

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	160,900	86,792	71,914	2,156	38	0	1,669,530	874,772	774,841	19,578	339	0		
Age														
5 and younger	4	0	3	0	1	0	48	0	36	0	12	0		
6-14	13	0	6	0	7	0	140	0	65	0	75	0		
15-20	262	0	235	7	20	0	2,781	0	2,578	42	161	0		
21-44	29,368	1	27,771	1,591	5	0	320,599	3	306,170	14,382	44	0		
45-64	42,943	5	42,448	487	3	0	455,923	24	451,406	4,468	25	0		
65-74	32,856	31,859	933	64	0	0	335,231	325,936	8,684	611	0	0		
75-84	31,553	31,233	312	7	1	0	321,087	317,371	3,631	75	10	0		
85 and older	23,901	23,694	206	0	1	0	233,721	231,438	2,271	0	12	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	101,266	63,446	36,600	1,201	19	0	1,060,840	651,055	398,874	10,762	149	0		
Male	59,634	23,346	35,314	955	19	0	608,690	223,717	375,967	8,816	190	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	128,126	69,839	56,604	1,654	29	0	1,326,283	700,059	610,669	15,274	281	0		
African American	28,196	13,999	13,761	427	9	0	297,112	145,151	148,257	3,646	58	0		
Other/unknown	4,578	2,954	1,549	75	0	0	46,135	29,562	15,915	658	0	0		
Use of Nursing Facilities^c														
Entire year	21,638	19,492	2,145	0	1	0	222,403	198,362	24,029	0	12	0		
Part year	12,996	11,211	1,781	4	0	0	123,263	104,437	18,779	47	0	0		
None	126,266	56,089	67,988	2,152	37	0	1,323,864	571,973	732,033	19,531	327	0		
Maintenance Assistance Status														
Cash	49,280	20,223	27,023	2,018	16	0	564,138	232,805	312,670	18,500	163	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	1,818	690	1,059	60	9	0	14,760	5,556	8,800	334	70	0		
Other/unknown	109,802	65,879	43,832	78	13	0	1,090,632	636,411	453,371	744	106	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		
Full dual, part year	5,393	2,444	2,912	37	0	0	53,902	24,329	29,179	394	0	0		
Managed Care (MC) Status														
Fee-for-service (FFS) all year	160,274	86,786	71,667	1,788	33	0	1,666,348	874,744	773,380	17,909	315	0		
FFS part year, with Rx claims	504	5	218	277	4	0	2,748	25	1,320	1,380	23	0		
FFS part year, no Rx claims	122	1	29	91	1	0	434	3	141	289	1	0		

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 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
						\$62	28.4 %	
All	89.9 %	57.0	\$3,516	\$62	\$12,395		28.4 %	160,900
Age								
5 and younger	100.0	46.8	5,149	110	13,998		36.8	4
6-14	100.0	55.2	12,486	226	23,646		52.8	13
15-20	81.7	26.1	2,812	108	11,408		24.6	262
21-44	87.7	43.5	3,947	91	11,567		34.1	29,368
45-64	90.9	64.6	4,508	70	12,030		37.5	42,943
65-74	87.0	57.0	3,049	53	9,482		32.2	32,856
75-84	90.4	59.5	2,957	50	12,907		22.9	31,553
85 and older	93.9	56.8	2,584	46	17,403		14.9	23,901
Unknown	0.0	0.0	0	0	0		0.0	0
Basis of Eligibility^e								
Aged	90.2	58.0	2,894	50	12,889		22.5	86,792
Disabled	89.8	56.6	4,310	76	12,050		35.8	71,914
Adults	81.8	28.6	1,992	70	4,008		49.7	2,156
Children	73.7	40.3	6,077	151	13,570		44.8	38
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	92.3	62.2	3,507	56	12,730		27.5	101,266
Male	85.8	48.2	3,531	73	11,828		29.9	59,634
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	91.0	60.7	3,730	62	12,849		29.0	128,126
African American	85.4	42.7	2,710	64	10,984		24.7	28,196
Other/unknown	84.9	42.0	2,487	59	8,392		29.6	4,578
Use of Nursing Facilities^f								
Entire year	98.2	77.5	4,076	53	28,658		14.2	21,638
Part year	96.8	64.9	3,434	53	18,803		18.3	12,996
None	87.7	52.7	3,428	65	8,949		38.3	126,266
Maintenance Assistance Status								
Cash	91.6	56.6	3,602	64	9,558		37.7	49,280
Medically needy	0.0	0.0	0	0	0		0.0	0
Poverty related	68.6	19.0	1,134	60	3,073		36.9	1,818
Other/unknown	89.5	57.8	3,517	61	13,823		25.4	109,802

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 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Number		
			Rx \$ as a 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	Mean \$, All Medicaid FFS ^d
All	5.5	\$339	28.4 %	10.1 %	12.4 %	8.7 %	26.7 %	30.2 %	11.9 %	\$1,195	160,900	1,669,530
Age												
5 and younger	3.9	429	36.8	0.0	25.0	0.0	50.0	25.0	0.0	1,167	4	48
6-14	5.1	1,159	52.8	0.0	0.0	0.0	69.2	30.8	0.0	2,196	13	140
15-20	2.5	265	24.6	18.3	33.6	10.7	24.0	11.1	2.3	1,075	262	2,781
21-44	4.0	362	34.1	12.3	23.0	11.7	25.8	20.2	7.0	1,060	29,368	320,599
45-64	6.1	425	37.5	9.1	11.4	8.1	25.3	30.7	15.5	1,133	42,943	455,923
65-74	5.6	299	32.2	13.0	11.1	8.1	25.6	29.9	12.3	929	32,856	335,231
75-84	5.9	291	22.9	9.6	8.9	7.6	27.2	34.4	12.3	1,268	31,553	321,087
85 and older	5.8	264	14.9	6.1	7.4	8.1	30.9	36.7	10.7	1,780	23,901	233,721
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.8	287	22.5	9.8	9.3	7.9	27.6	33.4	11.9	1,279	86,792	874,772
Disabled	5.3	400	35.8	10.2	15.7	9.5	25.6	26.8	12.2	1,118	71,914	774,841
Adults	3.2	219	49.7	18.2	26.4	12.8	24.1	14.6	3.8	441	2,156	19,578
Children	4.5	681	44.8	26.3	10.5	7.9	26.3	21.1	7.9	1,521	38	339
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.9	335	27.5	7.7	10.1	8.3	27.3	33.1	13.5	1,215	101,266	1,060,840
Male	4.7	346	29.9	14.2	16.3	9.4	25.6	25.3	9.2	1,159	59,634	608,690
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.9	360	29.0	9.0	11.0	8.2	26.3	32.1	13.5	1,241	128,126	1,326,283
African American	4.0	257	24.7	14.6	18.2	10.8	28.3	22.7	5.5	1,042	28,196	297,112
Other/unknown	4.2	247	29.6	15.1	17.1	10.6	27.8	22.7	6.8	833	4,578	46,135
use of nursing Facilities^f												
Entire year	7.5	397	14.2	1.8	3.6	5.1	25.0	43.2	21.3	2,788	21,638	222,403
Part year	6.8	362	18.3	3.2	5.6	6.9	27.8	39.9	16.7	1,982	12,996	123,263
None	5.0	327	38.3	12.3	14.6	9.5	26.8	27.0	9.8	854	126,266	1,323,864
Maintenance Assistance Status												
Cash	4.9	315	37.7	8.4	16.3	10.0	27.4	27.6	10.3	835	49,280	564,138
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.3	140	36.9	31.4	24.3	10.6	21.2	10.6	2.0	379	1,818	14,760
Other/unknown	5.8	354	25.4	10.5	10.5	8.0	26.4	31.7	12.8	1,392	109,802	1,090,632

