

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

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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
All	75,146	27,059	47,023	1,046	18	0	700,355	175,939	516,979	7,328	109	0
Age												
5 and younger	5	0	3	0	2	0	43	0	36	0	7	0
6-14	11	0	11	0	0	0	117	0	117	0	0	0
15-20	218	0	204	1	13	0	2,255	0	2,161	9	85	0
21-44	21,321	0	20,611	707	3	0	233,312	0	228,257	5,038	17	0
45-64	25,807	1	25,488	318	0	0	283,268	5	281,101	2,162	0	0
65-74	8,771	8,101	651	19	0	0	58,968	53,901	4,952	115	0	0
75-84	9,206	9,174	31	1	0	0	61,380	61,152	224	4	0	0
85 and older	9,807	9,783	24	0	0	0	61,012	60,881	131	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	42,539	18,836	22,989	707	7	0	384,157	124,178	254,827	5,100	52	0
Male	32,607	8,223	24,034	339	11	0	316,198	51,761	262,152	2,228	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	63,400	23,328	39,342	719	11	0	597,721	155,638	436,630	5,370	83	0
African American	5,442	935	4,339	165	3	0	50,623	4,774	44,970	873	6	0
Other/unknown	6,304	2,796	3,342	162	4	0	52,011	15,527	35,379	1,085	20	0
Use of Nursing Facilities^c												
Entire year	6,138	5,185	952	1	0	0	38,712	28,423	10,288	1	0	0
Part year	7,918	6,169	1,737	12	0	0	56,233	37,580	18,563	90	0	0
None	61,090	15,705	44,334	1,033	18	0	605,410	109,936	488,128	7,237	109	0
Maintenance Assistance Status												
Cash	26,627	4,353	21,355	907	12	0	271,002	23,209	241,370	6,358	65	0
Medically needy	15,426	9,217	6,154	55	0	0	124,171	60,637	63,078	456	0	0
Poverty-related	10,049	5,381	4,657	11	0	0	79,823	33,159	46,582	82	0	0
Other/unknown	23,044	8,108	14,857	73	6	0	225,359	58,934	165,949	432	44	0
Dual Medicare Status^d												
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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	61,615	15,236	45,766	605	8	0	649,937	134,373	509,559	5,916	89	0
FFS part year, with Rx claims	11,059	9,690	1,059	305	5	0	42,995	35,333	6,561	1,090	11	0
FFS part year, no Rx claims	2,472	2,133	198	136	5	0	7,423	6,233	859	322	9	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3
 ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 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	86.0 %	39.4	\$2,967	\$75	\$22,551	13.2 %	75,146
Age							
5 and younger	100.0	22.6	2,409	107	25,396	9.5	5
6-14	81.8	52.2	4,704	90	17,856	26.3	11
15-20	84.4	22.7	2,425	107	22,874	10.6	218
21-44	88.1	35.9	3,563	99	24,702	14.4	21,321
45-64	90.1	53.0	4,191	79	25,043	16.7	25,807
65-74	73.0	27.3	1,579	58	14,718	10.7	8,771
75-84	79.6	30.6	1,366	45	17,847	7.7	9,206
85 and older	88.1	30.8	1,210	39	22,733	5.3	9,807
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	80.5	29.6	1,365	46	18,526	7.4	27,059
Disabled	89.3	45.5	3,916	86	25,237	15.5	47,023
Adults	77.2	20.9	1,807	87	6,042	29.9	1,046
Children	72.2	16.6	848	51	13,894	6.1	18
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	88.4	42.8	2,937	69	21,654	13.6	42,539
Male	82.8	35.0	3,007	86	23,720	12.7	32,607
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	87.3	41.6	3,114	75	24,099	12.9	63,400
African American	79.6	27.5	2,140	78	12,952	16.5	5,442
Other/unknown	77.9	28.0	2,203	79	15,270	14.4	6,304
Use of Nursing Facilities^f							
Entire year	95.2	45.2	2,368	52	37,874	6.3	6,138
Part year	92.8	42.3	2,350	56	27,891	8.4	7,918
None	84.1	38.5	3,108	81	20,319	15.3	61,090
Maintenance Assistance Status							
Cash	88.4	40.6	3,426	84	24,873	13.8	26,627
Medically needy	78.1	33.3	2,131	64	22,736	9.4	15,426
Poverty related	81.3	31.2	2,086	67	21,876	9.5	10,049
Other/unknown	90.5	45.7	3,382	74	20,037	16.9	23,044

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

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

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 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	4.2	\$318	13.2 %	14.0 %	17.8 %	10.9 %	27.0 %	23.0 %	7.3 %	\$2,420	75,146	700,355
Age												
5 and younger	2.6	280	9.5	0.0	20.0	40.0	40.0	0.0	0.0	2,953	5	43
6-14	4.9	442	26.3	18.2	0.0	18.2	27.3	27.3	9.1	1,679	11	117
15-20	2.2	234	10.6	15.6	31.7	18.3	25.7	8.3	0.5	2,211	218	2,255
21-44	3.3	326	14.4	11.9	27.0	14.2	27.2	15.9	3.8	2,257	21,321	233,312
45-64	4.8	382	16.7	9.9	15.7	10.6	28.6	26.0	9.3	2,282	25,807	283,268
65-74	4.1	235	10.7	27.0	15.5	8.6	20.7	19.8	8.3	2,189	8,771	58,968
75-84	4.6	205	7.7	20.4	12.3	7.8	24.0	26.5	8.9	2,677	9,206	61,380
85 and older	4.9	194	5.3	11.9	10.1	9.5	30.8	30.1	7.6	3,654	9,807	61,012
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.5	210	7.4	19.5	12.5	8.6	25.5	25.7	8.2	2,849	27,059	175,939
Disabled	4.1	356	15.5	10.7	20.7	12.2	27.9	21.6	6.9	2,296	47,023	516,979
Adults	3.0	258	29.9	22.8	25.9	12.4	23.7	12.4	2.8	863	1,046	7,328
Children	2.7	140	6.1	27.8	11.1	16.7	38.9	5.6	0.0	2,294	18	109
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	4.7	325	13.6	11.6	15.4	10.5	27.5	26.0	8.8	2,398	42,539	384,157
Male	3.6	310	12.7	17.2	20.8	11.4	26.3	19.0	5.3	2,446	32,607	316,198
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.4	330	12.9	12.7	16.5	10.8	27.8	24.4	7.9	2,556	63,400	597,721
African American	3.0	230	16.5	20.4	28.1	11.5	21.5	14.7	3.8	1,392	5,442	50,623
Other/unknown	3.4	267	14.4	22.1	22.0	11.8	23.5	16.0	4.5	1,851	6,304	52,011
use of nursing Facilities^f												
Entire year	7.2	376	6.3	4.8	4.5	6.3	27.3	39.1	18.1	6,005	6,138	38,712
Part year	6.0	331	8.4	7.2	9.5	9.3	29.7	31.1	13.2	3,927	7,918	56,233
None	3.9	314	15.3	15.9	20.2	11.6	26.6	20.3	5.5	2,050	61,090	605,410
Maintenance Assistance Status												
Cash	4.0	337	13.8	11.6	21.3	12.5	27.7	20.8	6.0	2,444	26,627	271,002
Medically needy	4.1	265	9.4	21.9	14.6	8.7	23.5	22.9	8.4	2,825	15,426	124,171
Poverty related	3.9	263	9.5	18.7	18.4	10.3	24.7	20.7	7.2	2,754	10,049	79,823
Other/unknown	4.7	346	16.9	9.5	15.6	10.8	29.5	26.5	8.1	2,049	23,044	225,359

