

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

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 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	16,622	8,049	8,273	293	3	4	115,967	60,167	54,489	1,280	15	16
Age												
5 and younger	0	0	0	0	0	0		0	0	0	0	0
6-14	2	0	2	0	0	5		0	5	0	0	0
15-20	46	0	44	1	1	0	310	0	296	11	3	0
21-44	3,927	2	3,751	173	1	0	24,389	14	23,541	831	3	0
45-64	4,157	8	4,046	101	0	2	27,855	50	27,426	375	0	4
65-74	3,106	2,715	373	16	0	2	21,395	18,511	2,815	57	0	12
75-84	2,989	2,937	50	2	0	0	22,458	22,088	364	6	0	0
85 and older	2,395	2,387	7	0	1	0	19,555	19,504	42	0	9	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	10,182	5,803	4,231	143	1	4	72,585	43,914	28,008	644	3	16
Male	6,440	2,246	4,042	150	2	0	43,382	16,253	26,481	636	12	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	14,370	6,684	7,430	249	3	4	101,199	50,894	49,179	1,095	15	16
African American	186	66	113	7	0	0	1,012	451	533	28	0	0
Other/unknown	2,066	1,299	730	37	0	0	13,756	8,822	4,777	157	0	0
Use of Nursing Facilities^c												
Entire year	3,004	2,602	402	0	0	0	28,777	24,498	4,279	0	0	0
Part year	1,522	1,239	282	0	1	0	11,673	9,411	2,253	0	9	0
None	12,096	4,208	7,589	293	2	4	75,517	26,258	47,957	1,280	6	16
Maintenance Assistance Status												
Cash	3,932	1,432	2,411	89	0	0	25,471	10,019	15,006	446	0	0
Medically needy	1,526	695	778	53	0	0	7,718	3,815	3,699	204	0	0
Poverty-related	4,515	1,869	2,619	22	1	4	28,333	12,009	16,152	147	9	16
Other/unknown	6,649	4,053	2,465	129	2	0	54,445	34,324	19,632	483	6	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
Managed Care Status												
FFS all year	10,566	6,051	4,296	215	1	3	94,411	53,308	40,081	1,000	9	13
FFS part year, with Rx claims	5,541	1,831	3,636	72	2	0	19,834	6,305	13,266	257	6	0
FFS part year, no Rx claims	515	167	341	6	0	1	1,722	554	1,142	23	0	3

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 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, 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	85.5 %	46.8	\$2,818	\$60	\$14,571	19.3 %	16,622
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	29.0	3,656	126	6,973	52.4	2
15-20	76.1	27.1	2,521	93	14,795	17.0	46
21-44	83.2	37.2	3,177	86	15,128	21.0	3,927
45-64	84.8	55.0	3,628	66	16,140	22.5	4,157
65-74	81.5	44.8	2,318	52	10,256	22.6	3,106
75-84	88.1	49.6	2,348	47	14,118	16.6	2,989
85 and older	92.9	47.8	2,061	43	17,099	12.1	2,395
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	87.3	47.4	2,253	48	13,623	16.5	8,049
Disabled	84.2	47.1	3,415	73	15,873	21.5	8,273
Adults	75.1	20.4	1,458	72	3,802	38.3	293
Children	100.0	58.3	5,401	93	30,274	17.8	3
Unknown	50.0	14.0	947	68	6,927	13.7	4
Gender							
Female	88.8	52.4	2,878	55	14,263	20.2	10,182
Male	80.4	38.0	2,722	72	15,058	18.1	6,440
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	86.1	49.5	2,985	60	15,528	19.2	14,370
African American	82.3	35.2	2,227	63	12,621	17.6	186
Other/unknown	81.7	29.1	1,706	59	8,092	21.1	2,066
Use of Nursing Facilities^d							
Entire year	97.6	69.0	3,499	51	27,265	12.8	3,004
Part year	96.5	59.6	3,096	52	19,518	15.9	1,522
None	81.2	39.7	2,614	66	10,796	24.2	12,096
Maintenance Assistance Status							
Cash	88.2	43.1	2,768	64	7,366	37.6	3,932
Medically needy	63.7	34.9	2,555	73	8,130	31.4	1,526
Poverty related	82.4	39.4	2,480	63	5,784	42.9	4,515
Other/unknown	91.1	56.8	3,138	55	26,277	11.9	6,649

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 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, UTAH, 2002

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				None	More than 0, 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	6.7	\$404	19.3 %	14.5 %	11.1 %	7.0 %	19.9 %	21.8 %	25.8 %	\$2,089	16,622	115,967
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	11.6	1,462	52.4	0.0	0.0	0.0	0.0	50.0	50.0	2,789	2	5
15-20	4.0	374	17.0	23.9	19.6	13.0	13.0	10.9	19.6	2,195	46	310
21-44	6.0	512	21.0	16.8	15.7	7.7	17.5	16.3	26.0	2,436	3,927	24,389
45-64	8.2	542	22.5	15.2	8.9	5.5	17.1	19.5	33.7	2,409	4,157	27,855
65-74	6.5	337	22.6	18.5	11.8	6.7	18.7	19.1	25.2	1,489	3,106	21,395
75-84	6.6	313	16.6	11.9	8.9	7.0	21.0	28.3	23.0	1,879	2,989	22,458
85 and older	5.9	252	12.1	7.1	9.4	8.6	28.9	30.2	15.9	2,094	2,395	19,555
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	6.3	301	16.5	12.7	9.9	7.3	22.6	25.7	21.8	1,823	8,049	60,167
Disabled	7.2	519	21.5	15.8	11.9	6.5	17.4	18.4	30.1	2,410	8,273	54,489
Adults	4.7	334	38.3	24.9	23.9	11.3	16.4	8.2	15.4	870	293	1,280
Children	11.7	1,080	17.8	0.0	0.0	0.0	33.3	0.0	66.7	6,055	3	15
Unknown	3.5	237	13.7	50.0	0.0	0.0	50.0	0.0	0.0	1,732	4	16
Gender												
Female	7.3	404	20.2	11.2	9.7	6.8	20.1	23.1	29.1	2,001	10,182	72,585
Male	5.6	404	18.1	19.6	13.5	7.3	19.5	19.6	20.5	2,235	6,440	43,382
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	7.0	424	19.2	13.9	10.0	6.6	20.0	22.8	26.7	2,205	14,370	101,199
African American	6.5	409	17.6	17.7	10.8	7.0	18.8	22.6	23.1	2,320	186	1,012
Other/unknown	4.4	256	21.1	18.3	18.8	9.7	18.8	14.6	19.8	1,215	2,066	13,756
use or nursing Facilities^d												
Entire year	7.2	365	12.8	2.4	6.0	5.9	27.6	37.6	20.5	2,846	3,004	28,777
Part year	7.8	404	15.9	3.5	5.7	7.2	24.3	31.8	27.5	2,545	1,522	11,673
None	6.4	419	24.2	18.8	13.1	7.2	17.4	16.6	26.9	1,729	12,096	75,517
Maintenance Assistance Status												
Cash	6.7	427	37.6	11.8	14.2	8.1	17.9	17.5	30.6	1,137	3,932	25,471
Medically needy	6.9	505	31.4	36.3	6.9	5.2	14.6	18.5	18.4	1,608	1,526	7,718
Poverty related	6.3	395	42.9	17.6	14.4	7.4	18.4	15.2	27.0	922	4,515	28,333
Other/unknown	6.9	383	11.9	8.9	8.1	6.4	23.3	29.5	23.8	3,209	6,649	54,445