Table D4

Dual Eligible 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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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	5.5	\$339	\$62	2.4	\$267	\$112	0.2	\$8	\$36	2.9	\$64	\$22
Age												
5 and younger	3.9	429	110	2.4	408	172	0.0	0	0	1.3	18	14
6-14	5.1	1,159	226	2.7	1,019	385	0.3	54	193	2.2	87	40
15-20	2.5	265	108	1.3	227	175	0.1	10	87	1.0	27	26
21-44	4.0	362	91	1.8	301	165	0.1	7	53	2.0	52	26
45-64	6.1	425	70	2.7	339	126	0.2	9	46	3.2	76	24
65-74	5.6	299	53	2.4	229	94	0.2	7	32	2.9	63	21
75-84	5.9	291	50	2.5	221	89	0.3	7	28	3.1	62	20
85 and older	5.8	264	46	2.3	195	85	0.3	8	27	3.2	61	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	287	50	2.4	217	90	0.2	7	29	3.1	62	20
Disabled	5.3	400	76	2.4	324	138	0.2	8	48	2.7	67	25
Adults	3.2	219	70	1.3	176	131	0.1	4	46	1.7	39	23
Children	4.5	681	151	2.4	581	237	0.3	60	202	1.8	40	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.9	335	56	2.6	259	102	0.2	8	33	3.1	67	21
Male	4.7	346	73	2.1	279	135	0.2	7	43	2.5	59	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.9	360	62	2.5	283	112	0.2	8	36	3.1	68	22
African American	4.0	257	64	1.7	205	118	0.1	5	36	2.2	47	22
Other/unknown	4.2	247	59	1.9	195	103	0.1	5	37	2.1	46	22
Use of Nursing Facilities^e												
Entire year	7.5	397	53	3.2	306	97	0.4	10	29	4.0	80	20
Part year	6.8	362	53	2.8	278	98	0.3	10	30	3.7	74	20
None	5.0	327	65	2.2	259	118	0.2	7	39	2.6	60	23
Maintenance Assistance Status												
Cash	4.9	315	64	2.2	249	116	0.2	6	37	2.6	59	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.3	140	60	1.0	109	108	0.1	3	36	1.2	28	22
Other/unknown	5.8	354	61	2.5	278	111	0.2	8	36	3.1	67	22

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 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 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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name	Total	Off-Patent	Brand-Name	Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$35	\$30	\$0	\$5	\$93	\$158	\$57	\$27	405,890	\$37,620,593	96,880	60.2 %	1,071,276
Biologics	0.1	0.1	0.0	0.0	17	2	2	14	162	18	2,238	788	5,233	848,438	4,315	2.7	49,768
Antineoplastic Agents	0.5	0.2	0.0	0.3	127	106	3	19	238	487	167	62	34,247	8,156,929	6,123	3.8	64,360
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.4	52	43	3	6	49	81	22	16	876,209	43,192,453	75,901	47.2	830,787
Cardiovascular Agents	2.0	0.7	0.1	1.2	74	49	2	24	38	68	24	20	2,229,558	83,918,602	104,669	65.1	1,131,663
Respiratory Agents	0.8	0.5	0.0	0.3	47	40	1	6	58	83	45	20	677,211	39,179,782	75,201	46.7	835,262
Gastrointestinal Agents	0.7	0.2	0.0	0.5	38	27	1	10	52	138	100	20	588,805	30,784,984	73,334	45.6	805,648
Genitourinary Agents	0.5	0.4	0.0	0.1	38	36	0	2	71	83	43	22	156,774	11,206,153	26,242	16.3	291,767
CNS Drugs	1.5	0.8	0.0	0.7	134	114	1	18	89	145	80	26	1,564,915	138,992,739	95,678	59.5	1,040,019
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.0	0.3	38	21	2	15	85	163	69	52	2,030	171,766	407	0.3	4,482
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	107	106	0	1	143	147	89	24	87,532	12,506,787	11,148	6.9	117,420
Analgesics and Anesthetics	0.9	0.3	0.0	0.6	61	48	1	12	66	143	75	21	940,967	62,362,633	93,380	58.0	1,025,265
Neuromuscular Agents	1.0	0.4	0.1	0.5	75	58	2	15	75	132	44	30	615,517	46,298,724	55,641	34.6	617,039
Nutritional Products	0.6	0.0	0.0	0.6	12	0	1	11	20	32	19	19	296,621	5,827,655	43,308	26.9	468,966
Hematological Agents	0.8	0.3	0.1	0.4	61	50	3	8	72	150	28	19	340,374	24,444,797	37,333	23.2	400,974
Topical Products	0.4	0.2	0.0	0.2	20	15	1	4	48	72	49	22	300,308	14,365,828	64,564	40.1	722,262
Miscellaneous Products	0.4	0.2	0.0	0.2	77	55	12	10	176	269	270	54	25,564	4,495,485	5,419	3.4	58,410
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	16	0	0	0	61	0	0	0	21,413	1,296,962	7,185	4.5	81,377
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.	9,169,168	565,671,310	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 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 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.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 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	\$80,027,871	53,583	33.3 %	594,384	0.7	\$191
ANTIDEPRESSANTS	47,259,632	98,949	61.5	1,088,653	0.7	66
ANTICONVULSANT	36,896,455	47,221	29.3	526,617	0.8	91
ANALGESICS - Narcotic	31,999,261	115,990	72.1	1,286,268	0.4	58
ANTHYPERLIPIDEMIC	26,771,523	42,112	26.2	474,211	0.7	84
ANTIDIABETIC	25,896,004	57,063	35.5	627,056	0.7	58
ANALGESICS - ANTI-INFLAMMATORY	25,167,458	61,447	38.2	696,181	0.4	81
ANTIASTHMATIC	24,271,453	70,141	43.6	775,883	0.5	68
ANTIHYPERTENSIVE	21,264,129	75,218	46.7	825,914	0.7	37
ULCER DRUGS	18,657,765	79,594	49.5	883,593	0.5	46
Total	338,211,551	701,318		7,778,760	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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Mean Number of Rx per Benefit Month	Number of Months Among Users	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	4,514,014	\$338,211,551	53,583	33.3 %	0.7	594,384	33.3 %	0.7	\$135	98,949	61.5 %	1,088,653	0.7	\$43	
Female	2,995,174	211,358,607	31,090	30.7	0.7	344,315	30.7	0.7	116	67,734	66.9	746,621	0.7	44	
Disabled	1,245,058	103,604,958	15,499	42.3	0.7	178,253	42.3	0.7	136	32,759	89.5	371,828	0.6	45	
5 and younger	52	5,992	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
6-14	11	196	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
15-20	1,718	162,357	44	40.0	0.5	519	40.0	0.5	103	71	64.5	822	0.6	40	
21-44	332,004	31,394,646	6,453	52.9	0.6	74,489	52.9	0.6	133	10,686	87.7	122,043	0.6	44	
45-64	888,470	70,601,041	8,837	37.8	0.7	101,444	37.8	0.7	138	21,607	92.4	244,618	0.7	45	
65-74	14,206	950,816	111	20.4	0.7	1,180	20.4	0.7	143	257	47.2	2,757	0.6	40	
75-84	5,487	322,092	36	16.6	0.5	415	16.6	0.5	82	85	39.2	990	0.6	36	
85 and older	3,110	167,818	18	11.4	0.6	206	11.4	0.6	62	53	33.5	598	0.6	41	
Other Eligibles	1,750,116	107,753,649	15,591	24.1	0.6	166,062	24.1	0.6	95	34,975	54.1	374,793	0.7	43	
5 and younger	5	248	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
6-14	45	3,652	0	0.0	0.0	0	0.0	0.0	0	1	25.0	12	1.5	118	
15-20	211	21,353	6	33.3	0.6	69	33.3	0.6	126	8	44.4	95	0.5	36	
21-44	14,721	1,189,072	255	26.0	0.4	2,692	26.0	0.4	79	720	73.4	7,469	0.5	35	
45-64	4,171	298,444	36	18.5	0.5	367	18.5	0.5	81	156	80.0	1,652	0.5	35	
65-74	641,234	41,624,048	4,023	19.3	0.7	44,784	19.3	0.7	114	11,074	53.1	123,143	0.7	40	
75-84	644,996	39,347,177	5,574	24.3	0.6	59,471	24.3	0.6	95	12,038	52.5	129,478	0.7	43	
85 and older	444,733	25,269,655	5,697	28.9	0.6	58,679	28.9	0.6	80	10,978	55.8	112,944	0.7	45	
Male	1,518,840	126,852,944	22,493	37.7	0.8	250,069	37.7	0.8	161	31,215	52.3	342,032	0.6	43	
Disabled	976,815	92,540,773	16,743	47.4	0.8	191,329	47.4	0.8	178	21,343	60.4	239,644	0.6	44	
5 and younger	1	161	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
6-14	12	701	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
15-20	1,487	195,929	50	40.0	0.7	548	40.0	0.7	190	61	48.8	677	0.5	36	
21-44	369,067	39,898,533	8,913	57.2	0.8	102,705	57.2	0.8	176	9,665	62.0	109,887	0.6	44	
45-64	594,260	51,619,329	7,664	40.2	0.9	86,859	40.2	0.9	182	11,456	60.1	127,320	0.7	44	
65-74	8,874	631,867	88	22.6	0.7	890	22.6	0.7	105	124	31.9	1,322	0.7	45	
75-84	2,152	141,220	22	23.2	0.7	255	23.2	0.7	94	27	28.4	318	0.5	35	
85 and older	962	53,033	6	12.5	0.3	72	12.5	0.3	30	10	20.8	120	0.5	25	
Other Eligibles	542,025	34,312,171	5,750	23.6	0.7	58,740	23.6	0.7	103	9,872	40.6	102,388	0.7	41	
5 and younger	0	0	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
6-14	26	979	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	
15-20	174	28,482	4	44.4	1.6	39	44.4	1.6	467	2	22.2	24	1.6	130	
21-44	9,160	801,584	120	19.5	0.4	1,335	19.5	0.4	78	326	52.9	3,405	0.4	30	
45-64	5,784	414,220	27	9.0	0.5	286	9.0	0.5	122	172	57.3	1,825	0.5	32	
65-74	263,381	17,326,441	2,151	19.5	0.7	22,928	19.5	0.7	123	3,961	35.8	42,727	0.7	41	
75-84	184,601	11,231,930	2,188	26.3	0.6	22,054	26.3	0.6	93	3,458	41.6	35,496	0.7	42	
85 and older	78,899	4,508,535	1,260	31.4	0.6	12,098	31.4	0.6	82	1,953	48.6	18,911	0.7	43	
Unknown	0	0	0	0.0	0.0	0	0.0	0.0	0	0	0.0	0	0.0	0	

