

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
IOWA**

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	62,139	32,205	29,471	441	22	0	659,252	326,539	329,351	3,220	142	0
Age												
5 and younger	5	0	4	0	1	0	53	0	41	0	12	0
6-14	8	0	7	0	1	0	84	0	74	0	10	0
15-20	144	0	138	1	5	0	1,561	0	1,532	2	27	0
21-44	12,982	0	12,654	319	9	0	145,489	0	143,084	2,366	39	0
45-64	15,011	0	14,897	111	3	0	166,717	0	165,907	787	23	0
65-74	9,639	8,487	1,142	7	3	0	102,234	90,441	11,722	40	31	0
75-84	11,714	11,211	500	3	0	0	120,153	114,536	5,592	25	0	0
85 and older	12,636	12,507	129	0	0	0	122,961	121,562	1,399	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	39,105	23,693	15,143	256	13	0	415,183	243,546	169,658	1,890	89	0
Male	23,034	8,512	14,328	185	9	0	244,069	82,993	159,693	1,330	53	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	48,063	23,426	24,286	338	13	0	526,814	246,963	277,269	2,517	65	0
African American	1,875	582	1,259	34	0	0	20,524	6,435	13,861	228	0	0
Other/unknown	12,201	8,197	3,926	69	9	0	111,914	73,141	38,221	475	77	0
Use of Nursing Facilities^c												
Entire year	11,866	10,923	943	0	0	0	127,860	117,182	10,678	0	0	0
Part year	6,884	6,260	623	1	0	0	60,350	53,837	6,501	12	0	0
None	43,389	15,022	27,905	440	22	0	471,042	155,520	312,172	3,208	142	0
Maintenance Assistance Status												
Cash	19,763	5,412	14,159	191	1	0	222,748	61,711	159,536	1,500	1	0
Medically needy	3,736	2,090	1,490	152	4	0	35,657	20,075	14,516	1,036	30	0
Poverty-related	1,533	801	664	61	7	0	15,951	8,550	6,946	386	69	0
Other/unknown	37,107	23,902	13,158	37	10	0	384,896	236,203	148,353	298	42	0
Dual Medicare Status^d												
Full dual, all year	58,948	30,415	28,085	427	21	0	624,731	307,142	314,378	3,077	134	0
Full dual, part year	3,191	1,790	1,386	14	1	0	34,521	19,397	14,973	143	8	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	62,042	32,205	29,444	374	19	0	658,677	326,539	329,160	2,845	133	0
FFS part year, with Rx claims	68	0	26	40	2	0	343	0	187	150	6	0
FFS part year, no Rx claims	5	0	1	4	0	0	17	0	4	13	0	0
MC all year, with FFS Rx claims	24	0	0	23	1	0	215	0	0	212	3	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d		Number of Beneficiaries
						\$56	18.4 %	
All	90.7 %	53.8	\$2,998	\$56	\$16,279		18.4 %	62,139
Age								
5 and younger	100.0	44.0	2,513	57	15,805		15.9	5
6-14	87.5	38.8	1,686	44	6,260		26.9	8
15-20	84.7	26.7	1,931	72	17,917		10.8	144
21-44	87.9	39.1	3,233	83	15,125		21.4	12,982
45-64	90.7	58.8	3,922	67	16,876		23.2	15,011
65-74	87.5	57.2	2,847	50	12,760		22.3	9,639
75-84	91.4	59.8	2,624	44	16,261		16.1	11,714
85 and older	95.3	55.3	2,132	39	19,445		11.0	12,636
Unknown	0.0	0.0	0	0	0		0.0	0
Basis of Eligibility^e								
Aged	92.3	58.4	2,541	44	16,985		15.0	32,205
Disabled	89.1	49.3	3,515	71	15,688		22.4	29,471
Adults	74.6	24.4	1,858	76	4,511		41.2	441
Children	59.1	16.1	1,137	71	10,707		10.6	22
Unknown	0.0	0.0	0	0	0		0.0	0
Gender								
Female	93.7	59.2	3,048	52	16,016		19.0	39,105
Male	85.5	44.7	2,912	65	16,726		17.4	23,034
Unknown	0.0	0.0	0	0	0		0.0	0
Race								
White	91.8	56.5	3,212	57	17,420		18.4	48,063
African American	86.5	42.0	2,310	55	11,009		21.0	1,875
Other/unknown	87.0	45.3	2,260	50	12,593		17.9	12,201
Use of Nursing Facilities^f								
Entire year	95.9	73.5	3,244	44	30,091		10.8	11,866
Part year	96.4	60.4	2,649	44	18,429		14.4	6,884
None	88.3	47.4	2,986	63	12,161		24.6	43,389
Maintenance Assistance Status								
Cash	89.7	48.0	3,051	64	7,977		38.2	19,763
Medically needy	78.7	40.2	2,423	60	4,762		50.9	3,736
Poverty related	66.8	13.2	694	53	2,328		29.8	1,533
Other/unknown	93.4	60.0	3,123	52	22,437		13.9	37,107

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. 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.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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, IOWA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	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	5.1	\$283	18.4 %	9.3 %	14.4 %	9.5 %	27.4 %	29.0 %	10.4 %	\$1,534	62,139	659,252
Age												
5 and younger	4.2	237	15.9	0.0	20.0	0.0	60.0	20.0	0.0	1,491	5	53
6-14	3.7	161	26.9	12.5	25.0	0.0	37.5	25.0	0.0	596	8	84
15-20	2.5	178	10.8	15.3	37.5	12.5	21.5	13.2	0.0	1,653	144	1,561
21-44	3.5	289	21.4	12.1	26.2	13.1	26.4	17.2	5.0	1,350	12,982	145,489
45-64	5.3	353	23.2	9.3	13.8	9.5	27.1	28.6	11.6	1,520	15,011	166,717
65-74	5.4	268	22.3	12.5	13.0	8.6	23.7	29.2	13.0	1,203	9,639	102,234
75-84	5.8	256	16.1	8.6	9.6	7.5	26.6	34.7	13.1	1,585	11,714	120,153
85 and older	5.7	219	11.0	4.7	8.4	8.2	32.1	36.5	10.1	1,998	12,636	122,961
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	5.8	251	15.0	7.7	9.7	7.9	27.9	34.5	12.3	1,675	32,205	326,539
Disabled	4.4	315	22.4	10.9	19.5	11.2	26.9	23.4	8.3	1,404	29,471	329,351
Adults	3.3	255	41.2	25.4	24.5	9.8	19.7	13.2	7.5	618	441	3,220
Children	2.5	176	10.6	40.9	27.3	9.1	18.2	0.0	4.5	1,659	22	142
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	287	19.0	6.3	12.1	9.0	28.4	32.1	12.1	1,509	39,105	415,183
Male	4.2	275	17.4	14.5	18.4	10.3	25.6	23.9	7.4	1,579	23,034	244,069
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	293	18.4	8.2	14.3	9.5	27.6	29.6	10.7	1,589	48,063	526,814
African American	3.8	211	21.0	13.5	24.1	10.3	24.6	21.2	6.2	1,006	1,875	20,524
Other/unknown	4.9	246	17.9	13.0	13.3	9.1	26.8	28.2	9.6	1,373	12,201	111,914
use of nursing Facilities^f												
Entire year	6.8	301	10.8	4.1	5.4	5.8	26.9	39.9	18.0	2,793	11,866	127,860
Part year	6.9	302	14.4	3.6	5.5	7.0	27.9	38.6	17.3	2,102	6,884	60,350
None	4.4	275	24.6	11.7	18.3	10.9	27.4	24.6	7.2	1,120	43,389	471,042
Maintenance Assistance Status												
Cash	4.3	271	38.2	10.3	20.5	11.4	27.1	23.3	7.4	708	19,763	222,748
Medically needy	4.2	254	50.9	21.3	12.9	10.5	27.1	23.0	5.2	499	3,736	35,657
Poverty related	1.3	67	29.8	33.2	40.3	10.2	11.4	3.9	1.0	224	1,533	15,951
Other/unknown	5.8	301	13.9	6.6	10.3	8.3	28.2	33.7	12.9	2,163	37,107	384,896

