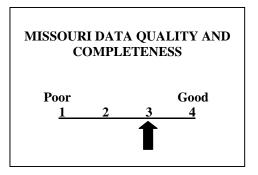
ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS MISSOURI 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Missouri Data Comments

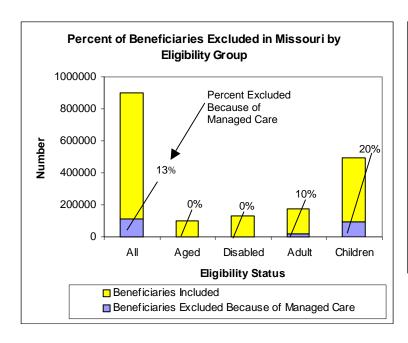
Diagnosis Codes: Diagnosis coding on claims was relatively complete, but some inpatient claims included "local" codes that were not defined in the data. The use of non-standard codes might lead to over- or under-identification of mental health beneficiaries.

Managed Care Enrollment: According to MSIS (MAX) documentation, Missouri under-reported managed care enrollment until October 1999.



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Missouri's managed care exclusions are shown in the graph on the left.

TABLE 1 MEDICAID BENEFICIARIES AND EXPENDITURES TOTAL AND FEE-FOR-SERVICE (FFS) MISSOURI, CALENDAR YEAR 1999

		Benefi	iciaries			Expen	ditures	
Population Characteristics	Total Number	Percent of Total Beneficiaries	Number in Fee- for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	898,028	100%	784,016	87%	\$2,910,820,649	100%	\$2,558,034,104	88%
Age								
0-3	133,554	15%	104,260	78%	\$209,851,076	7%	\$109,639,168	52%
4-5	58,496	7%	47,859	82%	\$51,165,837	2%	\$24,965,876	49%
6-12	187,151	21%	153,969	82%	\$166,480,293	6%	\$85,221,865	51%
13-18	117,866	13%	98,336	83%	\$174,994,890	6%	\$110,387,599	63%
19-21	38,146	4%	31,699	83%	\$75,749,745	3%	\$61,472,781	81%
22-44	188,682	21%	174,688	93%	\$652,054,945	22%	\$592,122,793	91%
45-64	73,120	8%		99%	\$564,421,224	19%	\$558,173,435	99%
65 and older	101,010	11%	,	100%	\$1,016,102,639	35%	\$1,016,050,587	100%
Gender	, , , , ,		, , , , , , , , , , , , , , , , , , , ,		· // - /		· ///-	
Female	528,667	59%	465,483	88%	\$1,796,624,884	62%	\$1,592,866,536	89%
Male	369,360	41%	318,532	86%	\$1,114,195,765	38%	\$965,167,568	87%
Race								
White	613,747	68%	559,045	91%	\$2,227,986,878	77%	\$2,069,636,685	93%
Black	252,865	28%	198,243	78%	\$631,982,627	22%	\$452,787,034	72%
Hispanic	14,018	2%	12,058	86%	\$20,072,327	1%	\$13,643,193	68%
American Indian/Alaskan								
Native	1,732	0%	1,548	89%	\$3,447,864	0%	\$2,891,329	84%
Asian/Pacific Islander	5,162	1%	4,334	84%	\$8,658,414	0%	\$5,717,135	66%
Other/Unknown	10,504	1%	8,788	84%	\$18,672,539	1%	\$13,358,728	72%
Dual Status								
Aged Duals with Full								
Medicaid	82,547	9%	82,546	100%	\$957,505,007	33%	\$957,474,031	100%
Disabled Duals with Full	,		,				, ,	
Medicaid	43,879	5%	43,875	100%	\$450,329,453	15%	\$450,112,497	100%
Duals with Limited								
Medicaid	23,860	3%	23,860	100%	\$80,371,857	3%	\$80,368,018	100%
Other Duals	920	0%		93%	\$2,442,020	0%	\$2,047,087	84%
Disabled Non-Duals	73,378	8%	73,303	100%	\$627,530,025	22%	\$624,654,045	100%
All Other Non-Duals	673,444	75%	559,578	83%	\$792,642,287	27%	\$443,378,426	56%
Eligibility Group	,		,	10,0	,,,		,,	
Aged	101,735	11%	101,734	100%	\$1,025,771,711	35%	\$1,025,743,403	100%
Disabled	129,617	14%	,	100%	\$1,139,529,408	39%	\$1,136,431,890	100%
Adults	172,057	19%	,	90%	\$197,340,492	7%	\$120,732,091	61%
Children	494,619	55%		80%	\$548,179,038	19%	\$275,126,720	50%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2 MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES MISSOURI, CALENDAR YEAR 1999

	Total Number of Beneficiaries	FFS Mental Hea	alth Population	Total Expenditures	FFS Expenditures for Mental Health Population		
	in FFS Population	Number of Beneficiaries	Percent of Total FFS Beneficiaries	for FFS Population	Total Amount	Percent of Total FFS Expenditures	
All	784,016	93,282	12%	\$2,558,034,104	\$826,549,731	32%	
Age							
0-3	104,260	1,363	1%	\$109,639,168	\$5,060,598	5%	
4-5	47,859	3,030	6%	\$24,965,876	\$6,360,836	25%	
6-12	153,969	17,633	11%	\$85,221,865	\$42,572,778	50%	
13-18	98,336	14,093	14%	\$110,387,599	\$65,632,553	59%	
19-21	31,699	2,582	8%	\$61,472,781	\$23,526,835	38%	
22-44	174,688	28,264	16%	\$592,122,793	\$272,486,756	46%	
45-64	72,197	15,969	22%	\$558,173,435	\$218,311,865	39%	
65 and Older	101,005	10,348	10%	\$1,016,050,587	\$192,597,510	19%	
Gender							
Female	465,483	51,700	11%	\$1,592,866,536	\$465,251,995	29%	
Male	318,532	41,582	13%	\$965,167,568	\$361,297,736	37%	
Race							
White	559,045	75,674	14%	\$2,069,636,685	\$669,001,533	32%	
Black	198,243	16,336	8%	\$452,787,034	\$149,027,621	33%	
Hispanic	12,058	496	4%	\$13,643,193	\$3,079,126	23%	
American Indian/Alaskan							
Native	1,548	221	14%	\$2,891,329	\$1,211,559	42%	
Asian/Pacific Islander	4,334	144	3%	\$5,717,135	\$1,301,231	23%	
Other/Unknown	8,788	411	5%	\$13,358,728	\$2,928,661	22%	
Dual Status							
Aged Duals with Full							
Medicaid	82,546	9,464	11%	\$957,474,031	\$181,678,546	19%	
Disabled Duals with Full							
Medicaid	43,875	13,591	31%	\$450,112,497	\$200,177,897	44%	
Duals with Limited							
Medicaid	23,860	2,872	12%		\$25,304,122	31%	
Other Duals	854	171	20%	\$2,047,087	\$749,702	37%	
Disabled Non-Duals	73,303	21,364	29%	\$624,654,045	\$283,434,999	45%	
All Other Non-Duals	559,578	45,820	8%	\$443,378,426	\$135,204,465	30%	
Eligibility Group	101 :	40.55-		0.1 005 745 155	0.100.016.111		
Aged	101,734	10,627	10%	\$1,025,743,403	\$198,210,444	19%	
Disabled	129,538	37,344	29%	\$1,136,431,890	\$505,832,699	45%	
Adults	154,647	10,934	7%	\$120,732,091	\$25,041,626	21%	
Children	398,097	34,377	9%	\$275,126,720	\$97,464,962	35%	

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3 MEDICAID FFS MENTAL HEALTH POPULATION BY DIAGNOSTIC CATEGORY AND AGE GROUP MISSOURI, CALENDAR YEAR 1999

			FF:	Mental He	alth Population	n		
	All Ag	All Ages		Under	22-0	64	65 and Older	
Diagnostic Category	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	11,832	13%	318	1%	9,665	22%	1,849	18%
Major depression and affective psychoses	21,011	23%	4,000	10%	14,554	33%	2,457	24%
Other psychoses	3,374	4%	180	0%	1,402	3%	1,792	17%
Childhood psychoses	1,330	1%	919	2%	402	1%	9	0%
Neurotic & other depressive disorders	19,372	21%	3,605	9%	12,960	29%	2,807	27%
Personality disorders	710	1%	114	0%	514	1%	82	1%
Other mental disorders	1,986	2%	264	1%	816	2%	906	9%
Special symptoms or syndromes	2,905	3%	1,303	3%	1,403	3%	199	2%
Stress & adjustment reactions	10,957	12%	9,160	24%	1,630	4%	167	2%
Conduct disorders	3,401	4%	2,808	7%	534	1%	59	1%
Emotional disturbances	4,813	5%	4,693	12%	114	0%	6	0%
Hyperkinetic syndrome	11,564	12%	11,314	29%	238	1%	12	0%
No Diagnosis	27	0%	23	0%	1	0%	3	0%
Total	93,282	100%	38,701	100%	44,233	100%	10,348	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4 PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP MISSOURI, CALENDAR YEAR 1999

