

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	20,257	11,072	9,080	101	4	0	207,900	108,252	98,867	749	32	0		
Age														
5 and younger	1	0	1	0	0	0	11	0	11	0	0	0		
6-14	8	0	7	0	1	0	80	0	73	0	7	0		
15-20	57	0	54	1	2	0	627	0	591	12	24	0		
21-44	4,301	0	4,225	76	0	0	46,816	0	46,272	544	0	0		
45-64	4,734	0	4,713	21	0	0	51,435	0	51,258	177	0	0		
65-74	3,733	3,666	65	1	1	0	38,588	38,035	550	2	1	0		
75-84	3,886	3,874	10	2	0	0	37,897	37,803	80	14	0	0		
85 and older	3,537	3,532	5	0	0	0	32,446	32,414	32	0	0	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Gender														
Female	12,544	7,894	4,585	62	3	0	128,951	78,316	50,168	447	20	0		
Male	7,713	3,178	4,495	39	1	0	78,949	29,936	48,699	302	12	0		
Unknown	0	0	0	0	0	0		0	0	0	0	0		
Race														
White	18,796	10,200	8,502	92	2	0	192,287	99,098	92,471	699	19	0		
African American	74	30	43	1	0	0	782	309	465	8	0	0		
Other/unknown	1,387	842	535	8	2	0	14,831	8,845	5,931	42	13	0		
Use of Nursing Facilities^c														
Entire year	2,734	2,534	200	0	0	0	25,858	23,820	2,038	0	0	0		
Part year	1,872	1,646	226	0	0	0	16,994	14,703	2,291	0	0	0		
None	15,651	6,892	8,654	101	4	0	165,048	69,729	94,538	749	32	0		
Maintenance Assistance Status														
Cash	10,958	2,034	8,870	53	1	0	119,630	22,431	96,804	388	7	0		
Medically needy	0	0	0	0	0	0		0	0	0	0	0		
Poverty-related	444	231	196	14	3	0	4,194	2,130	1,965	74	25	0		
Other/unknown	8,855	8,807	14	34	0	0	84,076	83,691	98	287	0	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		
Full dual, part year	692	393	297	2	0	0	6,786	3,759	3,009	18	0	0		
Managed Care Status														
FFS all year	20,257	11,072	9,080	101	4	0	207,900	108,252	98,867	749	32	0		
FFS part year, with Rx claims	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		

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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, 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	89.1 %	51.7	\$2,827	\$55	\$16,897	16.7 %	20,257
Age							
5 and younger	100.0	21.0	1,046	50	45,812	2.3	1
6-14	87.5	48.5	4,607	95	16,269	28.3	8
15-20	86.0	30.6	2,858	93	21,435	13.3	57
21-44	86.0	39.2	3,030	77	16,404	18.5	4,301
45-64	91.3	61.2	3,808	62	17,611	21.6	4,734
65-74	86.3	52.8	2,572	49	12,952	19.9	3,733
75-84	88.7	53.1	2,370	45	16,665	14.2	3,886
85 and older	93.3	51.7	2,032	39	20,878	9.7	3,537
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	89.4	52.7	2,335	44	16,818	13.9	11,072
Disabled	88.8	50.7	3,433	68	17,118	20.1	9,080
Adults	77.2	29.4	2,113	72	5,724	36.9	101
Children	75.0	22.5	3,535	157	13,318	26.5	4
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.2	58.0	2,970	51	17,002	17.5	12,544
Male	84.0	41.5	2,594	63	16,726	15.5	7,713
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.4	52.8	2,889	55	17,349	16.6	18,796
African American	86.5	52.1	2,929	56	16,013	18.3	74
Other/unknown	84.5	37.1	1,981	54	10,812	18.3	1,387
Use of Nursing Facilities^d							
Entire year	95.2	67.0	3,008	45	35,231	8.5	2,734
Part year	92.5	58.8	2,721	46	22,830	11.9	1,872
None	87.6	48.2	2,808	58	12,984	21.6	15,651
Maintenance Assistance Status							
Cash	88.9	50.4	3,222	64	15,548	20.7	10,958
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	86.0	40.1	2,082	52	13,373	15.6	444
Other/unknown	89.5	53.8	2,374	44	18,742	12.7	8,855

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 D.3 includes beneficiaries represented by Cell G 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 D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

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	5.0	\$275	16.7 %	10.9 %	14.9 %	9.4 %	26.6 %	27.6 %	10.6 %	\$1,646	20,257	207,900
Age												
5 and younger	1.9	95	2.3	0.0	0.0	100.0	0.0	0.0	0.0	4,165	1	11
6-14	4.9	461	28.3	12.5	0.0	37.5	25.0	25.0	0.0	1,627	8	80
15-20	2.8	260	13.3	14.0	31.6	15.8	26.3	5.3	7.0	1,949	57	627
21-44	3.6	278	18.5	14.0	26.3	11.4	25.7	16.6	5.9	1,507	4,301	46,816
45-64	5.6	351	21.6	8.7	13.3	9.0	26.3	29.5	13.2	1,621	4,734	51,435
65-74	5.1	249	19.9	13.7	14.4	9.2	23.7	27.5	11.5	1,253	3,733	38,588
75-84	5.5	243	14.2	11.3	10.7	7.7	26.8	31.9	11.6	1,709	3,886	37,897
85 and older	5.6	222	9.7	6.7	8.1	9.4	31.1	34.0	10.5	2,276	3,537	32,446
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	5.4	239	13.9	10.6	11.0	8.8	27.3	31.1	11.3	1,720	11,072	108,252
Disabled	4.7	315	20.1	11.2	19.6	10.2	25.9	23.4	9.7	1,572	9,080	98,867
Adults	4.0	285	36.9	22.8	20.8	9.9	24.8	13.9	7.9	772	101	749
Children	2.8	442	26.5	25.0	0.0	50.0	25.0	0.0	0.0	1,665	4	32
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	5.6	289	17.5	7.8	12.0	8.8	27.9	30.6	12.9	1,654	12,544	128,951
Male	4.0	253	15.5	16.0	19.6	10.4	24.6	22.6	6.7	1,634	7,713	78,949
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.2	282	16.6	10.6	14.2	9.2	26.7	28.3	11.0	1,696	18,796	192,287
African American	4.9	277	18.3	13.5	14.9	6.8	28.4	25.7	10.8	1,515	74	782
Other/unknown	3.5	185	18.3	15.5	23.8	12.5	26.0	18.0	4.2	1,011	1,387	14,831
use or nursing Facilities^d												
Entire year	7.1	318	8.5	4.8	4.5	5.2	26.3	40.3	19.0	3,725	2,734	25,858
Part year	6.5	300	11.9	7.5	6.9	7.8	25.6	37.9	14.2	2,515	1,872	16,994
None	4.6	266	21.6	12.4	17.7	10.3	26.8	24.1	8.6	1,231	15,651	165,048
Maintenance Assistance Status												
Cash	4.6	295	20.7	11.1	18.8	10.2	27.0	23.5	9.3	1,424	10,958	119,630
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	4.2	220	15.6	14.0	24.3	10.4	18.9	20.7	11.7	1,416	444	4,194
Other/unknown	5.7	250	12.7	10.5	9.6	8.3	26.6	32.9	12.0	1,974	8,855	84,076