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. 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.
 - f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	5.1	\$283	\$56	2.0	\$208	\$102	0.3	\$11	\$39	2.8	\$63	\$23
Age												
5 and younger	4.2	237	57	1.8	201	109	0.3	5	17	2.0	30	15
6-14	3.7	161	44	1.7	125	73	0.2	9	56	1.8	27	15
15-20	2.5	178	72	1.2	135	116	0.1	12	92	1.2	31	27
21-44	3.5	289	83	1.5	223	144	0.2	14	74	1.7	51	29
45-64	5.3	353	67	2.3	268	118	0.3	14	53	2.8	71	26
65-74	5.4	268	50	2.2	196	89	0.3	8	31	2.9	64	22
75-84	5.8	256	44	2.2	181	81	0.3	9	26	3.2	66	20
85 and older	5.7	219	39	2.0	148	76	0.4	8	22	3.3	63	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.8	251	44	2.2	176	82	0.3	9	25	3.3	66	20
Disabled	4.4	315	71	1.9	240	125	0.2	14	60	2.3	60	27
Adults	3.3	255	76	1.4	193	135	0.1	3	38	1.8	58	32
Children	2.5	176	71	1.0	133	139	0.2	9	56	1.3	26	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.6	287	52	2.2	210	95	0.3	10	33	3.0	67	22
Male	4.2	275	65	1.7	205	119	0.2	12	55	2.3	57	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.2	293	57	2.1	216	105	0.3	12	41	2.8	65	23
African American	3.8	211	55	1.6	158	101	0.1	6	42	2.1	47	22
Other/unknown	4.9	246	50	2.0	181	92	0.3	8	30	2.7	57	21
Use of Nursing Facilities^e												
Entire year	6.8	301	44	2.5	210	84	0.4	10	26	3.9	81	21
Part year	6.9	302	44	2.6	216	83	0.4	10	25	3.9	76	20
None	4.4	275	63	1.8	207	112	0.2	11	49	2.3	56	25
Maintenance Assistance Status												
Cash	4.3	271	64	1.8	203	113	0.2	12	54	2.2	56	25
Medically needy	4.2	254	60	1.8	190	107	0.2	10	45	2.2	54	25
Poverty related	1.3	67	53	0.5	50	96	0.1	2	30	0.7	14	21
Other/unknown	5.8	301	52	2.3	220	97	0.3	11	33	3.2	70	22