Table D7A

Dual Eligible 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 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.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 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANALGESICS - Narcotic				ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	
All	47,221	29.3 %	526,617	0.8	115,990	72.1 %	1,286,268	0.4	42,112	26.2 %	474,211	0.7	\$57
Female	28,487	28.1	318,042	0.8	79,094	78.1	881,993	0.4	27,709	27.4	313,627	0.7	57
Disabled	16,618	45.4	189,327	0.8	36,237	99.0	413,703	0.4	10,295	28.1	117,453	0.6	53
5 and younger	2	100.0	24	1.3	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	41	37.3	478	0.7	76	69.1	910	0.2	1	0.9	12	0.1	3
21-44	6,389	52.4	73,116	0.8	11,584	95.0	132,886	0.4	1,513	12.4	17,334	0.6	46
45-64	10,028	42.9	113,956	0.8	24,030	102.8	273,827	0.4	8,522	36.5	97,272	0.6	54
65-74	114	21.0	1,254	0.8	337	61.9	3,639	0.4	170	31.3	1,803	0.6	55
75-84	25	11.5	298	0.8	123	56.7	1,468	0.3	64	29.5	748	0.6	57
85 and older	19	12.0	201	0.5	87	55.1	973	0.3	25	15.8	284	0.8	59
Other Eligibles	11,869	18.4	128,715	0.7	42,857	66.3	468,290	0.4	17,414	26.9	196,174	0.7	59
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	2	50.0	16	0.1	1	25.0	11	0.8	59
15-20	1	5.6	12	0.8	11	61.1	75	0.2	4	0.0	0	0.0	0
21-44	319	32.5	3,233	0.6	929	94.7	9,920	0.4	55	5.6	580	0.4	29
45-64	58	29.7	635	0.6	178	91.3	1,919	0.5	31	15.9	322	0.5	46
65-74	4,417	21.2	49,416	0.7	15,221	73.0	170,763	0.4	8,310	39.8	94,431	0.7	59
75-84	4,384	19.1	47,599	0.8	15,066	65.7	166,013	0.4	6,724	29.3	75,729	0.7	61
85 and older	2,690	13.7	27,820	0.8	11,450	58.2	119,584	0.5	2,293	11.7	25,101	0.7	55
Male	18,734	31.4	208,575	0.8	36,896	61.9	404,275	0.4	14,403	24.2	160,584	0.7	56
Disabled	14,243	40.3	161,340	0.8	24,539	69.5	274,366	0.4	8,601	24.4	97,140	0.7	55
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	1	25.0	12	0.2	3	0.0	0	0.0	0
15-20	45	36.0	490	0.7	42	33.6	453	0.2	3	2.4	26	0.5	21
21-44	6,813	43.7	77,873	0.8	10,109	64.9	114,632	0.4	2,232	14.3	25,753	0.6	50
45-64	7,268	38.1	81,711	0.8	14,132	74.1	156,579	0.5	6,213	32.6	69,722	0.7	57
65-74	99	25.4	1,056	0.8	191	49.1	1,963	0.4	123	31.6	1,286	0.7	54
75-84	8	8.4	96	1.2	40	42.1	451	0.3	18	18.9	209	0.8	62
85 and older	10	20.8	114	0.6	24	50.0	276	0.4	12	25.0	144	0.7	60
Other Eligibles	4,491	18.5	47,235	0.8	12,357	50.8	129,909	0.4	5,802	23.9	63,444	0.7	58
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	2	66.7	24	0.1	2	0.0	0	0.0	0
15-20	3	33.3	36	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	172	27.9	1,862	0.5	584	94.8	6,156	0.5	70	11.4	754	0.5	40
45-64	66	22.0	709	0.5	286	95.3	3,051	0.5	66	22.0	670	0.6	47
65-74	2,168	19.6	23,579	0.8	5,910	53.4	63,730	0.4	3,372	30.5	37,412	0.7	60
75-84	1,441	17.3	14,840	0.8	3,764	45.3	39,307	0.4	1,886	22.7	20,393	0.7	58
85 and older	641	16.0	6,209	0.8	1,811	45.1	17,641	0.4	408	10.2	4,215	0.7	54
Unknown	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 Missouri, 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.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.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANALGESICS - ANTI-INFLAMMATORY				ANTI-ASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	57,063	35.5%	627,056	0.7	\$41	61,447	38.2%	696,181	0.4	\$36	70,141	43.6%	775,883	0.5	\$31
Female	38,966	38.5	431,133	0.7	41	42,843	42.3	486,690	0.5	39	47,033	46.4	524,633	0.5	31
Disabled	13,551	37.0	153,468	0.7	46	19,149	52.3	220,605	0.4	34	20,947	57.2	239,502	0.4	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	9	8.2	108	1.1	104	32	29.1	365	0.2	8	36	32.7	414	0.2	10
21-44	2,240	18.4	25,571	0.6	42	5,674	46.6	65,670	0.3	20	5,536	45.4	63,985	0.4	24
45-64	10,921	46.7	123,555	0.7	46	13,092	56.0	150,602	0.4	40	14,974	64.0	170,763	0.5	33
65-74	233	42.8	2,512	0.7	39	213	39.2	2,347	0.4	34	294	54.0	3,099	0.5	40
75-84	106	48.8	1,263	0.8	39	86	39.6	1,016	0.5	45	66	30.4	786	0.5	34
85 and older	42	26.6	459	0.8	32	52	32.9	605	0.5	43	41	25.9	455	0.5	27
Other Eligibles	25,415	39.3	277,665	0.7	38	23,694	36.6	266,085	0.5	43	26,086	40.3	285,131	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	4	22.2	48	1.0	104	2	11.1	14	0.3	3	5	27.8	23	0.2	10
21-44	107	10.9	1,123	0.6	41	407	41.5	4,332	0.3	24	287	29.3	2,990	0.3	19
45-64	36	18.5	393	0.7	56	103	52.8	1,152	0.4	36	78	40.0	823	0.3	22
65-74	10,791	51.7	120,577	0.7	42	9,273	44.4	105,941	0.5	43	10,642	51.0	119,316	0.5	35
75-84	9,699	42.3	105,740	0.7	37	8,378	36.5	95,026	0.5	44	9,036	39.4	98,847	0.5	31
85 and older	4,778	24.3	49,784	0.7	32	5,531	28.1	59,620	0.6	45	6,038	30.7	63,132	0.4	23
Male	18,097	30.3	195,923	0.7	43	18,604	31.2	209,491	0.4	30	23,108	38.7	251,250	0.5	33
Disabled	9,665	27.4	107,221	0.7	47	12,105	34.3	137,856	0.4	26	11,971	33.9	133,789	0.5	32
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	7	5.6	84	0.5	33	26	20.8	297	0.2	3	3	75.0	36	0.1	3
21-44	2,310	14.8	26,141	0.7	46	4,803	30.8	55,216	0.3	17	3,744	24.0	42,612	0.4	18
45-64	7,166	37.6	79,029	0.7	47	7,109	37.3	80,482	0.4	32	7,969	41.8	88,543	0.5	25
65-74	145	37.3	1,532	0.7	45	121	31.1	1,327	0.5	33	188	48.3	1,812	0.6	35
75-84	28	29.5	327	0.7	41	34	35.8	396	0.4	33	45	47.4	524	0.6	43
85 and older	9	18.8	108	0.8	38	12	25.0	138	0.6	47	14	29.2	166	0.4	38
Other Eligibles	8,432	34.7	88,702	0.7	38	6,499	26.7	71,635	0.5	37	11,137	45.8	117,461	0.5	33
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	2	66.7	24	0.1	4	1	33.3	12	0.7	10
15-20	2	22.2	24	0.1	13	1	11.1	12	0.2	47	0	0.0	0	0.0	0
21-44	75	12.2	771	0.6	41	216	35.1	2,312	0.3	17	169	27.4	1,762	0.3	22
45-64	71	23.7	812	0.6	43	122	40.7	1,295	0.3	25	107	35.7	1,152	0.4	32
65-74	4,306	38.9	46,263	0.7	41	3,200	28.9	35,831	0.5	37	5,336	48.3	57,384	0.5	37
75-84	2,912	35.0	30,281	0.7	35	2,076	25.0	22,961	0.5	40	3,884	46.1	40,300	0.5	32
85 and older	1,066	26.5	10,551	0.7	30	882	22.0	9,200	0.5	42	1,690	42.1	16,851	0.5	26
Unknown	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 Missouri, 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ULCER DRUGS				Number of Beneficiaries	Number of Benefit Months	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Number of Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Number of Users	Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Number of Benefit Months Among Users														
All	75,218	46.7 %	825,914	0.7	\$26	79,594	49.5 %	883,593	0.5	\$21	160,900	1,669,530										
Female	50,699	50.1	559,782	0.7	27	55,020	54.3	613,417	0.5	21	101,266	1,060,840										
Disabled	13,996	38.2	158,106	0.6	25	20,962	57.3	240,789	0.4	20	36,600	398,874										
5 and younger	1	50.0	12	0.1	1	2	100.0	24	0.9	68	2	24										
6-14	1	50.0	12	0.4	6	1	50.0	12	0.5	10	2	24										
15-20	17	15.5	201	0.5	15	35	31.8	419	0.4	25	110	1,229										
21-44	2,201	18.1	24,929	0.6	21	5,590	45.9	64,588	0.4	18	12,188	135,109										
45-64	11,269	48.2	127,312	0.7	26	14,921	63.8	171,163	0.4	21	23,379	253,093										
65-74	280	51.5	3,006	0.7	28	254	46.7	2,750	0.5	18	544	5,114										
75-84	132	60.8	1,550	0.7	27	96	44.2	1,118	0.5	18	217	2,532										
85 and older	95	60.1	1,084	0.8	29	63	39.9	715	0.4	22	158	1,749										
Other Eligibles	36,703	56.8	401,676	0.7	27	34,058	52.7	372,628	0.5	21	64,666	661,966										
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	21	1	12										
6-14	2	50.0	23	0.6	52	1	25.0	11	0.3	32	4	39										
15-20	4	22.2	43	0.6	38	8	44.4	63	0.2	16	18	117										
21-44	122	12.4	1,210	0.5	19	295	30.1	3,180	0.3	14	981	8,804										
45-64	59	30.3	634	0.6	23	77	39.5	854	0.3	15	195	1,711										
65-74	12,855	61.6	144,153	0.7	28	11,555	55.4	130,072	0.4	20	20,864	218,060										
75-84	14,108	61.5	155,350	0.7	28	12,325	53.8	135,966	0.5	21	22,924	238,246										
85 and older	9,553	48.5	100,263	0.7	26	9,796	49.8	102,470	0.6	22	19,679	194,977										
Male	24,519	41.1	266,132	0.7	24	24,574	41.2	270,176	0.5	22	59,634	608,690										
Disabled	12,557	35.6	139,415	0.7	24	13,988	39.6	157,952	0.4	22	35,314	375,967										
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	13	1	12										
6-14	1	25.0	5	0.8	18	2	50.0	24	0.1	20	4	41										
15-20	15	12.0	162	0.6	16	23	18.4	269	0.3	24	125	1,349										
21-44	3,502	22.5	39,520	0.6	22	5,033	32.3	57,656	0.4	21	15,583	171,061										
45-64	8,776	46.0	96,934	0.7	25	8,686	45.6	97,385	0.5	23	19,069	198,313										
65-74	185	47.6	1,887	0.7	27	165	42.4	1,703	0.4	28	389	3,570										
75-84	54	56.8	632	0.7	25	45	47.4	515	0.5	27	95	1,099										
85 and older	24	50.0	275	0.7	22	33	68.8	388	0.5	21	48	522										
Other Eligibles	11,962	49.2	126,717	0.7	24	10,586	43.5	112,224	0.5	22	24,320	232,723										
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0										
6-14	2	66.7	24	0.3	7	4	133.3	48	0.1	12	3	36										
15-20	3	33.3	36	0.4	8	3	33.3	36	0.1	9	9	86										
21-44	137	22.2	1,341	0.5	20	173	28.1	1,827	0.3	21	616	5,625										
45-64	121	40.3	1,272	0.6	22	102	34.0	1,075	0.4	25	300	2,806										
65-74	5,706	51.6	61,674	0.7	25	4,733	42.8	51,418	0.5	21	11,059	108,487										
75-84	4,235	50.9	44,962	0.7	23	3,733	44.9	39,392	0.5	22	8,317	79,210										
85 and older	1,758	43.8	17,408	0.7	22	1,838	45.8	18,428	0.6	23	4,016	36,473										
Unknown	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 Missouri, 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 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	
				7.5	21,638
All	\$397	7.5	21,638		222,403
Age					
0-64	585	8.5	2,069		23,277
65-74	490	8.6	2,828		29,898
75-84	412	7.9	6,794		69,859
85 and older	314	6.7	9,947		99,369
Unknown	0	0.0	0		0
Gender					
Female	383	7.5	15,937		164,717
Male	435	7.5	5,701		57,686
Unknown	0	0.0	0		0
Race					
White	404	7.7	18,553		189,690
African American	360	6.3	2,582		27,940
Other/unknown	330	6.6	503		4,773
Basis of Eligibility^c					
Aged	374	7.4	19,492		198,362
Disabled	581	8.5	2,145		24,029
Adults	0	0.0	0		0
Children	131	4.3	1		12
Unknown	0	0.0	0		0

