

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002
IDAHO**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
IDAHO, 2002

Inclusion Criteria (2002)	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	199,674 (A)	22,964 (E)	176,710 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	196,951 (B)	20,257 (F)	176,694 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	196,951 (C)	20,257 (G)	176,694 (K)
4. Benes who were all-year nursing facility residents ^f	2,912 (D)	2,734 (H)	178 (L)

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002 (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 2002, 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 19 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 19 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 2002 was \$122,126,094, of which \$92,519 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) that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2002 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. This list was constructed from the CMS 2002 Medicaid Managed Care Enrollment Report [<http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf>] and by checking PHP pharmacy coverage as necessary through state and PHP web sites.
- 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 2002. 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 2002. 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 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, 2002

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	196,951	11,339	26,171	30,508	128,933	0	1,815,784	110,936	278,302	207,580	1,218,966	0	1,815,784	110,936	278,302	207,580	1,218,966	0
Age																		
5 and younger	57,542	0	1,337	0	56,205	0	531,086	0	13,650	0	517,436	0	531,086	0	13,650	0	517,436	0
6-14	57,011	0	3,057	0	53,954	0	566,892	0	33,977	0	532,915	0	566,892	0	33,977	0	532,915	0
15-20	24,164	0	2,088	3,385	18,691	0	213,963	0	22,461	23,232	168,270	0	213,963	0	22,461	23,232	168,270	0
21-44	35,647	0	9,864	25,706	77	0	279,708	0	105,601	173,793	314	0	279,708	0	105,601	173,793	314	0
45-64	11,139	0	9,739	1,397	3	0	112,440	0	101,924	10,506	10	0	112,440	0	101,924	10,506	10	0
65-74	3,896	3,817	69	9	1	0	40,241	39,640	575	25	1	0	40,241	39,640	575	25	1	0
75-84	3,977	3,955	12	10	0	0	38,683	38,578	82	23	0	0	38,683	38,578	82	23	0	0
85 and older	3,573	3,567	5	1	0	0	32,751	32,718	32	1	0	0	32,751	32,718	32	1	0	0
Unknown	2	0	0	0	2	0	20	0	0	0	20	0	20	0	0	0	20	0
Gender																		
Female	111,627	8,062	13,417	26,258	63,890	0	1,006,989	79,980	143,596	179,398	604,015	0	1,006,989	79,980	143,596	179,398	604,015	0
Male	85,324	3,277	12,754	4,250	65,043	0	808,795	30,956	134,706	28,182	614,951	0	808,795	30,956	134,706	28,182	614,951	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race																		
White	168,450	10,408	24,122	26,313	107,607	0	1,562,490	101,192	256,484	185,205	1,019,609	0	1,562,490	101,192	256,484	185,205	1,019,609	0
African American	1,707	31	160	231	1,285	0	15,804	321	1,656	1,580	12,247	0	15,804	321	1,656	1,580	12,247	0
Other/unknown	26,794	900	1,889	3,964	20,041	0	237,490	9,423	20,162	20,795	187,110	0	237,490	9,423	20,162	20,795	187,110	0
Use of Nursing Facilities^c																		
Entire year	2,912	2,571	340	1	0	0	27,535	24,141	3,390	4	0	0	27,535	24,141	3,390	4	0	0
Part year	2,130	1,663	453	7	7	0	19,517	14,835	4,551	52	79	0	19,517	14,835	4,551	52	79	0
None	191,909	7,105	25,378	30,500	128,926	0	1,768,732	71,960	270,361	207,524	1,218,887	0	1,768,732	71,960	270,361	207,524	1,218,887	0
Maintenance Assistance Status																		
Cash	53,934	2,143	24,685	9,672	17,434	0	527,069	23,649	262,391	74,816	166,213	0	527,069	23,649	262,391	74,816	166,213	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	111,457	231	197	11,400	99,629	0	1,002,563	2,130	1,967	60,181	938,285	0	1,002,563	2,130	1,967	60,181	938,285	0
Other/unknown	31,560	8,965	1,289	9,436	11,870	0	286,152	85,157	13,944	72,583	114,468	0	286,152	85,157	13,944	72,583	114,468	0
Dual Medicare Status^d																		
Full dual, all year	19,565	10,679	8,783	99	4	0	201,114	104,493	95,858	731	32	0	201,114	104,493	95,858	731	32	0
Full dual, part year	692	393	297	2	0	0	6,786	3,759	3,009	18	0	0	6,786	3,759	3,009	18	0	0
Non-dual, all year	176,694	267	17,091	30,407	128,929	0	1,607,884	2,684	179,435	206,831	1,218,934	0	1,607,884	2,684	179,435	206,831	1,218,934	0
Managed Care Status																		
FFS all year	196,951	11,339	26,171	30,508	128,933	0	1,815,784	110,936	278,302	207,580	1,218,966	0	1,815,784	110,936	278,302	207,580	1,218,966	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
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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, 2002

