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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	76,893	24,037	51,131	1,694	21	10	728,861	155,779	559,653	13,223	136	70
Age												
5 and younger	12	0	7	0	5	0	84	0	66	0	18	0
6-14	13	0	12	0	1	0	142	0	130	0	12	0
15-20	222	0	207	6	9	0	2,330	0	2,222	65	43	0
21-44	22,327	0	21,210	1,109	6	2	241,773	0	233,062	8,631	63	17
45-64	29,775	0	29,213	560	0	2	324,763	0	320,340	4,408	0	15
65-74	7,947	7,461	462	18	0	6	55,024	51,142	3,726	118	0	38
75-84	7,745	7,732	12	1	0	0	50,845	50,784	60	1	0	0
85 and older	8,852	8,844	8	0	0	0	53,900	53,853	47	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	43,020	16,610	25,200	1,192	8	10	395,781	108,511	277,725	9,415	60	70
Male	33,873	7,427	25,931	502	13	0	333,080	47,268	281,928	3,808	76	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	63,247	20,234	41,791	1,202	13	7	605,259	132,783	462,429	9,916	86	45
African American	6,452	938	5,250	262	2	0	60,977	5,309	53,958	1,697	13	0
Other/unknown	7,194	2,865	4,090	230	6	3	62,625	17,687	43,266	1,610	37	25
Use of Nursing Facilities^c												
Entire year	5,379	4,267	1,111	1	0	0	35,586	23,411	12,173	2	0	0
Part year	6,285	4,658	1,607	20	0	0	44,742	27,622	16,957	163	0	0
None	65,229	15,112	48,413	1,673	21	10	648,533	104,746	530,523	13,058	136	70
Maintenance Assistance Status												
Cash	27,045	3,333	22,222	1,481	9	0	281,694	19,006	250,947	11,697	44	0
Medically needy	16,028	8,789	7,162	77	0	0	132,050	58,295	73,098	657	0	0
Poverty-related	15,486	4,498	10,948	27	3	10	148,108	28,447	119,384	198	9	70
Other/unknown	18,334	7,417	10,799	109	9	0	167,009	50,031	116,224	671	83	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	63,193	12,373	49,702	1,096	13	9	665,561	103,256	550,989	11,131	120	65
FFS part year, with Rx claims	7,102	6,006	817	274	4	1	36,338	29,951	5,364	1,013	5	5
FFS part year, no Rx claims	6,598	5,658	612	324	4	0	26,962	22,572	3,300	1,079	11	0

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 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 2006. 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, 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	30.5	3.3	\$176	\$53	\$21,136	0.8	76,893
Age							
5 and younger	58.3	9.7	600	62	13,190	4.6	12
6-14	61.5	22.5	1,298	58	41,273	3.1	13
15-20	71.2	15.8	1,777	113	29,795	6.0	222
21-44	33.2	3.8	263	69	23,417	1.1	22,327
45-64	36.6	4.2	188	45	22,711	0.8	29,775
65-74	24.4	3.2	180	56	13,490	1.3	7,947
75-84	18.5	0.9	18	20	16,207	0.1	7,745
85 and older	18.3	0.8	8	11	21,028	0.0	8,852
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	20.1	1.5	60	40	17,071	0.4	24,037
Disabled	35.2	4.1	228	55	23,574	1.0	51,131
Adults	37.9	4.0	264	66	5,343	4.9	1,694
Children	66.7	12.3	647	53	17,104	3.8	21
Unknown	80.0	10.5	1,103	105	7,657	14.4	10
Gender							
Female	32.9	3.6	180	50	19,679	0.9	43,020
Male	27.5	2.9	171	59	22,987	0.7	33,873
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	31.1	3.3	165	49	22,675	0.7	63,247
African American	27.9	3.0	212	70	11,984	1.8	6,452
Other/unknown	28.4	3.2	247	77	15,812	1.6	7,194
Use of Nursing Facilities^f							
Entire year	31.0	2.7	70	26	36,335	0.2	5,379
Part year	32.5	2.9	132	45	24,969	0.5	6,285
None	30.3	3.4	189	56	19,513	1.0	65,229
Maintenance Assistance Status							
Cash	35.7	4.7	290	62	24,123	1.2	27,045
Medically needy	25.8	2.0	81	41	22,325	0.4	16,028
Poverty related	28.9	3.0	134	45	15,611	0.9	15,486
Other/unknown	28.5	2.7	127	47	20,356	0.6	18,334

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 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 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.

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

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	0.3	\$19	0.8	69.5	25.1	2.6	1.9	0.7	0.2	\$2,230	76,893	728,861
Age												
5 and younger	1.4	86	4.6	41.7	33.3	8.3	8.3	8.3	0.0	1,884	12	84
6-14	2.1	119	3.1	38.5	23.1	15.4	15.4	0.0	7.7	3,779	13	142
15-20	1.5	169	6.0	28.8	38.7	12.6	14.4	5.0	0.5	2,839	222	2,330
21-44	0.4	24	1.1	66.8	27.0	2.9	2.4	0.7	0.2	2,163	22,327	241,773
45-64	0.4	17	0.8	63.4	30.7	3.1	1.9	0.7	0.3	2,082	29,775	324,763
65-74	0.5	26	1.3	75.6	17.0	2.7	2.5	1.6	0.5	1,948	7,947	55,024
75-84	0.1	3	0.1	81.5	16.1	1.5	0.7	0.1	0.0	2,469	7,745	50,845
85 and older	0.1	1	0.0	81.7	16.8	1.0	0.5	0.0	0.0	3,453	8,852	53,900
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	0.2	9	0.4	79.9	16.6	1.7	1.2	0.5	0.2	2,634	24,037	155,779
Disabled	0.4	21	1.0	64.8	29.1	3.0	2.1	0.7	0.2	2,154	51,131	559,653
Adults	0.5	34	4.9	62.1	25.9	4.4	5.0	1.7	0.9	685	1,694	13,223
Children	1.9	100	3.8	33.3	23.8	19.0	14.3	4.8	4.8	2,641	21	136
Unknown	1.5	158	14.4	20.0	70.0	0.0	0.0	10.0	0.0	1,094	10	70
Gender												
Female	0.4	20	0.9	67.1	27.0	2.8	2.0	0.8	0.3	2,139	43,020	395,781
Male	0.3	17	0.7	72.5	22.8	2.4	1.7	0.6	0.1	2,338	33,873	333,080
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	17	0.7	68.9	25.8	2.6	1.8	0.6	0.2	2,370	63,247	605,259
African American	0.3	22	1.8	72.1	22.1	2.6	2.0	0.9	0.2	1,268	6,452	60,977
Other/unknown	0.4	28	1.6	71.6	22.2	2.6	2.5	0.9	0.2	1,816	7,194	62,625
Use of Nursing Facilities^f												
Entire year	0.4	11	0.2	69.0	25.2	3.6	1.5	0.4	0.3	5,492	5,379	35,586
Part year	0.4	19	0.5	67.5	27.9	2.2	1.3	0.7	0.4	3,508	6,285	44,742
None	0.3	19	1.0	69.7	24.9	2.6	2.0	0.7	0.2	1,963	65,229	648,533
Maintenance Assistance Status												
Cash	0.4	28	1.2	64.3	27.9	3.6	2.7	1.1	0.4	2,316	27,045	281,694
Medically needy	0.2	10	0.4	74.2	22.5	1.8	1.1	0.3	0.1	2,710	16,028	132,050
Poverty related	0.3	14	0.9	71.1	24.1	2.5	1.7	0.5	0.1	1,632	15,486	148,108
Other/unknown	0.3	14	0.6	71.5	24.3	2.1	1.5	0.5	0.1	2,235	18,334	167,009

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 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 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.

