

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
MINNESOTA**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY
BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH,
BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES
AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND

BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND

THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY
BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MINNESOTA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	778126 (A)	145154 (E)	632972 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	740277 (B)	116859 (F)	623418 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	471438 (C)	76893 (G)	394545 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	5965 (D)	5379 (H)	586 (L)

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Minnesota in 2006 was \$213,274,459, of which \$4,165,535 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

All Medicaid Beneficiaries

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 MINNESOTA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	471,438	25,430	107,533	115,540	222,460	475	2,485,446	160,755	1,134,930	389,780	796,511	3,470
Age												
5 and younger	87,578	0	3,390	3	84,185	0	323,993	0	32,362	8	291,623	0
6-14	97,564	0	9,351	18	88,195	0	421,415	0	101,575	65	319,775	0
15-20	65,469	0	7,123	10,491	47,835	20	293,804	0	76,018	38,342	179,327	117
21-44	134,467	0	37,981	93,997	2,237	252	722,398	0	401,710	313,314	5,762	1,612
45-64	60,273	2	49,089	10,987	0	195	558,440	13	518,875	37,867	0	1,685
65-74	9,112	8,487	576	41	0	8	59,161	54,653	4,274	178	0	56
75-84	7,996	7,980	14	2	0	0	51,750	51,683	63	4	0	0
85 and older	8,970	8,961	8	1	0	0	54,455	54,406	47	2	0	0
Unknown	9	0	1	0	8	0	30	0	6	0	24	0
Gender												
Female	269,229	17,381	52,318	89,733	109,322	475	1,366,216	111,190	558,092	305,896	387,568	3,470
Male	202,209	8,049	55,215	25,807	113,138	0	1,119,230	49,565	576,838	83,884	408,943	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	264,043	20,496	75,393	68,713	99,130	311	1,534,739	134,184	808,776	228,197	361,025	2,557
African American	93,913	1,637	17,055	23,768	51,430	23	400,760	7,364	169,336	70,967	152,919	174
Other/unknown	113,482	3,297	15,085	23,059	71,900	141	549,947	19,207	156,818	90,616	282,567	739
Use of Nursing Facilities^c												
Entire year	5,965	4,319	1,579	21	46	0	40,898	23,708	17,045	38	107	0
Part year	8,817	4,706	3,173	430	505	3	64,894	27,881	31,782	2,200	3,000	31
None	456,656	16,405	102,781	115,089	221,909	472	2,379,654	109,166	1,086,103	387,542	793,404	3,439
Maintenance Assistance Status												
Cash	312,470	4,232	63,984	89,632	154,622	0	1,563,458	21,937	693,954	310,698	536,869	0
Medically needy	23,543	8,892	8,840	4,461	1,350	0	162,221	58,846	84,796	15,722	2,857	0
Poverty-related	52,655	4,543	12,513	4,445	30,679	475	301,773	28,659	132,571	16,850	120,223	3,470
Other/unknown	82,770	7,763	22,196	17,002	35,809	0	457,994	51,313	223,609	46,510	136,562	0
Dual Medicare Status^d												
Full dual, all year	73,347	22,154	49,498	1,664	21	10	695,024	139,122	542,744	12,952	136	70
Full dual, part year	3,546	1,883	1,633	30	0	0	33,837	16,657	16,909	271	0	0
Non-dual, all year	394,545	1,393	56,402	113,846	222,439	465	1,756,585	4,976	575,277	376,557	796,375	3,400
Managed Care (MC) Status												
Fee-for-service (FFS) all year	199,047	12,696	100,164	33,898	51,832	457	1,715,045	105,109	1,092,782	165,938	347,839	3,377
FFS part year, with Rx claims	84,655	6,645	5,558	34,154	38,289	9	295,006	32,127	33,730	105,114	123,976	59
FFS part year, no Rx claims	187,736	6,089	1,811	47,488	132,339	9	475,395	23,519	8,418	118,728	324,696	34

