

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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>74,553</b>	<b>28,906</b>	<b>44,816</b>	<b>809</b>	<b>22</b>	<b>0</b>	<b>690,211</b>	<b>193,700</b>	<b>491,471</b>	<b>4,930</b>	<b>110</b>	<b>0</b>
<b>Age</b>												
5 and younger	6	0	4	0	2	0	50	0	46	0	4	0
6-14	14	0	14	0	0	0	150	0	150	0	0	0
15-20	210	0	190	5	15	0	2,128	0	2,035	26	67	0
21-44	20,754	0	20,204	545	5	0	226,694	0	223,292	3,363	39	0
45-64	23,825	0	23,583	242	0	0	260,836	0	259,387	1,449	0	0
65-74	9,054	8,284	756	14	0	0	61,950	55,779	6,088	83	0	0
75-84	9,887	9,844	41	2	0	0	68,007	67,704	295	8	0	0
85 and older	10,803	10,778	24	1	0	0	70,396	70,217	178	1	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	42,751	20,300	21,916	529	6	0	384,061	138,260	242,356	3,425	20	0
Male	31,802	8,606	22,900	280	16	0	306,150	55,440	249,115	1,505	90	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	63,659	25,365	37,734	543	17	0	595,774	174,102	418,098	3,475	99	0
African American	5,025	894	3,975	153	3	0	46,221	4,572	40,906	738	5	0
Other/unknown	5,869	2,647	3,107	113	2	0	48,216	15,026	32,467	717	6	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	4,325	3,649	675	1	0	0	26,593	19,425	7,166	2	0	0
Part year	11,165	9,057	2,101	7	0	0	82,898	60,270	22,571	57	0	0
None	59,063	16,200	42,040	801	22	0	580,720	114,005	461,734	4,871	110	0
<b>Maintenance Assistance Status</b>												
Cash	26,833	4,769	21,419	634	11	0	274,514	28,395	242,038	4,016	65	0
Medically needy	15,140	9,878	5,192	69	1	0	115,522	64,313	50,779	427	3	0
Poverty-related	9,586	5,385	4,179	18	4	0	80,791	36,405	44,248	126	12	0
Other/unknown	22,994	8,874	14,026	88	6	0	219,384	64,587	154,406	361	30	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	59,901	15,876	43,604	413	8	0	623,775	135,994	484,217	3,486	78	0
FFS part year, with Rx claims	12,292	10,940	1,057	285	10	0	58,791	50,974	6,659	1,131	27	0
FFS part year, no Rx claims	2,360	2,090	155	111	4	0	7,645	6,732	595	313	5	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 D.2 includes the beneficiaries represented by Cell G 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 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
All	86.2 %	38.4	\$2,735	\$71	\$21,123	12.9 %	74,553
<b>Age</b>							
5 and younger	100.0	28.8	540	19	48,281	1.1	6
6-14	100.0	51.0	3,235	63	11,804	27.4	14
15-20	83.3	23.6	2,006	85	21,059	9.5	210
21-44	88.6	36.0	3,390	94	24,692	13.7	20,754
45-64	89.8	51.4	3,906	76	24,398	16.0	23,825
65-74	73.3	26.4	1,498	57	12,816	11.7	9,054
75-84	81.6	30.6	1,349	44	15,540	8.7	9,887
85 and older	88.8	31.7	1,210	38	19,111	6.3	10,803
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	81.7	29.6	1,324	45	15,945	8.3	28,906
Disabled	89.4	44.4	3,671	83	24,754	14.8	44,816
Adults	74.9	16.8	1,344	80	4,948	27.2	809
Children	68.2	9.6	734	76	22,119	3.3	22
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	88.6	41.6	2,685	65	19,848	13.5	42,751
Male	83.0	34.1	2,801	82	22,836	12.3	31,802
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	87.5	40.4	2,854	71	22,530	12.7	63,659
African American	79.0	27.8	2,058	74	12,187	16.9	5,025
Other/unknown	78.7	25.9	2,016	78	13,510	14.9	5,869
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	94.5	43.3	2,150	50	32,815	6.6	4,325
Part year	93.9	44.3	2,244	51	24,747	9.1	11,165
None	84.2	36.9	2,870	78	19,581	14.7	59,063
<b>Maintenance Assistance Status</b>							
Cash	88.8	40.4	3,264	81	25,870	12.6	26,833
Medically needy	77.6	30.9	1,746	57	17,756	9.8	15,140
Poverty related	82.8	33.2	2,063	62	19,988	10.3	9,586
Other/unknown	90.3	43.2	3,048	71	18,272	16.7	22,994

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 D.3 includes beneficiaries represented by Cell G 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						More than 10 Less	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months
			Percentage of All Medicaid FFS <sup>c</sup>	18.3 %	11.3 %	27.1 %	22.7 %	6.8 %				
<b>All</b>	<b>4.1</b>	<b>\$295</b>	<b>12.9 %</b>	<b>13.8 %</b>	<b>11.3 %</b>	<b>27.1 %</b>	<b>22.7 %</b>	<b>6.8 %</b>	<b>\$2,282</b>	<b>74,553</b>	<b>690,211</b>	
<b>Age</b>												
5 and younger	3.5	65	1.1	0.0	16.7	66.7	16.7	0.0	5,794	6	50	
6-14	4.8	302	27.4	0.0	14.3	28.6	28.6	7.1	1,102	14	150	
15-20	2.3	198	9.5	16.7	12.4	21.4	10.0	1.0	2,078	210	2,128	
21-44	3.3	310	13.7	11.4	14.0	26.9	16.0	3.9	2,261	20,754	226,694	
45-64	4.7	357	16.0	10.2	11.1	28.6	25.3	8.7	2,229	23,825	260,836	
65-74	3.9	219	11.7	26.7	9.3	21.5	19.1	7.2	1,873	9,054	61,950	
75-84	4.4	196	8.7	18.4	9.1	24.7	26.2	8.2	2,259	9,887	68,007	
85 and older	4.9	186	6.3	11.2	10.3	31.0	30.1	7.0	2,933	10,803	70,396	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.4	198	8.3	18.3	9.6	26.1	25.5	7.5	2,379	28,906	193,700	
Disabled	4.1	335	14.8	10.6	12.4	27.8	21.1	6.5	2,257	44,816	491,471	
Adults	2.8	221	27.2	25.1	13.5	23.6	11.4	2.1	812	809	4,930	
Children	1.9	147	3.3	31.8	22.7	4.5	13.6	0.0	4,424	22	110	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Gender</b>												
Female	4.6	299	13.5	11.4	10.8	28.0	25.5	8.3	2,209	42,751	384,061	
Male	3.5	291	12.3	17.0	12.0	25.9	19.0	4.8	2,372	31,802	306,150	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>												
White	4.3	305	12.7	12.5	11.1	27.9	24.1	7.3	2,407	63,659	595,774	
African American	3.0	224	16.9	21.0	12.3	21.5	14.5	3.9	1,325	5,025	46,221	
Other/unknown	3.2	245	14.9	21.3	12.4	22.7	14.8	3.9	1,644	5,869	48,216	
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.0	350	6.6	5.5	6.8	26.9	38.5	17.2	5,337	4,325	26,593	
Part year	6.0	302	9.1	6.1	9.1	29.7	34.2	12.3	3,333	11,165	82,898	
None	3.8	292	14.7	15.8	12.1	26.6	19.4	5.0	1,992	59,063	580,720	
<b>Maintenance Assistance Status</b>												
Cash	3.9	319	12.6	11.2	12.6	28.0	20.6	5.7	2,529	26,833	274,514	
Medically needy	4.1	229	9.8	22.4	9.1	23.6	22.9	7.9	2,327	15,140	115,522	
Poverty related	3.9	245	10.3	17.2	10.7	24.5	21.5	6.5	2,372	9,586	80,791	
Other/unknown	4.5	319	16.7	9.7	11.5	29.4	25.6	7.6	1,915	22,994	219,384	

