

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 UTAH

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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

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

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

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
UTAH, 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	250,703 (A)	23,517 (E)	227,186 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	244,131 (B)	21,779 (F)	222,352 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	180,952 (C)	16,622 (G)	164,330 (K)
4. Benes who were all-year nursing facility residents ^f	3,357 (D)	3,004 (H)	353 (L)

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

- 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.
- 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").
- 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.
- The total Medicaid pharmacy reimbursement for Utah in 2002 was \$140,314,953, of which \$40,441,907 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.
- 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.
- 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.
- 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 7.2 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, 2002

Beneficiary Characteristics	No. of Beneficiaries										No. of Bene Mos		
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	
All	180,952	8,824	20,097	50,969	100,966	96	907,221	64,371	128,029	202,134	512,144	543	
Age													
5 and younger	58,240	0	795	11	57,434	0	288,252	0	4,643	53	283,556	0	
6-14	34,711	1	1,478	13	33,219	0	182,162	5	9,033	38	173,086	0	
15-20	17,006	0	1,248	5,456	10,299	3	84,581	0	8,002	21,104	55,454	21	
21-44	48,433	2	8,121	40,261	13	36	214,072	14	51,338	162,448	39	233	
45-64	13,210	8	7,943	5,204	0	55	70,090	50	51,349	18,414	0	277	
65-74	3,659	3,188	448	21	0	2	24,471	21,158	3,232	69	0	12	
75-84	3,213	3,155	56	2	0	0	23,531	23,144	381	6	0	0	
85 and older	2,479	2,470	8	0	1	0	20,060	20,000	51	0	9	0	
Unknown	1	0	0	1	0	2	0	0	0	2	0	0	
Gender													
Female	105,339	6,318	10,384	39,751	48,790	96	524,427	46,798	67,036	161,873	248,177	543	
Male	75,279	2,506	9,713	11,216	51,844	0	381,999	17,573	60,993	40,257	263,176	0	
Unknown	334	0	0	2	332	0	795	0	0	4	791	0	
Race													
White	134,763	7,029	17,253	39,558	70,842	81	690,560	52,951	110,482	160,847	365,818	462	
African American	3,314	79	349	739	2,147	0	13,756	541	1,603	2,620	8,992	0	
Other/unknown	42,875	1,716	2,495	10,672	27,977	15	202,905	10,879	15,944	38,667	137,334	81	
Use of Nursing Facilities^c													
Entire year	3,357	2,693	662	0	2	0	32,294	25,384	6,886	0	24	0	
Part year	1,873	1,291	569	8	5	0	14,158	9,785	4,278	57	38	0	
None	175,722	4,840	18,866	50,961	100,959	96	860,769	29,202	116,865	202,077	512,082	543	
Maintenance Assistance Status													
Cash	63,412	1,875	9,714	20,556	31,267	0	332,057	12,519	61,962	87,790	169,786	0	
Medically needy	4,451	727	1,281	1,416	1,027	0	17,999	3,969	6,210	4,051	3,769	0	
Poverty-related	65,351	2,096	4,809	13,096	45,254	96	310,790	12,971	27,901	52,833	216,542	543	
Other/unknown	47,738	4,126	4,293	15,901	23,418	0	246,375	34,912	31,956	57,460	122,047	0	
Dual Medicare Status^d													
Full dual, all year	15,026	7,311	7,425	283	3	4	103,728	53,911	48,582	1,204	15	16	
Full dual, part year	1,596	738	848	10	0	0	12,239	6,256	5,907	76	0	0	
Non-dual, all year	164,330	775	11,824	50,676	100,963	92	791,254	4,204	73,540	200,854	512,129	527	
Managed Care Status													
FFS all year	105,985	6,375	10,314	36,818	52,416	62	649,405	56,071	92,615	156,569	343,721	429	
FFS part year, with Rx claims	56,081	2,227	8,828	11,570	33,424	32	199,722	7,586	32,224	38,534	121,272	106	
FFS part year, no Rx claims	18,886	222	955	2,581	15,126	2	58,094	714	3,190	7,031	47,151	8	

