

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 IDAHO

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
IDAHO, 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	184,233 (A)	21,674 (E)	162,559 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	181,814 (B)	19,272 (F)	162,542 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	181,814 (C)	19,272 (G)	162,542 (K)
4. Benes who were all-year nursing facility residents ^f	3,037 (D)	2,873 (H)	164 (L)

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 Idaho in 2001 was \$109,039,742, of which \$67,071 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 1.2 percent were restricted benefit months without a pharmacy benefit in Idaho, 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}
 IDAHO, 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	181,814	10,925	24,818	28,125	117,946	0	1,654,953	106,923	262,276	187,718	1,098,036	0	1,654,953	106,923	262,276	187,718	1,098,036	0	
Age																			
5 and younger	53,711	0	1,249	0	52,462	0	490,001	0	12,851	0	477,150	0	490,001	0	12,851	0	477,150	0	0
6-14	51,948	0	2,911	0	49,037	0	508,285	0	32,174	0	476,111	0	508,285	0	32,174	0	476,111	0	0
15-20	21,532	0	1,909	3,252	16,371	0	186,828	0	20,661	21,600	144,567	0	186,828	0	20,661	21,600	144,567	0	0
21-44	33,153	0	9,494	23,587	72	0	258,100	0	101,019	156,889	192	0	258,100	0	101,019	156,889	192	0	0
45-64	10,447	0	9,177	1,267	3	0	104,106	0	94,908	9,194	4	0	104,106	0	94,908	9,194	4	0	0
65-74	3,757	3,681	65	11	0	0	38,601	38,016	562	23	0	0	38,601	38,016	562	23	0	0	0
75-84	3,818	3,802	9	7	0	0	36,956	36,870	76	10	0	0	36,956	36,870	76	10	0	0	0
85 and older	3,447	3,442	4	1	0	0	32,064	32,037	25	2	0	0	32,064	32,037	25	2	0	0	0
Unknown	1	0	0	0	1	0	12	0	0	0	12	0	12	0	0	0	12	0	0
Gender																			
Female	103,648	7,829	12,747	24,415	58,657	0	922,025	77,910	135,624	164,296	544,195	0	922,025	77,910	135,624	164,296	544,195	0	0
Male	78,166	3,096	12,071	3,710	59,289	0	732,928	29,013	126,652	23,422	553,841	0	732,928	29,013	126,652	23,422	553,841	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																			
White	147,097	9,997	22,577	23,564	90,959	0	1,338,567	97,105	238,564	161,497	841,401	0	1,338,567	97,105	238,564	161,497	841,401	0	0
African American	1,431	33	157	203	1,038	0	13,084	349	1,574	1,446	9,715	0	13,084	349	1,574	1,446	9,715	0	0
Other/unknown	33,286	895	2,084	4,358	25,949	0	303,302	9,469	22,138	24,775	246,920	0	303,302	9,469	22,138	24,775	246,920	0	0
Use of Nursing Facilities^c																			
Entire year	3,037	2,710	327	0	0	0	29,229	25,924	3,305	0	0	0	29,229	25,924	3,305	0	0	0	0