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 Iowa, 0.6 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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, IOWA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total				Users ^e				
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name	Off-Patent	Brand-Name					
Anti-infective Agents	0.4	0.2	0.0	0.2	\$21	\$17	\$0	\$4	\$60	\$105	\$75	\$23	143,793	\$8,636,360	36,901	59.4 %	407,669
Biologics	0.1	0.1	0.0	0.0	22	2	3	17	213	24	1,203	691	1,911	407,366	1,580	2.5	18,340
Antineoplastic Agents	0.6	0.3	0.0	0.3	130	112	3	15	216	403	162	48	10,901	2,354,651	1,743	2.8	18,132
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.4	44	33	4	8	41	67	18	20	334,518	13,602,810	28,057	45.2	305,875
Cardiovascular Agents	1.9	0.6	0.1	1.2	61	39	1	20	31	61	18	16	781,991	24,453,926	37,528	60.4	402,968
Respiratory Agents	0.8	0.4	0.0	0.4	42	33	1	8	54	84	49	23	207,264	11,285,534	24,461	39.4	271,190
Gastrointestinal Agents	0.8	0.3	0.0	0.5	49	33	1	15	58	115	95	28	246,228	14,307,706	26,810	43.1	292,051
Genitourinary Agents	0.6	0.4	0.0	0.2	38	34	0	3	62	77	40	19	70,497	4,371,820	10,568	17.0	115,853
CNS Drugs	1.6	0.8	0.0	0.8	138	108	6	23	85	131	145	31	644,923	54,724,155	36,670	59.0	397,288
Stimulants/Anti-obesity/Anorexia	0.7	0.3	0.0	0.3	62	45	3	15	94	132	104	50	7,187	675,893	953	1.5	10,853
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	113	113	0	1	149	154	0	24	23,679	3,522,877	3,014	4.9	31,079
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	46	33	1	12	54	145	82	20	295,634	16,077,114	31,875	51.3	347,566
Neuromuscular Agents	1.1	0.5	0.1	0.5	81	60	4	17	73	127	42	31	237,944	17,296,674	19,215	30.9	214,395
Nutritional Products	0.7	0.0	0.0	0.7	16	0	1	14	22	29	26	22	92,758	2,065,902	12,396	19.9	131,593
Hematological Agents	0.9	0.3	0.2	0.4	55	43	5	7	60	168	22	16	107,938	6,484,808	11,159	18.0	118,470
Topical Products	0.4	0.2	0.0	0.2	17	11	1	5	38	60	42	21	127,205	4,860,814	26,342	42.4	293,811
Miscellaneous Products	0.3	0.1	0.0	0.2	52	37	7	9	162	272	237	55	5,167	834,486	1,471	2.4	15,990
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	13	0	0	0	49	0	0	0	6,441	314,759	2,137	3.4	23,911
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.	3,345,979	186,277,655	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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 Iowa, 0.6 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, IOWA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,555,979	21,913	35.3 %	244,308	0.8	\$169
ANTIDEPRESSANTS	17,419,635	36,370	58.5	398,486	0.7	59
ANTICONVULSANT	13,605,977	16,208	26.1	182,618	0.9	84
ULCER DRUGS	11,002,347	27,673	44.5	304,447	0.6	64
ANALGESICS - Narcotic	9,500,717	35,216	56.7	384,943	0.5	53
ANTIDIABETIC	9,052,579	19,073	30.7	208,403	0.8	56
ANTIASTHMATIC	8,177,821	23,921	38.5	263,704	0.5	62
ANTHYPERLIPIDEMIC	7,904,359	12,886	20.7	145,192	0.7	78
ANTHYPERTENSIVE	5,974,549	21,862	35.2	237,491	0.7	35
ANALGESICS - ANTI-INFLAMMATORY	4,393,623	16,219	26.1	184,103	0.4	55
Total	120,587,586	231,341		2,553,695	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,651,459	\$120,587,586	21,913	35.3 %	244,308	0.8	\$137	36,370	58.5 %	398,486	0.7	\$44					
Female	1,098,448	75,114,837	12,490	31.9	138,367	0.8	118	25,200	64.4	275,918	0.7	44					
Disabled	465,515	38,850,304	6,413	42.3	74,204	0.8	144	12,057	79.6	137,818	0.7	47					
5 and younger	34	598	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	19	1,275	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	966	89,271	25	39.1	287	0.5	93	34	53.1	392	0.5	41					
21-44	146,918	13,567,212	2,818	49.3	32,630	0.8	143	4,543	79.4	51,986	0.7	48					
45-64	292,840	23,652,800	3,421	42.0	39,632	0.8	146	7,050	86.5	80,710	0.7	48					
65-74	15,935	1,057,267	100	13.7	1,120	0.8	159	283	38.7	3,101	0.7	37					
75-84	7,189	400,447	39	10.7	435	0.6	81	120	33.0	1,350	0.7	30					
85 and older	1,614	81,434	10	8.9	100	0.8	130	27	24.1	279	0.7	35					
Other Eligibles	632,933	36,264,533	6,077	25.4	64,163	0.7	88	13,143	54.8	138,100	0.8	40					
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	13	200	1	33.3	2	0.5	10	0	0.0	0	0.0	0					
21-44	2,195	224,572	41	19.2	408	0.4	81	132	61.7	1,205	0.5	38					
45-64	824	60,699	6	13.6	72	0.7	55	32	72.7	285	0.7	50					
65-74	178,196	11,375,718	1,364	24.8	15,260	0.8	111	3,107	56.4	34,704	0.7	39					
75-84	228,980	13,064,685	2,110	26.6	22,486	0.7	90	4,427	55.8	46,695	0.8	39					
85 and older	222,725	11,538,659	2,555	24.9	25,935	0.7	73	5,445	53.1	55,211	0.8	41					
Male	553,011	45,472,749	9,423	40.9	105,941	0.9	162	11,170	48.5	122,568	0.7	44					
Disabled	351,194	33,666,099	7,044	49.2	81,597	0.9	181	7,312	51.0	83,602	0.7	47					
5 and younger	2	159	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	76	2,257	0	0.0	0	0.0	0	3	50.0	36	0.6	27					
15-20	959	87,400	24	32.4	268	0.9	151	24	32.4	272	0.7	49					
21-44	144,877	15,412,312	3,630	52.4	42,110	0.9	183	3,523	50.8	40,645	0.7	46					
45-64	195,859	17,579,433	3,327	49.3	38,565	0.9	180	3,618	53.6	41,113	0.7	47					
65-74	6,658	415,860	49	11.9	497	1.0	158	103	25.1	1,076	0.7	39					
75-84	2,446	153,360	13	9.6	145	1.0	164	34	25.0	376	0.6	32					
85 and older	317	15,318	1	5.9	12	0.3	3	7	41.2	84	0.7	32					
Other Eligibles	201,817	11,806,650	2,379	27.3	24,344	0.8	99	3,858	44.3	38,966	0.8	40					
5 and younger	21	630	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,420	107,047	18	15.8	187	0.5	100	66	57.9	659	0.6	41					
45-64	631	45,770	5	7.1	34	0.4	41	26	37.1	264	0.4	24					
65-74	77,054	4,930,594	778	26.1	8,441	0.8	125	1,170	39.2	12,638	0.7	40					
75-84	76,743	4,340,689	927	28.2	9,424	0.8	93	1,529	46.6	15,323	0.8	41					
85 and older	45,948	2,381,920	651	28.9	6,258	0.7	74	1,067	47.4	10,082	0.8	38					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ULCER DRUGS				ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean per Rx \$ per Benefit Month	
All	16,208	26.1%	182,618	0.9	27,673	44.5%	304,447	0.6	35,216	56.7%	384,943	0.5	\$25
Female	9,734	24.9	109,410	0.9	19,187	49.1	211,163	0.6	25,137	64.3	275,411	0.5	25
Disabled	5,984	39.5	68,826	0.9	7,124	47.0	82,026	0.5	10,581	69.9	121,458	0.4	24
5 and younger	0	0.0	0	0.0	1	33.3	12	0.8	0	0.0	0	0.0	0
6-14	2	200.0	24	0.7	1	100.0	12	0.3	0	0.0	0	0.0	0
15-20	17	26.6	200	0.9	18	28.1	216	0.4	24	37.5	278	0.4	6
21-44	2,496	43.6	28,705	0.9	2,287	40.0	26,521	0.5	3,773	66.0	43,408	0.4	18
45-64	3,330	40.9	38,347	0.9	4,333	53.2	49,879	0.5	6,236	76.5	71,584	0.5	30
65-74	95	13.0	1,060	0.8	287	39.3	3,163	0.5	342	46.8	3,820	0.4	13
75-84	35	9.6	396	0.7	142	39.0	1,610	0.5	162	44.5	1,876	0.3	10
85 and older	9	8.0	94	0.5	55	49.1	613	0.4	44	39.3	492	0.4	7
Other Eligibles	3,750	15.6	40,584	0.8	12,063	50.3	129,137	0.6	14,556	60.7	153,953	0.5	25
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	60	28.0	572	0.5	46	21.5	424	0.3	2	66.7	12	0.4	5
45-64	13	29.5	117	0.8	13	29.5	134	0.6	154	72.0	1,458	0.4	56
65-74	1,323	24.0	14,996	0.9	2,947	53.5	33,172	0.5	28	63.6	273	0.7	40
75-84	1,337	16.9	14,436	0.8	4,169	52.6	44,995	0.6	3,670	66.6	41,201	0.5	22
85 and older	1,017	9.9	10,463	0.8	4,888	47.7	50,412	0.7	4,931	62.2	53,116	0.5	26
Male	6,474	28.1	73,208	0.9	8,486	36.8	93,284	0.6	10,079	43.8	109,532	0.4	24
Disabled	5,049	35.2	58,201	0.9	4,672	32.6	53,673	0.5	6,131	42.8	69,623	0.4	26
5 and younger	0	0.0	0	0.0	1	100.0	12	0.2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	2	33.3	24	0.1	1	16.7	12	0.1	5
15-20	19	25.7	204	0.9	18	24.3	203	0.4	28	37.8	320	0.2	4
21-44	2,449	35.3	28,400	0.9	1,831	26.4	21,324	0.5	2,761	39.8	31,755	0.3	21
45-64	2,524	37.4	28,998	0.9	2,655	39.3	30,305	0.6	3,176	47.1	35,784	0.4	31
65-74	48	11.7	491	1.0	116	28.2	1,217	0.5	129	31.4	1,340	0.3	9
75-84	8	5.9	96	0.8	39	28.7	468	0.5	29	21.3	336	0.4	19
85 and older	1	5.9	12	0.9	10	58.8	120	0.6	7	41.2	76	0.1	2
Other Eligibles	1,425	16.4	15,007	0.9	3,814	43.8	39,611	0.6	3,948	45.3	39,909	0.5	22
5 and younger	0	0.0	0	0.0	1	100.0	12	1.3	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
