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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
COLORADO**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

BENEFICIARY CHARACTERISTIC

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

APPENDIX TABLES

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

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

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

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

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
COLORADO, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	560900 (A)	82603 (E)	478297 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	534097 (B)	68733 (F)	465364 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	510920 (C)	65269 (G)	445651 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	8810 (D)	8096 (H)	714 (L)

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Colorado in 2007 was \$223,328,636, of which \$2,433,575 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
COLORADO, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	510,920	42,546	74,218	83,381	310,487	288	4,302,386	426,980	758,121	600,453	2,514,449	2,383
Age												
5 and younger	149,695	0	2,931	1	146,763	0	1,197,222	0	29,445	4	1,167,773	0
6-14	120,011	0	6,464	1	113,546	0	1,023,021	0	67,915	4	955,102	0
15-20	54,549	0	5,587	1	48,961	0	440,222	0	54,912	5	385,305	0
21-44	104,036	0	26,451	76,336	1,213	36	827,772	0	268,984	552,283	6,245	260
45-64	39,218	0	31,966	7,005	1	246	379,958	0	329,960	47,894	6	2,098
65-74	17,193	16,491	668	28	0	6	173,920	168,428	5,268	199	0	25
75-84	14,955	14,824	125	6	0	0	151,514	150,124	1,356	34	0	0
85 and older	11,257	11,230	25	2	0	0	108,718	108,420	280	18	0	0
Unknown	6	1	1	1	3	0	39	8	1	12	18	0
Gender												
Female	296,946	29,818	39,898	69,502	157,440	288	2,499,543	302,770	410,346	512,829	1,271,215	2,383
Male	213,973	12,728	34,319	13,879	153,047	0	1,802,836	124,210	347,768	87,624	1,243,234	0
Unknown	1	0	1	0	0	0	7	0	7	0	0	0
Race												
White	149,229	15,570	26,324	19,509	87,769	57	1,340,569	161,593	283,479	141,127	753,884	486
African American	27,910	820	2,777	2,842	21,467	4	228,377	8,368	26,944	18,772	174,259	34
Other/unknown	333,781	26,156	45,117	61,030	201,251	227	2,733,440	257,019	447,698	440,554	1,586,306	1,863
Use of Nursing Facilities^c												
Entire year	8,810	7,396	1,414	0	0	0	89,316	74,133	15,183	0	0	0
Part year	5,642	4,455	1,185	2	0	0	53,837	41,789	12,029	19	0	0
None	496,468	30,695	71,619	83,379	310,487	288	4,159,233	311,058	730,909	600,434	2,514,449	2,383
Maintenance Assistance Status												
Cash	250,131	30,511	64,269	62,024	93,327	0	2,188,038	315,408	654,902	444,314	773,414	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	188,680	383	195	8,650	179,164	288	1,443,985	3,752	2,003	53,188	1,382,659	2,383
Other/unknown	72,109	11,652	9,754	12,707	37,996	0	670,363	107,820	101,216	102,951	358,376	0
Dual Medicare Status^d												
Full dual, all year	62,607	36,943	25,218	428	13	5	649,257	377,406	268,710	2,971	146	24
Full dual, part year	2,662	1,276	1,357	29	0	0	27,817	12,951	14,548	318	0	0
Non-dual, all year	445,651	4,327	47,643	82,924	310,474	283	3,625,312	36,623	474,863	597,164	2,514,303	2,359
Managed Care (MC) Status												
Fee-for-service (FFS) all year	472,454	41,018	70,747	77,179	283,222	288	4,135,087	418,662	740,021	573,430	2,400,591	2,383
FFS part year, with Rx claims	10,744	380	1,782	2,680	5,902	0	63,391	2,115	10,774	14,596	35,906	0
FFS part year, no Rx claims	27,722	1,148	1,689	3,522	21,363	0	103,908	6,203	7,326	12,427	77,952	0