Table D4

Dual Eligible Beneficiaries

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 D.4 includes the beneficiaries represented by Cell G 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 D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 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
<b>All</b>	<b>4.1</b>	<b>\$295</b>	<b>\$71</b>	<b>1.9</b>	<b>\$239</b>	<b>\$127</b>	<b>0.2</b>	<b>\$11</b>	<b>\$58</b>	<b>2.1</b>	<b>\$46</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	3.5	65	19	1.1	32	29	0.4	12	28	1.9	21	11
6-14	4.8	302	63	2.2	213	99	0.4	34	86	2.2	55	25
15-20	2.3	198	85	1.2	160	128	0.1	10	94	1.0	23	24
21-44	3.3	310	94	1.6	256	159	0.2	13	84	1.5	41	27
45-64	4.7	357	76	2.2	290	134	0.2	13	63	2.3	54	23
65-74	3.9	219	57	1.7	170	100	0.2	7	42	2.0	42	21
75-84	4.4	196	44	1.8	150	81	0.2	6	29	2.4	40	17
85 and older	4.9	186	38	1.9	141	76	0.3	5	21	2.7	39	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.4	198	45	1.8	151	84	0.2	6	28	2.4	40	17
Disabled	4.1	335	83	1.9	274	143	0.2	13	71	2.0	48	24
Adults	2.8	221	80	1.3	182	139	0.1	7	68	1.3	31	23
Children	1.9	147	76	1.0	136	135	0.1	5	35	0.8	6	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.6	299	65	2.1	241	116	0.2	10	46	2.3	47	20
Male	3.5	291	82	1.6	235	145	0.2	12	78	1.8	43	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.3	305	71	2.0	248	126	0.2	11	56	2.1	46	21
African American	3.0	224	74	1.3	181	140	0.1	8	71	1.6	34	21
Other/unknown	3.2	245	78	1.4	182	131	0.1	11	76	1.6	51	32
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.0	350	50	2.8	272	96	0.3	10	31	3.9	68	18
Part year	6.0	302	51	2.4	238	98	0.3	8	29	3.3	56	17
None	3.8	292	78	1.8	237	135	0.2	11	67	1.8	43	24
<b>Maintenance Assistance Status</b>												
Cash	3.9	319	81	1.9	260	141	0.2	12	66	1.9	47	24
Medically needy	4.1	229	57	1.7	181	105	0.2	8	40	2.1	40	19
Poverty related	3.9	245	62	1.7	194	115	0.2	8	43	2.1	42	21
Other/unknown	4.5	319	71	2.1	258	126	0.2	13	63	2.3	48	21