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

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

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

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

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

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

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

TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, 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
All	4.2	\$318	\$75	1.7	\$248	\$145	0.3	\$20	\$79	2.3	\$51	\$22
Age												
5 and younger	2.6	280	107	0.8	207	261	0.3	30	94	1.5	43	28
6-14	4.9	442	90	2.1	322	152	0.5	50	98	2.3	70	31
15-20	2.2	234	107	1.1	195	185	0.2	14	83	1.0	25	26
21-44	3.3	326	99	1.4	260	184	0.2	20	95	1.7	45	27
45-64	4.8	382	79	2.0	296	150	0.3	25	89	2.6	60	24
65-74	4.1	235	58	1.6	176	110	0.2	14	63	2.2	45	20
75-84	4.6	205	45	1.7	153	88	0.2	10	40	2.6	42	16
85 and older	4.9	194	39	1.7	143	85	0.3	9	32	3.0	42	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	210	46	1.7	156	94	0.2	11	43	2.6	43	16
Disabled	4.1	356	86	1.7	279	162	0.3	23	91	2.2	53	25
Adults	3.0	258	87	1.2	192	164	0.2	23	122	1.6	44	27
Children	2.7	140	51	1.1	108	95	0.1	7	61	1.5	25	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	4.7	325	69	1.9	251	133	0.3	21	72	2.5	53	21
Male	3.6	310	86	1.5	243	164	0.2	19	92	1.9	48	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.4	330	75	1.8	258	145	0.3	20	77	2.3	51	22
African American	3.0	230	78	1.1	182	159	0.1	14	101	1.7	34	20
Other/unknown	3.4	267	79	1.3	189	143	0.2	19	94	1.9	59	32
Use of Nursing Facilities^e												
Entire year	7.2	376	52	2.5	277	110	0.5	22	47	4.1	76	18
Part year	6.0	331	56	2.2	252	116	0.3	19	54	3.4	60	18
None	3.9	314	81	1.6	245	153	0.2	20	87	2.0	48	24
Maintenance Assistance Status												
Cash	4.0	337	84	1.7	265	160	0.2	21	89	2.1	51	24
Medically needy	4.1	265	64	1.6	201	126	0.3	17	63	2.3	47	21
Poverty related	3.9	263	67	1.5	202	134	0.2	16	64	2.2	44	21
Other/unknown	4.7	346	74	1.9	269	142	0.3	22	82	2.5	55	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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 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	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.4	0.1	0.0	0.2	\$31	\$23	\$2	\$6	\$85	\$185	\$104	\$27	126,909	\$10,820,246	33,216	44.2 %	350,225	
Biologicals	0.1	0.1	0.0	0.1	42	3	0	39	352	43	14	732	1,165	410,539	938	1.2	9,761	
Antineoplastic Agents	0.6	0.1	0.0	0.5	107	85	2	20	175	591	155	45	7,783	1,358,649	1,353	1.8	12,690	
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	45	32	4	10	45	85	24	20	285,067	12,750,301	28,695	38.2	281,743	
Cardiovascular Agents	1.6	0.5	0.0	1.1	54	40	1	14	33	73	28	13	574,654	18,981,806	37,792	50.3	352,573	
Respiratory Agents	0.7	0.5	0.0	0.3	49	43	0	5	66	91	66	21	141,912	9,409,082	18,520	24.6	192,160	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	71	63	2	5	92	139	61	19	198,481	18,236,920	25,820	34.4	257,321	
Genitourinary Agents	0.6	0.4	0.0	0.2	37	31	2	4	65	85	59	24	51,650	3,339,004	8,978	11.9	90,404	
CNS Drugs	1.6	0.7	0.1	0.8	185	151	8	26	114	205	90	32	705,183	80,193,703	43,093	57.3	432,962	
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	66	51	2	13	102	152	90	45	13,905	1,411,731	1,932	2.6	21,300	
Miscellaneous Psychological/																		
Neurological Agents	0.5	0.5	0.0	0.0	132	127	1	4	248	266	111	94	24,540	6,092,989	4,940	6.6	46,137	
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	55	42	2	10	67	166	199	18	270,656	18,210,979	32,840	43.7	332,711	
Neuromuscular Agents	1.1	0.4	0.2	0.5	109	71	22	15	97	166	128	29	292,944	28,328,331	24,441	32.5	259,444	
Nutritional Products	0.6	0.0	0.1	0.6	12	0	1	11	19	48	16	19	57,325	1,090,115	9,751	13.0	89,242	
Hematological Agents	0.8	0.2	0.0	0.6	50	42	1	6	61	213	39	11	78,613	4,777,818	10,483	14.0	95,638	
Topical Products	0.4	0.1	0.0	0.2	18	11	1	5	42	76	49	22	110,220	4,619,156	25,054	33.3	262,696	
Miscellaneous Products	0.7	0.2	0.1	0.3	150	106	17	27	231	431	245	82	11,359	2,625,400	1,634	2.2	17,458	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	33	0	0	0	9,696	323,160	2,695	3.6	28,096	
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.	2,962,062	222,979,929	n.a.	n.a.	n.a.	

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$56,607,868	29,416	39.1 %	314,566	0.9	\$208	\$180
ANTICONVULSANT	25,129,628	23,062	30.7	248,847	0.9	115	101
ANTIDEPRESSANTS	20,090,257	45,343	60.3	465,536	0.7	63	43
ULCER DRUGS	14,306,894	25,868	34.4	259,365	0.6	88	55
ANTIHYPERLIPIDEMIC	9,057,211	16,361	21.8	167,821	0.7	80	54
ANALGESICS - Narcotic	8,882,722	35,448	47.2	368,509	0.4	55	24
ANTIDIABETIC	7,563,361	17,480	23.3	169,944	0.7	60	45
ANTIASTHMATIC	6,854,427	20,967	27.9	214,874	0.5	71	32
NEUROLOGICAL	6,246,003	6,611	8.8	64,040	0.4	219	98
ANALGESICS - ANTI-INFLAMMATORY	5,309,698	18,464	24.6	196,616	0.4	72	27
Total	160,048,069	239,020		2,470,118	n.a.	n.a.	n.a.

