

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001
IOWA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
IOWA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	336,155 (A)	65,955 (E)	270,200 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	326,737 (B)	57,372 (F)	269,365 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	285,626 (C)	57,349 (G)	228,277 (K)
4. Benes who were all-year nursing facility residents ^f	12,870 (D)	12,303 (H)	567 (L)

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Iowa in 2001 was \$239,709,875, of which \$7,625,282 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. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- 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 2001. 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 were excluded from the analysis 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 were excluded from the analysis.
- 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- 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 2001. All benefit months of such dual eligible beneficiaries, of which 3.4 percent were restricted benefit months without a pharmacy benefit in Iowa, were used in the dual tables.
- 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 = Center for Medicare and 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}
IOWA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	285,626	33,074	56,394	55,777	140,381	0		2,253,441	337,021	615,433	314,065	986,922	0	
Age														
5 and younger	58,412	0	1,706	124	56,582	0		389,147	0	16,652	868	371,627	0	
6-14	63,272	0	4,442	67	58,763	0		491,045	0	49,433	442	441,170	0	
15-20	33,139	0	3,648	5,696	23,795	0		237,740	0	39,904	30,767	167,069	0	
21-44	70,401	0	22,326	46,892	1,183	0		517,216	0	247,162	263,290	6,764	0	
45-64	25,088	0	22,054	2,979	55	0		258,393	0	239,542	18,574	277	0	
65-74	9,898	8,509	1,372	16	1	0		105,087	90,868	14,112	95	12	0	
75-84	12,206	11,571	633	2	0	0		125,469	118,742	6,710	17	0	0	
85 and older	13,210	12,994	213	1	2	0		129,344	127,411	1,918	12	3	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Gender														
Female	167,758	24,510	29,388	43,910	69,950	0		1,320,624	252,768	322,682	253,459	491,715	0	
Male	117,868	8,564	27,006	11,867	70,431	0		932,817	84,253	292,751	60,606	495,207	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	224,117	29,007	48,114	43,207	103,789	0		1,875,360	304,431	535,418	256,130	779,381	0	
African American	20,127	572	3,768	4,068	11,719	0		142,819	6,265	40,562	20,035	75,957	0	
Other/unknown	41,382	3,495	4,512	8,502	24,873	0		235,262	26,325	39,453	37,900	131,584	0	
Use of Nursing Facilities^c														
Entire year	12,870	11,771	1,098	0	1	0		139,934	127,417	12,505	0	12	0	
Part year	7,343	6,340	987	7	9	0		64,853	54,455	10,228	81	89	0	
None	265,413	14,963	54,309	55,770	140,371	0		2,048,654	155,149	592,700	313,984	986,821	0	
Maintenance Assistance Status														
Cash	127,745	6,535	38,659	34,133	48,418	0		1,018,326	74,200	424,327	191,456	328,343	0	
Medically needy	9,578	2,592	2,488	3,584	914	0		81,197	26,549	23,551	24,802	6,295	0	
Poverty-related	76,160	1,032	1,076	9,890	64,162	0		507,534	10,961	11,286	47,068	438,219	0	
Other/unknown	72,143	22,915	14,171	8,170	26,887	0		646,384	225,311	156,269	50,739	214,065	0	
Dual Medicare Status^d														
Full dual, all year	53,383	29,415	23,625	323	20	0		567,387	301,113	263,701	2,412	161	0	
Full dual, part year	3,966	2,108	1,846	12	0	0		42,556	22,537	19,890	129	0	0	
Non-dual, all year	228,277	1,551	30,923	55,442	140,361	0		1,643,498	13,371	331,842	311,524	986,761	0	
Managed Care Status														
FFS all year	227,150	33,073	55,792	37,976	100,309	0		2,041,451	337,013	611,386	254,437	838,615	0	
FFS part year, with Rx claims	39,315	1	555	13,614	25,145	0		151,560	8	3,758	47,628	100,166	0	
FFS part year, no Rx claims	19,161	0	47	4,187	14,927	0		60,430	0	289	12,000	48,141	0	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

- 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 contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains 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 or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 IOWA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	69.6 %	16.4	\$813	\$50	\$5,598	14.5 %	285,626
Age							
5 and younger	65.4	3.6	128	35	1,696	7.6	58,412
6-14	56.8	4.8	289	60	2,127	13.6	63,272
15-20	59.9	6.2	341	55	3,820	8.9	33,139
21-44	72.9	14.7	905	62	5,985	15.1	70,401
45-64	85.4	45.2	2,468	55	12,394	19.9	25,088
65-74	86.8	49.2	2,137	44	10,793	19.8	9,898
75-84	90.7	53.8	2,098	39	14,081	14.9	12,206
85 and older	93.6	49.9	1,712	34	17,229	9.9	13,210
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	91.4	52.2	2,002	38	14,715	13.6	33,074
Disabled	85.8	36.8	2,330	63	13,811	16.9	56,394
Adults	67.3	6.4	242	38	2,201	11.0	55,777
Children	58.9	3.8	149	40	1,500	10.0	140,381
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	73.1	18.9	852	45	5,575	15.3	167,758
Male	64.7	12.8	756	59	5,630	13.4	117,868
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	73.8	19.0	943	50	6,353	14.8	224,117
African American	61.9	8.5	452	53	3,369	13.4	20,127
Other/unknown	50.9	6.1	283	46	2,592	10.9	41,382
Use of Nursing Facilities^d							
Entire year	95.9	65.7	2,560	39	27,187	9.4	12,870
Part year	96.2	55.4	2,217	40	17,518	12.7	7,343
None	67.6	12.9	689	53	4,221	16.3	265,413

