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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
COLORADO**

**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  
COLORADO, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	556892 (A)	77778 (E)	479114 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	532471 (B)	65371 (F)	467100 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	486566 (C)	59043 (G)	427523 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	8771 (D)	8075 (H)	696 (L)

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 Colorado in 2005 was \$335,710,953, of which \$13,075,617 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
COLORADO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>486,566</b>	<b>39,674</b>	<b>61,212</b>	<b>85,337</b>	<b>300,136</b>	<b>207</b>	<b>3,977,971</b>	<b>402,294</b>	<b>611,402</b>	<b>612,837</b>	<b>2,349,759</b>	<b>1,679</b>
<b>Age</b>												
5 and younger	146,536	0	2,579	1	143,956	0	1,148,568	0	23,858	1	1,124,709	0
6-14	113,127	0	5,195	1	107,931	0	915,171	0	51,068	3	864,100	0
15-20	51,510	0	4,424	0	47,086	0	397,686	0	43,045	0	354,641	0
21-44	101,238	0	21,604	78,490	1,121	23	787,284	0	216,051	565,002	6,079	152
45-64	33,620	0	26,704	6,736	0	180	320,068	0	271,347	47,208	0	1,513
65-74	15,354	14,743	551	56	0	4	158,174	153,417	4,410	333	0	14
75-84	14,364	14,219	131	14	0	0	146,936	145,498	1,371	67	0	0
85 and older	10,743	10,709	24	10	0	0	103,666	103,345	252	69	0	0
Unknown	74	3	0	29	42	0	418	34	0	154	230	0
<b>Gender</b>												
Female	283,011	28,038	32,131	70,096	152,539	207	2,309,831	286,728	319,835	511,888	1,189,701	1,679
Male	203,553	11,636	29,080	15,241	147,596	0	1,668,116	115,566	291,555	100,949	1,160,046	0
Unknown	2	0	1	0	1	0	24	0	12	0	12	0
<b>Race</b>												
White	178,082	19,622	28,390	25,286	104,731	53	1,544,255	205,406	299,709	187,485	851,176	479
African American	32,260	1,066	2,998	4,496	23,700	0	264,865	11,186	29,824	34,283	189,572	0
Other/unknown	276,224	18,986	29,824	55,555	171,705	154	2,168,851	185,702	281,869	391,069	1,309,011	1,200
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	8,771	7,475	1,296	0	0	0	88,673	74,760	13,913	0	0	0
Part year	5,408	4,309	1,097	1	0	1	51,731	40,620	11,087	12	0	12
None	472,387	27,890	58,819	85,336	300,136	206	3,837,567	286,914	586,402	612,825	2,349,759	1,667
<b>Maintenance Assistance Status</b>												
Cash	263,782	26,918	50,625	57,762	128,477	0	2,206,471	280,951	505,370	410,062	1,010,088	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	145,895	279	341	13,663	131,405	207	1,066,724	2,901	3,433	83,313	975,398	1,679
Other/unknown	76,889	12,477	10,246	13,912	40,254	0	704,776	118,442	102,599	119,462	364,273	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	55,346	34,461	20,465	407	10	3	573,135	351,827	218,576	2,628	77	27
Full dual, part year	3,697	1,431	2,254	12	0	0	38,574	14,869	23,590	115	0	0
Non-dual, all year	427,523	3,782	38,493	84,918	300,126	204	3,366,262	35,598	369,236	610,094	2,349,682	1,652
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	436,478	38,198	56,719	78,301	263,053	207	3,765,416	394,552	590,303	584,874	2,194,008	1,679
FFS part year, with Rx claims	16,560	807	2,810	3,251	9,692	0	87,410	4,431	14,559	15,704	52,716	0
FFS part year, no Rx claims	33,528	669	1,683	3,785	27,391	0	125,145	3,311	6,540	12,259	103,035	0

