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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	78,425	27,730	49,149	1,514	28	4	725,912	172,107	541,723	11,840	221	21
Age												
5 and younger	8	0	3	0	5	0	75	0	36	0	39	0
6-14	9	0	8	0	1	0	108	0	96	0	12	0
15-20	227	0	201	8	18	0	2,361	0	2,160	51	150	0
21-44	21,986	0	20,980	1,002	4	0	240,354	0	232,570	7,764	20	0
45-64	27,992	0	27,504	487	0	1	307,368	0	303,424	3,932	0	12
65-74	8,852	8,417	417	15	0	3	56,765	53,462	3,214	80	0	9
75-84	9,263	9,238	23	2	0	0	58,727	58,559	155	13	0	0
85 and older	10,088	10,075	13	0	0	0	60,154	60,086	68	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	44,545	19,324	24,146	1,057	14	4	396,928	120,959	267,359	8,479	110	21
Male	33,880	8,406	25,003	457	14	0	328,984	51,148	274,364	3,361	111	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	65,392	23,566	40,764	1,042	16	4	612,532	150,010	453,684	8,684	133	21
African American	6,074	1,028	4,790	252	4	0	56,654	5,175	49,969	1,490	20	0
Other/unknown	6,959	3,136	3,595	220	8	0	56,726	16,922	38,070	1,666	68	0
Use of Nursing Facilities^c												
Entire year	6,797	5,679	1,118	0	0	0	41,520	29,199	12,321	0	0	0
Part year	6,993	5,343	1,636	14	0	0	49,338	31,932	17,305	101	0	0
None	64,635	16,708	46,395	1,500	28	4	635,054	110,976	512,097	11,739	221	21
Maintenance Assistance Status												
Cash	27,164	4,220	21,625	1,307	12	0	276,013	20,377	245,223	10,345	68	0
Medically needy	16,604	9,708	6,799	96	1	0	133,146	62,042	70,317	775	12	0
Poverty-related	15,572	5,295	10,256	16	1	4	142,729	30,782	111,834	90	2	21
Other/unknown	19,085	8,507	10,469	95	14	0	174,024	58,906	114,349	630	139	0
Dual Medicare Status^d												
Full dual, all year	75,312	25,862	47,929	1,490	27	4	696,067	155,127	529,085	11,623	211	21
Full dual, part year	3,113	1,868	1,220	24	1	0	29,845	16,980	12,638	217	10	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	63,933	15,135	47,821	956	17	4	669,787	126,107	533,553	9,917	189	21
FFS part year, with Rx claims	11,783	10,237	1,117	421	8	0	47,937	39,064	7,266	1,578	29	0
FFS part year, no Rx claims	2,709	2,358	211	137	3	0	8,188	6,936	904	345	3	0

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

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	85.4	40.0	\$3,209	\$80	\$23,604	13.6	78,425
Age							
5 and younger	100.0	43.6	4,848	111	46,967	10.3	8
6-14	100.0	62.6	6,156	98	37,585	16.4	9
15-20	82.8	25.1	2,371	95	24,785	9.6	227
21-44	88.3	36.9	3,908	106	26,369	14.8	21,986
45-64	90.4	54.5	4,549	83	26,365	17.3	27,992
65-74	71.6	25.9	1,584	61	14,876	10.7	8,852
75-84	77.8	29.3	1,345	46	18,239	7.4	9,263
85 and older	84.4	28.8	1,122	39	22,442	5.0	10,088
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	78.2	28.0	1,327	47	18,699	7.1	27,730
Disabled	89.6	47.2	4,298	91	26,871	16.0	49,149
Adults	83.0	26.1	2,377	91	7,397	32.1	1,514
Children	85.7	29.3	2,101	72	23,243	9.0	28
Unknown	100.0	7.0	502	72	10,063	5.0	4
Gender							
Female	87.4	42.8	3,117	73	22,254	14.0	44,545
Male	82.8	36.2	3,331	92	25,378	13.1	33,880
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.7	42.2	3,362	80	25,240	13.3	65,392
African American	80.2	29.0	2,486	86	14,067	17.7	6,074
Other/unknown	78.0	28.6	2,402	84	16,546	14.5	6,959
Use of Nursing Facilities^f							
Entire year	93.9	45.3	2,420	53	38,786	6.2	6,797
Part year	90.3	40.4	2,321	57	27,067	8.6	6,993
None	84.0	39.4	3,388	86	21,632	15.7	64,635
Maintenance Assistance Status							
Cash	88.8	41.9	3,798	91	26,697	14.2	27,164
Medically needy	76.7	33.2	2,278	69	23,404	9.7	16,604
Poverty related	84.6	39.8	3,190	80	19,370	16.5	15,572
Other/unknown	88.9	43.3	3,197	74	22,829	14.0	19,085

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 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.

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2005

CORE ELIGIBLE BENEFICIARIES, MINNESOTA, 2009												
Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	4.3	\$347	13.6	14.6	17.5	10.5	26.4	23.4	7.6	\$2,550	78,425	725,912
Age												
5 and younger	4.7	517	10.3	0.0	12.5	0.0	37.5	50.0	0.0	5,010	8	75
6-14	5.2	513	16.4	0.0	0.0	22.2	33.3	44.4	0.0	3,132	9	108
15-20	2.4	228	9.6	17.2	29.1	14.1	30.4	8.8	0.4	2,383	227	2,361
21-44	3.4	358	14.8	11.7	26.8	13.7	27.2	16.6	4.0	2,412	21,986	240,354
45-64	5.0	414	17.3	9.6	15.3	10.3	28.1	27.1	9.7	2,401	27,992	307,368
65-74	4.0	247	10.7	28.4	15.5	7.7	20.4	19.7	8.4	2,320	8,852	56,765
75-84	4.6	212	7.4	22.2	11.6	8.1	22.2	26.3	9.6	2,877	9,263	58,727
85 and older	4.8	188	5.0	15.6	10.2	8.8	29.1	28.8	7.5	3,764	10,088	60,154
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	214	7.1	21.8	12.3	8.2	24.1	25.1	8.4	3,013	27,730	172,107
Disabled	4.3	390	16.0	10.4	20.2	11.7	27.7	22.7	7.3	2,438	49,149	541,723
Adults	3.3	304	32.1	17.0	26.2	13.3	25.8	14.0	3.6	946	1,514	11,840
Children	3.7	266	9.0	14.3	21.4	10.7	32.1	21.4	0.0	2,945	28	221
Unknown	1.3	96	5.0	0.0	50.0	0.0	50.0	0.0	0.0	1,917	4	21
Gender												
Female	4.8	350	14.0	12.6	15.2	10.2	26.9	26.0	9.2	2,497	44,545	396,928
Male	3.7	343	13.1	17.2	20.5	11.0	25.8	20.0	5.6	2,614	33,880	328,984
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.5	359	13.3	13.3	16.1	10.3	27.2	24.9	8.2	2,695	65,392	612,532
African American	3.1	267	17.7	19.8	28.0	11.4	21.6	14.6	4.6	1,508	6,074	56,654
Other/unknown	3.5	295	14.5	22.0	21.6	11.7	23.5	16.3	4.8	2,030	6,959	56,726
Use of Nursing Facilities ^f												
Entire year	7.4	396	6.2	6.1	4.2	5.8	25.6	39.1	19.3	6,349	6,797	41,520
Part year	5.7	329	8.6	9.7	10.7	8.9	28.8	29.7	12.3	3,836	6,993	49,338
None	4.0	345	15.7	16.0	19.6	11.2	26.2	21.0	5.9	2,202	64,635	635,054
Maintenance Assistance Status												
Cash	4.1	374	14.2	11.2	21.0	11.9	27.7	21.9	6.4	2,627	27,164	276,013
Medically needy	4.1	284	9.7	23.3	14.9	8.0	22.6	22.8	8.4	2,919	16,604	133,146
Poverty related	4.3	348	16.5	15.4	17.4	10.7	26.0	22.6	7.9	2,113	15,572	142,729
Other/unknown	4.7	351	14.0	11.1	14.9	10.5	28.3	26.6	8.5	2,504	19,085	174,024

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 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.