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, 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	0.3	\$19	\$53	0.1	\$13	\$184	0.0	\$1	\$117	0.3	\$5	\$17
Age												
5 and younger	1.4	86	62	0.6	45	78	0.1	15	256	0.8	26	34
6-14	2.1	119	58	0.8	44	52	0.1	6	88	1.2	69	60
15-20	1.5	169	113	0.7	150	207	0.0	3	72	0.7	16	22
21-44	0.4	24	69	0.1	18	213	0.0	2	126	0.3	5	18
45-64	0.4	17	45	0.1	11	169	0.0	1	116	0.3	5	16
65-74	0.5	26	56	0.1	16	143	0.0	3	117	0.3	7	21
75-84	0.1	3	20	0.0	1	119	0.0	0	52	0.1	2	14
85 and older	0.1	1	11	0.0	0	71	0.0	0	21	0.1	1	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.2	9	40	0.0	5	139	0.0	1	101	0.2	3	17
Disabled	0.4	21	55	0.1	15	190	0.0	1	119	0.3	5	17
Adults	0.5	34	66	0.1	21	178	0.0	3	147	0.4	11	28
Children	1.9	100	53	0.9	75	86	0.1	13	132	0.9	12	13
Unknown	1.5	158	105	0.5	118	217	0.1	3	28	0.8	37	43
Gender												
Female	0.4	20	50	0.1	13	173	0.0	2	122	0.3	5	17
Male	0.3	17	59	0.1	12	200	0.0	1	109	0.2	4	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	17	49	0.1	12	179	0.0	1	114	0.3	4	15
African American	0.3	22	70	0.1	17	220	0.0	1	116	0.2	4	17
Other/unknown	0.4	28	77	0.1	16	190	0.0	2	130	0.3	10	38
Use of Nursing Facilities^e												
Entire year	0.4	11	26	0.0	6	141	0.0	1	60	0.4	4	11
Part year	0.4	19	45	0.1	12	154	0.0	2	125	0.3	5	16
None	0.3	19	56	0.1	13	188	0.0	1	119	0.3	5	18
Maintenance Assistance Status												
Cash	0.4	28	62	0.1	20	193	0.0	2	121	0.3	6	19
Medically needy	0.2	10	41	0.0	6	160	0.0	1	107	0.2	3	15
Poverty related	0.3	14	45	0.0	9	175	0.0	1	125	0.3	4	17
Other/unknown	0.3	14	47	0.1	10	174	0.0	1	100	0.2	4	15

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 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.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.

TABLE D.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$40	\$31	\$1	\$8	\$123	\$430	\$235	\$32	6,955	\$855,254	2,074	2.7	21,549
Biologicals	0.1	0.1	0.0	0.0	345	344	0	1	2327	3,007	0	32	35	81,438	22	0.0	236
Antineoplastic Agents	0.4	0.1	0.0	0.3	93	79	0	13	240	733	242	48	520	124,563	146	0.2	1,338
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	37	28	1	8	60	118	75	22	11,384	680,955	1,822	2.4	18,419
Cardiovascular Agents	0.9	0.3	0.1	0.6	45	20	16	8	48	78	133	15	22,171	1,067,744	2,411	3.1	23,775
Respiratory Agents	0.4	0.1	0.0	0.2	23	18	0	5	64	123	66	22	10,289	656,506	2,684	3.5	28,642
Gastrointestinal Agents	0.5	0.3	0.0	0.2	56	46	6	4	114	155	551	21	7,862	893,106	1,594	2.1	16,022
Genitourinary Agents	0.4	0.2	0.1	0.1	26	18	5	3	71	96	93	26	1,743	123,313	448	0.6	4,721
CNS Drugs	0.6	0.1	0.0	0.5	32	23	2	7	51	208	108	14	94,277	4,837,816	14,298	18.6	151,060
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	56	50	0	6	134	173	54	45	1,300	173,612	290	0.4	3,092
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.1	59	54	0	5	261	334	64	74	735	191,638	306	0.4	3,274
Analgesics and Anesthetics	0.5	0.1	0.0	0.5	31	13	1	16	57	199	244	35	14,567	828,202	2,649	3.4	26,852
Neuromuscular Agents	0.7	0.1	0.0	0.6	25	15	1	9	37	209	81	16	47,173	1,741,063	6,465	8.4	70,296
Nutritional Products	0.4	0.0	0.0	0.4	9	3	1	6	22	95	32	16	9,509	205,439	2,127	2.8	21,763
Hematological Agents	0.6	0.0	0.0	0.5	17	11	0	5	29	442	36	9	18,862	551,598	3,249	4.2	32,909
Topical Products	0.3	0.1	0.0	0.2	13	9	1	4	50	105	58	23	4,259	214,597	1,494	1.9	15,984
Miscellaneous Products	0.6	0.3	0.0	0.3	164	139	8	17	273	513	255	56	1,102	301,366	175	0.2	1,840
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	16	0	0	0	1,192	19,572	252	0.3	2,805
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.	253,935	13,547,782	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 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.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.

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

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	\$2,737,928	1,911	2.5	20,198	0.5	\$264	\$136
ANTICONVULSANT	1,636,247	6,283	8.2	68,840	0.6	37	24
ANTIDEPRESSANTS	991,946	3,398	4.4	35,255	0.4	69	28
ULCER DRUGS	840,024	3,896	5.1	39,861	0.3	65	21
ANTI-ANXIETY AGENTS	753,247	11,200	14.6	119,632	0.5	13	6
LAXATIVES	651,632	21,655	28.2	226,765	0.4	7	3
ANTIHYPERLIPIDEMIC	610,990	1,330	1.7	13,634	0.4	107	45
ANALGESICS - NonNarcotic	496,434	15,721	20.4	150,031	0.4	8	3
ANTIDIABETIC	493,072	1,616	2.1	15,747	0.4	80	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	485,023	2,351	3.1	26,542	0.2	75	18
Total	9,696,543	69,361	n.a.	716,505	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 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 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

