

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

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

- TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

- TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	340,794	1,335	53,763	94,772	190,924	0	1,599,234	6,194	547,364	326,256	719,420	0
Age												
5 and younger	76,244	0	3,068	7	73,169	0	295,027	0	28,838	27	266,162	0
6-14	86,341	0	8,830	33	77,478	0	392,633	0	94,581	107	297,945	0
15-20	52,640	23	5,984	8,344	38,289	0	244,195	127	62,870	30,983	150,215	0
21-44	98,653	181	17,613	78,875	1,984	0	453,020	975	176,891	270,065	5,089	0
45-64	25,707	73	18,137	7,497	0	0	208,912	569	183,312	25,031	0	0
65-74	807	671	125	11	0	0	3,499	2,618	850	31	0	0
75-84	255	248	5	2	0	0	1,184	1,160	21	3	0	0
85 and older	139	139	0	0	0	0	745	745	0	0	0	0
Unknown	8	0	1	3	4	0	19	0	1	9	9	0
Gender												
Female	193,029	899	26,569	72,109	93,452	0	880,280	4,378	275,327	251,681	348,894	0
Male	147,765	436	27,194	22,663	97,472	0	718,954	1,816	272,037	74,575	370,526	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	184,394	556	33,626	56,121	94,091	0	906,146	3,176	346,412	190,652	365,906	0
African American	69,854	394	9,701	18,896	40,863	0	273,688	1,335	93,258	55,408	123,687	0
Other/unknown	86,546	385	10,436	19,755	55,970	0	419,400	1,683	107,694	80,196	229,827	0
Use of Nursing Facilities^c												
Entire year	526	66	376	18	66	0	4,208	302	3,732	32	142	0
Part year	2,753	110	1,800	350	493	0	22,643	675	17,486	1,678	2,804	0
None	337,515	1,159	51,587	94,404	190,365	0	1,572,383	5,217	526,146	324,546	716,474	0
Maintenance Assistance Status												
Cash	238,001	482	39,754	74,640	123,125	0	1,168,538	1,901	421,842	269,248	475,547	0
Medically needy	6,334	147	1,405	3,789	993	0	26,147	830	9,736	13,302	2,279	0
Poverty-related	37,706	319	6,910	3,615	26,862	0	184,567	1,894	65,683	12,245	104,745	0
Other/unknown	58,753	387	5,694	12,728	39,944	0	219,982	1,569	50,103	31,461	136,849	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	126,557	620	48,125	26,340	51,472	0	974,795	3,919	516,530	131,224	323,122	0
FFS part year, with Rx claims	66,597	464	4,447	28,384	33,302	0	251,808	1,636	25,775	95,325	129,072	0
FFS part year, no Rx claims	147,640	251	1,191	40,048	106,150	0	372,631	639	5,059	99,707	267,226	0

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

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	40.0 %	5.7	\$437	\$76	\$5,233	8.3 %	340,794
Age							
5 and younger	29.2	1.2	84	73	2,942	2.9	76,244
6-14	30.2	2.6	201	77	3,839	5.2	86,341
15-20	37.7	3.7	315	86	5,069	6.2	52,640
21-44	48.6	6.7	551	83	6,361	8.7	98,653
45-64	76.1	29.9	2,074	69	12,401	16.7	25,707
65-74	62.1	10.2	578	57	10,336	5.6	807
75-84	64.3	15.7	717	46	12,666	5.7	255
85 and older	77.0	22.4	765	34	19,514	3.9	139
Unknown	37.5	2.4	183	77	796	23.0	8
Basis of Eligibility^e							
Aged	60.4	10.5	520	50	10,210	5.1	1,335
Disabled	83.2	27.7	2,265	82	20,635	11.0	53,763
Adults	41.4	2.2	129	58	2,473	5.2	94,772
Children	27.1	1.2	74	60	2,230	3.3	190,924
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	42.3	6.0	417	69	4,762	8.8	193,029
Male	37.1	5.3	463	88	5,848	7.9	147,765
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.0	7.5	577	77	6,244	9.2	184,394
African American	31.3	3.4	245	73	4,130	5.9	69,854
Other/unknown	36.6	3.7	293	78	3,968	7.4	86,546
Use of Nursing Facilities^f							
Entire year	87.1	65.4	4,496	69	52,612	8.5	526
Part year	87.2	45.5	3,232	71	36,221	8.9	2,753
None	39.6	5.3	407	77	4,906	8.3	337,515
Maintenance Assistance Status							
Cash	41.8	6.4	480	75	5,420	8.9	238,001
Medically needy	41.0	6.9	478	69	6,678	7.2	6,334
Poverty related	37.4	4.8	388	81	5,975	6.5	37,706
Other/unknown	34.7	3.5	288	82	3,841	7.5	58,753