Part year	1,847	1,458	384	2	3	0	16,616	12,562	4,012	19	23	0	16,616	12,562	4,012	19	23	0	0
None	176,930	6,757	24,107	28,123	117,943	0	1,609,108	68,437	254,959	187,699	1,098,013	0	1,609,108	68,437	254,959	187,699	1,098,013	0	0
Maintenance Assistance Status																			
Cash	48,220	2,194	23,265	8,293	14,468	0	462,638	24,229	245,553	57,970	134,886	0	462,638	24,229	245,553	57,970	134,886	0	0
Medically needy	1	0	0	0	1	0	2	0	0	0	2	0	2	0	0	0	2	0	0
Poverty-related	101,027	133	143	10,243	90,508	0	897,403	1,139	1,461	55,973	838,830	0	897,403	1,139	1,461	55,973	838,830	0	0
Other/unknown	32,566	8,598	1,410	9,589	12,969	0	294,910	81,555	15,262	73,775	124,318	0	294,910	81,555	15,262	73,775	124,318	0	0
Dual Medicare Status^d																			
Full dual, all year	18,688	10,343	8,254	86	5	0	191,721	101,368	89,664	666	23	0	191,721	101,368	89,664	666	23	0	0
Full dual, part year	584	318	265	0	1	0	5,749	2,957	2,780	0	12	0	5,749	2,957	2,780	0	12	0	0
Non-dual, all year	162,542	264	16,299	28,039	117,940	0	1,457,483	2,598	169,832	187,052	1,098,001	0	1,457,483	2,598	169,832	187,052	1,098,001	0	0
Managed Care Status																			
FFS all year	181,814	10,925	24,818	28,125	117,946	0	1,654,953	106,923	262,276	187,718	1,098,036	0	1,654,953	106,923	262,276	187,718	1,098,036	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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}
 IDAHO, 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	64.1 %	11.6	\$599	\$52	\$3,988	15.0 %	181,814
Age							
5 and younger	63.7	3.2	106	33	1,409	7.5	53,711
6-14	53.4	3.4	177	52	1,388	12.8	51,948
15-20	59.9	5.2	278	54	2,776	10.0	21,532
21-44	69.9	15.8	993	63	6,301	15.8	33,153
45-64	84.4	51.9	2,935	57	13,144	22.3	10,447
65-74	85.9	52.4	2,437	47	11,165	21.8	3,757
75-84	88.0	52.9	2,243	42	15,569	14.4	3,818
85 and older	93.4	51.5	1,963	38	20,283	9.7	3,447
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	89.2	52.4	2,229	43	15,606	14.3	10,925
Disabled	83.3	39.1	2,533	65	14,281	17.7	24,818
Adults	64.6	7.2	311	43	2,684	11.6	28,125
Children	57.7	3.0	110	37	1,057	10.4	117,946
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	66.4	13.6	663	49	4,205	15.8	103,648
Male	61.1	8.9	516	58	3,701	13.9	78,166
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.6	13.0	685	53	4,456	15.4	147,097
African American	59.5	6.9	323	47	2,429	13.3	1,431
Other/unknown	58.0	5.4	233	43	1,985	11.7	33,286
Use of Nursing Facilities^d							
Entire year	95.6	67.5	2,930	43	34,450	8.5	3,037
Part year	93.8	61.7	2,817	46	24,248	11.6	1,847
None	63.3	10.1	536	53	3,254	16.5	176,930

