

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MINNESOTA

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
MINNESOTA, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	750,039	(A)	136,960	(E)	613,079	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	713,701	(B)	110,343	(F)	603,358	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	449,528	(C)	75,146	(G)	374,382	(K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	6,755	(D)	6,138	(H)	617	(L)

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Minnesota in 2004 was \$390,962,262, of which \$4,969,125 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
MINNESOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>449,528</b>	<b>28,751</b>	<b>101,615</b>	<b>101,890</b>	<b>217,272</b>	<b>0</b>	<b>2,386,707</b>	<b>183,420</b>	<b>1,078,014</b>	<b>345,698</b>	<b>779,575</b>	<b>0</b>
<b>Age</b>												
5 and younger	93,199	1	3,075	4	90,119	0	331,434	6	29,257	15	302,156	0
6-14	91,788	0	8,816	16	82,956	0	406,057	0	95,491	44	310,522	0
15-20	56,873	32	6,480	8,272	42,089	0	261,401	172	68,988	30,768	161,473	0
21-44	125,159	250	38,104	84,697	2,108	0	696,501	1,275	405,742	284,060	5,424	0
45-64	53,285	107	44,308	8,870	0	0	504,062	881	472,510	30,671	0	0
65-74	9,790	8,994	768	28	0	0	62,971	57,193	5,651	127	0	0
75-84	9,493	9,452	39	2	0	0	62,554	62,306	242	6	0	0
85 and older	9,940	9,915	25	0	0	0	61,720	61,587	133	0	0	0
Unknown	1	0	0	1	0	0		0	0	7	0	0
<b>Gender</b>												
Female	254,069	20,006	49,861	77,459	106,743	0	1,311,252	129,776	535,210	266,267	379,999	0
Male	195,459	8,745	51,754	24,431	110,529	0	1,075,455	53,644	542,804	79,431	399,576	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	258,115	23,945	72,999	60,055	101,116	0	1,522,010	159,277	785,409	202,468	374,856	0
African American	83,840	1,440	14,750	20,498	47,152	0	351,405	6,386	147,302	59,425	138,292	0
Other/unknown	107,573	3,366	13,866	21,337	69,004	0	513,292	17,757	145,303	83,805	266,427	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	6,755	5,260	1,433	11	51	0	44,243	28,876	15,220	16	131	0
Part year	10,406	6,252	3,381	335	438	0	76,391	38,030	34,504	1,486	2,371	0
None	432,367	17,239	96,801	101,544	216,783	0	2,266,073	116,514	1,028,290	344,196	777,073	0
<b>Maintenance Assistance Status</b>												
Cash	301,486	5,060	61,937	84,492	149,997	0	1,524,855	25,784	674,638	291,641	532,792	0
Medically needy	21,946	9,359	7,698	3,840	1,049	0	151,791	61,496	74,325	13,492	2,478	0
Poverty-related	48,463	5,829	11,984	3,881	26,769	0	268,906	35,779	114,082	14,191	104,854	0
Other/unknown	77,633	8,503	19,996	9,677	39,457	0	441,155	60,361	214,969	26,374	139,451	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	71,982	25,161	45,775	1,028	18	0	670,766	159,323	504,170	7,164	109	0
Full dual, part year	3,164	1,898	1,248	18	0	0	29,589	16,616	12,809	164	0	0
Non-dual, all year	374,382	1,692	54,592	100,844	217,254	0	1,686,352	7,481	561,035	338,370	779,466	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	189,506	15,975	94,902	27,366	51,263	0	1,666,552	138,805	1,040,254	142,049	345,444	0
FFS part year, with Rx claims	82,479	10,305	5,443	30,221	36,510	0	282,692	37,556	32,323	93,741	119,072	0
FFS part year, no Rx claims	177,543	2,471	1,270	44,303	129,499	0	437,463	7,059	5,437	109,908	315,059	0