Table 2

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 2002 file for Utah, 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}
 UTAH, 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	62.9 %	10.0	\$552	\$55	\$3,879	14.2 %	180,952
Age							
5 and younger	62.8	3.1	86	27	1,771	4.8	58,240
6-14	52.1	3.6	213	59	1,914	11.1	34,711
15-20	61.0	6.2	374	61	4,260	8.8	17,006
21-44	63.8	10.7	677	63	4,282	15.8	48,433
45-64	74.0	33.4	2,105	63	9,672	21.8	13,210
65-74	81.6	43.1	2,230	52	10,452	21.3	3,659
75-84	87.7	48.3	2,289	47	13,749	16.6	3,213
85 and older	92.7	47.2	2,037	43	17,047	12.0	2,479
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^c							
Aged	86.9	46.1	2,194	48	13,333	16.5	8,824
Disabled	82.5	38.2	2,743	72	15,829	17.3	20,097
Adults	60.5	5.9	250	42	1,734	14.4	50,969
Children	58.1	3.3	124	38	1,748	7.1	100,966
Unknown	83.3	16.0	1,056	66	12,747	8.3	96
Gender							
Female	65.9	11.4	578	51	3,671	15.7	105,339
Male	58.9	8.0	519	65	4,185	12.4	75,279
Unknown	4.2	0.1	1	14	281	0.4	334
Race							
White	65.5	11.6	658	57	4,369	15.1	134,763
African American	58.4	7.7	406	53	3,155	12.9	3,314
Other/unknown	55.1	5.0	230	46	2,395	9.6	42,875
Use of Nursing Facilities^d							
Entire year	97.8	70.7	3,658	52	29,537	12.4	3,357
Part year	96.8	62.0	3,317	54	24,642	13.5	1,873
None	61.9	8.3	463	56	3,167	14.6	175,722

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	65.4	11.2	641	57	3,243	19.8	63,412
Medically needy	44.6	15.6	1,111	71	4,929	22.5	4,451
Poverty related	59.6	6.3	312	50	1,958	15.9	65,351
Other/unknown	65.8	12.9	710	55	7,253	9.8	47,738

Source: Data for this table are from the MAX 2002 file for Utah, 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}
 UTAH, 2002

Beneficiary Characteristics	Mean No. of Rx	No. of Rx, % with:							Mean \$, All Services	Benes	Bene Mos	
		Mean Rx \$	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				5.0 %
All	2.0	\$110	14.2 %	37.1 %	35.7 %	8.0 %	9.0 %	5.2 %	5.0 %	\$774	180,952	907,221
Age												
5 and younger	0.6	17	4.8	37.2	46.8	7.6	6.2	1.7	0.5	358	58,240	288,252
6-14	0.7	41	11.1	47.9	37.3	5.8	5.3	2.3	1.4	365	34,711	182,162
15-20	1.2	75	8.8	39.0	36.6	8.8	9.1	4.0	2.6	857	17,006	84,581
21-44	2.4	153	15.8	36.2	30.9	9.6	11.0	6.1	6.2	969	48,433	214,072
45-64	6.3	397	21.8	26.0	17.2	8.9	14.7	12.7	20.5	1,823	13,210	70,090
65-74	6.4	333	21.3	18.4	12.5	6.8	18.7	18.7	24.9	1,563	3,659	24,471
75-84	6.6	313	16.6	12.3	9.1	7.1	20.7	27.4	23.4	1,877	3,213	23,531
85 and older	5.8	252	12.0	7.3	9.6	8.4	29.0	30.0	15.8	2,107	2,479	20,060
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	2
Basis of Eligibility^c												
Aged	6.3	301	16.5	13.1	10.4	7.3	22.3	25.0	21.9	1,828	8,824	64,371
Disabled	6.0	431	17.3	17.5	16.6	8.1	17.2	16.3	24.3	2,485	20,097	128,029
Adults	1.5	63	14.4	39.5	33.9	10.1	9.8	4.0	2.7	437	50,969	202,134
Children	0.6	25	7.1	41.9	42.7	6.9	5.8	1.9	0.8	345	100,966	512,144
Unknown	2.8	187	8.3	16.7	33.3	11.5	17.7	9.4	11.5	2,254	96	543
Gender												
Female	2.3	116	15.7	34.1	36.1	8.5	9.7	5.8	5.9	737	105,339	524,427
Male	1.6	102	12.4	41.1	35.4	7.3	8.1	4.4	3.7	825	75,279	381,999
Unknown	0.0	1	0.4	95.8	3.3	0.6	0.3	0.0	0.0	118	334	795
Race												
White	2.3	128	15.1	34.5	35.4	8.4	9.9	6.0	5.8	853	134,763	690,560
African American	1.8	98	12.9	41.6	32.8	7.1	8.7	4.9	4.9	760	3,314	13,756
Other/unknown	1.0	49	9.6	44.9	37.0	6.7	6.4	2.8	2.4	506	42,875	202,905
Use of Nursing Facilities^d												
Entire year	7.3	380	12.4	2.2	5.8	5.9	27.2	37.7	21.2	3,070	3,357	32,294
Part year	8.2	439	13.5	3.2	5.5	6.8	23.4	31.3	29.8	3,260	1,873	14,158
None	1.7	95	14.6	38.1	36.6	8.0	8.5	4.3	4.4	647	175,722	860,769

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	122	19.8	34.6	35.8	8.1	9.6	5.5	6.4	619	63,412	332,057
Medically needy	3.9	275	22.5	55.4	13.2	5.4	9.3	8.5	8.2	1,219	4,451	17,999
Poverty related	1.3	66	15.9	40.4	38.5	7.4	7.4	3.2	3.0	412	65,351	310,790
Other/unknown	2.5	138	9.8	34.2	34.0	8.8	10.4	7.2	5.4	1,405	47,738	246,375

Source: Data for this table are from the MAX 2002 file for Utah, 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}
 UTAH, 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	2.0	\$110	0.8	\$92	0.1	\$7	1.0	\$21
Age								
5 and younger	0.6	17	0.2	11	0.0	1	0.4	5
6-14	0.7	41	0.3	31	0.0	3	0.3	6
15-20	1.2	75	0.5	57	0.1	7	0.6	12
21-44	2.4	153	1.0	117	0.1	8	1.3	28
45-64	6.3	397	2.9	298	0.4	23	3.0	76
65-74	6.4	333	2.9	249	0.4	18	3.1	67
75-84	6.6	313	2.9	228	0.5	17	3.3	67
85 and older	5.8	252	2.4	180	0.4	15	3.0	56
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility^d								
Aged	6.3	301	2.7	220	0.4	17	3.1	63
Disabled	6.0	431	2.8	333	0.4	25	2.8	73
Adults	1.5	63	0.5	44	0.1	4	0.9	15
Children	0.6	25	0.2	17	0.0	2	0.4	5
Unknown	2.8	187	1.3	156	0.1	5	1.4	26
Gender								
Female	2.3	116	1.0	85	0.1	7	1.2	24
Male	1.6	102	0.7	79	0.1	6	0.8	17
Unknown	0.0	1	0.0	0	0.0	0	0.0	0
Race								
White	2.3	128	1.0	96	0.1	8	1.1	24
African American	1.8	98	0.7	73	0.1	7	1.0	19
Other/unknown	1.0	49	0.4	36	0.1	3	0.6	10
Use of Nursing Facilities^e								
Entire year	7.3	380	3.1	278	0.5	20	3.8	81
Part year	8.2	439	3.4	327	0.6	24	4.2	88
None	1.7	95	0.7	71	0.1	6	0.9	18

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	122	0.9	92	0.1	8	1.1	23
Medically needy	3.9	275	1.7	210	0.2	16	1.9	49
Poverty related	1.3	66	0.5	48	0.1	4	0.7	14
Other/unknown	2.5	138	1.1	104	0.2	8	1.2	26

