

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 MISSOURI

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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MISSOURI, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) ^g		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	1,224,239	(A)	182,583	(E)	1,041,656	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1,215,308	(B)	173,835	(F)	1,041,473	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	787,549	(C)	173,213	(G)	614,336	(K)
4. Beneficiaries who were all-year nursing facility residents ^f	23,096	(D)	21,257	(H)	1,839	(L)

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 Missouri in 2004 was \$1,133,741,169, of which \$6,169,826 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 nonduals 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^{a, b}
MISSOURI, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	787,549	94,570	182,214	178,602	331,639	524	6,828,943	953,014	1,894,906	1,237,550	2,738,939	4,534
Age												
5 and younger	123,864	0	706	14	123,144	0	976,221	0	6,452	37	969,732	0
6-14	143,749	0	2,605	41	141,103	0	1,277,062	0	28,189	217	1,248,656	0
15-20	91,097	0	5,254	18,709	67,132	2	686,943	0	52,250	115,936	518,745	12
21-44	220,387	0	71,665	148,248	253	221	1,791,538	0	751,741	1,036,148	1,766	1,883
45-64	112,037	0	100,242	11,502	4	289	1,126,583	0	1,039,534	84,489	22	2,538
65-74	38,152	36,818	1,243	79	0	12	390,593	378,678	11,167	647	0	101
75-84	33,667	33,359	300	8	0	0	342,006	338,514	3,417	75	0	0
85 and older	24,594	24,393	199	1	1	0	237,991	235,822	2,156	1	12	0
Unknown	2	0	0	0	2	0		0	0	0	6	0
Gender												
Female	460,839	68,254	95,597	136,237	160,227	524	3,985,576	699,365	1,008,985	945,530	1,327,162	4,534
Male	326,702	26,312	86,613	42,365	171,412	0	2,843,310	253,621	885,892	292,020	1,411,777	0
Unknown	8	4	4	0	0	0	57	28	29	0	0	0
Race												
White	635,646	74,483	137,663	145,986	277,126	388	5,680,047	746,046	1,430,117	1,073,729	2,426,776	3,379
African American	117,579	15,722	38,222	21,753	41,779	103	895,483	162,458	402,498	97,416	232,210	901
Other/unknown	34,324	4,365	6,329	10,863	12,734	33	253,413	44,510	62,291	66,405	79,953	254
Use of Nursing Facilities^c												
Entire year	23,096	19,511	3,585	0	0	0	238,750	199,035	39,715	0	0	0
Part year	15,144	11,592	3,541	10	1	0	146,461	109,323	37,036	90	12	0
None	749,309	63,467	175,088	178,592	331,638	524	6,443,732	644,656	1,818,155	1,237,460	2,738,927	4,534
Maintenance Assistance Status												
Cash	418,668	19,575	80,575	136,904	181,614	0	3,641,805	224,488	891,150	997,561	1,528,606	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	95,079	898	1,323	23,345	68,989	524	663,167	6,597	9,788	102,106	540,142	4,534
Other/unknown	273,802	74,097	100,316	18,353	81,036	0	2,523,971	721,929	993,968	137,883	670,191	0
Dual Medicare Status^d												
Full dual, all year	167,707	87,464	78,000	2,193	30	20	1,748,975	882,257	846,685	19,561	284	188
Full dual, part year	5,506	2,582	2,902	22	0	0	53,371	25,601	27,525	245	0	0
Non-dual, all year	614,336	4,524	101,312	176,387	331,609	504	5,026,597	45,156	1,020,696	1,217,744	2,738,655	4,346
Managed Care (MC) Status												
Fee-for-service (FFS) all year	663,625	94,558	179,793	127,967	260,789	518	6,510,429	952,941	1,880,933	1,102,984	2,569,076	4,495
FFS part year, with Rx claims	34,879	7	1,936	17,973	14,958	5	129,362	58	11,913	59,095	58,264	32
FFS part year, no Rx claims	89,045	5	485	32,662	55,892	1	189,152	15	2,060	75,471	111,599	7