Benef(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, 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
All	4.3	\$347	\$80	1.7	\$274	\$162	0.1	\$13	\$99	2.5	\$59	\$24
Age												
5 and younger	4.7	517	111	1.9	395	206	0.3	60	236	2.5	63	25
6-14	5.2	513	98	2.4	436	183	0.2	30	136	2.6	47	18
15-20	2.4	228	95	1.2	192	162	0.1	7	93	1.1	29	25
21-44	3.4	358	106	1.4	293	204	0.1	14	121	1.8	51	28
45-64	5.0	414	83	2.0	327	165	0.1	15	106	2.8	72	26
65-74	4.0	247	61	1.5	185	121	0.1	9	82	2.4	52	22
75-84	4.6	212	46	1.7	157	95	0.1	7	57	2.8	48	17
85 and older	4.8	188	39	1.5	135	89	0.2	8	48	3.1	45	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	214	47	1.6	158	101	0.1	8	59	2.8	48	17
Disabled	4.3	390	91	1.7	312	179	0.1	15	111	2.4	63	26
Adults	3.3	304	91	1.3	231	184	0.1	16	144	2.0	56	29
Children	3.7	266	72	1.4	174	120	0.2	39	213	2.1	54	26
Unknown	1.3	96	72	0.4	77	180	0.0	0	9	0.9	18	21
Gender												
Female	4.8	350	73	1.8	274	149	0.2	13	89	2.8	62	22
Male	3.7	343	92	1.5	275	181	0.1	13	115	2.1	55	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.5	359	80	1.8	285	161	0.1	14	97	2.6	60	23
African American	3.1	267	86	1.2	216	184	0.1	10	111	1.8	41	22
Other/unknown	3.5	295	84	1.3	213	160	0.1	13	117	2.1	69	33
Use of Nursing Facilities^e												
Entire year	7.4	396	53	2.5	294	119	0.3	13	50	4.7	89	19
Part year	5.7	329	57	2.0	247	126	0.2	12	64	3.6	70	20
None	4.0	345	86	1.6	275	169	0.1	13	111	2.3	56	25
Maintenance Assistance Status												
Cash	4.1	374	91	1.7	300	179	0.1	14	110	2.3	60	26
Medically needy	4.1	284	69	1.6	219	140	0.1	12	88	2.4	53	22
Poverty related	4.3	348	80	1.7	271	164	0.1	14	102	2.5	63	25
Other/unknown	4.7	351	74	1.9	279	150	0.1	12	89	2.7	59	22

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.4	0.1	0.0	0.2	\$33	\$24	\$3	\$6	\$88	\$282	\$80	\$24	139,955	\$12,321,091	35,761	45.6	375,866
Biologicals	0.1	0.1	0.0	0.0	24	3	15	7	227	47	3,143	145	1,842	418,532	1,601	2.0	17,172
Antineoplastic Agents	0.6	0.2	0.0	0.4	113	97	0	16	188	607	70	36	8,321	1,562,541	1,463	1.9	13,808
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.6	49	35	4	11	48	96	56	18	302,713	14,582,468	30,366	38.7	297,786
Cardiovascular Agents	1.7	0.6	0.0	1.1	63	50	0	13	38	85	38	12	609,498	23,301,960	39,488	50.4	368,405
Respiratory Agents	0.7	0.5	0.0	0.3	54	48	2	5	74	104	69	19	152,418	11,209,095	19,903	25.4	206,469
Gastrointestinal Agents	0.8	0.5	0.0	0.3	81	75	1	5	104	161	62	18	197,124	20,557,379	25,258	32.2	253,730
Genitourinary Agents	0.6	0.4	0.0	0.2	39	33	1	5	67	89	65	26	55,786	3,757,853	9,535	12.2	95,717
CNS Drugs	1.7	0.8	0.0	0.8	202	174	2	25	121	217	140	30	753,292	91,453,448	44,999	57.4	453,482
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	81	65	2	14	115	170	125	45	17,091	1,961,207	2,187	2.8	24,087
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.0	142	139	0	3	247	262	94	71	28,643	7,087,321	5,424	6.9	49,803
Analgesics and Anesthetics	0.8	0.1	0.0	0.6	51	23	9	19	63	193	196	29	280,807	17,583,012	33,878	43.2	344,978
Neuromuscular Agents	1.1	0.4	0.1	0.6	109	78	5	26	97	183	103	41	309,125	30,113,777	26,058	33.2	275,297
Nutritional Products	0.6	0.0	0.0	0.6	14	2	1	12	22	120	19	20	59,699	1,289,273	10,111	12.9	92,063
Hematological Agents	0.8	0.2	0.0	0.6	60	53	1	6	73	258	57	11	82,548	6,055,932	11,003	14.0	100,383
Topical Products	0.4	0.1	0.0	0.3	19	12	1	6	45	86	43	23	116,398	5,284,939	26,244	33.5	275,380
Miscellaneous Products	0.7	0.3	0.1	0.4	157	117	14	27	230	446	251	72	12,778	2,933,001	1,755	2.2	18,655
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	30	0	0	0	6,918	205,347	1,873	2.4	20,320
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.	3,134,956	251,678,176	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 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.

Dual Eligible Beneficiaries

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	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	\$66,689,813	30,933	39.4	331,561	0.9	\$228	\$201
ANTICONVULSANT	26,936,422	24,106	30.7	259,916	0.9	118	104
ANTIDEPRESSANTS	20,497,299	48,599	62.0	501,037	0.7	61	41
ULCER DRUGS	16,036,623	26,544	33.8	266,027	0.6	94	60
ANTIHYPERLIPIDEMIC	12,752,701	19,324	24.6	199,279	0.7	95	64
ANTIDIABETIC	8,817,227	18,985	24.2	183,584	0.7	65	48
ANALGESICS - Narcotic	8,478,455	38,512	49.1	401,738	0.4	48	21
ANTIASTHMATIC	8,234,698	23,179	29.6	238,540	0.4	78	35
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	7,430,379	8,096	10.3	78,243	0.4	212	95
ANTIVIRAL	6,679,424	5,212	6.6	52,388	0.3	376	127
Total	182,553,041	243,490		2,512,313	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 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; n.a. = not applicable.