Table D4

Dual Eligible 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 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.

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 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 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).
- 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, 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. Dual Benes	As % of Benes	No. of Bene Mos
Anti-infective Agents	0.5	0.3	0.0	0.2	\$34	\$28	\$2	\$110	\$80	\$19	34,547	8,614	51.8 %	67,120
Biologics	0.1	0.1	0.0	0.0	21	2	11	23	1,083	352	912	668	4.0	6,865
Antineoplastic Agents	0.8	0.4	0.1	0.3	205	180	10	401	150	48	2,216	362	2.2	2,700
Endocrine/Metabolic Drugs	1.5	0.7	0.2	0.6	59	42	5	38	22	19	87,202	7,461	44.9	56,336
Cardiovascular Agents	2.2	0.8	0.2	1.1	76	49	6	35	60	31	138,674	8,496	51.1	63,713
Respiratory Agents	1.1	0.6	0.1	0.4	56	40	7	52	71	22	51,128	6,281	37.8	47,700
Gastrointestinal Agents	1.0	0.6	0.0	0.4	84	69	2	114	112	32	50,870	6,317	38.0	48,833
Genitourinary Agents	0.7	0.6	0.0	0.2	43	40	0	3	36	19	14,254	2,423	14.6	19,177
CNS Drugs	2.1	1.2	0.1	0.9	194	155	6	130	103	36	152,902	9,505	57.2	71,273
Stimulants/Anti-obesity/Anorexia	1.0	0.6	0.1	0.2	117	94	12	145	90	47	2,021	303	1.8	2,009
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	114	113	0	153	0	32	3,916	623	3.7	5,109
Analgesics and Anesthetics	1.4	0.5	0.1	0.8	78	57	4	113	61	20	97,175	9,359	56.3	70,194
Neuromuscular Agents	1.6	0.7	0.1	0.8	110	83	7	116	59	27	64,086	5,410	32.5	40,344
Nutritional Products	0.9	0.0	0.0	0.8	16	0	1	17	29	19	24,656	3,485	21.0	28,476
Hematological Agents	1.0	0.2	0.1	0.6	62	50	3	204	22	15	21,845	2,820	17.0	22,728
Topical Products	0.5	0.2	0.0	0.3	18	12	2	53	41	18	25,940	6,072	36.5	49,834
Miscellaneous Products	0.7	0.3	0.0	0.4	132	94	13	376	326	57	3,885	690	4.2	5,428
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	0	0	1,573	493	3.0	4,076
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.	777,802	n.a.	n.a.	n.a.
											46,838,737			

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 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_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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 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	\$5,455,463	4,170	25.1 %	38,637	0.9	\$165	\$141
ANTIDEPRESSANTS	3,368,466	7,219	43.4	65,259	0.8	65	52
ULCER DRUGS	2,695,697	4,763	28.7	44,431	0.7	89	61
ANTICONVULSANT	2,503,055	3,548	21.3	32,279	1.0	80	78
ANALGESICS - Narcotic	2,269,351	7,802	46.9	70,607	0.6	51	32
ANALGESICS - ANTI-INFLAMMATORY	1,518,529	4,611	27.7	42,793	0.5	66	35
ANTIDIABETIC	1,369,247	3,431	20.6	30,963	0.8	54	44
ANTIHYPERTENSIVE	1,078,504	4,083	24.6	36,398	0.8	38	30
ANTHYPERLIPIDEMIC	1,059,013	1,889	11.4	16,485	0.8	80	64
ANTIASTHMATIC	959,027	3,427	20.6	31,594	0.5	57	30
Total	22,276,352	44,943		409,446	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 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, UTAH, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	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 \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	298,605	\$22,276,352	4,170	25.1 %	38,637	0.9	\$141	7,219	43.4 %	65,259	0.8	\$52					
Female	195,953	13,942,736	2,440	24.0	22,739	0.8	122	4,958	48.7	44,820	0.8	52					
Disabled	78,678	6,493,487	1,072	25.3	9,757	0.9	152	2,081	49.2	18,144	0.8	60					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	3	138	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	146	10,890	3	13.0	36	1.1	142	5	21.7	47	1.2	67					
21-44	23,363	2,193,842	487	29.0	4,159	0.9	158	772	46.0	6,247	0.8	63					
45-64	50,519	3,969,538	553	24.1	5,259	0.9	152	1,199	52.3	10,844	0.9	59					
65-74	4,321	299,154	27	13.1	279	0.9	87	97	47.1	954	0.8	44					
75-84	310	18,664	2	7.4	24	0.6	90	7	25.9	49	0.7	42					
85 and older	16	1,261	0	0.0	0	0.0	0	1	25.0	3	1.3	86					
Other Eligibles	117,275	7,449,249	1,368	23.0	12,982	0.7	100	2,877	48.3	26,676	0.8	46					
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	0.0	0					
15-20	11	596	1	100.0	11	0.1	1	2	200.0	22	0.5	27					
21-44	698	50,316	12	13.3	92	0.3	36	33	36.7	239	0.6	39					
45-64	264	18,234	2	3.7	14	0.4	46	16	29.6	106	0.6	46					
65-74	32,945	2,182,020	297	16.8	2,944	0.7	118	691	39.1	6,340	0.8	47					
75-84	44,610	2,841,924	528	25.2	4,972	0.7	111	1,071	51.1	9,944	0.8	46					
85 and older	38,747	2,356,159	528	27.2	4,949	0.6	79	1,064	54.8	10,025	0.8	45					
Male	102,652	8,333,616	1,730	26.9	15,898	1.0	168	2,261	35.1	20,439	0.8	52					
Disabled	63,610	5,773,052	1,171	29.0	10,684	1.0	196	1,369	33.9	12,383	0.8	57					
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	0.0	0					
15-20	186	14,056	3	14.3	9	0.7	82	4	19.0	30	1.3	106					
21-44	26,630	2,707,289	639	30.8	5,640	1.0	205	681	32.9	5,946	0.8	59					
45-64	33,406	2,832,185	506	28.8	4,800	1.1	190	636	36.2	5,906	0.8	55					
65-74	3,047	201,231	21	12.6	211	0.9	109	39	23.4	413	0.7	49					
75-84	310	15,731	1	4.3	12	0.1	1	6	26.1	63	0.9	55					
85 and older	31	2,560	1	33.3	12	0.6	93	3	100.0	25	0.4	26					
Other Eligibles	39,042	2,560,564	559	23.3	5,214	0.8	111	892	37.2	8,056	0.7	44					
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	0.0	0					
15-20	2	173	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	692	45,746	21	24.4	133	0.4	58	31	36.0	212	0.4	30					
45-64	413	29,618	3	5.3	9	1.8	600	18	31.6	118	0.4	30					
65-74	13,916	959,879	173	17.9	1,732	0.8	140	242	25.1	2,220	0.8	52					
75-84	16,111	1,046,821	235	27.9	2,223	0.7	101	393	46.7	3,670	0.7	42					
85 and older	7,908	478,327	127	28.4	1,117	0.7	90	208	46.5	1,836	0.7	42					
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 Utah, 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, UTAH, 2002

