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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
MINNESOTA

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
MINNESOTA, 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]	799082 (A)	147126 (E)	651956 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	760900 (B)	118391 (F)	642509 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	507400 (C)	75746 (G)	431654 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	5380 (D)	4825 (H)	555 (L)

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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 beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Minnesota in 2007 was $223,067,154, of which $4,477,375 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 seperately 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]
MINNESOTA, 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	**507,400**	**22,697**	**110,758**	**139,357**	**234,095**	**493**	**2,680,390**	**129,306**	**1,172,733**	**528,963**	**845,488**	**3,900**
Age												
5 and younger	92,015	0	3,623	12	88,379	1	343,535	0	34,636	66	308,827	6
6-14	101,445	0	9,767	32	91,646	0	439,596	0	106,214	160	333,222	0
15-20	75,958	0	7,426	16,695	51,821	16	356,532	0	78,784	79,940	197,707	101
21-44	151,060	0	38,064	110,529	2,248	219	819,027	0	404,235	407,489	5,730	1,573
45-64	63,490	3	51,196	12,043	0	248	587,275	26	543,998	41,092	0	2,159
65-74	9,077	8,366	658	44	0	9	54,722	49,715	4,738	208	0	61
75-84	6,802	6,787	13	2	0	0	38,896	38,838	50	8	0	0
85 and older	7,550	7,541	9	0	0	0	40,798	40,727	71	0	0	0
Unknown	3	0	2	0	1	0	9	0	7	0	2	0
Gender												
Female	298,320	15,081	53,992	112,355	116,400	492	1,527,970	86,810	577,762	440,576	418,927	3,895
Male	209,080	7,616	56,766	27,002	117,695	1	1,152,420	42,496	594,971	88,387	426,561	5
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	286,836	17,722	76,150	87,224	105,400	340	1,656,037	103,807	818,271	344,068	386,962	2,929
African American	96,233	1,579	17,922	24,967	51,740	25	415,082	6,626	180,193	75,490	152,588	185
Other/unknown	124,331	3,396	16,686	27,166	76,955	128	609,271	18,873	174,269	109,405	305,938	786
Use of Nursing Facilities[c]												
Entire year	5,380	3,810	1,518	16	36	0	37,241	20,806	16,317	38	80	0
Part year	8,474	4,202	3,311	476	483	2	61,251	23,219	32,932	2,416	2,673	11
None	493,546	14,685	105,929	138,865	233,576	491	2,581,898	85,281	1,123,484	526,509	842,735	3,889
Maintenance Assistance Status												
Cash	320,366	3,934	63,905	92,748	159,779	0	1,591,106	19,575	693,575	322,911	555,045	0
Medically needy	23,384	8,142	8,854	4,825	1,563	0	160,164	53,559	85,790	17,417	3,398	0
Poverty-related	57,970	4,386	14,545	4,670	33,876	493	337,301	26,091	155,625	17,883	133,802	3,900
Other/unknown	105,680	6,235	23,454	37,114	38,877	0	591,819	30,081	237,743	170,752	153,243	0
Dual Medicare Status[d]												
Full dual, all year	72,425	19,832	50,822	1,739	18	14	683,053	110,753	559,263	12,778	147	112
Full dual, part year	3,321	1,666	1,620	35	0	0	31,735	14,450	16,945	340	0	0
Non-dual, all year	431,654	1,199	58,316	137,583	234,077	479	1,965,602	4,103	596,525	515,845	845,341	3,788
Managed Care (MC) Status												
Fee-for-service (FFS) all year	224,067	10,695	103,381	53,397	56,125	469	1,878,878	86,923	1,130,156	287,912	370,132	3,755
FFS part year, with Rx claims	88,379	5,165	5,645	37,121	40,430	18	302,070	20,605	34,381	115,288	131,676	120
FFS part year, no Rx claims	194,954	6,837	1,732	48,839	137,540	6	499,442	21,778	8,196	125,763	343,680	25