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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,568,883	\$160,048,069	29,416	39.1 %	314,566	0.9	\$180	23,062	30.7 %	248,847	0.9	\$101
Female	923,475	88,020,728	15,319	36.0	160,081	0.8	159	12,995	30.5	138,656	0.8	94
Disabled	667,340	70,521,478	11,454	49.8	131,851	0.8	172	10,191	44.3	116,864	0.9	103
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	28	1,806	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,149	132,714	34	41.0	393	0.7	114	24	28.9	283	0.8	154
21-44	223,443	25,945,416	4,904	52.6	56,198	0.8	166	4,192	45.0	48,218	0.8	111
45-64	436,134	43,912,858	6,417	48.7	74,454	0.9	176	5,875	44.6	67,635	0.9	97
65-74	6,209	504,164	90	25.1	753	0.9	166	93	25.9	684	0.9	74
75-84	213	14,363	4	22.2	31	0.6	59	4	22.2	33	1.9	60
85 and older	164	10,157	5	23.8	22	0.3	29	3	14.3	11	1.0	27
Other Eligibles	256,135	17,499,250	3,865	19.8	28,230	0.7	100	2,804	14.3	21,792	0.8	50
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	71	7,110	2	28.6	14	0.6	188	2	28.6	14	0.6	163
21-44	6,119	632,564	133	25.9	1,289	0.5	89	151	29.4	1,404	0.6	72
45-64	2,845	265,585	43	23.4	398	0.5	103	56	30.4	438	0.6	73
65-74	68,682	5,386,792	833	17.5	6,590	0.8	156	865	18.1	6,937	0.8	60
75-84	85,834	5,578,504	1,236	19.7	8,786	0.7	86	920	14.7	7,084	0.8	43
85 and older	92,584	5,628,695	1,618	20.7	11,153	0.7	79	810	10.4	5,915	0.8	38
Male	645,408	72,027,341	14,097	43.2	154,485	0.9	202	10,067	30.9	110,191	0.9	110
Disabled	555,647	65,662,796	12,491	52.0	142,988	0.9	209	8,886	37.0	101,506	0.9	114
5 and younger	13	772	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	27	2,190	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,262	168,251	50	41.3	539	0.8	175	40	33.1	446	0.7	100
21-44	227,815	29,576,457	6,446	57.1	73,690	0.9	206	3,952	35.0	45,397	0.9	120
45-64	322,148	35,580,070	5,931	48.2	68,222	1.0	213	4,827	39.2	55,098	1.0	110
65-74	4,248	327,772	60	20.5	501	0.9	132	65	22.3	553	1.0	79
75-84	117	6,770	4	30.8	36	0.6	19	1	7.7	10	0.2	6
85 and older	17	514	0	0.0	0	0.0	0	1	33.3	2	1.5	62
Other Eligibles	89,761	6,364,545	1,606	18.7	11,497	0.7	112	1,181	13.8	8,685	0.8	52
5 and younger	2	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	31	1,159	1	14.3	12	0.3	23	0	0.0	0	0.0	0
21-44	1,529	164,329	38	19.4	380	0.6	168	26	13.3	187	0.6	53
45-64	1,578	189,260	19	14.1	163	0.7	117	26	19.3	228	0.6	77
65-74	35,718	2,840,954	544	16.2	4,222	0.8	152	518	15.5	4,040	0.8	65
75-84	32,211	2,057,580	614	21.1	4,305	0.7	84	404	13.9	2,951	0.8	40
85 and older	18,692	1,111,232	390	19.7	2,415	0.7	82	207	10.5	1,279	0.8	35
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	45,343	60.3 %	465,536	0.7	\$43	25,868	34.4 %	259,365	0.6	\$55	16,361	21.8 %	167,821	0.7	\$54
Female	29,145	68.5	295,643	0.7	43	16,364	38.5	161,581	0.6	55	9,270	21.8	93,437	0.7	54
Disabled	19,597	85.2	223,645	0.7	47	9,429	41.0	107,919	0.6	57	5,332	23.2	60,999	0.7	55
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	42.9	36	0.8	50	0	0.0	0	0.0	0
15-20	50	60.2	560	0.5	51	23	27.7	262	0.5	42	1	1.2	11	0.2	11
21-44	7,703	82.7	88,041	0.6	47	3,079	33.0	35,379	0.5	52	977	10.5	11,323	0.6	50
45-64	11,635	88.3	133,321	0.7	47	6,172	46.8	71,005	0.6	60	4,220	32.0	48,616	0.7	56
65-74	196	54.6	1,651	0.7	38	141	39.3	1,155	0.6	50	130	36.2	1,029	0.7	55
75-84	4	22.2	35	0.7	17	2	11.1	13	0.7	68	2	11.1	4	1.0	69
85 and older	9	42.9	37	0.8	42	9	42.9	69	0.7	54	2	9.5	16	0.3	12
Other Eligibles	9,548	48.8	71,998	0.7	31	6,935	35.5	53,662	0.7	51	3,938	20.1	32,438	0.7	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	85.7	38	0.4	10	3	42.9	30	0.4	43	1	14.3	12	0.8	15
21-44	363	70.6	3,320	0.5	38	113	22.0	1,064	0.4	41	29	5.6	271	0.5	41
45-64	140	76.1	1,253	0.6	40	53	28.8	502	0.5	52	34	18.5	302	0.6	52
65-74	2,156	45.2	17,824	0.7	33	1,623	34.0	13,311	0.6	53	1,492	31.3	12,244	0.6	51
75-84	2,940	46.9	21,873	0.7	30	2,166	34.5	17,246	0.7	52	1,588	25.3	13,374	0.7	53
85 and older	3,943	50.5	27,690	0.8	30	2,977	38.1	21,509	0.7	49	794	10.2	6,235	0.7	54
Male	16,198	49.7	169,893	0.7	43	9,504	29.1	97,784	0.6	56	7,091	21.7	74,384	0.7	54
Disabled	13,039	54.3	147,871	0.7	45	7,016	29.2	79,633	0.6	57	5,318	22.1	60,602	0.7	54
5 and younger	0	0.0	0	0.0	0	3	100.0	36	0.2	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	50.0	24	0.6	43	0	0.0	0	0.0	0
15-20	46	38.0	491	0.6	40	18	14.9	200	0.4	22	3	2.5	32	0.2	4
21-44	6,003	53.2	68,248	0.7	47	2,783	24.6	31,826	0.6	54	1,600	14.2	18,456	0.7	51
45-64	6,880	55.9	78,160	0.7	43	4,118	33.5	46,791	0.7	59	3,619	29.4	41,303	0.7	56
65-74	105	36.0	948	0.7	40	90	30.8	749	0.6	45	89	30.5	757	0.7	66
75-84	3	23.1	20	0.6	22	1	7.7	5	0.6	7	7	53.8	54	0.5	22
85 and older	2	66.7	4	1.5	22	1	33.3	2	2.5	87	0	0.0	0	0.0	0
Other Eligibles	3,159	36.8	22,022	0.7	31	2,488	29.0	18,151	0.7	50	1,773	20.7	13,782	0.6	51
5 and younger	0	0.0	0	0.0	0	1	50.0	5	0.2	4	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	14.3	12	1.1	47	3	42.9	27	0.3	8	0	0.0	0	0.0	0
21-44	85	43.4	720	0.5	39	35	17.9	321	0.5	48	22	11.2	151	0.6	47
45-64	53	39.3	443	0.6	26	33	24.4	260	0.6	63	40	29.6	359	0.6	45
65-74	1,026	30.6	7,814	0.7	32	871	26.0	6,818	0.6	53	875	26.1	7,119	0.6	53
75-84	1,152	39.7	7,897	0.7	32	858	29.5	6,338	0.6	46	622	21.4	4,689	0.7	49
85 and older	842	42.5	5,136	0.7	29	687	34.7	4,382	0.7	50	214	10.8	1,464	0.7	49
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	35,448	47.2 %	368,509	0.4	\$24	17,480	23.3 %	169,944	0.7	\$45	20,967	27.9 %	214,874	0.5	\$32
Female	23,227	54.6	239,551	0.4	23	10,573	24.9	101,764	0.7	44	13,781	32.4	142,302	0.4	32
Disabled	15,078	65.6	172,247	0.4	22	5,416	23.6	61,661	0.7	50	8,923	38.8	101,886	0.4	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	14.3	12	0.1	2
15-20	43	51.8	494	0.2	3	5	6.0	42	0.3	9	20	24.1	217	0.1	10
21-44	5,836	62.6	66,574	0.3	16	1,240	13.3	14,345	0.7	48	2,994	32.1	34,345	0.4	25
45-64	9,037	68.6	103,829	0.5	26	4,052	30.7	46,313	0.8	51	5,790	43.9	66,313	0.4	33
65-74	150	41.8	1,272	0.5	21	111	30.9	916	0.7	40	109	30.4	917	0.5	39
75-84	6	33.3	45	0.7	61	5	27.8	21	0.6	38	3	16.7	32	0.5	78
85 and older	6	28.6	33	1.1	43	3	14.3	24	0.8	55	6	28.6	50	0.1	10
Other Eligibles	8,149	41.7	67,304	0.5	26	5,157	26.4	40,103	0.7	36	4,858	24.8	40,416	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	28.6	21	0.2	2	0	0.0	0	0.0	0	2	28.6	13	0.2	9