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b}
MISSOURI, 2004

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	68.4 %	21.6	\$1,432	\$66	\$5,319	26.9 %	787,549
Age							
5 and younger	60.7	4.1	204	50	1,849	11.0	123,864
6-14	57.9	4.8	342	71	1,424	24.0	143,749
15-20	56.1	5.7	438	77	2,395	18.3	91,097
21-44	67.5	17.4	1,369	79	4,917	27.8	220,387
45-64	84.8	52.9	3,758	71	10,682	35.2	112,037
65-74	86.4	56.3	3,160	56	9,686	32.6	38,152
75-84	89.3	59.5	3,082	52	13,269	23.2	33,667
85 and older	91.6	56.5	2,689	48	17,897	15.0	24,594
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	88.8	57.7	3,021	52	13,091	23.1	94,570
Disabled	85.0	47.3	3,719	79	11,460	32.5	182,214
Adults	60.3	8.1	398	49	1,881	21.2	178,602
Children	57.8	4.5	274	61	1,572	17.4	331,639
Unknown	83.8	27.8	4,318	155	10,804	40.0	524
Gender							
Female	71.6	24.6	1,491	61	5,525	27.0	460,839
Male	64.0	17.4	1,349	78	5,028	26.8	326,702
Unknown	87.5	54.4	3,100	57	7,664	40.4	8
Race							
White	71.1	22.5	1,481	66	5,282	28.0	635,646
African American	57.1	18.5	1,311	71	6,012	21.8	117,579
Other/unknown	57.2	14.8	926	63	3,628	25.5	34,324
Use of Nursing Facilities^f							
Entire year	98.2	81.6	4,650	57	32,072	14.5	23,096
Part year	97.3	68.2	4,016	59	23,057	17.4	15,144
None	66.9	18.8	1,280	68	4,136	31.0	749,309
Maintenance Assistance Status							
Cash	67.0	17.3	1,137	66	3,952	28.8	418,668
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	55.8	4.1	239	58	1,535	15.5	95,079
Other/unknown	75.0	34.3	2,296	67	8,723	26.3	273,802

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b}
 MISSOURI, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	2.5	\$165	26.9 %	31.6 %	35.9 %	7.5 %	11.7 %	9.7 %	3.7 %	\$613	787,549	6,828,943
Age												
5 and younger	0.5	26	11.0	39.3	54.3	4.6	1.7	0.1	0.0	235	123,864	976,221
6-14	0.5	39	24.0	42.1	49.2	4.8	3.3	0.5	0.1	160	143,749	1,277,062
15-20	0.8	58	18.3	43.9	43.6	6.8	4.5	1.0	0.2	318	91,097	686,943
21-44	2.1	168	27.8	32.5	35.6	10.1	12.9	6.9	2.0	605	220,387	1,791,538
45-64	5.3	374	35.2	15.2	15.0	9.2	24.1	25.0	11.5	1,062	112,037	1,126,583
65-74	5.5	309	32.6	13.6	12.1	8.1	25.2	28.9	12.1	946	38,152	390,593
75-84	5.9	303	23.2	10.7	8.8	7.6	26.3	33.8	12.8	1,306	33,667	342,006
85 and older	5.8	278	15.0	8.4	7.1	7.3	30.0	36.4	10.7	1,849	24,594	237,991
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	6
Basis of Eligibility^e												
Aged	5.7	300	23.1	11.2	9.6	7.7	26.8	32.6	12.1	1,299	94,570	953,014
Disabled	4.5	358	32.5	15.0	19.5	10.4	24.0	21.9	9.3	1,102	182,214	1,894,906
Adults	1.2	57	21.2	39.7	40.7	9.1	7.9	2.3	0.4	271	178,602	1,237,550
Children	0.5	33	17.4	42.2	49.7	4.9	2.7	0.4	0.1	190	331,639	2,738,939
Unknown	3.2	499	40.0	16.2	27.7	13.0	22.5	15.3	5.3	1,249	524	4,534
Gender												
Female	2.8	172	27.0	28.4	35.4	7.9	12.6	11.2	4.5	639	460,839	3,985,576
Male	2.0	155	26.8	36.0	36.5	6.8	10.5	7.6	2.6	578	326,702	2,843,310
Unknown	7.6	435	40.4	12.5	12.5	0.0	37.5	12.5	25.0	1,076	8	57
Race												
White	2.5	166	28.0	28.9	37.9	7.5	11.6	10.0	4.1	591	635,646	5,680,047
African American	2.4	172	21.8	42.9	26.1	7.3	12.6	8.9	2.3	789	117,579	895,483
Other/unknown	2.0	125	25.5	42.8	30.7	7.3	11.0	6.5	1.8	491	34,324	253,413
Use of Nursing Facilities^f												
Entire year	7.9	450	14.5	1.8	3.1	4.3	23.4	43.8	23.5	3,103	23,096	238,750
Part year	7.1	415	17.4	2.7	5.8	6.7	27.5	39.6	17.6	2,384	15,144	146,461
None	2.2	149	31.0	33.1	37.5	7.6	11.0	8.0	2.8	481	749,309	6,443,732
Maintenance Assistance Status												
Cash	2.0	131	28.8	33.0	39.8	7.9	10.2	6.7	2.4	454	418,668	3,641,805
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.6	34	15.5	44.2	46.6	5.4	3.1	0.6	0.1	220	95,079	663,167
Other/unknown	3.7	249	26.3	25.0	26.0	7.5	17.1	17.4	6.9	946	273,802	2,523,971