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
MINNESOTA, 2006

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	36.6	5.1	\$444	\$86	\$8,253	5.4	471,438
Age							
5 and younger	27.1	1.1	92	81	3,313	2.8	87,578
6-14	28.6	2.6	253	97	4,183	6.1	97,564
15-20	35.4	3.7	391	107	5,436	7.2	65,469
21-44	43.8	5.6	526	94	9,585	5.5	134,467
45-64	55.0	17.1	1,290	75	18,411	7.0	60,273
65-74	28.7	3.9	219	57	13,303	1.6	9,112
75-84	19.5	1.1	26	24	16,072	0.2	7,996
85 and older	18.7	0.9	12	14	20,991	0.1	8,970
Unknown	77.8	4.0	321	80	5,277	6.1	9
Basis of Eligibility^e							
Aged	22.0	1.8	77	43	16,799	0.5	25,430
Disabled	60.0	17.2	1,582	92	23,881	6.6	107,533
Adults	39.4	2.2	140	64	2,890	4.8	115,540
Children	25.5	1.2	92	76	2,509	3.7	222,460
Unknown	57.9	10.0	765	77	7,265	10.5	475
Gender							
Female	38.5	5.4	410	77	7,501	5.5	269,229
Male	34.2	4.9	488	100	9,255	5.3	202,209
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	39.7	6.4	535	84	10,607	5.0	264,043
African American	31.7	3.4	299	89	5,202	5.7	93,913
Other/unknown	33.5	3.7	351	95	5,300	6.6	113,482
Use of Nursing Facilities^f							
Entire year	37.0	10.3	671	65	39,273	1.7	5,965
Part year	48.0	13.9	1,074	78	29,112	3.7	8,817
None	36.4	4.9	428	87	7,445	5.8	456,656
Maintenance Assistance Status							
Cash	38.6	5.8	511	88	7,390	6.9	312,470
Medically needy	29.8	3.3	228	69	17,568	1.3	23,543
Poverty related	29.4	2.6	164	64	6,508	2.5	52,655
Other/unknown	35.7	4.8	427	88	9,972	4.3	82,770

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

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

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

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

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

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

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 MINNESOTA, 2006

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	1.0	\$84	5.4	63.4	24.2	4.9	5.0	2.0	0.6	\$1,565	471,438	2,485,446
Age												
5 and younger	0.3	25	2.8	72.9	23.4	2.3	1.2	0.2	0.0	896	87,578	323,993
6-14	0.6	59	6.1	71.4	21.0	3.9	3.2	0.4	0.0	968	97,564	421,415
15-20	0.8	87	7.2	64.6	24.7	5.1	4.6	0.9	0.1	1,211	65,469	293,804
21-44	1.0	98	5.5	56.2	27.2	6.7	6.8	2.5	0.6	1,784	134,467	722,398
45-64	1.8	139	7.0	45.0	26.2	6.8	11.2	7.8	3.0	1,987	60,273	558,440
65-74	0.6	34	1.6	71.3	17.8	3.8	4.0	2.2	0.8	2,049	9,112	59,161
75-84	0.2	4	0.2	80.5	16.3	1.7	1.1	0.4	0.0	2,483	7,996	51,750
85 and older	0.1	2	0.1	81.3	16.8	1.0	0.7	0.1	0.0	3,458	8,970	54,455
Unknown	1.2	96	6.1	22.2	44.4	11.1	22.2	0.0	0.0	1,583	9	30
Basis of Eligibility^e												
Aged	0.3	12	0.5	78.0	16.9	2.2	1.9	0.8	0.3	2,658	25,430	160,755
Disabled	1.6	150	6.6	40.0	30.8	8.0	12.1	6.8	2.3	2,263	107,533	1,134,930
Adults	0.6	41	4.8	60.6	26.2	6.3	5.3	1.4	0.2	857	115,540	389,780
Children	0.3	26	3.7	74.5	20.7	2.9	1.8	0.2	0.0	701	222,460	796,511
Unknown	1.4	105	10.5	42.1	34.9	9.3	9.5	3.6	0.6	995	475	3,470
Gender												
Female	1.1	81	5.5	61.5	25.4	5.1	5.1	2.2	0.7	1,478	269,229	1,366,216
Male	0.9	88	5.3	65.8	22.6	4.6	4.8	1.8	0.4	1,672	202,209	1,119,230
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	92	5.0	60.3	24.9	5.4	6.0	2.6	0.8	1,825	264,043	1,534,739
African American	0.8	70	5.7	68.3	21.8	4.4	3.9	1.3	0.3	1,219	93,913	400,760
Other/unknown	0.8	72	6.6	66.5	24.3	3.9	3.7	1.4	0.3	1,094	113,482	549,947
Use of Nursing Facilities^f												
Entire year	1.5	98	1.7	63.0	23.4	3.8	3.3	3.5	3.1	5,728	5,965	40,898
Part year	1.9	146	3.7	52.0	27.0	4.8	6.4	5.9	4.0	3,955	8,817	64,894
None	0.9	82	5.8	63.6	24.1	4.9	5.0	1.9	0.5	1,429	456,656	2,379,654
Maintenance Assistance Status												
Cash	1.2	102	6.9	61.4	24.9	5.2	5.4	2.3	0.7	1,477	312,470	1,563,458
Medically needy	0.5	33	1.3	70.2	21.9	3.2	3.0	1.4	0.4	2,550	23,543	162,221
Poverty related	0.4	29	2.5	70.6	23.4	2.9	2.2	0.7	0.2	1,136	52,655	301,773
Other/unknown	0.9	77	4.3	64.3	22.5	5.3	5.7	1.8	0.4	1,802	82,770	457,994