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 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 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	\$17	\$0	\$4	\$57	\$89	\$49	\$24	64,170	\$3,636,166	15,792	73.0 %	169,423
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	15	0	52	1,365	29,931	1,230	5.7	14,142
Antineoplastic Agents	0.6	0.1	0.0	0.4	74	41	3	30	134	289	131	77	7,510	1,004,448	1,320	6.1	13,570
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	47	37	3	7	39	67	19	14	141,285	5,503,740	11,061	51.1	117,120
Cardiovascular Agents	2.1	0.5	0.1	1.5	60	32	2	26	28	60	18	17	369,461	10,426,863	16,645	76.9	174,247
Respiratory Agents	0.7	0.4	0.0	0.3	35	28	1	6	48	75	45	17	78,921	3,799,366	10,215	47.2	110,097
Gastrointestinal Agents	1.0	0.2	0.0	0.8	35	22	0	13	35	89	43	17	129,691	4,556,050	12,062	55.7	128,553
Genitourinary Agents	0.7	0.5	0.0	0.1	48	44	0	3	70	81	40	25	39,618	2,767,491	5,329	24.6	57,884
CNS Drugs	1.7	1.1	0.0	0.6	151	133	2	16	87	122	62	25	306,358	26,530,353	16,691	77.1	176,166
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.1	0.4	17	3	5	10	33	126	37	26	95	3,157	23	0.1	185
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	119	119	0	0	136	136	0	23	44,864	6,090,086	4,842	22.4	51,301
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	57	48	1	9	55	107	33	16	128,964	7,143,857	11,827	54.7	125,217
Neuromuscular Agents	1.3	0.6	0.1	0.7	84	56	4	24	63	99	43	36	113,630	7,162,224	7,857	36.3	85,010
Nutritional Products	0.8	0.0	0.1	0.7	15	0	1	14	19	30	19	19	75,640	1,447,726	9,249	42.7	97,594
Hematological Agents	1.1	0.4	0.2	0.6	58	46	3	9	53	132	19	15	87,873	4,623,177	7,531	34.8	79,247
Topical Products	0.5	0.2	0.0	0.3	22	15	1	6	41	63	50	20	77,004	3,148,933	12,931	59.8	141,140
Miscellaneous Products	0.4	0.2	0.0	0.2	11	6	1	5	31	32	181	26	6,444	199,422	1,647	7.6	17,516
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	36	0	0	0	3,472	124,927	1,093	5.1	12,160
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.	1,676,365	88,197,917	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 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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 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.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 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
			54.3 %	78.0				
ANTIPSYCHOTICS	\$15,477,435	11,752	54.3 %	127,241	0.8	\$160	\$122	
ANTIDEPRESSANTS	9,777,556	16,871	78.0	181,073	0.8	64	54	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,090,086	4,849	22.4	51,403	0.9	136	118	
ANTICONVULSANT	5,196,549	7,213	33.3	79,144	1.0	66	66	
ANALGESICS - Narcotic	3,730,935	12,062	55.7	127,446	0.6	47	29	
ANTIDIABETIC	3,154,394	8,043	37.2	86,237	0.8	44	37	
ULCER DRUGS	3,140,799	11,569	53.5	124,168	0.7	37	25	
ANALGESICS - ANTI-INFLAMMATORY	3,053,003	5,557	25.7	61,199	0.6	78	50	
ANTHYPERTENSIVE	2,761,151	10,003	46.2	106,009	0.8	31	26	
MISC. HEMATOLOGICAL	2,713,043	3,088	14.3	32,579	0.8	102	83	
Total	55,094,951	91,007		976,499	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 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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); 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 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	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
All	760,543	\$55,094,951	11,752	54.3 %	127,241	0.8	\$122	16,871	78.0 %	181,073	0.8	\$54
Female	555,977	39,084,277	8,116	50.9	88,389	0.7	114	12,508	78.5	134,385	0.8	54
Disabled	49,733	4,337,797	808	79.3	9,252	0.9	181	914	89.7	10,440	0.9	60
64 or younger	47,764	4,186,247	779	80.3	8,950	0.9	182	881	90.8	10,101	0.9	60
65-74	1,224	102,379	19	86.4	195	1.0	175	23	104.5	230	0.9	55
75-84	365	24,423	5	38.5	49	1.0	183	4	30.8	39	1.0	67
85 and older	380	24,748	5	35.7	58	0.7	78	6	42.9	70	0.5	34
Other Eligibles	506,244	34,746,480	7,308	49.0	79,137	0.7	106	11,594	77.7	123,945	0.8	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79,096	5,905,658	1,198	73.1	13,306	0.9	146	1,576	96.2	17,311	0.9	56
75-84	191,230	13,397,739	2,724	55.4	29,765	0.7	110	4,152	84.4	44,906	0.8	55
85 and older	235,918	15,443,083	3,386	40.5	36,066	0.7	88	5,866	70.2	61,728	0.8	52
Male	204,566	16,010,674	3,636	63.8	38,852	0.8	139	4,363	76.5	46,688	0.8	54
Disabled	53,101	5,073,853	997	88.5	11,411	0.9	198	969	86.1	11,101	0.9	58
64 or younger	52,284	4,999,488	981	89.3	11,253	0.9	198	953	86.7	10,934	0.9	58
65-74	723	65,410	14	66.7	134	0.9	171	15	71.4	155	0.7	43
75-84	75	8,256	2	50.0	24	1.1	247	1	25.0	12	0.9	105
85 and older	19	699	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	151,465	10,936,821	2,639	57.7	27,441	0.7	114	3,394	74.2	35,587	0.8	53
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	47,022	3,680,599	820	71.6	8,950	0.8	141	933	81.4	10,172	0.8	56
75-84	63,116	4,461,255	1,128	60.7	11,637	0.7	105	1,425	76.7	15,009	0.8	53
85 and older	41,327	2,794,967	691	44.0	6,854	0.7	96	1,036	65.9	10,406	0.8	49
Unknown	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 Missouri, 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT					ANALGESICS - Narcotic					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Benefit Months Among Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$
All	4,849	22.4 %	0.9	\$119	51,403	33.3 %	1.0	\$66	79,144	55.7 %	1.0	\$66	12,062	55.7 %	0.6	\$29
Female	3,565	22.4	0.9	119	38,143	28.9	1.0	60	50,507	59.2	1.0	60	9,439	59.2	0.6	31
Disabled	118	11.6	0.8	170	1,367	82.1	1.1	86	9,581	61.6	1.1	86	628	61.6	0.7	35
64 or younger	109	11.2	0.8	175	1,261	84.3	1.1	86	9,385	61.4	1.1	86	596	61.4	0.7	35
65-74	3	13.6	1.3	138	36	59.1	1.1	116	131	100.0	1.1	116	22	100.0	0.9	69
75-84	2	15.4	0.6	82	24	23.1	1.1	26	34	23.1	1.1	26	3	23.1	0.3	4
85 and older	4	28.6	0.8	120	46	21.4	0.8	43	31	50.0	0.8	43	7	50.0	0.4	9
Other Eligibles	3,447	23.1	0.9	117	36,776	25.3	0.9	54	40,926	59.1	0.9	54	8,811	59.1	0.6	30
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
65-74	316	19.3	0.9	116	3,386	54.0	1.0	65	9,872	64.5	1.0	65	1,057	64.5	0.7	36
75-84	1,347	27.4	0.9	117	14,488	32.0	1.0	56	17,237	62.3	1.0	56	3,066	62.3	0.7	33
85 and older	1,784	21.3	0.9	117	18,902	15.7	0.9	44	13,817	56.1	0.9	44	4,688	56.1	0.6	28
Male	1,284	22.5	0.9	118	13,260	45.7	1.0	75	28,637	46.0	1.0	75	2,623	46.0	0.6	24
Disabled	102	9.1	0.8	146	1,143	90.1	1.1	94	11,591	46.2	1.1	94	520	46.2	0.6	29
