Age							
5 and younger	29.2	1.2	84	73	2,946	2.9	76,250
6-14	30.2	2.6	201	77	3,840	5.2	86,355
15-20	37.8	3.7	322	86	5,133	6.3	52,850
21-44	55.6	11.8	1,044	89	9,547	10.9	119,407
45-64	82.7	40.3	2,956	73	18,171	16.3	49,532
65-74	72.4	25.1	1,423	57	12,613	11.3	9,861
75-84	81.2	30.2	1,334	44	15,468	8.6	10,142
85 and older	88.7	31.6	1,204	38	19,116	6.3	10,942
Unknown	37.5	2.4	183	77	796	23.0	8
Basis of Eligibility[e]							
Aged	80.7	28.8	1,288	45	15,691	8.2	30,241
Disabled	86.0	35.3	2,904	82	22,508	12.9	98,579
Adults	41.7	2.3	139	59	2,494	5.6	95,581
Children	27.1	1.2	74	61	2,233	3.3	190,946
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	50.7	12.5	828	66	7,497	11.0	235,780
Male	45.2	10.4	877	84	8,857	9.9	179,567
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	55.9	16.0	1,161	73	10,424	11.1	248,053
African American	34.5	5.0	367	73	4,671	7.9	74,879
Other/unknown	39.3	5.2	402	78	4,574	8.8	92,415
Use of Nursing Facilities[f]							
Entire year	93.7	45.7	2,404	53	34,961	6.9	4,851
Part year	92.6	44.5	2,440	55	27,017	9.0	13,918
None	46.2	10.0	774	77	7,092	10.9	396,578
Maintenance Assistance Status							
Cash	46.5	9.8	762	78	7,492	10.2	264,834
Medically needy	66.8	23.8	1,372	58	14,488	9.5	21,474
Poverty related	46.6	10.6	728	69	8,815	8.3	47,292
Other/unknown	50.3	14.7	1,064	73	7,901	13.5	81,747

Source: Data for this table are from the MAX 2003 file for Minnesota, 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]

MINNESOTA, 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	**2.1**	**$154**	**10.5 %**	**51.7 %**	**24.6 %**	**6.5 %**	**9.5 %**	**5.9 %**	**1.7 %**	**$1,467**	**415,347**	**2,289,445**
Age												
5 and younger	0.3	22	2.9	70.8	25.8	2.2	1.0	0.1	0.0	761	76,250	295,077
6-14	0.6	44	5.2	69.8	22.7	4.0	3.1	0.4	0.0	844	86,355	392,783
15-20	0.8	69	6.3	62.2	27.0	5.4	4.6	0.9	0.1	1,101	52,850	246,323
21-44	2.1	184	10.9	44.4	29.1	8.8	11.2	5.2	1.2	1,677	119,407	679,714
45-64	4.2	312	16.3	17.3	20.0	11.1	24.6	20.0	6.9	1,916	49,532	469,748
65-74	3.8	214	11.3	27.6	16.9	9.5	20.9	18.3	6.7	1,900	9,861	65,449
75-84	4.4	196	8.6	18.8	13.5	9.1	24.5	25.9	8.2	2,267	10,142	69,191
85 and older	4.9	185	6.3	11.3	10.5	10.3	31.0	30.0	7.0	2,940	10,942	71,141
Unknown	1.0	77	23.0	62.5	12.5	12.5	12.5	0.0	0.0	335	8	19
Basis of Eligibility[e]												
Aged	4.4	195	8.2	19.3	13.6	9.5	25.5	24.8	7.2	2,374	30,241	199,894
Disabled	3.4	276	12.9	14.0	28.1	12.8	24.3	15.9	4.9	2,136	98,579	1,038,835
Adults	0.7	40	5.6	58.3	28.8	6.4	5.0	1.3	0.2	720	95,581	331,186
Children	0.3	20	3.3	72.9	22.5	2.8	1.6	0.2	0.0	593	190,946	719,530
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.3	154	11.0	49.3	25.4	6.6	9.9	6.7	2.1	1,398	235,780	1,264,341
Male	1.8	154	9.9	54.8	23.7	6.3	9.0	5.0	1.2	1,551	179,567	1,025,104
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.6	192	11.1	44.1	24.5	7.7	12.5	8.5	2.6	1,722	248,053	1,501,920
African American	1.2	86	7.9	65.5	22.0	4.8	5.0	2.2	0.6	1,093	74,879	319,909
Other/unknown	1.0	80	8.8	60.7	27.1	4.7	5.0	2.1	0.5	904	92,415	467,616
Use of Nursing Facilities[f]												
Entire year	7.2	379	6.9	6.3	5.2	6.6	26.1	37.7	18.0	5,506	4,851	30,801
Part year	5.9	322	9.0	7.4	11.2	9.4	28.0	31.5	12.6	3,563	13,918	105,541
None	1.8	143	10.9	53.8	25.4	6.4	8.6	4.7	1.2	1,306	396,578	2,153,103
Maintenance Assistance Status												
Cash	1.8	140	10.2	53.5	26.6	6.3	8.1	4.4	1.2	1,375	264,834	1,443,052
Medically needy	3.6	208	9.5	33.2	16.3	8.2	18.8	17.4	6.0	2,196	21,474	141,669
Poverty related	1.9	130	8.3	53.4	24.5	5.9	8.8	5.7	1.8	1,571	47,292	265,358
Other/unknown	2.7	198	13.5	49.7	20.7	7.2	11.9	8.2	2.3	1,470	81,747	439,366