Dual Eligible Beneficiaries

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, 2005

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 \$ 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 \$ per Benefit Month	
All	1,634,271	\$182,553,041	30,933	39.4	331,561	0.9	\$201	24,106	30.7	259,916	0.9	\$104	
Female													
All Females	948,559	96,989,046	16,168	36.3	169,450	0.8	177	13,741	30.8	146,195	0.8	96	
Female, Disabled													
All Ages	699,419	79,401,547	12,218	50.6	140,439	0.8	192	10,775	44.6	123,409	0.9	105	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	40	5,755	0	0.0	0	0.0	0	1	20.0	12	1.0	285	
15-20	1,235	144,027	30	33.7	343	0.6	83	32	36.0	368	0.8	151	
21-44	228,643	28,549,730	5,095	53.2	58,517	0.8	184	4,258	44.4	48,859	0.9	119	
45-64	464,431	50,213,188	7,024	49.5	80,990	0.9	198	6,413	45.2	73,580	0.9	95	
65-74	4,806	473,042	62	25.1	547	1.0	245	67	27.1	574	0.9	89	
75-84	171	10,587	6	42.9	41	0.5	87	2	14.3	8	3.3	97	
85 and older	93	5,218	1	10.0	1	1.0	173	2	20.0	8	1.3	37	
Female, Other Eligibles													
All Ages	249,140	17,587,499	3,950	19.4	29,011	0.7	108	2,966	14.5	22,786	0.7	50	
5 and younger	18	2,716	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	7	1,330	1	100.0	12	0.3	107	0	0.0	0	0.0	0	
15-20	84	8,151	5	29.4	60	0.4	75	1	5.9	12	0.1	11	
21-44	9,647	1,112,209	233	30.7	2,356	0.5	114	239	31.4	2,310	0.6	74	
45-64	5,385	562,439	72	25.3	787	0.5	141	89	31.2	868	0.6	87	
65-74	65,583	5,298,357	903	18.0	7,110	0.8	154	908	18.1	7,054	0.8	60	
75-84	81,568	5,413,070	1,195	19.0	8,222	0.7	96	934	14.9	6,901	0.8	41	
85 and older	86,848	5,189,227	1,541	19.2	10,464	0.7	83	795	9.9	5,641	0.8	32	
Male													
All Males	685,712	85,563,995	14,765	43.6	162,111	1.0	226	10,365	30.6	113,721	0.9	114	
Male, Disabled													
All Ages	593,896	78,511,990	13,173	52.7	150,842	1.0	233	9,099	36.4	104,451	1.0	119	
5 and younger	29	2,184	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	37	4,588	1	33.3	12	0.1	1	0	0.0	0	0.0	0	
15-20	1,317	164,718	43	38.4	489	0.9	170	31	27.7	372	0.8	128	
21-44	234,522	34,465,246	6,491	56.9	74,182	0.9	231	3,942	34.6	45,446	0.9	126	
45-64	355,558	43,686,808	6,608	49.7	75,952	1.0	236	5,092	38.3	58,366	1.0	113	
65-74	2,367	184,619	26	15.3	187	0.6	142	32	18.8	253	0.8	68	
75-84	66	3,827	4	44.4	20	1.0	98	2	22.2	14	0.9	29	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit per Rx \$ per Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	91,816	7,052,005	1,592	17.9	11,269	0.8	133	1,266	14.3	9,270	0.8	54
5 and younger	19	2,886	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	95	12,700	5	55.6	24	0.9	234	4	44.4	42	1.0	97
21-44	2,528	322,400	52	21.1	505	0.6	177	54	22.0	468	0.7	93
45-64	3,519	365,596	32	15.8	307	0.7	152	47	23.2	414	0.6	55
65-74	35,388	3,102,247	542	15.9	4,324	0.9	176	524	15.4	4,045	0.8	68
75-84	31,279	2,105,655	580	19.6	3,850	0.8	104	412	14.0	2,819	0.8	39
85 and older	18,988	1,140,521	381	18.6	2,259	0.7	85	225	11.0	1,482	0.8	33
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	48,599	62.0	501,037	0.7	\$41	26,544	33.8	266,027	0.6	\$60	19,324	24.6	199,279	0.7	\$64
Female															
All Females	31,427	70.6	319,740	0.7	41	16,779	37.7	164,904	0.6	60	10,850	24.4	109,222	0.7	63
Female, Disabled															
All Ages	21,502	89.0	245,467	0.7	45	9,892	41.0	112,901	0.6	64	6,460	26.8	74,054	0.7	65
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	1	20.0	12	0.3	16	4	80.0	48	0.4	44	0	0.0	0	0.0	0
15-20	42	47.2	485	0.6	42	32	36.0	366	0.6	54	3	3.4	29	0.8	102
21-44	8,104	84.6	92,558	0.6	46	3,218	33.6	36,754	0.6	58	1,173	12.2	13,533	0.6	60
45-64	13,201	93.0	151,159	0.7	44	6,518	45.9	74,703	0.7	67	5,192	36.6	59,757	0.7	67
65-74	144	58.3	1,204	0.7	36	112	45.3	971	0.6	65	88	35.6	707	0.7	76
75-84	6	42.9	33	0.5	13	4	28.6	23	0.5	14	2	14.3	20	0.4	13
85 and older	4	40.0	16	0.4	6	4	40.0	36	0.6	29	2	20.0	8	0.5	25
Female, Other Eligibles															
All Ages	9,925	48.7	74,273	0.7	29	6,887	33.8	52,003	0.7	52	4,390	21.5	35,168	0.7	59
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.5	30	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	35.3	64	0.5	33	3	17.6	27	0.3	40	1	5.9	12	1.0	20
21-44	596	78.4	5,701	0.5	34	190	25.0	1,847	0.4	43	49	6.4	544	0.4	41
45-64	259	90.9	2,552	0.6	44	101	35.4	1,030	0.5	51	61	21.4	628	0.5	51
65-74	2,245	44.7	17,583	0.7	32	1,612	32.1	12,644	0.6	57	1,538	30.6	12,216	0.6	59
75-84	2,979	47.4	21,696	0.7	26	2,182	34.7	16,852	0.7	52	1,764	28.1	14,173	0.7	58
85 and older	3,840	47.9	26,677	0.7	26	2,798	34.9	19,591	0.7	50	977	12.2	7,595	0.7	61
Male															
All Males	17,172	50.7	181,297	0.7	41	9,765	28.8	101,123	0.7	61	8,474	25.0	90,057	0.7	65
Male, Disabled															
All Ages	13,872	55.5	157,957	0.7	43	7,256	29.0	82,895	0.7	63	6,399	25.6	73,759	0.7	66
5 and younger	0	0.0	0	0.0	0	2	66.7	24	0.8	37	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	5	166.7	60	0.5	30	0	0.0	0	0.0	0
15-20	46	41.1	518	0.6	39	16	14.3	173	0.5	22	1	0.9	12	0.2	13
21-44	6,151	54.0	70,246	0.7	45	2,722	23.9	31,401	0.6	60	1,860	16.3	21,597	0.7	63
45-64	7,619	57.3	86,736	0.7	42	4,452	33.5	50,728	0.7	65	4,479	33.7	51,641	0.7	68
65-74	55	32.4	445	0.8	34	59	34.7	509	0.6	47	56	32.9	493	0.6	57
75-84	1	11.1	12	0.2	12	0	0.0	0	0.0	0	3	33.3	16	0.9	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	3,300	37.2	23,340	0.7	29	2,509	28.3	18,228	0.6	51	2,075	23.4	16,298	0.7	59
5 and younger	0	0.0	0	0.0	0	4	100.0	36	0.4	9	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	3	33.3	23	0.3	14	3	33.3	34	0.8	79	0	0.0	0	0.0	0
21-44	118	48.0	1,072	0.4	30	55	22.4	488	0.5	53	37	15.0	286	0.5	56
45-64	99	48.8	980	0.6	34	62	30.5	637	0.5	60	84	41.4	842	0.6	47
65-74	1,026	30.1	8,076	0.7	33	837	24.5	6,445	0.6	54	977	28.6	8,024	0.6	62
75-84	1,180	40.0	7,735	0.7	27	872	29.5	6,202	0.6	47	725	24.6	5,395	0.7	56
85 and older	874	42.6	5,454	0.7	23	676	33.0	4,386	0.7	52	252	12.3	1,751	0.7	59
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					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	18,985	24.2	183,584	0.7	\$48	38,512	49.1	401,738	0.4	\$21	23,179	29.6	238,540	0.4	\$35
Female															
All Females	11,414	25.6	108,878	0.7	47	25,231	56.6	260,490	0.5	20	15,381	34.5	158,605	0.4	34
Female, Disabled															
All Ages	6,139	25.4	69,742	0.7	52	16,938	70.1	193,207	0.4	20	10,055	41.6	115,027	0.4	33
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	2	40.0	24	0.1	1	1	20.0	12	0.1	1
15-20	4	4.5	48	0.4	27	43	48.3	458	0.2	2	27	30.3	305	0.3	14
21-44	1,366	14.3	15,610	0.7	50	6,147	64.2	69,992	0.4	14	3,317	34.6	38,075	0.3	27
45-64	4,661	32.8	53,229	0.7	53	10,630	74.9	121,721	0.5	23	6,606	46.5	75,713	0.4	36
65-74	98	39.7	748	0.8	60	105	42.5	924	0.5	23	101	40.9	899	0.6	44
75-84	8	57.1	88	0.6	32	6	42.9	51	0.2	10	0	0.0	0	0.0	0
85 and older	2	20.0	19	0.7	70	5	50.0	37	0.5	14	3	30.0	23	0.3	26
Female, Other Eligibles															
All Ages	5,275	25.9	39,136	0.8	39	8,293	40.7	67,283	0.6	22	5,326	26.1	43,578	0.5	39
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	24	0.3	48
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.3	4
15-20	0	0.0	0	0.0	0	5	29.4	50	0.1	1	1	5.9	12	0.2	3
21-44	77	10.1	758	0.6	43	545	71.7	5,331	0.4	28	230	30.3	2,171	0.2	16
45-64	65	22.8	554	0.7	67	225	78.9	2,294	0.5	23	122	42.8	1,216	0.4	33
65-74	1,734	34.5	12,870	0.7	44	2,001	39.8	16,913	0.5	23	1,628	32.4	13,700	0.5	41
75-84	1,975	31.4	14,883	0.8	37	2,366	37.6	19,431	0.6	21	1,750	27.8	14,333	0.5	42
85 and older	1,424	17.7	10,071	0.8	34	3,151	39.3	23,264	0.6	20	1,592	19.8	12,110	0.5	36
Male															
All Males	7,571	22.3	74,706	0.7	49	13,281	39.2	141,248	0.4	23	7,798	23.0	79,935	0.5	35
Male, Disabled															
All Ages	5,032	20.1	56,887	0.7	52	10,692	42.8	120,969	0.4	23	5,431	21.7	61,761	0.4	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.1	2
6-14	0	0.0	0	0.0	0	1	33.3	12	0.1	2	0	0.0	0	0.0	0
15-20	3	2.7	31	0.9	174	28	25.0	306	0.1	1	23	20.5	268	0.3	16
21-44	1,286	11.3	14,579	0.7	50	4,261	37.4	48,311	0.3	18	1,839	16.1	21,141	0.4	26
45-64	3,682	27.7	41,729	0.7	53	6,323	47.5	71,555	0.5	27	3,504	26.3	39,865	0.5	38
65-74	61	35.9	548	0.7	54	78	45.9	783	0.6	30	62	36.5	461	0.5	36
75-84	0	0.0	0	0.0	0	1	11.1	2	1.0	6	1	11.1	2	1.0	81
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	2,539	28.6	17,819	0.7	41	2,589	29.2	20,279	0.5	20	2,367	26.7	18,174	0.5	41
5 and younger	0	0.0	0	0.0	0	1	25.0	12	0.1	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	23	9.3	206	0.7	50	152	61.8	1,417	0.5	25	38	15.4	355	0.3	12
45-64	93	45.8	792	0.7	62	133	65.5	1,290	0.6	54	49	24.1	530	0.4	45
65-74	1,058	31.0	7,845	0.7	45	909	26.6	7,489	0.4	18	864	25.3	7,179	0.5	44
75-84	871	29.5	5,883	0.8	38	818	27.7	6,119	0.5	18	882	29.9	6,581	0.5	40
85 and older	494	24.1	3,093	0.8	28	576	28.1	3,952	0.5	12	534	26.0	3,529	0.6	38
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIVIRAL						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	8,096	10.3	78,243	0.4	\$95	5,212	6.6	52,388	0.3	\$128	78,425	725,912
Female												
All Females	5,146	11.6	48,574	0.5	107	2,942	6.6	29,059	0.3	70	44,545	396,928
Female, Disabled												
All Ages	2,729	11.3	31,380	0.3	114	1,490	6.2	17,158	0.3	110	24,146	267,359
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	1	20.0	12	0.2	2	5	60
15-20	2	2.2	24	0.1	5	6	6.7	65	0.3	167	89	975
21-44	898	9.4	10,234	0.3	114	566	5.9	6,486	0.4	134	9,582	106,529
45-64	1,810	12.7	20,939	0.4	114	899	6.3	10,440	0.3	96	14,199	157,733
65-74	15	6.1	145	0.6	141	14	5.7	128	0.1	10	247	1,894
75-84	3	21.4	26	1.0	76	1	7.1	12	0.1	2	14	105
85 and older	1	10.0	12	0.5	73	3	30.0	15	0.2	8	10	63
Female, Other Eligibles												
All Ages	2,417	11.8	17,194	0.7	93	1,452	7.1	11,901	0.2	13	20,399	129,569
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.4	100	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	1	5.9	12	0.3	3	17	118
21-44	75	9.9	805	0.2	148	49	6.4	463	0.4	102	760	6,041
45-64	36	12.6	396	0.2	63	8	2.8	96	0.4	259	285	2,375
65-74	324	6.5	2,466	0.5	93	138	2.7	1,168	0.2	27	5,023	31,874
75-84	876	13.9	5,921	0.7	85	355	5.6	2,975	0.1	6	6,287	40,519
85 and older	1,106	13.8	7,606	0.8	95	900	11.2	7,175	0.1	5	8,025	48,618
Male												
All Males	2,950	8.7	29,669	0.4	76	2,270	6.7	23,329	0.4	199	33,880	328,984
Male, Disabled												
All Ages	2,075	8.3	23,732	0.4	76	1,743	7.0	19,510	0.5	229	25,003	274,364
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.6	106	3	36
6-14	0	0.0	0	0.0	0	3	100.0	36	0.2	76	3	36
15-20	3	2.7	36	0.1	6	0	0.0	0	0.0	0	112	1,185
21-44	850	7.5	9,760	0.3	67	819	7.2	9,121	0.6	268	11,398	126,041
45-64	1,209	9.1	13,842	0.4	82	912	6.9	10,273	0.4	197	13,305	145,691
65-74	11	6.5	80	0.4	37	8	4.7	68	0.1	29	170	1,320
75-84	2	22.2	14	1.0	60	0	0.0	0	0.0	0	9	50
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	5

