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

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, 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	75,746	21,498	52,442	1,774	18	14	714,788	125,203	576,208	13,118	147	112
Age												
5 and younger	7	0	7	0	0	0	84	0	84	0	0	0
6-14	14	0	14	0	0	0	152	0	152	0	0	0
15-20	211	0	194	4	13	0	2,214	0	2,075	20	119	0
21-44	22,347	0	21,166	1,175	5	1	241,848	0	233,195	8,614	28	11
45-64	31,108	2	30,531	569	0	6	340,984	24	336,579	4,326	0	55
65-74	8,040	7,497	511	25	0	7	50,986	46,779	4,006	155	0	46
75-84	6,540	6,529	10	1	0	0	38,037	37,988	46	3	0	0
85 and older	7,479	7,470	9	0	0	0	40,483	40,412	71	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	41,750	14,428	26,081	1,221	6	14	381,750	84,512	287,987	9,084	55	112
Male	33,996	7,070	26,361	553	12	0	333,038	40,691	288,221	4,034	92	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	60,855	17,524	42,069	1,240	9	13	579,661	102,932	466,873	9,693	62	101
African American	6,814	952	5,565	291	5	1	64,495	4,707	57,938	1,801	38	11
Other/unknown	8,077	3,022	4,808	243	4	0	70,632	17,564	51,397	1,624	47	0
Use of Nursing Facilities^c												
Entire year	4,825	3,768	1,057	0	0	0	32,291	20,587	11,704	0	0	0
Part year	5,786	4,165	1,605	16	0	0	40,116	23,050	16,944	122	0	0
None	65,135	13,565	49,780	1,758	18	14	642,381	81,566	547,560	12,996	147	112
Maintenance Assistance Status												
Cash	25,715	3,162	20,990	1,555	8	0	265,768	17,119	237,041	11,565	43	0
Medically needy	15,371	8,066	7,225	78	2	0	128,288	53,106	74,489	674	19	0
Poverty-related	17,124	4,345	12,745	20	0	14	166,119	25,909	139,945	153	0	112
Other/unknown	17,536	5,925	11,482	121	8	0	154,613	29,069	124,733	726	85	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	62,533	10,445	50,971	1,090	14	13	663,973	85,306	567,478	10,964	124	101
FFS part year, with Rx claims	5,799	4,634	867	293	4	1	25,625	19,034	5,569	988	23	11
FFS part year, no Rx claims	7,414	6,419	604	391	0	0	25,190	20,863	3,161	1,166	0	0

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 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 2007. 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, 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	29.7	3.4	\$172	\$51	\$22,022	0.8	75,746
Age							
5 and younger	14.3	10.3	873	85	29,489	3.0	7
6-14	57.1	9.1	350	39	34,775	1.0	14
15-20	72.5	18.0	1,633	91	34,634	4.7	211
21-44	32.5	3.8	255	67	24,319	1.0	22,347
45-64	35.7	4.3	178	42	23,543	0.8	31,108
65-74	21.8	3.0	156	53	14,795	1.1	8,040
75-84	15.1	0.7	20	28	16,518	0.1	6,540
85 and older	16.1	0.7	7	10	21,028	0.0	7,479
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	17.5	1.4	57	41	17,440	0.3	21,498
Disabled	34.4	4.2	216	52	24,467	0.9	52,442
Adults	38.4	3.7	247	66	5,450	4.5	1,774
Children	72.2	12.2	1,383	114	16,553	8.4	18
Unknown	71.4	5.9	508	87	8,054	6.3	14
Gender							
Female	32.1	3.7	175	48	20,419	0.9	41,750
Male	26.8	3.0	168	56	23,991	0.7	33,996
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	30.1	3.4	164	48	23,745	0.7	60,855
African American	28.0	3.2	191	60	12,565	1.5	6,814
Other/unknown	27.7	3.1	217	70	17,019	1.3	8,077
Use of Nursing Facilities^f							
Entire year	31.2	2.8	64	23	37,329	0.2	4,825
Part year	31.1	2.8	122	44	24,797	0.5	5,786
None	29.5	3.4	184	54	20,642	0.9	65,135
Maintenance Assistance Status							
Cash	35.1	4.7	265	57	25,476	1.0	25,715
Medically needy	22.5	1.9	90	47	23,475	0.4	15,371
Poverty related	30.3	3.3	140	43	15,966	0.9	17,124
Other/unknown	27.4	2.8	139	50	21,598	0.6	17,536

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 D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 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								
All	0.4	\$18	0.8	70.3	24.1	2.7	1.9	0.8	0.2	\$2,334	75,746	714,788
Age												
5 and younger	0.9	73	3.0	85.7	0.0	0.0	0.0	14.3	0.0	2,457	7	84
6-14	0.8	32	1.0	42.9	28.6	14.3	14.3	0.0	0.0	3,203	14	152
15-20	1.7	156	4.7	27.5	39.3	13.7	10.9	7.6	0.9	3,301	211	2,214
21-44	0.3	24	1.0	67.5	26.4	2.9	2.3	0.7	0.2	2,247	22,347	241,848
45-64	0.4	16	0.8	64.3	29.4	3.2	2.1	0.8	0.2	2,148	31,108	340,984
65-74	0.5	25	1.1	78.2	14.4	2.6	2.8	1.8	0.3	2,333	8,040	50,986
75-84	0.1	3	0.1	84.9	13.4	1.1	0.4	0.2	0.0	2,840	6,540	38,037
85 and older	0.1	1	0.0	83.9	14.8	1.1	0.2	0.0	0.0	3,885	7,479	40,483
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	10	0.3	82.5	14.1	1.6	1.1	0.6	0.1	2,995	21,498	125,203
Disabled	0.4	20	0.9	65.6	28.2	3.1	2.1	0.8	0.2	2,227	52,442	576,208
Adults	0.5	33	4.5	61.6	25.3	4.8	5.4	2.4	0.6	737	1,774	13,118
Children	1.5	169	8.4	27.8	33.3	22.2	16.7	0.0	0.0	2,027	18	147
Unknown	0.7	63	6.3	28.6	57.1	14.3	0.0	0.0	0.0	1,007	14	112
Gender												
Female	0.4	19	0.9	67.9	25.9	3.0	2.0	0.9	0.2	2,233	41,750	381,750
Male	0.3	17	0.7	73.2	21.9	2.3	1.8	0.6	0.2	2,449	33,996	333,038
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.4	17	0.7	69.9	24.6	2.8	1.8	0.7	0.2	2,493	60,855	579,661
African American	0.3	20	1.5	72.0	22.1	2.2	2.4	1.2	0.2	1,328	6,814	64,495
Other/unknown	0.4	25	1.3	72.3	22.0	2.5	2.2	0.8	0.2	1,946	8,077	70,632
Use of Nursing Facilities^f												
Entire year	0.4	10	0.2	68.8	25.7	3.3	1.5	0.5	0.2	5,578	4,825	32,291
Part year	0.4	18	0.5	68.9	26.5	2.2	1.3	0.8	0.4	3,577	5,786	40,116
None	0.3	19	0.9	70.5	23.8	2.7	2.0	0.8	0.2	2,093	65,135	642,381
Maintenance Assistance Status												
Cash	0.5	26	1.0	64.9	27.4	3.3	2.8	1.3	0.3	2,465	25,715	265,768
Medically needy	0.2	11	0.4	77.5	19.1	1.9	1.0	0.4	0.1	2,813	15,371	128,288
Poverty related	0.3	14	0.9	69.7	25.1	2.8	1.7	0.5	0.1	1,646	17,124	166,119
Other/unknown	0.3	16	0.6	72.6	22.8	2.4	1.6	0.6	0.1	2,450	17,536	154,613