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

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

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

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

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

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

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 MINNESOTA, 2006

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	1.0	\$84	\$86	0.3	\$64	\$189	0.0	\$6	\$121	0.6	\$15	\$25
Age												
5 and younger	0.3	25	81	0.1	18	197	0.0	1	73	0.2	6	28
6-14	0.6	59	97	0.3	48	161	0.0	2	91	0.3	8	29
15-20	0.8	87	107	0.4	72	196	0.0	4	105	0.4	11	27
21-44	1.0	98	94	0.3	75	218	0.0	6	132	0.6	17	26
45-64	1.8	139	75	0.6	99	176	0.1	13	130	1.2	27	23
65-74	0.6	34	57	0.2	22	139	0.0	4	116	0.4	9	21
75-84	0.2	4	24	0.0	2	106	0.0	0	59	0.1	2	14
85 and older	0.1	2	14	0.0	1	73	0.0	0	56	0.1	1	9
Unknown	1.2	96	80	0.7	90	122	0.0	0	0	0.5	7	15
Basis of Eligibility^d												
Aged	0.3	12	43	0.1	7	131	0.0	1	103	0.2	4	17
Disabled	1.6	150	92	0.6	117	203	0.1	10	124	1.0	22	23
Adults	0.6	41	64	0.2	22	143	0.0	4	143	0.5	15	32
Children	0.3	26	76	0.1	19	135	0.0	1	83	0.2	6	31
Unknown	1.4	105	77	0.5	75	155	0.1	10	136	0.8	20	25
Gender												
Female	1.1	81	77	0.3	58	171	0.1	7	127	0.7	16	24
Male	0.9	88	100	0.3	70	211	0.0	5	113	0.5	13	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	92	84	0.4	71	184	0.1	7	119	0.7	14	21
African American	0.8	70	89	0.3	56	218	0.0	4	122	0.5	10	20
Other/unknown	0.8	72	95	0.3	47	187	0.0	5	130	0.5	20	42
Use of Nursing Facilities^e												
Entire year	1.5	98	65	0.4	70	178	0.1	8	115	1.0	20	19
Part year	1.9	146	78	0.6	107	192	0.1	9	122	1.2	29	24
None	0.9	82	87	0.3	62	189	0.0	6	121	0.6	14	25
Maintenance Assistance Status												
Cash	1.2	102	88	0.4	77	194	0.1	7	125	0.7	18	26
Medically needy	0.5	33	69	0.1	24	187	0.0	3	122	0.3	7	20
Poverty related	0.4	29	64	0.1	20	161	0.0	3	124	0.3	6	20
Other/unknown	0.9	77	88	0.4	63	178	0.0	4	101	0.5	10	22