Dual Eligible Beneficiaries

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, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTIVIRAL					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	875	9.9	5,937	0.7	78	527	5.9	3,819	0.2	44	8,877	54,620
5 and younger	0	0.0	0	0.0	0	2	50.0	4	1.0	642	4	27
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	9	83
21-44	19	7.7	197	0.3	91	20	8.1	125	0.5	377	246	1,743
45-64	17	8.4	169	0.2	22	15	7.4	153	0.6	253	203	1,569
65-74	184	5.4	1,371	0.5	58	129	3.8	960	0.3	69	3,412	21,677
75-84	362	12.3	2,444	0.7	79	180	6.1	1,290	0.2	6	2,953	18,053
85 and older	293	14.3	1,756	0.8	96	181	8.8	1,287	0.2	5	2,050	11,468
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2005

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	\$396	7.4	6,797	41,520
Age				
0-64	676	8.8	1,079	12,122
65-74	439	8.4	627	3,237
75-84	308	7.3	1,744	8,714
85 and older	238	6.3	3,347	17,447
Unknown	0	0.0	0	0
Gender				
Female	360	7.4	4,747	27,982
Male	470	7.5	2,050	13,538
Unknown	0	0.0	0	0
Race				
White	394	7.4	6,160	37,353
African American	538	8.6	164	1,117
Other/unknown	369	7	473	3,050
Basis of Eligibility^c				
Aged	279	6.8	5,679	29,199
Disabled	674	8.8	1,118	12,321
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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.