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In eight states (DE, IA, IL, NE, NY, 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 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, 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	0.4	\$18	\$51	0.1	\$13	\$213	0.0	\$1	\$110	0.3	\$4	\$14
Age												
5 and younger	0.9	73	85	0.2	49	217	0.1	11	137	0.5	12	22
6-14	0.8	32	39	0.1	13	113	0.2	9	47	0.5	10	19
15-20	1.7	156	91	0.7	125	169	0.1	11	141	0.9	19	21
21-44	0.3	24	67	0.1	19	246	0.0	1	139	0.3	4	15
45-64	0.4	16	42	0.1	11	204	0.0	1	101	0.3	4	13
65-74	0.5	25	53	0.1	16	151	0.0	2	85	0.3	7	21
75-84	0.1	3	28	0.0	1	101	0.0	0	56	0.1	3	22
85 and older	0.1	1	10	0.0	0	73	0.0	0	19	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	10	41	0.0	6	144	0.0	1	78	0.2	4	19
Disabled	0.4	20	52	0.1	15	221	0.0	1	114	0.3	4	13
Adults	0.5	33	66	0.1	22	213	0.0	2	142	0.4	9	24
Children	1.5	169	114	0.7	103	158	0.2	37	224	0.7	30	44
Unknown	0.7	63	87	0.2	38	233	0.1	12	103	0.4	13	30
Gender												
Female	0.4	19	48	0.1	13	198	0.0	1	116	0.3	5	15
Male	0.3	17	56	0.1	13	233	0.0	1	101	0.2	3	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.4	17	48	0.1	13	213	0.0	1	111	0.3	4	12
African American	0.3	20	60	0.1	16	219	0.0	1	83	0.3	3	13
Other/unknown	0.4	25	70	0.1	14	202	0.0	2	126	0.3	9	34
Use of Nursing Facilities^e												
Entire year	0.4	10	23	0.0	5	134	0.0	1	77	0.4	4	10
Part year	0.4	18	44	0.1	12	201	0.0	1	87	0.3	4	13
None	0.3	19	54	0.1	14	216	0.0	1	113	0.3	4	15
Maintenance Assistance Status												
Cash	0.5	26	57	0.1	19	210	0.0	1	116	0.3	5	15
Medically needy	0.2	11	47	0.0	8	221	0.0	1	97	0.2	2	12
Poverty related	0.3	14	43	0.0	10	205	0.0	1	110	0.3	4	14
Other/unknown	0.3	16	50	0.1	12	221	0.0	1	101	0.3	3	13

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 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, 2007