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	72.6	16.4	887	54	4,324	20.5	127,745
Medically needy	64.1	23.0	1,389	60	4,334	32.0	9,578
Poverty related	55.1	3.2	112	35	1,207	9.2	76,160
Other/unknown	80.4	29.5	1,345	46	12,655	10.6	72,143

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

Table 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 IOWA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	2.1	\$103	14.5 %	30.4 %	38.2 %	8.3 %	12.5 %	8.0 %	2.6 %	\$710	285,626	2,253,441
Age												
5 and younger	0.5	19	7.6	34.6	53.4	6.1	4.2	1.3	0.5	255	58,412	389,147
6-14	0.6	37	13.6	43.2	44.2	5.9	5.1	1.2	0.5	274	63,272	491,045
15-20	0.9	48	8.9	40.1	42.1	7.9	7.3	2.0	0.6	533	33,139	237,740
21-44	2.0	123	15.1	27.1	38.2	11.4	14.5	6.6	2.4	815	70,401	517,216
45-64	4.4	240	19.9	14.6	19.1	10.5	26.0	21.5	8.2	1,203	25,088	258,393
65-74	4.6	201	19.8	13.2	16.2	9.9	25.6	26.5	8.6	1,017	9,898	105,087
75-84	5.2	204	14.9	9.3	11.4	8.4	29.6	31.9	9.5	1,370	12,206	125,469
85 and older	5.1	175	9.9	6.4	10.1	9.4	34.9	32.0	7.2	1,760	13,210	129,344
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.1	196	13.6	8.6	11.7	9.1	30.7	31.2	8.7	1,444	33,074	337,021
Disabled	3.4	214	16.9	14.2	27.8	12.1	24.7	16.1	5.1	1,266	56,394	615,433
Adults	1.1	43	11.0	32.7	41.7	10.5	9.8	3.4	1.9	391	55,777	314,065
Children	0.5	21	10.0	41.1	47.2	5.8	4.3	1.2	0.5	213	140,381	986,922
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.4	108	15.3	26.9	37.8	8.8	13.7	9.6	3.3	708	167,758	1,320,624
Male	1.6	96	13.4	35.3	38.7	7.7	10.7	5.8	1.7	711	117,868	932,817
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.3	113	14.8	26.2	38.9	8.8	13.8	9.2	3.0	759	224,117	1,875,360
African American	1.2	64	13.4	38.1	39.7	7.8	8.9	4.0	1.4	475	20,127	142,819
Other/unknown	1.1	50	10.9	49.1	33.5	5.9	7.0	3.6	1.0	456	41,382	235,262
Use of Nursing Facilities^d												
Entire year	6.0	236	9.4	4.1	7.3	7.2	31.3	37.2	12.9	2,500	12,870	139,934
Part year	6.3	251	12.7	3.8	7.2	7.5	31.8	36.7	13.0	1,984	7,343	64,853
None	1.7	89	16.3	32.4	40.5	8.4	11.0	5.8	1.8	547	265,413	2,048,654

Table 4

All Medicaid Beneficiaries

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos
				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			
Maintenance											
Assistance Status											
Cash	2.1	111	20.5	27.4	39.8	9.6	13.2	7.4	543	127,745	1,018,326
Medically needy	2.7	164	32.0	35.9	20.7	9.5	19.4	11.8	511	9,578	81,197
Poverty related	0.5	17	9.2	44.9	44.7	5.3	3.7	1.0	181	76,160	507,534
Other/unknown	3.3	150	10.6	19.6	30.8	9.2	19.4	16.1	1,412	72,143	646,384

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

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. 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 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 IOWA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	2.1	\$103	0.8	\$73	0.2	\$48	1.1	\$21
Age								
5 and younger	0.5	19	0.2	14	0.0	1	0.3	4
6-14	0.6	37	0.3	29	0.0	2	0.3	6
15-20	0.9	48	0.4	36	0.1	4	0.4	8
21-44	2.0	123	0.8	89	0.2	12	1.0	22
45-64	4.4	240	1.9	171	0.4	21	2.2	48
65-74	4.6	201	1.8	137	0.4	15	2.4	49
75-84	5.2	204	2.0	136	0.5	17	2.7	51
85 and older	5.1	175	1.7	110	0.6	16	2.8	48
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.1	196	1.9	129	0.5	17	2.7	51
Disabled	3.4	214	1.4	157	0.3	19	1.6	38
Adults	1.1	43	0.4	30	0.1	3	0.6	10
Children	0.5	21	0.2	16	0.0	1	0.3	5
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.4	108	1.0	75	0.2	9	1.2	24
Male	1.6	96	0.7	70	0.1	8	0.8	18
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.3	113	0.9	80	0.2	10	1.2	23
African American	1.2	64	0.5	48	0.1	3	0.7	12
Other/unknown	1.1	50	0.4	36	0.1	3	0.6	11
Use of Nursing Facilities^e								
Entire year	6.0	236	2.1	154	0.6	20	3.2	61
Part year	6.3	251	2.3	167	0.6	20	3.3	63
None	1.7	89	0.7	65	0.1	7	0.8	17