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 D.4 includes the beneficiaries represented by Cell G 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 D.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	5.0	\$275	\$55	2.1	\$203	\$95	0.4	\$17	\$44	2.5	\$56	\$22
Age												
5 and younger	1.9	95	50	0.5	23	41	0.5	6	13	0.9	67	73
6-14	4.9	461	95	2.4	405	169	0.4	15	41	2.1	41	20
15-20	2.8	260	93	1.4	216	159	0.2	15	92	1.3	29	23
21-44	3.6	278	77	1.7	216	128	0.2	16	73	1.7	46	27
45-64	5.6	351	62	2.5	263	105	0.4	19	51	2.7	68	25
65-74	5.1	249	49	2.2	179	81	0.4	15	41	2.5	54	22
75-84	5.5	243	45	2.2	172	78	0.5	16	34	2.7	54	20
85 and older	5.6	222	39	2.1	149	73	0.5	17	32	3.0	54	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.4	239	44	2.2	168	77	0.5	16	35	2.7	54	20
Disabled	4.7	315	68	2.1	240	113	0.3	17	59	2.2	57	26
Adults	4.0	285	72	1.7	221	126	0.2	13	60	2.0	51	26
Children	2.8	442	157	1.3	281	225	0.5	106	225	1.1	55	50
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	289	51	2.4	211	88	0.4	18	41	2.8	59	21
Male	4.0	253	63	1.7	188	109	0.3	15	52	2.0	49	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	282	55	2.2	208	95	0.4	17	44	2.6	57	22
African American	4.9	277	56	2.2	210	97	0.3	11	39	2.4	55	22
Other/unknown	3.5	185	54	1.5	138	89	0.3	12	44	1.6	36	22
Use of Nursing Facilities^e												
Entire year	7.1	318	45	2.7	220	82	0.6	22	35	3.7	74	20
Part year	6.5	300	46	2.6	214	83	0.5	20	38	3.3	64	20
None	4.6	266	58	2.0	199	99	0.3	15	48	2.2	52	23
Maintenance Assistance Status												
Cash	4.6	295	64	2.1	223	107	0.3	17	54	2.2	55	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.2	220	52	1.7	157	90	0.4	17	47	2.1	46	22
Other/unknown	5.7	250	44	2.3	176	78	0.5	17	35	2.9	57	20

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 D.5 includes the beneficiaries represented by Cell G 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_mddb.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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, 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	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos				
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$16	\$2	\$3	\$58	\$98	\$90	\$17	42,885	\$2,485,220	10,998	54.3 %	119,859
Biologics	0.1	0.1	0.0	0.0	7	1	0	6	72	15	0	206	355	25,409	331	1.6	3,736
Antineoplastic Agents	0.7	0.4	0.1	0.3	150	132	5	12	218	365	91	46	3,933	857,448	552	2.7	5,729
Endocrine/Metabolic Drugs	1.2	0.6	0.2	0.4	46	34	5	8	38	57	22	19	126,693	4,834,516	9,780	48.3	104,190
Cardiovascular Agents	1.8	0.7	0.2	1.0	61	38	5	18	33	58	31	18	223,197	7,441,299	11,606	57.3	121,507
Respiratory Agents	0.8	0.4	0.0	0.3	40	30	3	8	51	74	66	22	67,392	3,440,243	7,838	38.7	85,458
Gastrointestinal Agents	0.8	0.4	0.0	0.4	55	43	2	10	68	118	115	23	69,422	4,745,756	8,074	39.9	86,260
Genitourinary Agents	0.6	0.5	0.0	0.1	33	31	0	2	58	68	36	19	20,249	1,169,442	3,263	16.1	34,994
CNS Drugs	1.5	0.8	0.0	0.7	124	100	4	20	81	119	82	31	192,840	15,579,492	11,867	58.6	125,371
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.1	0.5	41	10	9	23	61	88	97	48	1,941	118,117	263	1.3	2,877
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	123	121	0	1	164	173	0	26	5,504	902,662	731	3.6	7,362
Analgesics and Anesthetics	1.0	0.3	0.0	0.6	55	37	3	15	56	129	67	23	116,831	6,571,092	11,304	55.8	120,355
Neuromuscular Agents	1.1	0.5	0.1	0.5	75	55	6	15	67	112	58	27	81,552	5,458,195	6,702	33.1	72,850
Nutritional Products	0.7	0.0	0.0	0.7	12	0	1	11	17	45	31	16	29,700	496,858	4,100	20.2	42,504
Hematological Agents	0.8	0.2	0.2	0.4	38	27	5	6	46	145	23	15	28,223	1,300,907	3,272	16.2	33,904
Topical Products	0.3	0.2	0.0	0.2	12	8	1	3	35	54	39	19	27,015	958,361	6,990	34.5	77,228
Miscellaneous Products	0.8	0.3	0.2	0.3	201	130	45	26	243	402	260	80	2,912	708,700	332	1.6	3,518
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	26	0	0	0	6,323	164,986	1,452	7.2	15,789
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.	1,046,967	57,258,703	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 D.6 includes the beneficiaries represented by Cell G 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 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. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.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_mdmb.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 D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$8,290,459	6,077	30.0 %	65,503	0.8	\$152	\$127
ANTIDEPRESSANTS	5,920,355	12,360	61.0	132,346	0.7	62	45
ANTICONVULSANT	4,217,449	5,528	27.3	60,403	0.9	81	70
ULCER DRUGS	3,991,178	10,133	50.0	111,453	0.5	75	36
ANALGESICS - Narcotic	3,919,693	13,491	66.6	143,864	0.5	52	27
ANTIDIABETIC	3,104,244	6,378	31.5	68,610	0.8	58	45
ANTIHYPERTENSIVE	2,209,078	7,481	36.9	79,681	0.7	38	28
ANALGESICS - ANTI-INFLAMMATORY	2,188,715	7,138	35.2	79,541	0.4	67	28
ANTIASTHMATIC	2,187,120	7,390	36.5	80,234	0.5	54	27
ANTIHYPERLIPIDEMIC	2,084,738	3,485	17.2	38,454	0.7	76	54
Total	38,113,029	79,461		860,089	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 D.7 includes the beneficiaries represented by Cell G 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; n.a. = not applicable.

