

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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UTAH, 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	218,689 (A)	21,518 (E)	197,171 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	212,967 (B)	20,181 (F)	192,786 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	135,951 (C)	11,959 (G)	123,992 (K)
4. Benes who were all-year nursing facility residents ^f	3,241 (D)	2,905 (H)	336 (L)

Source: Data for this table are from the MAX 2001 file for Utah, 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 Utah in 2001 was \$117,527,298, of which \$59,273,564 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 5.2 percent were restricted benefit months without a pharmacy benefit in Utah, 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}
 UTAH, 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	135,951	7,043	13,517	34,886	80,474	31	727,253	56,739	101,283	149,903	419,226	102		
Age														
5 and younger	47,705	0	604	3	47,098	0	237,859	0	4,013	13	233,833	0		
6-14	26,639	0	908	11	25,720	0	149,447	0	7,004	41	142,402	0		
15-20	13,604	0	829	5,125	7,650	0	70,070	0	6,253	20,838	42,979	0		
21-44	33,516	4	5,461	28,033	6	12	161,959	11	41,062	120,819	12	55		
45-64	7,082	4	5,361	1,698	0	19	48,251	13	40,042	8,149	0	47		
65-74	2,611	2,290	307	14	0	0	20,221	17,646	2,536	39	0	0		
75-84	2,524	2,482	41	1	0	0	20,550	20,217	331	2	0	0		
85 and older	2,269	2,263	6	0	0	0	18,894	18,852	42	0	0	0		
Unknown	1	0	0	1	0	0	2	0	0	2	0	0		
Gender														
Female	80,035	4,985	6,886	29,392	38,741	31	424,416	41,049	52,950	127,913	202,402	102		
Male	55,607	2,058	6,631	5,493	41,425	0	302,082	15,690	48,333	21,988	216,071	0		
Unknown	309	0	0	1	308	0	755	0	0	2	753	0		
Race														
White	97,811	5,687	11,398	25,517	55,194	25	541,342	46,340	86,362	114,604	293,950	86		
African American	2,406	51	209	539	1,607	0	10,601	375	1,055	2,004	7,167	0		
Other/unknown	35,734	1,305	1,910	8,830	23,683	6	175,310	10,024	13,866	33,295	118,109	16		
Use of Nursing Facilities^c														
Entire year	3,241	2,670	569	0	2	0	30,906	24,959	5,923	0	24	0		
Part year	1,767	1,253	498	13	3	0	13,737	9,641	3,990	95	11	0		
None	130,943	3,120	12,450	34,873	80,469	31	682,610	22,139	91,370	149,808	419,191	102		
Maintenance Assistance Status														
Cash	47,641	1,113	6,227	17,160	23,141	0	264,947	10,061	49,924	72,707	132,255	0		
Medically needy	4,956	812	1,312	1,643	1,189	0	19,434	4,216	6,227	4,676	4,315	0		
Poverty-related	49,818	1,202	3,496	10,569	34,520	31	237,883	9,112	21,371	42,007	165,291	102		
Other/unknown	33,536	3,916	2,482	5,514	21,624	0	204,989	33,350	23,761	30,513	117,365	0		
Dual Medicare Status^d														
Full dual, all year	10,947	6,074	4,721	152	0	0	87,788	49,740	37,284	764	0	0		
Full dual, part year	1,012	513	485	14	0	0	7,135	3,743	3,292	100	0	0		
Non-dual, all year	123,992	456	8,311	34,720	80,474	31	632,330	3,256	60,707	149,039	419,226	102		
Managed Care Status														
FFS all year	86,052	6,179	9,614	23,963	46,277	19	561,843	53,534	85,086	116,735	306,415	73		
FFS part year, with Rx claims	34,732	765	3,401	8,815	21,739	12	122,139	2,921	14,440	28,008	76,741	29		
FFS part year, no Rx claims	15,167	99	502	2,108	12,458	0	43,271	284	1,757	5,160	36,070	0		

Source: Data for this table are from the MAX 2001 file for Utah, 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}
 UTAH, 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	60.7 %	9.0	\$429	\$48	\$3,785	11.3 %	135,951
Age							
5 and younger	58.7	2.7	62	23	1,734	3.6	47,705
6-14	48.4	3.0	139	47	1,711	8.1	26,639
15-20	59.7	5.2	259	50	3,885	6.7	13,604
21-44	65.3	10.5	561	53	4,391	12.8	33,516
45-64	74.5	36.2	2,089	58	11,927	17.5	7,082
65-74	76.9	40.3	1,940	48	11,113	17.5	2,611
75-84	86.3	48.7	2,105	43	14,222	14.8	2,524
85 and older	92.2	46.1	1,809	39	16,222	11.2	2,269
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	85.3	45.3	1,965	43	13,841	14.2	7,043
Disabled	76.7	33.0	2,136	65	15,467	13.8	13,517
Adults	63.4	6.7	248	37	2,041	12.2	34,886
Children	54.6	2.8	85	31	1,697	5.0	80,474
Unknown	74.2	8.3	481	58	5,369	8.9	31
Gender							
Female	63.5	10.3	449	44	3,569	12.6	80,035
Male	56.8	7.2	402	56	4,115	9.8	55,607
Unknown	3.9	0.1	1	15	154	0.9	309
Race							
White	64.2	10.8	530	49	4,321	12.3	97,811
African American	55.9	6.1	284	46	2,963	9.6	2,406
Other/unknown	51.4	4.1	160	39	2,372	6.8	35,734
Use of Nursing Facilities^d							
Entire year	96.9	68.2	3,159	46	26,573	11.9	3,241
Part year	95.2	60.3	2,920	48	22,682	12.9	1,767
None	59.3	6.8	327	48	2,966	11.0	130,943

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	62.1	9.4	467	50	3,160	14.8	47,641
Medically needy	41.7	11.4	696	61	4,184	16.6	4,956
Poverty related	55.6	4.9	213	43	1,735	12.3	49,818
Other/unknown	68.9	14.1	656	46	7,657	8.6	33,536

Source: Data for this table are from the MAX 2001 file for Utah, 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}
 UTAH, 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			
All	1.7	\$80	11.3 %	39.3 %	7.5 %	8.7 %	4.9 %	3.1 %	\$708	135,951	727,253
Age											
5 and younger	0.6	13	3.6	41.3	6.6	5.2	1.4	0.4	348	47,705	237,859
6-14	0.5	25	8.1	51.6	5.0	4.2	1.3	0.6	305	26,639	149,447
15-20	1.0	50	6.7	40.3	8.4	8.3	2.9	1.4	754	13,604	70,070
21-44	2.2	116	12.8	34.7	10.3	12.2	6.2	4.6	909	33,516	161,959
45-64	5.3	307	17.5	25.5	8.4	18.2	17.1	15.4	1,751	7,082	48,251
65-74	5.2	251	17.5	23.1	8.3	18.5	20.3	15.7	1,435	2,611	20,221
75-84	6.0	259	14.8	13.7	7.8	22.7	29.2	15.8	1,747	2,524	20,550
85 and older	5.5	217	11.2	7.8	8.6	30.9	31.7	11.7	1,948	2,269	18,894
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0	1	2
Basis of Eligibility^c											
Aged	5.6	244	14.2	14.7	8.3	24.0	27.1	14.6	1,718	7,043	56,739
Disabled	4.4	285	13.8	23.3	9.2	18.5	15.7	13.3	2,064	13,517	101,283
Adults	1.6	58	12.2	36.6	10.3	10.8	4.5	3.0	475	34,886	149,903
Children	0.5	16	5.0	45.4	6.0	4.9	1.4	0.5	326	80,474	419,226
Unknown	2.5	146	8.9	25.8	12.9	22.6	6.5	9.7	1,632	31	102
Gender											
Female	1.9	85	12.6	36.5	8.2	9.6	5.5	3.8	673	80,035	424,416
Male	1.3	74	9.8	43.2	6.7	7.6	4.0	2.2	758	55,607	302,082
Unknown	0.0	1	0.9	96.1	0.0	0.3	0.0	0.0	63	309	755
Race											
White	2.0	96	12.3	35.8	8.1	9.8	5.9	3.8	781	97,811	541,342
African American	1.4	65	9.6	44.1	7.6	8.9	3.7	3.1	672	2,406	10,601
Other/unknown	0.8	33	6.8	48.6	6.1	5.7	2.4	1.2	484	35,734	175,310
Use of Nursing Facilities^d											
Entire year	7.2	331	11.9	3.1	6.6	26.7	37.9	19.9	2,787	3,241	30,906
Part year	7.8	376	12.9	4.8	6.4	25.2	31.7	25.2	2,918	1,767	13,737
None	1.3	63	11.0	40.7	7.6	8.1	3.7	2.4	569	130,943	682,610

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	Bene Mos	No.
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less			
					More than 1 or Less	Less	More than 2, but 5 or Less	Less				
Maintenance												
Assistance Status												
Cash	1.7	84	14.8	37.9	36.5	8.1	9.3	4.7	3.5	568	47,641	264,947
Medically needy	2.9	178	16.6	58.3	13.6	5.1	9.5	8.1	5.3	1,067	4,956	19,434
Poverty related	1.0	45	12.3	44.4	37.8	6.9	6.5	2.7	1.6	363	49,818	237,883
Other/unknown	2.3	107	8.6	31.1	37.0	8.2	11.1	8.0	4.5	1,253	33,536	204,989

Source: Data for this table are from the MAX 2001 file for Utah, 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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 UTAH, 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	1.7	\$80	0.7	\$61	0.1	\$83	0.1	\$50	0.9	\$15	\$17
Age											
5 and younger	0.6	13	0.2	8	0.0	41	0.0	1	0.3	4	12
6-14	0.5	25	0.2	19	0.0	79	0.0	1	0.3	5	17
15-20	1.0	50	0.4	38	0.1	85	0.1	4	0.5	8	17
21-44	2.2	116	0.9	89	0.1	98	0.1	8	1.1	20	17
45-64	5.3	307	2.5	236	0.3	93	0.3	19	2.5	52	21
65-74	5.2	251	2.5	193	0.3	77	0.3	13	2.4	45	19
75-84	6.0	259	2.7	194	0.4	72	0.4	14	2.9	50	17
85 and older	5.5	217	2.4	160	0.4	66	0.4	13	2.7	44	16
Unknown	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Basis of Eligibility^d											
Aged	5.6	244	2.5	184	0.4	72	0.4	14	2.7	47	17
Disabled	4.4	285	2.1	222	0.3	105	0.3	17	2.0	46	23
Adults	1.6	58	0.6	41	0.1	72	0.1	5	0.9	13	14
Children	0.5	16	0.2	12	0.0	57	0.0	1	0.3	4	12
Unknown	2.5	146	1.0	120	0.1	123	0.1	1	1.5	25	17
Gender											
Female	1.9	85	0.8	63	0.1	76	0.1	5	1.0	16	16
Male	1.3	74	0.6	57	0.1	95	0.1	4	0.7	13	20
Unknown	0.0	1	0.0	0	0.0	29	0.0	0	0.0	0	9
Race											
White	2.0	96	0.9	73	0.1	84	0.1	6	1.0	17	18
African American	1.4	65	0.6	50	0.1	88	0.1	3	0.8	12	15
Other/unknown	0.8	33	0.3	24	0.0	74	0.0	2	0.5	7	14
Use of Nursing Facilities^e											
Entire year	7.2	331	3.2	251	0.4	77	0.4	18	3.5	63	18
Part year	7.8	376	3.4	287	0.5	83	0.5	21	3.8	68	18
None	1.3	63	0.6	47	0.1	84	0.1	4	0.7	12	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	1.7	84	0.7	63	0.1	5	0.9	16
Medically needy	2.9	178	1.3	139	0.2	12	1.4	27
Poverty related	1.0	45	0.4	33	0.1	3	0.5	9
Other/unknown	2.3	107	1.0	82	0.1	6	1.1	19

Source: Data for this table are from the MAX 2001 file for Utah, 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 Utah, 2.7 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_mdtdb.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}
 UTAH, 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. of Bene	As % of All Bene	Mos		
		Generic	Generic		Generic	Generic		Generic	Generic							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$14	\$0	\$2	\$42	\$70	\$52	\$12	136,509	\$5,762,108	52,209	38.4 %	357,965
Biologics	0.1	0.1	0.0	0.0	19	3	14	133	27	1,425	159	1,620	214,748	1,034	0.8	11,061
Antineoplastic Agents	0.7	0.4	0.1	0.2	175	10	11	267	410	157	51	2,993	798,033	560	0.4	4,571
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	27	22	2	35	53	22	12	104,520	3,613,352	17,975	13.2	132,096
Cardiovascular Agents	1.5	0.7	0.1	0.8	48	33	2	31	50	21	17	128,760	4,022,023	10,275	7.6	83,484
Respiratory Agents	0.5	0.2	0.0	0.3	20	16	0	39	62	24	16	117,819	4,561,032	31,267	23.0	227,331
Gastrointestinal Agents	0.7	0.4	0.0	0.3	50	40	2	73	106	102	28	65,127	4,782,594	12,589	9.3	94,835
Genitourinary Agents	0.4	0.3	0.0	0.1	18	15	0	44	54	36	18	18,730	817,722	6,607	4.9	46,248
CNS Drugs	1.3	0.7	0.1	0.5	98	76	8	75	109	108	25	207,633	15,585,978	21,556	15.9	188,754
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.2	46	36	2	57	68	43	35	13,762	782,447	2,377	1.7	16,928
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	95	94	0	138	143	30	38	3,250	449,489	553	0.4	4,733
Analgesics and Anesthetics	0.8	0.2	0.0	0.5	28	19	2	35	90	54	13	178,340	6,287,461	33,240	24.4	228,568
Neuromuscular Agents	1.1	0.5	0.1	0.5	65	51	2	59	102	38	21	85,031	5,053,726	9,968	7.3	78,146
Nutritional Products	0.4	0.0	0.0	0.3	6	0	1	14	17	25	13	58,951	849,409	23,029	16.9	141,038
Hematological Agents	0.8	0.2	0.1	0.5	77	55	4	92	340	27	34	23,680	2,188,805	3,410	2.5	28,386
Topical Products	0.3	0.1	0.0	0.2	9	6	1	27	49	34	14	67,593	1,854,988	28,911	21.3	202,850
Miscellaneous Products	0.4	0.2	0.0	0.2	45	34	5	109	193	237	31	5,456	594,944	1,790	1.3	13,167
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	20	0	0	0	1,716	34,875	969	0.7	7,884
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.	1,221,490	58,253,734	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Utah, 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 Utah, 2.7 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}
 UTAH, 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	\$5,919,470	6,170	4.5 %	58,181	0.7	\$143	\$102	
ANTIDEPRESSANTS	5,486,105	16,050	11.8	141,154	0.6	65	39	
ULCER DRUGS	3,547,417	9,600	7.1	87,424	0.5	85	41	
ANTICONVULSANT	3,480,991	5,999	4.4	56,581	0.8	75	62	
ANALGESICS - Narcotic	2,840,186	25,537	18.8	214,392	0.4	32	13	
ANALGESICS - ANTI-INFLAMMATORY	1,987,801	16,036	11.8	140,240	0.3	44	14	
ANTIASTHMATIC	1,628,215	11,702	8.6	103,358	0.4	45	16	
ANTIDIABETIC	1,539,750	4,475	3.3	41,606	0.7	50	37	
MISC. HEMATOLOGICAL	1,083,288	716	0.5	6,976	0.6	242	155	
ANTIHYPERTENSIVE	1,079,083	4,907	3.6	45,693	0.7	34	24	
Total	28,592,306	101,192		895,605	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Utah, 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.