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
COLORADO, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>47.2</b>	<b>9.8</b>	<b>\$663</b>	<b>\$68</b>	<b>\$4,630</b>	<b>14.3</b>	<b>486,566</b>
<b>Age</b>							
5 and younger	39.4	1.8	95	52	1,654	5.8	146,536
6-14	36.5	2.7	227	83	1,776	12.8	113,127
15-20	45.9	4.6	377	82	3,863	9.8	51,510
21-44	52.3	9.5	763	80	5,008	15.2	101,238
45-64	67.3	35.9	2,783	78	13,114	21.2	33,620
65-74	73.4	39.9	2,334	59	10,705	21.8	15,354
75-84	79.1	46.5	2,422	52	16,446	14.7	14,364
85 and older	82.2	45.6	2,067	45	24,386	8.5	10,743
Unknown	20.3	0.9	48	51	1,142	4.2	74
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	78.8	44.4	2,329	52	16,639	14.0	39,674
Disabled	69.4	31.3	2,771	88	14,613	19.0	61,212
Adults	47.0	4.8	228	47	2,224	10.2	85,337
Children	38.5	2.2	136	61	1,680	8.1	300,136
Unknown	82.6	21.6	1,971	91	20,266	9.7	207
<b>Gender</b>							
Female	50.1	11.1	690	62	4,693	14.7	283,011
Male	43.2	7.9	626	79	4,542	13.8	203,553
Unknown	50.0	0.5	5	10	852	0.6	2
<b>Race</b>							
White	54.0	14.2	996	70	6,431	15.5	178,082
African American	40.0	5.8	412	71	3,273	12.6	32,260
Other/unknown	43.7	7.4	478	65	3,627	13.2	276,224
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	93.2	71.6	4,013	56	44,832	9.0	8,771
Part year	91.3	64.7	3,566	55	30,984	11.5	5,408
None	45.8	8.0	568	71	3,582	15.8	472,387
<b>Maintenance Assistance Status</b>							
Cash	49.7	11.6	798	69	4,416	18.1	263,782
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	36.7	1.8	91	50	1,564	5.8	145,895
Other/unknown	58.5	18.6	1,287	69	11,180	11.5	76,889

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 COLORADO, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	<b>1.2</b>	<b>\$81</b>	<b>14.3</b>	<b>52.8</b>	<b>31.5</b>	<b>4.3</b>	<b>5.9</b>	<b>4.0</b>	<b>1.5</b>	<b>\$566</b>	<b>486,566</b>	<b>3,977,971</b>
<b>Age</b>												
5 and younger	0.2	12	5.8	60.6	36.9	1.7	0.7	0.1	0.0	211	146,536	1,148,568
6-14	0.3	28	12.8	63.5	31.1	2.7	2.2	0.4	0.1	220	113,127	915,171
15-20	0.6	49	9.8	54.1	35.9	4.8	4.1	0.9	0.1	500	51,510	397,686
21-44	1.2	98	15.2	47.7	33.7	6.6	7.4	3.4	1.1	644	101,238	787,284
45-64	3.8	292	21.2	32.7	16.6	8.1	18.1	16.9	7.6	1,377	33,620	320,068
65-74	3.9	227	21.8	26.6	16.6	8.9	20.8	19.2	8.0	1,039	15,354	158,174
75-84	4.5	237	14.7	20.9	13.6	8.1	23.7	23.7	10.0	1,608	14,364	146,936
85 and older	4.7	214	8.5	17.8	11.4	8.3	26.3	27.5	8.6	2,527	10,743	103,666
Unknown	0.2	9	4.2	79.7	16.2	2.7	1.4	0.0	0.0	202	74	418
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	4.4	230	14.0	21.2	14.3	8.5	23.6	23.4	9.0	1,641	39,674	402,294
Disabled	3.1	277	19.0	30.6	22.4	9.1	18.2	13.9	5.8	1,463	61,212	611,402
Adults	0.7	32	10.2	53.0	35.1	5.8	4.5	1.3	0.3	310	85,337	612,837
Children	0.3	17	8.1	61.5	34.6	2.3	1.4	0.2	0.0	215	300,136	2,349,759
Unknown	2.7	243	9.7	17.4	23.2	20.8	27.5	9.2	1.9	2,499	207	1,679
<b>Gender</b>												
Female	1.4	85	14.7	49.9	32.4	4.7	6.4	4.7	1.9	575	283,011	2,309,831
Male	1.0	76	13.8	56.8	30.2	3.7	5.1	3.1	1.1	554	203,553	1,668,116
Unknown	0.0	0	0.6	50.0	50.0	0.0	0.0	0.0	0.0	71	2	24
<b>Race</b>												
White	1.6	115	15.5	46.0	32.5	5.1	7.9	6.0	2.5	742	178,082	1,544,255
African American	0.7	50	12.6	60.0	29.9	3.6	3.9	2.1	0.5	399	32,260	264,865
Other/unknown	0.9	61	13.2	56.3	31.0	3.9	4.8	2.9	1.0	462	276,224	2,168,851
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.1	397	9.0	6.8	6.4	6.0	24.2	36.4	20.3	4,435	8,771	88,673
Part year	6.8	373	11.5	8.7	8.5	6.6	23.8	33.1	19.3	3,239	5,408	51,731
None	1.0	70	15.8	54.2	32.2	4.2	5.3	3.1	1.0	441	472,387	3,837,567
<b>Maintenance Assistance Status</b>												
Cash	1.4	95	18.1	50.3	30.6	5.1	7.4	4.9	1.7	528	263,782	2,206,471
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	12	5.8	63.3	33.4	2.1	1.0	0.1	0.0	214	145,895	1,066,724
Other/unknown	2.0	140	11.5	41.5	31.0	5.6	9.7	8.3	3.8	1,220	76,889	704,776