Table ND3

Nondual Beneficiaries

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

- a. Table ND.3 includes beneficiaries represented by Cell K 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c		Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			8.3 %	60.0 %	More than 0, but 1 or Less	26.0 %	5.4 %	More than 2, but 5 or Less	5.7 %	More than 5, but 10 or Less	2.3 %	More than 10	0.6 %				
All	1.2	\$93	8.3 %	60.0 %	26.0 %	5.4 %	5.7 %	2.3 %	0.6 %	\$1,115	340,794	1,599,234					
Age																	
5 and younger	0.3	22	2.9	70.8	25.8	2.2	1.0	0.1	0.0	760	76,244	295,027					
6-14	0.6	44	5.2	69.8	22.7	4.0	3.1	0.4	0.0	844	86,341	392,633					
15-20	0.8	68	6.2	62.3	26.9	5.4	4.5	0.8	0.1	1,093	52,640	244,195					
21-44	1.4	120	8.7	51.4	29.3	7.7	7.9	3.0	0.7	1,385	98,653	453,020					
45-64	3.7	255	16.7	23.9	23.6	11.2	21.0	15.1	5.3	1,526	25,707	208,912					
65-74	2.4	133	5.6	37.9	25.3	11.2	14.1	9.5	2.0	2,384	807	3,499					
75-84	3.4	154	5.7	35.7	18.8	9.4	17.3	11.4	7.5	2,728	255	1,184					
85 and older	4.2	143	3.9	23.0	12.2	10.8	25.9	23.0	5.0	3,641	139	745					
Unknown	1.0	77	23.0	62.5	12.5	12.5	12.5	0.0	0.0	335	8	19					
Basis of Eligibility^e																	
Aged	2.3	112	5.1	39.6	26.0	9.0	13.7	8.9	2.8	2,201	1,335	6,194					
Disabled	2.7	222	11.0	16.8	33.5	13.2	21.4	11.6	3.6	2,027	53,763	547,364					
Adults	0.6	37	5.2	58.6	28.9	6.4	4.8	1.2	0.2	718	94,772	326,256					
Children	0.3	20	3.3	72.9	22.5	2.8	1.6	0.2	0.0	592	190,924	719,420					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Gender																	
Female	1.3	91	8.8	57.7	27.4	5.7	5.9	2.6	0.8	1,044	193,029	880,280					
Male	1.1	95	7.9	62.9	24.2	5.1	5.4	1.9	0.5	1,202	147,765	718,954					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Race																	
White	1.5	117	9.2	55.0	27.1	6.5	7.2	3.2	0.9	1,271	184,394	906,146					
African American	0.9	63	5.9	68.7	21.6	4.3	3.8	1.3	0.3	1,054	69,854	273,688					
Other/unknown	0.8	60	7.4	63.4	27.2	4.1	3.7	1.2	0.2	819	86,546	419,400					
Use of Nursing Facilities^f																	
Entire year	8.2	562	8.5	12.9	6.5	5.7	19.4	31.4	24.1	6,577	526	4,208					
Part year	5.5	393	8.9	12.8	21.2	10.6	21.0	20.7	13.6	4,404	2,753	22,643					
None	1.1	88	8.3	60.4	26.1	5.4	5.5	2.1	0.5	1,053	337,515	1,572,383					
Maintenance Assistance Status																	
Cash	1.3	98	8.9	58.2	27.1	5.5	5.9	2.5	0.7	1,104	238,001	1,168,538					
Medically needy	1.7	116	7.2	59.0	21.5	6.2	7.5	4.4	1.4	1,618	6,334	26,147					
Poverty related	1.0	79	6.5	62.6	25.8	4.6	4.8	1.7	0.5	1,221	37,706	184,567					
Other/unknown	0.9	77	7.5	65.3	22.4	5.5	5.1	1.4	0.3	1,026	58,753	219,982					

Table ND4

Nondual Beneficiaries

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

- a. Table ND.4 includes the beneficiaries represented by Cell K 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$
Beneficiary Characteristics		\$93	\$76	\$75	\$130	\$73	\$15	\$25
All	1.2		0.6		0.0		0.6	
Age								
5 and younger	0.3	22	73	17	134	73	4	23
6-14	0.6	44	77	36	111	94	6	26
15-20	0.8	68	86	57	132	80	9	26
21-44	1.4	120	83	96	145	77	19	26
45-64	3.7	255	69	202	124	64	44	23
65-74	2.4	133	57	105	104	33	26	20
75-84	3.4	154	46	123	87	21	28	15
85 and older	4.2	143	34	105	69	24	29	13
Unknown	1.0	77	77	76	91	0	1	5
Basis of Eligibility^d								
Aged	2.3	112	50	88	93	28	21	17
Disabled	2.7	222	82	183	141	72	31	23
Adults	0.6	37	58	24	98	79	11	30
Children	0.3	20	60	15	89	80	4	27
Unknown	0.0	0	0	0	0	0	0	0
Gender								
Female	1.3	91	69	71	118	67	16	24
Male	1.1	95	88	79	148	83	13	25
Unknown	0.0	0	0	0	0	0	0	0
Race								
White	1.5	117	77	97	131	68	16	22
African American	0.9	63	73	51	136	63	10	21
Other/unknown	0.8	60	78	42	125	99	15	37
Use of Nursing Facilities^e								
Entire year	8.2	562	69	451	128	49	95	22
Part year	5.5	393	71	314	131	60	66	22
None	1.1	88	77	70	130	75	14	25
Maintenance Assistance Status								
Cash	1.3	98	75	77	130	74	17	25
Medically needy	1.7	116	69	93	119	62	17	21
Poverty related	1.0	79	81	67	136	67	9	21
Other/unknown	0.9	77	82	65	132	76	9	22

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

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

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

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$21	\$16	\$1	\$5	172,792	\$12,082,983	70,988	20.8%	20.8%	564,804
Biologicals	0.2	0.1	0.0	0.0	141	83	10	47	2,297	1,726,428	1,215	0.4	0.4	12,274
Antineoplastic Agents	0.6	0.3	0.0	0.3	180	159	3	18	5,514	1,774,314	1,035	0.3	0.3	9,849
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	38	29	3	6	159,264	9,591,196	31,045	9.1	9.1	252,124
Cardiovascular Agents	1.1	0.4	0.0	0.7	41	29	1	11	220,573	8,210,489	21,557	6.3	6.3	198,211
Respiratory Agents	0.6	0.3	0.0	0.2	33	27	1	5	151,903	9,068,040	32,709	9.6	9.6	271,999
Gastrointestinal Agents	0.6	0.4	0.0	0.2	53	46	2	5	120,805	10,901,796	22,664	6.7	6.7	204,630
Genitourinary Agents	0.4	0.2	0.0	0.1	19	16	0	2	24,642	1,273,443	7,683	2.3	2.3	66,175
CNS Drugs	1.1	0.7	0.0	0.5	110	95	3	12	436,685	42,253,296	45,028	13.2	13.2	385,790
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	48	39	2	7	69,682	4,954,464	12,187	3.6	3.6	102,655
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	44	33	0	12	6,789	1,133,624	2,816	0.8	0.8	25,476
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	34	22	2	10	221,439	12,216,524	44,163	13.0	13.0	363,049
Neuromuscular Agents	0.9	0.5	0.0	0.4	80	67	3	10	190,856	16,896,106	22,072	6.5	6.5	210,565
Nutritional Products	0.4	0.0	0.0	0.3	9	1	0	8	30,430	683,908	10,695	3.1	3.1	78,675
Hematological Agents	0.7	0.2	0.1	0.4	266	257	2	7	26,191	10,566,280	4,276	1.3	1.3	39,732
Topical Products	0.3	0.1	0.0	0.2	11	7	1	4	95,570	3,633,928	38,330	11.2	11.2	327,017
Miscellaneous Products	0.7	0.2	0.1	0.4	127	86	22	19	7,337	1,337,152	1,087	0.3	0.3	10,535
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	5,593	476,802	3,440	1.0	1.0	29,950
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,948,362	148,780,773	n.a.	n.a.	n.a.	n.a.