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	65.0 %	11.2	\$620	\$55	\$4,144	15.0 %	196,951
Age							
5 and younger	65.3	3.2	124	39	1,517	8.2	57,542
6-14	55.8	3.5	198	57	1,477	13.4	57,011
15-20	60.0	5.3	310	59	2,772	11.2	24,164
21-44	68.9	15.1	996	66	6,398	15.6	35,647
45-64	84.6	50.7	3,063	60	14,264	21.5	11,139
65-74	85.7	51.9	2,533	49	12,912	19.6	3,896
75-84	88.1	52.7	2,347	45	16,562	14.2	3,977
85 and older	93.2	51.5	2,025	39	20,852	9.7	3,573
Unknown	50.0	2.0	29	15	336	8.6	2
Basis of Eligibility^c							
Aged	89.1	52.3	2,319	44	16,740	13.9	11,339
Disabled	83.0	38.1	2,639	69	15,301	17.2	26,171
Adults	63.8	7.3	323	44	2,600	12.4	30,508
Children	59.5	3.1	131	42	1,136	11.5	128,933
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	67.2	13.2	678	51	4,350	15.6	111,627
Male	62.0	8.7	543	63	3,873	14.0	85,324
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	66.3	12.2	679	56	4,441	15.3	168,450
African American	59.1	6.3	334	53	2,723	12.3	1,707
Other/unknown	57.2	5.6	266	47	2,365	11.3	26,794
Use of Nursing Facilities^d							
Entire year	95.1	68.0	3,109	46	36,124	8.6	2,912
Part year	93.0	62.1	2,939	47	27,221	10.8	2,130
None	64.2	9.8	556	57	3,402	16.3	191,909

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	74.3	23.1	1,481	64	8,364	17.7	53,934
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.8	3.1	123	40	1,295	9.5	111,457
Other/unknown	71.0	19.6	901	46	6,990	12.9	31,560

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

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, 2002

Beneficiary Characteristics	Mean No. of Rx	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos	
		Rx \$ as % of All Services	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	1.2	15.0 %	35.0 %	47.9 %	4.9 %	6.3 %	4.2 %	1.6 %	\$449	196,951	1,815,784
Age											
5 and younger	0.3	8.2	34.7	62.3	2.2	0.7	0.0	0.0	164	57,542	531,086
6-14	0.4	13.4	44.2	50.7	2.8	2.0	0.2	0.0	149	57,011	566,892
15-20	0.6	11.2	40.0	50.1	5.3	3.9	0.6	0.0	313	24,164	213,963
21-44	1.9	15.6	31.1	40.5	9.6	11.6	5.4	1.7	815	35,647	279,708
45-64	5.0	21.5	15.4	16.4	9.4	24.3	23.2	11.2	1,413	11,139	112,440
65-74	5.0	19.6	14.3	14.7	9.3	23.6	26.8	11.2	1,250	3,896	40,241
75-84	5.4	14.2	11.9	10.7	7.7	26.7	31.5	11.6	1,703	3,977	38,683
85 and older	5.6	9.7	6.8	8.1	9.5	31.2	33.9	10.5	2,275	3,573	32,751
Unknown	0.2	8.6	50.0	50.0	0.0	0.0	0.0	0.0	34	2	20
Basis of Eligibility^c											
Aged	5.3	13.9	10.9	11.2	8.9	27.2	30.7	11.2	1,711	11,339	110,936
Disabled	3.6	17.2	17.0	27.4	10.8	22.3	15.9	6.7	1,439	26,171	278,302
Adults	1.1	12.4	36.2	45.9	8.5	6.9	2.1	0.4	382	30,508	207,580
Children	0.3	11.5	40.5	55.8	2.5	1.1	0.1	0.0	120	128,933	1,218,966
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender											
Female	1.5	15.6	32.8	47.5	5.3	7.1	5.2	2.2	482	111,627	1,006,989
Male	0.9	14.0	38.0	48.5	4.4	5.3	3.0	0.8	409	85,324	808,795
Unknown	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race											
White	1.3	15.3	33.7	47.8	5.2	6.8	4.7	1.8	479	168,450	1,562,490
African American	0.7	12.3	40.9	48.9	3.8	4.2	1.8	0.5	294	1,707	15,804
Other/unknown	0.6	11.3	42.8	48.7	3.3	3.2	1.6	0.4	267	26,794	237,490
Use of Nursing Facilities^d											
Entire year	7.2	8.6	4.9	4.4	4.9	25.8	40.1	19.8	3,820	2,912	27,535
Part year	6.8	10.8	7.0	6.9	7.7	25.7	36.3	16.3	2,971	2,130	19,517
None	1.1	16.3	35.8	49.1	4.9	5.8	3.3	1.2	369	191,909	1,768,732

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	2.4	152	17.7	25.7	39.1	8.2	14.1	9.2	3.7	856	53,934	527,069
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	14	9.5	41.2	54.7	2.7	1.1	0.1	0.1	144	111,457	1,002,563
Other/unknown	2.2	99	12.9	29.0	39.1	6.8	11.5	10.1	3.5	771	31,560	286,152

