

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

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSOURI, 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	1,166,165 (A)	172,555 (E)	993,610 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1,154,879 (B)	161,477 (F)	993,402 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	771,458 (C)	160,900 (G)	610,558 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	23,405 (D)	21,638 (H)	1,767 (L)

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

- 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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- The total Medicaid pharmacy reimbursement for Missouri in 2003 was \$985,692,291, of which \$7,448,393 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) 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/rmmcer02.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.
- 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 separately 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 beneficiary 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}
 MISSOURI, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	771,458	91,556	165,784	180,100	334,018	0	6,563,596	919,412	1,720,794	1,226,493	2,696,897	0	6,563,596	919,412	1,720,794	1,226,493	2,696,897	0	
Age																			
5 and younger	124,263	0	695	18	123,550	0	963,456	0	6,233	64	957,159	0	963,456	0	6,233	64	957,159	0	
6-14	147,120	0	2,631	43	144,446	0	1,264,823	0	29,062	248	1,235,513	0	1,264,823	0	29,062	248	1,235,513	0	
15-20	89,763	15	4,865	19,246	65,637	0	670,863	43	49,439	119,282	502,099	0	670,863	43	49,439	119,282	502,099	0	
21-44	217,244	206	67,322	149,350	366	0	1,735,528	596	707,131	1,025,760	2,021	0	1,735,528	596	707,131	1,025,760	2,021	0	
45-64	100,235	188	88,675	11,361	11	0	993,912	544	912,939	80,364	65	0	993,912	544	912,939	80,364	65	0	
65-74	35,367	34,229	1,066	72	0	0	361,760	351,159	9,944	657	0	0	361,760	351,159	9,944	657	0	0	
75-84	32,704	32,377	318	8	1	0	332,022	328,222	3,703	87	10	0	332,022	328,222	3,703	87	10	0	
85 and older	24,756	24,541	212	2	1	0	241,214	238,848	2,343	11	12	0	241,214	238,848	2,343	11	12	0	
Unknown	6	0	0	0	6	0	18	0	0	0	18	0	18	0	0	0	18	0	
Gender																			
Female	453,370	66,786	87,550	137,820	161,214	0	3,845,222	681,541	922,127	936,792	1,304,762	0	3,845,222	681,541	922,127	936,792	1,304,762	0	
Male	318,088	24,770	78,234	42,280	172,804	0	2,718,374	237,871	798,667	289,701	1,392,135	0	2,718,374	237,871	798,667	289,701	1,392,135	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	610,713	72,500	124,897	143,330	269,986	0	5,454,853	723,742	1,291,838	1,055,422	2,383,851	0	5,454,853	723,742	1,291,838	1,055,422	2,383,851	0	
African American	127,134	15,005	35,530	25,041	51,558	0	873,590	154,816	376,848	101,745	240,181	0	873,590	154,816	376,848	101,745	240,181	0	
Other/unknown	33,611	4,051	5,357	11,729	12,474	0	235,153	40,854	52,108	69,326	72,865	0	235,153	40,854	52,108	69,326	72,865	0	
Use of Nursing Facilities^c																			
Entire year	23,405	20,030	3,374	0	1	0	241,150	203,858	37,280	0	12	0	241,150	203,858	37,280	0	12	0	
Part year	14,794	11,489	3,291	11	3	0	141,205	106,908	34,146	116	35	0	141,205	106,908	34,146	116	35	0	
None	733,259	60,037	159,119	180,089	334,014	0	6,181,241	608,646	1,649,368	1,226,377	2,696,850	0	6,181,241	608,646	1,649,368	1,226,377	2,696,850	0	
Maintenance Assistance Status																			
Cash	437,055	21,932	86,544	139,725	188,854	0	3,735,368	252,276	963,691	988,984	1,530,417	0	3,735,368	252,276	963,691	988,984	1,530,417	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	91,247	1,115	1,077	21,999	67,056	0	633,977	6,835	8,926	94,346	523,870	0	633,977	6,835	8,926	94,346	523,870	0	
Other/unknown	243,156	68,509	78,163	18,376	78,108	0	2,194,251	660,301	748,177	143,163	642,610	0	2,194,251	660,301	748,177	143,163	642,610	0	
Dual Medicare Status^d																			
Full dual, all year	155,507	84,348	69,002	2,119	38	0	1,615,628	850,443	745,662	19,184	339	0	1,615,628	850,443	745,662	19,184	339	0	
Full dual, part year	5,393	2,444	2,912	37	0	0	53,902	24,329	29,179	394	0	0	53,902	24,329	29,179	394	0	0	
Non-dual, all year	610,558	4,764	93,870	177,944	333,980	0	4,894,066	44,640	945,953	1,206,915	2,696,558	0	4,894,066	44,640	945,953	1,206,915	2,696,558	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	630,223	91,541	163,858	124,643	250,181	0	6,224,282	919,327	1,709,678	1,080,595	2,514,682	0	6,224,282	919,327	1,709,678	1,080,595	2,514,682	0	
FFS part year, with Rx claims	38,138	14	1,525	19,840	16,759	0	134,964	82	9,443	65,826	59,613	0	134,964	82	9,443	65,826	59,613	0	
FFS part year, no Rx claims	103,097	1	401	35,617	67,078	0	204,350	3	1,673	80,072	122,602	0	204,350	3	1,673	80,072	122,602	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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}
MISSOURI, 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	67.7 %	20.3	\$1,268	\$63	\$4,952	25.6 %	771,458
Age							
5 and younger	61.7	4.3	190	44	1,738	10.9	124,263
6-14	57.8	4.8	313	66	1,357	23.1	147,120
15-20	55.8	5.7	395	70	2,326	17.0	89,763
21-44	66.3	16.3	1,222	75	4,557	26.8	217,244
45-64	83.7	50.7	3,434	68	10,251	33.5	100,235
65-74	86.3	55.8	2,990	54	9,534	31.4	35,367
75-84	89.5	58.5	2,910	50	12,771	22.8	32,704
85 and older	92.4	55.7	2,533	46	17,113	14.8	24,756
Unknown	0.0	0.0	0	0	0	0.0	6
Basis of Eligibility^e							
Aged	89.0	56.7	2,837	50	12,720	22.3	91,556
Disabled	84.4	45.6	3,439	75	11,099	31.0	165,784
Adults	59.3	7.5	363	48	1,725	21.1	180,100
Children	58.1	4.5	248	55	1,512	16.4	334,018
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	70.7	23.1	1,319	57	5,133	25.7	453,370
Male	63.5	16.2	1,196	74	4,694	25.5	318,088
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	71.6	21.6	1,343	62	4,982	27.0	610,713
African American	52.1	15.6	1,041	67	5,271	19.7	127,134
Other/unknown	55.3	12.8	759	60	3,211	23.6	33,611
Use of Nursing Facilities^f							
Entire year	98.2	78.4	4,212	54	29,605	14.2	23,405
Part year	97.0	66.0	3,633	55	21,484	16.9	14,794
None	66.1	17.5	1,126	64	3,832	29.4	733,259
Maintenance Assistance Status							
Cash	66.6	16.9	1,067	63	3,788	28.2	437,055
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	56.8	4.1	208	51	1,431	14.6	91,247
Other/unknown	73.8	32.3	2,027	63	8,365	24.2	243,156