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
MINNESOTA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>45.7 %</b>	<b>11.0</b>	<b>\$859</b>	<b>\$78</b>	<b>\$8,363</b>	<b>10.3 %</b>	<b>449,528</b>
<b>Age</b>							
5 and younger	26.0	1.0	58	60	3,746	1.5	93,199
6-14	28.3	2.6	217	84	3,982	5.4	91,788
15-20	36.5	3.7	411	112	5,278	7.8	56,873
21-44	53.9	11.2	1,054	94	9,563	11.0	125,159
45-64	82.3	40.9	3,122	76	19,024	16.4	53,285
65-74	71.6	25.4	1,467	58	14,345	10.2	9,790
75-84	78.9	30.0	1,343	45	17,659	7.6	9,493
85 and older	87.9	30.7	1,203	39	22,732	5.3	9,940
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	79.1	28.4	1,313	46	18,024	7.3	28,751
Disabled	85.9	36.1	3,122	87	23,548	13.3	101,615
Adults	40.5	2.3	142	62	2,639	5.4	101,890
Children	25.0	1.1	76	67	2,667	2.9	217,272
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	47.9	11.9	828	70	7,768	10.7	254,069
Male	42.9	10.0	898	90	9,137	9.8	195,459
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	53.7	15.7	1,211	77	10,879	11.1	258,115
African American	33.8	4.8	375	79	5,026	7.5	83,840
Other/unknown	36.0	4.8	390	81	4,928	7.9	107,573
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	94.9	48.0	2,642	55	39,702	6.7	6,755
Part year	91.5	43.2	2,596	60	30,952	8.4	10,406
None	43.9	9.7	789	81	7,330	10.8	432,367
<b>Maintenance Assistance Status</b>							
Cash	42.9	8.7	714	82	7,078	10.1	301,486
Medically needy	67.0	25.6	1,650	65	18,248	9.0	21,946
Poverty related	46.2	10.4	733	70	9,545	7.7	48,463
Other/unknown	50.4	16.3	1,278	79	9,822	13.0	77,633

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 MINNESOTA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>2.1</b>	<b>\$162</b>	<b>10.3 %</b>	<b>54.3 %</b>	<b>23.3 %</b>	<b>6.1 %</b>	<b>9.1 %</b>	<b>5.6 %</b>	<b>1.7 %</b>	<b>\$1,575</b>	<b>449,528</b>	<b>2,386,707</b>
<b>Age</b>												
5 and younger	0.3	16	1.5	74.0	22.9	2.1	0.9	0.1	0.0	1,053	93,199	331,434
6-14	0.6	49	5.4	71.7	20.9	3.8	3.3	0.4	0.0	900	91,788	406,057
15-20	0.8	89	7.8	63.5	25.6	5.4	4.6	0.8	0.1	1,148	56,873	261,401
21-44	2.0	190	11.0	46.1	28.1	8.6	11.2	4.9	1.1	1,718	125,159	696,501
45-64	4.3	330	16.4	17.7	19.5	10.8	24.6	20.0	7.3	2,011	53,285	504,062
65-74	3.9	228	10.2	28.4	16.6	8.8	20.0	18.6	7.7	2,230	9,790	62,971
75-84	4.6	204	7.6	21.1	12.5	7.9	23.8	25.9	8.7	2,680	9,493	62,554
85 and older	4.9	194	5.3	12.1	10.1	9.4	30.8	30.0	7.6	3,661	9,940	61,720
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	7
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.4	206	7.3	20.9	13.2	8.6	24.8	24.6	7.9	2,825	28,751	183,420
Disabled	3.4	294	13.3	14.1	27.5	12.6	24.6	16.1	5.2	2,220	101,615	1,078,014
Adults	0.7	42	5.4	59.5	27.6	6.4	5.2	1.2	0.2	778	101,890	345,698
Children	0.3	21	2.9	75.0	20.6	2.7	1.6	0.1	0.0	743	217,272	779,575
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	2.3	161	10.7	52.1	24.0	6.3	9.3	6.3	2.1	1,505	254,069	1,311,252
Male	1.8	163	9.8	57.1	22.3	5.9	8.7	4.6	1.2	1,661	195,459	1,075,455
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	2.7	205	11.1	46.3	23.2	7.3	12.3	8.2	2.6	1,845	258,115	1,522,010
African American	1.1	90	7.5	66.2	21.6	4.8	4.8	2.1	0.5	1,199	83,840	351,405
Other/unknown	1.0	82	7.9	64.0	24.7	4.3	4.6	1.9	0.5	1,033	107,573	513,292
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.3	403	6.7	5.1	4.5	6.2	26.8	38.4	19.0	6,062	6,755	44,243
Part year	5.9	354	8.4	8.5	12.4	9.6	27.4	28.4	13.6	4,216	10,406	76,391
None	1.8	151	10.8	56.1	23.8	6.1	8.3	4.5	1.2	1,399	432,367	2,266,073
<b>Maintenance Assistance Status</b>												
Cash	1.7	141	10.1	57.1	24.6	5.9	7.5	3.8	1.1	1,399	301,486	1,524,855
Medically needy	3.7	239	9.0	33.0	16.5	8.0	18.8	17.4	6.3	2,638	21,946	151,791
Poverty related	1.9	132	7.7	53.8	23.5	5.8	9.2	5.8	1.9	1,720	48,463	268,906
Other/unknown	2.9	225	13.0	49.6	19.9	6.8	12.3	8.8	2.6	1,728	77,633	441,155