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 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	321,574	\$9,696,543	1,911	2.5	20,198	0.5	\$136	6,283	8.2	68,840	0.6	\$24					
Female																	
All Females	193,353	5,588,760	990	2.3	10,539	0.5	123	3,825	8.9	41,709	0.6	25					
Female, Disabled																	
All Ages	134,549	4,482,766	840	3.3	9,283	0.5	124	3,244	12.9	36,812	0.6	25					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	30	7,979	0	0.0	0	0.0	0	1	25.0	12	0.5	632					
15-20	887	110,007	27	30.3	319	0.5	154	24	27.0	282	0.8	150					
21-44	41,400	1,902,076	494	5.1	5,465	0.5	116	1,258	13.0	14,157	0.6	30					
45-64	90,748	2,389,247	303	2.0	3,308	0.6	138	1,939	12.8	22,142	0.7	20					
65-74	1,464	73,323	16	6.6	191	0.5	58	22	9.0	219	0.4	15					
75-84	4	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	16	104	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female, Other Eligibles																	
All Ages	58,804	1,105,994	150	0.8	1,256	0.5	116	581	3.3	4,897	0.6	23					
5 and younger	11	151	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	12	549	1	100.0	12	1.0	46	0	0.0	0	0.0	0					
15-20	55	3,068	2	22.2	24	0.1	23	2	22.2	22	0.2	26					
21-44	1,972	122,736	49	5.9	500	0.3	51	108	12.9	938	0.6	44					
45-64	981	42,684	14	4.1	63	0.3	49	32	9.3	272	0.5	15					
65-74	14,383	599,804	82	1.9	639	0.7	180	234	5.3	2,014	0.6	25					
75-84	14,917	154,569	1	0.0	7	0.6	67	131	2.5	1,021	0.6	15					
85 and older	26,473	182,433	1	0.0	11	0.1	52	74	1.1	630	0.5	4					
Male																	
All Males	128,221	4,107,783	921	2.7	9,659	0.5	149	2,458	7.3	27,131	0.7	22					
Male, Disabled																	
All Ages	109,061	3,686,876	862	3.3	9,186	0.5	149	2,262	8.7	25,477	0.7	22					
5 and younger	37	888	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	4	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	1,024	149,051	44	37.3	499	0.8	197	20	16.9	226	0.6	108					
21-44	39,853	1,954,235	578	5.0	6,151	0.5	154	1,058	9.2	11,885	0.6	27					
45-64	67,284	1,532,245	232	1.7	2,460	0.5	125	1,167	8.3	13,197	0.7	17					
65-74	859	50,448	8	3.7	76	0.8	208	17	7.8	169	0.5	6					
75-84	0	0	0	0.0	0	0.0	0	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					

Dual Medicaid 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, 2006

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 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	19,160	420,907	59	0.7	473	0.5	164	196	2.5	1,654	0.7	18
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	1,112	1	16.7	11	0.2	5	2	33.3	12	0.3	80
21-44	537	31,281	12	4.3	85	0.3	124	33	11.7	240	0.5	22
45-64	554	18,881	4	1.8	29	0.3	79	26	12.0	258	0.8	22
65-74	7,315	272,084	38	1.2	318	0.6	185	80	2.6	729	0.7	20
75-84	5,845	65,382	3	0.1	18	1.0	312	34	1.4	262	0.8	7
85 and older	4,899	32,167	1	0.1	12	0.1	1	21	1.1	153	0.5	9
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIANSXIETY AGENTS				
	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	3,398	4.4	35,255	0.4	\$28	3,896	5.1	39,861	0.3	\$21	11,200	14.6	119,632	0.5	\$6
Female															
All Females	2,173	5.1	22,675	0.4	29	2,442	5.7	24,785	0.3	21	7,020	16.3	74,286	0.5	6
Female, Disabled															
All Ages	1,778	7.1	19,514	0.4	30	1,592	6.3	17,945	0.3	22	5,078	20.2	58,398	0.5	6
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	50.0	24	0.4	11	1	25.0	12	0.1	0
15-20	44	49.4	510	0.5	19	13	14.6	148	0.4	22	10	11.2	120	0.4	12
21-44	838	8.6	9,219	0.4	30	549	5.7	6,246	0.3	24	1,810	18.7	20,739	0.4	5
45-64	865	5.7	9,458	0.4	30	991	6.5	11,160	0.3	20	3,223	21.3	37,198	0.5	7
65-74	31	12.7	327	0.5	18	37	15.2	367	0.4	40	34	13.9	329	0.5	9
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	395	2.2	3,161	0.5	27	850	4.8	6,840	0.4	20	1,942	10.9	15,888	0.5	7
5 and younger	0	0.0	0	0.0	0	3	100.0	13	0.5	10	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	8	88.9	96	0.3	17	2	22.2	11	0.2	3	2	22.2	23	0.1	2
21-44	110	13.2	871	0.3	22	44	5.3	400	0.3	30	123	14.7	1,230	0.5	6
45-64	42	12.2	291	0.3	31	25	7.2	221	0.2	31	59	17.1	589	0.5	5
65-74	222	5.0	1,802	0.6	30	278	6.3	2,121	0.5	39	480	10.9	4,181	0.5	10
75-84	9	0.2	75	0.3	8	173	3.3	1,466	0.3	10	538	10.2	4,361	0.5	7
85 and older	4	0.1	26	0.3	8	325	4.7	2,608	0.3	8	740	10.7	5,504	0.5	5
Male															
All Males	1,225	3.6	12,580	0.4	26	1,454	4.3	15,076	0.3	21	4,180	12.3	45,346	0.5	6
Male, Disabled															
All Ages	1,084	4.2	11,549	0.4	27	1,149	4.4	12,858	0.3	20	3,585	13.8	40,886	0.5	6
5 and younger	0	0.0	0	0.0	0	1	14.3	12	1.6	55	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	43	36.4	488	0.5	24	17	14.4	197	0.4	41	9	7.6	105	0.3	10
21-44	619	5.4	6,755	0.4	28	433	3.8	4,892	0.3	21	1,397	12.1	16,040	0.4	6
45-64	410	2.9	4,187	0.4	24	677	4.8	7,560	0.3	19	2,158	15.4	24,564	0.5	7
65-74	12	5.5	119	0.6	35	21	9.6	197	0.4	43	21	9.6	177	0.3	6
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIANSXIETY AGENTS				
	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
Male, Other Eligibles															
All Ages	141	1.8	1,031	0.5	25	305	3.8	2,218	0.4	23	595	7.5	4,460	0.5	6
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	16.7	11	0.5	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	43	15.3	251	0.4	24	14	5.0	103	0.4	39	39	13.9	307	0.5	6
45-64	21	9.7	137	0.3	22	13	6.0	93	0.3	17	28	12.9	239	0.5	4
65-74	69	2.2	572	0.6	28	129	4.2	978	0.5	36	207	6.7	1,654	0.5	8
75-84	7	0.3	60	0.7	15	78	3.2	573	0.4	12	176	7.2	1,299	0.4	6
85 and older	0	0.0	0	0.0	0	71	3.7	471	0.4	9	145	7.6	961	0.4	3
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