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

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIPSYCHOTICS	\$25,788,173	20,372	6.0 %	205,370	0.7	\$186
ANTICONVULSANT	15,026,376	19,259	5.7	193,836	0.8	103
ANTIDEPRESSANTS	14,110,777	47,650	14.0	417,201	0.5	63
MISC. HEMATOLOGICAL	8,758,094	994	0.3	9,575	0.6	1,608
ULCER DRUGS	7,999,786	21,348	6.3	197,466	0.5	88
ANALGESICS - Narcotic	6,512,751	43,913	12.9	381,731	0.4	48
ANTIASTHMATIC	6,114,771	33,535	9.8	283,187	0.4	60
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,943,278	14,362	4.2	125,326	0.6	71
ANTIDIABETIC	4,254,551	10,956	3.2	99,558	0.7	64
ANTIVIRAL	3,912,696	3,441	1.0	30,503	0.3	372
Total	97,421,253	215,830		1,943,753	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	993,338	\$97,421,253	20,372	6.0 %	205,370	0.7	\$126	19,259	5.7 %	193,836	0.8	\$78			
Female															
Disabled	568,174	48,521,589	10,415	5.4	104,417	0.6	116	10,856	5.6	107,612	0.7	73			
5 and younger	443,636	40,209,865	8,125	30.6	87,938	0.7	126	8,394	31.6	91,881	0.8	77			
6-14	4,578	308,549	23	2.0	240	0.6	55	210	18.1	2,167	0.6	52			
15-20	21,887	1,611,332	358	12.3	3,946	0.6	83	741	25.4	8,498	0.7	65			
21-44	23,248	1,842,396	561	24.6	6,370	0.6	78	725	31.8	8,235	0.8	75			
45-64	159,019	15,881,015	3,741	40.2	39,628	0.7	123	3,434	36.9	37,206	0.8	91			
65-74	234,194	20,504,040	3,427	31.7	37,622	0.7	142	3,275	30.3	35,704	0.7	68			
75-84	706	62,429	15	18.3	132	0.9	200	9	11.0	71	0.9	91			
85 and older	4	104	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
5 and younger	124,527	8,310,810	2,289	1.4	16,476	0.5	63	2,462	1.5	15,731	0.5	51			
6-14	4,114	207,372	18	0.1	145	0.4	42	65	0.2	404	0.4	34			
15-20	21,133	1,459,126	412	1.1	3,720	0.6	79	321	0.8	2,566	0.6	63			
21-44	23,864	1,639,795	668	2.5	5,622	0.5	74	491	1.9	3,913	0.5	49			
45-64	62,122	4,025,744	1,028	1.7	5,886	0.3	45	1,330	2.2	7,393	0.5	49			
65-74	10,082	779,817	118	2.6	807	0.4	58	204	4.5	1,158	0.5	47			
75-84	1,213	82,083	19	5.0	121	0.5	44	20	5.3	126	0.7	81			
85 and older	1,032	70,258	10	6.7	65	0.6	67	16	10.7	83	1.3	40			
Unknown	967	46,615	16	15.7	110	0.8	71	15	14.7	88	0.9	54			
Male															
Disabled	425,164	48,899,664	9,957	6.7	100,953	0.7	136	8,403	5.7	86,224	0.8	83			
5 and younger	335,450	42,106,242	7,896	29.0	83,990	0.7	144	6,864	25.2	74,679	0.8	87			
6-14	7,178	2,033,762	66	3.5	657	0.4	50	229	12.0	2,519	0.6	56			
15-20	52,758	5,751,547	1,271	21.5	14,251	0.6	85	1,214	20.5	13,839	0.7	62			
21-44	38,542	6,513,091	1,112	30.0	12,426	0.7	115	947	25.6	10,856	0.8	80			
45-64	117,247	16,672,682	3,567	43.0	36,591	0.8	170	2,749	33.1	29,671	0.9	112			
65-74	119,384	11,111,601	1,873	25.6	20,020	0.7	160	1,721	23.5	17,771	0.8	72			
75-84	338	23,315	7	16.3	45	0.6	102	4	9.3	23	0.9	63			
85 and older	3	244	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
5 and younger	89,710	6,793,068	2,061	1.7	16,963	0.6	95	1,539	1.3	11,545	0.6	57			
6-14	6,697	380,249	34	0.1	303	0.4	45	88	0.2	536	0.5	55			
15-20	38,354	2,915,075	867	2.2	8,029	0.6	95	555	1.4	4,896	0.6	54			
21-44	23,956	1,996,704	802	4.0	6,797	0.6	104	458	2.3	3,760	0.6	63			
45-64	14,755	1,069,595	277	1.4	1,347	0.4	70	334	1.7	1,695	0.5	56			
65-74	4,376	319,180	38	1.3	191	0.5	68	79	2.6	455	0.5	40			
75-84	984	80,283	16	5.2	130	0.7	108	16	5.2	135	0.6	95			
85 and older	375	20,342	18	18.0	110	0.7	44	7	7.0	44	0.4	29			
Unknown	213	11,640	9	24.3	56	0.6	61	2	5.4	4	1.3	46			
Unknown	15	1,268	1	12.5	3	1.0	121	0	0.0	0	0.0	0			