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
COLORADO, 2007

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	43.0	5.2	\$432	\$84	\$4,874	8.9	510,920
Age							
5 and younger	41.5	2.0	185	91	2,007	9.2	149,695
6-14	39.1	2.9	301	103	1,999	15.1	120,011
15-20	48.4	4.7	460	97	3,308	13.9	54,549
21-44	52.3	8.0	632	79	5,631	11.2	104,036
45-64	50.5	18.9	1,497	79	13,348	11.2	39,218
65-74	26.3	4.9	293	60	9,291	3.2	17,193
75-84	21.0	2.8	125	45	14,985	0.8	14,955
85 and older	19.7	1.6	57	36	24,529	0.2	11,257
Unknown	33.3	1.5	76	50	152	49.8	6
Basis of Eligibility^e							
Aged	22.9	3.3	171	52	15,427	1.1	42,546
Disabled	54.4	17.4	1,738	100	14,823	11.7	74,218
Adults	51.2	5.5	296	54	2,438	12.1	83,381
Children	40.8	2.4	192	81	1,694	11.3	310,487
Unknown	78.8	16.7	1,632	97	14,555	11.2	288
Gender							
Female	45.1	5.7	426	75	4,920	8.7	296,946
Male	40.0	4.4	441	100	4,809	9.2	213,973
Unknown	100.0	1.0	25	25	12,199	0.2	1
Race							
White	45.2	6.0	528	88	6,352	8.3	149,229
African American	40.4	4.1	375	91	3,291	11.4	27,910
Other/unknown	42.2	4.9	395	81	4,345	9.1	333,781
Use of Nursing Facilities^f							
Entire year	33.3	7.7	536	70	45,384	1.2	8,810
Part year	39.0	9.4	633	67	31,495	2.0	5,642
None	43.2	5.1	428	85	3,852	11.1	496,468
Maintenance Assistance Status							
Cash	45.9	7.4	616	83	5,723	10.8	250,131
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	38.0	1.9	141	75	1,570	9.0	188,680
Other/unknown	46.1	6.0	559	94	10,571	5.3	72,109

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 COLORADO, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	None	None	None	None					
All	0.6	\$51	8.9	57.0	33.7	3.8	3.7	1.4	0.4	\$579	510,920	4,302,386
Age												
5 and younger	0.3	23	9.2	58.5	38.8	1.8	0.8	0.1	0.0	251	149,695	1,197,222
6-14	0.3	35	15.1	60.9	33.8	2.8	2.1	0.4	0.0	235	120,011	1,023,021
15-20	0.6	57	13.9	51.6	38.9	4.7	3.9	0.8	0.1	410	54,549	440,222
21-44	1.0	80	11.2	47.7	35.7	6.8	6.7	2.5	0.6	708	104,036	827,772
45-64	2.0	155	11.2	49.5	20.2	6.8	12.2	8.4	3.0	1,378	39,218	379,958
65-74	0.5	29	3.2	73.7	17.0	3.2	3.9	1.7	0.4	918	17,193	173,920
75-84	0.3	12	0.8	79.0	16.2	1.9	1.9	0.9	0.2	1,479	14,955	151,514
85 and older	0.2	6	0.2	80.3	17.3	1.1	0.9	0.3	0.1	2,540	11,257	108,718
Unknown	0.2	12	49.8	66.7	33.3	0.0	0.0	0.0	0.0	23	6	39
Basis of Eligibility^e												
Aged	0.3	17	1.1	77.1	17.0	2.2	2.4	1.0	0.2	1,537	42,546	426,980
Disabled	1.7	170	11.7	45.6	25.5	7.5	12.1	7.1	2.2	1,451	74,218	758,121
Adults	0.8	41	12.1	48.8	37.9	6.5	5.2	1.4	0.2	339	83,381	600,453
Children	0.3	24	11.3	59.2	36.8	2.4	1.4	0.2	0.0	209	310,487	2,514,449
Unknown	2.0	197	11.2	21.2	32.6	17.0	22.6	5.9	0.7	1,759	288	2,383
Gender												
Female	0.7	51	8.7	54.9	34.9	4.1	4.0	1.7	0.5	585	296,946	2,499,543
Male	0.5	52	9.2	60.0	32.1	3.3	3.2	1.1	0.3	571	213,973	1,802,836
Unknown	0.1	4	0.2	0.0	100.0	0.0	0.0	0.0	0.0	1,743	1	7
Race												
White	0.7	59	8.3	54.8	34.5	4.3	4.3	1.7	0.5	707	149,229	1,340,569
African American	0.5	46	11.4	59.6	32.5	3.6	3.2	1.0	0.2	402	27,910	228,377
Other/unknown	0.6	48	9.1	57.8	33.5	3.6	3.4	1.4	0.4	531	333,781	2,733,440
Use of Nursing Facilities^f												
Entire year	0.8	53	1.2	66.7	23.7	2.4	2.8	2.7	1.8	4,477	8,810	89,316
Part year	1.0	66	2.0	61.0	27.1	2.4	3.7	3.2	2.5	3,301	5,642	53,837
None	0.6	51	11.1	56.8	34.0	3.8	3.7	1.4	0.3	460	496,468	4,159,233
Maintenance Assistance Status												
Cash	0.8	70	10.8	54.1	32.6	4.8	5.4	2.4	0.7	654	250,131	2,188,038
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	18	9.0	62.0	34.8	2.0	1.0	0.1	0.0	205	188,680	1,443,985
Other/unknown	0.6	60	5.3	53.9	34.6	4.8	4.8	1.5	0.4	1,137	72,109	670,363

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

- a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-

term-care services, were included.

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

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

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

All Medicaid Beneficiaries

TABLE 5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
COLORADO, 2007

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	0.6	\$51	\$84	0.2	\$38	\$206	0.0	\$2	\$103	0.4	\$11	\$28
Age												
5 and younger	0.3	23	91	0.1	19	310	0.0	1	65	0.2	4	20
6-14	0.3	35	103	0.2	29	191	0.0	2	104	0.2	5	28
15-20	0.6	57	97	0.2	44	205	0.0	3	131	0.3	10	27
21-44	1.0	80	79	0.3	56	205	0.0	4	111	0.7	20	29
45-64	2.0	155	79	0.5	105	194	0.1	7	100	1.3	43	32
65-74	0.5	29	60	0.1	19	148	0.0	1	81	0.3	8	25
75-84	0.3	12	45	0.1	7	116	0.0	1	83	0.2	4	21
85 and older	0.2	6	36	0.0	3	123	0.0	0	82	0.1	2	17
Unknown	0.2	12	50	0.0	0	0	0.1	7	91	0.2	5	30
Basis of Eligibility^d												
Aged	0.3	17	52	0.1	11	136	0.0	1	81	0.2	5	23
Disabled	1.7	170	100	0.5	126	237	0.1	7	118	1.1	36	33
Adults	0.8	41	54	0.2	25	143	0.0	2	85	0.6	14	25
Children	0.3	24	81	0.1	19	192	0.0	1	89	0.2	4	23
Unknown	2.0	197	97	0.6	147	257	0.1	6	97	1.4	44	32
Gender												
Female	0.7	51	75	0.2	36	190	0.0	2	98	0.5	13	27
Male	0.5	52	100	0.2	41	229	0.0	2	111	0.3	9	29
Unknown	0.1	4	25	0.0	0	0	0.0	0	0	0.1	4	25
Race												
White	0.7	59	88	0.2	44	197	0.0	3	106	0.4	13	30
African American	0.5	46	91	0.2	36	205	0.0	2	100	0.3	8	27
Other/unknown	0.6	48	81	0.2	35	212	0.0	2	100	0.4	11	27
Use of Nursing Facilities^e												
Entire year	0.8	53	70	0.2	36	189	0.0	2	121	0.6	15	27
Part year	1.0	66	67	0.2	44	184	0.0	2	87	0.7	20	28
None	0.6	51	85	0.2	38	207	0.0	2	103	0.4	11	28
Maintenance Assistance Status												
Cash	0.8	70	83	0.2	51	206	0.0	3	106	0.6	17	29
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	18	75	0.1	14	206	0.0	1	77	0.2	4	22
Other/unknown	0.6	60	94	0.2	47	205	0.0	3	110	0.4	11	27

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

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

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

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

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

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 COLORADO, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name							
Anti-infective Agents	0.2	0.0	0.0	0.2	\$13	\$7	\$1	\$5	\$53	\$266	\$119	\$25	313,210	\$16,449,752	127,332	24.9	1,288,851
Biologicals	0.8	0.8	0.0	0.0	1,209	1,209	0	0	1536	1,536	0	0	8,732	13,413,903	1,196	0.2	11,097
Antineoplastic Agents	0.6	0.2	0.0	0.3	227	201	4	22	413	1,001	1,254	64	6,458	2,664,523	1,133	0.2	11,732
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	39	31	1	7	79	188	45	23	234,141	18,541,676	46,692	9.1	474,630
Cardiovascular Agents	0.9	0.2	0.0	0.7	45	27	3	15	48	122	71	22	256,681	12,221,951	26,110	5.1	271,163
Respiratory Agents	0.4	0.2	0.0	0.2	29	22	2	4	69	104	72	26	321,279	22,301,538	74,014	14.5	764,004
Gastrointestinal Agents	0.4	0.1	0.0	0.3	35	19	5	12	82	174	141	41	129,743	10,700,543	29,464	5.8	305,387
Genitourinary Agents	0.3	0.1	0.0	0.2	15	9	0	6	55	103	66	31	36,142	1,981,259	13,051	2.6	133,328
CNS Drugs	0.9	0.3	0.0	0.5	95	78	1	15	111	239	106	30	460,722	50,978,024	51,851	10.1	536,063
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	82	76	0	5	117	140	76	34	65,777	7,672,430	8,937	1.7	93,796
Miscellaneous Psychological/ Neurological Agents	0.5	0.4	0.0	0.0	263	263	0	0	582	589	0	75	7,342	4,273,598	1,521	0.3	16,233
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	24	9	1	14	48	299	217	30	329,060	15,764,523	64,319	12.6	643,871
Neuromuscular Agents	0.8	0.3	0.0	0.4	82	59	7	16	109	202	183	38	224,700	24,602,231	28,380	5.6	299,254
Nutritional Products	0.4	0.1	0.0	0.3	9	3	0	6	25	53	25	19	47,168	1,197,072	12,952	2.5	127,214
Hematological Agents	0.7	0.2	0.0	0.4	206	195	0	10	309	855	39	24	26,148	8,092,799	3,762	0.7	39,349
Topical Products	0.2	0.1	0.0	0.2	10	6	0	4	45	119	90	21	154,409	6,945,229	65,492	12.8	674,448
Miscellaneous Products	0.7	0.3	0.0	0.3	259	227	10	22	371	660	281	69	7,311	2,708,805	990	0.2	10,443
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	67	0	0	0	5,729	385,205	3,250	0.6	34,703
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,634,752	220,895,061	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

For information about this classification method, see Wolters Kluwer Health, <http://www.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 2007.

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 COLORADO, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$35,939,973	19,358	3.8	207,741	0.6	\$266	\$173
ANTICONVULSANT	22,118,598	22,493	4.4	242,564	0.7	137	91
ANTIASTHMATIC	14,488,612	58,734	11.5	610,546	0.3	81	24
PASSIVE IMMUNIZING AGENTS	13,228,658	1,180	0.2	10,970	0.8	1,521	1,206
ANTIDEPRESSANTS	10,750,522	36,031	7.1	372,514	0.5	61	29
ANALGESICS - Narcotic	10,107,985	74,879	14.7	765,091	0.3	41	13
MISC. ENDOCRINE	8,897,504	3,005	0.6	33,019	0.6	476	269
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	7,668,130	10,239	2.0	108,585	0.6	117	71
ANTIDIABETIC	6,415,151	13,275	2.6	138,770	0.6	81	46
ULCER DRUGS	6,073,572	26,163	5.1	274,438	0.3	68	22
Total	135,688,705	265,357	n.a.	2,764,238	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Colorado, released by CMS in 5/2010. This table was produced on 10/06/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

All Medicaid Beneficiaries