Beneficiary Characteristics	LAXATIVES					ANTIHYPERLIPIDEMIC					ANALGESICS - NonNarcotic				
	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	21,655	28.2	226,765	0.4	\$3	1,330	1.7	13,634	0.4	\$45	15,721	20.4	150,031	0.4	\$3
Female															
All Females	12,998	30.2	133,632	0.4	3	696	1.6	7,063	0.4	44	10,042	23.3	93,408	0.5	4
Female, Disabled															
All Ages	7,936	31.5	92,414	0.4	3	499	2.0	5,550	0.4	41	4,050	16.1	46,907	0.4	3
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	4	100.0	48	0.3	2	0	0.0	0	0.0	0	1	25.0	12	0.1	0
15-20	25	28.1	293	0.4	5	1	1.1	12	0.5	29	8	9.0	94	0.2	3
21-44	2,400	24.8	28,149	0.4	3	100	1.0	1,148	0.4	38	832	8.6	9,651	0.3	2
45-64	5,428	35.8	63,188	0.4	3	384	2.5	4,263	0.4	41	3,137	20.7	36,491	0.4	3
65-74	77	31.6	715	0.3	3	14	5.7	127	0.7	72	67	27.5	621	0.4	6
75-84	1	16.7	12	0.3	2	0	0.0	0	0.0	0	1	16.7	12	0.1	0
85 and older	1	16.7	9	0.4	2	0	0.0	0	0.0	0	4	66.7	26	0.5	3
Female, Other Eligibles															
All Ages	5,062	28.4	41,218	0.4	3	197	1.1	1,513	0.5	56	5,992	33.6	46,501	0.5	4
5 and younger	1	33.3	3	0.3	1	0	0.0	0	0.0	0	1	33.3	8	0.5	3
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	4	44.4	48	0.3	2	1	11.1	1	1.0	148	1	11.1	12	0.1	0
21-44	64	7.7	654	0.2	4	8	1.0	70	0.2	11	44	5.3	440	0.2	7
45-64	48	13.9	505	0.3	5	14	4.1	114	0.4	47	30	8.7	283	0.3	8
65-74	932	21.2	8,377	0.4	4	158	3.6	1,177	0.5	63	963	21.9	8,292	0.4	8
75-84	1,412	26.7	11,266	0.4	3	11	0.2	99	0.3	38	1,719	32.5	13,300	0.5	4
85 and older	2,601	37.5	20,365	0.4	3	5	0.1	52	0.2	12	3,234	46.7	24,166	0.6	3
Male															
All Males	8,657	25.6	93,133	0.5	3	634	1.9	6,571	0.4	46	5,679	16.8	56,623	0.4	3
Male, Disabled															
All Ages	6,846	26.4	79,119	0.5	3	519	2.0	5,767	0.4	44	3,614	13.9	41,274	0.4	2
5 and younger	1	14.3	12	0.6	12	0	0.0	0	0.0	0	3	42.9	26	0.4	3
6-14	1	12.5	12	0.2	0	0	0.0	0	0.0	0	1	12.5	12	0.2	0
15-20	19	16.1	220	0.3	3	1	0.8	12	0.2	16	5	4.2	60	0.2	1
21-44	2,176	18.9	25,326	0.5	3	171	1.5	1,934	0.4	43	838	7.3	9,593	0.3	2
45-64	4,601	32.7	53,114	0.5	3	334	2.4	3,687	0.4	44	2,719	19.3	31,151	0.4	2
65-74	48	22.0	435	0.4	7	13	6.0	134	0.5	65	48	22.0	432	0.5	12
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Medicaid 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, 2006

Beneficiary Characteristics	LAXATIVES					ANTIHYPERLIPIDEMIC					ANALGESICS - NonNarcotic				
	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
Male, Other Eligibles															
All Ages	1,811	22.8	14,014	0.4	3	115	1.4	804	0.5	57	2,065	26.0	15,349	0.5	5
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	6.8	174	0.3	3	9	3.2	52	0.3	17	9	3.2	60	0.2	17
45-64	15	6.9	131	0.3	4	7	3.2	44	0.3	27	14	6.5	115	0.3	2
65-74	584	19.0	5,058	0.4	4	91	3.0	649	0.5	62	608	19.7	5,093	0.4	8
75-84	637	26.1	4,891	0.4	3	8	0.3	59	0.4	57	702	28.8	5,208	0.5	4
85 and older	556	29.0	3,760	0.4	3	0	0.0	0	0.0	0	732	38.2	4,873	0.5	3
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

Beneficiary Characteristics	ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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 Beneficiaries	Number of Benefit Months
All	1,616	2.1	15,747	0.4	\$31	2,351	3.1	26,542	0.2	\$18	76,893	728,861
Female												
All Females	967	2.2	9,409	0.4	32	1,359	3.2	15,465	0.2	19	43,020	395,781
Female, Disabled												
All Ages	644	2.6	7,042	0.4	31	1,183	4.7	13,693	0.2	19	25,200	277,725
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
15-20	6	6.7	69	0.3	21	4	4.5	48	0.2	8	89	965
21-44	151	1.6	1,728	0.4	34	385	4.0	4,416	0.2	25	9,691	107,114
45-64	451	3.0	4,938	0.4	29	787	5.2	9,159	0.2	16	15,160	167,519
65-74	36	14.8	307	0.7	64	7	2.9	70	0.3	15	244	2,020
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	38
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	30
Female, Other Eligibles												
All Ages	323	1.8	2,367	0.4	32	176	1.0	1,772	0.3	18	17,820	118,056
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	13
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	0	0.0	0	0.0	0	9	88
21-44	15	1.8	79	0.4	38	46	5.5	497	0.2	16	836	6,502
45-64	22	6.4	150	0.3	27	21	6.1	249	0.2	10	345	2,824
65-74	204	4.6	1,503	0.6	44	81	1.8	797	0.3	23	4,406	30,388
75-84	38	0.7	304	0.1	5	21	0.4	195	0.4	15	5,293	35,272
85 and older	44	0.6	331	0.2	3	7	0.1	34	0.9	31	6,927	42,957
Male												
All Males	649	1.9	6,338	0.4	31	992	2.9	11,077	0.2	18	33,873	333,080
Male, Disabled												
All Ages	484	1.9	5,179	0.4	33	925	3.6	10,468	0.2	17	25,931	281,928
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	66
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	91
15-20	3	2.5	36	1.1	121	3	2.5	33	0.2	6	118	1,257
21-44	122	1.1	1,324	0.4	34	388	3.4	4,381	0.2	19	11,519	125,948
45-64	347	2.5	3,704	0.4	32	530	3.8	6,014	0.2	16	14,053	152,821
65-74	12	5.5	115	0.5	21	4	1.8	40	0.2	20	218	1,706
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	22
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17