TABLE D.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	543,931	\$38,113,029	6,077	0.8	30.0 %	65,503	0.8	\$127	12,360	61.0 %	132,346	0.7	\$45
Female													
Disabled													
5 and younger	361,218	24,083,030	3,489	0.8	27.8	37,438	0.8	111	8,556	68.2	91,551	0.7	45
6-14	153,128	11,833,289	1,839	0.8	40.1	20,686	0.8	124	4,069	88.7	45,743	0.7	48
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	11	566	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	400	36,659	9	0.5	39.1	95	0.5	58	13	56.5	137	0.5	45
65-74	52,046	4,445,809	890	0.8	47.3	10,046	0.8	133	1,610	85.5	18,162	0.7	48
75-84	99,973	7,316,149	937	0.8	35.5	10,511	0.8	116	2,434	92.1	27,354	0.7	48
85 and older	569	27,475	3	0.4	12.0	34	0.4	61	10	40.0	76	0.7	40
Other Eligibles													
5 and younger	75	4,437	0	0.0	0.0	0	0.0	0	1	16.7	11	1.0	9
6-14	54	2,194	0	0.0	0.0	0	0.0	0	1	25.0	3	1.0	71
15-20	208,090	12,249,741	1,650	0.7	20.7	16,752	0.7	96	4,487	56.4	45,808	0.7	42
21-44	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	9	142	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	743	50,428	13	0.6	28.3	110	0.6	92	49	106.5	456	0.5	37
85 and older	356	21,897	1	0.1	7.7	11	0.1	2	13	100.0	129	0.6	36
Male													
Disabled													
5 and younger	71,930	4,478,661	405	0.8	17.0	4,368	0.8	102	1,314	55.1	14,388	0.7	40
6-14	73,324	4,363,721	618	0.8	22.7	6,279	0.8	103	1,542	56.5	15,478	0.8	41
15-20	61,728	3,334,892	613	0.7	22.0	5,984	0.7	83	1,569	56.4	15,357	0.8	43
21-44	182,713	14,029,999	2,588	0.9	33.6	28,065	0.9	147	3,804	49.3	40,795	0.7	45
45-64	115,649	10,088,280	1,910	1.0	42.5	21,502	1.0	163	2,466	54.9	27,640	0.7	48
65-74	1	8	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	33	645	0	0.0	0.0	0	0.0	0	1	25.0	12	0.2	6
85 and older	515	53,524	8	0.6	25.8	88	0.6	145	14	45.2	154	0.5	32
Other Eligibles													
5 and younger	50,652	4,923,363	1,118	0.9	47.7	12,546	0.9	163	1,280	54.6	14,355	0.7	50
6-14	63,592	5,052,926	784	1.0	37.9	8,868	1.0	163	1,163	56.2	13,047	0.7	47
15-20	837	56,170	0	0.0	0.0	0	0.0	0	8	20.0	72	0.6	29
21-44	19	1,644	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
45-64	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	67,064	3,941,719	678	0.7	21.1	6,563	0.7	95	1,338	41.6	13,155	0.7	37
75-84	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown													
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	12	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	498	73,555	10	0.6	33.3	120	0.6	130	25	83.3	253	0.4	38
45-64	217	17,356	3	0.8	37.5	36	0.8	149	12	150.0	135	0.6	33
65-74	28,752	1,799,262	199	0.8	15.5	2,090	0.8	116	446	34.8	4,787	0.7	37
75-84	23,594	1,347,214	269	0.7	23.4	2,596	0.7	89	495	43.1	4,729	0.7	35
85 and older	14,002	704,320	197	0.7	26.3	1,721	0.7	77	360	48.1	3,251	0.7	39
Dual Eligible Beneficiaries	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 D.7A includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	5,528	27.3 %	60,403	0.9	\$70	10,133	50.0 %	111,453	0.5	\$36	13,491	66.6 %	143,864	0.5	\$27
Female	3,364	26.8	36,695	0.8	66	6,880	54.8	75,920	0.5	35	9,363	74.6	99,837	0.5	26
Disabled	2,008	43.8	22,525	0.9	80	2,623	57.2	30,008	0.4	36	3,866	84.3	43,276	0.5	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	0.3	20	0	0.0	0	0.0	0	1	33.3	12	0.3	7
15-20	6	26.1	68	1.5	274	4	17.4	41	0.3	14	18	78.3	182	0.4	6
21-44	940	49.9	10,663	0.9	86	789	41.9	9,064	0.4	34	1,479	78.6	16,717	0.4	19
45-64	1,053	39.9	11,718	0.9	74	1,808	68.4	20,656	0.4	37	2,343	88.7	26,120	0.5	31
65-74	4	16.0	34	0.3	15	15	60.0	165	0.4	22	19	76.0	192	0.9	29
75-84	2	33.3	15	0.7	81	4	66.7	46	0.3	24	4	66.7	38	0.6	20
85 and older	1	25.0	3	1.0	26	3	75.0	36	0.4	32	2	50.0	15	1.0	8
Other Eligibles	1,356	17.0	14,170	0.8	42	4,257	53.5	45,912	0.5	35	5,497	69.1	56,561	0.6	26
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	2
21-44	19	41.3	187	0.7	44	14	30.4	140	0.3	21	46	100.0	400	0.4	18
45-64	2	15.4	9	0.4	9	6	46.2	65	0.3	47	12	92.3	111	0.7	27
65-74	503	21.1	5,542	0.8	45	1,415	59.3	15,840	0.4	35	1,638	68.7	17,938	0.5	25
75-84	487	17.9	5,060	0.8	46	1,458	53.5	15,646	0.5	35	1,862	68.3	19,346	0.6	27
85 and older	345	12.4	3,372	0.8	34	1,364	49.0	14,221	0.6	35	1,938	69.6	18,754	0.6	26
Male	2,164	28.1	23,708	0.9	76	3,253	42.2	35,533	0.5	37	4,128	53.5	44,027	0.5	30
Disabled	1,605	35.7	18,076	0.9	86	1,836	40.8	20,859	0.5	38	2,475	55.1	27,645	0.5	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	11	0.1	1
6-14	0	0.0	0	0.0	0	2	50.0	24	0.3	12	2	50.0	24	0.2	2
15-20	13	41.9	156	1.3	157	15	48.4	176	0.5	37	12	38.7	138	0.3	18
21-44	886	37.8	9,970	0.9	89	779	33.2	8,846	0.5	37	1,189	50.7	13,374	0.4	31
45-64	701	33.8	7,901	1.0	80	1,020	49.3	11,627	0.5	39	1,247	60.2	13,864	0.6	38
65-74	5	12.5	49	0.6	15	19	47.5	174	0.5	53	23	57.5	222	0.8	46
75-84	0	0.0	0	0.0	0	1	25.0	12	0.4	51	1	25.0	12	0.1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	559	17.4	5,632	0.8	46	1,417	44.0	14,674	0.5	35	1,653	51.4	16,382	0.5	22
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	1