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>

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

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 MINNESOTA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	\$26	\$16	\$1	\$8	\$81	\$331	\$77	\$33	188,709	\$15,287,056	77,756	16.5	598,977
Biologicals	0.2	0.2	0.0	0.0	367	359	7	1	1494	1,628	1,055	54	2,460	3,675,401	1,069	0.2	10,018
Antineoplastic Agents	0.6	0.2	0.0	0.4	143	123	0	20	258	780	112	50	6,485	1,673,267	1,259	0.3	11,688
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	46	34	2	11	68	139	87	26	196,801	13,433,061	36,867	7.8	291,079
Cardiovascular Agents	1.2	0.3	0.2	0.7	52	21	20	10	45	80	129	14	290,451	12,947,719	27,307	5.8	248,167
Respiratory Agents	0.6	0.3	0.0	0.3	41	35	0	6	73	115	58	25	171,065	12,560,465	37,047	7.9	304,127
Gastrointestinal Agents	0.6	0.3	0.0	0.3	62	48	8	6	105	154	380	23	146,370	15,438,953	28,147	6.0	249,534
Genitourinary Agents	0.4	0.2	0.1	0.2	24	14	5	5	60	91	90	27	29,569	1,770,378	8,639	1.8	74,070
CNS Drugs	1.0	0.4	0.1	0.5	111	93	7	11	108	222	97	20	576,368	62,193,653	63,102	13.4	559,259
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	75	68	1	6	98	113	138	37	92,729	9,095,845	14,641	3.1	121,550
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	100	94	0	6	335	433	94	70	7,991	2,677,540	2,912	0.6	26,803
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	34	15	1	18	54	203	272	32	255,065	13,808,882	50,674	10.7	408,007
Neuromuscular Agents	0.9	0.3	0.0	0.5	77	61	2	14	90	182	118	27	248,183	22,392,830	30,313	6.4	291,420
Nutritional Products	0.5	0.0	0.0	0.4	13	4	0	9	27	118	29	19	52,056	1,383,642	13,344	2.8	105,070
Hematological Agents	0.6	0.1	0.0	0.5	175	169	1	6	274	1,357	67	11	48,226	13,217,124	7,927	1.7	75,400
Topical Products	0.3	0.1	0.0	0.2	14	8	1	5	48	100	68	26	98,395	4,767,810	41,319	8.8	348,494
Miscellaneous Products	0.8	0.3	0.1	0.5	183	144	13	26	235	552	244	55	11,108	2,609,545	1,438	0.3	14,240
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	49	0	0	0	3,613	175,753	1,306	0.3	13,620
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,425,644	209,108,924	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 MINNESOTA, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$43,219,783	26,279	5.6	263,016	0.7	\$243	\$164
ANTICONVULSANT	20,792,439	26,921	5.7	272,773	0.7	105	76
ANTIDEPRESSANTS	14,155,804	52,305	11.1	454,005	0.5	58	31
ULCER DRUGS	11,166,883	27,449	5.8	251,304	0.5	95	44
MISC. HEMATOLOGICAL	10,356,136	1,358	0.3	12,627	0.6	1,441	820
ANTIASTHMATIC	9,244,759	39,846	8.5	331,704	0.4	77	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,085,384	16,487	3.5	140,847	0.7	98	65
ANTIHYPERTENSIVE	6,727,949	10,814	2.3	107,153	0.6	107	63
ANTIDIABETIC	6,704,978	14,702	3.1	134,073	0.6	80	50
ANALGESICS - Narcotic	6,704,774	52,653	11.2	446,900	0.4	40	15
Total	138,158,889	268,814	n.a.	2,414,402	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries