STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004
COLORADO

LIST OF TABLES

FOR DUAL ELIGIBLE BENEFICIARIES

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
COLORADO, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	534,213	(A)	75,026	(E)	459,187	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	513,689	(B)	62,198	(F)	451,491	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	450,451	(C)	55,829	(G)	394,622	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	8,868	(D)	8,161	(H)	707	(L)

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Colorado in 2004 was $306,375,249, of which $8,129,046 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit pa

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

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

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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

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

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]

COLORADO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**450,451**	**39,075**	**57,711**	**87,709**	**265,796**	**160**	**3,678,442**	**384,067**	**560,673**	**577,167**	**2,155,365**	**1,170**
Age												
5 and younger	134,177	0	2,538	0	131,639	0	1,068,228	0	23,224	0	1,045,004	0
6-14	100,449	0	5,066	0	95,383	0	852,082	0	50,499	0	801,583	0
15-20	47,697	0	3,942	5,566	38,189	0	371,938	0	37,858	28,674	305,406	0
21-44	97,027	0	20,391	76,242	380	14	716,116	0	202,044	511,284	2,685	103
45-64	31,146	0	25,279	5,725	0	142	281,122	0	243,622	36,442	0	1,058
65-74	15,166	14,588	483	92	0	3	148,467	144,838	3,320	302	0	7
75-84	14,104	14,075	7	22	0	0	140,645	140,503	68	74	0	0
85 and older	10,427	10,409	3	12	2	1	98,826	98,713	30	75	6	2
Unknown	258	3	2	50	203	0	1,018	13	8	316	681	0
Gender												
Female	266,010	27,701	30,484	72,978	134,687	160	2,151,421	275,958	295,780	488,786	1,089,727	1,170
Male	184,439	11,374	27,226	14,731	131,108	0	1,527,008	108,109	264,881	88,381	1,065,637	0
Unknown	2	0	1	0	1	0	13	0	12	0	1	0
Race												
White	181,658	20,707	26,958	29,445	104,497	51	1,532,909	203,749	273,039	188,986	866,770	365
African American	30,661	1,056	2,605	4,683	22,316	1	255,271	10,573	25,202	31,594	187,895	7
Other/unknown	238,132	17,312	28,148	53,581	138,983	108	1,890,262	169,745	262,432	356,587	1,100,700	798
Use of Nursing Facilities[c]												
Entire year	8,868	7,581	1,286	1	0	0	88,727	75,141	13,585	1	0	0
Part year	5,186	4,119	1,066	1	0	0	47,917	37,516	10,390	11	0	0
None	436,397	27,375	55,359	87,707	265,796	160	3,541,798	271,410	536,698	577,155	2,155,365	1,170
Maintenance Assistance Status												
Cash	263,723	28,181	48,158	57,926	129,458	0	2,249,872	285,203	462,088	403,618	1,098,963	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	123,772	308	283	17,415	105,606	160	871,086	3,115	2,702	86,010	778,089	1,170
Other/unknown	62,956	10,586	9,270	12,368	30,732	0	557,484	95,749	95,883	87,539	278,313	0
Dual Medicare Status[d]							0					
Full dual, all year	53,511	33,569	19,424	507	8	3	545,487	337,326	205,506	2,560	81	14
Full dual, part year	2,318	1,227	1,077	14	0	0	23,488	12,491	10,861	136	0	0
Non-dual, all year	394,622	4,279	37,210	87,188	265,788	157	3,109,467	34,250	344,306	574,471	2,155,284	1,156
Managed Care (MC) Status												
Fee-for-service (FFS) all year	414,772	38,003	54,079	82,432	240,098	160	3,498,835	378,193	542,771	555,620	2,021,081	1,170
FFS part year, with Rx claims	18,141	644	2,841	3,227	11,429	0	103,904	3,450	14,821	15,216	70,417	0
FFS part year, no Rx claims	17,538	428	791	2,050	14,269	0	75,703	2,424	3,081	6,331	63,867	0

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

COLORADO, 2004

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	**50.6 %**	**10.3**	**$662**	**$64**	**$4,674**	**14.2 %**	**450,451**
Age							
5 and younger	43.7	2.1	103	50	1,629	6.3	134,177
6-14	38.8	3.1	232	75	1,737	13.3	100,449
15-20	49.9	4.9	356	73	3,901	9.1	47,697
21-44	55.4	9.9	760	77	5,198	14.6	97,027
45-64	68.8	36.9	2,732	74	12,912	21.2	31,146
65-74	73.4	39.2	2,166	55	10,052	21.5	15,166
75-84	80.3	45.5	2,270	50	15,659	14.5	14,104
85 and older	83.6	45.1	1,968	44	23,616	8.3	10,427
Unknown	6.2	0.2	4	28	737	0.6	258
Basis of Eligibility[e]							
Aged	79.2	43.4	2,170	50	15,778	13.8	39,075
Disabled	71.9	32.5	2,723	84	14,605	18.6	57,711
Adults	49.7	4.7	212	46	2,343	9.1	87,709
Children	42.0	2.5	141	57	1,648	8.5	265,796
Unknown	91.3	21.3	2,036	96	15,605	13.0	160
Gender							
Female	53.4	11.6	685	59	4,739	14.4	266,010
Male	46.6	8.4	630	75	4,581	13.7	184,439
Unknown	50.0	6.0	1,068	178	2,026	52.7	2
Race							
White	55.5	13.5	883	66	6,143	14.4	181,658
African American	43.3	5.8	379	65	3,052	12.4	30,661
Other/unknown	47.7	8.4	530	63	3,762	14.1	238,132
Use of Nursing Facilities[f]							
Entire year	93.1	70.2	3,736	53	43,430	8.6	8,868
Part year	91.7	63.4	3,383	53	28,978	11.7	5,186
None	49.2	8.4	567	67	3,598	15.8	436,397
Maintenance Assistance Status							
Cash	53.6	11.9	768	64	4,440	17.3	263,723
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	38.9	1.9	88	46	1,445	6.1	123,772
Other/unknown	61.0	19.8	1,347	68	12,001	11.2	62,956

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

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

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

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

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

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

TABLE 4

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

COLORADO, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**1.3**	**$81**	**14.2 %**	**49.4 %**	**33.6 %**	**4.6 %**	**6.4 %**	**4.3 %**	**1.6 %**	**$572**	**450,451**	**3,678,442**
Age												
5 and younger	0.3	13	6.3	56.3	40.8	1.8	0.9	0.2	0.1	205	134,177	1,068,228
6-14	0.4	27	13.3	61.2	32.8	2.9	2.5	0.5	0.1	205	100,449	852,082
15-20	0.6	46	9.1	50.1	39.1	5.3	4.3	1.0	0.2	500	47,697	371,938
21-44	1.3	103	14.6	44.6	35.8	7.2	7.6	3.6	1.3	704	97,027	716,116
45-64	4.1	303	21.2	31.2	15.6	8.4	19.0	17.6	8.3	1,431	31,146	281,122
65-74	4.0	221	21.5	26.6	16.2	9.0	21.4	18.9	7.8	1,027	15,166	148,467
75-84	4.6	228	14.5	19.7	13.6	8.3	25.0	24.3	9.0	1,570	14,104	140,645
85 and older	4.8	208	8.3	16.4	12.0	8.3	27.6	27.6	8.1	2,492	10,427	98,826
Unknown	0.0	1	0.6	93.8	5.8	0.4	0.0	0.0	0.0	187	258	1,018
Basis of Eligibility[e]												
Aged	4.4	221	13.8	20.8	14.3	8.7	24.5	23.3	8.4	1,605	39,075	384,067
Disabled	3.3	280	18.6	28.1	22.3	9.6	19.0	14.6	6.4	1,503	57,711	560,673
Adults	0.7	32	9.1	50.3	37.5	6.1	4.5	1.2	0.3	356	87,709	577,167
Children	0.3	17	8.5	58.0	37.7	2.5	1.6	0.2	0.1	203	265,796	2,155,365
Unknown	2.9	278	13.0	8.8	27.5	20.0	33.1	10.0	0.6	2,134	160	1,170
Gender												
Female	1.4	85	14.4	46.6	34.5	5.0	6.9	4.9	1.9	586	266,010	2,151,421
Male	1.0	76	13.7	53.4	32.4	4.1	5.6	3.3	1.2	553	184,439	1,527,008
Unknown	0.9	164	52.7	50.0	50.0	0.0	0.0	0.0	0.0	312	2	13
Race												
White	1.6	105	14.4	44.5	34.0	5.3	7.9	5.8	2.4	728	181,658	1,532,909
African American	0.7	46	12.4	56.7	32.9	3.7	4.1	2.0	0.6	367	30,661	255,271
Other/unknown	1.1	67	14.1	52.3	33.4	4.3	5.5	3.4	1.2	474	238,132	1,890,262
Use of Nursing Facilities[f]												
Entire year	7.0	373	8.6	6.9	6.9	5.9	24.9	36.0	19.5	4,341	8,868	88,727
Part year	6.9	366	11.7	8.3	7.9	6.1	24.5	34.4	18.8	3,136	5,186	47,917
None	1.0	70	15.8	50.8	34.5	4.6	5.8	3.3	1.1	443	436,397	3,541,798
Maintenance Assistance Status												
Cash	1.4	90	17.3	46.4	33.7	5.3	7.7	5.1	1.8	521	263,723	2,249,872
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	13	6.1	61.1	34.9	2.5	1.3	0.2	0.1	205	123,772	871,086
Other/unknown	2.2	152	11.2	39.0	30.9	6.0	10.9	9.0	4.1	1,355	62,956	557,484

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

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

TABLE 5

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

COLORADO, 2004

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.3**	**$81**	**$64**	**0.5**	**$60**	**$128**	**0.1**	**$5**	**$70**	**0.7**	**$16**	**$22**
Age												
5 and younger	0.3	13	50	0.1	10	127	0.0	1	42	0.2	2	15
6-14	0.4	27	75	0.2	23	123	0.0	1	75	0.2	4	22
15-20	0.6	46	73	0.3	36	134	0.0	3	75	0.3	7	22
21-44	1.3	103	77	0.5	77	163	0.1	7	86	0.8	19	24
45-64	4.1	303	74	1.5	219	147	0.2	22	93	2.4	61	26
65-74	4.0	221	55	1.5	160	103	0.2	13	60	2.2	49	22
75-84	4.6	228	50	1.7	163	95	0.3	13	50	2.6	51	20
85 and older	4.8	208	44	1.6	144	87	0.3	13	42	2.8	51	18
Unknown	0.0	1	28	0.0	1	50	0.0	0	0	0.0	1	20
Basis of Eligibility[d]												
Aged	4.4	221	50	1.6	157	96	0.3	13	50	2.5	50	20
Disabled	3.3	280	84	1.3	211	164	0.2	19	95	1.8	49	27
Adults	0.7	32	46	0.2	22	105	0.0	2	57	0.5	9	19
Children	0.3	17	57	0.1	14	113	0.0	1	54	0.2	3	18
Unknown	2.9	278	96	0.9	212	225	0.2	15	83	1.8	52	29
Gender												
Female	1.4	85	59	0.5	61	118	0.1	6	65	0.8	18	21
Male	1.0	76	75	0.4	58	144	0.1	5	81	0.6	13	24
Unknown	0.9	164	178	0.5	160	297	0.0	0	0	0.4	5	12
Race												
White	1.6	105	66	0.6	78	127	0.1	7	70	0.9	20	23
African American	0.7	46	65	0.3	35	135	0.0	3	65	0.4	8	20
Other/unknown	1.1	67	63	0.4	49	128	0.1	4	71	0.6	14	22
Use of Nursing Facilities[e]												
Entire year	7.0	373	53	2.5	263	105	0.5	26	55	4.0	83	21
Part year	6.9	366	53	2.4	260	106	0.4	26	57	4.0	80	20
None	1.0	70	67	0.4	52	133	0.1	4	75	0.6	13	23
Maintenance Assistance Status												
Cash	1.4	90	64	0.5	66	128	0.1	6	72	0.8	18	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	13	46	0.1	9	104	0.0	1	46	0.2	3	17
Other/unknown	2.2	152	68	0.9	114	130	0.1	10	70	1.2	28	23