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	\$31	\$24	\$1	\$6	\$103	\$375	\$178	\$27	6,166	\$637,866	1,961	2.6	20,526
Biologicals	0.2	0.2	0.0	0.0	728	728	0	0	4216	4,216	0	0	77	324,598	41	0.1	446
Antineoplastic Agents	0.4	0.1	0.0	0.3	76	61	0	15	185	695	170	47	455	83,987	116	0.2	1,100
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	39	32	1	6	62	128	67	17	10,836	676,884	1,763	2.3	17,450
Cardiovascular Agents	1.0	0.1	0.1	0.8	34	19	5	11	35	137	62	14	22,157	764,852	2,329	3.1	22,291
Respiratory Agents	0.3	0.1	0.0	0.2	22	16	1	5	66	124	117	25	10,630	704,493	2,924	3.9	31,442
Gastrointestinal Agents	0.5	0.2	0.0	0.2	51	41	4	6	103	172	245	24	8,334	856,764	1,711	2.3	16,924
Genitourinary Agents	0.3	0.2	0.0	0.2	24	17	0	6	69	98	53	37	1,511	103,860	423	0.6	4,384
CNS Drugs	0.6	0.1	0.0	0.5	31	24	2	6	50	229	139	11	92,789	4,594,367	13,816	18.2	146,226
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.2	70	65	0	5	134	177	102	33	1,459	195,815	264	0.3	2,791
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	79	78	0	1	320	352	0	53	946	302,911	363	0.5	3,823
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	24	11	1	13	44	335	192	25	14,029	615,040	2,514	3.3	25,328
Neuromuscular Agents	0.7	0.1	0.0	0.6	26	17	2	7	37	219	187	12	49,749	1,819,612	6,478	8.6	70,661
Nutritional Products	0.5	0.0	0.0	0.4	9	2	1	7	20	60	39	16	11,330	226,078	2,393	3.2	24,219
Hematological Agents	0.6	0.0	0.0	0.6	19	12	0	6	31	447	39	10	18,294	560,300	2,986	3.9	30,052
Topical Products	0.3	0.1	0.0	0.2	14	9	0	4	49	123	51	21	4,351	213,560	1,468	1.9	15,480
Miscellaneous Products	0.6	0.3	0.1	0.3	208	182	11	15	328	605	157	57	911	299,039	140	0.2	1,438
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	21	0	0	0	82	0	0	0	619	50,961	211	0.3	2,374
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.	254,643	13,030,987	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 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 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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, MINNESOTA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		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	\$2,781,435	1,799	2.4	18,908	0.5	\$281	\$147
ANTICONVULSANT	1,722,256	6,359	8.4	69,612	0.7	37	25
ANTIDEPRESSANTS	897,037	3,312	4.4	33,623	0.4	64	27
ULCER DRUGS	646,345	1,570	2.1	15,585	0.4	103	41
LAXATIVES	617,486	20,269	26.8	213,371	0.4	7	3
ANTIANKIETY AGENTS	593,814	10,890	14.4	116,567	0.5	11	5
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	493,160	1,854	2.4	20,540	0.2	97	24
ANTIDIABETIC	460,471	1,360	1.8	13,049	0.4	81	35
ANTIASTHMATIC	456,653	1,507	2.0	15,219	0.3	94	30
ANALGESICS - NonNarcotic	398,223	14,043	18.5	135,085	0.4	7	3
Total	9,066,880	62,963	n.a.	651,559	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 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 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; 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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean 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	293,498	\$9,066,880	1,799	2.4	18,908	0.5	\$147	6,359	8.4	69,612	0.7	\$25
Female												
All Females	172,894	5,170,765	936	2.2	9,671	0.5	136	3,834	9.2	41,736	0.7	25
Female, Disabled												
All Ages	131,923	4,247,363	793	3.0	8,617	0.5	133	3,341	12.8	37,881	0.7	25
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	109	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	816	76,995	30	33.0	339	0.6	117	22	24.2	258	0.5	63
21-44	40,410	1,927,317	445	4.5	4,900	0.5	128	1,279	13.0	14,396	0.6	34
45-64	89,086	2,179,460	303	1.9	3,283	0.5	142	2,013	12.7	22,978	0.7	18
65-74	1,556	63,295	15	5.0	95	0.8	182	26	8.7	242	0.7	28
75-84	2	12	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	33	175	0	0.0	0	0.0	0	1	12.5	7	0.4	3
Female, Other Eligibles												
All Ages	40,971	923,402	143	0.9	1,054	0.6	158	493	3.1	3,855	0.6	29
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	58	6,632	1	11.1	11	0.5	94	3	33.3	34	0.6	67
21-44	2,318	154,328	56	6.4	433	0.4	107	125	14.3	1,071	0.5	28
45-64	955	66,060	15	4.4	93	0.3	60	43	12.6	397	0.5	19
65-74	10,992	484,116	70	1.6	516	0.7	220	207	4.8	1,570	0.7	34
75-84	8,938	116,551	1	0.0	1	1.0	148	74	1.7	498	0.7	35
85 and older	17,710	95,715	0	0.0	0	0.0	0	41	0.7	285	0.6	4
Male												
All Males	120,604	3,896,115	863	2.5	9,237	0.5	159	2,525	7.4	27,876	0.7	25
Male, Disabled												
All Ages	105,451	3,519,833	808	3.1	8,847	0.5	161	2,336	8.9	26,447	0.7	25
5 and younger	18	421	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	19	748	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1,236	153,174	46	44.7	527	0.7	185	21	20.4	249	0.7	68
21-44	36,991	1,797,928	519	4.6	5,708	0.5	152	1,072	9.4	12,076	0.7	33
45-64	66,308	1,519,399	239	1.6	2,569	0.6	175	1,230	8.4	13,992	0.7	17
65-74	879	48,163	4	1.9	43	0.4	194	13	6.1	130	0.4	18
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	15,153	376,282	55	0.7	390	0.6	108	189	2.5	1,429	0.6	21
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	57	10,752	2	25.0	16	0.8	133	2	25.0	24	1.5	354
21-44	587	28,911	13	4.2	93	0.3	92	29	9.4	211	0.6	18
45-64	464	17,968	0	0.0	0	0.0	0	23	9.7	193	0.6	21
65-74	6,646	257,204	35	1.1	259	0.7	115	98	3.1	722	0.6	19
75-84	3,851	43,879	5	0.2	22	0.9	73	24	1.1	195	0.7	4
85 and older	3,548	17,568	0	0.0	0	0.0	0	13	0.8	84	0.7	5
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 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); 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					LAXATIVES				
	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	3,312	4.4	33,623	0.4	\$27	1,570	2.1	15,585	0.4	\$42	20,269	26.8	213,371	0.4	\$3
Female															
All Females	2,058	4.9	20,775	0.4	28	957	2.3	9,469	0.4	42	11,712	28.1	120,631	0.4	3
Female, Disabled															
All Ages	1,687	6.5	18,151	0.4	28	739	2.8	7,979	0.4	40	7,802	29.9	90,724	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	0	0.0	0	0.0	0	1	20.0	6	0.2	1	4	80.0	46	0.4	2
15-20	38	41.8	432	0.4	19	13	14.3	155	0.3	32	35	38.5	386	0.3	3
21-44	758	7.7	8,214	0.4	27	291	3.0	3,163	0.4	39	2,292	23.3	26,841	0.4	3
45-64	859	5.4	9,222	0.4	29	415	2.6	4,481	0.4	40	5,392	34.0	62,689	0.4	3
65-74	32	10.7	283	0.5	15	19	6.4	174	0.6	47	76	25.5	743	0.5	3
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	16.7	3	0.7	4
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	25.0	16	0.6	3
Female, Other Eligibles															
All Ages	371	2.4	2,624	0.5	29	218	1.4	1,490	0.5	52	3,910	25.0	29,907	0.4	4
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	3	33.3	25	0.2	25	3	33.3	30	0.2	28	0	0.0	0	0.0	0
21-44	136	15.6	929	0.4	33	39	4.5	243	0.4	44	69	7.9	689	0.2	3
45-64	49	14.4	320	0.4	26	20	5.9	112	0.3	47	39	11.4	401	0.3	2
65-74	179	4.1	1,320	0.5	27	147	3.4	1,055	0.5	56	831	19.2	6,951	0.4	5
75-84	2	0.0	14	1.1	5	7	0.2	36	0.5	37	1,014	23.6	7,324	0.4	4
85 and older	2	0.0	16	0.2	2	2	0.0	14	0.1	2	1,957	33.6	14,542	0.4	3
Male															
All Males	1,254	3.7	12,848	0.4	25	613	1.8	6,116	0.4	42	8,557	25.2	92,740	0.4	3
Male, Disabled															
All Ages	1,077	4.1	11,557	0.4	25	494	1.9	5,275	0.4	40	7,008	26.6	81,447	0.4	3
5 and younger	0	0.0	0	0.0	0	2	28.6	24	0.4	16	2	28.6	24	0.1	0
6-14	1	11.1	6	0.2	29	3	33.3	28	0.5	16	0	0.0	0	0.0	0
15-20	46	44.7	539	0.5	33	15	14.6	168	0.4	46	24	23.3	270	0.4	5
21-44	561	4.9	6,155	0.4	25	206	1.8	2,236	0.4	38	2,164	19.1	25,274	0.4	3
45-64	455	3.1	4,727	0.4	25	258	1.8	2,707	0.4	40	4,751	32.4	55,264	0.4	3
65-74	14	6.6	130	0.5	42	10	4.7	112	0.6	80	67	31.5	615	0.4	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
Male, Other Eligibles															
All Ages	177	2.3	1,291	0.5	19	119	1.6	841	0.4	52	1,549	20.3	11,293	0.4	4
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	12.5	3	0.7	4	0	0.0	0	0.0	0	1	12.5	6	0.2	1
21-44	35	11.3	235	0.3	18	10	3.2	84	0.2	20	12	3.9	123	0.5	3
45-64	20	8.5	119	0.3	18	9	3.8	45	0.2	24	13	5.5	140	0.4	12
65-74	115	3.6	894	0.5	20	96	3.0	695	0.5	58	600	18.7	4,826	0.4	5
75-84	5	0.2	38	0.7	21	2	0.1	13	0.8	28	495	22.2	3,394	0.4	4
85 and older	1	0.1	2	0.5	5	2	0.1	4	0.8	51	428	26.1	2,804	0.4	2
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 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); 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, 2007