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
MINNESOTA, 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	**35.6**	**5.1**	**$431**	**$85**	**$8,298**	**5.2**	**507,400**
Age							
5 and younger	26.8	1.1	99	87	3,713	2.7	92,015
6-14	28.6	2.6	264	101	4,398	6.0	101,445
15-20	32.5	3.3	352	106	5,097	6.9	75,958
21-44	41.6	5.3	493	93	9,292	5.3	151,060
45-64	55.0	17.5	1,254	72	19,358	6.5	63,490
65-74	25.9	3.5	188	54	14,571	1.3	9,077
75-84	16.6	0.9	30	32	16,372	0.2	6,802
85 and older	16.4	0.8	10	13	21,046	0.0	7,550
Unknown	66.7	3.7	313	85	1,976	15.8	3
Basis of Eligibility[e]							
Aged	19.4	1.7	70	42	17,177	0.4	22,697
Disabled	59.9	17.8	1,592	90	25,150	6.3	110,758
Adults	36.3	2.0	130	64	2,835	4.6	139,357
Children	25.3	1.2	94	79	2,711	3.5	234,095
Unknown	62.5	13.4	942	71	10,496	9.0	493
Gender							
Female	36.5	5.1	387	75	7,267	5.3	298,320
Male	34.4	5.0	494	99	9,768	5.1	209,080
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	37.9	6.1	508	83	10,291	4.9	286,836
African American	32.2	3.6	307	85	5,743	5.3	96,233
Other/unknown	33.1	3.8	349	93	5,676	6.1	124,331
Use of Nursing Facilities[f]							
Entire year	37.4	11.1	665	60	40,355	1.6	5,380
Part year	48.9	16.2	1,190	74	31,260	3.8	8,474
None	35.4	4.8	415	86	7,554	5.5	493,546
Maintenance Assistance Status							
Cash	39.0	6.0	516	87	7,765	6.6	320,366
Medically needy	28.1	3.3	220	66	18,243	1.2	23,384
Poverty related	29.4	2.7	184	68	6,876	2.7	57,970
Other/unknown	30.7	4.1	354	87	8,492	4.2	105,680

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
MINNESOTA, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.0**	**$82**	**5.2**	**64.4**	**23.3**	**4.7**	**4.9**	**2.0**	**0.6**	**$1,571**	**507,400**	**2,680,390**
Age												
5 and younger	0.3	27	2.7	73.2	23.1	2.3	1.1	0.2	0.0	995	92,015	343,535
6-14	0.6	61	6.0	71.4	20.9	3.9	3.2	0.5	0.0	1,015	101,445	439,596
15-20	0.7	75	6.9	67.5	22.7	4.7	4.2	0.8	0.1	1,086	75,958	356,532
21-44	1.0	91	5.3	58.4	25.8	6.3	6.5	2.5	0.6	1,714	151,060	819,027
45-64	1.9	136	6.5	45.0	25.3	7.0	11.4	8.1	3.2	2,093	63,490	587,275
65-74	0.6	31	1.3	74.1	15.2	3.5	4.2	2.4	0.5	2,417	9,077	54,722
75-84	0.2	5	0.2	83.4	13.7	1.4	1.0	0.4	0.1	2,863	6,802	38,896
85 and older	0.1	2	0.0	83.6	14.8	1.2	0.3	0.1	0.0	3,895	7,550	40,798
Unknown	1.2	104	15.8	33.3	33.3	33.3	0.0	0.0	0.0	659	3	9
Basis of Eligibility[e]												
Aged	0.3	12	0.4	80.6	14.4	2.0	1.8	1.0	0.2	3,015	22,697	129,306
Disabled	1.7	150	6.3	40.1	30.2	8.0	12.2	7.1	2.4	2,375	110,758	1,172,733
Adults	0.5	34	4.6	63.7	24.1	5.7	5.0	1.3	0.2	747	139,357	528,963
Children	0.3	26	3.5	74.7	20.4	2.9	1.8	0.2	0.0	751	234,095	845,488
Unknown	1.7	119	9.0	37.5	30.8	12.6	13.4	4.9	0.8	1,327	493	3,900
Gender												
Female	1.0	76	5.3	63.5	23.9	4.8	4.9	2.2	0.7	1,419	298,320	1,527,970
Male	0.9	90	5.1	65.6	22.5	4.6	4.9	1.9	0.5	1,772	209,080	1,152,420
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	88	4.9	62.1	23.6	5.2	5.7	2.6	0.8	1,783	286,836	1,656,037
African American	0.8	71	5.3	67.8	21.7	4.5	4.2	1.4	0.3	1,332	96,233	415,082
Other/unknown	0.8	71	6.1	66.9	23.8	3.9	3.7	1.3	0.3	1,158	124,331	609,271
Use of Nursing Facilities[f]												
Entire year	1.6	96	1.6	62.6	23.5	3.5	3.1	3.9	3.4	5,830	5,380	37,241
Part year	2.2	165	3.8	51.1	25.1	4.9	7.6	6.7	4.8	4,325	8,474	61,251
None	0.9	79	5.5	64.6	23.3	4.8	4.9	1.9	0.5	1,444	493,546	2,581,898
Maintenance Assistance Status												
Cash	1.2	104	6.6	61.0	24.8	5.3	5.6	2.5	0.8	1,563	320,366	1,591,106
Medically needy	0.5	32	1.2	71.9	19.7	3.1	3.3	1.5	0.5	2,663	23,384	160,164
Poverty related	0.5	32	2.7	70.6	23.2	3.0	2.2	0.8	0.2	1,182	57,970	337,301
Other/unknown	0.7	63	4.2	69.3	19.6	4.4	4.8	1.6	0.4	1,517	105,680	591,819