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

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

COLORADO, 2004

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	$16	$11	$1	$4	$59	$129	$79	$21	366,558	$21,809,586	136,362	30.3 %	1,358,587
Biologicals	0.5	0.4	0.0	0.0	565	512	20	34	1247	1,251	1,950	998	3,755	4,683,409	854	0.2	8,284
Antineoplastic Agents	0.6	0.1	0.0	0.4	118	88	2	27	203	668	167	63	14,348	2,916,800	2,399	0.5	24,732
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	35	25	3	8	46	91	24	20	466,965	21,383,711	60,657	13.5	613,638
Cardiovascular Agents	1.5	0.5	0.0	1.0	56	37	2	17	37	77	40	17	769,852	28,525,440	48,734	10.8	509,806
Respiratory Agents	0.5	0.3	0.0	0.2	29	25	0	4	58	85	31	20	413,129	24,163,893	82,595	18.3	832,503
Gastrointestinal Agents	0.6	0.2	0.0	0.4	40	28	2	10	64	153	63	24	266,131	17,132,694	41,788	9.3	432,137
Genitourinary Agents	0.4	0.2	0.0	0.1	24	20	2	3	58	82	44	21	89,738	5,235,439	21,957	4.9	217,960
CNS Drugs	1.2	0.6	0.1	0.6	112	89	6	17	94	159	93	30	768,421	72,102,393	63,482	14.1	646,589
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	62	54	1	6	84	105	82	32	67,632	5,700,876	9,022	2.0	92,090
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	203	203	0	0	259	262	105	35	39,108	10,148,038	4,760	1.1	49,927
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	36	25	2	10	55	150	154	20	546,091	29,928,808	82,514	18.3	820,469
Neuromuscular Agents	1.0	0.3	0.1	0.5	83	51	17	15	87	152	119	31	344,360	29,885,801	34,389	7.6	360,444
Nutritional Products	0.5	0.0	0.0	0.4	11	1	1	8	21	46	31	19	117,328	2,520,706	25,789	5.7	236,567
Hematological Agents	0.9	0.3	0.0	0.6	82	71	2	9	87	267	48	14	108,300	9,429,377	10,952	2.4	114,431
Topical Products	0.3	0.1	0.0	0.2	12	7	1	3	41	81	58	19	226,711	9,187,981	76,906	17.1	782,347
Miscellaneous Products	0.6	0.2	0.0	0.4	115	85	11	19	190	503	275	48	16,672	3,172,732	2,728	0.6	27,699
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	29	0	0	0	11,102	318,519	4,054	0.9	43,308
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.	4,636,201	298,246,203	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Colorado, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2004.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

COLORADO, 2004

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$46,221,758	29,101	6.5 %	313,760	0.8	$187	$147
ANTICONVULSANT	24,742,754	26,403	5.9	285,056	0.8	106	87
ANTIDEPRESSANTS	21,510,977	54,112	12.0	562,348	0.6	63	38
ANALGESICS - Narcotic	16,802,223	90,975	20.2	930,496	0.4	46	18
ANTIASTHMATIC	14,933,120	63,009	14.0	653,924	0.3	65	23
ANTIHYPERLIPIDEMIC	11,019,693	17,929	4.0	197,588	0.6	87	56
ANTIDIABETIC	10,485,434	23,097	5.1	246,783	0.7	59	42
NEUROLOGICAL	10,056,489	5,321	1.2	56,360	0.7	257	178
ULCER DRUGS	9,999,117	39,317	8.7	418,041	0.4	55	24
ANALGESICS - ANTI-INFLAMMATORY	9,309,824	39,441	8.8	409,967	0.3	73	23
Total	175,081,389	388,705		4,074,323	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Colorado, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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.