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	4,763	28.7 %	44,431	\$61	0.7	3,548	21.3 %	32,279	\$78	1.0	7,802	46.9 %	70,607	0.6	\$32
Female	3,173	31.2	29,521	61	0.7	2,086	20.5	18,796	73	0.9	5,376	52.8	48,771	0.7	33
Disabled	1,223	28.9	11,119	64	0.7	1,223	28.9	10,615	96	1.1	2,075	49.0	18,548	0.6	39
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	1	100.0	3	39	0.7	0	0.0	0	0.0	0
15-20	3	13.0	27	66	0.7	0	0.0	0	0	0.0	7	30.4	64	0.2	3
21-44	377	22.5	3,318	55	0.6	499	29.7	4,113	109	1.0	699	41.6	5,815	0.6	39
45-64	757	33.0	6,912	69	0.7	681	29.7	6,079	88	1.1	1,257	54.9	11,577	0.7	39
65-74	80	38.8	804	56	0.6	39	18.9	399	75	1.0	105	51.0	1,029	0.5	37
75-84	5	18.5	54	50	0.6	3	11.1	21	126	1.1	6	22.2	60	0.7	15
85 and older	1	25.0	4	92	0.8	0	0.0	0	0	0.0	1	25.0	3	1.3	93
Other Eligibles	1,950	32.8	18,402	59	0.7	863	14.5	8,181	45	0.8	3,301	55.5	30,223	0.7	30
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	15	16.7	109	65	0.6	24	26.7	186	48	0.5	56	62.2	489	0.4	26
45-64	14	25.9	69	63	0.6	6	11.1	34	53	0.7	20	37.0	101	0.4	16
65-74	537	30.4	5,061	58	0.6	266	15.0	2,553	59	0.9	750	42.4	7,086	0.7	31
75-84	674	32.1	6,462	59	0.7	361	17.2	3,457	44	0.8	1,177	56.1	10,802	0.7	30
85 and older	710	36.6	6,701	59	0.7	206	10.6	1,951	27	0.7	1,298	66.9	11,745	0.6	29
Male	1,590	24.7	14,910	61	0.7	1,462	22.7	13,483	83	1.0	2,426	37.7	21,836	0.6	30
Disabled	883	21.8	8,480	63	0.7	1,097	27.1	10,050	96	1.1	1,440	35.6	13,056	0.6	34
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	5	23.8	57	15	0.5	3	14.3	36	237	1.8	3	14.3	12	0.4	2
21-44	366	17.7	3,372	64	0.6	597	28.8	5,274	98	1.1	678	32.7	6,085	0.5	32
45-64	455	25.9	4,438	63	0.7	475	27.1	4,519	94	1.1	685	39.0	6,224	0.6	40
65-74	50	29.9	529	71	0.8	20	12.0	197	82	0.9	60	35.9	567	0.4	11
75-84	7	30.4	84	41	0.5	1	4.3	12	7	0.3	14	60.9	168	0.4	7
85 and older	0	0.0	0	0	0.0	1	33.3	12	7	0.3	0	0.0	0	0.0	0
Other Eligibles	707	29.5	6,430	58	0.7	365	15.2	3,433	46	0.8	986	41.1	8,780	0.6	24
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	17	19.8	97	57	0.5	20	23.3	146	46	0.5	54	62.8	392	0.7	28
45-64	8	14.0	49	40	0.6	8	14.0	56	80	0.7	24	42.1	154	0.5	20
65-74	239	24.8	2,236	62	0.7	131	13.6	1,209	44	0.8	330	34.2	3,051	0.6	24
75-84	286	34.0	2,577	59	0.7	143	17.0	1,399	54	0.8	355	42.2	3,250	0.6	24
85 and older	157	35.1	1,471	51	0.7	63	14.1	623	30	0.7	223	49.9	1,933	0.5	22
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table D7B