Source: Data for this table are from the MAX 2003 file for Minnesota, 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]

MINNESOTA, 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	**2.1**	**$154**	**$73**	**1.0**	**$124**	**$129**	**0.1**	**$6**	**$63**	**1.0**	**$24**	**$23**
Age												
5 and younger	0.3	22	73	0.1	17	134	0.0	1	73	0.2	4	23
6-14	0.6	44	77	0.3	36	111	0.0	2	94	0.2	6	26
15-20	0.8	69	86	0.4	58	132	0.0	3	80	0.3	9	26
21-44	2.1	184	89	1.0	150	153	0.1	7	81	1.0	26	27
45-64	4.2	312	73	1.9	251	130	0.2	11	64	2.1	49	23
65-74	3.8	214	57	1.7	166	100	0.2	7	41	2.0	41	21
75-84	4.4	196	44	1.8	150	81	0.2	6	29	2.4	40	17
85 and older	4.9	185	38	1.9	140	76	0.3	5	21	2.7	39	14
Unknown	1.0	77	77	0.8	76	91	0.0	0	0	0.2	1	5
Basis of Eligibility[d]												
Aged	4.4	195	45	1.8	149	84	0.2	6	28	2.4	39	17
Disabled	3.4	276	82	1.6	226	142	0.1	10	72	1.6	39	24
Adults	0.7	40	59	0.3	27	101	0.0	2	79	0.4	11	30
Children	0.3	20	61	0.2	15	89	0.0	1	80	0.1	4	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.3	154	66	1.1	123	117	0.1	5	54	1.2	26	22
Male	1.8	154	84	0.9	126	146	0.1	6	80	0.9	22	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.6	192	73	1.2	157	128	0.1	7	60	1.3	28	22
African American	1.2	86	73	0.5	70	137	0.0	3	67	0.6	13	21
Other/unknown	1.0	80	78	0.4	57	127	0.0	4	91	0.5	19	36
Use of Nursing Facilities[e]												
Entire year	7.2	379	53	2.9	296	101	0.3	11	33	3.9	71	18
Part year	5.9	322	55	2.4	254	105	0.3	9	34	3.2	58	18
None	1.8	143	77	0.9	115	133	0.1	5	70	0.9	22	24
Maintenance Assistance Status												
Cash	1.8	140	78	0.8	112	134	0.1	5	70	0.9	22	25
Medically needy	3.6	208	58	1.6	165	106	0.2	7	41	1.9	36	19
Poverty related	1.9	130	69	0.9	106	124	0.1	4	50	0.9	19	21
Other/unknown	2.7	198	73	1.3	161	127	0.1	8	65	1.3	29	22