		Psvchiatri	c Hospital		Inpatient pital	Tota	I Inpatient Hos	spital	General Inpatient Hospital Use b		
				Mental Healt	h Treatment	Ment	al Health Trea	ment		Diagnoses	
Sex	Age Group	Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	2	5	2	0%	5	85	15%	10
	4-5	0	0	13	15	13	1%	15	37	3%	4
	6-12	11	49	241	17	251	4%	19	128	2%	6
	13-18	57	41	860	13	906	15%	15	371	6%	5
	19-21	34	38	153	12	183	11%	17	366	23%	4
	22-44	0	0	1,652	9	1,652	9%	9	2,629	15%	5
	45-64	0	0	751	12	751	7%	12	1,986	20%	8
	65+	6	34	102	35	107	1%	35	852	11%	3
	All Ages	108	41	3,774	12	3,865	7%	13	6,454	12%	6
Male	0-3	0	0	2	3	2	0%	3	88	11%	8
	4-5	1	15	40	14	40	2%	15	41	2%	9
	6-12	35	35		17	733	6%	18	196		5 5
	13-18	77	24	,	16	1,161	15%	17	185		
	19-21	65	16		21	216	22%	20	84		15
	22-44	1	20		12	1,140	11%	12	1,294	13%	8
	45-64	0	0		11	368	6%	11	1,092	19%	9
	65+	5	149		51	41	2%	64	282	11%	7
	All Ages	184	27	3,559	15	3,701	9%	16	3,262		8
Total	0-3	0	0		4	4	0%	4	173		9
	4-5	1	15		15	53	2%	15	78		6
	6-12	46	39		17	984	6%	18	324	2%	6
	13-18	134	31	1,966	15	2,067	15%	16	556		5
	19-21	99	24	311	16	399	15%	18	450		6
	22-44	1	20		10	2,792	10%	10	3,923		6
	45-64	0	0	, -	12	1,119	7%	12	3,078		8
	65+	11	86		39	148	1%	43	1,134		4
	All Ages	292	32	7,333	13	7,566	8%	14	9,716	10%	7

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5 EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL HEALTH BENEFICIARIES, BY SEX AND AGE GROUP MISSOURI, CALENDAR YEAR 1999

		Mental H	lealth Beneficia	ries With Any	Emergency R	loom Use	Non- Menta	l Health Benefi	ciaries With
Sov			Percent of	•	mber of Emer Users of Any	•	Any E	mergency Roo	m Use
Sex	Age Group	Number	Total FFS Mental Health Beneficiaries	For Mental Health Treatment	For Non- Mental Health Treatment	All ER Visits	Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
Female	0-3	276		0.07	2.84		- / -	31%	-
	4-5	455	39%	0.02	1.95	1.97	4,822	22%	1.63
	6-12	1,924	31%	0.07	1.87	1.94	12,231	18%	1.55
	13-18	2,500	40%	0.23	2.16	2.39	9,229	21%	1.77
	19-21	898	56%	0.44	2.97	3.41	6,455	27%	2.00
	22-44	9,767	55%	0.49	3.23	3.72	26,923	25%	2.09
	45-64	5,028	49%	0.39	3.03	3.43	10,127	32%	2.30
	65+	2,859	36%	0.19	2.33	2.51	12,397	19%	1.97
	All Ages	23,707	46%	0.35	2.82	3.17	97,805	24%	1.94
Male	0-3	388	50%	0.05	2.48	2.54	17,486	33%	
	4-5	774	41%	0.02	1.95	1.97	5,478	24%	1.66
	6-12	3,554	31%	0.08	1.69	1.77	12,252	18%	1.53
	13-18	2,578	33%	0.19	1.76	1.95	7,349	18%	1.59
	19-21	457	47%	0.72	2.29	3.01	1,104	21%	1.94
	22-44	4,751	46%	0.76	2.86	3.62	9,992	25%	2.30
	45-64	2,456	42%	0.47	3.19	3.66	6,932	29%	2.26
	65+	946	39%	0.20	2.39	2.60	4,572	19%	2.06
	All Ages	15,904	38%	0.38	2.37	2.76	65,165	24%	1.92
Total	0-3	664	49%	0.06	2.63	2.69	33,107	32%	1.97
	4-5	1,229	41%	0.02	1.95	1.97	10,300	23%	1.65
	6-12	5,478	31%	0.08	1.76	1.83	24,483	18%	1.54
	13-18	5,078	36%	0.21	1.96		16,578	20%	1.69
	19-21	1,355	52%	0.53	2.74	3.27	7,559	26%	1.99
	22-44	14,518	51%	0.58	3.11	3.69	36,915	25%	2.14
	45-64	7,484	47%	0.42	3.08	3.50	17,059	30%	2.29
	65+	3,805		0.19	2.34	2.53	16,969	19%	2.00
	All Ages	39,611	42%	0.37	2.64	3.01	162,970	24%	1.93