Dual Eligible 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 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, UTAH, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	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	4,611	27.7 %	42,793	0.5	\$36	3,431	20.6 %	30,963	0.8	\$44	4,083	24.6 %	36,398	0.8	\$30
Female	3,203	31.5	29,570	0.6	38	2,295	22.5	20,783	0.8	44	2,732	26.8	24,422	0.8	31
Disabled	1,305	30.8	11,686	0.5	34	713	16.9	6,237	0.9	55	696	16.5	6,042	0.8	30
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	7	30.4	65	0.2	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	413	24.6	3,453	0.4	22	137	8.2	1,098	1.0	60	120	7.1	973	0.7	25
45-64	793	34.6	7,206	0.6	40	511	22.3	4,555	0.9	54	508	22.2	4,450	0.8	31
65-74	82	39.8	855	0.5	37	59	28.6	541	0.8	49	62	30.1	555	0.7	30
75-84	10	37.0	107	0.4	28	6	22.2	43	0.6	22	5	18.5	60	0.7	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	4	0.3	8
Other Eligibles	1,898	31.9	17,884	0.6	41	1,582	26.6	14,546	0.8	40	2,036	34.2	18,380	0.8	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	20	22.2	183	0.3	19	7	7.8	63	0.5	27	9	10.0	70	0.4	15
45-64	16	29.6	81	0.4	32	1	1.9	3	1.7	52	3	5.6	20	1.3	46
65-74	557	31.5	5,378	0.6	36	565	32.0	5,230	0.8	44	575	32.5	5,114	0.8	30
75-84	690	32.9	6,440	0.6	42	652	31.1	5,941	0.8	39	739	35.2	6,700	0.8	31
85 and older	615	31.7	5,802	0.6	46	357	18.4	3,309	0.8	35	710	36.6	6,476	0.8	30
Male	1,408	21.9	13,223	0.5	29	1,136	17.6	10,180	0.8	44	1,351	21.0	11,976	0.8	28
Disabled	821	20.3	7,664	0.5	27	547	13.5	4,906	0.9	50	598	14.8	5,227	0.8	30
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	2	9.5	15	0.6	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	364	17.6	3,307	0.3	21	150	7.2	1,257	0.9	49	196	9.5	1,650	0.7	28
45-64	390	22.2	3,639	0.5	31	345	19.7	3,125	0.9	53	347	19.8	3,085	0.8	31
65-74	55	32.9	596	0.6	38	49	29.3	488	0.7	40	50	29.9	447	0.8	28
75-84	9	39.1	95	0.4	17	3	13.0	36	0.4	8	4	17.4	44	0.7	32
85 and older	1	33.3	12	0.8	58	0	0.0	0	0.0	0	1	33.3	1	1.0	19
Other Eligibles	587	24.5	5,559	0.5	32	589	24.6	5,274	0.8	38	753	31.4	6,749	0.7	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	100.0	3	0.3	31
21-44	18	20.9	126	0.5	26	4	4.7	25	0.6	48	13	15.1	77	0.4	16
45-64	10	17.5	59	0.4	15	15	26.3	94	0.8	56	11	19.3	90	0.7	27
65-74	219	22.7	2,089	0.5	25	193	20.0	1,657	0.8	40	259	26.8	2,381	0.7	27
75-84	197	23.4	1,951	0.6	36	277	32.9	2,587	0.7	37	318	37.8	2,824	0.8	26
85 and older	143	32.0	1,334	0.6	40	100	22.4	911	0.7	36	151	33.8	1,374	0.7	25
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 Utah, 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, UTAH, 2002