21-44	16	53.3	174	0.6	46	10	33.3	107	0.3	24	25	83.3	264	0.3	125
45-64	2	25.0	24	0.6	85	5	62.5	54	0.2	24	8	100.0	82	0.3	6
65-74	235	18.3	2,488	0.9	56	556	43.4	6,160	0.5	35	621	48.4	6,563	0.4	21
75-84	189	16.4	1,869	0.8	41	505	44.0	5,135	0.5	36	607	52.8	5,998	0.5	20
85 and older	117	15.6	1,077	0.8	33	341	45.6	3,218	0.5	33	391	52.3	3,463	0.6	18
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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 D.7B includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	6,378	31.5 %	68,610	0.8	\$45	7,481	36.9 %	79,681	0.7	\$28	7,138	35.2 %	79,541	0.4	\$28
Female	4,329	34.5	46,537	0.8	45	5,042	40.2	53,682	0.7	28	4,968	39.6	55,330	0.4	30
Disabled	1,474	32.1	16,436	0.8	50	1,233	26.9	13,724	0.7	26	2,231	48.7	25,457	0.4	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	13.0	36	0.9	61	2	8.7	14	0.3	11	5	21.7	49	0.2	10
21-44	358	19.0	4,029	0.7	48	224	11.9	2,526	0.6	23	805	42.8	9,217	0.3	20
45-64	1,104	41.8	12,294	0.8	51	991	37.5	11,081	0.7	27	1,408	53.3	16,055	0.4	34
65-74	9	36.0	77	0.9	47	11	44.0	82	0.7	22	10	40.0	102	0.2	9
75-84	0	0.0	0	0.0	0	3	50.0	6	0.7	27	3	50.0	34	0.1	14
85 and older	0	0.0	0	0.0	0	2	50.0	15	1.0	40	0	0.0	0	0.0	0
Other Eligibles	2,855	35.9	30,101	0.8	43	3,809	47.9	39,958	0.8	29	2,737	34.4	29,873	0.5	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	12	0.3	7	0	0.0	0	0.0	0	1	50.0	12	0.3	3
21-44	4	8.7	40	0.1	9	6	13.0	55	0.4	12	19	41.3	179	0.2	9
45-64	5	38.5	56	0.6	44	9	69.2	74	0.8	38	7	53.8	67	0.5	51
65-74	1,189	49.8	13,233	0.8	47	1,181	49.5	13,193	0.7	29	985	41.3	11,232	0.4	33
75-84	1,013	37.1	10,396	0.8	41	1,386	50.8	14,392	0.8	29	924	33.9	10,145	0.5	30
85 and older	643	23.1	6,364	0.8	37	1,227	44.1	12,244	0.8	28	801	28.8	8,238	0.5	30
Male	2,049	26.6	22,073	0.8	45	2,439	31.6	25,999	0.7	27	2,170	28.1	24,211	0.4	22
Disabled	977	21.7	11,029	0.8	51	1,074	23.9	12,027	0.7	27	1,363	30.3	15,566	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	100.0	48	0.4	5	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	5	16.1	60	0.7	27	3	9.7	36	0.3	3
21-44	266	11.4	3,052	0.8	52	314	13.4	3,520	0.7	25	639	27.3	7,221	0.3	12
45-64	706	34.1	7,929	0.8	50	734	35.4	8,231	0.8	28	709	34.2	8,165	0.4	24
65-74	5	12.5	48	0.9	81	17	42.5	168	0.8	36	11	27.5	132	0.4	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	1.1	85
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,072	33.3	11,044	0.7	39	1,365	42.4	13,972	0.7	27	807	25.1	8,645	0.4	28
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	6.7	24	1.0	67	4	13.3	48	0.7	28	10	33.3	111	0.1	5
45-64	2	25.0	24	0.7	28	3	37.5	36	0.4	20	4	50.0	47	0.5	33
65-74	496	38.7	5,405	0.8	44	603	47.0	6,565	0.7	28	363	28.3	4,084	0.4	26
75-84	388	33.8	3,973	0.7	35	499	43.4	5,017	0.7	26	259	22.5	2,678	0.5	30
85 and older	184	24.6	1,618	0.8	34	256	34.2	2,306	0.8	26	171	22.9	1,725	0.5	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANTIASTHMATIC				ANTIHYPERTENSIVE				No. of Bene Mos			
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	7,390	36.5 %	80,234	0.5	\$27	3,485	17.2 %	38,454	0.7	\$54	20,257	207,900
Female												
Disabled												
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
15-20	7	30.4	74	0.6	25	0	0.0	0	0.0	0	23	249
21-44	688	36.6	7,901	0.4	22	161	8.6	1,824	0.6	46	1,882	20,777
45-64	1,412	53.4	15,982	0.5	27	693	26.2	7,851	0.7	53	2,642	28,832
65-74	12	48.0	106	0.6	17	8	32.0	67	0.8	67	25	203
75-84	4	66.7	38	0.3	16	0	0.0	0	0.0	0	6	43
85 and older	1	25.0	12	0.3	2	0	0.0	0	0.0	0	4	28
Other Eligibles												
5 and younger	2,893	36.3	30,538	0.5	28	1,430	18.0	15,476	0.7	54	7,959	78,783
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
21-44	9	19.6	94	0.3	21	2	4.3	15	0.3	21	46	24
45-64	8	61.5	51	0.3	17	3	23.1	28	0.9	55	13	321
65-74	1,184	49.6	13,077	0.6	31	696	29.2	7,801	0.7	56	2,386	25,027
75-84	1,021	37.4	10,555	0.5	28	548	20.1	5,836	0.7	54	2,727	27,111
85 and older	671	24.1	6,761	0.5	24	181	6.5	1,796	0.7	49	2,784	26,193
Male												
Disabled												
5 and younger	2,373	30.8	25,583	0.5	28	1,193	15.5	13,236	0.7	56	7,713	78,949
6-14	1,118	24.9	12,660	0.5	27	706	15.7	8,099	0.7	55	4,495	48,699
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
21-44	3	9.7	36	0.1	3	2	6.5	20	0.0	0	4	37
45-64	402	17.2	4,561	0.4	18	210	9.0	2,412	0.7	24	31	342
65-74	683	33.0	7,751	0.5	31	486	23.5	5,589	0.7	50	2,343	25,495
75-84	30	75.0	312	0.7	51	8	20.0	78	0.7	58	2,071	22,426
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	40	347
Other Eligibles												
5 and younger	1,255	39.0	12,923	0.6	28	487	15.1	5,137	0.7	56	3,218	30,250
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
21-44	2	6.7	24	0.1	2	2	6.7	15	0.0	101	30	223
45-64	3	37.5	36	0.3	21	0	0.0	0	0.0	8	8	77
65-74	494	38.5	5,381	0.6	33	284	22.2	3,119	0.7	58	1,282	13,011
75-84	489	42.6	4,994	0.6	27	159	13.8	1,602	0.7	54	1,149	10,706
85 and older	267	35.7	2,488	0.5	22	42	5.6	401	0.8	54	748	6,221
Unknown												
	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table D7D