Dual Eligible Beneficiaries

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
													As a Percentage of Dual All-Year Nursing Facility Residents				
	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total	Patented Brand-Name	Off-Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Number of Benefit Months	
Anti-infective Agents	0.4	0.1	0.0	0.3	\$17	\$8	\$3	\$6	\$39	\$89	\$75	\$19	12,157	\$475,617	3,619	53.2	28,784
Biologicals	0.1	0.0	0.0	0.1	3	0	0	3	28	26	15	29	398	11,168	374	5.5	3,696
Antineoplastic Agents	0.7	0.2	0.0	0.6	83	63	0	20	111	405	0	34	1,008	112,286	184	2.7	1,358
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.7	50	35	5	10	37	74	36	13	29,247	1,077,891	3,255	47.9	21,609
Cardiovascular Agents	2.3	0.6	0.0	1.7	59	41	0	19	26	74	16	11	69,787	1,831,562	4,895	72.0	30,888
Respiratory Agents	1.0	0.6	0.0	0.4	66	58	1	7	66	96	62	17	12,726	838,867	1,679	24.7	12,710
Gastrointestinal Agents	1.0	0.5	0.0	0.5	68	58	1	10	68	124	53	18	19,099	1,290,997	2,692	39.6	18,938
Genitourinary Agents	0.7	0.4	0.0	0.3	43	34	1	8	58	80	62	26	6,730	389,478	1,199	17.6	9,017
CNS Drugs	1.9	0.9	0.0	1.0	168	143	1	25	91	163	65	26	58,739	5,325,006	4,699	69.1	31,697
Stimulants/Anti-obesity/Anorexia	1.0	0.1	0.0	0.8	35	24	0	11	36	163	58	13	837	30,158	103	1.5	857
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	158	158	0	0	158	159	85	41	5,704	903,502	923	13.6	5,715
Analgesics and Anesthetics	1.2	0.1	0.1	0.9	48	17	9	22	41	126	82	23	24,280	986,283	2,962	43.6	20,737
Neuromuscular Agents	1.4	0.3	0.0	1.0	89	46	3	41	64	131	69	40	24,233	1,542,750	2,243	33.0	17,297
Nutritional Products	0.9	0.0	0.1	0.7	16	1	2	13	19	138	15	18	10,467	197,419	1,782	26.2	12,168
Hematological Agents	1.3	0.3	0.1	1.0	68	60	1	7	52	199	12	8	15,468	803,815	1,759	25.9	11,842
Topical Products	0.7	0.2	0.0	0.4	23	15	1	7	35	68	44	17	15,405	544,278	2,962	43.6	23,410
Miscellaneous Products	0.5	0.1	0.0	0.3	42	26	3	13	90	245	149	38	742	67,041	173	2.5	1,612
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	11	0	0	0	26	0	0	0	701	17,952	198	2.9	1,624
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.	307,728	16,446,070	n.a.	n.a.	n.a.

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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$3,960,688	2,697	39.7	21,236	1.0	\$178	\$187
ANTIDEPRESSANTS	1,217,021	4,713	69.3	33,168	0.9	43	37
ULCER DRUGS	1,099,713	2,891	42.5	20,360	0.8	64	54
ANTICONVULSANT	1,098,568	1,816	26.7	14,652	1.1	71	75
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	913,951	1,138	16.7	7,280	0.8	154	126
ANTIHYPERLIPIDEMIC	808,149	1,381	20.3	10,655	0.9	88	76
ANTIASTHMATIC	705,947	2,112	31.1	16,273	0.6	68	43
ANTIDIABETIC	679,598	2,155	31.7	15,253	1.0	43	45
ANALGESICS - Narcotic	605,219	2,881	42.4	20,743	0.9	33	29
MISC. ENDOCRINE	400,246	972	14.3	6,750	0.8	75	59
Total	11,489,100	22,756		166,370	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

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, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
Beneficiary Characteristics	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	148,464	\$11,489,100	2,697	39.7	21,236	1.0	\$187	4,713	69.3	33,168	0.9	\$37
Female												
All Females	96,905	7,009,133	1,705	35.9	12,796	1.0	169	3,281	69.1	22,535	0.9	35
Female, Disabled												
All Ages	30,022	3,039,094	458	84.0	5,226	1.2	250	510	93.6	5,695	0.9	47
64 or younger	29,357	2,969,222	444	85.5	5,134	1.2	249	485	93.4	5,520	0.9	48
65-74	601	67,550	12	52.2	87	1.5	301	22	95.7	166	0.8	40
75-84	39	1,265	1	100.0	4	1.3	50	1	100.0	4	1.0	38
85 and older	25	1,057	1	50.0	1	1.0	173	2	100.0	5	0.6	3
Female, Other Eligibles												
All Ages	66,883	3,970,039	1,247	29.7	7,570	0.9	113	2,771	65.9	16,840	0.8	31
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,999	571,925	158	47.9	990	1.0	178	271	82.1	1,632	0.9	36
75-84	21,054	1,213,637	389	33.7	2,198	0.9	115	858	74.2	4,954	0.9	32
85 and older	37,830	2,184,477	700	25.8	4,382	0.8	97	1,642	60.5	10,254	0.8	30
Male												
All Males	51,559	4,479,967	992	48.4	8,440	1.1	213	1,432	69.9	10,633	0.8	40
Male, Disabled												
All Ages	29,468	3,094,554	490	85.5	5,588	1.2	260	480	83.8	5,382	0.9	49
64 or younger	29,216	3,082,309	487	87.0	5,580	1.2	260	473	84.5	5,335	0.9	49
65-74	238	11,059	1	9.1	4	4.0	602	7	63.6	47	1.2	41
75-84	14	1,186	2	100.0	4	0.8	100	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
Male, Other Eligibles												
All Ages	22,091	1,385,413	502	34.0	2,852	0.9	121	952	64.5	5,251	0.8	31
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5,181	376,033	112	42.6	702	1.0	157	191	72.6	1,076	0.9	34
75-84	9,318	568,755	222	37.9	1,228	0.9	115	407	69.6	2,250	0.8	29
85 and older	7,592	440,625	168	26.7	922	0.8	103	354	56.3	1,925	0.8	31
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE 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, 2005