Table ND7A

Nondual Beneficiaries

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

a. Table ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	47,650	14.0 %	417,201	\$34	0.5	994	0.3 %	9,575	\$915	0.6	21,348	6.3 %	197,466	\$41	0.5
Female	31,653	16.4	269,013	34	0.5	521	0.3	5,107	54	0.5	13,697	7.1	126,205	40	0.4
Disabled	17,309	65.1	185,598	37	0.6	454	1.7	4,740	54	0.5	9,036	34.0	99,352	44	0.5
5 and younger	29	2.5	332	6	0.3	0	0.0	0	0	0.0	227	19.6	2,353	21	0.4
6-14	602	20.6	6,615	21	0.5	3	0.1	36	4	0.3	309	10.6	3,617	29	0.5
15-20	929	40.8	10,283	27	0.5	6	0.3	63	43	0.6	374	16.4	4,277	30	0.4
21-44	7,141	76.6	75,504	38	0.5	53	0.6	541	47	0.5	2,910	31.2	31,784	41	0.4
45-64	8,578	79.3	92,655	39	0.6	391	3.6	4,092	56	0.5	5,195	48.1	57,162	48	0.5
65-74	29	35.4	207	28	0.5	1	1.2	8	42	0.1	21	25.6	159	41	0.5
75-84	1	100.0	2	17	0.5	0	0.0	0	0	0.0	0	0.0	0	0	0.0
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
Other Eligibles	14,342	8.6	83,409	27	0.4	67	0.0	367	54	0.5	4,661	2.8	26,853	26	0.3
5 and younger	35	0.1	332	7	0.4	0	0.0	0	0	0.0	333	0.9	1,833	13	0.3
6-14	1,254	3.3	10,203	24	0.5	1	0.0	12	108	1.3	255	0.7	1,965	18	0.3
15-20	2,753	10.4	19,832	25	0.4	2	0.0	4	51	0.5	656	2.5	4,504	17	0.3
21-44	8,978	14.8	46,097	28	0.4	32	0.1	131	65	0.5	2,755	4.5	14,920	27	0.3
45-64	1,174	25.6	5,949	32	0.5	18	0.4	110	44	0.4	513	11.2	2,788	42	0.4
65-74	64	17.0	399	23	0.5	4	1.1	38	43	0.7	76	20.2	393	57	0.6
75-84	38	25.3	316	37	0.8	6	4.0	46	48	0.6	38	25.3	213	60	0.7
85 and older	46	45.1	281	24	0.8	4	3.9	26	45	0.4	35	34.3	237	40	0.8
Male	15,997	10.8	148,188	33	0.6	473	0.3	4,468	1,898	0.6	7,651	5.2	71,261	41	0.5
Disabled	10,635	39.1	110,927	35	0.6	387	1.4	4,012	2,106	0.6	5,590	20.6	59,694	44	0.5
5 and younger	76	4.0	812	12	0.4	5	0.3	58	26,762	0.9	296	15.5	3,140	24	0.4
6-14	1,572	26.6	17,509	22	0.5	20	0.3	239	7,093	1.0	522	8.8	6,046	30	0.5
15-20	1,302	35.1	14,450	35	0.6	10	0.3	109	26,632	1.7	356	9.6	4,011	34	0.5
21-44	3,938	47.5	39,516	40	0.6	43	0.5	432	4,936	1.0	1,823	22.0	19,266	46	0.5
45-64	3,737	51.0	38,563	36	0.6	308	4.2	3,172	53	0.5	2,574	35.1	27,105	49	0.5
65-74	10	23.3	77	31	0.6	1	2.3	2	123	1.0	17	39.5	122	0.4	0.4
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	2	50.0	4	0.8	0.8
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
Other Eligibles	5,361	4.4	37,258	28	0.5	86	0.1	456	69	0.5	2,061	1.7	11,567	30	0.4
5 and younger	44	0.1	367	12	0.3	3	0.0	12	199	0.3	449	1.2	2,308	16	0.3
6-14	1,797	4.6	14,722	26	0.5	1	0.0	1	7,576	1.0	300	0.6	1,838	23	0.3
15-20	1,781	8.8	13,868	29	0.5	2	0.0	21	13	0.6	230	1.5	2,084	33	0.3
21-44	1,384	6.9	6,403	29	0.4	26	0.1	110	41	0.4	755	3.7	3,600	38	0.4
45-64	289	9.7	1,515	29	0.5	38	1.3	220	51	0.6	229	7.7	1,166	45	0.5
65-74	36	11.8	216	28	0.6	11	3.6	67	65	0.6	60	19.7	359	50	0.5
75-84	20	20.0	115	12	0.5	5	5.0	25	39	0.6	29	29.0	154	40	0.4
85 and older	10	27.0	52	41	0.7	0	0.0	0	0	0.0	9	24.3	58	0.7	0.7
Unknown	3	37.5	9	16	0.4	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0

Table ND7B

Nondual Beneficiaries

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

a. Table ND.7B includes the beneficiaries represented by Cell K 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.medispn.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 ND.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}
NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				ANTIASTHMATIC				STIMULANTS/ANTI-OBESITY/ANOREXIANTS						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month			
All	43,913	12.9 %	381,731	0.4	\$17	33,555	9.8 %	283,187	0.4	\$22	14,362	4.2 %	125,326	0.6	\$39
Female	29,876	15.5	258,238	0.4	16	19,259	10.0	162,843	0.4	22	4,845	2.5	42,371	0.5	39
Disabled	14,837	55.8	162,925	0.4	19	9,799	36.9	107,698	0.4	24	1,985	7.5	21,983	0.5	42
5 and younger	95	8.2	1,070	0.1	1	484	41.7	5,000	0.3	21	38	3.3	393	0.4	20
6-14	302	10.3	3,448	0.1	1	761	26.1	8,768	0.3	19	705	24.2	7,811	0.5	35
15-20	553	24.3	6,204	0.1	2	557	24.4	6,384	0.3	18	341	15.0	3,900	0.6	41
21-44	6,078	65.2	66,330	0.4	17	3,200	34.3	35,034	0.3	20	513	5.5	5,541	0.5	46
45-64	7,776	71.9	85,654	0.4	22	4,775	44.2	52,333	0.5	29	388	3.6	4,338	0.5	51
65-74	32	39.0	217	0.4	8	22	26.8	179	0.5	34	0	0.0	0	0.0	0
75-84	1	100.0	2	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	15,039	9.0	95,313	0.3	12	9,460	5.7	55,145	0.3	16	2,858	1.7	20,382	0.5	36
5 and younger	225	0.6	1,615	0.1	2	1,725	4.8	10,905	0.2	13	76	0.2	554	0.4	30
6-14	633	1.7	4,872	0.2	5	1,949	5.1	11,800	0.3	18	1,660	4.3	12,347	0.5	35
15-20	2,307	8.7	16,108	0.2	6	1,546	5.8	10,133	0.3	13	579	2.2	4,744	0.5	37
21-44	10,798	17.7	66,224	0.3	12	3,659	6.0	19,210	0.3	16	484	0.8	2,480	0.4	43
45-64	937	20.5	5,548	0.5	29	487	10.6	2,400	0.4	25	58	1.3	254	0.6	57
65-74	69	18.3	481	0.5	15	43	11.4	288	0.3	26	0	0.0	0	0.0	0
75-84	33	22.0	209	1.1	120	31	20.7	218	0.5	27	0	0.0	0	0.0	0
85 and older	37	36.3	256	0.6	30	20	19.6	191	0.8	38	1	1.0	3	1.3	17
Male	14,037	9.5	123,493	0.4	19	14,276	9.7	120,344	0.4	22	9,517	6.4	82,955	0.6	40
Disabled	8,604	31.6	90,159	0.4	22	6,949	25.6	75,467	0.4	25	3,895	14.3	42,785	0.6	39
5 and younger	153	8.0	1,697	0.1	1	906	47.5	9,628	0.3	20	112	5.9	1,133	0.4	23
6-14	490	8.3	5,608	0.1	1	1,664	28.1	18,903	0.3	19	2,384	40.3	26,325	0.6	38
15-20	594	16.0	6,540	0.1	2	817	22.1	9,224	0.3	22	894	24.1	10,038	0.6	42
21-44	3,093	37.3	31,965	0.4	23	1,320	15.9	14,113	0.4	23	344	4.1	3,573	0.5	43
45-64	4,266	58.2	44,274	0.5	28	2,230	30.4	23,501	0.5	34	161	2.2	1,716	0.6	44
65-74	8	18.6	75	0.9	41	12	27.9	98	0.3	16	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,433	4.5	33,334	0.3	12	7,327	6.1	44,877	0.3	17	5,621	4.7	40,167	0.6	40
5 and younger	297	0.8	2,105	0.2	3	2,788	7.4	17,598	0.3	14	186	0.5	1,262	0.4	31
6-14	576	1.5	4,491	0.2	4	2,607	6.6	16,008	0.3	18	4,064	10.4	28,226	0.6	40
15-20	1,247	6.2	8,626	0.2	5	961	4.8	6,449	0.3	17	1,214	6.0	9,930	0.6	42
21-44	2,789	13.8	15,052	0.4	18	711	3.5	3,316	0.4	22	137	0.7	659	0.6	50
45-64	453	15.2	2,592	0.5	25	181	6.1	971	0.5	34	18	0.6	76	1.1	36
65-74	47	15.4	338	0.4	8	48	15.7	330	0.3	21	1	0.3	7	0.3	1
75-84	16	16.0	82	0.5	11	16	16.0	87	0.3	17	1	1.0	7	0.1	1
85 and older	8	21.6	48	0.3	3	15	40.5	118	0.5	19	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	37.5	9	0.8	63