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC				ANTIASTHMATIC				Mean Rx \$	Mean No. of Rx	No. of Bene Mos
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$			
All	1,889	11.4 %	16,485	0.8	3,427	20.6 %	31,594	0.5	\$30	16,622	115,967
Female											
Disabled	1,161	11.4	9,974	0.8	2,195	21.6	20,057	0.5	30	10,182	72,585
5 and younger	468	11.1	4,002	0.8	921	21.8	7,900	0.5	34	4,231	28,008
6-14	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	1	3
21-44	88	5.2	728	0.8	256	15.2	1,943	0.5	34	1,679	10,528
45-64	329	14.4	2,800	0.8	609	26.6	5,425	0.5	35	2,291	15,573
65-74	48	23.3	453	0.9	50	24.3	478	0.4	28	206	1,550
75-84	2	7.4	17	0.7	6	22.2	54	0.7	28	27	173
85 and older	1	25.0	4	0.3	0	0.0	0	0.0	0	4	26
Other Eligibles	693	11.6	5,972	0.8	1,274	21.4	12,157	0.5	28	5,951	44,577
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	11
21-44	3	3.3	32	0.3	9	10.0	79	0.4	23	90	457
45-64	2	3.7	15	0.7	4	7.4	16	0.3	18	54	201
65-74	308	17.4	2,562	0.8	461	26.1	4,368	0.5	33	1,768	12,145
75-84	260	12.4	2,208	0.8	452	21.6	4,369	0.5	26	2,097	15,756
85 and older	120	6.2	1,155	0.8	348	17.9	3,325	0.4	24	1,941	16,007
Male											
Disabled	728	11.3	6,511	0.8	1,232	19.1	11,537	0.6	30	6,440	43,382
5 and younger	438	10.8	3,918	0.8	631	15.6	5,806	0.6	31	4,042	26,481
6-14	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	1	2
21-44	129	6.2	1,091	0.7	191	9.2	1,754	0.4	21	2,072	13,013
45-64	271	15.4	2,483	0.8	370	21.1	3,377	0.7	35	1,755	11,853
65-74	35	21.0	308	0.7	62	37.1	603	0.8	43	167	1,265
75-84	3	13.0	36	0.8	5	21.7	36	0.6	23	23	191
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	3	16
Other Eligibles	290	12.1	2,593	0.8	601	25.1	5,731	0.5	29	2,398	16,901
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	1	3
21-44	4	4.7	17	0.6	7	8.1	49	0.6	33	86	391
45-64	4	7.0	43	0.8	4	7.0	19	0.3	9	57	228
65-74	121	12.5	1,080	0.8	232	24.0	2,268	0.7	36	965	6,435
75-84	128	15.2	1,165	0.8	221	26.2	2,167	0.5	24	842	6,338
85 and older	33	7.4	288	0.8	137	30.6	1,228	0.5	26	447	3,506
Unknown	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 Utah, 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, UTAH, 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	\$365	7.2	3,004	28,777
Age				
0-64	557	9.0	373	3,966
65-74	470	8.4	415	4,051
75-84	367	7.4	972	9,240
85 and older	261	6.0	1,244	11,520
Unknown	0	0.0	0	0
Gender				
Female	353	7.3	2,092	20,287
Male	396	7.1	912	8,490
Unknown	0	0.0	0	0
Race				
White	368	7.3	2,806	26,919
African American	373	5.9	27	305
Other/unknown	315	5.6	171	1,553
Basis of Eligibility^c				
Aged	333	6.9	2,602	24,498
Disabled	549	8.9	402	4,279
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 Utah, 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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, UTAH, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users						
	Total	Patented	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Total	Patented	Off-Patent	Brand-Name	Generic	Total # of Rx	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos
Anti-infective Agents	0.4	0.2	0.0	0.2	\$15	\$2	\$3	\$44	\$63	\$64	\$16	8,627	\$382,614	1,927	64.1	19,782
Biologics	0.1	0.1	0.0	0.0	1	0	0	15	12	0	25	303	4,420	278	9.3	3,103
Antineoplastic Agents	0.6	0.2	0.1	0.2	138	19	15	228	430	154	63	458	104,580	75	2.5	757
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	46	33	10	35	56	20	17	21,589	753,443	1,653	55.0	16,477
Cardiovascular Agents	1.8	0.5	0.2	1.2	51	25	6	28	54	30	17	37,218	1,026,688	2,058	68.5	20,127
Respiratory Agents	0.8	0.4	0.1	0.4	38	25	5	46	66	70	21	10,084	460,635	1,165	38.8	12,118
Gastrointestinal Agents	0.9	0.4	0.0	0.5	62	45	1	68	101	73	36	13,802	936,627	1,471	49.0	15,003
Genitourinary Agents	0.7	0.5	0.0	0.2	42	37	0	56	71	21	21	5,202	293,268	679	22.6	7,046
CNS Drugs	1.7	1.0	0.1	0.6	142	117	5	84	114	79	33	38,946	3,273,972	2,331	77.6	23,052
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.2	78	74	0	106	141	31	17	308	32,608	42	1.4	420
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	108	108	0	142	143	0	12	2,029	288,368	269	9.0	2,673
Analgesics and Anesthetics	1.3	0.6	0.1	0.6	64	52	3	50	90	44	15	25,175	1,270,155	2,016	67.1	19,698
Neuromuscular Agents	1.3	0.5	0.1	0.7	78	49	6	59	92	80	33	14,570	866,502	1,054	35.1	11,064
Nutritional Products	0.8	0.0	0.0	0.8	16	0	1	19	13	36	19	10,075	191,961	1,202	40.0	12,094
Hematological Agents	1.0	0.2	0.1	0.6	37	27	2	37	112	17	13	9,253	343,417	957	31.9	9,377
Topical Products	0.5	0.2	0.0	0.3	14	8	1	29	46	38	17	8,461	245,860	1,663	55.4	17,639
Miscellaneous Products	0.4	0.0	0.0	0.3	11	2	3	30	41	227	20	761	22,690	214	7.1	2,145
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	25	0	0	0	464	11,538	126	4.2	1,301
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.	207,325	10,509,346	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 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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 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.

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, UTAH, 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	\$1,856,584	1,499	49.9 %	15,420	0.8	\$156	\$120
ANTIDEPRESSANTS	1,200,982	2,337	77.8	23,599	0.8	61	51
ULCER DRUGS	862,073	1,381	46.0	14,146	0.8	79	61
ANALGESICS - Narcotic	716,965	2,207	73.5	21,570	0.8	44	33
ANTICONVULSANT	591,656	914	30.4	9,897	0.9	63	60
ANALGESICS - ANTI-INFLAMMATORY	524,035	1,117	37.2	11,436	0.7	67	46
ANTIDIABETIC	413,256	1,002	33.4	10,147	0.9	46	41
ANTIHYPERTENSIVE	359,696	1,185	39.4	11,695	0.8	37	31
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	287,871	270	9.0	2,678	0.8	142	107
ANTIASTHMATIC	253,990	910	30.3	9,351	0.6	49	27
Total	7,067,108	12,822		129,939	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 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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_mdmb.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, UTAH, 2002

Beneficiary Characteristics	All Top 10 Drug Groups						ANTIPSYCHOTICS						ANTIDEPRESSANTS							
	No. of Rx	Rx \$	Users as %			Mean Rx \$	Mean No. of Rx	No. of Users	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx	Users as %	Residents	NF	Mos among Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
			101,710	\$7,067,108	1,499															
Female	70,494	4,731,755	985	47.1	10,128	0.7	108	1,666	79.6	16,914	0.8	51								
Disabled	9,700	721,357	112	56.6	1,233	0.8	121	190	96.0	2,079	0.9	58								
64 or younger	8,957	668,115	102	55.7	1,113	0.8	124	174	95.1	1,890	0.9	59								
65-74	743	53,242	10	66.7	120	0.7	90	16	106.7	189	0.9	50								
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	60,794	4,010,398	873	46.1	8,895	0.7	106	1,476	77.9	14,835	0.8	50								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	10,841	789,810	171	77.0	1,855	0.8	132	219	98.6	2,280	0.8	51								
75-84	24,256	1,615,030	351	53.0	3,503	0.7	115	571	86.3	5,728	0.8	51								
85 and older	25,697	1,605,558	351	34.8	3,537	0.7	83	686	67.9	6,827	0.8	49								
Male	31,216	2,335,353	514	56.4	5,292	0.9	145	671	73.6	6,685	0.8	51								
Disabled	10,157	873,702	162	79.4	1,831	0.9	186	172	84.3	1,902	0.9	58								
64 or younger	9,515	823,702	147	77.4	1,674	0.9	194	160	84.2	1,758	0.9	58								
65-74	550	42,911	13	118.2	133	0.7	110	8	72.7	96	0.8	53								
75-84	63	4,610	1	50.0	12	0.1	1	2	100.0	24	1.0	78								
85 and older	29	2,479	1	100.0	12	0.6	93	2	200.0	24	0.4	24								
Other Eligibles	21,059	1,461,651	352	49.7	3,461	0.8	124	499	70.5	4,783	0.8	48								
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0								
65-74	5,825	459,865	111	66.5	1,139	0.9	161	124	74.3	1,195	0.8	57								
75-84	9,932	678,531	162	52.6	1,595	0.8	107	238	77.3	2,332	0.8	46								
85 and older	5,302	323,255	79	33.9	727	0.8	102	137	58.8	1,256	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 Utah, 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 1,673 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, UTAH, 2002