Dual Medicaid 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, 2006

ANTIDIABETIC						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL							
Beneficiary Characteristics	Number of Users	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				Number of Beneficiaries	Number of Benefit Months		
		Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month				
Male, Other Eligibles													
All Ages	165	2.1	1,159	0.4	24	67	0.8	609	0.4	23	7,942	51,152	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5	
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	6	20	
21-44	8	2.8	43	0.3	21	5	1.8	51	0.1	6	281	2,209	
45-64	16	7.4	90	0.4	27	7	3.2	77	0.2	12	217	1,599	
65-74	103	3.3	772	0.4	28	43	1.4	383	0.6	29	3,079	20,910	
75-84	29	1.2	198	0.2	13	10	0.4	92	0.2	14	2,440	15,513	
85 and older	9	0.5	56	0.3	4	2	0.1	6	0.5	28	1,917	10,896	
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

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	\$11	0.4	5,379	35,586
Age				
0-64	16	0.6	1,066	11,872
65-74	50	1.0	483	2,976
75-84	3	0.2	1,250	6,414
85 and older	2	0.2	2,580	14,324
Unknown	0	0.0	0	0
Gender				
Female	9	0.4	3,728	23,719
Male	15	0.5	1,651	11,867
Unknown	0	0.0	0	0
Race				
White	10	0.4	4,769	31,210
African American	8	0.3	134	1,054
Other/unknown	17	0.5	476	3,322
Basis of Eligibility^c				
Aged	7	0.3	4,267	23,411
Disabled	18	0.6	1,111	12,173
Adults	170	2.0	1	2
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 Medicaid 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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.1	0.0	0.4	\$23	\$12	\$1	\$10	\$47	\$156	\$93	\$25	180	\$8,419	41	0.8	372
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	33	0	0	33	3	99	3	0.1	24
Antineoplastic Agents	0.7	0.0	0.0	0.7	20	0	0	20	30	0	0	30	19	579	6	0.1	29
Endocrine/Metabolic Drugs	0.9	0.5	0.0	0.5	62	54	0	7	67	118	91	15	266	17,701	34	0.6	287
Cardiovascular Agents	1.2	0.3	0.1	0.8	48	23	16	9	40	79	125	12	738	29,590	69	1.3	621
Respiratory Agents	0.6	0.2	0.0	0.4	31	22	0	9	48	106	0	21	380	18,427	68	1.3	595
Gastrointestinal Agents	0.9	0.4	0.0	0.5	83	75	0	8	92	171	25	17	354	32,428	44	0.8	389
Genitourinary Agents	0.5	0.3	0.0	0.1	30	25	2	2	65	76	93	23	96	6,229	22	0.4	211
CNS Drugs	0.7	0.1	0.0	0.6	18	10	1	7	26	171	69	11	5,747	150,495	1,009	18.8	8,297
Stimulants/Anti-obesity/Anorexia	1.5	0.0	0.0	1.5	48	0	0	48	32	0	0	32	18	577	1	0.0	12
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	62	61	0	1	143	151	0	42	56	8,027	12	0.2	129
Analgesics and Anesthetics	0.9	0.0	0.0	0.8	21	5	1	15	24	131	33	18	315	7,471	40	0.7	362
Neuromuscular Agents	0.9	0.0	0.0	0.9	16	6	0	10	18	180	36	12	2,308	42,049	262	4.9	2,549
Nutritional Products	0.5	0.0	0.0	0.5	5	0	1	4	10	19	14	10	1,145	11,864	252	4.7	2,231
Hematological Agents	0.7	0.0	0.0	0.7	10	5	0	4	13	227	19	6	2,474	33,116	410	7.6	3,413
Topical Products	0.4	0.1	0.0	0.3	13	8	1	4	32	87	54	13	311	9,917	82	1.5	789
Miscellaneous Products	0.2	0.1	0.0	0.1	19	9	5	5	88	156	242	37	11	965	6	0.1	50
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	10	0	0	0	80	816	19	0.4	178
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.	14,501	378,769	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANALGESICS - NonNarcotic	\$91,099	3,232	60.1	24,897	0.6	\$6	\$4	
LAXATIVES	74,157	3,021	56.2	25,312	0.5	6	3	
ANTIPSYCHOTICS	69,799	51	0.9	415	0.8	217	168	
ULCER DRUGS	48,763	432	8.0	3,689	0.4	37	13	
ANTIANSXIETY AGENTS	47,961	901	16.8	7,576	0.6	11	6	
HEMATOPOIETIC AGENTS	38,559	928	17.3	7,596	0.5	10	5	
ANTICONVULSANT	38,840	255	4.7	2,487	0.9	18	16	
MINERALS & ELECTROLYTES	33,406	1,268	23.6	10,108	0.7	5	3	
OPHTHALMIC	31,766	836	15.5	7,238	0.5	9	4	
MULTIVITAMINS	29,253	1,502	27.9	12,874	0.4	6	2	
Total	503,603	12,426	n.a.	102,192	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANALGESICS - NonNarcotic					LAXATIVES				
	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	55,927	\$503,603	3,232	60.1	24,897	0.6	\$4	3,021	56.2	25,312	0.5	\$3
Female												
All Females	40,281	327,877	2,371	63.6	17,914	0.7	4	2,120	56.9	17,354	0.5	3
Female, Disabled												
All Ages	11,201	113,172	342	65.4	3,918	0.6	3	460	88.0	5,325	0.5	3
64 or younger	10,910	104,357	328	65.3	3,818	0.6	3	448	89.2	5,227	0.5	3
65-74	291	8,815	14	73.7	100	0.9	5	12	63.2	98	0.3	2
75-84	0	0	0	0.0	0	0.0	0	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
Female, Other Eligibles												
All Ages	29,080	214,705	2,029	63.3	13,996	0.7	4	1,660	51.8	12,029	0.5	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,960	50,506	166	61.0	1,256	0.6	3	161	59.2	1,245	0.5	3
75-84	6,626	43,313	516	61.8	3,287	0.7	4	401	48.0	2,645	0.5	3
85 and older	19,494	120,886	1,347	64.2	9,453	0.7	4	1,098	52.3	8,139	0.5	3
Male												
All Males	15,646	175,726	861	52.2	6,983	0.6	3	901	54.6	7,958	0.5	3
Male, Disabled												
All Ages	8,633	105,061	312	53.1	3,494	0.5	3	455	77.4	5,050	0.5	3
64 or younger	8,339	87,331	294	52.2	3,346	0.5	3	440	78.2	4,932	0.5	3
65-74	294	17,730	18	78.3	148	0.5	3	15	65.2	118	0.3	3
75-84	0	0	0	0.0	0	0.0	0	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	7,013	70,665	549	51.6	3,489	0.7	4	446	42.0	2,908	0.5	3
64 or younger	1	116	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,410	32,281	84	49.7	531	0.6	3	85	50.3	600	0.5	3