21-44	332	64.6	3,193	0.4	33	50	9.7	503	0.7	51	108	21.0	1,036	0.2	14
45-64	137	74.5	1,329	0.5	38	41	22.3	289	0.6	44	70	38.0	652	0.3	29
65-74	1,876	39.3	16,932	0.5	27	1,724	36.1	13,867	0.7	40	1,471	30.8	12,997	0.5	37
75-84	2,424	38.7	20,347	0.5	21	1,938	30.9	15,372	0.8	35	1,673	26.7	13,836	0.5	37
85 and older	3,378	43.3	25,482	0.6	27	1,404	18.0	10,072	0.8	30	1,534	19.7	11,882	0.6	35
Male	12,221	37.5	128,958	0.4	26	6,907	21.2	68,180	0.7	45	7,186	22.0	72,572	0.5	32
Disabled	9,829	40.9	110,035	0.4	26	4,525	18.8	50,447	0.7	49	4,960	20.6	55,813	0.4	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	100.0	36	0.2	20
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.3	3
15-20	34	28.1	379	0.1	1	5	4.1	36	0.6	50	11	9.1	126	0.2	18
21-44	4,061	36.0	45,611	0.3	21	1,217	10.8	13,595	0.7	47	1,731	15.3	19,772	0.4	25
45-64	5,639	45.8	63,258	0.4	30	3,205	26.0	36,081	0.7	50	3,120	25.4	35,093	0.5	34
65-74	93	31.8	778	0.6	22	94	32.2	703	0.8	43	89	30.5	721	0.6	49
75-84	2	15.4	9	0.3	2	4	30.8	32	0.7	88	5	38.5	53	0.1	12
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	2,392	27.9	18,923	0.5	26	2,382	27.8	17,733	0.7	34	2,226	26.0	16,759	0.6	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	0.5	6
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	14.3	12	0.1	1	0	0.0	0	0.0	0	1	14.3	12	0.3	8
21-44	89	45.4	843	0.4	32	21	10.7	160	0.9	49	30	15.3	237	0.2	12
45-64	58	43.0	518	0.7	172	38	28.1	319	0.7	49	23	17.0	242	0.2	11
65-74	857	25.6	7,254	0.5	23	1,069	31.9	8,357	0.7	39	853	25.5	6,895	0.5	39
75-84	821	28.3	6,422	0.5	24	809	27.8	5,890	0.7	29	816	28.1	6,157	0.6	38
85 and older	566	28.6	3,874	0.5	17	445	22.5	3,007	0.8	29	502	25.4	3,214	0.6	33
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month		
All	6,611	8.8 %	64,040	0.4	\$98	18,464	24.6 %	196,616	0.4	\$27	75,146	700,355
Female	4,232	9.9	40,213	0.5	109	12,014	28.2	127,015	0.4	31	42,539	384,157
Disabled	2,178	9.5	25,083	0.4	125	8,369	36.4	96,422	0.4	29	22,989	254,827
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	1.2	12	0.1	7	25	30.1	287	0.2	4	83	887
15-20	750	8.0	8,624	0.3	139	3,113	33.4	35,988	0.3	24	9,318	104,087
21-44	1,402	10.6	16,269	0.4	119	5,125	38.9	59,219	0.4	32	13,183	146,819
45-64	20	5.6	140	0.5	75	101	28.1	882	0.5	46	359	2,711
65-74	3	16.7	34	0.7	68	4	22.2	34	0.2	13	18	135
75-84	2	9.5	4	0.8	85	1	4.8	12	0.1	18	21	114
85 and older	2,054	10.5	15,130	0.6	82	3,645	18.6	30,593	0.5	35	19,550	129,330
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	1	14.3	12	0.1	5	3	42.9	33	0.2	5	7	49
15-20	41	8.0	415	0.3	145	133	25.9	1,293	0.3	24	514	3,745
21-44	14	7.6	138	0.1	18	63	34.2	590	0.4	28	184	1,287
45-64	291	6.1	2,334	0.5	79	1,054	22.1	9,087	0.4	38	4,771	32,214
65-74	767	12.2	5,528	0.7	77	1,108	17.7	9,433	0.5	37	6,270	42,549
75-84	940	12.0	6,703	0.7	84	1,284	16.5	10,157	0.5	33	7,804	49,486
85 and older												
Male	2,379	7.3	23,827	0.4	78	6,450	19.8	69,601	0.3	21	32,607	316,198
Disabled	1,614	6.7	18,467	0.3	80	5,362	22.3	61,026	0.3	20	24,034	262,152
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	1	25.0	12	0.8	95	4	43
15-20	1	0.8	9	0.3	47	15	12.4	166	0.1	4	121	1,274
21-44	695	6.2	7,984	0.3	72	2,303	20.4	26,167	0.3	15	11,293	124,170
45-64	907	7.4	10,356	0.4	86	2,987	24.3	34,197	0.4	23	12,305	134,282
65-74	9	3.1	96	0.3	48	53	18.2	473	0.4	20	292	2,241
75-84	2	15.4	22	0.5	30	2	15.4	9	0.6	27	13	89
85 and older	0	0.0	0	0.0	0	1	33.3	2	1.5	65	3	17
Other Eligibles	765	8.9	5,360	0.6	73	1,088	12.7	8,575	0.5	27	8,573	54,046
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	7
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	45
21-44	11	5.6	111	0.1	8	26	13.3	224	0.3	9	196	1,310
45-64	2	1.5	24	0.1	4	19	14.1	172	0.4	8	135	880
65-74	191	5.7	1,438	0.5	68	421	12.6	3,511	0.4	28	3,349	21,802
75-84	335	11.5	2,387	0.7	71	355	12.2	2,946	0.5	27	2,905	18,607
85 and older	226	11.4	1,400	0.8	87	267	13.5	1,722	0.5	29	1,979	11,395
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$376	7.2	6,138	38,712
Age				
0-64	630	8.5	890	9,894
65-74	442	7.9	581	3,343
75-84	311	7.2	1,551	8,280
85 and older	247	6.3	3,116	17,195
Unknown	0	0.0	0	0
Gender				
Female	349	7.1	4,339	26,585
Male	435	7.2	1,799	12,127
Unknown	0	0.0	0	0
Race				
White	374	7.2	5,651	35,349
African American	479	7.6	125	888
Other/unknown	367	6.4	362	2,475
Basis of Eligibility^c				
Aged	287	6.7	5,185	28,423
Disabled	621	8.5	952	10,288
Adults	0	0.0	1	1
Children	0	0.0	0	0
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$16	\$2	\$6	\$54	\$103	\$59	\$23	10,025	\$541,937	2,956	48.2 %	23,834
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	26	23	15	28	190	4,966	176	2.9	1,615
Antineoplastic Agents	0.7	0.1	0.0	0.6	64	34	1	29	87	278	128	48	769	67,287	160	2.6	1,053
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.6	49	36	4	9	37	71	18	15	25,023	933,350	2,776	45.2	19,034
Cardiovascular Agents	2.2	0.5	0.0	1.7	50	30	1	19	23	64	25	11	63,330	1,456,094	4,476	72.9	28,958
Respiratory Agents	1.0	0.6	0.0	0.5	58	49	0	9	56	83	59	21	11,382	638,158	1,431	23.3	10,938
Gastrointestinal Agents	1.0	0.5	0.1	0.5	65	55	2	9	64	114	33	19	19,133	1,233,274	2,647	43.1	18,862
Genitourinary Agents	0.7	0.4	0.0	0.3	42	33	3	6	58	79	67	23	5,781	337,320	1,068	17.4	8,017
CNS Drugs	1.8	0.8	0.1	0.9	155	124	8	24	86	152	63	28	52,931	4,565,660	4,293	69.9	29,363
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.9	0.1	0.0	0.7	29	17	0	12	34	133	51	16	543	18,325	73	1.2	633
Analgesics and Anesthetics	0.9	0.9	0.0	0.0	165	165	0	0	175	176	0	57	4,668	818,816	761	12.4	4,961
Neuromuscular Agents	1.1	0.5	0.0	0.7	59	49	0	9	51	108	17	13	22,293	1,145,356	2,780	45.3	19,560
Nutritional Products	1.5	0.4	0.2	0.8	98	45	23	31	67	117	94	36	21,176	1,413,419	1,828	29.8	14,386
Hematological Agents	0.9	0.0	0.1	0.8	15	0	2	13	17	17	16	17	10,175	172,111	1,630	26.6	11,277
Topical Products	1.3	0.3	0.1	0.9	57	47	2	8	45	172	23	9	13,734	618,738	1,613	26.3	10,835
Miscellaneous Products	0.6	0.2	0.0	0.4	22	13	2	7	34	61	41	17	14,082	472,611	2,690	43.8	21,855
Unknown Therapeutic Category	0.6	0.1	0.0	0.4	58	36	6	17	104	327	218	41	656	68,307	139	2.3	1,169
TOTAL NO. OF RX AND RX \$	0.5	0.0	0.0	0.0	11	0	0	0	22	0	0	0	1,455	31,472	352	5.7	2,830
	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	277,346	14,537,201	n.a.	n.a.	n.a.

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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.medspan.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	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	\$3,233,563	2,521	41.1 %	19,829	1.0	\$164	\$163
ANTIDEPRESSANTS	1,205,409	4,155	67.7	29,412	0.9	46	41
ULCER DRUGS	1,010,804	2,566	41.8	18,422	0.8	66	55
ANTICONVULSANT	1,006,959	1,617	26.3	13,126	1.1	73	77
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	822,268	871	14.2	5,900	0.8	173	139
ANALGESICS - Narcotic	733,021	2,659	43.3	19,325	0.8	48	38
ANTIDIABETIC	544,502	1,789	29.1	13,103	1.0	42	42
ANTIASTHMATIC	535,495	1,761	28.7	13,553	0.7	58	40
ANTIHYPERTENSIVE	493,832	1,006	16.4	7,680	0.9	75	64
MISC. ENDOCRINE	341,716	876	14.3	6,087	0.8	73	56
Total	9,927,569	19,821		146,437	n.a.	n.a.	n.a.

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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 2004 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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of 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	128,562	\$9,927,569	2,521	41.1 %	19,829	1.0	\$163	4,155	67.7 %	29,412	0.9	\$41
Female	85,127	6,221,115	1,584	36.5	11,858	1.0	149	2,951	68.0	20,533	0.9	40
Disabled	23,287	2,321,874	355	77.3	4,099	1.2	224	410	89.3	4,575	0.9	49
64 or younge ^r	22,255	2,258,373	342	81.2	4,003	1.2	226	376	89.3	4,336	0.9	50
65-74	932	59,666	12	36.4	95	0.9	131	29	87.9	219	0.9	46
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	100	3,835	1	20.0	1	2.0	148	5	100.0	20	0.7	10
Other Eligibles	61,840	3,899,241	1,229	31.7	7,759	0.8	109	2,541	65.5	15,958	0.9	37
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,264	563,303	147	49.7	933	1.0	194	237	80.1	1,482	0.9	38
75-84	18,919	1,143,240	408	38.9	2,472	0.9	100	770	73.5	4,523	0.9	38
85 and older	35,657	2,192,698	674	26.6	4,354	0.8	95	1,534	60.5	9,953	0.9	37
Male	43,435	3,706,454	937	52.1	7,971	1.1	185	1,204	66.9	8,879	0.9	44
Disabled	23,577	2,434,310	431	87.4	4,723	1.2	239	378	76.7	4,111	0.9	50
64 or younge ^r	23,021	2,396,553	415	88.7	4,604	1.2	243	361	77.1	3,994	0.9	50
65-74	510	34,682	13	59.1	93	0.9	92	15	68.2	113	0.9	52
75-84	32	2,690	3	150.0	26	0.5	11	0	0.0	0	0.0	0
85 and older	14	385	0	0.0	0	0.0	0	2	200.0	4	1.5	22
Other Eligibles	19,858	1,272,144	506	38.7	3,248	0.8	107	826	63.2	4,768	0.9	38
64 or younge ^r	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4,653	358,565	118	51.3	767	1.0	163	167	72.6	1,006	0.9	41
75-84	8,357	506,251	209	41.7	1,355	0.8	93	335	66.9	1,940	0.9	37
85 and older	6,848	407,328	179	31.2	1,126	0.7	84	324	56.4	1,822	0.9	37
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	2,566	41.8 %	18,422	0.8	\$55	1,617	26.3 %	13,126	1.1	\$77	871	14.2 %	5,900	0.8	\$139
Female	1,789	41.2	12,458	0.8	53	990	22.8	7,699	1.0	72	632	14.6	4,243	0.8	140
Disabled	228	49.7	2,510	0.9	61	320	69.7	3,478	1.1	96	65	14.2	727	0.7	349
64 or younger	205	48.7	2,359	0.9	62	300	71.3	3,398	1.1	97	63	15.0	725	0.7	350
65-74	20	60.6	138	0.9	56	17	51.5	69	1.3	83	2	6.1	2	1.0	134
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	3	60.0	13	1.0	31	3	60.0	11	1.0	27	0	0.0	0	0.0	0
Other Eligibles	1,561	40.2	9,948	0.8	51	670	17.3	4,221	1.0	52	567	14.6	3,516	0.8	97
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	132	44.6	833	0.8	51	131	44.3	824	1.1	67	29	9.8	166	0.9	172
75-84	416	39.7	2,526	0.9	55	221	21.1	1,299	1.0	49	209	19.9	1,319	0.8	88
85 and older	1,013	39.9	6,589	0.8	50	318	12.5	2,098	0.9	48	329	13.0	2,031	0.9	96
Male	777	43.2	5,964	0.8	58	627	34.9	5,427	1.1	84	239	13.3	1,657	0.7	138
Disabled	244	49.5	2,694	0.8	63	334	67.7	3,660	1.1	100	47	9.5	520	0.6	243
64 or younger	234	50.0	2,647	0.8	63	322	68.8	3,564	1.1	101	45	9.6	498	0.6	253
65-74	9	40.9	45	0.8	90	11	50.0	94	1.0	54	1	4.5	10	1.0	46
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	18
85 and older	1	100.0	2	2.5	87	1	100.0	2	1.5	62	0	0.0	0	0.0	0
Other Eligibles	533	40.8	3,270	0.8	54	293	22.4	1,767	1.0	50	192	14.7	1,137	0.8	89
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	105	45.7	663	0.9	56	102	44.3	639	1.2	68	36	15.7	245	0.7	93
75-84	189	37.7	1,221	0.8	50	104	20.8	683	0.9	42	85	17.0	491	0.8	80
85 and older	239	41.6	1,386	0.9	56	87	15.2	445	0.8	37	71	12.4	401	0.9	99
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					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	2,659	43.3 %	19,325	0.8	\$38	1,789	29.1 %	13,103	1.0	\$42	1,761	28.7 %	13,553	0.7	\$40
Female	1,971	45.4	13,956	0.8	41	1,163	26.8	8,102	1.0	41	1,162	26.8	9,012	0.7	40
Disabled	223	48.6	2,369	0.8	33	149	32.5	1,674	1.1	56	215	46.8	2,378	0.7	45
64 or younger	201	47.7	2,234	0.8	31	136	32.3	1,558	1.1	55	206	48.9	2,313	0.7	45
65-74	17	51.5	114	1.5	49	11	33.3	104	1.2	66	7	21.2	57	0.9	64
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	5	100.0	21	1.6	64	2	40.0	12	0.6	12	2	40.0	8	0.3	14
Other Eligibles	1,748	45.1	11,587	0.8	42	1,014	26.1	6,428	1.0	38	947	24.4	6,634	0.7	38
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	142	48.0	966	1.1	85	145	49.0	936	1.1	46	96	32.4	701	0.7	39
75-84	421	40.2	2,681	0.9	38	375	35.8	2,381	1.0	43	297	28.3	1,918	0.8	41
85 and older	1,185	46.7	7,940	0.8	38	494	19.5	3,111	0.9	31	554	21.8	4,015	0.7	37
Male	688	38.2	5,369	0.7	31	626	34.8	5,001	1.0	42	599	33.3	4,541	0.7	38
Disabled	235	47.7	2,540	0.7	29	218	44.2	2,367	1.0	52	197	40.0	2,115	0.6	37
64 or younger	224	47.9	2,453	0.7	29	203	43.4	2,290	1.0	51	184	39.3	2,053	0.6	37
65-74	11	50.0	87	0.4	26	14	63.6	65	1.0	43	13	59.1	62	0.5	24
75-84	0	0.0	0	0.0	0	1	50.0	12	1.0	170	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	453	34.7	2,829	0.7	34	408	31.2	2,634	1.0	34	402	30.8	2,426	0.7	40
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	70	30.4	481	0.7	34	94	40.9	633	0.8	36	77	33.5	439	0.8	47
75-84	184	36.7	1,107	0.8	50	180	35.9	1,124	1.0	31	164	32.7	1,000	0.7	42
85 and older	199	34.7	1,241	0.6	19	134	23.3	877	1.0	35	161	28.0	987	0.6	35
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC. ENDOCRINE					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
All	1,006	16.4 %	7,680	0.9	\$64	876	14.3 %	6,087	0.8	\$56	6,138	38,712
Female	612	14.1	4,389	0.9	64	777	17.9	5,348	0.8	54	4,339	26,585
Disabled	153	33.3	1,696	0.9	65	83	18.1	905	0.8	54	459	5,001
64 or younger	142	33.7	1,637	0.9	64	73	17.3	844	0.8	54	421	4,772
65-74	10	30.3	55	1.1	95	7	21.2	45	0.7	50	33	211
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	1	20.0	4	0.5	4	3	60.0	16	1.1	73	5	18
Other Eligibles	459	11.8	2,693	0.9	63	694	17.9	4,443	0.8	55	3,880	21,584
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	89	30.1	515	0.9	58	48	16.2	351	0.7	48	296	1,682
75-84	188	17.9	1,092	0.9	60	190	18.1	1,109	0.8	54	1,048	5,594
85 and older	182	7.2	1,086	0.9	68	456	18.0	2,983	0.8	56	2,536	14,308
Male	394	21.9	3,291	0.8	65	99	5.5	739	0.8	69	1,799	12,127
Disabled	186	37.7	2,088	0.8	64	37	7.5	398	0.8	84	493	5,287
64 or younger	179	38.2	2,041	0.8	64	33	7.1	369	0.8	87	468	5,121
65-74	6	27.3	40	0.8	66	4	18.2	29	0.8	54	22	145
75-84	1	50.0	7	1.0	20	0	0.0	0	0.0	0	2	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
Other Eligibles	208	15.9	1,203	0.9	68	62	4.7	341	0.8	51	1,306	6,840
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	51	22.2	323	0.9	79	9	3.9	50	1.0	65	230	1,305
75-84	106	21.2	631	0.9	65	23	4.6	133	0.7	51	501	2,667
85 and older	51	8.9	249	0.7	61	30	5.2	158	0.8	46	574	2,867
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 2004 file for Minnesota, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 7,918 beneficiaries who were in nursing facilities for part of their enrollment and their 56,233 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	45,194	60.1 %	7.5	561,950	\$89	\$6,695,665	\$12	3.0 %	75,146
Age									
5 and younger	5	100.0	6.6	33	218	1,091	33	9.1	5
6-14	6	54.5	9.4	103	194	2,137	21	4.1	11
15-20	96	44.0	2.4	532	37	7,973	15	1.5	218
21-44	11,150	52.3	5.7	121,364	86	1,841,597	15	2.4	21,321
45-64	16,871	65.4	9.7	251,417	115	2,955,742	12	2.7	25,807
65-74	4,262	48.6	4.9	42,912	62	544,021	13	3.9	8,771
75-84	5,529	60.1	6.5	60,132	64	591,535	10	4.7	9,206
85 and older	7,275	74.2	8.7	85,457	77	751,569	9	6.3	9,807
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	16,646	61.5	6.8	183,891	68	1,834,425	10	5.0	27,059
Disabled	28,116	59.8	8.0	375,592	102	4,805,332	13	2.6	47,023
Adults	423	40.4	2.3	2,418	53	55,550	23	2.9	1,046
Children	9	50.0	2.7	49	20	358	7	2.3	18
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	27,881	65.5	8.4	359,207	96	4,087,189	11	3.3	42,539
Male	17,313	53.1	6.2	202,743	80	2,608,476	13	2.7	32,607
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	39,084	61.6	7.9	503,796	92	5,805,916	12	2.9	63,400
African American	2,803	51.5	4.8	26,297	49	267,362	10	2.3	5,442
Other/unknown	3,307	52.5	5.1	31,857	99	622,387	20	4.5	6,304
Use of Nursing Facilities^d									
Entire year	5,407	88.1	13.6	83,645	126	775,864	9	5.3	6,138
Part year	6,562	82.9	10.5	82,970	104	826,302	10	4.4	7,918
None	33,225	54.4	6.5	395,335	83	5,093,499	13	2.7	61,090
Maintenance Assistance Status									
Cash	15,572	58.5	7.3	193,164	90	2,396,688	12	2.6	26,627
Medically needy	9,536	61.8	8.1	124,792	98	1,505,961	12	4.6	15,426
Poverty related	5,613	55.9	6.9	69,223	76	762,289	11	3.6	10,049
Other/unknown	14,473	62.8	7.6	174,771	88	2,030,727	12	2.6	23,044