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	2,891	42.5	20,360	0.8	\$54	1,816	26.7	14,652	1.1	\$75	1,138	16.7	7,280	0.8	\$126
Female															
All Females	2,002	42.2	13,589	0.9	53	1,069	22.5	8,255	1.1	68	791	16.7	5,022	0.8	130
Female, Disabled															
All Ages	291	53.4	3,244	0.8	57	371	68.1	4,161	1.1	93	80	14.7	919	0.7	250
64 or younger	283	54.5	3,186	0.8	56	357	68.8	4,078	1.1	92	77	14.8	895	0.7	252
65-74	8	34.8	58	1.0	126	11	47.8	71	1.3	169	3	13.0	24	1.1	163
75-84	0	0.0	0	0.0	0	2	200.0	8	3.3	97	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	50.0	4	2.3	71	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,711	40.7	10,345	0.9	51	698	16.6	4,094	1.0	43	711	16.9	4,103	0.9	103
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	147	44.5	903	0.8	53	119	36.1	714	1.1	63	43	13.0	223	0.9	147
75-84	512	44.3	3,112	0.9	49	253	21.9	1,289	1.0	40	255	22.1	1,442	0.9	91
85 and older	1,052	38.7	6,330	0.9	52	326	12.0	2,091	0.9	39	413	15.2	2,438	0.9	106
Male															
All Males	889	43.4	6,771	0.8	57	747	36.4	6,397	1.1	84	347	16.9	2,258	0.8	116
Male, Disabled															
All Ages	295	51.5	3,316	0.8	61	402	70.2	4,504	1.1	96	69	12.0	766	0.7	163
64 or younger	291	52.0	3,284	0.8	61	395	70.5	4,467	1.1	97	67	12.0	760	0.6	164
65-74	4	36.4	32	0.8	31	6	54.5	35	1.2	69	1	9.1	4	0.8	107
75-84	0	0.0	0	0.0	0	1	50.0	2	1.0	139	1	50.0	2	1.0	148
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	594	40.2	3,455	0.8	53	345	23.4	1,893	1.0	53	278	18.8	1,492	0.9	92
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	39.9	603	0.9	60	110	41.8	578	1.1	73	45	17.1	229	0.9	93
75-84	227	38.8	1,323	0.8	49	140	23.9	761	0.9	52	124	21.2	731	0.8	85
85 and older	262	41.7	1,529	0.9	53	95	15.1	554	0.9	33	109	17.3	532	0.9	100
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE 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, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					ANTIDIABETIC				
	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	1,381	20.3	10,655	0.9	\$76	2,112	31.1	16,273	0.6	\$43	2,155	31.7	15,253	1.0	\$45
Female															
All Females	826	17.4	6,081	0.9	76	1,332	28.1	10,202	0.6	44	1,364	28.7	9,527	1.0	43
Female, Disabled															
All Ages	205	37.6	2,335	0.9	88	289	53.0	3,223	0.7	50	204	37.4	2,271	1.1	56
64 or younger	196	37.8	2,288	0.9	88	280	53.9	3,161	0.7	50	199	38.3	2,255	1.1	55
65-74	7	30.4	39	0.7	102	8	34.8	58	0.7	60	5	21.7	16	0.9	142
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	2	100.0	8	0.5	25	1	50.0	4	0.3	5	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	621	14.8	3,746	0.9	68	1,043	24.8	6,979	0.6	40	1,160	27.6	7,256	1.0	39
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	82	24.8	506	1.0	81	126	38.2	781	0.7	49	164	49.7	1,026	1.1	50
75-84	281	24.3	1,644	0.8	60	337	29.2	2,121	0.7	49	441	38.1	2,581	1.1	40
85 and older	258	9.5	1,596	0.9	72	580	21.4	4,077	0.5	34	555	20.4	3,649	1.0	35
Male															
All Males	555	27.1	4,574	0.9	76	780	38.0	6,071	0.7	43	791	38.6	5,726	1.0	47
Male, Disabled															
All Ages	239	41.7	2,732	0.9	83	239	41.7	2,665	0.6	46	253	44.2	2,817	1.1	57
64 or younger	234	41.8	2,719	0.9	83	232	41.4	2,626	0.6	46	252	45.0	2,807	1.1	57
65-74	3	27.3	9	0.9	88	6	54.5	37	0.6	14	1	9.1	10	0.9	14
75-84	2	100.0	4	0.8	10	1	50.0	2	1.0	81	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
Male, Other Eligibles															
All Ages	316	21.4	1,842	0.9	67	541	36.6	3,406	0.7	41	538	36.4	2,909	1.0	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	86	32.7	524	0.9	74	101	38.4	634	0.9	66	117	44.5	591	1.2	47
75-84	168	28.7	964	0.9	65	232	39.7	1,444	0.6	34	229	39.1	1,231	1.1	40
85 and older	62	9.9	354	0.9	61	208	33.1	1,328	0.6	37	192	30.5	1,087	0.9	31
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE 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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						MISC. ENDOCRINE					
	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	Benefit Months Among All-Year Nursing Facility Residents
All	2,881	42.4	20,743	0.9	\$29	972	14.3	6,750	0.8	\$59	6,797	41,520
Female												
All Females	2,152	45.3	15,178	0.9	31	865	18.2	5,915	0.8	58	4,747	27,982
Female, Disabled												
All Ages	302	55.4	3,201	0.9	31	95	17.4	1,060	0.8	64	545	5,990
64 or younger	292	56.3	3,157	0.9	31	92	17.7	1,040	0.8	65	519	5,851
65-74	9	39.1	40	2.1	33	1	4.3	12	0.5	46	23	130
75-84	0	0.0	0	0.0	0	1	100.0	4	1.0	36	1	4
85 and older	1	50.0	4	0.8	7	1	50.0	4	1.0	83	2	5
Female, Other Eligibles												
All Ages	1,850	44.0	11,977	0.9	31	770	18.3	4,855	0.8	57	4,202	21,992
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	167	50.6	1,115	1.2	49	65	19.7	454	0.7	60	330	1,717
75-84	509	44.0	3,177	0.9	29	219	18.9	1,287	0.8	52	1,156	5,838
85 and older	1,174	43.2	7,685	0.9	29	486	17.9	3,114	0.8	58	2,716	14,437
Male												
All Males	729	35.6	5,565	0.8	25	107	5.2	835	0.8	67	2,050	13,538
Male, Disabled												
All Ages	244	42.6	2,697	0.8	28	37	6.5	425	0.9	79	573	6,331
64 or younger	239	42.7	2,669	0.8	28	36	6.4	421	0.9	80	560	6,271
65-74	4	36.4	26	2.0	51	1	9.1	4	0.5	25	11	56
75-84	1	50.0	2	1.0	6	0	0.0	0	0.0	0	2	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	485	32.8	2,868	0.7	22	70	4.7	410	0.8	55	1,477	7,207
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	96	36.5	556	0.7	23	21	8.0	140	0.9	62	263	1,334
75-84	193	33.0	1,139	0.8	26	20	3.4	80	0.8	67	585	2,868
85 and older	196	31.2	1,173	0.7	18	29	4.6	190	0.7	45	629	3,005
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 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 6,993 beneficiaries who were in nursing facilities for part of their enrollment and their 49,338 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = 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, 2005