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

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}
 IDAHO, 2002

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	1.2	\$67	0.5	\$50	0.1	\$97	0.6	\$21
Age								
5 and younger	0.3	14	0.1	10	0.0	77	0.2	3
6-14	0.4	20	0.2	15	0.0	92	0.2	3
15-20	0.6	35	0.3	27	0.0	103	0.3	6
21-44	1.9	127	0.8	97	0.1	118	1.0	23
45-64	5.0	303	2.2	227	0.3	102	2.5	60
65-74	5.0	245	2.2	177	0.3	81	2.5	53
75-84	5.4	241	2.2	171	0.5	78	2.7	54
85 and older	5.6	221	2.0	149	0.5	73	3.0	54
Unknown	0.2	3	0.0	0	0.0	0	0.2	3
Basis of Eligibility^d								
Aged	5.3	237	2.2	167	0.4	78	2.7	54
Disabled	3.6	248	1.7	193	0.2	116	1.7	42
Adults	1.1	47	0.4	33	0.1	86	0.6	12
Children	0.3	14	0.1	10	0.0	75	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.5	75	0.6	55	0.1	91	0.7	15
Male	0.9	57	0.4	44	0.1	109	0.5	10
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.3	73	0.6	55	0.1	98	0.7	14
African American	0.7	36	0.3	27	0.0	95	0.4	7
Other/unknown	0.6	30	0.2	21	0.0	87	0.3	7
Use of Nursing Facilities^e								
Entire year	7.2	329	2.7	228	0.6	83	3.8	76
Part year	6.8	321	2.7	229	0.5	84	3.5	70
None	1.1	60	0.5	45	0.1	99	0.5	11

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	2.4	152	1.1	116	0.1	8	1.2	27
Medically needy	0.0	0	0.0	0	0.0	0	0.0	0
Poverty related	0.3	14	0.1	10	0.0	1	0.2	3
Other/unknown	2.2	99	0.9	71	0.2	7	1.1	22

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

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_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}
 IDAHO, 2002

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	Generic	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos	
																Generic
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$7	\$1	\$2	\$42	\$69	\$77	\$15	234,315	89,086	45.2 %	945,329
Biologics	0.2	0.2	0.0	0.0	181	171	0	10	782	793	0	642	2,471	1,033	0.5	10,672
Antineoplastic Agents	0.6	0.4	0.0	0.3	168	151	4	13	259	427	88	50	6,534	1,690,658	0.5	10,082
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	30	22	3	5	40	59	26	20	223,280	8,876,578	14.2	283,129
Cardiovascular Agents	1.5	0.6	0.1	0.8	51	32	4	15	34	58	32	18	300,852	10,172,541	9.6	198,887
Respiratory Agents	0.4	0.2	0.0	0.2	18	13	2	4	46	75	59	19	222,520	10,344,397	27.2	574,783
Gastrointestinal Agents	0.6	0.3	0.0	0.3	42	32	2	7	70	117	163	23	117,210	8,252,302	9.6	198,135
Genitourinary Agents	0.4	0.3	0.0	0.1	20	18	0	2	53	64	33	18	33,264	1,761,208	4.4	89,957
CNS Drugs	1.2	0.7	0.0	0.5	97	80	2	15	84	119	86	32	400,781	33,550,186	16.8	345,537
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	40	25	5	10	63	78	67	43	34,250	2,167,220	2.5	54,314
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	121	119	0	1	171	183	0	25	6,361	1,090,733	0.5	9,045
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	28	18	2	8	48	133	66	20	252,117	12,000,235	21.3	431,232
Neuromuscular Agents	0.9	0.4	0.1	0.4	64	50	4	10	71	116	60	25	168,892	11,991,025	8.8	185,966
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	5	14	28	23	14	59,428	851,648	9.0	176,004
Hematological Agents	0.8	0.2	0.2	0.4	73	62	4	6	96	361	24	15	37,121	3,549,094	2.4	48,694
Topical Products	0.2	0.1	0.0	0.1	6	4	0	2	29	51	53	16	96,742	2,819,759	22.4	475,568
Miscellaneous Products	0.6	0.2	0.1	0.3	138	91	28	19	216	378	265	64	4,505	972,872	0.4	7,073
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	10,568	269,441	1.7	37,471
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.	2,211,211	122,033,575	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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, 2002

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
ANTIPTCHOTICS	\$17,331,258	13,816	150,962	0.7	\$156	\$115
ANTIDEPRESSANTS	13,737,719	34,415	362,807	0.6	65	38
ANTICONVULSANT	9,943,146	13,236	144,930	0.8	88	69
ANALGESICS - Narcotic	6,865,048	46,891	486,174	0.3	41	14
ULCER DRUGS	6,679,348	21,298	230,036	0.4	75	29
ANTIASTHMATIC	5,424,050	31,106	336,652	0.3	52	16
ANTIDIABETIC	4,966,676	10,506	112,559	0.7	59	44
ANALGESICS - ANTI-INFLAMMATORY	3,776,281	21,668	229,534	0.3	56	16
ANTIHYPERTENSIVE	3,022,954	11,158	119,182	0.7	36	25
ANTIHYPERLIPIDEMIC	2,993,162	5,331	58,563	0.7	77	51
Total	74,739,642	209,425	2,231,399	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Idaho, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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.