Source: Data for this table are from the MAX 2003 file for Missouri, 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}
 MISSOURI, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Number	
			Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	2.4	\$149	25.6 %	32.3 %	36.4 %	7.6 %	11.3 %	9.1 %	3.4 %	\$582	771,458	6,563,596
Age												
5 and younger	0.6	25	10.9	38.3	54.4	5.3	1.9	0.1	0.0	224	124,263	963,456
6-14	0.6	36	23.1	42.2	49.2	4.8	3.2	0.5	0.1	158	147,120	1,264,823
15-20	0.8	53	17.0	44.2	43.3	6.8	4.5	1.0	0.1	311	89,763	670,863
21-44	2.0	153	26.8	33.7	35.7	10.0	12.3	6.4	1.9	570	217,244	1,735,528
45-64	5.1	346	33.5	16.3	15.5	9.3	23.8	24.1	10.9	1,034	100,235	993,912
65-74	5.5	292	31.4	13.7	11.7	8.3	25.4	29.1	11.9	932	35,367	361,760
75-84	5.8	287	22.8	10.5	9.1	7.6	26.8	33.8	12.1	1,258	32,704	332,022
85 and older	5.7	260	14.8	7.6	7.4	8.1	30.4	36.0	10.5	1,756	24,756	241,214
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	6	18
Basis of Eligibility^e												
Aged	5.6	283	22.3	11.0	9.7	8.0	27.2	32.6	11.6	1,267	91,556	919,412
Disabled	4.4	331	31.0	15.6	20.2	10.4	23.8	21.2	8.8	1,069	165,784	1,720,794
Adults	1.1	53	21.1	40.7	40.2	9.1	7.5	2.1	0.3	253	180,100	1,226,493
Children	0.6	31	16.4	41.9	49.7	5.2	2.8	0.4	0.1	187	334,018	2,696,897
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.7	156	25.7	29.3	35.7	8.0	12.2	10.6	4.1	605	453,370	3,845,222
Male	1.9	140	25.5	36.5	37.4	6.9	10.0	7.0	2.3	549	318,088	2,718,374
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	150	27.0	28.4	39.1	7.7	11.4	9.6	3.8	558	610,713	5,454,853
African American	2.3	152	19.7	47.9	24.8	7.0	11.2	7.3	1.8	767	127,134	873,590
Other/unknown	1.8	109	23.6	44.7	30.9	7.3	10.0	5.7	1.4	459	33,611	235,153
Use of Nursing Facilities^f												
Entire year	7.6	409	14.2	1.8	3.5	5.1	24.6	43.2	21.7	2,873	23,405	241,150
Part year	6.9	381	16.9	3.0	5.9	6.9	27.6	39.5	17.2	2,251	14,794	141,205
None	2.1	134	29.4	33.9	38.1	7.6	10.5	7.4	2.5	455	733,259	6,181,241
Maintenance Assistance Status												
Cash	2.0	125	28.2	33.4	39.4	8.1	10.2	6.6	2.3	443	437,055	3,735,368
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	30	14.6	43.2	47.6	5.5	3.1	0.5	0.1	206	91,247	633,977
Other/unknown	3.6	225	24.2	26.2	26.9	7.2	16.4	16.7	6.5	927	243,156	2,194,251