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	47,440	60.5	7.8	608,739	\$94	\$7,380,147	\$12	2.9	78,425
Age									
5 and younger	8	100.0	21.6	173	291	2,325	13	6.0	8
6-14	6	66.7	11.6	104	204	1,836	18	3.3	9
15-20	99	43.6	3.8	867	48	10,991	13	2.0	227
21-44	11,814	53.7	6.0	130,859	89	1,963,687	15	2.3	21,986
45-64	18,577	66.4	10.2	286,805	125	3,485,832	12	2.7	27,992
65-74	4,246	48.0	4.8	42,606	68	599,432	14	4.3	8,852
75-84	5,547	59.9	6.6	61,260	64	591,618	10	4.7	9,263
85 and older	7,143	70.8	8.5	86,065	72	724,426	8	6.4	10,088
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	16,658	60.1	6.7	187,037	68	1,886,575	10	5.1	27,730
Disabled	30,060	61.2	8.5	416,940	110	5,389,387	13	2.6	49,149
Adults	706	46.6	3.0	4,590	66	100,541	22	2.8	1,514
Children	15	53.6	6.1	171	130	3,636	21	6.2	28
Unknown	1	25.0	0.3	1	2	8	8	0.4	4
Gender									
Female	29,217	65.6	8.6	383,828	100	4,434,905	12	3.2	44,545
Male	18,223	53.8	6.6	224,911	87	2,945,242	13	2.6	33,880
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	40,542	62.0	8.2	539,348	94	6,168,005	11	2.8	65,392
African American	3,211	52.9	5.2	31,746	66	401,068	13	2.7	6,074
Other/unknown	3,687	53.0	5.4	37,645	117	811,074	22	4.9	6,959
Use of Nursing Facilities^d									
Entire year	5,850	86.1	13.8	93,716	129	879,478	9	5.3	6,797
Part year	5,592	80.0	9.8	68,758	100	698,295	10	4.3	6,993
None	35,998	55.7	6.9	446,265	90	5,802,374	13	2.6	64,635
Maintenance Assistance Status									
Cash	16,352	60.2	7.8	210,762	104	2,836,524	13	2.7	27,164
Medically needy	10,037	60.4	8.2	136,071	93	1,543,801	11	4.1	16,604
Poverty related	8,998	57.8	7.3	113,009	85	1,330,032	12	2.7	15,572
Other/unknown	12,053	63.2	7.8	148,897	87	1,669,790	11	2.7	19,085

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

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	725,912
Age						
5 and younger	2.3	31	13	0	0	75
6-14	1.0	17	18	0	0	108
15-20	0.4	5	13	0	0	2,361
21-44	0.5	8	15	0	2	240,354
45-64	0.9	11	12	0	2	307,368
65-74	0.8	11	14	0	2	56,765
75-84	1.0	10	10	0	1	58,727
85 and older	1.4	12	8	0	1	60,154
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	1.1	11	10	0	1	172,107
Disabled	0.8	10	13	0	2	541,723
Adults	0.4	8	22	0	2	11,840
Children	0.8	16	21	0	0	221
Unknown	0.0	0	8	0	0	21
Gender						
Female	1.0	11	12	0	2	396,928
Male	0.7	9	13	0	2	328,984
Unknown	0.0	0	0	0	0	0
Race						
White	0.9	10	11	0	2	612,532
African American	0.6	7	13	0	1	56,654
Other/unknown	0.7	14	22	0	3	56,726
Use of Nursing Facilities^d						
Entire year	2.3	21	9	0	2	41,520
Part year	1.4	14	10	0	2	49,338
None	0.7	9	13	0	2	635,054
Maintenance Assistance Status						
Cash	0.8	10	13	0	2	276,013
Medically needy	1.0	12	11	0	2	133,146
Poverty related	0.8	9	12	0	2	142,729
Other/unknown	0.9	10	11	0	2	174,024

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
All	70,377	\$105	\$7,380,147	100.0	608,739	\$12	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	1	181	181	0.0	4	45	0.0	
Drugs for cosmetic purposes	93	25	2,362	0.0	192	12	0.0	
Cough and cold medications	2,542	92	233,947	3.2	6,311	37	1.0	
Vitamins and minerals	9,404	98	917,261	12.4	54,148	17	8.9	
Non-prescription drugs	40,426	100	4,040,803	54.8	431,311	9	70.9	
Barbiturates	589	107	62,885	0.9	6,572	10	1.1	
Benzodiazepines	16,187	85	1,378,809	18.7	105,099	13	17.3	
Other Part D Excl Rx Drugs	1,135	655	743,899	10.1	5,102	146	0.8	

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MINNESOTA, 2005

Total Number of Dual Eligible Beneficiaries: 78,425
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$251,678,176
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$3,209

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,427	14.6	\$0	0.0
1-500	18,253	23.3	3,528,877	1.4
501-1,000	7,696	9.8	5,623,837	2.2
1,001-1,500	5,351	6.8	6,615,673	2.6
1,501-2,000	4,134	5.3	7,180,707	2.9
2,001-2,500	3,337	4.3	7,470,617	3.0
2,501-3,000	2,827	3.6	7,759,677	3.1
3,001-3,500	2,522	3.2	8,178,086	3.2
3,501-4,000	2,251	2.9	8,428,028	3.3
4,001-4,500	1,932	2.5	8,207,165	3.3
4,501-5,000	1,770	2.3	8,400,857	3.3
5,001-5,500	1,566	2.0	8,225,789	3.3
5,501-6,000	1,416	1.8	8,142,829	3.2
6,001-6,500	1,273	1.6	7,953,120	3.2
6,501-7,000	1,141	1.5	7,698,560	3.1
7,001-7,500	1,009	1.3	7,310,200	2.9
7,501-8,000	914	1.2	7,078,401	2.8
8,001-8,500	845	1.1	6,961,815	2.8
8,501-9,000	744	0.9	6,507,434	2.6
9,001-9,500	676	0.9	6,252,176	2.5
9,501-10,000	603	0.8	5,879,579	2.3
10,001+	6,738	8.6	108,274,749	43.0

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 48,696
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$210,234,576
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$4,317

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	5,028	10.3	0	0.0
1-500	8,657	17.8	1,589,004	0.8
501-1,000	3,989	8.2	2,935,880	1.4
1,001-1,500	3,112	6.4	3,866,458	1.8
1,501-2,000	2,673	5.5	4,640,299	2.2
2,001-2,500	2,251	4.6	5,041,736	2.4
2,501-3,000	1,964	4.0	5,397,566	2.6
3,001-3,500	1,777	3.6	5,764,691	2.7
3,501-4,000	1,630	3.3	6,101,522	2.9
4,001-4,500	1,435	2.9	6,093,655	2.9
4,501-5,000	1,359	2.8	6,454,163	3.1
5,001-5,500	1,243	2.6	6,533,221	3.1
5,501-6,000	1,146	2.4	6,594,114	3.1
6,001-6,500	1,035	2.1	6,464,661	3.1
6,501-7,000	964	2.0	6,505,406	3.1
7,001-7,500	853	1.8	6,181,543	2.9
7,501-8,000	774	1.6	5,994,191	2.9
8,001-8,500	734	1.5	6,048,592	2.9
8,501-9,000	639	1.3	5,589,835	2.7
9,001-9,500	599	1.2	5,541,006	2.6
9,501-10,000	530	1.1	5,167,483	2.5
10,001+	6,304	12.9	101,729,550	48.4

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 28,203
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$37,797,360
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$1,340

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	6,144	21.8	0	0.0
1-500	9,099	32.3	1,851,960	4.9
501-1,000	3,556	12.6	2,581,276	6.8
1,001-1,500	2,143	7.6	2,632,211	7.0
1,501-2,000	1,389	4.9	2,415,372	6.4
2,001-2,500	1,034	3.7	2,312,015	6.1
2,501-3,000	821	2.9	2,247,214	5.9
3,001-3,500	697	2.5	2,255,906	6.0
3,501-4,000	586	2.1	2,195,484	5.8
4,001-4,500	463	1.6	1,969,094	5.2
4,501-5,000	386	1.4	1,828,415	4.8
5,001-5,500	299	1.1	1,566,832	4.1
5,501-6,000	252	0.9	1,445,258	3.8
6,001-6,500	220	0.8	1,375,638	3.6
6,501-7,000	165	0.6	1,111,559	2.9
7,001-7,500	140	0.5	1,012,074	2.7
7,501-8,000	125	0.4	968,075	2.6
8,001-8,500	100	0.4	823,046	2.2
8,501-9,000	100	0.4	874,188	2.3
9,001-9,500	74	0.3	683,345	1.8
9,501-10,000	62	0.2	604,411	1.6
10,001+	348	1.2	5,043,987	13.3

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 8,852
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$14,024,225
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$1,584

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	2,513	28.4		0	0.0
1-500	2,528	28.6		474,720	3.4
501-1,000	832	9.4		604,757	4.3
1,001-1,500	526	5.9		648,661	4.6
1,501-2,000	394	4.5		680,801	4.9
2,001-2,500	303	3.4		674,861	4.8
2,501-3,000	241	2.7		658,963	4.7
3,001-3,500	227	2.6		733,298	5.2
3,501-4,000	182	2.1		683,211	4.9
4,001-4,500	141	1.6		600,440	4.3
4,501-5,000	128	1.4		605,742	4.3
5,001-5,500	103	1.2		538,531	3.8
5,501-6,000	94	1.1		539,012	3.8
6,001-6,500	72	0.8		449,914	3.2
6,501-7,000	68	0.8		457,646	3.3
7,001-7,500	51	0.6		370,419	2.6
7,501-8,000	51	0.6		393,974	2.8
8,001-8,500	39	0.4		320,817	2.3
8,501-9,000	43	0.5		375,984	2.7
9,001-9,500	39	0.4		359,830	2.6
9,501-10,000	36	0.4		352,083	2.5
10,001+	241	2.7		3,500,561	25.0

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 9,263
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$12,456,089
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$1,344

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,055	22.2	0	0.0
1-500	2,812	30.4	586,904	4.7
501-1,000	1,190	12.8	861,940	6.9
1,001-1,500	760	8.2	931,064	7.5
1,501-2,000	444	4.8	775,505	6.2
2,001-2,500	347	3.7	780,711	6.3
2,501-3,000	266	2.9	728,393	5.8
3,001-3,500	246	2.7	797,185	6.4
3,501-4,000	202	2.2	754,808	6.1
4,001-4,500	175	1.9	744,055	6.0
4,501-5,000	141	1.5	667,655	5.4
5,001-5,500	106	1.1	557,057	4.5
5,501-6,000	86	0.9	493,161	4.0
6,001-6,500	89	1.0	557,500	4.5
6,501-7,000	56	0.6	376,895	3.0
7,001-7,500	57	0.6	410,894	3.3
7,501-8,000	47	0.5	363,665	2.9
8,001-8,500	35	0.4	287,654	2.3
8,501-9,000	36	0.4	314,321	2.5
9,001-9,500	18	0.2	165,674	1.3
9,501-10,000	21	0.2	204,115	1.6
10,001+	74	0.8	1,096,933	8.8

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 10,088
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$11,317,046
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$1,121

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	1,576	15.6	0	0.0
1-500	3,759	37.3	790,336	7.0
501-1,000	1,534	15.2	1,114,579	9.8
1,001-1,500	857	8.5	1,052,486	9.3
1,501-2,000	551	5.5	959,066	8.5
2,001-2,500	384	3.8	856,443	7.6
2,501-3,000	314	3.1	859,858	7.6
3,001-3,500	224	2.2	725,423	6.4
3,501-4,000	202	2.0	757,465	6.7
4,001-4,500	147	1.5	624,599	5.5
4,501-5,000	117	1.2	555,018	4.9
5,001-5,500	90	0.9	471,244	4.2
5,501-6,000	72	0.7	413,085	3.7
6,001-6,500	59	0.6	368,224	3.3
6,501-7,000	41	0.4	277,018	2.4
7,001-7,500	32	0.3	230,761	2.0
7,501-8,000	27	0.3	210,436	1.9
8,001-8,500	26	0.3	214,575	1.9
8,501-9,000	21	0.2	183,883	1.6
9,001-9,500	17	0.2	157,841	1.4
9,501-10,000	5	0.0	48,213	0.4
10,001+	33	0.3	446,493	3.9

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	114,332	62,587	49,682	2,021	38	4	1,212,408	637,083	553,842	21,047	415	21
Age												
5 and younger	8	0	3	0	5	0	95	0	36	0	59	0
6-14	9	0	8	0	1	0	108	0	96	0	12	0
15-20	231	0	201	8	22	0	2,576	0	2,240	83	253	0
21-44	22,432	0	21,112	1,310	10	0	250,536	0	236,647	13,798	91	0
45-64	28,350	0	27,685	664	0	1	314,777	0	307,942	6,823	0	12
65-74	19,004	18,351	613	37	0	3	203,184	196,573	6,274	328	0	9
75-84	20,985	20,942	41	2	0	0	217,115	216,670	430	15	0	0
85 and older	23,313	23,294	19	0	0	0	224,017	223,840	177	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	70,846	45,005	24,432	1,388	17	4	750,168	461,172	274,140	14,651	184	21
Male	43,486	17,582	25,250	633	21	0	462,240	175,911	279,702	6,396	231	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	95,475	52,885	41,168	1,392	26	4	1,011,941	534,552	462,509	14,578	281	21
African American	7,515	2,326	4,853	332	4	0	80,063	24,901	51,741	3,383	38	0
Other/unknown	11,342	7,376	3,661	297	8	0	120,404	77,630	39,592	3,086	96	0
Use of Nursing Facilities^c												
Entire year	17,955	16,783	1,172	0	0	0	182,698	169,581	13,117	0	0	0
Part year	10,154	8,475	1,664	15	0	0	95,009	76,866	17,994	149	0	0
None	86,223	37,329	46,846	2,006	38	4	934,701	390,636	522,731	20,898	415	21
Maintenance Assistance Status												
Cash	40,846	17,285	21,860	1,686	15	0	465,100	196,585	250,216	18,130	169	0
Medically needy	22,878	15,894	6,883	100	1	0	215,500	142,536	72,011	941	12	0
Poverty related	23,868	13,480	10,367	16	1	4	254,779	139,932	114,701	113	12	21
Other/unknown	26,740	15,928	10,572	219	21	0	277,029	158,030	116,914	1,863	222	0
Dual Status^d												
Full dual, all year	111,218	60,718	48,462	1,997	37	4	1,179,070	616,857	541,000	20,788	404	21
Full dual, part year	3,114	1,869	1,220	24	1	0	33,338	20,226	12,842	259	11	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	63,933	15,135	47,821	956	17	4	669,787	126,107	533,553	9,917	189	21
FFS part year, with Rx claims	11,783	10,237	1,117	421	8	0	124,205	107,234	12,319	4,560	92	0
FFS part year, no Rx claims	2,709	2,358	211	137	3	0	27,101	23,702	1,989	1,374	36	0
MC all year, with Rx claims	103	86	14	3	0	0	1,129	951	152	26	0	0
MC all year, no Rx claims	35,804	34,771	519	504	10	0	390,186	379,089	5,829	5,170	98	0

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Table 1					
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	114,332	1,212,408	78,425	725,912	0	486,496
Fee-for-service (FFS) all year	63,933	669,787	63,933	669,787	0	0
FFS part year, with Rx claims	11,783	124,205	11,783	47,937	0	76,268
FFS part year, with no Rx claims	2,709	27,101	2,709	8,188	0	18,913
Managed care (MC) all year, with Rx claims	103	1,129	0	0	0	1,129
MC all year, with no Rx claims	35,804	390,186	0	0	0	390,186

Source: Data for this table are from the MAX 2005 file for Minnesota, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Dual Eligible Beneficiaries