Beneficiary Characteristics	ULCER DRUGS						ANALGESICS - Narcotic						ANTICONVULSANT					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	1,381	14,146	0.8	2,207	21,570	0.8	914	9,897	0.9	30.4 %	\$33	580	6,286	0.9	27.7	6,286	0.9	\$60
Female	947	9,756	0.8	1,663	16,365	0.8	34	34	0.9	27.7	34	580	6,286	0.9	27.7	6,286	0.9	57
Disabled	105	1,169	0.8	186	2,017	0.9	39	39	1.0	74.7	39	148	1,652	1.0	74.7	1,652	1.0	84
64 or younger	97	1,076	0.8	175	1,885	0.9	39	39	1.0	74.9	39	137	1,520	1.0	74.9	1,520	1.0	86
65-74	8	93	0.7	11	132	0.5	38	38	0.9	73.3	38	11	132	0.9	73.3	132	0.9	58
75-84	0	0	0.0	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	0	0.0	0
Other Eligibles	842	8,587	0.8	1,477	14,348	0.8	34	34	0.9	22.8	34	432	4,634	0.9	22.8	4,634	0.9	47
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0	0	0	0.0	0.0	0	0.0	0
65-74	127	1,378	0.7	171	1,790	1.0	46	46	1.0	52.3	46	116	1,254	1.0	52.3	1,254	1.0	64
75-84	284	2,943	0.8	534	5,189	0.8	35	35	0.9	29.2	35	193	2,084	0.9	29.2	2,084	0.9	49
85 and older	431	4,266	0.8	772	7,369	0.7	30	30	0.7	12.2	30	123	1,296	0.7	12.2	1,296	0.7	28
Male	434	4,390	0.8	544	5,205	0.7	30	30	1.0	36.6	30	334	3,611	1.0	36.6	3,611	1.0	65
Disabled	108	1,231	0.7	121	1,342	0.8	41	41	1.1	72.5	41	148	1,688	1.1	72.5	1,688	1.1	77
64 or younger	99	1,137	0.7	117	1,308	0.8	42	42	1.1	74.7	42	142	1,616	1.1	74.7	1,616	1.1	78
65-74	7	70	0.9	4	34	0.2	2	2	0.8	45.5	2	5	60	0.8	45.5	60	0.8	62
75-84	2	24	1.0	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	1	12	0.3	100.0	12	0.3	7
Other Eligibles	326	3,159	0.8	423	3,863	0.7	26	26	0.9	26.3	26	186	1,923	0.9	26.3	1,923	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	0	0.0	0
65-74	79	817	0.8	105	1,011	0.7	24	24	0.9	35.9	24	60	601	0.9	35.9	601	0.9	54
75-84	151	1,452	0.7	180	1,671	0.7	30	30	0.9	29.9	30	92	975	0.9	29.9	975	0.9	61
85 and older	96	890	0.8	138	1,181	0.6	21	21	0.9	14.6	21	34	347	0.9	14.6	347	0.9	36
Unknown	0	0	0.0	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 Utah, 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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, UTAH, 2002

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,117	37.2 %	11,436	0.7	\$46	1,002	33.4 %	10,147	0.9	\$41	1,185	39.4 %	11,695	0.8	\$31
Female	816	39.0	8,439	0.7	47	661	31.6	6,743	0.9	40	815	39.0	8,071	0.8	31
Disabled	92	46.5	1,072	0.6	35	70	35.4	769	1.0	44	66	33.3	694	0.8	31
64 or younger	82	44.8	955	0.6	32	64	35.0	697	1.0	47	56	30.6	580	0.8	30
65-74	10	66.7	117	0.7	54	6	40.0	72	0.5	20	10	66.7	114	0.9	36
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	724	38.2	7,367	0.7	49	591	31.2	5,974	0.9	39	749	39.5	7,377	0.9	32
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	103	46.4	1,126	0.7	46	115	51.8	1,258	0.9	41	98	44.1	992	0.8	28
75-84	262	39.6	2,639	0.7	49	283	42.7	2,839	0.9	41	278	42.0	2,773	0.8	33
85 and older	359	35.5	3,602	0.7	50	193	19.1	1,877	0.8	35	373	36.9	3,612	0.9	32
Male	301	33.0	2,997	0.7	43	341	37.4	3,404	0.9	43	370	40.6	3,624	0.8	29
Disabled	76	37.3	853	0.6	41	96	47.1	1,066	0.9	48	63	30.9	659	0.8	35
64 or younger	72	37.9	805	0.6	37	83	43.7	952	1.0	49	58	30.5	620	0.8	35
65-74	3	27.3	36	1.3	124	12	109.1	102	0.9	50	5	45.5	39	1.0	37
75-84	0	0.0	0	0.0	0	1	50.0	12	1.0	17	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.8	58	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	225	31.8	2,144	0.7	44	245	34.6	2,338	0.9	40	307	43.4	2,965	0.8	28
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	50	29.9	476	0.6	38	63	37.7	590	0.9	42	68	40.7	691	0.8	28
75-84	88	28.6	883	0.7	44	124	40.3	1,223	0.9	42	146	47.4	1,418	0.8	29
85 and older	87	37.3	785	0.7	47	58	24.9	525	0.8	36	93	39.9	856	0.8	26
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 Utah, 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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, UTAH, 2002

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTIASTHMATIC					
	Users as %			Users as %			Users as %			Users as %		
	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx	No. of Users	Residents	Mean Rx
All	270	9.0 %	0.8	910	30.3 %	\$108	9351	0.6	\$27	3,004	28,777	
Female	184	8.8	0.8	574	27.4	107	6,054	0.5	26	2,092	20,287	
Disabled	18	9.1	0.6	67	33.8	210	712	0.4	22	198	2,113	
64 or younger	17	9.3	0.6	63	34.4	215	664	0.4	22	183	1,947	
65-74	1	6.7	1.0	4	26.7	126	48	0.1	12	15	166	
75-84	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	
Other Eligibles	166	8.8	0.8	507	26.8	94	5,342	0.5	27	1,894	18,174	
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0	0	0	
65-74	24	10.8	0.7	104	46.8	89	1,121	0.5	30	222	2,225	
75-84	69	10.4	0.8	204	30.8	97	2,233	0.6	27	662	6,418	
85 and older	73	7.2	0.8	199	19.7	92	1,988	0.4	24	1,010	9,531	
Male	86	9.4	0.8	336	36.8	109	3,297	0.7	29	912	8,490	
Disabled	15	7.4	0.6	72	35.3	181	720	1.1	36	204	2,166	
64 or younger	14	7.4	0.7	65	34.2	194	650	1.1	35	190	2,019	
65-74	1	9.1	0.3	7	63.6	32	70	1.2	46	11	111	
75-84	0	0.0	0.0	0	0.0	0	0	0.0	0	2	24	
85 and older	0	0.0	0.0	0	0.0	0	0	0.0	0	1	12	
Other Eligibles	71	10.0	0.8	264	37.3	94	2,577	0.5	27	708	6,324	
64 or younger	0	0.0	0.0	0	0.0	0	0	0.0	0	0	0	
65-74	15	9.0	0.8	67	40.1	84	692	0.6	34	167	1,549	
75-84	37	12.0	0.8	114	37.0	99	1,154	0.5	27	308	2,798	
85 and older	19	8.2	0.7	83	35.6	89	731	0.4	20	233	1,977	
Unknown	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 Utah, 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 1,522 beneficiaries who were in nursing facilities for part of their enrollment and their 11,673 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}
 UTAH, 2002

Beneficiary Characteristics	No. of Benefes with at Least One Part D Excl Rx	% Benefes with at Least One Part D Excl Rx		No. of Part D Excl Rx per Bene		Total No. Part D Excl Rx	Total Part D Excl Rx \$		\$ per Part D Excl Rx	Part D Excl Rx as % of All Dual Rx \$		Total No. of Benefes
		7,220	43.4 %	2.7	44,528		\$99	\$1,650,439		\$37	3.5 %	
Age												
5 and younger	0	0.0	0.0	0	0	0	0	0	0	0	0.0	0
6-14	1	50.0	0.5	1	24	47	47	47	0.6	2	0.6	2
15-20	15	32.6	1.8	84	193	8,878	106	8,878	7.7	46	7.7	46
21-44	1,585	40.4	2.5	9,843	114	449,335	46	449,335	3.6	3,927	3.6	3,927
45-64	1,900	45.7	3.4	14,172	142	588,676	42	588,676	3.9	4,157	3.9	4,157
65-74	1,237	39.8	2.6	7,939	82	254,922	32	254,922	3.5	3,106	3.5	3,106
75-84	1,336	44.7	2.4	7,140	69	205,087	29	205,087	2.9	2,989	2.9	2,989
85 and older	1,146	47.8	2.2	5,349	60	143,494	27	143,494	2.9	2,395	2.9	2,395
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0
Basis of Eligibility^c												
Aged	3,529	43.8	2.4	19,173	70	564,795	29	564,795	3.1	8,049	3.1	8,049
Disabled	3,596	43.5	3.0	24,944	128	1,062,539	43	1,062,539	3.8	8,273	3.8	8,273
Adults	93	31.7	1.4	401	78	22,823	57	22,823	5.3	293	5.3	293
Children	1	33.3	1.7	5	86	258	52	258	1.6	3	1.6	3
Unknown	1	25.0	1.3	5	6	24	5	24	0.6	4	0.6	4
Gender												
Female	4,810	47.2	2.9	29,687	97	986,142	33	986,142	3.4	10,182	3.4	10,182
Male	2,410	37.4	2.3	14,841	103	664,297	45	664,297	3.8	6,440	3.8	6,440
Unknown	0	0.0	0.0	0	0	0	0	0	0.0	0	0.0	0
Race												
White	6,338	44.1	2.8	40,607	107	1,536,752	38	1,536,752	3.6	14,370	3.6	14,370
African American	64	34.4	1.6	297	58	10,772	36	10,772	2.6	186	2.6	186
Other/unknown	818	39.6	1.8	3,624	50	102,915	28	102,915	2.9	2,066	2.9	2,066
Use of Nursing Facilities^d												
Entire year	1,730	57.6	3.8	11,273	117	352,357	31	352,357	3.4	3,004	3.4	3,004
Part year	908	59.7	3.6	5,425	156	237,449	44	237,449	5.0	1,522	5.0	1,522
None	4,582	37.9	2.3	27,830	88	1,060,633	38	1,060,633	3.4	12,096	3.4	12,096
Maintenance Assistance Status												
Cash	1,723	43.8	2.7	10,694	93	366,073	34	366,073	3.4	3,932	3.4	3,932
Medically needy	484	31.7	1.9	2,871	77	116,844	41	116,844	3.0	1,526	3.0	1,526
Poverty related	1,666	36.9	2.2	10,004	90	406,816	41	406,816	3.6	4,515	3.6	4,515
Other/unknown	3,347	50.3	3.2	20,959	114	760,706	36	760,706	3.6	6,649	3.6	6,649

Table D11

Dual Eligible 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 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}
 UTAH, 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	\$14	\$37	\$0	\$4	115,967
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.2	9	47	0	0	5
15-20	0.3	29	106	0	0	310
21-44	0.4	18	46	0	6	24,389
45-64	0.5	21	42	0	6	27,855
65-74	0.4	12	32	0	3	21,395
75-84	0.3	9	29	0	3	22,458
85 and older	0.3	7	27	0	2	19,555
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	9	29	0	3	60,167
Disabled	0.5	20	43	0	6	54,489
Adults	0.3	18	57	0	3	1,280
Children	0.3	17	52	0	0	15
Unknown	0.3	2	5	0	2	16
Gender						
Female	0.4	14	33	0	4	72,585
Male	0.3	15	45	0	4	43,382
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	15	38	0	5	101,199
African American	0.3	11	36	0	2	1,012
Other/unknown	0.3	7	28	0	2	13,756
Use of Nursing Facilities^d						
Entire year	0.4	12	31	0	3	28,777
Part year	0.5	20	44	0	4	11,673
None	0.4	14	38	0	5	75,517
Maintenance Assistance Status						
Cash	0.4	14	34	0	4	25,471
Medically needy	0.4	15	41	0	5	7,718
Poverty related	0.4	14	41	0	4	28,333
Other/unknown	0.4	14	36	0	4	54,445

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 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}
 UTAH, 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	9,484	\$174	\$1,650,439	100.0 %	44,528	\$37	100.0 %
Anorexia or weight loss/gain	809	308	249,199	15.1	2,436	102	5.5
Fertility drugs	542	240	130,187	7.9	716	182	1.6
Drugs for cosmetic purposes	153	949	145,188	8.8	794	183	1.8
Cough and cold medications	210	387	81,278	4.9	692	117	1.6
Vitamins and minerals	4	14	57	0.0	6	10	0.0
Non-prescription drugs	4,151	115	479,035	29.0	16,947	28	38.1
Barbiturates	46	15	668	0.0	62	11	0.1
Benzodiazepines	3,553	135	479,952	29.1	22,792	21	51.2
Other Part D Excl Rx Drugs	16	5,305	84,875	5.1	83	1,023	0.2

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 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}
 UTAH, 2002

Total Number of Dual Eligible Beneficiaries 16,622
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$46,838,737
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,818

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,403	14.5 %	\$0	0.0 %
1-500	2,903	17.5	603,663	1.3
501-1,000	1,602	9.6	1,179,147	2.5
1,001-1,500	1,306	7.9	1,623,972	3.5
1,501-2,000	1,045	6.3	1,823,032	3.9
2,001-2,500	942	5.7	2,121,287	4.5
2,501-3,000	860	5.2	2,365,754	5.1
3,001-3,500	736	4.4	2,389,831	5.1
3,501-4,000	656	3.9	2,454,751	5.2
4,001-4,500	584	3.5	2,474,804	5.3
4,501-5,000	471	2.8	2,234,991	4.8
5,001-5,500	412	2.5	2,155,477	4.6
5,501-6,000	356	2.1	2,047,407	4.4
6,001-6,500	325	2.0	2,028,343	4.3
6,501-7,000	276	1.7	1,861,310	4.0
7,001-7,500	233	1.4	1,689,968	3.6
7,501-8,000	193	1.2	1,496,630	3.2
8,001-8,500	165	1.0	1,360,573	2.9
8,501-9,000	139	0.8	1,214,725	2.6
9,001-9,500	116	0.7	1,070,303	2.3
9,501-10,000	123	0.7	1,198,372	2.6
10,001+	776	4.7	11,444,397	24.4

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. 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, UTAH, 2002

Beneficiary Characteristics	No. of Benes				No. of Bene Mos					
	All	Aged	Disabled	Unknown	All	Aged	Disabled	Unknown		
All	21,779	9,942	11,483	4	218,683	96,025	120,390	2,201	42	25
Age										
5 and younger	1	0	1	0	0	0	9	0	0	0
6-14	4	0	3	1	41	0	29	0	12	0
15-20	61	0	59	1	630	0	609	12	9	0
21-44	5,577	2	5,363	1	58,587	14	57,076	1,485	12	0
45-64	5,625	8	5,500	0	57,788	50	57,106	619	0	13
65-74	4,145	3,636	490	0	41,086	36,068	4,927	79	0	12
75-84	3,736	3,676	58	0	36,240	35,676	558	6	0	0
85 and older	2,630	2,620	9	1	24,302	24,217	76	0	9	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	13,260	7,230	5,853	2	134,588	71,221	62,127	1,191	24	25
Male	8,519	2,712	5,630	2	84,095	24,804	58,263	1,010	18	0
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	18,414	7,918	10,202	4	184,260	75,269	107,145	1,779	42	25
African American	285	98	176	0	2,777	992	1,709	76	0	0
Other/unknown	3,080	1,926	1,105	0	31,646	19,764	11,536	346	0	0
Use of Nursing Facilities^c										
Entire year	3,007	2,605	402	0	28,822	24,526	4,296	0	0	0
Part year	1,593	1,295	297	1	14,667	11,647	3,011	0	9	0
None	17,179	6,042	10,784	3	175,194	59,852	113,083	2,201	33	25
Maintenance Assistance Status										
Cash	6,177	2,307	3,749	0	67,453	25,624	40,822	1,007	0	0
Medically needy	1,595	709	829	0	10,369	4,294	5,753	322	0	0
Poverty related	6,415	2,604	3,781	1	64,858	25,926	38,701	197	9	25
Other/unknown	7,592	4,322	3,124	3	76,003	40,181	35,114	675	33	0
Dual Status^d										
Full dual, all year	20,169	9,200	10,625	4	203,066	88,996	111,899	2,104	42	25
Full dual, part year	1,610	742	858	0	15,617	7,029	8,491	97	0	0
Managed Care Status										
FFS all year	10,566	6,051	4,296	1	94,411	53,308	40,081	1,000	9	13
FFS part year, with Rx claims	5,541	1,831	3,636	2	62,481	20,531	41,210	719	21	0
FFS part year, no Rx claims	515	167	341	0	5,262	1,697	3,504	49	0	12
MC all year, with Rx claims	4,694	1,706	2,940	1	52,506	18,891	33,195	408	12	0
MC all year, no Rx claims	463	187	270	0	4,023	1,598	2,400	25	0	0

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 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 Mo(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, UTAH, 2002

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		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
All	21,779	218,683	16,622	115,967	0	102,716
FFS all year	10,566	94,411	10,566	94,411	0	0
FFS part year, with Rx claims	5,541	62,481	5,541	19,834	0	42,647
FFS part year, with no Rx claims	515	5,262	515	1,722	0	3,540
MC all year, with Rx claims	4,694	52,506	0	0	0	52,506
MC all year, with no Rx claims	463	4,023	0	0	0	4,023

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. 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.