Dual Eligible Beneficiaries

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 D.7D includes the beneficiaries represented by Cell G 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 drug 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); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$318	7.1	2,734	25,858
Age				
0-64	545	8.4	192	1,986
65-74	400	8.2	347	3,399
75-84	325	7.3	868	8,267
85 and older	254	6.4	1,327	12,206
Unknown	0	0.0	0	0
Gender				
Female	319	7.2	1,935	18,686
Male	316	6.7	799	7,172
Unknown	0	0.0	0	0
Race				
White	318	7.1	2,682	25,314
African American	338	6.3	8	80
Other/unknown	295	6.4	44	464
Basis of Eligibility^c				
Aged	299	7.0	2,534	23,820
Disabled	540	8.4	200	2,038
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis. 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. 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.

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

TABLE D.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic									
		Brand-Name	Brand-Name	Brand-Name		Brand-Name	Brand-Name	Brand-Name									
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$16	\$2	\$3	\$47	\$69	\$81	\$15	7,698	\$359,947	1,737	63.5 %	17,699
Biologicals	0.1	0.0	0.0	0.1	28	0	0	28	269	14	0	390	78	21,018	72	2.6	741
Antineoplastic Agents	0.8	0.3	0.1	0.3	108	80	11	17	143	270	85	52	888	126,591	117	4.3	1,169
Endocrine/Metabolic Drugs	1.4	0.6	0.3	0.5	42	30	5	8	31	53	17	15	19,693	615,093	1,471	53.8	14,496
Cardiovascular Agents	2.0	0.4	0.2	1.4	50	21	6	23	25	48	28	17	37,368	923,880	1,917	70.1	18,620
Respiratory Agents	0.8	0.3	0.0	0.5	31	19	3	10	38	65	57	20	8,736	333,670	1,042	38.1	10,627
Gastrointestinal Agents	1.1	0.4	0.0	0.7	52	37	1	14	49	95	54	21	13,903	674,726	1,301	47.6	12,988
Genitourinary Agents	0.7	0.5	0.0	0.2	37	34	0	3	53	64	28	20	4,628	246,664	653	23.9	6,619
CNS Drugs	1.6	1.0	0.1	0.6	122	100	6	16	74	101	69	28	31,732	2,360,392	1,972	72.1	19,270
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	12	0	0	12	19	81	35	19	213	4,130	31	1.1	333
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	128	128	0	1	153	157	0	26	1,708	261,453	207	7.6	2,038
Analgesics and Anesthetics	1.3	0.4	0.1	0.7	58	41	4	13	45	92	42	18	20,992	953,024	1,698	62.1	16,563
Neuromuscular Agents	1.4	0.6	0.2	0.7	75	44	8	23	55	79	50	36	12,452	686,733	895	32.7	9,096
Nutritional Products	0.8	0.0	0.0	0.8	13	0	1	12	16	25	28	15	7,865	124,517	962	35.2	9,490
Hematological Agents	1.1	0.2	0.2	0.7	43	30	4	9	38	136	18	13	7,779	293,508	702	25.7	6,875
Topical Products	0.4	0.2	0.0	0.2	13	8	1	5	31	47	36	20	5,866	184,211	1,307	47.8	13,746
Miscellaneous Products	0.3	0.0	0.0	0.3	11	2	2	7	36	68	259	26	211	7,651	70	2.6	684
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	34	0	0	0	1,364	45,940	305	11.2	3,117
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.	183,174	8,223,148	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.
- b. 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. 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. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). 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.

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; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$1,214,506	1,030	37.7 %	10,506	0.8	\$138	\$116
ANTIDEPRESSANTS	975,900	1,980	72.4	19,673	0.9	57	50
ANALGESICS - Narcotic	688,267	2,027	74.1	19,655	0.8	44	35
ULCER DRUGS	553,320	1,424	52.1	14,867	0.6	59	37
ANTICONVULSANT	420,922	731	26.7	7,508	1.0	57	56
ANTIDIABETIC	353,284	898	32.8	8,886	0.9	45	40
ANTIHYPERTENSIVE	312,290	1,058	38.7	10,465	0.9	35	30
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	261,453	207	7.6	2,038	0.8	153	128
ANALGESICS - ANTI-INFLAMMATORY	248,978	779	28.5	8,134	0.6	56	31
ASTHMATIC	220,924	928	33.9	9,137	0.6	39	24
Total	5,249,844	11,062		110,869	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Users	No. of Bene Mos among Users	Mean Rx \$
			No. of Rx	Rx \$	Residents												
All	86,810	\$5,249,844	1,030	37.7 %	10,506	0.8	\$116	1,980	72.4 %	19,673	0.9	\$50					
Female	62,954	3,811,839	712	36.8	7,333	0.8	116	1,450	74.9	14,586	0.9	51					
Disabled	4,908	402,563	66	64.1	690	0.8	138	102	99.0	1,086	1.0	63					
64 or younger	4,731	395,543	64	65.3	668	0.8	139	101	103.1	1,076	1.0	64					
65-74	143	5,328	2	100.0	22	0.6	92	1	50.0	10	0.1	2					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	34	1,692	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	58,046	3,409,276	646	35.3	6,643	0.8	113	1,348	73.6	13,500	0.9	49					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	8,560	543,927	99	51.0	1,058	0.9	139	161	83.0	1,703	0.8	51					
75-84	21,542	1,327,370	268	46.1	2,830	0.8	121	484	83.3	4,902	0.9	50					
85 and older	27,944	1,537,979	279	26.4	2,755	0.8	96	703	66.5	6,895	0.9	49					
Male	23,856	1,438,005	318	39.8	3,173	0.9	116	530	66.3	5,087	0.8	47					
Disabled	3,857	312,706	49	50.5	520	1.0	150	70	72.2	748	0.9	57					
64 or younger	3,845	312,388	49	52.1	520	1.0	150	70	74.5	748	0.9	57					
65-74	12	318	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	19,999	1,125,299	269	38.3	2,653	0.9	109	460	65.5	4,339	0.8	45					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	5,169	328,209	71	47.7	723	0.9	131	114	76.5	1,161	0.9	52					
75-84	8,443	471,342	114	39.9	1,142	0.8	101	182	63.6	1,678	0.8	42					
85 and older	6,387	325,748	84	31.5	788	0.9	99	164	61.4	1,500	0.8	44					
Unknown	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 D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTICONVULSANT				
	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,027	74.1 %	19,655	0.8	\$35	1,424	52.1 %	14,867	0.6	\$37	731	26.7 %	7,508	1.0	\$56
Female	1,533	79.2	15,098	0.8	37	1,029	53.2	10,925	0.6	38	471	24.3	4,863	1.0	52
Disabled	92	89.3	912	0.9	69	79	76.7	842	0.6	37	65	63.1	679	1.1	89
64 or younger	90	91.8	890	0.8	69	74	75.5	786	0.6	37	65	66.3	679	1.1	89
65-74	1	50.0	10	6.4	155	2	100.0	20	0.6	30	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.3	3	3	100.0	36	0.4	32	0	0.0	0	0.0	0
Other Eligibles	1,441	78.7	14,186	0.8	35	950	51.9	10,083	0.6	38	406	22.2	4,184	1.0	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	157	80.9	1,660	0.9	43	124	63.9	1,339	0.6	37	80	41.2	870	1.0	53
75-84	476	81.9	4,873	0.8	36	306	52.7	3,282	0.6	38	160	27.5	1,696	1.0	54
85 and older	808	76.4	7,653	0.8	32	520	49.2	5,462	0.6	38	166	15.7	1,618	0.9	36
Male	494	61.8	4,557	0.8	29	395	49.4	3,942	0.6	36	260	32.5	2,645	1.0	63
Disabled	63	64.9	644	0.8	37	57	58.8	625	0.7	44	67	69.1	734	1.2	84
64 or younger	61	64.9	640	0.8	38	56	59.6	624	0.7	44	67	71.3	734	1.2	84
65-74	2	100.0	4	1.3	9	1	50.0	1	1.0	94	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	431	61.4	3,913	0.7	28	338	48.1	3,317	0.6	34	193	27.5	1,911	0.9	55
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	86	57.7	816	0.6	28	85	57.0	889	0.6	33	64	43.0	659	1.0	75
75-84	175	61.2	1,640	0.8	33	132	46.2	1,257	0.6	37	78	27.3	773	0.9	52
85 and older	170	63.7	1,457	0.8	21	121	45.3	1,171	0.6	32	51	19.1	479	0.9	30
Unknown	0	0.0	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 D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Users as %					Users as %					Users as %				
	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	898	32.8 %	8,886	0.9	\$40	1,058	38.7 %	10,465	0.9	\$30	207	7.6 %	2,038	0.8	\$128
Female	621	32.1	6,166	0.9	43	755	39.0	7,542	0.9	30	150	7.8	1,537	0.8	113
Disabled	31	30.1	294	0.9	55	35	34.0	371	0.9	32	9	8.7	100	0.6	356
64 or younger	31	31.6	294	0.9	55	32	32.7	339	0.9	32	9	9.2	100	0.6	356
65-74	0	0.0	0	0.0	0	2	100.0	20	0.7	14	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	12	1.0	40	0	0.0	0	0.0	0
Other Eligibles	590	32.2	5,872	0.9	42	720	39.3	7,171	0.9	30	141	7.7	1,437	0.9	96
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	116	59.8	1,219	1.0	47	89	45.9	904	0.8	28	15	7.7	145	1.0	98
75-84	238	41.0	2,406	0.9	41	243	41.8	2,480	0.9	32	61	10.5	622	0.9	98
85 and older	236	22.3	2,247	0.9	41	388	36.7	3,787	0.8	29	65	6.1	670	0.8	94
Male	277	34.7	2,720	0.8	33	303	37.9	2,923	0.9	29	57	7.1	501	0.8	176
Disabled	31	32.0	332	0.8	38	25	25.8	250	0.9	33	4	4.1	48	0.9	976
64 or younger	31	33.0	332	0.8	38	23	24.5	246	0.9	33	4	4.3	48	0.9	976
65-74	0	0.0	0	0.0	0	2	100.0	4	0.8	12	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	246	35.0	2,388	0.8	32	278	39.6	2,673	0.9	29	53	7.5	453	0.8	91
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	61	40.9	642	1.0	36	58	38.9	592	0.9	32	4	2.7	40	0.6	64
75-84	126	44.1	1,242	0.7	28	145	50.7	1,395	0.8	28	31	10.8	263	0.8	89
85 and older	59	22.1	504	0.9	36	75	28.1	686	0.9	28	18	6.7	150	0.9	101
Unknown	0	0.0	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 D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.
- b. 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 drug 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.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIASTHMATIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
All	779	28.5 %	8,134	0.6	\$31	928	33.9 %	9,137	0.6	\$24	2,734	25,858
Female	586	30.3	6,166	0.6	31	614	31.7	6,140	0.6	24	1,935	18,686
Disabled	37	35.9	423	0.5	26	40	38.8	443	0.6	23	103	1,068
64 or younger	37	37.8	423	0.5	26	35	35.7	391	0.5	23	98	1,021
65-74	0	0.0	0	0.0	0	4	200.0	40	1.0	22	2	22
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.3	2	3	25
Other Eligibles	549	30.0	5,743	0.6	32	574	31.3	5,697	0.6	24	1,832	17,618
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	59	30.4	655	0.6	30	99	51.0	1,050	0.6	25	194	1,989
75-84	181	31.2	1,967	0.6	33	188	32.4	1,842	0.6	25	581	5,715
85 and older	309	29.2	3,121	0.5	31	287	27.2	2,805	0.6	22	1,057	9,914
Male	193	24.2	1,968	0.5	28	314	39.3	2,997	0.7	25	799	7,172
Disabled	14	14.4	156	0.4	17	34	35.1	338	0.6	25	97	970
64 or younger	14	14.9	156	0.4	17	33	35.1	335	0.6	25	94	965
65-74	0	0.0	0	0.0	0	1	50.0	3	1.0	47	2	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	179	25.5	1,812	0.6	29	280	39.9	2,659	0.7	25	702	6,202
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	38	25.5	413	0.5	23	60	40.3	589	0.6	30	149	1,384
75-84	70	24.5	660	0.5	29	108	37.8	1,104	0.7	26	286	2,551
85 and older	71	26.6	739	0.6	33	112	41.9	966	0.6	22	267	2,267
Unknown	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 D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,872 beneficiaries who were in nursing facilities for part of their enrollment and their 16,994 benefit months were excluded from the analysis.

b. 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 drug 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.