Table ND7C

Nondual Beneficiaries

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

a. Table ND.7C includes the beneficiaries represented by Cell K 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 Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIVIRAL					
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	10,956	3.2 %	99,558	0.7	3,441	1.0 %	30,503	0.3	\$128	1,599,234
Female	7,050	3.7	64,726	0.7	2,095	1.1	17,808	0.3	108	880,265
Disabled	5,024	18.9	54,214	0.7	1,098	4.1	12,034	0.3	132	275,327
5 and younger	8	0.7	87	0.9	21	1.8	207	0.3	63	1,161
6-14	41	1.4	468	0.8	56	1.9	656	0.2	38	2,918
15-20	68	3.0	717	0.6	55	2.4	620	0.2	15	24,222
21-44	1,077	11.6	11,632	0.7	536	5.8	5,837	0.4	143	95,794
45-64	3,794	35.1	41,086	0.7	429	4.0	4,702	0.4	150	112,509
65-74	34	41.5	220	0.8	1	1.2	12	0.1	2	546
75-84	2	200.0	4	0.5	0	0.0	0	0.0	0	2
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	2,026	1.2	10,512	0.6	997	0.6	5,774	0.3	57	604,938
5 and younger	8	0.0	55	0.7	66	0.2	376	0.2	9	35,689
6-14	116	0.3	627	0.7	129	0.3	983	0.2	36	38,246
15-20	140	0.5	833	0.7	128	0.5	851	0.2	24	26,452
21-44	1,191	2.0	6,014	0.5	623	1.0	3,279	0.3	66	60,858
45-64	453	9.9	2,244	0.5	45	1.0	250	0.4	202	15,880
65-74	80	21.2	472	0.6	3	0.8	7	0.7	559	377
75-84	23	15.3	155	0.8	1	0.7	12	0.1	15	150
85 and older	15	14.7	112	0.6	2	2.0	16	0.1	2	102
Male	3,906	2.6	34,832	0.7	1,346	0.9	12,695	0.4	157	718,950
Disabled	2,889	10.6	29,953	0.7	992	3.6	10,407	0.4	177	272,036
5 and younger	6	0.3	72	0.7	31	1.6	310	0.2	4	1,907
6-14	33	0.6	385	0.8	98	1.7	1,111	0.2	48	5,912
15-20	62	1.7	676	0.6	54	1.5	607	0.2	27	3,705
21-44	657	7.9	6,706	0.7	468	5.6	4,664	0.5	223	8,296
45-64	2,118	28.9	22,002	0.7	341	4.7	3,715	0.4	198	70,803
65-74	13	30.2	112	0.9	0	0.0	0	0.0	0	304
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	19
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Other Eligibles	1,017	0.8	4,879	0.6	354	0.3	2,288	0.3	66	446,914
5 and younger	14	0.0	73	0.9	78	0.2	565	0.2	5	136,621
6-14	78	0.2	407	0.7	79	0.2	538	0.2	15	153,184
15-20	92	0.5	524	0.7	65	0.3	487	0.2	28	80,055
21-44	465	2.3	2,135	0.6	110	0.5	556	0.4	163	65,502
45-64	279	9.3	1,291	0.6	15	0.5	109	0.3	290	9,720
65-74	66	21.6	333	0.7	5	1.6	24	0.4	141	1,190
75-84	15	15.0	71	1.1	2	2.0	9	0.2	5	455
85 and older	8	21.6	45	0.5	0	0.0	0	0.0	0	187
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	19