64 or younger	99	9.0	0.8	147	1,115	90.8	1.1	95	11,445	45.8	1.1	95	503	45.8	0.6	29
65-74	3	14.3	0.6	90	28	71.4	0.9	50	140	66.7	0.9	50	14	66.7	0.5	54
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	1	25.0	0.3	3
85 and older	0	0.0	0.0	0	0	50.0	0.2	4	6	100.0	0.2	4	2	100.0	0.3	9
Other Eligibles	1,182	25.8	0.9	115	12,117	34.7	1.0	63	17,046	46.0	1.0	63	2,103	46.0	0.6	23
64 or younger	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0
65-74	241	21.0	0.8	114	2,575	55.9	1.0	74	7,172	48.4	1.0	74	555	48.4	0.6	29
75-84	530	28.5	0.9	114	5,436	34.5	0.9	56	6,786	45.4	0.9	56	844	45.4	0.6	22
85 and older	411	26.2	0.9	117	4,106	19.5	0.9	50	3,088	44.8	0.9	50	704	44.8	0.5	18
Unknown	0	0.0	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 Missouri, released by CMS in 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx \$	Mean Number of Rx	Number of Benefit Months Among Users
All	8,043	37.2 %	\$37	0.8	86,237	11,569	53.5 %	\$25	0.7	124,168	5,557	25.7 %	\$50	0.6	
Female	5,762	36.2	37	0.8	62,086	8,606	54.0	25	0.7	92,467	4,291	26.9	51		
Disabled	444	43.6	46	0.9	5,041	584	57.3	30	0.7	6,679	292	28.7	38		
64 or younger	412	42.5	47	0.9	4,678	562	57.9	29	0.7	6,468	280	28.9	37		
65-74	22	100.0	37	0.9	243	12	54.5	37	0.7	111	7	31.8	43		
75-84	6	46.2	23	0.9	72	6	46.2	43	1.0	54	3	23.1	63		
85 and older	4	28.6	45	1.1	48	4	28.6	42	0.9	46	2	14.3	44		
Other Eligibles	5,318	35.6	36	0.8	57,045	8,022	53.8	25	0.7	85,788	3,999	26.8	52		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0		
65-74	993	60.6	41	0.9	11,050	1,031	62.9	26	0.7	11,332	500	30.5	52		
75-84	2,218	45.1	38	0.8	23,778	2,782	56.6	26	0.7	30,042	1,415	28.8	54		
85 and older	2,107	25.2	32	0.8	22,217	4,209	50.3	24	0.7	44,414	2,084	24.9	52		
Male	2,281	40.0	36	0.8	24,151	2,983	52.0	26	0.7	31,701	1,266	22.2	45		
Disabled	459	40.8	43	0.9	5,231	613	54.4	29	0.7	6,948	244	21.7	30		
64 or younger	452	41.1	42	0.9	5,156	595	54.1	29	0.7	6,775	240	21.8	29		
65-74	7	33.3	61	0.7	75	13	61.9	51	0.7	119	3	14.3	41		
75-84	0	0.0	0	0.0	0	4	100.0	22	0.7	48	0	0.0	0		
85 and older	0	0.0	0	0.0	0	1	50.0	17	1.0	6	1	50.0	64		
Other Eligibles	1,822	39.8	34	0.8	18,920	2,350	51.4	25	0.7	24,753	1,022	22.3	49		
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0		
65-74	554	48.3	36	0.8	5,971	615	53.7	25	0.7	6,711	269	23.5	47		
75-84	804	43.3	35	0.8	8,328	962	51.8	24	0.6	10,172	419	22.6	50		
85 and older	464	29.5	31	0.8	4,621	773	49.2	25	0.7	7,870	334	21.3	51		
Unknown	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 Missouri, 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				MISC. HEMATOLOGICAL				Benefit Months Among All-Year Nursing Facility Residents			
	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 \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	10,003	46.2 %	106,009	0.8	\$26	3,088	14.3 %	32,579	0.8	\$83	21,638	222,403
Female	7,315	45.9	77,585	0.8	27	2,233	14.0	23,604	0.8	84	15,937	164,717
Disabled	355	34.8	4,007	0.8	25	74	7.3	818	0.8	79	1,019	11,514
64 or younger	332	34.2	3,754	0.8	24	69	7.1	765	0.8	76	970	10,999
65-74	9	40.9	94	1.0	26	2	9.1	24	1.0	114	22	218
75-84	5	38.5	53	0.9	30	2	15.4	17	1.1	121	13	136
85 and older	9	64.3	106	0.9	36	1	7.1	12	1.0	114	14	161
Other Eligibles	6,960	46.7	73,578	0.8	27	2,159	14.5	22,786	0.8	84	14,918	153,203
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	873	53.3	9,717	0.8	27	239	14.6	2,691	0.9	89	1,639	17,437
75-84	2,528	51.4	26,951	0.8	27	751	15.3	8,067	0.8	85	4,919	51,350
85 and older	3,559	42.6	36,910	0.8	27	1,169	14.0	12,028	0.8	83	8,360	84,416
Male	2,688	47.1	28,424	0.8	25	855	15.0	8,975	0.8	81	5,701	57,686
Disabled	442	39.3	5,046	0.8	25	117	10.4	1,346	0.8	83	1,126	12,515
64 or younger	430	39.1	4,935	0.8	25	113	10.3	1,298	0.8	82	1,099	12,278
65-74	11	52.4	105	0.8	27	4	19.0	48	0.9	105	21	181
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	1	50.0	6	0.7	13	0	0.0	0	0.0	0	2	8
Other Eligibles	2,246	49.1	23,378	0.8	25	738	16.1	7,629	0.8	81	4,575	45,171
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	599	52.3	6,446	0.8	27	190	16.6	2,035	0.7	77	1,146	12,062
75-84	975	52.5	10,207	0.8	23	321	17.3	3,330	0.8	81	1,858	18,325
85 and older	672	42.8	6,725	0.8	25	227	14.4	2,264	0.8	84	1,571	14,784
Unknown	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 Missouri, 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 12,996 beneficiaries who were in nursing facilities for part of their enrollment and their 123,263 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^{a,b}
 MISSOURI, 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	
								Part D Excluded Rx \$	Percentage of All Dual Rx \$ of Beneficiaries
All	102,185	63.5 %	6.4	1,030,661	\$116	\$18,695,304	\$18	3.3 %	160,900
Age									
5 and younger	4	100.0	6.8	27	400	1,598	59	7.8	4
6-14	13	100.0	8.1	105	174	2,256	21	1.4	13
15-20	128	48.9	2.8	738	64	16,811	23	2.3	262
21-44	16,871	57.4	5.4	158,999	108	3,157,930	20	2.7	29,368
45-64	28,673	66.8	7.5	323,238	146	6,269,190	19	3.2	42,943
65-74	19,936	60.7	6.1	200,318	111	3,653,622	18	3.6	32,856
75-84	20,341	64.5	6.3	199,233	104	3,266,108	16	3.5	31,553
85 and older	16,219	67.9	6.2	148,003	97	2,327,789	16	3.8	23,901
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	55,575	64.0	6.2	537,980	105	9,096,958	17	3.6	86,792
Disabled	45,525	63.3	6.7	485,311	131	9,456,265	19	3.1	71,914
Adults	1,063	49.3	3.3	7,192	64	137,923	19	3.2	2,156
Children	22	57.9	4.7	178	109	4,158	23	1.8	38
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	68,701	67.8	7.0	710,791	127	12,840,306	18	3.6	101,266
Male	33,484	56.1	5.4	319,870	98	5,854,998	18	2.8	59,634
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	84,137	65.7	6.8	875,479	127	16,217,218	19	3.4	128,126
African American	15,560	55.2	4.8	136,173	76	2,156,396	16	2.8	28,196
Other/unknown	2,488	54.3	4.2	19,009	70	321,690	17	2.8	4,578
Use of Nursing Facilities^d									
Entire year	15,904	73.5	7.4	159,514	125	2,696,973	17	3.1	21,638
Part year	9,965	76.7	7.0	90,556	118	1,527,810	17	3.4	12,996
None	76,316	60.4	6.2	780,591	115	14,470,521	19	3.3	126,266
Maintenance Assistance Status									
Cash	31,854	64.6	7.1	348,928	125	6,144,575	18	3.5	49,280
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	699	38.4	2.0	3,669	36	66,187	18	3.2	1,818
Other/unknown	69,632	63.4	6.2	678,064	114	12,484,542	18	3.2	109,802