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
MINNESOTA, 2004

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>2.1</b>	<b>\$162</b>	<b>\$78</b>	<b>0.8</b>	<b>\$126</b>	<b>\$148</b>	<b>0.1</b>	<b>\$10</b>	<b>\$82</b>	<b>1.1</b>	<b>\$26</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.3	16	60	0.1	12	118	0.0	1	51	0.2	4	24
6-14	0.6	49	84	0.3	40	127	0.0	2	72	0.2	6	26
15-20	0.8	89	112	0.4	76	192	0.1	4	72	0.4	10	28
21-44	2.0	190	94	0.8	148	178	0.1	12	94	1.1	29	28
45-64	4.3	330	76	1.7	252	146	0.2	22	92	2.3	55	23
65-74	3.9	228	58	1.6	171	110	0.2	13	63	2.2	44	20
75-84	4.6	204	45	1.7	153	89	0.2	10	40	2.6	41	16
85 and older	4.9	194	39	1.7	142	85	0.3	9	33	3.0	42	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.4	206	46	1.6	153	94	0.2	10	43	2.6	42	16
Disabled	3.4	294	87	1.4	232	164	0.2	18	90	1.8	43	25
Adults	0.7	42	62	0.2	25	116	0.0	4	91	0.4	13	31
Children	0.3	21	67	0.2	16	106	0.0	1	71	0.2	4	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	2.3	161	70	0.9	122	134	0.1	11	77	1.2	28	22
Male	1.8	163	90	0.8	130	169	0.1	9	91	0.9	24	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	2.7	205	77	1.1	162	147	0.2	13	79	1.4	31	22
African American	1.1	90	79	0.4	72	163	0.1	5	89	0.6	13	20
Other/unknown	1.0	82	81	0.4	55	143	0.1	6	101	0.6	20	36
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.3	403	55	2.6	297	115	0.5	25	52	4.2	80	19
Part year	5.9	354	60	2.1	268	125	0.3	22	64	3.4	64	19
None	1.8	151	81	0.8	117	153	0.1	9	87	1.0	24	25
<b>Maintenance Assistance Status</b>												
Cash	1.7	141	82	0.7	109	154	0.1	9	90	0.9	23	25
Medically needy	3.7	239	65	1.4	181	127	0.2	15	65	2.0	42	21
Poverty related	1.9	132	70	0.8	103	135	0.1	8	69	1.0	21	21
Other/unknown	2.9	225	79	1.2	179	150	0.2	13	80	1.5	33	22