Table ND7D

Nondual Beneficiaries

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

- a. Table ND.7D includes the beneficiaries represented by Cell K 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$562	8.2	8.2	526	4,208
Age					
0-64	584	8.2	8.2	454	3,866
65-74	605	9.3	9.3	14	77
75-84	320	8.9	8.9	19	98
85 and older	173	5.8	5.8	39	167
Unknown	0	0.0	0.0	0	0
Gender					
Female	583	8.6	8.6	264	2,201
Male	539	7.7	7.7	262	2,007
Unknown	0	0.0	0.0	0	0
Race					
White	561	8.2	8.2	396	3,144
African American	725	9.6	9.6	59	537
Other/unknown	401	6.4	6.4	71	527
Basis of Eligibility^c					
Aged	269	7.3	7.3	66	302
Disabled	609	8.6	8.6	376	3,732
Adults	55	0.7	0.7	18	32
Children	54	1.3	1.3	66	142
Unknown	0	0.0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users					
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.3	0.0	0.2	\$66	\$0	\$6	\$112	\$182	\$40	\$22	\$187,969	287	54.6 %	2,832
Biologicals	0.1	0.1	0.0	0.0	2	1	0	20	20	0	21	1,371	60	11.4	640
Antineoplastic Agents	0.5	0.3	0.0	0.2	190	152	0	368	437	0	226	31,241	15	2.9	164
Endocrine/Metabolic Drugs	1.4	0.7	0.2	0.6	59	41	4	41	62	21	23	106,272	196	37.3	1,813
Cardiovascular Agents	1.9	0.6	0.0	1.4	56	39	0	29	67	22	13	148,869	283	53.8	2,645
Respiratory Agents	1.0	0.6	0.0	0.4	59	49	1	61	86	86	22	96,021	165	31.4	1,633
Gastrointestinal Agents	1.3	0.6	0.0	0.6	95	81	1	75	126	31	22	229,874	255	48.5	2,418
Genitourinary Agents	0.8	0.3	0.0	0.4	36	25	1	48	77	24	25	37,858	104	19.8	1,060
CNS Drugs	2.2	1.3	0.0	0.9	229	202	7	104	161	162	22	783,478	369	70.2	3,422
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.6	39	29	1	44	132	38	15	9,559	26	4.9	245
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	61	56	0	164	170	0	112	21,427	34	6.5	354
Analgesics and Anesthetics	1.4	0.4	0.0	1.0	67	49	2	47	115	58	17	154,451	246	46.8	2,314
Neuromuscular Agents	1.6	0.7	0.1	0.8	129	92	3	81	124	47	43	328,005	248	47.1	2,542
Nutritional Products	0.8	0.0	0.1	0.7	16	0	2	19	13	13	21	16,634	107	20.3	1,039
Hematological Agents	1.2	0.4	0.1	0.7	113	103	2	97	290	20	11	124,227	123	23.4	1,101
Topical Products	0.6	0.2	0.0	0.5	20	10	1	30	61	37	19	52,962	267	50.8	2,695
Miscellaneous Products	0.6	0.1	0.1	0.5	69	44	11	113	602	205	29	22,747	31	5.9	332
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	65	0	0	148	0	0	0	11,878	18	3.4	184
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.	2,364,843	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	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	
ANTIPSYCHOTICS	274	52.1 %	2,883	1.0	\$207	\$197	
ANTICONVULSANT	253	48.1	2,627	1.1	85	93	
ANTIDEPRESSANTS	401	76.2	3,807	0.9	53	48	
ULCER DRUGS	266	50.6	2,582	0.8	74	58	
ANALGESICS - Narcotic	272	51.7	2,605	0.9	43	38	
HEMATOPOIETIC AGENTS	93	17.7	951	0.6	139	78	
ANTIVIRAL	79	15.0	759	0.3	339	107	
ANTIASTHMATIC	197	37.5	1,999	0.6	67	38	
ANTIDIABETIC	177	33.7	1,704	1.0	43	43	
ANTHYPERLIPIDEMIC	83	15.8	862	0.9	80	70	
Total	2,095		20,779	n.a.	n.a.	n.a.	

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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.medispn.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 ND.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} NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	17,700	\$1,607,532	274	52.1 %	2,883	1.0	\$197	253	48.1 %	2,627	1.1	\$93					
Female	9,569	896,231	164	62.1	1,762	1.0	205	137	51.9	1,418	1.0	86					
Disabled	8,812	859,533	147	78.6	1,674	1.0	213	120	64.2	1,341	1.0	88					
64 or younger	8,653	839,919	145	79.2	1,650	1.0	211	115	62.8	1,307	1.0	86					
65-74	159	19,614	2	50.0	24	1.5	351	5	125.0	34	1.3	174					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	757	36,698	17	22.1	88	0.8	64	17	22.1	77	1.4	53					
64 or younger	93	4,180	2	7.1	14	1.6	196	3	10.7	15	0.7	16					
65-74	76	4,623	2	66.7	2	1.0	215	1	33.3	1	1.0	12					
75-84	243	14,634	5	33.3	28	0.6	68	6	40.0	29	2.0	78					
85 and older	345	13,261	8	25.8	44	0.6	14	7	22.6	32	1.0	48					
Male	8,131	711,301	110	42.0	1,121	0.9	184	116	44.3	1,209	1.1	102					
Disabled	7,809	691,796	99	52.4	1,059	0.9	188	111	58.7	1,175	1.2	103					
64 or younger	7,740	689,370	97	51.9	1,044	0.9	190	110	58.8	1,172	1.2	104					
65-74	69	2,426	2	100.0	15	0.7	37	1	50.0	3	3.3	64					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	322	19,505	11	15.1	62	0.9	120	5	6.8	34	0.5	38					
64 or younger	61	3,607	4	7.1	8	0.6	34	2	3.6	3	0.7	75					
65-74	104	8,547	4	80.0	38	0.9	135	2	40.0	19	0.8	55					
75-84	89	3,169	1	25.0	3	1.0	21	1	25.0	12	0.1	2					
85 and older	68	4,182	2	25.0	13	1.1	153	0	0.0	0	0.0	0					
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 Minnesota, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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 ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	401	76.2 %	3,807	0.9	\$48	266	50.6 %	2,582	0.8	\$58	272	51.7 %	2,605	0.9	\$38
Female	222	84.1	2,123	0.9	49	131	49.6	1,289	0.8	60	139	52.7	1,300	0.8	24
Disabled	180	96.3	1,929	0.9	50	111	59.4	1,188	0.8	58	118	63.1	1,200	0.7	22
64 or younger	178	97.3	1,918	0.9	50	111	60.7	1,188	0.8	58	114	62.3	1,178	0.8	22
65-74	2	50.0	11	1.1	55	0	0.0	0	0.0	0	4	100.0	22	0.2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	42	54.5	194	1.0	43	20	26.0	101	1.0	75	21	27.3	100	1.3	52
64 or younger	12	42.9	40	1.1	27	1	3.6	10	1.2	10	2	7.1	4	0.5	4
65-74	6	200.0	14	1.1	45	2	66.7	10	0.9	166	2	66.7	10	2.1	63
75-84	8	53.3	56	1.1	77	7	46.7	38	1.0	82	4	26.7	15	2.2	73
85 and older	16	51.6	84	0.9	27	10	32.3	43	0.9	63	13	41.9	71	1.0	49
Male	179	68.3	1,684	0.9	47	135	51.5	1,293	0.7	56	133	50.8	1,305	1.0	51
Disabled	151	79.9	1,582	0.9	48	125	66.1	1,233	0.8	57	130	68.8	1,286	1.0	52
64 or younger	150	80.2	1,579	0.9	48	123	65.8	1,218	0.7	57	130	69.5	1,286	1.0	52
65-74	1	50.0	3	0.7	27	2	100.0	15	1.0	32	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	28	38.4	102	0.9	45	10	13.7	60	0.6	30	3	4.1	19	0.2	3
64 or younger	17	30.4	49	0.9	52	4	7.1	9	0.8	61	1	1.8	3	0.3	3
65-74	4	80.0	25	0.9	38	2	40.0	15	0.5	27	1	20.0	7	0.3	5
75-84	2	50.0	5	0.8	11	3	75.0	27	0.4	22	0	0.0	0	0.0	0
85 and older	5	62.5	23	0.8	44	1	12.5	9	1.1	26	1	12.5	9	0.1	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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=09e0ffed-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.