Source: Data for this table are from the MAX 2002 file for Utah, 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 Utah, 1.9 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}
 UTAH, 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	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Generic	Generic		Generic	Generic		Generic	Generic									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$19	\$14	\$2	\$3	\$46	\$73	\$76	\$17	182,034	\$8,342,392	70,430	38.9%	438,180	
Biologics	0.2	0.1	0.0	0.0	31	4	16	11	203	35	1,241	440	1,494	302,589	1,010	0.6	9,681	
Antineoplastic Agents	0.8	0.5	0.0	0.3	233	214	6	14	288	467	121	45	4,270	1,228,365	742	0.4	5,264	
Endocrine/Metabolic Drugs	1.0	0.4	0.2	0.4	39	27	4	7	40	60	27	20	165,474	6,578,615	26,435	14.6	169,547	
Cardiovascular Agents	1.9	0.7	0.2	1.0	68	44	5	18	36	61	32	18	200,951	7,195,303	15,836	8.8	106,399	
Respiratory Agents	0.6	0.3	0.1	0.3	28	19	3	5	46	71	66	19	173,030	7,925,825	43,577	24.1	280,321	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	65	54	2	9	80	111	155	29	98,862	7,898,512	18,459	10.2	120,618	
Genitourinary Agents	0.5	0.4	0.0	0.1	26	23	0	2	51	62	35	18	28,145	1,422,650	8,805	4.9	55,605	
CNS Drugs	1.6	0.9	0.0	0.7	137	111	4	23	85	125	100	33	322,667	27,549,037	31,740	17.5	200,868	
Stimulants/Anti-obesity/Anorexia	1.1	0.6	0.1	0.3	77	57	8	13	73	88	63	43	24,590	1,787,838	3,868	2.1	23,159	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	106	105	0	1	159	165	0	35	4,935	782,381	981	0.5	7,384	
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	38	26	2	10	43	116	55	16	251,185	10,711,028	46,022	25.4	283,578	
Neuromuscular Agents	1.3	0.6	0.1	0.6	95	74	6	15	70	120	59	24	136,466	9,584,007	15,310	8.5	101,193	
Nutritional Products	0.5	0.0	0.0	0.4	7	0	0	6	14	19	17	14	77,394	1,099,429	29,068	16.1	168,073	
Hematological Agents	0.9	0.2	0.1	0.6	100	88	3	9	109	390	23	16	31,426	3,439,433	4,711	2.6	34,366	
Topical Products	0.4	0.1	0.0	0.2	11	7	1	3	31	52	56	16	90,209	2,783,086	38,518	21.3	246,211	
Miscellaneous Products	0.5	0.2	0.0	0.3	76	57	7	12	139	245	299	42	8,401	1,168,389	2,348	1.3	15,297	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	3,390	74,167	1,604	0.9	11,460	
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.	1,804,923	99,873,046	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Utah, 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 Utah, 1.9 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, 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
ANTIPSYCHOTICS	\$9,357,520	7,894	69,746	0.8	\$169	\$134
ANTIDEPRESSANTS	7,141,420	21,257	169,357	0.6	66	42
ANTICONVULSANT	5,223,788	8,234	69,352	0.9	85	75
ULCER DRUGS	4,604,944	11,926	100,081	0.5	87	46
ANALGESICS - Narcotic	4,240,207	31,464	248,958	0.4	39	17
ANALGESICS - ANTI-INFLAMMATORY	2,511,606	19,654	161,071	0.3	47	16
ANTIASTHMATIC	2,374,008	14,875	122,563	0.4	53	19
ANTIDIABETIC	2,183,757	6,073	49,636	0.8	56	44
MISC. HEMATOLOGICAL	1,758,064	929	8,484	0.7	295	207
ANTIHYPERTENSIVE	1,526,191	6,765	56,244	0.7	36	27
Total	40,921,505	129,071	1,055,492	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Utah, 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_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.