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 MINNESOTA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$26	\$18	\$2	\$6	\$78	\$167	\$99	\$28	293,249	\$23,017,675	103,024	22.9 %	892,929
Biologicals	0.2	0.1	0.0	0.1	128	64	3	61	703	584	587	909	3,227	2,268,568	1,828	0.4	17,699
Antineoplastic Agents	0.6	0.1	0.0	0.4	107	83	2	21	181	600	125	49	12,948	2,345,094	2,352	0.5	21,982
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	43	30	3	9	50	96	29	21	453,557	22,798,224	60,250	13.4	534,059
Cardiovascular Agents	1.5	0.5	0.0	0.9	49	36	0	12	34	73	30	13	818,964	27,682,510	60,638	13.5	562,513
Respiratory Agents	0.6	0.4	0.0	0.2	42	36	0	6	66	93	67	23	283,885	18,629,155	48,968	10.9	443,124
Gastrointestinal Agents	0.7	0.4	0.0	0.2	64	56	3	5	93	140	68	20	320,491	29,815,885	49,352	11.0	468,134
Genitourinary Agents	0.5	0.3	0.0	0.2	30	24	2	4	61	84	53	24	76,919	4,710,373	16,736	3.7	157,055
CNS Drugs	1.4	0.6	0.1	0.7	153	126	7	20	110	194	87	31	1,156,781	127,216,612	89,676	19.9	829,277
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	60	52	1	7	83	97	89	40	96,287	7,984,740	15,277	3.4	132,703
Miscellaneous Psychological/																	
Neurological Agents	0.5	0.4	0.0	0.1	119	112	2	6	261	293	110	93	31,402	8,183,947	7,427	1.7	68,793
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	45	32	2	11	63	168	206	21	492,715	31,122,756	77,689	17.3	698,252
Neuromuscular Agents	1.0	0.4	0.1	0.5	100	67	19	13	97	159	130	29	485,205	47,151,434	46,906	10.4	473,315
Nutritional Products	0.5	0.0	0.0	0.5	11	1	1	10	20	39	16	19	91,427	1,812,955	20,248	4.5	166,894
Hematological Agents	0.8	0.2	0.0	0.6	130	121	2	7	166	635	47	12	107,627	17,896,501	15,003	3.3	137,669
Topical Products	0.3	0.1	0.0	0.2	15	8	1	5	42	76	50	24	203,212	8,493,043	64,439	14.3	585,144
Miscellaneous Products	0.7	0.2	0.1	0.4	145	99	19	27	220	433	264	76	19,362	4,262,823	2,879	0.6	29,309
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	41	0	0	0	14,583	600,842	4,875	1.1	49,745
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,961,841</b>	<b>385,993,137</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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.medispans.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 2004.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 MINNESOTA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$87,619,215	51,778	11.5 %	539,827	0.8	\$207	\$162
ANTICONVULSANT	42,154,024	42,749	9.5	446,738	0.8	115	94
ANTIDEPRESSANTS	33,649,904	93,575	20.8	886,826	0.6	62	38
ULCER DRUGS	22,769,237	48,039	10.7	461,047	0.6	88	49
ANALGESICS - Narcotic	15,673,925	80,316	17.9	753,685	0.4	52	21
ANTIASTHMATIC	13,454,364	54,952	12.2	500,892	0.4	68	27
MISC. HEMATOLOGICAL	13,361,862	4,301	1.0	39,024	0.6	554	342
ANTIHYPERTENSIVE	12,945,553	24,189	5.4	245,266	0.7	81	53
ANTIDIABETIC	12,110,104	28,898	6.4	275,500	0.7	62	44
ANTIVIRAL	9,556,761	6,635	1.5	64,364	0.4	374	148
<b>Total</b>	<b>263,294,949</b>	<b>435,432</b>		<b>4,213,169</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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.