Source: Data for this table are from the MAX 2003 file for Minnesota, 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 Minnesota, 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.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]

MINNESOTA, 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	$24	$18	$1	$5	$73	$132	$118	$27	298,290	$21,851,548	104,472	25.2 %	913,700
Biologicals	0.1	0.1	0.0	0.0	60	29	10	21	457	289	2,303	767	4,848	2,217,851	3,412	0.8	36,746
Antineoplastic Agents	0.6	0.3	0.0	0.3	189	172	2	15	332	587	124	59	14,256	4,737,507	2,610	0.6	25,071
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	40	30	4	6	50	81	28	21	425,066	21,284,633	59,528	14.3	530,453
Cardiovascular Agents	1.4	0.5	0.0	0.9	48	33	1	14	34	73	30	15	755,368	25,852,868	58,729	14.1	540,520
Respiratory Agents	0.6	0.4	0.0	0.2	38	32	1	6	60	84	86	23	305,375	18,356,957	52,685	12.7	478,729
Gastrointestinal Agents	0.7	0.4	0.0	0.3	60	53	1	6	87	123	175	22	316,975	27,500,978	48,293	11.6	456,837
Genitourinary Agents	0.5	0.3	0.0	0.1	28	25	0	3	58	76	52	19	74,412	4,325,710	16,649	4.0	155,765
CNS Drugs	1.4	0.8	0.0	0.6	142	122	5	16	103	158	141	28	1,116,334	115,079,524	87,378	21.0	808,185
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	50	40	2	8	75	89	74	42	83,170	6,253,290	14,262	3.4	125,392
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.1	63	54	0	9	164	175	0	118	26,411	4,328,120	7,309	1.8	68,576
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	42	30	2	10	59	154	89	20	486,055	28,702,729	76,642	18.5	688,797
Neuromuscular Agents	1.0	0.5	0.1	0.4	91	76	3	12	88	140	55	28	478,075	42,099,759	45,749	11.0	460,378
Nutritional Products	0.5	0.0	0.0	0.5	11	1	1	9	21	30	17	21	86,141	1,778,366	20,575	5.0	168,571
Hematological Agents	0.8	0.2	0.1	0.5	117	107	2	8	156	544	28	17	100,152	15,621,881	14,653	3.5	133,353
Topical Products	0.4	0.1	0.0	0.2	14	8	1	4	38	64	46	21	211,420	8,041,452	64,144	15.4	595,421
Miscellaneous Products	0.7	0.3	0.1	0.3	147	101	23	23	216	396	256	68	17,690	3,814,321	2,580	0.6	25,950
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	80	0	0	0	10,029	803,055	5,170	1.2	48,610
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.	4,810,067	352,650,549	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Minnesota, 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 Minnesota, 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.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]

MINNESOTA, 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	$75,241,752	48,710	11.7 %	507,322	0.8	$190	$148
ANTICONVULSANT	37,023,815	41,639	10.0	434,960	0.8	102	85
ANTIDEPRESSANTS	34,000,442	91,705	22.1	865,719	0.6	64	39
ULCER DRUGS	21,242,704	46,278	11.1	445,557	0.5	87	48
ANALGESICS - Narcotic	14,873,426	78,446	18.9	737,380	0.4	51	20
ANTIASTHMATIC	12,451,674	54,720	13.2	499,174	0.4	61	25
MISC. HEMATOLOGICAL	11,190,319	4,125	1.0	37,193	0.6	500	301
ANTIDIABETIC	11,111,887	27,660	6.7	259,923	0.7	60	43
ANTIHYPERLIPIDEMIC	10,648,989	20,360	4.9	205,266	0.6	83	52
ANTIVIRAL	8,225,908	6,718	1.6	64,956	0.3	365	127
Total	236,010,916	420,361		4,057,450	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Minnesota, 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.