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 D.5 includes the beneficiaries represented by Cell G 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users <sup>e</sup>			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$28	\$23	\$0	\$5	\$78	\$144	\$69	\$24	\$9,768,565	33,484	44.9 %	348,896
Biologics	0.1	0.1	0.0	0.0	20	2	10	8	193	23	5,571	354	491,423	2,197	2.9	24,472
Antineoplastic Agents	0.6	0.3	0.0	0.3	195	180	1	13	339	605	115	50	2,963,193	1,575	2.1	15,222
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	42	31	4	7	44	72	23	20	11,693,437	28,483	38.2	278,329
Cardiovascular Agents	1.6	0.5	0.0	1.0	52	35	1	15	33	71	26	15	17,642,379	37,172	49.9	342,309
Respiratory Agents	0.7	0.5	0.0	0.3	45	38	1	6	61	82	82	22	9,288,917	19,976	26.8	206,730
Gastrointestinal Agents	0.8	0.5	0.0	0.3	66	58	1	6	85	123	140	22	16,599,182	25,629	34.4	252,207
Genitourinary Agents	0.6	0.4	0.0	0.2	34	31	0	3	61	79	52	19	3,052,267	8,966	12.0	89,590
CNS Drugs	1.6	0.9	0.0	0.7	172	146	7	20	107	167	146	29	72,826,228	42,350	56.8	422,395
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	57	43	3	11	96	140	84	44	1,298,826	2,075	2.8	22,737
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	74	67	0	7	163	170	0	115	3,194,496	4,493	6.0	43,100
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	51	39	2	10	62	149	81	18	16,486,205	32,479	43.6	325,748
Neuromuscular Agents	1.1	0.6	0.1	0.5	101	83	4	14	88	144	51	27	25,203,653	23,677	31.8	249,813
Nutritional Products	0.6	0.0	0.1	0.5	12	0	1	11	20	34	16	20	1,094,458	9,880	13.3	89,896
Hematological Agents	0.8	0.2	0.1	0.5	54	43	2	9	68	216	26	17	5,055,601	10,377	13.9	93,621
Topical Products	0.4	0.2	0.0	0.2	16	11	1	5	38	64	41	19	4,407,524	25,814	34.6	268,404
Miscellaneous Products	0.7	0.3	0.1	0.3	161	111	24	26	239	417	251	84	2,477,169	1,493	2.0	15,415
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	74	0	0	0	326,253	1,730	2.3	18,660
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	203,869,776	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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.medispn.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$49,453,579	28,338	38.0 %	301,952	0.9	\$192
ANTICONVULSANT	21,997,439	22,380	30.0	241,124	0.9	102
ANTIDEPRESSANTS	19,889,665	44,055	59.1	448,518	0.7	65
ULCER DRUGS	13,242,918	24,930	33.4	248,091	0.6	87
ANALGESICS - Narcotic	8,360,675	34,533	46.3	355,649	0.4	53
ANTIHYPERTENSIVE	7,316,912	13,673	18.3	139,207	0.6	82
ANTIDIABETIC	6,857,336	16,704	22.4	160,365	0.7	58
ANTIASTHMATIC	6,336,903	21,185	28.4	215,987	0.5	63
ANALGESICS - ANTI-INFLAMMATORY	4,940,428	18,930	25.4	200,048	0.4	65
ANTIVIRAL	4,313,212	3,277	4.4	34,453	0.3	358
<b>Total</b>	<b>142,709,067</b>	<b>228,005</b>		<b>2,345,394</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Rx \$ per Month		
<b>All</b>	<b>1,485,201</b>	<b>\$142,709,067</b>	<b>28,338</b>	<b>38.0 %</b>	<b>0.9</b>	<b>301,952</b>	<b>30.0 %</b>	<b>22,380</b>	<b>\$164</b>	<b>30.0 %</b>	<b>241,124</b>	<b>0.9</b>	<b>\$91</b>		
<b>Female</b>	877,886	76,980,428	14,833	34.7	0.8	155,008	29.3	12,540	143	29.3	133,581	0.9	85		
<b>Disabled</b>	617,384	60,443,070	10,855	49.5	0.8	124,861	44.6	9,780	155	44.6	111,844	0.9	93		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	81	5,477	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	932	82,335	26	33.8	0.4	290	66	20	66	26.0	233	0.8	84		
21-44	219,435	23,188,500	4,777	52.3	0.8	54,783	150	4,175	150	45.7	47,811	0.9	99		
45-64	387,645	36,456,081	5,946	48.7	0.8	68,813	161	5,458	161	44.7	62,739	0.9	88		
65-74	8,910	689,751	99	22.0	0.9	923	120	121	120	26.9	1,024	0.9	77		
75-84	310	17,307	3	10.3	0.7	18	33	5	33	17.2	36	1.6	100		
85 and older	71	3,619	4	22.2	0.4	34	44	1	44	5.6	1	2.0	107		
<b>Other Eligibles</b>	260,502	16,537,358	3,978	19.1	0.7	30,147	91	2,760	91	13.2	21,737	0.8	45		
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	27	2,975	3	30.0	0.6	9	81	5	81	50.0	23	0.3	40		
21-44	3,772	339,460	90	23.0	0.4	752	81	99	81	25.3	841	0.7	79		
45-64	1,724	187,587	24	18.9	0.5	254	104	29	104	22.8	240	0.7	72		
65-74	67,400	4,976,459	831	16.8	0.8	7,077	123	833	123	16.9	6,964	0.8	54		
75-84	90,599	5,562,035	1,328	19.5	0.7	9,923	84	946	84	13.9	7,299	0.8	41		
85 and older	96,980	5,468,842	1,702	19.9	0.7	12,132	78	848	78	9.9	6,370	0.8	35		
<b>Male</b>	607,315	65,728,639	13,505	42.5	0.9	146,944	186	9,840	186	30.9	107,543	0.9	99		
<b>Disabled</b>	519,097	59,847,681	11,832	51.7	0.9	134,700	194	8,650	194	37.8	98,682	0.9	104		
5 and younger	14	200	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	5	215	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	1,427	171,300	38	33.6	0.9	444	154	43	154	38.1	488	0.8	120		
21-44	224,865	28,382,890	6,406	57.8	0.9	72,589	189	4,064	189	36.7	46,565	0.9	106		
45-64	288,138	30,891,782	5,325	46.8	1.0	61,130	199	4,463	199	39.2	50,937	1.0	102		
65-74	4,481	390,338	62	20.3	0.9	534	177	78	177	25.5	685	0.8	64		
75-84	101	8,461	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
85 and older	66	2,495	1	16.7	3.3	3	297	2	297	33.3	7	0.7	45		
<b>Other Eligibles</b>	88,218	5,880,958	1,673	18.8	0.7	12,244	102	1,190	102	13.4	8,861	0.8	48		
5 and younger	1	6	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0		
15-20	38	4,356	7	70.0	0.4	43	89	1	89	10.0	5	0.4	54		
21-44	859	92,385	24	15.2	0.5	205	119	24	119	15.2	135	0.7	107		
45-64	1,008	83,638	13	11.3	0.6	102	46	22	46	19.1	172	0.7	59		
65-74	32,753	2,496,646	529	15.7	0.8	4,177	136	502	136	14.9	3,926	0.9	58		
75-84	31,427	1,930,262	621	20.5	0.7	4,525	87	413	87	13.6	3,129	0.8	35		
85 and older	22,132	1,273,665	479	21.6	0.7	3,192	80	228	80	10.3	1,494	0.8	41		
<b>Unknown</b>	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.7A includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS				ULCER DRUGS				ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
<b>All</b>	<b>44,055</b>	<b>59.1 %</b>	<b>448,518</b>	<b>0.7</b>	<b>24,930</b>	<b>33.4 %</b>	<b>248,091</b>	<b>0.6</b>	<b>34,533</b>	<b>46.3 %</b>	<b>355,649</b>	<b>0.4</b>	<b>\$24</b>
<b>Female</b>	28,522	66.7	287,320	0.7	15,893	37.2	155,776	0.6	22,780	53.3	232,277	0.5	22
<b>Disabled</b>	18,508	84.4	210,376	0.7	8,711	39.7	99,373	0.6	14,188	64.7	161,754	0.4	21
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	2	18.2	18	0.8	5	45.5	57	0.9	5	45.5	51	0.1	1
15-20	43	55.8	498	0.5	25	32.5	296	0.5	39	50.6	460	0.2	2
21-44	7,481	82.0	85,058	0.6	2,951	32.3	33,918	0.5	5,605	61.4	64,069	0.3	16
45-64	10,710	87.8	122,296	0.7	5,529	45.3	63,299	0.6	8,291	67.9	94,811	0.5	25
65-74	254	56.4	2,362	0.7	184	40.9	1,682	0.6	229	50.9	2,198	0.5	25
75-84	12	41.4	91	0.6	13	44.8	99	0.5	14	48.3	120	0.4	8
85 and older	6	33.3	53	0.7	4	22.2	22	0.5	5	27.8	45	0.2	7
<b>Other Eligibles</b>	10,014	48.1	76,944	0.7	7,182	34.5	56,403	0.7	8,592	41.2	70,523	0.6	25
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	3	30.0	17	0.4	3	30.0	9	0.8	0	0.0	0	0.0	0
21-44	244	62.2	2,018	0.5	90	23.0	815	0.4	232	59.2	2,059	0.3	13
45-64	87	68.5	811	0.5	30	23.6	279	0.5	85	66.9	849	0.4	25
65-74	2,148	43.6	17,989	0.6	1,588	32.2	13,028	0.6	1,946	39.5	17,262	0.5	29
75-84	3,247	47.7	24,839	0.7	2,413	35.4	19,319	0.6	2,693	39.5	22,089	0.6	24
85 and older	4,285	50.1	31,270	0.8	3,058	35.7	22,953	0.7	3,636	42.5	28,264	0.6	25
<b>Male</b>	15,533	48.8	161,198	0.7	9,037	28.4	92,315	0.6	11,753	37.0	123,372	0.4	26
<b>Disabled</b>	12,289	53.7	138,334	0.7	6,471	28.3	73,275	0.6	9,236	40.3	103,623	0.4	26
5 and younger	0	0.0	0	0.0	4	100.0	44	0.3	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	45	39.8	487	0.6	21	18.6	230	0.5	35	31.0	376	0.1	1
21-44	5,920	53.4	66,817	0.7	2,677	24.2	30,692	0.6	4,111	37.1	46,447	0.4	22
45-64	6,222	54.7	70,137	0.7	3,678	32.3	41,465	0.6	4,969	43.7	55,669	0.4	30
65-74	95	31.0	834	0.7	84	27.5	788	0.7	116	37.9	1,098	0.4	39
75-84	4	33.3	40	0.9	5	41.7	42	0.2	3	25.0	27	0.3	10
85 and older	3	50.0	19	0.9	2	33.3	14	0.7	2	33.3	6	0.7	5
<b>Other Eligibles</b>	3,244	36.4	22,864	0.7	2,566	28.8	19,040	0.6	2,517	28.3	19,749	0.5	21
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	50.0	1	1.0	6
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
15-20	4	40.0	19	0.2	2	20.0	24	0.4	1	10.0	5	0.2	1
21-44	61	38.6	396	0.5	23	14.6	152	0.5	60	38.0	418	0.4	25
45-64	45	39.1	267	0.5	29	25.2	189	0.6	56	48.7	378	0.7	76
65-74	975	29.0	7,403	0.7	830	24.7	6,429	0.6	905	26.9	7,487	0.4	20
75-84	1,128	37.2	7,997	0.7	896	29.5	6,803	0.6	822	27.1	6,733	0.5	22
85 and older	1,031	46.5	6,782	0.8	786	35.4	5,443	0.7	672	30.3	4,727	0.5	18
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