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}
NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIVIRAL					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	93	17.7 %	951	0.6	\$78	79	15.0 %	759	0.3	\$107	197	37.5 %	1,999	0.6	\$38
Female	43	16.3	441	0.5	87	33	12.5	308	0.4	162	101	38.3	1,043	0.5	36
Disabled	36	19.3	406	0.5	94	31	16.6	303	0.4	164	85	45.5	964	0.5	35
64 or younger	35	19.1	394	0.5	97	30	16.4	291	0.4	171	85	46.4	964	0.5	35
65-74	1	25.0	12	0.3	2	1	25.0	12	0.1	2	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	7	9.1	35	0.6	3	2	2.6	5	0.4	11	16	20.8	79	1.1	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3.6	2	0.5	9
65-74	1	33.3	9	0.2	1	1	33.3	1	1.0	26	2	66.7	2	1.0	34
75-84	1	6.7	6	1.0	5	0	0.0	0	0.0	0	7	46.7	34	0.5	32
85 and older	5	16.1	20	0.6	3	1	3.2	4	0.3	7	6	19.4	41	1.6	61
Male	50	19.1	510	0.6	70	46	17.6	451	0.3	70	96	36.6	956	0.6	40
Disabled	47	24.9	477	0.6	74	45	23.8	444	0.3	71	82	43.4	848	0.6	43
64 or younger	46	24.6	474	0.6	75	45	24.1	444	0.3	71	82	43.9	848	0.6	43
65-74	1	50.0	3	1.0	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3	4.1	33	0.4	2	1	1.4	7	0.1	5	14	19.2	108	0.3	15
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1.8	2	0.5	10
65-74	0	0.0	0	0.0	0	1	20.0	7	0.1	5	5	100.0	55	0.3	15
75-84	2	50.0	24	0.5	3	0	0.0	0	0.0	0	2	50.0	14	0.3	5
85 and older	1	12.5	9	0.2	1	0	0.0	0	0.0	0	6	75.0	37	0.4	19
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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 ND.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}
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				Benefit Months Among All-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	177	33.7 %	1,704	1.0	\$43	83	15.8 %	862	0.9	\$70	526	4,208
Female	98	37.1	939	1.1	45	43	16.3	441	0.9	73	264	2,201
Disabled	89	47.6	899	1.1	46	40	21.4	426	0.9	73	187	1,935
64 or younger	84	45.9	865	1.1	45	38	20.8	415	0.9	70	183	1,910
65-74	5	125.0	34	1.1	73	2	50.0	11	1.9	189	4	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	9	11.7	40	0.9	21	3	3.9	15	1.0	82	77	266
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	28	53
65-74	4	133.3	20	0.8	32	1	33.3	9	0.9	60	3	11
75-84	2	13.3	6	0.7	17	2	13.3	6	1.2	117	15	69
85 and older	3	9.7	14	1.1	8	0	0.0	0	0.0	0	31	133
Male	79	30.2	765	0.9	39	40	15.3	421	0.9	67	262	2,007
Disabled	71	37.6	734	0.9	38	38	20.1	406	0.8	69	189	1,797
64 or younger	69	36.9	710	0.9	38	37	19.8	394	0.9	70	187	1,782
65-74	2	100.0	24	1.0	29	1	50.0	12	0.5	35	2	15
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	8	11.0	31	1.8	78	2	2.7	15	0.9	18	73	210
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	56	121
65-74	3	60.0	7	1.1	22	0	0.0	0	0.0	0	5	26
75-84	2	50.0	15	2.7	136	2	50.0	15	0.9	18	4	29
85 and older	3	37.5	9	0.9	23	0	0.0	0	0.0	0	8	34
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 Minnesota, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 2,753 beneficiaries who were in nursing facilities for part of their enrollment and their 22,643 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Part D Excluded Rx	Rx \$ per Beneficiary			All Nondual Rx \$	3.8 %
All	48,944	14.4 %	0.8	288,417	\$16	\$5,587,127	\$19	\$19	340,794
Age									
5 and younger	7,084	9.3	0.2	15,242	5	381,770	25	25	76,244
6-14	6,628	7.7	0.3	23,841	9	775,100	33	33	86,341
15-20	5,383	10.2	0.4	21,027	10	503,684	24	24	52,640
21-44	17,053	17.3	1.0	99,210	20	1,981,074	20	20	98,653
45-64	12,323	47.9	4.9	125,503	74	1,913,888	15	15	25,707
65-74	273	33.8	2.2	1,772	21	16,633	9	9	807
75-84	108	42.4	3.9	1,000	34	8,689	9	9	255
85 and older	92	66.2	5.9	822	45	6,289	8	8	139
Unknown	0	0.0	0.0	0	0	0	0	0	8
Basis of Eligibility^c									
Aged	439	32.9	2.4	3,188	22	29,263	9	9	1,335
Disabled	25,562	47.5	4.5	240,541	80	4,275,651	18	18	53,763
Adults	10,071	10.6	0.2	20,955	7	662,725	32	32	94,772
Children	12,872	6.7	0.1	23,733	3	619,488	26	26	190,924
Unknown	0	0.0	0.0	0	0	0	0	0	0
Gender									
Female	30,428	15.8	0.9	179,721	19	3,652,102	20	20	193,029
Male	18,516	12.5	0.7	108,696	13	1,935,025	18	18	147,765
Unknown	0	0.0	0.0	0	0	0	0	0	0
Race									
White	27,401	14.9	1.1	196,592	19	3,520,508	18	18	184,394
African American	8,620	12.3	0.6	39,419	10	688,100	17	17	69,854
Other/unknown	12,923	14.9	0.6	52,406	16	1,378,519	26	26	86,546
Use of Nursing Facilities^d									
Entire year	404	76.8	15.8	8,324	168	88,301	11	11	526
Part year	1,787	64.9	9.5	26,133	122	335,843	13	13	2,753
None	46,753	13.9	0.8	253,960	15	5,162,983	20	20	337,515
Maintenance Assistance Status									
Cash	37,984	16.0	1.0	234,601	19	4,599,223	20	20	238,001
Medically needy	1,022	16.1	1.2	7,554	17	105,153	14	14	6,334
Poverty related	4,537	12.0	0.7	24,675	12	468,438	19	19	37,706
Other/unknown	5,401	9.2	0.4	21,587	7	414,313	19	19	58,753