21-44	26	22.8	245	0.5	27	23.7	264	0.5	64	56.1	588	0.6	43
45-64	8	11.4	80	0.6	9	12.9	88	0.2	33	47.1	314	0.4	39
65-74	629	21.1	7,015	0.9	1,268	42.5	13,851	0.6	1,399	46.9	15,023	0.4	23
75-84	513	15.6	5,254	0.8	1,437	43.8	14,941	0.6	1,409	42.9	14,094	0.5	21
85 and older	249	11.1	2,413	0.9	1,072	47.6	10,455	0.6	1,043	46.4	9,890	0.5	21
Unknown	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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					ANTI-HYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	19,073	30.7 %	208,403	0.8	\$43	23,921	38.5 %	263,704	0.5	\$31	12,886	20.7 %	145,192	0.7	\$54
Female	13,045	33.4	143,034	0.8	43	16,137	41.3	178,985	0.5	30	8,553	21.9	96,529	0.7	55
Disabled	4,306	28.4	49,183	0.7	48	6,910	45.6	79,001	0.5	29	3,477	23.0	40,113	0.7	54
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	7.8	56	0.8	53	16	25.0	184	0.3	21	1	1.6	12	1.1	68
21-44	875	15.3	10,106	0.7	47	2,230	39.0	25,787	0.4	25	553	9.7	6,381	0.6	48
45-64	3,043	37.3	34,721	0.8	50	4,226	51.9	48,167	0.5	31	2,508	30.8	29,045	0.7	55
65-74	271	37.1	3,035	0.7	40	326	44.6	3,637	0.5	29	274	37.5	3,090	0.7	55
75-84	96	26.4	1,085	0.7	40	98	26.9	1,098	0.5	30	121	33.2	1,369	0.7	57
85 and older	16	14.3	180	0.5	26	14	12.5	128	0.3	18	20	17.9	216	0.8	58
Other Eligibles	8,739	36.5	93,851	0.8	40	9,227	38.5	99,984	0.5	31	5,076	21.2	56,416	0.7	56
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	1	33.3	2	0.5	14	0	0.0	0	0.0	0
21-44	9	4.2	62	0.4	40	68	31.8	650	0.3	22	3	1.4	32	0.4	32
45-64	5	11.4	54	0.9	87	13	29.5	123	0.2	13	10	22.7	77	0.5	49
65-74	2,809	51.0	31,504	0.8	45	2,977	54.0	33,470	0.5	35	2,070	37.6	23,575	0.7	56
75-84	3,510	44.3	37,674	0.8	40	3,180	40.1	34,279	0.5	32	2,104	26.5	23,257	0.7	55
85 and older	2,406	23.5	24,557	0.8	34	2,988	29.1	31,460	0.4	25	889	8.7	9,475	0.7	55
Male	6,028	26.2	65,369	0.8	45	7,784	33.8	84,719	0.5	33	4,333	18.8	48,663	0.7	54
Disabled	2,996	20.9	34,099	0.7	48	3,745	26.1	42,651	0.5	31	2,734	19.1	31,458	0.7	52
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	66.7	48	0.3	11	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	9	12.2	97	0.6	25	0	0.0	0	0.0	0
21-44	854	12.3	9,990	0.7	47	1,355	19.5	15,685	0.4	24	822	11.9	9,651	0.6	45
45-64	2,001	29.6	22,594	0.8	49	2,167	32.1	24,581	0.5	34	1,756	26.0	20,115	0.7	55
65-74	97	23.6	1,020	0.7	37	159	38.7	1,642	0.6	41	111	27.0	1,186	0.7	52
75-84	38	27.9	432	0.8	53	47	34.6	550	0.6	40	41	30.1	458	0.7	55
85 and older	6	35.3	63	0.9	39	4	23.5	48	0.3	16	4	23.5	48	0.4	29
Other Eligibles	3,032	34.8	31,270	0.8	41	4,039	46.4	42,068	0.6	35	1,599	18.4	17,205	0.7	57
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	11	9.6	122	0.5	23	18	15.8	167	0.8	54	6	5.3	55	0.5	48
45-64	14	20.0	154	0.6	43	19	27.1	203	0.4	25	15	21.4	142	0.5	45
65-74	1,161	38.9	12,460	0.8	46	1,490	49.9	16,244	0.6	38	774	25.9	8,648	0.7	59
75-84	1,189	36.2	12,240	0.8	40	1,532	46.7	15,951	0.6	34	625	19.0	6,557	0.7	56
85 and older	657	29.2	6,294	0.8	33	980	43.6	9,503	0.6	32	179	8.0	1,803	0.7	54
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY					
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	21,862	35.2 %	237,491	0.7	16,219	26.1 %	184,103	0.4	62,139	659,252
Female	14,906	38.1	162,207	0.7	11,379	29.1	129,326	0.5	39,105	415,183
Disabled	4,045	26.7	45,933	0.7	5,786	38.2	67,308	0.4	15,143	169,658
5 and younger	2	66.7	24	1.0	0	0.0	0	0.0	3	29
6-14	0	0.0	0	0.0	0	0.0	0	0.0	1	12
15-20	6	9.4	72	0.7	18	28.1	207	0.2	64	716
21-44	724	12.7	8,313	0.6	2,124	37.1	24,848	0.3	5,720	64,767
45-64	2,762	33.9	31,439	0.7	3,287	40.3	38,185	0.5	8,148	91,223
65-74	320	43.8	3,545	0.6	218	29.8	2,456	0.4	731	7,605
75-84	179	49.2	1,960	0.7	114	31.3	1,323	0.4	364	4,085
85 and older	52	46.4	580	0.7	25	22.3	289	0.4	112	1,221
Other Eligibles	10,861	45.3	116,274	0.8	5,593	23.3	62,018	0.5	23,962	245,525
5 and younger	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	1	10
15-20	1	33.3	6	0.8	1	33.3	2	0.5	3	12
21-44	17	7.9	157	0.6	46	21.5	452	0.3	214	1,582
45-64	13	29.5	100	0.6	9	20.5	70	0.5	44	315
65-74	2,749	49.9	30,923	0.7	1,673	30.4	19,190	0.5	5,511	59,693
75-84	3,902	49.2	42,406	0.8	1,915	24.1	21,426	0.5	7,932	82,765
85 and older	4,179	40.7	42,682	0.8	1,949	19.0	20,878	0.5	10,257	101,148
Male	6,956	30.2	75,284	0.7	4,840	21.0	54,777	0.4	23,034	244,069
Disabled	3,315	23.1	37,525	0.7	3,284	22.9	37,958	0.3	14,328	159,693
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	1	12
6-14	7	116.7	75	0.5	0	0.0	0	0.0	6	62
15-20	14	18.9	168	0.8	11	14.9	129	0.1	74	816
21-44	938	13.5	10,812	0.7	1,518	21.9	17,720	0.3	6,934	78,317
45-64	2,138	31.7	24,186	0.7	1,655	24.5	19,022	0.4	6,749	74,684
65-74	145	35.3	1,484	0.7	67	16.3	697	0.5	411	4,117
75-84	63	46.3	697	0.7	31	22.8	366	0.4	136	1,507
85 and older	10	58.8	103	0.6	2	11.8	24	0.3	17	178
Other Eligibles	3,641	41.8	37,759	0.7	1,556	17.9	16,819	0.5	8,706	84,376
5 and younger	1	100.0	12	0.5	0	0.0	0	0.0	1	12
6-14	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	3	17
21-44	18	15.8	166	0.5	25	21.9	255	0.3	114	823
45-64	15	21.4	159	0.5	11	15.7	106	0.2	70	495
65-74	1,322	44.3	14,392	0.7	637	21.3	7,188	0.5	2,986	30,819
75-84	1,421	43.3	14,591	0.7	520	15.8	5,504	0.5	3,282	31,796
85 and older	864	38.4	8,439	0.8	363	16.1	3,766	0.5	2,250	20,414
Unknown	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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, IOWA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				6.8	11,866
All	\$301		11,866		127,860
Age					
0-64	452	7.7	920		10,454
65-74	400	7.9	1,322		14,593
75-84	325	7.3	3,475		37,310
85 and older	241	6.2	6,149		65,503
Unknown	0	0.0	0		0
Gender					
Female	297	6.9	8,741		94,891
Male	312	6.5	3,125		32,969
Unknown	0	0.0	0		0
Race					
White	306	6.9	8,950		99,273
African American	303	6.9	110		1,272
Other/unknown	284	6.7	2,806		27,315
Basis of Eligibility^c					
Aged	287	6.7	10,923		117,182
Disabled	451	7.7	943		10,678
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 = Centers for Medicare & 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, IOWA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.2	0.0	0.2	\$16	\$13	\$0	\$4	\$47	\$74	\$64	\$21	\$1,552,538	8,466	71.3 %	94,363
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	24	21	0	27	9,003	348	2.9	3,914
Antineoplastic Agents	0.7	0.3	0.0	0.4	94	70	1	23	137	257	101	57	372,962	379	3.2	3,975
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	46	34	4	9	36	63	17	17	2,944,049	5,793	48.8	63,582
Cardiovascular Agents	2.2	0.5	0.1	1.6	53	27	2	24	24	52	15	15	5,064,053	8,757	73.8	95,248
Respiratory Agents	0.7	0.3	0.0	0.4	37	27	1	9	49	79	51	23	1,963,012	4,811	40.5	53,742
Gastrointestinal Agents	1.1	0.3	0.0	0.8	43	24	0	19	41	87	65	24	3,047,007	6,433	54.2	70,735
Genitourinary Agents	0.7	0.5	0.0	0.2	43	39	0	4	62	76	42	21	1,475,265	3,077	25.9	34,356
CNS Drugs	1.7	0.9	0.0	0.8	115	94	3	19	67	100	75	25	10,246,227	8,147	68.7	89,169
Stimulants/Anti-obesity/Anorexia	0.8	0.3	0.0	0.5	51	40	0	11	66	156	22	21	37,304	65	0.5	731
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	113	113	0	0	130	132	0	29	1,615,283	1,330	11.2	14,257
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	48	34	1	12	46	113	46	17	3,193,490	6,109	51.5	66,914
Neuromuscular Agents	1.3	0.5	0.1	0.7	82	46	5	31	61	96	40	41	3,098,545	3,391	28.6	37,949
Nutritional Products	0.9	0.0	0.1	0.8	19	0	2	17	22	35	31	21	743,475	3,508	29.6	38,452
Hematological Agents	1.2	0.3	0.3	0.6	47	33	6	8	39	121	17	14	1,525,310	2,956	24.9	32,226
Topical Products	0.5	0.2	0.0	0.3	19	12	1	6	37	58	42	21	1,497,206	6,844	57.7	77,031
Miscellaneous Products	0.2	0.1	0.0	0.1	9	5	1	3	46	62	271	30	53,076	516	4.3	5,833
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	31	0	0	0	52,055	534	4.5	6,027
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.	872,428	38,489,860	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Iowa, 0.6 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 = Centers for Medicare & 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, IOWA, 2003