Beneficiary Characteristics	ANTIANKXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC				
	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	10,890	14.4	116,567	0.5	\$5	1,854	2.4	20,540	0.2	\$24	1,360	1.8	13,049	0.4	\$35
Female															
All Females	6,739	16.1	71,357	0.5	5	1,050	2.5	11,709	0.3	30	738	1.8	7,082	0.4	33
Female, Disabled															
All Ages	5,269	20.2	60,233	0.5	5	926	3.6	10,564	0.3	28	500	1.9	5,414	0.4	34
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	12	13.2	140	0.2	2	4	4.4	48	0.1	9	2	2.2	24	0.7	58
21-44	1,875	19.1	21,324	0.4	4	313	3.2	3,564	0.2	42	125	1.3	1,338	0.4	39
45-64	3,335	21.0	38,377	0.5	5	600	3.8	6,868	0.3	20	338	2.1	3,753	0.4	33
65-74	46	15.4	385	0.6	8	9	3.0	84	0.2	25	35	11.7	299	0.4	27
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	1	12.5	7	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1,470	9.4	11,124	0.5	7	124	0.8	1,145	0.3	47	238	1.5	1,668	0.5	32
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	11.1	3	0.3	3	0	0.0	0	0.0	0	1	11.1	12	0.2	43
21-44	146	16.7	1,361	0.5	10	37	4.2	392	0.2	12	26	3.0	171	0.4	36
45-64	59	17.3	545	0.5	5	10	2.9	116	0.3	271	13	3.8	78	0.3	26
65-74	386	8.9	3,073	0.5	9	64	1.5	531	0.4	28	158	3.7	1,103	0.6	39
75-84	357	8.3	2,491	0.5	11	11	0.3	88	0.4	18	19	0.4	118	0.3	11
85 and older	521	8.9	3,651	0.5	3	2	0.0	18	0.5	19	21	0.4	186	0.2	1
Male															
All Males	4,151	12.2	45,210	0.5	5	804	2.4	8,831	0.2	17	622	1.8	5,967	0.5	38
Male, Disabled															
All Ages	3,652	13.9	41,699	0.5	5	724	2.7	8,198	0.2	16	448	1.7	4,797	0.4	35
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	12	11.7	142	0.6	10	3	2.9	36	0.2	20	5	4.9	60	0.5	46
21-44	1,418	12.5	16,243	0.4	5	291	2.6	3,331	0.2	13	129	1.1	1,420	0.4	35
45-64	2,193	14.9	25,078	0.5	5	425	2.9	4,784	0.2	18	303	2.1	3,210	0.4	35
65-74	29	13.6	236	0.6	12	5	2.3	47	0.4	49	11	5.2	107	0.6	47
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	499	6.5	3,511	0.5	6	80	1.0	633	0.3	26	174	2.3	1,170	0.5	47
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	2	25.0	15	0.3	5	1	12.5	12	0.1	4	0	0.0	0	0.0	0
21-44	33	10.7	305	0.5	5	9	2.9	60	0.2	39	14	4.5	102	0.6	50
45-64	28	11.9	254	0.6	4	6	2.5	72	0.2	10	9	3.8	57	0.6	83
65-74	194	6.0	1,464	0.5	8	54	1.7	434	0.3	29	133	4.1	897	0.5	50
75-84	142	6.4	886	0.5	7	10	0.4	55	0.4	16	13	0.6	70	0.2	5
85 and older	100	6.1	587	0.4	3	0	0.0	0	0.0	0	5	0.3	44	0.1	1
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.
 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 2007. 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 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); 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, 2007

Beneficiary Characteristics	ANTIASTHMATIC					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 Beneficiaries	Number of Benefit Months
All	1,507	2.0	15,219	0.3	\$30	14,043	18.5	135,085	0.4	\$3	75,746	714,788
Female												
All Females	950	2.3	9,759	0.3	29	8,673	20.8	80,958	0.4	3	41,750	381,750
Female, Disabled												
All Ages	773	3.0	8,496	0.3	28	4,203	16.1	48,536	0.4	2	26,081	287,987
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	2	40.0	24	0.1	0	5	52
15-20	24	26.4	263	0.3	18	18	19.8	195	0.1	1	91	939
21-44	315	3.2	3,471	0.3	25	870	8.9	10,063	0.3	2	9,816	108,635
45-64	411	2.6	4,566	0.3	29	3,230	20.4	37,507	0.4	2	15,857	175,840
65-74	23	7.7	196	0.5	51	78	26.2	706	0.4	2	298	2,415
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	5	62.5	41	0.5	3	8	68
Female, Other Eligibles												
All Ages	177	1.1	1,263	0.4	38	4,470	28.5	32,422	0.5	5	15,669	93,763
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	4	44.4	47	0.3	28	1	11.1	7	0.1	0	9	74
21-44	52	6.0	372	0.3	20	37	4.2	351	0.2	8	872	6,426
45-64	13	3.8	66	0.3	22	28	8.2	318	0.3	4	341	2,636
65-74	104	2.4	758	0.5	50	811	18.8	6,361	0.4	10	4,320	27,129
75-84	4	0.1	20	0.2	16	1,212	28.2	8,450	0.5	5	4,298	25,284
85 and older	0	0.0	0	0.0	0	2,381	40.8	16,935	0.6	3	5,829	32,214
Male												
All Males	557	1.6	5,460	0.3	32	5,370	15.8	54,127	0.4	3	33,996	333,038
Male, Disabled												
All Ages	442	1.7	4,613	0.3	30	3,660	13.9	42,200	0.3	2	26,361	288,221
5 and younger	0	0.0	0	0.0	0	3	42.9	36	0.2	1	7	84
6-14	1	11.1	6	0.2	17	2	22.2	24	0.1	1	9	100
15-20	21	20.4	252	0.4	30	6	5.8	72	0.2	1	103	1,136
21-44	151	1.3	1,548	0.3	23	786	6.9	9,120	0.3	2	11,350	124,560
45-64	258	1.8	2,685	0.3	32	2,816	19.2	32,555	0.3	2	14,674	160,739
65-74	11	5.2	122	0.5	76	47	22.1	393	0.4	1	213	1,591
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
Male, Other Eligibles												
All Ages	115	1.5	847	0.4	43	1,710	22.4	11,927	0.5	5	7,635	44,817
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	65
21-44	7	2.3	39	0.4	17	13	4.2	134	0.2	5	309	2,227
45-64	8	3.4	42	0.2	13	12	5.1	104	0.4	22	236	1,769
65-74	91	2.8	722	0.4	45	565	17.6	4,321	0.4	7	3,209	19,851
75-84	7	0.3	40	0.6	56	554	24.8	3,836	0.5	5	2,232	12,707
85 and older	2	0.1	4	0.5	50	566	34.5	3,532	0.6	2	1,641	8,198
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.
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 2007. 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 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); 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, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$10	0.4	4,825	32,291
Age				
0-64	19	0.7	1,018	11,458
65-74	22	0.7	454	2,521
75-84	3	0.3	1,078	5,678
85 and older	2	0.2	2,275	12,634
Unknown	0	0.0	0	0
Gender				
Female	7	0.4	3,275	21,091
Male	15	0.5	1,550	11,200
Unknown	0	0.0	0	0
Race				
White	8	0.4	4,233	28,021
African American	49	0.7	123	944
Other/unknown	14	0.5	469	3,326
Basis of Eligibility^c				
Aged	4	0.3	3,768	20,587
Disabled	20	0.7	1,057	11,704
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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.