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
MINNESOTA, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.0**	**$82**	**$85**	**0.3**	**$64**	**$205**	**0.0**	**$4**	**$125**	**0.6**	**$14**	**$22**
Age												
5 and younger	0.3	27	87	0.1	19	235	0.0	1	98	0.2	6	30
6-14	0.6	61	101	0.3	51	172	0.0	2	113	0.3	8	28
15-20	0.7	75	106	0.3	62	201	0.0	4	133	0.4	10	26
21-44	1.0	91	93	0.3	71	233	0.0	4	144	0.6	15	24
45-64	1.9	136	72	0.5	103	196	0.1	7	118	1.3	25	19
65-74	0.6	31	54	0.1	21	154	0.0	2	86	0.4	8	20
75-84	0.2	5	32	0.0	2	122	0.0	0	64	0.1	3	20
85 and older	0.1	2	13	0.0	1	81	0.0	0	43	0.1	1	8
Unknown	1.2	104	85	1.1	103	92	0.0	0	0	0.1	2	15
Basis of Eligibility[d]												
Aged	0.3	12	42	0.1	7	142	0.0	1	78	0.2	4	18
Disabled	1.7	150	90	0.6	122	220	0.1	7	123	1.1	21	20
Adults	0.5	34	64	0.1	20	159	0.0	2	147	0.4	13	32
Children	0.3	26	79	0.1	19	145	0.0	1	122	0.2	6	31
Unknown	1.7	119	71	0.5	84	163	0.0	12	243	1.1	23	21
Gender												
Female	1.0	76	75	0.3	57	188	0.0	4	126	0.7	15	22
Male	0.9	90	99	0.3	73	226	0.0	4	123	0.6	13	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	88	83	0.4	71	201	0.0	4	124	0.7	13	19
African American	0.8	71	85	0.3	59	235	0.0	2	107	0.6	10	17
Other/unknown	0.8	71	93	0.2	47	201	0.0	4	140	0.5	20	40
Use of Nursing Facilities[e]												
Entire year	1.6	96	60	0.4	72	188	0.0	5	95	1.2	20	17
Part year	2.2	165	74	0.6	125	205	0.1	7	116	1.6	32	21
None	0.9	79	86	0.3	62	205	0.0	4	126	0.6	13	23
Maintenance Assistance Status												
Cash	1.2	104	87	0.4	81	209	0.0	5	130	0.8	18	24
Medically needy	0.5	32	66	0.1	24	203	0.0	2	119	0.4	6	18
Poverty related	0.5	32	68	0.1	24	201	0.0	2	126	0.3	6	18
Other/unknown	0.7	63	87	0.3	52	190	0.0	3	104	0.4	9	20