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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^{a, b, c}
 MISSOURI, 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
All	2.5	\$165	\$66	0.9	\$122	\$130	0.2	\$11	\$73	1.4	\$32	\$23
Age												
5 and younger	0.5	26	50	0.2	19	106	0.0	2	38	0.3	5	18
6-14	0.5	39	71	0.3	31	119	0.0	2	57	0.2	6	23
15-20	0.8	58	77	0.3	45	148	0.0	3	61	0.4	10	25
21-44	2.1	168	79	0.8	127	162	0.1	11	90	1.2	30	25
45-64	5.3	374	71	2.0	272	138	0.3	28	94	3.0	73	25
65-74	5.5	309	56	2.1	221	107	0.3	20	60	3.1	67	22
75-84	5.9	303	52	2.2	218	100	0.4	18	48	3.3	66	20
85 and older	5.8	278	48	2.0	195	96	0.4	18	42	3.4	65	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.7	300	52	2.1	214	102	0.4	19	50	3.2	66	21
Disabled	4.5	358	79	1.7	267	155	0.3	25	96	2.5	64	25
Adults	1.2	57	49	0.4	38	102	0.1	4	63	0.7	15	21
Children	0.5	33	61	0.2	26	113	0.0	2	46	0.3	6	20
Unknown	3.2	499	155	1.1	410	382	0.2	33	171	1.9	49	26
Gender												
Female	2.8	172	61	1.0	124	119	0.2	12	67	1.6	36	22
Male	2.0	155	78	0.8	118	152	0.1	10	87	1.1	27	25
Unknown	7.6	435	57	2.6	281	107	0.5	37	76	4.4	115	26
Race												
White	2.5	166	66	0.9	122	129	0.2	11	73	1.4	33	23
African American	2.4	172	71	0.9	131	144	0.1	10	74	1.4	32	23
Other/unknown	2.0	125	63	0.8	92	121	0.1	8	75	1.1	25	22
Use of Nursing Facilities^e												
Entire year	7.9	450	57	2.9	329	113	0.6	30	52	4.4	91	21
Part year	7.1	415	59	2.6	302	118	0.5	28	59	4.0	85	21
None	2.2	149	68	0.8	110	133	0.1	10	78	1.2	29	23
Maintenance Assistance Status												
Cash	2.0	131	66	0.7	96	131	0.1	8	73	1.1	26	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	34	58	0.2	26	116	0.0	2	53	0.3	7	20
Other/unknown	3.7	249	67	1.4	183	131	0.2	17	74	2.1	48	23