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	2.1	111	0.9	80	0.2	10	1.0	21
Medically needy	2.7	164	1.2	123	0.2	12	1.3	28
Poverty related	0.5	17	0.2	12	0.0	1	0.3	4
Other/unknown	3.3	150	1.3	103	0.3	13	1.7	34

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

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 Iowa, 0.4 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/products/product_mddeb.asp (May 13 2003).

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 = Center for Medicare and 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}
 IOWA, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.3	0.2	0.0	0.2	\$13	\$11	\$0	\$2	\$40	\$71	\$40	\$12	\$12	410,318	\$16,526,766	138,217	48.4 %	1,259,770
Biologicals	0.1	0.1	0.0	0.0	50	29	1	20	397	278	1,270	926	926	5,661	2,249,102	4,068	1.4	45,257
Antineoplastic Agents	0.6	0.3	0.1	0.2	127	103	10	14	206	332	131	61	61	14,479	2,985,763	2,261	0.8	23,477
Endocrine/Metabolic Drugs	0.8	0.4	0.2	0.2	29	23	3	4	37	57	19	15	15	436,701	16,190,677	57,427	20.1	557,642
Cardiovascular Agents	1.6	0.5	0.1	0.9	49	28	4	17	30	52	26	18	18	856,026	25,545,905	50,186	17.6	526,044
Respiratory Agents	0.5	0.2	0.0	0.3	22	14	1	7	41	64	25	25	25	406,068	16,757,061	83,442	29.2	777,732
Gastrointestinal Agents	0.7	0.2	0.0	0.4	34	25	1	8	51	108	100	19	19	270,380	13,750,557	39,268	13.7	404,126
Genitourinary Agents	0.4	0.3	0.0	0.1	21	18	0	3	47	62	47	18	18	79,321	3,707,842	18,461	6.5	179,416
CNS Drugs	1.3	0.6	0.1	0.6	99	71	12	16	76	112	116	28	28	889,512	67,827,595	68,166	23.9	683,427
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.3	42	29	3	10	57	71	58	37	37	83,202	4,765,745	11,874	4.2	114,152
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	81	79	0	2	118	132	31	24	24	16,265	1,925,779	2,254	0.8	23,710
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	24	15	2	7	39	104	78	15	15	419,202	16,239,174	72,119	25.2	680,021
Neuromuscular Agents	1.0	0.4	0.1	0.4	58	44	5	10	60	104	43	22	22	324,356	19,526,103	31,973	11.2	335,112
Nutritional Products	0.6	0.0	0.2	0.4	12	1	5	7	21	22	30	17	17	119,230	2,525,511	22,480	7.9	202,989
Hematological Agents	0.8	0.2	0.3	0.4	87	73	5	8	108	433	20	23	23	105,312	11,384,782	12,713	4.5	131,302
Topical Products	0.3	0.1	0.0	0.2	10	6	1	3	31	52	36	16	16	226,319	7,029,964	76,351	26.7	729,615
Miscellaneous Products	0.4	0.2	0.1	0.2	88	63	18	8	207	320	263	50	50	13,804	2,850,580	3,128	1.1	32,236
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	0	13,453	295,687	4,604	1.6	48,218
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.	n.a.	4,689,609	232,084,593	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

- a. Table 6 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 therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 Iowa, 0.4 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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}
 IOWA, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTI PSYCHOTICS	\$35,393,246	30,145	10.6 %	330,902	0.8	\$136		\$107
ANTI DEPRESSANTS	24,506,120	60,745	21.3	641,381	0.6	62		38
ANTI CONVULSANT	16,003,578	24,196	8.5	267,863	0.8	72		60
ANTI ASTHMATIC	11,058,617	52,405	18.3	546,039	0.4	51		20
ULCER DRUGS	10,789,103	37,341	13.1	400,595	0.5	57		27
ANTI DIABETIC	9,296,499	23,209	8.1	249,501	0.7	51		37
ANALGESICS - Narcotic	9,191,691	65,073	22.8	669,316	0.4	39		14
MISC. HEMATOLOGICAL	8,056,681	4,171	1.5	44,680	0.6	304		180
ANTI HYPERTENSIVE	6,823,628	27,408	9.6	294,880	0.7	34		23
ANTI HYPERLIPIDEMIC	6,488,724	12,184	4.3	135,717	0.7	72		48
Total	137,607,887	336,877		3,580,874	n.a.	n.a.		n.a.

Source: Data for this table are from the MAX 2001 file for Iowa, released by CMS in 06/2005. This table was produced on 09/12/2006.

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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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