Table ND11

Nondual Beneficiaries

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

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$19	\$0	\$1	1,599,234
Age						
5 and younger	0.1	1	25	0	0	295,027
6-14	0.1	2	33	0	0	392,633
15-20	0.1	2	24	0	0	244,195
21-44	0.2	4	20	0	1	453,020
45-64	0.6	9	15	0	2	208,912
65-74	0.5	5	9	0	1	3,499
75-84	0.8	7	9	0	1	1,184
85 and older	1.1	8	8	0	1	745
Unknown	0.0	0	0	0	0	19
Basis of Eligibility^c						
Aged	0.5	5	9	0	1	6,194
Disabled	0.4	8	18	0	2	547,364
Adults	0.1	2	32	0	1	326,256
Children	0.0	1	26	0	0	719,420
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	20	0	1	880,280
Male	0.2	3	18	0	1	718,954
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	18	0	1	906,146
African American	0.1	3	17	0	0	273,688
Other/unknown	0.1	3	26	0	1	419,400
Use of Nursing Facilities^d						
Entire year	2.0	21	11	0	5	4,208
Part year	1.2	15	13	0	4	22,643
None	0.2	3	20	0	1	1,572,383
Maintenance Assistance Status						
Cash	0.2	4	20	0	1	1,168,538
Medically needy	0.3	4	14	0	1	26,147
Poverty related	0.1	3	19	0	1	184,567
Other/unknown	0.1	2	19	0	0	219,982

Table ND12

Nondual Beneficiaries

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

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 MINNESOTA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
All	62,152	\$90	\$5,587,127	100.0 %	288,417	\$19	100.0 %	
Anorexia or weight loss/gain	6	72	431	0.0	11	39	0.0	
Fertility drugs	10	72	718	0.0	13	55	0.0	
Drugs for cosmetic purposes	158	12	1,973	0.0	204	10	0.1	
Cough and cold medications	4,703	83	388,415	7.0	9,323	42	3.2	
Vitamins and minerals	3,751	130	485,760	8.7	19,297	25	6.7	
Non-prescription drugs	40,139	59	2,359,959	42.2	190,608	12	66.1	
Barbiturates	604	64	38,468	0.7	5,218	7	1.8	
Benzodiazepines	10,572	126	1,327,782	23.8	57,306	23	19.9	
Other Part D Excl Rx Drugs	2,209	445	983,621	17.6	6,437	153	2.2	

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

- a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-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 ND11.
- 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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, MINNESOTA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	589,487	2,426	54,764	160,683	0	5,405,945	22,610	580,012	1,304,112	0
Age										
5 and younger	144,967	0	3,088	8	141,871	1,327,460	0	32,254	56	1,295,150
6-14	156,123	0	8,847	43	147,233	1,555,420	0	98,620	312	1,456,488
15-20	93,000	23	6,002	10,601	76,374	870,580	137	65,021	90,424	714,998
21-44	155,595	181	17,954	131,329	6,131	1,286,396	997	187,811	1,065,028	32,560
45-64	37,436	73	18,698	18,665	0	343,051	585	194,460	148,006	0
65-74	1,536	1,336	168	32	0	15,198	13,153	1,785	260	0
75-84	543	535	6	2	0	5,270	5,196	60	14	0
85 and older	278	278	0	0	0	2,542	2,542	0	0	0
Unknown	9	0	1	3	5	28	0	1	12	15
Gender										
Female	330,551	1,578	27,049	119,443	182,481	3,031,943	14,467	291,588	1,002,948	1,722,940
Male	258,936	848	27,715	41,240	189,133	2,374,002	8,143	288,424	301,164	1,776,271
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	331,654	1,065	34,305	101,004	195,280	3,024,227	9,886	364,661	808,184	1,841,496
African American	107,964	723	9,889	28,640	68,712	1,015,696	7,187	102,143	248,753	657,613
Other/unknown	149,869	638	10,570	31,039	107,622	1,366,022	5,537	113,208	247,175	1,000,102
Use of Nursing Facilities^c										
Entire year	581	95	391	26	69	4,923	830	3,871	50	172
Part year	3,076	236	1,830	439	571	29,781	2,267	18,760	3,928	4,826
None	585,830	2,095	52,543	160,218	370,974	5,371,241	19,513	557,381	1,300,134	3,494,213
Maintenance Assistance Status										
Cash	336,081	1,148	40,282	101,823	192,828	3,232,634	12,357	443,631	894,030	1,882,616
Medically needy	7,660	230	1,488	4,726	1,216	49,219	1,843	11,172	31,919	4,285
Poverty related	50,144	366	7,153	3,841	38,784	463,326	2,656	71,808	23,136	365,726
Other/unknown	195,602	682	5,841	50,293	138,786	1,660,766	5,754	53,401	355,027	1,246,584
Managed Care (MC) Status										
Fee-for-service (FFS) all year	126,557	620	48,125	26,340	51,472	974,795	3,919	516,530	131,224	323,122
FFS part year, with Rx claims	66,597	464	4,447	28,384	33,302	662,075	4,760	45,854	271,404	340,057
FFS part year, no Rx claims	147,640	251	1,191	40,048	106,150	1,399,492	2,424	11,423	356,588	1,029,057
MC all year, with Rx claims	948	0	76	224	648	8,960	0	694	2,150	6,116
MC all year, no Rx claims	247,745	1,091	925	65,687	180,042	2,360,623	11,507	5,511	542,746	1,800,859

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

- a. Table A.1 includes the beneficiaries represented by Cell J 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.
- 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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, MINNESOTA, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Benefit Months in Cell K of Table 1 Number of Beneficiaries	Benefit Months in Cell L of Table 1 Number of Beneficiaries	Benefit Months in Cell M of Table 1 Number of Beneficiaries	Benefit Months in Cell N of Table 1 Number of Beneficiaries
All	589,487	5,405,945	340,794	1,599,234	3,806,711
Fee-for-service (FFS) all year	126,557	974,795	126,557	974,795	0
FFS part year, with Rx claims	66,597	662,075	66,597	251,808	410,267
FFS part year, with no Rx claims	147,640	1,399,492	147,640	372,631	1,026,861
Managed care (MC) all year, with Rx claims	948	8,960	0	0	8,960
MC all year, with no Rx claims	247,745	2,360,623	0	0	2,360,623

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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