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	73.2	24.4	1,476	60	8,159	18.1	48,220
Medically needy	0.0	0.0	0	0	1,024	0.0	1
Poverty related	57.4	2.9	105	35	1,201	8.7	101,027
Other/unknown	71.8	19.2	836	44	6,459	12.9	32,566

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

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}
 IDAHO, 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	1.3	\$66	15.0 %	35.9 %	46.7 %	5.0 %	6.3 %	4.4 %	1.7 %	\$438	181,814	1,654,953
Age												
5 and younger	0.4	12	7.5	36.3	60.7	2.3	0.7	0.0	0.0	155	53,711	490,001
6-14	0.3	18	12.8	46.6	48.3	2.9	1.9	0.2	0.0	142	51,948	508,285
15-20	0.6	32	10.0	40.1	49.9	5.5	3.8	0.6	0.0	320	21,532	186,828
21-44	2.0	128	15.8	30.1	40.9	9.8	11.6	5.6	2.0	809	33,153	258,100
45-64	5.2	295	22.3	15.6	16.1	9.6	23.3	23.6	11.9	1,319	10,447	104,106
65-74	5.1	237	21.8	14.1	14.7	8.7	24.6	26.0	11.8	1,087	3,757	38,601
75-84	5.5	232	14.4	12.0	10.9	8.1	25.6	31.6	11.8	1,608	3,818	36,956
85 and older	5.5	211	9.7	6.6	8.2	9.3	31.7	34.1	10.1	2,181	3,447	32,064
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	12
Basis of Eligibility^f												
Aged	5.4	228	14.3	10.8	11.3	8.7	27.3	30.6	11.3	1,595	10,925	106,923
Disabled	3.7	240	17.7	16.7	27.3	10.9	21.8	16.1	7.2	1,351	24,818	262,276
Adults	1.1	47	11.6	35.4	46.7	8.8	6.7	1.9	0.5	402	28,125	187,718
Children	0.3	12	10.4	42.3	54.1	2.5	1.0	0.1	0.0	114	117,946	1,098,036
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.5	75	15.8	33.6	46.2	5.5	7.1	5.3	2.3	473	103,648	922,025
Male	0.9	55	13.9	38.9	47.4	4.4	5.2	3.1	0.9	395	78,166	732,928
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.4	75	15.4	34.4	45.9	5.4	7.1	5.1	2.1	490	147,097	1,338,567
African American	0.8	35	13.3	40.5	48.7	3.6	4.8	1.9	0.6	266	1,431	13,084
Other/unknown	0.6	26	11.7	42.0	50.3	3.2	2.9	1.3	0.4	218	33,286	303,302
Use of Nursing Facilities^d												
Entire year	7.0	304	8.5	4.4	4.6	6.3	27.0	38.7	19.0	3,579	3,037	29,229
Part year	6.9	313	11.6	6.2	7.5	7.1	25.3	37.2	16.7	2,695	1,847	16,616
None	1.1	59	16.5	36.7	47.8	5.0	5.8	3.4	1.3	358	176,930	1,609,108

Table 4

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	2.5	154	18.1	26.8	36.7	8.5	14.1	9.8	4.1	850	48,220	462,638
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	512	1	2
Poverty related	0.3	12	8.7	42.6	53.4	2.8	1.0	0.1	0.0	135	101,027	897,403
Other/unknown	2.1	92	12.9	28.2	40.7	6.9	11.0	9.5	3.5	713	32,566	294,910

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

- 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 4

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

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 \$
All	1.3	\$66	0.6	\$51	0.1	\$87	0.6	\$11
Age								
5 and younger	0.4	12	0.1	9	0.0	66	0.2	2
6-14	0.3	18	0.2	15	0.0	84	0.2	3
15-20	0.6	32	0.3	25	0.0	92	0.3	5
21-44	2.0	128	0.9	100	0.1	106	1.0	19
45-64	5.2	295	2.5	227	0.3	90	2.3	48
65-74	5.1	237	2.4	179	0.3	74	2.3	44
75-84	5.5	232	2.4	170	0.4	70	2.6	46
85 and older	5.5	211	2.2	149	0.5	67	2.8	45
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	5.4	228	2.4	167	0.4	71	2.5	45
Disabled	3.7	240	1.8	190	0.2	103	1.6	35
Adults	1.1	47	0.4	34	0.1	79	0.6	10
Children	0.3	12	0.1	9	0.0	66	0.2	2
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	75	0.7	57	0.1	81	0.7	13
Male	0.9	55	0.4	43	0.1	98	0.4	9
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.4	75	0.7	58	0.1	88	0.7	13
African American	0.8	35	0.3	27	0.0	81	0.4	6
Other/unknown	0.6	26	0.3	19	0.0	78	0.3	5
Use of Nursing Facilities^e								
Entire year	7.0	304	3.0	220	0.6	74	3.4	61
Part year	6.9	313	2.9	230	0.5	79	3.4	60
None	1.1	59	0.5	46	0.1	89	0.5	10

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	2.5	154	1.2	121	0.1	9	1.1	23
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	12	0.1	9	0.0	1	0.2	3
Other/unknown	2.1	92	0.9	69	0.2	6	1.0	18