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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	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					
Anti-infective Agents	0.7	0.2	0.0	0.5	\$73	\$62	\$1	\$10	\$103	\$345	\$77	\$19	216	\$22,315	31	0.6	307
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	39	39	0	0	6	236	6	0.1	71
Antineoplastic Agents	0.5	0.0	0.0	0.5	16	0	0	16	32	0	0	32	2	64	2	0.0	4
Endocrine/Metabolic Drugs	1.0	0.6	0.0	0.4	107	88	6	13	106	144	1,819	34	329	34,991	33	0.7	327
Cardiovascular Agents	1.2	0.2	0.1	0.8	35	15	10	10	29	80	65	12	597	17,454	53	1.1	505
Respiratory Agents	0.6	0.1	0.0	0.5	31	14	5	12	50	111	118	27	430	21,653	71	1.5	688
Gastrointestinal Agents	0.8	0.3	0.0	0.4	72	63	2	6	93	188	75	15	301	28,119	42	0.9	393
Genitourinary Agents	0.5	0.1	0.0	0.3	23	9	0	14	50	75	26	42	64	3,195	16	0.3	137
CNS Drugs	0.7	0.0	0.0	0.6	12	6	0	5	17	125	58	8	5,103	88,284	853	17.7	7,390
Stimulants/Anti-obesity/Anorexia	0.3	0.0	0.0	0.3	6	0	0	6	17	0	0	17	8	135	2	0.0	24
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	37	35	0	1	61	61	0	59	28	1,719	6	0.1	47
Analgesics and Anesthetics	0.9	0.1	0.0	0.9	45	11	0	34	48	196	9	39	311	15,010	37	0.8	336
Neuromuscular Agents	0.9	0.1	0.0	0.9	17	7	2	8	18	139	303	9	2,067	37,802	231	4.8	2,216
Nutritional Products	0.6	0.0	0.0	0.5	5	0	0	4	8	15	19	7	1,537	12,339	310	6.4	2,697
Hematological Agents	0.7	0.0	0.0	0.7	6	1	0	5	8	88	15	7	2,295	18,384	374	7.8	3,130
Topical Products	0.3	0.0	0.0	0.3	4	1	0	3	13	57	66	10	398	5,268	117	2.4	1,189
Miscellaneous Products	0.1	0.0	0.0	0.1	3	0	0	3	35	0	0	35	1	35	1	0.0	12
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	32	0	0	0	116	0	0	0	24	2,790	8	0.2	88
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.	13,717	309,793	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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, 2007

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	
LAXATIVES	\$66,239	2,594	53.8	22,350	0.5	\$6	\$3	
ANALGESICS - NonNarcotic	64,539	2,763	57.3	22,298	0.6	5	3	
ANTICONVULSANT	34,019	227	4.7	2,181	0.9	17	16	
ANTIPSYCHOTICS	32,667	33	0.7	299	0.7	160	109	
ANTIANSIETY AGENTS	30,955	769	15.9	6,697	0.6	8	5	
MINERALS & ELECTROLYTES	27,039	1,125	23.3	9,266	0.7	4	3	
MULTIVITAMINS	24,094	1,345	27.9	11,759	0.4	6	2	
ANTIDIABETIC	22,956	92	1.9	915	0.4	61	25	
HEMATOPOIETIC AGENTS	22,092	844	17.5	7,057	0.5	6	3	
OPHTHALMIC	20,477	762	15.8	6,862	0.5	6	3	
Total	345,077	10,554	n.a.	89,684	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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 2007 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.

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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		LAXATIVES					ANALGESICS - NonNarcotic				
	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	49,000	\$345,077	2,594	53.8	22,350	0.5	\$3	2,763	57.3	22,298	0.6	\$3
Female												
All Females	34,909	223,750	1,764	53.9	14,941	0.5	3	1,960	59.8	15,545	0.7	3
Female, Disabled												
All Ages	10,957	96,387	413	83.8	4,767	0.5	3	322	65.3	3,733	0.6	3
64 or younger	10,576	87,509	395	84.2	4,605	0.5	3	306	65.2	3,603	0.6	3
65-74	348	8,698	16	72.7	147	0.6	3	14	63.6	106	0.6	3
75-84	2	12	1	100.0	3	0.7	4	0	0.0	0	0.0	0
85 and older	31	168	1	100.0	12	0.7	3	2	200.0	24	0.5	3
Female, Other Eligibles												
All Ages	23,952	127,363	1,351	48.6	10,174	0.5	3	1,638	58.9	11,812	0.7	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2,145	17,186	131	51.4	874	0.6	3	137	53.7	928	0.6	3
75-84	5,506	29,368	326	46.6	2,326	0.5	3	415	59.4	2,789	0.6	3
85 and older	16,301	80,809	894	48.9	6,974	0.5	3	1,086	59.4	8,095	0.7	3
Male												
All Males	14,091	121,327	830	53.5	7,409	0.5	3	803	51.8	6,753	0.5	3
Male, Disabled												
All Ages	7,845	75,855	384	68.1	4,443	0.5	3	285	50.5	3,249	0.4	2
64 or younger	7,731	72,385	377	68.7	4,408	0.5	3	277	50.5	3,217	0.4	2
65-74	114	3,470	7	46.7	35	0.7	3	8	53.3	32	0.5	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
Male, Other Eligibles												
All Ages	6,246	45,472	446	45.2	2,966	0.5	3	518	52.5	3,504	0.6	3
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,288	18,743	99	61.1	716	0.4	3	94	58.0	685	0.6	3
75-84	2,373	13,956	170	45.0	1,049	0.5	3	201	53.2	1,419	0.6	3
85 and older	2,585	12,773	177	39.7	1,201	0.5	3	223	50.0	1,400	0.7	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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANTIPSYCHOTICS					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	227	4.7	2,181	0.9	\$16	33	0.7	299	0.7	\$109	769	15.9	6,697	0.6	\$5
Female															
All Females	145	4.4	1,320	0.9	16	16	0.5	132	0.7	111	526	16.1	4,495	0.6	5
Female, Disabled															
All Ages	83	16.8	938	0.9	19	11	2.2	92	0.7	126	175	35.5	1,993	0.7	6
64 or younger	77	16.4	886	0.9	18	6	1.3	72	0.5	95	169	36.0	1,941	0.7	6
65-74	6	27.3	52	0.8	24	5	22.7	20	1.6	237	6	27.3	52	0.6	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	62	2.2	382	0.8	8	5	0.2	40	0.8	79	351	12.6	2,502	0.6	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	23	9.0	92	1.0	22	5	2.0	40	0.8	79	36	14.1	242	0.8	8
75-84	18	2.6	127	0.6	3	0	0.0	0	0.0	0	93	13.3	703	0.5	4
85 and older	21	1.1	163	0.8	5	0	0.0	0	0.0	0	222	12.1	1,557	0.6	4
Male															
All Males	82	5.3	861	0.9	16	17	1.1	167	0.6	108	243	15.7	2,202	0.6	4
Male, Disabled															
All Ages	67	11.9	763	1.0	17	10	1.8	115	0.4	81	145	25.7	1,552	0.6	5
64 or younger	65	11.8	751	1.0	17	9	1.6	107	0.4	63	138	25.1	1,516	0.6	5
65-74	2	13.3	12	0.6	6	1	6.7	8	0.5	317	7	46.7	36	0.7	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
Male, Other Eligibles															
All Ages	15	1.5	98	0.6	8	7	0.7	52	1.1	167	98	9.9	650	0.5	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	6	3.7	28	0.6	15	4	2.5	38	1.1	201	24	14.8	175	0.5	5
75-84	5	1.3	49	0.7	4	3	0.8	14	1.2	75	38	10.1	251	0.5	4
85 and older	4	0.9	21	0.5	7	0	0.0	0	0.0	0	36	8.1	224	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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	MINERALS & ELECTROLYTES					MULTIVITAMINS					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,125	23.3	9,266	0.7	\$3	1,345	27.9	11,759	0.4	\$2	92	1.9	915	0.4	\$25
Female															
All Females	939	28.7	7,644	0.7	3	906	27.7	7,751	0.4	2	49	1.5	454	0.4	20
Female, Disabled															
All Ages	202	41.0	2,348	0.7	3	216	43.8	2,512	0.4	2	23	4.7	235	0.6	36
64 or younger	195	41.6	2,269	0.7	3	212	45.2	2,477	0.4	2	19	4.1	217	0.6	33
65-74	6	27.3	67	0.6	4	4	18.2	35	0.3	2	4	18.2	18	0.9	69
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	1	100.0	12	0.3	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	737	26.5	5,296	0.7	3	690	24.8	5,239	0.4	2	26	0.9	219	0.2	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	61	23.9	381	0.7	3	54	21.2	377	0.4	2	6	2.4	36	0.6	12
75-84	186	26.6	1,240	0.8	3	179	25.6	1,294	0.4	2	7	1.0	64	0.1	1
85 and older	490	26.8	3,675	0.7	3	457	25.0	3,568	0.4	2	13	0.7	119	0.2	1
Male															
All Males	186	12.0	1,622	0.6	3	439	28.3	4,008	0.4	2	43	2.8	461	0.4	30
Male, Disabled															
All Ages	73	12.9	870	0.6	3	227	40.2	2,595	0.4	2	31	5.5	355	0.4	29
64 or younger	72	13.1	864	0.6	3	224	40.8	2,588	0.4	2	30	5.5	349	0.4	29
65-74	1	6.7	6	0.7	3	3	20.0	7	0.4	2	1	6.7	6	0.7	52
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	113	11.5	752	0.6	3	212	21.5	1,413	0.4	2	12	1.2	106	0.4	33
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	16	9.9	148	0.4	3	34	21.0	227	0.3	2	6	3.7	54	0.7	63
75-84	50	13.2	310	0.6	3	86	22.8	596	0.4	2	4	1.1	28	0.1	1
85 and older	47	10.5	294	0.8	3	92	20.6	590	0.4	2	2	0.4	24	0.1	0
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					OPHTHALMIC							
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
All	844	17.5	7,057	0.5	\$3	762	15.8	6,862	0.5	\$3	4,825	32,291	
Female													
All Females	582	17.8	4,838	0.5	3	545	16.6	4,853	0.5	3	3,275	21,091	
Female, Disabled													
All Ages	99	20.1	1,157	0.6	4	99	20.1	1,171	0.6	4	493	5,510	
64 or younger	95	20.3	1,111	0.6	4	94	20.0	1,114	0.6	4	469	5,347	
65-74	4	18.2	46	0.3	1	4	18.2	45	0.4	2	22	148	
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	1	100.0	12	0.7	3	1	12	
Female, Other Eligibles													
All Ages	483	17.4	3,681	0.5	3	446	16.0	3,682	0.5	3	2,782	15,581	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	43	16.9	243	0.5	3	41	16.1	350	0.5	4	255	1,371	
75-84	124	17.7	932	0.5	3	92	13.2	743	0.5	3	699	3,678	
85 and older	316	17.3	2,506	0.5	2	313	17.1	2,589	0.5	3	1,828	10,532	
Male													
All Males	262	16.9	2,219	0.5	3	217	14.0	2,009	0.4	3	1,550	11,200	
Male, Disabled													
All Ages	83	14.7	930	0.5	4	97	17.2	1,104	0.5	3	564	6,194	
64 or younger	81	14.8	914	0.5	4	95	17.3	1,090	0.4	3	549	6,111	
65-74	2	13.3	16	0.8	4	2	13.3	14	1.0	8	15	83	
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	179	18.2	1,289	0.6	3	120	12.2	905	0.4	2	986	5,006	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	36	22.2	315	0.6	3	19	11.7	154	0.4	3	162	919	
75-84	52	13.8	391	0.6	4	50	13.2	366	0.5	3	378	1,997	
85 and older	91	20.4	583	0.5	3	51	11.4	385	0.3	2	446	2,090	
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.
 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 2007. A total of 5,786 beneficiaries who were in nursing facilities for part of their enrollment and their 40,116 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 2007. 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 2007 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 CHARACTERISTICS^{a,b}
MINNESOTA, 2007