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 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^{a,b}
 MISSOURI, 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	0.6	\$11	\$18	\$0	\$3	1,669,530
Age						
5 and younger	0.6	33	59	0	0	48
6-14	0.8	16	21	0	0	140
15-20	0.3	6	23	0	3	2,781
21-44	0.5	10	20	0	4	320,599
45-64	0.7	14	19	0	5	455,923
65-74	0.6	11	18	0	3	335,231
75-84	0.6	10	16	0	2	321,087
85 and older	0.6	10	16	0	2	233,721
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.6	10	17	0	2	874,772
Disabled	0.6	12	19	0	4	774,841
Adults	0.4	7	19	0	3	19,578
Children	0.5	12	23	0	1	339
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.7	12	18	0	3	1,060,840
Male	0.5	10	18	0	3	608,690
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	12	19	0	4	1,326,283
African American	0.5	7	16	0	1	297,112
Other/unknown	0.4	7	17	0	2	46,135
Use of Nursing Facilities^d						
Entire year	0.7	12	17	0	3	222,403
Part year	0.7	12	17	0	4	123,263
None	0.6	11	19	0	3	1,323,864
Maintenance Assistance Status						
Cash	0.6	11	18	0	3	564,138
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	4	18	0	2	14,760
Other/unknown	0.6	11	18	0	3	1,090,632