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 MINNESOTA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.8	\$10	\$12	\$0	\$2	700,355
Age						
5 and younger	0.8	25	33	0	0	43
6-14	0.9	18	21	0	0	117
15-20	0.2	4	15	0	1	2,255
21-44	0.5	8	15	0	2	233,312
45-64	0.9	10	12	0	2	283,268
65-74	0.7	9	13	0	1	58,968
75-84	1.0	10	10	0	1	61,380
85 and older	1.4	12	9	0	1	61,012
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.0	10	10	0	1	175,939
Disabled	0.7	9	13	0	2	516,979
Adults	0.3	8	23	0	3	7,328
Children	0.4	3	7	0	0	109
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.9	11	11	0	2	384,157
Male	0.6	8	13	0	2	316,198
Unknown	0.0	0	0	0	0	0
Race						
White	0.8	10	12	0	2	597,721
African American	0.5	5	10	0	1	50,623
Other/unknown	0.6	12	20	0	3	52,011
Use of Nursing Facilities^d						
Entire year	2.2	20	9	0	2	38,712
Part year	1.5	15	10	0	2	56,233
None	0.7	8	13	0	2	605,410
Maintenance Assistance Status						
Cash	0.7	9	12	0	2	271,002
Medically needy	1.0	12	12	0	2	124,171
Poverty related	0.9	10	11	0	2	79,823
Other/unknown	0.8	9	12	0	2	225,359