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	35,968	47.5	5.4	409,148	\$48	\$3,649,360	\$9	28.0	75,746	
Age										
5 and younger	5	71.4	11.7	82	105	738	9	12.1	7	
6-14	11	78.6	9.9	139	93	1,297	9	26.5	14	
15-20	84	39.8	3.3	706	27	5,778	8	1.7	211	
21-44	9,854	44.1	4.2	94,771	37	829,817	9	14.6	22,347	
45-64	17,106	55.0	7.3	228,506	59	1,822,362	8	32.9	31,108	
65-74	2,701	33.6	3.1	25,150	58	466,727	19	37.2	8,040	
75-84	2,526	38.6	3.4	22,278	46	301,709	14	230.0	6,540	
85 and older	3,681	49.2	5.0	37,516	30	220,932	6	438.8	7,479	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	8,655	40.3	3.8	82,253	45	960,815	12	77.9	21,498	
Disabled	26,701	50.9	6.2	323,424	50	2,613,338	8	23.1	52,442	
Adults	602	33.9	1.9	3,421	42	74,159	22	16.9	1,774	
Children	6	33.3	1.8	32	53	957	30	3.8	18	
Unknown	4	28.6	1.3	18	7	91	5	1.3	14	
Gender										
Female	21,157	50.7	6.0	248,519	55	2,310,907	9	31.6	41,750	
Male	14,811	43.6	4.7	160,629	39	1,338,453	8	23.4	33,996	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	29,474	48.4	5.8	353,720	40	2,414,599	7	24.2	60,855	
African American	2,835	41.6	3.2	22,088	22	147,234	7	11.3	6,814	
Other/unknown	3,659	45.3	4.1	33,340	135	1,087,527	33	62.2	8,077	
Use of Nursing Facilities^d										
Entire year	3,511	72.8	11.4	54,898	67	322,635	6	104.1	4,825	
Part year	3,662	63.3	6.1	35,163	45	260,808	7	36.8	5,786	
None	28,795	44.2	4.9	319,087	47	3,065,917	10	25.5	65,135	
Maintenance Assistance Status										
Cash	13,316	51.8	6.1	156,615	61	1,558,830	10	22.9	25,715	
Medically needy	6,832	44.4	5.4	82,788	36	554,577	7	40.0	15,371	
Poverty related	7,757	45.3	5.2	88,818	50	863,407	10	36.1	17,124	
Other/unknown	8,063	46.0	4.6	80,927	38	672,546	8	27.6	17,536	

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 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 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	\$5	\$9	\$0	\$1	714,788
Age						
5 and younger	1.0	9	9	0	0	84
6-14	0.9	9	9	0	0	152
15-20	0.3	3	8	0	0	2,214
21-44	0.4	3	9	0	1	241,848
45-64	0.7	5	8	0	2	340,984
65-74	0.5	9	19	0	2	50,986
75-84	0.6	8	14	0	2	38,037
85 and older	0.9	5	6	0	1	40,483
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.7	8	12	0	1	125,203
Disabled	0.6	5	8	0	1	576,208
Adults	0.3	6	22	0	3	13,118
Children	0.2	7	30	0	0	147
Unknown	0.2	1	5	0	0	112
Gender						
Female	0.7	6	9	0	2	381,750
Male	0.5	4	8	0	1	333,038
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	4	7	0	1	579,661
African American	0.3	2	7	0	1	64,495
Other/unknown	0.5	15	33	0	4	70,632
Use of Nursing Facilities^d						
Entire year	1.7	10	6	0	1	32,291
Part year	0.9	7	7	0	1	40,116
None	0.5	5	10	0	1	642,381
Maintenance Assistance Status						
Cash	0.6	6	10	0	2	265,768
Medically needy	0.6	4	7	0	1	128,288
Poverty related	0.5	5	10	0	2	166,119
Other/unknown	0.5	4	8	0	1	154,613

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	48,768	\$75	\$3,649,360	100.0	409,148	\$9	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	8	21	164	0.0	17	10	0.0
Cough and cold medications	1,470	46	68,244	1.9	2,952	23	0.7
Vitamins and minerals	2,189	68	148,932	4.1	9,981	15	2.4
Non-prescription drugs	29,675	78	2,302,510	63.1	292,959	8	71.6
Barbiturates	483	89	42,946	1.2	5,145	8	1.3
Benzodiazepines	14,454	69	1,003,151	27.5	96,277	10	23.5
Other Part D Excl Rx Drugs	489	171	83,413	2.3	1,817	46	0.4

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 MINNESOTA, 2007

Total Number of Dual Eligible Beneficiaries: 75,746
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$13,030,987
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$172

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	53,254	70.3	\$0	0.0
1-500	19,218	25.4	1,280,233	9.8
501-1,000	882	1.2	632,819	4.9
1,001-1,500	497	0.7	606,775	4.7
1,501-2,000	355	0.5	618,668	4.7
2,001-2,500	247	0.3	546,206	4.2
2,501-3,000	180	0.2	493,149	3.8
3,001-3,500	150	0.2	482,853	3.7
3,501-4,000	133	0.2	498,302	3.8
4,001-4,500	96	0.1	408,769	3.1
4,501-5,000	112	0.1	532,770	4.1
5,001-5,500	56	0.1	292,970	2.2
5,501-6,000	56	0.1	321,808	2.5
6,001-6,500	50	0.1	310,463	2.4
6,501-7,000	54	0.1	365,235	2.8
7,001-7,500	44	0.1	318,270	2.4
7,501-8,000	37	0.0	286,306	2.2
8,001-8,500	22	0.0	181,166	1.4
8,501-9,000	24	0.0	209,605	1.6
9,001-9,500	22	0.0	202,585	1.6
9,501-10,000	29	0.0	281,118	2.2
10,001+	228	0.3	4,160,917	31.9

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. 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 2007.

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, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 51,912
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$11,131,310
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$214

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	34,061	65.6		\$0	0.0
1-500	15,222	29.3		1,059,200	9.5
501-1,000	677	1.3		490,427	4.4
1,001-1,500	383	0.7		469,022	4.2
1,501-2,000	292	0.6		508,407	4.6
2,001-2,500	187	0.4		413,188	3.7
2,501-3,000	134	0.3		366,625	3.3
3,001-3,500	118	0.2		381,208	3.4
3,501-4,000	113	0.2		423,421	3.8
4,001-4,500	78	0.2		331,660	3.0
4,501-5,000	94	0.2		446,240	4.0
5,001-5,500	47	0.1		245,584	2.2
5,501-6,000	53	0.1		304,522	2.7
6,001-6,500	46	0.1		285,832	2.6
6,501-7,000	46	0.1		310,979	2.8
7,001-7,500	37	0.1		267,193	2.4
7,501-8,000	32	0.1		247,732	2.2
8,001-8,500	22	0.0		181,166	1.6
8,501-9,000	21	0.0		183,244	1.6
9,001-9,500	22	0.0		202,585	1.8
9,501-10,000	27	0.1		261,528	2.3
10,001+	200	0.4		3,751,547	33.7

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. 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 2007.
- 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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 22,059
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,436,501
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$65