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 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^{a,b,c}
 MISSOURI, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	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
All	177,474	\$105	\$18,695,304	100.0 %	1,030,661	\$18	100.0 %
Anorexia or weight loss/gain	2	93	185	0.0	10	19	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	58	24	1,386	0.0	98	14	0.0
Cough and cold medications	39,072	85	3,328,197	17.8	128,970	26	12.5
Vitamins and minerals	38,584	137	5,301,935	28.4	274,231	19	26.6
Non-prescription drugs	48,970	58	2,847,984	15.2	251,049	11	24.4
Barbiturates	1,549	105	162,246	0.9	16,888	10	1.6
Benzodiazepines	44,484	126	5,594,919	29.9	338,728	17	32.9
Other Part D Excl Rx Drugs	4,755	307	1,458,452	7.8	20,687	71	2.0

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 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 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MISSOURI, 2003

Total Number of Dual Eligible Beneficiaries 160,900
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$565,671,310
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$3,516

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,296	10.1 %	\$0	0.0 %
1-500	21,573	13.4	4,678,058	0.8
501-1,000	14,470	9.0	10,754,754	1.9
1,001-1,500	12,235	7.6	15,212,934	2.7
1,501-2,000	10,781	6.7	18,868,249	3.3
2,001-2,500	10,046	6.2	22,563,078	4.0
2,501-3,000	8,976	5.6	24,640,892	4.4
3,001-3,500	8,323	5.2	27,020,451	4.8
3,501-4,000	7,328	4.6	27,472,653	4.9
4,001-4,500	6,533	4.1	27,731,872	4.9
4,501-5,000	5,701	3.5	27,061,549	4.8
5,001-5,500	4,998	3.1	26,213,655	4.6
5,501-6,000	4,250	2.6	24,423,394	4.3
6,001-6,500	3,659	2.3	22,846,304	4.0
6,501-7,000	3,166	2.0	21,344,435	3.8
7,001-7,500	2,802	1.7	20,302,676	3.6
7,501-8,000	2,508	1.6	19,439,892	3.4
8,001-8,500	2,132	1.3	17,563,958	3.1
8,501-9,000	1,774	1.1	15,507,872	2.7
9,001-9,500	1,523	0.9	14,078,858	2.5
9,501-10,000	1,265	0.8	12,330,325	2.2
10,001+	10,561	6.6	165,615,451	29.3

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. 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 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MISSOURI, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 70,463
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$305,957,642
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$4,342

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	0		
\$0	7,167	10.2 %	0		0.0 %
1-500	10,067	14.3	2,065,170	0.7	
501-1,000	5,801	8.2	4,300,138	1.4	
1,001-1,500	4,598	6.5	5,709,274	1.9	
1,501-2,000	3,941	5.6	6,886,171	2.3	
2,001-2,500	3,516	5.0	7,897,321	2.6	
2,501-3,000	3,241	4.6	8,888,634	2.9	
3,001-3,500	2,989	4.2	9,701,902	3.2	
3,501-4,000	2,622	3.7	9,838,851	3.2	
4,001-4,500	2,492	3.5	10,574,712	3.5	
4,501-5,000	2,220	3.2	10,546,609	3.4	
5,001-5,500	2,099	3.0	11,016,941	3.6	
5,501-6,000	1,864	2.6	10,720,512	3.5	
6,001-6,500	1,715	2.4	10,712,755	3.5	
6,501-7,000	1,466	2.1	9,882,155	3.2	
7,001-7,500	1,399	2.0	10,133,211	3.3	
7,501-8,000	1,305	1.9	10,121,255	3.3	
8,001-8,500	1,189	1.7	9,797,502	3.2	
8,501-9,000	988	1.4	8,634,334	2.8	
9,001-9,500	897	1.3	8,294,921	2.7	
9,501-10,000	805	1.1	7,845,602	2.6	
10,001+	8,082	11.5	132,389,672	43.3	

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. 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.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MISSOURI, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 88,310
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$255,243,595
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,890

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,750	9.9%	0	0.0%
1-500	10,906	12.3	2,498,512	1.0
501-1,000	8,406	9.5	6,264,703	2.5
1,001-1,500	7,482	8.5	9,313,205	3.6
1,501-2,000	6,734	7.6	11,797,181	4.6
2,001-2,500	6,446	7.3	14,477,088	5.7
2,501-3,000	5,664	6.4	15,558,547	6.1
3,001-3,500	5,266	6.0	17,097,468	6.7
3,501-4,000	4,651	5.3	17,426,994	6.8
4,001-4,500	3,995	4.5	16,962,691	6.6
4,501-5,000	3,450	3.9	16,367,940	6.4
5,001-5,500	2,866	3.2	15,024,225	5.9
5,501-6,000	2,362	2.7	13,565,034	5.3
6,001-6,500	1,924	2.2	12,008,040	4.7
6,501-7,000	1,681	1.9	11,333,582	4.4
7,001-7,500	1,383	1.6	10,025,283	3.9
7,501-8,000	1,188	1.3	9,202,194	3.6
8,001-8,500	927	1.0	7,634,887	3.0
8,501-9,000	770	0.9	6,734,702	2.6
9,001-9,500	620	0.7	5,729,186	2.2
9,501-10,000	451	0.5	4,396,025	1.7
10,001+	2,388	2.7	31,826,108	12.5