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 MINNESOTA, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	66,886	\$100	\$6,695,665	100.0 %	561,950	\$12	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	118	235	0.0	5	47	0.0
Drugs for cosmetic purposes	94	19	1,779	0.0	192	9	0.0
Cough and cold medications	2,288	91	208,947	3.1	5,518	38	1.0
Vitamins and minerals	9,126	112	1,022,101	15.3	53,187	19	9.5
Non-prescription drugs	38,197	93	3,543,077	52.9	392,945	9	69.9
Barbiturates	628	98	61,433	0.9	6,874	9	1.2
Benzodiazepines	15,305	89	1,358,483	20.3	98,408	14	17.5
Other Part D Excl Rx Drugs	1,246	401	499,610	7.5	4,821	104	0.9

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MINNESOTA, 2004

Total Number of Dual Eligible Beneficiaries	75,146
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$222,979,929
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,967

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	10,549	14.0 %	\$0	0.0 %
1-500	17,548	23.4	3,473,046	1.6
501-1,000	7,980	10.6	5,831,868	2.6
1,001-1,500	5,469	7.3	6,769,628	3.0
1,501-2,000	4,149	5.5	7,212,923	3.2
2,001-2,500	3,301	4.4	7,417,240	3.3
2,501-3,000	2,853	3.8	7,827,017	3.5
3,001-3,500	2,542	3.4	8,246,569	3.7
3,501-4,000	2,157	2.9	8,083,186	3.6
4,001-4,500	1,881	2.5	7,981,478	3.6
4,501-5,000	1,787	2.4	8,471,695	3.8
5,001-5,500	1,471	2.0	7,718,965	3.5
5,501-6,000	1,371	1.8	7,875,493	3.5
6,001-6,500	1,162	1.5	7,248,748	3.3
6,501-7,000	1,026	1.4	6,919,696	3.1
7,001-7,500	946	1.3	6,861,256	3.1
7,501-8,000	852	1.1	6,599,528	3.0
8,001-8,500	836	1.1	6,888,259	3.1
8,501-9,000	655	0.9	5,725,432	2.6
9,001-9,500	582	0.8	5,383,798	2.4
9,501-10,000	582	0.8	5,674,012	2.5
10,001+	5,447	7.2	84,770,092	38.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 MINNESOTA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	46,317
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$182,814,118
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,947

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,893	10.6 %	0	0.0 %
1-500	8,369	18.1	1,580,134	0.9
501-1,000	4,103	8.9	3,027,760	1.7
1,001-1,500	3,206	6.9	3,983,994	2.2
1,501-2,000	2,600	5.6	4,527,018	2.5
2,001-2,500	2,164	4.7	4,864,867	2.7
2,501-3,000	1,949	4.2	5,346,649	2.9
3,001-3,500	1,785	3.9	5,793,633	3.2
3,501-4,000	1,552	3.4	5,808,508	3.2
4,001-4,500	1,368	3.0	5,801,103	3.2
4,501-5,000	1,372	3.0	6,506,668	3.6
5,001-5,500	1,153	2.5	6,050,987	3.3
5,501-6,000	1,081	2.3	6,211,549	3.4
6,001-6,500	924	2.0	5,765,965	3.2
6,501-7,000	832	1.8	5,609,812	3.1
7,001-7,500	797	1.7	5,781,972	3.2
7,501-8,000	726	1.6	5,623,405	3.1
8,001-8,500	718	1.6	5,915,922	3.2
8,501-9,000	584	1.3	5,106,409	2.8
9,001-9,500	536	1.2	4,959,134	2.7
9,501-10,000	519	1.1	5,059,629	2.8
10,001+	5,086	11.0	79,489,000	43.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

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

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MINNESOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	27,784
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$38,283,260
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,378

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,420	19.5 %	0	0.0 %
1-500	8,843	31.8	1,833,219	4.8
501-1,000	3,746	13.5	2,708,653	7.1
1,001-1,500	2,204	7.9	2,712,737	7.1
1,501-2,000	1,505	5.4	2,610,752	6.8
2,001-2,500	1,111	4.0	2,495,803	6.5
2,501-3,000	878	3.2	2,408,926	6.3
3,001-3,500	726	2.6	2,351,324	6.1
3,501-4,000	589	2.1	2,214,942	5.8
4,001-4,500	496	1.8	2,108,232	5.5
4,501-5,000	405	1.5	1,917,017	5.0
5,001-5,500	301	1.1	1,577,957	4.1
5,501-6,000	277	1.0	1,590,021	4.2
6,001-6,500	230	0.8	1,431,859	3.7
6,501-7,000	189	0.7	1,276,004	3.3
7,001-7,500	145	0.5	1,049,890	2.7
7,501-8,000	122	0.4	945,312	2.5
8,001-8,500	113	0.4	930,804	2.4
8,501-9,000	66	0.2	575,777	1.5
9,001-9,500	42	0.2	387,372	1.0
9,501-10,000	59	0.2	575,036	1.5
10,001+	317	1.1	4,581,623	12.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 MINNESOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	8,771
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$13,847,972
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,579

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,370	27.0 %	0	0.0 %
1-500	2,451	27.9	479,357	3.5
501-1,000	920	10.5	662,847	4.8
1,001-1,500	561	6.4	691,765	5.0
1,501-2,000	409	4.7	708,332	5.1
2,001-2,500	303	3.5	684,943	4.9
2,501-3,000	237	2.7	651,247	4.7
3,001-3,500	227	2.6	734,965	5.3
3,501-4,000	190	2.2	713,233	5.2
4,001-4,500	149	1.7	633,733	4.6
4,501-5,000	132	1.5	627,205	4.5
5,001-5,500	106	1.2	556,333	4.0
5,501-6,000	94	1.1	537,427	3.9
6,001-6,500	85	1.0	529,886	3.8
6,501-7,000	75	0.9	506,287	3.7
7,001-7,500	58	0.7	418,442	3.0
7,501-8,000	51	0.6	394,816	2.9
8,001-8,500	53	0.6	436,597	3.2
8,501-9,000	34	0.4	297,454	2.1
9,001-9,500	25	0.3	230,234	1.7
9,501-10,000	36	0.4	350,147	2.5
10,001+	205	2.3	3,002,722	21.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MINNESOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	9,206
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$12,573,010
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$1,366

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,880	20.4 %	0	0.0 %
1-500	2,793	30.3	590,127	4.7
501-1,000	1,207	13.1	870,904	6.9
1,001-1,500	725	7.9	892,110	7.1
1,501-2,000	501	5.4	868,613	6.9
2,001-2,500	393	4.3	881,560	7.0
2,501-3,000	305	3.3	834,730	6.6
3,001-3,500	248	2.7	804,807	6.4
3,501-4,000	212	2.3	797,364	6.3
4,001-4,500	183	2.0	776,307	6.2
4,501-5,000	151	1.6	712,678	5.7
5,001-5,500	108	1.2	566,619	4.5
5,501-6,000	108	1.2	620,786	4.9
6,001-6,500	84	0.9	522,028	4.2
6,501-7,000	71	0.8	479,894	3.8
7,001-7,500	46	0.5	333,018	2.6
7,501-8,000	35	0.4	271,281	2.2
8,001-8,500	33	0.4	271,792	2.2
8,501-9,000	20	0.2	173,890	1.4
9,001-9,500	10	0.1	92,489	0.7
9,501-10,000	18	0.2	176,042	1.4
10,001+	75	0.8	1,035,971	8.2

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MINNESOTA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	9,807
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$11,862,278
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,210

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,170	11.9 %	0	0.0 %
1-500	3,599	36.7	763,735	6.4
501-1,000	1,619	16.5	1,174,902	9.9
1,001-1,500	918	9.4	1,128,862	9.5
1,501-2,000	595	6.1	1,033,807	8.7
2,001-2,500	415	4.2	929,300	7.8
2,501-3,000	336	3.4	922,949	7.8
3,001-3,500	251	2.6	811,552	6.8
3,501-4,000	187	1.9	704,345	5.9
4,001-4,500	164	1.7	698,192	5.9
4,501-5,000	122	1.2	577,134	4.9
5,001-5,500	87	0.9	455,005	3.8
5,501-6,000	75	0.8	431,808	3.6
6,001-6,500	61	0.6	379,945	3.2
6,501-7,000	43	0.4	289,823	2.4
7,001-7,500	41	0.4	298,430	2.5
7,501-8,000	36	0.4	279,215	2.4
8,001-8,500	27	0.3	222,415	1.9
8,501-9,000	12	0.1	104,433	0.9
9,001-9,500	7	0.1	64,649	0.5
9,501-10,000	5	0.1	48,847	0.4
10,001+	37	0.4	542,930	4.6

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	110,343	61,117	47,636	1,556	34	0	1,174,666	629,830	529,579	14,943	314	0
Age												
5 and younger	6	0	3	0	3	0	65	0	36	0	29	0
6-14	11	0	11	0	0	0	117	0	117	0	0	0
15-20	231	0	205	2	24	0	2,534	0	2,267	24	243	0
21-44	21,714	0	20,713	994	7	0	241,423	0	231,536	9,845	42	0
45-64	26,135	1	25,636	498	0	0	289,085	5	284,470	4,610	0	0
65-74	18,708	17,669	978	61	0	0	200,892	190,156	10,276	460	0	0
75-84	20,807	20,751	55	1	0	0	217,830	217,234	592	4	0	0
85 and older	22,731	22,696	35	0	0	0	222,720	222,435	285	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	68,387	44,021	23,342	1,013	11	0	730,317	457,991	262,169	10,047	110	0
Male	41,956	17,096	24,294	543	23	0	444,349	171,839	267,410	4,896	204	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	93,095	52,161	39,826	1,089	19	0	990,698	533,823	446,250	10,440	185	0
African American	6,809	2,160	4,409	233	7	0	72,252	23,289	46,652	2,255	56	0
Other/unknown	10,439	6,796	3,401	234	8	0	111,716	72,718	36,677	2,248	73	0
Use of Nursing Facilities^c												
Entire year	16,119	15,107	1,011	1	0	0	162,057	150,858	11,198	1	0	0
Part year	12,678	10,893	1,771	14	0	0	125,238	105,820	19,308	110	0	0
None	81,546	35,117	44,854	1,541	34	0	887,371	373,152	499,073	14,832	314	0
Maintenance Assistance Status												
Cash	40,049	17,141	21,669	1,222	17	0	455,897	195,683	247,646	12,408	160	0
Medically needy	21,606	15,325	6,221	60	0	0	206,921	141,915	64,464	542	0	0
Poverty related	18,037	13,266	4,759	12	0	0	187,086	138,286	48,684	116	0	0
Other/unknown	30,651	15,385	14,987	262	17	0	324,762	153,946	168,785	1,877	154	0
Dual Status^d												
Full dual, all year	107,178	59,219	46,387	1,538	34	0	1,140,665	609,147	516,448	14,756	314	0
Full dual, part year	3,165	1,898	1,249	18	0	0	34,001	20,683	13,131	187	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	61,615	15,236	45,766	605	8	0	649,937	134,373	509,559	5,916	89	0
FFS part year, with Rx claims	11,059	9,690	1,059	305	5	0	116,351	101,535	11,560	3,205	51	0
FFS part year, no Rx claims	2,472	2,133	198	136	5	0	24,877	21,662	1,851	1,316	48	0
MC all year, with Rx claims	209	58	149	2	0	0	2,393	638	1,734	21	0	0
MC all year, no Rx claims	34,988	34,000	464	508	16	0	381,108	371,622	4,875	4,485	126	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	110,343	1,174,666	75,146	700,355	0	474,311
Fee-for-service (FFS) all year	61,615	649,937	61,615	649,937	0	0
FFS part year, with Rx claims	11,059	116,351	11,059	42,995	0	73,356
FFS part year, with no Rx claims	2,472	24,877	2,472	7,423	0	17,454
Managed care (MC) all year, with Rx claims	209	2,393	0	0	0	2,393
MC all year, with no Rx claims	34,988	381,108	0	0	0	381,108

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

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