Top 10 Drug Groups in Nursing Facilities	Users							Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month		
			40.4 %							
ANTIPSYCHOTICS	\$5,518,392	4,795	40.4 %	53,519	0.8	\$128	\$103			
ANTIDEPRESSANTS	4,091,202	7,633	64.3	84,056	0.9	54	49			
ULCER DRUGS	2,332,560	6,024	50.8	66,362	0.7	48	35			
ANALGESICS - Narcotic	2,302,923	6,094	51.4	66,766	0.7	50	34			
ANTICONVULSANT	1,854,316	2,623	22.1	29,610	1.1	58	63			
ANTIDIABETIC	1,839,752	3,844	32.4	42,279	0.9	46	44			
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,615,283	1,335	11.3	14,309	0.9	130	113			
ANTIASTHMATIC	1,536,198	4,451	37.5	49,453	0.6	56	31			
ANTHYPERTENSIVE	1,361,539	4,454	37.5	48,834	0.9	31	28			
URINARY ANTISPASMODICS	991,156	1,452	12.2	16,156	0.9	72	61			
Total	23,443,321	42,705		471,344	n.a.	n.a.	n.a.			

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx
All	381,724	\$23,443,321	4,795	40.4 %	53,519	0.8	\$103	7,633	64.3 %	84,056	0.9	\$49
Female	282,134	17,051,045	3,391	38.8	38,076	0.8	98	5,773	66.0	63,801	0.9	48
Disabled	21,564	1,627,563	268	58.5	3,068	0.9	145	401	87.6	4,573	0.9	59
64 or younger	21,159	1,598,637	262	58.6	3,005	0.9	143	395	88.4	4,518	0.9	59
65-74	240	19,906	3	75.0	36	1.4	283	4	100.0	40	1.0	52
75-84	51	3,917	1	50.0	12	1.1	96	0	0.0	0	0.0	0
85 and older	114	5,103	2	40.0	15	1.3	154	2	40.0	15	1.1	48
Other Eligibles	260,570	15,423,482	3,123	37.7	35,008	0.8	94	5,372	64.9	59,228	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	35,333	2,361,413	464	60.4	5,368	0.9	130	604	78.6	6,943	0.9	52
75-84	90,322	5,504,270	1,102	46.3	12,357	0.8	100	1,711	71.9	18,835	0.9	48
85 and older	134,915	7,557,799	1,557	30.3	17,283	0.7	79	3,057	59.5	33,450	0.9	46
Male	99,590	6,392,276	1,404	44.9	15,443	0.8	115	1,860	59.5	20,255	0.9	50
Disabled	18,103	1,451,392	243	50.1	2,821	1.0	157	293	60.4	3,305	0.9	63
64 or younger	17,816	1,428,965	235	49.7	2,742	1.0	159	288	60.9	3,251	0.9	63
65-74	254	20,906	7	70.0	73	0.8	115	4	40.0	48	1.0	51
75-84	33	1,521	1	50.0	6	1.2	19	1	50.0	6	1.2	10
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	81,487	4,940,884	1,161	44.0	12,622	0.8	105	1,567	59.4	16,950	0.9	47
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	20,504	1,403,508	300	55.6	3,400	0.9	130	341	63.1	3,813	0.9	52
75-84	34,652	2,062,678	483	44.3	5,276	0.8	105	692	63.4	7,473	0.9	48
85 and older	26,331	1,474,698	378	37.5	3,946	0.8	85	534	52.9	5,664	0.9	43
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	6,024	50.8 %	66,362	0.7	\$35	6,094	51.4 %	66,766	0.7	\$35	2,623	22.1 %	29,610	1.1	\$63
Female	4,485	51.3	49,618	0.7	35	4,847	55.5	53,298	0.7	36	1,737	19.9	19,616	1.1	59
Disabled	254	55.5	2,857	0.8	44	265	57.9	3,029	0.8	40	286	62.4	3,277	1.2	90
64 or younger	247	55.3	2,797	0.8	44	262	58.6	3,002	0.8	40	282	63.1	3,238	1.2	90
65-74	1	25.0	4	1.0	22	1	25.0	12	0.8	6	3	75.0	36	2.0	111
75-84	1	50.0	12	1.0	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	100.0	44	0.6	21	2	40.0	15	0.9	11	1	20.0	3	1.0	18
Other Eligibles	4,231	51.1	46,761	0.7	35	4,582	55.3	50,269	0.7	35	1,451	17.5	16,339	1.0	53
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	430	56.0	4,897	0.7	35	450	58.6	5,097	0.7	34	363	47.3	4,168	1.1	69
75-84	1,279	53.7	14,188	0.7	36	1,371	57.6	15,243	0.8	40	544	22.9	6,165	1.1	53
85 and older	2,522	49.1	27,676	0.7	34	2,761	53.8	29,929	0.7	33	544	10.6	6,006	1.0	40
Male	1,539	49.2	16,744	0.7	35	1,247	39.9	13,468	0.6	30	886	28.4	9,994	1.1	70
Disabled	227	46.8	2,627	0.8	48	191	39.4	2,207	0.6	42	316	65.2	3,684	1.2	94
64 or younger	222	46.9	2,567	0.8	48	189	40.0	2,183	0.6	42	314	66.4	3,660	1.2	94
65-74	5	50.0	60	0.6	36	2	20.0	24	0.1	1	2	20.0	24	0.6	65
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	1,312	49.7	14,117	0.7	33	1,056	40.0	11,261	0.6	28	570	21.6	6,310	1.0	56
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	261	48.3	2,925	0.7	37	205	38.0	2,259	0.7	30	209	38.7	2,409	1.1	67
75-84	544	49.9	5,902	0.7	30	434	39.8	4,607	0.6	29	227	20.8	2,458	1.0	50
85 and older	507	50.2	5,290	0.7	34	417	41.3	4,395	0.6	27	134	13.3	1,443	1.0	48
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				ANTIASTHMATIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	3,844	32.4 %	42,279	0.9	\$44	1,335	11.3 %	14,309	0.9	\$113	4,451	37.5 %	49,453	0.6	\$31
Female	2,802	32.1	30,982	0.9	43	991	11.3	10,737	0.9	116	3,140	35.9	35,050	0.5	29
Disabled	181	39.5	2,016	1.0	54	33	7.2	366	0.8	240	161	35.2	1,849	0.7	34
64 or younger	179	40.0	2,001	1.0	55	31	6.9	342	0.7	252	158	35.3	1,813	0.7	35
65-74	1	25.0	12	1.0	10	0	0.0	0	0.0	0	1	25.0	12	0.3	14
75-84	0	0.0	0	0.0	0	1	50.0	12	1.1	141	1	50.0	12	0.1	5
85 and older	1	20.0	3	1.0	10	1	20.0	12	1.0	12	1	20.0	12	0.1	6
Other Eligibles	2,621	31.6	28,966	0.9	43	958	11.6	10,371	0.9	112	2,979	36.0	33,201	0.5	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	411	53.5	4,625	1.0	49	76	9.9	828	0.9	107	383	49.9	4,373	0.6	35
75-84	1,112	46.7	12,363	0.9	44	349	14.7	3,777	0.9	114	984	41.3	10,951	0.6	34
85 and older	1,098	21.4	11,978	0.9	39	533	10.4	5,766	0.9	111	1,612	31.4	17,877	0.4	23
Male	1,042	33.3	11,297	1.0	44	344	11.0	3,572	0.8	104	1,311	42.0	14,403	0.7	37
Disabled	127	26.2	1,481	0.9	48	21	4.3	212	0.8	102	164	33.8	1,903	0.6	34
64 or younger	125	26.4	1,457	0.9	48	19	4.0	194	0.8	99	160	33.8	1,855	0.6	34
65-74	2	20.0	24	1.0	47	1	10.0	12	1.0	137	4	40.0	48	0.3	34
75-84	0	0.0	0	0.0	0	1	50.0	6	1.0	139	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	915	34.7	9,816	1.0	44	323	12.2	3,360	0.8	104	1,147	43.4	12,500	0.7	38
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	227	42.0	2,487	1.0	52	55	10.2	596	0.9	110	237	43.9	2,722	0.7	45
75-84	416	38.1	4,516	1.0	43	151	13.8	1,512	0.8	102	482	44.2	5,408	0.7	36
85 and older	272	27.0	2,813	0.9	37	117	11.6	1,252	0.8	103	428	42.4	4,370	0.7	35
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, IOWA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				URINARY ANTISPASMODICS				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	4,454	37.5 %	48,834	0.9	\$28	1,452	12.2 %	16,156	0.9	\$61	11,866	127,860
Female	3,284	37.6	36,141	0.9	29	1,154	13.2	12,848	0.9	62	8,741	94,891
Disabled	118	25.8	1,299	0.9	28	97	21.2	1,102	0.9	69	458	5,208
64 or younger	111	24.8	1,240	0.9	27	95	21.3	1,078	0.9	68	447	5,111
65-74	4	100.0	32	0.8	36	2	50.0	24	1.0	85	4	40
75-84	1	50.0	12	1.0	68	0	0.0	0	0.0	0	2	24
85 and older	2	40.0	15	1.1	45	0	0.0	0	0.0	0	5	33
Other Eligibles	3,166	38.2	34,842	0.9	29	1,057	12.8	11,746	0.9	62	8,283	89,683
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	308	40.1	3,539	0.9	30	138	18.0	1,526	0.9	61	768	8,608
75-84	990	41.6	11,032	0.9	29	332	13.9	3,680	0.9	66	2,380	25,867
85 and older	1,868	36.4	20,271	0.9	29	587	11.4	6,540	0.8	60	5,135	55,208
Male	1,170	37.4	12,693	0.9	26	298	9.5	3,308	0.9	57	3,125	32,969
Disabled	118	24.3	1,337	0.9	30	55	11.3	625	0.9	64	485	5,470
64 or younger	112	23.7	1,277	0.9	30	55	11.6	625	0.9	64	473	5,343
65-74	4	40.0	48	0.8	40	0	0.0	0	0.0	0	10	109
75-84	2	100.0	12	1.1	43	0	0.0	0	0.0	0	2	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	1,052	39.8	11,356	0.9	25	243	9.2	2,683	0.8	56	2,640	27,499
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	228	42.2	2,553	0.9	29	66	12.2	736	0.8	56	540	5,836
75-84	455	41.7	4,894	0.9	25	93	8.5	1,027	0.8	53	1,091	11,401
85 and older	369	36.6	3,909	0.9	23	84	8.3	920	0.9	58	1,009	10,262
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 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 6,884 beneficiaries who were in nursing facilities for part of their enrollment and their 60,350 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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}
 IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	3.4 %
All	39,143	63.0 %	7.2	449,643	\$102	\$6,313,847	\$14		62,139
Age									
5 and younger	5	100.0	6.2	31	316	1,580	51	12.6	5
6-14	4	50.0	3.3	26	86	689	27	5.1	8
15-20	56	38.9	2.4	342	31	4,459	13	1.6	144
21-44	6,378	49.1	4.1	52,719	91	1,184,573	22	2.8	12,982
45-64	8,952	59.6	6.2	93,714	105	1,573,367	17	2.7	15,011
65-74	5,706	59.2	6.8	65,538	100	966,250	15	3.5	9,639
75-84	8,004	68.3	8.6	100,520	100	1,174,834	12	3.8	11,714
85 and older	10,038	79.4	10.8	136,753	111	1,408,095	10	5.2	12,636
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	22,941	71.2	9.2	295,992	107	3,453,724	12	4.2	32,205
Disabled	16,028	54.4	5.2	152,468	95	2,794,602	18	2.7	29,471
Adults	171	38.8	2.6	1,151	148	65,107	57	7.9	441
Children	3	13.6	1.5	32	19	414	13	1.7	22
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	26,968	69.0	8.3	324,385	115	4,507,712	14	3.8	39,105
Male	12,175	52.9	5.4	125,258	78	1,806,135	14	2.7	23,034
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	30,654	63.8	7.5	359,767	108	5,181,195	14	3.4	48,063
African American	984	52.5	4.4	8,203	61	115,290	14	2.7	1,875
Other/unknown	7,505	61.5	6.7	81,673	83	1,017,362	12	3.7	12,201
Use of Nursing Facilities^d									
Entire year	10,230	86.2	14.5	172,281	154	1,825,571	11	4.7	11,866
Part year	5,937	86.2	10.1	69,393	110	756,891	11	4.2	6,884
None	22,976	53.0	4.8	207,969	86	3,731,385	18	2.9	43,389
Maintenance Assistance Status									
Cash	10,597	53.6	5.1	100,026	85	1,687,593	17	2.8	19,763
Medically needy	1,753	46.9	4.0	14,772	77	286,460	19	3.2	3,736
Poverty related	411	26.8	1.2	1,859	18	27,560	15	2.6	1,533
Other/unknown	26,382	71.1	9.0	332,986	116	4,312,234	13	3.7	37,107