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	18,108	82.1	\$0	0.0
1-500	3,466	15.7	173,205	12.1
501-1,000	140	0.6	97,058	6.8
1,001-1,500	88	0.4	105,871	7.4
1,501-2,000	48	0.2	83,737	5.8
2,001-2,500	49	0.2	108,702	7.6
2,501-3,000	39	0.2	107,058	7.5
3,001-3,500	24	0.1	76,071	5.3
3,501-4,000	16	0.1	60,294	4.2
4,001-4,500	16	0.1	68,658	4.8
4,501-5,000	16	0.1	77,301	5.4
5,001-5,500	7	0.0	37,083	2.6
5,501-6,000	2	0.0	11,436	0.8
6,001-6,500	4	0.0	24,631	1.7
6,501-7,000	7	0.0	47,327	3.3
7,001-7,500	5	0.0	36,585	2.5
7,501-8,000	3	0.0	23,348	1.6
8,001-8,500	0	0.0	0	0.0
8,501-9,000	2	0.0	17,587	1.2
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,615	0.7
10,001+	18	0.1	270,934	18.9

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 8,040
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,254,991
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$156

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,284	78.2	\$0	0.0
1-500	1,328	16.5	99,564	7.9
501-1,000	120	1.5	83,681	6.7
1,001-1,500	76	0.9	91,718	7.3
1,501-2,000	43	0.5	75,402	6.0
2,001-2,500	41	0.5	91,267	7.3
2,501-3,000	35	0.4	95,794	7.6
3,001-3,500	22	0.3	69,991	5.6
3,501-4,000	15	0.2	56,707	4.5
4,001-4,500	16	0.2	68,658	5.5
4,501-5,000	13	0.2	62,613	5.0
5,001-5,500	7	0.1	37,083	3.0
5,501-6,000	2	0.0	11,436	0.9
6,001-6,500	4	0.0	24,631	2.0
6,501-7,000	6	0.1	40,665	3.2
7,001-7,500	5	0.1	36,585	2.9
7,501-8,000	3	0.0	23,348	1.9
8,001-8,500	0	0.0	0	0.0
8,501-9,000	2	0.0	17,587	1.4
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,615	0.8
10,001+	17	0.2	258,646	20.6

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 6,540
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$131,157
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$20

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,550	84.9	\$0	0.0
1-500	942	14.4	35,225	26.9
501-1,000	16	0.2	10,475	8.0
1,001-1,500	9	0.1	10,750	8.2
1,501-2,000	5	0.1	8,335	6.4
2,001-2,500	8	0.1	17,435	13.3
2,501-3,000	2	0.0	5,632	4.3
3,001-3,500	2	0.0	6,080	4.6
3,501-4,000	1	0.0	3,587	2.7
4,001-4,500	0	0.0	0	0.0
4,501-5,000	3	0.0	14,688	11.2
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	1	0.0	6,662	5.1
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+	1	0.0	12,288	9.4

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 7,479
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$50,353
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$6

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,274	83.9	\$0	0.0
1-500	1,196	16.0	38,416	76.3
501-1,000	4	0.1	2,902	5.8
1,001-1,500	3	0.0	3,403	6.8
1,501-2,000	0	0.0	0	0.0
2,001-2,500	0	0.0	0	0.0
2,501-3,000	2	0.0	5,632	11.2
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 2007 file for Minnesota, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

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, 2007

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	118,391	62,834	53,257	2,260	26	14	1,268,876	652,789	592,508	23,221	245	113
Age												
5 and younger	10	0	8	0	2	0	120	0	96	0	24	0
6-14	14	0	14	0	0	0	158	0	158	0	0	0
15-20	219	0	196	5	18	0	2,427	0	2,188	52	187	0
21-44	22,840	0	21,383	1,450	6	1	253,452	0	238,400	15,007	34	11
45-64	31,661	2	30,892	761	0	6	351,659	24	343,778	7,801	0	56
65-74	20,028	19,264	714	43	0	7	215,507	207,699	7,413	349	0	46
75-84	20,226	20,196	29	1	0	0	213,710	213,420	278	12	0	0
85 and older	23,393	23,372	21	0	0	0	231,843	231,646	197	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	72,887	44,803	26,500	1,561	9	14	783,467	469,795	297,156	16,313	90	113
Male	45,504	18,031	26,757	699	17	0	485,409	182,994	295,352	6,908	155	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	95,955	51,690	42,686	1,552	14	13	1,028,713	533,735	478,669	16,093	114	102
African American	8,695	2,654	5,661	372	7	1	92,766	28,582	60,348	3,754	71	11
Other/unknown	13,741	8,490	4,910	336	5	0	147,397	90,472	53,491	3,374	60	0
Use of Nursing Facilities^c												
Entire year	15,801	14,683	1,118	0	0	0	164,472	151,865	12,607	0	0	0
Part year	9,766	8,113	1,636	17	0	0	92,924	75,172	17,594	158	0	0
None	92,824	40,038	50,503	2,243	26	14	1,011,480	425,752	562,307	23,063	245	113
Maintenance Assistance Status												
Cash	40,591	17,299	21,320	1,962	10	0	460,742	196,601	243,385	20,682	74	0
Medically needy	22,819	15,380	7,357	80	2	0	221,370	143,669	76,897	782	22	0
Poverty related	26,217	13,273	12,908	20	2	14	283,237	138,958	143,976	166	24	113
Other/unknown	28,764	16,882	11,672	198	12	0	303,527	173,561	128,250	1,591	125	0
Dual Status^d												
Full dual, all year	115,069	61,167	51,637	2,225	26	14	1,233,477	635,012	575,267	22,840	245	113
Full dual, part year	3,322	1,667	1,620	35	0	0	35,399	17,777	17,241	381	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	62,533	10,445	50,971	1,090	14	13	663,973	85,306	567,478	10,964	124	101
FFS part year, with Rx claims	5,799	4,634	867	293	4	1	60,348	47,623	9,522	3,154	37	12
FFS part year, no Rx claims	7,414	6,419	604	391	0	0	73,304	62,862	6,325	4,117	0	0
MC all year, with Rx claims	65	55	7	3	0	0	717	624	57	36	0	0
MC all year, no Rx claims	42,580	41,281	808	483	8	0	470,534	456,374	9,126	4,950	84	0
	0	0	0	0	0	0	0	0	0	0	0	0

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 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 2007. 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, 2007

Beneficiary Characteristics	Beneficiaries and		Beneficiaries and		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	118,391	1,268,876	75,746	714,788	0	554,088
Fee-for-service (FFS) all year	62,533	663,973	62,533	663,973	0	0
FFS part year, with Rx claims	5,799	60,348	5,799	25,625	0	34,723
FFS part year, with no Rx claims	7,414	73,304	7,414	25,190	0	48,114
Managed care (MC) all year, with Rx claims	65	717	0	0	0	717
MC all year, with no Rx claims	42,580	470,534	0	0	0	470,534

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. 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