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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 Minnesota, 0.5 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx
d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
MINNESOTA, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	$25	$16	$1	$8	$80	$398	$149	$29	190,154	$15,293,786	79,897	15.7	611,754
Biologicals	0.2	0.2	0.0	0.0	293	293	0	0	1296	1,296	0	0	3,043	3,942,564	1,416	0.3	13,477
Antineoplastic Agents	0.6	0.2	0.0	0.4	167	146	1	21	301	847	607	54	6,854	2,065,134	1,339	0.3	12,344
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	49	39	1	10	74	160	80	24	211,586	15,721,406	40,727	8.0	318,107
Cardiovascular Agents	1.2	0.1	0.1	1.0	33	15	4	13	28	106	63	14	308,610	8,679,060	28,903	5.7	260,325
Respiratory Agents	0.6	0.3	0.0	0.2	46	37	2	7	80	119	88	28	182,474	14,666,911	39,439	7.8	322,207
Gastrointestinal Agents	0.6	0.3	0.0	0.3	57	44	5	8	96	166	255	26	161,935	15,524,036	30,871	6.1	271,124
Genitourinary Agents	0.4	0.2	0.0	0.2	24	17	1	7	60	99	72	30	30,490	1,838,071	8,982	1.8	76,463
CNS Drugs	1.1	0.4	0.0	0.6	114	100	4	10	108	241	129	17	604,124	65,437,917	65,230	12.9	572,791
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.1	80	76	0	4	105	123	78	28	98,726	10,350,162	15,824	3.1	128,763
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.0	64	62	0	2	239	263	108	54	14,579	3,478,454	6,113	1.2	54,281
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	29	12	1	16	47	309	306	28	253,994	11,985,782	52,027	10.3	413,227
Neuromuscular Agents	0.9	0.4	0.0	0.5	87	67	8	12	97	192	178	24	281,988	27,453,290	33,309	6.6	316,737
Nutritional Products	0.5	0.0	0.0	0.5	15	4	0	11	28	102	32	22	61,197	1,732,926	14,489	2.9	114,433
Hematological Agents	0.7	0.1	0.0	0.5	158	152	1	6	242	1,096	78	11	48,768	11,804,619	7,916	1.6	74,638
Topical Products	0.3	0.1	0.0	0.2	15	9	1	5	51	110	71	27	103,522	5,276,887	43,450	8.6	363,835
Miscellaneous Products	0.8	0.3	0.0	0.5	180	145	10	25	233	571	229	52	11,547	2,692,859	1,569	0.3	14,932
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	37	0	0	0	171	0	0	0	3,785	645,915	1,663	0.3	17,539
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.	2,577,376	218,589,779	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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 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 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]
MINNESOTA, 2007

		Users		Among Users			
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$47,899,144	27,288	5.4	270,875	0.7	$253	$177
ANTICONVULSANT	25,687,940	30,717	6.1	306,906	0.7	113	84
ANTIDEPRESSANTS	13,480,951	54,182	10.7	466,092	0.5	54	29
ULCER DRUGS	11,734,337	26,731	5.3	241,047	0.5	98	49
ANTIASTHMATIC	10,895,213	42,264	8.3	350,861	0.4	86	31
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	10,337,671	17,836	3.5	149,237	0.7	105	69
MISC. HEMATOLOGICAL	8,840,297	1,447	0.3	13,557	0.6	1,147	652
ANTIDIABETIC	7,546,024	15,269	3.0	137,259	0.6	85	55
ANTIVIRAL	6,470,811	4,558	0.9	38,542	0.4	432	168
ANALGESICS - Narcotic	6,362,849	56,170	11.1	475,292	0.4	35	13
Total	149,255,237	276,462	n.a.	2,449,668	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. 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.