75-84	2,759	18,519	214	51.9	1,433	0.7	4	184	44.7	1,217	0.5	3
85 and older	2,843	19,749	251	52.2	1,525	0.7	4	177	36.8	1,091	0.5	3
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIPSYCHOTICS					ULCER DRUGS					ANTIANKXIETY AGENTS				
	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	51	0.9	415	0.8	\$168	432	8.0	3,689	0.4	\$13	901	16.8	7,576	0.6	\$6
Female															
All Females	21	0.6	164	0.7	132	303	8.1	2,532	0.4	13	622	16.7	5,076	0.6	6
Female, Disabled															
All Ages	7	1.3	81	0.8	144	64	12.2	719	0.3	17	168	32.1	1,961	0.7	8
64 or younger	4	0.8	45	0.4	140	61	12.2	699	0.3	15	167	33.3	1,958	0.7	8
65-74	3	15.8	36	1.1	149	3	15.8	20	1.0	91	1	5.3	3	2.3	32
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	14	0.4	83	0.7	120	239	7.5	1,813	0.4	11	454	14.2	3,115	0.5	5
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	13	4.8	76	0.7	125	31	11.4	189	0.6	36	62	22.8	453	0.6	7
75-84	1	0.1	7	0.6	67	48	5.7	379	0.3	8	110	13.2	753	0.6	5
85 and older	0	0.0	0	0.0	0	160	7.6	1,245	0.3	8	282	13.4	1,909	0.5	5
Male															
All Males	30	1.8	251	0.8	192	129	7.8	1,157	0.4	15	279	16.9	2,500	0.6	7
Male, Disabled															
All Ages	18	3.1	178	0.9	168	58	9.9	653	0.3	14	149	25.3	1,628	0.6	8
64 or younger	14	2.5	130	0.9	119	56	9.9	631	0.3	14	143	25.4	1,570	0.6	8
65-74	4	17.4	48	0.9	300	2	8.7	22	0.2	4	6	26.1	58	0.3	3
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	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	12	1.1	73	0.6	251	71	6.7	504	0.4	15	130	12.2	872	0.5	5
64 or younger	1	100.0	2	0.5	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9	5.3	52	0.7	338	13	7.7	91	0.6	47	28	16.6	190	0.6	7
75-84	1	0.2	7	1.1	87	26	6.3	164	0.4	9	50	12.1	342	0.5	4
85 and older	1	0.2	12	0.1	1	32	6.7	249	0.3	8	52	10.8	340	0.5	4
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTICONVULSANT					MINERALS & ELECTROLYTES				
	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	928	17.3	7,596	0.5	\$5	255	4.7	2,487	0.9	\$16	1,268	23.6	10,108	0.7	\$3
Female															
All Females	649	17.4	5,322	0.5	6	158	4.2	1,516	0.9	17	1,057	28.4	8,314	0.7	3
Female, Disabled															
All Ages	93	17.8	1,057	0.6	8	86	16.4	1,000	0.9	16	206	39.4	2,348	0.6	3
64 or younger	93	18.5	1,057	0.6	8	84	16.7	985	0.9	16	199	39.6	2,306	0.6	3
65-74	0	0.0	0	0.0	0	2	10.5	15	0.8	16	7	36.8	42	1.0	5
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	556	17.3	4,265	0.5	5	72	2.2	516	0.8	20	851	26.6	5,966	0.7	3
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	50	18.4	397	0.6	25	25	9.2	191	0.9	42	74	27.2	536	0.7	4
75-84	149	17.8	1,075	0.4	3	26	3.1	154	0.7	9	207	24.8	1,372	0.8	3
85 and older	357	17.0	2,793	0.5	3	21	1.0	171	0.7	6	570	27.2	4,058	0.7	3
Male															
All Males	279	16.9	2,274	0.5	4	97	5.9	971	0.9	13	211	12.8	1,794	0.6	3
Male, Disabled															
All Ages	87	14.8	920	0.5	5	78	13.3	843	0.9	12	91	15.5	1,008	0.6	3
64 or younger	81	14.4	882	0.5	5	73	13.0	801	0.9	12	86	15.3	968	0.6	3
65-74	6	26.1	38	0.4	1	5	21.7	42	0.7	13	5	21.7	40	0.3	3
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	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	192	18.1	1,354	0.5	4	19	1.8	128	1.1	20	120	11.3	786	0.7	4
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	35	20.7	259	0.7	5	6	3.6	52	1.2	20	30	17.8	190	0.7	6
75-84	69	16.7	484	0.6	4	7	1.7	59	1.2	11	46	11.2	285	0.7	3
85 and older	88	18.3	611	0.5	3	6	1.2	17	0.6	51	44	9.1	311	0.6	3
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	OPHTHALMIC					MULTIVITAMINS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	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	836	15.5	7,238	0.5	\$4	1,502	27.9	12,874	0.4	\$2	5,379	35,586
Female												
All Females	610	16.4	5,126	0.5	4	1,077	28.9	8,951	0.4	2	3,728	23,719
Female, Disabled												
All Ages	104	19.9	1,170	0.6	6	231	44.2	2,626	0.3	2	523	5,792
64 or younger	100	19.9	1,136	0.6	6	222	44.2	2,556	0.3	2	502	5,653
65-74	4	21.1	34	0.7	8	9	47.4	70	0.3	2	19	135
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
Female, Other Eligibles												
All Ages	506	15.8	3,956	0.5	4	846	26.4	6,325	0.4	2	3,205	17,927
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	47	17.3	409	0.5	6	67	24.6	502	0.3	2	272	1,717
75-84	107	12.8	759	0.5	4	207	24.8	1,477	0.4	2	835	4,284
85 and older	352	16.8	2,788	0.5	4	572	27.3	4,346	0.4	2	2,098	11,926
Male												
All Males	226	13.7	2,112	0.5	5	425	25.7	3,923	0.4	3	1,651	11,867
Male, Disabled												
All Ages	106	18.0	1,181	0.4	5	212	36.1	2,442	0.4	3	588	6,381
64 or younger	100	17.8	1,132	0.4	4	200	35.5	2,332	0.4	3	563	6,217
65-74	6	26.1	49	0.6	30	12	52.2	110	0.3	2	23	155
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	120	11.3	931	0.5	5	213	20.0	1,481	0.4	3	1,063	5,486
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	24	14.2	205	0.5	7	43	25.4	274	0.4	3	169	969
75-84	42	10.2	301	0.5	3	79	19.2	587	0.4	2	412	2,118
85 and older	54	11.2	425	0.5	4	91	18.9	620	0.4	3	481	2,397
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 2006 file for Minnesota, released by CMS in 5/2009. This table was produced on 02/11/2010.
 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 2006. A total of 6,285 beneficiaries who were in nursing facilities for part of their enrollment and their 44,742 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