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 Idaho, 0.8 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_mdldb.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}
 IDAHO, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total	Patented Brand-Name	Generic	Total No. of Rx	Total Rx \$	No. of Bene	As % of All Bene	Mos				
		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name		Off-Patent Brand-Name	Off-Patent Brand-Name									
Anti-infective Agents	0.3	0.1	0.0	0.1	\$9	\$8	\$0	\$2	\$37	\$64	\$35	\$12	221,042	\$8,122,209	81,414	44.8 %	857,130	
Biologics	0.2	0.2	0.0	0.0	155	146	0	9	698	733	647	401	1,983	1,385,106	854	0.5	8,908	
Antineoplastic Agents	0.6	0.3	0.1	0.2	140	119	10	11	226	377	127	47	5,779	1,306,034	902	0.5	9,338	
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.2	28	23	2	3	36	54	21	12	204,005	7,396,801	25,376	14.0	264,136	
Cardiovascular Agents	1.5	0.6	0.1	0.8	48	31	2	14	31	51	25	17	279,869	8,728,595	17,543	9.6	183,744	
Respiratory Agents	0.4	0.2	0.0	0.2	19	15	0	3	44	66	30	18	218,225	9,518,503	48,109	26.5	513,597	
Gastrointestinal Agents	0.7	0.4	0.0	0.2	58	51	3	5	87	123	126	21	122,119	10,638,893	17,593	9.7	183,501	
Genitourinary Agents	0.4	0.3	0.0	0.1	17	15	0	2	47	58	40	18	31,217	1,480,039	8,372	4.6	85,542	
CNS Drugs	1.2	0.7	0.1	0.5	92	72	8	12	78	109	107	26	370,501	28,723,297	29,794	16.4	310,967	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	35	22	1	12	57	71	53	41	27,839	1,577,561	4,083	2.2	44,918	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	108	106	0	2	154	167	36	27	5,673	872,001	775	0.4	8,073	
Analgesics and Anesthetics	0.6	0.2	0.0	0.4	28	20	2	7	45	104	89	17	250,910	11,394,065	39,296	21.6	399,946	
Neuromuscular Agents	1.0	0.5	0.1	0.4	59	47	2	10	61	102	40	22	161,533	9,911,883	15,553	8.6	166,869	
Nutritional Products	0.4	0.0	0.1	0.3	6	0	2	4	16	25	30	14	58,795	967,443	17,238	9.5	167,926	
Hematological Agents	0.8	0.1	0.2	0.4	70	59	5	6	90	402	22	15	34,278	3,087,362	4,297	2.4	44,254	
Topical Products	0.2	0.1	0.0	0.1	6	4	0	2	27	48	34	15	92,961	2,509,133	40,902	22.5	437,254	
Miscellaneous Products	0.7	0.3	0.1	0.3	163	115	25	23	224	352	222	80	4,199	941,181	557	0.3	5,782	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	38	0	0	0	10,842	412,565	3,308	1.8	35,896	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,101,770	108,972,671	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

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 Idaho, 0.8 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}
 IDAHO, 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	
ANTIPSYCHOTICS	\$13,956,935	11,863	6.5 %	129,350	\$139	\$108	
ANTIDEPRESSANTS	12,205,637	30,388	16.7	321,185	64	38	
ULCER DRUGS	8,835,069	17,416	9.6	184,397	93	48	
ANTICONVULSANT	8,237,281	12,037	6.6	131,860	76	62	
ANALGESICS - Narcotic	5,842,999	44,064	24.2	453,442	36	13	
ANALGESICS - ANTI-INFLAMMATORY	4,495,737	21,285	11.7	223,459	61	20	
ANTIASTHMATIC	4,450,397	27,310	15.0	293,651	45	15	
ANTIDIABETIC	4,190,004	9,327	5.1	99,226	56	42	
ANTIHYPERTENSIVE	2,596,322	10,079	5.5	106,912	34	24	
ANTIHISTAMINES	2,489,375	19,294	10.6	210,363	48	12	
Total	67,299,756	203,063		2,153,845	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Idaho, released by CMS in 07/2005. This table was produced on 09/19/2006.

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.