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. 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 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 MISSOURI, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 32,856
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$100,165,141
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$3,049

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			13.0 %		
\$0	4,259		12.9	927,431	0.9
1-500	4,223		8.6	2,100,358	2.1
501-1,000	2,837		7.2	2,954,010	2.9
1,001-1,500	2,373		6.9	3,977,557	4.0
1,501-2,000	2,271		6.4	4,733,568	4.7
2,001-2,500	2,109		5.7	5,171,311	5.2
2,501-3,000	1,882		5.3	5,708,033	5.7
3,001-3,500	1,757		4.8	5,849,031	5.8
3,501-4,000	1,562		4.1	5,757,685	5.7
4,001-4,500	1,355		3.9	6,008,311	6.0
4,501-5,000	1,266		3.2	5,447,054	5.4
5,001-5,500	1,039		2.6	4,973,299	5.0
5,501-6,000	866		2.2	4,468,456	4.5
6,001-6,500	716		2.0	4,353,961	4.3
6,501-7,000	645		1.7	4,068,725	4.1
7,001-7,500	561		1.5	3,856,099	3.8
7,501-8,000	498		1.3	3,466,128	3.5
8,001-8,500	421		1.1	3,071,497	3.1
8,501-9,000	351		0.9	2,799,370	2.8
9,001-9,500	303		0.7	2,269,444	2.3
9,501-10,000	233		4.0	18,203,813	18.2
10,001+	1,329				

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. 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 1D
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
MISSOURI, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 31,553
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$93,307,533
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,957

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$	3,023	9.6 %	0	0.0 %
1-500	3,571	11.3	818,366	0.9
501-1,000	2,831	9.0	2,117,132	2.3
1,001-1,500	2,672	8.5	3,320,289	3.6
1,501-2,000	2,361	7.5	4,137,586	4.4
2,001-2,500	2,295	7.3	5,162,958	5.5
2,501-3,000	2,092	6.6	5,750,520	6.2
3,001-3,500	1,951	6.2	6,337,251	6.8
3,501-4,000	1,758	5.6	6,592,056	7.1
4,001-4,500	1,527	4.8	6,482,871	6.9
4,501-5,000	1,272	4.0	6,036,905	6.5
5,001-5,500	1,094	3.5	5,738,249	6.1
5,501-6,000	950	3.0	5,461,110	5.9
6,001-6,500	727	2.3	4,539,875	4.9
6,501-7,000	663	2.1	4,466,034	4.8
7,001-7,500	527	1.7	3,818,014	4.1
7,501-8,000	448	1.4	3,473,225	3.7
8,001-8,500	328	1.0	2,701,501	2.9
8,501-9,000	283	0.9	2,473,658	2.7
9,001-9,500	238	0.8	2,200,950	2.4
9,501-10,000	156	0.5	1,522,563	1.6
10,001+	786	2.5	10,156,420	10.9

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. 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^{a, b}
 MISSOURI, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 23,901
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$61,770,921
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,584

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,468	6.1 %	0	0.0 %
1-500	3,112	13.0	752,715	1.2
501-1,000	2,738	11.5	2,047,213	3.3
1,001-1,500	2,437	10.2	3,038,906	4.9
1,501-2,000	2,102	8.8	3,682,038	6.0
2,001-2,500	2,042	8.5	4,580,562	7.4
2,501-3,000	1,690	7.1	4,636,716	7.5
3,001-3,500	1,558	6.5	5,052,184	8.2
3,501-4,000	1,331	5.6	4,985,907	8.1
4,001-4,500	1,113	4.7	4,722,135	7.6
4,501-5,000	912	3.8	4,322,724	7.0
5,001-5,500	733	3.1	3,838,922	6.2
5,501-6,000	546	2.3	3,130,625	5.1
6,001-6,500	481	2.0	2,999,709	4.9
6,501-7,000	373	1.6	2,513,587	4.1
7,001-7,500	295	1.2	2,138,544	3.5
7,501-8,000	242	1.0	1,872,870	3.0
8,001-8,500	178	0.7	1,467,258	2.4
8,501-9,000	136	0.6	1,189,547	1.9
9,001-9,500	79	0.3	728,866	1.2
9,501-10,000	62	0.3	604,018	1.0
10,001+	273	1.1	3,465,875	5.6

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. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	161,477	86,792	71,935	2,697	0	1,679,093	874,811	776,388	27,375	0
Age										
5 and younger	6	0	4	0	0	72	0	48	0	0
6-14	17	0	7	0	0	203	0	84	0	0
15-20	275	0	236	10	0	3,028	0	2,653	103	0
21-44	29,772	1	27,788	1,976	0	327,392	3	307,258	20,074	0
45-64	43,087	5	42,449	630	0	458,187	24	451,759	6,379	0
65-74	32,866	31,859	933	74	0	335,403	325,975	8,684	744	0
75-84	31,553	31,233	312	7	0	321,087	317,371	3,631	75	0
85 and older	23,901	23,694	206	0	0	233,721	231,438	2,271	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	101,634	63,446	36,616	1,548	0	1,067,235	651,071	400,005	15,940	0
Male	59,843	23,346	35,319	1,149	0	611,858	223,740	376,383	11,435	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	128,497	69,839	56,619	2,004	0	1,332,429	700,069	611,825	20,174	0
African American	28,378	13,999	13,767	594	0	300,135	145,180	148,621	6,176	0
Other/unknown	4,602	2,954	1,549	99	0	46,529	29,562	15,942	1,025	0
Use of Nursing Facilities^c										
Entire year	21,638	19,492	2,145	0	0	222,403	198,362	24,029	0	0
Part year	12,996	11,211	1,781	4	0	123,288	104,447	18,794	47	0
None	126,843	56,089	68,009	2,693	0	1,333,402	572,002	733,565	27,328	0
Maintenance Assistance Status										
Cash	49,825	20,223	27,030	2,552	0	572,458	232,814	313,279	26,146	0
Medically needy	0	0	0	0	0	0	0	0	0	0
Poverty related	1,819	690	1,059	61	0	14,855	5,556	8,825	402	0
Other/unknown	109,833	65,879	43,846	84	0	1,091,780	636,441	454,284	827	0
Dual Status^d										
Full dual, all year	156,084	84,348	69,023	2,660	0	1,625,160	850,482	747,180	26,979	0
Full dual, part year	5,393	2,444	2,912	37	0	53,933	24,329	29,208	396	0
Managed Care (MC) Status										
Fee-for-service (FFS) all year	160,274	86,786	71,667	1,788	0	1,666,348	874,744	773,380	17,909	0
FFS part year, with Rx claims	504	5	218	277	0	5,444	55	2,478	2,864	0
FFS part year, no Rx claims	122	1	29	91	0	1,191	12	301	866	0
MC all year, with Rx claims	54	0	11	37	0	586	0	119	395	0
MC all year, no Rx claims	523	0	10	504	0	5,524	0	110	5,341	0

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 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^a
 DUAL ELIGIBLE BENEFICIARIES, MISSOURI, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries
All	161,477	1,679,093	160,900	1,669,530	0	9,563	
Fee-for-service (FFS) all year	160,274	1,666,348	160,274	1,666,348	0	0	
FFS part year, with Rx claims	504	5,444	504	2,748	0	2,696	
FFS part year, with no Rx claims	122	1,191	122	434	0	757	
Managed care (MC) all year, with Rx claims	54	586	0	0	0	586	
MC all year, with no Rx claims	523	5,524	0	0	0	5,524	

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. 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.