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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}
 IOWA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$10	\$ per Rx	\$14	Barbiturate \$ per Benefit Month	\$0	Benzodiazapine \$ per Benefit Month	\$3	Number of Benefit Months
All	0.7									659,252
Age										
5 and younger	0.6		30		51	0		0		53
6-14	0.3		8		27	0		0		84
15-20	0.2		3		13	0		1		1,561
21-44	0.4		8		22	0		3		145,489
45-64	0.6		9		17	0		4		166,717
65-74	0.6		9		15	0		3		102,234
75-84	0.8		10		12	0		2		120,153
85 and older	1.1		11		10	0		2		122,961
Unknown	0.0		0		0	0		0		0
Basis of Eligibility^c										
Aged	0.9		11		12	0		2		326,539
Disabled	0.5		8		18	0		4		329,351
Adults	0.4		20		57	0		3		3,220
Children	0.2		3		13	0		1		142
Unknown	0.0		0		0	0		0		0
Gender										
Female	0.8		11		14	0		3		415,183
Male	0.5		7		14	0		3		244,069
Unknown	0.0		0		0	0		0		0
Race										
White	0.7		10		14	0		3		526,814
African American	0.4		6		14	0		2		20,524
Other/unknown	0.7		9		12	0		2		111,914
Use of Nursing Facilities^d										
Entire year	1.3		14		11	0		3		127,860
Part year	1.1		13		11	0		3		60,350
None	0.4		8		18	0		3		471,042
Maintenance Assistance Status										
Cash	0.4		8		17	0		3		222,748
Medically needy	0.4		8		19	0		3		35,657
Poverty related	0.1		2		15	0		1		15,951
Other/unknown	0.9		11		13	0		3		384,896

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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}
 IOWA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	63,553	\$99	\$6,313,847	100.0	100.0	449,643	\$14	100.0	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	52	16	839	0.0	0.0	85	10	0.0	0.0
Cough and cold medications	11,074	64	707,217	11.2	11.2	32,724	22	7.3	7.3
Vitamins and minerals	12,157	168	2,040,686	32.3	32.3	91,680	22	20.4	20.4
Non-prescription drugs	22,924	46	1,047,774	16.6	16.6	190,175	6	42.3	42.3
Barbiturates	647	86	55,639	0.9	0.9	7,416	8	1.6	1.6
Benzodiazepines	15,609	126	1,961,520	31.1	31.1	123,116	16	27.4	27.4
Other Part D Excl Rx Drugs	1,090	459	500,172	7.9	7.9	4,447	112	1.0	1.0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries 62,139
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$186,277,655
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,998

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0		9.3 %	\$0	0.0 %
1-500	5,804	16.7	2,205,648	1.2
501-1,000	10,361	10.4	4,781,475	2.6
1,001-1,500	6,479	8.6	6,606,403	3.5
1,501-2,000	5,318	7.4	8,052,982	4.3
2,001-2,500	4,621	6.4	8,946,675	4.8
2,501-3,000	3,991	5.6	9,594,824	5.2
3,001-3,500	3,496	4.9	9,884,801	5.3
3,501-4,000	3,043	4.3	10,000,209	5.4
4,001-4,500	2,671	3.6	9,632,410	5.2
4,501-5,000	2,267	3.2	9,421,140	5.1
5,001-5,500	1,987	2.6	8,555,839	4.6
5,501-6,000	1,631	2.3	8,167,486	4.4
6,001-6,500	1,423	2.1	7,966,832	4.3
6,501-7,000	1,277	1.7	7,274,234	3.9
7,001-7,500	1,079	1.4	6,131,947	3.3
7,501-8,000	847	1.2	5,668,986	3.0
8,001-8,500	732	1.1	5,564,295	3.0
8,501-9,000	675	0.9	4,974,919	2.7
9,001-9,500	569	0.8	4,437,036	2.4
9,501-10,000	480	0.7	3,975,018	2.1
10,001+	408	4.8	44,434,496	23.9
	2,980			

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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}
 IOWA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 27,700
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$100,315,597
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$3,622

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	0		
\$0	2,876	10.4 %	0		0.0 %
1-500	4,934	17.8	968,685		1.0
501-1,000	2,515	9.1	1,858,262		1.9
1,001-1,500	1,961	7.1	2,427,397		2.4
1,501-2,000	1,628	5.9	2,833,848		2.8
2,001-2,500	1,436	5.2	3,221,741		3.2
2,501-3,000	1,261	4.6	3,463,808		3.5
3,001-3,500	1,128	4.1	3,667,849		3.7
3,501-4,000	1,019	3.7	3,817,330		3.8
4,001-4,500	927	3.3	3,941,738		3.9
4,501-5,000	813	2.9	3,852,803		3.8
5,001-5,500	750	2.7	3,935,914		3.9
5,501-6,000	695	2.5	3,994,639		4.0
6,001-6,500	627	2.3	3,909,850		3.9
6,501-7,000	582	2.1	3,924,431		3.9
7,001-7,500	451	1.6	3,266,966		3.3
7,501-8,000	442	1.6	3,425,212		3.4
8,001-8,500	391	1.4	3,223,299		3.2
8,501-9,000	336	1.2	2,934,634		2.9
9,001-9,500	310	1.1	2,866,683		2.9
9,501-10,000	271	1.0	2,640,312		2.6
10,001+	2,347	8.5	36,140,196		36.0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 33,989
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$85,124,064
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,505

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+ 8.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,814		0	0.0 %
1-500	5,288	15.6	1,211,762	1.4
501-1,000	3,915	11.5	2,888,468	3.4
1,001-1,500	3,333	9.8	4,148,593	4.9
1,501-2,000	2,976	8.8	5,190,235	6.1
2,001-2,500	2,542	7.5	5,694,912	6.7
2,501-3,000	2,219	6.5	6,087,032	7.2
3,001-3,500	1,903	5.6	6,178,435	7.3
3,501-4,000	1,646	4.8	6,160,311	7.2
4,001-4,500	1,334	3.9	5,664,736	6.7
4,501-5,000	1,168	3.4	5,539,275	6.5
5,001-5,500	876	2.6	4,593,834	5.4
5,501-6,000	723	2.1	4,144,349	4.9
6,001-6,500	646	1.9	4,031,663	4.7
6,501-7,000	495	1.5	3,336,239	3.9
7,001-7,500	395	1.2	2,857,718	3.4
7,501-8,000	284	0.8	2,197,264	2.6
8,001-8,500	280	0.8	2,308,056	2.7
8,501-9,000	231	0.7	2,022,739	2.4
9,001-9,500	168	0.5	1,551,952	1.8
9,501-10,000	134	0.4	1,305,558	1.5
10,001+	619	1.8	8,010,933	9.4

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 9,639
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$27,441,236
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$2,847

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,209	12.5 %	0	0.0 %
1-500	1,379	14.3	287,432	1.0
501-1,000	945	9.8	696,390	2.5
1,001-1,500	782	8.1	975,216	3.6
1,501-2,000	711	7.4	1,238,535	4.5
2,001-2,500	591	6.1	1,326,015	4.8
2,501-3,000	505	5.2	1,380,394	5.0
3,001-3,500	490	5.1	1,594,786	5.8
3,501-4,000	425	4.4	1,593,744	5.8
4,001-4,500	363	3.8	1,540,985	5.6
4,501-5,000	369	3.8	1,747,527	6.4
5,001-5,500	257	2.7	1,349,159	4.9
5,501-6,000	245	2.5	1,402,634	5.1
6,001-6,500	204	2.1	1,274,360	4.6
6,501-7,000	169	1.8	1,139,137	4.2
7,001-7,500	164	1.7	1,185,016	4.3
7,501-8,000	118	1.2	912,462	3.3
8,001-8,500	126	1.3	1,039,546	3.8
8,501-9,000	106	1.1	928,348	3.4
9,001-9,500	76	0.8	701,417	2.6
9,501-10,000	68	0.7	662,323	2.4
10,001+	337	3.5	4,465,810	16.3

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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}
IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 11,714
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$30,740,120
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,624

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		8.6 %	0	0.0 %
\$0	1,009		0	0.0 %
1-500	1,669	14.2	382,465	1.2
501-1,000	1,182	10.1	879,392	2.9
1,001-1,500	1,073	9.2	1,339,885	4.4
1,501-2,000	977	8.3	1,697,959	5.5
2,001-2,500	902	7.7	2,017,712	6.6
2,501-3,000	815	7.0	2,240,903	7.3
3,001-3,500	667	5.7	2,164,953	7.0
3,501-4,000	645	5.5	2,412,698	7.8
4,001-4,500	517	4.4	2,192,637	7.1
4,501-5,000	445	3.8	2,114,414	6.9
5,001-5,500	355	3.0	1,860,203	6.1
5,501-6,000	271	2.3	1,556,129	5.1
6,001-6,500	261	2.2	1,628,550	5.3
6,501-7,000	190	1.6	1,280,362	4.2
7,001-7,500	143	1.2	1,034,673	3.4
7,501-8,000	112	1.0	865,330	2.8
8,001-8,500	88	0.8	725,463	2.4
8,501-9,000	82	0.7	717,701	2.3
9,001-9,500	64	0.5	591,914	1.9
9,501-10,000	39	0.3	379,702	1.2
10,001+	208	1.8	2,657,075	8.6

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 IOWA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 12,636
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$26,942,708
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,132

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 4.7 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	596		0	0.0 %
1-500	2,240	17.7	541,865	2.0
501-1,000	1,788	14.2	1,312,686	4.9
1,001-1,500	1,478	11.7	1,833,492	6.8
1,501-2,000	1,288	10.2	2,253,741	8.4
2,001-2,500	1,049	8.3	2,351,185	8.7
2,501-3,000	899	7.1	2,465,735	9.2
3,001-3,500	746	5.9	2,418,696	9.0
3,501-4,000	576	4.6	2,153,869	8.0
4,001-4,500	454	3.6	1,931,114	7.2
4,501-5,000	354	2.8	1,677,334	6.2
5,001-5,500	264	2.1	1,384,472	5.1
5,501-6,000	207	1.6	1,185,586	4.4
6,001-6,500	181	1.4	1,128,753	4.2
6,501-7,000	136	1.1	916,740	3.4
7,001-7,500	88	0.7	638,029	2.4
7,501-8,000	54	0.4	419,472	1.6
8,001-8,500	66	0.5	543,047	2.0
8,501-9,000	43	0.3	376,690	1.4
9,001-9,500	28	0.2	258,621	1.0
9,501-10,000	27	0.2	263,533	1.0
10,001+	74	0.6	888,048	3.3

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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, IOWA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	62,143	32,205	29,471	445	22	659,664	326,539	329,473	3,503	149	0
Age											
5 and younger	5	0	4	0	1	53	0	41	0	12	0
6-14	8	0	7	0	1	84	0	74	0	10	0
15-20	144	0	138	1	5	1,572	0	1,543	2	27	0
21-44	12,985	0	12,654	322	9	145,817	0	143,171	2,601	45	0
45-64	15,012	0	14,897	112	3	166,790	0	165,931	835	24	0
65-74	9,639	8,487	1,142	7	3	102,234	90,441	11,722	40	31	0
75-84	11,714	11,211	500	3	0	120,153	114,536	5,592	25	0	0
85 and older	12,636	12,507	129	0	0	122,961	121,562	1,399	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	39,107	23,693	15,143	258	13	415,464	243,546	169,753	2,076	89	0
Male	23,036	8,512	14,328	187	9	244,200	82,993	159,720	1,427	60	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	48,066	23,426	24,286	341	13	527,091	246,963	277,350	2,706	72	0
African American	1,875	582	1,259	34	0	20,603	6,435	13,881	287	0	0
Other/unknown	12,202	8,197	3,926	70	9	111,970	73,141	38,242	510	77	0
Use of Nursing Facilities^c											
Entire year	11,866	10,923	943	0	0	127,860	117,182	10,678	0	0	0
Part year	6,884	6,260	623	1	0	60,350	53,837	6,501	12	0	0
None	43,393	15,022	27,905	444	22	471,454	155,520	312,294	3,491	149	0
Maintenance Assistance Status											
Cash	19,767	5,412	14,159	195	1	223,039	61,711	159,616	1,711	1	0
Medically needy	3,736	2,090	1,490	152	4	35,662	20,075	14,516	1,041	30	0
Poverty related	1,533	801	664	61	7	15,988	8,550	6,957	412	69	0
Other/unknown	37,107	23,902	13,158	37	10	384,975	236,203	148,384	339	49	0
Dual Status^d											
Full dual, all year	58,952	30,415	28,085	431	21	625,129	307,142	314,486	3,360	141	0
Full dual, part year	3,191	1,790	1,386	14	1	34,535	19,397	14,987	143	8	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	62,042	32,205	29,444	374	19	658,677	326,539	329,160	2,845	133	0
FFS part year, with Rx claims	68	0	26	40	2	726	0	301	412	13	0
FFS part year, no Rx claims	5	0	1	4	0	38	0	12	26	0	0
MC all year, with Rx claims	24	0	0	23	1	215	0	0	212	3	0
MC all year, no Rx claims	4	0	0	4	0	8	0	0	8	0	0

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 = Centers for Medicare & 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, IOWA, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries
All	62,143	659,664	62,139	659,252	0	412	
Fee-for-service (FFS) all year	62,042	658,677	62,042	658,677	0	0	
FFS part year, with Rx claims	68	726	68	343	0	383	
FFS part year, with no Rx claims	5	38	5	17	0	21	
Managed care (MC) all year, with Rx claims	24	215	24	215	0	0	
MC all year, with no Rx claims	4	8	0	0	0	8	

Source: Data for this table are from the MAX 2003 file for Iowa, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.