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6 PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP MISSOURI, CALENDAR YEAR 1999

		eficiaries with opic Drug Use	Beneficiari	tal Health es with Any ic Drug Use	FFS <i>Non-Mental Health</i> Beneficiaries with Any Psychotropic Drug Use		
Age Group	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries	
0-3	4,382	4%	178	13%	4,204	4%	
4-5	2,402	5%	810	27%	1,592	4%	
6-12	13,096	9%	8,061	46%	5,035	4%	
13-18	10,513	11%	6,864	49%	3,649	4%	
19-21	3,516	11%	1,552	60%	1,964	7%	
22-44	44,817	26%	23,017	81%	21,800	15%	
45-64	37,099	51%	14,480	91%	22,619	40%	
65+	48,313	48%	8,791	85%	39,522	44%	
All Ages	164,138	21%	63,753	68%	100,385	15%	

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7

PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE MISSOURI, CALENDAR YEAR 1999

				Type of Psycl	hotropic Drug			
Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use
Schizophrenia	318	45%	71%	28%	7%	4%	53%	4%
Major depression and affective psychoses	4,000	55%	24%	16%	7%	12%	34%	15%
Other psychoses	180	28%	46%	19%	3%	5%	31%	17%
Childhood psychoses	919	24%	28%	16%	2%	14%	26%	26%
Neurotic & other depressive disorders	3,605	40%	9%	16%	0%	6%	19%	24%
Personality disorders	114	34%	26%	19%	7%	7%	28%	22%
Other mental disorders	264	16%	8%	11%	1%	4%	10%	45%
Special symptoms or syndromes	1,303	14%	7%	11%	0%	4%	8%	40%
Stress & adjustment reactions	9,160	14%	5%	7%	1%	8%	8%	43%
Conduct disorders	2,808	28%	17%	8%	2%	14%	20%	27%
Emotional disturbances	4,693	18%	10%	9%	1%	13%	14%	34%
Hyperkinetic syndrome	11,314	25%	12%	9%	1%	56%	28%	9%
No Diagnosis	23	0%	4%	26%	0%	0%	4%	4%
Total	38,701	26%	12%	10%	2%	23%	20%	55%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8 PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE MISSOURI, CALENDAR YEAR 1999

			Type of Psychotropic Drug						
Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use	
Schizophrenia	9,665	56%	88%	50%	9%	0%	71%	3%	
Major depression and affective psychoses	14,554	80%	45%	62%	12%	1%	72%	4%	
Other psychoses	1,402	47%	59%	43%	4%	0%	53%	14%	
Childhood psychoses	402	38%	50%	39%	6%	1%	45%	17%	
Neurotic & other depressive disorders	12,960	69%	16%	56%	1%	0%	49%	8%	
Personality disorders	514	68%	54%	55%	7%	0%	67%	8%	
Other mental disorders	816	44%	35%	40%	3%	0%	40%	23%	
Special symptoms or syndromes	1,403	41%	17%	38%	0%	0%	30%	27%	
Stress & adjustment reactions	1,630	59%	21%	47%	2%	1%	44%	13%	
Conduct disorders	534	49%	56%	51%	4%	1%	57%	12%	
Emotional disturbances	114	32%	26%	32%	4%	1%	33%	34%	
Hyperkinetic syndrome	238	42%	24%	35%	3%	12%	35%	17%	
No Diagnosis	1	0%	0%	100%	0%	0%	0%	0%	
Total	44,233	67%	45%	55%	7%	1%	61%	15%	

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9 PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO USED PRESCRIPTION PSYCHOTROPIC DRUGS, BY DIAGNOSTIC CATEGORY AND DRUG TYPE MISSOURI, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Antidepres- sants	Antipsycho- tics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotro- pic Drug Type	No Psychotro- pic Drug Use
Schizophrenia	1,849	46%	84%	49%	4%	0%	63%	7%
Major depression and affective psychoses	2,457	82%	52%	60%	6%	0%	73%	4%
Other psychoses	1,792	46%	42%	40%	1%	0%	41%	26%
Childhood psychoses	9	44%	56%	67%	0%	0%	67%	22%
Neurotic & other depressive disorders	2,807	69%	28%	60%	1%	0%	54%	8%
Personality disorders	82	51%	57%	61%	2%	0%	62%	13%
Other mental disorders	906	41%	37%	36%	1%	0%	37%	31%
Special symptoms or syndromes	199	57%	44%	56%	0%	0%	57%	18%
Stress & adjustment reactions	167	60%	20%	53%	0%	0%	44%	16%
Conduct disorders	59	51%	73%	54%	2%	0%	66%	10%
Emotional disturbances	6	17%	33%	67%	0%	0%	50%	33%
Hyperkinetic syndrome	12	42%	25%	58%	0%	0%	33%	25%
No Diagnosis	3	33%	67%	100%	0%	0%	67%	0%
Total	10,348	61%	47%	52%	2%	0%	56%	15%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).