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 IDAHO, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Part D Excl Rx \$	\$ per Part D Excl Rx	Total Part D Excl Rx \$	Part D Excl Rx as % of All Dual Rx	Total No. of Benes
			Excl Rx	Bene						
All	9,450	46.7 %	3.7	75,761	\$71	\$1,446,838	\$19	2.5 %	20,257	
Age										
5 and younger	1	100.0	13.0	13	833	833	64	79.6	1	
6-14	6	75.0	8.0	64	242	1,933	30	5.2	8	
15-20	19	33.3	2.2	124	138	7,870	63	4.8	57	
21-44	1,693	39.4	2.8	12,129	60	258,965	21	2.0	4,301	
45-64	2,355	49.7	4.3	20,396	96	453,077	22	2.5	4,734	
65-74	1,688	45.2	3.7	13,731	71	263,554	19	2.7	3,733	
75-84	1,839	47.3	3.8	14,681	63	244,448	17	2.7	3,886	
85 and older	1,849	52.3	4.1	14,623	61	216,158	15	3.0	3,537	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	5,343	48.3	3.9	42,816	65	720,000	17	2.8	11,072	
Disabled	4,065	44.8	3.6	32,722	80	722,738	22	2.3	9,080	
Adults	41	40.6	2.1	211	35	3,498	17	1.6	101	
Children	1	25.0	3.0	12	151	602	50	4.3	4	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	6,506	51.9	4.3	54,154	79	994,771	18	2.7	12,544	
Male	2,944	38.2	2.8	21,607	59	452,067	21	2.3	7,713	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	8,895	47.3	3.9	72,511	74	1,383,326	19	2.5	18,796	
African American	31	41.9	3.7	271	81	5,996	22	2.8	74	
Other/unknown	524	37.8	2.1	2,979	41	57,516	19	2.1	1,387	
Use of Nursing Facilities^d										
Entire year	1,510	55.2	5.0	13,693	87	238,359	17	2.9	2,734	
Part year	1,081	57.7	4.5	8,497	78	145,884	17	2.9	1,872	
None	6,859	43.8	3.4	53,571	68	1,062,595	20	2.4	15,651	
Maintenance Assistance Status										
Cash	4,892	44.6	3.6	39,100	76	837,687	21	2.4	10,958	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	198	44.6	3.0	1,314	53	23,665	18	2.6	444	
Other/unknown	4,360	49.2	4.0	35,347	66	585,486	17	2.8	8,855	

Table D11

Dual Eligible Beneficiaries

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE D.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 IDAHO, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
All	0.4	\$7	\$19	\$0	\$3	207,900
Age						
5 and younger	1.2	76	64	0	0	11
6-14	0.8	24	30	0	0	80
15-20	0.2	13	63	0	8	627
21-44	0.3	6	21	0	3	46,816
45-64	0.4	9	22	0	4	51,435
65-74	0.4	7	19	0	2	38,588
75-84	0.4	6	17	0	2	37,897
85 and older	0.5	7	15	0	2	32,446
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	7	17	0	2	108,252
Disabled	0.3	7	22	0	4	98,867
Adults	0.3	5	17	0	3	749
Children	0.4	19	50	0	0	32
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.4	8	18	0	3	128,951
Male	0.3	6	21	0	2	78,949
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	7	19	0	3	192,287
African American	0.3	8	22	0	4	782
Other/unknown	0.2	4	19	0	1	14,831
Use of Nursing Facilities^d						
Entire year	0.5	9	17	0	2	25,858
Part year	0.5	9	17	0	3	16,994
None	0.3	6	20	0	3	165,048
Maintenance Assistance Status						
Cash	0.3	7	21	0	3	119,630
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	6	18	0	2	4,194
Other/unknown	0.4	7	17	0	2	84,076

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- 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 on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract, OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 IDAHO, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	12,952	\$112	\$1,446,838	100.0 %	75,761	\$19	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	10	12	124	0.0	11	11	0.0
Cough and cold medications	3,142	85	267,939	18.5	9,344	29	12.3
Vitamins and minerals	3,976	124	491,161	33.9	29,108	17	38.4
Non-prescription drugs	983	36	35,008	2.4	3,834	9	5.1
Barbiturates	178	85	15,049	1.0	1,959	8	2.6
Benzodiazepines	4,454	128	571,301	39.5	30,189	19	39.8
Other Part D Excl Rx Drugs	209	317	66,256	4.6	1,316	50	1.7

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 IDAHO, 2002

Total Number of Dual Eligible Beneficiaries 20,257
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$57,258,703
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,827

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,213	10.9 %	\$0	0.0 %
1-500	3,409	16.8	752,138	1.3
501-1,000	2,156	10.6	1,591,576	2.8
1,001-1,500	1,718	8.5	2,133,998	3.7
1,501-2,000	1,511	7.5	2,640,872	4.6
2,001-2,500	1,274	6.3	2,859,192	5.0
2,501-3,000	1,117	5.5	3,068,290	5.4
3,001-3,500	954	4.7	3,094,719	5.4
3,501-4,000	841	4.2	3,138,998	5.5
4,001-4,500	722	3.6	3,062,280	5.3
4,501-5,000	637	3.1	3,019,974	5.3
5,001-5,500	526	2.6	2,764,898	4.8
5,501-6,000	425	2.1	2,434,107	4.3
6,001-6,500	368	1.8	2,295,598	4.0
6,501-7,000	332	1.6	2,235,071	3.9
7,001-7,500	297	1.5	2,153,362	3.8
7,501-8,000	247	1.2	1,913,225	3.3
8,001-8,500	162	0.8	1,338,537	2.3
8,501-9,000	160	0.8	1,397,779	2.4
9,001-9,500	159	0.8	1,468,820	2.6
9,501-10,000	125	0.6	1,216,713	2.1
10,001+	904	4.5	12,678,556	22.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 IDAHO, 2002

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 9,000
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$31,032,606
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,448

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	11.1 %		
\$0	1,003		0		0.0 %
1-500	1,511	16.8	300,959	1.0	1.0
501-1,000	855	9.5	633,286	2.0	2.0
1,001-1,500	664	7.4	820,008	2.6	2.6
1,501-2,000	557	6.2	973,608	3.1	3.1
2,001-2,500	466	5.2	1,045,933	3.4	3.4
2,501-3,000	460	5.1	1,265,377	4.1	4.1
3,001-3,500	341	3.8	1,105,736	3.6	3.6
3,501-4,000	331	3.7	1,237,115	4.0	4.0
4,001-4,500	289	3.2	1,225,973	4.0	4.0
4,501-5,000	292	3.2	1,384,206	4.5	4.5
5,001-5,500	248	2.8	1,305,399	4.2	4.2
5,501-6,000	185	2.1	1,057,487	3.4	3.4
6,001-6,500	198	2.2	1,236,631	4.0	4.0
6,501-7,000	162	1.8	1,090,204	3.5	3.5
7,001-7,500	158	1.8	1,145,845	3.7	3.7
7,501-8,000	151	1.7	1,169,236	3.8	3.8
8,001-8,500	111	1.2	916,411	3.0	3.0
8,501-9,000	103	1.1	900,182	2.9	2.9
9,001-9,500	106	1.2	977,240	3.1	3.1
9,501-10,000	78	0.9	759,592	2.4	2.4
10,001+	731	8.1	10,482,178	33.8	33.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 IDAHO, 2002