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	39,863	51.8	6.2	473,218	\$62	\$4,763,205	\$10	35.2	76,893
Age									
5 and younger	8	66.7	6.8	82	172	2,064	25	28.7	12
6-14	11	84.6	10.6	138	165	2,147	16	12.7	13
15-20	101	45.5	3.1	687	50	11,201	16	2.8	222
21-44	10,447	46.8	4.8	106,286	48	1,076,871	10	18.3	22,327
45-64	17,516	58.8	8.1	242,302	79	2,351,396	10	41.9	29,775
65-74	3,212	40.4	4.0	32,087	69	551,652	17	38.5	7,947
75-84	3,589	46.3	4.7	36,368	49	381,014	10	270.6	7,745
85 and older	4,979	56.2	6.2	55,268	44	386,860	7	530.9	8,852
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	11,534	48.0	5.0	121,075	53	1,282,823	11	89.1	24,037
Disabled	27,664	54.1	6.8	348,239	66	3,392,800	10	29.2	51,131
Adults	655	38.7	2.3	3,842	51	87,069	23	19.4	1,694
Children	9	42.9	2.4	50	17	350	7	2.6	21
Unknown	1	10.0	1.2	12	16	163	14	1.5	10
Gender									
Female	23,944	55.7	6.8	292,316	70	3,023,028	10	39.0	43,020
Male	15,919	47.0	5.3	180,902	51	1,740,177	10	30.0	33,873
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	33,356	52.7	6.6	415,174	56	3,523,204	8	33.9	63,247
African American	2,977	46.1	3.7	24,070	28	181,842	8	13.3	6,452
Other/unknown	3,530	49.1	4.7	33,974	147	1,058,159	31	59.5	7,194
Use of Nursing Facilities^d									
Entire year	4,144	77.0	12.1	64,842	88	472,791	7	124.8	5,379
Part year	4,272	68.0	7.1	44,541	61	386,176	9	46.5	6,285
None	31,447	48.2	5.6	363,835	60	3,904,238	11	31.6	65,229
Maintenance Assistance Status									
Cash	14,748	54.5	6.6	179,389	73	1,973,099	11	25.1	27,045
Medically needy	8,305	51.8	6.3	100,594	50	801,163	8	61.6	16,028
Poverty related	7,418	47.9	5.6	87,279	67	1,045,259	12	50.4	15,486
Other/unknown	9,392	51.2	5.8	105,956	51	943,684	9	40.6	18,334

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 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 2006.

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, 2006

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	0.6	\$7	\$10	\$0	\$2	728,861
Age						
5 and younger	1.0	25	25	0	0	84
6-14	1.0	15	16	0	0	142
15-20	0.3	5	16	0	1	2,330
21-44	0.4	4	10	0	2	241,773
45-64	0.7	7	10	0	2	324,763
65-74	0.6	10	17	0	2	55,024
75-84	0.7	7	10	0	1	50,845
85 and older	1.0	7	7	0	1	53,900
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.8	8	11	0	1	155,779
Disabled	0.6	6	10	0	2	559,653
Adults	0.3	7	23	0	2	13,223
Children	0.4	3	7	0	0	136
Unknown	0.2	2	14	0	2	70
Gender						
Female	0.7	8	10	0	2	395,781
Male	0.5	5	10	0	1	333,080
Unknown	0.0	0	0	0	0	0
Race						
White	0.7	6	8	0	2	605,259
African American	0.4	3	8	0	1	60,977
Other/unknown	0.5	17	31	0	4	62,625
Use of Nursing Facilities^d						
Entire year	1.8	13	7	0	2	35,586
Part year	1.0	9	9	0	2	44,742
None	0.6	6	11	0	2	648,533
Maintenance Assistance Status						
Cash	0.6	7	11	0	2	281,694
Medically needy	0.8	6	8	0	1	132,050
Poverty related	0.6	7	12	0	2	148,108
Other/unknown	0.6	6	9	0	2	167,009

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 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 2006.

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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
All	53,429	\$89	\$4,763,205	100.0	473,218	\$10	100.0	100.0	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	5	15	77	0.0	10	8	0.0	0.0	
Cough and cold medications	1,413	46	65,010	1.4	2,876	23	0.6	0.6	
Vitamins and minerals	1,946	67	130,166	2.7	8,297	16	1.8	1.8	
Non-prescription drugs	33,803	91	3,081,624	64.7	357,359	9	75.5	75.5	
Barbiturates	528	111	58,523	1.2	5,482	11	1.2	1.2	
Benzodiazepines	15,134	85	1,283,212	26.9	96,704	13	20.4	20.4	
Other Part D Excl Rx Drugs	600	241	144,593	3.0	2,490	58	0.5	0.5	

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 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MINNESOTA, 2006

Total Number of Dual Eligible Beneficiaries: 76,893
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$13,547,782
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$176

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	53,408	69.5	\$0	0.0
1-500	20,077	26.1	1,612,631	11.9
501-1,000	923	1.2	660,637	4.9
1,001-1,500	466	0.6	574,497	4.2
1,501-2,000	364	0.5	633,487	4.7
2,001-2,500	257	0.3	575,807	4.3
2,501-3,000	219	0.3	600,667	4.4
3,001-3,500	159	0.2	516,554	3.8
3,501-4,000	127	0.2	475,644	3.5
4,001-4,500	106	0.1	449,904	3.3
4,501-5,000	92	0.1	436,317	3.2
5,001-5,500	95	0.1	496,948	3.7
5,501-6,000	79	0.1	452,604	3.3
6,001-6,500	48	0.1	300,294	2.2
6,501-7,000	42	0.1	283,217	2.1
7,001-7,500	41	0.1	298,129	2.2
7,501-8,000	33	0.0	255,586	1.9
8,001-8,500	32	0.0	263,880	1.9
8,501-9,000	37	0.0	325,124	2.4
9,001-9,500	26	0.0	241,912	1.8
9,501-10,000	31	0.0	302,461	2.2
10,001+	231	0.3	3,791,482	28.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^a, b, c
 MINNESOTA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 50,649
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$11,441,719
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$225

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	32,804	64.8		\$0	0.0
1-500	15,075	29.8		1,310,991	11.5
501-1,000	733	1.4		521,763	4.6
1,001-1,500	374	0.7		459,420	4.0
1,501-2,000	291	0.6		505,299	4.4
2,001-2,500	201	0.4		450,435	3.9
2,501-3,000	174	0.3		477,224	4.2
3,001-3,500	127	0.3		413,852	3.6
3,501-4,000	103	0.2		386,455	3.4
4,001-4,500	86	0.2		364,977	3.2
4,501-5,000	81	0.2		384,656	3.4
5,001-5,500	82	0.2		429,373	3.8
5,501-6,000	66	0.1		378,824	3.3
6,001-6,500	42	0.1		263,249	2.3
6,501-7,000	32	0.1		215,302	1.9
7,001-7,500	38	0.1		276,151	2.4
7,501-8,000	29	0.1		224,417	2.0
8,001-8,500	27	0.1		223,173	2.0
8,501-9,000	33	0.1		290,010	2.5
9,001-9,500	20	0.0		185,911	1.6
9,501-10,000	28	0.1		273,200	2.4
10,001+	203	0.4		3,407,037	29.8

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. 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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 MINNESOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 24,544
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,644,816
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$67