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

- 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 Missouri, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MISSOURI, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	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	\$23	\$17	\$2	\$4	\$77	\$144	\$104	\$26	1,188,244	\$91,195,544	367,826	46.7 %	3,938,548
Biologicals	0.1	0.1	0.0	0.0	67	47	1	18	496	447	157	853	16,889	8,372,620	11,513	1.5	125,844
Antineoplastic Agents	0.6	0.2	0.0	0.4	191	144	21	25	306	850	586	60	63,969	19,555,711	9,825	1.2	102,618
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.3	40	30	3	7	53	93	33	21	1,615,263	85,416,123	199,065	25.3	2,128,024
Cardiovascular Agents	1.7	0.6	0.1	1.1	66	42	2	22	38	75	35	19	3,393,416	129,063,338	180,407	22.9	1,944,444
Respiratory Agents	0.5	0.3	0.0	0.2	32	27	1	4	59	94	30	18	1,533,900	91,090,550	260,943	33.1	2,834,943
Gastrointestinal Agents	0.6	0.1	0.0	0.5	32	22	2	8	54	199	61	17	887,777	47,498,139	136,882	17.4	1,492,731
Genitourinary Agents	0.4	0.3	0.0	0.1	29	24	2	3	71	89	61	28	253,786	18,007,383	58,168	7.4	624,621
CNS Drugs	1.3	0.6	0.1	0.6	116	93	5	18	93	165	90	28	2,945,324	272,962,440	219,905	27.9	2,348,699
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	64	58	1	6	92	104	68	43	137,905	12,689,161	18,546	2.4	198,175
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	150	149	0	1	189	193	67	30	136,397	25,844,924	16,260	2.1	172,874
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	43	29	2	11	61	149	273	22	1,929,672	118,242,646	257,492	32.7	2,762,674
Neuromuscular Agents	0.8	0.3	0.1	0.4	69	41	16	12	83	156	121	28	1,183,395	98,781,388	130,679	16.6	1,426,373
Nutritional Products	0.5	0.0	0.0	0.5	10	0	1	9	20	35	21	19	477,602	9,363,533	93,098	11.8	956,607
Hematological Agents	0.8	0.3	0.1	0.4	94	81	5	8	113	256	41	20	504,680	56,876,665	56,277	7.1	606,110
Topical Products	0.3	0.1	0.0	0.2	14	9	1	4	50	88	57	25	629,642	31,754,112	205,644	26.1	2,249,614
Miscellaneous Products	0.4	0.1	0.0	0.2	72	50	10	13	191	369	264	61	46,068	8,796,394	11,335	1.4	121,800
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	31	0	0	0	67,146	2,060,672	23,035	2.9	256,376
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	17,011,075	1,127,571,343	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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 Missouri, 0.4 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^{a, b, c}
 MISSOURI, 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	\$156,225,369	105,006	13.3 %	1,163,194	0.6	\$211	\$134
ANTIDEPRESSANTS	94,006,315	231,850	29.4	2,532,022	0.6	66	37
ANTICONVULSANT	80,879,434	99,159	12.6	1,099,498	0.7	106	74
ANALGESICS - Narcotic	63,328,441	310,805	39.5	3,409,431	0.3	54	19
ANTIASTHMATIC	59,219,409	195,658	24.8	2,158,519	0.4	75	27
ANTIDIABETIC	47,508,400	96,988	12.3	1,064,177	0.7	64	45
ANTIHYPERLIPIDEMIC	45,674,703	80,117	10.2	897,473	0.6	80	51
ANALGESICS - ANTI-INFLAMMATORY	42,147,116	158,134	20.1	1,757,310	0.3	73	24
ANTIVIRAL	38,169,584	19,264	2.4	213,313	0.4	446	179
MISC. HEMATOLOGICAL	30,512,058	24,232	3.1	267,285	0.6	176	114
Total	657,670,829	1,321,213		14,562,222	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Missouri, released by CMS in 02/2008. This table was produced on 03/06/2008.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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