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 D.7B includes the beneficiaries represented by Cell G 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 drug 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTI-DIABETIC					ANTI-ASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>13,673</b>	<b>18.3 %</b>	<b>139,207</b>	<b>\$53</b>	<b>0.6</b>	<b>16,704</b>	<b>22.4 %</b>	<b>160,365</b>	<b>\$43</b>	<b>0.7</b>	<b>21,185</b>	<b>28.4 %</b>	<b>215,987</b>	<b>\$29</b>	<b>0.5</b>
<b>Female</b>	7,988	18.7	79,840	53	0.6	10,399	24.3	98,803	43	0.7	14,063	32.9	144,380	0.5	29
<b>Disabled</b>	4,359	19.9	49,766	54	0.6	4,964	22.7	55,920	49	0.7	8,669	39.6	98,989	0.4	28
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	3	27.3	36	0.2	3
15-20	1	1.3	12	25	0.3	8	10.4	62	23	0.4	18	23.4	208	0.3	15
21-44	871	9.5	10,051	47	0.6	1,170	12.8	13,231	49	0.7	3,082	33.8	35,383	0.4	24
45-64	3,328	27.3	38,260	55	0.6	3,619	29.7	41,220	49	0.7	5,391	44.2	61,691	0.4	30
65-74	155	34.4	1,423	62	0.7	161	35.8	1,348	49	0.8	164	36.4	1,577	0.5	35
75-84	4	13.8	20	18	0.4	6	20.7	59	24	0.4	10	34.5	82	0.4	29
85 and older	0	0.0	0	0	0.0	0	0.0	0	35	0.7	1	5.6	12	0.1	2
<b>Other Eligibles</b>	3,629	17.4	30,074	51	0.6	5,435	26.1	42,883	35	0.7	5,394	25.9	45,391	0.5	31
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	1	10.0	3	33	0.3	0	0.0	0	0	0.0	0	0.0	0	0.0	0
21-44	21	5.4	200	46	0.5	30	7.7	293	45	0.7	96	24.5	830	0.3	23
45-64	23	18.1	190	51	0.6	35	27.6	275	57	0.7	38	29.9	368	0.2	14
65-74	1,374	27.9	11,281	49	0.6	1,768	35.8	14,363	39	0.7	1,615	32.7	13,983	0.5	35
75-84	1,458	21.4	12,521	52	0.7	2,077	30.5	16,471	35	0.7	1,905	28.0	16,219	0.5	32
85 and older	752	8.8	5,879	53	0.7	1,525	17.8	11,481	28	0.8	1,740	20.3	13,991	0.5	28
<b>Male</b>	5,685	17.9	59,367	52	0.7	6,305	19.8	61,562	43	0.7	7,122	22.4	71,607	0.5	30
<b>Disabled</b>	4,219	18.4	48,087	53	0.7	4,027	17.6	44,878	46	0.7	4,711	20.6	53,197	0.5	29
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	25.0	12	0.2	6
6-14	1	33.3	3	46	0.7	0	0.0	0	0	0.0	2	66.7	24	0.1	3
15-20	2	1.8	24	29	0.6	5	4.4	52	59	1.0	20	17.7	234	0.4	24
21-44	1,283	11.6	14,856	48	0.6	1,138	10.3	12,664	46	0.7	1,689	15.2	19,372	0.4	23
45-64	2,847	25.0	32,420	55	0.7	2,782	24.4	31,229	47	0.7	2,889	25.4	32,636	0.5	32
65-74	83	27.1	756	55	0.6	96	31.4	877	47	0.8	108	35.3	895	0.5	41
75-84	2	16.7	16	63	0.6	5	41.7	44	60	0.8	2	16.7	24	0.1	1
85 and older	1	16.7	12	12	0.8	1	16.7	12	9	0.7	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,466	16.5	11,280	51	0.6	2,278	25.6	16,684	33	0.7	2,411	27.1	18,410	0.6	34
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
15-20	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	10.0	7	0.1	5
21-44	12	7.6	75	53	0.8	10	6.3	40	47	0.9	17	10.8	108	0.4	17
45-64	17	14.8	110	59	0.6	34	29.6	245	40	0.6	19	16.5	110	0.4	31
65-74	734	21.8	6,005	52	0.6	900	26.7	7,013	36	0.7	875	26.0	6,991	0.6	38
75-84	544	17.9	4,001	50	0.6	847	27.9	5,961	30	0.7	913	30.1	7,089	0.6	34
85 and older	159	7.2	1,089	55	0.7	487	22.0	3,425	32	0.8	586	26.4	4,105	0.6	29
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 drug 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				ANTIVIRAL							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
<b>All</b>	<b>18,930</b>	<b>25.4 %</b>	<b>200,048</b>	<b>0.4</b>	<b>\$25</b>	<b>3,277</b>	<b>4.4 %</b>	<b>34,453</b>	<b>0.3</b>	<b>\$125</b>	<b>74,553</b>	<b>690,211</b>
<b>Female</b>	12,336	28.9	129,304	0.4	28	1,705	4.0	17,795	0.2	66	42,751	384,061
<b>Disabled</b>	8,260	37.7	95,046	0.4	25	1,074	4.9	12,309	0.3	88	21,916	242,356
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	1	9.1	12	0.3	202	11	123
15-20	22	28.6	251	0.3	12	8	10.4	92	0.2	96	77	828
21-44	3,262	35.7	37,613	0.3	20	503	5.5	5,770	0.3	109	9,127	101,789
45-64	4,816	39.5	55,675	0.4	29	555	4.5	6,370	0.3	70	12,204	135,636
65-74	152	33.8	1,454	0.5	28	6	1.3	56	0.1	6	450	3,634
75-84	6	20.7	38	0.7	48	1	3.4	9	0.1	16	29	198
85 and older	2	11.1	15	0.1	40	0	0.0	0	0.0	0	18	148
<b>Other Eligibles</b>	4,076	19.6	34,258	0.5	34	631	3.0	5,486	0.2	16	20,835	141,705
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	34
21-44	91	23.2	817	0.3	26	14	3.6	110	0.2	75	392	2,516
45-64	44	34.6	417	0.3	25	5	3.9	59	0.4	493	127	861
65-74	1,131	22.9	9,843	0.4	34	96	1.9	860	0.2	25	4,932	33,986
75-84	1,334	19.6	11,381	0.5	34	193	2.8	1,682	0.1	8	6,813	47,635
85 and older	1,476	17.2	11,800	0.5	33	323	3.8	2,775	0.1	5	8,561	56,673
<b>Male</b>	6,594	20.7	70,744	0.3	20	1,572	4.9	16,658	0.5	189	31,802	306,150
<b>Disabled</b>	5,360	23.4	60,846	0.3	18	1,358	5.9	14,953	0.5	207	22,900	249,115
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	0	4	46
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
15-20	23	20.4	247	0.1	2	6	5.3	64	0.1	4	113	1,207
21-44	2,412	21.8	27,390	0.3	12	785	7.1	8,555	0.5	211	11,077	121,503
45-64	2,861	25.1	32,624	0.4	23	561	4.9	6,277	0.5	204	11,379	123,751
65-74	64	20.9	585	0.4	25	4	1.3	33	0.1	7	306	2,454
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	97
85 and older	0	0.0	0	0.0	0	1	16.7	12	0.1	2	6	30
<b>Other Eligibles</b>	1,234	13.9	9,898	0.5	29	214	2.4	1,705	0.2	33	8,902	57,035
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	1	10.0	5	0.2	1	0	0.0	0	0.0	0	10	59
21-44	18	11.4	158	0.3	30	5	3.2	25	0.6	377	158	886
45-64	24	20.9	179	0.4	24	0	0.0	0	0.0	0	115	588
65-74	506	15.0	4,144	0.4	26	62	1.8	456	0.3	77	3,366	21,876
75-84	363	12.0	2,992	0.5	31	77	2.5	653	0.1	13	3,033	20,077
85 and older	322	14.5	2,420	0.5	31	70	3.2	571	0.1	6	2,218	13,545
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 drug 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				7.0	4,325
<b>All</b>	<b>\$350</b>				<b>26,593</b>
<b>Age</b>					
0-64	599	8.6	646		6,966
65-74	382	8.1	363		2,066
75-84	285	6.7	1,115		6,028
85 and older	227	6.1	2,201		11,533
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	317	7.0	3,006		17,854
Male	415	7.1	1,319		8,739
Unknown	0	0.0	0		0
<b>Race</b>					
White	345	7.1	4,047		24,808
African American	523	8.8	68		511
Other/unknown	368	6	210		1,274
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	260	6.5	3,649		19,425
Disabled	592	8.5	675		7,166
Adults	768	20.5	1		2
Children	0	0.0	0		0
Unknown	0	0.0	0		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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$16	\$0	\$4	\$49	\$77	\$35	\$21	7,112	\$346,520	2,157	49.9 %	16,569
Biologicals	0.1	0.1	0.0	0.1	3	1	0	2	23	22	0	25	206	4,795	187	4.3	1,542
Antineoplastic Agents	0.7	0.4	0.0	0.4	177	161	2	14	242	449	115	39	649	157,300	127	2.9	891
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	41	30	4	7	32	55	18	14	16,444	531,771	1,951	45.1	12,991
Cardiovascular Agents	2.2	0.5	0.1	1.6	48	27	1	20	22	59	15	12	42,224	936,456	3,072	71.0	19,562
Respiratory Agents	1.1	0.6	0.0	0.5	52	41	1	10	49	72	81	21	8,949	440,255	1,100	25.4	8,413
Gastrointestinal Agents	1.0	0.5	0.0	0.5	64	55	0	9	63	101	118	19	13,125	825,704	1,864	43.1	12,830
Genitourinary Agents	0.7	0.5	0.0	0.3	36	31	0	5	50	67	16	21	3,939	198,132	752	17.4	5,535
CNS Drugs	1.8	1.0	0.0	0.7	151	130	4	17	84	126	86	24	36,543	3,061,205	2,993	69.2	20,269
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	43	29	3	12	46	125	55	18	446	20,356	56	1.3	474
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	107	106	0	1	137	139	0	51	2,030	278,338	400	9.2	2,598
Analgesics and Anesthetics	1.1	0.4	0.1	0.7	47	37	1	9	41	86	27	14	15,230	630,948	1,985	45.9	13,404
Neuromuscular Agents	1.5	0.6	0.1	0.8	96	67	3	26	66	104	47	35	14,744	973,353	1,276	29.5	10,104
Nutritional Products	0.9	0.0	0.1	0.8	14	0	2	12	16	19	14	17	6,469	104,577	1,075	24.9	7,341
Hematological Agents	1.3	0.3	0.2	0.8	60	49	3	7	47	149	21	9	8,996	419,045	1,093	25.3	7,037
Topical Products	0.6	0.2	0.0	0.4	20	13	1	6	31	53	44	16	9,377	291,970	1,900	43.9	14,865
Miscellaneous Products	0.5	0.1	0.0	0.3	74	52	7	15	144	376	237	44	458	65,925	109	2.5	895
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	42	0	0	0	244	10,222	100	2.3	849
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.	187,185	9,296,872	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. 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).

e. 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. 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).

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.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			38.9 %	Benefit Months				
ANTIPSYCHOTICS	\$2,064,807	1,684	38.9 %	12,984	1.0	\$158	\$159	
ANTIDEPRESSANTS	886,577	2,891	66.8	20,419	0.9	49	43	
ANTICONVULSANT	699,018	1,104	25.5	9,307	1.1	71	75	
ULCER DRUGS	655,871	1,719	39.7	12,048	0.8	68	54	
ANALGESICS - Narcotic	405,074	1,896	43.8	13,090	0.8	38	31	
ANTIASTHMATIC	357,001	1,344	31.1	10,455	0.7	50	34	
ANTIIDIABETIC	318,864	1,197	27.7	8,565	1.0	39	37	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	281,627	422	9.8	2,823	0.7	134	100	
ANTHYPERLIPIDEMIC	247,618	559	12.9	4,235	0.8	70	58	
ANTHYPERTENSIVE	211,682	1,589	36.7	10,640	0.9	23	20	
<b>Total</b>	<b>6,128,139</b>	<b>14,405</b>		<b>104,566</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx
<b>All</b>	<b>91,553</b>	<b>\$6,128,139</b>	<b>1,684</b>	<b>38.9 %</b>	<b>12,984</b>	<b>1.0</b>	<b>\$159</b>	<b>2,891</b>	<b>66.8 %</b>	<b>20,419</b>	<b>0.9</b>	<b>\$43</b>	
<b>Female</b>	58,457	3,652,332	1,070	35.6	7,816	1.0	141	2,044	68.0	14,082	0.9	43	
<b>Disabled</b>	16,350	1,414,811	244	74.6	2,715	1.2	218	317	96.9	3,502	0.9	50	
64 or younger	15,718	1,375,280	238	77.3	2,657	1.2	221	303	98.4	3,388	0.9	51	
65-74	632	39,531	6	31.6	58	1.1	112	14	73.7	114	0.9	42	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Other Eligibles</b>	42,107	2,237,521	826	30.8	5,101	0.9	100	1,727	64.5	10,580	0.9	40	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	4,909	293,806	80	45.5	573	1.1	161	147	83.5	981	0.9	39	
75-84	13,857	752,320	271	35.3	1,706	1.0	101	539	70.2	3,185	0.9	41	
85 and older	23,341	1,191,395	475	27.4	2,822	0.8	86	1,041	60.0	6,414	0.8	40	
<b>Male</b>	33,096	2,475,807	614	46.6	5,168	1.1	186	847	64.2	6,337	0.9	45	
<b>Disabled</b>	17,689	1,604,724	290	83.3	3,210	1.2	233	275	79.0	3,025	0.9	50	
64 or younger	17,523	1,595,211	287	85.2	3,194	1.2	234	268	79.5	2,972	0.9	50	
65-74	152	8,786	3	30.0	16	0.3	23	6	60.0	49	0.4	16	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	14	727	0	0.0	0	0.0	0	1	100.0	4	1.0	114	
<b>Other Eligibles</b>	15,407	871,083	324	33.4	1,958	0.9	110	572	58.9	3,312	0.9	41	
64 or younger	12	880	1	100.0	2	0.5	59	1	100.0	2	1.0	11	
65-74	3,347	200,660	66	41.8	432	1.0	141	113	71.5	669	0.9	38	
75-84	5,819	318,520	128	36.9	817	0.9	97	198	57.1	1,163	0.9	41	
85 and older	6,229	351,023	129	27.7	707	0.8	106	260	55.9	1,478	0.9	43	
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,104</b>	<b>25.5 %</b>	<b>9,307</b>	<b>1.1</b>	<b>\$75</b>	<b>1,719</b>	<b>39.7 %</b>	<b>12,048</b>	<b>0.8</b>	<b>\$54</b>	<b>1,896</b>	<b>43.8 %</b>	<b>13,090</b>	<b>0.8</b>	<b>\$31</b>
<b>Female</b>	665	22.1	5,213	1.0	69	1,178	39.2	7,915	0.8	52	1,407	46.8	9,381	0.8	33
<b>Disabled</b>	233	71.3	2,527	1.1	97	164	50.2	1,771	0.8	58	172	52.6	1,793	0.9	35
64 or younger	222	72.1	2,442	1.2	99	155	50.3	1,688	0.8	58	161	52.3	1,706	0.9	31
65-74	11	57.9	85	0.7	38	9	47.4	83	0.7	60	11	57.9	87	1.5	108
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	432	16.1	2,686	1.0	43	1,014	37.8	6,144	0.8	50	1,235	46.1	7,588	0.8	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	61	34.7	460	1.0	53	78	44.3	504	0.8	59	96	54.5	671	1.0	33
75-84	168	21.9	974	1.0	44	312	40.6	1,931	0.8	49	352	45.8	2,107	0.9	43
85 and older	203	11.7	1,252	0.9	40	624	36.0	3,709	0.8	50	787	45.4	4,810	0.7	27
<b>Male</b>	439	33.3	4,094	1.1	83	541	41.0	4,133	0.8	59	489	37.1	3,709	0.8	26
<b>Disabled</b>	254	73.0	2,842	1.1	96	182	52.3	1,988	0.8	62	179	51.4	1,892	0.9	24
64 or younger	248	73.6	2,819	1.1	96	179	53.1	1,962	0.8	63	175	51.9	1,870	0.9	23
65-74	5	50.0	19	0.9	47	3	30.0	26	0.2	20	3	30.0	18	0.6	93
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	4	0.8	50	0	0.0	0	0.0	0	1	100.0	4	0.8	5
<b>Other Eligibles</b>	185	19.1	1,252	1.0	52	359	37.0	2,145	0.8	55	310	31.9	1,817	0.7	29
64 or younger	0	0.0	0	0.0	0	2	200.0	4	0.8	170	0	0.0	0	0.0	0
65-74	64	40.5	462	1.1	58	56	35.4	340	0.7	54	60	38.0	360	0.7	30
75-84	71	20.5	479	1.0	43	130	37.5	830	0.8	49	100	28.8	607	0.8	37
85 and older	50	10.8	311	1.0	59	171	36.8	971	0.8	61	150	32.3	850	0.7	23
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>1,344</b>	<b>31.1 %</b>	<b>10,455</b>	<b>0.7</b>	<b>\$34</b>	<b>1,197</b>	<b>27.7 %</b>	<b>8,565</b>	<b>1.0</b>	<b>\$37</b>	<b>422</b>	<b>9.8 %</b>	<b>2,823</b>	<b>0.7</b>	<b>\$100</b>
<b>Female</b>	825	27.4	6,362	0.7	34	760	25.3	5,193	1.0	38	285	9.5	1,841	0.7	95
<b>Disabled</b>	139	42.5	1,519	0.7	36	102	31.2	1,043	1.1	50	42	12.8	477	0.5	109
64 or younger	135	43.8	1,481	0.7	37	93	30.2	984	1.1	50	40	13.0	459	0.5	110
65-74	4	21.1	38	0.5	25	9	47.4	59	1.2	49	2	10.5	18	0.5	72
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	686	25.6	4,843	0.7	33	658	24.6	4,150	1.0	36	243	9.1	1,364	0.8	90
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	90	51.1	666	0.8	38	89	50.6	649	0.9	42	15	8.5	117	0.7	78
75-84	210	27.3	1,438	0.7	32	244	31.8	1,525	1.0	37	94	12.2	500	0.9	97
85 and older	386	22.2	2,739	0.7	32	325	18.7	1,976	1.0	32	134	7.7	747	0.8	88
<b>Male</b>	519	39.3	4,093	0.7	35	437	33.1	3,372	0.9	35	137	10.4	982	0.7	109
<b>Disabled</b>	171	49.1	1,904	0.7	32	135	38.8	1,514	0.9	42	26	7.5	297	0.5	137
64 or younger	167	49.6	1,882	0.7	33	129	38.3	1,444	0.9	42	26	7.7	297	0.5	137
65-74	4	40.0	22	0.3	23	6	60.0	70	0.6	34	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	348	35.8	2,189	0.7	37	302	31.1	1,858	0.9	30	111	11.4	685	0.8	96
64 or younger	1	100.0	2	2.5	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	53	33.5	305	0.9	50	63	39.9	435	0.9	27	16	10.1	110	0.8	72
75-84	138	39.8	892	0.8	35	113	32.6	631	1.0	31	44	12.7	295	0.8	94
85 and older	156	33.5	990	0.7	34	126	27.1	792	0.9	32	51	11.0	280	0.9	108
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.
- b. 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 drug 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC				ANTHYPERTENSIVE				Benefit Months Among All-Year	
	Number of Users	% of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>559</b>	<b>12.9 %</b>	<b>0.8</b>	<b>\$59</b>	<b>1,589</b>	<b>36.7 %</b>	<b>0.9</b>	<b>\$20</b>	<b>4,325</b>	<b>26,593</b>
<b>Female</b>	338	11.2	0.8	58	1,063	35.4	0.9	20	3,006	17,854
<b>Disabled</b>	82	25.1	0.8	64	99	30.3	0.8	20	327	3,465
64 or younger	74	24.0	0.8	62	90	29.2	0.8	20	308	3,337
65-74	8	42.1	1.1	85	9	47.4	0.9	21	19	128
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0
<b>Other Eligibles</b>	256	9.6	0.9	54	964	36.0	0.9	21	2,679	14,389
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0
65-74	44	25.0	0.8	54	65	36.9	0.8	19	176	1,030
75-84	104	13.5	0.9	52	297	38.7	0.9	21	768	4,147
85 and older	108	6.2	0.9	57	602	34.7	0.9	21	1,735	9,212
<b>Male</b>	221	16.8	0.8	60	526	39.9	0.9	19	1,319	8,739
<b>Disabled</b>	91	26.1	0.9	65	147	42.2	0.8	21	348	3,701
64 or younger	89	26.4	0.9	65	139	41.2	0.8	21	337	3,627
65-74	2	20.0	1.6	64	7	70.0	0.5	11	10	70
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0
85 and older	0	0.0	0.0	0	1	100.0	1.0	13	1	4
<b>Other Eligibles</b>	130	13.4	0.8	52	379	39.0	0.9	18	971	5,038
64 or younger	0	0.0	0.0	0	1	100.0	0.5	3	1	2
65-74	42	26.6	0.8	56	68	43.0	0.9	23	158	838
75-84	56	16.1	0.8	51	137	39.5	0.8	15	347	1,881
85 and older	32	6.9	0.8	49	173	37.2	0.9	18	465	2,317
<b>Unknown</b>	0	0.0	0.0	0	0	0.0	0.0	0	0	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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,165 beneficiaries who were in nursing facilities for part of their enrollment and their 82,898 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MINNESOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								7.5	3.6 %
<b>All</b>	<b>45,197</b>	<b>60.6 %</b>	<b>7.5</b>	<b>560,777</b>	<b>\$97</b>	<b>\$7,239,741</b>	<b>\$13</b>		<b>74,553</b>
<b>Age</b>									
5 and younger	5	83.3	7.0	42	88	527	13	16.3	6
6-14	9	64.3	6.4	90	116	1,626	18	3.6	14
15-20	88	41.9	3.5	725	52	10,826	15	2.6	210
21-44	10,987	52.9	5.7	119,308	99	2,062,534	17	2.9	20,754
45-64	15,472	64.9	9.6	228,525	126	3,001,648	13	3.2	23,825
65-74	4,374	48.3	4.9	44,238	64	582,562	13	4.3	9,054
75-84	6,108	61.8	6.8	67,023	70	687,988	10	5.2	9,887
85 and older	8,154	75.5	9.3	100,826	83	892,030	9	6.8	10,803
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	18,129	62.7	7.1	205,802	72	2,085,044	10	5.5	28,906
Disabled	26,771	59.7	7.9	353,485	114	5,125,960	15	3.1	44,816
Adults	292	36.1	1.8	1,461	35	28,337	19	2.6	809
Children	5	22.7	1.3	29	18	400	14	2.5	22
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	28,259	66.1	8.5	362,550	105	4,472,771	12	3.9	42,751
Male	16,938	53.3	6.2	198,227	87	2,766,970	14	3.1	31,802
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	39,515	62.1	8.0	508,918	100	6,364,783	13	3.5	63,659
African American	2,653	52.8	4.9	24,845	65	326,142	13	3.2	5,025
Other/unknown	3,029	51.6	4.6	27,014	94	548,816	20	4.6	5,869
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	3,709	85.8	12.7	54,798	120	516,941	9	5.6	4,325
Part year	9,538	85.4	12.1	135,236	117	1,311,645	10	5.2	11,165
None	31,950	54.1	6.3	370,743	92	5,411,155	15	3.2	59,063
<b>Maintenance Assistance Status</b>									
Cash	15,988	59.6	7.6	202,885	103	2,761,510	14	3.2	26,833
Medically needy	9,271	61.2	7.7	116,564	82	1,234,908	11	4.7	15,140
Poverty related	5,507	57.4	7.6	72,960	91	871,570	12	4.4	9,586
Other/unknown	14,431	62.8	7.3	168,368	103	2,371,753	14	3.4	22,994

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 MINNESOTA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.8	\$10	\$13	\$0	\$2	690,211
<b>Age</b>						
5 and younger	0.8	11	13	0	0	50
6-14	0.6	11	18	0	0	150
15-20	0.3	5	15	0	1	2,128
21-44	0.5	9	17	0	2	226,694
45-64	0.9	12	13	0	3	260,836
65-74	0.7	9	13	0	2	61,950
75-84	1.0	10	10	0	1	68,007
85 and older	1.4	13	9	0	1	70,396
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.1	11	10	0	1	193,700
Disabled	0.7	10	15	0	3	491,471
Adults	0.3	6	19	0	2	4,930
Children	0.3	4	14	0	0	110
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.9	12	12	0	2	384,061
Male	0.6	9	14	0	2	306,150
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.9	11	13	0	2	595,774
African American	0.5	7	13	0	1	46,221
Other/unknown	0.6	11	20	0	3	48,216
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	2.1	19	9	0	3	26,593
Part year	1.6	16	10	0	2	82,898
None	0.6	9	15	0	2	580,720
<b>Maintenance Assistance Status</b>						
Cash	0.7	10	14	0	2	274,514
Medically needy	1.0	11	11	0	2	115,522
Poverty related	0.9	11	12	0	2	80,791
Other/unknown	0.8	11	14	0	2	219,384

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 MINNESOTA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
<b>All</b>	<b>68,024</b>	<b>\$106</b>	<b>\$7,239,741</b>	<b>100.0 %</b>	<b>560,777</b>	<b>\$13</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	5	126	628	0.0	18	35	0.0
Fertility drugs	1	12	12	0.0	1	12	0.0
Drugs for cosmetic purposes	82	17	1,403	0.0	145	10	0.0
Cough and cold medications	3,420	111	379,357	5.2	9,644	39	1.7
Vitamins and minerals	9,254	114	1,051,136	14.5	52,388	20	9.3
Non-prescription drugs	38,040	91	3,474,200	48.0	388,999	9	69.4
Barbiturates	668	99	66,261	0.9	7,083	9	1.3
Benzodiazepines	14,977	106	1,585,494	21.9	96,525	16	17.2
Other Part D Excl Rx Drugs	1,577	432	681,250	9.4	5,974	114	1.1

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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









SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 MINNESOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 9,887  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$13,341,295  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,349

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,820	18.4 %	0	0.0 %
1-500	2,914	29.5	636,936	4.8
501-1,000	1,391	14.1	1,012,690	7.6
1,001-1,500	891	9.0	1,098,446	8.2
1,501-2,000	571	5.8	993,000	7.4
2,001-2,500	458	4.6	1,028,327	7.7
2,501-3,000	388	3.9	1,066,140	8.0
3,001-3,500	304	3.1	985,444	7.4
3,501-4,000	226	2.3	846,237	6.3
4,001-4,500	191	1.9	808,191	6.1
4,501-5,000	137	1.4	648,602	4.9
5,001-5,500	129	1.3	673,552	5.0
5,501-6,000	113	1.1	649,045	4.9
6,001-6,500	86	0.9	536,035	4.0
6,501-7,000	55	0.6	368,525	2.8
7,001-7,500	40	0.4	289,248	2.2
7,501-8,000	46	0.5	356,520	2.7
8,001-8,500	25	0.3	207,355	1.6
8,501-9,000	23	0.2	201,092	1.5
9,001-9,500	16	0.2	148,098	1.1
9,501-10,000	11	0.1	107,324	0.8
10,001+	52	0.5	680,488	5.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 MINNESOTA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 10,803  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$13,069,556  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,210

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,205	11.2 %	0	0.0 %
1-500	3,824	35.4	854,931	6.5
501-1,000	1,747	16.2	1,277,949	9.8
1,001-1,500	1,010	9.3	1,244,767	9.5
1,501-2,000	750	6.9	1,304,615	10.0
2,001-2,500	573	5.3	1,280,834	9.8
2,501-3,000	426	3.9	1,159,640	8.9
3,001-3,500	331	3.1	1,074,718	8.2
3,501-4,000	242	2.2	903,726	6.9
4,001-4,500	165	1.5	700,408	5.4
4,501-5,000	141	1.3	667,310	5.1
5,001-5,500	121	1.1	635,223	4.9
5,501-6,000	64	0.6	366,302	2.8
6,001-6,500	64	0.6	399,981	3.1
6,501-7,000	38	0.4	255,916	2.0
7,001-7,500	27	0.2	195,965	1.5
7,501-8,000	22	0.2	171,033	1.3
8,001-8,500	14	0.1	116,403	0.9
8,501-9,000	10	0.1	87,898	0.7
9,001-9,500	6	0.1	55,686	0.4
9,501-10,000	3	0.0	28,855	0.2
10,001+	20	0.2	287,396	2.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>107,711</b>	<b>61,092</b>	<b>45,349</b>	<b>1,233</b>	<b>0</b>	<b>1,138,892</b>	<b>624,684</b>	<b>503,002</b>	<b>10,842</b>	<b>364</b>	<b>0</b>
<b>Age</b>											
5 and younger	6	0	4	0	0	68	0	46	0	22	0
6-14	14	0	14	0	0	150	0	150	0	0	0
15-20	224	0	191	7	26	2,445	0	2,107	72	266	0
21-44	21,065	0	20,285	771	9	233,326	0	226,222	7,028	76	0
45-64	24,072	0	23,670	402	0	265,202	0	261,863	3,339	0	0
65-74	18,461	17,333	1,078	50	0	196,929	185,056	11,491	382	0	0
75-84	20,953	20,881	70	2	0	217,126	216,360	748	18	0	0
85 and older	22,916	22,878	37	1	0	223,646	223,268	375	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	67,173	44,177	22,217	768	11	712,724	456,375	249,106	7,126	117	0
Male	40,538	16,915	23,132	465	26	426,168	168,309	253,896	3,716	247	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	91,696	52,637	38,167	865	27	969,778	534,925	426,946	7,638	269	0
African American	6,274	2,037	4,030	200	7	65,829	21,646	42,414	1,708	61	0
Other/unknown	9,741	6,418	3,152	168	3	103,285	68,113	33,642	1,496	34	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	8,616	7,915	699	2	0	76,123	68,613	7,505	5	0	0
Part year	21,294	19,110	2,176	8	0	221,754	197,786	23,895	73	0	0
None	77,801	34,067	42,474	1,223	37	841,015	358,285	471,602	10,764	364	0
<b>Maintenance Assistance Status</b>											
Cash	39,455	16,891	21,711	836	17	448,507	192,134	247,972	8,229	172	0
Medically needy	21,944	16,621	5,245	77	1	199,713	147,251	51,884	566	12	0
Poverty related	16,018	11,730	4,266	18	4	175,224	128,824	46,221	152	27	0
Other/unknown	30,294	15,850	14,127	302	15	315,448	156,475	156,925	1,895	153	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	104,418	58,968	44,192	1,221	37	1,103,784	601,723	490,983	10,714	364	0
Full dual, part year	3,293	2,124	1,157	12	0	35,108	22,961	12,019	128	0	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	59,901	15,876	43,604	413	8	623,775	135,994	484,217	3,486	78	0
FFS part year, with Rx claims	12,292	10,940	1,057	285	10	130,787	116,183	11,587	2,921	96	0
FFS part year, no Rx claims	2,360	2,090	155	111	4	23,547	20,969	1,522	1,014	42	0
MC all year, with Rx claims	142	49	93	0	0	1,668	579	1,089	0	0	0
MC all year, no Rx claims	33,016	32,137	440	424	15	359,115	350,959	4,587	3,421	148	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- 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 pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Beneficiaries and			
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months in Cell G of Table 1 Number of Beneficiaries	Benefit Months in Cell H of Table 1 Number of Beneficiaries	Benefit Months in Cell I of Table 1 Number of Beneficiaries
<b>All</b>	<b>107,711</b>	<b>1,138,892</b>	<b>74,553</b>	<b>690,211</b>
Fee-for-service (FFS) all year	59,901	623,775	59,901	623,775
FFS part year, with Rx claims	12,292	130,787	12,292	58,791
FFS part year, with no Rx claims	2,360	23,547	2,360	7,645
Managed care (MC) all year, with Rx claims	142	1,668	0	0
MC all year, with no Rx claims	33,016	359,115	0	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.