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	19,555	79.7	\$0	0.0
1-500	4,509	18.4	250,540	15.2
501-1,000	131	0.5	94,021	5.7
1,001-1,500	73	0.3	90,844	5.5
1,501-2,000	51	0.2	90,095	5.5
2,001-2,500	45	0.2	100,143	6.1
2,501-3,000	38	0.2	104,645	6.4
3,001-3,500	27	0.1	86,884	5.3
3,501-4,000	18	0.1	66,999	4.1
4,001-4,500	14	0.1	59,309	3.6
4,501-5,000	8	0.0	37,739	2.3
5,001-5,500	10	0.0	51,672	3.1
5,501-6,000	12	0.0	68,029	4.1
6,001-6,500	4	0.0	24,677	1.5
6,501-7,000	6	0.0	40,993	2.5
7,001-7,500	3	0.0	21,978	1.3
7,501-8,000	3	0.0	23,545	1.4
8,001-8,500	4	0.0	32,309	2.0
8,501-9,000	3	0.0	26,322	1.6
9,001-9,500	4	0.0	37,279	2.3
9,501-10,000	3	0.0	29,261	1.8
10,001+	23	0.1	307,532	18.7

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 MINNESOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 7,947
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,431,137
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$180

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,006	75.6	\$0	0.0
1-500	1,509	19.0	126,093	8.8
501-1,000	112	1.4	81,000	5.7
1,001-1,500	63	0.8	78,833	5.5
1,501-2,000	46	0.6	81,287	5.7
2,001-2,500	41	0.5	90,815	6.3
2,501-3,000	35	0.4	96,124	6.7
3,001-3,500	24	0.3	77,253	5.4
3,501-4,000	17	0.2	63,476	4.4
4,001-4,500	14	0.2	59,309	4.1
4,501-5,000	7	0.1	32,990	2.3
5,001-5,500	10	0.1	51,672	3.6
5,501-6,000	12	0.2	68,029	4.8
6,001-6,500	4	0.1	24,677	1.7
6,501-7,000	6	0.1	40,993	2.9
7,001-7,500	3	0.0	21,978	1.5
7,501-8,000	3	0.0	23,545	1.6
8,001-8,500	4	0.1	32,309	2.3
8,501-9,000	3	0.0	26,322	1.8
9,001-9,500	4	0.1	37,279	2.6
9,501-10,000	1	0.0	9,621	0.7
10,001+	23	0.3	307,532	21.5

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 MINNESOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 7,745
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$140,814
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$18

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,316	81.5	\$0	0.0
1-500	1,395	18.0	65,593	46.6
501-1,000	9	0.1	6,042	4.3
1,001-1,500	8	0.1	9,765	6.9
1,501-2,000	4	0.1	6,888	4.9
2,001-2,500	4	0.1	9,328	6.6
2,501-3,000	2	0.0	5,655	4.0
3,001-3,500	3	0.0	9,631	6.8
3,501-4,000	1	0.0	3,523	2.5
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,749	3.4
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	2	0.0	19,640	13.9
10,001+	0	0.0	0	0.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 MINNESOTA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 8,852
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$72,865
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$8

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,233	81.7	\$0	0.0
1-500	1,605	18.1	58,854	80.8
501-1,000	10	0.1	6,979	9.6
1,001-1,500	2	0.0	2,246	3.1
1,501-2,000	1	0.0	1,920	2.6
2,001-2,500	0	0.0	0	0.0
2,501-3,000	1	0.0	2,866	3.9
3,001-3,500	0	0.0	0	0.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

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. 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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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	116,859	62,806	51,833	2,184	25	11	1,248,762	651,757	574,240	22,462	229	74
Age												
5 and younger	12	0	7	0	5	0	123	0	76	0	47	0
6-14	13	0	12	0	1	0	142	0	130	0	12	0
15-20	225	0	207	7	11	0	2,477	0	2,296	78	103	0
21-44	22,800	0	21,382	1,408	8	2	252,581	0	237,841	14,654	67	19
45-64	30,226	0	29,491	732	0	3	333,796	0	326,395	7,384	0	17
65-74	19,431	18,708	681	36	0	6	209,699	202,322	6,994	345	0	38
75-84	20,734	20,700	33	1	0	0	217,874	217,555	318	1	0	0
85 and older	23,418	23,398	20	0	0	0	232,070	231,880	190	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	72,150	45,030	25,574	1,524	11	11	772,570	470,752	285,625	16,022	97	74
Male	44,709	17,776	26,259	660	14	0	476,192	181,005	288,615	6,440	132	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	96,246	52,382	42,316	1,524	16	8	1,029,507	540,515	472,966	15,821	156	49
African American	8,173	2,480	5,342	349	2	0	86,516	26,791	56,254	3,447	24	0
Other/unknown	12,440	7,944	4,175	311	7	3	132,739	84,451	45,020	3,194	49	25
Use of Nursing Facilities^c												
Entire year	16,845	15,673	1,171	1	0	0	174,948	161,883	13,063	2	0	0
Part year	9,861	8,199	1,641	21	0	0	93,076	75,223	17,658	195	0	0
None	90,153	38,934	49,021	2,162	25	11	980,738	414,651	543,519	22,265	229	74
Maintenance Assistance Status												
Cash	41,993	17,549	22,542	1,893	9	0	477,166	199,976	257,166	19,945	79	0
Medically needy	23,070	15,717	7,270	83	0	0	222,972	147,020	75,186	766	0	0
Poverty related	24,233	13,124	11,068	27	3	11	260,494	137,423	122,741	229	27	74
Other/unknown	27,563	16,416	10,953	181	13	0	288,130	167,338	119,147	1,522	123	0
Dual Status^d												
Full dual, all year	113,311	60,921	50,200	2,154	25	11	1,210,675	631,218	557,003	22,151	229	74
Full dual, part year	3,548	1,885	1,633	30	0	0	38,087	20,539	17,237	311	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	63,193	12,373	49,702	1,096	13	9	665,561	103,256	550,989	11,131	120	65
FFS part year, with Rx claims	7,102	6,006	817	274	4	1	75,967	63,792	9,175	2,945	48	7
FFS part year, no Rx claims	6,598	5,658	612	324	4	0	66,013	56,238	6,349	3,393	33	0
MC all year, with Rx claims	5,392	5,258	103	31	0	0	59,601	58,123	1,144	334	0	0
MC all year, no Rx claims	34,574	33,511	599	459	4	1	381,620	370,348	6,583	4,659	28	2

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 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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	116,859	1,248,762	76,893	728,861	0	519,901
Fee-for-service (FFS) all year	63,193	665,561	63,193	665,561	0	0
FFS part year, with Rx claims	7,102	75,967	7,102	36,338	0	39,629
FFS part year, with no Rx claims	6,598	66,013	6,598	26,962	0	39,051
Managed care (MC) all year, with Rx claims	5,392	59,601	0	0	0	59,601
MC all year, with no Rx claims	34,574	381,620	0	0	0	381,620

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. 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 Medicaid Beneficiaries