All Medicaid Beneficiaries

Table 4

Source: Data for this table are from the MAX 2003 file for Missouri, 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}
 MISSOURI, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	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	2.4	\$149	\$63	1.0	\$118	\$113	0.1	\$4	\$39	1.2	\$28	\$22
Age												
5 and younger	0.6	25	44	0.2	19	80	0.0	1	32	0.3	5	17
6-14	0.6	36	66	0.3	30	104	0.0	1	50	0.2	5	22
15-20	0.8	53	70	0.4	42	115	0.0	1	47	0.4	9	25
21-44	2.0	153	75	0.9	124	141	0.1	3	46	1.1	25	23
45-64	5.1	346	68	2.2	276	123	0.2	7	47	2.7	63	23
65-74	5.5	292	54	2.4	224	94	0.2	6	33	2.9	61	21
75-84	5.8	287	50	2.5	218	89	0.2	7	28	3.1	61	20
85 and older	5.7	260	46	2.3	192	85	0.3	8	27	3.1	60	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.6	283	50	2.4	214	90	0.2	7	29	3.0	61	20
Disabled	4.4	331	75	2.0	268	137	0.1	7	49	2.3	56	24
Adults	1.1	53	48	0.4	40	89	0.0	1	35	0.6	12	20
Children	0.6	31	55	0.3	24	91	0.0	1	40	0.3	5	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	2.7	156	57	1.2	121	103	0.1	4	36	1.4	31	21
Male	1.9	140	74	0.8	113	135	0.1	3	46	1.0	23	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	150	62	1.1	119	112	0.1	4	39	1.3	28	22
African American	2.3	152	67	1.0	122	123	0.1	3	39	1.2	26	22
Other/unknown	1.8	109	60	0.8	85	105	0.1	2	39	0.9	21	22
Use of Nursing Facilities^e												
Entire year	7.6	409	54	3.2	317	99	0.3	10	30	4.0	81	20
Part year	6.9	381	55	2.9	294	103	0.3	10	32	3.7	76	21
None	2.1	134	64	0.9	106	116	0.1	3	42	1.1	24	22
Maintenance Assistance Status												
Cash	2.0	125	63	0.9	99	115	0.1	3	40	1.0	23	22
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	30	51	0.3	23	89	0.0	1	38	0.3	6	19
Other/unknown	3.6	225	63	1.6	178	114	0.1	5	38	1.9	41	22