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 COLORADO, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.2</b>	<b>\$81</b>	<b>\$68</b>	<b>0.4</b>	<b>\$60</b>	<b>\$139</b>	<b>0.0</b>	<b>\$4</b>	<b>\$81</b>	<b>0.7</b>	<b>\$18</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.2	12	52	0.1	9	136	0.0	0	48	0.2	3	16
6-14	0.3	28	83	0.2	24	143	0.0	1	84	0.2	3	21
15-20	0.6	49	82	0.2	39	160	0.0	2	80	0.3	7	23
21-44	1.2	98	80	0.4	73	178	0.1	5	95	0.8	20	26
45-64	3.8	292	78	1.3	210	159	0.1	14	106	2.3	68	29
65-74	3.9	227	59	1.5	164	111	0.1	8	68	2.3	54	24
75-84	4.5	237	52	1.7	171	101	0.2	8	54	2.7	57	21
85 and older	4.7	214	45	1.6	143	92	0.2	10	50	3.0	61	21
Unknown	0.2	9	51	0.0	7	160	0.0	0	26	0.1	2	13
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.4	230	52	1.6	163	102	0.2	9	57	2.6	58	22
Disabled	3.1	277	88	1.2	209	179	0.1	14	108	1.8	55	30
Adults	0.7	32	47	0.2	21	116	0.0	2	64	0.5	9	20
Children	0.3	17	61	0.1	14	127	0.0	1	67	0.2	3	18
Unknown	2.7	243	91	0.9	189	208	0.1	10	123	1.7	44	26
<b>Gender</b>												
Female	1.4	85	62	0.5	61	129	0.1	4	74	0.8	20	24
Male	1.0	76	79	0.4	59	157	0.0	3	94	0.6	14	26
Unknown	0.0	0	10	0.0	0	0	0.0	0	0	0.0	0	10
<b>Race</b>												
White	1.6	115	70	0.6	85	139	0.1	5	83	1.0	25	26
African American	0.7	50	71	0.3	39	151	0.0	2	79	0.4	9	22
Other/unknown	0.9	61	65	0.3	45	138	0.0	3	78	0.6	13	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.1	397	56	2.4	277	114	0.3	17	55	4.3	103	24
Part year	6.8	373	55	2.3	259	112	0.3	18	64	4.2	96	23
None	1.0	70	71	0.4	52	145	0.0	3	88	0.6	14	25
<b>Maintenance Assistance Status</b>												
Cash	1.4	95	69	0.5	70	141	0.1	4	86	0.8	21	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	12	50	0.1	9	121	0.0	1	57	0.2	3	17
Other/unknown	2.0	140	69	0.8	105	137	0.1	6	75	1.2	30	25

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 Colorado, 0.2 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)