Total Number of Dual Eligible Beneficiaries, Age 65+ 11,156
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$25,999,449
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,331

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,189	10.7 %	0	0.0 %
1-500	1,870	16.8	445,724	1.7
501-1,000	1,291	11.6	950,199	3.7
1,001-1,500	1,046	9.4	1,304,420	5.0
1,501-2,000	948	8.5	1,656,917	6.4
2,001-2,500	806	7.2	1,808,406	7.0
2,501-3,000	652	5.8	1,788,844	6.9
3,001-3,500	613	5.5	1,988,983	7.7
3,501-4,000	507	4.5	1,890,631	7.3
4,001-4,500	432	3.9	1,832,279	7.0
4,501-5,000	342	3.1	1,621,903	6.2
5,001-5,500	278	2.5	1,459,499	5.6
5,501-6,000	236	2.1	1,353,699	5.2
6,001-6,500	169	1.5	1,052,953	4.0
6,501-7,000	169	1.5	1,137,997	4.4
7,001-7,500	138	1.2	1,000,135	3.8
7,501-8,000	95	0.9	736,219	2.8
8,001-8,500	51	0.5	422,126	1.6
8,501-9,000	57	0.5	497,597	1.9
9,001-9,500	52	0.5	482,191	1.9
9,501-10,000	47	0.4	457,121	1.8
10,001+	168	1.5	2,111,606	8.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 ^{a, b}
 IDAHO, 2002

Total Number of Dual Eligible Beneficiaries, Age 65-74 3,733
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$9,601,700
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,572

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	512	13.7 %	0	0.0 %
1-500	616	16.5	139,679	1.5
501-1,000	360	9.6	266,385	2.8
1,001-1,500	277	7.4	345,027	3.6
1,501-2,000	271	7.3	475,093	4.9
2,001-2,500	245	6.6	550,923	5.7
2,501-3,000	188	5.0	515,640	5.4
3,001-3,500	195	5.2	633,114	6.6
3,501-4,000	173	4.6	644,816	6.7
4,001-4,500	149	4.0	631,870	6.6
4,501-5,000	125	3.3	593,981	6.2
5,001-5,500	107	2.9	562,545	5.9
5,501-6,000	83	2.2	476,040	5.0
6,001-6,500	62	1.7	387,442	4.0
6,501-7,000	59	1.6	398,020	4.1
7,001-7,500	64	1.7	464,116	4.8
7,501-8,000	43	1.2	333,034	3.5
8,001-8,500	21	0.6	173,857	1.8
8,501-9,000	28	0.8	243,875	2.5
9,001-9,500	28	0.8	259,064	2.7
9,501-10,000	30	0.8	291,669	3.0
10,001+	97	2.6	1,215,510	12.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 IDAHO, 2002

Total Number of Dual Eligible Beneficiaries, Age 75-84 3,886
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$9,210,875
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,370

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	440	11.3%	0	0.0%
1-500	621	16.0	151,230	1.6
501-1,000	414	10.7	305,637	3.3
1,001-1,500	360	9.3	444,586	4.8
1,501-2,000	320	8.2	556,035	6.0
2,001-2,500	265	6.8	596,180	6.5
2,501-3,000	249	6.4	683,845	7.4
3,001-3,500	225	5.8	731,297	7.9
3,501-4,000	181	4.7	674,988	7.3
4,001-4,500	161	4.1	681,460	7.4
4,501-5,000	126	3.2	596,831	6.5
5,001-5,500	98	2.5	514,555	5.6
5,501-6,000	89	2.3	510,868	5.5
6,001-6,500	62	1.6	385,980	4.2
6,501-7,000	68	1.7	456,508	5.0
7,001-7,500	47	1.2	341,134	3.7
7,501-8,000	34	0.9	264,047	2.9
8,001-8,500	21	0.5	173,082	1.9
8,501-9,000	24	0.6	210,306	2.3
9,001-9,500	13	0.3	120,118	1.3
9,501-10,000	14	0.4	136,195	1.5
10,001+	54	1.4	675,993	7.3

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2002.

b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	No. of Benes				No. of Bene Mos			
	All	Aged	Disabled	Unknown	All	Aged	Disabled	Unknown
All	20,257	11,072	9,080	0	207,900	108,252	98,867	0
Age								
5 and younger	1	0	1	0	11	0	11	0
6-14	8	0	7	0	80	0	73	0
15-20	57	0	54	0	627	0	591	0
21-44	4,301	0	4,225	0	46,816	0	46,272	0
45-64	4,734	0	4,713	0	51,435	0	51,258	0
65-74	3,733	3,666	65	1	38,588	38,035	550	0
75-84	3,886	3,874	10	0	37,897	37,803	80	0
85 and older	3,537	3,532	5	0	32,446	32,414	32	0
Unknown	0	0	0	0	0	0	0	0
Gender								
Female	12,544	7,894	4,585	0	128,951	78,316	50,168	0
Male	7,713	3,178	4,495	0	78,949	29,936	48,699	0
Unknown	0	0	0	0	0	0	0	0
Race								
White	18,796	10,200	8,502	0	192,287	99,098	92,471	0
African American	74	30	43	0	782	309	465	0
Other/unknown	1,387	842	535	0	14,831	8,845	5,931	0
Use of Nursing Facilities^c								
Entire year	2,734	2,534	200	0	25,858	23,820	2,038	0
Part year	1,872	1,646	226	0	16,994	14,703	2,291	0
None	15,651	6,892	8,654	0	165,048	69,729	94,538	0
Maintenance Assistance Status								
Cash	10,958	2,034	8,870	0	119,630	22,431	96,804	0
Medically needy	0	0	0	0	0	0	0	0
Poverty related	444	231	196	0	4,194	2,130	1,965	0
Other/unknown	8,855	8,807	14	0	84,076	83,691	98	0
Dual Status^d								
Full dual, all year	19,565	10,679	8,783	0	201,114	104,493	95,858	0
Full dual, part year	692	393	297	0	6,786	3,759	3,009	0
Managed Care Status								
FFS all year	20,257	11,072	9,080	0	207,900	108,252	98,867	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, no Rx claims	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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 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. 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; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL ELIGIBLE BENEFICIARIES, IDAHO, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	20,257	207,900	20,257	207,900	20,257	207,900	0	0
FFS all year	20,257	207,900	20,257	207,900	20,257	207,900	0	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0
MC all year, with no Rx claims	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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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; MC = managed care; Rx = pharmacy benefit.