Table 5

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2003 file for Missouri, 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 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.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}
 MISSOURI, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Total	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.1	\$22	\$18	\$0	\$4	\$72	\$120	\$67	\$25	1,177,250	\$84,489,270	364,638	47.3 %	3,891,202
Biologics	0.1	0.1	0.0	0.0	41	29	1	11	330	265	1,814	756	20,117	6,634,273	14,496	1.9	159,952
Antineoplastic Agents	0.6	0.3	0.0	0.3	192	164	9	19	327	626	301	64	56,137	18,378,411	9,262	1.2	95,928
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	37	30	2	5	49	77	24	17	1,485,358	73,281,683	188,137	24.4	2,001,610
Cardiovascular Agents	1.7	0.6	0.1	1.0	65	43	1	21	38	68	24	20	2,991,954	113,499,409	163,982	21.3	1,759,275
Respiratory Agents	0.5	0.3	0.0	0.2	27	22	1	4	52	82	33	19	1,547,766	80,841,934	272,288	35.3	2,949,087
Gastrointestinal Agents	0.6	0.2	0.0	0.4	33	24	1	8	56	143	130	20	873,690	49,270,301	137,394	17.8	1,487,206
Genitourinary Agents	0.4	0.3	0.0	0.1	26	24	0	2	67	80	41	21	229,364	15,382,480	54,568	7.1	584,547
CNS Drugs	1.2	0.7	0.0	0.6	109	94	1	14	89	144	79	25	2,684,024	238,696,733	204,901	26.6	2,180,285
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	52	44	1	7	81	93	65	47	113,251	9,210,948	16,346	2.1	175,926
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	107	107	0	1	148	154	97	23	95,532	14,183,357	12,501	1.6	132,115
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	40	30	1	9	59	144	67	20	1,732,051	102,488,876	239,587	31.1	2,562,324
Neuromuscular Agents	0.8	0.4	0.0	0.4	61	48	2	11	76	135	44	28	1,067,198	81,088,093	121,435	15.7	1,321,731
Nutritional Products	0.5	0.0	0.0	0.4	9	0	1	8	20	33	20	19	428,513	8,508,937	89,034	11.5	908,487
Hematological Agents	0.8	0.3	0.1	0.4	84	73	3	9	104	214	28	23	449,332	46,654,187	51,883	6.7	553,078
Topical Products	0.3	0.1	0.0	0.1	12	9	1	3	45	72	51	21	591,551	26,599,343	195,760	25.4	2,139,947
Miscellaneous Products	0.4	0.2	0.0	0.2	68	49	10	9	165	272	276	47	40,785	6,721,094	9,260	1.2	98,500
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	47	0	0	0	49,176	2,314,569	24,604	3.2	272,756
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.	15,633,049	978,243,898	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Missouri, 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 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.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}
 MISSOURI, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$134,081,065	98,286	12.7 %	1,085,146	0.6	\$196
ANTIDEPRESSANTS	84,894,988	211,701	27.4	2,300,122	0.6	66
ANTICONVULSANT	65,413,225	90,015	11.7	993,931	0.7	95
ANALGESICS - Narcotic	53,026,019	280,423	36.3	3,069,426	0.3	51
ANTIASTHMATIC	47,407,572	182,906	23.7	2,006,746	0.4	67
ANTIDIABETIC	38,253,860	86,025	11.2	940,017	0.7	59
ANALGESICS - ANTI-INFLAMMATORY	37,842,298	151,484	19.6	1,679,917	0.3	69
ANTHYPERLIPIDEMIC	36,571,990	61,609	8.0	690,244	0.6	83
ANTIVIRAL	31,904,223	30,665	4.0	340,192	0.3	375
ULCER DRUGS	29,324,400	144,574	18.7	1,592,544	0.4	48
Total	558,719,640	1,337,688		14,698,285	n.a.	n.a.

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