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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 COLORADO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users <sup>e</sup>			
	Total	Patented Brand-	Off-Patent Brand-	Total	Generic	Patented Brand-	Off-Patent Brand-	Total	Generic	Total	Patented Brand-	Off-Patent Brand-	Total	of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name			Name	Name				Name	Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$11	\$2	\$4	\$61	\$165	\$74	\$22	387,205	\$23,456,852	141,464	29.1	1,429,355	
Biologicals	0.4	0.4	0.0	0.0	556	510	19	28	1278	1,268	1,488	1,352	3,497	4,468,845	860	0.2	8,031	
Antineoplastic Agents	0.6	0.2	0.0	0.4	120	95	1	24	204	592	220	57	14,549	2,962,291	2,365	0.5	24,768	
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.4	37	26	3	8	49	102	41	19	490,126	24,256,729	63,677	13.1	654,181	
Cardiovascular Agents	1.5	0.5	0.0	1.0	60	43	0	17	40	82	35	18	809,328	32,409,400	50,801	10.4	537,585	
Respiratory Agents	0.5	0.3	0.0	0.2	31	26	1	3	63	97	64	17	415,836	26,252,407	83,493	17.2	850,231	
Gastrointestinal Agents	0.6	0.2	0.0	0.4	40	32	0	7	65	156	52	18	271,632	17,634,547	42,065	8.6	441,737	
Genitourinary Agents	0.4	0.2	0.0	0.2	29	22	1	6	68	88	60	39	92,767	6,301,369	20,738	4.3	215,813	
CNS Drugs	1.2	0.6	0.0	0.6	120	101	2	17	101	172	138	30	784,173	79,555,504	64,269	13.2	662,620	
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	70	63	1	6	96	119	90	32	69,526	6,654,062	9,323	1.9	94,716	
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	212	212	0	0	256	258	108	48	47,329	12,098,407	5,364	1.1	57,039	
Analgesics and Anesthetics	0.7	0.1	0.0	0.5	35	14	5	16	53	170	166	30	554,278	29,315,309	82,879	17.0	841,620	
Neuromuscular Agents	0.9	0.3	0.0	0.5	81	54	4	23	89	169	99	42	353,192	31,531,554	36,855	7.6	390,003	
Nutritional Products	0.5	0.0	0.0	0.5	11	2	0	8	21	59	29	18	108,979	2,297,584	21,414	4.4	212,891	
Hematological Agents	0.9	0.3	0.0	0.6	85	75	1	9	92	269	47	15	109,828	10,071,992	11,087	2.3	118,088	
Topical Products	0.3	0.1	0.0	0.2	13	8	0	4	44	92	52	20	225,707	9,889,630	75,785	15.6	783,018	
Miscellaneous Products	0.5	0.2	0.0	0.3	112	87	8	17	208	484	292	52	15,481	3,222,918	2,795	0.6	28,875	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	36	0	0	0	7,104	255,936	2,891	0.6	31,291	
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>4,760,537</b>	<b>322,635,336</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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.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 Colorado, 0.2 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 2005.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 COLORADO, 2005

Top 10 Drug Groups	Users		Among Users				
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$53,528,359	29,903	6.1	322,369	0.8	\$211	\$166
ANTICONVULSANT	26,347,816	27,989	5.8	303,049	0.8	110	87
ANTIDEPRESSANTS	21,434,234	55,447	11.4	581,310	0.6	61	37
ANALGESICS - Narcotic	17,073,106	95,573	19.6	991,206	0.4	43	17
ANTIASTHMATIC	16,803,537	66,305	13.6	687,465	0.3	72	24
ANTIHYPERLIPIDEMIC	13,703,113	21,459	4.4	237,334	0.6	92	58
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	12,105,246	6,319	1.3	67,578	0.7	255	179
ANTIDIABETIC	12,031,132	25,499	5.2	274,484	0.7	62	44
ULCER DRUGS	10,120,670	38,852	8.0	415,904	0.5	54	24
ANTIVIRAL	8,591,268	10,698	2.2	112,803	0.3	295	76
Total	191,738,481	378,044		3,993,502	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Colorado, released by CMS in 12/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries